North West Ambulance Service NHS Trust

Board of Directors Meeting to be Held in Public

Wednesday, 27 February 2019
9.45am

Oak - North West Ambulance Service, Trust HQ

Following the meeting, the Trust will be signing the MIND Blue Light Pledge

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
1.	Staff Story	09:45	Decision	S Desai	
INTRODUCTION					
2.	Apologies for Absence	10:00	Information	Chair	
3.	Declarations of Interest	10:00	Decision	Chair	
4.	Minutes of Previous Meeting	10:00	Decision	Chair	1 - 12
5.	Board Action Log	10:00	Decision	Chair	13 - 14
6.	Committee Attendance	10:00	Information	Chair	15 - 16
7.	Chairman & Non-Executives' Update	10:00	Assurance	Chair	
STRATEGY					
8.	Chief Executive's Report M10 2018-19	10:05	Assurance	Chief Executive	17 - 24
GOVERNANCE AND RISK MANAGEMENT - NO ITEMS					
QUALITY AND PERFORMANCE					
9.	Integrated Performance Report	10:15	Assurance	Director of Quality, Innovation and Improvement	25 - 116
10.	ICO Report	10:35	Assurance	M Power	117 - 154
11.	Monthly Finance Report M10 2018-19	10:45	Assurance	Interim Director of Finance	155 - 170
12.	RRV Vehicle Replacement Programme	10:55	Decision	M Brooks	171 - 186
13.	Finance, Investment and Planning Committee Verbal Update - from the meeting held on 22nd February 2019	11:10	Assurance	Mr M O'Connor	
14.	Business Continuity Management Action Tracker	11:20	Decision	Director of Operations	187 - 194
WORKFORCE - NO ITEMS					
CLOSING					
15.	Any Other Business Notified Prior to the Meeting	11:30	Information	Chair	

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

| 16. | Items for Inclusion on the BAF | 11:30 | Decision | Chair | |

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

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

NHS
North West
Ambulance Service
NHS Trust

Minutes
Board of Directors

Details: Wednesday 30th January 2019, 9.45am
Ladybridge Hall, 399 Chorley New Road, Heaton, Bolton, BL1 5DD

Present:

Ms W Dignan	Chairman
Mr G Blezard	Director of Operations
Mr S Desai	Director of Strategy & Planning
Mrs T Ellery	Director of Finance
Mr M Forrest	Interim Chief Executive
Mr R Groome	Non-Executive Director
Mr M O'Connor	Non-Executive Director
Ms M Power	Director of Quality, Innovation & Improvement
Ms L Ward	Interim Director of Organisational Development
Mrs A Wetton	Director of Corporate Affairs
Mr P White	Non-Executive Director

In attendance:

Ms J Lancaster	Corporate Governance Manager (Minutes)
Ms S Morley	Communications Manager (part)
Mr M Newton	Assistant Director for Transformation (Part)
Dr J Wray	Interim Deputy Medical Director

Minute Ref:

BM/1819/158 PATIENT STORY

A film was shown to members, featuring a patient and his son who performed CPR and helped save his Father's life.

The patient's son had participated in a session at school a few weeks prior to the incident. Following the incident, he was presented with a 'Young Heart Hero' award at the British Heart Foundation awards in London.

The patient story highlighted to members the importance of promoting CPR and also the importance of EMD staff talking people through CPR remotely.

The Director of Strategy and Planning explained that he was in the process of arranging a meeting between the patient and his family to meet the crew who attended the incident.

A discussion ensued in relation to raising awareness and training in relation to CPR and it was noted that CPR training would form part of the school curriculum from 2020.

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The Board:

- Noted the patient story.

BM/1819/159   APOLOGIES FOR ABSENCE

Apologies for absence had been received from Dr M Ahmed, Non-Executive Director, Dr D Ratcliffe, Medical Director and Mr M Tattersall, Non-Executive Director.

The Board:

- Noted the apologies for absence.

BM/1819/160   DECLARATIONS OF INTEREST

Dr J Wray declared that he was the Deputy Chair, South Sefton CCG.

The Board:

- Noted the declaration of interest.

BM/1819/161   MINUTES OF PREVIOUS MEETING HELD ON 28th NOVEMBER 2018

The minutes of the previous meeting held on 28th November 2018 were presented to members for approval.

The Board:

- Approved the minutes from the meeting held on the 28th November 2018.

BM/1819/162   ACTION LOG

The action log was reviewed and updated accordingly.

BM/1819/163   COMMITTEE ATTENDANCE

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

The Board:

- Noted the committee attendance.

At this point in the meeting, item 1819/165 and 1819/166 was discussed followed by 1819/164.

BM/1819/164   CHAIRMAN AND NON-EXECUTIVES DIRECTORS UPDATE

Ms W Dignan advised members that following a process facilitated by NHS Improvement, Mr P White had been appointed as the Chairman of the Trust and would commence in post on 1st February 2019.

At this point in the meeting, Ms W Dignan transferred the chairmanship to Mr P White.

Mr P White advised members that interviews for the financial Non-Executive Director (NED) would be held on 1st March 2019. In addition, a recruitment campaign would be carried out for the additional NED vacancy and for two

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Associate NED positions. Mr P White commented that he would continue to support committees until the vacancies were filled.

The Board:

- Noted the update.

Mr M O'Connor and the Assistant Director for Transformation entered the meeting at this point.

BM/1819/165   CHIEF EXECUTIVE'S REPORT – MONTH 9 2018/19

The Interim Chief Executive presented a report to provide members with information on a number of areas since the last report to the Trust Board on 28th November 2018.

An update was provided in relation to 999 and 111 performance and members were presented with performance information that illustrated strong performance across all standards during the festive period. It was noted that performance had been shared with and acknowledged by NHS Improvement. Mr R Groome acknowledged the good performance.

The Interim Chief Executive made reference to the work that was being carried out in relation to the hospital handover improvement work with the specific six trusts and it was noted that a further round of Executive visits would be held during January and February 2019. Members were advised that handover times were currently averaging 36 minutes.

The Interim Chief Executive commented that it was Wyn Dignan and Tracy Ellery's last Board of Directors meeting and thanked them both for all of their work and leadership during their time at the Trust.

The Board:

- Received and noted the contents of the report.

BM/1819/166   CARTER REVIEW

The Director of Strategy and Planning presented a report to inform members of the Lord Carter Review 2018 into unwarranted variations within UK Ambulance Trusts.

Mr P White entered the meeting at this point.

Members were advised that the review contained five key areas and nine recommendations to improve patient care, efficiency and support for front line staff who had responded to a significant rise in demand for ambulance services in recent years.

In terms of the NWAS position in the review, it was noted that the data was from 12 – 18m ago and that more recent data was starting to be uploaded.

Mr P White commented on the long term challenges that would undoubtedly impact on performance. In terms of updates to the board, it was commented that bi-annual reporting was not sufficient.

The Director of Operations made reference to categorisation of calls and advised that two systems were operated and therefore, this should be considered when understanding the performance data. The Interim Deputy Medical Director

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explained that this was being considered by ACCE. He added that AMPDS was a validated system and therefore there was a need to ensure that the system was being utilised correctly but commented that the variation needed to be explained.

The Director of Quality, Innovation and Improvement commented that the review needed to be at the forefront of operational delivery. She added that the review would direct the work of Ambulance Trusts in the future and that the Trust should seek out opportunities in terms of partnership working. Furthermore she stated that there was a need to fully understand warranted vs unwarranted variation.

A discussion ensued in relation to the vehicle age and the Director of Finance advised that there was a need to be cautious about the data. She added that cost and capital charges were changing and therefore consideration was required in terms of changing the fleet vehicles every five years. In terms of vehicles it was added that currently, 31 different vehicle specifications were utilised and therefore, work was being carried out to standardise specifications.

Mr P White referred to the ambulance portal and advised that all members required access. He added that frequent updates would be presented to the Finance, Investment and Planning Committee and requested that quarterly updates were presented to the Board.

The Board:

- Noted and received assurance from the report,
- Support bi-monthly updates to the Executive Management Team and quarterly updates to the Finance, Investment and Planning Committee,
- Requested quarterly updates to the Board of Directors, and
- Requested all members had access to the ambulance portal.

BM/1819/167   URGENT AND EMERGENCY CARE STRATEGY

The Assistant Director for Transformation presented a report to seek formal approval of the Trust Board for the NWAS Urgent and Emergency Care Strategy to reflect the Trust's obligations as a category 1 responder but also the underpinning principles of a system wide Integrated Urgent Care response.

The Director of Operations commented on the desire to manage C3 and C4 activity by adopting a system wide approach and stressed that focus could not be lost on C1 and C2 activity as a result.

Mr R Groome stated that further details were required in terms of resourcing this work stream. The Assistant Director for Transformation advised that resources would be considered formally as part of the implementation plan and would feed into contract meetings. He added that the principles could not be delivered without the right resources being in place.

The Director of Operations explained that key enablers were required in terms of delivering the strategy and therefore, there would be a phased implementation.

The Interim Deputy Medical Director commented that direct engagement with GPs was required, in terms of delivery of the strategy. He added that it was crucial to gain confidence from GPs. The Interim Chief Executive supported this view and stated that there was a need to change how engagement with partners within the wider system was carried out.

The Board:

- Approved the underpinning principles of the Urgent and Emergency Care Strategy.

The Assistant Director for Transformation exited the meeting at this point.

BM/1819/168   NWAS CQC INSPECTION 2019

The Director of Quality, Innovation and Improvement presented a report to summarise the work underway to prepare NWAS for the 2019 CQC inspection.

It was noted that the next inspection would consist of an annual well led review and would also include an inspection of at least one of the Trust's core services. It was expected that an inspection would be carried out of the 111 and PTS service.

Mr P White stated that it was crucial that members were fully briefed. He added that the Trust had the opportunity to strive for outstanding, linking into the Lord Carter Review and the Urgent and Emergency Care Strategy.

The Board:

- Noted and received assurance from the report.

BM/1819/169   BOARD ASSURANCE FRAMEWORK

The Director of Corporate Affairs presented the Board Assurance Framework (BAF), summarising the position of the Trust's strategic risks at the end of quarter 3.

It was noted that since the last report to the Board, (i) SR02 – achieving the 2018-18 financial plan had reduced in score from 20 to 10, (ii) SR05 – cyber security had increased in score from 12 to 18, and (iii) SR09 – leadership capacity to deliver the strategy had been added.

The Director of Corporate Affairs made reference to the system wide risks and advised that the NHS Planning Guidance for 2018/19 sets a clear expectation that STPs would take an increasingly prominent role in planning and managing system-wide efforts to improve services. It was suggested that the Board considered the governance arrangements across each of the STPs at a future Board development session.

Mr R Groome sought an update in relation to the succession plan and the Interim Director of Organisational Development advised that this would be presented to the Nominations and Remuneration Committee on 27th February 2019. It was noted that succession planning would be implemented at Board level and then cascaded down throughout the organisation.

The Interim Chief Executive advised that due to changes at Board level, the Board matrix would be updated.

The Board:

- Reviewed the Board Assurance Framework,
- Approved the inclusion of risk SR09,
- Confirmed that there were no further changes to risk scores,
- Welcomed a session in relation to the system wide risks being presented to the Board Development Session being held on 12th March 2019.

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BM/1819/170   CORPORATE RISK REGISTER QUARTER 3 2018-19

The Director of Corporate Affairs presented the Corporate Risk Register (CRR), advising members of risks with a net risk score of 15 and above.

Member were informed that since the last report to Board, two new risks had been added, (i) 2806 – if insufficient resources (workforce) were not available within the 111 service then the Trust would not achieve its contract KPIs/standards and patient care/experience may be impacted along with reputational damage to NWAS, and (ii) 2824 – if general Infection Prevention control standards in relation to hand hygiene were not maintained measured and monitored then patients and staff would be harmed and the Trust would breach regulatory standards.

The Director of Corporate Affairs advised that risks in relation to the 2018-19 financial plan due to slippage against the CIP plan and inability to answer 999 calls had reduced and therefore removed from the CRR. The Director of Operations explained that the risk in relation to answering 999 calls related to staffing and due an increase in resources, this risk had been reduced.

The Director of Finance referred to risk 2236 – inability to achieve 2017-19 agreed financial plan and stated that the scoring would be reviewed and would reduce.

The Board:

- Reviewed the risks contained within the Corporate Risk Register, and
- Noted the removal of risk 2237 and 2580 based on the reduced scores.

BM/1819/171   CORPORATE CALENDAR 2019/20

The Director of Corporate Affairs presented the Board of Directors and Committee dates for 2019/20.

Mr P White stated that due to current vacancies across the Board, flexibility was required.

Mr M O'Connor advised that he would attend the Audit Committee scheduled to be held on 18th April 2019. It was noted that Mr P White could not attend the Audit Committee due to his role as Chairman.

Mr P White advised that governance arrangements would be reviewed over the coming months.

The Board:

- Approved the Board of Directors and Committee dates for 2019/20.

BM/1819/172   POLICY FRAMEWORK UPDATE QUARTER 3 2018/19

The Director of Corporate Affairs presented details of the policies and procedures approved by either the Executive Management Team or Executive Director during the period 1st October 2018 – 31st December 2018.

The Board:

- Noted the policies and procedures approved during the period 1st October 2018 – 31st December 2018.

BM/1819/173 **FREEDOM TO SPEAK UP – QUARTER 3 2018/19**

The Director of Corporate Affairs presented a report to advise members of the work of the Freedom to Speak Up Guardian during quarter 3, 2018-19.

It was noted that the Trust had reported 23 cases to the National Guardian's Office.

A discussion ensued in relation to the eight concerns raised in relation to the alleged behaviours of crew whilst student paramedics were in training and on board vehicles. The Director of Operations advised that this mainly related to the driver of ambulances and as a result, a number of staff bulletins had been issued and in some cases, disciplinary action was carried out.

Mr M O'Connor advised that some of the reports related to grievances and therefore were being managed via the HR process.

Mr P White questioned if any cases had been raised by staff within the 111 service and the Director of Corporate Affairs stated that no concerns had been raised by staff within the 111 service. She added that the Acting Freedom to Speak Up Guardian had attended staff forums within the 111 service to raise awareness of the Freedom to Speak Up service.

The Director of Quality, Innovation and Improvement referred to the comparison data and commented it would be useful to include population figures for example the number of complaints in proportion to staff.

The Board:

- Noted and received assurance from the report.

BM/1819/173 **APPROACH TO PLANNING**

The Director of Strategy and Planning presented a report to advise members of the long term plan including key elements of the national planning requirements. Members were advised that emphasis had been placed on digitally enabled care that would go mainstream across the NHS.

In terms of System Control Totals, the guidance indicated that ambulance trusts should be included in the system with their host Commissioner.

Mr R Groome referred to embedding the Urgent and Emergency Care Strategy and the Director of Strategy and Planning explained that the Trust needed to be clear in terms of its offer. The Interim Deputy Medical Director supported this view and stated engagement with the Local Medical Council was crucial.

Mr P White stated that an engagement plan was required and the Director of Strategy and Planning advised that this was being developed in conjunction with contracting and the long term plan.

The Interim Chief Executive advised that he would be meeting with STP Chairs. In addition, a detailed session would be held in relation to the Operational Plan and Risk at the Board Development Session being held on 12th March 2019.

The Board:

- Noted and received assurance from the report.

BM/1819/174   **AUDIT PANEL ASSURANCE REPORT FROM THE MEETING HELD ON 4TH JANUARY 2019**

Mr R Groome provided a verbal update from the Audit Panel held on 4th January 2019. Members were advised that KPMG had been appointed as the Trust's external auditor for a further 12 months. Members were assured that the decision had been made in conjunction with Trust procedure.

The Board:

- Noted and received assurance from the report.

BM/1819/175   **AUDIT COMMITTEE ASSURANCE REPORT – FROM THE MEETING HELD ON 25TH JANUARY 2019**

Mr R Groome provided a verbal update from the Audit Committee held on 25th January 2019.

Members were advised that the Policy for Engagement of External Auditors for Non-Audit Work was approved.

Mr M Tattersall was formally recognised for all of his hard work and dedication as Audit Chair.

The Board:

- Noted and received assurance from the report.

BM/1819/176   **INTEGRATED PERFORMANCE REPORT OCTOBER 2018**

The Director of Quality, Innovation and Improvement advised that the report included See and Treat (S&T) and Hear and Treat (H&T) funnel plots by sector and CCG. It was noted that this information would identity variations and would therefore provide the basis for improvement.

Mr R Groome sought assurance in relation to the mandatory training target and the Interim Director of Organisational Development advised that the target was on track to be delivered at the end of December 2018. However, a number of factors had resulted in the training now not being on target. An update would be presented to the next meeting of the Workforce Committee.

The Director of Operations explained that compared to the same period last year, performance had improved against all standards. This was due to changes in resource profiling, S&T and H&T. He added that winter planning had been successful. It was explained that the operational model was correct it just needed to be resourced correctly.

Mr M O'Connor stated there was a need to highlight the success. The Director of Operations explained that feedback had been provided to staff via the Operational Performance Group.

In terms of 111, members were advised that performance had been good during December 2018 and this was due to (i) technical changes, (ii) additional resources from Conduit, and (iii) key appointments. The Director of Operations explained that best practice was being sought from Conduit in terms of call handling.

The Interim Chief Executive advised members that Northern Alliance had been asked to carry out work in relation to urgent treatment centres.

The Board:

- Noted and took assurance from the update.

BM/1819/177   FINANCE REPORT TO 31st DECEMBER 2018 – MONTH 9 2018/19

The Director of Finance presented the Committee with the financial performance for the Trust at Month 9.

Members were advised that the Trust was reporting a surplus of £1.559m, which was £0.158m better than the planned surplus of £1.401m. Income was over recovered by £4.650m, pay was overspent by £2.816m and non-pay was overspent by £1.676m.

The Director of Finance advised that the Trust's financial plans forecast achievement of the notified financial control total of £1.838m surplus, with full anticipation of £2.422m Provider Sustainability Funding (PSF). The recurrent underlying financial position for the Trust excluding the PSF was a £0.430m surplus.

Members were informed that in terms of the Financial Sustainability Risk Rating, the year-end forecast rating was 2. At Month 10 the forecast was indicating an outturn that would be £250k better than the agreed control total. As a result, and in conjunction with guidance issued regarding the Provider Sustainability Funding, it was envisaged that the £250k would be matched. This would therefore improve the year-end rating to a 1.

Mr P White commented that this was the last Board of Directors meeting for the Director of Finance and thanked her for her valuable and valued contribution during her time at the Trust.

The Board:

- Noted and took assurance from the update,
- Noted the 2018/19 reported financial performance as at Month 9.

BM/1819/178   QUALITY COMMITTEE CHAIR'S ASSURANCE REPORT FROM THE MEETING HELD ON THE 4th DECEMBER 2018 AND 8TH JANUARY 2019

Mr P White presented an assurance report from the meeting of the Quality Committee held on the 8th January 2019 and 4th December 2018.

Members were advised that plans were in place to recruit a Chief Pharmacist.

The Board:

- Took assurance from the matters discussed at the meeting of the Quality Committee held on 4th December 2018 and 8th January 2019.

BM/1819/179   FINANCE, INVESTMENT AND PLANNING COMMITTEE ASSURANCE REPORT – FROM THE MEETING HELD ON 25th JANUARY 2019

Mr M O'Connor provided a verbal update from the meeting of the Finance, Investment and Planning Committee held on 25th January 2019.

Members were advised that contract signing with the supplier DXC had been delayed whilst further assurance was sought. Contract signing was expected to be completed before the end of January 2019. The committee had requested

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regular update reports.

In terms of Estuary Point it was envisaged that the EOC would move into the building in Spring 2019. Planning permission was currently being sought from Liverpool City Council with regards to parking.

The Board:

- Took assurance from the matters discussed at the meeting of the Finance, Investment and Planning Committee held on 25th January 2019.

BM/1819/180   PES VEHICLE REPLACEMENT BUSINESS CASE

The Director of Finance presented a business case in relation to the annual PES Ambulance Vehicle Replacement Programme 2019/20. It was noted that the business case had been discussed at the Executive Management Team and Finance, Investment and Planning Committee.

The Board:

- Approved option 4, that provided the solution that balances risk and vehicle replacement numbers to secure essential replacements of the Trusts fleet and maintain business continuity.
- Noted and approved the total revenue costs of £6.821m.

BM/1819/181   PTS VEHICLE REPLACEMENT BUSINESS CASE

The Director of Finance presented a business case in relation to the PTS vehicle replacement programme for 2019/20.

The Board:

- Approved the purchase of 40 sitter vehicles in the 2019/20 PTS vehicle replacement programme incurring a £2,18k capital cost and £2,535k revenue cost.

BM/1819/182   WORKFORCE COMMITTEE ASSURANCE REPORT – FROM THE MEETING HELD ON 28TH JANUARY 2019.

Mr R Groome provided a verbal update from the Workforce Committee held on 28th January 2019.

Members were advised that the Committees terms of reference had been discussed and it was agreed that members of staff would be invited to attend the Committee as and when required.

A report had been presented in relation to the gender pay gap and it was noted that the data was 12 months old. A review of the position would be carried out in June 2019.

An update was provided in relation to the 111 service and Mr R Groome expressed disappointment at the lack of progress made in relation to recruitment. The 111 Head of Service was now in post and therefore, it was envisaged that the situation would improve. Mr P White added that some excellent work had been carried out within 111 however, improvements were now required to be made. It was noted that a lot of work would be carried out in relation to rotas so that requests for annual leave could be dealt with more flexibly.

The Board:

- Took assurance from the matters discussed at the meeting of the Workforce Committee held on 28th January 2019.

BM/1819/183   HEALTH, SAFETY AND SECURITY POLICY

The Director of Quality, Innovation and Improvement presented the Health, Safety and Security Policy for approval.

Members were advised that the policy now includes specific reference to the Board appointed Non-Executive Director with specific responsibility for Health, Safety and Security assurance.

The Board:

- Approved the Health, Safety and Security Policy.

BM/1819/184   ANY OTHER BUSINESS

There were no items of any other business.

BM/1819/185   ITEMS FOR INCLUSION ON THE BOARD ASSURANCE FRAMEWORK

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

BM/1819/186   DATE, TIME AND VENUE OF NEXT MEETING

The next meeting of the Board of Directors will be held on Wednesday 27th February 2019, 09:45 am, at Ladybridge Hall, 399 Chorley New Road, Heaton, Bolton, BL1 5DD.

Signed: _____
Date: _____

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Status:	
Completed on Time	🟩
In progress	🟧
Incomplete & Overdue	🟥
On Current Agenda	🟦

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
4	25-Jul-18	1819/75	July Performance Committee - Assurance Report	Requested that consideration be given to developing a Digital Strategy to support the Corporate Strategy.	MP/TE	Update to be provided on 26.09.18	27.03.19	Work is underway to develop a Digital Strategy. Progress will be updated through the FIP Committee with the final strategy sign off at Board in March 2019.	🟧
13	26-Sep-18	1819/108	Board Development Matrix	Requested that a Board succession plan be developed and presented to the Nomination & Remuneration for agreement.	LW	28.11.18	28.11.18	Review of training records to enable learning needs analysis against Development Matrix commenced. Talent conversations being undertaken to inform succession plan. An update would be presented to NARC in February 2019.	🟧
15	28.11.18	1819/147	Risk Management Strategy	The role of the Audit Committee in terms of clinical audit, be included within section 7.4.4 of the Strategy.	AW	30.01.19	30.01.19		🟩
	30.01.19	1819/166	Carter Review	Requested all members had access to the ambulance portal.	SD	26.02.19	26.02.19	Link sent 22.02.19	🟩

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Agenda Item 5

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Board of Directors

	25-Apr-18	30-May-18	27-Jun-18	25-Jul-18	26-Sep-18	31-Oct-18	28-Nov-18	30-Jan-19	27-Feb-19	27-Mar-19
Peter White	✓	✓	✓	✓	✓	✓	✓			
Richard Groome	✓	✓	✓	✓	x	✓	✓			
Michael O'Connor	✓	✓	✓	✓	✓	✓	✓			
Mark Tattersall	✓	✓	x	✓	✓	✓	✓			
Derek Cartwright	✓	✓								
Tracy Ellery	✓	✓	✓	✓	✓	✓	✓			
Mick Forrest	✓	✓	✓	✓	x	✓	✓			
Ged Blezard	✓	✓	✓	x	✓	✓	✓			
David Ratcliffe	✓	✓	x	x	✓	✓	✓			
Wyn Dignan	✓	✓	✓	✓	✓	✓	✓			
Angela Wetton	✓	✓	✓	✓	✓	✓	✓			
Salman Desai	✓	✓	✓	✓	✓	✓	✓			
Maxine Power	✓	✓	✓	✓	✓	✓	✓			
Lisa Ward				✓	✓	✓	✓			
Maria Ahmed	✓	x	x	x	x	x	x			

Audit Committee

	20-Apr-18	25-May-18	20-Jul-18	02-Nov-18	25-Jan-19
Mark Tattersall	✓	✓	✓	✓	✓
Peter White	✓	x	✓	✓	x
Richard Groome	✓	✓	✓	x	✓

Finance Investment & Planning Committee

	18-May-18	20-Jul-18	21-Sep-18	20-Nov-18	25-Jan-19	22-Feb-19
Michael O'Connor	W Dignan	✓	✓	✓	✓	✓
Mark Tattersall	✓	✓	✓	✓	✓	✓
Tracy Ellery	✓	✓	✓	✓	✓	
Mick Forrest	✓					
Ged Blezard	✓	x	✓	✓	✓	S Hynes
Maxine Power		✓	x	✓	⊠	
Salman Desai	x	✓	x	✓	✓	✓
Lisa Ward		✓	✓	✓	✓	⊠

Quality Committee

	10-Apr-18	29-May-18	03-Jul-18	07-Aug-18	10-Sep-18	09-Oct-18	06-Nov-18	04-Dec-18	08-Jan-19	05-Feb-19	05-Mar-19
Peter White	✓	✓	✓	Cancelled	✓	✓	✓	✓	✓	Cancelled	
Richard Groome	✓	✓	✓	Cancelled	✓	✓	✓	✓	✓	Cancelled	
Maxine Power	✓	✓	✓	Cancelled	✓	✓	✓	✓	x	Cancelled	
Neil Barnes	x	✓	✓	Cancelled	✓	✓	✓	✓	✓	Cancelled	
Ged Blezard	x	✓	✓	Cancelled	x	✓	✓	✓	✓	Cancelled	
David Ratcliffe	✓	✓	x	Cancelled	x	✓	✓	✓	✓	Cancelled	
Tracy Ellery	✓	✓	✓	Cancelled	✓	x	✓	✓	x	Cancelled	
Angela McErlane			x	Cancelled	✓	✓	✓	x	✓	Cancelled	
Kat Noble			x	Cancelled	x	x	✓	✓	✓	Cancelled	
Mike Jack				Cancelled			x	✓	x	Cancelled	

Performance Committee

	16-May-18	16-Jul-18	17-Sep-18	19-Nov-18	28-Jan-19	18-Mar-19
Peter White	✓	✓	✓	✓	Meeting cancelled	
Richard Groome	✓	✓	M O'Connor	✓		
Tracy Ellery	✓	x	x	✓		
Ged Blezard	x	✓	✓	✓		
Mick Forrest	✓					
Lisa Ward		x	✓	✓		

Workforce Committee

	16-Apr-18	07-Aug-18	23-Oct-18	28-Jan-19
Peter White	W Dignan	M O'Connor	✓	✓
Richard Groome	✓	✓	✓	✓
Tracy Ellery	✓	✓	✓	x
Ged Blezard	x	✓	S Hynes	S Hynes
Mick Forrest	✓			
Lisa Ward		✓	✓	✓

Charitable Funds Committee

	25-Jul-18	31-Oct-18	27-Feb-19	27-Mar-19
Mark Tattersall	✓	✓		
Richard Groome	✓	✓		
Angela Wetton	✓	✓		
Ged Blezard	x	✓		
Salman Desai	x	✓		
Tracy Ellery	✓	✓		
Lisa Ward	x	✓		

Nomination & Remuneration Committee

	25-Apr-18	30-May-18	27-Jun-18	25-Jul-18	03-Sep-18	11-Sep-18	31-Oct-18	13-Dec-18	30-Jan-19	27-Feb-19	27-Mar-19
Peter White	Cancelled	✓	✓	✓	✓	✓	✓	Meeting cancelled	✓		
Richard Groome	Cancelled	✓	✓	✓	x	✓	✓		✓		
Michael O'Connor	Cancelled	x	x	x	x	x	x		✓		
Mark Tattersall	Cancelled	✓	x	✓	✓	✓	✓		x		
Wyn Dignan	Cancelled	✓	✓	✓	✓	✓	✓		x		
Angela Wetton	Cancelled	✓	✓		✓	✓	✓		✓		
Maria Ahmed	Cancelled	✓	x	x	x	x	x		x		

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**North West
Ambulance Service**

NHS Trust

REPORT

AGENDA ITEM:

Board of Directors	
Date:	27th February 2019
Subject:	Chief Executive's Report
Presented by:	Michael Forrest, Interim Chief Executive
Purpose of Paper:	For Assurance
Executive Summary:	The purpose of this report is to provide members with information on a number of areas since the last report to the Trust Board 30th January 2019.
Recommendations, decisions or actions sought:	Receive and note the contents of the report.

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

Link to Board Assurance Framework (Strategic Risks):

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

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

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1.   PURPOSE

1.1   The purpose of this report is to provide members with information on a number of areas since the last report to the Trust Board on 30th January 2019.

2.   PERFORMANCE

2.1   **999**

January and the New Year period saw strong performance across all standards. The winter/festive plan along with the reduction in annual leave delivered good resources which demonstrated that with sufficient resources the Trust can make significant progress. Improvements in call pick up have also contributed to increased performance; the national pilot of HCP/IFT calls is in its early phase but initially looks to be a positive step.

Comparisons of 2019 vs same period last year 2018

	Jan 1-31 2018	Jan 1-31 2019	Direction from Last Year
Calls Answered	112,661	107,917	▼
Mean Call Answer time(s)	24.45	7.88	▼
95th Centile time answered(s)	113.00	58.00	▼
Emergency Incidents	37,757	40,139	▲
AE Attends	25,021	24,477	▼
Time Lost during Handover >30m(h)	2343.32	1392.15	▼
Handovers Longer than 60m	1,466	769	▼
Turnaround(Arrival to Clear) Average	00:38:41	00:35:26	▼
Turnaround(Arrival to Clear) Median	00:32:04	00:31:08	▼
See & Convey %	71.66%	65.80%	▼
See & Treat %	23.47%	25.21%	▲
Hear & Treat %	4.87%	8.98%	▲

Initial work has commended with the Trade Unions on the rostering review planned for 2019/20.

111

Call answering performance improvement seen in December has not continued through January due to a number of issues including:

- IT failures
- Telephony failures
- Staffing challenges

Weekly performance has not achieved the performance improvement trajectory agreed with commissioners.

Additional health advisors have been recruited and commenced in January, February and March. Conduit commenced weekend cover in January and are assisting during our highest demand periods.

2018	Week Ending	07/01/2018	14/01/2018	21/01/2018	28/01/2018	04/02/2018
	Performance	70.97%	73.25%	73.54%	71.27%	68.91%
	Abandoned	10.77%	7.31%	8.53%	8.97%	9.98%
2019	Week Ending	06/01/2019	13/01/2019	20/01/2019	27/01/2019	03/02/2019
	Performance	75.98%	77.84%	70.21%	70.57%	67.15%
	Abandoned	7.26%	6.03%	8.78%	9.39%	9.09%

PTS

Overall activity during January 2019 across PTS increased marginally against the year to date average with the contracts 2% (3,190 journeys) above baseline. The overall year to date position remains at 0% (1,803 journeys) below baseline with Merseyside 11% above and Lancashire 9% below baseline within these overall figures.

In terms of unplanned activity, Greater Manchester and Merseyside are 27% (1,108 journeys) and 25% (459 journeys) above baseline respectively. As unplanned activity is generally of a higher acuity requiring ambulance transportation, increased volumes in this area impact on resource availability leading to challenges in achieving contract KPI performance. Whilst Cumbria and Lancashire are 16% and 2% below baseline, the actual number of journeys (198 and 95) over the month is relatively low.

Aborted activity for planned patients averages 8% however Cumbria experiences 4% whilst Greater Manchester operates with 11% aborts. There is a similar trend within EPS (renal and oncology) patients with an average of 6% aborts whereas Cumbria has 3% and Greater Manchester 8%. Unplanned (on the day) activity experiences the largest volumes of aborts with an average 19% (1 in 5 patients) with variances of 13% in Cumbria and 22% in Greater Manchester.

3   **ISSUES TO NOTE**

Apprenticeships

The Trusts apprenticeship delivery team received its first external quality assurance visit in November 18 with minimal improvement actions. The Trust received a letter from the right honourable Ann Milton, Minister of State for Apprenticeships & Skills, which recognised NWAS as one of the top performing apprentice employers in the country and the Trust was also included in the recent NHS Long Term Plan outlining our progress with apprenticeships. To date over 40 EMT1s have qualified via the direct apprenticeship route

with many more profiled for their end point assessments in the coming weeks and months To this end we will be celebrating their achievements to conclude national apprentice week (4th-8th March) and formally confer their awards.

Staff Survey

As previously reported, the Trust has continued to show year on year improvement in the staff survey response rate with the 2018 response rate of 46% representing a 4% increase from the previous year's response rate.

Ahead of the full publication of the results in March 2019, the Trust has started to analyse the results. The Trust was the second highest trust (2 out of 6) with overall positive scores. NWAS came first (1 out of 6) in terms of historical overall positive scores based from last year when comparing with the other 5 Trusts. This supports the overall picture from the staff survey that we are seeing an upward improvement across the full range of scores with none showing a significant worsening from last year's results and 46% of the results showing a statistically significant improvement compared with last year.

The Trust has received some further analysis and RAG reports from Picker, the staff survey supplier, and this will enable individual service lines to start to understand and form engagement actions plans based on the results.

Paramedic vacancy position

Board will be aware that the Trust has faced some significant challenges around Paramedic recruitment over recent years with the vacancy position having stood at 16% in 2016. It is therefore pleasing to report that the position in January 2019, compared with the previous year is as follows:

Vacancy Gap in WTE	GM	C&M	C&L	Total	%
Jan-19	7.99	32.11	12.9	53	2.10%
Jan-18	-22.09	-9.48	-13.2	-44.77	-2.50%
Improvement between 2018 & 2019	30.08	41.59	26.1	97.77	

This has helped place the Trust in a very strong position to respond to the challenges of winter and to continue to develop the service. The Trust is starting to plan for the next round of Graduate recruitment which will see Graduate Paramedics start in the trust from September 2019.

Mersey Heartbeats

The trust has teamed up with BBC Radio Merseyside and Mersey Travel to help the people of Merseyside learn the simple skills needed to save a life in the event of a cardiac arrest by offering free CPR sessions throughout February. The campaign aims to train hundreds of 'Mersey Heartbeats' with simple one hour sessions taking place three times a day at various locations across Merseyside over a four week period throughout February, all of which are completely free.

Project A – Mental Health Work Stream

Four operational colleagues attended the mental health collaborative event in London this month facilitated by Helen Bevan from NHS Horizons. The event explored how we can better meet the common challenges facing ambulance trusts supporting those who are experiencing a mental health crisis and all 13 UK Ambulance Trusts were represented. Highlights from the day included feedback from people living with experience of mental distress, good practice amongst ambulance trusts and focus group activities based around the 5 mental health work streams.

Ambulance

Filming for series 5 will take place in Merseyside from the 1st March. So far filming is scheduled with crews from Anfield, Old Swan, Fazakerley, St Helens, Wallasey, Speke, Bootle and Crosby. Mersey Fire and Police are aware and are supportive and a letter will shortly be sent to the Liverpool Mayor to provide him with full information. The remaining episodes of series 4 are expected to be aired mid-April (subject to BBC scheduling).

NHS 111 online promotion

Although the national 111 online campaign launched earlier this month, funding has been agreed by NHS England and our lead commissioners to undertake some further promotion of 111 online services in the North West. This is likely to include radio and social media advertising together with some face to face engagement work. With regards to the latter it is proposed to undertake this in Greater Manchester where usage of the 111 telephone service is particularly high. Engagement work will be focussed on target audience age group and top conditions based on our 111 telephone data.

#IAmNWAS campaign

The Communications team are launching a new social media campaign for March: #IAmNWAS which links in with the current national #WearetheNHS campaign. Our campaign aims to support HR recruitment by profiling the different roles we are recruiting to and the organisational offer. We are also encouraging staff to send in short clips about what makes them proud to work for us too. Whilst the campaign will profile on social media during March, we will then showcase all our staff's great contributions at the April STAR Awards too.

Japanese Student Paramedic Visit

The trust is very pleased to welcome 4 student paramedics from Tokyo University, for two weeks starting at the end of February. The visit has been arranged by Dr David Ratcliffe through his network and a full programme has been put together for our visitors including opportunities to observe our operational response and visits to EOC Parkway, Ashburton Point, the North West Air Ambulance and Edge Hill University.

STAR Awards Shortlist

A staggering 240 nominations were received and judged by Director of Strategy and Planning and myself this year. Both the quality and quantity of nominations were very impressive and it was challenging to produce a shortlist. The shortlisted nominations we agreed in the categories of Courage, Leadership, NHS 111, PES, PTS, EOC, Learner, Team, Support and Volunteer have been announced in the Regional Bulletin and individual invitations will now being issued. This year's ceremony will take place on Thursday 18 April 2019 at the Last Drop Hotel and Spa in Bolton and of course the overall winners will be revealed on the night. The CEO Care and Compassion, Chairman's Special Commendation and Innovation award winners will also be announced at the ceremony, along with special recognition awards.

4. EXTERNAL / INTERNAL ENGAGEMENTS

- 17th Jan – Chief Exec Development Network
- 24th Jan – AACE Ambulance Chief Exec Group meeting & NAA CEO Meeting
- 28th Jan – Investors in People
- 29th Jan – meeting with MMU re potential opportunities for research collaboration
- 31st Jan – Exec to Exec Meeting with Wigan re Winter Planning
- 31st Jan – Exec to Exec Meeting with Blackpool re Winter Planning
- 1st Feb – External seminar – Integrated Care – The Future of Integration
- 6th Feb – Exec to Exec meeting with Aintree re Winter Planning
- 7th Feb – Strategic Partnership Board meeting
- 13th Feb – Regional EU Exit Workshop
- 14th Feb – GM Urgent & Emergency Care Summit
- 15th Feb – NAA CEO Meeting & NAA Workstream meeting

5 LEGAL IMPLICATIONS

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

6. RECOMMENDATION(S)

6.1 The Board of Directors is recommended to:

- Receive and note the contents of the report.

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North West Ambulance Service
NHS Trust

REPORT

Board of Directors	
Date:	27 February 2019
Subject:	Integrated Performance Report
Presented by:	Director of Quality, Improvement & Innovation
Purpose of Paper:	For Assurance
Executive Summary:	The Integrated performance report for February 2019 shows performance on quality, effectiveness, finance, operational performance and organisational health during January 2019. The highlights from this report are as follows; • The closure rates and closure times within the SLA for complaints and incidents still remain within control limits. • The existing approval requirements of EOC investigation reports are still causing some delays, so alternative methods for approval are being considered. • The agreed trajectory (7) for the closure of serious incident investigations during January was missed by one (6). • There have been no new Safety/H&S alerts during January. • Patient Experience (FFT) results remain high although the PES returns remain low in number. • There are ongoing discussions with national colleagues, NHSI and NHSE to review the FFT process for ambulance services. • Call to door times for both STEMI and acute stroke patients both increased in September and both are outside of the national mean for the month. • Hear & Treat performance for January 2019 was once again 7.46%. This is a 3.4% increase in performance in comparison to February 2018. • See & Treat performance for January was 25.3%, which is above our 24.5% target. • The overall forecasted financial risk rating for the Trust has moved from 2 to 1. • For January 2019, call pick up performance was at 83.4% and continues to improve. • As the NWAS focus continues on increasing the number of EMDs to reduce the vacancy gap across

	- front line roles within EOC, maintaining and improving CPU will be a challenge during February 2019. - Average hospital turnaround time was 34 minutes 19 seconds during January 2019. - During January 19 ARP performance has remained stable and within our control limits across all categories. - A new chart showing the numbers of C2 long waits over time and the associated numbers of standby calls and reported serious Incidents has been added to the IPR at Figure 03.12 on page 40. - NHS 111 Call pick up performance has remained within expected variation achieving 73.5% during January 2019. - There has been a significant improvement in calling NHS 111 patients backs in less than 10 minutes and a continued improvement in the overall average time for calling someone back. - The PTS cumulative activity position is 2% (3,190 journeys) above the contract baseline at January 2019 - The overall sickness position for December 2018 was 6.37% with sickness remaining high in 111 at 9.30% and EOC seeing an increase in rates to 7.02% - Overall sickness levels are showing an upward trend over the last 7 months although the December 2018 position is broadly consistent with sickness rates at the same time in 2017. - Overall turnover has remained stable during January at 8.79%. - December 2018 continued to see a reduction in the use of agency staff, with costs at just 2%. - The overall vacancy gap position for the Trust for January was 0.74%. - Appraisal compliance overall increased for January at 84%. - Classroom mandatory training for this year has just commenced in January 2019. - Online mandatory training remains behind target at 73% with recovery expected during January – March 2019. - Mandatory training completion within 111 remains a challenge at 52%
Recommendations, decisions or actions sought:	The Board of Directors is asked to: 1. Note the content of the report 2. Clarify any items for further scrutiny through the assurance committees

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

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2

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	None
Previously Submitted to:	**Appendix 1 – EOC IPR (previously submitted to EMT)**
Date:	**16th January 2019**
Outcome:	**N\A**

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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 January 2019. The report shows the historical and current performance on quality, effectiveness, finance, operational performance and organisational health. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

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

An EOC version of the IPR has been included with this report (Appendix 1). The report is based on the same structure as the IPR, with measures tailored to reflect EOC performance.

2. **INTEGRATED PERFORMANCE SUMMARY**

2.1 **Quality**

Q1 – Complaints
During January 2019, 232 complaints were received at a rate of 39 complaints per 1000 WTE staff. A total of 226 were closed, with 44% within our SLA timeframes. Overtime has been used to help focus on complaint closure, however sickness within the team continues to have an impact on the ability to maintain closure rates. The existing approval requirements of EOC investigation reports are still causing some delays, so alternative methods for approval are being considered.

Q2 - Incidents
1,102 internal and external incidents were opened in January 2019 at a rate of 187 incidents per 1000 WTE staff. Included in this total are 108 'unscored' internal incidents, which accounts for 9.8% of all incidents opened that month. The importance of risk scoring is included as part of the Incident Investigation Training being rolled out through the organisation. In total 961 incidents (level 1-5) were closed during January, with 84% were closed within our SLA timescales.

Q3 - Serious Incidents (SIs)
Three SIs were reported in January 2019 and six reports were submitted to our Commissioners for closure. Whilst the backlog of incomplete reports has been significantly reduced, there are still a number of reports overdue. Themes for the completion challenges faced are being identified, which suggests that a lack of dedicated time to focus on completing investigations is a causal factor.

Q5 - Safety Alerts and Health and Safety
There have been no new alerts in January 2019. The total number of CAS/NHS Improvement alerts received between February 2018 and January 2019 was 37, with 7 alerts applicable. There have been 42 MHRA Alerts received in the same time period with 1 alert applicable, 25 MHRA Medicine alerts with 0 alerts applicable and 2 IPC alerts with both being applicable.

2.2 **Effectiveness**

E1 - Patient Experience
PES survey return rates remain low with 78.3% of the 46 responses in January, recommending the service. There are ongoing discussions with national colleagues to review the FFT within ambulance services, with one option exploring an annual reputation project which would include the sharing of

any identified learning. PTS and 111 patients report relatively high levels of satisfaction through the FFT process with 95.1% and 88.4% of responding patients respectively, recommending the service.

E2 - ACQIS

Within the North West the overall survival rate for patients experiencing an out of hospital cardiac arrest for September was 9.3%, just below the national average. Call to door times for both STEMI and acute stroke patients both increased in September and both are greater than the national mean for the month. There was an increase in the mean response to STEMI patients by 2 minutes and an increase in the mean response to acute stroke patients of 6 minutes. Care bundle data for STEMI and acute stroke was not published nationally for September.

E3 - HT, ST & SC Outcomes

Performance has been maintained, once again, achieving 7.6% for hear and treat patients and 25.3% (which is above the 24.5% target) for see and treat patients, during January 2019. However, there continues to be wide variation in see and treat performance across CCG areas.

2.3 Finance

F1 - Finance

The position for the Trust at Month 10 is a surplus of £1.742m, which is £0.185m better than the planned surplus of £1.557m. Income is over recovered by £4.970m, pay is overspent by £2.955m and non-pay is overspent by £1.830m. The overall forecasted financial risk rating for the Trust has moved from 2 to 1.

2.4 Operational

PES Activity

PES activity in January 2019 saw 133,555 contacts (emergency and urgent calls answered and 111 direct pass throughs). Calls answered in isolation were 107,917. 112,210 incidents occurred, which is 0.4% below our plan.

OP1 – Call Pick Up

Call pick has improved with 83.5% of calls answered within 5 seconds during January 2019. This has been achieved in conjunction with the deployment of new Emergency Medical Dispatchers (EMDs) and support staff, improvement in the average handing time and the introduction of a new approach to emergency disconnect. As the national focus continues to be applied on the mean measurement, and more specifically the 90th and 95th centile, further work is still required to further improve CPU performance. As the local focus to continue to increase the number of EMDs, to reduce the vacancy gap across front line roles within EOC, maintaining and improving CPU will be a challenge during February 2019.

OP2 – Hospital Turnaround

There were 61,812 hospital attendances during January 2019 with an average hospital turnaround time of 34 minutes 19 seconds. Improvements to the handover to clear element of the turnaround have been sustained; however arrival to handover times increased during December 2018 and again during January 2019, which impacted on the overall turnaround times. While turnaround times remain above the 30 minute threshold there has been a significant improvement compared to the same time last year.

OP3 – ARP Standards

During January 19 performance has remained stable and within our control limits across all categories, which has been achieved over the winter period and the changes made to the fleet profile and the

extensive Winter planning that took place. Work is about to commence on the regional roster review which will better align resources to demand and better realise the full potential of the increased resources.

OP4 – 111

Call pick up performance has remained within expected variation, achieving 73.5% in January 2019. There has been a significant improvement in the % of calls receiving a call back in less than 10 minutes which is due to an improvement in the availability of clinicians.

OP5 – PTS Activity

Overall activity during January 2019 across PTS increased marginally against the year to date average with the contracts 2% (3,190 journeys) above baseline. The overall year to date position remains at 0% with 1,803 journeys below baseline. Merseyside is 11% above and Lancashire 9% below baseline within these overall figures.

2.5 Workforce

OH1 – Sickness

There has been an upward trend in the sickness absence rates with the overall position for December 2018 at 6.37%. 111 sickness is currently at 9.3% against a target of 8% with the development of rota changes identified as a key factor for reducing sickness. EOC rates remain high at 7.02%, with a number of actions agreed to address this following a review of long term sickness cases. PTS has 7.44% sickness with a specific action plan developed to address the continued high levels of sickness. Overall sickness levels are showing an upward trend over the last 7 months although the December 2018 position is broadly consistent with sickness rates at the same time in 2017.

OP2 – Turnover

Turnover for January 2019 is at 8.79% and remains stable. Teams are in place with a specific focus on areas of high turnover in 111 and EOC at 11.3% and 30.9% respectively. For 111, work will continue with the Recruitment and Retention work stream focusing on the on-boarding process, stay interviews and additional contact and support during the recruitment process. Within EOC recruitment is taking place including plans to introduce Apprenticeship programme in EOC to improvement retention.

OP4 – Temporary Staffing

The Trust remains in strong position regarding Agency costs with the position for January 2019 at 2%. Over the last 12 months the Trust has been proactive in reducing Agency usage particular within 111 with ongoing recruitment to move staff onto permanent contracts. The Trust has also adopted a more robust assessment of Agency usage when requests are received.

OP5 – Vacancy Gap

The NWAS vacancy position is 0.74% for January 2019. EOC is 4.86% overstaffed, however work is continuing in EOC to maintain the EMD recruitment position to enable despatch vacancies to be filled. 111 have seen a sharp decrease in their vacancy gap due to recent recruitment activity for Health Advisors with further recruitment due by the end of March. PTS vacancy position has remained stable at -10.2% with recruitment plans in place to aid with recovery.

OP6 – Appraisals

There has been an improvement in appraisal completion over the last six months overall with completion rate at 84% for January 19. This looks to be the result of an improvement in the PES service line achieving 87%. EOC and 111 remain the furthest behind target at 73.43% and 66.38% respectively. Targeted work across the Trust continues in order to improve the Appraisal completion rate and reach the 95% target

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OP7– Mandatory Training

The classroom Mandatory Training for the 2019 cycle commenced in January 2019. Attendance for both PTS and PES is in line with trajectory.

Online mandatory training is still behind target at 73% compliance and work is ongoing to improve this position to 95% targets levels by the end of March. Completion within 111 remains a challenge and is currently at 52%, impacted by high recruitment in January. They have also been adversely impacted by mandatory system updates.

3.   LEGAL and/or GOVERNANCE IMPLICATIONS

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

4.   RECOMMENDATIONS

4.1   The Board of Directors is asked to:

1.   Note the content of the report
2.   Clarify any items for further scrutiny through the assurance committees
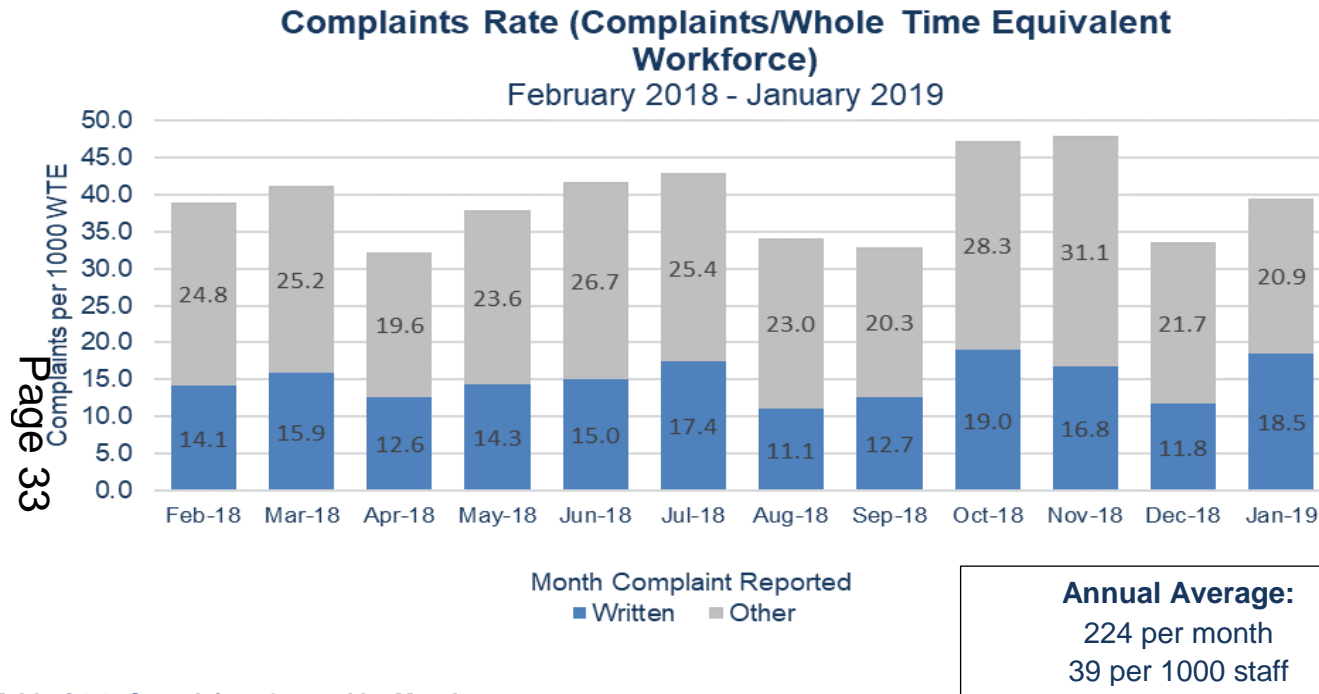
Q1 COMPLAINTS

Figure Q1.1

Complaints Rate (Complaints/Whole Time Equivalent Workforce)
February 2018 – January 2019

Month Complaint Reported
■ Written   ■ Other

Annual Average:
224 per month
39 per 1000 staff

Table Q1.1: Complaints Opened by Month

Severity	Feb-18	Mar 18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct- 18	Nov-18	Dec- 18	Jan- 18
1. Minimum	23	36	23	35	38	35	28	36	56	45	39	27
2. Minor	163	145	131	154	176	175	139	122	165	184	122	161
3 Moderate	18	25	16	14	14	19	18	23	34	34	28	32
4 Major	8	7	5	11	7	10	6	7	9	14	6	7
5 Serious	11	22	9	3	4	7	5	2	10	3	1	5
Total	223	235	184	217	239	246	196	190	274	280	196	232
Compliments	181	92	165	180	121	114	190	124	144	121	103	102

Complaints & Compliments

In January 2019, 232 complaints were received, which is higher than the NWAS average of 224 per month, but remains within the expected control limits, as displayed in Figures Q1.2 and Q1.3.
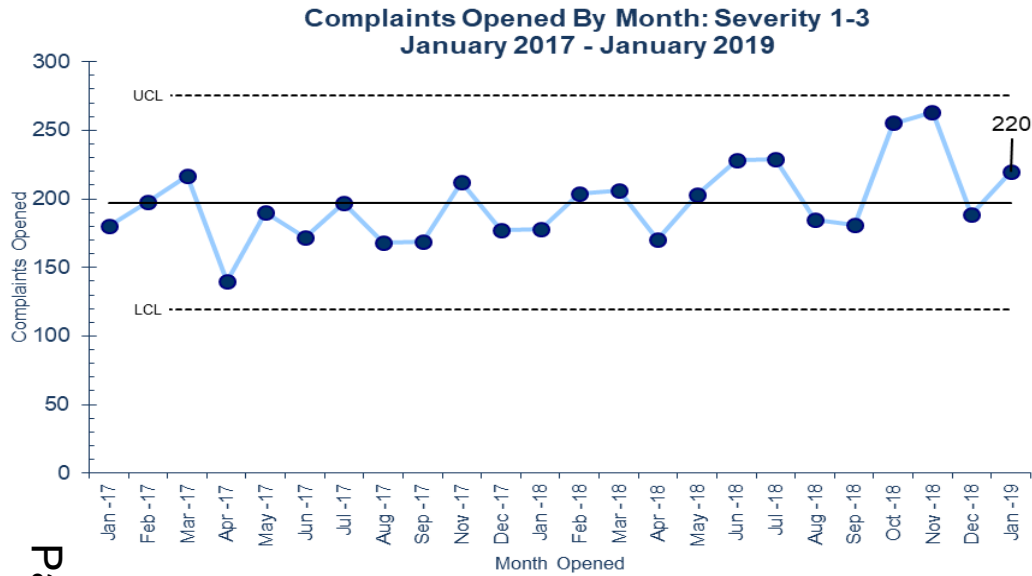
This is equivalent to 39 complaints per 1000 WTE staff, which is in line with the annual average.

In addition, 102 compliments were received, which is below with the average of 136 per month. This is equivalent to 17 compliments per 1,000 WTE staff.

Improvement Goals:
1. Absolute reduction in the number of complaints.

2. Review the processes for responding to complainants and recording complaints.

Figure Q1.2

Complaints Opened By Month: Severity 1-3
January 2017 - January 2019

Figure Q1.3

Complaints Opened By Month: Severity 4 - 5
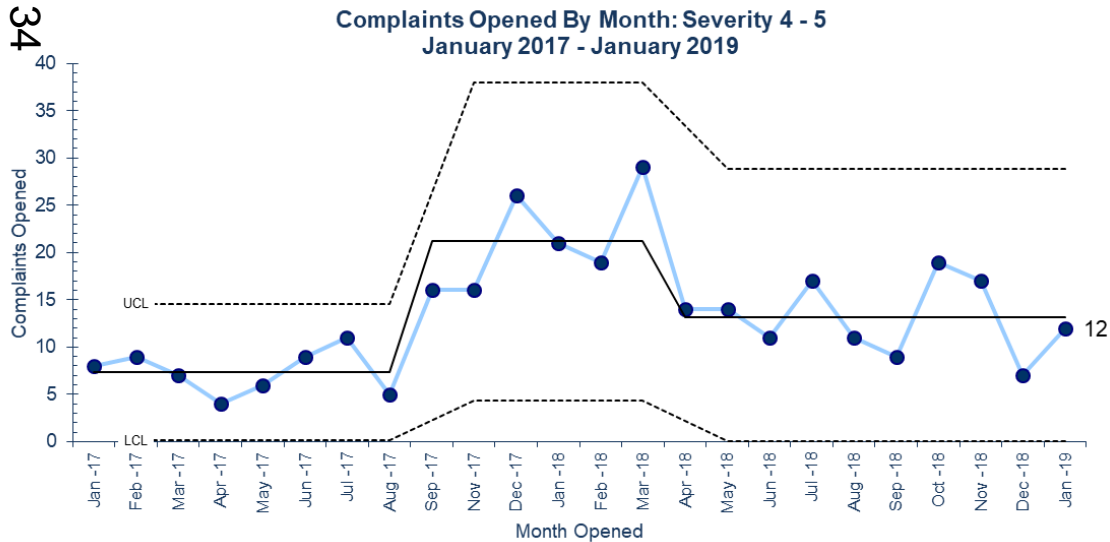### January 2017 - January 2019

Figure Q1.4

Complaints Closure

A total of 266 complaints were closed in January 2019. (252 with a risk score of 1-3 and 14 with a risk score of 4-5). 45% of level 1-3 and 29% of level 4-5 were closed within the agreed standard. Overall, 44% were closed within the SLA.

Overtime has been used to help focus on the closure of complaints. However, long terms sickness within the team has still impacted on the ability to maintain sustained closure rates, although the rates for January 2019 do remain within normal variation.

The backlog of EOC investigations has now been recovered. However, we continue to see closure delays within this environment and so consideration is being given to alternative methods of closure approval, to reduce the delays and provide support.

The trial for timely resolution of PTS complaints relating to journey delays continues to be developed and closely managed. PTS Managers will be undertaking extended Datix training during March to support this position.

Improvement Goals

1. Reduce backlog to zero
2. Increase in the number of complaints closed within SLA in month to 95%
3. Close 60 complaints per week to recover backlog position.

Assurance

1. Monitored by Quality Committee.
2. Significant deviations from plan escalated to board via the Quality Committee Chair.
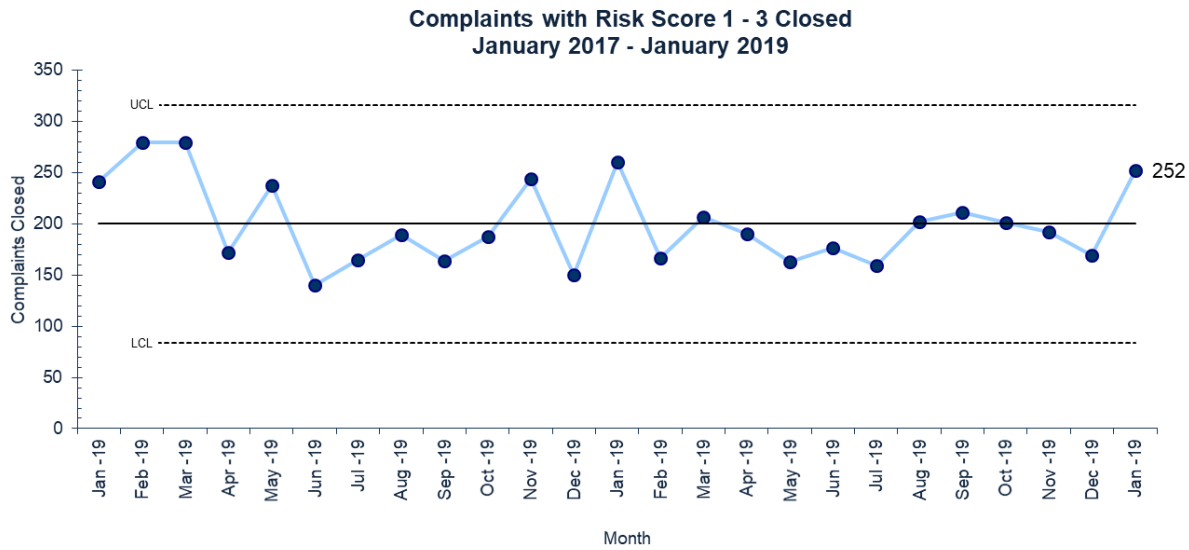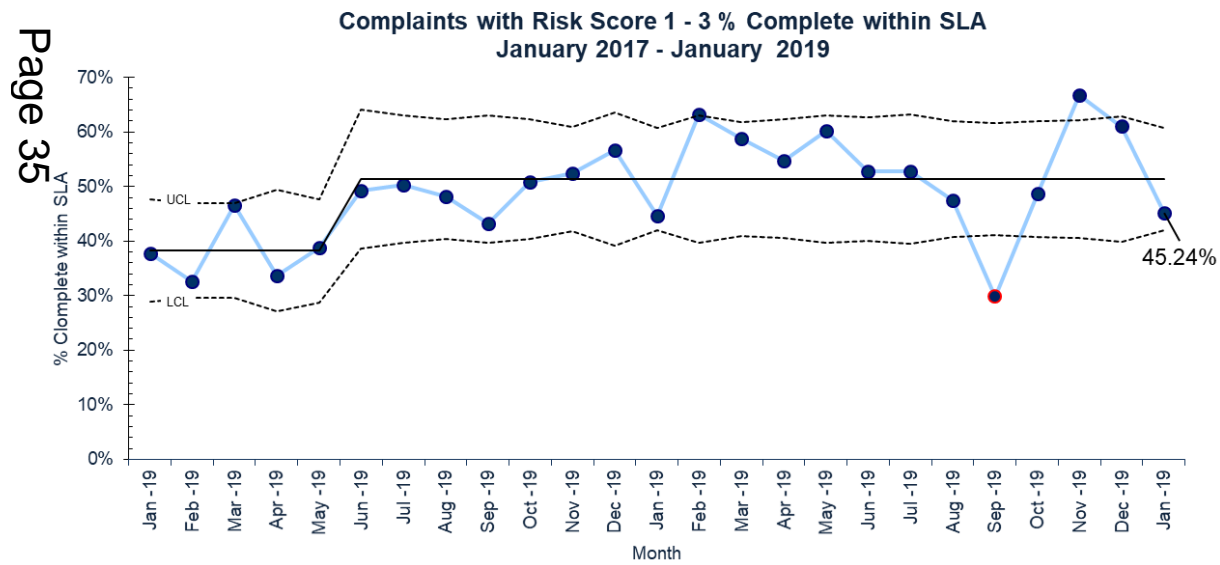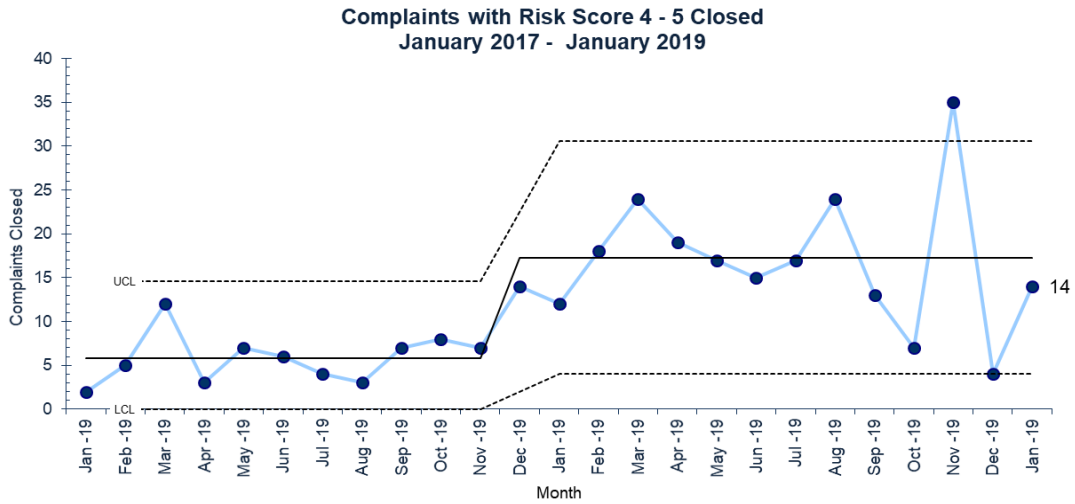3. Risk ID 2475

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

Figure Q1.5

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

Figure Q1.6

11

Complaints with Risk Score 4 - 5 Closed
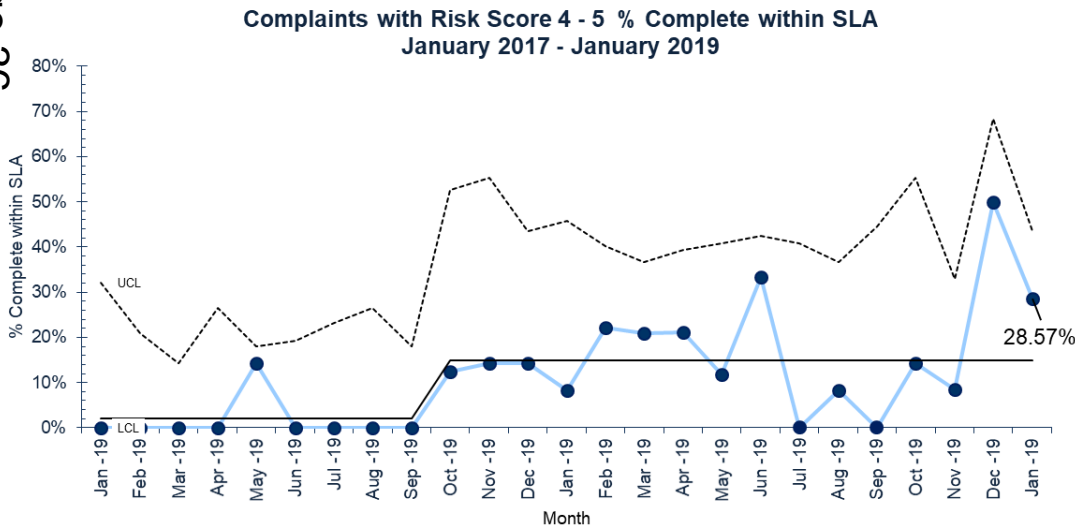### January 2017 - January 2019

Figure Q1.7

SLAs are calculated using the following measures/targets.
No exceptions are taken into account:

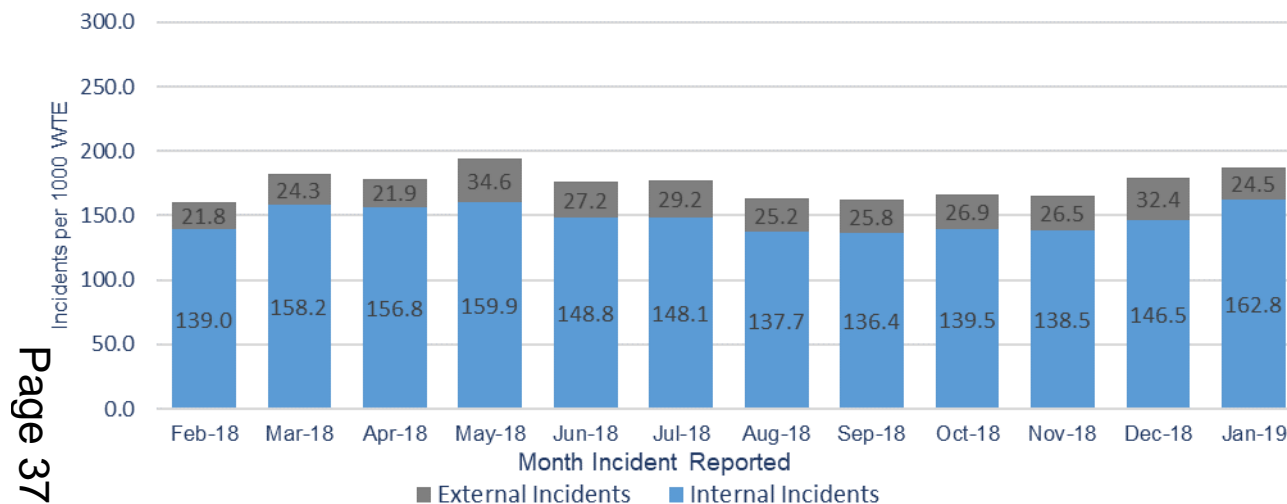| Risk Score	Target Days to Close Incident (From Date Received)
1	20
2	20
3	40
4	60
5	60

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

28.57%

Q2 INCIDENTS

Figure Q2.1

NWAS Incidents Rate (Incidents/Whole Time Equivalent Workforce)
Feb 2018 - Jan 2019

Table Q2.1

Severity	Feb-18	Mar-18	Apr-18	May-18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec-18	Jan -19
1. Insignificant	175	232	225	214	182	200	181	197	204	222	186	151
2. Minor	550	626	607	686	619	622	568	559	542	512	602	611
3 Moderate	168	157	174	185	179	165	158	144	171	186	199	218
4 Major	10	8	6	5	10	6	9	7	13	13	13	11
5. Catastrophic	1	6	1	2	3	3	5	2	3	0	2	3
Unscored	18	13	7	21	14	23	15	27	32	32	44	108
Total	922	1042	1020	1113	1007	1019	936	936	965	965	1046	1102
Unscored %	2.0%	1.2%	0.7%	1.9%	1.4%	2.3%	1.6%	2.9%	3.3%	3.3%	4.2%	9.8%

Incidents

1,102 internal and external incidents were opened in January 2019 at a rate of 187 incidents per 1000 WTE staff, which remains within our control limits.

Included in this total are 108 'unscored' internal incidents, which accounts for 9.8% of the total number of incidents, opened that month.

The Clinical Safety Team continues with their efforts to follow up on all unscored incidents to ensure they are allocated a risk score in a timely manner.

The importance of risk scoring incidents continues to be included as part of the Incident Investigation Training being rolled out through the organisation.
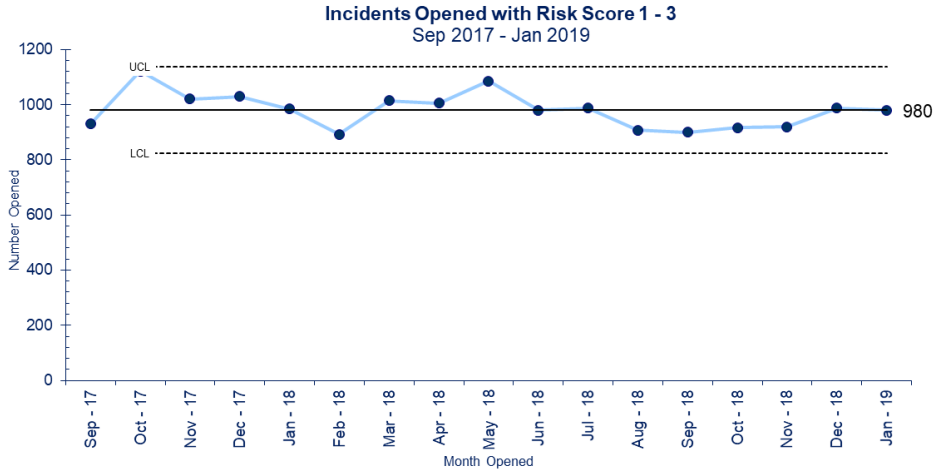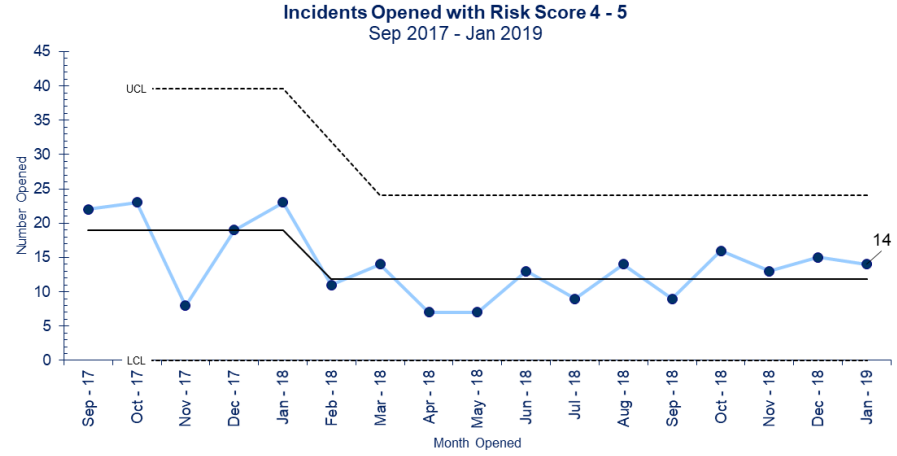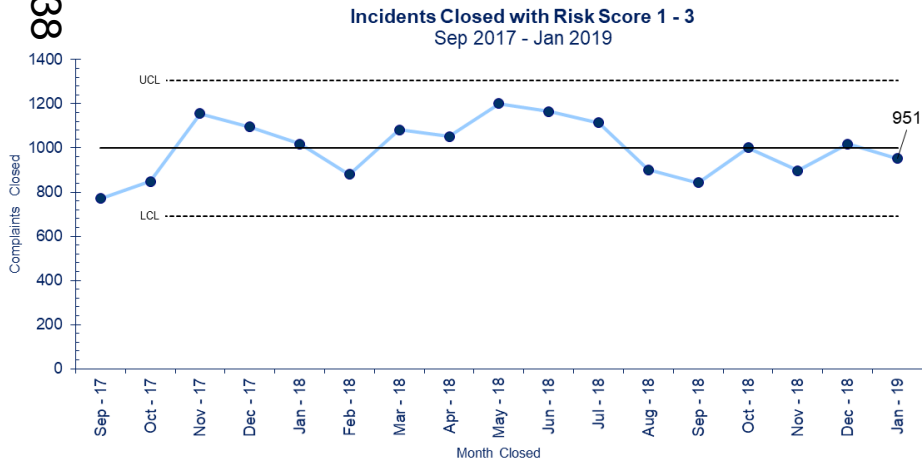
Figure Q2.2

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

Figure Q2.3

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

Figure Q2.4

Incidents Closed with Risk Score 1 - 3
Sep 2017 - Jan 2019

Figure Q2.5

Incidents Closed with Risk Score 1 -3 within SLA %
Sep 2017 - Jan 2019

Figure Q2.6

Incidents Closed with Risk Score 4 - 5
Sep 2017 - Jan 2019

Figure Q2.6

Incidents Closed with Risk Score 4 - 5 within SLA %
Sep 2017 - Jan 2019
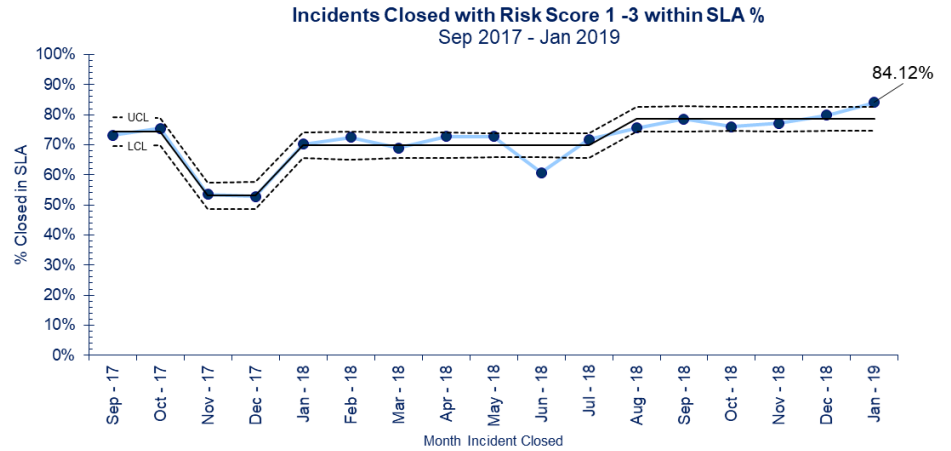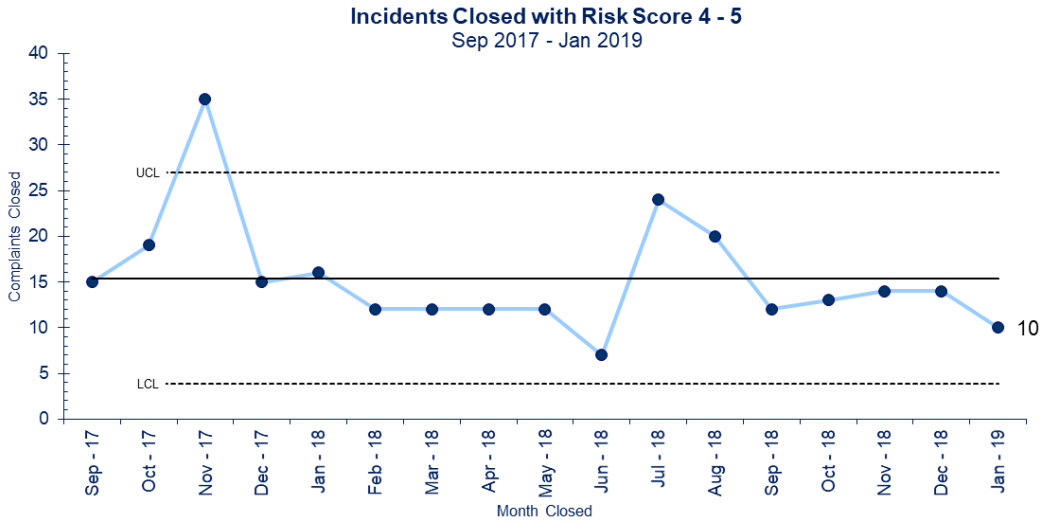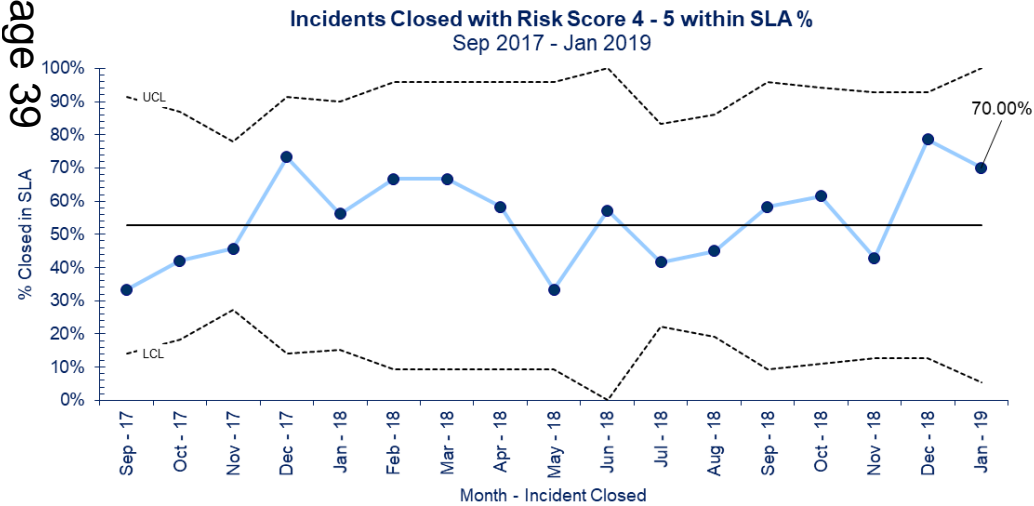
Incidents Closure

In total 961 incidents (level 1-5) were closed during January. Of these, 84% of level 1-3 and 70% of level 4 & 5 were closed within the agreed standard. Overall, 84% were closed within the SLA.

Improvement Goal for Incidents

1. Reduce unscored to less than 1%
2. Increase in the number of incidents closed in standard to 95% over trajectory period.
3. Timelines and trajectories agreed in quality strategy going forward
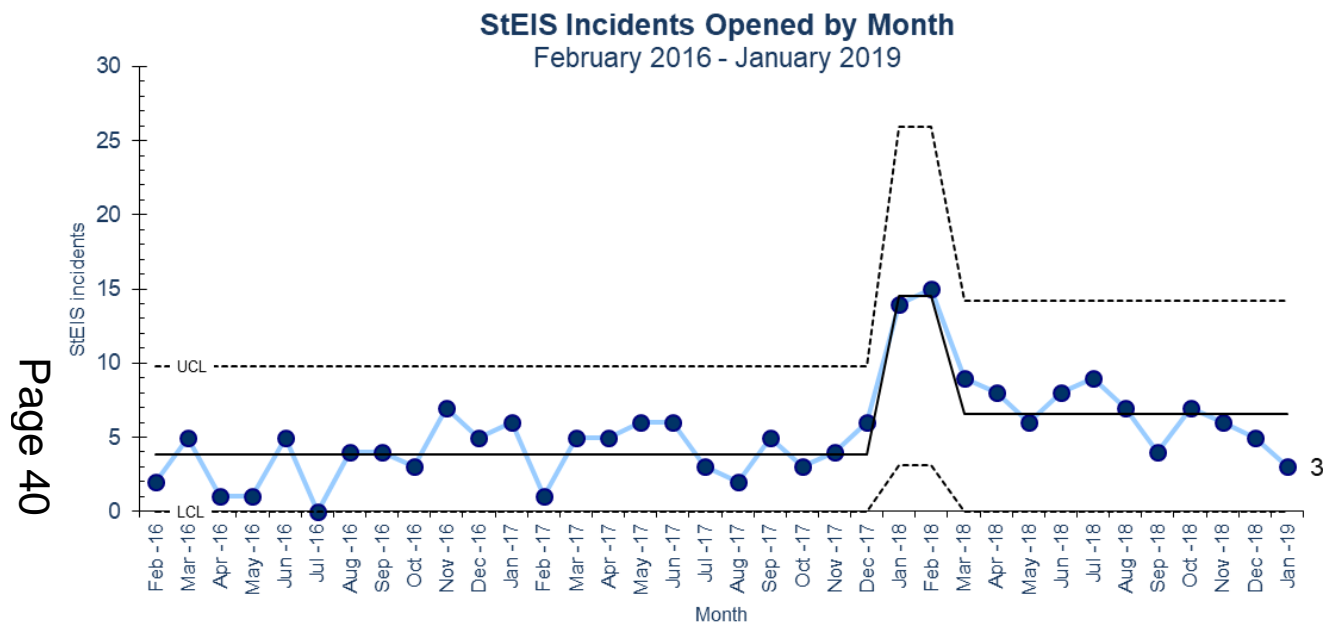4. External incidents backlog trajectory for improvement in place.

Assurance

- Risk ID 2362, BAF SR01

SLAs are calculated using the following measures/targets:

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

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Q3 SERIOUS INCIDENTS

Figure Q3.1:

StEIS Incidents Opened by Month
February 2016 - January 2019

Table Q3.1: StEIS Incidents Opened in January 2019 by Source

Source	Paramedic Emergency Services Operations	Emergency Operations Centre	Total
Complaint/StEIS	1	0	1
IRF/StEIS	1	0	1
BCCG/StEIS	0	1	1
Total	2	1	3

Serious Incidents

Three Serious Incidents (SIs) were reported in January 2019 and six reports were submitted to our Commissioners for closure, against our trajectory of seven. Whilst the backlog has been significantly reduced, mainly due to the completion of EOC SI investigations, there are still a number of investigation reports overdue, which the team continue to proactively progress, including escalation, where required.

The themes for the challenges we are facing in completing timely investigations are being identified via the 30 day review element of the process with which is currently suggesting that a lack of dedicated time to focus on completing investigations is a causal factor.

Standards for adherence to the reporting timescales and the application of the Duty of Candour remain in place.

Improvement Goals:

1. Reduce backlog to zero
2. Prompt identification of serious incidents
3. Prompt notification of serious incidents
4. 30 day review of serious incidents
5. 60 day completion & submission
6. 100% adherence to Duty of Candour

Assurance

- Monitored by Quality Committee.
- Deviations from plan escalated to board via the Quality Committee Chair.
- BAF SR01

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

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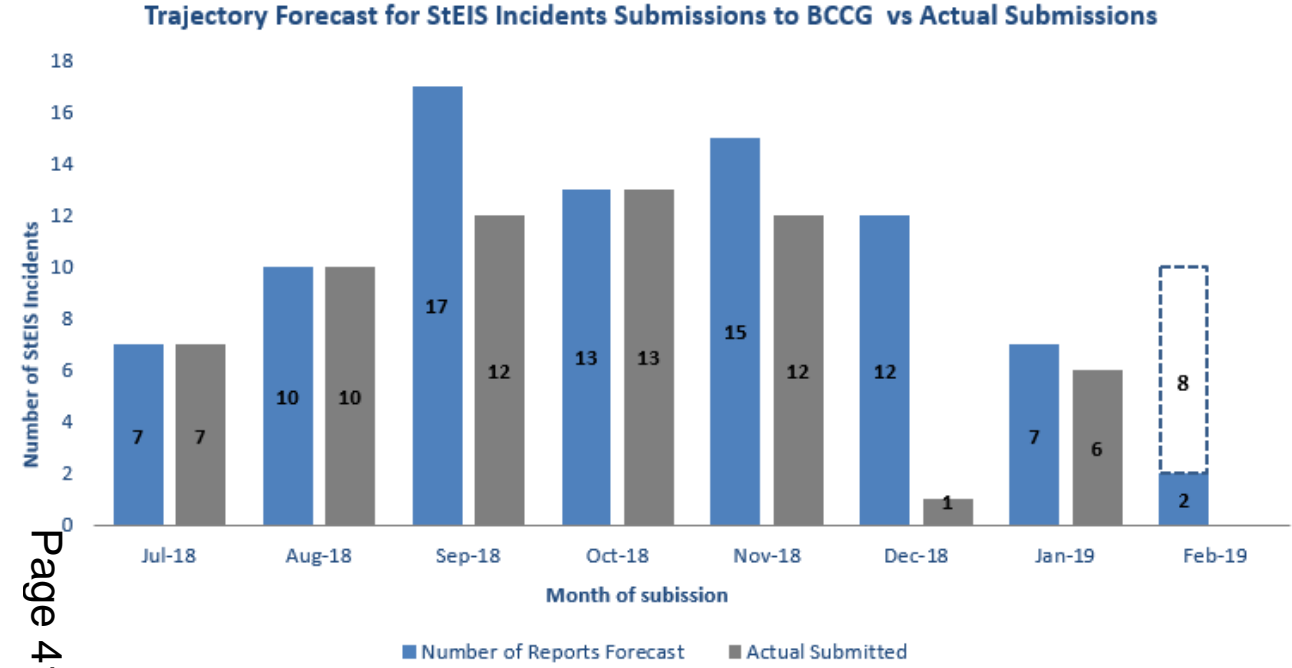
Serious Incident Trajectory

The layout of the report submission trajectory has changed to identify those reports due within the 60 days (solid colour) and those over 60 days (dotted line).

Q5 SAFETY ALERT COMPLIANCE

Figure Q4.1:

Safety Alerts	Number of Alerts Received (Feb 18 –Jan 19)	Number of Alerts Applicable (Feb 18 –Jan 19)	Number of Open Alerts
CAS/ NHS Improvement	37	7	0
MHRA – Medical Equipment	42	1	0
MHRA - Medicine Alerts	25	0	0
IPC	2	2	0

CAS – Alerts Applicable

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

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

3. **Integrated Plumbing System (IPS) Panels - risk of accidental detachment**.
   Action: Estates Managers carried out a full review of these panels and found none that fit the description of the alert.
   Action Date: 08/11/2018

4. **Andrews Water Heaters Direct Fired Domestic Hot Water Heaters.**
   Action: Estate department carried out a review of all water heater from this manufacture and found none to be defected and most were new ones.
   Action Date 08/11/2018

5. **UPDATE - Reporting of Defects and Failures and disseminating Estates and Facilities Alerts.**
   Action: This alert was for information only and was sent to the Estates department who acknowledge the alert and its contents.
   Action Date: 11/06/2018

NWAS Response

There have been no new alerts in January 2019.

The total number of CAS/NHS Improvement alerts received between February 2018 and January is 37, with 7 alerts applicable.

42 MHRA Medicine Equipment Alerts have been received in the same time period with 1 alert applicable.

25 MHRA Medicine alerts have been received, with 0 alerts applicable.

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

6. **Resources to support the safe adoption of the revised National Early Warning Score (NEWS2).**
   Action: An implementation plan was drafted for presentation to EMT/Board for support by Consultant Paramedic
   Action Date: 25/06/2018

7. **Alert from the Central Alerting System Helpdesk Team - Upcoming changes to the Central Alerting System.**
   Action: This alert was for information noting the change of website address www.cas.mhra.gov.uk and email. Acknowledge by Trust CAS holder
   Action Date: 25/06/2018

MHRA Medical Equipment - Alerts Applicable

1. **Reporting of Defects and Failures and disseminating Estates and Facilities Alerts.**
   This was for information reminding the reporting of defects and failures to the appropriate department and the email Estate Managers
   Action date: 22/02/18

IPC - Alerts Applicable

1. **Monkeypox**
   Actions: NWAS working in collaboration with NHS England & Public Health England. Risk assessments completed on symptomatic patients or who have travelled areas affected or had contact with known infected patients within 21 days.
   Action date: Actions taken over a period of time, date of issue was 14th September 2018.
   Responsible Officer: Resilience Manager

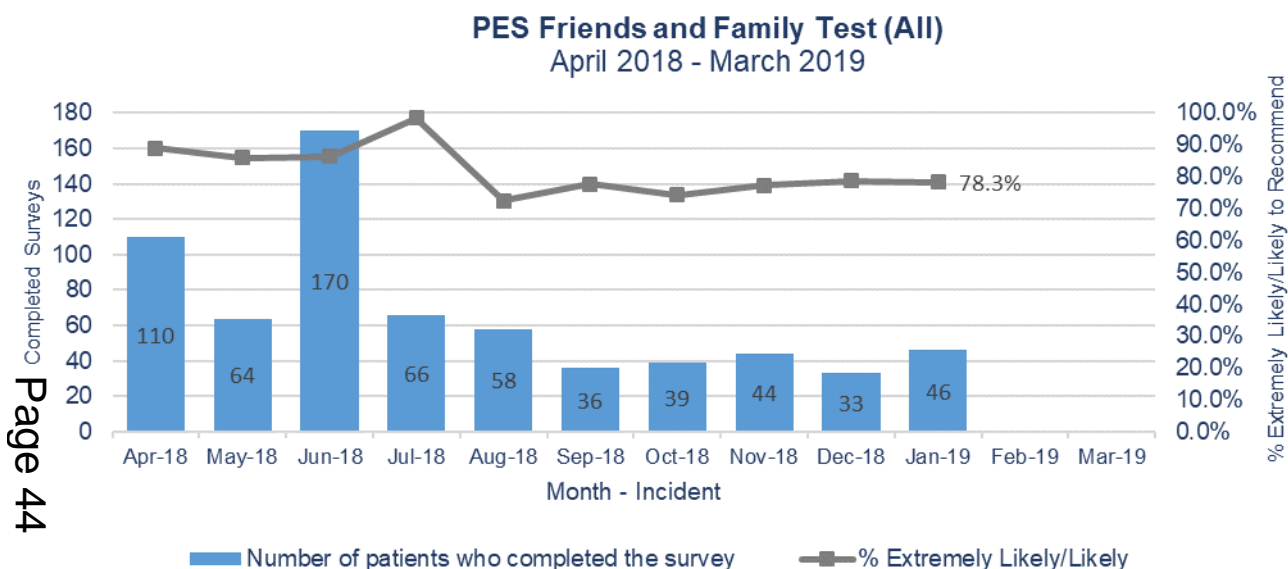2. **Increase in cases of Measles**
   Actions: Information circulated on signs & symptoms and what steps staff should take if contact is made with suspected or confirmed cases.
   Action date: 10th July 2018
   Responsible Officer: Head of Clinical Safety

E1 PATIENT EXPERIENCE

Figure E1.1

PES Friends and Family Test (All)
April 2018 - March 2019

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

Bar values: Apr-18: 110, May-18: 64, Jun-18: 170, Jul-18: 66, Aug-18: 58, Sep-18: 36, Oct-18: 39, Nov-18: 44, Dec-18: 33, Jan-19: 46. Line value labelled 78.3%.

Table E1.1 National PES See and Treat FFT – December 2018

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**235**	**94%**	**4%**
WEST MIDLANDS AMBULANCE SERVICE	15	100%	0%
SOUTH EAST COAST AMBULANCE SERVICE	8	100%	0%
NORTH EAST AMBULANCE SERVICE	128	99%	0%
EAST OF ENGLAND AMBULANCE SERVICE	20	95%	0%
SOUTH WESTERN AMBULANCE SERVICE	11	91%	9%
NORTH WEST AMBULANCE SERVICE	33	79%	15%
SOUTH CENTRAL AMBULANCE SERVICE	16	69%	19%
LONDON AMBULANCE SERVICE	2	NA	NA
YORKSHIRE AMBULANCE SERVICE	2	NA	NA
ISLE OF WIGHT AMBULANCE SERVICE	0	NA	NA

Patient Experience (PES)

During January 2019, 663 patients responded to FFT surveys across all service lines.

Figure E1.1 shows the results from the PES surveys with the return rate remaining low. Of those surveys returned 78.3% of patients would recommend the service.
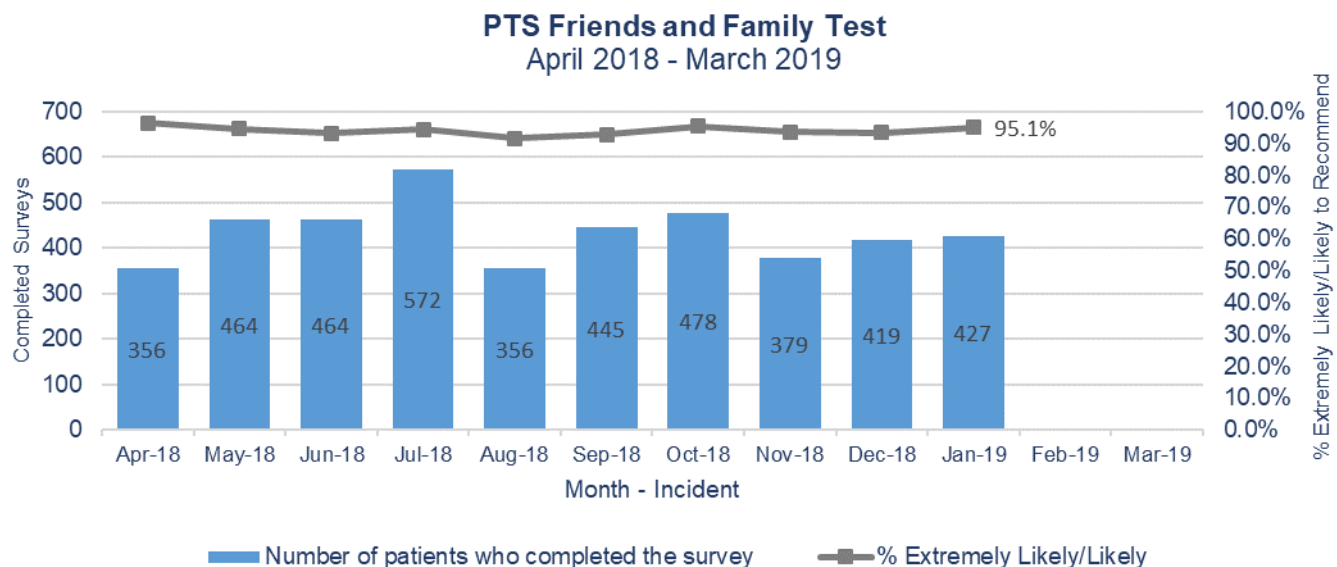
Table E1.1 shows the results from December 2018 of the national See and Treat return, with 79% of those returning the survey recommending the service.

There are ongoing discussions with national colleagues, NHSI and NHSE to review the FFT process for ambulance services. The current proposals are that the FFT question will change to "overall, how do you rate the service?" with the scale for responding remaining.

More detailed discussions have been exploring whether or not to replace the FFT question for PES See and Treat. This would involve one nationally driven annual co-production project per ambulance service, including the sharing of any identified learning.

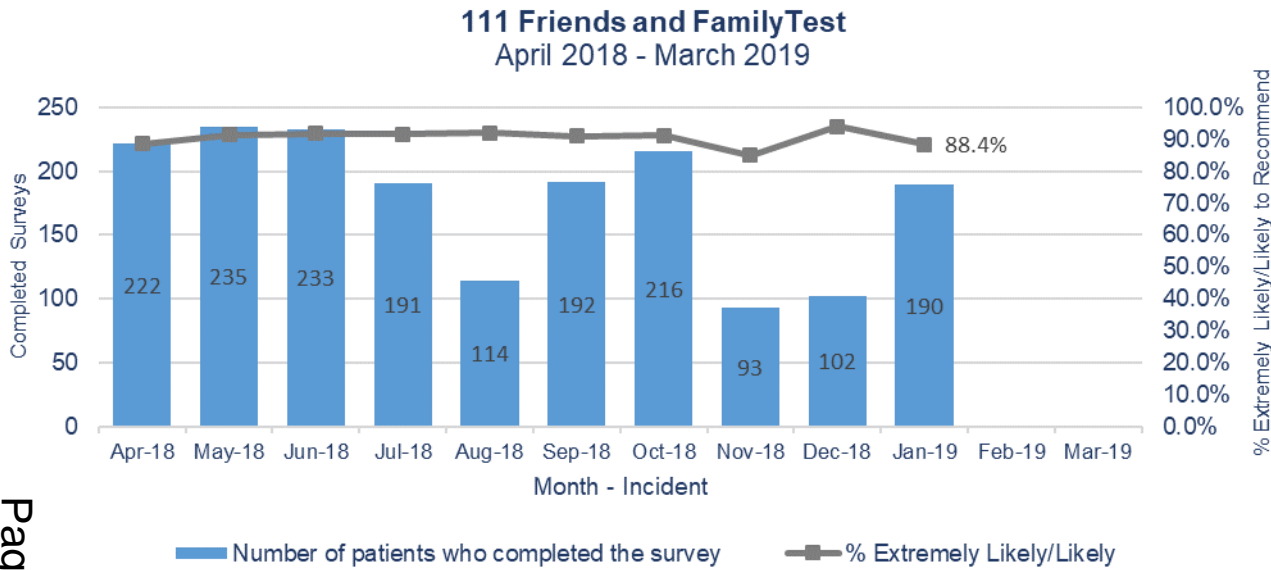FFT for PTS and 111 would remain as now, noting the amended question.

Figure E1.2

PTS Friends and Family Test
April 2018 - March 2019

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

Table E1.2 National PTS FFT – December 2018

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**1,778**	**93%**	**3%**
NORTH EAST AMBULANCE SERVICE	47	98%	2%
ISLE OF WIGHT	41	98%	0%
ARRIVA TRANSPORT SOLUTIONS LIMITED	148	96%	1%
GUY'S AND ST THOMAS'	378	95%	2%
NORTH WEST AMBULANCE SERVICE	419	93%	3%
IMPERIAL COLLEGE HEALTHCARE	319	93%	4%
EAST OF ENGLAND AMBULANCE SERVICE	127	92%	3%
WEST MIDLANDS AMBULANCE SERVICE	59	90%	7%
UNIVERSITY COLLEGE LONDON HOSPITALS	230	87%	5%
SOUTH CENTRAL AMBULANCE SERVICE	10	30%	70%
YORKSHIRE AMBULANCE SERVICE	0	NA	NA

Patient Experience (PTS)

PTS patients continue to report high levels of satisfaction with 95.1% of respondents' recommending the service.

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111 Friends and Family Test
April 2018 - March 2019

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

Data labels: 222, 235, 233, 191, 114, 192, 216, 93, 102, 190, 88.4%

Patient Experience (111)

88.4% of patients reported high levels of satisfaction with the 111 service during January 19.

Improvement Goal

1. 95% patients left at home (S&T) recommend our service to a family member or friend
2. Increase survey participation
3. Timelines and trajectories agreed in quality strategy from September using national comparator data.

Assurance
- Monitored monthly by Quality Committee.
- Deviations from plan escalated to board via the Quality Committee Chair.
- BAF SR01

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Table E2.1: AQCI September 2018

ACQI Indicator		YTD Performance (%)	Sample Size (Current Month)	September 18 Performance (% / hrs: mins)	August 18 Performance (%)	September 18 Rank position	Rank movement	Performance Range % / hrs: mins (national mean*)
Cardiac Arrest ROSC	Overall	35.4%	236	30.9%	33.7%	3	↑	22.5-36.5 (29.0)
	Utstein	57.5%	40	40.0%	58.3%	8	↓	35.7-69.6 (52.1)
	Resus Care Bundle	77.7%	N/A	N/A	N/A	N/A	N/A	N/A
Cardiac Arrest Survival to Discharge	Overall	9.6%	226	9.3%	8.6%	5	↑	5.0-16.2 (9.4)
	Utstein	28.8%	37	24.3%	25.0%	6	↔	10.7-38.5 (25.2)
Acute STEMI	PPCI (mean call to PPCI time)	N/A	108	2hr 14 mins	2hr 12 mins	7	↑	1hr 47mins - 2hr 17 mins (2hr 8 mins)
	Care Bundle	72.9%	N/A	N/A	N/A	N/A	N/A	N/A
Stroke	Hyper acute (mean call to door time)	N/A	905	1hr 14 mins	1hr 08 mins	7	↓	1hr 7mins - 1hr 31 mins (1hr 13 mins)
	Care Bundle	97.4%	N/A	N/A	98.0%	N/A	N/A	N/A
Sepsis	Care Bundle	Data publication TBC						
Management of falls	Care bundle	Data publication TBC						

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ACQIs – September 2018

Within the North West, the overall survival rate for patients experiencing an out of hospital cardiac arrest was 9.3% during September 18, marginally below the national mean for the month. The performance for patients that experienced a return of spontaneous circulation (ROSC) remains within the anticipated confidence intervals.

Call to door times for both STEMI and acute stroke patients both increased in September and both are outside of the national mean for the month. There was an increase in the mean response to STEMI patients by 2 minutes and an increase in the mean response to acute strokes of 6 minutes during September.

Care bundle data for STEMI and acute stroke patients was not published for September as is consistent with the NHSE reporting schedule. The 'Reperfusion 20:20:20' campaign includes the high-level clinical review of non-compliant STEMI and acute stroke patient audits to provide robust clinical assurance over the process.

Improvement
Senior clinical review process instigated.

Assurance
- Data monitored monthly by Quality Committee.
- Significant deviations from plan escalated to board via the Quality Committee Chair.
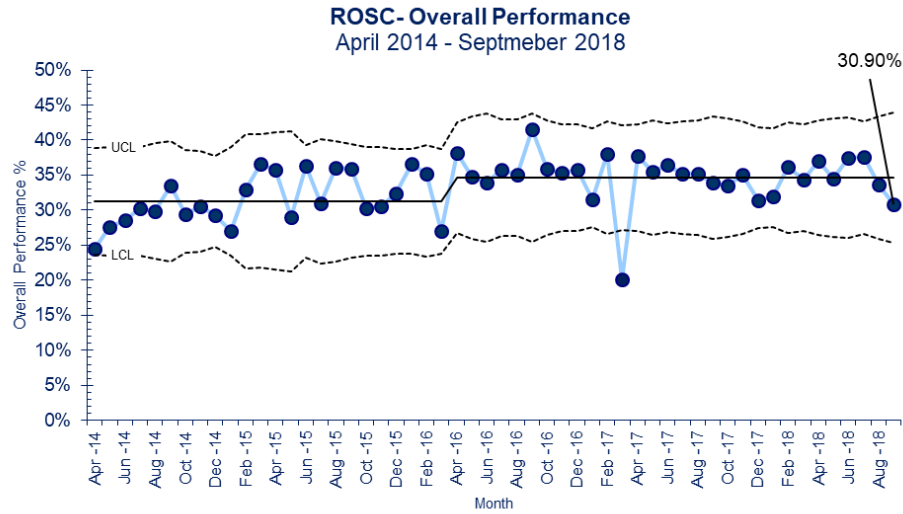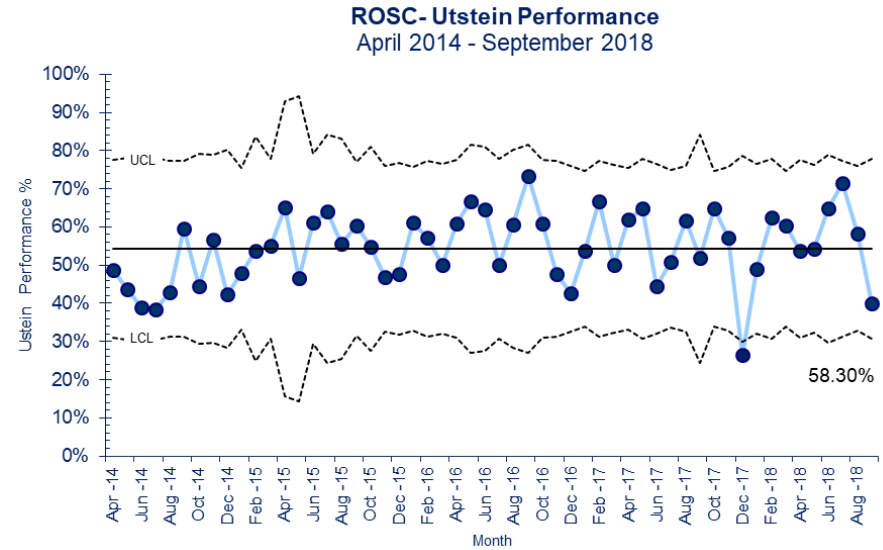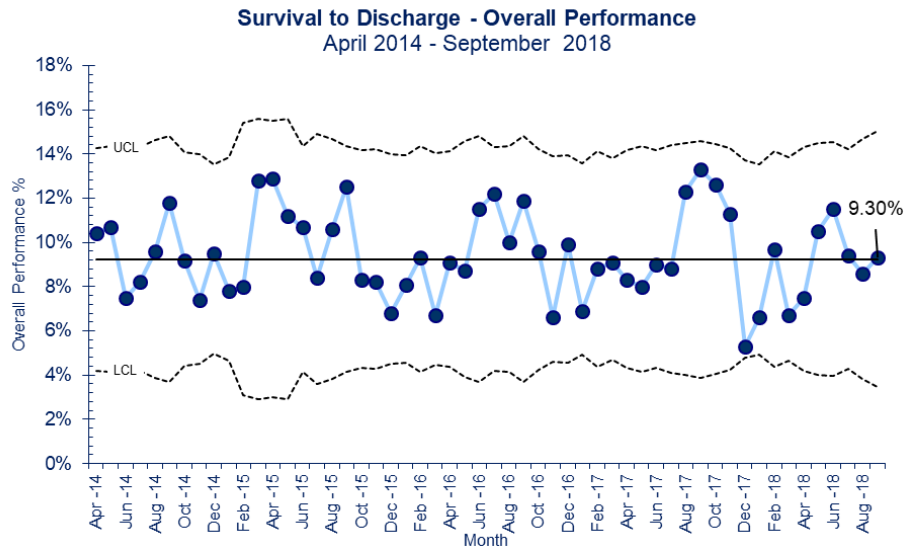- BAF SR01

Figure E2.1

ROSC- Overall Performance
April 2014 - Septmeber 2018

30.90%

Figure E2.2

ROSC- Utstein Performance
April 2014 - September 2018

58.30%

Figure E2.3

Survival to Discharge - Overall Performance
April 2014 - September 2018

9.30%

Figure E2.4

Survival to Discharge - Utstein Performance
April 2014 - September 2018

24.30%
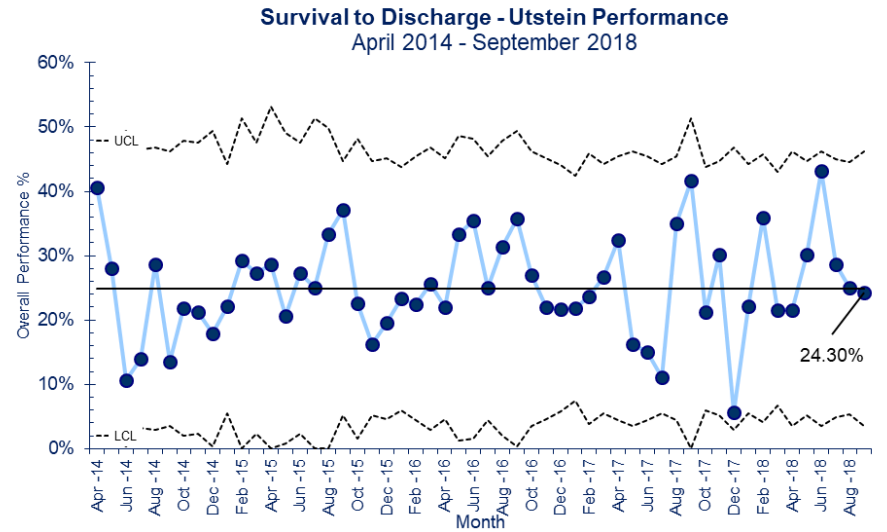
Care Bundles Cardiac and Stroke (SPC)

Figure E2.5

Figure E2.6

STEMI Care Bundle
April 2014 - September 2018

78.20%

Stroke Care Bundle
April 2014 - September 2018

98.00%
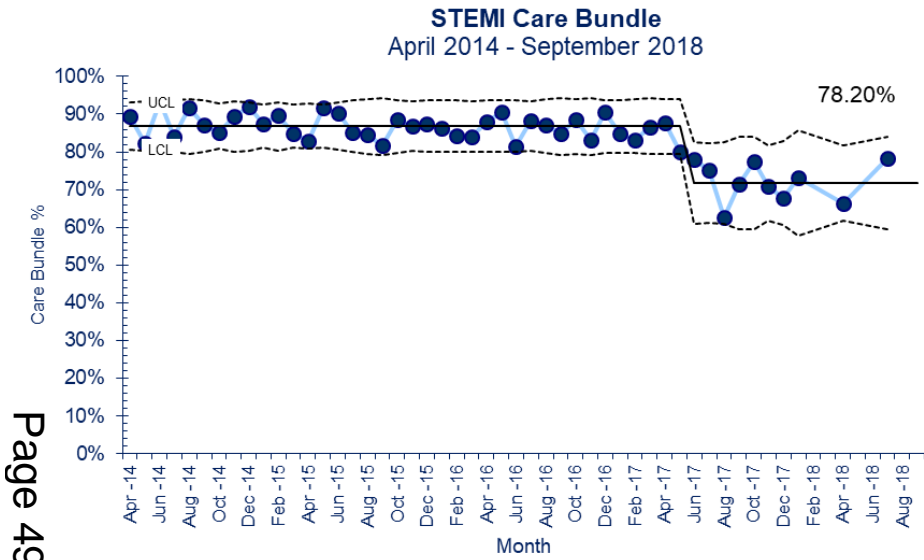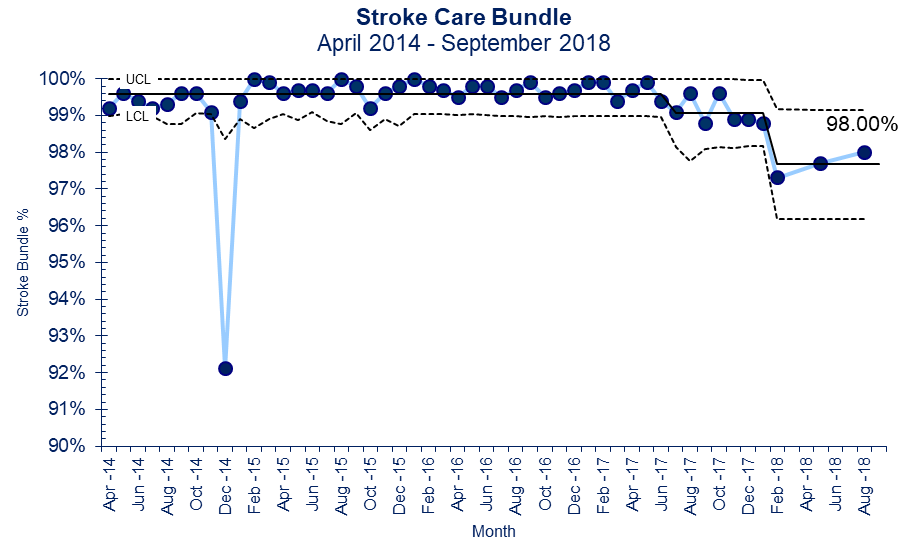
N.B.   Stroke CB data now published nationally 1 month in 3: February, May, August and November (data produced internally on monthly basis).
STEMI CB now published nationally 1 month in 3: January, April, July and Ocober (data produced internally on monthly basis).

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

Figure E3.1

Outcomes of Incidents
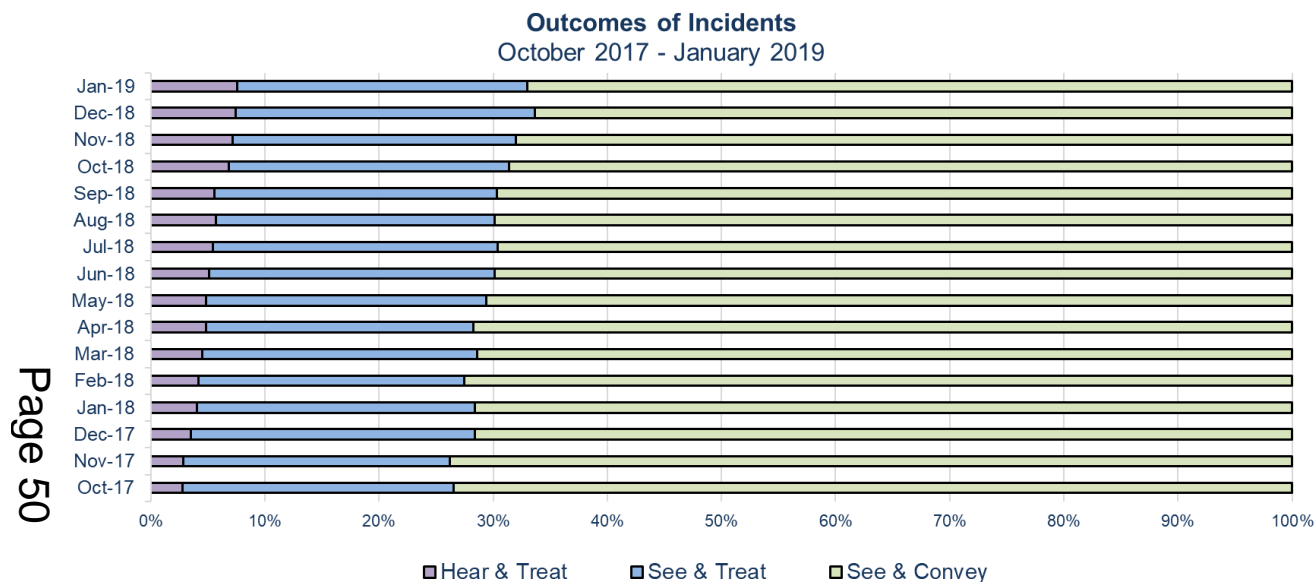October 2017 - January 2019

Table E3.1

Month/Yr	Incidents with no face to face response	Hear and Treat %	F2F Incidents with no transport	See & Treat %	F2F Incidents with transport	See & Convey %
Feb-18	3488	4.2%	19365	23.3%	71782	72.5%
Mar-18	4213	4.5%	22412	24.0%	66610	71.4%
Apr-18	4285	4.8%	20837	23.5%	63724	71.7%
May-18	4601	4.8%	23305	24.5%	67065	70.6%
Jun-18	4693	5.1%	22809	25.0%	63863	69.9%
Jul-18	5108	5.4%	23396	24.9%	65315	69.6%
Aug-18	5201	5.7%	22065	24.4%	63209	69.9%
Sep-18	5056	5.6%	22108	24.7%	62398	69.7%
Oct-18	6562	6.8%	23568	24.5%	65911	68.6%
Nov-18	6837	7.2%	23,627	24.8%	64,668	68.0%
Dec-18	7559	7.5%	26,608	26.2%	67,248	66.3%
Jan-19	7641	7.6%	25,653	25.4%	67,595	67.0%

Outcomes

Hear & Treat performance for January 2019 was 7.46% and the number of incidents with no face to face response being 7641. This is a 3.4% increase in performance in comparison to February 2018 and is the highest performance achieved in clinical hub to date, however Figure 3.4 shows performance has been consistent since September.

The See and Treat target for January 19 was 24.46% and we achieved 25.43%. This was +1,341 patients above our plan. However, there is still wide variation across CCG areas, as displayed in Figure E3.3.

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

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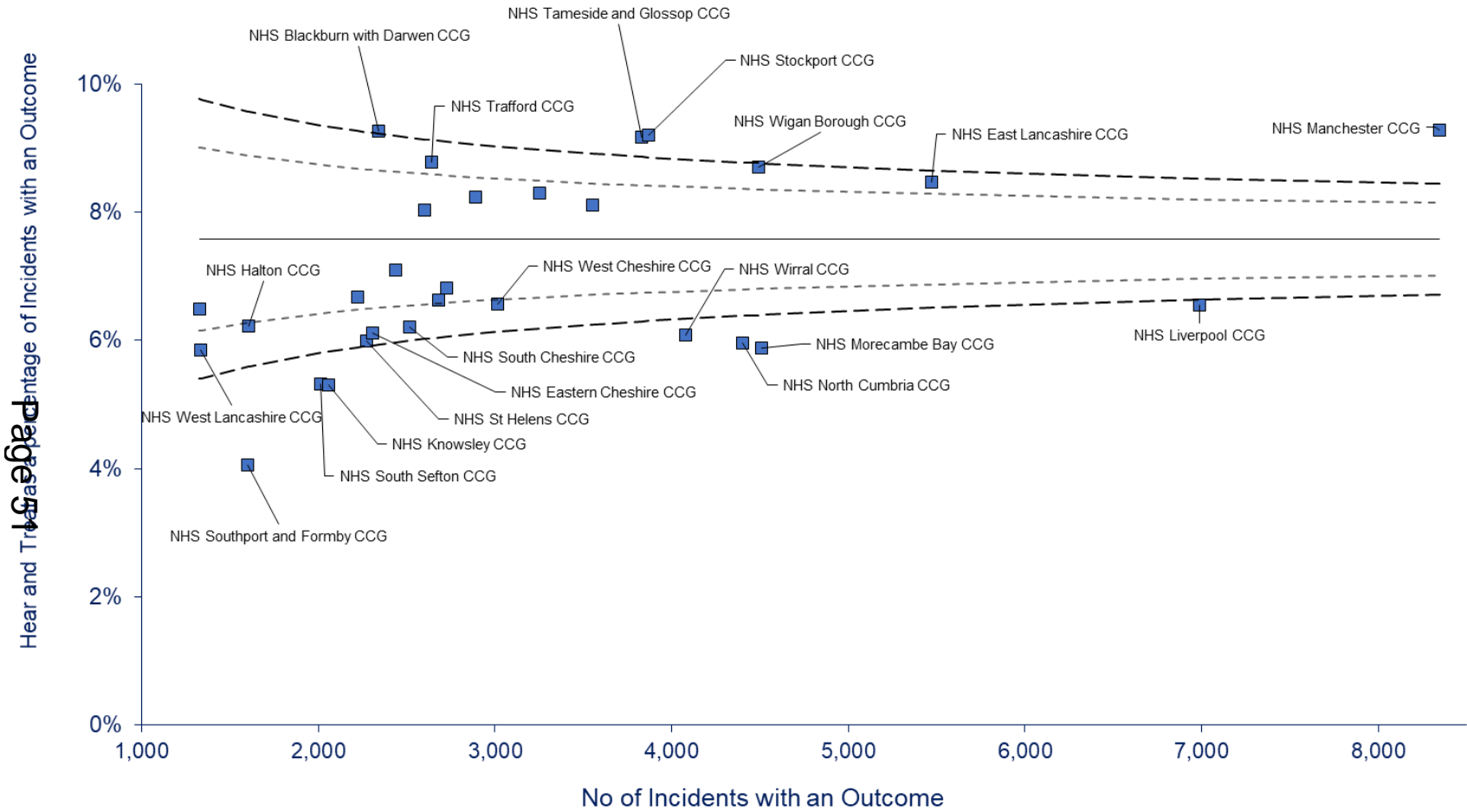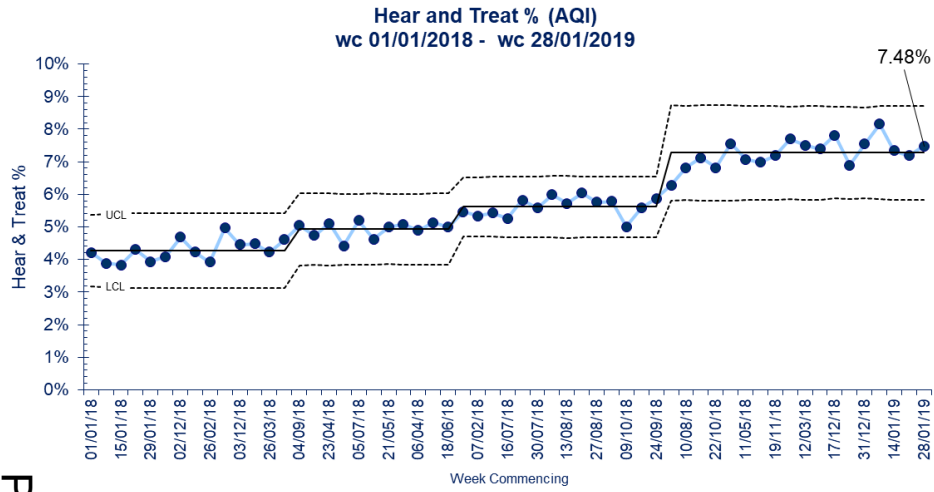Incidents resulting in a See and Treat Outcome by CCG

Figure E3.4

Figure E3.5

Hear and Treat % (AQI)
wc 01/01/2018 - wc 28/01/2019

7.48%

See and Treat % (AQI)
wc 01/01/2018 - wc 28/01/2019

25.27%

Figure E3.6

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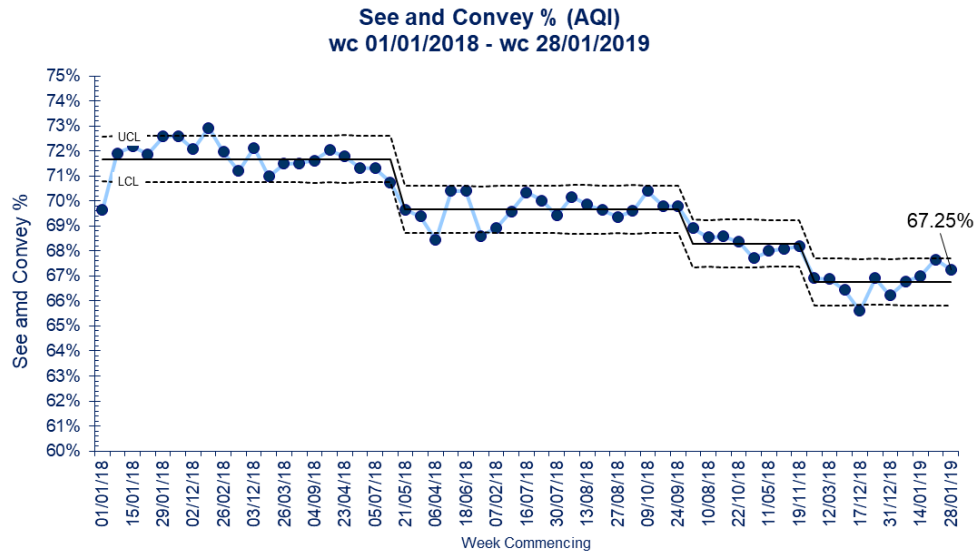**See and Convey % (AQI)**
wc 01/01/2018 - wc 28/01/2019

67.25%
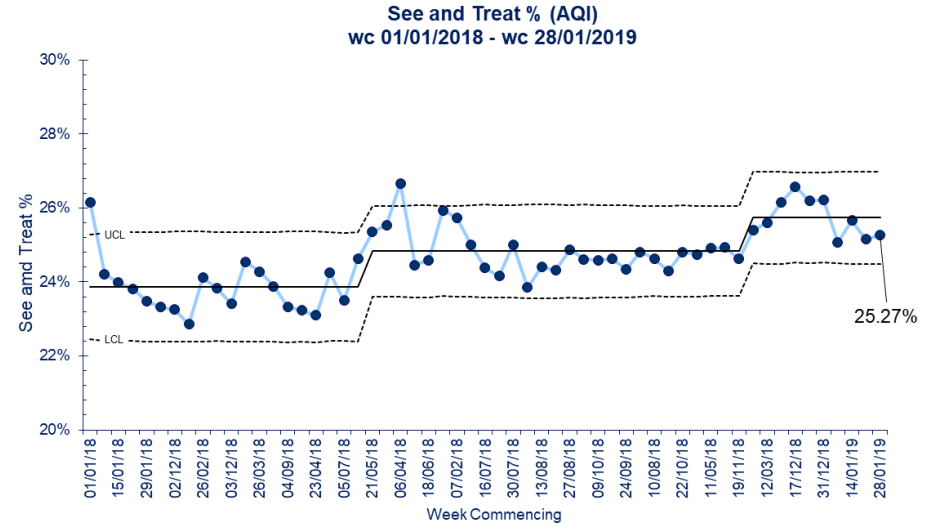
F1 FINANCIAL SCORE

Table F1.1 Financial Sustainability Risk Rating

	2018/19 YTD Score	Plan Score	Forecast Score	Weight
Liquidity	1	1	1	0.2
Capital Servicing	1	1	1	0.2
I&E Margin	2	2	2	0.2
Distance from Plan	1	1	1	0.2
Agency	2	1	2	0.2
Overall Unrounded	1.4	1.2	1.4	
Rounded Score before override	1	1	1	
OVERALL SCORE AFTER OVERRIDE (Triggered if any of the score are 4)	1	1	1	

Figure F1.1

NWAS Agency Spend
April 2018 - March 2019

Legend: NWAS Actual, NWAS Ceiling
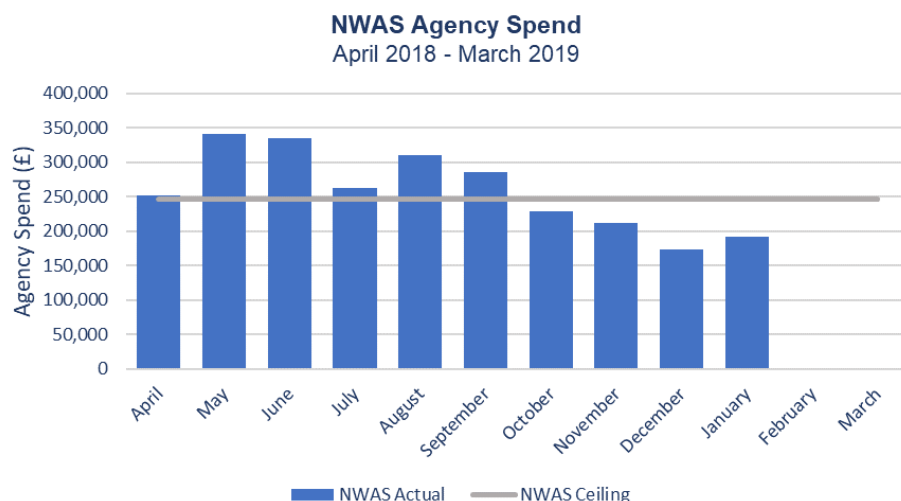
Finance Position – January 2019

Month 10 Finance Position:
The position for the Trust at Month 10 is a surplus of £1.742m, which is £0.185m better than the planned surplus of £1.557m. Income is over recovered by £4.970m, pay is overspent by £2.955m and non-pay is overspent by £1.830m.

Financial Score
The overall forecast risk rating for the Trust has changed from a 2 to a 1 this is due to the Trust forecasting changing to £2.088m which is an improvement of £0.250m to the control total.

Agency Expenditure
The year to date expenditure on agency is £2.594m which is £0.130m above the cumulative ceiling of £2.464m, equivalent to 5.27% above the ceiling which results in an agency financial metric of 2. The overall financial risk score remains at a 1 for the Trust at Month 10. The Trust has seen a reduction in agency expenditure in the last few months and has reduced the percentage above the agency ceiling. The Trust is still looking to reduce agency expenditure were possible for the reminder of the financial year.
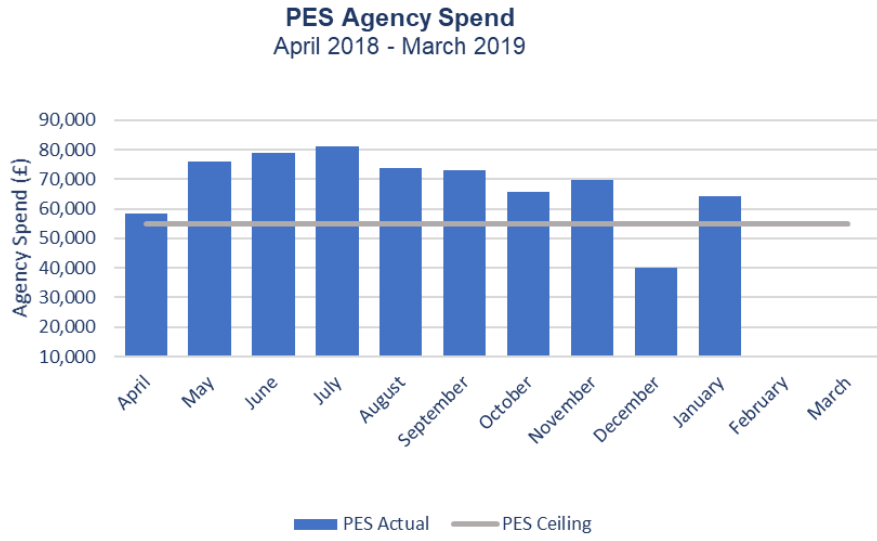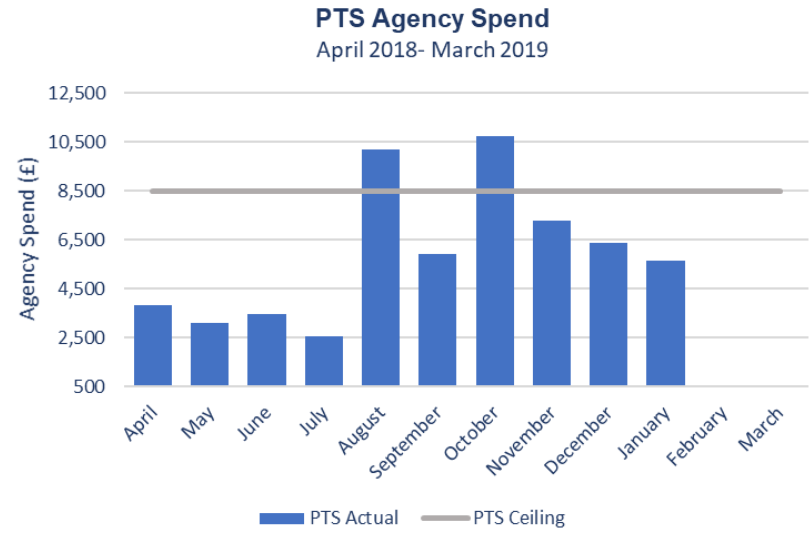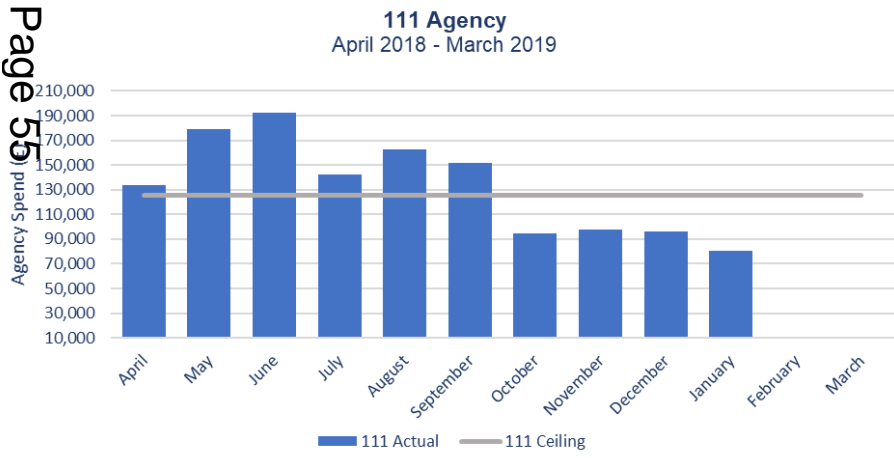
PES Agency Spend
April 2018 - March 2019

PTS Agency Spend
April 2018- March 2019

111 Agency
April 2018 - March 2019

Other Agency Spend
April 2018 - March 2019
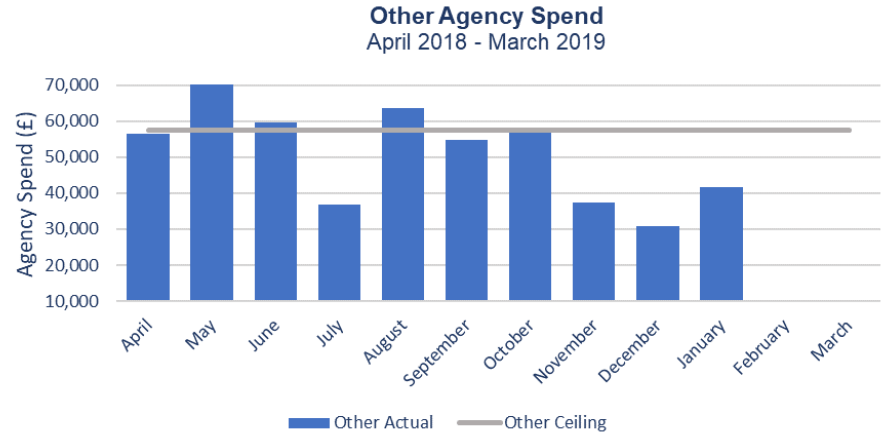
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O1 CALL PICK UP

Figure O1.1:

Calls with Pick Up
WC 02/01/2017 - WC 28/01/2019

24015

Figure O1.2:

Call Pick up in 5 seconds %
WC 02/01/2017 - WC 28/01/2019

78.79%
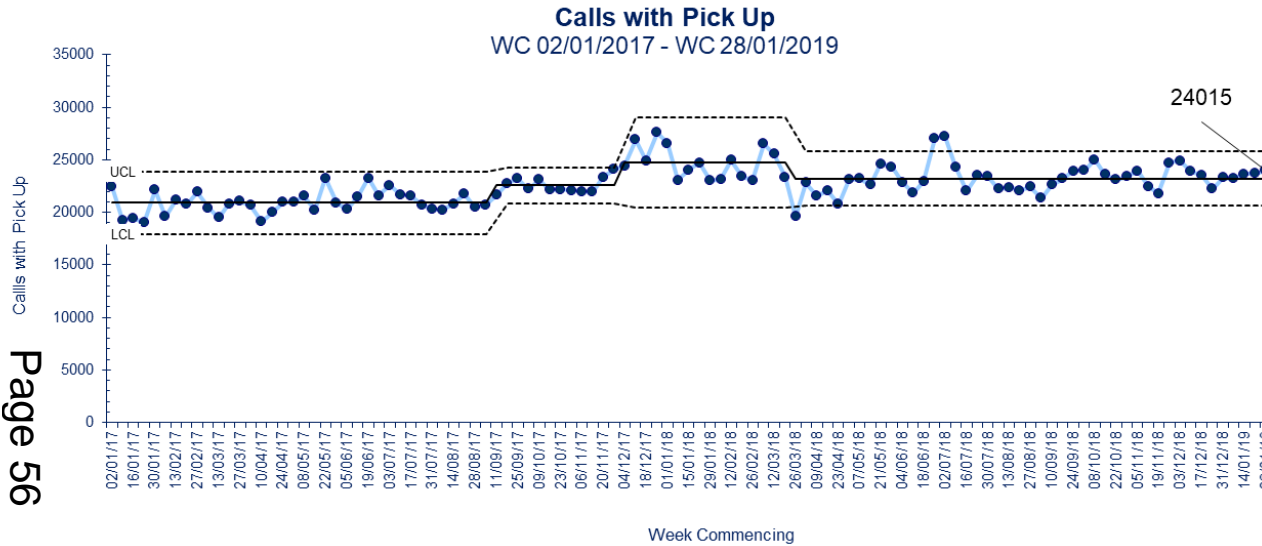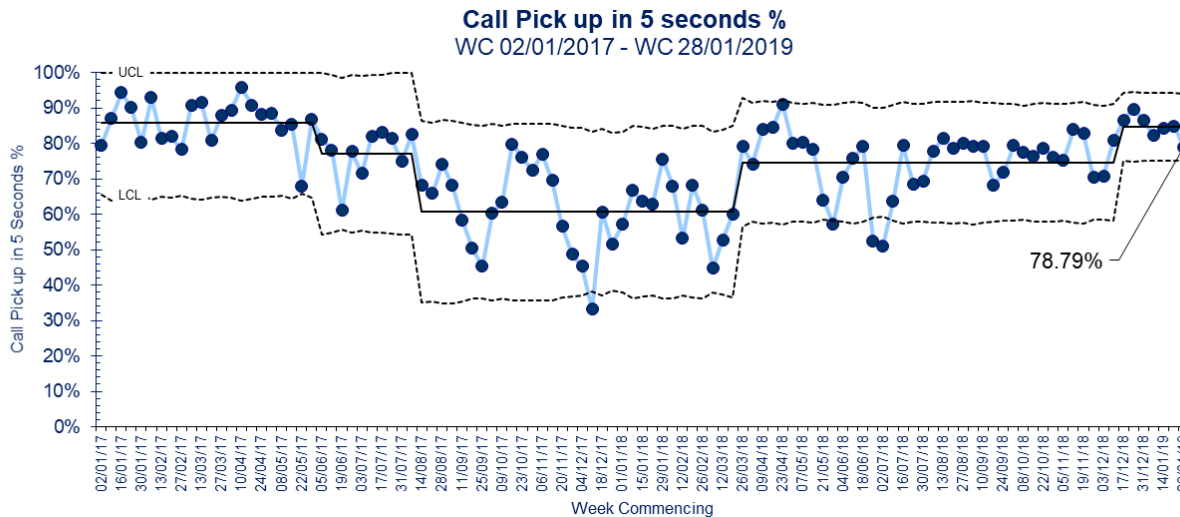
Call Pick Up

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

Performance: For January 2019, call pick up performance was at **83.4%**. In total, 14,488 calls took longer than 5 seconds to pick up.

CPU has continued to improve through December and January. The deployment of new Emergency Medical Dispatchers (EMD) in December and EMD support staff (managing IFT/HCP calls) has increased EMD capacity. This combined with improvements in average handling time and the new approach to urgent disconnect has driven the improvements to CPU. As national focus continues to be on the mean and more specifically the centile (90th and 95th), further work is still required to further improve CPU centile performance.

A review of demand has taken place and work is ongoing to increase EMD coverage between 0800-1100 weekday mornings, as this is the time when CPU deteriorates. This is reflected in the centile performance.
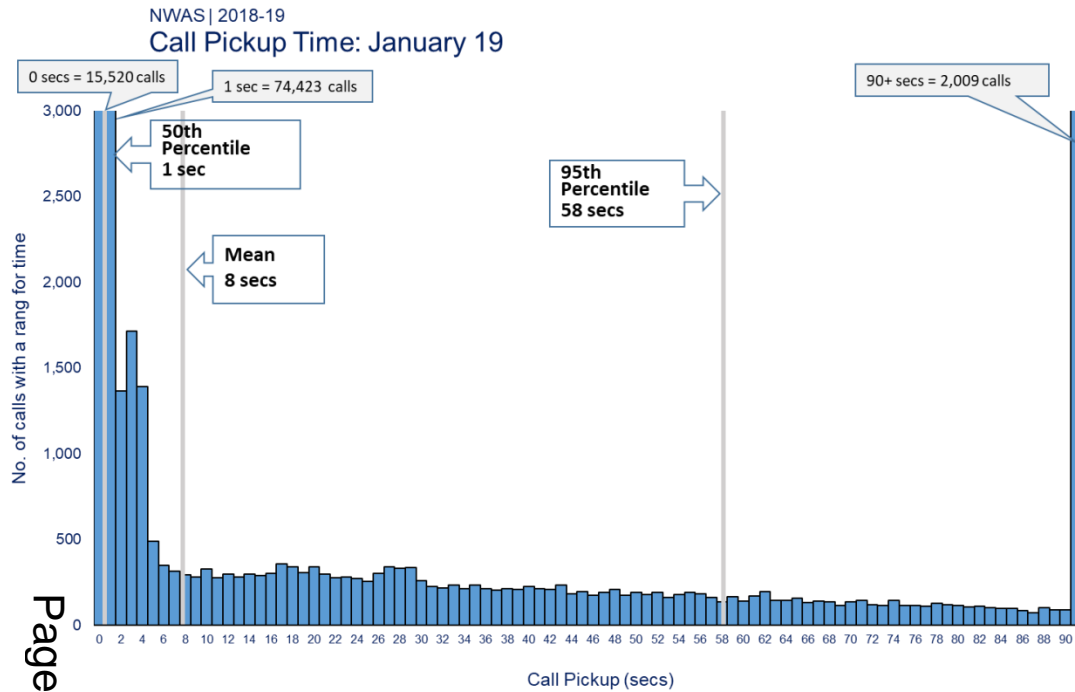
Figure O1.3:

NWAS | 2018-19
Call Pickup Time: January 19

Table O1.1: Calls and Call Answer Times

Month/Yr	Contact Count	Calls answered	Call answer times (seconds)				
			Total	Mean	Median (50th centile)	95th centile	99th centile
Apr-18	127184	97763	1015065	10	1	70	133
May-18	141285	109402	1839366	17	1	93	149
Jun-18	134928	105700	2085480	20	1	100	154
Jul-18	143373	113072	2647801	23	1	110	167
Aug-18	131596	102646	1357953	13	1	83	147
Sep-18	129192	100544	1541202	15	1	91	147
Oct-18	143522	110811	1379357	12	1	77	136
Nov-18	136311	103941	1173027	11	1	73	128
Dec-18	136894	109551	1152801	11	1	70	125
Jan-19	133555	107917	849948	8	1	58	117

As the focus continues on increasing the number of EMDs to reduce the vacancy gap across front line roles within EOC, maintaining and improving CPU will be a challenge during February 2019.

Once EMDs and dispatch roles are fully established the improvements demonstrated will continue.

O2 A&E TURNAROUND

Average Turnaround Time
WC 02/01/2017 – WC 28/01/2019

A&E Turnaround Times

The average turnaround for January 2019 was 34 minutes 19 seconds across the North West.

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

Wigan Infirmary	43:37
Royal Lancaster	43:02
Southport District	39:00
Wythenshawe	38:33
Warrington General	38:29

The focus on hospital handover times continues. Throughout January 2019 the hospital element of the handover has increased, impacting on the overall turnaround times. The improvement in the handover to clear element has been maintained over the past 5 months consecutively.

Further work is still required on the hospital element of the handover to achieve the overall target of 30 minutes or below. NWAS is still trialling different improvement cycles and further meetings are planned with the key stakeholders.

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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]
Feb -18	54484	36:16	24:40	11:28
Mar -18	60291	39:07	27:27	11:17
Apr - 18	57862	34:35	22:47	11:33
May - 18	60792	32:51	20:41	12.01
Jun - 18	57654	32:10	20:13	12:11
Jul - 18	59401	33:26	21:10	12:02
Aug - 18	57721	32:25	20:10	12:05
Sep - 18	56605	33:22	21:21	11:48
Oct – 18	59814	32:41	20:49	11:41
Nov - 18	58650	32:21	20:55	11:21
Dec – 18	61286	33:24	22:01	11:16
Jan – 19	61812	34:19	23:03	11:11

Figure O2.2

Average Arrival to Handover Time
WC 02/01/2017 - WC 28/01/2019

Figure O2.3

Average Handover to Clear Time
WC 02/01/2017 - WC 28/01/2019

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O3 ARP RESPONSE TIMES

Table O3.1 - Incidents with a response

Month/Yr	C1	C2	C3	C4
Apr-18	9,156	45,526	21,096	3,992
May-18	9,688	48,661	23,025	4,169
Jun-18	9,355	46,990	21,925	4,043
Jul-18	9,840	48,267	22,171	3,747
Aug-18	8,372	46,632	21,983	3,705
Sep-18	8,005	47,385	21,618	3,346
Oct-18	8,606	51,063	22,462	3,206
Nov-18	8,360	50,764	21,208	3,233
Dec-18	9,277	53,147	21,787	4,305
Jan - 19	9,579	53,775	20,486	3,993
NWAS YTD	90,238	492,210	217,761	37,739

Figure O3.1

ARP C1 Mean
WC 07/08/2017 - WC 28/01/2019

Figure O3.2

ARP C1 90th Percentile
WC 07/08/2017 - WC 28/01/2019

Figure O3.3

ARP C2 Mean
WC 07/08/2017 - WC 28/01/2019

C1 90th Percentile

Target:	15 Minutes
NWAS	
January 19:	13:07
YTD:	13:23
National:	
January 19:	12:20
Top three trusts:	
London	10:30
North East	10:54
West Midlands	11:34
NWAS Position	**7 / 10**

C2 Performance

C2 Mean

Target:	18 minutes
NWAS:	
January 19:	26:24
YTD:	24:10
National:	
January 19:	22:58
Top three trusts:	
West Midlands	12:11
South Central	16:27
Yorkshire	19:49
NWAS Position	**7/ 10**

Figure O3.4

ARP C2 90th Percentile
WC 07/08/2017 - WC 28/01/2019

01:03:44

Figure O3.5

ARP C3 Mean
WC 02/07/2018 - WC 28/01/2019

01:27:33
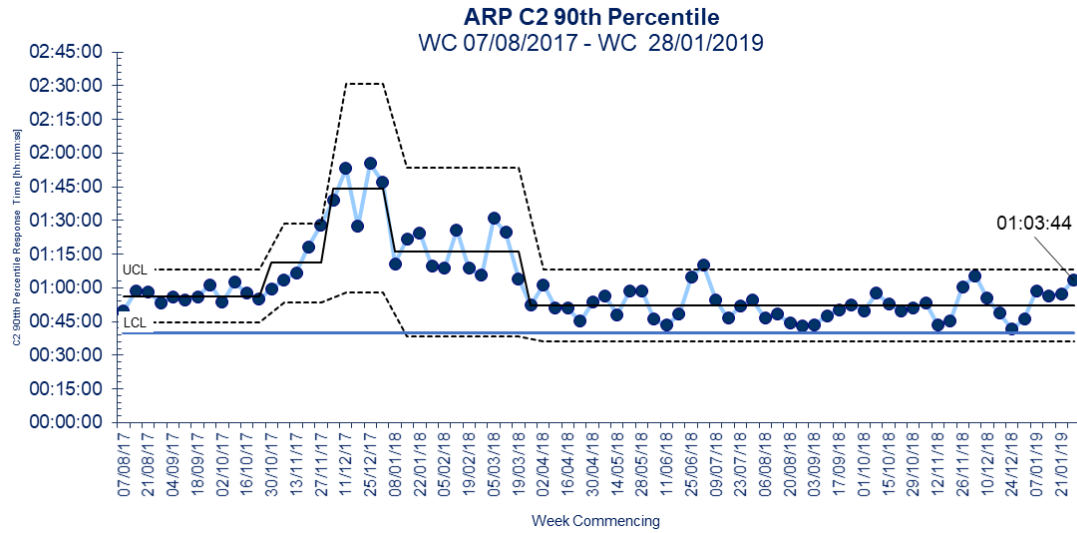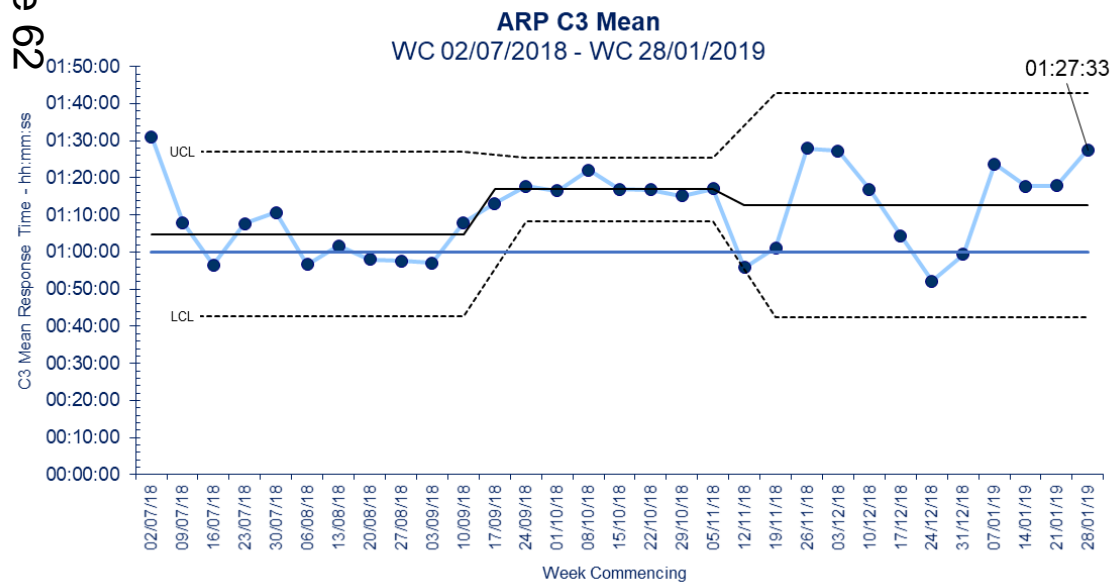
C2 90th Percentile
Target: 40 Minutes

NWAS
January 19:   57:00
YTD: 52:26

National:
January 19:   47:39

Top three trusts:
West Midlands   22:09
South Central   32:37
South East Coast   39:57

NWAS Position   8/10

C3 Performance

C3 Mean
Target: 1 Hour

NWAS:
January 19:   01:17:39
YTD: 01:08:22

National:
January 19:   01:47:42

Top three trusts:
West Midlands   00:35:17
Yorkshire   00:47:38
South Central   00:49:41

NWAS Position   6/ 10

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Figure O3.6

ARP C3 90th Percentile
WC 07/08/2017 - WC 28/01/2019

03:23:05

Figure O3.7

ARP C4 90th Percentile
WC 07/08/2017 - WC 28/01/2019

03:56:58
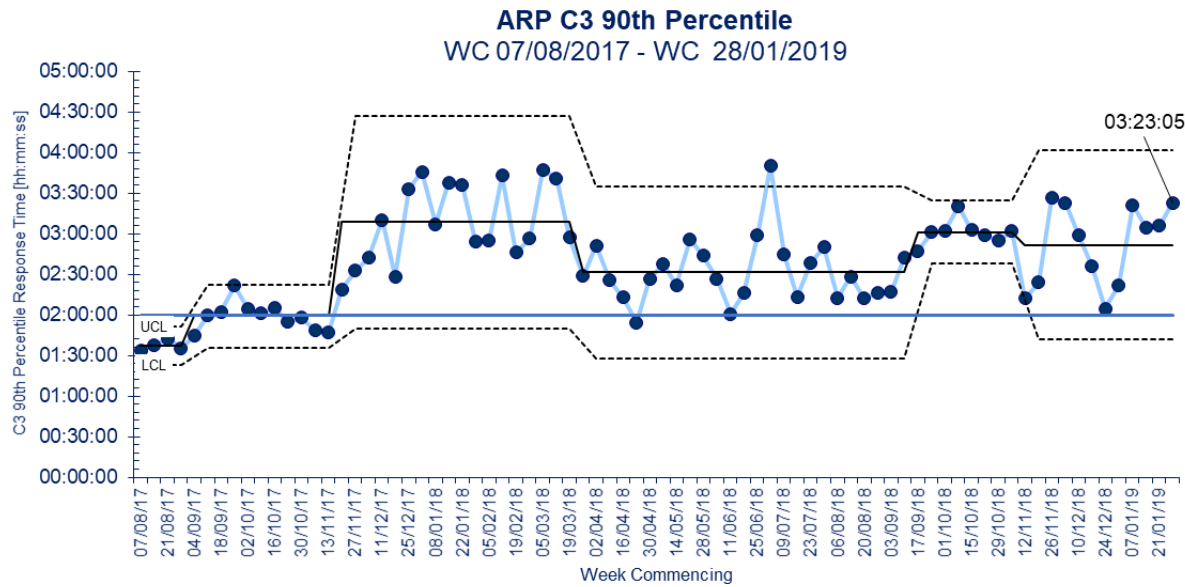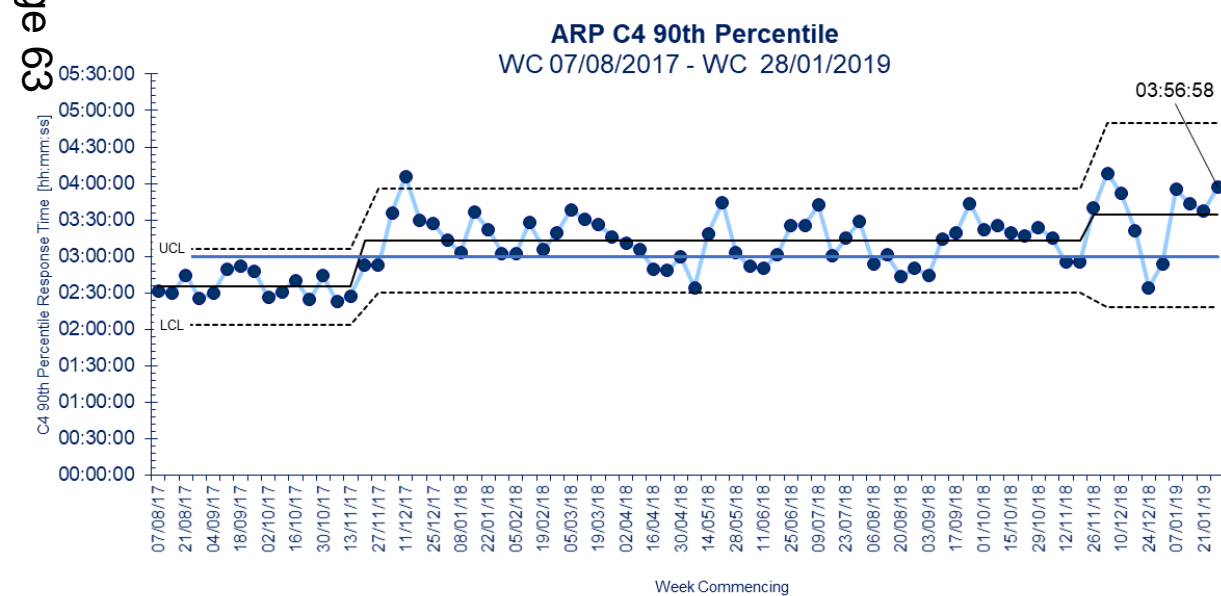
C3 90th Percentile

Target:	2 Hours
NWAS	
January 19:	03:04:07
YTD:	02:42:47
National	
January 19:	02:40:10

Top three trusts:

West Midlands	01:19:50
South Central	01:55:52
Yorkshire	01:58:10

NWAS Position	**6 / 10**

C4 Performance

C4 90th Percentile

Target: 3 Hours

NWAS	
January 19:	03:39:26
YTD:	03:12:41
National	
January 19:	03:16:00

Top three trusts:

West Midlands	02:05:52
East Midlands	02:21:54
South Central	02:46:45

NWAS Position	**7/10**

Figure O3.8

NWAS | 2018-19
Time to arrival at scene for incidents with final ARP category of C1: January

Figure O3.9

NWAS | 2018-19
Time to arrival at scene for incidents with final ARP category of C2: January

Figure O3.10

NWAS | 2018-19
Time to arrival at scene for incidents with final ARP category of C3: January

Figure O3.11

NWAS | 2018-19
Time to arrival at scene for incidents with final ARP category of C4: January
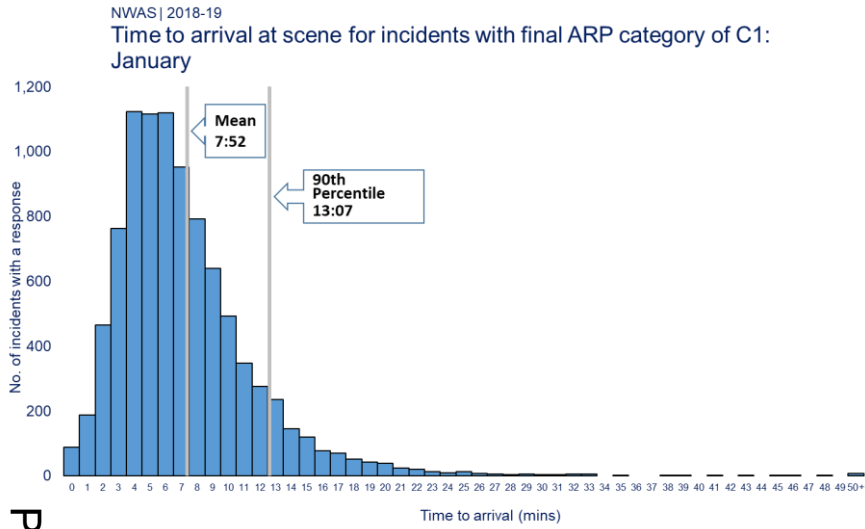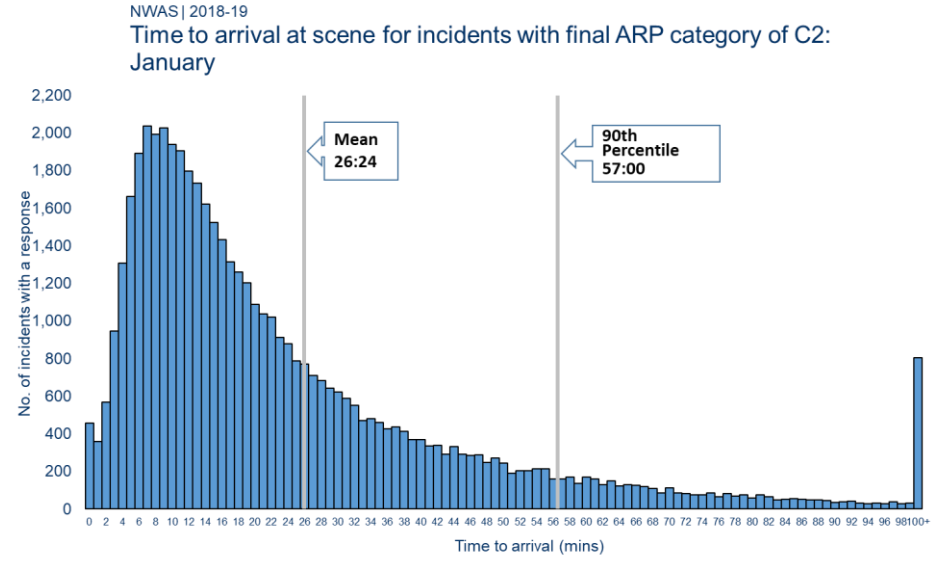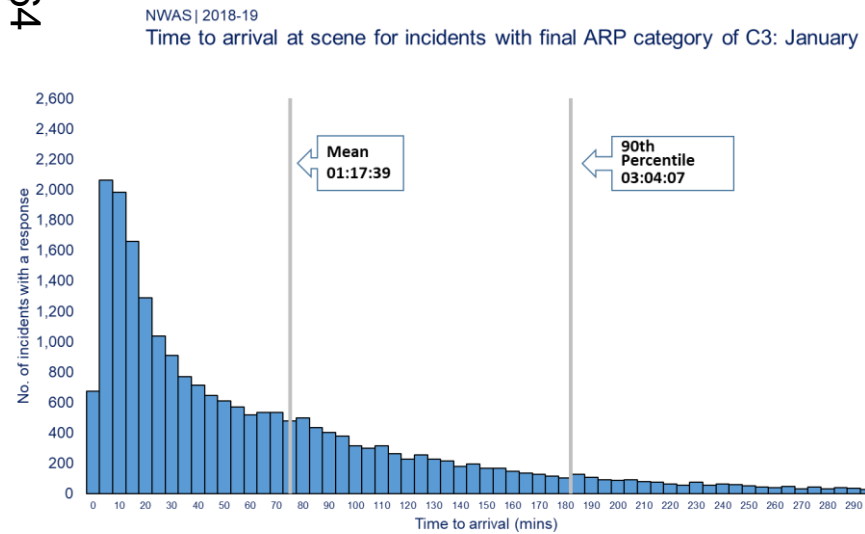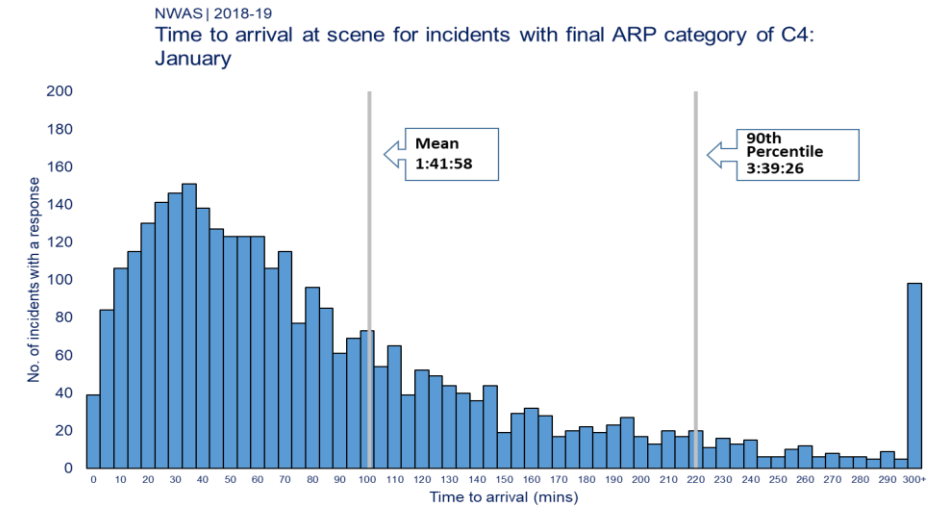
C2 Long Waits, Standby Calls and Serious Incidents
WC 07/08/2017 to WC 14/01/2019
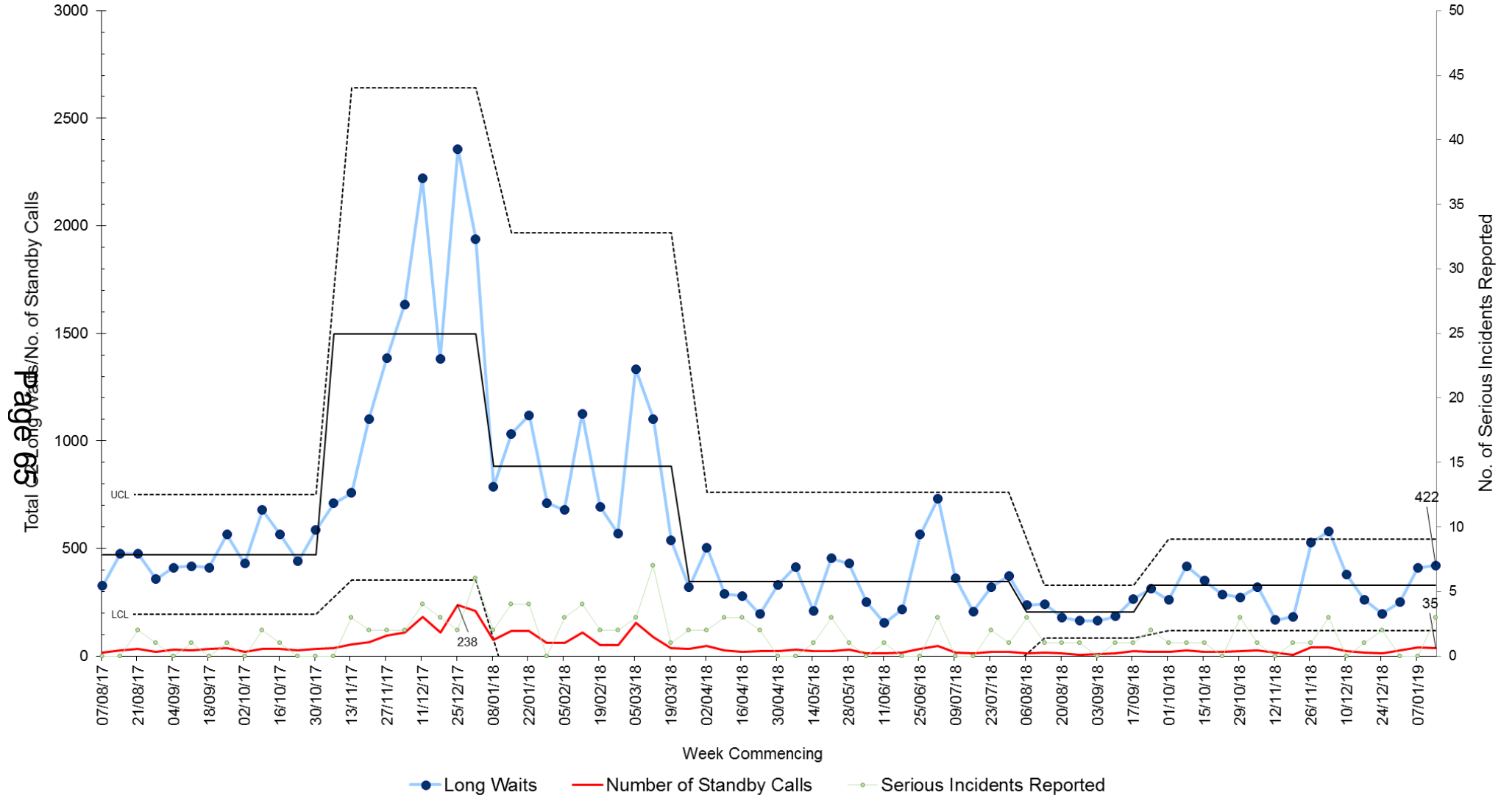
O4 111 PERFORMANCE

Figure O4.1:

Calls answered within 60 seconds %
January 16 - January 19

73.50%

Figure O4.2:

111 Average Call to Answer Time
January 16 - January 19

00:01:57
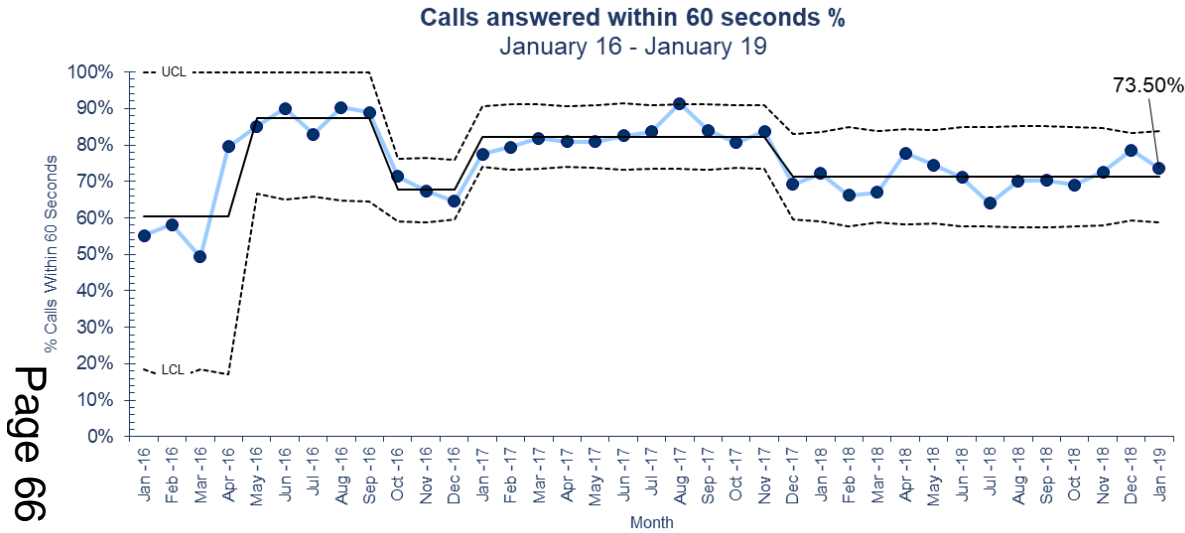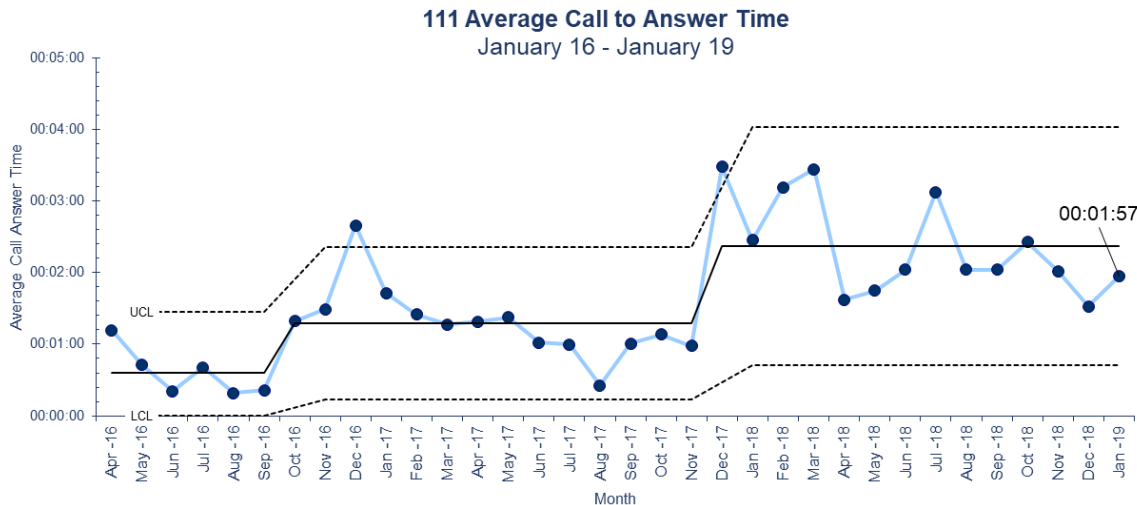
111 Performance

Calls Answered within 60 seconds %

Target:	95%

NWAS	
January 19:	73.5%
YTD:	72.5%

National	
January 19:	80.8%

Figure O4.1 shows call performance remains within expected variation. In December 18, performance rose above the mean. Correlated to this was a significant reduction in annual leave allocation over the festive period. In January we have returned to normal annual leave allocations and 111 has been unable to maintain or emulate the December performance.

By the end of February there will be 24 Health Advisors (HA) and 6 clinicians completing their training to increase available staffing. In the interim, until Working Time Solutions have developed 111 rosters, we have recruited for the March 19 course offering a 7 weekend in 8 rota, to ensure better resources on a weekend. The same offer has also been made to existing staff.

Figure O4.2 reflects that call answer times remain within expected variation. Work has commenced on a review of the role of the Service Advisor (SA) to ensure value to the service. Once the recommendations of the review are completed, a delivery plan, to optimise the utilisation of this role, will be developed.

Figure O4.3:

111 Calls Abandoned %
January 16 - January 19
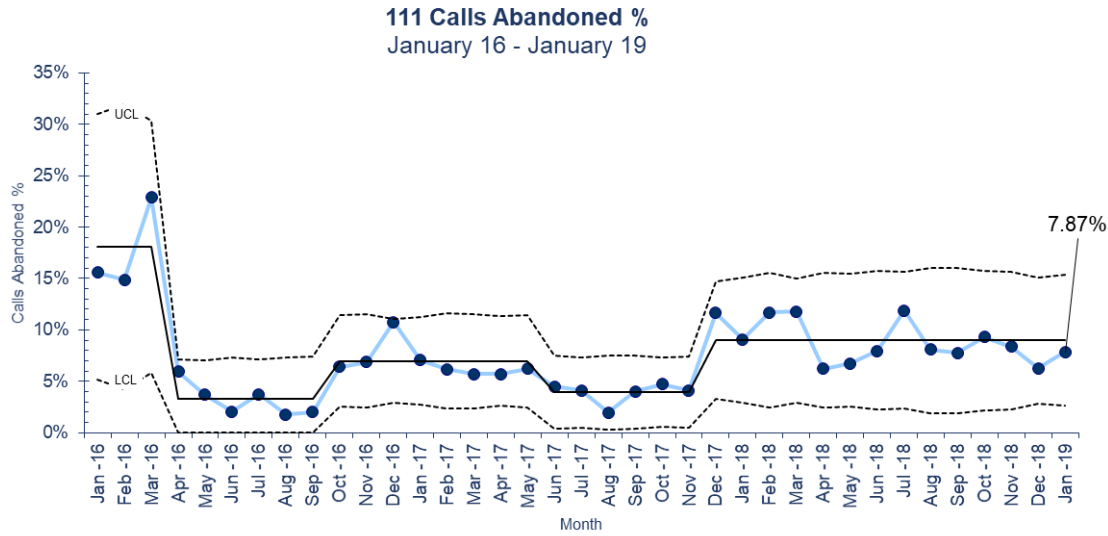
Calls Abandoned %

Target:	<5%

NWAS
January 19:	7.9%
YTD:	8.0%

National
January 19:	3.4%

Figure O4.3 shows that the number of calls abandoned remains consistent with previous months.

Abandoned calls rise when there are delays in answering, however, we also suspect a rise in abandoned calls with the introductory call routing message for 111 Online. Further work is underway to collaborate this theory.

Figure O4.4:

Time Taken for Call Back < 10 Minutes %
January 16 - January 19
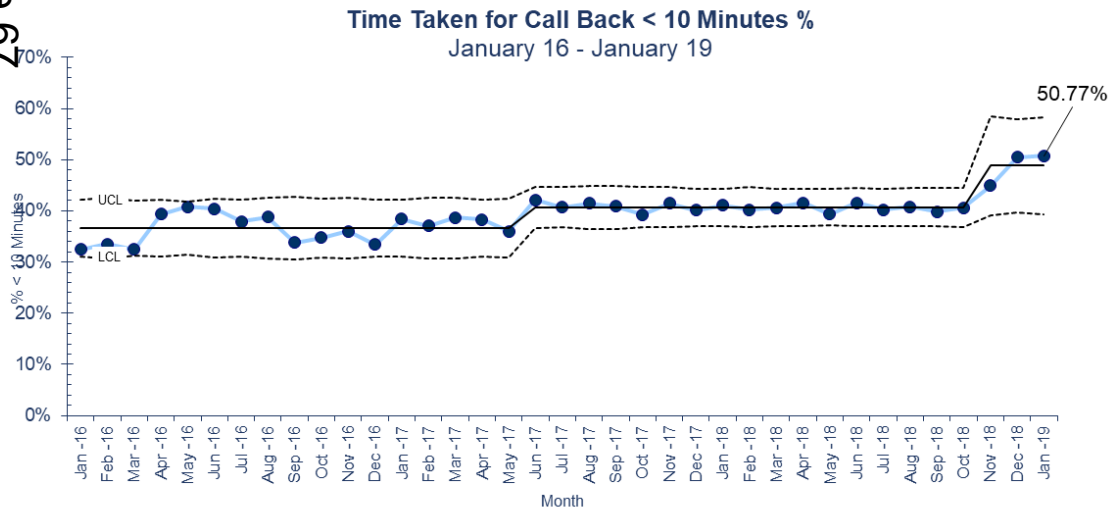
Call Back < 10 Minutes %

Target:	75%

NWAS
January 19:	50.8%
YTD:	43.1%

National
January 19:	37.6

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111 Average Time for Call Back
January 16 - January 19
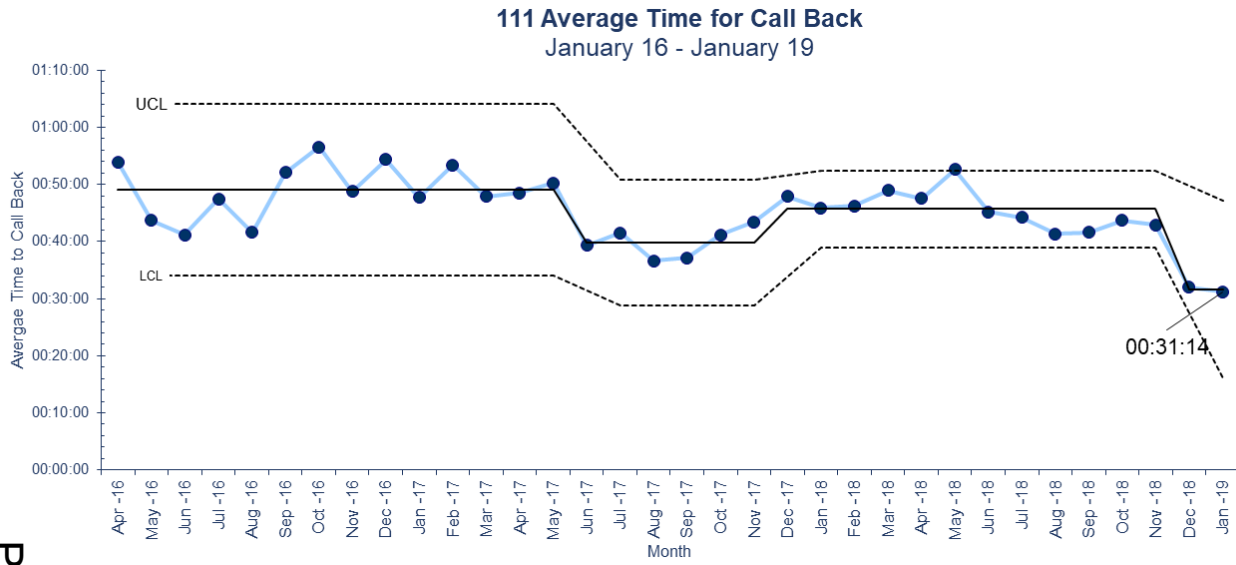
Figure O4.4 and Figure O4.6 demonstrate a significant improvement in calling patients backs in less than 10 minutes and a continued improvement in the overall average time for calling someone back.

The main reason for this improvement is the availability of clinicians, due to;

1. The recruitment of more clinicians
2. Sickness in the clinical workforce has decreased
3. Early Transfers to Out of Hours Services (ETTO)

111 Provider Comparison Figures – January 2019

Table O4.1

Provider	Of calls offered, abandoned after at least 30 seconds
Yorkshire Ambulance Service	1.6%
Integrated Care 24	1.6%
Derbyshire Health United	1.8%
South Central Ambulance Service	2.4%
Kernow Health	2.5%
Care UK	2.7%
Isle of Wight NHS Trust	2.8%
North East Ambulance Service	3.0%
Medvivo	3.4%
Devon Doctors	3.5%
Herts Urgent Care	3.5%
Vocare	3.9%
South East Coast Ambulance Service	4.1%
London Ambulance Service	4.1%
London Central & West Unscheduled Care Collaborative	4.5%
South West Ambulance Service	7.8%
North West Ambulance Service	7.9%

Table O4.2

Provider	Of calls answered, calls answered in 60 seconds
Isle of Wight NHS Trust	95.0%
Derbyshire Health United	92.0%
Integrated Care 24	87.5%
Kernow Health	85.1%
North East Ambulance Service	84.6%
Medvivo	83.0%
Yorkshire Ambulance Service	81.6%
South Central Ambulance Service	81.5%
Care UK	80.9%
London Central & West Unscheduled Care Collaborative	80.2%
Herts Urgent Care	79.8%
South East Coast Ambulance Service	78.1%
Vocare	77.1%
Devon Doctors	76.1%
North West Ambulance Service	73.5%
London Ambulance Service	72.2%
South West Ambulance Service	64.7%

Table O4.3

Provider	Of call backs, call backs in 10 minutes	Provider	Of call backs, call backs in 10 minutes
Devon Doctors	64.7%	North East Ambulance Service	40.8%
Herts Urgent Care	61.0%	Care UK	36.4%
South East Coast Ambulance Service	57.3%	London Ambulance Service	33.2%
North West Ambulance Service	50.8%	South West Ambulance Service	31.9%
Kernow Health	50.0%	Yorkshire Ambulance Service	28.2%
Medvivo	49.5%	Derbyshire Health United	24.5%
London Central & West Unscheduled Care Collaborative	46.0%	Integrated Care 24	24.5%
Vocare	45.2%	South Central Ambulance Service	22.7%
Isle of Wight NHS Trust	44.8%		

O5 PTS ACTIVITY & TARIFF

Table O5.1

TOTAL ACTIVITY									
	Current Month: January 2019					**Year to Date: July 2018 - January 2019**			
Contract	**Annual Baseline**	**Current Month Baseline**	**Current Month Activity**	**Current Month Activity Variance**	**Current Month Activity Variance%**	**Year to Date Baseline**	**Year to Date Activity**	**Year to Date Activity Variance**	**Year to Date Activity Variance%**
Cumbria	168,291	14,024	14,239	215	2%	98,170	96,820	(1,350)	(1%)
Greater Manchester	526,588	43,882	46,596	2,714	6%	307,176	317,249	10,073	3%
Lancashire	589,180	49,098	46,223	(2,875)	(6%)	343,688	313,634	(30,054)	(9%)
Merseyside	300,123	25,010	28,147	3,137	13%	175,072	194,600	19,528	11%
NWAS	1,584,182	132,015	135,205	3,190	2%	924,106	922,303	(1,803)	(0%)

Table O5.2

UNPLANNED ACTIVITY									
	Current Month: January 2019					**Year to Date: July 2018 - January 2019**			
Contract	**Annual Baseline**	**Current Month Baseline**	**Current Month Activity**	**Current Month Activity Variance**	**Current Month Activity Variance%**	**Year to Date Baseline**	**Year to Date Activity**	**Year to Date Activity Variance**	**Year to Date Activity Variance%**
Cumbria	14,969	1,247	1,049	(198)	(16%)	8,732	7,405	(1,327)	(15%)
Greater Manchester	49,133	4,094	5,202	1,108	27%	28,661	35,078	6,417	22%
Lancashire	58,829	4,902	4,807	(95)	(2%)	34,317	31,815	(2,502)	(7%)
Merseyside	22,351	1,863	2,322	459	25%	13,038	14,172	1,134	9%
NWAS	145,282	12,107	13,380	1,273	11%	84,748	88,470	3,722	4%

PTS Performance

Table O5.1

Overall activity during January 2019 across PTS increased marginally against the year to date average with the contracts 2% (3,190 journeys) above baseline. The overall year to date position remains at 0% (1,803 journeys) below baseline with Merseyside 11% above and Lancashire 9% below baseline within these overall figures.

Table O5.2

In terms of unplanned activity, Greater Manchester and Merseyside are 27% (1,108 journeys) and 25% (459 journeys) above baseline respectively.

As unplanned activity is generally of a higher acuity, requiring ambulance transportation, increased volumes in this area impacts on resource availability. This leads to challenges in achieving contract KPI performance.

Whilst Cumbria and Lancashire are 16% and 2% below baseline, the actual number of journeys (198 and 95) over the month is relatively low.

Table O5.3

ABORTED ACTIVITY									
Current Month: January 2019									
Contract	Planned Activity	Planned Aborts	Planned Aborts %	Unplanned Activity	Unplanned Aborts	Unplanned Aborts %	EPS Activity	EPS Aborts	EPS Aborts %
Cumbria	9,655	423	4%	1,049	138	13%	3,535	96	3%
Greater Manchester	24,580	2,802	11%	5,202	1,135	22%	16,814	1,347	8%
Lancashire	27,034	1,608	6%	4,807	736	15%	14,382	532	4%
Merseyside	14,197	878	6%	2,322	477	21%	11,628	601	5%
NWAS	75466	5,711	8%	13,380	2,486	19%	46,359	2,576	6%

Table 05.3
Aborted activity for planned patient averages 8%, however, Cumbria experiences 4% whilst Greater Manchester operates with 11% aborts.

There is a similar trend within EPS (renal and oncology) patients with an average of 6% aborts whereas Cumbria has 3% and Greater Manchester 8%.

Unplanned (on the day) activity experiences the largest volumes of aborts with an average 19% (1 in 5 patients) with variances of 13% in Cumbria and 22% in Greater Manchester.

OH1 STAFF SICKNESS

Figure OH1.1

NWAS Sickness Absence %
April 2016 - December 2018
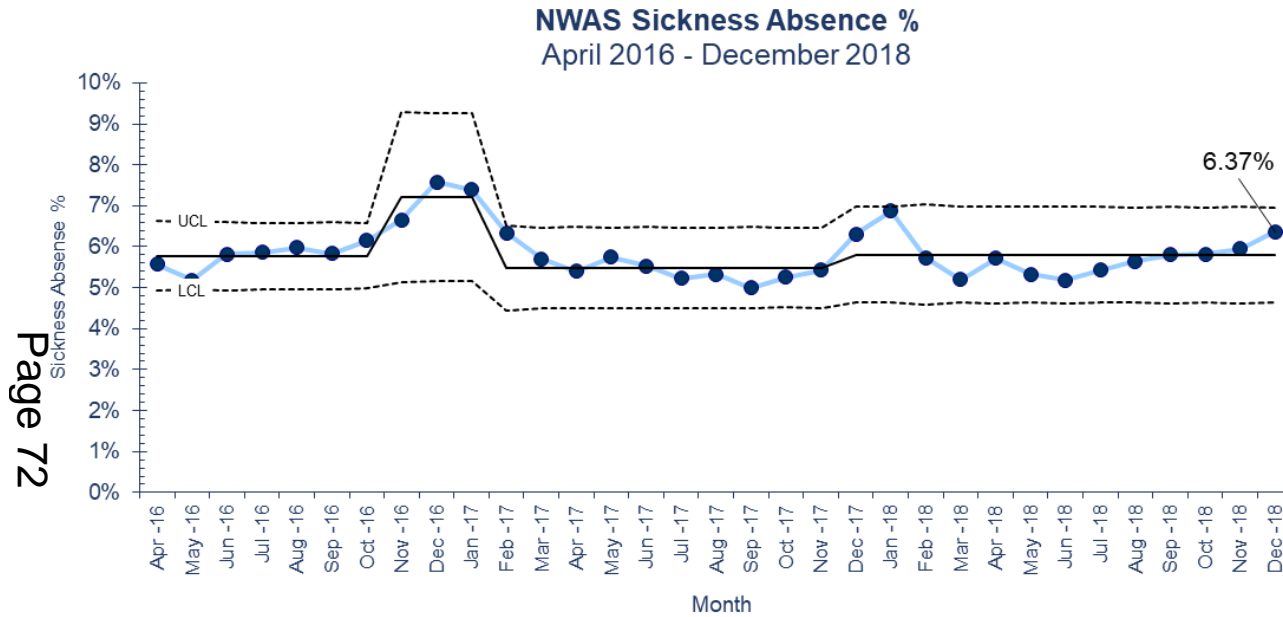
Table OH1.1

Sickness Absence	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
NWAS	6.88%	5.74%	5.20%	5.72%	5.32%	5.18%	5.43%	5.64%	5.81%	5.82%	5.95%	6.37%
Amb. National Average	6.63%	5.86%	5.49%	5.17%	5.02%	5.09%	5.28%	5.47%	5.37%	5.49%		

Staff Sickness

The overall sickness absence rates for December 2018 were 6.37%, with Figure OH1.1 displaying an upward trend over the last 7 months. Trend analysis indicates that an increase during the winter period is expected and the December position is broadly consistent with sickness rates at the same time in 2017.

The 111 sickness position is at 9.33% for December 2018. This is a significant improvement for 111 and work will remain ongoing to stabilise this in order to meet the target of 8% sickness. The development of rota changes has been a key factor in this area, 111 are also included in Phase 1 of the Rota Review with Working Time Solutions.

EOC rates remain high with a current position of 7.02%. A high level review of all long term sickness cases has been undertaken by the Deputy Director of Operations and Deputy Director of Organisational Development. A number of key actions have been identified.

PTS has 7.44% sickness and a specific action plan has been developed with the PTS management team to address the continued high levels of sickness.

Figure OH1.2:

PTS Sickness Absence %
April 2016 - December 2018

7.44%

Figure OH1.3:

PES Sickness Absence %
April 2016 - December 2018

6.19%

Figure OH1.4

EOC Sickness Absence %
April 2016 - December 2018

7.02%

Figure OH1.5

111 Sickness Absence %
April 2016 - December 2018

9.33%
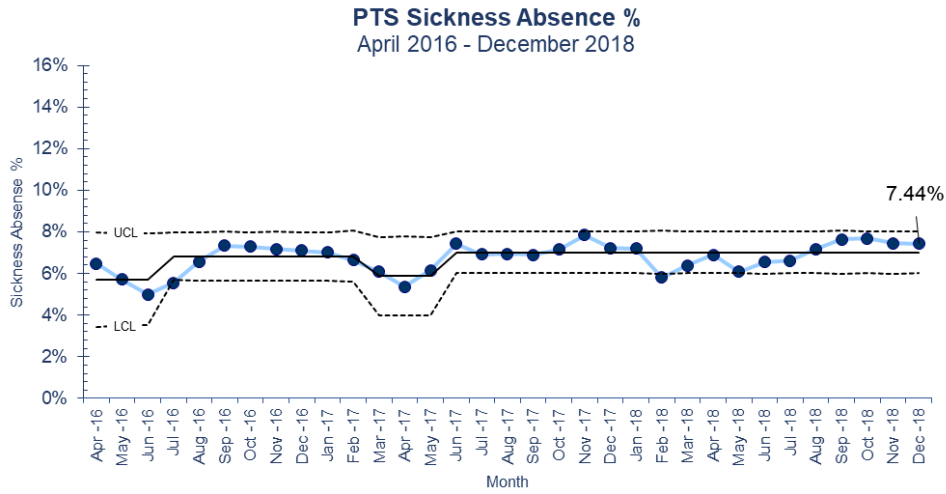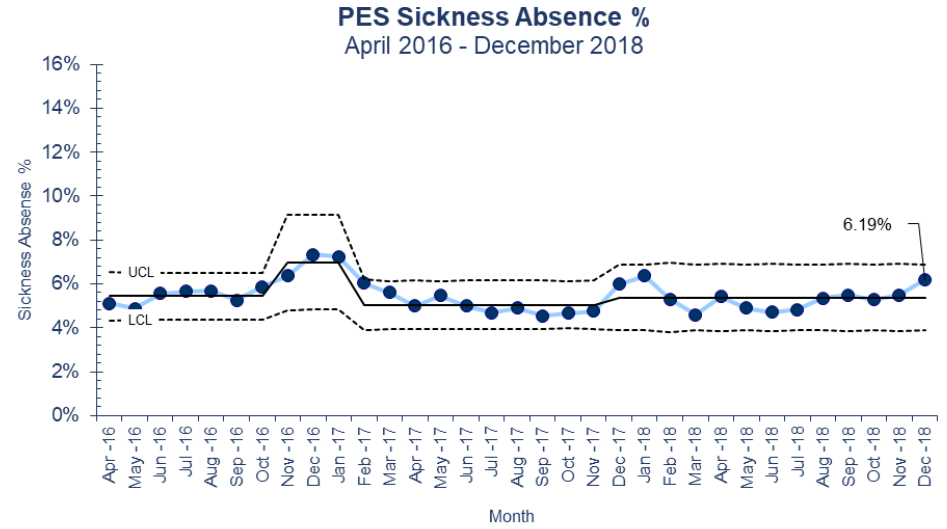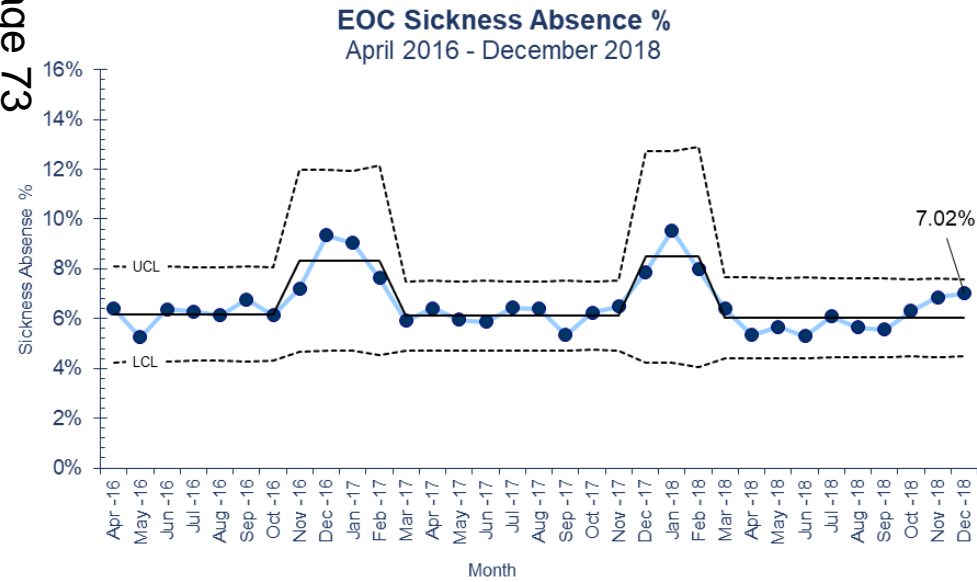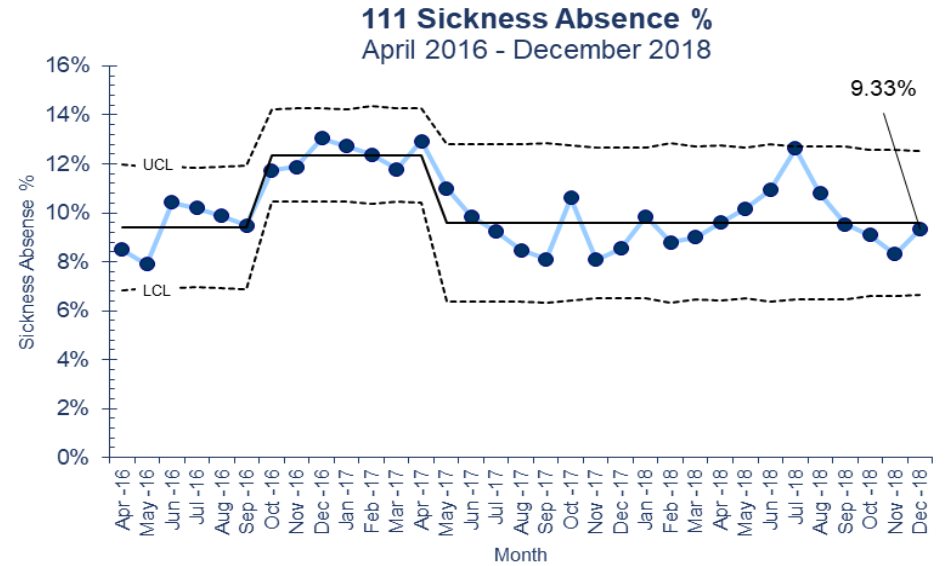
Table OH1.2 – Trust Comparison Figures

Trust	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
West Mids Amb F	3.36%	3.25%	3.10%	3.28%	3.26%	2.97%	3.58%
East Mids Amb	4.85%	4.72%	5.07%	5.47%	5.66%	5.45%	5.09%
South East Coast Amb F	4.84%	4.41%	4.34%	4.87%	4.86%	5.20%	5.19%
South West Amb F	4.58%	4.57%	4.61%	5.02%	5.31%	5.32%	5.33%
London Amb	4.99%	5.02%	5.31%	5.20%	5.42%	5.20%	5.45%
Yorkshire Amb	5.66%	5.23%	5.15%	5.09%	5.43%	5.29%	5.70%
North West Amb	5.33%	5.36%	5.20%	5.45%	5.68%	5.78%	5.77%
North East Amb F	6.40%	6.01%	6.18%	6.11%	6.00%	5.63%	5.79%
East of Eng Amb	5.68%	5.54%	5.67%	5.84%	5.88%	6.06%	6.00%
South Central Amb F	4.96%	5.13%	5.68%	6.18%	6.49%	6.24%	6.07%
Welsh Ambulance Services	7.15%	6.72%	6.63%	6.63%	7.24%	6.72%	7.09%
National Average	**5.17%**	**5.02%**	**5.09%**	**5.28%**	**5.47%**	**5.37%**	**5.49%**

OH2 STAFF TURNOVER

Figure OH2.1

NWAS Turnover %
April 2016 - January 2019

8.79%
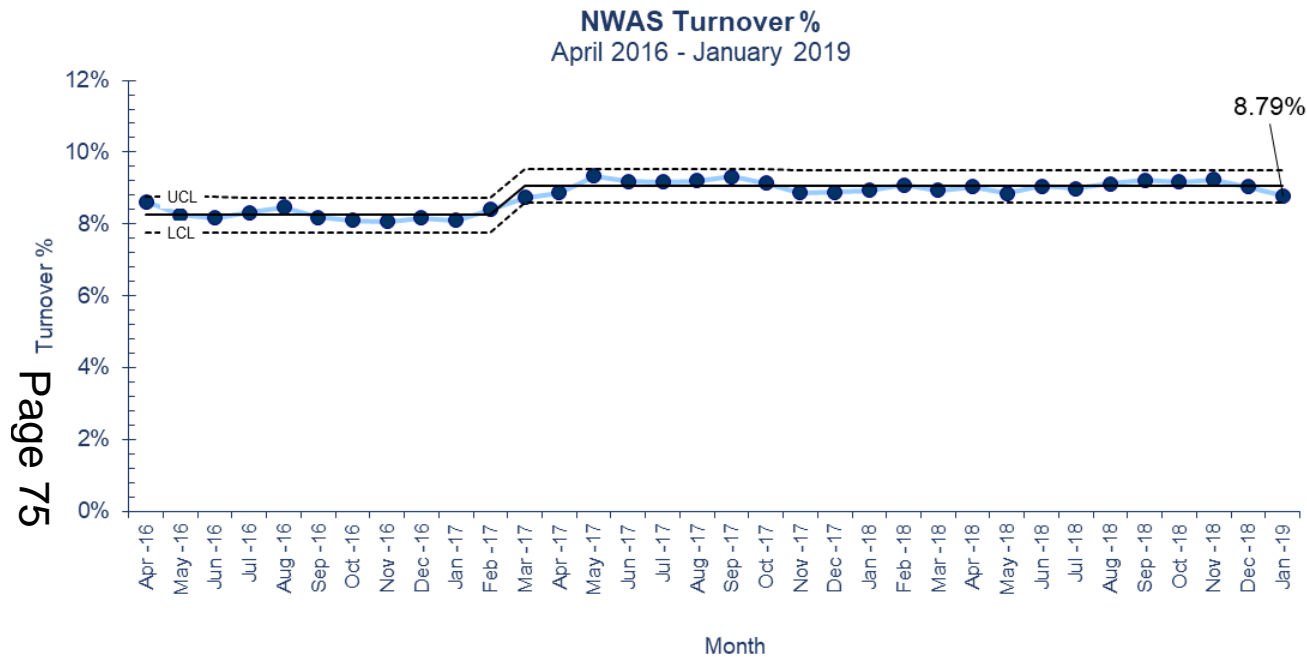
Table OH2.1

Turnover	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan - 19
NWAS	9.08%	8.93%	9.04%	8.85%	9.06%	8.99%	9.13%	9.23%	9.17%	9.24%	9.03%	8.79%
Amb. National Average	9.69%	9.85%	9.68%	9.60%	9.46%	9.36%	9.19%	9.27%	9.12%	9.07%		

Staff Turnover

Turnover is calculated on a rolling year average and this does lead to some small variations between months with January 2019 turnover being 8.79%. Overall the trend is stable.

Teams are in place with a specific focus on areas of high turnover in 111 and EOC.

As part of our performance improvement plan we have increased support and contact time for managers especially for new starters and we will continue to work on our Health and Wellbeing actions.111 turnover is currently at a position of 30.90% for January 2019.

Work will continue on Recruitment and Retention work stream focussing on the on-boarding process, stay interviews and additional contact and support during the recruitment process. Further recruitment is taking place with an additional 28 call handlers being deployed late February.

Turnover in EOC is reported at 11.32% in January 2019. We will continue to work with EOC and this specific area and recruitment is taking place including plans to introduce Apprenticeship programme in EOC to improvement retention.

PES and PTS turnover rates remain stable.

Figure OH2.2
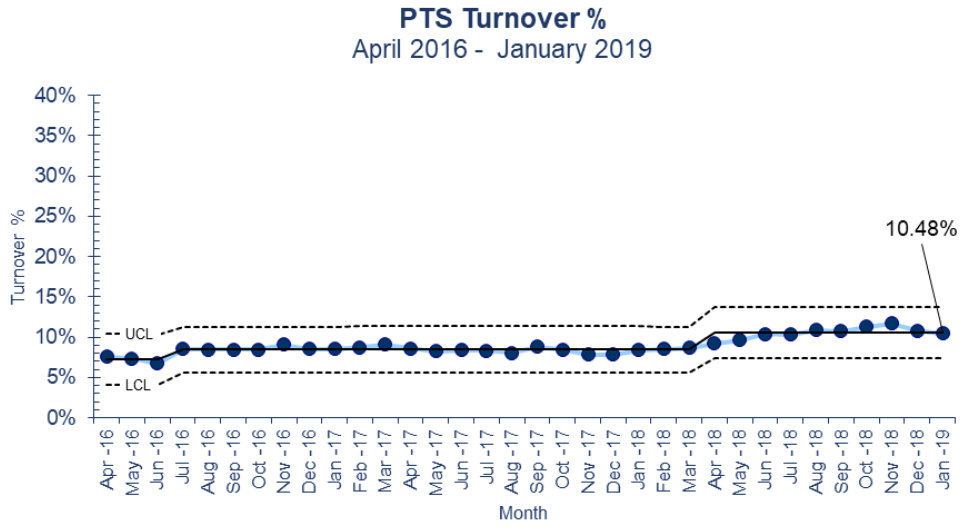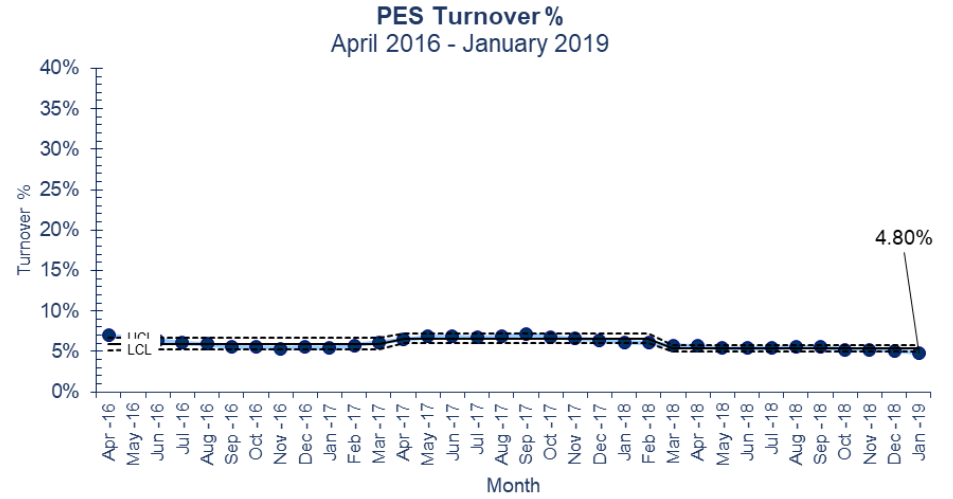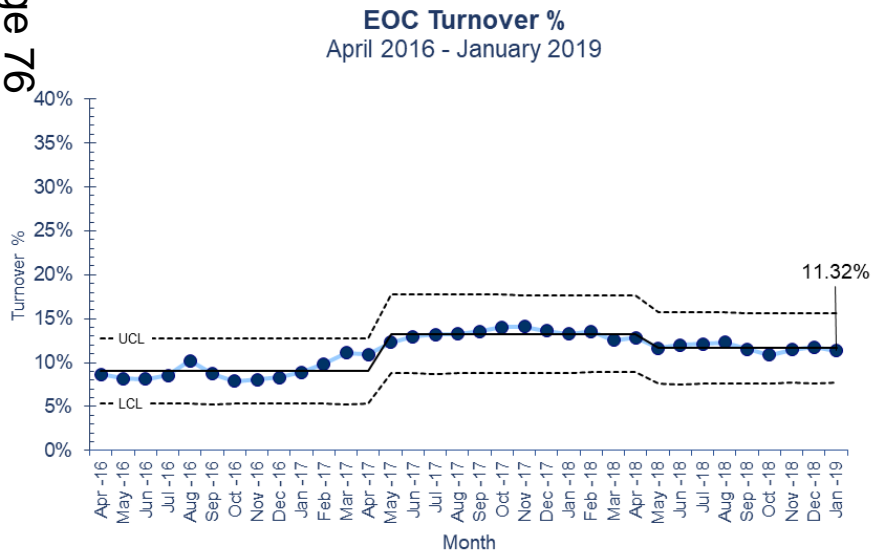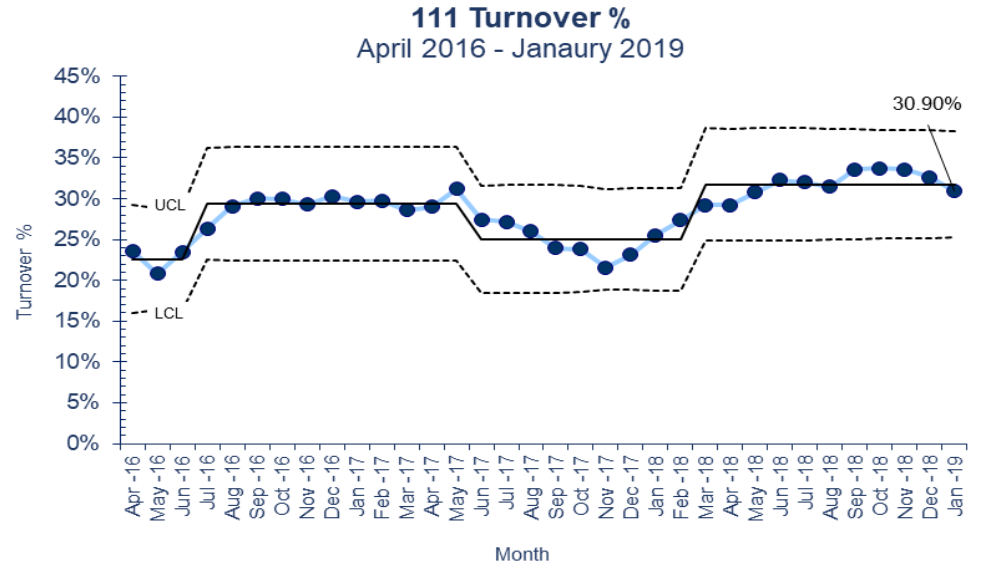
PTS Turnover %
April 2016 - January 2019

10.48%

UCL
LCL

Turnover %

Month

Figure OH2.3

PES Turnover %
April 2016 - January 2019

4.80%

UCL
LCL

Turnover %

Month

Figure OH2.4

EOC Turnover %
April 2016 - January 2019

11.32%

UCL

LCL

Turnover %

Month

Figure OH2.5

111 Turnover %
April 2016 - Janaury 2019

30.90%

UCL

LCL

Turnover %

Month

52

OH4 TEMPORARY STAFFING

Figure OH4.1:

NWAS- Total Staff Costs and % of Temporary Staff
April 18- March 2019

Temporary Staffing

The Trust remains in strong position regarding Agency costs. The position in January was is at 2% but under the Agency ceiling for the month. This reflects the additional pressure of activity in January.

Over the last 12 months the Trust has been proactive in reducing Agency usage particular within 111 with ongoing recruitment to move staff onto permanent contracts.

The Trust has also adopted a more robust assessment of Agency usage when requests are received.
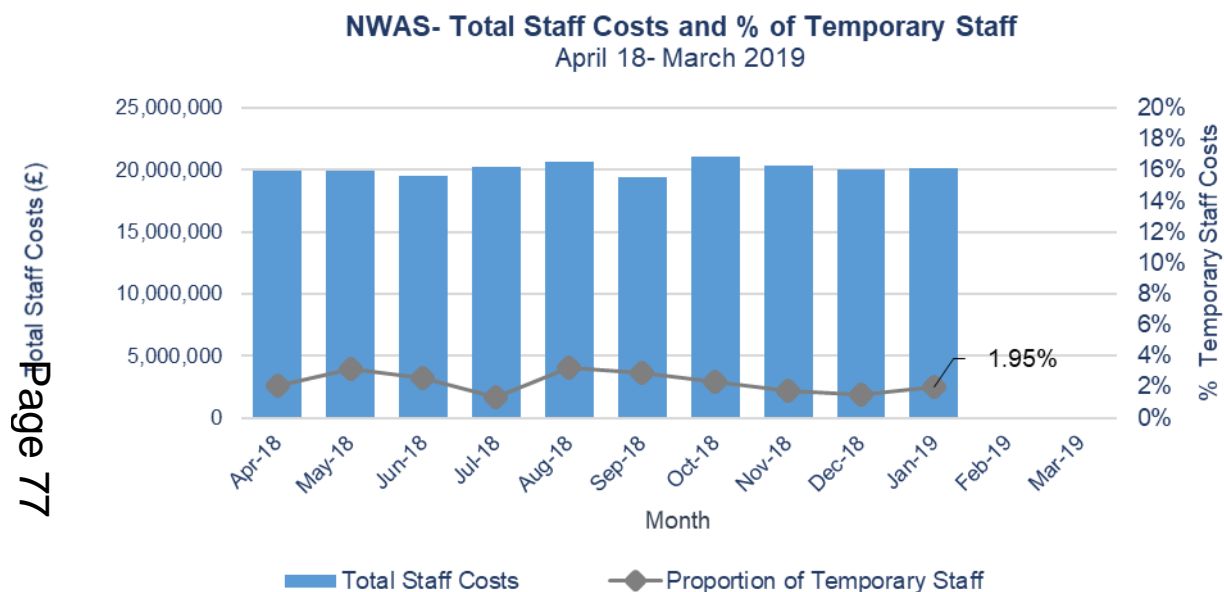
Table OH4.1:

NWAS	Feb-2018	Mar-2018	Apr-2018	May2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct -2018	Nov-2018	Dec -2018	Jan -2019
Agency Staff Costs (£)	246,249	305,107	252,567	341,240	334,497	262,694	310,041	285,989	229,598	212,061	173,766	191,843
Total Staff Costs (£)	19,763,006	19,485,156	19,978,113	19,888,139	19,550,684	20,263,029	20,674,865	19,401,547	21,048,733	20,394,454	20,058,775	20,169,610
Proportion of Temporary Staff %	2%	3%	2%	2%	2%	1%	3%	3%	2%	2%	1%	2%

Figure OH4.2:

PTS - Total Staff Costs and % of Temporary Staff
April 18- March 2019

0.33%

Figure OH4.3

PES - Total Staff Costs and % of Temporary Staff
April 18- March 19

0.43%

Figure OH4.4:

111 - Total Staff Costs and % of Temporary Staff
April 18- March 19

6.52%

Figure OH4.5:

NWAS - Substantive vs Etablishment WTE
April 17 - January 19
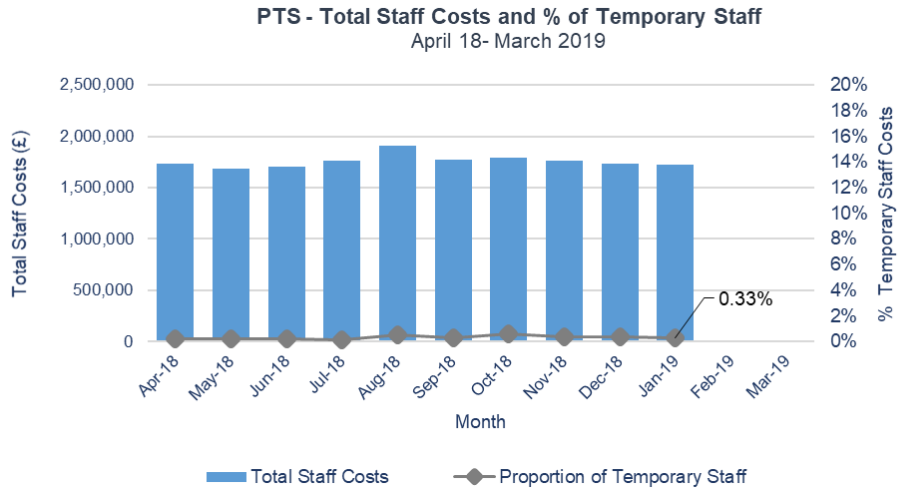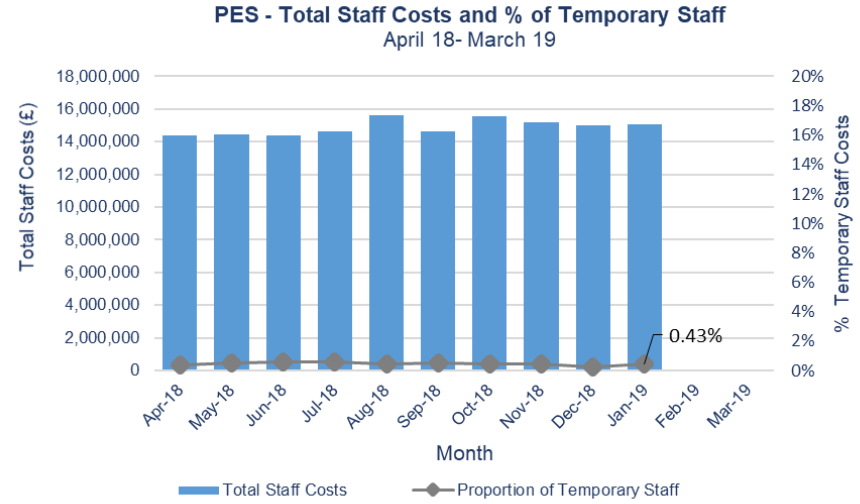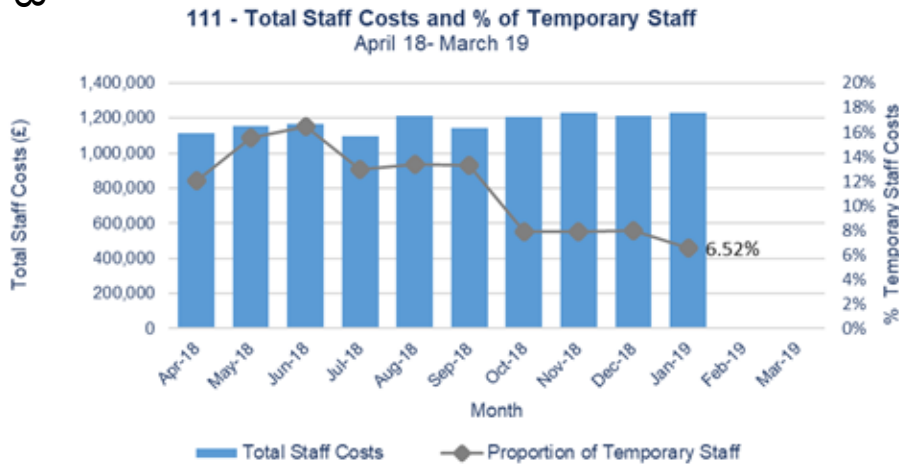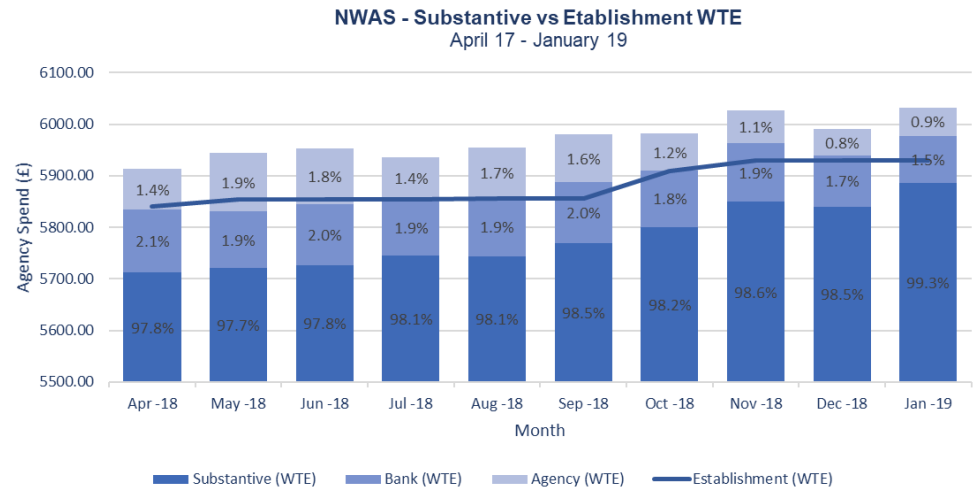
OH5 VACANCY GAP

Figure OH5.1

NWAS Vacancy Gap %
April 16 - January 19

0.74%
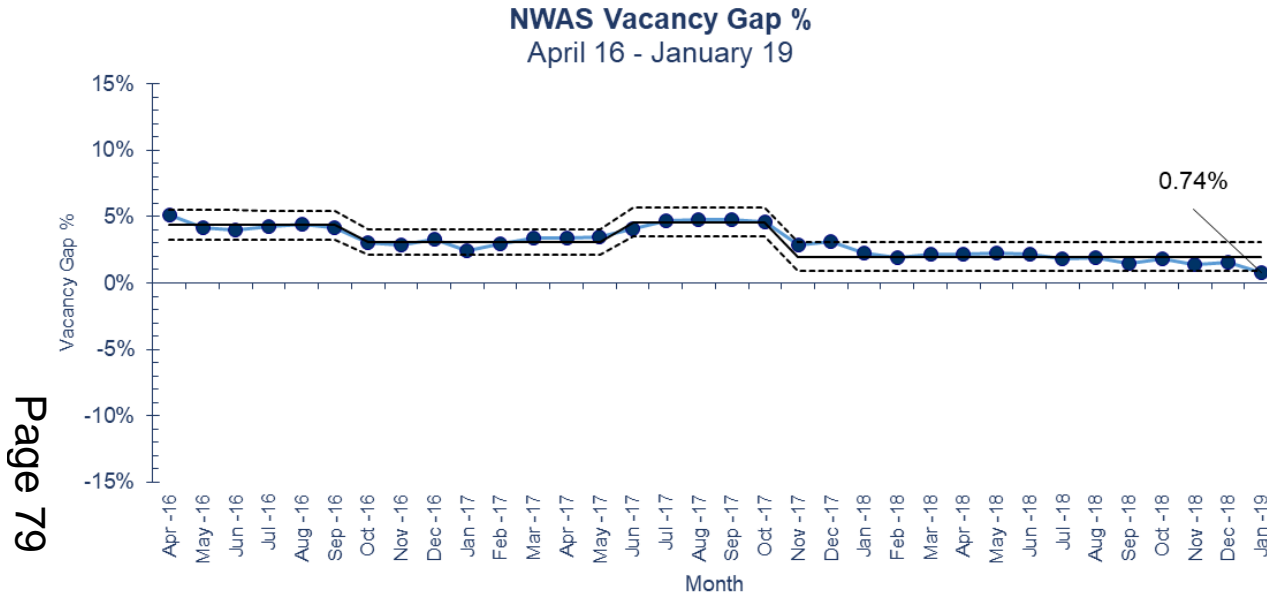
Table OH5.1

Vacancy Gap	Feb-18	Mar-18	Apr-18	M ay-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan - 19
NWAS	-1.90%	-2.19%	-2.20%	-2.26%	-2.17%	-1.86%	-1.90%	-1.47%	-1.83%	-1.35%	-1.52%	-0.74%

Vacancy Gap

The vacancy position continues to remain stable. The Frontlines PES vacancy position remains positive with frontline staff being 0.5% overstaffed.

The January 2019 position for EOC is 4.86% overstaffed, however work is continuing in EOC to maintain the EMD recruitment position to enable despatch vacancies to be filled. Further new starters are due to commence in February.

NWAS is also piloting the Health Professionals Calls as part of a national pilot exercise. Discussions will continue regarding the Band 2 roles as the pilot is evaluated.

PTS vacancy position has remained stable at 10.2%. There is a robust recruitment plan in place for PTS to assist in delivering the recovery plan and this sees over 40 new starters due to commence in the next few months, which is around half of their current vacancies.

111 have seen a decrease in vacancy gap over the last few months due to recent recruitment activity for Health Advisors. 28 Health Advisors are due out of training in February 2019 with further Health Advisors and Clinical Advisor new starters due to commence by the end of March.

Figure OH5.2

PTS Vacancy Gap %
April 16 - January 19

-10.2%

Figure OH5.3

PES Vacancy Gap %
April 16 - January 19

0.5%

Figure OH5.4

EOC Vacancy Gap %
April 16 - Janaury 19

4.86%

Figure OH5.5

111 Vacancy Gap %
April 16 - January 19

-2.34%

OH6 APPRAISALS

Figure OH6.1

NWAS Appraisals Completed %
April 2016 - January 2019
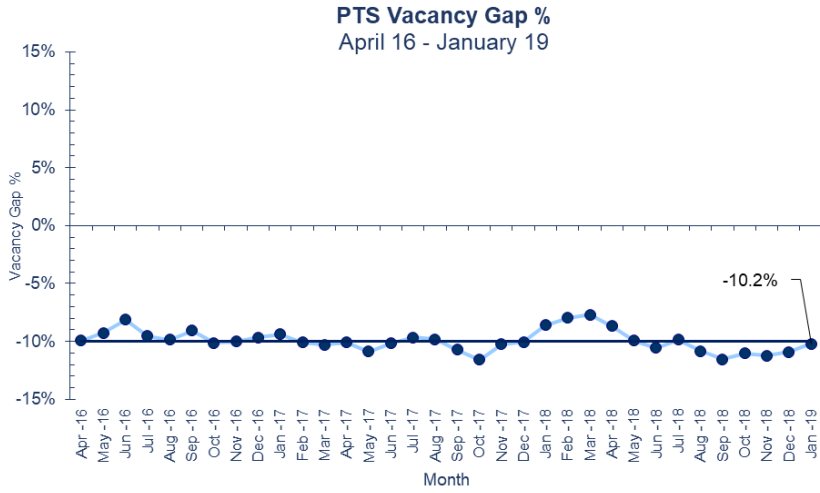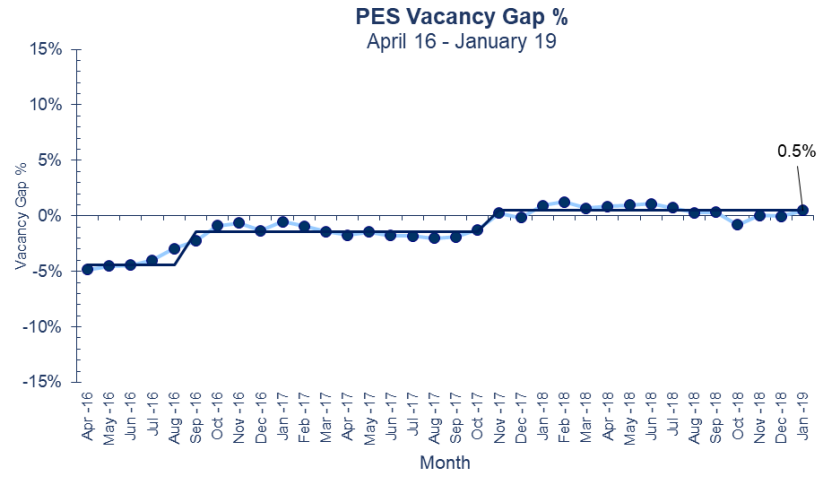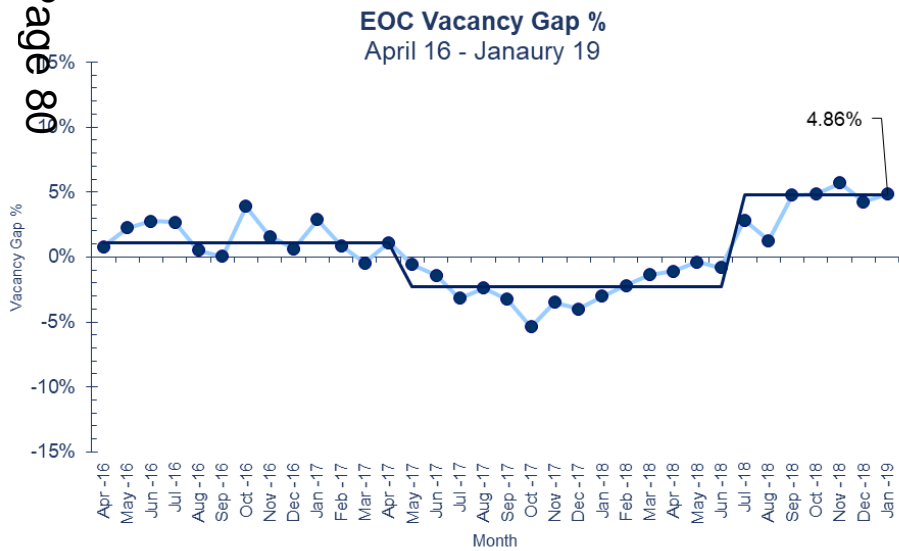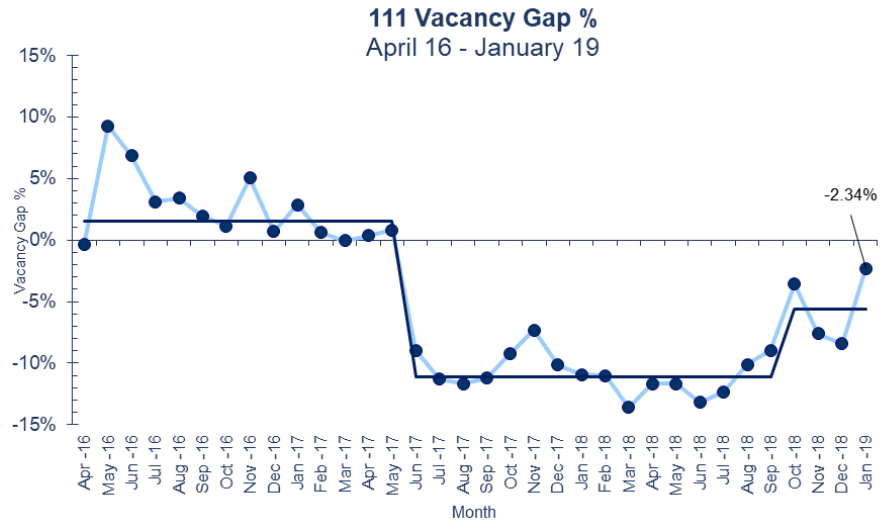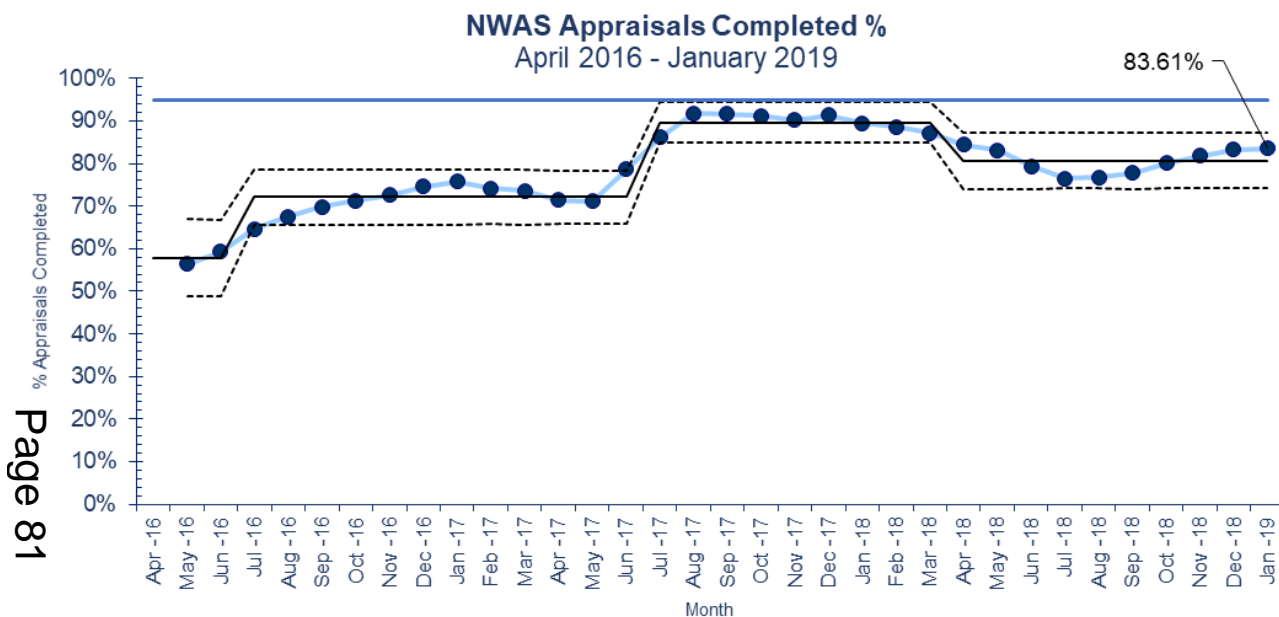
83.61%

Table OH6.1

Appraisals	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec18	Jan -19
NWAS	89%	87%	84%	83%	79%	77%	77%	78%	80%	82%	83%	84%

Appraisals

The method of calculating appraisal rates is now line with national NHSI reporting. From 1 October 2018 the percentage is calculated for all staff and as there is always a proportion of staff who are on maternity leave or long term sickness the target has been adjusted to 95%.

Appraisal compliance overall has shown an upward trend increasing to 84% compliance in January 2019.

PES has also continued their improvement in compliance to 87.25%.

The other service lines, EOC, 111 and PTS have remain below the target with EOC and 111 being the furthest behind target at 73.43% and 66.38% respectively.

Targeted work across the Trust continues in order to improve the Appraisal completion rate and reach the 95% target.

As part of this recovery plan, Learning & Organisational Development (L&OD) are working alongside HR Business Partners and senior teams across operations/corporate services to communicate month on month progress, target specific teams who have high % overdue & due to expire rates, share useful communications and one page overview guides, provide coaching to managers who require support and continue to deliver appraisal workshop training.

L&OD will also carrying out random quality audits of the appraisals which have been completed to ensure that they are in line with expectations set out in the Appraisal guidance.

Figure OH6.2

PTS Appraisals Completed %
April 2016 - January 2019

83.31%

Figure OH6.3

PES Appraisals Completed %
April 2016 - January 2019

87.25%

Figure OH6.4

EOC Appraisals Completed %
April 2016 - January 2019

73.43%

Figure OH6.5

111 Appraisals Completed %
April 2016 - January 2019
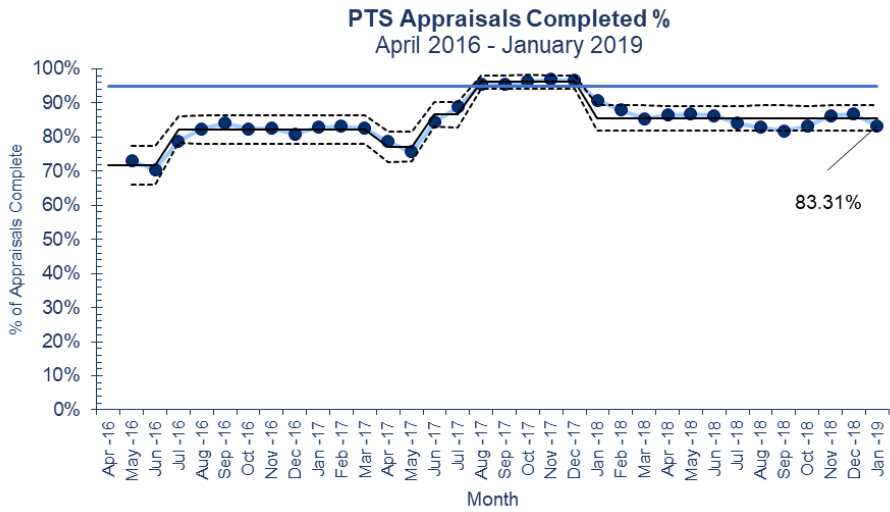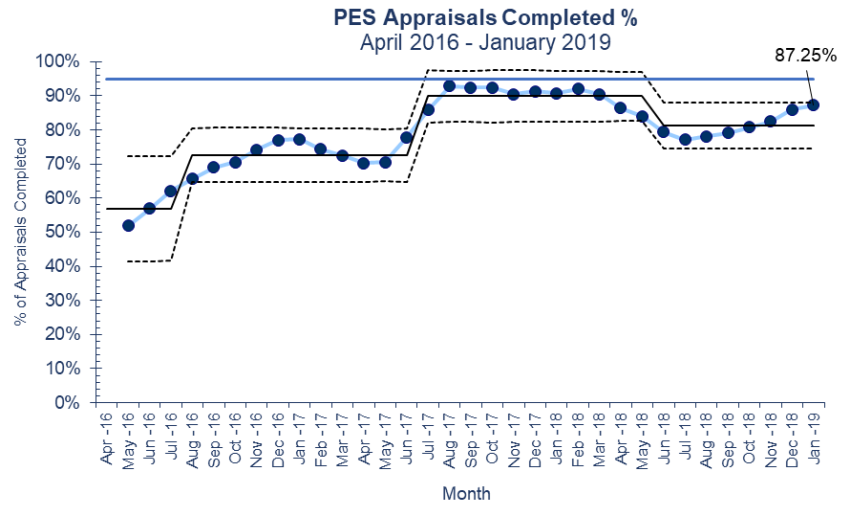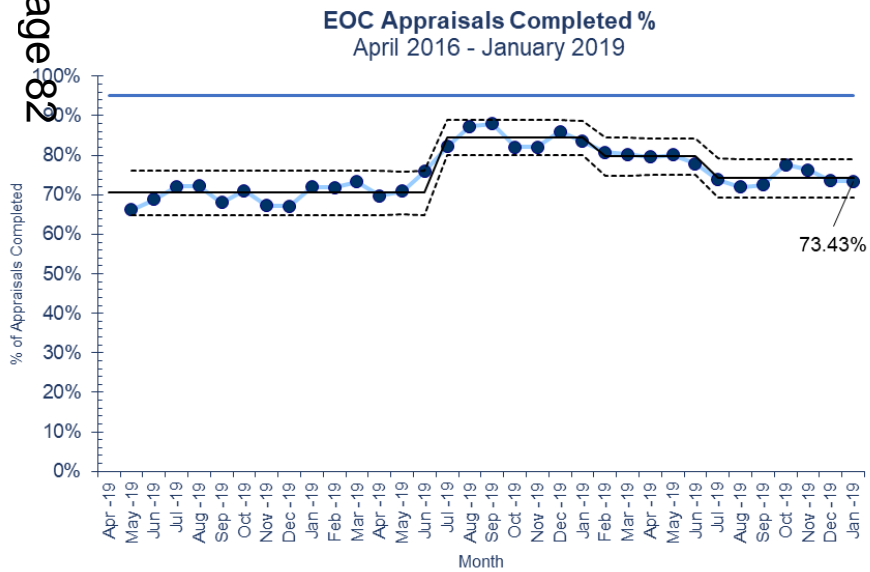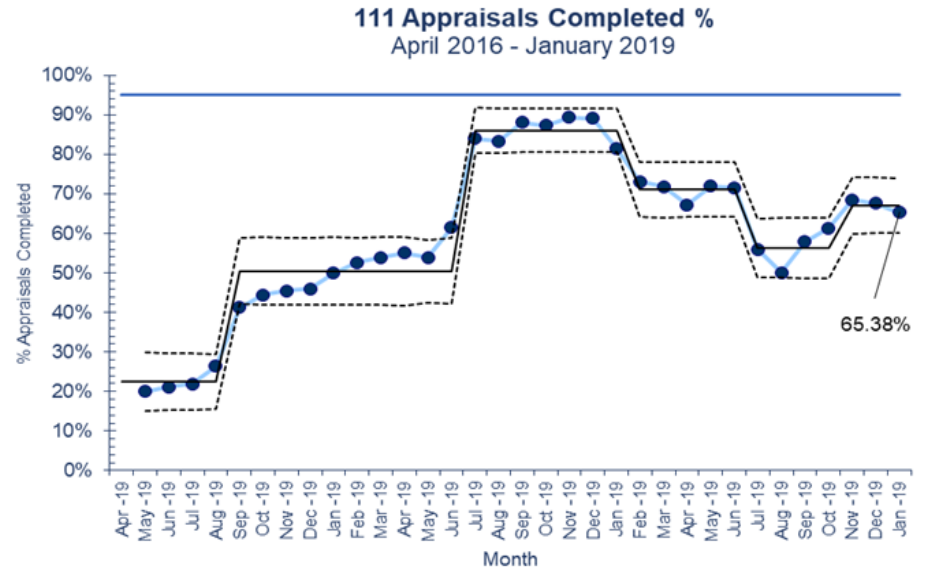
65.38%

OH7 MANDATORY TRAINING

Figure OH7.1

Mandatory Training - PTS Classroom
January 2019 - December 2019

Legend: ■ PTS (Classroom) ■ PTS Trajectory
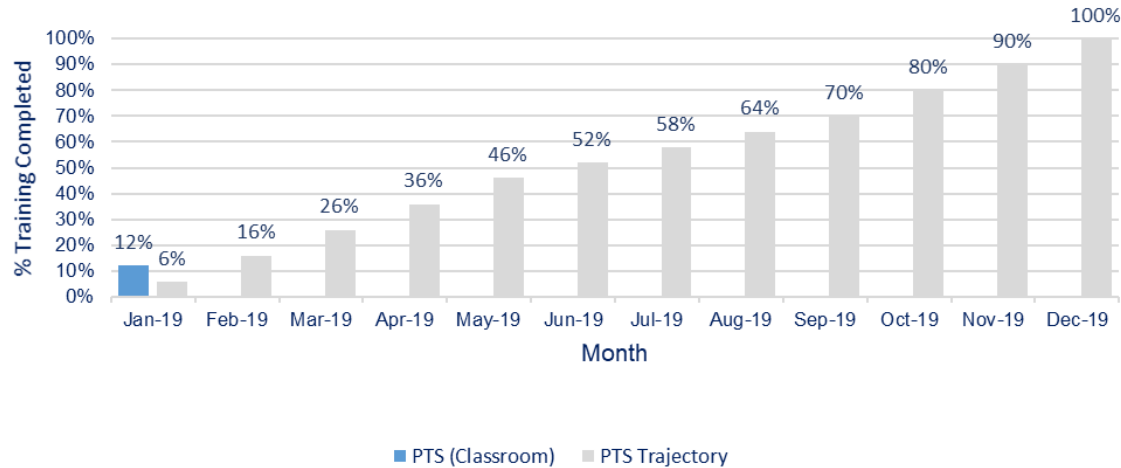
Figure OH7.2

Mandatory Training - PES Classroom
January 2019 - December 2019
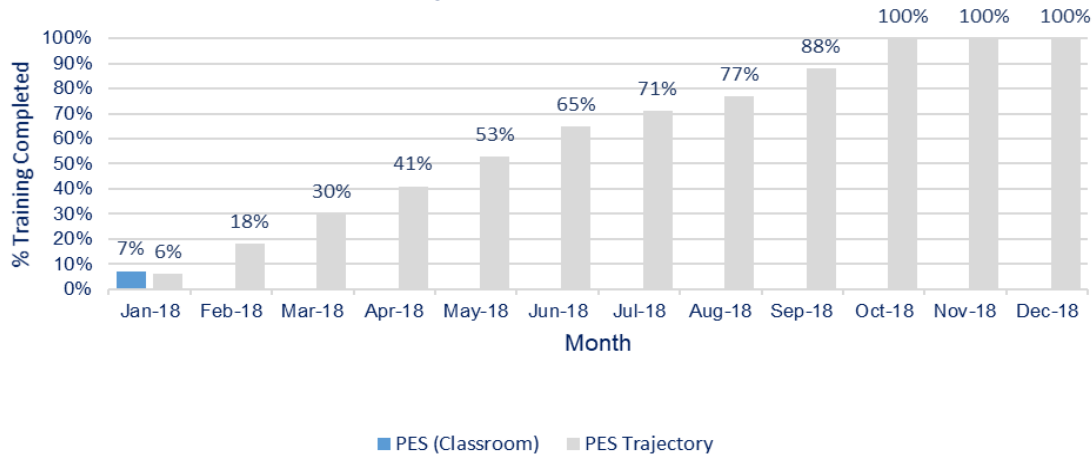
Legend: ■ PES (Classroom) ■ PES Trajectory

Mandatory Training

The classroom Mandatory Training for the 2019 cycle commenced in January 2019. Attendance for both PTS and PES is in line with trajectory.

Work is ongoing to recover the shortfall in compliance against the 2018 plan and this will be reported through Workforce Committee.

Online mandatory training is still behind target at 73% compliance and work is ongoing to improve this position to 95% targets levels by the end of March. It should be noted that there has been a review of Corporate staff with on-call responsibilities to ensure that they are aligned to the correct mandatory training. This has resulted in an increase in staff requiring online training and a reduction in classroom requirements which has impacted on reporting this month.

Work in Corporate Services and EOC is progressing steadily to bring completion rates back on track but the focus now is on recovery plans in order to achieve the required levels.

Mandatory Training for Corporate staff will be refreshed in April 2019 with a change in reporting through competency profiling in My ESR, linked to the competencies required in the role on a rolling cycle.

Completion within 111 remains a challenge and is currently at 52%, impacted by high recruitment in January. They have been adversely impacted by mandatory system updates. The mandatory training team is working closely with this service line to support recovery and to review the approach to mandatory training in 2019 to improve completion and sustainability.

The move to match the national refresher cycles will also improve this position, reducing the annual mandatory requirements.

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Figure OH7.3

Mandatory Training - Online
January 2018 - January 2019

Legend: Online | Online Trajectory
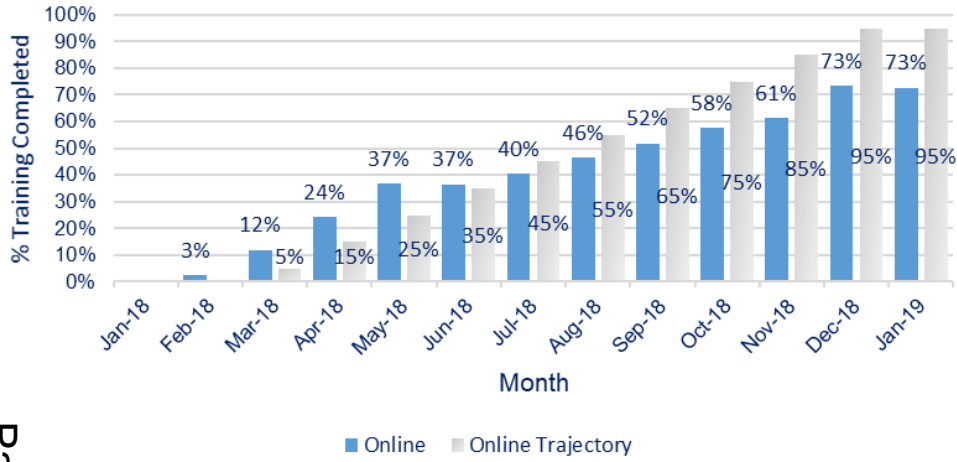
Figure OH7.4

Mandatory Training - EOC Online
January 2018 - January 2019

Legend: EOC (Online)
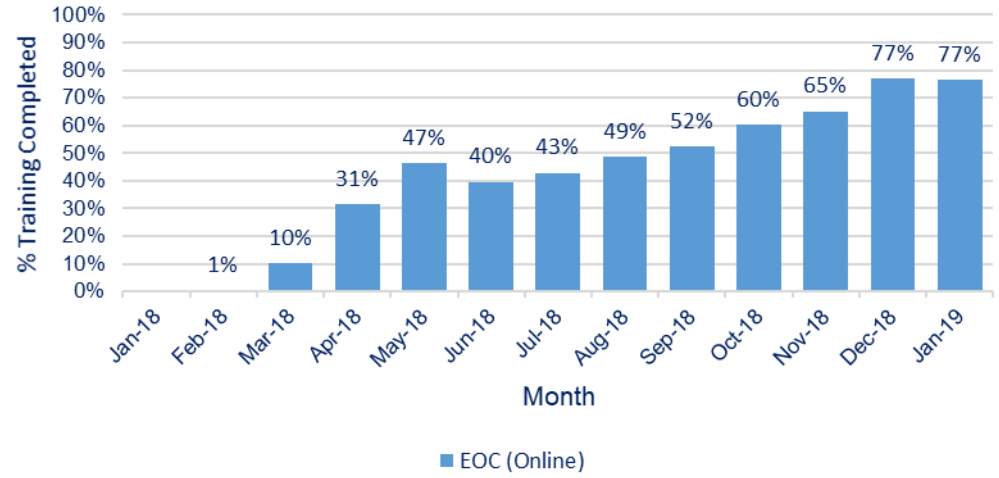
Figure OH7.5

Mandatory Training - Corporate Online
January 2018 - January 2019

Legend: Corporate (Online)
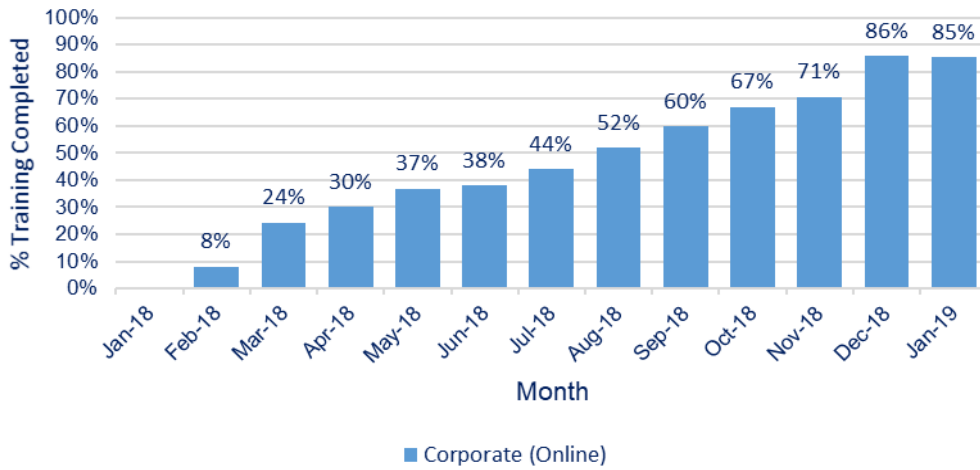
Figure OH7.6

Mandatory Training - 111 Online
January 2018 - January 2019

Legend: 111 (Online)

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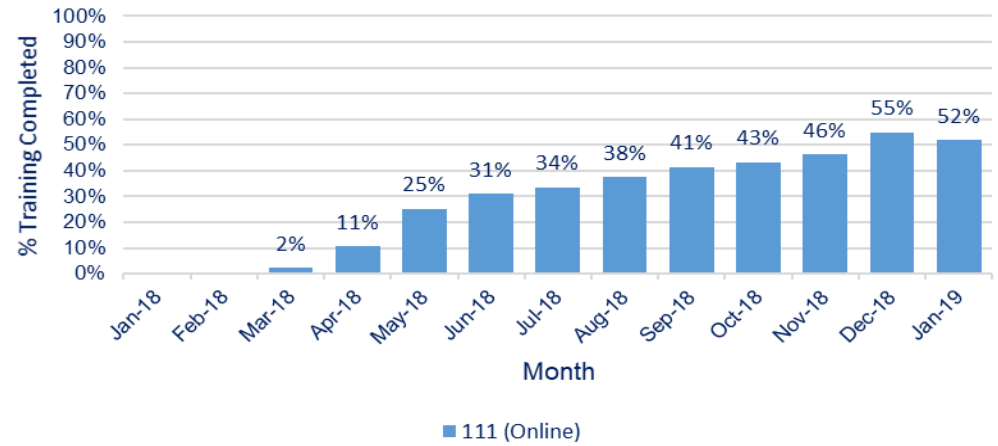
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Appendix 1

EOC Integrated Performance Report – February 2019

1 APPENDIX SUMMARY

The February 2019 EOC Integrated Performance Report shows performance for Quality, Operational Effectiveness, Operational Activity, Operational Performance and Organisational Health measures for January 2019.

The report still remains in the early stages of development and will continue to see improvements as it evolves over time.

1.1 QUALITY
- Overall number of complaints opened is below the monthly average for the 12 month period. Major/Serious complaints are at the 2nd lowest level for the same time period.
- An upward trend is being established in the last 4 months for closure of Risk Score 1-3 complaints within target.
- 121 incidents opened in January 2019 is a 12 month high. However, incident closure continues to rise, as well as the ability to close incidents within the target time period. There was 1 serious incident in January 2019 relating to EOC.

1.2 OPERATIONAL

1.2.1 EFFECTIVENESS
- The clinical subgrouping section provides a view on the chief complaints and which override codes are being used.
- It is clear to see from the C1 nature of calls that our primary patient conditions are breathing problems and convulsions/fitting. This is also seen in the C2 column that breathing problems are a high percentage of our patients, as well as chest pain.

1.2.2 ACTIVITY
- Calls offered and answered remain consistent going into January 2019. Duplicate calls have increased.

1.2.3 PERFORMANCE
- Improvements continue on both Call Pick Up in 5 Seconds and Average Call Pick Up time. The former at its best since April 2018 and the latter at its lowest within the last 12 months with an Average Call Pick Up time under 10 seconds in January 2019.
- Time EOC staff are spent in 'Not Ready' status has remained steady in the current chart phase.
- The percentage of C1 incidents that were early triggered remain consistent, as does the proportion that utilised auto-dispatch.

1.3 ORGANISATIONAL HEALTH
- Both staff sickness and turnover are at its highest since February 2018. Work continues to be done to bring staff appraisal and training figures to the levels required.
- Vacancy Gap percentage and attrition rate for EOC both remain consistent.

1

Q1 COMPLAINTS

Table Q1.1 –Complaints Opened by Month

Severity	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
1. Minimum	1	1	1	1	2	0	1	2	2	2	2	0
2. Minor	12	13	9	18	9	11	13	8	11	14	5	10
3 Moderate	17	19	8	9	7	15	10	7	11	12	11	14
4 Major	6	8	5	9	5	8	3	5	6	8	2	2
5 Serious	8	22	8	3	2	7	3	1	8	3	1	3
Total	44	63	31	40	25	41	30	23	38	39	21	29

Complaints

In January 2019, 29 complaints were received relating to EOC.

Of these, 5 complaints received a severity of major or serious. This is the 2nd lowest amount over the last 12 month period.

January 2019 continues a higher trend of complaints closed in SLA with Risk Score 1-3 compared to pre-September 2018.

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Figure Q1.1

Complaints Opened By Month: Severity 1-3
November 2017 - January 2019

Figure Q1.2

Complaints Opened By Month: Severity 4-5
November 2017 - January 2019

2

Figure Q1.3

Complaints with Risk Score 1-3 Closed
October 2017 to January 2019

Figure Q1.4

Complaints with Risk Score 1-3 % Complete within SLA
October 2017 to January 2019

Figure Q1.5

Complaints with Risk Score 4-5 Closed
October 2017 to January 2019

Figure Q1.6

Complaints with Risk Score 4-5 % Complete within SLA
October 2017 to January 2019

Q2 INCIDENTS

Table Q2.1 – Incidents Opened by Month

Severity	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
1. Insignificant	11	22	23	25	18	20	12	10	17	17	18	16
2. Minor	45	54	53	34	53	41	40	33	37	27	48	45
3. Moderate	37	30	18	43	20	25	12	15	33	34	38	31
4. Major	3	5	0	3	3	4	0	1	7	7	6	5
5. Catastrophic	0	5	1	1	1	2	4	1	2	0	1	1
Unscored	3	1	0	0	0	1	0	3	4	6	4	23
Total	99	117	95	106	95	93	68	63	100	91	115	121
Unscored %	3%	1%	0%	0%	0%	1%	0%	5%	4%	7%	3%	19%

Standard timeframes for investigating and closing incidents are calculated using the following measures/targets:

Risk Score	Target Days to Close Incident
1 / 2	20
3	40
4 / 5	60

Incidents

121 internal and external incidents were opened in January 2019. This is a 12 month high. Included in this are 23 unscored incidents, which account for 19% of the incidents opened in the month.

Focus is put on reducing the number of unscored incidents each month, with updates then reflected on the following months report.
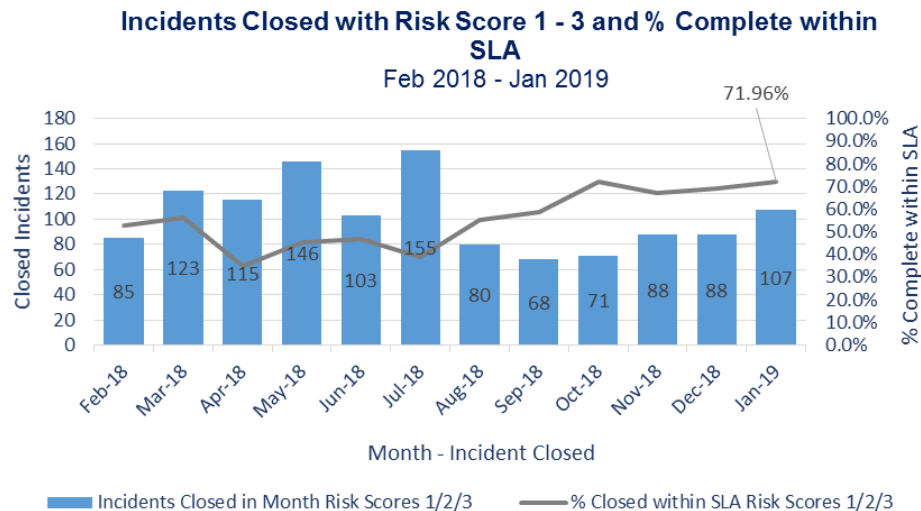
Figure Q2.1
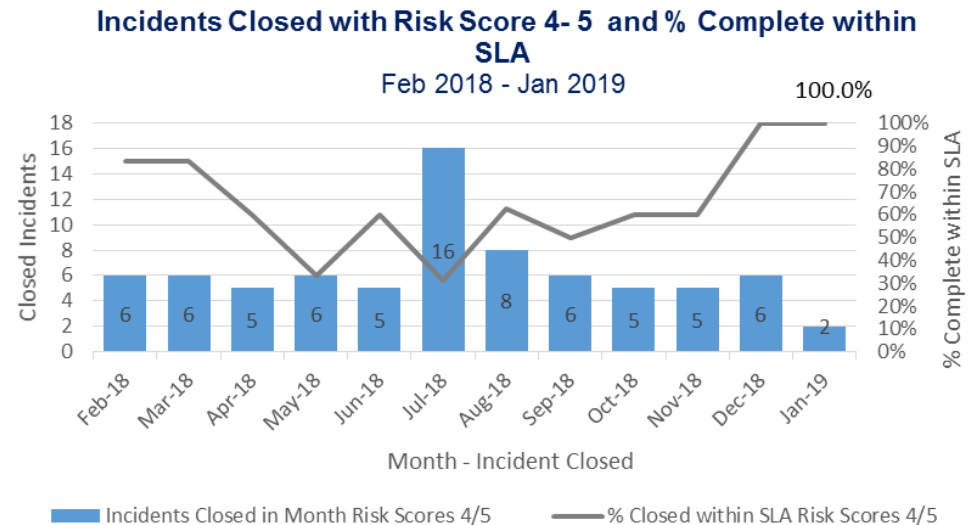
Figure Q2.2

Q3 STEIS INCIDENTS

Figure Q3.1

StEIS Incidents Opened by Month
November 2017 to January 2019
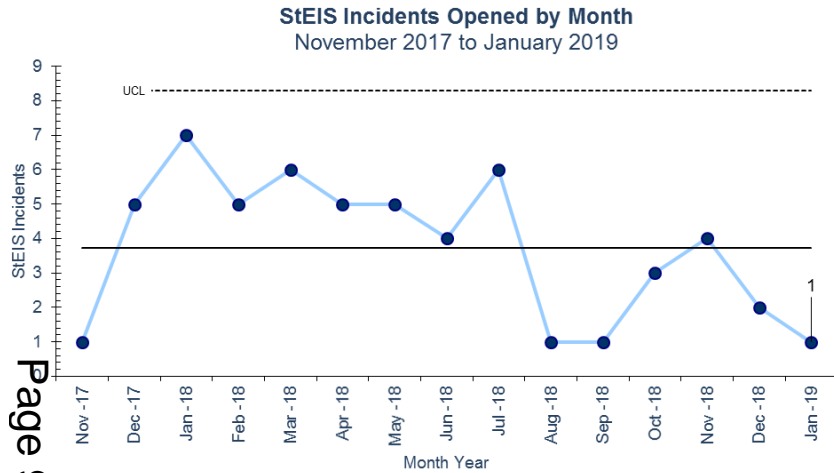
Table Q3.1 – StEIS Opened in January 19

Source	Emergency Operations Centre
BCCG/StEIS	1
Total	**1**

Figure Q3.2

StEIS Incidents Closed by Month
November 2017 to January 2019

StEIS Incidents

In January 2019, 1 serious incident was opened. No serious incidents were closed in Datix for this month.

All investigators have been asked to provide an update on the status of their investigations.

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5
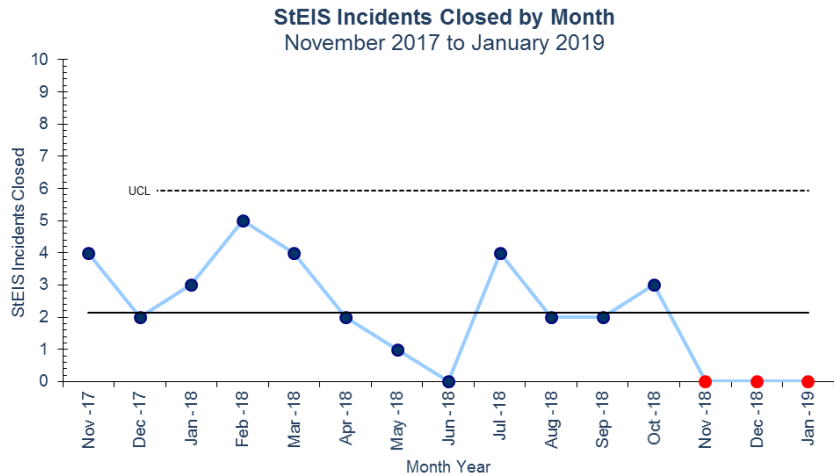
E1 CLINICAL SUBGROUPING

Figure E1.1 - %Split of CAD Records by Chief Complaint in January 2019

Nature cards	C1	C2	C3	C4
Abdominal Pain/Problems	0.01%	0.55%	3.00%	0.39%
Allergies/Envenomations-sting/bite	3.90%	0.00%	0.01%	0.00%
Animal Bites/Attacks	0.01%	0.04%	0.04%	0.00%
Assault/Sexual Assault	1.00%	0.74%	2.05%	0.02%
Back Pain (Non-Traumatic)	0.03%	0.46%	0.73%	0.00%
Breathing Problems	21.45%	9.51%	1.02%	0.00%
Burns(Scolds)/Explosion	0.04%	0.20%	0.14%	0.00%
Carbon Monoxide/Inhalation/Hazmat	0.10%	0.12%	0.03%	0.00%
Cardiac/Respiratory Arrest/Death	11.99%	0.02%	0.61%	0.00%
Chest Pain	0.02%	9.02%	1.62%	0.09%
Choking	0.54%	0.26%	0.00%	0.00%
Convulsions/Fitting	20.83%	1.68%	1.86%	1.27%
Diabetic Problems	1.57%	0.92%	0.00%	0.00%
Drowning (Near)/Diving Accident	0.36%	0.00%	0.01%	0.00%
Electrocution/Lightning	0.02%	0.00%	0.00%	0.00%
Eye Problems/Injuries	0.00%	0.01%	0.02%	0.00%
Falls	3.49%	4.68%	12.51%	19.96%
Headache	0.02%	0.43%	0.37%	0.00%
Heart Problems/AICD	0.03%	1.07%	0.35%	0.00%
Heat/Cold Exposure	0.01%	0.06%	0.01%	0.14%
Haemorrhage/Lacerations	12.50%	1.96%	0.01%	2.58%
Inaccessible Inc/Entrap/Non Veh	0.00%	0.02%	0.01%	0.02%
Overdose/Poisoning (Ingestion)	3.33%	2.89%	1.28%	0.00%
Pregnancy/Childbirth/Miscarriage	1.71%	0.37%	0.20%	0.00%
Psychiatric/Suicide Attempt	0.80%	0.30%	8.11%	0.00%
Sick Person (Specific Diagnosis)	1.86%	4.29%	4.56%	0.41%
Stab/Gunshot/Penetrating Trauma	1.84%	0.02%	0.04%	0.00%
Stroke (CVA)	0.00%	2.54%	0.55%	0.00%
Traffic/Transportation Accidents	0.95%	1.21%	2.44%	0.28%
Traumatic Injuries (Specific)	0.58%	0.77%	2.18%	0.00%
Unconscious/Fainting (Near)	3.36%	5.21%	1.91%	0.00%
Unknown Problem (Coll 3rd Party)	0.06%	0.33%	0.70%	0.02%
Transfer/Palliative	0.00%	0.00%	0.00%	0.02%
TRAUMATIC INJURY	0.00%	0.00%	0.01%	0.00%
Sub-Total	92.40%	49.70%	46.37%	25.19%

EOC Upgrade Overrides	C1	C2	C3	C4
EOC Clinical Upgrade Category 1	0.01%	0.23%	0.00%	0.00%
EOC CLinical Upgrade Category 2	0.01%	0.52%	0.01%	0.02%
Sub-Total	0.02%	0.75%	0.01%	0.02%

Critical Incident Overrides	C1	C2	C3	C4
Critical Incident Mgr CAT 2	0.02%	0.01%	7.79%	0.14%
Critical Incident Mgr CAT 3	0.00%	0.00%	3.37%	0.12%
Sub-Total	0.02%	0.01%	11.16%	0.27%

HCP Overrides	C1	C2	C3	C4
EMD HCP Override	0.00%	0.84%	0.00%	0.00%
EMD IFT Override	0.00%	0.18%	0.00%	0.02%
HCP Cat 3 1 Hour Response	0.00%	0.01%	0.06%	0.00%
HCP Cat 3 2 Hour Response	0.00%	0.00%	0.02%	0.00%
HCP Cat 4 3 Hour Response	0.00%	0.00%	0.00%	0.00%
HCP Cat 4 4 Hour Response	0.00%	0.01%	0.02%	0.00%
HCP Cat 2	0.00%	4.54%	0.00%	0.02%
HCPA Upgrade 1 Hour	0.00%	0.00%	0.00%	0.00%
HCPA Upgrade 2 Hour	0.00%	0.00%	0.00%	0.00%
HCPA Upgrade 3 Hour	0.00%	0.00%	0.00%	0.00%
HCPA Upgrade 4 Hour	0.00%	0.00%	0.00%	0.02%
HCPA Upgrade C1	0.41%	0.00%	0.00%	0.00%
HCPA Upgrade C2	0.00%	0.44%	0.01%	0.04%
Inter Facility Transfer Cat 2	0.00%	1.94%	0.01%	0.00%
Inter Facility Transfer Cat 3	0.00%	0.01%	3.92%	0.00%
Inter Facility Transfer Cat 4	0.00%	0.01%	0.04%	24.29%
IFT Upgrade 1 Hour	0.00%	0.00%	0.00%	0.00%
IFT Upgrade 2 Hour	0.00%	0.00%	0.00%	0.00%
IFT Upgrade 3 Hour	0.00%	0.00%	0.00%	0.02%
IFT Upgrade 4 Hour	0.00%	0.00%	0.00%	0.02%
IFT Upgrade C1	0.50%	0.00%	0.00%	0.00%
IFT Upgrade C2	0.00%	0.17%	0.00%	0.00%
Sub-Total	0.91%	8.17%	4.09%	24.42%

UCD Overrides	C1	C2	C3	C4
Face to Face Soon	0.00%	0.00%	0.04%	20.23%
Ground Face to Face Soon	0.00%	0.00%	0.02%	3.52%
Face to Face Now - Category 1	0.01%	0.05%	0.00%	0.00%
Face to Face Now - Category 2	0.00%	5.46%	0.02%	0.14%
Face to Face Soon - 120 Minutes	0.00%	0.01%	3.29%	0.07%
Face to Face Later - 180 minutes	0.00%	0.00%	0.00%	3.07%
Green Car 60 min Face to Face Soon	0.00%	0.00%	0.00%	1.06%
HCP Bureau Category 1	0.00%	0.00%	0.00%	0.00%
HCP Bureau Category 2	0.00%	0.13%	0.00%	0.00%
HCP Bureau Category 3	0.00%	0.00%	0.04%	0.02%
HCP Bureau Category 4	0.00%	0.00%	0.00%	0.60%
Unable to Triage 60 min Category 4	0.00%	0.00%	0.05%	9.10%
Unable to Triage Cat 3 - Clin Aval	0.00%	0.00%	1.19%	0.02%
Unabel to Triage Cat 4 - Clin Aval	0.00%	0.00%	0.00%	1.63%
Unable to Triage Category 2	0.00%	0.72%	0.00%	0.00%
Unable to Triage Category 3	0.00%	0.00%	2.72%	0.05%
Unable to Triage Category 3 Ground	0.00%	0.00%	0.29%	0.02%
Unable to Triage Category 4	0.00%	0.00%	0.01%	2.37%
Unable to Triage Cat 3 - Child Med	0.00%	0.00%	0.98%	0.00%
Unable to Triage Cat 4 - Child Med	0.00%	0.00%	0.00%	0.23%
Unable to Triage Cat 3 - Comm Prob	0.00%	0.00%	1.69%	0.02%
Unable to Triage Cat 4 - Com Prob	0.00%	0.00%	0.00%	2.97%
Sub-Total	0.01%	6.39%	10.36%	45.11%

Other	C1	C2	C3	C4
Other	6.65%	34.98%	28.01%	5.00%
Total	100.00%	100.00%	100.00%	100.00%

Clinical Subgrouping

This data shows firstly the chief complaint of the incidents created within the CAD. It also shows upgrade and override codes from within the EOC management team and the clinical hub team.

The data shows high activity of our "priority symptoms" which are breathing problems, chest pain and haemorrhage, there is also a high proportion of incidents in the subgroups of fitting and falls. All these categories can be described as high risk, with most of their determinants producing C1 or C2 responses.

We have also seen a high number of critical incident manager override codes. These codes are used to upgrade the response priority to patients who are deemed high risk or who have been waiting a long time, these patients usually start as a category 3 or 4 patient. These are used more frequently during periods of high demand.

Figure E1.2

C1 - Weekly Emergency CAD Records
WC 14/08/2017 to WC 28/01/2019

Figure E1.3

C2 - Weekly Emergency CAD Records
WC 14/08/2017 to WC 28/01/2019

Figure E1.4

C3 - Weekly Emergency CAD Records
WC 14/08/2017 to WC 28/01/2019

Figure E1.5

C4 - Weekly Emergency CAD Records
WC 14/08/2017 to WC 28/01/2019
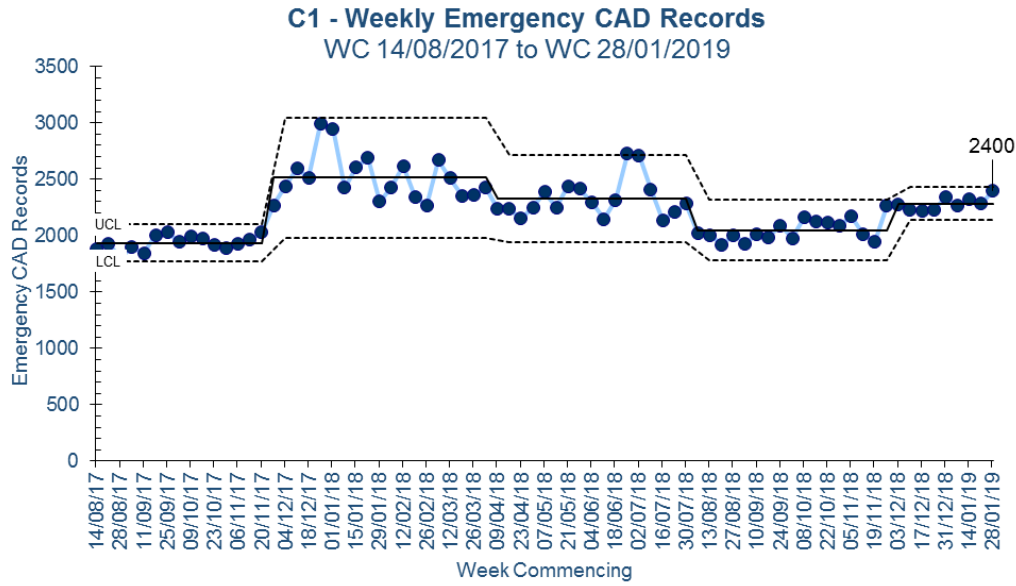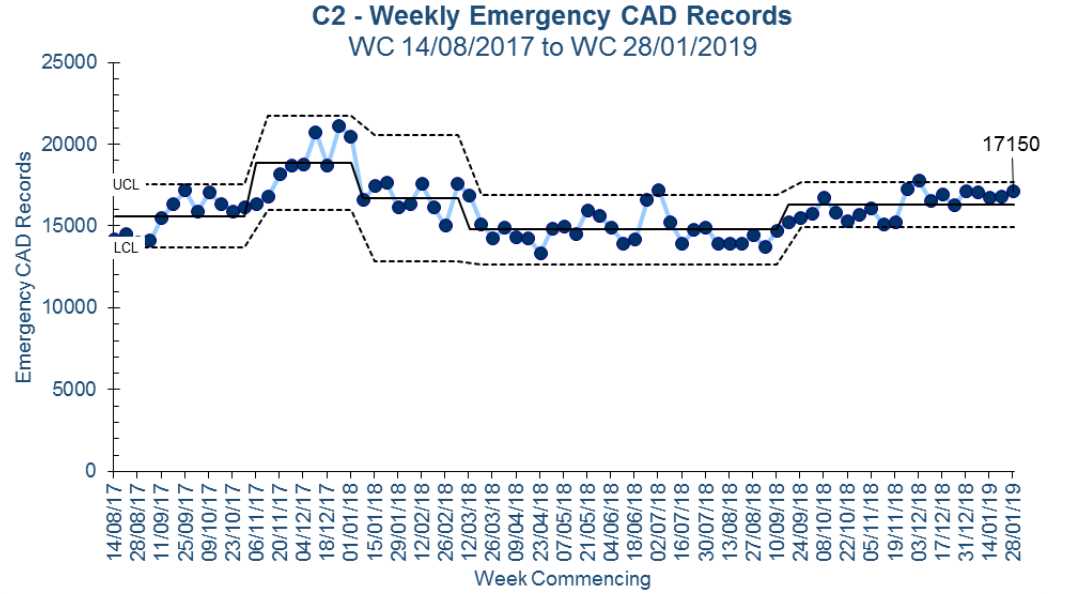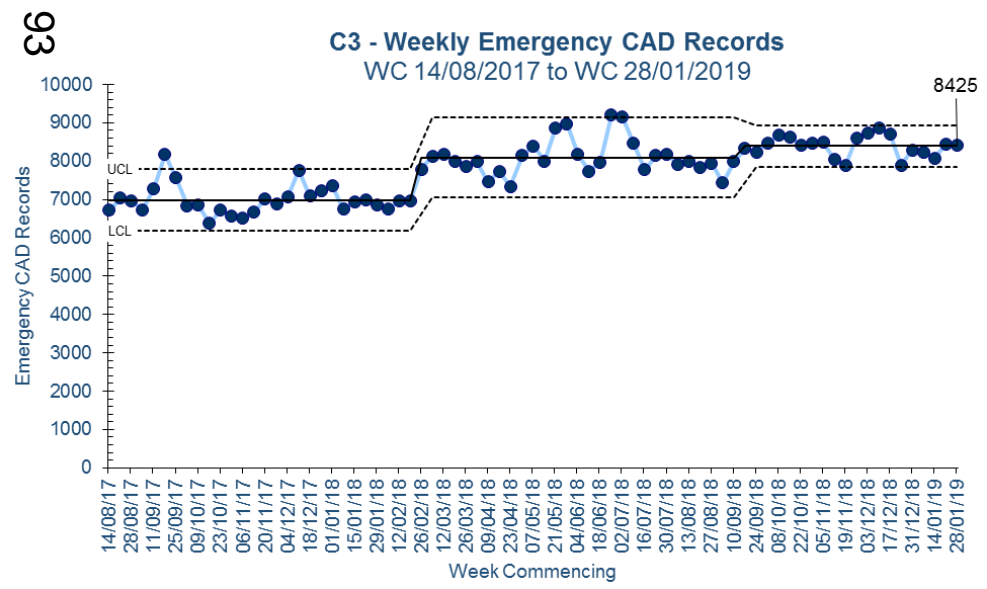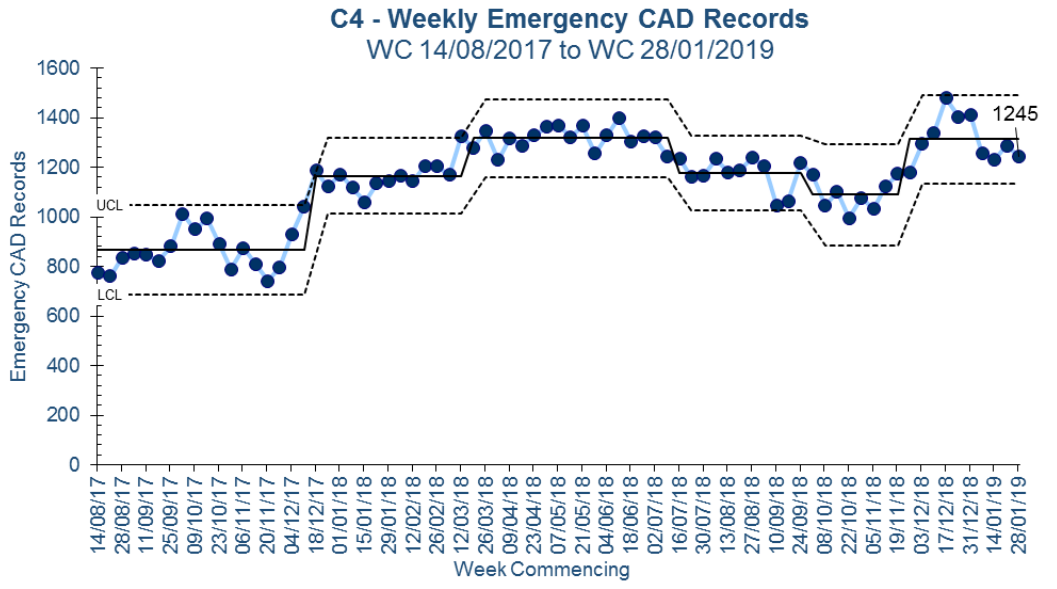
OA1 CALL VOLUME

Table OA1.1 – Switch Call Data

Month	Calls Offered	Calls Answered
Feb-18	115,841	113,166
Mar-18	133,668	128,976
Apr-18	114,642	113,387
May-18	129,722	127,221
Jun-18	125,590	122,591
Jul-18	134,273	130,811
Aug-18	121,277	119,429
Sep-18	118,442	116,235
Oct-18	130,872	128,957
Nov-18	122,348	120,584
Dec-18	120,214	119,215
Jan-19	117,079	116,347

Figure OA1.1

Calls Offered (Switch) WC 02/10/2017 to WC 28/01/2019
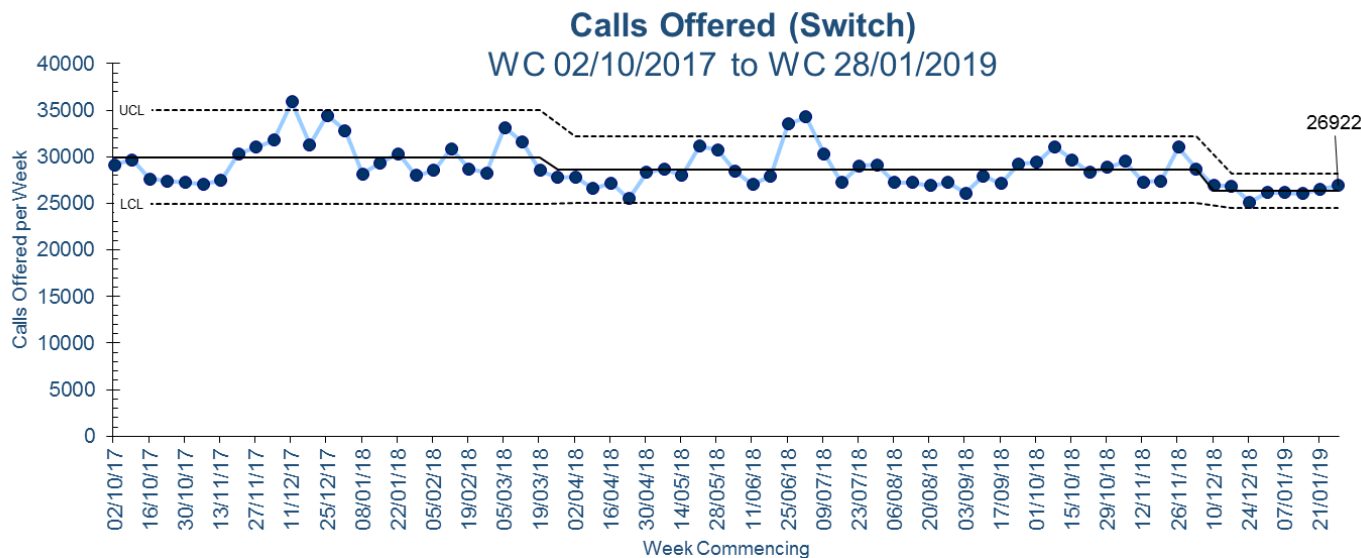
Call Volume

Call volume is separated into two categories: Calls Offered and Calls Answered. The difference derives from our (NWAS) ability to answer the emergency calls that present to us from British Telecoms (BT).

Table OA1.1 shows sequential monthly data of the two metrics. It is clear to see that there is variation in numbers of calls offered and answered.

Figure OA1.1 is a control chart showing a weekly view of calls offered by BT. Whilst the trend shows variation within the upper and lower control limits, there are examples of weeks outside of the limits (special cause variation). The first data point above the UCL is the week prior to Christmas 2017, this indicates a much higher number of calls than usual and is reflected more so in the following week returning to "normal". The other two data points above the UCL were during the end of June into the beginning of July 2018. This was during a period of extremely hot weather, and coincided with the successful FIFA World Cup campaign for the England men's national football team.

Figure OA1.2

Calls Answered (Switch)
WC 02/10/2017 to WC 28/01/2019

Table OA1.2 – CAD Data – Type of Call

Month	Emergency Calls	Routine Calls
Feb-18	116,397	790
Mar-18	133,486	875
Apr-18	117,905	864
May-18	130,548	946
Jun-18	125,065	808
Jul-18	131,268	908
Aug-18	120,991	861
Sep-18	120,631	834
Oct-18	131,939	896
Nov-18	126,662	878
Dec-18	140,629	4,277
Jan-19	139,622	4,069
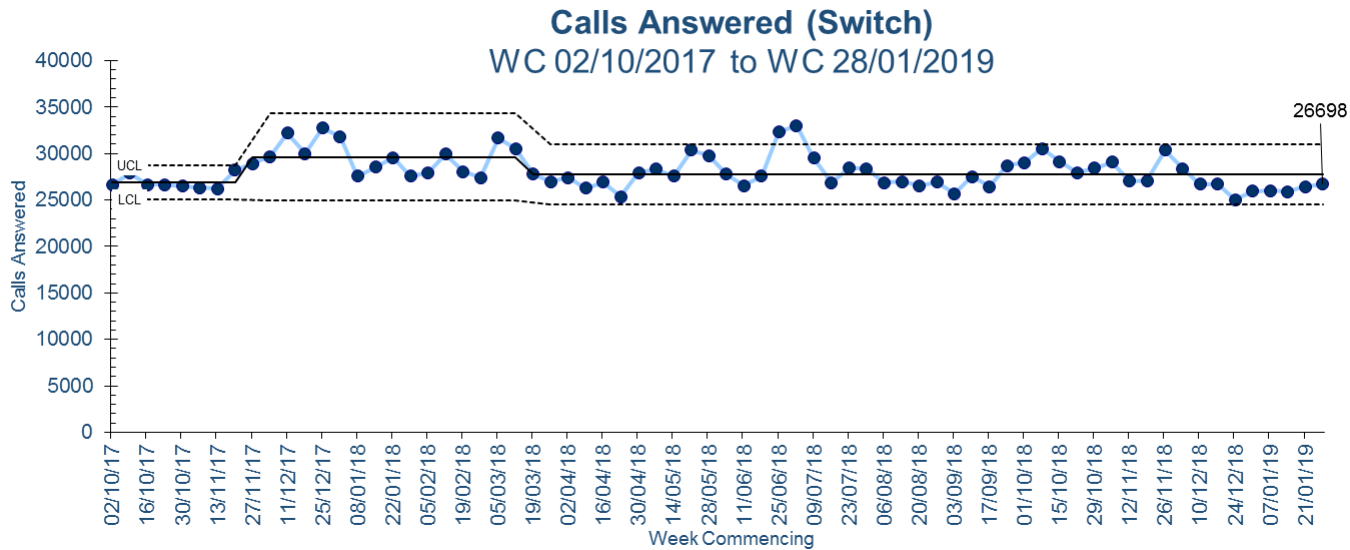
Call Volume

Figure OA1.2 shows the control chart for calls answered with a mean, upper and lower control limits. This information follows similar trends as Figure OA1.1. There is however much less variation from week-to-week around how many calls were answered. This is indicated not only by the closer grouping of data points, but the UCL and LCL being much closer together than in the previous control chart. This is an indication that whilst the call volume was fluctuating at a high rate, the number of calls that could be answered was remaining more consistent.

Table OA1.2 shows the number of incidents created within the CAD, separated by emergency calls and routine calls. December 2018 shows an extreme increase in the number of routine calls processed within the CAD. This is a result of the new IFT/HCP calls that are being processed using a separate module outside of the normal triage tool MPDS.

OA2 DUPLICATE CALLS

Figure OA2.1

No. of Duplicates per Week
WC 02/01/2017 to WC 28/01/2019

Figure OA2.2

% of Duplicates from CAD Records
WC 02/01/2017 to WC 28/01/2019

Source – C3

Duplicate Calls

Figure OA2.1 shows the number of duplicate calls made, it is clear to see a mean number of duplicate calls has significantly increased since January 2017. The increase in the number of duplicate calls made has followed a regular trend with minimal variation through the majority of 2017. Over the Christmas and winter period of 2017/18 the variation increased week by week, thus creating a larger gap between the UCL and LCL. Whilst the mean did decrease once the winter was over, the variation continued through the summer a special cause variation is clear to see due to the aforementioned summer 2018 weather and FIFA World Cup.

Figure OA2.2 indicates the percentage of incidents created in the CAD that are duplicate incidents. This data follows the same step changes as Figure OA2.1 with increase variation across winter 17/18 and summer 2018. During those busy periods, this data shows that in some weeks, 1 in 5 incidents created in the CAD were already waiting for a response. This is a good measure of the high demand experienced at this time, showing that members of the public were waiting and calling back to inform us that the patient's condition had changed, or simply requesting an ETA.

OP1 CALL PICK UP IN 5 SECONDS

Figure OP1.1

% CPU in 5 Seconds - NWAS
WC 02/01/2017 to WC 28/01/2019

79%

Week Commencing

Source – C3

% CPU in 5 Seconds

Figure OP1.1 shows the performance metric of a service level agreement (SLA) of answering emergency calls within 5 seconds. This chart shows that the ability to answer the phone quickly seriously deteriorated during the periods of high demand across winter 17/18 and summer 2018.

January 2019 shows the highest performance since April 2018 at **83%**.

It is important to see that immediately after both periods of poor performance, there has been sharp recovery efforts: WC 26/03/18 and WC13/08/18. Both of these recovery points have been followed by numerous weeks of limited variation. This is an indicator that it is the extreme high demand during the busy periods that is the key driver for the poor performance. It does however highlight that performance overall requires improvement.

Table OP1.1

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
CPU in 5 Secs (%)	65%	57%	83%	73%	68%	64%	78%	74%	78%	78%	80%	83%

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OP2 AVERAGE CALL PICK UP TIME

Figure OP2.1

Average Call Pick Up Time - NWAS
WC 02/01/2017 - WC 28/01/2019

Source - CAD

Average CPU Time

Figure OP2.1 shows the mean number of seconds taken to answer emergency calls on a bi-weekly basis. This control chart follows the same trend as the ones before it in terms of worst performance during the periods of highest demand in winter 17/18 and summer 2018. This is indicated further by the astronomical data point from WC 04/12/17. This shows that for a two week period it took us almost 70 seconds to answer emergency calls (on average).

There has been an immense recovery effort from all EOC staff to improve this performance over the past few months. January 2019 saw performance improvement for a 4th month in a row, and the lowest over a 12 month period. Activity has also risen in recent weeks and all EOC staff are working in unison to continue the improvement.

Table OP2.1

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Avg CPU Time	21.4	28.5	10.3	16.2	19.3	22.7	13.2	15.5	12.3	11.7	11.2	9.4

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OP3 AVERAGE CALL LENGTH
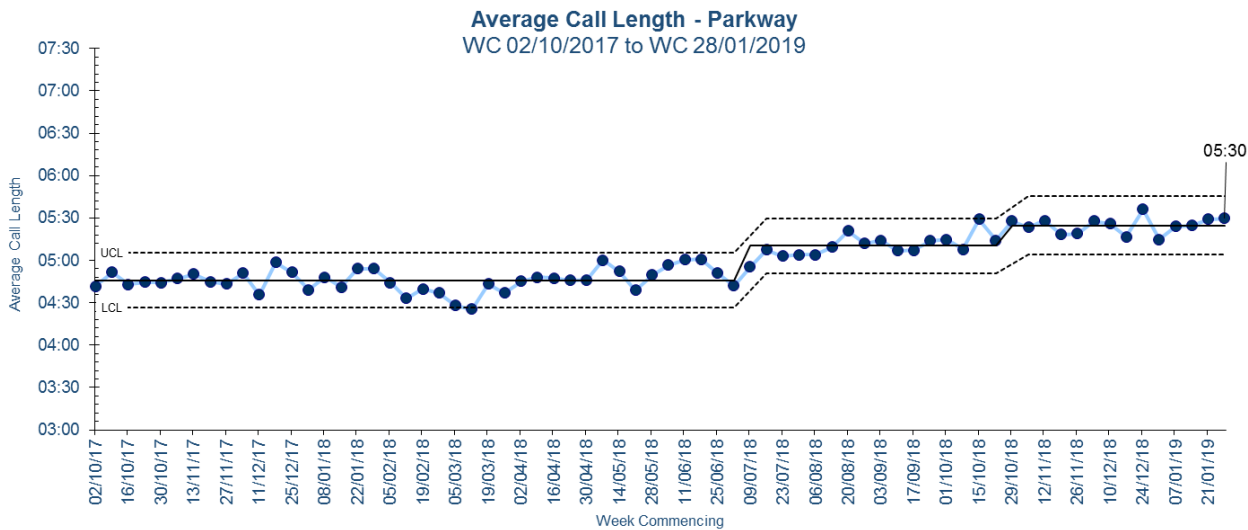
Average Call Length

Call length is defined as the time the call is answered until the time that the call is terminated. The consistency of the data points indicates that despite extreme pressures in terms of call volume and demand.

This point is also emphasised in the improved performance through December 2018. The call length was still at a standard rate and it did not fluctuate with any great degree.

Figure OP3.2 for Parkway shows a lower than average call length. They also show a great deal of consistency inclusive of the increased demand in January / February 2019.

Figure OP3.1 - NWAS

Average Call Length - NWAS
WC 02/10/2017 to WC 28/01/2019

Figure OP3.2 - Parkway

Average Call Length - Parkway
WC 02/10/2017 to WC 28/01/2019

Figure OP3.3 - Broughton

Average Call Length - Broughton
WC 02/10/2017 to WC 28/01/2019
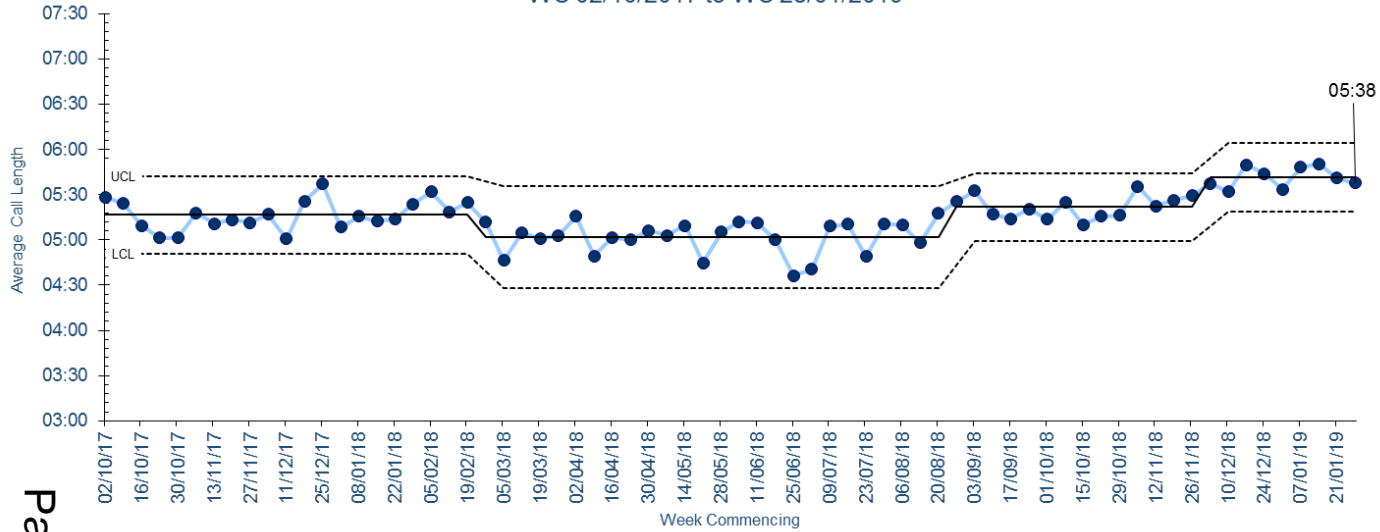
Figure OP3.4 – Elm House

Average Call Length - Elm House
WC 02/10/2017 to WC 28/01/2019
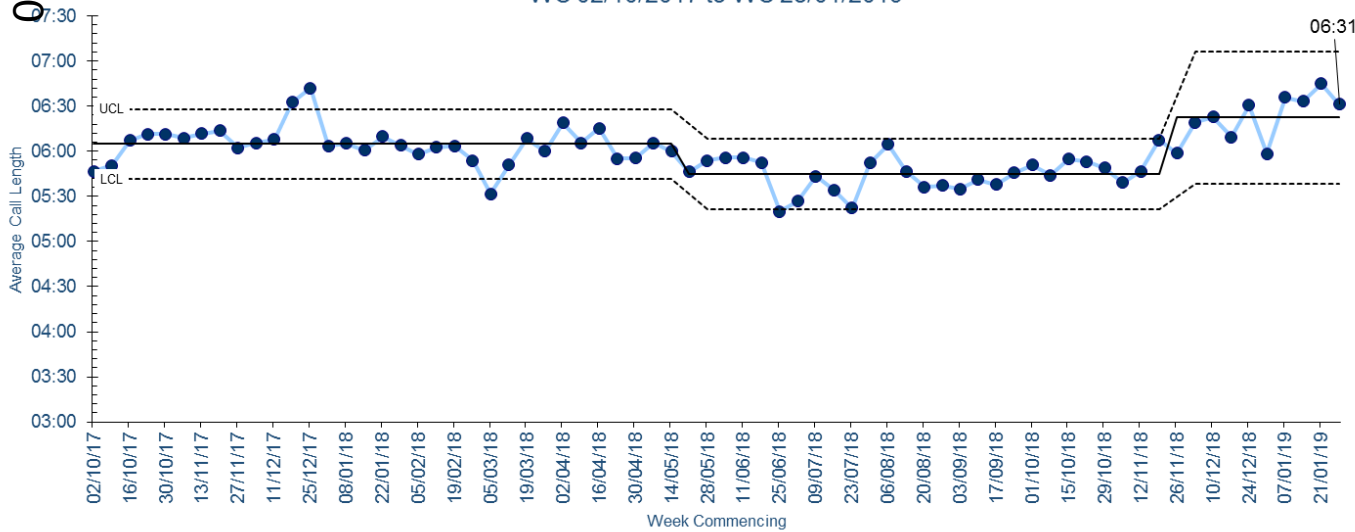
Average Call Length (cont.)

Broughton is extremely similar to Parkway in the call length metric. Whilst fluctuations are normal, they are still packed extremely close to the mean. This is also demonstrated in how close the UCL and LCL are to the mean and individual data points.

Elm House shows a higher average call length compared to Parkway and Broughton. The latest data points are over one minute higher than Parkway, work is being carried out locally to identify the reason for this with a view to improve the call length time. This is vital for a number of reasons but most importantly, the more efficient we are with call length, the more available our EMD's are to take the next call. It is important to note that efficiency gains will not be used to compromise patient safety.

Figure OP3.5 - NWAS

Average Handling Time - NWAS
WC 02/10/2017 to WC 28/01/2019
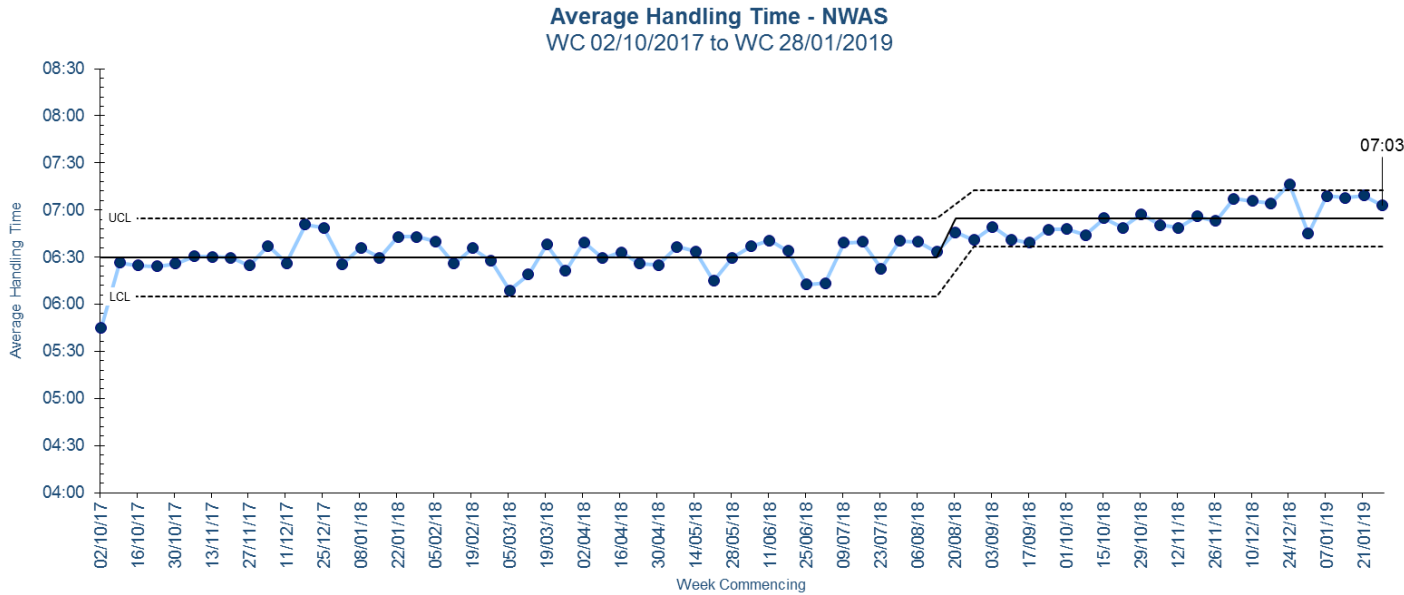
Figure OP3.6 - Parkway

Average Handling Time - Parkway
WC 02/10/2017 to WC 28/01/2019
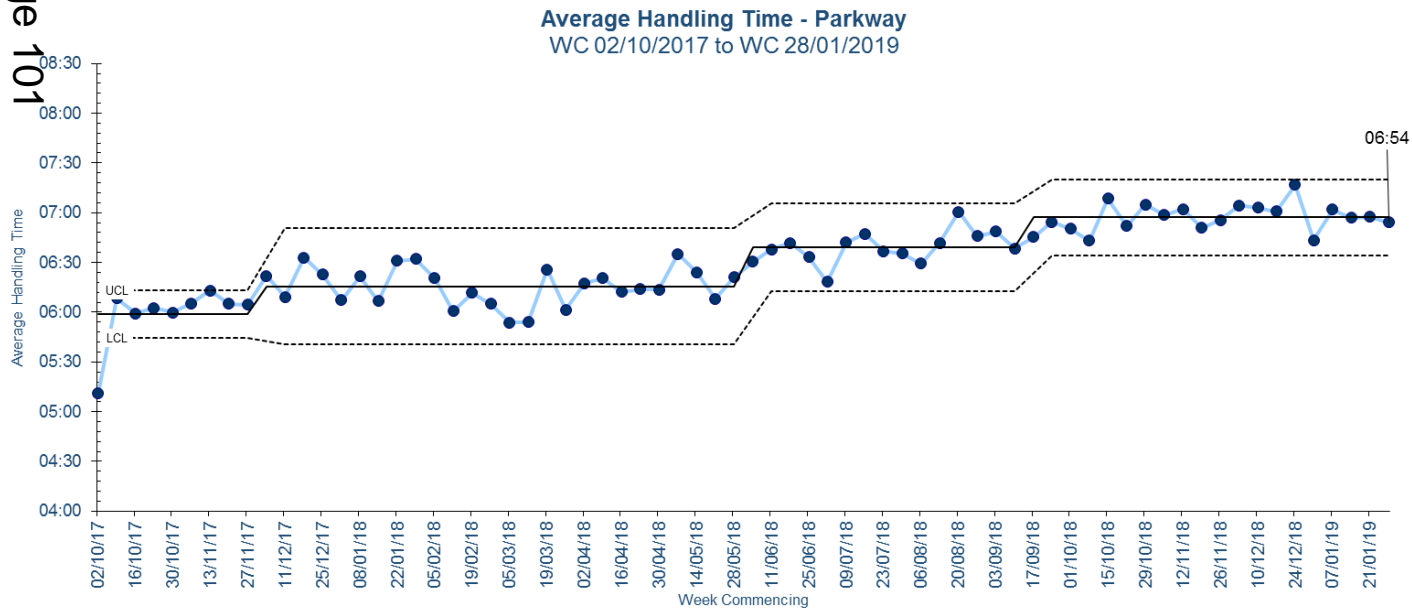
Average Handling Time

AHT is defined as talk time combined with any time spent on extended wrap up.

AHT shows extremely similar data trends as the call length data. In recent weeks for the region we have seen all data points above the mean and close to the UCL.

Based on the data in Figure OP3.6, OP3.7 and OP3.8 it is clear to see that whilst Parkway and Broughton are producing numbers very close to the mean with limited variation. The same cannot be said for the Elm House group. This data set shows wild variation with data point on and above the UCL. This will present as a step change in the coming weeks if the data points do not return closer to the mean.

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Figure OP3.7 - Broughton

Average Handling Time - Broughton
WC 02/10/2017 to WC 28/01/2019
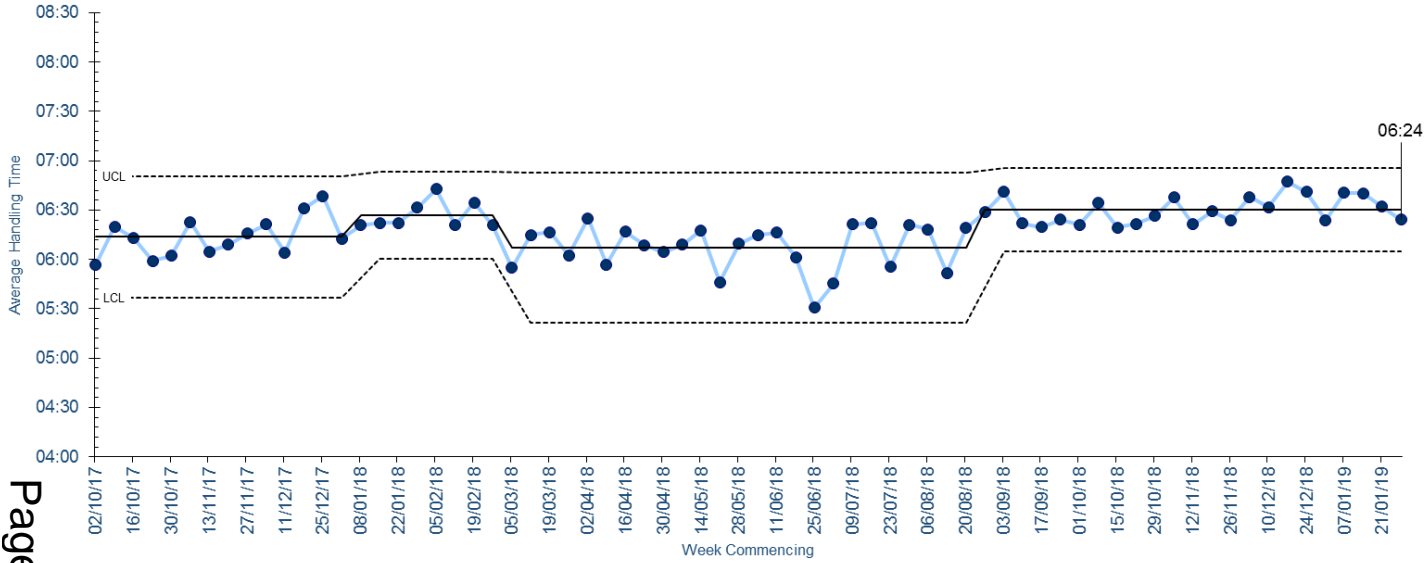
Figure OP3.8 - Liverpool

Average Handling Time - Elm House
WC 02/10/2017 to WC 28/01/2019
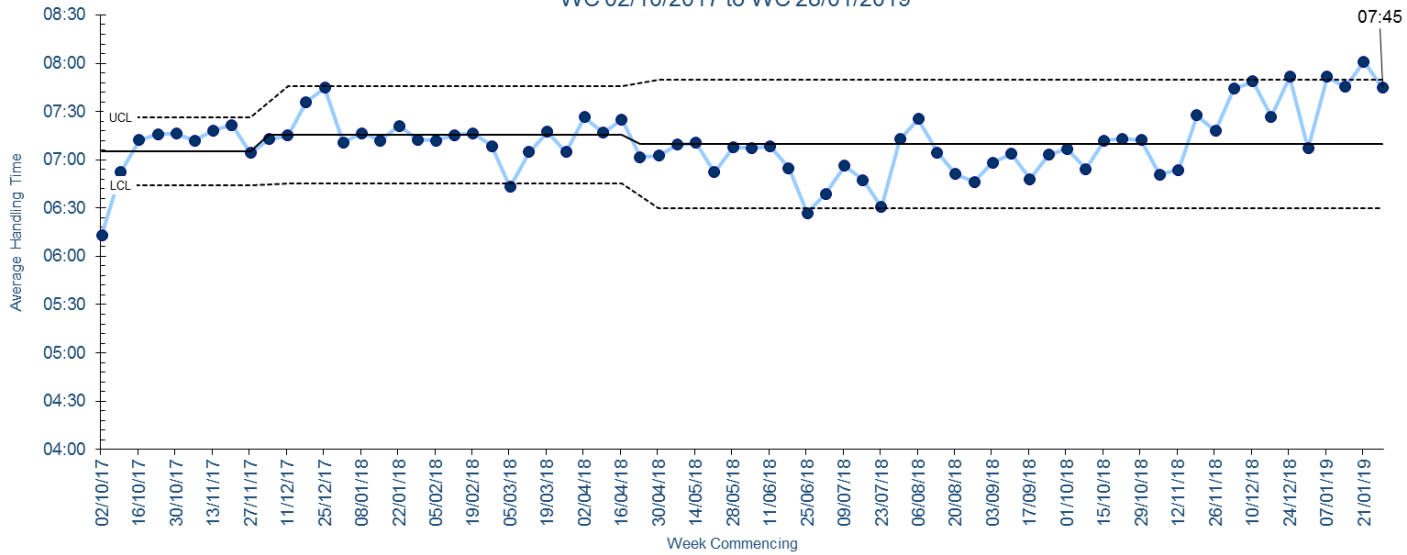
OP4   % TIME NOT READY

Figure OP4.1 - NWAS

% Not Ready of Logged In Time- NWAS
WC 02/10/2017 to WC 28/01/2019
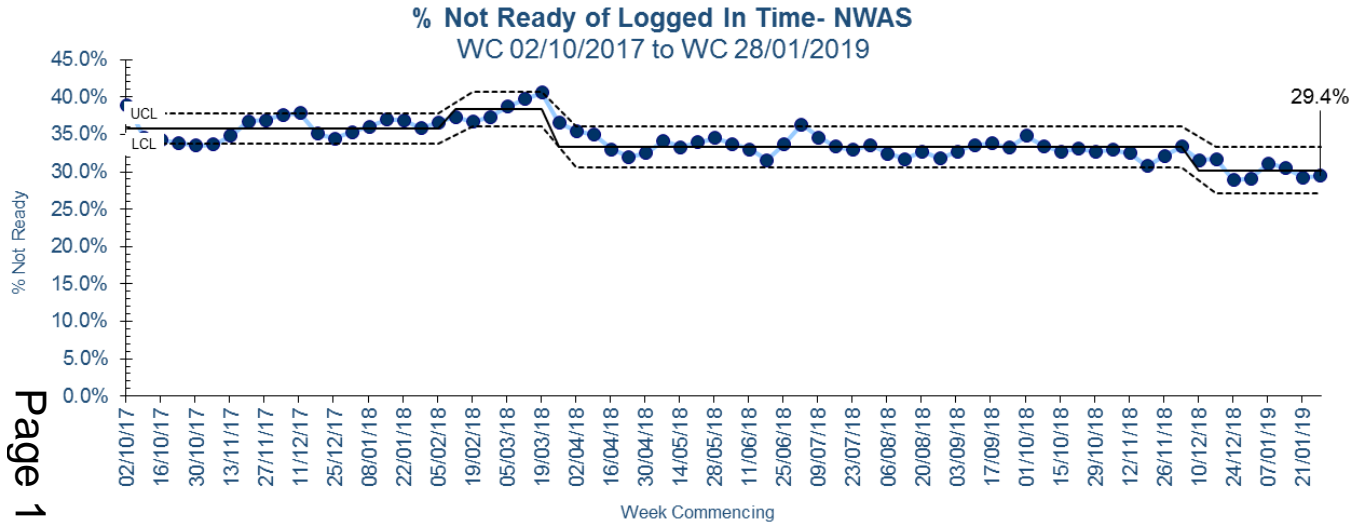
Figure OP4.2 - Parkway

% Not Ready of Logged In Time- Parkway
WC 02/10/2017 to WC 28/01/2019
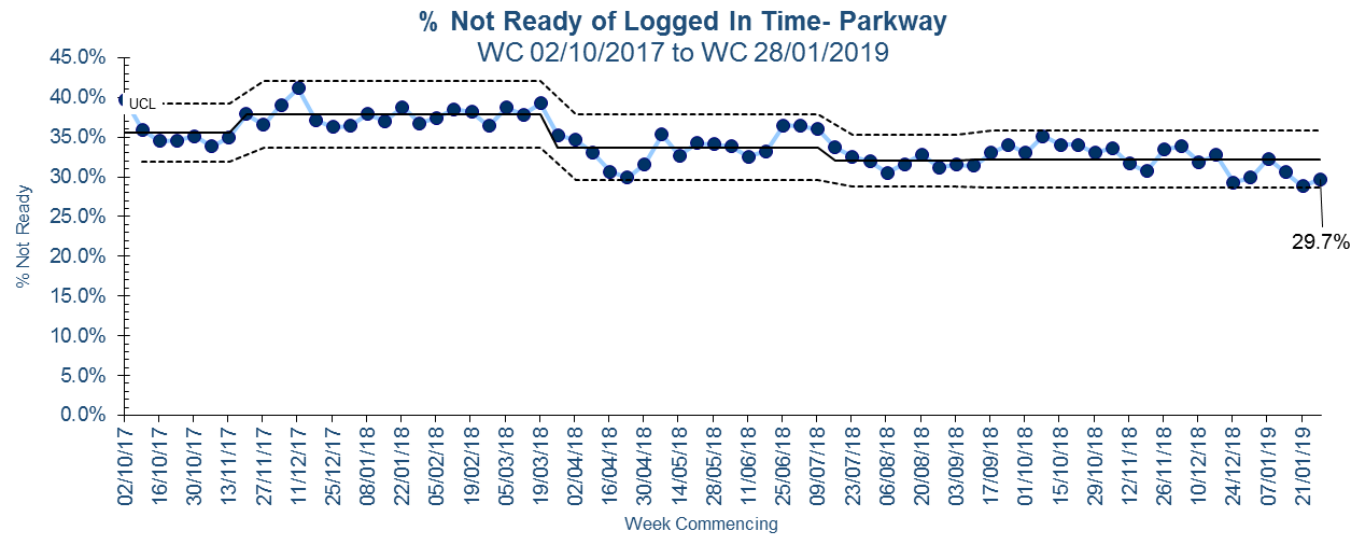
% Not Ready

'% Not Ready' takes a percentage of the logged in time and calculates how much time is spent in a Not Ready status, **excluding** Outbound Calls.

There has been an extreme improvement in the Not Ready percentage since the start of the data range. This has reduced by over 6% which ultimately improves EMD availability and the ability to answer emergency calls when they present.

All three groups have shown levels of consistency and improvement in recent weeks through December and January.

Whilst the Elm House group still post higher numbers than the other two sites, there has certainly been an improvement effort made in January 2019.

Figure OP4.3 - Broughton

% Not Ready of Logged In Time- Broughton
WC 02/10/2017 to WC 28/01/2019

25.9%

Figure OP4.4 – Elm House

% Not Ready of Logged In Time - Elm House
WC 02/10/2017 to WC 28/01/2019

31.4%

OP5 EOC C1 PERFORMANCE

% C1 Early Triggered

These data charts show how EMD's "early predict" a category one incident based on the first part of a 999 emergency call. The data set starts at the implementation of the NOC into the CAD in July 2018.

This metric is a key driver in improving category one performance. If we can predict more patients, earlier, the dispatch and operational process happens much quicker. Work is being carried out regionally to continue the improvement of these metrics.

Figure OP5.1 – Total % of C1 with Early Trigger

% of C1 with Early Trigger Pre-MPDS Reached
WC 16/07/2018 to WC 04/02/2019

Early Trigger Methods
Figure OP5.2

% of C1 with Early Trigger by Pre-Triage Sieve
WC 16/07/2018 to WC 04/02/2019

Figure OP5.3

% of C1 with Early Trigger by NOC
WC 16/07/2018 to WC 04/02/2019

Figure OP5.4

% of C1 with Early Trigger by Keywords
WC 16/07/2018 to WC 04/02/2019
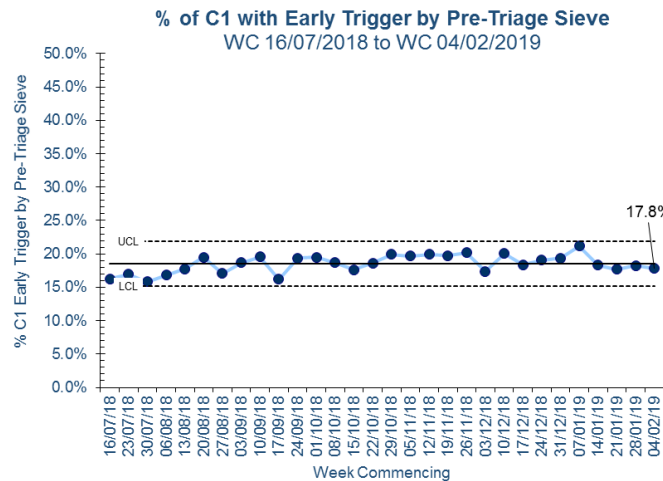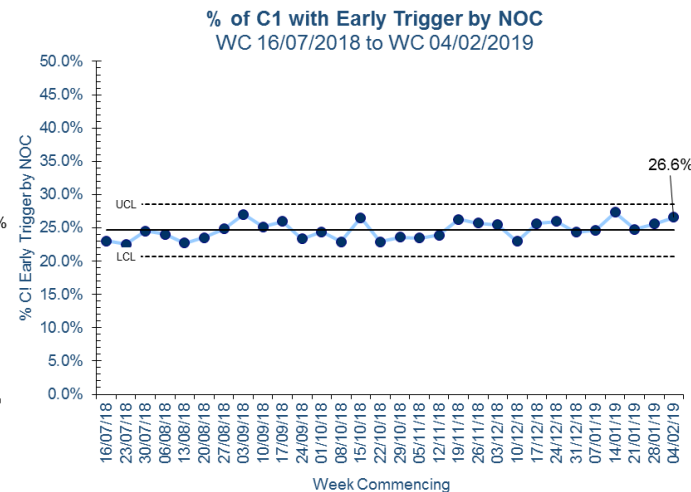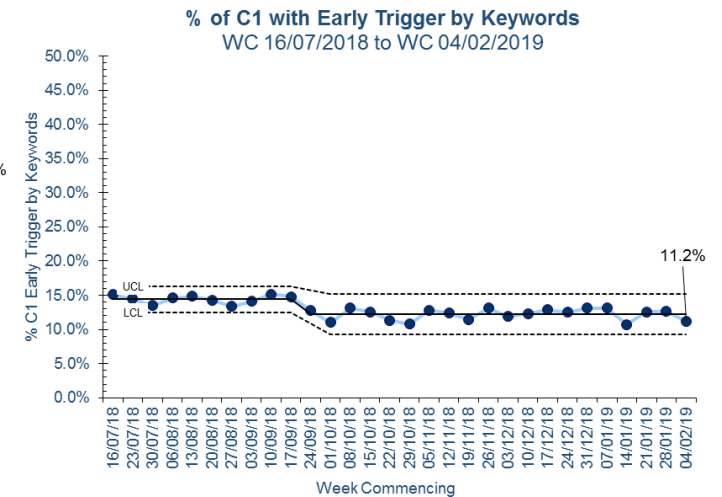
Figure OP5.5

C1 Auto-Dispatch %
WC 16/07/2018 to WC 04/02/2019

(Chart: y-axis "C1 Auto-Dispatch %" from 0.0% to 50.0% in 5.0% increments; x-axis "Week Commencing" from 16/07/18 to 04/02/19. UCL and LCL control lines shown. Final value labelled 21.6%.)
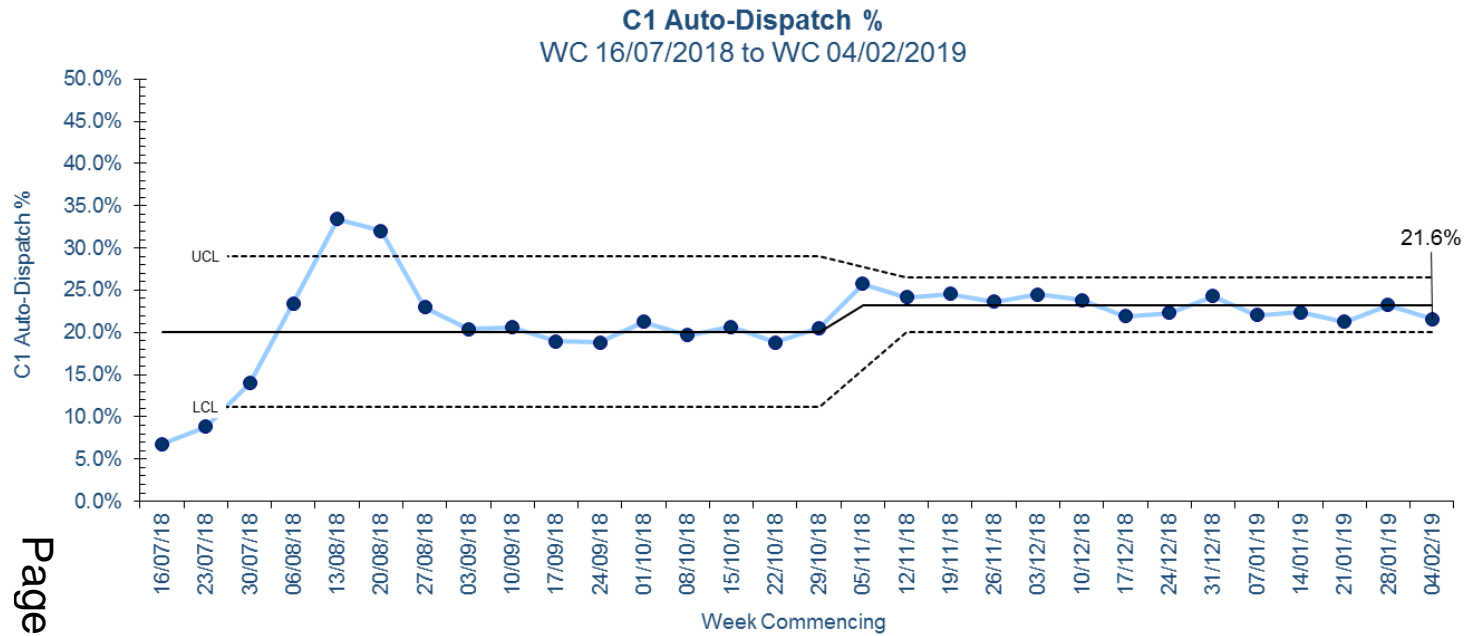
C1 Auto-Dispatch

Auto dispatch % is taken from total number of C1 Incidents

Figure OP5.5 shows the initial implementation phase of auto-dispatch in July 2018 (hence the initial volatility) then subsequently a general consistency at around 20%. There has been a step change WC 05/11/18 when the time-out parameter was increased to 2:30 from 2:00. This has shown to have a positive impact on the auto dispatch percentage.

Auto-dispatch is limited in its ability to drive performance in the right direction, the secondary feature of diversion of resources is yet to be implemented. This part of the process will speed up and increase the percentage number of incidents affected by a considerable amount. It will reduce the requirement for manual diversion to our most seriously ill patients.

OH1 STAFF TURNOVER

Figure OH1.1

NWAS - EOC Turnover %
April 2017 to January 2019
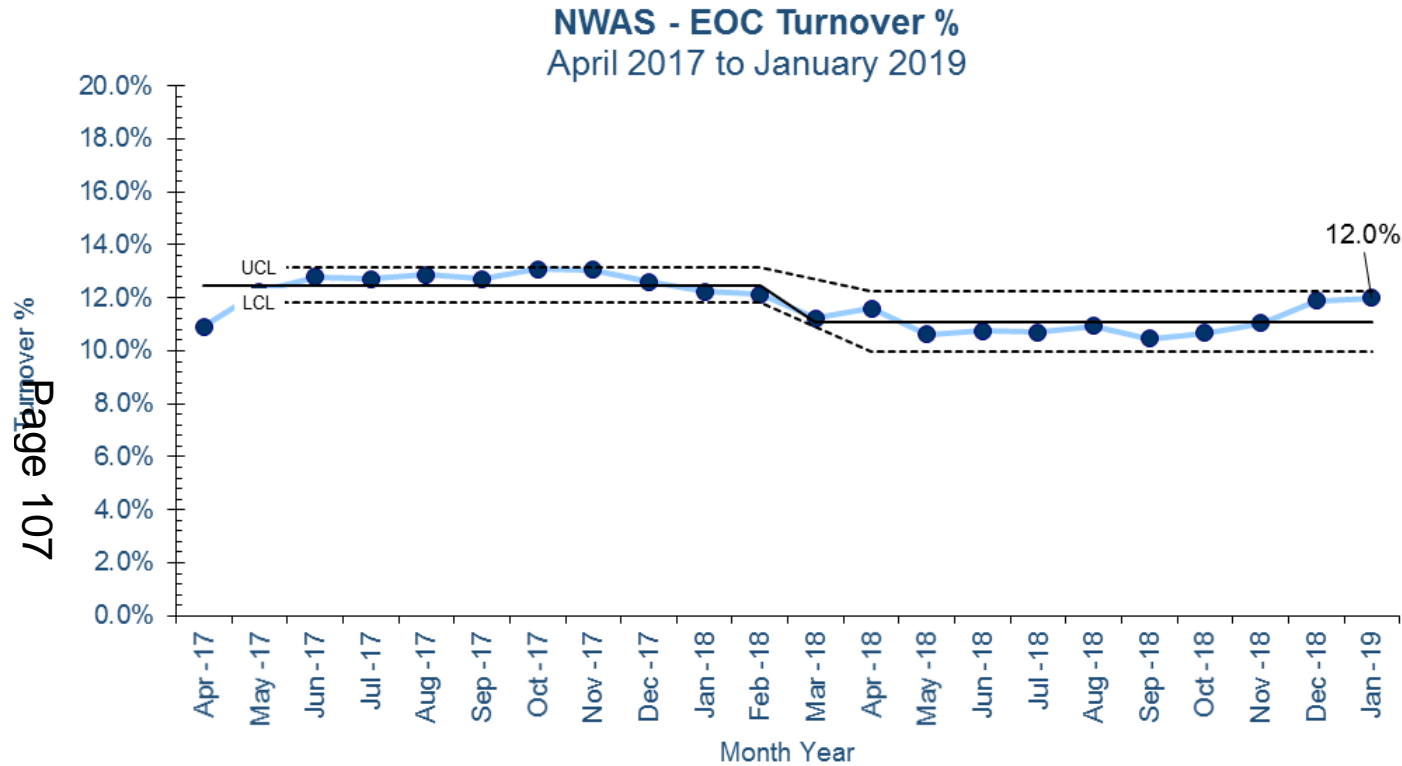
Staff turnover has remained consistently within the control limits since the last step change in February 2018, however January 2019 has seen its highest figure in 11 months at 12%. This is on top of incremental increases every month since September 2018.

Work will continue with the EOC in this specific area and recruitment is taking place, including plans to introduce an Apprenticeship Programme in EOC to improve retention.

Table OH1.1 – EOC Turnover % by Month

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Turnover %	12.1%	11.2%	11.6%	10.6%	10.8%	10.7%	11.0%	10.5%	10.7%	11.0%	11.9 %	12.0%

Figure OH1.2

Parkway - EOC Turnover %
April 2017 to January 2019

Figure OH1.3

Broughton - EOC Turnover %
April 2017 to January 2019

Figure OH1.4

Elm House - EOC Turnover &
April 2017 to January 2019

The data for individual EOCs shows frontline resources. The overall data chart includes the data shown on the EOC charts, but also data relating to the Carlisle Support Centre, Urgent Care Desk/Clinical Hub and some shared operational resources such as the ROCC.

OH2 STAFF SICKNESS

Staff Sickness

Staff sickness in December 2018 is at 7% - its highest figure since February 2018 but lower on its year-on-year comparison.

A high level review of all long term sickness cases has been undertaken by the DD Operations and DD OD. A number of key actions have been identified.

Figure OH2.1

NWAS - EOC Sickness Absence %
April 2017 to December 2018
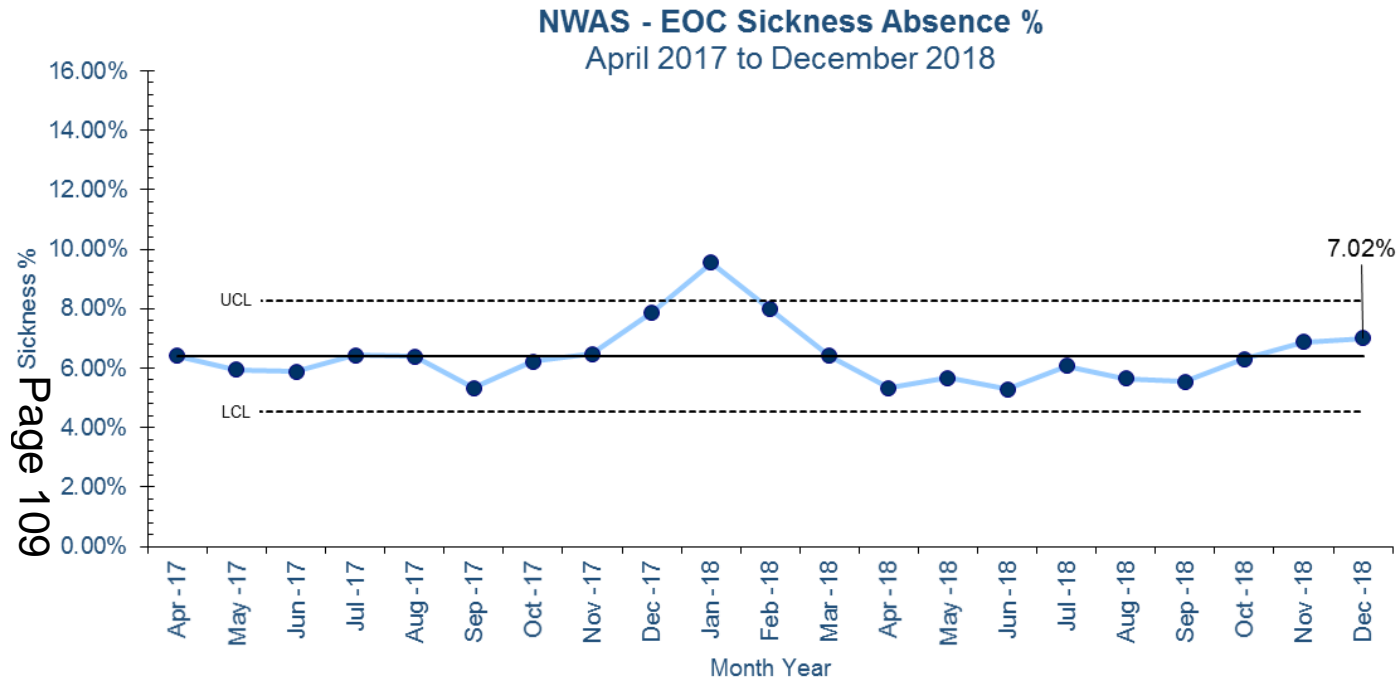
Table OH2.1 – EOC Sickness Absence by Month

Month	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Sickness %	9.5%	8.0%	6.4%	5.3%	5.7%	5.3%	6.1%	5.6%	5.6%	6.3%	6.9%	7.0%

Figure OH2.2

Parkway - EOC Sickness Absence %
April 2017 to December 2018

8.8%

Figure OH2.3

Broughton - EOC Sickness Absence %
April 2017 to December 2018

7.92%

Figure OH2.4

Elm House - EOC Sickness Absence %
April 2017 to December 2018

9.97%

The data for individual EOCs shows frontline resources. The overall data chart includes the data shown on the EOC charts, but also data relating to the Carlisle Support Centre, Urgent Care Desk/Clinical Hub and some shared operational resources such as the ROCC.

OH3 APPRAISALS

Figure OH3.1
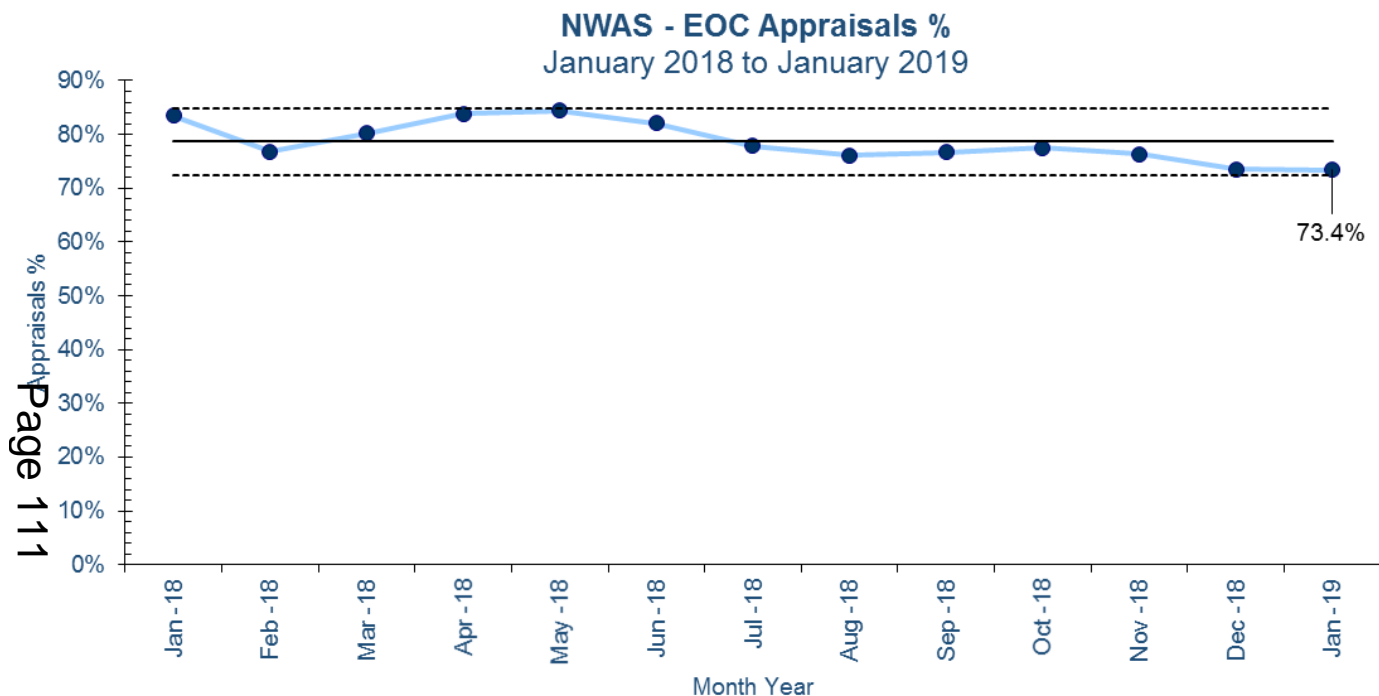
Table OH3.1 – NWAS EOC Appraisals by Month

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Appraisals %	76.8%	80.2%	83.8%	84.4%	82.1%	77.9%	76.1%	76.6%	77.6%	76.3%	73.5%	73.4%

Appraisals

The method of calculating appraisal rates has been changed to bring it in line with national NHSI reporting. Previously appraisals were reported as a percentage of staff in work. This means that the headcount was adjusted to take account of maternity and long term sickness before the percentage of appraisals was calculated. From 1st October the percentage is calculated for all staff and as there is always a proportion of staff who are on maternity leave or long term sickness then the target has been adjusted to 95%. The data has been adjusted to the new reporting method back to April 2018.

Parkway appraisal figures show a lower performance in January 2019 compared to Broughton and Elm House, which also reflects the previous 12 months figures.

Targeted work across the Trust continues in order to improve the Appraisal completion rate and reach the 95% target.

Figure OH3.2
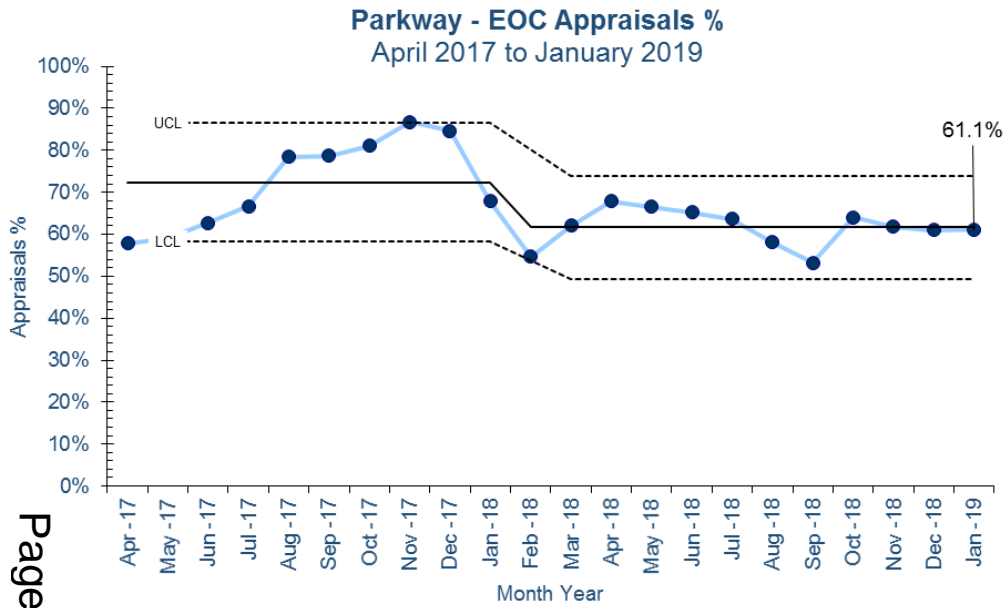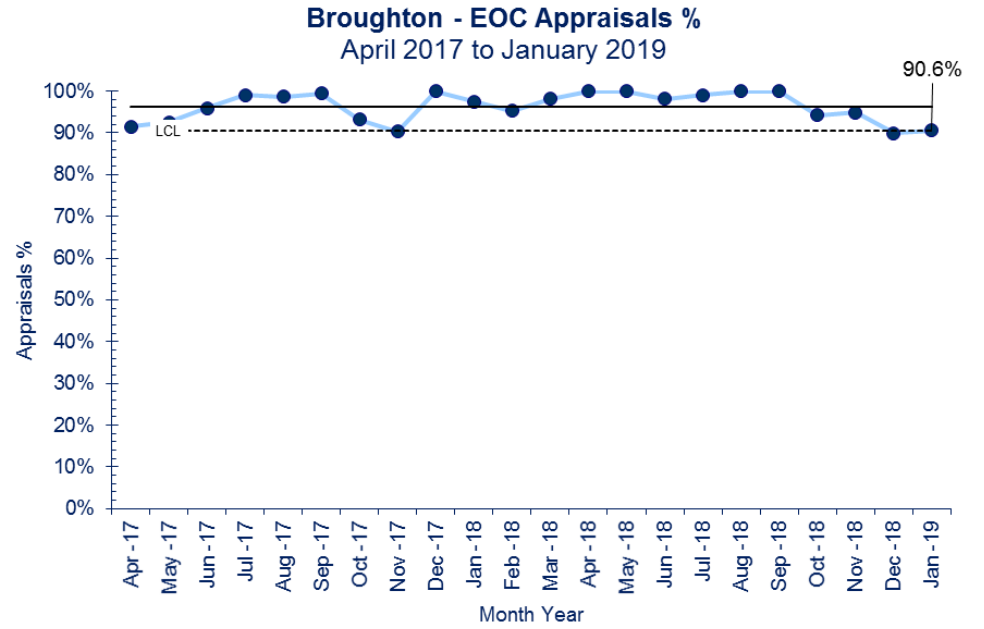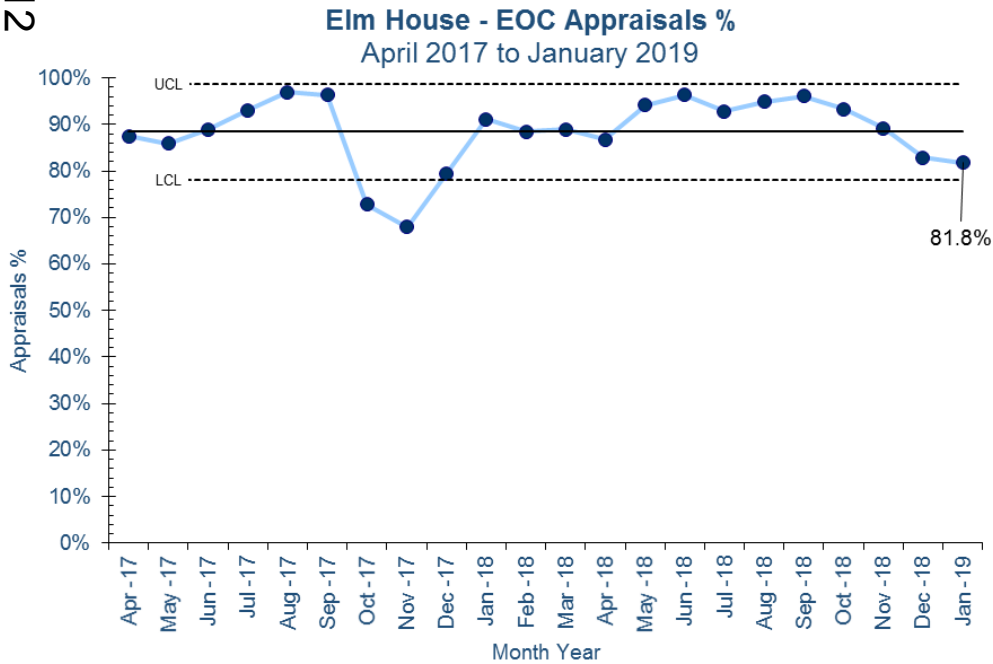
Parkway - EOC Appraisals %
April 2017 to January 2019

61.1%

Figure OH3.3

Broughton - EOC Appraisals %
April 2017 to January 2019

90.6%

Figure OH3.4

Elm House - EOC Appraisals %
April 2017 to January 2019

81.8%

The data for individual EOCs shows frontline resources. The overall data chart includes the data shown on the EOC charts, but also data relating to the Carlisle Support Centre, Urgent Care Desk/Clinical Hub and some shared operational resources such as the ROCC.

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OH4 MANDATORY TRAINING

Figure OH4.1

Mandatory Training - NWAS EOC (Online)
January 2018 - December 2018

Figure OH4.2

Mandatory Training - Parkway EOC (Online)
January 2018 - December 2018

Figure OH4.3

Mandatory Training - Broughton EOC (Online)
January 2018 - December 2018
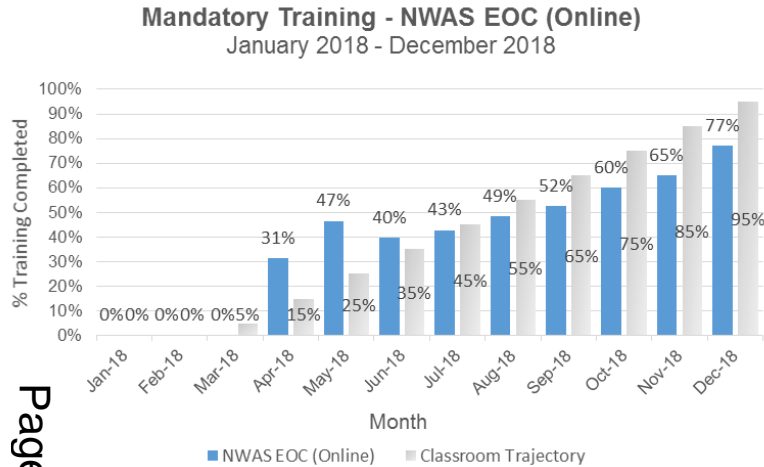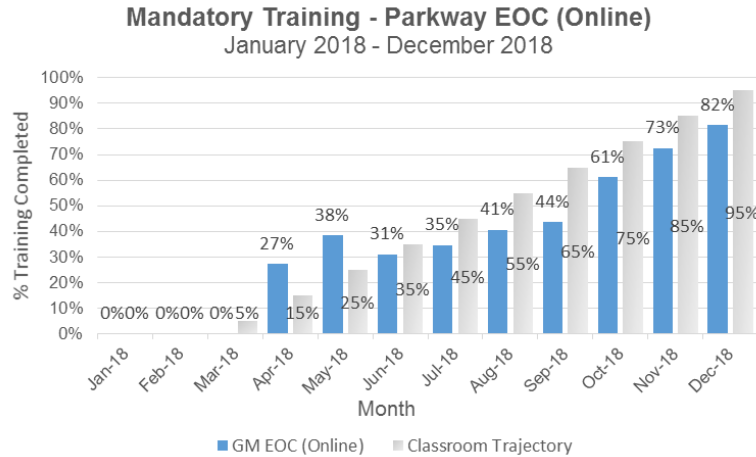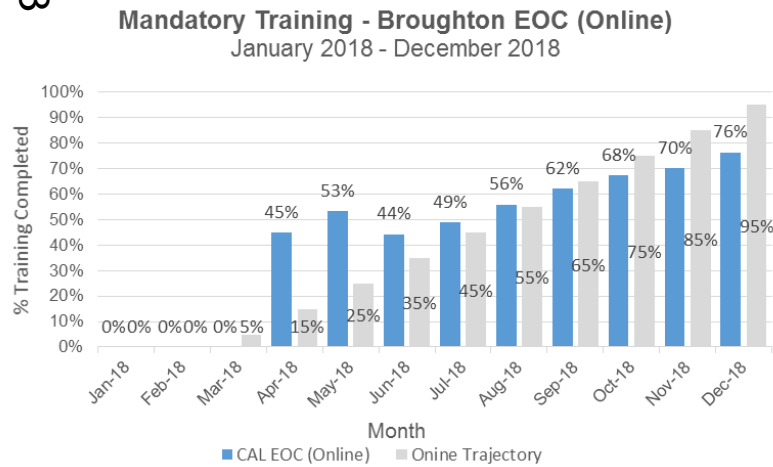
Figure OH4.4

Mandatory Training - Elm House EOC (Online)
January 2018 - December 2018
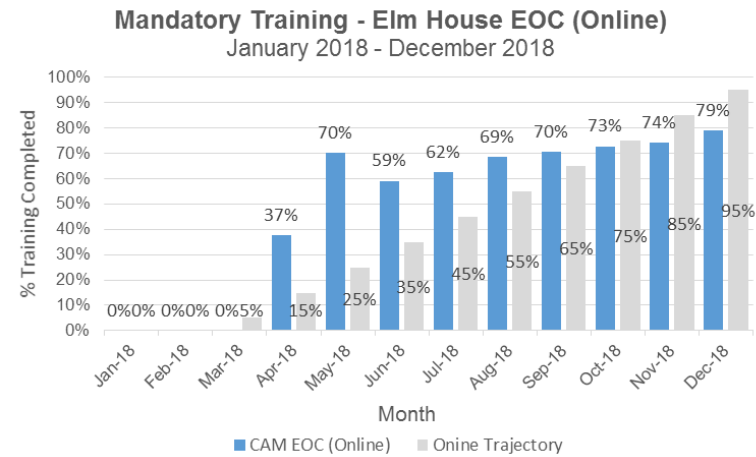
Mandatory Training

Work in EOC is progressing steadily to bring completion rates back on track but the focus now is on recovery plans in order to achieve the required levels.

Effort are being focussed to recover the shortfall in compliance against the 2018 plan and this will be reported through Workforce Committee.

The data for individual EOCs shows frontline resources. The overall data chart includes the data shown on the EOC charts, but also data relating to the Carlisle Support Centre, Urgent Care Desk/Clinical Hub and some shared operational resources such as the ROCC.

OH5 RECRUITMENT

Figure OH5.1

NWAS - EOC Vacancy Gap
June 2017 to January 2019

8.68%

Recruitment

Vacancy Gap in January 2019 is at 8.7% - unmoved from the previous month. The figure shows consistency since the last step change in September 2018.

Work is continuing in the EOC to maintain the EMD recruitment position to enable despatch vacancies to be filled. Further new starters are due to commence in February.

Attrition rate for the EOC remains consistent.

Table OH5.1 – EOC Vacancy Gap % by Month

Month	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Vacancy Gap %	-1.7%	0.0%	0.3%	1.0%	2.3%	5.6%	6.2%	9.4%	8.6%	9.6%	8.7%	8.7%

Figure OH5.2

Parkway - EOC Vacancy Gap
June 2017 to January 2019

8.94%

Figure OH5.3

Broughton - EOC Vacancy Gap %
June 2017 to January 2019

-2.45%

Figure OH5.4

Elm House - EOC Vacancy Gap %
June 2017 to January 2019

4.45%
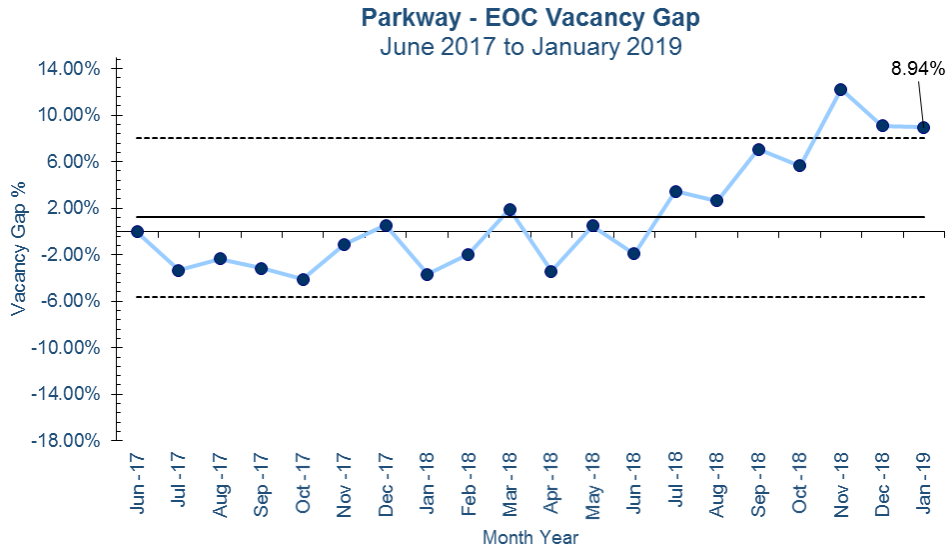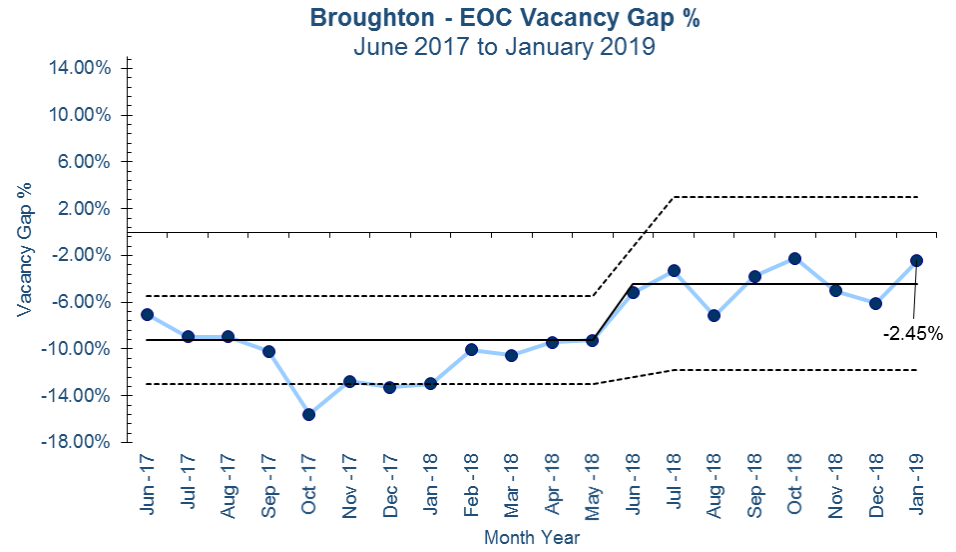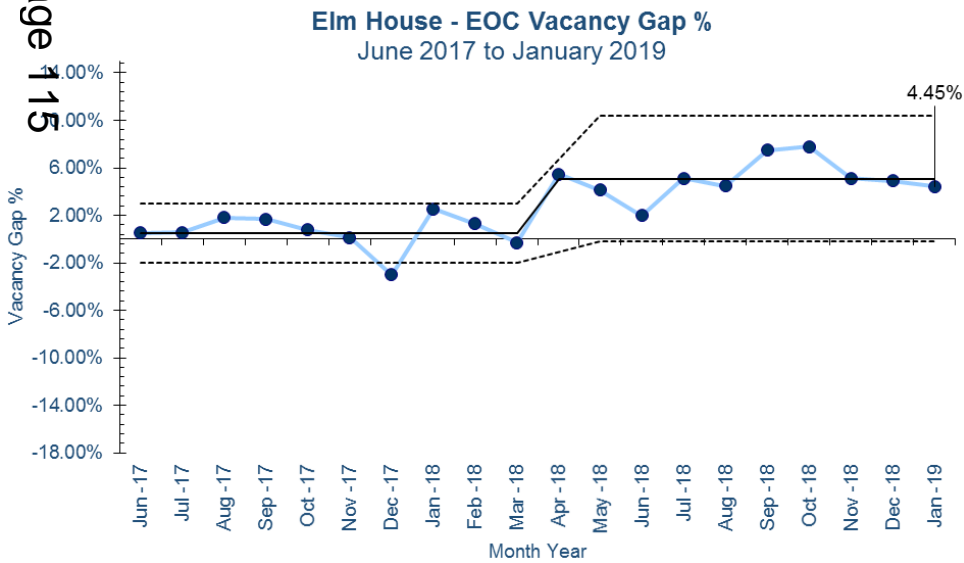
Table OH5.2 – Operational Staff by Month

	Band 3 EMD's		
Month	Actual SIP*	Staff in Training	Operational Staff
Apr	238.39	21	217.39
May	247.56	13	234.56
Jun	246.13	7	239.13
July	265.9	26	239.9
Aug	257.39	18	239.39
Sep	260.28	23	237.28
Oct	248.74	0	248.74
Nov	263.6	0	263.6
Dec	255.75	0	255.75
Jan	256.84	0	256.84

Table OH5.3

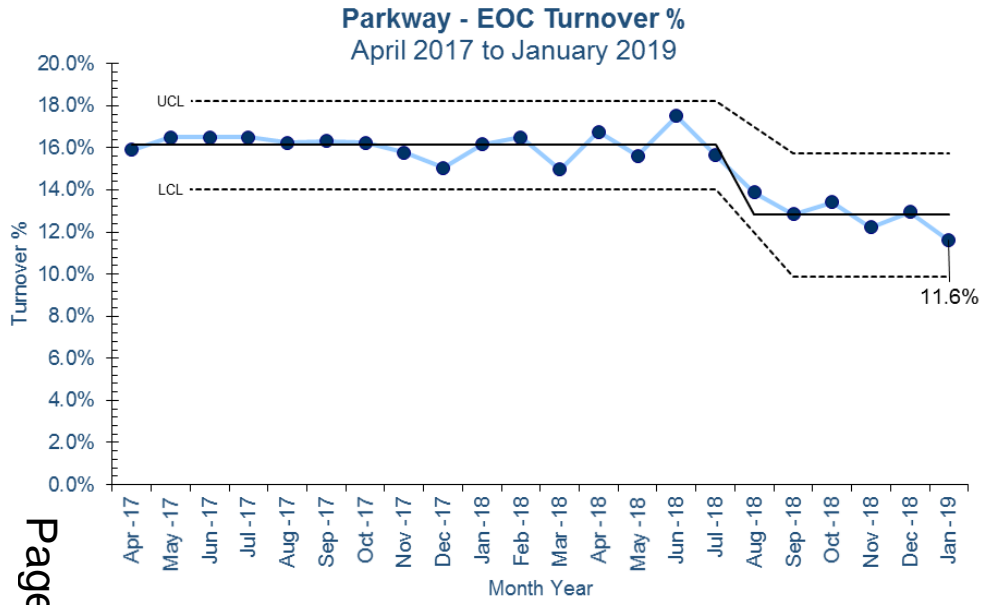| Month	Attrition Rate for EOC
Apr	12.84%
May	11.62%
Jun	12.02%
July	12.13%
Aug	12.30%
Sep	11.51%
Oct	10.88%
Nov	11.45%
Dec	11.76%
Jan	11.32%

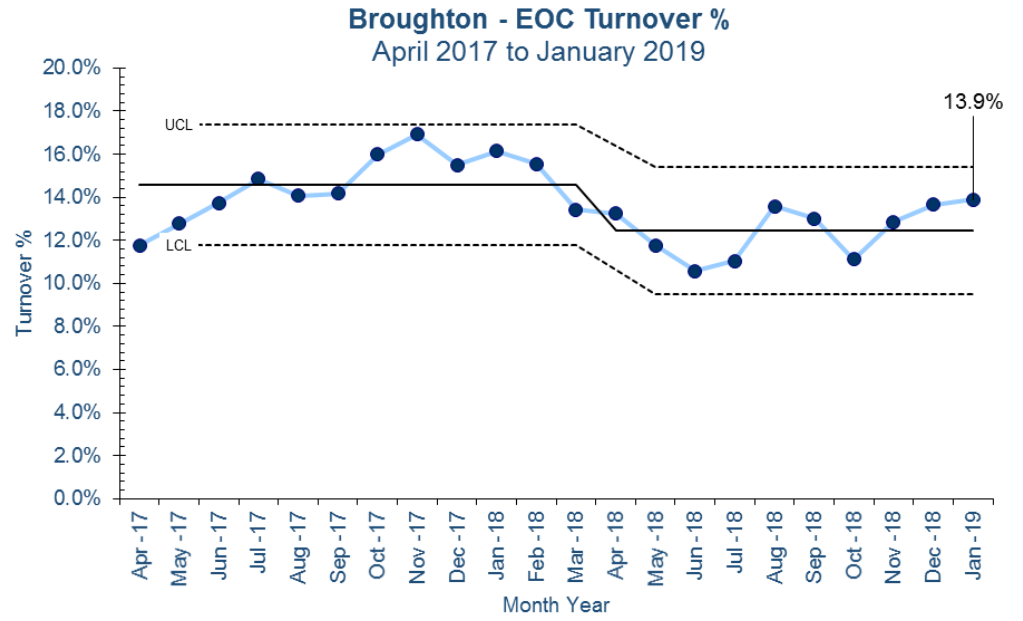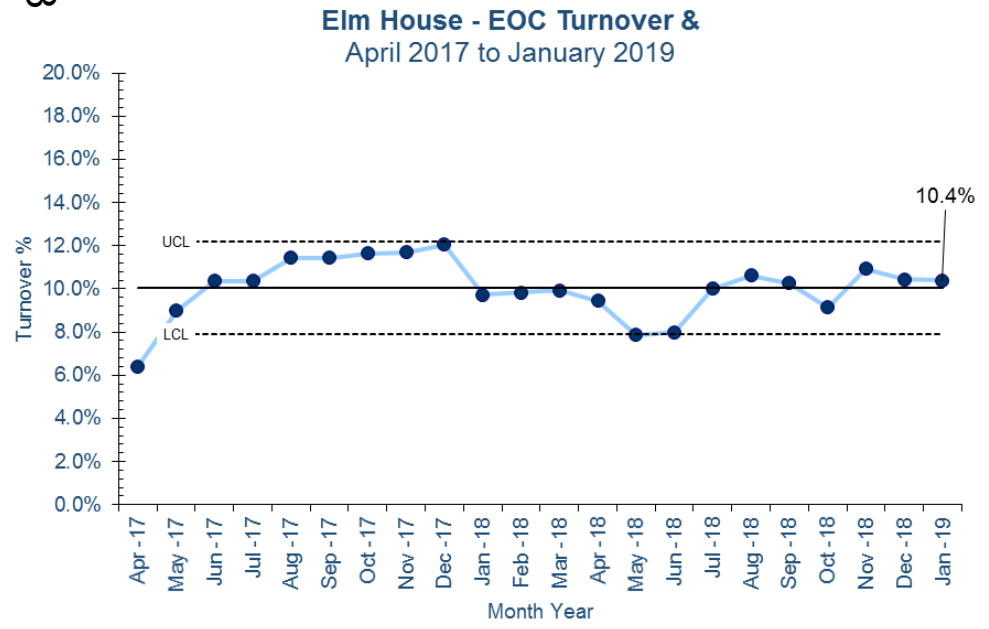*The data for individual EOCs shows frontline resources. The overall data chart includes the data shown on the EOC charts, but also data relating to the Carlisle Support Centre, Urgent Care Desk/Clinical Hub and some shared operational resources such as the ROCC.*

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North West
Ambulance Service
NHS Trust

REPORT

<table>
<tr><td colspan="4" align="center">Board of Directors</td></tr>
<tr><td>Date:</td><td colspan="3">27th February 2019</td></tr>
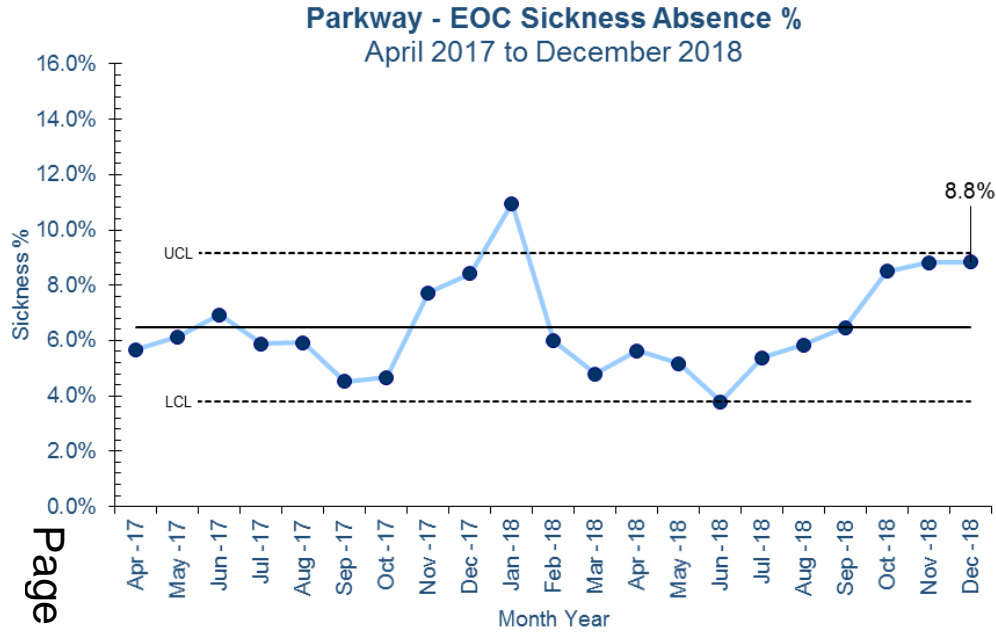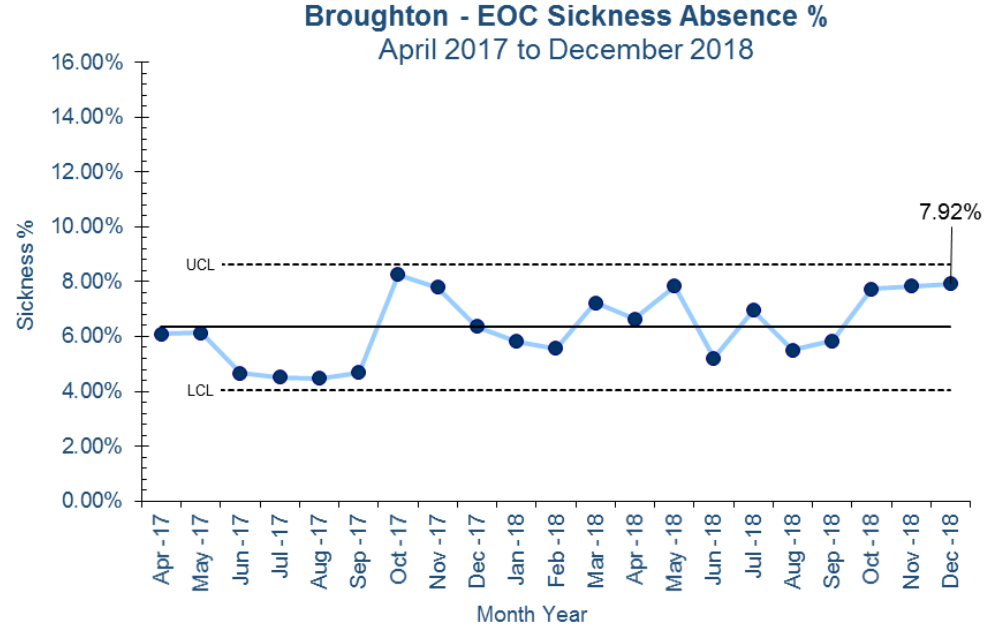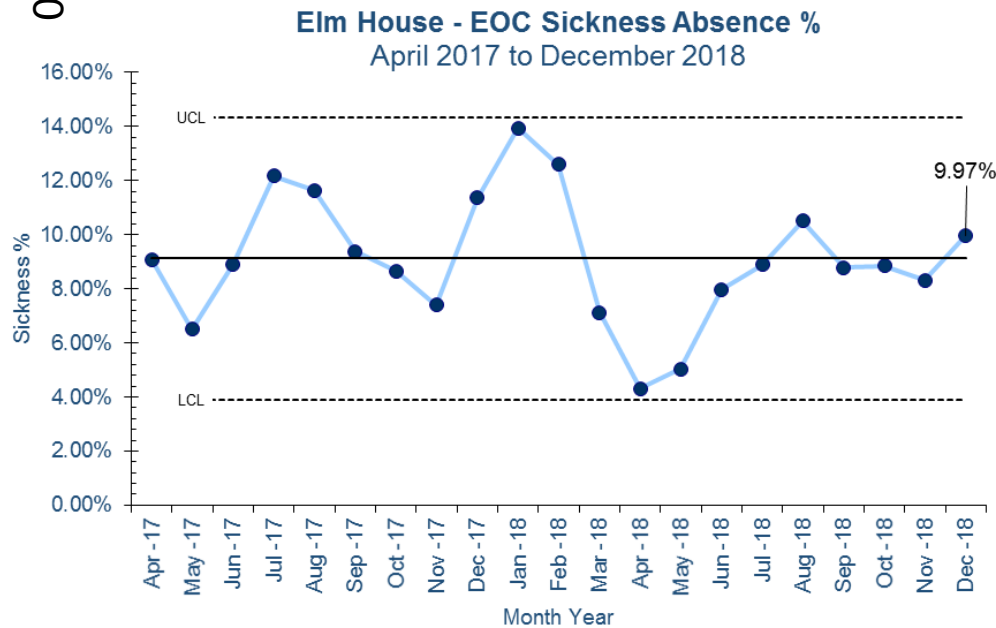<tr><td>Subject:</td><td colspan="3">Information Commissioner's Office Audit Report and Action Plan</td></tr>
<tr><td>Presented by:</td><td colspan="3">Professor Maxine Power Director of Quality Innovation and Improvement</td></tr>
<tr><td>Purpose of Paper:</td><td colspan="3">For Assurance</td></tr>
<tr><td>Executive Summary:</td><td colspan="3">The Trust received an overall "reasonable" rating for data protection compliance from the Information Commissioner's Office desktop document review and onsite audit conducted in January 2019.

One area of good practice was identified by the Audit Team relating to the Committee Effectiveness Reviews completed by Corporate Governance.

The agreed scope of the audit covered management structures, policies and procedures, Information Governance Training including refresher and induction, rights of access and transfer of records.

The recommendations made by the ICO Audit Team have been prioritised by them with Information Management Group recommending action owners, dates for implementation and detailed actions to address the recommendations.

Once the audit report and executive summary have been completed and agreed the ICO will publish the executive summary on their website.

The Trust will be informed in advance of the publication date and will be provided with the opportunity to provide a link to its own website for any further organisational comments it wishes to make.</td></tr>
<tr><td>Recommendations, decisions or actions sought:</td><td colspan="3">The Board of Directors is asked to note the contents of the report.</td></tr>
<tr><td>Link to Strategic Goals:</td><td>Right Care</td><td>☒</td><td>Right Time ☐</td></tr>
</table>

		Right Place		☐	Every Time		☐
Link to Board Assurance Framework (Strategic Risks):							
SR01	**SR02**	**SR03**	**SR04**	**SR05**	**SR06**	**SR07**	**SR08**	**SR09**	**SR10**
☐	☐	☐	☐	☒	☐	☐	☐	☐	☐
Are there any Equality Related Impacts:		N/A					
Previously Submitted to:		Executive Management Team					
Date:		20th February 2019					
Outcome:		N/A					

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1. PURPOSE

1.1   The Trust received an overall "reasonable" rating for data protection compliance from the Information Commissioner's Office desktop document review and onsite audit. Approval is sought from the Executive Management Team of the recommendations from Information Management Group relating to:
1. Actions to address non-conformities identified by the audit
2. Assignment of action owners
3. Suggested implementation dates

2. BACKGROUND

2.1   The Information Commissioner is responsible for enforcing and promoting compliance with data protection legislation. Article 58(1) of the General Data Protection Regulation (GDPR) states that the Information Commissioner's Office (ICO) has the power to carry out investigations in the form of data protection audits. Section 129 of the Data Protection Act 2018 (DPA 18) also provides provision to carry out consensual audits. The ICO sees auditing as a constructive process with real benefits for controllers and so aims to establish a participative approach.

2.2   On 21st November 2018 the ICO wrote to the Trust to seek agreement to carry out a consensual audit. Through engagement with other Ambulance Trust Information Governance leads in England it was established that the ICO had requested the same from three other Ambulance Trusts.

2.3   The Audit Team are bound under Section 132 of the DPA 18 'Confidentiality of Information', not to disclose any information that relates to an identified or identifiable individual or business provided to them as part of the audit process.

2.4   The primary purpose of the audit is to provide the ICO and the Trust with an independent opinion of the extent the Trust (within the scope of this agreed audit) is complying with data protection legislation and highlight any areas of risk to compliance.

2.5   The audit also reviewed the extent to which the Trust (within the scope of the audit) demonstrates good practice in data protection governance and management of personal data.

2.6   Good data protection practice is promoted by the ICO through its website and 'The Guide to GDPR' guidance, the issue of good practice notes, codes of practice and technical guidance notes. The ICO uses such guidance when delivering an audit opinion on 'good data protection practice'. In addition the ICO uses experience gained from other data protection audits, appropriate sector standards and enforcement activity.

2.7   The ICO has the right to comment on any other weaknesses observed in the course of the audit that could compromise good data protection practice.

2.8   The identity of organisations that are being audited is published on the ICO website as part of proactively communicating the audit work programme. However, the ICO will not proactively publish details of the scope and findings of a consensual audit prior to the completion of the audit.

2.9 Once the audit report and executive summary have been completed and agreed the ICO will publish the executive summary on their website.

2.10 The Trust will be informed in advance of the publication date and will be provided with the opportunity to provide a link to its own website for any further organisational comments it wishes to make.

2.11 Dependent on the findings of the final audit report, the ICO may wish to schedule a follow up – this would be discussed and agreed with the Trust as appropriate.

2.12 NWAS agreed to host two ICO auditors, one lead, one in training for a two day audit on site at Estuary Point in January 2019 following completion of a desktop review of evidence submitted to them during December 2018.

3. DRAFT AUDIT REPORT

3.1 Initially a draft report is issued by the ICO. This was received by the Trust on 7th February 2019. (Appendix B) The overall opinion is based on the existence and effectiveness of the processes, policies, procedures and practices operating to mitigate any identified risks to complying with data protection legislation.

3.2 The scale of assurance rating consists of four categories, in descending order of level of assurance these are:
- High Assurance
- Reasonable Assurance
- Limited Assurance
- Very Limited Assurance

3.3 The Trust has been given a "reasonable" assurance rating indicating that:

"There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation."

3.4 One area of good practice was identified by the Audit Team relating to the Committee Effectiveness Reviews completed by Corporate Governance:

"The effectiveness of the IMG has been assessed by the Trust's Corporate Governance department which undertakes regular reviews of this kind of the Trust committees to assess how well they are carrying out their function."

3.5 The draft report also contains details of all observations and non-conformities identified during the course of the audit. Recommendations have been made based on the ICO Audit Team's findings.

4. DRAFT ACTION PLAN

4.1 A draft action plan (Appendix C) was received by the Trust on 7th February 2019. The Trust has the opportunity to accept or reject each of the recommendations, provide names of owners for each recommendation and the date that the action will be implemented.

4.2 The draft report and action plan were circulated to members of the Trust's Information Management Group prior to the scheduled extraordinary meeting held on 11th February 2019. At the meeting group consensus was sought on the following:
- Approval/Rejection of each action

- Action Owners for approved actions
- Implementation Date for approved actions

4.3 The Executive Management Team noted the report on the 20th February 2019.

5. **APPROVAL/REJECTION OF ACTIONS**

5.1 There are 27 actions detailed in the draft action plan each linked to one of the 22 recommendations in the draft audit report.

5.2 IMG considered each recommendation and recorded a decision on approval, partial approval or rejection of the associated action as follows:

Recommendations decision overview
All scope areas summary

- Accepted 55%
- Partially accepted 36%
- Rejected 9%
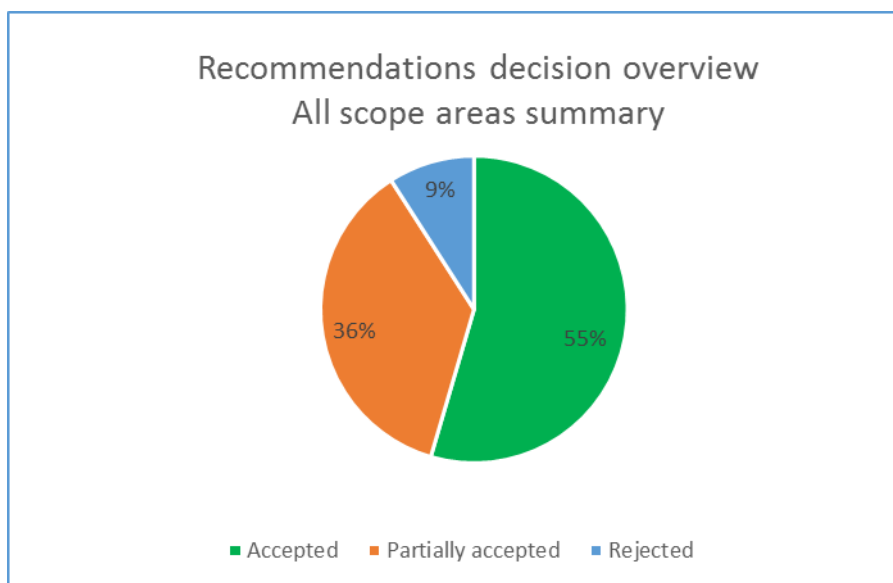
5.3 All of the six "partially accepted" recommendations require the same evidence items to provide assurance of completion. The actions agreed at IMG are:
1. Consider local add on to NHS Digital produced Data Security Awareness e-learning directing staff to relevant information.
2. Annual update of DSA training by NHS Digital to be reviewed when delivered to confirm inclusion.

The reason for partial acceptance is that completion relies on NHS Digital updating the training materials they provide which the Trust have adopted.

5.4 There are two "rejected" recommendations (a21 and a22). These relate to Right of Access (a21 and a22) and are rejected as evidence has now been submitted to assure against them.

6. **ACTION OWNERSHIP AND MONITORING**

6.1 The decisions recorded by IMG on action ownership and status are summarised below:

Owner	Total Actions	Not Started	In Progress	Completed
Lisa Ward - Interim Director of Organisational Development	9	8	1	0
Ged Blezard - Director of Operations	4	4	0	0
Richard Done - Data Centre Manager / Sandra Goulden - Interim Chief Technology Officer	3	3	0	0
Rejected	2	0	0	2

Neil Barnes - Deputy Director of Quality	2	2	0	0
Maxine Power - Director of Quality, Innovation and Improvement	2	1	1	0
Julie Treharne - Head of Communications	2	0	2	0
Joanne Moran - Information Governance Manager	1	1	0	0
Richard Done - Data Centre Manager / Julie Treharne - Head of Communications	1	1	0	0
Robin Ellis - Data Protection Officer	1	1	0	0

6.2 There are a number of recommendations which require the same evidence to mitigate the risk they represent. For example Organisational Development have eight total recommendations assigned to them but these consist of only three separate proposed actions. These have not been combined in the table above.

7.   LEGAL and/or GOVERNANCE IMPLICATIONS

7.1 The Trust is required to comply with data protection legislation. The ICO as the UK's supervisory authority monitors this compliance. The ICO have measured the agreed scope areas against their 'The Guide to GDPR' guidance, the issue of good practice notes, codes of practice and technical guidance notes.

7.2 The Finance Investment and Planning Committee have been informed of the draft audit report and received assurance from the monitoring activity in the IMG Highlight Report.

7.3 The Communications Team will provide a press release to coincide with the ICO publishing the summary of the audit on their website.

7.4 Information Management Group will monitor completion of the action plan

8.   RECOMMENDATIONS

8.1 The Board of Directors is asked to note the contents of the report.

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Appendix A – Scope of ICO audit 2019

Domain	Control	Control measure
Management structures	There is a management framework, including a delegated process of accountability and responsibility from the board down, to ensure there is effective oversight of data protection compliance.	There is a governance framework in place, which defines the governance structures within the organisation to support the data protection / information governance, records management and information security management agendas
		Overall responsibility for information governance has been allocated at a Board level.
		There is a Data Protection Officer in place with designated responsibility for data protection compliance.
		The DPO role has operational independence and appropriate reporting mechanisms are in place to senior management
		Operational roles and responsibilities have been assigned for the day to day management of records management, information security and data sharing
		There is an Information Management Steering Group, or equivalent, in place, which is responsible for providing the general oversight for information governance and data protection compliance activity within the organisation.
		Information risks are managed throughout the organisation in a structured way so that management understands the business impact of personal data related risks and manages them effectively to assure the business of the organisation.
		There is a forum in place to facilitate operational staff raising data protection, records management, information security and data sharing issues and risks which are escalated to a central point.

Policies and Procedures	Management support and direction for data protection compliance, records management, information security and data sharing is set out in a framework of policies and procedures, which are approved by senior management and subject to routine review to ensure they remain fit-for-purpose.	There is a policy framework for data protection, records management, information security management and data sharing management, which stems from an overarching information governance agenda endorsed by the Board through its strategic business planning process
		All policies, procedures and guidelines follow an agreed format and styling. They contain version control and document change history.
		There is a defined process implemented to ensure all new and existing policies and procedures are reviewed, ratified and approved.
		Policies and procedures are available on the organisations Intranet site.
		A formal sign off process is in place and contracted evidence to support the fact that employees have read and are aware of the policies published.
		A structure of producing weekly / monthly bulletins / news letters is in place to help disseminate and inform staff of new policies and subsequent updates.
		Guidelines, posters and publications are written and used within the organisation for the purpose of promoting awareness of staff responsibilities toward data protection compliance.
IG Training Programme	A needs based IG training programme has been developed for all staff	There is an overall IG training programme which incorporates national and sector specific requirements and has been approved by senior management
		The overall IG training programme includes training for all staff on the following key areas: Data protection / GDPR Information security Records management Data sharing Requests for personal data

Induction & refresher training	There is the provision of data protection and security induction training in line with sectoral / corporate/departmental requirements. DP elements are written or approved/overseen by the DPO or equivalent	Training needs are regularly assessed for all staff groups, including temporary and contract staff, with access to personal data and/or specific data handling and security management responsibilities (TNA).
		There are dedicated resources assigned to deliver IG training - these staff have received appropriate training in order to deliver the training required.
		Responsibility for managing and co-ordinating IG training across the organisation has been assigned.
		The overall induction training programme includes the following key elements: Data protection / GDPR Information security Records management Data sharing Requests for personal data
		Induction training is completed within one month of an employees start date and there is an assessment and minimum pass rate to ensure understanding of content.
		Induction training is delivered to all staff including temporary and contract staff. Mandatory for all grades, including senior managers.
		Induction training is written, or content approved or overseen, by the DPO, IG Manager or equivalent.
		Induction training material is reviewed on a periodic basis to ensure it remains up to date
		Where on-line induction training is delivered, provisions have been made to ensure that staff without access to on-line training receive the training they require.

	There is the provision of data protection and security refersher training in line with sectoral / corporate/departmental requirements. DP elements are written or approved/overseen by the DPO or equivalent	Refresher training includes the following key elements: Data protection / GDPR Information security Records management Data sharing Requests for personal data
		Refresher training completed annually.
		Refresher training is delivered to all staff including temporary and contract staff. Mandatory for all grades, including senior managers.
		Refresher training material is reviewed on a periodic basis to ensure it remains up to date
		Where on-line refresher training is delivered, provisions have been made to ensure that staff without access to on-line training receive the training they require.
Right of access	There are appropriate procedures in operation for recognising and responding to individuals' requests for access to their personal data.	Individuals are guided on how to make a request and staff are in place to handle those requests in line with policies and procedures.
		All staff are made aware of how to identify and channel requests (both verbal and written) to the appropriate team or person.
		Requests are dealt with in a timely manner that meets individual expectations and statutory timescales as outlined in the GDPR
		The organisation logs receipt of all requests (verbal and written) and updates it to monitor progress as each request is processed. The log shows the due date for requests, the actual date of the final response and a brief explanation of information withheld under exemption or relating to third parties.
		Request response hard copies are marked 'individual's copy' before release (this may help identify the source of any further disclosure of the information, should the need arise).

		The organisation monitors performance in handling requests and uses that intelligence to improve performance and procedures.
Transfer of records	The security of personal information transferred within the organisation and externally to any third party is maintained.	Formal transfer policies, procedures and controls are in place to protect the transfer of information electronically (both internal and external transfers of information); e.g. emails containing sensitive personal data / information that are sent by the organisation are appropriately protected by email content and attachment security solutions (encryption).
		Removable media used in the transfer of information is appropriately managed to prevent unauthorised disclosure, modification, removal or destruction of personal information stored on such media.
		Formal transfer policies, procedures and controls are in place to protect the external transfer of manual data / paper records by post or fax, and internally across the organisation's estate.
		Information transfer policies / rules are communicated and made available to all staff.
		Agreements are in place which include detailed security requirements with any 3rd parties that are used to transfer business information between the organisation and external parties.

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North West Ambulance Service NHS Trust

Data protection audit report

February 2019

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Information Commissioner's Office

Executive summary

Audit Methodology

The Information Commissioner is responsible for enforcing and promoting compliance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 (DPA18) and other data protection legislation. Section 146 of the DPA18 provides the Information Commissioner's Office (ICO) with the power to conduct compulsory audits through the issue of assessment notices. Section 129 of the DPA18 allows the ICO to carry out consensual audits. The ICO sees auditing as a constructive process with real benefits for controllers and so aims to establish a participative approach.

The purpose of the audit is to provide the Information Commissioner and North West Ambulance Service NHS Trust (the Trust) with an independent assurance of the extent to the Trust within the scope of this agreed audit, is complying with data protection legislation.

It was agreed that the audit would focus on several key areas of data protection compliance which included aspects relating to management structure, policies and procedures, information governance training, rights of access and transfer of records.

The audit was conducted following the Information Commissioner's data protection audit methodology. The key elements of this are a desk-based review of selected policies and procedures, on-site visits including interviews with selected staff, and an inspection of selected records.

Where weaknesses were identified recommendations have been made, primarily around enhancing existing processes to facilitate compliance with data protection legislation. In order to assist the Trust in implementing the recommendations each has been assigned a priority rating based upon the risks that they are intended to address. The ratings are assigned based upon the ICO's assessment of the risks involved. The Trust's priorities and risk appetite may vary and, therefore, they should undertake their own assessments of the risks identified.

North West Ambulance Service NHS Trust – ICO Data Protection Audit Report – February 2019

Audit Summary

Assurance Rating	Opinion
Reasonable	There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance. The audit has identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation.

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Graphs and Charts

Priority of recommendations

- High
- Medium
- Low

4%

33%

63%

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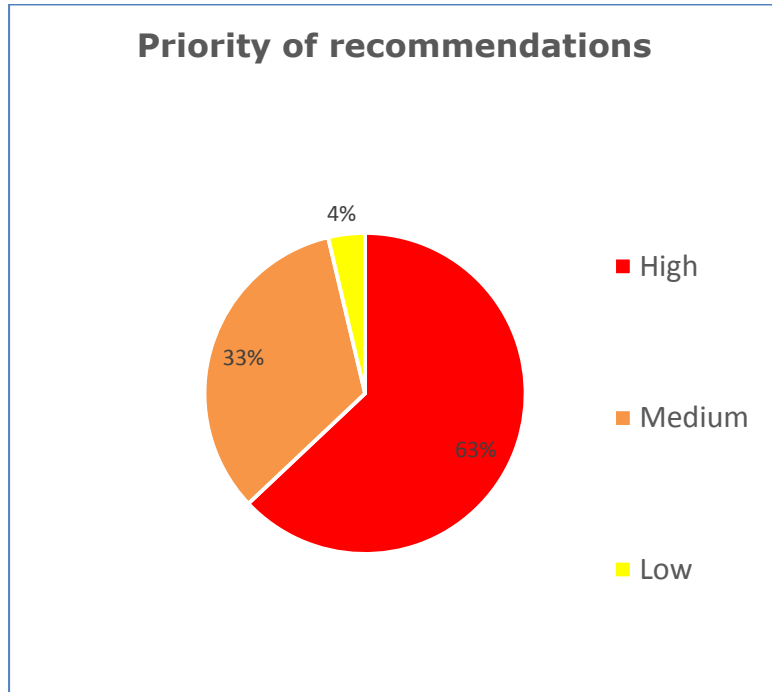
Areas for Improvement

- Management Structures:

  The Trust should conclude in a timely manner tasks which are already underway in order to provide additional assurance of data protection compliance within its management structures. This includes the appointment of an Information Security Manager and measures to improve attendance at the Information Management Group (IMG).

- Policies and Procedures:

  The Data Protection and Security Policy (DPSP) is a high level document which refers to other supporting documents but does not link to those documents under the relevant headings. The Trust should consider whether this is the most effective way for staff to access guidance on data protection and information security issues.

- Information Governance Training:

  The training provided to staff requires updating and needs more information around how to recognise and progress a subject access request. The Trust should also provide itself with more assurance that all staff, including volunteer drivers, are completing the required training.

- Right of access:

  The Trust do not currently maintain a centralised log of subject access requests. A detailed log which

North West Ambulance Service NHS Trust – ICO Data Protection Audit Report – February 2019

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documents all requests received (including staff requests) and the details of how these are processed, should be created and maintained.

The location of the link to the Trust's Privacy Policy could be improved and the Trust should ensure that the policy contains sufficient detail on the process of submitting subject access requests.

- Transfer of Records:

Formal transfer policies would help to clarify the controls required to protect the transfer of information by electronic and manual means.

Good Practice

The effectiveness of the IMG has been assessed by the Trust's Corporate Governance department which undertakes regular reviews of this kind of the Trust committees to assess how well they are carrying out their function.

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Audit findings
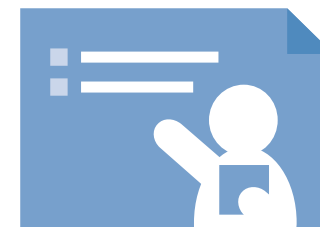
The table below identifies areas for improvement that were identified in the course of our audit; it includes recommendations in relation to how those improvements might be achieved.

Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Management structures	There is a governance framework in place, which defines the governance structures within the organisation to support the data protection / information governance, records management and information security management agendas	The Trust should ensure that an effective governance framework continues to be in place following the directorate restructure.			

North West Ambulance Service NHS Trust – ICO Data Protection Audit Report – February 2019

Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Management structures	There is a Data Protection Officer in place with designated responsibility for data protection compliance.	The DPO is currently on a limited time contract. The Trust should ensure that there are measures in place to ensure continuation of this role in an effective manner.			
Management structures	The DPO role has operational independence and appropriate reporting mechanisms are in place to senior management	DPO feels that they do not have enough awareness of the strategic direction of the other directorates at the Trust. The Trust should consider ways in which the DPO could have more awareness of the strategic direction of other areas of the Trust so that appropriate data protection advice and assurance can be provided.	Concern was expressed about the resilience of the role should the DPO be absent.	The Trust should investigate ways of ensuring that the DPO's role would be covered in case of absence.	Medium
Management structures	Operational roles and responsibilities have been assigned for the day to day management of records management, information security and data sharing		There was no Information Security Manager in place at the time of the audit however recruitment is under way for the post.	Ensure that an Information Security Manager is recruited in a timely manner to ensure that there is Trust-wide overview and assurance of matters relating to information security.	High

North West Ambulance Service NHS Trust – ICO Data Protection Audit Report – February 2019

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Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Management structures	There is an Information Management Steering Group, or equivalent, in place, which is responsible for providing the general oversight for information governance and data protection compliance activity within the organisation.		There is concern that the attendance at the IMG is not adequate which reduces the effectiveness of the group in regard to providing assurance on data protection matters.	The Trust should continue with measures to improve attendance at the IMG.	High
Management structures	There is a forum in place to facilitate operational staff raising data protection, records management, information security and data sharing issues and risks which are escalated to a central point.		While staff are able to raise data protection concerns through Datix, there is no meeting structure through which these can be raised.	The Trust should consider additional means through which staff can raise data protection concerns, which can be escalated to a central point.	Medium

Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Policies and Procedures	There is a policy framework for data protection, records management, information security management and data sharing management, which stems from an overarching information governance agenda endorsed by the Board through its strategic business planning process		The Data Protection and Security Policy contains only brief detail in relation to Information Security, Quality Assurance, data sharing, subject access rights, Records Management and Education and Awareness. Section 14 refers to the supporting documents but there is no direct link to appropriate procedures and guidelines under specific headings. This may make this document hard to use for those seeking information in more depth.	The Trust should consider whether the current format of this policy and the way subordinate documents are linked to provide the most effective way of providing guidance to staff at various levels in the organisation.	High
Policies and Procedures	Policies and procedures are available on the organisations Intranet site.		Auditors were advised that the search function on the Trust's intranet site was not as effective as it might be.	The Trust intranet site is currently undergoing improvement. The Trust should ensure that the search function for policies and procedures is improved.	Medium

Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Policies and Procedures	A formal sign off process is in place and contracted evidence to support the fact that employees have read and are aware of the policies published.		At present there is no formal sign off process in place to provide assurance that employees have read and are aware of policies published.	The Trust should continue with its plans to provide software which indicates that a policy has been read.	High
IG Training Programme	The overall IG training programme includes training for all staff on the following key areas: Data protection / GDPR Information security Records management Data sharing Requests for personal data		The Data Security Awareness Level 1 used by the Trust does not refer to subject access requests in any detail. It also makes reference to the Data Protection Act 1998.	The Trust should ensure that IG training material covers the rights of individuals to request their personal data so that staff are able to recognise these and ensure that they are dealt with correctly. The Trust should ensure that all training materials used refer to the current legislation.	High
IG Training Programme	Training needs are regularly assessed for all staff groups, including temporary and contract staff, with access to personal data and/or specific data handling and security management responsibilities (TNA).		The training needs of volunteer drivers and first responders are not included in the TNA.	Ensure that the training needs of all staff are included in the training needs analysis and reviewed as appropriate.	Medium

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Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Induction & refresher training	The overall induction training programme includes the following key elements: Data protection / GDPR Information security Records management Data sharing Requests for personal data		As above, the NHS e-learning used in the induction process does not refer to subject access requests in any detail.	See earlier recommendation.	High
Induction & refresher training	Induction training is completed within one month of an employees start date and there is an assessment and minimum pass rate to ensure understanding of content.		The Trust does not have assurance that staff will have completed IG training before they have access to systems concerned with personal data.	The Trust should ensure that information governance induction training is completed and recorded before staff have access to systems dealing with personal data.	High
Induction & refresher training	Induction training material is reviewed on a periodic basis to ensure it remains up to date		As above, the NHS e-learning training used by the Trust refers to the Data Protection Act 1998 instead of the new legislation introduced in 2018	The Trust should ensure that all training material is reviewed to make sure it is up to date.	High

Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Induction & refresher training	Where on-line induction training is delivered, provisions have been made to ensure that staff without access to on-line training receive the training they require.		Although volunteer drivers receive workbooks in order to complete their induction training, there is no oversight to ensure that this is completed.	The Trust should make sure that it can gain assurance that volunteer drivers are completing their induction training as required.	Medium
Induction & refresher training	Refresher training includes the following key elements: Data protection / GDPR Information security Records management Data sharing Requests for personal data		As above, the NHS e-learning does not refer to subject access requests in any detail. It also makes reference to the Data Protection Act 1998.	See earlier recommendation.	High
Induction & refresher training	Refresher training completed annually.		While the Trust has measures in place to make staff aware of training and to monitor annual mandatory training, it appears that workbook completions remain low.	The Trust should continue to implement means to improve the completion of the workbook training.	Medium

Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Induction & refresher training	Refresher training is delivered to all staff including temporary and contract staff. Mandatory for all grades, including senior managers.		See above.	See above.	Medium
Induction & refresher training	Refresher training material is reviewed on a periodic basis to ensure it remains up to date		As above, the NHS e-learning training used by the Trust refers to the Data Protection Act 1998 instead of the new legislation introduced in 2018.	See earlier recommendation.	High
Induction & refresher training	Where on-line refresher training is delivered, provisions have been made to ensure that staff without access to on-line training receive the training they require.		Volunteer drivers do not have the same access to online training resources as other Trust staff at present, and are provided with workbooks instead.	See earlier recommendation.	Medium
Right of access	Individuals are guided on how to make a request and staff are in place to handle those requests in line with policies and procedures.		The rights of individuals to make a subject access request is referred to in the Privacy Policy but the link could be easier to find and more details provided such as the need to provide ID.	The Trust should consider means of improving access to the information on subject access requests, and provide more detail about the process of submitting requests.	High

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Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Right of access	All staff are made aware of how to identify and channel requests (both verbal and written) to the appropriate team or person.		As above, there is only a brief mention of subject access requests in the mandatory training. The risk for the Trust is that requests will not be recognised and dealt with appropriately.	See earlier recommendation.	High
Right of access	The organisation logs receipt of all requests (verbal and written) and updates it to monitor progress as each request is processed. The log shows the due date for requests, the actual date of the final response and a brief explanation of information withheld under exemption or relating to third parties.		Auditors have not seen evidence of the log of subject access requests held by the legal services department, and there is no evidence of these having been logged in this way by the HR department.	Ensure that when the SARs system is centralised within the IG team that all SARs are logged on receipt and the log is updated to monitor progress as the request is dealt with.	High

Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Right of access	Request response hard copies are marked 'individual's copy' before release (this may help identify the source of any further disclosure of the information, should the need arise).		Auditors have not seen evidence of copies of SAR responses marked by the legal services department, and there is no evidence of copies having been marked in this way by the HR department.	Ensure that when the SARs system is centralised within the IG team that any hard copies sent are marked 'individual's copy'	Low
Transfer of records	Formal transfer policies, procedures and controls are in place to protect the transfer of information electronically (both internal and external transfers of information); e.g. emails containing sensitive personal data / information that are sent by the organisation are appropriately protected by email content and attachment security solutions (encryption).		While there are guidance notices ('IT standards') in place to protect the transfer of information electronically, there are no overall formal policies covering the transfer of information	The Trust should create formal transfer policies in order to clarify the controls required to protect the transfer of information by electronic means.	High

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Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Transfer of records	Removable media used in the transfer of information is appropriately managed to prevent unauthorised disclosure, modification, removal or destruction of personal information stored on such media.		While there are guidance notices ('IT standards') in place regarding removable media there are no overall formal policies covering the transfer of information	The Trust should create formal policies to clarify the controls required in the use of removable media in the transfer of information	High
Transfer of records	Formal transfer policies, procedures and controls are in place to protect the external transfer of manual data / paper records by post or fax, and internally across the organisation's estate.		Auditors were told that fax is only used as a last resort resilience method of communication and this is why the Safe Havens Standard document which covers the use of fax machines as well as post and manual data has not been updated. This document only briefly mentions dealing with post.	The Trust should ensure that there are up-to-date procedures in place to protect the transfer of manual data and post both internally and externally.	High
Transfer of records	Information transfer policies / rules are communicated and made available to all staff.		No examples of awareness materials relating to information transfer policies or rules were seen by auditors.	Ensure that there are awareness materials such as posters available in appropriate areas to remind staff to comply with rules concerning the transfer of data.	Medium

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Ambulance Trusts - Areas for Improvement					
Domain	**Control measure**	**Observations**	**Non-conformities**	**Recommendations**	**Priority**
Transfer of records	Agreements are in place which include detailed security requirements with any 3rd parties that are used to transfer business information between the organisation and external parties.		As the Adecco contract has not been recently reviewed this is unlikely to provide sufficient assurance for the Trust that data is being transferred securely in accordance with current legislation.	The Trust should undertake a review of any contracts with third party suppliers which transfer information to ensure that detailed security requirements are in place which comply with current legislation.	High

Appendices
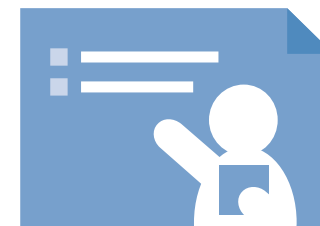
Appendix One – Recommendation Priority Ratings Descriptions

Urgent Priority Recommendations -

These recommendations are intended to address risks which represent clear and immediate risks to the data controller's ability to comply with the requirements of data protection legislation.

High Priority Recommendations -

These recommendations address risks which should be tackled at the earliest opportunity to mitigate the chances of a breach of data protection legislation.

Medium Priority Recommendations -

These recommendations address medium level risks which can be tackled over a longer timeframe or where some mitigating controls are already in place, but could be enhanced.

Low Priority Recommendations –

These recommendations represent enhancements to existing controls to ensure low level risks are fully mitigated or where we are recommending that the data controller sees existing plans through to completion.

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Credits
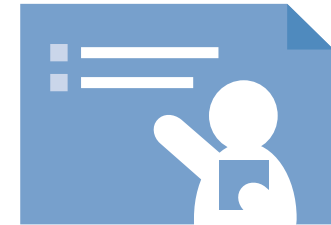
ICO Audit Team

ICO Team Manager – Michael Thewlis
ICO Engagement Lead Auditor – Elizabeth McKay
ICO Lead Auditor – Jacqueline Walker

Thanks

The ICO would like to thank Robin Ellis, Data Protection Officer and Joanne Moran, IG Manager for their help in the audit engagement.

Distribution List

This report is for the attention of:

Maxine Power, Director of quality, Innovation and Improvement & SIRO

Robin Ellis, Data Protection Officer

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Disclaimer

The matters arising in this report are only those that came to our attention during the course of the audit and are not necessarily a comprehensive statement of all the areas requiring improvement.

The responsibility for ensuring that there are adequate risk management, governance and internal control arrangements in place rest with the management of the Trust.

We take all reasonable care to ensure that our audit report is fair and accurate but cannot accept any liability to any person or organisation, including any third party, for any loss or damage suffered or costs incurred by it arising out of, or in connection with, the use of this report, however such loss or damage is caused. We cannot accept liability for loss occasioned to any person or organisation, including any third party, acting or refraining from acting as a result of any information contained in this report.

This report is an exception report and is solely for the use of the Trust. The scope areas and controls covered by the audit have been tailored to the Trust and, as a result, the audit report is not intended to be used in comparison with other ICO audit reports.

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GRAPH ONE

Recommendations decision overview
All scope areas summary

9%
36%
55%

- Accepted - Partially accepted - Rejected

GRAPH TWO

Recommendations decision overview
by scope area

9
8
7
6
5
4
3
2
1
0

Management Structure: 4
Policies and Procedures: 2, 1
IG Training Programme: 1, 1
Induction and Refresher Training: 4, 5
Right of Access: 2, 1, 1
Transfer of Records: 5

- Rejected
- Partially accepted
- Accepted

GRAPH THREE

Management Structure
Recommendation status

5
4
3
2
1
0

Accepted: 1 (In progress), 3 (Not started)
Partially accepted
Rejected

- In progress
- Not started
- Completed

GRAPH FOUR

Policies and Procedures
Recommendation status

5
4
3
2
1
0

Accepted: 1 (In progress)
Partially accepted: 2 (Not started)
Rejected

- In progress
- Not started
- Completed

GRAPH FIVE

IG Training
Recommendation status

5
4
3
2
1
0

Accepted: 1 (Not started)
Partially accepted: 1 (Not started)
Rejected: 0

- In progress
- Not started
- Completed

GRAPH SIX

Induction and Refresher Training
Recommendation status

5
4
3
2
1
0

Accepted: 4 (Not started), 0
Partially accepted: 4 (Not started), 0
Rejected: 0

- In progress
- Not started
- Completed

GRAPH SIX

Right of Access
Recommendation status

5
4
3
2
1
0

Accepted: 1 (In progress)
Partially accepted: 1 (Not started)
Rejected: 2 (Completed)

- In progress
- Not started
- Completed

GRAPH SIX

Transfer of Records
Recommendation status

5
4
3
2
1
0

Accepted: 5 (Not started)
Partially accepted
Rejected

- In progress
- Not started
- Completed

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NHS
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Ambulance Service**
NHS Trust

REPORT

Board of Directors	
Date:	27th February 2019
Subject:	**Finance Report to 31st January 2019 – Month 10 2018/19**
Presented by:	**Michelle Brooks, Interim Director of Finance**
Purpose of Paper:	For Assurance
Executive Summary:	The purpose of this report is to inform the Board of Directors of the Trust's financial position to 31st January 2019. The position for the Trust at Month 10 is a surplus of £1.742m, which is £0.185m better than the planned surplus of £1.557m. Income is over recovered by £4.970m, pay is overspent by £2.955m and non-pay is overspent by £1.830m. The Trust forecast as at Month 10 is £2.088m which is £0.250m above the control total of £1.838m. This is an improvement on the notified financial control total of £1.838m surplus, therefore the Trust anticipates full payment of the £2.422m Provider Sustainability Fund (PSF). In addition on achievement of a higher surplus the Trust anticipates to be paid a pound for pound incentive for any agreed achievement above the control total. The £0.250m has been agreed with NHSI. The recurrent underlying financial position for the Trust excluding the PSF is a £0.430m surplus. Other areas to note: • The overall financial performance risk rating as at 31st January 2019 is 1. • The Cost Improvement Programme (CIP) for the year is £9.834m, as at Month 10 the year to date target is £7.097m and the Trust has achieved £8.276m (116.61%). • The forecast CIP is £9.834m in 2018/19 and £8.707m recurrently leaving no shortfall in-year and £1.002m recurrently. • The 2018/19 capital plan is £21.306m. Expenditure as at Month 10 is £13.868m and sale of assets at £0.382m. • At 31st January 2019 the cash and cash equivalents balance is £45.649m.

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	The Trust is achieving the Better Practice Payment Code targets.
Recommendations, decisions or actions sought:	The Board of Directors is asked to note the 2018/19 reported financial performance as at Month 10.

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

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	
Previously Submitted to:	**Finance, Investment & Planning Committee**
Date:	**22nd February 2019**
Outcome:	

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1.   PURPOSE

1.1   The purpose of this report is to inform the Board of Directors of the financial performance for the nine month period to 31st January 2019.

1.2   The target areas of financial performance management are included on the Financial Performance Dashboard. Individual areas of concern or variance are expressed throughout the detail of the report even though they may not be material to the overall position of the Trust.

2.   FINANCIAL PERFORMANCE DASHBOARD

2.1   The Financial Performance Dashboard uses the following criteria for assessing the key financial performance indicators for the Trust, with current and forecast assessments of the position against these indicators. The risk rating system is in line with similar ratings used by the Trust, using a traditional Red, Amber, Green traffic light status.

Table 1 – Performance Indicator Ratings

Indicator Status	Description of Status
GREEN	We are on target currently and/or we would expect to remain on target at the year-end to achieve the required metric indicator.
AMBER	We are not yet achieving our desired target level, but we are close and working towards it, and/or that we are concerned that current plans may not achieve the target by the year end.
RED	We are not at our target level, and are some way off, and/or that we do not have sufficiently robust plans to indicate that we would be confident of achieving the target by the year end.

2.2   The position for the Trust at Month 10 is a surplus of £1.742m, which is £0.185m better than the planned surplus of £1.557m. Income is over recovered by £4.970m, pay is overspent by £2.955m and non-pay is overspent by £1.830m.

2.3   The Trust's financial plans only include the pay award for 2018/19 at 1%, as per the national planning guidance at the time. In relation to the final agreed Agenda for Change (A4C) pay settlement the Trust has received confirmation that it has been allocated an additional £3.484m of income for 2018/19. As at Month 10 the Trust has received £2.637m of this additional income, which offsets the additional pay costs incurred to date of £2.637m. This is included in the current financial performance and explains the over-recovery on income against the plan and pay overspending detailed at section 2.2 of this report.

2.4   The overall forecast risk rating for the Trust is a 1 as highlighted in Table 2 below. The Trust is forecasting achievement of the £2.088m surplus which is an improvement of the control total of £0.250m which has changed the control total risk metric from a 2 to a metric of 1.

2.5   The Trust has received a letter from NHS Improvement in relation to the Provider Sustainability Fund which details the criteria to access the funds. The forecast for the year end outturn for 2018/19 is £2.088m surplus, which includes the receipt of £2.422m Provider Sustainability Fund (PSF). The recurrent underlying financial position for the Trust excluding the PSF is a £0.430m surplus.

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Table 2 – Financial Performance Dashboard

Metric	Commentary	Year to Date Rating	Year End Rating	Paragraph for detail
Financial Sustainability Risk Rating	The planned rating is 1, the year to date actual rating is a 1 and the forecast rating is a 1.	🟢	🟢	4
Revenue	The surplus at Month 10 is £1.742m which is £0.185m better than plan.	🟢	🟢	5 & 7
CIP Delivery	The Trust CIP is £8.276m at the end of January 2019, an overachievement of £1.179m, and is in line with plan for the year end outturn.	🟢	🟢	6
Capital	Capital expenditure to the end of January 2019 is £13.868m and sale of assets at £0.382m.	🟢	🟢	8
Cash	The cash balance at 31st January 2019 is £45.649m.	🟢	🟢	9

3. RISKS 2017/18

3.1 The table below **Table 3 – Significant Risks & Mitigation Plans** highlights the significant financial risks the Trust has faced during 2018/19 and identifies how they have been treated in the financial position.

Table 3 – Significant Risks & Mitigation Plans

Risk	Narrative	Included / Excluded for reported outturn
Provider Sustainability Funding (PSF)	The Trust is forecasting a surplus of £2.088m which is £0.250m above the control total of £1.838m this includes £2.422m Provider Sustainability Fund allocated to the Trust for 2018/19.	£2.422m income - Included
Personal Injury Benefit Discount Rate	The change in discount rate was published in December and is a £0.139m benefit in 2018/19.	Included
Cost Improvement Programme slippage (CIP)	The Trust has identified plans to achieve the in-year CIP however there is still a shortfall of £1.002m recurrently.	Included – schemes identified in year
CQUIN Schemes	The Trust will require strong project management to ensure achievement of agreed milestones to ensure the planned income across all the schemes is secured. The forecast includes the quarter 3 assessment of the CQUIN shortfall.	Included
PES Contract	The PES contract includes £3.500m non-recurrent funding for a 2-year period relating to the additional frontline Double Crewed Ambulance (DCA)	Included

	resources required as part of the ARP standards. The Trust was forecasting a £0.657m variance against this investment and following discussions with Commissioners have agreed the use of additional VAS capacity up to this value to support performance and patient safety over the winter months.	

4. FINANCIAL SUSTAINABILITY RISK RATING (FSRR)

4.1 NHS Improvement introduced a new Single Oversight Framework that came into effect from the 1st October 2016. It assesses the providers via "Use of Resources Metrics (UOR)" that helps to identify providers that need support. The UOR Metrix comprise of five elements:

4.2 <u>Continuity of Services</u>
   1. Liquidity: days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown.
   2. Capital servicing capacity: the degree to which the organisation's generated income covers its financing obligations.
   3. Underlying performance: I&E margin percentage, which measures the surplus against the income.
   4. Variance in I&E margin as a percentage of income: This measures if the actual surplus is in line with the planned surplus.
   5. Agency usage: This measures how far providers are above or below their agency ceiling.

There are four rating categories ranging from 1, which represents the providers with maximum autonomy i.e. least risk, to 4, representing the providers in special measures i.e. most risk. If any of the elements score at 4, the maximum overall score the provider could be scored at is 3 regardless of the remaining elements i.e. it triggers override to bring the score to 3.

Table 4 - Risk Ratings

Financial Metric	2018/19 YTD Score	Plan Score	Forecast Score	Weight
Liquidity	1	1	1	0.2
Capital Servicing	1	1	1	0.2
I&E Margin	2	2	2	0.2
Control total rating	1	1	1	0.2
Agency	2	1	2	0.2
Overall Unrounded	1.4	1.2	1.4	
Rounded Score before override	1	1	1	
OVERALL SCORE AFTER OVERRIDE (Triggered if any of the score are 4)	1	1	1	

4.3 The year to date expenditure on agency is £2.594m which is £0.130m above the cumulative ceiling of £2.464m, equivalent to 5.27% above the ceiling which results in an agency financial metric of 2. The overall financial risk score remains at a 1 for the Trust at Month 10. The Trust has seen a reduction in agency expenditure in the last few months and has reduced the percentage above the agency ceiling. The Trust is still looking to reduce agency expenditure were possible for the reminder of the financial year.

5. SUMMARY REVENUE FINANCIAL POSITION

5.1   The summary financial position is shown in **Table 5 – Summary Financial Position**.

5.2   The EBITDA position at Month 10 is a surplus of £10.934m which is £0.345m below the planned EBITDA surplus.

5.3   It should be noted that the EBITDA position does not include depreciation, amortisation, interest and dividends and after accounting for these items the Trust's financial performance is a surplus of £1.742m which is a £0.185m favourable variance to the plan.

5.4   In line with the plan and control total, the year-end outturn for 2018/19 as at Month 10 is a surplus of £2.088m which is £0.250m above the control total of £1.838m, this includes the receipt of £2.422m Provider Sustainability Fund (PSF). The recurrent underlying financial position for the Trust excluding the PSF is a £0.430m surplus.

Table 5 – Summary Financial Position

Statement of Comprehensive Income	Year to Date - Month 10			Full Year 2018/19		
	Budget	Actual	Variance	Annual Budget	Forecast	Forecast
	£000s	£000s	£000s	£000s	£000s	£000s
Total Income	(277,049)	(282,019)	(4,970)	(332,349)	(337,980)	(5,631)
Pay Expenditure	198,472	201,428	2,956	238,246	235,311	(2,935)
Non Pay Expenditure	67,298	69,657	2,359	80,470	89,050	8,580
Total Expenditure	265,770	271,085	5,315	318,716	324,361	5,645
EBITDA	(11,279)	(10,934)	345	(13,633)	(13,619)	14
Depreciation & Amortisation	8,990	8,537	(453)	10,903	10,783	(120)
Dividends	1,071	1,195	124	1,285	1,285	0
Other Gains & Losses	(142)	(171)	(29)	(153)	(153)	0
Interest payable	0	0	0	0	0	0
Interest receivable	(189)	(200)	(11)	(230)	(230)	0
Other finance costs	9	(8)	(17)	11	11	0
(SURPLUS)/DEFICIT	(1,540)	(1,581)	(41)	(1,817)	(1,923)	(106)
Donated Assets	17	17	0	21	21	0
Impairment Losses	0	144	144	0	144	144
Reported NHS Financial Performance	(1,557)	(1,742)	(185)	(1,838)	(2,088)	(250)

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6. COST IMPROVEMENT PROGRAMME PERFORMANCE

6.1 The CIP target to the end of January 2019 is £7.097m and the CIP year to date position is £8.276m which is an achievement of 116.61%. A summary of the CIP performance by scheme to the end of January is shown in **Table 6 - CIP requirements 2018/19.**

Table 6 - CIP requirements 2018/19

Scheme	Full Year Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Estates and Fleet	0.610	0.442	0.122	(0.320)
Finance and Procurement	0.120	0.098	0.083	(0.015)
Chief Executive	0.066	0.045	0.003	(0.042)
Organsational Development	0.275	0.184	0.000	(0.184)
IMT	0.281	0.187	0.020	(0.167)
Quality	0.140	0.093	0.000	(0.093)
Medical	0.011	0.008	0.000	(0.008)
PES	6.630	4.727	4.855	0.128
PTS	0.561	0.456	0.462	0.006
111	0.219	0.183	0.182	(0.001)
Resilience	0.032	0.021	0.000	(0.021)
Other Additional	0.762	0.526	0.401	(0.125)
Sub Total Recurrent Schemes	**9.707**	**6.970**	**6.128**	**(0.842)**
CIP Non Recurrent	0.127	0.127	2.148	2.021
GRAND TOTAL	**9.834**	**7.097**	**8.276**	**1.179**

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7. JANUARY 2019 (MONTH 10) – COMMENTARY ON DIRECTORATES – EXCEPTION REPORTING

7.1 The summary for each directorate is shown in **Table 7 – Summary Financial Position by Directorate**.

Table 7 – Summary Financial Position by Directorate

	Year to Date - Month 10			Full Year 2018/19		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Annual Budget	Annual Forecast	Variance
Operations						
PES	(47,422)	(46,268)	1,154	(56,979)	(55,479)	1,500
111 Service	(2,473)	(2,173)	300	(2,950)	(2,450)	500
Resilience	194	(432)	(626)	239	(207)	(446)
Total Operations	**(49,701)**	**(48,873)**	**828**	**(59,690)**	**(58,136)**	**1,554**
Finance						
PTS	(3,262)	(2,291)	971	(3,994)	(2,794)	1,200
Estates & Fleet	16,816	16,538	(278)	20,264	20,064	(200)
Corporate	1,543	1,073	(470)	1,931	(50)	(1,981)
Total Finance	**15,097**	**15,320**	**223**	**18,201**	**17,220**	**(981)**
Other Directorates						
Quality	10,297	9,960	(337)	12,384	12,139	(245)
Organisational Development	5,908	5,513	(395)	6,927	6,477	(450)
Chief Executive	5,613	5,697	84	6,728	6,898	170
Medical	1,507	1,449	(58)	1,817	1,783	(34)
Total Other Directorates	**23,325**	**22,619**	**(706)**	**27,856**	**27,297**	**(559)**
EBITDA	**(11,279)**	**(10,934)**	**345**	**(13,633)**	**(13,619)**	**14**
Depreciation & Amortisation	8,990	8,537	(453)	10,903	10,783	(120)
Dividends	1,071	1,195	124	1,285	1,285	0
Other Gains & Losses	(142)	(171)	(29)	(153)	(153)	0
Interest Payable	0	0	0	0	0	0
Interest Receivable	(189)	(200)	(11)	(230)	(230)	**0**
Other Finance Costs	9	(8)	(17)	11	11	0
(Surplus) / Deficit	**(1,540)**	**(1,581)**	**(41)**	**(1,817)**	**(1,923)**	**(106)**
Donated Assets	17	17	0	21	21	0
Impairment Losses	0	144	144	0	144	144
Reported NHS Financial Performance	**(1,557)**	**(1,742)**	**(185)**	**(1,838)**	**(2,088)**	**(250)**

7.2 **Paramedic Emergency Services**
The PES directorate is overspending by £1.154m.

Pay is £0.383m overspent, primarily due to the levels of overtime carried out to meet operational pressures being higher than the vacancies in various areas. However an element of the pay overspending is recouped through secondment and other recharges.

Non-pay is £0.819m overspent, with the main overspending areas being £0.310m on meal break payments, £0.239m on drugs and medical equipment and the net impact of the £0.435m underspending on VAS in Quarter 1 relating to the additional capacity investment from Commissioners and a £0.859m VAS overspend from Month 4 to Month 10.

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7.3 **111 Service**

The 111 service is £0.300m overspent at the end of Month 10 mainly due to an overspending on Pay of £0.253m which is a result of bank staff and agency usage being above the budgeted vacant posts however plans are being implemented to recruit to substantive and bank posts to reduce the current agency expenditure levels. Such plans have led to a reduction in agency expenditure for four successive months.

The forecast outturn is an overspending of £0.500m, primarily due to actions put in place to meet the performance recovery plan, for example enhancing call capacity to cover vacancy gaps for call handlers and clinicians and increasing the pharmacist provision. This level of overspending represents c2.5% of the 111 service annual contract value.

7.4 **Patient Transport Service**

The PTS service financial position is £0.971m overspent. Year to date income is £1.078m over achieved, non-pay is overspent by £2.126m and pay budgets are £0.077m underspent. Contract income value is over achieved in all areas due to a mix of activity over performance and variance against mobility and journey weightings compared to the plan. There are no significant variances to report against pay and non-pay variance relate to the use of private providers. The PTS service line remains within the forecast of £1.200m overspent.

Agency expenditure to date totals £0.059m with £0.028m in control and £0.031m in call taking.

7.5 **Finance**

The Finance Corporate Directorate is underspent by £0.470m. This includes Trust Reserves, Finance and Commissioning budgets. In Month 9 IT moved to the Quality Directorate.

7.6 **Other Directorates**

Other directorates are £0.706m underspent. Income is over-recovered by £0.901m due to apprenticeship levy and funded secondments outside the Trust.

8. CAPITAL PROGRAMME

8.1 The capital plan is included in **Appendix 1 – Capital Programme 2018/19** and shows expenditure to date of £13.868m and sale of assets at £0.382m. The full year plan is for £21.306m expenditure against the confirmed Capital Resource Limit (CRL) of £21.307m. This is made up of base CRL of £11.024m; additional CRL funding of £6.621m for the emergency vehicles and CRL increase of £3.662m approved by NHSI.

9. STATEMENT OF FINANCIAL POSITION

9.1 The Statement of Financial Position as at 31st January 2019 is included in **Appendix 2 – Statement of Financial Position**.

9.2 Property, Plant & Equipment and Intangible Assets

Table 8 - Property, Plant & Equipment and Intangible Assets

	Current Position		
	31st December 2018	31st January 2019	Increase/ (Decrease)
	£000s	£000s	£000s
Property, Plant and Equipment	81,948	85,588	3,640
Intangible Assets	1,096	1,476	380
Total	83,044	87,064	4,020

9.3 Cash and Cash Equivalents

The Trust's cash and cash equivalents balance at the end of January 2019 is healthy standing at £45.649m. More detail is provided in **Appendix 3 – Cash flow forecast.**

Table 9 – Cash

	Current Position		
	31st December 2018	31st January 2019	Increase/ (Decrease)
	£000s	£000s	£000s
Cash Held with GBS	44,099	45,647	1,548
Cash in Hand	2	2	0
Total	44,101	45,649	1,548

9.4 Receivables

Table 10 – Current Receivables

	31st December 2018	31st January 2019	Increase/ (Decrease)
	£000s	£000s	£000s
Cash Held with GBS	44,099	45,647	1,548
Cash in Hand	2	2	0
Total	44,101	45,649	1,548
Accrued Income	6,395	6,427	32
Prepayments	4,524	4,354	(170)
VAT	33	-7	(40)
Other	196	264	68
Total	55,249	56,687	1,438
Accrued income	1,392	1,401	9

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Table 11 – Ageing Analysis of Trade Receivables

January 19						
	NHS		**Non NHS**		**Total**	
Age	**£000s**	**%**	**£000s**	**%**	**£000s**	**%**
0 - 30 days	343	21%	210	30%	553	24%
31 - 60 days	1,205	73%	331	47%	1,536	66%
61 - 90 days	90	5%	37	5%	127	5%
91 + days	4	0%	122	17%	126	5%
Total	**1,642**	**100%**	**700**	**100%**	**2,342**	**100%**
December 2018						
	NHS		**Non NHS**		**Total**	
Age	**£000s**	**%**	**£000s**	**%**	**£000s**	**%**
0 - 30 days	1,332	91%	193	49%	1,525	82%
31 - 60 days	11	1%	61	16%	72	4%
61 - 90 days	31	2%	17	4%	48	3%
91 + days	90	6%	121	16%	211	11%
Total	**1,464**	**100%**	**392**	**100%**	**1,856**	**100%**

There are no notable NHS debtors over 90 days old.

9.5 **Trade and Other Payables**

Payables relate to those items of expenditure for which the Trust has yet to make cash payment. The classification between current and non-current is dependent upon the expected timing of the payment.

Current trade and other payables relate to those payments the Trust expects to make within the next 12 months. The movements and forecast balances are detailed in **Table 12 - Trade and Other Payables.**

Table 12 - Trade and Other Payables

	31st December 2018	31st January 2019	Increase/ (Decrease)
Current	**£000s**	**£000s**	**£000s**
Trade Payables - NHS	(107)	(20)	87
Trade Payables - non NHS	(1,050)	(1,344)	(294)
Accruals	(20,896)	(21,142)	(246)
Deferred Income	(1,680)	(1,305)	375
Social Security Costs	(5,032)	(4,878)	154
Pension Liabilities	(2,673)	(3,362)	(689)
Capital Creditors	(693)	(3,370)	(2,677)
Other	(635)	(122)	513
Total	**(32,766)**	**(35,543)**	**(2,777)**

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10. BETTER PAYMENT PRACTICE CODE

10.1   The Better Payment Practice Code requires the Trust to pay 95% of all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice whichever is later.

Table 13 - Better Payment Practice Code

	Total Number	Paid within target		Total Value of	Paid within target	
	Invoices Paid	Number	%	Invoices Paid £000s	Value of £000	%
Non NHS	4,018	3,801	94.60%	13,682	13,061	95.46%
NHS	91	89	97.80%	771	766	99.35%

10.2   In January 2019 the Trust has achieved 94.67% of all invoices by number and 95.31% by value which shows a big improvement in comparison to last month and both indicators are above 95% target.

10.3   Year to date the target is achieved, with 95.76% of invoices by number and 95.31% by value to January 2019. In respect of meeting the 10 day payment best practice the Trust has achieved 41.09% by number and 72.54% by value.

11. RECOMMENDATION

11.1   The Board of Directors are asked to note the 2018/19 reported financial performance to the 31st January 2019.

APPENDIX 1 – CAPITAL PROGRAMME 2018/19

	Revised Plan	YTD Spend	YTD Forecast
	£	£	£
Vehicles and Equipment			
17/18 PES Vehicles	1,380,633	1,380,633	1,380,633
18/19 PES Vehicles	8,593,304	5,687,587	8,977,993
18/19 PTS Vehicles	2,190,000	1,045,602	2,694,650
17/18 Write Off vehicles	288,000	185,753	276,703
18/19 Engines	245,000	148,146	200,000
Defibs	1,500,000	1,537,697	1,538,000
Stretchers for Training	0	0	27,000
Bareatrics	0	0	292,000
Estates Costs			
Penrith	60,000	7,434	60,000
Oldham station (general improvements)	100,000	0	0
Millom	20,000	0	20,000
Ulverston	0	0	0
Wigan	0	0	0
Middleton	50,000	6,016	100,000
Burscough	320,000	0	103,000
Rossendale	0	0	0
South Liverpool	79,000	0	79,000
Toxteth	200,000	0	200,000
18/19 EOC resilience	30,000	18,992	20,000
Altrincham	0	0	35,000
Burnley	100,000	0	41,000
Lancaster	20,000	33,582	34,000
Estuary Car Park	0	0	0
Skelmerdale - Gates	0	0	38,600
Salkheld Hall	6,500	6,479	6,500
Energy Scheme	0	0	0
Preston	132,000	0	26,000
Norwich	0	15,554	15,554
Bootle	0	14,014	14,014
Oldham PTS	0	0	30,000
Shorelines (Live Buildings)	0	0	78,000
Electric shorelines covers GMA	0	0	78,000
19/20 Estates Programme	0	0	0
Professional Fees	0	0	0
VAT recovery	(232,304)	(232,304)	(232,304)
Bolton South	0	0	15,600
GMA workshops	0	17,100	20,520
Central Station	0	0	10,000
Whitefield Site	0	0	10,000
Dukinfield Station	0	0	12,000
ICT			
Backup Solution	0	0	0
Other ICT	42,000	41,326	42,000
Telephony	50,000	9,286	15,000
GRS App	45,000	0	0
New tech (Nexus in Broughton)	480,000	681,709	682,000
Firewalls	0	9,408	9,500
Total Regular Capital Projects	**15,699,133**	**10,614,014**	**16,949,963**
PMO			
Sharepoint Developments	0	0	0
Fleet System	160,000	76,961	160,000
CAD Developments	20,000	0	20,000
Intranet	80,000	20,441	33,000
Lightfoot	100,000	0	0
Working Time Solution	292,500	238,456	238,500
Working Time Solution - 111	30,000	0	0
Other	92,533	0	0
111 Digital info	0	40,933	40,933
Total Regular Capital Projects	**775,033**	**376,791**	**492,433**
Total Capital Spend on Ordinary Programmes	**16,474,166**	**10,990,805**	**17,442,396**
		.	
Additional Large Developments			
EOC - Fit Out	3,163,000	2,958,120	3,082,000
EOC - IT	838,000	170,718	838,000
Airwave	0	0	0
New Technology	0	0	0
EPRF	0	0	0
Technology on vehicles	355,000	130,032	325,000
Total Large Developments	**4,356,000**	**3,258,870**	**4,245,000**
Other			
Assets Disposal	(475,397)	(381,833)	(381,833)
Total Asset Disposal	**(475,397)**	**(381,833)**	**(381,833)**
Total Capital	**20,354,769**	**13,867,842**	**21,305,563**
Depreciation	**11,024,000**	**0**	**11,024,000**
Additional CRL Awarded	**6,621,000**	**0**	**6,621,000**
Allocated CRL	**3,660,563**	**0**	**3,660,563**
Avaiable CRL	**0**	**0**	**0**
Available Resource	**21,305,563**	**0**	**21,305,563**

APPENDIX 2 – STATEMENT OF FINANCIAL POSITION

Period Ending 31st Janaury 2019 Statement of Financial Position	Actual 31st March 2018 £000s	Actual 31st January 2019 £000s	Plan 31st Janaury 2019 £000s	Forecast 31st March 2019 £000s
NON-CURRENT ASSETS:				
Property, Plant and Equipment	80,475	85,992	89,009	91,345
Intangible Assets	1,401	1,072	911	813
Trade and Other Receivables	1,405	1,401	1,405	1,405
TOTAL Non-Current Assets	83,281	88,465	91,325	93,563
CURRENT ASSETS:				
Inventories	764	776	764	764
Trade and Other Receivables	12,945	12,601	13,107	13,445
Cash and Cash Equivalents	42,207	45,649	27,085	29,719
Total Current Assets	55,916	59,026	40,956	43,928
Non-Current Assets Held For Sale	209	209	0	0
TOTAL Current Assets	56,125	59,235	40,956	43,926
TOTAL ASSETS	139,406	147,700	132,281	137,489
CURRENT LIABILITIES				
Trade and Other Payables	(34,599)	(35,543)	(26,723)	(25,266)
Provisions	(5,134)	(5,072)	(4,963)	(4,993)
Total Current Liabilities	(39,733)	(40,615)	(31,686)	(30,259)
NET CURRENT ASSETS/(LIABILITIES)	16,392	18,620	9,270	13,667
TOTAL ASSETS LESS CURRENT LIABILITIES	99,673	107,085	100,595	107,230
NON-CURRENT LIABILITIES:				
Provisions	(18,322)	(17,534)	(17,704)	(17,587)
Borrowings	(79)	(78)	(79)	(78)
Total Non-Current Liabilities	(18,401)	(17,612)	(17,783)	(17,665)
ASSETS LESS LIABILITIES (Total Assets Employed)	81,272	89,473	82,812	89,565
Financed by Taxpayers' Equity				
Public Dividend Capital	92,720	99,341	92,720	99,341
Retained Earnings Reserve	(14,393)	(12,811)	(12,853)	(12,719)
Revaluation Reserve	2,945	2,943	2,945	2,945
Other Reserves				
TOTAL Taxpayers' Equity	81,272	89,473	82,812	89,567

APPENDIX 3 – CASH FLOW FORECAST

Actual and 12 month projected cashflow

Legend: Actual Cash — Forecast — Plan
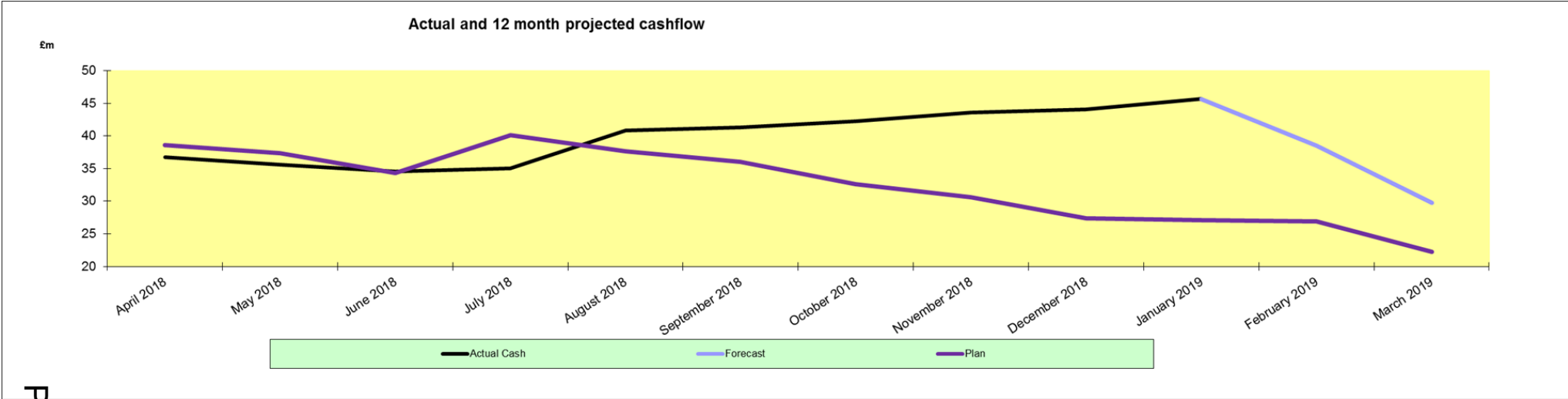
£m	APR 2018		MAY 2018		JUN 2018		JUL 2018		AUG 2018		SEP 2018		OCT 2018		NOV 2018		DEC 2018		JAN 2019		FEB 2019		MAR 2019 FULL YEAR	
APR	A	36.7	F1	35.7	F2	34.7	F3	39.2															FYF	22.3
MAY			A	35.6	F1	34.1	F2	38.6	F3	36.2													FYF	22.3
JUN					A	34.6	F1	40.2	F2	37.8	F3	36.2											FYF	28.9
JUL							A	35	F1	37.3	F2	36.3	F3	32.7									FYF	28.9
AUG									A	40.9	F1	37.3	F2	33.7	F3	31.0							FYF	29.7
SEP											A	41.3	F1	38.7	F2	35	F3	32.8					FYF	29.7
OCT													A	42.3	F1	38.7	F2	37.9	F3	37.7			FYF	29.7
NOV															A	43.6	F1	41.7	F2	38.1	F3	33.1	FYF	29.7
DEC																	A	44.1	F1	41.6	F2	36.6	FYF	29.7
JAN																			A	45.6	F1	38.5	FYF	29.7
FEB																					A		FYF	
MAR																							A	

A	Actual	**F**	Forecast	**FYF**	Full Year Forecast

**North West
Ambulance Service**
NHS Trust

REPORT

Board of Directors	
Date:	27 February 2019
Subject:	RRV vehicle replacement programme
Presented by:	Michelle Brooks
Purpose of Paper:	For Decision
Executive Summary:	The purpose of this business case is to present the annual Rapid Response Vehicle Replacement Programme (VRP) for 2019/2020 as defined in the Board approved Fleet Strategy.
Recommendations, decisions or actions sought:	Option 2 for the RRV business case provides the solution that balances risk, vehicle replacement numbers to secure essential replacements of the Trust's fleet and maintain business continuity. The option also provides a cost effective solution towards achieving and sustaining a five year replacement programme for the fleet and gives a flexible approach to match the fleet to future requirements.
	The Board of Directors is asked to note and support:-
	- Approval of option 2 for the RRV business case. - The 2019/20 funding shortfall of £98.2k (£88.4 Non recurrent and £9.7k Recurrent Revenue) be funded via non pay inflation reserve. Along with the 2020/21 – 2023/24 recurrent revenue of £19.5k per year and 2024/25 £9.7k. - The efficiency savings arising from the use of electric vehicles is £437.5k over the 5 years.

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

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Are there any Equality Related Impacts:	
Previously Submitted to:	**Finance, Investment & Planning Committee**
Date:	**22 February 2019**
Outcome:	

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1. PURPOSE

The purpose of this business case is to present the annual Rapid Response Vehicle Replacement Programme (VRP) for 2019/2020 as defined in the Board approved Fleet Strategy. The timeline for replacement would normally be six months. Therefore the business case aims to secure approval from the Board of Directors at the earliest opportunity to enable the replacement of vehicles.

2. BACKGROUND

The strategy proposes having annual replacement programmes and that these programmes will be drawn up to take into account the changing fleet profile in line with the service modernisation. Annual vehicle replacement programmes will be supported by robust business cases targeted to each service delivery core vehicle type. The replacement programme covers the "in-service" fleet only. Additions and special projects will be covered under separate business cases.

A key objective of the fleet strategy is to achieve a 5 year replacement cycle for RRV cars, for affordability purposes, to balance the replacement numbers across 5 years and based on operational performance and maintenance.

In considering the proposals for 2019/20 there are several key factors affecting the replacement programme that have to be considered:

- The time taken to deliver into the service the vehicles from orders being placed, (purchase and conversion).
- Supplier capacity to deliver and convert the number of vehicles required
- Revenue funding available
- Future workforce model
- Vehicle pool resource requirements
- Experience of operating RRV's in both urban and rural areas
- Improved maintenance of vehicles
- Extended life of vehicles

In 2016 a paper was approved to introduce vehicles into the Trust with alternative fuels, in this case the choice was to go for electric powered vehicles with the added facility of a petrol range extender. The Trust procured 4 BMW I3's which were modified as an RRV and delivered for testing and evaluation in July 2017. The cars were converted to a standard RRV; the appropriate load carrier was developed to ensure that the medical kit could be carried safely. The vehicles met all the appropriate standards and achieved small series type approval and IVA certification.

Subsequently a paper (Electric Response vehicles 17.07.18) was produced and approved by the Board as the BMW electric vehicle has proved its suitability within the operational setting in the urban and future Hub and Spoke environment. It has also achieved its targets both in terms of efficiencies and its predicted reductions in carbon emissions.

A fuel saving of £3,500 per vehicle per year from Skoda to BMW is to be noted. Alongside fuel, an environmental benefit in carbon reduction would be achieved.

Fuel Savings	Skoda Octavia	BMW i3
Fuel costs per mile	£0.16	£0.02
Fuel cost per annum (based on 25,000 miles)	£4,000	£500
Annual fuel saving per vehicle per year	**£0**	**£3,500**

A carbon saving of 2.97 tonnes per vehicle per year would be achieved based on the current operating performance of the BMW i3 versus the Skoda Octavia.

A supporting charging network paper will be required with each business case, expanded in section 7.

Although the vehicle has been tested successfully in two GM urban areas of the Trust, it has proved that it can be and should be considered for other urban areas within the North West. Our more rural areas should now be explored to confirm its suitability. A site has been chosen for trial (Distington), where one of our current electric vehicles will be transferred on a temporary basis to conduct the trial. The charger for this site has been approved and will be fitted in February 2019; this trial will operate for 3 months to determine that the vehicles can operate in the more rural setting. The Trust should also consider that if the vehicle operating within the rural areas was to only achieve 50% of the savings it would still save a significant amount. This is taking into consideration that the vehicle would be using the battery power and then switch to petrol on the range extender if the mileages were excessive. However, the initial findings where that the mileages of the journeys did not differ that much from the urban areas.

3   CURRENT SITUATION

Ideally any Vehicle Replacement Strategy should not only capture the short term needs but also all projected medium to long term needs and must be affordable in a financial context in revenue terms.

The present size of the "Blue Light" RRV fleet is 93 vehicles. One of the stated objectives of the Fleet Strategy was to achieve a 5 year replacement cycle which has been achieved to date. To maintain a consistent 5 year replacement program 29 vehicles would need to be replaced in 2019-20. It should be noted that initial ORH modelling indicates that further RRV's maybe required to achieve optimum ARP performance. Once ORH work is finalised a further 2019/20 RRV BC maybe required for additional vehicles.

4. **VEHICLE OPTIONS**

Ambulance Service Chief Executives have signed up to national vehicle designs for frontline vehicles. However, agreed national designs for a Rapid Response type vehicle (RRV) are still under development and are unlikely to be available for this replacement programme.

To keep abreast of new developments aligned with the changing needs of the service there is a requirement to maintain flexibility in the area of review, development and trialling new vehicle types. Where opportunities arise these should be addressed via a supplementary paper to the Executive Management Team.

The strategy for Rapid Response cars currently identifies an electric type of vehicle and this will continue for this Business case (2019-2020). The Vehicle Design and Equipment group (VDEG) will continue to look at different Health Care models and react to changes in appropriate time frames.

4x4 (All wheel Drive) vehicles will be considered only where there is a definable need.

Option 1 – replace no vehicles in the year
Option 2 – replace 29 Skoda Octavia's with 25 BMW i3's and 4 Skoda Kodiaq (4x4)

The preferred option would be to replace all outgoing vehicles with the electric vehicle replacements; however the evaluation of the electric vehicle was only undertaken in selected urban areas. This business case identifies four (4) vehicles that are due to be replaced in the more rural setting, therefore a further evaluation will be undertaken at a selected rural site to establish that the electric cars can perform in that setting. Due to this evaluation taking place and the unknown outcome, these four (4) vehicles will be replaced with an alternative vehicle. The vehicle of choice will be the Skoda Kodiak which will strengthen the 4x4 resilience in this area and provide a greater ground clearance for the more rural setting; these vehicles have been requested by the Head of Service at Lancashire and Cumbria.

Appendix A lists the vehicles to be replaced.

5. **MEDICAL AND IT EQUIPMENT**

During 2007/08 a vehicle equipment task group was established to determine standard requirements for the Trust. New vehicles are procured and equipped to this standard. The Trust's Chief Consultant Paramedic maintains the standard list of medical equipment.

The medical equipment does not lend itself to the age profiling of the vehicles. Some equipment will last longer than the 5 year vehicle replacement programme and will still be serviceable after the vehicle has been replaced. Therefore, the Business Case takes into consideration the needs of the medical/clinical equipment replacement programme.

In general, the medical equipment will be transferred from decommissioned vehicles to the newly commissioned vehicles for this Business case.

For new vehicles a complete set of IT equipment will be procured. For replacement vehicles, as is the case in this VRP, only the following will be procured (the remaining equipment will be transferred from the replaced vehicles):

- Fixed mobile phone.
- Tracker recoding unit system and forward and rear facing camera's (Part of RTC procedures/management)
- Existing kit will be transferred from old vehicles to new vehicles, including costs.
- Airwave sacrificial items packs.
- Satnavs –
  - Any additional vehicles will require a full system purchase.
  - All vehicles will receive a new Garmin unit during production. A full system purchase will be required.

Appendix B is a list of IT equipment. Note that revised equipment costs impacting Airwave communications equipment purchases for additional vehicles has been issued to NWAS Finance to assist with business planning. The costs of NWAS de-installations and re-installations for existing systems remains unchanged, these revisions impact orders for additional voice and mobile data equipment only.

6. PROCUREMENT

The Trust must comply with EU procurement legislation due to the value of the vehicles and the numbers required. To do this the Trust must purchase the vehicles from a national or regional contract which has been awarded following an appropriate tender process, via a national or regional procurement agency - for example the Crown Commercial Service (CCS) or a regional procurement agency such as the NHS Shared Business Services (SBS). Alternatively the Trust could undertake its own EU compliant tender process using the appropriate timescales (an OJEU process can usually take between 4 to 6 months).

Historically, the Trust has fulfilled its requirements for response vehicles via an operating lease route. However, the decision to purchase or lease will be made based on both the Value for Money and Transfer of Risk tests. Again to comply with EU procurement legislation the Trust must either use a national contract, noted above, or tender independently.

The operating lease provider will be selected following a mini competition under either the Sector Treasury Service Operating Lease framework agreement or the pan government lease framework established by the Crown Commercial Service (CCS).

Once selected, the lease provider will procure the base vehicles from the CCS pan government vehicle purchase framework (RM859).

The base vehicles will be converted to the Trusts specification by the Trust's preferred converter. The conversion will be facilitated by the operating lease provider. The preferred converter is Wilker UK Limited, who were selected by the Trust following a mini competition using the CCS framework for Vehicle Conversions (RM 956).

7   CHARGING POINTS

To support the addition of these new vehicles, there will be a requirement to fit and install charging points at a number of ambulance stations and workshops. A paper will be submitted to the Trust Board via capital with details of financial costings and numbers required. The charging points will support the electric vehicle business cases due in the forthcoming years as the network expands. The cost of this, which is being completed using capital is £100,000 and is not included within the figures within this BC.

Further future charging points papers will be produced to support the role out of approved electric vehicles throughout the trust, in the relevant financial years.

8   RISK

The main risk connected with these recommendations is the service/business continuity risk associated with not replacing ageing vehicles. The timescale to build and deliver an RRV to the Trust takes six-seven months from the placement of the order. Therefore, there is real risk to the Trust of:

- Not all vehicles ordered being delivered within the financial year.

- Expired leases incurring additional lease and maintenance costs, at worse lease companies recovering their vehicles.

- Vehicle manufacturers changing their product range could result in compromising the Trust's supply of replacement vehicles if procured from a single source.

- The business case is based upon the current indicative costs, which could change when true costs are realised at the point of procurement, and this risk could increase the longer the timescale from business case development to actual procurement.

9.   FINANCIAL ANALYSIS

Financial Options appraised

A financial appraisal has been completed on Option 2 replace 29 Skoda Octavia's (2wd) with 25 BMW i3's (2wd) and 4 Skoda Kodiak (4wd) with a lease of 5 years duration as this is the non-financial option.

Revenue Funding

The total revenue budget available for the current 29 RRV vehicles in 2019/20 is £248,800. This budget has been provided by the Management Accounts team within Finance and has been confirmed as recurrent.

Risk Transfer

Both vehicle types (2wd and 4wd) pass the transfer of risk threshold meaning that they would be classified as operating leases under IAS17 if the lease option was most favourable. The risk transfer calculation can be found in Appendix C.

Economic Analysis: Net Present Value

Net Present Values (NPV) calculations have been performed to determine the most cost effective method to acquire the 25 BMW I3 and 4 Skoda Kodiaq, comparing leasing (requires revenue funding) verses purchasing (requires capital funding). The calculations are based on a discount factor of 3.5% in line with Treasury guidance and over a 5 year term. The capital option assumes that the vehicles will have a useful life of 5 years. The following summary table show the NVP for both the capital option in comparison to the lease option, over a 5 year period.

Option	Lease NPV	Capital NPV
Revised Profile 5 yr term	£1,102,105	£1,186,929

Economic Analysis Recommendation

When assessing the NPV of both options there is a difference of £84,824. The option to lease the RRVs has the lowest value at £1,102,105, therefore ranking it as the most economically favourable option over a five year period.

Affordability Analysis

An affordability analysis has been undertaken on the most economically favourable option determined above, leasing 25 BMW i3's (2wd) and 4 Skoda Kodiak (4wd). The recurrent and non-recurrent revenue requirements, budget availability and any resultant funding surplus/shortfall is shown in the table below:-

Financial Impact Profile - Lease	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total Impact
Lease cost	£91,705	£171,769	£171,769	£171,769	£171,769	£80,063	£858,843
Maintenance	£43,585	£82,130	£82,130	£82,130	£82,130	£38,545	£410,651
VUE Tracking	£3,257	£6,515	£6,515	£6,515	£6,515	£3,257	£32,573
Data On Board services	£3,906	£7,308	£7,308	£7,308	£7,308	£3,402	£36,540
Charge your Car Card	£300	£600	£600	£600	£600	£300	£3,000
Recurrent Revenue	**£142,754**	**£268,321**	**£268,321**	**£268,321**	**£268,321**	**£125,568**	**£1,341,607**
Mobile Device & Cradle	£87,793	£0	£0	£0	£0	£0	£87,793
Crests	£689	£0	£0	£0	£0	£0	£689
Non-Recurrent Revenue	**£88,482**	**£0**	**£0**	**£0**	**£0**	**£0**	**88,482**
Total Revenue	**£231,236**	**£268,321**	**£268,321**	**£268,321**	**£268,321**	**£125,568**	**£1,430,090**
Revenue Budget Available	**(£132,979)**	**(£248,800)**	**(£248,800)**	**(£248,800)**	**(£248,800)**	**(£115,821)**	**(£1,244,000)**
Revenue Cost Pressure / (Underspend)	**£98,257**	**£19,521**	**£19,521**	**£19,521**	**£19,521**	**£9,747**	**£186,090**
Efficiency Savings	**(£43,750)**	**(£87,500)**	**(£87,500)**	**(£87,500)**	**(£87,500)**	**(£43,750)**	**(£437,500)**

Note: The calculations are inclusive of VAT at 20%

The total revenue costs for this option over the 5 year lease agreement are £1,430,090, against the total existing revenue budget of £1,244,000.

In 2019/20 there is a recurrent revenue pressure of £9.7k and a non-recurrent revenue pressure of £88.4k.

In 2020/21 – 2023/24 the recurrent pressure is £19.5k and in 2024/25 £9.7k resulting in a total recurrent revenue pressure of £97.6k over the 5 year term.

The efficiency savings arising from the use of electric vehicles is £437.5k over the 5 years.

This option does not utilise any Trust wide capital funds.

Financial Assumptions

A number of assumptions have been included in the financial section of this business case. These are outlined below:

- Vehicle lease prices – the prices for procuring and leasing new vehicles have been based on quotes from Link Asset Services and Alphabet received in November 2018 and includes VAT at 20%.
- IT equipment has been included for the new installation of Mobile Data Communications Equipment.
- Vehicle (VUE) tracking installation is integral in the new vehicle prices; however there is a recurrent revenue annual rental charge.
- Costs have been assessed for the purchase and lease of the vehicles. The risk transfer test and value for money (NPV) have been completed; please see Appendix C and D respectively.
- A list of NWAS vehicle registrations to be replaced is included in Appendix A. This list shows all 29 vehicles to be replaced.
- Insurance costs in the business case assume a status quo. This is because vehicles are replacements; therefore insurance will transfer from old to new at

no additional cost.

- Skoda Kodiak - Maintenance will run on existing lines which will be reviewed after 12 months service to determine any variances in costs/savings.
- BMW I3 – Maintenance includes BMW dealer checks every 10 weeks and includes additional costs for brake pads.
- Any decommissioning costs of Airwave from the old vehicles (if applicable) have been excluded from calculations.
- The existing vehicle leases will terminate in the same month as they are replaced with new vehicles.
- For leased vehicles, lease and maintenance costs will be incurred from June 2019 based on the expected conversion timescales anticipated by the fleet department.
- Costs assume conversion of the 4 Skoda vehicles in June-July 2019 and the 25 BMWs in September-October 2019. Any slippage would affect figures above.

Financial Summary

Financial Impact Profile - **Lease**	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total Impact
Recurrent Revenue	£142,754	£268,321	£268,321	£268,321	£268,321	£125,568	£1,341,607
Non-Recurrent Revenue	£88,482	£0	£0	£0	£0	£0	£88,482
Total Revenue	£231,236	£268,321	£268,321	£268,321	£268,321	£125,568	£1,430,090
Revenue Budget Available	(£132,979)	(£248,800)	(£248,800)	(£248,800)	(£248,800)	(£115,821)	(£1,244,000)
Revenue Cost Pressure / (Underspend)	£98,257	£19,521	£19,521	£19,521	£19,521	£9,747	£186,090
Efficiency Savings	(£43,750)	(£87,500)	(£87,500)	(£87,500)	(£87,500)	(£43,750)	(£437,500)

Financial Impact Profile - Purchase	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total Impact
Capital	£1,051,235	£0	£0	£0	£0	£0	£1,051,235
Recurrent Revenue	£290,995	£336,500	£336,500	£336,500	£336,500	£285,451	£1,922,446
Revenue Budget Available	(£132,979)	(£248,800)	(£248,800)	(£248,800)	(£248,800)	(£115,821)	(£1,244,000)
Revenue Cost Pressure / (Underspend)	£114,266	£200	£200	£200	£200	£125,881	£240,946
Efficiency Savings	(£43,750)	(£87,500)	(£87,500)	(£87,500)	(£87,500)	(£43,750)	(£437,500)

When assessing the NPV, the option to lease 29 vehicles over a 5 year asset life has the lowest value at £1,102,105 therefore ranking it as the best financially economic option when compared with purchasing over the same duration.

The total revenue costs for this option are £1,430,090, against the total existing revenue budget of £1,244,000 resulting in a revenue pressure of £186,090.

Note the efficiency savings arising from the use of electric vehicles is £437.5k over the 5 years

Summary of Revenue / Non Recurrent Revenue pressure

Financial Impact Profile - Lease	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Total Impact
Recurrent Revenue	£9,775	£19,521	£19,521	£19,521	£19,521	£9,747	£97,607
Non-Recurrent Revenue	£88,482	£0	£0	£0	£0	£0	£88,482
Revenue Cost Pressure / (Underspend)	£98,257	£19,521	£19,521	£19,521	£19,521	£9,747	£186,090

The shortfall each year requires funding and is suggested to be funded via non pay inflation reserve.

10   CONCLUSION

The strategy required that annual replacement programmes were to be drawn up taking into account the changing fleet profile in line with service modernisation.

The main risk connected with these recommendations is the service/business continuity risk associated with not replacing aging vehicles. There is a very high demand from other ambulance services for emergency vehicles. The timescale to build and deliver an RRV to the Trust takes 6-7 months from the placement of the order.

It is therefore recommended that option 2 be approved based on the current assumptions on finance for 2019/20, as this would give the Trust a lower level of risk as this option maintains the current vehicles.

To ensure that the Trust stays on track with its replacement programme for RRV Vehicles the optimum solution is option 2.

11   RECOMMENDATION

The Board of Directors is asked to:-

- Approve option 2 for the RRV business case.
- Support the 2019/20 funding shortfall of £98.2k (£88.4 Non recurrent and £9.7k Recurrent Revenue) be funded via non pay inflation reserve. Along with the 2020/21 – 2023/24 recurrent revenue of £19.5k per year and 2024/25 £9.7k.
- Note the efficiency savings arising from the use of electric vehicles is £437.5k over the 5 years.

Appendix A

Vehicles to be replaced

Reg No	Call Sign	Make	Model	Division	Base	Workshop	Owner	Reg Date	In Srv Date	
PK64NNT	R355	Skoda	Octavia SE	Manchester South	Sharston	Bury	Atel Financial Services Llc	28/10/2014	17/12/2014	
PK64NNR	R570	Skoda	Octavia SE	Manchester Central	Salford	Bury	Atel Financial Services Llc	28/10/2014	18/12/2014	
PK64NOF	R308	Skoda	Octavia SE	Manchester Central	Central	Bury	Atel Financial Services Llc	28/10/2014	18/12/2014	
PJ64XXZ	R767	Skoda	Octavia SE	Mersey West	Chester	Wallasey	Atel Financial Services Llc	04/12/2014	31/12/2014	
PJ64OHP	R502	Skoda	Octavia SE	Manchester West	Bolton South	Bolton	Atel Financial Services Llc	27/11/2014	05/01/2015	
PJ64XXT	R205	Skoda	Octavia SE	East Lancs	Burnley	Blackburn	Atel Financial Services Llc	05/12/2014	14/01/2015	
PJ64WDL	R415	Skoda	Octavia SE	Manchester South	Dukinfield	Bury	Atel Financial Services Llc	05/12/2014	05/02/2015	
PJ64ZTD	R016	Skoda	Octavia SE	Cumbria North	Penrith	Cumbria	Atel Financial Services Llc	13/01/2015	11/02/2015	
PJ64ZTC	R601	Skoda	Octavia SE	Mersey North	Southport	Anfield	Atel Financial Services Llc	20/01/2015	13/02/2015	
PJ64XYD	R501	Skoda	Octavia SE	Manchester West	Bolton South	Bolton	Atel Financial Services Llc	13/01/2015	24/02/2015	
PJ64XYE	R395	Skoda	Octavia SE	Manchester East	Oldham	Bury	Atel Financial Services Llc	13/01/2015	25/02/2015	
PJ64ZSF	R406	Skoda	Octavia SE	Manchester South	Ashton	Bury	Atel Financial Services Llc	20/01/2015	26/02/2015	
PJ64ZSD	R450	Skoda	Octavia SE	Manchester East	Bury	Bury	Atel Financial Services Llc	20/01/2015	03/03/2015	
PJ64ZTB	R500	Skoda	Octavia SE	Manchester West	Bolton South	Bolton	Atel Financial Services Llc	20/01/2015	04/03/2015	
PF64HMY	R026	Skoda	Octavia SE	Cumbria North	Distington	Cumbria	Atel Financial Services Llc	10/02/2015	05/03/2015	
PF64HNL	R025	Skoda	Octavia SE	Cumbria North	Distington	Cumbria	Atel Financial Services Llc	03/02/2015	10/03/2015	
PJ64ZSE	R009	Skoda	Octavia SE	Cumbria North	Carlisle	Cumbria	Atel Financial Services Llc	20/01/2015	11/03/2015	
PF64HMU	R060	Skoda	Octavia SE	Morecambe Bay	Kendal	Broughton	Atel Financial Services Llc	27/01/2015	13/03/2015	
PF64HND	R106	Skoda	Octavia SE	South Lancs	Chorley	Broughton	Atel Financial Services Llc	03/02/2015	17/03/2015	
PJ64UFB	R135	Skoda	Octavia SE	Fylde	Blackpool	Blackpool	Atel Financial Services Llc	27/01/2015	18/03/2015	
PF64HNE	R105	Skoda	Octavia SE	South Lancs	Chorley	Broughton	Atel Financial Services Llc	03/02/2015	19/03/2015	
PF64HMJ	R171	Skoda	Octavia SE	East Lancs	Accrington	Blackburn	Atel Financial Services Llc	27/01/2015	23/03/2015	
PF64HNB	R139	Skoda	Octavia SE	Fylde	Blackpool	Blackpool	Atel Financial Services Llc	03/02/2015	25/03/2015	
PF64HNN	R097	Skoda	Octavia SE	South Lancs	Broughton	Broughton	Atel Financial Services Llc	27/01/2015	25/03/2015	
PF64HMO	R742	Skoda	Octavia SE	Mersey West	Wallasey	Wallasey	Atel Financial Services Llc	10/02/2015	31/03/2015	
PF64HNC	R691	Skoda	Octavia SE	Mersey East	St Helens	St Helens	Atel Financial Services Llc	10/02/2015	02/04/2015	
PF64HNG	R802	Skoda	Octavia SE	Mersey South	Congleton	Macclesfield	Atel Financial Services Llc	10/02/2015	09/04/2015	
PF64HNJ	R625	Skoda	Octavia SE	Mersey North	Fazakerley	Anfield	Atel Financial Services Llc	10/02/2015	16/04/2015	
PG66 0PX	write off vehicle		Octavia SE	manchester South		Bury	De Lage Landen Leasing Ltd	28/02/2017	12/07/2017	Write off

Appendix B

List of IT equipment

Type of Equipment Process / Kit
A&E Ambulance Communications Equipment – Replacement Vehicle **NWAS de-installation and re-installation** Trust de & re-installation voice and mobile data Sacrificial items voice restock tetra |/GPS Antenna for Mobile Data Sacrificial items Thorcom restock Garmin Satellite Navigation Hands Free Mobile Phone Kit (SYSTEM 8 car kit & Universal 2XL Bury cradle) 2G/3G/4G/WiFi Aerial (WiFi antennas / cables / SMA antenna adaptor) Call Sign Decals Mobile phone Tablet Device

Appendix C

BMW I3

(1) Vehicle - RRV - BMW I3	

(2) Lessor   (3) Maintainer

(4) Implicit interest rate % (supplied by Lessor)	(5) Capital inc VAT	(6) Residual Value (net of VAT)
1.50	32,618.34	5,871.30

(7) Total rental per annum inc VAT	(8) Maintenance per annum inc VAT	(9) Lease period (yrs)
6,795.74	856.38	5

(10) Cost of capital %
3.5

CALCULATION A - TRANSFER OF RISK 90-10 RULE

5,939.36	x	1	=	5,939.36
5,939.36	x	0.9852	=	5,851.59
5,939.36	x	0.9707	=	5,765.11
5,939.36	x	0.9563	=	5,679.91
5,939.36	x	0.9422	=	5,595.98
-	x	-	=	-
-	x	-	=	-
			£ 28,831.96	(11)

28,831.96 / 32,618.34	x	100	=	88.39% (12)

LEASE PENALTIES

240	x	0.9240	=	221.75 (13)
			£ 29,053.71	(14)

CALCULATION B - VALUE FOR MONEY RULE

CAPITAL COST			=	32,618.34 (15)

COST OF CAPITAL

32,618	x	3.50%	=	1,141.64 (16)
26,095	x	3.50%	=	913.31
19,571	x	3.50%	=	684.99
13,047	x	3.50%	=	456.66
6,524	x	3.50%	=	228.33
-	x	3.50%	=	-
-	x	3.50%	=	-
-	x	3.50%	=	-

RESIDUAL VALUE

-	5,871	x	0.9240	=	- 5,424.95 (17)

COST OF CAPITAL - LEASING PREPAYMENT

2,970.00	x	3.50%	=	-	103.95 (18)
2,970.00	x	3.50%	=	-	103.95
2,970.00	x	3.50%	=	-	103.95
2,970.00	x	3.50%	=	-	103.95
	x	3.50%	=		-

DISPOSAL COSTS

100	x	0.9240	=	92.40 (19)
			£ 30,294.91	(20)

Results

Value for Money	PASSED - lease is lower than the purchase	(21)
90% Risk	PASSED - less than 90% risk	(22)

Skoda Kodiak 4x4

(1) Vehicle - RRV - Skoda Kodiak 4x4	

(2) Lessor   (3) Maintainer

(4) Implicit interest rate % (supplied by Lessor)	(5) Capital inc VAT	(6) Residual Value (net of VAT)
1.50	36,823.57	5,523.54

(7) Total rental per annum inc VAT	(8) Maintenance per annum inc VAT	(9) Lease period (yrs)
8,873.04	2,160.00	5

(10) Cost of capital %
3.5

CALCULATION A - TRANSFER OF RISK 90-10 RULE

6,713.04	x	1	=	6,713.04
6,713.04	x	0.9852	=	6,613.83
6,713.04	x	0.9707	=	6,516.09
6,713.04	x	0.9563	=	6,419.79
6,713.04	x	0.9422	=	6,324.92
-	x	-	=	-
-	x	-	=	-
			£ 32,587.68	(11)

32,587.68 / 36,823.57	x	100	=	88.50% (12)

LEASE PENALTIES

240	x	0.9240	=	221.75 (13)
			£ 32,809.43	(14)

CALCULATION B - VALUE FOR MONEY RULE

CAPITAL COST			=	36,823.57 (15)

COST OF CAPITAL

36,824	x	3.50%	=	1,288.83 (16)
29,459	x	3.50%	=	1,031.06
22,094	x	3.50%	=	773.30
14,729	x	3.50%	=	515.53
7,365	x	3.50%	=	257.77
-	x	3.50%	=	-
-	x	3.50%	=	-
-	x	3.50%	=	-

RESIDUAL VALUE

-	5,524	x	0.9240	=	- 5,103.62 (17)

COST OF CAPITAL - LEASING PREPAYMENT

3,357.00	x	3.50%	=	-	117.50 (18)
3,357.00	x	3.50%	=	-	117.50
3,357.00	x	3.50%	=	-	117.50
3,357.00	x	3.50%	=	-	117.50
	x	3.50%	=		-

DISPOSAL COSTS

100	x	0.9240	=	92.40 (19)
			£ 35,208.84	(20)

Results

Value for Money	PASSED - lease is lower than the purchas	(21)
90% Risk	PASSED - less than 90% risk	(22)

Appendix D

Cash Flow - LEASE Vehicles (exl. VAT)			Year 0 01/07/19 & 01/10/19	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Option 3 - 5 year Lease 29 (25 2wd & 4 4wd)									
Recurrent Revenue Cost	Lease cost	BMWs	61,868	123,737	123,737	123,737	123,737	61,868	618,684
	Lease cost	Skoda	14,553	19,404	19,404	19,404	19,404	4,851	97,019
	Maintenance	BMWs	30,021	60,042	60,042	60,042	60,042	30,021	300,209
	Maintenance	Skoda	6,300	8,400	8,400	8,400	8,400	2,100	42,000
	VUE Tracking Recurrent	BMWs	2,340	4,680	4,680	4,680	4,680	2,340	23,400
	VUE Tracking Recurrent	Skoda	374	749	749	749	749	374	3,744
	Data On-Board Services	BMWs	2,625	5,250	5,250	5,250	5,250	2,625	26,250
	Data On-Board Services	Skoda	630	840	840	840	840	210	4,200
	Charge your Car Card		250	500	500	500	500	250	2,500
Non Recurrent Revenue Cost	Airwave / Sat Nav Swap Out		53,847	-	-	-	-	-	53,847
	VUE Tracking		19,314	-	-	-	-	-	19,314
	Crests		574	-	-	-	-	-	574
Net Cash Flow		Annual	192,697	223,601	223,601	223,601	223,601	104,640	1,191,741
Balance brought forward			-	192,697	416,298	639,899	863,500	1,087,102	
Balance carried forward			192,697	416,298	639,899	863,500	1,087,102	1,191,741	1,191,741
3.50% Discount Factor			1.00	0.97	0.93	0.90	0.87	0.84	
	PV Cash Flows	1,102,105	192,697	216,040	208,734	201,675	194,856	88,104	1,102,105

Cash Flow - PURCHASE Vehicles			Year 0 01/07/19 & 01/10/19	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Option 3 - 5 year Purchase 29 (25 2wd & 4 4wd)									
	Capital Outlay/Residual - BMW		679,549					(59,461)	620,088
	Capital Outlay/Residual - Skoda		122,745					(10,740)	112,005
Recurrent Revenue Cost	Maintenance	BMWs	30,021	60,042	60,042	60,042	60,042	30,021	300,209
	Maintenance	Skoda	6,300	8,400	8,400	8,400	8,400	2,100	42,000
	VUE Tracking Recurrent	BMWs	2,340	4,680	4,680	4,680	4,680	2,340	23,400
	VUE Tracking Recurrent	Skoda	374	749	749	749	749	374	3,744
	Data On-Board Services	BMWs	2,625	5,250	5,250	5,250	5,250	2,625	26,250
	Data On-Board Services	Skoda	630	840	840	840	840	210	4,200
	Charge your Car Card		250	500	500	500	500	250	2,500
Non Recurrent Revenue Cost	Airwave / Sat Nav Swap Out		53,847	-	-	-	-	-	53,847
	VUE Tracking		19,314	-	-	-	-	-	19,314
	Crests		574	-	-	-	-	-	574
Net Cash Flow		Annual	918,570	80,461	80,461	80,461	80,461	(32,280)	1,208,132
Balance brought forward			-	918,570	999,030	1,079,491	1,159,952	1,240,412	
Balance carried forward			918,570	999,030	1,079,491	1,159,952	1,240,412	1,208,132	2,416,264
3.50% Discount Factor			1.00	0.97	0.93	0.90	0.87	0.84	
	PV Cash Flows	1,186,929	918,570	77,740	75,111	72,571	70,117	(27,179)	1,186,929

Excluding capital charges and VAT

						Difference between Lease and Capital	84,823

**North West
Ambulance Service**
NHS Trust

REPORT

Board of Directors	
Date:	27 February 2019
Subject:	**Business Continuity Management (BCM) Update**
Presented by:	Ged Blezard Director of Operations
Purpose of Paper:	For Assurance
Executive Summary:	This paper describes the status of departmental Business Continuity Plans within NWAS. This report is aimed at giving assurance to the Board that departments are reviewing their plans in regards to the impact of the potential of a Brexit 'no deal' impact.
Recommendations, decisions or actions sought:	The Board of Directors are asked to note the attached action tracker and the current status of the plans and support in the delivery of the Trust BCM within their respective directorates.

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

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	**No**
Previously Submitted to:	**Executive Management Team**
Date:	**10 January 2019**
Outcome:	**Assurance**

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1. PURPOSE

This paper seeks to inform the Board of Directors of the current state of the Trusts progress and status in having Business Continuity Management (BCM) arrangements in place.

2. BACKGROUND

BCM gives the Trust a framework for identifying and managing risk that could disrupt normal service. The Trust BCM system helps to anticipate, prepare for, prevent, and respond to and recover from disruptions, whatever their source and whatever part of the business they affect.

It has been noted the influx of information required in regards to a 'no deal' Brexit. All Trust departments have been encouraged to review the Business Continuity Plans (BCP).

A separate work stream within the Trust has been developed to deal with the 'no deal' impact. Effective BCP should access and identify any gaps in the capability throughout the planning review stage. This will enable each department to put in mitigations in where possible.

In light of the disruptions to telephony systems across the Trust, several learning forums have taken place led by the Business Continuity Manager. These forums have enabled to identify learning, ensuring department plans that have encounter the disruption to be tested.

The BCM action tracker indicates the current state of directorate's plans. The majority of the departments are showing for annual exercises, which help during this time of uncertainty. Preparation for a 'no deal' scenario must continue. Departments should not be alarmed by 'no deal' planning and preparation but instead should reassure that they are taking a responsible approach, ensuring the Trust can operate in all possible scenarios.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

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

4. **RECOMMENDATIONS**

The Board of Directors are requested to:

Note the attached action tracker and the current status of the plans, and support in the delivery of the Trust BCM within their respective directorates

Business Continuity Monthly Progress Dashboard

Month: **January 2019**

Overview: Progression of Business Continuity Plans

BCP due:	22	Plans Approved:	18	Exercise	6
PIAs completed:	22	Plans Published	18		

Comments:	As indicated by the Department of Health & Social Care paper (published 21 December 2018) preperation needs to take place to ensure that the Trust is in a state of Preparedness should a 'no deal' Bexit take place. It is also a duty as a category one responding organisation (CCA2004) to prepare for all eventualities, including a 'no deal'. All departemnts are encourage to review their business continuity plans to minimise the impact of any occurrence by ensuring that a rapid and effect reposone to any risks identified.
Standards:	NHS Commissioning Board Emergency Preparedness Framework 2013 8.10: NHS funded organisations must have suitable, up to date plans

Key To Progress Shading:	Green Completed	Red Overdue

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	BIA	BCP	Approved	Published	Exercised	Status – Review Date & Action
Fuel						BC risk review in regards to stock piling of fuel
Constant Care						
Trust Critical Activities						
Paramedic Emergency Services						Exercise required
Emergency Operations Centre						
NWAS 111						Calling tree needs updating – Plan needs approval Annual exercise required
Resilience Team/Special Operations						Exercise required
Patient Transport Services						**Contact centre plan** – approval needed/exercise required Exercise for operational required
Fleet						Annual review - exercise needed
Regional Planning						Annual review
Information Management and Technology						
Corporate Services						Annual review - exercise needed
Estates						Annual review - exercise needed

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Finance						Annual review - exercise needed
Procurement						Annual review - exercise needed
Communication						Annual review - exercise needed
Medical and Quality						Out of date – Generic plan will incorporate : • Patient Experience • Health,Safety and Security • Clinical Safety • Clinical Quality • Informatics • Quality improvement **Work to bring the plan up to date is ongoing. Test have been completed in Health,Safety and Security**
Organisational Development (including HR)						Annual review - exercise needed
Learning and Development						Annual review - exercise needed
Business Services						Annual review - exercise needed
Business Support Unit (Regional Planning)						Annual review - exercise needed
Support Centre						Annual review
Project Management						

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