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North West Ambulance Service NHS Trust

Board of Directors Meeting to be Held in Public

Wednesday, 25 September 2019
9.45 am - 12.00 pm

Oak - North West Ambulance Service, Trust HQ

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
1.	Staff Story	09:45	Information	S Desai	
INTRODUCTION					
2.	Apologies for Absence	10:00	Information	Chair	
3.	Declarations of Interest	10:00	Decision	Chair	
4.	Minutes of Previous Meeting	10:00	Decision	Chair	3 - 20
5.	Board Action Log	10:05	Assurance	Chair	21 - 22
6.	Committee Attendance	10:10	Information	Chair	23 - 24
7.	Register of Interest	10:10	Assurance	Chair	25 - 26
8.	Chairman & Non-Executives' Update	10:15	Information	Chair	
STRATEGY					
9.	Chief Executive's Report 2019-20	10:20	Decision	Chief Executive	27 - 40
QUALITY AND PERFORMANCE					
10.	Integrated Performance Report	10:30	Assurance	Director of Quality, Innovation and Improvement	41 - 102
11.	Winter Plan	10:50	Assurance	Director of Operations	103 - 140
12.	Sustainable Development Management Plan	11:05	Decision	Director of Finance	141 - 196
13.	Quality and Performance Committee Assurance Report - verbal update from the meeting held on 16th September 2019	11:20	Assurance	Dr D Hanley	
14.	Resources Committee Assurance Report - verbal update from the meeting held on 23rd September 2019	11:30	Assurance	Mr D Rawsthorn	
WORKFORCE					
15.	Equality, Diversity and Inclusion Report	11:40	Assurance	Interim Director of Organisational Development	197 - 218
16.	Board Development Update	11:50	Discussion	Interim Director of Organisational Development	219 - 232
CLOSING					

Delivering the right care, at the right time, in the right place; every time

| 17. | Any Other Business Notified Prior to the Meeting | 12:00 | Decision | Chair | |
| 18. | Items for Inclusion on the BAF | 12:00 | Decision | Chair | |

Date and Time of Next Meeting   9.45 am Wednesday, 27 November 2019 at Oak - North West Ambulance Service, Trust HQ

Exclusion Of Press & Public - In accordance with the Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

NHS
North West
Ambulance Service
NHS Trust

Minutes
Board of Directors

Details: Wednesday 31st July 2019, 9.45am
                 Salkeld Hall, Infirmary Street, Carlisle, CA2 7AN

Present:

Mr P White	Chairman
Mr G Blezard	Director of Operations
Mr S Desai	Director of Strategy & Planning
Mr M Forrest	Deputy Chief Executive
Dr C Grant	Medical Director
Mr R Groome	Non-Executive Director
Dr D Hanley	Non-Executive Director
Mr D Mochrie	Chief Executive
Mr M O'Connor	Non-Executive Director
Ms M Power	Director of Quality, Innovation & Improvement
Mr D Rawsthorn	Non-Executive Director
Ms L Ward	Interim Director of Organisational Development
Mrs A Wetton	Director of Corporate Affairs
Ms C Wood	Director of Finance

In attendance:

Ms J Lancaster	Corporate Governance Manager (Minutes)

Minute Ref:

BM/1920/54   PATIENT STORY

A film was shown to members, featuring Rebecca Prentice, Investigations Support Officer, and Gill Drummond, Mental Health and Dementia Lead. Rebecca and Gill described how a patient had made several formal complaints to the trust over the past 7 months on a range of issues. It was noted that the patient had Post-Traumatic Stress Disorder (PTSD).

Members were advised that whilst the patient had no visible symptoms, she could go into what appeared to be a collapsed state. It was noted that on occasions this had happened, 999 had been called by a member of the public. The patient's complaints mainly related to staff attitude, due to lack of understanding of her condition.

As a result of the complaints, the patient experience team had been in contact with the patient and a relationship developed. It was noted that some key learning points for staff had been highlighted and as a result, a best pointers guide had been produced in relation to supporting patients with PTSD and members were informed that this would be rolled out across the trust.

A discussion ensued in terms of patients being referred to the frequent caller's team and the Director of Operations explained that frequent callers were identified via the fixed address that was provided. He added that without patient details, it was difficult to identify a frequent caller.

The Director of Strategy and Planning advised members that referrals could be made to the frequent caller team and this approach had been taken in this instance.

In terms of GP involvement, the Deputy Chief Executive explained that the frequent caller team would progress this and develop a plan for patients. The Director of Quality, Innovation and Improvement referred to the CQUIN that related to access to GP records to enable crews to make better and more informed decisions. It was noted that the Electronic Patient Record would support this process.

The Chairman referred to the patient story and stated that learning was evident and important that it was cascaded throughout the Trust.

Dr D Hanley questioned if patients with certain health conditions could carry a plan, to support health professionals when attending to them. The Director of Strategy and Planning advised that he would look into this.

The Board:

- Noted the patient story,
- Requested that the Director of Strategy and Planning feedback to the frequent caller team, the suggestion to liaise with patients with certain health conditions about the possibility of carrying a health plan.

BM/1920/55 **APOLOGIES FOR ABSENCE**

An apology for absence was submitted from Dr M Ahmed.

At this point in the meeting, the Chairman thanked Dr M Ahmed for all her work and input to the Trust, during her term of office and wished her all the best in her future.

BM/1920/56 **DECLARATIONS OF INTEREST**

No declarations of interest were made.

BM/1920/57 **MINUTES OF PREVIOUS MEETING HELD ON 29th MAY 2019**

The minutes of the previous meeting held on 29th May 2019 were presented to members for approval.

The Board:

- Approved the minutes from the meeting held on the 29th May 2019.

BM/1920/58 **ACTION LOG**

The action log was reviewed and updated accordingly.

The Chairman made reference to the mandatory training modules that were now available to access via ESR, for all Non-Executive Directors (NEDs). The Director of Corporate Affairs explained the modules were all core elements that required completion. The Interim Director of Organisational Development

explained that modules were mapped to the board matrix.

The Chairman encouraged all members to complete the mandatory training.

The Board:

- Noted the updated.

BM/1920/59   **COMMITTEE ATTENDANCE**

Members were presented with a copy of the committee attendance, for information.

The Board:

- Noted the committee attendance.

BM/1920/60   **REGISTER OF INTEREST**

Members were presented with a copy of the 2019/20 register of interest, for information.

It was noted that Dr D Hanley needed to be added to the register.

The Board:

- Noted the register of interest.

BM/1920/61   **CHAIRMAN AND NON-EXECUTIVES DIRECTORS UPDATE**

The Chairman advised that the Association of Ambulance Chairs had met recently and a detailed discussion had been held in relation to Non-Executive Director remuneration. A discussion also took place in relation to ambulance services bidding for work outside of its area and had requested the Association of Ambulance Chief Executives (AACE) to look into this. The Chief Executive commented that conversations had commenced and the importance of building trust and relationships across services had been highlighted.

It was noted that the Director of Quality, Innovation and Improvement had delivered a presentation in relation to the hospital handover collaborative, to the AACE and it had been well received.

The Board:

- Noted the update.

BM/1920/62   **BOARD ROLES – APPOINTMENT OF VICE CHAIR AND SENIOR INDEPENDENT DIRECTOR**

The Chairman presented a report to seek member's approval for the appointment of a Vice Chair and Senior Independent Director.

The Board:

- Approved Mr Richard Groome to be appointed as the Vice Chair, and
- Approved Mr Michael O'Connor to be appointed as the Senior Independent Director.

BM/1920/63   CHIEF EXECUTIVE'S REPORT

The Chief Executive presented a report to provide members with information on a number of areas since the last report to the Trust Board on 29th May 2019. The report covered (i) performance, (ii) issues to note, and (iii) external/internal engagements.

An update was provided in relation to 999 performance and members were presented with information that illustrated continuing improvements. It was noted that the first phase of the working parties with staff over the roster review had commenced in June 2019. It was further noted that 111 call answering performance continued to show sustained improvement and PTS performance was stable.

The Chief Executive advised members of the internal and external engagement work he had carried out. He advised that he had developed a relationship with Bill McCarthy, North West Regional Director, NHSI and this would continue with the aim to share best practice and discuss the challenges and possible solutions across the region.

The Chairman stated that the Chief Executive had a key role in terms of stakeholder engagement. The Chief Executive added that he was reviewing how the executive team engaged with stakeholders as it was a team effort.

The Board:

- Received and noted the contents of the report.

BM/1920/64   CORPORATE STRATEGY

The Director of Strategy and Planning presented the corporate strategy 'Our Strategy 2019-2024', for member's approval.

Mr D Rawsthorn referred to the Sustainable Management Plan and questioned how this would link to the strategy. The Director of Strategy and Planning explained that once the plan had been completed, it would link to the environmental section of the strategy.

The Interim Director of Organisational Development advised that she would liaise with the Director of Strategy and Planning as a number of changes were required to the workforce section.

The Chairman supported the strategy and advised it was very clear.

The Board:

- With the proviso that amends be made to the workforce section, approved the 'Our Strategy 2019-2024'.

BM/1920/65   INTEGRATED BUSINESS PLAN

The Director of Strategy and Planning presented the five year Integrated Business Plan (IBP) for approval.

Members were advised that the original business plan was developed in conjunction with the Monitor framework, in preparation for the application for Foundation Trust status. The revised plan was now a succinct, consistent and coherent document.

The Director of Strategy and Planning explained that the plan included right strategic priorities that related to (i) urgent and emergency care, (ii) right care, (iii) digital, (iv) business and commercial development, (v) workforce, (vi) stakeholder relationships, (vi) infrastructure, and (vii) environment. It was noted that over the next couple of months a set of milestones and deliverables would be progressed.

In terms of the environment section, it was noted that more detail would be included.

Mr R Groome commented on the first section of the document and suggested more detail was required, in terms of the current position and future ambitions of the Trust.

Dr D Hanley sought further detail in relation to the Corporate Programme Board (CPB) and the Director of Strategy and Planning explained that the Board was responsible for overseeing the delivery of the Trust's key projects and programmes. It was noted that the CPB would be Chaired by the Chief Executive and membership included the Executive, Senior Responsible Officers and the Head of Programme Office. Members were advised that the Board of Directors would receive a highlight report from the CPB.

The Chief Executive suggested that consideration be given to a Non-Executive Director (NED) being a member of the CBP. The Director of Corporate Affairs stated this required consideration in terms of the role of executives and NEDs in terms of operational and independence.

Dr D Hanley questioned if an Equality Impact Assessment (EIA) had been completed for the IBP and the Director of Strategy and Planning explained an EIA would be completed.

Mr R Groome questioned why historical data had been included within the IBP and the Director of Strategy and Planning explained that this was to provide context and a baseline position.

Dr D Rawsthorn referred to the environment section and stated this needed to be amended to highlight a sustainability plan was in place and not a strategy.

Mr R Groome questioned if specific review dates should be included within the IBP and the Director of Strategy and Plannng explained that the IBP would be reviewed within 6 months and then on an annual basis.

The Chairman expressed his thanks for all of the work that had been carried out in relation to the IBP.

The Board:

- With the proviso the environmental section be amended, approved the five year Integrated Business Plan,
- Requested that consideration be given to the membership of the Corporate Programme Board, and
- Noted that an Equality Impact Assessment would be carried out.

BM/1920/66   LORD CARTER REVIEW AND NWAS ACTION PLAN AND TRACKER

The Director of Strategy and Planning presented a report to provide members with an overview and summary of the Lord Carter Review conducted in 2018. It was noted that the five key areas identified were (i) Ambulance service

productivity, (ii) Workforce and leadership, (iii) Ambulance fleet and control systems, (iv) Estates, facilities and corporate services, and (v) Implementation.

Members were advised that regular updates were provided to NHS Improvement in terms of progress against recommendation 2 'delivering the right model of care and reducing avoidable conveyance to hospital', and recommendation 5 'effective fleet management'.

Members were presented with the action tracker and it was noted that this included actions pertinent to NHS Improvement/England, Commissioners and the Trust. The Director of Strategy and Planning explained that the RAG rating had been produced by NHSI.

Mr D Rawsthorn commented that the report did not include reference to the Board Assurance Framework.

The Director of Quality, Innovation and Improvement advised members that she had met with NHSI, to discuss the response to the Carter Review. It was noted that this resulted in positive feedback and dialogue would continue to ensure that best practice was shared.

Mr R Groome referred to recommendation 2 'delivering the right model of care and reducing avoidable conveyance to hospital' and questioned if any advice been provided in terms of hoe to achieve this. The Director of Strategy and Planning explained that no guidance had been received. However, he advised that NHSI/E had released a document in relation to non-conveyance that had emphasis on the role of the wider healthcare system.

The Chief Executive advised that a discussion had been held at the Joint Ambulance Improvement Board in relation to the Lord Carter action tracker and there was an ambition to increase non-conveyance. The Director of Operations added that the performance improvement plan included see and treat and hear and treat.

Mr M O'Connor referred to the NHS deliverable in relation to 'Ambulance Trust boards developing plans to implement make ready systems with support from NHS Improvement by April 2019' and the Director of Finance advised that this related to estates. The Director of Operations explained that suitable estates had been identified from an operations perspective.

The Chairman requested that the next report included actions that were pertinent to the Trust and actions that were at risk of not being completed.

A discussion ensued in relation to reporting of the Lord Carter Review and it was agreed that the Resources Committee would receive a detailed update and highlight reports to the Board.

The Board:

- Noted the implications of the Lord Carter Review and associated NWAS action plan and tracker,
- Requested that detailed progress reports be presented to the Resources Committee and highlight report to the Board.

BM/1920/67 FLEET STRATEGY 2019-2024

The Director of Finance presented the Fleet Strategy 2019-2024 for member's approval.

A discussion ensued in relation to the fleet programme and the recommendation from Lord Carter in relation to the age of a fleet. It was noted that in 2009 the Trust took the decision to move from 5 to 7 years and therefore, in accordance with the fleet strategy this decision would be re-evaluated.

It was noted that the strategy had been presented to the Executive Management Team and Resources Committee and as a result, a section in relation to the Equality Impact Assessment (EIA) had been included. However, it was noted that the EIA completed for this strategy was inadequate and therefore needed to be resolved.

Mr D Rawsthorn suggested that when the strategy was refreshed, it includes a stronger link to the Trust's sustainability plan.

The Board:

- Approved the Fleet Strategy 2019-2024,
- Requested that further work be carried out in relation to the Equality Impact Assessment.
- Requested that when the strategy was refreshed, it included a detailed section in relation to the Trust's sustainability plan.

BM/1920/68   **BOARD ASSURANCE FRAMEWORK (BAF) QUARTER 1 REVIEW, CORPORATE RISK REGISTER (CRR) QUARTER 1 REVIEW**

The Director of Corporate Affairs presented a report to provide members with the opportunity to review the Q1 BAF position along with the CRR risks scored 15 and above that were aligned to each BAF risk.

Members were advised that currently there were 17 risks scored at 15 or above. It was noted that the risk team would be reviewing each risk on datix to quality assure the information and moderate the score.

The Director of Corporate Affairs directed members to appendix 3 of the report and advised that a heat map for 2019/20 had been developed that displayed (i) the opening scores, (ii) Q1 scores, (iii) target scores and, (iv) final target scores. The reporting map was also presented to members, highlighting key review dates.

Dr D Hanley stated that the heat map highlighted very little change in risk scores at the end of quarter 1 and sought assurance in terms of plans that were in place to meet the end target scores. The Director of Corporate Affairs explained that the role of committees was to ensure that the risks were managed. She added that an improved position would be expected at the end of quarter 2. However, if improvements were not shown, it would be the role of committees to procure work to provide further assurances.

Mr D Rawsthorn made reference to the risk reports presented to committees and stated they needed to be succinct and include risks pertaining to that committee. He added that the CRR was difficult to understand due to the layout and requested that consideration be given to this.

Mr D Rawsthorn advised that a discussion had been held at the Resources Committee in relation to SR07 – digital, and it was noted significant work had been carried out including mitigation and therefore the quarter 2 position was expected to improve. It was added that leadership within the digital team was now in place.

The Director of Corporate Affairs proposed to members that SR09 be closed,

following its merge with SR06. As a result, it was suggested to rename SR10 as SR09.

The Chairman referred to SR08 and the risk that related to significant leadership changes. He commented that a number of the target completion dates were now out of date. The Director of Corporate Affairs explained that the Senior Risk and Assurance Manager would be meeting with the Chief Executive and Deputy Chief Executive to review this risk.

Mr D Rawsthorn made reference to the reporting map and suggested this included reporting details to the Resources Committee and Quality and Performance Committee.

The Board:

- Agreed to the formal closure of SR09 and rename BAF risk SR10 as SR09,
- Agreed the Q1 BAF position,
- Noted the CRR at Q1,
- Requested that consideration be given to the layout and format of the CRR, and
- Requested that consideration be given to include the Resources Committee and Quality and Performance Committee on the reporting map.

BM/1920/69   ASSURANCE PURVIEW

The Director of Corporate Affairs presented the assurance purview, for member's perusal.

Members were advised that the assurance purview highlighted the main sources of assurance. The Chief Executive advised that the Key Lines of Enquiry (KLOE's) were mapped to each committee and a lead director. The Director of Corporate Affairs advised that the purview would be mapped to the relevant committee work plan.

Mr R Groome stated the importance of ensuring the purview was kept up to date and captured the relevant information.

The Chief Executive advised that it was a rigorous process and should result in no gaps.

The Board:

- Approved the assurance purview.

BM/1920/70   POLICY FRAMEWORK UPDATE Q1 – 1st APRIL 2019 – 30th JUNE 2019

The Director of Corporate Affairs presented a report to provide details of the policies and procedures approved by either the Executive Management Team or individual Executive Directors during the period 1st April 2019 – 30th June 2019.

It was noted that during 1st April 2019 – 30th June 2019, 20 policies/procedures were approved. Members were made aware that 23 of the Trust's policies/procedures had expired and all executive leads had been advised of the review dates.

The Chief Executive suggested that the Executive Management Team needed to manage this process in further detail. The Deputy Chief Executive stated that

executives need to take ownership.

The Board:

- Noted the policies/procedures that were approved during 1st April 2019 – 30th June 2019,
- Requested that regular reports were presented to the Executive Management Team in relation to policies that had expired their review dates.

BM/1920/71   ANNUAL AUDIT LETTER 2018/19

The Director of Finance presented the 2018/19 Annual Audit Letter, for member's information.

The Board:

- Noted the 2018/19 Annual Audit Letter.

BM/1920/72   CHAIRMANS ANNUAL FIT AND PROPER PERSONS DECLARATION

The Chairman presented the Annual Fit and Proper Persons Declaration, to provide members with assurance that all individuals appointed to or holding the role of Executive Director or Non-Executive Director (NED), meet the requirements of the Fit and Proper Persons Test (Regulation 5).

The Chairman referred to Associate Non-Executives and the Director of Corporate Affairs advised this role would be covered within the declaration. The Interim Director of Organisational Development explained this declaration related to 2018/19, prior to Associate NED's being in post.

The Board:

- Noted the assurance given by the Chairman that all current Executive Directors and Non-Executive Directors meet the Fit and Proper Persons criteria.

BM/1920/73   NON-EXECUTIVE DIRECTORS INDEPENDENCE ASSESSMENT

The Director of Corporate Affairs presented the Non-Executive Directors Independence Assessment that supported the annual declaration against the Fit and Proper Persons Test, an assessment on the ongoing independence of the Non-Executive Directors in line with the NHS FT Code of Governance (July 2014) section A.3 – Balance and independence of the board of directors.

The Board:

- Noted the compliance with the FT code section A.3 – Balance and independence of the Board of Directors.

BM/1920/74   NOMINATIONS AND REMUNERATION COMMITTEE TERMS OF REFERENCE

The Director of Corporate Affairs presented the Nominations and Remuneration Committee Terms of Reference for member's approval.

The Board:

- Approved the Nominations and Remuneration Committee Terms of

Reference.

BM/1920/75   PERFORMANCE MANAGEMENT FRAMEWORK

The Director of Quality, Innovation and Improvement presented a report to provide members with an updated version of the Trust's Performance Management and Accountability Framework for approval.

The Director of Operations made reference to the risk management section and stated this needed to be updated in line with the Board Assurance Framework.

The Director of Strategy and Planning explained that the framework had been developed to drive performance and provided a structure to identify when performance wasn't being achieved.

The Chairman referred to the Board's role in terms of receiving assurance in relation to the Trust's performance against compliance with the framework and questioned how this would be reported. The Director of Quality, Innovation and Improvement advised assurance would be provided via the integrated performance report.

The Board:

- Approved Performance Management and Accountability Framework.

BM/1920/76   INFECTION, PREVENTION AND CONTROL ANNUAL REPORT 2018-19

The Director of Quality, Innovation and Improvement presented a report to advise members of the key Infection, Prevention and Control (IPC) and activity and developments during the period 2018/19.

Members were advised that the Quality and Performance Committee received regular assurance reports in relation to IPC. It was also noted that the Chief Nurse was the Director of Infection, Prevention and Control.

The Director of Quality, Innovation and Improvement advised that IPC was a specialist area and therefore, the capacity and capability of the current structure was being reviewed. In addition, it was noted that NHS Improvement would be reviewing the practices as part of voluntary process and feedback would be presented to the Quality and Performance Committee.

The Medical Director stated a shift was required in terms of the culture/values and behaviours. He suggested that the Trust needed to be more cognitive and less defensive. The Medical Director stated there was a role of the executive to support this work stream.

Mr R Groome questioned if all Patient Transport Service (PTS) vehicles received a deep clean and the Director of Finance advised the PTS fleet were cleaned to the same specification as PES vehicles.

- Noted and received assurance from the report, and
- Approved the submission of the annual Infection, Prevention and Control report to commissioners.

BM/1920/77   SAFEGUARDING ANNUAL REPORT 2018-19

The Director of Quality, Innovation and Improvement presented a report to provide members with an overview of safeguarding activity during 2018-19.

Members were advised that during 2018-19, referrals had continued to increase. It was noted that a key risk to the Trust was capacity within the safeguarding team.

Dr D Hanley made reference to safeguarding systems and stated feedback was not provided as a result of the referrals made. He suggested that staff confidence in the system would increase if they received feedback.

Dr D Hanley stated that more emphasis was required in relation to modern day slavery. The Director of Quality, Innovation and Improvement advised that level 3 training covered safeguarding in finer details, including modern day slavery . Dr D Hanley stated that front line staff were privy to intelligence.

A discussion ensued in relation to the increased referrals and it was noted that best practice had been sought. Electronic referrals had been highlighted and as a result, electronic testing via the GTAC devices would be carried out in September/October 2019.

- Noted and received assurance from the report, and
- Approved the submission of the safeguarding annual report to commissioners.

BM/1920/78   **INTEGRATED PERFORMANCE REPORT**

The Director of Quality, Innovation and Improvement presented a report to provide members with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of June 2019.

The Director of Quality, Innovation and Improvement referred to complaints and incidents and commented on the bullying/harassment and violence campaign that was being carried out.

The Chairman sought clarity in terms of 'information' listed within the incident categories and the Director of Quality, Innovation and Improvement advised that this related to loss of information.

The Medical Director made reference to see and treat outcomes and the unwarranted variation amongst CCG's. It was noted that a system leadership approach was required, to improve systems.

The Medical Director referred to performance in relation to survival to discharge that was poor year on year. Members were advised that this was a system issue and as a result, engagement was being carried out with cardiac networks to look at a system wide approach. It was noted work was being carried out in relation to (i) conveyance to hospital by the Trust, and (ii) the hospital sector role. Members were advised that data was now available to be interpreted.

The Medical Director advised that the Greater Manchester system was giving consideration to a heart attack care – centre of excellence. It was noted that there was a need to focus clinical expertise in the right area.

The Deputy Chief Executive commented on the APAS scheme and advised that discussions were being held to extend the scheme until March 2020.

The Chairman referred to data that was historic and therefore proved difficult to identify problems and solutions. The Director of Quality, Innovation and Improvement commented that via the electronic patient referral system, live data would be available.

The Director of Strategy and Planning advised members that the friends and family test was changing and it was unknown what this would mean for the ambulance service.

The Director of Finance presented members with details of the financial score at month 3. Members were advised that work was progressing in relation to the Cost Improvement Programme (CIP) in terms of developing a plan to achieve the CIP target. It was noted that the overall year to date actual and forecast financial risk score remained at 1.

The Director of Operations provided an update in relation to performance. It was noted that in June 2019, Call Pick Up (CPU) performance achieved 78.6%. Members were advised that CPU improvement linked to the recruitment plan.

The Director of Operations advised members that the biggest performance challenge related to C2. Reference was made to the roster review and it was noted that this was on target and it was envisaged would improve C2 performance.

The Chairman requested an update in terms of progress against the performance improvement plan. The Director of Operations explained that the Trust was performing above three of the standards. The Trust was behind on four targets but it was noted that this was marginal.

A discussion ensued in terms of demand and the Medical Director explained that on Monday 29th July 2019, A&E attendance was the biggest on record. The Director of Operations explained that the Trust had planned for 3.8% growth and actual growth was 5.5%.

The Director of Operations commented on the roster review that would improve Performance. In terms of C2 and CPU, it was approved at a recent meeting of the Executive Management Team that alternative responses would be explored.

The Director of Operations provided an update in relation to 111 and advised that a recruitment plan was in place, to reduce the use of third party providers.

The Director of Finance provided an update in relation to the Patient Transport Service (PTS) performance and advised that unplanned activity was starting to be managed. Members were advised that a workshop had been held with Commissioners in July 2019 in relation to the PTS CQUIN and it was noted that work had commenced with providers and partners to improve patient discharge. Members were advised that PTS performance was reported to and discussed at the Executive Management Team on a weekly basis

The Interim Director of Organisational Development presented the workforce performance information. Mr R Groome referred to sickness absence and questioned if best practice had been sought from West Midlands. The Interim Director of Organisational Development advised that staff feedback had been positive in terms of cultural issues for example the environment and hygiene factors. It was also noted that that the Trust's sickness figures included 111 staff whilst West Midlands figures did not. The Deputy Chief Executive explained that in the past, 111 had not been included to provide a comparison and it had been highlighted there was still a difference in terms of performance.

The Chairman referred to the report that had been presented and acknowledged the improvements that had been made.

The Board:

- Noted and took assurance from the update.

BM/1920/79   QUALITY AND PERFORMANCE COMMITTEE ASSURANCE REPORT

Mr R Groome presented an assurance report from the meeting of the Quality and Performance Committee held on 17th June 2019 and 15th July 2019.

It was noted that the community first responders had received an accreditation from the National Council for Voluntary Organisations.

The Board:

- Noted and took assurance from the update.

BM/1920/80   RESOURCES COMMITTEE ASSURANCE REPORT

A verbal update from the meeting of the Resources Committee held on 26th July 2019, was presented to members.

Members were advised that a number of work streams were discussed, prior to presentation to the Board for approval. Discussions had been held in relation to the (i) 5 year integrated business plan, (ii) 209/20 capital investment programme, and (iii) fleet strategy.

The Board:

- Noted and took assurance from the report.

BM/1920/81   AUDIT COMMITTEE ASSURANCE REPORT

Mr D Rawsthorn presented an assurance report from the meeting of the Audit Committee held on 19th July 2019.

The Board:

- Noted and took assurance from the report.

BM/1920/82   LARGE SCALE IMPROVEMENT PROGRAMMES (2019-21)

The Director of Quality, Innovation and Improvement presented a report to describe the rationale, benefit, costs and consideration of delivering two large scale improvement programmes in the next two years to support the aims of the Right Care and Urgent and Emergency Care Strategies. It was noted that the programmes related to (i) hospital handover, and (ii) See and Treat collaborative.

The Chairman questioned if the programmes would be managed via the Corporate Programme Board and it was noted that this would be the case, via the Director of Quality, Innovation and Improvement who was the Senior Responsible Officer for the projects. The Chairman stated that governance was key and the Deputy Chief Executive supported this, stating executives would be held to account for programmes of work.

Dr D Hanley commented on the importance of maintaining improvements following an improvement programme. The Deputy Chief Executive supported this and stated the success of programmes was partly reliant on partners. The Director of Quality, Innovation and Improvement explained it was also about the design of the programme.

A discussion ensued in terms of other projects being carried out across the trust for example the Electronic Patient Record and roster review. The Chairman stated it was important to ensure the balance was maintained.

The Board:

- Supported the continued development of the Hospital Handover collaborative community over the next two years ending March 2021,
- Supported the initiation, development and delivery of a See and Treat collaborative over the next two years ending March 2021,
- Noted the benefits of building a single approach to improvements and improvement skills,
- Noted the importance of working across system partners to lead improvement,
- Noted the estimates of financial benefit through potential efficiency savings of £5,233m and £8,768m for Hospital Handover and See and Treat respectively,
- Agreed support costs of £299,900 per annum to deliver two large scale improvement programmes, and
- Noted the requirement to ensure the programmes were phased in such a way as to limit the burden on PES staff.

BM/1920/83   DRAFT 2018/19 QUALITY ACCOUNT

The Director of Quality, Innovation and Improvement presented the draft 2018/19 quality account for members approval.

Members were advised that the quality account had been written in conjunction with very clear guidance.

The Director of Operations referred to the performance section and stated this needed to be amended prior to publication.

Mr D Rawsthorn commented on the report cover sheet and stated the quality account did not link to all of the Board Assurance Framework risks.

Mr M O'Connor referred to the section in relation to complaints and suggested this be re-worded as it appeared defensive.

The Board:

- With the proviso that amends be made to the complaints and performance sections, approved the 2018/19 draft quality account.

BM/1920/84   CQUIN IMPLEMENTATION

The Director of Quality, Innovation and Improvement presented a report to seek approval from members to utilise Trust funds to scale up the data consumption proof of concept programme which would enable the trust to deliver key milestones of the CQUIN (19-20) to be agreed with Commissioners in July 2019.

The Director of Finance advised that she had reviewed the financial aspects of the programmes, in conjunction with future plans.

A discussion ensued in terms of the primary end point that by quarter 4, at least 5% of patients would have been seen by PES crews. Dr D Hanley stated that whilst the aim was to improve patient care, there was a risk that performance would be impacted.

The Medical Director explained that if the job cycle increased and then the patient was conveyed to hospital then it would impact adversely on performance. However, if a patient was not conveyed to hospital then this would be a performance improvement. He added that if a patient was conveyed, there should not be a need to access their medical records.

The Director of Quality, Innovation and Improvement stated the right infrastructure was crucial to the success of the programme.

The Board:

- Noted the agreement with commissioners to deliver CQUIN updates based on the three areas, and
- Approved funding of £481,860 for:
  - Servers and licenses to enable connection to the LPRES and Graphnet portals for long term access to integrated health data,
  - Adjustment of the license agreements for Orion portal from individual to concurrent, and
  - Additional data for the GeTAc devices.
- Approved funding of £157,700 for the additional resource required for programme management, IT and IG.

BM/1920/85   **2019 CQC INSPECTION PROGRESS REPORT**

The Director of Quality, Innovation and Improvement presented a report to provide assurance to members by summarising the work that continued in the lead up to the 2019 CQC inspection.

A discussion ensued in relation to private ambulance providers and it was noted that providers had been invited to attend an engagement session at the Trust.

Members were advised that via the share point system, the documentation requirements of each directorate were defined, including the responsibilities of each Director.

Reference was made to the sector level quality visits and it was noted that the visits were unannounced.

Members were informed that assurance in relation to the CQC preparatory work would be presented to the relevant committee.

The Board:

- Noted and took assurance from the report.

BM/1920/86   **LEARNING LESSONS TO IMPROVE OUR PEOPLE PRACTICES: INVESTIGATION AND DISCIPLINARY PROCESS REVIEW**

The Interim Director of Organisational Development presented a report to provide assurance to members with regards to actions taken by the Trust to review its internal investigation and disciplinary processes in relation to the content of a letter received from the Chair of NHS Improvement concerning investigation and disciplinary processes.

Members were advised a task group had been developed and a comprehensive review would be undertaken in terms of the Trust's investigation and disciplinary processes associated with the disciplinary and incident learning procedures. It was noted that regular updates would be presented to the Executive

Management Team and Resources Committee.

The Chairman questioned what welfare support was in place during investigation and disciplinary processes and the Interim Director of Organisational Development explained this would be explored as part of the review. The Chairman referred the importance of supporting staff during these processes.

The Board:

- Noted the contents of the report and gained assurance that immediate actions were being taken to address the 7 key areas of new guidance relating to the management and oversight of local investigations and disciplinary procedures as recommended by NHS Improvement.

BM/1920/87   COMMUNICATIONS AND ENGAGEMENT DASHBOARD REPORT

The Director of Strategy and Planning presented a report to provide members with a quarterly summary of key outputs and associated highlights on the work of the combined communications and engagement team.

The Chief Executive stated he would liaise with the Director of Strategy and Planning in relation to publication of the dashboard.

The Board:

- Noted and took assurance from the report.

BM/1920/88   FREEDOM TO SPEAK UP GUARDIAN REPORT QUARTER 1, 2019

The Director of Strategy and Planning presented a report to provide an overview of the work of the Freedom to Speak Up Guardian during quarter 1, 2019.

Members were presented with details of concerns by service line, reporting category and area. It was noted that nationally the scope had widened and therefore various concerns were now being raised.

The Chairman questioned if there was sufficient senior decision making resource in place and the Chief Executive advised that the processes were being reviewed.

The Director of Quality, Innovation and Improvement stated it would be useful if historical data was included in future reports.

The Board:

- Noted and took assurance from the report.

BM/1920/89   ANY OTHER BUSINESS

Review of 2019/20 Capital Investment Programme

The Director of Finance presented a revised 2019/20 Capital Expenditure Plan, for members approval.

Members were advised that the capital plans for 2019/20 exceeded the current limit set by parliament and therefore, a full review of the Trust's capital expenditure plans was undertaken. It was noted that following the review, the Executive Management Team and Resources Committee had supported an option to reduce the capital plan by £4.795m to £16,039m. Members were

assured that this would not be of detriment to any project in place.

The Director of Finance explained one aspect related to vehicles and equipment and the option to lease the remaining 28 PTS vehicles opposed to purchasing them. This would release £1.540m from the capital programme but would result in an annual recurrent cost pressure of £12k per annum.

Estuary Point

The Chief Executive advised members that it was envisaged that the EOC would move into Estuary Point on 8th September 2019 and 111 on the 17th September 2019. It was noted that the Trust that the Trust had received the programme of works from Virgin Media, providing assurance that the work would be completed.

The Board:

- Received assurance from the update, and
- Approved the revised 2019/20 capital plan of £16.039m.

BM/1920/90   ITEMS FOR INCLUSION ON THE BOARD ASSURANCE FRAMEWORK

No additional items were identified, to be included on the Board Assurance Framework.

BM/1920/91   DATE, TIME AND VENUE OF NEXT MEETING

The next meeting of the Board of Directors will be held on Wednesday 25th September 2019 at Ladybridge Hall, Bolton. BL1 5DD.

Signed: _____
Date: _____

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BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Status:	
Work in progress	WIP
Completed on Time	
Completed late	
Incomplete & Overdue	
On Current Agenda	

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
24	29/05/19	1920/31	Board Story	The Interim Director of Organisational Development to check to ensure that Non-Executive Directors had access to the dementia module within their on-line learning package.	LW	31.07.19	31.07.19	Tier 1 dementia is one of the required competences for NED mandatory e-learning. NEDs have now been contacted regarding access to the online learning	
27	31/07/19	1920/54	Board Story	The Director of Strategy and Planning to feedback to the frequent caller team, the suggestion to liaise with patients with certain health conditions about the possibility of carrying a health plan to assist paramedics.	SD	25.09.19	25.09.19		WIP
28	31/07/19	1920/65	Integrated Business Plan	An Equality Impact Assessment to be carried out in relation to the Integrated Business Plan.	SD	25.09.19	25.09.19		WIP
29	31/07/19	1920/65	Integrated Business Plan	Consideration be given to the membership if the Corporate Programme Board and inclusion of a NED member.	AW/SD	25.09.19	25.09.19	DM/AW agreed to review following the inaugural meeting in October.	WIP
30	31/07/19	1920/65	Integrated Business Plan	The environment section be amended to highlight that a sustainability plan was in place and not a strategy.	SD	25.09.19	25.09.19	As described in the IBP there is a national Sustainability Development Strategy which we are required to produce a plan for which is the SDMP Sustainability Development Management Plan. The National Strategy was accompanied by a tool sustainability development assessment tool (SDAT) - a new version of this tool has been released. This assessment tool should identify the areas of strength and opportunities for the Trust.	
31	31/07/19	1920/66	Lord Carter Update	Detailed progress reports be presented to the Resources Committee and highlight report to the Board.	SD	25.09.19	25.09.19	Update removed from Board of Directors work programme and included on Resources Committee work programme.	
32	31/07/19	1920/67	Fleet Strategy 2019/2024	Further work be carried out in relation to the Equality Impact Assessment.	CW	25.09.19	25.09.19		WIP

Agenda Item 5

33	31/07/19	1920/68	Board Assurance Framework/Corporate Risk Register	Consideration be given to the layout and format of the CRR.	AW	25.09.19	25.09.19	The layout is a standard risk register format, however, options are being considered and any changes will be seen at the next reporting in November.	
34	31/07/19	1920/68	Board Assurance Framework/Corporate Risk Register	Consideration be given to include the Resources Committee and Quality and Performance Committee on the reporting map.	AW	25.09.19	25.09.19		
35	31/07/19	1920/69	Policy Framework	Regular reports were presented to the ExecutiveLeadership Committee in relation to policies that had expired their review dates.	AW	25.09.19	25.09.19	Scheduled on the work plan and first report was presented to the Executive Leadership Committee on 28.08.19.	
36	31/07/19	1920/83	Draft 2018/19 Quality Account	Amends be made to the complaints and performance sections.	MP	02.08.19	02.08.19		WIP

Agenda Item 6

Board of Directors

	24th April		24th May	29th May		31st July		25th September		27th November		29th January		25th March	
	Part 1	Part 2	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2
Peter White	✔	✔	☒	✔	✔	✔	✔								
Richard Groome	✔	✔	✔	✔	✔	✔	✔								
Michael O'Connor	✔	✔	✔	✔	✔	✔	✔								
Maria Ahmed	✔	✔	☒	☒	☒	☒	☒								
David Hanley				✔	✔	✔	✔								
David Rawsthorn	✔	✔	✔	✔	✔	✔	✔								
Daren Mochrie	✔	✔	✔	✔	✔	✔	✔								
Mick Forrest	✔	✔	✔	✔	✔	✔	✔								
Ged Blezard	✔	✔	✔	✔	✔	✔	✔								
Chris Grant	✔	✔	✔	✔	✔	✔	✔								
Carolyn Wood	✔	✔	✔	✔	✔	✔	✔								
Angela Wetton	✔	✔	✔	✔	✔	✔	✔								
Salman Desai	✔	✔	☒	✔	✔	✔	✔								
Maxine Power	✔	✔	☒	✔	✔	✔	✔								
Lisa Ward	✔	✔	✔	✔	✔	✔	✔								
Alison Chambers															
Rod Thomson															
Clare Wade						✔	✔								

Audit Committee

	18th April	24th May	19th July	18th October	17th January
David Rawsthorn	✔	✔	✔		
Richard Groome	✔	✔			
Michael O'Connor		✔	✔		
Rod Thomson					
David Hanley			✔		

FIPC / Resources Committee

	20th May	26th July	23rd September	22nd November	24th January	20th March
Michael O'Connor	✔	✔				
David Rawsthorn	✔	✔				
Richard Groome		x				
Carolyn Wood	✔	Michelle Brooks				
Ged Blezard	✔	✔				
Maxine Power	✔	✔				
Salman Desai	✔	✔				
Lisa Ward	✔	✔				
Clare Wade						

Quality Committee / Quality and Performance Committee

	8th April	13th May	17th June	15th July	16th September	21st October	18th November	20th January	17th February	16th March
Maria Ahmed	✔	✔	☒	✔						
Richard Groome	☒	✔	✔	✔ (observing)	✔ (observing)					
Peter White	✔									
David Rawsthorn	✔	✔								
Maxine Power	✔	✔	✔	✔	✔					
Ged Blezard	✔	✔	✔	✔	✔					
Chris Grant	☒	✔		☒						
Michael Forrest			✔	✔	☒					
David Hanley			✔	✔	✔					
Rod Thomson					✔					
Alison Chambers					✔					
Carolyn Wood	✔	✔	✔	✔	✔					

Performance Committee

	21st May
Peter White	Cancelled
Richard Groome	
Carolyn Wood	
Ged Blezard	
Lisa Ward	

Workforce Committee

	23rd April
Peter White	✔
Richard Groome	✔
Carolyn Wood	✔
Ged Blezard	✔
Lisa Ward	✔

Charitable Funds Committee

	24th April	30th October
David Rawsthorn	Cancelled	
David Hanley		
Richard Groome		
Angela Wetton		
Ged Blezard		
Salman Desai		
Carolyn Wood		
Lisa Ward		

Nomination & Remuneration Committee

	24th April	11th June	31st July	25th September	27th November	29th January	25th March
Peter White	Cancelled	✔	✔				
Richard Groome		✔	✔				
Michael O'Connor		☒	✔				
David Hanley		☒	✔				
Rod Thomson							
Alison Chambers							
Clare Wade							
David Rawsthorn		✔	✔				
Angela Wetton		✔	✔				
Maria Ahmed		☒					

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CONFLICTS OF INTEREST REGISTER 2019/20
NORTH WEST AMBULANCE SERVICE - BOARD OF DIRECTORS

North West Ambulance Service NHS — NHS Trust

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal	Indirect Interests	Nature of Interest	Apr-19	Mar-20	Action taken to mitigate risk
Ged	Blezard	Director of Operations	Wife is a manager within the Trust's Patient Transport Service				√	Other Interest	Apr-19	Present	To be decided by Chairman if decision ifs required with a meeting, in relation to the service line.
Alison	Chambers	Non-Executive Director	Husband is a very senior NHS Manager				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Salman	Desai	Director of Strategy and Planning	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Michael	Forrest	Deputy Chief Executive	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Richard	Groome	Non-Executive Director	Director, Westbury Management Services Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Chair, Fix360 (part of Your Housing Group	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director and Deputy Chair , Your Housing Group	√				Position of Authority	Apr-19	Present	N/A
David	Hanley	Non-Executive Director	Trustee, Christadelphian Nursing Homes			√		Other Interest	Jul-19	Present	N/A
Daren	Mochrie	Chief Executive	Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A
			Member of the Royal College of Paramedics		√			Position of Authority	Apr-19	Present	N/A
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care		√			Position of Authority	Apr-19	Present	N/A
Chris	Grant	Medical Director	NHS Consultant - Critical Care Medicine - Aintree University Hospital NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Secondary Care Governing Body Member - NHS West Cheshire Clinical Commissioning Group		√			Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Michael	O'Connor	Non-Executive Director	Partner in Addleshaw Goddard LLP	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director and Trustee of Central Manchester Concert Hall Ltd (Bridgewater Hall) (Charity)			√		Position of Authority	Apr-19	Present	N/A
			Director Trustee of Factory Youth Zone (Harpurhey) Ltd			√		Position of Authority	Apr-19	Present	N/A
Maxine	Power	Director of Quality, Innovation and Improvement	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
David	Rawsthorn	Non-Executive Director	Trustee and Treasurer of Citizens Advice Carlisle and Eden (CACE)			√		Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Member of Green Party			√		Other Interest	May-19	Present	Will not use NED position in any political way and will avoid any political activity in relation to the NHS.
Clare	Wade	Associate Non-Executive Director (Digital)	Head of Patient Safety, Roysl College of Physicians	√				Position of Authority	Jul-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Lisa	Ward	Interim Director of Organisational Development	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director – Riverside Housing	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director – Miocare Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Angela	Wetton	Director of Corporate Affairs	Husband is Operations Director of The Senator Group who supply the NHS, amongst many others, with office and hospital furniture.				√	Other Interest	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Carolyn	Wood	Director of Fnance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospotals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Past members											
Maria	Ahmed	Non-Executive Director	Principal GP – Manchester Medical	√				Connection with organisation contracting for NHS Services	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			CQC Specialist Advisor – Primary Care	√				Position of Authority	Apr-19	Jul-19	N/A

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Agenda Item 9

NHS
North West
Ambulance Service
NHS Trust

REPORT

AGENDA ITEM:

Board of Directors	
Date:	25 September 2019
Subject:	Chief Executive's Report
Presented by:	Daren Mochrie, Chief Executive
Purpose of Paper:	For Assurance
Executive Summary:	The purpose of this report is to provide members with information on a number of areas since the last Chief Executive's report to the Trust Board on 31 July 2019. The highlights from this report are as follows: **Performance** • Work to improve the performance against the standards continues. • August saw a rise in call and incident volumes compared to the same period last year. • Rosters agreed in GM and C& L. Work is ongoing to agree C&M roster changes • 111 – a couple of difficult months due to many factors including sickness and IT issues • PTS activity during July 2019 was 5% above contract baseline with the year to date position also being 5% above the baseline **Issues to note** • The Chief Executive attended a number of engagement events with local and regional stakeholders and staff. • The Trust received 6 nominations/shortlist for Awards • Introductory meetings have been held with the Fire & Chief Constable from both Cheshire and Lancashire and the Chief Constable from GM
Recommendations, decisions or actions sought:	Receive and note the contents of the report.

Link to Strategic Goals:	**Right Care**	☒	**Right Time**	☒
	Right Place	☒	**Every Time**	☒

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
☐	☐	☒	☒	☐	☒	☐	☐	☐

Are there any Equality Related Impacts:	
Previously Submitted to:	
Date:	
Outcome:	

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1. PURPOSE

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 31 July 2019

2. PERFORMANCE

2.1 **999**

Date	Aug-18	Aug-19	Standard	Impact	
Calls	120,982	131,308		10,326	↑
Incidents	90,475	97,659		7,184	↑
CPU	78.34%	85.57%	95.00%	7.23%	↑
H&T	5,202	7,640		2,438	↑
	5.75%	7.82%		2.07%	↑
S&T	22,047	27,281		5,234	↑
	24.37%	27.93%		3.56%	↑
C1 Mean	00:07:52	00:07:17	00:07:00	00:00:35	↓
C1 90th	00:13:20	00:12:19	00:15:00	00:01:01	↓
C2 Mean	00:21:46	00:22:16	00:18:00	00:00:30	↑
C2 90th	00:46:25	00:47:19	00:40:00	00:00:54	↑
C3 Mean		01:09:00	01:00:00		
C3 90th	02:21:31	02:42:09	02:00:00	00:20:38	↑
C4 90th	02:58:10	03:05:04	03:00:00	00:06:54	↑
Hospital Attendances - All	64,234	63,577		657 / 1.03%	↓
Hospital Handover	00:32:24	00:30:44	00:30:00	00:01:40	↓

August saw a rise in call volumes and incident volumes against the same period last year. This had an adverse impact on some standards. Despite this we saw an improvement in the most time critical patients in the C1 category. Call pick up improved as did H&T and S&T.

Roster review – fully signed up to agreed rosters in Greater Manchester and Cumbria & Lancashire. All unions have now re-entered the discussions and work is ongoing to resolve issues within the Cheshire and Mersey Area.

The move to Estuary Point was completed following a lot of preparatory work during the month of August. The move went according to plan and will improve staff's working lives and environment. I would like to thank the project team, ICT and all our staff who have worked so hard to make this happen safely and as smoothly.

111

NWAS 111 has experienced a couple of difficult months in July and August 2019. The cause of the drop in performance has been multi-factorial, however 2 key challenges that have been identified are:
- 111 sickness – especially within the Health Advisor role
- IT issues – both at a local and national level

A joint action plan with the HR team has been developed to improve staffing and attendance, and the operational management team has developed an improvement plan, prior and through winter, to build on the current service delivery.

Metric	NWAS	National
Calls Answered within 60 seconds % (Target 95%)		
July 2019	78.5%	
August 2019	77.3%	84.4%
YTD	83.40%	
Calls Abandoned % (Target <5%)		
July 2019	7.1%	
August 2019	5.3%	3.0%
YTD	4.2%	

PTS

Activity

Overall activity during month July 2019 was 5% (6,138 journeys) above contract baseline whilst the cumulative position is 5% (6,138 Journeys) above baseline. Lancashire activity was 4% below baseline whilst Cumbria, Greater Manchester and Merseyside were 5%, 7% and 18% above baseline respectively. There were 23 working days in July which is more than most months (usually 21 or 22) and this will go some way to accounting for the in-month increase in activity. In terms of overall activity trends since contract commencement (July 2016) Lancashire has experienced a downward trend for the initial 18 months period following the commencement of the contract however activity levels have stabilised. Conversely Greater Manchester experienced a similar increase in activity for the initial 18 month period July 2016 to around October 2018 when it plateaued. Cumbria and Merseyside are both showing little overall movement.

In terms of Unplanned activity, cumulative positions within Greater Manchester and Merseyside are 36% and 19% above baseline respectively. Cumbria and Lancashire are 14% and 7% below baseline.

Within the contract for each area, an unplanned daily cap of 10% of the planned monthly activity calculated on a daily basis with a 10% daily variance is applicable. Although the cap has not been enforced, activity has been monitored with Cumbria exceeding the 45 journey cap by an average 8 journeys on each day. Greater Manchester is exceeding the 146 journey cap by 72 journeys per day. Lancashire is exceeding the 157 journey cap by 32 journeys per day. Merseyside is exceeding the 81 journey cap by 19 journeys per day.

The relevance of this information is that typically, Unplanned activity is higher acuity than planned and consists mainly of discharges which take longer to accommodate. This results in a reduction in available ambulance capacity and impacts on all aspects of contract performance.

Performance

As previously reported, in December 2018 the service line concluded a 'deep dive' into activity and variation in performance outputs across all contracts. The report of the exercise (the 2018 deep dive report) was submitted to the NWAS Contracting Group in February 2019. A summary of this report was provided to Performance Committee in March 2019.

Developing on the recommendations made in the Deep Dive report, a strategic workshop

was held in June that was hosted by NHS Blackpool CCG (Lead Commissioner). This included representation from each county with the exception of Greater Manchester. NWAS was represented at the workshop by the Director of Finance, Deputy Director of Finance, PTS Head of Service and the Contract Delivery Manager. The workshop agreed outcomes that are intended to support PTS with regard to the challenges it faces.

Subsequent to the strategic workshop in June, Commissioners issued a briefing to each of the county lead commissioners (i.e. Cumbria, Greater Manchester, Lancashire and Merseyside) in August 2019. The briefing was supported by a Standard operating procedure (SOP) provided by NWAS describing how to optimise the use of PTS. The briefing supports the findings of the deep dive report and sets out the direction of travel with respect to the key areas of focus. Furthermore, CQUIN schemes were agreed at a NWAS level to include three schemes:

- Winter preparedness
- public health benefits and
- future modelling (linked to the Trust's UEC strategy).

Commitment was given to the development of a regionally focussed improvement programme for reducing avoidable aborted journeys in acute hospitals, similar to the Every Minute Matters Programme, with support from PTS but with a clear focus on strategically important acute trusts' committing to improvement trajectories on aborted journeys. It is envisaged that the resultant efficiency savings and reductions in resource wastage would support PTS' winter offering for 2019/20.

Progress will be managed and reported through the Strategic Partnership Board, NWAS Contracting Group and internally through the PTS SMT and Quality & Performance Committee

3   ISSUES TO NOTE
3.1   Local Issues

Engagement with local stakeholders and staff

Advanced Paramedic Development Day
>   I recently had the opportunity to speak to some of our advanced paramedics (APs) from across the region during an AP development day held at Ladybridge Hall. It was good to hear their plans for the year ahead and to talk about clinical leadership and how that fits with the future direction of the Trust

PTS
>   I spent time on a PTS shift with Colin Goldson and Andy Hargreaves, a PTS crew from Lancashire. PTS is a key part of this ambulance service and, in years gone by, many PES staff, including myself, started their ambulance careers as care assistants; learning the value of communication skills and empathy for patients. It was great to hear and see how enthusiastic, compassionate and caring both Colin and Andy were with patients and their families

3.2   Regional Issues

Engagement with regional stakeholders and staff

First community engagement event in Greater Manchester
>   The Trust held one of five planned community engagement events starting with Greater Manchester. This first event was hosted by Non-Executive Director, Michael O'Connor and Director of Strategy and Planning, Salman Desai and held at the

Limelight Centre in Stretford. It was very well attended by over 80 members of local communities. There was a mix of lightning talks on the 999, 111 and PTS services, interactive activities for attendees to take part in and overall an opportunity for us to get some really valuable experiences and opinions from the public at large.

The event was delivered by the trust's communications and engagement team and supported by Dan Smith, Nathan Hearn, Marisa Higginbottom and Sarah Bamber who delivered the lightning talks and other colleagues acting as activity facilitators. We also had a couple of Ambulance documentary stars, Elly and Justin, to meet and greet people as they arrived, together with local community first responders and the local community specialist paramedic. Initial evaluation of the event feedback is very positive and we will be applying what we have already learned from this event to the next one which is scheduled to take place in Crewe

Cheshire & Merseyside Achieving Clinical Excellence Awards

The second ever Cheshire and Merseyside ACE Awards took place at Formby Hall Golf Club. The awards showcase the highest levels of patient care and outstanding work that has taken place across the Cheshire and Merseyside area over the past year and I along with the Chairman were very proud to attend and present the awards in the 11 different categories.

I was inspired by all the amazing stories of care to provide the best possible outcome for our patients and how this encompasses a whole team approach including, in many cases, external partners. We are a learning organisation and it's testimony to the quality of the nominations received that the levels of care and dignity for our patients will help us to become the best ambulance service.

Manchester Airport shift

I was fortunate to join Darren Gillbrook and Owen Samuels on a clinical shift at Manchester Airport; It was interesting to see first-hand the type of incidents we respond to at this location, the sheer size of the airport and the expansion taking place. I also spoke to a number of partner agencies from the airport such as the airport fire service and airport contact centre staff.

Cumbria

Following the last Board Meeting I spent two days meeting colleagues in Cumbria. I visited West Cumbria, meeting Mike Taylor and Steve Thoburn, community specialist paramedics and discussed the excellent work they have undertaken integrating with GP practices, other providers and around alternatives to transport. Aside of gaining an insight into their important role in the community, we looked at the future of the role within NWAS and the huge potential for its development. We also discussed clinical leadership, advanced/extended practice and external rotational work. It was also good to meet with local operational managers Mark Craggs and Marie Graham to discuss the current health and wellbeing project and innovative approach to staff engagement.

Another highlight was my visit to the Eden Integrated Care Community (ICC) Team in Penrith where I met Vanessa and Angie, ICC development leads and Jayne Gilbert, Relationship and Engagement Manager. I heard about the strong collaborative relationship that has been developed between NWAS and the North Cumbria health and social care system and a new referral pathway whereby NWAS clinicians can now directly refer patients to multi-disciplinary teams who are co-located in eight hubs across North Cumbria. This is an excellent initiative supporting a wide range of specialities and admission prevention and one of the first of its kind in the North West. Jayne shared stories written by NWAS clinicians about their experiences of supporting patients by making referrals to the hubs and we discussed new pathways and collaborative schemes being implemented in North Cumbria.

I was also able to spend some time with Matt House, Consultant Paramedic and Rick Shaw, Sector Manager in Keswick, alongside further meetings with Cumbria's Chief Constable and Chief Fire Officer, Michelle Skeer and Steve Healey.

Introductions

I was finally able to meet up with some key contacts locally; firstly Chief Constable, Ian Hopkins of Greater Manchester Police and then Raj Jain who is Chief Executive at Salford Royal NHS Foundation Trust and Pennine Acute Hospitals NHS Trust and then most recently with Heather Arrow, Chief Executive of North West Air Ambulance. All had great things to say about our organisation and our excellent working relationships that we will continue to build upon.

Apprenticeships

The Rt Hon Gavin Williamson MP, Secretary of State for Education, met some of our staff during a visit to the region to find out more about apprenticeship. A pilot study was approved which will focus on psychology in the Morecambe Bay area with Lancaster University

A new recruitment method has also been approved for positions in our service lines. The introduction of recruitment and selection assessment days, based on our 'Be, Think, Do' programme, will help to ensure we employ people with the right values, attitudes and behaviours.

Falls Car ride out

I recently visited Burnley Ambulance station and spent a few hours with paramedic Gail and occupational therapist Rachel out on the Falls car. It was really great to see first-hand the Allied Health professionals working together to improve patient outcomes.

GM Heath and Social Care Partnership Executive Board meeting

At a meeting of the GM Health and Social Care Partnership Executive Board we discussed a number of things from current performance, strategies around palliative care, cardiac disease and workforce, as well as the work ongoing in Greater Manchester.

Commissioner Meeting

I met with Yvonne Rispin, one of our lead Commissioners, together with Mick Forrest, Deputy Chief Executive, for our regular update on a range of issues including quality, performance, finance etc. We have had positive discussions on the future arrangements and service model for the PTS service ahead of the anticipated tender for a new contract in 2020.

Lancashire Fire & Rescue

At a recent meeting with Justin Johnston, Chief Fire Officer for Lancashire and Andy Rhodes, Chief Constable, Lancashire Constabulary, we discussed the joint working we are doing in relation to mental health, sharing of estates, staff welfare and generally sharing of ideas. They both were very positive about NWAS and the working relationship we have at an operational, tactical and strategic level.

Meetings in Cheshire & Merseyside

I met with the Chief Executive from Royal Liverpool University Hospital to discuss our working relationship, handover times and local issues. Together with Maxine Power, we attended the joint Accountable Officer/CEO meeting and I was able to present our Strategy, the services we run and what our priorities are.

Manchester Pride

I joined our LGBT Network and other colleagues to march through the streets of the city in the pride parade. The event was well attended and everyone joined the electric atmosphere which was live streamed on Facebook for the first time by our communications team. NWAS is an organisation that values diversity so taking part in Pride events across the region is one of the ways in which we can show this to the world. I have met with Adam Williams who leads the network and pledged my support for their continued attendance at the event.

NWAS Therapy Dogs

The response from staff in relation to use of therapy dogs in the trust has been overwhelmingly positive. Thank you to everyone who took the time to e mail me direct. Feedback following the visit from Shakespeare, Spartacus and other canine friends was that staff are very keen to explore the potential of therapy dogs in the service and this is something our organisational development team are pursuing.

Awards

August has been a fantastic month for recognising the work support staff do with the shortlist announcement of a number of teams including: The Learning and Development by Personnel Today for their diversity and inclusion work and the Communications team for two Chartered Institute of Public Relations awards for the Star in a Car campaign, which aims to recruit volunteer drivers, and in the Best In-house PR Team category.

The Trust has also been shortlisted three times for Health Service Journal Awards (HSJ). Our Every Minute Matters handover collaboration has been shortlisted in the Acute or Specialist Service Redesign Initiative category. Our second shortlist was for System Leadership Initiative of the Year for work undertaken with our NHS colleagues in Cumbria. The final shortlist was for the Reservist Support Initiative Award which recognised the efforts made by our Human Resources team in supporting reservists with their careers and development.

Freedom to Speak Up Update

The report from the National Guardian's Office following their case review visit in January 2019 was published on 12 September 2019. The recommendations along with actions arising from the last Board assessment in Q2 2018-19 have been amalgamated into a single action plan, the delivery of which will be overseen by the Executive Lead for FTSU and the CEO. Internal Audit will be carrying out a review of the FTSU process at the Trust during Q2. I had the opportunity to discuss with Dr Henrietta Hughes, National Guardian the work we are doing and to assure her that we are very much a learning organisation.

Revised guidance and supplementary information was published by NHSE/I during July 2019 and covers the following topics:

- Individual Responsibilities for Board
- Evaluating Guardian Resource
- Communication Strategy
- FTSU Improvement Strategy
- Triangulating Data
- Board Assurance
- Guardian Report Content
- Speaking Up Policy Audits

A copy can be found https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards/

An analysis of the changes and any actions arising will form part of the Q2 Guardian's report to Board in November.

3.3 **National Issues**

Engagement with National stakeholders

Northern Ambulance Alliance (NAA)
Together with our Chairman Peter White, we attended the NAA board development day and meeting in Leeds. Really positive discussions took place with our CEO and Chairman counterparts regarding the future replacement of the CAD systems for all three trusts.

AACE Meetings
I recently attended three AACE meetings; the board meeting, council meeting and Chief Executives' meeting.

A really productive day was had with presentations delivered on topics such as mental health, rotational working, High Speed 2 Construction and equality, diversity and inclusion. Maxine Power, also came along to present on hospital handovers and the work NWAS has been leading the way on.

Joint Ambulance Improvement Programme Board
This meeting is attended by a number of ambulance CEOs and senior representatives from NHSE/I, CQC and Health Education England. We discussed a number of things such as paramedic rotational workforce plans, progress against the Lord Carter recommendations and EU exit. I chair a number of national groups which report into this meeting and I provided updates in relation to these.

Clinical Supervision Steering Group
I chaired the inaugural NHSE/I meeting in London; the aim of the programme is to develop a common clinical supervision model which will be rolled out across all Ambulance Services by April 2021. The model will provide a safe, structured framework which will support, assure and develop the knowledge, skills and values of the clinical workforce across Ambulance Trusts.

Friends and Family Test (FFT)
A paper is being presented to Executive Leadership Committee (ELC) following publication of revised guidance on the national FFT by NHS England. The guidance is a result of 9 months consultation with healthcare partners including the ambulance sector together with members of the public and takes effect from 1 April 2020.

Whilst the FFT will remain, the wording, time of use and position in surveys has been changed and its use by ambulance services for see and treat services is now optional. If a decision is made not to continue asking the FFT question in relation to see and treat services, there are a number of new requirements we would be asked to commit to. The report asks ELC to approve:

- Use of the change of wording of the FFT question, the new response scale, positioning; time of use and relaxation of additional questions in all usages of the FFT question.
- Continuation of use of the FFT question in relation to see and treat services as long as there is a viable channel for us to use to collect these responses.
- Commitment to report FFT responses in relation to see and treat services on a national basis as long as there is a viable channel for us to use to collect these responses.
- Commitment to the undertaking of co-production projects with our patient and

public panel members together with the production of both internal and externally published reports.

- Commitment to share and adopt learning from other ambulance trusts where patient experience improvements have been made.

Single Oversight Framework August 2019

The Single Oversight Framework (SoF) has been reviewed and updated to reflect the national direction of travel towards greater system level working, together with the uniting of NHS Improvement and NHS England.

This framework will cover 2019/20 which is a transition period with a move to a new framework which will be published in 2020/21 following the Long Term Plan submissions.

The key characteristics of this revised framework are:
- NHSE and NHSI will 'speak' with a single voice
- Greater emphasis on system working alongside individual organisations and commissioners – linked to system goals
- Working with, and through, system leaders
- Matching accountability with levels of support
- Greater autonomy for systems with evidence of having the capability for collective working

This oversight will serve to identify and address:
- Individual organisation performance issues that directly affect the system delivery
- Development issues which threaten future performance.

Regional directors and their teams will lead the oversight work and it will be the regional teams who determine the level of oversight best needs their assurance needs. In the absence of material concerns, the default frequency of these meetings will be quarterly.

The approach for Providers oversight will be across 5 themes:
1. Quality of Care
2. Finance and use of resources
3. Operational Performance
4. Strategic Change
5. Leadership and improvement capability (Well-Led)

As NHSI and NHSE will be working together there will be a single version of the truth – in terms of data and information and four metrics have been added to the set used to identify issues at providers. These are based on the annual NHS Staff Survey and cover bullying and harassment, teamwork and inclusivity

From 2020/21 the metrics for oversight will include the headlines from the Long Term Plan. They are also developing a maturity matrix for systems; this will be taken into account when considering the extent to which the system is expected to support/lead on an improvement initiative. If it is deemed support is required, the level and type of support will fall into the segments below.

Provider support needs and level of support offered Providers		
Description of support needs	**Level of support offered**	**Segment/ category**
No actual support needs identified across the five themes described in the provider annex. Maximum autonomy and lowest level of oversight appropriate. Expectation that provider supports providers in other segments.	**Universal (voluntary)**	1 (Maximum autonomy)
Support needed in one or more of the five themes, but not in breach of licence (or equivalent for NHS trusts) and/or formal action is not considered needed.	**Universal + targeted** (not mandatory) support as agreed with the provider to address issues identified and help move the provider to segment 1.	2 (Targeted support)
The provider has significant support needs and is in actual or suspected breach of the licence (or equivalent for NHS trusts) but is not in special measures.	**Universal targeted + mandated** support as determined by the regional team to address specific issues and help move the provider to segment 2 or 1.	3 (Mandated support)
The provider is in actual or suspected breach of its licence (or equivalent for NHS trusts) with very serious/complex issues that mean it is in special measures.	**Universal targeted + mandated** support as determined to minimise the time the provider is in special measures.	4 (Special measures for providers; legal directions for CCGs)

New framework for 2020 will:
- Include measures identified in the LTP implementation framework
- Involve partners in the design work; including scope, purpose and methods for monitoring.
- Incorporate the commitments in the Peoples Plan
- Be balanced between organisational and system oversight

4   GENERAL

Developmental Well-Led Review

NHS Improvement published guidance in June 2017 recommending that NHS Foundation Trusts and NHS Trusts undertake an externally facilitated, development review of leadership and governance, using the CQCs well-led framework every three to five years.

The Trust has therefore identified a preferred supplier to undertake this review which will commence in October 2019, for a period of four to six weeks and will consist of a number of engagement activities such as interviews, board observation, surveys, focus groups, together with a review of the Trust's governance structure and other key Trust documents.

The CQCs well-led framework consists of eight Key Lines of Enquiry (KLOE):
1. Is there the **leadership and capacity** and **capability** to delivery high quality,

sustainable care?

2. Is there is clear vision and credible **strategy** to delivery high quality, sustainable care to people, and robust plans to deliver?

3. Is there a **culture** of high quality, sustainable care?

4. Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?

5. Are there clear and effective processes for managing **risks**, issues and **performance**?

6. Is appropriate and accurate **information** being effectively processed, challenged and acted on?

7. Are there **people** who use services, the public, **staff** and **external partners engaged** and involved to support high quality sustainable services?

8. Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

The review will enable the preferred supplier to provide constructive review and challenge, identify any actions in relation to the well-led framework and provide an opportunity for the Trust to learn from benchmarking and areas of good practice.

Cyber Security

Significant work has been undertaken to improve cyber security for the trust and we have recently been awarded the cyber essentials certification from the National Cyber Security Centre. This is a marker of our cyber maturity and is a fantastic step towards achieving cyber essentials plus, which all NHS organisations must apply for in 2020.

An IT health dashboard is now in use which enables real time monitoring of assets (hardware and software), gives visibility of security threats and vulnerabilities, and assurance around completion of mitigation (e.g. whether or not patching has been completed on all assets). This level of visibility and assurance represents a significant improvement for us in terms of our ability to monitor and manage our assets and any possible threats. Work is ongoing to verify and train asset owners and produce a risk and renewal road map for hardware and software which will ensure that all of our systems are supported and bring minimal cyber threats. We continue to have some unsupported systems and so the risk remains high on the risk register but business cases are being produced to replace these. A cyber security action plan, developed in partnership with MIAA, will also be produced for the end of September.

5   LEGAL IMPLICATIONS

5.1   There are no legal implications associated with the content of this report.

6.   RECOMMENDATION(S)

6.1   The Board of Directors is recommended to:

- Receive and note the contents of the report.

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NHS
North West
Ambulance Service
NHS Trust

REPORT

AGENDA ITEM: 24

Board of Directors	
Date:	25 September 2019
Subject:	Integrated Performance Report
Presented by:	Director of Quality, Improvement & Innovation
Purpose of Paper:	For Assurance
Executive Summary:	The Integrated Performance Report (IPR) for September 2019 shows performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during August 2019. The highlights from this report are as follows; **Quality** - The number of complaints received in August continues to reduce as does the backlog of 'open' complaints. - The numbers of incidents received and closed in August remain within control limits with 100% of level 4-5 incidents closed within the agreed timeframes. 5 Serious Incidents (SIs) were reported in August and 2 reports were submitted for closure against a trajectory of 1. - Staff FFT results for Q1 2019/20 resulted in 87% of EOC/111 staff recommending NWAS as a place of treatment for their friends and family. This was the 4th highest result in this area against other national ambulance services. - There have been no new safety alerts. - Patient FFT results remain consistent and high with the biggest increase in August seen in the PES patient returns. PTS patient results were the 2nd highest in the country against other national ambulance services. **Effectiveness** - Out of hospital cardiac arrest ROSC rates continue to be high and amongst the best in the country. - In hospital cardiac arrest survival to discharge rates are within acceptable control limits. - Mean call to PPCI time for patients suffering a myocardial infarction was 2h 31mins against a national mean of 2h 14mins.

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- Mean call to door time for patients suffering a hyper acute stroke was 1h 15min against the national mean of 1h 14min.
- The care bundle score for Acute STEMI for April was 65.2% against the national average of 79.8%.

Finance
- The overall year to date actual and forecast financial risk score remains 1.

Operational Performance

Patient Emergency Service (PES)
- Call pick up performance was at 87.5% in August.
- Hear & Treat performance for August was 7.82 %.
- See and Treat performance for August was 27.9%.
- The Trust continues to demonstrate a steady reduction in conveyance, from 69.9% to 64.24 % over the past 12 months.
- The average turnaround time for August 2019 was 30 minutes 44 seconds across the North West.

ARP Performance

Category	Trajectory	Actual	Ranking
C1 (Mean)	7:00	7:15	8/10
C1 (90th)	15:00	12:17	5/10
C2 (Mean)	18:00	22:16	6/10
C2 (90th)	40:00	47:18	6/10
C3 (Mean)	1:00:00	1:08:57	5/10
C3 (90th)	2:00:00	2:42:02	5/10
C4 (90th)	3:00:00	3:05:07	5/10

NHS 111
- 77% of NHS 111 calls were answered in less than 60 seconds during August, which is aligned to the trajectory shared with commissioners.
- Calls abandoned % is at 5.3%, which is almost in line with the <5% target.
- Call back in 10 Minutes is at 29.4% against a target of 75%.

PTS
- Activity in August for the Trust was 125,423; 5% less than the planned baseline.

Organisational Health
- **Sickness**: The overall sickness absence rate for the latest reporting month (July 2019) was 6.10% which is above the national average.
- **Turnover:** The turnover figure for August was 8.51%.

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- **Agency:** The Trust remains in a strong position regarding agency costs, with the position in August at 1%.
- **Vacancy** positions across the Trust either remain stable or are improving.
- **Appraisal:** The overall appraisal completion rate for August was 83.60% against a Trust target of 95%.
- **Mandatory Training:** The overall Mandatory Training completion rate for August 2019 was 80% against an 80% trajectory.

There is a requirement for us to review and update the IPR to ensure it aligns to the new NHS Oversight Framework.

An outline of these requirements, plus our improvement plan for the IPR for the short, medium and long term can be seen in appendix 1

Recommendations, decisions or actions sought:	The Board of Directors is asked to: 1. Note the content of the report including the plans to review the current IPR at Appendix 1. 2. Clarify any items for further scrutiny through the appropriate assurance committee.

Link to Strategic Goals:

Right Care	⊠	Right Time	⊠
Right Place	⊠	Every Time	⊠

Link to Board Assurance Framework (Strategic Risks):

SR01	**SR02**	**SR03**	**SR04**	**SR05**	**SR06**	**SR07**	**SR08**	**SR09**
⊠	⊠	⊠	⊠	☐	☐	⊠	☐	☐

Are there any Equality Related Impacts:	**None**
Previously Submitted to:	**N/A**
Date:	**N/A**
Outcome:	**N/A**

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1. PURPOSE

1.1 The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of August 2019. The report shows the historical and current performance on quality, effectiveness, finance, operational performance and organisational health. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

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

1.2 The report also details the requirement for the Trust to review and update the IPR to ensure it aligns to the new NHS Oversight Framework.

1.3 An outline of these requirements, plus our improvement plan for the IPR for the short, medium and long term can be seen at appendix 1

2. INTEGRATED PERFORMANCE SUMMARY

2.1 **Quality**

Q1 – Complaints

152 complaints were received in August, much lower than the annual monthly average of 216. This is equivalent to 25 complaints per 1000 Whole Time Equivalent staff, against an annual average of 37 per month. A total of 245 complaints were closed in August (229 cases were risk scored 1-3 and 16 were risk scored 4-5). Overall, 48% of level 1-3 and 44% of level 4-5 complaints were closed within the agreed timeframes. Sustainability of a reduction of complaints will greatly assist the Trust in achieving this year's improvement goals of reducing overall number of complaints per 1000 whole time equivalent staff by 10%, closing 65% of complaints with a risk score of 1 to 3 and closing 40% of complaints with a risk score of 4 to 5 within agreed timeframes by 31 March 2020.

In addition, 111 compliments were received in this reporting period, which is the equivalent to 18 compliments per 1000 whole time equivalent staff.

Q2 – Incidents

1012 internal and external incidents were opened in August at a rate of 168 incidents per 1000 whole time equivalent staff. Included in this total are 95 'unscored' incidents, which account for 9.4% of the total number of incidents, opened this month. Unscored incident numbers are reported and monitored at Area Learning Forums and although reducing numbers of unscored incidents is challenging, but continued work with the clinical area teams will improve performance. In total, 940 incidents (level 1-5) were closed during August 2019. The number of incidents closed with a risk score of 1 to 5 has dropped slightly this month, however, for the first time the Trust has achieved 100% closure of level 4 - 5 incidents within agreed timeframes. Overall, 79% of level 1-3 and 100% of level 4-5 incidents were closed within the agreed timeframes of 80% of level 1-3 and 60% of level 4-5, by 31 March 2020.

Q3 - Serious Incidents (SIs)

A number of backlog (overdue) investigations were submitted to the Commissioners at the end of July 2019**.** 5 Serious Incidents (SIs) were reported in August, with 2 reports being submitted to our Commissioners for closure against a trajectory of 1. The report due in August was submitted after 62 working days and the report due in September was submitted, ahead of the scheduled, in August. Serious Incident investigations are monitored through the Safety Management Group, the Review of Serious Events Group and the Quality and Performance Committee.

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Q4 – Staff Experience – Care/Treatment

Staff in EOC and 111 were asked how likely they would be to recommend NWAS if they needed care / treatment. These staff Friends and Family Test (FFT) results for Q1 2019/20 resulted in 87% of these staff recommending NWAS as a place of treatment for their friends and family. NWAS are rated 4th in this area in comparison with other Ambulance Services.

Q5 - Safety Alerts and Health and Safety

There have been no new alerts in August 2019. The total number of CAS/NHS Improvement alerts received between September 2018 and August 2019 was 19, with 2 alerts applicable to the Trust. 37 MHRA Medicine Equipment Alerts have been received with 0 alerts currently applicable. 28 MHRA Medicine alerts have been received, with 1 alert applicable. Lastly, 2 IPC alerts have been received, with 0 alerts currently applicable.

2.2   **Effectiveness**

E1 - Patient Experience

In August the Trust saw an increase in PES FFT returns from 67 to 89 as well as in satisfaction rating from 77.6% to 86.5%. Nationally the Trust is shown as second in terms of number of responses received and joint fifth in terms of recommendation (July 19 data).

Following the change to national guidance published in September by NHS England, from April 2020, there will no longer be a requirement to report nationally on the see and treat returns. A paper on the options available to us is due to be considered by the Executive Leadership Committee during September 2019.

The number of patients who completed the PTS FFT has increased from 467 to 567 in August, with a slight increase in satisfaction rating from 95.3% to 95.8%. Nationally the Trust remains second highest in terms of the number of responses received and also second place in terms of satisfaction levels (July data).

The number of 111 FFT responses has reduced from 173 to 134 in August. Previous results may have been partially attributable to containing data over a 5 week period as well as a particularly good return rate. Satisfaction ratings changed from 93.6% % to 92.5% in August.

E2 – ACQIS

In the latest reporting month (April), the rates of the Return of Spontaneous Circulation (ROSC) achieved during the management of patients suffering an out of hospital cardiac arrest for the Utstein group was 62.7% (national mean 55.1%), ranking the Trust 1st nationally. For the overall group the rate was 33.2% (national mean 30.1%) ranking the Trust in 2nd position nationally. 7.9% of patients suffering an out of hospital cardiac arrest survived to hospital discharge in April (national mean 8.5%). The figure for the Utstein sub-group was 21.7% (national mean 26.5%). This performance saw the Trust ranked 6th and 8th respectively for English ambulance trusts. Mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 14mins; the Trust's performance was 2h 31mins for these patients. Mean call to door time for patients suffering a hyper acute stroke was 1h 15min again marginally outside of the national mean (1h 14min). The care bundle score for Acute STEMI for April was 65.2%, behind the national average of 79.8%.

E3 - HT, ST & SC Outcomes

Hear & Treat Performance for August 2019 was 7.82 %, with See and Treat performance at 27.9%. The Trust is continuing to demonstrate a steady reduction in conveyance, from 69.9% to 64.24 % over the past 12 months. NWAS is consistently in the weekly top 3 for best H&T Performance across England. EMD support staff at Broughton have continued to support standard APAS where possible which has helped keep the numbers at the highest level possible with the providers NWAS are working collaboratively with. The Trust is delivering training in the application of the Manchester Triage System to the NQP2 paramedic cohorts in anticipation of their qualification.

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It is hoped that this will continue to increase S&T, as more clinicians move from Pathfinder to MTS. In the areas where Primary Care has had limited capacity (such as South Cheshire & Vale Royal), who have no AVS provision to receive referrals from NWAS clinicians, discussions have progressed and an alternative process has been agreed, in principle. All areas are continuing to implement their improvement plans for S&T with support from the Urgent Care Development Team.

2.3 Finance

F1 – Finance
The latest position for the Trust is a surplus of £0.546m. This is £0.054m better than the planned surplus of £0.492m. Income is over recovered by £1.393m, pay is overspent by £1.244m and non-pay is overspent by £0.095m. The year to date expenditure on agency is £0.822m which is £0.473m below the year to date ceiling of £1.295m. This measure is equivalent to being 36.56% under, which results in an agency financial metric of 1. The overall year to date actual and forecast financial risk score remains as 1 for the Trust.

2.4 Operational

OP1 – Call Pick Up
Call pick up performance was at 87.5% in August, with 16,180 calls taking longer than 5 seconds to pick up. CPU has improved in August. The improvements can be seen across all core CPU measures and is a reflection of the progress made in the recruitment plan and deployment of resource. A significant improvement has been made in mean call answered time and 95th centile. These improvements have been made despite an increase in activity vs previous year and more duplicate calls. The number of calls answered in August has decreased due to a reduction in demand when compared to previous months, and a reduction in duplicate calls over this short term period.

OP2 – Hospital Turnaround
The average turnaround time for August 2019 was 30 minutes 44 seconds across the North West. The 5 hospitals with the longest average turnaround times during the month were Furness General (36m 19s), Royal Lancaster Infirmary (35m 21s), Stepping Hill (34m 36s), Cumberland Infirmary (34m 23s) and Royal Blackburn (34m 17s). The overall turnaround for the Trust remains stable. A new work programme around extending the collaborative work with Acute Trusts has been agreed and work is now underway to involve the original 6 Trusts plus another 8. We are at the early stages of planning and engaging with the 8 Trusts with the first event set for 25th October.

OP3 – ARP Standards

	C1		C2		C3		C4
	Mean	90th	Mean	90th	Mean	90th	90th
Aug-19	07:15	12:17	22:16	47:18	1:08:57	2:42:02	3:05:07
Target	07:00	15:00	18:00	40:00	1:00:00	2:00:00	3:00:00
Trust Rank	8/10	5/10	6/10	6/10	5/10	5/10	5/10

C1 performance is currently being achieved for the 90th centile. Incremental improvements are being made against the mean target. A system development has introduced auto divert on 14th August. This development will automatically divert resources from lower graded call to C1 calls and will improve the response to those incidents. It is anticipated that once embedded, this development will improve C1 mean by approximately 10 seconds. Work continues around the roster review which will improve C2-C4. Greater Manchester and Cumbria & Lancashire have agreed the roster keys and are working to agreed timescales. Discussions continue with Cheshire & Merseyside to agree a set of roster keys. There was a period of special cause variation in the last week of July seen in C2 to C4. This has been investigated and the cause was multi-factorial. A culmination of extremely hot weather, pay day weekend and a national Adastra failure lead to increased demand and delayed responses.

OP4 – 111

77% of calls were answered in less than 60 seconds during August. This is slightly below the previous reported figure but is still aligned to the trajectory shared with commissioners. The drop in performance is attributable to significant IT issues at a local and national level during the first half of the month. Calls abandoned % is at 5.3%, which is almost in line with the <5% target. Call Back in 10 Minutes is at 29.4% against a target of 75%, which is due to a shortage in availability of clinical advisors who have been required for validation of category 3/4 calls as-well as directly answering calls relating to children under 5. The 111 management team have introduced measures to improve performance against the agreed standards; this includes working closely with HR to deliver an action plan aimed at addressing staff absence which remains a problem. Preparations have commenced to prepare for winter with increases in staff recruitment and a review of processes to improve efficiency.

OP5 – PTS Activity

PTS Activity in August for the Trust was 125,423, which is 5% less than the planned baseline. Lancashire saw the biggest variance to baseline in the month, with 13% difference to baseline adding to their 9% Year To Date difference. Merseyside saw 1,756 more journeys than baseline, adding to a +12% difference on their Year To Date activity when compared with plan. Unplanned activity in August saw 10,494 journeys. This is 5% less than baseline, with Cumbria seeing the biggest difference to plan (29% under). Year To Date shows the Trust overall is 2% above baseline. However, the 4 areas create this number through YTD variances disparate from each other. Aborted activity for the Trust shows a 6% measure for planned aborts, 13% for unplanned aborts and 4% for EPS aborts.

2.5 **Workforce**

OH1 – Sickness

The overall sickness absence rate for the latest reporting month (July 2019) was 6.10% with the Trust showing an increasing trend over the last 4 months. Sickness absence for 111 shows an increasing upward trend which is currently outside of normal activity. The Trust target for 111 is to reduce sickness absence to 8%, with the current rate is 13.71%. Improvement plans are in place and additional HR resources have been implemented to support the management of sickness in 111. The Trust improvement goal for 2019/20 is to reduce sickness absence overall by 0.5%, but there are specific targets for 111, the aforementioned 8%, and PTS which is 6%. PTS are close to the target at 6.13%. Trust wide, NWAS sickness remains above national average.

OH2 – Turnover

Turnover is 8.51% in August. PTS Turnover has been consistently in a low trend for the last 3 months demonstrating a stable position within the PTS workforce. EOC turnover is reported at 10.72% which is demonstrating a decrease over a 3 month period. This indicates that the retention initiatives implemented during the year are starting to impact. The Trust is seeking to reduce turnover in 111 which remains high at 31.51%. Work will continue to focus on reducing turnover and stabilise the position. The Trust is also integrated in the National Retention Group, which is part of an improvement programme through NHSI. Overall, turnover is consistently below national average and the lowest in the sector.

OH3 – Staff Recommend (Place to Work)

Quarter 1 of the 2019/20 year has reported results for the Staff Friends and Family test is 54%. This measure focuses on whether staff are likely to recommend NWAS as a Place to Work. The result for the same question at Quarter 1 in 2017/18 was 62%.Nationally, NWAS is currently 6 out of the 10 Ambulance Trust staff who were asked this FFT question. However, NWAS received the 2nd lowest total number of responses when compared with the trusts (152).

OH4 – Temporary Staffing

The Trust remains in a strong position regarding agency costs, with the position in August at 1%. The Trust has been proactive in reducing agency usage, particular in 111, and has also adopted a more robust assessment of agency usage when requests are received. Further changes to Agency Rules usage have been published which take effect from September 2019.

The Trust is working within the parameters of the new guidelines and have moved staff from agency to fixed term of permanent appointments where required.

OH5 – Vacancy Gap

The changes resulting from the contract settlement and revisions to the ORH position have been added to the EOC establishment but will only be added to the PES establishment in Q3 and Q4 in line with the recruitment trajectory. Work is ongoing with PES and EOC to ensure the Trust has robust plans in place to reach the new establishment as soon as practicable. This has already been achieved for EOC although some staff are currently in training or mentoring. Offers in place for Paramedics provide assurance that required growth will be achieved. The PTS vacancy position shows a continuing improvement at 4.94%. 111 vacancy position overall remains stable at 3.33%.

OH6 – Appraisals

Appraisal compliance overall has been stable for several months with only slight variations at Trust level. The August 2019 position being at 83.60% against a Trust target of 95%. The improvement goal for these measures for 2019/20 is to achieve 95% compliance. PTS appraisal compliance has improved to 88.15% following a drop in compliance after the TUPE related issues. Improvements have been seen for the following two months in EOC following a period of reducing compliance resulting in them reaching their lower control limit. These workforce indicators will be reported through Resources Committee to ensure that assurances can be given regarding progress.

OH7– Mandatory Training

The classroom Mandatory Training for the current cycle commenced in January 2019. PTS have made significant progress ahead of trajectory at 93% compliance against a 64% planned trajectory. PES are also ahead of trajectory at 79% compliance against their trajectory of 77%. The Trust has moved to competency based compliance reporting for Mandatory Training. The Trust overall position for August 2019 is 80% against an 80% trajectory; however, all service lines will need to ensure that this remains a focus to achieve the end of year targets. Improvements have been achieved in both EOC and 111; however, it still requires a focus to ensure that they deliver against the trajectory.

3.   LEGAL and/or GOVERNANCE IMPLICATIONS

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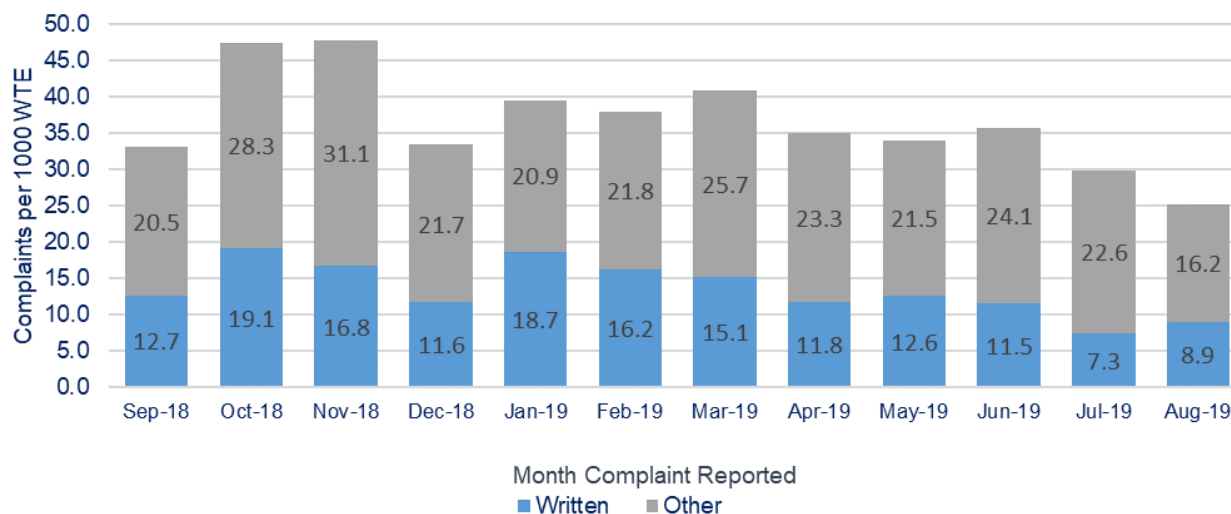
4.   RECOMMENDATIONS

4.1   The Board of Directors is recommended to:

- Note the content of the report, including the plans to review the current IPR at Appendix 1.

- Clarify any items for further scrutiny through the appropriate assurance committee

Q1 COMPLAINTS

Figure Q1.1

Complaints Rate (Complaints/Whole Time Equivalent Workforce)
September 2018 - August 2019

Annual Average:
216 per month
37 per 1000 staff

Table Q1.1: Complaints Opened by Month

Severity	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
1. Minimum	36	56	45	39	27	21	38	45	40	32	17	13
2. Minor	122	165	184	122	161	161	173	140	131	150	125	109
3 Moderate	23	34	34	28	32	30	22	16	25	20	25	21
4 Major	7	9	14	6	7	8	8	5	4	9	11	9
5 Serious	2	10	3	1	5	7	2	3	2	3	2	0
Total	**190**	**274**	**280**	**196**	**232**	**227**	**243**	**209**	**202**	**214**	**180**	**152**
Compliments	124	144	121	103	102	106	122	113	109	35	135	111

Complaints & Compliments

In August 2019, 152 complaints were received, against a 12 month average of 216 per month.

This is equivalent to 25 complaints per 1000 WTE staff, against an annual average of 37 per 1000.

During this reporting period the decrease in complaints has resulted in an increase in general enquiries to 66 against a mean of 41.

Sustainability of a reduction of complaints will result in the Trust achieving this year's improvement goal of reducing overall number of complaints per 1000 WTE by 10%.

In addition, 111 compliments were received in this reporting period, which is the equivalent to 18 compliments per 1000 WTE staff.

Right Care Strategy Goals Performance:
1. Reduce the overall numbers of complaints per 1000 WTE staff by 10% of the baseline by 2019/20

Figure Q1.2

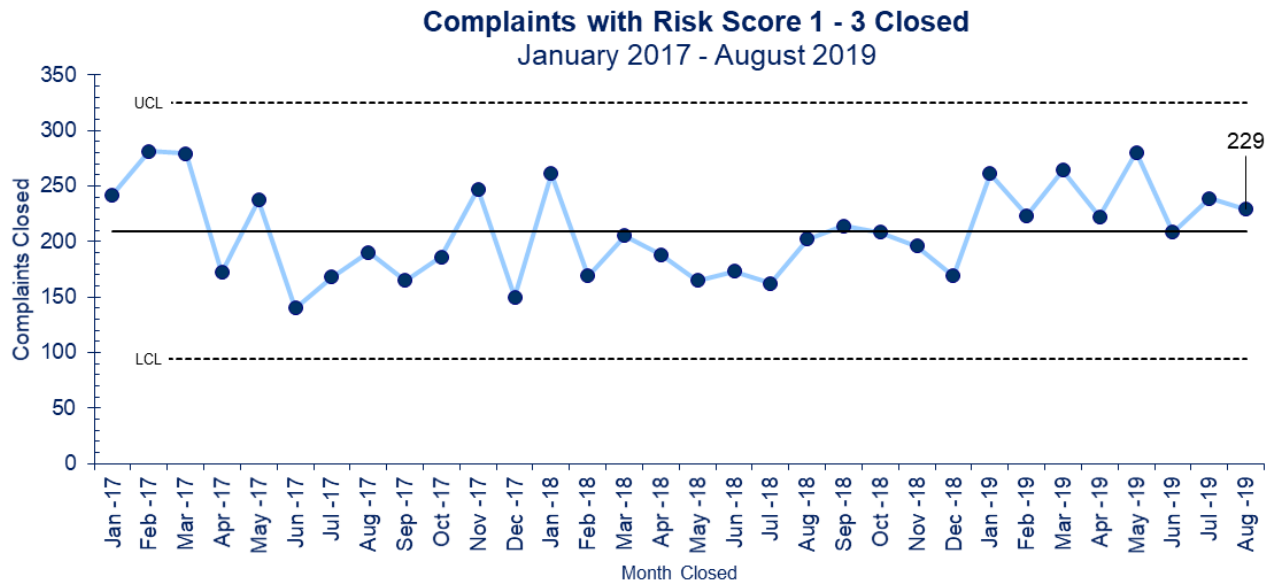### Complaints Received By Month: Severity 1-3
January 2017 - August 2019

Figure Q1.3

Complaints Received By Month: Severity 4 - 5
January 2017 - August 2019

Figure Q1.4

Complaints with Risk Score 1 - 3 Closed
January 2017 - August 2019

Figure Q1.5

Complaints with Risk Score 1 - 3 % Complete within SLA
January 2017 - August 2019
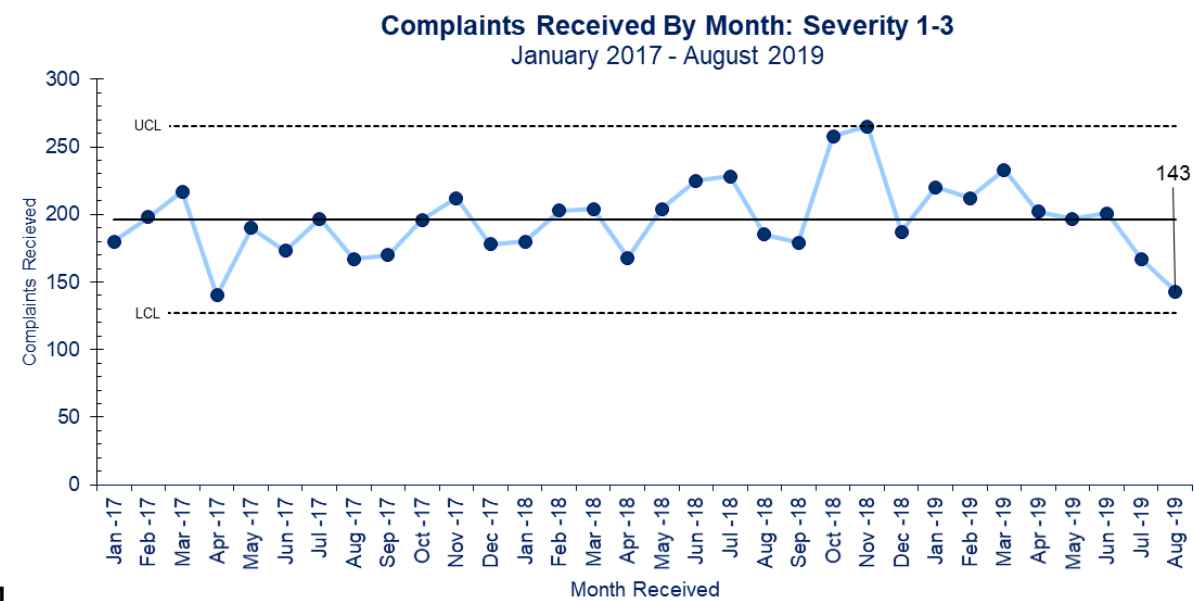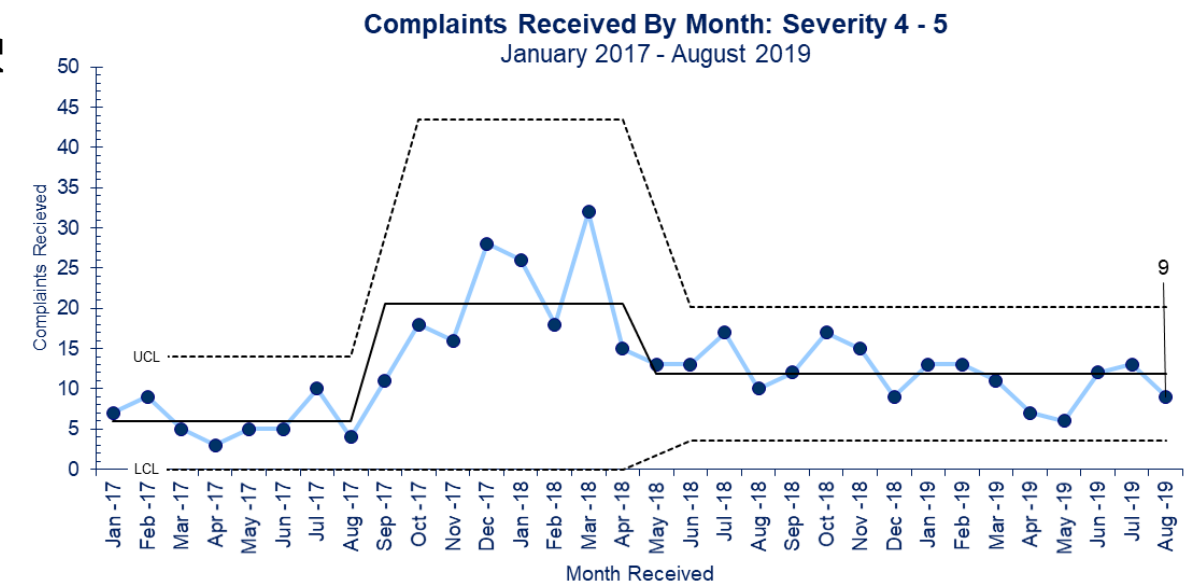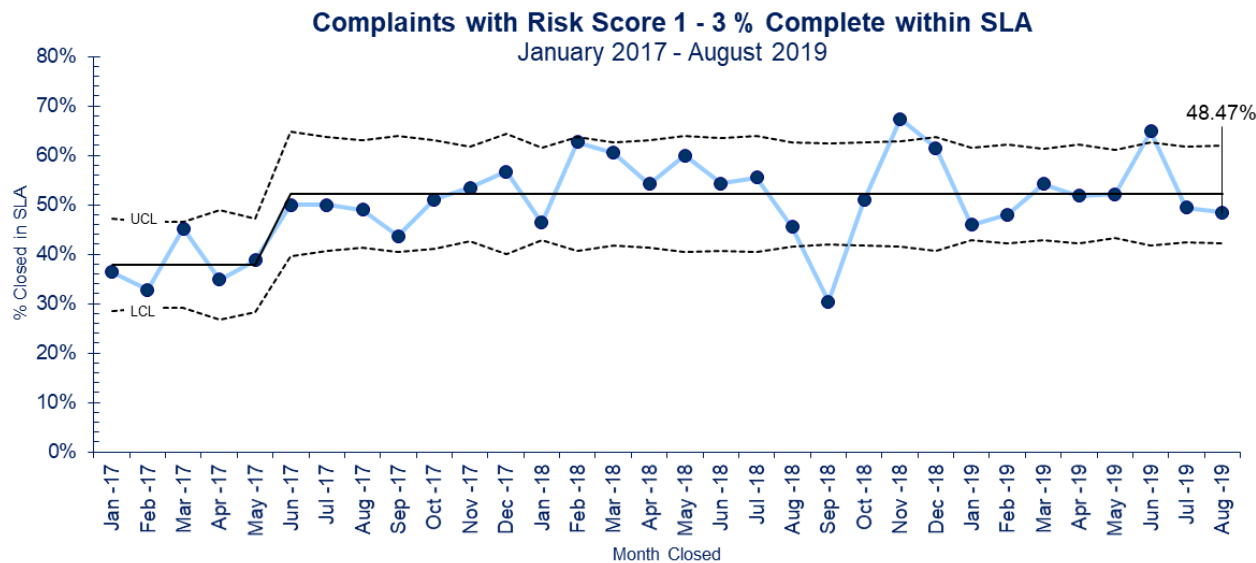
Figure Q1.6

Complaints Closure

A total of 245 complaints were closed in August 2019 (229 cases were risk scored 1-3 and 16 were risk scored 4-5).

Overall, 48% of level 1-3 and 44% of level 4-5 complaints were closed within agreed standard.

There will be high assurance of achieving the end of year improvement goals should the number of new complaints continue to be as low as received in recent months.

Right Care Strategy Goals:

1. 65% of complaints with a risk score of 1 to 3 will be closed within agreed timeframes
2. 40% of complaints with a risk score of 4 to 5 will be closed within agreed timeframes

BAF Risk: SR01 (Risk ID 2829)

Complaints with Risk Score 4 - 5 Closed
January 2017 - August 2019
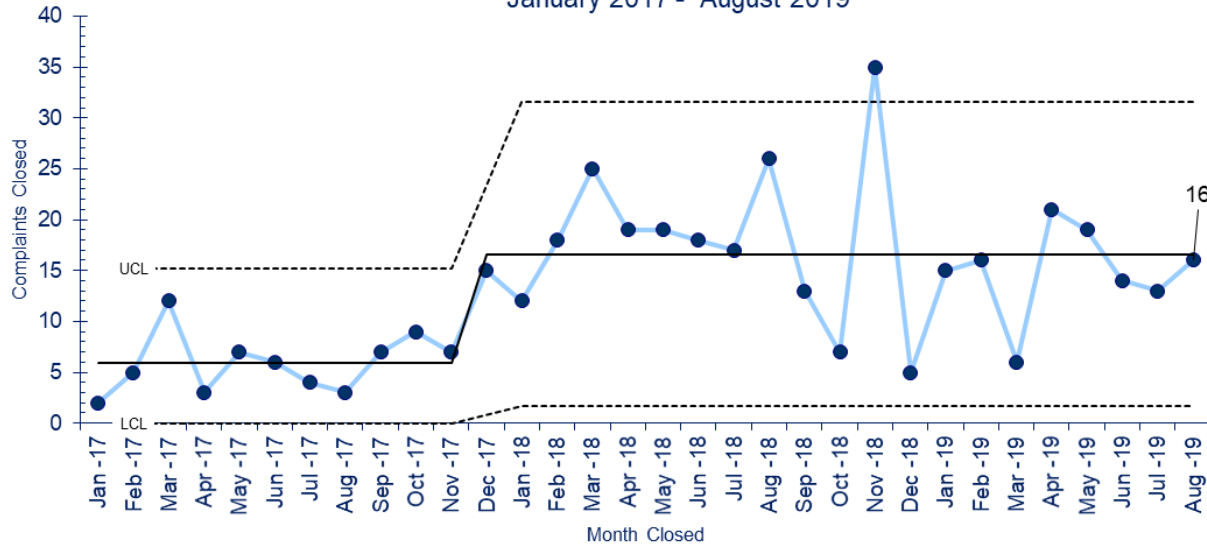
SLAs are calculated using the following measures/ targets.

No exceptions are taken into account:

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

Figure Q1.7

Complaints with Risk Score 4 - 5 % Complete within SLA
January 2017 - August 2019
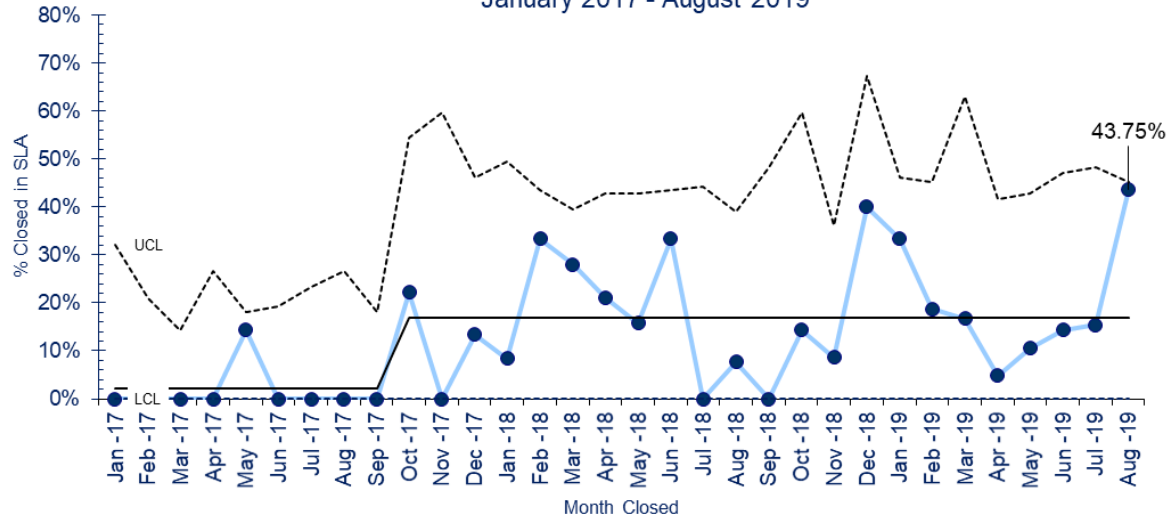
Q2 INCIDENTS

Figure Q2.1

Incidents Rate (Incidents/Whole Time Equivalent Workforce)
September 2018 - August 2019

Incidents

1012 internal and external incidents were opened in August 2019 at a rate of 168 incidents per 1000 WTE staff.

Included in this total are 95 'unscored' incidents, which accounts for 9.4% of the total number of incidents opened this month.

The Clinical Safety Team are working with the incident reporters where incidents have not been scored and educating them where necessary in the importance of incident scoring. Unscored incident numbers are reported and monitored at Area Learning Forums.

Reducing numbers of unscored incidents is challenging but continued work with the clinical area teams will improve performance.

Right Care Strategy Goals:
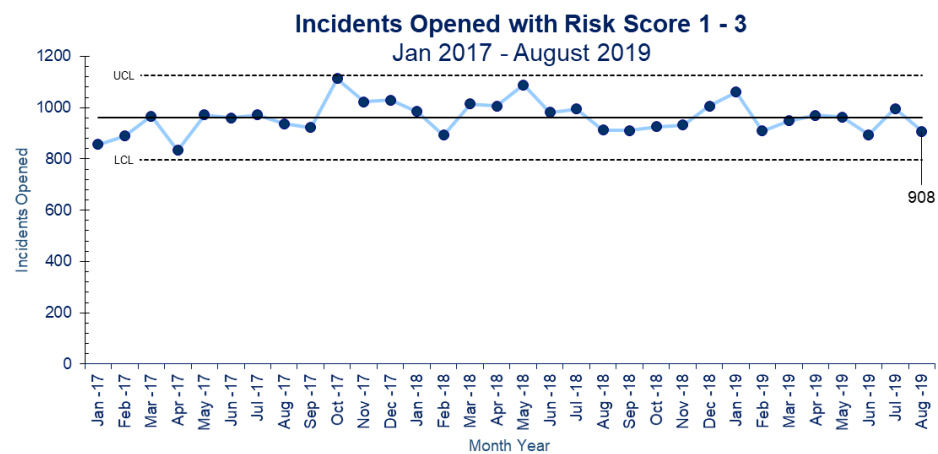1. Reduce reported unscored incidents in the IPR to 50 in previous reported month by 2019/20.
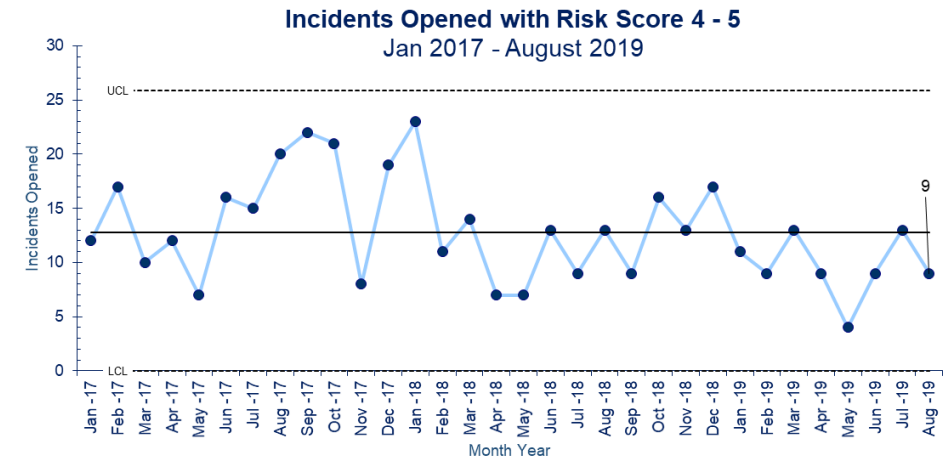
Table Q2.1

Severity	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
1. Insignificant	201	209	226	195	187	193	198	176	166	144	186	143
2. Minor	567	547	521	621	664	546	590	638	646	589	671	637
3. Moderate	144	173	189	193	217	175	169	156	152	162	139	128
4. Major	7	13	13	15	6	6	13	9	3	9	12	7
5. Catastrophic	2	3	0	2	3	3	0	0	1	0	1	2
Unscored	15	19	16	18	20	14	19	19	15	18	49	95
Total	936	964	965	1044	1097	937	989	998	983	922	1058	1012
Unscored %	1.60%	1.97%	1.66%	1.72%	1.82%	1.49%	1.92%	1.90%	1.53%	1.95%	4.63%	9.39%

Figure Q2.2

Incidents Opened with Risk Score 1 - 3
Jan 2017 - August 2019

Figure Q2.3

Incidents Opened with Risk Score 4 - 5
Jan 2017 - August 2019

Table Q2.1 – Top 10 Incident Categories Opened in August 2019

Category	05/08/2019	12/08/2019	19/08/2019	26/08/2019	Total
111 Assessment/Advice	15	23	25	28	91
Information	12	17	15	20	64
Physical Assault	8	13	15	12	48
Manual Handling	12	14	11	9	46
Threatening behaviour	12	12	12	9	45
Staff Welfare	9	12	8	13	42
Verbal Abuse	9	15	9	7	40
Communication	13	8	10	7	38
Inappropriate Use of Service	9	13	6	10	38
Slips, Trips or Falls	6	8	12	9	35

Figure Q2.4

Incidents Unscored Trajectory - Measured on 5th Working Day Of The Following Month

15

Figure Q2.5

Incidents with Risk Score 1 - 3 Closed
January 2017 - August 2019

Figure Q2.6

Incidents with Risk Score 4 - 5 Closed
January 2017 - August 2019
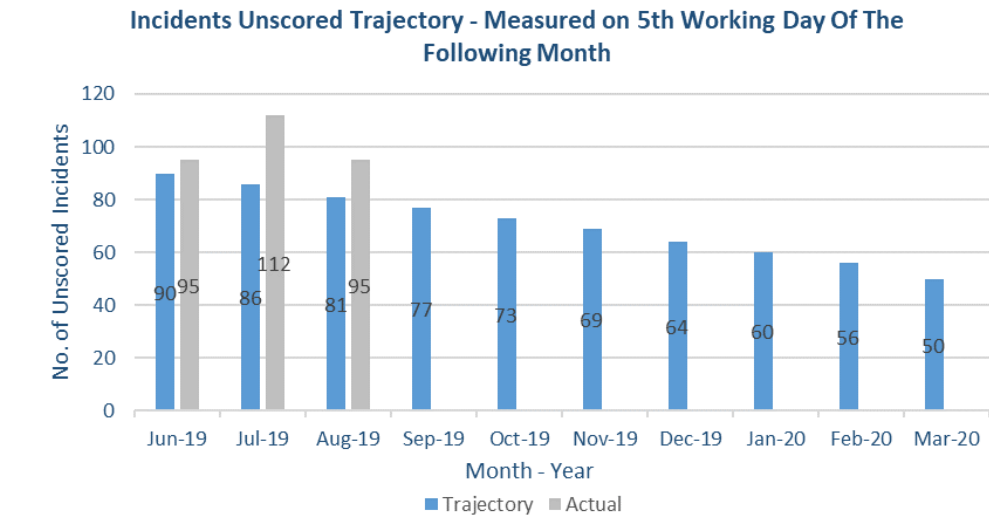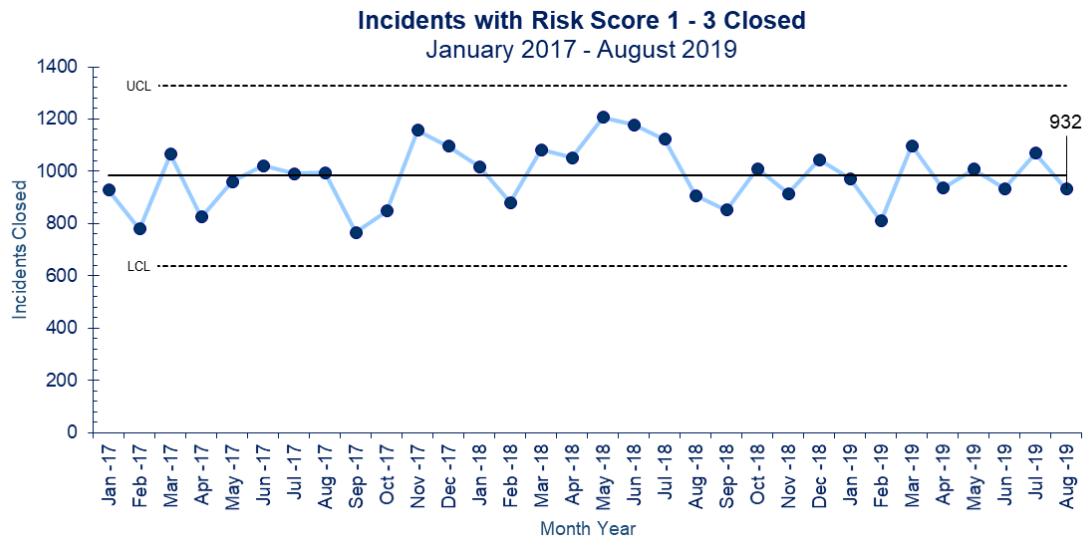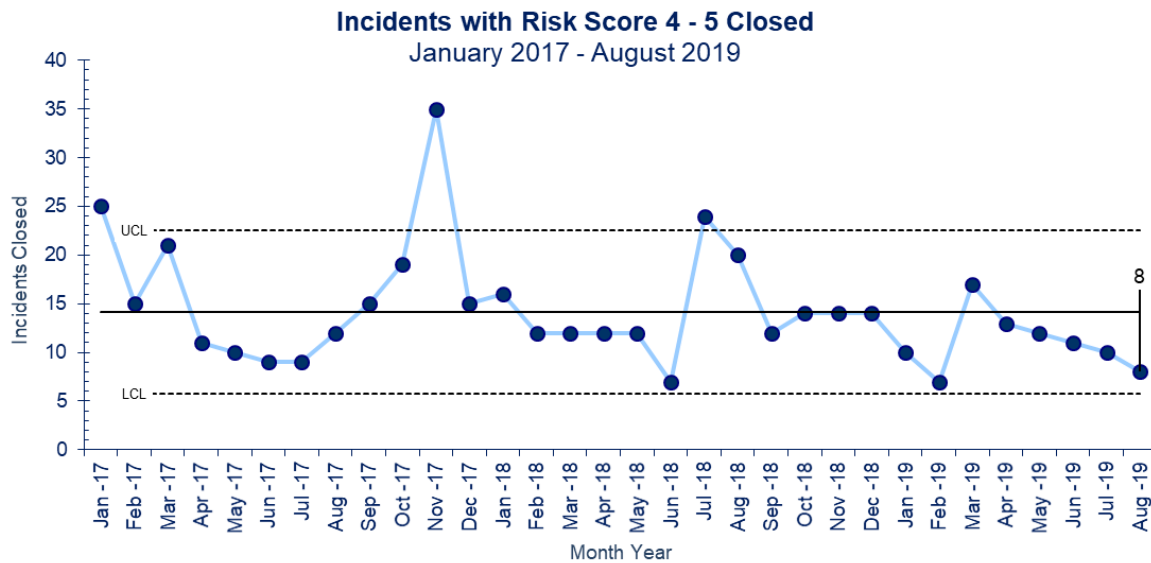
Incidents Closure

In total, 940 incidents (level 1-5) were closed during August 2019. Of these, 79% of level 1-3 and 100% of level 4-5 incidents were closed within the agreed standard.

The Clinical Safety Team through continual weekly reviews of open incidents have pre-empted and escalated potential delays to closing incidents. As seen in Figure Q2.8, for the first time, we have achieved 100% closure of grade 4 and 5 incidents within SLA.

The number of incidents closed with risk score 1 to 5 have dropped slightly this month, however, they remain well within the control limits. As soon as the investigations are complete, responses are prepared for sign off and incidents are closed.

Right Care Strategy Goals:
1. Increase closure within agreed timeframes to 80% by 2019/20 for severity 1-3.
2. Increase closure within agreed timeframes to 60% by 2019/20 for severity 4-5.
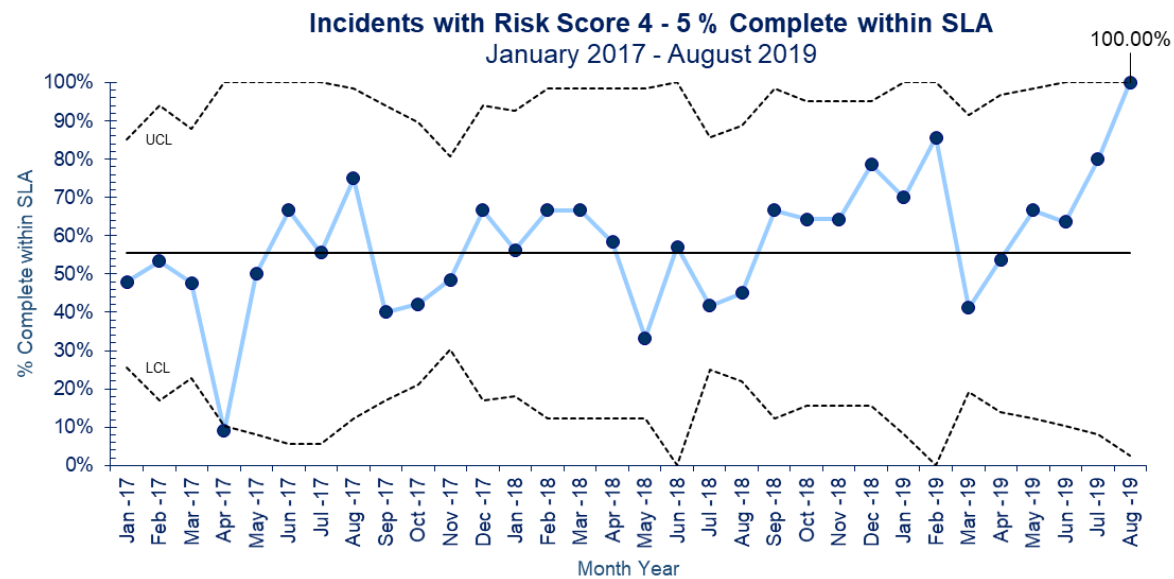
BAF Risk: SR01 (Risk ID 2869)

Figure Q2.7

Incidents with Risk Score 1 - 3 % Complete within SLA
January 2017 - August 2019

78.65%
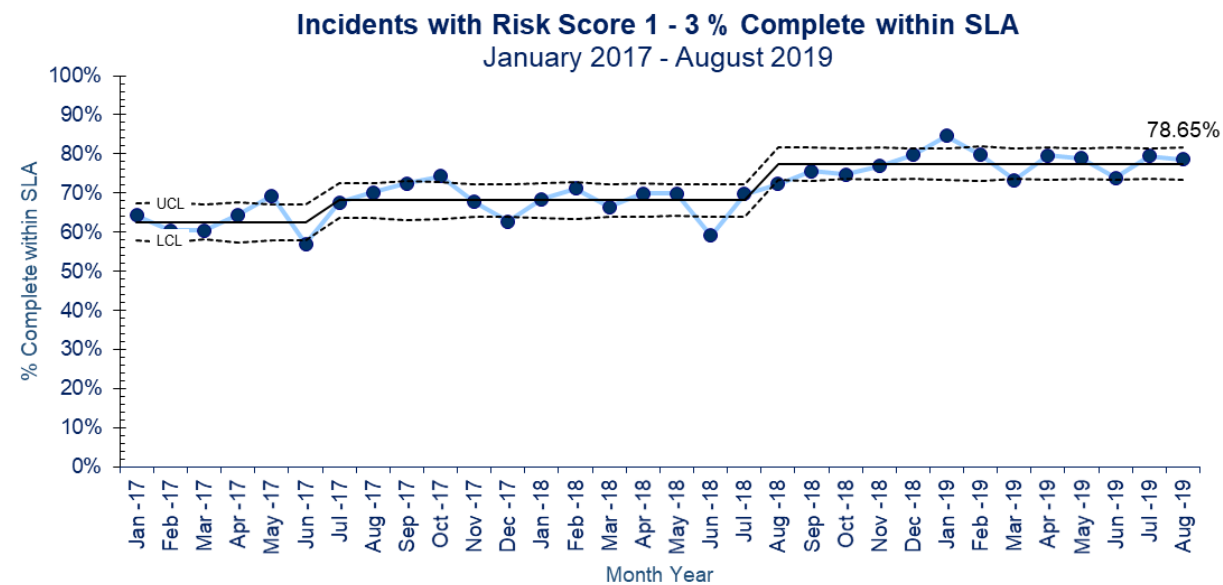
SLAs are calculated using the following measures/targets:

Risk Score	Target Days
1	20
2	20
3	40
4	60
5	60

Figure Q2.8

Incidents with Risk Score 4 - 5 % Complete within SLA
January 2017 - August 2019

100.00%

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Q3 SERIOUS INCIDENTS

Figure Q3.1:

StEIS Incidents Reported by Month
January 2017 - August 19
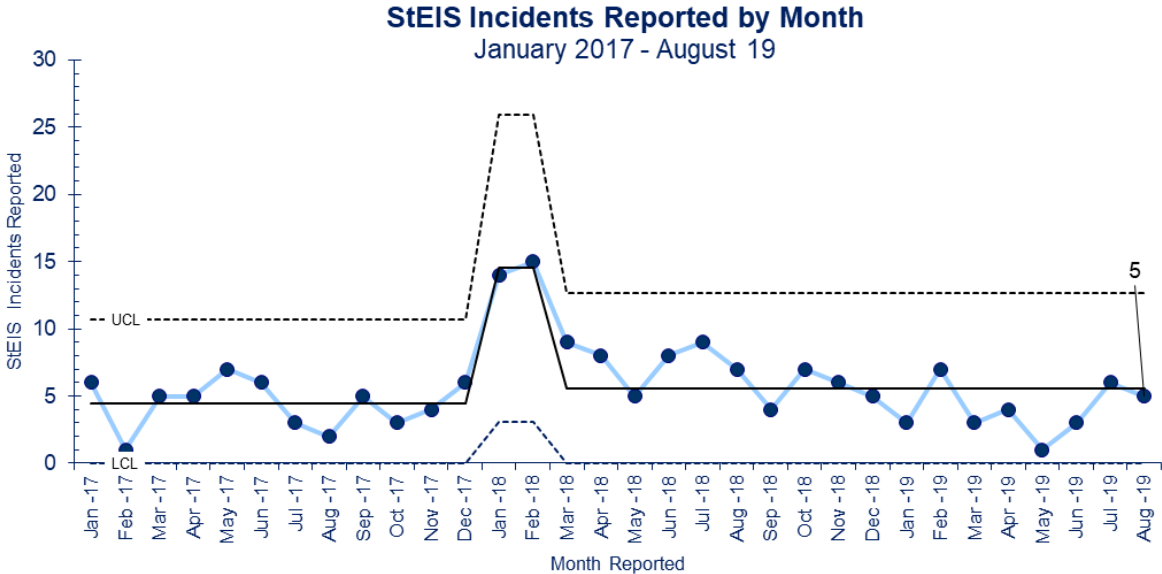
Table Q3.1: StEIS Incidents Opened in August 2019 by Source

Source	Paramedic Transport Service Operations	Paramedic Emergency Services Operations	Total
Complaint/StEIS	1	0	1
IRF/StEIS	0	4	4
Total	2	1	5

Serious Incidents

The backlog (overdue) of investigations were submitted at the end of July 2019.

5 Serious Incidents (SIs) were reported in August 2019.

2 reports were submitted to Commissioners for closure, against a trajectory of 1.

The report due in August was submitted at 62 working days. A report due in September was submitted in August ahead of the scheduled due date.

Serious Incident investigations are monitored through the Safety Management Group, the Review of Serious Events Group and the Quality and Performance Committee.

All investigations are closely monitored against deadlines by the Serious Incidents team and escalated through leadership structures as and when required.

Figure Q3.2: Current trajectory of StEIS submissions to BCCG per month vs actual submissions in the month.

Trajectory Forecast for StEIS Incidents Submissions to BCCG vs Actual Submissions
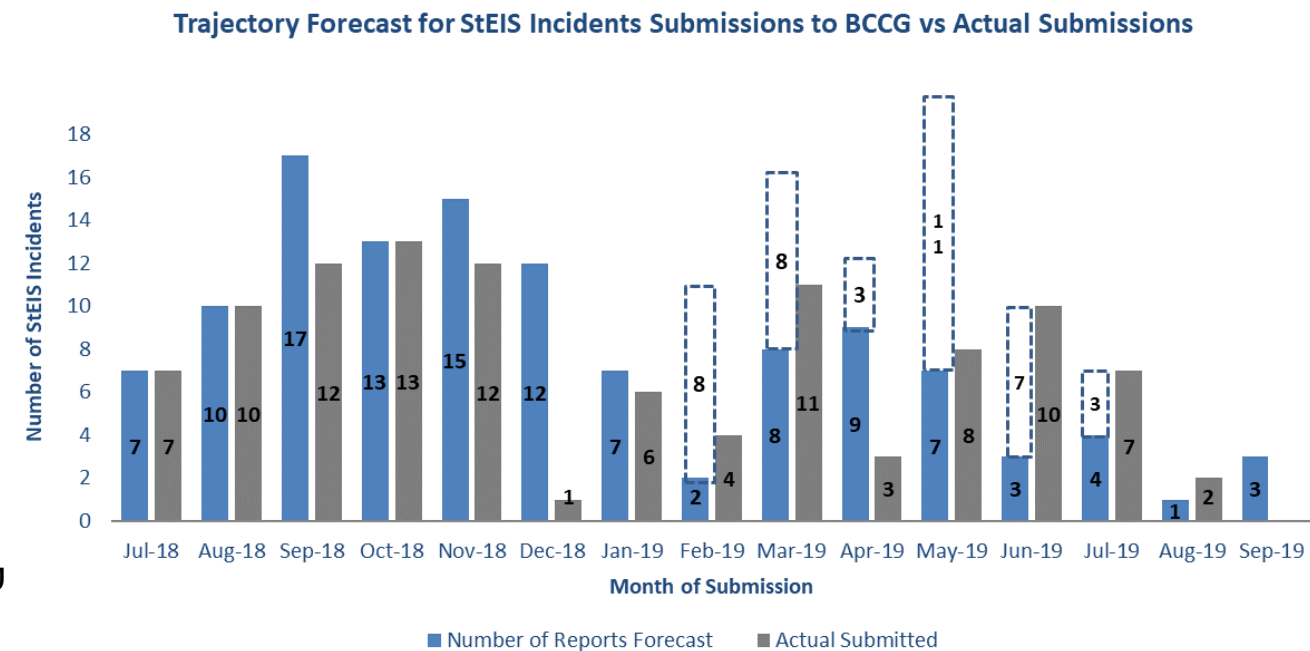
Serious Incident Trajectory

The Serious Incident report submission trajectory now identifies those reports that are due within 60 working days (solid colour) and those that are overdue (dotted line).
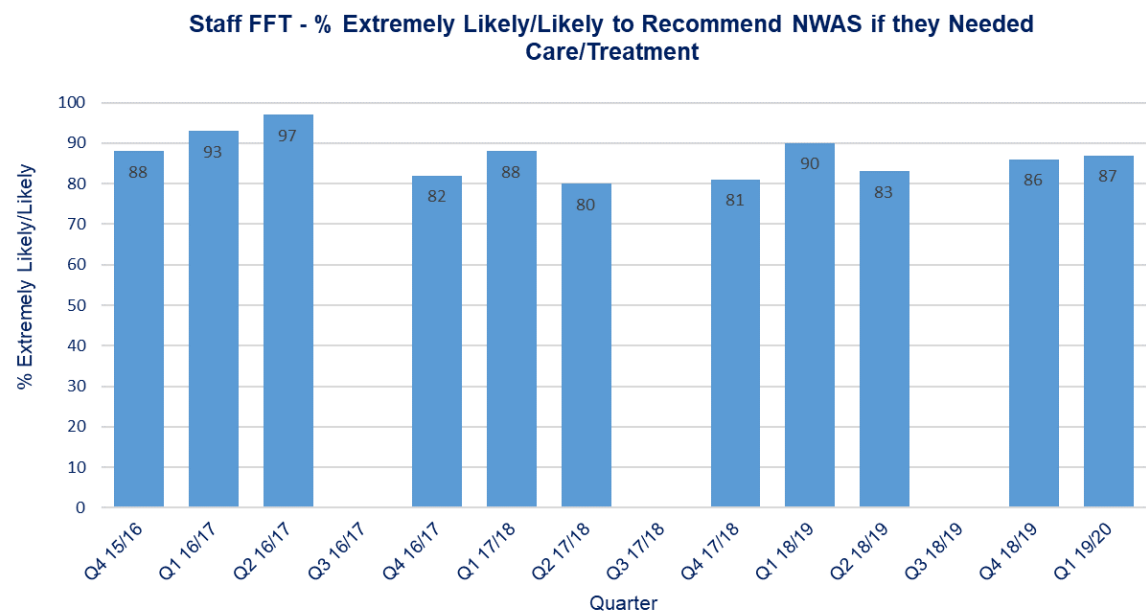
Right Care Strategy Goals:

1. Increase the proportion of cases where the notify-to-confirm interval is within the agreed timeframes.
2. Increase the proportion of cases where the confirmation to report interval is within the agreed 60 day timeframe

BAF Risk: SR01 (Risk ID 2868)

Q4 – STAFF EXPERIENCE – CARE/TREATMENT

Figure Q4.1:

Staff FFT - % Extremely Likely/Likely to Recommend NWAS if they Needed Care/Treatment

Table Q4.1: Staff FFT Care National Headlines:

Organisation	Care - Quarter 1 19/20		
	Total Responses	Percentage Recommended	Percentage Not Recommended
NORTH EAST AMBULANCE SERVICE	17	94%	6%
EAST MIDLANDS AMBULANCE SERVICE	174	91%	1%
YORKSHIRE AMBULANCE SERVICE	769	88%	3%
NORTH WEST AMBULANCE SERVICE	152	87%	4%
SOUTH CENTRAL AMBULANCE SERVICE	396	86%	5%
LONDON AMBULANCE SERVICE	1231	84%	5%
SOUTH EAST COAST AMBULANCE SERVICE	172	81%	8%
WEST MIDLANDS AMBULANCE SERVICE	257	81%	4%
SOUTH WESTERN AMBULANCE SERVICE	616	77%	9%

Staff Friends and Family Test – Care/Treatment Recommendation

The Friends and Family Test for Q1 in 2019/20 was asked of staff in EOC and 111. They were asked how likely they would be to recommend NWAS if they needed care / treatment.

The results for Q1 2019/20 were that 87% of staff in EOC and 111 would recommend NWAS as a place of treatment for their friends and family.

The last time the same sample group was asked this question was in Q1 2017/18 and the result was 88%.

This represents a 1% reduction; however, NWAS are rated 4th in this area in comparison with other Ambulance Services.

Q5 SAFETY ALERT COMPLIANCE

Figure Q4.1:

Safety Alerts	Number of Alerts Received (Sept 18 – Aug 19)	Number of Alerts Applicable (Sept 18 – Aug 19)	Number of Open Alerts
CAS/ NHS Improvement	19	2	0
MHRA – Medical Equipment	37	0	0
MHRA - Medicine Alerts	28	1	0
IPC	2	0	0

CAS – Alerts Applicable

1. **Risk of harm from inappropriate placement of pulse oximeter probes**.
   Action: Clinical bulletin sent out by Chief Consultant Paramedic number CL648
   Action date: 08/01/2019, alert closed.

2. **Fire risk from personal rechargeable electronic devices**.
   Action: Health & Safety Bulletin sent out by Head of Safety & Patient Experience number HS033
   Action Date: 14/01/2019, alert closed.

Medicines – Alerts Applicable

1. **Glucose 10% 500ml infusion bags** - Company led drug recall for certain batches issued 07/05/2019.
   Actions: Not general NWAS stock but stock was located on the DoH Mass Casualty Vehicles held in HART. Current stocks checked for affected batches and all found have been removed and replaced with non-affected stock. Disposed of affected stocks.
   Action Date: All actions completed by 05/06/2019. Alert now closed.

NWAS Response

There have been no new alerts in August 2019.

The total number of CAS/NHS Improvement alerts received between September 2018 and August 2019 is 19, with 2 alerts applicable to NWAS.

37 MHRA Medicine Equipment Alerts have been received with 0 alerts applicable.

28 MHRA Medicine alerts have been received, with 1 alert applicable.

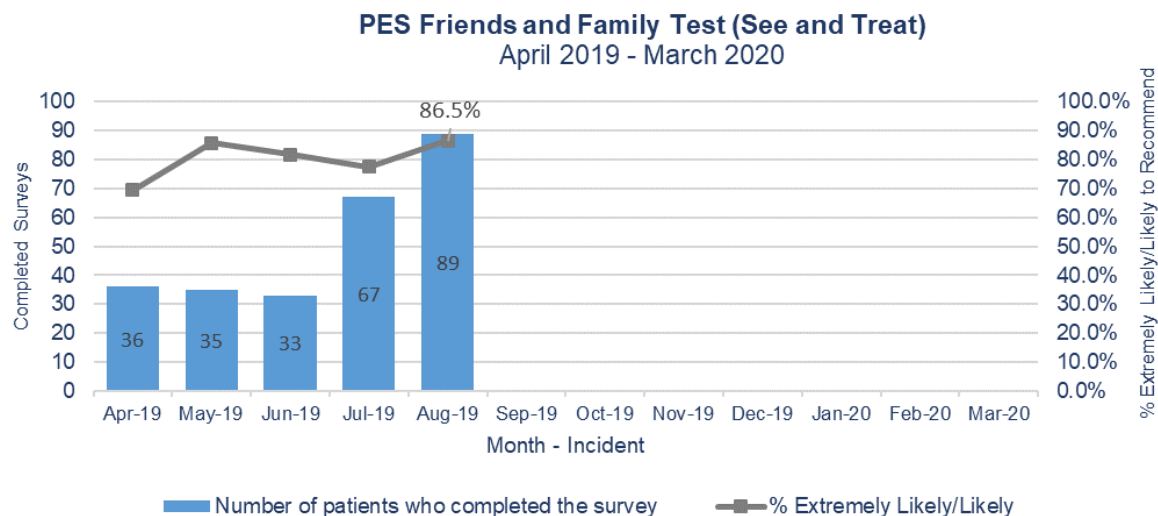2 IPC alerts have been received, with 0 alerts applicable.

E1 PATIENT EXPERIENCE

Patient Experience (PES)

In August we saw an increase in PES FFT returns from 67 to 89 as well as an increase in satisfaction rating from 77.6% to 86.5%.

The improvement goal of 50% by the end of quarter 2 is on target for being achieved.

Nationally the Trust is shown as second in terms of number of responses received – and joint 5th in terms of % of recommendation (July 19 data).
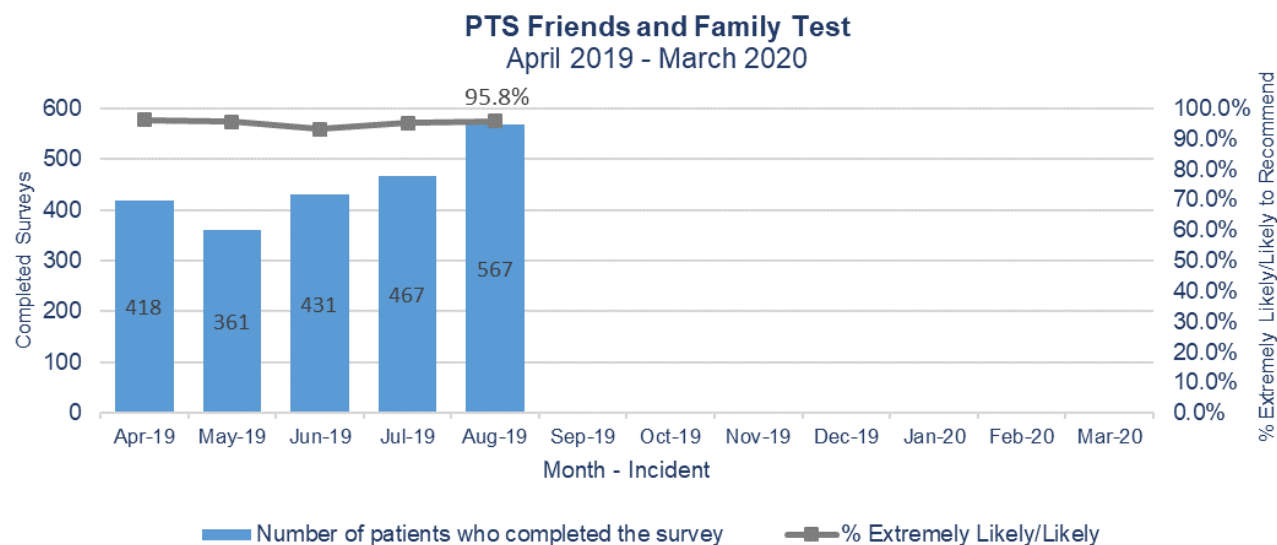
Following the change to national guidance published in September by NHS England, from April 2020, there will no longer be a requirement to report nationally on the see and treat returns.

A paper on the options available to us is due to be considered by the Executive Leadership Committee during September 2019.

BAF Risk: SR01

Quality of care through implementation of the Right Care Strategy

Figure E1.1

PES Friends and Family Test (See and Treat)
April 2019 - March 2020

Table E1.1 National PES See and Treat FFT – July 2019

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**330**	**91%**	**8%**
SOUTH WESTERN AMBULANCE SERVICE	6	100%	0%
EAST OF ENGLAND AMBULANCE SERVICE	42	98%	2%
NORTH EAST AMBULANCE SERVICE	174	96%	2%
SOUTH CENTRAL AMBULANCE SERVICE	12	92%	8%
EAST MIDLANDS AMBULANCE SERVICE	9	78%	22%
NORTH WEST AMBULANCE SERVICE	67	78%	19%
WEST MIDLANDS AMBULANCE SERVICE	14	71%	29%
YORKSHIRE AMBULANCE SERVICE	4	*	*
LONDON AMBULANCE SERVICE	2	*	*
ISLE OF WIGHT	0	NA	NA

Figure E1.2

PTS Friends and Family Test
April 2019 - March 2020

Legend: Number of patients who completed the survey — % Extremely Likely/Likely
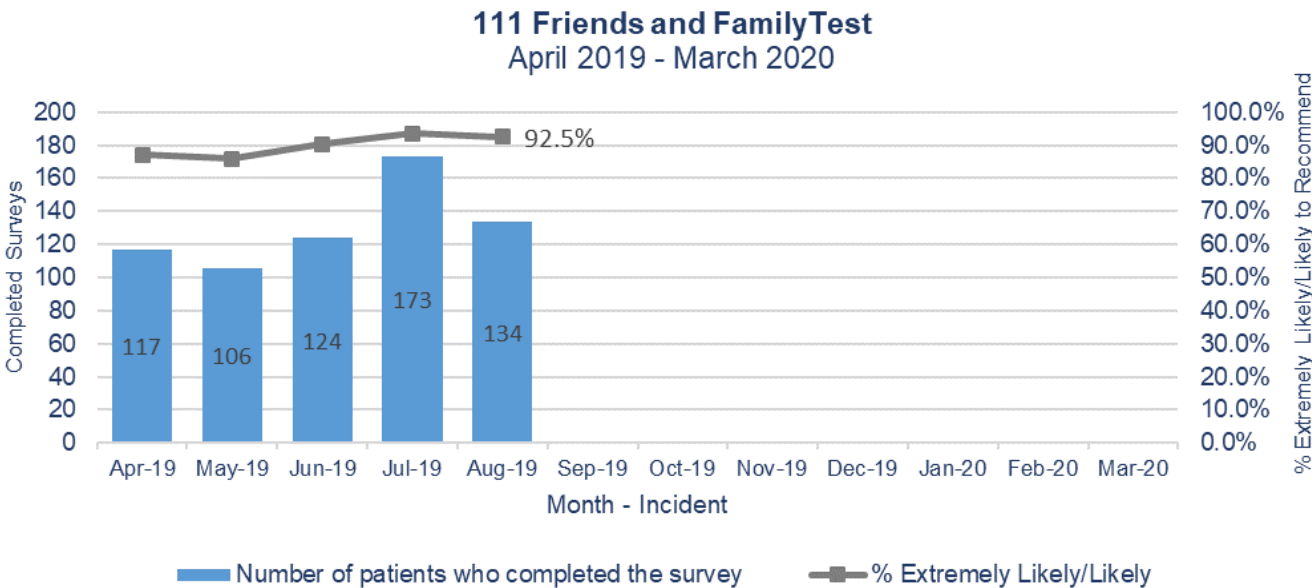
Patient Experience (PTS)

The number of PTS patients who completed the FFT has increased from 467 to 567, in August, with satisfaction rates remaining fairly stable from 95.3% to 95.8%).

Nationally, the Trust remains the 2nd highest in terms of number of responses and 2nd highest in terms of satisfaction levels (July data).

Table E1.2 National PTS FFT – July 2019

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**2,243**	**90%**	**5%**
ISLE OF WIGHT	30	100%	0%
NORTH WEST AMBULANCE SERVICE	467	95%	2%
GUY'S AND ST THOMAS'	1020	94%	2%
EAST OF ENGLAND AMBULANCE SERVICE	153	92%	7%
UNIVERSITY COLLEGE LONDON HOSPITALS	257	86%	9%
WEST MIDLANDS AMBULANCE SERVICE	7	86%	0%
ARRIVA TRANSPORT SOLUTIONS LIMITED	56	80%	7%
NORTH EAST AMBULANCE SERVICE	16	75%	13%
SOUTH CENTRAL AMBULANCE SERVICE	229	72%	19%
IMPERIAL COLLEGE HEALTHCARE	8	50%	50%
YORKSHIRE AMBULANCE SERVICE	0	NA	NA
EAST MIDLANDS AMBULANCE SERVICE	0	NA	NA

111 Friends and FamilyTest
April 2019 - March 2020

Legend: Number of patients who completed the survey — % Extremely Likely/Likely

Patient Experience (111)

The number of 111 FFT responses reduced from 173 to 134 in August.

The July increase may have been partially attributable to a 5 week month (surveys are sent out each Monday) as well as a particularly good return rate.

We also see a slight dip of 1.1% in satisfaction levels from 93.6% % in July to 92.5% in August.

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Table E2.1: ACQI April 2019

ACQI Indicator		YTD Performance (%)	Sample Size (Current Month)	April 19 Performance (% / hrs: mins)	March 19 Performance (%)*	April 19 Rank position	Rank movement	Performance Range % / hrs: mins (national mean)
Cardiac Arrest ROSC	Overall	33.2%	304	33.2%	33.0%	2	↑	19.2-34.1 (30.1)
	Utstein	62.7%	51	62.7%	54.3%	1	↑	34.6-62.7 (55.1)
	Resus Care Bundle	63.4%	112	63.4%	N/A	7	N/A	26.5-93.3 (68.5)
Cardiac Arrest Survival to Discharge	Overall	7.9%	291	7.9%	8.1%	6	↑	4.7-12.9 (8.5)
	Utstein	21.7%	46	21.7%	43.3%	8	↓	8.0-40.0 (26.5)
Acute STEMI	PPCI (mean call to PPCI time)	N/A	114	2hrs 31 mins	2hrs 20mins	10	↓	2hr00mins - 2hr 31 mins (2hr 14 mins)
	Care Bundle	65.2%	92	65.2%	N/A	8	N/A	53.1-99.1 (79.8)
Stroke	Hyper acute (mean call to door time)	N/A	306	1hr 15 minw	1hr 13mins	6	↓	1hr 7mins - 1hr 26 mins (1hr 14 mins)
	Care Bundle	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Sepsis	Care Bundle	N/A	N/A	N/A	71.3%	N/A	N/A	N/A
Management of falls	Care bundle	Data publication TBC						

ACQIs – April 2019

In April, the rates of the Return of Spontaneous Circulation (ROSC) achieved during the management of patients suffering an out of hospital cardiac arrest for the Utstein group was 62.7% (national mean 55.1%), ranking the Trust 1st nationally. For the overall group the rate was 33.2% (national mean 30.1%) ranking the Trust in 2nd position nationally.

7.9% of patients suffering an out of hospital cardiac arrest survived to hospital discharge in April (national mean 8.5%). The figure for the Utstein sub-group was 21.7% (national mean 26.5%). This performance saw the Trust ranked 6th and 8th respectively for English Ambulance Trusts.

Mean call to PPCI time for patients suffering a myocardial infarction was marginally outside of the national mean of 2h 14mins at 2h 31mins. Mean call to door time for patients suffering a hyper acute stroke was 1h 15min again marginally outside of the national mean (1h 14min).

The care bundle score for Acute STEMI for April was 65.2%, behind the national average of 79.8%.

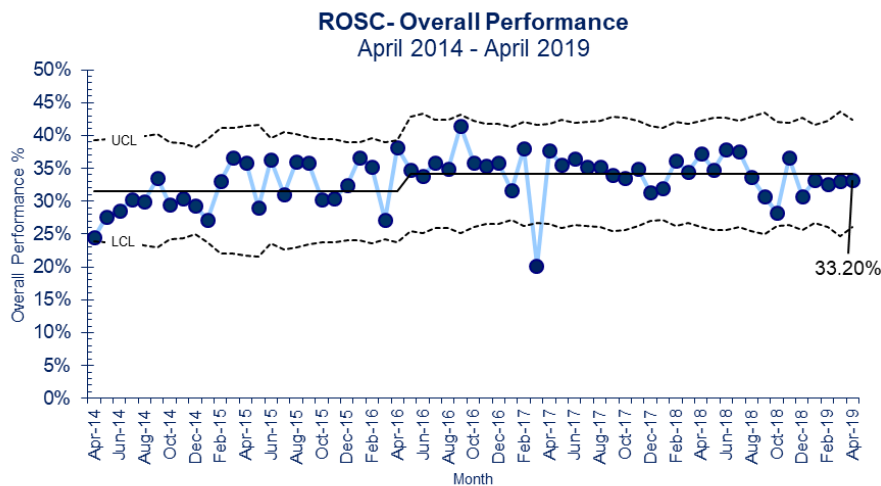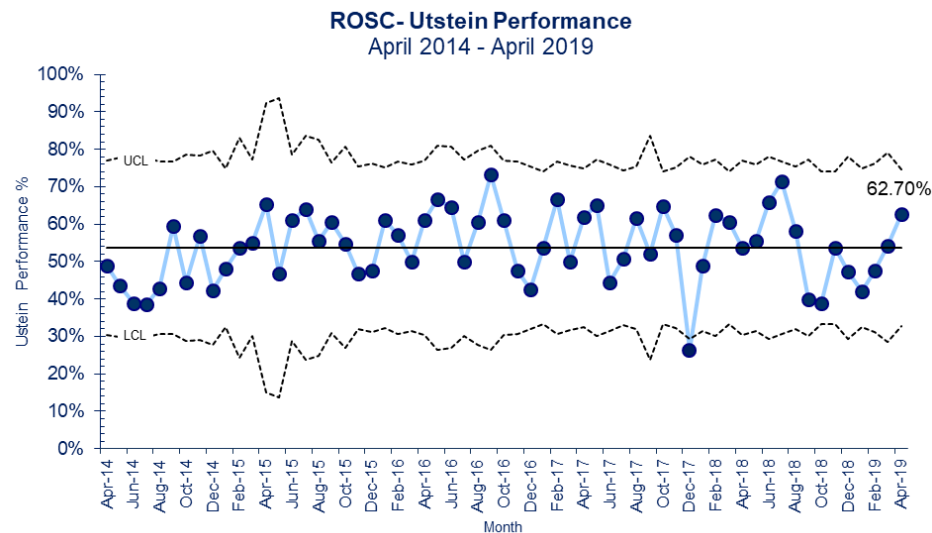# Cardiac Outcomes over time (SPC)

Figure E2.1

ROSC- Overall Performance
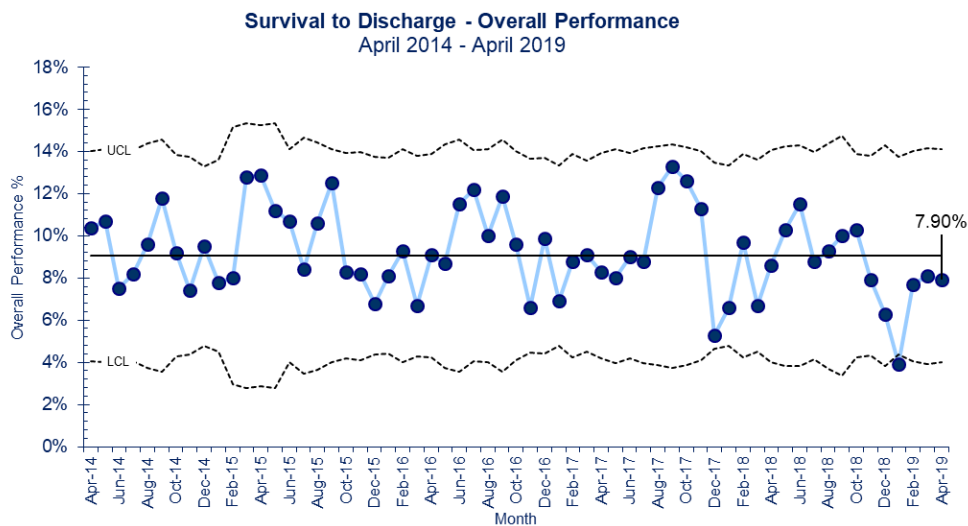#### April 2014 - April 2019

Figure E2.2

ROSC- Utstein Performance
April 2014 - April 2019

Figure E2.3

Survival to Discharge - Overall Performance
April 2014 - April 2019

Figure E2.4

Survival to Discharge - Utstein Performance
April 2014 - April 2019

26
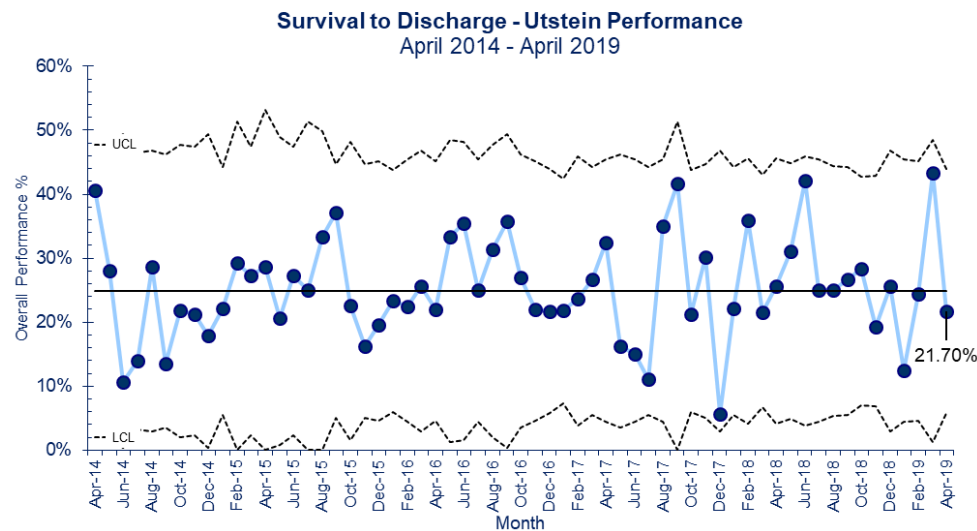
Care Bundles Cardiac and Stroke (SPC)

Figure E2.5

STEMI Care Bundle
April 2014 - April 2019

Figure E2.6

Stroke Care Bundle
April 2014 - February 2019
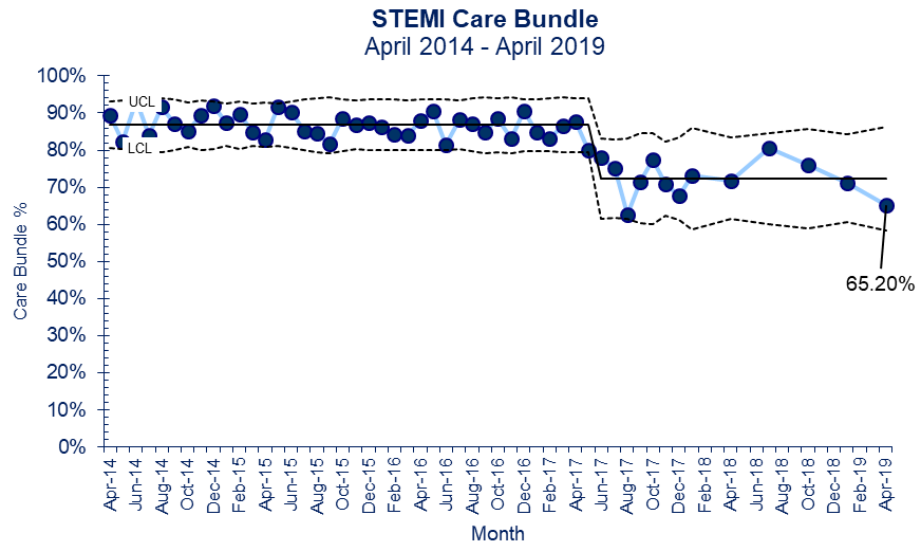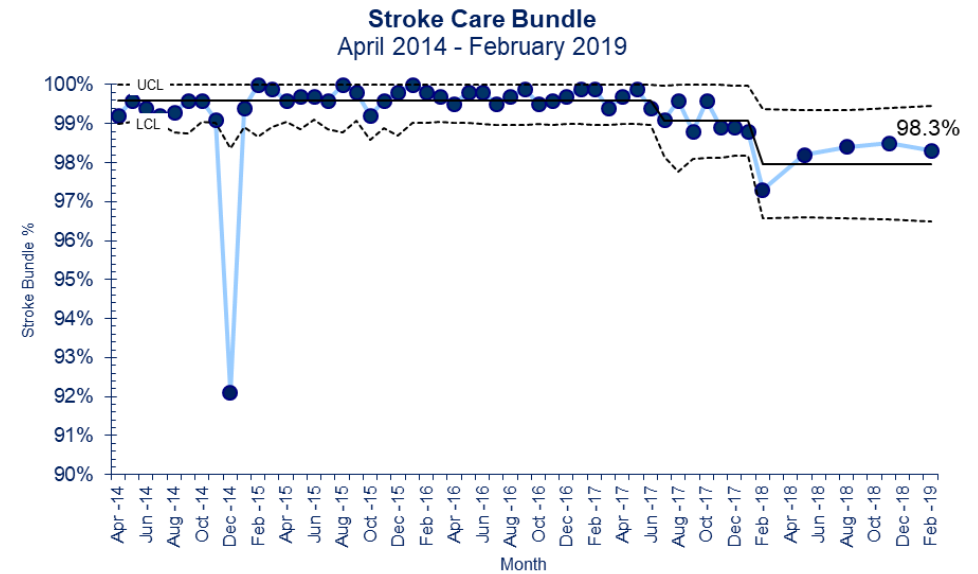
N.B. **Stroke CB data now published nationally 1 month in 3: February, May, August and November (data produced internally on monthly basis).**
STEMI CB now published nationally 1 month in 3: January, April, July and October (data produced internally on monthly basis).
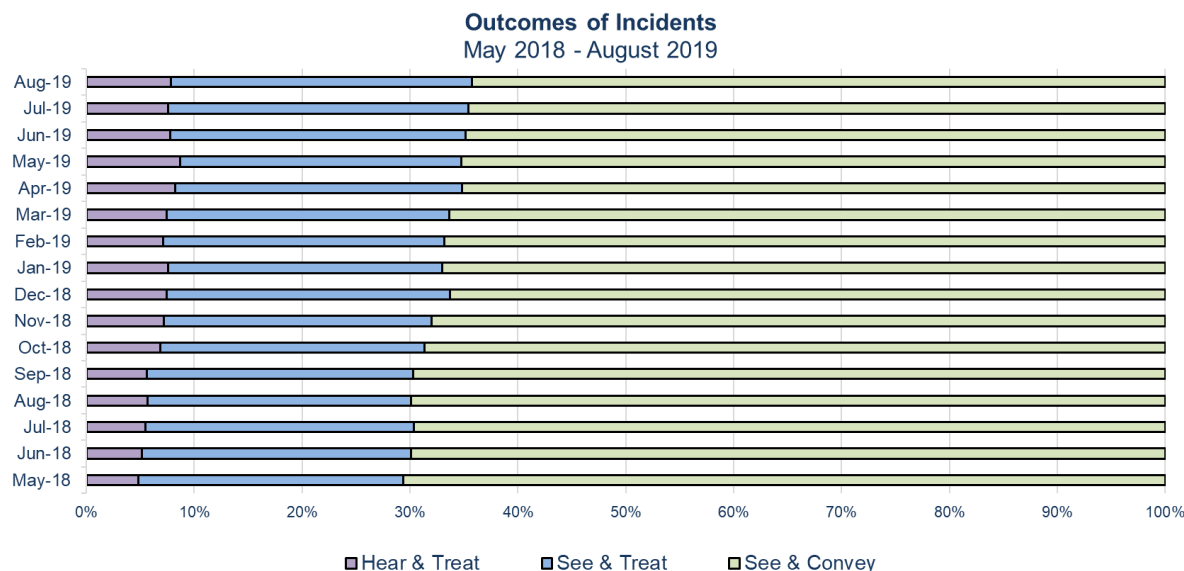
27

E3 H&T, S&T, S&C OUTCOMES

Figure E3.1

Outcomes of Incidents
May 2018 - August 2019

Table E3.1

Month/Yr	Incidents with no face to face response	Hear and Treat %	F2F Incidents with no transport	See & Treat %	F2F Incidents with transport	See & Convey %
Sep-18	5,056	5.6%	22,108	24.7%	62,398	69.7%
Oct-18	6,562	6.8%	23,568	24.5%	65,911	68.6%
Nov-18	6,837	7.2%	23,627	24.8%	64,668	68.0%
Dec-18	7,559	7.5%	26,608	26.2%	67,248	66.3%
Jan-19	7,641	7.6%	25,653	25.4%	67,595	67.0%
Feb-19	6,381	7.1%	23,296	26.0%	59,798	66.8%
Mar-19	7,349	7.4%	25,936	26.2%	65,672	66.4%
Apr-19	8,121	8.2%	26,243	26.6%	64,455	65.2%
May-19	8,741	8.7%	26,380	26.1%	65,844	65.2%
Jun-19	7,502	7.7%	26,548	27.4%	62,889	64.9%
Jul-19	7,565	7.6%	27,849	27.9%	64,554	64.6%
Aug-19	7,640	7.8%	27,279	27.9%	62,729	64.2%

Outcomes

Following the continued implementation of enhanced working practices in the EOC/Clinical Hub environments, we are continuing to demonstrate a steady reduction in conveyance, from 69.9% to 64.24 % over the past 12 months.

Hear & Treat Performance for August 2019 was 7.82 % and the number of incidents with no face to face response was 7640. This is a 2.12 % increase in performance in comparison to August 2018. The total numbers for APAS in August was 2587.

EMD support staff at Broughton have continued to support standard APAS, where possible, which has helped keep the numbers at the highest level possible with the providers the Trust is working collaboratively with. On 16th August, Bardoc suspended the APAS referrals from NWAS which has impacted on H&T Performance for the GM area. Further to this, Mastercall have also suspended APAS referrals from NWAS from 4th September 2019. Both organisations have stated capacity issues due to the increased activity received month on month from NWAS. We are working closely with commissioners, GM Alliance and GMHSC to reinstate this valuable function.

NWAS are consistently in the weekly top 3 for the best H&T Performance across England. The little variance is evident of the consistency of the system delivering performance. This is ostensibly due to increases in Hear & Treat activity made possible by maximising Clinical Hub efficiency and using the Adastra and Orion platforms to aid interoperability with Out of Hours Providers and an increases in staff in Clinical Hub working independently.

Figure E3.2

NWAS | August 2019
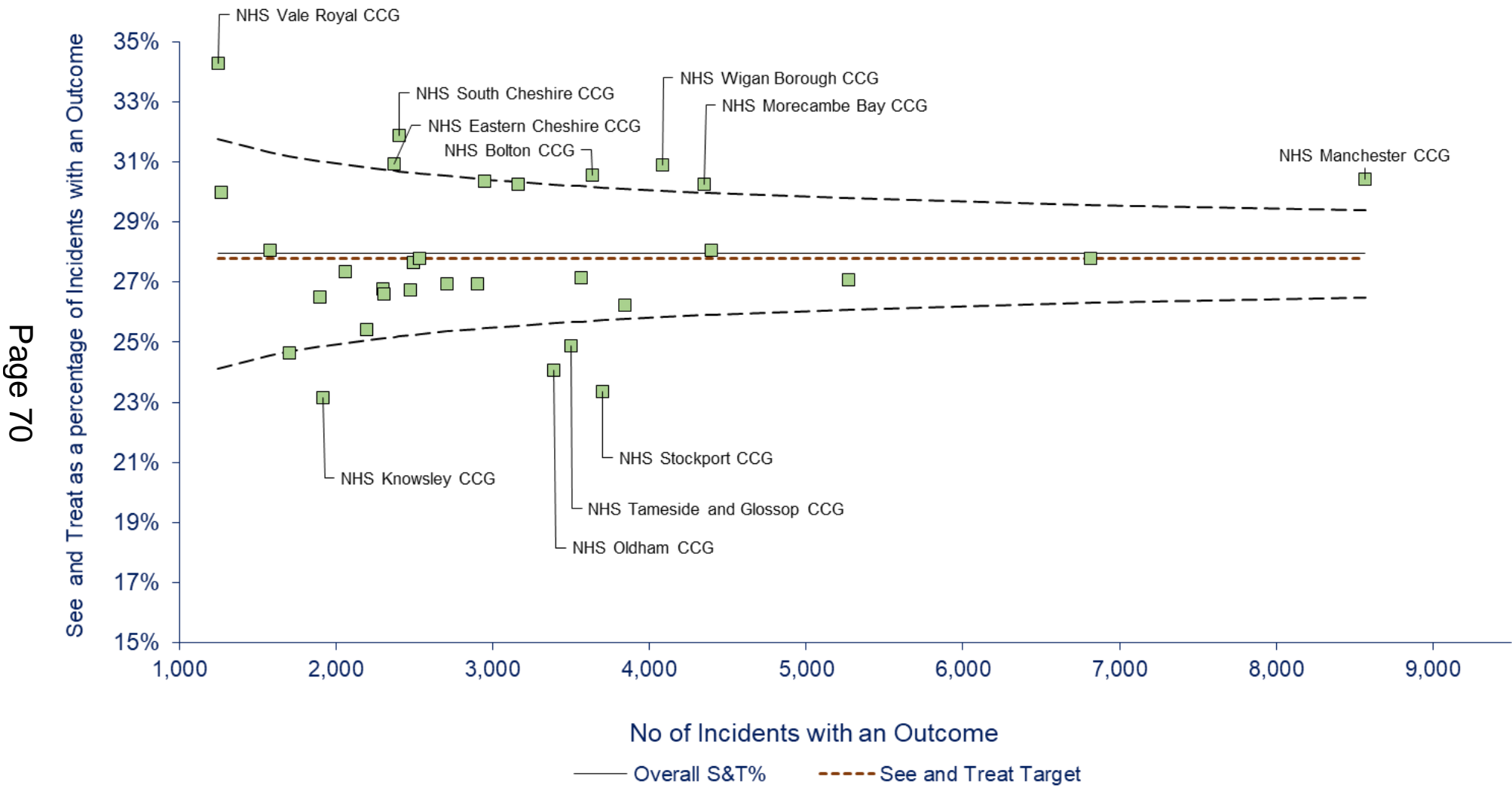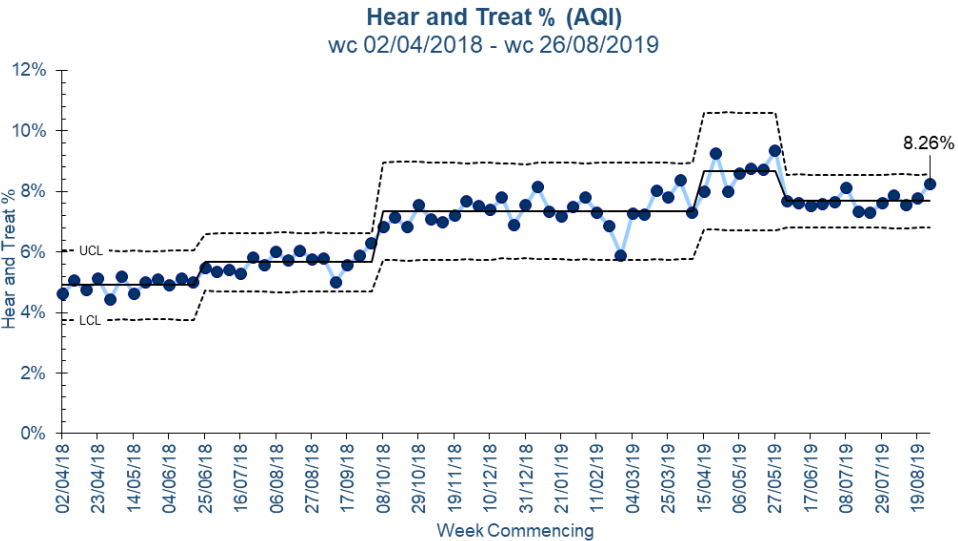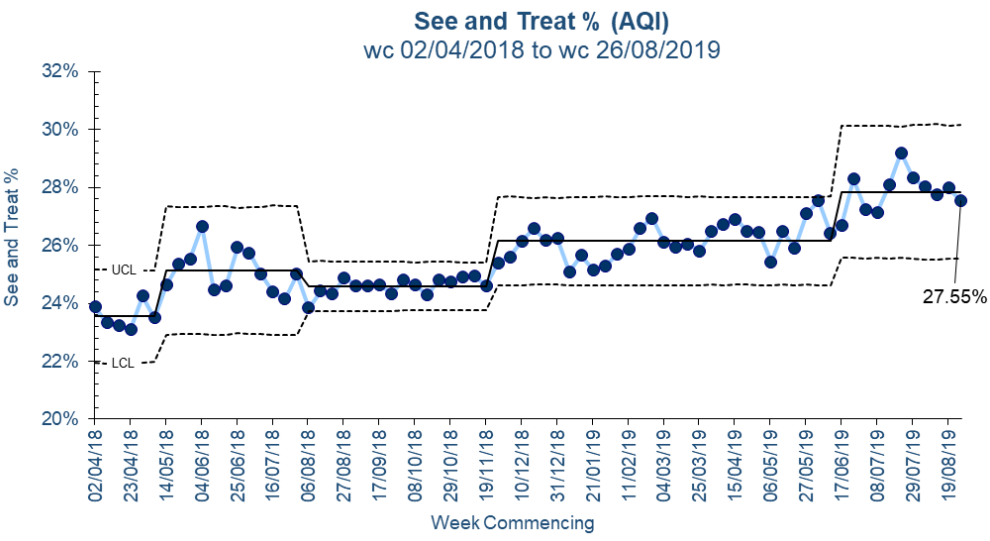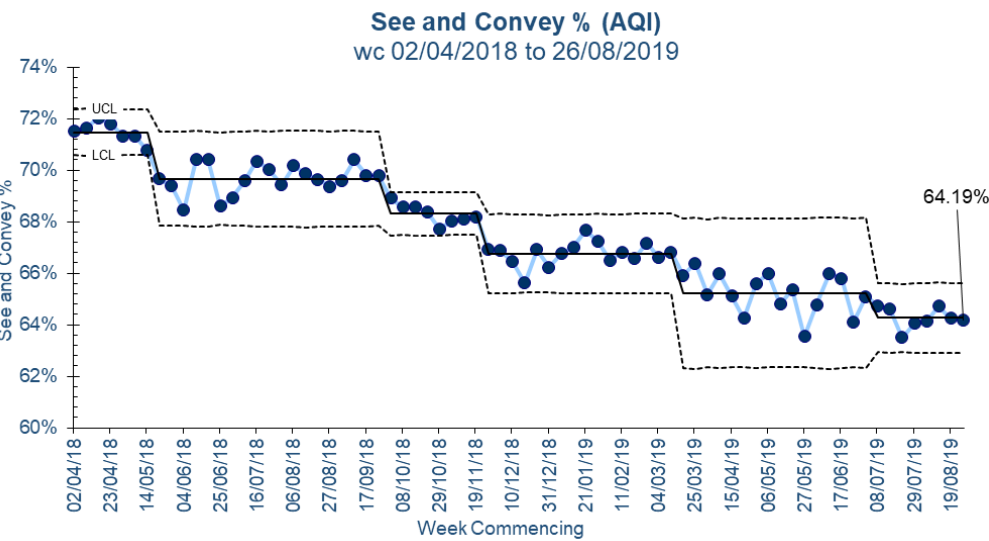Incidents resulting in a Hear and Treat Outcome by CCG

S&T in August remained at 27.9%, coupled with a reduction of 0.4% in S&C to ED, despite the slight reduction in total 999 activity.

The Trust is now delivering training in the application of the Manchester Triage System to the NQP2 paramedic cohorts in anticipation of their qualification. It is hoped that this will continue to increase S&T, as more clinicians move from Pathfinder to MTS. The Trust has also clarified that the application of Pathfinder by NQPs, allows appropriate referral and see & treat opportunities, without onward referral to the NWAS clinical hub.

In the areas where Primary Care has had limited capacity (such as South Cheshire & Vale Royal), who have no AVS provision to receive referrals from NWAS clinicians, discussions have progressed and an alternative process has been agreed, in principle, with the NWAS Medical Directorate. It is hoped that formal sign off, by all parties, will be completed by the end of October.

Following the approval of the Mental Health Strategic Plan, the Trust will be looking to meet with our Mental Health providers across the Northwest, to identify suitable and alternative opportunities for appropriate S&T.

All areas are continuing to implement their improvement plans for S&T with support from the Urgent Care Development Team.

NWAS | August 2019
Incidents resulting in a See and Treat Outcome by CCG

Figure E3.4

Figure E3.5

Hear and Treat % (AQI)
wc 02/04/2018 - wc 26/08/2019

See and Treat % (AQI)
wc 02/04/2018 to wc 26/08/2019

Figure E3.6

See and Convey % (AQI)
wc 02/04/2018 to 26/08/2019

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F1 FINANCIAL SCORE

Table F1.1 Financial Sustainability Risk Rating

Financial Metric	2019/20 YTD Score	Plan Score	Weight
Liquidity	1	1	0.2
Capital Servicing	1	1	0.2
I&E Margin	2	2	0.2
Distance from Plan	1	1	0.2
Agency	1	1	0.2
Overall Unrounded	1.2	1.2	
Rounded Score before override	1.4	1.4	
OVERALL SCORE AFTER OVERRIDE (Triggered if any of the score are 4)	1	1	

Figure F1.1

NWAS Agency Spend
April 2019 - March 2020
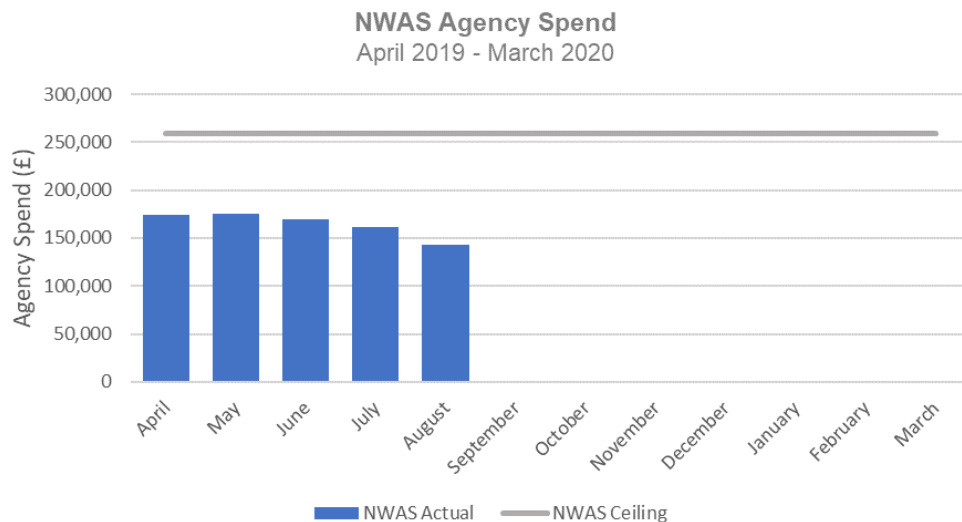
Finance Position – August 2019

Month 05 Finance Position:
The position for the Trust at Month 5 is a surplus of £0.546m this is £0.054m better than the planned surplus of £0.492m. Income is over recovered by £1.393m, pay is overspent by £1.244m and non-pay is overspent by £0.095m.

Agency Expenditure
The year to date expenditure on agency is £0.822m which is £0.473m below the year to date ceiling of £1.295m equivalent to 36.56% under which results in an agency financial metric of 1.

Risk Rating
The overall year to date actual and forecast financial risk score remains at a 1 for the Trust.

Figure F1.2

PTS Agency Spend
April 2019- March 2020

Legend: PTS Actual, PTS Ceiling

Figure F1.3

PES Agency Spend
April 2019 - March 2020

Legend: PES Actual, PES Ceiling

Figure F1.4

111 Agency
April 2019 - March 2020

Legend: 111 Actual, 111 Ceiling

Figure F1.5

Other Agency Spend
April 2019 - March 2020

Legend: Other Actual, Other Ceiling
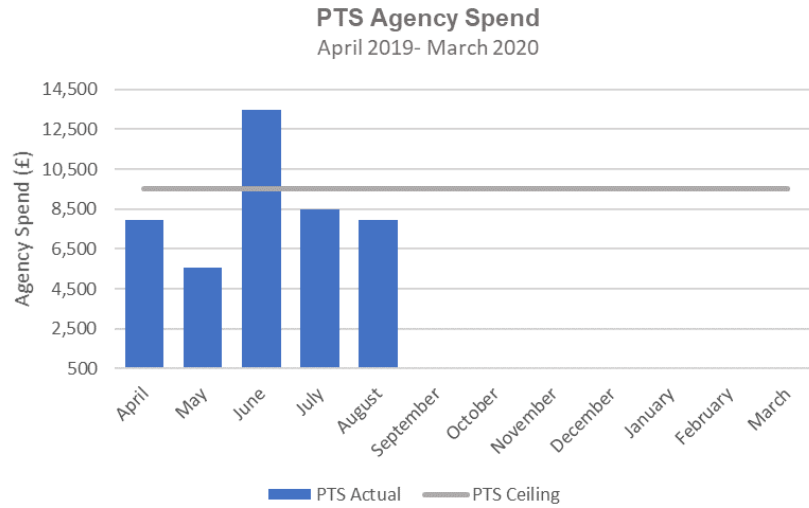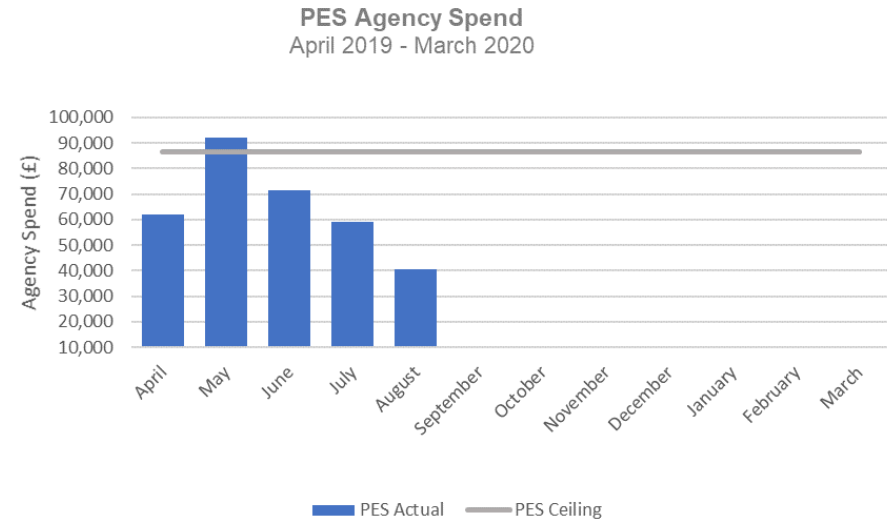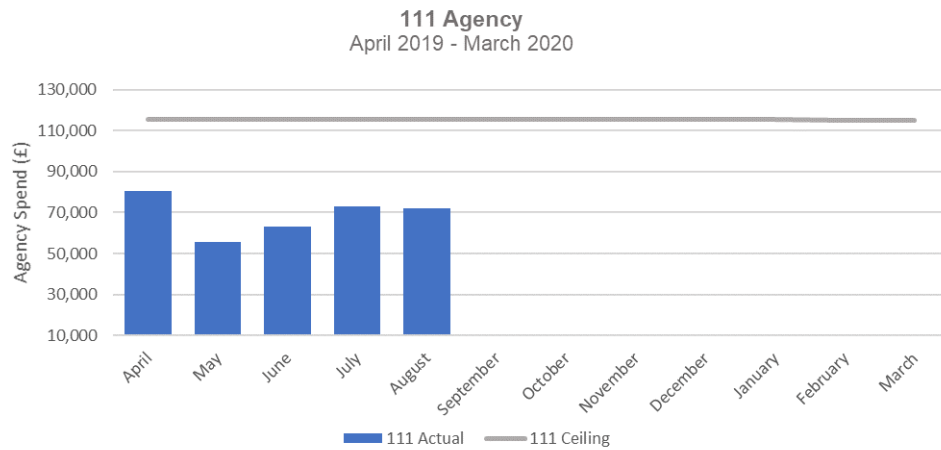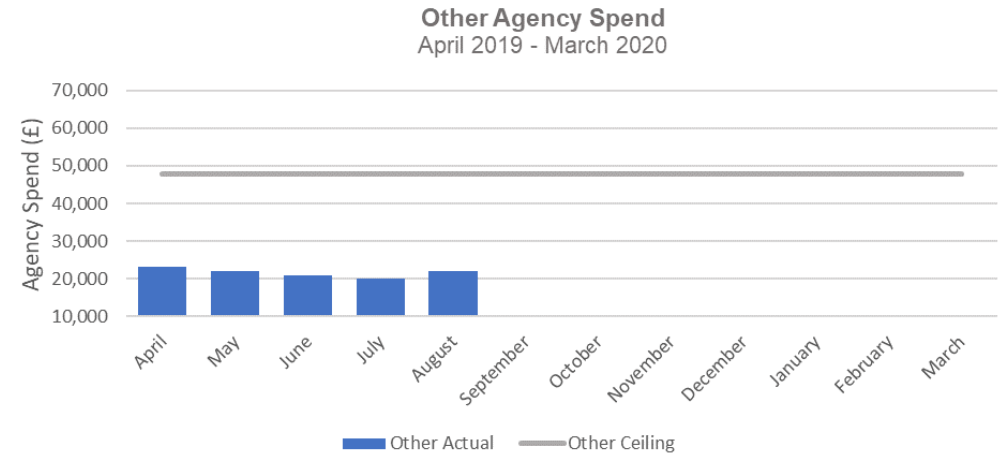
O1 CALL PICK UP

Figure O1.1:

Calls With Pick Up
WC 02/01/2017 to 26/08/2019

Figure O1.2:

Call Pick up in 5 seconds %
WC 02/01/2017 - WC 26/08/2019
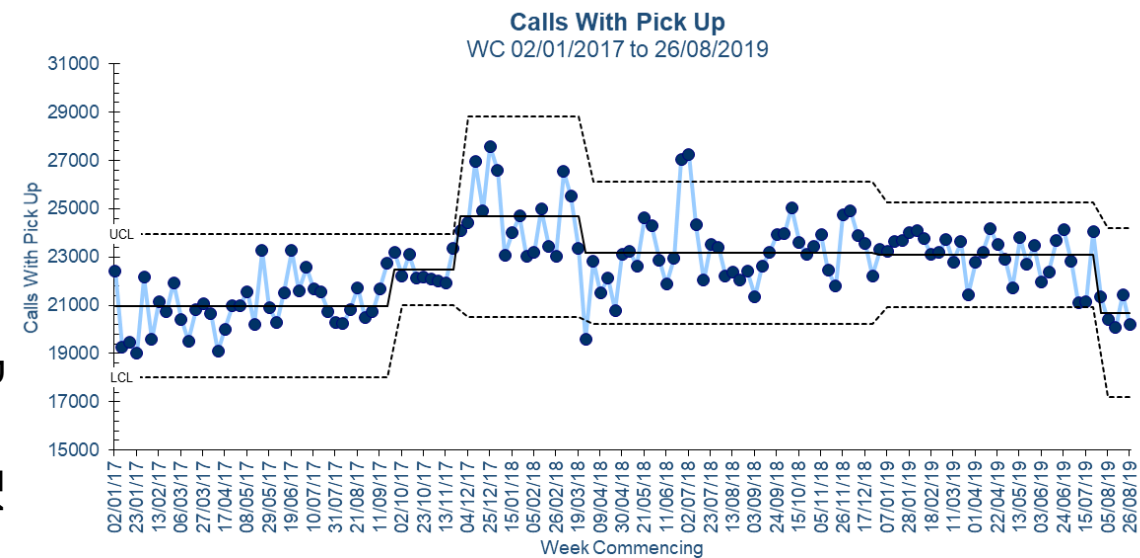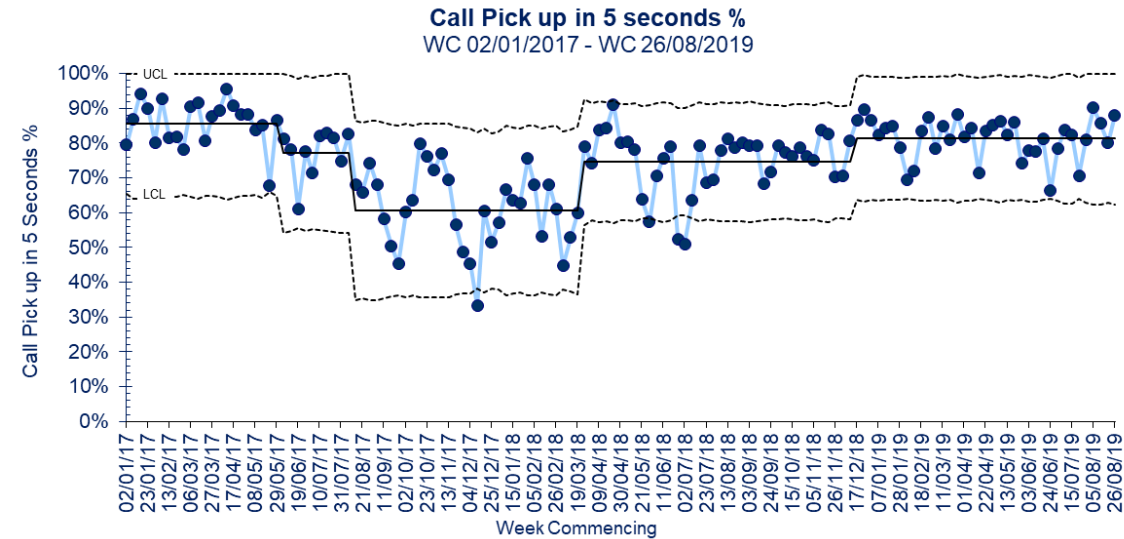
Call Pick Up

Definition: The percentage of emergency calls recorded in the CAD system and answered with 5 seconds, excluding 111 direct entries. Call pick up is not a national standard, but is widely used by ambulance trusts to monitor call handling performance with a target of 95%.

Performance: For August 2019, call pick up performance was at 87.5%. 16,180 calls took longer than 5 seconds to pick up.

CPU has improved in August 19. The improvements can be seen across all core CPU measures and is a reflection of the progress made in the recruitment plan and deployment of resource.

A significant improvement has been made in mean call answered time and 95th centile. These improvements have been made despite an increase in activity vs previous year and continued high levels of duplicate calls.

The number of calls answered in August has decreased due to a reduction in demand when compared to previous months and a reduction in duplicate calls.

Figure O1.3: Source - CAD calls

NWAS | 2019-20
Call Pickup Time: August 19
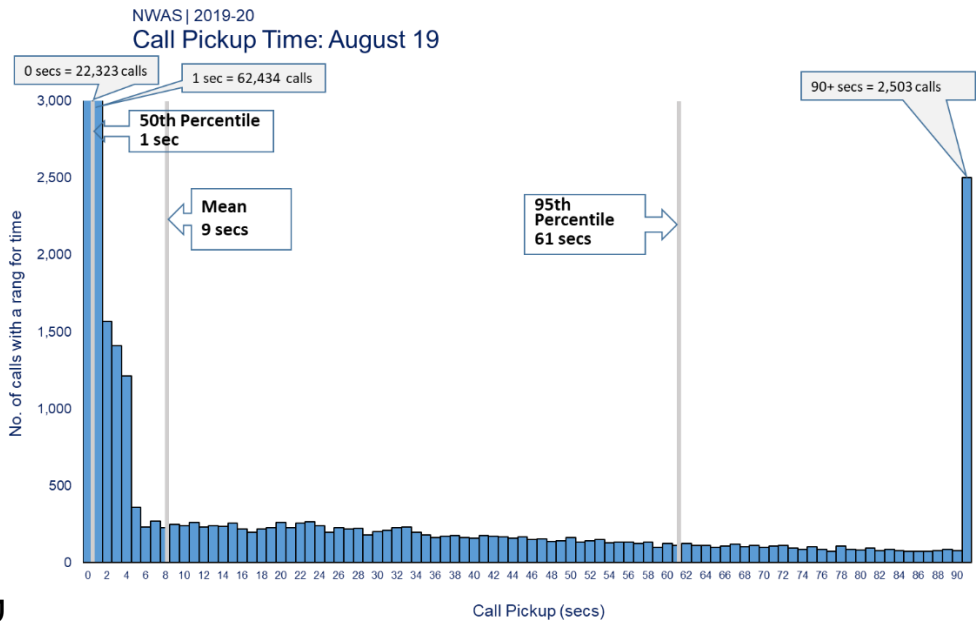
Table O1.1: Calls and Call Answer Times (Source – AQI)

Month/Yr	Contact Count	Calls answered	Call answer times (seconds)				
			Total	Mean (Switch)	Median (50th centile)	95th centile	99th centile
Sep-18	129,192	100,544	1,541,202	15	1	91	147
Oct-18	143,522	110,811	1,379,357	12	1	77	136
Nov-18	136,311	103,941	1,173,027	11	1	73	128
Dec-18	136,894	109,551	1,152,801	11	1	70	125
Jan-19	133,555	107,917	849,948	8	1	58	117
Feb-19	119,275	95,828	1,088,632	11	1	74	127
Mar-19	125,183	100,378	717,376	7	1	60	139
Apr-19	126,070	100,133	967,044	10	1	73	141
May-19	127,228	100,285	700,370	7	1	51	110
Jun - 19	127,635	103,571	1,423,103	14	1	84	140
Jul - 19	133,976	111,732	1,328,299	12	1	76	126
Aug - 19	121,359	106,821	962,210	9	1	62	120

O2 A&E TURNAROUND

Figure O2.1

Average Turnaround Time
WC 02/01/2018 - WC 26/08/2019
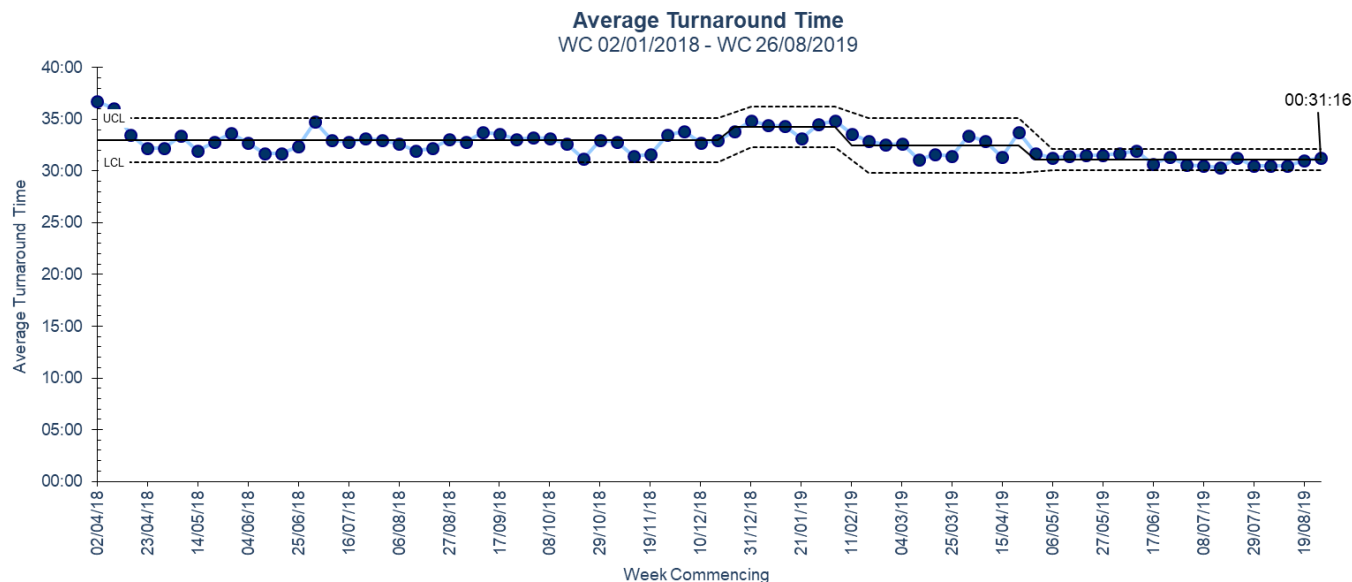
Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
Sep - 18	56,605	33:22	21:21	11:48
Oct – 18	59,814	32:41	20:49	11:41
Nov - 18	58,650	32:21	20:55	11:21
Dec – 18	61,286	33:24	22:01	11:16
Jan – 19	61,812	34:19	23:03	11:11
Feb - 19	54,380	33:36	22:19	11:10
Mar – 19	59,493	31:47	20:16	11:20
Apr – 19	58,332	32:55	21:27	11:13
May - 19	59,274	31:25	19:55	11:14
Jun - 19	56,633	31:26	20:03	11:09
Jul – 19	58,249	30:44	19:20	11:13
Aug - 19	56,602	30:44	19:18	11:10

A&E Turnaround Times

The average turnaround for August 2019 was 30 minutes 44 seconds across the North West.

The 5 hospitals with the longest turnaround times during August 2019 were:

Furness General	36:19
Royal Lancaster Infirmary	35:21
Stepping Hill	34:36
Cumberland Infirmary	34:23
Royal Blackburn	34:17

The overall turnaround for the Trust remains stable.

A new work programme around extending the collaborative work with acute trusts has been agreed and work is now underway to involve the original 6 trusts plus another 8.

We are at the early stages of planning and engaging with the 8 trusts with the first event set for 25th October.
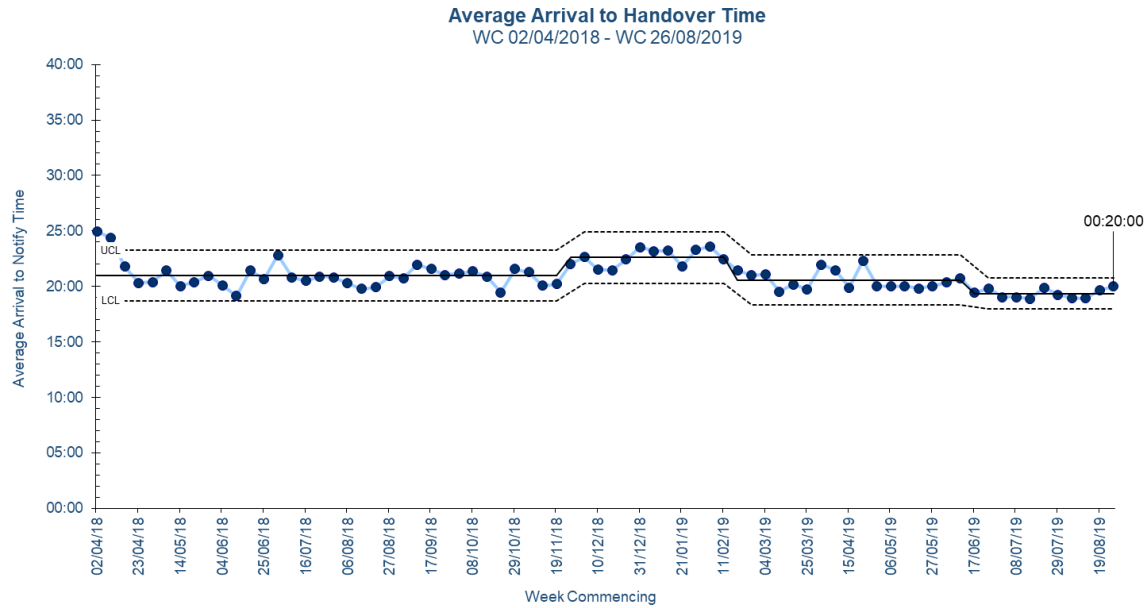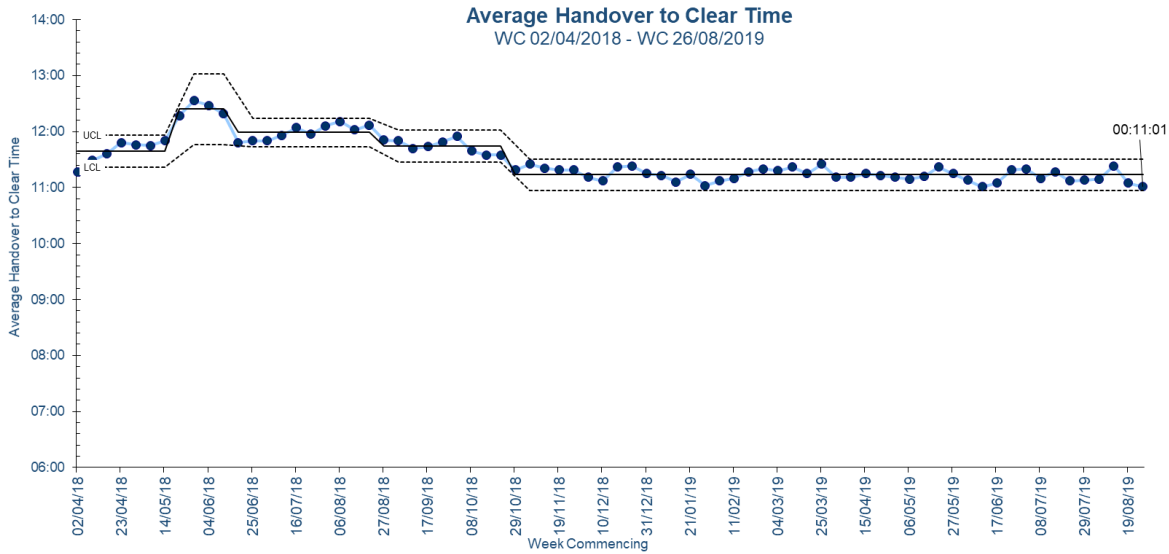
Figure O2.2

Average Arrival to Handover Time
WC 02/04/2018 - WC 26/08/2019

Figure O2.3

Average Handover to Clear Time
WC 02/04/2018 - WC 26/08/2019

O3 ARP RESPONSE TIMES

Table O3.1 - Incidents with a response

Month/Yr	C1	C2	C3	C4
Sep-18	8,005	47,385	21,618	3,346
Oct-18	8,606	51,063	22,462	3,206
Nov-18	8,360	50,764	21,208	3,233
Dec-18	9,277	53,147	21,787	4,305
Jan-19	9,579	53,775	20,486	3,993
Feb-19	8,768	47,251	18,699	3,594
Mar-19	9,323	51,495	21,189	4,288
Apr-19	9,359	51,557	20,043	4,198
May-19	9,264	51,531	20,991	4,465
Jun-19	9,071	50,128	20,451	4,116
Jul-19	10,098	50,807	21,527	4,170
Aug-19	9,831	49,468	21,238	4,127

Figure O3.1

ARP C1 Mean
WC 02/04/2018 - WC 26/08/2019
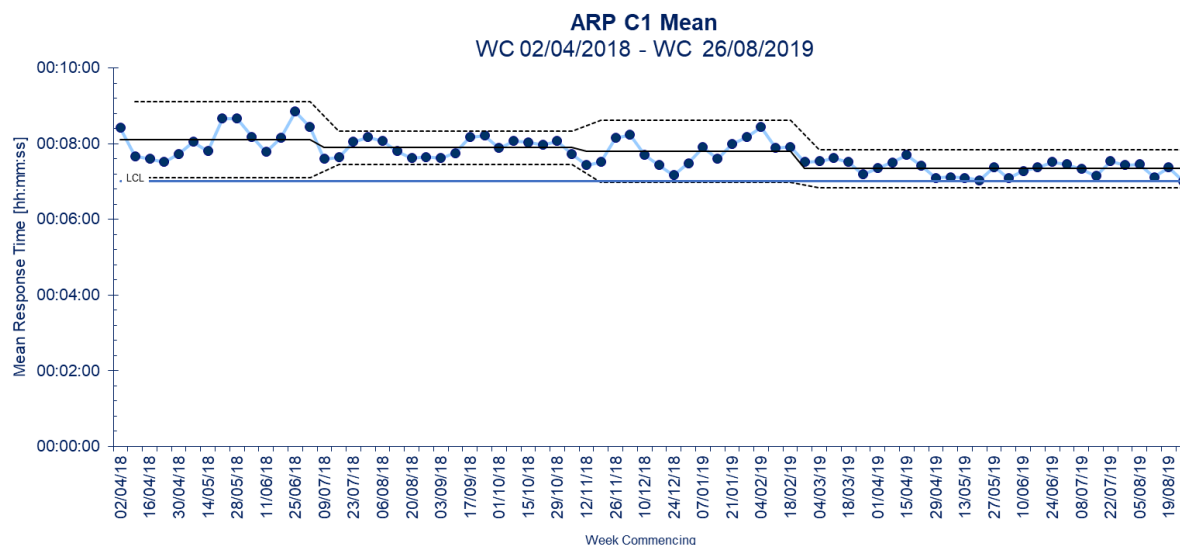
Activity

C1 performance is currently being achieved for the 90th centile. Incremental improvements are being made against the mean target. A system development has introduced auto divert on 14th August 2019. This development will automatically divert resources from lower graded call to C1 calls and will improve the response to those incidents.

It is anticipated that this development once embedded will improve C1 mean by approximately 10 seconds. Work continues around the roster review which will improve C2-C4. Greater Manchester and Cumbria & Lancashire have agreed the roster keys and are working to agreed timescales. Discussions continue with Cheshire & Merseyside to agree a set of roster keys.

There was a period of special cause variation in the last week of July seen in C2 to C4. This has been investigated and the cause was multi-factorial. A culmination of extremely hot weather, pay day weekend and a national Adastra failure lead to increased demand and delayed responses.

C1 Performance

C1 Mean
Target:	7 minutes

NWAS
August 19:	7:15
YTD:	7:19

National:
August 19:	7:05

Top three trusts:
North East	6:33
London	6:36
West Midlands	6:44

NWAS Position **8 / 10**

Figure O3.2

ARP C1 90th Percentile
WC 02/04/2018 - WC 26/08/2019

Figure O3.3

ARP C2 Mean
WC 02/04/2018 - WC 26/08/2019
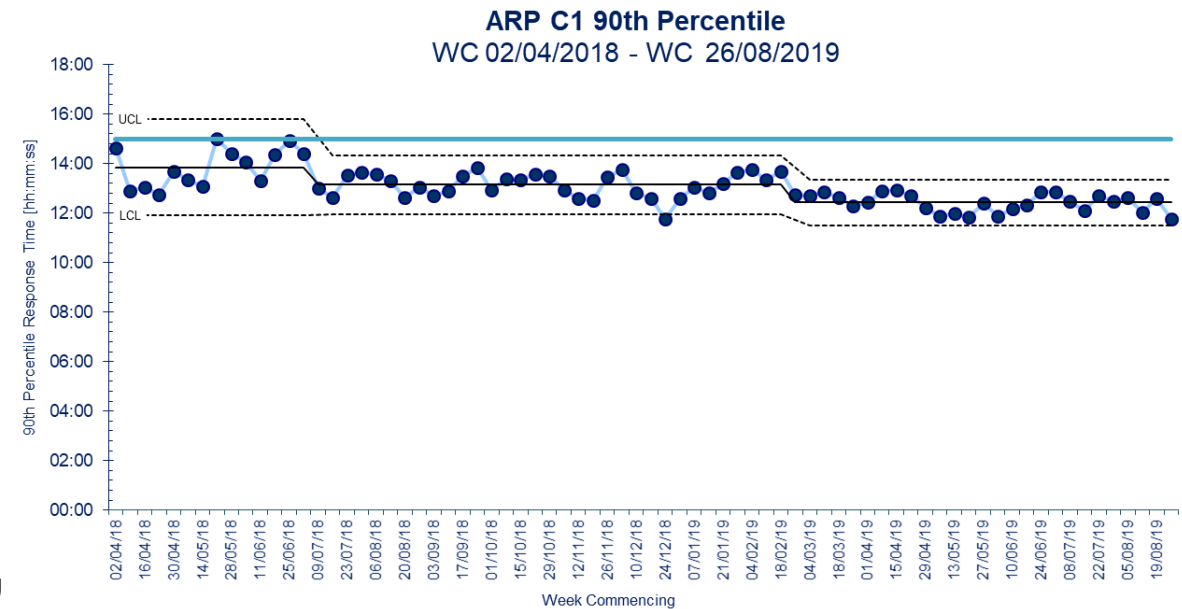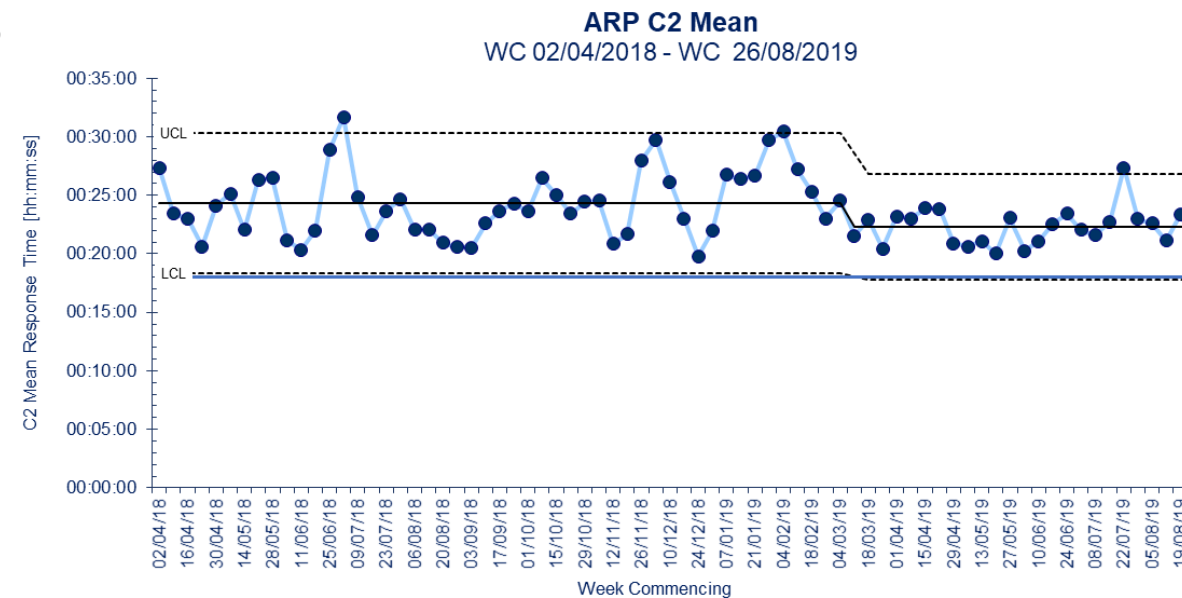
C1 90th Percentile

Target:	15 Minutes
NWAS	
August 19:	12:17
YTD:	12:23
National:	
August 19:	12:29
Top three trusts:	
London	11:01
North East	11:17
West Midlands	11:39
NWAS Position	**5 / 10**

C2 Performance

C2 Mean

Target:	18 minutes
NWAS:	
August 19:	22:16
YTD:	22:25
National:	
August 19:	21:13
Top three trusts:	
West Midlands	12:35
South Central	15:38
Yorkshire	17:04
NWAS Position	**6 / 10**

Figure O3.4

ARP C2 90th Percentile
WC 02/04/2018 - WC 26/08/2019

Figure O3.5

ARP C3 Mean
WC 02/07/2018 - WC 26/08/2019
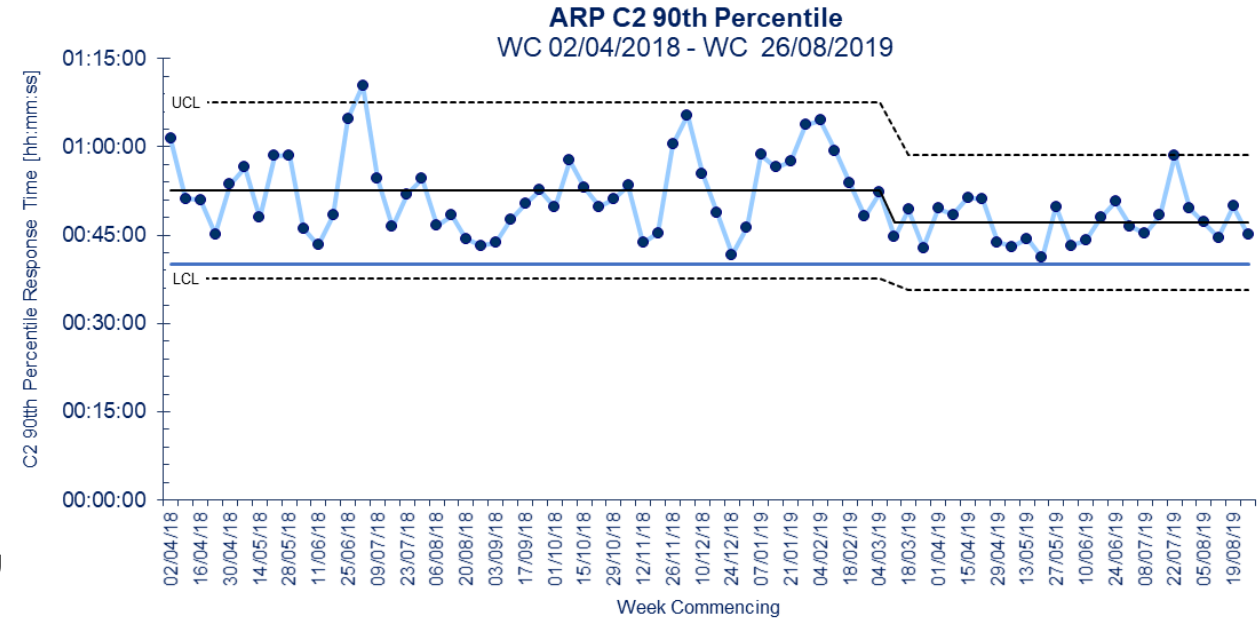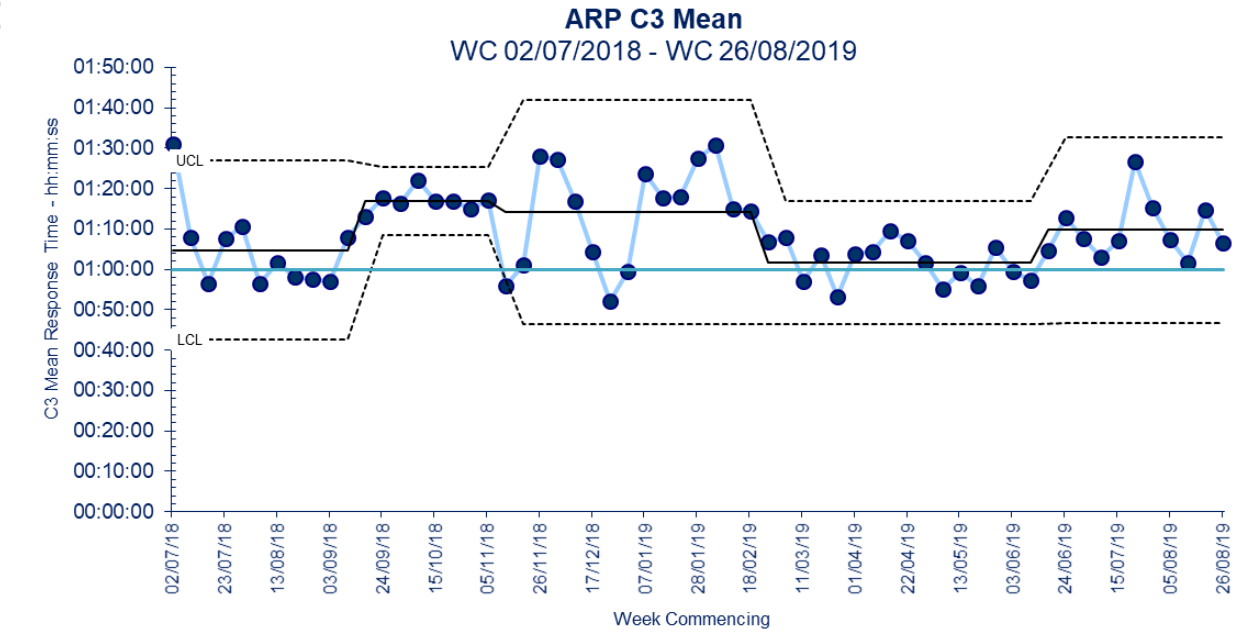
C2 90th Percentile
Target: 40 Minutes

NWAS
August 19:	47:18
YTD:	47:35

National:
August 19:	43:18

Top three trusts:
West Midlands	23:06
South Central	31:02
Yorkshire	34:21

NWAS Position	**6 / 10**

C3 Performance

C3 Mean
Target:	1 Hour

NWAS:
August 19:	01:08:57
YTD:	01:05:53

National:
August 19:	01:02:42

Top three trusts:
Yorkshire	38:03
West Midlands	39:38
South Central	47:34

NWAS Position	**5 / 10**

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Figure O3.6

ARP C3 90th Percentile
WC 02/04/2018 - WC 26/08/2019

Figure O3.7

ARP C4 90th Percentile
WC 02/04/2018 - WC 26/08/2019

C3 90th Percentile

Target:	2 Hours

NWAS
August 19:	02:42:02
YTD:	02:35:40

National
August 19:	02:28:07

Top three trusts:
Yorkshire	01:26:58
West Midlands	01:28:08
South Central	01:50:42

NWAS Position **5 / 10**

C4 Performance

C4 90th Percentile

Target:	3 Hours

NWAS
August 19:	03:05:07
YTD:	03:01:36

National
August 19:	02:50:57

Top three trusts:
Yorkshire	01:28:02
West Midlands	02:07:18
South Central	02:43:34

NWAS Position **5 / 10**

Figure O3.8

NWAS | 2019-20
Time to arrival at scene for incidents with final ARP category of C1: August 19

Figure O3.9

NWAS | 2019-20
Time to arrival at scene for incidents with final ARP category of C2: August 2019

Figure O3.10

NWAS | 2019-20
Time to arrival at scene for incidents with final ARP category of C3: August 19

Figure O3.11

NWAS | 2019-20
Time to arrival at scene for incidents with final ARP category of C4: August 19

42
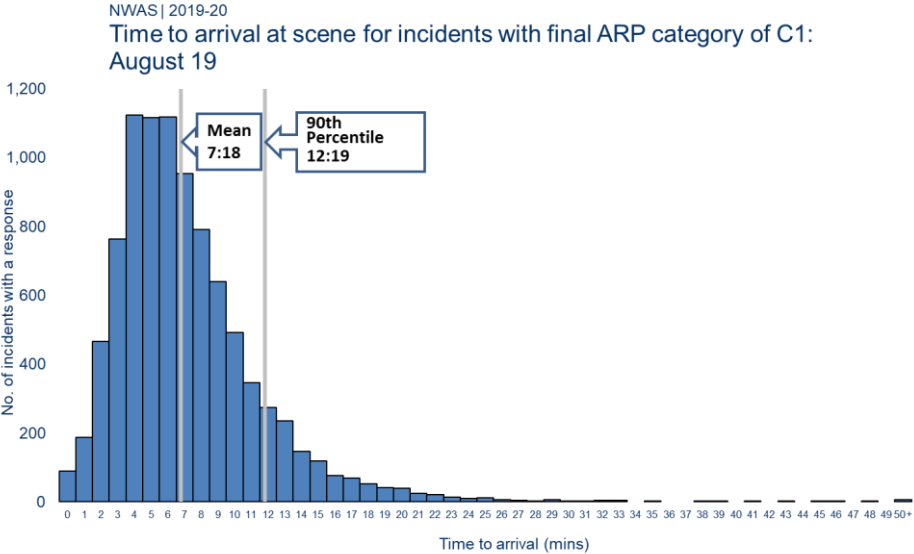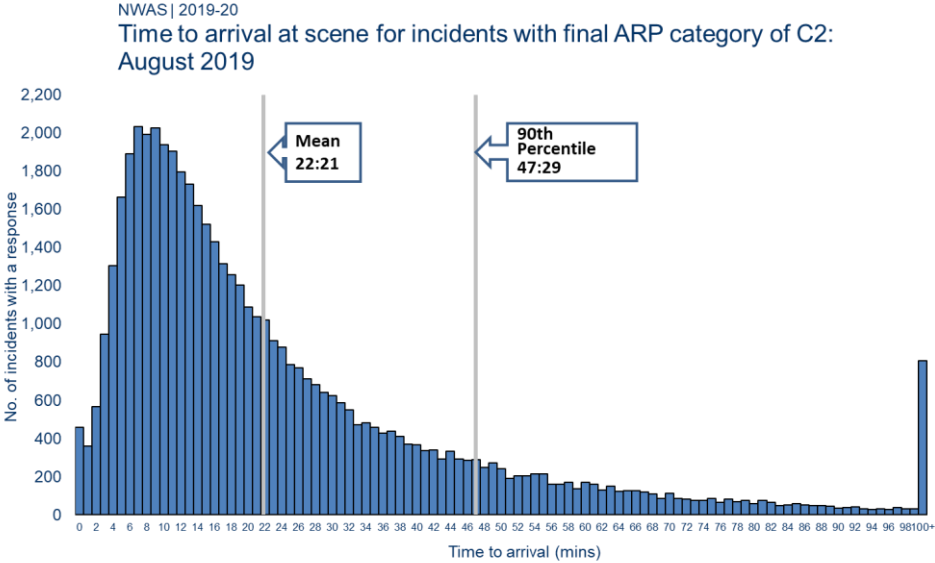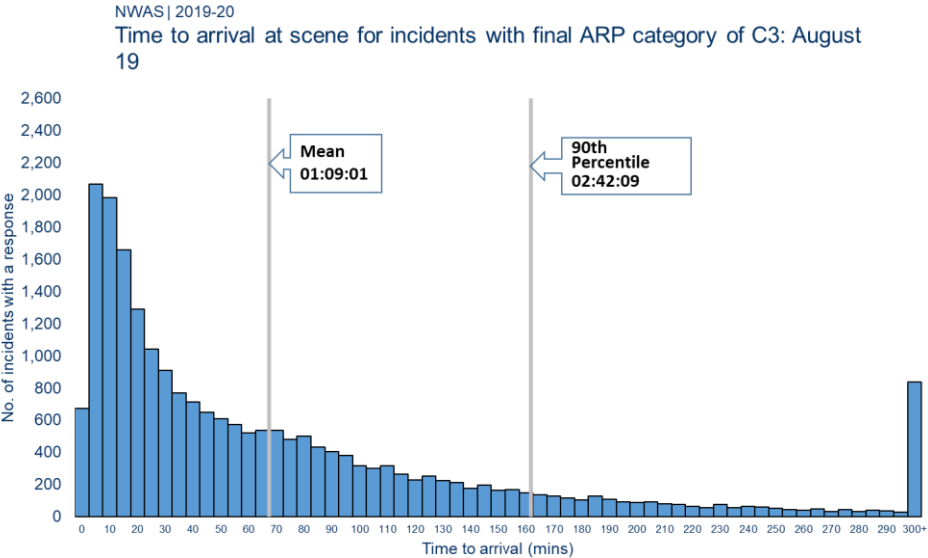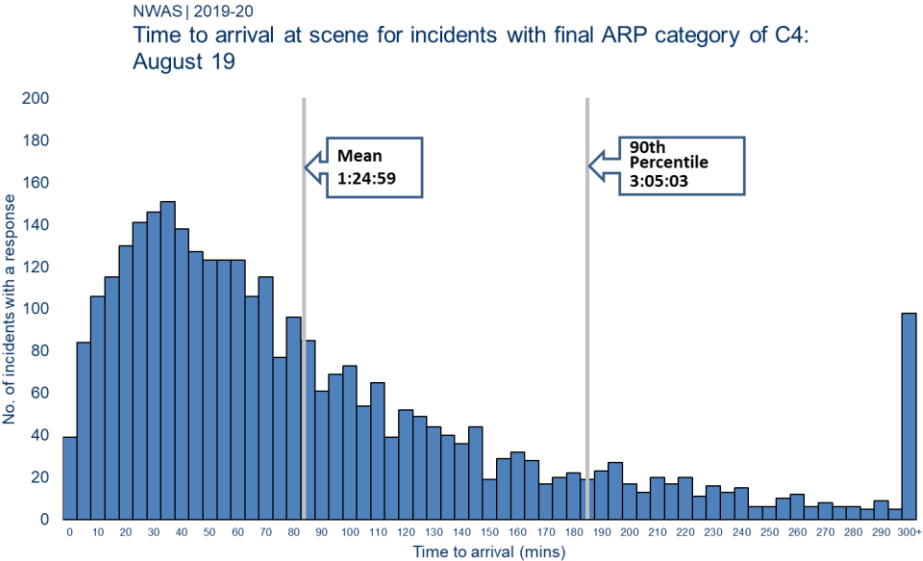
O4 111 PERFORMANCE

Figure O4.1:

Calls Answered within 60 Seconds %
January 2016 - August 2019

77.28%

Figure O4.2:

111 Average Call to Answer Time
January 2016 - August 2019

00:01:17
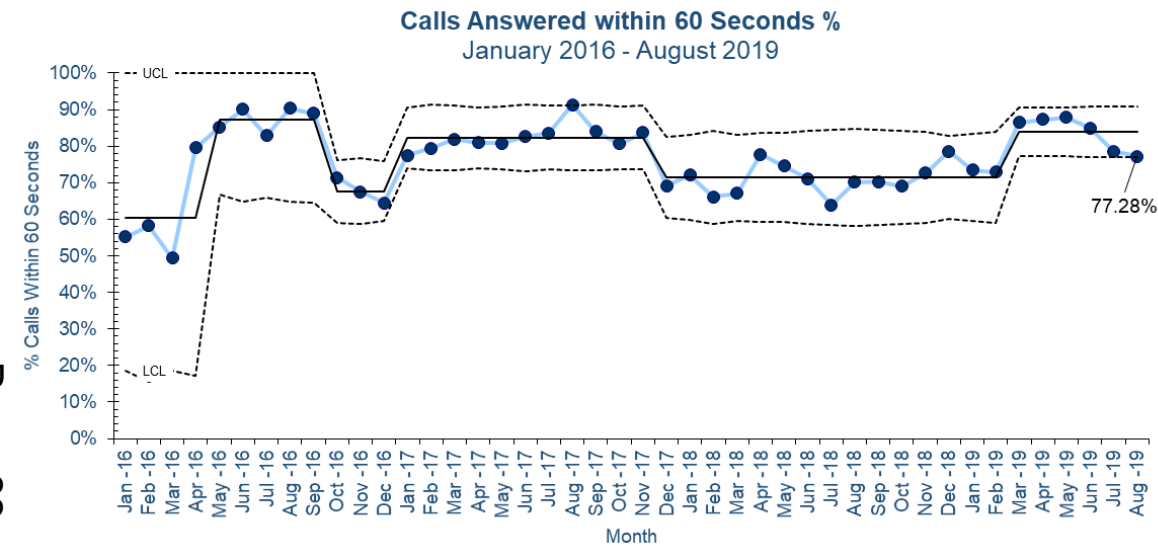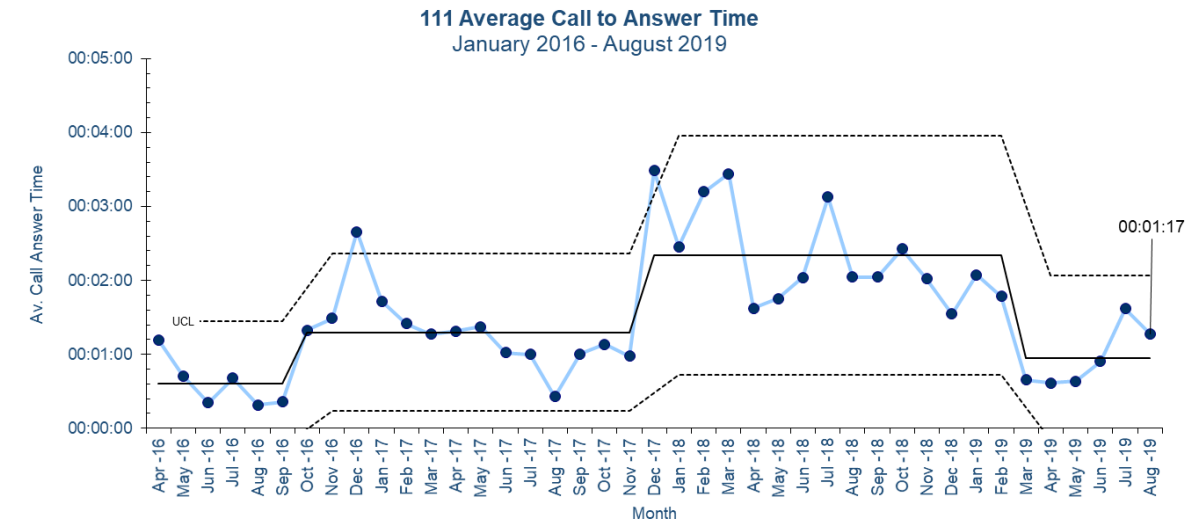
111 Performance

Calls Answered within 60 seconds %

Target: 95%

NWAS
August 19:   77.3%
YTD: 83.4%

National
August 19:   84.8%

August saw a challenging start to the month with improved performance during the last 2 weeks of the month.

The start of August brought significant IT issues both at a national and local level. The whole of NHS111 experienced a national failure which resulted in failure of the Adastra system, therefore we were receiving calls but unable to send electronic referrals. Instead the Trust had to email and fax. This resulted in longer waiting times to answer and a rise in abandoned calls.

The second half of the month resulted in more typical performance for the service with daily call answering in less than 60 seconds between 93.4% and 75.7%.
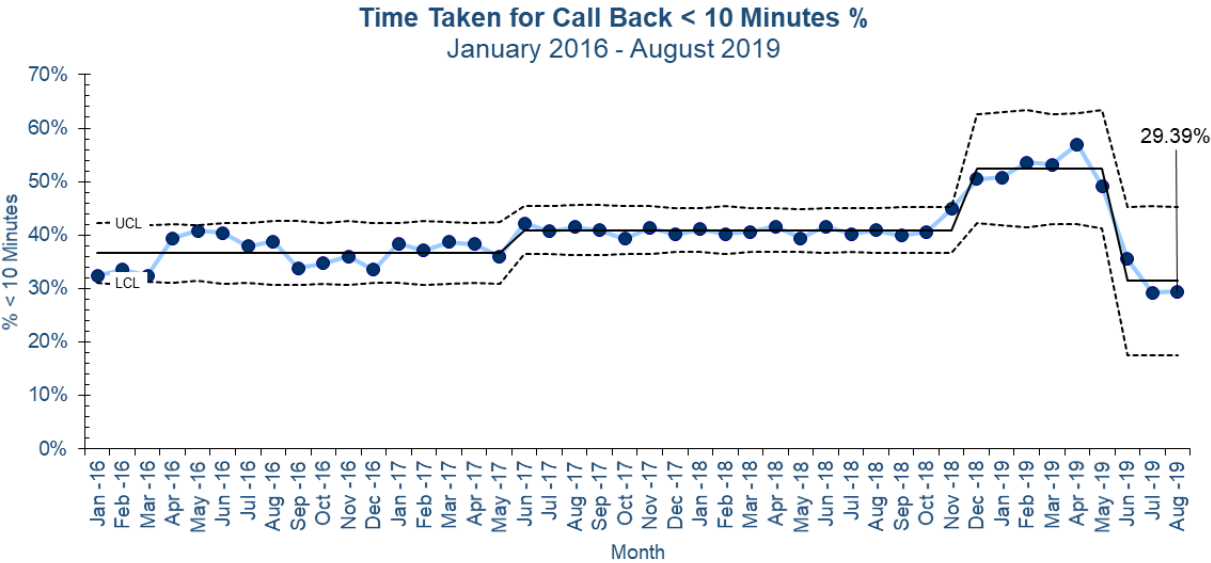
Figure O4.3:

111 Calls Abandoned %
January 2016 - August 2019

Figure O4.4:

Time Taken for Call Back < 10 Minutes %
January 2016 - August 2019
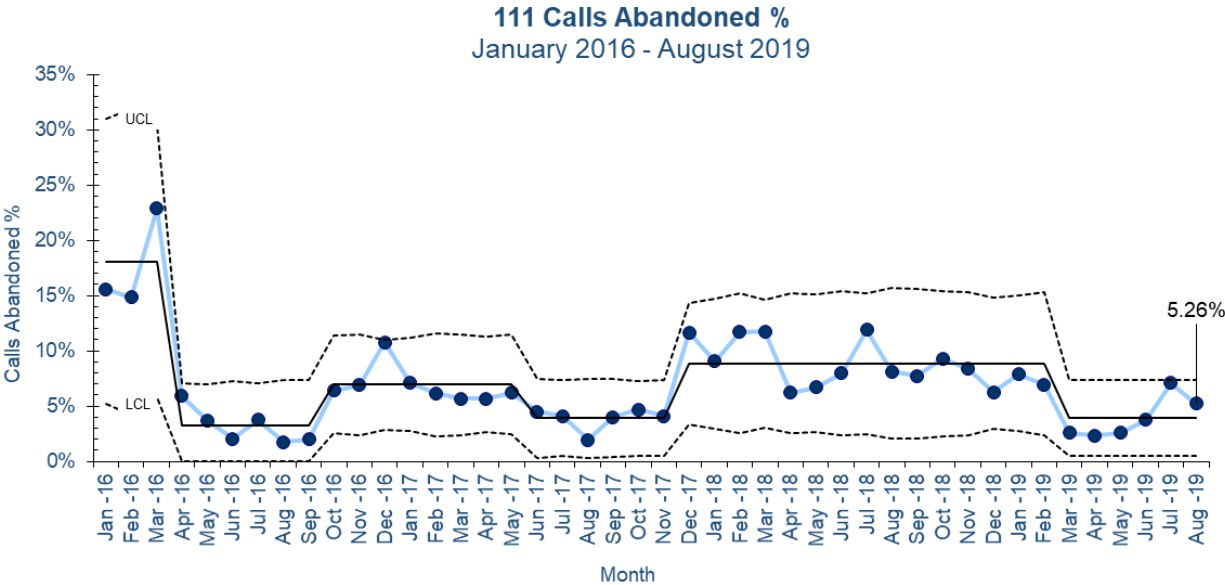
Calls Abandoned %

Target:	<5%

NWAS

August 19:	5.3%
YTD:	4.2%

National

August 19:	3.0%

Calls abandoned rates reduced, however it still remains slightly above the 5% standard at 5.26%. As described earlier a contributor to this was the IT failures, but staff absence also impacts.

Call Back < 10 Minutes %

Target:	75%

NWAS

August 19:	29.4%
YTD:	41.9%

National

August 19:	35.1%

There has been a variation in the Call Back in less than 10 minutes KPI, which is due to 2 factors:

1. Reprioritisation of the clinical workforce to directly answering calls for the calls about children under 5 years.
2. C3/4 validation – due to rising demand in the Clinical Hub, 111 are regularly requested to revalidate these calls

Both demands results in fewer clinicians to deliver calls backs.

44

111 Average Time for Call Back
January 2016 to August 2019
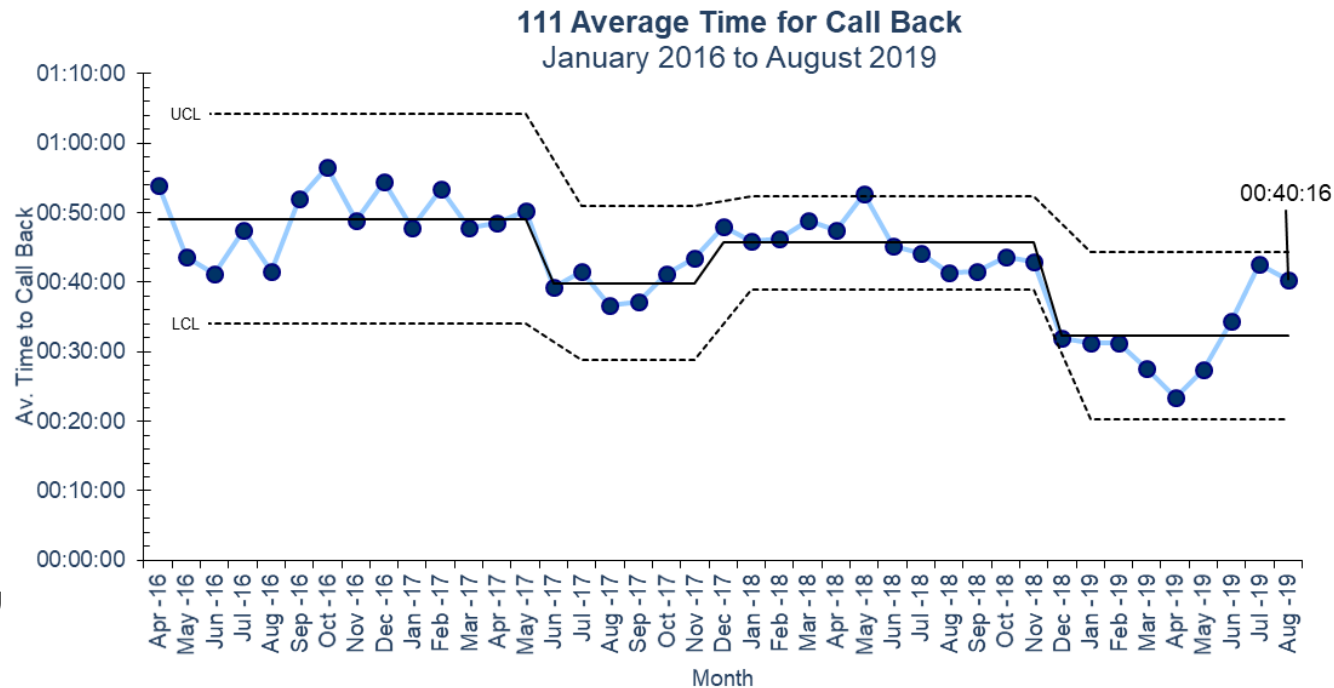
Staff absence remains a concern for the 111 management team. 111 are working closely with the HR team to ensure an action plan is fully delivered.

Preparations have commenced to prepare for winter with increases in staff recruitment and a review of processes to improve efficiency.

111 Provider Comparison Figures – August 2019

Table O4.1

Provider	Of calls offered, abandoned after at least 30 seconds
Integrated Care 24	0.5%
South Central Ambulance Service	0.6%
Yorkshire Ambulance Service	1.2%
Care UK	2.1%
Derbyshire Health United	2.1%
North East Ambulance Service	2.2%
London Ambulance Service	3.3%
South East Coast Ambulance Service	3.6%
London Central & West Unscheduled Care Collaborative	3.9%
Devon Doctors Ltd.	4.6%
Vocare	5.1%
North West Ambulance Service	5.3%
Herts Urgent Care	5.5%
Medvivo	5.7%
Isle of Wight NHS Trust	6.1%
Kernow Health	8.3%
Devon Doctors	8.8%
Dorset Healthcare	10.3%

Table O4.2

Provider	Of calls answered, calls answered in 60 seconds
Integrated Care 24	95.9%
South Central Ambulance Service	94.1%
Derbyshire Health United	90.5%
Isle of Wight NHS Trust	90.2%
North East Ambulance Service	88.4%
Devon Doctors Ltd.	87.3%
London Central & West Unscheduled Care Collaborative	87.0%
Yorkshire Ambulance Service	86.8%
Care UK	82.1%
South East Coast Ambulance Service	80.8%
Herts Urgent Care	80.6%
London Ambulance Service	77.4%
North West Ambulance Service	77.3%
Medvivo	74.6%
Kernow Health	74.1%
Vocare	71.6%
Dorset Healthcare	62.2%
Devon Doctors	61.5%

Table O4.3

Provider	Of call backs, call backs in 10 minutes	Provider	Of call backs, call backs in 10 minutes
Herts Urgent Care	61.3%	Care UK	35.7%
Devon Doctors Ltd.	54.4%	Derbyshire Health United	35.3%
Devon Doctors	53.2%	Dorset Healthcare	30.4%
Kernow Health	49.8%	Yorkshire Ambulance Service	29.7%
Isle of Wight NHS Trust	49.7%	North West Ambulance Service	29.4%
Medvivo	43.2%	Integrated Care 24	26.4%
Vocare	41.8%	South East Coast Ambulance Service	26.1%
London Central & West Unscheduled Care Collaborative	40.6%	South Central Ambulance Service	24.0%
London Ambulance Service	37.8%	North East Ambulance Service	-

O5 PTS ACTIVITY AND TARIFF

Table O5.1

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY									
TOTAL ACTIVITY									
	Current Month: August 2019					Year to Date: July 2019 - August 2019			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	168,290	14,024	12,816	(1,208)	(9%)	28,048	27,500	(548)	(2%)
Greater Manchester	526,588	43,882	43,199	(683)	(2%)	87,765	90,123	2,358	3%
Lancashire	589,181	49,098	42,642	(6,456)	(13%)	98,197	89,735	(8,462)	(9%)
Merseyside	300,123	25,010	26,766	1,756	7%	50,021	56,218	6,198	12%
NWAS	1,584,182	132,015	125,423	(6,592)	(5%)	264,030	263,576	(454)	(0%)

Table O5.2

UNPLANNED ACTIVITY									
	Current Month: August 2019					Year to Date: July 2019 - August 2019			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	14,969	1,247	887	(360)	(29%)	2,495	1,958	(537)	(22%)
Greater Manchester	39,178	3,265	3,799	534	16%	6,530	8,227	1,697	26%
Lancashire	56,132	4,678	3,903	(775)	(17%)	9,355	8,241	(1,114)	(12%)
Merseyside	22,351	1,863	1,905	42	2%	3,725	4,128	403	11%
NWAS	132,630	11,053	10,494	(559)	(5%)	22,105	22,554	449	2%

Table O5.3

ABORTED ACTIVITY									
August 2019									
Contract	Planned Activity	Planned Aborts	Planned Aborts %	Unplanned Activity	Unplanned Aborts	Unplanned Aborts %	EPS Activity	EPS Aborts	EPS Aborts %
Cumbria	8,213	245	3%	867	88	10%	3,625	64	2%
Greater Manchester	22,406	2,031	9%	4,729	688	15%	15,671	1,027	7%
Lancashire	24,173	1,133	5%	4,354	535	12%	13,800	391	3%
Merseyside	13,124	676	5%	1,873	248	13%	11,510	481	4%
NWAS	67,916	4,085	6%	11,823	1,559	13%	44,606	1,963	4%

PTS Performance

PTS Activity in August for the Trust was 125,423 which is 5% less than the planned baseline. Lancashire saw the biggest variance to baseline in the month, with 13% difference to baseline adding to their 9% Year To Date difference. Merseyside saw 1,756 more journeys than baseline, adding to a +12% difference on their Year To Date activity when compared with plan.

Unplanned activity in August saw 10,494 journeys. This is 5% less than baseline, with Cumbria seeing the biggest difference to plan (29% under). Year To Date shows the Trust overall is 2% above baseline. However, the 4 areas create this number through YTD variances disparate from each other.

Aborted activity for the Trust shows a 6% measure for planned aborts, 13% for unplanned aborts and 4% for EPS aborts.
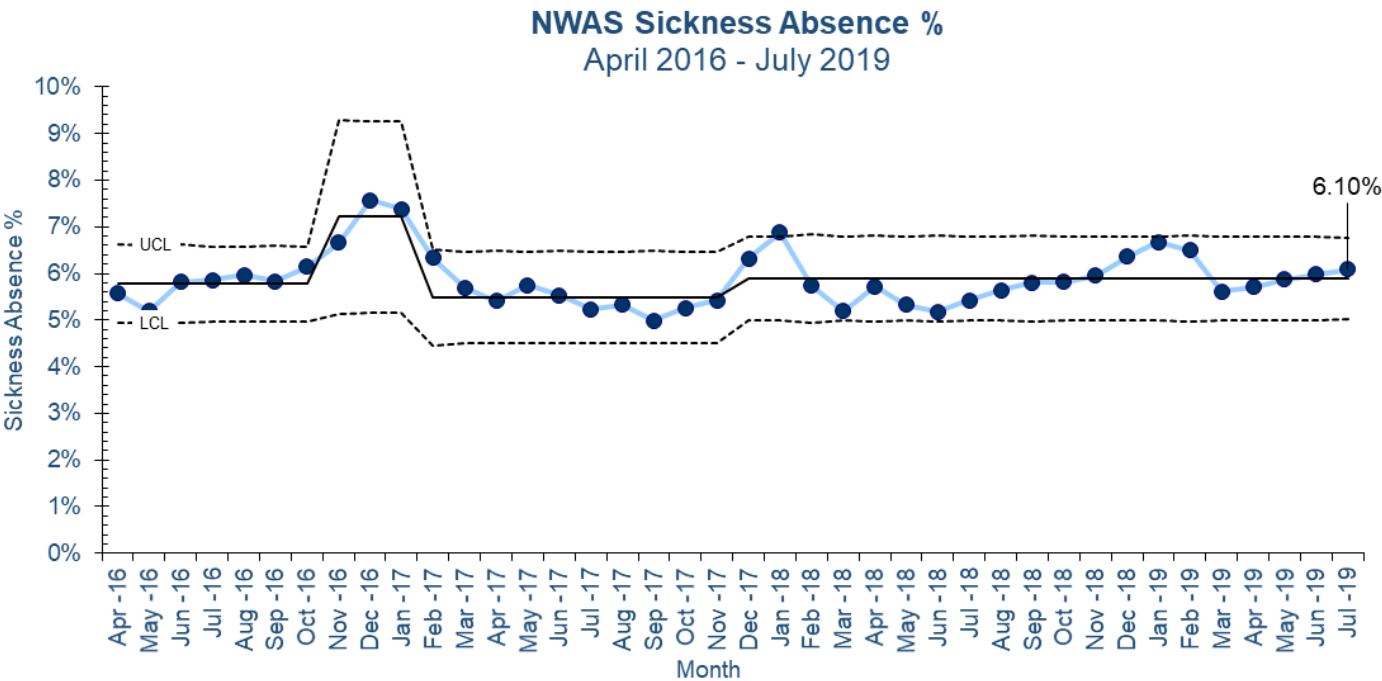
OH1 STAFF SICKNESS

Figure OH1.1

NWAS Sickness Absence %
April 2016 - July 2019

6.10%

Staff Sickness

The overall sickness absence rates for July 2019 were 6.10% with figure OH1.1 displaying a slight upward trend.

Sickness absence in OH1.5 for 111 shows an increasing upward trend which is currently outside of control limits. The Trust target for 111 is to reduce sickness absence to 8%. The current rate is 13.71%. Improvement plans are in place and additional HR resources have been implemented to support the management of sickness in 111.

The Trust improvement goal for 2019/20 is to reduce sickness absence overall by 0.5% but there are specific targets for 111 (8%) and PTS (6%). PTS are close to the target at 6.13%.

OH1.1 indicates that NWAS sickness remains above national average.

BAF Risk: SR04.

Table OH1.1

Sickness Absence	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
NWAS	5.64%	5.81%	5.82%	5.95%	6.37%	6.68%	6.50%	5.62%	5.72%	5.87%	5.99%	6.10%
Amb. National Average	5.40%	5.31%	5.40%	5.48%	5.87%	6.09%	5.77%	5.55%	5.52%			

Figure OH1.2:

PTS Sickness Absence %
April 2016 - July 2019

Figure OH1.3:

PES Sickness Absence %
April 2016 - July 2019

Figure OH1.4

EOC Sickness Absence %
April 2016 - July 2019

Figure OH1.5

111 Sickness Absence %
April 2016 - July 2019
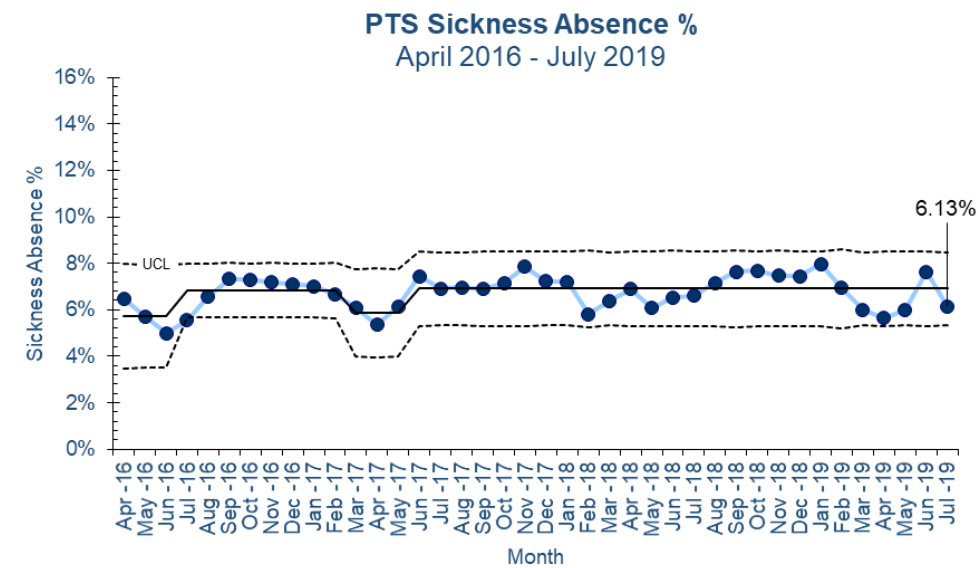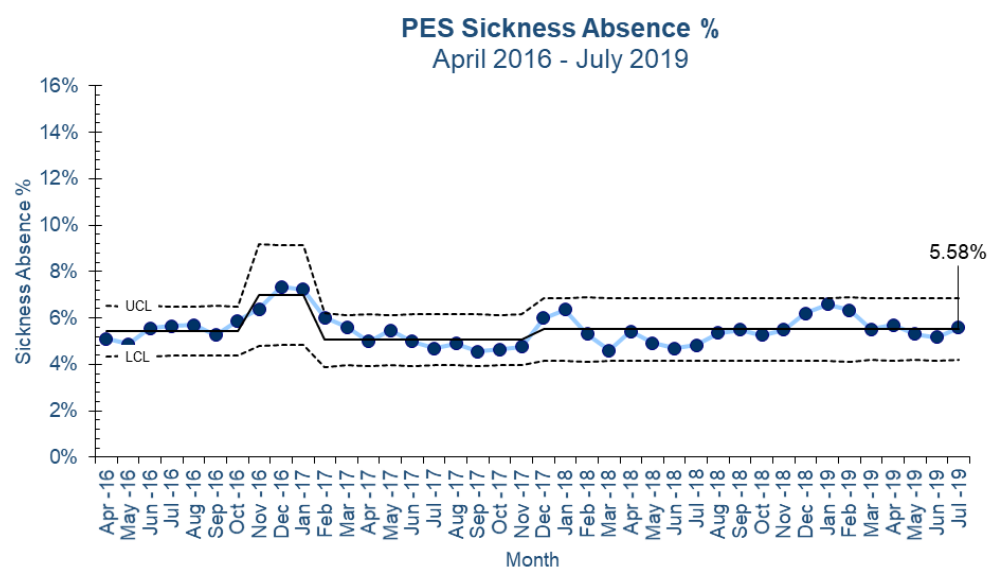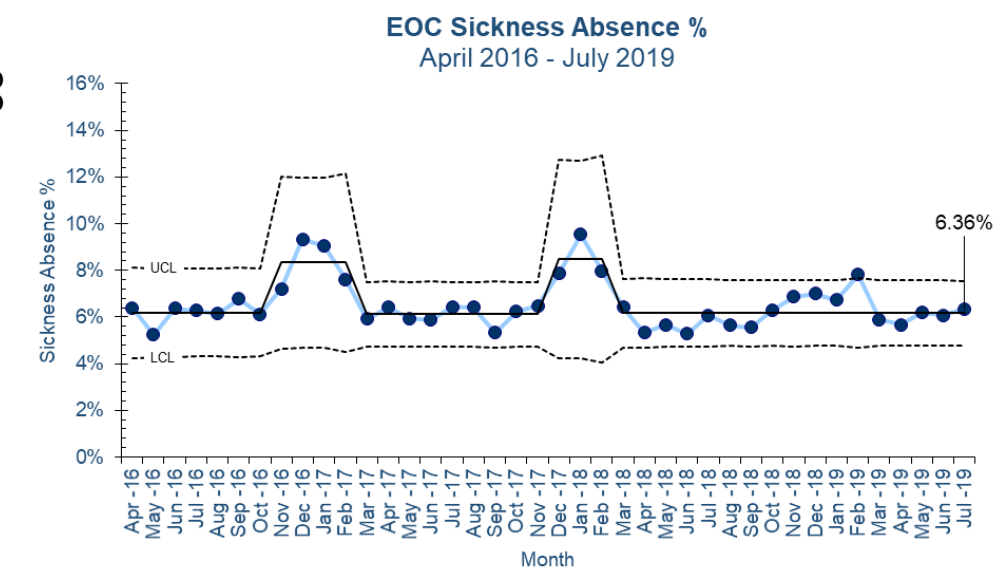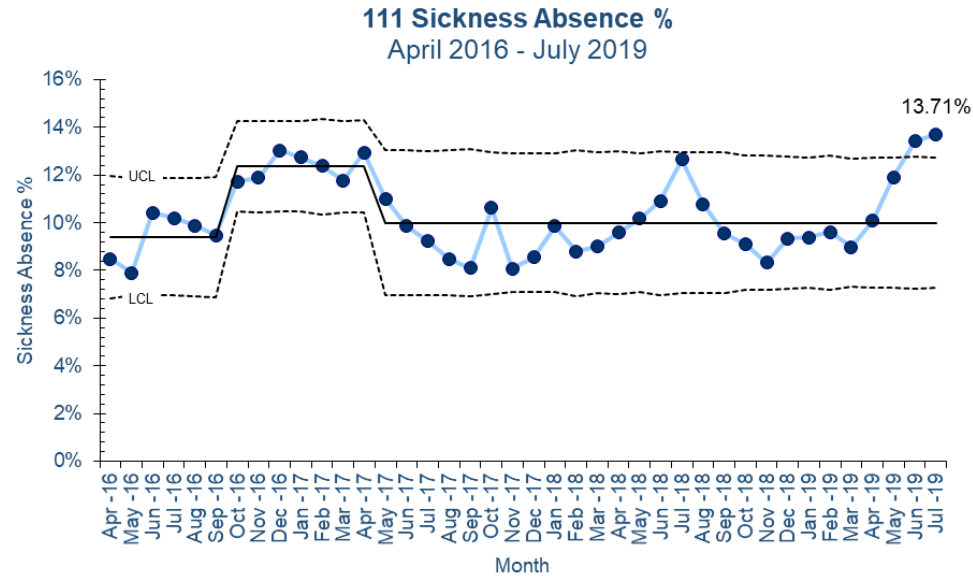
OH2 STAFF TURNOVER

Figure OH2.1

NWAS Turnover %
April 2016 - August 2019

Staff Turnover

Turnover is calculated on a rolling year average and this does lead to some small variations between months. August 2019 turnover is 8.51% which continues a stable trend within narrow control limits.

PTS Turnover as indicated in figure OH2.2 has been on the lower control limit for the last 3 months demonstrating a stable position within the PTS workforce.

EOC turnover is reported at 10.72% which is demonstrating a decrease over a 3 month period and close to the lower control limit. This indicates that the retention initiatives implemented during the year are starting to impact.

The Trust is seeking to reduce turnover in 111 which remains high at 31.51%. Work will continue to focus on reducing turnover and stabilise the position. The Trust is also part of the National Retention Group as part of an improvement programme through NHSI.

Overall turnover is consistently below national average and the lowest in the sector.
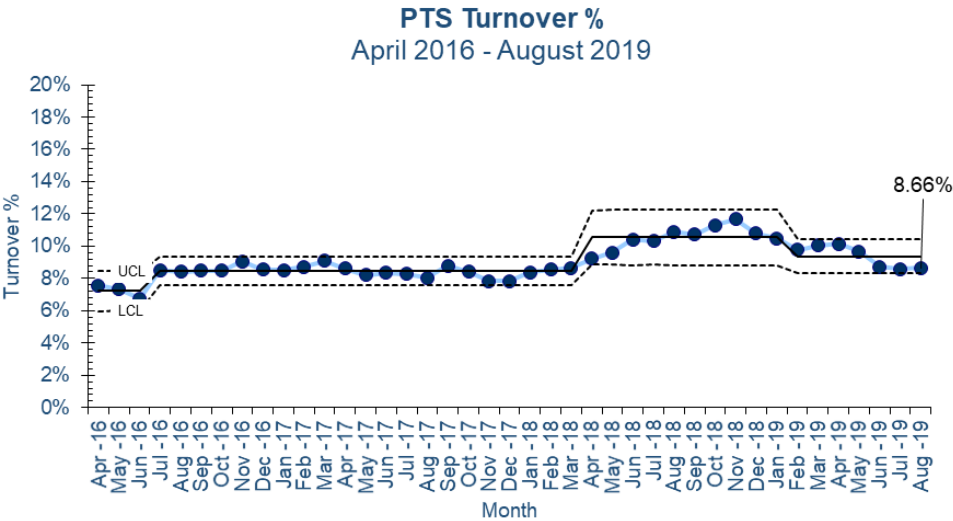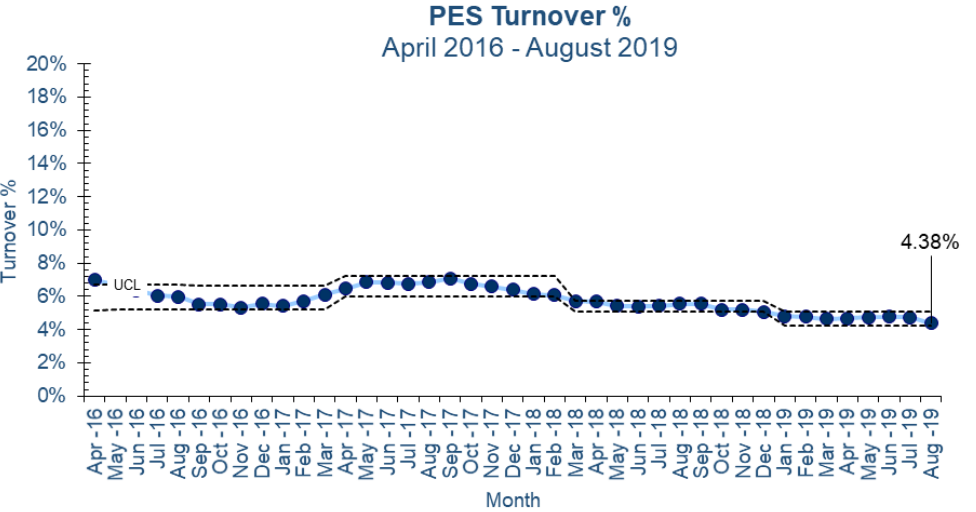
BAF Risk: SR04.

Table OH2.1

Turnover	Sep-18	Oct-18	Nov-18	Dec-18	Jan - 19	Feb - 19	Mar - 19	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19
NWAS	9.23%	9.17%	9.24%	9.03%	8.79%	8.69%	8.58%	8.77%	8.71%	8.79%	8.72%	8.51%
Amb. National Average	10.55%	10.48%	10.37%	10.30%	10.22%	9.98%	9.69%	9.57%	9.53%			

Figure OH2.2

PTS Turnover %
April 2016 - August 2019

Figure OH2.3

PES Turnover %
April 2016 - August 2019

Figure OH2.4

EOC Turnover %
April 2016 - August 2019
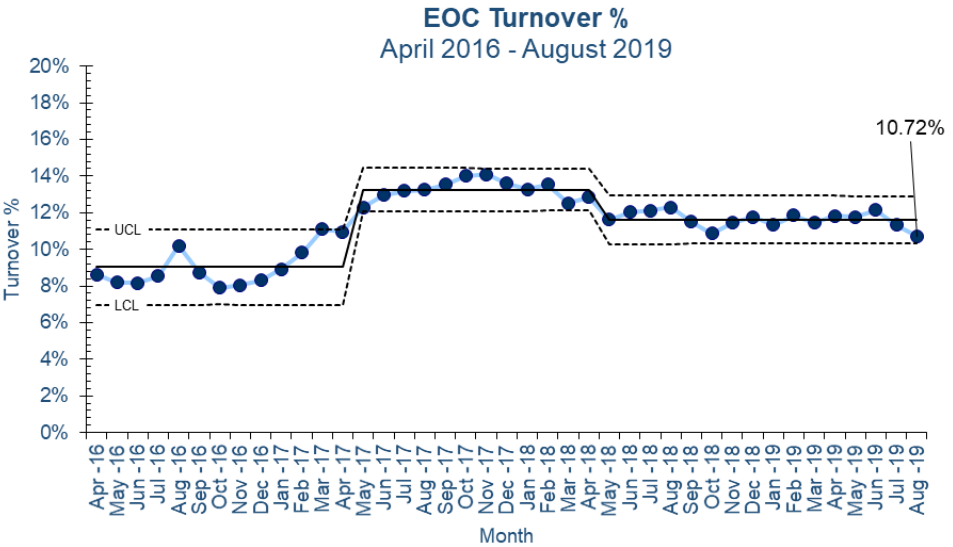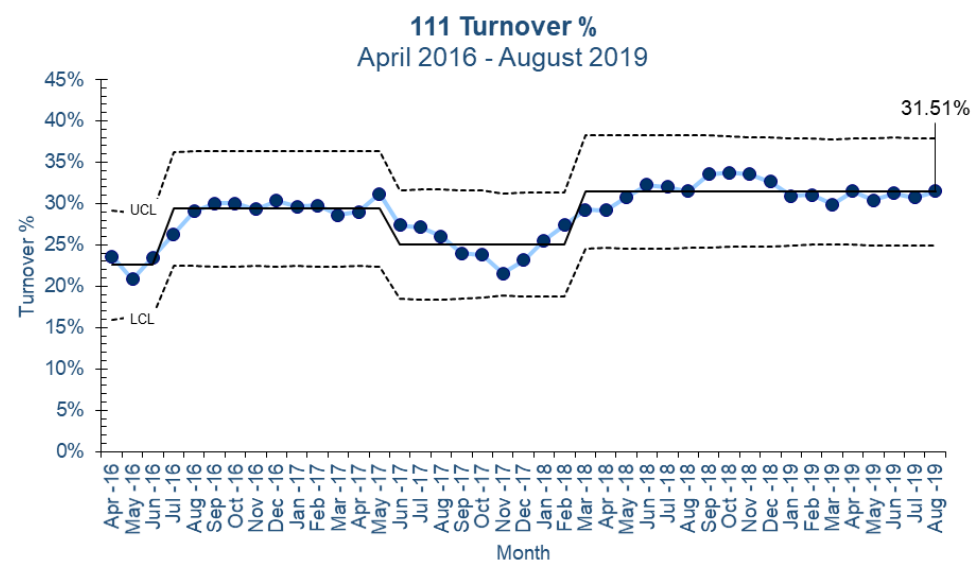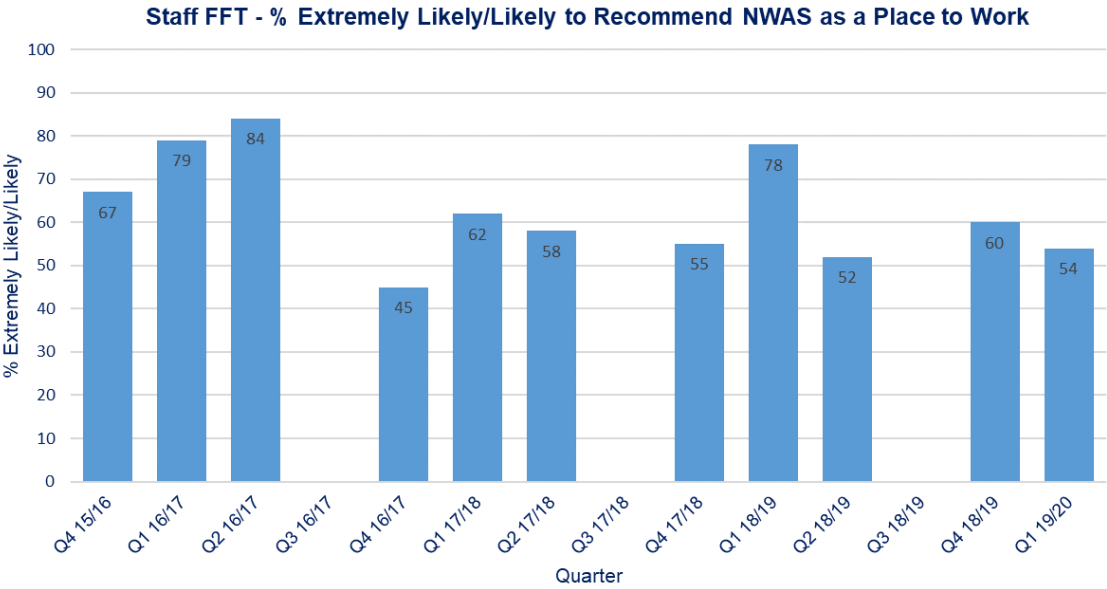

Figure OH2.5

111 Turnover %
April 2016 - August 2019

OH3 STAFF RECOMMEND – PLACE TO WORK

Staff Friends and Family Test

Quarter 1 results for the Staff Friends and Family test in relation to whether staff are likely to recommend NWAS as a Place to Work is 54%. The result for the same question at Quarter 1 in 2017/18 was 62%.

Nationally, NWAS is currently 6 out of the 10 Ambulance Trust staff who were asked this FFT question.

Figure OH3.1:

Staff FFT - % Extremely Likely/Likely to Recommend NWAS as a Place to Work

Table OH3.1: Staff FFT Place to Work National Headlines:

Organisation	Total Responses	Percentage Recommended	Percentage Not Recommended
NORTH EAST AMBULANCE SERVICE	17	88%	0%
EAST MIDLANDS AMBULANCE SERVICE	174	63%	17%
WEST MIDLANDS AMBULANCE SERVICE	257	61%	11%
YORKSHIRE AMBULANCE SERVICE	769	57%	23%
SOUTH CENTRAL AMBULANCE SERVICE	396	56%	25%
NORTH WEST AMBULANCE SERVICE	152	54%	26%
LONDON AMBULANCE SERVICE	1231	47%	31%
SOUTH EAST COAST AMBULANCE SERVICE	172	41%	32%
SOUTH WESTERN AMBULANCE SERVICE	616	36%	49%

OH4 TEMPORARY STAFFING

Figure OH4.1:

NWAS- Total Staff Costs and % of Temporary Staff
April 19- March 2020
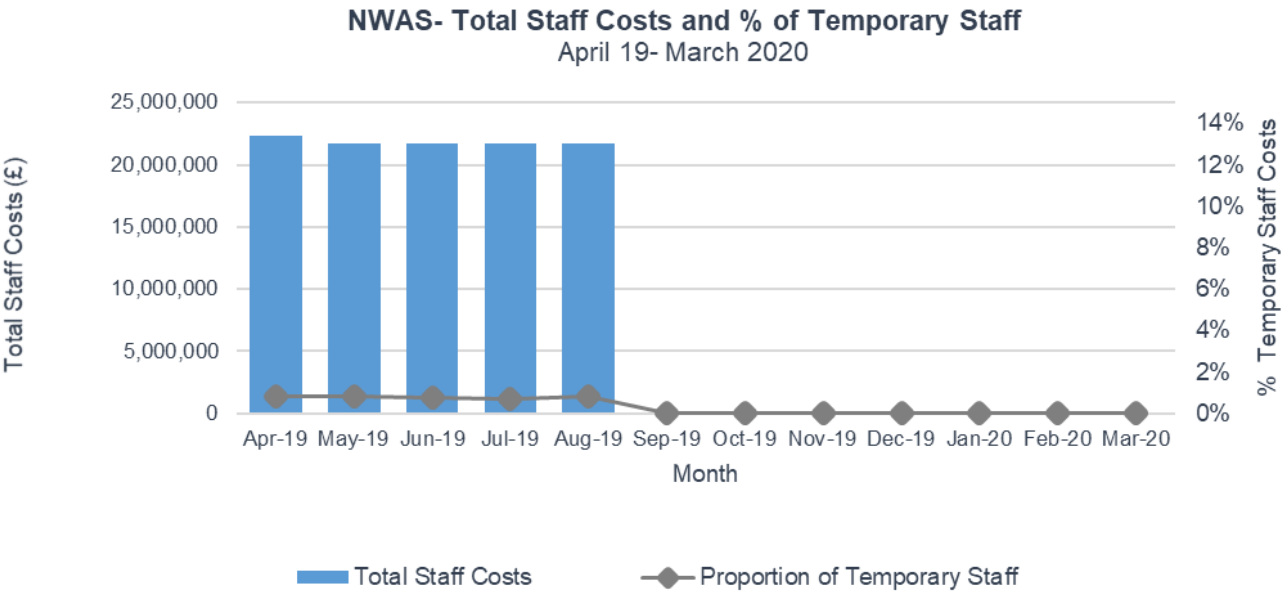
Temporary Staffing

The Trust remains in a strong position regarding Agency costs. The position in August 2019 is at 1%.

The Trust has been proactive in reducing Agency usage particular in 111.

The Trust has also adopted a more robust assessment of agency usage when requests are received.

Further changes to Agency Rules usage have been published which take effect from September 2019. The Trust is working within the parameters of the new guidelines and have moved staff from Agency to fixed term of permanent appointments where required.

BAF Risk: SR04.

Table OH4.1

NWAS	Sep-2018	Oct -2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019
Agency Staff Costs (£)	285,989	229,598	212,061	173,766	191,843	180,676	203,421	173,834	175,326	169,134	161,001	142,550
Total Staff Costs (£)	19,401,547	21,048,733	20,394,454	20,058,775	20,169,610	20,354,432	22,621,645	22,342,157	21,671,356	21,667,396	21,686,448	21,692,684
Proportion of Temporary Staff %	3%	2%	2%	1%	2%	1%	1%	1%	1%	1%	1%	1%

Figure OH4.2:

PTS - Total Staff Costs and % of Temporary Staff
April 19- March 2020

Figure OH4.3

PES - Total Staff Costs and % of Temporary Staff
April 19- March 2020

Figure OH4.4:

111 - Total Staff Costs and % of Temporary Staff
April 19- March 2020

Figure OH4.5:

NWAS - Substantive vs Etablishment WTE
September 18 - August 19
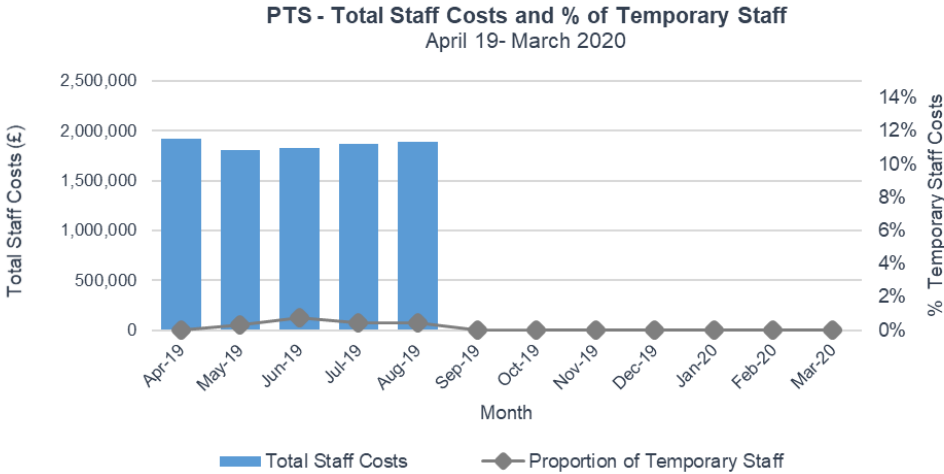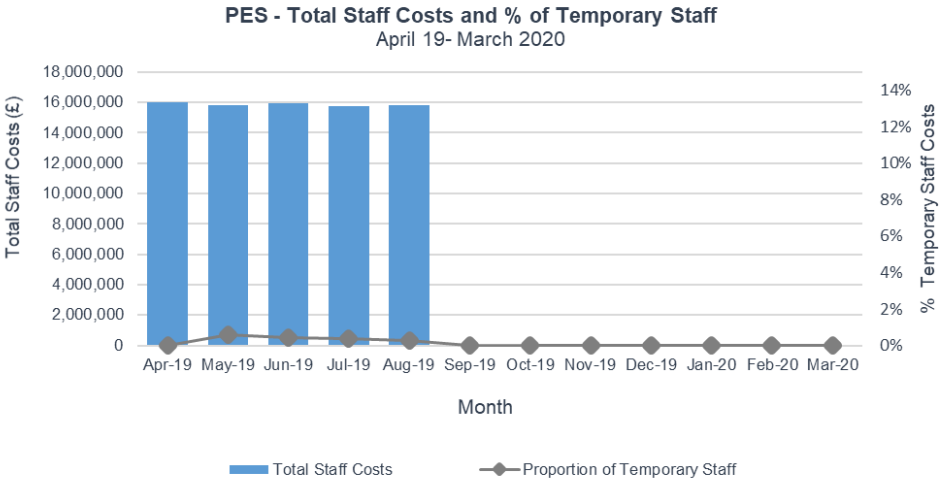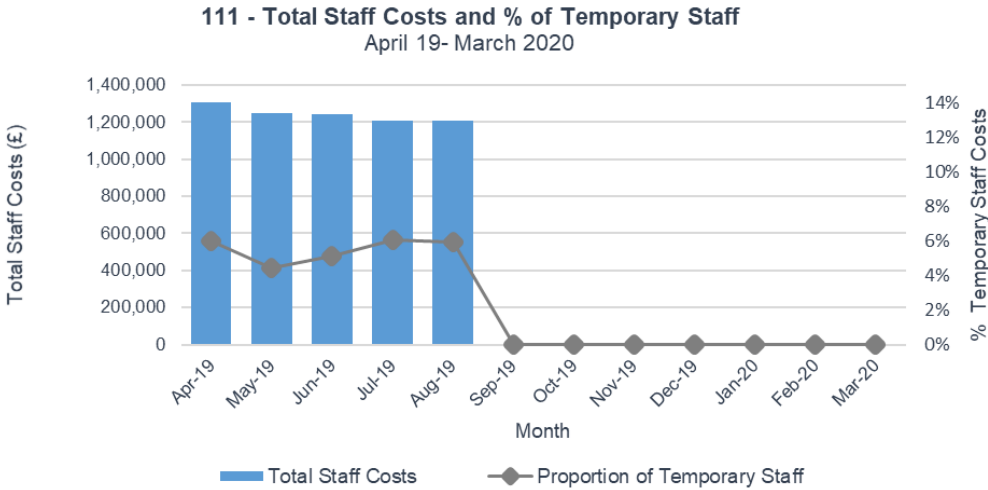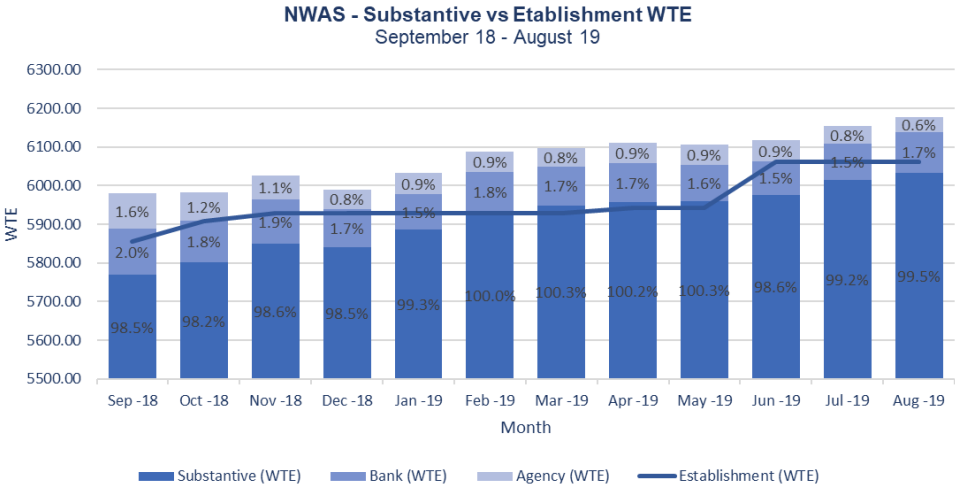
OH5 VACANCY GAP

Figure OH5.1

NWAS Vacancy Gap %
April 2016 - August 2019

-0.47%
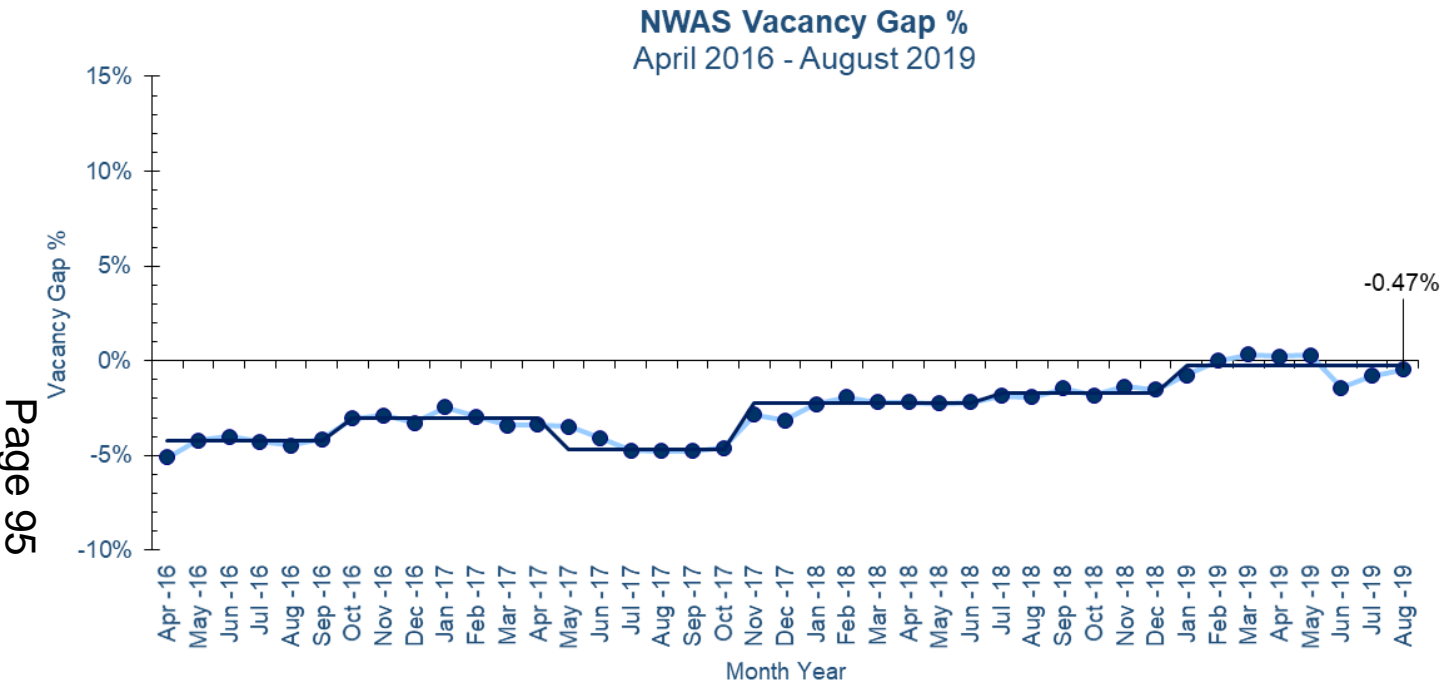
Table OH5.1

Vacancy Gap	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
NWAS	-1.47%	-1.83%	-1.35%	-1.52%	-0.74%	0.01%	0.33%	0.24%	0.29%	-1.42%	-0.79%	-0.47%

Vacancy Gap

The changes resulting from the contract settlement and revisions to the ORH position have been added to the EOC establishment but will only be added to the PES establishment in Q3 and Q4 in line with the recruitment trajectory.

Work is ongoing with PES and EOC to ensure we have robust plans in place to reach the new establishment as soon as practicable. This has already been achieved for EOC although some staff are currently in training or mentoring.

Offers in place for Paramedics provide assurance that required growth will be achieved.

The PTS vacancy position shows a continuing improvement at 4.94%.

111 vacancy position overall remains stable at 3.33%
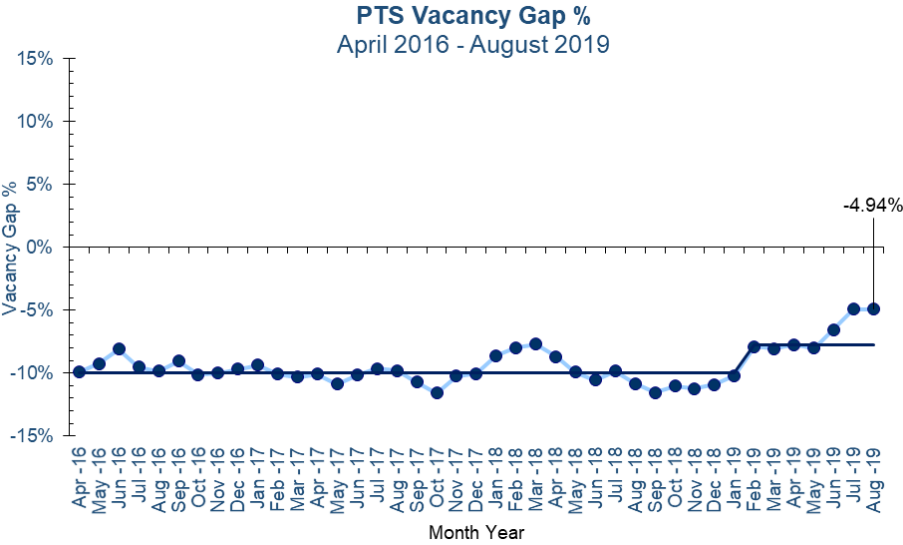
BAF Risk; SR04

Figure OH5.2

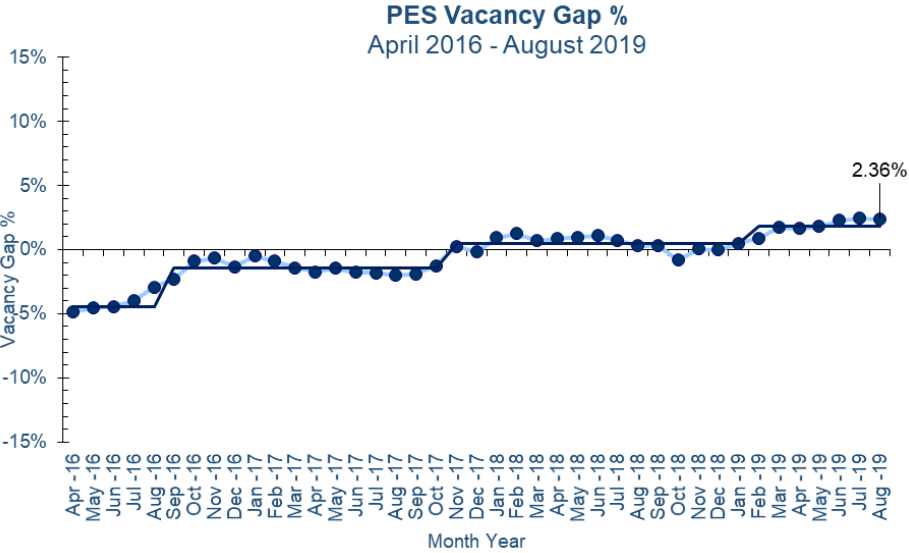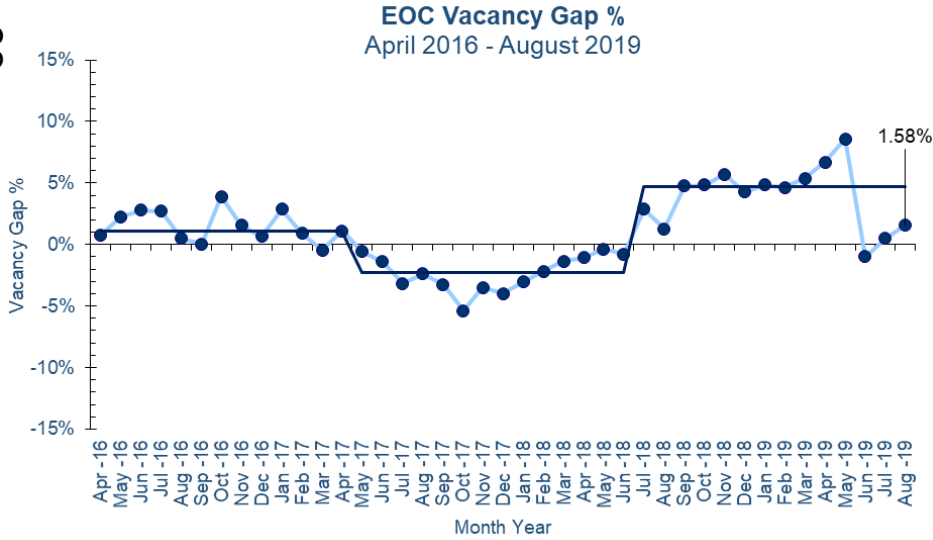### PTS Vacancy Gap %
April 2016 - August 2019

Figure OH5.3

PES Vacancy Gap %
April 2016 - August 2019

Figure OH5.4

EOC Vacancy Gap %
April 2016 - August 2019

Figure OH5.5

111 Vacancy Gap %
April 2016 - August 2019
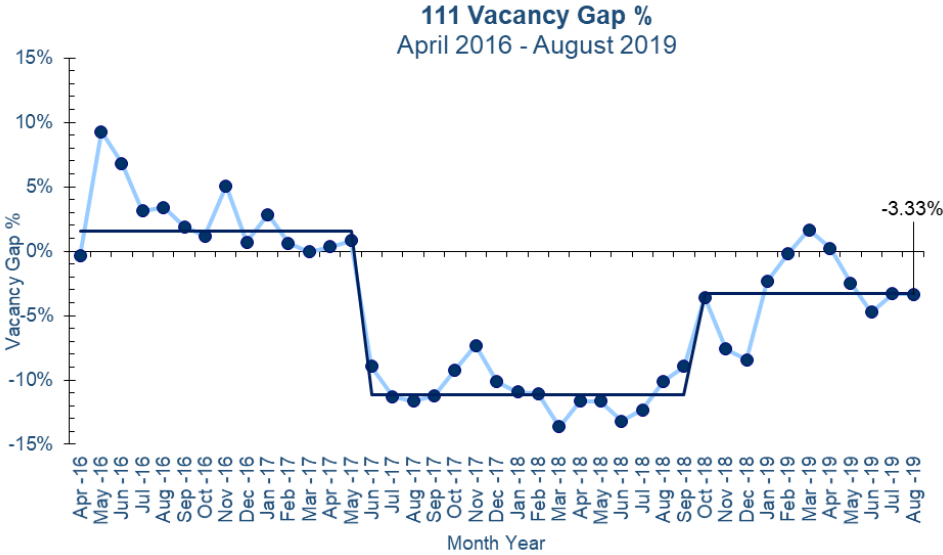
OH6 APPRAISALS

Figure OH6.1

NWAS Appraisals Completed %
April 2016 - August 2019

83.60%
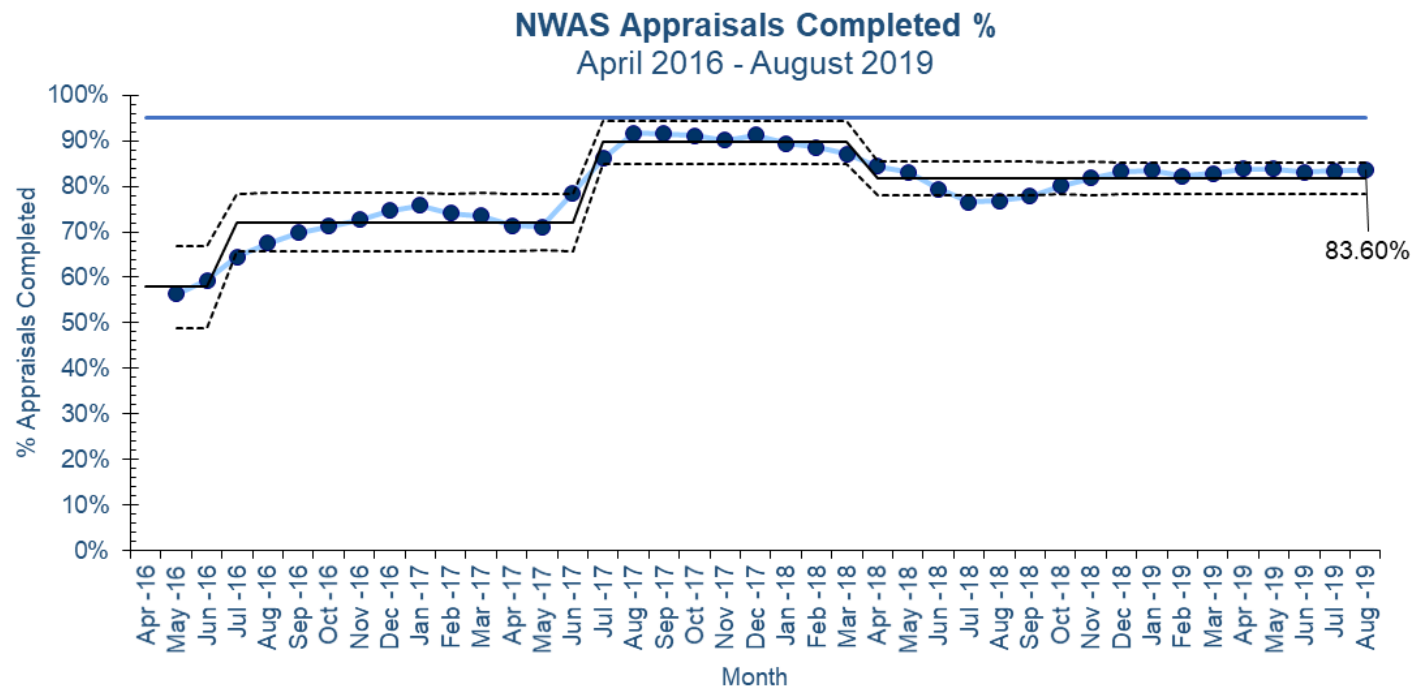
Table OH6.1

Appraisals	Sep-18	Oct-18	Nov-18	Dec18	Jan -19	Feb -19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
NWAS	78%	80%	82%	83%	84%	82%	83%	84%	84%	83%	83%	84%

Appraisals

Appraisal compliance overall has been stable for several months with only slight variations at Trust level. The August 2019 position being at 83.60% against a trust target of 95%.

The improvement goal for these measures for 19/20 is to achieve 95% compliance.

PTS appraisal compliance has improved to 88.15% following a drop in compliance after the TUPE related issues.

Improvements have been seen for the following two months in EOC following a period of reducing compliance resulting in them reaching their lower control limit.

These workforce indicators will be reported through Resources Committee to ensure that assurances can be given regarding progress.
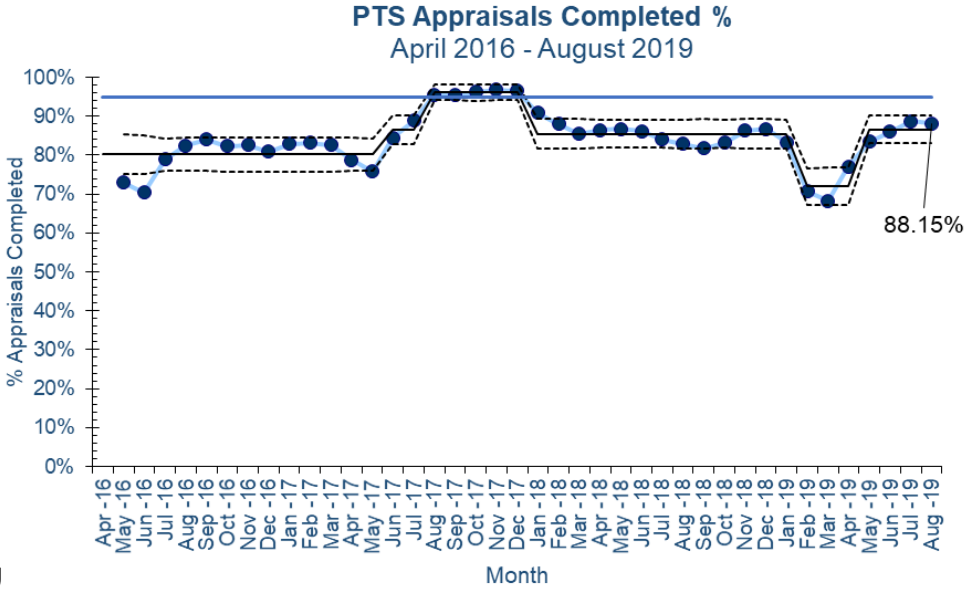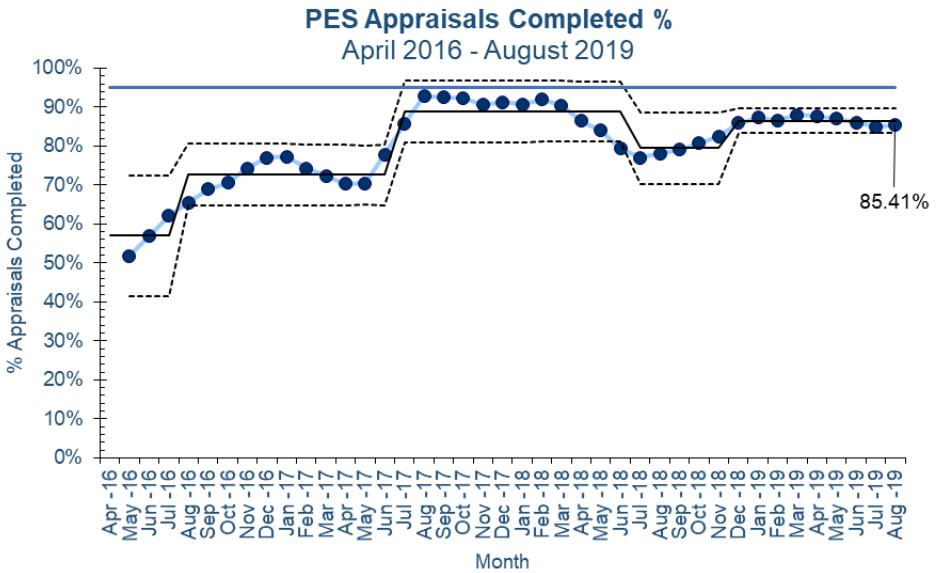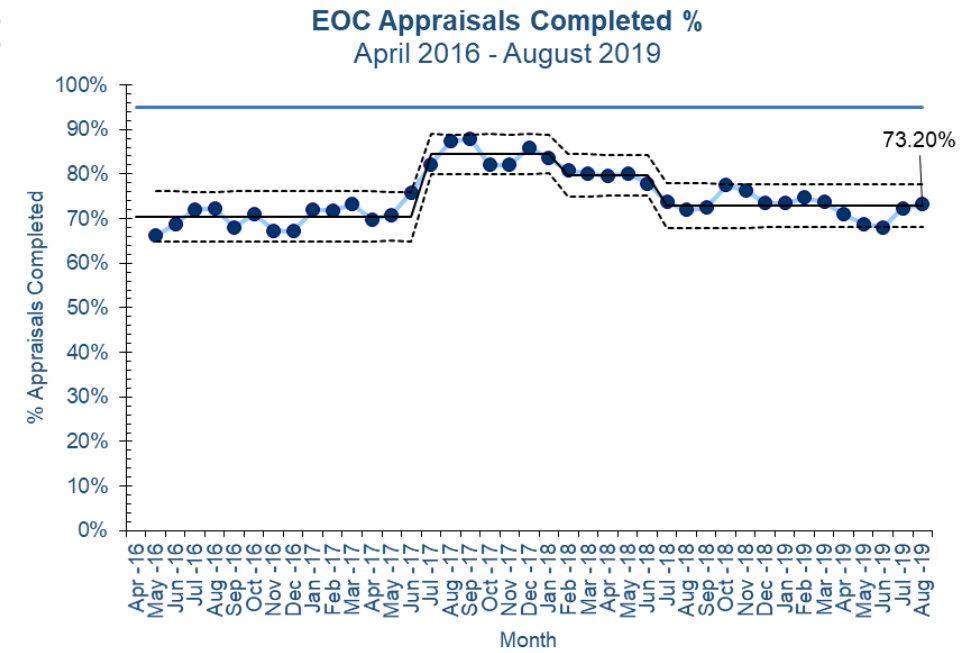
BAF Risk: SR04.

Figure OH6.2

PTS Appraisals Completed %
April 2016 - August 2019

88.15%

Figure OH6.3

PES Appraisals Completed %
April 2016 - August 2019

85.41%

Figure OH6.4

EOC Appraisals Completed %
April 2016 - August 2019

73.20%

Figure OH6.5

111 Appraisals Completed %
April 2016 - August 2019

73.19%
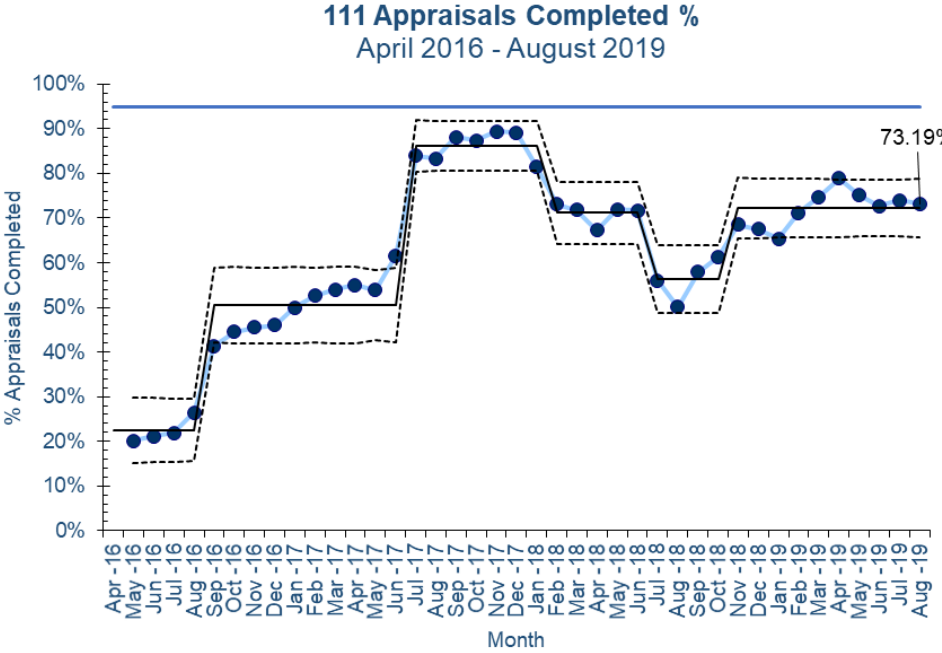
OH7 MANDATORY TRAINING

Figure OH7.1

Mandatory Training - PTS Classroom
January 2019 - December 2019

Figure OH7.2

Mandatory Training - PES Classroom
January 2019 - December 2019

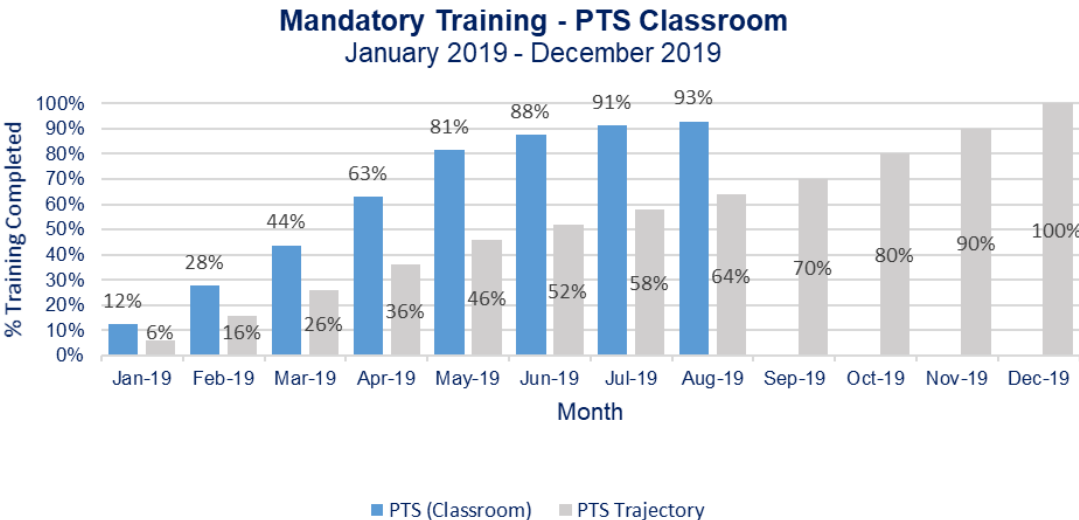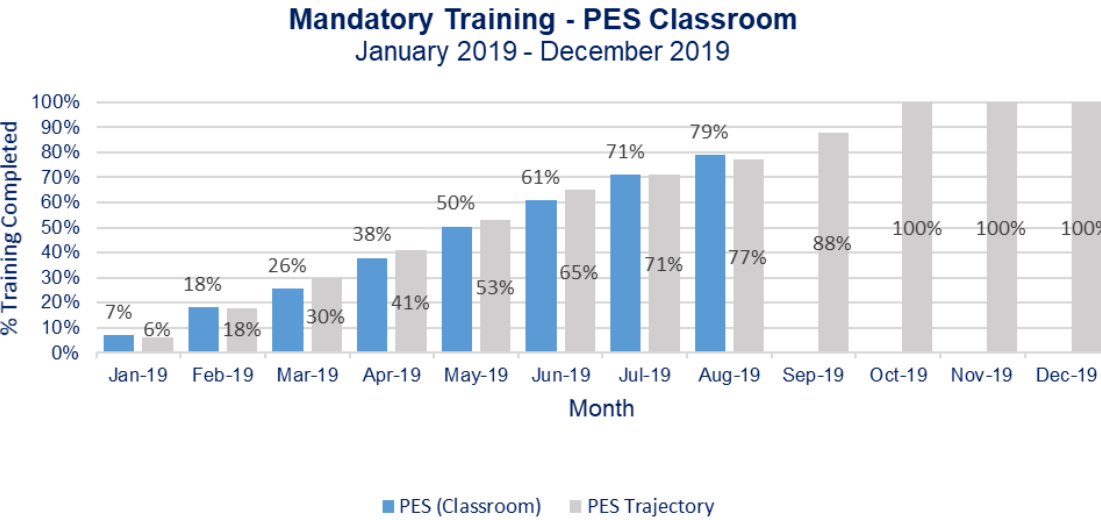## Mandatory Training

The classroom Mandatory Training for the 2019 cycle commenced in January 2019.

PTS have made significant progress ahead of trajectory at 93% compliance against a 64% planned trajectory.

PES are also ahead of trajectory at 79% compliance against their trajectory of 77%.

The Trust has moved to competency based compliance reporting for Mandatory Training.

The Trust's overall position for August 2019 is 80% against an 80% trajectory. However, all service lines will need to ensure that this remains a focus to achieve the end of year targets.

Improvements have been in both EOC and 111; however, it still requires a focus to ensure that they deliver against the trajectory.

BAF Risk: SR04.

Figure OH7.3

Mandatory Training - NWAS Overall Competancy Compliance
January 2019 - December 2019

Figure OH7.4

Mandatory Training - EOC Competancy Compliance
January 2019 - December 2019

Figure OH7.5

Mandatory Training - Corporate Competancy Compliance
January 2019 - December 2019

Figure OH7.6

Mandatory Training - 111 Competancy Compliance
January 2019 - December 2019
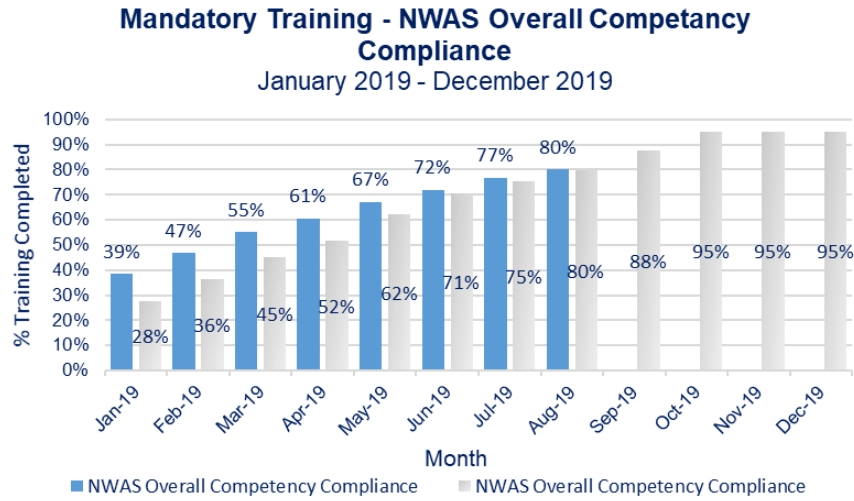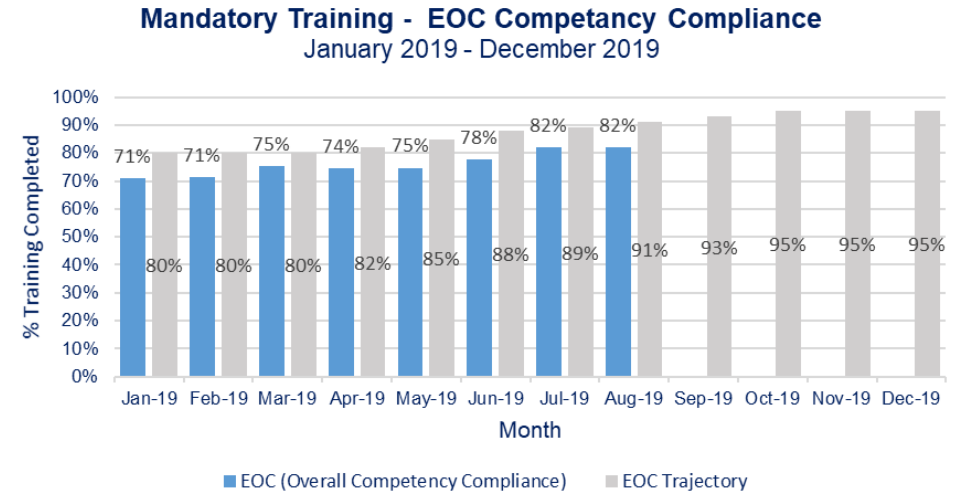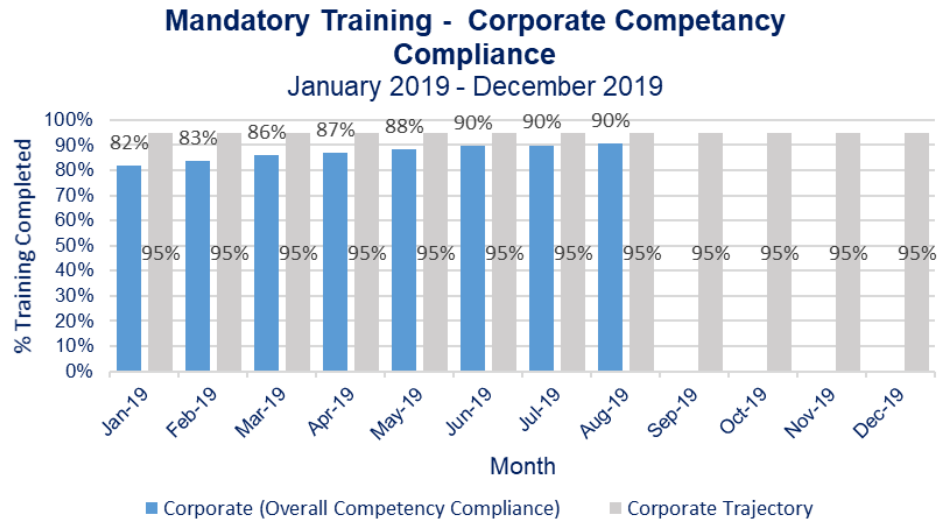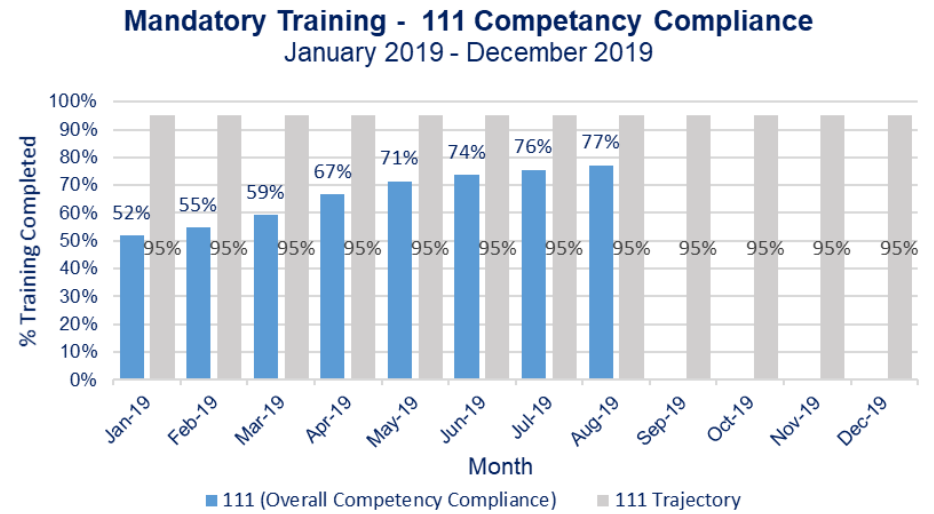
APPENDIX 1

IMPROVING THE IPR

A new NHS Oversight framework was published in August 2019, including several new oversight metrics. The NHS Oversight Framework for 2019/20 has replaced the provider Single Oversight Framework and the clinical commissioning group (CCG) Improvement and Assessment Framework (IAF).

From 2020/21 a further version will be published where metrics for oversight and assessment purposes will include the headline measures described in the NHS Long Term Plan Implementation Framework against which the success of the NHS will be assessed. Changes to oversight, as evidenced in the measures, will be characterised by several key principles which largely focused on whole system working:

- NHS England and NHS Improvement teams speaking with a single voice, setting consistent expectations of systems and their constituent organisations
- A greater emphasis on system performance, alongside the contribution of individual healthcare providers and commissioners to system goals
- Working with and through system leaders, wherever possible, to tackle problems
- Matching accountability for results with improvement support, as appropriate
- Greater autonomy for systems with evidenced capability for collective working and track record of successful delivery of NHS priorities

There is a requirement for us to review our IPR and ensure it aligns to the changes in the oversight framework. In addition though we are also seeking to continuously improve the IPR and ensure we are not only meeting the required set of metrics but are also providing an overview of integrated performance that gives meaningful data and enables us to understand whether we are improving over time, progress in meeting our strategic goals and how we compare to others.

An outline of key short, medium and long term deliverable to improve the IPR and meet the requirements of the new Oversight Framework are outlined below.

Short term (next two months)
- Review the additional measures required and propose new measures for inclusion
- Set up working group to oversee development
- Agree a set of guiding principles for developing the IPR
- Propose initial rationalising of measures and display to ensure meaningful and easily interpreted data and that new measures are not simple 'add ons'

Medium term (next 6 months)
- Engage with board members and directorates around their needs
- Cross system scoping work to review existing system wide measures
- Undertake review of other Integrated Performance Reports to assess our own maturity and gather ideas and learning

- Develop an improvement plan and timeline, outlining actions to improve the report which may include as examples:
  - Using questions to guide interpretation of the charts
  - Visually calling out special cause variation and annotating charts
  - Increasing displays to explore variation such as funnel plots, small funnel plots and pareto charts
  - Better alignment to the three core questions in to the descriptions in each section?

Longer term (0-2 years)
- Continue to test different approaches and implement improvement plan
- Whole system working with partners to develop meaningful system level measures
- Development of a digital platform to enable rationalising of high level measures but advanced ability to explore and question the data further

North West Ambulance Service
NHS Trust

REPORT

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Board of Directors

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Date:	25 September 2019
Subject:	Strategic Winter Plan 2019/20
Presented by:	Ged Blezard, Director of Operations
Purpose of Paper:	For Assurance
Executive Summary:	This paper is introduced to the Board of Directors as the 2019 version of the NWAS Strategic Winter Plan following its annual review and revision. It describes the establishment of a winter planning oversight group, this groups outputs and the intended recipients for the Strategic Winter Plan once published. The NWAS Strategic Winter Plan was approved by ELC on 18 September 2019 for release to our Lead Commissioners and wider Health Partners.
Recommendations, decisions or actions sought:	That the Board of Directors takes assurance from the content of the attached and notes the contents of the report.

Link to Strategic Goals:	**Right Care**	☒	**Right Time**	☒
	Right Place	☒	**Every Time**	☒

Link to Board Assurance Framework (Strategic Risks):

SR01	**SR02**	**SR03**	**SR04**	**SR05**	**SR06**	**SR07**	**SR08**	**SR09**
☒	☐	☒	☒	☒	☒	☐	☐	☐

Are there any Equality Related Impacts:	
Previously Submitted to:	
Date:	
Outcome:	

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1.   **PURPOSE**

The purpose of this paper is to present to the Board of Directors, the NWAS Strategic Winter Plan for 2019/20.

2.   **BACKGROUND**

The Winter of 2017/18 created significant challenges for NWAS across all parts of the organisation and enhanced scrutiny from our Commissioners, NHS England/Improvement and the Department of Health and Social Care was constant throughout. For winter 2018/19, weather conditions and lower pressures on the wider health economy meant that demands were less acute than expected – a situation echoed across most of the country - but part of that experience was undoubtedly down to the increased planning and preparation efforts across the NHS.

With the emerging possibility of an earlier start to the influenza season and delays to the delivery of appropriate vaccines for vulnerable and patient facing individuals, then the prospect of a difficult winter ahead cannot be ignored. To ensure that NWAS is prepared for winter and is able to play a full partnership role in the wider health economy, detailed planning is necessary to identify key issues and information that is required to support operational arrangements and brief our stakeholders.

The annual 'Winter Letter' from the NHS seems to be issued much later each year (07 September last year) and given the attention being extended by all Government departments on EU Exit, it may not arrive soon. This communication has been vital in the past as it sets out for all Trusts, national strategy, expectations, planning milestones and timescales for plan and data submissions. It also provides key messages and areas of focus to assist with whole system integration and risk mitigation which for last year for example were described as;

•   Reducing numbers of long-stay patients in hospital
•   Triaging patients away from A&E Departments and admitted pathways
•   Heathcare worker flu vaccination
•   Primary care
•   Mental Health
•   National Escalation Pressures Panel

It is likely that these areas of focus will remain with the addition of supply chain resilience for medical supplies and a likely companion.

The NWAS Winter Steering Group has been meeting to progress planning and to set the operational agenda for the coming winter and has considered the recommendations from the NWAS Structured Winter Debrief held in March 2019.

The main priority has been the finalisation of the Strategic Winter Plan for external assurance. The 'Tactical' Winter Plan will be generated from this as it contains more detailed and focussed information with a more introspective direction in order to support operational arrangements in each directorate.

NWAS Areas have convened (or are convening) their own winter groups and it is anticipated that these will complete the hierarchy of internal meetings and allow a sufficiently free flow of information across the organisation and beyond. Operational Winter arrangements including festive period plans will all need to be completed before winter as it's is likely that these will be requested by partners at that time. All of the NWAS planning groups will be positioned to support this process and stress test the plans once finalised.

Building on best practice from last winter, it has been recommended by the Winter Steering Group that the area 'winter sharing events' which proved so successful in informing each management team, should be repeated. These served to 'launch' the NWAS suite of plans and ensured a shared understanding of the strategies to adopt and awareness of potential pressures, problems and solutions.

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

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

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

4.   **RECOMMENDATIONS**

The Trust Board are recommended to note the content of this report and the content of the appended Plan and take assurance of the levels of preparedness for the anticipated winter pressures.

Strategic Winter Plan

2019 – 2020

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Date of Approval:	18 September 2019	Status:	FINAL
Date of Issue:	18 September 2019	Date of Review:	1 July 2020

Recommended by	Service Delivery
Approved by	Executive Leadership Committee
Approval date	18 September 2019
Version number	8.0
Review date	1 July 2020
Responsible Director	Director of Operations
Responsible Manager (Sponsor)	Head of Contingency Planning
For use by	All Trust employees

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

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Change record form

Version	Date of change	Date of release	Changed by	Reason for change
3.0	05 Nov 2012	07 Nov 2012	D Winchester	Approved by EMT
X3.1	05 Aug 2013	05 Aug 2013	D Winchester	Annual Review
X3.2	14 Aug 2013	14 Aug 2013	D Winchester	On-going review
X3.4	05 Sept 2013	05 Sept 2013	D Winchester	Update with NHS England info
X3.5	11 Sept 2013	11 Sept 2013	D Winchester	Influenza vaccination addition
X3.6	12 Sept 2013	12 Sept 2013	D Winchester/ S Desai	Joint review and update
4.0	18 Sept 2013	18 Sept 2013	EMT	Approved with amendments
4.1	25 Sept 2013	25 Sept 2013	Board	Approved with updated template
4.2	30 Oct 2013	01 Nov 2013	Board	Additions to NHSE assurance template (Appendix 1) and vaccination trajectory (Appendix 2).
5.0	24 Sept 2014	25 Sept 2014	Resilience Team	Dates changed, comments added
5.1	22 Oct 2015		A Jackson	Annual Review
5.2	26 Oct 2015	28 Oct 2015	D Winchester	Annual Review
5.3	02 Nov 2016		D Winchester	Update with consultation feedback
5.4	16 Nov 2016		A Jackson	Updated sections 4.1 and 5.5 within document
6.0	17 Nov 2016	17 Nov 2016	E Ward	Approval
6.1	18 Aug 2017		A Jackson	Annual Review
6.2	22 Aug 2017		A Jackson	Section updates
6.3	25 Aug 2017	30 Aug 2017	D Winchester	Review and update
6.4	31 Aug 2017	31 Aug 2017	D Winchester	Approval
7.0	09 Aug 2018		D Winchester	Annual Review
7.0	05 Sept 2018	11 Sept 2018	EMT	Executive Management Team approval
7.1	07 August 2019		A Jackson	Annual Review
7.2	05 September 2019		A Jackson	Sections refreshed following review. Updated SPC Charts and Activity Data
7.3	9 September 2019		A Jackson	Update to NHS reporting arrangements
8.0	13 September 2019	18 September 2019	A Jackson	Final Version for approval

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1.0 Introduction

The North West Ambulance NHS Trust (NWAS) has developed this strategic document to ensure that the high quality of service delivery expected by our patients and stakeholders is maintained throughout the winter period.

The winter period creates particular challenges for the entire Health Economy regardless of the additional pressures of pandemic disease or severe weather. This year is anticipated to be no exception but this winter will be set against the background of system transformation and integration, Adult Social Care challenges, and an increase in demand.

This document is intended to draw on the experiences of past winters as well as amalgamate required actions for winter 2019/20 with current procedures and processes within NWAS. Such actions cannot themselves be considered in isolation, as it is only through the collective preparations of the whole system that the potential impacts of winter pressures can be properly mitigated.

In order to maintain the strategic focus of this document the detail is concentrated on key actions and expectations that are incumbent on NWAS, as reported to NHS England – North Region, as part of the individual (and Lead) Clinical Commissioning Groups (CCG) Winter Assurance preparations. NWAS is also obliged to offer assurances on winter preparedness to NHS Improvement and The Plan will augment this assurance process.

This document concentrates on a small number of year round processes and key, seasonal initiatives that will deliver real resilience during the winter period and ensure engagement with local health systems. It is designed to offer assurance at a strategic level that the levels of preparedness for winter in NWAS are high and that this will contribute to the resilience of the whole system. It also serves as an overarching plan to bring together the tactical and operational arrangements in each of the three NWAS Areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester) in associated documents.

For 2019/20 The Trust has built on experience from winter 2018/19 by re-convening a Strategic Winter Planning Group which has oversight of this plan. This group has direct reporting and oversight links into the NWAS Executive Management Team and directs the construction of the tactical and operational planning arrangements.

2.0 Planning Framework

The winter planning framework supports the continued commitment of NWAS to deliver high quality levels of the right care, at the right time and in the right place, at all times.

Most of the actions undertaken in preparation for and response to winter challenges are underpinned by normal NWAS plans and procedures which are designed to be sufficiently flexible and scalable to ensure an appropriate response but also to integrate with the wider health system.

This plan functions in conjunction with a number of other key plans and documents, specifically:-

- NWAS Major Incident Response Plan
- NWAS Pandemic Influenza Plan
- National Ambulance Resilience Unit (NARU) Resource Escalation Action Plan (under review)
- NWAS Departmental Business Continuity Plans
- North West Divert & Deflection Policy

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- NHS Operational Pressures Escalation Levels (OPEL) Framework
- NWAS Demand Management Plan
- NARU National Command and Control Guidance
- NWAS Tactical Winter Plan
- NWAS Area specific, Winter Operational arrangements (under development) including Festive Plans
- NWAS Winter Communications Framework and Plan

Some of these documents also have their own links to or associations with multi-agency plans published under the auspices of the five Local Resilience Fora in the North West.
It also serves to;

- Ensure the wider health community and partners are aware of the NWAS strategy, capacity and potential challenges for this period.

- Ensure that resilience is maintained and the Trust is able to respond to changes in core business activity, up to and including declaration of a major incident.

- Provide a 'signpost' to other NWAS, core-planning documents including the Trusts Business Continuity arrangements.

2.1 Audit and Review

The plan will be subject to periodic audit and review to identify areas of improvement and good practice following each winter. It has already been approved prior to publication by the Strategic Winter Planning Group, Executive management Team and presented to the Board of Directors for assurance.

A formal, structured debrief is scheduled in the New Year of 2020 so that experiences of the winter and learning points can be explored to shape the planning process for the following year.

2.2 Christmas and New Year

There will be specific arrangements for the key dates over the Christmas and New Year period 2019, which include provision of additional operational resources (both NWAS and externally contracted) and appropriate, focussed managerial support. In addition, these arrangements will be extended both in duration and depth (where necessary and practicable) in accordance with the identified 'winter period' span and any forecasted challenges of seasonal flu, emerging pandemic disease or industrial unrest.

2.3 Development

Development of the plan is based on previous Department of Health (DH) recommendations, guidance and national criteria for capacity planning.

2.4 Assurance

This plan relates to ambulance specific issues that have been communicated, with Clinical Commissioning Groups (CCGs) as part of the NHS England - North Region Winter Assurance process, to ensure a whole systems approach. It will also aid with any additional assurances requested by NHS Improvement and support the planning processes of the A&E Delivery Boards.

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2.5 Delivery

The delivery of this strategic plan within NWAS will be achieved through comprehensive operational and organisational arrangements, which are designed to provide a quality service to meet the needs of our local communities. The overall strategy will be delivered through the Tactical Winter Plan and the three NWAS Operational Area Winter arrangements which will remain sufficiently flexible to match more local workloads. The operational arrangements include the identification of 'key dates' of anticipated high demand which are derived from analysis of historical data. Such predictions will be subject to adjustment based on shorter-term impacts such as forecasts of severe weather, high seasonal flu levels, fuel shortages or other Business Continuity challenges including industrial action within or outside of the NHS.

The outcomes of such data analysis will be considered in context with the need for NWAS Operational arrangements to create surge capacity to manage increases in demand of up to 15% for a sustained period of 4-6 weeks. The NARU Resource Escalation Action Plan (REAP) will be a key driver in the facilitation of such provision alongside partnership working and constant engagement with partners in the wider NHS under the provisions of OPEL.

2.6 Area Distinctions

Due to the size, topography, demography and differential demand and capacity patterns of the NWAS footprint, it is necessary to view the requirements of each distinct geographical area individually. To this end, this plan serves to underpin the arrangements in each of the NWAS functional areas, in terms of the demands on healthcare resilience.

Operational arrangements dealing with the NWAS response in each of the functional areas (Cheshire & Mersey, Cumbria & Lancashire and Greater Manchester) will provide the local, operational detail required to underpin this strategic plan.

2.7 Flexibility

Given the potential for significant changes to the 'traditional' or anticipated demands and as the influenza season unfold over the winter period, this plan will be subject to regular review. It is likely that further resource escalation and changes to the NWAS response will be required to be developed in a dynamic fashion as circumstances develop. Any such changes will be conducted as part of a partnership approach with other organisations in the wider health economy and in line with existing partnership agreements and policies but may also need to be measured in relation to emerging national ambulance service strategies or threats. NARU REAP arrangements can also be invoked to mitigate the effects of prolonged or acute periods of pressure or periods of Industrial Action.

2.8 Lessons Identified

In the development stages of this Plan, lessons identified from the Winter Period of 2017/18 have been considered and changes have been made to ensure that active learning has taken place to enhance the organisations and the wider NHS resilience capabilities.

An internal debrief has been arranged for early 2020 so that lessons from the winter can be captured formally and integrated into planning for winter 2020/21.

3.0   Operational Implications

3.1 Mutual Aid

NWAS has in place cross border arrangements with neighbouring Ambulance Services including the devolved administrations of Wales and Scotland, under a national Ambulance Mutual Aid Memorandum of Understanding

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(MOU). These arrangements have been vigorously tested during past incidences of acute pressure through public gatherings, industrial action, flooding and snow, in neighbouring services. It should be noted however that should system pressures be widespread or national, then such mutual aid may be limited in extent or difficult to negotiate when neighbouring Trusts are under similar pressures.

3.2 Demand Management

Within NWAS, resources between areas will be managed through the planning process and the evaluation of activity on a daily basis. This function will be conducted through the appropriate NWAS Strategic Commander who may during periods of pressure, be required to operate from the Regional Operational Coordination Centre (ROCC) based at Parkway, Manchester, but is also available for each NWAS Area as an on-call resource.

- The ROCC will ensure that resource allocation is managed in a way that addresses regional demand through monitoring of activity patterns.

- NWAS operates a robust on-call system which enables the activation of Strategic, Tactical and Operational Commanders together with Ambulance Liaison Officers and Loggists, at any time to incidents (including hospital turnaround issues) in any part of the Trust footprint. A member of the Trust Executive Team is also available at any time as are NWAS National Inter Agency Liaison Officers (NILO/Tactical Advisor).

- Each NWAS Area has its own Strategic Commander on call who has the latitude to maintain overall command of each area and the ability to commit funds without recourse to higher authority.

- The three delivery areas within NWAS will assess their respective activity demands and resource availability on a daily basis and where possible will allocate resources to the areas of greater demand. Close monitoring of demand and performance in each of the NWAS Major Incident Suites, will be conducted and any pressures discussed with the ROCC. These Suites may be staffed during critical periods or on a more protracted basis during winter, usually by a Tactical Commander and support staff.

- Staffing levels are managed and monitored via the Trusts rostering system so it is possible to actively manage abstractions and ensure that maximum cover is available for the vehicle fleet. There is also the ability to manage the provision of additional vehicles at agreed times given appropriate Commissioning arrangements. Emergency Operations Centre (EOC) staffing levels can also be adjusted to meet predicted or short term demand in such a way.

- Mutual aid support for the Trust will also be requested when appropriate from the nearest Ambulance Services of West Midlands, Yorkshire, East Midlands and North East as well as Wales and Scotland. This request will be made under existing national ambulance mutual aid arrangements but can also include the deployment of air assets.

- NWAS is also obligated to provide mutual aid to other Ambulance Services, on request in response to major incident or to assist if an Ambulance Trust declares a very high REAP level. Such negotiations will take place at Strategic level and release of resources will be highly dependant on available capacity. NARU maintain the national Mutual Aid Plan for Ambulance Services (including the Devolved Administrations).

3.3 Plan Scope

The Strategic Winter Plan 2019/20 covers the period 1 November 2019 until 6 April 2020 unless otherwise stated.

- The plan covers the identified winter pressure reporting period (to be advised by the NHS) and details the Trust's intentions for delivering its core business.

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• Analysis of historical data for this period over the past 4 years will be utilised to identify the anticipated periods of increased demand.

3.4 Festive Period

NWAS Operational arrangements will give due consideration to the Christmas and New Year period, which is traditionally a time of extremely high demand. Each NWAS area will produce its own Tactical Winter Plan.

• The analysis of historical data has provided the key dates where activity is expected to rise considerably.

• During this period there are likely to be extremely high levels of activity and demand with peaks expected around the Christmas and New Year periods. The last working day before the Christmas Public Holidays and New Years Eve are recognised as particular risks. However, it is also recognised that other factors may change the dynamics of activity levels such as severe weather, seasonal influenza challenges, industrial action or infrastructure disruption.

• The Operational Delivery Plans detail the Trusts intentions and methodologies for dealing with the increase of activity and maintaining an appropriate safe delivery of service.

• Appropriate additional operational/staff resources from the Paramedic Emergency Service (PES), EOC, Clinical Hub, NW111 and the Patient Transport Service (PTS) will be identified and profiled for the key dates.

• The related cost pressures will be identified and calculated for all additional resources required.

3.5 Demand analysis

The capacity levels for NWAS detailed within the Operational arrangements are designed to address the forecasted demand for the winter period. The plans take into account previous and current demands.

• Planned levels of activity have been based on historical data, tempered with any seasonal Influenza related demands which may have caused unusual spikes in the anticipated activity levels.

• All available emergency resources (PES and EOC) will be utilised on key dates and assistance will be sought from the Voluntary Aid Societies (VAS e.g. British Red Cross, St John Ambulance and Mountain Rescue Teams), Private Ambulance Services (PAS- contracted in via an intermediary) as required, as circumstances dictate and as financial constraints allow.

• In identifying the key dates and required resources, a matrix of escalation will be devised. This allows for resource planning depending on anticipated activity levels but will be reviewed against any changes in anticipated or unscheduled activity. NWAS REAP arrangements are also available to deal with any surge in demand or adverse pressure on the Trust.

• Information regarding those dates of predicted NWAS high demand will be shared with each Acute Trust so that appropriate measures can be taken to reduce the impacts on the whole system.

• Analysis of attendances at each Acute Trust has been developed and will be detailed within the area Tactical Winter Plans.

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4.0   NWAS Strategy

NWAS planning will be continuous up to and through the winter with regular meetings scheduled to ensure that focus is not lost. This will include dedicated agenda items on a range of existing and regular meeting schedules. Periodic performance teleconferences will also continue with the option to revert to a daily reoccurrence should pressures dictate.

NWAS has in place long-standing processes, which expedite rapid call pick-up and allocation times. Resource profiling is completed in a way which best matches demand to maximise response time performance to 999 incidents.

The NWAS Regional Planning Team will ensure that demand and resource profiles are matched through analysis of staff abstraction rates (training, leave and sickness) and monitoring of unit hour utilisation for the Paramedic Emergency Service. The following sections outline key factors, which underpin the NWAS response during the winter period.

4.1 Core Response Measures

NWAS uses the internationally established Advanced Medical Prioritisation Dispatch System (AMPDS). This allows NWAS to identify and prioritise all life-threatening emergency calls.

In July 2017, the Department of Health and NHS England announced new ambulance service standards as part of the Ambulance Response Programme (ARP). The aim of the ARP programme is to improve patient care and survival. ARP is the result of the largest study of an ambulance system ever completed, anywhere in the world. More than 14 million ambulance calls were monitored as part of a trial, with no patient safety concerns.

The new system enables ambulance services to be much more stable and able to deal with unexpected events and peaks in demand. ARP will make sure the best, most appropriate response is provided to patients, first time.

From 7 August 2017, there are four categories of call:

Category one is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of 7 minutes and within 15 minutes at least 9 out of 10 times.

Category two is for emergency calls. These will be responded to in an average time of 18 minutes and within 40 minutes at least 9 out of 10 times.

Category three is for urgent calls. In some instances patients may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times within 120 minutes.

Category four is for less urgent calls. In some instances advice may be given over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes - when it is agreed that a face-to-face response is most appropriate

- Call pick up times are constantly monitored against nationally agreed standards in all EOC's. This information is displayed in real time on the Trusts performance management dashboard, which is accessible to all appropriate managers. This information is also monitored in each Major Incident Suite and the ROCC.

- Activation times are monitored and reviewed daily by Sector and Operational Managers. Improvements aimed at reducing activation times include the utilisation of strategically placed deployment points as part of a Demand Management Plan (DMP).

- North West Divert and Deflection Policy provides an agreed process for Senior Trust Commanders to follow to ensure safe treatment and movement of patients across the region and to address any short term blockages through agreed deflections.

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- The NWAS Clinical Hub and Directory of Services (DoS) are designed to augment the prioritisation of 999 calls.

- Analysis of historical data ensures that NWAS are able to place resources appropriately and use relief staff in an effective manner.

- The Patient Transport Service (PTS) is also integral to NWAS strategic planning for winter in consideration of the overall provision of contracted, non-emergency transport services. It should be noted that NWAS is the contract holder for PTS in Cumbria, Lancashire, Greater Manchester and Merseyside while the West Midlands Ambulance Service provides the same function in Cheshire, Warrington and the Wirral.

- NWAS will be required to provide event cover (i.e. football matches or mass gatherings) during the winter period. The resourcing of these events is over and above that which is required to deliver the operational delivery plan. These events may coincide with dates of anticipated high activity, as identified in the key date information. Such events are managed through partnership between the Trust Resilience and Operations Teams together with the event organisers, Police and Local Authorities.

- The 'Make the Right Call' (http://www.maketherightcall.co.uk) campaign is aimed at advising the public on the appropriate use of the of the Ambulance Service and signposting suitable alternatives for minor ailments. The Trust Communications Team will provide public information through broadcast and social media outlets utilising national templates for any publicity.

4.2 Demand Surge Mitigation

NWAS can meet a sustained increase in activity and cope with significant activity increases over short peak periods but acknowledges the challenges that may face the region and the wider NHS, particularly in respect of any widespread event such as an outbreak of pandemic disease. It is recognised (and a lesson identified by all health partners in previous winters) that the Ambulance Service reaches its capacity limits very quickly during severe challenges. A dynamic but constant evaluation and review of the pressures on the Trust is made weekly at the Executive Management Team (EMT) and daily within the ROCC. The NARU REAP arrangements can be used at short notice to mitigate demand and generate additional capacity short of declaring a major incident. Shorter term effects can be realised through application of the Demand Management Plan (DMP) levels to deflect demand in s measured and safe manner.

5.0   Mitigation Initiatives

NWAS employs the following initiatives to enhance service delivery:

- The NARU Resource Escalation Action Plan identifies rising trends in operational and organisational demands and facilitates escalation/de-escalation through the nationally set REAP levels.

- Trigger mechanisms have been established through REAP arrangements that allow NWAS to respond promptly to substantial increases in demand, in either specific areas or Trust wide.

- NWAS REAP arrangements remain active at all times. The Strategic Winter Plan should be viewed as an adjunct to this and not as a replacement.

- The Trust is engaged with national partners to ensure the REAP elements are reflective of current and future challenges including the NHS OPEL (Operational Pressures Escalation Level) Framework, which standardised local, regional and national escalation levels to respond to severe pressures on the NHS.

By adopting a consistent NWAS approach, the overall ethos of OPEL can still be reflected in NWAS actions. Indeed, the NHS E/I OPEL Framework document underscores that system wide pressures can be resolved through close partnership working in order to manage surges in demand or capacity challenges. It also recognises that local A&E Delivery Boards have the latitude to align existing systems to the standard OPEL

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triggers and terminology as well as identifying that a rigid, sequential escalation is not always necessary or appropriate. Importantly, the Framework continues to emphasise that "Not all parts of the system need to meet all triggers in order to escalate – escalation can be service specific if agreed locally."

In order to communicate the NWAS stance at any given request for the Trust to escalate in parity with an Acute Trust (excepting regional challenges beyond normal surges i.e. significant or major incident) a standard approach will be adopted to ensure consistency of message and action. Each request for escalation or notification that a particular Acute Trust is escalating to a higher OPEL Level will be responded to with a statement which echoes the following declarations;

- NWAS is currently operating at a Trustwide REAP level of 'xxxxx' which equates to Level 'xxxxx' of OPEL.

- All necessary actions for NWAS under REAP have been considered and already implemented or held in reserve should the situation become more challenging.

- NWAS is committed to support both whole system resilience and the management of local surge pressures against the background of patient care and protection of NWAS core business obligations.

- NWAS will support any local measure to relieve pressures as far as practicable and within the overall confines of our prevailing REAP level which reflects the overall pressures experienced by NWAS and cannot be flexed locally.

- Engagement with local NWAS managers on duty or on-call is <u>essential</u> so that appropriate supportive measures can be discussed.

5.1 North West 111

Forecasting and Planning

NW 111 now possesses four years of historical data. This assists with accurate demand forecasts that will deliver improved roster efficiency and accuracy (refer to Appendix 6). Ultimately this will assist in delivering a more consistent and improved performance compared to previous winters. As with previous years, activity is anticipated to increase from 20th of December through to its peak on the weekend following Christmas, demand remaining high into January. To ensure the best roster cover NW111 reduce levels of managed shrinkage, such as annual leave and planned offline activities, for these key weeks.

The improved accuracy of forecasts allow for more accurate recruitment planning. NW 111 has already commenced winter recruitment for Service Advisors, Health Advisors and Clinicians.

Service Delivery

NW 111 already operates a diverse approach to delivery, with the aim of improving patient experience. NW 111 will utilise the delivery methods of the previous winter. This includes;

Cold and Flu Pathways – this is delivered through IVR and represents more than 5% of NW 111 demand. Patients are presented with a range of self-care options as well as assessment, dependant on the needs of the patient.

Streaming at front end of patients aged 5 and under and currently unwell this is delivered through

VR and seeks to ensure patients five and under are managed, in the first instance by a clinician.

Homeworking for clinical staff – to increase clinical numbers, especially on peak days, NW 111 operate homeworking. Clinicians can log on for key peak shifts at home.

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This year NWAS also has the opportunity to promote the use of NHS 111 online and NUMSAS (Pharmacy Services) on line, especially during busy periods. These on line offers support patients to self-assess their medication and health needs.

To ensure the maximisation of all the potential workforce over the peak days and winter overall, NW 111 will utilise non front-line staff, such as;

- Pathways trained administrative staff will perform front line call taking role.

- Audit and Governance Team deployed into front line roles.

- Front line managers working in front line and operational roles.

- Increased senior management support.

- Clinical Managers able to work additional hours from home (via homeworking pilot).

Forecasts are reviewed regularly to ensure any variations to demand are met.

5.2 Demand Management Plan

The NWAS Demand Management Plan is now fully embedded and utilised regularly. This plan provides a risk based framework to enable flexible resourcing decisions to be made in the Emergency Operations Centres. The overriding function of this plan is to ensure that NWAS maintains the highest achievable level of clinical care in the face of demand levels that greatly exceed capacity.

This plan:

• Is applicable to the EOCs, the Clinical Hub and the Regional Health Control Desk (RHCD) but has no specific actions for front line staff.

• Is considered in conjunction with the National REAP levels and will be employed in conjunction with this plan where appropriate and necessary but is routinely used as a standalone plan.

• Should only be invoked with the sanction of a senior NWAS Manager or Director with Strategic command status and following discussion with EOC managers.

• Provides an escalating set of flexible, tactical options to apply a further level of triage (over AMPDS) which may result in certain calls being rung back for reassessment, deflected or be assigned a delayed response in order to priorities resources to the most immediately life threatening calls. Patients are always informed of the appropriate disposition of their call.

5.3 Clinical Hub

The NWAS Clinical Hub operates as a virtual 'hub' with bases in Merseyside, Lancashire and Greater Manchester, providing a number of functions.

Primarily the desks utilise a robust telephone triage tool to support patients through a Hear & Treat model, answering low acuity calls.

The virtual hub also provides clinical advice and support to NWAS operational staff and a process for clinical leadership and support for all staff and managers has to facilitate access to Paramedic, Senior Paramedics, Advanced Paramedics, Consultant Paramedics and occasionally, Doctors.

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Police/Fire & Rescue Command colleagues can also access this clinical advice through a SPOC telephone number; this will support on scene decision making and reduce on scene time.

These desks are able to provide;

- Clinical advice
- Support for solo responders to enable them to leave scene whilst awaiting transport; including booking taxis where appropriate
- Access to senior clinical support for the Advanced Paramedics
- Direct telephone consultations with patients after initial categorisation
- Healthcare Professional Bureau to ensure HCP/IFT bookings receive the right type of transport, in the correct timescales for the patient's needs

The Paramedic Emergency Service within the North West has over many years, developed and deployed a range of operational resource often constructed to meet specific needs or changes within the operational environment nationally or in more localised initiatives. The PES fleet has undergone realignment in order to match closely resources to the categorisation of ambulance calls.

The standardisation of the Urgent Care Service fleet in terms of vehicles, training and equipment has allowed the Urgent Care Desk to manage Cat 3/4 calls through a process of Pre-Determined Attendance, and the type of vehicle (or action if 'no send') matched to the severity of the call, thus the options are;

- Despatch an Emergency Ambulance
- Despatch a RRV for a Face to Face assessment
- Redirect the call to the NWAS UCD
- Despatch a USC higher transport resource
- Despatch a UCS transport resource

This change of disposition enhances capacity and increases the availability of the core Emergency Ambulance fleet that can then be targeted at lower acuity calls. Voluntary Aid Society or Private Ambulance resources can be similarly tasked where they have been commissioned directly.

5.4 Regional Operational Coordination Centre (ROCC)

ROCC operates across a 24 hour period and staffed by a ROCC Duty Manager. ROCC Strategic Commanders provide cover across extended periods, seven days a week.

The ROCC is managed by a Duty Manager whose role is to monitor and review operational pressures across the NWAS footprint and provide direct management to the Regional Health Control Desk (RHCD) and Greater Manchester Urgent and Emergency Care Hub (GMUEC) Coordinators. Liaise with EOC's, NWAS Managers, other UK Ambulance Services and Wider NHS Management regarding Provider Organisation pressures and provide reports to NWAS and the wider NHS on system pressures.

The primary role of the ROCC based at Parkway is to be responsible for:

- Resource oversight/monitoring – Emergency Operations Centre (EOC)/Operations/Clinical Hub

- Activity/demand monitoring – Demand Management Plan (DMP) monitoring

- Horizon scanning – publishing the 'Emergency Demand Predictor' each Monday

- Coordination – Business as Usual and Major/Large scale Incidents

- Single point of contact for UK Ambulances services and wider health economy partners

- Regional overview - for UK Ambulances services and wider health

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5.5 Regional Health Control Desk

The RHCD provides real-time monitoring of health economy pressures, through daily contact with Acute Provider organisations, gathering soft intelligence relating to capacity and demands within these organisations, reviewing against activity and working to mitigate where possible any impact of increases in demand. The RHCD team consistently monitor and scrutinise delays in handover and any delays noted in clearing by ambulance crews are pro-actively managed.

The RHCD is covered 24/7 and works alongside the GM UEC Hub Coordinators, both of whom are managed by the ROCC Duty Manager. This dovetailing of local and regional perspectives provides rich intelligence and a pragmatic approach to problem solving. Ensuring pre-emptive and timely escalation occurs to Acute Provider on-call/management teams to request mitigation occurs at the earliest opportunity to support the risk of patients waiting in the community due to delays occurring within Acute Providers.

RHCD Coordinators continue to escalate delays over 60 minutes to Executives at Provider Organisations and continue to proactively monitor delays over the 15 minute threshold for clinical handover. The ethos of early escalation continues to be relevant and practiced by all ROCC functions.

5.6 Greater Manchester Urgent and Emergency Care (GMUEC) Hub

All GM health care providers are signed up to the hub and it is seen as neutral and an 'honest broker' between health and social care systems and now has live data feeds from each acute trust and NWAS; GMHSCP is looking to gain direct input from primary care and community to give a whole system overview. This live data is used to identify pressured systems and provide support / intervention where necessary.

The hub is has become a single point of contact for GM Systems and is accepted as the conduit between GM Heath and social care systems and National / Regional Colleagues, by having a real time understanding of activity and pressures the Hub managers are able to respond to National enquiries on the previous day where trusts have hit performance triggers.

The hub is also seen as a mediator/facilitator between systems which has enabled the team to resolve issues with transfers and repatriations when capacity is challenged across GM, an SOP for this process is in place. The GM UEC Hub holds central records of transfer and repatriation requests with delay and escalation triggers with associated actions. The hub also acts as a mediator between acute trusts and NWAS where there is the potential for, or are actual turnaround delays enabling a working plan to avoid unintentional batching of activity to individual ED sites and ensure ambulances are released in a safe manner. Acute trust senior management teams accept feedback from data analysis on trends and repeated issues and associated suggestions to smooth the flow, the UEC Hub team is seen to provide this feedback in a non-judgemental and supportive way.

The Hub also provides a watching brief on large scale incidents and issues which do or have the potential to affect the GM healthcare economy, this has assisted systems to prepare for predicted issues e.g. outbreaks, extreme weather events,

Across the winter period the GM UEC Hub will operate as the GM Winter Room and coordinate the GM oversight and reporting to regional / national level as appropriate.

Several UEC initiatives have been developed and are being explored under the UEC Hub banner;

Discharge profiling with PTS and other transport providers at the start of the day to maximise the potential for early discharge.

Batch divert pilot: automatic diverting of a batch of ambulance borne patients across Wigan, Bolton and Salford to smooth demand before a pressure queue forms in one of those Emergency Departments

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Health Care Professional referrals: this work continues to explore the potential for improvements in the management of demand arising from HCP referrals.

Transfer and repatriation of patients across GM: The GM system has an agreed Policy that seeks to minimise delays for patients waiting to be moved between GM hospitals, it is part of the GM UEC Hub role to facilitate and assist in that movement.

Ambulance handover at A&E across GM: The recently refreshed national drive to achieve the 15 minute handover for ambulance patients remains a GM priority underpinned by the GM Standard

Tableau UEC development: The current live screens are under continual review to improve the offer to the GM UEC system, focussed work is underway to develop an effective live daily OPEL dashboard that will assist local systems to refresh and review their OPEL scores and share a live update on remedial actions taken. The intention is to enhance the situational awareness across GM and thereby enable less time to be spent on telephone conferences and upward reporting.

5.7 Pathways Directory of Services (DoS)

The Directory of Service is a national clinically profiled database. It has over 8000 services in it for the North West alone. It is used by Clinicians and Health Advisors within the North West and across England to refer patients to the right place on the first attempt, safely. It is crucial to aiding reductions in Emergency Department attendances and in turn, non-elective admissions.

The ongoing task is to ensure that the Directory of Service is an accurate reflection of the services available to patients at any given time. To achieve this, there are over 10 people across the North West working with each Clinical Commissioning Group (CCG) to ensure the information that is provided by their commissioned services to populate the Directory is completely accurate.

The Directory of Service's main user base is NW 111, however, access can be granted where appropriate to other Health Care Professionals who could benefit from having access.

5.8 Discharge arrangements

NWAS is able to provide patient transfers at short notice, based on a hospital's priorities e.g. clinical priority or response to hospital pressures to moving patients between hospitals, or to discharge patients This can only be achieved through the negotiation of 'over contract' agreements with individual CCG's or Hospital Trusts.

- The NWAS PTS leads will be available to establish the needs of individual Trusts e.g. requests for additional PTS non–emergency vehicle requirements in addition to current contractual arrangements for out of hours in those areas where NWAS holds the contract.

- EOC will collate transfer requests and sit-rep information and forward to CCG's and Acute Trusts as required. A cadre of EMD Navigator staff have been recruited to process these calls, thus freeing up core EOC staff to answer incoming 999 calls.

- The Clinical Hub will support this function.

- NWAS operated PTS services will be staffed throughout the identified critical periods and support the demand placed upon the Service only where appropriate arrangements exist.

- Supplementary arrangements have been made agreed with the support of Private Providers over identified critical periods.

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5.9 Additional measures

The NWAS approach to winter will be 'business as usual' as far practically possible but a range of additional measures will be employed to mitigate the effects of increased demand or loss of capacity. These include;

- Executive focus – individual members of the NWAS Executive Team have been allocated geographical areas of responsibility and this level of engagement supports wider EMT scrutiny of winter plans and performance.

- PTS staff and vehicles can be utilised to assist PES in reducing admission, discharge and transfer pressures as and when required under the Trusts REAP arrangements and in such times as a major incident. This will require engagement with and agreements from the Commissioner(s).

- Additional front line staff together with operational management support will be deployed on the key dates identified in the Operational Delivery Plan, subject to appropriate capacity and identified investment to meet the need.

- Annual leave and other staff abstractions for all Service Delivery staff will be monitored and strictly controlled for the period encompassing the Christmas and New Year Public Holidays and beyond. For identified weeks during this time, an 8% limit on leave allowed has been agreed. Staff sickness absence will be subject to the same level of scrutiny and management.

- The NWAS Fleet care department is available to meet operational requirements throughout the critical period. They will also provide a 24/7 on call facility as dictated by demand and capacity.

- A Memorandum of Understanding (MOU) exists between NWAS and St John Ambulance in the event of a Major Incident. The Trust is also able to mobilise certain VAS resources during times of high activity, however there is a cost for some parts of this service and its activation requires sanction by an NWAS Strategic Commander/ Head of Service. It should be noted that SJA are often subject to the same event and activity pressures as NWAS during the winter and have their own issues with volunteer sickness or event commitments so such support cannot always be guaranteed.

- A national MOU for mutual aid from other NHS Ambulance Trusts exists. This is predominantly for Major Incident support but in the scenarios of Business Continuity challenge including widespread severe weather, national high activity, or when informal support from adjacent Ambulance Trusts cannot be guaranteed.

- At times of excessive demand, the triggers within the NARU REAP may require redeployment of seconded clinical staff fulfilling a non-clinical role. This decision will be taken in line with the processes detailed in the Plan.

- Extensive Business Continuity arrangements are in place to minimise the impact of any additional disruptive challenge to the operation of the Trust.

- The standing NWAS 'On- call' arrangements (Commanders and support staff) continue as usual but may be enhanced/augmented for times of experienced or predicted pressure. These arrangements include senior clinicians on call.

- NWAS Commanders have been provided with a North West Divert and Deflection Policy which summarises the actions to be taken in the event of pressures at individual hospitals or across entire Acute Trusts.

- Hospital Arrival Screens are well established in EDs and other locations to assist with patient flow through the departments. Additional Ambulance Liaison Officers have been recruited to provide a physical presence at ED's experiencing delays in transfers of care from NWAS to Provider Trust clinician

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and assist in the release of vehicles to increase availability. Early escalation of any delays in transfer of care issues through the NWAS on call structure is considered as essential.

- Local personnel policy includes flexible deployment of staff and the facilitation of contingency arrangements.

- Staffing levels over a 24hr period are an integral part of service delivery.

- Sector and Operational Managers (PES, EOC and PTS) have confirmed staffing levels, which are communicated at the weekly service delivery meetings. Additional hours are profiled to meet demand on key dates and these will be subject to scrutiny at the appropriate meetings. Staff Abstraction rates are monitored closely.

- Vigorous management of absenteeism though NWAS Sickness Policy.

- The NWAS Pandemic Influenza Plan contains contingencies for support staff redeployment during the flu risk period should a pandemic situation arise.

- The Trust's BCM arrangements include departmental and staff mapping analysis to enable support to be re-directed to critical functions if required, at times of severe pressure. Dedicated arrangements to deal with periods of Industrial Action are also in place.

- Additional front line staff, together with operational management support, will be deployed on the key dates identified in the Operational Level Plans.

- Staffing levels are profiled according to demand patterns. EOCs will be fully staffed and shifts will match demand on key dates.

- Planning with voluntary agencies (SJA, BRC, and Mountain Rescue) is regular and ongoing.

6.0 NWAS Continues Improvement Initiatives

6.1 Fleet Reconfiguration

Additional Double Crewed Ambulances (DCAs) have been added to the fleet above establishment baseline and general increases in staffing have been achieved through the decommissioning of Rapid Response Vehicles (RRVs). Further RRV decommissioning and fleet re-profiling is set to continue to optimise clinical response against ARP requirements. While some of the DCA gains have been achieved by retaining older vehicles the balance is being redressed with the steady arrival of brand new Emergency Ambulances on a phased basis.

6.2 EOC Efficiencies

EOC changes are critical to the maintenance of patient safety and delivery against performance standards and to these ends the following areas are subject to tight focus.

- Increase in call pick up (CPU) performance to 95% within 5 seconds. To be achieved by rota realignment to match call-taker availability to demand.

- Reduction in average handling time (AHT), and monitoring of downtime between calls ('not ready time') to improve call taking productivity. Clinical 'floorwalkers' have helped drive down call lengths.

- Earlier identification of category 1 calls through the pre-triage sieve and nature of call processes and improvements in call flow.

- Increases in EOC staffing and profiling of recruitment, training and induction in advance of winter period. This includes additional operatives with distinct remit to manage routine calls into EOCs.

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6.3 Increases in Hear and Treat (H&T)/See and Treat (S&T)

Introduction of the Adastra platform has influenced increases in H&T performance over the summer as has the utilisation of Acute Patient Assessment Service has assisted in maintaining operational performance. H&T incidents reduce inappropriate use of resources and maximises the availability of responding vehicles. S&T performance has also increased with the introduction of a range of enhanced patient triage tools, clinical pathways and alternative referral dispositions.

6.4 Workforce

Targeted workforce increases in preparation for winter is underway with a focus on EOC Emergency Medical Dispatchers (EMD) and EOC clinicians to support EMDs when dealing with at risk patients (should the line be disconnected). The recruitment and utilisation of Senior Clinicians to provide diagnostic support within the Dispatch function is complete, and robust support is in place across all three EOCs. Additional rotational clinicians have been recruited and offer cross discipline support between EOC, Operations and the Clinical Hub.

6.5 Hospital Handover

There is a requirement for Ambulance/ED Handover to occur within a 30 minute standard and work is continuing to improve performance on a collaborative basis. Those EDs with averages which exceed this standard are receiving particular attention and the aim to agree MOUs to manage persistent issues remains. Measures to aid this process which have been introduced or strengthened include changes to triage, static Hospital Ambulance Liaison Officers/Clinical Coordinators to improve flow and wider admission avoidance strategies.

7.0   Communications

NWAS has in place robust Winter Communications Plans which supports the NWAS Strategic Winter Plan, seasonal Influenza vaccination programme and NWAS Pandemic Influenza Plan as well as contributing to the Trust compliance with the Civil Contingencies Act (2004) in terms of 'warning and informing'.

7.1 Communications Activity

The Communications Framework covers five broad areas of activity;

- General Winter and Flu communication – The trust will support national campaigns around flu and 'help us help you' with local implementation.

- Pressure related communication – in reaction to increases in operational and demand pressures relating to use of 999, 111 and 111 online.

- Business Continuity Management – staff communications during periods of pressure to ensure continuity of core services.

- Communications specific to the post winter recovery period.

- Public safety messages around key dates (e.g. 5th November, New Year's Eve).

Messages will be disseminated over a range of platforms and media (Social Media, print and broadcast). Face to face opportunities will also be exploited or targeted with messages tailored to audiences for maximum impact.

During the winter months, new campaigns will be implemented for each of the service lines. The 111 campaign will highlight the team behind the calls who ensure patients get the right care. The PES campaign will reinforce why the 999 service exists - for the serious/life threatening emergencies. The PTS campaign will follow later and will address a key issue (TBC) such as number of volunteer drivers, aborted journeys etc.

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7.2 Specific Objectives

Communication activity will assist in mitigating some of the demand pressures that NWAS will face during the winter period. Specific actions will include;

- Providing our staff, our volunteers and the public with health and wellbeing advice including why they should have the flu vaccination

- Informing the public about making the right choices to access care if they are unwell, especially when to call 999 and when to use other services such as NW 111

- Raising awareness of the ambulance services role in tackling winter pressures amongst NHS organisations and key stakeholders

- Engaging with staff about our efforts so they feel informed, listened to and able to act as a trusted source of information to patients on winter health matters

7.3 Public Health England, Cold Weather Plan

The national Cold Weather Plan is a framework document which is intended to protect the health of the population due to the effects of cold weather. By alerting people to the negative health consequences of prolonged or severe cold weather, the plan aids both health organisations and the general public in preparing and responding accordingly to cold weather.

A series of steps are recommended by the plan to reduce the risks to health from cold weather and these include ensuring the receipt of the regular Meteorological Office, Cold Weather Alerts and associated Planning Advice. These emails contain detailed forecasts (or alerts should trigger thresholds be breached) to signal impending cold weather and allowing appropriate actions to be taken. The four levels - Level 0 (Year-round planning) to Level 4 (Major Incident) each have their own targeted and tiered actions for various agencies which will be considered or enacted upon issue of the appropriate alert.

These alerts and forecasts are received by the NWAS Resilience Team, Emergency Operations Centres, The ROCC and Communications Team.

The current version of the Public Health England Cold Weather Plan can be found here; https://www.gov.uk/government/publications/cold-weather-plan-cwp-for-england

Local Resilience Fora all have multi-agency severe weather arrangements and NWAS remains an active partner in the planning and response to such incidents to support patient care, wider public safety and staff support.

8.0   Reporting Mechanisms

Health Systems routinely provide updates through the 'Tableau' platform for review by NHSE/I. There are a number of systems and methods NHSE/I utilise dependant on the pressure within the system/s. At this stage, NWAS are not required to update any platform. However, through Winter 2018/19 NWAS participated in twice weekly calls chaired by NHSE/I North Winter room; with representatives from the three Northern Ambulance Services. This winter is likely to see the same arrangements requested, however, this may fall under the auspices of NHSE/I North West rather than NHS E/I North.

Should this be required, the NWAS ROCC will be the most appropriate place to gather the appropriate information and validate it with a Strategic Commander prior to submission to NHS England to meet the daily SITREP deadline. This process will be clarified with the ROCC Team and embedded in daily activity reporting for the winter period.

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Those most pertinent for NWAS reporting will be;

- A&E Closures.
- A&E Diverts.
- Ambulance handover delays of over 30 minutes.

It is likely that any NWAS data submissions will contribute to a triangulation of data from other sources in the NHS for further validation prior to upward briefing to the Department of Health. It is anticipated that a regimen of local and regional teleconferences will be scheduled in step with NHS England – North Region reporting obligations to the centre.

NWAS managers will continue to represent local Sectors on A&E Delivery Boards and provide detailed, local assurances or data as requested.

9.0   Seasonal Influenza

The flu campaign launches 1st October 2019 until 29th February 2020. NWAS clinicians (paramedic level) can administer the seasonal influenza vaccine to all frontline staff (PTS, 111, EOC and PES). The flu leads have had numerous meetings to ensure the cold chain supply requirements have been communicated effectively and introduce the new reporting process.

This year, all vaccinators will have access to an online reporting system which will enable the Trust to capture data in real time. Therefore, we should be able to manage uptake efficiently. Staff communications will take the 'I will, if you will' approach to target areas with historical low uptake to try and encourage staff to be vaccinated and dispel any potential myths. PTS will also be holding bespoke clinics using corporate vaccinators to provide greater access to a previously difficult working group to target.

Vaccinations will be delivered in three phases, one by the end of September and the latter two by the end of October. It is anticipated that for the winter of 2019/20 there will be virtually no reliance on Occupational Health Services for vaccinations with the exception of the over 65 group who may want access to Quadrivalent (C). Influenza vaccination should be seen as an augmentation of those normal infection prevention and control measures, which have been embedded within the Trusts procedures.

The table below shows the vaccination uptake for frontline Healthcare workers across all Ambulance Trusts from 1st September 2018 to 28th February 2019. North West Ambulance Service NHS Trust ranked 3rd out of 10.

Trust	1 Sept 2018 - 28 Feb 2019 Vaccine Uptake %	1 Sept 2017 - 28 Feb 2018 Vaccine Uptake %
WEST MIDLANDS AMBULANCE SERVICE NHS TRUST	85.7	77.2
EAST MIDLANDS AMBULANCE SERVICE NHS TRUST	74.8	73.4
NORTH WEST AMBULANCE SERVICE NHS TRUST	70.5	67.2
YORKSHIRE AMBULANCE SERVICE NHS TRUST	63.9	65.6
SOUTH WESTERN AMBULANCE SERVICE NHS TRUST	60.0	56.7
NORTH EAST AMBULANCE SERVICE NHS FOUNDATION TRUST	51.1	54.4
LONDON AMBULANCE SERVICE NHS TRUST	47.9	55.6
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST	42.0	55.5
SOUTH EAST COAST AMBULANCE SERVICE NHS TRUST	39.3	69.3
SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST	n/a	63.3

Source: Public Health England

The total number of staff vaccinated within the 2018/19 Flu Campaign was 3830 frontline staff and 1382 non-frontline.

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9.1 Pandemic Influenza

The NWAS Pandemic Influenza Plan has been maintained in line with national guidance and will be invoked if health intelligence suggests the emergence of a pandemic strain and the appropriate trigger levels are breached. It is subject to an annual review and is ratified by the NWAS Board in line with EPRR Assurance requirements.

10.0   Severe Weather

Severe winter weather provides one of the greatest challenges to NWAS with snow, ice and flooding all affecting the road infrastructure. The NWAS response is detailed in the Area Operational Winter plans but essentially relies on the augmentation of the usual fleet with the following;

- All NWAS vehicles have been fitted with all-weather tyres
- NWAS 4x4 RRVs already in service including HART fleet
- Consideration of short term hire of additional 4x4 vehicles
- St John Ambulance and British Red Cross 4x4 vehicles
- Those managers with 4x4 lease vehicles
- Civilian Mountain Rescue Teams and other Search and Rescue charities
- Partner agencies e.g. Police, Fire & Rescue Service, RNLI, MCA, Local Authority
- Maritime and Coastguard Agency Search and Rescue helicopters (immediate lifesaving interventions)
- Military Aid to the Civil Community in extreme situations upon exhaustion of NWAS contingencies

Additionally, ambulance stations have received supplies of grit/salt and many have contract arrangements with hospital estates departments or commercial companies to provide a snow moving and gritting service. HART bases have their own snowplough capabilities to maintain access to their garages.

Vehicle recovery arrangements are in place either through NWAS Fleet Support or externally contracted sources.

Existing, departmental Business Continuity Plans and staff mapping information will come into play in the event of major difficulties in maintaining staff cover with particular emphasis on EOC operations and other core functions. Staff welfare is paramount but individuals are encouraged to attempt to access normal work locations where safe or nearest NWAS site/alternative site as designated in local Business Continuity Plans.

NWAS Strategic Commanders have Government Purchasing Scheme (GPC) Credit Cards to support the out of hours provision of financial support for emergency accommodation or catering supplies in the event of staff being stranded or required to be billeted near a place of work.

11.0   Industrial Action

Existing departmental Business Continuity and staff mapping arrangements underpin the NWAS response to any threatened periods of industrial action.

From experience gained from previous industrial action, a specific NWAS plan has been developed to deal with the impacts of disruption through strikes and action short of strike. This plan is sufficiently flexible to be tailored to the specific type or period of potential disruption. Knowledge of potential areas of disruption or challenge has been acquired from mitigation of Ambulance Staff, Fire and Rescue Service and Junior Doctors disputes/actions over recent years and this has been factored into a range of contingency plans to ensure enhanced resilience.

This 'Constant Care' Plan can be initiated in the face of planned or spontaneous action and provides a flexible and scalable response to maintain the Business Continuity of NWAS and protect core response in the face of

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any degradation of capability. This plan has been updated and reconfigured for each specific sector, which may be affected by industrial action e.g. Fire and Rescue Service, fuel transport or parts of the health sector. The threat of more widespread and coordinated industrial action during the winter period has been recognised and considered in terms of NWAS and multi-agency planning.

12.0   Document Review

This document remains in a constant state of review and will be updated and amended as situations develop or change but will be formally reviewed and revised in July 2020.

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Appendix 1

NWAS Generic Strategic Intentions Template

NHS
North West Ambulance Service
NHS Trust

INCIDENT NAME

dd/mm/yyyy

STRATEGIC INTENTIONS

It is the intention of the North West Ambulance Service to respond to and manage the impacts of ********************** in a way that protects and saves life, reduces humanitarian suffering and is compatible with the vision and values of the NHS. Any and all actions must also comply with Statute, JESIP Doctrine and recognised best practice including ************** specific advice from ***************.

Through effective coordination, sound planning and good leadership the Strategic Commander will:

1. Maintain public confidence and minimise the impact of the incident by ensuring that the Ambulance Service Provider is responding effectively to the consequences of any IA.

2. Ensure that the Ambulance Service Provider response is coordinated and integrated with the wider health and responding agencies to promote shared situational awareness and joint understanding of risk.

3. Maintain effective capacity management within the Emergency and Non-Emergency Service, and the Emergency Operations Centres by:

- Assessing and identifying any gaps in the response capability of the organisation for dealing with this incident.

- Identifying the need for (and requesting) ambulance mutual aid (commanders, staff and vehicles), national contingencies resources (Mass Casualty Vehicles) or national interoperable capabilities (HART).

4. So far as is reasonably practicable, take all measures and employ all appropriately identified control measures to safeguard the following people under the terms of Health and Safety Legislation:

- Patients
- Ambulance staff and other responders
- Local communities and the public

5. Ensure public messages are coordinated with partner agencies and stakeholders.

6. Ensure effective Business Continuity and Recovery arrangements are in place across the organisation and review where necessary.

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7. Provide support and representation at area and sub-regional levels where appropriate.

8. Promote to all on duty NWAS teams the need for sharpened focus and vigilance on both a general increase in activity and incident that is occurring in populated public places.

9. Create and maintain a well-documented, auditable plan and decision logs for the incident at all levels of command.

10. Ensure that Tactical Commanders produce a workable and appropriate Tactical Plan based on this Strategy.

11. Review this strategy every 4 hours or in the light of meetings of teleconferences convened or significant changes to the conduct of the IA including major incident declarations or capacity challenges.

Date..   Time.....................................

NWAS Strategic Commander (print)...

NWAS Strategic Commander (sign)...

Version 4.0

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Appendix 2

Strategic Commander Winter Action Card

Winter Action Card
ROCC Commander /Strategic Commander On-Call

All decisions should be made in accordance with the Joint Decision Model (JDM) and logged

	Description	✓	Time(s)
1	Consider any running or previous logs (EOC, AOCC, ROCC, personal) and maintain subsequent entries.		
2	'Best practice' suggests maintaining a personal decision log.		
3	Gain initial situational awareness from EOC/AOCC/C3/ROCC screens. **NB** If the ROCC does not have a Commander on duty then the on call Strategic Commander may need to consider dialogue with counterparts in the other areas.		
4	Establish contact with <u>each</u> AOCC/EOC to determine 'ground truth' and consider; • Resource profile • Activity profile • EOC staffing profile • Turnaround performance by hospital and OPEL status • NWAS Performance by Trust and Area • Any indications of NHS 111/Urgent Care pressures		
5	Assess relative risks based on above and construct working strategy based on; • NWAS Winter Plans • Divert and Deflection Plan • Demand Management Plan (DMP - when live) • EOC 0044 Utilisation of Managers • EOC 0032a Emergency Rule • EOC 006 Level 1 & 2 (until DMP live) • Major Incident Response Plan • REAP • Acute Trust OPEL escalation outliers		
6	With reference to the DMP (as above) and REAP, consider any immediate action requirements or additional escalations.		
7	For those Acute Trusts reporting OPEL Level 2 or above, review the <u>Acute</u> OPEL Action Card to determine if any NWAS supporting actions are required (see below for response to requests for NWAS to escalate).		
8	Formulate working strategy and communicate to AOCCs/EOCs. (Ensure ROCC is informed/engaged if no ROCC Commander on duty).		
9	Consider immediate need for Strategic teleconferences or establish appropriate time to facilitate a planned schedule of calls (without diverting attention from maintenance of core business).		

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10	Support and challenge AOCCs and EOCs in active management of pressures and sense check tactical planning. (Ensure ROCC is informed/engaged if no ROCC Commander on duty).		
11	Consider involvement of on call support to manage actions if required (e.g. NILO or loggist).		
12	Consider contact call to NHS 111/Urgent Care to assess impacts on demand and sources of support.		
13	Consider involvement of external agency management support (NHS England/CCGs).		
14	Inform NWAS Executive on call of any significant systems failures, major risks/pressures, staff welfare issues or adverse media interest.		
15	Engage with NWAS Communications team to ensure appropriate messages are being shared on social media or via other channels.		
16	Ensure the welfare requirements of all staff are being considered and addressed.		
17	Plan beyond immediate issues to facilitate recovery and consider implementation of Business Continuity measures if required.		
18	Review actions above and repeat as situation dictates.		
19	Review all logs and prepare for handover (to on call or relief) and ensuring rationales for decisions are recorded.		
	OPEL statement for Acute Trusts requesting NWAS escalation; • NWAS is currently operating at a Trustwide REAP level of 'xxxxx' that equates to Level 'xxxxx' of OPEL. • All necessary actions for NWAS under REAP have been considered and already implemented or held in reserve should the situation become more challenging. • NWAS is committed to support both whole system resilience and the management of local surge pressures against the background of patient care and protection of NWAS core business obligations. • NWAS will support any local measure to relieve pressures as far as practicable and within the overall confines of our prevailing REAP level that reflects to overall pressures experienced by NWAS and cannot be flexed locally. • Engagement with local NWAS managers on duty or on-call is encouraged so that appropriate supportive measures can be discussed.		

V 5.0 October 2017

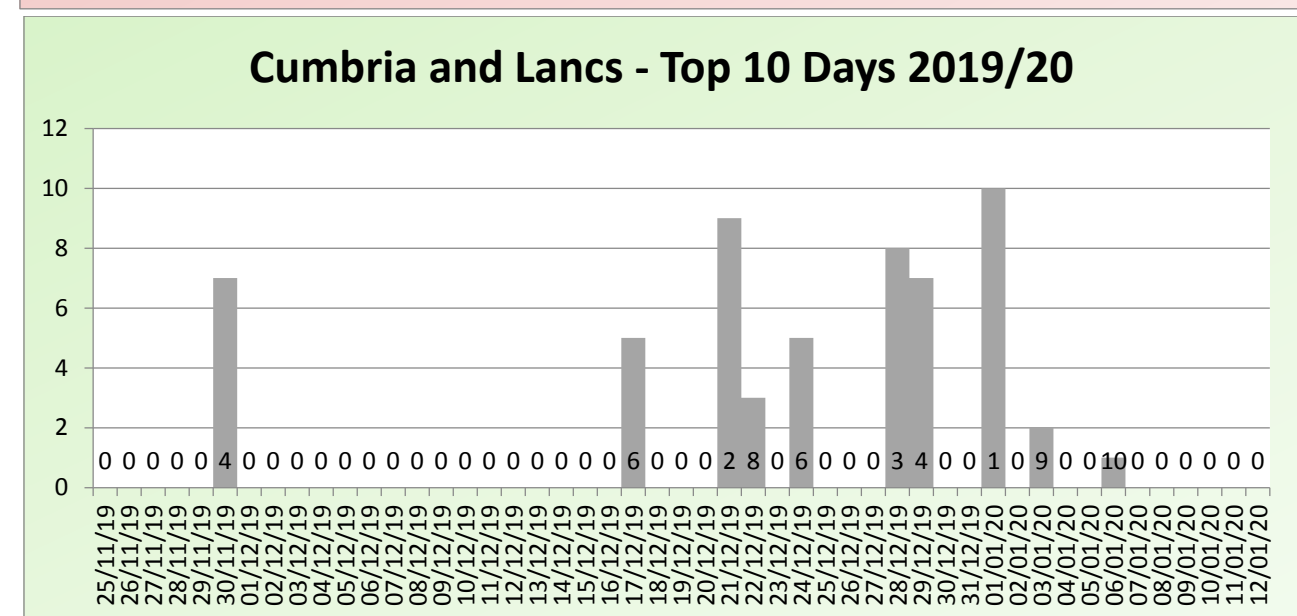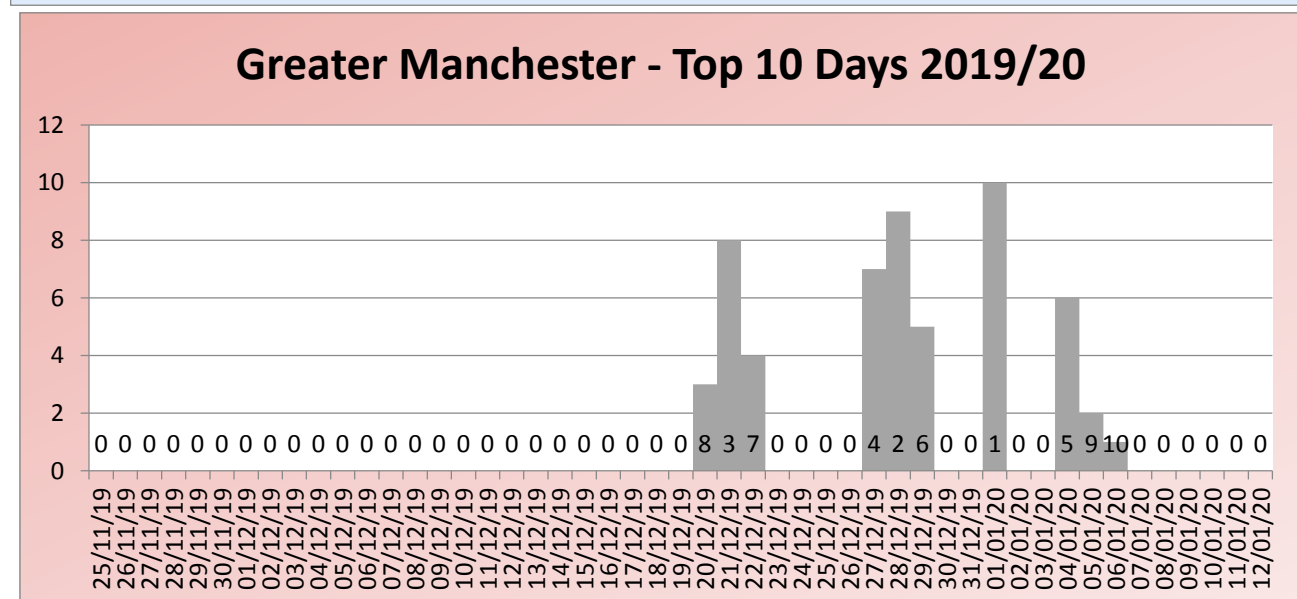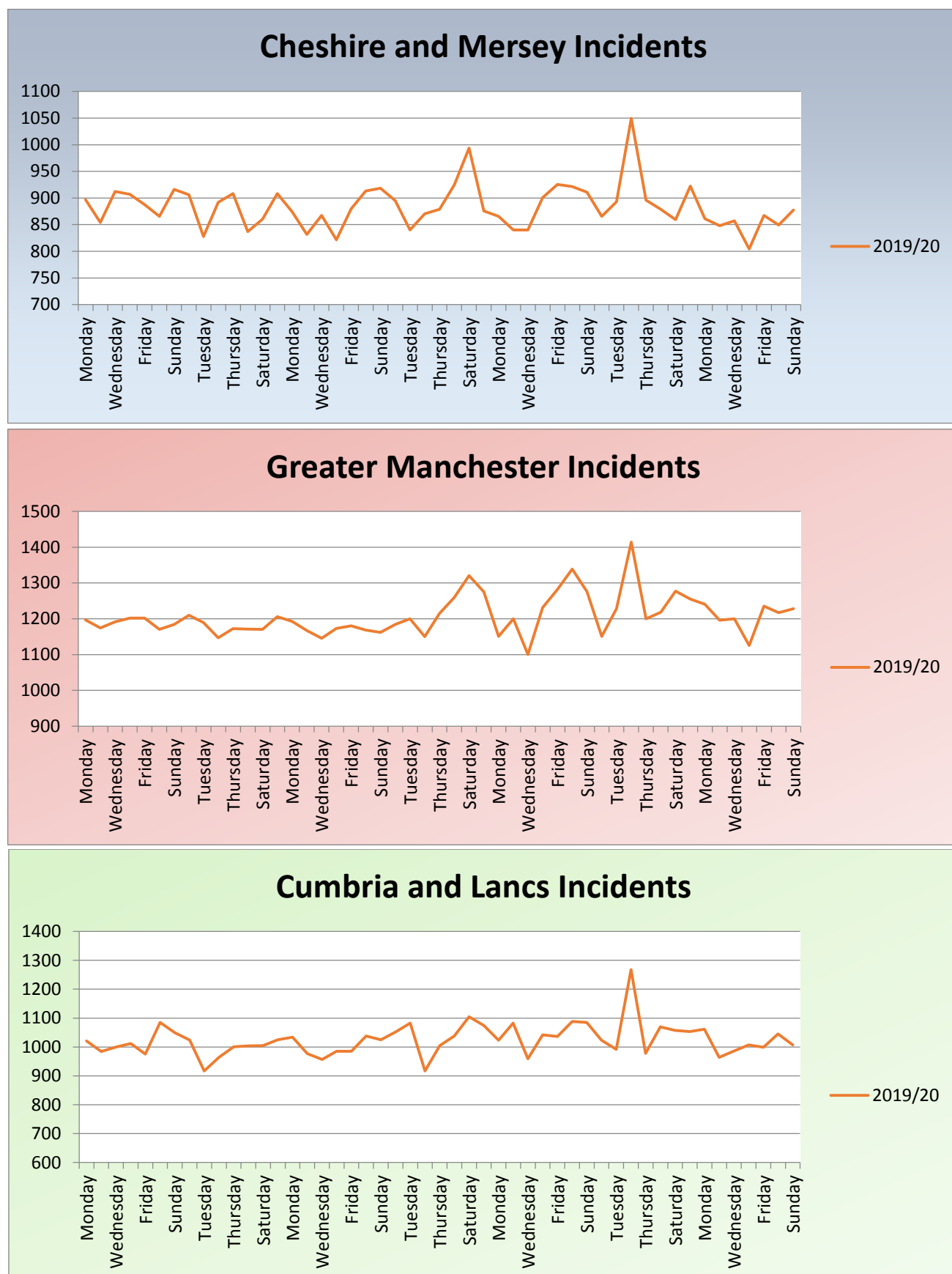| NWAS Strategic Winter Plan 2019-20		Page:	28 of 33
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Appendix 3 – Predicted Call Activity/Demand

Calls						Top 10 Days	Top 10 Nights
Date	Day	Top 10 Days	Daily Rank	Day Totals	Night Totals	Day Totals	Night Totals
30/11/2019	Saturday	4802	12	2328	2474	2328	2474
01/12/2019	Sunday	4630	13	2568	2062	2568	2062
02/12/2019	Monday	4915	8	3179	1736	3179	1736
03/12/2019	Tuesday	4566	17	2697	1869	2697	1869
04/12/2019	Wednesday	4581	15	2896	1685	2896	1685
05/12/2019	Thursday	4991	5	2967	2024	2967	2024
06/12/2019	Friday	4971	6	2764	2207	2764	2207
07/12/2019	Saturday	4899	10	2412	2487	2412	2487
08/12/2019	Sunday	3951	37	2385	1566	2385	1566
09/12/2019	Monday	4852	11	2923	1929	2923	1929
10/12/2019	Tuesday	4335	31	2632	1703	2632	1703
11/12/2019	Wednesday	4442	25	2709	1733	2709	1733
12/12/2019	Thursday	4403	26	2568	1835	2568	1835
13/12/2019	Friday	5031	3	2886	2145	2886	2145
14/12/2019	Saturday	4487	23	2342	2145	2342	2145
15/12/2019	Sunday	4092	36	2227	1865	2227	1865
16/12/2019	Monday	4511	21	2796	1715	2796	1715
17/12/2019	Tuesday	4915	8	2991	1924	2991	1924
18/12/2019	Wednesday	4512	20	2840	1672	2840	1672
19/12/2019	Thursday	4536	19	2764	1772	2764	1772
20/12/2019	Friday	4938	7	2780	2158	2780	2158
21/12/2019	Saturday	4504	22	2489	2015	2489	2015
22/12/2019	Sunday	3791	44	2120	1671	2120	1671
23/12/2019	Monday	3899	40	2349	1550	2349	1550
24/12/2019	Tuesday	5008	4	2991	2017	2991	2017
25/12/2019	Wednesday	4172	34	1911	2261	1911	2261
26/12/2019	Thursday	3792	43	2089	1703	2089	1703
27/12/2019	Friday	4579	16	2616	1963	2616	1963
28/12/2019	Saturday	4363	28	2330	2033	2330	2033
29/12/2019	Sunday	3793	42	2158	1635	2158	1635
30/12/2019	Monday	3884	41	2349	1535	2349	1535
31/12/2019	Tuesday	5585	1	2351	3234	2351	3234
01/01/2020	Wednesday	4244	32	2643	1601	2643	1601
02/01/2020	Thursday	4116	35	2454	1662	2454	1662
03/01/2020	Friday	4345	29	2568	1777	2568	1777
04/01/2020	Saturday	4368	27	2339	2029	2339	2029
05/01/2020	Sunday	3901	39	2277	1624	2277	1624
06/01/2020	Monday	4601	14	2940	1661	2940	1661
07/01/2020	Tuesday	4544	18	2895	1649	2895	1649
08/01/2020	Wednesday	4467	24	2840	1627	2840	1627
09/01/2020	Thursday	4341	30	2673	1668	2673	1668
10/01/2020	Friday	5133	2	2940	2193	2940	2193
11/01/2020	Saturday	4228	33	2255	1973	2255	1973
12/01/2020	Sunday	3936	38	2247	1689	2247	1689

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Cheshire and Mersey - Top 10 Days 2019/20

Greater Manchester - Top 10 Days 2019/20

Cumbria and Lancs - Top 10 Days 2019/20

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Cheshire and Mersey Incidents

Greater Manchester Incidents

Cumbria and Lancs Incidents

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Appendix 6 – 111 Activity Forecast

Month	Day	Date	W/C	Long Term	Split HA	Split SA	Weekly vol	Rank
Dec	Mon	02/12/2019	02/12/2019	4039	2827	1212		33
Dec	Tue	03/12/2019	02/12/2019	3810	2667	1143		37
Dec	Wed	04/12/2019	02/12/2019	3677	2574	1103		41
Dec	Thu	05/12/2019	02/12/2019	3355	2348	1006	33976	49
Dec	Fri	06/12/2019	02/12/2019	3550	2485	1065		45
Dec	Sat	07/12/2019	02/12/2019	7962	5574	2389		11
Dec	Sun	08/12/2019	02/12/2019	7583	5308	2275		16
Dec	Mon	09/12/2019	09/12/2019	4057	2840	1217		32
Dec	Tue	10/12/2019	09/12/2019	3827	2679	1148		36
Dec	Wed	11/12/2019	09/12/2019	3694	2586	1108		40
Dec	Thu	12/12/2019	09/12/2019	3370	2359	1011	34130	48
Dec	Fri	13/12/2019	09/12/2019	3566	2496	1070		44
Dec	Sat	14/12/2019	09/12/2019	7998	5599	2400		10
Dec	Sun	15/12/2019	09/12/2019	7618	5332	2285		15
Dec	Mon	16/12/2019	16/12/2019	5008	3506	1503		19
Dec	Tue	17/12/2019	16/12/2019	4724	3307	1417		21
Dec	Wed	18/12/2019	16/12/2019	4560	3192	1368		24
Dec	Thu	19/12/2019	16/12/2019	4160	2912	1248	42132	30
Dec	Fri	20/12/2019	16/12/2019	4402	3081	1321		26
Dec	Sat	21/12/2019	16/12/2019	9874	6912	2962		4
Dec	Sun	22/12/2019	16/12/2019	9404	6583	2821		6
Dec	Mon	23/12/2019	23/12/2019	4593	3215	1378		23
Dec	Tue	24/12/2019	23/12/2019	4747	3323	1424		20
Dec	Wed	25/12/2019	23/12/2019	5590	3913	1677		17
Dec	Thu	26/12/2019	23/12/2019	9515	6661	2855	52444	5
Dec	Fri	27/12/2019	23/12/2019	5535	3874	1660		18
Dec	Sat	28/12/2019	23/12/2019	12268	8587	3680		1

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Dec	*Sun*	*29/12/2019*	*23/12/2019*	*10197*	7138	3059		2
Jan	*Mon*	*30/12/2019*	*30/12/2019*	*4531*	3172	1359		25
Jan	*Tue*	*31/12/2019*	*30/12/2019*	*4380*	3066	1314		27
Jan	*Wed*	*01/01/2020*	*30/12/2019*	*7826*	5478	2348		12
Jan	*Thu*	*02/01/2020*	*30/12/2019*	*4319*	3023	1296	44579	28
Jan	*Fri*	*03/01/2020*	*30/12/2019*	*4651*	3256	1395		22
Jan	*Sat*	*04/01/2020*	*30/12/2019*	*10091*	7064	3027		3
Jan	*Sun*	*05/01/2020*	*30/12/2019*	*8782*	6147	2634		7
Jan	Mon	06/01/2020	06/01/2020	4165	2916	1250		29
Jan	Tue	07/01/2020	06/01/2020	3929	2750	1179		34
Jan	Wed	08/01/2020	06/01/2020	3792	2655	1138		38
Jan	Thu	09/01/2020	06/01/2020	3460	2422	1038	35039	46
Jan	Fri	10/01/2020	06/01/2020	3661	2563	1098		42
Jan	Sat	11/01/2020	06/01/2020	8211	5748	2463		8
Jan	Sun	12/01/2020	06/01/2020	7821	5474	2346		13
Jan	Mon	13/01/2020	13/01/2020	4122	2886	1237		31
Jan	Tue	14/01/2020	13/01/2020	3888	2722	1167		35
Jan	Wed	15/01/2020	13/01/2020	3753	2627	1126		39
Jan	Thu	16/01/2020	13/01/2020	3424	2397	1027	34677	47
Jan	Fri	17/01/2020	13/01/2020	3623	2536	1087		43
Jan	Sat	18/01/2020	13/01/2020	8127	5689	2438		9
Jan	Sun	19/01/2020	13/01/2020	7740	5418	2322		14

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NHS
North West
Ambulance Service
NHS Trust

REPORT

Board of Directors	
Date:	25 September 2019
Subject:	Sustainable Development Management Plan
Presented by:	Carolyn Wood, Director of Finance
Purpose of Paper:	For Decision
Executive Summary:	In March 2018 it was agreed that the review of the Sustainable Development Management Plan (SDMP) would be delayed until September 2018 due to the expected release of new NHS Sustainable Development Unit's (SDU) guidance and the replacement of the Good Corporate Citizenship (GCC) Model with the Sustainable Development Assessment Tool (SDAT).
	The planned review of the existing SDMP had come with unexpected resource and technical challenges resulting in further delays. In addition, one of SDU's objectives is to standardise SDMP format to follow the SDAT analysis which is designed to create the targets in line with achieving NHS objectives. These have now been addressed and a draft SDMP is appended for discussion and subsequent approval. For reference, the user SDAT User Guide is presented in Appendix A.
	As part of the SDMP there is a target objective for the formation of a Sustainability Steering Group which will be essential to the ongoing development and the delivery of the Trust's SDMP. Also appended to this report is a copy of the proposed terms of reference for the group. The aim of the group will be to embed social, environmental and economic sustainability across all directorates and within work streams outside of the Estates remit. In addition to this, it outlines the ambitious targets from the NHS Long Term Plan and updated targets from the Climate Change Act to target the trust to achieve the same in relation to our own impacts, these are;
	• 51% reduction in carbon by 2025 (1990 baseline) • Net Zero Carbon by 2050 • Cut business mileages and fleet air pollutant emissions by 20% by 2023/24. • Ensuring that at least 90% of the NHS fleet uses

low-emissions engines (including 25% ultra-low emissions) by 2028
- Phasing out primary heating from coal and oil fuel in NHS sites (the Trust has already achieved this target)

(Note: *The Trust is heavily dependent upon its fleet and green vehicular technology developments are increasing exponentially. However, not all suitable vehicles are currently available for all Trust fleet requirements. Therefore, annual fleet replacement business cases will need to maintain a balance of operational requirements and prevailing type availability i.e. 4x4)*

NWAS Sustainability Mission Statement: To be a leader in sustainable development and healthcare, by:

- By operating responsibly we aim to enhance social value, protect our environment and reduce our environmental impact.
- We will collaborate with key stakeholders to develop a sustainable health and care system that improves community health and quality of life.
- We will integrate sustainability practices and principals across the Trust and within our supply chain.
- We will empower our staff to drive sustainability forwards.

Recommendations, decisions or actions sought:	The Board of Directors is asked to: • Approve the Trust Sustainable Development Management Plan

Link to Strategic Goals:	**Right Care**		**Right Time**	
	Right Place		**Every Time**	☒

Link to Board Assurance Framework (Strategic Risks):

SR02	If the Trust does not maintain efficient financial control systems then financial performance will not be sustained and efficiencies will not be achieved leading to failure to achieve its strategic objective	☒
SR04	If the Workforce Strategy is not delivered, then the Trust may not have sufficient skilled, committed and engaged staff and leaders to deliver its strategic objectives	
SR05	If the Trust does not deliver the benefits of the Estates Strategy then the Trust will not maximise its estate to support operational performance leading to failure to create efficiencies and achieves its strategic objectives	☒
SR07	If the Trust does not maintain and improve its digital systems through implementation of the digital strategy, it may fail to deliver secure IT systems and digital transformation leading to reputational risk or missed opportunity	

Are there any Equality Related Impacts:	**No**
Previously Submitted to:	**Executive Leadership Committee** **Resource Committee**

Date:	11/09/2019 23/09/2019
Outcome:	Supported (TBC)

1. PURPOSE

The purpose of this document is to seek approval from the Board of Directors for the new Trust Sustainable Development Management Plan (SDMP). The SDMP was presented to the Executive Leadership Committee on 11th September 2019 and scheduled to be presented to the Resource Committee 23rd September 2019.

2. BACKGROUND

In March 2018 it was agreed that the review of the SDMP would be delayed until September 2018 due to the expected release of new NHS Sustainable Development Unit (SDU) guidance and the replacement of the Good Corporate Citizenship (GCC) Model with the Sustainable Development Assessment Tool (SDAT).

Unfortunately there were some initial technical issues with the SDAT resulting in delaying the release and completion. The SDAT was completed in November 2018.

The trust has completed the initial SDAT assessment with the outcome of the SDAT being that the Trust is performing well under the asset management and utilities, adaptation and our people modules but requires more work across the green spaces and biodiversity, sustainable models of care and sustainable use of resources modules. New guidance recommends the formation of a Sustainability Steering Group to enable the Trust to embed social, environmental and economic sustainability within all directorates, aligning the Trust with the Sustainable Development Goals and tackling poor performance in SDAT modules such as Sustainable Models of Care. This will require the appointment of senior decision makers from Transformation, Procurement, HR, Fleet, Resilience, Finance and Estates as a minimum. The aim of the group will be to aid in improving Trust performance and working towards the achievement of the goals within the SDMP which have been developed to enable successful delivery of organisational, NHS and government targets. Appended to this report are the proposed Terms of Reference for the creation of the Trust's Sustainability Steering Group which needs to be considered by the committee and approved if deemed acceptable.

The overall Trust score has dropped from 46% under the GCC to 44% under the SDAT because of the streamlining of the statement set and a rise in expectations for NHS Trusts to embed sustainability in line with the Sustainable Development Goals and NHS guidance. Therefore, this score represents the Trust is maintaining the same level of performance rather than a decrease in performance. Provided enough National data is available the Trust will shortly be able to use the SDAT to benchmark against other Ambulance Trusts.

The Trusts SDMP has now been re-written using the SDAT to inform Trust targets as is recommended by the NHS Sustainability Development Unit guidance.

The final draft of the proposed SDMP is appended to this report for committee approval before going to the Board of Directors for final approval.

The environmental targets outlined in the new NHS Long Term Plan have also been incorporated into the SDMP. The key targets are:

- 51% reduction in carbon by 2025 (1990 baseline);
- Net Zero Carbon by 2050;
- Cut business mileages and fleet air pollutant emissions by 20% by 2023/24;
- Ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028; and
- Phasing out primary heating from coal and oil fuel in NHS sites.

Changes to the NHS standard contract can also be taken into consideration; requirements under section 18 have been broadened to ensure all Trusts address air pollution, waste minimisation and plastic minimisation.

All of the work outlined above will ensure that another total rewrite of the SDMP will not have to be completed in the short to medium term.

NWAS Sustainability Mission Statement: To be a leader in sustainable development and healthcare, by:

- Operating responsibly we aim to enhance social value, protect our environment and reduce our environmental impact.
- We will collaborate with key stakeholders to develop a sustainable health and care system that improves community health and quality of life.
- We will integrate sustainability practices and principals across the Trust and within our supply chain.
- We will empower our staff to drive sustainability forwards.

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

The NHS Carbon Reduction Strategy for England 2009 incorporates the targets laid out in the Climate Change Act 2008. NWAS not achieving its sustainability targets would result in the failure to reach government targets for the reduction in greenhouse gas emissions.

The SDMP will also provide assurance that the trust are compliant with the legal requirements under the Waste (England and Wales) Regulations 2011 and The Hazardous Waste (England and Wales) Regulations 2005 which call for a preferential order to waste management, failure to manage our waste in accordance with these regulations can result in financial penalties and prosecution.

In addition to this, the Public Services (Social Value) Act 2012, which has been highlighted in the governments Waste and Resources Strategy (2018) as requiring a review to ensure tighter regulation, approval of the SDMP will allow the Trust to stay ahead of expected changes.

4.   RECOMMENDATIONS

The Board of Directors is asked to:

- Approve the Trust Sustainable Development Management Plan

Sustainable Development Management Plan (SDMP) 2019 - 2025

Sustainable Development Management Plan (SDMP) 2019 - 2025		Page:	Page 1 of 33
Author:	Environmental Sustainability Officer	Version:	0.7
Date of Approval:		Status:	Draft
Date of Issue:		Date of Review	

Recommended by	Estates Manager Environmental
Approved by	
Approval date	
Version number	
Review date	
Responsible Director	Director of Finance
Responsible Manager (Sponsor)	Assistant Director of Estates, Fleet & FM
For use by	All staff

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

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Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	15.05.2019		Environmental Sustainability Officer	Content structure development, sections 1.1, 2 and 3
0.2	30.07.2019		Environmental Sustainability Officer	Addition to Section 4 and Climate Change Risk Assessment.
0.3	16.08.2019		Environmental Sustainability Officer	Addition to Section 4
0.4	19.08.2019		Environmental Sustainability Officer	Addition to section 4, amendment to section 3, amendment to section 1
0.5	28.08.2019		Environmental Sustainability Officer	Addition to section 4, 5 and 6
0.6	29.08.2019		Environmental Sustainability Officer	Sections 7-11
0.7	05.09.2019		AD and Estates Manager Environmental	Document Review

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Sustainable Development Management Plan

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1. Introduction

1.1 Organisation

In the provision of emergency healthcare and patient transport services, The North West Ambulance Service NHS Trust:

- Employs over 6,000 staff;
- Operates in 130 buildings, including ambulance stations, patient transport bases, corporate offices, emergency operations centres, a 111 call centre and vehicle maintenance workshops;
- Operates across Cumbria, Lancashire, Cheshire, Merseyside and Greater Manchester, an area of 5,400 square miles with a population of 7.5 million people; and
- Currently has over 1,000 emergency and non-emergency vehicles in operation.

This SDMP has been created with this in mind to ensure that, as one of the larger ambulance services in the UK, we act as an anchor institution and reaffirm our commitments to the delivery of a sustainable health and care system.

A sustainable health and care system reduces inequalities, environmental impacts and preventable diseases whilst enabling environmental improvements, independence and wellbeing and the creation of strong social assets.

1.2 Current Progress

The NHS Long Term Plan released in January 2019 included several environmental targets. This SDMP in conjunction with other Trust documents aims to work towards achieving all of these. The Trust has taken an ambitious approach by aligning its targets with the targets in the NHS Long Term Plan and the updated 2050 target in the Climate Change Act, these five targets are listed below.

- 51% reduction in carbon by 2025 (1990 baseline).
- Net Zero Carbon by 2050.
- Cut business mileages and fleet air pollutant emissions by 20% by 2023/24.
- Ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emission) by 2028.
- Phasing out primary heating from coal and oil fuel in NHS sites.

The Trust achieved the 2015 milestone target of a 10% reduction in emissions and the NHS overall managed an 11% reduction. However, it is widely acknowledged that significant progress is still required to meet the 2020 target of 34% and almost zero by 2050.

2. Drivers for change

Drivers provide legal and policy context for improving sustainability and can be categorised into four key groups, as outlined below. These drivers are correct at the time of publication but are subject to regular review and updates across the lifetime of this plan.

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1. Legislative

- Civil Contingencies Act
- Climate Change Act
- Environmental Protection Act
- The Waste Regulations
- European Emissions Trading Scheme
- Public Sector (Social Value) Act

3. International and European Guidance

- European Union Waste Directive
- United Nations Sustainable Development Goals
- World Health Organisation: Environmentally Sustainable Health Systems in Europe
- The Global Climate and Health Alliance
- Intergovernmental Panel on Climate Change Global Warming 1.5°C
- Mitigation and Co-Benefits of Climate Change
- World Health Organisation: European Policy for Health and Wellbeing

2. Healthcare specific guidance, strategies and policy

- Sustainable Development Strategy for the Health and Social Care System
- HM Treasury Sustainability Reporting Framework
- NHS Long Term Plan
- The Carter Review
- The Naylor Review
- Adaptation Report for the Healthcare System
- Public Health Outcome Framework
- Fair Society, Healthy Lives (The Marmot Review)
- NHS Standard Contract 2019/20
- Health Technical Memoranda and Building Notes
- NICE – Physical Activity, Walking and Cycling
- Sustainable Transformation and Partnership Plans

4. UK Strategy and Guidance

- The Stern Review 2006: The Economics of Climate Change
- National Policy and Planning Framework 2012
- DEFRA: The Economics of Climate Change
- National Adaptation Program
- HPA Health Effects of Climate Change
- Making the Country Resilient To The Changing Climate
- DEFRA 25 year Environment Plan
- UK Air Quality Strategy
- BEIS Industrial Strategy: Building a Britain Fit For The Future
- DEFRA Waste and Resources Strategy
- Building Regulations
- Government Buying Standards
- GM Carbon Neutrality / 5 year plan

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3. The NWAS Vision

NWAS Mission Statement: To be the best Ambulance Service in the UK.

NWAS Sustainability Mission Statement: To be a leader in sustainable development and healthcare.

Strategy for Delivery:
- By operating responsibly we aim to enhance social value, protect our environment and reduce our environmental impact.
- We will collaborate with key stakeholders to develop a sustainable health and care system that improves community health and quality of life.
- We will integrate sustainability practices and principals across the Trust and within our supply chain.
- We will empower our staff to drive sustainability forwards.

4. Areas of Focus

The Trust completes the NHS approved Sustainable Development Assessment Tool (SDAT) every 6 months to assess its progress towards embedding sustainability within the Trust.

The SDAT measures progress within 10 core modules and has helped inform the development of this SDMP by highlighting the areas within each module that needs to improve.

Currently in 6 out of 10 of the modules, the Trust has a poor or satisfactory performance, with the remaining 4 modules showing a good or excellent performance. Overall the trust has scored 44% in the most recent assessment which reflects a satisfactory performance overall.

Module	Score
Corporate Approach	33.33%
Asset Management & Utilities	78.95%
Travel and Logistics	38.54%
Adaptation	94.67%
Capital Projects	68.25%
Green Space & Biodiversity	2.9%
Sustainable Care Models	11.54%
Our People	77.42%
Sustainable use of Resources	19.44%
Carbon / GHGs	36.04%

Overall SDAT Score

44%
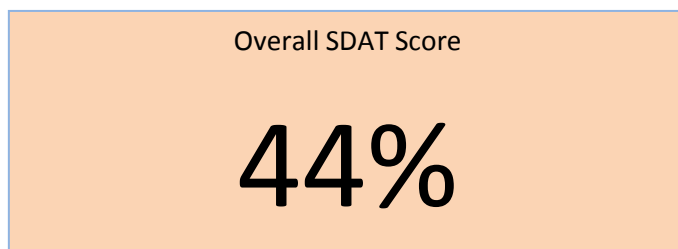
	Poor Performance or Insufficient Information
	Satisfactory Performance
	Good Performance
	Excellent Performance

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The SDAT also highlights the Trust's contribution to the United Nations Sustainable Development Goals (SDGs). The 2030 Agenda for Sustainable Development, adopted by all United Nations Member States in 2015, including the UK. This provide a shared blueprint for achieving peace and prosperity for people and the planet both for now and into the future.

At its heart are the 17 Sustainable Development Goals (SDGs) is an urgent call for action by all countries in a global partnership. They recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth – all the while tackling climate change and working to preserve our oceans and forests.

The Trust is starting to contribute to the following five goals:

	Gender Equality
	Clean Water and Sanitation
	Affordable and Clean Energy
	Climate Action
	Peace, Justice and Strong Institutions

Using this as a foundation and taking into account the overall SDAT score indicating an overall satisfactory performance, the areas of focus for this SDMP will align with the core modules of the SDAT and aim to ensure that the Trust starts actively contributing to SDG's.

This approach will improve the Trusts SDAT performance and ensure that the performance makes the intended contribution to the SDG's.

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4.1 Corporate Approach

In order to successfully deliver a sustainable healthcare system, NWAS will ensure that the principals of sustainability are embedded throughout all its organisational activity. This will require essential engagement and accountability for senior staff and stakeholders.

Corporate Approach Score

33.33%

Aim:
- To take a holistic approach to delivering sustainable healthcare driven from the top down.

Delivery:
- To support the Board Sustainability Lead (Director of Finance) with training, access to CPD events and local and national forums for knowledge sharing and innovation.
- Include a sustainability and social value assessment on all business cases.
- Create a cross departmental sustainability steering group to ensure the delivery of this SDMP and the creation of future SDMPs.

Measurement:
- Assess SDAT score and monitor improvements.
- Sustainability Steering Group to report 6 monthly to the Resource Committee
- Include a comprehensive sustainability section in the Annual Report.

4.2 Asset Management and Utilities

The Trust operate 24 hours a day, 7 days a week, 365 days a year and places a constant demand on its utilities which means a continuing impact on the environment.

Asset Management and Utilities Score

78.95%

Aim:
- To continue implementing innovative and new technologies/systems in estates and facilities management where practical.

Delivery:
- To approve and implement a waste and resources strategy.
- To explore the financial feasibility of switching all electricity supplies to green tariffs.
- To bid for appropriate funding to enable the implementation of energy saving technology where applicable.

Measurement:
- Assess savings via annual reporting.

4.3 Travel and Logistics

Service delivery, staff travel and transportation of goods all have a significant impact on local air quality, road congestion and the health of the communities we serve.

Travel and Logistics Score

38.54%

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Aim:
- Deliver an ambitious Fleet Strategy, Lease Car and Pool Vehicle Policies and supporting staff and visitors to make more sustainable choices when travelling to or between trust sites.
- To encourage sustainable and active methods of travel for staff and reduce the environmental impacts of operational and business miles.

Delivery:
- Engage with sustainable travel groups across the North West to improve access to discounted sustainable travel options.
- Ensure that all new trust vehicles under 3.5t are zero, ultra-low or low emission where practical to do so.
- Continue to review and assess emerging technologies for alternative fuels and engage with vehicle manufactures to ensure suitability for operational vehicles.

Measurement:
- Health Outcomes of Travel Tool (HOTT)
- Increase in travel discounts available to staff
- Proportion of trust vehicles which are EV and associated charging infrastructure.
- Assess carbon reduction via the annual report

4.4 Adaptation

Climate change presents a significant threat to human health and the environment; it presents one of the biggest challenges public health today.

Adaptation Score

94.67%

The extreme weather impacts of climate change, such as flooding and heatwaves create new challenges for our operation and place increasing demands on health services and therefore we must adapt to ensure we are able to continue operating under new pressures whilst working to mitigate the acceleration of climate change and its associated risks.

Appendix B is the Trust's current Climate Change Adaptation Plan.

The Trust will work to raise awareness of the links between climate and increased risks to health and our operation.

Aim:
- To ensure senior level staff have sufficient awareness of climate change to be able to deal with the operational impacts of extreme weather events caused by climate change and continue to invest in mitigation measures.

Delivery:
- To regularly review the climate change risk assessment contained within this SDMP.
- To include the risks in the climate change risk assessment on the Trust risk register.
- To deliver Carbon Literacy Training to all very senior and senior management and work towards making appropriate sustainability training available to all staff.

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Measurement:
- Approved SDMP
- Approved and implemented Carbon Literacy program
- Ongoing review of the Trust's Climate Change Adaptation Plan

4.5 Capital Projects

There is a significant opportunity to embed sustainability during refurbishment and development of the Trust's estate portfolio, by implementing new technologies as standard into improvement / new-build projects.

Capital Projects Score

68.25%

Aim:
- To reduce the environmental impacts of our building works during construction, refurbishment, operation and decommissioning.

Delivery:
- Integrating sustainability into trust building standards for capital projects.
- Explore the implementation of lifecycle analysis into all capital projects to understand the whole life cost and to drive resource efficiency.
- Ensure that waste disposal costs are captured in all capital business cases.

Measurement
- Reduction in energy use via annual reporting

4.6 Green Space and Biodiversity

Improving and maintaining green space has positive benefits on mental health and wellbeing whilst supporting cleaner air, noise reduction and supporting biodiversity.

Green Space and Biodiversity Score

2.9%

Will we pursue a staff led approach to our green spaces and biodiversity to support staff wellbeing, an improved environment to support good mental health which will provide a safe space for our local wildlife and pollinators.

Aim:
- To empower staff to take pride in and improve their green spaces.

Delivery:
- Create 'no mow' zones at our large corporate sites to encourage growth of wildflowers for pollinators.
- Create a sustainability steering group and use the group to design a biodiversity toolkit to empower staff to look after their on-site green spaces.

Measurement:
- Sustainability Steering Group approved and embedded.
- Toolkit approved.
- Increase biodiversity / green space across the Trust.

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4.7 Sustainable Care Models

Sustainable Models of Care Score
11.54%

There is a need for better understanding of how to deliver a low carbon and integrated healthcare service to ensure operational efficiency and environmental impact reduction.

To deliver the right care, at the right time, in the right place, every time and within the environmental, social and economic resources available is an ever growing challenge. As we expect to see the impacts of climate change increase in severity, ensuring we have an ambulance service that is fit for the future is vital to delivering a high quality of care.

Aim:
- To deliver low carbon, high quality healthcare.
- Include a sustainability and social value assessment on all business cases.

Delivery:
- Create a cross departmental sustainability steering group to ensure the delivery of this SDMP and the creation of future SDMPs.
- Delivery overall of the SDMP.

Measurement:
- Sustainability Steering Group approved and embedded.

4.8 Our People

Our People Score
77.42%

Engaging staff in sustainability is essential to the delivery of a sustainable healthcare system. All staff have a role to play in ensuring the success of this strategy and should be adequately supported.

Aim:
- To empower staff by providing them with the support, knowledge and tools to develop more sustainable habits.

Delivery:
- Deliver programs to raise awareness of sustainability and the links between our environment and health and wellbeing.
- Incorporate sustainability into all job descriptions.
- Develop a sustainability team to provide adequate resource to support staff engagement and education.
- Develop a mandatory training module to be completed by all staff.

Measurement
- Increase in staff participation of sustainability programs.
- All job descriptions refer to personal responsibility within all roles towards sustainability.
- Creation of a mandatory training module on sustainability.

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4.9 Sustainable Use of Resources

The Trust produces a significant volume of waste across the organisation and the management of this waste currently meets minimum compliance standards once an item becomes waste.

Sustainable use of Resources Score

19.44%

Better implementation of the waste hierarchy through an approved Waste and Resources Strategy will ensure that the Trust is able to move towards a circular economy.

Aim:
- To focus on waste prevention and reuse to begin eliminating waste by ensuring resources are put back into the system for recycling.

Delivery:
- Maintain the current diversion of domestic waste streams from Landfill to Energy Recovery.
- Implement a Board approved Waste and Resources Strategy

Measurement
- Year on year reduction in waste produced via annual reporting
- Year on year increase in recycling rate via annual reporting
- Improvement in SDAT Score

4.10 Carbon / Greenhouse Gases

As a large organisation we are required to measure and report on our carbon footprint. This incorporates the emissions from every aspect of our operation.

Carbon / GHG Score

36.04%

Aim:
- To engage all stakeholders in carbon reduction and identify opportunities to implement new technologies/innovative ways of working which will result in the reduction of emissions.

Delivery:
- Design, implementation and roll out of a staff training program
- Engage our supply chain in carbon reduction
- Improve data collection on supply chain emissions
- Explore and implement new technologies / innovative

Measurement
- Year on year reduction in total CO_2e via annual reporting
- Active staff training program

5. Tracking Progress

We will track the progress of this SDMP using both qualitative and quantitative methods of data collection. The main form of measurement the Trust will be via the NHS Sustainable Development Unit's Sustainable Development Assessment Tool (SDAT).

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However, we will also continue to measure:

- Health Outcomes of Travel Tool will measure progress towards reducing our impact on air quality.
- Waste Assurance Report for the Safety Management Group uses internal data to measure progress relating to waste reduction and recycling.
- Sustainability Report for the Resources Committee will include updates on our progress towards all targets outlined within this SDMP and other specific areas of achievement.
- Internal data collation for waste and utilities on a monthly basis.

6. Governance

Senior leadership is vital in order to successfully deliver this strategy, this is due to the behaviour change element required across all departments and the work streams which fall outside the control of the Estates team.

The Governance Structure is outlined below.

The Board – The Director of Finance is the Trust sustainability lead.
The Board offers senior level leadership, supports implementation and ensures alignment with the organisation's value, culture, strategy and operations.

Sustainability Steering Group – The Sustainability Steering Group will be chaired by the Board Sustainability Lead. The Sustainability Steering Group minutes will be available to the Resources Committee and updates will be communicated in the form of a written bi-annual Sustainability Report to the Resources Committee.

Safety Management Group – The Safety Management Group meets on a quarterly basis to discuss all matters relating to Health and Safety within the Trust; the Safety Management Group reports into the Quality & Performance Committee. Progress on waste reduction and recycling is communicated every 6 months to the group via a Waste Assurance Report.

Sustainability Team – At the time of writing this document there is one full time role, of Environmental Sustainability Officer, which is solely dedicated to Sustainability. This role reports to the Estates Manager (Environmental) who has overarching responsibility for Sustainability alongside an Estates Manager responsibilities. These two roles sit within the Estates team and retain ownership of the delivery of this plan, in addition to compliance, project delivery, education and engagement of staff. Progress is reported via the Waste Assurance Report to the Safety Management Group and the Sustainability Report to the Resources Committee.

7. External Reporting

There are currently a number of mandatory and voluntary reporting streams which Trusts are required to undertake:

Completion of SDAT
This will measure the Trusts qualitative progress on sustainability for the previous year, inform plans for the coming year, and will eventually enable comparative performance against similar Trusts Nationally. The results of the SDAT are reported to the Resources Committee.

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Completion SDU Sustainability Reporting Portal

This requires Trusts to input their annual data collection which then calculates the carbon emissions the various areas of organisational activity e.g. energy, estates, travel and procurement etc. which then informs and helps populate the mandatory sustainability section within the Trust's Annual Report. The portal calculates all of the Trust's carbon emissions inclusive of Scope 1, 2 and 3 emissions. These are:

Scope 1
- Fuel combustion
- Company vehicles and
- Fugitive emissions

Scope 2
- Electricity
- Heat and steam

Scope 3
- Purchased goods and services
- Business travel
- Employee commuting
- Waste disposal
- Use of sold products
- Transportation and distribution (up and downstream)
- Investments, leased assets and franchises

ERIC (Estates Return Information Collection)

A mandatory data collection for all NHS Trusts required by the Department of Health and Social Care.

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8. Communications

Good communication is essential to the successful delivery of this SDMP; the communication plan highlights all the forms of communication to be used to raise awareness, engage and educate various levels of staff across the Trust.

Audience	Objective	Message	Channel	Frequency
Board and EMT	Support the Board in developing a better understanding of Sustainable Healthcare to ensure future decisions are environmentally, socially and financially sustainable, in addition to the Sustainable Development Goals.	Highlight good practice, progress and areas requiring improvement.	Via the Sustainability Report to the Resources Committee.	6 monthly
		What sustainable healthcare is and why it is important to NWAS.	Board engagement session.	Annually
Sustainability Champions	Empower Champions to drive local behavioural change.	Updates on sustainability at NWAS and upcoming events and campaigns which they can support locally.	Email	Relaunch the Sustainability Champions Network and provide a quarterly email to align with upcoming campaigns.
All Staff	Develop staff knowledge on environmental issues, sustainable healthcare and Sustainable Development Goals.	Various	Twitter	The Environmental Sustainability Officer will continue to manage the official NWAS twitter account.
			Bulletin	Provide a regular bulletin piece on sustainability at NWAS.
			Events / campaigns	Support 4 x campaigns each year and reinstate an annual Seminar.
			Seminar	
			Posters / noticeboards	Educational materials will be reviewed annually by the Sustainability Steering
			Mandatory / voluntary training	

9. Risk

The UK Climate Change Risk Assessment 2017 Evidence Report identified 6 priority risks from climate change within the United Kingdom:-

- Flooding and Coastal change risks to communities, business and infrastructure
- Risk to health, well-being and productivity from high temperatures
- Risks of shortages of public water supply
- Risks to natural capita (ecosystems, soil and biodiversity)
- Risks to domestic and international food production
- New and emerging pests and diseases (public and animal health threats)

Climate change is bringing more frequent and severe weather events, as well as more gradual change to the UK. In the North West these risks include hotter, drier summers, warmer, wetter winters, and more extreme weather events, such as downpours, heatwaves and intense periods of snowfall and ice. These events would impact across many sectors and affect the quality of life and health and wellbeing of the communities we serve.

Solutions to such challenges (such as Green Infrastructure) offer a significant opportunity to increase climate resilience, whilst potentially also improving health outcomes, economic performance and overall quality of life.

See Appendix A for the current risk assessment of the likely impact of threats and hazards of climate change to the Trust.

10. Finance

10.1 Known costs

The Carbon Literacy Training program has received funding from the Department for Business, Energy and Industrial Strategy for the development of a bespoke Carbon Literacy Training program, accreditation and 'Train the Trainer', training. However, a cost of £10 per person who undertakes the training will be required to obtain the 'Carbon Literate Citizen' certification.

10.2 Unknown Costs

Currently there is no dedicated budget towards sustainability projects; a business case for each project has been written in the past, funding options or existing budgets have also been used to be able to deliver some projects.

In order to successfully deliver the communications plan and projects required to meet the targets outlined in this plan whilst still maintaining compliance, additional resources maybe needed to support the small environmental team which will need to be explored further.

Revenue funding will be required to deliver an annual engagement program, including the sustainability seminar; this will allow the sustainability team to make small purchases to assist with the behaviour changes required to create a sustainable NWAS.

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10.3 Sources of Funding

There are various external sources of funding available to NWAS, in addition to Trust capital funding, for the delivery of sustainability projects and initiatives. The following funding streams are available:

- **Carbon and Energy Fund** – Launched by Greg Barker MP at IHEEM in 2011, the Carbon and Energy Fund (CEF) has been specifically created to fund, facilitate and project manage complex energy infrastructure upgrades for the NHS and wider Public Sector.

- **Salix** – Salix funding can be used in conjunction with a variety of procurement frameworks and covers over 100 energy efficient technologies including boilers, combined heat and power, LED and lighting upgrades, and heat recovery. Funding for Salix's NHS programme must be repaid within 5 years and cost less than £172 to save one tonne of carbon over the lifetime of the technology being installed.

- **Sponsorship** – Sponsorship from large environmental organisations can be sought to support staff engagement and smaller projects.

- **Charitable Funds** – Some funding is available from charities for environmental improvement projects, historically NWAS have not been eligible for these as our buildings and grounds are not open public access.

- **Government, Local Authority & NHSI / Department of Health and Social Care Funding** – Each year NHSI request funding for sustainability projects, this could include energy efficiency schemes, electric vehicle charging or new and emerging technologies such as hydrogen fuel cell. Local Authorities also have access to funding pots to install electric vehicle charge points in public spaces and solar installations, some Local Authorities are willing to share these funding pots with NHS Trusts. In addition to this there is also funding from central government schemes which can be accessed but it tends to be reserved for specific technologies.

11.   What can you do?

Bring your habits to work!
The simple and automatic actions like turning off lights and screens and recycling whilst you're at home can be applied in the workplace too!

Take a moment to consider the bigger picture!
Review the actions within this SDMP and think about how you can contribute within your own role, is there something you could improve?

Be part of the conversation!
Talk to your colleagues, line manager and embed sustainability practices within your area of work. Whether it's a small or large project, it all adds up to make a difference. Share it on Twitter or in the Staff bulletin.

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APPENDIX A – Climate Change Risk Assessment

1948	20/05/2016	Corporate/Directorate Risk	Service/Business Interruption Resilience	There is a risk of core business interruption through infrastructure challenges, staff absence, loss of estates or increases in activity caused by the direct or indirect impacts of Climate Change.	Winchester, Mr David	12	NWAS Climate Change Adaptation Plan. Business Continuity Management Plans. Specific NWAS Resilience Plans including Heatwave Plan. National Contingency Plans. Local Resilience Forum and other agency contingency plans. Information and intelligence from key agencies to provide early warning of sudden events. Government Emergency Powers under Part 2 of the Civil Contingencies Act (2004)	2	4	8	4	Treat - Implement controls and mitigating actions to reduce the risk.	Currency of some departmental Business Continuity Plans Lack of cross departmental Climate Change plans and mitigation measures.	NWAS Climate Change Adaptation Plan. Internal Contingency Plans External Contingency Plans. NWAS Business Continuity Plans	Widespread nature of Climate Change effects difficult to mitigate against \some impacts of Climate Change likely to be slow and impercetable Health Impacts of Climate Change may be difficult to attribute to a single causative factor.		4	4	20/12/2024	12/08/2019	20/12/2024

APPENDIX B

CLIMATE CHANGE ADAPTATION PLAN

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Recommended by	Estates Manager Environmental
Approved by	
Approval date	
Version number	2.0
Review date	October 2020
Responsible Director	Director of Finance
Responsible Manager (Sponsor)	Assistant Director Estates and Fleet Estates Manager Environmental
For use by	All Trust employees

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1. Introduction

Climate change is associated with substantial risks for both society and nature. The two fundamental response options for reducing the risks posed by climate change are the mitigation of climate change and adaptation to the climate change.

Mitigation means limiting global climate change by reducing the emissions of greenhouse gases and Adaptation means planning and taking action targeted at reducing the effects that climate change has on our environment at a local level. Instigating coping mechanisms will help to overcome or at least manage better the effects on society caused by climate change.

Adaptation Plans are developed in consideration of what actions are required for reducing the risks posed by severe weather conditions caused by climate change.

2. Aims and Objectives

This document follows the principals of the Climate Change Adaptation Report which has been reviewed nationally and approved by the Association of Ambulance Chief Executives (AACE) and adopted as a central ambulance service document. The document was also reviewed by the Green Environmental Ambulance Network (GrEAN). Prior to adoption, access to the document was given nationally, for comment/input to Ambulance Trust resilience managers, estates managers, fleet managers, operational managers and directors of finance.

NWAS has followed the guidance of this and other appropriate documentation then modified it to meet North West's local and regional level context.

3. Stakeholders

Some examples of the stakeholders are considered to be:

- Patients
- Staff
- National Health Service (NHS)
- Local Resilience Forums (LRF) including members from the Police, Fire, Local Authorities
- General public of Great Britain

4. Purpose of the Adaptation Plan

The purpose of this Adaptation Plan is to provide all stakeholders with some background information as to what North West Ambulance Service (NWAS) is doing to reduce and mitigate issues related to climate change as well as their responses to risks in the future.

It is essential that organisations responsible for vital services and infrastructure make the necessary plans to prepare for the risks from a changing climate.

The Climate Change Act 2008 introduced a new power for the Secretary of State to direct "reporting authorities" (companies with functions of a public nature such as water and energy utilities) to prepare reports on how they are assessing and acting on the risks and opportunities from a changing climate.

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5. Background information

In the first round of Climate Adaptation reporting, over 100 organisations, primarily from the energy, transport and water sectors provided reports under the Adaptation Reporting Power to the Department for Environment, food and Rural Affairs (DEFRA).

The National Climate Change Adaptation Report described in section 2 of this plan and on which this plan is based, was carried out in conjunction with DEFRA, Department of Health (DoH) and Climate Ready, as well as the Ambulance Environmental, Business Continuity and Resilience teams across the UK in response to the National Adaptation Programme (NAP).

In order to adapt to climate change and the impact that it could have on the British Ambulance Services, the national climate change adaptation plan guidance document was put together to assess the impacts.

DEFRA have published 'The Climate Change Risk Assessment' document that identifies over 700 different climate risks associated with increases in flooding and heatwaves. This report is in response to the impact and effects that climate change is already having:

Climate Ready working on behalf of DEFRA and the DoH are looking to get together a climate adaptation plan that covers all sectors and ensures that there is resilience to a wide range of issues.

DEFRA are trying to identify where there is potential for adaptation plans to be incorporated into future planning.

DEFRA are looking to see what has already been carried out to date – flood risk assessment, planning for the future, business continuity, heatwave plans and what part of this covers adaptation.

Ambulance Services signed up to the Sustainable Development assessment Tool for measuring organisational progress on sustainability are recommended to, and should be working towards having a Climate Change Adaptation Plan in place as part of their Carbon Management Plans/Sustainable Development Management Plans

6. Climate Risks

The following sections identify the risks that the current and predicted impacts of climate change have on the community which the Ambulance Service serves. North West Ambulance Service (NWAS) responses to the issues that have been identified are also detailed.

7. Potential Impacts of Climate Change

The impacts from Climate Change might include increases in flooding, temperature, drought and extreme weather events. These could create risks and opportunities such as: impacts to transport infrastructure from melting roads or buckling rails, increases in tourism, increased damage to buildings from storms, impacts on local ecosystems and biodiversity, scope to grow new crops, changing patterns of disease, impacts on planning and the local economy and public health. All of these elements will have an impact on the way in which the Ambulance Service responds as well as the potential drain on resources.

8. Flooding

It is estimated that over 5 million people in England and Wales live and work in properties that are at risk of flooding from rivers or the sea. Identification aids in the form of Flood Mapping and Flood warning direct are both available via the Governments Web site (www.gov.uk) and are available to assist in the identification of areas that are at risk from

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flooding. The Ambulance Service has to respond to all areas of the country so flooding can detrimentally affect services and response times.

9. Pluvial Flooding

Pluvial flooding occurs when an extremely heavy downpour of rain saturates the urban drainage system and the excess water cannot be absorbed into the system causing flooding. These unpredictable events occur without warning and in the worst cases can cause huge destruction and devastate large areas.

According to the research carried out by the Joseph Rowntree Foundation, around 2 million people are at risk from pluvial flooding, which represents around a third of all flood risk in the UK. This figure could increase by 1.2 million by 2050 due to a combination of climate change and population change. Population change has the potential to put three times more people at risk than climate change.

Existing flood risk assessments are based on the number of properties at risk as opposed to the number of people. This approach downplays the impact on people, and in particular potentially vulnerable groups such as the elderly. Lower income groups and renters are slightly more exposed to pluvial flood risk because of the number that live in low lying areas around town centres dominated by higher density terraced housing and flats.

NWAS Response

Mapping systems have been developed by local councils to identify localised flooding issue into and are available via the central governments web site www.gov.uk which the Business Resilience and Continuity Resilience Teams can tap into.

Staff should undertake dynamic operational risk assessment when driving in flood waters and comply with the guidance issued by the Trust on the matter.

Historical flooding areas will be taken into consideration by the Estates Team when planning for ambulance station and office locations.

The Government has updated their web portal to cover flooding from surface water situations and these are set to be incorporated into flood warnings in the future.

It is Ambulance Service policy that at a major incident involving flooding, all patients and staff are disinfected prior to entering an ambulance to minimise and eliminate contamination of ambulances with sewage and other pathogens if they have been in contact with flood waters.

10. Fluvial Flooding

Fluvial flooding occurs when rivers overflow and burst their banks. This is due to high or intense rainfall which flows into the rivers. It can cause localised flooding and accentuate pluvial flooding.

NWAS Response

The Government has a mapping system that Ambulance Services across the country have access to in order to gain up to date information on the flood risk associated with ambulance stations, driving routes and communities that may be affected by flooding.

Staff should undertake dynamic operational risk assessment when driving in flood waters and comply with the guidance issued by the Trust on the matter.

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NWAS work with other emergency services, local coastal communities and local resilience forums to ensure that the impact can be assessed and management of evacuation programmes can be implemented if required.

At a major incident involving flooding, all patients and staff are disinfected prior to entering an ambulance to minimise and eliminate contamination of ambulances with sewage and other pathogens if they have been in contact with flood waters.

11. Sea Flooding

Through Met Office assessments, coastal Ambulance Services and those further inland will be aware of high sea level issues that may create flooding further inland as well as localised flooding to sea areas as well as erosion. Storm surges can be assessed and at risk areas are identified. All Operations, Business Continuity/Resilience, Estates and Fleet departments should factor in potential sea level rises over the next few decades when identifying where new ambulance stations, fleet workshops, offices and standby locations should be located.

NWAS Response

NWAS actively monitor roads and network infrastructure to aid easy transition throughout the region.

Staff should undertake dynamic operational risk assessment when driving in flood waters and comply with the guidance issued by the Trust on the matter.

Work with Local Resilience Forums (LRFs) to identify areas that could be at risk and implement a strategy to support patients and members of the public at risk.

At a major incident involving flooding, all patients and staff are disinfected prior to entering an ambulance to minimise and eliminate contamination of ambulances with sewage and other pathogens if they have been in contact with flood waters.

12. Storms and Tornados

The impact of storms and tornados can be localised and unpredictable. The most extreme storms can cause widespread structural damage, e.g. roofs blown off, mobile homes overturned, loss of power if the power lines are brought down, risk to personal safety from flying debris and trees, potentially widespread and/or prolonged interruptions to power and widespread transport disruption could be caused due to fallen trees and debris.

NWAS Response:

NWAS work with local resilience forums and other emergency services to identify areas that have could be affected by storms.

Work with multi agency media teams to recommend that general public stay inside and minimise personal injury by staying out of storm weather and recommend not driving unless your journey is essential and avoiding exposed routes.

13. Temperature

Assessments of who is 'vulnerable' to climate change are highly complex. Vulnerability is generally understood as a combination of someone's exposure and sensitivity to climate hazards (e.g. heatwaves, cold) as well as their ability to adapt.

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14. Heat

A heat wave is classified as '….four main levels (Levels 1-4)…. Levels 1-3 are based on threshold day and night-time temperatures as defined by the Met Office. These vary from region to region, but the average threshold temperature is 30ºC during the day and 15ºC overnight.' (Department of Health's Heatwave Plan).

NWAS Response

The Department of Health's Heatwave Plan details how the health and care sectors should respond to heatwaves. Water is supplied to all staff during hot weather.

Ambulance Services will work with media teams to raise awareness of what the Heatwave Plan entails as well as educate the public as to how to minimise the impact to themselves and their family.

By working with local fuel poverty charities, Ambulance Services can ensure that those most vulnerable will be able to obtain help to insulate their homes to reduce the internal temperature, for heat as well as for cold.

Drugs stored in vehicles will need to be kept in cool environments according to the temperatures specified by the drug manufacturers. The Ambulance Association of Chief Executives have a best practice document for the storage of medicines and explains the effects of temperature on ambulance medicines.

15. Drought

A drought is a period of water shortage for people, the environment, agriculture or industry. A drought can be created from a hot, dry summer or a dry winter both having a large impact on water resources. It is extremely unlikely that public health in the UK will be detrimentally and directly affected by drought. However, drought can lead to situations where health can be put at risk. Several factors play a part in contributing to a drought, including:

- lack of rainfall
- an environment/soil which is poor at retaining water
- hot weather which increases evaporation of water

Modern forecasting systems can predict how severe a drought will be and which areas will be affected, but it is difficult to predict a drought more than a month in advance for most locations.

Several health impacts can be associated with drought, although developed health and sanitation systems reduce the potential for drought-related health effects. Health impacts that may be relevant and could have an impact on the number of calls to the Ambulance Service include:

- Injury due to risk of swimming in rivers, reservoirs and other natural bodies of water. Diving into shallow water can cause injury, including serious spinal injury leading to lifelong paralysis.
- Public water supplies - In the UK, public drinking water supplies are tightly regulated to ensure they are safe. The Drinking Water Inspectorate (DWI) provides an independent reassurance that public water supplies in England and Wales are safe and drinking water quality is acceptable to consumers. Warnings are issued in case of any problems.
- Private water supplies - Private water supplies serve 1% of the population in England and Wales. During a drought, continued vigilance is needed to ensure water remains of adequate quality and quantity.
- Hand washing - Whilst it is important to minimise water wastage during a drought, hand washing should still continue as normal as this is one of the most effective ways to prevent transmission of infectious diseases.

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- Algal blooms - Some algal blooms and their surface scums, which grow on open waters and are often blown onto shorelines, can release toxins which adversely affect human and animal health. Symptoms following ingestion of contaminated water during recreational activities include gastro intestinal effects (e.g. abdominal pain, nausea, vomiting and diarrhoea) and respiratory features (e.g. sore throat and cough). Symptoms following recreational exposure include skin and eye irritation, respiratory features, and hay fever/asthma-like symptoms. Water treatment removes algal bloom contamination from drinking water.
- Dust-related problems - Parched soils can increase the amount of dust in the environment as can dust from wildfires/fires which commonly occur during drought. This may have consequences for those with pre-existing respiratory or cardiovascular disease.
- Mental health and wellbeing - Drought can be difficult for those whose livelihood or lifestyle depends on water. If drought conditions continue and worsen then, for example, farmers and rural populations may experience stress related to financial worries and employment uncertainty. (Source: HPA)

Drought is associated with several other natural hazards already detailed including:

- Heat waves - These have well-documented health effects.
- Wildfires - Drought, coupled with extreme heat and low humidity, can increase the risk of wildfire and may lead to air pollution concerns.
- Flood - The risk of flooding may increase following a drought because of extremely dry soil conditions.

NWAS Response

NWAS will work closely with the other emergency services, Environment Agency, local authorities and Water Authorities to identify areas that could be subject to issues associated with drought.

Ambulance Service communication teams to work closely with media teams to raise awareness of droughts and the effects and indirect effects associated with them.

Vehicle washing and cleaning should ideally be minimised or external garages should be used that recycle water.

Hand washing and disinfection will continue in line with infection prevention control policies.

16. Cold, ice and snow

The impact of cold weather on health is predictable and mostly preventable.

The direct effects of winter weather include an increase in incidence of:

- heart attack
- stroke
- respiratory disease
- flu
- falls and injuries
- hypothermia

Indirect effects of cold include mental health illnesses such as depression, stress as well as carbon monoxide poisoning from poorly maintained or poorly ventilated boilers, cooking and heating appliances and heating systems.

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After a mild cold spell the Ambulance Service has identified a rise in health issues:

- After 2 days – rise in heart attacks
- After 5 days – rise in strokes
- After 12 days – rise in respiratory illness

All of these will have an effect on the Ambulance Service and the number of emergency calls that they will receive after cold spells.

NWAS Response:

NWAS will work closely with the other emergency services, Environment Agency and local authorities to identify areas that could be subject to issues associated with cold.

The Ambulance Service should also work with the local authorities to identify routes that should be gritted in the event of ice and snow.

Business Continuity plans are in place across the Trust for each department to ensure continuation of business during this type of disruption.

All Ambulance Services assess will their tyres and tyre supplies prior to the winter season. All NWAS emergency vehicles are fitted with cold weather tyres.

The Ambulance Service offers staff the opportunity to have flu jabs.

Drugs stored in vehicles will need to be kept in warm environments according to the temperatures specified by the drug manufacturers to prevent freezing and cracking of the drug bottles. The Ambulance Association of Chief Executives has a best practice document for the storage of medicines and explains the effects of temperature on ambulance medicines.

The Ambulance Service complies with the Cold weather plan as detailed by Public Health England and the Department of Health. The Cold Weather Plan is underpinned by the Cold Weather Alert system which has been updated and now comprises five main levels. Level 0 - long term winter planning for between 1st November – 31st March, Levels 1 to 4, comprising winter and cold weather preparedness to a major national emergency. Each alert level should trigger a series of indicative actions.

The Met Office issues cold weather alerts which are used to alleviate pressure on the Ambulance Services across the country. These are integrated into planning and business continuity as well as resilience.

Cold weather alerts are issued by the Met Office on the basis of either two measures: low temperatures or widespread ice/heavy snow. Often low temperature criteria are met at the same time as the ice and snow. However, sometimes one may occur without the other. The thresholds for what constitutes severe winter weather have been developed in consultation between the Met Office, Department of Health, Cabinet Office and other experts.

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	Cold Weather Plan levels	
Level 0	**Long-term planning** All Year	
Level 1	**Winter preparedness programme** 1 November – 31 March	
Level 2	**Severe winter weather is forecast - Alert and readiness** Mean temperature of 2°C and/or widespread ice and heavy snow are predicted within 48 hours, with 60% confidence	
Level 3	**Response to severe winter weather - Severe weather action** Severe winter weather is now occurring: mean temperature 2°C or less and/or widespread ice and heavy snow	
Level 4	**Major Incident - Emergency response** Central Government will declare a Level 4 alert in the event of severe or prolonged cold weather affecting sectors other than health	

17. Fuel Poverty

Fuel poverty has several measurable effects of cold housing on adult's physical health, well-being and self-assessed general health, in particular for vulnerable adults and those with existing health conditions. Effects of cold housing are evident in terms of higher mortality risk, physical health and mental health.

The Department of Health in 2009 estimated that for every cold-related death there are eight non-fatal hospital admissions. In the coldest months of the year, NHS expenditure was reported as rising by 2% in 1998 and it is estimated that the annual cost to the NHS of cold-related ill-health is in excess of £1 billion.

NWAS Response

NWAS works with multiple agencies to help and assist in identifying vulnerable people.

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18. Wildfires

Drought, coupled with extreme heat and low humidity, can increase the risk of wildfire and may lead to air pollution concerns. There were over 15,000 wildfires in the UK in 2012. There can also be an increase in the potential health risks associated with wildfires.

- Those with heart or lung disease, such as congestive heart failure, angina, COPD, emphysema, or asthma, are at higher risk of having health problems than healthy people.
- Older adults are more likely to be affected by smoke, possibly because they are more likely to have heart or lung diseases than younger people.
- Children are more likely to be affected by health threats from smoke because their airways are still developing and because they breathe more air per pound of body weight than adults. Children also are more likely to be active outdoors.

NWAS Response

NWAS will work closely with the other emergency services, Environment Agency and local authorities to identify areas that could be subject to issues associated with wildfires and look at affected individuals.

19. Business Continuity and Resilience

Business Continuity and Resilience Business Continuity Management is a management led process which identifies and mitigates the risks and disruptions that could affect the performance of any of the Ambulance Services. The objective of the Business Continuity Management plan is to ensure that during an emergency or disruption, it has identified and prioritised those activities at risk of the organisation that are in need of protection planning so that the business can continue to operate effectively with minimal disruption.

NWAS Response

NWAS is committed to having in place, a Business Continuity Management (BCM) programme as required under the Civil Contingencies Act 2004. The NWAS BCM programme provides the framework within which the Trust can comply with the business continuity requirements of our customers by aligning the BCM with ISO 22301:2012. BCM has been established to ensure the Trust can continue to deliver a minimum level of service to our stakeholders in the event of any disruption. The Trust is also committed to meeting legal and regulatory requirements of the BCM and continual improvements of BCM systems.

20. Health Impacts

A changing climate is expected to have significant impacts on human health and wellbeing. The heatwave in 2003 resulted in excess of 35,000 deaths across Europe and at least 2,000 premature deaths in the UK alone. Climate change can also have indirect effects on the population:

- flooding can seriously undermine the mental health of communities that are impacted or those that fear they may be in the future
- the quality and quantity of the food supply chain can be impacted
- high temperatures increase ozone and other pollutants in the air, aggravating cardiac and respiratory problems
- pollen levels are frequently high during a heatwave aggravating allergy sufferers symptoms
- stress and depression can result from climate change effects

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- The vulnerable groups in our society such as the elderly, young or chronically ill are likely to be worst affected by the impacts – caring for these groups must be factored into planning to meet future demand for health services.

21. Engagement

To Risk Assess the potential impact and opportunities for business, the Ambulance Service Trusts will engage with many other stakeholders, authorities and trusts:

- **Key Stakeholders**
  - Patient representative groups
  - Trust and Foundation Trust members
  - Staff
  - NHS England
  - Public Health England
  - CCGs
- **Local authorities**
  - Become members of Local Strategic Partnerships to enable interaction and information exchange
  - Potential impact and actions in respect of sea level changes
- **Health Trusts**
  - Liaison with local Acute Trusts will enable planning for the transport of patients between centres
    - access to regional Trauma Centres
    - Planning for changes in the local health communities resulting from climatic changes
- **Adjacent Ambulance Trusts**
  - Liaison with other Ambulance Trusts will enable planning for cross border support where environmental factors are identified as potentially joint issues.

22. Guidance Documents

There are several guidance documents that are available to Ambulance Services across the country to aid business resilience and continuity.

- Each Ambulance Service should have in place:
- A Winter Weather plan
- Heatwave Plan in line with the Department of Health's Heatwave Plan 2012
- Business resilience and continuity plans

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Sustainable Development Assessment Tool (SDAT):

User Guide

January 2018

Version 2

The SDU's Sustainable Development Assessment Tool (SDAT) is designed to help Health and Social Care organisations assess progress in sustainable development, identify how local action is contributing to the UN Sustainable Development Goals and support designing your next Sustainable Development Management Plan.

Contents

Introduction

The Sustainable Development Assessment Tool (SDAT) is designed to:

- Help Health and Social Care organisations assess year-on-year their progress on sustainable development
- Support you in designing and giving focus for your Sustainable Development Management Plan (SDMP)
- Show how you are contributing to the UN Sustainable Development Goals (SDGs).

The UK is a signatory nation to the UN global development framework 'Transforming our World: the 2030 Agenda for Sustainable Development'. As such, the UK is committed to delivering against the 17 Sustainable Development Goals and 169 targets which came into force on 1st January 2016. The SDGs are becoming embedded in the public sector (e.g., HM Treasury sustainability reporting guidelines require reporting on progress against the SDGs and Public Health England embeds SDGs in their literature).

Please contact England.SDU@nhs.net for any specific questions regarding the tool or guidance.

Background (from GCC to SDAT)

The SDAT has evolved from the Good Corporate Citizen (GCC) Self-Assessment Tool, which has been widely used by NHS providers and commissioners since 2008. The SDAT now replaces the GCC, incorporating feedback from users and non-users and aligning the tool with the SDGs. The tool is now shorter, more functional and re-aligned to the current opportunities for sustainable healthcare. SDAT was developed by the Sustainable Development Unit (SDU) working in partnership with the Nottingham Business School at Nottingham Trent University and Health Facilities Scotland.

The value of the tool

Progress in sustainability for health and social care is typically measured by quantitative data, e.g. the number of patient contacts, hospital episode statistics, kWh of energy or $kgCO_2e$ of greenhouse gas emissions. Although this data is very important to collect and use to inform action, it tells only part of the story as it can be difficult to quantify the value of many other aspects of sustainable development. The SDAT provides a method to assess the harder to quantify value and progress of sustainability, social value and community engagement in a consistent way across health and social care.

There are three key ways in which the tool can support your organisation.

1. Regularly measure progress:
   - The tool provides a consistent method for quantifying progress in embedding sustainable developed in your organisation
   - Use this evidence of progress to promote and showcase the success of sustainability in your organisation
   - Compare and benchmark your score nationally and with your relevant peers via the dashboard
   - Report progress and your SDAT outcomes to your board, staff and in your public annual report.

The SDU generally recommends completing the SDAT assessment annually and progress to feature as part of organisation's annual Sustainability Report.

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2. To help focus your Sustainable Development Management Plan ([SDMP](#)):
   - The tool allows you to understand where good progress has been made
   - It also highlights where progress is lacking or slowing down, which then provides priorities for your first/new SDMP to focus on
   - Hot spot areas that are material to your SDMP

3. Demonstrate your local contribution to the UN SDGs:
   - Overall, the tool shows how your local actions are contributing to national efforts in achieving the SDGs
   - Where appropriate, SDG progress is also shown at a modular level
   - This progress should also be reported to Board, staff and in your public annual report.

Practical SDAT outputs

- An overall percentage score and indication of how your local action contributes to the UN SDGs. Guidelines on expected progress will be provided in the near future, such as indicative percentage levels of achievement either based on organisation type or years using the tool (inclusive of GCC).
- A modular percentage score and SDG scoring within the relevant modules, e.g., Carbon/GHGs and SDG #13 on Climate Action.
- A score Dashboard is provided to be used in your sustainability communications to staff, board, other stakeholders and support annual reporting.
- A PDF export of module score broken down by cross cutting theme.
- An Excel export that can be used as an evidence pack for handover notes or easy modification into an action plan.
- A hotspot process to support the development of your SDMP and to help you develop a materiality assessment for SDMP content/coverage.

How to best use the tool

Resources

In the resources section of the website you can find several useful resources;

- This how to guide
- An offline version of the statements – complete where possible with mapping against the old GCC statements
- A hotspot tool which can be added to your excel export once you have completed the assessment

Work in collaboration with colleagues

The SDAT is designed to be a collaborative tool, and the user should identify the most pertinent colleagues to answer each SDAT section. For example, your organisation may have a sustainability lead that may be best suited to answer the 'Corporate Approach' statements around policies and process; your transport or logistics lead may be best placed to answer the 'Travel and Logistics' module; your procurement colleagues may be best placed to answer the 'Procurement & Supply Chain' statements and so on.

On the account home webpage there is a section to add a colleague, click the "add a colleague" button;

Then type in their details e.g. name, title and email address as well as creating a temporary password they can change (please ensure you remember this before clicking register). The colleague will then receive an email with a link to the login page – please also share with them the password you have created.

HINT: New functionality will be added that - At the top of each sub-section, there will be a list of suggested individuals who may be relevant to work with in that section to help the sustainability lead or project manager with the overall SDAT submission.

Working in collaboration, either informally or through any sustainability working group, should make the assessment more comprehensive and it can also be used to start discussing potential approaches and solutions to facilitate organisation-wide progress on sustainability.

Structure – 10 modules and 4 cross-cutting themes

SDAT has 10 modules: 'Corporate Approach', 'Asset Management & Utilities', 'Travel and Logistics', 'Adaptation', 'Capital Projects', 'Green Space & Biodiversity', 'Sustainable Care Models', 'Our People', 'Sustainable Use of Resources' and 'Carbon/GHGs'.

There are 4 cross-cutting themes/sections within in each SDAT module:

- 'Governance & Policy' sections, e.g., in the 'Corporate Approach' module this cross cutting theme covers SDMPs, sustainability reporting and governance approach to SD progress e.g. having a working group.
- 'Core responsibilities' cross cutting theme covers elements that are directly controlled by the organisation, e.g. within the 'Travel and Logistics' module this covers and travel avoidance technologies and processes to reduce the impact of business mileage.
- 'Procurement and Supply chain' cross cutting theme highlights purchasing or commissioning of products and services within each module, e.g., assessing whole-life costing or circular approaches within the 'Sustainable Use of Resources' module.
- 'Working with Staff, Patients & Communities' sections highlight how we can influence and promote health, e.g. sustainable development and health outcomes through staff and community engagement such as 'Biodiversity & Green Space' module and states around creating access to NHS owned green space for patient and community usage.

The cross cutting themes in each module are weighed in a sense (e.g. are of different length) depending on the relevance with the module, e.g., 'Procurement and Supply chain' sections within the 'Corporate Approach' module are well developed and therefore longer than the average section,

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whereas 'Procurement and supply chain' sections within 'Our People' module is relatively short. This allows a targeted approach, emphasising where the greatest effort creates the greatest gains to the organisation and system.

Please note that there are a number of statements that repeat in both their respective module and the 'Carbon/GHGs' module. These statements need to be answered consistently – please note new functionality will be added to suggest the answer from the duplicated statement if already answered.

How to answer the statements

This is the view in the assessment for each module;

Each statement in the SDAT has four potential answers.
- Yes – where the organisation can demonstrate action, process or outcome(s) that fulfil the statement.

- In Progress – allows the organisation to gain some credit for fulfilling at least 50% of the statement, having a process in development or where a policy draft is awaiting final Board approval. For example, having approached a board member to be the organisation's sustainability lead, but awaiting formal approval from the board, means 'In progress' would apply to this statement:
  "Responsibility and accountability for sustainable development is clear in our organisation (e.g. we have a named Board sustainability lead)."

- No – where no or less than 50% progress has been made against the statement.

- N/A – can be used where the statement definitely cannot apply to the organisation, e.g., a CCG will probably answer 'N/A' to the majority of the 'Capital Projects' module due to their inability to own, design and build new buildings.

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There is a limit for the number of N/A's an organisation can select depending on the organisation type, e.g. Providers/Trusts have a maximum of 5% (Max number of N/As is 15), CGGs have a maximum of 15% (Max number of N/As is 44) and other organisations, such as government departments or ALBs and CSUs have a maximum of 10% (Max number of N/As is 30).

A warning in red text will appear if you are using N/As at a rate that would exceed your total limit, e.g. if you answer N/A three times in a section with 10 statements then the warning will appear;

HINT: Users at this stage are expected to self-manage this and not go over the maximum limit – we will monitor progress and feedback to see if this should be enforced, i.e. adding functionality such as users cannot submit if over the limit.

UN SDGs

Each statement is aligned to up to three UN SDGs these are ordered in level of relevance but are scored equally;

Please see the scoring section below to understand how your contribution to the SDGs is measured.

HINT: Learn about the SDGs here

Free text box

Each statement has a free text box below it, which can be used in several ways to support you locally, depending on the answer against the statement:
- If 'Yes' – use the box to capture the evidence and ensure you are consistent in your score in the following year. This is also useful as a contingency and consistency of approach, e.g., where staff turnover may occur.

- If 'In Progress' – you can provide evidence of the 50%+ progress made and create suggested action to turn the 'In Progress' into a 'Yes'.

- If 'No' – use the text to highlight next steps / actions to fulfil the statement.

- If 'N/A' – write some evidence or context as to why the statement is not relevant to your organisations to ensure a consistent approach and an audit trail in case the context of your organisation changes making this more applicable.

HINT: It is suggested that you track who and when for each text comment – potentially with a date and initials e.g. "Jan18 SDU: ……….." to help track text changes by different users and assessments.

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Please note that the text box's content can be seen by the SDU (but not by any other organisations or users of the SDAT), but it will not be evaluated by the SDU or affect your score.

Completing sub sections, modules and submitting an assessment

Once you have answered all the statements in that section at the bottom of that page you have up to three options;
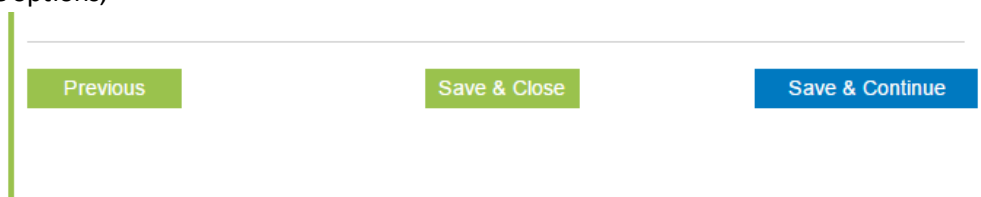
1. Previous – takes you back to the last theme – however any answers in the above statements won't be saved
2. Save and close – which saves the above answers and takes you to the account home webpage without submitting the module
3. Save and continue - saves the above answers, submit the modules and takes you to the next section. You can click back on the module icon in the left hand menu to see your module score (please see module scoring page below – once the module is submitted you can edit the module by clicking the edit module button) or continuing answering the other statements.

When you have finished a module and it is submitted (you can see you module score and SDG contribution - see section below) you have 3 options;
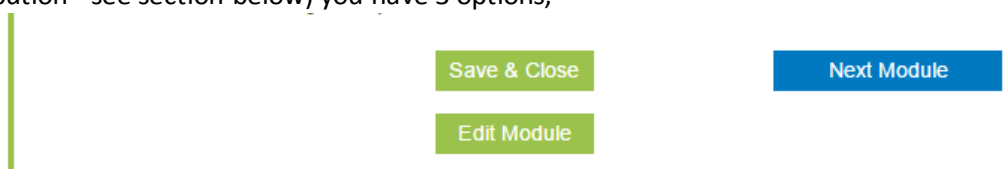
1. Save and close – which saves the above answers and takes you to the account home
2. Next Module – which will take you to the next module to answer the statements
3. Edit module – will allow you to go back and change/edit any statement answers where needed.

If you have completed all the modules you have 3 options again – the new option is to submit the assessment – which allows you to see your overall score and SDG contribution but you will not be able to modify this assessment again – without loading a new assessment;
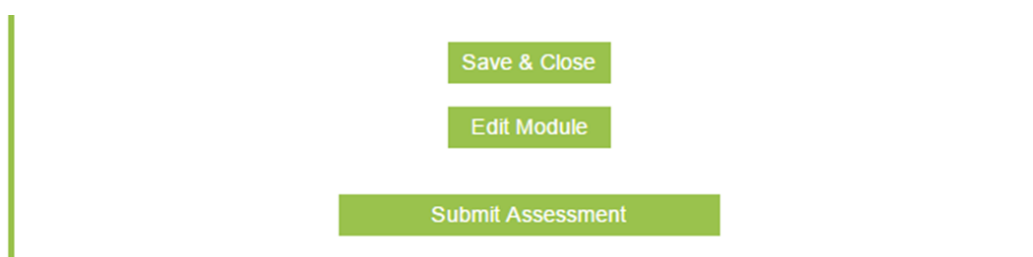
HINT: do not see the "Submit Assessment" button on the module score pages you may have to click through 'save and continue' in all modules even if the answer is No to all statements to show you have completed the assessment.

How the scoring works

In the SDAT, statements in each module are equally weighted (so statements that in their respective module and in the 'Carbon/GHG' module are effectively counted twice). Answering 'Yes' gives you a score 3 times higher than answering 'In Progress', giving due credit for fulfilled actions. For example, the creation of a policy is valuable, but getting it Board-approved is far more useful to the organisation as it gives staff the mandate to develop actions. Where a user has answered 'N/A', this reduces the overall number of statements scored, so it is still possible in to get 100%. Therefore, users are not penalised if the content of the tool is not aligned to their remit;

The scoring works in this way; Yes = 3, In progress = 1, and No = 0. An overall score for the whole assessment will be calculated;

> e.g. 296 statements = a maximum score of 888, therefore if you answer 100 statements as Yes and 100 statements as In progress = 400/888 = 45%. A score for each module will also be provided as a percentage.

If you have selected 'N/A' this will take the overall number of statements down;

> E.g. if you were required to say 'N/A' to 10 statements the max score would be 858 and a percentage would be created from that

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Module scoring

After the completion of each module, a module score is created as a %, if you don't see it straight away please click the module name on the left hand panel where there is a tick as this shows the module is complete. The SDG scoring works slightly differently – on the module completion page there are three scoring levels;

HINT: Please note it is suggested to screenshot these module scores before you submit the whole assessment as you won't be able to see the SDG module scoring once you have submitted the assessment – without starting a new assessment and loading your previous answers.

At a module level here we can see that the three levels are (from high to low);
- Clearly contributing to these SDGs at a local level
  - With a score of 80% of above based on the same answer scoring as above
- Starting to contribute to these SDGs at a local level
  - With a score of between 50% and less than 80%
- In this module you could have shown a contribution to these SDGs at a local level
  - Not all SDGs align to a sufficient enough number of statements in all the modules e.g. for an SDG to potentially score in a module it needs to align to 5 or more statements
  - The score is less than 50% for these SDGs

Please note if an SDG isn't shown on this page then there isn't sufficient cross over between the module and the SDGs e.g. The SDG doesn't align to at least 5 statements.

Continuing an incomplete submission

If you have clicked save and close part way through an assessment then the assessment will be saved – once logged in go to your account home and half way down there is a section called incomplete assessments;

Incomplete submissions
This is a list of all submissions currently in progress for your organisation. You can see details of when they were started and by whom and can continue with these as required.

Started On	Started by	Current Status	
09/01/2018	Rick	Started	Continue Assessment

Simply click continue assessment to carry on answering the statements.

Outputs

To access the outputs please click account home and scroll to either the completed submissions or published submissions depending on whether your latest assessment has been published (please see the date started)

Each user will only ever have one published assessment – which is the most recent one you have submitted.

The account home section also shows when the assessment was started and finished, who start by, the overall score and give you access to the various outputs;

Completed submissions
This is a list of all completed assessments. You can see details of when they were completed and by whom and review the results.

Started On	Started by	Completed On	Type	Score				
03/01/2018	Rick	09/01/2018	SDAT	23%	Publish	Dashboard	PDF	Excel
24/11/2017	Rick	03/01/2018	SDAT	14%	Publish	Dashboard	PDF	Excel
03/05/2017	Rick	03/05/2017	GCC	8%		Dashboard	PDF	Excel
03/05/2017	Rick	03/05/2017	GCC	8%		Dashboard	PDF	Excel
09/03/2016	jerome	03/05/2017	GCC	8%		Dashboard	PDF	Excel

Published submissions
This is a list of all submissions that have been published.

Started On	Published On	Started by	Score			
01/11/2017	24/11/2017	Rick	68%	Dashboard	PDF	Excel

HINT: Please also note you will still be able to see your previous GCC submissions and published assessments for reference – under the heading 'type' it shows if the assessment it GCC or SDAT.

By clicking 'Publish' the score will replace the published submission
By clicking 'Dashboard' the dashboard will show
By clicking 'PDF' the module and theme charts will be exported
By clicking 'Excel' the excel export can be downloaded and saved

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Dashboard

The overall score of the user's answers demonstrates the organisation's contribution to the UN SDGs at a local level. The score is also broken down per each of the 17 SDGs in two levels where a greater score has been created then the organisation has showed a significant contribution to that SDG(s) at a local level, or a lower level of starting to contribute to that SDG(s) at a local level, by their omission SDGs not in the list means greater effort needs to be completed to show some contribution to that specific SDG (please see an example below).
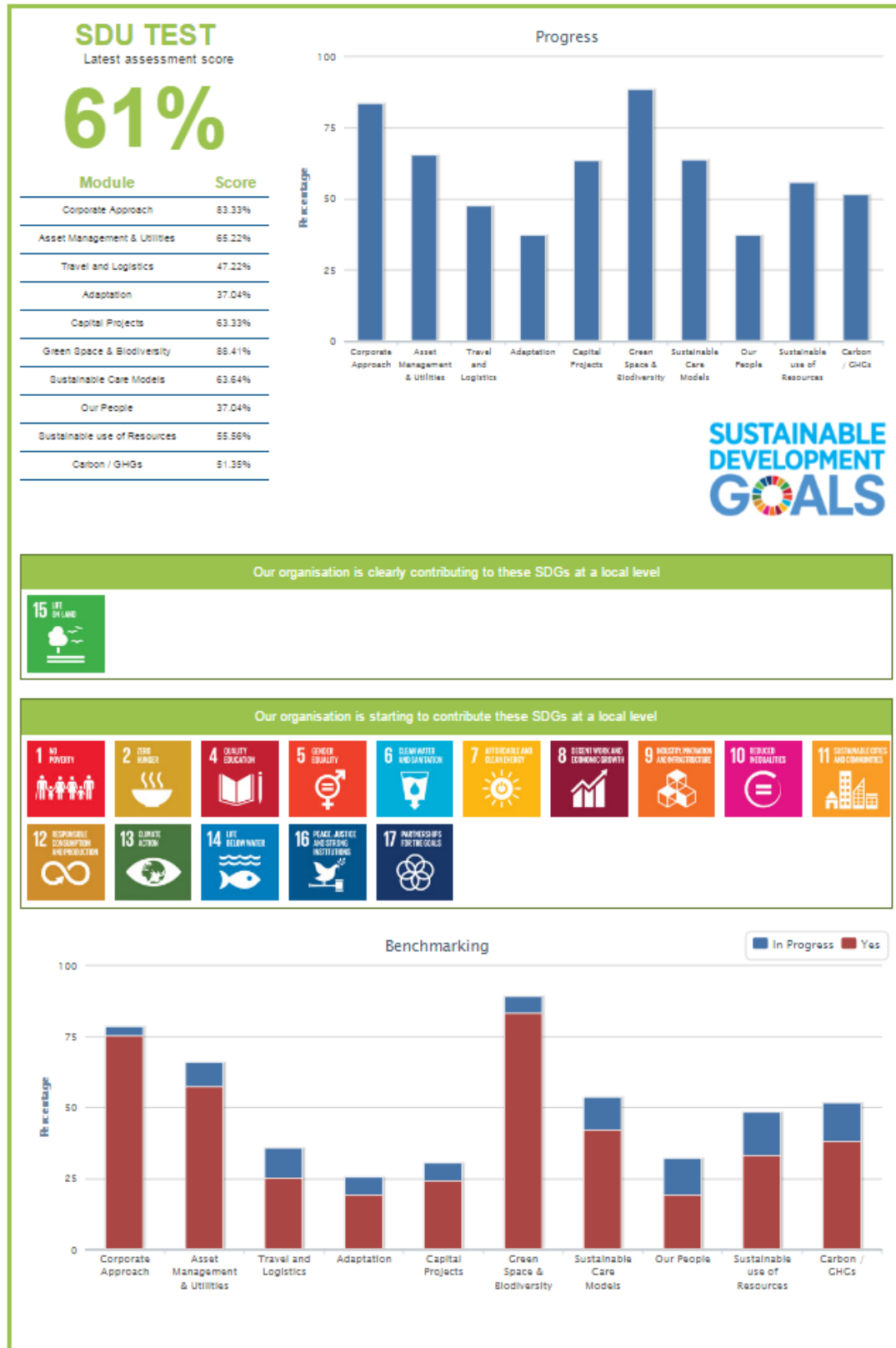
Users are suggested to screenshot or snip the dashboard and use elements within reporting to board, staff and in your public annual report.

Please note in the above currently there is no benchmarking this will be added once a sufficient volume of assessments have been undertaken. And within the progress chart you will see up to 3 published assessments.

Using the Excel Export

All your responses and the free text data can be exported into Excel to create:

- An Action Plan
- An Evidence Pack
- Handover notes
- Bespoke graphs and tables for reporting etc.
- Hotspot your areas of good practice, use of N/A's and where improvement may be needed

The Excel is based on purely on the structure of the tool and your data inputs in the assessment.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Reference	Module	Cross cutting theme	Statement	PrimarySDG	SecondarySDG	TertiarySDG	Response	Score	Denominator	Evidence	Action or next steps	NA justification
2	A1	Adaptation	Governance & Policy	The effects of climate change are embe	13	12	11	Yes	3	3	qweqw		
3	A10	Adaptation	Core responsibilities	We have assessed the financial impact	13	12	3	N/A	0	0			asdgfga
4	A11	Adaptation	Core responsibilities	We have reviewed the risks, and create	13	3	12	No	0	3	asfgas		
5	A12	Adaptation	Core responsibilities	Plans are in place to ensure vulnerable	13	3	12	In Progress	1	3	asfgas		
6	A13	Adaptation	Core responsibilities	Our workforce is prepared and trained t	13	12	3	Yes	3	3	asg		
7	A14	Adaptation	Core responsibilities	We can evidence at least one example	13	9	12	No	0	3	asgas		
8	A15	Adaptation	Core responsibilities	Our organisation has a clear Adaptation	13	12	3	N/A	0	0			asfgasd
9	A16	Adaptation	Core responsibilities	The Adaptation lead is supported with t	13	4	9	N/A	0	0			asdfg
10	A17	Adaptation	Core responsibilities	We work with local stakeholders to ident	17	11	13	No	0	3			
11	A18	Adaptation	Core responsibilities	We communicate our adaptation plans	13	12	3	No	0	3	agsg		
12	A19	Adaptation	Core responsibilities	Training is provided to staff relevant to th	17	13	12	In Progress	1	3	asga		
13	A2	Adaptation	Governance & Policy	We have a board approved adaptation	12	13	3	Yes	3	3	qweqw		
14	A20	Adaptation	Core responsibilities	During a recent local emergency/resilie	17	13	12	No	0	3	sdfgsd		
15	A21	Adaptation	Procurement and Supply	We have HTM compliant contingencies	13	12	3	N/A	0	0			duyiyui
16	A22	Adaptation	Procurement and Supply	We understand there are resource scar	13	12	3	N/A	0	0			yuiyui
17	A23	Adaptation	Procurement and Supply	Working with our major suppliers we und	17	13	12	N/A	0	0			yuiyu
18	A24	Adaptation	Working with Staff, Patien	We engage with local stakeholders (e.g	17	13	3	No	0	3	yuiyui		
19	A25	Adaptation	Working with Staff, Patien	We have a clear plan / strategy (e.g. co	17	13	3	In Progress	1	3	yyui		
20	A26	Adaptation	Working with Staff, Patien	We risk assess the impact of our adapta	13	3	6	In Progress	1	3	yuiyui		
21	A3	Adaptation	Governance & Policy	We have developed local protocols alig	13	12	3	No	0	3	qweqw		
22	A4	Adaptation	Governance & Policy	We have developed a Climate Change	13	3	16	N/A	0	0			qweqw
23	A5	Adaptation	Core responsibilities	Once we have assessed the local clima	13	12	3	Yes	3	3	dfgasdg		
24	A6	Adaptation	Governance & Policy	We involve representatives from sustain	13	17	16	Yes	3	3	asfASF		
25	A7	Adaptation	Core responsibilities	The link between reducing our own carb	13	12	3	In Progress	1	3	gadga		
26	A8	Adaptation	Core responsibilities	We carried out an assessment of flood r	13	12	3	No	0	3	asgasdf		
27	A9	Adaptation	Core responsibilities	We have a monitoring process for over h	13	12	3	N/A	0	0			asdfga
28	AM1	Asset Managemen	Governance & Policy	We have developed plans (that link to o	13	12	6	Yes	3	3	vzxcvz		
29	AM10	Asset Managemen	Core responsibilities	Across our major sites we have impleme	7	12	13	In Progress	1	3			
30	AM11	Asset Managemen	Core responsibilities	Across our major sites we have impleme	6	12	14	Yes	3	3			
31	AM12	Asset Managemen	Core responsibilities	We have ways of generating our own or	7	12	13	No	0	3			
32	AM13	Asset Managemen	Core responsibilities	We have a process to assess buildings/	7	11	13	In Progress	1	3	adfh		
33	AM14	Asset Managemen	Core responsibilities	We regularly assess space utilisation ac	13	12	7	In Progress	1	3	adfh		
34	AM15	Asset Managemen	Core responsibilities	Through an internal campaign we supp	12	13	7	Yes	3	3	sfhgadfh		
35	AM16	Asset Managemen	Core responsibilities	We can demonstrate that our approach	7	6	13	Yes	3	3	adfhadfh		
36	AM17	Asset Managemen	Procurement and Supply	We evaluate energy and water consum	17	8	6	Yes	3	3	adfhadfh		

HINT: Please note that through the Excel export and hotspot tool in the resource section you will be able to create graphs in any format or branding you may need – find a hot spotting tool in the resources section

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PDF breakdown

Users can also download a PDF breakdown of scores by module and theme, here is an example;
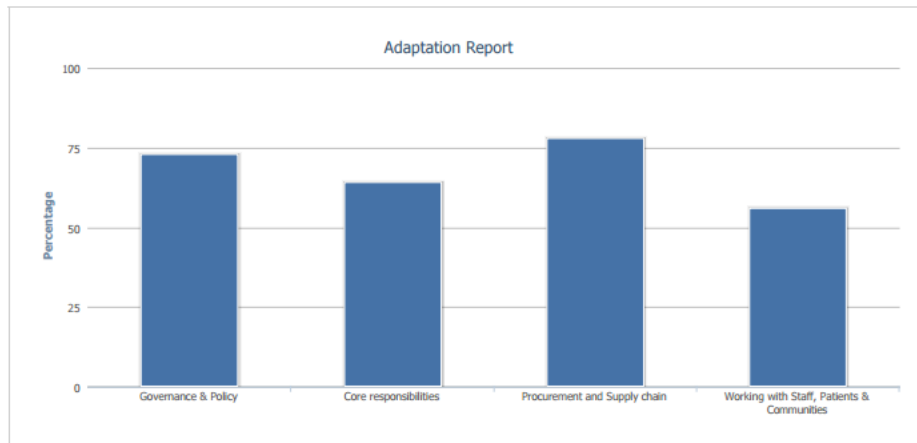
HINT: Please note that through the Excel export and hotspot tool in the resource section you will be able to create graphs in any format or branding you may need – find a hot spotting tool in the resources section.

Staring your next assessment

If you want to change or redo your latest assessment you can simply by starting a new assessment. Firstly log in, go to account home and click "Begin SDAT Assessment";

Then you can choose to reload your previous assessment – this re-loads your answers and free text;

Allowing you create a new assessment with or without your previous answers or text.

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NHS
North West
Ambulance Service
NHS Trust

REPORT

	Board of Directors
Date:	25 September 2019
Subject:	Equality Update
Presented by:	Lisa Ward, Interim Director of Organisational Development
Purpose of Paper:	For Assurance
Executive Summary:	The purpose of this paper is to provide a brief summary update on work relating to the workforce gender, race and disability priorities.

The mandatory gender pay gap data for March 2019 has been produced and this shows a widening of the pay gap but improving female representation in each pay quartile. The data shows that representation has grown at a faster rate in the two lower quartiles of pay which is where the majority of external recruitment takes place and this has impacted adversely on the pay gap. The focus of actions is on supporting female progression through positive action development; a review of the operation of development opportunities; changes to the approach to management recruitment; improving flexible working and improving staff voice to help in understanding the barriers to progression.

The work in support of race equality is ongoing. Events in diverse communities of the footprint and internal activity to affect the experience of staff relating to abuse and harassment are well underway. The 2019 WRES data reflects a positive position in the majority of metrics reflecting the continued work across the Trust to support the BME agenda. Progress against last year's action plan and the 2019/20 action plans are included for information.

It should be noted that the disciplinary metric shows a worsening position. However this reflects a small rise in the number of BME individuals going through the disciplinary process over a two year period. When considered against the overall number of staff in the Trust, this rise is minor.

The training data shows an overall increase in CPD and non-mandatory training opportunities across the all areas. However, the improvement in reporting has resulted in a comparative worsening in respect of the likelihood of BME |

staff accessing non-mandatory training when compared to last year. The overall rise is primarily due to improvements in capturing clinical CPD which is an area where BME staff are under-represented. Changes to data recording mean that the information is not directly comparable with last year due.

The Trust is required to report on the Workforce Disability Equality Standard (WDES) for the first time. This draws data from ESR and the staff survey. The data relating to representation shows a mixed picture across the Trust but we know that there are currently high levels of under-reporting. Recruitment data shows a positive picture in that there is no discrimination identified but the staff survey data shows a consistently poorer experience for our disabled staff. An action plan has now been produced and focuses on the following areas:

- Improving disability recording.
- Ensuring the existing Bullying and Harassment working group reviews the experience of disabled staff and considers bespoke interventions.
- More in-depth analysis of data on career progression and discussion of barrier
- Improving staff voice through development of the disability forum.
- Reviewing the outcomes of the WDES in relation to the review of the sickness procedure due in 2020.
- Improving portability and review of reasonable adjustments

Staff networks/forums for each area outlined above are in place with the aim to improve understanding, identify barriers and ensure close monitoring of action plans.

Recommendations, decisions or actions sought:	The Board is recommended to: - Approve publication of gender pay gap data and actions - Approve publication of WRES data and action plan - Approve publication of WDES data and action plan

Link to Strategic Goals:	Right Care	☐	Right Time	☐
	Right Place	☐	Every Time	☒

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
☐	☐	☐	☒	☐	☐	☐	☐	☐

Are there any Equality Related Impacts:	Action taken is to reduce inequalities among groups but with consideration that the action will improve representation or staff experience for one group, without disadvantaging other groups through positive discrimination.

Previously Submitted to:	Executive Leadership Committee Resources Committee
Date:	4th September 2019 26th July 2019 & 23rd September 2019
Outcome:	Recommended publication

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1. **PURPOSE**

1.1 The purpose of this paper is to provide Board with the outcomes of the diversity data collections for this year and to seek approval for publication. In particular,
- Gender pay gap assessment for the financial year 2018/19
- Workforce Race Equality Standard assessment for 2019 along with a proposed action plan
- The first Workforce Disability Equality Standard assessment, along with a summary of the key actions arising from these assessments.

2. **BACKGROUND**

2.1 The work on workforce equality impacts across the three workforce strategy goals of 'develop, engage and empower', with Inclusion being one of workforce priorities under the 'Engage' theme. Delivering improvements in the key equality indicators is one of the foundations of success for this priority. Three key indicators currently measured within the Trust are :

- Gender Pay Gap
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES).

3. **EQUALITY PROGRESS**

3.1 **Gender Pay Gap**

3.1.1 NWAS published the Gender Pay Gap on the government website earlier in the year which fulfilled the annual legal requirement. The data published is up to 31st March 2018. Although publication of the data for the period up to March 2019 is not required until next year, an early analysis of the data is presented below and this will enable early publication.

3.1.2 The gender pay gap information up to 31st March 2019 is included in Appendix 1 but the summary is as follows:

- Average hourly pay gap is 8.85%, compared with 7.9% the previous year.
- Median hourly pay gap is 8.28%, compared with 6.9% the previous year.

3.1.3 It should be noted that the actual hourly rate increased for both male and female staff over this 12 month period, up 68p to £16.09 for men and up 46p to £14.66 for women. No bonus payments were made to any staff.

3.1.4 While the data on the hourly rate shows an increased pay gap, representation in each pay quartile, including the highest paid, continues to increase. Overall female representation within NWAS stands at 46.83% compared with 45.62% in the previous year.

3.1.5 The Pay Quartile breakdown which shows the representation of female staff in each quartile of pay is also found on Appendix 1. To calculate the quartiles, a full staff list

is sorted into rank order by their hourly rate of pay with each quartile representing 25% of staff.

3.1.6 As a rough guide, staff in Quartile 1 occupy job roles including Ambulance Care Assistant in PTS, call centre roles in Bands 2 & 3; staff in Lower middle quartile occupy job roles such as EMT1; Upper middle quartile occupy job roles including Paramedic and Quartile 4 includes roles such as Senior Paramedic Team Leaders and managers at Band 7 and above.

3.1.7 Recruitment to roles at Band 6 and above is where an impact will be seen in the gender pay gap figures and this is an area where the Trust is focusing their actions. However, our main external entry points are in the lower and lower middle quartiles. The work to increase female attraction to roles is focused on improving representation but there has been a higher impact in the lowest two quartiles of pay which has had the impact of widening the pay gap as the rate of growth is higher where there is the greatest scope to recruit. The growth in female representation in the lower quartiles is shown below:

3.1.8 Quartile of pay Female representation 2017-2019
   - Lower 4.3%
   - Lower middle 3.2%
   - Upper middle 1.4%
   - Upper 1%

3.1.9 The Trust's experience in seeing the gender pay gap widen as a result of initial interventions is not unusual as a recent CIPD report suggested that this had been seen across a number of sectors. The key is working to understand the root causes of the pay gap, the barriers which are preventing improvement and recognising the long term nature of this change.

3.1.10 **Actions during 2018-19**
   The Trust is committed to gender equality and to support this, a gender equality group was formed in 2018 to consider actions to ensure we have an inclusive workforce and to tackle issues around gender disparity. The group holds quarterly meetings to assess progress on the actions to tackle gender inequality and identified three main themes; female career progression, recruitment and flexible working. This is an important first step in understanding the female experience and the root cause of some of the barriers to progression. This work will be supported by the cultural survey that the Trust intends to undertake later this year which will include a focus on the differing experiences of groups of staff.

3.1.11 Key actions progressed during 2018/19 are as follows:

   - **Launch of Empowering Women positive action programme**
   - **Review of Flexible Working Policy**
   - **Additional guidance for managers and staff -** to offer a framework for conversations about specific topics such as breastfeeding
   - **Recruitment –** working with HR Hub about equality awareness

- **Communications –** Improved visibility of female staff in Trust communications

3.1.12 **Further actions being progressed in 2019/20**

The Trust continues to focus on female representation and closing the gender pay gap within Quartile 4, where there is a need to increase representation in the highest paid roles.

3.1.13 It should be noted that there are limitations to the progress which can be made as this is directly related to the turnover of staff within this quartile. As such if there is little recruitment to such roles in a given period, there is little opportunity to close the gap. Much of the recruitment to these roles is for individual positions in the Trust; it is only recruitment to the Senior Paramedic Team Leader roles, where there may be several staff recruited at a time, that step changes will be seen in improvements in that highest paid staff group. However, the restructure of operational management set out within the Urgent and Emergency Care Strategy may provide some additional opportunities.

3.1.14 Work will continue around the key themes of female career progression, recruitment and flexible working and the following provides a summary of the main areas of activity planned:

- Conclusion and evaluation of Empowering Women career development programme, including continued development of first cohorts into coaches and mentors to support and encourage others to progress
- Commencement of further SPTL Empowering Women cohort
- Development of Aspiring Women into Leadership cohort for aspiring Paramedics considering Team Leader roles
- ELC have approved changes to ensure consistency of recruitment assessment for leadership roles based on Be Think Do behavioural values and the diversity impact of this will be monitored and evaluated
- Work is being undertaken to review how development opportunities are offered as this is currently a fairly informal and unstructured route to development and progression.

3.1.15 It should be noted that many of these actions are long term and as such it is unlikely that we will see a significant positive impact on the data by the work being undertaken within the next 12 month period. Aside from the practicalities of having vacancies to apply for, there will need to be a continued move towards an inclusive culture of supporting the needs of individuals within teams relating to career progression and the real or perceived barriers staff may have affecting their progression.

3.2 Workforce Race Equality Standard (WRES)

3.2.1 NWAS is obliged to publish the WRES metrics on an annual basis. The August 2019 submission of the WRES data was completed and submitted on time. The data indicated positive improvements and the Trust has continued to make progress across all metrics, except the disciplinary and training metrics.

3.2.2 The WRES data to be approved and published can be found at Appendix 2.

3.2.3   The disciplinary metric shows a slight worsening which indicates an increased likelihood of BME staff entering the disciplinary process. However, it should be noted that whilst the likelihood indicates a worsening position, the actual increase is from an additional two staff entering the process when compared to the previous year's data. Although the numbers involved are small it is an area that will be considered further.

3.2.4   The data around training reflects BME staff are less likely to access non-mandatory training and CPD. However, it should be noted that there has been a significant improvement Trust wide in the recording of CPD and non-mandatory training over the last year and this means that the data is not directly comparable with 2018. It also means that the increase in recorded numbers of staff accessing training is largely in clinical grades where BME staff are less well represented. It is expected that future WRES returns are expected to show a levelling of this data.

3.2.5   The workforce data shows a small improvement in representation from 4.3% to 4.5% and the recruitment metric continues to reflect that BME applicants are not negatively impacted by the recruitment process and in fact have a slightly better likelihood of being appointed than white staff. This indicates the continuing challenges around attraction rather than recruitment.

3.2.6   All of our staff survey data reflects either an improvement or has stayed the same as the previous year's data and this was across all areas. Some of the data shows a really positive improvement even though differentials continue to exist between the experience of white and BME staff.

3.2.7   BME staff continue to report a lower experience of harassment and bullying from the public or patients than white colleague, 38% compared with 47% but there has been no improvement on the experience of BME staff in respect of bullying from other staff and this stands at 27.5% compared with 25.8% for white staff.

3.2.8   BME staff experience of discrimination in work reduced by over 10% to 12.8% and the gap in comparison with white staff also narrowed from 10% to 2%. The percentage of BME staff believing that the Trust offers equal opportunity in career progression also improved by 11% and the gap with white staff experience narrowed.

3.2.9   Overall, the picture is encouraging and reflects the continued working from various teams across the Trust. Regular meetings take place to review progress and there is appropriate documentation of those meetings. The WRES action plan for 2019-2020 can be found as Appendix 3, and recognises the need to continue to build on the actions from the previous year. Appendix 4 reflects the progress against the WRES action plan from 2018/19.

3.3   Workforce Disability Equality Standard (WDES)
3.3.1   For the first time, NWAS is required to publish Workforce Disability Equality Standard (WDES) metrics. This was submitted to NHS England prior to the deadline of July 2019.

3.3.2   The information, which is collated up to March 2019, is found as Appendix 5 and the associated actions arising from the results are detailed in Appendix 6.

3.3.3　The published figure of staff who have disclosed a disability recorded on ESR can be rounded up to 4%. Just over 16% of all staff have not advised whether they have a disability or not which equates to just over 1000 staff. In addition, almost 20% of staff responding to the staff survey indicate that they consider themselves to have a disability, so there is a recognised issue regarding official disclosure of disability currently. As detailed on the attached action plan, there will be a Trust wide campaign to encourage staff to declare a disability and this will then be recorded on ESR with an aim to ensure that the overall WDES data is consistent.

3.3.4　The recruitment data is positive, showing no inequalities between the likelihood of appointment from shortlisting of those who are not disabled against disabled candidates.

3.3.5　Metric 3 is voluntary for this year and looks specifically at staff entering the formal performance process; in future years, the data will also look at staff entering the formal sickness process too. NWAS is not seeking to publish the data on this metric this year based on the small number of formal performance cases that have taken place but the information will be used to review processes.

3.3.6　Staff survey metrics showed a difference in experience which in some cases is marked and which will be explored further with staff. Using the springboard of annual equality sessions which in September 2018 had a focus on disability, NWAS has since developed the Disability Forum to listen to the staff voice and will be seeking to development this into a more formal network.

3.3.7　Activity in support of disability in the workplace is already taking place across the Trust with the overview being carried out within the Corporate HR Team. There has been Trade Union attendance at each of the Disability Forum events held to date. Meetings have been set up starting in September 2019 specifically to progress activity relating to the WDES metrics and to ensure there is wider Trust ownership of actions. An action plan for the WDES metrics is attached for approval as Appendix 6 but working with the Disability Forum the following provides and overview of key areas:

- Improving disability recording.
- Ensuring the existing Bullying and Harassment working group reviews the experience of disabled staff and considers bespoke interventions.
- More in-depth analysis of data on career progression and discussion of barriers.
- Improving staff voice through development of the disability forum.
- Reviewing the outcomes of the WDES in relation to the review of the sickness procedure due in 2020.
- Improving portability and review of reasonable adjustments.

3.4　**EDI accountability**

Presently the EDI agenda is led from a workforce perspective from within OD but to make a step change requires ownership and accountability across directorates. OD is currently reviewing the structures for providing oversight and monitoring of EDI

activity and this will include the role of Board and directorates to provide leadership on this area.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

4.1   Gender pay reporting is mandatory and the Trust has commitments under the NHS Standard Contract to publish data and action plans, as well as sharing with Commissioners. WDES publication is also required to fulfil the NHS Standard Contract.

4.2   All of the above support the work of the Trust to comply with the Equality Act 2010 and Public Sector Equality Duty.

4.3   From April 2016 onwards, progress on the WRES is considered as part of the "well led" domain in CQC's inspection programme. Recording of progress against the WRES action plan was one of the Should Do recommendations from the 2018 CQC inspection and although compliance is not mandated, failure to implement could affect future inspections. The update provided to Board on the WRES action plan progress supports compliance with this recommendation.

5. RECOMMENDATIONS

5.1   The Board is recommended to:

- Approve the gender pay gap data and actions for publication
- Approve the WRES data and action plans for publication
- Approve the WDES data and action plans for publication

Appendix 1 - Gender Pay Gap Report Data as at 31st March 2019

Hourly Wages Gap:

•   Average hourly pay gap is 8.85%, compared with 7.9% the previous year.

•   Median hourly pay gap is 8.28%, compared with 6.9% the previous year.

Quartile representation:

	2018 Female %	2018 Male %	2019 Female %	2019 Male %
Lower pay quartile	51.8%	48.2%	54.85%	45.15%
Lower middle quartile	50.4%	49.6%	51.15%	48.85%
Upper middle quartile	46.8%	53.2%	47.13%	52.87%
Upper quartile	33.5%	66.5%	34.18%	65.82%

Bonus payment:

No bonuses were paid.

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Appendix 2 - WRES data – 2018/19 publication – publish summer 2019

1 - Workforce data – percentage of staff BME / White categories.

	Data at 31 March 2018	Data as at 31 March 2019
Total workforce	6121	6356
Number of BME staff	265	286
% BME staff in total workforce	4.33%	4.50%

2: Likelihood of white staff being appointed from shortlisting compared to BME staff

	2018	**2019**
Likelihood	0.77	0.88

3: Likelihood of BME staff entering formal disciplinary process compared with White staff:

	2018	**2019**
Likelihood	1.14	1.32

4: Likelihood of BME staff accessing non-mandatory training and CPD as compared with White staff:

	2018	**2019**
Likelihood	1.03	1.45

Staff survey
5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months:

	2018	**2019**
White	49.80%	47.00%
BME	45.70%	38.00%

6: Percentage of staff experiencing bullying, harassment or abuse from staff in the last 12 months:

	2018	**2019**
White	27.50%	25.80%
BME	27.50%	27.50%

7: Percentage of staff believing that Trust provides equal opportunities for career progression or promotion

	2018	2019
White	69.10%	74.30%
BME	45.50%	56.50%

8: Percentage of staff personally experiencing discrimination at work from manager/team leader or other colleagues

	2018	2019
White	13.40%	10.60%
BME	23.20%	12.80%

9: Percentage difference in board voting membership and overall workforce:

(This metric had previously collated data relating to the local population; it now looks at the current workforce).

	2018	2019
White	-17.2%	-17.2%
BME	3.4%	3.2%
Ethnicity unknown/NULL as per ESR	13.8%	14.0%

Appendix 3 – Workforce Race Equality Standard – Proposed Action Plan July 2019 for the period 2019-2020

Metric	Action	Lead stakeholder
1 – Workforce by Band	- Data cleanse exercise of those with 'ethnicity unknown' on ESR record - Increase awareness of WRES data across the Trust	- HR Hub - Corporate HR Team and Managers
2 – Recruitment	- Continue to attend recruitment in areas of diversity across the NWAS footprint - Continue to promote range of roles and opportunities available within NWAS - Collate data for this WRES metric on a quarterly basis - Continue to promote NWAS as inclusive employer through social media presence	- HR Hub with Widening Access Team and Recruitment Positive Action Officer - HR Hub with Widening Access Team and Recruitment Positive Action Officer - HR Hub and Workforce Manager - Communications
3 – Disciplinary	- Review the recently published national guidance and share with the Investigations and Disciplinaries Working Group for consideration and action planning	- HR BP Team
4 – Accessing non-mandatory and CPD training	- Continue to improve recording of all non-mandatory and CPD across the Trust particularly through working with staff and managers delivering locally advertised - Continue to promote courses targeting BME staff, whether external such as through NW Leadership Academy or sessions arranged internally	- Education and L&D Teams - L&D and Education Teams
5 – % staff experiencing abuse from patients	- Violence and Aggression Working Group to consider this WRES metric when action planning Trust approach	- Violence and Aggression Working Group
6 – % staff experiencing abuse from staff	- Bullying and Harassment Working Group to consider this WRES metric when action planning Trust approach -	- HR BP Team -

7 – % staff believing Trust offers equal opportunities for career progression	- Continuous revision of selection processes - Review of progression data	- HR Hub - HR Hub and L&D Teams
8 – % staff experiencing discrimination from manager/colleague	- Evaluate pilot of 'Is it banter?' training and consider approach to making this a permanent training opportunity - Review of Be Think Do and other programmes to ensure diversity and inclusion is embedded	- L&D Team and HR BP Teams - Corporate HR Team with L&D and Education Teams
9 – Board Representation	- All of the Board and Executive Team members will be asked to update all of their personal monitoring information and asked to discuss any concerns they may have about this directly with the Interim Director of OD or HR Advisor for Equality and Workforce. - Board Development session on Inclusion scheduled for December 2019 will include discussion about race in the workplace	- Corporate Governance - Corporate HR Team

Appendix 4 - NWAS WRES 2018-2019 Action Plan – Summary

Indicator	What results show	Key Area of Action	Progress	Timescales
1 – Workforce make-up per Band	Improvement in overall BME % rates. Still differences in clinical and non-clinical staff by ethnicity,	Continue actions to promote NWAS careers to BME communities	Continued presence at BME recruitment events.	Ongoing
		Improve BME representation on entry role interview panels	Training date for BE staff to be trained n the Recruitment and Selection HR masterclass – date TBC in Q3	Ongoing
		Work with partner HEI's to improve representation on Paramedic courses	HEI's invited to National BME conference in Oct 2018 and ongoing collaboration in progress	Ongoing
		Development of BME role models to support engagement events	List of BME staff to attend events in place. Further cohort of Pre-degree paramedic programme implemented Pre-employment programmes implemented	Complete
2 – Likelihood of being appointed from shortlisting	Relative likelihood of BME candidates being appointed from shortlisting as compared with White applicants looks positive for BME candidates. More BME candidates shortlisted this year too	Develop improved real time monitoring from new recruitment system.	Information analysed on a quarterly basis WRES meeting to discuss how to highlight information to wider Trust. Development of 'Driving Diversity' video	Ongoing
3 – Likelihood of entering formal disciplinary process	Likelihood improved slightly this year. Overall number of individuals is remaining consistent.	Ongoing review of cases and management training	Investigation training developed in 2018/19. Task and Finish group to be formed in Q3 19/20 to look at the use of the Disciplinary policy in light of national guidance.	Ongoing

4 – Likelihood of accessing non-mandatory training and CPD	Training figures have improved by likelihood but overall Trust numbers have decreased.	Implementation of BME development network targeting staff in frontline roles. Providing personal development to support progression, to enable sharing of experiences and to develop role models.	CPD event in Jan 2019 followed by a staff forum in Feb 2019 and July 2019. Have supported BME attendance at external training and conferences.	Ongoing
5 - % staff experiencing abuse from patients	Increase for BME staff, reduction for White staff. Overall, White employees advise experiencing abuse slightly more than BME staff in this staff survey result	Continuing work through violence and aggression group	The V&A group have been asked to consider WRES when mapping out their work plan.	Ongoing
6 - % staff experiencing abuse from staff	Slight increase for BME staff from 29% to 31%	BME focus groups and development network implemented to gain in depth understanding of BME staff experience to support targeted interventions.	Staff forums and bespoke CPD events	Ongoing
7 - % staff believing Trust offers equal opportunity for career progression	Improvement from 41% to 45% for BME staff but this figure remains lower than for White colleagues, at 70%.		Staff forums and bespoke CPD events	Ongoing
8 - % staff personally experiencing discrimination from manager/colleague	After a reduction the previous year, this figure has increased again for BME staff and remains higher than for White staff	Review of diversity content of key leadership training and planned essential learning.	The L&D team are working with ED&I Advisor on bespoke training e.g. formation of the Is it banter session. First session held in August 2019.	Ongoing
9 – Board member representation	BME representation on Board remains representative of local population	Continued promotion of senior positions and engagement with NHSI over NED recruitment.

Board visibility | Board development session for ED&I scheduled for December 2019. | Ongoing |

Appendix 5 – Workforce Disability Equality Standard Data as at 31st March 2019

Metric 1 – Workforce information

	Percentage of disabled staff
Non clinical staff – Cluster Bands 1 - 4	5%
Non clinical staff – Cluster Bands 5-7	2%
Non clinical staff – Cluster Bands 8a-8b	3%
Non clinical staff – Cluster Bands 8c-9 and VSM	3%
Clinical staff – Cluster Bands 1-4	3%
Clinical staff – Cluster Bands 5-7	4%
Clinical staff – Cluster Bands 8a-8b	2%
Clinical staff – Cluster Bands 8c-9 and VSM	8%

Metric 2 – Recruitment

Likelihood of 1.0

This metric looks specifically at the likelihood of being appointed from shortlisting. The outcome is a figure of 1.0 and means that disabled candidates are no more or less likely to be appointed from shortlisting than candidates who have not declared a disability. This reflects well on the fairness of current recruitment processes.

Metric 3

Voluntary metric – not reported by NWAS this year.

Metric 4 – Staff Survey

This metric collates the data from four staff survey questions relating to bullying, harassment, abuse, discrimination and reporting such behaviours. The staff experience of disabled staff was worse on each factor than for non-disabled staff. The smallest difference was related to reporting the incident, with a 2% difference in experience. The largest gap was 13.2% of non-disabled staff experiencing harassment, abuse or bullying from managers compared with 25.8% of disabled staff.

Metric 5 – Equal opportunities for career progression
The data from this metric also comes from the staff survey. It showed that 61.4% of disabled staff felt that the organisation provided equal opportunities for career progression compared with 76.5% of non-disabled staff feeling that there were equal opportunities.

Metric 6 – Attending work

The staff survey question relating to this asks about staff feeling under pressure to come into work from their manager when they don't feel well enough to perform their duties. This pressure was felt by 32.6% of non-disabled staff compared with 45.3% of disabled staff.

Metric 7 – Feeling Valued

The data showed that 25.3% staff with a disability felt satisfied with the extent to which the organisation values their work; this compares to 36.7% of non-disabled staff.

Metric 8 – Reasonable Adjustments

There are 60.3% of staff with a disability have advised that the organisation has made adequate adjustments to enable them to carry out their work.

Metric 9 – Staff engagement

This metric provides an engagement score, calculated from 9 specific questions from the staff survey. The engagement score for non-disabled staff within NWAS was 6.5 compared with 5.7 for disabled staff.

This metric also asks whether the organisation has taken action to facilitate the voices of disabled staff to be heard, to which NWAS has said 'Yes'.

Metric 10 – Board representation

The data shows an overall underrepresentation of disabled people on the Board, voting membership and executive membership when compared with the overall workforce. This is due to no Board members having declared a disability which has been recorded on ESR; there are 2 Board members who have not advised of their disabled status.

Appendix 6 – Workforce Disability Equality Standard – Proposed Action Plan July 2019 for the period 2019-2020

Metric	Action	Lead stakeholder
1 – Workforce Information	- Continue data cleanse exercise - Promote self declaration on ESR	- HR Hub - Corporate HR Team
2 – Recruitment	- Continue to promote NWAS as an inclusive employer	- HR Hub and Recruiting Managers
3 – Capability	- Continue to support disabled and non-disabled staff though the performance and sickness policies through individualised bespoke management support. - Review the national information and guidance about this metric when published.	- HR BP Team and Managers - HR BP Team
4 – Staff survey	- Bullying and Harassment working group to consider and progress this metric during action planning. - Seek feedback from the Disability Forum about the issues affecting disabled staff with regards to bullying and harassment.	- B&H working group - Corporate HR
5 – Career progression	- Continuous revision of selection processes - Review of progression data	- HR Hub and L&D - L&D Team
6 – Attending work	- Continuous review of management of sickness absence - Continuous review of Be Think Do and other programmes to ensure compassionate leadership is reflected in the training content	- HR BP Team - L&D Team
7 – Feeling valued	- Continuous review of Be Think Do and other programmes to ensure recognition and valuing staff are key feature of the training content - Range of recognition schemes and initiatives available to managers	- L&D Team - Communications Team

8 – Reasonable adjustments	- Promoting disability as an asset though Trustwide communications and events open to all - Reviewing support available to managers as individuals and as a group - Improving portability of reasonable adjustments for staff transferring within the organisation	- Corporate HR Team - HR BP Team
9 – Staff engagement	- Disability Forum to be held quarterly	- Corporate HR Team
10 – Board Representation	- All of the Board and Executive Team members will be asked to update all of their personal monitoring information and asked to discuss any concerns they may have about this directly with the Interim Director of OD or HR Advisor for Equality and Workforce. - Board Development session on Inclusion scheduled for December 2019 will include disability	- Corporate Governance - Corporate HR Team

NHS
North West
Ambulance Service
NHS Trust

REPORT

	Board of Directors
Date:	25 September 2019
Subject:	Board Development Update – Well Led
Presented by:	Interim Director of Organisational Development
Purpose of Paper:	For Discussion
Executive Summary:	For any NHS organisation to be well led, the trust board must be invested in by way of appropriate and effective development interventions. Whether this is committing to the completion of required statutory / mandatory training, through to the delivery of additional continuous professional development (CPD) topics. The Board of Directors previously approved a Board Development Matrix in September 2018. This has been refreshed to incorporate revised Board structures and to review the CPD element. It is presented for approval. Information is also presented on the progress made in implementing the framework over the last 12 months. This includes the arrangements for online mandatory training and progress in delivering the three year CPD framework for board development sessions (which have been aligned to CQC elements). The paper also sets out the additional work done to invest in developing the resilience for the future of the board, through launching its shadow board development programme and steps taken to assess current Board skill levels to inform future development.
Recommendations, decisions or actions sought:	The Board of Directors is recommended to: • Approve the CPD board development framework scheduled between 2018-2021, (appendix two). • Commit to their own personal and professional development by completing all statutory and mandatory training required and engaging in the CPD programme (as outlined in appendices 1 & 3)
Link to Strategic Goals:	**Right Care** ☐ **Right Time** ☐

		Right Place	☐	Every Time	☒
Are there any Equality Related Impacts:		As part of our commitment to providing inclusive talent development opportunities we will ensure that we continue to invest in developing a diverse trust board. This includes the recent launch of our recent shadow board development programme. Where appropriate we will provide alternative learning opportunities to suit varying learning needs and make any reasonable adjustments for all board members to effectively access their assigned competencies and continuous professional development, where required.			

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
☐	☐	☐	☒	☐	☐	☐	☒	☐

Previously Submitted to:	N/A
Date:	N/A
Outcome:	N/A

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1. PURPOSE

1.1 The purpose of this report is to seek approval for the updated Board Development framework and give insight and assurance in relation to the established plan surrounding Board Development and delivery to date.

2. BACKGROUND

2.1 Board Development Matrix

During Q2 of 2018, following a review by Deloitte, Learning and Development worked closely with Corporate Governance to establish a clear Compliance Matrix which identified required statutory and mandatory training for each Board Director role (including Non-Executive Directors), the key areas of competence and refresher requirements (see appendix one).

2.2 The Board Development Framework gives assurance in relation to identifying relevant statutory and mandatory training requirements (assigned across each Board of Director role) and the development of a year on year continuous professional development (CPD) programme.

2.3 The Compliance Matrix was informed, using the 'Healthy NHS Board – Principles for good governance' white paper recommendations, the NHS Long term plan and the CQC well led principles as guidance and was shared and approved at Board in September 2018.

2.4 Since then, further work has taken place to establish a value add CPD offering which not only satisfies requirements for the CQC, but also supports recommendations outlined specifically in the Kark report.

2.5 As this framework has been in place for 12 months, the opportunity has been taken to refresh the framework in light of changes at Board level and to ensure it remains fit for purpose. Approval is sought for these revisions as set out in Appendix 2.

2.6 Implementation progress against the framework

To date, competencies outlined in the compliance matrix have been mapped to all NED roles using our Learning Management System 'OLM'. This functionality allows us to easily identify which competencies are expiring and due for refresher, in date and therefore fully compliant or have expired and therefore not compliant.

2.7 This work has also been undertaken for all Executive Director roles via the OLM Co-ordinator. Therefore allowing us to report accurately across all board roles. In both cases core mandatory training can be completed and recorded online through the MyESR system.

2.8 For all CPD elements, these are currently recorded via the Corporate Governance team and mapped across a three year plan (in line with financial years) as detailed in appendix two. This indicates good levels of compliance with the matrix, with only financial stewardship behind schedule with the agreed refresher periods. Work will be undertaken to address this.

2.9 These CPD elements have been aligned with CQC requirements and the delivery is supported by subject matter experts (either internal / external depending upon the subject).

2.10 The knowledge and skills of all our Board members have recently been assessed using a skills assessment which was circulated by the Director of Corporate Affairs in August 2019.

This was issued with the view to inform any further areas of development required for our board members, whilst also identifying those subject matter experts who not only provide resilience and assurance around the breadth of competence of the Board, but who could also support the wider development of the board through skills coaching / shadowing (see appendix three).

2.11 In addition to supporting our existing board members, we have also developed a 'board induction handbook' which is issued to each new board member as part of their induction. This ensures that all new board members are aware of what is required of them within their role at NWAS, how our board operates, the governance of the board and relevant information about our trust.

2.12 Our structured investment over the last 12 months in ensuring the compliance, developing the competence and improving the confidence of our board members gives us assurance around having a skilled and effective board. As part of this wider piece of work, we recognise that it is also imperative to invest in the future sustainability of our trust board and therefore we have recently worked on identifying potential successors for executive and deputy directors to take part in a shadow board development programme which is due to commence this month (see appendix four for an overview of this programme).

3. LEGAL and/or GOVERNANCE IMPLICATIONS

3.1 It will be important to ensure that relevant compliance is accurately recorded via OLM and that the Corporate Governance team are informed of any required changes to the compliance matrix and CPD elements so that the Board development plan is reflective of requirements and accurate.

3.2 Any national changes to the requirements and role of board members must be acknowledged and where appropriate reflected in the compliance matrix and board development framework.

3.3 Although there are no specific legal or governance requirements, this development supports the Well Led CQC KLOE and helps to demonstrate compliance with regulatory frameworks.

4. RECOMMENDATIONS

4.1 The Board of Directors is recommended to:

- Approve the CPD board development framework scheduled between 2018-2021, (appendix two).

- Commit to their own personal and professional development by completing all statutory and mandatory training required and engaging in the CPD programme (as outlined in appendices 1 & 3)

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NWAS Trust Board Syllabus - Mandatory & CPD Training

This matrix has been put together on the back of a number of stakeholder meetings, intelligence and guidance from the Deloitte Review. This page indicates the required renewal period for each of the subject areas. The courses listed in green under CPD are to be designed and developed by NWAS subject matter experts and delivered in house. Design of this content has not yet started, however this matrix should give a clearer indication of the training requirements of board members within our Trust. Trust Board are asked to review this matrix and inform of any errors. Including taking responsibility for their portfolio area of responsibility and ensuring they complete the required training for this subject on an annual basis e.g. E&D for Director of OD and Safeguarding Adults and Children L3 for Medical Director.   Initials and Chairs for committees have also been mapped.

This matrix should be used as a guide and is subject to local risks / legistlative changes.

Subject		Role & Renewal									Non Exec Roles			
Course Title	Method of Delivery	Chief Exec	Dep Chief Exec	Director of Corporate Affairs	Director of Strategy & Planning	Director of Quality; Innovation & Improvement	Executive Medical Director	Executive Director of Finance	Executive Director of Operations	Director of OD	Chair	Vice Chair	Senior Independent Director	Non Exec Directors
Mandatory Training: After successful completion at induction														
Moving and Handling L1	E learning & Assessment	As part of induction & 3 Yearly after that												
Moving and Handling L2	Classroom Based	Annually					Annually							
Fire Safety	E learning & Assessment	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly	2 yearly
Dementia Friends & Tier 1	E Learning / Classroom	All Board members to become Dementia Friends - no expiry												
Dementia Tier 2	Classroom	One off					One off							
Data Security & Awareness	E learning / classroom & Assessment	Annually	Annually	Annually	Annually	Annually	Annually	Annually	Annually	Annually	Annually	Annually	Annually	Annually
Conflict Resolution L1	E learning & Assessment	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly				
Conflict Resolution / Breakaway L2	Classroom and Assessment	3 Yearly					3 Yearly							
Safeguarding Children L1	E learning & Assessment	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Safeguarding Children L2 - Classroom due for release 2020	E learning & Assessment / Classroom	3 Yearly					3 Yearly							
Safeguarding Adults L1	E learning & Assessment	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Safeguarding Adults L2	E learning & Assessment / Classroom	3 Yearly					3 Yearly							
Safeguarding Adults and Children L3 - TBC by Safeguarding	TBC by Safeguarding team						3 Yearly							
Resuscitation L1	E Assessment / local assessment		Locally Driven	Locally Driven	Locally Driven	Locally Driven		Locally Driven	Locally Driven	Locally Driven	One off	One off	One off	One off
Resusitation L3	Classroom	Annually					Annually							
Infection Prevention & Control L1	E learning & Assessment		3 Yearly	3 Yearly	3 Yearly	3 Yearly		3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Infection Prevention & Control L2	Classroom and Assessment	Annually					Annually							
Health, Safety and Welfare	E learning & Assessment	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Equality, Diversity & Human Rights	E learning & Assessment	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly	3 Yearly
Preventing Radicalisation L 1 - 5 - Levels 3-5 To Be Developed	E learning / Classroom & Assessment	3 Yearly - L1	3 Yearly - L1	3 Yearly - L1	3 Yearly - L1	3 yearly - L1-5	3 yearly - L1-5	3 Yearly - L1	3 Yearly - L1	3 Yearly - L1	3 Yearly - L1	3 Yearly - L1	3 Yearly - L1	3 Yearly - L1
Investigations Training Level 1	Classroom		One Off	One Off			One Off	One Off		One Off				
Investigations Training Level 2	Classroom						One Off			One Off				

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CPD Theme	Renewal	2018/19	2019/20	2020/21	Identified Subject Matter Experts to co-create, design and deliver CPD session	CQC Alignment
Duty of Candour	3 Yearly	Sep-18			Chief Nurse	Safe Effective Caring Responsive
Risk and the BAF	Annual	Apr-18	31-Jul	To be scheduled in 2020/21 programme	Director of Corporate Affairs	Safe Effective Responsive Caring
Quality, H&S, BI and Governance	Annual	Sep-18	13-Aug	To be scheduled in 2020/21 programme	Director of Quality, Innovation & Improvement	Safe Effective Responsive Caring
CQC	Annual	Apr-18	11-Jun	To be scheduled in 2020/21 programme	Director of Quality Innovation & Improvement	Safe Effective
Financial Stewardship	2 Yearly		Needs to be scheduled!		Director of Finance	Safe Effective Responsive
Workforce	Annual	Jun-18	27 Nov 10 Dec	To be scheduled in 2020/21 programme	Director of Organisational Development	Effective Responsive Well Led
Resilience (NARU), Business Continuity	Annual	Jun-18	30-Oct	To be scheduled in 2020/21 programme	Director of Operations	Effective Responsive
EDI	2 Yearly		10-Dec		Director of Organisational Development	Well Led
F2SU	3 Yearly			To be scheduled in 2020/21 programme	Director of Corporate Affairs	Effective Responsive Well Led
Team Dynamics Session: HPT sessions for Board Session designed to support relationship development and team dynamics / Model of Trust to be scheduled by John Blakey Trusted Exec Foundation	Ad Hoc - when required		Be Think Do - 10 Dec 19 Model of Trust - TBC	To be scheduled in 2020/21 programme	L&D / External facilitator	Effective Well Led

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Please rate each competence area using the following scale: 1 = Development Area   2 = Some Confidence & Competence   3 = Confident & Competent   4 = Subject Matter Expert

BOARD MEMBER	Strategic Leadership: ability to develop strategic vision with clear direction of travel and articulate to others.	Governance : understands principles of good governance and role of Board and Board members.	Patient Safety: understands the contributors to patient safety and requirements as a board member around measurement & improvement and applies them in practice	Whistleblowing & Speaking Up: understands approach to whistleblowing, F2SU and advocates psychological safety	Critical Thinking: Applies effective critical thinking skills to all situations, identifies resolve / solutions efficiently and able to constructively and appropriately challenge	Public sector ethics, integrity & accountability: Awareness and understanding of the Nolan Principles	Equality & Diversity: Can articulate our Trust E&D goals & measures , and applies E&D principles to all aspects of Board work	Impact & Influence: Acts with authenticity, integrity and role models Be Think Do behaviours for others	Risk Management: Can apply effective principles to identify, manage and monitor risks effectively	Financial Qualification: Holds a professional financial qualification / accreditation	Financial Acumen: Ability to identify effective use of resource and allocate funding effectively	Public Policy: Understanding of public policy, its practical application and long term impact on the health agenda	Clinician: Holds a professional clinical qualification / accreditation and upholds required CPD to retain professional registration	NHS Understanding: Has in depth understanding of the NHS operating principles, the wider system, national drivers and has experience in interpreting these effectively	Quality Improvement Methodology: Has a strong understanding of and can apply QI methodology to inform quality, safety and the impact on excellent patient care	Legislation: Has a sound understanding of the legislative responsibilities required as a Board (both individually and collectively)	Corporate Communications: Ability to assess reputational issues and deal effectively with Media/PR requests	Commercial Acumen: Spotting trends, supporting CQUINS, budget streams and income generation opportunities	Human Resources: Understands the whole people agenda, can strategically inform people plans and has a sound understanding of employment legislation	Detail your: Professional Training / Qualifications	Detail your: Relevant Experience
Peter White - Chairman																					
Daren Mochrie – CEO																					
Richard Groome – Vice Chair																					
Michael O'Connor – SID (Chair of Resources)																					
David Rawsthorn – NED (Chair of Audit)																					
NED (clinical)																					
David Hanley – NED (performance)																					
Clare Wade – Associate NED (Digital)																					

Please rate each competence area using the following scale: 1 = Development Area 2 = Some Confidence & Competence 3 = Confident & Competent 4 = Subject Matter Expert

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BOARD MEMBER	Strategic Leadership: ability to develop strategic vision with clear direction of travel and articulate to others.	Governance: understands principles of good governance and role of Board and Board members.	Patient Safety: understands the contributors to patient safety and requirements as a board member around measurement & improvement and applies them in practice	Whistleblowing & Speaking Up: understands approach to whistleblowing, F2SU and advocates psychological safety	Critical Thinking: Applies effective critical thinking skills to all situations, identifies resolve / solutions efficiently and able to constructively and appropriately challenge	Public sector ethics, integrity & accountability: Awareness and understanding of the Nolan Principles	Equality & Diversity: Can articulate our Trust E&D goals & measures, and applies E&D principles to all aspects of Board work	Impact & Influence: Acts with authenticity, integrity and role models Be Think Do behaviours for others	Risk Management: Can apply effective principles to identify, manage and monitor risks effectively	Financial Qualification: Holds a professional financial qualification / accreditation	Financial Acumen: Ability to identify effective use of resource and allocate funding effectively	Public Policy: Understanding of public policy, its practical application and long term impact on the health agenda	Clinician: Holds a professional clinical qualification / accreditation and upholds required CPD to retain professional registration	NHS Understanding: Has in depth understanding of the NHS operating principles, the wider system, national drivers and has experience in interpreting these effectively	Quality Improvement Methodology: Has a strong understanding of and can apply QI methodology to inform quality, safety and the impact on excellent patient care	Legislation: Has a sound understanding of the legislative responsibilities required as a Board (both individually and collectively)	Corporate Communications: Ability to assess reputational issues and deal effectively with Media/PR requests	Commercial Acumen: Spotting trends, supporting CQUINS, budget streams and income generation opportunities	Human Resources: Understands the whole people agenda, can strategically inform people plans and has a sound understanding of employment legislation	Detail your: Professional Training / Qualifications	Detail your: Relevant Experience
Michael Forrest – Deputy CEO																					
Carolyn Wood – Director of Finance																					
Dr Chris Grant – Medical Director																					
Ged Blezard – Director of Operations																					
Lisa Ward – Interim Director of Organisational Development																					
Maxine Power – Director of Quality, Innovation & Improvement																					
Salman Desai – Director of Strategy & Planning																					
Angela Wetton – Director of Corporate Affairs																					

What is the Shadow Board Programme?

Over recent years' evidence has suggested that only a minority of Executive Board Directors have had any formal development in understanding the roles, responsibilities and complexities of being a Director in an organisation. Having spoken with many NHS Executives this is something that would have been of great value to them.

The Shadow Board Programme is unique in that it combines modular learning with the benefits of deep experiential learning as participants immerse themselves over several months preparing and participating in a series of simulated board meetings (the Shadow Board). The Shadow Boards run in alignment with the taught modules for the life of the programme, enabling participants to implement and embed their learning in a safe space and really gain experience of what it's like to be a board member. This is not role play though! This is experiential learning at its best, bringing to life not only the taught content, but also understanding the nuances and power and influence and dynamics of being an Executive Director.

In addition to the three core modules, senior managers are encouraged to undertake self-directed learning, attend and observe organisation committee meetings and learn from each other. There is also significant benefit to the organisation as the Programme provides a structure for participants to share their insights with board members on the challenges and opportunities facing organisations.

The Shadow Board meets separately from the Executive Board and can offer assurance, corporate governance, succession planning and support diverse and inclusive talent management strategies, increasing diversity of thought at the senior level. It supports the development of aspirant directors to enable them to understand and appreciate the difference and transitions from a functional specialist to that of an Executive Board Director. It also helps existing teams appreciate the roles and responsibilities of Directors, enhancing their understanding and making them more effective senior team members, better able to support Directors

In addition to this, the Shadow Board Programme enables Executives to invest into their Non-Executive Directors (NED) who maybe an aspiring towards a Chair role, and offer an exciting development opportunity to gain experience and skills through chairing the Shadow Board Programme. Not only does this support the development of the individual NED but also offers alignment and synergy to both boards, by enabling cohesion and transfer of thoughts.

The Shadow Board Programme is not just a development programme, it's much more.

Who we are working with:

We are working with multiple NHS organisations and place based systems and Integrated Care Systems. For more information and to find out who we are already working with, visit our website www.theshadowboard.com

Testimonials

'This has been the single most effective training opportunity I have done as a Clinical Director aspiring to an Executive Director position. The experience has been educational, interesting, motivating, and hugely enjoyable. It is a comprehensive package that has demonstrated the complexity and challenges that accompany an appointment to a post on an NHS board and I would strongly recommend it for anyone considering an Exec Director position'.

Clinical Director, Acute Medicine

'The health and care system needs to equip people to lead both organisations and systems. As the CEO of a Trust and the leader of one of the biggest Health and Care Partnerships in the country, I face this reality every day. The Shadow Board Programme is a way of ensuring people are ready to operate at this level. Participants from my own Trust and from the Partnership have engaged in the programme and brought their learning back to their teams. They also give existing Boards and governing bodies a fresh perspective on the real issues faced in the health and care system. I would recommend the Shadow Board programme to anyone who wants to develop resilient, insightful leaders'.

Rob Webster - CEO South West Yorkshire Partnership Trust and Lead for West Yorkshire and Harrogate STP

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