

Public Document Pack

North West Ambulance Service NHS Trust

Board of Directors Meeting to be Held in Public

Wednesday, 25 March 2020
9.45 am - 11.30 pm

Oak - North West Ambulance Service, Trust HQ

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
INTRODUCTION					
1.	Apologies for Absence	09:45	Information	Chairman	
2.	Declarations of Interest	09:45	Decision	Chairman	
3.	Minutes of Previous Meeting	09:45	Decision	Chairman	3 - 14
4.	Board Action Log	09:45	Assurance	Chairman	15 - 16
5.	Committee Attendance	09:45	Information	Chairman	17 - 18
6.	Register of Interest	09:45	Assurance	Chairman	19 - 20
STRATEGY					
7.	Chairman & Non-Executives' Update	09:50	Information	Chairman	
8.	Chief Executive's Report Month 11 2019-20	09:55	Assurance	Chief Executive Officer	21 - 32
9.	NWAS Pandemic Influenza Plan	10:05	Decision	Director of Operations	33 - 74
GOVERNANCE AND RISK MANAGEMENT					
10.	Amendment to Standing Orders - Emergency Powers	10:15	Decision	Director of Corporate Affairs	75 - 78
11.	Board Assurance Framework - 2020/21	10:20	Decision	Director of Corporate Affairs	79 - 86
12.	Chairman's Annual Fit and Proper Persons' Declaration	10:30	Assurance	Chairman	87 - 92
QUALITY AND PERFORMANCE					
13.	Integrated Performance Report	10:35	Assurance	Director of Quality, Innovation and Improvement	93 - 150
14.	Quality and Performance Committee Assurance Report - from the meeting held on 17th February 2020 and 9th March 2020	11:00	Assurance	Prof A Chambers	151 - 160
15.	Resources Committee Assurance Report - from the meeting held on 20th March 2020	11:10	Assurance	Mr M O'Connor	161 - 168
WORKFORCE					
16.	Staff Survey	11:20	Assurance	Interim Director of Organisational Development	169 - 184

CLOSING

17.	Any Other Business Notified Prior to the Meeting	11:30	Decision	Chair	
18.	Items for Inclusion on the BAF	11:30	Decision	Chair	

Date and Time of Next Meeting 9.45 am Wednesday, 27 May 2020 at Oak - North West Ambulance Service,
Trust HQ

Exclusion Of Press & Public - This meeting will not be held in public in conjunction with Section1 Clause 2 of the Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from this meeting for other special reasons which relate to Government advice around avoiding unnecessary social contacts during the current coronavirus outbreak.

Agenda Item 3



Minutes Board of Directors

Details: Wednesday 29th January 2020, 9.45am
Ladybridge Hall, 399 Chorley New Road, Heaton, Bolton, BL1 5DD

Present:

Mr P White	Chairman
Mr G Blezard	Director of Operations
Prof A Chambers	Non-Executive Director
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
Mr D Rawsthorn	Non-Executive Director
Prof R Thompson	Associate Non-Executive Director (Clinical)
Ms C Wade	Associate Non-Executive Director (Digital)
Ms L Ward	Interim Director of Organisational Development
Ms A Wetton	Director of Corporate Affairs
Ms C Wood	Director of Finance

In attendance:

Mr N Barnes	Deputy Director of Quality
Mr K Ellis	Trust Patient and Public Panel (observer)
Ms R Foot	Freedom to Speak Up Guardian (part)
Ms J Lancaster	Corporate Governance Manager (Minutes)
Mr J Loughran	Trust Patient and Public Panel (observer)
Ms H Mason	Strategic Business Support Officer (observer)
Mr Y Mogra	Patient Engagement Manager (observer)
Mr R Roseveare	Trust Patient and Public Panel (observer)
Ms S Whittle	Communications Manager (part)

Minute Ref:

BM/1920/137 PATIENT STORY

The Director of Strategy and Planning presented the patient story and advised that an audio would be played of a patient who got in touch with Trust with her feedback of the Patient Transport Service (PTS).

The patient was very complimentary about PTS staff but explained how some areas of the service were frustrating. She explained that during the booking process, she was unable to make more than four bookings in one call and

therefore had to go through the eligibility criteria on several occasions whilst on the same call but making different bookings.

The patient explained that she has an assistance dog and an assumption was always made that she was registered blind which she was not. She added that on one occasion a member of staff refused to take her to hospital as he was allergic to dogs, despite the patient recording that she was accompanied by an assistance dog on her booking.

Further concerns were raised in relation to the inconsistent receipt of text message reminders, despite this service being requested every time.

The patient explained that on one occasion, a taxi arrived to transport her home but due to the size of her wheelchair, the transport was not appropriate. She finally arrived home six hours after her appointment. The Director of Finance commented that the team hadn't been made aware of this incident and therefore it was being investigated.

The Director of Finance made reference to the patients assistance dog and stated more awareness was required amongst staff. Mr R Groome added that there were multiple types of assistance dogs and therefore, all staff needed to be aware of the different reasons why a patient could have an assistance dog.

In terms of the issues relating to the inconsistent text messages, the Director of Finance explained that this was an interface issue and it was being looked into. She added that work was also being carried out with the patient and acute trust, to enable block bookings to be made.

With regards to crew members who may have allergies, it was noted that they had a responsibility to check the patient record for information.

The Chairman made reference to booking transport and eligibility, understanding the national specification that was in place but questioned if the Trust could influence this. The Director of Strategy and Planning explained that the Commissioners were aware of the challenges and to date there was no intelligence to suggest there would be a shift away from the current process. However, the issues would be incorporated into future contract negotiations. The Deputy Chief Executive explained that there was a need to work with commissioners in terms of the needs of vulnerable fragile patients. He added that PTS staff shared some of the same frustrations with the current system.

The Chief Executive explained that work was progressing with Commissioners in relation to future contract negotiations. He added that local flexibility was required and a national working group was taking comments into consideration.

The Board:

- Noted the patient story.

The Communications Manager exited the meeting at this point.

BM/1920/138 APOLOGIES FOR ABSENCE

An apology for absence was submitted from Prof M Power, Director of Quality, Innovation & Improvement

BM/1920/139 DECLARATIONS OF INTEREST

No declarations of interest were raised.

BM/1920/140 MINUTES OF PREVIOUS MEETING HELD ON 27th NOVEMBER 2019

The minutes of the previous meeting held on 27th November 2019 were presented to members for approval.

The Board:

- Approved the minutes from the meeting held on the 27th November 2019.

BM/1920/141 ACTION LOG

The action log was reviewed and updated accordingly.

The Board:

- Noted the updated.

BM/1920/142 COMMITTEE ATTENDANCE

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

The Board:

- Noted the committee attendance.

BM/1920/143 REGISTER OF INTEREST

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

It was noted that a number of amends to the register were being progressed via the approval route and that the most up to date register would be presented to the next meeting.

The Board:

- Noted the register of interest,

BM/1920/144 CHAIRMAN AND NON-EXECUTIVES DIRECTORS UPDATE

The Chairman advised that he and a number of Non-Executive Directors had been visible across the Trust over the Christmas and New Year period and advised that the feedback from staff had been positive.

The Chairman informed members that he had met with a number of Chairs of Acute Trusts and the system wide pressures had been acknowledged. He added that positive feedback had been received in relation to Trust staff. It was noted that a number of Chairs had expressed interest in a patient story being presented at their Board meetings in relation to hospital handover.

The Chairman made reference to an NHS Leadership meeting that he had attended. He commented that the focus of the event had been in relation to Integrated Care Systems and Sustainability and Transformation Plans.

The Board:

- Noted the update.

BM/1920/145 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 27th November, 2019. The report covered (i) performance, (ii) issues to note, and (iii) external/internal engagements.

The Chief Executive commented that the Trust as a whole performed well over the festive period and expressed how proud he was of hard work demonstrated by the workforce.

The Chief Executive explained that the report included details of his engagement with stakeholders both regionally and nationally and also a general update in relation to different work streams. He placed particular emphasis on the Safe-Care week that was held in November 2019 and the Trust's continued commitment to promoting health and welling in the workplace.

Members were informed of the pilot that had commenced within the clinical hub to review and triage C2 calls at times of high demand. Prof R Thomson questioned if any learning had been identified to date. The Director of Operations explained that the trial would not impact on response times. Of 700/800 patients, the majority had been treated via either see and treat or hear and treat and no adverse clinical incidents had occurred. It was noted that a review would be carried out in mid-February and patient journeys would be tracked to prove that treatment via the hub was clinically safe. Members supported the trial and stated that the right governance was crucial.

A discussion ensued in relation to the Corporate Programme Board (CPB) and the Chief Executive explained that the Executive Leadership Team were picking up a number of legacies. He advised that the purpose of the CPB was to provide an holistic view of work streams to enable projects to be prioritised and managed in conjunction with the Trust's strategic direction.

The Director of Strategy and Planning advised that the CPB had recently been established and that the terms of reference were being defined, with support from the Director of Corporate Affairs. It was noted that assurance would be presented to the Board via the Chief Executives report.

The Board:

- Received and noted the contents of the report.

BM/1920/146 NORTHERN AMBULANCE ALLIANCE PROGRESS REPORT

The Chief Executive presented a report to provide members with an overview of progress on work to date across the Northern Ambulance Alliance (NAA). It was noted that the Alliance consisted of 4 Trusts (i) North East Ambulance Service NHH Foundation Trust, (ii) Yorkshire Ambulance Service NHS Trust, (iii) East Midlands Ambulance Service Trust, and (iv) North West Ambulance Service Trust.

It was noted that the NAA Board had agreed that the NAA would take forward a work programme which focused on a number of areas and an update was provided in relation to: CAD, telephony & triage, managing the paramedic pipeline, talent management, research – managing links with Universities, quality improvement collaboration/faculty, uniform approach to hospital handover and managing fleet. It was noted that Andrew Ormerod was supporting the NAA and

was on secondment as Clinical Advisor. It was further noted that the Managing Director post was being recruited to.

Dr D Hanley commented that collaborative working required a lot of time and resources. He questioned if an evaluation of the collaborative would be carried out to assess productivity. The Chief Executive explained that the NAA was constantly developing and the required resource was being reviewed at the Executive Leadership Committee. He added that this would be covered in a future report to the Board. Dr D Hanley commented that return of investment was important to understand.

Ms C Wade made reference to the CAD work programme and questioned if ICT were aware of this work stream. The Director of Operations explained that Trusts were at different stages in terms of progress, although the vision was the same. He added that collaboration working could reap many benefits.

The Director of Corporate Affairs suggested that the governance arrangements including the memorandum of Understanding be presented to the next Board meeting.

Dr A Chambers asked that as the work streams developed, they linked into the Trust's governance structure.

The Board:

- Received and noted the contents of the report and welcomed future updates to include the governance arrangements and memorandum of understanding between the Trust and the Northern Ambulance Alliance.

BM/1920/147 RIGHT CARE STRATEGY

The Deputy Director of Quality presented the Right Care Strategy for member's approval, following annual review.

Members were advised that the amendments being proposed related to (i) patient centred care, (ii) patient and public panel, (iii) pillars of quality, and (iv) governance.

Prof A Chambers and Mr R Groome advised that the Strategy had been presented to and supported by the Quality and Performance Committee.

The Board:

- Approved the reviewed Right Care Strategy.

BM/1920/148 BOARD ASSURANCE FRAMEWORK AND CORPORATE RISK REGISTER QUARTER 3 2019/20

The Director of Corporate Affairs presented a report to provide members with the opportunity to review the Q3 Board Assurance Framework (BAF) position along with the Corporate Risk Register (CRR) risks scored 15 and above that were aligned to each BAF risk.

Members were advised that the target risk score of SR06 that related to establishing effective partnerships had increased. This was due to the capacity to engage with Sustainability and Transformation Partnerships (STP's) and, system partners and the complexities, due to STP's being at different stages across the North West. The Director of Strategy and Planning advised that the operational planning had not yet been published. He added that if STPs /Integrated Care

Systems form within a statutory structure, the Trust would be clear of its position and in a position to interact.

The Director of Strategy explained that executive leads were now in place for each area across the North West and the process was being reviewed to ensure that robust engagement was in place. The Chief Executive explained that regular discussions were held at the Executive Leadership Committee to provide an holistic view and clear articulation of where engagement takes place. The Chairman supported this process and asked that this was constantly reviewed by executives.

The Director of Corporate Affairs advised members that the risks relating to the Manchester Inquiry would be transferred to the commercially sensitive CRR and reported to future meetings of the part 2 Board of Directors. This was in conjunction with Freedom of Information exemptions.

Mr D Rawsthorn made reference to risk '2748' that related to the lack of capacity and project management expertise within the IT team. He commented that this risk score had not changed and therefore requested an update in relation to how this risk was being addressed. The Deputy Director of Quality explained that the initial risk score was 20 and this had now reduced to 16. He advised that the Executive Team were due to meet to discuss the Trust's future projects in conjunction with the required resources.

Mr D Rawsthorn referred to the BAF and suggested that the evidence included a date, to provide the right level of assurance in terms of the evidence being relevant/up to date.

Mr R Groome made reference to risk score '2766' in relation to the lease break at 111 and the Director of Operations explained that contract negotiations were ongoing and that a further update would be provided at the part 2 meeting.

The Board:

- Agreed the change in target risk score SR06, and
- Agreed the quarter 3 position of the Board Assurance Framework.
- Requested that the evidence captured within the Board Assurance included a date, to provide the right level of assurance in terms of the evidence being relevant/up to date.

BM/1920/149 FREEDOM TO SPEAK UP QUARTER 3 UPDATE 2019-20

The Director of Corporate Affairs introduced the Freedom to Speak Up Guardian to members.

The Director of Corporate Affairs presented a report to provide members with an overview of the Freedom to Speak Up activity during quarter 3. It was noted that the report had been revised and now included more data for member's perusal, at the suggestion of NHS Improvement. Members were advised that it was the expectation of the National Guardian's Office (NGO), CQC and NHS Improvement that senior leaders were knowledgeable on Freedom to Speak Up matters.

Members were presented with a copy of the action plan that had been developed following the NGO review and were advised that the two outstanding actions would be completed in February 2020.

A discussion ensued in relation to the increase in the number of incidents being raised relating to violence and aggression shown towards staff by patients. Prof R Thomson sought clarity in terms of prosecution cases and the Director of

Corporate Affairs explained that an individual would progress a prosecution case although support would be provided by the Trust. Reference was made to the Datix system and the perception amongst staff in terms of some of the terminology utilised. As a result, this was being reviewed by the Freedom to Speak Up Guardian and Senior Risk and Assurance Manager.

The Director of Operations explained that the Violence and Aggression campaign had been re-launched and a Violence and Aggression Group was in place. It was noted this this group would report into the Safety Management Group.

Mr D Rawsthorn sought clarity in terms of the link between whistleblowing and F2SU. The Director of Corporate Affairs explained that whistleblowing was a law, captured within the Public Interest Disclosure Act 1998. It was noted that whistleblowing linked to the F2SU process. The Director of Corporate Affairs explained that any whistleblowing concerns would be recorded by the Corporate Governance team.

Mr D Rawsthorn referred to a recent audit carried out by MIAA in relation to the Trust's F2SU processes that would be reported to the Audit Committee.

Ms C Wade commented on the cases that had been closed and the number of cases that had been closed with no learning identified. The Interim Director of Organisational Development explained that a number of cases were managed via HR processes and individual learning was identified that was not disclosed in the report. However she did acknowledge that further work could be done to identify learning and cascade this through the system. Ms C Wade supported this view and stated that learning was always available.

The Interim Director of Organisational Development explained that challenges occurred whereby issues were raised via the F2SU but had already gone via a HR process where learning had already been identified.

Mr M O'Connor welcomed the report, stating it included more information to advise members of the process and activity within the Trust. He added that the Trust was on a journey but was commitment to improving processes including increasing confidence amongst staff.

The Deputy Director of Quality advised members of the Non-Clinical Learning Forum that was in place, in which learning from the F2SU process was reported.

Dr D Hanley commented that a lot of time had been invested into the process and stated that a review should be carried out over a long-term period to evaluate the impact being made.

The Deputy Chief Executive welcomed the report and stated that via the staff survey, a real improvement in reporting of bullying and harassment was indicated which was a positive indicator of confidence in processes and Freedom to Speak Up would have had a role to play in that confidence. He added that ambulance Trusts were the biggest improver in terms of F2SU processes.

The Chief Executive thanked the Freedom to Speak Up Guardian for all of her hard work. He added that consideration was required in terms of the concerns raised on a locality basis and how they were dealt with.

The Chief Executive advised that a session in relation to F2SU would be presented to members at the Board Development Session in February 2020.

The Chairman summarised the discussion stating a number of issues were apparent that related to (i) co-ordination and information sharing, (ii) investigations

and allocations, and (iii) staff not wanting information disclosing to line managers. He suggested that work was needed to understand some of the issues.

The Board:

- Noted the update and the work that was being carried out in relation to the Freedom to Speak Up processes.

BM/1920/150 FREEDOM TO SPEAK UP POLICY AND PROCEDURE

The Interim Director of Organisational Development presented the Freedom to Speak Up Policy and Procedure (incorporating Whistleblowing and Raising Concerns) for member's approval.

The Interim Director of Organisational Development explained that the policy was reviewed following the recommendations from the National Guardian's Office (NGO) review and it was deemed necessary to merge the NHSI Freedom to Speak Up guidance and existing Raising Concerns at work policy to avoid unnecessary confusion to which procedure should be used.

Members were advised that a lot of changes had been made in relation to the language that was utilised.

Dr D Hanley questioned if the Trust could commit to offering the protection to volunteers as staff, in conjunction with the policy. The Interim Director of Organisational Development explained that volunteers could access the processes that were in place. The Director of Corporate Affairs explained that the same legal cover could not be provided as volunteers were not employees of the Trust.

The Board:

- Approved the Freedom to Speak Up Policy and Procedure (incorporating Whistleblowing and Raising Concerns).

BM/1920/151 AUDIT COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON 17TH JANUARY 2020

Mr D Rawsthorn presented an assurance report from the Audit Committee held on 17th January 2020.

Mr D Rawsthorn explained that a review of clinical reporting was being carried out, to ensure that the right level of assurances were presented to the relevant committee.

Members were advised that at its meeting on the 17th January 2020, the Audit Panel agreed the provision of internal audit and counter fraud services.

The Board:

- Noted the assurance report from the Audit Committee held on 17th January 2020.

BM/1920/152 INTEGRATED PERFORMANCE REPORT

The Deputy Director of Quality 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 January 2020.

The Deputy Director of Quality made reference to the four serious incidents that were reported during December 2019 and stated this was a special cause variation.

The Director of Strategy and Planning advised members that the friends and family test (FFT) saw an increase in returns within the Patient Emergency Services, Patient Transport Service and 111. It was noted that satisfaction rates remained within expected control limits.

The Medical Director referred to performance in relation to the rates of the Return of Spontaneous Circulation (ROSC) and stated in terms of performance, the Trusts performance was good. It was noted that in the past, the Trust was ranked 1st in terms of performance but this metric had been removed as it did not provide any intelligence.

Members were advised that See and Treat performance was currently 28% and Hear and Treat was at 27.5%,

The Director of Finance presented a report detailing the Trust's financial position to month 9. Members were advised that the position for the Trust at month 9 was a surplus of £1.783m, which was £0.130m better than the planned surplus of £1.653m. It was noted currently, a number of factors were influencing the current finance risk score and detailed updates were presented to the Resources Committee.

The Director of Operations presented the performance update to provide assurance that plans and actions were being addressed/completed relating to performance improvement against the ARP measures. He reported activity saw a continued increase and December represented the busiest month on record for NWS.

Members were advised that performance in relation to C2, C3 and C4 was challenging and that there was a clear correlation with hospital turnaround times. In terms of C3 performance, members were advised that the Trust was now an outlier nationally with a key driver in Greater Manchester. As a result, this was being reviewed.

The Director of Operations explained that on scene time had increased by 3 minutes and this was due to (i) extended clinical assessment, and (ii) referrals to other providers.

The Director of Operations presented an update in relation to 111 performance and it was noted that calls answered within 60 seconds sits at 65.7% in December 2019, against a target of 95%. It was noted that the festive period was the busiest for the service due to how the bank holidays aligned to the weekend. Members were advised that activity had increased and work was being carried out to understand this.

Mr D Rawsthorn commented on the ARP performance table and requested future reports include a key, to explain the ranking positions.

The Director of Finance provided an update in relation to Patient Transport Service (PTS) performance. It was noted that in December 2019, activity was 10% below contract baseline which partly related to the number of bank holidays. The year to date position was performing at 1% above baseline.

The Director of Finance explained that performance in relation call pick up was good during October – December 2019 and the KPI's had been achieved.

The Interim Director of Organisational Development presented workforce data and explained most of the indicators were being achieved. It was noted that sickness remained a challenge and as a result focused action plans had been developed for the Patient Emergency Service and Emergency Operation Centres.

Members were advised that the overall mandatory training completion rate for October was 94% against a 95% trajectory. It was noted that this was a very positive position.

At this point in the meeting, the Chairman invited the Chair of the Quality and Performance Committee and Chair of the Resources Committee to present their Chair's Assurance Report.

Prof A Chambers commented that at the meeting of the Quality and Performance Committee held on 20th January, 2020 a detailed discussion had been held in relation to performance. Members acknowledged that the Trust was well resourced over the festive period and a discussion had ensued in relation to business as usual and sustaining additional resources. The Director of Operations explained that a Service Delivery Improvement Plan had been approved. He added that the ORH predictions were not being delivered. Reference was made to the upcoming roster review and it was noted that it would be implemented in Greater Manchester week commencing 24th February 2020. Implementation of new rosters within Cheshire and Mersey and Cumbria and Lancashire was on track.

The Director of Operations explained that further internal work had been carried out by Optima and that there was some conflict in conjunction with results from the ORH review.

The Chairman stressed the importance of minimising risk to patients. The Director of Operations advised a number of plans were in place including the Demand Management Plan and REAP. He added that daily reporting was in place.

The Medical Director advised he was working with the Director of Operations to review the whole operational model including the workforce, ensuring the right structure was in place to deliver performance.

Prof A Chambers explained that members of the Quality and Performance received assurance in relation to the actions in place. The Chairman commented that it was the role of Committees to gain this assurance.

The Chairman offered his full support to the Director of Operations, acknowledging the current challenges. The Director of Operations commented on the performance over the festive period and stated it was a collective effort across the Trust. He added that performance was achievable, with the right level of resources.

Mr M O'Connor presented the Chairs assurance report from the Resources Committee held on 24th January 2020. Members were advised that a detailed discussion had been held in relation to ICT and the available resources.

It was noted that a detailed discussion had been held in relation to the Trust's financial position and it was envisaged that 2020/21 would be a challenge.

The Deputy Director of Quality referred to unscored incidents indicating the target was 50 per month and currently, performance was 70 per month. This would be picked up by the Quality and Performance Committee.

The Resources Committee had received a detailed update in relation to workforce and noted the amount of work that had been carried out to improve performance against workforce indicators. It was noted that focused work would be carried out in relation to BAME recruitment.

The Chairman commented that whilst the Trust was experiencing a number of challenges, a lot of fantastic work was being carried out. He added that the Quality and Performance Committee had a key role in terms of monitoring performance. In terms of the steady increase in sickness, he asked that this be monitored closely by the Resources Committee.

The Board:

- Noted and took assurance from the update.

BM/1920/153 QUALITY AND PERFORMANCE COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON 20th JANUARY 2020

This item was discussed during item BM/1920/152.

The Board:

- Noted the assurance report from the Quality and Performance Committee held on 20th January 2020.

BM/1920/154 RESOURCES COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON 24th JANUARY 2020

This item was discussed during item BM/1920/152.

The Board:

- Noted the assurance report from the Resources Committee held on 24th January 2020

BM/1920/155 COMMUNICATIONS AND ENGAGEMENT DASHBOARD REPORT Q3 2019-20

The Director of Strategy and Planning presented a report to provide members with a summary of key outputs and associated highlights on the work of the combined communications and engagement team for quarter 3.

Members were advised that 13,125 patient surveys had been sent out and 3,327 had been returned. It was noted that this was fairly representative.

The Chairman welcomed the information being reported in a dashboard and commented that it highlighted the sheer amount of work carried out by the communications and engagement team. The Director of Strategy and Planning explained that work was being carried out to triangulate data, in conjunction with peaks in performance i.e. winter.

The Chairman stated members of the Board should be utilising social media platforms to be more visible and stated support from the team would be useful.

The Chief Executive commented on the amount of work being carried out that had been captured within the dashboard. He suggested that the dashboard be communicated out across the Trust.

The Board:

- Noted the update.

BM/1920/156 ANY OTHER BUSINESS

Coronavirus

The Deputy Director of Quality provided a verbal update to members in relation to the Trust's response/action plan with regards to the Coronavirus.

Members were provided with assurance that a leadership and command structure was now in place within the Trust with daily conference calls being held.

Prof R Thomson advised that he was involved in a number of forums, due to his role at Public Health England.

It was noted that regular updates would be discussed via the leadership and command structure that was now in place.

At this point in the meeting, the Chairman thanked members of the Patient and Public Panel for attending and added consideration was being given to their involvement at future meetings.

BM/1920/157 ITEMS FOR INCLUSION ON THE BOARD ASSURANCE FRAMEWORK

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

BM/1920/158 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting of the Board of Directors will be held on Wednesday 25th March 2020 at Ladybridge Hall, Bolton. BL1 5DD.

Signed: _____
Date: _____

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Status:	
Complete & for removal	
In progress	
Overdue	

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
37	27/11/19	1920/121	2020/21 Corporate Calendar	Consideration to be given to locations and venues for Board meetings for 2020/21	JL	29.01.20	29.01.20	Board meeting locations/venues for 2020/21 have been confirmed and details circulated to members on 26.02.20	
39	27/11/19	1920/130	Resources Committee Assurance Report	Consideration be given to estates being covered in a future Board Development Session.	AW/JL	29.01.20	29.01.20	The 2020/21 Board Development work programme is included on Board agenda 25.03.20. Update scheduled for Board Development in April.	
40	29/01/20	1920/146	Northern Ambulance Alliance Update	Requested that future updates include the governance arrangements and memorandum of understanding between the Trust and the Northern Ambulance Alliance.	DM	25.03.20	25.03.20		
41	29/01/20	1920/148	Board Assurance Framework	The evidence captured within the Board Assurance included a date, to provide the right level of assurance in terms of the evidence being relevant/up to date.	AW	27.05.20	27.05.20	This will be incorporated into the 2020/21 Board Assurance Framework.	

This page is intentionally left blank

Board and Committee Attendance

Board of Directors																
	24th April		24th May	29th May		31st July		25th September		27th November		29th January		26th February	28th 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 2	Part 1	Part 2
Peter White	✓	✓	☐	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richard Groom	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael O'Connor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maria Ahmed	✓	✓	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
David Hanley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Rawsthorn	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daren Mochrie	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mick Forrest	✓	✓	✓	✓	✓	✓	✓	✓	☐	✓	✓	✓	✓	✓	✓	✓
Ged Blezard	✓	✓	✓	✓	✓	✓	✓	✓	☐	✓	✓	✓	✓	✓	✓	✓
Chris Grant	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carolyn Wood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Angela Welton	✓	✓	✓	✓	✓	✓	✓	✓	✓	☐	✓	✓	✓	✓	✓	✓
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 Groom	✓	✓	✓	✓	✓
Michael O'Connor	✓	✓	✓	✓	✓
Rod Thomson	✓	✓	✓	✓	✓
David Hanley	✓	✓	✓	☐	☐

FIPC						
	20th May	26th July	23rd September	22nd November	24th January	20th March
Michael O'Connor	✓	✓	☐	✓	✓	✓
David Rawsthorn	✓	✓	✓	✓	✓	✓
Richard Groom	✓	☐	☐	✓	✓	☐
Carolyn Wood	✓	Michelle Brooks	✓	✓	✓	✓
Ged Blezard	✓	✓	✓	☐	☐	☐
Maxine Power	✓	☐	✓	✓	Part	☐
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	9th March
Maria Ahmed	✓	✓	☐	✓	✓	✓	✓	✓	☐	✓
Richard Groom	☐	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter White	✓	✓	✓	✓ (observing)	✓ (observing)	✓	✓	✓	✓	✓
David Rawsthorn	✓	✓	✓	✓	✓	✓	☐	✓ (Telecom)	✓	✓
Maxine Power	✓	✓	✓	✓	✓	✓	✓	✓	✓	☐
Ged Blezard	✓	✓	✓	✓	✓	✓	✓	✓	☐	✓
Chris Grant	☐	✓	✓	✓	☐	✓	✓	✓	☐	✓
Mick Forrest	✓	✓	✓	✓	✓	☐	✓	✓	☐	✓
David Hanley	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rod Thomson	✓	✓	✓	✓	✓	✓	✓ (Telecom)	✓ (Telecom)	✓	✓
Alison Chambers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Carolyn Wood	✓	✓	✓	✓	✓	☐	✓	✓	☐	✓

Performance Committee	
	21st May
Peter White	Cancelled
Richard Groom	
Carolyn Wood	
Ged Blezard	
Lisa Ward	

Workforce Committee	
	23rd April
Peter White	✓
Richard Groom	✓
Carolyn Wood	✓
Ged Blezard	✓
Lisa Ward	✓

Charitable Funds Committee		
	24th April	30th October
David Rawsthorn	✓	✓
David Hanley	✓	✓
Richard Groom	✓	✓
Angela Welton	✓	✓
Ged Blezard	✓	✓
Salman Desai	✓	✓
Carolyn Wood	✓	✓
Lisa Ward	✓	✓

Nomination & Remuneration Committee									
	24th April	11th June	31st July	25th September	30th October	27th November	10th December	26th February	25th March
Peter White	✓	✓	✓	✓	✓	✓	✓	✓	✓
Richard Groom	✓	✓	✓	☐	✓	✓	✓	✓	✓
Michael O'Connor	✓	☐	✓	☐	☐	✓	☐	✓	✓
David Hanley	✓	☐	✓	✓	✓	✓	☐	✓	✓
Rod Thomson	✓	✓	✓	✓	✓	✓	☐	✓	✓
Alison Chambers	✓	✓	✓	☐	✓	✓	☐	✓	✓
Clare Wade	✓	✓	✓	☐	☐	✓	✓	✓	✓
David Rawsthorn	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maria Ahmed	✓	☐	✓	✓	✓	✓	✓	✓	✓

This page is intentionally left blank

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

Name	Surname	Current position (s) held- I.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		Apr-19	Mar-20	
Ged	Bleazard	Director of Operations	Wife is a manager within the Trust's Patient Transport Service				√	Other Interest	Apr-19	Present	To be decided by Chairman if decision is required 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	N/A
Michael	Forrest	Deputy Chief Executive	Nil Declaration	N/A	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	Board Member/Director - Association of Ambulance Chief Executive's		√			Position of Authority	Sep-19	Present	No conflict.
			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
Michael	O'Connor	Non-Executive Director	Partner in Adleshaw 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
			Chair, Factory Medical Services		√			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.
Rod	Thomson	Non-Executive Director	Visiting Professor at the Universities of Chester, Staffordshire and Liverpool John Moores University		√			Position of Authority	Sep-19	Present	No conflict
			Trustee of the mental health charity "listening ear". The charity is based in Merseyside and provides services in the NW region,		√			Position of Authority	Sep-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Volunteer at Severn Hospice, Shewsbury and do so as part of CPD requirements for NMC registration.		√			Volunteer	Sep-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Governing Body Member, Royal College of Nursing		√			Position of Authority	Jan-20	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Locum Consultant in Public Health, Cheshire East Council	√				Position of Authority	Jan-20	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Fellow of the Royal College of Nursing and the Faculty of Public Health,		√			Position of Authority	Sep-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Clare	Wade	Associate Non-Executive Director (Digital)	Head of Patient Safety, Royal 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 -Miocare (Oldham Care and Support Limited is a subsidiary)	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Non-Executive Director – 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 Finance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
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

This page is intentionally left blank



REPORT

AGENDA ITEM:

Board of Directors								
Date:		25 March 2020						
Subject:		Chief Executive's Report						
Presented by:		Daren Mochrie, Chief Executive						
Purpose of Paper:		For Assurance						
Executive Summary:		<p>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 29 January 2020.</p> <p>The highlights from this report are as follows:</p> <p>Performance</p> <ul style="list-style-type: none"> February and March has been extremely busy and challenging for both 999 and 111 with the increase in activity due to COVID-19. Month 10 performance in PTS was above contract <p>Issues to note</p> <ul style="list-style-type: none"> The Chief Executive attended a number of engagement events with local and regional stakeholders and staff. 						
Recommendations, decisions or actions sought:		Receive and note the contents of the report.						
Link to Strategic Goals:		Right Care		<input checked="" type="checkbox"/>	Right Time		<input checked="" type="checkbox"/>	
		Right Place		<input checked="" type="checkbox"/>	Every Time		<input checked="" type="checkbox"/>	
Link to Board Assurance Framework (Strategic Risks):								
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Equality Related Impacts:		No						
Previously Submitted to:		N/A						
Date:								
Outcome:								

- THIS PAGE IS INTENTIONALLY BLANK -

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 29 January 2020.

2. PERFORMANCE

2.1 999

February and March has been extremely busy and challenging with the increase in activity due to COVID-19. 999 demand has, on average, increased by 10% with some days experiencing over a 60% increase in emergency calls. The emergency services staff are facing significant demand with a number of challenges following the COVID-19 outbreak and are working tirelessly to ensure all patients receive a timely response. We ask the general public to understand the challenges we are facing alongside the wider NHS and encourage them to dial 999 only in emergency situations.

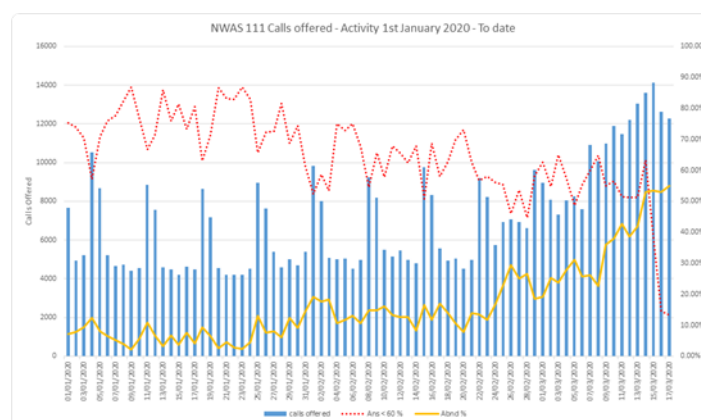
Pressures and demand are expected to increase over the next couple of months with support being considered by PTS, support services and external providers both clinically and logistically in relation to fleet, equipment etc. There are some challenges around PPE but everyone is doing everything they can to deal with this. A Command Cell has been established to provide a co-ordinated and managed approach to this unprecedented time and I would like to thank everyone all for their hard work and dedication to getting to our patients as safely as possible.

PES, EOC and Clinical Hub are currently reviewing their BCM plans in consideration to staff self-isolating and school closures along with where additional support can be provided.

111

February 2020 has been extremely challenging for NWS 111 due to the demand created by the Coronavirus pandemic. Demand has exceeded 100% of additionality most days. Staff have also had to manage continuously changing guidance, which has resulted in elongated calls and therefore increased call length.

The graph below demonstrates the ongoing rise in demand with associated drop in performance metrics (Calls answered in under 60 seconds and calls abandoned).



This picture of demand and performance is replicated across all 111 providers at present, despite the implementation of 2 national call centres for COVID-19 enquiries.

The 111 team have taken action to update their BCM, proactively planning for staff losses through contraction of the virus, school closures and absence for protected groups, we have also changed IVR routing for call types and trialled different ways of working with clinical and non-clinical staff. There has been system development with the support of AHC to create additional queues and SMS messaging of self-care advice for COVID-19 calls.

PTS

Overall activity during Month 10 (financial year) was 4% (4,705 Journeys) above contract baseline whilst the cumulative position is 0% (3,543 Journeys) below baseline. Cumulative Cumbria and Lancashire activity was 4% and 12% below baseline whilst, Greater Manchester and Merseyside activity was 4% and 12% above baseline respectively.

In terms of Unplanned activity, cumulative positions within Greater Manchester and Merseyside are 56% and 4% above baseline respectively. Weekday activity (that booked after 6pm) in Greater Manchester is 118% above plan. Cumbria and Lancashire are 24% and 4% below baseline. Within Lancashire, weekend activity is 102% above plan, evidencing a shift of activity across their 7 day Unplanned Specification. Conversely, Greater Manchester weekend activity is 15% below plan, which increases pressure for discharge and flow management across the five day working week.

3 ISSUES TO NOTE

3.1 Local Issues

Executive Leadership Team changes

Over the past 11 months since I joined the Trust, I have been looking at what areas might be strengthened to help us to lead the Trust to become the best ambulance service in the UK and to continue to deliver our strategy at pace over the next five years. In addition to this, we are now being seen nationally and regionally as a system leader and solution to the challenges and opportunities facing health and social care. This means that with a small executive team we are now engaging with multiple integrated care systems, the GMHSC Partnership, NHS providers and other organisations and this all takes time and resource.

Based on my review together with the complexity of our service offer, our geographical footprint and all that entails, I have decided to make the role of Deputy Chief Executive a substantive one. Mick Forrest has been undertaking this role on an interim basis until now. In turn, this will mean I will shortly be recruiting to a Director position to undertake Mick's previous substantive responsibilities. A new position of Director of People is being advertised.

Finally, Patient Transport Service was realigned to the Director of Operations' directorate and portfolio from 1 February 2020.

Engagement with local stakeholders and staff

I recently observed our approach to providing match cover for a premiership game at Everton FC. Following a briefing with Paul Townley, Operations Manager; Gene Quinn, Sector Manager and others, we went to Goodison Park where I was able to meet the team on duty and talk about our role in keeping the public safe. In the Control Room I got to have some useful conversations on our JESIP arrangements with Chief Superintendent Matt Boyle of Merseyside Police and John O'Boyle of Merseyside Fire and Rescue Service.

3.2 Regional Issues

Engagement with regional stakeholders and staff

Strategic Partnership Board

At a recent meeting together with our lead commissioners we discussed contracting principles for 2020/21, including a presentation on the contract approach, key issues and future integration; together with a discussion on the strategic direction for 111 and PTS.

Every Minute Matters

I attended a learning session for phase two of the 'Every Minute Matters' hospital handover project in Preston. This was the third and final event for this group of 14 hospitals who have come together in a collaborative to tackle one of the most challenging areas facing the NHS and ourselves today; that of reducing the amount of time our patients are waiting to be handed over in hospital emergency departments. Teams demonstrated that they are really powering-on with their improvement ideas by sharing the tests of change that they had made over the previous few weeks, so that all could learn from them. I was pleased to see the improvements that have been made despite the whole system being under tremendous pressure in recent months but particularly the willingness to come together and share learning to improve our patients' overall experience of care.

There is already a great deal of interest elsewhere in the country in the hospital handover collaborative with others looking to trial something similar. The event was attended by visitors from the Scottish Ambulance Service, the Midlands and NHS England/Improvement who were all keen to see how this collaborative worked in action so that they could take these ideas back to their own areas and run collaboratives of their own.

More recently I chaired the North West Handover Improvement Board which was also attended by our lead clinical commissioners, NHS England/Improvement and Greater Manchester Health and Social Care Partnership colleagues. Amongst other business, the Board received updates from Maxine Power, Director of Quality, Innovation and Improvement on the hospital collaborative and the #endcorridor care project.

Lancashire & South Cumbria NHS FT

A recent introductory meeting was held where we discussed similarities in the size of the Trusts spread across many sites and to discuss how we continue to work together on mental health initiatives.

3.3 National Issues

Engagement with national stakeholders

NHS England/Improvement

Together with Mick Forrest, Deputy CEO, we had a meeting with Anthony Hassall, NHSE/I's Regional People Officer to discuss the NHS People Plan. This Plan sets out the NHS' vision for everyone who works for the NHS to enable us to help deliver the Long Term Plan, and focuses on the actions we need to take. We are all aware of the growing demand for health and care services as a result of a growing and aging population, as well as developments in medical science and whilst this may mean increased recruitment and new roles it is also about transformation, digitalisation, leadership; improved culture, working environment, inclusivity and much more. Whilst we have made positive progress in all these areas there is much to be done in the months ahead.

Ambulance Leadership Forum

The Ambulance Association of Chief Executives (AACE) announced that dedicated time would be scheduled for main stage presentation of research focussing on ambulance service delivery and leadership at this year's Ambulance Leadership Forum.

A total of five papers were selected for presentation by their respective authors to conference attendees and needed to relate to service delivery and/or leadership within ambulance services and/or the paramedic profession and should be evidence based, preferably based on applicants' research activities. I was extremely proud to confirm that Julia Whetton's application had been selected. Julia is lead pharmacist in the clinical hub at Parkway and was due to deliver her 10 minute presentation entitled 'Do Clinical Pharmacists add value to the Clinical Assessment Service Team working across both 999 and 111?'

Unfortunately AACE has since decided to cancel ALF 2020 – planned for 17-18 March 2020 – due to the additional pressures that are being placed on the ambulance service by coronavirus and to assist the international effort to contain the spread of the virus. The NED session which was due to take place on Monday 16 will continue and participants will be joining via zoom conference call.

Clinical Supervision Steering Group

I recently chaired a meeting of the national Clinical Supervision Steering Group in London. It provides us with an opportunity to reflect and review, change or modify practice, discuss individual cases in depth and identify training and continuing development needs with the intention of providing high quality, safe care to our patients. Some of the items for discussion on the agenda included the working group's terms of reference, a project initiation document together with associated timeframes, deliverables and a communications and engagement plan. We plan to have a draft document towards the end of this year.

Legislative changes to support delivery of the NHS Long Term Plan

AACE colleagues and I recently received a presentation on the legislative changes to support delivery of the NHS Long Term Plan. Last Autumn the NHS published a set of recommendations for legislative changes that would enable the NHS to go faster and further in realising the ambitions set out in the 10-year NHS Long Term Plan. The Government has welcomed input from everyone across the health and care system and is considering the NHS's recommendations.

It is expected that it will bring forward detailed proposals which will include measures to tackle barriers the NHS has told Government it faces. This will lead to draft legislation that I hope will free up different parts of the NHS to work together and with partners more easily, remove some of the issues in relation to competition and procurement, improve integrated health and care systems and transform patient care; ultimately future-proofing our NHS.

NHS Providers

I met with Adam Brimelow, Director of Communications for NHS Providers, who is meeting with Chief Executives around the country to discuss how NHS Providers can support the future direction of ambulance services. As part of this project, Maxine Power, Director of QII wrote a blog about the pressures and challenges of winter and how we work with our partners to improve the patient experience. This is being featured on NHS Providers' website as part of their winter watch feature.

4 GENERAL

Improving workplace wellbeing and culture

The Trust has engaged with Zeal to build on work they have previously undertaken with us, to gather experience at work, opinions and thoughts on our culture and how this impacts on health and workplace wellbeing; ultimately they will help us identify and prioritise actions to create an improved culture.

Trust Values Refresh

The Trust adopted the values and behaviour framework from the NHS Constitution (2012). These values were developed nationally through feedback from staff and patients. In 2017 an exercise was undertaken with staff across the Trust to share and discuss the values. No change to the values was identified at the time. Since then the values have been embedded into the appraisal paperwork, with values and behaviours discussed as part of the annual appraisal process.

More recent feedback suggests that the value headings are too generic with the underpinning behaviours being more relevant to clinical staff groups but also being duplicated. Furthermore they are not easy to use as part of appraisal discussions.

As a result of the feedback, the Trust has commissioned Delve Organisational Development Limited to develop a set of values with associated behaviours that best represent the Trust, are meaningful to all staff groups and are in line with the Trust's aspirations. It is hoped to have these in place by May this year in line with the annual review and refresh of our strategy and integrated plans. The refreshed values need to be clear and concise, relatable and memorable to all staff. The values will be incorporated into all Trust policies, procedures and practices so must be in a format that can easily be used across a variety of channels. Most importantly we expect that staff across the organisation will be involved in this process so staff engagement will include a range of digital and face to face opportunities. Delve bring strength in quality and experience to the Trust's project and have delivered similar projects on behalf of organisations such as Trafford Council and Wigan Health and Social Care.

Year of the Nurse and Midwife

2020 is Florence Nightingale's bicentennial year, designated by World Health Organisation as the first ever global Year of the Nurse and Midwife. Nurses and midwives make up the largest numbers of the NHS workforce. They are highly skilled, multi-faceted professionals from a host of backgrounds that represent our diverse communities and I am delighted we now benefit from their skills in our clinical hub, 111 centres as well as corporate roles. 2020 is our time to reflect on these skills, the commitment and expert clinical care they bring, and the combined impact they make on the lives of so many. This year is also an opportunity to say thank you to the profession as a whole; to showcase talent and expertise; and to promote the role of nurses within our own organisation.

NHS England is planning a series of activities to celebrate and engage people right across England. These range from the Florence Nightingale 200th birthday celebrations in May, to a pop-up exhibition and a roadshow that takes in all NHS regions throughout much of the year.

Patients thank our front line staff for their 'happily ever after'

The Trust's Communications team launching the second part of their fairy tale themed winter campaign to support operational demand. Following on from the success of the 'once upon a call' film we shared before Christmas featuring some of the weird and wonderful calls the service dealt with last year, this latest campaign is a thank-you campaign to show frontline staff how much the public think of them! The idea behind the campaign is to highlight case studies of people who have received life-saving intervention to positively reinforce the message that the ambulance service is here for emergencies.

Through our emergency service, we help 130 patients across the North West, every hour of every day! We know that our frontline workers touch many lives and that there are thousands of grateful patients and families out there who would love the opportunity to say thanks and there are real life stories lined up to launch this campaign.

Board guests

At the last Board meeting I was very pleased to meet 3 members of our Patient and Public Panel, Rob Roseveare, Kevin Ellis and Joe Loughran who were attending in an observational capacity as part of their induction into the work of the Trust. Rob, Kevin and Joe are part of the 'Influence' tier of the Panel which means they are able to sit on selected Trust meetings such as the Board and Quality & Performance Committee as well as Learning Forums and potentially Service Management Team meetings, if invited. They are not employees of the Trust or official representatives, but they are the voice of the patient, bringing their own experiences, expectations and perceptions to the work of the Trust and we were delighted to welcome them and the valuable contribution they are starting to make to our services.

We are in the process of developing a governance framework to enable Rob, Kevin, Joe and other members of the 'Influence' tier to submit questions to the Board following publication of the agenda and associated documents pack. These questions will then be read out and answered at Board. This will be a first for us and a great step forward in achieving our commitment to genuine patient involvement

Managing Mental Health and Wellbeing for Emergency Services Employees Conference

The Managing Mental Health and Wellbeing for Emergency Services Employees Conference recently took place in London. The event focussed on promoting positive mental health and wellbeing, new policy and funding opportunities for emergency services, learning and sharing good practice to enhance employee experience; and utilising technology to identify poor mental health and engage employees with technology to monitor wellbeing. Speakers included colleagues from the London Ambulance Service, the Isle of Wight and Hampshire Air Ambulance, the College of Paramedics; Lancashire Fire and Rescue Service and the Metropolitan Police as well former staff member Paul Bannister, who spoke about his own personal experience of mental health.

Shockingly, one in four emergency services workers has thought about ending their lives (Mind). Attendees discussed how we can better take care of those who care for and protect the public and the unique challenges they face on a daily basis. Whilst the Executive Leadership Team and I are fully committed to cultivating cultural change around mental health, we can all play a part in helping ourselves and each other to develop a resilient workforce who can manage and monitor their wellbeing. The national event, Time to Talk Day, encourages and normalise conversations about mental health.

Brexit

I am sure everyone is fully aware that the Brexit Bill became law and we officially left the European Union at 2300 hours on the 31 January 2020. Transition arrangements will remain in place until the 31 December 2020 and the Government has said that Ministers will be working on a deal with the EU and other countries regarding a trade agreement between now and then.

Coronavirus

This has been, and still is for the foreseeable future, a real challenge for the country. All staff across the Trust are doing everything they can to manage this unprecedented situation. I would also like to pass on my thanks for the extensive planning and work involved in this ongoing incident. The Trust will continue to issue updates as and when we receive them from NHS England.

Over the last few weeks NHS 111 colleagues have seen volumes of calls increase substantially, with potential coronavirus cases rising from roughly 50 to 100 per day. These figures do not include the worried well that also call the service and who do

not trigger the criteria as a potential case. This is an increase in demand on initial calls of around 8%. The pressures are also significantly impacting on the NHS 111's clinical advice queue, with clinicians having to speak to every potential coronavirus patient to assess them further and to provide advice.

The 111 service is following nationally mandated processes. However, it is also facing challenges from other areas of the NHS in relation to passing vital information on to emergency departments and specifically setting up of isolation pods. The coronavirus situation is constantly evolving with frequently updated national guidance requiring the 111 team to react and adapt processes to accommodate the changes in real time, adding further pressure to the system.

I would like to take this opportunity to personally thank our 111 colleagues for their continued response to the increased demand in calls from patients concerned about coronavirus, as well as providing reassurance to our patients at a very worrying time. I should also like to thank our 111 clinicians, who have been working non-stop on the clinical queue to talk, assess, and reassure these patients.

LGBT pledge

I was disappointed not to be able to attend the LGBT film event in Manchester in February, but heard from Mick Forrest that it was a major success and that the new NHS rainbow badges were well received. The Trust's LGBT network officially launched the NWAS pledge to mark the occasion and I'm sure, along with myself, you will all support their cause. NWAS seeks to not only to provide excellent care to our patients and their families but to ensure all of our colleagues work within a diverse, inclusive and respectful environment. The badge has been produced to show an individual's commitment to making that happen. A huge thank you to the Trust's LGBT network and in particular to its Chair, Adam Williams who has worked tirelessly to ensure LGBT colleagues have a voice within the organisation.

Defibrillator accreditation scheme launches

Community Resuscitation and Communications teams recently launched a new 'cardiac smart' accreditation scheme to celebrate and recognise those who actively help to increase survival rates from cardiac arrest.

Organisations, businesses, schools and other publicly accessible locations are invited to apply for accredited status by taking steps to make their community safer and healthier. Successful applicants will be awarded one of three levels of accreditation status; accredited, accredited+ and accredited partner, all of which are determined by specific criteria. This includes having a readily available defibrillator that is checked and maintained regularly and making a commitment to providing potentially life-saving training.

All of those who achieve accreditation will receive a certificate, a memorandum of understanding signed by both parties and publicity materials to help promote their life-saving status. They will receive ongoing support and advice from NWAS and can access materials such as our '[how to save a life](#)' poster and '[Agent Lifesaver](#)' film.

The scheme has launched at the same time our Clinical Audit Team released a report which shows that more bystanders than ever before are attempting to save the lives of people in cardiac arrest, with bystander CPR attempted in 8 out of 10 cases last year; a figure that stood at just over 5 out of 10 cases in 2014. Very positively, use of publicly accessible defibrillators has more than quadrupled in the past five years, but remains relatively low with community-based defibrillators used on just 9.5 percent of the eligible 3,591 patients. As it takes our ambulances around six minutes on average to respond to these emergencies, and a person's chance of survival decreases by around 10 percent for every minute that passes without a resuscitation attempt, the role that lay

members of the public can play is vital. Our data shows that those resuscitated by a member of the public with defibrillator from the community were twice as likely to survive as those resuscitated by the ambulance service, showing that speed is of the essence in these situations.

Awards and Recognition

CFR recognition

My congratulations to Chris Railton who was awarded CFR Leader of the Year at the recent Community Re-Awards. This is a local scheme sponsored by the Council and the Rotary Club and held at Vale Royal Abbey. Chris is the team leader for the Northwich CFR group. CFRs provide a vital role for us, responding to patients suffering chest pains, having breathing difficulties, in cardiac arrest etc. but also offering important support to patients and their families; talking to them and keeping them calm until ambulance colleagues arrive. We have one of the largest and longest established CFR schemes in the country and were proud to recognise their 20 years of operation. CFRs make a real difference to their local communities and I am delighted to see Chris and others receiving well deserved recognition.

National Apprenticeship Week

The beginning of February was National Apprenticeship Week and the Trust celebrated the apprentices which work in various directorates throughout the Trust.

Since becoming an employer provider in May 2017, over 400 apprentices have been recruited to the different roles across the Trust including emergency medical technicians, emergency medical dispatchers as well as positions in our ICT, Fleet, Learning and Development, Communications and Finance teams.

139 learners have now completed their apprenticeships and a celebratory event was held on Thursday 6 February at Bolton Whites Hotel where staff across the Trust, who have completed their apprenticeship over the last 12 months, were invited to attend to formally receive a presentation of their apprenticeship certificate and to celebrate their success.

It is great to see such an investment in the skills and future careers of a range of people from young college leavers to those who have decided to train for a new career in their 30s and 40s. NAWAS apprentices have been featuring on our social media pages along with the news that we will be recruiting 33 more apprentices in our contact centres over the coming months.

Level 2 Accreditation - NHS Standards for Procurement

I am delighted to announce that the Trust has achieved Level 2 in the NHS Standards for Procurement which makes us the first ambulance service in the country to achieve this standard and would like to thank our procurement colleagues for their hard work during the assessment process

In December the Procurement Team was assessed for Level 2 accreditation for NHS Standards of Procurement by two heads of procurement from the North West region. Following this review a recommendation report was submitted to the Towards Excellence meeting on 4 February where Daren Hopkinson – Head of Procurement and Dan Garvey- Procurement Manager attended to deliver a presentation on the Trust's journey to attain Level 2.

My sincere thanks to all those who were interviewed during the assessment, without whom we could not have achieved this accreditation.

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.

This page is intentionally left blank



REPORT

Board of Directors									
Date:	25 March 2020								
Subject:	NWAS Pandemic Influenza Plan								
Presented by:	Ged Blezard, Director of Operations								
Purpose of Paper:	For Decision								
Executive Summary:	This paper presents the latest version of the NWAS Pandemic Influenza Plan following its annual review and revision and offers it to the Board of Directors for assurance in line with EPRR Framework stipulations.								
Recommendations, decisions or actions sought:	That the Board consider the content of the Plan take assurance from its approval for issue by the ELC. This annually reviewed and updated plan is specific to Pandemic Influenza and is related to the highest risk on the UK National Risk Register. The current EPRR Assurance Framework stipulates that the Trust must have a current Pandemic Influenza Plan. It is possible that this will change in the next iteration of the Assurance Framework to a general Pandemic management plan so work is already underway to compile this in addition to the specific Covid-19 Response Plan that has been written to cover the current outbreak. This will be presented to ELC for consideration once completed.								
Link to Strategic Goals:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Right Care</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">Right Time</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Right Place</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Every Time</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>
	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>					
Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>						
Link to Board Assurance Framework (Strategic Risks):									
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any Equality Related Impacts:		No							
Previously Submitted to:		Executive Leadership Committee							
Date:		11 March 2020							
Outcome:		Approved							

- THIS PAGE IS INTENTIONALLY BLANK -

1. PURPOSE

The purpose of this report is to submit the Trust's Pandemic Influenza Plan (hereafter 'The Plan') to the Board of Directors following its full audit and review for 2020, by way of assurance of preparedness. The NHS England Emergency Preparedness, Resilience and Response (EPRR) assurance process for 2020/21 is likely to include the requirement that The Plan is scrutinised via normal Trust processes and ratified by the Board of Directors.

2. BACKGROUND

An Influenza Pandemic remains the highest risk on the UK National Risk Register and as such, the maintenance of a plan to manage such an occurrence is considered to be an essential element of overall resilience measures for all public sector organisations.

It should be noted that an Influenza Pandemic is a substantially different situation to normal, seasonal increases in influenza cases and involves a novel viral strain to which the population is likely to have little or no natural immunity.

The Trust is obliged to maintain and publish a Pandemic Influenza Plan by the NHS England EPRR Framework and NWAS has had such a document in place since 2007. The Plan has been updated annually in line with the publication of any revised guidance from the World Health Organisation (WHO), Department of Health and Public Health England (as well as the release of debrief reports from the 2009/10 Pandemic) together with best practice recommendations.

The NWAS Pandemic Influenza Plan is a fundamental element of the Trust's Resilience Programme alongside other key Plans and arrangements such as REAP, Business Continuity Plans, Strategic Winter Plan, hazard specific site/operational plans and the overarching Major Incident Response Plan.

Since the writing of the current version of the NWAS Pandemic Influenza Plan there have been no changes in respect of content required as the Department of Health Pandemic Preparedness Strategy and the NHS England Pandemic Influenza Operating Framework remains unaltered.

In order that Trust remains resilient and prepared for disruptive challenges, it is proposed that the revised Pandemic Influenza Plan is approved for implementation and circulation throughout appropriate NWAS departments and to key health partners, on request.

Given the current COVID-19, Corona Virus outbreak, it is possible that there will be a change to the EPRR Assurance Framework (which is expected to be published in the late summer of 2020) to broaden the scope of The Plan to cover any incidence of Pandemic through highlighting general management and response principles. To this end, a draft NWAS Pandemic Plan has been written to cover this eventuality. This will be finalised and published when necessary but in the interim, a specific COVID-19 Response Plan has been developed for immediate use.

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 CCA (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.

NWAS Resilience is also a key component of the NHS Ambulance Standard Contract and is governed by the NHS England/Improvement Emergency Preparedness, Resilience and Response (EPRR) Core Standards which are revised annually.

4. RECOMMENDATIONS

The Board of Directors is recommended to:

- To review and consider the Pandemic Influenza Plan.
- Minute its presentation to form part of required evidence for the 2020/21 NHS England EPRR Assurance process.

OFFICIAL



NWAS Pandemic Influenza Plan

NWAS Pandemic Influenza Plan			
Author:	NWAS Resilience Team	Version:	10.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	12/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

Recommended by	Head of Contingency Planning
Responsible Director / Senior Manager	Director of Operations
Approved by	Executive Leadership Committee
Approval Date	11 March 2020
Version Number	10
Review Date	01 February 2021
For use by	All Trust Employees and wider NHS Partners

CHANGE RECORD FORM

Version	Date of change	Date of release	Changed by	Reason for change
5.0	10/07/15	23/07/15	G Gunning	Approved by ELC
6.0	28/11/16	28/11/16	G Gunning	Annual review
7.0	22/12/16	22/12/16	G Gunning	Review and changes completed with E Ward
7.5	19/01/18	19/01/18	G Gunning	Annual review and update
8.0	27/01/18	28/01/18	D Winchester	Minor changes and recommendation for approval to ELC – approved at ELC
9.0	17/04/2019		G Gunning/D Winchester	Annual review and update. Minor changes for Board.
9.0	28/05/19	29/05/19	Board	Approved for release by Board
9.1	28/02/20		G Gunning	Annual review / COVID-19 response
10.0	11/03/20	12/03/20	D Winchester	Approval by ELC

NWS Pandemic Influenza Plan		Page:	2
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

The NWAS Pandemic Influenza Plan (“The Plan”) is located on the Trust Intranet to enable all NWAS staff to identify the challenges and impact on NWAS during a pandemic period and view those arrangements to mitigate the said challenges. ‘The Plan’ is also accessible through ResilienceDirect® in order to be available to appropriate external partner agencies for information.

The arrangements contained within this plan will be reviewed on an on-going basis in light of changes in guidance from the Department of Health, Public Health England and the World Health Organisation or due to internal changes within NWAS. This plan will retain compatibility with those contingencies of all Local, Regional and National NHS Agencies and with partner agencies within the Local Resilience Networks of Cheshire, Cumbria, Greater Manchester, Lancashire and Merseyside.

NWAS Pandemic Influenza Plan		Page:	3
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

CONTENTS PAGE

1. AIM AND OBJECTIVES	5
2. BACKGROUND TO INFLUENZA PANDEMICS.	6
3. PLANNING ASSUMPTIONS.	7
4. IMPACT ON THE NORTH WEST AMBULANCE SERVICE NHS TRUST.	8
5. REDUCING THE IMPACT ON NWS AND THE WIDER NHS.	9
6. PATIENT TREATMENT PATHWAYS	13
7. COMMAND & CONTROL AND SPECIFIC ROLES AND RESPONSIBILITIES	14
8. INTER-AGENCY LIAISON AND REPRESENTATION	19
9. EXERCISING THE PLAN	20
10. INVOCATION, ESCALATION AND THE RETURN TO NORMALITY	20
11. NWS CONTINGENCIES AND RESPONSE ACTION PLAN	22
12. GLOSSARY	23
13. BIBLIOGRAPHY	24
14. ACTION CARDS	25
UK INITIAL RESPONSE – DETECTION and ASSESSMENT PHASES	26
UK RESPONSE – TREATMENT PHASE	28
UK RESPONSE – ESCALATION PHASE	31
UK RESPONSE – RECOVERY PHASE	34
ACTIONS REQUIRED AT THE END OF A PANDEMIC WAVE	35
APPENDIX 1 – NORTH WEST POPULATION & DEMOGRAPHY.	37
APPENDIX 2 – NWS REPORTING / LIAISON PATHWAYS	38

NWS Pandemic Influenza Plan		Page:	4
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

1. AIM AND OBJECTIVES

1.1 The aim of this plan is to describe the response arrangements that will be implemented by the North West Ambulance Service NHS Trust (NWAS) and its staff during a disruptive challenge associated with pandemic influenza whilst ensuring, as far as reasonably practicable, the safety of all staff and members of the public.

1.2 The objectives of this plan are:

- To identify potential challenge to NWAS functions through risk assessment.
- To ensure that appropriate and flexible contingencies are put in place at the earliest opportunity to minimise compromise to NWAS and to its staff.
- To ensure that appropriate levels of assessment and patient care are provided to members of the public that are affected by the influenza virus.
- To ensure that appropriate levels of patient care to those members of the public not affected by the influenza virus are maintained.
- To ensure that the appropriate level of staff welfare of all employees of NWAS is maintained as far as reasonably practicable.
- To ensure the contingencies employed by NWAS are compatible with those of the other agencies to provide a consistent and flexible response in the management of those affected by the influenza virus.

1.3 This plan, and those arrangements contained within, builds on the influenza events of 2009/2010 and remains compatible with those arrangements of partner agencies and therefore should be read in conjunction with:

- UK Influenza Pandemic Preparedness Strategy 2011 – Department of Health, 2011
- Health and Social Care Influenza Pandemic Preparedness and Response – Department of Health 2012
- Pandemic Influenza Strategic Framework – Public Health England 2014
- The Pandemic Influenza arrangements provided by the Local Resilience Forum within each geographic area (5 LRFs cover the area of NWAS), the Health Family and the Resilience Emergencies Division (RED) of the Ministry of Housing, Communities and Local Government (MHCLG).
- COVID-19: guidance for Ambulance Trusts v1.5* - NARU

1.4 This plan, and those arrangements contained within, reflects the principles contained in Responding to Pandemic Influenza: the ethical framework for policy and planning (DH, 2007) namely that NWAS will:

- Apply respect to all persons – staff, partners and patients – during the planning and decision-making phases through communicating accurate information to staff, partner agencies and the general public and allowing the views of individuals and groups to be expressed without fear of repercussions.

NWAS Pandemic Influenza Plan		Page:	5
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

- Ensure that a fair and unbiased approach is applied to the planning, response and recovery phases of an influenza pandemic thereby ensuring that each member of staff receives the same guidance and protection and that each patient requiring medical assistance will receive a level of care that is commensurate with their condition at that time without detriment to any other person.
- Work reciprocally between departments and partner agencies to ensure that NWS provides the level of care expected and that staff are in a position to provide that care through common aims and objectives.
- Minimise harm to staff and to those requiring the services of NWS through employing sound processes that are based on best practice, up-to-date evidence and emerging guidance thereby reducing any risk to the lowest possible level through the amending of plans and procedures.
- Make decisions relating to NWS provision of services during the planning, response and recovery phases in an open and transparent manner having input from a broad spectrum of suitably qualified and accountable representatives thereby being in a position to qualify those decisions that may result in changes to working practices or a level of patient care that may differ from that provided under normal operating conditions

2. BACKGROUND TO INFLUENZA PANDEMICS.

2.1 Influenza pandemics have occurred at irregular intervals throughout history, three in the last century – 1918 ('Spanish flu'), 1957 ('Asian' flu) and 1968 ('Hong Kong' flu). Each of these events was associated with illness, death and general disruption in excess of that experienced in a normal winter. The 1918/19 pandemic is estimated to have caused over 20 million deaths worldwide with 150,000 deaths in the UK. To demonstrate the unpredictability of pandemics, the 2009 influenza pandemic was associated with a level of illness less than that experienced during the 1999/2000 seasonal influenza period – the most recent severe influenza season. A further pandemic is thought to be inevitable.

2.2 Pandemic influenza arises when an entirely new strain of the influenza virus emerges to which most people are susceptible and therefore it is able to spread widely. Some important features of influenza pandemics are:

- They are unpredictable.
- They may occur at any time of year.
- Once identified abroad, the spread of the virus to the UK may be drastically shorter than seen during previous pandemics due to the increase in foreign travel.
- Once established in the UK, the disease is likely to spread rapidly over 2-3 weeks and then gradually decline over the next 4-6 weeks; a second wave of illness may occur 6-9 months later.
- Some 20 to 30% of the population, or potentially more, may be affected over a 1-2 year period. This will include children and normally fit young adults.
- A far greater proportion of people are likely to require hospitalisation or die than for seasonal flu.

NWS Pandemic Influenza Plan		Page:	6
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

3. PLANNING ASSUMPTIONS.

3.1 This plan is based on those assumptions contained within the UK Influenza Pandemic Preparedness Strategy 2011 and is reflective of those planning assumptions of the World Health Organization (WHO). In reflecting on previous pandemics:

- A pandemic is most likely to be caused by a new subtype of the Influenza A virus but the plans could be adapted and deployed for scenarios such as an outbreak of another infectious disease, e.g. Severe Acute Respiratory Syndrome (SARS) in health care settings, with an altogether different pattern of infectivity.
- An influenza pandemic could emerge at anytime, anywhere in the world, including in the UK. Regardless of where or when it emerges, it is likely to reach the UK very quickly.
- It will not be possible to stop the spread of, or to eradicate, the pandemic influenza virus, either in the country of origin or in the UK, as it will spread too rapidly and too widely.
- From arrival in the UK, it will probably be a further one to two weeks until sporadic cases and small clusters of disease are occurring across the country.
- Initially, pandemic influenza activity in the UK may last for three to five months, depending on the season. There may be subsequent substantial activity weeks or months apart, even after the WHO has declared the pandemic to be over.
- Following an influenza pandemic, the new virus is likely to re-emerge as one of a number of seasonal influenza viruses and based on observations of previous pandemics, subsequent winters are likely to see a different level of seasonal flu activity compared to pre-pandemic winters.
- Although it is not possible to predict in advance what proportion of the population will become infected with the new virus, previous studies suggest that roughly one half of all people may display symptoms of some kind (ranging from mild to severe).
- The transmissibility of the pandemic virus and the proportion of people in which severe symptoms are produced will not be known in advance.

3.2 The following considerations associated with the availability of staff, based on a uniform clinical attack rate across all age groups, should assist in carrying out impact assessments and thereby inform the developing of contingency plans:

- Up to 50% of the workforce may require time off at some stage over the entire period of the pandemic, with individuals absent for a period of seven to ten working days. Staff absence is likely to follow the pandemic profile with an expectation that it will build to a peak lasting for two to three weeks – when between 15% and 20% of staff may be absent – and then decline.
- Percentage-wise, small teams / departments may be affected to a greater degree than larger groups thereby posing a greater challenge to business continuity.
- Additional staff absences are likely to result from other illnesses, taking time off to provide care for dependants, family bereavement, other psychosocial impacts including fear of infection and / or practical difficulties in getting to work.
- Schools and group childcare settings may be advised to close in order to reduce the spread of infection amongst children. This may result in an increase in staff absenteeism by a further 15% due to childcare needs.

NWS Pandemic Influenza Plan		Page:	7
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

3.3 Other issues that may inform NWAS response capability:

- Due to the virus spreading in waves across an area the virus may affect only part of the area covered by NWAS at any one time. This may therefore require the invoking of arrangements to mitigate any challenge in specific areas or on an NWAS-wide basis.
- Mutual aid from neighbouring NHS Trusts and from statutory partners (co-responders) and Third Sector Organisations may be unavailable due to their own increased operational activity or staff absenteeism.
- Antiviral drugs are available for treating influenza but, even with a national stockpile, there will not be an unlimited supply. They may be used initially to try to contain small outbreaks. Later they will be used to treat certain narrowly defined priority groups according to agreed guidelines in order to achieve the maximum health benefits.
- Vaccine will not always be available in the early stages. A pandemic vaccine cannot be stockpiled in advance: it must be produced specifically for the virus concerned so development cannot start until the virus is known. As vaccine becomes available it will be given according to nationally agreed priorities, starting with health care and other essential workers.
- NWAS may experience shortage of essential consumables associated to respiratory conditions due to compromise of delivery systems.
- NWAS is highly likely to experience an increased demand for assessment and transportation of those affected. This may include transport to health establishments outside of the North West and may include temporary centres.

4. IMPACT ON THE NORTH WEST AMBULANCE SERVICE NHS TRUST.

4.1 The adverse impact on NWAS will be determined by three inter-dependent factors:-

- The characteristics of the disease – the number of cases and deaths, the proportion of severe disease in the population, the clinical groups most affected and the rate of onwards transmission.
- Service capacity – the number of patients presenting at primary care services and / or admitted to hospital and the capacity existing within the system to cope with increased demand.
- Behavioural response – the levels of concern experienced by the population – general public and NWAS staff.

4.2 Should the virus be identified within the UK, a disruptive challenge may be placed on NWAS due to:

- Increase in the number of emergency calls from members of the public including the “worried well”.
- Operational staff becoming infected with the virus.
- Staff absenteeism due to fear / anxiety of becoming infected or of the secondary transmission of the virus to family members or due to carer leave (school closures etc).

NWAS Pandemic Influenza Plan		Page:	8
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

- Compromised access to stocks of consumables associated with the management of respiratory conditions and their complications – acute and chronic – due to increased actual needs or stockpiling by other users.

4.3 The impact on NWAS, should there be evidence of sustained community transmission of the virus within the UK or where NWAS staff or the staff of its suppliers have been affected by the virus, may include:

- Increased call activity into NHS 111.
- Increase in emergency calls into EOC resulting in greater operational demands.
- Increased waiting times at Emergency Departments due to the increased activities within the department resulting in delayed reallocation of operational resources.
- Increase in the number of inter-hospital transfers.
- Compromised access to fuel and consumables due to product demand or supplier business continuity issues resulting in NWAS having a reduced ability to respond to, treat and transport casualties.
- Fatigue of staff at all levels due to increased duties should absenteeism escalate to unprecedented levels that result in the maintenance of operational capability requiring excessive overtime. This in itself may result in eventual absenteeism if not controlled and may be more predominant in smaller work groups.

5. REDUCING THE IMPACT ON NWAS AND THE WIDER NHS.

5.1 Business Continuity Management Programme

5.1.1 NWAS has an accepted Business Continuity Management Programme, endorsed at Trust Board level, as required under the Civil Contingencies Act 2004. This plan complements those arrangements contained within Trust business continuity plans in so much that business critical functions, as reasonably practicable, will be maintained.

5.1.2 The response to any disruptive challenge associated with pandemic influenza and the mitigation of its effects will be through the same principles as any other challenge to business continuity across NWAS and within individual work areas.

5.1.3 This plan builds on existing business continuity arrangements in so much as business continuity is the responsibility of all managers and, as such, arrangements must be in place to supplement the available resources within their area of responsibility with others under external contractual arrangements or through agreed mutual aid contingencies which will include any training requirements as appropriate.

5.2 Demand Management Plan / Surge Escalation Plans.

5.2.1 It is widely accepted during a pandemic that existing capacity within the NHS will need to be expanded upon thereby enhancing capability within the NHS to maintain essential functions primarily associated to patient care.

NWAS Pandemic Influenza Plan		Page:	9
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

- 5.2.2 NWAS will employ its internal mechanisms such as the NWAS Demand Management Plan (NWAS, 2018) to concentrate its attentions on those critical operational areas:
- The immediate response to Category 1 and Category 2 calls – life-threatening conditions and emergency calls.
 - The response to Category 3 (urgent) and Category 4 (less urgent) calls will be maintained where possible although this may not be an immediate paramedic response.
 - The planned transportation of critical patients – renal dialysis, oncology etc.
 - Rapid discharge of patients from hospital wards thereby freeing capacity within the hospitals.
- 5.2.3 All hospitals will employ arrangements to expand their capacity and mitigate the expected increase in demand for their services in line with Surge Management Plans (DH, 2009). This may include the cancellation of non-essential activities including elective surgery, outpatients' clinics and in-hospital day care which may reduce the routine transport requirements placed on NWAS thereby allowing the supporting of more critical transport / response needs. The invoking of hospital surge management arrangements will be decided locally by the Acute Hospitals through agreement with NHS England. All changes will be relayed to NWAS so as to allow changes to the NWAS response arrangements.
- 5.2.4 NWAS will increase its capacity to maintain its critical functions through the reducing of non-essential activity thereby releasing staff and vehicles to more critical requirements. Although the cancellations of non-essential transport will release resources from both NWAS and the care providers thereby enabling redeployment to undertake other essential duties, this must be considered in liaison with the local CCGs and / or NHS England. The increased capacity actions are identified in the NWAS Demand Management Plan and the NWAS Resource Escalation Action Plan - REAP (NWAS, 2018).
- 5.3 Mutual Aid / Private and Voluntary Ambulance Service support.
- 5.3.1 NWAS has a number of arrangements in place to support its response capability in respect of co-responding and transportation of patients. Due to the level of challenge anticipated from pandemic influenza, those arrangements may not be readily available and should therefore be considered although not relied upon during any response. Support under these arrangements will be requested through the normal channels.
- 5.4 Staff Absence, Redeployment and Flexible Working.
- 5.4.1 NWAS will activate a dedicated flu-related absence system to record and monitor sickness and carer related absence across the Trust. On being informed that a member of staff has reported absent, the Human Resources Department will record all details so as to be able to provide real-time data that can advise on specific areas impact that may require addressing to ensure critical functions are where possible maintained.
- 5.4.2 Staff redeployment and flexible working practices across all levels of the Trust may result in additional numbers of staff being available to support the critical functions of the Trust. Although the majority of planned transport is undertaken by Patient Transport Service, where surplus to their normal role, Patient Transport Service staff can support the Paramedic Emergency Service

NWAS Pandemic Influenza Plan		Page:	10
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

(PES) response through the transport of those not requiring immediate transport and / or treatment, thus releasing those PES staff to provide a continued emergency response to those in need of immediate care. Refer to NWAS REAP / Business Continuity Plans

5.4.3 Where NWAS staff (clinical and non-clinical) are surplus to immediate NWAS requirements, NWAS may consider supporting health partners through the deployment of resources to undertake roles, to which they are qualified and indemnified, to ease some of the pressures on that partner. Such arrangements exist under Local Health Resilience Partnership (LHRP) mutual aid agreements.

5.5 Staff Welfare.

5.5.1 Staff have access to occupational health advice through the normal channels to address any issues that they may have that cannot be addressed in-house through the Medical Directorate or Pandemic Influenza Coordination Group.

5.5.2 Staff will be provided with accurate and up-to-date information as provided by Public Health England and / or The Department of Health throughout the pandemic period so as to promote staff safety. This will contribute to staff availability through reducing staff absence.

5.5.3 It is a health and safety requirement¹ for an employee to take reasonable care for his / her own health and safety and that of others who may be affected by any actions or omissions by that individual. Therefore those who suspect that they are infected with any virus that may pose a threat of transmission to others must refrain from attending work, thereby providing some degree of protection against the spread of the virus to other staff members.

5.6 Antiviral medication / vaccination.

5.6.1 NWAS promotes seasonal influenza vaccination to all staff prior to the annual emergence of the influenza virus. Should a pandemic influenza vaccine become available during a pandemic, frontline operational staff may be considered as a priority to receive such vaccine.

5.6.2 During an influenza pandemic, The National Pandemic Flu Service will be established by the Department of Health² so that people, on meeting the following criteria, can receive antiviral medication direct from an Antiviral Collection Point thereby reducing the demand on health providers:

- An acute influenza-like illness *and*
- Fever (>38°C) *and*
- Have been symptomatic for no more than 48 hours.

5.6.3 During an influenza pandemic, depending on its availability, antiviral medication may be offered as a prophylactic measure to ambulance staff involved directly with patient care.

¹ Health & Safety at Work Act 1974, Part 1, Paragraph 7

² The NPFS is designed to supplement the response provided by primary care if the pressures during an influenza pandemic mean that it is no longer practical for all those with symptoms to be individually assessed by a doctor or other prescribers in order to access antiviral medicines. The NPFS comprises an online and telephony self-assessment service.

NWAS Pandemic Influenza Plan		Page:	11
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

5.7 Infection Prevention Control (IPC).

- 5.7.1 NWAS has arrangements in place in respect of infection control (NWAS, 2017) (NWAS, 2018) and the management of communicable diseases (NWAS, 2018). Both documents, located on the Trust Intranet, provide guidance to staff at all levels in respect of the means of general infection control procedures and the management of communicable diseases including pandemic influenza and should be read in conjunction with this document.
- 5.7.2 Under Health and Safety legislation employers are obliged to provide that level of PPE as is reasonably practicable to mitigate any actual or suspected risk. The employee is also obliged to utilise that equipment provided.
- 5.7.3 With regards to pandemic influenza, standard infection control guidelines employed by NWAS must be adhered to at all times. Additionally, the use of PPE is promoted by Department of Health / Public Health England guidance (DH, 2010) when managing any patient with symptoms of influenza with an emphasis being placed on the following:
- To protect from contact with respiratory secretions, an apron, gloves and a fluid repellent facemask should be worn for close patient contact.
 - The use of barrier masks by known or suspected infected people (to reduce droplet spread) and by those in contact with infected people (within 1 metre) must be encouraged.
 - An assessment must be made in respect of the likelihood of eye splashing and, where this is found to be likely, eye protection should be worn.
- 5.7.4 Where staff are undertaking an aerosol generation procedures such as nebulisation, cardiopulmonary resuscitation, the insertion of laryngeal masks or intubation the use of respirators to EN149:2001 FFP3³ level and eye protection must be seen as standard practice as these procedures have been associated with a significant increase in the risk of disease transmission (DH, 2010) (World Health Organisation, 2007). Fit-testing of FFP3 respirators is enabled through the NWAS Communicable Disease Policy (NWAS, 2018, p. 14)

5.8 Segregation of staff groups / access restrictions.

- 5.8.1 Transmission of any virus is always accelerated where people work in confined areas and in close proximity. In order to safeguard staff groups that provide critical functions, access to critical areas such as Emergency Operations Centres and Fleet Workshops will be restricted so as to reduce the potential for cross-infection.
- 5.8.2 All air-conditioning / air-circulating systems serving multiple areas within NWAS establishments should be assessed and, where deemed to be an unacceptable risk, must be discontinued thereby reducing the potential for the spread of the virus between areas.
- 5.8.3 Consideration must be given to replacing face-to-face meetings with virtual meetings utilising telephone or video conferencing.

³ It is a legal requirement that anyone who might be required to wear a respirator be fit-tested to ensure that an adequate seal can be achieved to provide the best level of protection and that training in its use be provided. More than one make of respirator should be made available to help account for different face shapes among employees. (UK Influenza Pandemic Preparedness Strategy 2011, p37).

NWAS Pandemic Influenza Plan		Page:	12
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

5.8.4 “Home working” for staff will be considered by the line manager based on the needs of NWS against the risk to the individual associated to the pandemic influenza virus.

5.9 Additional considerations for reducing the spread of infection.

5.9.1 The aim of those actions described within this section is to enable NWS to provide an acceptable level of response capability during a period of challenge on the Trust critical functions due to the presence of a virulent virus within the community. In addition to those areas already discussed, the following areas may be considered to reduce the level of risk to the Trust:

- Where possible, dedicate specific vehicles for the transfer of influenza patients.
- Provision of temporary accommodation for key staff that are reluctant to return home – this reduces the potential for the spread of the virus to family members etc. that may result in the need for leave of absence by the staff member or the contraction of the virus from family members or friends.
- The suspension of external contractual obligations such as cover for sports events thereby concentrating on the provision of core functions.

5.10 Communications and Media Strategy

5.10.1 The Department of Health Communications Strategy (published as Section 5 of the UK Influenza Pandemic Preparedness Strategy 2011) will lead the communications strategy throughout the pandemic period. Its aim is to increase understanding about pandemic influenza amongst the public and health professionals and to explain the ability of the NHS, Department of Health and the Government as a whole to minimise the impact of a pandemic on the health services as far as possible but also to explain some of the constraints.

5.10.2 The Communications Department will liaise with all internal Departments and external agencies to ensure that NWS staff are provided with the most up-to-date information with regards to pandemic influenza challenge and the means by which the risk of infection can be reduced. This can be identified within the NWS Pandemic Flu Communications Plan.

6. PATIENT TREATMENT PATHWAYS

6.1. Triage and Treatment at point of contact.

6.1.1. Calls directed to NHS 111 will be triaged through ADAstra software to ensure that only where it is appropriate that an emergency ambulance will be deployed to call. Where an ambulance response is not deemed appropriate, advice will be provided to the caller as to the most appropriate care package including the alternate providers with a capability to manage their condition.

6.1.2. Non-life-threatening calls directed to NWS EOC, either through NHS 111 as an automatic transfer or from members of the public via 999 will be triaged by the Clinical Hub who will provide callers with alternate options available within the Directory of Services (DOS) in order to reduce the impacts on NWS so as to enable it to respond to more serious calls. Further advice

NWS Pandemic Influenza Plan		Page:	13
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

will be provided to the caller such as direction to the National Pandemic Flu Service (NPFs) rather than deploying operational resources should AMPDS Card 36⁴ be activated.

6.1.3. Where required, to relieve pressures on NWS and partner agencies within the local health economies, Assessment Tools⁵ will be invoked to ensure appropriate treatment / patient care pathways will be employed by the responding crew (**see and treat**) ensuring only those with a specific need will be transferred to an Emergency Department. This will be in accordance with guidance from the NWS Medical Director and from the Department of Health / Public Health England.

6.1.4. Although all operational PES staff are trained in the assessment and management of paediatric patients, it must be noted that during a pandemic influenza period that all children under 15 kg weights must be assessed by an appropriate healthcare professional with regards to antiviral administration to comply with national guidance.

6.2. Managing increased numbers of deaths in the community.

6.2.1. It is generally accepted, dependant on the virulence of the virus and the susceptibility of the general population to the virus in the absence of specific countermeasures, that there will be a large number of deaths associated to the virus or to complications secondary to the virus.

6.2.2. Under normal conditions, the responsibility for investigating deaths in the community and the certification of those deaths which cannot be certified by the General Practitioner of the patient is that of the Coroner. NWS clinicians are, in accordance with agreed guidelines (NWS, 2017), enabled to verify that death has occurred although are not in a position to certify a death. During an influenza pandemic, the increased number of deaths in the community, events to which NWS will inevitably be summoned, the lack of availability of the Coroner or his Officer(s) may pose a significant challenge to those available operational resources. In the absence of specific guidance in respect of relaxation of certification of death, NWS will continue its present policy with regards to diagnosing death.

7. COMMAND & CONTROL AND SPECIFIC ROLES AND RESPONSIBILITIES

7.1. Command and Control

7.1.1. Command and Control as described within the NWS Major Incident Response Plan will, where possible, be employed during any response to a disruptive challenge associated to pandemic influenza.

7.1.2. Should there be a challenge to the availability of key personnel with specific responsibilities as is potentially likely due to the effects of pandemic influenza, those responsibilities will be undertaken by suitably qualified substitutes in accordance with NWS Business Continuity Plans.

⁴ AMPDS Card 36 has been developed to provide a triage system to ensure that appropriate levels of patient care are provided during the Surge Period of an Influenza Pandemic.

⁵ Assessment Tools have been developed as part of the Swine Flu Clinical Package (DH 2009) and may be considered for use during periods of high demand.

NWS Pandemic Influenza Plan		Page:	14
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

7.2. The NWAS Executive Leadership Committee (ELC)

- Will provide support to the NWAS Pandemic Influenza Coordination Group to ensure that identified issues are addressed thereby providing effective management in the mitigation of a challenge associated to the pandemic influenza virus.
- Will receive regular reports from the NWAS Pandemic Influenza Coordination Group and the NWAS Infection Control Team.

7.3. The Director of Operations

- Is the Pandemic Director for NWAS NHS Trust
- Will be the representative of NWAS at the National and Regional levels should this be required. Out-of-hours, representation at this level will be by the On-call Executive Officer.
- Will consider any changes required in respect of REAP.

7.4. The NWAS Pandemic Influenza Coordination Group (PICG)

- Will be the lead coordinating group for NWAS with regards Pandemic Influenza.
- Provides the coordination of tasks and of actions required during the pre-pandemic phase and will, under the instructions of the ELC, ensure relevant actions are taken to deliver and support the Trusts response and recovery processes.
- Will oversee the establishment of appropriate and sustainable arrangements in relation to a flu challenge and ensure:
 - That NWAS remains vigilant to the potential for the disruptive challenge associated to pandemic influenza.
 - That response and business continuity arrangements are appropriate to any actual or envisaged challenge associated to pandemic influenza.
- Will maintain an Action Plan to ensure a record of all decisions is maintained.
- Will provide regular reports to both the Executive Leadership Committee and NWAS Trust Board

7.5. The Medical Director

- The Medical Director is empowered to convene and lead emergency meetings of the NWAS Infection Control Team in the event of a deliberate release or disease outbreak such as pandemic influenza in accordance with the NWAS Communicable Diseases Policy.
- Will provide guidance with regards to any clinical issues that may arise during the response to a disruptive challenge associated with pandemic influenza.

NWAS Pandemic Influenza Plan	Page:	15
Author: NWAS Resilience Team	Version:	910.0
Date of Approval: 11/03/20	Status:	Final
Date of issue: 11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

7.6. The NWAS Infection Control Team / Clinical Safety Team

- Will provide guidance with regards to infection control matters, in accordance with the NWAS Infection Control (NWAS, 2017),(NWAS, 2018) and Communicable Diseases Policy (NWAS, 2018), so as to minimise the spread of the influenza virus and thereby minimise the disruptive challenge on the functions of NWAS. Membership of the Infection Control Team is identified within the Communicable Diseases Policy.
- Will seek and provide guidance to ensure relevant actions are taken to deliver and support the Trusts response and recovery processes.
- Will provide assurance to the NWAS Pandemic Influenza Coordination Group in respect of IPC arrangements across the Trust.

7.7. The Head of Contingency Planning

- Will be the conduit between NWAS and NHS England (Regional and National EPRR Leads), Public Health England/Area Directors of Public Health and the National Ambulance Resilience Unit (NARU).
- Will advise and support the Director of Operations and the NWAS Executive Leadership Committee with regards to Trust obligations under Civil Contingencies legislation, Emergency Preparedness, Resilience and Response (EPRR) requirements and agreements through LRF and LHRPs in each county.

7.8. The Executive Directors

- Will invoke the contingencies within this plan relative to their area of responsibility and the NWAS Business Continuity Plan to ensure all functions of NWAS are prioritised should any challenge occur.
- Will provide regular SITREPs to the NWAS PICG with regards to capacity to maintain their functions during the pandemic period.
- Will ensure the co-operation of those staff working within their specific area in the implementation of those contingencies within this plan.
- Will, through the management chain, monitor the welfare of those staff within their area of work.

7.9. The Area Heads Service (Paramedic Emergency Service)

- Will be the strategic lead for the response to a pandemic within their Area and will be the conduit between the operational response and the Infection Control Team / NWAS PICG.
- Will liaise with the NHS England Pandemic Management Groups within their geographic area thereby ensuring decisions made by local health partners in relation to the response to any challenge are conducive to the needs of NWAS.
- Will be the NWAS Strategic representative at the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP) should this be required. Out-of-hours, representation to the LRF and LHRP will be by the Area On-Call Strategic Commander.

NWAS Pandemic Influenza Plan		Page:	16
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

7.10. The Sector Managers / Operations Managers

- Will manage the tactical and operational response to any Pandemic Influenza challenge within their area of operational responsibility.
- Will liaise with the Clinical Commissioning Group and local health partners as required.
- Will ensure the co-operation of all operational staff in the implementation and compliance of those contingencies contained within this plan.
- Will ensure optimal resource availability at all times
- Will monitor the wellbeing of staff within their areas for illness and for the effects of stress and fatigue and will implement appropriate measures in relation to any observations.
- Where resources permit, will liaise with local health partners and Acute Trusts with regards to the response to any local challenge associated with the influenza pandemic.

7.11. The Emergency Operations Centre Duty Managers / NHS 111 Duty Manager / Regional Operations Coordination Centre (ROCC) Manager

- Will identify any considerable variations to normal operational demand having an impact on the ability to meet those obligations with regards to the provision of patient care and where appropriate will employ those arrangements contained within the NWS Demand Management Plan.
- Will identify any considerable variations to inter-hospital transport / planned workload in view of any financial / contractual obligations.
- Will ensure the co-operation of all control room / call centre staff in the implementation and compliance of those contingencies contained within this plan.
- Will ensure optimal resource availability at all times
- Will monitor the welfare of staff within their areas for the effects of stress and fatigue and will implement appropriate measures where staff are found to be suffering the effects of any illness or increased workload.

7.12. NHS 111 Staff / NWS EOC Staff / Operational Staff (PES, UCS, PTS)

- Will provide those patients that require the services of NWS with regards transportation and / or medical care with the level of care expected whether free from or infected with the pandemic influenza virus.
- Will undertake the triage of those patients who are symptomatic of being infected with the pandemic influenza virus and where appropriate direct them to appropriate sources of advice or locations for treatment in accordance with nationally developed protocols.

7.13. All staff (General)

- Will adopt a flexible approach to working patterns and requirements commensurate with individual training and competences (as identified in Directorate / Department Business Continuity arrangements and the Trust resource escalation requirements).
- Will adhere to those contingencies contained within this plan and any subsequent requirements as decided through consultation with supporting agencies.

NWS Pandemic Influenza Plan		Page:	17
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

- Will adhere to the NWAS Infection Control and the Communicable Diseases policies at all times.
- Will identify any actual or suspected illness or stress-related illness to themselves or work colleagues that may cause subsequent compromise to the ability of NWAS to maintain its functions – administrative or operational.

7.14. The Resilience Team

- Will liaise, at local, and regional levels, with NHS England (Local and Regional EPRR Leads) and Public Health England Health Emergency Planning Advisor and with the emergency planning / business continuity leads of other NHS agencies in the planning for a response to mitigate any challenge associated with pandemic influenza.
- Will be the primary point of contact with the emergency planning leads of external agencies (non-NHS) with regards to the implementation of those contingencies contained within this plan and any subsequent actions that may be taken on a dynamic basis.
- Will support all areas of NWAS with regards to Business Continuity and Emergency Preparedness matters associated to the mitigation of any challenge associated to the pandemic influenza virus.

7.15. The Communications Department

- Will liaise with the communications / media leads for NHS England, the Clinical Commissioning Groups (CCGs), Public Health England and other NHS agencies with regards to the release of information in relation to the activities of NWAS that may impinge on their specific area of responsibility.
- Will liaise with local and regional media contacts through normal channels to provide timely information thereby mitigating any challenge on the control room and operational capability of NWAS.
- Will support officers at all levels within NWAS with regards to any requests for interviews etc. by the media.
- Will, through the provision of Information Bulletins and other communications medium available, disseminate up-to-date guidance to staff at all levels as provided through Department of Health, Public Health England or produced internally.
- Will provide regular updates to internal stakeholders on developments across NWAS in terms of capacity, staff welfare, key messages etc. through established communications mechanisms.

7.16. The Occupational Health Providers

- Will provide support and advice to those members of staff that have concerns with regards to the influenza virus.

7.17. Staff-side Representatives

- Will be active partners in the promoting of those arrangements contained within this plan.
- Will seek support and advice for those members of staff that have concerns with regards to the influenza virus through their offices.

NWAS Pandemic Influenza Plan		Page:	18
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

8. INTER-AGENCY LIAISON AND REPRESENTATION

- 8.1. Inter-agency liaison is essential at all levels to ensure those arrangements agreed during the planning phase can be implemented in a timely manner so as to mitigate any challenge on the essential functions of all partner agencies – see Appendix 2.
- 8.2. Department for Communities and Local Government – Resilience and Emergencies Division
- 8.2.1. The Department for Communities and Local Government – Resilience and Emergencies Division (MHCLG – RED) will act as a conduit between the “local” response and Central Government in respect of civil protection matters.
- 8.2.2. MHCLG – RED will, where appropriate, provide an attendance at the local resilience forum so as to:
- Ensure a coordinated response where a number of Local Resilience Forum Strategic Co-ordination Groups are established.
 - Establish and maintain immediate lines of communication with the Lead Government Department
 - Maintain a strategic understanding of the incident across the region.
 - Assist in the dealing of issues that cannot be resolved locally.
 - Facilitate mutual aid across the region and external to it.
- 8.3. Strategic Co-ordination Group (SCG).
- 8.3.1. Within the NWS area there are five Local Resilience Fora, each with a responsibility under the Civil Contingencies Act 2004 for civil protection within their Police boundary communities. It is therefore conceivable that NWS will be requested to be part of a Strategic Coordination Group within each of the county areas covered by NWS. The role of the Strategic Coordination Group (SCG) is to enable a coordinated strategic level response across the health related and non-health related agencies.
- 8.3.2. Representation to the LRF SCG will be by the Area Head of Service Delivery in whose area the SCG is convened. Out-of-hours representation at the LRF SCG will be by the Area On-call Strategic Commander. Where demands on the Trust dictates, this could be through remote attendance (teleconference etc).
- 8.4. NHS England / Local Health Resilience Partnership (LHRP).
- 8.4.1. A Local Health Resilience Partnership (LHRP) is the strategic forum for joint planning for emergencies within the health system. Being coterminous with the Local Resilience Forum, the LHRP supports the health sector contribution to multi-agency planning.
- 8.4.2. Representation at the LHRP will be by the Area Head of Service Delivery or deputy.

NWS Pandemic Influenza Plan		Page:	19
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

- 8.4.3. NHS England regional and local offices will coordinate the NHS response through the LHRP and will therefore be the primary conduit between NWAS and the wider health agency partners including the Department of Health.
- 8.4.4. NWAS will provide NHS England with a SITREP in regards of capacity and impact in accordance with the “Battle Rhythm” established by DH. This will be collated and disseminated to NHS England from the NWAS ROCC.
- 8.5. The Clinical Commissioning Groups (CCGs) and Local Healthcare Providers
- 8.5.1. The Clinical Commissioning Groups are responsible for the commissioning of primary / community care. Liaison with the CCGs by NWAS with regards to planning for pandemic influenza will generally be through NHS England thereby ensuring consistency.
- 8.5.2. NWAS will support individual CCGs and NHS Trusts locally during the response phase where capacity within the Operational Management Team permits.
- 8.5.3. NWAS will support the Acute Hospitals (Emergency Departments) in accordance with REAP arrangements. Representation at the Emergency Department will be from within the Operational Management Team.

9. EXERCISING THE PLAN

- 9.1. NWAS is committed to the participation in local, regional and national exercises such as Exercise Winter Willow and Exercise Cygnus, in accordance with the requirements of the Civil Contingencies Act 2004 as stated within NHS England Emergency Preparedness, Resilience and Response Framework (NHS England, 2015, p. 24) specifically relating to the inter-agency response to a disruptive challenge associated to pandemic influenza. Any areas of learning from such exercises will, where appropriate, be incorporated into this plan and NWAS Business Continuity arrangements.
- 9.2. Emergency Preparedness training and exercise programmes take into account annual BCM arrangements involving loss of staff and access to resources. Training and exercise events range from those aimed internally at Trust Board level and throughout the Trust to those involving the wider NHS where appropriate.
- 9.3. Additionally, those arrangements to ensure business continuity during any disruptive challenge to the individual functions or departments are tested on a regular basis as prescribed in the NWAS Business Continuity Management Programme.

10. INVOCATION, ESCALATION AND THE RETURN TO NORMALITY

- 10.1. In accordance with the International Health Regulations (2005), the World Health Organisation (WHO) is obliged to notify all Member States of any instances that may result in a Public Health

NWAS Pandemic Influenza Plan		Page:	20
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

Emergency of International Concern (PHEIC)⁶. On receiving such a notification, each Member State has a duty to act on that information.

- 10.2. The Department of Health in England has developed UK Response Phases which reflect the influenza virus activity that may result from a pandemic. These phases, as shown below, are referred to as DATER and will facilitate a proportionate and flexible response.

UK Response Phases (DATER)		
Initial Response	Detection	Intelligence gathering and surveillance cross the UK
	Assessment	Collection and analysis of information to assess potential impact and severity in UK and the reducing of transmission within the local community
Treatment Phase	Treatment	Treatment of individual cases and enhancement of the health response to deal with increased number of cases
	Escalation	Where required due to the severe impact on services, surge management arrangements will be activated across the health economy with essential services being maintained through prioritisation and triage of service delivery
Post-event	Recovery	Normalisation of services and post-event activities – debriefs etc.

On receipt of confirmation from WHO of the onset of a likely pandemic, the Department of Health will immediately cascade this information to the Devolved Administrations, other Government Departments and Agencies, the NHS in England including Public Health England and other relevant services and agencies so that response plans can be activated by individual organisations. Initially, the response would be to detect and assess any virus within the community (Initial Response) and would be predominantly a public health-led response. The response by NWAS at this time would relate to the treatment of those isolated members of the public that are symptomatic of influenza infection.

10.3. Invocation and Escalation of NWAS Pandemic Influenza Plan

10.3.1. Due to the belief that a serious influenza pandemic is inevitable, arrangements to escalate the plan to subsequent levels remain in place constantly should a pandemic arise.

10.3.2. The escalation triggers employed within this document reflect the UK Response Phases (DATER) which, by accepting as NWAS triggers, ensures a consistent response.

10.3.3. Escalation of this plan will be:

- On the instruction of the Director of Operations (or delegate) as a response to increased influenza-related activity having an impact on NWAS

⁶ As described in International Health Regulations 2005, "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response".

NWAS Pandemic Influenza Plan		Page:	21
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

- On the advice of the WHO / Department of Health and / or Public Health England. This will normally be where there is evidence of sustained community transmission of the virus or heightened impact due to the virus.

10.4. Recovery Phase – End of Pandemic wave / End of Pandemic

10.4.1. The aim of this phase of the response is to provide for a return to the normally accepted working practices of NWAS and its staff whilst causing minimal disruption to partner agencies.

10.4.2. On receiving information from the WHO / Department of Health / Public Health England that the end of the pandemic [wave] has been reached, the priority is to return NWAS to a state of normality whilst also being cognisant of a second or subsequent wave materialising.

10.4.3. The return to normality should be achieved in the same manner as would be from any disruptive challenge to the normal functions of NWAS in accordance with NWAS business continuity plans and the gradual relaxation of those arrangements previously implemented will be on the advice of the NWAS Infection Control Team. Priority must be given to those critical functions of NWAS.

10.4.4. Managers at all levels of the Trust must be conscious of the fact that, due to the increased workload associated to the influenza pandemic, staff may be suffering the effects of [delayed] stress-related conditions. Where found to be an issue, this must be managed in accordance with normal occupational health arrangements.

10.4.5. It should be noted that recovery phase may take a number of months, not only for NWAS but for the UK and may be dependent upon the skill level of those staff available.

11. NWAS CONTINGENCIES AND RESPONSE ACTION PLAN

- 11.1. The development of arrangements to mitigate the challenge on the critical functions of NWAS and its health partners reflects the latest guidance as issued by the World Health Organisation, the Department of Health and the Public Health England.
- 11.2. All contingencies developed to mitigate any challenge associated to influenza pandemic – internally and jointly with partner agencies – will be continually assessed against any emerging guidance so that NWAS can provide a timely response to the said challenge.
- 11.3. The Response Phase-specific action cards (Section 14) identify those actions to be undertaken or considered in the response to a challenge on the functions of the Trust and supplement the Trust escalation arrangements and specific business continuity arrangements.

NWAS Pandemic Influenza Plan		Page:	22
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

12. GLOSSARY

Antiviral Collection Point (ACP)	Location (store, pharmacy etc.) where the general public will have access to antiviral medication following remote triage etc.
CCG Pandemic Management Groups	A group based upon the CCG area to assess local risk to continued health provision and to plan for / activate arrangements for mitigation of any challenge due to the risk.
Ministry of Housing, Communities and Local Government – Resilience and Emergencies Division	Government Department through which the resilience partners will communicate with Central Government Department. There are four Regional Hubs that link with the Local Resilience Communities.
Local Resilience Forum	A strategic forum for bringing together all the Category 1 and 2 responders within a local police area for the purpose of facilitating co-operation in fulfilment of their duties under the Civil Contingencies Act 2004. There are 5 LRFs within the NWS region.
Local Health Resilience Partnership (LHRP)	The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector (including private and voluntary sector where appropriate). The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, Public Health England (PHE) and local authority (LA) representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.
Pandemic Medical Early Warning Score	Dynamic scoring system to enable admission criteria to be applied to patients during pandemic period.
Strategic Co-ordination Group	Multi-agency group which sets the policy and strategic framework for emergency response and recovery work at local / LRF level.

NWS Pandemic Influenza Plan		Page:	23
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

13. BIBLIOGRAPHY

- DH. (2005). *Taking Healthcare to the Patient: Transforming NHS Ambulance*. London: Department of Health.
- DH. (2007, November). *Responding to pandemic influenza: The ethical framework for policy and planning*. Retrieved December 15, 2016, from Gov.UK:
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_080729.pdf
- DH. (2009). *Managing Demand and Capacity in Health Care Organisations. (Surge)*. Department of Health.
- DH. (2010, January). *Pandemic flu infection control: ambulance services*. Retrieved December 15, 2016, from Gov.UK:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356986/Pandemic_influenza_guidance_for_infection_control_in_ambulance_services.pdf
- DH. (2011, November 10). *UK Influenza Pandemic Preparedness Strategy*. Retrieved December 16, 2016, from Gov.UK:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf
- JESIP. (2018, January). *Joint Decision Model*. Retrieved January 2018, from JESIP:
<http://www.jesip.org.uk/joint-decision-model>
- NARU. (25/02/2020). *COVID-19: guidance for Ambulance Trusts v1.5*.
- NHS England. (2015). *NHS England Emergency Preparedness, Resilience and Response Framework*. NHS England.
- NWAS. (2017). *Infection Prevention & Control Procedures*. NWAS.
- NWAS. (2017). *Resuscitation (Diagnosis of Death) Procedure*. NWAS.
- NWAS. (2018). *Communicable Diseases Policy*. NWAS.
- NWAS. (2018). *Demand Management Plan*. NWAS.
- NWAS. (2018). *Infection Prevention & Control Policy*. NWAS.
- NWAS. (2018). *Resource Escalation Action Plan (REAP)*. NWAS.
- World Health Organisation. (2007, June). *World Health Organisation*. Retrieved December 15, 2016, from World Health Organisation:
http://www.who.int/csr/resources/publications/WHO_CDS_EPR_2007_6c.pdf?ua=1

NWAS Pandemic Influenza Plan		Page:	24
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

14. ACTION CARDS

The following Action Cards have been provided as an aid for NWAS Commanders to use during an Influenza Pandemic. Whilst considering each action, Commanders will follow the agreed NWAS doctrine for decision making as shown in the Joint Decision Model (JDM).



The Joint Decision Model (JESIP, 2018)

These Action Cards are supported by Sections 5, 6, 7 and 8 of this plan to aid the decision-making process during the response to a disruptive challenge associated to Pandemic Influenza.

NWAS Pandemic Influenza Plan		Page:	25
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

UK INITIAL RESPONSE – DETECTION and ASSESSMENT PHASES

At UK Initial Response Phase – Detection / Assessment, the increased activity of an influenza virus will have been identified with the capability to become a pandemic health problem and therefore initial measures to mitigate the threat may be invoked.

The time taken for the virus to spread may be relatively short therefore those contingencies on a national basis will be activated. Impact on Health Service providers caused by any virus is expected to be low at this stage, although this cannot be certain due to the reaction of the general public and staff.

The overall focus at this phase on the part of the wider response is to gather intelligence providing evidence of a novel influenza virus in the UK and, where found, managing isolated cases so as to reduce the risk of transmission and infection with the virus within the local community. **From an NWAS perspective, the emphasis is on ensuring that the Trust is in a position to respond to an influenza pandemic should it materialise / escalate.**

NWAS Pandemic Influenza Plan		Page:	26
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

Corporate Level Actions - UK Initial Response – Detection / Assessment Phases: -

Action required	Responsibility
Consider the establishment of NWS Pandemic Influenza Coordination Group to manage the response to the pandemic across the Trust.	Executive Leadership Committee
Consider the need to convene NWS Infection Control Team.	Executive Leadership Committee
Undertake “staff mapping” to identify potential areas of challenge and strengths outside staff normal roles that may be better utilised in critical areas.	Executive Leadership Committee
Ensure all Area / Sector Actions associated to this response level have been undertaken	Executive Leadership Committee
Issue guidance on the diagnosis and management of pandemic influenza.	Clinical Safety Team
Reinforce Infection Control Policy / Communicable Diseases Policy to all staff.	Clinical Safety Team
Ensure all staff that may be involved in aerosol-generating interventions are current in respect of fit testing of FFP3 masks for	Clinical Safety Team
Liaise with the Public Health England with regards to the identification of those NWS staff groups deemed to be priority for receiving antiviral drugs or, if available, vaccination.	Resilience Team

Area / Sector Level Actions - UK Initial Response – Detection / Assessment Phases: -

Action required	Responsibility
Monitor and manage stock levels of those consumables associated to respiratory condition management so as to maintain the appropriate level of patient care for those suffering the effects of the virus and other respiratory compromise.	PES Sector Management Team
Monitor and manage stock levels of Respiratory PPE to a level that would allow the sustained provision of care to all patients should stocks become compromised due to production or delivery problems.	PES Sector Management Team
Liaise with multi-agency partners (health and non-health agencies) with regards to resilience issues.	Resilience Team
Manage all patients employing appropriate universal infection control precautions in line with level of training received.	PES / PTS / CFRs
Following the transport or treatment of an actual or suspected case of pandemic influenza:- <ul style="list-style-type: none"> » All disposable bedding / clinical waste used must be disposed of as per clinical waste disposal guidelines. » All internal surfaces within the vehicle must be cleaned using general purpose detergent as per guidelines. 	PES / PTS operational staff

NWS Pandemic Influenza Plan		Page:	27
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

UK RESPONSE – TREATMENT PHASE

At UK Response – Treatment Phase, there will be evidence of sustained community transmission of the virus i.e. cases that are not linked to any known or previously identified cases.

The time taken for the virus to spread may be relatively short therefore those contingencies on a national basis will be activated. Impact on Health Service providers caused by any virus is expected to be low at this stage, although this cannot be certain due to the reaction of the general public and staff.

Increased activity could be likened to that experienced during a seasonal influenza period and managed accordingly. In addition to providing a proportionate response to the presenting challenge, preparations should be considered should the impact escalate to one that could outstrip existing capacity.

NWAS Pandemic Influenza Plan		Page:	28
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

Corporate Level Actions - UK Response – Treatment Phase: -

Action required	Responsibility
IF RESPONSE COMMENCES AT TREATMENT PHASE, ENSURE ALL ACTIONS FROM DETECTION / ASSESSMENT ACTION CARD HAVE BEEN UNDERTAKEN	
Convene NWAS Pandemic Influenza Coordination Group	Director of Operations
Where requested, represent NWAS at MHCLG-RED	Director of Operations
Convene Infection Control Team in accordance with NWAS Communicable Diseases Policy	Pandemic Influenza Coordination Group
Minimise the potential for the spread of infection by: <ul style="list-style-type: none"> <input type="checkbox"/> Restricting access to areas holding critical staff groups e.g. Fleet, Control etc. <input type="checkbox"/> Considering the cancelling of non-essential training / meetings <input type="checkbox"/> Shutting down non-HEPA filtered air-conditioning / air-circulating units serving multiple areas 	Pandemic Influenza Coordination Group
Consider the suspension of deploying co-responders to cases potentially associated with pandemic influenza where safe systems of work cannot be assured i.e. provision and use of appropriate PPE	Pandemic Influenza Coordination Group
Ensure all Area / Sector Actions associated to this response level have been undertaken	Pandemic Influenza Coordination Group
Provide NHS England / DH with SITREPs as required.	ROCC (on-going action)

**Where impact on service delivery exceeds available capacity, assess NARU REAP levels and employ appropriate escalation arrangements.
Consider moving to escalation phase action cards.**

NWAS Pandemic Influenza Plan		Page:	29
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

Area / Sector Level Actions - UK Response - Treatment Phase: -

Action required	Responsibility
Where requested, represent NWAS at the LRF SCG	Area Head of Service Delivery
Where requested, represent NWAS at the LHRP	Area Head of Service Delivery
Where requested, represent NWAS at the CCG pandemic management groups in respect of a county response to any potential challenge.	PES Sector Management Team
Manage staff levels as appropriate. Utilise mutual aid and voluntary ambulance agencies as available.	PES / PTS Sector Management Team
Ensure that all staff have access to appropriate levels of enhanced PPE – FFP3 masks etc. – on all vehicles so as to provide effective protection against the influenza virus whilst undertaking aerosol-generating interventions.	PES Sector Management Team
Manage all pandemic influenza patients with universal infection control precautions with particular attention being placed on the utilization of appropriate PPE and the provision of clean vehicles and equipment to slow the spread of infection when dealing with an actual or suspected pandemic influenza case. Utilise enhanced levels of PPE – FFP3 masks etc. – <u>only</u> where required in line with national guidance.	PES operational staff
Following the transport or treatment of an actual or suspected case of pandemic influenza:- <ul style="list-style-type: none"> » All disposable bedding / clinical waste used must be disposed of as per clinical waste disposal guidelines. » All internal surfaces within the vehicle must be cleaned using general purpose detergent as per guidelines. 	PES / PTS operational staff

NWAS Pandemic Influenza Plan		Page:	30
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

UK RESPONSE – ESCALATION PHASE

At UK Response – Escalation Phase, demands for services will have exceeded demand and therefore there may be the need to reduce or cease non-urgent activity or prioritise access to some services in order to maximise available capacity.

It is assumed that demands for services are exceeding the available capacity therefore requiring further arrangement to be enabled through heightened surge/escalation planning.

NWAS Pandemic Influenza Plan		Page:	31
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

Corporate Level Actions - UK Response– Escalation Phase: -

Action required	Responsibility
IN ADDITION TO THOSE ACTIONS IDENTIFIED AT TREATMENT PHASE, THE FOLLOWING ACTIONS MUST BE UNDERTAKEN	
Consider request to DH to suspend national response times reporting requirements for NWAS	Director of Operations
Consider measures to increase operational capacity to the required level through the implementation of the following: <ul style="list-style-type: none"><input type="checkbox"/> Cancelling non-essential training<input type="checkbox"/> Cancelling non-essential journeys<input type="checkbox"/> Cancelling non-statutory attendance at sporting events etc.<input type="checkbox"/> Cancelling annual leave	Pandemic Influenza Coordination Group
Consider the release of NWAS staff (surplus to NWAS immediate requirements) to assist health partners in primary and social care commensurate with existing skills and training	Pandemic Influenza Coordination Group
Ensure all Area / Sector Actions associated to this response level have been undertaken	Pandemic Influenza Coordination Group
Identify any admission / exclusion criteria for Acute Trust hospitals and relay to all staff on a daily basis	Medical Director

Where impact on service delivery exceeds available capacity, assess NARU REAP levels and employ appropriate escalation arrangements.

NWAS Pandemic Influenza Plan	Page:	32
Author: NWAS Resilience Team	Version:	910.0
Date of Approval: 11/03/20	Status:	Final
Date of issue: 11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

Area / Sector Level Actions – UK Response Phase – Escalation

Action required	Responsibility
Where requested, represent NWS at the LRF SCG	Area Head of Service Delivery
Where requested, represent NWS at the LHRP	Area Head of Service Delivery
Where required seek to suspend non-essential transport on a local basis in association with external Health Agencies.	Area Head of Service Delivery
Monitor staff levels and welfare. Utilise mutual aid and voluntary ambulance agencies as available.	Area Head of Service Delivery
Redeploy staff as appropriate to skill level and NWS priorities.	Area Head of Service Delivery
Where requested, represent NWS at the CCG pandemic management groups in respect of a county response to any potential challenge.	PES Sector Management Team
Maintain higher levels of all consumables and equipment so as to maintain effective patient care throughout period of challenge.	PES / PTS Sector Management Team
Ensure that all staff have access to appropriate levels of enhanced PPE – FFP3 masks etc. – on all vehicles so as to provide effective protection against the influenza virus whilst undertaking aerosol-generating interventions.	PES Sector Management Team
Manage all pandemic influenza patients with universal infection control precautions with particular attention being placed on the utilization of appropriate PPE and the provision of clean vehicles and equipment to slow the spread of infection when dealing with an actual or suspected pandemic influenza case. Utilise enhanced levels of PPE – FFP3 masks etc. – only where required in line with national guidance.	PES operational staff
Assess all patients using agreed admission / exclusion criteria and direct patients to the most appropriate treatment centre – Emergency Department, Influenza Treatment Centre etc. – as determined locally . Those patients displaying flu-like-symptoms not requiring hospital treatment should be directed to the National Pandemic Flu Service in order to receive anti-viral medication.	PES operational staff
Following the transport or treatment of an actual or suspected case of pandemic influenza:- <ul style="list-style-type: none"> » All disposable bedding / clinical waste used must be disposed of as per clinical waste disposal guidelines. » All internal surfaces within the vehicle must be cleaned using general purpose detergent as per guidelines. 	PES / PTS operational staff

NWS Pandemic Influenza Plan		Page:	33
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

UK RESPONSE – RECOVERY PHASE

At UK Response – Recovery Phase, the objective is to return to inter-pandemic levels of functioning – “business as usual” – as soon as possible at a pace that is appropriate to the existing levels of demand.

It should be remembered that the Recovery Phase may refer to recovery from a pandemic wave, which may be subsequently followed by further waves, or from the pandemic. This will be determined by WHO.

NWAS Pandemic Influenza Plan		Page:	34
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

ACTIONS REQUIRED AT THE END OF A PANDEMIC WAVE

Corporate Level Actions: -

Action required	Responsibility
Where requested, represent NWAS at NHS England Regional Team	Director of Operations
Under advice from the Medical Director, consider the relaxation of those actions undertaken at previous UK Response Phases and revert to the appropriate UK Response Phase as advised by DH.	Pandemic Influenza Coordination Group
Ensure all Area / Sector Actions associated to this response level have been undertaken	Pandemic Influenza Coordination Group
Maintain liaison with the PHE and other external health agencies to identify further waves of the virus.	Resilience Team
Debrief and evaluate arrangements and revise as appropriate and prepare interim report.	Resilience Team
Consider and implement Recovery	Pandemic Influenza Coordination Group

Area / Sector Level Actions: -

Action required	Responsibility
Where requested, represent NWAS at the LRF SCG	Area Head of Service Delivery
Where requested, represent NWAS at the LHRP	Area Head of Service Delivery
Where requested, represent NWAS at the CCG pandemic management groups in respect of local response to any potential challenge.	PES Sector Management Team
Identify any staff welfare issues that may be required following any period of intense workload such as stress-related illness. Consider Occupational Health Provider involvement as necessary.	PES / PTS Sector Management Team
Maintain higher levels of all consumables (including all levels of PPE) and equipment so as to maintain effective patient care should challenge reoccur.	PES / PTS Sector Management Team
Manage all patients with standard universal infection control precautions with particular attention being placed on the utilization of appropriate PPE and the provision of clean vehicles and equipment.	PES / PTS operational staff

NWAS Pandemic Influenza Plan		Page:	35
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

ACTIONS REQUIRED AT THE END OF THE PANDEMIC

Corporate Level Actions: -

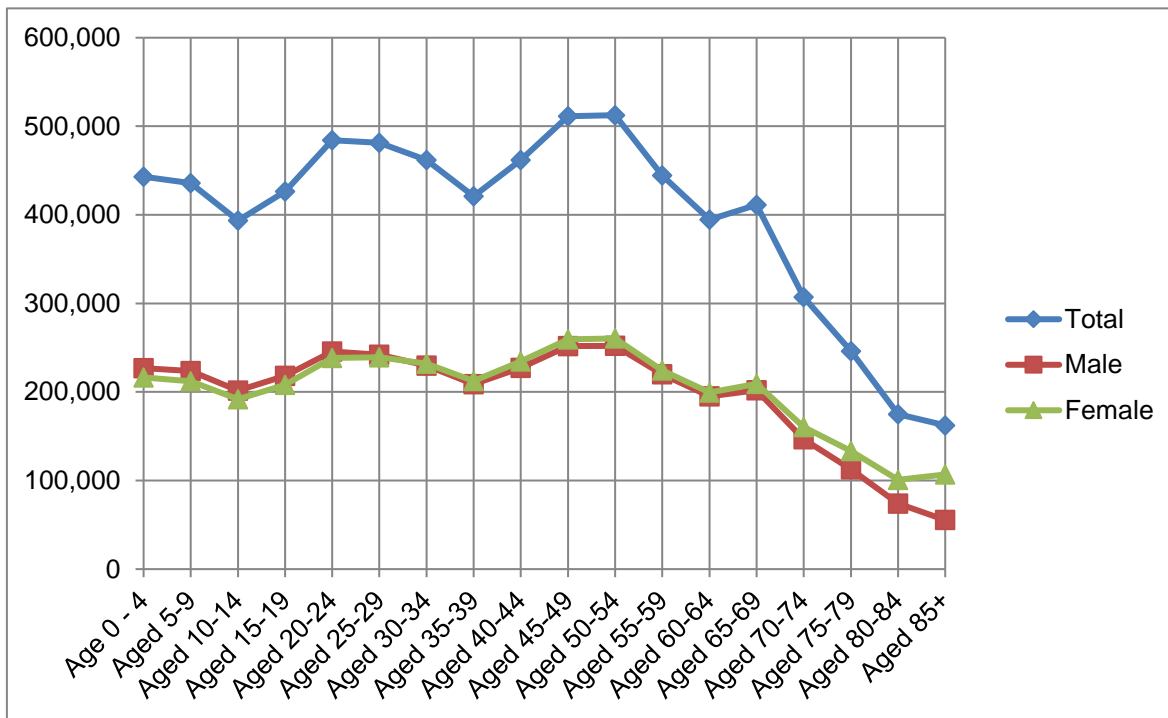
Action required	Responsibility
Put in place measures to return to normality at all levels whilst ensuring vigilance at all levels. Priority must be given to the resumption of normal services of those critical functions of NWAS.	Pandemic Influenza Coordination Group
Debrief and evaluate plan and prepare final report.	Resilience Team
Present final report to ELC / Trust Board	Head of Contingency Planning

NWAS Pandemic Influenza Plan		Page:	36
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

APPENDIX 1 – NORTH WEST POPULATION & DEMOGRAPHY.



Although the overall population within the North West is consistent with national trends, differences exist within the geographic areas due to a number of reasons such as locations with centres of higher education whereby younger people are in greater numbers.

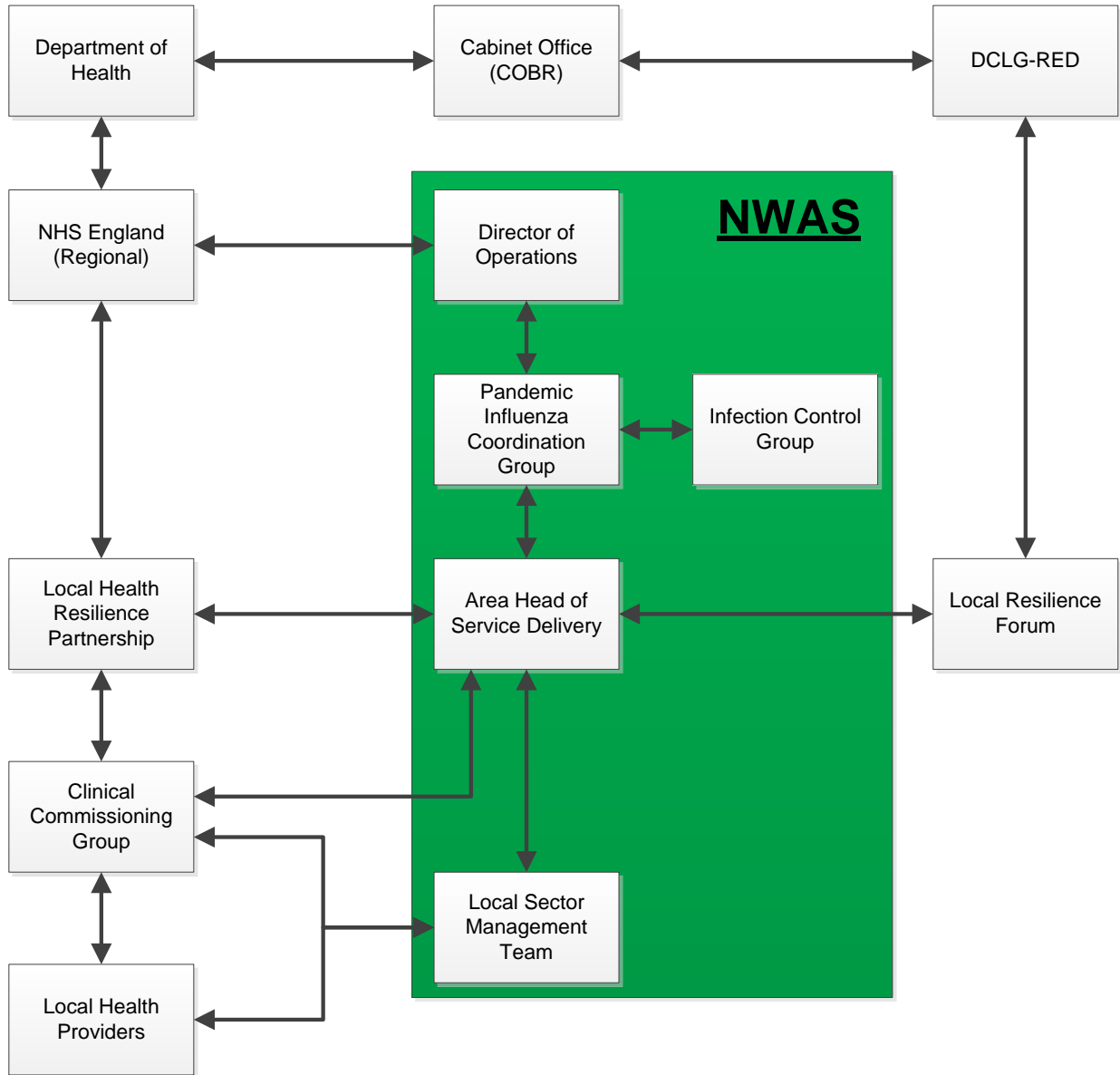
The information contained within this appendix has been extracted from <https://www.nomisweb.co.uk> – Census 2011.

NWAS Pandemic Influenza Plan		Page:	37
Author:	NWAS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL

OFFICIAL

APPENDIX 2 – NWS REPORTING / LIAISON PATHWAYS



NWS Pandemic Influenza Plan		Page:	38
Author:	NWS Resilience Team	Version:	910.0
Date of Approval:	11/03/20	Status:	Final
Date of issue:	11/03/20	Date of Review:	01/02/21

OFFICIAL



REPORT

Board of Directors	
Date:	18 March 2020
Subject:	Standing Orders – Emergency Powers and Urgent Decisions
Presented by:	Angela Wetton, Director of Corporate Affairs
Purpose of Paper:	For Decision
Executive Summary:	<p>NHS Trusts are required by law to have Standing Orders in place which regulate how the proceedings and business of the Trust should be conducted. Regulation 19 of the NHS Trusts (Membership and Procedure) Regulations, 1990 (as amended) requires the meetings and proceedings of an NHS trust to be conducted in accordance with the rules set out in the Schedule to those Regulations and with Standing Orders made under Regulation 19(2).</p> <p>Due to COVID-19 and the consequential impact on the Trust's corporate governance arrangements which will delay the submission of the revised core governance documents to the Board of Directors to May 2020, an amendment to the Trust's Standing Orders is required relating to Emergency Powers and Urgent Decisions.</p> <p>Under the existing Standing Orders (clause 5.2) emergency powers can be exercised by the Chairman, Chief Executive having consulted with two Non-Executive Directors. The proposal is to amend this to include two Executive Directors (voting) to ensure balance of powers around decision making.</p> <p>Therefore the revised clause will therefore state:</p> <p><i>The powers which the Board of Directors has retained to itself within these Standing Orders may in an emergency be exercised by the Chief Executive and the Chairman acting jointly and after having consulted with at least two Non-Executive Directors and two Executive Directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the Board of Directors for ratification.</i></p>
Recommendations, decisions or actions sought:	The Board of Directors are requested to approve the resolution to amend Clause 5.2 Emergency Powers and Urgent Decisions to ensure balance of powers around decision making.

Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are there any Equality Related Impacts:

Previously Submitted to:

Date:

Outcome:

- THIS PAGE IS INTENTIONALLY BLANK -

1. PURPOSE

The purpose of this report is to request a resolution to the Board of Directors to amend clause 5.2 Emergency Powers and Urgent Decisions of the Standing Orders.

2. BACKGROUND

NHS Trusts are required by law to have Standing Orders in place which regulate how the proceedings and business of the Trust will be conducted. Regulation 19 of the NHS Trusts (Membership and Procedure) Regulations, 1990 (as amended) requires the meetings and proceedings of an NHS trust to be conducted in accordance with the rules set out in the Schedule to those Regulations and with Standing Orders made under Regulation 19(2).

3. CURRENT SITUATION AND PROPOSAL

Due to COVID-19 and the consequential impact on the Trust's corporate governance arrangements which will delay the submission of the revised core governance documents to the Board of Directors until May 2020, an amendment to the Trust's Standing Orders is required relating to Emergency Powers and Urgent Decisions.

Under the existing Standing Orders (clause 5.2) emergency powers can be exercised by the Chairman, Chief Executive having consulted with two Non-Executive Directors. The proposal is to amend this to include two Executive Directors (voting) to ensure balance of powers around decision making.

Therefore the revised clause will therefore state:

The powers which the Board of Directors has retained to itself within these Standing Orders may in an emergency be exercised by the Chief Executive and the Chairman acting jointly and after having consulted with at least two Non-Executive Directors and two Executive Directors. The exercise of such powers by the Chief Executive and the Chairman shall be reported to the next formal meeting of the Board of Directors for ratification.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

Valid and up to date governance documents are essential to any organisation and serve to mitigate the risk of any future legal implications.

4. RECOMMENDATIONS

The Board of Directors are requested to:

- Approve the resolution to amend Clause 5.2 Emergency Powers and Urgent Decisions to ensure there is a balance of power in terms of decision making.



REPORT

Board of Directors									
Date:	Wednesday 25 March 2020								
Subject:	Annual Review of the Board Assurance Framework Risks								
Presented by:	Angela Wetton, Director of Corporate Affairs								
Purpose of Paper:	For Decision								
Executive Summary:	<p>This report provides the Board of Directors with the opportunity to review and approve the proposed Board Assurance Framework (BAF) risks for 2020/21.</p> <p>The Board has overall responsibility for ensuring that systems and controls are in place that adequately mitigate any significant strategic objectives of the Trust. On an annual basis, Mersey Internal Audit Agency (MIAA), undertake an audit on the Trust's Assurance Framework which is a business critical audit that supports the Head of Internal Audit opinion.</p> <p>In November 2019, the Trust refreshed its Corporate Strategy with newly identified Strategic Priorities and the Integrated Business Plan (IBP) supports the delivery of the Trust Strategy.</p> <p>The proposed 2020/21 BAF risks are aligned to the Strategic Priorities and are detailed in Appendix 1.</p>								
Recommendations, decisions or actions sought:	<p>The Board of Directors are requested to:</p> <ul style="list-style-type: none"> Review the proposed 2020/21 BAF risks Approve the proposed 2020/21 BAF risks 								
Link to Strategic Goals:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Right Care</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">Right Time</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Right Place</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Every Time</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>
	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>					
Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>						
Link to Board Assurance Framework (Strategic Risks):									
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are there any Equality Related Impacts:		None Identified							

Previously Submitted to:	Executive Leadership Committee
Date:	Wednesday 12 February
Outcome:	Agreed & Supported Onward Reporting to the Board

- THIS PAGE IS INTENTIONALLY BLANK -

1. PURPOSE

This report provides the Board of Directors with the opportunity to review and approve the proposed Board Assurance Framework (BAF) risks for 2020/21.

2. BACKGROUND

The Board of Directors have overall responsibility for ensuring that systems and controls are in place that adequately mitigate any significant strategic risks which may threaten the achievement of the strategic priorities. The BAF risks are reported to the Board of Directors on a quarterly basis and provide an opportunity to review the BAF risk position.

The BAF risks for 2019/20 are closely aligned to the Trust's Strategic Priorities and represent the challenges to the achievement of the strategic objectives of the Trust. These BAF risks have been managed and reported to Executive Leadership Committee, Audit Committee and Board of Directors during the year as part of the quarterly review process. Continuing to be able to map assurance reporting within the corporate governance framework to all the BAF risks further strengthens the quarterly review.

On an annual basis, Mersey Internal Audit Agency (MIAA), undertake an audit of the Trust's Assurance Framework which is a business critical audit that supports the Head of Internal Audit opinion. The annual Assurance Framework review which is currently in progress, will be assessed as Green on the basis that:

- The structure of the Assurance Framework meets the necessary requirements
- There is Board engagement in the review and use of the Assurance Framework
- The quality of the control of the Assurance Framework demonstrates clear connectivity with the Board agenda and external environment.

3. PROPOSED BAF RISKS 2020/21

A review of the BAF is being undertaken during Q4 taking into consideration the findings of the MIAA Assurance Framework feedback which has provided the opportunity to ensure that the BAF continues to be fit for purpose and is being utilised effectively.

The end of year review of the 2019/20 BAF will identify the closing position and closing risk scores of the identified strategic risks. This information will assist with setting the in-year risk targets and overall risk score targets for the 2020/21 BAF risks.

In November 2019, the Trust refreshed its Corporate Strategy. The Integrated Business Plan (IBP) supports the delivery of the Trust Strategy, including how the organisation will achieve the vision, setting milestones and bringing together a

number of supporting strategies. Therefore, the proposed 2020/21 BAF risks are aligned to the Strategic Priorities and are detailed in **Appendix 1**.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

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

5. RECOMMENDATIONS

The Board of Directors are requested to:

- Review the proposed 2020/21 BAF Risks
- Approve the proposed 2020/21 BAF Risks.

This page is intentionally left blank



	Risk Description
SR01	If we do not deliver appropriate safe, effective and patient-centred care, this may impact on the Trust's compliance with regulatory requirements for quality and safety
SR02	If we do not have effective financial management, this may impact on the Trust's financial position
SR03	If we do not meet national and local operational performance standards through transition to an integrated service model within the funding envelope, this may impact on providing timely patient care
SR04	If we do not have sufficient staff and do not engage, empower and support our workforce to develop, adapt and embrace new ways of developing right care, this may impact on the delivery of the Trust' objectives
SR05	If we do not review our estate and fleet to reflect the needs of the future service model and commit to reduce emission, this may impact on the Trust's infrastructure and achieving environmental efficiencies
SR06	If we do not build and strengthen stakeholder relationships across systems, localities and neighbourhoods, this may impact on the Trust's ability to achieve our vision to be the best ambulance service in the UK
SR07	If we do not improve and maintain our digital systems, this may impact on the delivery of secure IT systems and digital transformation
SR08	If we do not develop skills, capabilities and capacity to explore business opportunities for current and new contracts, services or products, this may impact on the Trust's ability to complete and gain business and commercial opportunities that will generate income and protect our core services
SR09	If the organisation experiences further change at Board level during 2020/21 it may impact on relationship relationships and ability to deliver the Trust's strategic objectives
SR10	If the organisation does not establish and maintain effective relationships with internal and external stakeholders, this may impact on perception of the Trust and our ability to be the best ambulance service in the UK

This page is intentionally left blank



REPORT

Board of Directors								
Date:		25 March 2020						
Subject:		Chairman's Annual Fit and Proper Persons' Declaration						
Presented by:		Lisa Ward, Interim Director of Organisational Development						
Purpose of Paper:		For Assurance						
Executive Summary:		<p>In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust is required to ensure that all individuals appointed to or holding the role of Executive Director (or equivalent) or Non-Executive Director meet the requirements of the Fit and Proper Persons Test (Regulation 5).</p> <p>The attached sets out the Chair's annual declaration of compliance and has been informed by compliance with the agreed Board procedure; assurances from NHSI regarding non-executive directors; individual declarations of interest and an annual individual declaration of compliance with the regulations. In 2019/20 this statement has been informed by an MIAA internal audit of Fit and Proper Persons which provided independent High Assurance.</p>						
Recommendations, decisions or actions sought:		<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> Note the assurance given by the Chairman that he is confident the Trust is compliant with regulations and that the Board meets the Fit & Proper Persons criteria. 						
Link to Strategic Goals:		Right Care		<input type="checkbox"/>		Right Time		<input type="checkbox"/>
		Right Place		<input type="checkbox"/>		Every Time		<input checked="" type="checkbox"/>
Link to Board Assurance Framework (Strategic Risks):								
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are there any Equality Related Impacts:	The criteria is applied equally to all Directors and allowance is made in respect of reasonable adjustments to enable compliance with the regulations by disabled staff.
Previously Submitted to:	
Date:	
Outcome:	

- THIS PAGE IS INTENTIONALLY BLANK -

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

CHAIRMAN'S ANNUAL DECLARATION

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

The Fit and Proper Persons Test will apply to Directors (both executive and non-executive, whether existing, interim or permanent and whether voting or non-voting) and individuals *“performing the functions of, or functions equivalent or similar to the functions of a director”*.

Regulation 5 states that a provider must not appoint or have in place an individual as a director who:

- is not of good character;
- does not have the necessary qualifications, competence, skills and experience;
- is not physically and mentally fit (after adjustments) to perform their duties.

Regulation 5 also decrees that directors cannot have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity.

These requirements play a major part in ensuring the accountability of Directors of NHS bodies and outline the requirements for robust recruitment and employment processes for Board level appointments. [In exceptional circumstances, Trusts may allow an individual to continue as Director without having met the requirements following approval of the Chairman and following an assessment of all elements of risk.]

As Chairman of North West Ambulance Service NHS Trust, I confirm that all existing Executive and Non-Executive Directors (both permanent and interim) meet the requirements of the Fit & Proper Persons Test.

My declaration has been informed by:

The application of the Board approved Procedure on Fit and Proper Persons Requirements including:

- Pre-employment checks for all new appointments undertaken in line with the NHS Employment Standards and including the following:
 - Proof of identity
 - Disclosure and Barring Service check undertaken at a level relevant for the post
 - Occupational Health clearance
 - Evidence of the right to work in the UK
 - Proof of qualifications, where appropriate
 - Checks with relevant regulators, where appropriate
 - Appropriate references, covering at least the last three years of employment, including details of gaps in service.
- Additional checks for all Directors on the following appropriate registers:
 - Disqualified directors
 - Bankruptcy and insolvency
- Confirmation from the Chair of appointment panels of compliance with the checks process

- A review of checks by NHSI in circumstances of the reappointment of Non-Executive Directors to ensure that they remain 'fit and proper'
- Assessment of the Ongoing Independence of Non-Executive Directors carried out by the Director of Corporate Affairs
- Annual and on-going Declarations of Interest for all Board members
- Annual Fit & Proper Persons Test self-declarations completed by all Executive and Non-Executive Directors.
- If there have been any individual concerns raised regarding Directors during the previous year, the outcome of any investigations is reviewed to provide continuing assurance that Directors remain 'Fit and Proper'.
- Audit outcomes of the Fit and Proper Persons process and record keeping, which in July 2019 confirmed High Assurance.
- The retention of checks data on personal files

PETER WHITE
CHAIR
March 2020



REPORT

Board of Directors	
Date:	25.03.20
Subject:	Integrated Performance Report
Presented by:	Director of Quality, Innovation and Improvement
Purpose of Paper:	For Assurance
Executive Summary:	<p>The Integrated Performance Report for March 2020 shows performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during February 2020. The highlights from this report are as follows;</p> <p>Quality</p> <ul style="list-style-type: none"> • 167 complaints were received in December against a monthly average of 192. • The Trust is on track with the strategic goal of reducing the Complaints per 1000 WTE staff. The fiscal year monthly average is currently 32 complaints per 1000 WTE staff, with a target of 35. • 69.98% of Complaints with a risk score of 1-3 have been completed within the SLA for the month and 43.48% with a risk score of 4-5. Those with a risk score of 1-2 are outside the normal variation with performance exceeding the upper control limit. A reduction in the backlog of cases has helped improve the closure within the agreed timescales. • February has seen a 22% increase in incident numbers from staff reporting contact incidents with suspected covid-19 patients. • 1 Serious Incident was reported during February. • There have been 2 new safety alerts in February. <p>Effectiveness</p> <ul style="list-style-type: none"> • There has been a reduction in FFT returns for PES, 111 and PTS from last month but these are still meeting improvement goals. • Performance against all Ambulance Clinical Quality Indicators shows common cause variation. • We are demonstrating a reduction in conveyance, from 66.4% to 64.3 % over the past 12 months.

- Hear & Treat Performance for February 2020 was 8.8 % and the number of incidents with no face to face response being 7,867. This is a 1.4% point increase in performance in comparison to March 2019.
- December See & Treat performance was 27.5%

Finance

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

Operational Performance

- Call pick up performance was at 90.6% in February.
- The average turnaround time for February was 32 minutes 8 seconds across the North West.

Patient Emergency Service (PES)

ARP Performance

Category	Target	Actual	Ranking
C1 (Mean)	7:00	7:14	6/10
C1 (90 th)	15:00	12:18	3/10
C2 (Mean)	18:00	24:24	7/10
C2 (90 th)	40:00	51:50	7/10
C3 (90 th)	2:00:00	3:36:03	10/10
C4 (90 th)	3:00:00	3:17:07	5/10

NHS 111

- Calls answered within 60 seconds sits at 61.27% in February 2020, with a year to date figure of 74.97%, against a target of 95%. Whereas the call backs in under 10 minutes percentage is 13.09%, against a target of 75%.
- Nationally all 111 providers have experienced unprecedented levels of demand

PTS

- Activity in February for the Trust was 4% above contract baselines, whilst the year to date position (July 2019 – February 2020) is performing at 1% above baseline.

Organisational Health

- **Sickness:** The overall sickness absence rate for the latest reporting month (January 2020) was 6.88%, with special cause variation for the EOC.
- **Turnover:** The turnover figure for February was 8.72%.

	<ul style="list-style-type: none"> • Agency: The Trust remains in a very strong position regarding agency costs, at 0.2%. • Vacancy: Positions across the Trust show a position of being under establishment by 0.64%. • Appraisal: The overall appraisal completion rate for February was 86% against a Trust target of 95%. • Mandatory Training: The overall Mandatory Training completion rate for February was 88% against a 18% trajectory.
--	---

Recommendations, decisions or actions sought:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report • Clarify any items for further scrutiny through the appropriate assurance committees
--	--

Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

-THIS PAGE IS INTENTIONALLY BLANK -

1. PURPOSE

The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of February 2020. 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?

2. INTEGRATED PERFORMANCE SUMMARY

2.1 Quality

Q1 – Complaints and Compliments

In February 2020, 167 complaints were received, against a 12 month average of 192 per month. 74 compliments were also received in the month. ROSE has recognised this increase in high risk complaints and has extended its meeting to ensure all cases are given due consideration. There has been an overall reduction in the number of complaints being received over the year with the number of complaint per 1000 WTE being 32. A total of 210 complaints were closed in February 2020 (187 cases were risk scored 1-3 and 23 were risk scored 4-5). For the sixth consecutive month the percentage of risk 1 to 3 complaints closed within the agreed time frames is in special cause variation. These results are due to the reduction in overdue cases, the timeliness of responses from the frontline and the work undertaken by the EOC Central Investigation Unit. Although the closure of high risk complaints remained above the improvement goal, the closure of risk score 4&5 complaints against the SLA remains challenging. This is due to the number of complaints received in the winter period (From October 2019 through February 2020). An EOC checklist was introduced for part of this period to help combat some of the challenges.

Q2 – Incidents

1264 internal and external incidents were opened in February 2020 at a rate of 197 incidents per 1000 WTE staff. February has seen a 22% increase in incident numbers from staff reporting contact incidents with suspected covid-19 patients. Staff are requested to complete an incident report for every suspected covid-19 case that is transported in line with the trust Communicable Diseases Policy. Each incident is reviewed for risk levels posed by the ambulance crews and appropriate advice is provided by the team. The Clinical Safety Team also follow up the patient infection status for every patient and feedback is provided to the staff involved in the incident. Non-scored incidents dashboards have been set up in datix and shared with Operational Managers within each area. Progress is underway to improve the scoring of incidents undertaken at local level by the investigating managers.

Q3 - Serious Incidents (SIs)

1 Serious Incident (SI) was reported in February 2020. The notify to confirmation of StEIS remains within the agreed timeframes. 4 reports were submitted to Commissioners for closure. All 4 reports were submitted within the 60 working day agreed timeframe.

Q5 - Safety Alerts and Health and Safety

There have been 2 new alerts in February 2020. The total number of CAS/NHS Improvement alerts received between March 2019 and February 2020 is 31, with no alerts applicable. 42 MHRA Medicine Equipment Alerts have been received with 1 alert applicable. 54 MHRA Medicine alerts have been received, with 1 alert applicable. x IPC alerts have been received, with x alert applicable.

2.2 Effectiveness

E1 - Patient Experience

This month sees a significant drop in returns of 35.8% (from 67 in January to 43 in February) for PES FFT returns, along with a drop of 10.8% in satisfaction rating from 80.6% to 69.8%. The 50% improvement goal in terms of returns set in Q1 continues to be exceeded as we approach the end of Q4. Work continues to increase the awareness of the importance of handing out FFT cards. New supplies of cards for use by the public have been distributed. Awareness posters on display in the back of ambulances about giving feedback have been checked and replaced as necessary. Nationally, the trust maintains second position in terms of number of responses received – for both December and January. And in terms of recommendation has moved up to 4th from 5th in the previous month (January 2020 data). The trust has an FFT implementation plan for April 2020 when the new national guidance on the submission of the PES (see and treat) takes effect.

E2 – ACQIs

In October, 7.8% of patients suffering an out of hospital cardiac arrest survived to hospital discharge (national mean 9.2%). The figure for the Utstein sub-group was 10.5% (national mean 26.2%). This performance saw the Trust ranked 9th and 10th respectively for English ambulance trusts. 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 50% (national mean 55.7%), ranking 9th nationally. For the overall group the rate was 32% (national mean 31%) ranking the Trust in 5th position nationally. The Trust's performance of 57.9% for the Resus Care Bundle was well outside of the national mean of 72.1%. Mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 16mins; the Trust's performance was 2h 34mins for these patients. The STEMI care bundle result of 78.1% was marginally outside of the national mean of 79.8%. Care bundle data for stroke and sepsis was not published for October as is consistent with the NHSE reporting schedule.

E3 – H&T, S&T & S&C Outcomes

We have seen an overall decrease in activity of 9000 incidents in February, with the percentage breakdown of categories remaining fairly static. We have seen an increase in H&T of 0.5% and S&T has maintained within 0.1% of the previous month. These factors combined have led to an overall reduction in conveyance of 0.4% on the previous month. H&T continues to increase with YTD date figures of 8.03% and S&T has seen a slight dip on previous months at 27.24%. The continued success of H&T is undoubtedly effecting the S&T figures with all three areas seeing increases in H&T and GM at 10.50% for February. There are continued efforts across the Trust to increase S&T referral options and S&T progress will continue to be monitored to ensure that performance goals are achieved across NWS. 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 67% to 64.27% over the past 12 months. Hear & Treat Performance for February 2020 was 8.81% and the number of incidents with no face to face response being 7867. This is a 1.68% increase in performance in comparison to February 2019 and is the highest H&T Performance over the last 12 months. 1485 more patients this February received a H&T outcome which better met their needs and saved valuable resource for our sickest patients.

GM CAS was reintroduced on 6th November with 8 CCGs, Salford CCG commenced 11th Nov and Wigan CCG on 20th Nov. This has positively impacted on H&T Performance. We have seen an increase on the numbers being passed to GM CAS month on month. Crew advice calls into Clinical Hub have risen by 468% since its inception, this valuable functions supports crews on scene, Crews can call in for specialist advice from the Clinical Hubs Multi-Disciplinary Team and obtain MTS triage to enable onward referral pathways for non-paramedic crews. This has a positive impact on S&T Performance. Due to the rise in demand it has resulted in Clinical Hub Clinicians being deflected from H&T duties to Crew Advice calls. Actions have been put in place to mitigate the impact on H&T and with the support of Operational Heads of Service training is being rolled out to SPTLS to deliver this function.

2.3 Finance

F1 – Finance

The position for the Trust at Month 11 is a surplus of £2.527m, which is £0.164m better than the planned surplus of £2.363m. Income is over recovered by £3.676m, pay is overspent by £3.178m and non-pay is overspent by £0.334m. The year to date expenditure on agency is £1.308m which is £1.541m below the year to date ceiling of £2.850m equivalent to 54% under which results in an agency financial metric of 1. The overall year to date actual and forecast financial risk score remains at a 1 for the Trust

2.4 Operational

PES Activity

OP1 – Call Pick Up

Call pick up performance has maintained a high level of consistency and performance through February. Mean and centile performance is significantly better than the year to date position. This is due to a number of factors. The EMD workforce is fully established, this provides the right level of call handling resource. In addition call length has reduced across all three controls and the variation across the three controls has improved. The number of duplicate calls has reduced from the peak volumes experienced in November and December. This reduction in duplicates and call activity is reflected in the special cause variation in figure 01.1.

OP2 – Hospital Turnaround

The average turnaround for February 2020 was 32 minutes 08 seconds across the North West. A two minute improve experienced in February when compared to January. This improvement was delivered in the hospital element of the handover time, however this element at 20:08 still exceeds the 15 minute target. The handover times are now back within the control limits. In November and December we did see special cause variation which was more severe than we experienced in previous winter periods. This variation was caused by the increase in activity we experience over the winter and festive periods.

OP3 – ARP Standards

	C1 Mean	C1 90th	C2 Mean	C2 90th	C3 90th	C4 90th
	00:07:14	00:12:18	00:24:24	51:51	03:36:03	03:17:07
Target	00:07:00	00:15:00	00:18:00	00:40:00	02:00:00	03:00:00
Rank	6/10	3/10	7/10	7/10	10/10	5/10

OP4 – 111

Calls answered within 60 seconds sits at 61.27% in February 2020, with a year to date figure of 74.97%, against a target of 95%. Whereas the call backs in under 10 minutes percentage is 13.09%, against a

target of 75%. Performance for 111 impacted by impact of Covid-19. With the onset of the Covid-19 outbreak, nationally all 111 providers have experienced unprecedented levels of demand. All performance metrics have not been achieved not only due to the overall demand, but also to the timing of the demand. The peak call demand during this time has occurred between 09:30 and 10:30.

OP5 – PTS Activity

Overall activity during February 2020 was 4% below contract baselines with Lancashire 14% below contract baselines, whilst Merseyside is operating at 10% (2539) Journeys above baseline. For the year to date position (July 2019 - February 2020) PTS is performing at -1% (-9001 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are operating at 5% and 10% below baseline whilst Greater Manchester and Merseyside are operating at 4% and 12% above baseline respectively. In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 55% (14429 journeys) and 5% (677 journeys) above baseline respectively. As unplanned activity is generally of a higher acuity requiring ambulance transportation, increased volumes in this area impact on resource availability leading to challenges in achieving contract KPI performance. Cumbria and Lancashire are -25% (-2448 journeys) and -5% (-1733 journeys) below baseline.

In terms of overall trend analysis, Greater Manchester has experiencing upward activity movement for the 12 months up to around October 2018 where activity has plateaued. Lancashire has experienced a downward trend over the same period which is also plateauing whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity. Aborted activity for planned patients averaged 6% during February 2020 however Cumbria experiences 3%, Greater Manchester operates with 9% whilst Lancashire and Merseyside both experience 5% & 6% aborts respectively. There is a similar trend within EPS (renal and oncology) patients with an Trust average of 5% aborts whereas Cumbria has 2% and Greater Manchester 7% Lancashire and Merseyside operate with 3% and 4% respectively. Unplanned (on the day) activity experiences the largest percentages of aborts with an average 15% (1 in 6 patients) with variances of 7% in Cumbria, 18% in Greater Manchester, 13% in Lancashire and 16% Merseyside.

2.5 Workforce

OH1 – Sickness

The overall sickness absence rates for January 2020 were 6.88% displaying a slight decrease from the previous month. The position is slightly higher than the same time last year which was 6.68 % in January 2019. Pressure has been seen across service lines but PES and PTS have remained within control limits. There is further focus in place through the Service Line Level 3 meetings although the position could be further impacted by COVID-19. There is a special clause variations with regards to the EOC Service Line where sickness rose to 10.18% OH1.4. The HRBP Team undertook a deep dive review to determine the reasons for this increase. EOC have seen a shift in greater numbers of long term sickness cases over the last two months but assurance can be provided that these are being managed. Although PTS has seen an increase in sickness over the winter period their YTD position is 0.6% lower than 18/19. The Trust has an improvement plan which is being overseen by NHSE/I.

OH2 – Turnover

Turnover is calculated on a rolling year average and this does lead to some small variations between months with February 2020 turnover at 8.72% which continues a stable trend within narrow control limits. Both PES and PTS turnover is stable and within control limits. There are no special cause variation with regards turnover. Although both 111 and EOC have seen reductions over time and are close to lower control limits. As part of the Ambulance Improvement Programme (AIP), the Trust is engaging with NHSE/I and has submitted a retention plan in January 2020 with particular focus on 111 retention. Progress against the plan will be reported through the Resources Committee. Overall the Trust is continuously below the national turnover rate for Ambulance Service which was at 9.20% in November 2019.

OH4 – Temporary Staffing

The Trust remains in a strong position regarding Agency costs. The position in February 2020 is at 0.2%. Agency usage is likely to increase within 111 due to the current situation with COVID-19. The Trust is working within the new Agency Regulations which were effective from 1 September 2019.

OH5 – Vacancy Gap

The changes resulting from the contract settlement for 2019/20 and revisions to the ORH position have been made in the establishment in EOC and PES and therefore this fully reflects the new requirements. PES are slightly over-established at 0.32% indicating that the required growth has been delivered. The February 2020 position in EOC remains positive with 3.61% over establishment. Work is in progress through the apprenticeship scheme to maintain this position long term. 111 has seen a reduction in the vacancy position and for February 2020 is now 6.74% over establishment. The PTS vacancy position is -5.10% in February 2020 showing a static position in line with their recruitment plan, however PTS are using more flexible approaches in particular bank usage to manage the variations in activity.

OH6 – Appraisals

Appraisal compliance overall has been stable for several months with no significant variations to note at Trust level. The February 2020 position being 87% against a target of 95%. The improvement goal for these measures for 19/20 is to achieve 95% compliance. There is special clause variations which relate to an improved position across PTS, PES and EOC service lines towards compliance which has taken them above the upper control limit. EOC have made excellent progress over a number of months but a slight dip in 111 has taken place. Given current work pressures in 111 this position may will continue to be under pressure in the coming months. These workforce indicators will be reported through the Resources Committee to ensure that assurances can be provided regarding progress

OH7– Mandatory Training

Mandatory training for PES & PTS frontline staff comprises both classroom and e-learning. All other staff complete e-learning modules. In 2019 the Trust moved to competence reporting so charts show the % of module completion that is in date. The new cycle commenced in January 2020. PTS and PES are on track against planned trajectory. The target is for this to remain at 95% across the year but this requires staff to be profiled for classroom training at the same time each year. This is a cultural shift for local teams and the OD team continue to work with rostering and local management to improve the targeting of release to attend. It should be noted that new modules have been released for mandatory completion in all areas and completion of these modules will build up compliance over the 2020 cycle. This will affect overall compliance rates which currently stand at 79%.

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.

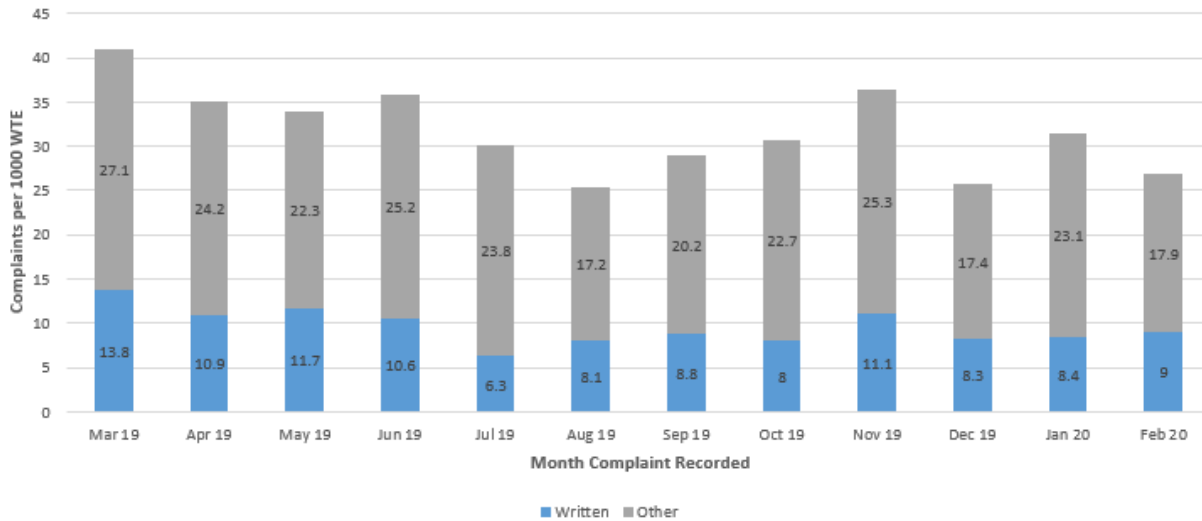
4. RECOMMENDATIONS

- 4.1 The Board of Directors is recommended to:
- Note the content of the report
 - Clarify any items for further scrutiny through the appropriate assurance committee

Q1 COMPLAINTS

Figure Q1.1

**Complaints Rate
(Complaints/Whole Time Equivalent)
March 2019 - February 2020**



Annual Average:
192 per month
32 per 1000 staff

Table Q1.1: Complaints Opened by Month

Severity	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20
1 - Minimum	36	45	39	32	17	13	15	10	15	11	12	7
2 - Minor	172	140	133	150	125	109	131	141	159	108	150	126
3 - Moderate	25	18	26	19	26	23	17	17	32	17	17	14
4 - Major	8	3	3	9	10	8	10	14	14	14	15	19
5 - Serious	2	3	2	3	3	0	2	6	6	8	1	1
Total	243	209	203	213	181	153	175	188	226	158	195	167
Compliments	122	113	109	35	135	112	127	146	123	113	148	74

Complaints & Compliments

In February 2020, 167 complaints were received, against a 12 month average of 192 per month. 74 compliments were also received this month.

The number of complaints received is consistent with the improvement goals with 27 complaints received per 1000 WTE.

Figure Q1.3 has had special cause variation with a phase change from November 2019.

Figure Q1.4 is showing six consecutive points below the mean, two more consecutive points and this will lead to a shift change.

Right Care Strategy Goals Performance:

1. Reduce the overall numbers of complaints per 1000 WTE staff by 10% (4) of the baseline (39) by 2019/20, achieving 35 per 1000 WTE staff.

Figure Q1.2

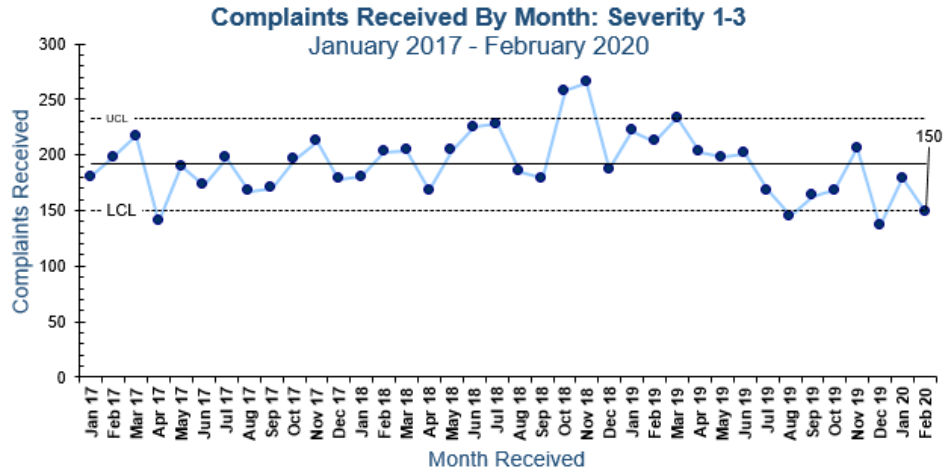


Figure Q1.3

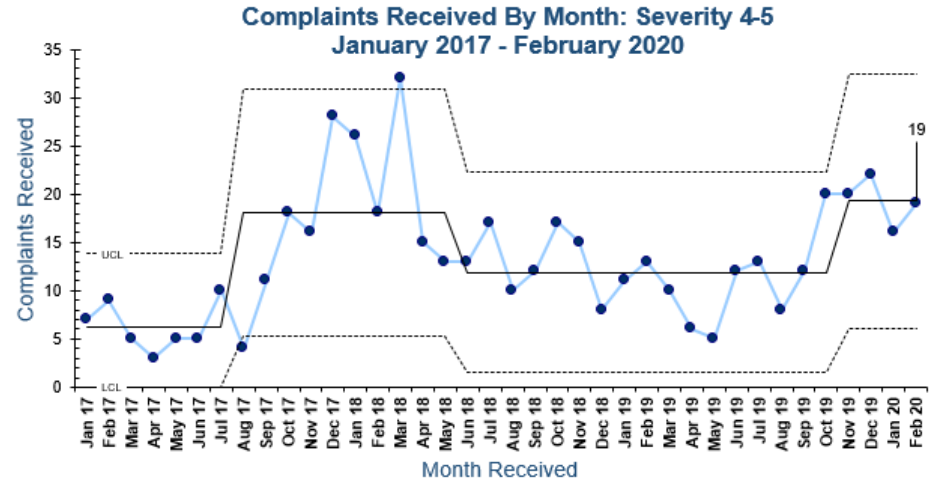


Figure Q1.4

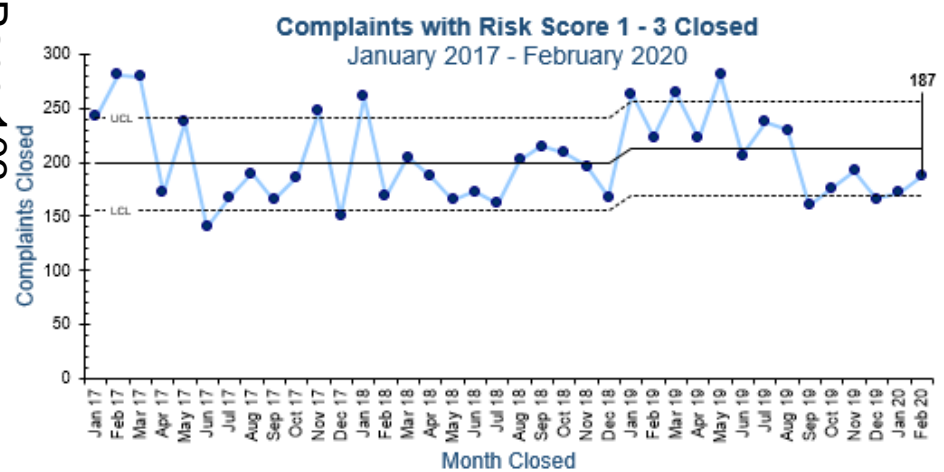


Figure Q1.5

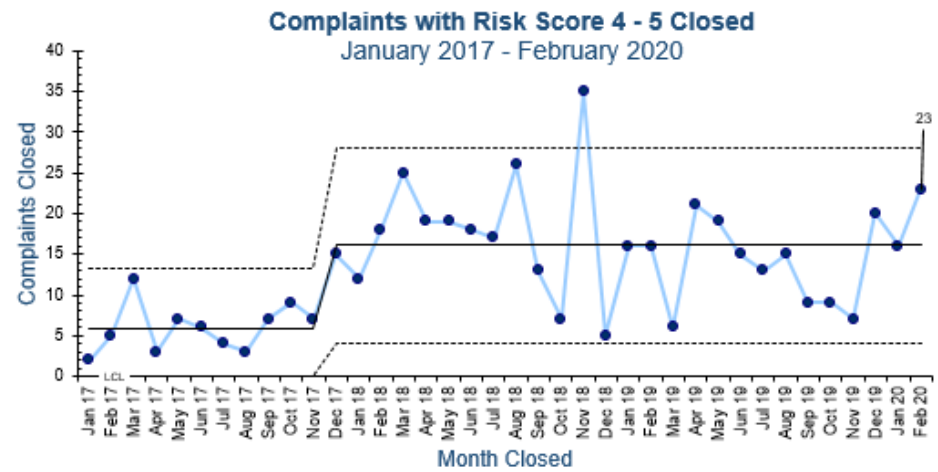
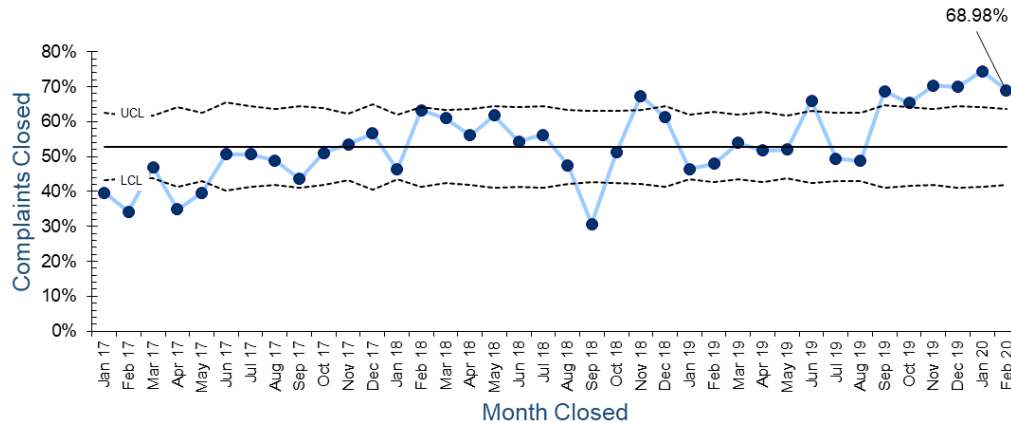


Figure Q1.6

Complaints with Risk Score 1 - 3 % Complete within SLA
January 2017 - February 2020



Complaints Closure

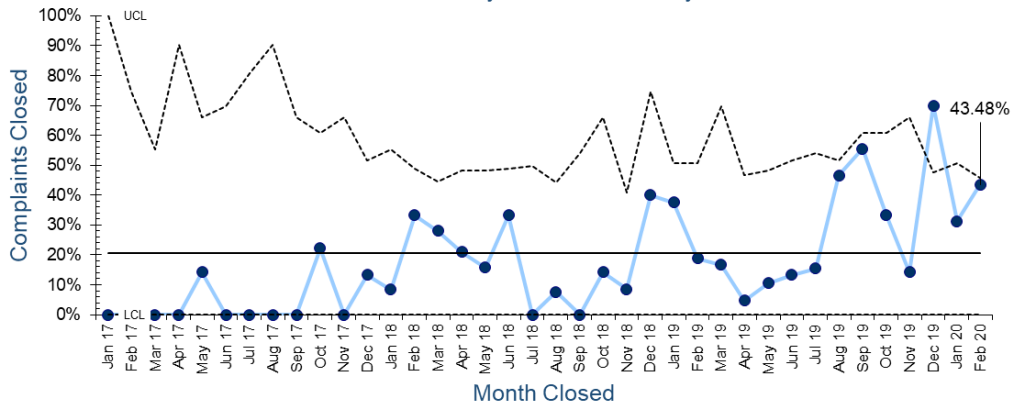
A total of 210 complaints were closed in February 2020 (187 cases were risk scored 1-3 and 23 were risk scored 4-5).

Figure Q1.6 demonstrates that for the sixth consecutive month the percentage of risk 1 to 3 complaints closed within the agreed time frames is in special cause variation. These results are due to the reduction in overdue cases, the timeliness of responses from the frontline and the work undertaken by the EOC Central Investigation Unit.

Although the closure of high risk complaints (Q1.7) remained above the improvement goal, the closure of risk score 4&5 complaints against the SLA remains challenging. This is due to the number of complaints received in the winter period (From October 2019 through February 2020). An EOC checklist was introduced for part of this period to help combat some of the challenges..

Figure Q1.7

Complaints with Risk Score 4 - 5 % Complete within SLA
January 2017 - February 2020



Right Care Strategy Goals Performance:

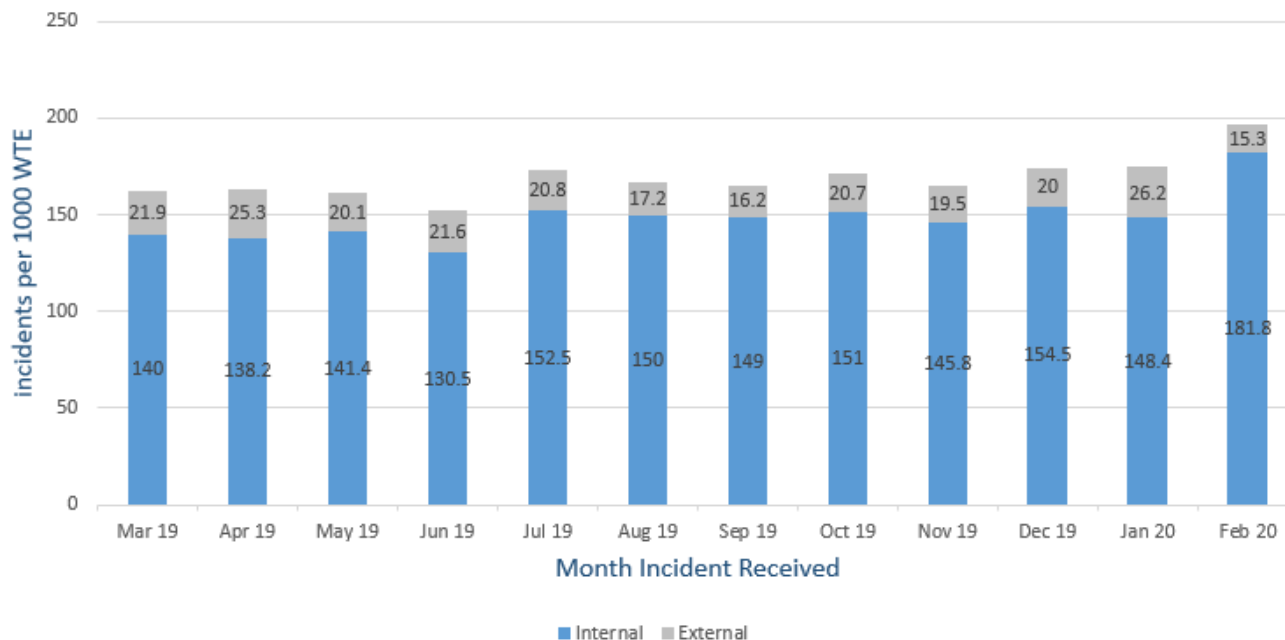
1. 40% of complaints with a risk score of 1 to 2 will be closed within agreed timeframes
2. 65% of complaints with a risk score of 1 to 3 will be closed within agreed timeframes
3. 40% of complaints with a risk score of 4 to 5 will be closed within agreed timeframes

BAF Risk: SR01 (Risk ID 2829)

Q2 INCIDENTS

Figure Q2.1

**Incidents Rate (Incidents/Whole Time Equivalent Workforce)
March 2019 - February 2020**



Page 105

Table Q2.1

Severity	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
1. Insignificant	187	194	199	177	169	147	190	170	187	190	142	157	172	235
2. Minor	664	546	591	640	648	592	701	699	623	690	675	655	702	770
3. Moderate	218	174	170	156	152	165	141	132	174	152	164	213	203	209
4. Major	6	6	13	9	3	5	11	10	7	9	11	15	13	16
5. Catastrophic	3	3			1		1	1	3	5	1	2	2	2
Unscored	19	14	17	16	11	14	14	9	26	37	69	76	15	32
Total	1097	937	990	998	984	923	1058	1021	1020	1083	1054	1109	1107	1264
Unscored %	1.73%	1.49%	1.72%	1.60%	1.12%	1.52%	1.32%	0.88%	2.55%	3.42%	6.55%	6.85%	1.36%	2.53%

Incidents

1264 internal and external incidents were opened in February 2020 at a rate of 197 incidents per 1000 WTE staff.

February has seen a 22% increase in incident numbers from staff reporting contact incidents with suspected covid-19 patients. Staff are requested to complete an incident report for every suspected covid-19 case that is transported in line with the trust Communicable Diseases Policy. Each incident is reviewed for risk levels posed by the ambulance crews and appropriate advice is provided by the team. The Clinical Safety Team also follow up the patient infection status for every patient and feedback is provided to the staff involved in the incident.

Non-scored incidents dashboards have been set up in datix and shared with Operational Managers within each area. Progress is underway to improve the scoring of incidents undertaken at local level by the investigating managers.

Right Care Strategy Goals:

1. Reduce reported unscored incidents in the IPR to 50 in previous reported month by 2019/20.

We measure the number of incidents for the reported month on the 5th working day of each new month to track our reduction goal. 32 'unscored' incidents were recorded at this stage for February 2020, which accounts for 2.5% of the total number of incidents opened in the month.

Figure Q2.2

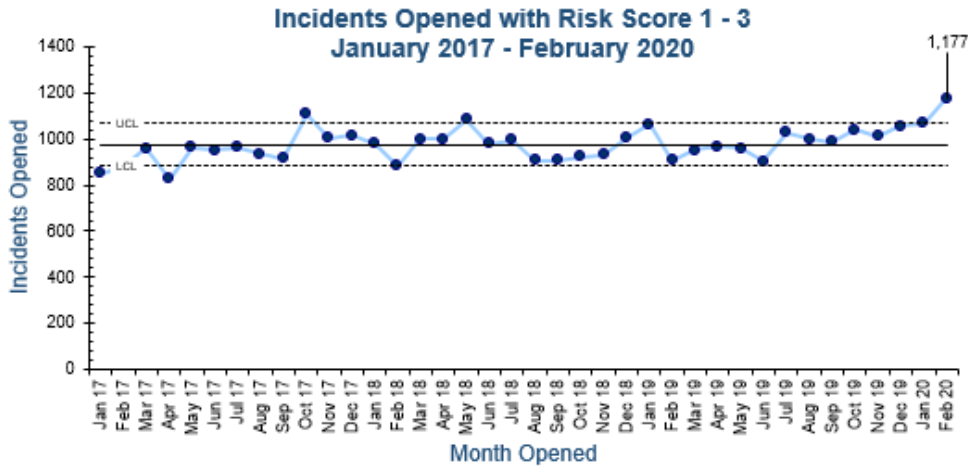


Figure Q2.3

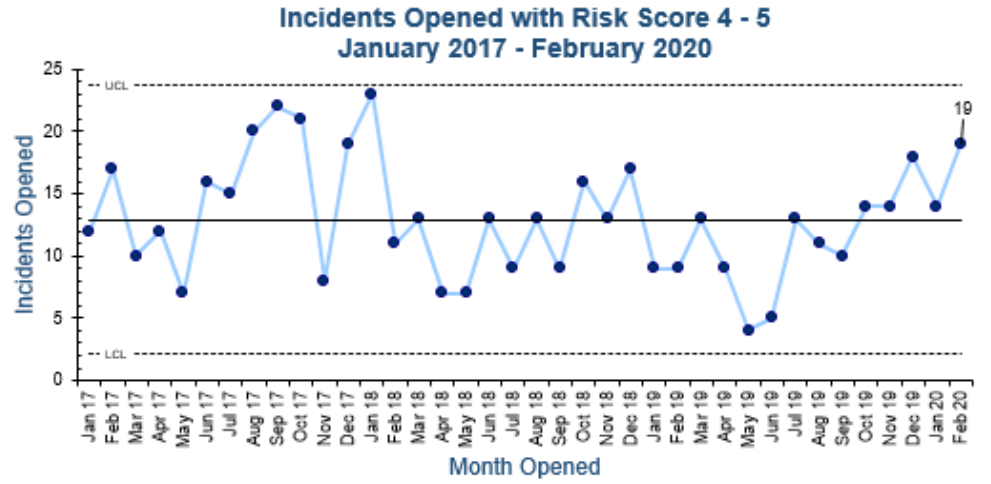


Table Q2.2 – Top 10 Incident Categories Opened in February 2020

Category	03/02/2020	10/02/2020	17/02/2020	24/02/2020	Total
Information	31	22	18	23	94
111 Assessment/Advice	18	21	28	26	93
Infection Control	22	23	16	21	82
Staff Welfare	12	17	17	16	62
Communication	18	13	15	8	54
111 Issue with other service	10	14	19	9	52
Vehicle Issue	9	13	16	9	47
Equipment Missing / Lost	8	16	10	11	45
Inappropriate Use of Service	11	13	12	8	44
Threatening behaviour	8	13	7	10	38

Figure Q2.4

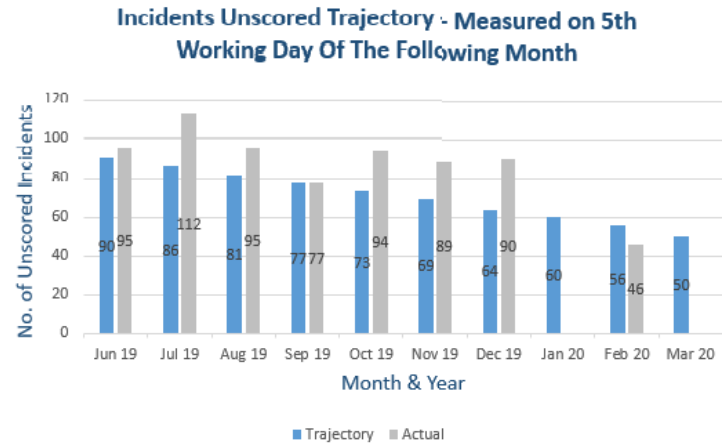
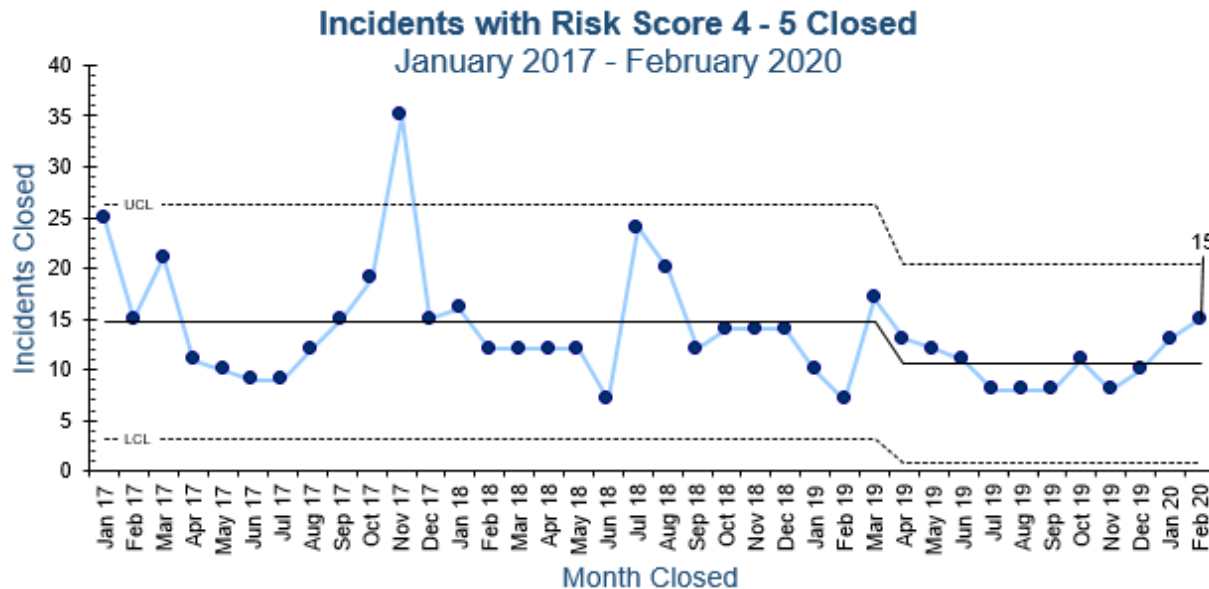


Figure Q2.5



Figure Q2.6



Incidents Closure

In total, 1201 incidents (level 1-5) were closed during February 2020.

The number of incidents that have been closed has seen an increase and this is attributed to covid-19. The majority of incidents are treated as 'information only' and where the patient has proved to be positive then appropriate follow-up advice is provided by the Clinical Safety Team. The majority of incidents have been negative infection status with no risk involved to our staff. These incidents are reviewed and closed with a notification sent to the operational team.

Right Care Strategy Goals Performance:

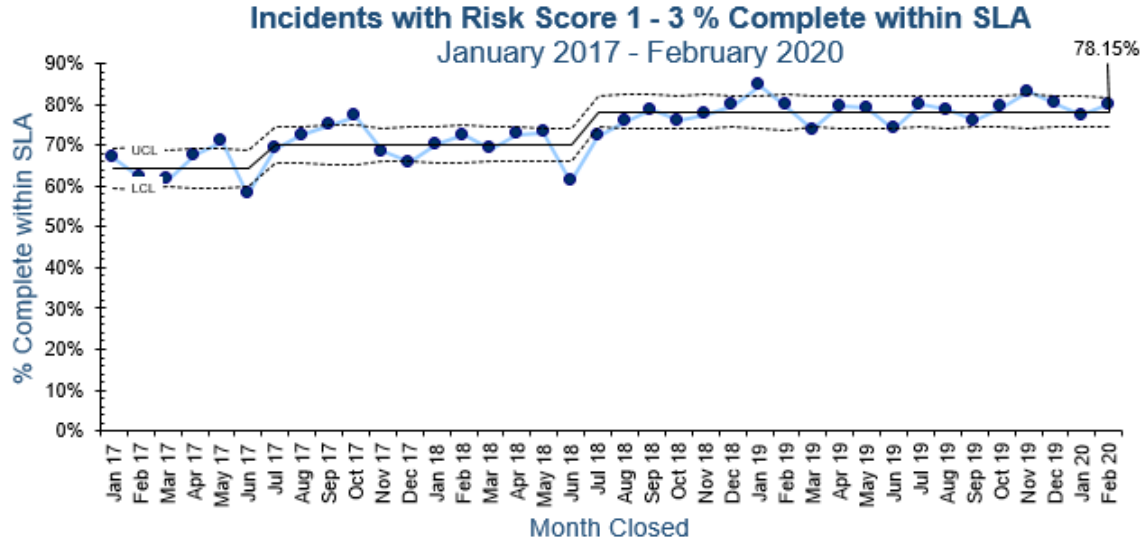
1. Increase closure within agreed timeframes to 80% by 2019/20 for severity 1-3 (Figure Q2.7).

The mean is currently just under this goal at 78.06% with us regularly reaching the goal within special cause variation.

2. Increase closure within agreed timeframes to 60% by 2019/20 for severity 4-5 (Figure Q2.8).

The Trust has made great strides in hitting this goal, with Figure Q2.8 seeing special cause variation (phase shift) in the latest month due to a consistently high proportion of incidents being closed within SLA.

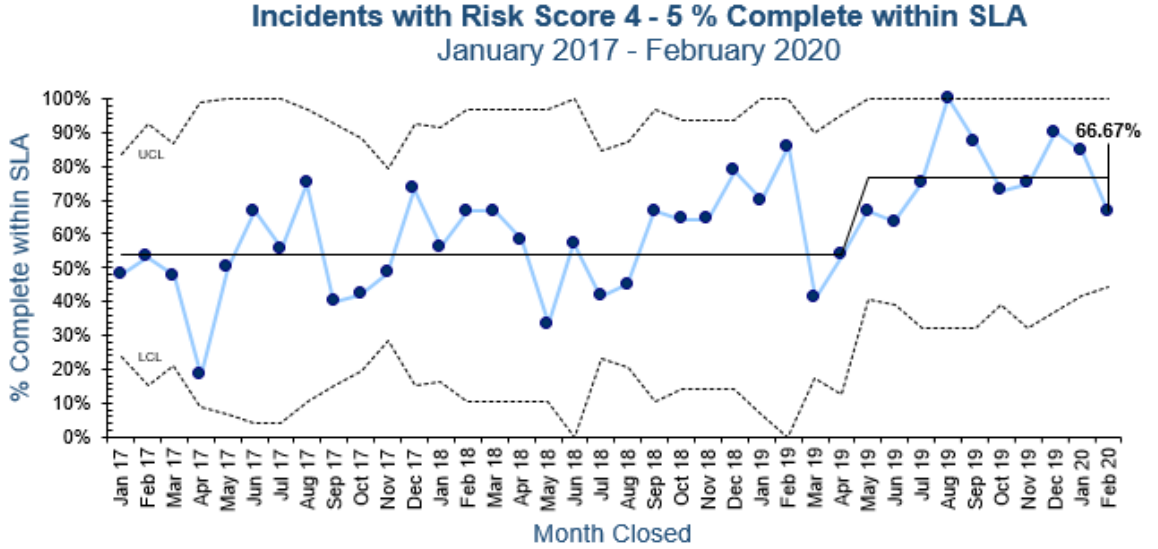
Figure Q2.7



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



Q3 SERIOUS INCIDENTS

Figure Q3.1:

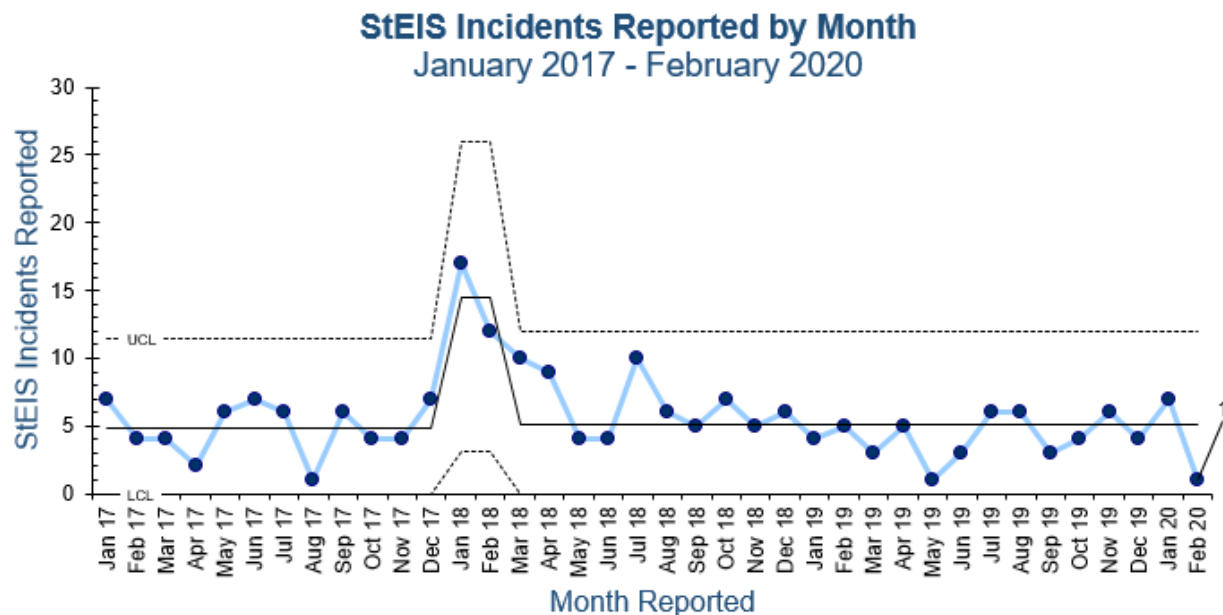


Table Q3.1: StEIS Incidents Opened in February 2020 Source

Source	SD - Emergency Operations Centre	SD - Paramedic Emergency Services Operations (Inc. Urgent Care)	Total
Complaint/StEIS	1	0	1
External/StEIS	0	1	1
IRF/StEIS	1	0	1
Total	2	1	3

Serious Incidents

1 Serious Incident (SI) was reported in February 2020.

The notify to confirmation of StEIS remains within the agreed timeframes.

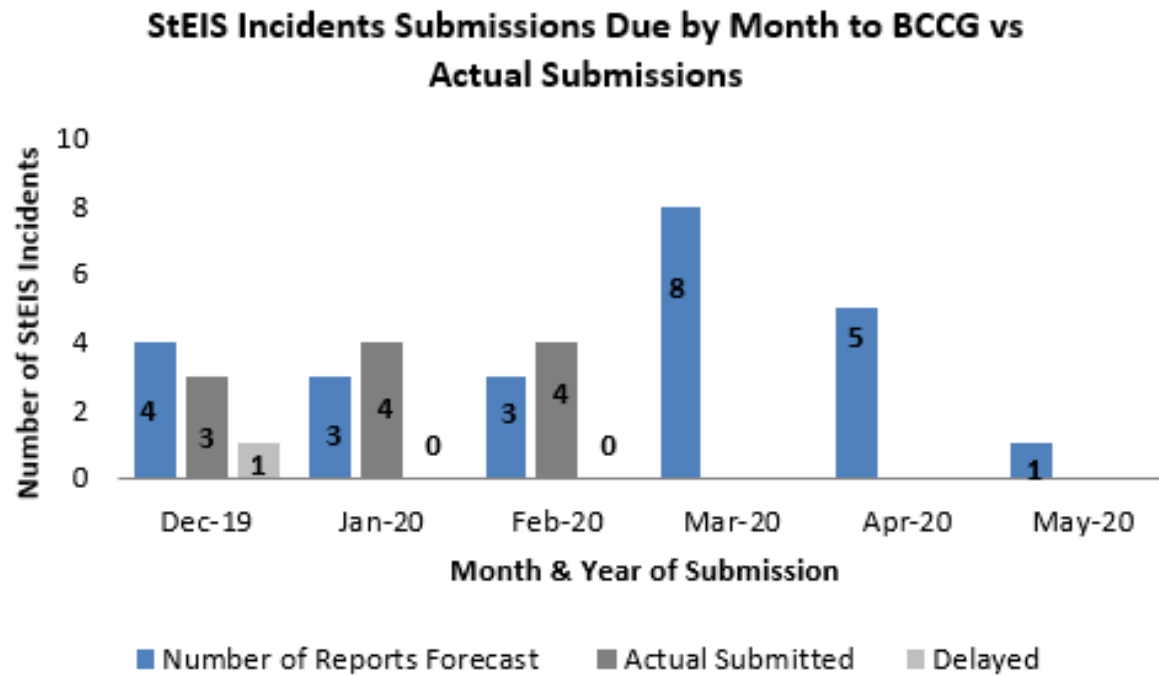
4 reports were submitted to Commissioners for closure. All 4 reports were submitted within the 60 working day agreed timeframe.

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.

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



Q5 SAFETY ALERTS

Figure Q5.1:

Safety Alerts	Number of Alerts Received (Mar 19 – Feb 20)	Number of Alerts Applicable (Mar 19 – Dec 19)	Number of Open Alerts
CAS/ NHS Improvement	31	0	0
MHRA – Medicine Equipment	42	1	0
MHRA - Medicine Alerts	54	1	0
IPC	3	2	2

Page 111

Medical Equipment – Alerts Applicable

1. BritePro Solo and BriteBlade Pro single-use fibre optic laryngoscope blades and handles – risk of choking loose bearing and retaining ring may enter patients airway. Action: Checking if any of the devices affect the Trust.

Medicines – Alerts Applicable

1. **Glucose 10% 500ml infusion bags** - Company led drug recall for certain batches issued 07/05/2019. Actions: Not general NWS 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.

IPC – Alerts Applicable

1. **Measles** - 5 cases 1 NWS staff member and 4 public cases throughout the period of January February 2020. Issue Date 1 January 2020. Deadline March 31 2020. Actions: Contact tracing, staff welfare, the teleconferences, Warn and inform letters sent out to Staff contact and immunisation status found on staff contact with patients and the infected staff member.
2. **Coronavirus** - 23 January when NWS was first informed of the situation. This is an ongoing situation therefore have not got a deadline.

NWAS Response

There have been 2 new safety alerts in February 2019.

The total number of CAS/NHS Improvement alerts received between March 2019 and February 2020 is 31, with no alerts applicable.

42 MHRA Medical Equipment Alerts have been received with 1 alert applicable.

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

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

BAF Risk: SR01.

E1 PATIENT EXPERIENCE

Patient Experience (PES)

This month sees a significant drop in returns of 35.8% (from 67 in January to 43 in February) for PES FFT returns, along with a drop of 10.8% in satisfaction rating from 80.6% to 69.8%.

The 50% improvement goal in terms of returns set in Q1 continues to be exceeded as we approach the end of Q4. Work continues to increase the awareness of the importance of handing out FFT cards. New supplies of cards for use by the public have been distributed. Awareness posters on display in the back of ambulances about giving feedback have been checked and replaced as necessary.

Nationally, the trust maintains second position in terms of number of responses received – for both December and January. And in terms of recommendation has moved up to 4th from 5th in the previous month (January 2020 data).

The trust has an FFT implementation plan for April 2020 when the new national guidance on the submission of the PES (see and treat) takes effect.

Figure E1.1

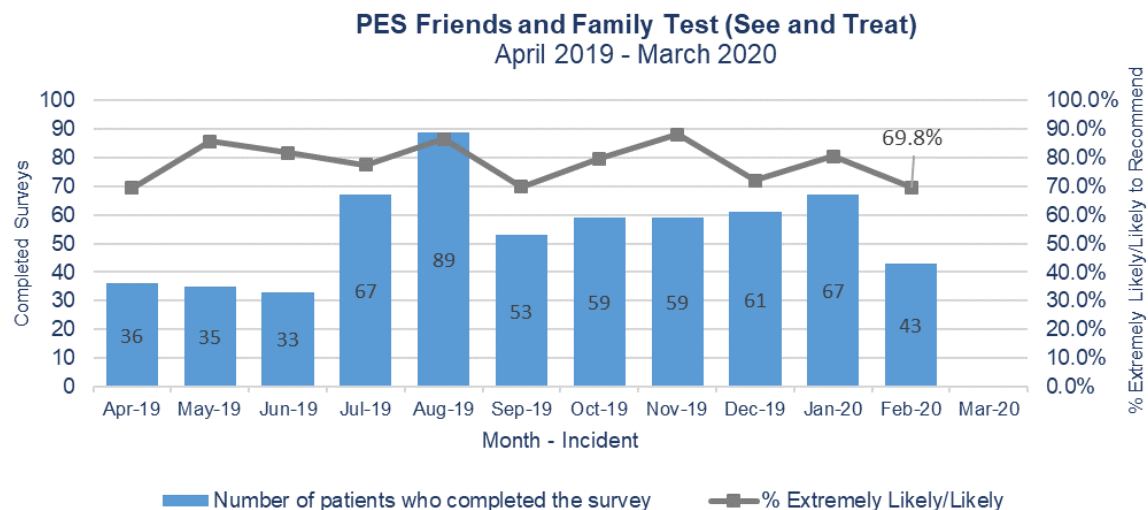
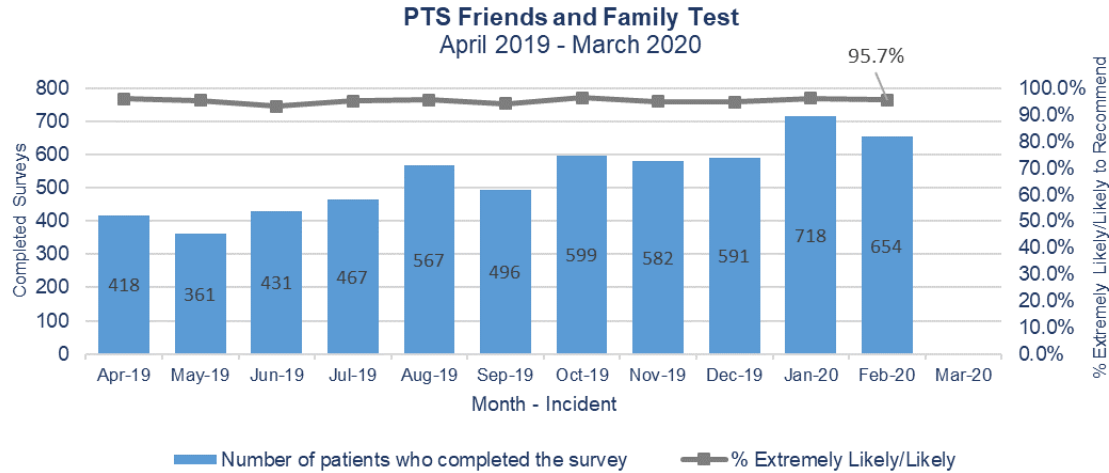


Table E1.1 National PES See and Treat FFT – January 2020

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	343	94%	4%
EAST OF ENGLAND AMBULANCE SERVICE	46	100%	0%
SOUTH CENTRAL AMBULANCE SERVICE	15	100%	0%
NORTH EAST AMBULANCE SERVICE	198	97%	2%
EAST MIDLANDS AMBULANCE SERVICE	8	88%	13%
NORTH WEST AMBULANCE SERVICE	67	81%	12%
SOUTH WESTERN AMBULANCE SERVICE	5	60%	20%
LONDON AMBULANCE SERVICE	0	NA	NA
ISLE OF WIGHT	1	*	*
WEST MIDLANDS AMBULANCE SERVICE	1	*	*
YORKSHIRE AMBULANCE SERVICE	2	*	*

Figure E1.2



Patient Experience (PTS)

The number of patients who completed the FFT has reduced from 718 in January to 654 in February (a drop of 8.9%), with the satisfaction rate seeing a slight drop of 0.7% for the same period (96.4% to 95.7%).

Nationally, the trust continues to hold the second highest spot in terms of number of responses, same as the previous month. In terms of satisfaction levels, this month sees the trust move into 1st spot from 2nd in the previous month of December (January 2020 data).

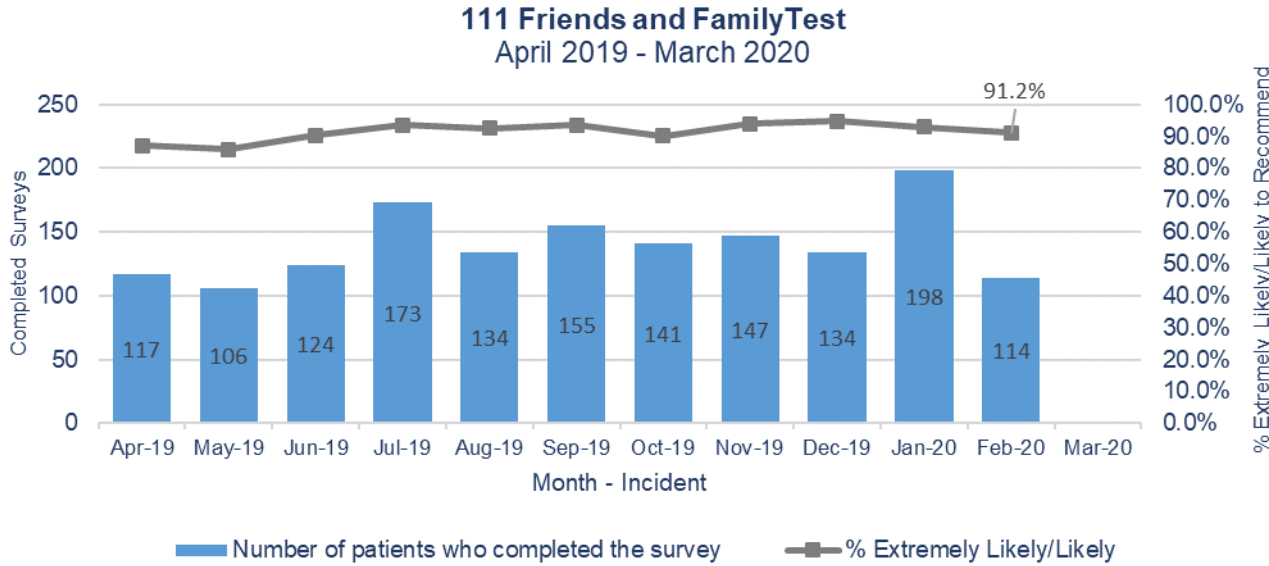
There is still the requirement for national submissions for PTS FFT responses post Apr 2020.

A PTS campaign is being developed to increase awareness of the service and how to access it.

Table E1.2 National PTS FFT – January 2020

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	2,499	92%	3%
NORTH WEST AMBULANCE SERVICE	718	96%	2%
GUY'S AND ST THOMAS'	1217	94%	2%
ISLE OF WIGHT	15	93%	7%
EAST OF ENGLAND AMBULANCE SERVICE	167	91%	4%
WEST MIDLANDS AMBULANCE SERVICE	61	89%	7%
EAST MIDLANDS AMBULANCE SERVICE	12	83%	17%
NORTH EAST AMBULANCE SERVICE	6	83%	0%
UNIVERSITY COLLEGE LONDON HOSPITALS	250	80%	6%
IMPERIAL COLLEGE HEALTHCARE	50	68%	22%
YORKSHIRE AMBULANCE SERVICE	0	NA	NA
SOUTH CENTRAL AMBULANCE SERVICE	3	*	*

Figure E1.3



Patient Experience (111)

The number of NHS 111 FFT responses saw a drop from 198 in January to 114 in February, (42.4% reduction).

We saw a slight reduction of 1.7% in satisfaction levels from 92.9% in January to 91.2% in February.

Following a programme of community events in 2019, patient and public feedback has identified low levels of understanding and awareness of the 111 service. As a result a 111 publicity campaign was delivered.

This will be followed up with a further programme of education and awareness activities developed and agreed with the trust's 111 service, together with national colleagues, as required.

A review has also taken place of our 111 patient experience survey and other methods for capturing patient experience and learning have been discussed. This is on hold pending confirmation of the national 111 survey requirements.

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Table E2.1: ACQI August 2019

ACQI Indicator		YTD Performance (%)	Sample Size (Current Month)	October 19 Performance (% / hrs: mins)	September 19 Performance (%)*	October 19 Rank position	Rank movement	Performance Range % / hrs: mins (national mean)
Cardiac Arrest ROSC	Overall	33.8%	222	32.0%	34.2%	5	↓	25.3-34.5 (31.0)
	Utstein	57.0%	42	50.0%	53.2%	9	↓	43.5-77.3 (55.7)
	Resus Care Bundle	65.9%	N/A	57.9%	N/A	N/A	N/A	50.0-96.3 (72.1)
Cardiac Arrest Survival to Discharge	Overall	9.4%	205	7.8%	7.4%	9	↑	4.0-12.0 (9.2)
	Utstein	28.3%	38	10.5%	23.5%	10	↓	17.9-37.5 (26.2)
Acute STEMI	PPCI (mean call to PPCI time)	N/A	92	2hrs 34 mins	2hrs 14 mins	10	↓	1hr 48 mins - 2hr 19 mins (2hr 16 mins)
	Care Bundle	76.7%	105	78.1%	N/A	N/A	N/A	56.0%-98.8 (79.8)
Stroke	Hyper acute (mean call to door time)	N/A	N/A	N/A	1hr 12 mins	N/A	N/A	N/A
	Care Bundle	98.6%	N/A	N/A	99.5%	N/A	N/A	N/A
Sepsis	Care Bundle	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Page 115

ACQIs – October 2019

In October, 7.8% of patients suffering an out of hospital cardiac arrest survived to hospital discharge (national mean 9.2%). The figure for the Utstein sub-group was 10.5% (national mean 26.2%). This performance saw the Trust ranked 9th and 10th respectively for English ambulance trusts.

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 50% (national mean 55.7%), ranking 9th nationally. For the overall group the rate was 32% (national mean 31%) ranking the Trust in 5th position nationally.

The Trust's performance of 57.9% for the Resus Care Bundle was well outside of the national mean of 72.1%.

Mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 16mins; the Trust's performance was 2h 34mins for these patients.

The STEMI care bundle result of 78.1% was marginally outside of the national mean of 79.8%. Care bundle data for stroke and sepsis was not published for October as is consistent with the NHSE reporting schedule.

Cardiac Outcomes over time (SPC)

Figure E2.1

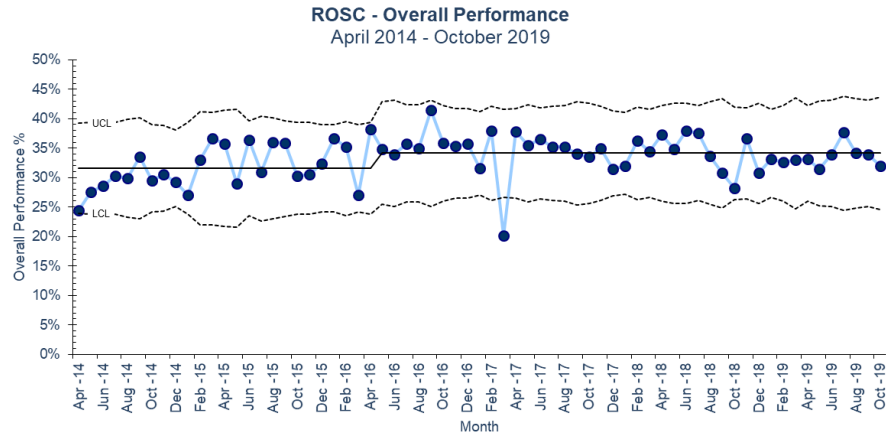
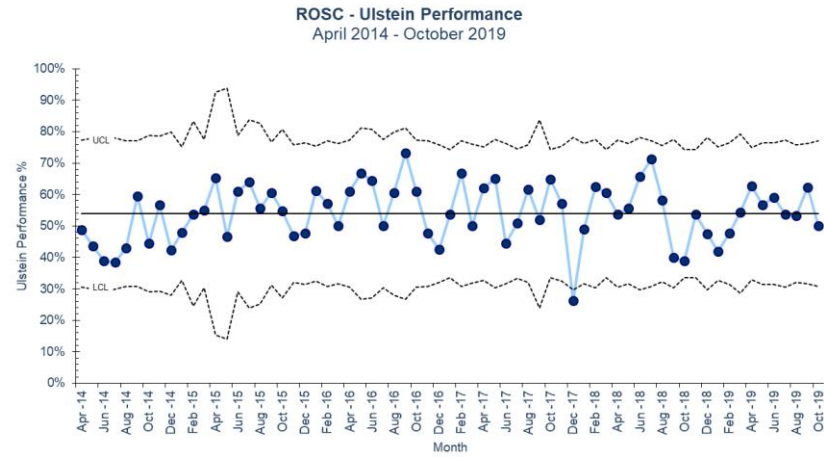


Figure E2.2



Page 116
Figure E2.3

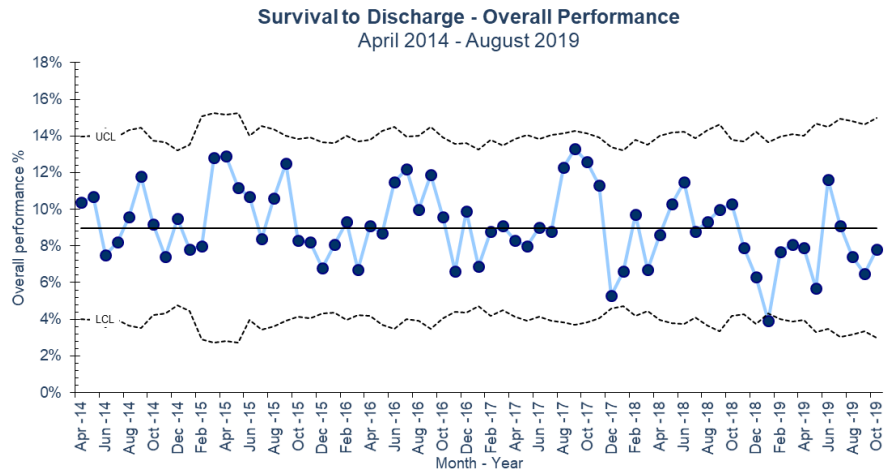
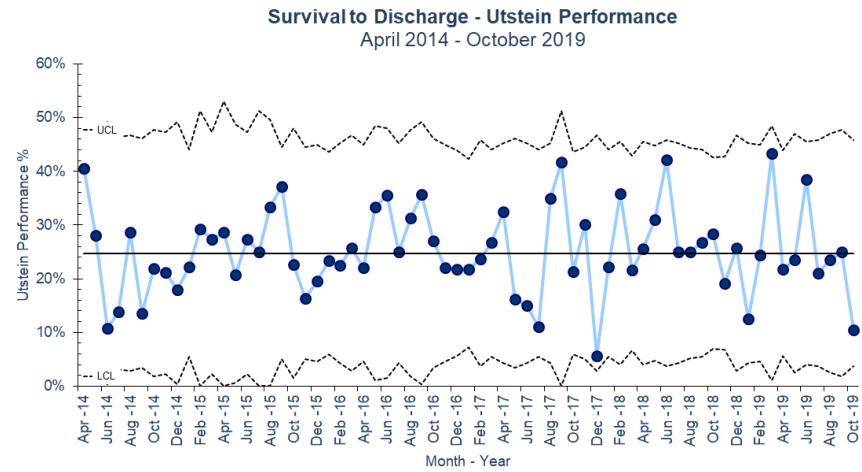


Figure E2.4



Care Bundles Cardiac and Stroke (SPC)

Figure E2.5

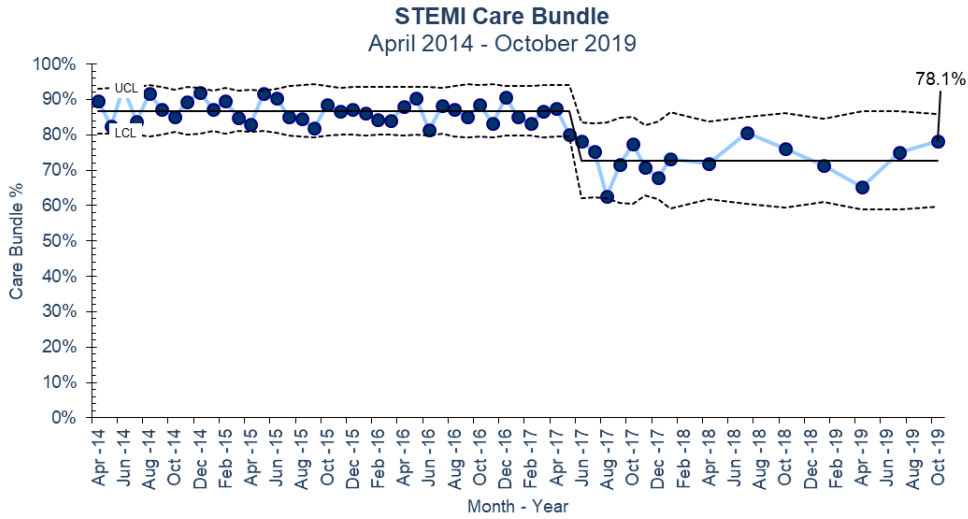
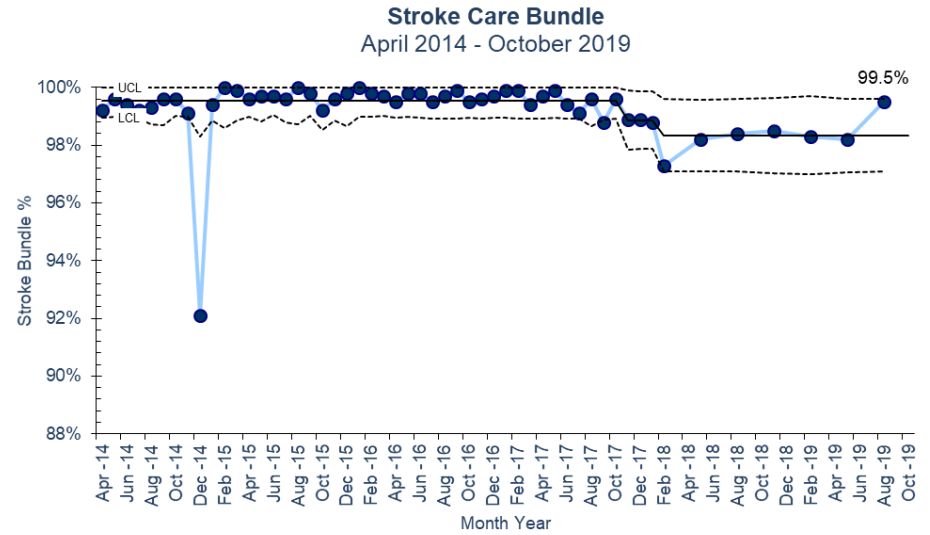


Figure E2.6

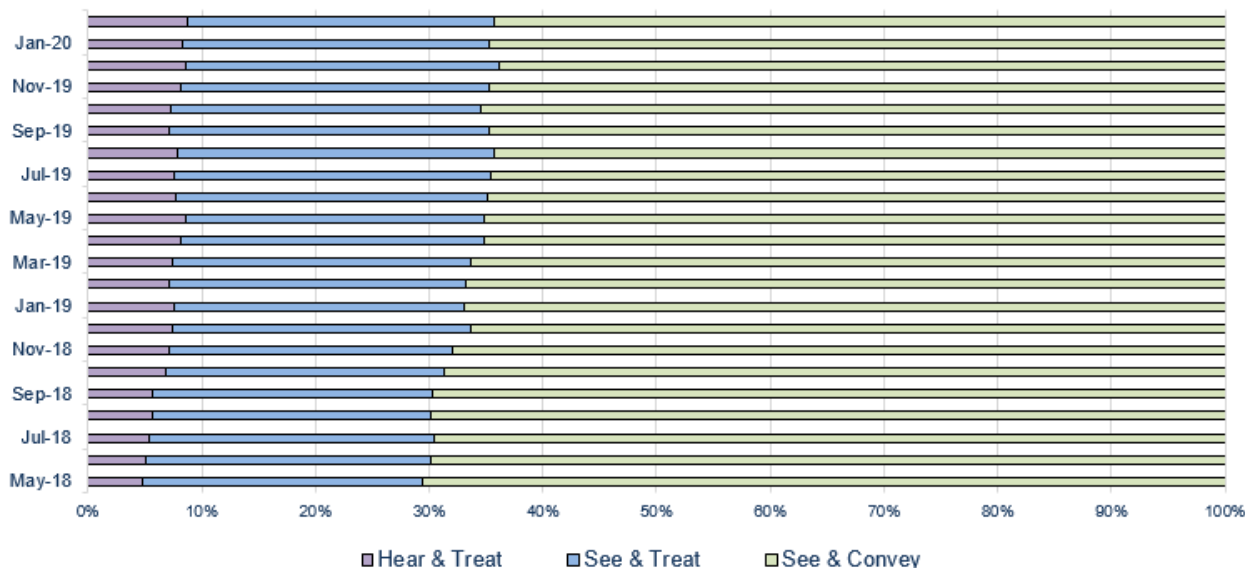


N.B. Stroke CB data now published nationally 1 month in 3: February, May, August and November (data produced internally on monthly basis).
STEMI CB now published nationally 1 month in 3: January, April, July and October (data produced internally on monthly basis).

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

Figure E3.1

Outcomes of Incidents
May 2018 - February 2020



Page 118

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 %
Mar-19	7,349	7.4%	25,936	26.2%	65,672	66.4%
Apr-19	8,120	8.2%	26,244	26.6%	64,455	65.2%
May-19	8,741	8.7%	26,394	26.1%	65,844	65.2%
Jun-19	7,503	7.7%	26,554	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%	27,280	27.9%	62,729	64.2%
Sep-19	6,782	7.1%	26,711	28.1%	61,423	64.7%
Oct-19	7,249	7.3%	26,863	27.2%	64,792	65.5%
Nov-19	8,101	8.1%	27,031	27.2%	64,357	64.7%
Dec-19	9,064	8.6%	28,779	27.5%	66,966	63.9%
Jan-20	8,170	8.3%	26,612	27.0%	63,873	64.7%
Feb-20	7,867	8.8%	24,033	26.9%	57,381	64.3%

Outcomes

We have seen an overall decrease in activity of 9000 incidents in February, with the percentage breakdown of categories remaining fairly static. We have seen an increase in H&T of 0.5% and S&T has maintained within 0.1% of the previous month. These factors combined have led to an overall reduction in conveyance of 0.4% on the previous month. H&T continues to increase with YTD date figures of 8.03% and S&T has seen a slight dip on previous months at 27.24%. The continued success of H&T is undoubtedly effecting the S&T figures with all three areas seeing increases in H&T and GM at 10.50% for February. There are continued efforts across the Trust to increase S&T referral options and S&T progress will continue to be monitored to ensure that performance goals are achieved across NWAS.

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 67% to 64.27 % over the past 12 months.

Hear & Treat Performance for February 2020 was 8.81 % and the number of incidents with no face to face response being 7867. This is a 1.68% increase in performance in comparison to February 2019 and is the highest H&T Performance over the last 12 months.

1485 more patients this February received a H&T outcome which better met their needs and saved valuable resource for our sickest patients.

Figure E3.2

NWAS | February 2020
Incidents resulting in a Hear and Treat Outcome by CCG

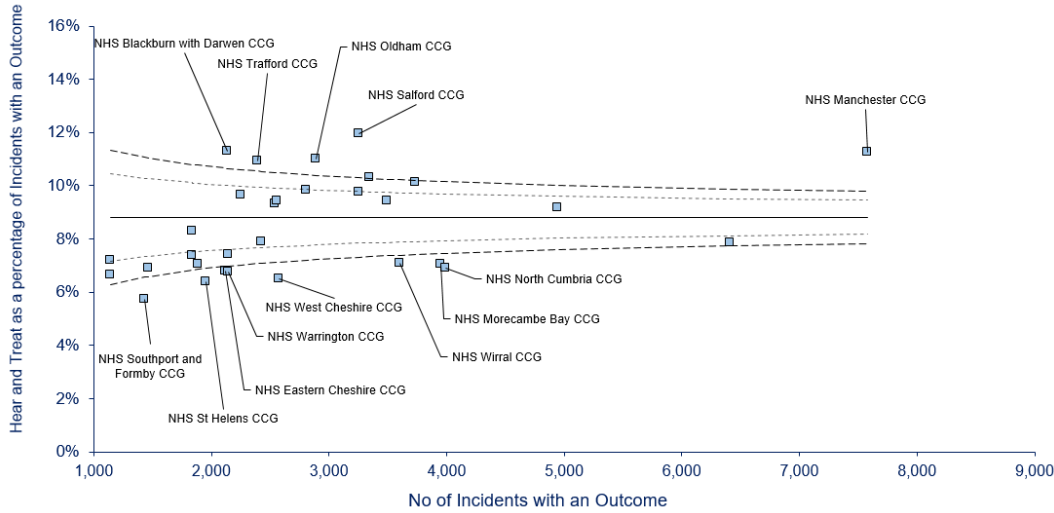
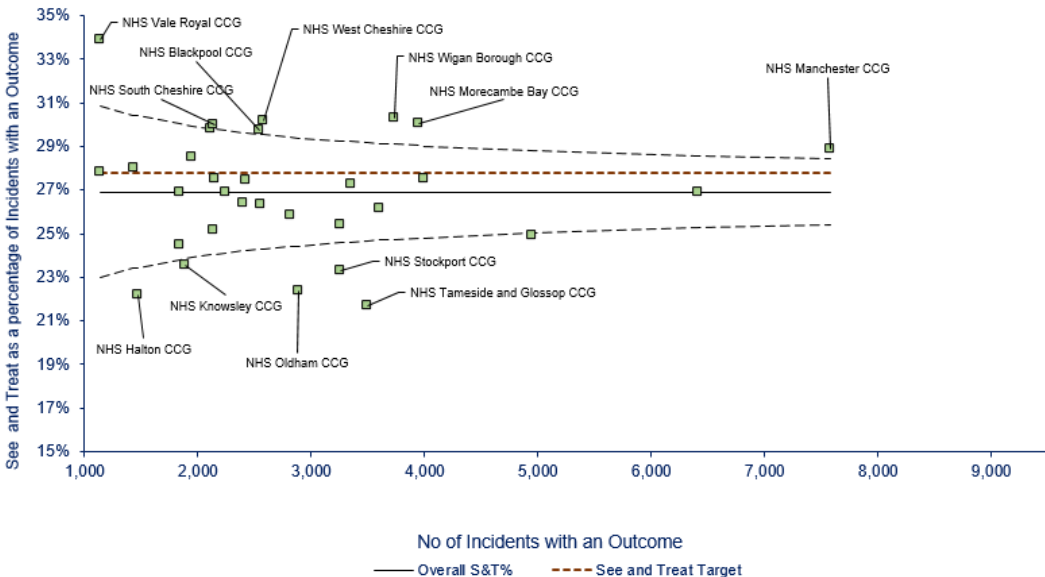


Figure E3.3

NWAS | February 2020
Incidents resulting in a See and Treat Outcome by CCG



Page 119

GM CAS was reintroduced on 6th November with 8 CCGs, Salford CCG commenced 11th Nov and Wigan CCG on 20th Nov. This has positively impacted on H&T Performance. Following engagement with GM CAS Providers and GMHSCP we have seen a reduction in downtime for February however this is still an area of focus and hope to see further improvements in March. We have seen an increase on the numbers being passed to GM CAS month on month.

Crew advice calls into Clinical Hub have risen by 468% since its inception, this valuable functions supports crews on scene, Crews can call in for specialist advice from the Clinical Hubs Multi-Disciplinary Team and obtain MTS triage to enable onward referral pathways for non-paramedic crews. This has a positive impact on S&T Performance. Due to the rise in demand it has resulted in Clinical Hub Clinicians being deflected from H&T duties to Crew Advice calls.

Actions have been put in place to mitigate the impact on H&T and with the support of Operational Heads of Service training is being rolled out to SPTLS to deliver this function.

Figure E3.4

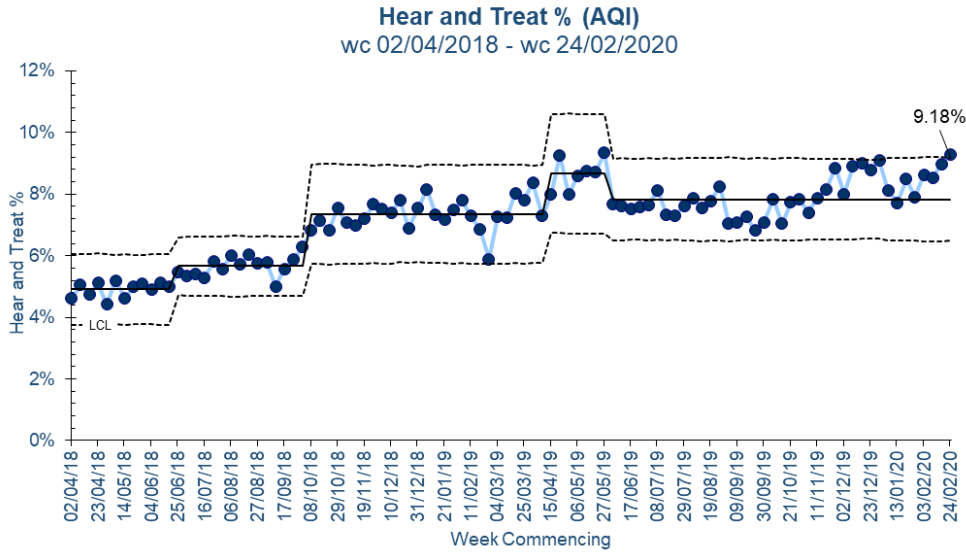
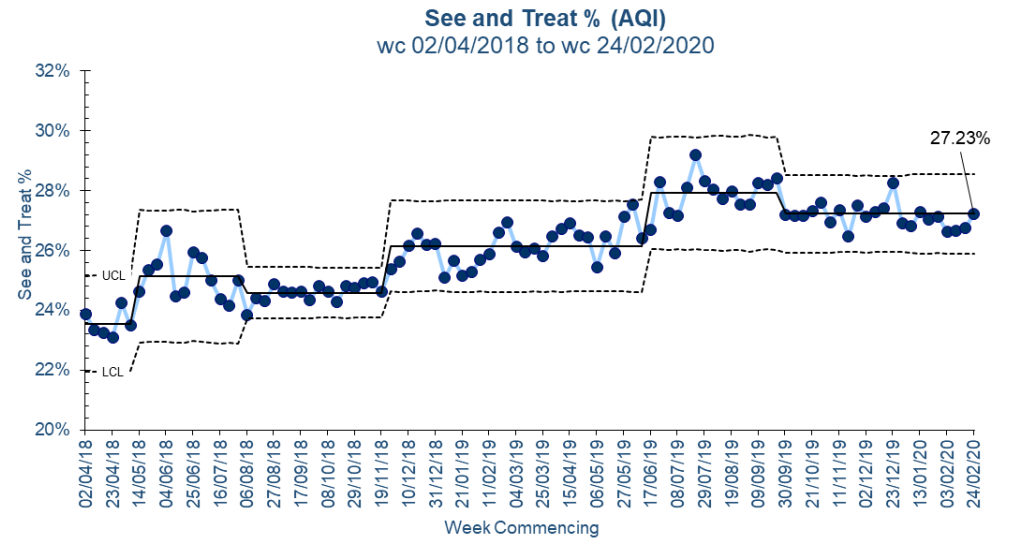
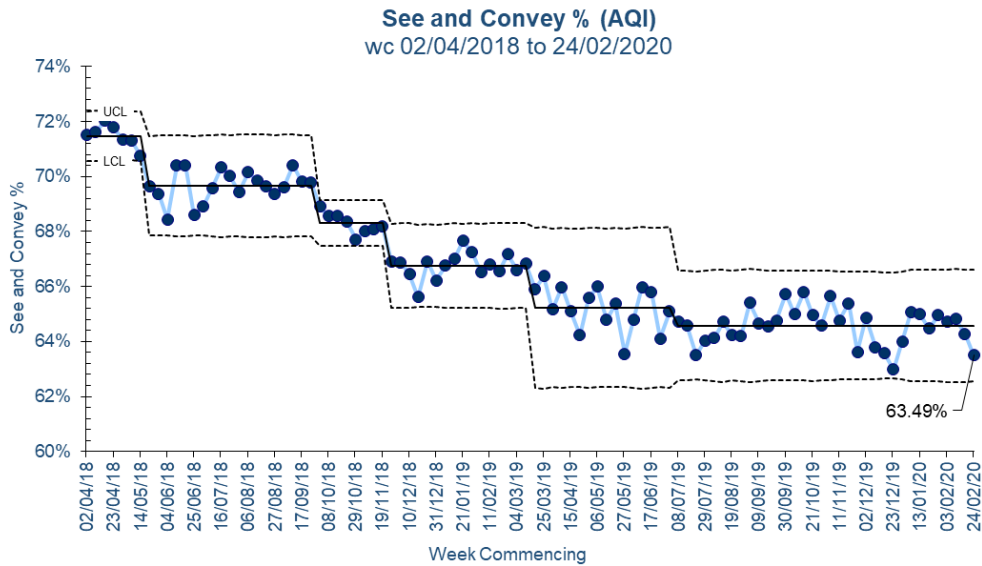


Figure E3.5



Page 120

Figure E3.6



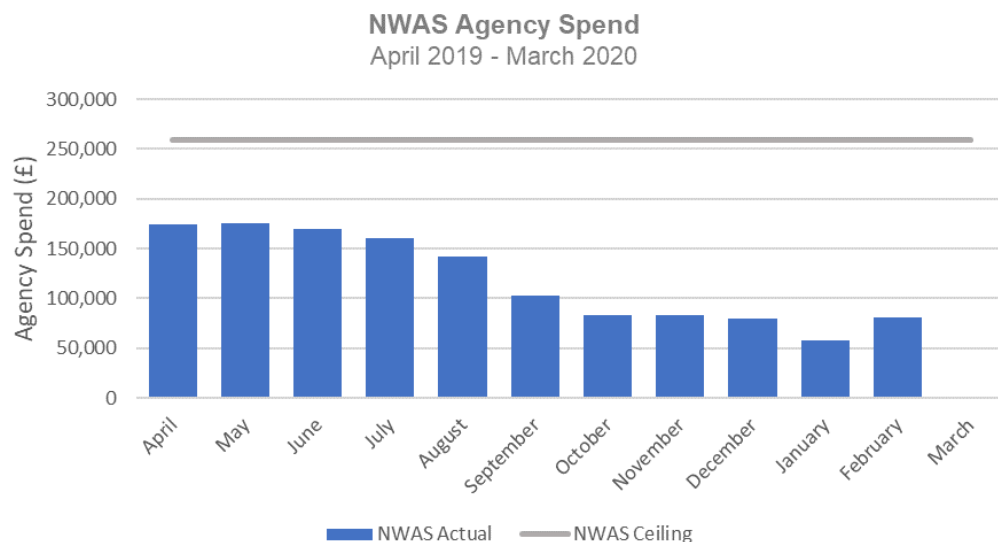
F1 FINANCIAL SCORE

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
Control total rating	1	1	0.2
Agency	1	1	0.2
Overall Unrounded	1.2	1.2	
Rounded Score before override	1.2	1.2	
OVERALL SCORE AFTER OVERRIDE (Triggered if any of the score are 4)	1	1	

Page 121

Figure F1.1



Finance Position – December 2019

Month 11 Finance Position:

The position for the Trust at Month 11 is a surplus of £2.527m, which is £0.164m better than the planned surplus of £2.363m. Income is over recovered by £3.676m, pay is overspent by £3.178m and non-pay is overspent by £0.334m.

Agency Expenditure

The year to date expenditure on agency is £1.308m which is £1.541m below the year to date ceiling of £2.850m equivalent to 54% 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

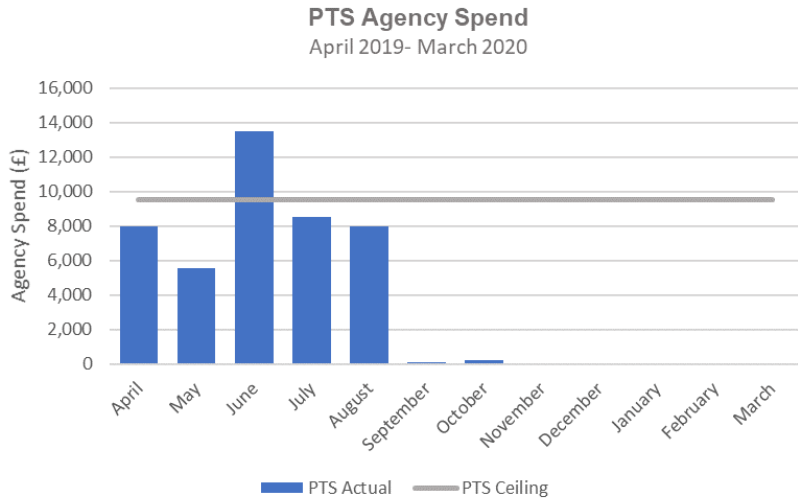


Figure F1.3

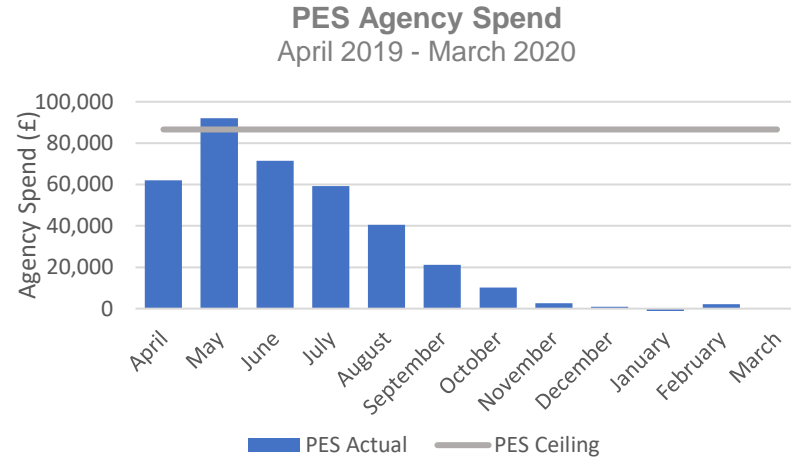


Figure F1.4

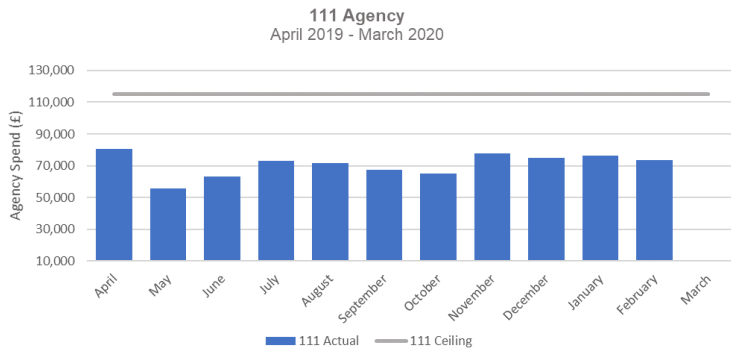
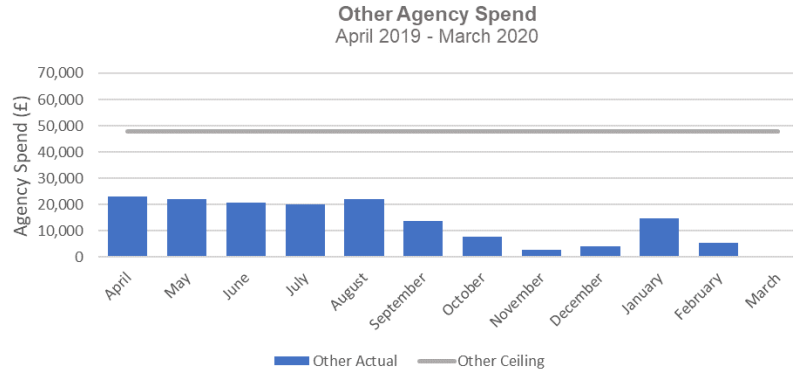


Figure F1.5



O1 CALL PICK UP

Figure O1.1:

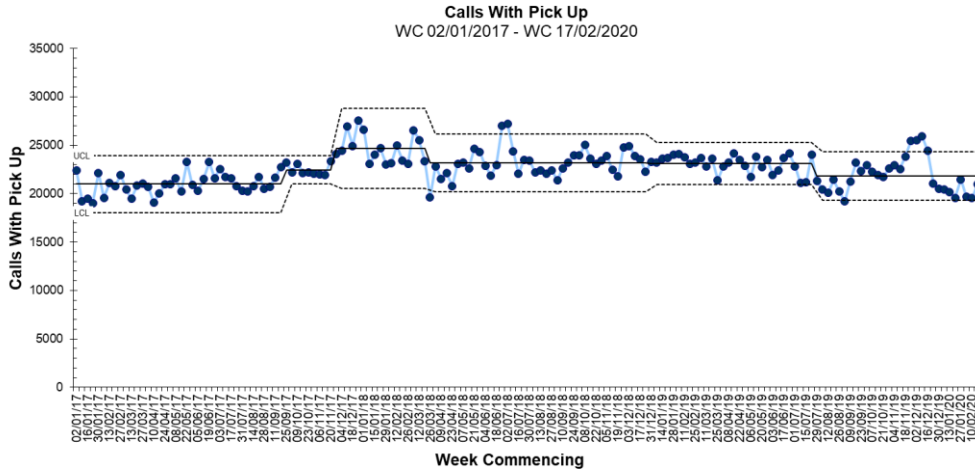
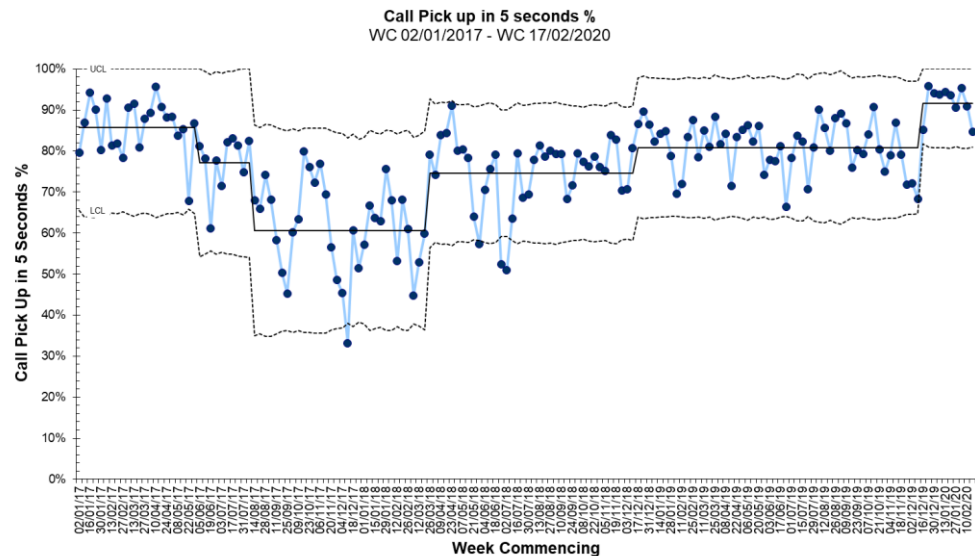


Figure O1.2:



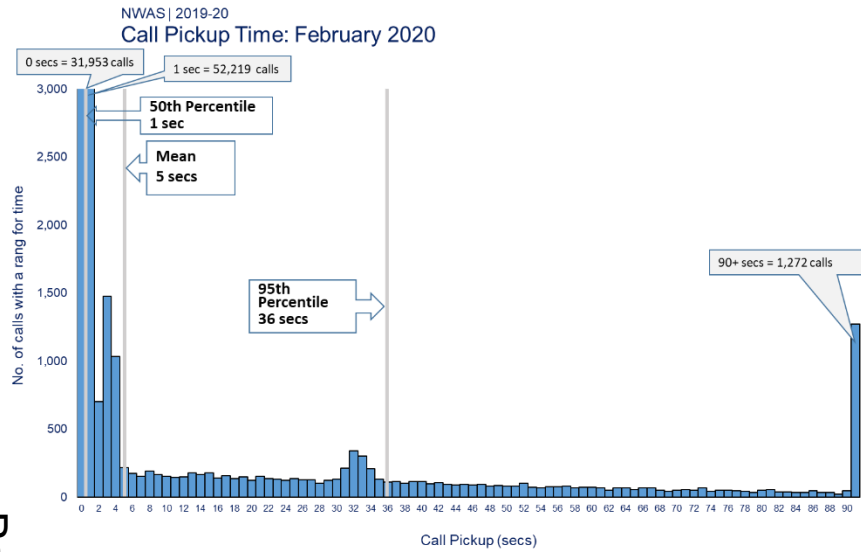
Call Pick Up

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:

Call pick up performance has maintained a high level of consistency and performance through February. Mean and centile performance is significantly better than the year to date position. This is due to a number of factors. The EMD workforce is fully established, this provides the right level of call handling resource. In addition call length has reduced across all three controls and the variation across the three controls has improved. The number of duplicate calls has reduced from the peak volumes experienced in November and December. This reduction in duplicates and call activity is reflected in the special cause variation in figure O1.1.

Figure O1.3: Source - CAD calls



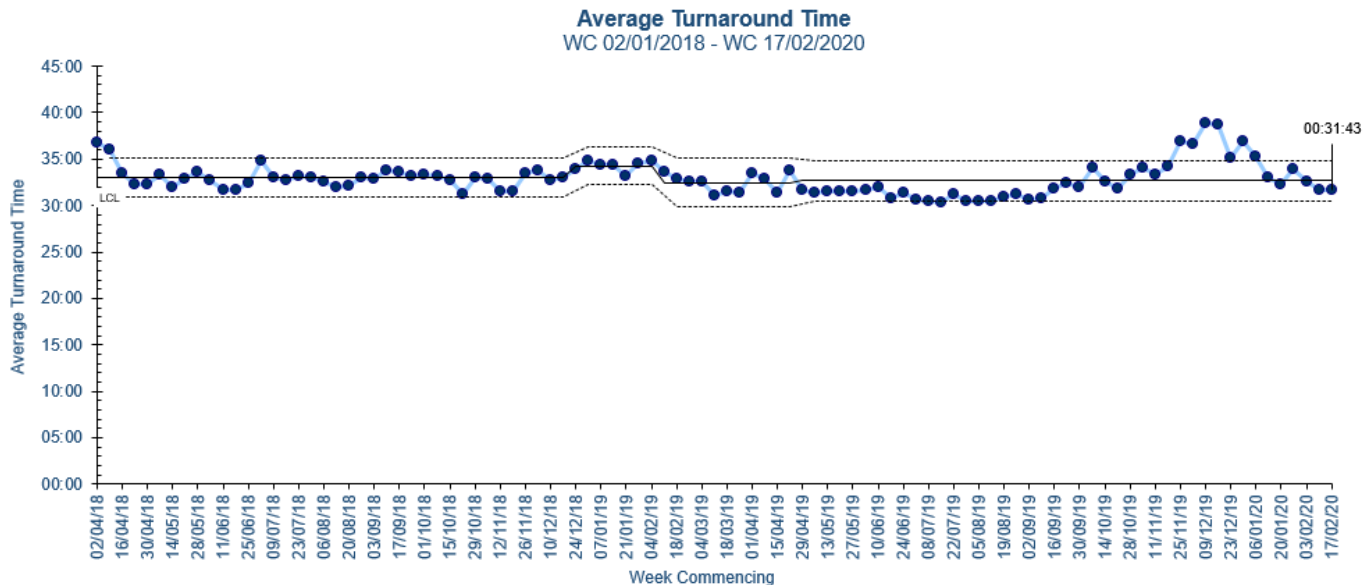
Page 124

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
Mar-19	125,183	100,378	717,376	7	1	60	139
Apr-19	126,070	100,133	967,044	10	1	66	127
May-19	127,228	100,285	700,370	7	1	51	109
Jun-19	127,636	103,571	1,423,103	14	1	85	141
Jul-19	133,978	111,732	1,328,299	12	1	76	126
Aug-19	129,170	106,821	962,210	9	1	62	120
Sep-19	126,328	104,445	1,153,070	11	1	70	130
Oct-19	134,676	120,721	1,120,257	9	1	64	120
Nov-19	140,609	126,698	1,583,850	13	1	78	127
Dec-19	146,720	130,786	1,548,068	12	1	76	124
Jan-20	125,079	103,307	471,336	5	1	19	87
Feb-20	117,409	98,259	531,953	5	1	36	96

O2 A&E TURNAROUND

Figure O2.1



Page 125

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]
Mar - 19	59,342	31:48	20:15	11:20
Apr - 19	58,214	32:55	21:25	11:13
May - 19	59,274	31:25	19:55	11:14
Jun - 19	56,635	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
Sep - 19	55,724	31:31	20:13	11:09
Oct - 19	58,933	32:34	21:31	11:03
Nov - 19	57,735	34:39	23:39	10:48
Dec - 19	61,304	37:22	26:42	10:42
Jan - 20	58,150	34:08	23:12	10:53
Feb - 20	52,392	32:08	20:51	11:07

A&E Turnaround Times

The average turnaround for February 2020 was 32 minutes 08 seconds across the North West.

The 5 hospitals with the longest turnaround times during February 2020 were:

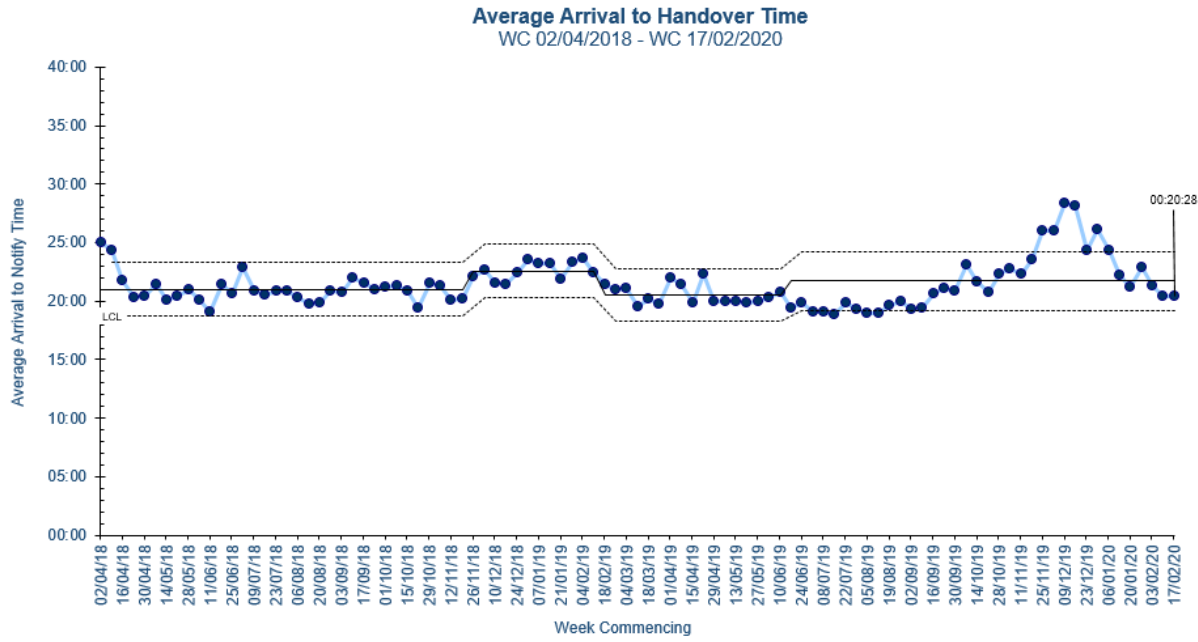
Stepping Hill	35:37
Whiston	35:35
Royal Oldham	35:10
Tameside General	35:05
Macclesfield General	34:42

A two minute improve experienced in February when compared to January. This improvement was delivered in the hospital element of the handover time, however this element at 20:08 still exceeds the 15 minute target.

The handover times are now back within the control limits.

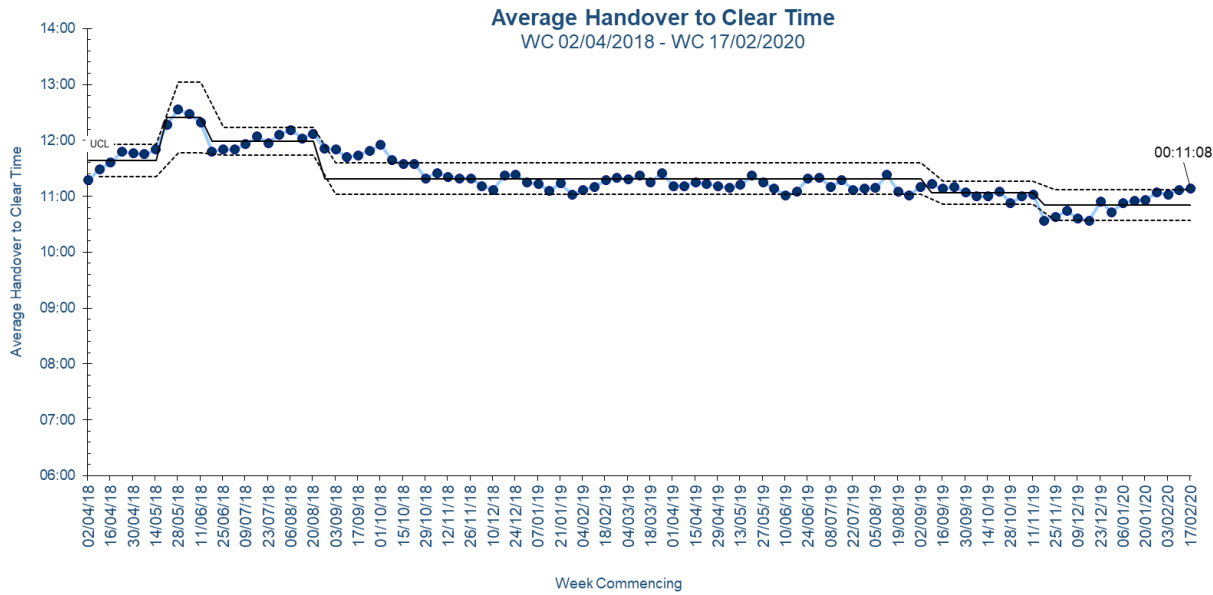
In November and December we did see special cause variation which was more severe than we experienced in previous winter periods. This variation was caused by the increase in activity we experience over the winter and festive periods.

Figure O2.2



Page 126

Figure O2.3



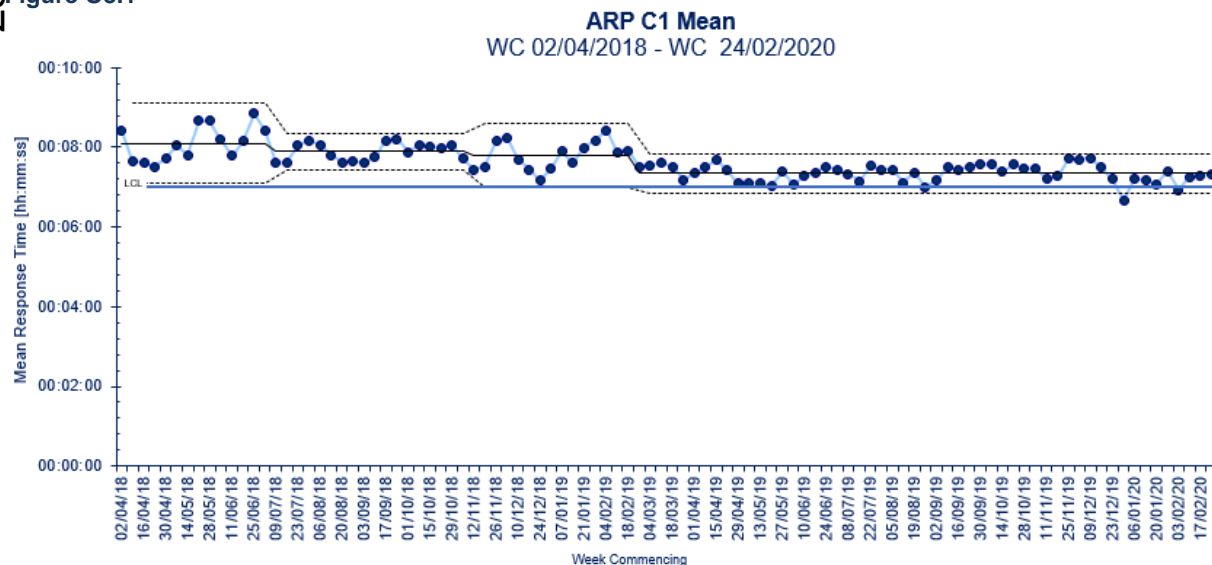
O3 ARP RESPONSE TIMES

Table O3.1 - Incidents with a response

Month/Yr	C1	C2	C3	C4
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
Sep-19	9,870	49,579	20,051	3,870
Oct-19	10,615	52,552	17,951	2,854
Nov-19	10,787	53,795	15,992	3,438
Dec-19	11,276	57,593	14,551	4,738
Jan-20	9,803	52,929	14,070	5,244
Feb-20	8,879	47,867	12,456	4,360

Page 127

Figure O3.1



Activity

C1 Performance

C1 Mean

Target: 7 minutes

NWAS

February 20: 7:14

YTD: 7:21

National:

February 20: 7:19

Top three trusts:

North East 6:21

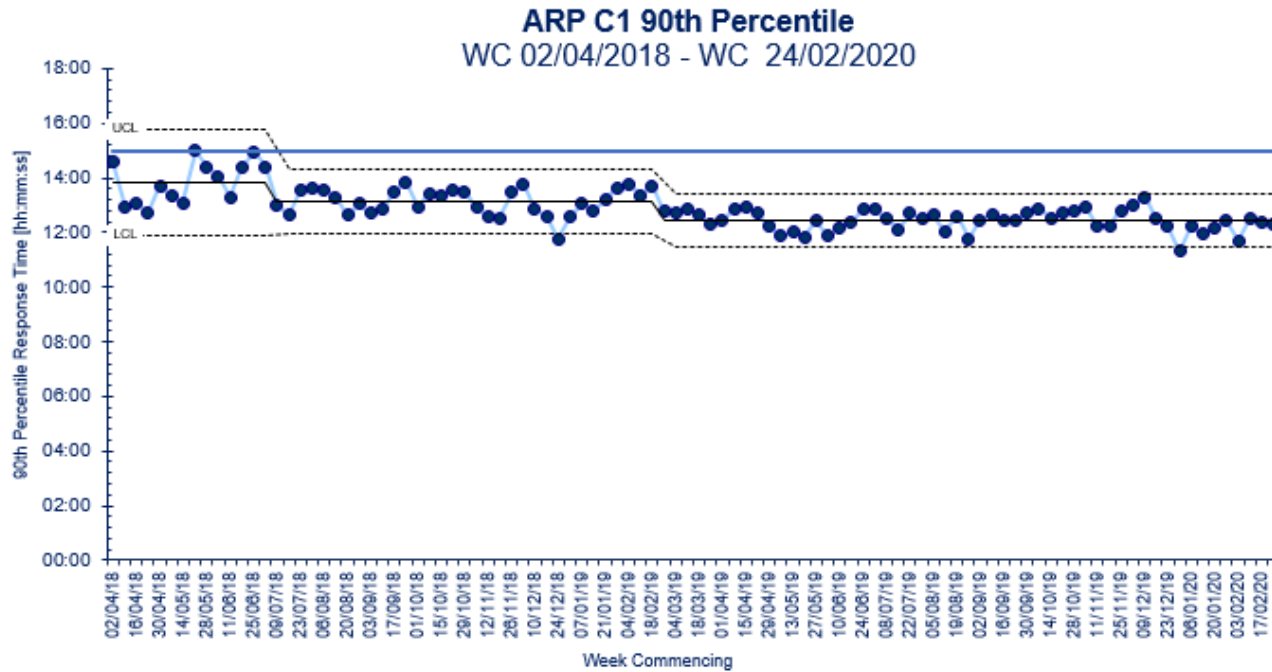
London 6:48

South Western 6:57

NWAS Position 6 / 10

NWAS maintained its strong performance on C1 mean and 90th Centile. C1 mean is very close to being achieved and C1 90th has been consistently achieved throughout the year.

Figure O3.2



C1 90th Percentile

Target: 15 Minutes

NWAS

February 20: 12:18

YTD: 12:26

National:

February 20: 12:53

Top three trusts:

North East 10:44

London 11:16

North West 12:18

NWAS Position 3 / 10

C2 Performance

C2 Mean

Target: 18 minutes

NWAS:

February 20: 24:24

YTD: 24:56

National:

February 20: 22:07

Top three trusts:

West Midlands 13:06

South Central 18:00

Yorkshire 18:49

NWAS Position 7 / 10

Figure O3.3

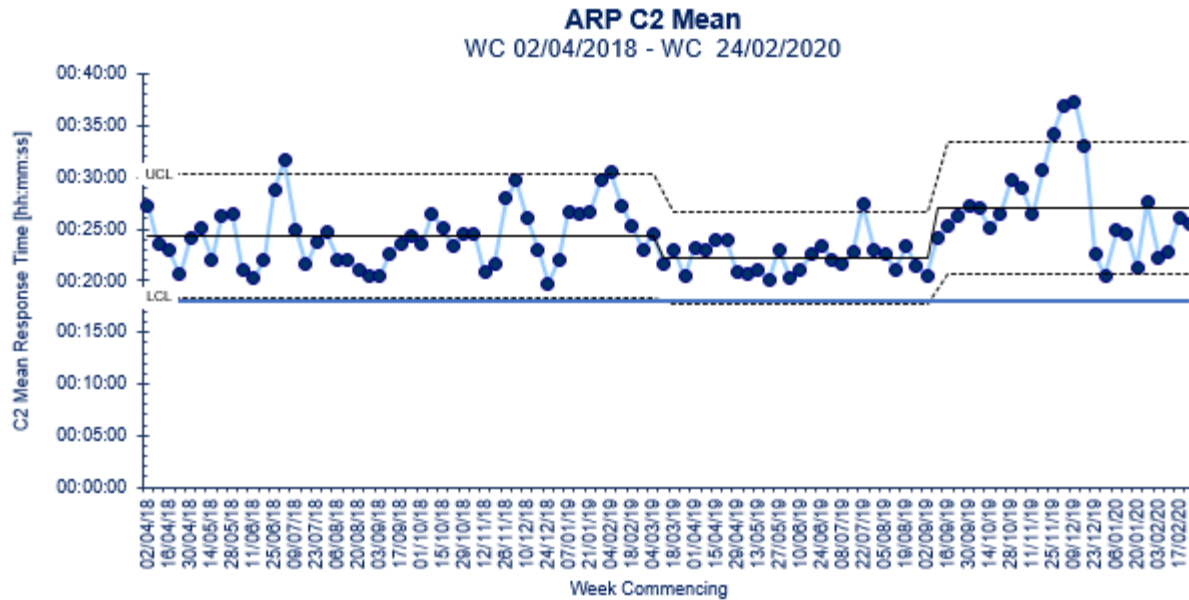
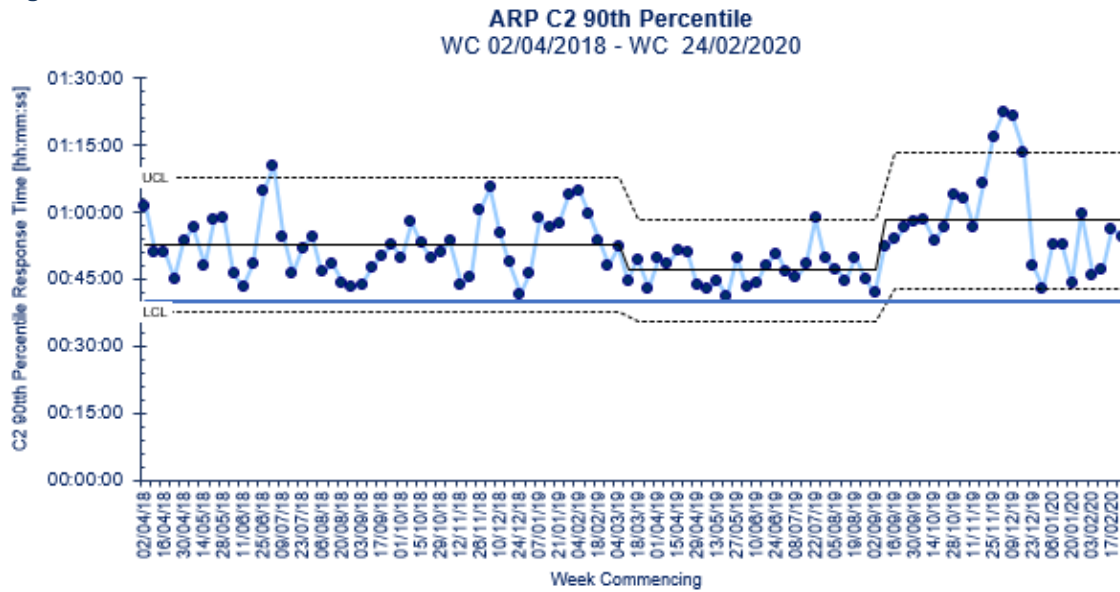


Figure O3.4



C2 90th Percentile

Target: 40 Minutes

NWAS

February 20: 51:50

YTD: 53:45

National:

February 20: 45:07

Top three trusts:

West Midlands 24:03

South Central 36:16

South East Coast 36:29

NWAS Position 7 / 10

C2 mean and C2 90th centile performance have now returned back to being within the the normal variation between the upper and lower control limits. This follows a period of special cause variation which we experienced over the festive period.

C3 Performance

Both C3 mean and 90th Centile performance remain a concern. Whilst there has been some improvement NWAS is the most challenged Trust in the country. On examination the underlying problem is predominantly within Greater Manchester. A task and finish group has been established to investigate and find solutions to the problems that are hindering performance against that standard. The group have been given a short deadline to deliver an action plan.

Page 129
Figure O3.5

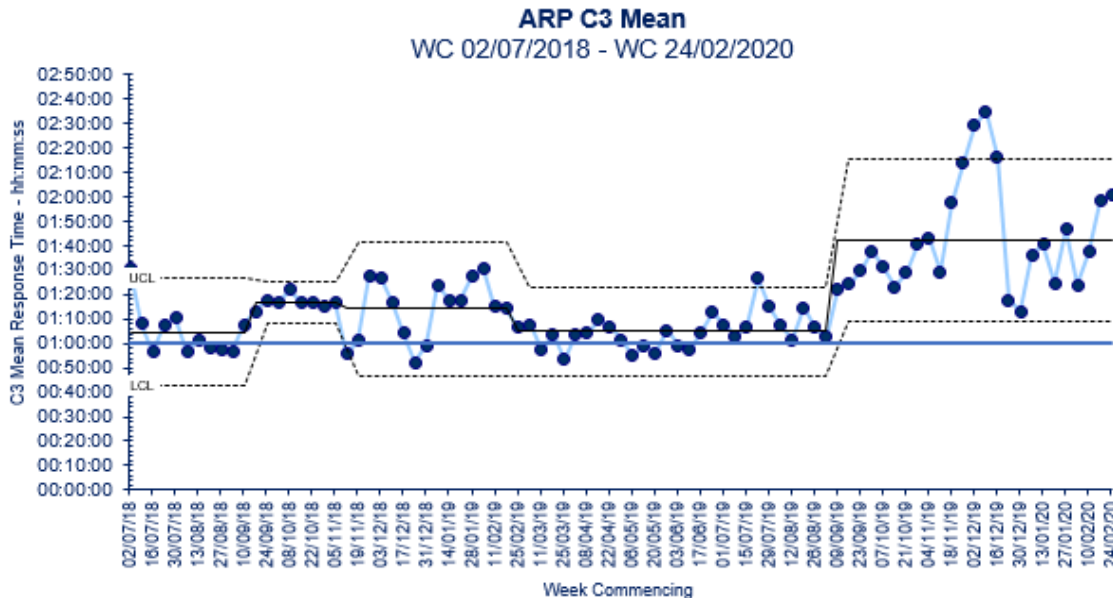


Figure O3.6

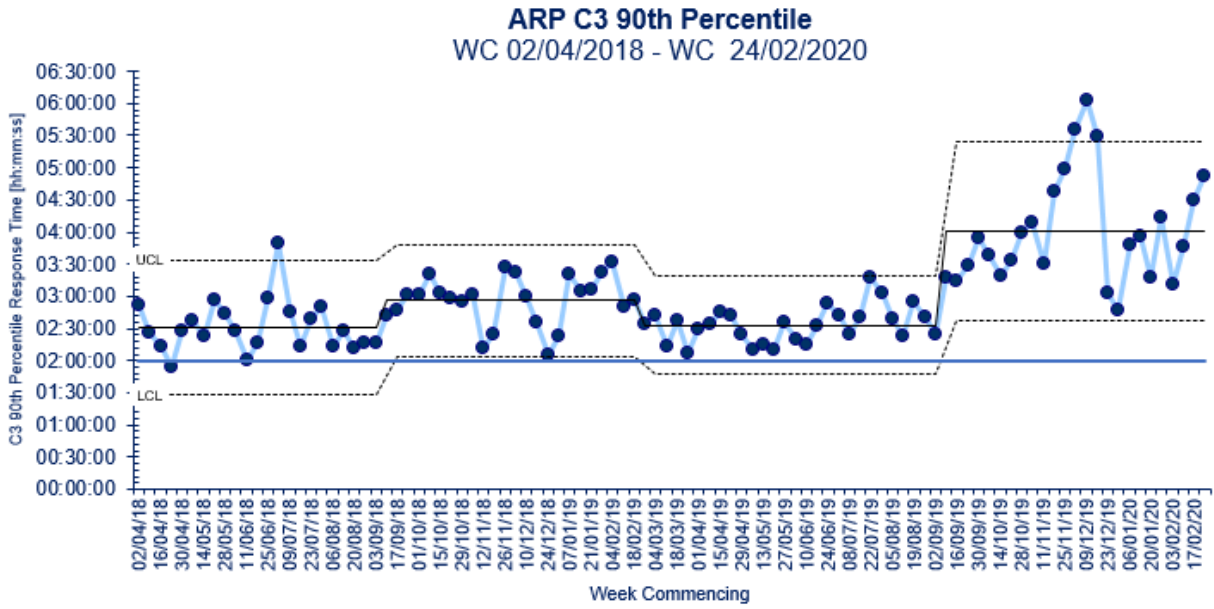
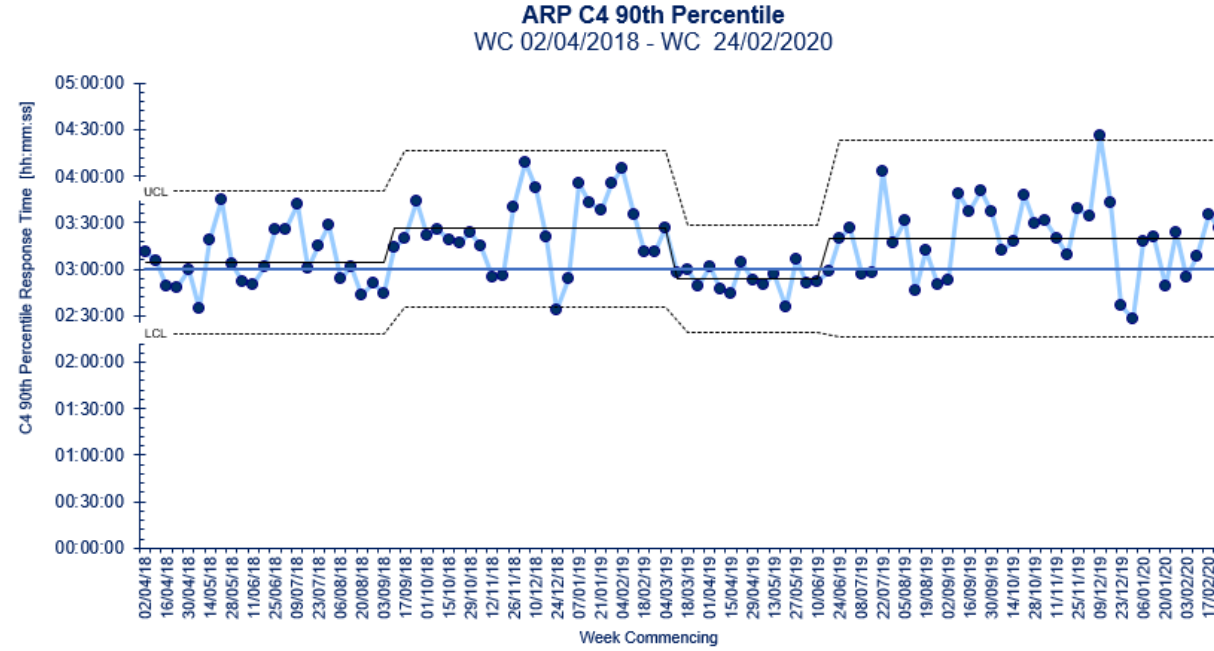


Figure O3.7



C3 90th Percentile

Target: 2 Hours

NWAS

February 20: 03:36:03

YTD: 03:05:00

National

February 20: 02:37:12

Top three trusts:

West Midlands 01:32:27

Yorkshire 01:45:20

South Central 02:11:36

NWAS Position 10 / 10

C4 Performance

C4 90th Percentile

Target: 3 Hours

NWAS

February 20: 03:17:07

YTD: 03:12:06

National

February 20: 03:49:09

Top three trusts:

West Midlands 02:12:12

Yorkshire 02:19:03

North East 02:19:47

NWAS Position 5 / 10

C4 performance has maintained within the control limits.

Figure O3.8

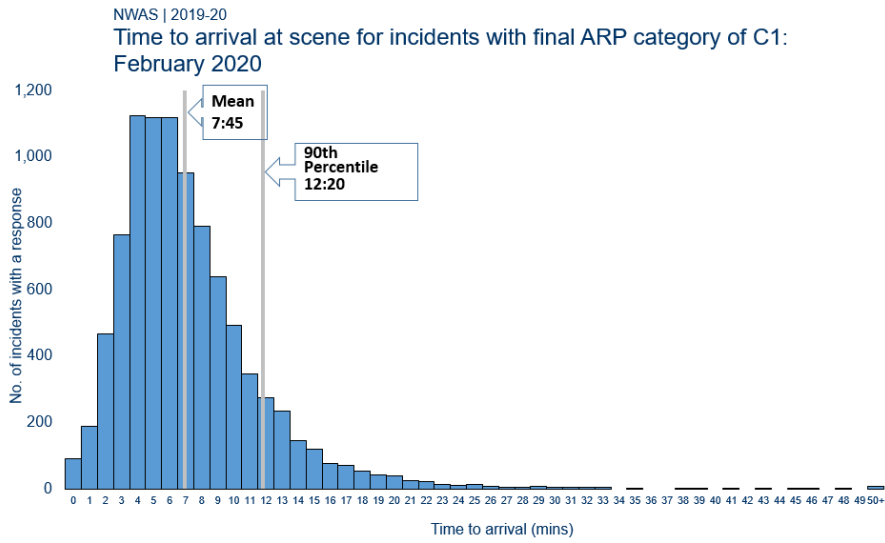


Figure O3.9

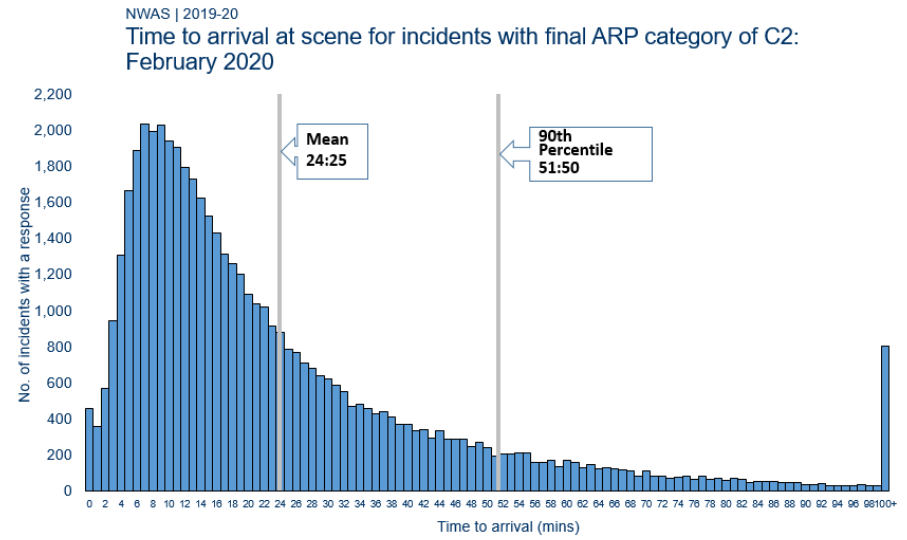


Figure O3.10

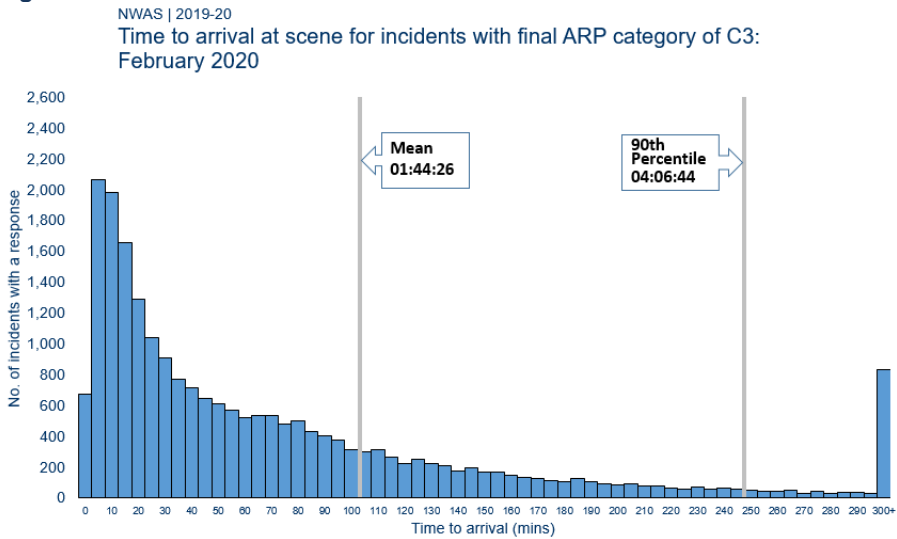
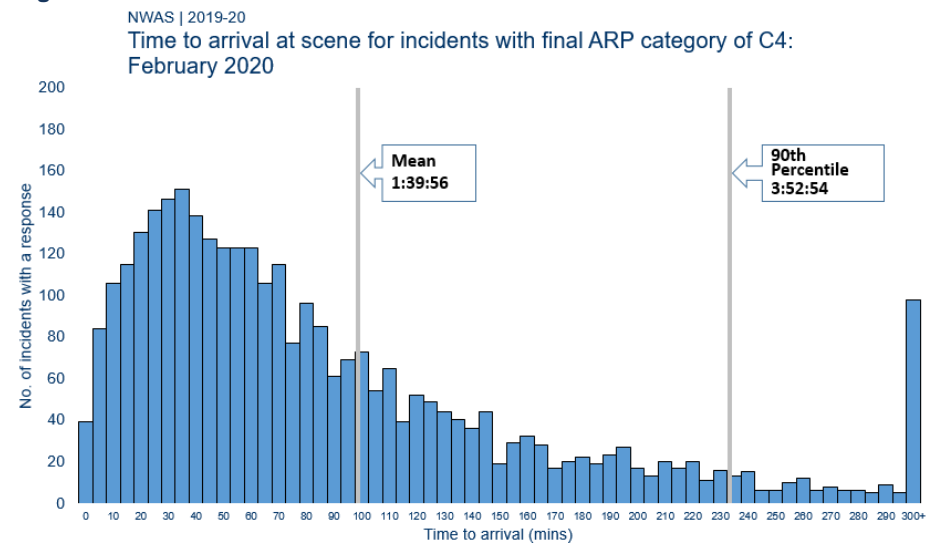


Figure O3.11



O4 111 PERFORMANCE

Figure O4.1:

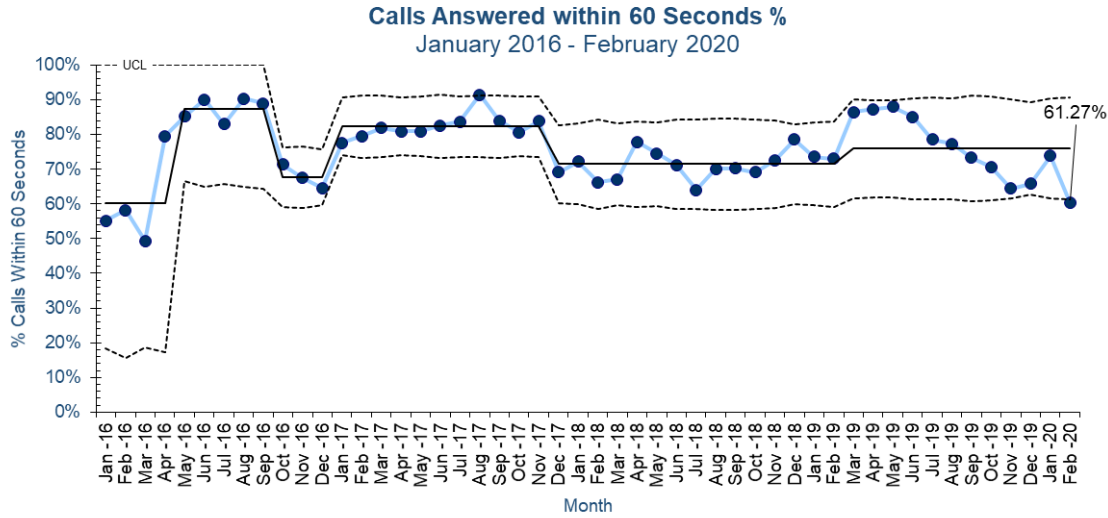
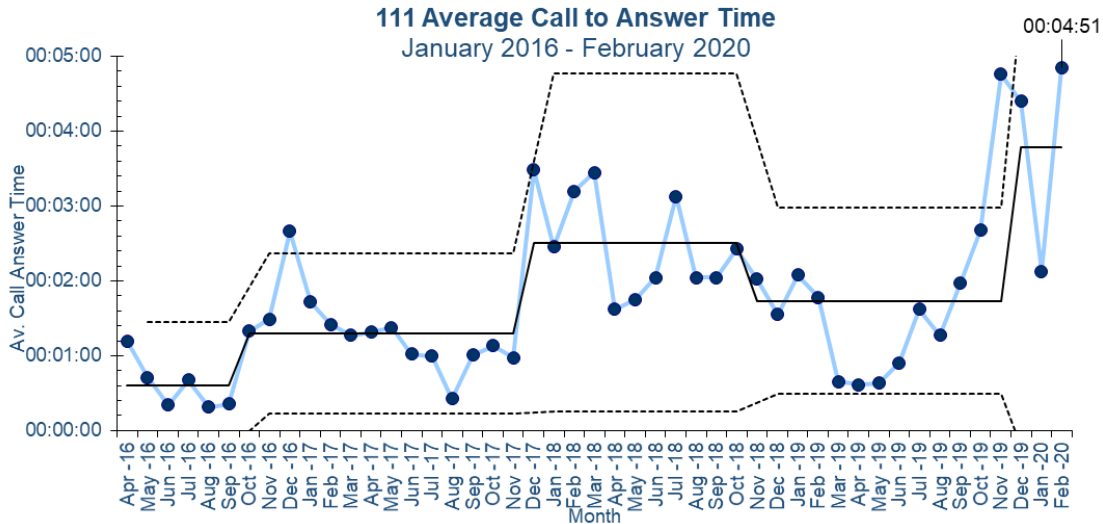


Figure O4.2:



111 Performance

Calls Answered within 60 seconds %

Target: 95%

NWAS

February 20: 60.39%

YTD: 74.97%

National

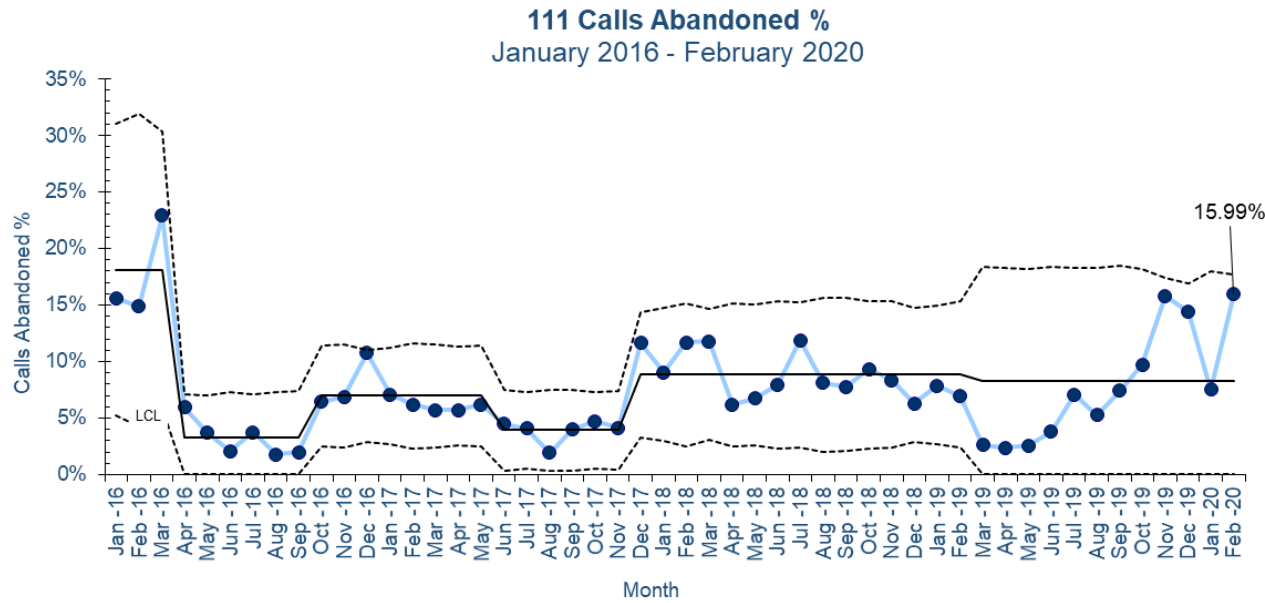
February 20: 81.4%

Calls answered within 60 seconds sits at 61.27% in February 2020, with a year to date figure of 74.97%, against a target of 95%. Whereas the call backs in under 10 minutes percentage is 13.09%, against a target of 75%.

With the onset of the Covid-19 outbreak, nationally all 111 providers have experienced unprecedented levels of demand.

All performance metrics have not been achieved not only due to the overall demand, but also to the timing of the demand. The peak call demand during this time has occurred between 09:30 and 10:30.

Figure O4.3:



Calls Abandoned %

Target: <5%

NWAS

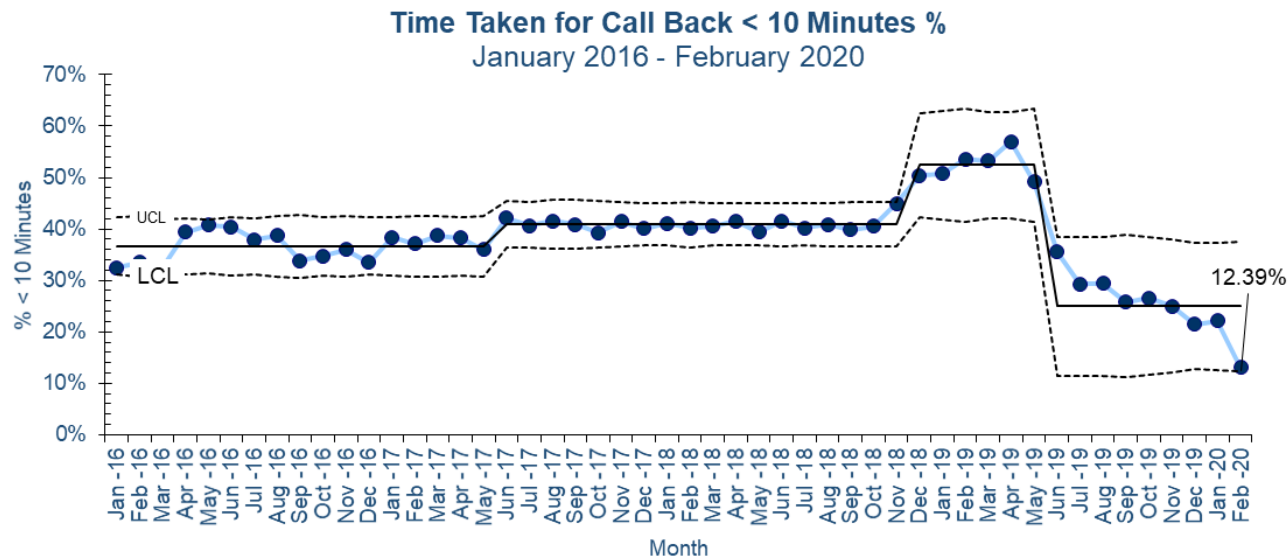
February 20: 15.99%

YTD: 8.75%

National

February 20: 4.2%

Figure O4.4:



Call Back < 10 Minutes %

Target: 75%

NWAS

February 20: 13.09%

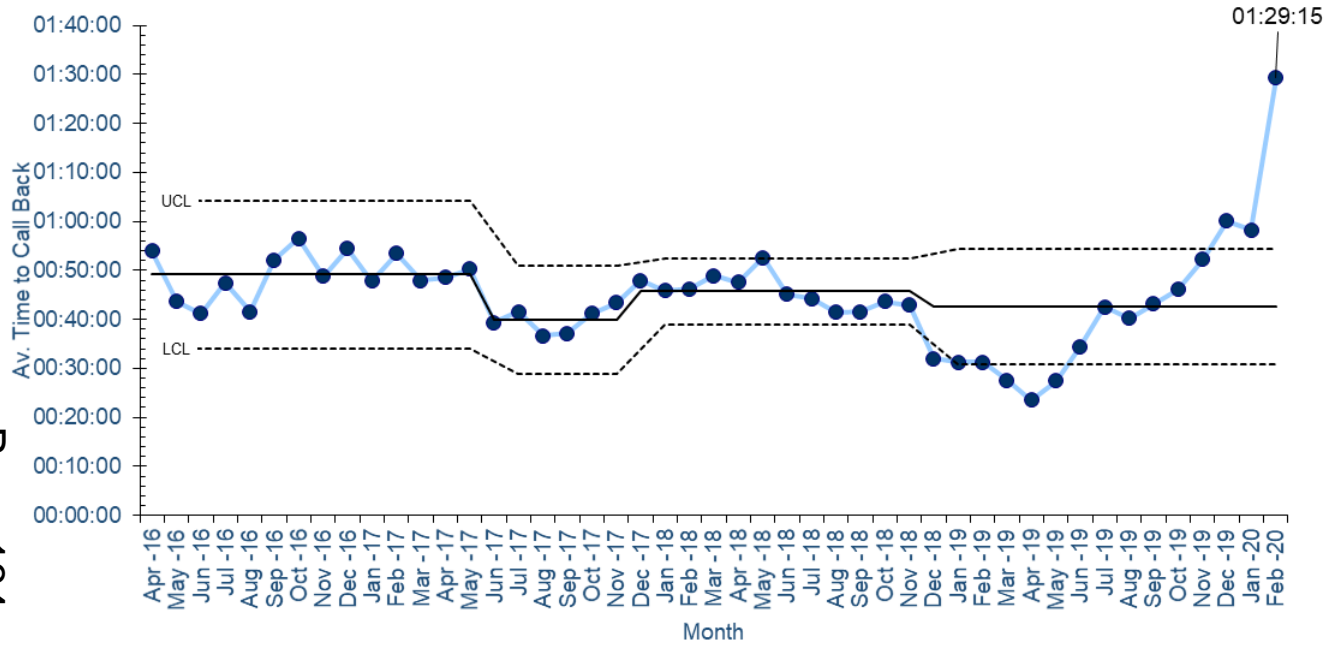
YTD: 31.33%

National

February 20: 31.5%

Figure O4.5:

111 Average Time for Call Back January 2016 to February 2020



111 Provider Comparison Figures – February 2020

Table O4.1

Provider	Of calls offered, abandoned after at least 30 seconds
West Midlands Ambulance Service	0.1%
South Central Ambulance Service	0.4%
Integrated Care 24	0.6%
Derbyshire Health United	0.7%
Yorkshire Ambulance Service	0.8%
London Ambulance Service	1.7%
South East Coast Ambulance Service	1.9%
Kernow Health	2.5%
Vocare	2.7%
Medvivo	2.7%
Herts Urgent Care	3.1%
London Central & West Unscheduled Care Collaborative	3.9%
Care UK	4.8%
Isle of Wight NHS Trust	4.8%
North East Ambulance Service	4.9%
Dorset Healthcare	5.7%
North West Ambulance Service	7.5%
Devon Doctors Ltd.	17.7%

Table O4.2

Provider	Of calls answered, calls answered in 60 seconds
Devon Doctors Ltd.	97.9%
Derbyshire Health United	97.7%
Care UK	95.5%
South East Coast Ambulance Service	93.5%
Integrated Care 24	90.7%
London Central & West Unscheduled Care Collaborative	90.4%
West Midlands Ambulance Service	89.3%
North West Ambulance Service	87.0%
Herts Urgent Care	86.3%
Medvivo	86.3%
North East Ambulance Service	84.1%
Kernow Health	83.2%
Yorkshire Ambulance Service	82.1%
Vocare	80.5%
South Central Ambulance Service	73.9%
Isle of Wight NHS Trust	73.1%
Dorset Healthcare	61.3%
London Ambulance Service	60.5%

Table O4.3

Provider	Of call backs, call backs in 10 minutes	Provider	Of call backs, call backs in 10 minutes
Kernow Health	35.4%	Isle of Wight NHS Trust	6.4%
South Central Ambulance Service	21.7%	London Ambulance Service	5.9%
Dorset Healthcare	18.5%	London Central & West Unscheduled Care Collaborative	3.2%
Integrated Care 24	18.4%	Devon Doctors Ltd.	3.0%
Herts Urgent Care	13.0%	Derbyshire Health United	2.9%
North West Ambulance Service	10.5%	Yorkshire Ambulance Service	2.6%
South East Coast Ambulance Service	10.2%	Medvivo	1.5%
Care UK	9.2%	Vocare	0.9%
West Midlands Ambulance Service	6.4%	North East Ambulance Service	0.7%

Page 135

O5 PTS ACTIVITY AND TARIFF

Table O5.1

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY									
TOTAL ACTIVITY									
Current Month: February 2020					Year to Date: July 2019 - February 2020				
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	12,292	(1,732)	(12%)	112,193	106,744	(5,449)	(5%)
Greater Manchester	526,588	43,882	44,688	806	2%	351,059	364,517	13,458	4%
Lancashire	589,181	49,098	42,028	(7,070)	(14%)	392,787	352,379	(40,408)	(10%)
Merseyside	300,123	25,010	27,549	2,539	10%	200,082	223,480	23,398	12%
NWAS	1,584,182	132,015	126,557	(5,458)	(4%)	1,056,121	1,047,120	(9,001)	(1%)

Table O5.2

UNPLANNED ACTIVITY									
Current Month: February 2020					Year to Date: July 2019 - February 2020				
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	892	(355)	(28%)	9,979	7,531	(2,448)	(25%)
Greater Manchester	39,178	3,265	4,850	1,585	49%	26,119	40,548	14,429	55%
Lancashire	56,132	4,678	4,372	(306)	(7%)	37,421	35,688	(1,733)	(5%)
Merseyside	22,351	1,863	1,957	94	5%	14,901	15,578	677	5%
NWAS	132,630	11,053	12,071	1,019	9%	88,420	99,345	10,925	12%

Table O5.3

ABORTED ACTIVITY									
February 2020									
Contract	Planned Activity	Planned Aborts	Planned Aborts %	Unplanned Activity	Unplanned Aborts	Unplanned Aborts %	EPS Activity	EPS Aborts	EPS Aborts %
Cumbria	8,162	259	3%	884	66	7%	3,170	49	2%
Greater Manchester	23,336	2,040	9%	4,711	825	18%	16,148	1,108	7%
Lancashire	24,607	1,191	5%	4,282	549	13%	12,839	412	3%
Merseyside	13,911	769	6%	1,904	296	16%	11,476	435	4%
NWAS	70,016	4,259	6%	11,781	1,736	15%	43,633	2,004	5%

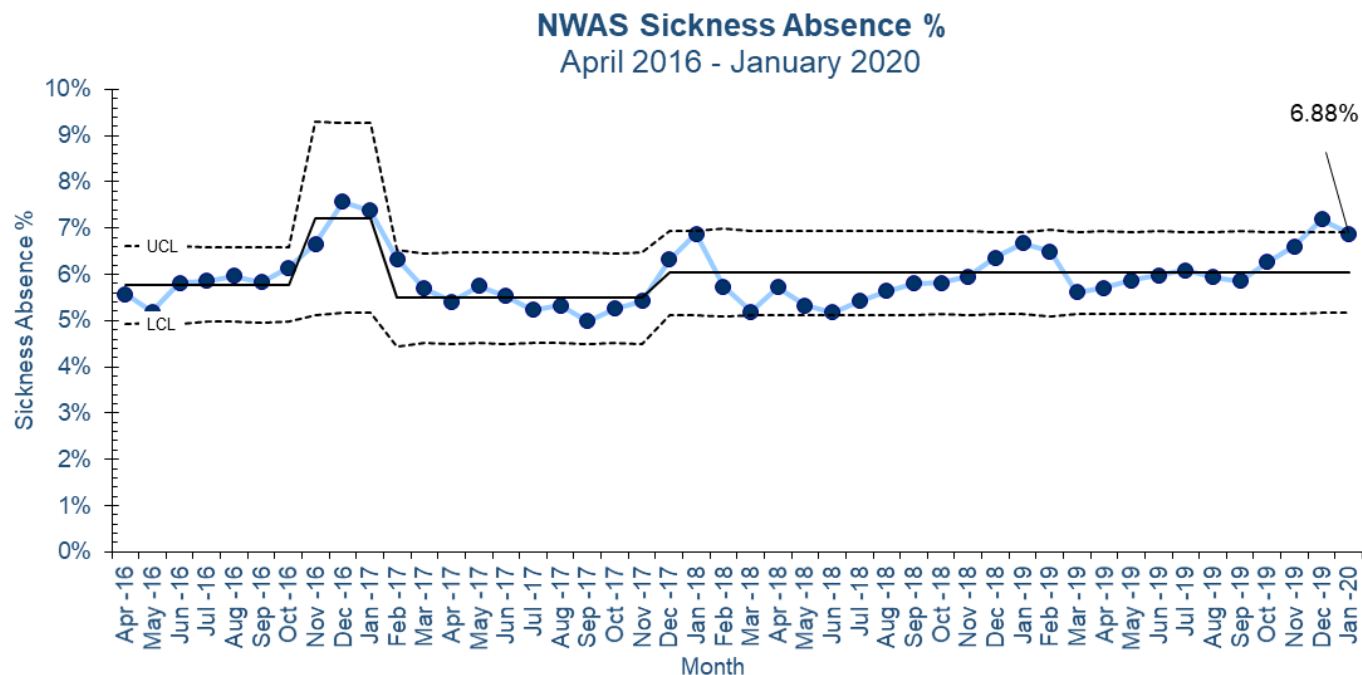
PTS Performance

Overall activity during February 2020 was 4% below contract baselines with Lancashire 14% below contract baselines, whilst Merseyside is operating at 10% (2539) Journeys above baseline. For the year to date position (July 2019 - February 2020) PTS is performing at -1% (-9001 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are operating at 5% and 10% below baseline whilst Greater Manchester and Merseyside are operating at 4% and 12% above baseline respectively. In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 55% (14429 journeys) and 5% (677 journeys) above baseline respectively. As unplanned activity is generally of a higher acuity requiring ambulance transportation, increased volumes in this area impact on resource availability leading to challenges in achieving contract KPI performance. Cumbria and Lancashire are -25% (-2448 journeys) and -5% (-1733 journeys) below baseline.

In terms of overall trend analysis, Greater Manchester has experienced upward activity movement for the 12 months up to around October 2018 where activity has plateaued. Lancashire has experienced a downward trend over the same period which is also plateauing whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity. Aborted activity for planned patients averaged 6% during February 2020 however Cumbria experiences 3%, Greater Manchester operates with 9% whilst Lancashire and Merseyside both experience 5% & 6% aborts respectively. There is a similar trend within EPS (renal and oncology) patients with an Trust average of 5% aborts whereas Cumbria has 2% and Greater Manchester 7% Lancashire and Merseyside operate with 3% and 4% respectively. Unplanned (on the day) activity experiences the largest percentages of aborts with an average 15% (1 in 6 patients) with variances of 7% in Cumbria, 18% in Greater Manchester, 13% in Lancashire and 16% Merseyside.

OH1 STAFF SICKNESS

Figure OH1.1



Page 137

Table OH1.1

Sickness Absence	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
NWS	6.50%	5.62%	5.72%	5.87%	5.99%	6.10%	5.94%	5.86%	6.27%	6.61%	7.19%	6.88%
Amb. National Average	5.77%	5.55%	5.52%	5.55%	5.50%	5.73%	5.78%	5.65%	5.85%			

Staff Sickness

The overall sickness absence rates for January 2020 (February dashboard) were 6.88% with figure OH1.1 displaying a slight decrease from the previous month. The position is slightly higher than the same time last year which was 6.68 % in January 2019. Pressure has been seen across service lines but PES and PTS have remained within control limits. There is further focus in place through the Service Line Level 3 meetings although the position could be further impacted by COVID-19.

There is special clause variation with regards to the EOC Service Line where sickness rose to 10.18% OH1.4. The HRBP Team undertook a deep dive review to determine the reasons for this increase. EOC have seen a shift in greater numbers of long term sickness cases over the last two months but assurance can be provided that these are being managed.

Although PTS has seen an increase in sickness over the winter period their YTD position is 0.6% lower than 18/19.

The Trust has an improvement plan which is being overseen by NHSE/I.

BAF Risk: SR04

Figure OH1.2:

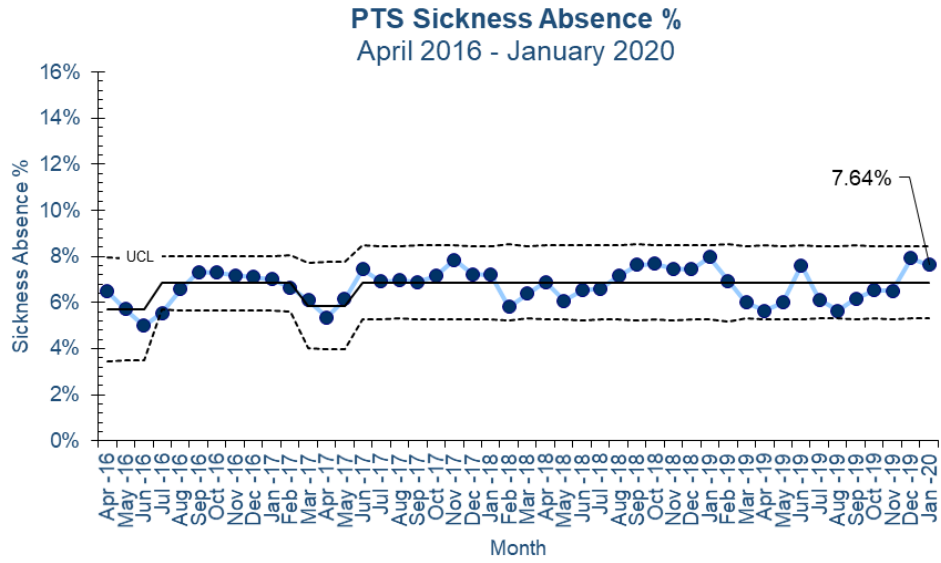


Figure OH1.3:

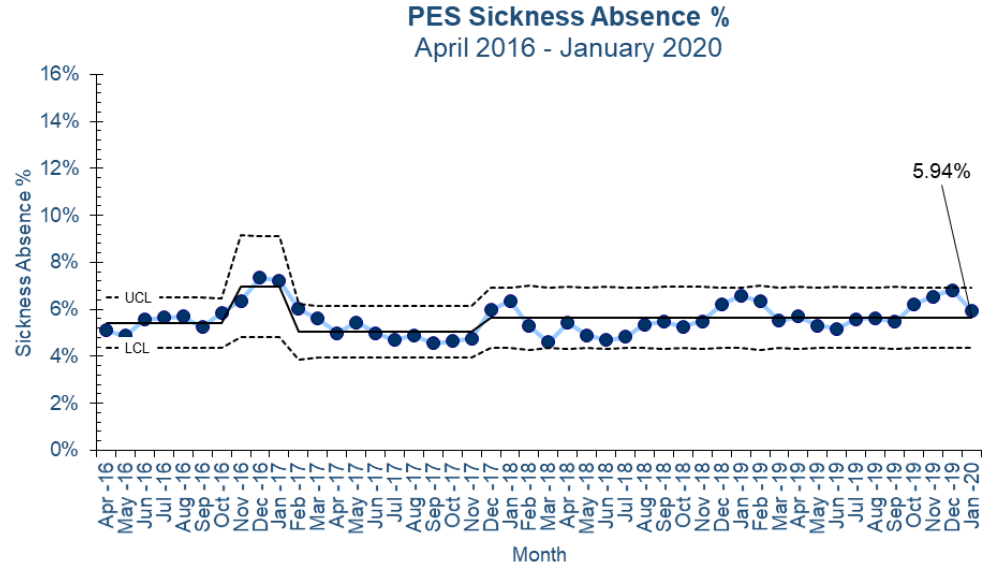


Figure OH1.4

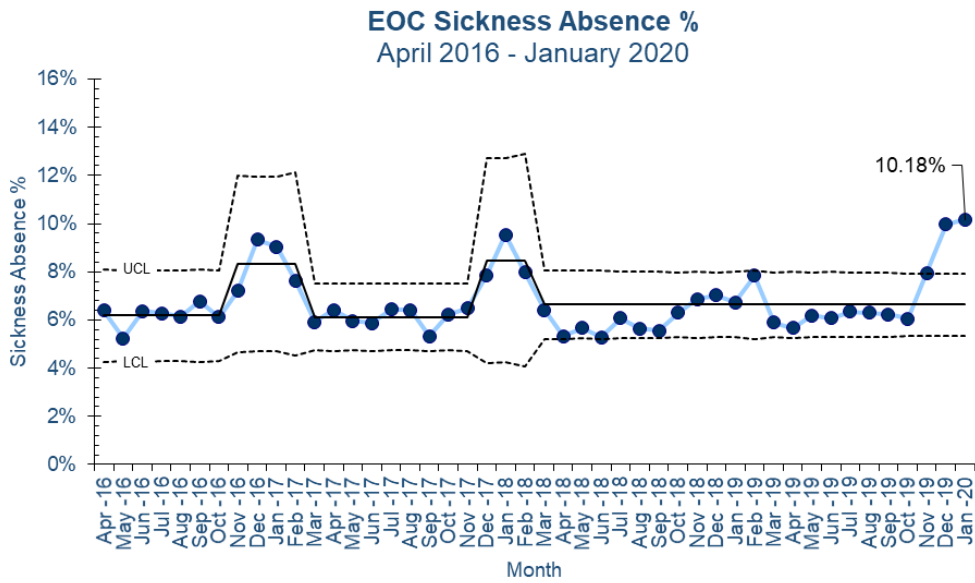
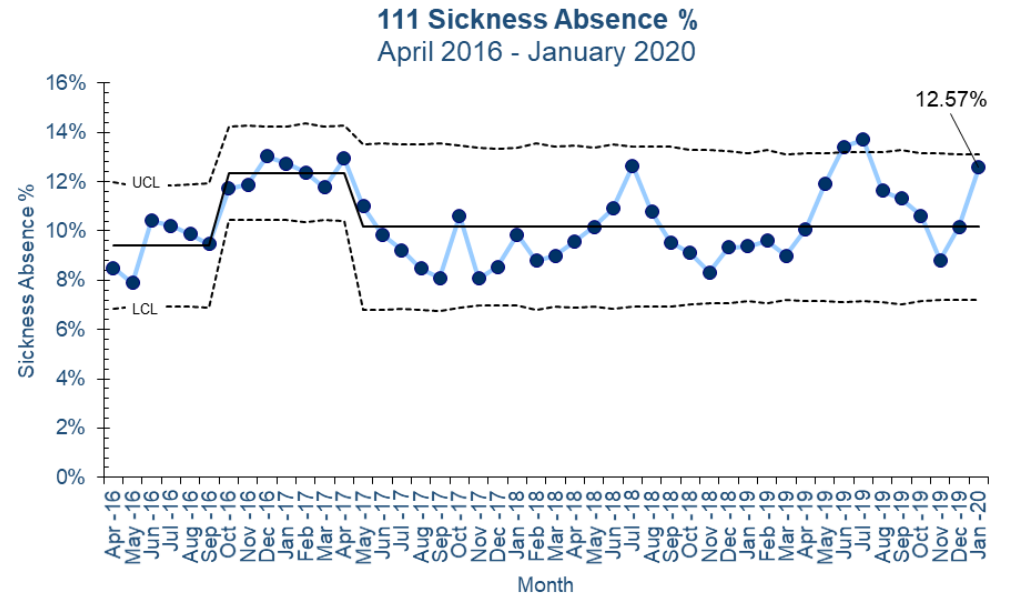


Figure OH1.5



OH2 STAFF TURNOVER

Figure OH2.1

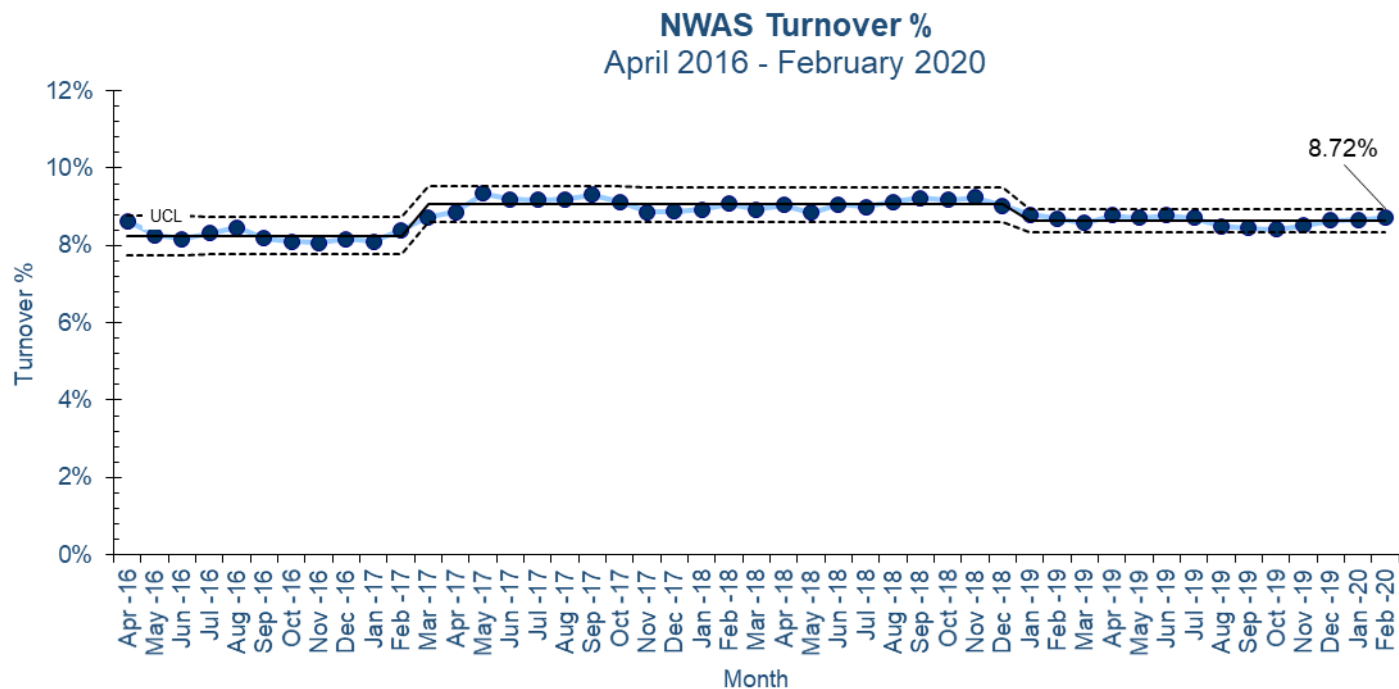


Table OH2.1

Turnover	Mar - 19	Apr - 19	May - 19	Jun - 19	Jul - 19	Aug - 19	Sep - 19	Oct - 19	Nov - 19	Dec - 19	Jan-20	Feb-20
NWAS	8.58%	8.77%	8.71%	8.79%	8.72%	8.51%	8.45%	8.41%	8.51%	8.65%	8.66%	8.72%
Amb. National Average	9.69%	9.57%	9.53%	9.39%	9.28%	9.31%	9.14%	9.21%	9.20%			

Staff Turnover

Turnover is calculated on a rolling year average and this does lead to some small variations between months with February 2020 turnover at 8.72% which continues a stable trend within narrow control limits.

Both PES and PTS turnover is stable and within control limits.

There are no special cause variation with regards turnover. Although both 111 and EOC have seen reductions over time and are close to lower control limits.

As part of the Ambulance Improvement Programme (AIP), the Trust is engaging with NHSE/I and has submitted a retention plan in January 2020 with particular focus on 111 retention. Progress against the plan will be reported through the Resources Committee.

Overall the Trust is continuously below the national turnover rate for Ambulance Service which was at 9.20% in November 2019.

BAF Risk: SR04.

Figure OH2.2

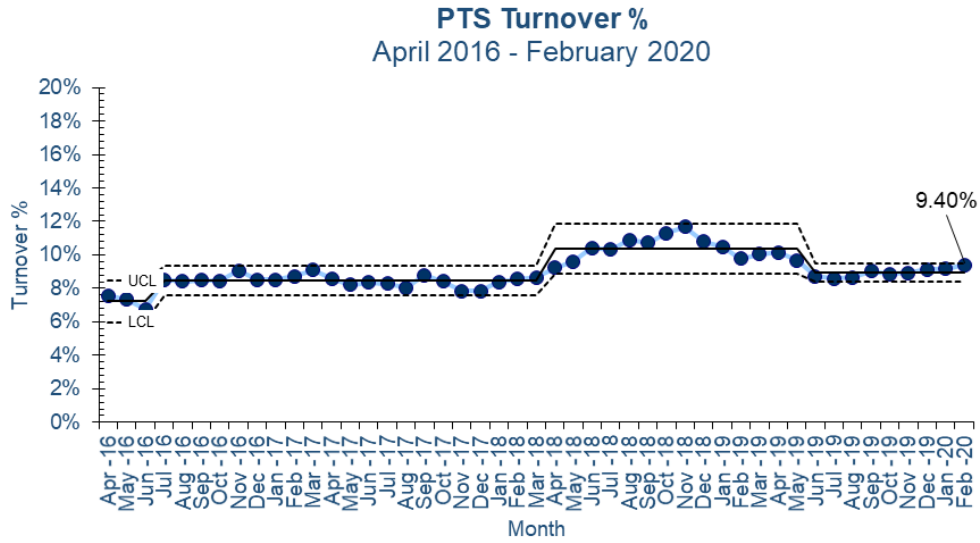


Figure OH2.3

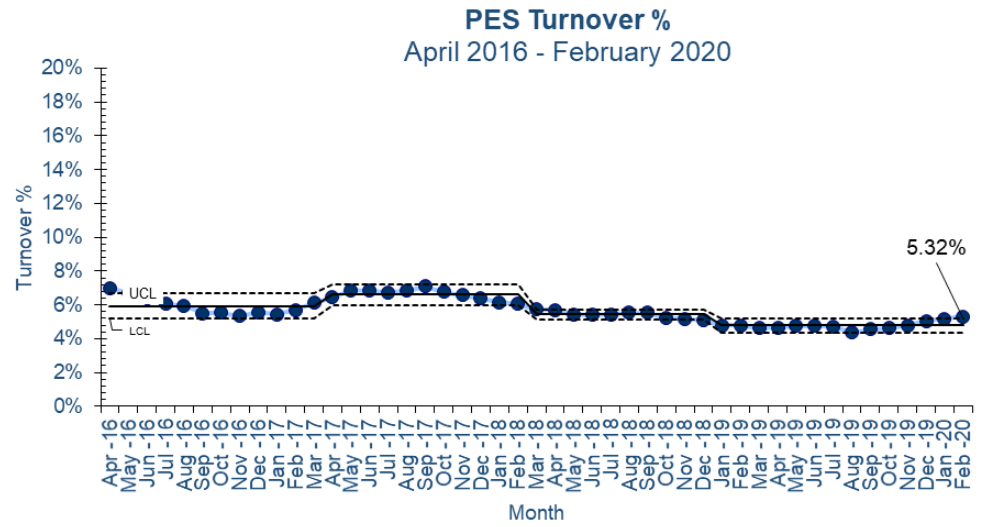


Figure OH2.4

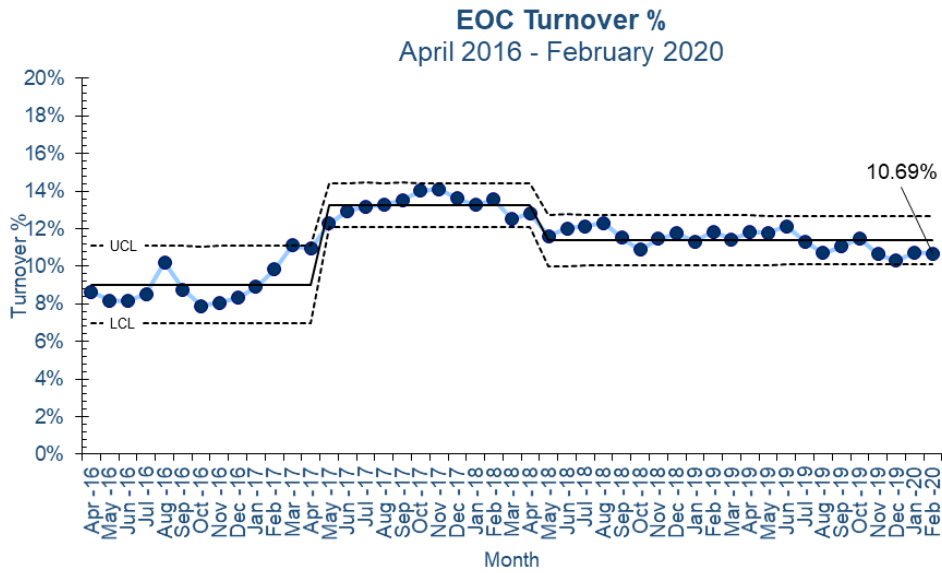
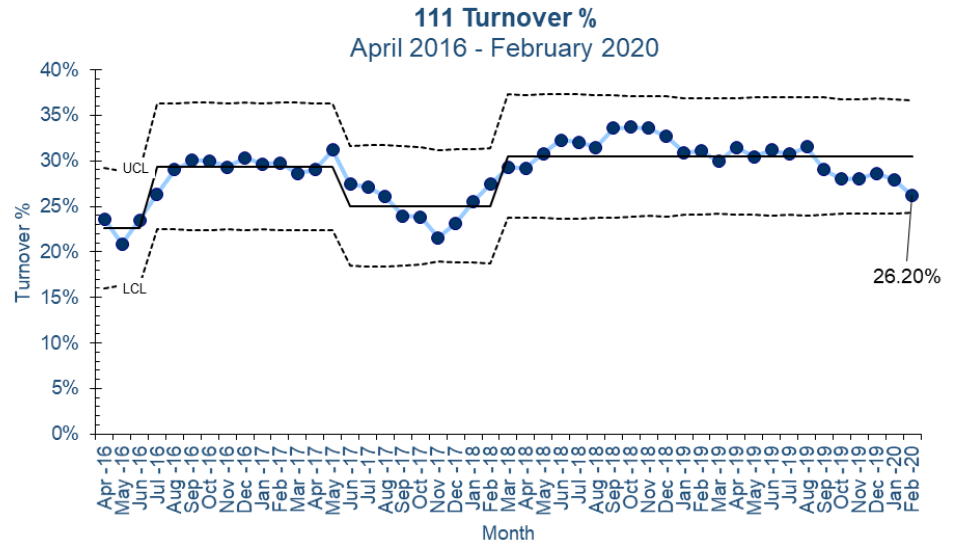


Figure OH2.5



OH4 TEMPORARY STAFFING

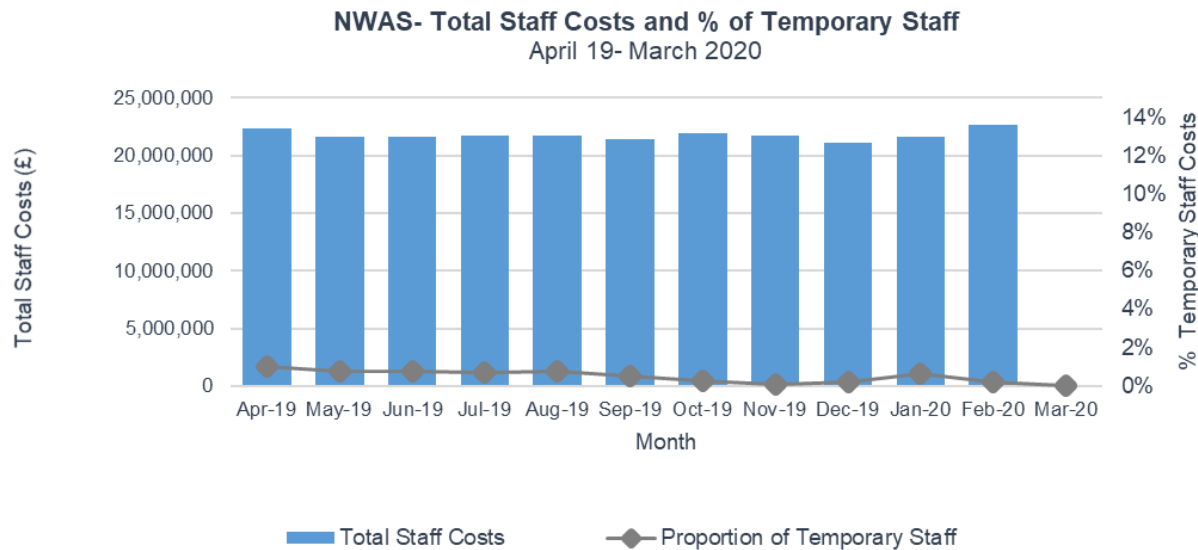
Temporary Staffing

The Trust remains in a strong position regarding Agency costs. The position in February 2020 is at 0.2 %.

Agency usage is likely to increase within 111 due to the current situation with COVID-19.

The Trust is working within the new Agency Regulations which were effective from 1 September 2019.

Figure OH4.1:



BAF Risk: SR04.

Table OH4.1

NWAS	Mar-2019	Apr-2019	May-2019	Jun-2019	Jul-2019	Aug-2019	Sep-2019	Oct-2019	Nov-2019	Dec-2019	Jan -2020	Feb-2020
Agency Staff Costs (£)	203,421	173,834	175,326	169,134	161,001	142,550	102,471	83,441	82,553	79,503	57,922	80,913
Total Staff Costs (£)	22,621,645	22,342,157	21,671,356	21,667,396	21,686,448	21,692,684	21,460,515	21,982,878	21,758,192	21,083,687	21,613,064	22,646,658
Proportion of Temporary Staff %	1%	1.0%	0.8%	0.8%	0.7%	0.8%	0.5%	0.3%	0.1%	0.2%	0.6%	0.2%

Figure OH4.2:

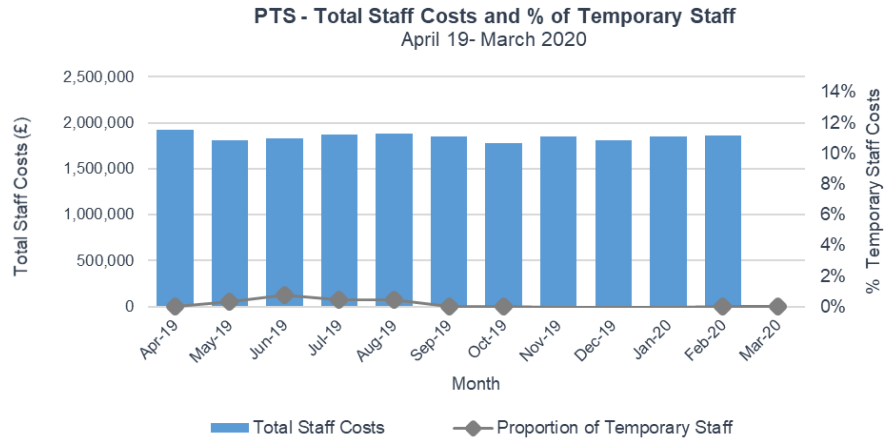


Figure OH4.3

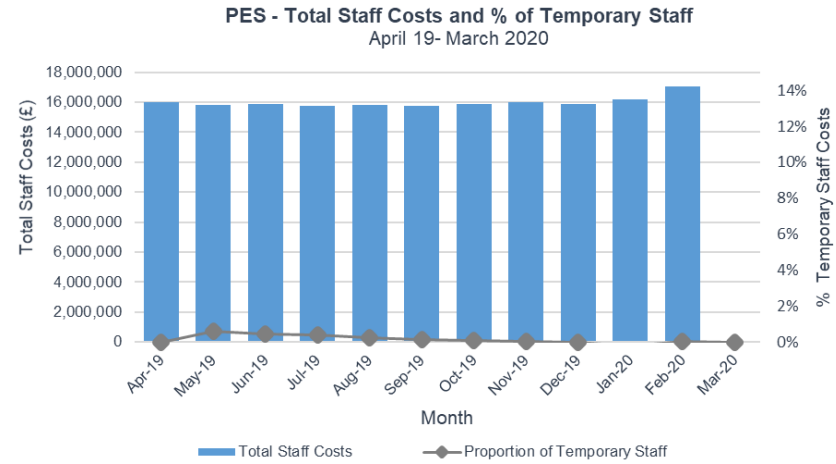


Figure OH4.4:

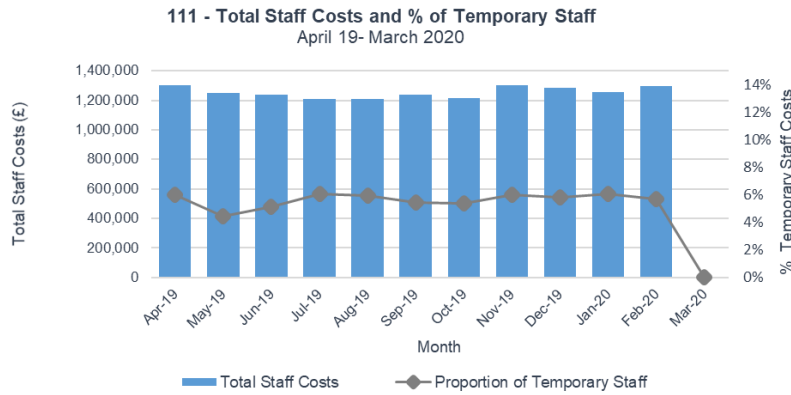
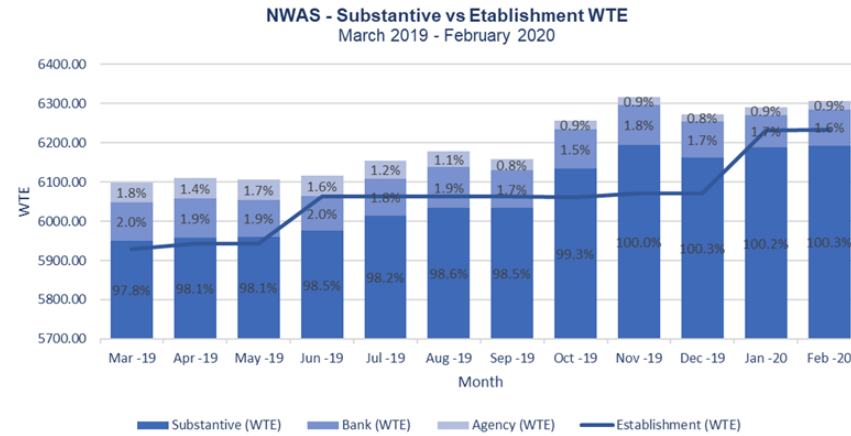
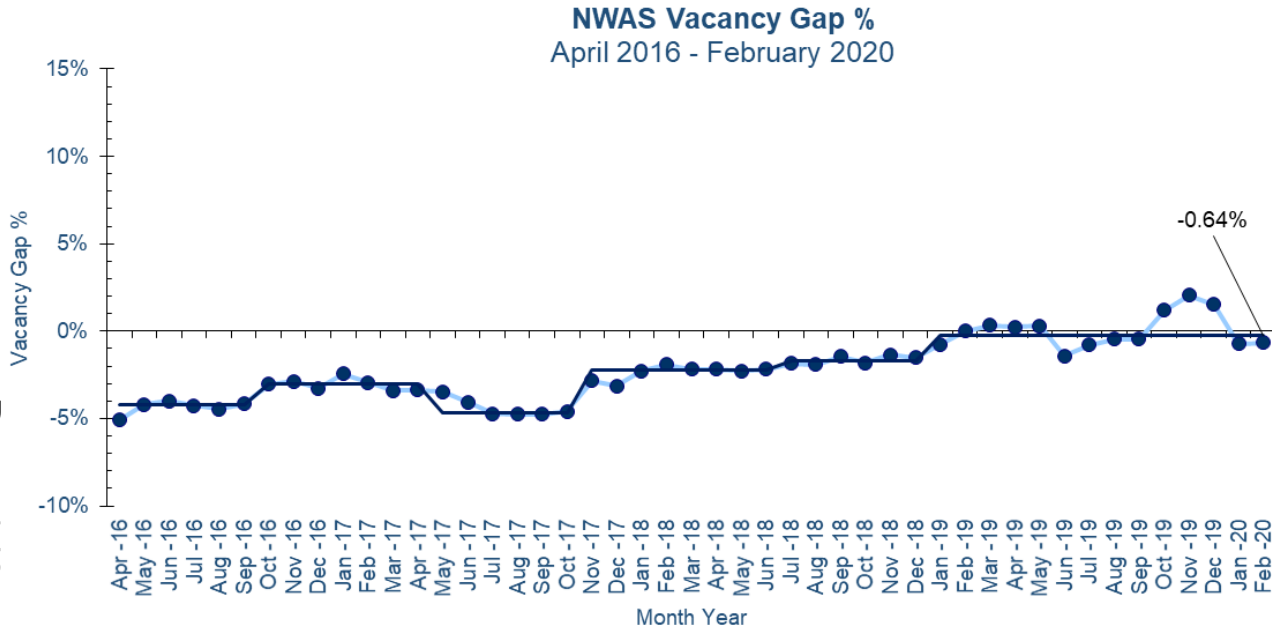


Figure OH4.5:



OH5 VACANCY GAP

Figure OH5.1



Page 143

Table OH5.1

Vacancy Gap	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
NWAS	0.33%	0.24%	0.29%	-1.42%	-0.79%	-0.47%	-0.45%	1.20%	2.05%	1.51%	-0.72%	-0.64%

Vacancy Gap

The changes resulting from the contract settlement for 2019/20 and revisions to the ORH position have been made in the establishment in EOC and PES and therefore this fully reflects the new requirements. PES are slightly over-established at 0.32% indicating that the required growth has been delivered.

The February 2020 position in EOC remains positive with 3.61% over establishment. Work is in progress through the apprenticeship scheme to maintain this position long term.

111 has seen a reduction in the vacancy position and for February 2020 is now 6.74% over establishment.

The PTS vacancy position is -5.10% in February 2020 showing a static position in line with their recruitment plan, however PTS are using more flexible approaches in particular bank usage to manage the variations in activity.

BAF Risk; SR04

Figure OH5.2

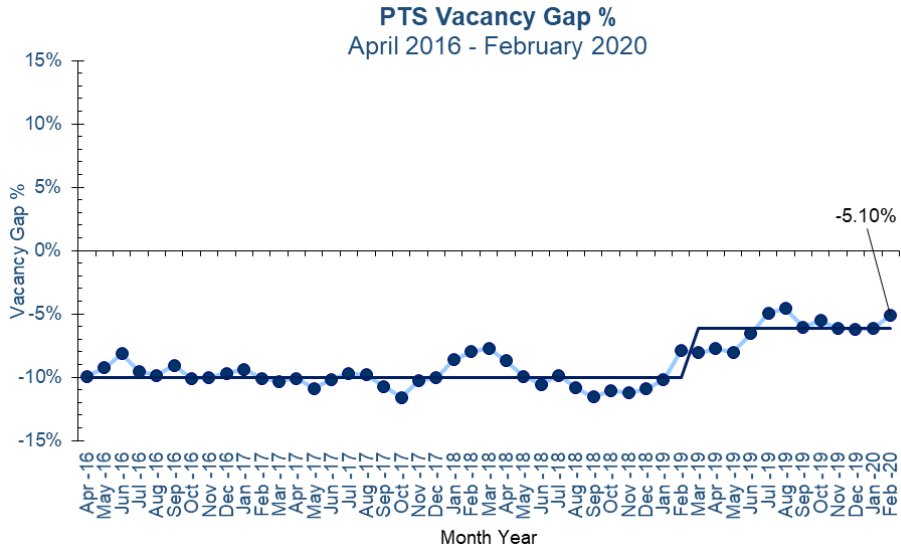
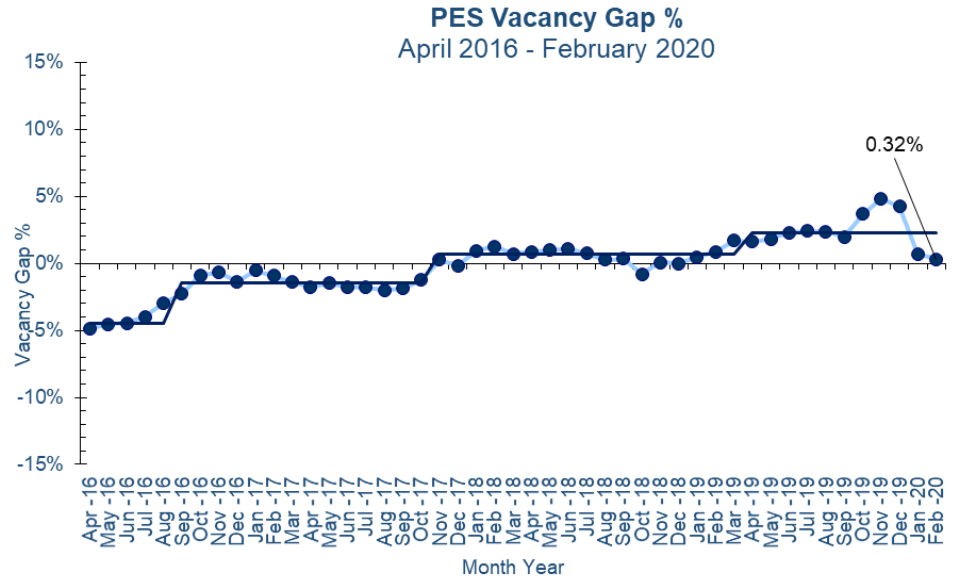


Figure OH5.3



Page 144

Figure OH5.4

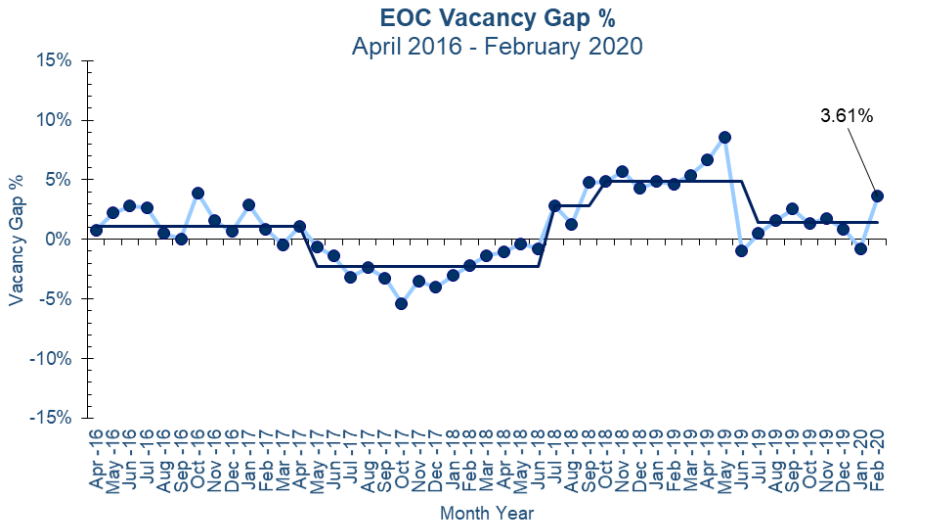
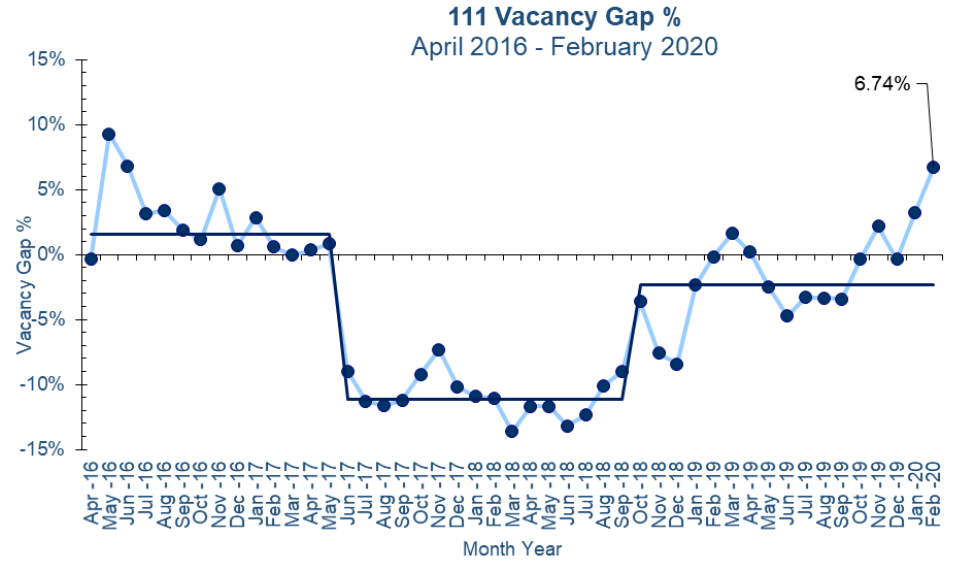
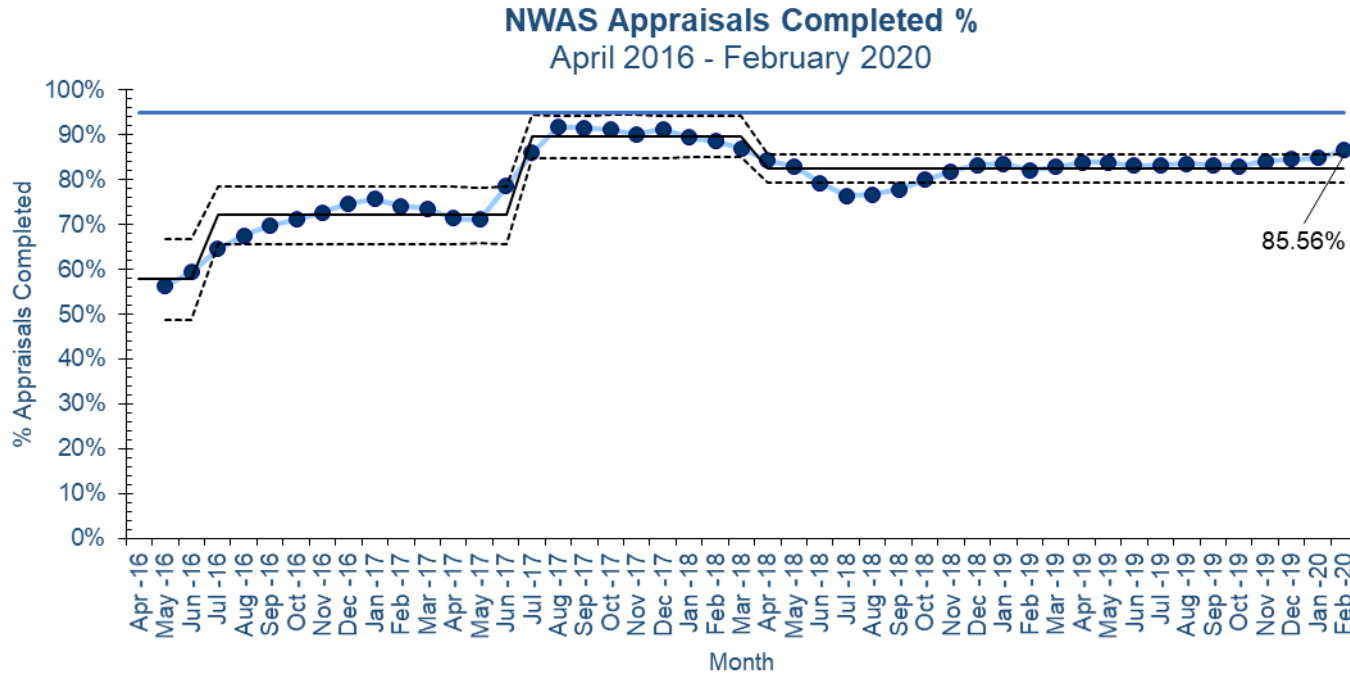


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1



Page 145

Table OH6.1

Appraisals	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
NWAS	83%	84%	84%	83%	83%	84%	83%	83%	84%	85%	85%	87%

Appraisals

Appraisal compliance overall has been stable for several months with no significant variations to note at Trust level. The February 2020 position being 87% against a target of 95%.

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

The Special clause variations at OH6.2, 3 and 4 relate to an improved position across PTS, PES and EOC service lines towards compliance which has taken them above the upper control limit.

EOC have made excellent progress over a number of months but a slight dip in 111 has taken place. Given current work pressures in 111 this position may will continue to be under pressure in the coming months.

These workforce indicators will be reported through the Resources Committee to ensure that assurances can be provided regarding progress.

BAF Risk: SR04.

Figure OH6.2

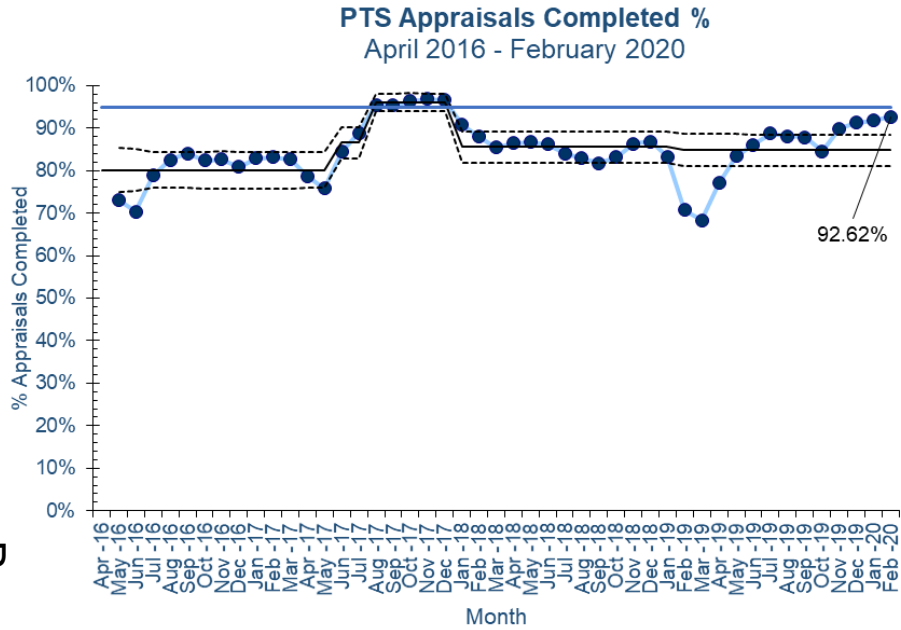
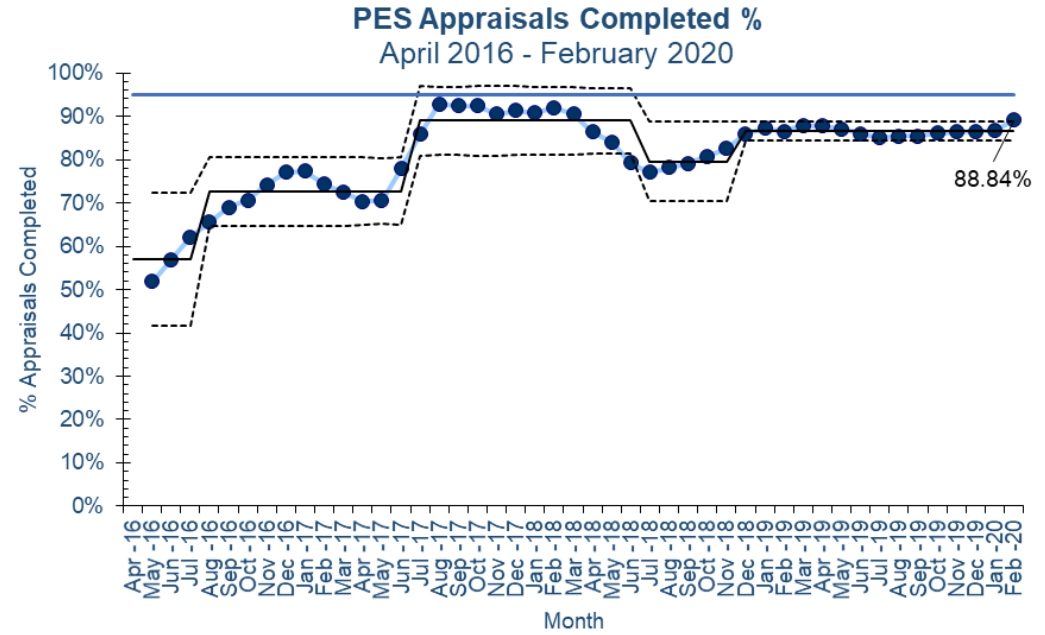


Figure OH6.3



Page 146

Figure OH6.4

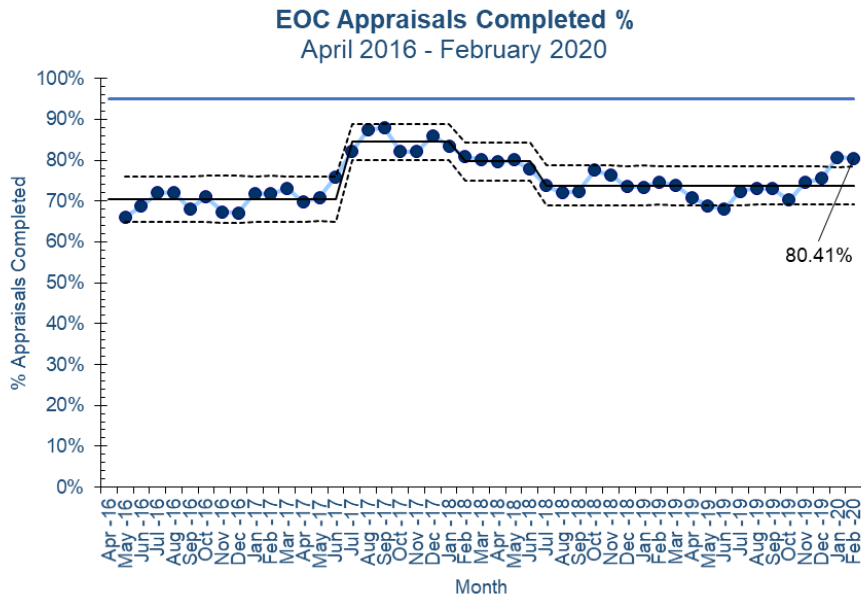
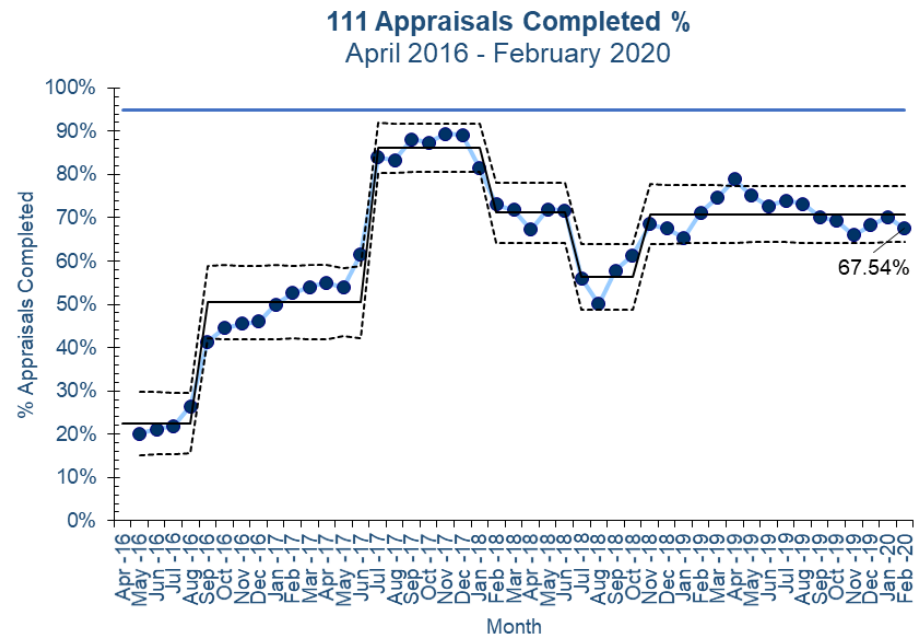


Figure OH6.5



OH7 MANDATORY TRAINING

Figure OH7.1

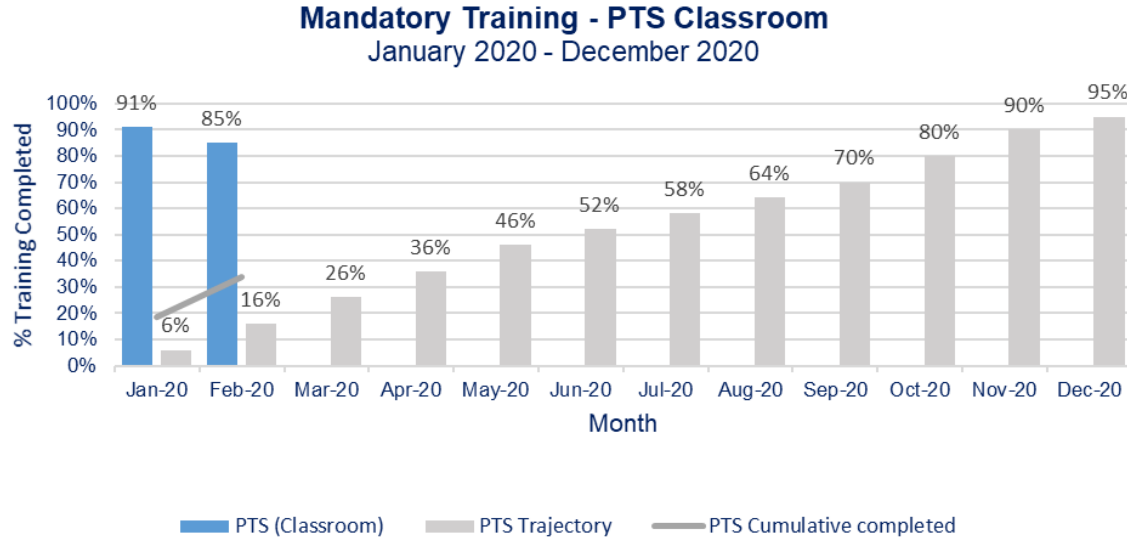
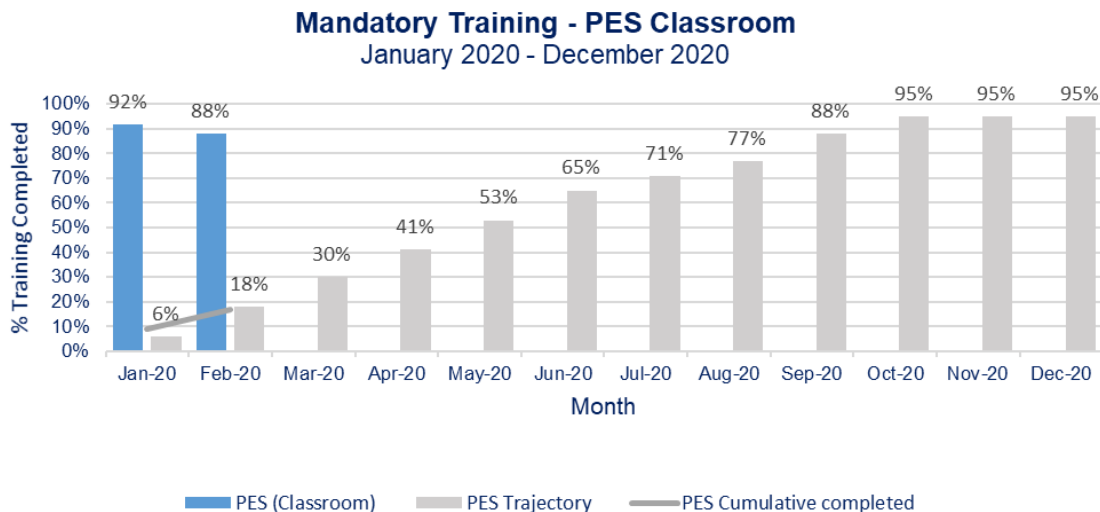


Figure OH7.2



Mandatory Training

Mandatory training for PES & PTS frontline staff comprises both classroom and e-learning. All other staff complete e-learning modules. In 2019 the Trust moved to competence reporting so graphs show the % of module completion that is in date. The new cycle commenced in January 2020.

Figure OH7.1 & 7.2 show levels of classroom compliance. Grey bars indicate targeted levels of attendance at classroom training over the year and the line confirms that PTS and PES are on track against planned trajectory.

The blue bars indicate the percentage of staff whose classroom competence is in date i.e. the proportion of staff who have completed their classroom training within the last 12 months. The target is for this to remain at 95% across the year but this requires staff to be profiled for classroom training at the same time each year. This is a cultural shift for local teams and the OD team continue to work with rostering and local management to improve the targeting of release to attend.

Figures OH7.3-OH7.6 show overall mandatory training compliance taking into account classroom and e-learning and show the percentage of module completion which is in date with refresher cycles.

It should be noted that new modules have been released for mandatory completion in all areas and completion of these modules will build up compliance over the 2020 cycle. This will affect overall compliance rates which currently stand at 79%.

BAF Risk: SR04.

Figure OH7.3

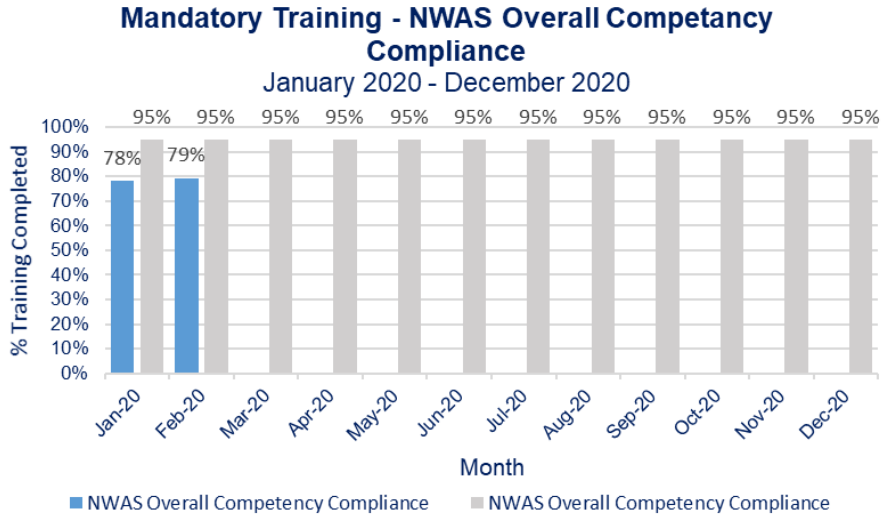


Figure OH7.4

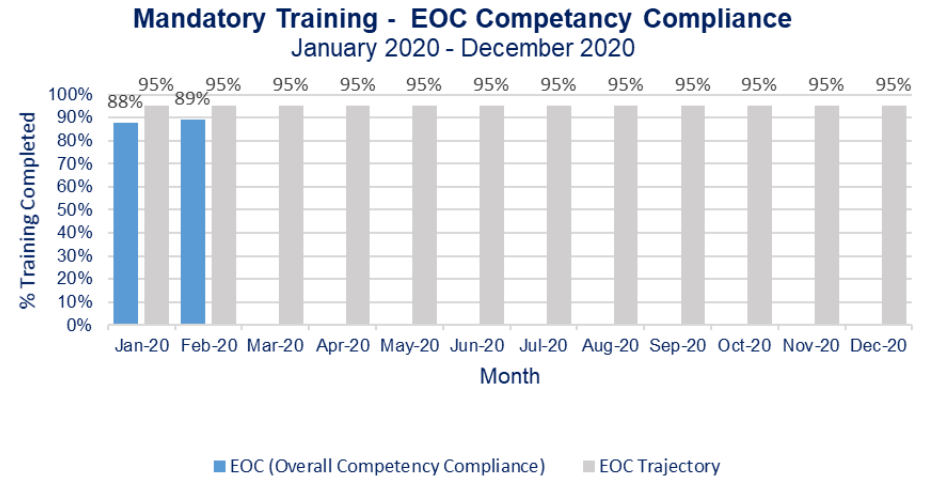
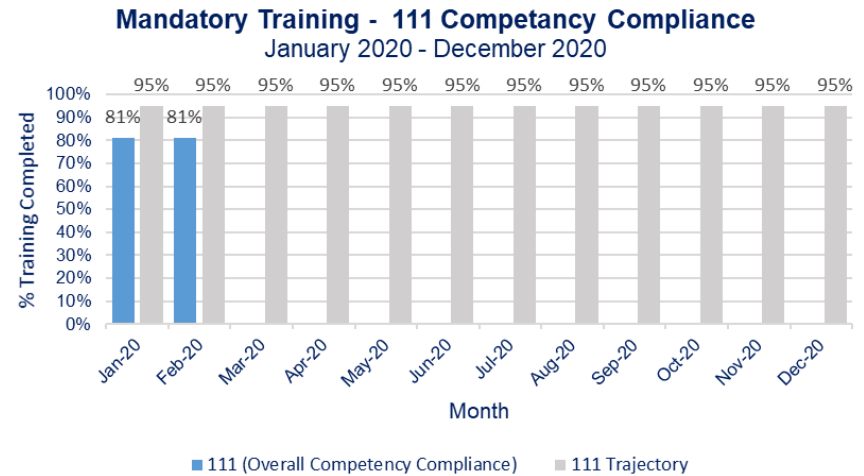


Figure OH7.5



Figure OH7.6



This page is intentionally left blank

Chairs Assurance Report

Name of Committee/Group:	Quality and Performance Committee	Report to:	Board of Directors
Date of Meeting:	17.02.20	Quorate (yes/no):	Yes
Chair:	Prof Alison Chambers	Executive Lead:	Ged Blezard, Director of Operations Dr Chris Grant, Medical Director Maxine Power, Director of Quality, Innovation and Improvement
Members present:	Prof A Chambers, Non-Executive Director Mr G Blezard, Director of Operations Mr R Groome, Non-Executive Director Dr D Hanley, Non-Executive Director Prof M Power, Director of Quality, Innovation and Improvement Prof R Thomson, Associate Non-Executive Director	Key Members not present:	Dr Chris Grant, Medical Director Mr M Forrest, Deputy Chief Executive
Board Assurance Risks Aligned to Committee:	<p>SR01 - If the Trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage</p> <p>SR03 - If the Trust does not deliver the Urgent & Emergency Care Strategy and national performance standards, then patient care could be compromised resulting in reputational damage to the Trust. If the Trust is not fully engaged with the wider health sector then the delivery of national agendas could be impacted.</p>		

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




Chairs Assurance Report

Key Agenda Items	RAG	Key Points	Action/Decision
Board Assurance Framework		<ul style="list-style-type: none"> The Committee reviewed the 2019/20 Q3 position as approved by the Board of Directors on 29 January 2020. The Committee focussed on the amber rated actions however received assurance plans were in place. 	<ul style="list-style-type: none"> Noted and received the moderate assurance from the report. Received assurance that each BAF risk was managed effectively however requested further assurance to the next Committee meeting relating to: <ul style="list-style-type: none"> Revised performance action plan. Medicines Management Review.
Right Care Strategy – Q3 Update		<ul style="list-style-type: none"> High level update relating to the Right Care Strategy key deliverables together with risk, gaps in performance and mitigations 	<ul style="list-style-type: none"> Noted and received assurance from the update.
Q3 Clinical Audit Progress Report		<ul style="list-style-type: none"> Progress provided relating to Q3, the report also included the national mandated clinical audits for 2020/21. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Requested details of the local Clinical Audit Plan for 2020/21 to be provided to the next meeting.
ACQI Update		<ul style="list-style-type: none"> A report was presented advising members of ACQI performance to date. 	<ul style="list-style-type: none"> Noted and received assurance from the update.

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

Chairs Assurance Report

Integrated Performance Report		<ul style="list-style-type: none"> • This was the first report received by the Committee containing data relating to quality, effectiveness and operational performance. • The Committee noted the increased calls during February within 111 service as a result of the Coronavirus. • The Director of Operations provided an overview of the Service Delivery Improvement Plan and a demonstration of the Lightfoot Solution software to the Committee 	<ul style="list-style-type: none"> • Noted and received moderate assurance from the update. • Welcomed future updates.
-------------------------------	--	---	--

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

This page is intentionally left blank




Chairs Assurance Report

Name of Committee/Group:	Quality and Performance Committee	Report to:	Board of Directors
Date of Meeting:	09.03.20	Quorate (yes/no):	Yes
Chair:	Prof Alison Chambers	Executive Lead:	Ged Blezard, Director of Operations Chris Grant, Medical Director Maxine Power, Director of Quality, Innovation and Improvement
Members present:	Prof A Chambers, Non-Executive Director Mr M Forrest, Deputy Chief Executive Dr C Grant, Medical Director Mr R Groome, Non-Executive Director Dr D Hanley, Non-Executive Director Mr S Hynes, Deputy Director of Quality (for Director of Operations) Prof M Power, Director of Quality, Innovation and Improvement Prof R Thomson, Associate Non-Executive Director (part, via telecom) Ms C Wood, Director of Finance	Key Members not present:	Ged Blezard, Director of Operations
Board Assurance Risks Aligned to Committee:	<p>SR01 - If the Trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage</p> <p>SR03 - If the Trust does not deliver the Urgent & Emergency Care Strategy and national performance standards, then patient care could be compromised resulting in reputational damage to the Trust. If the Trust is not fully engaged with the wider health sector then the delivery of national agendas could be impacted.</p>		

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

Chairs Assurance Report

Key Agenda Items	RAG	Key Points	Action/Decision
Board Assurance Framework		<ul style="list-style-type: none"> Since the previous committee meeting, 0 risks had emerged, 0 risks had increased in score and 2 risks had decreased in score. 	<ul style="list-style-type: none"> Q4 position to be presented to the Board of Directors meeting being held on 29th April 2020. Executive Directors to review narrative in relation to gaps in control and assurance.
PES Action Plan		<ul style="list-style-type: none"> It was noted that all actions barring one, within the Service Delivery Improvement Plan had been delivered, however performance was not being achieved. Members received the ARP performance improvement action plan. Detailed discussion held in relation to See and Treat and See and Convey (linking to the Urgent and Emergency Care Strategy). Noted that current hospital handover performance was good. 	<ul style="list-style-type: none"> Requested that further narrative be included within the action plan, to provide members with further assurance. Noted that an update in relation to the hospital handover collaborative be presented to a future meeting of this committee.
Patient Transport Service Activity and Performance		<ul style="list-style-type: none"> Overall activity across the four PTS contracts during month 10 was 4,705 journeys above contract baseline whilst the cumulative position was 0% below baseline. During January 2020, call performance had been achieved It was noted that work had commenced to improve the position in relation to unplanned activity as this was currently impacting on delivery of KPI's. There was a variation in terms 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Welcomed future updates.

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

Chairs Assurance Report

		<p>of aborted journeys and therefore, trajectories were being set amongst Acute Trusts.</p> <ul style="list-style-type: none"> • NHS Improvement were conducting a national review of the PTS service that may inform future commissioning of the service. 	
Patient Transport Service Complaints		<ul style="list-style-type: none"> • A deep dive in relation to complaints was presented to members. • It was noted that for the period 1st April 2019 to 31st December 2019 a total of 895 complaints were received and 1,205,709 patient journeys were undertaken. Complaints related to (i) PTS journey times, (ii) care and treatment, and (iii) staff conduct. • Noted that an action plan was being developed to manage complaints. 	<ul style="list-style-type: none"> • Noted and received moderate assurance from the update. • Requested future updates including a copy of the action plan and progress against actions.
Local Clinical Audit Plan for 2020/21		<ul style="list-style-type: none"> • Members received the draft local clinical audit plan for 2020/21 for approval. 	<ul style="list-style-type: none"> • Requested that the Clinical Audit 2020/21 Plan be developed to include more narrative and circulated to members of the committee for approval, prior to the meeting of the Audit Committee that was scheduled to be held on 17th April 2020.
Medicines Management Update		<ul style="list-style-type: none"> • A report was received summarising the key strategic issues relating to the Medicines Optimisation Strategy. • Members noted five key priorities within the team that related to (i) ambient temperature monitoring, (ii) safe and secure handling of medicines audit, (iii) controlled drug procurement, (iv) controlled drug record book, and (v) 	<ul style="list-style-type: none"> • Noted and received assurance from the update. • Welcomed future updates included the timescales associated with the work streams.

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




Chairs Assurance Report

		administration of non-parenteral prescription only medicines (POMs).	
2019/20 Quality Account		<ul style="list-style-type: none"> Members approved the arrangements for the development of the Trust's Quality Account for 2019/20. 	<ul style="list-style-type: none"> Requested that the Trusts quality account addressed the points raised in the guidance issued by NHS Improvement. Requested that the Clinical Effectiveness Management Group reviewed the clinical elements of the quality account.
Chairs Assurance Report from the Clinical Effectiveness Management Group held on 3 rd March 2020		<ul style="list-style-type: none"> Overall, moderate assurance was presented the committee. Members were advised no clinical risk has been highlighted. A review of the management groups effectiveness was carried out including a review of the terms of reference. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Welcomed future updates. Requested that further narrative be included within future reports, to provide evidence in relation to the assurance rating. Noted that the annual report will be presented to the next committee.

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

Chairs Assurance Report

<p>Chairs Assurance Report from the Safety Management Group held on 3rd March 2020</p>		<ul style="list-style-type: none"> • Members were advised that the quality dashboard was constantly being developed and was discussed at every meeting of the Safety Management Group. • A review of the management groups effectiveness was carried out including a review of the terms of reference. 	<ul style="list-style-type: none"> • Noted and received moderate assurance from the update. • Welcomed future updates. • Requested that further narrative be included within future reports, to provide evidence in relation to the assurance rating. • Noted that the annual report will be presented to the next committee.
<p>Items of Urgent Business</p>		<p><u>COVID-19</u></p> <ul style="list-style-type: none"> • The committee received a detailed update in terms of the Trust's plans that had been put in place in relation to COVID-19. • Members noted that demand had increased. • An Incident Command Team (ICT) had been established that was being operated 24/7. 	<ul style="list-style-type: none"> • Noted and received moderate assurance from the update.

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

This page is intentionally left blank

Name of Committee/Group:	Resources Committee	Report to:	Board of Directors
Date of Meeting:	20.03.20	Quorate (yes/no):	Yes
Chair:	Mr M O'Connor	Executive Lead:	Carolyn Wood, Director of Finance Lisa Ward, Interim Director of Organisational Development Ms M Power, Director of Quality, Innovation and Improvement
Members present:	Mr M O'Connor, Non-Executive Director (Chair) Mr D Rawsthorn, Non-Executive Director (telecom) Ms C Wade, Associate Non-Executive Director Ms C Wood, Director of Finance Ms L Ward, Interim Director of Organisational Development Mr N Barnes, Deputy Director of Quality Ms C Hall, Head of Strategic Planning	Key Members not present:	Mr G Blezard, Director of Operations Mr S Desai, Director of Strategy and Planning Prof M Power, Director of Quality, Innovation and Improvement Mr R Groome, Non-Executive Director
Board Assurance Risks Aligned to Committee:	<p>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.</p> <p>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.</p> <p>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.</p>		

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

	<p>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.</p>
--	--

Key Agenda Items	RAG	Key Points	Action/Decision
Board Assurance Framework		<ul style="list-style-type: none"> • One risk had emerged in relation to the location of sites, • Three risk had increased in score – (i) mandatory training compliance in 111, (ii) lease arrangements, and (iii) vehicle checks – digital solution being explored. • Two risks have decreased in score relating to (i) insufficient call handlers, and (ii) morale and welfare of staff. • Discussion regarding COVID-19, impact on organisation and risks identified. 	<ul style="list-style-type: none"> • Noted and received assurance from the update
Terms of Reference Annual Review and Committee Self-Assessment		<ul style="list-style-type: none"> • The committee carried out a self-assessment and review of its current terms of reference. • The committee has discharged all of its functions during 2019/20. 	<ul style="list-style-type: none"> • Annual report and terms of Reference to be reported to Board of Directors in April.
Digital Strategy Update		<ul style="list-style-type: none"> • Update received in relation to progress of delivery of the Digital Strategy. • National funding accessed to support management of cyber security. • Substantial assurance received from an independent audit of the Data Protection and Security Toolkit. • EPR project is now making progress. • The Patient Information Portal project has completed the pilot testing and a full evaluation is being carried out. 	<ul style="list-style-type: none"> • Noted and received assurance from the update. • Welcomed future updates. • Recognised the progress that has been made in relation to the Digital Strategy. • Digital maturity measures being developed and will be reported to the next meeting.

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

Chairs Assurance Report

		<ul style="list-style-type: none"> Unified Communication Programme is reporting slippage. This has been reported to senior management and will be monitored closely. Mitigations and action plans in place for significant risks. 	
Chairs Assurance from the Information Management Group		<ul style="list-style-type: none"> All KPI's were met for the reporting period relating to Freedom of Information requests, subject access requests and data protection requests. Voluntary ICO Audit is complete – reasonable assurance received Trust is progressing well in terms of cyber security. Work is progressing in relation to the national data opt out. Highlighted importance of SIRO attending this meeting. Data Protection Security Workplan ready for submission. 	<ul style="list-style-type: none"> Noted the update.
Information Management Group – Annual Report and Terms of Reference		<ul style="list-style-type: none"> The Committee received an annual report from the Information Management Group, highlighting the key areas of work carried out by the Group during 2019/20. 	<ul style="list-style-type: none"> The Committee approved the terms of reference. Welcomed future assurance reports. Approved the Terms of Reference.
Financial Performance – Month 11		<ul style="list-style-type: none"> The position for the Trust at Month 11 is a surplus of £2.527m, which is £0.164m better than the planned surplus of £2.363m. Income is over recovered by £3.676m, pay is overspent by £3.178m and non-pay is overspent by £0.334m. The Trust continues to forecast delivery of the notified financial control total of £2.708m surplus. The overall financial performance risk rating at 29th February 2020 is 1, in line with plan. 	<ul style="list-style-type: none"> Noted and received assurance from the update Welcomed future updates.

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

CIP Progress Report – Month 11		<p>As at February 2020 (Month 11):</p> <ul style="list-style-type: none"> Year-to-date savings total £8.967m compared to the year-to-date plan of £8.731m, therefore £0.237m ahead of plan. The Trust has identified £9.808m of savings, in year, in line with the 2019/20 plans and Recurrent schemes are forecast to total £6.190m resulting in a recurrent gap of £1.693m against plan. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Welcomed future updates.
2020/21 Financial Plans including submission of draft plans		<ul style="list-style-type: none"> The 2020/21 national operational planning guidance was published in January 2020 The Trust’s draft financial plans have been produced following the guidance The draft plans will be submitted to NHSI/E on the 5th March 2020. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update. Welcomed future updates.
Estates Revaluation 2019/20		<ul style="list-style-type: none"> Update received in relation to the impact of the 2019/20 estates revaluation. The value of the Trust’s estate has decreased. 	<ul style="list-style-type: none"> Noted and received moderate assurance from the update Welcomed future updates.
Sustainability Update		<ul style="list-style-type: none"> The Sustainable Development Management Plan has been renamed the Green Plan in line with NHSI/E requirements. The Trust has developed a Sustainability Steering Group that will report into this committee. A detailed update was received in relation to the current initiatives. 	<ul style="list-style-type: none"> Noted and received assurance from the update. Welcomed future updates.
Estates and Fleet Assurance Report		<ul style="list-style-type: none"> Update received in relation to key work areas identified in the estates and fleet strategies. Independent asset survey to be carried out. Local Accident Reduction Group (LARG) has been established and will be reported into this Committee. 	<ul style="list-style-type: none"> Noted and received assurance from the update. Welcomed future updates.

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

Chairs Assurance Report

Blackpool Hub and Spoke		<ul style="list-style-type: none"> • Specification was presented to members. 	<ul style="list-style-type: none"> • Recommendation to the Board of Directors for approval.
Workforce Strategy Annual Review		<ul style="list-style-type: none"> • An annual review of the strategy has been carried out and a full review of achievements in implementing the first year of the strategy is being undertaken along with the review of the implementation plan to ensure that it remains fit for purpose. 	<ul style="list-style-type: none"> • Feedback from the full review to be presented to a future meeting. • Decision to support onward reporting to Board in May 2020.
Key Workforce Indicators		<ul style="list-style-type: none"> • Appraisal completion rates have increased slightly to 87% overall with PES rates at 89%. PTS rates have shown an increase to 93% following the previous improvement. • The overall Trust mandatory training compliance position at the end of February 2020 is 79% compliance against a target of 95%. A new mandatory training cycle started in January 2020 • 2019 classroom training for PES and PTS has met the 95% target (PES 96%, PTS 98%). • Sickness has reduced slightly which overall is at 6.88% for January 20. Bespoke plans in place in 111 and PTS seen an increase in sickness over the winter period. • The vacancy position remains strong from frontline services and on track with workforce plans. • The HR case management position shows high numbers of long and short term sickness cases being opened since January which reflects the attendance challenges over winter. • COVID-19 potential impact to indicators. 	<ul style="list-style-type: none"> • Noted and received substantial assurance in some areas and moderate in other areas. • Welcomed future updates.
Staff Survey 2019 Review and Findings		<ul style="list-style-type: none"> • An update was presented in relation to the staff survey 2019. 	<ul style="list-style-type: none"> • Noted and received assurance from the update.

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

Chairs Assurance Report

		<ul style="list-style-type: none"> • The overall response Rate reduced from 46% to 45%. • Themes relate to (i) health and wellbeing, (ii) immediate line managers/morale, (iii) bullying and harassment, (iv) safety culture, and (v) staff engagement. • Culture survey is key to support work streams. 	<ul style="list-style-type: none"> • Welcomed future updates.
Flu Campaign		<ul style="list-style-type: none"> • Members received an overview of the lessons learned from the 2019-20 flu campaign which lead to the best vaccination rate for the Trust to date at 67.3%. • The refusal rate has reduced slightly from 25.93% in 2017/2018, 23.4% in 2018/2019 to 21.28% for this year. This will be a key focus in 2020/21. • Achievement of CQUIN target. 	<ul style="list-style-type: none"> • Noted and received assurance from the update. • Welcomed future updates
Equality Update		<ul style="list-style-type: none"> • A summary update was received on Trust position of the Equality Delivery System (EDS2) which documents Trust progress, the final year of the current equality objectives and key areas of activity planned for 2020. • The next steps will include service lines reviewing their outcomes along with the work undertaken over the last 12 months to allow action to be reset and agreed for the next year. The progress of these actions will be monitored through the proposed ED&I steering group. • 	<ul style="list-style-type: none"> • Noted and received assurance from the update. • Welcomed future updates
Leadership Assurance		<ul style="list-style-type: none"> • It was noted by the committee that in 2019/20 a number of key activities have been delivered supporting the development of leadership capabilities and behaviours, including, but not limited to; Leadership programmes, Coaching, Leadership Induction (Be Think Do), Leadership recruitment (Be Think Do), Senior succession planning and talent management, Empowering women's leaders programmes, Board development and Shadow board. 	<ul style="list-style-type: none"> • Noted and received assurance from the update. • Welcomed future updates

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

Chairs Assurance Report

Volunteer Car Driver		<ul style="list-style-type: none"> • An update was presented with respect to the recruitment, training and performance management of Volunteer Car Drivers (VCD) used by the Patient Transport Service (PTS). • Update was received in relation to 7 areas that had been identified by MIAA for improvement. 	<ul style="list-style-type: none"> • Noted and received assurance from the update. • Welcomed future updates
----------------------	--	--	--

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

This page is intentionally left blank



REPORT

Board of Directors	
Date:	20 March 2020
Subject:	Staff Survey 2019 Review and Findings
Presented by:	Lisa Ward, Interim Director of Organisational Development
Purpose of Paper:	For Discussion
Executive Summary:	<p>The paper summarises the 2019 staff survey report published by the National NHS Staff Survey Co-ordination Centre. The findings will inform the Resource Committee of the emerging themes and allow the Trust to consider the impacts on future corporate and localised actions plans.</p> <p>The overall response rate reduced from 46% to 45%, although this was only a difference of 15 staff. 2019 was the first year that PTS moved from a paper survey to online and this did result in a drop in response rate.</p> <p>Individual questions within the national survey are organised into themes. NWAS scores against these themes have improved in 5, stayed the same in 3 and reduced in 3. All of these variations have been small. In comparison with the sector we are above average in 4 themes, Average in 3 themes and below average in 4 themes.</p> <p>The report provides an overview of the themes, providing some analysis of the reason for changes and the work during 2019 which has contributed. In summary, the following are the key areas of movement to note:</p> <ul style="list-style-type: none"> • <u>Health and wellbeing</u> – despite significant investment in H&WB initiatives this theme saw a reduction in score and now sits slightly below average. Analysis of supporting questions suggests that the stage of the roster review and its potential impact on flexible working arrangements, may have impacted on this score • <u>Immediate line managers/morale</u> – both of these scores improved and the supporting questions relating to immediate line managers have improved significantly over the last two years which is a testament to the investment in BeThinkDo and leadership training • <u>Bullying and Harassment</u> – this has shown positive improvements in people’s experience of bullying and

harassment from managers and colleagues combined with a significant improvement in reporting. Overall this is a positive picture which is testament to the work undertaken over the last couple of years to improve in this area.

- Safety Culture – this showed positive increase in the questions underlying this theme. This reflects the work down through the Quality Team to improve the management of serious incidents, incident and complaints, supported by investigation training.
- Staff engagement – overall this score has remained stable but there are positive changes in recommending NWS as a place to work (increased by 2.1%) and care being the organisations top priority

Overall the report illustrates a picture of internal stability and improvement. The majority of responses either stayed the same or showed marginal increase/decrease.

The results relating to BME and female staff experience show some significant improvements over time. The results in relation to disabled staff are more mixed with improvements in areas relating to experience of bullying and harassment and equal opportunities for progression and a slightly worsening position in relation to reasonable adjustments.

The national data is broken down to directorate, service line and sector levels and these were used to inform local plans. An analysis of the staff survey breakdown shows a clear correlation with 2019 local plans in terms of sector improvements. The process of engaging and sharing the localised data with areas to enable them to formulate their local plans is already underway.

The results of the staff survey feed into the Workforce and Right Care strategies. Appendix 1 shows how existing plans within these strategies are aligned to improvements in the workforce themes. On top of this more detailed analysis of question areas is used to inform additional corporate plans which are currently being finalised and will be consulted through the Health and Wellbeing group.

The team will also be reviewing lessons learned from the staff survey campaign and seeking best practice from NAA partners with the aim of building further on responses rates.

The results were discussed at the Resources Committee meeting on 20th March 2020. The Committee identified that the results provided assurance on progress in the Trust and in particular could correlate the improvements against the Workforce Strategy. Although recognising the results were good, Committee noted that an outstanding CQC outcome might expect to see more themes above average and with a higher variation from the average. Committee discussed a deep dive for autumn, including a focus on how the Committee could support the drive for improvements.

Recommendations, decisions or actions sought:	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> Note the impact of work in 2019 to the staff survey results Receive assurance on plans to progress 							
Link to Strategic Goals:	Right Care		<input type="checkbox"/>	Right Time		<input type="checkbox"/>		
	Right Place		<input type="checkbox"/>	Every Time		<input checked="" type="checkbox"/>		
Link to Board Assurance Framework (Strategic Risks):								
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Equality Related Impacts:			<p>The Workforce Strategy has identified Equality Diversity and Inclusion as a key theme and includes a number of improvement goals aimed to support the Trust in meeting its Public Sector Equality duty.</p>					
Previously Submitted to:			Resources Committee					
Date:			20th March 2020					
Outcome:			Assurance received – comments noted in section 9.2					

- THIS PAGE IS INTENTIONALLY BLANK -

1. PURPOSE

- 1.1 The purpose of this paper is to provide the Board of Directors with an overview of the 2019 staff survey report published by the National NHS Staff Survey Co-ordination Centre. The findings will enable early identification of development areas and acknowledgement of specific areas which have improved. The report will outline work previously undertaken based on last year's trust-wide action plan and evaluate how this has impacted this year's results. Analysis was also undertaken to compare results from the previous year to understand what movement has been made and whether this links into specific interventions.

2. BACKGROUND

- 2.1 In February 2020, the National Survey Coordination Centre published the national statistics from the 2019 staff survey which provides core survey responses appropriately benchmarked against national data. Please note that the feedback reports produced by the Coordination Centre are benchmarked against other organisations of a similar type, in order to make fair comparisons between organisations in the feedback reports, the data from each organisation has been weighted so that the occupational group profile of that organisation reflects that of a typical organisation of its type.
- 2.2 The Survey Coordination report for North West Ambulance Service NHS Trust contains results for themes and questions from the 2019 NHS Staff Survey, and historical results back to 2015 where possible. These results are presented in the context of the best, average and worst results for similar organisations where appropriate. Data in this report is weighted to allow for fair comparisons between organisations.
- 2.3 The survey was carried out as a mixed mode survey combining of online and paper copies. 111 and EOCs received paper copies with all other staff receiving the survey via an email link. PTS elected for online copies for this campaign, and this does appear to have impacted on responses from this service line.
- 2.4 The principle measures to evaluate the success of the campaign are as follows:-
- ✓ To increase the overall response rate
 - ✓ Increase the staff engagement score
 - ✓ Extract data to influence local action plans.
 - ✓ To act as a useful data metric for staff experiences

3. FINDINGS

3.1 Response Rate

The final response rate was 45% (2774 respondents). Please note that the number in brackets represents the respondents

Year	Overall Response Rate
2019	45% (2774)
2018	46% (2789)
2017	42% (2441)
2016	37% (2121)
2015	20% (1014)
2014	24%

- 3.2 This response rate had been increasing year on year and whilst we have seen a percentage drop in response this year it only represents 15 fewer staff so is a stable position in comparison with 2018.
- 3.3 In terms of other Ambulance Trusts, the worst performing Trust was 41.4% and the best performing Trust – 71.5%. After discussions with the Northern Alliance staff survey working group the following final results for local Trust were as follows:-
- NWAS: 45%
 - YAS: 50%
 - EMAS: 52%
 - NEAS: 47%
- 3.4 We will be working with NAA colleagues to learn the lessons from their successful campaigns with the aim of improving our response position in 2020.

4. NATIONAL REPORTING THEMES

- 4.1 NWAS is benchmarked on key themes. Themes are summary scores for groups of questions and are calculated by assigning values to responses (on a scale of 0 – 10) and then determining a mean score. A higher theme score always indicates a more favourable result. Each theme is comprised of between three and nine questions.
- 4.2 The report is based on 11 themes. The following chart presents the significance testing conducted on this year's theme scores and those from last year*. It details NWAS' theme scores for both years and the number of responses each of these are based on. The tables illustrates no significant statistical changes but positively shows a maintenance of results.

4.3

THEME	NWAS 2018	NWAS 2019		SECTOR AVERAGE	
Equality, Diversity & Inclusion	8.4	8.4	↔	8.5	Below average
Health & Wellbeing	5.0	4.9	↓	5.0	Below average
Immediate Managed	6.2	6.3	↑	6.3	Average
Morale	5.7	5.8	↑	5.7	Above average
Quality of Appraisals	4.9	4.9	↔	4.8	Above average
Quality of Care	7.5	7.6	↑	7.4	Above average
Bullying & Harassment	7.2	7.4	↑	7.4	Average
Violence	8.8	8.7	↓	8.8	Below average
Safety Culture	6.1	6.2	↑	6.2	Average
Staff Engagement	6.4	6.4	↔	6.3	Above average
Team Working	5.3	5.2	↓	5.2	Below average

*Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

5. TRUSTWIDE – UNDERSTANDING THE RESULTS

5.1 Equality, Diversity and Inclusion

This theme does not measure the experiences of differing groups within the workforce. The contributing questions relate to overall perceptions of fairness in career progression, experience of discrimination and reasonable adjustments. Overall the responses to questions around career progression and discrimination showed positive improvements which reflects the work done over the last 12 months around in-house positive action

programmes, such as Women in Leadership and pre-employment. Overall the score for this theme has remained stable but advances across the sector have been greater.

5.2 Health and wellbeing

The Trust continues to have a comprehensive and award winning health and wellbeing offer in place and has enhanced this in 2019 through the expansion of peer support to 111 and EOC, re-signing the mental health pledge and tackling stigma through the Rising to Resilience video and introducing therapy dogs.

5.2.1 Analysis of the question response indicates that the response around the perceived opportunities for flexible working has had the most impact on the theme with this question showing a 3.8% reduction. At the time the survey was undertaken the roster review was in its very early stages and we believe that the anxiety felt about the potential impact on current flexible arrangements has affected the response. This is seen through the PES sector reports.

5.2.2 Follow up feedback in previous years suggest that work pressures such as late meals and end of shifts impact on responses to questions around health and wellbeing in the survey. This is supported by the fact that responses to questions about the support for health and wellbeing from immediate line managers continue to show improvement.

5.3 Immediate Managers/Morale

Both of these themes are linked in that leadership has a significant impact on both. Although the Immediate Line Manager theme shows an average score against the sector the responses to questions relating to immediate line managers all improved in 2019 and some of the scale of the changes over the last 2 years show the impact of the leadership interventions in place within the Trust.

5.3.1

QUESTION	IMPROVEMENT SINCE 2017
Manager gives clear feedback	10%
Manager asks for my opinion before making decisions	6.2%
Manager takes a positive interest in my H&WB	4.1%
Manager values my work	7.3%
I am supported to receive Learning & Development	4.9%
Manager is supportive in a personal crisis	3.1%
Support from immediate manager	5.3%

5.3.2 During 2019 the Trust has continued to roll out Be Think Do through induction, appraisal and implemented into leadership selection processes. This is alongside coaching opportunities and a range of personal development offers. The continuing improvement in the immediate line management results is one measurement of the impact of these improvements.

5.3.3 Overall 57.4% of staff would recommend NWS as a place to work. This has improved by 2.1% since 2018 and is 6% above the average for the sector.

5.4 Quality of Appraisals

This theme was stable this year but is above average for the sector and is one theme which compares well with other parts of the NHS. In particular the improvements in compliance rates and the extent to which staff feel valued following their appraisal have shown positive improvements.

5.4.1 Committee will be aware through regular reporting of the focus the Trust has had on improving both compliance levels and the quality of appraisal, the latter through training and audit processes.

5.5 Quality of Care

This theme is above average, with the response to all the supporting questions showing a positive improvement and it is pleasing to see staff are increasingly satisfied with the quality of care they can give to patients. The clarity provided through the Right Care Strategy, the improved focus on learning and supporting CPD interventions all contribute to these improvements.

5.6 Bullying and Harassment

This theme has had significant local and national focus as the sector is considered and outlier in comparison with other parts of the NHS. The 2019 results show a very positive picture. Perceptions of bullying from managers have been improved by 1.8% and now stand at 14.1% and from colleagues by 0.7% and now stand at 17.1%. Both of these areas are below average for the sector.

5.6.1 This recognises the work undertaken through leadership training, the joint review of policy and the launch of the Is it Banter training in 2019.

5.6.2 We have also seen a significant improvement in the reporting levels for bullying and harassment with an additional 6.3% of staff having spoken up and reported incidents of bullying and this is above average for the sector. This will have been contributed to by the role of Freedom to Speak Up in the Trust but overall this presents a positive picture with negative experiences reducing and reporting increasing.

5.7 Violence

Overall our staff experience of violence has worsened since 2018, this is mainly due to a 1% increase in staff experiencing violence from patients but there is also a small increase in those reporting violence from colleagues. This has not been seen through internal processes and the overall percentage remains small but this is an area to be explored further.

5.8 Safety Culture

This theme has shown good increases in positive scores across most contributing questions. In particular staff confidence that they will be treated fairly if they make an error (1.1% increase), confidence that the trust will take action on reported incidents (1.5% increase); and feedback being received following incidents (up 6.9% in the last 2 years).

5.8.1 This theme recognises the work undertaken through the Quality and medical directorates to improve the management of serious incidents and complaints, supported by the investment in investigation training.

5.9 Staff engagement/team working

Overall the staff engagement score has remained stable and above average but we have seen a reduction in the score related to the Team Working theme. Key areas of improvement in responses were around care being the organisations top priority, recommending as a place to work and staff being happy with the standard of care provided. However, there were signs in some questions responses regarding the workload pressures over 2019 with staff reporting that teams have less chance to meet, ability to make suggestions or improvements have reduced slightly and enthusiasm for the job also reducing by a small amount.

6. DIVERSITY RESULTS

6.1 The staff survey also contributes to the WRES and WDES indicators. The following table shows the WRES scores:

WRES RESULTS

QUESTION	NWAS BME	NWAS WHITE	GAP BME	BME experience	
Experience B&H from patients	34.6%	47.9%	14.6%	Better	↑
Experience B&H from staff	25%	24.5%	0.5%	Worse	↑
Equal opportunities career progression	57.1%	75.7%	18.6%	Worse	↑
Discrimination from line manager	13.6%	10.6%	3%	Worse	↓

6.2 In terms of WRES questions only one shows a slight worsening since 2018 which is experience of discrimination which has worsened by 0.8%, although the experience of our staff remains better than the sector average and has improved by 10% in the last two years. In all cases the experience of our BME staff is better than the average for the sector and the trend data on the whole shows some positive improvements in narrowing the gap between the experience of BME and white staff, although there remains work to do. For example, the experience of bullying and harassment from staff has reduced to only 0.5% difference and the gap in relation to perceptions of equality opportunities in career progression has reduced from 24% to 18.6%.

6.3 2019 was the first year that the WDES was published so we are at the early stages of staff engagement and understanding the interventions which will make the most impact for disabled staff. The 2019 results are a mixed picture. We have seen some very positive improvements in the experience of bullying and harassment from managers, the reporting of bullying and harassment, the perception that the Trust offers equal opportunities and the extent to which staff feel valued for their work. The latter two questions have shown a 4% improvement. However, scores around feeling pressure to come into work when unwell and reasonable adjustments have worsened slightly.

7. LOCAL - KEY THEMES AND HIGHLIGHTS

7.1 As well as receiving high level data, the OD team also breaks down the data to directorate, service line and sector levels to drive local improvements. When exploring the local RAG reports for each area, we have been able to identify specific areas of improvement relating to certain questions and improved responses based on the previous year. When reviewing the RAG comparative report alongside the 2018 local plans we are able to build an informed picture around staff experience and comment on where improvements have taken place. The following are some examples of how local action plans have impacted positively on the 2019 results.

7.2 Within CAM PES, there appears to be some key improvements in regards to the results namely the staff survey section regarding 'immediate managers'. All of the questions in this section have improved across all sectors which is encouraging. This shows that the actions

agreed and implemented from the 2018 local plan regarding immediate managers have worked. Some of the specific actions included:

- Ensuring SPTLs attended 'Be Think Do' training/awareness
- Supporting managers who identified, via an appraisal, to feel less confident in having difficult conversations with staff, to have training with L&D team
- During all appraisals the Trust values were discussed with an emphasis on the values 'Improving Lives' and 'Respect and Dignity' and this was recorded on appraisal forms.

Other improvements evident from the results included staff feeling involved in deciding change that affects their work, the recognition they receive and feeling the organisation values their work.

7.3 Within EOC, all sectors have shown improvement in a number of areas and an example of this is in regards to the question 'manager gives clear feedback'. This improvement can be directly linked back to the local plan where it was agreed that a new bespoke development programme for managers was to be implemented commencing September 2019. It was identified that leadership skills for managers was a gap within EOC. Further improved areas included:

- Staff look forward to coming to work
- Would recommend the trust if a friend/relative needed treatment
- Feel their role makes a difference
- Being able to deliver the care they aspire to.

All of these improvements suggest a positive impact of the local plan with specific agreed actions from 2018.

7.4 Within CAL PES, we have seen improvements in the staff survey across all sectors with the more evident improvement being 'senior manager's act on staff feedback'. There was a specific action on the local plan which would suggest that these measures have been successful. Actions relating to staff feedback were as follows:

- Improve feedback to and from Staff
- Improve how immediate line managers provide positive feedback to staff
- Ensure that all commendations are delivered by local managers, giving immediate feedback, as necessary
- Ensure that Staff Forums are arranged and well communicated, with clear format for messages, but also opportunity for staff to discuss issues freely in an open forum

Other indications of where improved scores are evident:

- Staff given feedback regarding changes
- Errors/near misses reported and Organisation takes action
- Last experience of bullying & harassment reported

7.5 Within GM PES, one of the most improved questions was 'organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age' with a 22% increase from last year. The 2018 local plan looked specifically at improving the feeling of development and career progression being open to all and fair. The result certainly shows this has had a positive impact on staff.

7.6 PTS have improved consistently across all sectors for 'senior manager's act on staff feedback'. Within their 2018 plan, it was agreed that an established schedule of team meetings between front line staff and immediate line management be implemented to

facilitate two-way communication which included attendance of senior managers. The improved scores would suggest this has had a positive impact for staff.

7.7 Within 111 we have seen a steady increase for a number of areas including:

- Frequent opportunities to show initiative in role
- Support from work colleagues
- Immediate manager provides clear feedback
- Not felt pressure from colleagues to come to work
- Feedback given about changes made in response to reported errors/near misses/incidents
- Appraisal provided clear objectives for work

7.8 The 2018 local plan very much focussed on all of these areas to achieve a more positive staff experience within 111 and the scores reflect the hard work that has been done already and continues to be done.

7.9 For the corporate directorates, the staff survey results cannot always be reported on depending on team size as responses are unable to fall below a certain threshold to ensure anonymity. Nevertheless, the corporate directorates still produced local action plans and are subject to the same provisions as other areas.

8. FUTURE PLANS

8.1 The Trust is currently finalising the overall staff survey action plan with input from the wider OD teams, freedom to speak up, the Quality Directorate and through engagement with the Health and Wellbeing group. The areas for improvement highlighted within the staff survey already feed into the Workforce Strategy and Appendix 1 indicates how key workforce strategy plans align with the staff survey themes.

8.2 Corporate HR have engaged with Heads of Services to review progression of previous local action plan and to drive the formulation of the 2020 local plans For 2020, we are encouraging the appointment of Health and Wellbeing Champions within service areas to allow for a more open line of communication between staff. This should enable us as a trust to share best practice when it comes to Health and Wellbeing and promoting what each area is doing. We are hopeful staff will feel more empowered and involved by having the opportunity to become a Champion.

9. LESSONS LEARNT

9.1 For the next Staff Survey we have identified a few areas for improvement in order to increase next year's response rate:

- Ensuring that staff are aware of local action plans and the improvements being made across the trust as a result of the staff survey responses.
- Communications regarding the correct alignment of areas. It was highlighted following the 2019 staff survey that there are pockets of staff who may not be completing their areas of work correctly. This should ensure more accurate collection of results.
- Review incentives for staff to complete the survey. For 2019 we offered a price draw of £40 love to shop vouchers. These were drawn at the end of the staff survey.
- Review the impact of paper copies and whether uptake was greater or less.
- Improve competition through the wider publication of league tables for responses rates to staff rather than just managers

9.2 The results were discussed at the Resources Committee meeting on 20th March 2020. The Committee identified that the results provided assurance on progress in the Trust and in particular could correlate the improvements against the Workforce Strategy. Although recognising the results were good, Committee noted that an outstanding CQC outcome might expect to see more themes above average and with a higher variation from the average. Committee discussed a deep dive for autumn, including a focus on how the Committee could support the drive for improvements through visible leadership, and through identification and focus on areas outside the workforce strategy which contribute to the results. It was also noted that the Outstanding Culture Survey should provide a greater understanding of the areas which matter most to staff and therefore where interventions would have real impact on the experience of staff.

10. LEGAL and/or GOVERNANCE IMPLICATIONS

There are no legal implications.

11. RECOMMENDATIONS

The Board of Directors is recommended to:

- Note the impact of work in 2019 to the staff survey results
- Receive assurance on plans to progress

Staff Survey 2019 – Workforce Strategy Plans 2020

Staff Survey Theme	Workforce Strategy Theme	2020 Plans
Equality, Diversity & Inclusion	Engage – Inclusion	<ul style="list-style-type: none"> • Improving EDI visibility and leadership of Steering Group and Executive Champions • Clear leadership for patient inclusion • Improving staff network infrastructure • BME buddying • Continued positive action programmes • Continue to deliver action in relation to WRES, WDES, Gender Pay action plan
Health & Wellbeing	Engage - Wellbeing	<ul style="list-style-type: none"> • Outstanding Culture Survey and follow up actions • Refresh of 11Y microsite • Financial Wellbeing Offer • Local H&WB plans • Improving Staff Mental Health project • Rota review/meal break management • Flexible working promotion and case studies
Immediate Managers	Empower - Leadership	<ul style="list-style-type: none"> • BTD Essential Learning Programme • Implementation of coaching programme • Develop induction profile for all new leaders • Continue development of talent programmes • Extend use of talent conversations tool
Morale	Engage & Empower	<ul style="list-style-type: none"> • Outstanding Culture Project

		<ul style="list-style-type: none"> • Values refresh • Just Culture Project • Exit & stay interview development
Quality of Appraisals	Develop – Developing Potential	<ul style="list-style-type: none"> • Ongoing Quality Reviews • Review of call centres processes to link more closely with 1:1 • Extend use of talent conversation into appraisals • Values refresh
Quality of Care	Aligned to Right Care Strategy	<ul style="list-style-type: none"> • Implementation of year 1 of Strategic Mental health Plans • Delivery of enhanced IPC • See and Treat improvement collaborative
Bullying & harassment	Engage - Wellbeing	<ul style="list-style-type: none"> • “Treat Me Right” Campaign • Extended use of “Is it Banter” in induction and essential learning • Values work
Violence	Engage - Wellbeing	<ul style="list-style-type: none"> • Delivery of Violence and Aggression Group action plan • Body-Worn Camera pilot
Safety Culture	Right Care Strategy, Empower – Innovation & Improvement	<ul style="list-style-type: none"> • Just Culture project • Continued roll-out of the investigations training tool • Implementation of new Datix • Continued improvement in learning from incident

		<ul style="list-style-type: none"> • Meeting year 2 pillar of quality goals in Right Care Strategy
Staff Engagement	Engage & Empower	<ul style="list-style-type: none"> • Review of partnership arrangements • Outstanding culture project • Just Culture project • Localised H&WB plans • Stay interviews
Team Working		<ul style="list-style-type: none"> • Localised H&WB plans to have focus on this area

This page is intentionally left blank