

Public Document Pack

North West Ambulance Service NHS Trust

Board of Directors Meeting

Wednesday, 26 May 2021
9.45 am - 12.40 pm

Microsoft Teams

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
BOD/2122/16	Staff Story	09:45	Information	Director of Strategy, Partnerships and Transformation	
INTRODUCTION					
BOD/2122/17	Apologies for Absence	09:45	Information	Chairman	
BOD/2122/18	Declarations of Interest	09:45	Decision	Chairman	
BOD/2122/19	Minutes of Previous Meetings held on 31st March 2021 and 28th April 2021	09:45	Decision	Chairman	3 - 32
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BOD/2122/21	Committee Attendance	09:55	Information	Chairman	35 - 36
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STRATEGY					
BOD/2122/23	Chairman & Non-Executives' Update	10:00	Information	Chairman	
BOD/2122/24	Chief Executive's Report	10:05	Assurance	Chief Executive Officer	39 - 52
GOVERNANCE AND RISK MANAGEMENT					
BOD/2122/25	Annual Self-Certification: General Condition FT4 - Corporate Governance Declaration	10:15	Decision	Director of Corporate Affairs	53 - 62
BOD/2122/26	Annual Self-Certification: General Condition 6 - Systems of Compliance with Licence Conditions	10:25	Decision	Director of Corporate Affairs	63 - 72
BOD/2122/27	Charitable Funds Committee Chairs Assurance Report - from meeting held on 28th April 2021	10:35	Assurance	Mr D Rawsthorn, Chair, Charitable Funds Committee	73 - 76
BOD/2122/28	Audit Committee Assurance Report - from the meetings held on 23rd April 2021 and 11th May 2021	10:45	Assurance	Mr D Rawsthorn, Chair, Audit Committee	77 - 86
QUALITY AND PERFORMANCE					
BOD/2122/29	Integrated Performance Report	10:55	Assurance	Director of Quality, Innovation and Improvement	87 - 136
BOD/2122/30	Safeguarding Annual Report 2020/21	11:05	Decision	Director of Quality, Innovation and Improvement	137 - 150
BOD/2122/31	Senior Information Risk Owner Annual Report 2020/21	11:15	Assurance	Director of Quality, Innovation and Improvement	151 - 160

BOD/2122/32	Complaints Update & Annual Report 2020/21	11:25	Assurance	Director of Quality, Innovation and Improvement	161 - 170
BOD/2122/33	Medicines Management Annual Report 2020/21 including Controlled Drugs Annual Report	11:35	Assurance	Medical Director	171 - 196
BOD/2122/34	Quality and Performance Committee Assurance Report - from the meeting held on 26th April 2021	11:45	Assurance	Prof A Chambers, Chair, Quality and Performance Committee	197 - 204
BOD/2122/35	Resources Committee Assurance Report - from the meeting held on 21st May 2021	11:55	Assurance	Mr R Groome, Chair, Resources Committee	205 - 222
WORKFORCE					
BOD/2122/36	Equality, Diversity and Inclusion Annual Report 2020/21	12:05	Decision	Director of People	223 - 302
BOD/2122/37	NWAS People Plan	12:15	Decision	Director of People	303 - 348
COMMUNICATION AND ENGAGEMENT					
BOD/2122/38	Communications and Engagement Report Q4 2020-21	12:25	For Discussion	Director of Strategy, Partnerships and Transformation	349 - 360
CLOSING					
BOD/2122/39	Any Other Business Notified Prior to the Meeting	12:35	Decision	Chair	
BOD/2122/40	Items for Inclusion on the BAF	12:40	Decision	Chair	

Date and Time of Next Meeting

9.45am, Wednesday, 28th July 2021 via Microsoft Teams



Minutes Board of Directors

Details: Wednesday 31st March 2021 9.00am
via Microsoft Teams

Present:

Mr P White	Chairman
Prof A Chambers	Non-Executive Director
Dr D Hanley	Non-Executive Director
Mr M O'Connor	Non-Executive Director
Mr D Rawsthorn	Non-Executive Director
Prof R Thomson	Associate Non-Executive Director (Clinical)
Ms G Singh	Associate Non-Executive Director (Digital)
Mr D Mochrie	Chief Executive
Mr M Forrest	Deputy Chief Executive
Mr G Blezard	Director of Operations
Dr C Grant	Medical Director
Ms C Wood	Director of Finance
Ms L Ward	Director of People
Ms A Wetton	Director of Corporate Affairs
Mr S Desai	Director of Strategy & Planning
Prof M Power	Director of Quality, Innovation and Improvement

In attendance:

Mr S Parsons	Trust Secretary, Tameside and Glossop Integrated Care NHS FT
Mrs P Harder	Head of Corporate Affairs
Ms D Earnshaw	Corporate Governance & Assurance Manager (Minutes)

Minute Ref:

BOD/2021/138 Patient Story

The Director of Strategy and Planning presented the Board of Directors with a short film featuring a patient's relative and his experience locating his father following his admission via NWSAS emergency services to an acute setting with Covid-19 symptoms.

The film featured the details of the call recording, from the relative to the call taker and their efforts to establish which hospital his father had been admitted to within the region. The relative explained that his father was 85 years old and suffered from dementia and due to data protection; the call taker had refused to disclose the hospital to which his father had been admitted.

The confusion following the call regarding the whereabouts of the patient was distressing and it was felt that as a vulnerable 85 year old, suffering from dementia,

an alternative method to disclose the location of his father could have been considered by the emergency services such as calling his father's care home to confirm his father's identity and release his whereabouts to the home.

The relative explained he had not wished to make a complaint but highlight an opportunity for lessons to be learnt by the Trust, so this did not happen to another service user.

Prof R Thomson acknowledged that reasonable questions could have been asked by the Emergency Operating Centre (EOC) to identify the next of kin and contact the care home was the very least that should have been done. The Chief Executive stated it was imperative that the Trust endeavoured to meet the needs of relatives and families, particularly during the Covid-19 pandemic and information should have been shared between the crew and EOC.

The Director of Strategy and Planning advised that actions had been taken following the concerns raised and the processes have been revisited including a password mechanism that allowed a patient to be identified and their location disclosed. He added it was important that a family member had the opportunity to attend hospital with a relative and relatives should not have to experience such distress.

The Director of Quality, Innovation and Improvement confirmed the importance of the patient stories at Board level and ensured that Executives responded and improved processes and governance arrangements.

The Chairman endorsed the importance of the patient story and was extremely sad to learn that the relative lost his father. He thanked the relative for sharing his story and confirmed the Trust had a willingness to learn and improve processes.

BOD/2021/139 Apologies for Absence

There were no apologies for absence, however noted that Mr M O'Connor, Non-Executive Director would be late to join the meeting.

BOD/2021/140 Declarations of Interest

There were no declarations of interest to note.

BOD/2021/141 Minutes of Previous Meeting held on 27th January 2021

Noted that Mr R Groome, Non-Executive Director was not recorded as an attendee at the meeting.

The minutes of the previous meeting held on 27th January 2021 were agreed as a true and accurate record subject to the above amendment.

BOD/2021/142 Action Log

The Board noted the updated action log.

BOD/2021/143 Committee Attendance

The Board of Directors noted the Board and 2020/21 Committee Attendance Record.

BOD/2021/144 Register of Interest

The Board noted the 2020/21 register of interest presented for information and agreed as a true and accurate record.

BOD/2021/145 Chairman and Non-Executive Directors Update

The Chairman welcomed Gillian Singh Associate Non-Executive Director, with digital responsibilities who commenced with the Trust on 1st March 2021 and will be a member of the Resources Committee and Audit Committee.

He also welcomed Professor Aneez Esmail, future Associate Non-Executive Director with clinical responsibilities who is due to start on 1st April 2021. He added that Prof A Esmail was a well respected General Practitioner who would provide clinical support, guidance and challenge as a member of the Quality and Performance Committee.

The Chairman confirmed that he continued to attend regional meetings where discussion relating to integrated care systems (ICSs) was moving at pace with continued and meaningful engagement. He added that Chairman and Chief Executive representation and input from NWAS was ongoing and further guidance was awaited from NHSE.

The Board of Directors:-

- Noted the update from the Chairman.

BOD/2021/146 Chief Executive's Report

The Chief Executive presented a report to provide members with information on a number of areas since the last report presented to the Trust Board on 27th January 2021.

He reported that in his role of Chair of the Association of Ambulance Chief Executives (AACE) his time had predominantly been spent attending a number of Integrated Care Systems (ICS's) progress meetings including meetings with the NHSE/I team. He added that system wide working with AACEs, regarding Covid-19, continued.

He advised that January had been a particularly challenging time for NWAS due to increased operational demand and wider healthcare system pressures, combined with the impact of Covid-19. As with other ambulance trusts, the Trust had escalated from REAP level 3 to 4 to enable the Trust to respond and address the operational challenges.

The Chief Executive advised that like all other ambulance trusts, the Trust had since been able to de-escalate back to REAP level 3 and more recently REAP level 2. He acknowledged that the Trust would continue to monitor the situation due to the forthcoming easing of lock down measures, nicer weather and upcoming bank holiday weekends.

The Chief Executive reported that military aid had ceased on Saturday, 21st March 2021 and thanked the military for all their support over the last 6 weeks in supporting patients across the North West. He advised that feedback had showed that the military were proud of their involvement with NWAS.

He recognised the hard work of the staff with infection, prevention and control compliance (IPC), the Trust had received unannounced inspections across NWAS and inspectors had been happy with the measures that were in place to help keep staff safe, including the installation of permanent Perspex screens and good social distancing signage.

The Chief Executive advised that the Trust had received NHS Charities Together funding of £687k, which was approved by the NHS Charities Together Board of Trustees on 25th March 2021. He explained the funding would go towards vital projects including funding to assist the Trust's Community First Responders, installation of Community Public Access Defibrillators across the region and to increase youth education in relation to the ambulance service.

The Chief Executive acknowledged the departure of key members of NWS staff including Mr Kevin Mulcahy after 40 years of service, John Moorhouse, 30 years of service, Mr Michael O'Connor, Non-Executive Director and the retirement of Mr Michael Forrest, Deputy Chief Executive Officer. He thanked them all for their significant contribution to the organisation.

The Chief Executive paid tribute to the deaths of staff members, friends and colleagues of NWS and added that his thoughts and condolences went out to the families.

Mr D Rawsthorn referred to the AACE's position in relation to the ICS's in cases where an ambulance service footprint does not match with the geographical remit of the ICS. The Chief Executive advised there was no particular model and the discussions were work in progress in cases where local authority boundaries overlapped.

Prof A Chambers referred to 111 performance and queried when enhancements to the call centre workspaces, including protective screens, would be implemented. The Chief Executive advised that the screens were in the process of being put in situ and desk configuration and pod configurations were in progress.

Prof R Thomson explained he would welcome the lessons learnt from the use of military aid during the pandemic and specifically how the Trust would use the learning for future emergency response plans. The Director of Operations stated he would be pleased to follow up the lessons learnt with Prof R Thomson outside of the meeting.

The Chairman thanked the Head of Corporate Affairs and the team for their work in securing funding from NHS Charities Together and recognised the sad loss of NWS staff and offered his condolences to NWS colleagues, family and friends.

The Board of Directors -

- Received and noted the contents of the Chief Executive's report.

BOD/2021/147 Northern Ambulance Alliance Update

The Chief Executive presented a report that provided an overview of Northern Ambulance Alliance (NAA) key work stream progress.

The NAA consisted of 4 Trusts: East Midlands Ambulance Service NHS Trust; North East Ambulance Service NHS Foundation Trust; North West Ambulance Service NHS Trust and the Yorkshire Ambulance Service NHS Trust. He advised that appendix 1 of the report provided details and progress of the current work stream projects.

He reported that discussions had progressed between CEOs and Chairs on the role of NAA and Covid-19, which allowed a refocus for the CEOs, Chairs, and Directors of the regional groups to learn from each other. He added that the NAA had acknowledged the benefits of rolling out large scale projects, which had enabled wider discussion on the future remit of the NAA.

The Chief Executive confirmed that future developments would be presented to Board.

The Chairman supported the view and agreed that the remit of the NAA should be revisited to include wider key members of staff to enable collaborative working and network opportunities.

The Board of Directors -

- Noted the content of the report, the current position and plans for the NAA work streams.

BOD/2021/148 Urgent and Emergency Care Refresh

The Deputy Chief Executive presented an overview of the Urgent and Emergency Care (UEC) Strategy refresh, progress up to quarter 4 and the delivery roadmap from 2021/22 onwards.

He advised that the Strategy was approved by the Trust Board in March 2019 which outlined how NWS would develop an integrated urgent and emergency care model, to support the Trust's vision to be the best ambulance service in the UK; delivering the right care, at the right time, in the right place, every time.

He explained that the Trust's Executive Leadership Committee (ELC) had considered the refresh in October 2020 and requested amendments to strengthen the Emergency Care section within the strategy to include reference to the operational service delivery model, which was being scoped at the same time and in partnership with the AACE.

The revised UEC Strategy was approved by the ELC in January 2021.

The Deputy Chief Executive Officer reported that the Strategy refresh had acknowledged the changes to normal activity caused by Covid-19 and the requirement for system wide collaboration. As such, the strategy now reflected the need to undertake a thorough systematic review of the operational service delivery model in conjunction with AACE and external demand and capacity review consultants.

He advised that s3 of the report highlighted the updated driver diagram and outlined the four strategic priorities, Emergency care; UEC service delivery; integrated response model and reducing avoidable conveyance (RAC).

He commented on the recent implementation of the Cleric system in 111 and Clinical Hub and the infrastructure in place to promote seamless and appropriate patient care in line with the UEC strategy priorities.

Mr D Rawsthorn referred to the Trust's estates and queried how these would be considered within the priorities of the strategy and the Trust's strategic risks.

The Deputy Chief Executive advised that the Estates Strategy and Digital Strategy were entwined with the UEC strategy, however overall aligned to Strategic Risks SR01 and SR03. He agreed that the strategies were intrinsically linked and would need to be considered alongside the priorities and implementation of the UEC strategy.

Dr D Hanley welcomed the update and the development of the measurement strategy and queried timescales. He added that rotational working was also an important issue.

The Deputy Chief Executive advised that the measurement strategy would be presented to Quality & Performance Committee as an update in May, with future evaluation and assurance received through the Quality & Performance Committee.. He added that the single primary triage decision gateways would allow value for money consideration and the measurement strategy was a formal way of measuring implementation and the impact on patient care, with assurance reporting for scrutiny to Quality and Performance Committee and onward reporting to Board.

At this point in the meeting, the Director of Strategy and Planning referred to questions raised by the Public and Patient Panel as follows:

What are the actions planned to address some of the learning points that have been identified from Covid-19?

In response, the Deputy Chief Executive advised that the response to COVID had been driven by a system wide approach to demand management, flow, and discharge. The Trust has worked closely with the regional and area governance structures in a way that has allowed us to access alternative pathways of care more effectively. The pace of change has been positive and has also been complemented by good clinical quality governance i.e. Safety Siren Indicators. This will continue to feature as part of recovery planning. The use of PTS COVID and other resources has demonstrated the versatility of our workforce and the need to maximise the frontline emergency ambulance response capacity. NHS 111 First and UEC by Appointment initiatives also emphasise our key role as the 'access point' for urgent and emergency care and how streaming of patients according to clinical need has reduced those patients needing ED intervention. All area UEC recovery plans will seek to harness additional capacity for Clinical Assessment Services and local solutions for effective streaming of patients. The Trust has established a Service Delivery Model review group that will seek to increase the frontline resource, whilst ensure that our contact centre and workforce functions reflect optimal ways of working. The National Ambulance Strategy and Transformation Group is also a conduit for learning from best practice and this forms part of the national recovery infrastructure.

The Chairman welcomed the Strategy refresh but reminded members of the need for Equality Impact Assessments to accompany the Trust's key strategies, prior to approval however, in terms of strategic principles, supported the refresh the strategy to members of the Board.

The Board of Directors -

- Approved the changes made to the UEC Strategy, alongside the delivery progress up to quarter 4 2020/21 and priorities for 2021/22 onwards.

BOD/2021/149 Digital Strategy Refresh

The Director of Quality, Innovation and Improvement presented the Trust's Digital Strategy Refresh. She reported that the North West Ambulance Service (NWAS) had published its first Digital strategy on 29th May 2019.

She advised that to ensure the strategy remains relevant a process of yearly refresh was agreed and the delay in production and publication agreed by the ELC to minimise pressures during the Covid-19 response.

She added that an annual report summarising achievements since the launch of the strategy, risks mitigated and remaining, finance implications and key next steps would be presented to the Board of Directors in May.

The Director of Quality, Innovation and Improvement noted that the refresh of the strategy was overseen by the Trust's Digital Oversight Forum including representation from across the organisation and followed a number of sessions with the Patient and Public Panel and external partners.

She advised that the strategy had largely remained the same and contained a number of changes and additions to strengthen key areas, which were outlined in appendix 1. She confirmed that the Resources Committee had asked a couple of areas regarding data quality and some areas related to the green agenda be strengthened and these would be incorporated into a future implementation paper to the next Resources Committee meeting prior to Board.

She added that there had been a strengthened emphasis on digital inclusion and noted progress on large-scale projects with a 12 to 20 risk score as a result. She added that an EIA would be completed to accompany implementation plans through to Board via the Assurance committees. The Resources Committee had requested review of the original review of the business case to ensure that outcomes were as intended and provided value for money.

The Chief Executive explained that the strategy and previous strategy contained key components of high volume and the Trust were managing the risk and management through Corporate Programme Board to ensure resources are prioritised with the right sequencing. He confirmed that members would be kept updated and there may be a need to flex some priorities as the Trust moves into the new financial year to respond and adapt in relation to the pandemic.

Dr D Hanley referred to the metrics table within the report and queried how the team would learn and understand how the digital journey would improve through implementation of digitisation. The Director of Quality, Innovation and Improvement explained there was nothing in the high-level suite of metrics but every single piece of work had a cost benefit analysis and recognised that a format for aggregating and reporting the improvements made through the implementation of the digital strategy was required.

Dr D Hanley referred to cyber-attack recovery and queried what the Trust's strategy was for dealing with the risk. The Director of Quality, Innovation and Improvement noted the amount of work completed to support and protect systems with manufacturers and NHS Digital to allow and apply upgrades to systems. She advised that the Trust worked hard to be responsive and proactive during operation down times and monitored the threat of vulnerability. She added there had been a focus from the team to scrutinise management systems and make assessments against which the NHS made judgements whether the Trust were safe.

She provided assurance that the Trust was in a much stronger position, was extremely vigilant with a great level of checks in place, however she could not assure against a cyber-attack.

The Chairman acknowledged the very comprehensive report and the robust scrutiny of the paper at Resources Committee. He welcomed the input of the Patient and Public Panel and welcomed their input in future strategy refreshes and new strategies in the future.

The Board of Directors –

- Approved the refreshed Digital Strategy.

BOD/2021/150 Board Assurance Framework (BAF) Risks 2021/22

The Director of Corporate Affairs presented the Board Assurance Framework (BAF) Risks for 2021/22, which had been issued in light of the proposal for four Board Assurance Framework Strategic Risks during the first two months of 2021/22.

She emphasised that the four strategic risks have been identified before the Planning Guidance and Planning cycle has been completed and that the Trust's Corporate Risk Register remains.

Mr D Rawsthorn queried the wording of the financial risk in light of evidencing value for money.

The Director of Finance advised that previously there had been control totals for capital and revenue and although the Trust had a draft financial plan for 2021/22, there had not yet been confirmation of the system funding envelopes. With this mind, she confirmed the strategic risks would be reviewed after 2 months and the financial plan and strategic risk revisited.

Mr D Rawsthorn referred to the lack of a digital strategic risk and hoped to see the return of the risk following receipt and digestion of the planning guidance. Dr D Hanley supported Mr D Rawsthorn's point and reinforced the need to consider the longer term 3-5 year financial strategic risks rather than over the next few months and would be keen to monitor how it developed moving forwards.

The Director of Corporate Affairs confirmed that following the planning round the Executives would revisit the strategic risks for discussion by the Board.

The Chairman confirmed this was an important document and noted that the strategic risks were limited to four over the next couple of months to be reviewed again.

The Board of Directors -

- Approved the current proposed BAF risks for 2021/22.

BOD/2021/151 Risk Appetite Statement (RAS) 2021/22

The Director of Corporate Affairs presented the Trust's Risk Appetite Statement (RAS) for 2021/22.

She reported that the RAS underwent a full revision and refresh by the Board of Directors during focused sessions in March 2021.

Mr D Rawsthorn suggested a minor improvement to a bullet point at the end of the statement to read – NWAS has a moderate appetite to accept risks that impact on financial value for money. However, budgetary constraints will be exceeded when required to mitigate risks to patient or staff safety or quality of care.

He welcomed the last paragraph regarding key decision making. He added that page 2 of the statement was confusing and requested a conversation outside of the meeting to discuss with the Director of Corporate Affairs.

The Chairman welcomed the efforts of the Director of Corporate Affairs and Non-Executive Directors and the positive engagement.

The Board of Directors -

- Approved the Risk Appetite Statement for 2021/22 subject to minor amendments to wording as discussed.

BOD/2021/152 Integrated Governance Structure

The Director of Corporate Affairs presented the Integrated Governance Structure. She reported that as part of the annual corporate governance processes whereby committee and management group effectiveness is evaluated, the supporting structure of the Board Assurance Committees had also been evaluated for effectiveness and efficiency.

She advised that the recommended changes had been agreed with Executive Directors subject to the Terms of Reference and Work plans being presented to the relevant Board Assurance Committees for approval during April 2021.

The recommendations included change of nomenclature for Board Assurance Committee immediate sub-structure from Management Group to Sub-Committee; separation of Health & Safety from Patient Safety resulting in a Health, Safety & Security Sub-Committee and a Patient Safety Sub-Committee. The establishment of an IPC Sub-Committee and establishment of an EPRR Sub-Committee.

The review had also recommended a revised Clinical Effectiveness Sub-Committee remit to ensure no overlap/duplication with Patient Safety Sub-Committee. Also, the Information Governance Sub-Committee aligned to the Audit Committee and remit of governance: cyber security and data quality assurance.

Mr D Rawsthorn explained the diagram was extremely helpful and suggested uploading to the Trust's Modern.Gov system for future reference.

Prof A Chambers agreed and reiterated that the assurances related to safety through separation of Patient Safety and Health, Safety and Security would allow focus and robust scrutiny on all aspects of safety by the Quality and Performance Committee to support assurances to the Board.

The Board of Directors:

- Noted the refreshed integrated governance structure for 2021/22.
- Suggested uploading integrated governance structure onto Mod.Gov.

BOD/2021/153 Chairman's Annual Fit and Proper Persons' Declaration

The Director of People presented the Chairman's Annual Fit and Proper Persons' Declaration.

She reported that 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).

She advised that the report set out the Chair's annual declaration of compliance and was 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.

The Chairman thanked the Director of People for the paper and confirmed that it was the responsibility of the Board members to notify any changes throughout the year.

The Board of Directors:

- Noted 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.

BOD/2021/154 Non-Executive Directors – Terms of Office 2021/22

The Director of Corporate Affairs presented the Non-Executive Directors Terms of Office 2021-22.

She reported there was one Non-Executive Director whose term of office ends during Q1 2021/22 and had already been reappointed by NHSEI for a further 2 year term. She added there were three Non-Executive Directors who reach the end of their current term of office during Q2 2021/22.

The Board of Directors -

- Noted the assurances that the Board remains compliant with Establishment Order 2006 No 1662 and Membership and Procedure Regulations 1990 (as amended).
- Noted that the Board can continue to declare compliance with code provision B.7.1 of Monitor's Code of Governance with respect to Non-Executive Directors Terms of Office.

BOD/2021/155 Integrated Performance Report

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report for March 2021. She advised that the report detailed the Trust's performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during February 2021 unless otherwise stated.

In relation to Quality, she reported that although the Trust was on track with its strategic goal of reducing complaints, there continued to be challenges in relation to closure of complaints within the required timeframe. She explained the reasons for the fall in completion rates within timeframe included the Trust being at Reap Level 4 with less availability within operational teams to support the investigation procedure and a significant backlog of complaints level 4-5 closed due to decrease in activity in February.

She confirmed there was a plan to clear the backlog based on a re-organisation of the complaints team and also closer working by the patient safety team and EOC, to reduce their backlog quickly. She added that a meeting had been held on 24th March 2021 to develop a rapid response plan to reduce the operations backlog. Prof A Chambers confirmed there had been challenge and scrutiny at the Quality and Performance Committee on 15th March 2021 and had been assured that the risk was being managed and reviewed with learning being brought forward.

The Chairman supported the work of the Quality and Performance Committee and requested that resourcing issues are monitored and notified to Board.

The Director of Finance referred to the year to date expenditure on agency spending. She confirmed discussion at Resources Committee involved assurances related to the exit strategy, and 111 activity included a move onto substantive contracts.

The Director of Operations provided a summary of operational activity in Patient Emergency Services (PES) the Ambulance Response Programme (ARP), 111 and Patient Transport Service (PTS). He advised January had been a challenging month with the Trust's REAP level escalated to Level 4, however with military assistance, the Trust had maximised resources for emergency response.

In terms of call handling performance, he stated this continued to be excellent when appraised against all key metrics with the percentage of calls answered in 5 seconds at 99.05% for February 2021. In addition, he confirmed that NWS's EOCs have continued to support other Trusts, with frequent support provided to Scotland and for February, response time targets were met for C1 90th, C3 mean and C3 90th. Call handling time plan in place, NHS 111.

In terms of 111 performance, he reported that during February performance improved and demand throughout January and February remained stable, however intraday volatility made forecasting a challenge.

He reported that during January and February, 111 had experienced a significant rise in Covid-19 abstractions, peaking at circa 180 per day, however since the report the level of abstractions had reduced significantly to a less concerning level with the service having had no related positive cases for 18 days.

The Director of Operations confirmed that calls answered within 60 seconds in January was 68.57%, with a further improvement in February delivering 76.12% and he stated the improvement seen in February correlated with the improving position in staff abstraction rates. He added the service had experienced a significant increase in NHS 111 calls querying the safety of the Covid-19 vaccination.

In relation to staffing, he reported that following the successful recruitment to support 111 First, the service would focus on the support roles required to enable all new staff to undertake call taking to the highest possible standard.

He added that work was almost complete to expand the estate at Middlebrook and call handlers recruited between December and March would be rostered to shift patterns to optimise performance.

The Chairman noted that historically performance in relation to clinical call backs in 111 had been pressured but now that resource had increased he expected to see a rise in performance.

In terms of PTS, the Director of Operations reported that due to an issue with data extraction, PTS performance was reported to January 2021 instead of February 2021 and normal reporting would resume for the next board report. He advised that PTS continued to provide support to PES and activity in January for the trust was 40% below contract baselines, whilst the year to date position (July 2020 – February 2021) is performing at 39% below baseline, due to Covid-19 pressures.

In terms of Organisational Health, the Director of People reported that Covid-19 had had an impact on appraisal and mandatory training performance indicators. She advised that the overall appraisal completion rate was 60.75% against a revised trust target of 75% by September 2021 and this was lower than 95% due to the effect of Covid-19.

She added that in relation to mandatory training, the trust was 75% compliant, which was due to the impact of Covid-19 and the addition of new topics for the current year's cycle of training.

The Director of People confirmed that the Trust's Executive Leadership Committee had agreed a revised target of 75% and this was currently being met.

Ms G Singh referred to staff turnover and queried whether future flexible working arrangements would have an impact.

The Director of People agreed in respect of the link between staff turnover position and flexibility however noted that offering flexible working was a challenge for some departments and sectors of the organisation

In terms of Covid-19 related absences, it was noted there had been 200 instances of staff who tested positive in February 2021 with 1,685 instances since July 2020.

The Trust had experienced 91 outbreaks on Trust sites from July until the end of February 2021 with 68 of these now closed. The largest outbreak had been at Middlebrook where the call centre for 111 is based and the largest 5 outbreak sites account for 21% of confirmed Covid-19 cases.

The Director of Quality, Innovation and Improvement reported that in February, there were 5 new outbreaks but this had significantly improved since the reporting period.

The Chairman acknowledged that the Board would continue to monitor the Trust's attendance position and the impact of processes for working with staff and patients through the Resources Committee and encouraged ongoing scrutiny in relation to attendance management.

He added that members of staff throughout the Trust had come into work during periods of extreme pressure and under very difficult circumstances and he thanked the Executive Directors and all of their staff teams for their efforts.

The Board of Directors -

- Noted the content of the Integrated Performance Report.

BOD/2021/156 CQC Regulation Update

The Director of Quality, Innovation and Improvement presented a CQC Regulation Update. She reported that the CQC continued to regulate providers using a risk based model under their transitional regulatory approach (TRA) which included a regular local level provider engagement meeting and a periodic transitional monitoring approach (TMA) via a multi-disciplinary documentation return and follow-up, virtual interview.

She advised that on the 24th of August 2020, the Trust was required to develop an IPC Board Assurance Framework (BAF) for the CQC to review and provide a summary report of their findings. The Trust's IPC Assessment Summary Record from the CQC was positive and the CQC's findings were reported through to Trust Board, at the December 2020 meeting.

The Director of Quality, Innovation and Improvement added that in November 2020 NWAS had made an application to add 'Surgical Procedures' as a CQC regulated activity and on 29 January 2021 the Trust were informed that the application was successful. She reported that on 17 December 2020, following the submission of a multi-directorate documented response to a series of questions, a 'Winter Pressures' TMA interview took place and the outcome of this process had been very positive.

She confirmed the Trust had a second 'regulatory compliance and governance' TMA interview on 19 January 2021, following the submission of a comprehensive assurance document with a very positive outcome of this TMA was received and a number of follow-up questions were answered and addressed.

She stated that the local CQC inspector re-iterated that they have no Regulatory concerns now with NWAS.

The Director of Quality, Innovation and Improvement advised that on 26th January the CQC launched a consultation process on their proposals for a more flexible and responsive regulation and Trusts were given until 23rd March 2021 of the option to respond. She confirmed that NWAS had prepared a response for approval by the Board of Directors.

She explained that the Trust's Executive Leadership Committee had considered a response on 10th March and the Quality and Performance Committee had endorsed the response at a meeting on 15th March 2021.

In terms of future inspection, she acknowledged the importance of working in partnership with the CQC in preparation for the forthcoming well-led inspection.

The Chairman supported the need for a proactive engagement process between the Trust and the CQC. He stated that the assurances presented to Board via the Board Assurance Committees were of paramount importance.

The Board of Directors -

- Received and noted the assurances in the Trust's response to the CQC.

BOD/2021/157 Learning from Deaths Quarter 3 2020/21

The Medical Director presented the Learning from Deaths Q3 2020/21 report. He reported that the Trust is required to publish, on its public accounts, a quarterly and then an annual summary of learning to demonstrate how organisations learn from deaths and imbed in practice.

He advised that the Trust's Review of Serious Events (ROSE) at their weekly meetings have identified a number of areas of learning. He stated that himself and the Trust's Consultant Paramedic chaired meetings to consider and review high-risk incidents that have caused harm.

In summary, he reported that the contributory factors to patient deaths, where identified, attributed to problems in clinical assessment and lack of available resources. He added that the peer review process identified most patients received appropriate care, but where failings occurred these included the failure to record observations, referring the patient to AVS/alternative providers; and/or lack of SOS/red flag/worsening advice given.

The Medical Director stated that the peer review identified areas of good practice such as the recognition of patients approaching end of life where no formal arrangements were in place, organising and engaging with multi-disciplinary teams to ensure best interests of the patient were met. He added that the peer review has identified three patient deaths for further review at ROSE and, at the time of writing, one of which is now classified as a serious incident, which would not have been known to the trust if not for the learning from deaths review process.

He confirmed that the Consultant Paramedic (Medical) through the learning forums and with individual frontline staff had made a commitment to disseminating and promoting good practice. There is an intention to commend individuals who through their care and professionalism have supported and provided families and patients with a positive experience.

He added that the Trust's Datix Cloud IQ mortality module is moving forward at pace with the intention to be in test mode by 31 March 2021 and live by end of quarter 1 2021/22.

Prof R Thomson thanked the Medical Director and the team and scrutiny of the report at the Quality and Performance Committee endorsed the triangulation of the information received had improved and will make a significant difference to how NWAS learn.

Prof A Chambers advised that through significant scrutiny she was confident that systems and processes are in place that enable learning and enhanced patient safety outcomes.

The Medical Director explained that a separate paper was presented to Part 2 of the Board meeting, which reported events received through other Trust processes outside of ROSE, including the coronial system; where reviews of processes and actions were identified to the Trust and for the ambulance service as a whole, as a process of learning.

The Chairman acknowledged the scrutiny and learning from the process reported through the Quality and Performance Committee and emphasised that how outcomes of learning were received and supported by all staff would be integral to improvement.

The Board of Directors –

- Supported the dashboard as the report to be published on the Trust public account as evidence of the Trust's developing engagement with a formal process of learning from deaths.
- Acknowledged the impact of the SJR process in identifying opportunities for improving care and the identification of serious incidents previously unknown to the trust.
- Acknowledged the good practice identified.
- Noted the progress in developing the mortality module in Datix

BOD/2021/158 Quality and Performance Committee Assurance Reports 15th February and 15th March 2021

Prof A Chambers presented the Chairs Assurance Report from the meetings held on 15th February and 15th March 2021. She advised the reports highlighted the assurance ratings in the last quarter and that 2021/22 deep dives would be scheduled for 2021/22.

She reported that Committee recommended escalation of hospital handover delays to the Board of Directors, at the meeting on 15th February. She reported that despite the Trust's involvement and hard work through the Hospital Handover Improvement Project there was a significant and potential risk to impact on patient safety in terms of delays, patients and crews waiting outside hospitals. Hence, the impact on patient safety warranted escalation to the board with a continued importance to ensure that the Quality and Performance Committee and Board of Directors do not lose sight of the impact of the delays.

The Director of Quality, Innovation and Improvement reported that the Every Minute Matters collaborative would be restarting in Q1 of 2021/22 and the position had much improved since February with plans to prepare for Winter 2021/22.

She added that from September onwards the Trust would start to see a cyclical pattern as the pressure increases in the system and it was important to build on the good practice and improved relationships between A&E and NWAS crews.

The Director of Quality, Innovation and Improvement advised that the NHSE/I had been informed of the Trust's risk related to delayed admissions and a need for shared ownership of the risk of recurrence across the wider health care system.

The Chief Executive recognised escalation of the risk to Board by the Quality and Performance Committee and explained that a quality improvement approach to the hospital handover delay project was ongoing work with system wide partners and a key component of the recovery plan.

The Chairman stated that the last 12 months had identified extreme challenges for NWAS and across the County. He added that although work was ongoing to prevent and mitigate risk, the Director of Quality, Innovation and Improvement and the teams should be commended on the work achieved to date.

The Board of Directors -

- Received and noted the content of the Quality Assurance reports from 15th February 2021 and 15th March 2021.
- Noted the escalation of hospital handover delays and ongoing monitoring of assurance through future Quality and Performance Committee meetings.

BOD/2021/159 Resources Committee Chairs Assurance Report – from the meeting held on 26th March 2021

Mr D Rawsthorn presented the Resources Committee Chair's Assurance report from the meeting held on 16th March 2021 on behalf of the Chair of the Committee.

He advised that there had been robust challenge regarding the plans to attain the revised mandatory training and appraisal targets, re-set due to the pandemic, and confirmed that the Resources Committee was satisfied that a pragmatic approach had been taken by the Director of People, with a robust plan to get back on track.

The Chairman reinforced the importance of appraisals and the need for quality time with Managers and staff across the Trust.

The Board of Directors -

- Received and noted the content of the Resources Committee Chairs Assurance report from 26th March 2021.

BOD/2021/160 Green Plan Review

The Director of Finance presented the Green Plan Review. She reported that following approval of the Green Plan by the Trust Board on the 2nd of March 2020, a revision of the plan had been undertaken following NHS acceleration of the decarbonisation programme to improve on the current statutory target of net zero by 2050 down to 2040 and a new publication *Delivering a 'Net Zero' National Health Service*.

The Director of Finance advised that the revised plan had been refreshed, with inclusion of NHS Building to Net Zero and updated Sustainable Development Assessment Tool (SDAT) score and Sustainable Development Goal's (SDGs). She reported that the refreshed SDAT submission resulted in an improved score of 69%, a positive increase from the last submission of 60%. She noted that this score ranked NWAS as the highest scoring ambulance service in the UK that currently use the model.

Mr D Rawsthorn commended the review and NWAS as the sector leader. He supported future work and improvements as an ambulance service with a large carbon footprint.

The Chairman requested clarification on appendix A of the report and the red actions contained within the risk assessment.

The Director of Finance advised that the action was held within the Trust's resilience team and was red because the individual had only just returned from leave and the red related to overdue review dates rather than actions not completed and risks continued to be managed through the Trust's sustainability steering group.

Prof R Thomson queried if any of the Trust sites had the capacity to create community gardens as these made a difference to wellbeing, diversity, and examples could be seen of this across the country.

The Chairman encouraged ongoing discussion at Resources Committee and the suggestion of involvement with external wildlife and country agencies to contribute to the green plan agenda and the environment for staff.

The Board of Directors -

- Approved the changes made within the revised Green Plan.

BOD/2021/161 Modern Slavery Act 2015 Statement

The Director of Finance presented the Modern Slavery Act 2015 report. She advised that the Trust board were required to approve the statutory statement relating to the Modern Slavery Act 2015 for publication on the Trust website and inclusion within the Annual Report for 2020/21.

Dr D Hanley queried if there had been any evidence of modern slavery cases across the NWAS region. The Director of Finance advised that she was unaware of any cases; however, this would be identified through safeguarding processes.

The Director of Quality, Innovation and Improvement advised that any identified cases would be reported to the Quality and Performance Committee as part of the the safeguarding agenda.

The Chairman supported Dr Hanley's suggestion and requested cases to be highlighted in the safeguarding reports to Quality and Performance Committee.

The Board of Directors -

- Noted the content of the report.
- Approved the recommendation of the drafted statutory statement for the year ending March 2021.
- Supported Modern Slavery cases to be reported through safeguarding reports to Quality and Performance Committee.

BOD/2021/162 Communications and Engagement Report Q3 2020/21

The Director of Strategy and Planning presented the Communications and Engagement Dashboard report for Q3 2020-21. He reported the Patient and Public Panel engagement activities had continued, despite Covid-19 and these continued to provide a valued contribution to understanding the views and concerns of patients and the public.

He advised that the Trust had maintained the statutory duty of Freedom for Information Requests and there had been a high level of uptake and engagement for social media activity and external campaigns to inform of demand and further public messaging.

The Director of Strategy and Planning confirmed that the Communications team had completed 55 films and Ms G Singh congratulated the team on the quality of the filming and videography.

The Deputy Chief Executive advised that the work of the Patient and Public Panel made a significant difference to how the CQC considered engagement and shaping of the service and praised the panel members and Communications team as the work progressed.

Mr D Rawsthorn advised that he had attended virtual Patient and Public Panel recruitment sessions but hoped that a return to face to face sessions could be encouraged when pandemic regulations allowed, encouraging wider uptake.

The Director of Strategy and Planning confirmed that the format of future recruitment sessions, considering Covid-19 safety factors, would be considered.

The Chairman stated he had found the input of the Patient and Public Panel and the work of the communications team to be very professional and supportive of the organisation and encouraged their valued input.

At this point in the meeting, the Director of Strategy and Planning referred to questions raised by the Public and Patient Panel as follows:

Some of us, as longer-serving members of the PPP Influence group, would like to thank and commend NWAS for the increasing level of its engagement with the PPP, as evidenced in these numbers. We would also like the Board to note that in a qualitative sense, we believe our PPP engagement is becoming more effective; both through the higher level of some PPP engagement, e.g. with the Proposal Assessment Framework and Digital Strategy, as mentioned in the Chief Executive's report to-day (page 37) and through our developing improved networking between some members within the PPP, which is enhancing our understanding and cohesion. Thank you for continuing to welcome and increase our engagement with you.

The Chairman expressed his thanks for the support of the panel and although he was not concerned about the level of scrutiny and balance through virtual meetings, he stated it was important to achieve a balance of face-to-face engagement in the future.

The Board of Directors -

- Received the contents of the Communications and Engagement Report Q3 2020/21.

Any Other Business Notified Prior to the Meeting

BOD/2021/163 At this point in the meeting, the Director of Strategy and Planning referred to questions raised by the Public and Patient Panel as follows:

What is the progress with rolling out 111 First throughout the region and is the panel involved in the design and promotion of this?

In response, the Director of Operations advised that 111 First has been rolled out across the region from late December. The design and promotion of the 111 first has primarily been driven by NHS England. As a trust we have put forward suggestions, however the decisions on design and promotion of the service have been made by NHSE.

At the start of the pandemic, I recall that access to mental health facilities was made easier via the increased provision of suitable phone numbers. Has that continued or are you back to where you were before Covid-19?

In response, the Director of Quality, Innovation and Improvement advised that Crisis Care Pathways for all Mental Health Trusts across the NW Region are still in place as a result of COVID-19, these will be staying as they were always part of the NHS Long Term Plan aspirations but with a longer timeframe for implementation.

In addition to this NWAS also have a number of formal direct mental health pathways underpinned by Memorandum of Understandings, these are in Halton, Knowsley, St Helens, Warrington, Cumbria – Carlisle, Eden Valley and West Cumbria, South Cumbria including Lancaster and Morecambe Bay, Lancashire via the Mental Health Access Line, Wigan, Leigh and Ashton in Makerfield, Bury. The referral pathways are detailed in the Clinical Hub Handbook that staff can access via the Green Room.

Following on from the increased use of PPE during the pandemic and its proven benefit to patients and ambulance staff, how are you planning to continue with these protections in some form when Covid-19 is over to ensure you meet your H&S responsibilities whilst offering patients protection from healthcare acquired infections?”

The wearing of standard PPE is always paramount to protect our patients and our staff. Whilst Covid-19 has given us additional PPE measures, the basic PPE for any patient care (regardless of infectious status) will continue to be available as part of our business as usual stock. This is supported by IPC policies and procedures outlining the level of PPE required for any infectious disease of which we always have PPE available on any vehicle. This is supported by procurement and local stock leads who manage the level of stock of PPE in each area to ensure that sufficient PPE is available and ready to order.

The Chairman reminded Executive colleagues of the need for Equality Impact Assessments to accompany Strategic Board papers to ensure Board members are notified of any potential impacts.

The Chairman acknowledged Mr M O'Connor and his end of a 7-year term as Non-Executive Director at NWAS. He advised that Mr O'Connor had served on Board Assurance Committees and as Vice Chair on the Trust Board. He thanked Mr O'Connor for his extremely valuable input and advice over the years and said he would be greatly missed.

The Chairman acknowledged the retirement from the Trust of Mr M Forrest, Deputy Chief Executive. He stated that Mr Forrest had been an integral member of the organisation and a positive force for all the best traditions of the organisation and the patient's public and staff that served within it.

He referred to the compliments made by the trade unions in relation to Mr Forrest's contribution during his time at the Trust and for developing partnerships with key stakeholders. He also referred to the support offered to colleagues and that many members of staff would miss him across the organisation.

BOD/2021/164 Items for Inclusion in the BAF

None

Date, time and venue of the next meeting:

The next meeting of the Board of Directors will be held at 11.00am on Wednesday, 28th April 2021 via Microsoft Teams.

Signed: _____

Date: _____

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Minutes
Board of Directors

Details: Wednesday 28th April 2021
via Microsoft Teams

Present:

Mr P White	Chairman
Prof A Chambers	Non-Executive Director
Dr D Hanley	Non-Executive Director
Mr D Rawsthorn	Non-Executive Director
Prof R Thomson	Associate Non-Executive Director (Clinical)
Ms G Singh	Associate Non-Executive Director (Digital)
Mr D Mochrie	Chief Executive
Mr G Blezard	Director of Operations
Mr R Groome	Non-Executive Director
Prof A Esmail	Non-Executive Director (Clinical)
Dr C Grant	Medical Director
Ms C Wood	Director of Finance
Ms L Ward	Director of People
Ms A Wetton	Director of Corporate Affairs
Mr S Desai	Director of Strategy & Planning
Prof M Power	Director of Quality, Innovation and Improvement

In attendance:

Ms R Foot	Freedom to Speak Up Guardian (Item 9 only)
Mrs P Harder	Head of Corporate Affairs
Ms D Earnshaw	Corporate Governance & Assurance Manager (Minutes)

Minute Ref:

BOD/2122/1 Apologies for Absence

There were no apologies for absence, however it was noted that Prof R Thomson would be late to join the meeting.

BOD/2122/2 Declarations of Interest

There were no declarations of interest to note.

BOD/2122/3 Register of Interest

The Board noted the 2020/21 register of interest presented for information and agreed it was a true and accurate record.

By means of an update, the Chairman noted the developments relating to ICSs was progressing at pace, with NWAS Executives working to formalise what the

developments will mean for the Trust. He stated there was now a realisation that the impact of the developments would be significant for members of the Board, with recent increased activity as Chairman.

BOD/2122/4 Board Assurance Framework and Corporate Risk Register Quarter 4 Closing Position 2020/21

The Director of Corporate Affairs presented the proposed Q4 position (as at 31 March 2021) of the Board Assurance Framework (BAF) with the associated CRR risks scored 15 and above; including the BAF Heat Maps for 2020/21 year to date. She reported that as part of the Q4 review, there had been proposed changes to the closing risk score of some strategic risks, outlined in s4 of the report and invited the Board to consider the reduction in scores and the rationale outlined in the report.

Mr D Rawsthorn noted the reduction in score of strategic risk SR02 and felt the rationale did not support the continued red risk rating of 15. He explained that based on the rationale and completed actions provided within the report, the reduction in risk score to 15 indicated it could be lower. The Director of Finance explained that the Board could agree to bring the risk score down from 15, however she would expect the score to increase again due to the significant pressures in terms of Covid-19 expenditure.

The Director of Corporate Affairs noted that Executives had supported the score of 15 on the basis of a consequence score of 5 and likelihood score of 3

The Director of Finance added that at the time of the Q4 closing position of the BAF, the Trust had forecast a break-even position; however, some funding had not been received or confirmed. With this in mind, she felt this was a timing issue but the consequence would remain the same.

The Chief Executive acknowledged the timing of the reduction in the financial risk score and stated that due to the risk of uncertainty moving forward over the next 6 months; it had been felt the score should remain at 15.

The Chairman noted the points made and welcomed the challenge. He added it was important the Board did not become averse to reducing risk scores and promoted further discussion on strategic risk scores, in the short term, at Board level.

Dr D Hanley referred to the reduction of strategic risks SR03 and SR04. He felt that these were long term strategic risks and could not see that that the risk had reduced. He added that he appreciated the scores were considered at a point in time but as a year-end position would not consider the risks to have reduced. He added that he had discussed the risks separately with the Director of Operations.

The Chairman acknowledged the comments made however noted the reduction still indicated a red risk rating of 15 and would remain a priority for scrutiny at the Quality & Performance Committee and Board.

The Director of Corporate Affairs reported there were 16 mitigating actions identified on the BAF within the report, which had been deemed to be delayed and the Executive leads would ensure that these were completed as soon as possible during Q12021/22.

The Board of Directors:

- Agreed the Q4 closing position of the Board Assurance Framework 2020/21.

BOD/2122/5 2021/22 Opening Position of the Board Assurance Framework

The Director of Corporate Affairs presented the proposed 2021/22 Opening Position for the BAF risks with associated Corporate Risk Register (CRR) risks scored 15 and above. She referred to the four strategic risks that had been identified and previously agreed by the Board of Directors until completion of the planning round in Q1 of 2021/22.

Mr D Rawsthorn noted the interim position in relation to the strategic risks, however continued to have concerns that there was no digital strategic risk. He hoped and expected this to be included following review of the risk and national guidance. He also acknowledged that the Strategic Risk SR02 was framed differently for 2021/22 and related to value for money, however the rationale for the risk related to financial planning and capital plans.

The Director of Finance advised the rationale for the risk had been written from the perspective of effective use of resources. She added that once the Trust were aware of resources and the funding envelope from the ICSs, the rationale would be updated.

The Chairman asked Mr R Groome, as Chair of Resources Committee to discuss and articulate the rationale of strategic risk SR02 with the Director of Finance.

The Board of Directors:

- Agreed the 2021/22 Opening Position of the Board Assurance Framework and points raised.
- Agreed Chair of Resources Committee and Director of Finance to articulate wording of Strategic BAF Risk SR02.

BOD/2122/6 Annual Review of Core Governance Documents

The Director of Corporate Affairs presented the Trust's core governance documents, which had been subject to annual review, as per the Standing Orders. She reported the outcome of the review resulted in a number of changes to the Standing Orders and Reservation of Powers to the Board and Standing Financial Instructions, which were identified as tracked changes within the documents.

The Director of Corporate Affairs thanked the Head of Corporate Affairs for her contribution to the review of the Core Governance documents.

The Chairman acknowledged the importance of the documentation in relation to how the Trust Board conduct business.

The Board of Directors:

- Noted the outcome of the annual review of core governance documents.
- Approved the revised core governance documents.

BOD/2122/7 FT Code of Governance Compliance Declaration

The Director of Corporate Affairs presented the FT Code of Governance 2020/21 Position of Compliance. She reported that although the Trust is not a Foundation Trust, it takes full account of the NHS Foundation Trust Code of Governance published by Monitor, now NHS England/Improvement for Trust Boards.

She advised that whilst the Trust is able to declare compliance with all relevant clauses with the exception of one, clause A.2.1, which was partially compliant and a Memorandum of Understanding relating to the division of responsibilities between the Chairperson and the Chief Executive Officer and would be updated during Q1 2021/22.

The Chairman the position and confirmed the importance of the Trust's compliance against the governance clauses within the FT Code of Governance.

The Board of Directors:

- Noted the assurance provided in the report regarding the Trust's declaration of compliance with all but one of the Code's clauses.
- Acknowledged the review of the Memorandum of Understanding relating to the division of responsibilities between the Chairperson and Chief Executive Officer during Q12021/22.

BOD/2122/8 Use of the Common Seal Bi Annual Report

The Director of Corporate Affairs presented the Use of the Common Seal Bi Annual Report. She reported that the use of the common seal is determined by section 8 of the Trust's standing orders and that Clause 8.4 required the occasions of use to be reported to the Board on a bi-annual basis, with the previous report received by the Board on 25th November 2020.

She advised that during the period 1st October 2020 to 31st March 2021, the Trust's Common Seal was applied on 6 occasions and referred to the details provided in s2 of the report.

The Board of Directors:

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

BOD/2122/9 Freedom to Speak Up Guardian Report, Q3 and Q4 2020-21

The Director of Corporate Affairs introduced the Freedom to Speak Up Guardian to present the Freedom to Speak Up (FTSU) Guardian Report for Q3and Q4 2020/21.

The FTSU Guardian reported that there had been 93 FTSU concerns raised during the latter half of 2020/21. She advised that learning outcomes from a selection of the cases closed were provided at appendix 1 of the report and comparative data for the whole of the ambulance sector detailed at appendix 2.

In relation to the 93 concerns, she confirmed that 21 had been related to HR matters and 12 cases relating to bullying attitudes and behaviours. She added that there had been one colleague that had reported having suffered perceived detriment, as a result of raising a concern. Although there had been no evidence to support the claim.

There had also been 3 truly anonymous concerns made within the reporting period and during Q3, 17 concern raisers had requested the Guardian and/or Champion protect their anonymity. During Q4, the figure had risen to 19 with the reason given being the fear or suffering reprisal as a result of speaking up. She noted this had been an increase in the number of staff asking for their anonymity to be protected in comparison to the previous quarter in which the Guardian and/or Champion had protected 12 staff members' anonymity.

The FTSU Guardian confirmed that the champions continued to work with staff speaking up, to empower them to raise their concerns in confidence and openly.

In terms of learning outcomes, she reported that 63 cases were closed during the reporting period and some examples of learning and outcomes from these cases and were included in appendix 1 of the report. She added that the learning covered a wide range of topics; however, some key areas included raising awareness of key policies and processes already in place, expected behaviours, Infection Prevention & Control measures, communications with staff and support for new members of staff.

She advised that key themes identified included the behaviours and attitudes of staff, particularly managers is an emerging theme, with a number of cases raised about managers being unapproachable, leadership styles, communication issues and general behavioural matters.

In relation to the emerging themes regarding management and leadership, she reported the Trust has a range of commitments in place through its Workforce Strategy, which would continue to improve leadership capacity and capability, as well as overall organisational culture.

In terms of improvement of systems, she stated that regular meetings were held between the FTSU Guardian, the Chief Executive Officer, the Executive Lead, the Director of People and the Non-Executive Lead.

Prof A Esmail stated that the main themes, identified through the FTSU cases provided a message about the organisation and it was important for the learning outcomes although a short part within the report, were fundamental, particularly the issue of bullying and harassment. He emphasised that the key areas identified not only provided learning but also said something about the culture of the organisation.

The Chairman agreed that as an organisation there was a need to grasp the areas identified, improve leadership and management practices, and ensure that culture programmes and training was inter related. As a Trust Board, it was paramount that the members understand and feel assured that the measures taken were having an impact.

He added that grievance procedures had a part to play in processing concerns and if the procedures were not effective, the Board would need to be assured that steps were taken to review and improve processes and procedures.

Mr D Rawsthorn referred to the cases related to potential fraud and queried whether there had been liaison with a counter fraud specialist. The FTSU Guardian confirmed that following investigation there had not been a case of fraud however learning had been identified to improve processes on how to record expenses. He also queried whether the two high priority recommendations presented to Audit Committee would be included in the annual report. The FTSU Guardian confirmed that the annual report would be presented to the Board of Directors Q1 and would include the actions taken in respect of the high priority recommendations.

Ms G Singh referred to procedures for dealing with bullying and harassment cases and the option of a facilitated discussion between the manager and the individual; with reference to the cases that had not wished to move forward with that approach. She emphasised the importance of having HR representation at the meeting to ensure appropriate support for staff. The Director of People confirmed that the HR department triangulated the data to identify parallels between areas and team leaders to ensure an understanding of the broader issues and perspective. She added that the FTSU data had been used to develop localised staff plans for development and improvement of teams.

In relation to facilitated conversations and mediation, she confirmed that evidence based learning had identified that as the best option for managing conflict in the work place for early resolution. She added that a better experience for staff resulted from earlier intervention in the process and the Just Culture agenda focused on encouragement to address issues between staff and managers as they arise, rather than formalised processes, which traditionally was the only way to deal with issues.

The Director of People acknowledged the challenges and confirmed that cases were considered on a case-by-case basis and mediation options considered both internally and externally.

The Chairman stated that Board had a responsibility to ensure that people who speak up are not victimised and that Executives had a responsibility to endorse this.

The Chief Executive confirmed that further film recordings and launch of the Treat Me Right campaign were planned for Q 1 and fully endorsed the Chairman's comments.

In response to the number of FTSU cases, he reported that the Director of People, Director of Corporate Affairs and Dr D Hanley had been tasked with conducting a piece of work to understand the FTSU referrals being made. He added the work involved a review of the Trust's grievance procedures to ensure they were fit for purpose and staff were not only using the FTSU process as the only avenue to raise concerns.

Dr D Hanley confirmed that he had recently held discussions with key Trust personnel regarding the FTSU processes and he would be reporting on findings of his work as this moved forward.

The Chairman thanked the FTSU Guardian and recognised that compared to other Trusts, NWAS staff were prepared to speak up.

He confirmed that Dr D Hanley, Prof A Esmail and himself would be meeting to identify and steer the work going forward.

The Board of Directors -

- Noted the work of the Guardian.
- Noted the themes, trends, issues and the learning identified in the report.
- Determined whether this report sufficiently assures the Board that the Trust promotes a culture of open and honest communication to support staff to speak up.
- Considered any risks and further actions for the Trust.

BOD/2122/10 Quality and Committee Annual Report and Terms of Reference

Prof A Chambers presented the Quality and Performance Committee Annual Report and Terms of Reference.

She confirmed that the Committee had reviewed the Committee's effectiveness during 2020/21 and identified key improvements, which included the addition of a Non-Executive Director with medical clinical expertise.

The Chairman confirmed that Mr R Groome would be stepping down from the Quality and Performance Committee to Chair the Resources Committee and Prof A Esmail would join as new Non-Executive Director member. He added that the Quality and Performance Committee membership detailed in the terms of reference would require amendment to reflect the change in Non-Executive representation.

Prof A Chambers confirmed that although Prof A Esmail had been appointed as the Medical Clinical Non-Executive Director to the Committee it was important to note there had been sufficient and robust clinical challenge during 2020/21 through the current membership.

Following the self-effectiveness review, she confirmed that the Committee had performed its duties and functions and highlighted that deep dives would be embedded to review themes around quality and performance during 2021/22. These themes would be identified through reviewing the amber and red ratings reported via the Chairs Assurance Reports to allow further scrutiny and deeper discussion.

She confirmed that the recently revised subcommittee structure would also allow the Quality and Performance Committee the opportunity to scrutinise and enhance their relationship with Audit Committee.

The Chairman thanked Prof A Chambers and members of the Committee for their robust scrutiny in seeking assurances for Board throughout 2020/21.

The Board of Directors -

- Noted that membership would be enhanced by medical clinical representation from a Non-Executive Director.
- Approved the revised terms of reference subject to the amendment relating to Non-Executive Director Membership.
- Noted that the Chair and Non-Executives of the Committee would schedule deep dive items for 2021/22.
- Noted that the Committee would receive annual assurances from third party providers of 111 service and Private Ambulance Service during 2021/22, for inclusion in the Committee work plan.

BOD/2122/11 Resources Committee Annual Report and Terms of Reference

Mr R Groome presented the Resources Committee Annual Report and Terms of Reference.

He confirmed that following the annual self-effectiveness review, the Committee had met the remit and functions set out in the terms of reference. He added that improvements had been identified for 2021/22 including rotating the running order of agenda items and the introduction of in year reviews following each meeting.

He added that Non-Executive Director representation on the Committee had been enhanced by the newly appointed Associate Director for digital and recognised that the Resources Committee considered the digital agenda to be an ongoing strategic risk for the Trust.

The Board of Directors -

- Reviewed the Resources Committee Annual Report for 2020/21.
- Approved the Resources Committee Terms of Reference for 2021/22.

BOD/2122/12 Audit Committee Annual Report 2020/21

Mr D Rawsthorn presented the Audit Committee's Annual Report for 2020/21. The report detailed the activities of the Audit Committee during the period 1st April 2020 to 31st March 2021.

He reported that it had been a good year for the Audit Committee and was pleased with the links with the Quality and Performance Committee through the enhanced membership of Prof A Chambers and Prof A Esmail. He added this would provide enhanced assurance in relation to clinical governance processes.

He advised that despite Covid-19 MIAA had completed the audit plan and their report would be presented to Board. He added that this provided assurance on the internal control framework and there had been positive feedback regarding senior staff relationships with the internal auditors and the production of the annual report.

The Chairman thanked Mr D Rawsthorn for his hard work and felt that as a previous member of Audit Committee, the Committee provided him with an insight into all portfolios across the organisation. He added he was also grateful for the work and robust processes that followed.

The Board of Directors:

- Noted the Audit Committee Annual Report for 2020/21.
- Approved the revised Terms of Reference.

BOD/2122/13 Board of Directors Annual Cycle of Business 2021/22

The Director of Corporate Affairs presented the Board of Directors Annual Cycle of Business for 2021/22.

She advised that the report set out the core standard of business to be conducted at Board of Directors meetings for 2021/22 and identified the reports regularly presented for consideration at appendix 1.

She reported a slight amendment to an entry on the Board of Directors Work Programme, which read Charitable Funds Committee Annual Accounts and Report rather than the Trust's Annual Accounts and Report. She added this item would be presented in May rather than in May and November.

The Director of Corporate Affairs confirmed this entry had been rectified accordingly in the work programme. The Chairman thanked the Director of Corporate Affairs for sight of the reporting items for the Board of Directors during 2021/22.

The Board -

- Approved the Annual Cycle of Business for 2021/22 in the form of the attached Board of Directors work programme at appendix 1.

BOD/2122/14 Any Other Business Notified Prior to the Meeting

No other business notified prior to the meeting.

BOD/2122/15 Items for Inclusion in the BAF

No items for inclusion in the BAF.

Date, time and venue of the next meeting:





The next meeting of the Board of Directors is to be held at 9.45am on Wednesday, 28th July 2021 via Microsoft Teams.




Signed: _____

Date: _____

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BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

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

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
53	27/01/21	2021/134	EDI Priorities Report	Future reporting to Board on the EDI priorities.	LW	26.5.21	26.5.21	For submission to Resources & Q&P Committees for presentation to the May Board of Directors meeting.	
54	28/04/21	2122/5	2021/22 Opening Position of the Board Assurance Framework	Chair of the Resources Committee and Director of Finance to review rationale for the scoring of Strategic Risk SR02	RG/CW	26.5.21	26.5.21	Discussion held 19.05.21 and reported to Resources Committee on 21.05.21	
55	28/04/21	2122/6	FT Code of Governance Compliance Declaration	Review of the Memorandum of Understanding relating to the division of responsibilities between the Chairperson and Chief Executive Officer during Q12021/22.	AW	26.5.21	11.6.21	For submission to July Board of Directors meeting.	

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NWAS Board and Committee Attendance 2021/22

Board of Directors							
	28th April	26th May	11th June	28th July	29th September	24th November	30th March
Ged Blezard	✓						
Prof Alison Chambers	✓						
Salman Desai	✓						
Prof Aneez Esmail	✓						
Dr Chris Grant	✓						
Richard Groome	✓						
Dr David Hanley	✓						
Daren Mochrie	✓						
Prof Maxine Power	✓						
Gillian Singh	✓						
David Rawsthorn	✓						
Prof Rod Thomson	✓						
Lisa Ward	✓						
Angela Wetton	✓						
Peter White (Chair)	✓						
Carolyn Wood	✓						

Audit Committee						
	23rd April	11th May	11th June	16th July	22nd October	21st January
Prof Alison Chambers	✓	x				
Prof Aneez Esmail	✓	✓				
David Rawsthorn (Chair)	✓	✓				
Gillian Singh	✓	✓				
Prof Rod Thomson	✓	✓				

Resources Committee						
	21st May	23rd July	24th September	26th November	21st January	25th March
Ged Blezard	✓					
Salman Desai	✓					
Richard Groome (Chair)	✓					
Dr David Hanley	✓					
Prof Maxine Power	✓					
David Rawsthorn	✓					
Gillian Singh	✓					
Lisa Ward	✓					
Carolyn Wood	✓					

Quality and Performance Committee							
	26th April	24th May	28th June	28th July	27th September	25th October	28th March
Ged Blezard	✓						
Prof Alison Chambers (Chair)	✓						
Prof Aneez Esmail	✓						
Dr Chris Grant	✓						
Dr David Hanley	✓						
Prof Maxine Power	✓						
Prof Rod Thomson	✓						
Carolyn Wood	x						

Charitable Funds Committee		
	28th April	27th October
Ged Blezard	✓	
Salman Desai	✓	
Richard Groome	✓	
Dr David Hanley	✓	
David Rawsthorn (Chair)	✓	
Lisa Ward	✓	
Angela Wetton	✓	
Carolyn Wood	✓	

Nomination & Remuneration Committee						
	30th June	28th July	29th September	24th November	26th January	30th March
Prof Alison Chambers						
Prof Aneez Esmail						
Richard Groome						
Dr David Hanley						
David Rawsthorn						
Gillian Singh						
Prof Rod Thomson						
Peter White (Chair)						

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

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest					Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests	From		To		
Ged	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 within a meeting, in relation to the service line.	
Alison	Chambers	Non-Executive Director	Husband is CEO at Barking and Havering and Redbridge University Hospitals NHS Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Governor at Wigan and Leigh College				√	Position of Authority	Apr-20	Present	N/A	
			Pro Vice Chancellor, Faculty of Health and Social Care and Member of University Executive Group, Manchester Metropolitan University	√				Position of Authority	Apr-19	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	
Aneez	Esmail	Non-Executive Director	Work in GP Practice - Non Exec Chairman of Board	√	N/A	N/A	N/A	Position of Authority		Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
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	
			Director of Avantage (Cheshire) Ltd	√				Position of Authority	Dec-20	Present	Withdrawal from any Cheshire Care Home related discussions.	
			Chair, Fix360 (part of Your Housing Group)	√				Position of Authority	Apr-19	Present	N/A	
David	Hanley	Non-Executive Director	Non-Executive Director and Deputy Chair, Your Housing Group	√				Position of Authority	Apr-19	Present	N/A	
			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	Aug-20	No conflict.	
			Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A	
			Member of the College of Paramedics		√			Position of Authority	Apr-19	Present	N/A	
			Chair of Association of Ambulance Chief Executives (AACE)		√			Position of Authority	Aug-20	Present	N/A	
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)		√			Position of Authority	Apr-19	Present	N/A	
			Member of the Regional People Board		√			Position of Authority	Sep-20	Present	N/A	
			Member of Joint Emergency Responder Senior Leaders Board		√			Position of Authority	Sep-20	Present	N/A	
			Member of NHSE/ Ambulance Review Implementation Board		√			Position of Authority	Sep-20	Present	N/A	
			Board Member/Director - NHS Pathways Programme Board		√			Position of Authority	Mar-20	Aug-20	Appointment declined	
			NHS Consultant - Critical Care Medicine - Liverpool University Hospitals NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Chris	Grant	Medical Director										
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.	
			Member of Cumbria Wildlife Trust				√	Other Interest	Apr-19	Present	N/A	
Gillian	Singh	Associate Non-Executive Director (Digital)	Non-Executive Director - The Riverside Group	√				Position of Authority	Jan-20	Present	N/A	
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, Shrewsbury 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	
Lisa	Ward	Interim Director of Organisational Development	Member of the Labour Party	N/A	N/A	√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.	
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A	
			Non-Executive Director -Miocare (Oldham Care and Support Limited is a subsidiary)	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Non-Executive Director – The Riverside Group	√				Position of Authority	Apr-19	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	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
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.	

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REPORT TO BOARD OF DIRECTORS

DATE:	26 May 2021			
SUBJECT:	Chief Executive's Report			
PRESENTED BY:	Daren Mochrie, Chief Executive			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	☒	☒	☒	☒
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 CEO's report to the Trust Board on 31 March 2021.</p> <p>The highlights from this report are as follows:</p> <p>Paramedic Emergency Services</p> <ul style="list-style-type: none"> Increased operational activity with the easing of national lockdown Activity is now above pre-Covid levels causing additional pressures including on performance The Service Delivery Model review is making progress with initial findings to be available in June <p>NHS 111</p> <ul style="list-style-type: none"> An increase in demand, a shift in activity profile including higher call volumes during the week day and increased call handling times Additional space at Middlebrook now being utilised for call handling creating an extra 68 desks Recruitment complete of 25 Quality and Assurance Officers who support the 111 Health Advisors and Service Advisors through audit, coaching, training and advice. <p>PTS</p> <ul style="list-style-type: none"> Social distancing measures are impacting utilisation by around 30% Sharp rise in activity as system pressures eased Recruitment has commenced to recruit to 95% of establishment 			

	<p>The paper also provides an update on local, regional and national activities as well as outlining our approach to a number of areas such as the vaccination Hub, the Trust Values refresh and a focus on treat me right campaign.</p>			
RECOMMENDATION:	<p>The Board is requested to receive and note the contents of the report</p>			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Not applicable			
	Date:			
	Outcome:			

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1. PURPOSE

This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 31 March 2021

2. PERFORMANCE

2.1 Paramedic Emergency Services

During March and April the easing of national lockdown commenced and with each phase the trust has experienced increases in operational activity. Despite this, throughout this period the call answering performance has remained strong.

Activity when compared to 2019 (2020 cannot be used as a direct comparison) shows that activity is now above pre-covid levels and is fluctuating daily. This has presented pressures and performance challenges and for April the Trust achieved the C1 90th standard only. The C2 long waits did increase but not extensively as seen in previous months. Additional Double Crewed Ambulances continue to be deployed to mitigate the increased pressures.

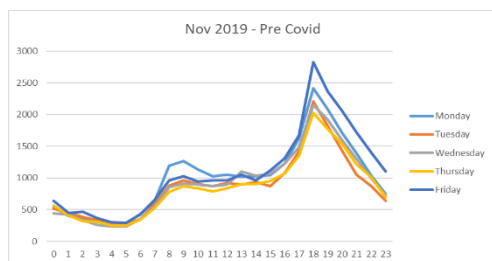
Easter plans were executed over the bank holiday period and a safe and effective service was delivered.

The NWS Covid surge plan remains in place and plans are in place for the further release of lockdown in May and June.

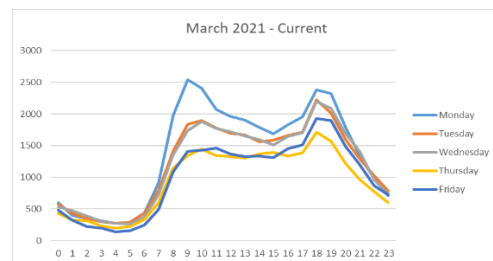
The Service Delivery Model Review continues to make progress with the support of Association of Ambulance Chief Executives (AACE) and Operational Research in Health (ORH), preliminary findings will be available in June to assist in shaping the operating model going forward and to better match resources with demand.

2.2 NHS 111

During March and April 2021 111 experienced a shift in the activity profile and significant variation in demand by hour on weekdays. This can be seen by comparing Graph 1, November 2019 data (pre-Covid), and Graph 2 April 2021.



Graph 1



Graph 2

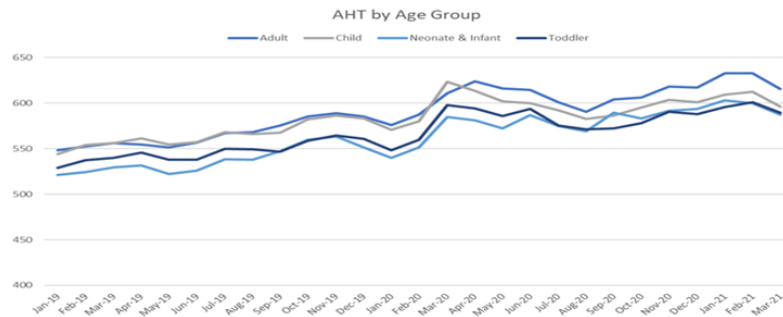
With the 111 rosters having been part of the Building Better Rotas project and being finalised and implemented just prior to Covid and based on the old demand profile, this major change in demand profile has resourcing and therefore performance implications which are being worked through.

This change in profile is one of a number of factors leading to poor calls answered within 60 seconds performance. The other factors are increased AHT (Average

Handling Time), difficulty demand forecasting due to week to week variation in demand and general increased demand.

Increase in Average Handling Time (AHT)

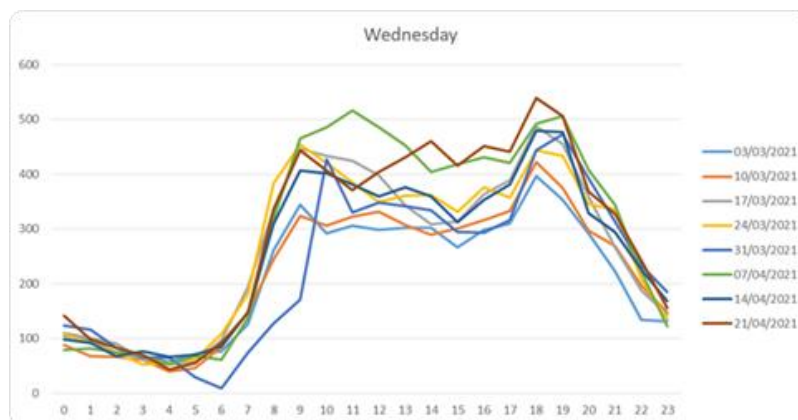
Nationally across all 111 services there has been an increase in AHT (see Graph 3 below from NHS E). The causes of this increase include changes to NHS Pathways questions during Covid and increased direct booking of patient appointments into Primary Care and Emergency Departments lengthening the call. In 111 currently the team are working with the Business Intelligence team to drill down each component of the call handling time and bench-marking with colleagues in other Cleric 111 services to identify any areas for improvement.



Graph 3

Demand Variation

Call volumes remain high with intraday activity varying by up to 30%. This causes significant pressures with forecasting and resourcing. Graph 4 below is an example of the variation between each Wednesday's call demand over March and April 2021. In some hours this is over 200 calls.



Graph 4

All the current analysis the BI and 111 teams have gleaned is being prepared to be shared with commissioners for discussion.

Estates work to accommodate the additional staff as part of the 111 First initiative was completed at Middlebrook prior to Easter with 68 additional desks fully utilised over the bank holiday weekend. Great collaboration between the estates, IT, FM and 111 operational teams to get this delivered during challenges times and within agreed timescales.

During March and April the new 111 clinical team structure has continued to crystallize as a result of the leadership of Andrea Brown, Consultant Paramedic, with the recruitment to many posts including 25 Quality and Assurance Officers who will

support the 111 Health Advisors and Service Advisors through audit, coaching, training and advice.

2.3 PTS

As at April 2021 the overall year to date provisional activity was 37% below contract baselines which is consistent with previous months. Cumbria is 45% below, Greater Manchester 32% below, Lancashire 45% below and Merseyside 27% below contracted baseline. Whilst activity is significantly below contracted baselines, outpatient activity has increased to 78% of pre-Covid levels.

PTS reported slight rise in January which was halted in February 2021 when PTS worked collaboratively with commissioners, ICS Hospital Gold Cells and the acute healthcare system to temporarily suspend some non-critical outpatient journeys. These actions provided resilience across the wider system by enabling PTS to continue to support the 999 response, ensured that there has continued to be a good response to rapid discharge requests from hospitals to support effective patient flow across systems and protected services to the most vulnerable. As system pressures eased, and this action was closed, activity has sharply increased, particularly in Greater Manchester where activity during April 2021 was 31% higher than in February. Across the same date range, Cumbria has increased by 25%, Lancashire 22% and Merseyside 20%.

Social distancing measures are impacting utilisation by around 30% (down from 1.8 patients per run on average pre Covid to 1.2 patients per run) and over 100 PTS staff (12%-13% of established resources) are still aligned to PES and have not yet been returned to the service line or replaced. To ensure the demands of the service are met, and to mitigate the impact of the social distancing measures, the service is using an increased number of private ambulance providers. It should also be noted that whilst activity is lower than pre-Covid, the level of taxi spend is at the same (or in excess of) pre-Covid values. This is because only one patient can be allocated to a car at a time.

By way of part mitigation, the service line has commenced a recruitment drive to recruit to 95% of establishment but this will take the full year to achieve before the Trust will see a corresponding decrease in the use of third party providers and, even then, because capacity is impacted by social distancing measures the service is not able to utilise its resource in the same way it did pre-Covid e.g. a maximum of two patients on an ambulance and only where a distance of 1m+ can be provided. This message has been relayed to the region's systems and further discussions are taking place at the Executive Leadership Committee and with North West Commissioning leads with regard to what actions can be taken to help control the impact of the increased activity.

3. ISSUES TO NOTE

3.1 Local Issues

Broughton Vaccination Hub

The Broughton Vaccination Hub commenced in January initially for the vaccination of front line staff but the trust took the opportunity to offer the vaccine to every member of staff to ensure that there was no unused vaccines. Over 4,000 vaccine doses have been administered to staff and NWS partners and I would like to say a huge thank you to all those staff based at Broughton for accommodating the hub.

The Hub has now been stood down and I would also like to thank to all those who volunteered to work in the hub, from cleaners and admin staff to vaccinators and clinical leadership. Many played a critical role to ensure its success, including the volunteers who marshalled the site, sometimes in very cold and wet weather, helping us to run the site safely.

3.2 Regional Issues

New Trust Values

The new trust values were launched at the beginning of April; these were developed by staff and sit at the very heart of our service; they are our anchor to the purpose and mission of this organisation. They underpin all that we do and set out the basis on which to achieve our aspiration of being the best ambulance service in the UK.

Months of planning, engagement events, co-production and co-design sessions, led by the Learning and Organisation Development Team, with input from across every department of the trust, resulted in our new values and supporting behaviours. They perfectly capture what we're all about and I have seen these three values drive our compassion, productivity and resilience in demanding and challenging times



WORKING TOGETHER.

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



BEING AT OUR BEST.

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



MAKING A DIFFERENCE.

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

Treat Me Right Campaign

The Treat Me Right Campaign was launched in May with the goal of reducing experiences of bullying and harassment. The campaign centres around the Treat Me Right Toolkit which will help support staff and managers to feel empowered to seek early resolution and to encourage open communication; this in turn will strengthen the already existing Dignity at Work Policy and support Freedom to Speak up.

Regulatory Compliance

The Trust was cognisant of national guidance issued during the pandemic, including guidance on 'reducing the burden'. In response to this we agreed, with trade union support, to suspend a number of activities. As a consequence of these decisions we are now working through backlog cases in areas such as complaints, HR case management and FTSU cases. The Trust is working hard with our Trade Union colleagues and staff to reduce these backlogs and good progress has already been made with regards to complaints which have reduced from 152 to 50 backlog cases since the 25th January 2021 when casework recommenced. Recovery plans are in place and are being monitored through the Executive Leadership Committee and the relevant Board Committees

Northern Ambulance Alliance (NAA)

The Northern Ambulance Alliance (NAA) consists of the four trusts: North East Ambulance Service NHS Foundation Trust (NEAS); Yorkshire Ambulance Service NHS Trust (YAS); East Midlands Ambulance Service NHS Trust (EMAS) and ourselves.

The NAA was formed by the participating trusts to work together, for the benefit of their populations to deliver the best possible outcomes for patients within available resources. The NAA seeks to enable increased collaboration, particularly on strategic issues across the Trusts to deliver more resilient, high quality, cost effective services. The NAA Board, made up of the Chairs and Chief Executives, meets every other month to ensure achievement of the NAA vision.

Following a review of the vision and purpose, the NAA is seeking to strengthen the improvement opportunities across members by encouraging further networking and sharing of best practice across priority areas and the new networks have been agreed with the CEOs. The NAA Board is keen that this ambition of networking is supported and strengthened to continue to achieve the NAA vision of collaboration to improve the health outcomes for patients and deliver greater benefits for the local populations.

High Sheriff of Merseyside award

The trust has received an award from the High Sheriff of Merseyside, His Honour John Roberts, in recognition of 'the wonderful work that it (NWAS) always does but in particular has done for the citizens of the North West of England including Merseyside over the last 12 months during the Covid-19 pandemic.'

In the letter accompanying the award he writes: "The last 12 months have presented a very different and very frightening set of circumstances in which you and your staff have had to operate. On the front line, constantly protecting our society, your members of staff have not shirked their responsibilities at all. What they have done, in particular in dealing with the specific problems arising out of the Covid-19 pandemic is particularly impressive. I simply want to say to you, thank you."

EPR

Positive feedback was received for the new digital patient records system, EPR, which is being introduced in phases. The Deputy Chief Clinical Information Officer, who is also a consultant in emergency medicine, at East Lancashire Hospitals confirmed that despite the real anxiety at the implementation, the new system has had a big impact in her area and commented that the app is intuitive and easy to use.

Service Delivery Model Review

A review is taking place to determine the best operating model for our ambulance service in the North West, with a view to improve the service for patients, but also for staff.

Operational, clinical, corporate and trade union colleagues are working together to ensure input and learning from across the trust, with invaluable support from the Association of Ambulance Chief Executives (AACE). This work includes modelling based on 999 demand predictions, alongside a review to understand how our existing operational model contributes to performance, and the impact that alternative models may have on the overall resource availability. When we refer to operating model, we

mean the mix of vehicles, skills, working practices and the way we manage demand across all parts of the service, which helps us ensure we have the right resources to respond to patients at any time.

REAP Level

With effect from 13 May the trust's REAP Level has changed from Level 2 (moderate pressure) to Level 3 (major pressure). The change in REAP Level is due to increased pressure on 111 and 999 services in particular throughout the week, which is also being experienced across the regional NHS system. Increased activity is anticipated as the country moves into the next phase of relaxation of lockdown.

Major Incident Declared

In the early hours of the morning of 16 May, the trust declared a major incident following an explosion at a house in Heysham, Morecambe. Multiple resources were sent to the incident, including the Hazardous Area Response Team (HART), six ambulances, an Advanced Paramedic, four doctors and two on-scene commanders to manage the incident working alongside Lancashire Fire and Rescue Service and Lancashire Police. Five casualties were treated at the scene. Four people were taken to hospital, two with serious injuries and sadly a young child died as a result of the incident. Our sincere condolences are with their family and loved ones.

3.3 National Issues

NHS 111 First

In my last report I commented on the patient survey by our own Patient Experience team who surveyed patients who access the 111 First service. Since then I have been interested to read a blog by Healthwatch with feedback from 111 service users. Around 400 people responded to the Healthwatch survey and the responses were very positive.

The main headlines showed that there is a good awareness of NHS 111 among the public, with 84% of those surveyed saying they knew they could contact NHS 111 for urgent care advice. The vast majority of patients (79%) also felt they got the right care.

There is some constructive feedback relating to the roll-out of the national NHS 111 First programme, including the need to raise awareness of this part of the service. In the North West, we have worked with NHS England on a planned programme of promotion over the coming weeks, including some radio advertising and social media promotion to encourage the public to 'think 111 first' before attending A&E.

Overall, the responses are a positive reflection on our service and echo the consistently good feedback we see through our own NHS 111 patient experience surveys.

National Day of Reflection

The 23 March saw a year since the start of the UK's first lockdown and along with many other emergency services the trust took part in Marie Curie's National Day of Reflection. Since the first lockdown began in 2020, hundreds of thousands of people have died. Behind the statistics and whatever the cause, every death has been devastating for the people left behind. Many have been unable to properly say goodbye to their loved ones, comfort or even hug each other. As a nation and as a service, we acknowledged the millions in silent pain and at 12 noon took a minute to

reflect on those who have died during the pandemic, including the loss of some of our own much-loved green family members.

Body Worn Cameras

Staff across the three sectors now have access to the Body Worn Cameras with training provided to over 400 frontline staff in the pilot. The use of body worn cameras is already in place at some other ambulance trusts and have been very well received. The cameras have already been proven to de-escalate tense situations and camera footage is being requested by the police to try to secure a conviction when staff members have been assaulted.

Additional funding has been secured to extend the pilot with enough cameras for all sectors involved to use one camera per clinician as opposed to one per vehicle as initially rolled out.

Eid Mubarak 2021

The trust issued guidance to all staff ahead of the start of the Islamic holy month of Ramadan which began on 12 April, and signalled the start of a period when many Muslims would be fasting from dawn to dusk.

NWAS' Ramadan Mubarak 2021 guidance supports staff to provide the right care for Muslim patients during this fasting period. The information contained examples of practices which would break the fast and which therefore needed to be discussed with the patient. The guidance also highlighted many common NWAS interventions which would not break the fast.

Ambulance Leadership Forum (ALF) 2021

This year's Ambulance Leadership Forum took place on Tuesday 18 May and was, for the first time, an online event due to COVID.

Leaders from ambulance services across the UK, along with stakeholders, policy makers and guests from overseas all joined together for the sharing of ideas and learning at the most senior level.

I gave an overview of the challenges and opportunities faced by the ambulance sector and the work AACE is doing through its new strategy and ambition for the ambulance sector to become an Employer of Choice, Partner of Choice and Provider of Choice. Other keynote speakers included Sir Simon Stevens, Lord Adebawale, Professor Sir Michael Marmot, Edward Argar MP, Chris Hopson, Suzanne Rastrick – to name a few. A recorded message was given by Matt Hancock, Secretary of State for Health and also a pre-recorded message by HRH The Prince of Wales.

AACE Update

The work of AACE continues with 3 key aims: looking at the strategy, priorities and portfolios, engagement and AACE's profile; in particular around the wider UEC agenda and supporting the Covid response. In addition to this we have been working on updating some of our governance arrangements and agreed at an extra ordinary AGM to terminate our old members agreement and adopt new Articles of Association which also included adopting the Welsh Ambulance Service as full members from the beginning of April.

In terms of the strategy, priorities and portfolios I have been working with members and the AACE team. We have held a number of meetings with NHSE/I to discuss the Joint Ambulance Improvement Programme (JAIP) and AIP works streams and other NHSE/I work streams with a view to making sure they are aligned where possible to our strategic priorities and that both AACE members and NHSE/I are clear on the ongoing work plan and priorities.

With regards to engagement and our profile and wider offering, extensive engagement continues. I continue to engage extensively with key stakeholder with particular focus on the ongoing work around ICS legislative changes, PCN's and CQC strategy and initiatives such as the recent DNCPR findings. Regular meetings continue with Tracy Nicholls, CEO, College of Paramedics, Suzanne Rastrik Chief AHP Officer, CQC ambulance leads and Ciaran Sundream UEC lead at NHSE/I. I have undertaken various interviews, presentations, blogs and films over the past few months on a variety of topics.

I continue to represent the ambulance sector on the emergency responder board of the Royal Foundation. The Royal Foundation and HRH the Duke of Cambridge is working with emergency service leaders and the emergency service charities to further develop ways to support our staff and volunteers in mental health awareness, access to help and general health and wellbeing support.

4. GENERAL

Welcome to the Trust

The trust recently welcomed two new Non-Executive Directors: Gillian Singh joined the trust in March as Associate NED Digital and will be a member of the following Board Assurance Committees – Audit, Nominations & Remuneration and Resources. Aneez Esmail joined the trust at the start of April as Clinical NED and will be a member of Audit and Quality & Performance Assurance Committees.

The trust is also pleased to welcome our first ever Consultant Midwife, Dr Stephanie Heys, as one of only three consultant midwives in the country working with ambulance trusts. Stephanie is a senior lecturer in midwifery at the University of Central Lancashire and still works as a midwife at East Lancashire Hospitals.

Executive Portfolio Change

Following the retirement of the Deputy CEO, Mick Forrest, a number of changes have been made to the Executive Leadership Committee (ELC) Structure and Portfolio

Having considered the future direction of the trust, and our priorities over the next few years, I have decided not to recruit to Mick's former position. Instead we will revert back to a former arrangement, with one of the current executive directors holding the deputy CEO responsibilities alongside their current portfolio, as part of a development opportunity. From 1 May Carolyn Wood, Director of Finance, will become interim deputy CEO for a four month period followed by Salman Desai, Director of Strategy & Planning and then Ged Blezard, Director of Operations. Thereafter I will confirm the permanent arrangements going forward.

Other aspects of Mick's previous role have been picked up by other members of the ELC.

Joint Ambulance Improvement Board Meeting

At a recent Joint Ambulance Improvement Board Meeting, Anthony Marsh, the National Strategic Advisor for Ambulance Services, updated colleagues on the current national position and noted that despite enormous challenges, ambulance services have performed better this year than previous years and commented on the roll out of the body worn cameras for all services and the implementation of mobile devices for all staff.

Mr Marsh further requested that his thanks to all staff for their continued efforts throughout these past 14 months be placed on record.

Covid Thank you for Staff

Over the last 14 months we have seen the best from our staff. They have worked under incredible pressure in responding to the Covid pandemic, not only in terms of the demand they have faced but the additional challenges associated with responding during a pandemic. Staff have also been personally affected through the pandemic but have continued to deliver at their best for the patients of the North West.

As a Trust we wanted to be able to recognise this incredible commitment and the exceptional nature of the year we have faced. In addition, we recognise the impact that the last 14 months has had on wellbeing, with staff taking less rest to ensure that we could continue to deliver services to our patients. As a result we have committed to each member of staff being given a Health and Wellbeing Covid Thank You Day to allow everyone to take annual leave on their birthday or during their birthday month.

We also want to provide an opportunity for staff to reflect on the experience of the pandemic and to thank colleagues and teams. Although the last 14 months have been challenging they have also brought out the best in our teams and people. We have seen the values of Working Together, Being at our Best and Making a Difference demonstrated on a daily basis and whilst we have used our Wellbeing Wednesday and Feelgood Friday communications to celebrate some of this, we intend to provide the opportunity for staff to celebrate the positive experiences arising from the pandemic through a Festival of Thanks.

Finally to provide a lasting record of thanks for the incredible commitment shown during the pandemic, a commemorative coin and/or pin badge is going to be designed and presented to all staff members, volunteers and students.

Goodbye and Good Luck

Paramedic, Phil Homan, folded up his green uniform for the last time, after retiring following an incredible 45 years of service on the front line. Phil joined Mersey Metropolitan Ambulance Service in 1975 at just sixteen years old. He moved to Cheshire Ambulance Service in 1983, where he became a paramedic in 1990. He attended the scene of the devastation at the Warrington bombing in 1993, and many other difficult situations throughout his career. We wish him all the best in his retirement.

Death of HRH The Prince Philip, Duke of Edinburgh

On behalf of the trust Board and all staff, the trust issued letters of condolences to the Lord Lieutenants for each of the 5 counties we are a part of, expressing our

sincerest condolences to Her Majesty, The Queen on the death of her husband, HRH The Prince Philip, Duke of Edinburgh.

Extensive planning and co-ordination went into the various Commemorative Services for the late Duke of Edinburgh and the trust was represented at Thanksgiving Services at Liverpool and Blackburn Cathedrals.

Tribute to Colleagues

Three NWAS vehicles have been dedicated to our colleagues who sadly passed away after having Covid-19.

Two emergency service ambulances (PES) and a patient transport service (PTS) vehicle have had the message 'Forever in our hearts' added with each being dedicated to one of those who died, Stuart Monk, Peter Millington and Phil Rennie.

Two vehicles were unveiled on Saturday 1 May, in the presence of Stuart and Peter's families who were invited to visit Wigan station to have a look at the tributes. The PTS vehicle, which is dedicated to Phil, will be presented before his family during the month of May.

Death of Staff Members

It is with great sadness that I write to inform you of the death of our friends and colleagues: Alan Acland, Cathryn (Cat) Varty and a former colleague, Janet Crehan

Alan, aged 50, joined the service in 2009 and worked within the East Lancashire sector before re-locating to South Lancashire

Cat, aged 46, joined the service in 2017 as an EMT1, working within the East Lancashire sector, which was her dream job. She couldn't wait to progress to being a paramedic one day.

Former colleague, Janet, joined the service in 1988 working in PTS from Newton Le Willows Ambulance station. She later progressed to ambulance liaison officer based at Fazakerley, Whiston and finally Warrington Hospital where she worked until she retired in 2011

The trust sends sincere condolences to the families and friends of Alan, Cat and Janet.

5. LEGAL IMPLICATIONS

There are no legal implication contained within this report

6. RECOMMENDATIONS

The Board is requested to receive and note the contents of the report

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REPORT TO BOARD OF DIRECTORS

DATE:	26 th May 2021			
SUBJECT:	Annual Self Certifications: General Condition FT4 – Corporate Governance Declaration			
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Decision			
EXECUTIVE SUMMARY:	A review has been carried out for the Corporate Governance Statement as can be seen in the Appendix, and based on the evidence presented in the current arrangements the proposal is that the Board makes a positive declaration and declares 'Confirmed' to each clause and also confirms that no material risks have been identified.			
RECOMMENDATION:	Approve the 'Confirmed' declarations and confirm that no material risks have been identified as described within this paper			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	N/A			
	Date:	N/A		
	Outcome:	N/A		

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1. PURPOSE

Whilst NHS trusts do not need to hold a provider licence, directions from the Secretary of State require NHSE/I to ensure that NHS trusts comply with conditions equivalent to those in the licence as it deems appropriate.

NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including conditions G6 and FT4) and must self-certify under these licence conditions.

2. FT4

Condition FT4 is about systems and processes for good governance. NHS providers must make a corporate governance statement under condition FT4(8) as to current and future compliance with condition FT4.

Before making the statement, providers should review whether their governance systems and processes enable them to achieve compliance with condition FT4.

A review of the Corporate Governance Statement has been undertaken and can be seen in the Appendix.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including conditions G6 and FT4) and must self-certify under these licence conditions.

4. EQUALITY OR SUSTAINABILITY IMPLICATIONS

None identified.

5. RECOMMENDATIONS

The Board is recommended to:

- Approve the 'Confirmed' declarations and confirm that no material risks have been identified as described within this paper.

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>The Board is satisfied that North West Ambulance Service NHS Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>CONFIRMED</p>	<p>Compliance with Monitor's Code of Governance for Foundation Trusts, where applicable. Reported to Audit Committee in April 2021 providing evidence and declaring compliance for 2020/21.</p> <p>The Trust's governance committee structures in place are reviewed on an annual basis. Review during Q4 2020/21 resulted in implementation of refreshed subcommittee structure for 2021/22.</p> <p>CQC 'good' rating following well-led inspection during Q2 2018/19.</p> <p>Unannounced inspections of PES and EOC service lines took place during Q4 2019/20 and received 'good' ratings. The Trust is expecting the CQC to undertake a Well-Led Inspection during 2021/22.</p> <p>Systems and controls assurances are obtained via the Audit Committee as described in the Annual Governance Statement 2020/21.</p> <p>The Trust has an internal audit programme and assurance cycle linked to the Board Assurance Framework.</p> <p>The Head of Internal Audit Opinion for 2020/21 stated overall opinion of <i>'substantial assurance, can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.'</i></p> <p>Effectiveness review of Board committees undertaken and reported to Board via Committee annual reports.</p>	<p>No material risk identified</p>
<p>The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>CONFIRMED</p>	<p>A fundamental part of the Director of Corporate Affairs role is to ensure any guidance requirements and the impact on the Trust are disseminated to the Board either via the Chief Executive's bi-monthly report or a separate report.</p> <p>Any guidance requirements are routinely assessed and implemented as necessary - overview of guidance provided by MIAA and Mazars in updates received at each Audit Committee meeting.</p>	<p>No material risk identified</p>

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
		Membership of NW FT Company Secretary network and NHS Providers Company Secretary Network where legislative and regulatory changes are disseminated.	
<p>The Board is satisfied that North West Ambulance Service NHS Trust has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	CONFIRMED	<p>Standing committees are established with clear lines of reporting.</p> <p>Board approved Terms of Reference are in place for all standing committees clearly stating responsibilities, reporting arrangements, memberships.</p> <p>Annual report from each committee is presented to the Board for assurance.</p> <p>Clear reporting lines within the Board, Executive and service areas provided through the Trusts governance framework</p> <p>Review of service delivery governance structures being undertaken to ensure accountabilities are consistent across the Trust</p> <p>Standardised Chair's Assurance reports are in place to confirm assurance and escalate concerns in line with reporting structure.</p> <p>Annual Governance statement provides the Board with assurance surrounding the responsibilities of the Board and its committees.</p> <p>Outcome of Deloitte Well-led Review during Q4 2019/20 identified no major / significant issues relating to the governance of the organisation.</p>	No material risk identified
<p>The Board is satisfied that North West Ambulance Service NHS Trust has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p>	CONFIRMED	<p>a) Strong systems of financial governance in place. All statutory audits and reporting requirements fulfilled. All statutory and regulatory financial duties achieved during 2020/21.</p> <p>External Audit – Review of Value for Money arrangements.</p> <p>b) The Trust's IPR (seen bi-monthly at Board) provides assurance on delivery of the Annual Plan objectives and supports quality and performance improvement. The themes of the IPR reflect those of NHSI Single Oversight Framework.</p>	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p> <p>(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;</p> <p>(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;</p> <p>(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and</p> <p>(h) To ensure compliance with all applicable legal requirements.</p>		<p>c) Systems and processes in place to ensure compliance with national and local healthcare standards - internal and external assurance systems in place.</p> <p>d) Detailed financial plans in place and approved by the Board of Directors. Internal Audit Plan includes review of financial systems Contracts, service level agreements and leases under constant review. Financial performance scrutinised via Resources Committee with Chair's Assurance Report to Board of Directors</p> <p>e) Committee structure fully serviced. Accurate, comprehensive, up-to-date information available for committees.</p> <p>f) Board Assurance Framework/Corporate Risk Register in place that identifies and ensures appropriate oversight of all principal and material risks.</p> <p>g) Corporate business planning arrangements in place.</p> <p>h) Applicable legal requirements, against principal objectives and activities of the organisation reviewed and managed appropriately as part of the corporate governance arrangements.</p>	
<p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p>	CONFIRMED	<p>a) Robust appraisal and performance review arrangements in place at Board level (and throughout the organisation). NEDs and Associate NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including medical, finance, emergency services, governance and public health.</p> <p>b) Quality of care fully integrated within all planning and decision-making processes. Standardised risk assessment (Quality Impact Assessment) of all efficiency projects.</p>	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>		<p>c) (and d) Integrated Performance Reports include patient experience data and are presented bi-monthly to the Board of Directors and monthly to Quality and Performance Committee. Data accuracy audits reported and reviewed via Quality and Performance Committee.</p> <p>A Patient or Staff story is presented to the Board at the start of each Board Meeting and a Patient story is presented at each Quality and Performance Committee.</p> <p>e) Updated Quality (Right Care) Strategy approved by the Board in January 2020. The Quality and Performance Committee reviews performance against a suite of key quality indicators; standardised risk assessment (Quality Impact Assessment) of all efficiency workstreams, and robust arrangements for staff, patients and members of the public to raise concerns with respect to the quality of care including Freedom to Speak Up Guardian.</p> <p>Friends and Family Test systems in place. Comms and Engagement Strategy in place. Patient and Public Panel established in 2019/20. Membership continued to grow during 2020/21, despite the pandemic and as at 31st March 2021 had a total of 130 members.</p> <p>f) Clear accountability for quality of care throughout the Trust, systems of integrated governance allow for appropriate escalation to Board of Directors.</p>	

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>The Board is satisfied that there are systems to ensure that North West Ambulance Service NHS Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>CONFIRMED</p>	<p>NWAS' Establishment Order sets out required numbers for Board members. Established Nomination & Remuneration Committee (NARC) for Executive Director appointments and remuneration (ED) with Terms of Reference, with responsibility for review of Board composition. ED Job Descriptions and Person Specifications in place as developed via NARC. People Plan in place. Code of Conduct and suitable contractual arrangements in place for Board members, incorporating requirements relating to 'fit and proper persons'.</p>	<p>No material risk identified</p>

Corporate Governance Statement (FTs and NHS trusts)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements, setting out any risks and mitigating actions planned for each one

Corporate Governance Statement	Response	Risks and Mitigating actions
1 The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Confirmed	No material risk identified.
2 The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Confirmed	No material risk identified.
3 The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Confirmed	No material risk identified.
4 The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Confirmed	No material risk identified.
5 The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Confirmed	No material risk identified.
6 The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Confirmed	No material risk identified.

Signed on behalf of the Board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Peter White, Chairman

Name Darren Mochrie, Chief Executive

Further explanatory information should be provided below where the Board has been unable to confirm declarations under FT4.

A

Please Respond

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REPORT TO BOARD OF DIRECTORS

DATE:	26 th May 2021			
SUBJECT:	Annual Self Certifications: General Condition 6 – Systems for Compliance with Licence Conditions			
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Decision			
EXECUTIVE SUMMARY:	<p>Whilst NHS trusts are not issued with a provider licence, they are required to self-certify whether or not they have complied with conditions equivalent to the licence that NHS Improvement has deemed appropriate:</p> <p>Condition G6 (3): Providers must certify that they have taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution (Condition G6 (3))</p> <p>A management review has been undertaken confirming compliance with General Condition 6 of the NHS Provider Licence (Appendix 1).</p>			
RECOMMENDATION:	Approve this year's annual GC6 self-certification as described within this paper			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	N/A			
	Date:	N/A		
	Outcome:	N/A		

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1. PURPOSE

Whilst NHS trusts do not need to hold a provider licence, directions from the Secretary of State require NHSE/I to ensure that NHS trusts comply with conditions equivalent to those in the licence as it deems appropriate.

NHS trusts are therefore legally subject to the equivalent of certain provider licence conditions (including conditions G6 and FT4) and must self-certify under these licence conditions.

2. GENERAL CONDITION 6

General Condition 6 within the Licence requires providers to have in place effective systems and processes to ensure compliance with licence conditions and related obligations.

A management review has been undertaken confirming compliance with General Condition 6 of the NHS Provider Licence (Appendix 1).

The Trust is required to publish a G6 self-certification on its website (Appendix 2) by 31st May 2021.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

Although NHS trusts do not need to hold a provider licence, directions from the Secretary of State require NHSE/I to ensure that NHS trusts comply with conditions equivalent to those in the licence as it deems appropriate.

4. EQUALITY OR SUSTAINABILITY IMPLICATIONS

None identified.

5. RECOMMENDATIONS

The Board is recommended to:

- Approve this year's annual GC6 self-certification as described within this paper

General Condition 6	Current Arrangements / Evidence
<p>The Licensee shall take all reasonable precautions against the risk of failure to comply with:</p> <p>(a) the Conditions of this Licence,</p> <p>(b) any requirements imposed on it under the NHS Acts, and</p> <p>(c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.</p>	<p>Due to the continued pause relating to the Long Term Plan operational planning as a result of COVID-19, throughout 2020/21 the NHS operated under the emergency financial regime due to COVID-19, where normal contracting arrangements were suspended. All Trusts were paid monthly block payments and additional top-up payments relating to the costs of responding to the pandemic, including personal protective equipment; loss of non NHS income; and additional annual leave carried over by the staff.</p> <p>The Trust's strategy and Vision to be the Best ambulance Service in the UK by achieving the strategic goals of delivering the Right Care at the Right time in the Right Place, Every Time. The overarching corporate strategy is underpinned by the Right Care (Quality) Strategy and the Urgent & Emergency Care (Right Time, Right Place) Strategy. The planning process highlighted the vital areas of development over the next five years, together with key enablers which will be required from strategies and work-plans such as: Workforce, Digital, Estates, Fleet, Business Development, Communications and Engagement; and ICS engagement. COVID-19 delayed delivery of some the objectives within the strategies, the Trust reviewed and refreshed its priorities against the strategies during 2020/21, which will continue into 2021/22.</p> <p>During 2020/21, the Trust adopted a new set of bespoke values and behaviours, which resonated with all staff irrespective of their role or directorate. Underpinning behaviours have been developed and will therefore act as a golden thread supporting other work to improve culture, staff and patient experience. These values are:</p> <ul style="list-style-type: none"> • Being at our Best • Working Together • Making a Difference <p>The Board Assurance Framework assesses risk to delivery and provides assurance on delivery of the Trust's strategic objectives.</p> <p>Annual reviews are undertaken against the Trust's core governance documents 1) Standing Orders and Reservation of Powers to the Board 2) Scheme of Delegation and 3) Standing Financial Instructions. The Trust also takes account of the FT Code of Governance which is reported annually to the Audit Committee. Committee Terms of Reference are also reviewed on an annual basis to assess that all functions delegated by the Board have been undertaken.</p> <p>During 2020/21, the Trust refreshed its Risk Management Strategy and Policy which was authorised by the Board. This provides a framework for</p>

General Condition 6	Current Arrangements / Evidence
	<p>managing risks across the Trust, which is consistent with best practice and Department of Health guidance.</p> <p>The Strategy describes the framework that enables the Board to gain assurance across organisational delivery systems and how exceptions are escalated. It also contains a risk appetite statement that describes the level of risk the Board is prepared to take in order to achieve the Trust's strategic objectives. The Policy seeks to provide a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation for the benefit of patients, staff, visitors and other stakeholders.</p> <p>NWAS is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements, detailed in the respective Annual Governance Statements. On 25th February 2020, the CQC undertook unannounced inspections to the PES and EOC service lines over a period of three days and received ratings of 'Good'. A Well-Led inspection was planned at the end of March 2020 however due to COVID-19 was postponed and is expected during 2021/22. The Trust maintains an overall CQC rating of 'Good' following the Well-Led inspection in June 2018.</p> <p>2020/21 Corporate Governance Statements – Reviewed by the Board of Directors, with no material risks identified.</p> <p>Audit Committee received a summary of the Trust's corporate governance arrangements and compliance against the FT Code in April 2021. Updates will be provided to the Audit Committee annually.</p> <p>Audit Committee considered and approved the Internal Audit Plan for 2020/21 (May 2020). The Internal Audit Plans are risk based, with an ongoing programme of internal audits in finance, operations and governance.</p> <p>During the course of the year, Audit Committee monitored progress against the Internal Audit Plans and reviewed the work and findings of the Internal Auditor.</p> <p>The Internal Audit Assurance Framework Review 2020/21 confirmed that:</p> <ol style="list-style-type: none"> 1. the organisation's Assurance Framework is structured to meet the NHS requirements 2. is visibly used by the organisation 3. clearly reflects the risks discussed by the Board.' 4. Identifies controls and assurances are relevant. <p>NWAS' Annual Report and Annual Accounts 2020/21 – Prepared in accordance with DoH Group Accounting Manual and subsequent guidance from NHSE/I relating to streamlined reporting as a result of COVID-19.</p>

General Condition 6	Current Arrangements / Evidence
	<p>The Audit Committee have received valuable insight and benchmarking information from the External Auditors. Due to the extended deadlines to submit the Annual Report and Accounts 2020/21 by 15 June 2020, the Audit Committee will receive their findings following the audit of the Annual Report and Accounts in June 2021.</p> <p>NWAS Quality Report 2020/21 – Prepared in line with requirements for Quality Reports 2020/21. The deadline to publish the document is 30 June 2021.</p> <p>Submission of compliance reports to NHS Improvement as required.</p>
<p>Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:</p> <p>(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and</p> <p>(b) regular review of whether those processes and systems have been implemented and of their effectiveness.</p>	<p>The Board Assurance Framework, is based on six key elements:</p> <ul style="list-style-type: none"> • Clearly defined and agreed strategic objectives together with clear lines of responsibility and accountability; • Clearly defined key strategic risks to the achievement of these objectives together with assessment of their potential impact and likelihood; • Key controls by which these risks can be managed, this includes involvement of stakeholders in agreeing controls where risks impact on them; • Management and independent assurances that risks are being managed effectively; • Board level reports identifying that risks are being reasonably managed and objectives being met together with gaps in assurances and gaps in risk control; • Board level action plans which ensure the delivery of objectives, control of risk and improvements in assurances. <p>The workplan of committees is linked so that the Board of Directors is assured that there is an aligned independent and executive focus on strategic risk and assurance. Routine referral of issues exists between committees ensuring a respective understanding of risk and assurance concerns.</p> <p>The Board of Directors oversees the management of all significant risks, which are actively addressed by the Executive Leadership Committee. The NWAS Corporate Risk Register is considered alongside the Board Assurance Framework thereby ensuring that risks are not only managed and communicated efficiently, but that the management of them is embedded in the Trust's practice. The NWAS Board Assurance Framework and Corporate Risk Register are reviewed on a quarterly basis by the Board of Directors and monthly by the Executive Leadership Committee. Key</p>

General Condition 6	Current Arrangements / Evidence
	<p>controls and assurances, and any identified gaps are reviewed and action plans developed and progressed accordingly.</p> <p>Annual Corporate Governance Statements – Reviewed by Board, May 2020 confirming “The Board had extensive and effective governance assurance systems in operation enabling the identification and control of risks reported through the Board Assurance Framework and Corporate Risk Register. Internal and external reviews, audits and inspections had provided sufficient evidence to state that no significant internal control issues have been identified during 2020/21, and that these control systems are fit for purpose.”</p> <p>The NWAS financial plan is approved by the Board of Directors and is subsequently submitted to NHS Improvement. The plan, including forward projections, is monitored on a bi-monthly basis by the Resources Committee and key performance indicators and financial sustainability metrics are also reviewed bi-monthly by the Board of Directors.</p> <p>Standardised risk assessment (Quality Impact Assessment) of all productivity improvement workstreams.</p> <p>Board of Directors and/or Audit Committee review of:</p> <ul style="list-style-type: none"> - Register of Interests to ensure compliance with the Trust’s Standards of Business (bi-monthly) - The arrangements by which staff can raise issues in confidence about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure arrangements are in place for the proportionate and independent investigation of such matters and appropriate follow-up action (quarterly) - Anti-Fraud Plans and Reports (quarterly) - Internal Audit Annual Programme, progress reports and audit outcomes (quarterly) - All risk and control related disclosure statements in particular the Annual Governance Statement, Corporate Governance Statement, together with the accompanying Head of Internal Audit statement and External Audit Opinion (annually)

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Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1 Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

Confirmed

OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Please Respond

Please Respond

OR

3b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

Please Respond

OR

3c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

Please Respond

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Peter White

Name Daren Mochrie

Capacity Chairman

Capacity Chief Executive

Date 26th May 2021

Date 26th May 2021

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.

Please Respond

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CHAIRS ASSURANCE REPORT

Charitable Funds Committee

Date of Meeting:	28 th April 2021	Chair:	David Rawsthorn
Quorate:	Yes	Executive Leads:	Carolyn Wood, Director of Finance Angela Wetton, Director of Corporate Affairs
Members Present:	Mr G Blezard, Director of Operations Mr S Desai, Director of Strategy, Partnerships & Integration Mr R Groome, Non-Executive Director Dr D Hanley, Non-Executive Director Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	Key Members Not Present:	All present

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

SR01	SR02	SR03	SR04
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Action Tracker	An informal meeting is to be scheduled in Q3 2021/22 relating to the future development of the Charitable Funds Strategy.	Noted a further meeting would be scheduled in Q3 to inform a board development session.	
Charitable Funds Investment Policy	The Charitable Funds Investment Policy was presented to the Committee detailing the current investment approach for the NWAS Charity.	Noted the contents of the report.	
Welfare Vehicles Expenditure	The Charitable Funds Committee were requested to use charitable funds (NHS Charities Together donation) to cover the costs of a dedicated welfare vehicles implemented to support staff welfare and wellbeing through COVID19 Wave 2 and Winter period.	Ratified the funding of welfare vehicle costs in 2020/21 from the NHS Charities Together donation made to the Trust.	
Charitable Funds Update Q4 2020/21	<p>The Committee noted:</p> <ul style="list-style-type: none"> Income received by the charitable funds for the full year amount to £357k: <ul style="list-style-type: none"> £331 unrestricted £26k restricted Expenditure during the same period amounted to £110k. Therefore as at the 31 March 2021, the total available resource is £961k: <ul style="list-style-type: none"> £682k unrestricted £279k restricted 	<p>Noted the assurances provided.</p> <p>Approved the relevant funding requests as set out in the report.</p>	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
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	<ul style="list-style-type: none"> The largest item of expenditure was for the purchase of medical equipment, mainly defibrillators. <p>The Committee also noted the Grant award received from NHS Charities Together of £687k for specific projects and their funding allocation.</p>		
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Key	
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CHAIRS ASSURANCE REPORT

Audit Committee

Date of Meeting:	23 rd April 2021	Chair:	David Rawsthorn
Quorate:	Yes	Executive Lead:	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Chambers, Non-Executive Director Prof A Esmail, Non-Executive Director Mrs G Singh, Associate Non-Executive Director Prof R Thomson, Associate Non-Executive Director	Key Members Not Present:	All present

Link to Board Assurance Framework (Strategic Risks): No specific risks aligned to Audit Committee, however, the Committee is charged with a specific role in relation to oversight of the BAF.

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Clinical Governance- Quality and Performance Chair's Assurance Reports	The Committee received assurance reports relating to Clinical Governance from the meetings held on 18 th January 2021, 15 th February 2021 and 15 th March 2021.	Noted the assurance provided within the reports.	

Key	
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	The Medical Director and Director of Quality, Innovation and Improvement attended the meeting for this agenda item and provided clarification around specific items.		
Critical and High Risk Recommendations	MIAA continued to follow up recommendations. It was noted 2 recommendations in relation to Freedom To Speak Up were only partially implemented with completion due December 2021.	Noted the update provided.	
Internal Audit Progress Report Q4 2020/21	The Committee noted the assurance reviews completed within Q4: <ul style="list-style-type: none"> • Clinical Audit Processes – Substantial Assurance • Safeguarding – Substantial Assurance • Quality Accounts – Substantial Assurance • Incident Management – Substantial Assurance • Data Quality – Moderate Assurance • User Privilege Management – Substantial Assurance • IT Service Resilience & Continuity – Moderate Assurance • ESR HR/Payroll Controls – Substantial Assurance • Data Security & Protection Toolkit – Readiness review completed. • Assurance Framework Stage 2 – Work completed. 	Noted the work plan had been completed for 2020/21. Noted the assurance provided.	
Internal Audit Follow Up	The Committee noted the good progress within the reporting period and that all	Noted the assurance provided.	

Key	
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	recommendations relating to Newly Qualified Paramedics were complete.		
Draft Internal Audit Work Plan 2021/22	The draft Internal Audit Work Plan 2021/22 was presented to the Committee for approval.	Approved the Internal Audit Work Plan 2020/21	
Head of Internal Audit Opinion and Annual Report 2020/21	The Committee received the Head of Internal Audit Opinion and Annual Report 2020/21. The overall opinion for the period 1st April 2020 to 31st March 2021 provided Substantial Assurance that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.	Noted the assurance provided.	
Internal Audit Charter	The Committee received the Internal Audit Charter which is structured around the Public Sector Internal Audit Standards and is presented alongside the internal audit plan.	Noted the report.	
Anti-Fraud Annual Report 2020/21	The Committee received the Anti-Fraud Annual Report 2020/21 outlining the wide range of activities aligned to the NHS CFA's Standards for Providers undertaken by the anti-fraud specialist (AFS) during 2020/21. The Committee noted the NHS CFA Standards had changed to the Government Functional Standards 013 for Counter Fraud from 1st April 2021. A baseline assessment would be undertaken against the new requirements to form the basis of the Self Review Tool (SRT) submission to NHS CFA by 31st May 2021.	Noted the assurance provided.	

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Anti-Fraud Draft Work Plan 2021/22	The Committee received the draft Anti-Fraud Work Plan 2021/22.	Approved the Anti-Fraud Work Plan 2021/22.	
External Audit Progress and Technical Update	The Committee noted the progress of the 2020/21 external audit, no matters were brought to the attention of the Committee. The recent national publications were also highlighted to the Committee.	Noted the assurances provided.	
Board Assurance Framework Q4 2020/21	The Committee received the updated BAF prior to submission to the Board of Directors for approval on 28 th April 2021. It was noted that the Q4 position was incomplete and due for review by the Executive Leadership Committee. Committee members considered the report within the context of their role as Audit Committee.	Noted the assurances provided.	
Losses & Compensation Report	Losses and Compensations for the 2020/21 financial year totalled £1,038k.	Noted the assurance provided.	
Draft Estates Revaluation 2020/21	The Committee received a report detailing the impact of the 2020/21 estates revaluation and subsequent impairments following a desktop valuation undertaken by Deloitte LLP.	Noted the outcome of the valuation exercise.	
Legal Services Report Q4 2020/21 and Annual Report 2020/21	<ul style="list-style-type: none"> • 208 new HM Coroner’s inquests • 23 contentious/potentially contentious • 185 are non-contentious <ul style="list-style-type: none"> – No findings of neglect – No Regulation 28 PFD Report 	<p>Noted the assurances provided.</p> <p>Noted future Legal Services update would be reported to the Quality and Performance Committee.</p>	

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	<ul style="list-style-type: none"> - 13 new claims • 4 are Clinical Negligence claims • 7 are Employer’s Liability claims • 2 are Public Liability claims - 51 Legal Subject Access Requests were processed - 20 requests connected with Care Proceedings • The Manchester Arena Inquiry continued throughout Q4. 		
Annual Review of Core Governance Documents	<p>The Trust’s core governance documents were received for onward recommendation to the Board of Directors for approval. These key documents were:</p> <ul style="list-style-type: none"> - Standing Orders and Reservations of Power to the Board of Directors - Scheme of Delegation - Standing Financing Instructions. 	Supported the recommendation for onward approval to the Board of Directors.	
Audit Committee Annual Report 2020/21	The Audit Committee Annual Report 2020/21 provided information relating to how the Committee met its Terms of Reference during the 2020/21 financial year.	Approved the Audit Committee Annual Report 2020/21.	
Annual Review of Committee Terms of Reference	The revised Committee Terms of Reference were received following annual review. Key changes reflected the change in counter fraud standards to the Government Functional	Recommended the revised terms of reference to the Board of Directors for approval.	

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Declarations of Interest
and Gifts and Hospitality
Annual Report 2020/21

	<p>Standard: GovS013 Counter Fraud and addition of reporting from the Information Governance Sub Committee.</p>		
	<p>The registers for 2020/21 were presented to the Committee. No breaches were identified during 2020/21. However, the following was minuted:</p> <p><i>'Mr D Rawsthorn referred to a declaration of acceptance of overseas travel and accommodation. The trust's policy allowed such offers to be accepted 'in exceptional circumstances'. On enquiry it had been established that such exceptional circumstances did exist. However, he noted that the policy required that 'a clear reason should be recorded on the register of interest'. This had not been done. Mr D Rawsthorn asked the Director of Corporate Affairs to make it clear to the Executive Leadership Committee that the full terms of the policy should be adhered to by giving full and clear reasons in the register when any travel or accommodation is accepted.'</i></p>	<p>Noted the assurances provided.</p>	

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FT Code of Governance Compliance Declaration	An update in relation to the Trust's compliance against the NHS Foundation Trust Code of Governance (FT Code) was presented. The Trust had declared compliance with all but one of the relevant clauses which was partially compliant. This will be rectified over the coming months.	Noted the assurance provided.	
Waiver of Standing Orders Q4 2020/21	A total of eight waivers were approved during Q4 2020/21.	Noted the assurances provided.	
Information Governance Sub Committee Terms of Reference	The Committee received the revised terms of reference for approval following realignment of reporting from the Resources Committee to the Audit Committee. It was noted specific reference around data quality and cyber security had been included within the remit of the sub committee.	Approved the revised terms of reference.	

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CHAIRS ASSURANCE REPORT

Audit Committee

Date of Meeting:	11 th May 2021	Chair:	David Rawsthorn
Quorate:	Yes	Executive Lead:	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Esmail, Non-Executive Director Mrs G Singh, Associate Non-Executive Director Prof R Thomson, Associate Non-Executive Director	Key Members Not Present:	Prof A Chambers, Non-Executive Director Mrs A Wetton, Director of Corporate Affairs

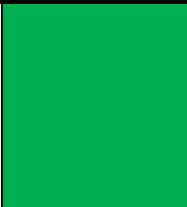
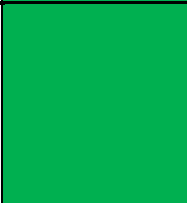
Link to Board Assurance Framework (Strategic Risks): No specific risks aligned to Audit Committee, however, the Committee is charged with a specific role in relation to oversight of the BAF.




SR01	SR02	SR03	SR04
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
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Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
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<p>Draft Annual Governance Statement 2020/21</p>	<p>The Chief Executive attended the Committee meeting to present the draft Annual Governance Statement 2020/21. The Committee provided suggestions for inclusion within the document.</p>	<p>Noted the draft Annual Governance Statement 2020/21</p>	
<p>Draft Financial Accounts 2020/21</p>	<p>The draft financial accounts for 2020/21 were presented to the Committee for review. The final accounts with the auditor's report will be submitted to the Committee in June, prior to transmission to the Board of Directors for approval.</p>	<p>Noted the draft financial accounts 2020/21.</p>	

Key	
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REPORT TO BOARD OF DIRECTORS

DATE:	26 th May 2021			
SUBJECT:	Integrated Performance Report			
PRESENTED BY:	Director of Quality, Innovation and Improvement			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance			
EXECUTIVE SUMMARY:	<p>The Integrated Performance Report for May 2021 shows performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during April 2021 unless otherwise stated.</p> <p>The highlights from this April report are as follows;</p> <p>Quality</p> <ul style="list-style-type: none"> • 167 complaints were received, against a 12 month average of 129 per month. The Trust is on track with its strategic goal of reducing the number of complaints received. • 66% of complaints risk scored 1-3 and 5% of level 4-5 complaints were closed within the agreed time frames. Complaints and incident management has been affected by the COVID 19 pandemic and prolonged periods in REAP 4 which stops production of the required statements and investigation reports. • A plan is in place to address the complaints backlog which has fallen from 150 in January 2021 to below 82 by the end of April and continues to go down. • 4 Serious Incidents (SIs) were reported in April. All five of the SI reports due were submitted within the 60-day timescale. • There was 1 new safety alert. Two safety alerts are currently applicable and are being managed by an accountable executive. <p>Effectiveness</p> <ul style="list-style-type: none"> • Patient experience: In November 2020, national collection of FFT data recommenced and the number of returns has increased across all service lines. These high return rates are due to use of an SMS service as opposed to reliance on postcard or postal survey returns. Satisfaction levels remain high. We continue to see high satisfaction across all service lines though PES did drop in April to 89.2%. 			

- **ACQIs:** Overall, we see limited change from month to month in the ambulance clinical quality indicators. The lag in data (from December) makes it difficult to understand the impact of any recent work to improve in these areas. Recent results (up until December 2020) do signal a reduction in the percentage of patients achieving ROSC and survival to discharge in this group in the final quarter of the calendar year compared with the mean and with previous months. This is consistent with the national picture and pandemic influences and has been shared with the regional medical directors team. It will inform the regional mortality cell's learning about the impact of the COVID 19 pandemic.
- Mean call to PPCI time for patients suffering a myocardial infarction was slightly outside of the national mean of 2h 21mins; the Trust's performance was 2h 34mins.
- Mean call to door time for patients suffering a hyper acute stroke was within the national mean of 1h 31mins; the Trust's mean response to these patients was 1h 23mins.
- The stroke care bundle result improved to 98.5% comparing favourably with national mean of 98.8%.
- **H&T, S&T, S&C:** The proportion of incidents with Hear and Treat is 9.1% for the month of April 2021. See & Treat has seen a reduction to 27% (which is similar to pre-covid levels) in total, there was an aggregate non-conveyance of 36%.

Finance

- As at month 1 the trust is reporting a breakeven position which is in line with the H1 financial plan. Spending remains in line with the previous financial year though increased costs are being experienced within PTS, as the NHS moves to restoration and recovery, whilst social distancing requirements remain in place for the service.
- The year-to-date expenditure on agency is £0.542m which is £0.283m above the 2019/20 ceiling of £0.259m.
- The COVID-19 financial framework remains in place for H1 (1 April 2021 to 30 September 2021), and the monthly financial returns have been redesigned to collect a minimum dataset to reduce the burden on organisations wherever possible, whilst maintaining a monthly data collection process.

Patient Emergency Service (PES)

- **Activity:** In April 2021, the Trust received 111,723 calls of which 97,955 became incidents. Compared with April 2019, we have seen a 1% reduction in incidents, however, this has not been spread evenly across all weeks within the month, with the final two weeks (post lock-down release), busier than the first two weeks.
- **Call Pick Up** performance was 96.7%, with the data signalling special cause to the good with call pick up in

5 seconds being on the upper control limit showing high levels of performance.

ARP Performance

	Standard	Actual
C1 (Mean)	7:00	7:29
C1 (90 th)	15:00	12:44
C2 (Mean)	18:00	23:52
C2 (90 th)	40:00	48:25
C3 (Mean)	1:00:00	1:21:43
C3 (90 th)	2:00:00	3:13:46
C4 (90 th)	3:00:00	6:11:42

- Response time standards have been met for C1 90th, C3 mean and C3 90th. The primary reason for not reaching the other response time standards is a mismatch between demand and resource levels although we are seeing the benefit of a reduction in COVID 19 abstractions.
- For all categories of incidents there is either special cause (or in the case of C2 mean & C2 90th a spike) during week commencing 12 May. This coincides with the easing of lockdown measures and something we see across most measures when the rules are eased. There is also a more general worsening trend which coincides with the end of military support (22nd March) and the end of shift enhancements. This has meant less resources are available.

Handover

Average turnaround time shows a slight increase for April from 29:09 and 29:25 in February and March respectively to 29:26 in April. These are all below the National standard of 30:00 and have remained consecutively below the standard for 3 months. Despite this, 1,458 attendances (2.7%) had a turnaround time of over 1 hour, with 11 of those taking more than 3 hours. 198 hours were lost to delayed admissions in April up from 175 in March.

NHS 111

	Standard	Actual
Calls Within 60s	95%	62.03%
Average Time to answer		1m 51s
Abandoned Calls	<5%	8.37%
Call back Within 10 min	75%	5.98%
Average Call Back		1hour 38min

	Warm Transfer to Nurse	75%	5.94%
	<p>• Performance for the headline KPI continues to challenge the service</p> <ul style="list-style-type: none"> • Time taken for a call back (10 mins). The increase in demand on the 111 service has directly impacted the size of the Clinical advice queue. Safety measures are in place. <p>PTS</p> <ul style="list-style-type: none"> • Activity in April for the Trust was 29% below contract baselines, whilst the year to date position (July 2020 – April 2021) is performing at 37% below baseline. This is due to Covid-19. <p>Organisational Health</p> <ul style="list-style-type: none"> • Sickness: The overall sickness absence rate for the latest reporting month (March 2021) was 7.15% including COVID related sickness of 1.5%. Underlying non-COVID sickness for the year is below the previous year by 0.5% • Turnover was 7.87% and remains stable. 111 turnover is showing signs of an increasing trend following a significant fall during COVID. • Agency: Due to the impact of Covid-19 agency costs at the Trust stands at 2.1% in April. • Vacancy: Positions across the Trust are under establishment by 2.86%. This is mainly as a result of establishment changes in 111 and the vacancy position created through the transfer of PTS staff to PES. Recruitment plans are in place to address. • Appraisal: The overall appraisal completion rate was 70.32% against a revised Trust target of 75% by September 2021 this is lower than 95% due to the effect of Covid-19. • Mandatory Training: The Trust was 75% compliant in March for the 2020/21 financial year in line with the revised target. A new cycle started in April with additional topics, this has pushed Trust compliance down to 60%, this will build during the year. Planned classroom attendance for PTS and PES is on track. <p>COVID 19</p> <ul style="list-style-type: none"> • There have been 4 instances of staff that have tested positive for Covid-19 in April 2021 with 1,711 instances since July 2020. As at the end of April there were no open outbreaks on Trust sites. 		
RECOMMENDATION:	<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 		
ARE THERE ANY IMPACTS RELATING TO:	Equality:	<input checked="" type="checkbox"/>	Sustainability <input checked="" type="checkbox"/>

(Refer to Section 4 for detail)				
PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee			
	Date:	24 th May 2021		
	Outcome:	Not known on submission		

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1 PURPOSE

The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of April 2021. The report shows the historical and current performance on Quality, Effectiveness and Operational performance. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

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

2 LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

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.

3 EQUALITY OR SUSTAINABILITY IMPLICATIONS

The data in this report are presented at an aggregate level for the trust and so any issues related to equality and diversity are not highlighted, however more detailed reports highlighting issues of equality seen in our data are presented to the Quality and Performance committee.

The effectiveness measures related to 'hear and treat' and 'see and treat' have the potential to impact on our carbon emissions however this is not explored in the report.

4 RECOMMENDATIONS

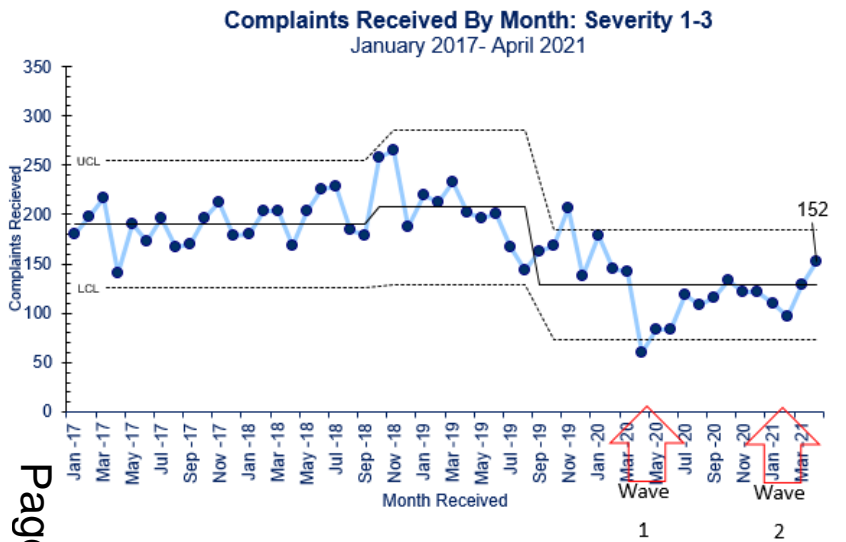
The Board of Directors is recommended to:

- Note the content of the report
- Clarify any items for further scrutiny through the appropriate assurance committee.

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Q1 COMPLAINTS

Figure Q1.1



Page 95

Figure Q1.3

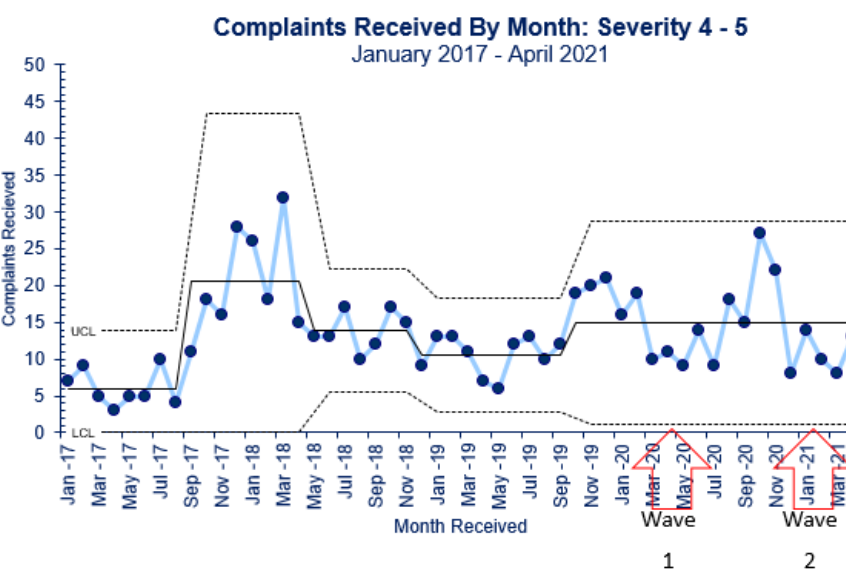


Figure Q1.2

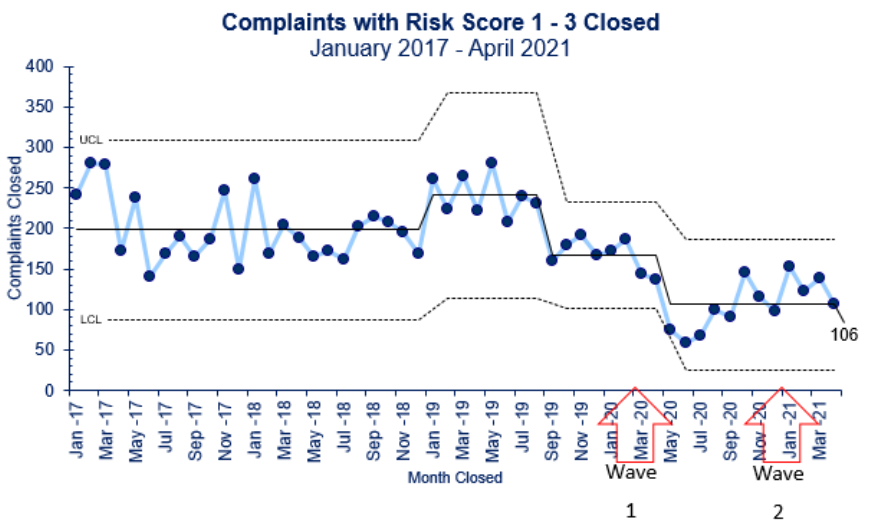
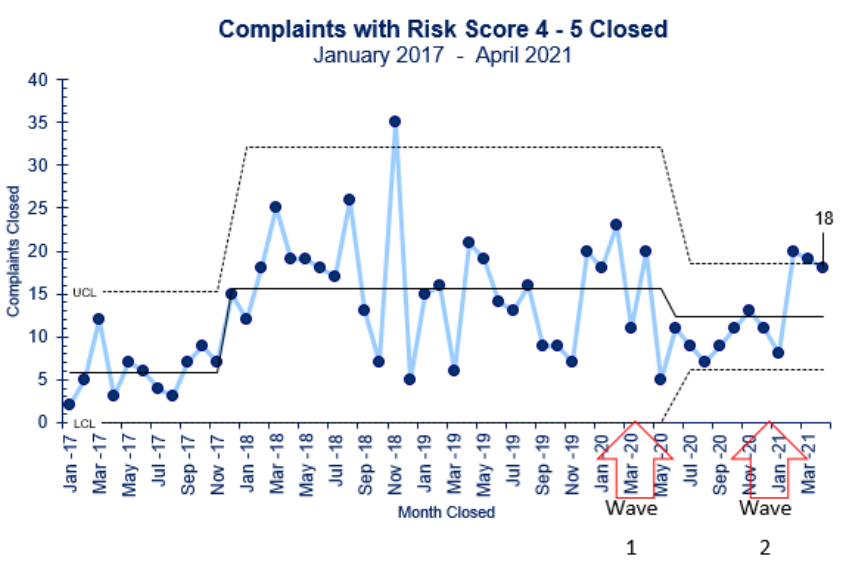


Figure Q1.4



Complaints & Compliments

In April, 167 **complaints** were received (figures Q1.1 & Q1.3) against a 12-month average of 129 per month.

120 **compliments** were received this month.

The rate of complaints in April 2021 was 26 per 1000 WTE. The average for the fiscal year (1 April 2021 – 30 April 2021) is 26 per 1000 WTE. Both are below the strategy goal for 2021/22 of 27.

A total of 124 complaints were closed in April 2021 (106 were risk scored 1-3 Q1.2 and 18 were risk scored 4-5 Q1.4). Q1.4 signals a positive change with the number of complaints with a score of 4-5 closed above or on the upper control limit (special cause variation).

The increase in 4-5's closed is due to the work the team have done to get through a backlog of complaints as part of the improvement plan Q1.7.

Figure Q1.5

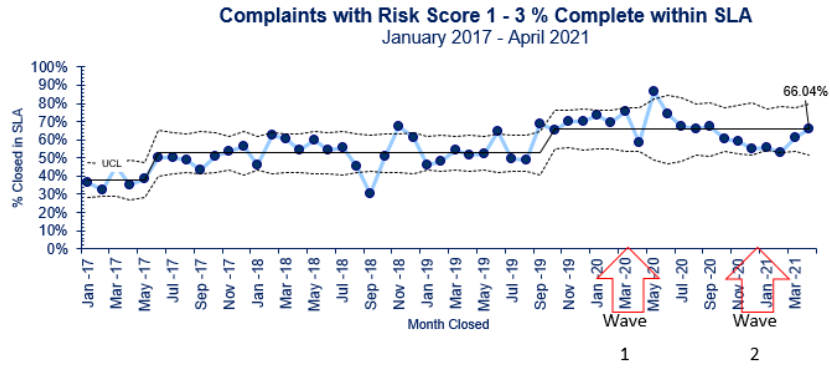
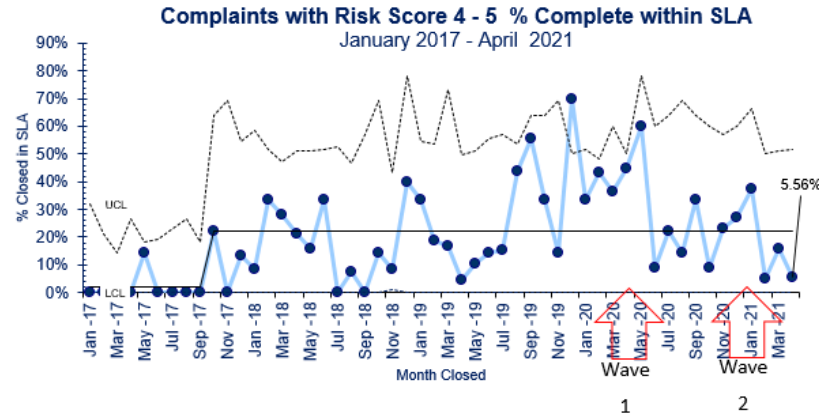


Figure Q1.6



Complaints Closure

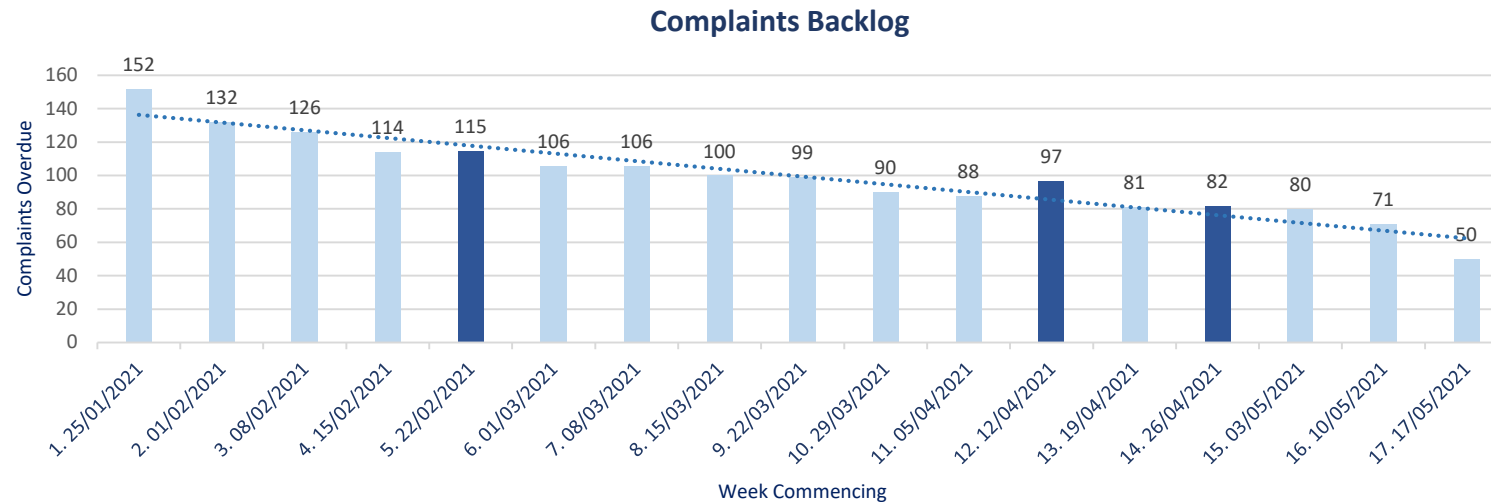
Overall, 66% of cases risk scored 1-3 were closed within the agreed timescales (Q1.5) against a right care strategy goal of 100% for the end of 21/22. Five percent of level 4-5 complaints were closed within agreed timescales (Q1.6) against a right care strategy goal of 100% by the end of 21/22. It is important to note that the strategy goals were set pre-pandemic. Incident management has been affected by the COVID 19 pandemic and the prolonged periods in REAP 4 which stops production of the required statements and investigation reports.

From September to February the data started to signal a potential reduction in risk score 1-3 complaints completed within SLA (Q1.5) with data points close or on the lower control limit for December, January and February (special cause variation). This is the manifestation of the impact of REAP 4. For March and April, the data move back to pre pandemic levels not seen since October 2019 which is attributed to the plan put in place to improve response times.

We have not seen an increase in risk score 4-5 complaints completed within SLA. The 4-5s take longer to complete with more complex checks and sign off processes. We do not anticipate seeing improvement in these measures until the backlog accrual of complaints starts to reduce.

Q1.7: The backlog has fallen from Just over 150 in January to below 85 by the end of April and continues to go down.

Figure Q1.7



Q2 INCIDENTS

Figure Q2.1

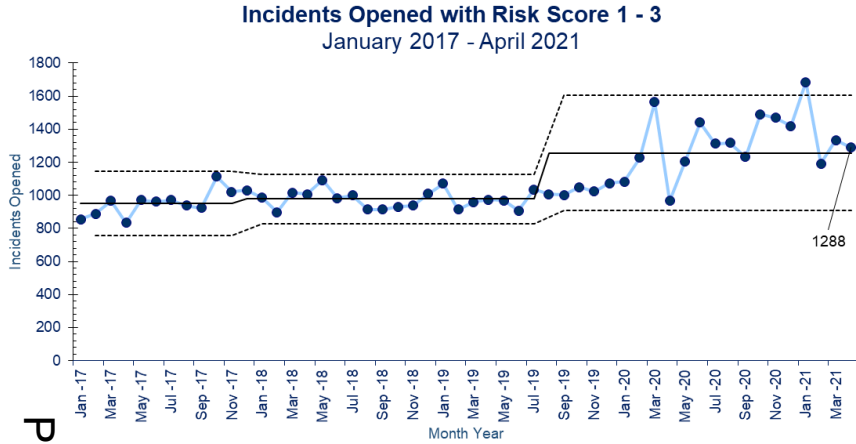
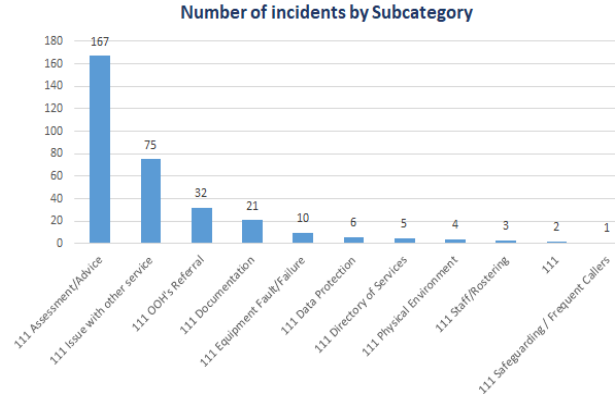


Figure Q2.3 - Highest number of incidents April 2021 by subcategory



Reporting: In April, 2021, 1382 internal and external incidents were opened (Q2.1 and Q2.2), against a 12-month average of 1416. High levels of reporting are important and considered a marker of a positive culture where staff feel able to speak up.

Unscored Incidents: In March, 39 incidents were unscored which is above the Right Care Strategy goal of 25 unscored incidents in the previous month reported in the IPR. The scoring and management of incidents in a timely way is monitored via the clinical effectiveness and operation outstanding meetings and plans are in place to recover the current position.

Incidents by Type: Thematic analysis of incidents by type shows that the top two reasons (by volume) are incidents associated with 111 services or staff welfare. Figures 2.3 and 2.4 show the subcategories within these two themes and help to explain the reasons for the themes.

111: It is important to frame the total number of incidents in 111 against the total number of calls received (167 incidents from 223,429 calls). Many of these incidents are raised by healthcare professionals who want clarity on outcome decisions. All calls are audited and action taken where concerns are upheld. The majority of 111 incidents have been raised because of concerns about the assessment or advice given (n=167), because we have had issues with another NHS service (n=75), for documentation or data protection issues (n=21+6) and also for vulnerable adults (safeguarding / frequent callers).

Staff Welfare Incidents: The commonest reason for reporting is violence and aggression towards staff which includes threatening behaviour, verbal abuse and physical assault. The Trust has an active Violence and Aggression working group who are a sub group of the Health, Safety and Security committee. We are actively rolling out a pilot to trial Body Worn Video Cameras. It is thought that this will reduce assaults on staff as it will act as a deterrent and assist in prosecutions.

Figure Q2.2

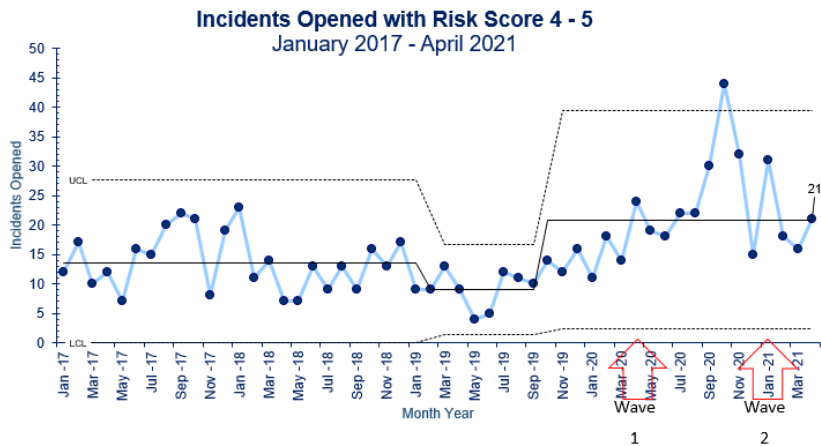


Figure Q2.4 - Second highest number of incidents April 2021 by subcategory

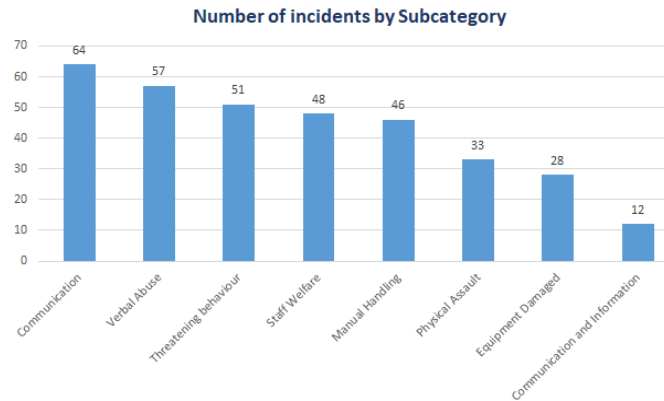
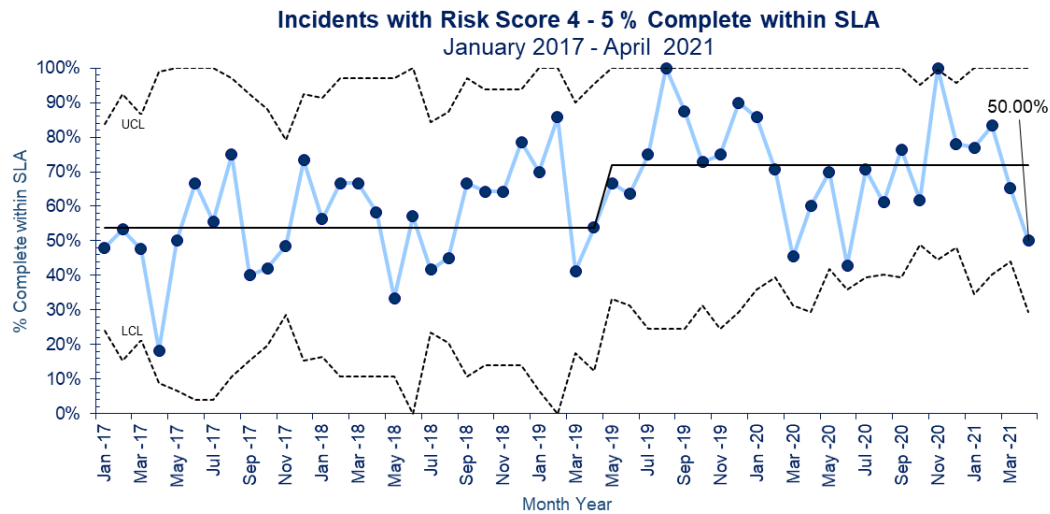


Figure Q2.3



Figure Q2.4



Incidents Closure

In total, 1009 incidents (level 1-5) were closed during April 2021.

85% level 1-3 were closed within agreed standard (Q2.3) close to the right care strategy goal of 90%. 10% of level 4-5 incidents were closed within the agreed standard (Q2.4) against a right care strategy goal of 100% for the end of 21/22. Both have been affected by the introduction of REAP 4 which impacts on the ability of the front line to produce the required statements and investigation reports.

SLAs are calculated using the following measures/ targets.

No exceptions are taken into account:

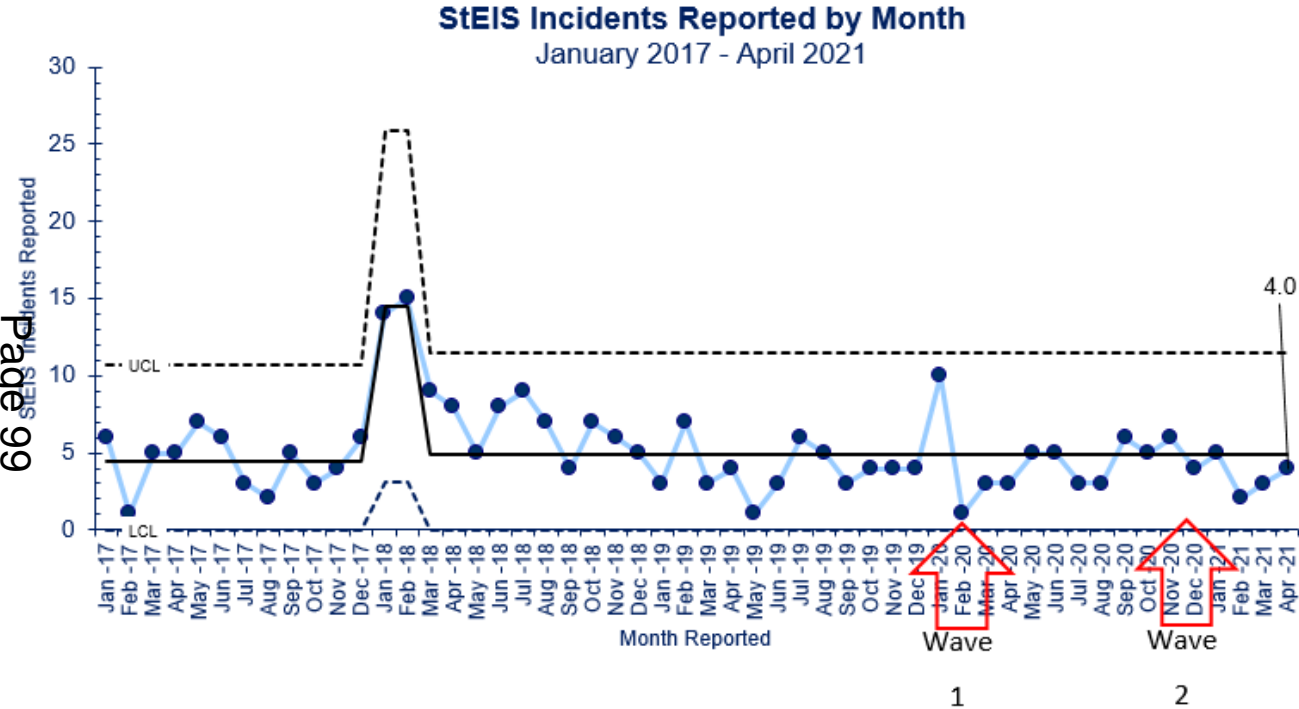
Risk Score	Target Days to Close Incident (From Date Received)
1	20
2	20
3	40
4	60
5	60

The scoring, management and learning from incidents is a priority. Each area and head of service has a plan for recovery of their back log and a goal to get incidents scored and closed in a timely way. They report their progress at the clinical effectiveness sub-committee and also as part of the operation outstanding meetings which happen every alternate Friday. A trust wide working group has been established under the leadership of the medical director and patient safety specialist, to review incidents, investigations & learning.

We anticipate recovery will take to at least the end of Q2 where we will reach pre-pandemic levels of closure. The closure of incidents in a timely way will remain a goal throughout the year and will be reported via the Quarterly right care strategy update.

Q3 SERIOUS INCIDENTS

Figure Q3.1



Serious Incidents

4 Serious Incidents (SIs) were reported in April 2021.

5 SI reports were due with the commissioners in April 2021. 5 were submitted within the 60-day timescale.

4 reports were due in March 2021, 3 were submitted within the timescales, 1 was given an extension although submitted early before extension deadline so this means 75% were submitted on time. This is below our right care strategy goal which is 95%. However, we are continuing to see the benefits of the introduction of the serious incident review panel and are continuing with the trial now as business as usual.

Q5 SAFETY ALERTS

Figure Q5.1:

Safety Alerts	Number of Alerts Received (May 20 – Apr 21)	Number of Alerts Applicable (May 20 – Apr 21)	Number of Open Alerts	Notes
CAS/ NHS Improvement	28	0	0	

Safety Alerts	Number of Alerts Received (May 20 – Apr 21)	Number of Alerts Applicable (May 20 – Apr 21)	Number of Open Alerts	Notes
MHRA – Medical Equipment	7	1	0	Masks from Cardinal Health to be checked and no affected items found to be in the trust

Safety Alerts	Number of Alerts Received (May 20 – Apr 21)	Number of Alerts Applicable (May 20 – Apr 21)	Number of Open Alerts	Notes
MHRA - Medicine Alerts	60	0	0	

Safety Alerts	Number of Alerts Received (May 20 – Apr 21)	Number of Alerts Applicable (May 20 – Apr 21)	Number of Open Alerts	Notes
IPC	0	1	0	Coronavirus is a viral disease (Covid-19). Coronavirus has been spreading throughout the world therefore it has been declared as a national pandemic and is still ongoing. There is a multi faceted action plan that operates across the trust, this includes HR, Procurement, Communications, Operations and the quality teams. This is being discharged via D Bullock (LEAD and DiPC) and the Executive Leadership Committee (ELC).

NWAS Response

There has been 1 new safety alert in April 2021.

The total number of CAS/NHS Improvement alerts received between May 2020 and April 2021 is 28, with 0 alerts applicable.

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

60 MHRA Medicine alerts have been received, with no alerts applicable.

0 IPC alert have been received, with 1 alert applicable.

E1 PATIENT EXPERIENCE

Figure E1.1

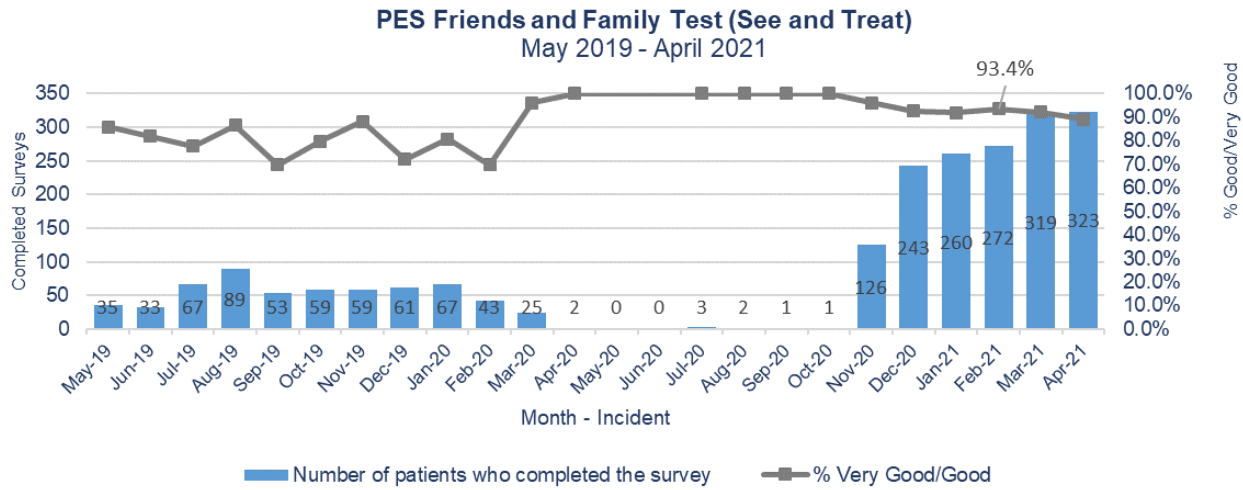
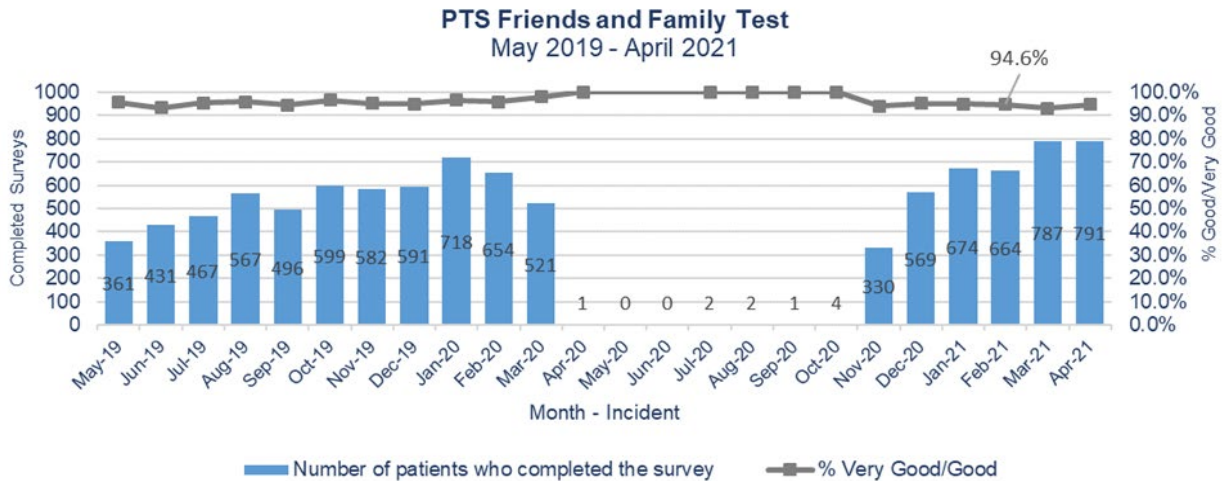


Figure E1.2



Patient Experience (PES)

There were 323 PES FFT returns in April 2021 and 319 in March, of which 240 in April and 241 in March contained additional detailed comments. On overall experience of the service, patient satisfaction levels for April 2021 (89.2%) saw a drop of 3% compared with March 2021 (92.2%). Where respondents indicated 'very good/good', the corresponding themes were around; speed of response, the professionalism of the paramedic teams, support and reassurance provided, being treated with dignity and respect, friendliness and clear communication. Comments included:

- "The two medics were very professional in assessing and recording my wife's condition. As a result, I have had the help I needed to cope with the dreadful effects of dementia she is suffering from."
- "Very friendly, supportive and empathetic both on the phone and in person. Also very quick to arrive and very thorough."

Where respondents indicated 'poor/very poor', the themes that came through were around expected response time and poor attitude. Comments included:

- "Waited 5 hours for an ambulance, and felt my grandfather wasn't assessed as needed. When this was questioned, I felt the lady was quite rude."
- "I was told that I was 'lucky to get an appointment' at A&E. The paramedics didn't examine my leg and said it was not different from the other one despite not seeing it (this was absolutely not the case). I then spent 2 weeks in hospital."

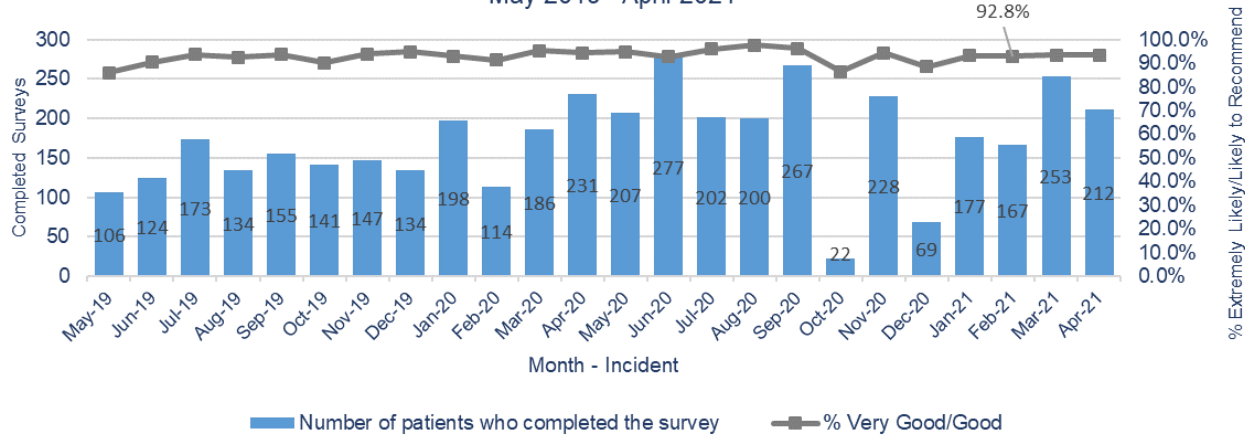
Patient Experience (PTS)

There were 791 PTS FFT returns in April 2021 of 791 and 787 in March at 787, of which 622 in April and 643 in March contained additional comments. On overall experience of the service, patient satisfaction levels for April 2021 (94.7%) increased by 1.4% compared with March 2021 (93.3%). Where respondents indicated 'very good/good', the themes that emerged were helpfulness and friendliness of staff, being treated with dignity and respect, extra care shown; informative, timely pick up, patient safety; professionalism and excellent service. Comments include:

- "A cab driver was used on both outward and return journey. They were timely and both drivers were helpful, getting as close as possible to minimise my walking which is painful. The booking staff were pleasant and efficient."
- "Professional service. Booked over the phone. Polite staff who put my mind at ease. Collected on time with great care and return journey equally as good."

Figure E1.3

111 Friends and Family Test
May 2019 - April 2021



Patient Experience (PTS) Cont.

Where respondents selected 'poor/very poor', the themes that emerged included waiting time (inward and outward journeys), incorrect transport being sent and lack of support.

- *“Asked for an ambulance with tail lift or ramp. I can hardly walk instead a taxi arrived, which was very difficult to get in and out off without a lot of pain. After waiting 65mins in a wheelchair. I cancelled return as it would be another 90mins. My son in law came to pick me up.”*
- *“Dropped off at the hospital then when they came to pick up, patient had not finished in clinic, when finished the staff at the clinic tried to make contact by telephone, the patient had to wait 3 hours in the hospital for pick up home, so my appt was 3pm, arrived home at 9pm.”*

Patient Experience (111)

There were 212 NHS 111 FFT returns in April 2021, a 16.2% drop from the 253 received in March. However it should be noted April is still above the monthly average of 190 recorded for the previous year eg February (167) and January (177). Of these returns, 122 additional comments were received in April and 156 in March. The number of 'extremely likely/likely' recommendations of the service very slightly increased in April 2021 (93.4%) by 0.1% when compared with March 2021 (93.3%). Of these responses 122 included further comments in April and 156 in March.

Where respondents indicated an 'extremely likely/likely' recommendation, themes emerging included speed of response, helpfulness and clarity of advice, reassurance, professionalism, waiting time to get through, call triage script, GP referral and booking process. Sample comments included:

- *“Reassurance at end of phone. The service was fast, professional and clear. Ambulance came within the hour. A week stay in hospital was required. It would have been so much worse if 111 hadn't advised or assisted.”*
- *“It's a simple to use service, which takes pressure off other aspects of NHS. For our out of hours need, it was very reassuring, especially as it was for a young baby.”*

Where respondents indicated an 'unlikely/extremely unlikely' themes included a delay in getting a call back and dissatisfaction with the service provided. Sample comments included:

- *“Rang 111 and were told a doctor would ring back in 20 mins. After 1 and a half hours we rang 111 again and were told the same message, after a further 1 and a half hours went to A and E. After 7 days, 111 has still not returned the call.”*
- *“Dissatisfied as needed to see a doctor with my back and couldn't get to see a GP so waited till the following day to see my own GP. Next time I wouldn't hesitate and I would go straight to A and E.”*

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Cardiac Outcomes over time (SPC)

Figure E2.1

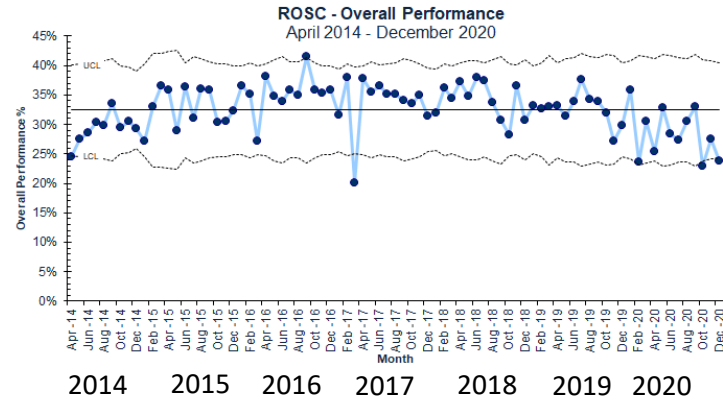
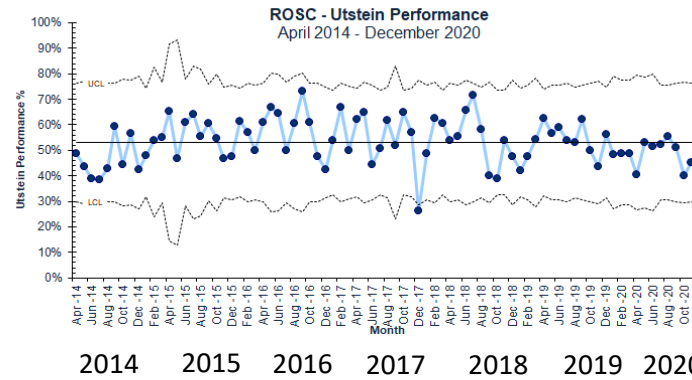


Figure E2.2



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Figure E2.3

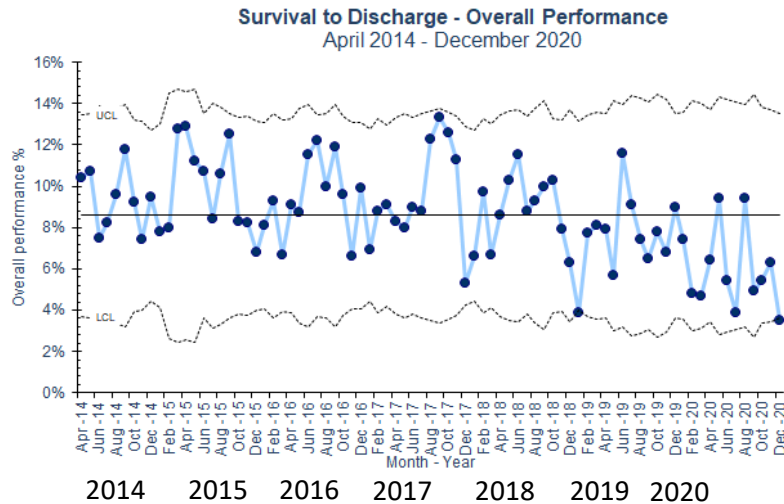
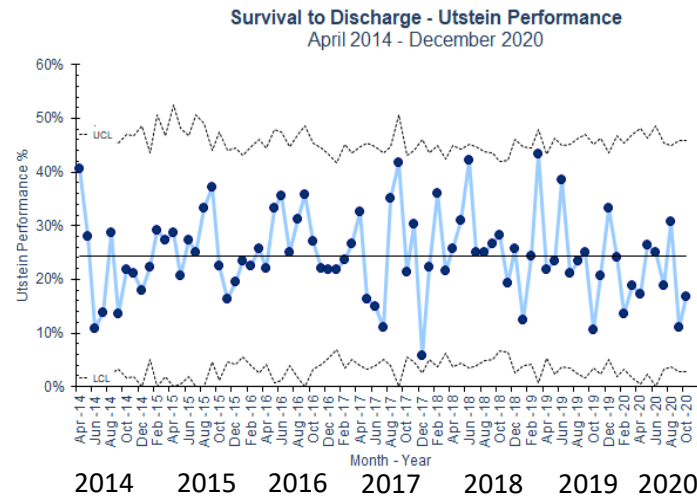


Figure E2.4



ACQIs (Last data point: December 2020)

Overall, we are seeing little change in our data for the ambulance clinical quality indicators. The lag in data makes it difficult to understand the impact of any recent work to improve in these areas.

E2.1 ROSC

Recent results (up until December 2020) do signal a reduction in the percentage of patients achieving ROSC in the final quarter of the calendar year compared with the mean and with previous months. This is consistent with the national picture and pandemic influences and has been shared with the regional medical directors team. It will inform the regional mortality cell's learning about the impact of the COVID 19 pandemic.

E2.2 ROSC (Utstein)

The ROSC achieved for the Utstein group was 46.2% (national mean 43.1%), For the overall group the rate was 23.8% (national mean 21.5%). This indicator is predominantly influenced by pre-hospital factors.

E2.3 ROSC Survival to Discharge

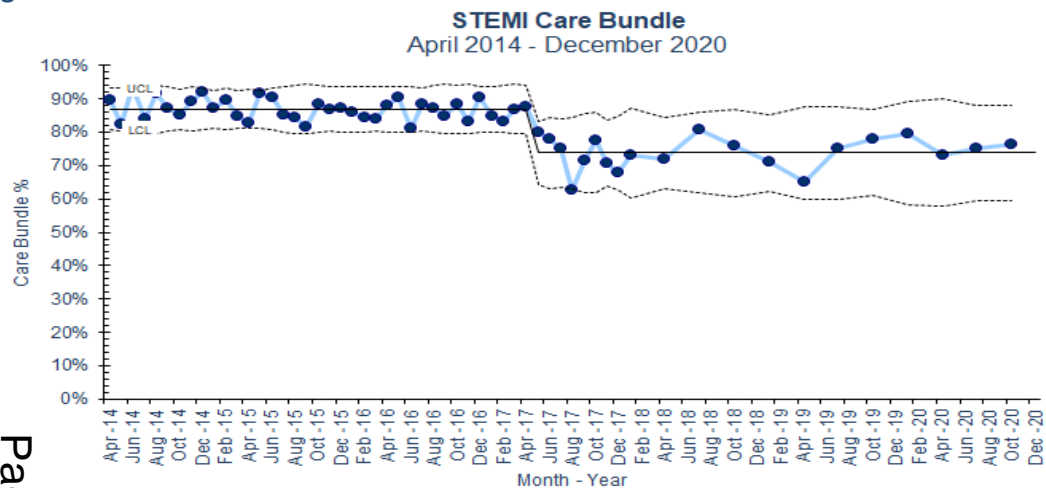
Survival to Discharge rates in December 2020 were lower than previous months at 3.9%. This is a reoccurring trend in December. This indicator is predominately influenced by in-hospital factors & overall system pressures.

E2.4 ROSC (Utstein) Survival to Discharge

In December, 14.3% of patients in the utstein group (national mean 19.1%).

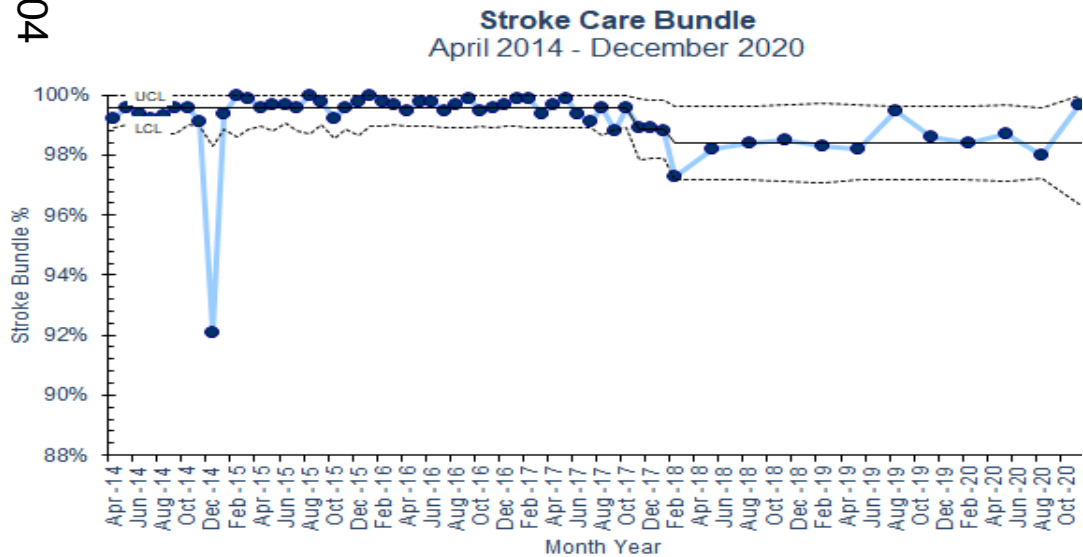
Care Bundles Cardiac and Stroke (SPC)

Figure E2.5



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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).

Care Bundles

STEMI (2.5): Mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 21mins; the Trust’s performance was 2h 34mins. Details of the bundle elements are shown below:

Component of STEMI care bundle	Exceptions
Aspirin given	<ul style="list-style-type: none"> • Patient refusal • Contraindication to the drug • Cautions if clear reasons provided
Glyceryl trinitrate (GTN) given	<ul style="list-style-type: none"> • Patient refusal • Contraindication to the drug • No Chest Pain
Two pain scores recorded	<ul style="list-style-type: none"> • Patient refusal • Patient unable • Patient unconscious
Appropriate analgesia given –options available are Morphine, Entonox and Paracetamol	<ul style="list-style-type: none"> • Patient refusal • Patient not in pain • Contraindication to the drug(s) • Cautions if clear reasons provided

STROKE (2.6):

Mean call to door time for patients suffering a hyper acute stroke was within the national mean of 1h 31mins; the Trust’s mean response to these patients was 1h 23mins. The Stroke care bundle result for November improved to 98.5% comparing favourably with national mean of 98.8%. Details of the bundle elements are shown below:

Component of stroke diagnostic bundle	Exceptions
FAST assessment recorded	<ul style="list-style-type: none"> • Patient refusal • Patient unable
Blood glucose recorded	<ul style="list-style-type: none"> • Patient refusal
Systolic and diastolic blood pressure recorded	<ul style="list-style-type: none"> • Patient refusal

Figure E2.7

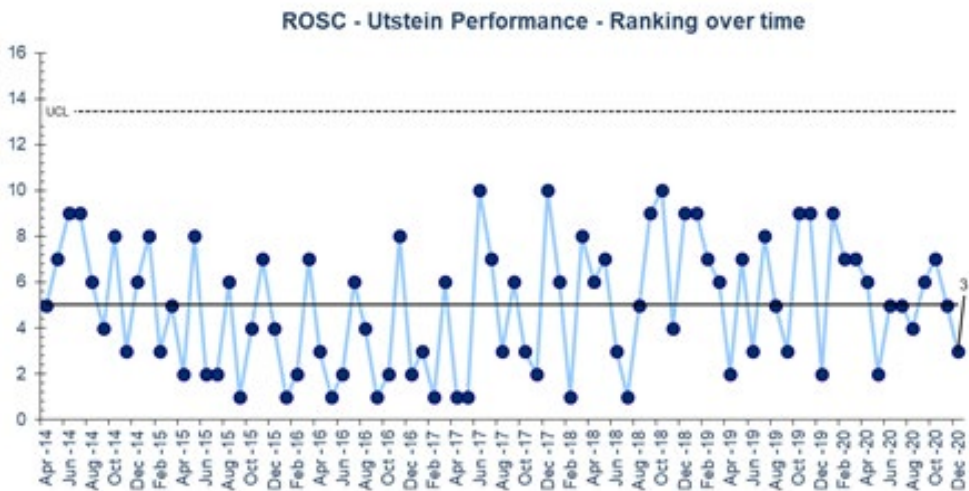


3/11

*4/11

*Between February 2015 and July 2018 the average is around 2 then a reduction to 4 for August 2018 onwards

Figure E2.8



3/11

*5/11

*No change in the average since April 2014

Overall rankings over time

Charts 2.7 to 2.12 show the change in ACQI rankings from month to month since the start of reporting in 2014. These rankings inform us of our position within the hierarchy of 11 ambulance trusts. They can vary individually and collectively from month to month and therefore taking note of trends rather than individual data points is vitally important.

E2.7: For ROSC between February 2015 and July 2018 the average is a ranking of 2nd then a reduction to 4th from August 2018 onward.

E2.8: For ROSC (Utstein) and **E2.9** ROSC survival to discharge we have consistently been ranked as fifth on average, though these measures do show significant variation from month to month. This sporadic variation is likely to be a result of small sample sizes.

Both the stroke **E2.11** and STEMI **E2.12** bundles changed in May 2017 but have been stable since with an average ranking of 4th and 6th respectively.

	April 2020
ROSC	3/11
ROSC Survival	8/11
ROSC (Utstein)	3/11
ROSC (Utstein) Survival	8/11
STEMI bundle	6/11
STROKE bundle	4/11

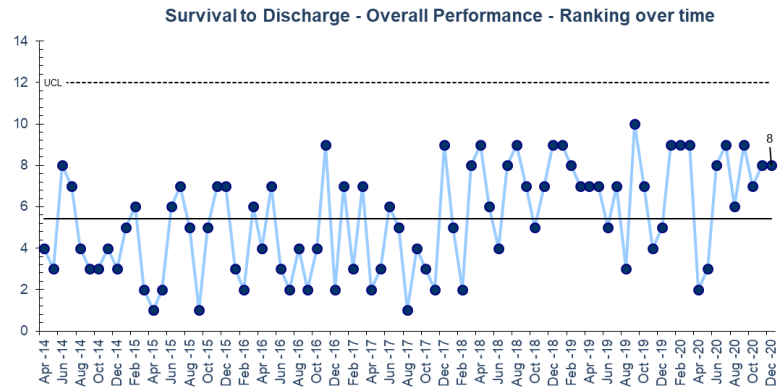
This shows our change in the national ranking tables since June 14 (1 is best, 11 is worst)
 Rank position for December are shown in blue.

Key

NWAS
 Rank/out
 of...

Mean
 Rank/out of...

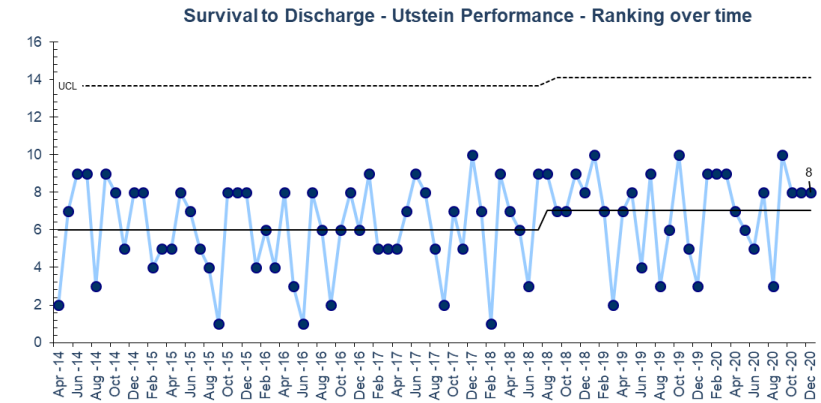
Figure E2.9



8/11
 *5/11

*No change in the average since April 2014

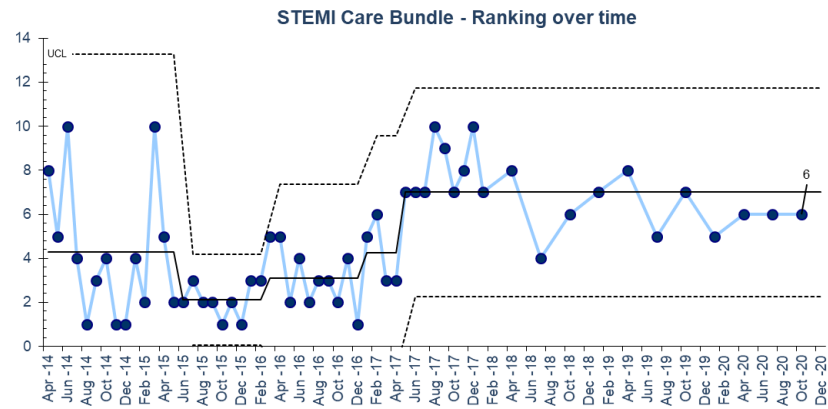
Figure E2.10



8/11
 *7/11

*reduction in average ranking from 5 to 6 in July 2018 stable thereafter

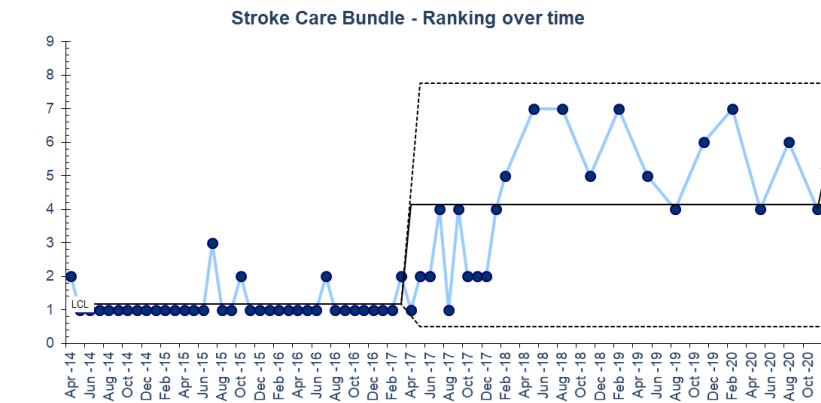
Figure E2.11



6/11
 *7/11

*reduction in average ranking from 4 to 7 in May 2017 stable thereafter

Figure E2.12



4/11
 *4/11

*reduction in average ranking from 1 to 4 in May 2017 stable thereafter

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

Figure E3.1

Activity by Sector (deeper shade is more)



INCIDENTS



Activity:

In April 2021 the Trust received 111,723 calls of which 97,955 became incidents. Compared with April 2019, we have seen a 1% reduction in incidents, however, this has not been spread evenly across all weeks within the month, with the final two weeks (post lock-down release), busier than the first two weeks.

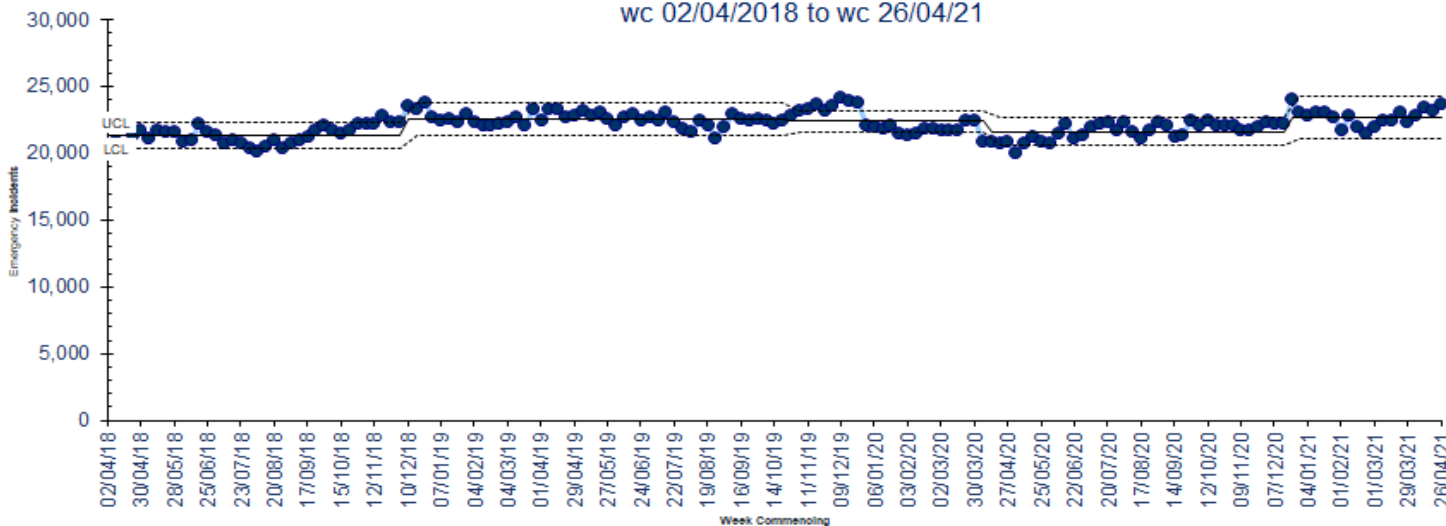
April	Calls	% Change from 2019	Incidents	% Change from 2019
2019	116,668		98,817	
2020	107,166	-8%	92,054	-7%
2021	111,723	-4%	97,955	-1%

Figure E3.1 shows the regional footprint of NWA with the borders of each sector delineated. The deeper the shade of green the more activity in that sector. We can see from the sector map for April that Mersey North continues to have the greatest volume of incidents with two GM sectors (Greater Manchester (GM) South and GM Central) also showing high levels of incidents compared with other sectors. This correlates with the incident heat map and the city regions of Manchester and Liverpool.

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Figure E3.2

Emergency Incidents wc 02/04/2018 to wc 26/04/21



H&T, S&T, S&C Outcomes

The proportion of incidents with Hear and Treat (E3.4) is 9.1% for the month of April 2021. See & Treat (E3.5) has seen a reduction to 27% (which is similar to pre-covid levels) in total, there was an aggregate non-conveyance of 36% (E3.6).

Our rankings since November have seen no change for See and Treat and See and Convey (E3.8 and E3.9), but for Hear and Treat we see a move down to 6th.

Figure E3.4

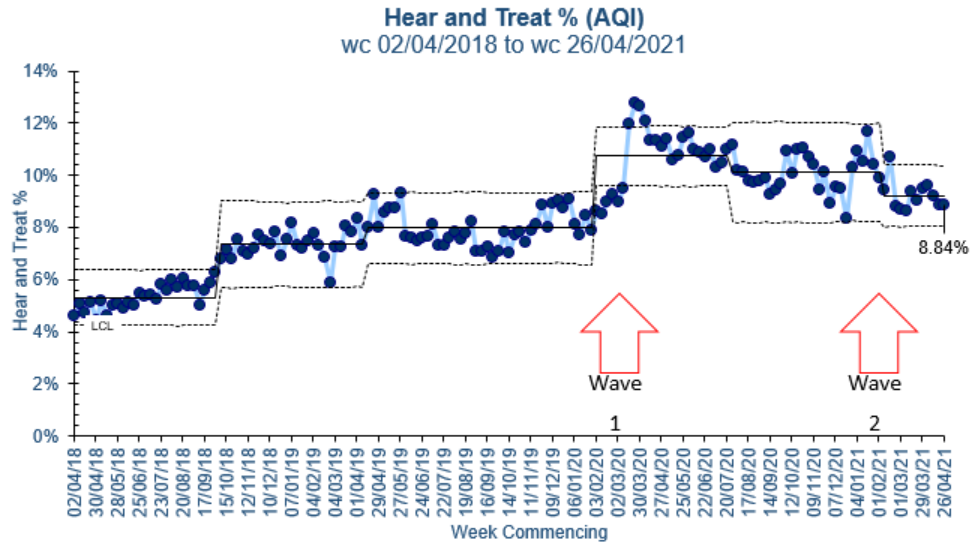


Figure E3.5

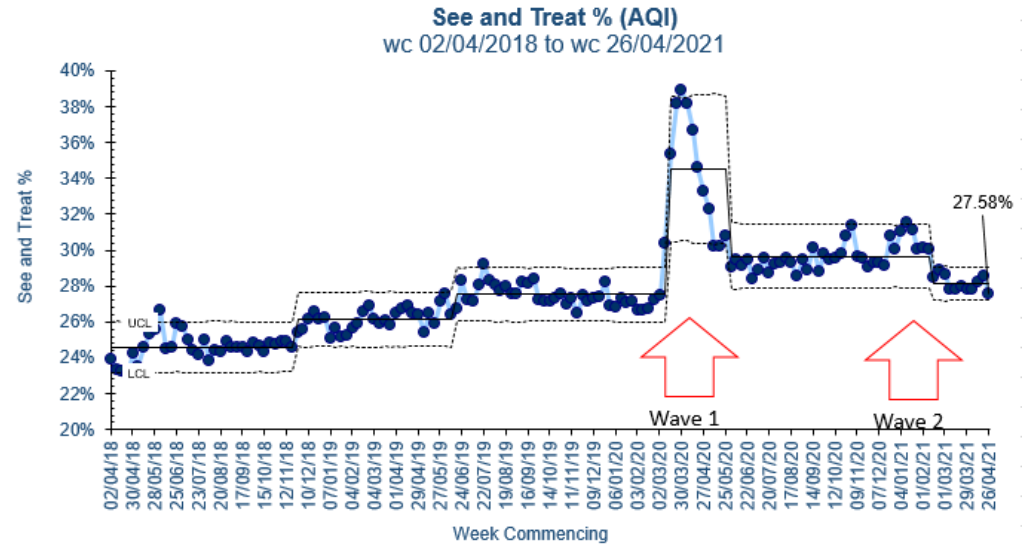
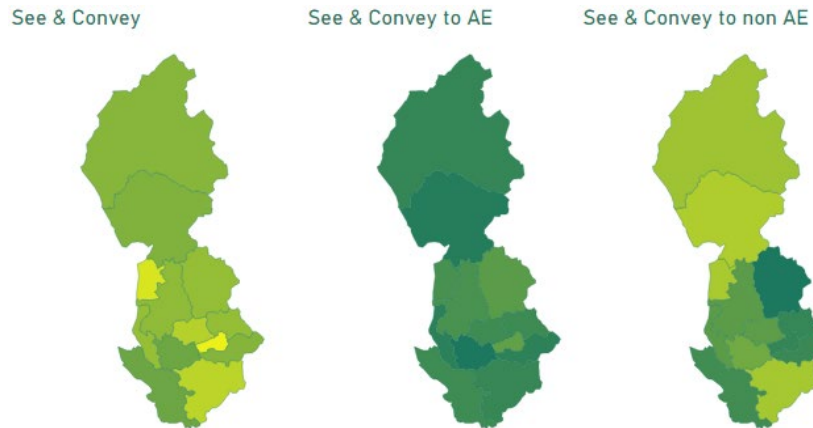


Figure E3.6

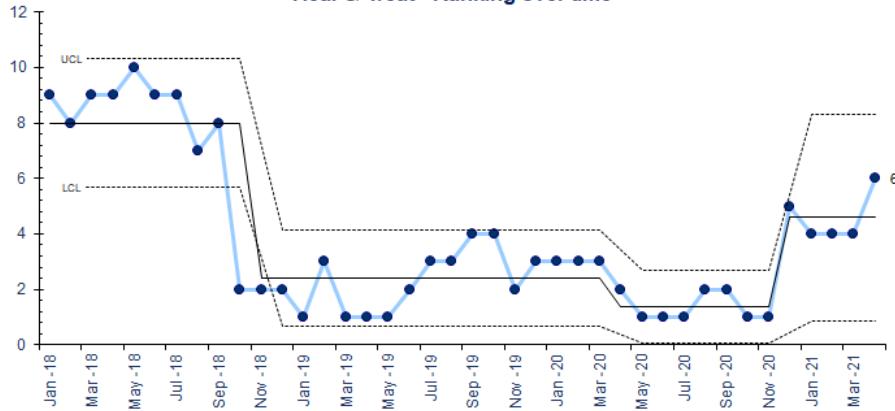


- **See and Treat rates** vary between sectors and are contingent on primary care and out of hospital commissioned services responding promptly to requests for clinical consultation. Where services aren't commissioned or aren't able to respond attempts to 'See and Treat' fail and the crew are left with no alternative than to transport the patient to hospital.
- **See & Convey rates:** The maps in E3.6 show this variation by sector and it is possible to see that areas like Morecambe Bay, Fylde and South Manchester have lower 'see and convey' rates than for other sectors within NWS. The reason for their success is being reviewed and learning shared through the Right Care at Home Collaborative. However, this is still in pilot and will need time to mature and significant focus to have widespread impact across NWS. The transformation team, community paramedics, frequent caller team and mental health team are also focussed on these efforts

**the darker the colour the higher the level of activity*

Figure E3.7

Hear & Treat - Ranking over time



Provider	Hear & Treat
South Central	12.0%
East of England	10.2%
London	9.7%
East Midlands	9.4%
Yorkshire	9.2%
North West	9.1%
North East	8.4%
Isle of Wight	8.2%
South East Coast	6.9%
South Western	5.8%
West Midlands	4.3%

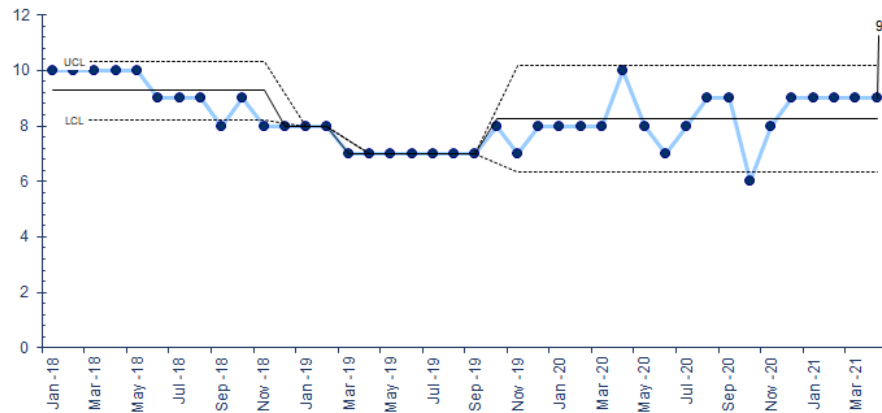
6/11

*5/11

*reduction in average ranking from 2 to 5 in Dec 2020 stable thereafter

Figure E3.9

See & Convey - Ranking over time



Provider	See & Convey
South Central	55.0%
South Western	56.2%
East of England	57.9%
West Midlands	59.0%
London	59.6%
Isle of Wight	59.7%
East Midlands	59.8%
South East Coast	61.0%
North West	62.8%
Yorkshire	63.7%
North East	65.2%

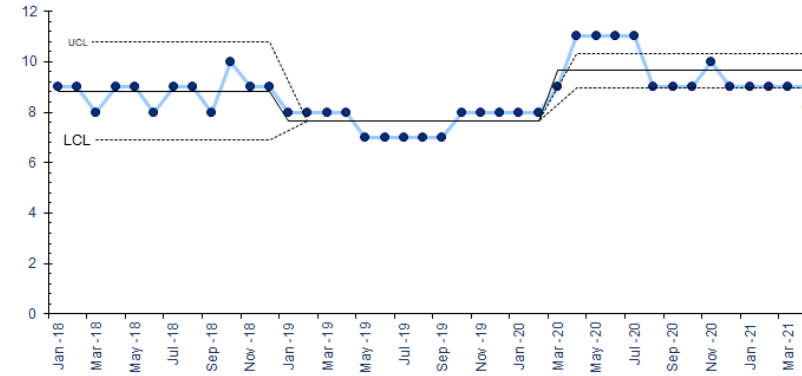
9/11

*8/11

*reduction in average ranking from 7 to 8 in October 2019 stable thereafter

Figure E3.8

See & Treat - Ranking over time



Provider	See & Treat
South Western	38.0%
West Midlands	36.6%
South Central	33.0%
Isle of Wight	32.1%
South East Coast	32.1%
East of England	31.9%
East Midlands	30.9%
London	30.7%
North West	28.1%
Yorkshire	27.1%
North East	26.4%

9/11

*8/11

*reduction in average ranking from 7 to 10 in March 2020 stable thereafter

- **HEAR & TREAT:** Since January 2018 we have seen our Hear and Treat ranking improve from 8th to second, however, since November 2020 we have seen a deterioration in H&T rates which now place us lower down the rankings in 6th place compared with other Trusts.
- **SEE & TREAT:** During the height of wave one of the pandemic (March – June 2020) we ranked lowest of all Trusts on See and Treat rates despite seeing a sharp incline in S&T due to patient refusals. In July 2020 we moved up to 9th and have remained in that position since that time.
- **SEE & CONVEY:** See and Convey rankings were steadily improving between Jan 2018 and September 2019 but since October 2019 we have been ranked 8th on average.
- **Note:** There are national pilots underway, with a view to improve see and treat and hear and treat rates. We are working closely to adopt the learning from these pilots.

F1 FINANCIAL SCORE

Figure F1.1

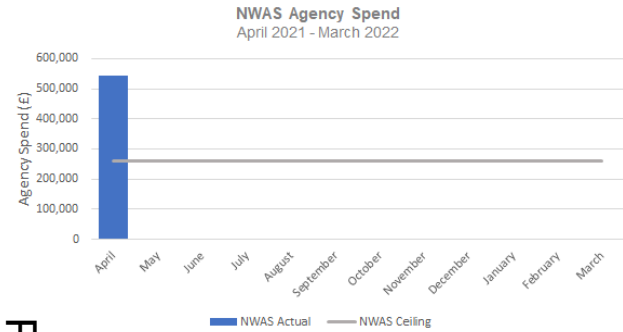


Figure F1.2

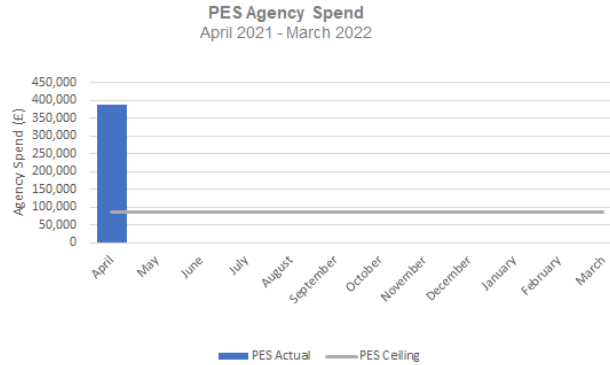


Figure F1.3

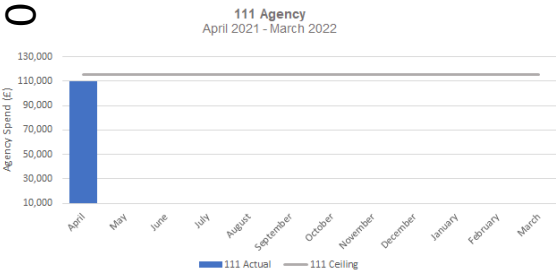


Figure F1.4

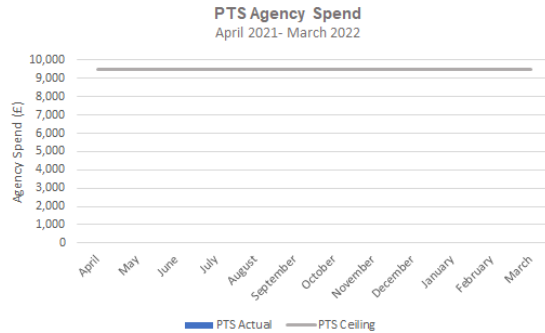


Figure F1.5

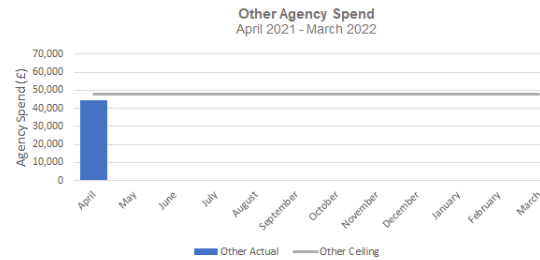
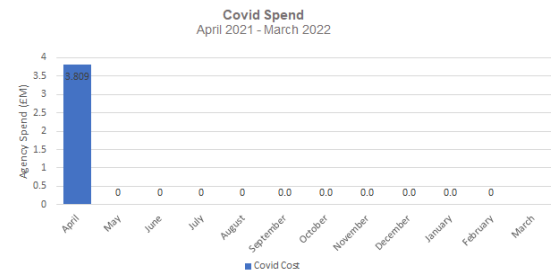


Figure F1.6



Finance Position

Month 1 Finance Position

As at month 1 the trust is reporting a breakeven position which is in line with the H1 financial plan. Spending remains in line with the previous financial year though increased costs are being experienced within PTS, as the NHS moves to restoration and recovery, whilst social distancing requirements remain in place for the service.

Agency Expenditure

The year-to-date expenditure on agency is £0.542m which is £0.283m above the year-to-date ceiling of £0.259m.

Please Note: The agency ceiling is based on 2019/20 ceiling figures and will be updated as soon as we have the information.

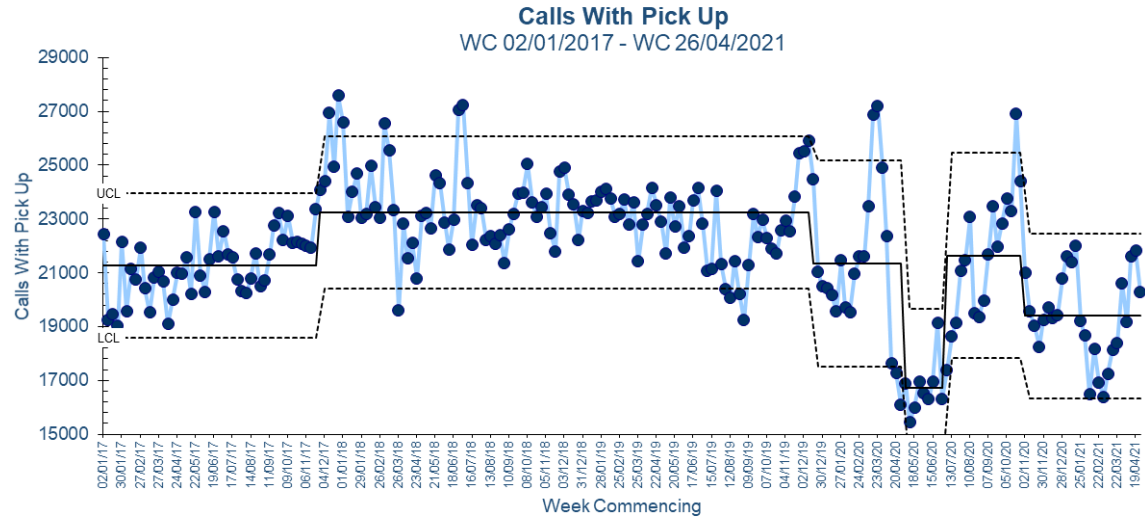
Risk Rating

The COVID-19 financial framework remains in place for H1 (1 April 2021-30 September 2021) and the monthly financial returns have been redesigned to collect a minimum dataset to reduce the burden on organisations wherever possible, whilst maintaining a monthly data collection process.

The Financial Risk Rating metrics have been removed and will be added back once the new operating framework is launched after transition from the Covid-19 financial framework.

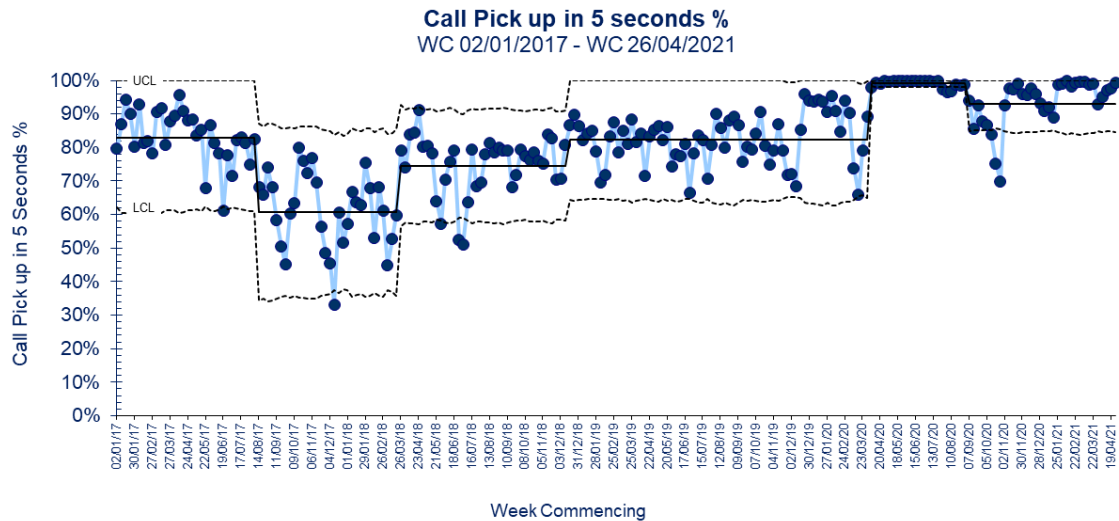
O1 CALL PICK UP

Figure O1.1



Page 11

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 remained strong through the month of April. Performance is measured through a range of key indicators. April's performance is;

Mean call answer 2 seconds.

95th centile call answer 1 second.

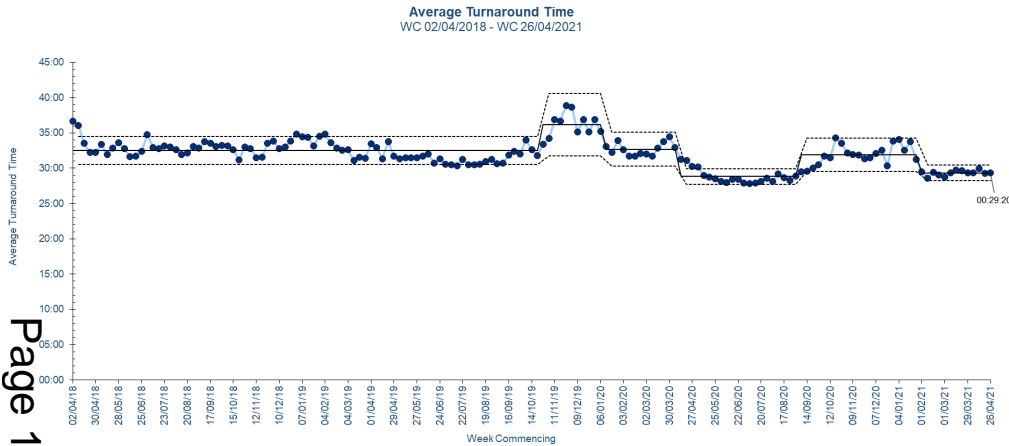
Percentage of calls answered within 5 seconds 96.7%.

Performance has continued to be strong due to a number of factors. The retention of the additional COVID workforce continues to provide resilience to the call handling numbers. Building Better Rotas has been completed and the new rotas are now live. Regional planning has been enhanced with a new offline planning tool developed to support the balance of offline activities.

Call volume has increased vs March and the long-term forecast suggest call volume will continue to increase. This is due to the unlocking roadmap, which has already increased pressure at weekends and Friday evening. It is likely as the night time economy returns, the activity associated will increase. In addition, as overall incidents increase the volume of follow up calls coming into the EOC will also increase.

O2 A&E TURNAROUND

Figure O2.1



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Figure O2.2

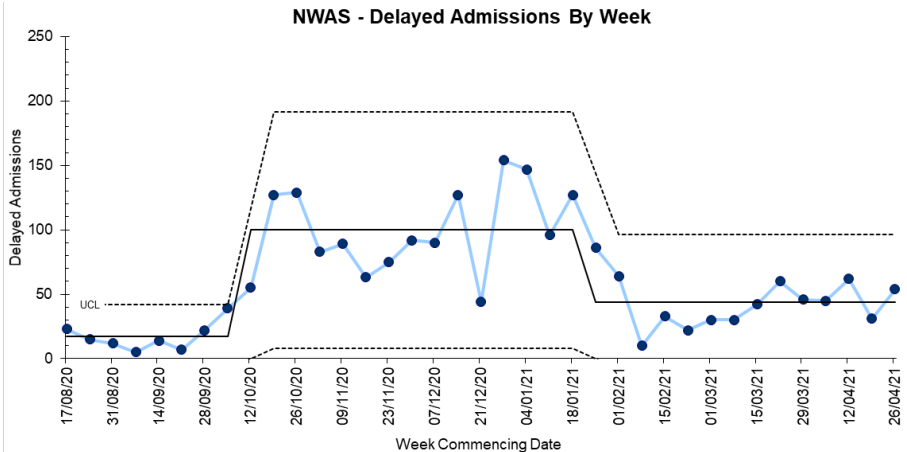


Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
May-20	47,637	29:10	17:08	11:47
Jun-20	49,207	28:14	16:43	11:21
Jul-20	52,551	28:05	16:44	11:10
Aug-20	52,059	28:33	17:28	10:52
Sep-20	49,946	29:37	18:45	10:53
Oct-20	51,452	32:32	21:47	11:04
Nov-20	49,885	31:49	20:31	11:08
Dec-20	53,723	31:54	20:56	10:56
Jan-21	53,179	33:00	21:58	11:08
Feb-21	47,620	29:09	17:47	11:17
Mar-21	54,174	29:25	17:57	11:42
Apr-21	53,552	29:26	18:14	11:18

Table O2.2

Week Commencing	No. of Delayed Admissions	Week Commencing	No. of Delayed Admissions
17/08/2020	23	28/12/2020	154
24/08/2020	15	04/01/2021	147
31/08/2020	12	11/01/2021	96
07/09/2020	5	18/01/2021	127
14/09/2020	14	25/01/2021	86
21/09/2020	7	01/02/2021	64
28/09/2020	22	08/02/2021	10
05/10/2020	39	15/02/2021	33
12/10/2020	55	22/02/2021	22
19/10/2020	127	01/03/2021	30
26/10/2020	129	08/03/2021	30
02/11/2020	83	15/03/2021	42
09/11/2020	89	22/03/2021	60
16/11/2020	63	29/03/2021	46
23/11/2020	75	05/04/2021	45
30/11/2020	92	12/04/2021	62
07/12/2020	90	19/04/2021	31
14/12/2020	127	26/04/2021	54
21/12/2020	44		

A&E Turnaround Times

Average turnaround time shows a slight increase for April from 29:09 and 29:25 in February and March respectively to 29:26 in April. These are all below the standard of 30:00. This is the third consecutive month that the trust has met the standard.

1,458 attendances (2.7%) had a turnaround time of over 1 hour, with 11 of those taking more than 3 hours. This has been relatively stable with comparison to March's figure (1,437). In April, 196 cases of delayed admissions were reported - higher than the 182 reported in March. April figures led to 198 lost hours - up from 175 hours in March.

The top five trusts with the highest Arrival to Handover time are:

- Royal Oldham - 00:22:55
- Warrington - 00:20:52
- Royal Lancaster - 00:20:39
- Blackpool Victoria - 00:20:15
- Macclesfield - 00:20:00

Even though overall turnaround times are within standard there are still some acutes that are struggling. Also recognising as lockdown eases that we are seeing increased activity and that acutes will see increases in numbers of patients we are working with the trusts that struggling. Work with Warrington in early May has seen significant improvement in arrival to handover within 15 mins moving from 32% to 75% during the 2-week rapid improvement plan.

We are also working with other sites such as Royal Oldham, Countess of Chester and Blackpool Victoria to implement safety handover checks.

O3 ARP RESPONSE TIMES

April 2021

C1 Mean (Red=>7m)



C1 90th (Red=>15m)



C2 Mean (Red=>18m)



C2 90th (Red=>40m)



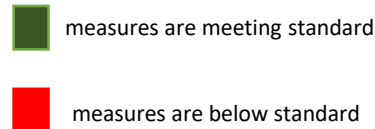
C3 Mean (Red=>60m)



C3 90th (Red=>2h)



C4 90th (Red=>3h)



Activity: ARP Response Times

For April, response time targets were met for C1 90th. For all categories of calls there is either special cause (or in the case of C2 90th & C2 90th a spike) during week commencing 12 April. This coincides with the easing of lockdown measures and something we see across most measures when the rules are eased. There is also a more general worsening trend which coincides with the end of military support (22nd March) and the end of shift enhancements. This has meant less resources were available.

To minimise the impact of the reduction in resources operations are looking at ways to utilise its resources more effectively. Work is underway with AACE and ORH to model various changes to the operating model and to understand the impact of the changes. This will then help to inform the Service Model Delivery Review project to work together with staff side representatives to re-shape and simplify the operating model. The preliminary findings of this work are due at the end of June. A number of trials are taking place which are a change to working practices are underway to reduce the amount of waiting patients, if successful they will be rolled out to all areas.

The heat maps show the sectors within NWAS where the standards are being met. It is important to note that:

1. **C1 mean:** Two Sectors met the standards for C1 mean (Fylde Coast and GM South)
2. **C1 90th:** All but two sectors (North Cumbria and Mersey South) met the standards
3. **C2 Mean:** One sector met the standard (North Cumbria)
4. **C2 90th:** 3 sectors met the standard (North Cumbria, Morecambe Bay and GM South)
5. **C3 Mean:** 2 sectors met the standard (North Cumbria and Morecambe Bay)
6. **C3 90th:** 2 sectors met the standard (North Cumbria and Morecambe Bay)
7. **C4 90th:** One sector met the standard (North Cumbria)

Figure O3.1

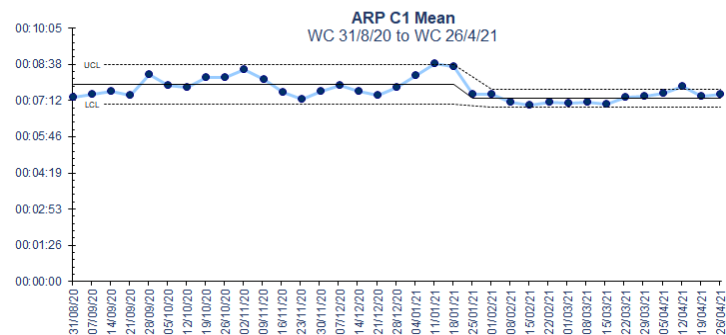
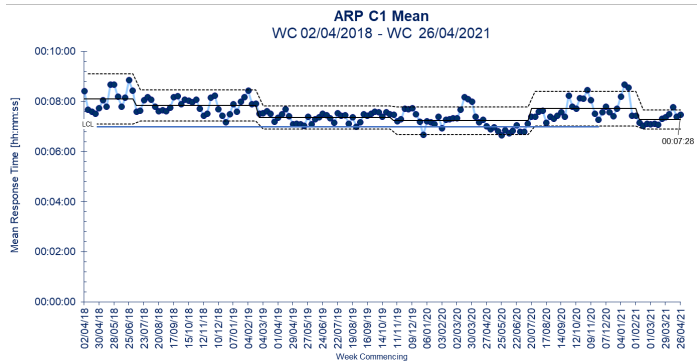
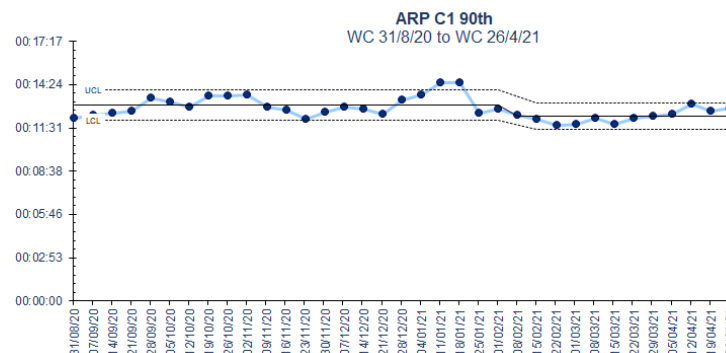
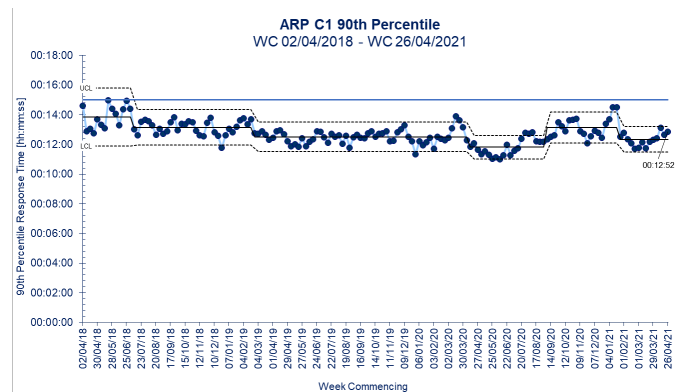


Figure O3.2



C1 Mean (Red = > 7m)



Green sectors

CL Fylde, G South

C1 90th (Red = > 15m)



Green sectors

CL East Lancashire, CL Fylde, CL Morecambe Bay, CL South Lancashire, M East, M North, M West, G Central, G East, G South, G West

C1 Performance

C1 Mean

Target: 7 minutes

NWAS

April 2021: 7:29

YTD: 7:29

Provider	C1 Mean
London	05:39
South Central	06:24
North East	06:29
West Midlands	06:35
East of England	06:49
East Midlands	07:24
North West	07:29
Yorkshire	07:32
South East Coast	07:33
South Western	07:35
Isle of Wight	08:43

C1 mean performance shows one episode of abnormal variance in April which is above the upper control limit. This reflects the impact of the release of lockdown on 12th April. This spike is replicated in all categories of call. There is also a developing trend of deterioration since 22nd March when the military support came to an end and shift enhancements were stopped so there was less available resources.

C1 90th Percentile

Target: 15 Minutes

NWAS

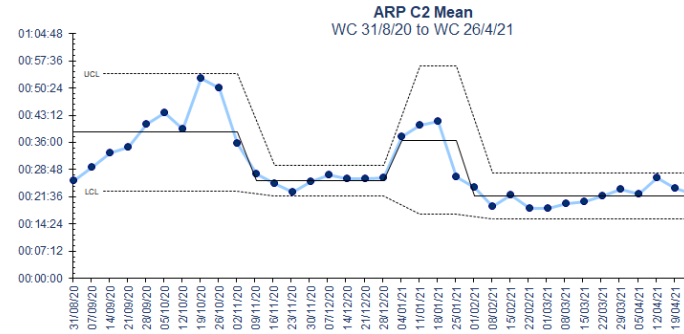
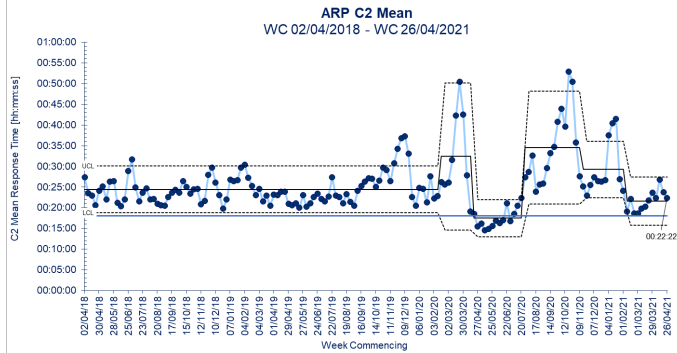
April 2021: 12:44

YTD: 12:44

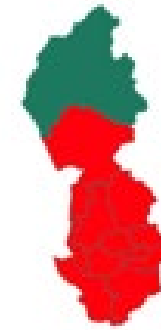
Provider	C1 90th
London	09:20
North East	11:08
West Midlands	11:30
South Central	11:56
East of England	12:41
North West	12:44
Yorkshire	12:51
East Midlands	13:14
South East Coast	13:56
South Western	14:24
Isle of Wight	17:14

C1 90th remains within standard but again there is a deteriorating trend developing.

Figure O3.3



C2 Mean (Red = 18m)



Green sectors
CL North Cumbria

C2 Performance

C2 Mean

Target: 18 minutes

NWAS:

April 2021: 23:52

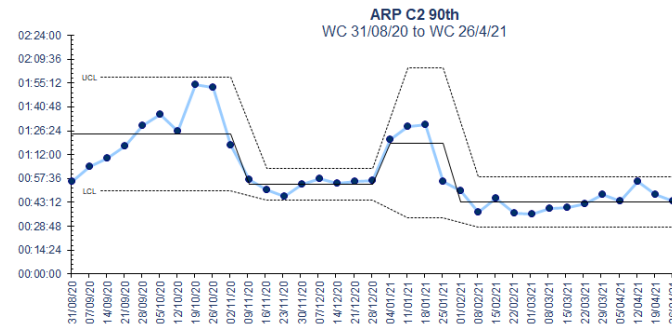
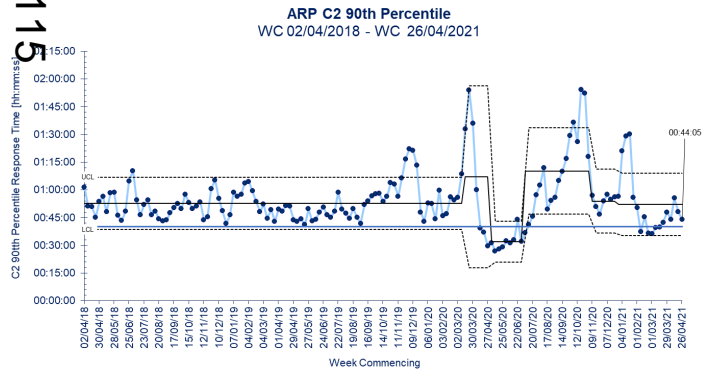
YTD: 23:52

Provider	C2 Mean
West Midlands	12:39
South Central	15:50
London	16:32
South East Coast	18:53
East of England	20:01
Yorkshire	21:13
Isle of Wight	21:39
North East	23:45
North West	23:52
South Western	25:09
East Midlands	26:08

C2 Performance has demonstrated a similar pattern to C1 in deterioration leading to a peak week commencing 12th April. We are now starting to see a pattern of lockdown release, spike in activity followed by a sustained increase in overall incidents.

More recently we are seeing a growth in C1 and C2 incidents as a percentage of overall incidents. This could help explain the decreasing see and treat.

Figure O3.4



C2 90th (Red = 40m)



Green sectors
CL Morecambe Bay
CL North Cumbria
CL G South

C2 90th Percentile

Target: 40 Minutes

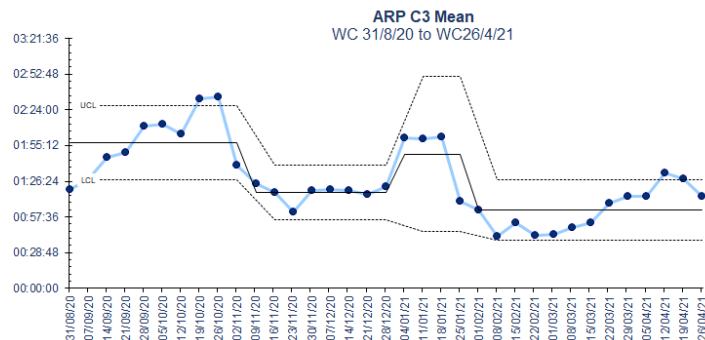
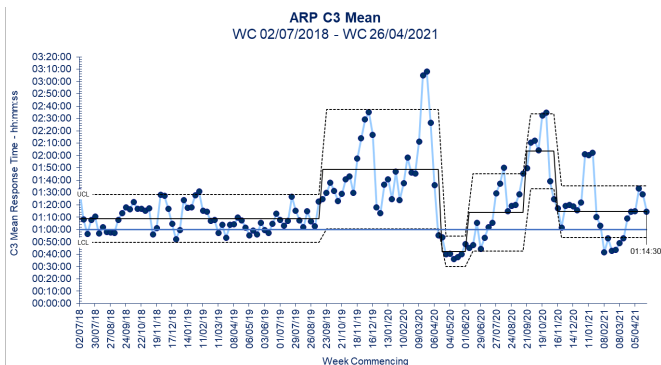
NWAS

April 2021: 48:25

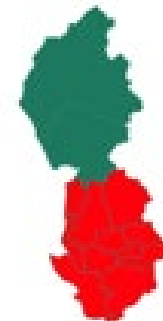
YTD: 48:25

Provider	C2 90th
West Midlands	23:24
South Central	30:34
London	32:43
South East Coast	34:58
East of England	40:25
Isle of Wight	43:36
Yorkshire	44:09
North East	47:46
North West	48:25
South Western	50:48
East Midlands	53:41

Figure O3.5



C3 Mean (Red = +60m)



Green sectors
CL Morecambe Bay CL North
Cumbria

C3 Performance

C3 Mean

Target: 1 Hour

NWAS:

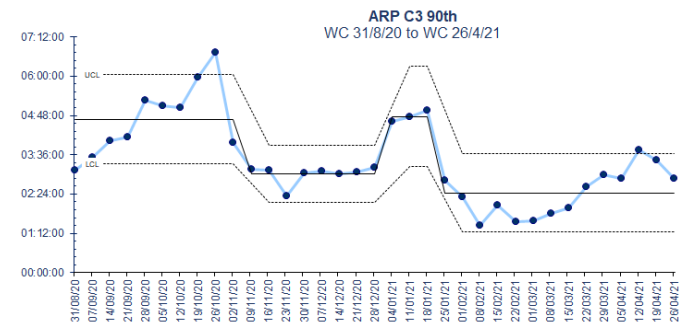
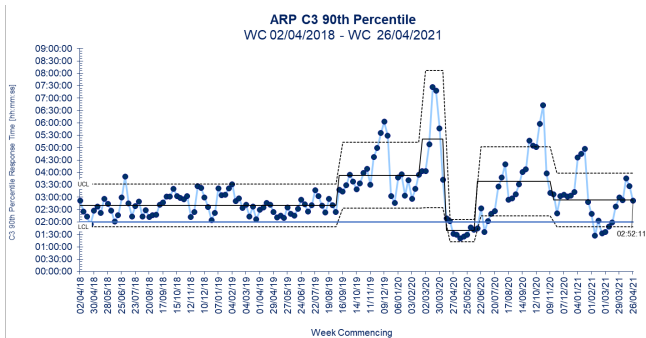
April, 2021: 1:21:43

YTD: 1:21:43

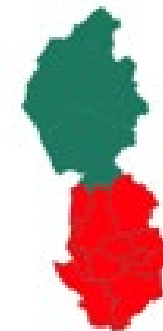
Provider	C3 Mean
West Midlands	00:32:49
London	00:46:52
East of England	00:54:44
Yorkshire	00:54:59
South Central	00:56:54
Isle of Wight	01:02:40
North East	01:04:21
South Western	01:08:38
South East Coast	01:20:36
East Midlands	01:20:45
North West	01:21:43

C3 mean and 90th standards have deteriorated. This is a result of increasing C1 and C2 activity. The focus on the higher acuity calls. to combat this the trust is utilising third party providers to targeted at C3 and C4 calls.

Figure O3.6



C3 90th (Red = +2h)



Green sectors
CL Morecambe Bay CL North
Cumbria

C3 90th Percentile

Target: 2 Hours

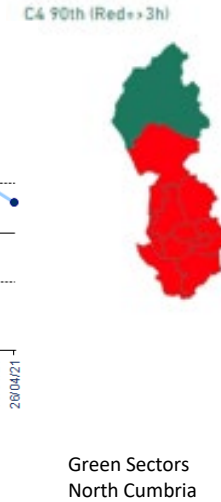
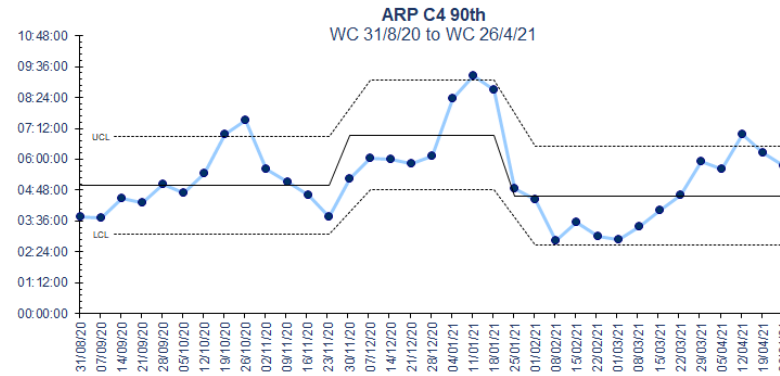
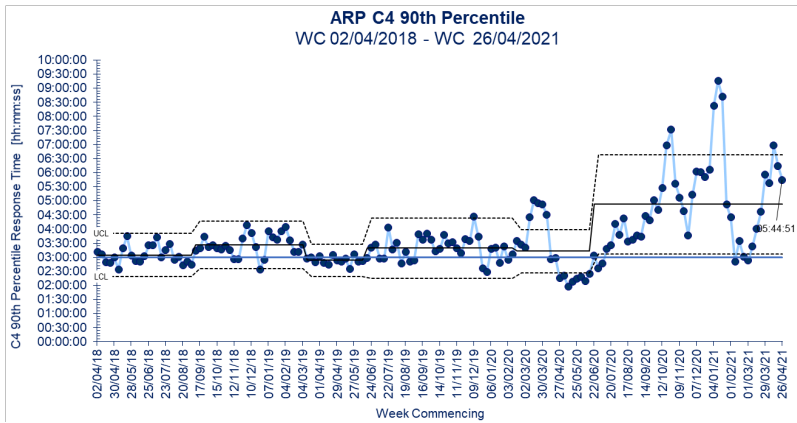
NWAS

April 2021: 3:13:46

YTD: 3:13:46

Provider	C3 90th
West Midlands	01:12:36
London	01:48:44
South Central	02:06:29
Yorkshire	02:12:41
East of England	02:13:59
Isle of Wight	02:26:02
North East	02:37:03
South Western	02:43:26
South East Coast	02:58:44
North West	03:13:46
East Midlands	03:15:28

Figure O3.7



C4 Performance

C4 90th Percentile
Target: 3 Hours

NWAS
April 2021: 6:11:42
YTD: 6:11:42

Provider	C4 90th
West Midlands	01:57:46
North East	02:26:02
Isle of Wight	02:48:09
South Central	02:50:26
East of England	03:03:43
South Western	03:35:45
East Midlands	04:12:29
London	04:14:41
Yorkshire	04:23:13
South East Coast	04:28:40
North West	06:11:42

C2 Long Waits

The data shows an increase in C2 long waits from the previous months (Fig 3.8). Figure 3.9 shows the sectors where the longest waits originate (defined by the width of the strip on the ribbon). Cumbria and Lancashire (East Lancs, Fylde and Morecambe bay) account for the longest waits. These are reviewed real time & retrospectively by clinicians on a daily basis for any patient safety issues

Figure O3.8

C2 F2F Incidents with response time >60minutes

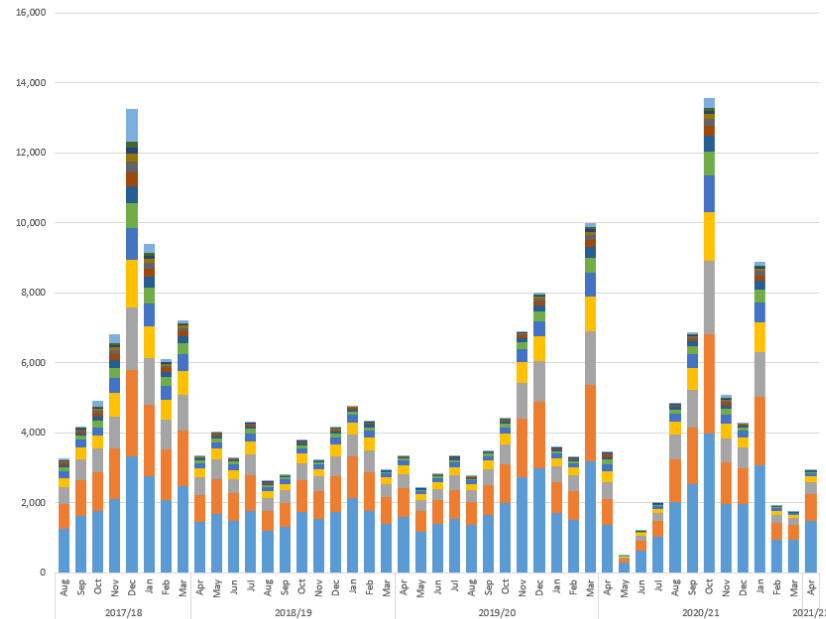
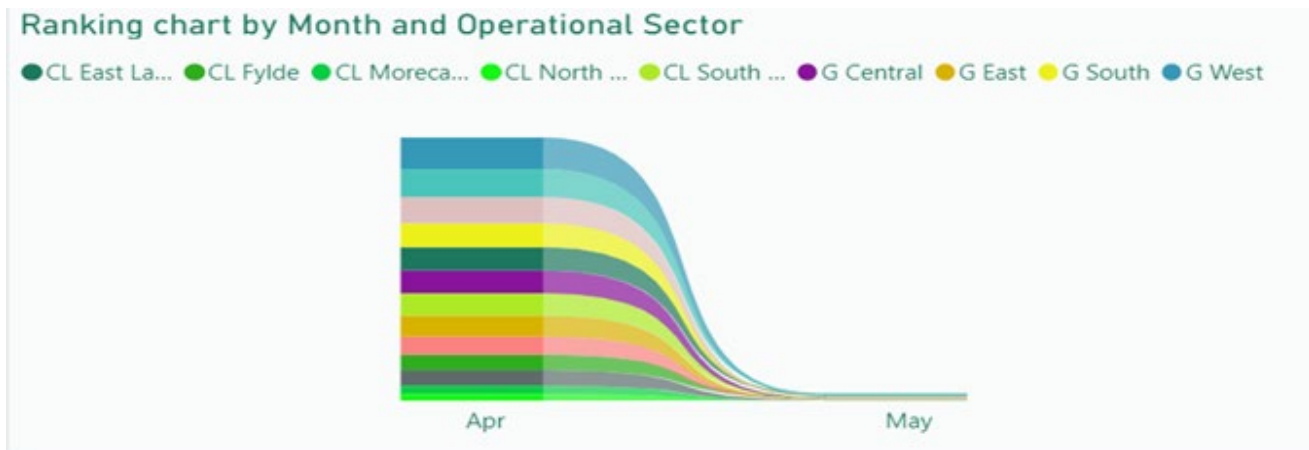


Figure O3.9



ARP Provider Comparison Figures February 2021

Figure O3.8

C1 Mean Ranking over time

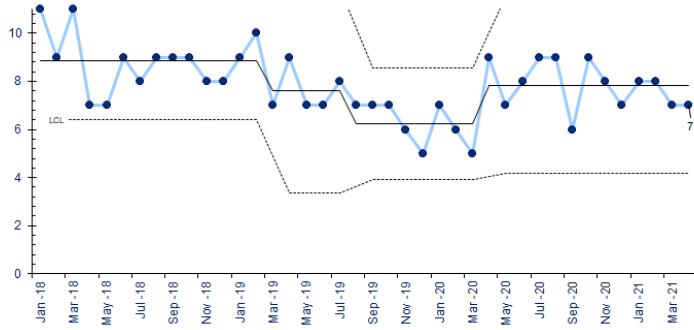


Figure O3.9

C1 90th Ranking over time

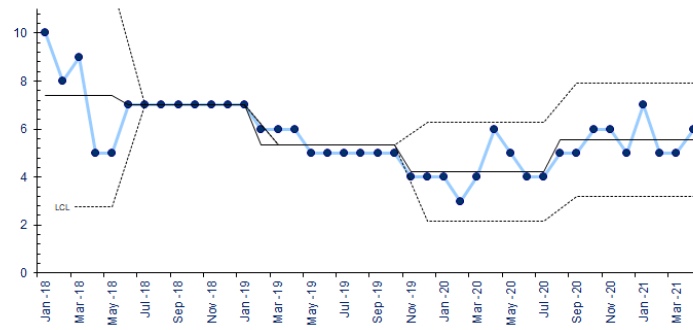


Figure O3.10

C2 Mean Ranking over time

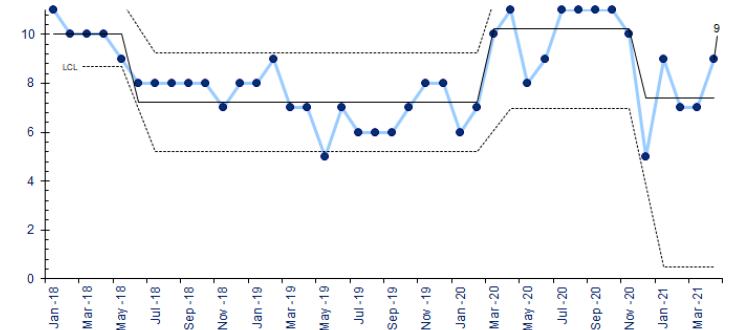


Figure O3.11

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C2 90th Ranking over time

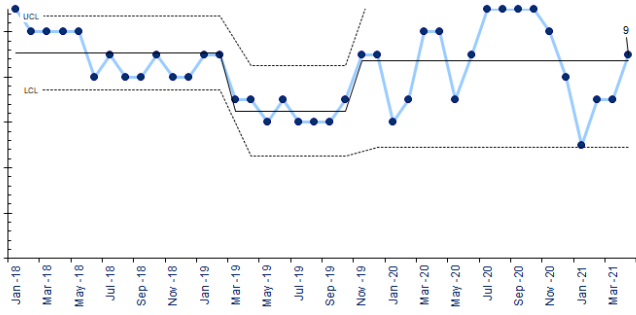


Figure O3.12

C3 Mean Ranking over time

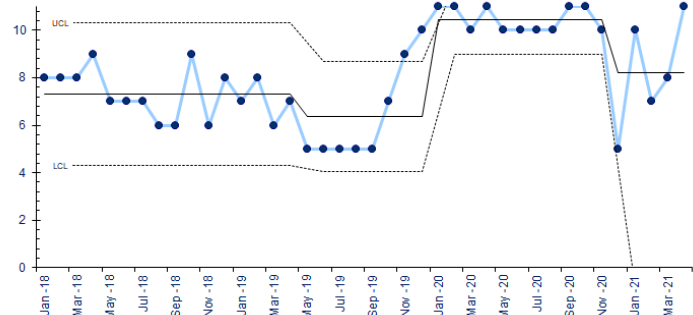


Figure O3.13

C3 90th Ranking over time

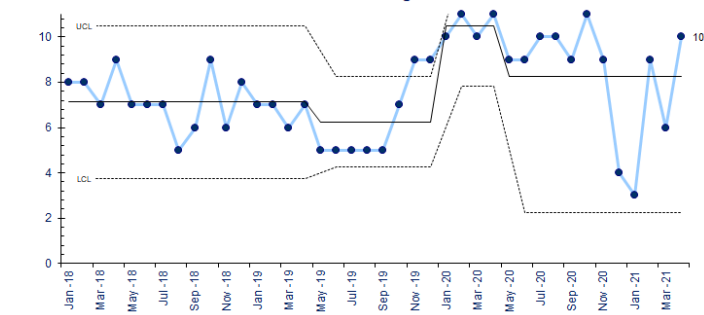
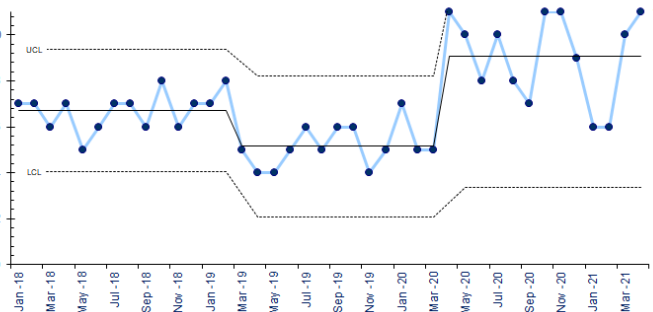


Figure O3.14

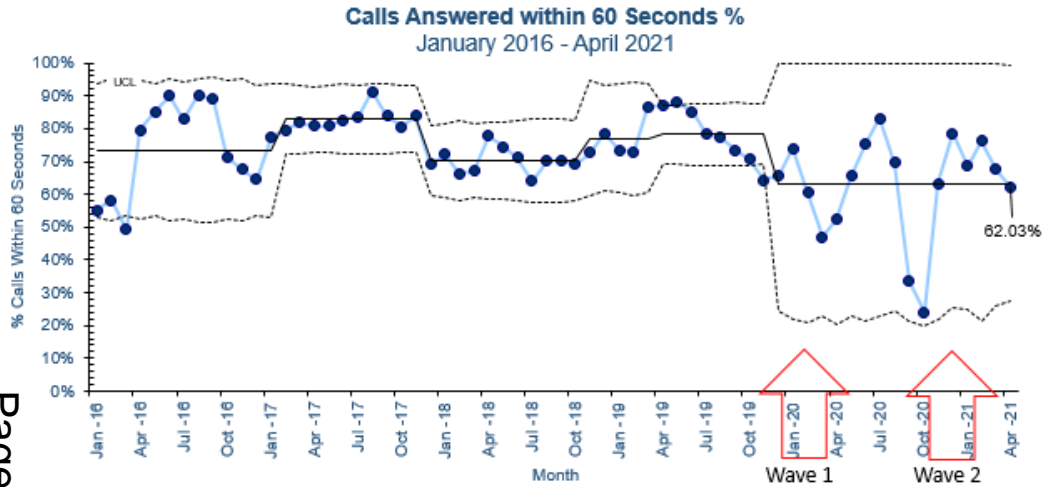
C4 90th Ranking over time



Provider	C1 Mean	Provider	C1 90th	Provider	C2 Mean	Provider	C2 90th	Provider	C3 Mean	Provider	C3 90th	Provider	C4 90th
London	05:39	London	09:20	West Midlands	12:39	West Midlands	23:24	West Midlands	00:32:49	West Midlands	01:12:36	West Midlands	01:57:46
South Central	06:24	North East	11:08	South Central	15:50	South Central	30:34	London	00:46:52	London	01:48:44	North East	02:26:02
North East	06:29	West Midlands	11:30	London	16:32	London	32:43	East of England	00:54:44	South Central	02:06:29	Isle of Wight	02:48:09
West Midlands	06:35	South Central	11:56	South East Coast	18:53	South East Coast	34:58	Yorkshire	00:54:59	Yorkshire	02:12:41	South Central	02:50:26
East of England	06:49	East of England	12:41	East of England	20:01	East of England	40:25	South Central	00:56:54	East of England	02:13:59	East of England	03:03:43
East Midlands	07:24	North West	12:44	Yorkshire	21:13	Isle of Wight	43:36	Isle of Wight	01:02:40	Isle of Wight	02:26:02	South Western	03:35:45
North West	07:29	Yorkshire	12:51	Isle of Wight	21:39	Yorkshire	44:09	North East	01:04:21	North East	02:37:03	North East	04:12:29
Yorkshire	07:32	East Midlands	13:14	North East	23:45	North East	47:46	South Western	01:08:38	South Western	02:43:26	London	04:14:41
South East Coast	07:33	South East Coast	13:56	North West	23:52	North West	48:25	South East Coast	01:20:36	South East Coast	02:58:44	Yorkshire	04:23:13
South Western	07:35	South Western	14:24	South Western	25:09	South Western	50:48	East Midlands	01:20:45	North West	03:13:46	South East Coast	04:28:40
Isle of Wight	08:43	Isle of Wight	17:14	East Midlands	26:08	East Midlands	53:41	North West	01:21:43	East Midlands	03:15:28	North West	06:11:42

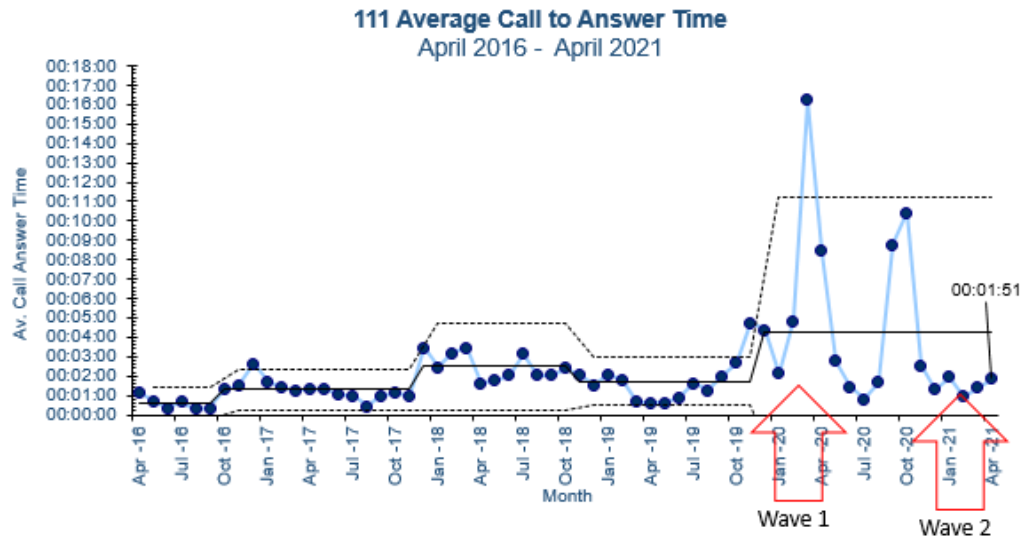
O4 111 PERFORMANCE

Figure O4.1



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Figure O4.2



111 Performance

Calls Answered within 60 seconds %

Target: 95%

NWAS

April 2021: 62.03%

YTD: 62.03%

National

72.9%

Performance for the headline KPI continues to challenge the service. There are several causes for this at present.

Calls Answered within 60s directly relates to available resource (Q4.1).

Call volumes are within 1% when comparing to April 2020, to note this volume was already a significant increase due to the start of the Pandemic.

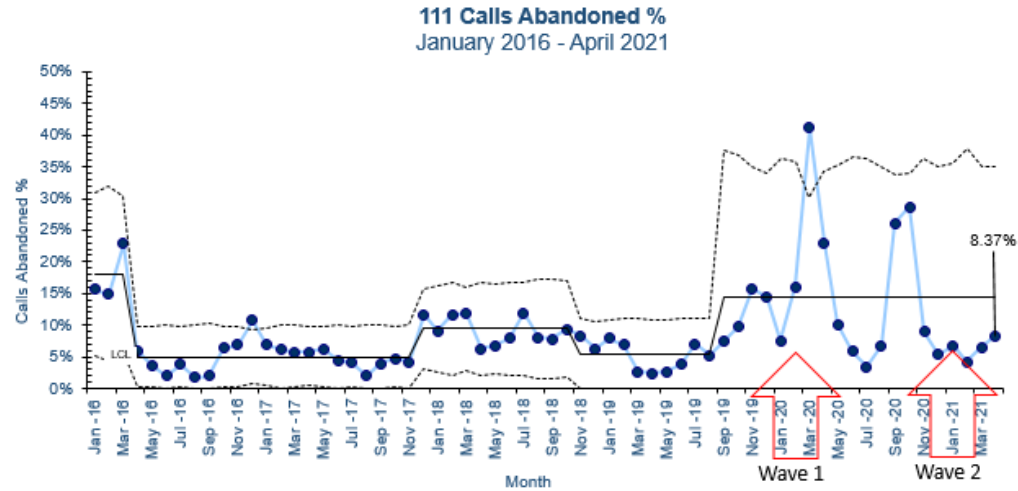
Call volumes compared to March (previous month) see a 10% increase. Easter weekend activity peaked at over 11,000 calls on Easter Saturday.

Call volumes remain high with intraday activity varying by up to 30%. This causes significant pressures with forecasting.

Call profile, in particular early morning has also shifted, this suggests that availability within primary care is causing further demand into the 111 Service.

Call back times with several Out of Hours (OOHs) services are significantly extended at present, for example over the May B/H weekend the service were alerted to 1 hour call backs having to wait up to 8 hours, this will have resulted in patients repeat calling into 111 to chase their call back from the OOHs service, and signals system wide pressure. Feedback around this issue has been shared at local county meetings.

Figure O4.3:



Calls Abandoned %

Target: <5%

NWAS

April 21: 8.37%

YTD: 8.37%

National 7.3%

Call Back < 10 Minutes %

Target: 75%

NWAS

April 21: 5.98%

YTD: 5.98%

As with previous comments call abandoned directly correlates with the answered in 60 KPI.

Time taken for a call back (10 mins). The increase in demand on the 111 service has directly impacted the size of the clinical advice queue. This has resulted in much larger queues and therefore fewer calls being called back within 10 minutes. The CAQ is managed 24/7 by the Clinical Duty Manager (CDM) and any calls of concerns are flagged for Clinicians to pick up as a priority. All calls on the CAQ that have breached their disposition timeframe receive a comfort call from a Health Advisor. The Health Advisor will inform the patient that the service is experiencing a high level of demand and that they will receive a call back from a clinician as soon as possible. If the patient alert the HA that their symptoms have worsened, then the HA will re-triage the patient accordingly.

Figure O4.4

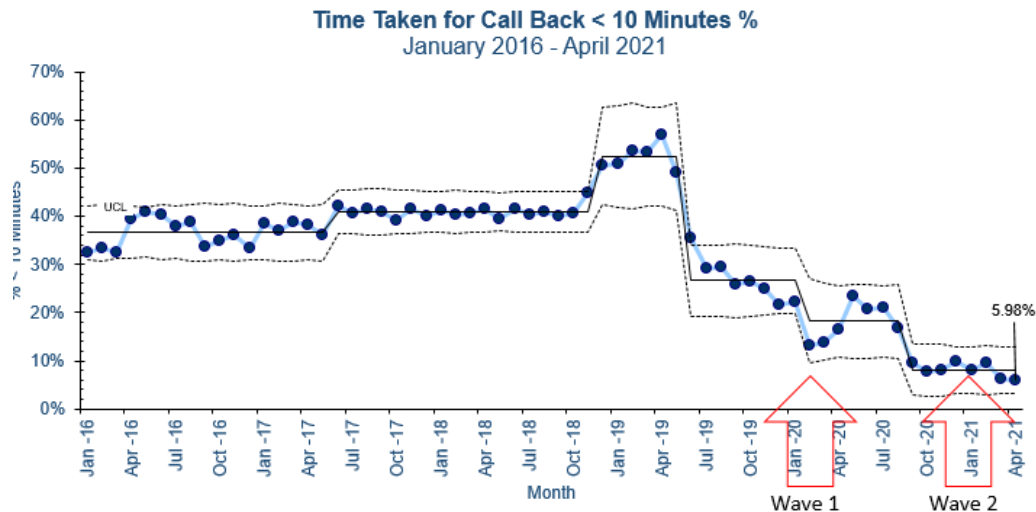


Figure O4.5

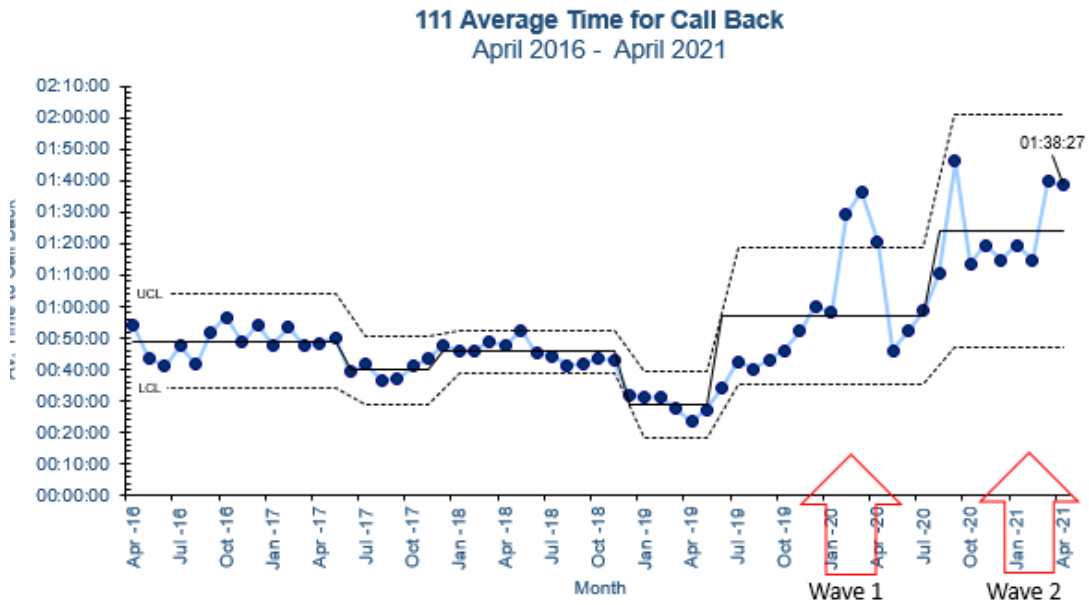
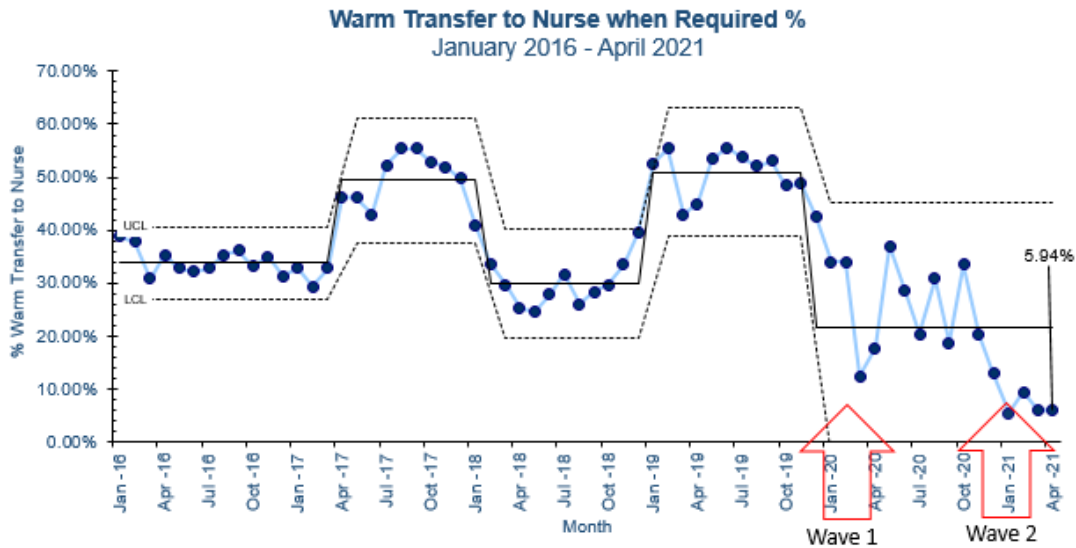


Figure O4.6



Warm Transfer to Nurse when Required%
Target: 75%

NWAS
April 21: 5.94%
YTD: 5.94%

As per previous commentary due to the increase in demand warm transfer to Clinicians has been affected. This has resulted in a 'bottle neck' with health advisors being on hold for prolonged periods of time waiting to get through to the next available clinician. Many of these calls are now checked with the Clinical Duty Manager and were appropriate are then placed on the Clinical advice queue to be called back. This then releases the HA to take another incoming call. The CDM will monitor the CAQ and assign any calls of concern to a clinician to pick up as their next call.

O5 PTS ACTIVITY AND TARIFF

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY									
TOTAL ACTIVITY									
Contract	Current Month: April 2021					Year to Date: July 2020 - April 2021			
	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	166,290	14,024	8,476	(5,548)	(40%)	140,242	76,792	(63,450)	(45%)
Greater Manchester	526,586	43,882	34,068	(9,814)	(22%)	438,823	297,299	(141,524)	(32%)
Lancashire	589,181	49,098	31,011	(18,087)	(37%)	490,984	272,136	(218,848)	(45%)
Merseyside	300,123	25,010	20,006	(5,004)	(20%)	250,103	182,532	(67,571)	(27%)
NWAS	1,564,182	132,015	93,563	(38,452)	(29%)	1,320,152	828,759	(491,393)	(37%)

UNPLANNED ACTIVITY									
Contract	Current Month: April 2021					Year to Date: July 2020 - April 2021			
	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	459	(788)	(63%)	12,474	5,480	(6,994)	(56%)
Greater Manchester	39,178	3,265	4,713	1,448	44%	32,648	45,789	13,141	40%
Lancashire	56,132	4,678	3,480	(1,198)	(26%)	46,777	35,029	(11,748)	(25%)
Merseyside	22,351	1,883	1,459	(404)	(22%)	18,826	16,052	(2,574)	(14%)
NWAS	132,630	11,053	10,111	(942)	(9%)	110,525	102,350	(8,175)	(7%)

ABORTED ACTIVITY									
Contract	April 2021					EP \$ Activity			
	Planned Aborts	Planned Activity	Planned Aborts %	Unplanned Aborts	Unplanned Activity	Unplanned Aborts %	EP \$ Aborts	EP \$ Activity	EP \$ Aborts %
Cumbria	178	4,903	4%	50	459	11%	56	3,116	2%
Greater Manchester	1,322	13,917	9%	788	4,713	17%	1,064	15,438	7%
Lancashire	865	15,869	6%	518	3,480	15%	363	11,662	3%
Merseyside	453	7,886	6%	203	1,459	14%	443	10,859	4%
NWAS	2,838	42,377	7%	1,559	10,111	15%	1,928	41,075	5%

PTS Performance

Overall activity during April 2021 was 29% below contract baselines with Lancashire 37% below contract baselines whilst Merseyside is operating at -20% (-5004) Journeys below baseline. For the year-to-date position (July 2020 - April 2021) PTS is performing at -37% (-491393 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are operating at 45% and 45% below baseline whilst Greater Manchester and Merseyside are operating at 32% and 27% below baseline respectively.

In terms of unplanned activity, cumulative positions within Greater Manchester are 40% (13141 journeys) above baseline with Merseyside -14% (-2574 journeys) below baseline.. 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 -56% (-6994 journeys) and -25% (-11748 journeys) below baseline.

In terms of overall trend analysis, all areas are experiencing gradual increases in activity, mainly in the core (outpatient) areas. Aborted activity for planned patients averaged 7% during April 2021 however Cumbria experiences 4%, Greater Manchester operates with 9% whilst Lancashire and Merseyside both experience 6% & 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 11% in Cumbria, 17% in Greater Manchester, 15% in Lancashire and 14% Merseyside.

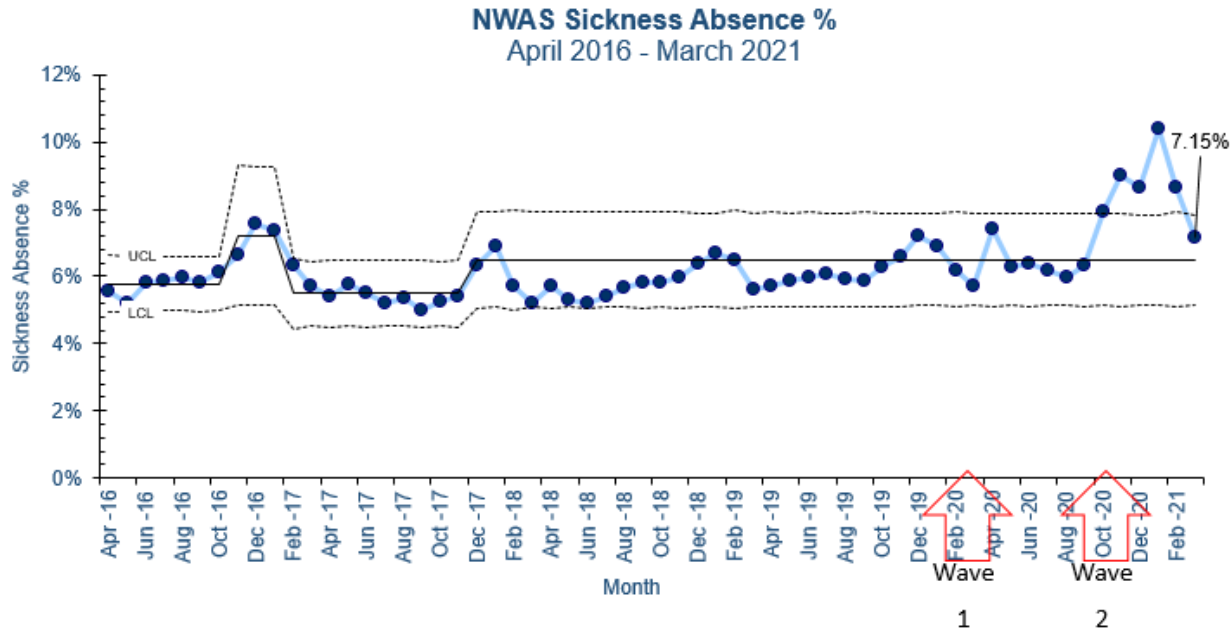
PTS reported slight rise in January which was halted in February 2021 when PTS worked collaboratively with commissioners, ICS Hospital Gold Cells and the acute healthcare system to temporarily suspend some non-critical outpatient journeys. These actions provided resilience across the wider system by enabling PTS to continue to support the 999 response, ensured that there has continued to be a good response to rapid discharge requests from hospitals to support effective patient flow across systems and protected services to the most vulnerable. As system pressures eased, and this action was closed, activity has sharply increased, particularly in Greater Manchester where activity during April 2021 was 31% higher than in February. Across the same date range, Cumbria has increased by 25%, Lancashire 22% and Merseyside 20%.

Social distancing measures are impacting utilisation by around 30% (down from 1.8 patients per run on average pre Covid to 1.2 patients per run) and over 100 PTS staff (12%-13% of established resources) are still aligned to PES and have not yet been returned to the service line or replaced. To ensure the demands of the service are met, and to mitigate the impact of the social distancing measures, the service is using an increased number of private ambulance providers – over 73 vehicles per day on PTS. It should also be noted that whilst activity is lower than pre-Covid, the level of taxi spend is at the same (or in excess of) pre-Covid values. This is because only 1 patient can be allocated to a car at a time.

By way of part mitigation, the service line has commenced a recruitment drive to recruit to 95% of establishment but this will take the full year to achieve before the Trust will see a corresponding decrease in the use of third party providers and, even then, because capacity is impacted by social distancing measures the service is not able to utilise its resource in the same way it did pre-Covid e.g. a maximum of two patients on an ambulance and only where a distance of 1m+ can be provided. This message has been relayed to the region's systems and further discussions are taking place at the Executive Leadership Committee and with North West Commissioning leads with regard to what actions can be taken to help control the impact of the increased activity.

OH1 STAFF SICKNESS

Figure OH1.1



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Table OH1.1

Sickness Absence	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
NWAS	7.42%	6.30%	6.38%	6.18%	5.96%	6.35%	7.94%	9.00%	8.66%	10.41%	8.65%	7.15%
Amb. National Average	7.40%	5.38%	4.65%	4.75%	5.24%	5.74%	6.10%	6.51%	6.75%			

Staff Sickness

The overall sickness rates for March 2021 were 7.15% (OH1.1). The current position being back within the control limits but above the Trust target of 0.5% reduction on previous year which would be 5.7%.

The impact of COVID related sickness has reduced to 1.52% (OH1.2). The underlying non-COVID position is 5.63% in line with the same period last year and within the 5.7% target.

In March, the impact of COVID has been highest in 111 at 3.9% (OH1.6) and in PTS at 1.6% (OH1.3).

The pause in formal sickness absence management has now ceased and may be a contributory factor in the sickness levels reducing. Also, a winter spike is a typical trend during December and January which then stabilises.

In addition to sickness reported via ESR, COVID 19 self-isolating absences have been captured by GRS, Teliopi and Marval.

Figure OH1.2:

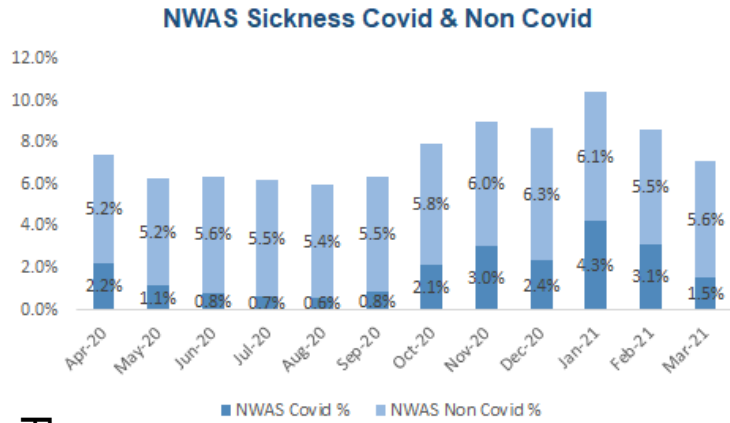


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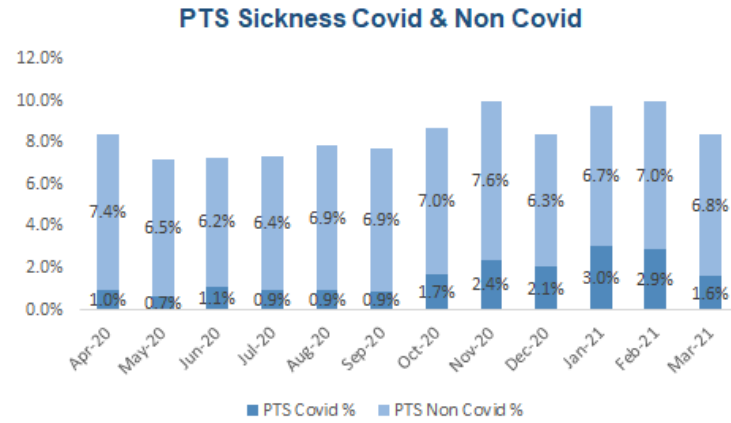


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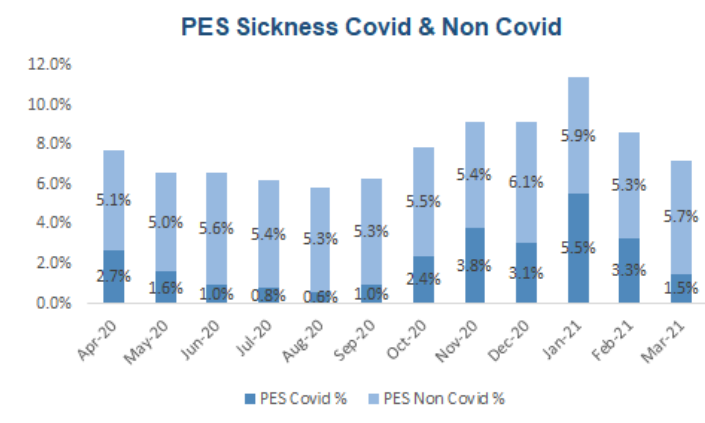


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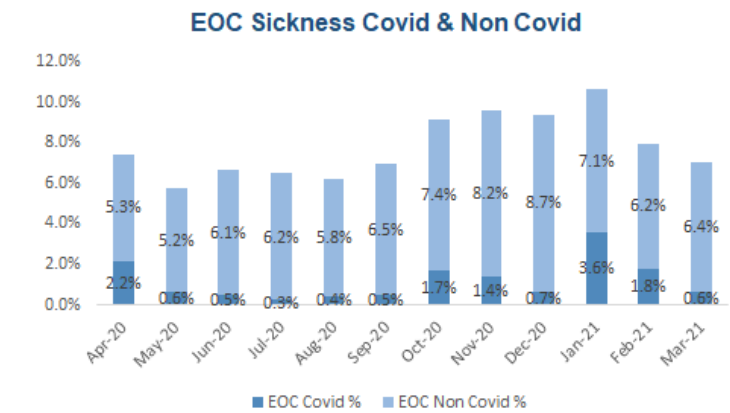


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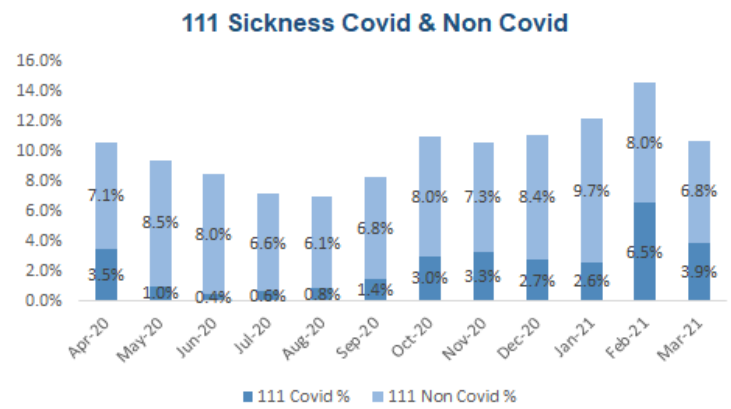
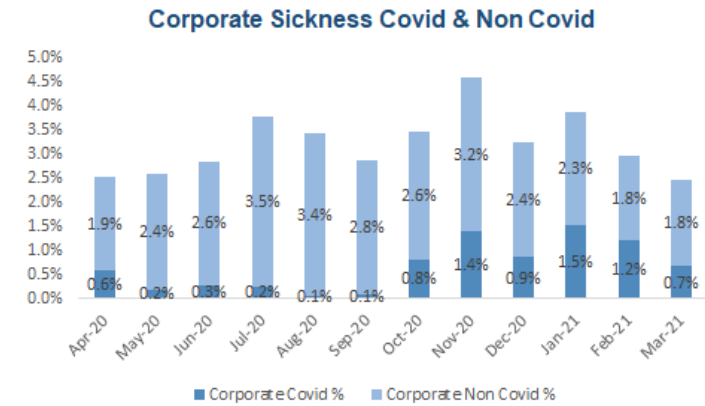


Figure OH1.7:



OH2 STAFF TURNOVER

Figure OH2.1

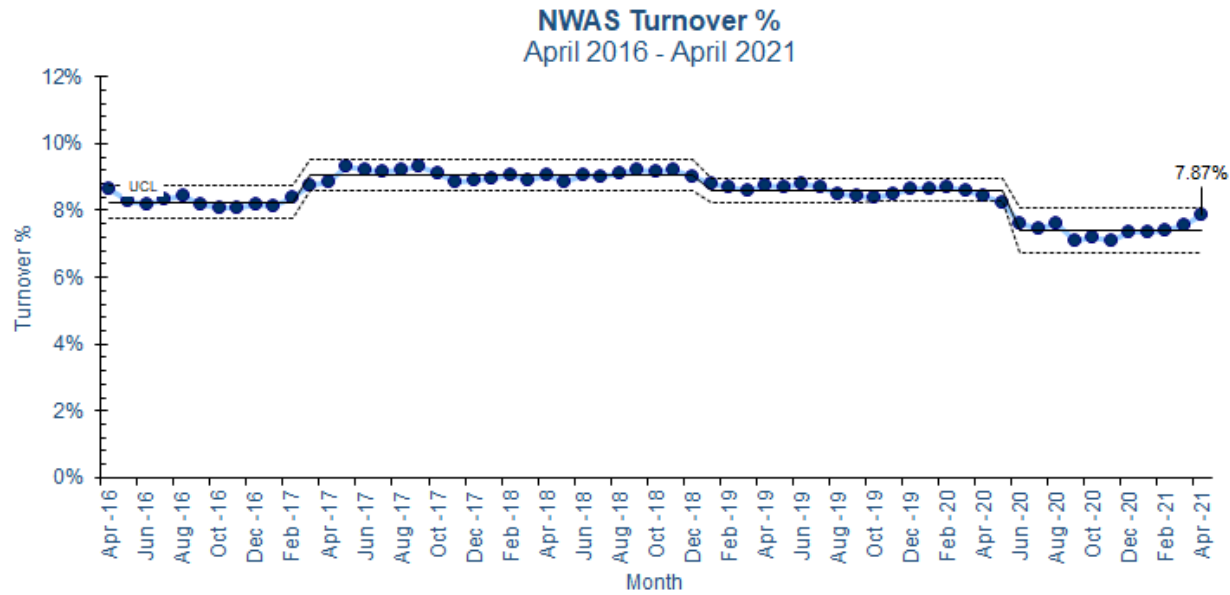


Table OH2.1

Turnover	May-20	Jun-20	July-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
NWAS	8.22%	7.63%	7.46%	7.60%	7.07%	7.19%	7.08%	7.35%	7.34%	7.41%	7.57%	7.87%
Amb. National Average	8.98%	8.69%	8.52%	8.21%	8.08%	7.95%	7.75%	7.67%	7.58%			

Staff Turnover

Staff turnover for April is 7.87%. This is calculated on a rolling year average.

Staff turnover has in the main been lower during the COVID-19 pandemic, likely as a result of the changed job market. This is starting to change as we come out of the Pandemic. April shows an increase with the data point close to the upper control limit (OH2.1). This is mainly caused by 111.

Staff turnover in 111 has been stable since June 2020 but April's data indicate turnover is now 24.44% reaching the upper control limit (OH2.5). Some detailed analysis on leavers will be undertaken to try to establish any underlying themes.

EOC remain in a strong position with April turnover at 7.75% (OH2.4) which will create stability as the Single Primary Triage Project is delivered.

Figure OH2.2

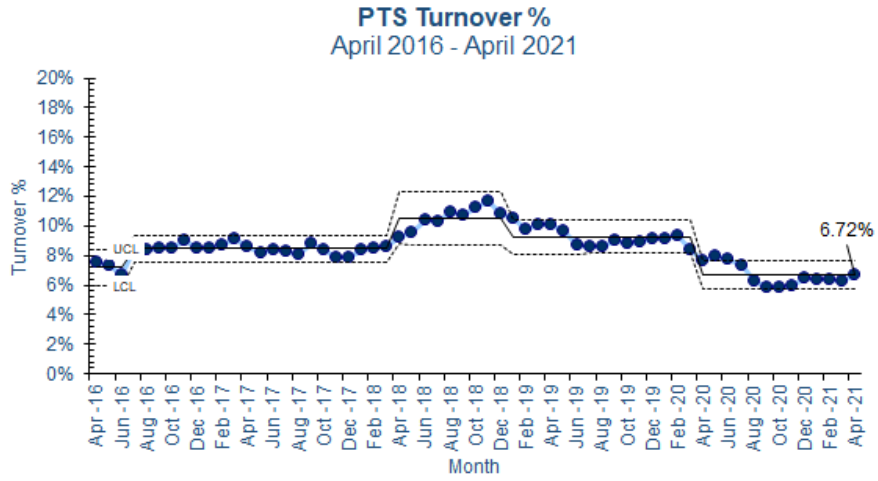


Figure OH2.3

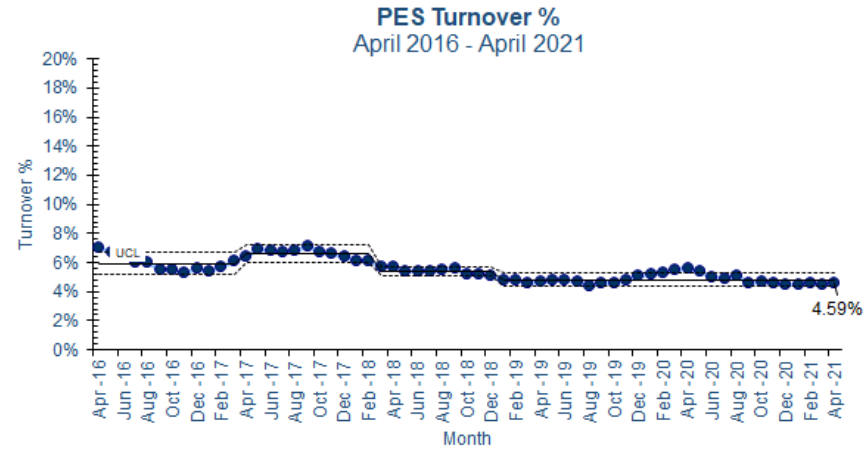


Figure OH2.4

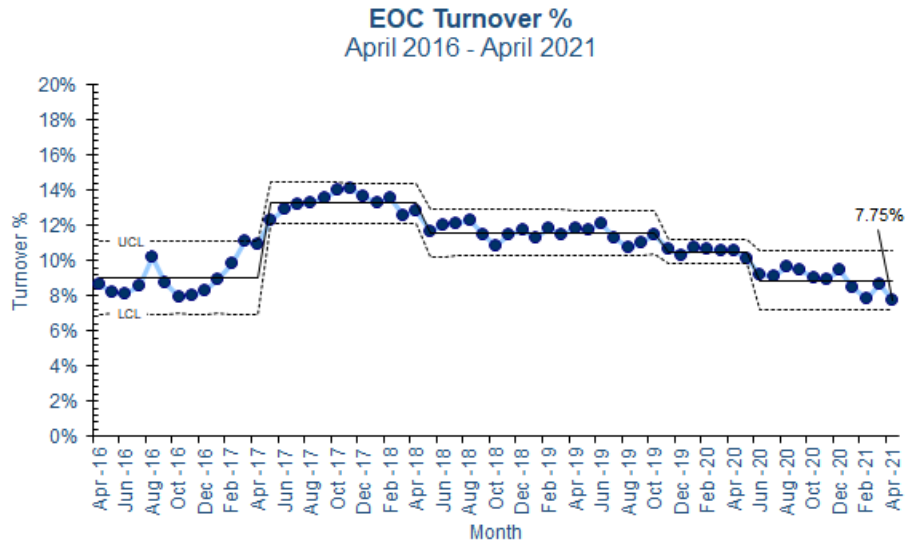
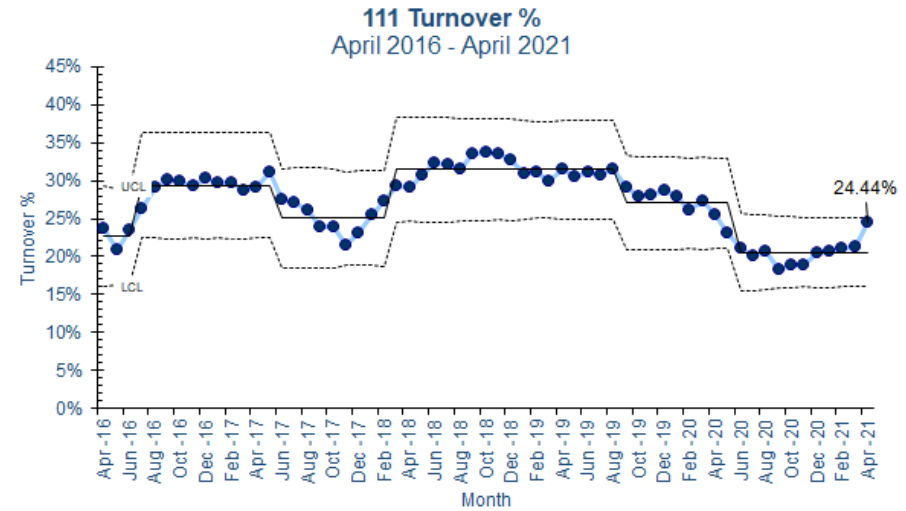
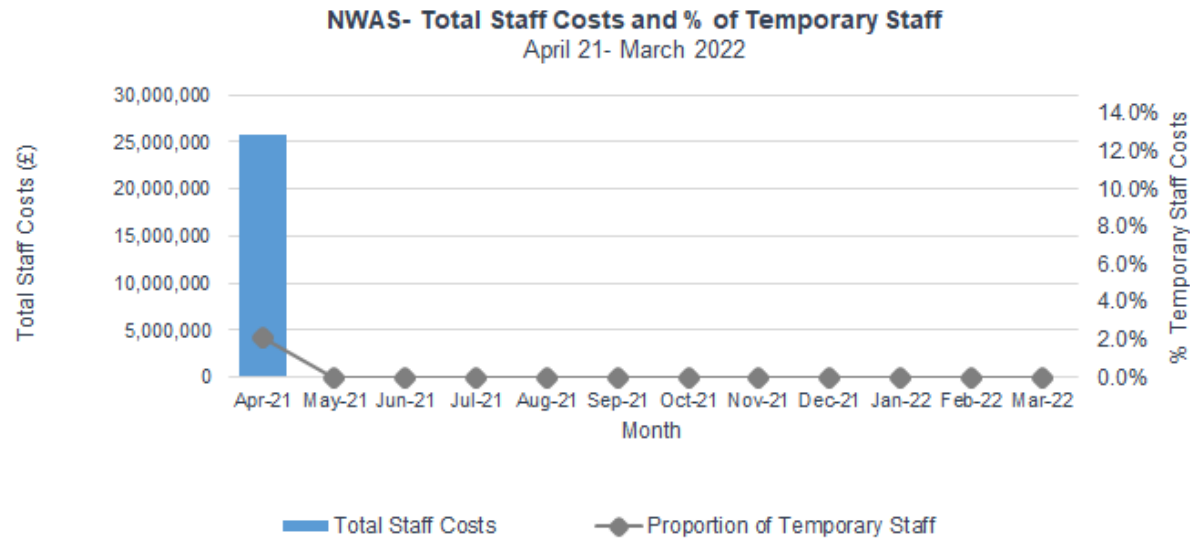


Figure OH2.5



OH4 TEMPORARY STAFFING

Figure OH4.1:



Temporary Staffing

As a result of COVID-19 the Trust Agency usage and expenditure is projected to exceed the Agency ceiling, although this does not form part of the reporting under the emergency arrangements. The agency ceiling is a maximum amount of agency spend allowable.

Agency staff have continued to support the Contact Centre environment.

ELC have approved the continuation of Agency staff in EOC into 2021 as the emergency budget extends to Q2. The Trust is on track to convert all Agency staff to fixed term appointments by 30 June 2021 for a fixed term up to March 2022.

Table OH4.1

NWAS	May-20	June-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-19	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Agency Staff Costs (£)	523,449	647,832	465,485	407,651	466,727	386,841	502,967	541,395	636,447	478,564	647,483	541,873
Total Staff Costs (£)	24,812,375	25,181,809	24,737,935	24,176,859	24,352,743	24,669,105	24,985,757	24,466,230	25,444,774	25,353,362	48,192,045	25,673,168
Proportion of Temporary Staff %	0.4%	0.4%	0.2%	0.3%	1.2%	0.7%	1.7%	1.6%	2.5%	1.9%	1.3%	2.1%

Figure OH4.2:

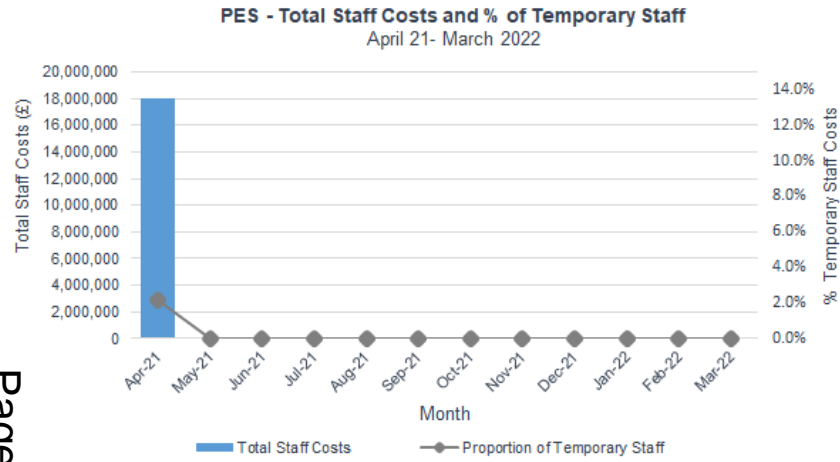


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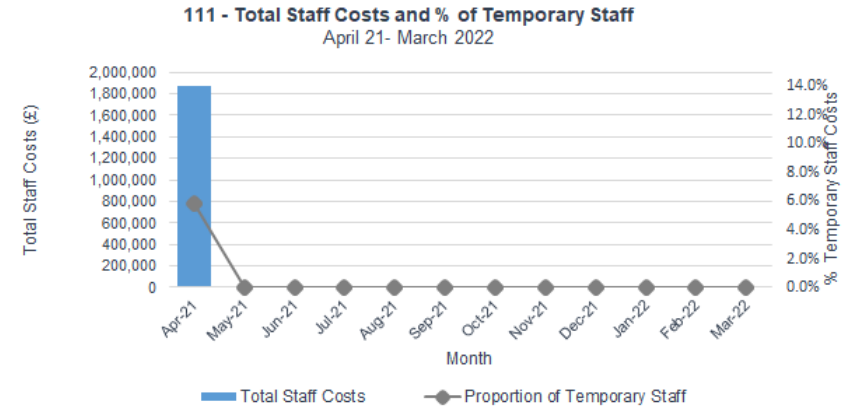


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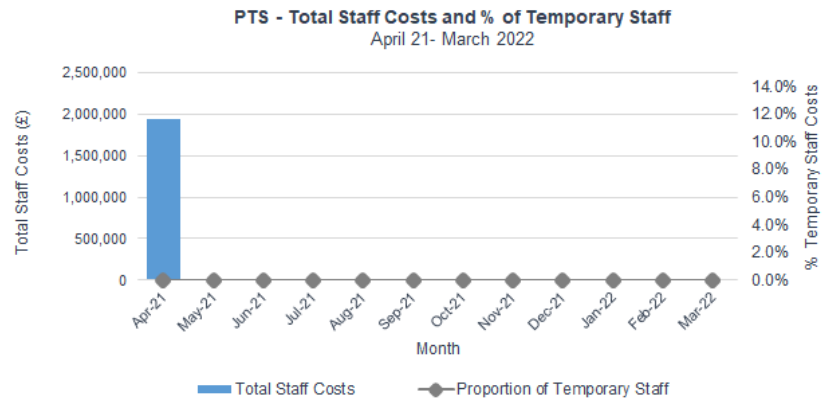
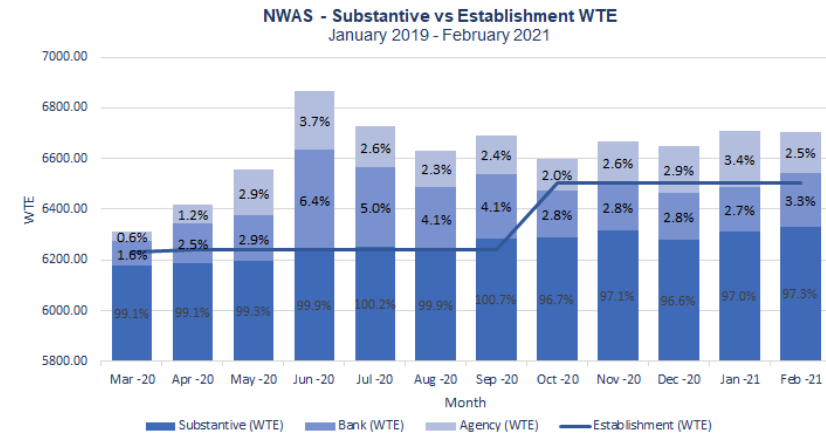
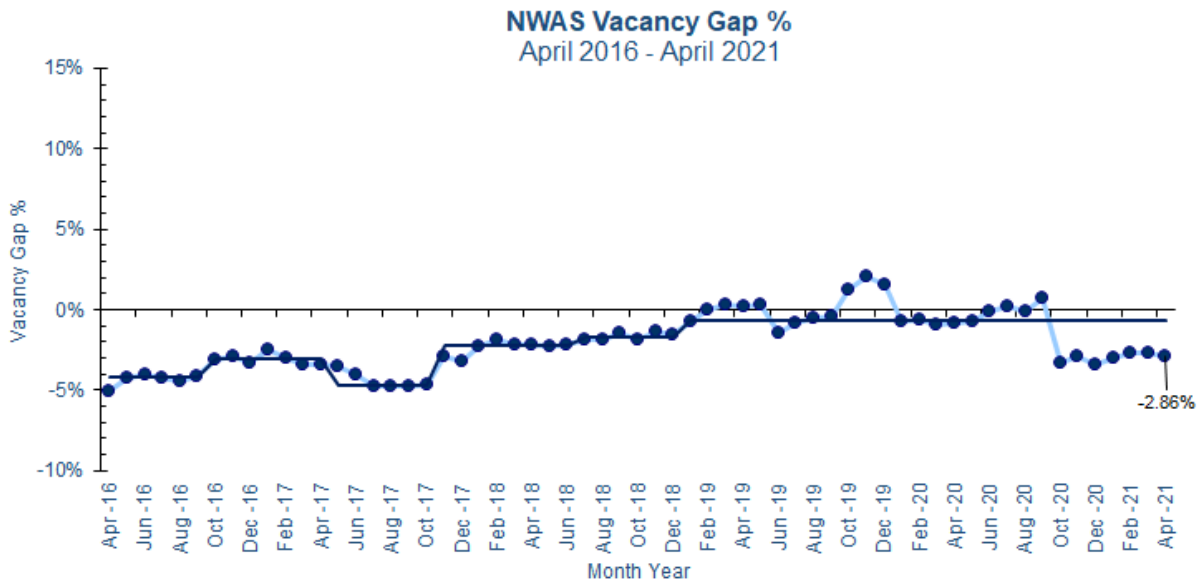


Figure OH4.5:



OH5 VACANCY GAP

Figure OH5.1



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Table OH5.1

Vacancy Gap	May-20	Jun-20	July-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
NWAS	-0.72%	-0.07%	0.17%	-0.08%	0.69%	-3.31%	-2.88%	-3.44%	-2.97%	-2.68%	-2.67%	-2.86%

Vacancy Gap

Chart OH5.1 shows the vacancy gap at circa -3% reflecting the significant establishment changes in 111.

Although recruitment plans for 111 are on track the establishment change now shows the current position against all the growth as a gap of 8.87% (OH5.5). The recruitment plan focuses on Clinical Advisors and recruiting to management posts. Health Advisors vacancies have been prioritised and are just over establishment.

The increase in PTS vacancies (OH5.3) has been created due to a large number of PES upskill staff taking up apprentice EMT1 positions in April and May. There is a robust recruitment and training plan in place which will deliver an increase in staff with 12 PTS courses planned throughout the year.

The PES and EOC position remains very stable.

Figure OH5.2

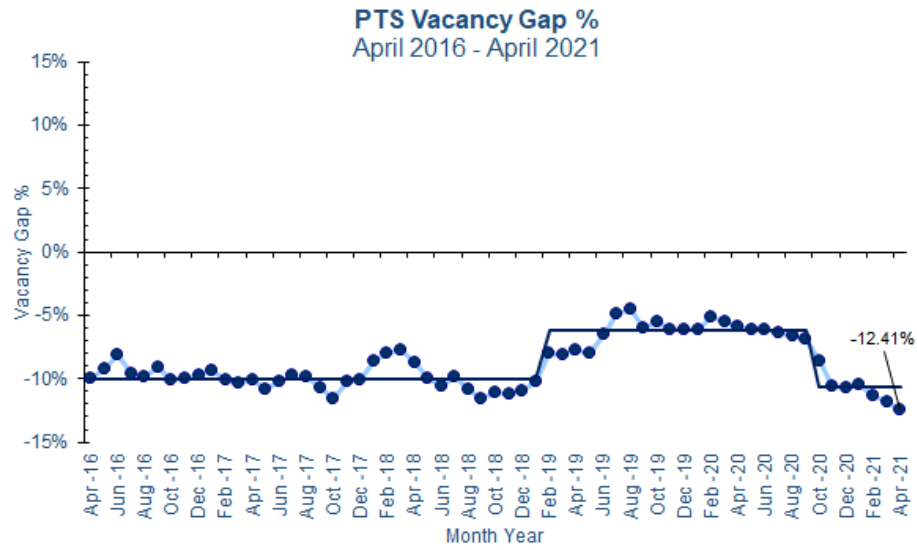


Figure OH5.3

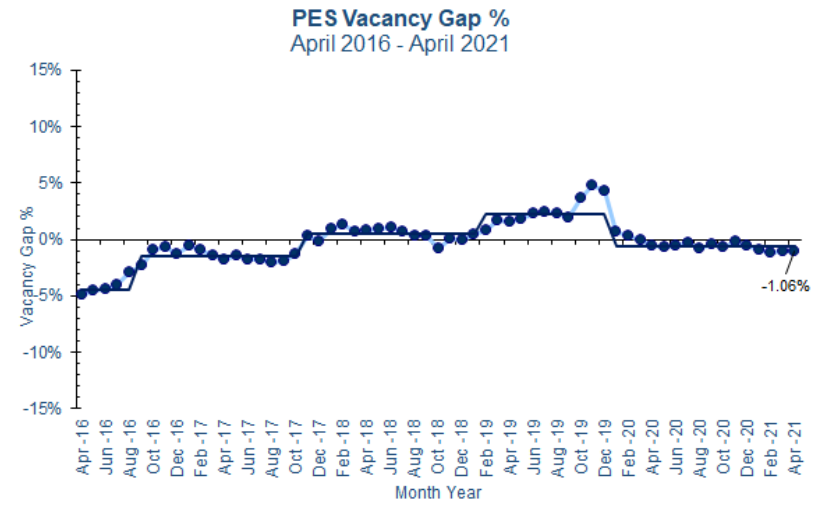


Figure OH5.4

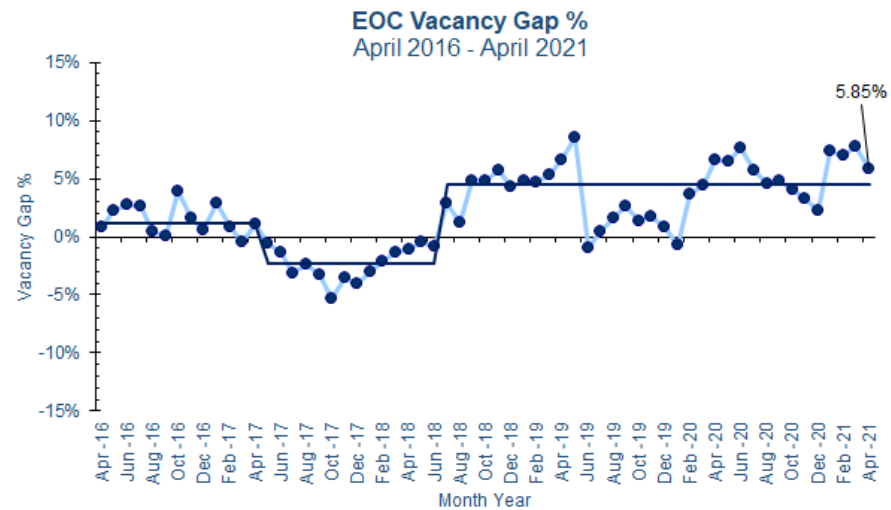
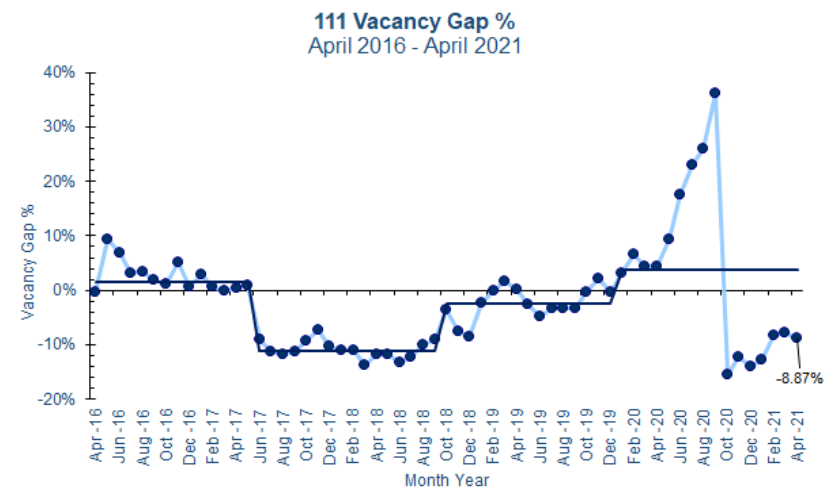
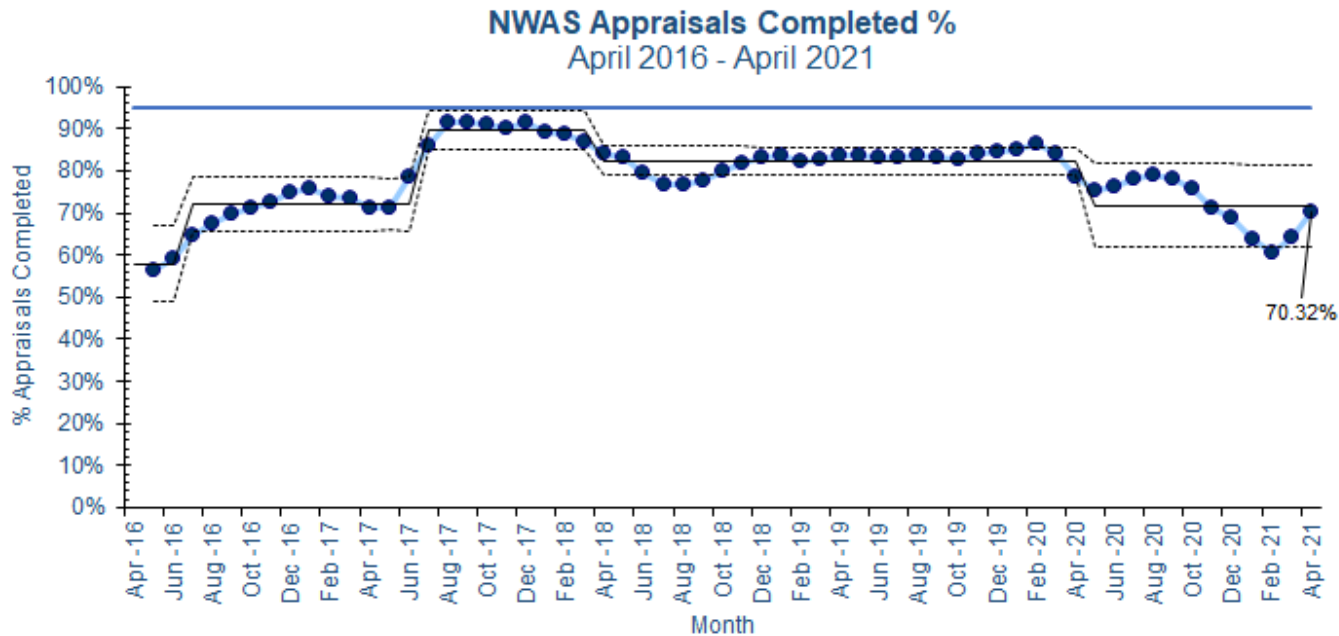


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1



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Table OH6.1

Appraisals	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
NWAS	75%	76%	78%	79%	78%	76%	71%	69%	64%	61%	64%	70%

Appraisals

Appraisal completion rates are at 70% for April (OH6.1).

As a result of the impact of COVID-19, appraisals were paused in March 2020. They were recommenced in June but formally paused again for frontline staff in October 2020.

Most service lines are now back within control limits with the exception of EOC where recovery work is required (OH6.4). PTS & PES have made good progress towards the 75% target (OH 6.2 and OH6.3) and 111 data signal an improvement with the data point above the upper control limit at 59%.

The revised targets are approved by ELC are:

75% by September 2021

85% by March 2022

95% by March 2023.

Work is being undertaken to think innovatively about how we embed appraisal discussions into business as usual, using technology to help support a sustainable approach for the future.

Figure OH6.2

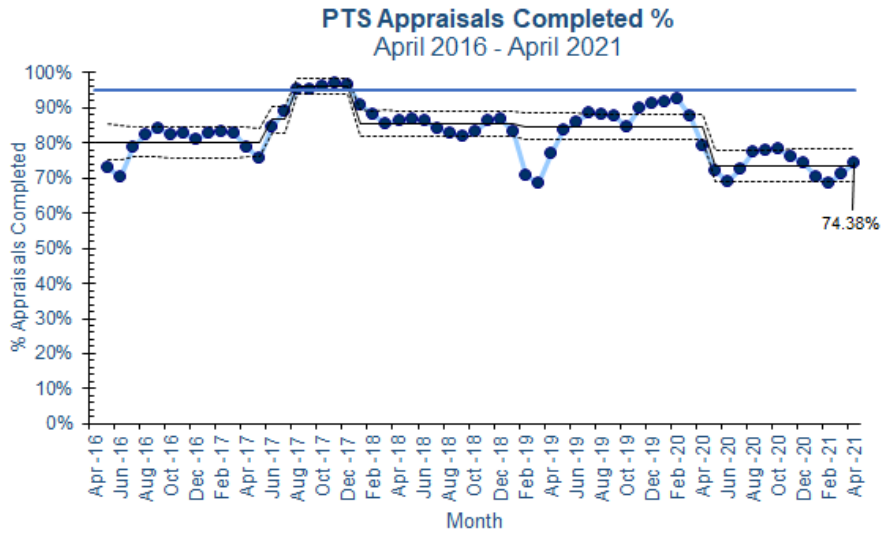


Figure OH6.3

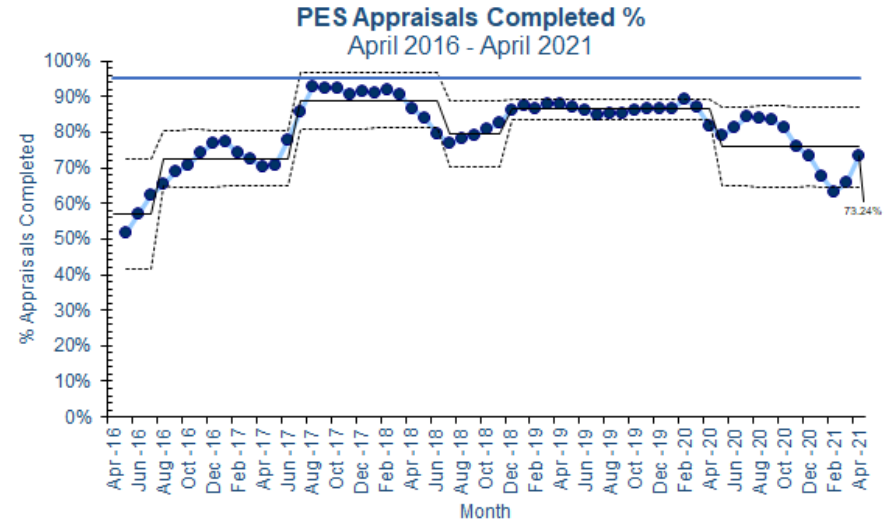


Figure OH6.4

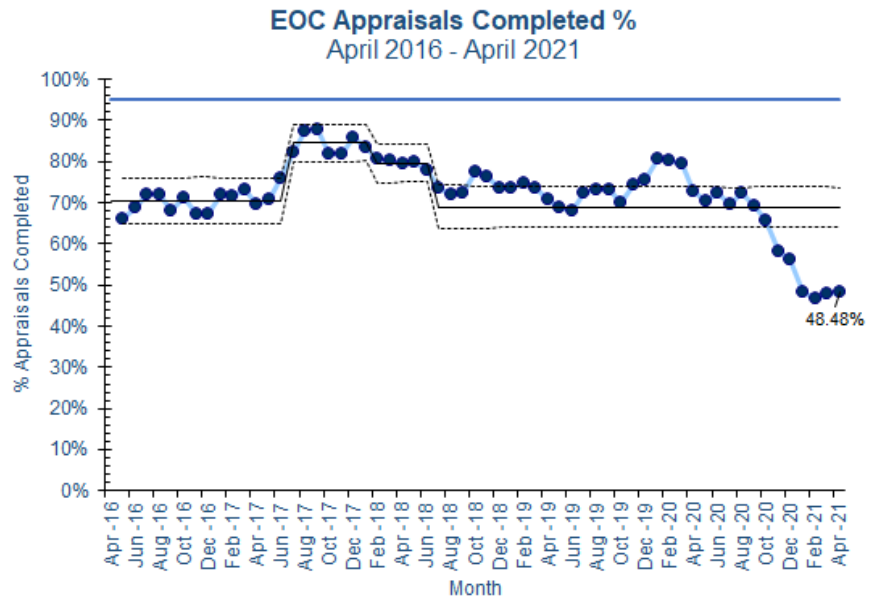
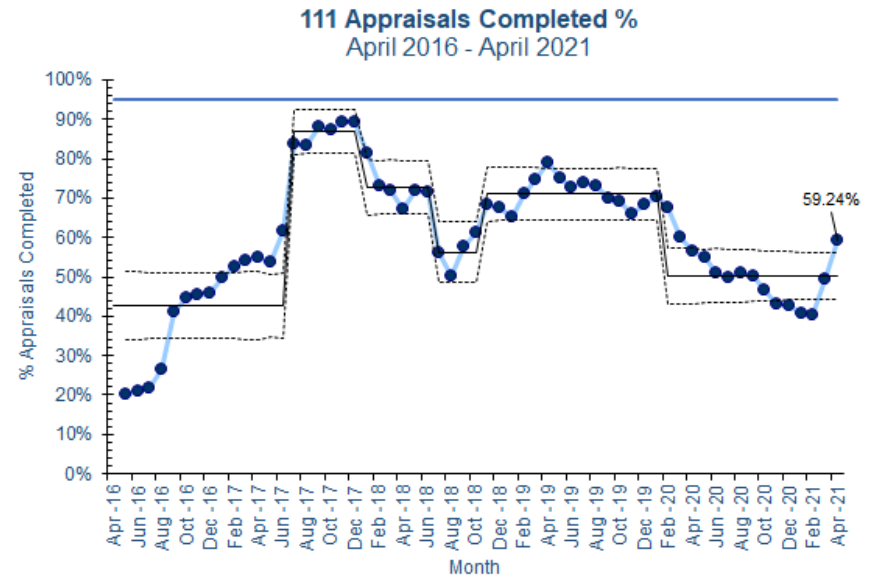


Figure OH6.5



OH7 MANDATORY TRAINING

Figure OH7.1

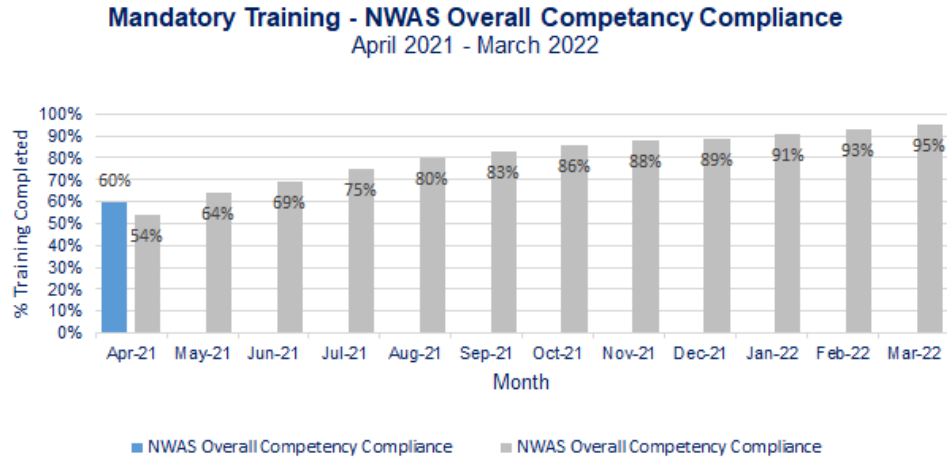
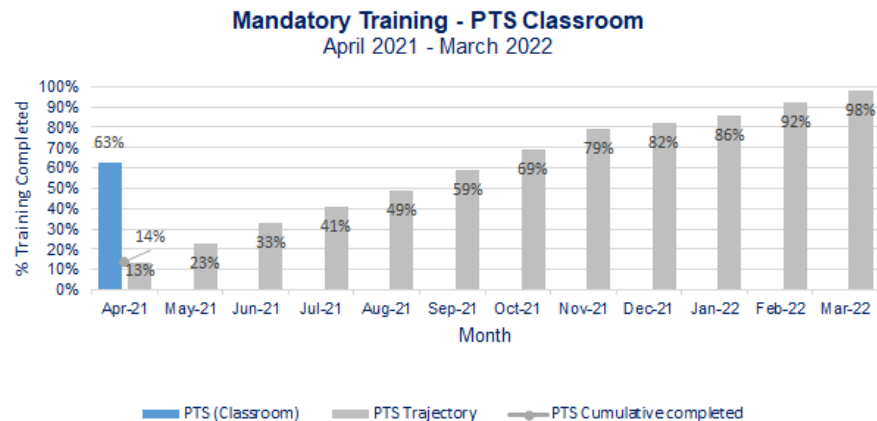


Figure OH7.2



Mandatory Training

The approved revised target of 75% (agreed Jan 21) was met by the trust in March 2021 with overall compliance at 75.6%. PES fell slightly below target at 74%.

The new cycle of classroom activity commenced on 12th April 2021 for PTS and PES with the emphasis on continued recovery of topics which could not be delivered face to face for some staff during the cessation of programme during the pandemic. Both PES and PTS are on track against planned activity.

A revised training needs analysis which includes additional mandatory topics has been introduced for 2021/22. The introduction of new modules not previously completed has reduced overall compliance to 60% in April. This will build up across the remainder of the year with a target of overall 95% compliance reinstated for March 2022.

Figure OH7.3

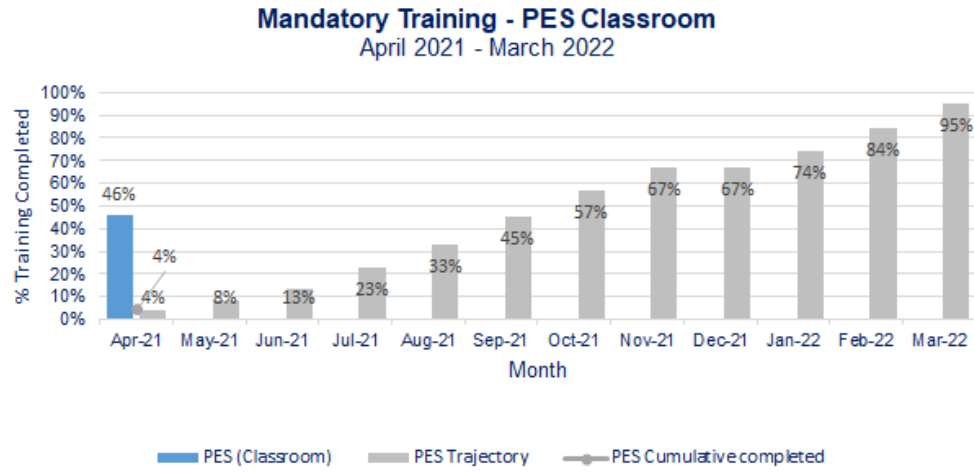


Figure OH7.4

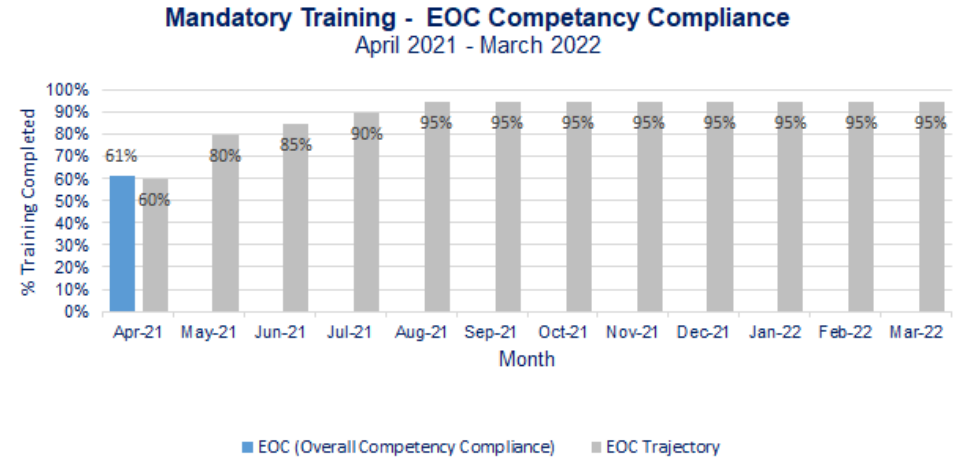


Figure OH7.5

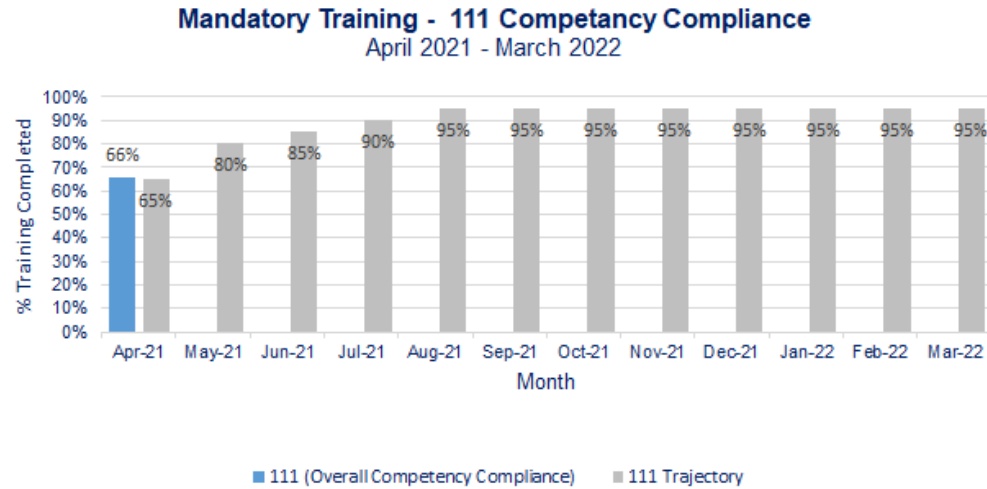
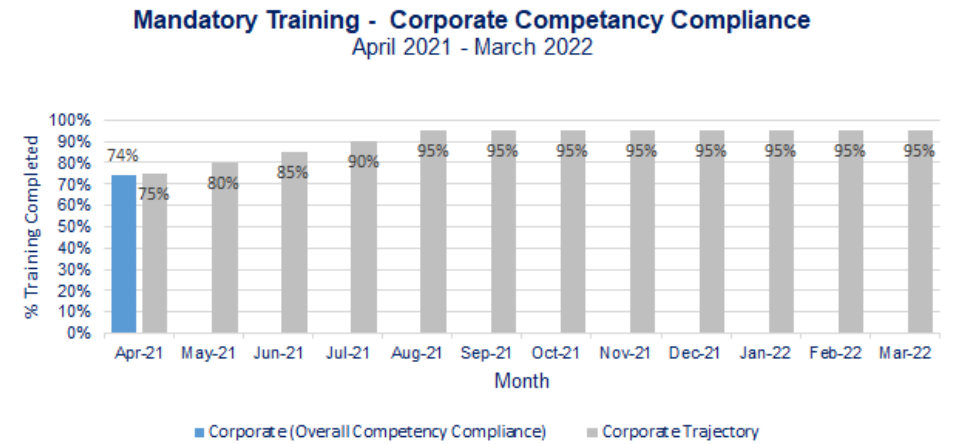


Figure OH7.6



OH8 CASE MANAGEMENT

Employee Relation Dashboard @ 30 Apr 2021

NWAS Summary			
Service Line	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Operations ~ PES	283	1030	11.97
Operations ~ EOC	32	157	13.97
Operations ~ Resilience	2	7	13.49
Operations ~ 111	65	333	10.63
Operations ~ PTS	75	372	12.68
Corporate	16	52	14.78
Other*	10	22	10.64
NWAS Summary	483	1973	12.07

* In ER data base, where more than one employee is grouped under any particular case then they couldn't be identified under one particular department and hence they are grouped under other.

Case Type Summary			
Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Dignity at Work	14	34	14.31
Disciplinary	32	93	26.16
Enquiries	18	67	11.62
Flexible Working and Career Break	13	106	6.41
Grievance	26	57	15.11
Long Term Sickness / Capability	314	994	14.55
Organisational Change	0	2	10.64
Performance Management	0	3	15.62
Short Term Sickness	61	616	6.52
SOSR	5	1	34.29
Case Summary	483	1973	12.07

Human Resources Case Management

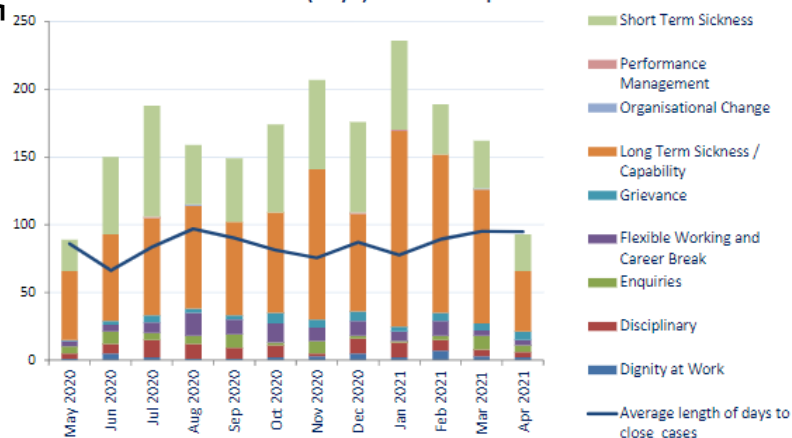
The Trust is developing its data and oversight of case management. Details of casework are regularly reported to Resources Committee.

The overall number of open cases and timeliness has been impacted by COVID-19 with 8 out of the last 12 months affected by some type of limitation on progressing investigations and hearings. This has had a particular impact on the levels of sickness absence casework and on overall timeliness.

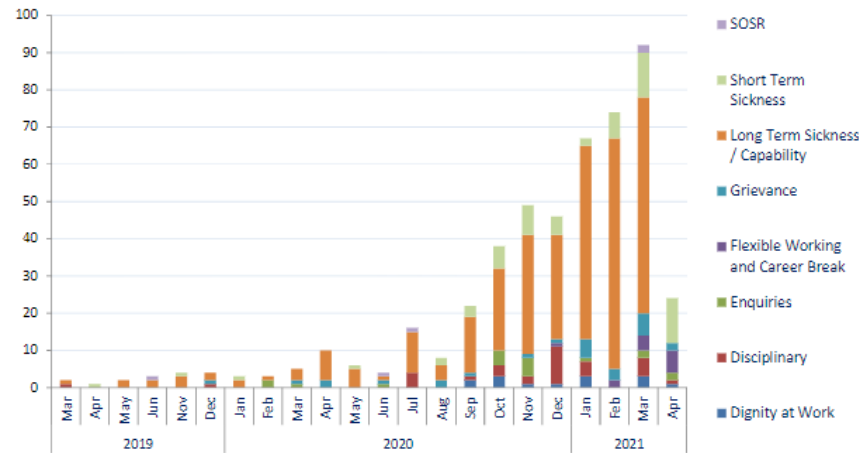
A recovery plan is in place to improve this position with immediate actions including:

- Review of all current non-sickness casework
- Structures for escalation of overdue casework being refreshed
- Introduction of pre-investigation review panel ensuring appropriateness of entry into formal process, welfare support and resources required for investigation
- Improvement of data visibility and fitness for purpose

Closed cases: Number of closed cases compared with the average length of time (days) taken to complete

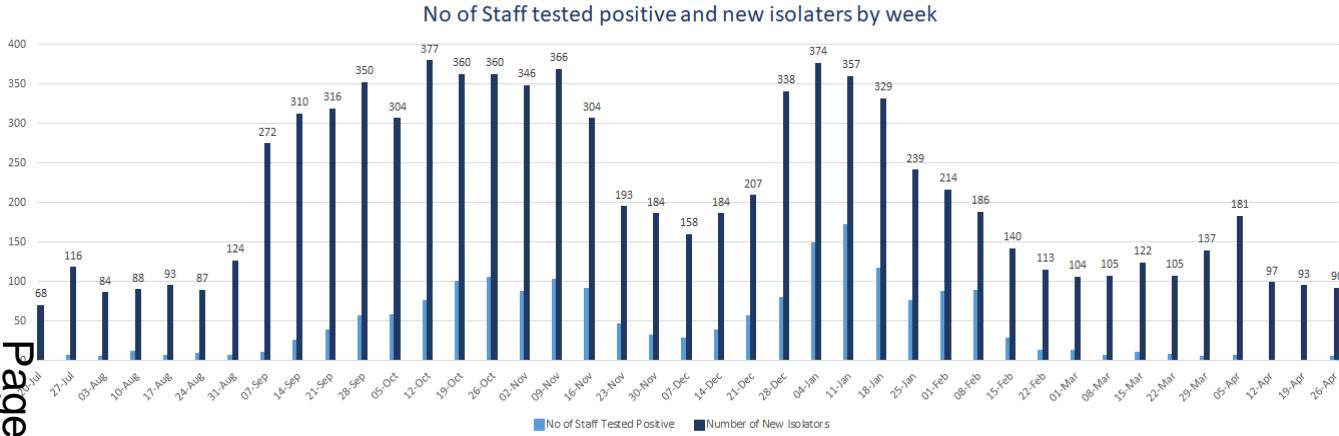


Open cases: Total number of Live cases that started in each month



COVID 19

Figure CV19.1 - Number of Staff tested positive and new isolators by week



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Week Commencing	No of Staff Tested Positive	Week Commencing	No of Staff Tested Positive
20-Jul	6	14-Dec	34
27-Jul	3	21-Dec	52
03-Aug	1	28-Dec	75
10-Aug	7	04-Jan	144
17-Aug	3	11-Jan	168
24-Aug	5	18-Jan	113
31-Aug	2	25-Jan	72
07-Sep	6	01-Feb	83
14-Sep	22	08-Feb	84
21-Sep	34	15-Feb	24
28-Sep	53	22-Feb	9
05-Oct	54	01-Mar	9
12-Oct	71	08-Mar	3
19-Oct	96	15-Mar	6
26-Oct	101	22-Mar	4
02-Nov	83	29-Mar	1
09-Nov	99	05-Apr	2
16-Nov	87	12-Apr	0
23-Nov	42	19-Apr	0
30-Nov	28	26-Apr	1
07-Dec	24		

COVID-19

There have been 4 instances of staff that have tested positive for Covid-19 in April 2021 with 1,711 instances since July 2020.

As at the end of April 2021 there were no open outbreaks on trust sites.



REPORT TO BOARD OF DIRECTORS

DATE:	26 May 2021			
SUBJECT:	Safeguarding Annual Report 2020/21			
PRESENTED BY:	Director of Quality, Innovation and Improvement			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Decision			
EXECUTIVE SUMMARY:	<p>This Safeguarding Annual Report provides an overview of safeguarding activity within the Trust during 2020-2021.</p> <ul style="list-style-type: none"> • Safeguarding activity has continued to rise across the Trust in 2020/21. A number of improvement projects have been identified to ensure continuing safeguarding demand will be met. • Safeguarding Training – All mandatory training was suspended during the COVID 19 pandemic peaks. Due to this it was necessary to revert from the new training needs analysis (TNA) to the original one. This was implemented to maintain high levels of safeguarding training assurance across the Trust. New on-line modules for safeguarding training are being written to add to the Electronic Staff Record (ESR) to supplement face to face training, this is in addition to face to face training and is to ensure compliance with the intercollegiate document. An e-learning coordinator is working with the team to achieve this development. • Safeguarding case reviews – The Safeguarding Team continue to be involved in serious case reviews, safeguarding adult reviews and domestic homicide reviews. NWAS has particular learning in relation to concealed and denied pregnancy which has been incorporated into the level 3 safeguarding training. • Mersey Internal Audit – Mersey Internal Audit inspected the Safeguarding activity within the Trust in November 2020. The final report was received in January 2021, this has been agreed and signed off. The Trust received substantial assurance. • Project emerald is the title of the safeguarding innovation project which will introduce a new safeguarding platform for recording safeguarding concerns. This will replace the current ERISS system. 			

- Updates on safeguarding cases are reported regularly via the reportable events paper to Board, via the Quality and Performance Committee and the Integrated Performance Report. To provide assurance of robust safeguarding and learning systems, the Trust is reviewing the safeguarding reporting systems to ensure that safeguarding has appropriate visibility.

The Safeguarding Team has a number of risks recorded on the corporate risk register.

2963 - There is a risk that safeguarding governance is not managed by the Safeguarding Team in NHS 111 which could result in standards, processes and support are not sufficient within NHS 111 and integrated urgent care safeguarding. The risk is currently scored as a 12.

2978 – There is a risk that the child protection information sharing system (CP-IS) is not compatible with the current NWAS systems. NHS Digital are working with the Trust to overcome these issues. The risk is currently scored as a 6.

3504 – There is a risk that there is no formal process for when a carer is a patient and leaves a vulnerable person alone at the home therefore exposing them to the risk of harm. This risk has been mitigated with the development of a carer's form which will be rolled out in May 2021. The risk is currently scored as a 9

The Safeguarding Management Team will continue to scrutinise these risks and take actions to reduce them and mitigate against further issues.

Key assurance points to note -

1. That safeguarding activity during 20-21 continues to meet the required standards;
2. The substantial assurance reported by our internal auditors (MIAA) with respect of the NWAS process for the management of safeguarding concerns;
3. The year-end Trust mandatory training compliance was 82%, 83% and 100% for levels 1 & 2, 3 and 4 respectively, despite the cessation of training during the COVID 19 pandemic peaks;
4. The Safeguarding Team were involved in 256 system safeguarding reviews, these are broken down into 140 adult reviews, 89 child reviews and 27 domestic homicide reviews. Learning was continuously reviewed and implemented into supervision and mandatory training;
5. The Trust has reported involvement in 25 incidents which involve the death of an person with learning disability (LEDER) and are fully involved with the LEDER learning from deaths programme;
6. The Trust has made 22 PREVENT referrals to the regional anti-terrorism teams and is raising

	<p>awareness of radicalisation to all staff at induction and as part of an ongoing programme of training;</p> <p>7. Note that during the year there have been 103 safeguarding flags placed on addresses of vulnerable patients in the ERISS system to improve information exchange;</p> <p>8. Note that 21 LADO notifications were received into the Trust related to members of staff and all we dealt with comprehensively by the safeguarding and human resources team.</p>			
RECOMMENDATION:	<p>The Board are asked to:</p> <ul style="list-style-type: none"> Note the assurance within this safeguarding annual report 2020/21. Approve the onward progression of this assurance report to publication. 			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	QUALITY AND PERFORMANCE COMMITTEE			
	Date:	24 May 2021		
	Outcome:			

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1 PURPOSE

The purpose of this report is to provide the Board with an overview of safeguarding activity during 2020-2021. The achievements are set against the patient care priorities and introduction of the Right Care Strategy and ambitions taken from the forward plan of the Strategy for the following year.

2 BACKGROUND

Safeguarding child and adult standards are determined nationally for NHS Provider organisations and are monitored via the regulator (Care Quality Commission) and via audits. In addition to safeguarding practice and processes the audit standards relate to policies and procedures, HR and recruitment processes, and leadership. The specific standards are contained within:

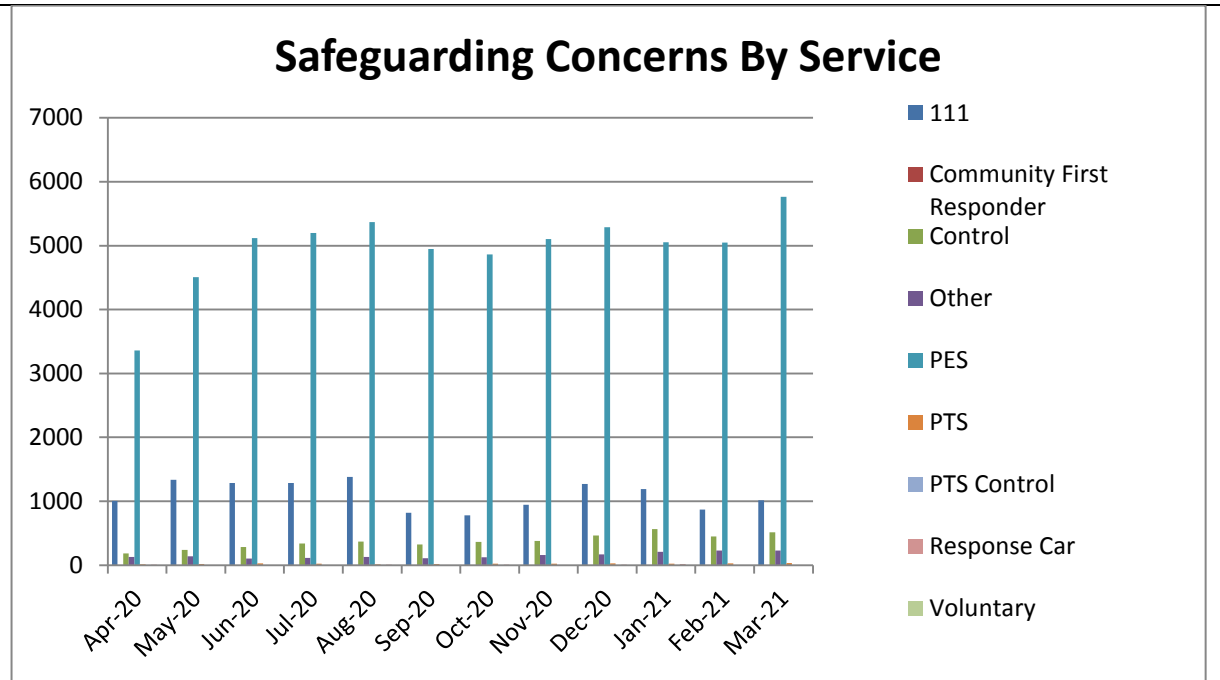
- Safeguarding Assurance Framework (SAF) which is presented to the lead Commissioning Committee
- Mersey Internal Audit Agency (MIAA) who conduct safeguarding audits on behalf of the Trust Audit Committee and have been auditing bi-annually.
- Care Quality Commission (CQC) inspection of the Trust including safeguarding arrangements took place in 2018 and 2020.

Safeguarding activity has fluctuated during 2020-2021, this is largely attributed to the pandemic. A decrease in concerns raised was seen during April 2020, since then concerns continued to steadily grow. Paramedic Emergency Services and the NWS 111 service could be the two service areas which raise the most concerns. Chart 1 demonstrates the number of safeguarding concerns raised during the past 12 months. Whilst Chart 2 shows the number of concerns per service line.

Chart 1 – Numbers of notifications

Concerns raised	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Adult	3852	5175	5565	5656	5919	5155	5124	5455	6049	5972	5477	6168
Child	843	1065	1263	1318	1358	1072	1039	1164	1175	1090	1148	1389
Total	4695	6240	6828	6974	7277	6227	6163	6619	7224	7062	6625	7557

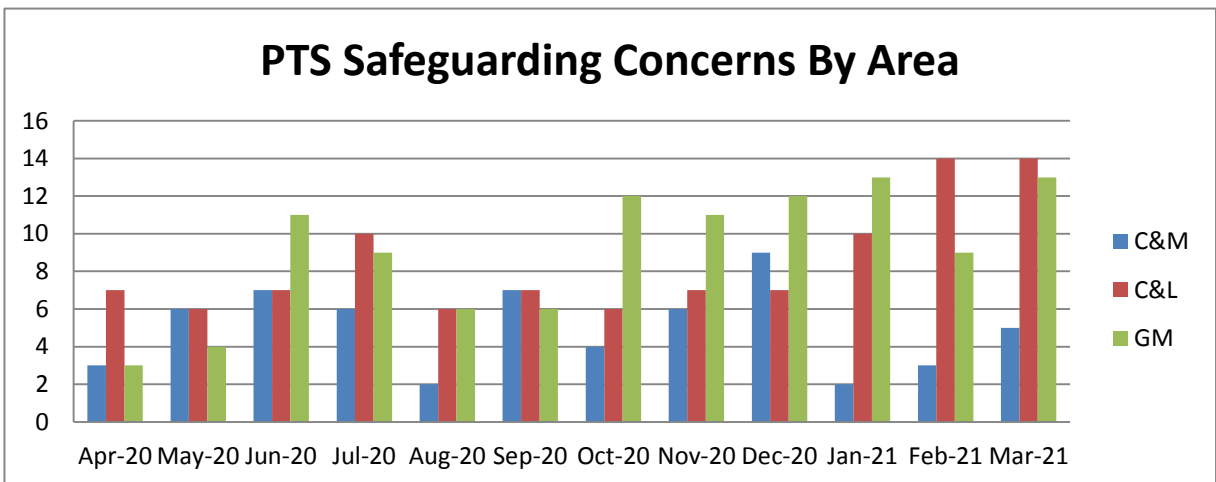
Chart 2 Breakdown of notifications by service line



2.1 Patient Transport Service

It was identified in 2019 that the patient transport service (PTS) raised very few safeguarding concerns in comparison to the numbers of patient contacts. Significant work has taken place with the PTS leadership team to raise the profile of safeguarding within PTS. A number of PTS staff receive safeguarding training to provide advice and assurance to frontline staff, and safeguarding updates provided to the PTS senior leadership team.

Over the past 12 months the number of PTS safeguarding incidents has continued to rise.



2.2 Safeguarding Team

The Safeguarding Team comprises of one whole time equivalent (wte) Band 8a Safeguarding Manager (Named Professional for adults and children) and three wte Band 6 dedicated Safeguarding Practitioners. One for each geographical area of the Trust, Cumbria & Lancashire, Greater Manchester and Cheshire & Mersey. The practitioners report directly to the Safeguarding Manager and are an integral part of the Clinical Safety Team. The Clinical Safety Team is managed by Band 8C Head of Clinical Safety who reports to the Director of Quality Innovation and Improvement. The team are also supported by one and three quarter wte Band 3 Clinical Safety Administrator.

Funding has been identified for a 4th Safeguarding Practitioner, this post will cover Emer Operations Centre (EOC), Clinical Hub & NWS 111. Capacity of the Clinical Safety Administ continues to be monitored and the split in role means that the administrators do not always ha capacity to carry out more in depth analysis work to support the Safeguarding Team. As part Quality Directorate organisational change programme it is anticipated that the current Clinical : Administrators will transfer to Safeguarding Administrators.

The Safeguarding Practitioners are engaged with the Quality Business Groups, the Learning f and the Patient Transport Senior Management Team Meetings to share safeguarding data, less be learned and patient's stories to improve practice.

2.3 Right Care Strategy

In 2018 the Right Care Strategy for the Trust was implemented. This is a five year strategy wi milestones for each year based on pillars of quality.

Safeguarding training has remained a high priority for the safeguarding team, and remains one right care strategy goals. A large number of face to face level 3 safeguarding training sessions been delivered over the past 12 months by the team, these sessions have been well receive positive feedback. Learning from safeguarding incidents remains at the forefront of the safegu agenda. Learning is collated through the individual learning forums, the corporate learning track the PTS learning tracker. Any learning which is identified is disseminated across the Trust via bul mandatory training, area learning forums, and individual learning.

The Right Care Strategy Safeguarding ambitions for 2020-21 – Pillars of Quality Goals:

- Training compliance for Levels 2, 3, & 4 is compliant with the new training needs analysi team are currently reviewing the new Training Needs Analysis to match competencies a skill set and staff grades.
- Carry out two deep dives each year.
- Provide assurances of stakeholder engagement, including an engagement paper compliance levels.

Training is discussed within the report. One deep dive has been completed and presented to the f the second deep dive is in progress this has been delayed due to the amount of work that has place for Project Emerald.

The engagement paper is also being written and will be presented to the Quality and Perform Committee, due to the near completion of this paper the goal has been removed from the 2021/2 care strategy and replaced with an audit programme target.

2.4 Policies and Procedures

During 2020/2021 the Prevent Guidance and the Safeguarding Vulnerable Persons Procedures updated.

2.5 Mersey Internal Audit Assurance Report

The Safeguarding Team welcomed Mersey internal Audit into the Trust in November 2020, and w with them to provide information of the safeguarding activity for the whole Trust. The draft repo received in January 2021. Following a review of the report a management response was return MIAA in February. The final report received provided substantial assurance for the safegu agenda.

2.6 Safeguarding concerns and mental health rejections

The primary reason for the rejection of safeguarding concerns continues to be mental health. In the COVID 19 pandemic all mental health Trusts established a 24 hour mental health crisis helpline this was a welcome resource which is envisaged will remain in place following the pandemic. Although this helpline provides a vital service for patients, not all mental health patients will meet the criteria for the mental health crisis help. This continues to leave a gap for our patients who are suffering with mental ill health, conversations have taken place between the Mental Health and dementia teams regarding the capacity of Cleric to facilitate mental health referral pathways. Cleric is the electronic system which will be used for recording and sharing safeguarding information. The option of referring patients who are suffering with mental ill health to their GP remains in place.

2.7 Training

Safeguarding compliance figures are monitored closely by the Executive Leadership Team. Figures are reported to the Safety Management Group, the Quality and Performance Committee and Open Board Meetings on a bi monthly basis. Figures that are reported include the safeguarding module compliance. The end of year training figures for compliance are Level 1 & 2 training across the Trust, Level 3 (based on the previous TNA) 83% and Level 4 100%. The Safeguarding Team are continuing to work with the corporate Learning and Development Department and service delivery areas to improve the compliance figures.

This year the Community First responders have signed up for the E-learning for healthcare programme includes modules for both safeguarding and PREVENT, this is a positive step for providing Trust wide assurances regarding safeguarding training.

Level 3 training is written by the Safeguarding Team and mapped against the Intercollegiate Document and the National Training Guidance. The Level 3 safeguarding training which is delivered in the 2021/22 programme reflects the learning which was found from the Safeguarding Deep dive. The training directly addresses the need for Trust staff to recognise if the patient they assessed requires safeguarding due to them being at risk of harm from abuse, or if the patient requires early help. The training focusses heavily on consent and thresholds, and has been designed to support Trust staff in providing the best level of aftercare following contact with the trust.

Level 3 safeguarding training commenced onto the mandatory training programme in 2020 following the publication of the Intercollegiate working party document. This means that all patient facing staff are now going to receive level 2 and 3 safeguarding training. Due to the COVID 19 pandemic mandatory training was suspended which left a gap in compliance for the patient facing staff for the 2020 year. Due to this suspension a decision was made by the Chief Nurse, Head of Clinical Safeguarding and the Safeguarding Manager to revert back to the previous training needs analysis (TNA). A decision was reached in order to ensure that there was a high level of assurance in terms of safeguarding knowledge, which was available to staff should advice be needed. The previous TNA identified staff across the Trust who required level 3 safeguarding training, this included Advanced Paramedics and Consultant Paramedics. When the new TNA for response staff was written it included the Advanced Paramedics and the Consultant Paramedics, therefore it was not necessary for them to continue to attend the bespoke level 3 safeguarding sessions that were delivered by the safeguarding team. However the suspension of mandatory training left a gap for these staff which was addressed.

The safeguarding team have dedicated a number of hours to deliver train the trainer sessions for Clinical Practice Trainers (CPT). Collaborative working between the two internal teams helps to ensure relevant and appropriate safeguarding training is being delivered across the whole Trust. Central training of the CPT's ensures Trust wide consistency is applied to safeguarding training.

Level 4 training: The Safeguarding Manager attends level 4 training as the Trust 'Named' professional for safeguarding. In addition the Head of Clinical Safety also attends level 4 safeguarding training to provide further assurance to the Trust the safeguarding Practitioners also attend level 4 safeguarding training.

training. Whilst this is not identified as a requirement of their role it is considered best practice for the Trust and supports development of the practitioners. Information gathered from training, is cascaded through the trust and may feature on the safeguarding training programme for the following year.

The Safeguarding Manager and The Head of Clinical Safety attend the National Ambulance Safeguarding Groups (NASG). Engagement with NASG ensures the Trust are informed of changes to the national safeguarding policy, standards or regulatory framework and can work with other ambulance trusts to share and learn. The Trust have contributed to the national ambulance safeguarding annual report. The Safeguarding manager has been part of two working groups in the past 12 months which have focussed on the feasibility of identifying a process for managing safeguarding concerns and a procedure for missing and absconding patients. The missing and absconding patients procedure is due to be introduced into the trust in 2021. Safeguarding supervision is provided by the national group for both attendees.

2.8 Safeguarding supervision is a core design principle of the NNAS safeguarding system. For safeguarding practitioners this is provided by the L4 practitioners and for the L4 practitioners supervision is sourced externally from NHS safeguarding leads in other organisations.

A programme of safeguarding supervision for all staff is currently being scoped, this is for the senior staff and staff who have patient contact. The proposal is that safeguarding supervision will take place during clinical contact sessions between Senior Paramedic Team Leader and Paramedics/Emergency Medical Technicians. Safeguarding supervision provides the Practitioners and Managers with the opportunity to ensure that the team's practice and training are up to date and that the safeguarding agenda is clearly understood.

The Safeguarding Practitioners continue to work hard to maintain the visibility of the Safeguarding Team, in addition to the Quality Assurance visits, the safeguarding team also attend the Senior Paramedic Team Leader away days and engage with the Trust university partners to continue training.

2.9 Safeguarding Triage Deep Dive

Over a 4 week period the safeguarding team carried out a deep dive review in relation to safeguarding concerns which were being raised by the Trust. The findings show that there is a large number of safeguarding concerns being raised and shared inappropriately with Social Care. Following this report extensive work has taken place with Social Care departments across the footprint. The work which has been carried out has been done to facilitate a new safeguarding process which will ensure that information is shared to either safeguarding or early help teams appropriately.

2.10 Safeguarding Board Engagement

Increased notifications, improved visibility and Board engagement has resulted in increased numbers of requests to be involved in Safeguarding Adult Reviews, Domestic Homicide Reviews, Serious Case Reviews, Learning Disability Reviews and Strategy Meetings.

The Safeguarding Team work alongside senior managers and clinicians to ensure engagement with the Boards is visible and specific to local needs. There are currently 46 safeguarding boards across the geographical footprint of North West Ambulance Service and the team have committed to attend each board a minimum of once per year, or, as per local board request. Board engagement is monitored by the Safeguarding Team.

Each 'Local Safeguarding Board' is formally written to on an annual basis by the Safeguarding Manager to inform them of our commitment to engagement with the Safeguarding Boards and to establish good working relationships in each area. A copy of the Trust annual safeguarding report is also shared, this prompts invites to attend Board Meetings to discuss the safeguarding activity in the trust and look at ways of collaboratively working to improve safeguarding partnerships. In addition

practitioners and managers are involved in Local Safeguarding Board sub-groups. Engagement includes:

- Child Death Overview Panel
- Rapid Response Meetings
- Alternative Life Threatening Event meetings
- Basic Learning Reviews
- Serious Case Review Groups
- Safeguarding Adults Review Groups
- Domestic Homicide Reviews
- Front line visits with local board members
- Wider stakeholder meetings
- Integrated Care leadership groups
- Multi-agency review meetings following the Sudden Unexplained Death of a Child (SUD)

2.11 Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews (DI)

During the 2020/2021 year the Safeguarding Team were involved in 256 safeguarding reviews, are broken down into 140 adult reviews, 89 child reviews and 27 domestic homicide reviews. In comparison 2019/20 saw the Team engage in 161 safeguarding reviews. A large amount of gathering and review is taking place in relation to safeguarding following the pandemic. It is currently unknown if there will be an increase in case reviews following the lifting of lockdown, due to lockdown restrictions meaning that societies most vulnerable individuals have been largely invisible.

Engagement with both children’s and adults safeguarding boards remains a priority. The Safeguarding Team are committed to working collaboratively to ensure the safety of patients and implement agency learning (see charts 4, 5 and 6). These lessons are captured in the individual report recorded on the safeguarding learning tracker. These are then disseminated through the corporate learning forum, the regional learning forums, directly with the staff involved and Trust wide via weekly regional bulletins and built into the mandatory training scenarios.

Chart 4 – Number of Serious Case Reviews per month and area for 2020/21

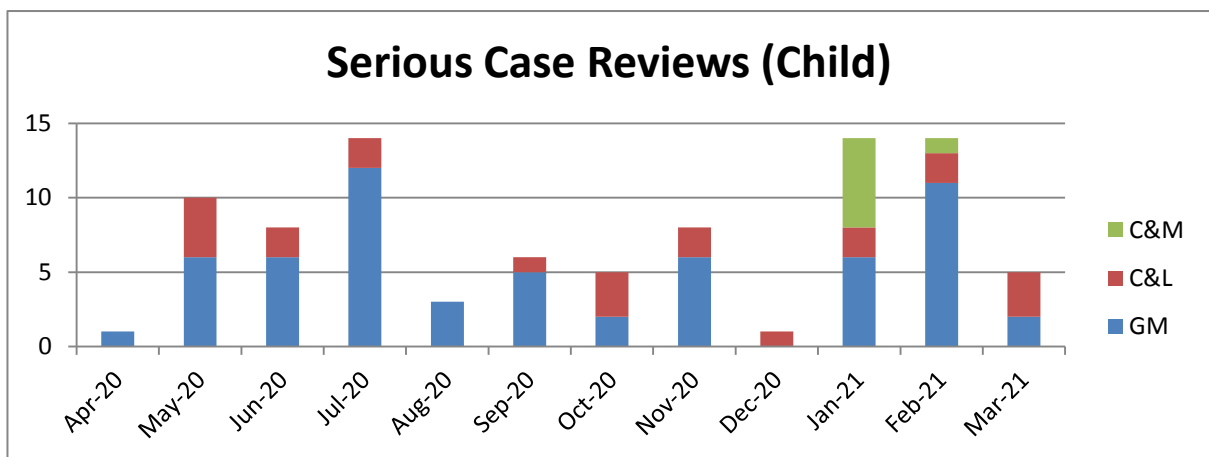


Chart 5 – Chart to show the number of Safeguarding adult reviews commissioned by area for 2020/21

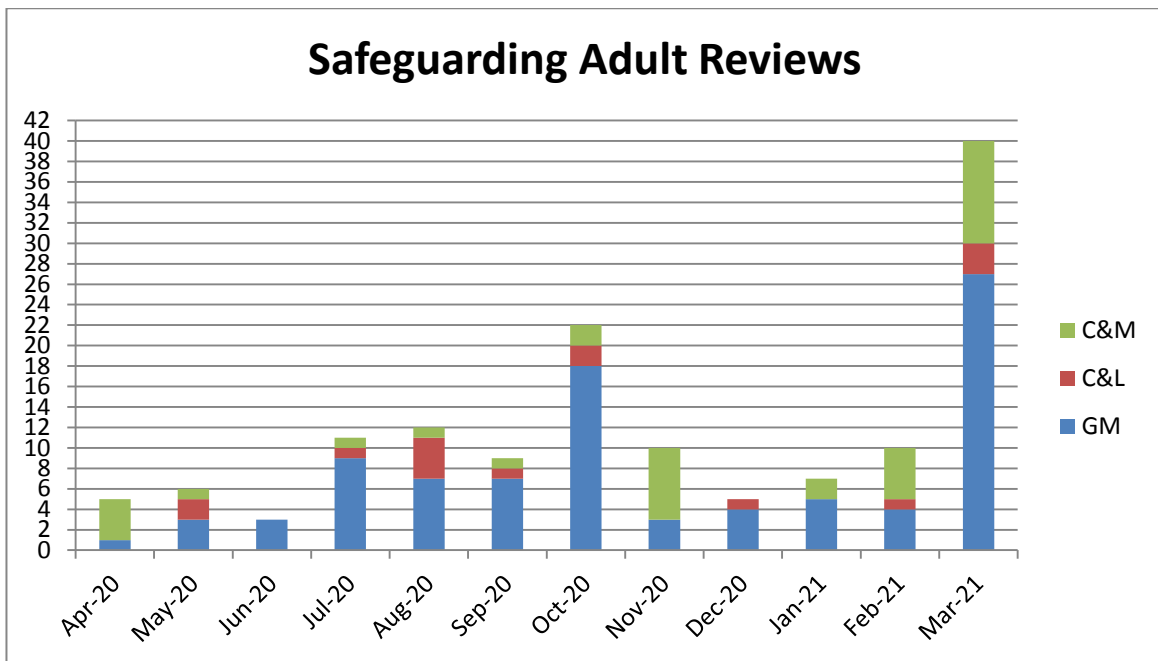
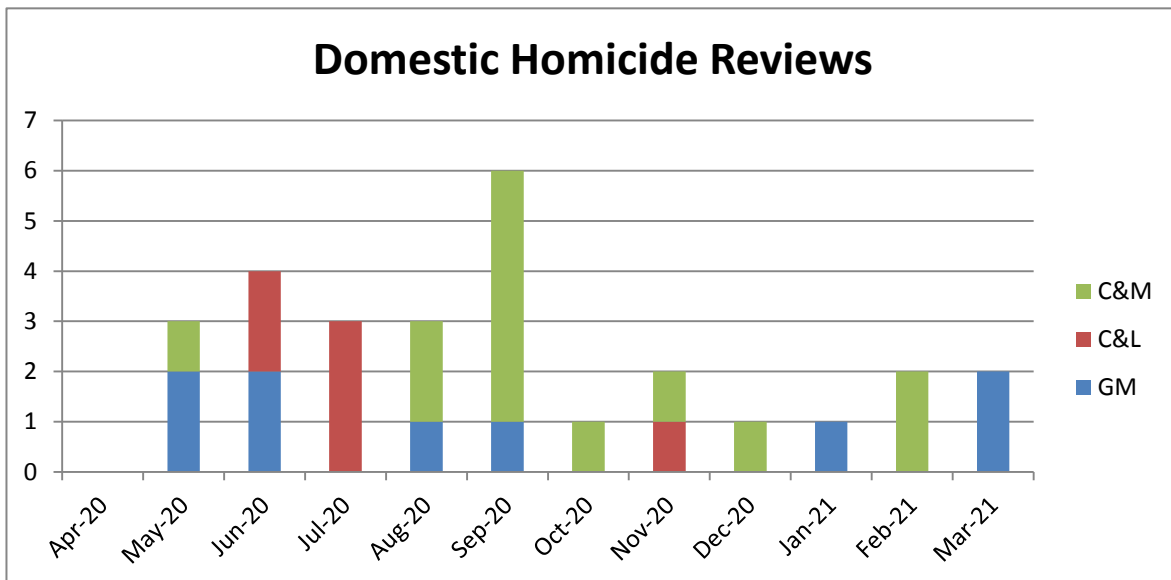


Chart 6- Information in relation to the number of Domestic Homicide Reviews by area for 2020/21



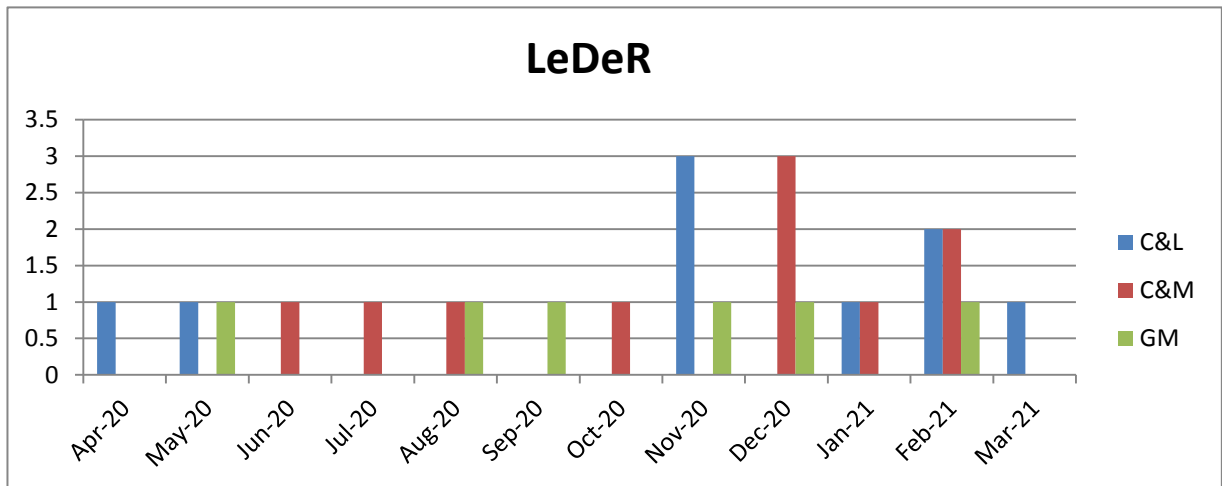
All SCR, SAR and DHR's are reported to Board through the 'reportable events' paper which is presented on a bi-monthly basis. Safeguarding activity is also reported at the Quality and Performance Committee and through the Integrated Performance Report.

2.12 Learning Disability Mortality Review Programme

The Learning Disability Mortality Review Programme (LeDeR) occurs when a person with a learning disability dies. A review takes place to look at the person's death and the circumstances that led up to the death. Recommendations are made to local commissioning systems regarding changes that need to be made locally to improve services for other people who have a learning disability.

If NWAS attend the death of a patient aged 4 and above who is identified as having a learning disability, the Trust has an information sharing process in place. Staff ring through to the NWAS Support Centre and then this information is shared with Bristol University who are leading on the LeDeR workstream. During 2020/21 NWAS staff raised 25 LeDeR referrals.

Chart 7 – Shows the number of LeDeR reviews that the Trust have been involved with during 2020/2021



2.13 PREVENT

During 2020-2021 the Trust has made 22 PREVENT referrals to the regional anti-terrorism t Feedback has been received for some of the referrals made and this has been sent out to the staff who raised the referral.

NWAS have changed to the national referral reporting form at the request of our Police collec WRAP 3 continues to be delivered to all staff at induction, WRAP 3 is the agreed national tr package for PREVENT. The Safeguarding Manager is an accredited Home Officer trainer for Pr

2.14 Project Emerald

Project Emerald is the title for the safeguarding and digital innovation programme, which has b the planning and development process during the latter part of 2019 -20. This has previously reported on in safeguarding annual reports. The COVID 19 pandemic and the rapid transition from ADAstra to CLERIC in July 2020 have directly affected the progression of this piece of however, assurance can be given that the process is now advancing quickly.

Project Emerald will see a whole system change from the current electronic referral information s system (ERISS) system to the new Cleric system. Phase 1 of the process has been road mapp is due to be completed by June 2021. Phase 1 includes the redesigning of the safeguarding cc forms to reflect safeguarding and early help and the transfer across to the new forms. Until the of transfer, safeguarding/early Help concerns will continue to be raised through the NWAS Si Centre.

The Cleric system will allow for more accurate data collection and reporting, and will allo Safeguarding team to monitor rejections and feedback in a more accurate manner.

Training for the Cleric system is taking place for the Safeguarding Team in May 2021 with dat the Support Centre training to be confirmed for the end of May.

2.15 Child Protection Information Sharing (CP-IS)

Child Protection Information Sharing System (CP-IS) has gone live (successfully) this year with Clinical Hub which deals with the majority of the category 3 & 4 calls. The final part of the roll c be switching CP-IS on within the Emergency Operational Control Centres (EOC) which cov category 1 & 2 calls. Work continues with NHS Digital and NHS England, to find a suitable IT int for this to happen.

Safeguarding flags are being added to the ERISS system to enable call takers to highlight concerned staff at the time of the call. During the year there have been 103 safeguarding flags placed. The flags are placed for example maternity alerts or high risk safeguarding situations.

2.16 Local Authority Designated Officers (LADO)

During 2020/2021, 21 LADO notifications were received into the Trust related to members of staff. LADO notifications are received when a disclosure is received from a professional body, they include the police or health partners. The Safeguarding Manager liaises with the relevant HR Manager and Sector Manager/Head of service in relation to the information, and a risk assessment is completed and actions agreed.

On the rare occasion that a member of staff is dismissed by the Trust HR Managers may not complete a disclosure and barring form.

Allegations against staff may also come into the Trust from other sources and on occasions may come directly into the safeguarding team. It is the responsibility of the receiving member of management to share this information with the Safeguarding Manager. This responsibility is reflected in the allegations against staff policy and will be added to the safeguarding Policy which is due for review in 2021.

2.17 Achievements 2020-2021

- CP-IS was implemented across the Clinical Hub in January 2021. This ensures that all most vulnerable children are flagged to Social Care if they have contact with the Clinical Hub.
- Licences to the virtual machine were granted for all of the Safeguarding Team which means the team have been able to access Redbox remotely. Redbox is the system used to record telephone communications coming into and out of the Trust, including 999 calls and calls to the NWAS 111 service.
- It has been agreed that the safeguarding agenda for NWAS 111 will fall under the core safeguarding team, and funding has been made available for a 4th Safeguarding Practitioner who amongst other responsibilities will assist with the safeguarding agenda within NWAS. This post is expected to be recruited to in Q2 of 2021.
- The work of the Safeguarding Team has not been affected by the COVID 19 pandemic. A high level of work has continued whilst the team have worked from home.
- The Trust is committed to the safeguarding of adults with learning disabilities and are engaged with the LeDeR programme which makes all deaths involving adults with learning disabilities notifiable. The learning disabilities mortality review aims to make improvements to the lives of people with learning disabilities. The LeDeR programme was set up following a recommendation from the CIPOLD, funded by the Department of Health, to investigate premature deaths of people with learning disabilities.

2.18 Ambitions 2020-2021:

- Move to a fully electronic safeguarding concern raising system. Project Emerald will continue and allow for this ambition to be achieved.
- Develop a system for sharing information with schools for children who are identified as being suffering from an adverse childhood experience. The Safeguarding Manager is working with the IT team and the Digital Design forum to develop this innovation.

- To monitor repeat adult concerns and engage with Adult Social Care agencies to offer a h multi-agency approach.
- To develop early help safeguarding contacts with multi-agency partners to allow safegu concerns to reach the appropriate Social Care Teams.
- To introduce safeguarding and early help referral processes, for both adults and childrer
- To recruit a 4th Safeguarding Practitioner.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

The Trust has a statutory duty to comply with:

- The Children’s Act 1989; 2004
- The Care Act 2014
- The Serious Crimes Act 2015
- Mental Capacity Act 2005
- Mental Health Act 1983; 2007
- Deprivation of Liberty Safeguards: Codes of Practice (2008).
- Health & Social Care Act (2008)
- Care Quality Commission’s Registration Standards.
- Modern Slavery Act 2015
- Female Genital Mutilation Act 2003; 2015
- Learning from Deaths Report 2018
- Domestic Abuse Act 2021

4. EQUALITY OR SUSTAINABILITY IMPLICATIONS

There are no equality or sustainability implications within the report.

5. RECOMMENDATIONS

The Board is asked to –

- Note the assurance within this safeguarding annual report 2020/21.
- Approve the onward progression of this assurance report to publication.



REPORT TO BOARD OF DIRECTORS

DATE:	26 th May 2021			
SUBJECT:	Senior Information Risk Owner Report 2020/21			
PRESENTED BY:	Senior Information Risk Owner			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance			
EXECUTIVE SUMMARY:	<p>The Trust has undertaken a programme of work to manage information risk over the past 12 months.</p> <p>DATA SECURITY AND PROTECTION TOOLKIT The final submission deadline for the Data Security and Protection Toolkit (DSPT) has been moved to the end of June 2021. The Trust submitted the baseline at the end of February, the status of the submission is 67 of 111 mandatory evidence items provided. There are two detailed action plans in place for IG and ICT to ensure the evidence is provided for the final submission at the end of the June. Mersey internal Audit have completed a readiness audit which aims to provide assurance based upon the readiness of its intended June submission. The Trust is on track to achieve all mandatory assertions except for the requirement for 95% of staff to complete the data and security awareness training. Work is ongoing to push this percentage as high as possible before submission.</p> <p>The IG team prepared a first draft of a Corporate Records Policy, which went to the Information Management Group. The Trust's internal and external Privacy Notice has also been reviewed and updated. Work is also ongoing for the Asset Owner project. The asset register is now populated on MARVEL and is evolving. Work is underway on the redevelopment of the Trust's Record of Processing Activities</p> <p>DATA BREACHES The trust uses the Datix Incident Report Form to capture data breaches reported by all levels of staff. During 2020/21 a total of 108 breaches relating to information governance were reported. Five of the total number of breaches were reported through a complaint to the data protection officer. Of these, one was externally reported on the DSPT. All externally reported breaches met the criteria for notification to the Information Commissioners Office (ICO).</p>			

The data protection officer also received a total of eight complaints. All complaints have been escalated and the majority have been closed.

DATA PROTECTION IMPACT ASSESSMENTS
 The information Governance Team has dealt with a number of Data Protection Impact Assessments, all of which are at different stages of progress. A total of 16 DPIAs are being progressed by the Information Governance Team, four of which have been approved by ELC. These include 111 Homeworking, Ambulance Data Set, Hemsworth, and Electronic Patient Record (EPR).

The Information Governance team have created a simplified DPIA that has been developed for use with urgent data protection/IT developments during the COVID-19 Coronavirus outbreak. Short Screening Questions have also been developed in conjunction with Procurement to standardize and improve the process.

INFORMATION SHARING AGREEMENTS
 The IG team has reviewed and processed 4 information sharing agreements. 19 agreements have been reviewed and processed for the GP connect program. 11 agreements have come in for the EPR project.

KEY PERFORMANCE INDICATORS
 All Key Performance Indicators (KPI) for Information Governance were met for every quarter.

All data cited in this report is true as of 21/04/2021

- RECOMMENDATION:**
- Take assurance that the Trust has effective systems and process in place to maintain the security of information;
 - Take assurance that an audit will take place to ensure the readiness for the DSPT submission at the end of June 2021.

ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
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PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee	
	Date:	12 th May 2021
	Outcome:	Approved for Board submission

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1.0 PURPOSE

- 1.1** The purpose of this report is to provide the Executive Leadership Team with a summary of the work completed over the past twelve months to manage information risk within the Trust.

2.0 BACKGROUND

- 2.1** Data is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning, and performance management. Information Governance (IG) and data protection is concerned with the way NHS organisations handle information about patients/clients and employees, in particular personal and special category information.
- 2.2** Data protection gives organisations and individuals assurance that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. The programme of work associated with IG in 2020/21 has been progressed through the Trust's Information Management Group and from assertions set out in the DSPT.

3.0 INTERNAL ASSURANCE STRUCTURE

- 3.1** The Information Management Group is chaired by the Trust's Senior Information Risk Owner (SIRO).
- 3.2** The terms of reference and membership were refreshed during 2020/21 following completion of the Management Group Effectiveness Review and Group Self-Assessment facilitated by the Corporate Governance Team.
- 3.3** The Group provides assurance to the Board of Directors via the Resources Committee.
- 3.4** The Medical Director (as the Caldicott Guardian), the Data Protection Officer, and the Deputy Senior Information Risk Owner (DSIR) supports the SIRO with day-to-day information risk management.

4.0 DATA SECURITY PROTECTION TOOLKIT PERFORMANCE

- 4.1** The annual self-assessment against information management standards previously named the Information Governance Toolkit was replaced in April 2018 by the Data Security and Protection Toolkit. The Data Security and Protection Toolkit (DSPT) is designed to provide assurance to the Department of Health of local implementation of the ten data security standards as set out in the National Data Guardian's 2016 review and some elements of the GDPR. There is emphasis on data security leadership and obligations concerning people, processes and technology. The DSPT

assurance will form the basis of CQC inspections within the Well Led Key Lines of Enquiry.

- 4.2** NHS Digital expects organisations to achieve “standards met” in the DSPT which is defined as completion of all 116 mandatory assertions. Organisations’ statuses are published with the aim of providing assurance to working partners and patients of the standard of information management within NHS Trusts.
- 4.3** Due to the current Pandemic caused by COVID 19, the final submission deadline for the Data Security and Protection Toolkit (DSPT) was moved to June 2021.
- 4.4** The Trust submitted the baseline at the end of February, the status of the submission is 67 of 111 mandatory evidence items provided.
- 4.5** There are two detailed action plans in place for IG and ICT to ensure the evidence is provided for the final submission at the end of the June.
- 4.6** Mersey internal Audit have completed a readiness audit which aims to provide assurance based upon the readiness of its intended June submission.
- 4.7** The Trust is on track to achieve all mandatory assertions except for the requirement for 95% of staff to complete the data and security awareness training. Work is ongoing to push this percentage as high as possible before submission.
- 4.8** To ensure evidence is submitted for the final submission the IG team have been working on small projects as detailed below :
- The IG team prepared a first draft of a Corporate Records Policy, which went to the Information Management Group. Work is continuing on this policy built upon the feedback received from this meeting. This policy is being tested alongside the 111 SharePoint project.
 - The Trust’s internal and external Privacy Notice has also been reviewed and updated, providing new and detailed information for staff and patients on how information is used within NWAS.
 - Work is also ongoing for the Asset Owner project. The asset register is now populated on MARVEL and is evolving as the feedback comes in from IAOs, IAAs, and Procurement. IAO/IAAs have completed e- learning training from Exmplar ltd which has been well received. Engagement meetings are being scheduled in with IAO/IAAs to review assets.

Work is underway on the redevelopment of the Trust’s Record of Processing Activities (ROPA). The Information Governance Team have received 22 out of the 25 ROPAs sent out and are currently undertaking a review of the received documentation. An action plan has been created.

5.0 DATA BREACHES

- 5.1** The GDPR became law on 25th May 2018. It introduces a duty on all organisations to report certain types of personal data breach to the relevant supervisory authority.

The Security of Network and Information Systems Directive ("NIS Directive") also requires reporting of relevant incidents to the Department of Health and Social Care (DHSC) as the competent authority from 10th May 2018. The Trust reports both of these types of breach through a new NHS Digital provided web based tool – the DSPT Incident Reporting Tool. Reports are directed to recipients based on criteria such as number of individuals' affected, source of breach and level of harm caused to individuals by the breach.

- 5.2** The Trust uses the Datix Incident Report Form to capture data breaches reported by all levels of staff. During 2020/21 a total of 108 breaches relating to information governance were reported. Five of the total number of breaches were reported through a complaint to the data protection officer. Of these, one was externally reported on the DSPT. All externally reported breaches met the criteria for notification to the Information Commissioners Office (ICO).

6.0 COMPLAINTS

- 6.1** The data protection officer also received a total of eight complaints. All complaints have been escalated and the majority have been closed. One complaint was made regarding the trust process for handling subject access requests. The breaches reported to the ICO required full root cause analysis investigations by investigating officers of the Trust.

7.0 DATA PROTECTION IMPACT ASSESSMENTS

- 7.1** Over the past year, the IG team's focus has been on ensuring that the introduction of new information assets, changes to existing assets and procedures introduce only acceptable levels of information risk. Assessment of risk prior to information processing commencing is the best way to do this. The Trust has introduced a comprehensive assessment which is facilitated by the IG team and involves internal and external stakeholders with knowledge of the information asset and purposes of information processing.
- 7.2** The Information Governance Team has dealt with a number of Data Protection Impact Assessments, all of which are at different stages of progress. A total of 16 DPIAs are being progressed by the Information Governance Team. These include DPIAs of legacy systems such as C3, Cleric, GRS, and Redbox and new systems such as Safecheck, Body Worn Video Cameras.
- 7.3** Four have been approved by ELC. These include 111 Homeworking, Ambulance Data Set, Hemsworth system used by North West Air Ambulance, and Electronic Patient Record (EPR). A DPIA for Skyvault is in its final review.
- 7.4** The Executive Management Team has approved full publication of all data protection impact assessments presented to them demonstrating their commitment to transparency in data processing.
- 7.5** Additionally, many third party contract reviews, Screening Questions, and short screening questions have been completed in 2020/1 to provide further assurance. The third party contract reviews provide assurances on contractual data protection

clauses and ensures specific information is included in the contract to protect the trust and its personal data. Screening questions are part of regular due diligence checks such as checking Privacy Notices, ICO registration, ISO 270001 certifications, and identifies the Information Asset Owner (IAO) and Information Asset Administrator (IAA) of the system/service. The screening questions assess whether a full DPIA is required for the system/service. Short Screening Questions have also been developed in conjunction with Procurement to standardize and improve the process.

8.0 SHORT DPIA during COVID 19

8.1 The Information Governance team have created a simplified DPIA that has been developed for use with urgent data protection/IT developments during the COVID-19 Coronavirus outbreak, so as to not delay the development/deployment of essential services during the pandemic. It has been designed to ensure rudimentary due diligence in line with Data Protection Legislation, to capture and manage any immediate data protection concerns. It does not cover all elements required of a standard DPIA that would be used within a business as usual scenario. If the information processing is to continue after the immediate pandemic has subsided then a full DPIA will have to be completed.

8.2 Seven short DPIAs have been completed. These include: Lateral Flow Testing, Antibody & Asymptomatic COVID-19 testing, Test, Track & Trace, Fit testing, Microsoft 365 Recording functions, CFR Questionnaire, and Survey Monkey for Workforce Questionnaire. One is in progress for vaccinations.

9.0 INFORMATION SHARING REQUESTS

9.1 Information sharing requests are processed via the Information Sharing Gateway (ISG), but not all organisations use the ISG due to cost or resource. Therefore, some requests are still processed via paper. The Information Governance Manager reviews all information sharing requests. The Caldicott Guardian will approve signatory of all paper requests.

9.2 Information sharing requests are processed via the Information Sharing Gateway (ISG), but not all organisations use the ISG due to cost or resource. Therefore, some requests are still processed via paper. The Information Governance Manager reviews all information sharing requests. The Caldicott Guardian will approve signatory of all paper requests.

9.3 19 Information sharing agreements have been reviewed and processed for the GP connect program. The approval of the requests enables the 111 call takers to book a patient an appointment at their GP practice.

9.4 GP Connect is one of the services that is part of the wider Digital Interoperability Platform. The GP Connect service allows GP practices and clinical staff to share GP Practice clinical information and data between IT systems, quickly and efficiently via Application Programming Interfaces (APIs). NHS Digital has been directed under Section 254 of the Health and Social Care Act 2012 by the

Department of Health and Social Care to establish and operate the GP Connect Service.

9.5 The Trust created a Data Sharing Agreement for the ePR project the approval of this agreement is via the information Sharing Gateway, for organisations that are not on the gateway approval is acceptable via email to date there has been an approval of 11 agreements.

10.0 KEY PERFORMANCE INDICATORS

10.1 All Key Performance Indicators (KPI) for Information Governance were met for every quarter. The table below highlights each KPI and the percentage achieved.

10.2

KPI	Target	Q1	Q2	Q3	Q4
Freedom of Information Requests	To respond to 90% of requests within 20 working days.	95% (approx.)	97%	96%	97%
Subject Access Requests	To respond to 85% of requests without undue delay and at the latest, within one month.	100%	99%	97%	97%
Data Protection Requests	To respond to 85% of requests within 40 working days	100% ¹	100% ¹	100% ¹	100% ¹
Data Breaches	To have a 15% reduction in externally reported data breaches and a 15% reduction in reported data breaches.	KPI not agreed	KPI not agreed	External 90% reduction Internal 23% reduction	External 100% reduction Internal 50% reduction

10.3 The Information Governance KPI's gives the Trust assurance that we are monitoring our processes and complying with data protection legislation i.e.: Data Protection Act 2018, UK General Data Protection Regulation 2020 and Freedom of Information Act 2002.

11.0 SUBJECT ACCESS REQUESTS

11.1 The North West Ambulance Service (NWAS), SAR Procedure applies a 28 day time period to enable us to provide the relevant information to the data subject within the one calendar month legal timeframe.

11.2 In 2020/21, Individual Rights received 2,204 Subject Access Requests.

¹ Excluding data from Cheshire and Mersey which was not received.

11.3 There has been an increase in requests that are received by Individual Rights in the last quarter of 2020.

11.4 The result of this is that the IG team has moved from being resilience to the IR Admin whereby they cover in times of absence to being a fundamental part of the SAR/IR Admin process.

11.5 Between, 1st October 2020 up to up to the 31st December 2020 over a 13-week timeframe, the IG Team collated data to analyse the number of full days they have worked on IR. This does not include the Senior Information Governance Officer input into managing and overseeing any assistance for advice when needed.

12.0 LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

12.1 The Trust has a legal obligation to ensure good information governance and compliance with relevant data protection legislation.

13.0 EQUALITY OR SUSTAINABILITY IMPLICATIONS

13.1 None identified

14.0 RECOMMENDATIONS

14.1 The recommendations are to:

- Take assurance that the Trust has effective systems and process in place to maintain the security of information
- Take assurance that MIAA have completed a readiness audit on the DSPT for the final submission at the end of June 2021.

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REPORT TO BOARD OF DIRECTORS

DATE:	26 May 2021			
SUBJECT:	Complaints Update and Annual Report			
PRESENTED BY:	Prof Maxine Power Director of Quality, Innovation and Improvement			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance			
EXECUTIVE SUMMARY:	<p>From 1 April 2020 until 31 March 2021, the Trust has received an average of 112 complaints per month. Comparison data from the same dates within 2019/2020, has shown that there has been a decrease from an average of 168 complaints per month.</p> <p>In terms of closure of complaints, from 1 April 2020 until 31 March 2021, we have closed an average of 111 complaints per month, which has supported the reduction of a backlog that had previously developed.</p> <p>There are currently 214 complaints open in our system, which is an increase from 201 open complaints in September 2020. Of the 214 current open complaints, 80 (37%) are past their due date for closure and are in the backlog. Since January 2021 significant work has gone into reducing the significant complaints backlog that had accrued. The aim is to return to business as usual by the end of Q1.</p> <p>A review has established that the top six most common reasons for complaints throughout 2020/2021 has been:</p> <ul style="list-style-type: none"> • Staff conduct • Care and treatment • Emergency response • PTS journey times • Communication and information • Driving Standards <p>Learning from complaints is vital to a mature just culture where complaints are seen as an opportunity to improve and not to blame.</p>			

RECOMMENDATION:	<p>The Board is recommended to;</p> <ul style="list-style-type: none"> Note that the Safety Management Group that received regular reports on the management of complaints that were reported through the Chair's Assurance report, has been disbanded. A new Patient Safety Sub-committee has convened and will continue the reporting line detailed above. Agree to receive assurance reports bi-annually. Note the work ongoing to reduce the number of open complaints. Be assured that complaints are being managed. Note the risk within the system; this is reflected on the risk register and is closely monitored. 			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Q&P Committee			
	Date:	24 May 2021		
	Outcome:	Unknown		

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1. PURPOSE

The purpose of this report is to assure the Board of Directors Committee that:

- There are systems in place to ensure the Trust is compliant with the requirements of NHS complaints regulations and the Ombudsman's guidance on complaints handling.
- The risks identified for complaints handling are being addressed.
- The improvement aims within the Right Care Strategy are challenging but significant efforts are being made to mitigate issues and deliver POQs.

This report will cover the period from 1st April 2020 up until the 31st March 2021.

2. BACKGROUND

2.1 Our commitment is that whenever possible, we will provide open and transparent resolution to enquiries within 24 hours. Where it is not possible to provide an immediate response, we commit to conducting a fair and proportionate investigation within agreed timeframes.

2.2 The standards we work to are:

- Each complainant has a named individual to co-ordinate their complaint.
- All complaints are acknowledged within 3 working days, in line with legislative requirements.
- The complaint handler agrees a communication plan with the complainant and discusses their concerns with them in full.
- All findings are communicated to enquirers and they can expect to be informed of any learning that has been identified through the investigation.
- Where learning has been significant, enquirers will be provided with the opportunity to share their story through a multi-media approach for the benefit of organisational learning.

2.3 The Right Care Strategy sets out four pillars of quality and in relation to complaint handling the goals are noted below:

Pillars of Quality (POQ)	Target 2020-21
Reduce the overall numbers of complaints per 1000 WTE staff	28 <i>(Per 1000 WTE Staff)</i>
Increase the percentage of severity 1–2 complaints closed within 5 days to 60%	60%
Increase closure within agreed timeframes to 85% for severity 1-3	85%
Increase closure within agreed timeframes to 75% for severity 4-5	75%

3. COMPLAINTS PROFILE

3.1 The overarching goal of the Right Care Strategy in relation to complaints and patient experience has been to reduce the number of complaints received by the Trust by 20% within 2020/2021. Over the last 12 months, the Trust has received an average of 112 complaints per month. In terms of meeting the requirements of the goals within the Right Care Strategy, comparison data from the same dates within 2019/2020, has shown that there has been a decrease from the previous average of 168 complaints per month.

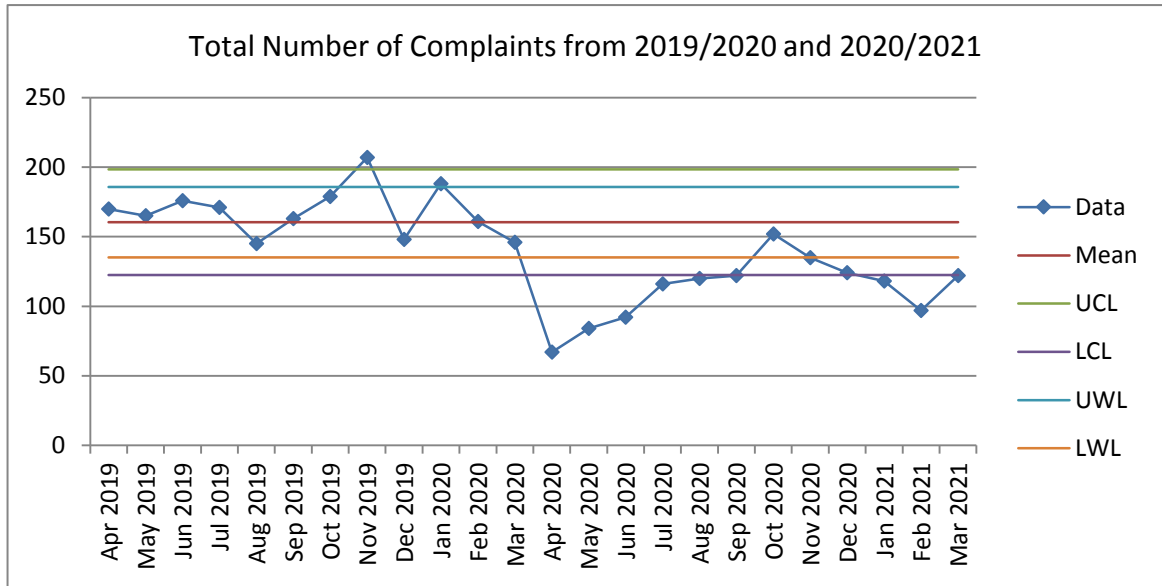


Chart 1: Number of complaints received 1st April 2019 to 31st March 2021

3.2 Level 1 and 2 Complaints 2020/2021:

	Q1	Q2	Q3	Q4	Total
Complaints In	166	254	302	266	988
Complaints Closed	196	177	270	339	982

3.3 Level 3 Complaints 2020/2021:

	Q1	Q2	Q3	Q4	Total
Complaints In	53	66	53	37	209
Complaints Closed	48	56	62	44	210

3.4 Level 4 and 5 Complaints 2020/2021:

	Q1	Q2	Q3	Q4	Total
Complaints In	23	37	56	31	147
Complaints Closed	35	25	33	46	139

3.5 Themes

A review has established that the top six most common reasons for complaints throughout 2020/2021 have been:

- Staff conduct
- Care and treatment
- Emergency response
- PTS journey times
- Communication and information
- Driving Standards

The figures in relation to these themes are below:

Theme/Level	Level 1 Minimum	Level 2 Minor	Level 3 Moderate	Level 4 Major	Level 5 Serious	Total
Staff conduct	48	305	31	6	0	390
Care and treatment	8	188	88	33	12	329
Emergency response	2	72	85	60	35	254
PTS journey times	7	159	1	0	0	167
Communication and information	25	81	4	1	0	111
Driving Standards	34	31	0	0	0	65

Staff conduct complaints account for 29% (390) of overall complaints and the majority of these (90%) were assessed as being minimum or minor in terms of levels of risk.

A further 24% (329) of complaints received are reported to be in relation to care and treatment, and 18% (254) due to emergency response. Further analysis has concluded that care and treatment complaints frequently include a staff conduct element, also that the care and treatment category and staff conduct category are frequently interchangeable.

4. PROGRESS AGAINST RIGHT CARE STRATEGY GOALS

4.1 Within this reporting period, a total of 1,344 complaints were received. Complaints that have been received by telephone or e-mail are automatically provided with a verbal and/or automated acknowledgment at point of contact.

4.2 During 2020/2021, 261 complaints were received by letter which accounts for 19% of all complaints.

4.3 Progress against the 2020/2021 POQ targets:

	2020/21 Target	2020/2021 Actual	Achieved Yes/No
Reduce the overall numbers of complaints per 1000 WTE staff Number of complaints received 2019/2020 = 2013 Baseline per 1000 WTE Staff = 30	20% reduction Target per 1000 WTE Staff = 28	32% reduction (1344) Achieved per 1000 WTE Staff = 15	Yes
Increase the percentage of severity 1 – 2 complaints closed within 5 days to 60%	Q2 target - 30%	Q2 - 43% <i>(Monitored to Q2)</i>	Yes (at Q2)
Increase closure within agreed timeframes to 85% for severity 1-3	Q2 target - 50%	Q2 - 69% <i>(Monitored to Q2)</i>	Yes (at Q2)
Increase closure within agreed timeframes to 75% for severity 4-5	Q2 target – 50% Q3 target – 65% Q4 target - 75%	Q2 achieved – 31% Q3 achieved – 27% Q4 achieved - 19%	No

5. MANAGEMENT OF COMPLAINTS

- 5.1 The MIAA audit for 2020-21 included external incidents that are currently the responsibility of the Clinical Safety team but will migrate to the Patient Safety team during 2021. One recommendation was applicable to the Patient Safety team around restarting Investigation Training. This is already underway via a tender process to identify the most suitable external organisation for delivery which is scheduled to commence during Q2 of 2021/22.
- 5.2 In terms of high assurance, the Committee can be confident there are multiple ways to access the Trust in order to make a complaint including post, e-mail, telephone and through the website. Telephone contact remains the most common method of contacting the trust via a dedicated telephone number. Administrators are responsible for the answering the telephone and responding to callers, and there is also a telephone answering service for when lines are busy or during out of hours.

Complaints continue to be acknowledged within agreed timeframes and complainants always have an assigned contact from the Patient Safety or 111 teams.

The Committee can be assured of the quality of case assessments early in the complaints process. This ensures that complaints are risk scored appropriately, in line with the agreed standards outlined in the procedure. Any member of the team can increase a complaint risk score however a downgrade must be authorised by a manager supported by appropriate rationale.

The Committee can also be assured about the quality of investigations, it is rare for the review of an initial investigation to reveal anomalies in the investigation process. This is supported by the extremely low numbers of complaints referred to the Ombudsman and for findings to arise from those Ombudsman investigations, all Ombudsman investigations are included within the Reportable Events Paper which is submitted to Board every two months.

The Complaints Review Panel convened during Q4 of 2019-20 (supported by a patient representative in order to provide further assurance around our responses to complainants) has been on hold since January 2021 but is due to re-convene during Q2 of 2021/22.

- 5.3 Only moderate assurance can be reported in terms of our timely response to complaints. In mid- January 2021 the number of complaints in the backlog was 150. Since 18 January a new process has been implemented within the Patient Safety team aimed at reducing the backlog whilst maintaining focus on current and new cases. The team has also supported EOC, PTS and PES colleagues to understand their roles in the backlog and implement plans to reduce and return to business as usual. Currently the backlog sits at 80 cases with an ambition to clear this by the end of Q1, 2021/22. A recovery plan paper has been presented at Q&P and ELC and progress will be monitored monthly at ELC.

There are currently 214 complaints open in our system, an increase from 201 in September 2020. Of the 214 current open complaints, 80 (37%) are overdue. The increased focus on reducing our back log of complaints will continue through 2021/2022, and will possibly be impacted upon by the current response to the coronavirus pandemic; the timely response to complaints is reflected within the risk register (ref 2829).

Charts 2, 3 and 4 below demonstrate the improvement of timely closure of both open complaints and decreasing backlog for each of the risk scores.

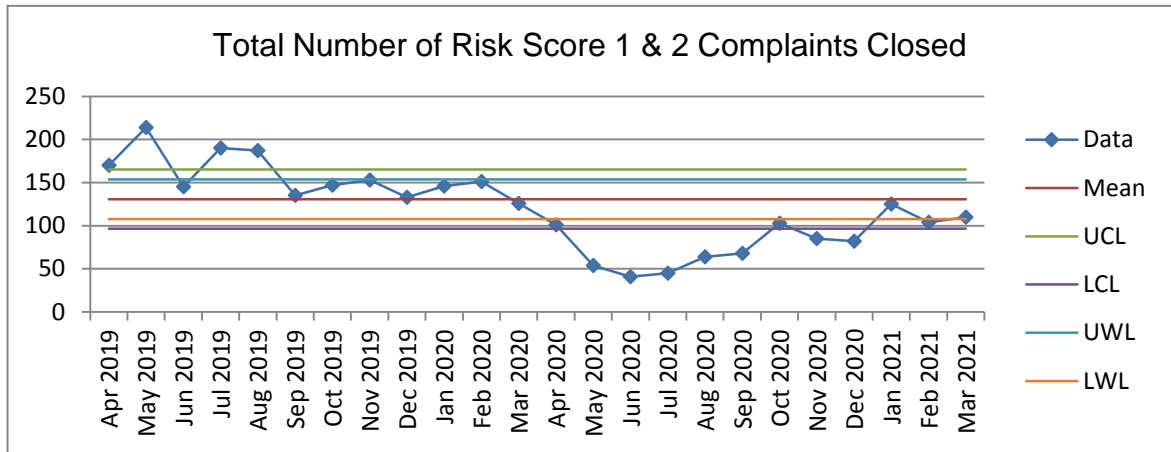


Chart 2: Closed Complaints Risk Score 1&2

Chart 2 demonstrates that during the first wave of Covid-19, when the PHSO stopped the processing of lower level complaints, the numbers closed fell as none were being received. However, once the processing began again the numbers being closed gradually increase.

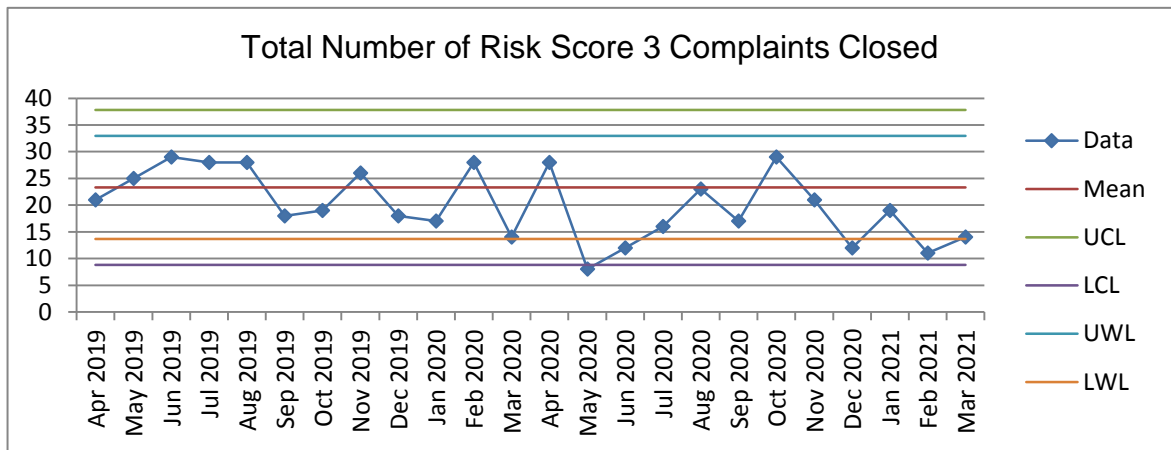


Chart 3: Closed Complaints Risk Score 3

Charts 2 & 3 demonstrate that during the time the PHSO stopped the processing of lower level complaints, focus was instead on closing those complaints at levels 3, 4 & 5.

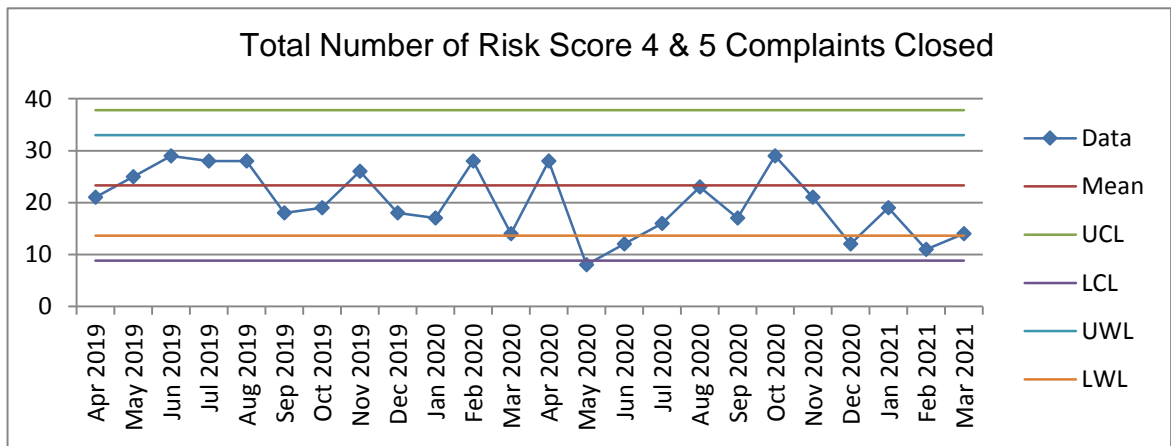


Chart 4: Closed Complaints Risk Score 4&5

6. LEARNING FROM COMPLAINTS

- 6.1 Learning from complaints is vital to a mature Just Culture where complaints are seen as an opportunity to improve and not to blame.
- 6.2 The current NWS Datix system doesn't support the easy recording and analysis of learning and actions, however, work is underway to build the new Datix IQ Cloud modules to facilitate improved recording, analysis and understanding of NWS complaints data.
- 6.3 The table below shows the top ten learning themes from complaints during 2020-21;

Mis-categorisation of 999 calls
Missed ineffective breathing descriptors
Incorrect transport being allocated to PTS journeys
Sub-standard assessments at scene; not taking into consideration past medical history
Communication/Conduct (Including: lack of empathy, attitude, inappropriate language)
Substandard PRF completion
Subsequent calls not handled correctly
Lack of escalation on long wait calls
Resource shortages
Lack of adequate PPE being worn during PTS journeys

- 6.4 The table below evidences some of the actions implemented following lessons learned from complaints:

Changes to EB-NW0034 Meningococcal Disease pathway to ensure that symptoms are recognised and calls are prioritised accordingly
Additional training in identifying ineffective breathing for EMDs, and the development of a task and finish group which has implemented actions to further improve the recognition of ineffective breathing
Within the EOC, the CCD desk has been created to ensure that long wait calls are reviewed by clinicians to safety net patients who have been waiting for a prolonged period of time
Patient Safety Plan implemented in November 2020 which includes clear actions for all staff during varying levels of demand
PTS Third Party providers challenged to improve their service provision in relation to PPE due to an identified trend from enhanced priority patients reporting that PPE wasn't being worn
Duty of Candour procedure reviewed together with a patient's relative to improve experiences for other relatives in the future.

7. SYSTEM IMPROVEMENTS

- 7.1 The Board can take assurance that within 2020/2021 system improvements continued to be identified:
- Further review of the case assessment template.
 - Early work to build the new Datix Cloud IQ modules commenced.
 - Test of change with appropriate low risk complaints being closed at source.
 - Comprehensive review of the Patient Safety Team processes.
 - Comprehensive review of the PES complaints processes and the development of a task & finish group to align and streamline processes and structures across NWS.
 - Collaboration with EOC and PTS colleagues to review and improve complaints processes and structures.

- 7.2 The Board is asked to note that the commitment from all organisational teams continues to have a significant impact on the organisation's ability to respond to reduce the backlog and complaints within agreed timeframes.

8. COMMITTEE REPORTING

The Board is asked to note that the new Patient Safety Sub-committee will receive regular reports on complaints management through the agreed work plan to ensure compliance with the requirements of NHS complaints legislation and the applicable CQC standards; this is reflected in the Chair's Assurance Report. The Board and Executive Leadership Team also receive regular updates through the Integrated Performance Report (IPR) on the complaints profile. The Committee can be assured that there is regular and robust reporting across the Trust.

9. LEGAL and/or GOVERNANCE IMPLICATIONS

Investigating and responding to complaints and queries forms a fundamental part of the management of risk within the Trust. This ensures that staff and patient safety is understood and protected. This is in compliance with the Local Authority Social Service and National Health Complaints (England) Regulations 2009 and CQC standard Responsive 4, responding to complaints.

10. RECOMMENDATIONS

The Board is recommended to:

- Note that the Safety Management Group receive regular reports on the management of complaints which will be reported through the Chair's Assurance report.
- Agree to continue to receive assurance reports bi-annually.
- Note the continued ongoing work to reduce the number of open complaints.
- Note the assurance for parts of the identification and management of complaints.
- Note there are also risks noted within the system; these are reflected on Trust risk registers and are closely monitored.



REPORT TO BOARD OF DIRECTORS

DATE:	26 th May 2021			
SUBJECT:	Medicines Management Annual Report 2020/21 including the Controlled Drugs Annual Report			
PRESENTED BY:	Dr Chris Grant, Executive Medical Director			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance			
EXECUTIVE SUMMARY:	<p>The last year in the NHS has been incredibly busy and highly challenging. The Medicines Team has been at the forefront of the pandemic response. The team have continued delivering against the agreed Medicines Optimisation Strategy, responded to the rapid need to change controlled drug supplier and drove the COVID vaccine management and delivery.</p> <p>The key points of assurance for Board to note are:</p> <ul style="list-style-type: none"> • Three of the four goals for medicines in the Right Care Strategy were fully delivered. • New PGD training, assessment and declaration agreed. Multiple PGDs e-learning packages implemented. Including a COVID vaccine handling package and a general PGD management package. • Several “first in service” PGDs developed and implemented. • Two new medicines implemented. • Achieved excellent assurance regarding paramedic use of PGDs. • Development and approval of business case for digital temperature monitoring system. • Transfer to a new CD supplier. • Development and approval of business case to secure a CD Home Office Licence. • MMQIs for vehicles show lack of compliance with the daily CD checks (CD5) but SafeCheck should provide the operational leads with the ability to monitor this. • MMQIs for ambulance stations CDs developed and implemented. • COVID vaccine handling, delivery and administration. • Recruitment to Lead Pharmacist – Medicines Optimisation and Governance role. 			

	<p>The focus for 2020/21 will be:</p> <ul style="list-style-type: none"> • Working on SafeCheck to deliver enhanced medicines assurance • Embedding new MMQI audits • Obtaining a CD Home Office licence • Complete revision of Medicines Policy, including all associated standard operating procedures. 			
RECOMMENDATION:	<p>The Board:</p> <ul style="list-style-type: none"> • Note both achievements and assurance provided in the report for year 2020/2021 • Note the forward plan for 2021/22. 			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Quality & Improvement Committee			
	Date:	24th May 2021		
	Outcome:	Pending		

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1. PURPOSE

A range of general medicines and controlled drugs (CDs) are stocked and administered to patients across the North West Ambulance Service (NWAS). This annual report seeks to provide assurance, that NWAS is managing its medicines, (including controlled drugs) safely and in accordance with legislation, best practice and NWAS policy and procedures.

2. BACKGROUND

During 2020/21, the NHS saw many challenges due to the COVID-19 pandemic. At the start of the outbreak, the Medicines Team focused on business continuity for medicines supplies for the front line. The business continuity plan was reviewed and updated, risk assessments were put in place and additional stocks of medicines were provided in the event of a Medicines Hub closure. In addition, stocks of medicines were required to support the paramedic emergency service (PES) on the repurposed patient transport vehicles. Throughout the pandemic, the medicines optimisation strategy (as a key element of the Right Care (Quality) strategy) remained in focus. In Q3, the Medicines Team responded to the Trusts controlled drug (CD) supplier serving notice on the service level agreement. Furthermore, this period also required COVID vaccination preparations.

This report provides assurances on all aspects of medicine use by the Trust and shows progress against agreed key objectives. In addition, it shows the ability of the service to remain agile in response to challenges faced.

A review of the recommendations provided in last year's annual report are provided in Appendix 1. This shows that of the 12 recommendations made, 7 were achieved with 4 in progress and 1 delayed. All recommendations that remain in progress/delayed were as a consequence of reprioritisation of the team resource in COVID responding. All will be carried over into 2021/22 work plan.

This report covers:

- 2.1 Medicines Arrangements
- 2.2 Medicines Optimisation Strategy
- 2.3 Monitoring
- 2.4 Policy and Procedures
- 2.5 Medicines Related Incidents
- 2.6 Occupational Health Vaccination Programme
- 2.7 Audit
- 2.8 Medicines Related Risks
- 2.9 Partnership Working
- 2.10 Constraints

2.1 Medicines Arrangements

Medicines Used:

Medicines stocked in NWAS are a mix of controlled drugs (CDs), prescription only medicines (POMs), pharmacy medicines (P) and & General Sale List (GSL). As well as the general medicines formulary, work has been done to provide a medicines formulary for the North West Air Ambulance (NWAA) and the National Ambulance Resilience Unit (NARU). There is now transparency to allow the Medicines Team to support the application of patient safety alerts and patient safety incidents to ensure learning from errors and implementation of any required actions.

The following additions were made to the formulary in 2020/21

- Furosemide injection (general formulary – PES)
- Dexamethasone tablets (general formulary – PES)
- AZ Covid Vaccine (occupational health vaccination programme)

The following removal was made from the formulary:

- Chloramphenicol eye ointment (NARU formulary)

The following change was made to the formulary:

- Midazolam 10mg in 2ml to 5mg in 5ml (NARU formulary)

The addition of Urgent Care Nurses were added to the general formulary with the ability to use specific medicines at NWAS, the 'Medicines Use by Job Role' was updated to reflect this.

One change was made to CDs used by NWAS. Due to a national shortage of Diazemuls injection, NWAS swapped to use of a plain injection. In October 2020, the new Critical Care Paramedics (CCPs) at NWAA were authorised to use the enhanced medicines ketamine and midazolam. The list of the CDs used are detailed in table 1. This table also lists CDs used by NWAA doctors.

Table 1: Controlled Drugs Used

Controlled Drug	Schedule	Profession	Restrictions
Diazepam emulsion 10mg/2ml injection <i>replaced with plain injection when needed</i>	4 (part 1)	Doctor & paramedic	N/A
Diazepam rectal 5mg tubes	4 (part 1)	Doctor & paramedic	N/A
Fentanyl 500micrograms/10ml pre-filled syringe	2	Doctor	NWAA doctor only
Fentanyl 500micrograms/10ml pre-filled syringe	2	Doctor	NWAA doctor only

Ketamine 200mg/20ml	2	Doctor & paramedic	NWAA doctor, consultant, paramedic, advanced paramedic and CCPs only
Ketamine 200mg/20ml pre-filled syringe	2	Doctor	NWAA doctor only
Ketamine 500mg/10ml vial	2	Doctor	NWAA doctor only
Midazolam 5mg/5ml injection	3	Doctor & paramedic	NWAA doctor, consultant paramedic, advanced paramedic and CCPs only
Morphine 10mg in 1ml Injection	2	Doctor & paramedic	N/A

2.1.2 **Medicines Supplies:**

Medicines are received via various routes:

- General medicines are procured from Wirral University Teaching Hospitals.
- CDs were procured from a community pharmacy and during 2020/21, this changed to Lancashire Teaching Hospitals.
- NWAA procures medicines from Lancashire Teaching Hospitals.
- NARU stocks are distributed at a national level and deliveries come via Movianto.

Only the general medicines go through the NWAS Medicines Supply Hub.

A business case was approved by the Executive Leadership Committee in December 2020 for NWAS to apply for its own CD Home Office Licence. This application process is underway and is in line with the Right Care (Quality) Strategy.

2.1.3 **Staffing:**

A review of the Medicines Team staffing was undertaken and approval sought from ELC. The changes to staffing include:

- New Lead Pharmacist for Medicines Optimisation and Governance – recruited to 0.75 WTE and commenced April 2021.
- New Pharmacist for Medicines Optimisation and Governance (bank) – recruited to 0.2 WTE and commenced Feb 2021.
- New Pharmacy Technician – Medicines Governance. Advertised May 2021.
- Two Medicines Performance Facilitators and staff working in the Medicines Supply Hub have moved from the Quality Team to the Medical Directorate. This occurred in May 2021.

Figure 1 shows the previous staffing (as reporting in 2019/20 annual report) and figure 2 shows the current staffing. The Controlled Drug Accountable Officer is Dr Chris Grant, Executive Medical Director and is registered with the CQC for this role. The Chief Pharmacist is the Medication Safety Officer, registered with NHS England.

Figure 1: Medicines/Pharmacy Staff – Previous

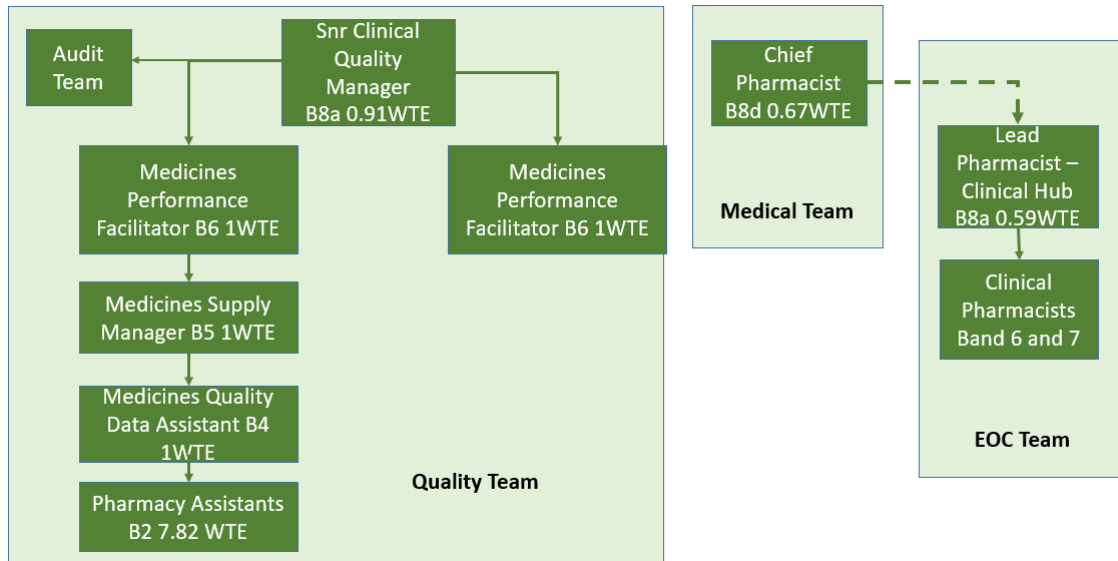
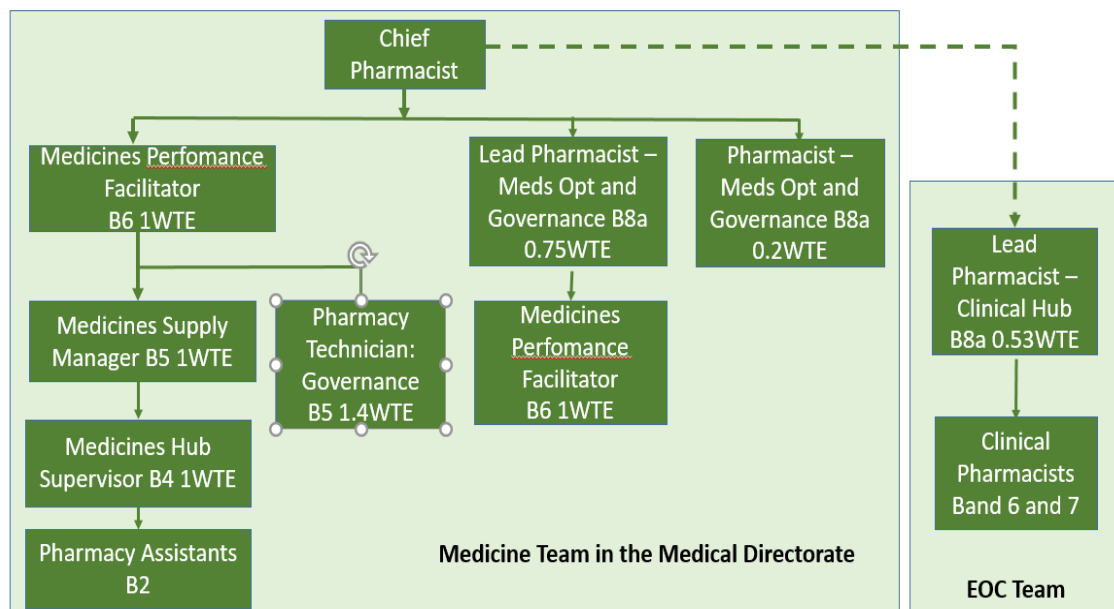


Figure 2: Medicines/Pharmacy Staff – Current



2.2 Medicines Optimisation Strategy

2.2.1 Pledges:

The Medicines Optimisation Strategy forms part of NWS Right Care Strategy. Performance against the pledges and goals is monitored by the Quality and Performance Committee. The Medicines Management Pledges were updated last year and are as follows:

- Barcoding: Our systems for managing stock of medicines will be enhanced through the adoption of barcoding.
- PGDs: Patient Group Directions (PGDs) will be reviewed as appropriate to service development.

- Non-Medical Prescribing : we will set up governance systems to support non-medical prescribing.
- SSHM: Systems and governance of the safe and secure handling of medicines (SSHM) will be reviewed and enhanced including if NWAS should store and supply CDs under licence.
- Incidents: Systems for handling medicine related incidents will be improved.

2.2.2 **Progress against the pledges in 2020/21:**

- **Barcoding**

Delays to implementation occurred due to the COVID-19 pandemic. The barcoding system has proven complex to install, the supplier has not used this technology for managing medicines. The project has not yet delivered the digital tracking of medicines packed and distributed across NWAS. In Q2, the stock management element of automated ordering and receipt was embedded into the Medicines Supply Hub using barcode scanning. Further progress against the packing and distribution of stocks to NWAS sites has not been achieved. A review of the system is currently in the final stages to identify if the product is able to deliver against its intended benefits or if an alternative digital solution is required.

In addition, the barcoding supplier is being engaged to determine if the system can enable NWAS to be compliant with the falsified medicines directive (FMD). However, following the UK leaving the European Union, the 'safety features' elements of the EU Falsified Medicines Directive (FMD, 2011/62/EU) and Delegated Regulation (2016/161) cease to have effect in Great Britain. This means end users will no longer be required by law to verify and decommission unique identifiers on medicine packs. Further information is awaited as to how medicines will be traded safely in Great Britain to minimise the risk of counterfeit medicines.

- **PGDs:**

During the last year, there was significant focus on PGDs by the Medicines Team. All PGDs have been in date throughout the year and available on the intranet and JRCALC Plus. Points to note:

- Tranexamic Acid PGD was updated and renewed.
- Three new PGDs were created for diazepam (rectal), dexamethasone tablets and misoprostol tablets.
- PGDs for midazolam and flumazenil were created for the Covid-19 retrieval service operated by NWAA.
- PGDs for ketamine, midazolam and flumazenil were created for Critical Care Paramedics working at NWAA.
- PGDs for ketamine, midazolam and flumazenil for Advanced and Consultant Paramedics were extended for a further 12 months. This allows a more detailed review of content and develop new e-learning packages to support use.
- Three vaccine PGDs were developed to include two different types of influenza vaccines and the Astra Zeneca Covid-19 vaccine.

Where possible, national PGDs are used in line with the Specialist Pharmacy Service Medicines Governance “Do Once” Programme.

A review of the training, competence assessment and declaration of PGDs was undertaken. The Medicines Team prioritised this work to ensure completion prior to winter pressures and the expected second wave of the Covid pandemic. On 1st July 2020, five new e-learning training packages were launched. All doctors, paramedics and relevant staff in the Medicines Team have completed this. In addition, there were 4 medicine specific packages:

- Tranexamic Acid injection – updated 2020 version
- Misoprostol tablets – new PGD for 2020.
- Diazepam rectal tubes – new PGD for 2020.
- Dexamethasone tablets – new medicine and PGD for 2020.

As of 31st March 2021, paramedics completing all 5 mandatory PGD e-learning modules stood at 98%. For the enhanced medicines (ketamine, midazolam and flumazenil) the compliance was 92%. Absence from work (long term sick leave, maternity leave, etc.) accounts for the non-compliant clinicians.

The PGDs developed for the Covid-19 retrieval service (midazolam and flumazenil) and the PGDs for influenza vaccination expired 31/03/2021 and have now been retired. Information regarding the vaccine PGDs is detailed in section 2.6.

Following a national supply shortage of Diazemuls, a risk assessment was conducted with a recommendation to move to diazepam plain injection without a PGD. This was accepted by the Executive Leadership Committee and endorsed by the Regional Chief Pharmacist. The Ambulance Pharmacists Network sent a letter to the Medicines and Healthcare Products Regulatory Agency (MHRA) on the inclusion of the plain diazepam injection into the legislation. This letter was supported by NASMeD and the MHRA have agreed and passed to NHSE.

The NHS opened a consultation on “Proposed amendments to the list of medicines that paramedics are able to administer under exemptions within the Human Medicines Regulations 2012 across the United Kingdom” in Oct 2020. NWAS provided a response led by the Chief Pharmacist.

Recommendations:

- Review the current enhanced medicines PGDs (ketamine, midazolam and flumazenil) and update as necessary. Implement alongside new e-learning packages.
- Update the PGD policy, separate it out from the current Medicines Policy as a stand-alone document.

- **Non-Medical Prescribing:**

There is no current strategy for the deployment of non-medical prescribers in NWAS, this will be kept under review.

- **SSHM:**

Non-parenteral POMs:

The work required to mitigate risks around the use of non-parenteral POMs has been completed. Whilst NWAS continue to use nebulisers either without a PGD (paramedics) or without clarity in the legislation (EMTs) this has been thoroughly risk assessed. CQC are supportive of the approach taken. EMTs complete an incident report form when they use salbutamol nebuliser solution. This is monitored at MEG where sample audit is received after reviewed by an Advanced Paramedic. No adverse incidents observed. No concerns raised.

CD Record Books for Ambulance Stations:

New books developed and implemented.

Ambulance Station CD Audit:

A new audit was developed, piloted and implemented to monitor compliance of CD regulations at ambulance stations (see section 2.7 for results). Additional training covered lessons learnt from Shipman and Gosport Inquiries and also included whistleblowing, Freedom to Speak Up Guardians, raising concerns and supporting colleagues.

Influenza Vaccine Handling Review:

A review of the handling of the flu vaccine was presented to the MEG in June and the report with recommendations then provided to the NWAS Flu Group. Subsequent changes in how the flu programme operated in the last year were implemented.

Temperature Monitoring:

As a result of recommendations in the influenza vaccine handling review, improved assurance was required on cold chain management. In addition, a risk assessment of the storage of medicines at ambient temperature monitoring was conducted. A business case was developed and ELC approved the purchase of a digital temperature monitoring system. This will support improved compliance with fridge monitoring and the ability to monitor ambient temperatures. The system is used to monitor the NWAA fridge and also those in the Medicines Supply Hub.

CD supply project:

This is a large and complex project with many interdependencies. Progress slowed due to the COVID-19 pandemic. However, at the end of August 2020 our external supplier of CDs served NWAS notice on our contract. The external supply of CDs from Lloyds

Pharmacy to NWS was terminated in Q4 of 2020/21 and a service level agreement was put in place with Lancashire Teaching Hospital. This ensured continued legal supply route for controlled drugs to NWS front line ambulances. A business case was approved by the Executive Leadership Committee for NWS to pursue applying for its own CD Home Office licence. The Medicine Supply Hub underwent building work to install an internal dedicated CD room. Final installations are due in May 2021. The application to the Home Office will be in Q1 of 2021/22 with a target of becoming licensed and commencing with internal CD supply model by Q3.

Safecheck:

Safecheck is now rolled out across NWS for the PES service. All vehicle checks are now conducted using this software, including checks on medicines and CDs. This provides clear visibility of the management of medicines by vehicles. The Medicines Team are working with Safecheck to ensure medicines checks are in place for PTS and staff/manager responders.

Recommendations:

- Investigate using the electronic patient record to support monitoring EMT use of salbutamol nebuliser solution rather than the EMT completing an incident form.

The Chief Pharmacist has registered as the NWS Medication Safety Officer (MSO) with NHSE. This is a requirement for all large healthcare organisations to have a named individual in this role. This is the first time NWS has registered this role..

New Therapeutic Pouch:

As a result of learning from incidents, a new style therapeutic pouch was launched in October 2020. The pouch is a different colour to the existing pouches, which will aid ease of identification and minimise the risk of mistakes.

High strength midazolam:

A review of the medicines held in the mass casualty vehicles (on behalf of National Ambulance Resilience Unit) identified potential for a medicines related never event due to stock holding of high strength midazolam. Discussions by the Chief Pharmacist with NARU led to a national change to the formulary. This change from the high strength midazolam to low strength occurred in Q3 and minimises the risk in the event of a major incident utilisation of these medicines.

Syringe labels/bungs and filter needles:

Financial approval has been received and these will be being implemented in Q1 2021/22.

Security enhancements:

Following the theft of CDs and in support of the CD Home Office Licence application, it has been agreed that all CD safes will be behind two secure access doors. This has led

to some CDs safes within NWAS being moved to facilitate this. When ambulance stations are refurbished/built, a dedicated medicines room with CCTV will be part of the standard build. A trial is currently underway in the Morecambe Bay area to review the benefits of using smart key cabinets. The cabinets provide a digital audit trail for any key accessed and can provide greater security of key management.

Date stamps/change in process:

Due to an incident of mislabelling of an expiry date by the Medicines Supply Hub, date stamps were purchased (so no longer handwritten) and the process amended so whole batch is dated on receipt and a second check implemented.

Updated Flu Vaccinator Proforma:

Amended during the flu campaign to ensure it is clear when a person was over 65 and what alternative action should be taken following a two errors in administering the incorrect vaccination to staff aged over 65.

Raising Concerns poster:

A 'raising concerns' poster highlighting the dangers of substance abuse and CD handling has been placed in all ambulance stations holding CDs.

Recommendations:

- The 'raising concerns' poster to be placed in all ambulance station sites.
- Lessons learnt bulletin to be developed and published.
- Training on Medicines Safety is to be provided to all NWAS feeder universities by the Medicines Team. Currently only one out of 5 receive this training.
- Review of training provided on medicines to all clinical staff and to undergraduate paramedics.

2.2.3 Goals 2020/21:

Expired Medicines:

Goal: Reduce the percentage of medicine pouches with expired drugs remaining in circulation 1 week beyond their expiry date to less than 1%.

The 2020/21 year end position of expired pouches unaccounted for was 192 pouches which is 4.1% of the total pouches in circulation (n=4690), an overall increase of 1.1% in expired and unaccounted for medicine pouches occurred.

This target has not been met.

A number of measures were undertaken to locate the expired medicine pouches and return them to the Medicine Supply Hub. These included:

- Engaging with operational teams to conduct local searches of stations and vehicles.
- Digital enhancements using SafeCheck for the booking on and off of medicines from station to vehicle.
- The use of digital forms for staff responder medicine checks
- Monthly expiry reports issued to operational management teams

A report was provided to MEG and each year there is an agreed tolerance of 1.5% for unaccounted for medicines pouches. This is for the following reasons:

- The medicines are low risk and low cost. This does NOT include CDs where scrutiny has increased and any losses are recorded on an incident form, investigated and reported to MEG, the CDAO and NHSE.
- The current accounting system relies on paper at various points in the process and hence introduces a degree of recording errors.
- NWas holds thousands of medicines pouches required to support patient care across all ambulances and response cars. These are mobile and flow across the whole of the North West.
- A review of the tracking of the pouches shows that they do get identified but there is a time lag. As per table 2, there were 144 pouches reported as unaccounted at the end of 2019/20 which dropped to 30 in subsequent year. Hence, whilst 2020/21 is currently showing at 2.9%, this is expected to decrease to below the proposed tolerance of 1.5%.

There is further work required during 2021/22 to improve the recall and locating of expired medicines. This will focus on work with the Digital Innovation Team to embed Safecheck at an operational level. Monthly reporting on compliance will continue and a quarterly report will be provided for the MEG and area Quality Business Groups to drive performance improvement.

Table 2: Number and % of unaccounted for medicines pouches

Year	Data at 08/04/20		Data at 15/04/21	
	Number	%	Number	%
2017/18	5	0.1	4	0.1
2018/19	29	0.6	24	0.5
2019/20	144	3	30	0.6
2020/21	-	-	134	2.9
Total	144	3%	201	4.1%

Recommendation:

Develop and implement a quarterly expiry date report to MEG and area Quality Business Groups.

Medicines Dashboard:

Goal: Medicines management performance metrics decoupled from bundles, agreed and reported on a monthly dashboard.

This target has been met. Improvements to the medicines performance metrics are now a continuous process.

PGDs:

Goal: % of Patient Group Directions (PGDs) in date each quarter.

This is checked quarterly and reported to the MEG. All PGDs have remained in date. This target has been met.

CD Ambulance Station Audits:

Goal: 80% Controlled Drugs (CD) Station Audits completed every 6 months by the Medicines Team.

36/38 (95%) of ambulance stations were audited in Q3/Q4. This target has been met. This goal has proved challenging due to the competing priorities with the Covid vaccination programme and the CD project in Q3/Q4. Should a CD Home Office Licence be secured, this will be critical hence the increase in staffing in the Medicines Team to support this.

2.2.4 MO strategy: pledges and goals for 2021/22:

The Medicines Management Pledges are:

- Change from: Our systems for managing stock of medicines will be enhanced through the adoption of barcoding to: **Innovation and digital integration of medicines end to end processes.**
- Change from: Patient Group Directions (PGDs) will be reviewed as appropriate to service development to: **Patient Group Directions (PGDs) will be in place where needed with a robust governance framework.**
- Change from: We will also set up governance systems to support non-medical prescribing to: **Support clinical effectiveness of medicines and staff training and development**
- **Systems and governance of the safe and secure handling of medicines will be reviewed and enhanced including whether NWS should store and supply controlled drugs under licence.** No change.
- **Systems for handling medicine related incidents will be improved.** No change.

The goals for 2021/22 are as follows:

Goal	Q1	Q2	Q3	Q4
NWAS to possess a controlled drug Home Office licence	Preparation to apply for the licence	Apply for the licence	Develop SOPs for implementation	NWAS CD HO licence and Medicines Supply Hub holding CDs.
100% of CD Station Audits completed every 6 months by the Medicines Team	50%	100%	50%	100%
Medicines management performance metrics updated	Ambulance station MMQIs live	Vehicle MMQIs developed	Vehicle MMQIs piloted	Ambulance station and vehicle MMQIs live
100% of Patient Group Directions in date	100%	100%	100%	100%

2.3 Monitoring:

2.3.1 Stock Management:

A report on stock management by the Medicines Supply Hub is provided quarterly to the MEG. This monitors any medicines out of stock and any MHRA medicine recalls and action taken.

Links between the Regional Procurement Pharmacist, the Medicines Team and the NWAA/NWAS Senior Leadership Team support good stock management.

2.3.2 General Medicines Financial Costs:

The total spend on general medicine stocks for 2020/21 totalled £427,000. In addition, there is a £30,000 service fee to Wirral University Teaching Hospital who supply the medicines. This figure is comparable to 2019/20 (£421,000) and less than 2018/19 (£429,000). During 2020/21, additional medicines were purchased to support the Covid response and to ensure business continuity planning totalling £14,000

This does not include spend on medicines for NWAA (as these are charged to the NWAA budget) nor NARU medicines which are provided free of charge from NHSE.

2.3.3 Controlled Drug Ordering Monitoring:

The Medicines Supply Hub cross checks any CD orders the previous 2 weeks for all vehicle and also checks the paramedic is authorised to order the CDs. The Medicines Team is liaising with the Electronic Patient Record team to establish standard reports on CD usage.

NWAS currently provides no oversight of the CD use by NWAA which are procured separately to NWAS.

2.3.4 Controlled Drug Supplies:

The volume of CDs being ordered does not represent the amount of CDs used as some will be expired or damaged. A jump in the amount supplied could be due to a batch of a CD expiring and not representing increased usage. The Electronic Patient Record (EPR) will enhance the ability to provide assurance on appropriate use of CDs alongside the use of Safecheck.

Table 3 shows the volume of CDs dispensed to NWAS by Lloyds Pharmacy during 2018/19 and 2019/20 and then by Lloyds Pharmacy/Lancashire Teaching Hospitals in 2020/21.

Due to the closure of Lloyds Pharmacy branches, MEG agreed to overstock all PES vehicles with additional morphine to ensure stocks were sustained over the November to January period. In addition, whilst there appears a reduction in overall morphine supplies to NWAS for 2020/21 compared to previous years, the Covid pandemic year must be taken into account.

Table 3: Comparison of CD supplies from 2018/19 to 2020/21

Controlled Drug Supplied	2018/19	2019/20	2020/21	Variation +/- 2019/20 to 2020/21
Morphine Sulphate 10mg/1ml Ampoules	46880	41950	36850	-5100
Diazemuls 10mg/2ml Ampoules	6640	9720	760	+980
Diazepam 10mg/2ml Ampoules	0	0	9940	
Diazepam 5mg Rectal Tubes	5385	6440	6960	+520
Ketamine 200mg/20ml Injection	91	120	144	+24
Midazolam 5mg/5ml Ampoules	150	190	260	+70
Total	59146	58420	54914	-3506

2.3.5 Controlled Drug Financial Costs:

Table 4 shows the financial value of the CD stock purchased. This is the cost for the stock supplied and does not include additional service fees charged for this contract. In 2020/21 it totalled £26,543, in 2019/20 it was £34,279 and in 2018/19 £25,603.

Controlled Drug Supplied	Value of Units exc VAT)	Value of Units (inc VAT)
Morphine Sulphate 10mg/1ml ampoules	£30,259.66	£36,311.59
Diazemuls 10mg/2ml ampoules	£687.80	£ 825.36
Diazepam 10mg/2ml ampoules	£5795.39	£ 6,954.47
Diazepam 5mg Rectal Tubes	£8141.52	£9,769.82
Ketamine 200mg/20ml Injection	£793.83	£952.60
Midazolam 5mg/5ml ampoules	£191.08	£229.30
Total	£45,869.28	£55,043.15
Total minus morphine rebate *		£26,543.15

Table 4: Controlled drugs supplied to NWS by LloydsPharmacy and Lancashire Teaching Hospital 01/4/20 – 31/3/21. Source Lloyds monthly management reports and LTH Invoices.

*NWS has a non-contractual agreement with Martindale Pharmaceuticals (the manufacturer of the morphine sulphate that NWS procures) to rebate the cost per unit to the agreed NHS price. Lloyds are a non NHS organisation and therefore, cannot access the same pricing structure agreed nationally for NHS organisations procuring medicines. The rebate for 2020/21 totalled £28,500 inc VAT. Lancashire Teaching Hospitals can access the NHS contract prices for all medicines so a reduction in CD spend is anticipated.

2.3.6 Medicines Waste:

The overall cost of the medicines wasted in 2020/21 was £80,800. In 2019/20 it was £64,798 (note this excludes Q1 data as it is not available) and in 2018/19 it was £188,180. Figure 3 shows that the main reason for medicines waste was expired stock.

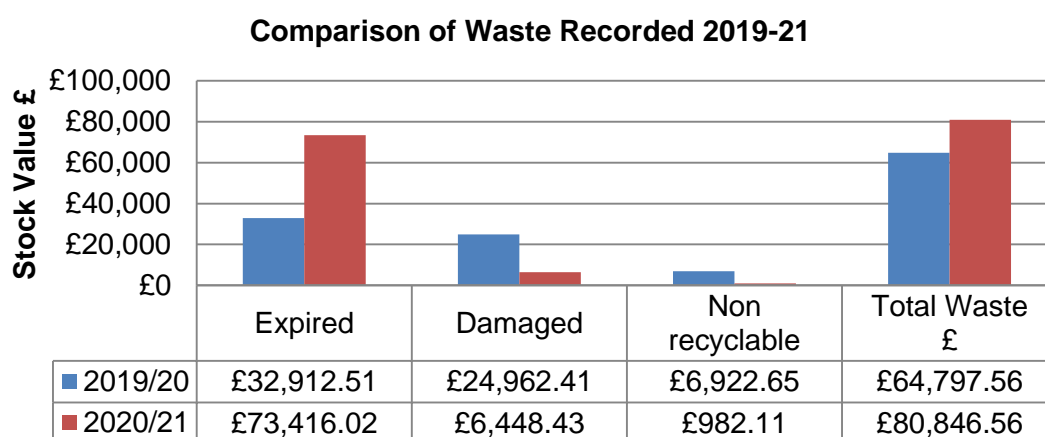


Figure 3: Comparison of Waste Recorded 2019-21

The medicine with the highest damage cost (£5,271) was amiodarone syringes, which is a significant improvement compared to 19/20 when it was valued at £20,100. Replacing

prefilled syringes with ampoules has resulted in damage and non-recyclable waste values dropping significantly as the volume of amiodarone syringes in circulation decreases. A reduced level of waste of adrenaline pre filled syringes was also noted. The brand was also switched and this has resulted in less waste due to better packaging.

2.4 Policies and Procedures

2.4.1 NWAS has a Medicines Policy and this was updated and approved May 2019. The General Medicines and Controlled Drug (CD) Standard Operating Procedures Toolkit were both updated and approved Nov 2019. A review of the Medicines Policy is required and this is in plan for 2021/22.

2.4.2 Recommendation:

- Review and update the General Medicines and CD standard operating procedures.

2.5 Medicines Related Incidents

2.5.1 General Incident Management:

Medicines related incidents should be reported on the Trust incident reporting tool, DATIX. These incidents are viewed by the Medicines Team at the time they are reported. They provide expert support to the operational team for any investigation or follow up. A quarterly report is provided to the MEG. All level 3 incidents and above have additional narrative information provided. The CD related incidents are also submitted monthly to NHS England with level 3 or above incidents being reported within 48 hours. The Medicines Team has a dedicated email address, where any concerns around the use of CDs within NWAS or in the wider health economy, can be escalated. Awareness of how to report concerns about CDs have been increased with the use of posters close to all NWAS station CD safes. If an incident is reported that has occurred outside of NWAS these are followed up by the Medicines Team with the relevant personnel, primarily the Medicines Safety Officers for hospitals and the Community Pharmacy Contract Leads for community pharmacies, and recorded in DATIX. Importantly, the incidents reported show a good reporting culture across NWAS.

2.5.2 Controlled Drug Incidents:

CD incidents are much reduced compared to last year (296 compared to 359). CD damage reports are also down by 43% (n=55). This is likely due to issuing of a bubble wrap sleeve and a change in packaging presentation causing less diazepam to be crushed in the medicines pouch. Table 5 shows a breakdown by type of incident. Figure 4 shows a comparison between the types of incidents for this year compared to last. This chart shows an increase in CDs reported missing however during 2020/21 CD record books were introduced to CD safes on ambulance stations by the Medicines Team. This requires a daily check to take place and be documented and when there is a discrepancy, an incident form is required. These are then followed up and it is usually found that a CD pouch has been taken out for use on a vehicle and not documented. The 'missing' CD is tracked and the records updated accordingly. The 2 reported incidents of suspected misuse involved external parties and reported accordingly.

Controlled Drug Incident Breakdown by Area 2020/21							
Datix Subcategory	CL	CM	GM	HART	NWAA	EOC/111	TOTALS
CD Administration Error	2	2	3	0	1	0	8
CD Adverse Reaction	1	0	1	0	0	0	2
Any Other CD problems	15	12	10	0	1	0	38
CD Damaged	16	21	31	2	2	0	72
CD Missing	9	9	10	0	1	0	29
CD Safe Access Problem	5	3	5	0	0	0	13
CD Stock Problem	6	13	8	0	1	0	28
CD Documentation Error	35	33	35	1	0	0	104
Suspected Misuse	1	0	1	0	0	0	2
Total	90	93	104	3	6	0	296

Table 5: CD incident types reported per area 2020/21

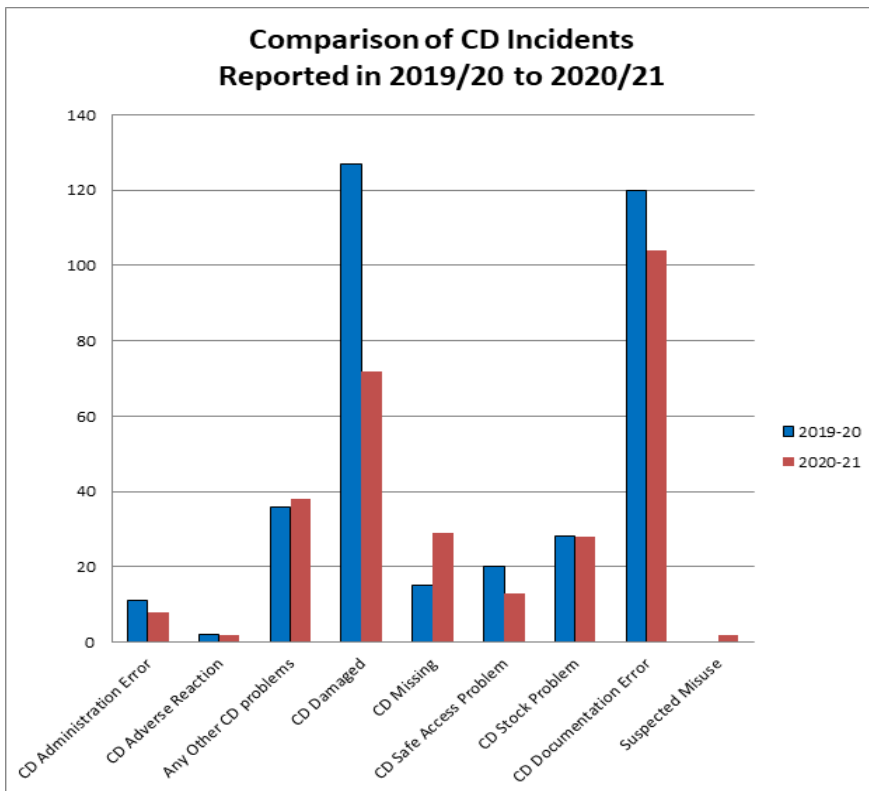


Figure 4: Comparison of CD incidents reported in 2019/20 and in 2020/21.

There have been zero 'Never Events' reported. There have been 38 level 3 incidents and three level 4 incidents. The level 4 incidents are:

- Patient, following resuscitation, received morphine outside of JRCALC guidance and midazolam outside of PGD remit. Investigation ongoing.
- CDs stolen from a vehicle. A police investigation has been completed.
- A child administer morphine outside of JRCALC guidance. A review is underway.

In addition, cases of unresolved missing CDs are detailed as:

- Theft (and non-recovery) of an NWSAS vehicle containing medicines including CDs. Police involved. A review has been commenced.
- Diazepam stolen from a seizure pouch by member of the public. Police involved and individual charged with theft.
- Minor incidents:
 - Q1: 2 x single vials of diazepam
 - Q1: 1 x single vial of morphine
 - Q2: 2 x single ampoules of morphine.
 - Q2: 1 x 3 diazepam rectal tubes.
 - Q4: 1 x single ampoules of morphine

General Medicine Incidents:

There has been a similar level of general medicine incidents occurring in 2020/21 compared to the previous year. Table 6 shows a breakdown by type of incident and figure 5 shows a comparison between the types of incidents for this year compared to last year. There is a decrease in administration errors and an increase in missing medicines reported. The Medicines Team follow up the missing medicine incidents reports. The vast majority of reports are for single items such as a single nebule of salbutamol that will have been entered onto a PRF but not entered onto the medicine pouch paperwork. This is then noted when the next crew perform daily checks and the pouch balance is reported as incorrect with an item missing. If there are any repeated reports of the medicines being missing from the same station, these are investigated. There has been one such investigation involving paracetamol infusion and measures have been put in place with the operational team to manage this.

Table 6: General medicines incidents reported 2020/21

General Medicine Incident Breakdown by Area 2020-21							
Datix Subcategory	CL	CM	GM	HART	NWAA	EOC/111	TOTALS
Administration Error	13	10	29	0	0	0	52
Adverse Reaction	0	1	2	0	1	0	4
Documentation Error	10	11	13	0	0	0	34
Medicines Damaged	1	5	3	1	1	0	11
Medicines Missing	19	21	18	0	1	0	59
Stock Problem	7	11	4	0	0	0	22
Suspected Misuse	0	0	0	0	0	0	0
Procedural Complication	6	9	7	0	1	0	23
Inappropriate Clinical Advice	1	0	0	0	0	0	1
Total	57	68	76	1	4	0	206

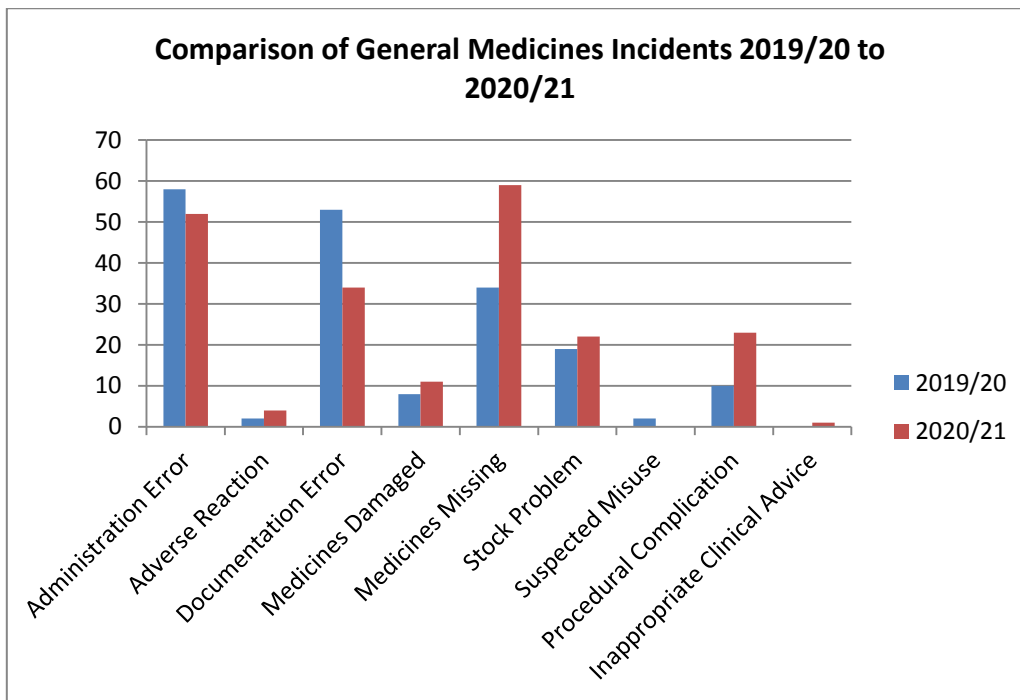


Figure 5: Comparison of general medicine incidents reported 2019/20 to 2020/21

There were zero 'never events'. There have been 20 level 3 incidents and one level 4 incidents.

2.6 Occupational Health Vaccination Programme

2.6.1 Influenza Vaccination

A review of the 2019/20 flu vaccine handling was provided to MEG and then the Flu Group with recommendations made. For the 2020/21 programme, an updated influenza vaccine PGD was developed and two new NWS e-learning and assessment packages put in place. Our training was assessed to ensure it was in line with the "National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners" (PHE, 2018). A second influenza vaccine PGD was then developed. Vaccination took place at a more rapid pace this year due to the need to move onto the Covid vaccination programme. A review of the flu vaccine handling in 2020/21 is underway.

2.6.2 Covid Vaccination

The UK approval for use of Covid vaccines and roll out of an ambitious vaccination programme created a considerable volume of work.

A Covid Vaccination Cell was established and Chief Pharmacist was nominated as Co-Chair. On December 18th 2020, stocks of the Covid19 Astra Zeneca vaccine arrived at NWS. A Covid Vaccination Hub on an NWS site was live with a 2 weeks' notice period. A PGD was approved in addition to a new vaccine policy, numerous SOPs to enable effective corporate and professional governance for the handling of the vaccines. The Hub was highly effective and efficient. It delivered a high quality and safe service. NWS

delivered nearly 4,000 doses of the vaccine at the Broughton Vaccination Hub, which closed on 4th May 2021.

Recommendation:

- Review of flu vaccine handling in 2020/21.
- Review of Covid vaccine handling in 2020/21.

2.7 Audit

2.7.1 Medicines Management Quality Indicators - Vehicles:

All vehicles that hold a stock of medicines should be subject to a monthly audit. This ensures compliance against the quality indicators designed to provide assurance that they are being managed in accordance with procedure and legislation. During 2020/21, there was compliance with all 5 general medicine audit measures and 5 out of 6 of the controlled drug measures. The measure requiring improvement is CD5, the daily CD check. The performance with this measure from April 2018 to March 2021 is displayed in figure 6 showing a slow but gradual improvement. Compliance over the last 12 months has shown to fluctuate but in general has maintained at the same level as the previous year.

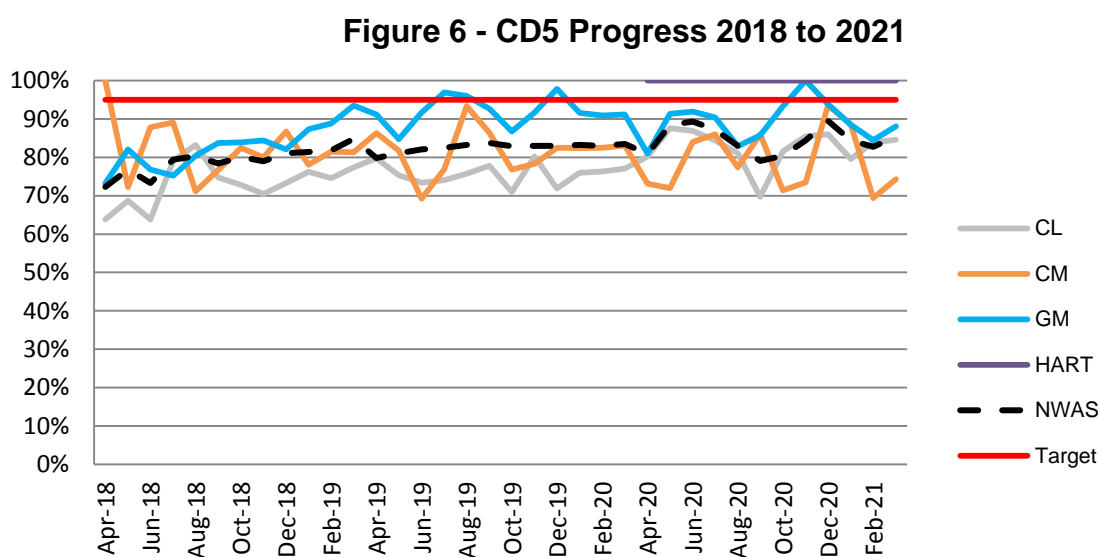


Figure 6: Progress with compliance with daily CD checks since 2018.

(Note: Q4 was a REAP 4 period)

Work in progress includes:

- Change to the indicators.
- Aim to audit all vehicles carrying medicines on a quarterly basis.
- Developments to Safecheck to include the recording of daily CD checks. This allows managerial oversight of vehicles requiring a CD check to be conducted.

Figure 7 - % of Vehicles Audited for MMQIs per Area - 2020/21

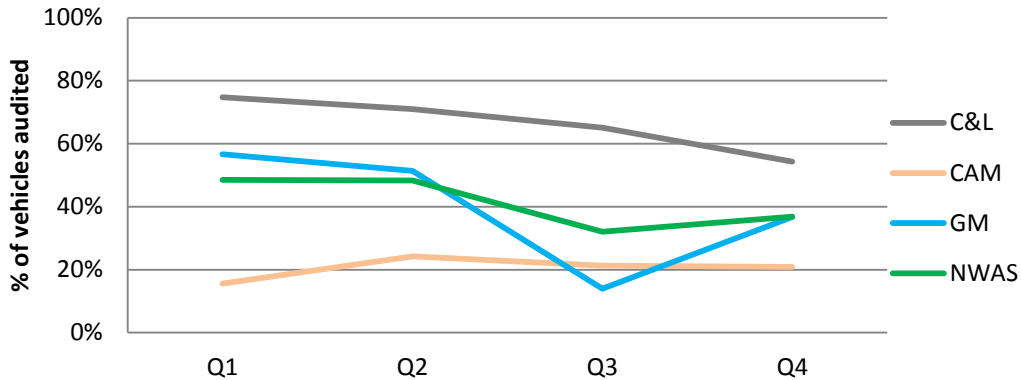


Figure 7: % of Vehicles Audited for MMQIs per Area - 2020/21

2.7.2 Ambulance Station Controlled Drug Audit Compliance (MMQIs):

These are new MMQIs for ambulance stations and were introduced in Q3. In Q3/4 36/38 ambulance stations were audited by the Medicines Team. This included NWAA and HART. Figure 8 below shows that overall, NWAS achieved 100% in 5/10 MMQIs, another 2 met the 90% target. CD7 (failure to action discrepancies) reached 83%. CD8 (conducted a weekly stock check) was only 24% and CD6 (conducted the daily stock check) was only 19%. This resulted in action plans for the daily and weekly stock checks and are focus of improvement work.

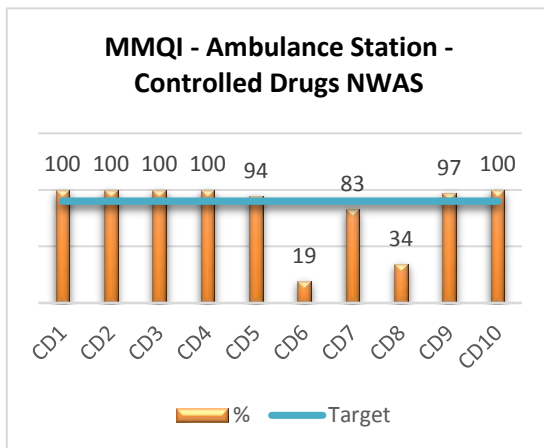


Figure 8: MMQI – Ambulance Station – Controlled Drugs NWAS

2.7.3 PGD Management Audit by MIAA:

An audit report was provided by MIAA in 2019. The final actions were completed in Q3 and the action plan closed and approved by the Audit Committee.

2.7.4 Events CD Management Audit by MIAA:

An audit report was provided by MIAA. All actions were completed and the action plan closed and approved by the Audit Committee.

2.8 Medicines Related Risks:

A risk register report is provided to the MEG quarterly and progress monitored. Risks surrounding PGDs and the MIAA audit report were all closed. Risk areas still under review:

- CDs and Home Office licence
- Ambient storage of Medicines in Ambulance Stations
- Non-Parenteral POM administration

2.9 Partnership Working:

The Medicines Team continues to link in with the following groups:

- CD Local Intelligence Networks
- NW Medicines Safety Officers Network
- NW Chief Pharmacist's Network
- NW Chief Pharmacy Technician's Network
- Ambulance Pharmacist's Network (APN)
- Specialist Pharmacy Services (includes experts in procurement, quality assurance and medicines information).

New for NWAS in 2020/21:

- Chief Pharmacist has been invited to join CD national sub-group.
- Ambulance Pharmacy Technicians Network ToR has been agreed by the APN and network established.
- Chief Pharmacist has been invited to join NW Pharmacy Leaders Group
- Chief Pharmacist attends the Regional Clinical Quality Assurance Committee.

Support to other providers NWAS work with:

- NWAA – The Medicines Team link in with the NWAA senior team regularly and integrate NWAA into the medicines systems and processes wherever possible.
- Merseyside Police – NWAS provide clinical governance
- NW Basics – advising individual clinicians on CD access.

2.10 Constraints:

The following are some of the constraints to optimising medicines within NWAS:

- Lack of space for staff and for medicines at the Medicines Supply Hub. It is anticipated that a new Preston Ambulance Station will have provision for the hub.
- Lack of capacity within the Medicines Team. As recruitment progresses, this will improve.
- Covid Vaccination Programme has been an immense demand on the time of the Medicines Team. A plan for the staffing resource required to operate the vaccination programmes is required and will need dedicated clinical support.

- Roll out of electronic patient records limits ability to initiate standardised reporting. However, there are plans for this to be live by Q2.

3.0 Summary

The last year in the NHS has been incredibly busy and highly challenging. The Medicines Team has been at the forefront of the pandemic response. The team have continued delivering against the agreed Medicines Optimisation Strategy, responded to the rapid need to change controlled drug supplier and drove the COVID vaccine management and delivery.

The key points of assurance for Board to note are:

- Three of the four goals for medicines in the Right Care Strategy were fully delivered.
- New PGD training, assessment and declaration agreed. Multiple PGDs e-learning packages implemented. Including a COVID vaccine handling package and a general PGD management package.
- Several “first in service” PGDs developed and implemented.
- Two new medicines implemented.
- Achieved excellent assurance regarding paramedic use of PGDs.
- Development and approval of business case for digital temperature monitoring system.
- Transfer to a new CD supplier.
- Development and approval of business case to secure a CD Home Office Licence.
- MMQIs for vehicles show lack of compliance with the daily CD checks (CD5) but SafeCheck should provide the operational leads with the ability to monitor this.
- MMQIs for ambulance stations CDs developed and implemented.
- COVID vaccine handling, delivery and administration.
- Recruitment to Lead Pharmacist – Medicines Optimisation and Governance role.

The focus for 2020/21 will be:

- Working on SafeCheck to deliver enhanced medicines assurance
- Embedding new MMQI audits
- Obtaining a CD Home Office licence
- Complete revision of Medicines Policy, including all associated standard operating procedures.

Appendix 2 contains all the recommendations made in this report in one list.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

This report demonstrates a robust approach to governance and development of systems to monitor how medicines are managed.

5. EQUALITY/SUSTAINABILITY IMPLICATIONS

None Identified

6. RECOMMENDATIONS

The Board:

- Note both achievements and assurance provided in the report for year 2020/2021
- Note the forward plan for 2021/22.



CHAIRS ASSURANCE REPORT

QUALITY AND PERFORMANCE CHAIRS ASSURANCE REPORT

Date of Meeting:	26 th April 2021	Chair:	Prof Alison Chambers, Non-Executive Director
Quorate:	Yes	Executive Lead:	Dr C Grant, Prof M Power, Mr G Blezard
Members Present:	Mr R Groome Dr D Hanley Prof R Thomson Mr G Blezard Prof M Power Ms A Wetton Dr C Grant Prof A Esmail	Key Members Not Present:	None

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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



Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework (BAF)	<ul style="list-style-type: none"> Received the Opening Position of the BAF Strategic Risks for Q1, 2021/22. Opening assurances noted for the revised strategic risks SR01 and SR03. Noted the outstanding actions in progress or not completed from Q4 2020/21 and included in the BAF Opening Position for 2021/22. Acknowledged that a review of the four Strategic Risks would be undertaken following review of the Planning Guidance and further commentary and gaps in control measures would be identified during Q1. 	<ul style="list-style-type: none"> Noted the assurance provided. 	
Integrated Performance Report (IPR)	<ul style="list-style-type: none"> 999 call pickup in 5 seconds performance had been consistently above 98% with most weeks over 99%, although the end of the month dipped to around 93%. PES met ARP response times for C1 90th Percentile and C3 mean and although improvement had been seen since January in all measures, there was a notable deterioration in the last 3 days of March. Noted ARP response times related to C4 waits. 	<ul style="list-style-type: none"> Noted the ARP performance in relation to response time. Agreed a deep dive during 2021/22 into long waits and resource. 	

Key	
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	<ul style="list-style-type: none"> • Discussed the link between resources and response times and a deep dive suggested to understand local intelligence across the geographical areas. • 111 performance in March broadly similar to that of the previous three months. • Noted the pressure on 111 service related to increased calls regarding Covid-19 vaccination safety concerns and reported that NHS pathway had been introduced. 		
<p>Community First Responder (CFR) Assurance Report Q4</p>	<ul style="list-style-type: none"> • A total of 30,359 CFR's had signed on per month across the North West, with a significant contribution to managing the pressures of the pandemic. • In terms of monthly figures, it was noted that 121,436 total hours of volunteer support had been provided over the same period. • Further funding for the service had been received from NHS Charities Together and the Legacy of the Captain Sir Tom Moore fund, monies would be used to recruit and enforce community engagement officers. 	<ul style="list-style-type: none"> • Noted the assurance provided. 	
<p>Mandatory Commander Training (Verbal report)</p>	<ul style="list-style-type: none"> • A verbal update provided latest position in respect of Commander Mandatory Training. 	<ul style="list-style-type: none"> • Noted the assurance provided. 	

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	<ul style="list-style-type: none"> • There had been an extension of standards by the Governing body with training to include learning from the MEN Enquiry. • Future mandatory training updates and progress against targets would be provided via the EPRR Sub Committee Chairs Assurance Reports to the Quality and Performance Committee. 		
Covid-19 Nwas Outbreak Update	<ul style="list-style-type: none"> • An update stated the Trust had no outbreaks currently open, and 2 escalation sites where additional measures and support were in place had also been closed. • There had been some non-compliance regarding mask wearing and social distancing continued. • There were three risks scored 12 and above associated with outbreaks which were being managed through the IPC Sub Committee. • IPC Audits continued, however demand on resource was noted and the IPC Annual Report would be presented to the next Quality & Performance Committee meeting for further discussion and assurance. 	<ul style="list-style-type: none"> • Noted the assurance provided. 	
CQC Inspection Action Plan Update	<ul style="list-style-type: none"> • The Committee received an update on the progress made against the Trust's CQC action plan. 	<ul style="list-style-type: none"> • Noted the assurance provided. 	

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	<ul style="list-style-type: none"> • 3 outstanding Should Do actions relating to Operations were complete. • Committee advised future monitoring of the actions taken to ensure they continued to be addressed as required. 		
Recovery Plan; Complaints and Incidents	<ul style="list-style-type: none"> • Noted the progress and actions implemented by the Patient Safety Specialist and team to address the backlog of closed complaints. • Actions included a review of processes and structures to streamline workload and workload of the team. • Over 11 weeks the complaints backlog has reduced by more than 50% and the team are working closely with EOC, PES and PTS to provide support, where their input into a complaint is slowing progression. • A Task and Finish Group has been established for additional focus. • Expected to clear service line backlog by the end of April 2021. 	<ul style="list-style-type: none"> • Noted the assurance provided. 	
Clinical Audit Plan 2021/22	<ul style="list-style-type: none"> • The Medical Director presented the Clinical Audit Plan for 2021/22 and confirmed that the plan would be reviewed and adjusted, where necessary, to accommodate national and local audit requirements. 	<ul style="list-style-type: none"> • Noted the assurance provided. 	

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	<ul style="list-style-type: none"> Noted that regulatory and thematic audits were also conducted within the improvement team and the two teams were working closer together to ensure that thematic reviews were considered alongside evaluation of data. 		
Clinical Effectiveness Management Group - Annual Report and Terms of Reference	<ul style="list-style-type: none"> Received the Annual Report and findings from the Effectiveness Review. Standardisation of reporting and work plan items to be reviewed. Terms of reference to reflect revised membership and reporting arrangements to align to the Patient Safety Sub Committee and Health, Safety and Security Sub Committee. The Committee acknowledged the hard work of the Group during 2020/21 and the continuation of meetings despite operational pressures. 	<ul style="list-style-type: none"> Noted the assurance provided. 	
Non-Clinical Learning Forum – Terms of Reference and Annual Report	<ul style="list-style-type: none"> The Chair of the Non-Clinical Learning Forum advised that two areas for improvement had been identified following review of the effectiveness during 2020/21. To improve the format and use of directorate learning tracking systems and undertake an annual thematic analysis of learning. 	<ul style="list-style-type: none"> Noted the assurance provided. 	

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	<ul style="list-style-type: none"> The Terms of Reference membership reviewed to reflect updated and appropriate staff representation. The work and dissemination of learning by the Forum during 2020/21 was endorsed by the Committee. 		
Safety Management Group Annual Report	<ul style="list-style-type: none"> Reported that the Safety Management Group had met its remit and function during 2020/21. The Terms and Reference were not reviewed as the Group would be disbanded during 2021/22 and replaced with two new sub committees to provide a focus on Patient Safety and Health, Safety and Security. 	<ul style="list-style-type: none"> Noted the assurance provided. 	
Refreshed Sub Committees 2021/22 – Terms of Reference and Work Plans	<ul style="list-style-type: none"> The Committee acknowledged the changes to the integrated governance structure, reported to Board of Directors on 31st March 2021. The new Sub Committees aligned to the Quality and Performance Committee included Patient Safety; Health Safety and Security; IPC; Non-Clinical Learning Forum and a new Emergency, Preparedness, Resilience and Response (EPRR) Sub Committee. 	<ul style="list-style-type: none"> Noted the assurance provided. 	

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	<ul style="list-style-type: none"> • The Terms of Reference and 2021/22 Work Plans for the new Sub Committees were presented and included reporting items discussed and monitored during 2020/21 by the Safety Management Group. • The Committee welcomed the focused approach to Patient Safety and Health Safety and Security. 		
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CHAIRS ASSURANCE REPORT

Resources Committee

Date of Meeting:	21 st May 2021	Chair:	Mr Richard Groome
Quorate:	Yes	Executive Lead:	Ms C Wood Ms L Ward Prof M Power Mr S Desai
Members Present:	Mr R Groome (Chair) Dr D Hanley Mr D Rawsthorn Ms G Singh Prof M Power Mr S Desai Ms C Wood Ms L Ward	Key Members Not Present:	-

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04
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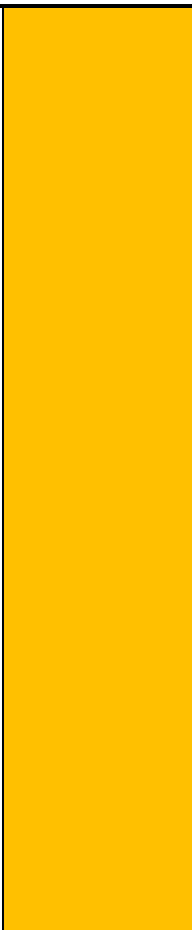
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Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework	<ul style="list-style-type: none"> Opening position of the 2021/22 BAF included outstanding actions aligned to SR02 and SR04. New BAF template to provide focus on current status of challenges and management of risks. New Sub Committee reporting allowed operational oversight of risk and higher level reporting to Board Assurance Committees. SR02 currently 5 actions in progress to address gaps in controls and assurances. SR04 currently 3 actions in progress to address gaps in controls and assurances. Articulation of risk SR02 had been agreed in relation to value for money and efficient use of resources. Noted that the risks related to financial control remained on the Corporate Risk Register for ongoing monitoring and assurance. 	<ul style="list-style-type: none"> Noted and received assurance from the report. 	

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<p>Deep Dive – Staff Survey Results and Culture Audit Plans</p>	<ul style="list-style-type: none"> • Received a high level presentation on the Staff Survey and Culture audit. • Acknowledged that a future Board Development Session would be held during 2021/22. • The audit included findings in relation to working conditions and the effects on psychological needs and well-being. • Triangulation of survey data would be used to conduct further analysis of location and demographics to allow reporting on more specific focused work and interventions. • Noted that survey results had been incorporated into the review of the Trust’s Workforce Strategy / People Plan with a focus on cultural and psychological indicators. • Acknowledged that the Trust’s refreshed Values and Treat Me Right Campaign focused on work place culture and behaviour. • The localised data had been shared with Directorates and management teams to develop their own plans with oversight by the Executive Leadership 	<ul style="list-style-type: none"> • Noted assurance of plans in place. • Continue to monitor the implementation and impact of the plans. 	
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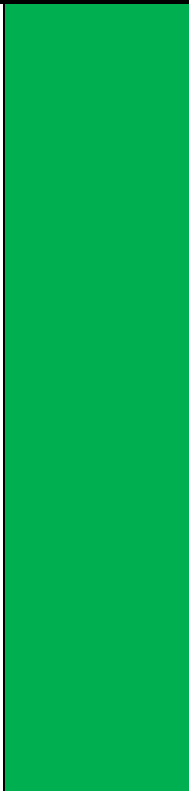

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	<p>Committee and Strategic Workforce Sub Committee.</p> <ul style="list-style-type: none"> • Future monitoring of progress against local plans would be reported to Resources Committee via Chairs Assurance Reports. 		
<p>Revised Financial Plan for 1st April 2021 – 30th September 2021 (referred to as H1)</p>	<ul style="list-style-type: none"> • Received an update on the 2021/22 financial plans following publication of the deferred NHS Financial Planning Guidance and system financial envelopes for period 1st April to 30th September 2021. • Following approval by Board of Directors the draft 2021/22 financial plans had been updated for the first 6 months of the year, referred to as H1. • The changes from the draft plan, related to H1 only, where an increase in income of £22.0m and an increase in expenditure of £24.0m, resulting in a H1 planned deficit of £2.0m, associated with outstanding Service Development Funding for the national NHS 111 First initiative for Q2. • Recommended approval of the updated and final plans for H1 2021/22 to the Board of Directors. 	<ul style="list-style-type: none"> • Noted and received assurance from the report. 	

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<p>Finance Report to 30th April 2021 – Month 1 2021/22</p>	<ul style="list-style-type: none"> • The position for the Trust at Month 1 is breakeven, which is in line with the revised financial plan confirmed with Lancashire and South Cumbria ICS on 6 May 2021 for April. • Income is £36.105m, pay is £25.673m and non-pay is £10.432m. The income is in line with the revised H1 plan paper being presented for approval at the Board of Directors in May, with the most fundamental change from the 2021/22 draft plans being the inclusion of £22.782m funding relating to Covid-19 for the period April to September 2021. • The 2021/22 annual revised capital plan is £18.361m. Expenditure in Month 1 is £0.287m. • At 30 April 2021 the cash and cash equivalents balance is £56.976m. • The Trust has achieved the Better Payment Practice Code targets for the first month of 2021/22. 	<ul style="list-style-type: none"> • Noted and received assurance from the report. 	
<p>Procurement Report</p>	<ul style="list-style-type: none"> • Received a progress update on the key activities of the Trust's procurement function. 	<ul style="list-style-type: none"> • Noted and received assurance from the report. 	

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	<ul style="list-style-type: none"> • Noted the current status of 125 projects on the 2020/21 procurement work plan and introduced the work plan for 21/22. • Audit actions in relation to the tender and waiver process had been implemented including routinely reporting of contract and waivers that expire to the Committee. • Noted a change in the approval process for sub £500k contract awards, following Board approval of the revised Scheme of Delegation. • Recent staff development work with the procurement team had been undertaken. • Reported an increase in procurement workload due to information requests from the ICS'. 		
<p>Review of Approved Waivers</p>	<ul style="list-style-type: none"> • The outcome of a recent review of the Trust's waivers from financial year 2016/17 to January 2020/21 reported 157 approved waivers with a value of £10,163,761. • A total of 83 suppliers received business via the waiver process, 26 suppliers were the subject of 2 or more 	<ul style="list-style-type: none"> • Noted and received assurance from the report. 	

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	<p>waivers. One supplier was the subject of 18 waiver recommendations.</p> <ul style="list-style-type: none"> • The most frequently used reason for waiver business was for specialist expertise required. • A review of the waiver template had been undertaken and the number of reasons for the waiver reduced. • Governance control had also been reviewed with the responsible Director to sign the waiver request before submission to Procurement and the Director of Corporate Affairs. 		
Contract Award – Medical Gas	<ul style="list-style-type: none"> • Received the outcome of the procurement exercise undertaken to appoint a preferred supplier to provide Medical Gas. 	<ul style="list-style-type: none"> • Approved the contract award for Medical Gas. • Recommended approval to the Board of Directors. 	
Contract Award – Medical Equipment Maintenance	<ul style="list-style-type: none"> • Received the outcome of the procurement exercise undertaken to appoint a preferred supplier to provide Medical Equipment Maintenance. 	<ul style="list-style-type: none"> • Approved the contract award for Medical Equipment Maintenance. • Recommended approval to the Board of Directors. 	

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<p>Blackpool Decant Site</p>	<ul style="list-style-type: none"> Received a report following approval of the Outline Business case (OBC) for the development of a Hub and Spoke service delivery model to be developed within the Fylde Sector of Lancashire in line with the Trust's Board approved Estates Strategy. As part of the project there was a requirement for the existing ambulance station to be vacated for the duration of the development works. To accommodate the planned development works at the Blackpool site a request to support the approval of the decant site at Devonshire Road was received. Acknowledged the capital requirement of £479k, £387k in 2021/22 and £92k in 2022/23 and the increased revenue pressure associated with the proposed new decant site of £240k in 2021/22 and £350k in 2022/23. Received and noted the financial risks associated with approval and commitment to the new decant site prior to the Full Business Case (FBC) being 	<ul style="list-style-type: none"> Supported and recommended approval to the Board of Directors. 	
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	<p>presented to the Trust Board, should the FBC not be approved.</p>		
<p>Annual Objectives – Q4 Progress 2020/21</p>	<ul style="list-style-type: none"> • Received a Q4 progress report on the Trust’s Directorate Annual Objectives. • Noted that due to the impact of Covid-19 it was agreed to keep the planning requirements to a minimum and only capture the essential objectives for Q3 and Q4 2020/21. • Coloured BRAGG ratings used to score progress. • Noted one red rating related to improving the management of complaints across the Trust by 31 March 2021, to increase closure within agreed timeframes to 75% for severity level 4-5. • Reported that despite efforts the 75% target had not been achieved but since the report significant progress to close complaints had been made and had been significantly reduced. • Overall Directorate performance was 76%. • Noted that under normal planning conditions the Trust would have operational plans and objectives set, 	<ul style="list-style-type: none"> • Noted and received assurance from the report. 	

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	<p>however Covid-19 command and control arrangements were still in place and there was a focus on recovery and restoration and how this would be progressed.</p> <ul style="list-style-type: none"> • Acknowledged that Covid-19 had accelerated some areas of work and the 21/22 position would be monitored and reported to future Committee meetings. 		
<p>H1 Planning Submission</p>	<ul style="list-style-type: none"> • Presented the Trust's H1 Planning Submission in response to the latest planning guidance for the first six months of financial year 2021/22. • As part of this process the trust had a duty to submit activity including finance and workforce data to Lancashire and South Cumbria ICS. • Noted the deadline for the draft submission was the 6th of May 2021 with a final submission due on 3 June 2021. • Acknowledged the templates have been submitted to LSC ISC in order to collate the returns, with finance details provided by the Director of Finance. 	<ul style="list-style-type: none"> • Noted and received assurance from the report. 	

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	<ul style="list-style-type: none"> Lancashire and South Cumbria ICS would co-ordinate the submission of the narrative. 		
Proposal Assessment Framework (PAF)	<ul style="list-style-type: none"> Received an overview of the of the PAF process to ensure that Trust projects were not considered in isolation. Noted the importance criteria and score card considered by the Executive Leadership Committee. Acknowledged the aim of the process was to ensure that decision making was in line with Trust strategy and to support mitigation of risk. The PAF would be subject to an effectiveness review at the end of May 2021. 	<ul style="list-style-type: none"> Noted and received assurance from the report. 	
CQC Action Plan Update	<ul style="list-style-type: none"> Report presented the actions put in place in response to the workforce related Should Do recommendations of the recent CQC inspection. There were three recommendations but two were the same in both the EOC and PES service lines. The issues identified related to appraisals and safeguarding mandatory training compliance, both 	<ul style="list-style-type: none"> Noted and received assurance from the report. 	

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	<p>were impacted by a cessation of activity because of Covid-19, and in particular, the letter sent from Amanda Pritchard in March 2020: Reducing Burdens and Releasing Capacity.</p> <ul style="list-style-type: none"> • The action plans put in place reflected the Covid-19 recovery required. • Reported that the revised appraisal target was to achieve 75% by September 2021 and at 30th April 2021, appraisal compliance was at 70% having increased by 8% over the previous two months. • Reported that the revised mandatory training target was to achieve 75% by 31st March 2021 and actual competency compliance was 75.6%. • 3 should do actions, compliance, safeguarding mandatory training plans. • Recommended that the workforce related Should Do action plans are recommended for closure on the CQC action plan and that monitoring continued as part of the 2021/22 delivery reporting through the new workforce assurance structure, the 		
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	<p>Workforce indicators report to Resources Committee and the Integrated Performance Report to the Board of Directors.</p> <ul style="list-style-type: none"> Acknowledged that where the Safeguarding training position differs from the mandatory training requirements and target this would be reported. 		
<p>NWAS People Plan</p>	<ul style="list-style-type: none"> Received details of the annual review of the workforce strategy which was now named the People Plan and aligned to regional and national terminology and plans. Noted that the themes were relevant to the current challenges highlighted in the Staff Survey and Culture audit with an emphasis on leadership. The plan reflected national drivers and evidenced the Trust's capacity to deliver against national requests. EDI priorities and strategic actions had been incorporated into the plan. Suggested that achievements in relation to retention were emphasised and the inclusion of the requirement for 	<ul style="list-style-type: none"> Noted and received assurance from the report. 	

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	<p>development of digital skills for frontline staff.</p> <ul style="list-style-type: none"> • Welcomed the Plan and supported approval by the Board of Directors. 		
<p>Workforce Indicators Assurance Report</p>	<ul style="list-style-type: none"> • Reported that as part of the agreed recovery plan, revised appraisal targets were agreed by ELC with the first being the delivery of 75% compliance by September 2021. • Compliance rates were currently 70% overall, which is an improved position from the previous 3 months. • PES rates were at 73% and PTS at 74% with EOC having the most challenged rates at 48%. However, for Corporate Departments and Managers in Band 8A posts, the target remains at 85%. This was being met across all but one corporate team. • Overall the Trust met its revised mandatory training target of 75% compliance at the end of March 2021, with only PES falling slightly below at 74%. • The recovery plan for 2021/22 would be to achieve 95% compliance by March 2022. Current compliance had dropped 	<ul style="list-style-type: none"> • Noted progress made for ongoing monitoring. • Received moderate assurance from the report. • Continued monitoring of casework backlog and action plan to be undertaken through Committee 	

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	<p>to 60% because of the introduction of new modules for this year's training. Compliance will therefore rise across the year as these additional models were completed.</p> <ul style="list-style-type: none"> • Classroom training had restarted and both PTS and PES were on track against plan. • Noted that sickness had reduced in March 2021 line with typical absences for the time of the year to 7.15% and included Covid-19 related sickness of 1.52%. • Acknowledged the significant improvement from previously reported position for COVID sickness in February of 4.27%. • Committee updated on backlog and timeliness of HR casework which has been subject to CQC enquiry. • Action plan provided to address backlog with particular focus on eliminating cases over 6 months in duration. Assurance provided on progress with 6 cases closed in past two weeks. 		
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	<ul style="list-style-type: none"> Noted disciplinary policy reviewed in line with central and regional request using best practice template. Pre-investigation review panel implemented to ensure use of formal processes appropriate and timely. 		
<p>Equality, Diversity & Inclusion Annual Report</p>	<ul style="list-style-type: none"> Received the Equality, Diversity and Inclusion Annual Report and summary of the work undertaken over the last 12 months. Provided an overview of compliance with specific and general public sector equality duties including employment monitoring data. Despite the impact of the pandemic the Trust had continued engagement work including feedback from patients and evidenced the extent of engagement across the different protected characteristics. The report included continued development of the Patient and Public Panel with key future objectives. Work undertaken included the launch of the Race Equality Network in 	<ul style="list-style-type: none"> Noted and received assurance from the report. 	

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	<p>January 2021 and identified Executive champions.</p> <ul style="list-style-type: none"> The report included the agreed objectives approved by the Board and evidenced an increase in the Trust's equality ambitions which would inform the published equality objectives. 		
Diversity & Inclusion Sub Committee Chairs Assurance Report	<ul style="list-style-type: none"> Noted the first meeting of the Trust's Diversity and Inclusion Sub Committee held on 10th May 2021. Acknowledged that the first meeting had been successful with good and robust discussion. Noted that the Chairs from the Race Equality and LGBT networks had been unable to attend but representatives from the networks were present. Assurances related to EDI action plans were noted and good progress was being made. 	<ul style="list-style-type: none"> Noted and received assurance from the report. 	
Digital Strategy Update	<ul style="list-style-type: none"> An update on the Digital Strategy focused on the progress made in relation to secure joined up systems and the result of recent audits. 	<ul style="list-style-type: none"> Noted and received assurance from the report. 	

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	<ul style="list-style-type: none"> • Maintenance work and plans for business continuity were reported and robust. • A summary of down time was reported and good progress against information governance KPIs was noted. • Future investment for software resources would be presented to ELC in June. • The Cyber related risk with MIAA had reduced, however work continued to mitigate risk. • Noted that future reporting on the digital strategy would be split into narrative and metrics against dashboard standards. • Supported the need for a Digital Strategic Risk in the Board Assurance Framework. 		
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REPORT TO BOARD OF DIRECTORS

DATE:	26 May 2021			
SUBJECT:	Equality, Diversity and Inclusion Annual Report			
PRESENTED BY:	Lisa Ward, Director of People			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Decision			
EXECUTIVE SUMMARY:	<p>The Equality, Diversity and Inclusion Annual Report provides the Board and the public with an overview of the work undertaken over the last 12 months in support of the equality, diversity and inclusion agenda.</p> <p>The report assists the Trust in being able to meet its statutory duties under the Public Sector Equality Duty by helping to demonstrate compliance. An overview of work and achievements are provided to reflect the contribution to the general duties including our work around community/patient engagement, recruitment, training and wellbeing. It also provides an overview of our compliance with the specific duties including our employment monitoring data.</p> <p>The report highlights the impact of the pandemic on some of the work but also demonstrates how the Trust has adapted to be able to continue much of its engagement work. The report sets out the extensive patient and community engagement activity providing assurance on overall positive feedback from patients on the care and treatment provided through our services but also the extent of engagement across the different protected characteristics. The report also sets out the continued development of the Patient and Public Panel, giving an overview of the progress made to ensure that this important group is representative of our communities. The report also identifies examples of key learning from community and PPP engagement including the work done with the deaf community to address some of the challenges arising from PPE for deaf patients and work being undertaken to co-produce a new pictorial handbook to aid communications.</p> <p>From a workforce perspective the Annual Report highlights the continuing work on widening participation and community engagement to support recruitment, although the pandemic has provided some challenges in being able to mobilise some of the pre-employment positive action work which has previously been a feature of our recruitment.</p>			

	<p>The report outlines the important work undertaken to further develop and embed our networks, including the commitments made to ensure a clear and resourced infrastructure, supported by Executive Champions. This resulted in the launch of the Race Equality Network in January 2021 but prior to this the emerging network has played a significant part in helping the organisation to appropriately consider their decision making throughout the pandemic in the context of race.</p> <p>The Trust has also undertaken a significant amount of health and wellbeing work this year which has built on previous foundations but has enabled us to effectively support staff from different protected groups. There has been a significant focus on mental health support culminating in the development of a Mental Health Toolkit with the British Psychological Society. The extensive use of risk assessments has also enabled supportive conversations with staff from different protected groups to provide reassurance; adjustments and support particularly in connection with race, disability, age and maternity to ensure that staff have stayed safe.</p> <p>The report provides details of our WRES, WDES and gender pay gap data, all of which have previously been reported to Resources Committee and Board.</p> <p>Focusing on the next 12 months, the report confirms the three Equality Diversity and Inclusion priorities previously approved by Board. These reflect an increase in the Trust's equality ambitions and provide a clear and resourced commitment to make a step change in the experience of staff and patients. These will form our published equality objectives.</p> <p>A draft set of strategic actions to support delivery of these priorities was presented to the Equality Diversity and Inclusion sub-committee for consultation. The feedback from sub-committee will be incorporated into the plans which will be consulted further with the staff networks and Patient and Public panel prior to being submitted to Board for approval.</p>		
RECOMMENDATION:	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> • Approve the Equality, Diversity and Inclusion Annual Report for publication. • Receive assurance on progress around the equality, diversity and inclusion agenda 		
ARE THERE ANY IMPACTS RELATING TO:	Equality:	<input checked="" type="checkbox"/>	Sustainability <input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	EDI Sub-Committee Executive Leadership Committee Resources Committee		
	Date:	10 May 2021 19 May 2021 21 May 2021	
	Outcome:	Assurance received.	

		Approval and Publication recommended.
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1. PURPOSE

- 1.1 The purpose of this report is to present the Annual Equality, Diversity and Inclusion Report 2020-2021 to the Board of Directors for assurance and approval to publish.

2. BACKGROUND

- 2.1 The Public Sector Equality Duty, which arises from the 2010 Equality Act, imposes requirements on public sector organisations. The General Duty requires public sector organisations to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

- 2.2 There are also specific duties relating to the publication of information, demonstrating compliance with the Duty and the publication of equality objectives. This includes demonstrating compliance with the duty through the publication of individual reports and data sets on our website, including employment and recruitment monitoring information, WRES, WDES and gender pay gap data and actions plans, Equality Delivery System (EDS) data and our equality objectives.

- 2.3 The Annual Equality, Diversity and Inclusion Report provides a single document where we can set out all the relevant data but also celebrate the significant work done across our directorates to improve Equality, Diversity and Inclusion (ED&I). The report presented to Board is the fourth Equality, Diversity and Inclusion Annual Report and covers activities during 2020/21.

- 2.4 As set out in the report, the pandemic has also impacted on our equality, diversity and inclusion work, making engagement and some of the other activities we would normally celebrate in our annual report much more difficult to deliver. However, the events of the last 12 months, with the impact of COVID-19 on ethnic minority communities, combined with the Black Lives Matter movement, have provided additional momentum to review the Trust's approach to diversity and inclusion. As a result over the last 12 months, work has progressed to develop our Staff Networks and Forums, develop Executive Champions and enhance alternative methods of patient and public engagement.

- 2.5 The report seeks to celebrate the achievements over the past year and also act to reset the organisation in recognition of our need to increase our ambition and provide a clear and resourced commitment to make a step change in the experience of staff and patients.

3. SUMMARY OF KEY AREAS

3.1 Much of the information incorporated in the Annual Report has already been shared with Board and Resources Committee in our regular reporting cycle. This includes much of the information contained within the section covering our Specific Duties such as our WRES, WDES, Gender pay gap position and the EDS outcomes.

3.2 As a result this report aims only to highlight key areas which may not have been shared during the last 12 months.

3.3 General Duties

This section provides an overview of the activities carried out within the trust over the last 12 months which contribute to our delivery of the Public Sector Equality Duty. It captures our work around:

- Patient experience and corresponding community engagement
- Public and community engagement
- The Patient and Public Panel
- Recruitment
- Staff Training
- Staff networks and forums
- Policy Development
- Health and Wellbeing
- Compliments, Membership and Awards
- Working with colleagues – regional, national and trade unions

3.4 Highlights of activities this year include the continuing to deliver an extensive patient engagement programme in spite of the restrictions caused throughout the pandemic. The report outlines the delivery of adapted methods of engagement to ensure that proactive feedback could be gained in relation to our response to COVID-19. The successful development of the Patient and Public Panel (PPP) is detailed and highlights are provided on the involvement of the PPP in providing a patient / public voice to help develop our services.

3.5 In response to the NHS People Plan the Trust has commenced work to overhaul our recruitment processes and activities to support the workforce being reflective of the diversity of our community. Work commenced in 2020/21 and will continue into 2021/22.

3.6 Although the armed forces are not a protected characteristic, there are challenges for many with the transition to civilian life which can result in mental health difficulties. It links closely with our EDI work as a result. Our partnership with the Armed Forces has gone from strength to strength and work has continued to support veterans into employment with support provided on career pathways, writing effective applications and interview skills. To demonstrate the support for the Armed Forces Community, in February 2021, the Trust launched the Guaranteed Interview Scheme to veterans and currently serving reservists and cadet force adult volunteers.

3.7 Whilst COVID-19 initially impacted on staff networks and forums, the use of virtual technology has enabled the continuation of meetings to ensure there is a vehicle where staff can share experience and provide a collective and influential staff voice. Both the formal networks and forums have continued to flourish, with the Race Equality Network

formally launching in January 2021. In support of staff networks and forums, the Trust has aligned Executive Champions to support the progress of staff networks. Each Director has now taken on an executive champion role either aligned with a network or supporting a particular strand of diversity. The Trust has also strengthened the infrastructure supporting networks, including guaranteed release for core members and the allocation of a budget.

- 3.8 The Trust continues to make progress with supporting the health and wellbeing offer for staff. Throughout the pandemic health and wellbeing has continued to be an area of evolving development to ensure our wellbeing offer is responsive and relevant with the needs of staff.
- 3.9 The work around health and wellbeing and staff engagement contributes significantly to equality, diversity and inclusion, particularly when there is focus on supporting mental health issues and developing support for staff to help eliminate barriers. During the pandemic the Trust launched the Employee Assistance Programme which is available for all staff and providers 24/7 telephone support and enhances our current support offering.
- 3.10 During 2020/21 we developed a Mental Health toolkit for managers to structure discussions with staff about their mental wellbeing. The toolkit was developed with the British Psychological Society with feedback from staff and managers sought throughout its development. The toolkit is due to be launched in early 2021/22.
- 3.11 The report also includes an update on the Equality Delivery System framework (EDS2) which captures all Trust activity undertaken to tackle health inequalities and workforce inequalities. An annual update on the Trust's latest data on the WRES, WDES and Gender Pay Gap are also provided.
- 3.12 Community and Patient Engagement
The Annual Report also includes a section providing an overview of the public and patient engagement activity undertaken by the Patient Experience, Communications and Organisational Development Teams. Appendix 1 of the community engagement activity over 2020/21. This reflects the proactive approach taken to engagement throughout the pandemic.
- 3.13 Patient engagement surveys have continued to be used to receive generic feedback on our services and this continues to show a high regards for the service and the care and treatment provided by staff. In addition, a comprehensive virtual programme of engagement with community and patient groups has been undertaken covering a range of protected characteristics.
- 3.14 The report also outlines the work undertaken to develop the Patient and Public Panel which has shown significant development over the last 12 months. This provides a significant opportunity or engage in more in-depth work both through consultation and co-production of improvements. The report acknowledged that there is further work to do in improving presentation on the PPP for some protected characteristics and this will be taken forward into 2021-22. The report also highlights some of the learning which has

arisen from our community engagement particularly through the provision of targeted reassurance to communities; addressing some of the challenges for the deaf community around PPE and co-production of a revised pictorial handbook which has been started.

3.15 Employment Monitoring

Our employment monitoring data is published annually on the website and includes staff in post analysis as at 31st December 2020.

3.16 Detailed analysis is provided in Appendix 4 of the report and reflects some areas of progress along with areas for specific focus over the next 12 months. Representation in the workforce for key protected characteristics, including gender, disability and sexual orientation, has increased over the last 12 months as a percentage of the workforce and represents an ongoing trend of steady growth.

3.17 Equality priorities

The impact of COVID-19 led to an initial delay of agreeing a new set of objectives for 2020/21. However, the delay enabled the Trust to reflect on the disproportionate impact of COVID 19 and the Black Lives Matter movement on BAME communities and as a Trust we have recognised the need to change our approach to Diversity and Inclusion.

3.18 A set of three priorities were agreed by the Board in January 2021 and reflect an increase in our ambition and provide a clear and resourced commitment to make a step change in the experience of staff and patients.

- ***We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.***
- ***We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.***
- ***We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities***

3.19 A draft set of strategic actions to support delivery of these priorities was presented to the Equality Diversity and Inclusion sub-committee for consultation. The feedback from sub-committee will be incorporated into the plans which will be consulted further with the staff networks and Patient and Public panel prior to being submitted to Board for approval.

3.20 The report has previously been submitted to the Equality, Diversity & Inclusion Sub-Committee, Executive Leadership Committee and Resources Committee. All noted the positive work completed over the last 12 months, in particular the flexible approach to engagement and the work to embed and support networks. Queries were raised about the level of representation on the Patient and Public Panel and plans were outlined to

improve this over 2021/22 especially in respect of ethnic minority and youth representation. Both Committees and the sub-Committee recommend the report to Board for publication.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

4.1 The Annual EDI report supports the Trust in providing evidence in support of its statutory obligations under the General and Specific Public sector equality duties.

4.2 It will also provide evidence in respect of the CQC Well Led KLOE.

5. EQUALITY OR SUSTAINABILITY IMPLICATIONS

5.1 The ED&I Annual Reports supports the Trust to demonstrate its compliance with the Public Sector Equality Duty and outlines its work both in respect of employment and patient engagement to promote improved diversity and experience.

6. RECOMMENDATIONS

6.1 The Board of Directors is recommended to:

- Approve the Equality, Diversity and Inclusion Annual Report for publication.
- Receive assurance on progress around the equality, diversity and inclusion agenda

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Annual Equality, Diversity and Inclusion Report 2020-2021

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INTRODUCTION

The period of time covered by this report has been extremely challenging for our staff, their families and for our patients. When our last annual report was published we were at the start of the Coronavirus pandemic and 12 months on the importance of equality, diversity and inclusion for our staff and in the way we deliver care has never been more clear.

The pandemic has thrown into sharp relief the impact of the health inequalities experienced by ethnic minority communities and patients and the devastating impact that COVID-19 has had as a result. We have also seen the impact on older members of our community and those with disabilities and this has been replicated within our workforce.

Keeping our staff and patients from diverse backgrounds safe during this difficult period has been our key priority and listening to the experiences and concerns of our staff has never been of more importance.

In addition, the world saw the shocking death of George Floyd and whilst the response to this awful incident gave hope, the messages from the Black Lives Matter movement remain a sharp reminder to all of us who have power and influence that we need to use that effectively to tackle racism and discrimination.

The pandemic has also impacted on our equality, diversity and inclusion work, making engagement and some of the other activities we would normally celebrate in our annual report much more difficult to deliver. However, this report documents our progress against the requirements of the Equality Act 2010 and Public Sector Equality Duty. The mandatory gender pay gap report, Workforce Race Equality Standard and Workforce Disability Equality Standard are also featured.

We continue to work with partners across the region and nationally in collaboration on activities and to share best practice about inclusion. We work proactively to be visible as an employer of choice across all our communities. We strive to reduce the health inequalities faced by our most vulnerable patients across the North West.

The events of the last year have given us pause for thought as an employer and provider of patient care. They have helped us to challenge ourselves to be more ambitious. We have worked hard to support the development of networks and our Patient and Public Panel, to ensure that the voices of our staff and patients can be heard, supporting us to improve. We have appointed Executive Champions from our Directors to act as allies, supporting our networks and staff and we have refocused on our priorities and commitment to improve.

As this pandemic subsides, we hope to emerge as a more resilient, more compassionate and considerate organisation for all our staff and patients and continue to keep diversity and inclusion as a vital aspect of each step forward.

LISA WARD

Director of People

SERVICE INFORMATION

North West Ambulance Service NHS Trust (NWAS) serves more than seven million people across approximately 5,400 square miles – the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire and a small part of Derbyshire (Glossop).

Our vision is to be the best ambulance service in the UK, delivering the right care, at the right time, in the right place; every time for patients accessing our urgent and emergency care (999) service, non-emergency patient transport service (PTS) and NHS 111 service.

Achieving this vision will result in the highest standards of safe, effective and patient-centred care, delivered in the most appropriate setting and with an appropriate workforce, resources and infrastructure.

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



We employ around 6,600 staff and are supported by over 1,000 volunteers as members of our patient and public panel, volunteer car driver network and community first responder network.

Population health and life expectancy in the North West is generally poorer than the rest of the country, with higher rates of deprivation, alcohol use, smoking related illnesses, cardiovascular and respiratory diseases. This information influences our strategy and priority areas of work.

Our services:

Urgent and Emergency Care

Our 999 emergency service responds to over 1.1 million emergency incidents each year; with a highly skilled workforce providing the best possible pre-hospital care to patients in remote-rural and urban environments.

Emergency responses are measured through the national Ambulance Response Programme (ARP), which allows for early recognition of life-threatening conditions and ensures patients are responded to in a timeframe suitable for their clinical need.

Demand for the emergency service increases each year, but the number of immediately life-threatening cases remains at approximately 10 percent of incidents. We collaborate with healthcare partners to develop a range of opportunities to treat more patients by telephone,

at scene and in community settings to help to reduce unnecessary transport to hospital - a better outcome for patients and the NHS system.

Underpinning the service is a renowned clinical leadership and supervision structure, enabling career, skills and educational progression for clinicians up to the level of chief consultant paramedic.

Resilience

The Resilience team is responsible for the development of effective emergency and contingency plans to mitigate and respond to risks and hazards. This work is often undertaken alongside multi-agency partners, such as the fire and rescue service.

Two of the country's Hazardous Area Response Teams (HART) form part of our Resilience department. HART is made up of specially trained paramedics who attend incidents that have the potential to be more dangerous, those which require a more specialised set of skills, or incidents that are declared a major incident such as those involving chemicals, explosions, unsafe structures, heights, water, accessibility issues and so on.

Emergency Operations Centres

Our emergency operations centres handles approximately 1.6 million 999 calls every year from the public and healthcare professionals.

Emergency medical dispatchers (EMDs) are the first contact with the ambulance service for 999 callers. They use an internationally recognised system to ask questions about the patient's condition and provide helpful instructions, such as how to do CPR to assist a patient in cardiac arrest.

Based on the nature of the illness or injury, patients are prioritised to determine the type of response and the speed at which it will be provided.

Based within the EOC, our Clinical Hub is staffed by a range of clinicians such as paramedics, nurses, pharmacists, mental health practitioners and so on, who support staff on the road with clinical advice and decision making, and triage patients who call 999 or 111 to determine the best course of action.

EOCs also handle requests from healthcare professionals whose patients urgently need taking into hospital, or transferring from one hospital to another.

NHS 111

We provide the NHS 111 service in the North West for people who need medical help or advice, handling more than 1.6 million calls every year.

People who call 111 speak to a health advisor who asks a series of questions about the patient's health concern or condition to determine what clinical help they need and where to get it. When appropriate, these calls can be referred to a nurse or paramedic for assessment.

111 can help patients access the most appropriate care; which could form out of hours' doctors, pharmacies, community nurses, emergency dentists, walk-in centres, minor injuries units and emergency departments.

111.nhs.uk is available for patients online.

Patient Transport Service

We are the largest provider of non-emergency patient transport in the country, undertaking 1.6 million journeys annually. We currently provide patient transport services (PTS) in the counties of Cumbria, Lancashire, Greater Manchester and Merseyside – another provider operates within the Cheshire area.

PTS crews assist eligible patients in getting to and from healthcare appointments. The criteria for entitlement to transport is set nationally and depends on specific requirements, medical conditions and mobility.

Patient Transport Service crews play a vital role in health promotion and prevention by sharing health information and advice to patients, and raising concerns to other support services if necessary.

People We Serve

The area covered by the organisation makes it the second largest ambulance Trust in England. We provide services to a population of 7.5 million people across a geographical area of approximately 5,400 square miles. This region is punctuated by several cities and towns; other parts of the footprint are sparsely populated and rural with significant distances to hospitals.

The Trust footprint is split into three main areas – Cheshire and Merseyside; Greater Manchester; Cumbria and Lancashire. Strategic capacity and support services are led centrally from the Trust Headquarters in Bolton.

Vision and priorities

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

Our priorities

Urgent and emergency care (integrated care): Increasing service integration and leading improvements across the healthcare system in the North West.

Quality (right care): Delivering appropriate care which is safe, effective and patient-centred for each individual.

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

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

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

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

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

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

OUR STRATEGY AT A GLANCE

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

Values:



WORKING TOGETHER.

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



BEING AT OUR BEST.

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



MAKING A DIFFERENCE.

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

Priorities:



Urgent and Emergency Care

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



Quality

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



Digital

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



Business and Commercial Development

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



Workforce

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



Stakeholder relationships

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



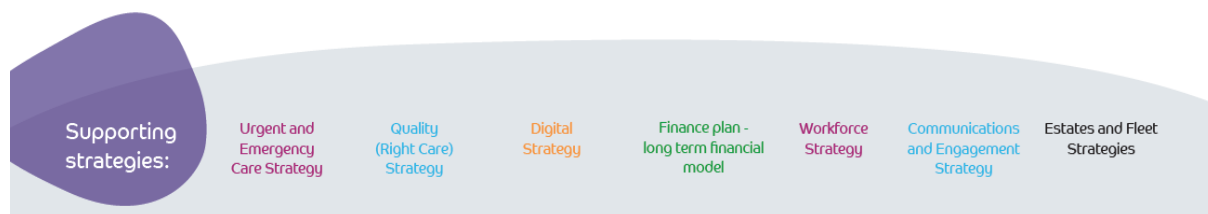
Infrastructure

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



Environment

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



IMPROVING EQUALITY DIVERSITY & INCLUSION

Strategy

The Trust aims to ensure that patients are at the heart of what we do. The purpose of the Workforce Strategy is to set how we will develop, engage and empower our workforce to deliver our vision to be *‘The best ambulance service in the UK, by providing the right care, at the right time, in the right place every time’*.

The Workforce Strategy sets out our strategic workforce priorities and our approach to enabling the changes required in our workforce to support delivery of the Trust’s strategic objectives.

The work plan for 2020/21 was impacted by the pandemic, but in spite of this, work has continued to support the Workforce Strategy objectives and includes the following achievements:

- Further development of staff networks, including the launch of the Race Equality Network
- Improving levels of representation in the workforce from BAME communities and the experiences of ethnic minority staff within NWS
- Ensuring recruitment selection methods are inclusive through the development of a ED&I Recruitment Task and Finish Group
- Commencement of our first cohort of Paramedic Degree Apprentices.
- Risk assessments and support for our ethnic minority, disabled, pregnant and our older staff to help keep them safe during COVID.

This annual report will provide information about each of these areas of focus.

The General Equality Duty (GED)

The Equality Act 2010 places general duties on public sector bodies and requires them to have “due regard” to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The General Duty clearly identifies the need to embed equality, diversity and inclusion into decision making at both an organisational and individual level so that we can respond appropriately to the needs of individuals and work to minimise or remove disadvantages experienced by people as a result of their protected characteristic.

How we have met the General Equality Duty (GED) in 2020-2021

The following gives some highlights of the key areas of work which have contributed towards the requirements of the GED in 2020-2021.

Patient Engagement

Patient engagement is recognised nationally as a fundamental measure of quality healthcare provision. It is only through active listening, recording feedback and acting on patients’ insight that the Trust can respond and implement change to reflect patient needs. This has never been as important as during the past year – where everything has changed due to COVID-19 and the global pandemic.

Our Patient Engagement Team engages with and obtains feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Desk. Due to the pandemic, this year some of our methods of engaging have been adapted and changed so that we could continue engaging throughout but also so that we could proactively gain feedback in relation to our response to COVID-19. A significant 8,189 patients have provided us with feedback on our patient engagement surveys using a range of methods. See Figure 1 below.

Patient Engagement Survey - Survey Channels (01 Apr 2020 - 31 Mar 2021)		Completed Returns	% of Total
Patient Transport Service PE Survey *	(On-line)	8	0.1%
Patient Transport Service - Friends and Family Test (FFT)	(SMS Text)	3,025	36.9%
Patient Transport Service - Friends and Family Test (FFT)	(Post cards)	12	0.1%
Paramedic Emergency Service PE Survey	(On-line)	136	1.7%
Paramedic Emergency Service - Friends and Family Test (FFT) - (See and Treat)	(SMS Text)	1,205	14.7%
Paramedic Emergency Service - Friends and Family Test (FFT) - (See and Treat)	(Post cards)	24	0.3%
Urgent Care Service PE Survey *	(On-line)	2	0.0%
NHS 111 Service PE Survey	(Postal)	2,944	36.0%
NHS 111 First Service PE Survey	(Postal / On-line)	825	10.1%
Pandemic Patient Experience Survey **	(On-line)	8	0.1%
TOTAL		8,189	

Figure 1 - 2020 - 2021 PE Survey Channel Table (Please Note: All data as at 31 March 2021)

An extensive patient engagement programme was successfully completed during 2020/21. In addition, to our NHS 111 postal survey offer and FFT comment/postcards on vehicles, we continue to develop our digital offer by offering the opportunity to complete our patient surveys via sms text and online <https://www.nwas.nhs.uk/get-involved/share-your-experience/tell-us-how-we-did/>

Also, instead of our traditional face to face engagement that would normally take place with patient and community groups, we have been hosting and joining virtual engagement sessions via MS Teams and Zoom. Figure 2 below shows a summary of survey response feedback data including FFT by quarter.

2020 - 2021 Patient Engagement Surveys																				
Postal/On-line (01 April 2020 - 31 Mar 2021)																				
	Cared for appropriately with Dignity, Compassion and Respect (Strongly Agree/Agree)					Overall Satisfaction Received (Very Satisfied/Fairly Satisfied - Yes)					Overall Experience of Service (Very Good/Good)					Recommend Ambulance Service to Friends and Family (Very Good/Good)				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
Patient Transport Service *	No Data	100%	80.0%	No Data	87.5%	n/a	n/a	n/a	n/a	n/a	No Data	100%	80.0%	No Data	87.5%	n/a	n/a	n/a	n/a	n/a
Paramedic Emergency Service	No Data	89.1%	86.4%	91.7%	88.2%	n/a	n/a	n/a	n/a	n/a	No Data	91.3%	86.4%	91.7%	96.2%	n/a	n/a	n/a	n/a	n/a
Urgent Care Service *	No Data	100%	No Data	100%	100%	n/a	n/a	n/a	n/a	n/a	No Data	100%	No Data	100%	100%	n/a	n/a	n/a	n/a	n/a
NHS 111 Service	n/a	n/a	n/a	n/a	n/a	94.9%	95.2%	92.3%	94.2%	94.3%	n/a	n/a	n/a	n/a	n/a	94.5%	95.9%	91.6%	93.7%	94.2%
NHS 111 First Service	n/a	n/a	n/a	n/a	n/a	No Data	No Data	94.1%	96.6%	96.4%	No Data	No Data	91.7%	95.6%	95.2%	n/a	n/a	n/a	n/a	n/a

Figure 2 - Survey Response Feedback data by Quarter. **NB:** Introduction of NHS 111 First Service

Feedback received during 2020/21, shows a high regard for ambulance services and in particular the care and treatment provided by staff. A high 96.2% of PES patients found their overall experience of the service either good or very good with 88.80% stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'. *"Dispatcher was very calm and reassuring and stayed on the phone to reassure me till the ambulance crew arrived. Ambulance crew were kind, caring and treated both my Grandma and me with such compassion whilst still doing their jobs."*(PES) *"Professional empathetic intelligent caring and listening would describe all staff perfectly. Dignity maintained at all times and paramedics really help to dignify me before leaving home thankfully."* (PES)

95.2% of NHS 111 First patients and 87.5% of PTS patients also found their overall experience of the respective services either good or very good with 87.5% of PTS patients stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'. *"My transport had been arranged on my behalf by the SLBC. I was approximately 36 weeks pregnant, and I had just been told an hour prior to my journey that at 23 years old I had a blood clot in my brain. The ambulance crew were fantastic. I could not have asked for any more support or care. They actively engaged with me and helped me relax, something which was crucial to me given my partner wasn't allowed to travel with me (COVID restrictions)."* (PES) *"I rang for advice but following my answers to some question told I needed to go to A and E. Was really pleased when they said they could book me in to save time - a great help I'm 73."* (NHS 111 First) *"Call handler was great with my son who is uncomfortable on the phone."* (NHS 111 First)

Reporting

Board receive a monthly dashboard of FFT patient feedback results. Quarterly data on all patient engagement initiatives themes and feedback reports are shared with Quality and Performance Committee. The Patient and Public Panel members receive regular Trust briefings and a Panel newsletter. During the past year we have also introduced sending regular info bursts to our patient and community groups and our patient and public panel members. These have contained a wide range of information including public health messaging, Trust information and opportunities for support and engagement during the pandemic. Recommendations for service improvements are introduced via 111, PES and PTS learning processes respectively.

Patient stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. These have continued during the pandemic though there have been some challenges due to lockdown in sourcing and filming them and innovative ways of presenting have been used – such as using voiceovers to outline the story and filming them over MS Teams. The patient stories have included experiences related to maternity, laryngectomy patients and increased learning and understanding within the organisation of their needs and how we support vulnerable patients and their families whilst under COVID-19 restrictions. Increased development of filming skills within the communications and engagement team has supported in-house production of patient stories.

Public and Community Engagement

Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method we use to gain qualitative feedback is by engagement with community and patient groups within our region – due to the pandemic this has taken place virtually this year. There were plans to hold some large scale community events but these were postponed due to the pandemic and pressures on the service.

However we did engage virtually with a number of patient and community groups on a number of topics, one was to talk about our response to COVID-19 and also to help understand how we could support our groups during further waves of the pandemic. Another focus for engagement was the introduction of NHS111 first and talking to groups about how they could access that service and the other services that NWAS provide.

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. Figure 3 below shows protected characteristic groups' engagement in 2020/21.

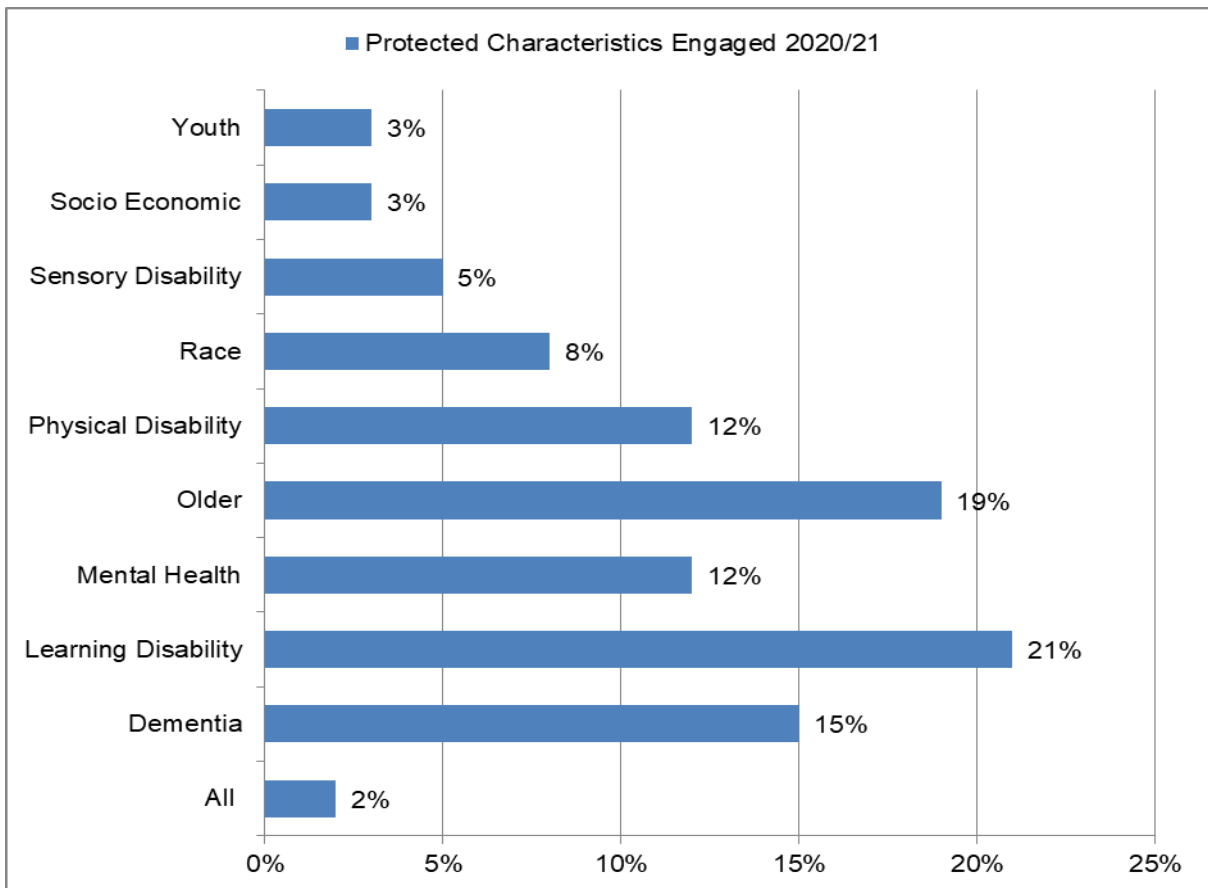


Figure 3 - Protected characteristic groups engaged with during 2020/21

Patient and Public Panel

Our Patient and Public Panel (PPP) was established in September 2019 to give patients/the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence decisions and improvements in our emergency, patient transport and 111 services.

Despite the challenges from COVID-19, our PPP has continued to recruit new members and actively engage throughout the past 12 months via virtual platforms meaning we now have 143 Patient and Public Panel members fully inducted, with most already involved in the work of the Trust. We have hit our original target of 125 for the PPP as well as doubling members from the end of March 2020 to now which is a great success for the Trust.

The PPP has an infrastructure to enable patients/the public to become involved at a level that suits them however at present, all levels are engaging virtually until further notice:

- ‘Consult’ is virtual, making the most of digital channels to interact with members who can get involved whenever or wherever they choose
- ‘Co-produce’ panel members work together on short-term projects using co-production techniques
- ‘Influence’ members take an ongoing, active role in high-level meetings to enhance decision making and discussions

A breakdown of panel member's involvement by level can be found at figure 4.

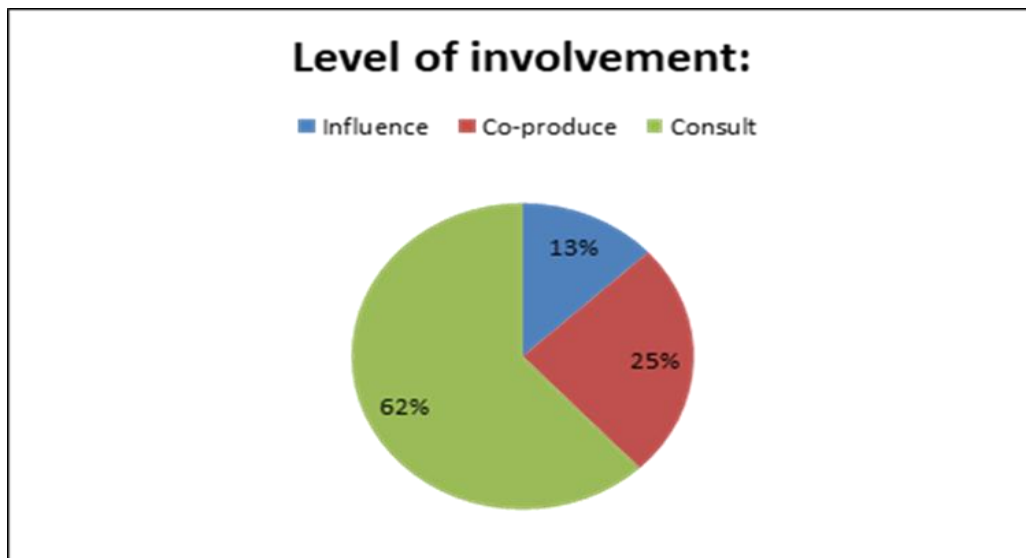


Figure 4: Breakdown of panel member's involvement by level

The demographics of Patient and Public Panel members continue to show that membership from the Cheshire and Lancashire regions is currently slightly below the target representation compared to the other areas we cover across the North West. See figure 5.

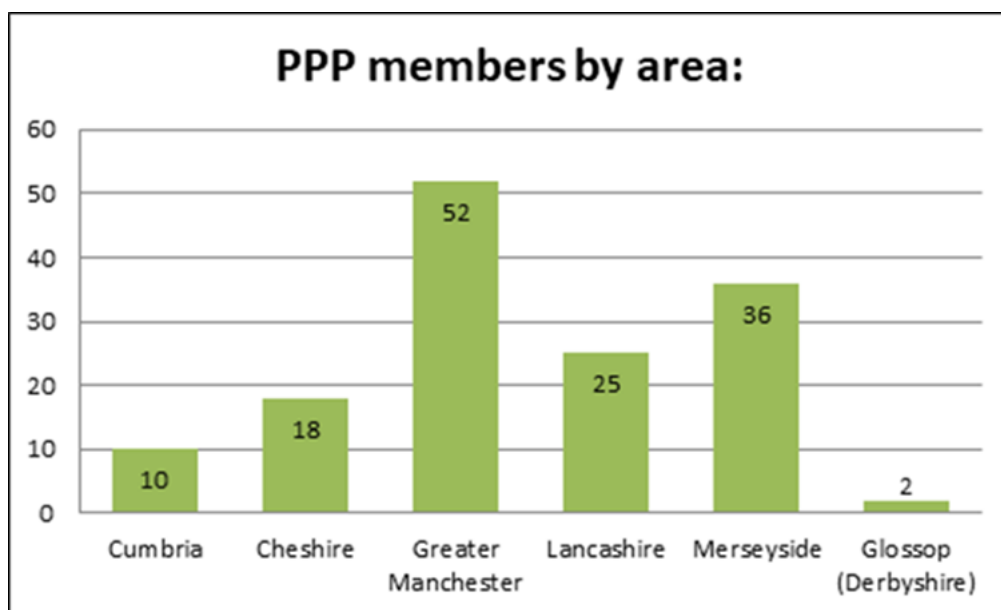


Figure 5: PPP members by area

Panel membership for those declaring a disability has been over and above the initial target, which is positive.

We have successfully reached our target for members in the younger age bracket (16-24) compared to last years' update as shown at figure 6. However, we recognise more work needs to be done to engage with young people across the North West, linking into colleagues who lead on community engagement.

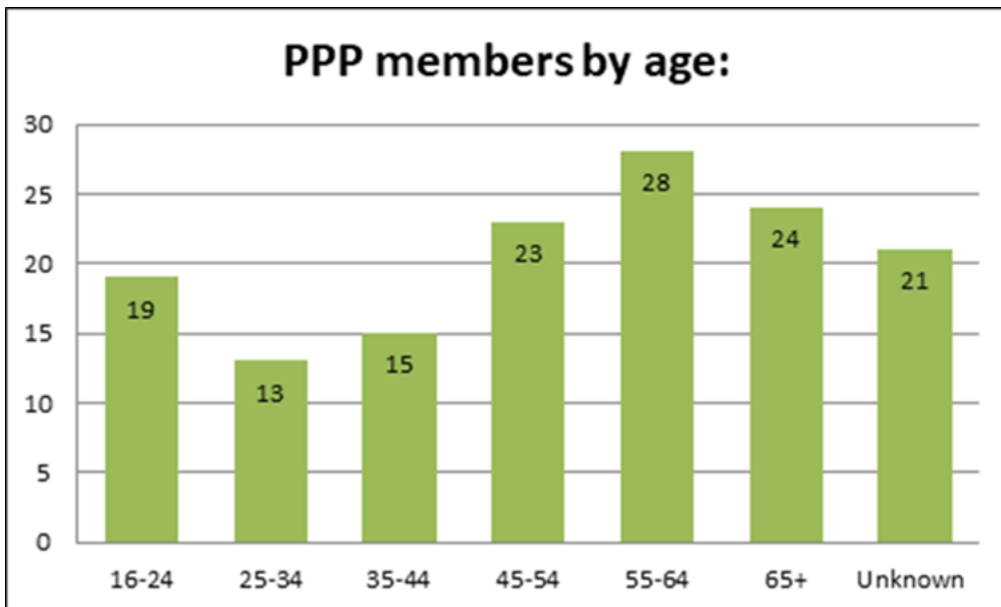


Figure 6: PPP members by age

As shown in figure 7, we are underrepresented by members from our ethnic minority groups at only 8.4% representation. Enhancement of this data has been reflected in the PPP work plan for future recruitment.

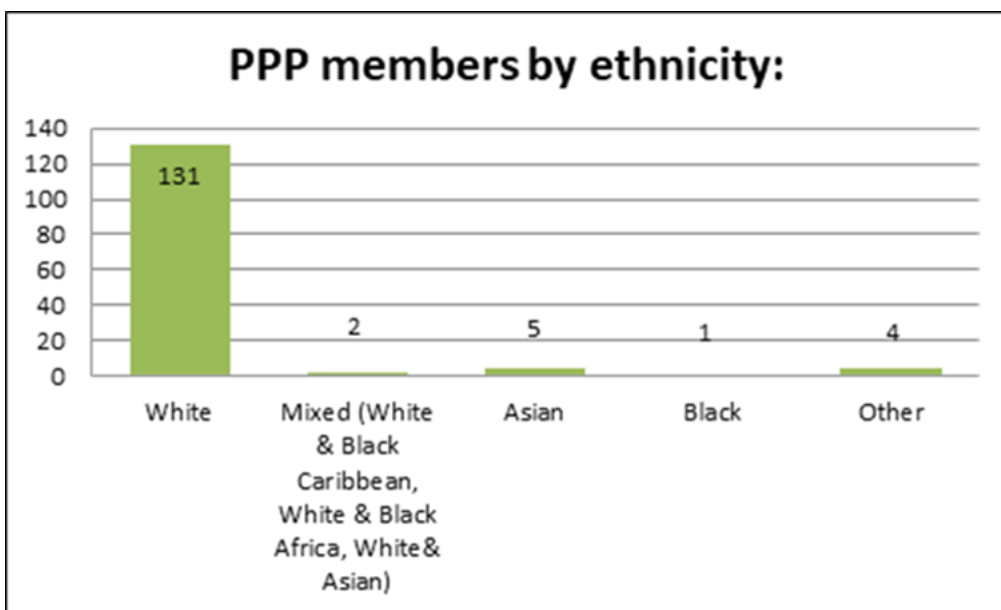


Figure 7: PPP members by ethnicity

From April 2020 to March 2021, PPP members have been invited to get involved in 44 opportunities with staff across the Trust. The PPP have been able to get involved in regular high level meetings (area learning forums, mental health work streams and complaints review panels), a mystery shopper activity with PTS, regular information and development sessions. They have also had the opportunity to provide feedback on key documents and publications.

If staff would like PPP involvement we ask them to complete a PPP pro-forma to help us understand what is required from a Patient and Public Panel member. This can be found online via our Green Room or a hard copy can be sent on request.

Engagement Activities

Patient and Community engagement activities during 2020/21 have enabled us to:

- Receive advice and feedback from a range of our hard to reach and vulnerable patient groups on how to improve access to ambulance services.
- Better understand how we can support our vulnerable patient groups during the pandemic.
- Gain insight into how the pandemic has highlighted health inequalities for some communities within our region.
- Stay in contact with and keep our patient, public and community groups informed with information relevant to NWAS and the pandemic through the introduction of regular info bursts.
- Increase awareness with a range of our communities on our ambulance service provision
- Provide reassurance for our patient groups, the general public and communities that we take community engagement seriously even though there have been some barriers to engagement during the last twelve months and that all feedback received from our patient and community engagement activities is valued and where required will be acted upon.
- Promote partnership working with many of our hard to engage and vulnerable groups including with CFR volunteering opportunities and our Patient and Public Panel (PPP) membership.

Examples of some of the feedback and questions asked during feedback include:

- *“We don’t know for sure if staff have taken precautions e.g. hand washing, so it can be worrying putting your Trust into staff being safe and not to put you at risk.”* (Patient group engagement)
- *“Many people going through a mental health crisis may not ring for an ambulance; they will just turn up at ED as they want immediate help. We need to understand why some people self-present at ED. What is coming through in the calls we receive and who is showing up in person? This is important to understand.”* (Mental Health forum engagement)
- *“Do you prioritise people with a learning disability, would they still have to wait in ED?”* (Learning Disability community group)
- *“What protocols do you have in place for autistic patients?”* (Autistic Adult forum)
- *“There is anecdotally a mistrust in the ambulance service in some ethnic groups as there is a belief that if the ambulance takes you to hospital, you may not return home again.”* (Caribbean and African Health network engagement)

Patient and Community Engagement Aims

The Trust’s patient and community engagement aims (as set out in the Patient Engagement Implementation Plan 20/21) during 2020/21 included:

1. To engage and educate a range of patient, public and community groups, on what to expect from and how to access ambulance services.
2. To work in partnership with our patient, public and community groups, stakeholders and patient and public panel (PPP) members to design services which meet their needs.
3. To capture and share changes which have been made as a result of patient, public and community group feedback.
4. To enhance patient, public and community groups access to ambulance employment opportunities.
5. To ensure that engagement is embedded throughout the organisation and that priority messages are shared with our patients, public and community groups.

Engagement highlights and activities delivered during 2020/21 to support these aims include:

- Engagement activities with diverse communities as detailed in the Patient Engagement and PPP Activity Plan 2020/2021 (Appendix1). The plan identifies a minimum 109 virtual engagement events that have been attended by the Trust as either principal speakers, advisory or facilitation. Virtual community patient and public community engagement events include: Preston Health Mela, Healthwatch, Warrington Speak Up Learning Disability Group, Caribbean and African Health Network, Dementia Café and CCG Conferences. Our engagement has looked slightly different to previous years as many of the 'face to face' high footfall events that we would usually attend such as fresher's fairs, Disability Awareness Days and PRIDE were cancelled due to the pandemic. Wherever possible and if restrictions allow, we will attend these events in 2021.
- A Trust 5 year Community Engagement Guidance Framework 2020/25 was agreed in 2020 to ensure attendance at high footfall community events remains centrally logged with the communications and PE team. Consistency of information to be relayed at the events is shared with all staff attending along with an opportunity to receive good practice feedback on our attendance. However this also remains under constant review on how we can meet our aims in line with the pandemic and restrictions on meeting face to face.

Feedback, Learning and Service Improvements

An analysis of the feedback received from patients provides us with focus areas for our annual work programme, themes for learning and the opportunity to make service improvements. Activities during 2020/21 include:

- Feedback from our deaf community has highlighted the increased barriers to communication due to our staff wearing PPE during COVID-19. Ways in which we have looked at breaking down those barriers include good practice consideration to wearing PPE with clear facial screens and also the procurement of deaf awareness training for 50 staff members. We also now ensure that any videos that are shown on social media are subtitled and for the first time this year our Virtual AGM was signed by a BSL interpreter. At the beginning of the pandemic we also shared co-produced information on how our

emergency service could be accessed using Emergency SMS and how NHS111 could be accessed using Interpreter Now.

- Providing reassurance to our patient, public and community groups throughout the pandemic regarding resources, availability and how we undertaken our response to the pandemic. Also keeping them informed in areas that may help benefit their health and well-being.
- Following feedback that despite using Teams for most of our engagement, Zoom is much more accessible for those with additional accessibility needs, we purchased a zoom license to undertake engagement using Zoom.
- We have begun co-production work on a new pictorial communication handbook which will be co-produced by the PPP, staff and patient and community groups and will be more representative of the communities that we serve.
- Following feedback that we need to make our publications more accessible, PPP information is now always provided in an accessible format for our visually impaired members and those who require their information in high contrast. We also have also invested in a photo symbols subscription so we will be able to produce more easy read information in the future.

Recruitment

Further work has continued to ensure recruitment and selection methods are inclusive, this is an ongoing process and aims to be without unnecessary barriers for candidates to negotiate. Actions have been taken to improve the diversity of panels, as well as consistent guidance on equality issues from the HR Hub.

Along with staff side leads, the guidance relating to the job evaluation process had been reviewed in the previous year, ensuring job description and person specification documentation is accurate and inclusive.

Monitoring take place on a quarterly basis with production of quarterly recruitment reports for WRES and WDES meetings, with comparative data for previous quarters. This was initiated from a request at the WRES meeting held in April 2020 and the Trust aims to be able to compare these reports to the last 12 months come April 2021. This enables the Trust to keep a focus on representation in recruitment and to identify actions for improvement.

NWAS has attended a range of different events to showcase the diverse range of frontline and support roles available to those looking for a career within the ambulance service. As a result of the pandemic the majority of these events have now been moved to online events. The events we attend are selected to ensure diverse and underrepresented groups are made aware of opportunities, some of which are detailed in the Community Engagement and Widening Participation section below.

The Paramedic Pre-Degree Programme which aimed to support under-represented groups into a Paramedic career, was postponed at the outset of the pandemic due to

being unable to carry out community engagement at a ground level. This will be reviewed for 2021/2022.

Positive action messages remain on Trust adverts. NWAS is a Disability Confident Employer giving reassurance to candidates with disabilities about the level of support they can expect as candidates and onwards as employees of the Trust. Logos demonstrating commitment to equality are also visible on job adverts including Disability Confident, the enei Silver Tide Mark, the Employer Gold Recognition award and Veteran Aware.

The Trust has set up a Recruitment Task and Finish Group in response to the NHS People Plan which seeks for Trusts to '*overhaul recruitment and promotion practices to make sure that their workforce reflects the diversity of their community, regional and national labour markets*'. The group has representatives from each service line along with the Race Equality Network Chairs and seeks to review the end to end recruitment and selection processes through the agreement of diversity targets, reviewing the attraction material for candidates, addressing bias in our systems and processes along with a review of our recruitment and selection training.

Youth Engagement, placements and other programmes of work

The Trust usually provides placements for Healthcare Cadets across Greater Manchester, Cheshire and Mersey and Cumbria and Lancashire, receiving placement opportunities from January- May to assist them in gaining vital experience of the ambulance service environment to make informed career choices for future career aspirations. Unfortunately these cadets could only receive experience from January until March 2020 in the PTS environment due to the pandemic. These individuals often progress on to university in Health care degrees.

The Trust has continued to hold the Fair Train Gold award. Fair Train's Work Experience Quality Standard is not just a highly respected accreditation; it is also a rigorously tested and widely proven step-by-step guide to making the specific work experience valuable, fulfilling, rewarding and the best possible uses of resources. The Work Experience Quality Standard is a national accreditation which recognises those organisations offering high quality work experience opportunities to their learners, and managing risk effectively. It also acts as a framework for development to help organisations to plan, run and evaluate high quality work experience programmes. This Work experience Quality Standard is currently being reviewed with a view of a national quality standard being created, work which NWAS is currently involved within.

With the difficulties seen during the pandemic NWAS has unfortunately struggled to engage with young individuals face to face and provide the usual opportunities. We have however been able to support individuals in a virtual realm -providing many online careers events, online virtual mentorship and collaborating with HEE and career hubs to undertake targeted youth development work. Please see Appendix 1 for an outline of the community engagement activity over 2020/21.

Community Engagement and Widening Participation

As well as our approach to patient and public engagement, the Trust also attends a range of community events to promote recruitment and development opportunities to support our approach to Widening Participation in employment and training.

Due to the pandemic our usual attendance at these face to face events has been significantly affected and many had to be cancelled. For the first few months of the year as a Trust we struggled to engage with our communities, until the virtual platforms and events went live – this has seen us reach large numbers of our community again to offer the support and guidance needed for their career aspirations.

Through our strategy to increase the diversity of our workforce, the Trust has attended a number of events to promote NWAS as an employer of choice. Advice, information and guidance is offered by staff so communities and individuals know where we advertise and about the range of roles, including our apprenticeship positions. Through attending the events, (which through the pandemic have been on virtual platforms) our staff can spend time discussing any barriers or particular needs of individuals and groups to enable future career aspiration to be attained.

Individuals have also engaged with bespoke 1:1 support throughout the pandemic, engaging with opportunities for information advice and guidance, next steps information and also application support and interview skills.

Priority is also given to events where there is potentially a diverse group of attendees or attendance from a group that is underrepresented in the workforce currently. Any schools or other venues which we are unable to visit can be informed about a high footfall event in the local areas we are scheduled to attend, or we can also share information with them electronically and refer them to social media, as appropriate.

The list of schools and events supported where jobs and careers have been promoted and numbers of 1:1 engagement can be found on Appendix 2.

Partnership working with the Armed Forces

Supporting the Armed Forces Community, both internally and externally is an important area of focus and commitment for the Trust, and collaboration and sharing good practice is a significant element of this work. Although not a protected characteristic, veterans can struggle to transition to civilian life with the consequent impact on mental health, so our commitment works hand in hand with our equalities work.

The Trust has developed a good working relationship with the Reserve Forces' and Cadets' Association and maintains close contact with the Regional Employer Engagement Director for the North West through regular meetings.

Discussions with NHS Trusts across the UK have been taking place with regards sharing information about the strands of work across the Trust and how it has been

implemented, as well as supporting other Trusts to achieve the next level of the Employer Recognition Scheme, for example, as a member of the Gold Alumni, sharing good practice with the Countess of Chester NHS Trust to support application for the Employer Recognition Scheme Silver award and with the Welsh Ambulance Service to achieve the Gold award. In October 2020 the Trust presented to the Lancashire Councils' Armed Forces Champions Forum with regards setting up the Trust's Armed Forces Network and in March 2021 presented "Embedding support for the Armed Forces from Board to Ward" at the NHS and the Armed Forces Conference.

The Trust also shares good practice with NHS Trusts in the North West through virtual connect sessions with Step into Health and regional NHS forums, for example, the Merseyside and Cheshire Military Veterans and Armed Forces Personnel Task and Finish Group. In addition, representatives of the Trust attend the Covenant Partnership Hub meetings in Lancashire, Greater Manchester and Cheshire.

At a patient level, our PES team continues to work with the Third Medical Regiment to offer honorary contracts to military paramedics in Cumbria and Lancashire. During the pandemic, the military paramedics have worked side by side with the Trust's paramedics and EMTs to provide emergency care as part of the frontline.

In February and March 2021, following application for support, the military has been working with paramedic emergency service and patient transport service crews, providing assistance to the wider healthcare system at a time of very high demand and supporting patients across the region.

Recruitment of the Armed Forces community and working with partner organisations to achieve this is high on the Trust's agenda. Due to the pandemic, Armed Forces focused careers fairs were postponed, however, work has been ongoing to promote career opportunities at the Trust through sharing information with partner organisations and disseminating email bulletins to service leavers and veterans. The Widening Access Team and Positive Action Officer have supported two bespoke live chats organised in partnership with the Careers Transition Partnership and a collaborative online event with NHS Employers' Step Into Health.

One to one support with regards the recruitment process is offered to service leavers transitioning into civilian employment and veterans, including support on career pathways, writing effective applications and interview skills. 67 service leavers and veterans have received this level of support via email, telephone and virtual face to face support. The Trust also works with NHS Employers' Step into Health, which facilitates career transition from the military into civilian employment. 52 service leavers and veterans have been referred by the Step Into Health candidate monitoring system and have received information, advice and guidance with regards careers at the Trust. In addition, service leavers and veterans are also referred by partner organisations including College of Military Veterans and Walking with the Wounded.

To demonstrate support to the Armed Forces community, in February 2021 the Trust launched the Guaranteed Interview Scheme to veterans and currently serving reservists and cadet force adult volunteers. If candidates can demonstrate the minimum essential criteria, the scheme guarantees invitation to the initial assessment (i.e. interview, psychometric assessment, driving assessment). Guidance for managers with regards the scheme has also been produced. In order to enable monitoring of members of the Armed Forces community applying for roles, a tick box has been added to application forms to enable applicants to inform that they are a member of the Armed Forces community, and quarterly monitoring reports are now being produced and shared across the recruitment teams.

The Trust continues support of its Armed Forces community through the Armed Forces Network (for more information please refer to the Staff Networks and Forums section). A highlight for the Network was the celebration of Armed Forces Week in June 2020. The week provided much deserved recognition of the wider Armed Forces community, including veterans, reservists, service families and cadet force adult volunteers.

An Armed Forces Action Group has been established to support cross-team collaboration comprising representation from teams across the Trust meeting quarterly to discuss all of the work being conducted and how teams can work together.

In addition, in December 2020 the Trust appointed an Executive Sponsor, Angela Wetton, who will provide visible senior support and advocacy to support all work with the Armed Forces, and the Equality, Diversity and Inclusion Policy was updated in January 2021 to explicitly reflect the support the Trust offers to members of the forces, specifically the addition of cadet force adult volunteers who were not included previously.

A key achievement for the Trust is becoming the first ambulance service in the UK to be awarded Veteran Aware accreditation from the Veterans Covenant Healthcare Alliance (VCHA). This demonstrates close working with the Armed Forces community and partnership working and recognises that we have demonstrated that the Trust supports the Armed Forces community as an employer, that we ensure that veterans, reservists, cadet force adult volunteers and other members of the community amongst our workforce are looked after, and that we have good links with other local services and service charities. The VCHA has invited the Trust to form alliances with other NHS Trusts in supporting them to achieve Veteran Aware status, for example, linking with the Armed Forces lead at London Ambulance Service and sharing good practice to support their Veteran Aware accreditation application.

A further achievement was the honour bestowed to Dominic Gething, Senior Paramedic Team Leader, Reservist and Network member, to represent ambulance services across the UK at the official ceremony at the Cenotaph in London on Remembrance Sunday in November 2020. The Trust also worked collaboratively with North West Army HQ and Ian Jolley, veteran, presented at Lancashire Remembrance Service via Radio Lancashire with a focus on the Trust's response to

the impact of COVID-19-19. In March 2021, Matt House, Consultant Paramedic, Reservist and Network member, was appointed to the role of Defence Service Advisor for Paramedics whereby he will be senior advisor to the Ministry of Defence on the paramedic workforce across the three services and will be able to further support the Network in this role.

An overview of all work carried out by the Trust can be found at Appendix 3

Staff Training

Equality, Diversity and Human Rights is embedded in all induction training in the Trust for new starters. Furthermore all staff are required to complete refresher training on an annual basis covering equality, diversity and human rights as part of their mandatory training. For frontline staff this training is also embedded through scenarios which are discussed and debated in a face to face group to test people's learning.

In addition, frontline staff will also receive training on differing aspects of care which may vary from year to year, for example dementia or learning disabilities. This training helps to equip staff to deliver the right care to patients, taking into account their needs. As well as all managers completing their mandatory training on an annual basis, they are also able to access a suite of training sessions to support their role and EDHR is embedded within this training.

HR Masterclass sessions are available for all managers and these are run on a quarterly cycle throughout the year. Existing managers can access these sessions as required and new managers are expected to attend these sessions as part of their induction during their first year in post so that we can ensure that they are equipped to support their staff effectively, taking account of their individual needs.

Building EDI Cultural Competence at NWAS

EDI education, learning and development is embedded into the employee life cycle at NWAS. At point of entry into a new role, new starters are introduced to a range of interactions with the EDI learning portfolio including navigation to the mandatory training module for EDI (annually refreshed) and a wide spectrum of self-directed learning resources developed and managed by the Trust's Staff Networks.

During their employment journey with NWAS, staff are further developed in areas of EDI through specialist thematic learning interventions designed to improve and enhance cultural competence: the portfolio includes access to the EDI programmes including 'Beyond Bias' that explores the impact of personal bias on staff experience; the recruitment masterclass that examines the impact of bias on inclusive recruitment practice; and bespoke learning programmes for specific workforce communities to drive anti-discriminatory practice in service design, development and delivery. This portfolio is being continually enhanced with immediate plans in 2020/21 to launch our refreshed values and behaviours and to support embedding of these through values based education / training and toolkit utilisation that guides

staff in interpreting the Dignity at Work policy in line with the principles of the Treat Me Right campaign.

As an NWAS employee settles into working life, an extensive leadership and management development suite of learning, development and training is made available to all staff. At the heart of this offer, is the 'Be Think Do' leadership framework which continues to be reviewed and revised as appropriate, seeking to embed inclusive behaviours expected of our managers and leaders into the mainstream. The NWAS leadership model anchors staff to the inclusion agenda and acts as an enabler and conduit for managers to respond to the needs of staff from underrepresented groups in appraisals, health and wellbeing conversations and in the management of performance including reward and recognition, progression and promotion and talent management.

In addition to the above, staff are offered coaching, bespoke organisational development support and are signposted to highly reputable offers from across the health and care system in partnership with partnering agencies like the NHS North West Leadership Academy that offers an inroad to specialist EDI programmes including Stepping Up and Ready Now for career progression. As such, NWAS has been successful in engaging with and piloting a series of EDI centric learning innovations including the NHS Reciprocal Mentoring Programme hosted by the NHS National Academy which will be launched in 2021.

It is the ambition of NWAS that the above staff development portfolio will facilitate and drive the necessary cultural competence to position NWAS as an employer of choice for all underrepresented groups, across all the protected characteristics.

Staff Networks and Forums

The COVID-19 pandemic initially had an impact upon staff networks and forums however due to the level of virtual support NWAS provides, these have been able to continue their development through virtual media and to further enable staff with particular characteristics to share their experience and to provide a collective and influential voice on behalf of staff. The forums and networks allow the organisation and colleagues to learn, support, and ultimately improve the working culture for everyone. There are clear links to the improved patient care we can provide when we understand, recognise and support our differences.

Within the NHS People Plan there was an intention that by December 2021 all NHS organisations should have reviewed their governance arrangements to ensure that staff networks are able to contribute to and inform decision-making processes and executive champions have been assigned to all networks and forums. To this end the Trust reviewed its infrastructure support for networks during 2020, providing guaranteed release for core members, an allocated budget and identifying champions from the Executive Team who can support networks to achieve their goals. The Trust has worked hard to deliver this aim.

The NWAS LGBT Network has continued to develop with regular meetings and has continued to raise its profile through virtual activities. Over the last 12 months,

Committee members have continued to meet on a quarterly basis via MS Teams. Visibility of the Network has been evidenced through Trust executives participating in the Network meetings and listening to staff experiences. In addition, Lisa Ward, Director of People, has now been appointed to the role of Executive Champion for the Network.

Key achievements include celebrating Pride via Trust media with a virtual Manchester Pride video in August 2020 showcasing participation by LGBT members and Trust-wide staff; celebrations of LGBT History Month during February 2021 through talking about and raising awareness of LGBT icons; crowd funding to raise monies to adopt animals to support Chester Zoo; development of training programmes to support the continuing professional development of staff in LGBT issues and work on combatting violence and aggression. Communication has also been improved with focus on the impact of COVID-19 and raising awareness of tackling health inequalities. Increased awareness of the wider trans communities has taken place and network members were heavily involved in the review of the Policy for Supporting Trans and Non-Binary Staff, which was agreed in March 2021.

The Disability Forum was paused at the beginning of the pandemic, however, since November 2020, four meetings have been held with open discussions sharing experiences of staff during the pandemic and raising any issues faced, particularly with regard to members who have been shielding. Throughout this period, members of the Forum have been invited to participate in the pilot of the Work and Wellbeing Passport. In addition, information has been shared with Forum members with regards webinars on disability throughout Disability History Month, and the Network supported an awareness raising initiative for the International Day of People with Disabilities via case studies and articles. Carolyn Wood, Director of Finance, is now the Executive Champion for the Disability Forum. Representatives of the Disability Forum are now invited to attend WDES meetings and the National Ambulance Disability Forum, alongside the representative from Corporate HR.

The Race Equality Forum has gone from strength to strength and in January 2021 formalised to become the Race Equality Network holding a virtual launch which welcomed all staff members from sectors across the Trust. Salman Desai, Director of Strategy and Planning, and Ged Blezard, Director of Operations, have been appointed as the Executive Champions of the Race Equality Network.

During the first months of the pandemic monthly meetings took place to discuss the impact of COVID-19 on BAME staff and NWS' responsibilities, as a result of which a communications and engagement plan (during and post-COVID-19) was developed. The National Ambulance BME Network sent correspondence and offered webinars with regard to supporting BAME colleagues, this was reinforced by support from the Trust's Executive Committee. The emerging network also provided support to the command cell in reviewing the potential impact of decisions on ethnic minority staff and patients.

Risk assessments to determine the impact of the COVID-19 virus on BAME employees took place during the first quarter followed by a full review of the impact

of the virus clarifying how employees have been affected and what support was required from the Trust. Members of the Executive Committee have also provided support through attendance at Forum/Network meetings and responding at Q&A sessions. The Trust also supported Black History month with staff sharing their experiences to raise awareness of racism and celebrate diversity.

Following formalisation, the Race Equality Network assigned Committee roles - Asha Blake and Wesley Proverbs were appointed the role of Co-Chairs supported by a core group of six members representing communications, community engagement, education and awareness, recruitment and careers, staff support, events and communication. Terms of Reference have also been developed. A representative from the Race Equality Network now attends WRES meetings, the Violence and Aggression group and the ED&I Recruitment Task and Finish Group. The Trust's intranet pages have also been updated to reflect the evolution of the Network. The Network has developed an action plan that it will be supported to deliver during 2021/22.

The Religion and Belief Forum was launched in June 2020 via MS Teams and two further Forums took place in September 2020 and March 2021. The Religion and Belief Forum provides a safe space to talk about religion and belief. The forum raises awareness and understanding of different faiths, beliefs and cultures, and works towards connecting and supporting staff with an aim to share good practice and to provide interfaith advice, guidance and information. The forum is open to staff of all religions and beliefs and none. To date, key themes for discussion have been chaplaincy and supporting individualised care; the religious and cultural needs of Muslim patients, and how managers can support their Muslim team members; and the Jewish faith and supporting Jewish patients.

The NWAS Armed Forces Network briefly paused at the beginning of pandemic, however, has reconvened for quarterly meetings since June 2020. Key achievements include working with the Communications team to deliver a social media campaign during Armed Forces Week including case studies, articles, photos, and short videos to raise awareness of the Reserve and Cadet Forces within NWAS; and members of the Network organising and raising the *Support our Forces* flag at hubs across the Trust footprint for Reserves Day. The Network also supported services across the Trust on Remembrance Day. Angela Wetton, Director of Corporate Affairs, has been appointed as Executive Sponsor for Armed Forces work across the Trust.

Policy Development

All new and existing policies, procedures and guidance is developed in partnership with Staff Side and management colleagues through our Policy group and where appropriate through specialised consultation with affected groups. All policies are equality impact assessed. The Trust continuously supports the development of best practice. Due to the pandemic the Policy Group meetings were paused for several

months. However, the following policies, procedures and guidance were reviewed and agreed:

- Equality, Diversity and Inclusion Policy
- Policy for supporting Trans and Non-Binary Staff
- Recruitment and Selection Policy and Procedure
- Annual Leave Procedure

Health & Wellbeing

The Trust continues to make progress with supporting the health and wellbeing offer for staff especially as we start to move through the recovery phases of COVID-19. The work around health and wellbeing and staff engagement contributes significantly to equality, diversity and inclusion, particularly when there is focus on supporting mental health issues and developing support for staff to help eliminate barriers.

We have a number of communication tools we use to keep staff informed and updated on all support available for Health & Wellbeing. 'Invest in Yourself' is the Trust's approach that aims to support staff in improving health and wellbeing both in and out of the workplace. We have developed and created specific support pages within our staff Intranet with an area specifically created for COVID-19 support which sits within our Invest in Yourself site, Staff App and intranet. We also utilise social media for promotion of Health & wellbeing support and this way, it makes support available 24/7 and accessible for all staff.

The Trust recognises that improving mental health is an important issue for staff who may face challenging situations on a daily basis and this has been increasingly impacted by the pressures of COVID-19. At the start of 2020/21 we launched an Employee Assistance Programme (EAP) service which is available for all staff and accessible 24/7 for telephone support which enhances our current support offering including OH provisions such as counselling/therapy and the many resources available for supporting Health & Wellbeing.

We have created a number of in house support guidance documents throughout the pandemic including a full support directory which staff can access 24/7. This signposts staff to all internal and external offers. We have introduced a Financial Wellbeing staff benefit to all staff which includes an educational hub for financial worries or information as well as the offer of loans through salary sacrifice.

We introduced weekly bulletins to enhance staff engagement including a Wednesday Wellbeing bulletin which includes shout outs to staff who have been nominated. This is a great tool and the response to this has been a huge success amongst staff.

Following work with the British Psychological Society, the Trust developed a Mental Health toolkit for managers as part of the Mental Health framework which forms part of the wider workforce strategy. This toolkit will enable managers to structure a

conversation with a staff member about their mental health and wellbeing, and highlights the view that the behaviours managers display make a critical difference on whether a staff member feels supported or devalued. This is due to be launched in early 2021/22. In addition, we have also implemented health and wellbeing conversation via the appraisal route and this will be developed further in 2021/22 to ensure it is embedded and used as a meaningful engagement tool with staff.

More focus has been given on how the Trust can proactively raise awareness on suicide prevention. The Suicide Prevention group meet regularly to discuss ways to enhance existing practices in how we provide support for our staff and patients we serve. A suicide prevention working group is in the process of formulating suicide prevention toolkit to reflect the sensitivities of this subject matter and formulate clear suicide bereavement action cards to assist managers. This will work in conjunction with national suicide prevention work being undertaken by the ambulance sector in conjunction with national partners.

We continue to utilise and promote the support networks and interventions for staff including the PTS Peer Support network, Blue Light Champions and Trauma Risk Management (TRiM) which aims to support staff who have been affected by traumatic events experienced within work. These support networks help to assess staff's mental health fitness and signpost those showing signs of poor mental health early to support to help prevent the development of longer term issues. .

During the pandemic the Trust has used risk assessment extensively to identify risks to staff based on a range of protected characteristics including race, age, pregnancy and disability. In addition to managers working closely with staff where there are known risks, all staff have been encouraged to undertake a risk assessment. This has enabled us to identify and support staff with underlying conditions which may have been previously unknown to the organisation.

In light of the disproportionate impact of the virus on staff from ethnic minority communities, additional steps were taken to provide reassurance and to manage the risk. This included engagement with the Race Equality Network by a range of Directors, bespoke communications to staff identifying support, early roll out of protective hoods to BME staff and completion of risk assessments with a focus on health and wellbeing.

We continue to offer staff benefits via the Staff Portal such as discounts/home electronics/cycle to work and the newly added bike shop scheme. The portal also includes access to the EAP support hub where staff can download various self-help documents in relation to anxiety/stress/depression/bereavement and further support and guidance around Health & Wellbeing.

Compliments, Memberships and Awards

The Disability Confident Scheme extended those at level two for a further 12 months, which means that NWS maintains Disability Confident Employer (Level 2) status

until November 2021. We continue to use a work plan to ensure progress continues to be made to improve the experience of candidates and staff with disabilities.

We remain signed up the Race at Work Charter, as signed up in December 2018.

NWAS has maintained its membership of the Employers Network for Equality and Inclusion (enei). This has ensured we are able to access resources and external benchmarking on embedding a culture of equality and inclusion. Progress has been made on equality with NWAS moving from a bronze award the previous year to obtaining a silver award in July 2020.

Working with colleagues – regional, national and trade unions

NWAS remains a member of the renamed National Ambulance Diversity and Inclusion Forum (NADF), which meets quarterly to share best practice of diversity with colleagues from across the ambulance sector and use expertise to inform the Association of Ambulance Chief Executives how national or NHS initiatives on inclusion may impact on the sector.

Trust representation at the National Ambulance LGBT Network is undertaken by the NWAS LGBT Network. However the Corporate HR Team has built a relationship and will link in directly with the National Ambulance LGBT Network as and when necessary. The resources created by this national group are an asset to NWAS in promoting awareness of LGBT issues. There remains a shared LBGT action plan between the team and the local LGBT network about sexual orientation, trans and non-binary issues in the workplace.

The National Ambulance BME Forum continues to develop and NWAS has been engaged with the Forum. With the development of the Race Equality Network in NWAS, Trust representation at the national group is now undertaken by designated representatives from the local network. Again, the Corporate HR Team will link in directly with the national group as required. Events such as webinars about race hosted by the National Ambulance BME Forum and AACE have been promoted to staff. Statements from the group have also been circulated across the Trust. Local network members have also been supported to link in with regional BME NHS Network leads to share advice and support.

The Trust has continued to link in with North West NHS Equality and Diversity Leads meetings and other regional meetings when possible. During the pandemic, NWAS has also engaged with National NHS webinars relating to race, disability and trans – to hear about the impact of the pandemic on different staff groups or how their particular issues have been covered in the NHS People Plan. Staff from the local NWAS networks have also been invited to these as NWAS representatives.

Specific Equality Duty

In addition to the General Duties, the Public Sector Equality Duty sets out requirements for the public sector to:

- Publish relevant, proportionate information demonstrating their compliance with the Equality Duty
- To set themselves specific, measurable equality objectives

Although this annual report itself sets out how the Trust has been working to meet its equality duties, this section looks at how the specific duties have been met.

Employment Monitoring Information

NWAS publishes data on an annual basis to show a breakdown of the characteristics of who works for the Trust. Similar data about applicants, those shortlisted and those who started employment with the Trust are also published. The employment monitoring data has been published on the Trust website and relates to the 12 months prior to 31st December 2020.

A summary of some of the data is available at Appendix 4.

Equality Delivery System (EDS2)

The Trust uses a national framework, the Equality Delivery System (EDS2) to measure progress against reducing health inequalities and improve staff experience. The framework covers all nine protected characteristics and disadvantaged groups against four overarching themes.

As part of the EDS2 framework, the Trust is obliged to share our progress on equality with both internal and external stakeholders. Progress is monitored over an agreed period of time to demonstrate progress.

The Trust completed its last cycle of work in early 2020. The progress made during that time and the stakeholder events were covered in the report from last year, as the events took place at the start of 2020.

Originally, there were plans for the Trust to reassess its position after a further period of 3 years but this will now be extended to the end of 2023/4. This aligns the framework cycle to end at the same time as the newly agreed equality priorities and account for the disruption to the Trust during 2020-2021 while responding to the pandemic.

There had been national discussions within the NHS about further revisions to the to the EDS2 framework prior to March 2020, with a potential revised framework being called EDS3. National progress and updates about this review have also been delayed, so NWAS agreeing to monitor EDS2 progress over the same timeframe as our objectives will also give time for any new frameworks to develop before moving onto an updated version.

What is EDS2 in practice?

The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use, and work for, the Trust.

The tool sets out four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes, against which we assess and grade our equality performance. The focus of the EDS2 outcomes is on the things that matter the most for patients, communities and staff.

- Better Health outcomes for all
- Improved Patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

Work has taken place across the footprint to improve outcomes for staff and patients. The work is varied and includes both short-term and long-term pieces of work.

Examples of progress

Highlights of work include:

- The development of the Patient and Public Panel has been a turning point for the Trust. The panel offers staff and managers a chance to receive input from the communities we serve so that we can better support our patients. NWAS hopes that our members also gain knowledge and skills from taking part.
- The internal communications, particularly during the pandemic, have been well received, with the Communications Team being recognised externally for their work in making sure staff and the public were kept up to date.
- NWAS has appointed our first Public Health Registrar. We look forward to the role the Trust plays in supporting public health to grow.
- Freedom to Speak Up Champions have been recruited to and the visibility of this method of raising concerns continues to grow.

Workforce Race Equality Standard (WRES)

NWAS has again published the most recent data for the Workforce Race Equality Standard, which was signed off during summer 2020. An action plan was published to support the work to reduce the inequalities in the experiences of working at the Trust which exist between White and Black and Minority Ethnic (BAME) Staff. The strategy adopted focuses on workforce representation, looking specifically at frontline operational roles, and the staff experience aspects of the WRES.

Meetings continue to be held regularly to review progress against objectives to ensure that there is momentum across the Trust relating to this work. Data has been shared at Race Equality Forums over the last 12 months. There have been discussions with managers by the Corporate HR Team and as the forum has moved to a formal staff network, Committee members have also raised the profile of WRES through the meeting managers and the launch event in January 2021.

Overall the WRES data showed a mixed picture of results with some positive improvements in representation and staff experience but some areas for continued focus in recruitment, disciplinary processes and training.

Activity in support of the WRES

- Support for staff voice to discuss workforce race equality at NWS – increase in number of forums, senior visible support for the group, launch of formal network marking a shift from staff voice sessions being staff led, rather than facilitated by the Trust
- Further reduction in 'ethnicity unknown' in Trust data from 1.8% to 1.2% through local work plan action.
- Data collation has improved with increase in number of staff recorded as having had CPD/non-mandatory training.
- Activity relating to tackling bullying and harassment from internal and external sources has been varied. The Freedom to Speak Up (FTSU) Guardian has worked with the Corporate HR Team in promoting FTSU as an option for staff, including sharing joint statements from national WRES and FTSU leads. Race Equality Network member attends the Violence and Aggression Groups. The Trust has developed a 'Treat me Right' campaign, due to be launched in early 2021/22. This seeks to reinforce and further embed our Dignity at Work Policy and highlight the importance of informal resolution and civility and respect at work

The detail of the WRES data summer 2020 can be found on the Trust's website at:

<https://www.nwas.nhs.uk/publications/workforce-race-equality-standard-wres-2020-data/>

Gender Pay Reporting

The Trust data for the statutory gender pay gap is detailed below and is taken from 31st March 2020. This is the data reported during the period of time covered by the annual report.

Overall representation of female staff has increased within the workplace from 46.8% to 48.9%. Female representation within each quartile of staff has also increased. Representation in the highest quartile of pay has increased from 34% to 36.7%.

Gender Pay Gap reporting up to end March 2021 shows that the gap in the hourly rate of pay between male and female staff reduced from of 8.9% in March 2019 to 8.79% in March 2020. The average median rate of pay also reduced from a difference of 8.3% to 7.2%. Representation within each of the quartiles showed an increase, with the top-earning quartile having been a key area of focus. Progression into the highest paid roles is dependent on vacancies created through the year which require recruitment and it is this progression and movement within the Trust which will impact positively on the gender pay gap.

As cited in previous years, the action plan focuses on recruitment, career progression and flexible working to enable progression of women within the

organisation into the higher pay quartiles. It was expected that these themes would require long-term pieces of work and therefore why these themes remain relevant.

The progress shown in the data this year is likely to be the result of the Women in Leadership programme run in 2019/20 along with opportunities to recruit to roles in the highest paid quartile and the embedding of the assessment centre process, brought in to support selection of leadership positions. The centres are designed to reduce any potential bias in the selection process. The centres themselves remain under review to take account of feedback from candidates and invigilators involved in the process.

Information about the Trust gender pay gap can be found on our website at:

<https://www.nwas.nhs.uk/about/valuing-staff/gender-pay-gap/>

Workforce Disability Equality Standard (WDES)

The WDES metrics were published for only the second time in September 2020. The data showed the differences in staff and candidate experience when comparing those who have disclosed a disability and those who have not. The data was drawn from ESR and the staff survey. The data relating to representation showed a mixed picture across the Trust but we know that there are currently high levels of staff not disclosing disability. The staff survey data showed a poorer experience for our disabled staff but the gap has decreased and reporting incidents is also positive.

An action plan was produced and focused on the following areas:

- Continue with development and trial of a Disability passport – this has since been renamed the work and wellbeing passport. It has been piloted during 2020/21 with evaluation and further roll out planned for early 2021/22.
- Promote self-declaration through guidance on ESR self service
- Improving staff voice through development of the disability forum.
- Reviewing the outcomes of the WDES in relation to the review of the sickness procedure due in 2020.

Equality Priorities

The report last year detailed the equality objectives which the Trust had worked on for four years. Progress was made on improving diverse representation within the workforce, improved staff experience about bullying and harassment, identifying improvements on patient data and exploring service provision relating to dementia patients.

The impact of COVID-19 led to an initial delay of agreeing a new set of objectives. However, the delay enabled the Trust to reflect on the disproportionate impact of COVID 19 on ethnic minority communities and the messages of the Black Lives Matter

movement highlighted the disparity in the experience of BAME staff and the severe health inequalities experienced in BAME communities. This has prompted an increased focus at both a national and regional level on progress in reducing inequalities for BAME staff and patients.

As a Trust we have recognised the need to change our approach to Diversity and Inclusion. Whilst acknowledging that good incremental progress has been made over recent years to improve representation and staff experience, it is recognised that there is a need to increase our ambition and provide a clear and resourced commitment to make a step change in the experience of staff and patients.

The following priorities have been developed and were agreed by Board in January 2021. These will form our statutory equality objectives and will be supported by detailed action plans and measures:

PRIORITY 1

We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.

This priority will be supported through a series of targets for improved representation covering both recruitment and progression. An action plan has been developed to support the progression of this priority and includes a focus on under-representation of individuals from BAME communities with an aim to improve representation in the workforce from BAME communities to 8% by 2024.

PRIORITY 2

We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.

From a workforce perspective, the ambition will be to eliminate the gaps in staff experience measured through key staff survey indicators along with WRES and WDES data. Measurements from a patient perspective will include both quantitative and qualitative measures associated with clinical audit and patient experience.

PRIORITY 3




We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities

Measurements to support this priority will be evidenced through evaluation of changes and improvements made as a result of data analysis and feedback.

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Appendix 1 - Community Engagement Activity Plan 2020/21

Key:

-  Communications and Engagement
-  Patient Engagement
-  Patient and Public Panel

<u>April 20</u>	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update/ Action	RAG
All Patient Engagement events were cancelled/postpone due to Covid-19. Virtual events commenced from July 2020					
<u>May 20</u>	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
All Patient Engagement events were cancelled/postpone due to Covid-19. Virtual events commenced from					

July 2020					
27 th May - Virtual taster evening	Those who have expressed an interest were invited.		PPP (6)		
<u>June 20</u>	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
All Patient Engagement events were cancelled/postpone due to Covid-19. Virtual events commenced from July 2020					
2 nd June - EOC Learning Forum	PPP influence members given opportunity to attend EOC learning forum.		PPP (2)		
9 th June – PPP Induction evening	Those who have expressed an interest were invited.		PPP (4)		
10 th June - Cheshire & Mersey Area Learning Forum	PPP influence members given opportunity to attend C&M learning forum.		PPP (1)		

17 th June - Q&A session with CEO and Chair for Influence panel members	PPP Influence members given opportunity to attend Q&A session with CEO and chair.		PPP (9)		
29 th June - Suicide Prevention Work stream meeting	Influence/Co-produce panel members with lived experience of mental health		PPP (1)		
July 20	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
14 th July - EOC Learning Forum	All PPP influence members given opportunity to attend.		PPP (2)		
15 th July - Virtual Taster Evening	Those who have expressed an interest were invited.		PPP (6)		
20 th July - CAL Area Learning Forum	All PPP influence members given opportunity to attend.		PPP (2)		
23 rd July - PE Session with PPP members - NWAS response to COVID-19.	Influence and co-produce members		PPP (11)		
22 nd July 2020 –	<ul style="list-style-type: none"> Our 	Dave Whitworth	Dementia (12)	All feedback	

Sandbach Dementia café – Zoom	<p>response to Covid-19 as a trust.</p> <ul style="list-style-type: none"> • Access to our services and information during pandemic 	dpd.whitworth@btinternet.com		<p>recorded on log. We were asked by the group organiser to share information on local initiatives in place to help identify dementia patients – Complete.</p>	
23 rd July 2020 – Sefton Older Persons forum – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	<p>Justine Shenton Justine.shenton@seftonadvocacy.org</p>	Older people (20)	<p>All feedback recorded on log. Complete.</p>	
24 th July 2020 – CAHN – Zoom	<ul style="list-style-type: none"> • Share best practice • Identify gaps • Address gaps in BAME structure • How to improve accessibility 	info@cahn.org.uk	BAME (4)	<p>All feedback recorded on log. Complete.</p>	

	of local services				
28 th July - PPP Virtual Induction Evening	Those who have expressed an interest were invited.		PPP (7)		
<u>August 20</u>	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
3 rd August - Chorley Dementia Group – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Carol Benabda Carol.Benabda@alzheimers.org.uk	Dementia (15)	All feedback recorded on log. Explore how we can share messaging about social distancing on vehicles and how we are protecting patients – Ongoing	
3 rd August - Healthwatch and Knowsley Older Peoples Voice Work stream – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information 	David Aspin David.Aspin@healthwatchknowsley.co.uk	Healthwatch/Older People shielding (12)	All feedback recorded on log – Find out more information about the new flu vaccine and share with the group. Contact	

	during pandemic			group lead about PPP involvement. Complete	
6 th August - Healthwatch Cumbria – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Rebecca Knagg Rebecca.Knagg@healthwatchcumbria.co.uk	Older people (10)	All feedback recorded on log	
7 th August - NHS 111 First Session	All PPP members invited to NHS111 first session.		PPP (14)		
11 th August - Age UK Trafford – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Ann Marie Jonesannmarie.jones@ageuktrafford.org.uk	Dementia (15)	All feedback recorded on log	
11 th August - Friendlier Fleetwood – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our 	David listening@healthierfleetwood.co.uk	Older people (14)	All feedback recorded on log	

	services and information during pandemic				
12 th August - Cheshire & Mersey Area Learning Forum	All influence members invited to C&M area learning forum.		PPP (1)		
14 th August - Visual Impairment Forum – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Kiran Binati Kiran.Banati@lancashire.gov.uk	Visual Impairment (25)	All feedback recorded on log	
14 th August - Brothers of charity – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Daniel Hall - daniel.hall@brothersofcharity.org.uk	Learning disabilities (16)	All feedback recorded on log. Arrange to meet with group again to update on NHS111 First when it has been launched in their area. Complete.	
17 th August - Virtual	Those who have		PPP (7)		

Taster Evening	expressed an interest were invited.				
18 th August - NHS 111 First Additional Session	All PPP members invited to attend NHS First additional session.		PPP (8)		
18 th August - Merseyside Autistic Adults – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Lydia - merseysideautisticadults@gmail.com	Autism (6)	All feedback recorded on log. Complete.	
18 th August – ‘Connect’ AGE UK group – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Ann Marie Jones annmarie.jones@aguktrafford.org.uk	Older People (15)	All feedback recorded on log. Complete.	
19 th August - NHS 111 First Session	All PPP members invited to attend NHS111 First		PPP (7)		

	session.				
19 th August – ‘Blossom’ AGE UK group – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Ann Marie Jones annmarie.jones@aguktrafford.org.uk	Older People (12)	All feedback recorded on log. Complete.	
20 th August - PPP NWAS Values Focus Group	Influence and Co-produce members invited to take part in NWAS values focus group.		PPP (16)		
20 th August - Preston Dementia Café – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Carol Benabda Carol.Benabda@alzheimers.org.uk	Dementia (16)	All feedback recorded on log. Complete.	
27 th August - ePR Focus Group Session with PPP members	Co-produce members invited to take part in EPR focus group session.		PPP (14)		

September 20	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
1 st September - EOC Learning Forum	All PPP influence members invited to take part in EOC learning forum.		PPP (2)		
8 th September - Carers trust Cheshire and Warrington Luncheon Club – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Sue Dale susan@cheshireandwarringtoncarers.org	Carers support (10)	All feedback recorded on log. Complete.	
9 th September - Virtual Induction Evening	Those who have expressed an interest were invited.		PPP (7)		
9 th September – Healthwatch Warrington Coffee morning – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Crissy Morad crissi.morad@healthwatchwarrington.co.uk	Healthwatch (6)	All feedback recorded on log. Complete.	

14 th September - Complaints Review Panel	All influence members invited to take part in complaints review panel.		PPP (1)		
21 st September - CAL Area Learning Forum	All influence members invited to take part in CAL area learning forum.		PPP(2)		
22 nd September - NWAS AGM	All PPP members invited to NWAS AGM virtual event.		PPP (5)		
22 nd September - Merseyside Youth Association – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Leigh Horner LeighH@mya.org	Young People (8)	All feedback recorded on log. Complete.	
23 rd September - Cheshire Carers Group – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information 	Clare Crerand clarec@cheshireandwarringtoncarers.org	Carers support (12)	All feedback recorded on log. Complete.	

	during pandemic				
24 th September - GM Area learning Forum	All influence members invited to GM area learning forum.		PPP (1)		
24 th September – Virtual taster evening	Those who have expressed an interest were invited.		PPP (1)		
28 th September - South Asian Holistic Mental Health Support Service - Living with Covid - Let's talk about our wellbeing – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Fiona McInroy office@manchesterbmenetwork.co.uk	BME/Mental health (10)	All feedback recorded on log. Continued promotion of PTS and NHS 111 with BAME communities. Ongoing.	
29 th September - Mental Health and Dementia Strategy Group meeting	Influence and Co-produce members with lived experience of mental health and dementia invited to		PPP (1)		

	meeting.				
29 th September - Macclesfield Stroke Recovery Café – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Diane Warhurst Diane.Warhurst@stroke.org.uk	Stroke Recovery (12)	All feedback recorded on log. A key learning point from our engagement with this group is that many of the questions and queries were of clinical orientation, hence consideration needed for clinical support with these types of patient groups for future engagements. Ongoing.	
30 th September - Learning Disability Partnership Meeting – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Kiran Binati Kiran.Banati@lancashirehire.gov.uk	Learning disabilities (20)	All feedback recorded on log. Complete.	

30 th September - NWAS Board of Directors Meeting	All influence members invited to meeting.		PPP (4)		
30 th September - Warrington Speak Up LD Group - Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Pippa pip@advocacyhub.org.uk	Learning Disabilities (14)	All feedback recorded on log. Complete.	
October 20	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
6 th October - EOC Learning Forum	All influence members invited to EOC learning forum.		PPP (2)		
7 th October - Cheshire East – Integrated Adult Commissioning group	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Jill Stenton Jill.Stenton@cheshireeast.gov.uk	Older people (10)	All feedback recorded on log. Complete.	
7 th October	<ul style="list-style-type: none"> • Our 	Mike	Healthwatch (20)	All feedback	

Healthwatch Wirral BRIDGE Forum	<p>response to Covid-19 as a trust.</p> <ul style="list-style-type: none"> • Access to our services and information during pandemic 	Spare5@healthwatchwirral.co.uk		recorded on log. Complete.	
8 th October - Virtual Induction Evening	Those who have expressed an interest were invited.		PPP (5)		
13 th October - Healthwatch Salford Network Meeting – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	<p>Mark Lupton</p> mark@HealthwatchSalford.co.uk	Healthwatch (15)	All feedback recorded on log. Complete.	
21 st October - CAM Area Learning Forum	All influence members invited to area learning forum.		PPP (1)		
22 nd - 26 th October - PTS Mystery Shopper Exercise	Influence and Coproduce members invited to take part in PTS		PPP (14)		

	Mystery Shopper exercise.				
23 rd October - Healthwatch Oldham – MS Teams	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Tamoor Tariq tamoor.tariq@healthwatcholdham.co.uk	Healthwatch	All feedback recorded on log. Complete.	
November 20	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
10 th November - PPP Digital strategy discussion session	6 Influence and Co-produce panel members with an interest in digital development.		PPP (3)	3 Influence panel members with an interest in digital development attended	
11 th November - Virtual Taster Evening	Those who have expressed an interest were invited.		PPP (5)		
12 th November - Sefton Older Persons Forums – Zoom	<ul style="list-style-type: none"> • NHS111 update • NHS111 First key messages and actions 	Justine Shenton Justine.shenton@seftonadvocacy.org	Older people (20)	All feedback recorded on log. Complete.	

17 th November - Influence PPP Q&A Session with Executive team	All influence members invited to take part.		PPP (12)		
17 th November - EOC Learning Forum	All influence members invited to take part.		PPP (2)		
18 th November - PPP Development Session - National Safeguarding Week	All PPP members invited to take part.		PPP(21)		
18 th November - Healthwatch Wirral BRIDGE Forum – Zoom	<ul style="list-style-type: none"> Shared NWAS campaigns 'What3Words' App and 'Make sure emergency services can find you this winter' 	<p>Micha Woodworth Micha.Woodworth@healthwatchwirral.co.uk</p>	Healthwatch (20)	All feedback recorded on log. Complete.	
24 th November - CAL Area Learning Forum	All influence members invited to attend.		PPP (1)		
25 th November - NWAS Board of Directors Meeting	All influence members invited to attend.		PPP (7)		
25 th November - Warrington Speak Up LD Group –	<ul style="list-style-type: none"> NHS111 update NHS111 First 	<p>Pip - pip@advocacyhub.org.uk</p>	Learning disabilities (20)	All feedback recorded on log. Complete.	

Zoom	key messages and actions				
26 th November - Morning PPP work plan session with Consult & Co-produce groups	Consult and Coproduce members invited to attend.		PPP (13)		
26 th November - Evening PPP work plan session with Consult & Co-produce groups	Consult and Coproduce members invited to attend.		PPP (10)		
26 th November - GM Area learning Forum	All influence members invited to attend.		PPP (1)		
26 th November - Healthwatch Rochdale – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Tracey Coatman tracey.coatman@healthwatchrochdale.org.uk	Mental health (18)	All feedback recorded on log. Complete.	
27 th November - PPP Digital Strategy Session	Influence and Coproduce members invited to attend.		PPP(3)		

27 th November - Brothers of charity LD group – Zoom	<ul style="list-style-type: none"> NHS111 update NHS111 First key messages and actions 	Daniel Hall - daniel.hall@brotherofcharity.org.uk	Learning disabilities (15)	All feedback recorded on log.	
30 th November - Complaints Panel Review meeting	All influence members invited to attend.		PPP (1)		
30 th November - Virtual Induction Evening	Those who have expressed an interest were invited.		PPP (5)		
<u>December 20</u>	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
1 st December - PPP work plan session with Influence group	All influence members invited to take part in work plan session.		PPP (4)		

1 st December PPP work plan session with Influence group	All influence members invited to take part in work plan session.		PPP (8)		
2 nd December - Healthwatch Cumbria - 'What matters to you' – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Nick Colledge nick.colledge@healthwatchlancashire.co.uk	Older people 8)	All feedback recorded on log. Complete.	
9 th December - Halton and Warrington CCG Winter Conference – MS Teams	<ul style="list-style-type: none"> • NWAS services general update 	Stefanie Griffiths Stefanie.griffiths@nhs.net	CCG (40)	All feedback recorded on log. Complete.	
16 th December - CAM Area Learning Forum	All influence members invited to take part.		PPP (1)		
18 th December - Community calendar feedback	All consult panel members invited to take part.		PPP	10 panel members provided feedback	
23 rd December -	All consult panel		PPP		

Promotional items feedback	members invited to take part.				
<u>January 21</u>	<ul style="list-style-type: none"> Objectives /Reason for Engagement 	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
12 th January - Healthwatch Salford Community Forum – Zoom	<ul style="list-style-type: none"> Our response to Covid-19 as a trust. Access to our services and information during pandemic 	Mark Lupton mark@Healthwatch.salford.co.uk	Healthwatch (16)	All feedback recorded on log. Follow up on the questions asked with PTS leads – Ongoing.	
19 th January - PPP pre-meet session around the Proposal Assessment Framework (PAF)	All influence members invited to attend.		PPP (7)		
27 th January - Board of Directors meeting	All influence members invited to attend meeting.		PPP (5)		
27 th January - Virtual Taster Evening	Those who have expressed an interest were invited.		PPP (8)		
<u>February 21</u>	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	

1 st February - PPP website development session	All PPP members invited to attend session.		PPP (12)		
2 nd February - PPP website development session	All PPP members invited to attend session.		PPP (11)		
9 th February - ePR update to PPP members	All PPP members invited to attend session.		PPP (24)		
9 th February - Nwas branding workshop with Cornerstone	Influence and Coproduce members invited to attend.		PPP(1)		
9 th February - EOC Area Learning Forum	Two influence panel members who attend regular meetings invited.		PPP (1)		
10 th February - Virtual Induction Evening	Those who have expressed an interest were invited.		PPP(2)		
11 th February - Staying Healthy LD Group – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and 	Janice Wycherley janice.wycherley@pathwaysassociates.co.uk	Learning disabilities (!6)	All feedback recorded on log. Complete.	RAG

	information during pandemic				
18 th February - CAL Area Learning Forum	Two influence panel members who attend regular meetings invited.		PPP	No PPP members could attend.	
25 th February - PPP Session - NHS England Developing future non-emergency patient transport service	10 Influence & Co-produce panel members with experience of PTS invited to attend.		PPP (5)		
<u>March 21</u>	Objectives /Reason for Engagement	Follow up & Contact	Protective Characteristic (user group)	Update	RAG
2nd March - Heywood, Middleton and Rochdale Circle – Zoom	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and information during pandemic 	Kim Ho kim@hmrcircle.org.uk	General (12)	All feedback recorded on log. Complete.	
4 th March - Religion	One Co-produce		PPP (1)		

and Belief Forum	panel member from the Jewish community invited to attend.				
9 th March - Equality, diversity and inclusion development session	All PPP members invited to attend.		PPP (22)		
11 th March - Body worn camera session	All influence and co-produce members invited to attend.		PPP (12)		
15 th March - Tea and talk session	All Influence members invited to attend.		PPP (7)		
16 th March - Tea and talk session - Co-produce	All coproduce members invited to attend.		PPP (4)		
16 th March - Virtual taster evening	Prospective members invited to attend.		PPP		
17 th March - Tea and talk session – Consult	All consult members invited to attend.		PPP (6)		
19 th March - Healthwatch Rochdale - Community Chats group	<ul style="list-style-type: none"> • Our response to Covid-19 as a trust. • Access to our services and 	Sanya Karim sanyakarim1990@hotmail.com	BAME (6)	All feedback recorded on log. Complete.	

	information during pandemic				
22 nd March - Pictorial communications handbook session	All Influence and Co-produce panel members invited to attend.		PPP		
23 rd March - EOC Area Learning Forum	All Influence and Co-produce panel members invited to attend.		PPP		
23 rd March - Pictorial communications handbook session	All Influence and Co-produce panel members invited to attend.		PPP		
24 th March - Influence Q&A session with execs	All Influence panel members invited to attend.		PPP		
24 th March - Healthwatch Wirral BRIDGE Forum – Zoom	<ul style="list-style-type: none"> NHS111 update NHS111 First key messages and actions 	<p>Micha Woodworth Micha.Woodworth@healthwatchwirral.co.uk</p>	Healthwatch (23)	All feedback recorded on log. Complete.	

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Appendix 2 – Community engagement and Widening Participation recruitment events– 1 April 2020 to 31 March 2021

Date	Event	Sector	Type of event
15/04/2020	Southway Housing Group Careers Fair	GM	Postponed due to Covid-19
24/04/2020	Gorton Apprenticeships/Careers Fair	GM	Postponed due to Covid-19
29/04/2020	WWL Insight Day	GM	Postponed due to Covid-19
12/05/2020	NWAS/CTP Live Chat	NW	Careers – Armed Forces
04/06/2020	Gold Alumni Insight Day	C&M	Postponed due to Covid-19
13/06/2020	Preston Military Show	CAL	Postponed due to Covid-19
30/06/2020	Skills Show Military YP	CAL	Postponed due to Covid-19
02/07/2020	Big Bang	C&M	Postponed due to Covid-19
06/10/2020	Warrington Council Live chat	C&M	Virtual event
13/10/2020	Pledge Schools event - Crewe & Nantwich	C&M	Virtual event – schools
14/10/2020	Pledge Schools event - Northwich & Winsford	C&M	Virtual event – schools
15/10/2020	Pledge Schools event - Ellesmere Port & Chester	C&M	Virtual event - schools
16/10/2020	AHP Day	GM	Virtual event - schools
20/10/2020	Pledge Schools Event - Learn Live	C&M	Virtual event - schools
22/10/2020	Pledge Schools event - Mid Cheshire East	C&M	Virtual event - schools
28/10/2020	Cheshire Works 4 U (Warrington DWP)	C&M	Virtual event - careers
05/11/2020	The UK Careers Fair, Liverpool	C&M	Virtual event - careers
12/11/2020	University of Bolton careers event	GM	Virtual event - university
20/11/2020	Lancashire Digital Careers Journey (LEP)	CAL	Virtual event - careers
23/11/2020	Lancashire Digital Careers Journey (LEP)	CAL	Virtual event - careers
26/11/2020	CTP Step Into Health Virtual Careers Fair	NW	Virtual event - Armed Forces
27/11/2020	CTP Live Chat	NW	Virtual event - Armed Forces
02/12/2020	HEE Event for young people	NW	Virtual event - young people
27/01/2021	Cheshire Works 4 U NY New Start	C&M	Virtual event – careers
03/02/2021	Rainford High School - careers event	C&M	Virtual event – schools
10/02/2021	LJMU Paramedic - service ethos & recruitment	C&M	Virtual presentation
10/02/2021	Fazakerley High School - careers event	C&M	Virtual event – schools
15/02/2021	Halewood Academy - careers event	C&M	Virtual event – schools
17/02/2021	AHP Taster Day session	GM	Virtual event – careers
03/03/2021	AHP Taster Day session	C&M	Virtual event – careers
09/03/2021	STEM Careers event (North)	NW	Virtual event – schools
18/03/2021	AHP Focus Schools Event	GM	Virtual event – schools
24/03/2021	Alsop High School - Challenging Stereotypes	C&M	Virtual event – schools
26/03/2021	Woodchurch High School - careers event	C&M	Virtual event – schools

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North West Ambulance Service and the Armed Forces

Recruitment

NWAS Armed Forces Community

Reserve and Cadet Forces

External engagement with Armed Forces

Collaboration and sharing good practice

Armed Forces Week



Recruitment

- Guaranteed Interview Scheme
- Insight days
- Live Chats
- Armed Forces careers fairs
- Email bulletins
- Information advice and guidance
- One to one support during application and interview process
- Trac monitoring
- Case studies
- Referrals - CTP/SIH/other
- Clinical placements and observations

NWAS Armed Forces Community

- Armed Forces Network
- Armed Forces and Reserves Policy
- Buddying/mentor scheme
- External careers fairs support
- Attend events and conferences
- Executive Champion
- Armed Forces Action Group
- Wellbeing support guidance
- Inter-Network engagement

Reserve and Cadet Forces

- 10 days' paid leave
- Support deployment
- Armed Forces and Reserves Policy
- Visits to training camps
- Promoting Reserve & Cadet Forces to staff
- Celebration of Reserves Day
- Reservist posters across trust
- Training at Army Reserve Centres
- Declaration forms
- Joint cadet events (young people)

External engagement with Armed Forces

- Honorary contracts
- Covid-19 support
- Collaborative events eg Fulwood HQ
- Sharing good practice with service charities
- NW RFCA
- Referrals ie CMVES
- Benchmarking
- ERS Gold Network events
- Tri-service employer engagement events

Collaboration and sharing good practice

- ERS Award support
- Inter-organisation referrals
- Collaborative ERS Gold events
- Supporting NHS Insight Days
- External stands/presenters at NWAS events
- Sharing good practice
- Regional Hub meetings
- NHS Employers/Step Into Health
- Networking

Armed Forces Week

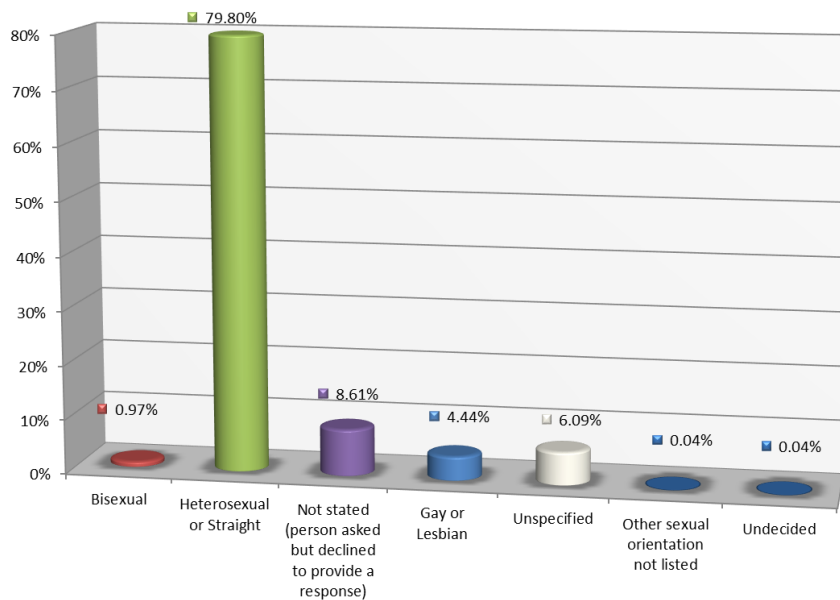
- Annual Reserve and Cadet Force celebrations
- Raising flag at NWAS hubs
- Insight Days
- Staff Reservist activities
- Executive support
- Social media campaigns
- Support from partner organisations
- Case studies and videos
- Supporting external events and parades

Appendix 3: Annual Employment Monitoring Information

Sexual Orientation:

Data Source: ESR as at
31st December 2020

Current Staff: Sexual Orientation By %

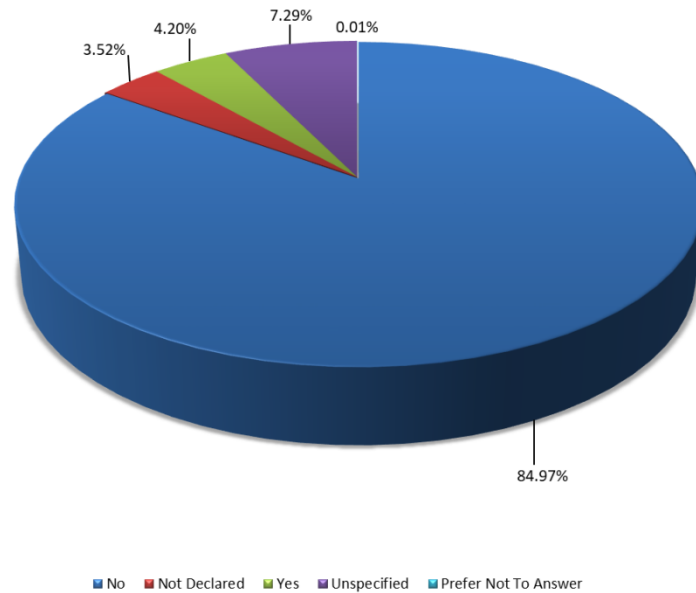


The gay and lesbian categories has increased again from 4.24% to 4.44% staff this year. The rate remains lower than what would be expected of the general population. The figures for bisexual staff have also increased. There has been a continued reduction in non disclosure from over 20% at the end of 2017 to 18.63% and then 16.57% in 2019 and 14.7% this year.

Disability

Data Source: ESR as at
31st December 2020

Current Staff: Disability By %

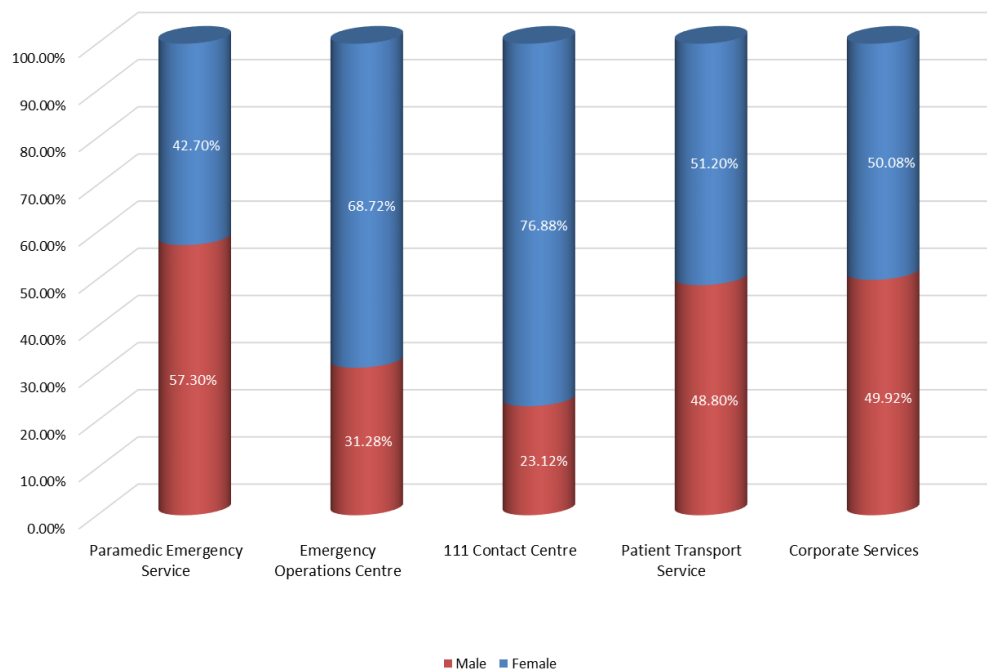


Staff disclosure of a disability had been consistently rising year by year and rose from 3.80% in 2019 to 4.20% in 2020. Those not disclosing their status as disabled or otherwise has decreased from nearly 16% just under 12% in 2019 and in 2020 it had further decreased to 10.81%

Gender

Data Source: ESR as at
31st December 2020

Current Staff: Gender By Service Lines



Female staff now account for 50.76% of the workforce within NWS. The female proportion has increased in all the 4 operational services like PES, EOC, 111 and PTS:

- PES increased by 1.7%
- EOC increased by 0.8%,
- 111 increased by 3.2%
- PTS increased by 0.9 %

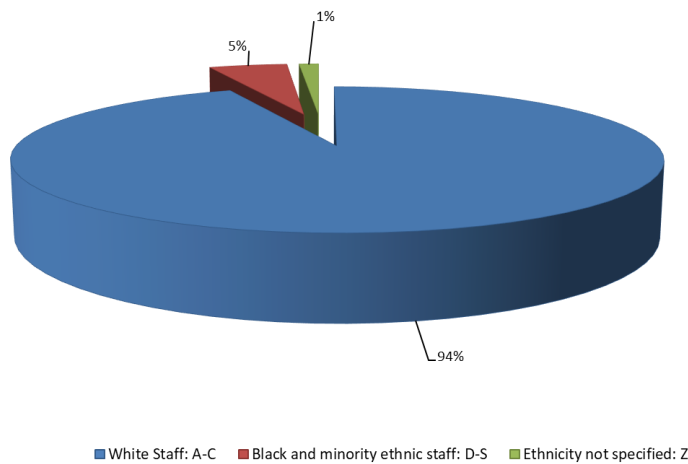
There is significant increase in 111 services and reflects the significant recruitment in 111 over the last 12 months. The graph above shows clear differences in where staff work within the Trust, as it has in previous years. Corporate Services and Patient Transport Service appears to have a good level of gender balance.

Note about Trans applicants and staff: It is not possible for new starters to declare their gender to the Trust as anything other than male or female on the electronic systems used as part of the recruitment process. Staff and candidates have declared their status as transgender to the Trust over the last 12 months, but it is not possible to record this information with only the two binary measures on the electronic systems at this time and no option to record trans status. Therefore there is no information published about this currently; there is also the potential initially that the numbers will be so small as to be personally identifiable.

Current Staff: Ethnicity

Data Source: ESR as at
31st December 2020

Ethnicity of current staff in NWAS



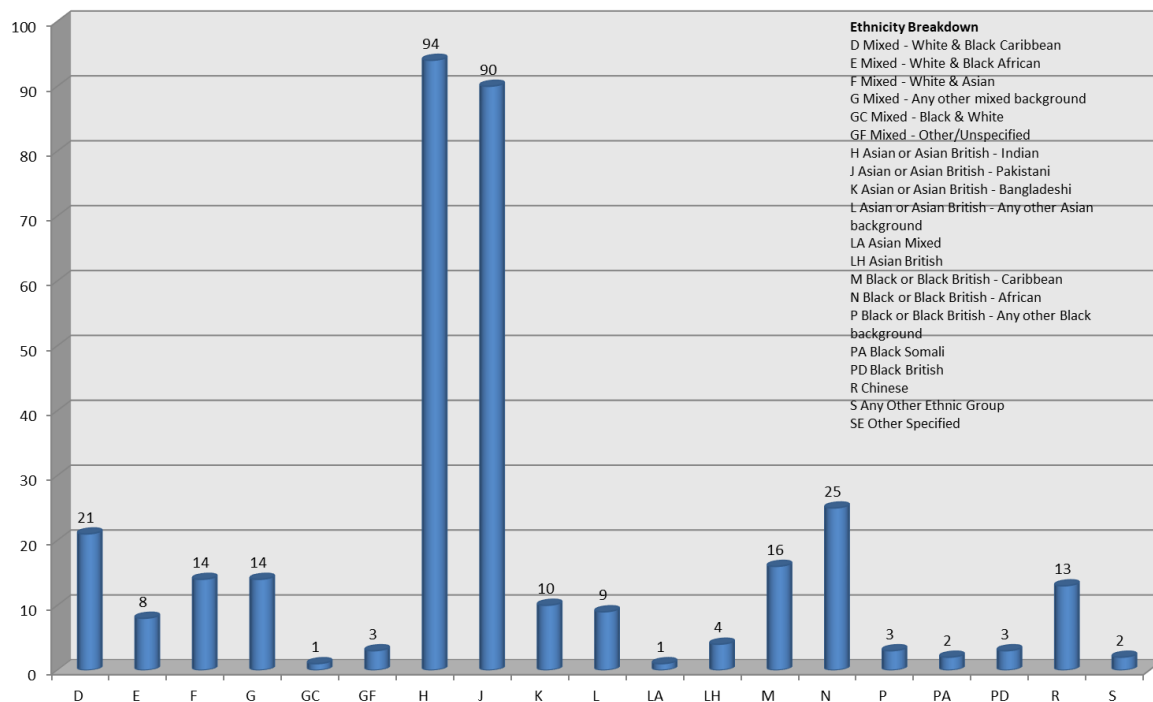
The percentage and overall number of staff from non-white groups has increased from 4.28% to 4.59 % in 2019 and over the 12 month period it had further increase to 4.99%.

NWAS retains good disclosure rates for ethnicity. Not stated or unspecified now stands at 1.25% in 2020, showing continuous reduction in last few years. The rate of non-disclosure information was 1.31% in 2019, a reduction from 1.86% in 2018. This is well below the NHS average for non-disclosure rates.

Breakdown of current staff from non-white groups

Data Source: ESR as at 31st December 2020

Ethnicity of current staff: Black and minority ethnic group



Other monitoring data

Detailed data by age, religion, marital status and part-time staff can be found on our website at the following link:

[LINK TO BE ADDED HERE](#)

The following provides some narrative on the position in relation to other protected characteristics.

Religion – Following the previous pattern, non-disclosure rates for religion have again reduced, this time from 21.98% to 20.48%

Marital Status – The number of staff for whom the Trust does not know their marital status has reduced again from 348 to 325 over this last year. While this does not appear to cause the Trust any problems, it is important that the Pensions Team are kept up to date with details by employees.

Age – The age of the workforce in various parts of the Trust has again shown a similar pattern to the previous year. The 45-54 age range again has the highest proportion of staff equating to just over 27% of staff.

Data source - All workforce data has been taken from the national NHS Employee Staff Record system at 31st December 2020.

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REPORT TO BOARD OF DIRECTORS

DATE:	26 May 2021			
SUBJECT:	NWAS People Plan			
PRESENTED BY:	Lisa Ward, Director of People			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Decision			
EXECUTIVE SUMMARY:	<p>The People Plan is an enabling strategy which supports and underpins the wider Trust strategies and aims to develop the culture and leadership environment to facilitate the delivery of the overall organisational goals. The strategy has been renamed as the NWAS People Plan to bring it in line with national and ICS naming conventions and is established as a three year rolling strategy with an annual review to make sure that it remains agile in responding to emerging needs.</p> <p>The People Plan has been refreshed due emerging changes and challenges across the health care system and to reflect the impact of COVID-19 on the 3 year work programme. COVID 19 had an impact on the delivery of strategic plans during 2020/21. In light of this and the continuing uncertainty a one year focussed workplan has been developed rather than a full three year implementation plan. This is included at Appendix 2. It sets out the key activities and areas of work required across the next year to ensure that the People Plan is delivered. This includes work to continue to improve the Foundations of Success areas and the Key Improvement Goals. Each of these also include indicators of how progress will be measured</p> <p>The report outlines the key changes made to the People Plan as part of this review. In looking at context the linkages with the national People Plan have been enhancing including the commitment to the NHS People promise.</p> <p>From an internal perspective the key workforce challenges have been updated to recognise the changing context in which we are operating. In particular,</p> <ul style="list-style-type: none"> • the impact from COVID, especially in respect of staff safety • the initial outcomes of the Culture and Wellbeing Audit • the focus on productivity and the review of our service delivery model • the increased focus and ambition around the EDI agenda 			

	<p>The themes and supporting priorities remain unchanged and the workforce vision of enabling our leaders to develop, engage and empower our people remains fundamental to our approach. This position has been supported from the outcomes of the Culture and Wellbeing Audit where the correlation between staff wellbeing, productivity and leadership is demonstrated to be key.</p> <p>Under the key themes several improvement goals have been moved to foundations of success as they transition to core business: Be Think Do assessment approach to leadership recruitment; apprenticeships; Health and Wellbeing offer.</p> <p>Some improvement goals such as revisions to the benefits package have been closed and a range of new improvement goals added. These include facilitation of the workforce aspects of the SDMR project; improving the delivery of People directorate's services through technology; suicide prevention; embedding the values and supporting the digital capability of the workforce.</p> <p>We have also included the Board approved EDI priorities relating to recruitment and progression and education and training in full.</p> <p>The workforce indicators and targets which had been a standalone document have now been incorporated as an appendix to the People Plan. This includes performance against the 2020/21 targets. This shows a mixed picture with several areas challenge as a result of COVID including vacancy rates and staff survey results. However, there are positive improvements in workforce representation, underlying non-COVID sickness, apprenticeship provision and turnover. Obviously some of the areas such as leadership are complex but in most cases it has been possible to identify some proxy indicators from the staff survey.</p>		
RECOMMENDATION:	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> • Approve the refreshed NWAS People Plan. • Receive assurance that there is a robust one year implementation plan, which underpins the People Plan through the identification of objectives and measures of success. 		
ARE THERE ANY IMPACTS RELATING TO:	Equality:	<input checked="" type="checkbox"/>	Sustainability <input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee/Resources Committee		
	Date:	19 May 2021/21 May 2021	
	Outcome:	Recommended for approval.	

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1 PURPOSE

The purpose of the report is to provide the Board of Directors with a refreshed 3 year NWAS People Plan (previously Workforce Strategy) and also assurance regarding work plans to implement the People Plan. The People Plan is presented for recommendation for approval to Board.

2 BACKGROUND

- 2.1 The Workforce Strategy was initially approved in October 2018. The People Directorate has had business plans in place since 2018/19 which alongside the strategic three year implementation plan have contributed to the progress made since the strategy was first implemented. The strategy has been renamed as the NWAS People Plan to bring it in line with national and ICS naming conventions and is established as a three year rolling strategy with an annual review to make sure that it remains agile in responding to emerging needs.
- 2.2 The People Plan has been refreshed due emerging changes and challenges across the health care system and to reflect the impact of COVID-19 on the 3 year work programme. COVID 19 had an impact on the delivery of strategic plans during 2020/21. In light of this and the continuing uncertainty a one year focussed workplan has been developed rather than a full three year implementation plan. This focuses on recovery of business as usual, recovery of previously committed work programmes and new emerging areas of work. This workplan is included at Appendix 2.
- 2.3 The People Plan is an enabling strategy which supports and underpins the wider Trust strategies and aims to develop the culture and leadership environment to facilitate the delivery of the overall organisational goals.
- 2.4 The Strategy sets out three key themes:



- 2.5 For each priority the strategy outlines our foundations of success. These are the core foundations that we already have in place to support these priorities but which we commit to continuing to improve and develop over the next three years.
- 2.6 The strategy also sets out our key improvement goals which are the key areas of improvement to deliver our workforce vision. The plans for delivering these goals will be set out in our annual business objectives to ensure that the strategy remains both a relevant and useful tool to measure our progress and success.

2.7 The People Plan has been presented to the Executive Leadership Committee and Resources Committee. Both Committees noted that they felt the plan appropriately identified the keys challenges and set out improvement goals and targets to address those. Some changes have been made to the implementation plan in Appendix 2 following Resources Committee to strengthen the work around retention, flexible working and digital capability. Both Committees recommend the People Plan for approval.

3 KEY CHANGES

3.1 The context and drivers within the document have been updated to reflect the focus of the national people plan, the content of which maps across to the key themes and priorities in the NWS People Plan. It also reflects our commitment to the NHS People Promise which establishes a national commitment to a comprehensive people offer.

3.2 From an internal perspective the key workforce challenges have been updated to recognise the changing context in which we are operating. In particular,

- the impact from COVID, especially in respect of staff safety
- the initial outcomes of the Culture and Wellbeing Audit
- the focus on productivity and the review of our service delivery model
- the increased focus and ambition around the EDI agenda

3.3 The themes and supporting priorities remain unchanged and the workforce vision of enabling our leaders to **develop, engage** and **empower** our people remains fundamental to our approach. This position has been supported from the outcomes of the Culture and Wellbeing Audit where the correlation between staff wellbeing, productivity and leadership is demonstrated to be key.

3.4 However, within the priorities there has been a review of key improvement goals with the following changes of note:

3.5 Develop - Recruitment and retention

- embedding Be Think Do leadership principles into leadership assessment processes has been moved to a foundation of success given the work undertaken in 2020/21 to refresh and establish a sustainable consistent process of assessment
- the inclusion of the EDI priority approved by Board in relation to recruitment and progression has been replicated in full to ensure consistency of commitment.

3.6 Develop - Developing Potential

- the delivery of high quality apprenticeships has been moved to a Foundation of Success as this is now embedded as our approach to core induction
- The reference to Paramedic upskilling has been removed as these national targets were met and the continued development of our clinical workforce to support new ways of working is reflected in another goal
- A new goal on supporting digital capability has been added to reflect the support required to deliver the digital strategy

3.7 Engage – Wellbeing

The overall commitment under this priority has been rewritten to make it clear that this extends beyond traditional attendance and wellbeing to wider aspects of engagement and culture.

- The commitment to developing a range of health and wellbeing support has been moved to a foundation of success as we now have a comprehensive range of support in place
- The commitment to enhancing our benefits package has now been removed as 2020/21 delivered a complete review and expansion of our salary sacrifice offer and the introduction of financial wellbeing support
- A key improvement goal around suicide prevention has been included, recognising the national work done within the sector which NWAS is committed to implementing and developing
- The outstanding culture commitment has been reframed to recognise that in 2021 this moves from audit to action

3.8 Engage – Inclusion

- Several of the commitments under this section have been removed as they are now covered by the broader EDI commitment around recruitment and progression included under the first priority
- The inclusion of the EDI priority approved by Board in relation to education and training has been replicated in full to ensure consistency of commitment.

3.9 Empower – Leadership

- The goal to embed BTD has now been moved to a foundation of success but with the intention of continuing to embed and refresh
- A new improvement goal focused on embedding the values in policy and practice has been added

3.10 Empower – Improvement and Innovation

- The commitment to supporting the comprehensive review of rosters has been removed as this work has been completed
- The requirement to support the Service Delivery Model review with its requirements for large scale organisational change; employee relations challenges and major review of working practices has been added
- A new commitment in relation to improving the directorate's efficiency and effectiveness through technology has been added. This reflects plans to move to ESR self-service during 2020/21 and work being undertaken to develop a technological solution to support appraisal compliance.

4 **Measurement**

4.1 Time has also been taken to engage with the Senior Teams to develop a detailed implementation plan for the next 12 months which enables the People Directorate to focus on the key priorities as we emerge from the Pandemic. Some of key priorities have been reset as a result of COVID-19 including enabling the necessary improvements across Equality, Diversity and Inclusion. Additionally, extra resources have been necessary to support the agenda and to enable the Trust to deliver against its strategic priorities in relation to EDI. This is included at Appendix 2. The plans indicate the measures of success for each area of work.

4.2 The opportunity for wide scale review of last year and to celebrate progress has been hampered due to the Pandemic but during June 2021, the wider People Directorate team will come together virtually to celebrate our achievements in the last year and it will also provide an opportunity to for the team to reset and refocus on both the next 12 months and to discuss the

new values of the organisation, what they mean to the People Directorate and how we can help to embed them across the organisation.

4.3

Appendix 2 sets out the work to be undertaken to deliver on the objectives. For each priority area this is split into work to ensure continuous improvement in the Foundations of Success areas and work required to deliver the Key Improvement Goals. The final column in this section identifies how we will measure progress and success.

4.4

The activities set out in the plan will be translated into detailed annual business plans and the overall implementation plan will be reviewed bi-annually to ensure that it remains fit for purpose in enabling delivery of the core strategies within the overall vision set out. Progress will be reported to the Resources Committee for monitoring and assurance purposes with detailed monitoring being undertaken through the new workforce governance structure.

4.5

The People Plan also includes a set of overall key workforce indicators measures in an Appendix to the People Plan. These are not the only measures of success for the implementation plan but they identify a set of high level indicators, many of which are already reviewed regularly by Committee and Board. We would expect these to improve or be maintained through the implementation of the strategy and target achievement is set against each target. It should be noted that this section will be subject to further review as the key measures associated with the EDI priorities are developed further. These are still being consulted on following initial review at the Equality, Diversity and Inclusion sub-committee.

4.6

This Appendix also shows performance against the targets set for 2020/21. This shows some areas where delivery of the targets has been challenging. The overall vacancy position is above the 1% target set at 2.67%, however, PES was at target and overall vacancies have been impacted by the resourcing implications of COVID with particular impact on PTS. Although staff survey results were stable overall we did not deliver the above sector average scores which we had targeted but again this has been a challenging year with the impact seen on staff wellbeing throughout the pandemic. The WRES and WDES data showed good improvements in the majority of areas but we had targeted improvement across the board.

4.7

However, positive delivery of planned targets was seen in workforce representation, turnover and revised mandatory training and appraisal recovery was delivered to plan. We continued to show strong performance in respect of embedding apprenticeships and underlying non-COVID sickness showed a 0.5% improvement on the previous year, supported by high vaccination rates for frontline staff.

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

There are no legal implications associated with this report.

6 EQUALITY OR SUSTAINABILITY IMPLICATIONS

6.1

The People Plan and the 2021/22 underpinning objectives include the agreed EDI Strategic Priorities as agreed by the Trust Board as well as the NHS People Plan objectives and the employer duties under WRES and WDES.

7 RECOMMENDATIONS

The Board of Directors is recommended to:

- Approve the refreshed NWAS People Plan.
- Receive assurance that there is a robust one year implementation plan, which underpins the People Plan through the identification of objectives and measures of success.



NWAS

PEOPLE PLAN

2021 – 2024

October 2018

Recommended by	Resources Committee
Approved by	Board of Directors
Approval date	
Version number	2.7 draft
Review date	April 2022
Responsible Director	Director of People
Responsible Manager (Sponsor)	Deputy Director of People
For use by	All Trust employees

This strategy is available in alternative formats on request.
Please contact the HR Department on
01204 498400

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	19 Jul 2013		C Offer	Document creation
0.2	24 Jul 2013		C Offer	Completion of additional sections, feedback received
0.3	30 Jul 2013		C Offer	Feedback received
0.4	7 Aug 2013		C Offer	Completion of additional sections, feedback received
0.5	2 Sep 2013		C Offer	Review and feedback
0.6	2 Oct 2013		C Offer	Completion of additional sections, feedback received
0.7	18 Oct 2013		L Ward / C Offer	Completion of additional sections, feedback received
0.8	31 Oct 2013		C Offer	Final review prior to consultation
0.9	3 Dec 2013		C Offer	Feedback from consultation
1.0	6 Jun 2014		C Offer	Updated following Board of Directors agreement of three aims
1.1	11 December 2014		L Ward / C Offer	Finalised update
1.2	31 March 2016	April 2016	L Ward	Interim review to ensure strategy remains fit for purpose
1.3	17 April 2017	April 2017	L Ward	Interim review to ensure strategy remains fit for purpose
2	May 2018	June 2018	V Camfield L Ward	Full review of strategy
2.1	October 2018	October 2018	V Camfield L Ward	Amendments following consultation
2.2	October 2018	October 2018	L Ward	Amendments following consultation with EMT
2.3	October 2018	October 2018	L Ward	Amendments following EMT approval
2.4	31 October 2018	November 2018	L Ward	Board Approval
2.5	8 March 2020	9 March 2020	L Ward	End of year 1 review
2.6	9 July 2020		L McConnell	Reflect changes arising from COVID 19
2.7	10 May 2021		L McConnell	Reflect name change, refresh from Covid 19, EDI objectives, external changes

People Plan – 2021 - 2024

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6	Workforce Themes.....	Page 11.
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INTRODUCTION AND PURPOSE

The Trust aims to ensure that patients are at the heart of what we do. The purpose of the People Plan is to set how we will **develop, engage and empower** our workforce to deliver our vision to be *'The best ambulance service in the UK, by providing the right care, at the right time, in the right place every time'*. The People Plan sets out our strategic workforce priorities and our approach to enabling the changes required in our workforce to support delivery of the Trust's strategic objectives. The People Plan is a rolling 3 year Plan which will be reviewed annually to ensure that it adapts to the changing needs of the organisation and remains fit for purpose.

We are operating in a challenging time with key national drivers such as the Five Year Forward View, Long Term Plan and the Integrated Care System changes, providing a complex operating environment. Responding to this environment requires innovative leadership, an agile workforce and the necessity to collaborate in new ways of working to deliver safe, effective and patient centred care.

The needs of our workforce are also changing. Shortages of key clinical staff, changing educational pathways and the changing demands of the new workforce and longer working, requires flexibility across the employee lifecycle. We also have a number of workforce challenges around workforce engagement, culture and staff safety; diversity and inclusion; productivity and workforce modernisation. It is therefore important that the People Plan is a framework that we can utilise to enable our response to these challenges.

The impact of COVID-19 on the delivery of the strategic objectives outlined in this People Plan has been significant. The People Directorate have focussed on improving resources and capacity during the pandemic whilst ensuring that Health and Wellbeing and changes to Terms and Conditions of employment have been implemented effectively and fairly and that staff have had access to the best possible support to keep them safe.

However, moving forward, during 2021/22, the People Directorate will strive to deliver its recovery plan following the impact of COVID-19 on the strategic objectives within this Plan, focusing on both recovery of our foundations of success and resuming delivery of key improvement goals within the context of a reset of the overall implementation plan. There is a 1 year programme of delivery which is designed to focus on key recovery items and objectives.

WORKFORCE VISION

Achieving our strategic goals and making our vision a reality will not be possible without our staff. Our greatest asset is our staff and in order to fulfil our vision and meet the key drivers we need a highly skilled, committed and engaged workforce that can modernise and grow.

We have a workforce vision to **develop, engage and empower** our staff. This starts at the point of recruitment and continues throughout the employee lifecycle. Our leaders are key to enabling our staff to be motivated, caring and proud to work for the Trust.

The role of a leader is becoming ever more challenging in the current healthcare climate which is volatile, uncertain, complex and ambiguous. How we lead in these environments is therefore equally important as what we achieve.

Leadership is key to delivering the Trust vision and there needs to be a recognition and investment in the development of great leaders who are able to inspire people to act and who can nurture a positive culture. Effective people management is the starting block to creating a motivated, engaged and committed workforce.

The People Directorate plays a vital role in enabling leadership accountability through the creation of a best practice framework of policy and practice; through expertise in workforce management and organisational design; planning and delivery of effective transactional services; leadership development and support.

The principles of the Trust's **Be Think Do** Leadership Framework aims to get leaders to be a positive role model by understanding who they are and the type of leader they can be and seeks to support them through their leadership journey.

It is key for leaders to **be** accessible and prepared to engage with staff, leading through the uncertainty with compassion and interest. Effective leaders need to **be** authentic and healthy role models ; to **think** critically and creatively to deliver longer term change; and to act with integrity in what they **do** to challenge, influence and invest in others.

Leadership has also been a key theme arising from the Staff Survey results for 2020 and the Culture and Wellbeing Audit undertaken by Zeal Solutions in 2020/1. As part of the People Plan refresh and the development of a 1 year focussed action plan, the local staff survey data has been shared and will be combined with the outcomes of the Culture and wellbeing audit and with workforce intelligence to ensure a wide reaching view of local culture to continue to inform plans. Key areas of improvement and development which have emerged from the Culture and Wellbeing audit are enabling the psychological safety of the workforce and the importance of improving Volition, Inclusion and Proficiency.

Enabling our leaders to create psychologically safe and inclusive environments and to focus on the extent to which staff feel empowered, valued and competent to carry out their work is a critical focus.

TRUST VISION AND VALUES

The Workforce Strategy is an enabler to support the Trust's overall ambition to be *'The best ambulance service in the UK, by providing the right care at the right time, in the right place, every time'*.

Workforce forms one of the key priorities in the Trust Strategy:



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

The Workforce Strategy does not operate in isolation, but exists to enable the delivery of the Trust's Vision and to support the implementation of other key enabling strategies, including the Right Care Strategy (Quality) and the Right Time, Right Place Strategy (Urgent and Emergency Care). The Workforce Strategy enables 'every time' delivery of high quality patient care. As such it provides a core foundation on which future success is built.



Values refresh

Our values form the foundation of, and drive the whole organisation, ensuring we lead by example and create the right culture and conditions for patients to receive safe and effective care every time. These values can only be achieved if we have the staff in place who share the Trust's values and feel supported to deliver them. We need to ensure that we recruit, develop and support our staff to feel engaged and proud to work for the Trust.

The review of the Trust values continued in 2020/21, despite the pandemic, with engagement activities and feedback from staff on what they valued working in NWAS directly informing the final values and their underpinning behaviours. The new NWAS Values recognise the fundamental importance of inclusion, respect and striving to deliver our best for patients, colleagues and ourselves. The refreshed values are:



EXTERNAL KEY DRIVERS

This People Plan is shaped by key drivers in both the local and national health economy and these assist in identifying the key workforce priorities.

The *NHS Five Year Forward View and Long Term Plan* set out why improvements are required to support the triple aim of better health, better care, and better value. The plans set out the need to review the provision of urgent and emergency care, as well as recognising the need to develop an ambulance service which is empowered to make decisions based on the best possible outcome for the patient. The result of this is a move away from the respond and convey model of the traditional ambulance service. Instead, the Trust is working innovatively to transform the way in which we respond to patients' needs and make clinical decisions as far forward in the patient journey as possible.

The *NHS People Plan* was developed collaboratively with national leaders and partners, setting a vision for how people working in the NHS will be supported to deliver care and identifies the actions NHS organisations should take to help them. The NWAS People Plan has been mapped against the key themes identified in the plan to ensure that our planned improvement goals will deliver the expectations set out nationally for people management in the NHS. In particular, the focus on making the NHS the best place to work; improving leadership culture; addressing workforce shortages; and developing 21st century care, especially through support of the digital agenda. The challenging objectives within the NHS People Plan now form part of the People Directorate's strategic priorities and the following key themes map to the NWAS People Plan key themes.

- **Looking after our people** – with quality health and wellbeing support for everyone
- **Belonging in the NHS** – with a particular focus on the discrimination that some staff face
- **New ways of working** – capturing innovation, led by NHS people
- **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return.

The NHS People plan also incorporates the NHS People Promise setting out our commitments to our staff. It has been developed to help embed a consistent and enduring offer to all staff in the NHS. From 2021, the annual Staff Survey will be redesigned and aligned to the Promise.



The *Care Quality Commission (CQC)* is the independent regulator of health & social care in England and they oversee the Trust's compliance with the provision of high quality care and patient safety. Our workforce clearly has a significant role in ensuring that we achieve outstanding assessment against the CQC standards and this Plan will support improvements and ongoing developments in this area, ensuring that we respond to emerging recommendations from inspections. Following CQC assessment in 2020, the Trust has been rated 'Good' by the CQC with some areas of outstanding practice identified. We will seek to build on these areas and to work towards an overall outstanding assessment in the future.

The *Carter Review* into Operational Productivity and Performance in English Ambulance Trusts was published in 2018. This looks at the comparative performance of ambulance services and identifies unwarranted variation to help services to learn from each other. The report recognised that ambulance staff do hugely challenging jobs day in, day out and that the right level of support is critical. It highlights that levels of sickness and engagement across ambulance staff are some of the most problematic in the NHS and need to be addressed culturally. It also reinforced the underpinning workforce vision set out in this Plan to ensure that staff have effective clinical and managerial support to ensure they feel confident in treating a patient over the phone or on scene.

The proposals relating to the reform of the *GP contract* also sets out a challenging context for ambulances service. These proposals identify the value of the Paramedic workforce in addressing skills shortages within primary care and provides a funding model through the GP contract to support the recruitment of Paramedics. This poses challenges to workforce supply but also to the loss of experienced Paramedics from the ambulance workforce, which could impact on the delivery of improved non-conveyance rates and mentoring and support of the newly qualified workforce. The Trust is working to respond positively and recognise the opportunities of these developments for our workforce, engaging in pilot rotational working models.

The Government has also issued the Policy Paper on Integration and Innovation which sets out a blue print for reform of NHS governance. The legislative changes as a result of this will mean that every part of England will be covered by an *Integrated Care System (ICS)*.

This builds on the work the system has been doing since the publication of the NHS Long Term Plan, and is in line with NHS England's recommendation in their recent document, formally recognising the need to bring together NHS organisations, local government and wider partners at a system level to deliver more joined up approaches to improving health and care outcomes. The changes will formalise the requirement to collaborate in a patient centred and co-productive approach.

The changes are also likely to devolve key workforce responsibilities, particularly around planning, workforce development and transformation of services. As a Trust we need to be responsive to the changing healthcare system to ensure that we engage effectively as a system partner in transformative change, whilst ensuring opportunities are developed, best practice is shared and risks are mitigated. This will impact on the way we deliver our services and how we use resources in line with the strategic intent of the plans.

The external environment creates both pressure and opportunities and we have structured our workforce vision and People Plan to support the Trust and our workforce in meeting these challenges and opportunities, whilst remaining true to our values.

WORKFORCE CHALLENGES

The Trust vision and external environment creates a numbers of workforce challenges. The People Plan aims to address these key challenges and provide a tool to measure our progress in addressing them.

Workforce engagement and Culture

We need to ensure that the behaviours and attitudes that our leaders and staff share and use on a daily basis, reflect our values consistently. Culture determines how our staff feel about the organisation, how they understand and interpret the vision and how engaged and motivated they feel in their work. The Trust refreshed its Values in April 2021 following engagement activities and feedback from staff on what they valued working in NWAS. The vales set out clear expectations of behaviours in the workplace and we need to continue to embed these values into the way we lead and deliver services.

The Trust also undertook a culture and wellbeing audit in 2020/21. This has helped to provide a more in depth understanding of how the work environment, its systems, processes and behaviours impact both positively and negatively on our staff. What this identifies is that there is a high correlation between strong, supportive leadership and positive experiences of work. Where our staff experience this consistently they thrive and report a strong sense of being valued and supported but equally where this is inconsistent, staff report the opposite.

The key recommendations emerging from this audit, combined with staff survey results, freedom to speak up and other indicators identify leadership development as a continuing priority. Leadership focused on supporting psychological safety and also on enhancing:

- Volition - the extent to which staff feel they have some control, autonomy and choice over what they do
- Inclusion - the sense of contribution, belonging, recognition and value
- Proficiency - the extent to which staff feel competent to deliver to their best

Effective workforce engagement is key to staff feeling both valued and empowered. We recognise that we need to improve the way in which we engage with our staff and how they engage with each other.

Good engagement starts with managers and our leadership development framework, **Be Think Do** and is predicated on managers being prepared to engage with staff and form effective working relationships.

The extent to which staff feel valued and treated fairly is critical to the sense of wellbeing and productivity in work. Staff survey results and feedback around our investigation processes suggest that there is further work to do to embed the principles of Just Culture and to support the ongoing development of a learning culture.

Diversity and Inclusion

Creating an inclusive culture where staff feel supported to fulfil their potential, are valued and welcomed for the diversity they bring to their role and feel that the organisation around them reflects the diversity of the communities we serve, is essential in delivering our values and encouraging innovation.

The impact of the pandemic, alongside world events highlighting the ongoing disproportionate impact of racism and discrimination, has caused many organisations to pause and reflect on the experiences that BAME colleagues face on a daily basis. In turn this has led the Trust to reflect on our own efforts to support and progress the diversity and inclusion agenda.

Alongside our own internal efforts and measurement of progress, there are external drivers inducing an enhanced focus. The NHS People Plan published in 2020 set out a need for Trusts to create an organisational culture where everyone feels they belong and with this to improve the experience of BAME employees.

There also remain challenges in the diversity of our workforce representation. Again positive progress is being made in improving levels of representation from diverse groups, there is still a long way to go for this to be representative of our communities and adequately reflected in our leadership and management roles. This is confirmed through both our WRES, WDES and gender pay gap data which also reflects the particular challenges in the operational and clinical workforce.

As a Trust we have recognised the need to change our approach to Diversity and Inclusion. Whilst acknowledging that good incremental progress has been made over recent years to improve representation and staff experience, it is recognised that there is a need to increase our ambition and provide a clear and resourced commitment to make a step change in the experience of staff and patients.

In January 2021 the Trust agreed to a set of three ED&I priorities, the first two of which are key priorities in the NWS People Plan:

- 1.** We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.
- 2.** We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patient.
- 3.** We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.

Evidence shows that diversity in leadership is associated with more patient centred care, greater innovation, higher staff morale and access to a wider talent pool and to deliver the ambitions of this strategy we need to ensure that we can deliver leadership diversity.

COVID 19 has brought into very sharp focus the disproportionate health outcomes resulting from COVID 19 disease faced by our BAME and many disabled colleagues particularly in the Healthcare Sector. The Trust will continue to ensure that at all levels; nationally, regionally and locally we will take all necessary measures to protect the health, safety and wellbeing of our BAME colleagues.

Workforce Productivity

The optimisation of the workforce is a key response to the external and internal demands upon the Trust. Traditionally, changes to the workforce have been in reaction to internal developments and have been undertaken in isolation from the wider health economy. Moving

forward, the Trust needs to shape the emergency and urgent care workforce for both 999 and 111 based on new models of care across the wider health economy, working closely with primary and acute providers. The changes in the landscape with the impact of statutory ICS on the wider health economy requires a workforce which is flexible and has a rich mix of skills.

The Trust's Urgent and Emergency Care Strategy and supporting transformation programme has a clear objective to support the development of an integrated urgent and emergency care model of service delivery. This will see the Trust continue to build its clinical workforce and increase the utilisation of non-paramedic clinical roles such as nurses, pharmacists and mental health specialists across our service lines, including enabling clinical support in our Emergency Operations Centre environments. This combines with digital developments such as Single Primary Triage which will open up the opportunity to develop and use our workforce in different ways, creating new career pathways and opportunities.

The demand and capacity review of 999 services will also help to inform how our future delivery model is shaped and this will directly correlate to how we utilise and develop our workforce. Changes to our models of delivery prompts reassessment of traditional policies and operational processes to ensure that they remain fit for purpose to meet the needs of patients and staff welfare and to improve productivity and efficiency. Clear workforce planning is required to translate the recommendations in a way which meets the requirements of the future service delivery model with clear engagement with the workforce.

Performance against our commercial contracts in 111 and PTS challenges us to review workforce structures, career pathways and improve efficiency and productivity. The Trust Strategy recognises the value of both 111 and PTS to the future development of integrated urgent care and this strategy will support the Trust and workforce to prepare for contract change, improvement and retendering processes, if required.

Keeping staff safe

Our staff work in challenging environments and also face difficult personal pressures during the employee lifecycle. Engaging and supporting staff to face those challenges and to provide a holistic approach to supporting their wellbeing and psychological safety is crucial to ensure staff can provide the best possible care to their patients.

Staff can experience unacceptable violence and aggression when carrying out their role. As a trust we need to ensure staff have confidence in our zero tolerance approach to violence and aggression and that our prevention and support strategies focus effectively on keeping staff safe. Body Worn cameras have been launched as an additional measure to keep staff safe.

Unplanned absence can have a significant impact upon the Trust's ability to manage resources and deliver care. The Trust continues to take a targeted and supportive approach to ensuring that attendance is managed effectively using workforce information, Trust policies and procedures, alongside the Occupational Health Services.

The Trust also takes a holistic approach, recognising the clear correlation between health and wellbeing and staff attendance. A number of initiatives have been introduced over the last 12 months to support wellbeing. In recognition of the fact that 'one size doesn't fit all', managers are taking a localised approach to managing wellbeing, looking at the local needs of staff based on the staff survey responses.

Responding proactively to the ongoing impact of COVID-19 on staff safety and wellbeing will need to be a continuing focus. The Trust has had a safety first approach and has been proactively undertaking risk assessment for those clinically vulnerable staff and also BAME colleagues where emerging data has shown greater risk of disease. The Trust has had a significant impact regarding the vaccination programme for staff and we will need to continue to engage and evaluate our wellbeing response as we move out of the Pandemic.

Maintaining a COVID safe working environment will continue to be a challenge for the Trust as we develop new ways of working in order to protect our staff on the front line providing direct patient care and social distancing requirements in the workplace.

Recruitment and Retention

The People Plan will seek to map out the employee lifecycle and identify areas for improvement which in turn will improve our attraction and retention of staff.

The development of new and different roles within the wider health economy has led to an increased turnover amongst clinical staff and this contributes to existing skills shortages, particularly in nursing and Paramedic roles across 999, urgent care and 111 services. The impact of the GP contract reform could accelerate these risks. Whilst this is a common issue throughout the health sector, we want to develop our relationships with our partner organisations to develop new and innovative roles to meet the needs of patients, but also provide clear career pathways for our staff and in turn attract applicants to the Trust. A rotational pilot programme commenced in April 2021 and the Trust will continue to work at a system and PCN level to identify opportunities to collaboration.

The main challenges for retention are in our call centre environments and the projected risks to our Paramedic workforce arising from the GP contract reform in 2021. We have comprehensive action plans for our call centres focusing on 3 key areas: improving onboarding; supporting career development and early intervention to encourage staff to stay and improving exit intelligence. In EOC and 111 plans are focusing on improving the recruitment process to ensure we are attracting the right candidates; reviewing the support offered to staff in post and improving the health and wellbeing offer.

COVID-19

The Coronavirus pandemic continues to have a profound impact on society, the economy and the work environment. The Trust mobilised significant additional capacity in the main waves of the virus and will continue to remain agile in its planning and response to be able to take action to meet the challenges of the immediate response, long term strategic transformation and emerging national plans for service changes.

The impact of the pandemic on staff wellbeing is likely to have long term implications for the mental health of our people and we need to continue to build a framework of long term wellbeing support to enable self-help, identify early interventions and provide continued support. This will need to be supported through effective engagement and leadership, often in circumstances where traditional methods of engagement have become more problematic with social distancing and a more dispersed workforce, with higher levels of home working.

The crisis has also produced positive innovations and changes in ways of working and we need to harness those changes and rapidly learn from them to embed these improvements.

WORKFORCE THEMES

The key priorities for the People Plan are organised into three key themes: **develop, engage and empower.**

DEVELOP

We aim to ensure that our staff have the Right Skills, at the Right Time and in the Right Place through effective recruitment and retention based on our core values, where everyone has the chance to **develop** their full potential and to grow with the needs of the service.

We want to create a learning culture which enables staff to continue to develop and adapt throughout their employee lifecycle, creating positive opportunities for career progression, talent management and enrichment.

ENGAGE

We recognise that to be the best ambulance service in the UK, we need our staff to actively engage in shaping that future. Listening to our staff and asking them feel part of what we do is crucial to achieving the Trust's vision.

We believe that leaders are more than just line managers, and understand the importance of how to **engage** with staff to support their wellbeing and to ensure they stay safe and by creating an inclusive culture where staff are able to recognise and speak out against discrimination and value the rich diversity amongst their workforce and the patients they care for.

EMPOWER

Our staff should feel **empowered** to lead with confidence and drive through improvement and innovation to support the ultimate aim of providing safe, effective and patient centred care every time.

Each theme has two key priorities and overall these six workforce priorities provide a framework through which the People Directorate will lead and support our staff to achieve the Trust's vision.



For each priority we outline our foundations of success. These are the core foundations that we already have in place to support these priorities but which we commit to continuing to improve and develop over the next three years.

We also set out our key goals which are the key areas of improvement to deliver our workforce vision. The plans for delivering these goals will be set out in our annual business objectives to ensure that the strategy remains both a relevant and useful tool to measure our progress and success.



RECRUITMENT AND RETENTION

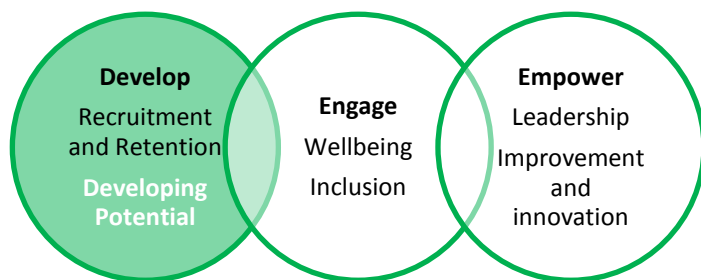
We will deliver the Right Skills, in the Right Place at the Right Time through effective workforce planning, recruitment and retention of staff.

Foundations of success

- Effective workforce planning and modelling to ensure that short, medium and long term plans accurately reflect organisation needs and address changes in workforce supply and demand.
- Developing excellence in recruitment processes. Continuously reflecting on our recruitment approaches by listening to candidates, recruiting managers and staff and using this to improve the quality of processes, innovation in attraction, improvements in onboarding, reducing the time to hire and by consistently meeting recruitment targets and reducing vacancy gaps.
- Using quantitative and qualitative data effectively to identify and manage risk, to drive improvement and to support the elimination of discrimination in our recruitment processes and improve the likelihood of appointment from shortlisting in under-represented groups
- Embedding the **Be Think Do** leadership principles and values into appraisal, recruitment and progression into leadership posts across the trust delivering ongoing improvements in staff experience measured through the staff survey.

Key improvement goals:

- Reducing areas of high turnover through engagement with staff and managers to deliver positive changes in the work environment, improvements to data and intelligence gathering and the development of attractive career pathways and role design which enable our staff to continue to grow professionally.
- We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.
 - We will use targets to drive improvements in both recruitment and progression
 - We will proactively seek to attract candidates from under-represented groups
 - We will support applicants who may face barriers in our recruitment process
 - We will diversify selection processes
 - We will work with partners to improve representation
 - We will ensure our progression processes are fair for all
 - We will learn from the experience of staff and applicants and make changes in response



DEVELOPING POTENTIAL

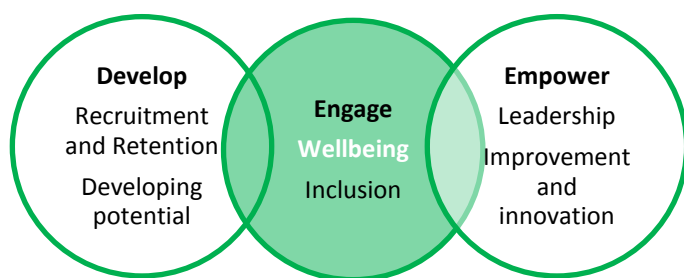
We will develop a high performing, competent, safe, quality workforce – able to do the job and displaying the right values and behaviours

Foundations of success:

- Developing an education and learning approach where continuous improvement is informed by patient and learner needs and experiences, best practice is reflected in provision and which remain relevant to organisation and workforce needs.
- Ensuring mandatory and core induction training supports people to deliver better and safer patient care and is completed by all.
- Creating an environment where staff are able to access education, training and development to allow them to develop based on individual needs and the vision of the Trust.
- Ensuring that all staff receive a quality appraisal, enabling all managers to support the delivery of high quality appraisal conversations to engage staff in discussions about their achievement, inform training needs and enable talent management.
- Responding positively to the changing education framework and working with partners in innovative and new ways to ensure continuing workforce supply.
- Delivering an appropriate range of high quality apprenticeships to enhance core induction training and enable personal and professional development. Ensuring that the supporting infrastructure enables us to embed effective and sustainable work-based learning.

Key improvement goals:

- Meeting the needs of new and emerging roles and ways of working by developing infrastructure to support development pathways, designing appropriate training interventions and working with partners to develop appropriate educational frameworks.
- Improving the use of technology to enhance training delivery, simulation and continuing professional development.
- Enabling the organisation to build its improvement skills and capacity in line with the Right Care Strategy.
- Enabling the organisation to build its digital skills and capability to embrace digital innovation in line with the Digital Strategy.



WELLBEING

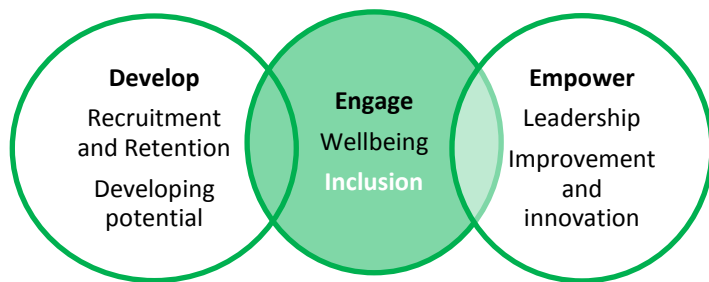
To ensure that we nurture a positive culture of openness where staff are engaged, safe, healthy and well.

Foundations of success:

- Improving attendance through effective monitoring, management and occupational health support to deliver continuous improvement in levels of attendance and ensure that performance remains better than sector average.
- Encouraging the continual increase of the uptake of the annual flu and COVID immunisation vaccine accompanied by a comprehensive communications strategy to help staff to understand the benefits to them, their families and patients.
- Improving available support for staff by providing a suite of flexible working options that can be discussed and tailored to staff, based on their role and individual needs.
- Continuing to improve staff survey response rates and outcomes, using the data to proactively improve the Trust health and wellbeing offering and ensuring local accountability for staff wellbeing through localised plans.
- Encouraging staff to be healthy through a range of health and wellbeing support initiatives and signposting staff to nutrition, fitness and mental health advice.

Key improvement goals:

- Reducing staff experience of bullying and harassment, through development of a culture which consistently reflects our values and through effective management and support.
- Development of Service Line dashboards using with a range of workforce intelligence, to enable targeted interventions.
- Implementation measures to support suicide prevention and post-vention in the workplace.
- Keeping staff safe through Trust wide initiatives to tackle violence and aggression, improving resilience, reducing mental health stigma, health and wellbeing conversations and developing support for good mental health across the employee lifecycle.
- Enhancing our welfare support for those impacted by investigations and supporting procedures to support us in moving to a Just and Learning Culture where speaking up, honesty and learning become the norm.
- Moving towards an outstanding culture by delivering a range of interventions building on the recommendations of the Culture and wellbeing audit



INCLUSION

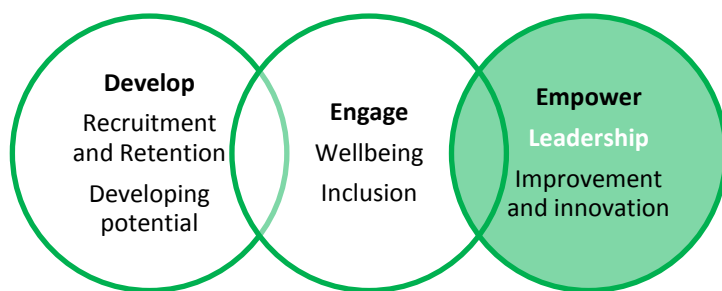
To develop a diverse workforce representative of our communities, culturally competent and where all are able to reach their potential.

Foundations of success:

- Using self-assessment and data measurement through the Workforce Race Equality Scheme (WRES), Workforce Disability Equality Scheme (WDES), Equality Delivery System (EDS) and gender pay gap reporting to inform robust plans to tackle discrimination and deliver continuous improvement.
- Listening to staff experiences and responding with improvements
- Delivering diversity training through core induction, mandatory training and leadership induction.

Key improvement goals:

- We will Educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver step change in the experience of our staff and patients.
 - We will educate our workforce to develop cultural competence and confidence in adopting anti-racist and anti-discriminatory practices at work
 - We will develop sustainable platforms for the voice of under-represented groups to shape decision making
 - We will develop inclusive Boards for organisational resilience optimisation
 - We will improve experiences of care for under-represented groups
 - We will recognise and reward talent within under-represented groups to facilitate positive action programmes for progression and promotion
- Improving the experience of BAME, LGBT+, female and disabled staff through increased engagement, supportive networks and greater development opportunities.
- Developing services that support the multi-faith chaplaincy needs of our workforce.
- Improving the visibility of leadership of the diversity agenda within the Trust to inspire confidence in staff and patients of the importance of inclusivity to high quality people management and patient care.



LEADERSHIP

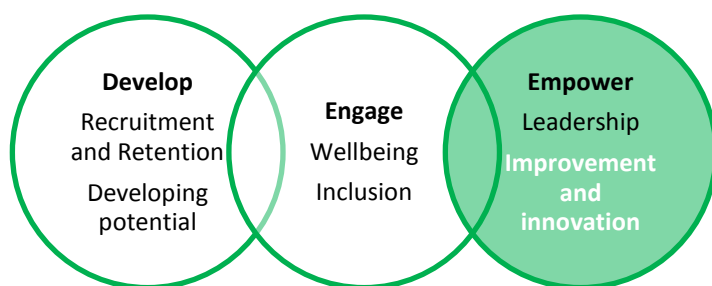
Enabling our leaders to create a positive culture, which empowers, supports and motivates staff to innovate and deliver safe and effective patient centred care in a changing environment.

Foundations of success:

- Maintaining a comprehensive approach to continuing management and leadership development aligned to the needs of the business
- Continuing and improving the development of clinical leaders through education pathways and clinical practice developments.
- Continuing to develop and mature the Trust's approach to coaching enabling NWAS leaders to improve people practices.
- Developing bespoke interventions to enable teams and individuals to maximise their potential for the benefit of the trust and themselves.
- Embedding the **Be Think Do** leadership principles into appraisal, recruitment and progression into leadership posts across the trust delivering ongoing improvements in staff experience measured through the staff survey.

Key improvement goals:

- Guaranteeing that all new managers / team leaders have access to a comprehensive induction programme and ongoing essential learning programme to develop their skills, knowledge and behaviours in people management.
- Embedding the Trust Values of Working Together, Being at Our Best and Making a Difference into our practice and leadership approach.
- Implementing a strategic approach to talent management and succession planning.
- Optimising the effectiveness of the Board through a comprehensive Board Development programme.
- Ensuring that managers are culturally competent and are able to create an environment that values and promotes diversity in the delivery of patient care.



IMPROVEMENT AND INNOVATION

To develop and implement robust transformational change management programmes to deliver the Trust objectives in a way which reflects our values and supports staff and to respond proactively to rapidly changing external environments.

Foundations of success:

- Create a framework of effective and positive partnership working with trade unions and staff to ensure effective change can flourish. Working in partnership to support reviews of working practices and associated policies and procedures
- Facilitating delivery of effective organisational change
- Supporting change through effective organisational development, maintaining and continuing to improve the policy and procedural framework in which the workforce operates to reflect best practice, enable change and eliminate discrimination.

Key improvement goals:

- Developing innovative workforce solutions to respond to the changing healthcare landscape, including the ongoing development of the multi-disciplinary workforce which includes undertaking pilot rotational working models with PCN providers.
- Designing roles and career pathways to support and enable the Trust's vision and to enrich roles to address challenges of attraction and retention.
- Supporting and enabling the Service Delivery Model Review, developing management / leadership arrangements that are fit for purpose to lead a multi-disciplinary urgent and emergency care environment.
- Supporting and developing the delivery of People Services by improved use of technology.
- Supporting the optimisation of system wide interoperability and digitalisation to develop new ways of working for frontline staff.
- Seeking to embed the principles of Just Culture through our investigations and supporting procedures to promote a culture of speaking up, honesty and learning.
- Refreshing our Partnership commitment through a review of our working arrangements and core principles in line with our values.

DELIVERING THE STRATEGY

The core function of the People Directorate is to facilitate the delivery of a fully engaged workforce, which supports the achievement of the Trust's strategic aims and ultimately meets the needs of patients and the wider community.

Whilst the People Directorate will take ultimate responsibility for delivery, the strategy belongs to the whole Trust. As such the development of the strategy has been done in partnership with the Board, service lines, other supporting directorates and our Trade Union partners.

Measurement

Achievement of the People Plan will be measured through improvement in the range of key workforce indicators and qualitative feedback from staff via the staff survey. Annual objectives will be established from the Plan and will enable the progress of individual initiatives to be measured across the three year period covered by the Plan. The People Plan will be reviewed at least annually to ensure it adapts to emerging priorities.

Key responsibilities

The Board of Directors are required, as the most senior leaders and managers within the organisation, to demonstrate excellence in leadership and management practice and to be appropriate and visible role models. They are also required to ensure the effective performance of the managers that they are ultimately responsible for, through performance measures that reflect the full range of organisational responsibilities.

Directors and senior managers are required to demonstrate effective leadership and management of the workforce through appropriate Trust processes and are also required to ensure that managers and leaders within their teams are competent in role and performing to expected standards.

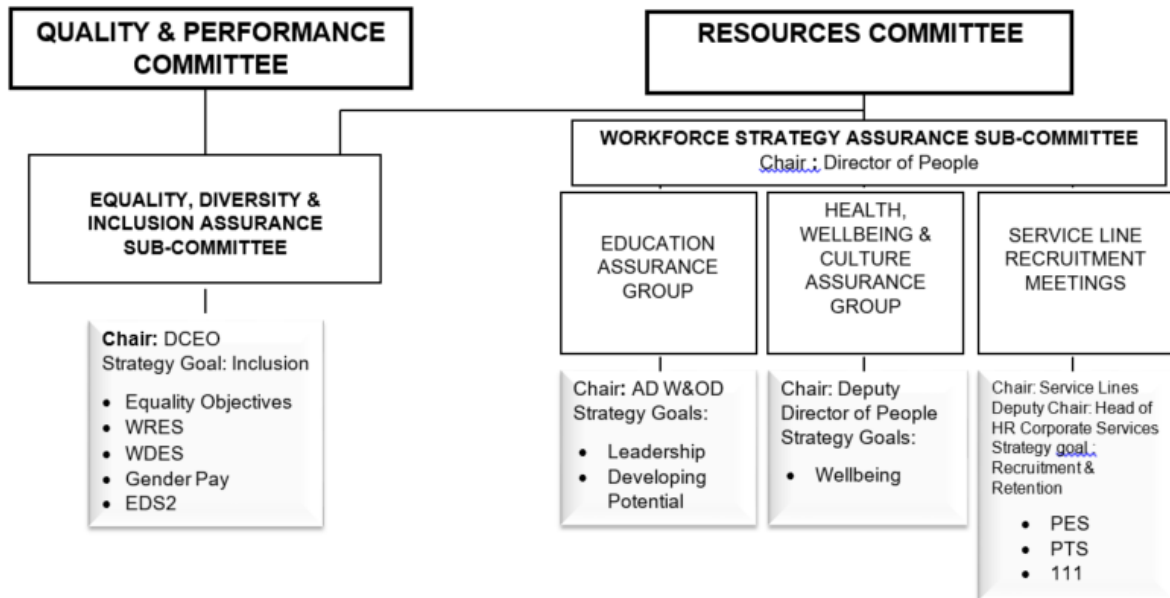
The Director of People is accountable to the Board of Directors for the development and delivery of the People Plan, providing the necessary assurances to the Board of Directors and the Resources Committee.

The Deputy Director of People is responsible for the development, delivery and monitoring of the strategy.

All managers are required to perform the full range of management and leadership duties expected of their role, to the required standards and values of the Trust.

GOVERNANCE

Delivery of the NWAS People Plan will be monitored through the governance structure outlined below with assurance being provided through the Resources Committee to the Board of Directors.



Appendix 1: Workforce Indicators

The Trust already has in place a range of workforce indicators which link with many of the foundations of success set out within the People Plan and can also provide some measures against key improvement goals. This appendix therefore sets out the expectations for improvement in terms of these key indicators and this aligns with the aspirations set to deliver the vision within the overall Trust strategy to be the best ambulance service in the UK. It also establishes benchmark positions where appropriate.

Goal	Workforce Indicator @ 31 March	2020/21 Target	2020/21 @31/03/21 Actual	2021/22	2022/23	2022/24
Recruitment & Retention						
Effective workforce planning	Vacancy gap	Below 1%	-2.67%	Below 3%	Below 2%	Below 1%
	111 Clinical Advisor vacancy gap	-10% Baseline Target	-30.63	Below 20% Baseline Target	Below 15% Baseline Target	Below 10%
Reducing areas of high turnover	EOC turnover	Below 10%	8.69%	Below 10%	Below 10%	Below 10%
	111 turnover	20%	21.35%	18%	16%	Below 16%
Inclusion						
Positive impact on workforce representation	BAME representation	5%	5.05%	6%	7%	8%
	Disability representation	4%	4.63%	10%	12%	15%
	Representation of women in upper quartile of pay	38%	37.23	38%	40%	42%
Developing Potential						
Ensuring mandatory and core induction	Mandatory training compliance	75%	75.46%	95%	95%	95%

training is completed by all						
Ensuring all staff receive a quality appraisal	Appraisal compliance rates	75%	64.27%	75% Sept 2021 85% March 2022	95%	95%
Delivering an appropriate range of high quality apprenticeships	Public sector apprenticeship target	2.3% Achieved 2.42% March 21	2.3%			
Wellbeing						
Improving attendance	Sickness rates	0.5% reduction 5.69%	5.64% (excl COVID sickness)	0.5% reduction 5.1%	Below 5%	Below 5%
Encouraging continual increase of uptake of flu vaccination	Frontline vaccination rates	75%	78.3%	80%	82%	84%
	Staff engagement score	Improved	6.3	Above average	Above Average	Best in Sector
Inclusion						
WRES						
Using self-assessment and data measurement to deliver continuous improvement	WRES indicators		Continuous improvement against all indicators Improved in 7/9 area in 20/21.			
	WDES indicators		Continuous improvement against all indicators Improved in 7 out of 11 measures.			
Leadership						
Enabling our managers to value and engage their staff	Immediate line managers staff survey theme result	Above average	6.2 (Average 6.4)	Above Average	Above Average	Best in Sector
Enabling our managers instil	Safe Environment	Above average	7.3	Above Average	Above Average	Best in Sector

a safe culture for staff to work in	Bullying and harassment		(average 7.4)			
Enabling our managers engage and motivate their staff	Morale theme in staff survey	Above average	5.8 (average 6)	Above Average	Above average	Best in Sector

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Appendix 2: People Plan 2021-2024

Implementation Plan

The Workforce Strategy was initially approved in October 2018. The People Directorate had business plans in place since 2018/19 which it has continued to work to deliver, whilst developing and implementing the three year implementation plan for the Workforce Strategy (now People Plan).

The People Plan has been refreshed due emerging changes and challenges across the health care system and to reflect the impact of COVID-19 on the 3 year work programme. The Foundations of Success have been reviewed to take into account the impact of COVID-19 on (year 2) the work programme plus recovery items that have been rolled into Year 3 of the work programme. Therefore, in order to ensure focus on delivering key improvements and recovery items from COVID, a 1 year focussed work plan is detailed below.

The People Plan is an enabling strategy which supports and underpins the wider Trust strategies and aims to develop the culture and leadership environment to facilitate the delivery of the overall organisational goals.

The Strategy sets out three key themes:



Each theme has two priorities in which the Foundations of Success and Key Improvement Goals are identified. Foundations of success are the core foundations which the Trust already has in place to support delivery of the priorities but which we commit to continuing to improve and develop over the next three years. Key improvement goals are those areas identified as critical to deliver the overall goals of the strategy and support delivery of wider organisational objectives.

The purpose of this document is to set out a high level implementation plan which aims to identify the key activities required to deliver the strategy over the next year including recovery items from COVID-19 and details the measures of success.

Implementation objectives

Section 2 sets out the key initiatives and programme of work designed to deliver against the Key Improvement Goals for each priority area and also to continue the improvement required in our foundation areas. The section sets out the activities we aim to deliver during 2021/22 as we refresh and reset after the Pandemic.

Each programme of work will have robust evaluation measures but as many of the goals reflect behavioural and staff experience changes, the evaluation of them will be complex to ensure that the overall goal has been delivered. Where possible proxy indicators, such as improvements in responses from the staff survey are specified.

Assurance

Assurance on progress will be provided in a number of ways. The Integrated Performance Report which is provided bi-monthly to Board includes a range of workforce indicators and progress against targets set out in this plan can therefore be monitored through this data. In addition, the newly implemented Strategic Workforce Committee will receive assurance from a number of sub committees regarding progress against objectives.

Overall, progress in delivering the People Plan will be monitored through the Board Committee with responsibility for workforce, both in terms of overall progress measures but also through reporting on individual goals. This will be supported through quantitative measures such as staff survey results, WRES, Gender Pay Gap etc. The work plan for the relevant committee and the agendas will include a focus on assurance against the People Plan and the associated Board Assurance Framework risk.

Implementation Plans

DEVELOP – RECRUITMENT AND RETENTION		
	2021/22	Measures of success
Foundations of success – areas of focus	Creating agile and responsive short medium and long term workforce and supporting recruitment plans reflecting emerging demands from Service Delivery Model review, PCN and system developments	Accuracy of plans measured through recruitment targets and delivery. Vacancy gaps
	Embedding new Trusts values across the recruitment and assessment process	Improvements in recruitment metrics
	Implement recruiting manager and applicant feedback processes.	Applicant feedback Recruiting manager feedback
	Evaluating impact of revised Be Think Do assessment process	Diversity of appointments Candidate experience Recruiting manager satisfaction

DEVELOP – RECRUITMENT AND RETENTION		
Key Improvement Goals	2021/2	Measures of success
Reducing areas of high turnover through engagement with staff and managers to deliver positive changes in the work environment, improvements to data and intelligence gathering and the development of attractive career pathways and role design which enable our staff to grow professionally	Evaluate new starter and exit interview processes to ensure fit for purpose. Targeted retention plans for 111 seeking to maintain the gains made during COVID & focusing on root cause analysis of issues	Turnover
We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.	Delivery of year 1 of the EDI strategic action plan for this priority area	20% of non-Paramedic recruits will be from ethnic minority backgrounds delivering a 1% improvement in representation each year

- We will use targets to drive improvements in both recruitment and progression
- We will proactively seek to attract candidates from under-represented groups
- We will support applicants who may face barriers in our recruitment process
- We will diversify selection processes
- We will work with partners to improve representation
- We will ensure our progression processes are fair for all
- We will learn from the experience of staff and applicants and make changes in response

Progression targets being finalised.

DEVELOP – DEVELOPING POTENTIAL 2021/22		Measures of success
Foundations of success – areas of focus	Programmes are reviewed and refreshed using qualitative and quantitative feedback and evaluations of learning quality.	Positive outputs from MESMA showing accurate and improving self-assessment. Ofsted rated maintained with progress to outstanding Learner feedback
	Development and implementation of pre-hire onboarding processes for staff and learners Delivery of mandatory training recovery plan including Level 3 safeguarding	New starter feedback Mandatory training compliance at 95%
	Roll out of pay progression pay step processes to full workforce.	Pay progression implemented and gateways closed
	Delivery of appraisal recovery plans	75% compliance by September 2021 85% compliance by March 2022

DEVELOP – DEVELOPING POTENTIAL 2021/22		Measures of success
	<p>Implement programme of work to raise quality of appraisal experience and embed new values, H&WB conversations</p> <p>Develop digital solution for appraisal completion</p>	
	Design and deliver pre-apprenticeship development programmes to support staff from other trust areas to move into apprentice roles	Established development routes for staff aspiring to become EMT1s
	<p>Continue to deliver the development of new staff through apprenticeships</p> <p>Continue to review opportunities to introduce apprenticeship</p>	<p>Public sector apprenticeship targets.</p> <p>Achievement rates</p> <p>% end point assessments completed</p> <p>Retention rates</p>

DEVELOP – DEVELOPING POTENTIAL 2020/21		Measures of success
Key Improvement Goals		
Meeting the needs of new and emerging roles and ways of working by developing the infrastructure to support development pathways, designing appropriate training interventions and working with partners to develop appropriate educational frameworks.	<p>Develop a clear framework of development pathways across all registered healthcare roles.</p> <p>Through the one-year HEE Paramedic Ambassador role, identify and respond to workforce challenges facing paramedics across healthcare systems</p>	<p>Identified development routes</p> <p>Expansion of placements opportunities</p>
Improving the use of technology to enhance training delivery, simulation and continuing professional development.	<p>Evaluation and improvement of digital offer & development of other tech enabled solutions</p> <p>Implementation of self-service approach to learning management for staff and managers</p> <p>Develop a web-based learning hub as a single repository and signpost for learning opportunities</p>	<p>Project evaluation for Onefile, Ipads including user and trainer feedback</p> <p>Positive feedback on accessibility to learning and learning information</p>
Enabling the organisation to build its digital skills and capability to embrace digital innovation in line with the Digital Strategy.	Work with Digital team to establish a digital capability baseline	Baseline data of digital capability Improvements in digital engagement and capability

DEVELOP – DEVELOPING POTENTIAL		
Key Improvement Goals	2020/21	Measures of success
	Develop strategies to support digital inclusion based on the outputs of the baseline assessment	
ENGAGE – WELLBEING		
Foundations of success – areas of focus	2020/21	Measures of success
	<p>Review the OH provision and embark on tender process to award new contract</p> <p>Ensure sickness management of MSK is linked to EDI strategies for supporting an aging workforce</p> <p>Ensure sickness management of mental health is linked to EDI strategies for addressing the disparity in mental health support for underrepresented groups.</p> <p>Develop enhanced range of data to support effective attendance management.</p>	<p>Improved sickness rates</p> <p>Benchmark with sector</p> <p>0.5% improvement on the 20/21 position which was 5.64% (exc COVID)</p>
	<p>Review flu plans in light of COVID vaccination experience, targeting rapid vaccination over truncated period</p> <p>Develop options appraisal for ongoing COVID Vaccine delivery</p>	<p>Flu vaccination rates</p> <p>Benchmark with sector</p>
	<p>Improvement project to improve flexible working offer in line with national People Plan requirements</p> <p>Development and introduction of Agile Working Policy.</p>	<p>Improved Staff Survey results</p> <p>Reduction in staff leaving due to lack of flexible working opportunities.</p>
	Review accessibility of Trust wellbeing offer through improved online platform	Measurement of uptake
		Staff survey H&WB related scores

ENGAGE – WELLBEING 2020/21		Measures of success
	<p>Consolidate and review the effectiveness of the local plans ensuring clear assurance processes on targeted improvements to staff survey results.</p> <p>Ensure the Trust's HWB offer is accessible and relevant to the needs of staff from underrepresented groups</p> <p>Appoint H&WB Guardian</p>	Network feedback

ENGAGE – WELLBEING 2021/22		Measures of success
Key Improvement Goals		
Reducing staff experience of bullying and harassment, through development of a culture which consistently reflects our values and through effective management and support.	<p>Launch of Treat me Right campaign</p> <p>Develop 'Beyond Bias' training</p> <p>Review approaches to Dignity at Work Policy in light of just culture and early intervention approaches</p>	<p>Dignity at Work Case data</p> <p>Staff survey harassment and bullying</p> <p>Sector benchmarking</p>
Development of Service Line dashboards using with a range of workforce intelligence, to enable targeted interventions.	Implement and evolve 'culture' dashboard to support interventions	
Keeping staff safe through support for Trust wide initiatives to tackle violence and aggression, improving resilience, reducing mental health stigma and developing support for good mental health throughout the employee lifecycle.	<p>Review the overall support provided to staff involved in Peer Support, TRiM and Blue Light Champions to ensure it remains appropriate.</p> <p>Implement Mental Health Toolkit, using it to support the embedding of health and wellbeing conversations.</p> <p>Review provision of wellbeing and resilience input at induction</p>	<p>Sickness data</p> <p>Initiative evaluation</p> <p>Staff survey H&WB related scores</p> <p>Staff survey violence and aggression related scores</p>
Implementation of measures to support suicide prevention and postvention in the workplace.	Implement national developed toolkit for suicide prevention and postvention	Reduction in suicide over time

ENGAGE – WELLBEING 2021/22		
Key Improvement Goals		Measures of success
Enhancing our welfare support for those impacted by investigations and supporting procedures to support us in moving to a Just and Learning Culture where speaking up, honesty and learning become the norm.	Develop guidance to support welfare officers to provide appropriate interventions to support both victims and alleged perpetrators involved in investigation processes	Reduction in sickness associated with investigations
Moving towards an outstanding culture by delivering a range of interventions building on the recommendations of the Culture and wellbeing audit	Comprehensive roll out outcomes of the culture and wellbeing audit to managers and staff Coordinated plan across relevant directorates and teams.	Measures to be identified in Culture and wellbeing plan

ENGAGE – INCLUSION 2021/22		
Foundations of success – areas of focus		Measures of success
	Ensure just culture work reviews the disproportionate impact of disciplinary processes on staff from ethnic minorities	Relevant WRES indicator improves
	Work with networks and forums to agree actions to improve key aspects of WRES/WDES	Improvement in indicators
	Roll out H&WB passport	Evaluation

ENGAGE – INCLUSION 2021/22		
Key Improvement Goals		Measures of success
<p>We will Educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver step change in the experience of our staff and patients.</p> <ul style="list-style-type: none"> We will educate our workforce to develop cultural competence and confidence in adopting anti-racist and anti-discriminatory practices at work We will develop sustainable platforms for the voice of under-represented groups to shape decision making 	Delivery of year 1 of the EDI strategic action plan for this priority area	Improved staff survey scores for under-represented groups in relation to Wellbeing/safety and leadership scores

ENGAGE – INCLUSION 2021/22		
Key Improvement Goals		Measures of success
<ul style="list-style-type: none"> We will develop inclusive Boards for organisational resilience optimisation We will improve experiences of care for under-represented groups We will recognise and reward talent within under-represented groups to facilitate positive action programmes for progression and promotion 		
Improving the experience of BME, LGBT+ , female and disabled staff through increased engagement, supportive networks and greater development opportunities.	<p>Transition Disability Forum to a network</p> <p>Continue support and development of networks enabling them to fulfil action plans</p>	<p>Staff network feedback</p> <p>WRES/WDES Staff survey indicators</p>
Developing services that support multi-faith chaplaincy needs of our workforce	<p>Implementation of chaplaincy offer</p> <p>Understand usage and impact.</p>	Staff feedback.
Improving the visibility of leadership of the diversity agenda within the Trust to inspire confidence in staff and patients of the importance of inclusivity to high quality people management and patient care.	<p>Board race inclusion development programme</p> <p>Reciprocal mentoring programme</p> <p>Develop human library for inclusion</p> <p>Support the development of individual Executive champions</p>	

EMPOWER - LEADERSHIP 2020/21		
		Measures of success
Foundations of success – areas of focus	<p>Establish a leadership faculty</p> <p>Design, develop and deliver a bespoke NWSA flagship values based leadership programme (Making a Difference) that underpins the baseline skills for leadership capability for NWSA</p>	<p>Improved staff survey scores for immediate line manager in 2022</p> <p>Programme delivered for all new managers in year 1</p>

EMPOWER - LEADERSHIP 2020/21		Measures of success
	Evaluate organisation fit of the ACP apprenticeship. Review the new enhanced clinical practitioner apprenticeship for fit to NWAS clinical roles	Defined clinical leadership routes
	Develop coaching capability within NWAS Assessment Centres to drive selection best practice and feedback optimisation Develop coaching capability in leadership and management practice through established development offers	Improved staff survey results in experience of appraisals, management and HWB domains
	Develop OD consultancy model and framework	Qualitative feedback Improved workforce measures in area of intervention over time
	Review and refine content of BTD development. Embed Be Think Do recruitment and assessment centre process as the way that leaders are recruited in NWAS Continue to develop a coaching approach to support leadership recruitment approaches	BTD philosophy is part of the NWAS behavioural culture. Staff survey immediate line manager scores improved Positive recruitment experience

EMPOWER - LEADERSHIP 2021/22		Measures of success
Key Improvement Goals Enable all new managers/team leaders to have access to a comprehensive induction programme and ongoing essential learning programme to develop skills, knowledge and behaviours in people management.	Develop a robust induction programme/competencies for new leaders, incorporating the Making a Difference Leadership programme Develop an essential learning offer, which will be required for all leadership roles, as part of the BTD leadership pathway. Deliver values based learning on corporate responsibility themes of appraisals, inclusion, staff engagement and culture and health and wellbeing	In its first year, 65% of all new leaders/managers will complete identified essential to role learning

EMPOWER - LEADERSHIP 2021/22		
Key Improvement Goals		Measures of success
Embedding the Trust Values of Working Together, Being at Our Best and Making a Difference into our practice and leadership approach.	Values embedded into People policies, procedures and practices.	Improved staff survey scores
Implementing a strategic approach to talent management and succession planning	Development a framework and tools to support effective talent conversations and the development of talent Build talent development pathway to create succession pool to Executive leadership, drawing on internal / external and bespoke talent (inclusion) markets	BTD forms the basis of talent conversations Resilience for business critical roles.
Optimise the effectiveness of Board through a comprehensive Board Development Programme.	Review competencies for Board members and consolidate in compliance matrix Develop Board programme to meet outlined competences	Board feedback. Improved CQC rating around 'healthy board' areas
Ensuring that managers are culturally competent and adopt a values based approach to the delivery of patient care	Design and develop a values based cultural competence framework to underpin cultural competence development	Improve staff survey scores across a number of metrics.

EMPOWER – IMPROVEMENT AND INNOVATION 2021/22		
Foundations of success – areas of focus		Measures of success
	Review of policies and practice to take account of multi-disciplinary groups. Share best practice with other ambulance services	Suit of policies and procedure in place to take account of the diverse and evolving workforce.
	Researching best practice and continuing to develop fit for purpose workforce policy framework.	Suit of policies and procedures agreed and implemented that accurately reflect our workforce.

EMPOWER – IMPROVEMENT AND INNOVATION		
Key Improvement Goals	2021/22	Measures of success
Developing innovative workforce solutions to respond to the changing healthcare landscape, including the ongoing development of multi-disciplinary workforce. Effectively introducing the rotational working model both within the Trust and through Collaborations with external healthcare providers.	Deliver rotational working pilot and evaluate.	Appropriate rotational working offering in place that supports local healthcare needs and offers opportunities for our staff.
Designing roles and career pathways to support and enable the trust's vision and to enrich roles to address challenges of attraction and retention.	Development of multi-disciplinary career framework to enable movement and progression for different professions.	Clear career framework in place.
Supporting and enabling the Service Delivery Model Review, developing management / leadership arrangements that are fit for purpose to lead a multi-disciplinary urgent and emergency care environment..	Delivering employee relations support, comprehensive organisational change support for outcomes of SDMR project Development and delivery of comprehensive workforce and recruitment plans	Positive changes delivered which improve productivity. Limited grievances/appeals arising from organisational change.
Supporting and developing the delivery of People Services by improved use of technology.	Implementation of ESR self service Development of enhanced HR casework metrics Develop digital solution for appraisal completion	Implementation of plans Activation of ESR pay progression Improved productivity
Supporting the optimisation of system wide interoperability and digitalisation to develop new ways of working for frontline staff	Delivery of Single Primary Triage training plans	Measures set out in project
Seeking to embed the principles of Just Culture through our investigations and supporting procedures to promote a culture of speaking up, honesty and learning.	Embedding just culture and early resolution approaches into HR policies and investigations	Reduced HR casework Reduced workforce related FTSU complaints Improved timeliness
Refreshing our Partnership commitment through a review of our working arrangements and core principles in line with our values.	Refresh of partnership agreement and working arrangements	Revised Partnership Agreement



REPORT TO BOARD OF DIRECTORS

DATE:	26 May 2021			
SUBJECT:	Communications and Engagement Team Dashboard Report – Q4 (Jan – Mar) 2020/21			
PRESENTED BY:	Salman Desai, Director of Strategy, Partnerships and Transformation			
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Discussion			
EXECUTIVE SUMMARY:	<p>The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights. For quarter 4 (Q4 – January - March 2021), statistical content and themes are provided on:</p> <p>Patient and public engagement A summary of our patient and public engagement activity for Q4. It includes the number of virtual engagement opportunities attended, action we have taken from the feedback, and information about our patient surveys. For example, this quarter:</p> <ul style="list-style-type: none"> • 18 virtual community engagement opportunities were attended or facilitated, 17 of which included the chance to gather feedback on our COVID-19 response. • Based on feedback we have shared information with our community and patient groups regarding the COVID vaccine – including details of a webinar for ethnic minority groups dispelling some of the myths around it and guidance on the vaccine during Ramadan which was also shared with staff. • 94% were likely to recommend the service to friends and family, up 2% from Q3. • 92% agreed they were treated with dignity, respect, kindness and compassion, up 6% from Q3. <p>Patient and public panel (PPP) A summary of the Q4 activity for the PPP, including up-to-date figures for panel recruitment and information about events the PPP has been involved in over the last few months. For example, this quarter:</p> <ul style="list-style-type: none"> • 17 new panel members confirmed and inducted to the trust • 143 panel members in total, a 10% increase from Q3 • 30 new expressions of interest in Q4 			

- 221 panel 'voices' to call on for a piece of work
- 44 requests for panel involvement by end of Q4

Press and public (patient) relations

A summary of our media relations activity for Q4. This includes the number of incident check calls and some highlights of the positive, pro-active media relations work that has been undertaken this quarter. Proactive interviews continued to be limited due to COVID-19, in line with NHS England guidance. In Q4:

- 295 incident check calls
- 27 proactive media stories/interviews, an increase from last quarter
- 19 statements prepared in response to press enquiries, a decrease from Q3 which was particularly busy due to the demand-related major incident
- Highlights included positive news stories about colleagues returning to work after having COVID-19 and an interview with Granada Reports about our response to the pandemic.

FOI performance

An update on the FOI performance against the national target of 90% completion within 20 days. After a very busy Q3, in Q4 we received fewer FOIs and maintained our performance against the 20 working day response target, achieving 96% against the 90% national target.

Stakeholder communications

A summary of stakeholder activity for Q4, including the number of MP letters written and bulletins issued, along with any other activity. For example, this quarter included:

- 1 stakeholder bulletin
- 1 stakeholder letter
- 10 MP letters
- Prepared 6 meeting briefs

Publications and events

This quarter our Your Call publication attracted almost 9,000 readers, up 50% from the Q3 edition and an increase from just 900 readers for the Q2 edition.

Social media: Facebook, Twitter and Instagram

A summary of our social media statistics for this quarter. Reach and engagement figures declined across most platforms this quarter as they were all significantly elevated in Q3 because of the major incident declaration. When compared with the same quarter last year, the figures are very steady and show good growth.

The most popular post on Facebook was a PTS care assistant post, which reached more than 200,000 people. We then saw this drive traffic to the careers page of the website, highlighting how social media can assist with recruitment.

	<p>Website A summary of statistics for the website, including page views and visitor numbers. In Q4, page views and visitors were up with the careers page being the most popular page on the site. This is likely to be linked to the aforementioned popular Facebook post about the PTS care assistant role.</p> <p>External (public/patient facing) campaigns Brief information about key campaigns that ran in Q4, including:</p> <ul style="list-style-type: none"> • Inside 999 • NHS 111 First • COVID-19 messaging • Winter comms plan activity <p>Internal projects and campaigns Highlights and figures about the main internal communication projects and campaigns from Q4, including EPR, Race Equality Network, LGBTQ history month, violence and aggression, IPC campaign, and support for the military personnel arrangements.</p> <p>Internal bulletins and the Staff App Figures showing how many internal communication bulletins have been issued and up-to-date statistics on the staff app. For example, in Q4:</p> <ul style="list-style-type: none"> • 38 COVID-19 bulletins • 20 Clinical bulletins • 12 CEO bulletins • 1,266 more staff app downloads <p>Films produced in-house A summary of in-house videography activity. 12 films were completed this quarter, down slightly on the previous quarter. They included: a tri-service collaboration film, the Race Equality Network launch, NHS 111 First films, an EPR video, body worn cameras film and a Facebook Live with the CEO and Chair.</p> <p>Focus on... Our 2020/21 at a glance - stats, facts and highlights from the Communications and Engagement Team activity in 2020/21.</p>			
RECOMMENDATION:	For discussion, noting and the provision of any comments.			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>

PREVIOUSLY CONSIDERED BY:		
	Date:	
	Outcome:	

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1. PURPOSE

To provide the Board of Directors with a summary of key outputs and associated highlights on the work of the combined Communications and Engagement Team for Q4 (January - March 2021).

2. BACKGROUND

The Communications and Engagement Team has created a dashboard providing high level statistical content and themes from Q4 activity on:

- Patient and public engagement
- Patient and public panel
- Press and public (patient) relations
- FOI performance
- Publications and events
- Stakeholder communications
- External (public/patient facing) campaigns
- Social media: Facebook, Twitter and Instagram
- Website
- Internal projects and campaigns
- Internal communications including the Staff App
- Films produced in-house

Each report also goes into more detail on some priority pieces of work. This quarter's dashboard provides an overview of some of the communications and engagement highlights of the year.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

All of the trust's communication and engagement activities adhere to the following legislation:

- Freedom of Information Act 2000
- Health and Social Care Act 2006 (to involve and consult with patients and the public in the way it develops and designs services).
- Department of Health's Code of Practice for promotion of NHS Services 2008. NHS England Patient and Public Participation Policy 2015 (listening to and involving communities, their representatives and others, in the way we plan and provide our services).

4. EQUALITY OR SUSTAINABILITY IMPLICATIONS

All of the trust's communications and engagement activities seek to promote equality and diversity and ensure information is accessible to all.

5. RECOMMENDATIONS

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.

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Communications and engagement dashboard

Q4 2020/21: January - March



CORONAVIRUS (COVID-19)

COVID-19 has continued to be a part of the work of the Communications and Engagement Team in Q4, with cases high and the country back into lockdown. You will see this referenced throughout the report.

PATIENT AND PUBLIC ENGAGEMENT

18 virtual community engagement opportunities facilitated or attended.

17 were opportunities to gain feedback on NWAS and explore topics such as NHS 111 first, our response to COVID and how we support our more vulnerable patient groups.

Some groups we attended were Heywood, Middleton and Rochdale Circle, Lancashire Visual Impairment forum, Healthwatch Lancashire and Cumbria 'Over 55 what matters to you' group and Wirral Bridge forum.

Following feedback, we have shared information with our community and patient groups regarding the COVID vaccine – including details of a webinar for ethnic minority groups dispelling some of the myths around it and guidance on the vaccine during Ramadan which was also shared with staff.

We have been involved in planning sessions for events taking place later in the year such as Windrush celebrations and Preston Health Mela. As we start Q1 2021/22, we will consider what the lifting of restrictions means for face to face engagement.



6,924
surveys sent

1,492
surveys returned

The results of these surveys are as follows:

- 94%** were likely to recommend the service to friends and family ▲ 2%
- 92%** agreed they were treated with dignity, respect, kindness and compassion ▲ 6%
- 95%** of respondents were very or fairly satisfied with the overall service they received ▲ 2%

PATIENT AND PUBLIC PANEL (PPP)

17 new panel members confirmed in Q4

143 panel members now in total ▲ 10%

30 new expressions of interest in Q4

44 requests for panel involvement by the end of Q4 ▲ 29%

Some of the panel members are involved in two levels of participation meaning we have

221 panel voices to call on for a piece of work



19 structured and/or task orientated involvement opportunities delivered

7 ad hoc opportunities (virtual only) offered for panel members in Q4

Including input to: the proposal assessment framework (PAF), area learning forums, body worn camera trial and right care at home.

3 virtual events - two taster evenings and one induction event

PRESS AND PUBLIC (PATIENT) RELATIONS

Handled **295** 'incident checks' through email

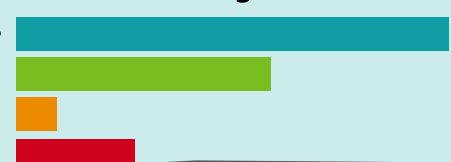
27 proactive media stories / interviews ▲ 8%

Prepared **19** statements in response to press enquiries ▼ 32%



192 pieces of media coverage ▲ 4%

70% incidents
10% positive
7% neutral
13% negative



Including:

- Press releases and statements were issued regarding military assistance and our escalation to REAP 4, all received a lot of media attention.
- Positive stories about the return to work of a couple of our colleagues after long battles with COVID were well received and covered by the press.
- An interview was arranged with Director of Operations, Ged Blezard, for ITV Granada Reports talking about our response to the pandemic.

In the early part of Q4, while we were dealing with the height of the second wave of the pandemic, interview/ride along requests from all the national TV networks were denied due to demand and infection prevention and control issues.

Q4 saw an increase in coverage relating to the Manchester Arena Public Inquiry, as NWAS witnesses gave evidence.

NOTES

We continued to get press interest around increased demand, particularly with an escalation to REAP 4 and the assistance from the military. There was negative press coverage regarding the roll-out of the vaccination, which was perceived to be behind other health organisations.

We were able to turn this around with positive news of vaccination roll-out and proactive handling of the military partnership communication.

While the number of reactive statements was down, this follows a very busy Q3 which was up 154% due to the major incident, so all-in-all, a busy quarter for the press office,

FREEDOM OF INFORMATION (FOI)

NOTES

FOIs: We have a statutory duty to reply to FOIs within 20 working days. The national target is 90% for this and we set an internal stretch target of 95%.

After a busy Q3, FOIs returned to normal levels and three of these were returned outside the target deadline, resulting in a small drop in performance. Overall, the team has maintained performance against internal and national targets for Q4 and the year.

Stakeholders: this group is external audiences such as MPs, commissioners, patient groups and other healthcare professionals / partner organisations.

72 FOIs completed ▼ 28%

96% within 20 working day target ▼ 4%

96% year to date on 20 working day target

Topics included:

- Fleet lists and costs
- Contract costs
- Call outs
- Response times
- Team structures

PUBLICATIONS AND EVENTS

Your Call

Winter edition of Your Call: issued early February.



- Read **8,742** times ▲ 50% from last edition
- **15,797** impressions (number of times the page was displayed)
- **12** article stories for social media which drive up readership
- **Growth in readership** has been achieved by carefully considering content, with exclusive stories and making it shareable
- Most popular story: Paramedic David Leahy shared his Covid-19 story. This achieved 2,226 reads alone in the week it was issued.

STAKEHOLDER COMMUNICATIONS

1 stakeholder bulletin 1 stakeholder letter 10 MP letters 6 meeting briefs

- Winter Stakeholder News issued in February, plus one letter to primary care networks about rotational working.
- MP letters were drafted reactively in response to queries about PPE, PTS, patient-specific queries, BBC Ambulance documentary filming and codes for defibs, and proactively to a local MP regarding use of a decommissioned ambulance
- We assisted with meeting preparations and briefings for meetings with MPs, an OSC meeting and meetings with the Liverpool and Greater Manchester Mayors.

FACEBOOK

67,391 total followers

+2,615 this quarter

▼ 78% rate of growth in new followers

3,743,970 reach ▼ 35%

314,537 engagements ▼ 60%

Top post:

PTS care assistant job alert

↻ 1,370 shares

♥ 7,745 reactions

👤 210,326 reach

NOTES

"Reach" is the number of people who may have seen our content.

"Engagements" is when someone engages with our content e.g. clicks on a link, reacts to it by clicking 'like', shares or retweets it.

FACEBOOK: Facebook figures spiked significantly in Q3 due to the major incident declaration - the top post reach for Q3 was up 295% whilst shares were up considerably at 491%. A massive 8,000 followers joined us around the time of the major incident. So it is to be expected to see a dip in figures for Q4. These figures are still strong and the top post demonstrates how promoting jobs on social media can increase interest in them, reaching over 200k people.

TWITTER: As is expected the same trends can be seen on Twitter, due to the anomaly caused in Q3 by the major incident. While down when compared to Q3, the Q4 Twitter figures are steady when compared to Q4 from the previous year and show a regular growth of new followers.

INSTAGRAM: Instagram figures have been growing steadily for some time now. Q3 was very successful and Q4 has seen a slight drop in figures. However, when compared to Q4 last year, the improvements are significant. Our followers have doubled and our engagement levels have shot up from around 7,000 engagements in Q4 2019/20, to more than 40,000 in Q4 2020/21 - a reflection of the good work and investment by the team on this platform which is more popular among a younger audience and therefore an important channel for us to use.

WEBSITE: Traffic to the website in Q4 saw a slight increase, with the careers/vacancies page being most popular. This could be attributed to the PTS care assistant vacancy which was promoted on social media and attracted a lot of attention. News views were down due to fewer proactive news stories being released this quarter.

TWITTER

56,019 total followers

+805 this quarter

▼ 80% rate of growth in new followers

2,645,405 reach ▼ 27%

94,825 engagements ▼ 70%

Top post:

Announcing the sad death of our colleague

↻ 16 retweets

♥ 423 likes

👤 73,503 reach

INSTAGRAM

12,758 total followers

+993 this quarter

▼ 61% rate of growth in new followers

42,056 engagements ▼ 26%

1,160,260 reach ▼ 17%

Top post:

Student paramedic delivers a baby

♥ 2,567 likes

👤 51,009 reach

WEBSITE

443,096 page views ▲ 13%

142,258 total visitors ▲ 15%

Most visited page:

🏆 Careers/vacancies 142,258 views ▲ 13%

29,933

'news' views ▼ 20%

Top news story:

Guaranteed interview scheme for armed forces

EXTERNAL (PUBLIC/PATIENT) CAMPAIGNS

- **Inside 999** – In response to the increase in REAP Level in the New Year and the prolonged period of high demand, we implemented a campaign to educate and inform the public about what is going on behind the scenes to support people during the pandemic, manage our demand, how staff are coping and how the public can support us. This also helped to answer some concerns from staff about 'COVID-deniers' who were prominent on social media at this time, by showing the realities of what we were experiencing.
- **NHS 111 First** - Activity around North West go live with internal and external updates, editing of 111 videos including other language versions, and engagement sessions.
- **COVID-19 messaging** – supporting national guidance through lockdowns, tiers and advice on keeping safe. Creating NWAS specific content with key messages relating to 'hands, face, space' messaging and 'stay home, protect NHS, save lives'.
- **Winter comms activity** – to support service delivery in providing the right care during winter 2020/21, we created content through various winter-timed and related campaigns which fed into the notion of making people aware of the actions they could take to help us help them. This included sharing educational tips and advice on how people can stay well, promoting alternatives to 999 and NHS 111 first, and raising awareness of the steps we are taking to reduce seasonal demand. To support this we created: **21 animations or short videos** and **126 image-led** posts across social media, along with a suite of educational posts designed to manage public demand in conjunction with Patient Safety Plan levels.

INTERNAL (STAFF) PROJECTS / CAMPAIGNS

EPR

Provided partner organisations (hospitals) with content explaining what NWAS EPR is and created news stories and social media posts which generated high engagement and showed strong interest and support from colleagues and the public.

Race Equality Network (REN)

Supported launch event and developed comms plan for promotion. Shared content on internal and external channels to create excitement about launch.

LGBTQ history month

Celebrated history month by asking staff to share their gay icons, which were shared internally and externally creating interest in and engagement.

Violence and aggression

Worked with new head of V&A group to produce articles to raise profile of the group objectives, focusing on some of the most shocking repeat offender examples to encourage reporting.

STAR awards

Arranged for all STAR award nominees and winners from last year to receive their certificate and a goody bag in recognition of their efforts, in the absence of a ceremony.

IPC campaign

Supported rollout of IPC measures by creating bespoke infographics posters and bulletin content to clarify changing rules around IPC.

Staff Facebook group

Continued to increase membership by sharing praise from colleagues appearing in newsletters (Wellbeing Wednesday) and encouraging people to post their own content directly onto the page. Membership is now 2,150.

NHS 111

8 bulletins and supporting wallboard graphics on topics including outbreak measures, infection prevention and control, the new Digital Design Forum, and a research study.

Bereavement guidance

Helped devise guidance for managers on steps to take when a bereavement occurs. Also updated information and well-being support on Green Room to ensure a coherent message for colleagues seeking help and advice.

Military personnel

Worked with Ministry of Defence and NHS England on internal and external communication relating to support from military personnel and training of fire service colleagues

INTERNAL (STAFF) BULLETINS

This quarter, we issued:

12 CEO weekly bulletins **20** Clinical bulletins **13** Weekly Regional Bulletins
38 COVID-19 bulletins **12** Operational bulletins **13** Wellbeing Wednesday bulletins

plus **40** others, including Manchester Arena Inquiry, HR, 111, PTS, lessons learnt and staff bulletins.

Topics included:

- Personal thank you from Deputy Chief Executive Michael Forrest
- Manchester Arena Inquiry updates to staff
- Military partnership announcement
- Vaccination updates
- REAP escalation



8,667

total staff app downloads




1266 this quarter

Most popular pages: GRS and ESR



FILMS

 **12** completed **5** underway
6 (33%)

- Tri-Service collaboration film with Greater Manchester Police and GM Fire and Rescue Service
- NWAS Driving ambition – taking positive steps to a career with PTS
- Race Equality Network launch
- x2 NHS 111 First films, one featuring several of our staff and a version in Polish
- Communications Apprentice Elena Winstanley talking about her experiences to mark Apprenticeship Week
- Message to 111 staff from Head of Service, Jackie Bell
- A re-edited version of the Electronic Patient Records film for external organisations
- Patient story for board
- Facebook Live recording – with CEO and Chair
- Staff Survey results film – with Lisa Ward
- Body Worn Cameras

Videos are filmed in-house using team skills and equipment. After a busy couple of quarters, activity dropped slightly but still averaged at 4 completed films per month.

FOCUS ON... our 2020/21 at a glance

As we report on the final quarter of the 2020/21, here is an overview of some of our activity highlights of the year:



738 pieces of media coverage
124 proactive, positive media stories issued or interviews arranged
82 reactive statements in response to media enquiries



67 Films completed



4,454 staff app downloads

Grew our collective social media network by **38%**



21,802 new Facebook followers

9,507 new Twitter followers

5,940 new Instagram followers



86 Community engagement events attended (virtually!)

12 Patient and Public Panel virtual taster and induction events hosted

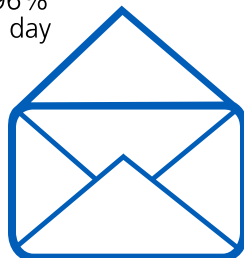
Almost doubled panel membership from **72 TO 143** achieving the target for the year

288 FOIs completed - 96% within 20 working day target

14 Stakeholder bulletins

45 MP letters sent

1 Major incident supported



APPROX 30 CAMPAIGNS

15

internal communications campaigns

FOR EXAMPLE

15

external communications campaigns



COVID vaccination campaign (80%+uptake)
 Flu vaccination ('most successful yet')



Winter plan inc: Halloween and Bonfire campaigns, 'Help us find you' house number campaign, NHS 111 First messaging, #Inside999



Awareness days/weeks/months - e.g. Armed Forces Week, Freedom to Speak Up month, Emergency Services Day, Happiness At Work Week

- ★ Continued to support the organisational response to COVID-19
- ★ Won COVID comms award for 'most effective essential worker communications'
- ★ Recognised in 'best in-house team' category at national CIPR awards
- ★ Supported staff wellbeing and recognition with thank you letters delivered to families, STAR Award packages delivered to nominees, the introduction of Wellbeing Wednesday and Feel Good Friday newsletters
- ★ Worked with NHS England to launch NHS 111 First in the North West and nationally
- ★ Secured charitable funds to develop youth engagement
- ★ Won Prolific North Award for best campaign with 'once upon a call'
- ★ Supported trust networks including Race Equality Network launch
- ★ Launched staff Facebook group and gained 2200 members
- ★ Took Patient and Public Panel activity online and successfully grew membership with virtual events
- ★ Took community engagement online and attended more than 80 events virtually