

Public Document Pack

North West Ambulance Service NHS Trust

Board of Directors Meeting to be Held in Public

Wednesday, 27 March 2019
9.45am

Oak - North West Ambulance Service, Trust HQ

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
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1.	Staff Story	09:45	Decision	S Desai	
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INTRODUCTION

2.	Apologies for Absence	10:00	Information	Chair	
3.	Declarations of Interest	10:00	Decision	Chair	
4.	Minutes of Previous Meeting	10:00	Decision	Chair	3 - 10
5.	Board Action Log	10:00	Decision	Chair	11 - 12
6.	Committee Attendance	10:00	Information	Chair	13 - 14
7.	Register of Interest	10:00	Assurance	Chair	15 - 16
8.	Chairman & Non-Executives' Update	10:00	Decision	Chair	

STRATEGY

9.	Chief Executive's Report M11 - 2018-19	10:05	Assurance	Chief Executive	17 - 24
10.	Urgent and Emergency Care Strategy	10:15	Assurance	Medical Director	25 - 66

GOVERNANCE AND RISK MANAGEMENT

11.	Board Assurance Framework	10:25	Assurance	Director of Corporate Affairs	67 - 98
12.	Corporate Risk Register	10:30	Assurance	Director of Corporate Affairs	99 - 108
13.	Modern Slavery Act 2015 - Statement	10:35	Decision	Interim Director of Finance	109 - 116

QUALITY AND PERFORMANCE

14.	Integrated Performance Report	10:40	Assurance	Director of Quality, Innovation and Improvement	117 - 178
15.	Monthly Finance Report M11 2018-19	11:00	Assurance	Interim Director of Finance	179 - 194
16.	Quality Committee Assurance Report - from the meeting held on 5th March 2019	11:10	Assurance	Mr P White	195 - 196
17.	Finance, Investment and Planning Committee Assurance - Verbal Update - from the meeting held on 22nd March 2019	11:15	Assurance	Mr P White	
18.	Performance Committee Assurance Report - from the meeting held on 18th March 2019	11:20	Assurance	Mr P White	197 - 198

WORKFORCE					
19.	Staff Survey Results	11:25	Assurance	Interim Director of Organisational Development	199 - 218
INFORMATION					
20.	The NWAS Patient and Public Panel	11:35	Information	S Desai	219 - 232
CLOSING					
21.	Any Other Business Notified Prior to the Meeting	11:45	Decision	Chair	
22.	Items for Inclusion on the BAF	11:45	Decision	Chair	

Date and Time of Next Meeting 9.45 am Wednesday, 24 April 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.

Agenda Item 4



Minutes Board of Directors

Details: Wednesday 27th February 2019, 9.45am
Ladybridge Hall, 399 Chorley New Road, Heaton, Bolton, BL1 5DD

Present:

Mr P White	Chairman
Dr M Ahmed	Non-Executive Director
Mr G Blezard	Director of Operations
Ms M Brooks	Interim Director of Finance
Mr S Desai	Director of Strategy & Planning
Mr M Forrest	Interim Chief Executive
Mr M O'Connor	Non-Executive Director
Ms M Power	Director of Quality, Innovation & Improvement
Dr D Ratcliffe	Medical Director
Mr M Tattersall	Non-Executive Director
Ms L Ward	Interim Director of Organisational Development
Mrs A Wetton	Director of Corporate Affairs

In attendance:

Mr D Ainsworth	Strategic Head of EOC's (part)
Ms J Lancaster	Corporate Governance Manager (Minutes)

Minute Ref:

BM/1819/187 STAFF STORY

Due to technical issues, the staff story could not be shown. It was noted that this would be shown to members at the next meeting of Board.

BM/1819/188 APOLOGIES FOR ABSENCE

An apology for absence was submitted from Mr R Groome.

BM/1819/189 DECLARATIONS OF INTEREST

No declarations of interest were declared.

BM/1819/190 MINUTES OF PREVIOUS MEETING HELD ON 30th JANUARY 2019

The minutes of the previous meeting held on 30th January 2019 were presented to members for approval.

The Board:

- Subject to a minor amend being made to minute 1819/168, approved the

minutes from the meeting held on the 30th January 2019.

BM/1819/191 ACTION LOG

The action log was reviewed and updated accordingly.

BM/1819/192 COMMITTEE ATTENDANCE

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

The Board:

- Noted the committee attendance.

BM/1819/193 CHAIRMAN AND NON-EXECUTIVES DIRECTORS UPDATE

The Chairman advised members that interviews for the Audit Non-Executive Director (NED) position would be held on Friday 1st March 2019.

In terms of the other NED and Associate NED vacancies, they would be advertised during March 2019.

The Board:

- Noted the update.

BM/1819/194 CHIEF EXECUTIVE'S REPORT

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 30th January 2019.

An update was provided in relation to 999 and 111 performance and members were presented with performance information that illustrated improvements in performance. It was noted however that ARP was not being achieved and this would be discussed in forthcoming contract meetings with commissioners, in terms of the resources required to achieve ARP.

The Interim Chief Executive advised members that he had attended the GM Urgent and Emergency Care Summit that was held on 14th February 2019. It was noted at the Summit that the Trust were taking less patients to hospital.

An update was provided in relation to apprenticeships and it was noted that following the external quality assurance visit, the Trust received minimal improvement actions. In addition, the Trust received a letter from the right honourable Ann Milton, Minister of State for Apprenticeships and Skills, recognising the Trust as one of the top performing apprentice employers. A visit from the right honourable Ann Milton would be held on 5th March 2019.

In terms of the Ambulance programme, the Chairman commented that he would welcome a de-brief.

The Interim Chief Executive advised members of the #IAmNWAS campaign and advised members that they would be asked to participate in the campaign. The Chairman commented that he would welcome regular updates from the communications team in terms of campaigns and it was noted that quarterly updates were included on the work programme.

The Chairman commended the work that was being carried out across the Trust and in particular in relation to the paramedic vacancy position and apprenticeships.

The Board:

- Received and noted the contents of the report.

BM/1819/195 INTEGRATED PERFORMANCE REPORT OCTOBER 2018

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

Members were 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 identify variations and would therefore provide the basis for learning and improvement.

A discussion ensued in relation to long waits and it was stressed that best practice needed to be determined but evidence based. It was noted that the Clinical Lead for Transformation was preparing a report for NASMED outlining six key principles in terms of admission avoidance.

Mr M Tattersall made reference to the see and treat data and stated that there was a clear difference in terms of performance in Cheshire and Mersey, compared to Greater Manchester. In addition, in terms of call length, whilst there was consistency between Broughton and Parkway, there was a big difference compared to Elm House.

The Director of Operations explained that sustained improvements had been made in PES, compared to the previous year. He added that S&T and H&T was beyond trajectory.

Mr M Tattersall referred to 111 performance and suggested that the current model needed to be reviewed to ensure that it was sustainable. The Director of Operations explained that 111 performance was showing slow signs of recovery. It was noted that contract negotiations had commenced and the delivery model was to be reviewed.

The Chairman sought an update in relation to the performance improvement plan. The Director of Operations explained that all aspects of the plan had been delivered apart from the rota review. He added however that the Trust had not delivered what it expected to, in terms of performance results.

A discussion was held in relation to complaints handling and the Director of Strategy and Planning advised that a proposal for a Patient and Public Panel would be presented to the Executive Management Team being held on 6th March 2019.

The Chairman referred to stemi/stroke performance and commented that there was an option to ask the Quality Committee to carry out a deep dive in order to understand performance.

The Chairman acknowledged that there had been some excellent work carried out in terms of improving performance.

Dr M Ahmed made reference to the safety alerts that were relayed to staff and

questioned the effectiveness of these alerts. The Medical Director explained that the Clinical Leadership Structure was responsible for relaying messages to staff and added this was followed up by staff bulletins. A discussion ensued in relation to the outbreak of measles and in terms of protecting staff, members were informed that upon appointment, Occupational Health sought evidence of vaccinations to ensure that staff had the right immunisations before taking up post.

The Strategic Head of Emergency Operation Centre's (EOC's) presented a report to advise members of EOC performance in relation to operational effectiveness, operational activity, operational performance and organisational health measures for January 2019.

Members were advised that volume was stable in terms of C1 and C2. There was an upward trend in terms of call pick up in comparison to the previous year and it was acknowledged that further work was required.

The Strategic Head of EOC's commented on Emergency Medical Dispatch availability and stated that the aim was to increase the productivity of the workforce.

In terms of the EOC based within Cheshire and Merseyside, members were advised that a focused piece of work would be carried out to ensure that there was consistency in terms of the offer amongst all three EOC's. The Strategic Head of EOC's advised that the long term function of the senior management team was to work at a regional level, to ensure consistency. The Chairman commented on the structure of staff and stated functional management was sometimes more difficult than geographical management.

The Medical Director referred to figure E1.1 - % split of Computer Aided Dispatch records by chief complaint in January 2019 and questioned what 'other' consisted of. It was noted that this could consist of upgrades, Inter Facility Transfer and Health Care Professionals and the Strategic Head of EOC's explained that this was being looked into.

Dr M Ahmed commented that the narrative aspect of the report was very useful. She suggested that bullet points be included within the narrative, advising members of the actions that were in place.

Members thanked the Strategic Head of EOC's for all of his work.

The Board:

- Noted and took assurance from the update.

The Strategic Head of EOC's exited the meeting at this point.

BM/1819/196 INFORMATION COMMISSIONERS OFFICE AUDIT REPORT AND ACTION PLAN

The Director of Quality, Innovation and Improvement presented the Information Commissioner's Office audit report and action plan, for information.

Members were advised that the Trust received an overall 'reasonable' rating for data protection compliance. In terms of the action plan that had been developed as a result of the audit, progress against this would be reported to the Finance, Investment and Planning Committee.

It noted that whilst the Trust had received a 'reasonable' rating, this did not do

justice to the level and standard of work that was being delivered by the Information Governance team. Members acknowledged the excellent work carried out by the Team.

The Board:

- Noted and took assurance from the update.
- Requested that updates against the action plan be reported to the Finance, Investment and Planning Committee.

BM/1819/197 FINANCE REPORT - MONTH 10 2018/19

The Director of Finance presented the Committee with the financial performance for the Trust at Month 10.

Members were advised that the Trust was reporting a surplus of £1.742m, which was £0.185m better than the planned surplus of £1.557m. Income was over recovered by £4.970m, pay was overspent by £2.955m and non-pay was overspent by £1.830m.

The Interim Director of Finance explained that the Trust forecast as at Month 10 was £2.088m which was £0.250m above the control total of £1.838m. It was noted that this was an improvement on the notified financial control total of £1.838m surplus and therefore the Trust anticipated full payment of the £2.422m Provider Sustainability Fund (PSF). Members were informed that the Trust anticipated to be paid a pound for pound incentive for any agreed achievement above the control total. The £0.250m had been agreed with NHSI.

Mr M Tattersall advised that he had questioned at the Finance, Investment and Planning Committee if there was potential to achieve more than the £0.250m and the Interim Director of Finance had explained that £0.250m would be achieved and it was possible that a further surplus could be achieved.

At this point in the meeting, Mr M O'Connor expressed his gratitude to Mr M Tattersall, who was due to leave the Trust at the end of the month. It was noted that Mr M Tattersall's knowledge and experience that he had attributed to the Trust and the Finance, Investment and Planning Committee had been exceptional.

The Board:

- Noted and took assurance from the update,
- Noted the overall financial performance risk rating as at 31st January 2019 was 1.
- Noted the Cost Improvement Programme (CIP) for the year was £9.834m, as at Month 10 the year to date target was £7.097m and the Trust had achieved £8.276m (116.61%).
- Noted he forecast CIP was £9.834m in 2018/19 and £8.707m recurrently leaving no shortfall in-year and £1.002m recurrently.
- Noted he 2018/19 capital plan was £21.306m. Expenditure as at Month 10 was £13.868m and sale of assets at £0.382m.
- Noted at 31st January 2019 the cash and cash equivalents balance was £45.649m.

BM/1819/198 RRV VEHICLE REPLACEMENT PROGRAMME

The Interim Director of Finance presented the annual Rapid Response Vehicle Replacement Programme (VRP) for 2019/20 as defined in the Board approved Fleet Strategy.

Members were advised that the recommended option was to replace 29 Skoda Octavia's with 25 BMW i3's and 4 Skoda Kodiaq (4x4). It was noted that this recommendation had been supported by the Finance, Investment and Planning Committee.

Members were informed that at the Finance, Investment and Planning Committee a discussion had ensued in terms of the purchase of vehicles as opposed to leasing and it was noted that in this case, leasing was the most beneficial option.

It was noted that RRV's were utilised to respond to C1 incidents, urgent care incidents and for training. It was noted that more work was required in terms of the RRV programme however, whilst this work carried out it was important not to hold up the programme.

The Board:

- Approved the recommended option to replace 29 Skoda Octavia's with 25 BMW i3's and 4 Skoda Kodiaq (4x4),
- Noted the 2019/20 funding shortfall of £98.2k 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, and
- Noted the efficiency savings arising from the use of electric vehicles was £437.5k over the 5 years.

BM/1819/199 FINANCE, INVESTMENT AND PLANNING COMMITTEE ASSURANCE UPDATE – FROM THE MEETING HELD ON 22nd FEBRUARY 2019

Mr M O'Connor provided a verbal update from the meeting of the Finance, Investment and Planning Committee held on 22nd February 2019.

Members were advised that the committee had received an update in relation to sustainability and it was noted that the Board had a responsibility to raise awareness of and support the sustainability work stream. The Interim Chief Executive suggested that the Executive Management Team received an update with regards to sustainability plans and review how the plans could be refreshed. Dr M Ahmed commented that sustainability was strongly linked to performance for example Hear and Treat and See and Treat.

A discussion had ensued in terms of ePR and the Medical Director advised members that the GTAC devices were currently being rolled out. It was envisaged that crews would be utilising ePR by March 2020. The Finance, Investment and Planning Committee would receive regular progress reports in terms of the implementation of ePR.

The Interim Chief Executive commented that (i) digital, and (ii) commercial understanding was required at Board level.

The Board:

- Took assurance from the matters discussed at the meeting of the Finance, Investment and Planning Committee held on 22nd February 2019.

BM/1819/200 BUSINESS CONTINUITY MANAGEMENT ACTION TRACKER

The Director of Operations presented a report to inform members of the current state of the Trusts progress and status in having Business Continuity Management (BCM) arrangements in place.

The Chairman expressed concern, due to the number of plans that were overdue. The Director of Operations explained that the red rating indicated that plans were being reviewed and proactively managed. The Chairman commented that narrative was required to be included within the report to provide the right level of assurance to members. In addition, information was required in terms of timeframes and owners of the work streams.

The Interim Chief Executive suggested that an update was provided to the next meeting of the Performance Committee, to include more narrative.

The Board:

- Noted the update,
- Requested that a detailed update be presented to the next meeting of the Performance Committee.

BM/1819/201 ANY OTHER BUSINESS

There were no items of any other business.

BM/1819/202 ITEMS FOR INCLUSION ON THE BOARD ASSURANCE FRAMEWORK

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

BM/1819/203 DATE, TIME AND VENUE OF NEXT MEETING

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

Signed: _____
Date: _____

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BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

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.	
17	27-Feb-19	1819/196	Information Commissioners Office Audit Report and Action Plan	Requested that updates against the action plan be reported to the Finance, Investment and Planning Committee.	MP	27.03.19	27.03.19	Reports scheduled on work plan for July and November 2019.	
18	27-Feb-19	1819/200	Business Continuity Management Action Tracker	Requested that a detailed update be presented to the next meeting of the Performance Committee.				Presented to Performance Committee held on 19.03.19	

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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	✓	✓	

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	22-Mar-19
Michael O'Connor	W Dignan	✓	✓	✓	✓	✓	✓
Peter White							✓
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 McKeane			x	Cancelled	✓	✓	✓	x	✓	Cancelled	✓
Kat Noble			x	Cancelled	x	x	✓	✓	✓	Cancelled	☒
Mike Jackson				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	✓		M Brooks
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	✓	✓	Meeting cancelled	
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	14-Feb-19	27-Feb-19	22-Mar-19
Peter White	Cancelled	✓	✓	✓	✓	✓	✓	Meeting cancelled	✓	☒	✓	✓
Richard Groome	Cancelled	✓	✓	✓	☒	✓	✓		✓	✓	☒	✓
Michael O'Connor	Cancelled	☒	☒	☒	☒	☒	☒		✓	✓	☒	✓
Mark Tattersall	Cancelled	✓	☒	✓	✓	✓	✓		☒	☒	✓	
Wyn Dignan	Cancelled	✓	✓	✓	✓	✓	✓		☒			
Angela Wetton	Cancelled	✓	✓		✓	✓	✓		✓	☒	✓	☒
Maria Ahmed	Cancelled	✓	☒	☒	☒	☒	☒		☒	☒	✓	✓

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Board of Directors - Register of Interests 2018/19



26 February 2019	Peter White Chairman (from 1/2/19) Non-Executive Director (to 30/2/19)	Following interests declared: <ul style="list-style-type: none"> Director – Bradley Court Thornley Ltd Non-Executive Director – Riverside Housing Non-Executive Director – Miocare Ltd
13 June 2018	Michael Forrest Interim Chief Executive Officer	No interests declared.
1 April 2018	Dr David Ratcliffe Medical Director	Following interests declared: <ul style="list-style-type: none"> Partner in a General Practice (Chorlton Family Practice) GPWSI Emergency Department, Salford Royal NHS Foundation Trust Working Group Chair of SAFE Advanced Life Support Group (Charity) Unpaid role with Advanced Life Support Group, which is a charity involved with education and training in emergency and urgent care. Chairman of a Working Group which leads on developing pathways to enable safe care closer to home and also involved in the development and governance of the Manchester Triage System.
1 April 2018	Ged Blezard Director of Operations	No interests declared.
30 July 2018	Lisa Ward Interim Director of Organisational Development	No interests declared.
15 February 2019	Michelle Brooks Interim Director of Finance	No interests declared.
1 April 2018	Salman Desai Director of Strategy & Planning	No interests declared.
1 April 2018	Angela Wetton Director of Corporate Affairs	Husband is Operations Director of The Senator Group who supply the NHS, amongst many others, with office and hospital furniture.
16 October 2018	Maxine Power Director of Quality, Innovation & Improvement	A Senior Fellow for Haelo, in a voluntary capacity.

Date of Annual Review: 1 April 2018	Last Updated: 15 February 2019
Next Review Due: 1 April 2019	

1 April 2018	Michael O'Connor Non-Executive Director	Following interests declared: <ul style="list-style-type: none"> ▪ Partner in Addleshaw Goddard LLP ▪ Director Trustee of Festival Medical Services Limited (Charity) ▪ Director Trustee of Central Manchester Concert Hall Ltd (Bridgewater Hall) (Charity) ▪ Director Trustee of Factory Youth Zone (Harpurhey) Ltd ▪ Secretary Bridge Podiatry Practice Ltd ▪ Secretary 38 Montpelier Grove Limited
1 April 2018	Richard Groome Non-Executive Director	Following interests declared: <ul style="list-style-type: none"> ▪ Director, Solskin Ltd, Solar Investments ▪ Director, Leeds Schools PFI ▪ Director, Peterborough Schools PFI ▪ Westbury Management Services (WMS) Ltd. Occasionally provide management consultancy to the NHS. ▪ Non-Executive Director, Your Housing Group
1 April 2018	Dr Maria Ahmed Non-Executive Director	Following interests declared: <ul style="list-style-type: none"> ▪ Director – MA Clinical Consulting Ltd ▪ Principal GP – Manchester Medical ▪ CQC Specialist Advisor – Primary Care ▪ GP Research Champion – NIHR Clinical Research Network, Greater Manchester
1 April 2018	Derek Cartwright Chief Executive Officer Retired 29 June 2018	Following interests declared: <ul style="list-style-type: none"> ▪ Service Brother of St John Ambulance – Honorary title only ▪ Member of the Labour Party ▪ Beekeeping business – Horwich Honey ▪ Horwich Youth Support – not for profit organisation
1 April 2018	Mark Tattersall Non-Executive Director Left the Trust 28 February 2019	Following interests declared: <ul style="list-style-type: none"> ▪ Chair – Morris Hargreaves McIntyre Ltd ▪ Trustee – Hillbrook Grange Residential Care Home ▪ Non-Executive Director – The Clatterbridge Cancer Centre NHS Foundation Trust
1 April 2018	Wyn Dignan Chairman Retired 30 January 2019	Following interest declared: <ul style="list-style-type: none"> ▪ Non-Executive Director – Onward Housing Group
1 April 2018	Tracy Ellery Director of Finance Retired 30 January 2019	No interests declared.

Date of Annual Review: 1 April 2019	Last Updated: 1 March 2019
Next Review Due: 1 April 2018	



REPORT

AGENDA ITEM:

Board of Directors							
Date:		27 th March 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 27 th February 2019.					
Recommendations, decisions or actions sought:		Receive and note the contents of the report.					
Link to Strategic Goals:		Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>		
		Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>		
Link to Board Assurance Framework (Strategic Risks):							
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 27th February 2019.

2. PERFORMANCE

2.1 999

February performance was a significant improvement over the same period last year with increased performance against most standards except C4. Despite increased activity and increased responses the Trust transported less patients to hospital. This is a result of the improved Hear & Treat and See & Treat.

Date	Feb-18	Feb-19	Impact
Calls	116339	125466	9127
Incidents	83167	89475	6308
CPU	65.24%	77.13%	11.89%
H&T	3487	6382	2895
	4.19%	7.13%	2.94%
S&T	19375	23296	3921
	23.30%	26.04%	2.74%
C1 Mean	00:08:52	00:08:01	00:00:51
C1 90th	00:14:55	00:13:30	00:01:25
C2 Mean	00:31:59	00:27:02	00:04:57
C2 90th	01:11:49	00:58:03	00:13:46
C3 Mean		01:18:18	
C3 90th	03:01:51	03:04:05	00:02:14
C4 90th	03:10:54	03:31:50	00:21:56
Hosp	61165	60810	-355
HTT	00:36:15	00:33:36	00:02:41

In early March a trial commenced in Greater Manchester whereby certain low acuity calls were passed directly to primary care providers. It is early in the pilot but a number of calls are being dealt with without the need to respond to the call. The pilot is set to run for 90 days when it will be evaluated for its effectiveness.

111

Call answering performance has shown a slight decline in February position when compared to January, this was also seen at a national level.

Weekly performance has not achieved the performance improvement trajectory agreed with commissioners, however there has been an improvement in performance since mid February.

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.

Date w/c	04-Feb	11-Feb	18-Feb	25-Feb
% Calls answered within 60 seconds	65.90%	71.6%	80.60%	86.70%
% Abandoned calls as percentage of calls offered	9.00%	6.9%	4.20%	2.60%

PTS

Overall activity during February 2019 was 5% below contract baselines due to fewer working days set against a fixed 1/12 monthly baseline. For the year to date position (July 2018 – February 2019) PTS is performing at 1% (8,605 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are 2% and 9% below baseline whilst Greater Manchester and Merseyside are 3% and 10% above baseline respectively. In terms of overall trend analysis, Greater Manchester is experiencing upward activity movement, Lancashire a downward trend whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity.

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 21% (6,966 journeys) and 8% (1,165 journeys) above baseline respectively. As unplanned activity is generally of a higher acuity requiring ambulance transportation, increased volumes in this area impact on resource availability leading to challenges in achieving contract KPI performance. Cumbria and Lancashire are 16% (1,642 journeys) and 8% (3,176 journeys) below baseline.

Aborted activity for planned patients averages 7% for the period July 2018 - February 2019 however Cumbria experiences 4%, Greater Manchester operates with 11% whilst Lancashire and Merseyside both experience 6% aborts. There is a similar trend within EPS (renal and oncology) patients with an average of 5% aborts whereas Cumbria has 2% and Greater Manchester 8% Lancashire and Merseyside operate with 3% and 5% respectively. Unplanned (on the day) activity experiences the largest volumes of aborts with an average 19% (1 in 5 patients) with variances of 10% in Cumbria, 24% in Greater Manchester, 15% in Lancashire and 17% in Merseyside.

3 ISSUES TO NOTE

Dr David Ratcliffe

On behalf of the Board I would like to wish David Ratcliffe every success in his future career and thank him for his time, clinical leadership and enthusiasm for the job, spanning over 10 years here at NWS. David joined the trust in 2008, initially working as Area Medical Director for Greater Manchester, then as Deputy Medical Director from 2011 until moving to his current role in 2016. David's successor is Dr. Chris Grant, an Intensive Care Consultant who has expertise in the commissioning process as well as the digitalization of clinical services.

Apprenticeships

To celebrate apprenticeship week NWS was asked to host a visit from Rt Hon Anne

Milton MP, Minister of State for Apprenticeships and Skills, who attended along with the local Bolton MP, Chris Green. Apprentices from across the Trust from both operational and support functions were present and had the opportunity to share their experiences of being apprentices. The visit also gave us the opportunity to showcase the progress we have made in embedding apprenticeship qualifications within the Trust and the value that has added for individual learners, for NWAS as an Employer Provider and for our patients.

As a Trust NWAS has started over 330 apprentices since May 2017 which has meant that we have drawn down our full amount of available levy and have moved into co-funding which means that the Government supports 90% of the costs and as a Trust we are contributing 10%. We were, therefore, also delighted, when the Minister visited us, to have been able to announce the partnership we are forming with Royal Mail who have agreed to support our apprentices over the next 12 months through a levy transfer.

Royal Mail have a fantastic pedigree with over 800 apprentices across 38 programmes and 21 different providers; and they have an aim to get up to 4,000 apprentices. They are already transferring levy to some of their smaller supply chain partners and have been working with their nominated charities to see if they can use their levy. This partnership will enable NWAS to continue on its apprenticeship journey as we plan to launch the contact handler apprenticeship later this year and the paramedic apprenticeship in 2020. We believe that sharing learning will strengthen both our apprenticeship offers and we have also agreed to support Royal Mail to develop employer-provider status.

Flu

The flu vaccination campaign concluded at the end of February and the Trust has been able to vaccinate 65.9% of our frontline staff. This is slightly reduced from the 67% figure achieved in 2017/18 but given the growth in our workforce this represents a higher overall number of vaccinations with over 3830 of our staff being vaccinated.

The local teams have worked really hard to ensure that all staff are given the opportunity to be offered a vaccination. We are already reviewing the campaign to identify learning for next year and are sharing experiences with other Trusts within the sector to ensure that we can learn from what has worked well elsewhere.

Staff Survey

The national staff survey results were published on 26th February. There is a full report on the agenda for the Board of Directors to consider but it is important to highlight the staff engagement result. This result is produced by reviewing the responses to a range of questions, particularly focused on motivation, job satisfaction, involvement and recommendation of the service as a place to work. The score is on a scale of 1 to 5 with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged.

The following table shows the comparative results across the sector and confirms that not only has NWAS shown a significant improvement in this score but that we are positioned third in the sector for staff engagement.

Organisation name	2017	2018	Significant change
East Midlands Ambulance Service NHS Trust	3.42	3.49	Significant increase
East of England Ambulance Service NHS Trust	3.36	3.28	Significant decrease
Isle of Wight NHS Trust (ambulance sector)	3.49	3.44	Not significant
London Ambulance Service NHS Trust	3.36	3.46	Significant increase
North East Ambulance Service NHS Foundation Trust	3.57	3.61	Not significant
North West Ambulance Service NHS Trust	3.45	3.55	Significant increase
South Central Ambulance Service NHS Foundation Trust	3.54	3.57	Not significant
South East Coast Ambulance Service NHS Foundation Trust	3.22	3.47	Significant increase
South Western Ambulance Service NHS Foundation Trust	3.49	3.47	Not significant
West Midlands Ambulance Service NHS Foundation Trust	3.44	3.51	Significant increase
Yorkshire Ambulance Service NHS Trust	3.38	3.52	Significant increase

Cheshire Overview and Scrutiny Committees

The trust has provided its views on how the Cheshire East Overview and Scrutiny Committee conducted a review of the ambulance services provided by NWAS in 2016. Feedback was sought from all stakeholders that participated in the review in order for the Committee to evaluate its future operation.

Following a meeting the trust attended in October 2018, **Cheshire West and Chester Council** established a People's Overview and Scrutiny Committee to produce a report looking at how the Council could assist the trust in improving response times and care for patients. The report was very complimentary of the trust and will form the basis of a further meeting between us and the Council on 20 March.

Ambulance Leadership Forum

The trust attended this year's Ambulance Leadership Forum (ALF) in Warwick this month. Organisational development, the Carter Review, Project 'A' and leadership in the ambulance service were just some of the hot topics on the agenda. This year the trust was delighted to recognise Tracy Sharp for the AACE Award for Outstanding Service in the pre-registration student paramedic category which was announced on the evening of day 2 of the ALF event. Tracy was nominated for the positive attitude that she displayed to the learning process together with the consistent level of commitment and enthusiasm she demonstrated throughout her own studies and in support of fellow learners.

Manchester Arena Inquest

Sir John Saunders has been appointed as the nominated judge to sit as the Coroner for the inquests into each of victims who died in the Manchester Arena attack on 22 May 2017. A hearing date has been set for 6 April 2020 and although the hearing length has not been

settled upon, it is expected to last at least three months. The Coroner has confirmed that Article 2 of the European Convention on Human Rights is provisionally deemed to be engaged. There has been no decision as to whether the inquest will be held with a Jury. A further Pre Inquest Review Hearing will be held later this year.

Further details on the scope of the inquests can be found here:

<https://manchesterarenainquests.independent.gov.uk/2018/wp-content/uploads/2019/03/Provisional-Scope-to-the-Inquests.pdf>

4. EXTERNAL / INTERNAL ENGAGEMENTS

- 21st Feb – AACE Chief Exec Group video conference
- 21st Feb - Mersey Performance Managers Away Day
- 22nd Feb – visit to 111
- 25th Feb – visit to Stockport & Stepping Hill hospitals
- 28th Feb – Alison McKenzie-Folan, Wigan Council
- 28th/29th Feb – Visit to Cumbria
- 4th Mar – visit by Anne Milton, MP
- 19th/20th March – attendance at the Ambulance Leadership Forum
- 21st March – Meeting with Head of Planning, Liverpool Council
- 22nd March – visit by Chris Green, MP

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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REPORT

AGENDA ITEM:

Board of Directors							
Date:	27th March						
Subject:	Urgent and Emergency Care Strategy						
Presented by:	David Ratcliffe Medical Director						
Purpose of Paper:	For Decision						
Executive Summary:	<p>The Trust Board approved the strategic principles and seven strategic commitments as Trust Board in January 2019. The Urgent & Emergency Care Strategy has now been refined and updated against the agree principles/commitments in preparation for final Board approval.</p> <p>In addition, the final Strategy has been updated to reflect the comments of the EMT, and the responsible Executive Directors, and to ensure the document recognises the content of interdependent strategies such as Quality (Right Care), Digital, and Workforce.</p> <p>A full implementation plan will now be developed during quarter 1 of 2019/20.</p>						
Recommendations, decisions or actions sought:	The Board is asked to approve the U&EC Strategy						
Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>			
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>			
Link to Board Assurance Framework (Strategic Risks):							
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any Equality Related Impacts:		None					
Previously Submitted to:		Executive Management Team					
Date:		13 th March 2019					

Outcome:	Approval
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1. PURPOSE

- 1.1 This document is submitted for the purpose of final Board approval of the Urgent & Emergency Care Strategy.
- 1.2 The final document has been updated following Trust Board approval of the underpinning principles and commitments of delivering an integrated response model to patients accessing care via NHS 111 and 999. The strategy also reflects the comments/feedback of the Executive Management Team on the 5th December, and 13th March, together with additional engagement with key stakeholders.

2. BACKGROUND

- 2.1 The ongoing development of the Trust's Urgent and Emergency Care Strategy, the 5YFV, the Carter Report (2018), the recently published NHS Long Term Plan, and publication of commissioning intentions by both the Ambulance Commissioning Team and Greater Manchester Health and Social Care Partnership, raised a number of key questions for consideration by the Trust, specifically relating to our strategic direction in delivering emergency and urgent care.
- 2.2 In January 2019, largely due to the complex nature of Urgent & Emergency Care delivery, Trust Board formally approved the Trust's direction of travel against regional, local, and national drivers for urgent and emergency care delivery. In doing so, the Trust Board acknowledged the scale of change that would be required, and also the significant interdependencies on enabling solutions such as digital, workforce, structural optimisation, and system integration/partnership working solutions.
- 2.3 The key strategic principles and underpinning commitments have now been incorporated into the Strategy as the foundational basis of our five year direction of travel. In addition, the EMT made a number of observations which are reflected in the final document. They are:

The document needed to:

- Better reflect the relationship between PES (999), NHS 111, and PTS as a system wide solution, strengthening our statutory responsibilities as an emergency service.
- Highlight the need for a robust standalone Digital and Business Intelligence Strategy as a critical enabler in delivery Urgent & Emergency Care.
- Reflect the requirement for the Trust Board to approve the strategic direction of travel (i.e. Integrated Urgent and Emergency care)
- Agree that two overarching aims of our Urgent and Emergency Care Strategy correspond with the principles of the 5YFV as follows:-

1. To ensure that patients with serious or life threatening emergency needs receive timely, high quality care in order to maximise their chances of survival and recovery
2. To develop and implement a robust Integrated Urgent Care (IUC) model which provides highly responsive and personalised services for those people with non-life threatening needs, outside of hospital.

2.4 Further engagement has also taken place in order to seek consensus on those key areas, specifically relating to Service Delivery intentions on clinical and operational optimisation, funding for delivery of ARP performance, Carter and the LTP, governance, timescales and ongoing staff engagement.

2.5 This document now reflects the discussions, together with feedback on the final draft by the responsible Executive Directors, and other key stakeholders.

2.6 **NEXT STEPS**

2.7 The need for a robust implementation plan is crucial if we are to 'lift the principles from the page' and move to a structured implementation phase that achieves the principles, commitments, and objectives within the lifetime of the strategy. We must also ensure that delivery of the strategic objectives is managed in such a way as to maximise the ongoing sustainable delivery of our core business.

2.8 It is the current intention to develop the U&EC Strategy Implementation Plan during Quarter 1 of 2019/20 for approval in June 2019.

2.9 Due to the considerable enabling interdependencies between the U&EC and Digital/Business Intelligence Strategies we would also seek to develop both plans on a contemporaneous basis during Q1.

2.10 Specific system and subject matter expertise exists within the current Transformation Team and is complemented by technical expertise within the wider Trust, however it is also our intention to harness the expertise available through use of external consultancy (within existing budgetary constraints or further formal approval) to ensure that processes and critical timelines are subject to sufficient scrutiny.

3.0 **LEGAL and/or GOVERNANCE IMPLICATIONS**

The governance arrangements for strategy implementation will also be considered as a crucial part of the implementation planning process. It is vitally important that the various strategy interdependencies are central to ongoing large scale transformational change programmes.

4.0 **RECOMMENDATIONS**

The Trust Board is asked to approve the Urgent & Emergency Care Strategy for 2019/20-2023/24.



NORTH WEST AMBULANCE SERVICE NHS TRUST

STRATEGY FOR THE DELIVERY OF URGENT AND EMERGENCY CARE

(Right Time, Right Place)

2019/20-2023/24

'Delivering the Right Care, at the Right Time, in the Right Place, Every Time'

Urgent and Emergency Care (Right Time, Right Place) Strategy		Page:	Page 1
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Date of Approval:	March 2019	Status:	Final
Date of Issue:	April 2019	Date of Review	April 2020

Recommended by	Executive Management Team
Approved by	Board of Directors
Approval date	March 2019
Version number	1.0
Review date	1 st April 2020
Responsible Director	Medical Director/Director of Operations
Responsible Manager (Sponsor)	Assistant Director Transformation
For use by	All Staff, Commissioners, Stakeholders

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Record of Document Development			
Date	Change	By Whom	Reason
31/8/2018	Document Creation	M Newton	Document Creation
11/9/2018	Document Revision	M Newton/D Ratcliffe	Revised Structure
13/9/2018	Document Revision	M Newton	Content Update
5/10/2018	Document Revision	M Newton	Content Update
17/10/2018	Document Revision	M Newton/M Wynne	Digital Update
20/10/2018	Document Revision	M Newton	Content Update EOC
6/11/2018	Document Revision	M Newton/S Latham	Consultation with Director of Operations
12/11/2018	Document Revision	M Newton	Structural Update
29/11/2018	Document Revision	S Latham	Preparation for EMT review on 5/12/18
2/12/2018	Document Amendments	M Newton/S Latham	Following review by EMT
29/1/2019	Document Revision	M Newton	Board of Directors Approval of Intentions
18/2/2019	Document Revision	M Newton/S Latham	Post consultation with Dr Ops/Dep Dr Ops
20/2/2019	Document Revision	M Newton	SD Business Planning Update
28/2/2019	Document Revision	M Newton	Feedback from Sector Managers
1/3/2019	Document Revision	M Newton	Feedback/Additional Section:Business Planning CH
3/3/2019	Document Amendments	M Newton/D Ratcliffe	Feedback from Medical Director and CPs.
18/3/2019	Document Update	M Newton/S Latham/ C Hall/ L Ward	Document update following EMT submission
19/3/2019	Document Update	M Newton/S Latham/ C Hall	Final formatting and proof
20/3/2019	Document Finalised	M Newton/D Ratcliffe/ M Power	Final Exec Review

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EXECUTIVE SUMMARY

We have stated our ambition to be the best ambulance service in the UK; delivering the right care at the right time in the right place, every time. This ambition is built on the understanding that delivering patient care at the RIGHT TIME in the RIGHT PLACE is reliant on the delivery of an integrated urgent and emergency care model.

We have also stated our ambition to be in the top three performing Ambulance Trusts by 2021, and to be the best Ambulance Service in the UK by 2023. This Urgent and Emergency Care Strategy (Right time, Right place) describes how we will deliver effective urgent and emergency care for every patient by adopting a system wide integrated response model. The strategy also recognises the importance of delivering outstanding patient outcomes and should be viewed in conjunction with our new Quality Strategy (Right Care - approved October 2018).

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

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

In recent years, our ability to provide a timely response to emergency patients has often been challenged by; growing demand from patients with urgent care needs, delays caused by increased hospital handover times, and system reconfigurations, all of which need to be delivered within a nationally-recognised restricted financial envelope.

In considering these challenges and the context in which NWSA operates, our response is to implement a fully integrated urgent and emergency care model which will enable us to achieve the following core aims of this strategy:

1. For those people with urgent but non-life threatening needs we must provide highly responsive effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible minimising disruption and inconvenience for patients and their families.
2. For those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.

We will achieve our aims through a focus on the following three strategic priorities which are underpinned by key objectives:

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STRATEGIC PRIORITIES	OBJECTIVES
1. Emergency Care	<ul style="list-style-type: none"> ✓ We are committed to delivering the requirements of the National Ambulance Commissioning Framework and the 999 Service Specification throughout the term of this strategy. ✓ We are committed to sustainably achieving and maintaining all ambulance response standards and become the best performing Ambulance Trust by 2023. ✓ We will complete a full roster review and implementation by the end of 2019/20 ✓ We will review and reconfigure our existing EOC and contact centre functions within the first two years of this strategy to ensure that we provide an efficient, appropriately resourced and resilient service at all times ✓ We are committed to sustainably achieving all national response standards for HCP and IFT requests within the term of this strategy, in order to provide a fair and equitable response to all patients, every time.
2. Integrated Urgent Care	<ul style="list-style-type: none"> ✓ We will commit to a fully integrated Clinical Assessment Service that will complement our resource dispatch functions. ✓ We will engage with commissioners, STPs and providers to ensure that we are a key partner in delivering Integrated Urgent Care solutions which align to population demography and healthcare needs, including prevention. ✓ We will proactively engage with, and develop provider partnerships in order to implement an effective IUC model of care
3. Service Delivery Model	<ul style="list-style-type: none"> ✓ Within the first year of this strategy we will restructure service delivery functions in way that delivers an effective balance between clinical and operational leadership for populations coterminous with the STP footprints. ✓ Within the first year of this strategy we will undertake a review of U&EC structures that will enable rapid and scalable delivery of IUC.

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This strategy will be supported by a full implementation plan, which will be developed to include a summary of objectives, deliverables, timescales, benefits and measures to go alongside 'left-shift' model.

The integrated response model approach will ensure that we functionally integrate the NWS 999, 111, and PTS businesses, whilst harnessing capacity across the whole economy for the purposes of seamless patient care, in which needless waiting is eliminated.

In short, we are committing to a significant organisational change process which will position NWS as the lead provider for both emergency and urgent care.

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1. INTRODUCTION

Background

Across England and the UK, the Ambulance Sector has experienced increases in activity, year on year, with little indication of a slowdown in the rate of growth. Funding for those services has not kept pace with rising demand and continued financial pressure is likely. In 2017/18 NWAS received more than 1.3m 999 calls and provided a response to more than 1.1m incidents. In addition, we managed over 1.7m calls through the NHS 111 service, and over 2m Patient Transport contacts. In the same year we also lost over 70,000 ambulance hours due to delays in ambulance turnaround at hospitals.

In response to these ongoing challenges, the Trust embarked on a two-year transformation programme known as 'Transforming Patient Care' (TPC). The programme was designed to ensure that patients could be managed without transportation to A&E whenever clinically appropriate; increasing the number of patients managed by telephone advice, see and treat, or by using pathways of care other than Accident & Emergency attendance.

The Transformation programme adopted the principles outlined within our five-stage patient journey model. Tested through the Transforming Patient Care Programme; the core aim of the model was to reduce needless waiting and to provide clinical advice and intervention at the earliest opportunity within the patient journey.



During year one of the programme, despite incident growth, we saw a small numerical reduction in conveyance to hospital for the first time since the creation of the Trust in 2006. However, during 2018/19 we estimate that we will convey 40,000 fewer patients than in the previous year, despite similar levels of growth.

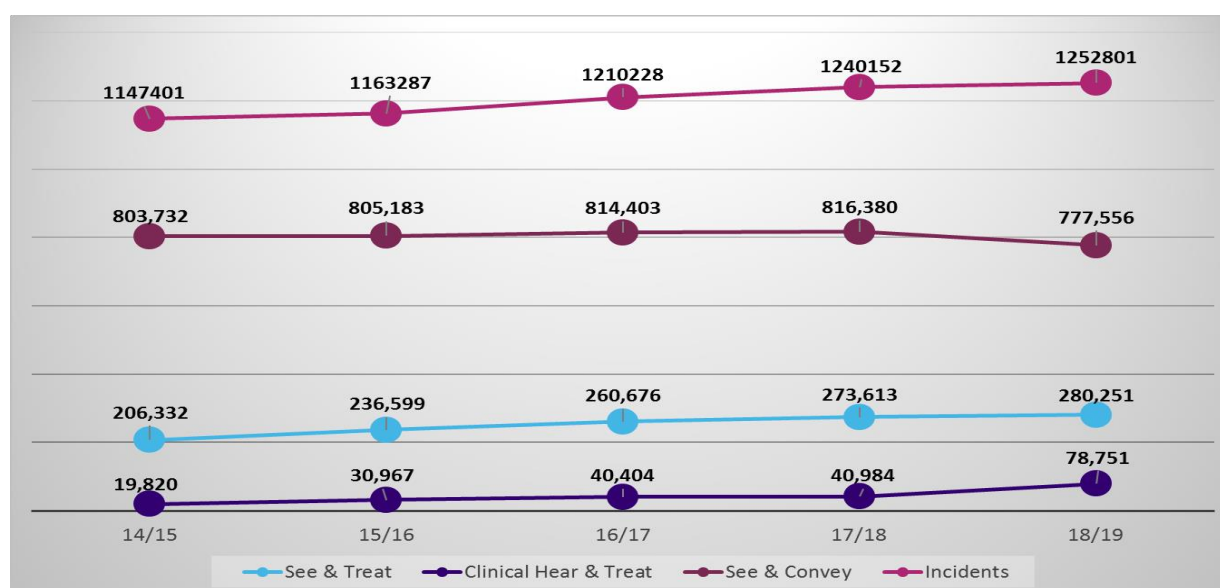


Table 1 Shift in activity flow 2014/15-2017/18 (Impact of Transforming Patient Care)

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The programme has also established the principles of early clinical intervention (left shift) as a crucial enabler for patients with life threatening needs to receive a timely response and potentially improved prognosis. Put simply, more effective management of patients with mid to low acuity needs, maximises our ability to respond to higher acuity patients, thus improving our performance against Ambulance Response Programme (ARP) standards. Indeed, the NWS five stage model has been adopted by the Ambulance Improvement Programme Board and NHS Digital as the approved framework for care delivery.

We now intend to build on the foundations of the Transforming Patient Care Programme and continue to provide a service for urgent and emergency care that is sustainable and resilient, with equity of access for the whole population.

Throughout the delivery and implementation of the principles of the strategy, we will, at all times, strive to release emergency resources to deliver the best care for patients with the most serious or life threatening conditions. We remain committed to delivering our responsibilities as a category 1 responder, our legislative responsibilities relating to emergency preparedness, resilience, and response (EPRR), and to ensure that non-conveyance decisions are clinically appropriate at all times.

What is Urgent and Emergency Care?

Urgent Care

Involves a range of services that are available for the public to access where there is an urgent actual or perceived need for intervention by a health or social care professional. In practice this will mean that people, whatever their urgent care need, wherever the location, get the right care, from the right person, in the right place, at the right time, every time.

Emergency Care

Is an immediate response to a time critical health need. A small number of people suffer from serious illness or have a major injury which requires rapid access to highly skilled, specialist care to give them the best chance of survival and recovery.

We believe that outstanding provision of urgent and emergency care will be defined as:

- ✓ Patient focused
- ✓ Based on good clinical outcomes
- ✓ A patient focused experience
- ✓ Timely
- ✓ Right the first time
- ✓ Available 24/7 to the same standard wherever possible

About NWS

The North West Ambulance Service NHS Trust (NWS) was established on 1st July 2006, following the merger of ambulance trusts from Greater Manchester, Cheshire and Merseyside, Cumbria and Lancashire. NWS has a workforce of over 6000 people, operating its services from 109 ambulance stations distributed across the region, three emergency operations centres, one support centre, and two Hazardous Area Rescue Team (HART) centres.

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In addition, the Trust also provides, along with Urgent Care and OOH partners, the NHS 111 Service for the North West Region, operating from five sites across the North West, in Greater Manchester, Merseyside and Lancashire and Cumbria. Our operational area covers a population of approximately 7.5 million people over five counties. We respond to patients across a geographical footprint of approximately 5,400 square miles. These populations are served by four Integrated Care Systems (previously Strategic Transformation Programmes) in Greater Manchester, Cumbria, Lancashire and Cheshire and Mersey.

NWAS is the largest ambulance service in the UK receiving over 1.3 million emergency calls per year, with telephone-based clinicians and emergency crews attending to more than 1.2 million incidents each year (2017/18). Demand for our services continues to grow every year, but despite this, we are committed to providing an outstanding level of patient care for every patient, every time.

Our NHS 111 service is the largest in the UK taking over 1.7 million calls each year. The Trust undertakes over 1.2 million non-emergency patient transport journeys each year through its Patient Transport Service. In total NWAS manages over 3.5 million patient contacts every year. NWAS also forms part of the NHS response to Major Incidents, ensuring that plans are in place to provide a comprehensive response to major incidents, risks, or hazards.

National Strategy and Policy Drivers

NHS England's Five Year Forward View (5YFV) was the pivotal document in outlining



requirements for change, specifically relating to demand management, operational efficiencies, and funding. Within the 5YFV there are specific policy recommendations that call for redesign of urgent and emergency care services to enable integration between A&E Departments, GP Out of Hours, Urgent Care Centres, NHS 111, and Ambulance Services.

The 5YFV also called for Ambulance Services to provide an enhanced clinical decision making role with paramedics supporting the delivery of safe care closer to home and within community services. It goes further to call for a strengthened clinical triage and advice service that links the system together and helps patients navigate more successfully.

These principles are reflected in the Urgent and Emergency Care Review (UECR), Commissioning

Standards for Integrated Urgent Care (Sept 2015), Clinical Models for Ambulance Services (Nov 2015), and more recently Guidance on the Implementation of a Clinical Hub (July 2016).

Transforming Urgent & Emergency Care Services in England (Safer, Faster, Better) endorses that "Ambulance services play a central role in the provision of urgent and emergency care". Ambulance services and their commissioners should work together to develop a mobile urgent treatment service capable of dealing with more people at scene and avoiding unnecessary journeys to hospital". This document can be accessed at: <https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf>

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In particular, the Urgent and Emergency Review (update 2015) enforces the need to address gaps in health and wellbeing, care and quality, funding and efficiency, and sets two primary objectives for Ambulance Trusts:

- 1. For those people with urgent but non-life threatening needs we must provide highly responsive effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible minimising disruption and inconvenience for patients and their families.**
- 2. For those people with more serious of life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.**

We at NWS are committed to delivering the objectives of the Urgent and Emergency Care review, and as such, are adopting these objectives as the core aims of our Urgent & Emergency Care Strategy.

The national policy context also offers NWS a unique opportunity to position itself as the primary provider of urgent and emergency care provision in the North West. We are the existing provider of 999, NHS 111, and PTS services and will always seek to ensure patients are managed in adherence with the principles of the Urgent and Emergency Care Review.

Lord Carter Review

The recent publication of Lord Carter's review highlights a number of key areas of required improvement in operational delivery. These are:

1. Staff
2. Digital
3. Fleet

This strategy recognises the need for our workforce to be more flexible, receive enhanced managerial and clinical support, and be rostered effectively to meet the profile of activity demand more effectively. Lord Carter's report also stressed the importance of addressing challenges to productivity such as hospital handover delays, a reduction in conveyance to Accident and Emergency, and the use of alternative pathways of care such as Urgent Treatment Centres.

It is not the intention of this strategy to provide detailed overviews of support service strategies such as fleet, workforce, finance, and others, but in determining our direction of travel for the delivery of core Urgent and Emergency Care services, organisational strategies must be aligned to the core principles of Right Care, Right Time, Right Place, Every Time. We will set clear aspiration targets for the achievement of reducing Accident and Emergency conveyance by managing patients before the call, or by Hear & Treat or See & Treat methods whenever clinical appropriate.

The NHS Long Term Plan (LTP)

Pre-hospital Urgent Care is a vital component of the NHS LTP. Sections 1.27 states

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1.27. Ambulance services are at the heart of the urgent and emergency care system. We will work with commissioners to put in place timely responses so patients can be treated by skilled paramedics at home or in a more appropriate setting outside of hospital. We will implement the recommendations from Lord Carter's recent report on operational productivity and performance in ambulance trusts, ensuring that **ambulance services** are able to offer the most clinically and operationally effective response. We will continue to work with ambulance services to eliminate hospital handover delays. We will also increase specialist ambulance capability to respond to terrorism. Capital investment will continue to be targeted at fleet upgrades, and NHS England will set out a new national framework to overcome the fragmentation that ambulance services have experienced in how they are locally commissioned.

Building on the work started by the 5YFV, the LTP highlights a number of key areas of strategic change relating to the reduction of pressure on emergency hospital services. There is clear intent to support patients to navigate the optimal service 'channel'. The LTP commits to embedding a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP Out of Hours services from 2019/20.

1.25. **To support patients to navigate the optimal service 'channel', we will embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out of hours services from 2019/20.** This will provide specialist advice, treatment and referral from a wide array of healthcare professionals, encompassing both physical and mental health supported by collaboration plans with all secondary care providers. Access to medical records will enable better care. The CAS will also support health professionals working outside hospital settings, staff within care homes, paramedics at the scene of an incident and other community-based clinicians to make the best possible decision about how to support patients closer to home and potentially avoid unnecessary trips to A&E. This includes using the CAS to simplify the process for GPs, ambulance services, community teams and social care to make referrals via a single point of access for an urgent response from community health services using the new model described

This vision of an effective integrated urgent care model will also be designed to support a wide range of healthcare professionals to manage patients closer to home, including a paramedic at the scene of an incident. Nwas has been at the forefront of CAS development since 2015, developing the concept of Integrated Virtual Clinical Hubs (IVCH) in partnership with other primary and urgent care providers.

This response model has developed into a rationalised Clinical Hub function together with Acute Primary Assessment Services (APAS) who have started to manage some NHS 111 incidents and low acuity 999 C3 and C4 activity. The result has been a demonstrable increase in Hear & Treat outcomes and reduced conveyance, thereby maintaining our ability to deliver sustainable performance improvements without receiving investment in critical levels of resources, as determined by external modelling consultants. It is crucial that we utilise our considerable expertise in this area in order to provide support to emerging models of care.

Regional Drivers

The NHS and local councils in England have formed partnerships to improve health and care. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations.

STPs will build upon collaborative work to support implementation of an integrated response model, which outlines a number of areas in which changes to urgent and emergency care are

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needed. Key themes include: Shifts towards more lower acuity urgent care settings such as Urgent Treatment Centres or GP practices, Improved access to primary care, Support for older adults to stay healthy and at home with improved prevention and integrated care.

The implementation of NHS 111 Services means that NWAS is now the 'gateway' for over three million unscheduled care contacts each year. The need to provide enhanced triage through effective, clinically focused, decision making in our contact centres is crucial in the context of fulfilling the requirements of the national policies and local commissioning intentions.

Every year, NWAS visits the homes of approximately 2 million patients requiring planned hospital transport. These are often the more frail and vulnerable patients within the North West. This provides a superb opportunity for prevention and health promotion opportunities to improve care and manage demand.

Foremost amongst the causes of urgent and emergency care system pressure is the ageing population. By 2030 the North West will be classified as having a super-ageing population, with more than 20% of the population aged over 65 years. National targets for managing patients away from traditional Accident and Emergency Departments do not always consider the specific population health challenges of the North West such as frailty, cardiovascular disease, respiratory disease, obesity, and mental health.

Reconfiguration and transformation schemes such as Devolution Manchester, Cumbria Success Regime, Healthier Liverpool, and others, further emphasise the need that a 'one size fits all' service is not sustainable, rather we must focus on delivering a service that can be both regionally and locally implemented depending on the needs of individual areas.

2. WHAT ARE WE TRYING TO ACHIEVE?

We have stated our ambition to be the best ambulance service in the UK; delivering the right care at the right time in the right place, every time. This ambition is built on the understanding that delivering patient care at the **RIGHT TIME** in the **RIGHT PLACE** is reliant on the delivery of an integrated urgent and emergency care model.

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

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

What are our challenges?

In recent years, our ability to provide a timely response to emergency patients has often been challenged by; growing demand from patients with urgent care needs, delays caused by increased hospital handover times, and system reconfigurations, all of which need to be delivered within a

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nationally-recognised restricted financial envelope. These challenges are further exacerbated by the need to improve our digital solutions.

Operational Delivery and Performance/National Standards

We recognise that our approach to delivery of Urgent and Emergency Care services must adapt if we are to meet the national ambulance response standards on a sustainable basis. We have an evolving operational model but acknowledge that we have not always been as effective as we would like in our response to changes in urgent and emergency care. The need to deliver sustainable ambulance response standards has often limited our capacity to achieve large scale organisational change.

Whilst we can demonstrate our ability to be innovative, and significant improvements have been made, we recognise that we must translate this innovation and improvement into sustainably delivered quality, performance, and service standards.

Demand Growth

Using incident activity* as a measure of activity growth, 999 activity has risen by 28% from a 2011/12 out-turn of 968,720 incidents to 1,240,152 incidents in 2017/18. It must be acknowledged that operational budgets have not kept pace with activity growth and therefore alternative methods of delivering care have been employed to allow the Trust to maintain operational capability.

*Patient incidents requiring a telephone or face to face response.

Total Incidents (Hear & Treat + See & Treat + See & Convey)							
Year	2011/12	2012/13	2013/14	2014/15**	2015/16	2016/17	2017/18
Incidents	968,720	1,000,187	1,001,594	1,041,040	1,163,287	1,210,228	1,240,152
Annual Growth		31,467	1,407	39,446	122,247	46,941	29,924
Percentage Growth		3.25%	0.14%	3.94%	11.74%	4.04%	2.47%

** Includes 111-999 activity from 2014/15

As well as incident growth, the five year call demand trend of c. 5.6% has been above the all-England average of 5.2%. We expect to see a further 38% in call growth over the next ten years (Carter 2018) and must therefore adapt our working practices to manage these exceptional levels of activity within restrictive financial budgets. In doing so, and to manage demand across all categories of urgent and emergency care, including healthcare professional activity, we must develop integrated working practices that bring together providers from the wider health system as the lead provider and primary coordinator.

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Whilst activity growth from 2003 onwards has predominantly been concentrated in patients with urgent care needs, over the last few years we have also seen a significant rise in patients presenting with high acuity conditions, and increased journey times associated with service reconfigurations. Whilst much of the growth has been mitigated by using community services, those patients being conveyed to Accident & Emergency are at a much higher risk of admission to hospital. This places pressure on Accident & Emergency Departments whose 'Major' patients often need more complex investigations and interventions.

We are committed to working with the wider system to harness capacity within community based services for patient groups who can be cared for in more effective ways. We intend to work hard on improving the quality of care for all patients, but will be focusing on several patient groups for whom bespoke pathways of care can be beneficial to the clinical outcomes and patient experience.

These include:

- Mental Health & Dementia
- Older People and Frailty
- Patients experiencing falls
- Paediatrics
- Cardiovascular Disease (CVD)

Hospital Handover

In England, over 500,000 hours of time critical ambulance response capacity was lost in 2017/18 due to delays in handing over patients to Accident and Emergency departments. In the North West alone, we lost over 70,000 hours of resource time during the year. The impact on our ability to respond to seriously ill or injured patients seriously compromises the quality of care that we aim to provide.

There are a number of significant factors that impact on handover times, such as blockages with the hospital system itself, delays in Accident & Emergency, inappropriate conveyance to hospital, and timely access into community services.

During 2018/19 we have worked extensively to address the resource loss through excessive hospital turnaround times. Whilst we have seen some improvements in Trusts with historical turnaround challenges, improvements across the whole Acute Trust sector have not been sustainably delivered.

Digital

We are aware that our digital capabilities require improvement. 999, NHS 111, and PTS services operate on disparate systems that do not currently allow us to harness the potential utility of our workforce, estates, and business intelligence in the most efficient way. Whilst we have taken steps to introduce an Electronic Patient Record (ePR) the process has been slower than we anticipated. Integrated software is in need of further development, and our ability to access and shared patient information has been compromised as a result. The need for Urgent and Emergency Care services to be supported by our new digital strategy has never been more apparent.

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Finances

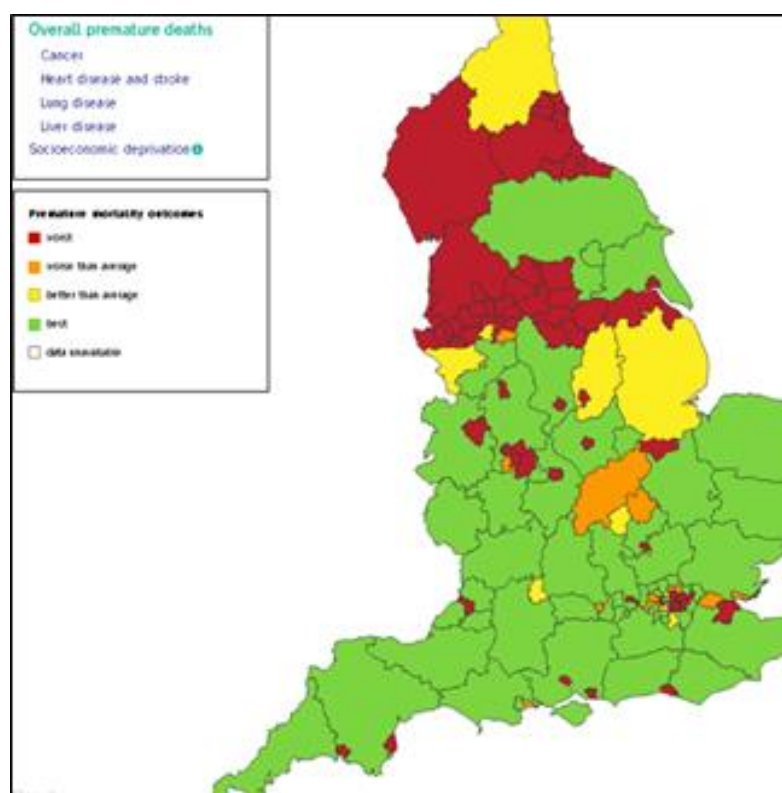
Our ability to provide a sustainable, efficient service will be reliant upon receipt of sufficient funding. In the future the contract framework will need to be more flexible and sophisticated to support the delivery of integrated service models.

Population

We believe that understanding the needs of our population is crucial in delivering effective urgent and emergency care. Our service traverses a diverse geographical footprint, with an ever increasing complexity within the patient demography. Male and female life expectancy are both below the all England average, there are high levels of social deprivation, with a significant number of local authority areas falling within the most deprived 10-20% in England. Nine of the top 20 most deprived local authority areas are in the North West. (NAO 2015 Index of Multiple Deprivation)

NWAS has consistently been under enormous pressure to convey fewer patients to Emergency Departments across the North West. Whilst significant progress has been made, especially in management of low acuity patients by telephone advice, the number of patients managed on scene is lower than the all-England average.

The patient demographic of the North West is one of the biggest single challenges in maximising opportunities for pre-hospital management. High levels of social deprivation, especially in the Greater Manchester and Mersey conurbations, as well as specific condition presentations, create an environment in which health inequality with the rest of the UK is widening. While people in the more affluent local authority areas experience better than average health, the reverse is true in the areas with the highest levels of deprivation, where health is generally worse than the England average.



Neighbourhood poverty is linked to poor long term physical and mental health, as well as an increased prevalence of cardiovascular risk factors such as obesity and diabetes. Indeed, in the North West there is a 1.6-1.8 times likelihood of childhood obesity than the national average, and levels of alcohol and smoking related illness continue to be higher than in most areas of the UK. Despite improvements in population risk factors in recent years and reductions in mortality from coronary heart disease (CHD) socioeconomic gradients in health status have persisted or worsened. In the context of the extremely tight fiscal climate, these inequalities are expected to worsen further.

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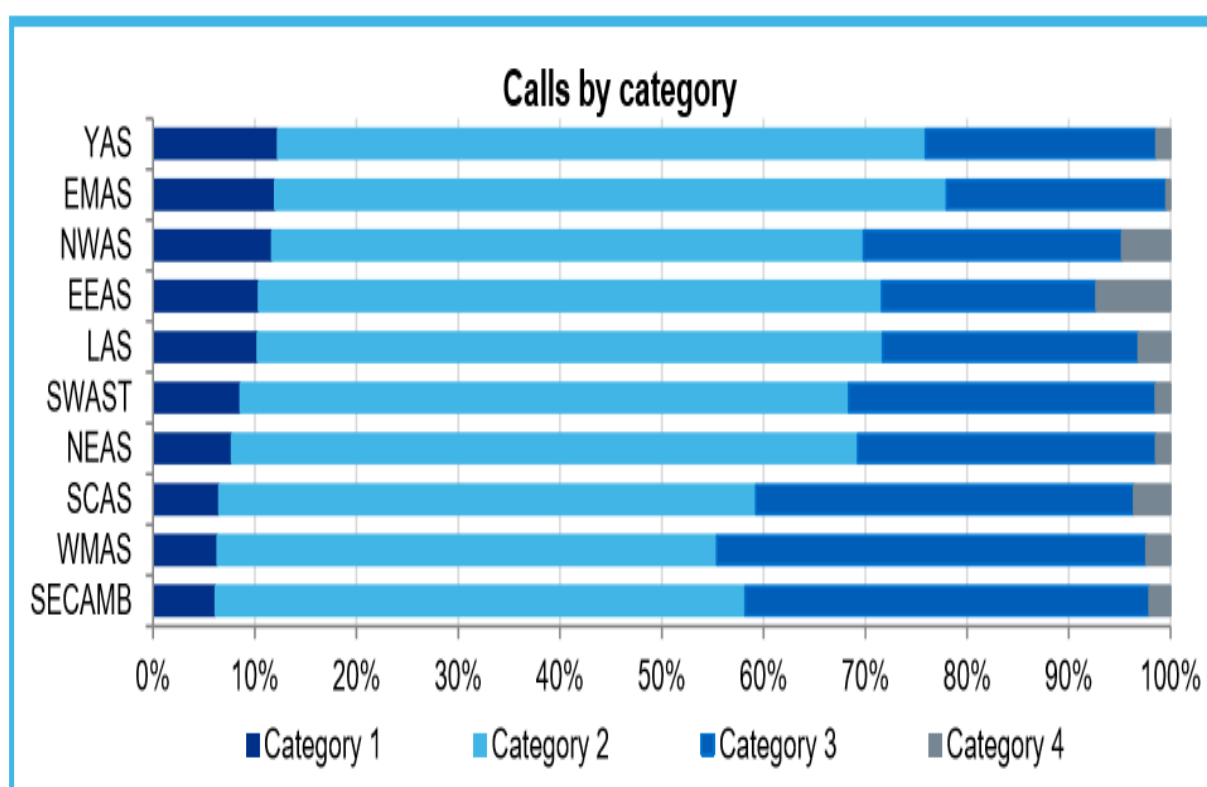
We are expecting high levels of incident growth over the next ten years. Evidence suggests that growth will also come with increasing levels of complex medical conditions in a super-ageing population. The baseline characteristics of neighbourhood poverty also strongly suggest higher levels of hypertension, smoking, diabetes, obesity, high cholesterol, statin use, and mental health related conditions.

The North West has a diverse population, wide variation in distribution of wealth, and while life is not 'grim up north' the stark truth is that on average because of poorer health, people in the North West suffer shorter lifetimes and suffer more years of ill-health than in the South.

In the North West, premature mortality outcomes for the biggest causes of early death (under the age of 75) are among the worst in the UK. The impact on the Ambulance Service is significant with a proportionately higher number of patients presenting with cardiovascular and respiratory presentations than those in the South.

Whilst we enjoy a hugely diverse population, this diversity tends to be concentrated in urban, and often deprived areas. There are health inequalities and high instances of certain types of conditions in different diverse groups which can have a significant effect on our models of care. In our region, 18% of men and 31% of women, who are of working age, are not in employment. This is above the national average.

The proportion of high acuity Category 1 calls among English Ambulance Services reflects the levels of deprivation, premature death rates, and complex co-morbidities highlighted by the National Audit Office figures.



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System Engagement

NWAS is jointly commissioned by 31 Clinical Commissioning Groups to provide urgent and emergency care services across the North West of England. There are four Sustainability and Transformation Partnerships (STPs) whose role is to bring together local health and care leaders to deliver system-wide transformation which meet the needs of local communities.

NWAS therefore operates across a highly complex geographical location with growing expectations to meet the urgent and emergency care needs of its population through greater integration and collaboration with health and care partners across the North West.

Integration with local health and social care systems necessitates a review of the internal managerial and clinical leadership structures within NWAS. This strategy will make clear recommendations and commitments towards a restructured operational model that will enable NWAS to provide highly effective clinically led services over the next five years and beyond.

Our Response

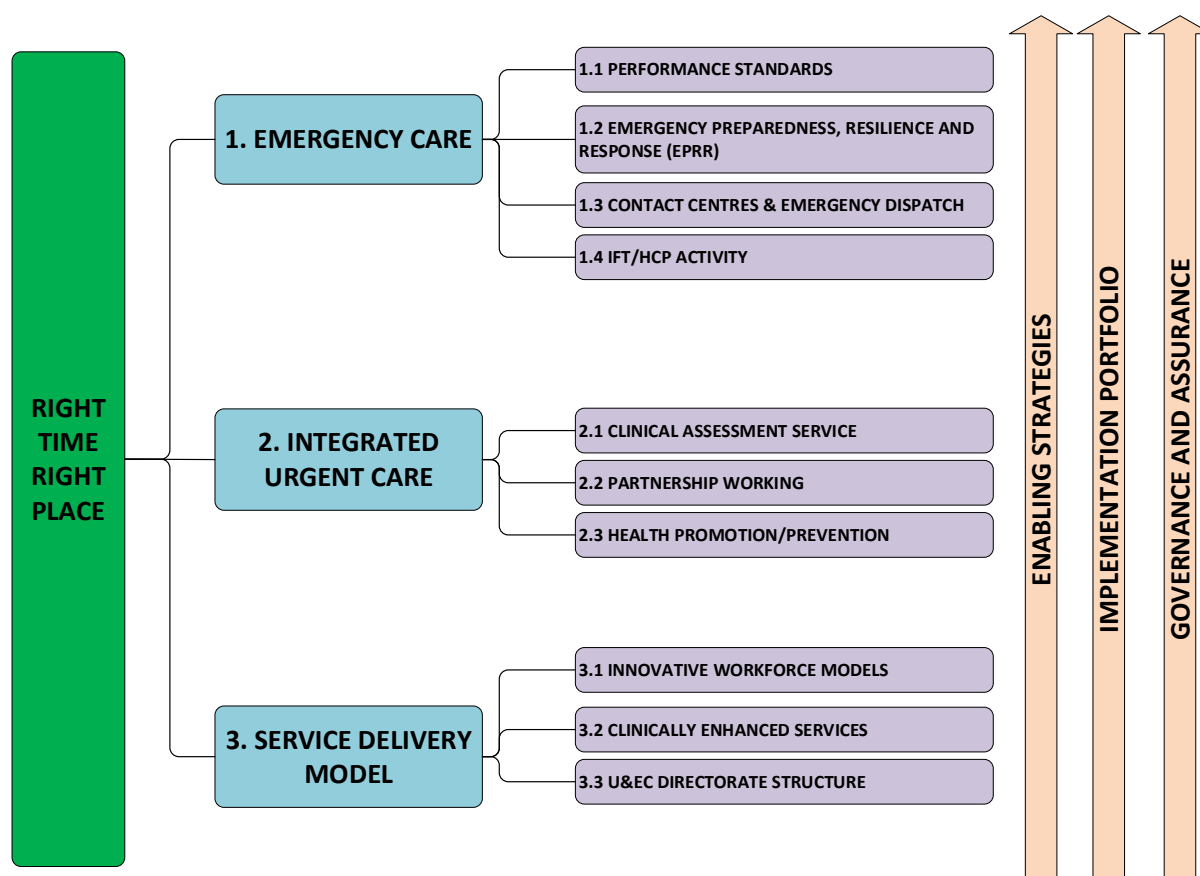
In considering these challenges and the context in which NWAS operates, our response is to implement a fully integrated urgent and emergency care model which will enable us to achieve the following core aims of this strategy:

- 1. For those people with urgent but non-life threatening needs we must provide highly responsive effective and personalised services outside of hospital. These services should deliver care in or as close to people's homes as possible minimising disruption and inconvenience for patients and their families.**
- 2. For those people with more serious of life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery.**

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3. HOW WILL WE ACHIEVE OUR AIMS?

The following driver diagram illustrates our approach to achieving the aims of this strategy:



We have identified three strategic priorities:

- Emergency Care
- Integrated Urgent Care
- Service Delivery Model

These are further explained within the remaining sections of this strategy including the underpinning objectives for each.

Priority 1: Emergency Care

1.1 Performance Standards

Ambulance Response Programme (ARP)

The development of a combined Urgent and Emergency Care Strategy recognises the Trust's commitment to the principles of national, regional, and local drivers, but also that we must continue to provide a highly responsive and sustainable emergency response to those patients requiring immediate assessment and treatment. The document describes our commitment to

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delivering full ARP standards and how we will ensure that resources are used effectively through efficient use of emergency dispatch functions and control.

The Trust has statutory obligations to deliver emergency responses in full compliance with the Ambulance Response Programme. Following the largest clinical ambulance trials in the world, NHS England announced a new set of measures for ambulance services. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. This includes providing call handlers with more time to assess 999 calls that are not immediately life-threatening, enabling them to identify patients' needs more efficiently, and identify the most appropriate response.

Categories of call are as follows:

Category	Response	Average response time
Category 1	For calls to people with immediately life-threatening and time critical injuries and illnesses.	These will be responded to in a mean average time of seven minutes and at least 9 out of 10 times before 15 minutes .
Category 2	For emergency calls. Stroke patients will fall into this category and will get to hospital or a specialist stroke unit quicker because we can send the most appropriate vehicle first time.	These will be responded to in a mean average time of 18 minutes and at least 9 out of 10 times before 40 minutes .
Category 3	For urgent calls. In some instances, patients in this category may be treated by ambulance staff in their own home. These types of calls will be responded to at least 9 out of 10 times before 120 minutes	These types of calls will be responded to at least 9 out of 10 times before 120 minutes .
Category 4	For less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist.	These less urgent calls will be responded to at least 9 out of 10 times before 180 minutes

Under the ARP system, early recognition of life-threatening conditions, particularly cardiac arrest, increased. A new set of pre-triage questions identifies those patients in need of the fastest response. New targets were also designed to free up more vehicles and staff to respond to emergencies. We implemented these changes in August 2017, although we recognise that we have much work to do to ensure that our service delivery models harness the potential benefits of ARP.

Partnership working will be essential to improve care for our patients. In the years ahead we will support STPs to realise their vision for healthcare improvements. We know that the Sustainable Transformation Partnerships have differing needs and priorities and we will ensure we support them to deliver their individual aims.

Managing demand is a complex process. It relies on changing attitudes amongst the public and changing system wide processes or customs that have long been established. We have a key role to play in working proactively with STPs to support the delivery of an integrated response model, and associated demand management initiatives.

The revised standards can be accessed at:

www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators

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Delivery of Emergency Operations (Statutory and Contractual Requirements)

We are contracted under the NHS Standard Contract which is the mandated form of contract for ambulance services. This can be accessed at <https://www.england.nhs.uk/nhs-standard-contract/>.

Within the National Ambulance Commissioning Framework for commissioning of ambulance services, the new National Urgent and Emergency Ambulance Service 999 Specification incorporates the core elements for delivery of urgent and emergency ambulance services.

Workforce Rostering

Provision of a high-performing, safe and effective 999 services can be mapped to the domains within the NHS Outcomes Framework. The Trust has recognised that current roster patterns do not always reflect current or emerging demand patterns. Whilst we committed to a robust Performance Improvement Plan (PIP) during 2018/19, a full review of our roster patterns is required across all operational areas of the Trust (including Emergency Control, NHS 111, and Contact Centres). During the first twelve months of this strategy the Trust will work with external consultants to ensure that our rosters are profiled against demand and that staff and resources are efficiently managed. Further, continuous review of working patterns will ensure that staff and vehicle resources are optimised at all times and that there remains a dialogue with staff over effective working patterns to support work life balance and retention of staff.

Effective rostering will be supported by the Trust's digital strategy which will review all digital and interoperability solutions across service delivery and support services such as Human Resources, Central Recruitment, Fleet, Finance and Procurement. It is imperative that rosters recognise the newly configured fleet profile, maximising the use of Emergency Ambulances to improve efficiency and reduce responses per incident.

Objectives:

- ✓ **We are committed to delivering the requirements of the National Ambulance Commissioning Framework and the 999 Service Specification throughout the term of this strategy.**
- ✓ **We are committed to sustainably achieving and maintaining all ambulance response standards and become the best performing Ambulance Trust by 2023.**
- ✓ **We will complete a full roster review and implementation by the end of 2019/20.**

1.2 Emergency Preparedness, Resilience and Response

All Ambulance services hold a number of responsibilities in respect of EPRR. The requirements for ambulance services are also listed within the NHS England EPRR Framework <https://www.england.nhs.uk/ourwork/eprp/gf/>

We will continue to provide services, planning and service capability to deliver our obligations as a Category 1 Responder as laid down in the Civil Contingencies Act 2004 and in line with the requirements of the Department of Health's Emergency Planning Guidance (2005).

We will work cooperatively with the other emergency services and other Category 1 and 2 responders, including but not limited to participating in the planning and exercise testing

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processes, and will continue to work cooperatively with the Home Office National Interoperability programme.

Full statutory responsibilities for ambulance services are detailed within the Civil Contingencies Act (2004) and are available via the following links:

<https://www.gov.uk/government/publications/emergency-preparedness>

<https://www.gov.uk/government/publications/emergency-response-and-recovery>



1.3 Contact Centres & Emergency Dispatch

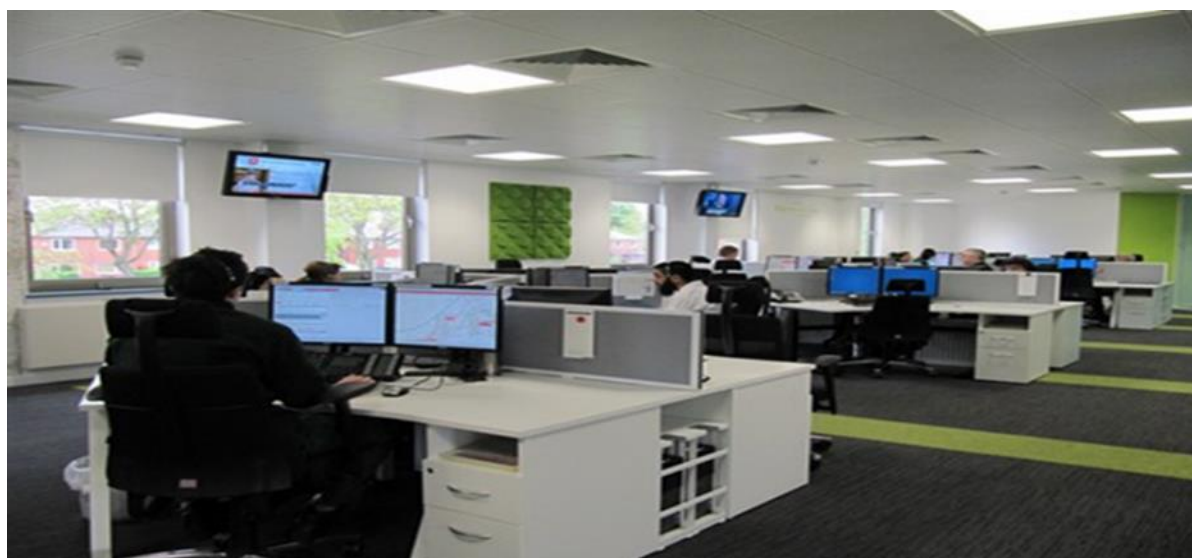
The Trust operates three Emergency Operations Centres (EOC) at Parkway (Greater Manchester), Broughton (Lancashire), and the new EOC based at Estuary Point in Merseyside. Whilst the EOCs are predominantly responsible for answering calls in Greater Manchester, Cumbria and Lancashire, and Cheshire and Merseyside respectively, they are able to work virtually to ensure robust business continuity and management of surges in activity by sharing the call and dispatch activity across all three EOCs. The Trust also operates the North West NHS 111 Service from its main site at Middlebrook in Bolton, two satellite sites at Estuary Point and Carlisle, and with a sub-contracted provider, Fylde Coast Medical Services, based in Blackpool.

Operational Support is offered by a bespoke function based in Carlisle. The Carlisle Support Centre provides logistical support, coordination of clinical and safeguarding referrals, sickness management, and fleet issues. We know that our demand growth and associated need for support services to be robust is key.

In order to achieve our aim of greater integration between PES, IUC/111 and PTS, we will review and enhance the functions undertaken within the EOC and contact centres including the leadership and management structures. We will ensure that call-handling functions operate

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within the Integrated Urgent Care environment to ensure prioritisation and streaming of patients is clinically robust and commensurate with patient needs.



Objective:

- ✓ We will review and reconfigure our existing EOC and contact centre functions within the first two years of this strategy to ensure that we provide an efficient, appropriately resourced and resilient service at all times.

1.4 IFT/HCP Activity

NWAS manages over 175,000 calls from healthcare professionals and hospitals each year. This activity ranges from emergency admission requests from General Practitioners, Community Nurses etc. to the movement of patients between hospital sites. The Association of Ambulance Chief Executives (AACE) has been working to produce a standardised policy for the effective management of this activity. The resulting framework has now been incorporated into the new 999 Specification which came into effect on the 1st April 2018.

The purpose of the framework is to support system leaders in reducing unwarranted variation in the way ambulance services are provided and commissioned, in which the IFT/HCP frameworks determine how ambulance services manage HCP/IFT requests in a way that:

- Ensures equity of access for all serious ill or injured patients.
- Recognises that in certain situations, a healthcare professional may require immediate clinical assistance in order to make a life-saving intervention, in addition to ambulance transportation.
- Provides consistent definitions for high acuity healthcare professional responses that are established and mapped to Ambulance Response Programme (ARP) Category 1 and Category 2 response priorities.

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- Offers opportunities for local innovation and acknowledgement of different contractual and commissioning arrangements for non-emergency healthcare professional requests.
- Allows responses to healthcare incidents to be measured separately to other 999 activity

The process will also provide an auditable benchmark for NWAS to evaluate and monitor the appropriateness of booking trends by healthcare professional users.

We understand that it is vital that booking healthcare professionals are well orientated with the frameworks and are thoroughly familiar with the defined response options contained therein. Information on the national frameworks and how to use our services is available on the Trust's internet page at: <http://www.nwas.nhs.uk/professionals>

NWAS has been selected as one of two English pilot sites. The pilot will allow us to refine the proposed frameworks, ensuring the right technical and assessment systems are in place.

Whilst a variety of processes were previously being employed across the pilot sites, a single HCP/IFT algorithm is now being used. Evaluation of the pilots will be coordinated through NHSE/I.

Objective:

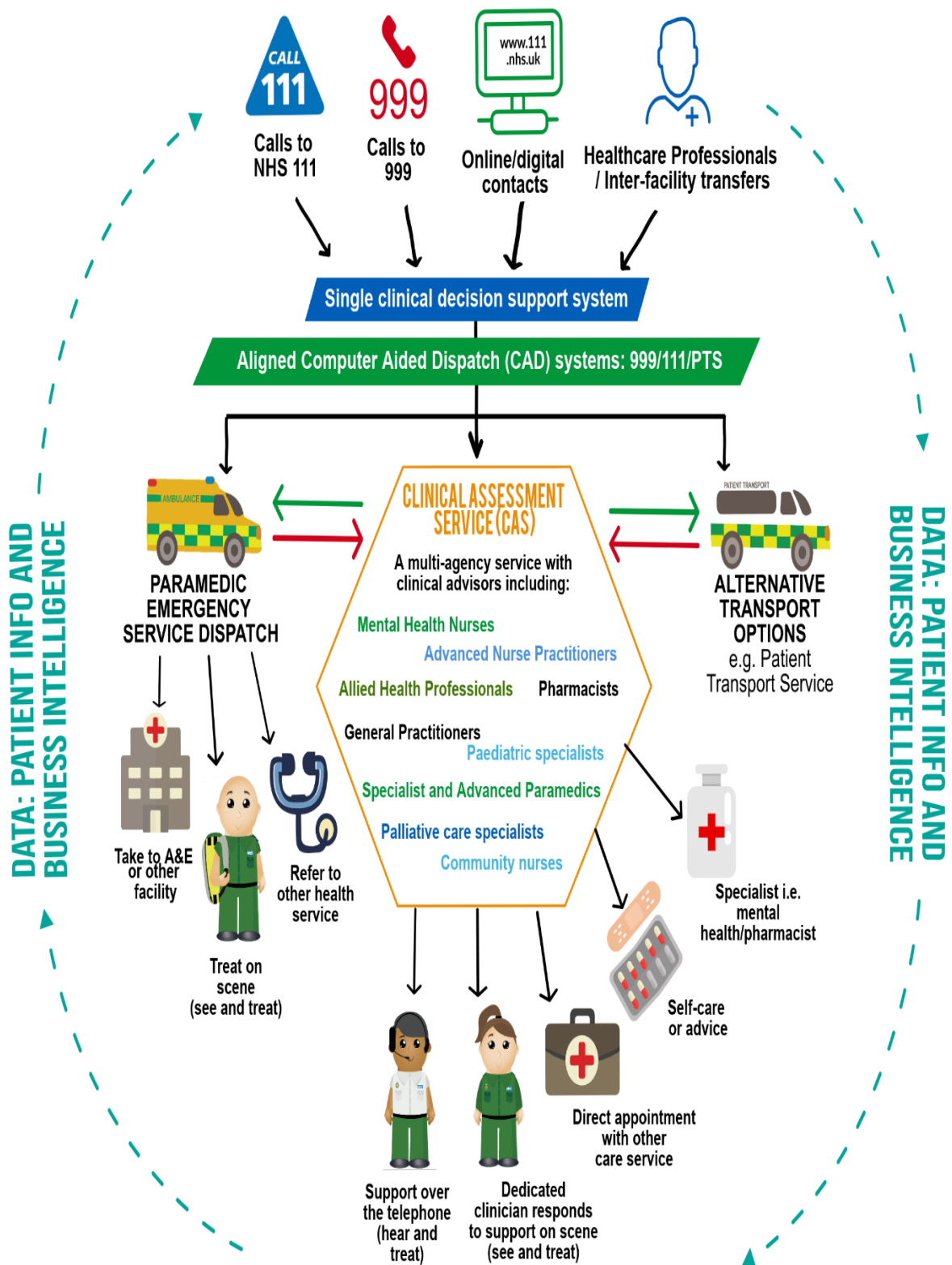
- ✓ **We are committed to sustainably achieving all national response standards for HCP and IFT requests within the term of this strategy, in order to provide a fair and equitable response to all patients, every time.**

Priority 2: Integrated Urgent Care

The basic principle of Integrated Urgent Care (IUC) is to provide safe care closer to home. This will help tackle the rising pressures on acute and urgent care services and reduce avoidable emergency admissions.

The following diagram illustrates NWAS' IUC model which harnesses the expertise and capacity within primary, urgent, and emergency care to provide a multi-disciplinary response to patients presenting to the system via 111 or 999. Patients will receive a complete episode of care concluding with either advice, a prescription, or an appointment for further assessment or treatment.

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2.1 Clinical Assessment Service

In line with the national recommendations, NWAS will implement a single multi-disciplinary Clinical Assessment Service (CAS) which will integrate our NHS 111 and 999 Clinical Hub service with wider health and care partners.

A CAS will allow for a greater level of clinical expertise in assessing a patient that would normally be expected of a referring clinician. This expertise will be used to ensure that patients are directed efficiently and effectively into the most appropriate onward care pathway. The CAS will be staffed by multi-disciplinary healthcare professionals.

The CAS will utilise digital solutions to provide patients with a seamless journey and high-quality care which is bespoke to their individual needs, regardless of the point of contact. In particular, we commit to aligning the primary triage systems within NHS 111 and 999 in order to increase the flexibility of workforce and reduce variation; resulting in greater consistency in the quality of triage outcomes.

We will also undertake a full review of the Computer Aided Dispatch (CAD) system in 999 and patient information platforms in 111 and PTS to ensure better integration and interoperability. Interoperability means that systems can talk to each other, enabling information to be shared so that health and care professionals have access to the information they need to provide the right care, in the right place, at the right time. Further detail is outlined within the Digital and Business and Intelligent Strategy.

As Integrated Urgent Care becomes embedded within the wider health system, a joined-up approach between 999, NHS 111, and community-based providers is essential. The need to ensure that the first contact of every 999 or 111 call is managed effectively is essential as the impact on the wider health system, is often, directly proportionate to decisions made at this point.

Objective:

- ✓ **The Trust will commit to a fully integrated Clinical Assessment Service that will complement our resource dispatch functions within the first three years of this strategy.**

2.2 Partnership Working

NWAS is perfectly placed as a lead partner in managing patient flow through the whole healthcare system therefore, it is essential that we further develop and maintain effective partnerships across the North West. NWAS understands that implementation of IUC is crucial to the whole health system but that delivery cannot be achieved in isolation.

We recognise that partnerships with STPs will become crucial to delivery of Integrated Urgent Care. We already engage STPs and commissioners to develop innovative, system-wide integrated response model which aligns to population demography and healthcare needs. This strategy describes our ambition to exceed current expectations to position NWAS at the forefront of the out of hospital health and care system.

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In order to deliver the requirements of an IUC specification, we will continue to work in partnership with providers across the North West, including Pharmacists, Dental, Mental Health, Maternity, GPs, with links to Social care and other community services further strengthening these at all levels (board to frontline)

The commissioning arrangements for IUC will involve collaborative solutions between ambulance services, GP Out of Hours, and other community based providers. Therefore, we will strengthen our existing engagement with commissioners and STPs to develop collaborative commissioning arrangements between the ambulance service, GP Out of Hours, and other community based providers which will enable the implementation of a CAS.

Objective:

- ✓ **Engage with commissioners, STPs and providers to ensure that we are a key partner in delivering Integrated Urgent Care solutions which align to population demography and healthcare needs, including prevention.**
- ✓ **Engage with, and develop provider partnerships in order to implement an effective IUC model of care.**

2.3 Health Promotion and Prevention

This strategy follows the principles of the NHS Constitution. We already engage with partner organisations such as Public Health England, Healthwatch, STPs, community services, and social care organisations in order to maximise our contribution to health promotion and prevention thus reducing demand on 999 services, accident and emergency departments, and the wider health system.

The Trust will manage activity 'before the contact' through education and management of known high intensity users; both individual patients and care establishments such as nursing home, residential homes and hospitals. We will support and engage in activities to assist initiatives that lead to better education and health management of the populations at regional or local level.

In line with our digital commitments to improve Business Intelligence, we will access and utilise high quality data from a range of sources to identify areas of preventable demand and proactively manage our resources. We will also use historic data to target public health communication to promote preventative self-care.

Priority 3: Service Delivery Models

3.1 Innovative workforce models

The future delivery of an Integrated Urgent Care approach relies on enhanced clinical assessment and treatment in pre-hospital and community based settings. New models of care will require highly skilled, flexible clinicians who can work across traditional practice boundaries and within multi-disciplinary teams. Developing these clinical teams will require a more adaptable approach

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to clinical leadership in which, urgent care capability is recognised as essential in enabling delivery of emergency services.

In the context of a limited national resource pool, recruitment and retention is crucial to our future plans and as clinicians increase their knowledge and skills we understand that to become an employer of choice, we must provide a rich experience for all staff, whatever their role. We must continue with our recruitment of a highly skilled and sustainable workforce as well as deploying, across a range of settings, clinicians with specialist skillsets such as mental health, pharmacy, midwifery, occupational therapy, and physiotherapy.



This strategy builds on the success of early rotational working pilots, flexible and shared workforce models as key enablers to the delivery IUC and CAS models and will provide exciting roles plus development opportunities for NWAS clinicians. This aligns to the recommendations published in Lord Carter's review which states that rotational working models can reduce staff turnover, alleviate demand issues across the NHS, enable staff to develop a wider skill-set and ultimately provide better care for patients.

The Trust has already established a **"See and Treat Workforce Development"** workstream within its Transforming Patient Care programme. The programme has explored the role that paramedics and other healthcare professionals can undertake in both the community and clinical telephone triage environments. Within the next twelve months will be committed to the expansion of the Urgent Care Practitioner model to enhance see and treat capability focused on where this resource will add most value. We are also working with a number of Acute Trusts to implement rotational paramedics within Emergency Department and Primary Care settings. Rotational practitioners can positively impact on other factors affecting our ability to deliver urgent and emergency care such as hospital handover delays by creating a steadier flow of admissions throughout the day.

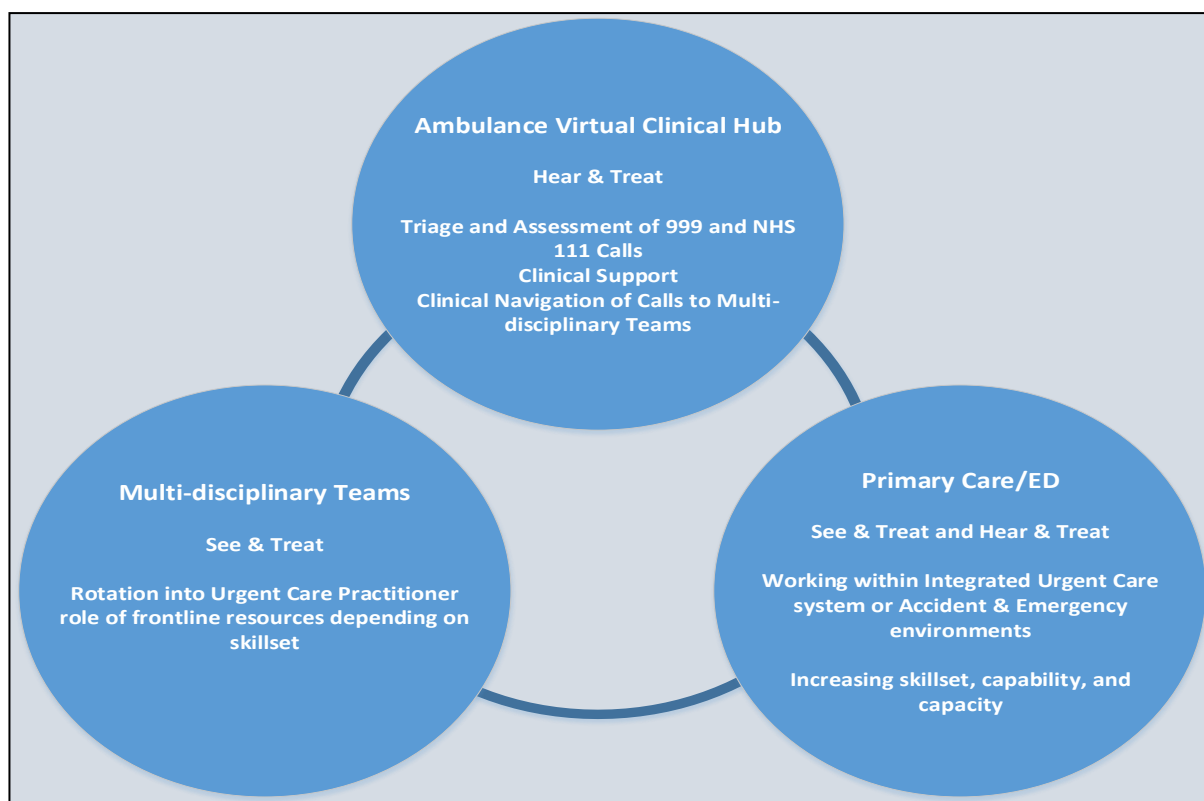
As part of our approach to workforce development we will work closely with system wide providers and academic partners in order to develop productive rotational working solutions.

During 2016/17 we introduced the role of the Community Specialist Practitioner (CSP). Operating in twelve areas across the North West, the CSPs are usually based within a primary or urgent care setting. They often operate in isolated rural environments or communities where specific conditions can present a challenge to the health system such as diabetes, or chronic respiratory disease.

Whilst the CSPs primary responsibility is to provide a timely response to Category 1 or Category 2 999 calls, they also undertake engagement, health promotion, and prevention work with the local communities. CSPs also work with frequent users of 999 services, helping to develop care plans that can lead to effective management in a pre-hospital setting. The impact has been extremely positive for patients presenting with time critical symptoms and in reducing demand to the 999 system. We are committed to extending the CSP role in partnership with local CCG or STP requirements and will continue to evaluate the roles of specialist practitioners in the field.

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The following diagram demonstrates the rotating model recommended by Health Education England. However, we intend to extend rotation to other healthcare professionals who have a



valuable role to play in managing patients in the community. Using a variety of clinical backgrounds across a different clinical setting will help to provide the right response at the right time.

An example enabler of rotational working is the concept of a Virtual Ambulance Station, allowing practitioners to rotate through a number of different operational placements. This will create exciting rotational roles for nurses, paramedics, EMT1s and specialist practitioners within an Integrated Urgent Care Service. The concept aims to enhance the reputation and attraction of NWAS as an employer and further develop integration with our partners across the Health and Social Care Economy.

The Virtual Ambulance Station will form one of the cornerstones of the North West CAS and will support reductions in conveyance to A&E departments through enhanced See & Treat and Hear & Treat, while supporting NWAS's C1 and C2 performance.

NWAS' Estates Strategy is key to the delivery of innovation workforce models. This will support staff from NWAS and our partners to work remotely and more flexibly; providing the opportunity to flex staff availability during spikes in activity.

The development of the Virtual Ambulance Station will also enhance NWAS's reputation and credibility within the North West, as it will provide NWAS an opportunity to expand commercially and place the organisation in a position to bid for Urgent Care contracts.

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3.2 Clinically-Enhanced Services

It is crucial to the delivery of our strategic aims, that we equip our workforce with the right clinical skills, decision-making tools and leadership.

NWAS will develop its clinical workforce to ensure that our practitioners have the knowledge, skills and clinical expertise to assess, treat, diagnose, supply and administer medicines, manage, discharge and refer patients across a range of urgent, emergency, critical or out of hospital settings.

We will also provide our clinical workforce with robust decision making tools which support enhanced clinical triage and assessment. Clinicians within both NHS 111 and 999 use the Manchester Triage Telephone Triage and Advice (MTS TTA) tool, providing a joined-up approach to clinical revalidation of primary NHSP and MPDS outcomes. The 999 Clinical Hub is staffed by a multi-disciplinary team of nurses, paramedics, mental health practitioners, and clinical pharmacists.

Clinical leadership is also an essential component of our delivery model. For many years NWAS has operated a clinically fronted organisation. Whilst we have developed a robust clinical leadership structure, the Trust recognises that we need to move to a service model that will create a compelling vision for the future of Urgent and Emergency Care delivery. The development of a service in which our clinical focus holds parity with our operational focus will enable the trust to deliver a more creatively designed, patient centred service delivering on both operational and clinical performance.

The structure for delivery of Urgent and Emergency Care must now reflect the need for enhanced clinical leadership, dedicated operational management of resources and assets, and the required level of business knowledge and expertise in existing and emerging Integrated Urgent Care partnerships.



Finding an effective balance between clinical leadership and general management is a priority for the Trust to create an environment where clinically excellent, patient-centred care can flourish but where our services are delivered innovatively, efficiently and with high levels of productivity.

This requires us to develop a structure at STP level which enables leadership which can drive and aspire

to clinical excellence, whilst also enabling a dedicated focus on all resource planning, logistics, staffing, and appropriate structures and systems in place to ensure the efficiency of resources.

In doing so, clinical and professional accountability of all staff undertaking clinical duties would directly align to the clinical structure, with similar managerial reporting lines, through to the

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Director of Operations. This structure will ensure that the day to day transactional business of operational management is achieved in a stable and efficient manner, whilst creating an environment in which clinical excellence, improvement, vision, and inspirational change becomes the first order.

3.3 Urgent & Emergency Care Structure

The ability to turn this strategic document into a successful large scale change programme will be almost entirely dependent on allocation of sufficient resources and an organisation structure that is designed around the strategic direction of the Trust. Delivering a successful Urgent and Emergency Care response will require us to change everything.

Delivery of the strategy will require a more effective balance between operational and clinical performance and leadership. The Service Delivery structure will continue to incorporate the vital components of both clinical leadership and operational management which better align with a service that delivers both urgent and emergency care. This reflects the need for maintaining high quality leadership in all operational areas, dedicated management of logistics (resources and assets), and detailed knowledge and expertise which may already be available within existing and emerging Integrated Urgent Care partnerships.

In order to deliver highly effective urgent and emergency care, the Trust recognises the need for all existing business lines to work as 'one service'. That is to say, Paramedic Emergency Services (PES), Patient Transport Service (PTS), and NHS 111, will operate in an integrated way to provide a single joined up response model. Whilst PTS and NHS 111 are commissioned separately and have existing contractual commitments, the use of resources must be harnessed collectively across the three services, leading to efficiencies in staffing, clinical workforce, estates, fleet, and other infrastructure.

We also recognise the need for high degrees of expertise within each service, and understand that a 'one size fits all' approach to management and leadership will not drive the levels of performance and clinical excellence required over the term of this strategy.

Since the introduction of ARP in 2017, it has become increasingly apparent that the critical 'emergency response' provided by PES, requires dedicated focus through a bespoke, highly experienced leadership structure. Further, delivery of Integrated Urgent Care, including low acuity 999 activity, current NHS 111 activity, and specialist See & Treat and Hear & Treat functions similarly requires a thorough understanding and level of expertise, and acknowledgement of scale, especially in developing the integrated collaborative solutions required by CCGs and devolved healthcare arrangements. This must include an ability to consider system wide business opportunities in order to maximise the potential for locally determined models of care and the associated funding and investment opportunities.

Patient Transport Services must also be seen as, not only a planned care provider, but a service that can support urgent and emergency activity profiles at times when activity is high or surges are experienced. The Trust recognises the need to deliver its current PTS contractual obligations, but also understands that a 'one service' approach will be fundamental to our ability to manage demand from healthcare professionals and inter-facility transfer demands.

Whilst our services will not 'merge' they must functionally integrate in a way that harnesses the benefits of scale, share infrastructure, and workforce.

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Objective:

- ✓ **Within the first year of this strategy we will undertake a review of U&EC structures that will enable the delivery of IUC at scale and pace; reflecting the need for leadership and operational structures which align to NWAS' strategic direction and maximising the available resource to effectively deliver, implement and sustain PES and IUC services across NWAS.**

4. HOW WILL WE DELIVER THIS STRATEGY?

Enabling strategies

There are a number of strategies which are crucial to enable the delivery of this U&EC Strategy. These include:

Digital and Business Intelligence Strategy

We recognise our ability to deliver the right care, in the right place at the right time relies on investment in new technological solutions and therefore the need for U&EC services to be supported by a robust digital strategy has never been more apparent. The adoption of digital technology will enable organisational transformation by creating efficiencies within our internal processes, whilst also providing greater integration into the wider health system.

Our Digital and Business Intelligence Strategy complements the principles and commitments of urgent and emergency care delivery. Through the adoption of secure, integrated digital solutions and robust business intelligence, NWAS will reduce variation across service provision to provide a reliable, patient-centred response every time for those with both emergency and urgent care needs.

Workforce

The purpose of the workforce strategy is to set how we will develop, engage and empower our workforce to deliver our vision to become the best Ambulance in the UK. The strategy sets out our strategic workforce priorities and our approach to enabling the changes required in our workforce to support delivery of the Trust's strategic objectives.

Estates

The Estates strategy is principally concerned with the Trust's utilisation of its estate and the capital investment over the next five years to ensure the Trust can achieve its service objectives.

Fleet

The Trust fleet is a vital part of resources and the future fleet requirements need to be considered within the Trust's planning of future resources. The Fleet strategy aims to support the Trust strategy of becoming the best Ambulance Service by procuring a fleet which supports our current and developing operational models.

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Communication and Engagement

Effective communication with public, patients, staff and partners will improve the services that we provide, strengthen our reputation and achieve mutual understanding of our goals and the needs of our patients and staff. NWAS embraces a commitment to listening and involving communities, their representatives and others in the way we plan and provide our services.

In order to ensure that patients must be as informed as possible about their options for treatment, medications, and other aspects of the ambulance service and the wider system providing their journey of care, we are committed to working together with patients to improve the care they receive. We will embed this through the newly formed Patient and Public Panel and associated work plan of engagement and involvement activities.

Implementation Plan

This strategy will be supported by a robust implementation plan which will centre on the creation of a shared vision. Responsibility for creating the shared vision will start with the Trust Board of Directors, through the Executive Management Team, and continue to every member within operational, corporate, and support services.

We will adopt the following five-point framework for successful implementation:

1. Communicate and Align

- ✓ We will clearly communicate our objectives, all of which will be driven by our organisational values and vision.
- ✓ We will have clear goals with a comprehensive list of business objectives that will become the foundation for improvement and change.
- ✓ We will align the strategic principles and commitments with the business planning of each of the Trust's directorates to ensure that all work aligns to and is prioritised against Trust goals.

2. Drive Accountability

- ✓ The Chief Executive and Executive Management Team will ensure that our goals and objectives are shared with teams and individual staff members to ensure that everyone is clear how their contribution impacts on the success of NWAS as the best ambulance service in the UK by 2023.
- ✓ Objectives will be assigned to responsible officers. We will ensure that each responsible officer has clear action plans and objectives, and that they will be accountable, through a robust governance framework, for delivering those objectives.

3. Create Focus

- ✓ We will ensure that goals are realistic and achievable.
- ✓ We will develop a series of dashboards that will allow staff to monitor their progress and see how their work contributes to the rest of the strategy implementation.

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- ✓ Regular and structured performance conversations will be established against each of the strategic principles, commitments and individual work-stream objectives.

4. Be Action Orientated

- ✓ We will ensure that appropriate actions are taken when goals or objectives are not being achieved.
- ✓ We will be supportive and proactive in action planning processes. Managers within the Trust will focus on the specific tasks needed to move their objectives forward in line with the strategic vision.

5. Track Progress

- ✓ A governance structure will be established in order to provide oversight and scrutiny and to allow each team to discuss progress against their implementation objectives.
- ✓ Assurance on the delivery of our objectives will be provided through the Committee structure, reporting to the Board of Directors.

A full implementation plan will be developed to include a summary of objectives, deliverables, timescales, benefits and measures to go alongside 'left-shift' model.

5. CONCLUSION

The purpose of this strategy is to set an ambitious strategic direction for NWS which informs and enables us to lead a robust response to regional, local, and national healthcare drivers.

We maintain our commitment to delivering the highest quality of care to those patients who present with time-critical illness or injury. Person centered, outcome focused care will be our top priority. We will support our staff and patients to make confident decisions at all stages of the patient journey.

Our workforce is key. Innovative workforce solutions will drive the high quality of care for which we strive. We will explore rotational working solutions within emergency and urgent care that harness the skills, expertise, and capacity of our workforce. Health promotion, prevention initiatives, and the channel shift to community based care will be dependent on developing high caliber, versatile, and holistic practitioners.

Enhanced clinical leadership which empowers staff to be innovative, patient centered, and quality driven, will complement existing general management functions. The addition of business and commercially focused managerial support will create a tripartite approach to service delivery which will adopt a rich, forward thinking approach to STP/ICS engagement.

We must digitally enable our workforce in order to promote interoperability and shared decision making, whilst also employing creative solutions for 'before the contact' healthcare.

The integrated response model approach will ensure that we functionally integrate the NWS 999, 111, and PTS businesses, whilst harnessing capacity across the whole economy for the purposes of seamless patient care, in which needless waiting is eliminated.

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In short, we are about to embark upon the largest organizational change process since the merger of legacy Ambulance Trusts in the North West. The challenge is there, and we are committed to embracing that challenge.

GLOSSARY OF TERMS	
AACE	Association of Ambulance Chief Executives
A&E	Accident and Emergency
APAS	Acute Primary Assessment Service
ARP	Ambulance Response Programme
CAD	Computer Aided Dispatch
CAS	Clinical Assessment Service
CHD	Coronary Heart Disease
CSP	Community Specialist Paramedic
CVD	Cardiovascular Disease
EMT	Emergency Medical Technician
EOC	Emergency Operations Centre
ePR	Electronic Patient Record
eTS	Electronic Triage System
EPRR	Emergency Preparedness, Resilience and Response
5YFV (FYFV)	Five Year forward View
GP OOH	General Practice Out of Hours
HART	Hazardous Area Rescue Team
HCP	Healthcare Professional
H&T	Hear and Treat
IFT	Interfacility Transfer
IUC	Integrated Urgent Care
IVCH	Integrated Virtual Clinical Hub
LTP	The NHS Long Term Plan
MDT	Multidisciplinary Team
MPDS	Medical Priority Dispatch System
MTS TTA	Manchester Triage System Telephone Triage and Advice
NAO	National Audit Office
NHSE	NHS England
NHSI	NHS Improvement
NWAS	North West Ambulance Service NHS Trust
PTS	Patient Transport Service
S&C	See & Convey
S&T	See & Treat
STP	Sustainability and Transformation Partnerships
TPC	Transforming Patient Care (Transformation Programme)
UCP	Urgent Care Practitioner
UECR	Urgent and Emergency Care Review

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REPORT

AGENDA ITEM:

Trust Board							
Date:	27 th March 2019						
Subject:	Board Assurance Framework						
Presented by:	Jane Hindle, Senior Risk & Assurance Manager						
Purpose of Paper:	For Discussion						
Purpose of Report:	<p>The Board Assurance Framework (BAF) sets out the strategic risks that could prevent the achievement of the Trust's strategic goals.</p> <p>It demonstrates the extent to which assurance can be provided on mitigating these risks and identifies where further actions are required to reduce them to an acceptable level.</p> <p>The current BAF contains 9 strategic risks.</p> <p>The paper sets out the closing position for 2018-19 and proposes the strategic risks for inclusion in the BAF for 2019-20.</p>						
Recommendations, decisions or actions sought:	<p>Board is requested to:</p> <ul style="list-style-type: none"> a) Review the current BAF at appendix B b) Discuss the proposed risks for 2019-20 at appendix A c) Agree to the further development of these risks for inclusion in the 2019-20 BAF 						
Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>			
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>			
Link to Board Assurance Framework (Strategic Risks):							
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any Equality Related Impacts:	None identified						

Previously Submitted to:	None
Date:	January Trust Board
Outcome:	New risks approved

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1.0 INTRODUCTION

- 1.1 The paper sets out the Board Assurance Framework (BAF) summarising the position of the Trusts strategic risks at the end of the financial year 2018-19.

2.0 CURRENT POSITION

- 2.1 Since approval by the Board in May 2018 the relevant risks within the BAF have been reviewed by the Committees of the Board and updates made as required.
- 2.2 The BAF has been subject to review by the Audit Committee at each meeting and the Internal Audit Plan has been considered in the context of the strategic risks.
- 2.1 The BAF now reflects the additional assurance items that have been received throughout the year that confirm the effectiveness of the controls.

3.0 CLOSING POSITION FOR 2018-19

- 3.1 The 2018-19 currently contains 9 strategic risks. During the year there have been some changes in risk score summarised below in table 1.

Risk ID	Descriptor	Risk Score May 2018	Risk Score March 2019
SR01	Quality Governance processes	15	15
SR02 -	Delivery of the Financial Plan 2018/19	16	10
SR03	Delivery of operational performance targets	20	20
SR04	Demand on acute services impacts on operational performance	20	20
SR05	Cyber Security	12	16
SR06	Recruitment and retention of staff	12	12
SR07	STP/Devolution impacts on commissioning of our services	10	10
SR08	Delivery of the Transformation Programme	10	10
SR09	Board leadership changes	N/A	12

Table 1

4.0 THE BOARD ASSURANCE FRAMEWORK 2019-20

- 4.1 In order to develop a BAF that adds value there must be a collective understanding of the organisations strategic direction and how this will be measured. A robust BAF should cover all of the organisation's main activities and adequately identify the principal objectives and targets the organisation is striving to achieve.
- 4.2 This approach should then enable the Board to define its assurance requirements and in turn the structure of its committees and the content of its reports including the IPR.
- 4.3 The Executive Team have discussed the content of the BAF for 2019-20 and a summary of the

risks is provided at appendix A.

4.4 In order to define its assurance needs the Board should consider the following;

- Are there clear delivery plans in place for every strategy – Quality, Workforce, Estate, Digital, Urgent Care?
- Are there clearly defined annual KPI's that the Board agrees are appropriate measures of progress towards becoming Outstanding?
- Are these KPI's clearly mapped to a committee?
- Are these KPI's reflected in the Operational Plan?
- Is there the capacity and capability to deliver each strategy?
- Is this affordable?
- Is there a clear mechanism for gaining oversight of system wide risks?

4.5 If the proposed risks are agreed further work will be undertaken with each Executive to develop the key controls, assurances and gaps through April for presentation at April's Board. Any current control and assurance gaps will not be lost but will be reflected in the new BAF.

4.6 The underlying operational risks are the responsibility of each Director to review via their own SMT meeting and they will be required to advise which risks sit beneath the overarching BAF risk.

5.0 LEGAL/GOVERNANCE IMPLICATIONS

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

6.0 RECOMMENDATIONS

6.1 The Board is requested to:

- a) Note the final position of the 2018-19 BAF at appendix B
- b) Discuss the proposed risks for 2019-20 at appendix A
- c) Agree to the further development of these risks for inclusion in the 2019-20 BAF

Risk ID	Risk Descriptor	Lead
SR01	if the Trust does not maintain and improve its quality of care through implementation of the right care strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage	Director of Quality, Innovation and Improvement/ Medical Director
SR02	If the Trust does not maintain efficient financial control systems then financial performance will not be sustained and efficiencies will not be achieved leading to failure to achieve its strategic objectives	Director of Finance
SR03	If the Trust does not deliver the Urgent & Emergency Care Strategy then it may not be able to meet the demand for emergency care leading to an inability to meet performance standards	Director of Operations
SR05	If the Workforce Strategy is not delivered, then the Trust may not maintain clinical staffing levels or improve the health and wellbeing of staff	Director of Human Resources & OD
SR06	If the Trust does not deliver the benefits of the Estates Strategy then the Trust will not maximise its estate to support operational performance leading to failure to create efficiencies and achieve its strategic objectives	Director of Finance
SR07	If STP/Devolution results in different or more complex commissioning of our services it may result in an unintended adverse impact on our ability to deliver the Trust's Strategic goals	Director of Strategy & Planning
SR08	If the Trust does not maintain and improve its digital systems through implementation of the digital strategy, it may fail to deliver secure IT systems and digital transformation leading to reputational risk or missed opportunity'	Director of Quality, Innovation and Improvement/
SR09	If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and corporate strategy	Chief Executive Officer
SR10	If the Trust does not establish effective partnerships within the regional health economy then it may not be able to influence the future development of local services leading to unintended consequences on the sustainability of the Trust and its ability to deliver Urgent and Emergency Care	Director of Strategy & Planning

BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 1					
Strategic Objective : RIGHT CARE Delivering quality services which are safe, effective and patient centred	To achieve top decile performance on quality and effectiveness measures in the Single Oversight Framework				
Description of Risk:	If the Trust does not maintain effective quality governance arrangements it will not deliver the highest standards of care leading to non-compliance with required quality standards and poor patient experience				
Risk Ref:	Risk Owner	Assurance Committee	Initial Risk Score CxL	Current Risk Score CxL	Target Risk Score CxL
SR01	Director of Quality	Quality Committee	5 x 4	5 x 3	5 x 2
SECTION 2					
Underlying Operational Risks	Risk ID	Risk Description			Risk Rating
	2829	There is a risk that the Trust is not fully optimising all available resources to ensure that complaints are kept to a minimum and that they are responded to in a timely manner.			9
	2362	If sufficient resources are not made available within the patient experience team then investigations will not be completed in keeping with the <u>Serious Incident</u> Framework leading to a breach of regulatory standards.			9
	2716	If <u>Infection and Prevention Control</u> standards are not measured and monitored, particularly during extended A&E handover then patients and staff will be harmed and we will breach regulatory standards			9-12
	2824	If general Infection and Prevention Control standards in relation to hand hygiene are not maintained measured and monitored then patients and staff will be harmed and we will breach regulatory standards.			16
	2709	If call drop outs within the Carlisle Support Centre are not followed up then vulnerable people may have delayed care leading to <u>safeguarding</u> concerns being missed			6
	2711	If sufficient leadership and capacity regarding mental health is not secure then secured then quality care will not be delivered and unwarranted variation will be evident in care standards			12
	2712	If the Trust is unable to engage suitably qualified <u>pharmacy</u> personnel then there will be a lack of strategic direction and governance of medicines management which will lead to a breach in regulatory compliance			12
SECTION 3					
Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)	
				Gap	Corrective Action Executive Lead & Forecast Completion Date
Quality Strategy	Oct-18	Trust Board	2019	Directorate Restructure to support delivery of the Quality Strategy	Re-structure of Directorate to address key roles and objectives Director of Quality, Innovation & Improvement Dec-2018 April 2019
Our Strategy 2018 - 2023	Jul-18	Trust Board	2019	Alignment of enabling strategies e.g. Workforce, Quality Improvement etc. not tested	Review and refresh of over-arching Strategy and enabling strategies : Quality Strategy - approved Oct 2018 Estates Strategy - approved July 2018 Workforce Strategy - approved Oct 2018 Digital/ICT Strategy - in development CEO Oct-2018 March 2019
Performance Management Framework	Feb-18	Quality Committee	2018	Performance management framework under review	Performance & Accountability Framework to be developed to include collective overview of performance across all functions and by all Execs. CEO Director of Op's September-2018 March 2019

BOARD ASSURANCE FRAMEWORK 2018 - 19

DRAFT Quality Visits Framework	Mar-18	Quality Committee		Quality Visits Framework to be aligned to the revised Quality Strategy	Produce final version of the Quality Visits Framework for approval	Director of Quality, Innovation & Improvement Sept-2018 April 2019
Clinical Audit Programme	Apr-18	Quality Committee	Sep-18	Clinical Audit Programme requires clear alignment to the Strategy	Produce updated Clinical Audit Programme for approval by Quality Committee	Medical Director September 2018

BOARD ASSURANCE FRAMEWORK 2018 - 19

Procedure for Complaints & external incidents	May-18	Quality Committee	Mar-19	None Identified	N/A	N/A
Incident Reporting procedures	Aug-17	Quality Committee	May-19	None Identified	N/A	N/A
Investigation Policy	Nov-17	Quality Committee	Aug-20	None Identified	N/A	N/A
IPC Policy detailing standards and audit process	Apr-18	Quality Committee	Nov-20	IPC Policy requires review in light of system pressures and increased risk of exposure to infection	Development of a IPC Programme of work linked to system pressures & the revised Quality Strategy	Director of Quality , Innovation & Improvement March 2019
Safeguarding Policy & Procedures (2709)	May-17	Quality Committee	Apr-18	Currently not adequate resource in Call Centres to manage call drop out. Capacity of Safeguarding Team to monitor the effect of dropped calls	Review of Safeguarding Team resource as part of Directorate Structure & business case for additional Call Centre Staff	Director of Quality, Innovation & Improvement Sept-2018 December 2018 April 2019
Mental Health Plan	Sep-17	EMT	Sep-18	Lack of capacity to lead & deliver the Mental Health Plan	Re-structure of Directorate to address key roles and objectives To develop a three year plan for the training and development of clinical staff in regards mental health in conjunction with the Clinical Leadership and Education Teams.	Director of Quality Dec-2018 June 2019
Medicines Management Policy	Nov-16	Quality Committee	Nov-18	Lack of suitably qualified pharmacy personnel to lead & develop the strategic direction and governance of medicines management	Review of medicines management structure required to address lack of pharmacy support and advice at strategic level, A holistic realignment, restructure and review paper to be presented to Board encompassing IPC, Mental Health, Controlled Drugs and Medicines Management,	Medical Director December-2018 March 2019
SECTION 4						
Source of Assurance & level (How we obtain evidence that the controls are working or not) 14. Management 13. Board Committee 12		Positive Assurance received (the positive evidence that demonstrates the controls are working and delivery of the objective is likely)		Gaps in Assurance		
				Gaps in Assurance	Corrective Action	Executive Lead & Completion Date

BOARD ASSURANCE FRAMEWORK 2018 - 19

<div><div><div>Level 1</div><div>Integrated Quality SMT review of delivery of objectives</div></div><div><div>Level 2</div><div>Board review of Quality Metrics within the IPR Infection Prevention & Control Annual Report - July 2018 Safeguarding Annual Report to Board July 2018 ROSE & SI Report to Quality Committee monthly Mental Health & Dementia Annual Report - Quality Committee - Sept 2018 Clinical Quality Measure Report to Quality Committee - monthly</div></div><div><div>Level 3</div><div>Internal Audit of Medicines Management July 2017 - Limited Assurance Internal Audit of Medicines Management (Stores) July 2017 Significant Assurance Internal Audit Safeguarding review November 2018 - Significant Assurance Internal Audit review of Clinical Audit Programme Feb 2018 - Limited Assurance Internal Audit review of complaints management Limited Assurance July 2017 Internal Audit review of Incident Reporting Jun 2018 - Limited Assurance CQC 2018 Inspection Report - "Good"</div></div></div>	<div><div></div><div>Mental Health CPI performance above the Q4 level due to sustained high performance</div><div>Cardiac Arrest to survival rates (overall) improvement from 7.5% (Apr) - 10.5% (May)</div></div>	<div></div> <div>N/A</div> <div>N/A</div> <div>N/A</div>	<div></div> <div>N/A</div> <div>N/A</div> <div>N/A</div>	<div></div> <div>N/A</div> <div>N/A</div> <div>N/A</div>
		Areas identified for improvement by CQC	CQC Improvement Plan to address "Should Do's" from 2018 Inspection to be developed and monitored	Director of Quality, Innovation & Improvement Dec 2018

BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 1

Strategic Aim: Every Time	By 2023 provide the appropriate resources and infrastructure to ensure we can demonstrates our focus on every patient and our commitment to continuously drive down variation in our performance				
Description of Risk:	If the Trust does not deliver the Financial Plan for 2018/19 then it will fail to meet its financial duties and may be unable to deliver its strategic objectives leading to regulatory intervention				
Risk Ref:	Risk Owner	Assurance Committee	Initial Risk Score CxL	Current Risk Score CxL	Target Risk Score CxL
SR02	Director of Finance	Finance, Investment and Performance Committee	5 x 4	5 x 2	5 x 1

SECTION 2

Underlying Operational Risks	Risk ID	Risk Description	Risk Rating
	2236	The trust is unable to achieve the 2018/19 financial plan due to overspends in the PTS service line exceeding the financial plans	8

SECTION 3

Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)		
				Gap	Corrective Action	Executive Lead & Completon Date
Standing Financial Instructions and Scheme of Delegation	Nov-17	Trust Board	01/11/2018 April 2019	None Identified	N/A	N/A
2019/20 Financial plans to be presented to FIP which include financial risk rating score of 1 under the Single Oversight Framework	Mar-19	Trust Board and NHSI	Mar-20	Lack of Long Term Financial Model (5 yr focus)	NHSI operational productivity team working with Ambulance Trusts to develop a nationally consistent Financial Model for ambulance services – first data collection requested Long Term Financial Model as per National guidance is Autumn 2019.	Jun-18
Financial and Operating Plans for 2018-19 approved including detailed revenue budget	Apr-18	Trust Board and NHSI	Mar-19	None Identified	None Identified	N/A
Financial Plans approved for 2018/19 capital programme	Apr-18	Trust Board and NHSI	Mar-19	None Identified	N/A	N/A
Financial Plans approved for 2018/19 cost improvement programme (CIP)	Apr-18	Trust Board and NHSI	Mar-19	Additional CIP schemes of £2.2m need to be identified to close the financial planning gap. Quality Impact Assessments (QIAs) need completing for the schemes identified to date. As at Month 06 gap has been reduce to £0.4m in year		Director of Finance Aug 2018
Financial recovery plan – Patient Transport Service 2019/10	Sep-18	Trust Board	Sep-19	None Identified	N/A	N/A
Payroll and Establishment Control procedure manual	Feb-18	Executive Management Team	Feb-20	None Identified	N/A	N/A
Budgetary Control Procedure		Executive Management Team		Reviewed and updated procedure to EMT	N/A	N/A

BOARD ASSURANCE FRAMEWORK 2018 - 19

Capital Asset Procedure	Mar-17	Executive Management Team	Mar-19	None Identified	N/A	N/A
Procurement Strategy and procedures– ensure fully informed decision making process for the procurement of the most appropriate and cost effective goods and services	Jun-15	Trust Board	Jun-20	None Identified	N/A	N/A
SECTION 4						
Source of Assurance & level (How we obtain evidence that the controls are working or not) L1 = Management, L2 = Board Oversight L3 = Independent		Positive Assurance received (the actual evidence that demonstrates the controls are working)		Gaps in Assurance		
<u>Level 1</u> CIP Steering Group - monthly SMT meetings include service line budget reviews - monthly EMT – CIP update report bi-monthly Capital Management Group (CMG) monthly		Single Oversight Framework – finance risk rating of 1 for Apr18 which is in line with the plan , including significant improvement over last 12 months on Agency metric		Agency risk metric is the only metric which is above the plan, forecast at a 2 compared to 1 in the financial plans.	Ppaer presented to EMT & FIP	Director of Finance Sept 2018
<u>Level 2</u> Finance Report to Finance Investment and Planning Committee - bi-monthly Finance Report to Board - monthly Detailed Capital Programme - approved by Board -		Month 06 reported the CIP achieved year to date is in line with financial plan		None Identified	N/A	N/A
<u>Level 3</u> Internal Audit – combined financial systems review General ledger - Jan 2018 High Assurance Financial Reporting & Accounts - Jan-18 - Significant Internal Audit – Agency Cap Review - Jan - 17 - High External Audit review of Annual Report & Accounts 2017-18 - May 2018 NHSI Review of Financial Plans - May 2018 - Significant Assurance				None Identified	N/A	N/A

BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 1						
Strategic Aim: Right Time Respond quickly to patients who contact our emergency and urgent care services, and use our transport service	To achieve all operational performance standards as defined within the Single Oversight Framework (PES & 111), and the PTS Contracts					
Description of Risk:	If the Trust does not achieve operational performance targets it will not deliver satisfactory patient outcomes or achieve compliance with the requirements of the single oversight framework					
Risk Ref:	Risk Owner	Assurance Committee	Initial Risk Score CxL		Current Risk Score CxL	Target Risk Score CxL
SR03	Director of Operations	Performance Committee	4x5		4x5	4x1
SECTION 2						
Underlying Operational Risks	Risk ID	Risk Description				Risk Rating
	2575	There is a risk that the Trust will be unable to achieve and maintain Category 2 Performance				15 20
	2578	Patient Care could be compromised and performance standards not delivered or maintained due to excessive handover delays at hospital				15
	2580	The Trust may not be able to provide safe and effective care due to inability to inability to answer 999 calls				10
SECTION 3						
Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gap	Corrective Action	Executive Lead & Completion Date
Operational Plan based on demand modelling	Mar-18	Trust Board	Mar-19	Inter Facility Transfer Model not implemented across appropriate areas	Inter Facility Transfer Model (IFT)now implemented. Formal notice to continue not yet received from the National Team.	Director of Ops March 2019
				Resourcing model not responsive to levels of 2018 demand	External review of whole system rota underway to identify opportunities improve flexibility of resource. WTS have commenced on Roster Review. Still in early stages of gathering information. Engagement with Tus has started. Phased implementation to be completed by June 20	Director of Ops March 2019 July 2019 Feb 2020
				Service Delivery Model not aligned to the current Operating Model	Review organisational model to ensure optimal alignment to deliver improved performance in line with resources within the PIP. Review of resources required to deliver ARP. Discussions with commissioners to agree funding levels	Director of Ops Sept 2018 March 2019
Workforce Plan for 2017-19 built on demand forecast	Mar-18	Trust Board	Dec-18	None Identified	N/A	N/A
Performance Improvement Plan	Jun-18	EMT	Mar-19	Current resources are not configured to meet the future demands on urgent & emergency care in line with NHS 10 year plans	Develop an Urgent/Emergency Care Strategy and implementation plan defining the reconfiguration of services to meet future demand	Medical Director March 2019
Fleet Strategy 2013 - 2018	Jul-15	Performance Committee	Oct-18	None Identified	N/A	N/A
Performance Management Framework	Apr-16	Quality Committee	Monthly	Performance Management Framework under review	Performance & Accountability Framework to be reviewed to include collective overview of performance across all functions and by all Execs.	CEO Oct 2018 Director of Ops March 2019
Strategic Winter Plan	Sep-18	Trust Board	Jul-19	None Identified	N/A	N/A
Demand Management Plan	Sep-18	EMT	Mar-19	None Identified	N/A	N/A
Strategic Winter Planning Group	–	Performance Committee	Oct-18	None Identified	N/A	N/A
National Resource Escalation Action Plan (REAP) adopted	Oct-18	EMT	Sep-19	None Identified	N/A	N/A

BOARD ASSURANCE FRAMEWORK 2018 - 19

Transformation Programme (Hear & Treat, See & Treat)	Apr-16	EMT	Mar-19	Availability of CQUIN funding beyond 2018-2019	Ongoing discussions with Commissioners via contract negotiations	Mar-19
111 Performance Improvement Plan	Feb-18	EMT	Mar-19	None Identified	N/A	
SECTION 4						
L1 = Management, L2 = Board Oversight L3 = Independent		Positive Assurance (the positive evidence that demonstrates the controls are working)	Gaps in Assurance			
<u>Level 1</u> Daily Performance Review (at station level) EMT review of Performance - weekly Task & Finish Group review of the Performance Improvement Plan - fortnightly		1. C1 90th percentile achieved 2. Achievement of milestones within the PIP	Lack of performance data at vehicle level to enable management oversight of individual performance		External review of performance data & system capabilities commissioned to inform future reporting	Director of Quality, Improvement & Innovation Dec 2018
<u>Level 2</u> ARP Time data reviewed by Performance Committee - bi-monthly Performance Recovery Timeline reviewed by Performance Committee - July 2018 Board review of Integrated Performance Report - monthly			None Identified		N/A	N/A
<u>Level 3</u> ORH review of Operating Model - Apr-2018 - Significant Peer review by AACE of Dispatch & Critical Systems - Apr -2018 - Significant Internal Audit review of Dispatch Systems - Jan 2017 - Significant Internal Audit of Service Line Reporting (111) - Jan 2017 - Significant Kerslake Report - March 2018 - Significant Assurance Management of Overtime - March 2018 Limited Assurance Bi-weekly meetings with Commissioners to review Performance Improvement Plan			Improvement notice issued by Commissioners re 111		Ongoing discussions re Sustainability & Improvement Plan for 111	Mar-19

BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 1					
Strategic Aim : Right Time Respond quickly to patients who contact our emergency and urgent care services, and use our transport service	To achieve all operational performance standards as defined within the Single Oversight Framework (PES & 111), and the PTS Contracts				
Description of Risk:	If demand on acute services continues to increase the Trust's ability to meet performance targets will be compromised leading to poor patient outcomes and increased regulatory scrutiny				
Risk Ref:	Risk Owner	Assurance Committee	Initial Risk Score CxL	Current Risk score CxL	Target Risk Score CxL
SR04	Chief Executive	Performance Committee	4 x 5	4 x 5	4 x 2
SECTION 2					
	Risk ID	Risk Description			Risk Rating
Underlying operational risks	2575	There is a risk that the Trust will be unable to achieve and maintain Category 2 Performance			15 20
	2578	Patient Care could be compromised and performance standards not delivered or maintained due to excessive handover delays at hospital			15
	2580	The Trust may not be able to provide safe and effective care due to inability to inability to answer 999 calls			15
SECTION 3					
Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)	
				Gap	Corrective Action Executive Lead & Completion Date
Operational Plan based on demand modelling	Mar-18	Trust Board	Mar-19	Inter Facility Transfer Model not implemented across appropriate areas	Implement Inter Facility Transfer Model (IFT) across appropriate areas of NWAS (aligned with Transformation). Pilot now complete. Report due to National Team for analysis and Proof of Concept. Director of Ops March 2019
				Resourcing model not responsive to levels of 2018 demand	External review of whole system rota underway to identify opportunities improve flexibility of resource. Phased implementation to be completed by June 20 Director of Ops March 2019 Feb 2020
				Service Delivery model not aligned to the current Operating Model	Review organisational model to ensure optimal alignment to deliver improved performance in line with resources within the PIP. Review of resources required to deliver ARP. Discussions with commissioners to agree funding levels. Director of Ops Sept 2018 March 2019
Workforce Plan for 2017-19 built on demand forecast	Mar-18	Trust Board	Dec-18	None Identified	N/A N/A
Performance Improvement Plan	Jun-18	EMT	Mar-19	Lack of agreed protocol for Handovers at Acute Trusts	Develop and pilot Handover Protocol and provide analysis of findings to Quality Committee before rolling out Trust Wide Further testing planned, meetings with stakeholder groupcontinue Director of Ops Feb 2019 March 2019
				Current resources are not configured to meet the future demands on urgent & emergency care in line with NHS 10 year plan	Develop an Urgent/Emergency Care Strategy and implementation plan defining the reconfiguration of services to meet future demand Medical Director March 2019

BOARD ASSURANCE FRAMEWORK 2018 - 19						
Fleet Strategy 2013 - 2018	Jul-15	Performance Committee	Oct-18	None Identified	N/A	N/A
Transformation Programme (Hear & Treat, See & Treat)	Apr-16	EMT	Mar-19	Availability of CQUIN funding beyond 2018-19	Ongoing discussions with Commissioners via contract negotiations	Mar-19
Member of Strategic Partnership Board	–		–	Contract is dependent on performance of other providers and system wide benefit	N/A	N/A
Member of N West A& E Delivery Board meetings	–	EMT	–	None Identified	N/A	N/A

BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 4						
Source of Assurance & level		Positive Assurance received	Assurance			
L1 = Management, L2 = Board Oversight L3 = Independent			Gap in Assurance		Corrective Action	Executive Lead & Completion Date
<u>Level 1</u> Daily Performance Review (at station level) EMT review of Performance - weekly Task & Finish Group review of the Performance Improvement Plan - fortnightly		1. C1 90th percentile achieved 2. Achievement of milestones within the PIP	Lack of performance data at vehicle level to enable management oversight of individual performance		External review of performance data & system capabilities commissioned to inform future reporting	Director of Quality, Improvement & Innovation Dec 2018
<u>Level 2</u> ARP Time data reviewed by Performance Committee - bi-monthly Performance Recovery Timeline reviewed by Performance Committee - July 2018 Board review of Integrated Performance Report - monthly			None Identified		N/A	N/A
<u>Level 3</u> ORH review of Operating Model - Apr-2018 - Significant Peer review by AACE of Dispatch & Critical Systems - Apr -2018 - Significant Internal Audit review of Dispatch Systems - Jan 2017 - Significant Internal Audit of Service Line Reporting (111) - Jan 2017 - Significant Kerslake Report - March 2018 - Significant Assurance			None Identified		N/A	N/A
<u>Audit of Management of Overtime - March 2019 Limited Assurance</u> Bi-weekly meetings with Commissioners to review Performance Improvement Plan			Improvement notice issued by Commissioners re 111		Ongoing discussions re Sustainability & Improvement Plan for 111	Mar-19

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BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 1					
Strategic Goal : Every Time	By 2023 provide the appropriate resources and infrastructure to ensure we can demonstrates our focus on every patient and our commitment to continuously drive down variation in our performance				
Description of Risk:	If methods of cybercrime continue to evolve then the Trust could receive a cyber-attack that disrupts normal business functions and service delivery				
Risk Ref:	Risk Owner	Assurance Committee	Initial Risk Score CxL	Current Risk Score CxL	Target Risk Score CxL
SR05	Director of Quality, Innovation & Improvement	Finance, Investment & Planning Committee	4 x 5	4 x 4	4 x 2
SECTION 2					
Underlying Operational Risks	Risk ID	Risk Description			Risk Rating
	1898	There is a risk that NWA5 digital systems can become non operational due to Cyber attacks resulting in large scale targeted interruption ; or loss of the ICT system/s for business services (ESR, Datix, Fleetman, QFM, Oracle etc).			12
	2833	If the Trust does not establish a robust programme of System Security Testing and embed business as usual security activities, it may be vulnerable to cyber-attack leading to loss of critical systems and business disruption			12
	2355	There is a risk that a full loss of the Critical Telephone Systems relating to incoming 111 calls from the public which could result in an inability to appropriately answer and triage patients within agreed target timescales leading to financial or reputational damage.			9
	2480	If we do not establish a robust Risk and renewal Road Map for existing Trust Wide systems and a governance process to prioritise security projects it will lead to unsupported software requiring costly last minute updates and potential cyber attacks, loss of systems.			12
	2748	If the Trust does not establish sufficient capacity & capability within the IT Team then it will not deliver the ICT Strategy which may lead to system disruption or loss of critical systems			16
	2800	There is a risk that the Trust may breach the NHS standard contract terms and be non-compliant with data protection legislation if the Trust does not establish sufficient capacity & capability within the Information Governance Team to deliver the IG Strategy including completion of Data Security and Protection Toolkit.			16
SECTION 3					
Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)	
				Gap	Corrective Actions Executive Lead & Completion Date
ICT Strategy	Apr-17	Trust Board	Jun-19	ICT Strategy needs review in light of PA Consulting recommendations and a fit for purpose Digital Strategy developed	Develop a Digital Strategy in line with the recommendtions by PA Consulting Director of Quality, Innovation & Improvement March 2019
ICT Standards - various	Jun-16	SMT	Mar-19	Current ICT Standards require review in light of Cyber Essentials Plus to ensure there are clear auditable standards for the ICT architecture	Review ICT Standards as part of Cyber Essentials Plus action plan Director of Quality, Innovation & Improvement Dec-18 March 19
Data Protection and Security Policy	Jul-18	EMT	Jul-20	Lack of specific training for agreed Information Asset owners in relation to requirements of the role and core standards	Develop & deliver a programme of training for Information Asset Owners Director of Quality, Innovation & Improvement Dec-18 March 2019
Business Continuity Plans in place	Apr-18	Individual Exec Approval	Apr-19	Lack of specific system resilience testing as part of Business Continuity Testing	Develop Programme of system resilience testing in line with ICT structuer review Director of Quality, Innovation & Improvement June 2018 March 2019

BOARD ASSURANCE FRAMEWORK 2018 - 19

Information Management Group	May-18	Quality Committee	May-19	The lack of resource levels within the Information Governance team has been recognised and a request for additional resources has been made via the Trust's 2019/20 cost pressures identification process	Additional resource request, made via Trust wide 2019/20 cost pressures exercise to be approved	Apr-19
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SECTION 4

Source of Assurance & level (How we obtain evidence that the controls are working or not) L1 = Management, L2 = Board Oversight L3 = Independent	Positive Assurance received (the actual evidence that demonstrates the controls are working)	Gaps in Assurance		
		Gaps	Corrective actions	Owner & Forecast
<u>Level 1</u> IG Dashboard reviewed by Information Management Group Reporting & review of IG Security Incidents by Information Governance Management Group Meeting (L1)	IG toolkit - Level 2 - 72% Compliance achieved	None Identified	None Identified	N/A
<u>Level 2</u> SIRO Annual Report to Board - May 2018 Trust Baseline Position against National Data Guardian Standards reported to Finance & Investment Committee - Apr-18		Action to address GDPR requirements outstanding	Action Plan in place to achieve compliance. Job evaluation and appointment to IRA role still outstanding	Director of Quality, Innovation & Improvement Aug 2018 Dec 2018
		Assessment identified further work required to meet the National Data Guardian standards	Local plans to achieve compliance to be developed and monitored via the Information Management Group	Director of Quality, Innovation & Improvement Sept 2018 Jan 2019
<u>Level 3</u> MIAA assessment of readiness against cyber essentials - April 2018 Annual Assessment against IG toolkit - March 2018 - significant assurance NHS Digital assessment of Cyber Readiness - June 2018 PA Consulting Review December 2019		5 areas of improvement identified from Internal Audit review covering system controls	Development of an overarching plan to address findings from both assessments and demonstrate compliance with Cyber Essentials Plus	Director of Quality, Innovation & Improvement July 2018 Dec 2018
		Action plan in response to the NHS Digital Assessment of Cyber readiness to be developed - to be monitored by IMG		
		Lack of an Independent holistic Cyber Security Assessment	Commission a wider review of Cyber Security. .	Director of Quality, Innovation & Improvement March 2019

Strategic Aim: Every Time Focus on every patient and our commitment to continuously drive down variation in our performance, working in partnership with health and care providers locally so that no patient is needlessly waiting for help		By 2023 to provide the appropriate resources and infrastructure to ensure we can demonstrates our focus on every patient and our commitment to continuously drive down variation in our performance				
Description of Risk:		If the Trust fails to recruit, develop and retain sufficient number of competent staff it will be unable to deliver safe and effective services				
Risk Ref:	Risk Owner	Assurance Committee	Initial Risk Score CxL	Current risk Score CxL	Target risk Score CxL	
SR06	Director of OD	Workforce Committee	4x5	4 x 3	4 x 2	
SECTION 2						
Underlying Operational Risks	Risk ID	Risk Description				
	1515	The proposed extension of the Paramedic HE programme to a 3 year degree is a risk to the supply of Paramedics which could result in high vacancy gaps and negative impact on performance.				12
	2262	The risk of a high clinical advisor gap in UCD and 111 as a result of recruitment shortages and high turnover resulting in adverse impact on performance and quality				16
	2504	There is a risk that the mandatory training needs of the staff within the 111 service will not be delivered due to operational and organisational pressures impacting on performance and patient care				12
	2783	If the paramedic workforce plan is not delivered over the next five years then the Trust will suffer a paramedic shortfall which may lead to an inability to meet operational demand.				12
SECTION 3						
Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)		
				Gap	Corrective Actions	Executive Lead & Completion Date
Workforce Strategy	Oct-18	Trust Board	Apr-21	None identified	N/A	N/A
Recruitment & Selection Procedure	Jan-18	Executive Management Team	Jun-19	None identified	N/A	N/A
Mandatory Training Procedure	Mar-18	Executive Management Team	Mar-21	None identified	None Identified	N/A
Operational Plan2018-19 underpinned by Workforce Plan	Feb-19	Executive Management Team Trust Board	Mar-20	None identified	None Identified	None Identified
Detailed annual workforce plans & supporting recruitment and training plans	(reviewed monthly)	MDT to review	Dec-18	A detailed plan is now in placed to monitor the progress of the first 4 cohorts of apprentice EMT1s	The Trust has been through an OfSted assessment and an ESFA assessment. First 18 candidates assessed and completed apprenticeship. Further assessments planned January to ensure cohorts on track for compleiton.	Director of OD March 2019

				Plan to address high turnover in call centres and address shortage of Nurses across the organisation.	Evaluate Rotational Urgent Care Practitioner Pilot to establish effectiveness - 90 day pilot now complete and extended, Deliver actions through Nurse Advisor recruitment task and finish group - ongoing. Deliver actions through EOC recruitment and retention task and finish group. All actions delivered - to be evaluated over 6 months. Deliver actions through retention task and finish group	Head of Transformation - 31.12.18 31.3.19 Director of OD 31/3/19
Criminal Records Checks for New & Existing Employees Procedure	May-16	Executive Management Team	Apr-19	Backlog of retrospective DBS Checks	Backlog cleared. Monthly checks resumed.	Director of OD - 01/04/2019
Sickness Absence Procedure	Jun-17	Executive Management Team	Jun-20	None identified	N/A	N/A
Occupational Health contract in place including physiotherapy & counselling support	Mar-18	Trust Board	Mar-20	None identified	N/A	N/A
Appraisal Policy and Procedure	Apr-18	Workforce Committee	Apr-21	Compliance with policy currently not at 100% for staff in work (current compliance at 83%)	Develop & deliver plan to address compliance with appraisal rates	Mar-19
Induction Procedure	May-18	Executive Management Team	May-21	None identified	N/A	N/A
Leadership Framework	Mar-17	Trust Board	N/A	Develop the implementation plan to support the Leadership Framework	Deliver milestones for year 2 of implementation	Mar-19
Preceptorship Policy	Jun-18	EMT	2021	None identified	N/A	N/A
Newly Qualified Paramedic programme in line with National Paramedic Programme	-	Trust Board	–	Review plans for Paramedic supply, assessing impact of HEE funding arrangements and implementation of degree model.	HEE & HEI agreement to proposed changes to graduate entry intake in 2018-19 required HEE approved funding arrangements for transtion posts for 5 year plan, still to agree Diploma to Degree pathway.	Director of OD - Sept 19
240 annual commissioned Paramedic training places	*_	EMT	–			
Paramedic upskilling training plan in place. Approved by EMT and NHSI, including resource requirement to implement 2018/19	May-18	EMT/NHSI	–	Phase 1 of Paramedic upskilling plans to be delivered	20% of training plan complete, 60% planed and Band 6 JD issued to all staff	Now Complete
				Phase 2 of Paramedic upskilling plans to be delivered	Training plan to be 60% complete All training requirements planned and accepted	Director of OD - End of March 2019
SECTION 4						
Source of Assurance & level (How we obtain evidence that the controls are working or not) L1 = Management, L2 = Board Oversight L3 = Independent		Positive Assurance received (the actual evidence that demonstrates the controls are working)		Gaps in Assurance		
<u>Level 1</u> Monthly Service Line Meetings re workforce planning & recruitment		111 Mandatory Training 2018 recovered position 2018 PTS workbook recovered position. Appraisal rates 87% Mandatory Training classroom on track Detailed vacancy position Sickness below 2017/18 levels, MIAA On Recruitment - substantial assurance, Sickness Absence Audit - Moderate assurance		None identified	N/A	N/A
<u>Level 2</u> IPR including workforce KPI's reviewed by Trust Board Workforce Committee Assurance on implementation of Paramedic Rebanding Agreement - Apr 18 & Oct 18 Workforce Indicators report to Workforce Committee covering all KPIs at service line level Workforce Committee update on Retention Task and Finish Group Workforce Committee - update on the Development of Rotational Nursing Roles Aug - 2018 Workforce Committee review of H&WB CQUIN – August 2018 & Oct 18 Workforce Committee revoew of Paramedic Supply update – Aug 2018 Staff Survey Local Plans – oversight via WF Committee Workforce Committee - update on Be Think Do leadership framework - October 18 Workforce Committee - apprenticeship update Oct 18				None identified	N/A	N/A

Level 3 Registered as an approved apprenticeship provider by Education & skills funding agency - Feb 2017 Internal Audit of Nurse revalidation& Paramedic registration checks March 2018 - High Assurance Internal Audit of Mandatory Training - April 2017 - Significant Assurance Internal Audit of Bank Staff 111 arrangements - Jan 2018 - Significant Assurance Internal Audit of Appraisal arrangements - Jun 2017 - Significant Assurance Counter fraud Audit of pre-employment checks - October 2017 - Signifcant Assurance HCPC approval of HEI paramedic providers - April 2018 - Significant Assurance OFSTED assessment of apprenticeship provision - April 2018 - Significant Assurance Paramedic Supply Update reviewed by Commissioning Quality Group - August and September 2018 <i>Internal audit of Recruitment processes - Substantial assurance Oct 18</i> <i>Internal audit of Sickness - Moderate Assurance January 2019</i>		None identified	N/A	N/A
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BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 1							
Strategic Aim: Right Place To provide patients with advice and treatment closer to home where clinically appropriate to		To ensure that care is delivered in the most appropriate setting for the patient and the system for the patient and the system, in line with the 5 year Forward View and the reduction in conveyance to ED					
Description of Risk:		If STP/Devolution results in different or more complex commissioning of our services it may result in an unintended adverse impact on our ability to deliver the Trust's Strategic goals					
Risk Ref:	Risk Owner	Assurance Committee			Initial Risk Score CxL	Current Risk Score CxL	Target Risk Score CxL
SR07	Director of Strategy & Planning	Trust Board			4 x 3	4 x 2	4 x 1
		Overall Assurance Rating					
		Quarter	Q1	Q2	Q3	Q4	
SECTION 2							
Underlying Operational Risks	Risk ID	Risk Description					Risk Rating
		None Identified					
		None Identified					
SECTION 3							
Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)			
				Gap	Corrective Action	Executive Lead & Completion Date	
Designated Executive lead for each of the STP footprints/County areas.	Sep-17	EMT	01/07/2018 May 2019	Review of Executive Leads roles in light of leadership changes	Review and confirm that there is adequate coverage across STP footprint through and provide an update to EMT	Director of Strategy & Planning July 2018 May 2019	
Nominated senior management leads for each operational area i.e. C&L, C&M and GM.				Feedback from meetings happens on an ad hoc basis without a central process for collating & cascading the information	Develop a sharepoint site to provide a central repository for all information from key meetings to enable access to key leads	Director of Strategy & Planning end of March 2019	
				Lack of an understanding of the collective impact of minor, individual changes in the commissioning landscape in the same geographical area	Complete a review of current system wide reconfiguration taking place and establish a methodology through the use of Optima to understand the collective impact	Director of Strategy & Planning Nov 18 End of March 19	

BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 4				
Source of Assurance & level (How we obtain evidence that the controls are working or not) L1 = Management, L2 = Board Oversight L3 = Independent	Positive Assurance received (the actual evidence that demonstrates the controls are working)	Gaps in Assurance		
		Gaps in Assurance	Corrective Action	Executive Lead & Completion Date
<u>Level 2</u> Chief Executive Report to Board	Existing Commissioning Arrangements confirmed for 2018-19	Lack of formal reporting to Board regarding GM Devolution and emerging changes in commissioning.	Introduce a bi-annual report to Board to summarise the changes in the GM landscape and commissioning arrangements	Director of Strategy & Planning Sept 2018 May 2019

BOARD ASSURANCE FRAMEWORK 2018 - 19

SECTION 1						
Strategic Aim: Right Place	To ensure that care is delivered in the most appropriate setting for the patient and the system					
Description of Risk:	If the Trust does not deliver the objectives of the Transformation Programme it may be unable to provide a sustainable service delivery model, leading to pressure on costs, performance and quality of care					
Risk Ref:			Initial Risk Score	Current Risk Score	Target Risk Score	
	Risk Owner	Assurance Committee	CxL	CxL	CxL	
SR08	Medical Director	Trust Board	5x3	5x2	5x1	
SECTION 2						
Underlying Operational risks	Risk ID	Risk Description			Risk Rating	
	2265	Potential mis-match of NWAS and Commissioner objectives related to the NWAS transformation agenda. The national emphasis on the five year forward view has the potential to draw focus and activity away from the rest of the wider NWAS programme.			6	
	2383	There is a risk that NHS 111 may be unable to reach a suitable agreement with Adastra in terms of time, cost, scope and specification on the project. This is because we are not able to confirm the work required and not able to guarantee that the work will commence. This could lead to cost overrun and delay in delivering the project.			15	
	2780	There is a risk that elements of the transformation programme will not be delivered until after March 2019. If the Trust does not identify and allocate appropriate resources to extend the necessary systems, structures and governance to implement these deliverables post-March 2019 then the Trust may not achieve its key strategic goals			16	
SECTION 3						
Controls	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)		
				Gaps	Corrective Action	Exec Lead & Completion Date
Transformation Programme aligned to strategic drivers of the 5 Year Forward View	Apr-18	NWAS Transformation Board	Apr-19	Changing commissioning landscape and effects of devolution upon Commissioning intentions not known	The Trust continues to work with the STP across the full footprint. Trust representation at the GM Urgent & Emergency Care Professional Clinical Advisory Group has been secured.	Medical Director Ongoing
				Senior Leadership capacity and delegated authority to engage effectively with all key stakeholders	Develop & formalise a communication and engagement process to support the Transformation Programme	Director of Strategy & Planning 01/09/2018
				None Identified	N/A	N/A
Estates Strategy	Sep-18	Trust Board	Sep-23	Lack of Annual Delivery Plan identifying objectives for 2019-20	Estates Delivery Plan to be developed and approved	March 2019

BOARD ASSURANCE FRAMEWORK 2018 - 19

NWAS Transformation Board established to provide oversight of key workstreams	Feb-17	Trust Board	Feb-19	Transformation Board not maintained due to operational priorities	Review governance arrangements and develop a proposal for EMT-	Medical Director Oct-2018
Commissioner allocation of CQUIN funds to support delivery in 2018-19	Apr-18	Finance & Investment	Apr-19	Current resources are not configured to meet the future demands on urgent & emergency care in line with NHS 10 year plans	Develop an Urgent/Emergency Care Strategy and implementation plan defining the reconfiguration of services to meet future demand	Medical Director March 2019

BOARD ASSURANCE FRAMEWORK 2018 - 19

NWAS representation at Strategic Transformation Board	Apr-18	NWAS Transformation Board	Apr-19	None Identified	N/A	
SECTION 4						
Source of Assurance & level (How we obtain evidence that the controls are working or not) L1 = Management, L2 = Board Oversight L3 = Independent		Positive Assurance received (the actual evidence that demonstrates the controls are working)		Gaps in Assurance		
<u>Level 1</u> Transformation Programme Board review of key projects April 2018 EMT monthly Transformation Programme update Report Aug 2018 onwards		Hear & Treat performance in line with plan.		None Identified	N/A	N/A
<u>Level 2</u>						
<u>Level 3</u> Strategic Partnership Board confirmation of progress against milestones		Delivery in line with STB Milestones for 2018/19				

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SECTION 1						
Strategic Aim: Right Time Respond quickly to patients who contact our emergency and urgent care services, and use our transport service	To achieve all operational performance standards as defined within the Single Oversight Framework (PES & 111), and the PTS Contracts					
Description of Risk:	If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and corporate strategy					
Risk Ref:	Risk Owner	Assurance Committee	Initial Risk Score CxL	Current Risk Score CxL	Target Risk Score CxL	
SR09	Chief Executive	Trust Board	3x5	3x4	3x2	
SECTION 2						
Underlying Operational Risks	Risk ID	Risk Description			Risk Rating	
		Linked to all other strategic risks				
SECTION 3						
Controls What do we currently have in place to control the risk?	Last Review Date	Reviewed by	Next Review date	Gaps in Control (What do we need to do to improve our existing controls or what further controls are needed)		
				Gap	Corrective Action	Executive Lead & Completion Date
Corporate Strategy and clear Executive portfolios	Jul-18	Trust Board	Jul-19	None identified	N/A	N/A
Interim arrangements approved by NARC and NHSI	Jun-18	NARC	–	None identified	N/A	N/A
Recruitment processes underway for current vacancies & formal offers in place for two vacancies.	Jun-18	NARC	Feb-19	No current contingency for Chair of Audit Committee/ NED with financial experience	Vacancy advertised with NHSI approval	Director of HR/OD Dec 2018
Deputies in post for all roles	–	EMT	–	Board Succession Plan not finalised	Discussion with Executives to determine succession plans and will inform a report to NARC.	Director of HR/OD March 2019
Regular 1:1 meetings/review of Exec objectives	–	CEO	–	None identified	N/A	N/A
Board Induction Programme	–	Informal	–	Board Induction Programme delivered on an informal basis	Produce a structure Programme linked to the Corporate Governance Handbook	Director of Corporate Affairs End of March 2019
Board Development Programme 2018-19	Apr-18	Trust Board	Mar-19	Board Development Programme linked to skills matrix required for 2019-20	Board Development Programme 2019-20 currently in development. Board to review & sign off	Director of Corporate Affairs End of March 2019
Be Think Do leadership framework.	Mar-17	Trust Board	–	None identified	N/A	N/A
Fit and Proper Persons Policy & process	Jul-17	Trust Board	Jul-21	None identified	N/A	
SECTION 4						
L1 = Management, L2 = Board Oversight L3 = Independent	Positive Assurance (the positive evidence that demonstrates the controls are working)	Gaps in Assurance				
		Gaps in Assurance	Corrective Actions	Executive Lead & Date		
Level 1 Individual Executive SMT Meetings EMT review of quarterly progress against operational plan	CQC Inspection 2018 Well Led	N/A	N/A	N/A		
Level 2 Oversight of Quality Strategy via Quality Committee Oversight of Workforce Strategy via Workforce Committee Oversight of Estates Strategy via Finance, Investment and Planning Committee Quarterly progress against operational plan to Finance, Investment & Performance Committee Fit & Proper Persons Chairs Declaration to Board - July 2018 NARC review of Executive Performance - May 2018		N/A	N/A	N/A		
		N/A				
Level 3 Deloitte 360 Board Assessment 2016 NHSI involvement in Board Member recruitment		Lack of recent independent Well Led/Board Effectiveness assessment	Consider commissioning Well-Led review/ Independent Board Effectiveness review	CEO		
		Delays associated with NHSI remuneration approval	Ongoing discussion with NHSI re	Director of HR		

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REPORT

AGENDA ITEM:

Board of Directors	
Date:	27 th March 2019
Subject:	Corporate Risk Register
Presented by:	Jane Hindle, Senior Risk & Assurance Manager
Purpose of Paper:	For Discussion
Purpose of Report:	<p>In line with the Risk Management Strategy those risks scoring 15 and above and those risks requiring a multi directorate approach form the basis of the Corporate Risk Register.</p> <p>They are reviewed on a monthly basis by EMT and quarterly by Trust Board.</p> <p>Since the last report to Board in January 2019 two additional risks have been included within the register.</p> <p>Risk ID 2748 If the Trust does not establish sufficient leadership, capacity & capability within the Information & Digital functions then it will not deliver the Digital Strategy If the Trust upgrades or changes multiple systems in a narrow timeframe then it may impact on existing stable systems leading to system failure and business disruption.</p> <p>Risk ID 2867 If the Trust upgrades or changes multiple systems in a narrow timeframe then it may impact on existing stable systems leading to system failure and business disruption.</p>
Recommendations, decisions or actions sought:	<p>Trust Board is requested to:</p> <ul style="list-style-type: none"> a) Review the risks contained within the Corporate Risk Register b) Consider whether actions are appropriate to enable the target score to be achieved c) Note the removal of those risks that have reduced in score

Link to Strategic Goals:	Right Care	<input type="checkbox"/>	Right Time	<input type="checkbox"/>			
	Right Place	<input type="checkbox"/>	Every Time	<input type="checkbox"/>			
Link to Board Assurance Framework (Strategic Risks):							
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any Equality Related Impacts:		None identified					
Previously Submitted to:		None					
Date:							
Outcome:							

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1.0 PURPOSE

- 1.1 In line with the Risk Management Strategy Trust Board is required to retain oversight of any risks with a net risk score of 15 and above.

2.0 CURRENT CORPORATE RISKS

- 2.2 The Corporate Risk Register **Appendix B** provides the detail of the controls in place and the corrective actions currently being taken in order to reduce the risks to the target score.

3.0 CHANGES DURING THE REPORTING PERIOD

- 3.1 The Corporate Risk Register was last reported to Trust Board in January 2019. Appendix A shows the changes in summary.

3.2 New risks identified in the reporting period

Since the last report 2 new risks have been identified or increased in score and therefore appear for the first time.

Risk ID 2748	If the Trust does not establish sufficient capacity & capability within the IT Team then it will not deliver the ICT/Digital Strategy nor keep systems secure, which may lead to system disruption or loss of critical systems
Risk ID 2867	If the Trust upgrades or changes multiple systems in a narrow timeframe then it may impact on existing stable systems leading to system failure and business disruption.

3.3 Risks for removal during the reporting period

The following risks have reduced in score and will therefore be removed from the CRR.

Risk ID 2236	The Trust is unable to achieve 2017-19 agreed financial plan due to overspend in PTS exceeding financial plan.
Risk ID 2712	If the Trust is unable to engage suitably qualified pharmacy personnel then there will be a lack of strategic direction and governance of medicines management which will lead to a breach in regulatory compliance.
Risk ID 2800	The Trust may breach the NHS standard contract terms and be non-compliant with data protection legislation if the Trust does not establish sufficient capacity & capability within the Information Governance Team to deliver the IG Strategy.

3.4 Risks increasing in score in the reporting period

The following risks have increased in score.

Risk ID 2575	The Trust may be unable to achieve and maintain Category 2 mean and 90th percentile national performance targets due to high demand and acute pressures resulting in detrimental patient care and safety, reputational damage to the Trust and potential increase in complaints
Risk ID 2806	If sufficient resources (workforce) are not available within the 111 service then the Trust will not achieve its contracted KPIs/standards

	and patient care/experience may be impacted
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4.0 LEGAL/GOVERNANCE IMPLICATIONS

- 4.1** The Corporate Risk Register forms part of the Trust's risk management arrangements and supports the Board in meeting its statutory duties.

5.0 RECOMMENDATIONS

Trust Board is requested to:

- a) Review the risks contained within the Corporate Risk Register
- b) Consider whether actions are appropriate to enable the target score to be achieved
- c) Note the removal of those risks that have reduced in score

Risk ID	Risk Descriptor	Risk will materialise as (in line with risk matrix)	Score Feb 2019	Current Score			Date identified	Target Score	Forecast Date to achieve target
				C	L	Total			
2236	The Trust is unable to achieve 2017-19 agreed financial plan due to overspend in PTS exceeding financial plan.	Financial	16	4	2	8 For removal	11.05.2017	4	31.03.2019
2262	Risk of high clinical advisor vacancy gap in 111 & UCD as a result of recruitment shortages and high turnover resulting in adverse performance and quality impact	Quality	16	4	4	16	24.05.2017	8	28.12.2018
2575	The Trust may be unable to achieve and maintain Category 2 mean and 90th percentile national performance targets due to high demand and acute pressures resulting in detrimental patient care and safety, reputational damage to the Trust and potential increase in complaints	Safety/ Harm	15	5	3	20	28.03.2018	5	31.03.2019
2578	Patient care could be compromised and performance standards not delivered or maintained due to excessive handover delays at hospital	Safety/Harm	15	5	4	15	28.03.2018	10	31.03.2019
2780	If the Trust does not identify and allocate appropriate staffing and resources to deliver the Transformation Programme post March 2019 then the Trust may not deliver the benefits of Transformation or the NHSE 2021 targets.	Objectives not met	16	4	4	16	29.03.2018	4	07.08.2018
2800	The Trust may breach the NHS standard contract terms and be non-compliant with data protection legislation if the Trust does not establish sufficient capacity & capability within the Information Governance Team to deliver the IG Strategy.	Statutory duty	16	3	3	12 For removal	15.10.2018	4	31.01.2019

2806	If sufficient resources (workforce) are not available within the 111 service then the Trust will not achieve its contracted KPIs/standards and patient care/experience may be impacted along with reputational damage to NWAS.	Quality	15	5	4	20	07.11.2018	5	31.03.2019
2712	If the Trust is unable to engage suitably qualified pharmacy personnel then there will be a lack of strategic direction and governance of medicines management which will lead to a breach in regulatory compliance.	Regulatory	16	4	3	12 For Removal	25.06.2018	2	31.12.2018
2824	If general Infection and Prevention Control standards in relation to hand hygiene are not maintained measured and monitored then patients and staff may be harmed and we will breach regulatory standards.	Regulatory	16	4	4	16	13.12.2018	4	31.03.2019
New Risks									
2748	If the Trust does not establish sufficient capacity & capability within the IT Team then it will not deliver the ICT/Digital Strategy nor keep systems secure, which may lead to system disruption or loss of critical systems	Objectives not met	12	4	4	16	18.07.2018	4	31.12.2019
2867	If the Trust upgrades or changes multiple systems in a narrow timeframe then it may impact on existing stable systems leading to system failure and business disruption.	Business Disruption	NEW	5	3	15	22.02.2018	15	None

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DK ID	Opened	Risk Description	Lead(s)	Rating (Initial)	Key Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Gaps in controls	Assurance	Gaps in assurance	Action Plan	Rating (Target)	Forecast Completion Date
2262	24/05/17	Risk of high clinical advisor vacancy gap in 111 & UCD as a result of recruitment shortages and high turnover resulting in adverse performance and quality impact	Forrest, Mr Michael	20	01. Agreed workforce & recruitment plans in place and regularly reviewed. 02. Recruitment to both bank and permanent positions on offer. 03. Agency cover arrangements, including new agency arrangements. 04. Improved approach to recruitment implemented resulting in higher appointment to start ratio. 05. Agreed model to rotate staff through UCD & operational roles agreed and first appointments in post. 06. 111 recruitment and retention plan in place. 07. Flexible Working Procedure including home working. 08. Overall retention task and finish group commenced. 09. 111 recruitment task and finish group established. 10. Included as part of GM wide nursing campaign. 11. See and Treat pilot 90 day evaluation completed	4	4	16	Challenging & competitive recruitment market Nursing with appropriate skill set is shortage occupation	01. 1/7/18 Monthly vacancy data reported to Board on IPK & Agency spend - latest August 2017 02. 1/7/18 Minutes of 111 recruitment & workforce plan meetings detailing actions taken 03. 2/7/18 EMT report of Clinical Advisor recruitment including funding for Irish recruitment events and improved promotion - September 2017 04. 111 Workforce Committee report on retention approach February 2018 05. 111 Update on retention work reported to Workforce Committee April 2018 06. UCP 90 day evaluation report to EMT 07. Workforce Committee presentation on Urgent Care Practitioner Pilot August 2018 08. Workforce Committee workforce indicators report November 2018	Assurance that actions will deliver improvement	01. Improve promotion & attraction through microsite, advertising, social media - ongoing - Vickie Canfield 02. explore options for joint bank arrangements with local acute - March 2019 - Vickie Canfield 03. Completion of overall retention work - VC - March 2019 04. 111 recruitment task and finish group to develop and deliver key actions - VC - March 2019 05. 180 day urgent Care Practitioner evaluation - Steven Scholes January 2019	8	31/03/19
2575	28/03/18	There is a risk that the Trust will be unable to achieve and maintain Category 2 mean and 90th percentile national performance targets across the North West due to high demand and acute pressures resulting in detrimental patient care and safety.	Blizard, Mr Ged	25	1. Establishment and approval of a Performance Improvement Plan. 2. Establishment of PIP meeting within Service Delivery to deliver the Performance Improvement Plan. 3. Establishment of a Performance Improvement Assurance Group to support, assure and meet the requirements from the Commissioners re the PIP. 4. Utilisation of Overtime. 5. Use of VAS and Private Providers through the 365 contract. 6. Ambulance Liaison Officers (ALOs) in place at targeted Acute hospitals to reduce delayed transfer of care. 7. Performance Management Framework introduced to focus on delivery of all key metrics including H&T and S&T. 8. EOC staffing baseline reviewed and additional staff recruited. 9. Demand Management Plan gone live to assist with activity/demand. 10. Final ORH report received and	4	5	20	Improve utilisation and availability of AVS (Acute Visiting Services) Schemes. Deliver 18/19 Recruitment Plan. Delivery of Transformation Plan. Fully implement the CAS. Introduce CCG level performance reporting - Health Informatics.	National Performance Reporting. Commissioner reporting. Daily Summary Performance Reporting. Hospital Arrival Reporting (HAS). GRS reporting re overtime/rostering. RCC Procedures and Logs. Performance Management Framework maintained and monitored at SD SMT on a monthly basis. Service Delivery SMT. Performance and Quality Committees.	Health Informatics Reporting Suite down to Sector level.	1. Deliver the Performance Improvement Plan - GB - March 19. 2. Go Live with Escalation Policy Manager module on C3 - March 19 - VB. 3. Core Principles and Demand to be submitted to WTS for 111 and 999 re the rostering review - March 19 - GB/JB. 4. Agree way forward on 'undoing' procedure - Handover Stakeholder Group (external and NNAS reps) - Feb 19. 5. Work to take place with Royal Blackburn with no additional NNAS Clinical Support in place - Mike Jackson - Feb 19. 6. Develop and submit an ITF evaluation paper to the A&P Implementation Group - March 19. 7. Carry out review of Urgent Care Service - LG - March 19.	5	31/03/19
2576	28/03/18	There is a risk that the Trust will be unable to achieve and maintain Category 1 performance across the North West due to high demand and acute pressures resulting in detrimental patient care, reputational damage to the Trust and potential increase in complaints.	Blizard, Mr Ged	25	1. Director of Operations/Deputy Director of Operations. 2. Heads of Service. 3. Utilisation of Overtime. 4. Use of VAS and Private Providers through the 365 contract. 5. Ambulance Liaison Officers (ALOs) in place at targeted Acute hospitals to reduce delayed transfer of care. 6. Performance management of attendance, resources, team and Treat and See and Treat by SD SMT. 7. Performance Management Framework introduced to focus on delivery of all key metrics. 8. A&P v2.3 9. Pre-Determined Attendances programme of work 10. ORH appointed to carry out a full demand analysis review. 11. Phase 1 of ITF implemented in the Burnley areas which has seen some small positive impacts on patients in that area. 12. EOC staffing baseline reviewed and additional staff recruited. 13. Demand Management Plan live	3	5	15	Improve utilisation and availability of AVS (Acute Visiting Services) Schemes. Deliver 18/19 Recruitment Plan. Delivery Transformation Programme. Fully implement the CAS. Health Informatics to develop and produce real time reporting, wtd, qtd and ytd.	GRS reports re overtime/rostering. RCC procedures/Logs. Daily Summary Performance Reporting. National Performance Reporting. Hospital Arrival Reporting (HAS). Performance Management Framework maintained and monitored at SD SMT on a monthly basis.	Health Informatics Reporting Suite down to Sector level.	1. Deliver Performance Improvement Plan - March 19. 2. Commence implementation of new rostering solution - February 19. 3. Continue contract negotiations with Commissioners re 19/20 contract/funding. 4. Agree way forward on 'undoing' procedure - Handover Stakeholder Group (external and NNAS reps) - Feb 19. 5. Work to take place with Royal Blackburn with no additional NNAS Clinical Support in place - Mike Jackson - Feb 19. 6. Work to take place with Royal Blackburn with no additional NNAS Clinical Support in place - Mike Jackson - Feb 19. 7. Develop and submit an ITF evaluation paper to the A&P Implementation Group - March 19.	5	31/03/19
2262	28/03/18	There is a risk that the Trust will be unable to achieve and maintain Category 3 and 4 national performance targets across the North West due to high demand, increases in activity and acute pressures resulting in detrimental patient care and reputational damage to the Trust.	Blizard, Mr Ged	20	1. Director of Operations/Deputy Director of Operations. 2. Agreement to commence discussion re 18/19 workforce plan. 3. Utilisation of Overtime. 4. Utilisation of Urgent Care Service (UCS) for lower acuity cases. 5. Focus on Category 3 and 4 performance from Senior Managers, EMT and Trust Board. 6. Strategic level support from NHS England and CCGs. 7. Ambulance Liaison Officers (ALOs) in place at targeted acute hospitals. 8. Continued close monitoring of attendance, resources, team and Treat and See and Treat by SD SMT. 9. Performance Management Framework introduced to focus on delivery of all key metrics. 10. ORH appointed to carry out a full demand analysis review. 11. Phase 1 of ITF model implemented in Burnley which has evidenced some small positive impacts to patients in that area. 12. PDAs implemented 31.10.17 for	4	4	16	Fully implement CAS. Deliver 18/19 Recruitment Plan. Improve utilisation and availability of AVS (Acute Visiting Services) Schemes. Deliver Transformation Programme. Health Informatics to develop and produce real time reporting, wtd, qtd and ytd.	Daily Summary Performance Reports. National Performance Reporting. Commissioner Reporting. Workforce Committee Reporting. Hospital Arrival Reporting (HAS). GRS reporting re overtime/rostering. Performance Management Framework maintained and monitored at SD SMT.	Health Informatics Reporting Suite down to Sector level.	1. Deliver Performance Improvement Plan - March 19 - GB. 2. Agree way forward on 'undoing' procedure - Handover Stakeholder Group (external and NNAS reps) - Feb 19. 3. Work to take place with Royal Blackburn with no additional NNAS Clinical Support in place - Mike Jackson - Feb 19. 4. Develop and submit an ITF evaluation paper to the A&P Implementation Group - March 19.	4	31/03/19
2578	28/03/18	There is a risk that patient care could be compromised and performance standards not delivered or maintained due to excessive handover delays at hospital.	Blizard, Mr Ged	20	1. Director of Operations/Deputy Director of Operations. 2. Daily Ops Manager dialogue with Acute Trust Business Managers to review HAS data and patient through flow. 3. Daily attendance of Ambulance Liaison Officers (ALOs), Ops Managers and Assistant Ops Managers at Hospital Emergency Departments. 4. Attendance of Head of Service at Urgent Care Network meetings and LMRs. 5. Weekly production of Hospital Arrival Screen data analysis. 6. Live / real time Hospital Arrival Screen available to all PES. 7. Concordat agreed and circulated for every A&E Delivery Board. 8. A&E Delivery Boards attended by Executive/Senior Managers within NNAS to focus on improving A&E performance and hospital delays. 9. Direct admission initiative	3	5	15	Performance Reporting. Hospital Arrival Screen Reporting. Commissioner Reporting. NHS/NHS Reporting. Performance Management Framework.	Performance Reporting. Hospital Arrival Screen Reporting. Commissioner Reporting. NHS/NHS Reporting. Performance Management Framework.	1. Deliver Performance Improvement Plan - March 19 - GB. 2. Commissioner support with the wider health economy handover delays. 3. Agree way forward on 'undoing' procedure - Handover Stakeholder Group (external and NNAS reps) - Feb 19. 4. Work to take place with Royal Blackburn with no additional NNAS Clinical Support in place - Mike Jackson - Feb 19.	10	31/03/19	
2780	07/08/18	There is a risk that elements of the transformation programme will not be delivered until after March 2019. If the Trust does not identify and allocate appropriate staffing and resources to deliver the Transformation Programme post March 2019 then the Trust may not deliver the benefits of Transformation or the NHSE 2021 targets.	Newton, Mr Mark	16	"Project initiation documents and plans are in place which clearly articulate deliverables, scope and objectives which will extend beyond March 2019. Critical pathway developed which outlines timescales for delivery of objectives and interdependencies within transformation and across the wider organisation. Transformation Delivery Group continues to provide programme oversight and assurance."	4	4	16	Non-recurrent finance from CQUIN funding ends 31st March 2019, source of recurrent funding from April 2019 not identified to support continued delivery of transformation objectives. Absence of a clear way forward post March 19 which outlines the required transformation enabling structure to deliver the revised transformation objectives. Recruitment and retention of transformation enabling team beyond March 2019.	Monthly reports to EMT which provide updates on delivery of objectives including deliverables which will extend beyond March 2019. Quarterly reports to Trust Board from July 2018	Transformation Board not taking place on regular basis had meant there was a lack of clarity over who would be receiving risks or assurance. Dissemination of transformation risks through Operations SMT unclear.	"Paper to EMT in September/October 2018 outlining proposed deliverables, objectives and enabling structure required post March 2019. Developing broader Transformation Programme business cases. Engage with Finance to clarify resource requirement. Engage with commissioners regarding commissioning intentions and priorities for 2019/20 financial year. Identify the most appropriate source of funding for continued transformation delivery post-March. Communicate change/opportunities to transformation enabling structure post-March and follow appropriate HR process to enact changes. "	4	29/03/19

2806	07/11/18	If sufficient resources (workforce) are not available within the 111 service then the Trust will not achieve its contracted KPIs/standards and patient care/experience may be impacted along with reputational damage to NNAS.	Bleazard, Mr Ged	20	1. NHS 111 Workforce Plan in Place. 2. Sickness absence policy. 3. 111 Performance Improvement Plan in place. 4. Health and Well Being Programme established to support workforce planning along with introduction of 111 peer supporters. 5. Conduit agreement and contract in place. 6. FCMS contract and monthly contract meetings in place. 7. Performance Management Framework.	4	5	20	Sickness absence below target level. Staffing levels below required levels. Relocation to Estuary Point is delayed until May/June 19	111 Performance Improvement Dashboard. Weekly Performance Improvement Meeting. Reports to Performance Committee. Reports to Workforce Committee. Review meetings. Service Delivery SMT.			1. Increase call capacity - additional support from 111 providers. 2. AHT Reduction - reviewing all elements of calls and streamlining or using digital technology where appropriate. 3. Staffing - Effective planning for recruitment, training and sickness and supporting staff in their professional development. 4. Clinical Calls - Review of clinical calls including home management, refused primary care dispositions and early transfer to out of hours. 5. Service advisor and dental. Review of activity and current process to ensure that patients receive appropriate information, advice and / or triage. 6. Relocation to Estuary Point scheduled for mid June 19. 7. Implement roster review solutions - Nac - IB. 8. ORH to undertake a capacity review into 111 - GB - March 19.	5	31/03/19
2824	11/12/18	If general Infection and Prevention Control standards in relation to hand hygiene are not maintained measured and monitored then patients and staff will be harmed and we will breach regulatory standards.	Bullock, Mrs Deborah	16	1. policies and Procedures 2. training for all staff 3. observational hand hygiene audits 4. contact shift audits 5. sector quality visits observations 5. bulletins and reminders including information on intranet	4	4	16	more audits required in all areas to provide greater assurance hand hygiene wipes still not available to order. paper for wipes to go to EMT for approval	audits undertaken on contact days by line manager audit data collated and reviewed by clinical safety team independent audits undertaken by CSP in area HIT audits reported to IPC forum and through to GDMG			1. require more strengthened audit data from operations and CS team 2. Shop tool to enable better reporting at all levels. 3. change in culture needed to address BBE and other factors by clinical leadership team support/ comms teams etc 4. promote hand hygiene regularly to change mindset 5. ensure students have correct training prior to placement 6. limited access to hand washing facilities when on vehicles and in community - make available hand hygiene wipes - 7. implementation of hand hygiene wipes inc communication package to review FESU FTS.	4	31/03/19
2748	18/07/18	If the Trust does not establish sufficient capacity & capability within the IT Team then it will not deliver the ICT/Digital Strategy nor keep systems secure, which may lead to system disruption or loss of critical systems	Goulden, Sandra	20	ICT Strategy EMT currently review business cases for IT projects	4	4	16	Loss of key personnel & Specialist knowledge No security function and specialist knowledge Lack of defined responsibilities within the IT team Lack of defined BAU and security process and procedures Lack of prioritisation for projects and service requests. There is no process to ensure that business cases have been assessed by IT and IG to address architecture, security, resource planning and governance including GDPR compliance. Many projects such as Hub and Spoke will require IT resource. This resource is not factored into business cases as PMMD do not provide this service for all projects. NNAS Digital Strategy has not been agreed	Some project progress updates provided to PMMD Cyber security initiatives and incidents are reported IG Committee		Lack of clear oversight of all IT initiatives Lack of oversight of all IT initiatives	1. Structure review to be confirmed 2. Security Manager post to be recruited 3. Introduction of a new Digital Programme Board 4. An IT PMMD function is required to capture all IT programmes of work and resource plan effectively. 5. Creation of a digital strategy	4	31/12/19
2867	22/02/19	If the Trust upgrades or changes multiple systems in a narrow timeframe then it may impact on existing stable systems leading to system failure and business disruption.	Goulden, Sandra	15	1. Change Control process to ensure the change is robust, widely communicated and contingency plans are in place where possible. 2. Supplier engagement on high impact service changes	5	3	15					1. Communicate higher level of risk to EMT 2. Focus on controls for high impact change requests	15	



REPORT

Board of Directors									
Date:	27 March 2019								
Subject:	Modern Slavery Act 2015								
Presented by:	Director of Finance								
Purpose of Paper:	For Decision								
Executive Summary:	The Board of Directors are requested to approve the following statutory statement relating to the Modern Slavery Act 2015 for publication on the Trust website and inclusion within the Annual Report for 2018-19.								
Recommendations, decisions or actions sought:	The Board of Directors are requested to: <ul style="list-style-type: none"> •Note the content of the report. •Approve the recommendation of the drafted Statutory Statement for year ending March 2019 								
Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>					
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>					
Link to Board Assurance Framework (Strategic Risks):									
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Equality Related Impacts:			None						
Previously Submitted to:			Executive Management Team						
Date:			6 March 2019						
Outcome:			Approved						

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1. PURPOSE

The Board of Directors are requested to approve the following statutory statement relating to the Modern Slavery Act 2015 for publication on the Trust website and inclusion within the Annual Report for 2018-19.

2. BACKGROUND

The Modern Slavery Bill was introduced into Parliament on 10th June 2014 and passed into UK law on 26th March 2015. The Modern Slavery Act is an Act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including the provision for the protection of victims.

A person commits an offence if

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude
- The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour

The use of the definition of “commercial organisations” as “bodies corporate” suggests that, perhaps inadvertently, NHS Trusts and the like have been included however the Trust will seek to ensure compliance with the Act. The Government has been clear that it expects there will be no cost to public bodies.

The Modern Slavery Act consolidates offences relating to trafficking and slavery (both in the UK and overseas). It includes a provision for large businesses to publicly state each year the actions they are taking to ensure their supply chains are slavery free.

The ‘slavery and human trafficking statement’ must include either an account of:

- The steps being taken by the organisation during the financial year to ensure that slavery and human trafficking is not taking place in any part of its business or its supply chains, including:
 - Information about the organisation's structure, business and its supply chains.
 - Its policies in relation to slavery and human trafficking.
 - Its due diligence processes in relation to slavery and human trafficking in its business and supply chains.
 - The parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk.
 - Its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate.
 - The training about slavery and human trafficking available to its staff.

OR

- That the organisation is not taking any such steps (although this is permitted under the Act, it is likely to have public relations repercussions).

The Trust has previously produced a Modern Slavery statutory statement for:

- Year Ending March 2017
- Year Ending March 2018

CURRENT POSITION

The statement must be formally approved by the Board, and must be published on its website. Failure to do so may lead to enforcement proceedings being taken by the Secretary of State by way of civil proceedings in the High Court. The Act is clear that the link must be in a prominent place on the homepage itself. A prominent place may mean a modern slavery link that is directly visible on the home page or part of an obvious drop-down menu on that page. The link should be clearly marked so that the contents are apparent.

The Trust is required to produce a Statutory Statement that includes both the supply chain & the wider organisation.

An exercise has been undertaken to prepare a Statutory Statement that demonstrates compliance with the Act – attached at Appendix 1.

A Supplier Code of Conduct has been published on the Trust website.

Organisations, who are affected by the Modern Slavery Act 2015, must publish a formally approved annual statement of compliance with the Act as soon as reasonably practical after the end of the financial year. The statement should include:

- Information about the organisation and its business
- Its policies in relation to slavery and human trafficking
- Its due diligence processes in its business and its supply chain
- The parts of the supply chain where there is a risk of modern slavery and trafficking, including the steps taken to manage this risk.
- Its effectiveness in ensuring that modern slavery and human trafficking are not present with the organisations supply chain.
- Staff training about modern slavery and human trafficking.

All staff at North West Ambulance Service NHS Trust, in clinical and non-clinical roles, have a responsibility to consider issues relating to modern slavery in their day to day practice. Frontline NHS staff are well placed to identify and report any concerns they may have about individual patients and modern slavery is part of the safeguarding agenda for children and adults in which all our staff are trained. All frontline staff have a duty to report a notification of a concern raised regarding modern slavery through the safeguarding notification process.

The Trust is fully aware of the responsibilities toward patients, employees and the local community and we have a strict set of values that we use as guidance with regard to our commercial activities. We therefore expect that all of the Trust's suppliers and sub-contractors adhere to the same ethical principles.

In compliance with the obligations the following supply chain actions have been embedded within procurement processes:-

- The Trust has developed a Modern Slavery Statement and a Supplier Code of

Conduct.

- NHS Procurement Template Documents – ensure that Modern Slavery is considered in procurement exercises.
- NHS Terms and Conditions – requires suppliers to comply with all relevant Law and Guidance and to use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains.
- All current Trust suppliers have been contacted to provide evidence of compliance with the Act and have been issued with the “Supplier Code of Conduct”. In addition, suppliers have been made aware of how to inform the Trust if they become aware of any breaches to the act within their own supply chain. The same process has been adopted for new suppliers.
- When we write to new Suppliers for information to enable them to be set up on our systems, we ask them for certain information and this has been expanded to cover a Modern Slavery Declaration.
- We have a Modern Slavery section in our “Procurement Manual” which is an internal guidance document that’s should raise awareness for all staff.
- The Senior Procurement Team has completed the “Ethical Procurement and Supply Certificate” that is a recognised qualification of the Chartered Institute of Procurement & Supply.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

The obligations of the act apply to all commercial organisations:

- Operating wholly or partially in the UK
- Companies with an annual turnover of £36 million.

4. RECOMMENDATIONS

The Board of Directors are requested to:

- Note the content of the report.
- Approve the recommendation of the drafted Statutory Statement for year ending March 2019

APPENDIX 1

NWAS Modern Slavery Act 2015 – Statutory Statement for the Year Ending March 2019.

Background

The Modern Slavery Bill was introduced into Parliament on 10th June 2014 and passed into UK law on 26th March 2015. The Modern Slavery Act is an Act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including the provision for the protection of victims.

A person commits an offence if

- The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude
- The person requires another person to perform forced or compulsory labour and the circumstance are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour

Larger organisations must publicly report steps they have taken to ensure their operations and supply chains are trafficking and slavery free.

This disclosure duty, contained in the Modern Slavery Act 2015, applies to companies and partnerships supplying goods or services (wherever incorporated or formed) with global turnovers of £36 million and above, providing they carry on business in the UK.

The Trust has previously produced a Modern Slavery statutory statement for:

- Year Ending March 2017
- Year Ending March 2018

Organisational Structure

North West Ambulance Service NHS Trust serves an approximate population of 7 million covering an area of 5,500 square miles and employs over 5900 staff. The Trust receives 1.1 million emergency calls per year, which is 16% of the national (999) activity. To meet this demand the Trust has 3 emergency control centres and approximately 700 emergency vehicles.

The Trust also provides urgent care and patient transport services across the region and manages the NHS non-emergency helpline, 111, regionally.

The Trust has an overall annual budget of around £330 million.

The Trust is fully aware of the responsibilities it bears towards patients, employees and the local community and as such, has a strict set of ethical values that we use as guidance with regard to our commercial activities. We therefore expect that all suppliers to the Trust adhere to the same ethical principles.

The Trust has a non-pay budget of £92m of which over £90m per annum is spent on goods and services. Over 80% of the £90m is spent with the Trusts top 250 suppliers.

Our Supply Chain

It is important to ensure that suppliers to the Trust have in place robust systems to ensure that their own staff, and organisations within their own supply chain are fully compliant with the requirements of the Modern Slavery Act 2015.

In compliance with the consolidation of offences relating to trafficking and slavery within the Modern Slavery Act 2015, the Trust continues to monitor its supply chains with a view to confirming that such behaviour is not taking place.

The following actions in terms of Modern Slavery and Code of Conduct have been embedded within procurement processes:-

- The Trust has developed a Modern Slavery Statement and a Supplier Code of Conduct.
- NHS Procurement Template Documents – ensure that Modern Slavery is considered in procurement exercises.
- NHS Terms and Conditions – requires suppliers to comply with all relevant Law and Guidance and to use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains.
- All current Trust suppliers have been contacted to provide evidence of compliance with the Act and have been issued with the “Supplier Code of Conduct”. In addition, suppliers have been made aware of how to inform the Trust if they become aware of any breaches to the act within their own supply chain. The same process has been adopted for new suppliers.
- When we write to new Suppliers for information to enable them to be set up on our systems, we ask them for certain information and this has been expanded to cover a Modern Slavery Declaration.
- We have a Modern Slavery section in our “Procurement Manual” which is an internal guidance document that should raise awareness for all staff.
- The Senior Procurement Team has completed the “Ethical Procurement and Supply Certificate” that is a recognised qualification of the Chartered Institute of Procurement & Supply.

Safeguarding

- The Safeguarding Vulnerable persons policy is due for review in May of this year. The Modern Day Slavery Act 2015 will be added as reference to the policy.
- The Safeguarding Team have added Modern Day Slavery to the level 3 training and the induction training for the Trust. We also ran a Modern Day Slavery Awareness campaign from September to November where we added regular information into the bulletin for staff awareness.
- The safeguarding crib sheets has a modern day slavery tick box option for staff who are raising concerns if they feel that the patient is a victim of modern day slavery.
- It has been made very clear to staff during training that modern day slavery is a crime and so if a patient is at risk of MDS or is believed to be a victim then the Police should be contacted.

Recruitment

The Trust has a robust recruitment policy and follows all the NHS Employment

checks standards including right to work and identity checks. The checks standards are rigorously applied to all prospective employees and bank workers, whether in paid or unpaid employment. Agency staff are sourced through Agencies listed on the Procurement Framework.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2019.



REPORT

AGENDA ITEM: 19

Board of Directors	
Date:	27 March 2019
Subject:	Integrated Performance Report
Presented by:	Director of Quality, Improvement & Innovation
Purpose of Paper:	For Assurance
Executive Summary:	<p>The Integrated performance report for March 2019 shows performance on quality, effectiveness, finance, operational performance and organisational health during February 2019.</p> <p>The highlights from this report are as follows;</p> <ul style="list-style-type: none"> • Significant progress that has been made on raising the issue of 'unscored' incidents as a priority. The Safety sub group are focusing on this as part of their work to deliver the RIGHT care strategy. • The agreed trajectory (10) for the closure of serious incident investigations during February was missed by six (4). • The trajectory for the submission of SI reports during March is now a significant challenge and requires focused support, particularly from Service Delivery. To meet this requirement. plans were discussed at quality committee (March 19). • There has been one new Health & Safety (medical equipment) alert during February relating to LIFEPAK 15 defibrillator device failure. • Further to February's report regarding potential changes to the Ambulance Trust FFT, no further updates have been received from NHSI or NHSE. The Board will be advised as and when this update information is available. • The survival rates for patients experiencing an out of hospital cardiac arrest and the percentage of patients experiencing a return of spontaneous circulation (ROSC) during the pre-hospital episode of their care remain within statistical control. • Hear & Treat performance for February 2019 was 7.1%, which is above target. • See & Treat performance for February was 26%, which is above target.

	<ul style="list-style-type: none"> • The overall forecasted financial risk rating for the Trust is a 1 and is forecasted to remain a 1 for year end. • As anticipated in last month's Board report, for February 2019, call pick up performance was a challenge and finished at 77.1%. • The average hospital turnaround time for February 2019 has improved at 33 minutes 36 seconds, with sustained improvements made at Preston Hospital. • During February ARP performance has remained within control limits across all categories, although some C1/C2 variation was noted during early parts of the month which is consistent with the reduced call pickup times experienced at the same time. • 111 has made significant performance improvements in its National position against abandoned calls, called offered and call backs. • 111 call pick up performance has remained within control limits and achieved 72.3% in February 2019. • There has been a sustained improvement in calling 111 patients back in less than 10 minutes. • The PTS cumulative activity position is 1% (8,605 journeys) below the contract baseline at February 19. • The overall sickness position for January 2019 was 6.68% with sickness remaining high in 111 at 9.33% and in PTS at 7.97%. • Overall turnover has remained stable during January at 8.69%. • February 2019 continued to see a reduction in the use of agency staff, with costs at just 1.17%. • The overall vacancy gap position for the Trust for February was 0.01%. • Appraisal compliance overall increased for February at 82.2% with PTS showing special cause variation with a reduction to 70.5%. • Classroom mandatory training for this year has just commenced in January 2019. • Online mandatory training remains behind target at 73%, with compliance work ongoing to improve this position to 95% by the end of March. • Mandatory training completion within 111 remains a challenge at 56%
Recommendations, decisions or actions sought:	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> 1. Note the content of the report 2. Clarify any items for further scrutiny through the assurance committees

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

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	None
Previously Submitted to:	N/A
Date:	N/A
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 February 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?

2. INTEGRATED PERFORMANCE SUMMARY

2.1 Quality

Q1 – Complaints

During February 2019, 227 complaints were received at a rate of 38 complaints per 1,000 WTE staff. A total of 235 were closed, with 44% closed within SLA timeframes. Overtime has continued to be used to assist the closure rate, balancing the need to address the older complaints (already outside the SLA) with those within the timeframe. The PTS management team continue to focus on journey delay related complaints. Alternative methods for complaint approval within EOC are being used to improve the response to complainants. Mersey Internal Audit has presented their findings on the complaints process, assessing the Trust as having substantial assurance for our complaints handling process.

Q2 - Incidents

938 internal and external incidents were opened in February 2019 at a rate of 158 incidents per 1,000 WTE staff. Included in this total are 73 'unscored' internal incidents, which account for 7.8% of incidents, opened in month. There is a trend of the numbers of 'unscored' incidents rising over the last 6 months and therefore needs closer scrutiny. In January/February we highlighted unscored incidents to senior managers using data pulled from the Datix system. This is now provided to them as part of their monthly dashboard. More work is required to ensure that data on incident scoring is shared and acted on but significant progress has been made on raising this issue as a priority. The Trust's Safety sub group will be looking at this in more detail as part of their work to deliver the RIGHT care strategy. In total 812 incidents (level 1-5) were closed during February, with 80% closed within SLA timescales.

Q3 - Serious Incidents (SIs)

Seven Serious Incidents were reported in February 2019 and four reports were submitted to our Commissioners against a trajectory of ten. A number of reports remain outstanding, despite several reminders to investigators and their managers. Areas of concern include investigators reporting difficulty in allocating protected time to complete investigations. Therefore, the trajectory for the submission of SI reports during March is now a significant challenge and requires focused support, particularly from Service Delivery colleagues, to meet this requirement.

Q5 - Safety Alerts and Health and Safety

There has been one new medical equipment alert in February 2019 relating to LIFEPAK 15 defibrillator device failure. Two operational bulletins have been issued by the Director of Operations to communicate this issue to staff. The total number of CAS/NHS Improvement alerts received between March 2018 and February 2019 was 36, with 7 alerts being applicable to NWAS. There have been 42 MHRA Alerts received in the same time period with 1 alert applicable, 24 MHRA Medicine alerts received with 0 alerts applicable and 2 IPC alerts received, both of which were applicable.

2.2 Effectiveness

E1 - Patient Experience

During February 2019, 628 patients responded to FFT surveys across all service lines, which is in line with previous reporting. Figure E1.1 details the PES survey results. The survey return rate still remains low but of those returned, 73.8% of our patients would recommend our service. Although NWS had the lowest PES See and Treat FFT satisfaction % nationally during January 2019, at 78%, most Trusts do have a much lower response rate. Further to February's report regarding potential changes to the FFT, no further updates have been received from NHSI or NHS. The Board will be advised as and when this update information is available. PTS and 111 patient levels of satisfaction remain consistent; with 95.8% and 86.0% of responding patients recommending the service, respectively.

E2 – ACQIS

Within the North West the overall survival rate for patients experiencing an out of hospital cardiac arrest for October was 7.9%, which is below the national average. October also saw a reduction in the percentage of patients experiencing a return of spontaneous circulation (ROSC) during the pre-hospital episode of their care; performance remains within the anticipated confidence intervals although nearer the lower control limits. For patients experiencing an acute stroke, the mean call to door was 1 hour 12 minutes. This ranked the Trust in 4th position nationally although marginally outside of the national mean. Call to door time for STEMI was the worst performance recorded nationally for the month and was 16 minutes outside of the national mean at 2 hours 26 minutes. The STEMI care bundle result placed the Trust in 7th position and was outside of the national mean for the month at 75.8%.

E3 - HT, ST & SC Outcomes

During February 2019, 7.1% hear and treat and 26.0% see and treat was achieved. Hear & treat performance is higher than planned. There has been a trend upwards in the last six weeks for see and treat performance, which is above the planned activity despite the fact that overall, 999 activity, is lower than planned. This increase has been achieved by the training of Pathfinder to EMT1s and the Manchester Triage System Face to Face training for Paramedics.

2.3 Finance

F1 – Finance

The position for the Trust at Month 11 is a surplus of £1.835m, which is £0.225m better than the planned surplus of £1.610m. Income is over recovered by £5.748m, pay is overspent by £3.530m and non-pay is overspent by £1.993m. The overall forecast risk rating for the Trust is a 1 and forecasted to remain a 1 for year end.

2.4 Operational

PES Activity

PES activity in February 2019 saw 119,275 contacts (emergency and urgent calls answered and 111 direct pass throughs). Calls answered in isolation were 95,828. 99,770 incidents occurred, 6.2% above plan.

OP1 – Call Pick Up

For February 2019, call pick up performance was at 77.1%. Early on in the month performance deteriorated due to high levels of abstractions and variation in daily call volume. Defined periods have seen increases in activity and performance and call answering tails outside of the norm. These periods are primarily weekdays 09:00-11:00 and the early hours of weekend mornings. Action was taken in mid-February to bridge these key gaps including shifts adjustment and focused overtime allocation which contributed to the improved performance in the last two weeks of February.

OP2 – Hospital Turnaround

The average hospital turnaround time for February 2019 was 33 minutes 36 seconds across the North West. Hospital handovers have shown special cause variation across January and February with turnaround near the upper limits in line with an increase in handover time. It should be noted that this winter has not shown the peaks as observed in previous winters. Focused work continues with the most challenged Trusts, but sustained improvements have been made at Preston Hospital.

OP3 – ARP Standards

During February 2019 performance has remained within control limits across all categories. However, in early February there was some deterioration in C1 and C2 performance, which can be attributable to poor call pick up performance. The C1 90th percentile is currently the only category performing within target.

OP4 – 111

Call pick up performance has remained within control limits and achieved 72.3% in February 2019. A more positive position following recruitment and training can now be seen going into March and April. There has been significant performance improvements in its National position against abandoned calls, called offered and call backs. There has been a sustained improvement in calling patients back in less than 10 minutes and the average time being taken for calling patients back, but there is interdependency between the two. The reason for this is the improved availability of clinicians.

OP5 – PTS Activity

Overall activity during February 2019 was 5% below the contract baselines due to fewer working days set against a fixed 1/12 monthly baseline. For the year to date position (July 2018 – February 2019) PTS is performing at 1% (8,605 journeys) below baseline. Greater Manchester is experiencing upward activity movement (10% above baseline), Lancashire a downward trend (9% below baseline) whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity. In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 21% and 8% 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.

2.5 Workforce

OH1 – Sickness

There has continued to be an upward trend in the sickness absence rates with the overall position for January 2019 at 6.68%. 111 sickness is currently at 9.33% against a target of 8% with work ongoing to improve this position. Phase 1 of a rota review has begun and a deep dive has highlighted that short term sickness is impacted by unpredictable rota arrangements. EOC rates remain high at 6.72% and a high level review is now taking place monthly by the Deputy Director of Operations and Deputy Director of Organisational Development. PTS has 7.97% sickness with a targeted plan to improve attendance in PTS now being implemented

OP2 – Turnover

Turnover for February 2019 is at 8.69% and remains stable. Teams are in place to provide a specific focus on areas of high turnover in 111 and EOC at 11.9% and 31.1% respectively. For 111, more targeted work is required to stabilise the turnover and the rota review should have a positive impact. Within EOC, further recruitment is taking place and developments are underway to introduce Apprenticeships in order to improve retention.

OP4 – Temporary Staffing

In February 2019, 1.17% of staff costs was spent on agency staffing with expenditure is under the agency ceiling. 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.

P5 – Vacancy Gap

The NWS vacancy position is now 0.01% overstaffed at February 2019. EOC is 4.63% overstaffed, however work is continuing in EOC to maintain the EMD recruitment position to enable despatch vacancies to be filled. Band 2 roles for the Health Professional Call pilot will also be accessed following evaluation of the pilot. 111 have seen further reductions in their vacancy gap to 0.17% with more Health Advisors and Clinical Advisors due to start by the end of March. PTS vacancy position has reduced to 7.9% with further new starters planned over the course of the next few months.

OP6 – Appraisals

Appraisal compliance is at 82.2% for February 2019. PTS is showing special cause variation with a reduction to 70.5%. Work is being undertaken to understand this in more detail as there may have been a data reporting issue leading to under-reporting. EOC and 111 remain below target at 74.67% and 71.15% respectively. PES is at 86.6% with special cause variation over the last three months displaying a significant improvement. As part of a recovery plan, Learning & Organisational Development (L&OD) are working alongside HR Business Partners and senior teams across operations and corporate services to support improvement in appraisal compliance.

OP7– Mandatory Training

The classroom Mandatory Training for the 2019 cycle commenced in January 2019. Attendance for both PTS and PES is ahead of 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. There has been Completion within 111 remains a challenge and is currently at 56%, impacted by high recruitment in January. They have been adversely impacted by mandatory system updates. 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.

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

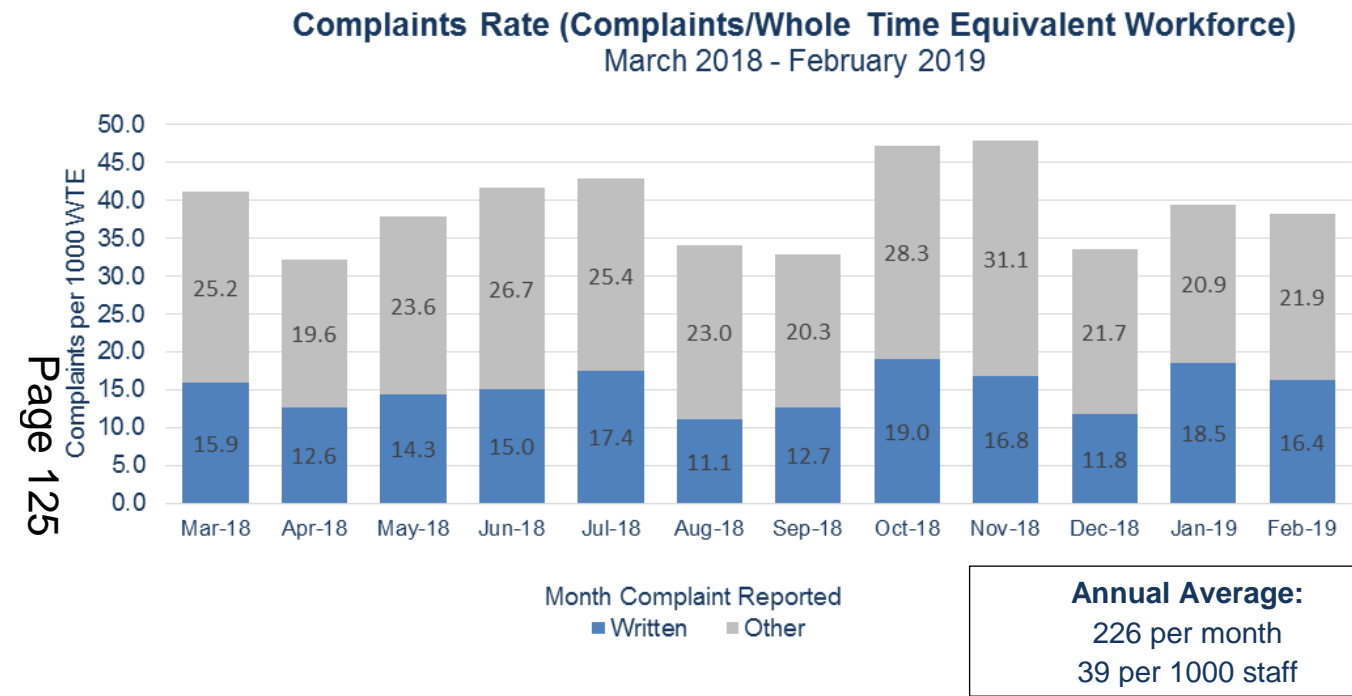


Table Q1.1: Complaints Opened by Month

Severity	Mar 18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct- 18	Nov-18	Dec- 18	Jan- 18	Feb- 18
1. Minimum	36	23	35	38	35	28	36	56	45	39	27	21
2. Minor	145	131	154	176	175	139	122	165	184	122	161	161
3 Moderate	25	16	14	14	19	18	23	34	34	28	32	30
4 Major	7	5	11	7	10	6	7	9	14	6	7	8
5 Serious	22	9	3	4	7	5	2	10	3	1	5	7
Total	235	184	217	239	246	196	190	274	280	196	232	227
Compliments	92	165	180	121	114	190	124	144	121	103	102	106

Complaints & Compliments

In February 2019, 227 complaints were received, (average is 226 per month) which remains within the expected control limits, as displayed in Figures Q1.2 and Q1.3.

This is equivalent to 38 complaints per 1000 WTE staff, which is in line with the annual average.

In addition, 106 compliments were received, which is equivalent to 18 compliments per 1000 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

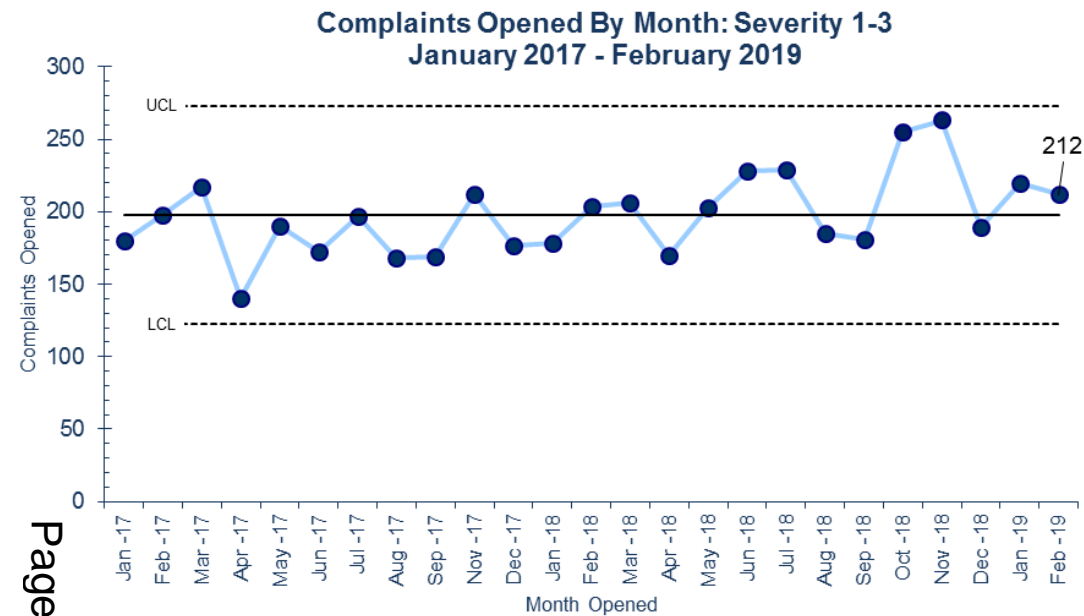
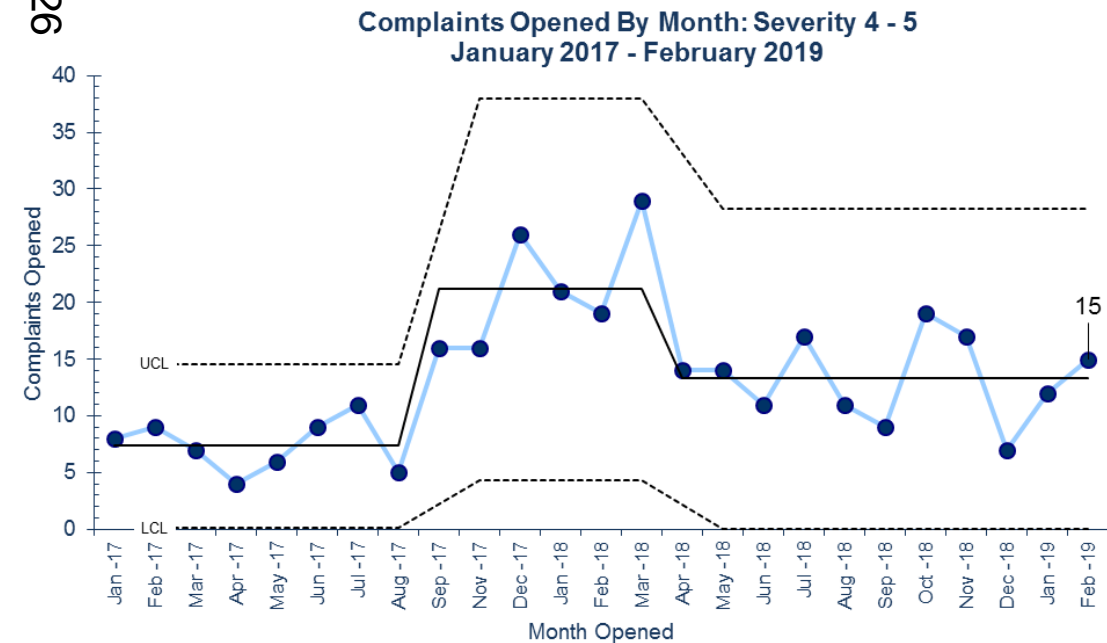


Figure Q1.3



Complaints Closure

A total of 235 complaints were closed in February 2019. (219 with a risk score of 1-3 and 16 with a risk score of 4-5). 46% of level 1-3 and 19% of level 4-5 complaints were closed within the agreed standard. Overall, 44% were closed within the SLA.

Overtime has continued to be used to assist the closure rate, balancing the need to address the older complaints (already outside the SLA) with those within the timeframe.

PTS journey delay complaints continue to be a focus with the PTS management team.

Alternative methods for complaint approval within EOC are being used to improve the response to complainants.

Mersey Internal Audit has presented their findings on the complaints process, assessing the Trust as having substantial assurance for our complaints handling process.

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

Figure Q1.4

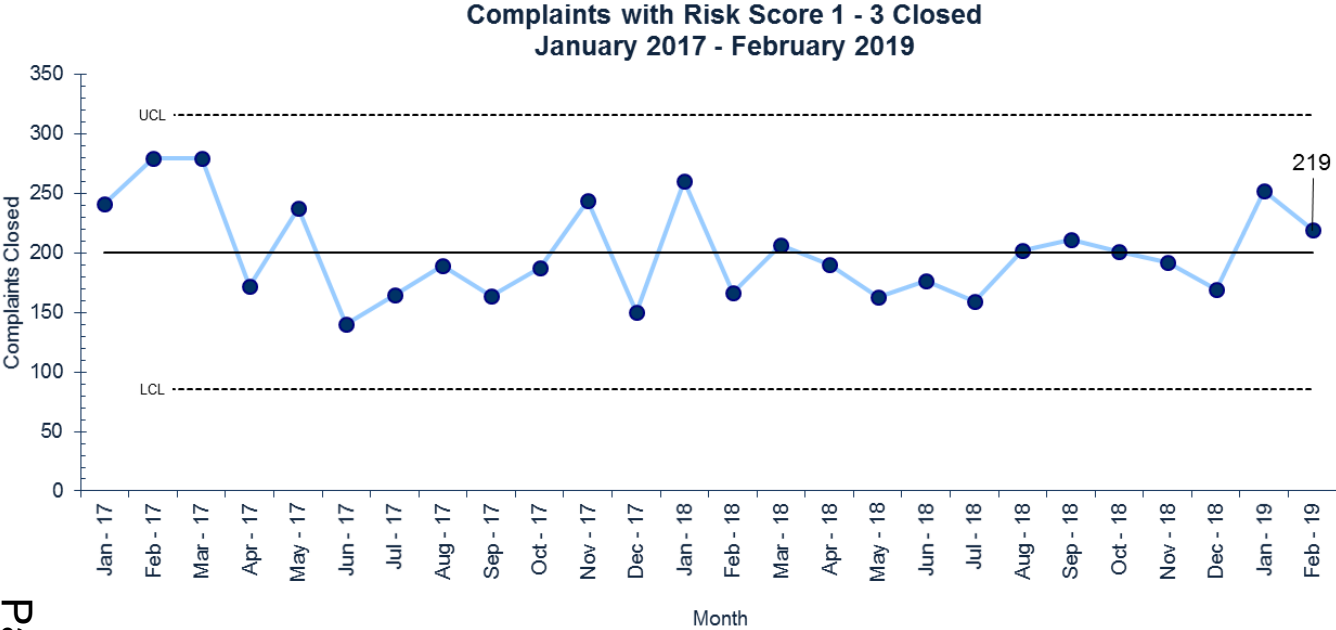


Figure Q1.5

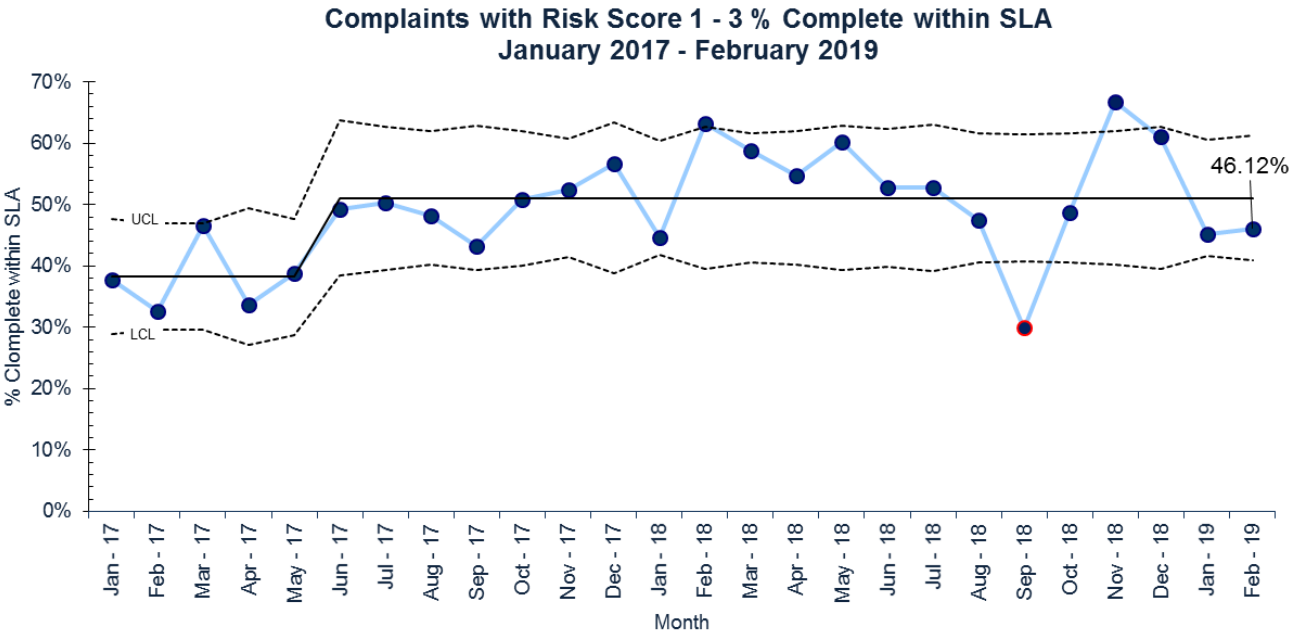
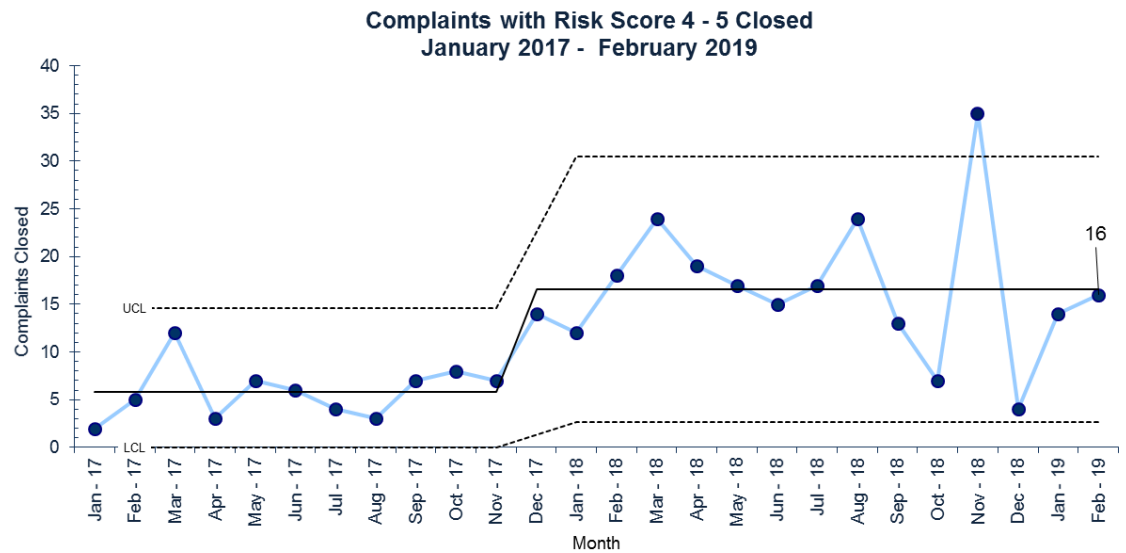


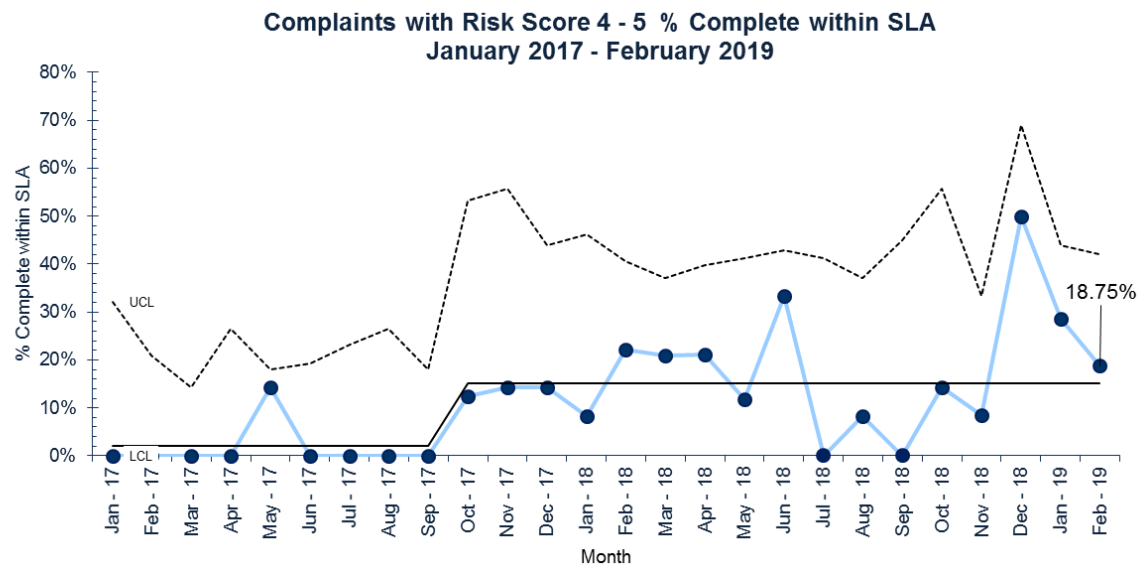
Figure Q1.6



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

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

Figure Q1.7



Q2 INCIDENTS

Figure Q2.1

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

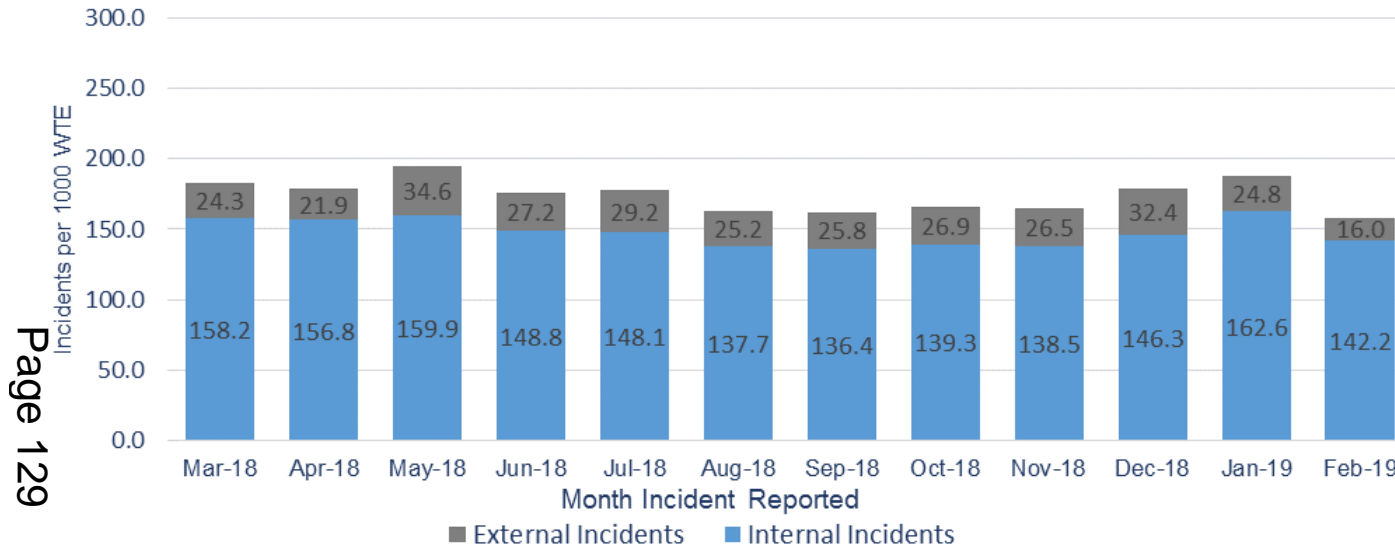


Table Q2.1

Severity	Mar-18	Apr-18	May-18	Jun -18	Jul -18	Aug -18	Sep -18	Oct -18	Nov -18	Dec-18	Jan -19	Feb-19
1. Insignificant	232	225	215	182	202	181	197	205	222	190	171	165
2. Minor	626	608	687	620	623	569	560	545	516	613	644	510
3 Moderate	157	174	185	178	165	158	145	171	186	191	219	181
4 Major	8	6	5	10	6	9	7	13	13	15	11	6
5. Catastrophic	6	1	2	3	3	5	2	3	0	2	3	3
Unscored	13	6	19	14	20	14	25	27	28	34	55	73
Total	1042	1020	1113	1007	1019	936	936	964	965	1045	1103	938
Unscored %	1.2%	0.6%	1.7%	1.4%	2.0%	1.5%	2.7%	2.8%	2.9%	3.3%	5.0%	7.8%

Incidents

938 internal and external incidents were opened in February 2019 at a rate of 158 incidents per 1000 WTE staff, which remains within our control limits.

Included in this total are 73 'unscored' internal incidents, which accounts for 7.8% of the total number of incidents opened this month.

There is a trend of the numbers of 'unscored' incidents rising over the last 6 months and therefore this now needs closer scrutiny. In January/February we highlighted unscored incidents to senior managers using data pulled from the Datix system. This is now provided to them as part of their monthly dashboard. More work is required to ensure that data on incident scoring is shared and acted on but significant progress has been made on raising this issue as a priority. The Trust's Safety sub group will be looking at this in more detail as part of their work to deliver the RIGHT care strategy.

Improvement Goals.

1. Continue to monitor risk score incidents and prompt action.
2. Continue to review and manage externals in line with trajectory improvement plan.
3. Aim to close off all high level incidents within SLA framework by end of March 2019.

Assurance

1. Monitored by CGMG and Quality committee
2. BAF SRO1, Risk 2837

Figure Q2.2

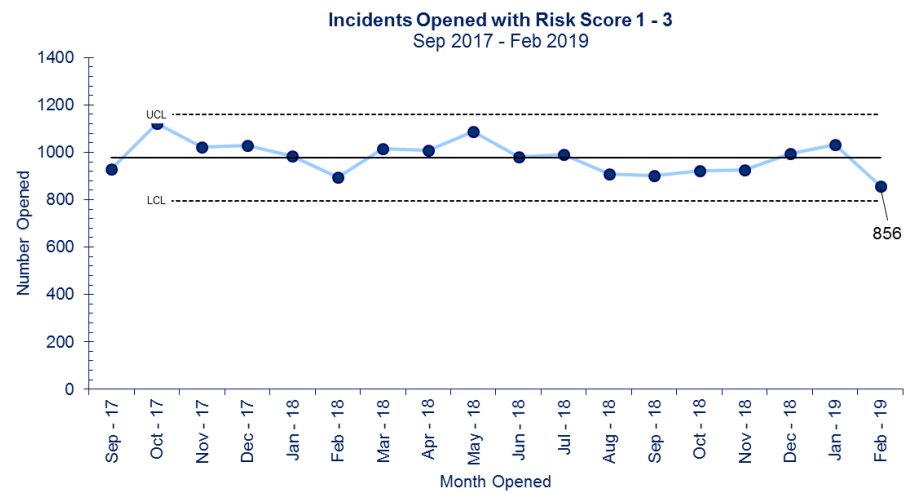


Figure Q2.3

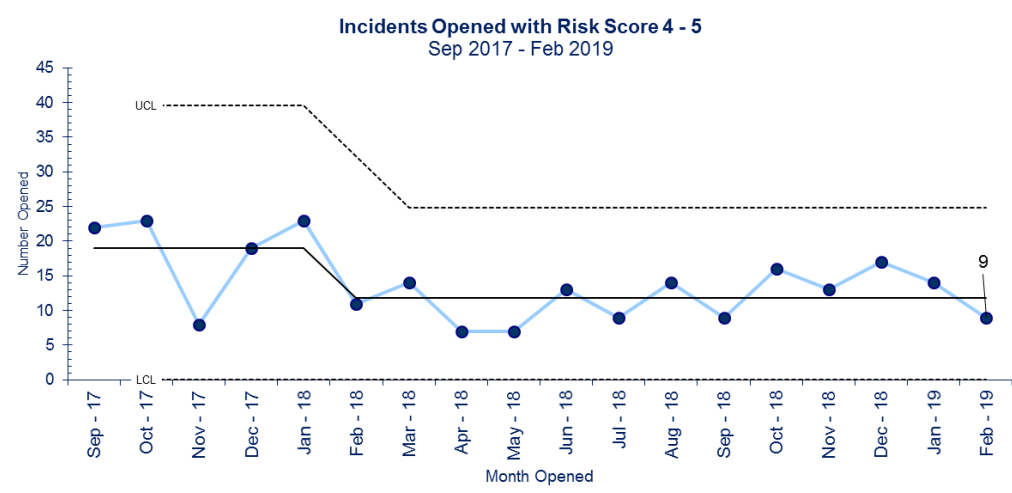


Figure Q2.4

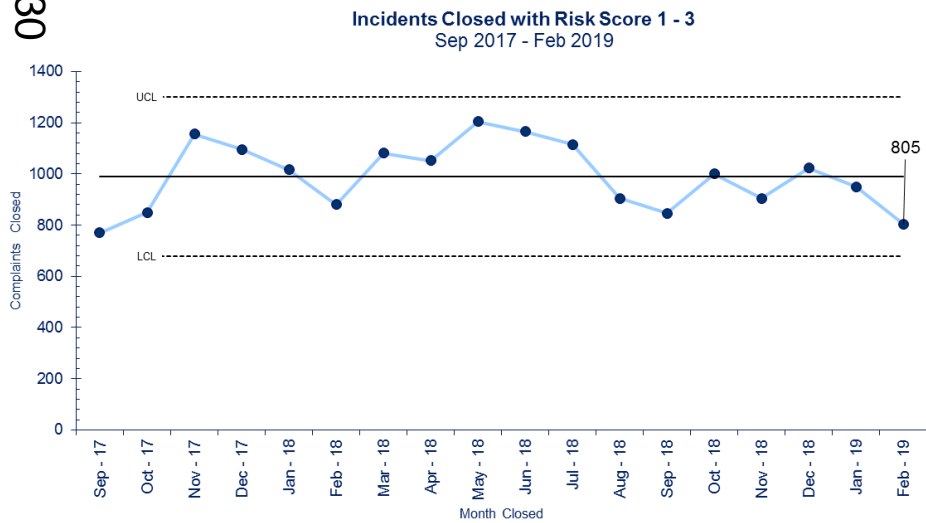


Figure Q2.5

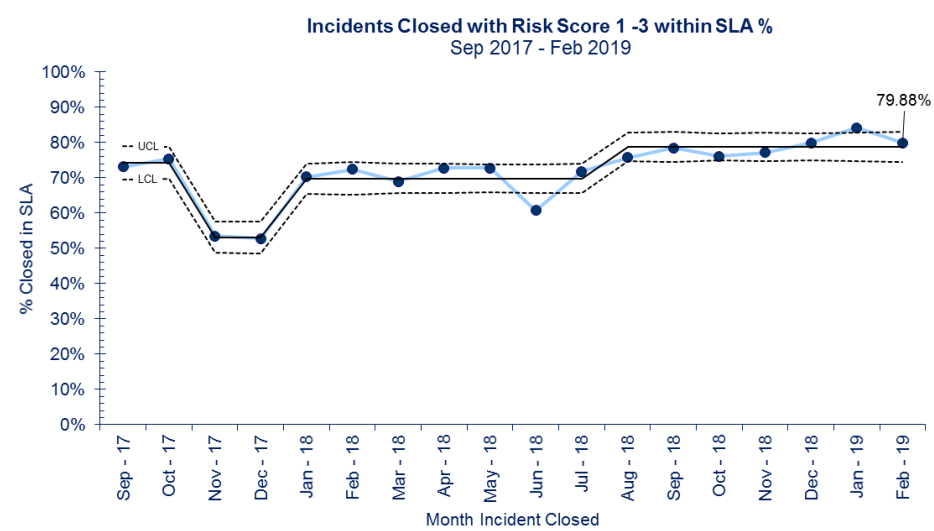


Figure Q2.6

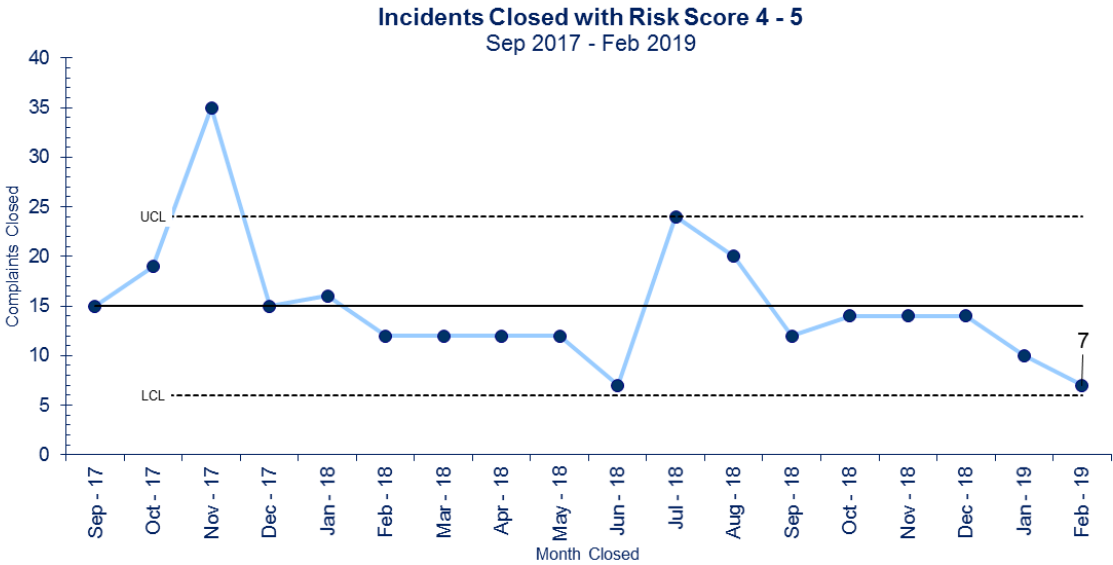
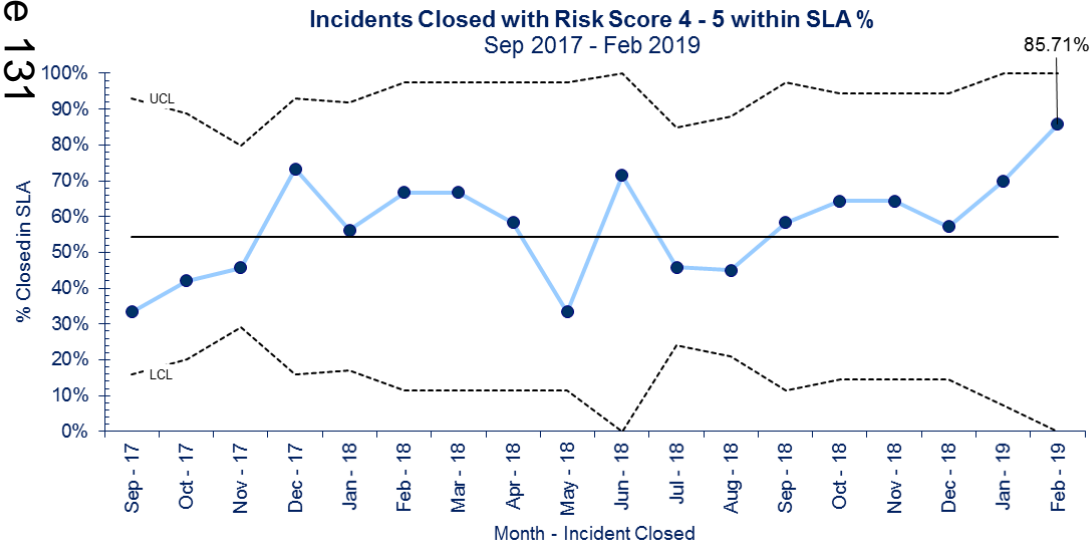


Figure Q2.6



Incidents Closure

In total 812 incidents (level 1-5) were closed during February 2019. Of these, 80% of level 1-3 and 86% of level 4 & 5 were closed within the agreed standard. Overall, 80% 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, 2837, BAF SR01

SLAs are calculated using the following measures/targets:

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

Q3 SERIOUS INCIDENTS

Figure Q3.1:

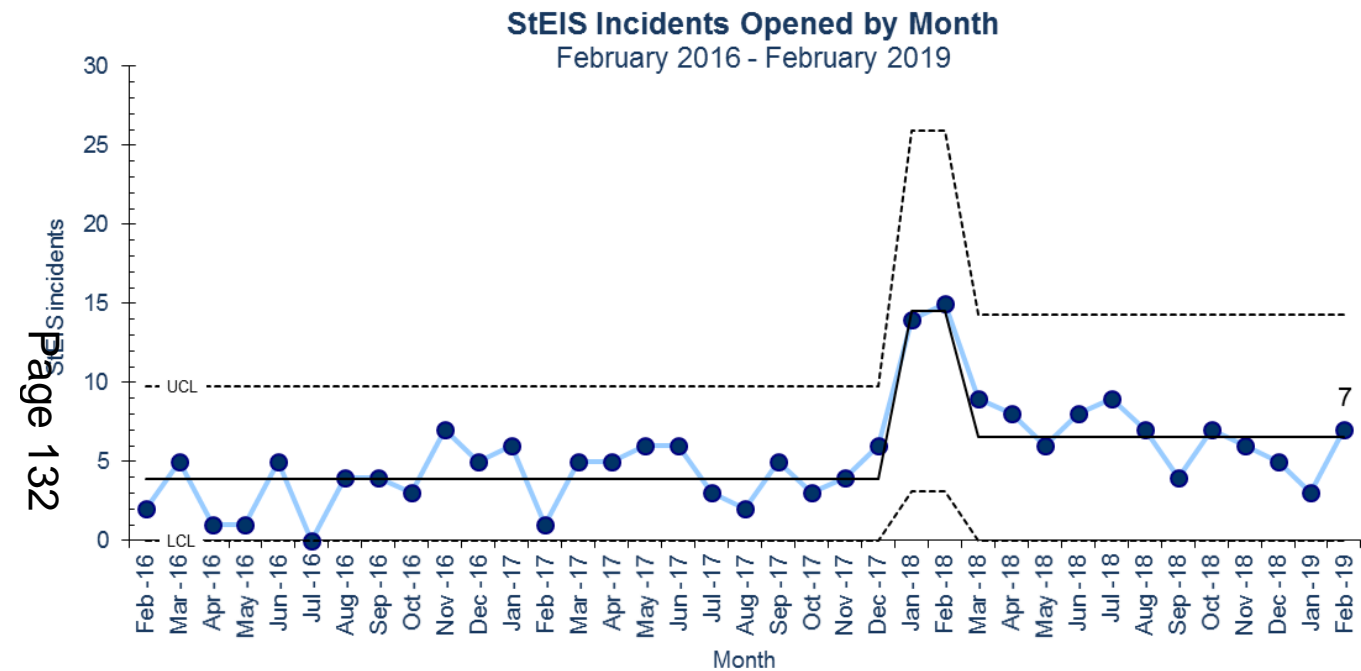


Table Q3.1: StEIS Incidents Opened in February 2019 by Source

Source	Urgent Care (See & Treat, Hear & Treat)	Paramedic Emergency Services Operations	Emergency Operations Centre	111 Service	Total
Complaint/StEIS	0	1	1	0	2
IRF/StEIS	1	0	2	1	4
BCCG/StEIS	0	0	1	0	1
Total	1	1	4	1	7

Serious Incidents

Seven Serious Incidents (SIs) were reported in February 2019 and 4 reports were submitted to our Commissioners for closure, against our trajectory of ten.

Harm arising from delays in attending 999 calls remains a consistent feature.

A number of reports remain outstanding, despite several reminders to investigators and their managers. Areas of concern include investigators reporting difficulty in allocating protected time to complete investigations.

Adherence to the Duty of Candour standards remains in place.

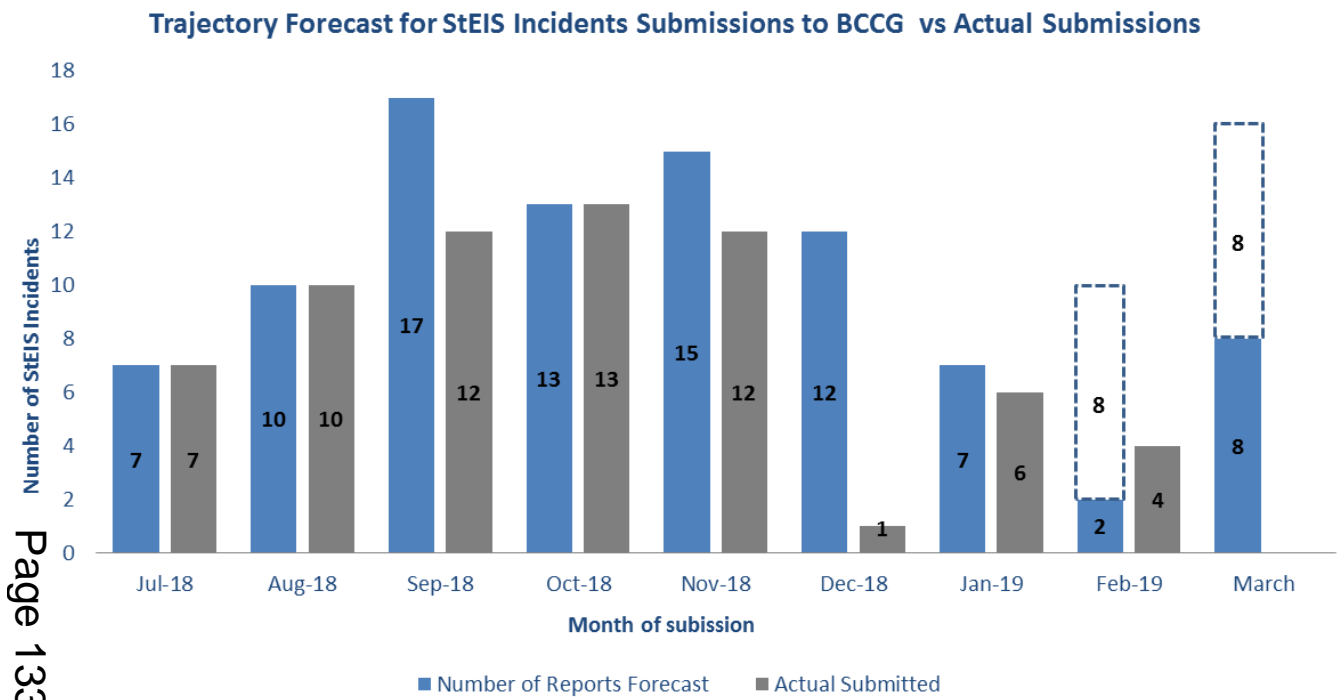
Improvement Goals:

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.



Serious Incident Trajectory

The layout of the report submission trajectory now identifies those reports due within 60 days (solid colour) and those over 60 days (dotted line).

The trajectory for the submission of SI reports during March is now a significant challenge and requires focused support, particularly from Service Delivery colleagues, to meet this requirement.

Q5 SAFETY ALERT COMPLIANCE

Figure Q4.1: o

Safety Alerts	Number of Alerts Received (Mar 18 –Feb 19)	Number of Alerts Applicable (Mar 18 –Feb 19)	Number of Open Alerts
CAS/ NHS Improvement	36	7	0
MHRA – Medical Equipment	42	1	1
MHRA - Medicine Alerts	24	0	0
IPC	2	2	0

CAS – Alerts Applicable

- 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
- 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
- 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
- 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
- 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 has been one new Medical Equipment Alert in February 2019 relating to LIFEPAK 15 defibrillator device failure. Two operational bulletins have been issued by the Director of Operations to communicate this Alert to staff.

The total number of CAS/NHS Improvement alerts received between March 2018 and February 2019 is 36, with 7 alerts applicable to NWAS.

In the same time period,

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

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

2 IPC alerts have also been received, both of which were 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. Professional use monitor/defibrillator: LIFEPAK 15 at risk of device failure during patient treatment.

Action: Urgent Operation bulletin OI670 sent out and follow up bulletin OI671 by Director of Operations.

Action date: 22/02/19

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

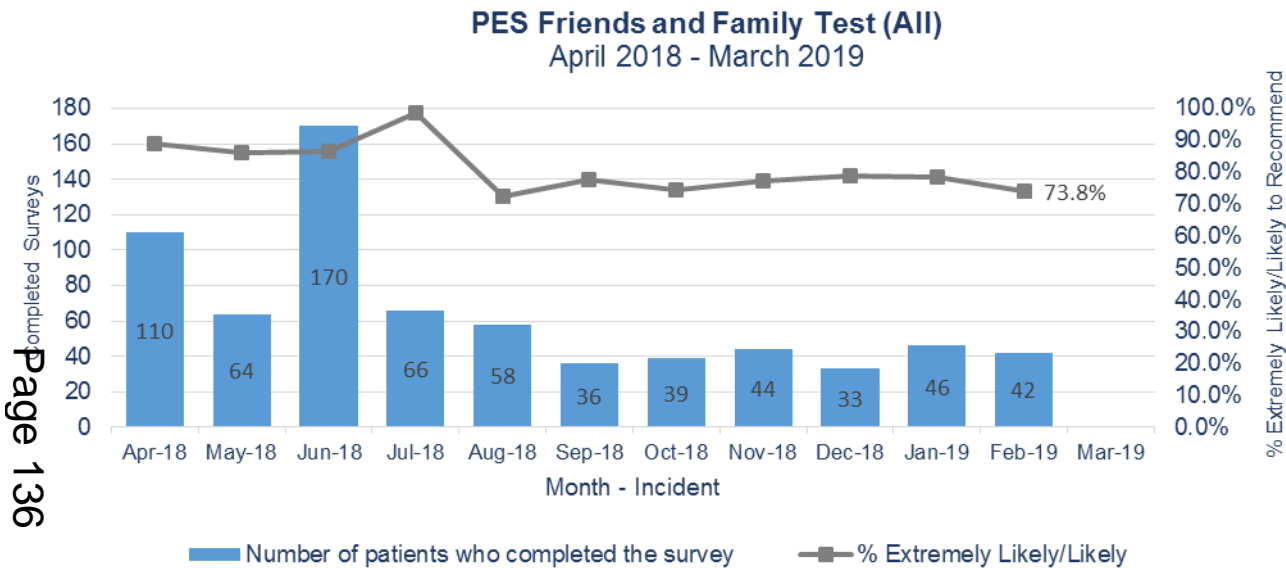


Table E1.1 National PES See and Treat FFT – January 2019

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	291	94%	3%
EAST OF ENGLAND AMBULANCE	19	1	0
SOUTH WESTERN AMBULANCE SERVICE	8	100%	0%
NORTH EAST AMBULANCE SERVICE	174	98%	1%
SOUTH CENTRAL AMBULANCE SERVICE	15	93%	7%
SOUTH EAST COAST AMBULANCE SERVICE	12	92%	0%
WEST MIDLANDS AMBULANCE SERVICE	13	85%	8%
NORTH WEST AMBULANCE SERVICE	46	78%	13%
ISLE OF WIGHT AMBULANCE SERVICE	0	NA	NA
LONDON AMBULANCE SERVICE	3	*	*
YORKSHIRE AMBULANCE SERVICE	1	*	*

Patient Experience (PES)

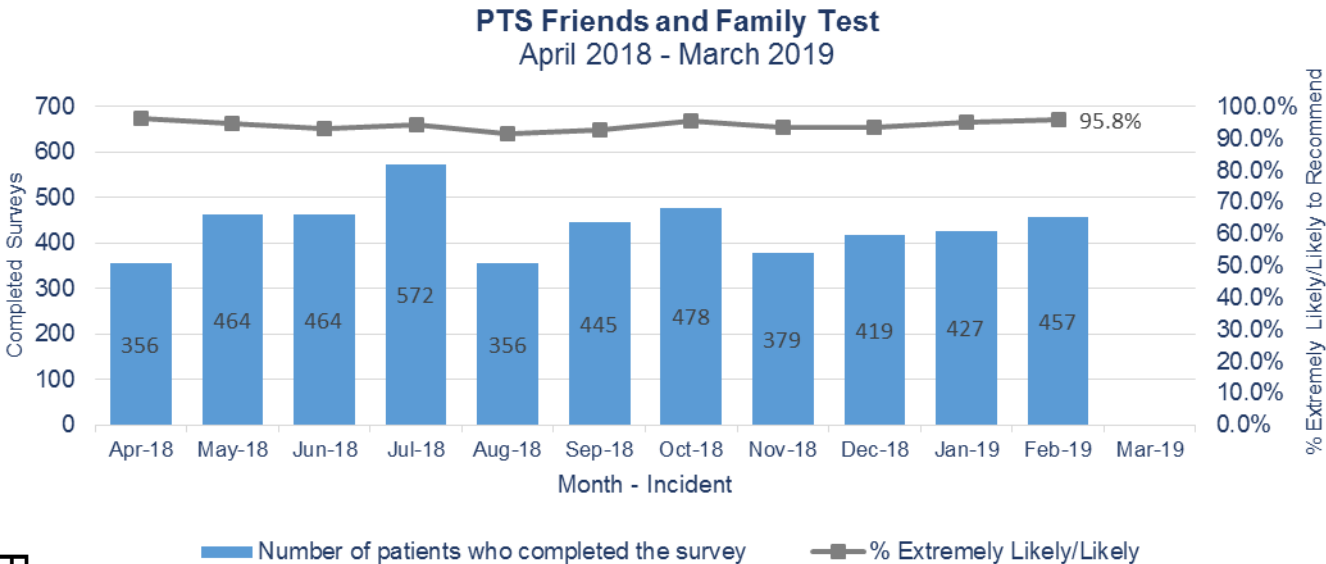
During February 2019, 628 patients responded to FFT surveys across all service lines, which is in line with previous reporting.

Figure E1.1 details the PES survey results. The survey return rate still remains low but of those returned, 73.8% of our patients would recommend our service.

Although NWAS had the lowest PES See and Treat FFT satisfaction % nationally during January 2019, at 78%, most Trusts do have a much lower response rate.

Further to February's report regarding potential changes to the FFT, no further updates have been received from NHSI or NHSE. The Board will be advised as and when this update information is available.

Figure E1.2



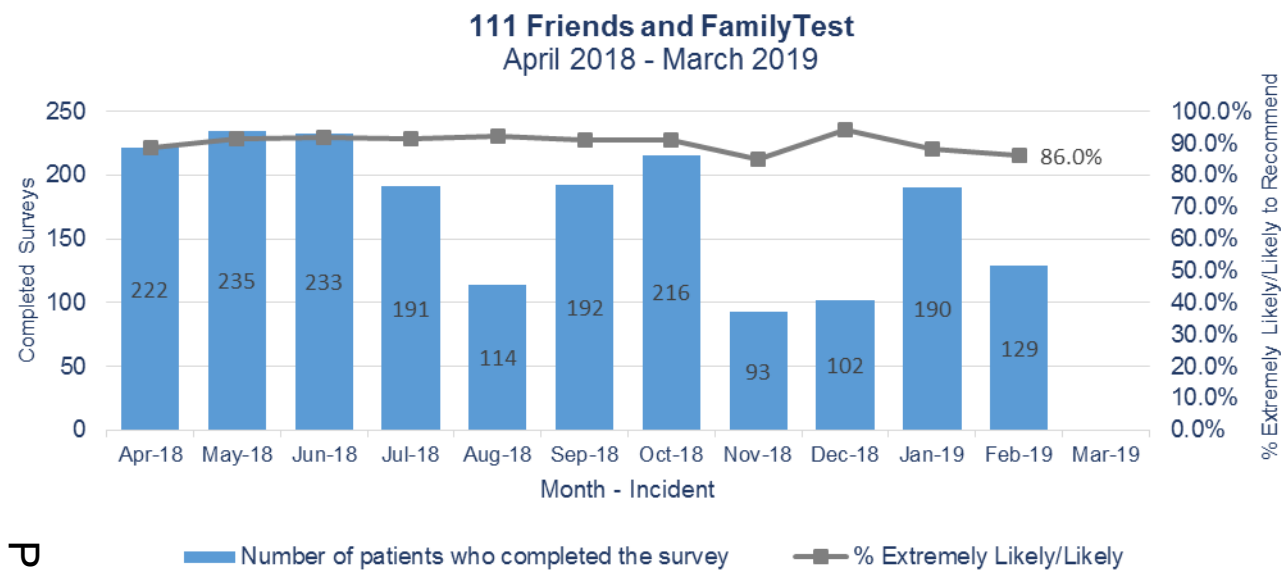
Patient Experience (PTS)

PTS patients continue to report high levels of satisfaction with 95.8% of respondents recommending the service.

Page 137
Table E1.2 National PTS FFT – January 2019

Organisation Name	Total Response s	Percentage Recommended	Percentage Not Recommended
England	3,043	93%	3%
WEST MIDLANDS AMBULANCE SERVICE	29	100%	0%
ISLE OF WIGHT AMBULANCE SERVICE	59	100%	0%
NORTH EAST AMBULANCE SERVICE	118	97%	0%
NORTH WEST AMBULANCE SERVICE	429	95%	1%
ARRIVA TRANSPORT SOLUTIONS LIMITED	454	94%	2%
GUY'S AND ST THOMAS'	1012	94%	1%
IMPERIAL COLLEGE HEALTHCARE	447	92%	4%
EAST OF ENGLAND AMBULANCE SERVICE	152	90%	7%
UNIVERSITY COLLEGE LONDON HOSPITALS	248	87%	2%
SOUTH CENTRAL AMBULANCE SERVICE	95	78%	12%
YORKSHIRE AMBULANCE SERVICE	0	NA	NA

Figure E1.3



Patient Experience (111)

86.0% of patients reported high levels of satisfaction with the 111 service during February 2019, in line with previous reporting.

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 October 2018

ACQI Indicator		YTD Performance (%)	Sample Size (Current Month)	October 18 Performance (%) / hrs: mins	September 18 Performance (%)	October 18 Rank position	Rank movement	Performance Range % / hrs: mins (national mean*)
Cardiac Arrest ROSC	Overall	34.4%	324	28.4%	30.9%	7	↓	24.4-38.4 (30.4)
	Utstein	55.0%	53	39.6%	40.0%	10	↓	39.6-70.6 (54.2)
	Resus Care Bundle	77.3%	119	72.3%	N/A	N/A	N/A	N/A
Cardiac Arrest Survival to Discharge	Overall	9.6%	305	7.9%	9.3%	10	↓	7.9-15.2 (10.0)
	Utstein	28.6%	48	22.9%	24.3%	9	↓	20.9-52.2 (32.2)
Acute STEMI	PPCI (mean call to PPCI time)	N/A	105	2hrs 26 mins	2hr 14 mins	10	↓	1hr 50mins - 2hr 26 mins (2hr 10 mins)
	Care Bundle	73.2%	99	75.8%	N/A	7	N/A	58.1 - 95.1 (79.3)
Stroke	Hyper acute (mean call to door time)	N/A	973	1hr 12 mins	1hr 14 mins	4	↑	1hr 7mins - 1hr 27 mins (1hr 13 mins)
	Care Bundle	97.6%	N/A	N/A	N/A	N/A	N/A	N/A
Sepsis	Care Bundle	N/A	N/A	N/A	51.8%	N/A	N/A	N/A
Management of falls	Care bundle	Data publication TBC						

ACQIs – October 2018

The overall survival rate for patients experiencing an out of hospital cardiac arrest fell in October to 7.9%, below the national mean for the month. October also saw a reduction in the percentage of patients experiencing a return of spontaneous circulation (ROSC) during the pre-hospital episode of their care. Performance does remain within the anticipated confidence intervals, although nearer the lower control limits.

For patients experiencing an acute stroke, the mean call to door time is 1hour 12 minutes. This ranked the Trust in 4th position nationally although marginally outside of the national mean. Call to door time for STEMI increased over the previous month and was the lowest performance recorded nationally for the month; 16 minutes outside of the national mean.

The STEMI care bundle result placed the Trust in 7th position and outside of the national mean for the month at 75.8%

Area level improvement plans are in place and are informed by the audit result and the subsequent findings of the high-level reviews. They continue to be monitored and actioned by Area Consultant Paramedics and Quality Business Groups.

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

Cardiac Outcomes over time (SPC)

Figure E2.1

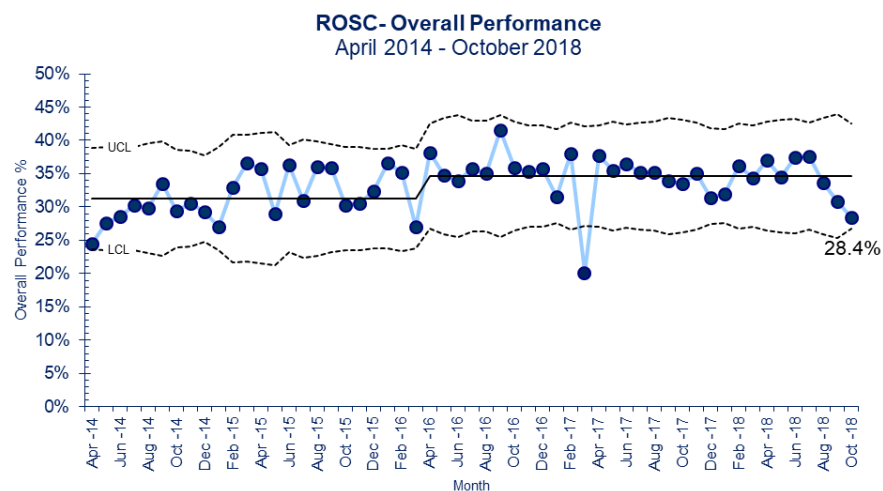


Figure E2.2

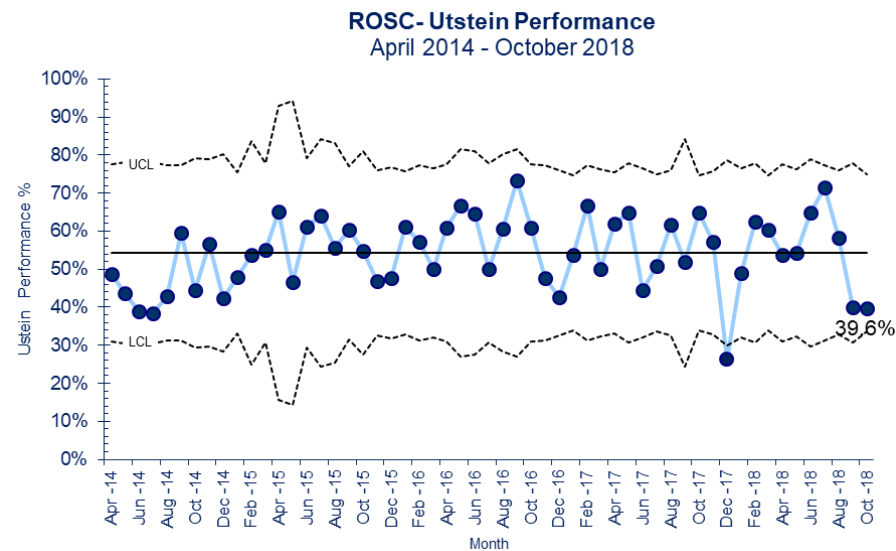


Figure E2.3

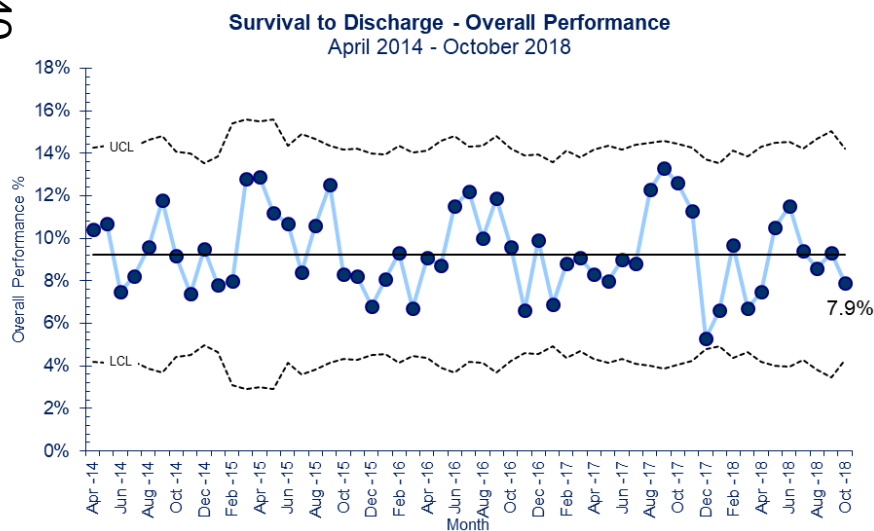
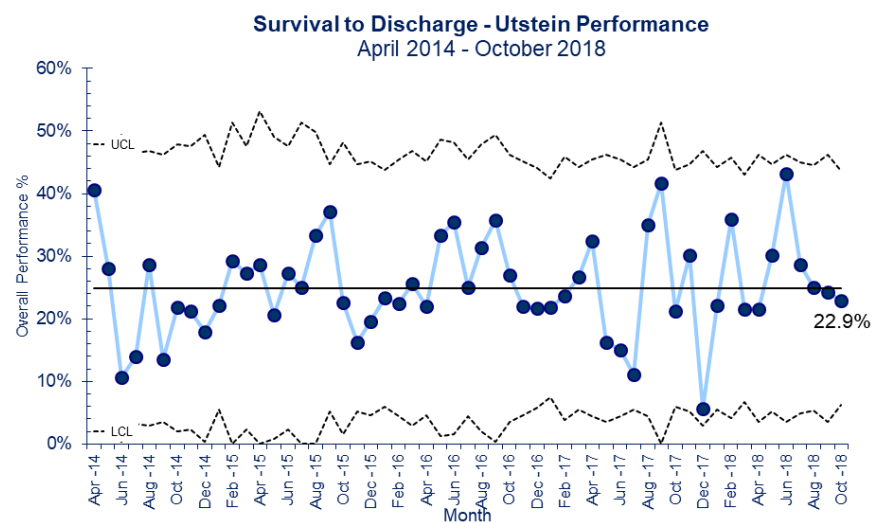


Figure E2.4



Care Bundles Cardiac and Stroke (SPC)

Figure E2.5

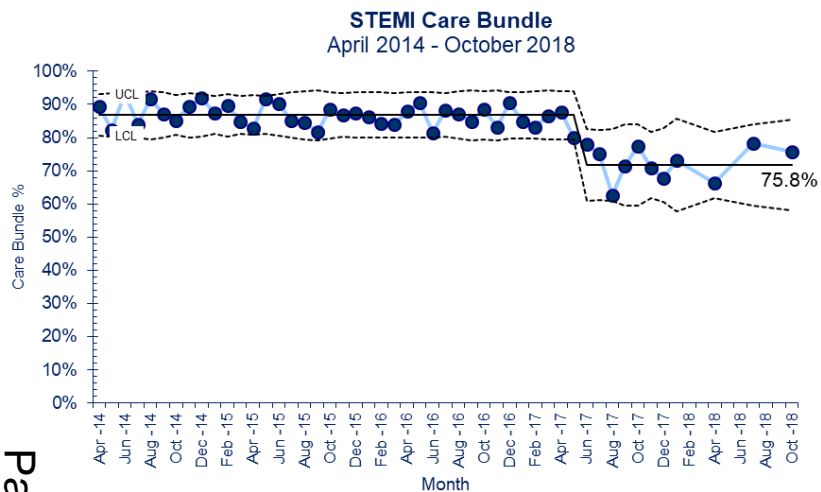
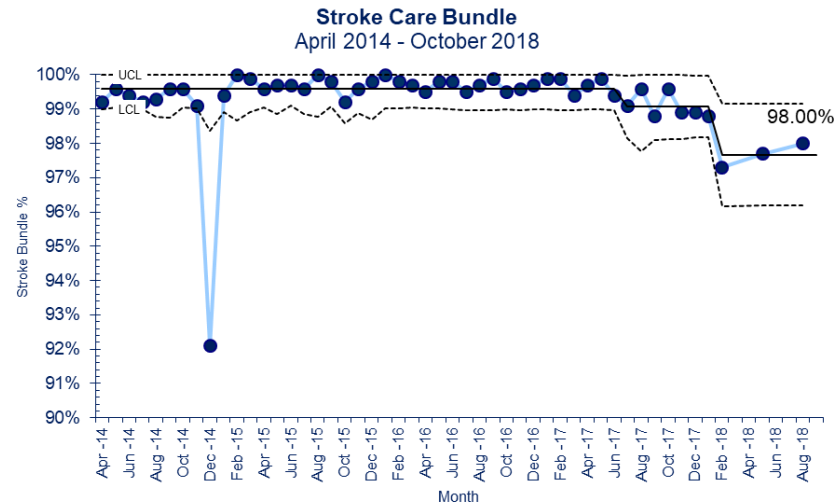


Figure E2.6



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

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

Figure E3.1

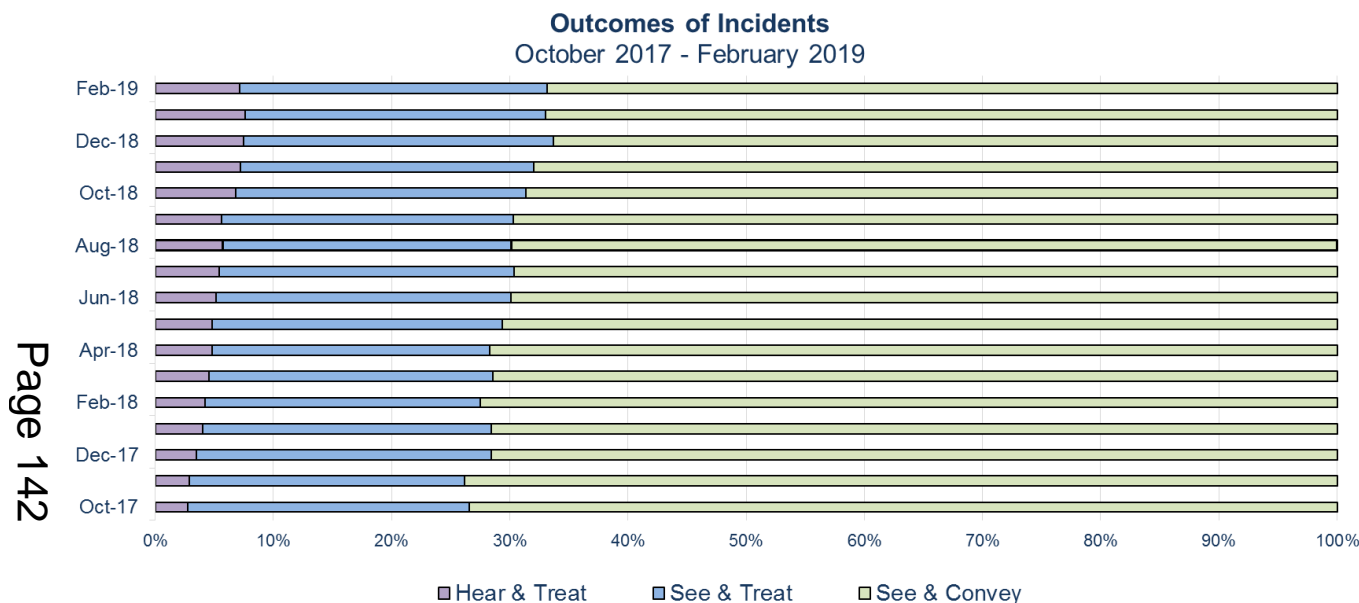


Table E3.1

Month/Yr	Incidents with no face to face response	Hear and Treat %	F2F Incidents with no transport	See & Treat %	F2F Incidents with transport	See & Convey %
Mar-18	4,213	4.5%	22,412	24.0%	66,610	71.4%
Apr-18	4,285	4.8%	20,837	23.5%	63,724	71.7%
May-18	4,601	4.8%	23,305	24.5%	67,065	70.6%
Jun-18	4,693	5.1%	22,809	25.0%	63,863	69.9%
Jul-18	5,108	5.4%	23,396	24.9%	65,315	69.6%
Aug-18	5,201	5.7%	22,065	24.4%	63,209	69.9%
Sep-18	5,056	5.6%	22,108	24.7%	62,398	69.7%
Oct-18	6,562	6.8%	23,568	24.5%	65,911	68.6%
Nov-18	6,837	7.2%	23,627	24.8%	64,668	68.0%
Dec-18	7,559	7.5%	26,608	26.2%	67,248	66.3%
Jan-19	7,641	7.6%	25,653	25.4%	67,595	67.0%
Feb-19	6,381	7.1%	23,296	26.0%	59,798	66.8%

Outcomes

During February 2019, 7.1% hear and treat and 26.0% see and treat was achieved. There has been a trend upwards in the last six weeks for see and treat performance as displayed in Figure 3.5. See & Treat is above the planned activity despite the fact that overall 999 activity is lower than planned and hear & treat is also higher than planned.

This performance increase has been achieved with the training of Pathfinder to EMT1's and the Manchester Triage System Face to Face training for Paramedics. These triage tools, aligned to the clinicians skill set, assists them in their decision making to identify patients that do require transport to an ED, or those that could be dealt with elsewhere i.e. Primary Care, Community Services and UTCs. The performance increase has been further assisted by the increase of referral pathways in a timely response, especially community/urgent care response services.

Onward referral and maintaining a patient at home does extend the on scene time. However reviewing the data for November & December 2018, when the training was well underway and S&T increasing, delivering S&T meant the job cycle time was 28 minutes shorter in comparison to transporting to hospital.

Figure E3.2

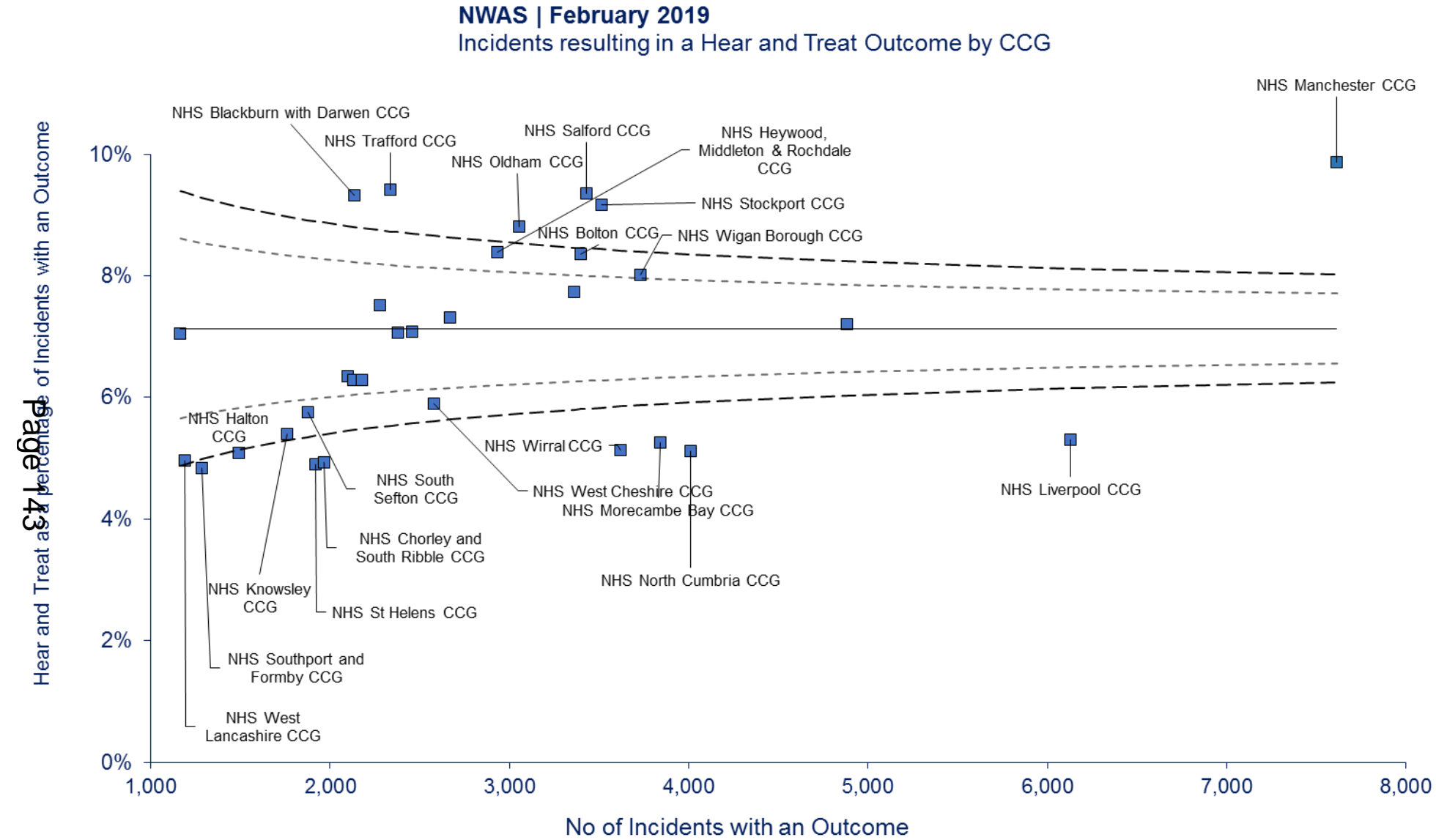


Figure E3.3

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

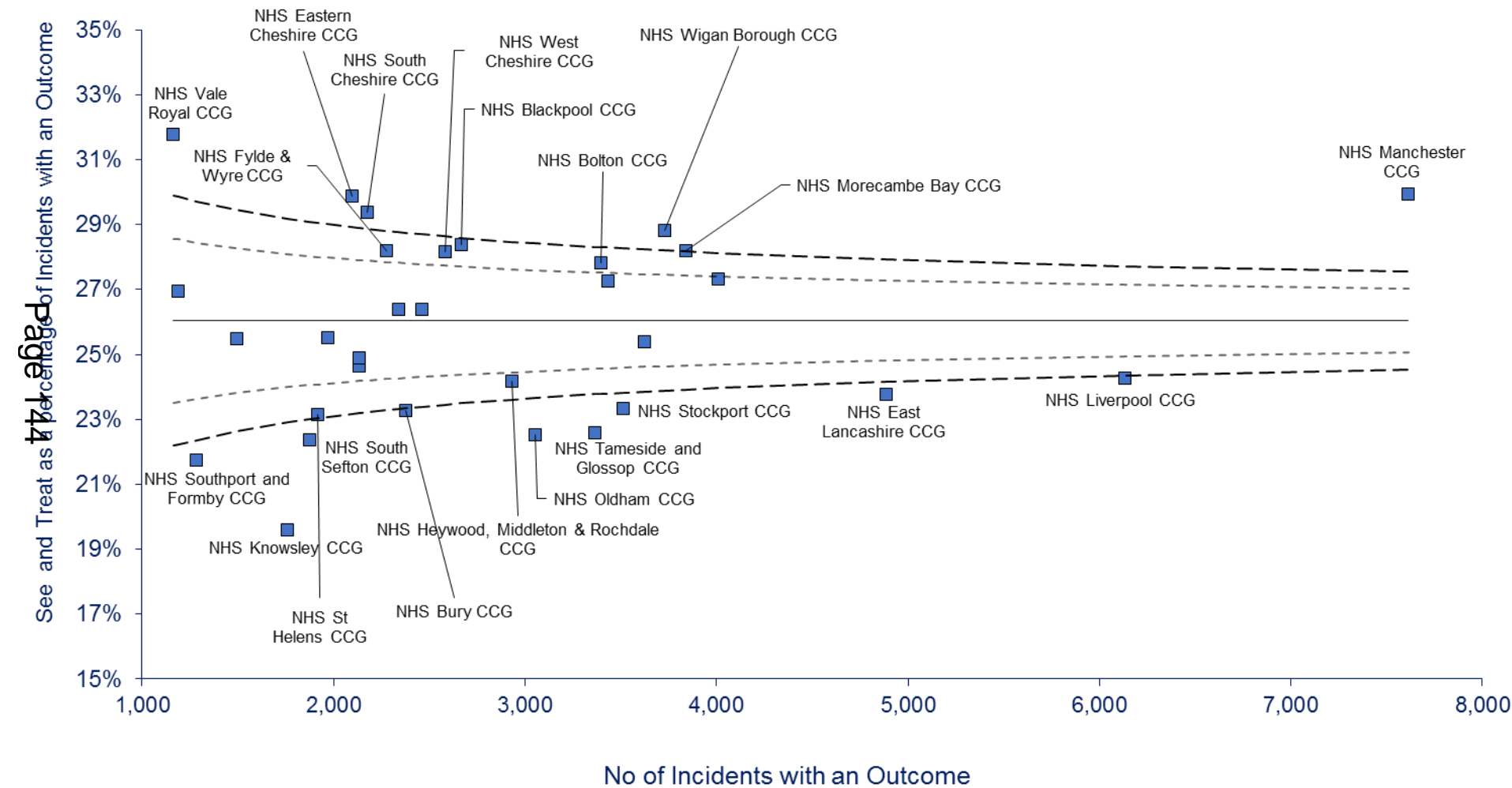


Figure E3.4

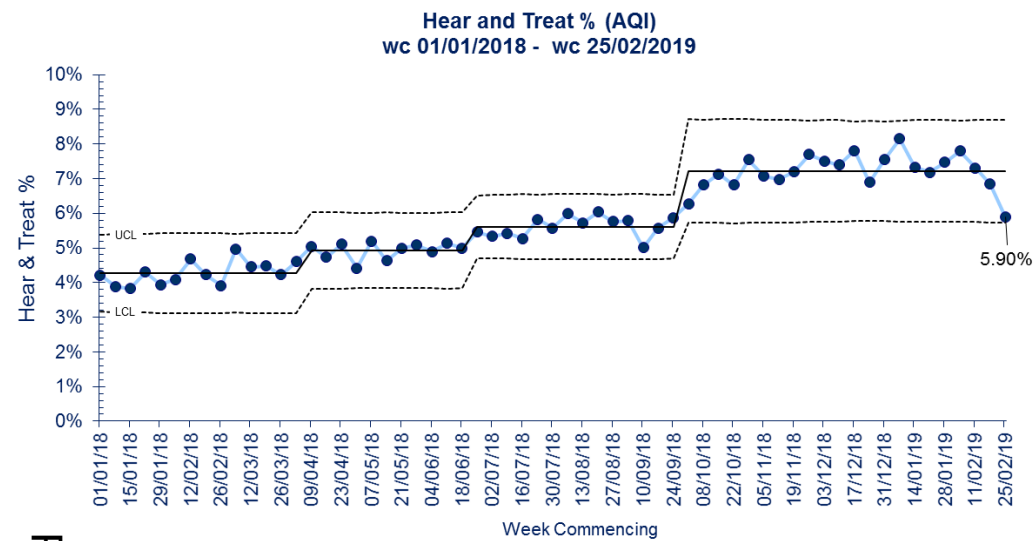


Figure E3.5

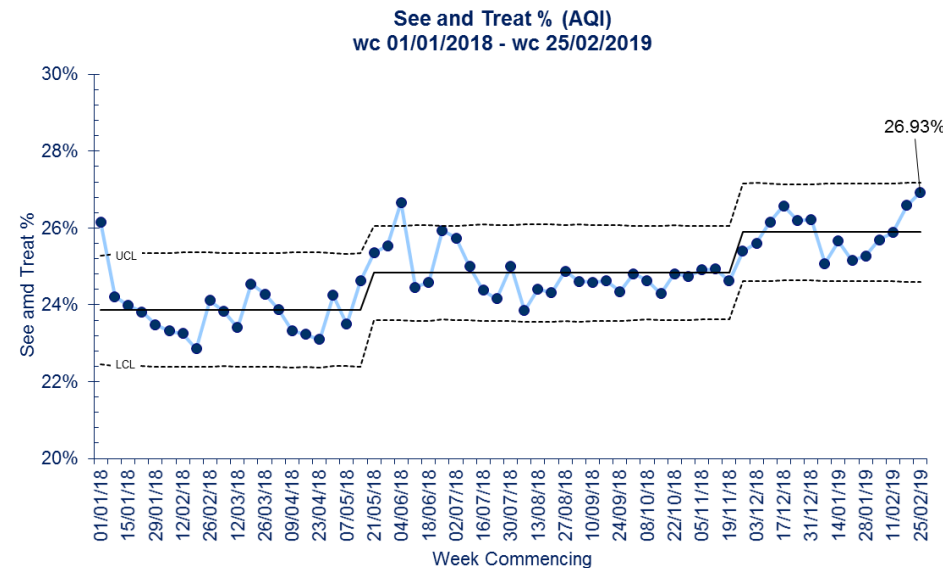
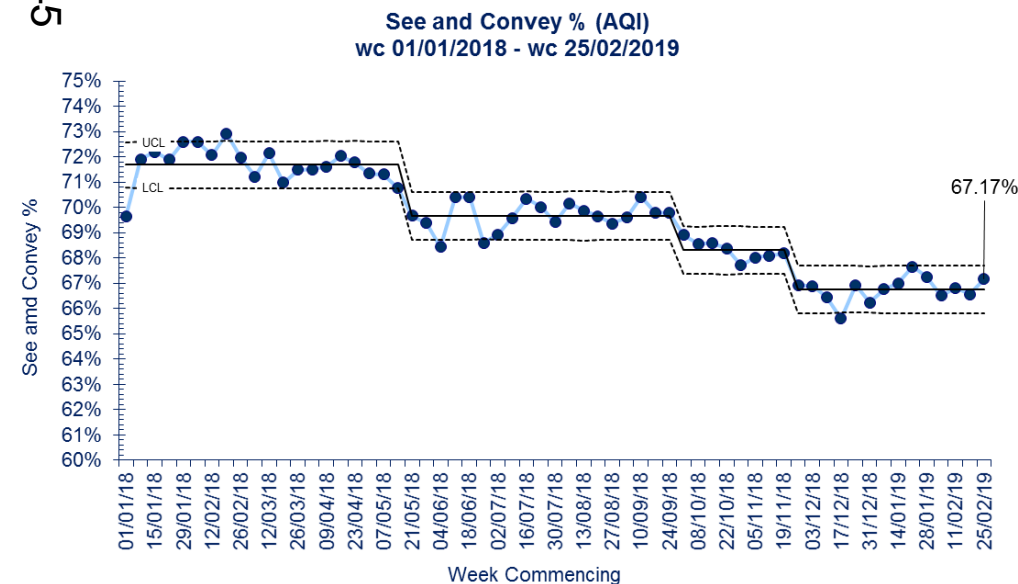


Figure E3.6

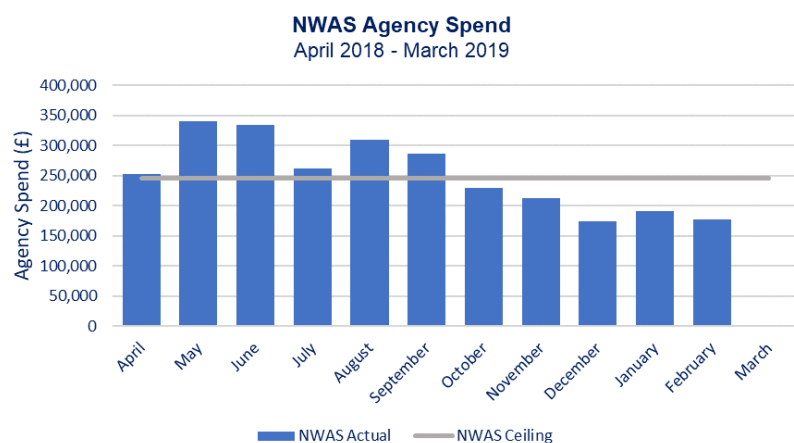


F1 FINANCIAL SCORE

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



Finance Position – January 2019

Month 10 Finance Position:

The position for the Trust at Month 11 is a surplus of £1.835m, which is £0.225m better than the planned surplus of £1.610m.

Income is over recovered by £5.748m, pay is overspent by £3.530m and non-pay is overspent by £1.993m.

Financial Score

The overall forecast risk rating for the Trust is a 1 and forecasted to remain a 1 for year end.

Agency Expenditure

The year to date expenditure on agency is £2.772m, which is £0.061m above the cumulative ceiling of £2.711m and equivalent to 2.25% above the ceiling which results in an agency financial metric of 2.

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 remainder of the financial year.

Figure F1.2

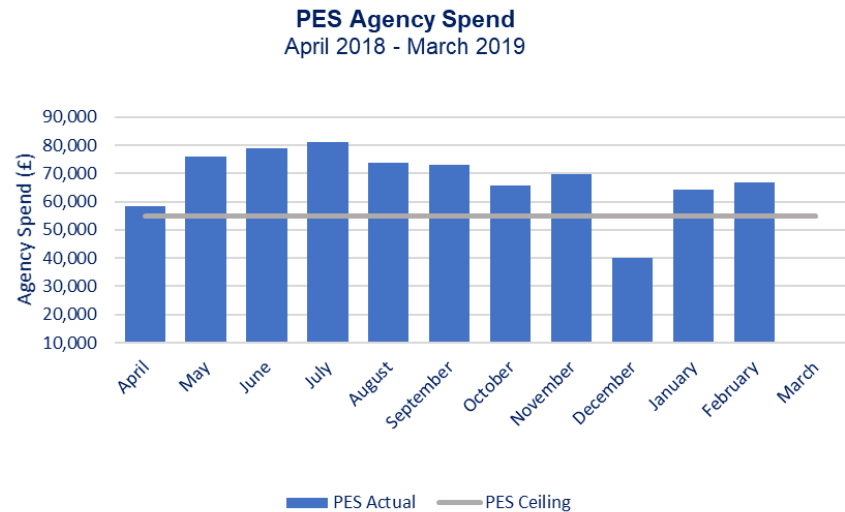


Figure F1.3

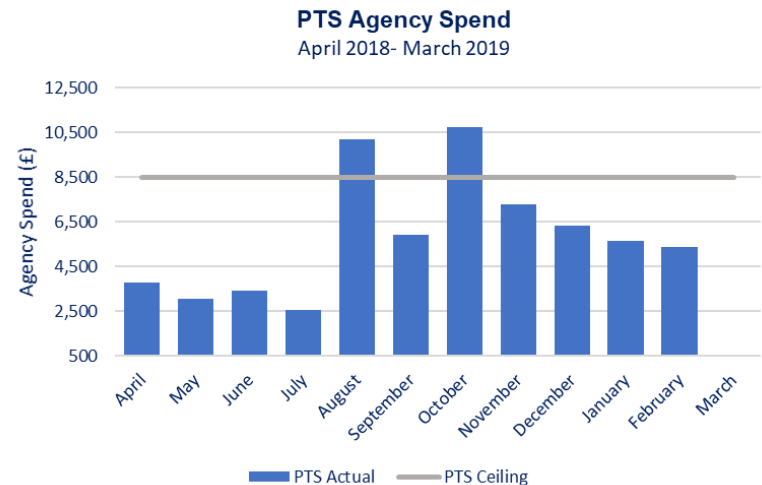


Figure F1.4

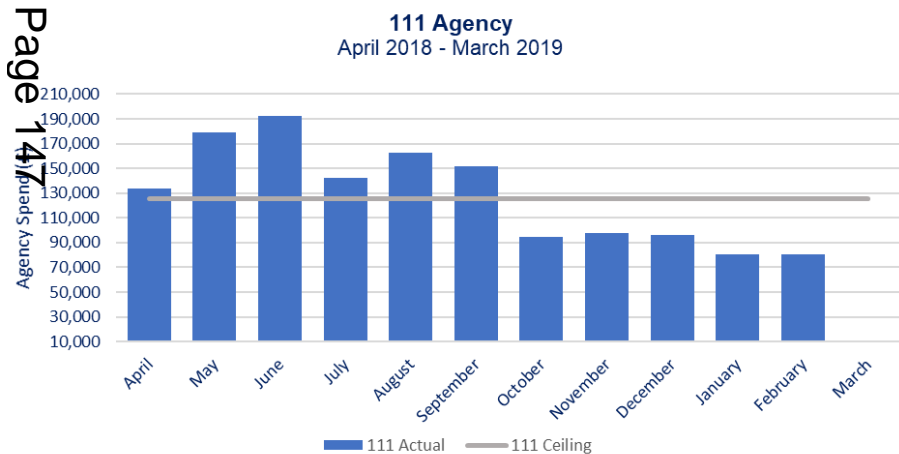
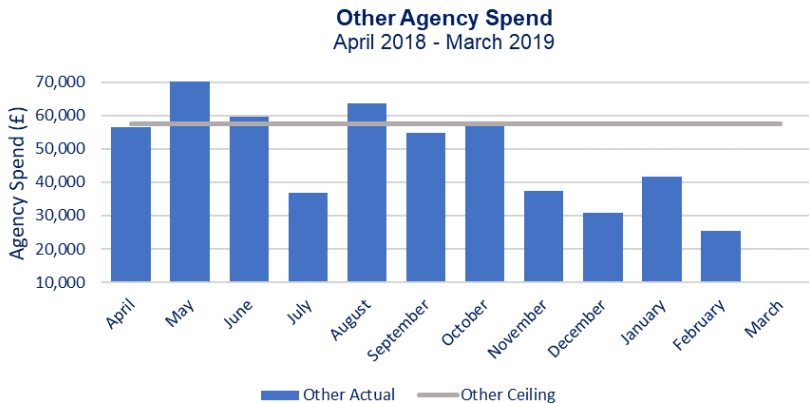


Figure F1.5



O1 CALL PICK UP

Figure O1.1:

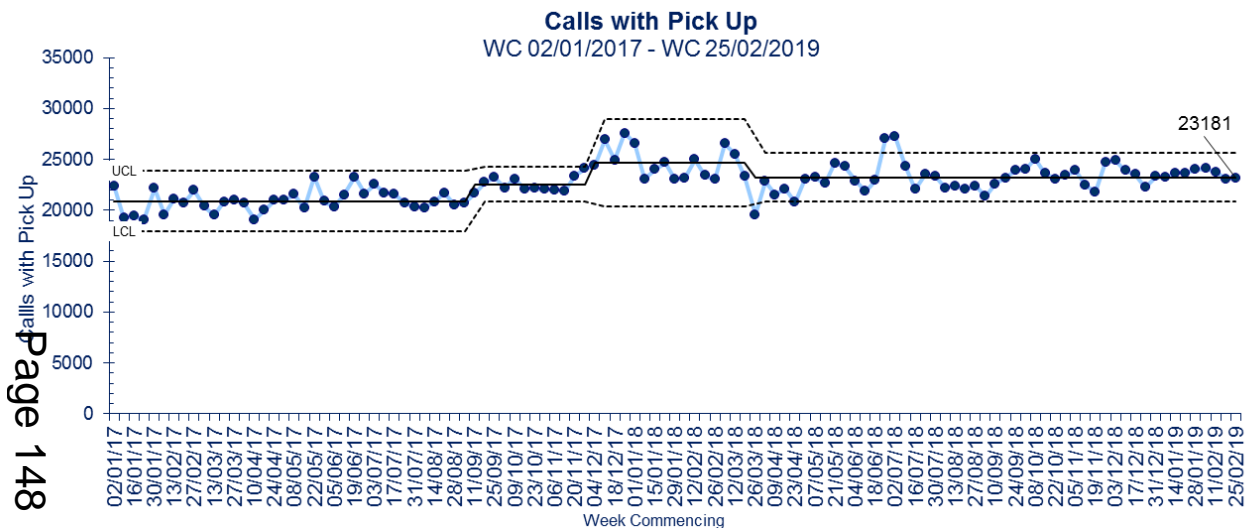
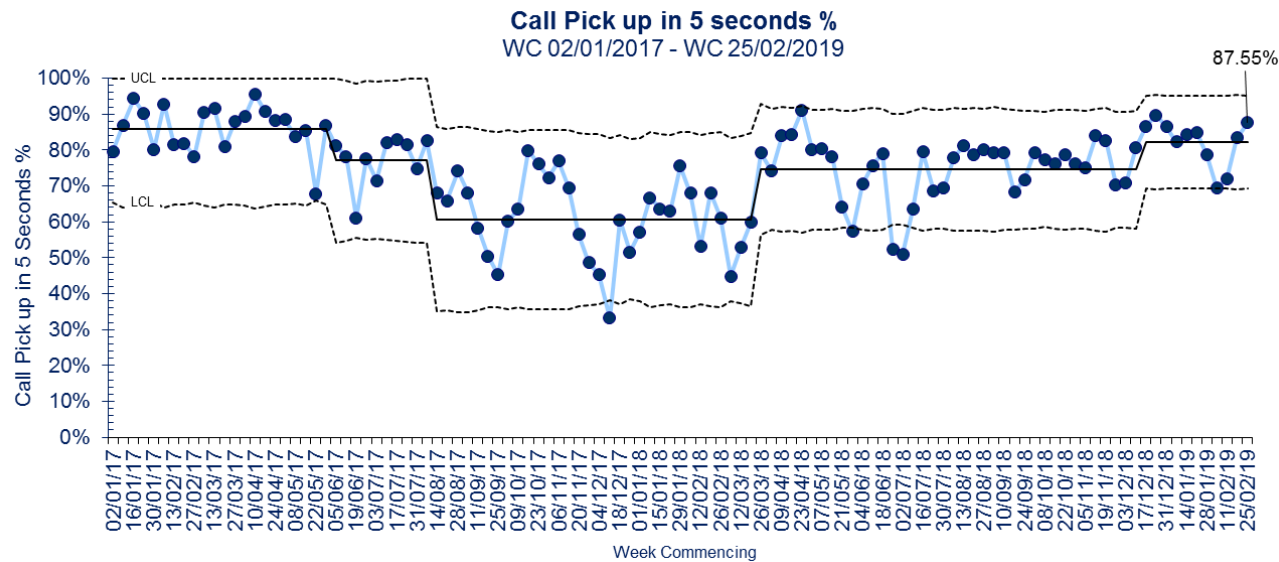


Figure O1.2:



Call Pick Up

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

Performance: For February 2019, call pick up performance was at **77.1%**. In total, 21,881 calls took longer than 5 seconds to pick up.

Early February's CPU performance deteriorated coming close to breaching the lower control limit. This was due to higher levels of abstractions and variation in daily call volume. From an intraday perspective defined periods have seen increases in activity and performance and call answering tails outside of the norm. These periods are primarily weekdays 09:00-11:00 and the early hours of weekend mornings.

Figure O1.3:

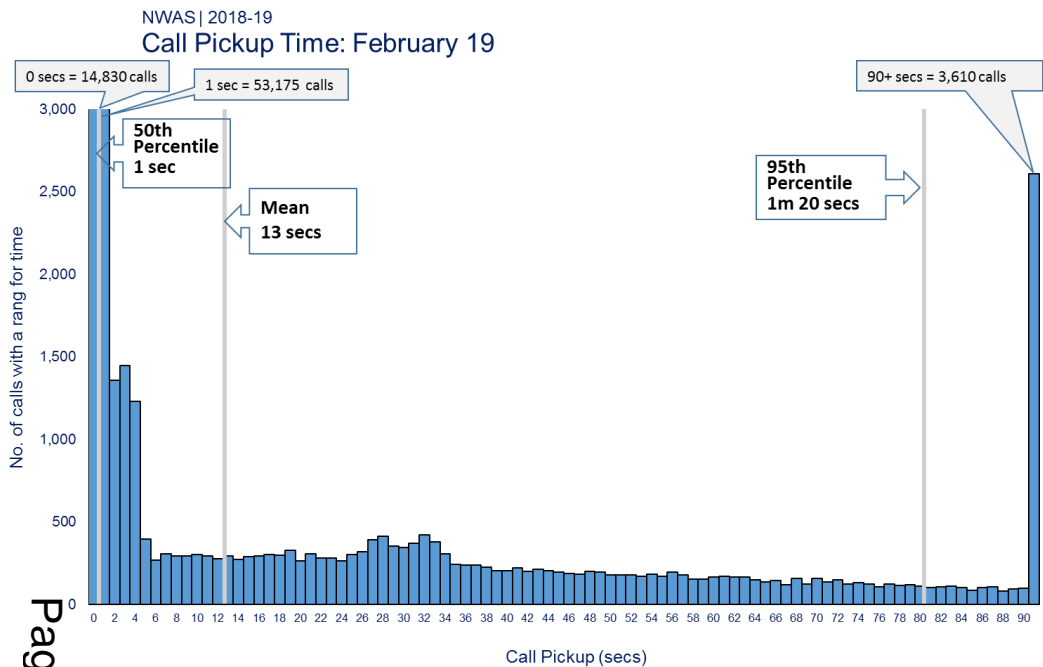


Table O1.1: Calls and Call Answer Times (Source – AQI)

Month/Yr	Contact Count	Calls answered	Call answer times (seconds)				
			Total	Mean	Median (50th centile)	95th centile	99th centile
Apr-18	127,184	97,763	1,015,065	10	1	70	133
May-18	141,285	109,402	1,839,366	17	1	93	149
Jun-18	134,928	105,700	2,085,480	20	1	100	154
Jul-18	143,373	113,072	2,647,801	23	1	110	167
Aug-18	131,596	102,646	1,357,953	13	1	83	147
Sep-18	129,192	100,544	1,541,202	15	1	91	147
Oct-18	143,522	110,811	1,379,357	12	1	77	136
Nov-18	136,311	103,941	1,173,027	11	1	73	128
Dec-18	136,894	109,551	1,152,801	11	1	70	125
Jan-19	133,555	107,917	849,948	8	1	58	117
Feb-19	119,275	95,828	1,088,632	11	1	74	127

These periods of reduced performance are the primary contributors to the increased centile performance vs January 19.

Action was taken in mid-February to bridge these key gaps. Slides of shifts and focused overtime allocation have improved the position. This contributed to the improved performance in the last two weeks of February, where CPU moved towards the average CPU. The variation in month in CPU is a reflection of a marginal deficit in EMD resource. This will be remedied through an accelerated recruitment plan, delivering staff in Q1 and Q2.

O2 A&E TURNAROUND

Figure O2.1

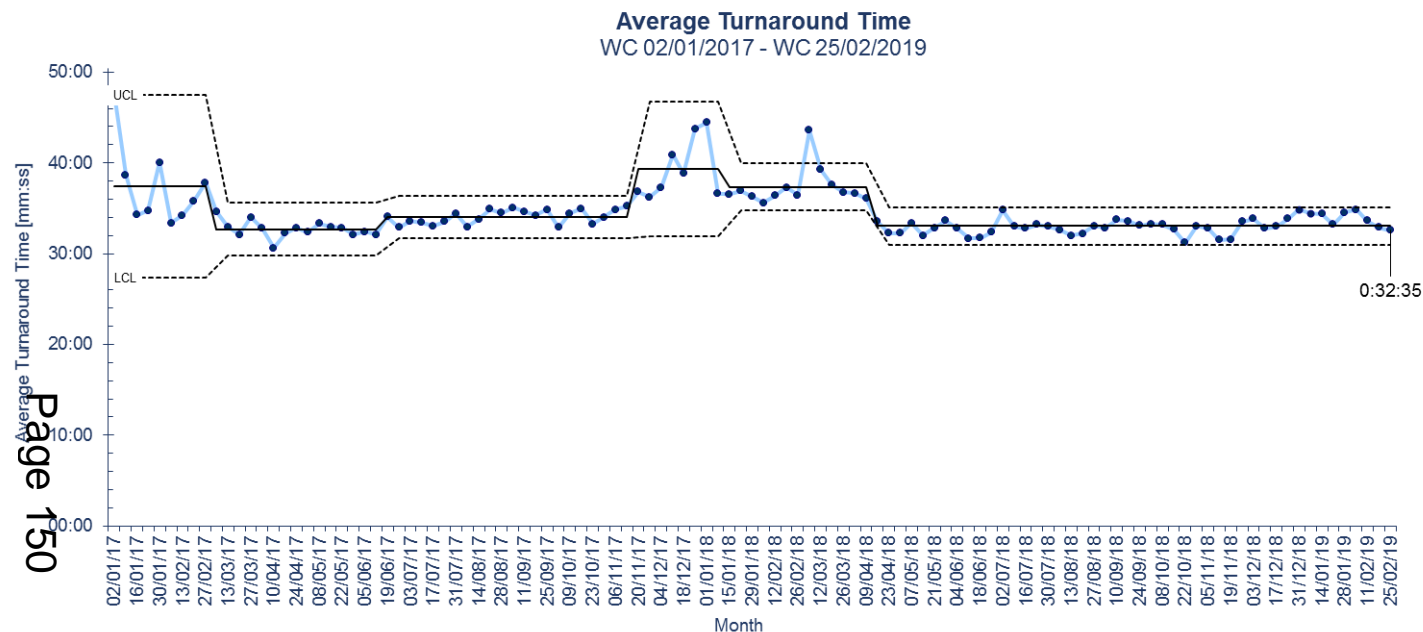


Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
Mar -18	60,291	39:07	27:27	11:17
Apr - 18	57,862	34:35	22:47	11:33
May - 18	60,792	32:51	20:41	12:01
Jun - 18	57,654	32:10	20:13	12:11
Jul - 18	59,401	33:26	21:10	12:02
Aug - 18	57,721	32:25	20:10	12:05
Sep - 18	56,605	33:22	21:21	11:48
Oct - 18	59,814	32:41	20:49	11:41
Nov - 18	58,650	32:21	20:55	11:21
Dec - 18	61,286	33:24	22:01	11:16
Jan - 19	61,812	34:19	23:03	11:11
Feb - 19	54,380	33:36	22:19	11:10

A&E Turnaround Times

The average turnaround for February 2019 was 33 minutes 36 seconds across the North West.

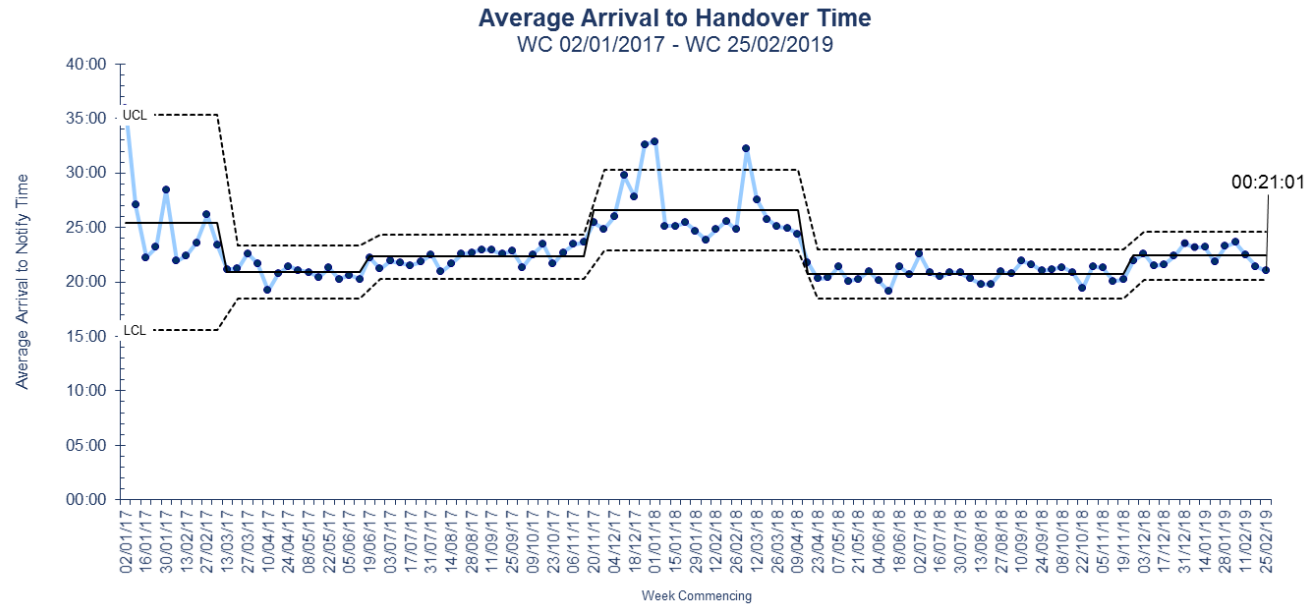
The 5 hospitals with the longest turnaround times during February 2019 were:

Wigan Infirmary	39:22
Furness General	38:42
Arrowe Park	37:47
Royal Lancaster	37:24
Stepping Hill	37:17

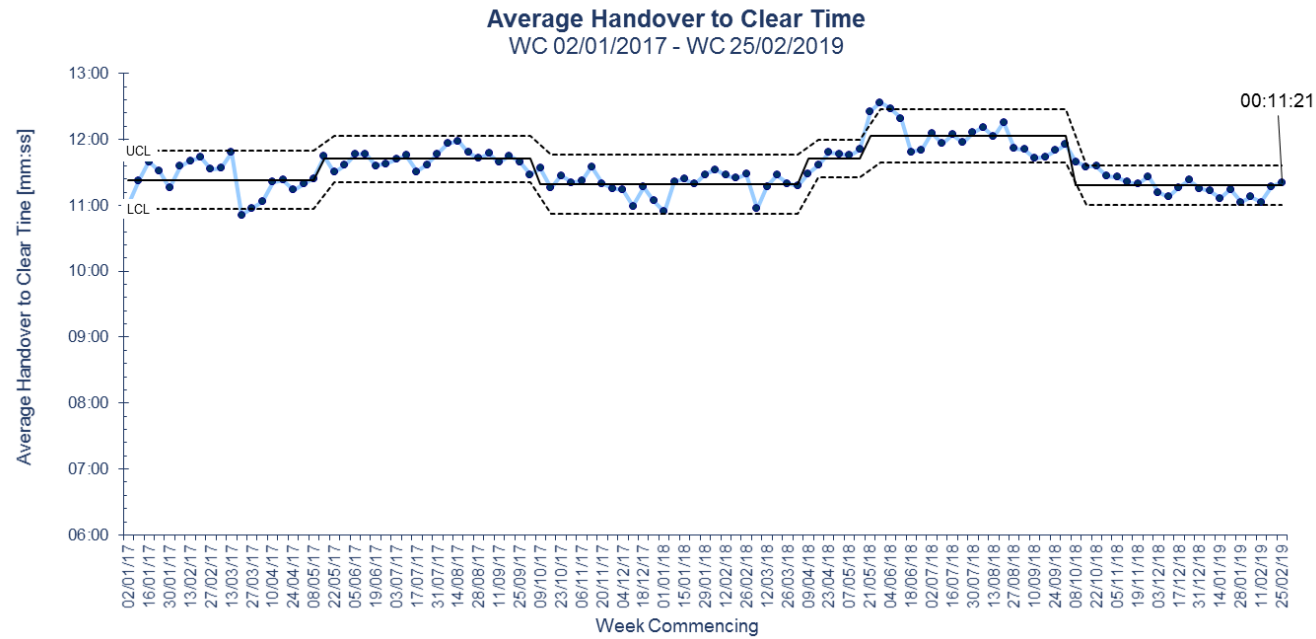
Hospital handovers have shown special cause variation across January and February with turnaround near the upper limits in line with an increase in handover time. It should be noted that this winter has not shown the peaks as observed in previous winters.

Focused work continues with the most challenged Trusts, but sustained improvements have been made at Preston Hospital.

Figure O2.2



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Figure O2.3

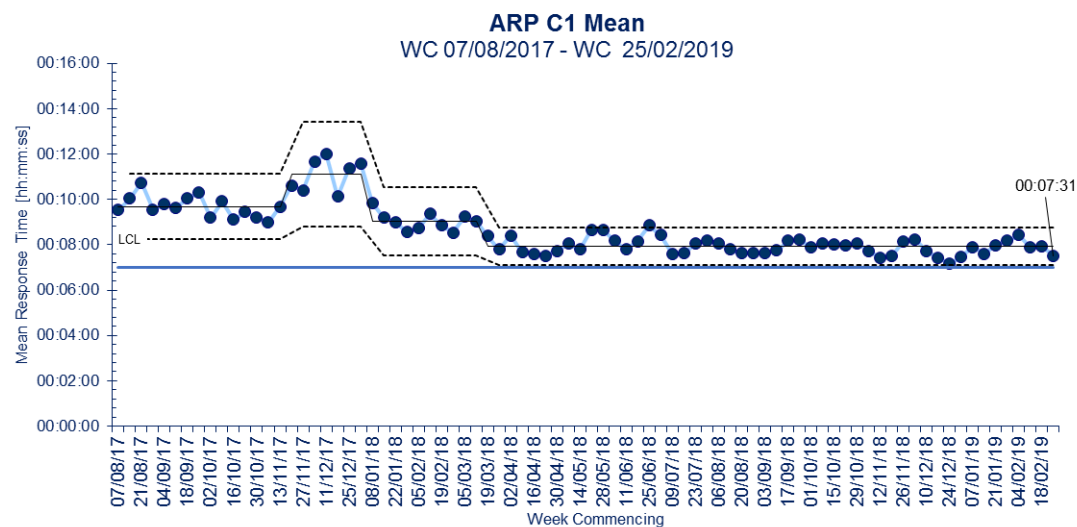


O3 ARP RESPONSE TIMES

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
Feb-19	8,768	47,251	18,699	3,594
NWAS YTD	99,006	539,461	236,460	41,333

Figure O3.1



Activity

C1 Performance

C1 Mean

Target: 7 minutes

NWAS

February 19: 8:01

YTD: 7:56

National:

February 19: 7:17

Top three trusts:

North East 6:12

London 6:37

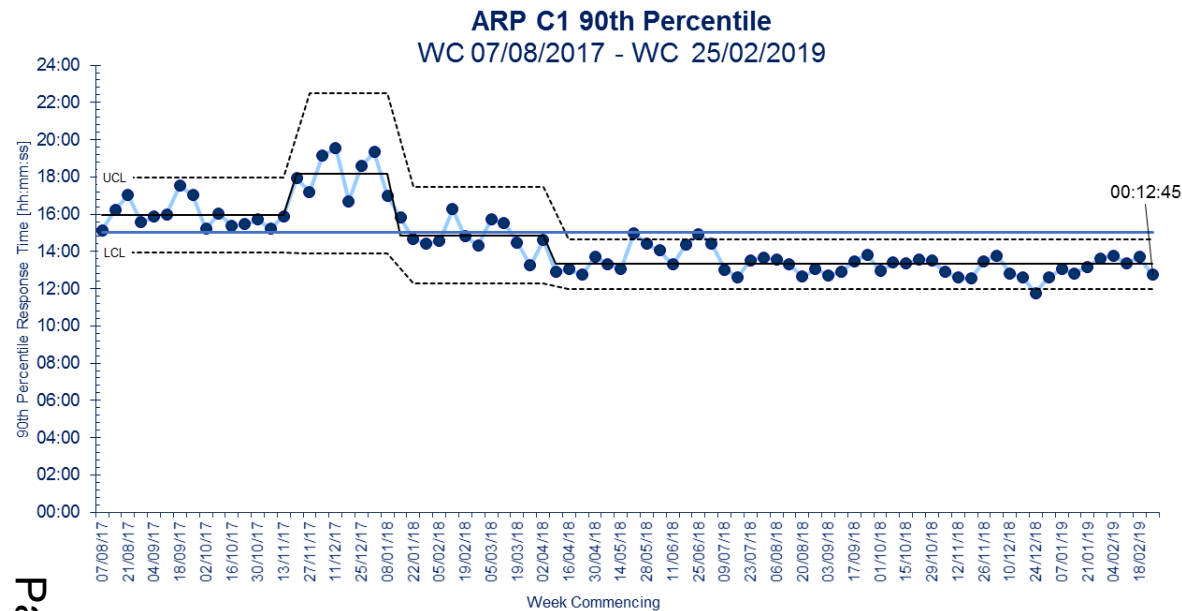
West Midlands 6:46

NWAS Position 10/10

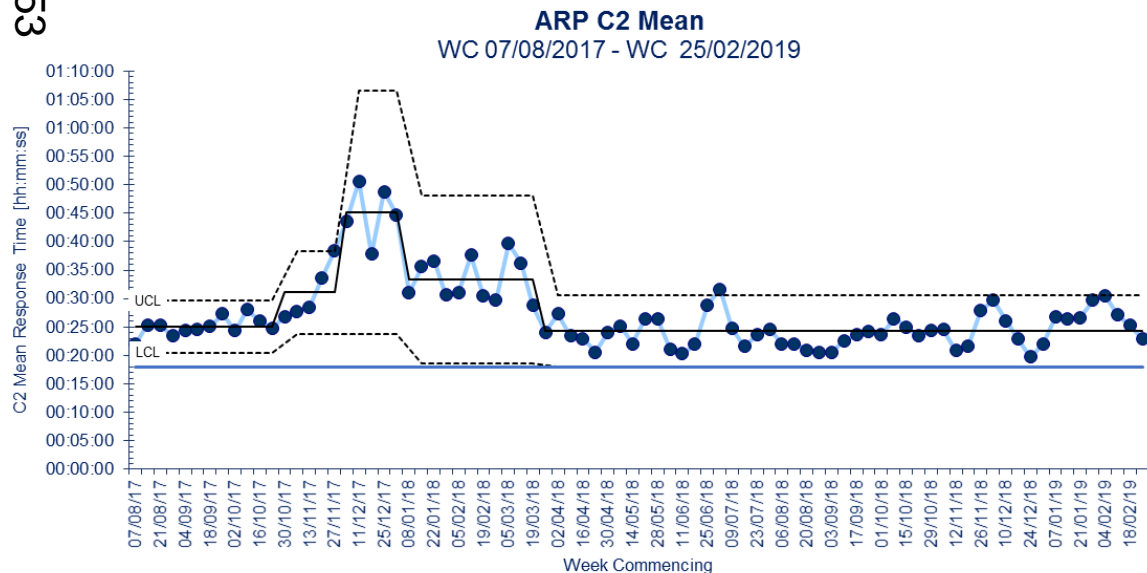
C1 mean performance was challenged in early February but has now improved back to previous levels. This is attributable to poor Call Pick Up in early February.

C1 90th is still being achieved and remains very stable.

Figure O3.2



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Figure O3.3



C1 90th Percentile

Target: 15 Minutes

NWAS

February 19: 13:30

YTD: 13:23

National:

February 19: 12:41

Top three trusts:

North East 10:37

London 10:59

West Midlands 11:41

NWAS Position 6 / 10

C2 Performance

C2 Mean

Target: 18 minutes

NWAS:

February 19: 27:02

YTD: 24:24

National:

February 19: 23:37

Top three trusts:

West Midlands 12:32

South Central 20:00

Yorkshire 41:50

NWAS Position 8/ 10

C2 Mean and 90th deteriorated similarly to C1 in early February with two points near the upper control limit in Figure O3.3 but again recovered toward the end of the month.

Figure O3.4

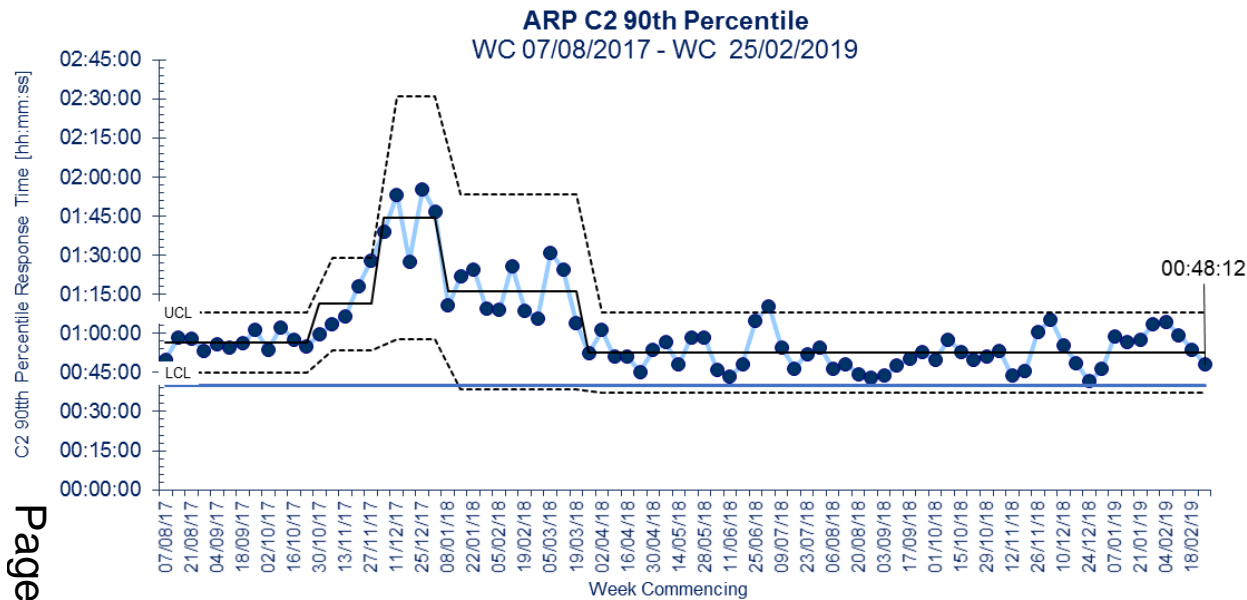
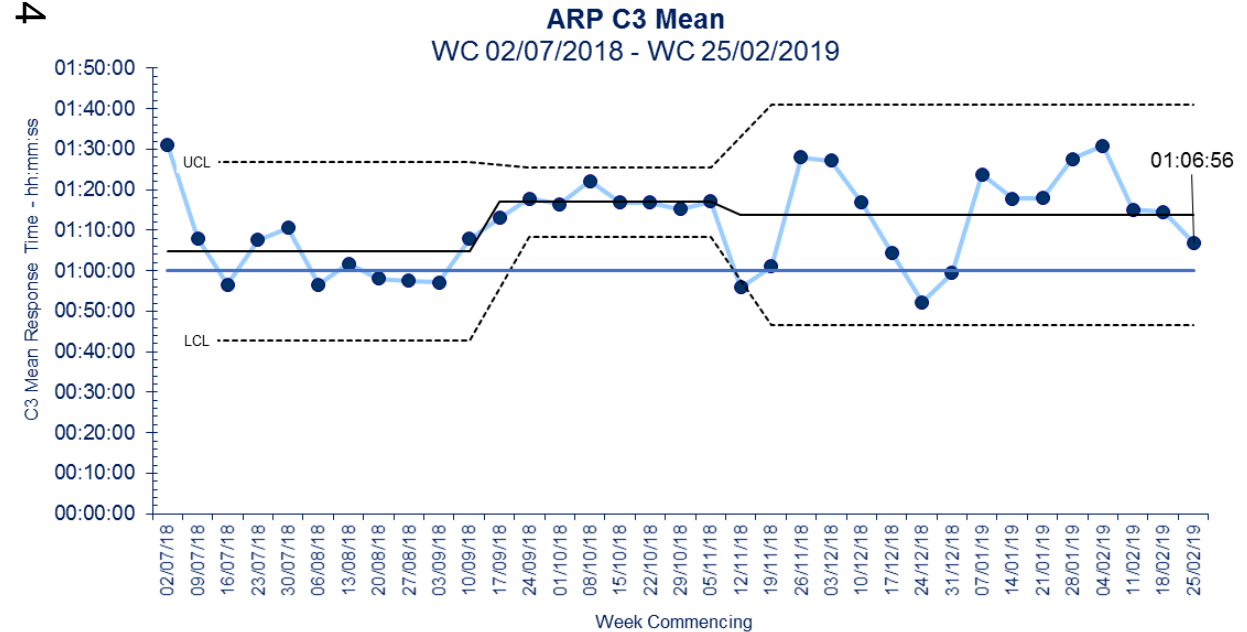


Figure O3.5



C2 90th Percentile

Target: 40 Minutes

NWAS

February 19: 58:03

YTD: 52:56

National:

February 19: 48:57

Top three trusts:

West Midlands 22:49

South Central 40:41

Yorkshire 41:50

NWAS Position

8/10

C3 Performance

C3 Mean

Target: 1 Hour

NWAS:

February 19: 01:18:16

YTD: 01:09:08

National:

February 19: 1:12:19

Top three trusts:

West Midlands 00:38:22

Yorkshire 00:47:21

South Central 01:08:17

NWAS Position

7/10

C3 mean performance remained stable in February. The target is within limits however variation in performance remains large.

Figure O3.6

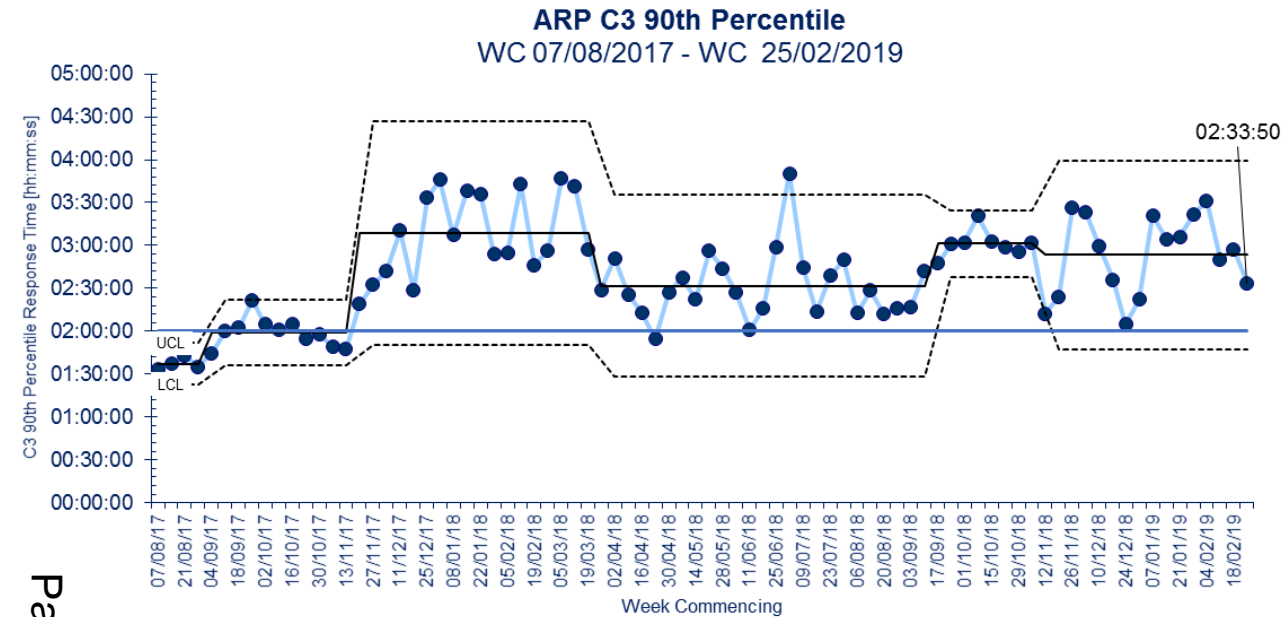
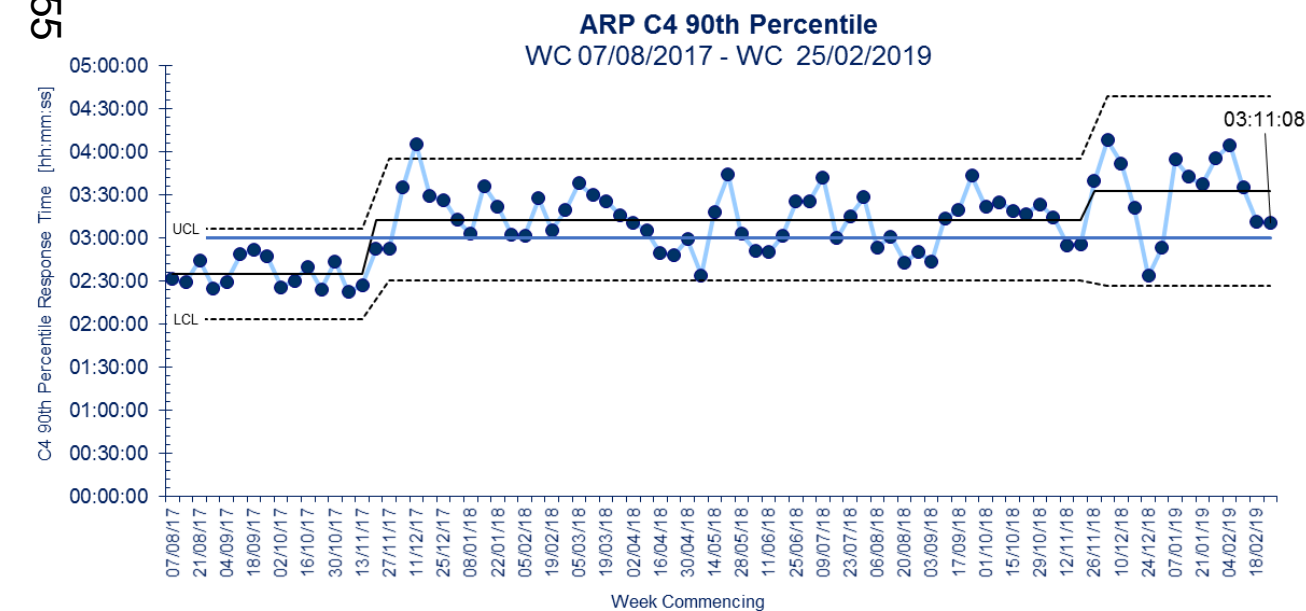


Figure O3.7



C3 90th Percentile

Target: 2 Hours

NWAS

February 19: 3:04:00

YTD: 2:44:27

National

February 19: 02:51:15

Top three trusts:

West Midlands 01:22:31

Yorkshire 01:53:11

South Central 02:39:21

NWAS Position 6/10

C4 Performance

C4 90th Percentile

Target: 3 Hours

NWAS

February 19: 3:31:50

YTD: 3:14:21

National

February 19: 3:20:49

Top three trusts:

West Midlands 02:03:30

Yorkshire 02:33:03

South Central 02:50:32

NWAS Position 7/10

C3 and C4 has become a little more erratic through January and February as can be seen with the widening control limits, however the last 3 weeks have seen a more stable pattern.

Figure O3.8

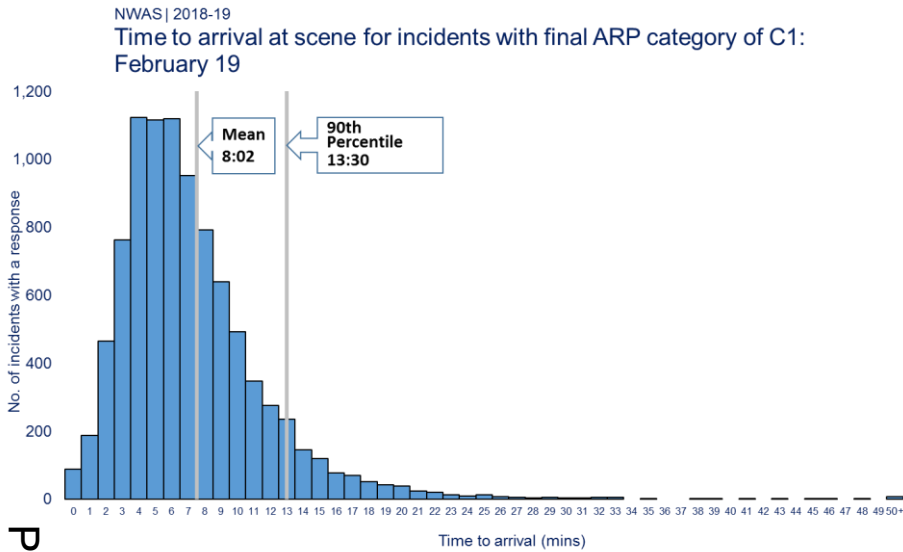


Figure O3.9

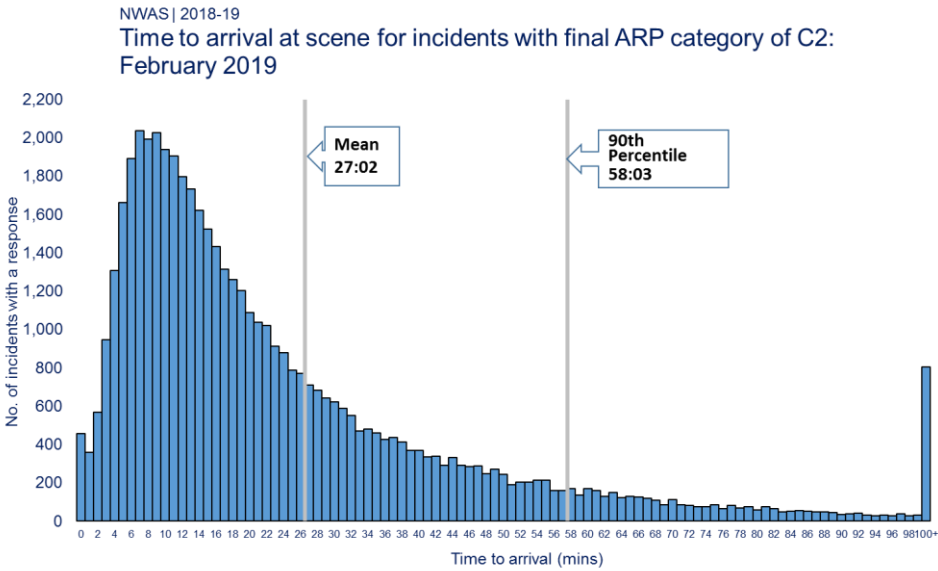


Figure O3.10

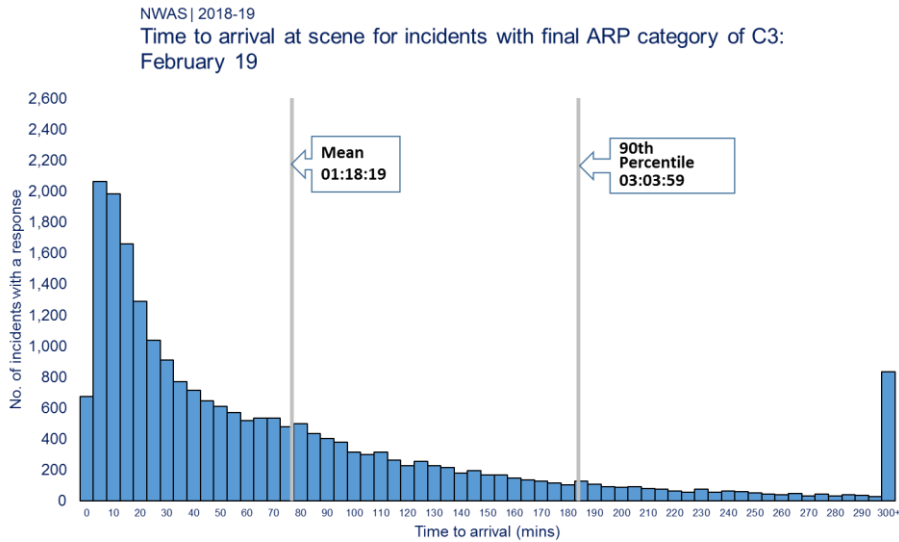


Figure O3.11

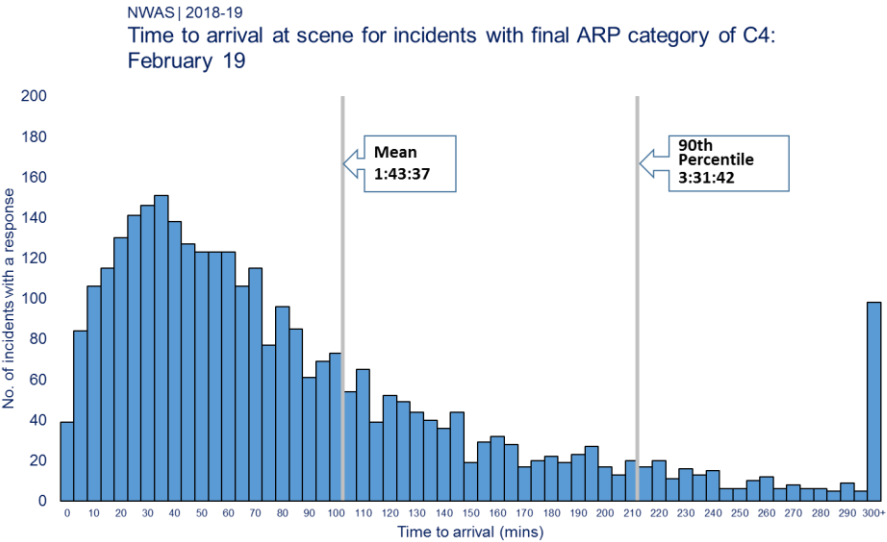
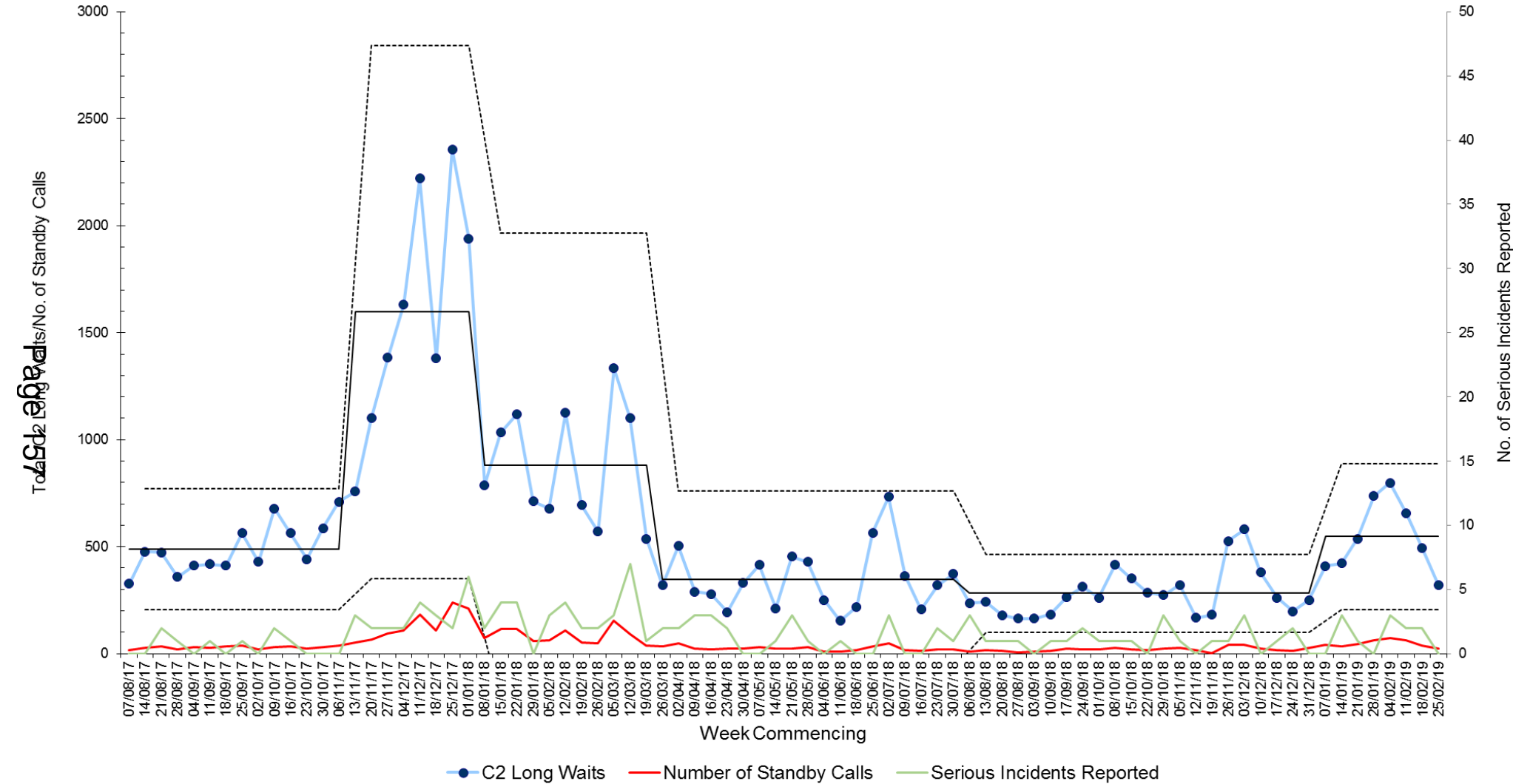


Figure O3.12

C2 Long Waits, Standby Calls and Serious Incidents
WC 07/08/2017 to WC 25/02/2019



O4 111 PERFORMANCE

Figure O4.1:

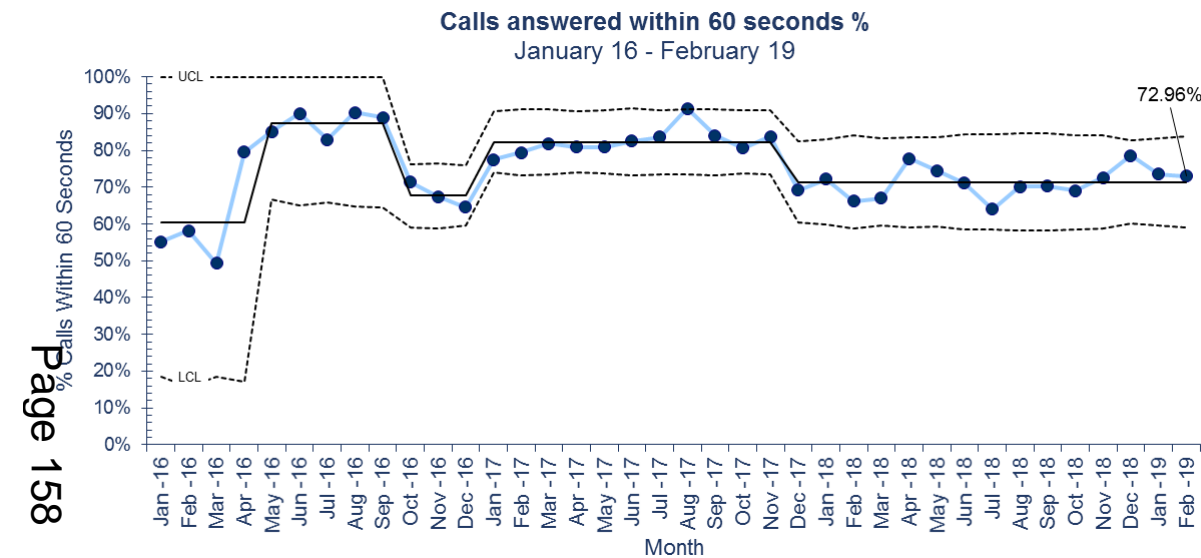
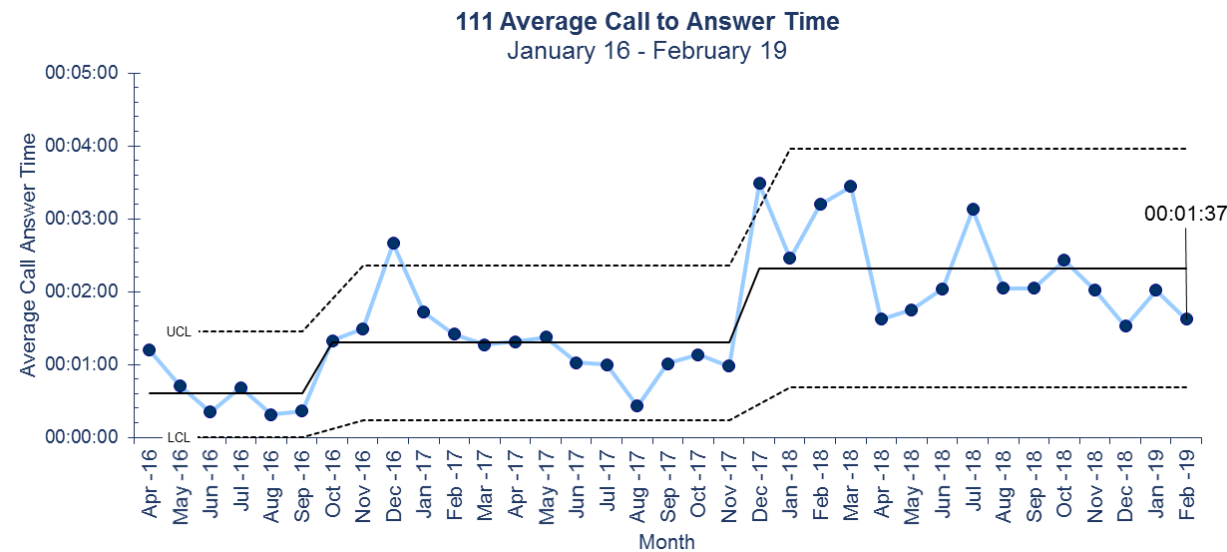


Figure O4.2:



111 Performance

Calls Answered within 60 seconds %

Target: 95%

NWAS

February 19: 73.0%

YTD: 72.5%

National

February 19: 73.7%

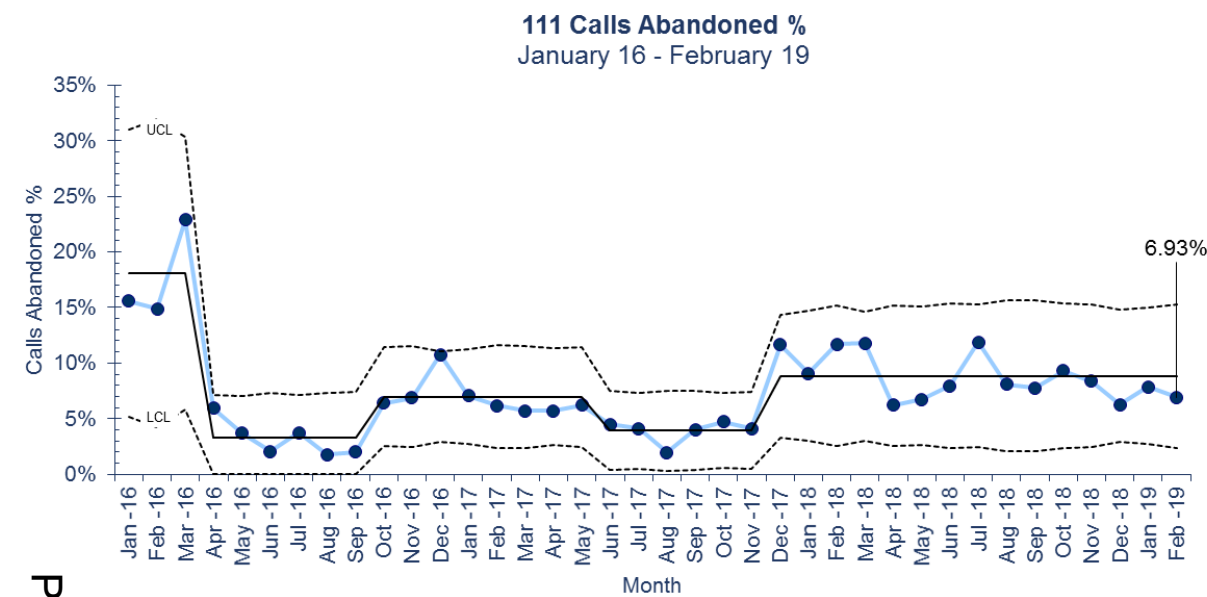
Figure O4.1 shows 72.96% of calls were answered in February 2019 and performance remains within the current control limits.

Post-Christmas sickness levels remained slightly higher than anticipated along with attrition during February. A more positive position following recruitment and training can now be seen going into March and April.

A total of 22 HA's completed training in January and are now online and a further 22 HA's are currently in preceptorship and are due online before the end of March. 6 Clinicians completed training in January and are now online.

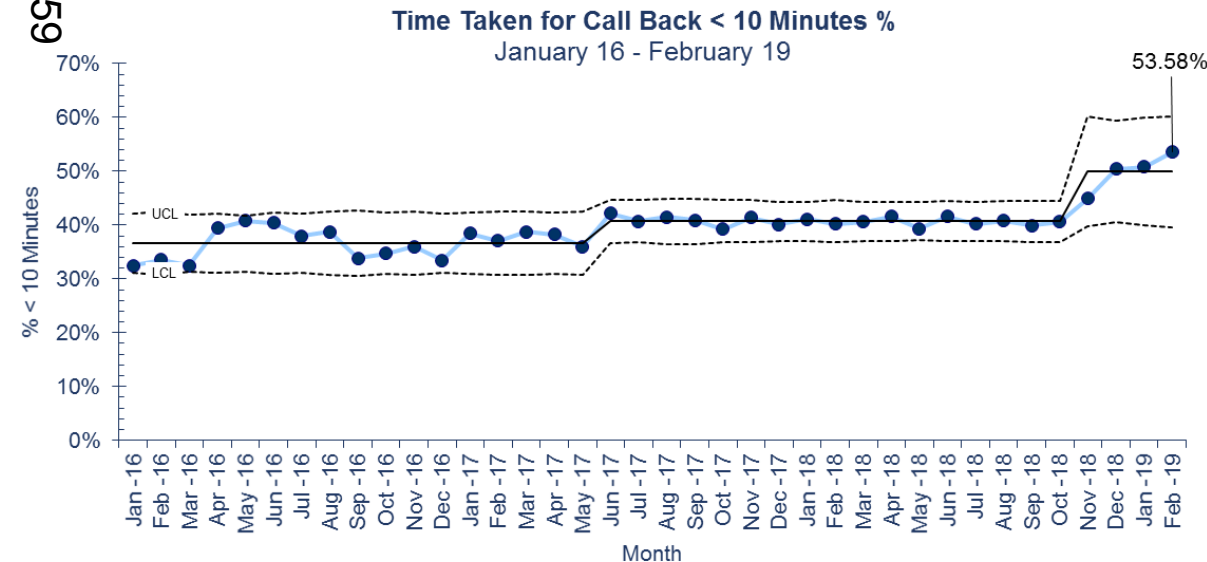
Figure O4.2 illustrates the average call answer time has remained below the centre line for four months. Work has commenced on a review of the role of the Service Advisor to ensure value to the service, once the recommendations of the review are completed we will develop a delivery plan to optimise the utilisation of the SA role.

Figure O4.3:



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Figure O4.4:



Calls Abandoned %

Target: <5%

NWAS

February 19: 6.9%

YTD: 7.9%

National

February 19: 4.7%

Abandoned calls rise when there are delays in answering, we know that patients usually call back 111 later and therefore this creates more challenge when profiling demand patterns to roster staff at the most appropriate time of day.

Call Back < 10 Minutes %

Target: 75%

NWAS

February 19: 53.6%

YTD: 44.0%

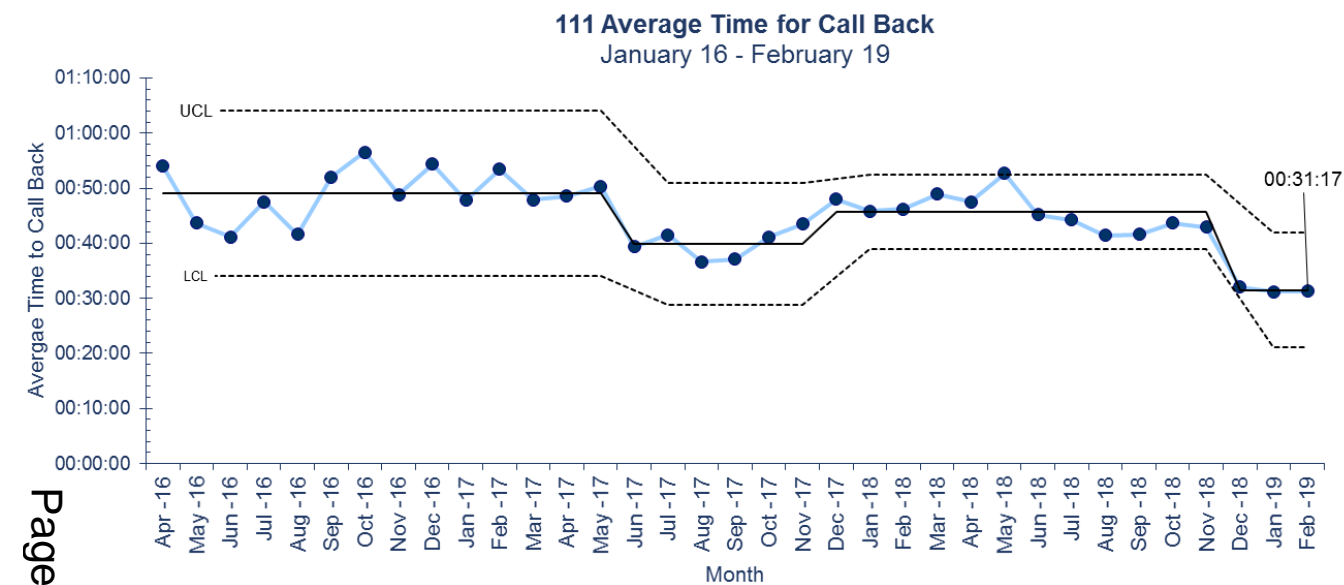
National

February 19: 36.5%

Figure O4.4 and Figure O4.6 demonstrate a sustained improvement in call backs in less than 10 minutes and average time for call back, obviously there is an interdependency between the two. The reason for the improvement is the availability of clinicians. There are 3 main reasons for this:

1. We have recruited more clinicians
2. Early Transfer to Out of Hours Service

Figure O4.6:



111 Provider Comparison Figures – February 2019

Table O4.1

Provider	Of calls offered, abandoned after at least 30 seconds
Yorkshire Ambulance Service	1.7%
Derbyshire Health United	2.0%
Devon Doctors Ltd.	2.6%
Isle of Wight NHS Trust	2.8%
North East Ambulance Service	3.2%
Integrated Care 24	3.5%
Care UK	4.6%
London Ambulance Service	4.9%
Herts Urgent Care	5.1%
South Central Ambulance Service	6.0%
South East Coast Ambulance Service	6.1%
Devon Doctors	6.5%
Kernow Health	6.5%
London Central & West Unscheduled Care Collaborative	6.6%
South West Ambulance Service	6.7%
North West Ambulance Service	6.9%
Vocare	7.6%
Medvivo	7.6%

Table O4.2

Provider	Of calls answered, calls answered in 60 seconds
Isle of Wight NHS Trust	94.0%
Derbyshire Health United	90.3%
North East Ambulance Service	81.1%
Yorkshire Ambulance Service	79.0%
Integrated Care 24	73.8%
Kernow Health	73.3%
North West Ambulance Service	73.0%
Herts Urgent Care	72.9%
London Central & West Unscheduled Care Collaborative	71.7%
Medvivo	70.7%
Care UK	70.6%
London Ambulance Service	69.9%
South East Coast Ambulance Service	68.0%
South West Ambulance Service	67.0%
Devon Doctors Ltd.	66.1%
South Central Ambulance Service	66.0%
Vocare	65.1%
Devon Doctors	64.5%

Table O4.3

Provider	Of call backs, call backs in 10 minutes	Provider	Of call backs, call backs in 10 minutes
Herts Urgent Care	65.4%	Care UK	41.9%
Devon Doctors	55.6%	Vocare	40.6%
North West Ambulance Service	53.6%	London Ambulance Service	32.1%
South East Coast Ambulance Service	49.3%	North East Ambulance Service	31.0%
London Central & West Unscheduled Care Collaborative	45.9%	Yorkshire Ambulance Service	28.6%
Isle of Wight NHS Trust	45.5%	South West Ambulance Service	28.1%
Devon Doctors Ltd.	44.0%	Derbyshire Health United	26.3%
Kernow Health	43.9%	South Central Ambulance Service	20.8%
Medvivo	43.5%	Integrated Care 24	20.0%

O5 PTS ACTIVITY & TARIFF

Table O5.1

TOTAL ACTIVITY									
Current Month: February 2019						Year to Date: July 2018 – February 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	13,236	(788)	(6%)	112,194	110,056	(2,138)	(2%)
Greater Manchester	526,588	43,882	43,142	(740)	(2%)	351,059	360,391	9,332	3%
Lancashire	589,180	49,098	42,349	(6,749)	(14%)	392,787	355,983	(36,804)	(9%)
Merseyside	300,123	25,010	26,486	1,476	6%	200,082	221,086	21,004	10%
NWAS	1,584,182	132,015	125,213	(6,802)	(5%)	1,056,121	1,047,516	(8,605)	(1%)

Table O5.2

UNPLANNED ACTIVITY									
Current Month: February 2019						Year to Date: July 2018 – February 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	932	(315)	(25%)	9,979	8,337	(1,642)	(16%)
Greater Manchester	49,133	4,094	4,643	549	13%	32,755	39,721	6,966	21%
Lancashire	58,829	4,902	4,228	(674)	(14%)	39,219	36,043	(3,176)	(8%)
Merseyside	22,351	1,863	1,894	31	2%	14,901	16,066	1,165	8%
NWAS	145,282	12,107	11,697	(410)	(3%)	96,855	100,167	3,312	3%

PTS Performance

Table O5.1

Overall activity during February 2019 was 5% below contract baselines due to fewer working days set against a fixed 1/12 monthly baseline. For the year to date position (July 2018 – February 2019) PTS is performing at 1% (8,605 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are 2% and 9% below baseline whilst Greater Manchester and Merseyside are 3% and 10% above baseline respectively. In terms of overall trend analysis, Greater Manchester is experiencing upward activity movement, Lancashire a downward trend whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity.

Table O5.2

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 21% (6,966 journeys) and 8% (1,165 journeys) above baseline respectively. As unplanned activity is generally of a higher acuity requiring ambulance transportation, increased volumes in this area impact on resource availability leading to challenges in achieving contract KPI performance. Cumbria and Lancashire are 16% (1,642 journeys) and 8% (3,176 journeys) below baseline.

Table 05.3

ABORTED ACTIVITY									
Current Month: February 2019									
Contract	Planned Activity	Planned Aborts	Planned Aborts %	Unplanned Activity	Unplanned Aborts	Unplanned Aborts %	EPS Activity	EPS Aborts	EPS Aborts %
Cumbria	8,940	387	4%	932	78	8%	3,364	85	3%
Greater Manchester	22,533	2,497	11%	4,643	1,220	26%	15,966	1,274	8%
Lancashire	24,892	1,464	6%	4,228	625	15%	13,229	404	3%
Merseyside	13,491	866	6%	1,894	359	19%	11,101	595	5%
NWAS	69856	5,214	7%	11,697	2,282	20%	43,660	2,358	5%

Table 05.3

Aborted activity for planned patients averages 7% for the period July 2018 - February 2019 however Cumbria experiences 4%, Greater Manchester operates with 11% whilst Lancashire and Merseyside both experience 6% abortions. There is a similar trend within EPS (renal and oncology) patients with an average of 5% abortions whereas Cumbria has 2% and Greater Manchester 8% Lancashire and Merseyside operate with 3% and 5% respectively. Unplanned (on the day) activity experiences the largest volumes of abortions with an average 19% (1 in 5 patients) with variances of 10% in Cumbria, 24% in Greater Manchester, 15% in Lancashire and 17% in Merseyside.

OH1 STAFF SICKNESS

Figure OH1.1

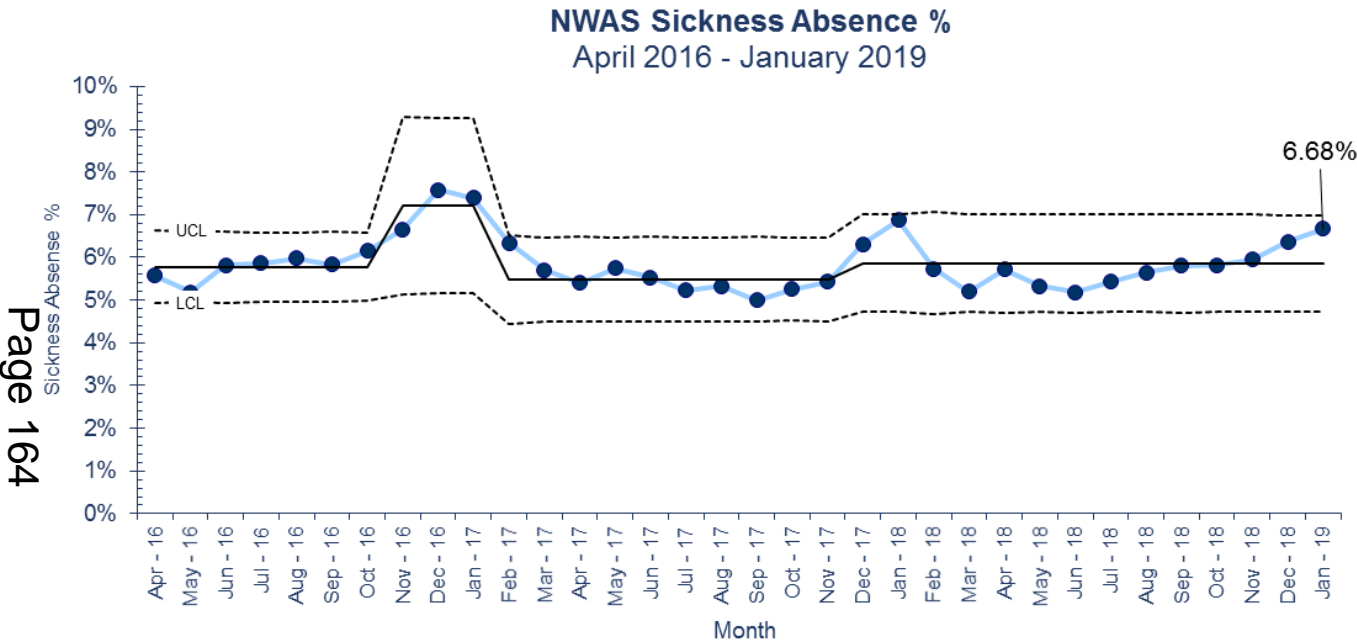


Table OH1.1

Sickness Absence	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	5.74%	5.20%	5.72%	5.32%	5.18%	5.43%	5.64%	5.81%	5.82%	5.95%	6.37%	6.68%
Amb. National Average	5.86%	5.49%	5.17%	5.02%	5.09%	5.28%	5.47%	5.37%	5.49%	5.62%		

Staff Sickness

The overall sickness absence rates for January 2019 were 6.68% with figure OH1.1 displaying an upward trend over the last 7 Months. Trend analysis indicates that an increase in the winter period is expected and the January position is slightly below sickness rates at the same time in 2018 which was 6.88%.

The 111 sickness position is at 9.37% for January 2019. Whilst this is a significant improvement from earlier sickness absence levels, work will remain ongoing to stabilise this position. 111 are also in Phase 1 of the rota review with Working Time Solutions. A deep dive has highlighted that short term sickness is impacted by the unpredictable rota arrangements.

EOC rates remain high with the current position at 6.72%. A high level review of cases is taking place on a monthly basis with the Deputy Director of Operations and Deputy Director of OD.

PTS has 7.97% sickness absence in January 2019 and a targeted plan to improve attendance in PTS is being implemented

Figure OH1.2:

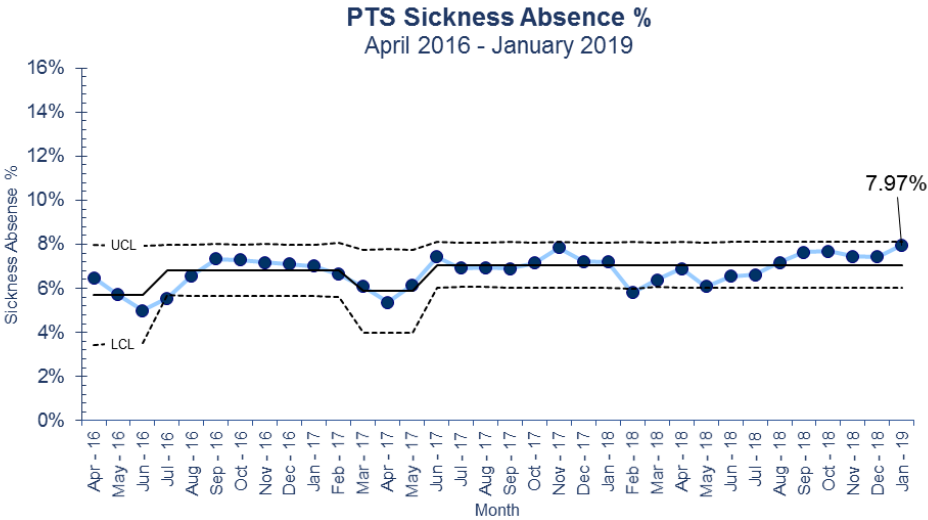


Figure OH1.3:

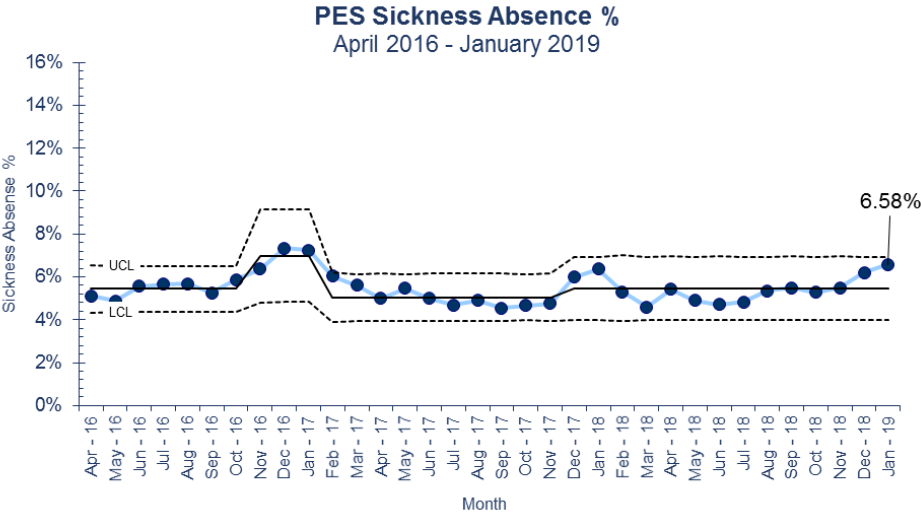


Figure OH1.4:

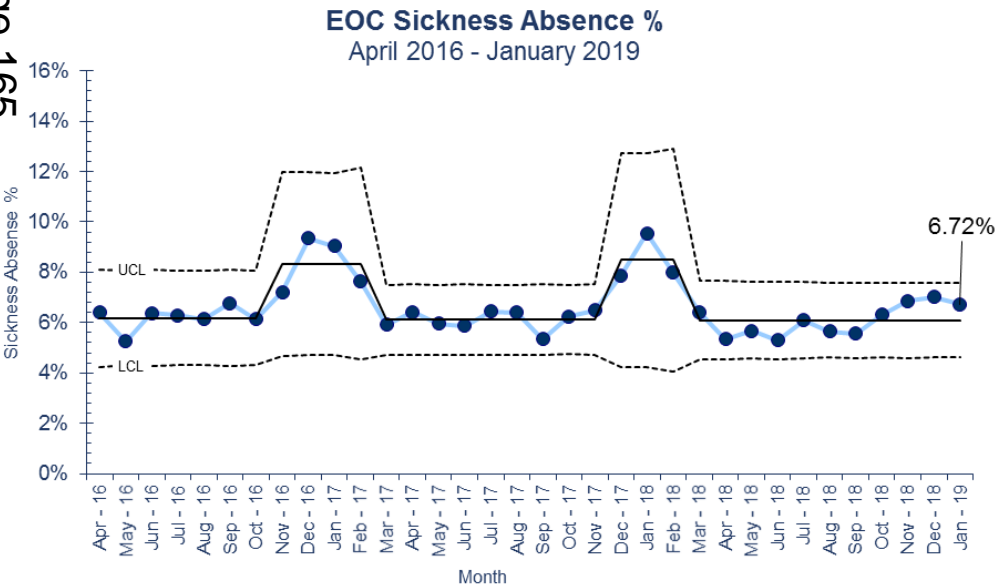


Figure OH1.5

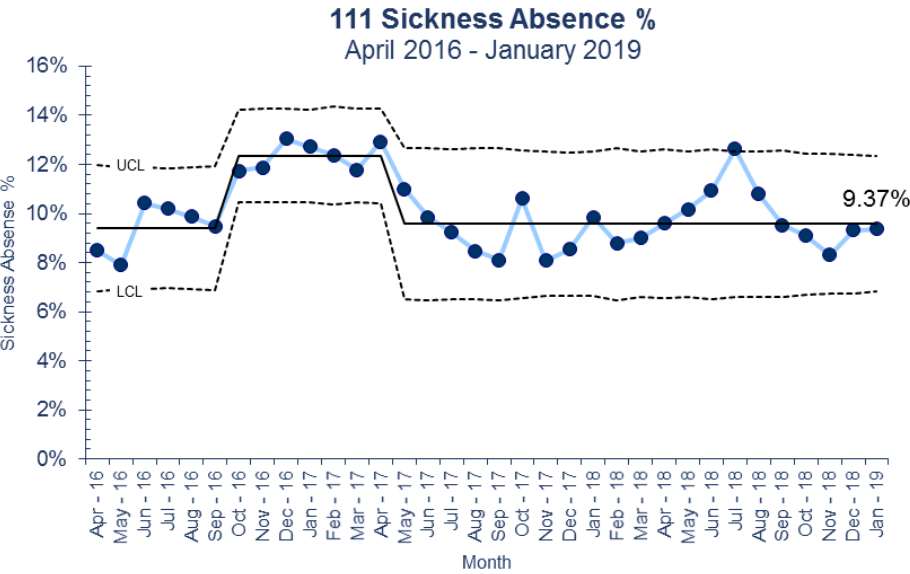


Table OH1.2 – Trust Comparison Figures

Trust	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
East Mids Amb	4.85%	4.72%	5.07%	5.47%	5.66%	5.45%	5.09%	5.10%
East of Eng Amb	5.68%	5.54%	5.67%	5.84%	5.88%	6.06%	6.00%	6.63%
London Amb	4.99%	5.02%	5.31%	5.20%	5.42%	5.20%	5.45%	5.41%
North East Amb F	6.40%	6.01%	6.18%	6.11%	6.00%	5.63%	5.79%	5.30%
North West Amb	5.33%	5.36%	5.20%	5.45%	5.68%	5.78%	5.77%	5.95%
South Central Amb F	4.96%	5.13%	5.68%	6.18%	6.49%	6.24%	6.07%	6.22%
South East Coast Amb F	4.84%	4.41%	4.34%	4.87%	4.86%	5.20%	5.19%	4.84%
South West Amb F	4.58%	4.57%	4.61%	5.02%	5.31%	5.32%	5.33%	5.74%
Welsh Ambulance Services	7.15%	6.72%	6.63%	6.63%	7.24%	6.72%	7.09%	7.41%
West Mids Amb F	3.36%	3.25%	3.10%	3.28%	3.26%	2.97%	3.58%	3.47%
Yorkshire Amb	5.66%	5.23%	5.15%	5.09%	5.43%	5.29%	5.70%	6.12%
National Average	5.17%	5.02%	5.09%	5.28%	5.47%	5.37%	5.49%	5.62%

OH2 STAFF TURNOVER

Figure OH2.1

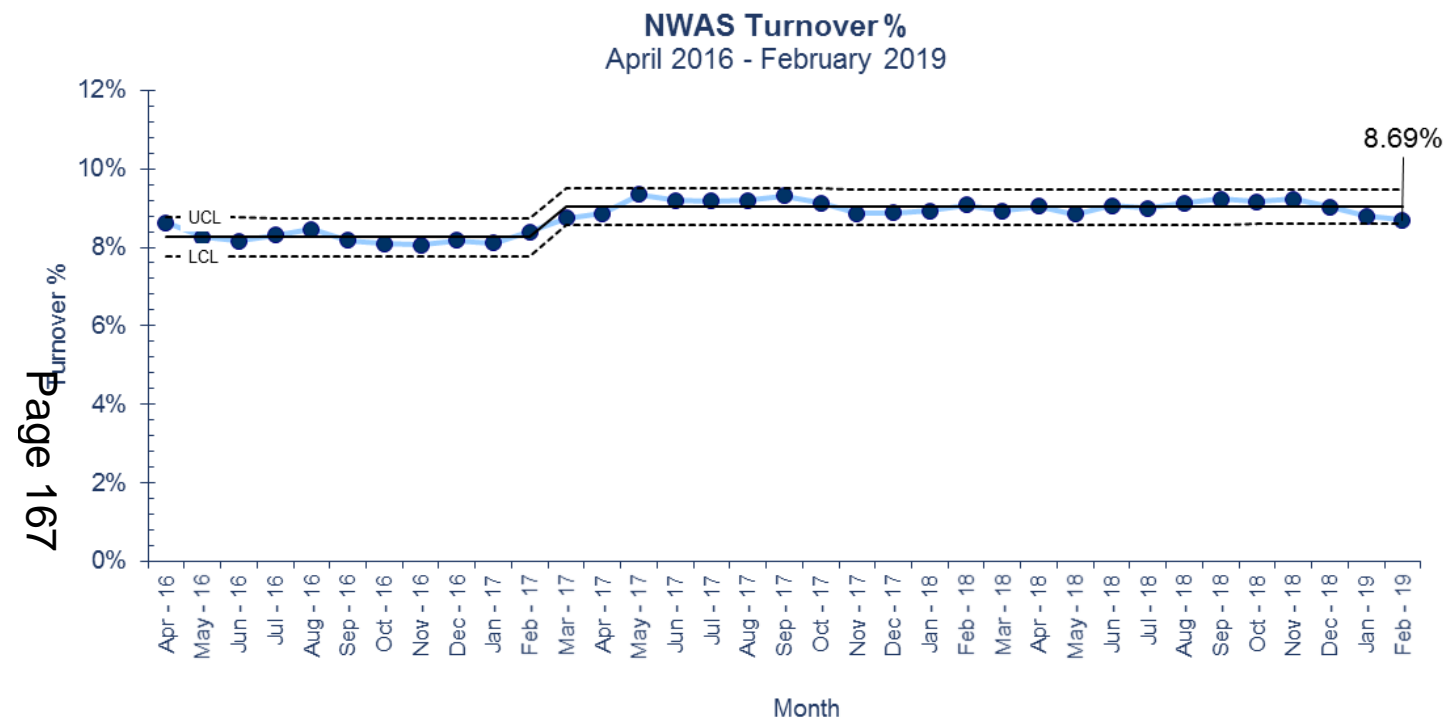


Table OH2.1

Turnover	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan - 19	Feb - 19
NWAS	8.93%	9.04%	8.85%	9.06%	8.99%	9.13%	9.23%	9.17%	9.24%	9.03%	8.79%	8.69%
Amb. National Average	9.85%	9.68%	9.60%	9.46%	9.36%	9.19%	9.27%	9.12%	9.07%	9.02%		

Staff Turnover

Turnover is calculated on a rolling year average and this does lend to some small variations between months with February 2019 turnover being 8.69%. Overall the trend is stable.

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

We will continue with increased contact time for new starters in 111 and EOC. 111 turnover is currently at a position of 31.08%. More targeted work is required to stabilise the turnover in 111, the rota review should have a positive impact in this area.

Turnover in EOC is reported at 11.86% in February 2019, work will continue with EOC with further recruitment taking place and developments underway to introduce Apprenticeships in EOC to improve retention.

PES and PTS turnover rates remain stable.

Figure OH2.2

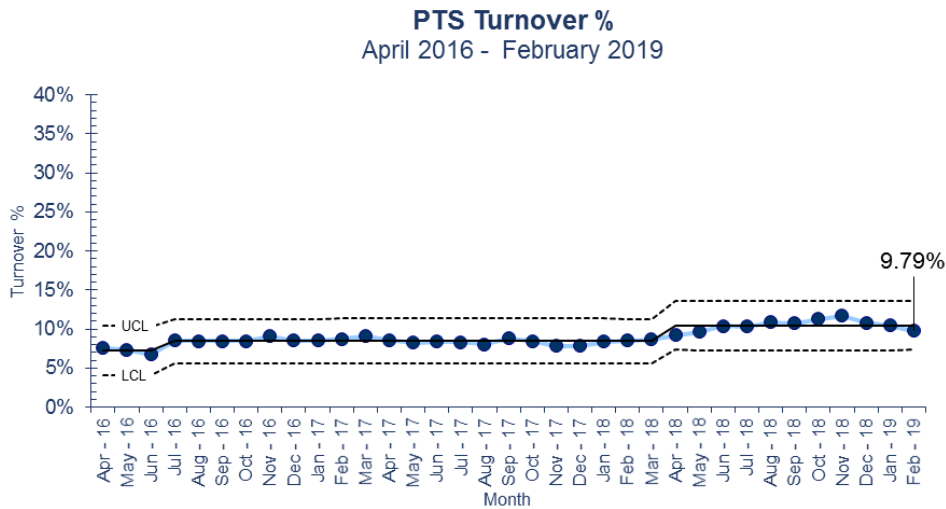


Figure OH2.3

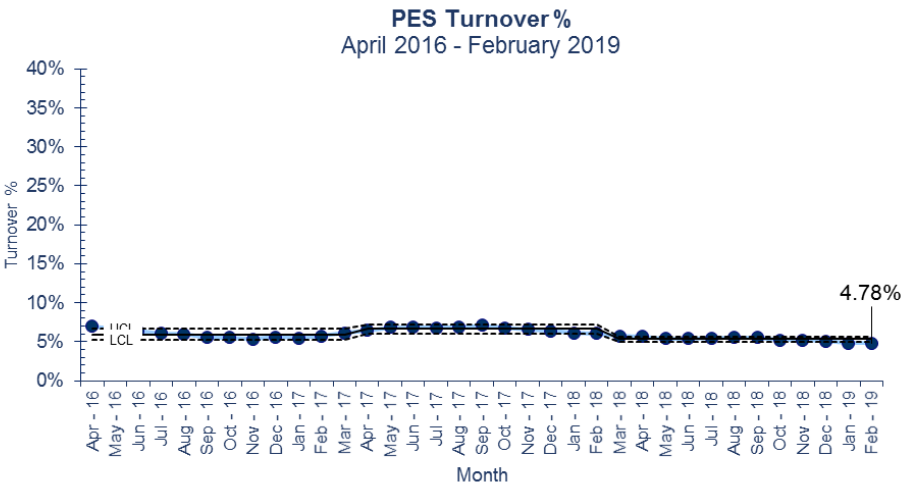


Figure OH2.4

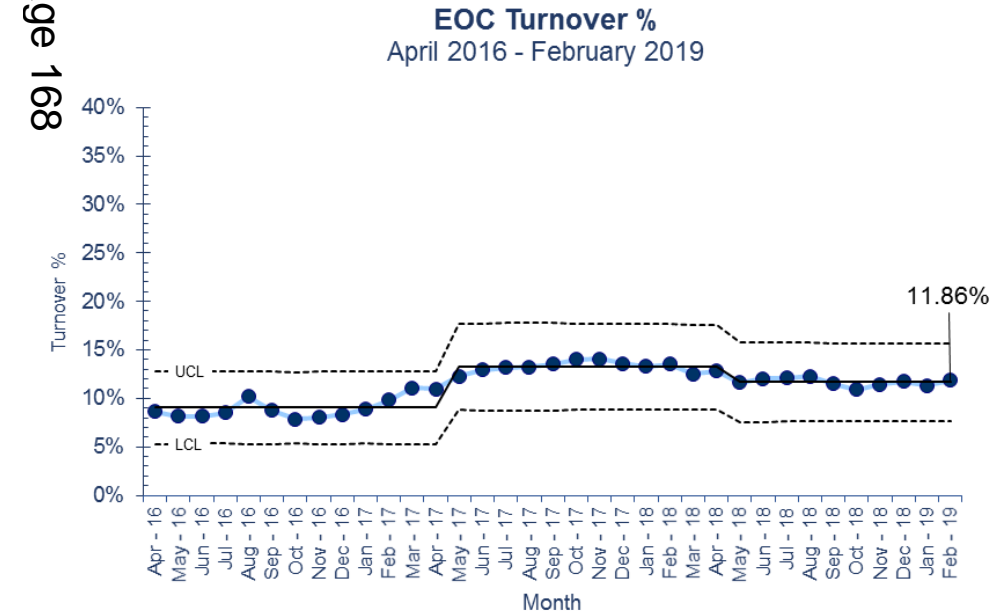
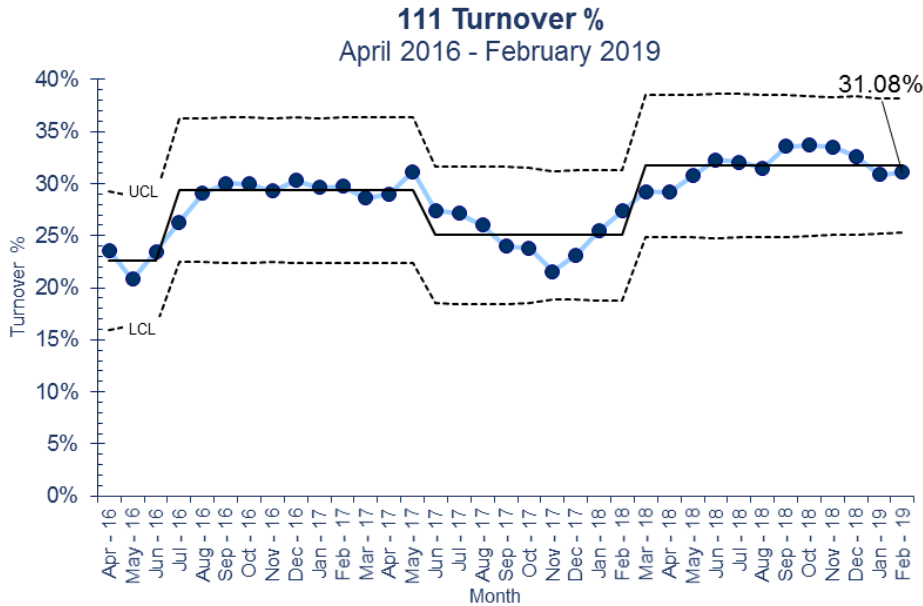
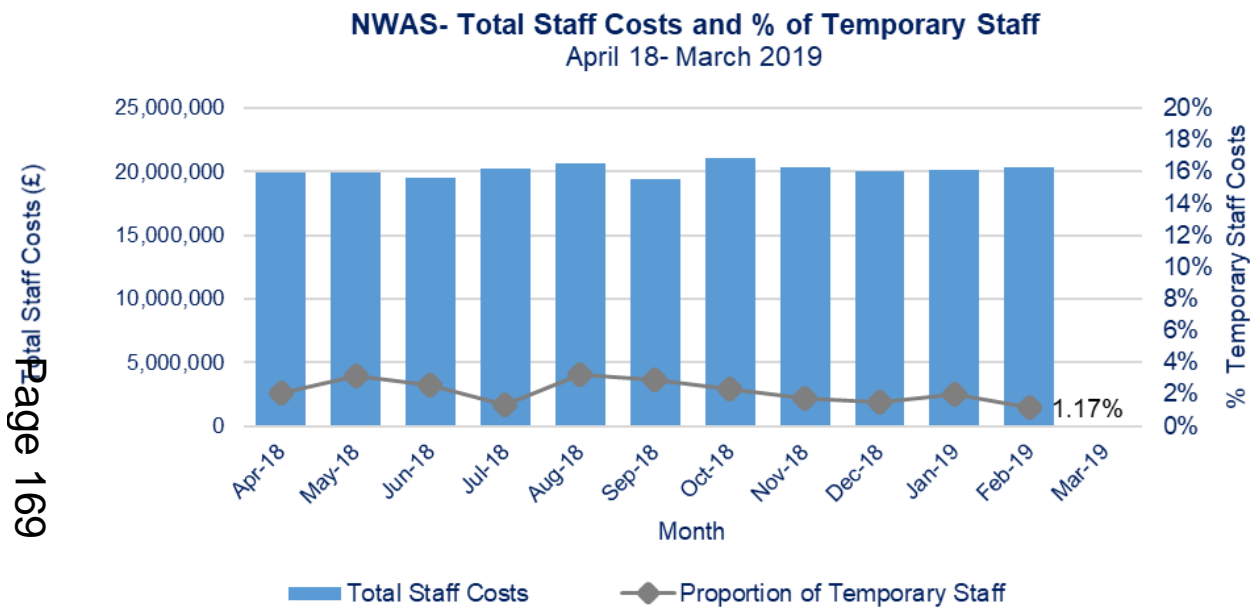


Figure OH2.5



OH4 TEMPORARY STAFFING

Figure OH4.1:



Temporary Staffing

The Trust remains in strong position regarding Agency costs. The position in February was at 1.17% and this represents a reduction on the January figure. This expenditure is under the agency ceiling.

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	Mar-2018	Apr-2018	May2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct -2018	Nov-2018	Dec -2018	Jan -2019	Feb -2019
Agency Staff Costs (£)	305,107	252,567	341,240	334,497	262,694	310,041	285,989	229,598	212,061	173,766	191,843	177,670
Total Staff Costs (£)	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	20,354,432
Proportion of Temporary Staff %	3%	2%	2%	2%	1%	3%	3%	2%	2%	1%	2%	1%

Figure OH4.2:

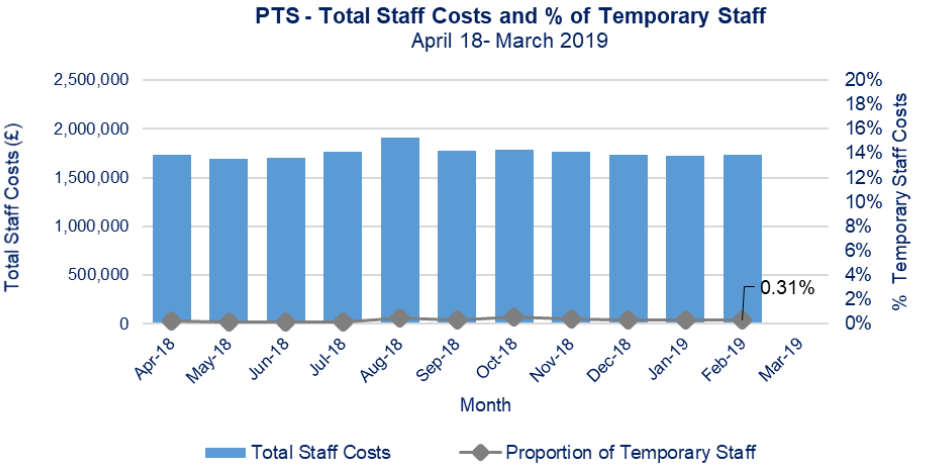


Figure OH4.3

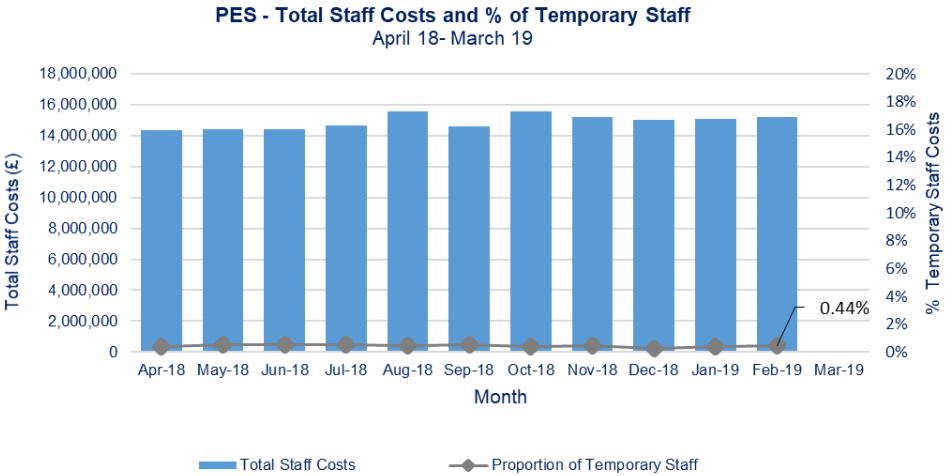


Figure OH4.4:

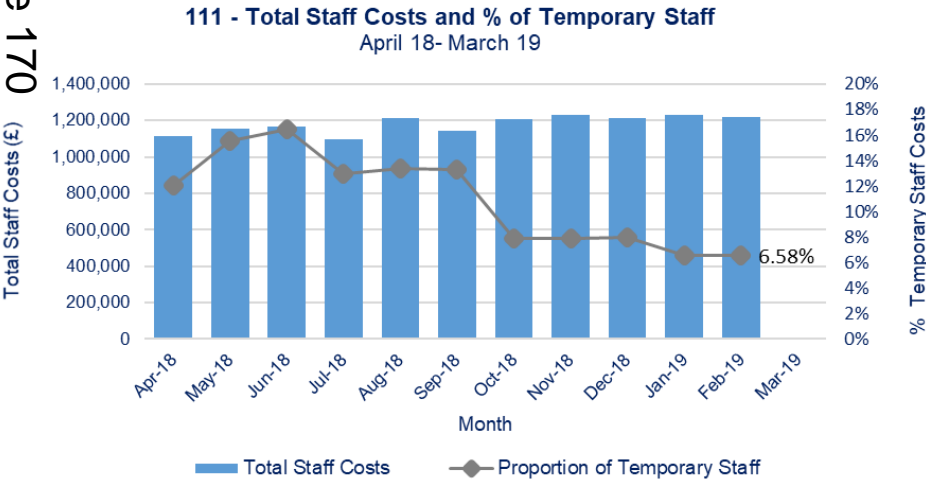
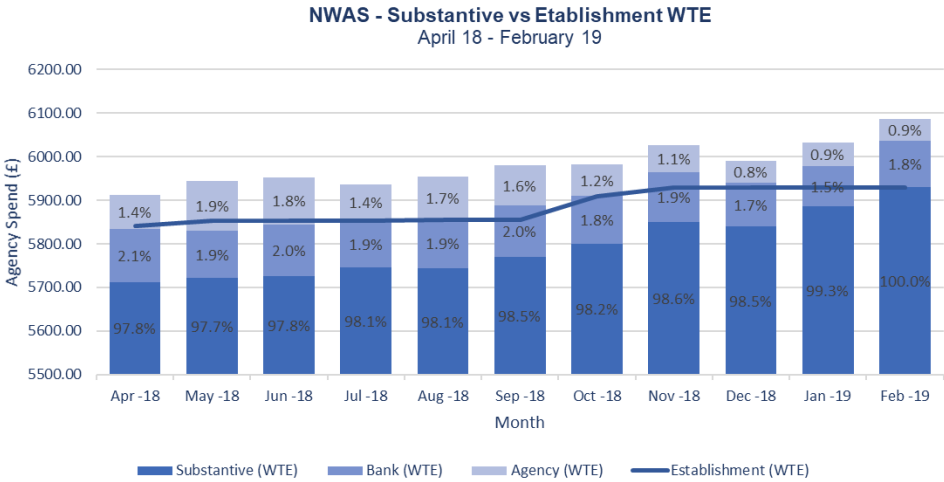


Figure OH4.5:



OH5 VACANCY GAP

Figure OH5.1

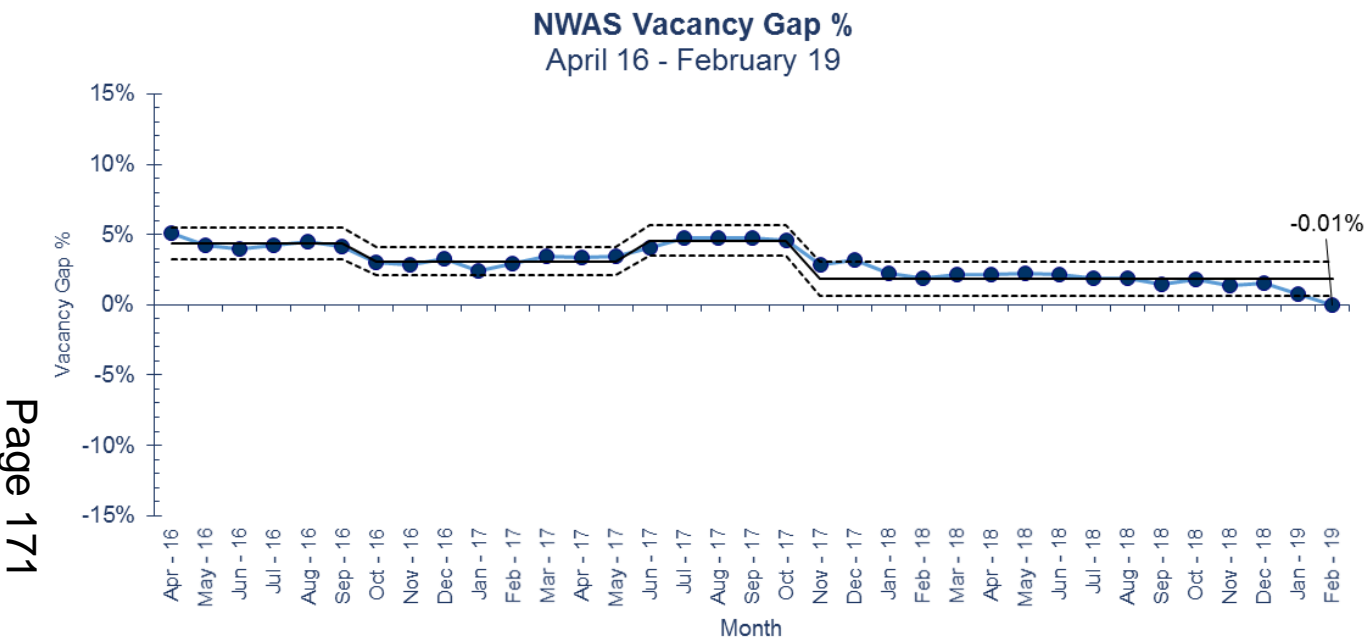


Table OH5.1

Vacancy Gap	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan - 19	Feb - 19
NWAS	2.19%	2.20%	2.26%	2.17%	1.86%	1.90%	1.47%	1.83%	1.35%	1.52%	0.74%	-0.01%

Vacancy Gap

The vacancy position continues to remain stable. Frontline PES vacancy position remains positive with frontline staff being 0.9% overstaffed.

The February 2019 position for EOC is 4.63% overstaffed however work is continuing in EOC to maintain the EMD recruitment position to enable despatch vacancies to be filled.

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

PTS vacancy position has reduced to 7.9% from the previously reported position of 10.2%. Work remains ongoing with PTS with further new starters planned over the course of the next few months.

111 have seen further reductions in the vacancy position and are now at 0.17% vacancy factor. The vacancy gap for Clinical Advisors has also reduced. Further new starters of Health Advisers and Clinical Advisor are due to commence by the end of March 2019.

Figure OH5.2

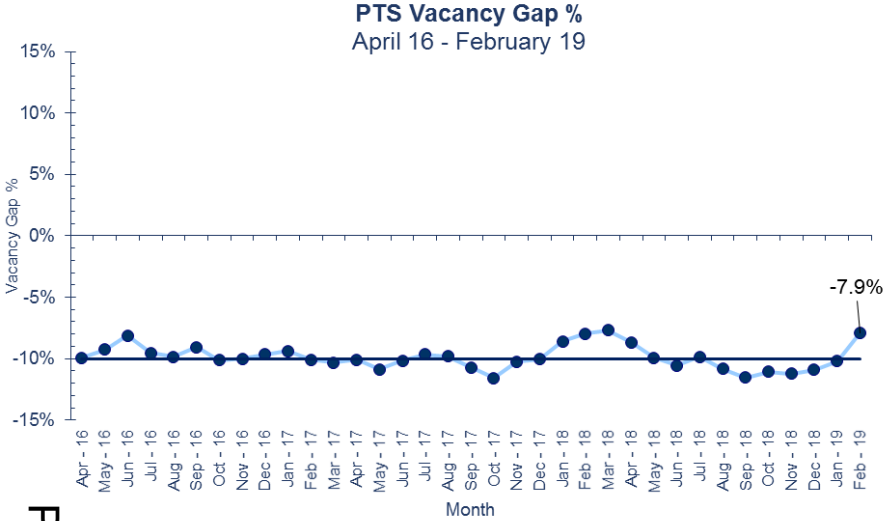


Figure OH5.3

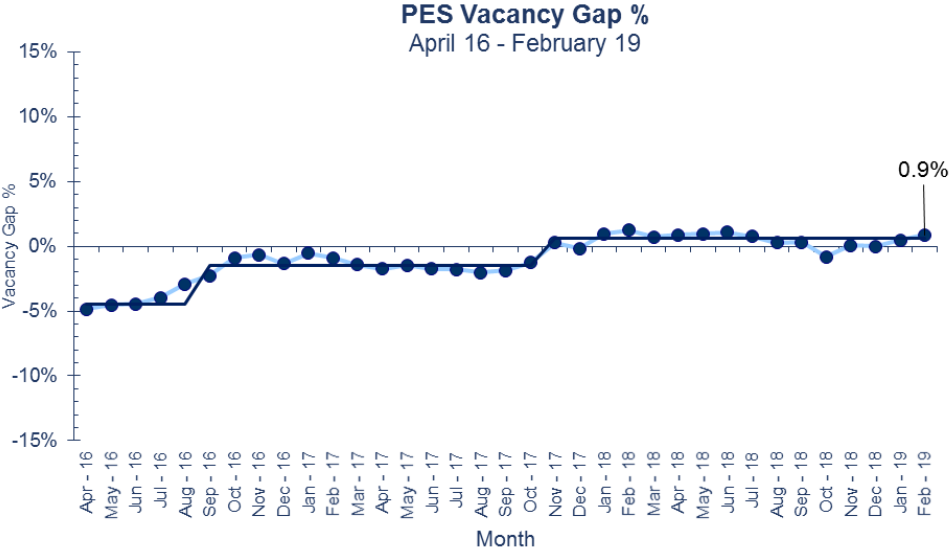


Figure OH5.4

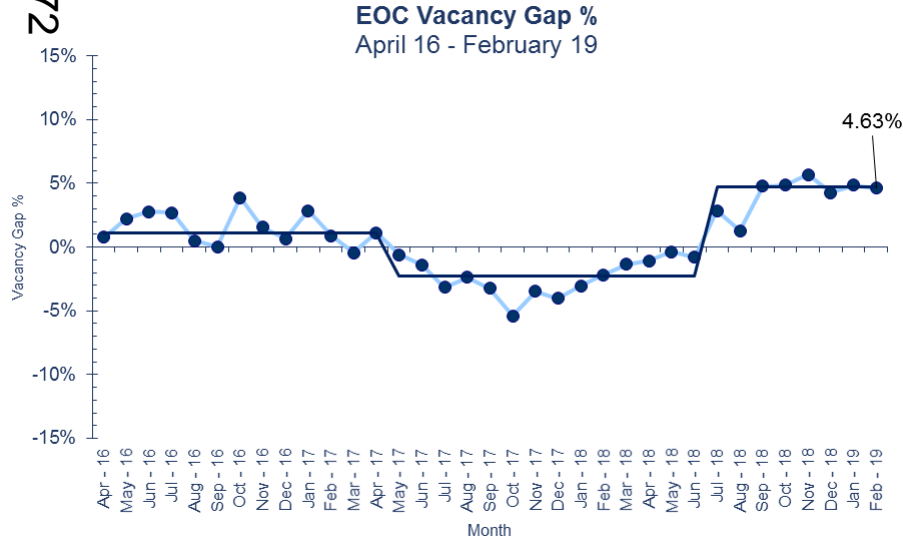
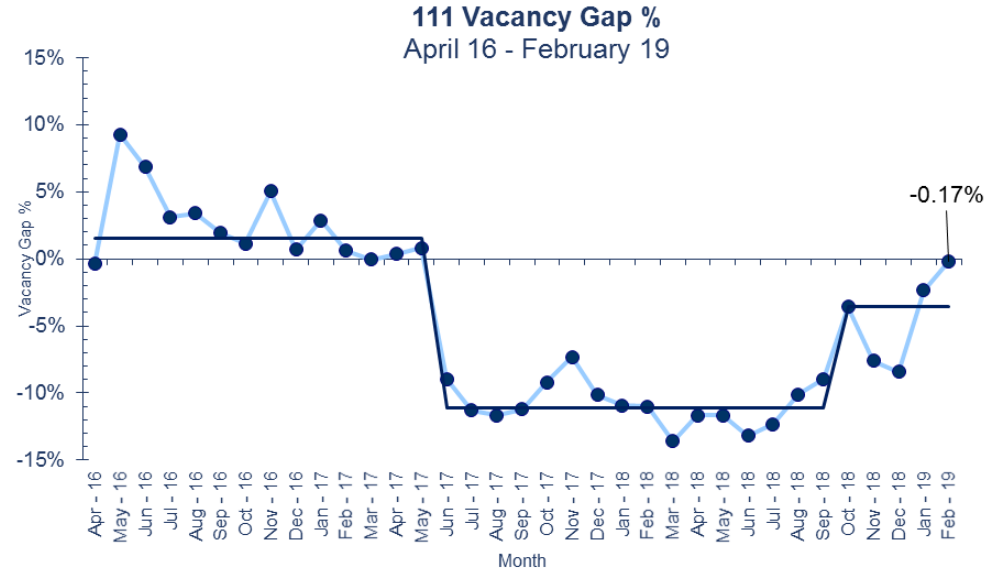


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1

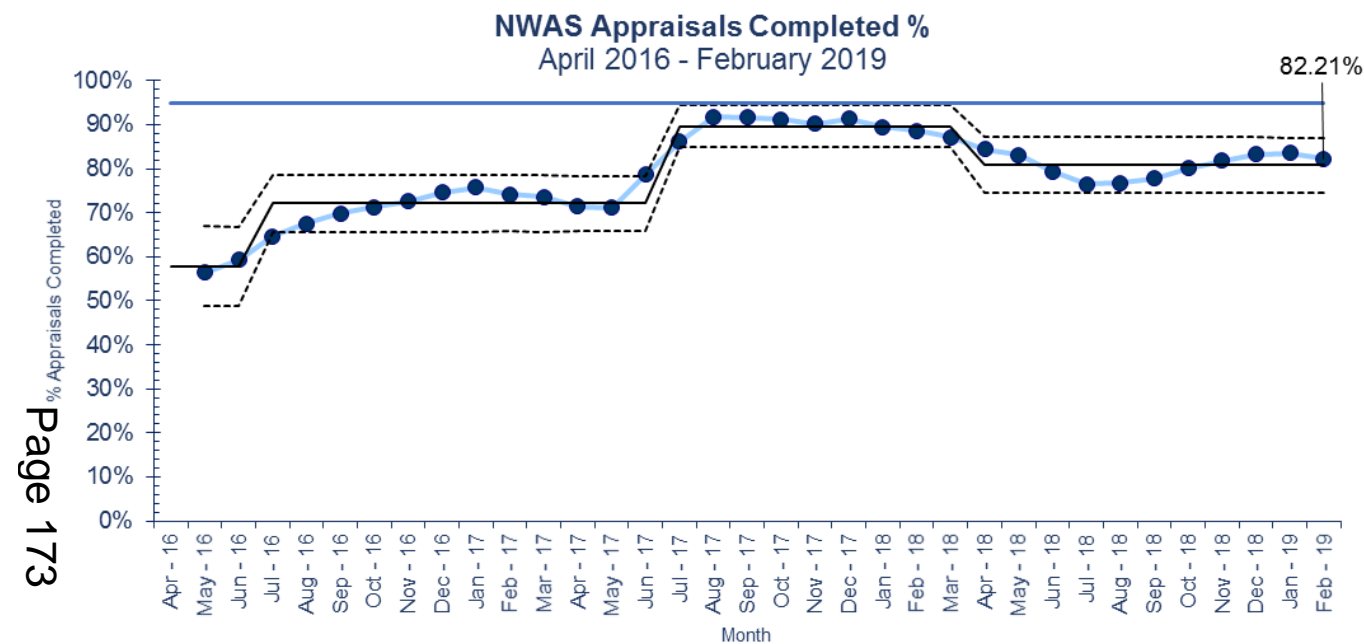


Table OH6.1

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

Appraisals

Appraisal compliance overall has shown a slight downward position of 82.21% against the previously reported position of 83.61%.

PES has shown a significant improvement in the last three months with special cause variation displayed in Figure OH6.3 showing a significant improvement.

The other service lines, EOC, 111 and PTS remain below the target with EOC at 74.67% and 111 at 71.15%. PTS have seen the most variation from a previous position of 83.31% to 70.68%. Work is being undertaken to understand this in more detail as there may have been a data reporting issue leading to under-reporting. This is currently being investigated.

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 expiry 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

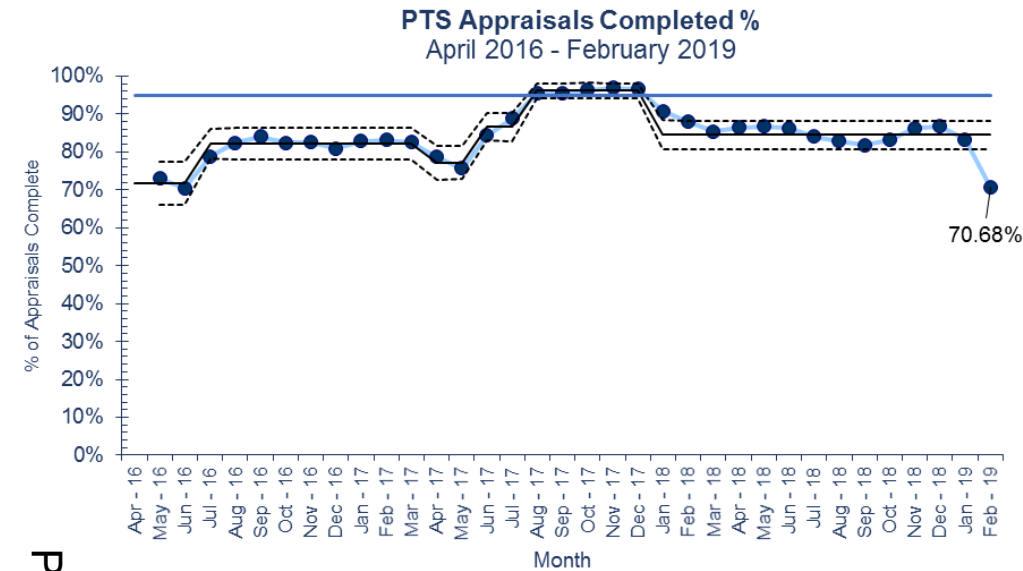


Figure OH6.3

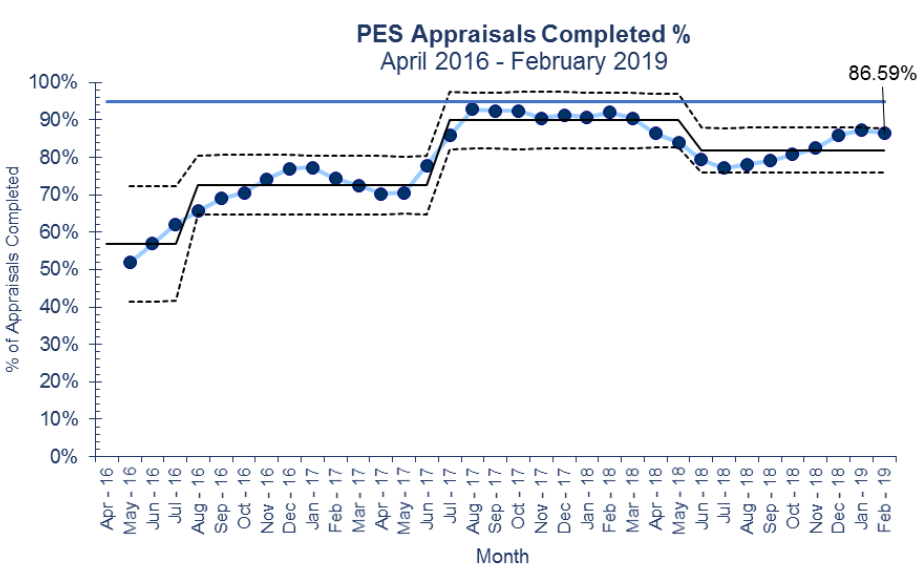


Figure OH6.4

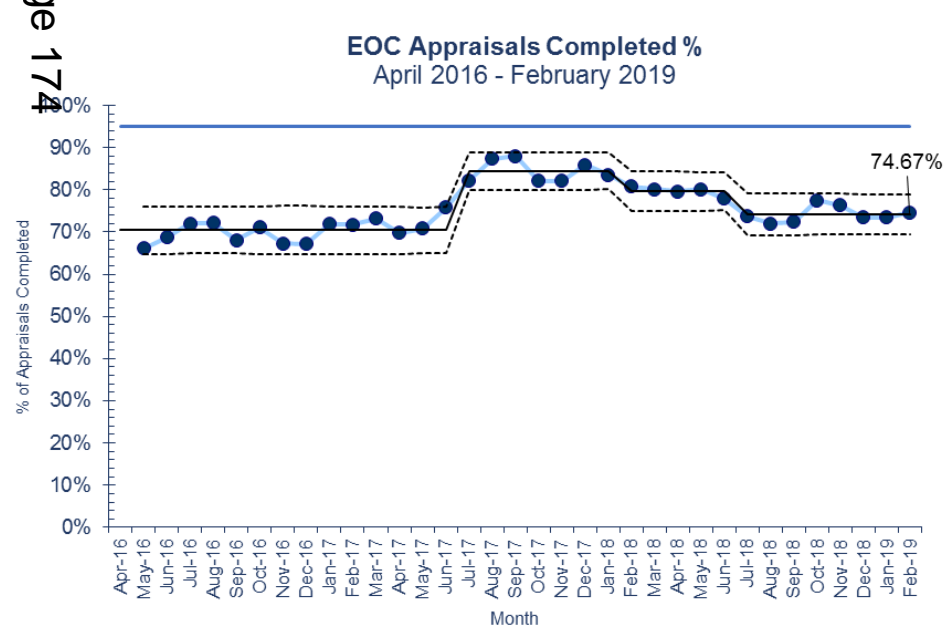
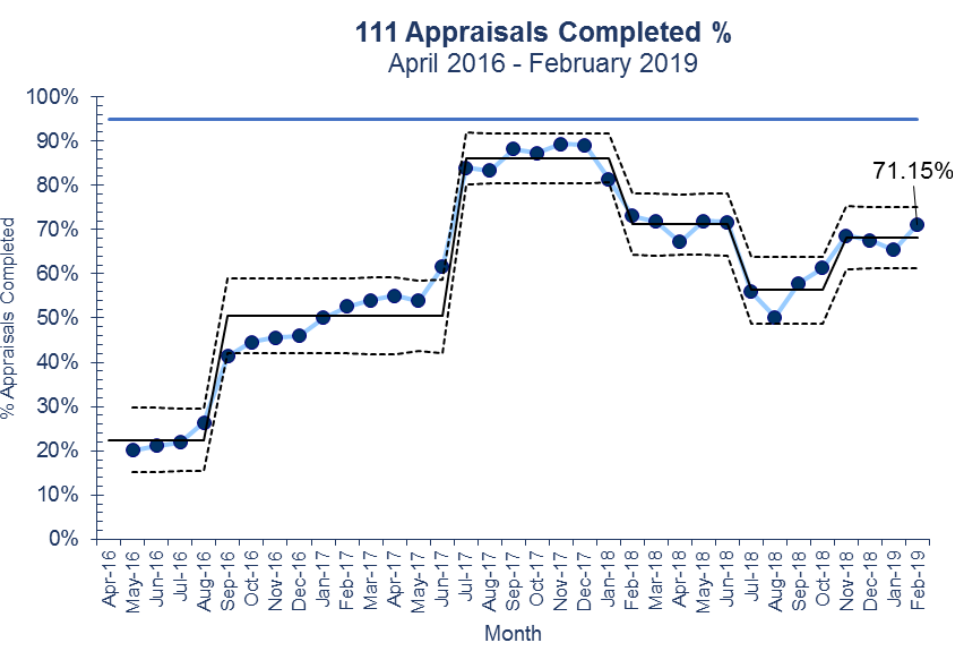


Figure OH6.5



OH7 MANDATORY TRAINING

Figure OH7.1

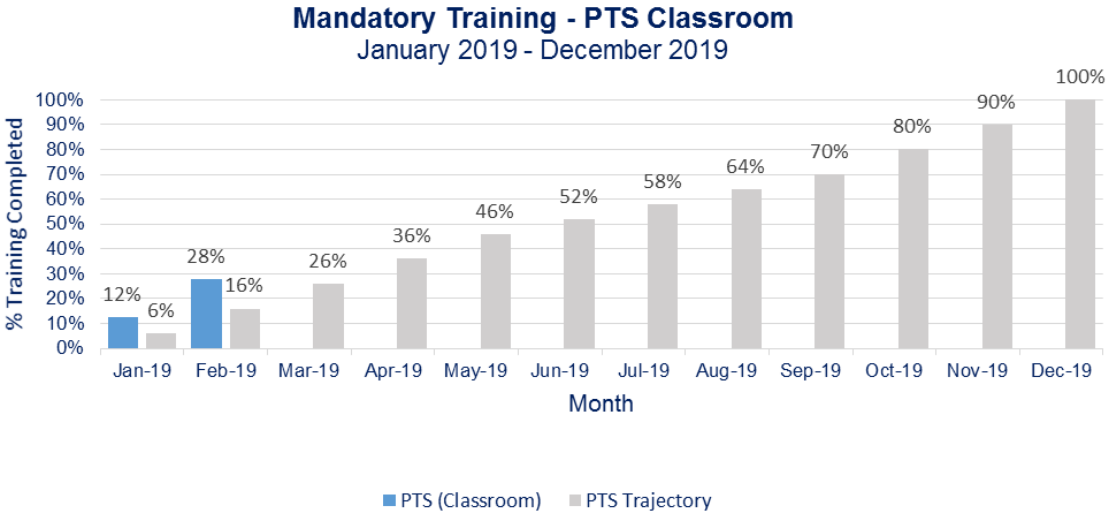
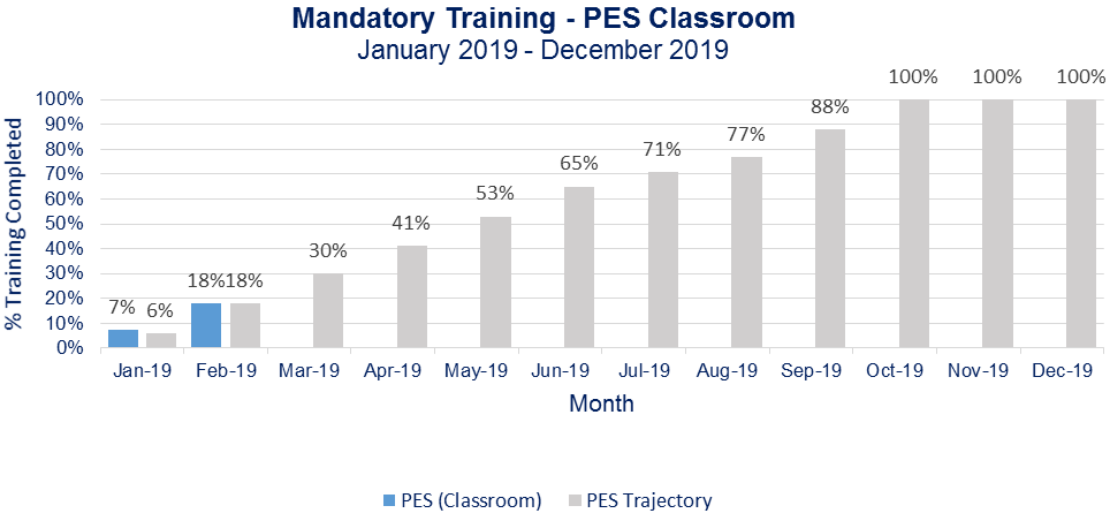


Figure OH7.2



Mandatory Training

The classroom Mandatory Training for the 2019 cycle commenced in January 2019. Attendance for both PTS and PES is ahead of 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.

Completion within 111 remains a challenge and is currently at 56%, 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 approach to monitoring of mandatory training will be changing and will move to competency profiling. This will move the Trust from an annual cycle of completion for online training to an ongoing cycle of maintain mandatory training levels. Further information of these changes will be provided as reporting changes through the IPR.

Figure OH7.3

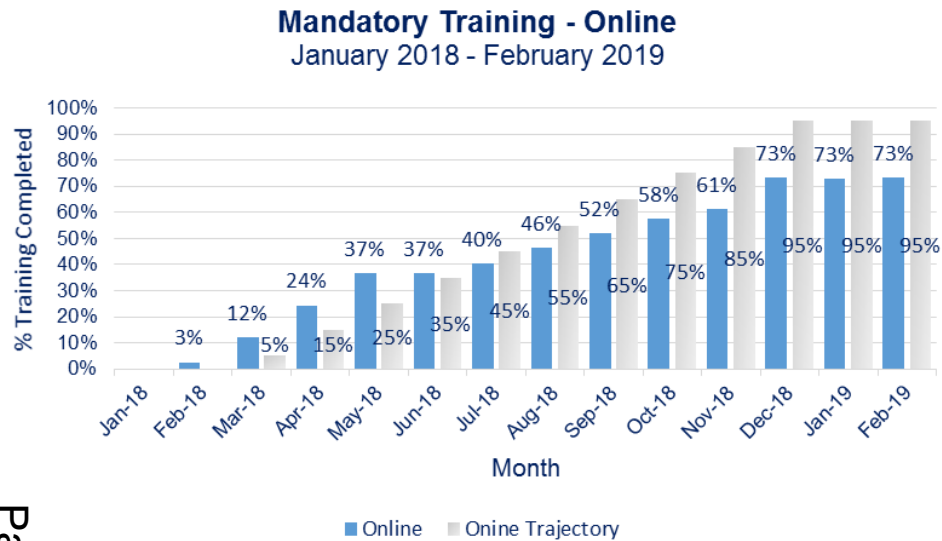


Figure OH7.4

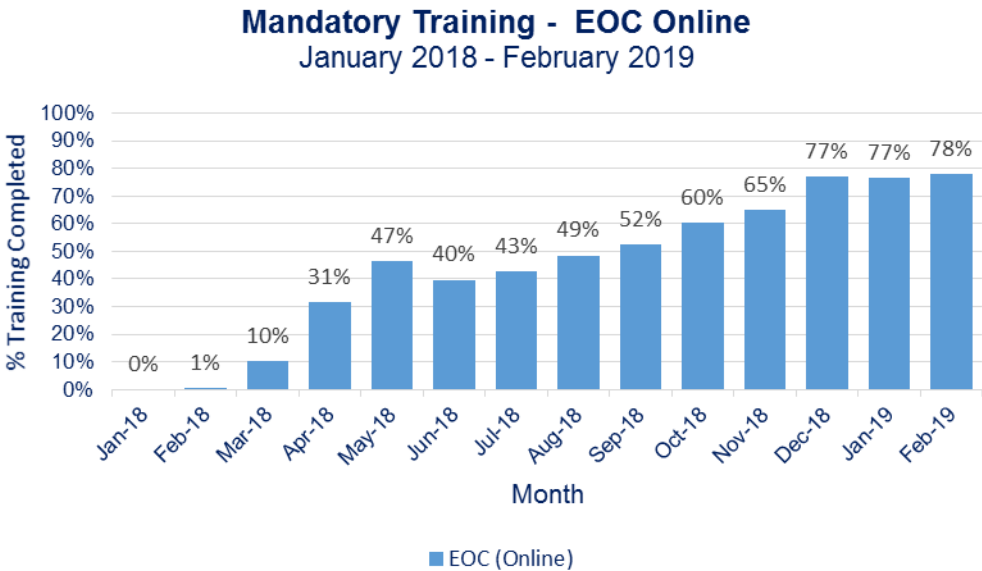


Figure OH7.5

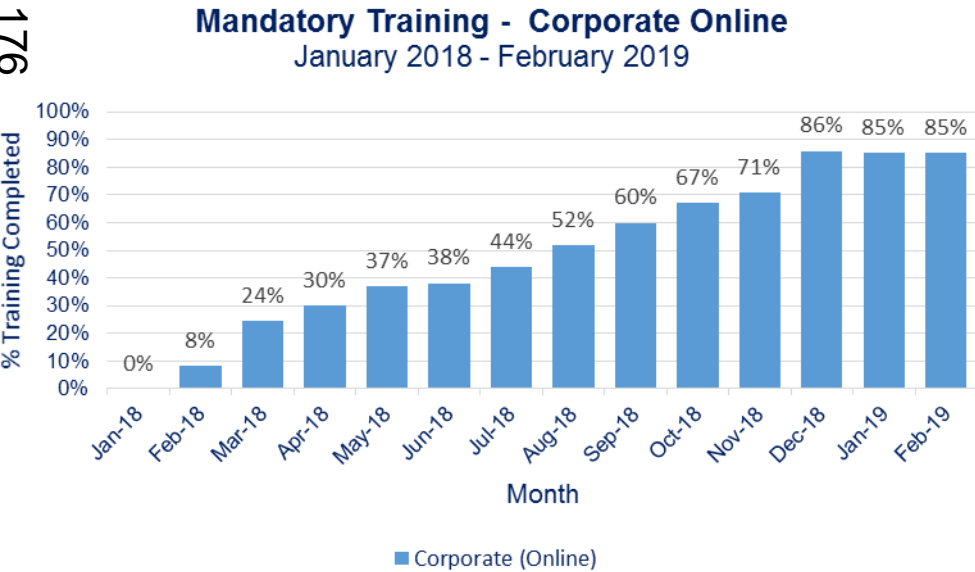
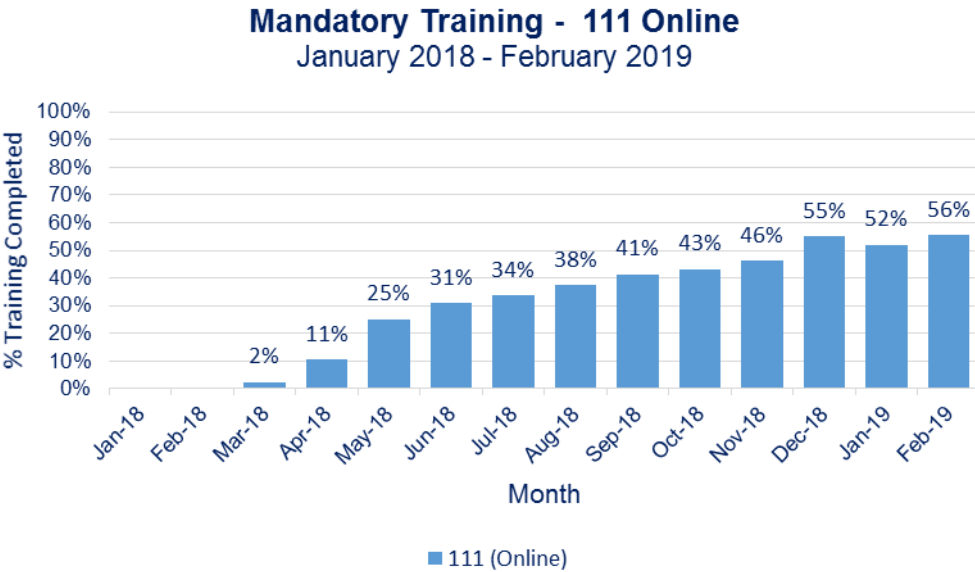


Figure OH7.6



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Agenda Item 15



REPORT

AGENDA ITEM:

Board of Directors

Date:	27 th March 2019
Subject:	Finance Report to 28th February 2019 – Month 11 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 28th February 2019.

The position for the Trust at Month 11 is a surplus of £1.835m, which is £0.225m better than the planned surplus of £1.610m. Income is over recovered by £5.748m, pay is overspent by £3.530m and non-pay is overspent by £1.993m.

The Trust forecast as at Month 11 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 28th February 2019 is 1.
- The Cost Improvement Programme (CIP) for the year is £9.834m, as at Month 11 the year to date target is £8.787m and the Trust has achieved £9.056m (103.06%).
- 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 11 is £16.332m and sale of assets as at 28th February 2019 is £0.882m.

	<ul style="list-style-type: none"> At 28th February 2019 the cash and cash equivalents balance is £44.074m. <p>The Trust is achieving the Better Practice Payment Code targets.</p>						
Recommendations, decisions or actions sought:	The Board of Directors are asked to note the 2018/19 reported financial performance as at Month 11.						
Link to Strategic Goals:	Right Care	<input type="checkbox"/>	Right Time	<input type="checkbox"/>			
	Right Place	<input type="checkbox"/>	Every Time	<input type="checkbox"/>			
Link to Board Assurance Framework (Strategic Risks):							
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Equality Related Impacts:							
Previously Submitted to:		Finance, Investment & Planning Committee					
Date:		22 March 2019					
Outcome:		N/A					

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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 eleven month period to 28th February 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 11 is a surplus of £1.835m, which is £0.225m better than the planned surplus of £1.610m. Income is over recovered by £5.748m, pay is overspent by £3.530m and non-pay is overspent by £2.724m.
- 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 11 the Trust has received £2.901m of this additional income, which offsets the additional pay costs incurred to date of £2.901m. 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 overleaf. The Trust is forecasting achievement of the £2.088m surplus which is an improvement of the control total of £0.250m, resulting in a control total risk 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.

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 11 is £1.835m which is £0.225m better than plan.			5 & 7
CIP Delivery	The Trust CIP is £9.056m at the end of February 2019, an overachievement of £0.269m, and is in line with plan for the year end outturn.			6
Capital	Capital expenditure to the end of February 2019 is £16.332m and sale of assets at £0.382m.			8
Cash	The cash balance at 28 th February 2019 is £44.074m.			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) resources required as part of the ARP standards.	Included

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 Continuity of Services

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 £2.772m which is £0.061m above the cumulative ceiling of £2.711m, equivalent to 2.25% 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 11. 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 remainder 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 11 is a surplus of £11.918m which is £0.506m 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 £1.835m which is a £0.225m 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 11 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 11			Full Year 2018/19		
	Budget	Actual	Variance	Annual Budget	Forecast	Forecast
	£000s	£000s	£000s	£000s	£000s	£000s
Total Income	(304,545)	(310,292)	(5,747)	(332,349)	(338,304)	(5,955)
Pay Expenditure	218,253	221,782	3,529	238,240	235,487	(2,753)
Non Pay Expenditure	73,868	76,592	2,724	80,476	89,198	8,722
Total Expenditure	292,121	298,374	6,253	318,716	324,685	5,969
EBITDA	(12,424)	(11,918)	506	(13,633)	(13,619)	14
Depreciation & Amortisation	10,002	9,401	(601)	10,903	10,783	(120)
Dividends	1,178	1,315	137	1,285	1,285	0
Other Gains & Losses	(148)	(171)	(23)	(153)	(153)	0
Interest payable	0	0	0	0	0	0
Interest receivable	(209)	(226)	(17)	(230)	(230)	0
Other finance costs	10	(10)	(20)	11	11	0
(SURPLUS)/DEFICIT	(1,591)	(1,609)	(18)	(1,817)	(1,923)	(106)
Donated Assets	19	19	0	21	21	0
Impairment Losses	0	207	207	0	144	144
Reported NHS Financial Performance	(1,610)	(1,835)	(225)	(1,838)	(2,088)	(250)

6. COST IMPROVEMENT PROGRAMME PERFORMANCE

- 6.1 The CIP target to the end of February 2019 is £8.787m and the CIP year to date position is £9.056m which is an achievement of 103.06%. A summary of the CIP performance by scheme to the end of February 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	0.526	0.134	(0.392)
Finance and Procurement	0.120	0.109	0.087	(0.022)
Chief Executive	0.066	0.056	0.004	(0.052)
Organisational Development	0.275	0.229	0.000	(0.229)
IMT	0.281	0.235	0.022	(0.213)
Quality	0.140	0.116	0.000	(0.116)
Medical	0.011	0.010	0.000	(0.010)
PES	6.630	5.999	5.378	(0.621)
PTS	0.561	0.508	0.512	0.004
111	0.219	0.201	0.201	0.000
Resilience	0.032	0.026	0.000	(0.026)
Other Additional	0.762	0.644	0.431	(0.213)
Sub Total Recurrent Schemes	9.707	8.659	6.769	(1.890)
CIP Non Recurrent	0.127	0.128	2.287	2.159
GRAND TOTAL	9.834	8.787	9.056	0.269

7. FEBRUARY 2019 (MONTH 11) – 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 11			Full Year 2018/19		
	Budget (£'000)	Actual (£'000)	Variance (£'000)	Annual Budget	Annual Forecast	Variance
Operations						
PES	(51,568)	(50,300)	1,268	(56,330)	(54,830)	1,500
111 Service	(2,622)	(2,167)	455	(2,935)	(2,375)	560
Resilience	263	(480)	(743)	286	(160)	(446)
Total Operations	(53,927)	(52,947)	980	(58,979)	(57,365)	1,614
Finance						
PTS	(3,639)	(2,509)	1,130	(3,980)	(2,780)	1,200
Estates & Fleet	18,562	18,166	(396)	20,290	20,090	(200)
Corporate	959	543	(416)	1,148	(893)	(2,041)
Total Finance	15,882	16,200	318	17,458	16,417	(1,041)
Other Directorates						
Quality	11,341	10,954	(387)	12,384	12,139	(245)
Organisational Development	6,424	5,977	(447)	6,933	6,483	(450)
Chief Executive	6,201	6,308	107	6,761	6,931	170
Medical	1,655	1,590	(65)	1,810	1,776	(34)
Total Other Directorates	25,621	24,829	(792)	27,888	27,329	(559)
EBITDA	(12,424)	(11,918)	506	(13,633)	(13,619)	14
Depreciation & Amortisation	10,002	9,401	(601)	10,903	10,783	(120)
Dividends	1,178	1,315	137	1,285	1,285	0
Other Gains & Losses	(148)	(171)	(23)	(153)	(153)	0
Interest Payable	0	0	0	0	0	0
Interest Receivable	(209)	(226)	(17)	(230)	(230)	0
Other Finance Costs	10	(10)	(20)	11	11	0
(Surplus) / Deficit	(1,591)	(1,609)	(18)	(1,817)	(1,923)	(106)
Donated Assets	19	19	0	21	21	0
Impairment Losses	0	207	207	0	144	144
Reported NHS Financial Performance	(1,610)	(1,835)	(225)	(1,838)	(2,088)	(250)

7.2 Paramedic Emergency Services

The PES directorate is overspending by £1.268m.

Pay is £0.534m 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 £1.009m overspent, with the main overspending areas being £0.375m on meal break payments and the net impact of the £0.435m underspending on VAS in Quarter 1 relating to the additional capacity investment from Commissioners and a £1.115m VAS overspend from Month 4 to Month 11.

7.3 **111 Service**

The 111 service is £0.455m overspent at the end of Month 11 mainly due to an overspending on Pay of £0.324m 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 £0.560m, 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 c2.8% of the 111 service annual contract value.

7.4 **Patient Transport Service**

The PTS service financial position is £1.130m overspent. Year to date income is £1.074m over achieved, non-pay is overspent by £2.316m and pay budgets are £0.112m 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 £0.067m which includes £0.030m in control and £0.033m in call taking.

7.5 **Finance**

The Finance Corporate Directorate is underspent by £0.318m. This includes Trust Reserves, Finance and Commissioning budgets. In Month 9 IT moved from Finance Corporate to the Quality Directorate.

7.6 **Other Directorates**

Other directorates are £0.792m underspent. Income is over-recovered by £1.008m 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 £16.332m 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 28th February 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 January 2019	28th February 2019	Increase/ (Decrease)
	£000s	£000s	£000s
Property, Plant and Equipment	85,588	87,150	1,562
Intangible Assets	1,476	1,451	(25)
Total	87,064	88,601	1,537

9.3 Cash and Cash Equivalents

The Trust's cash and cash equivalents balance at the end of February 2019 is healthy standing at £44.074m. More detail is provided in **Appendix 3 – Cash flow forecast**.

Table 9 – Cash

	Current Position		
	31st January 2019	28th February 2019	Increase/ (Decrease)
	£000s	£000s	£000s
Cash Held with GBS	45,647	44,072	(1,575)
Cash in Hand	2	2	0
Total	45,649	44,074	(1,575)

9.4 Receivables

Table 10 – Current Receivables

	31st January 2019	28th February 2019	Increase/ (Decrease)
	£000s	£000s	£000s
Cash Held with GBS	45,647	44,072	(1,575)
Cash in Hand	2	2	0
Total	45,649	44,074	(1,575)
Accrued Income	6,426	6,578	152
Prepayments	4,354	3,460	(894)
VAT	-7	234	241
Other	264	253	(11)
Total	56,686	54,599	(2,087)
Accrued income	1,401	1,390	(11)

Table 11 – Ageing Analysis of Trade Receivables

February 19						
	NHS		Non NHS		Total	
Age	£000s	%	£000s	%	£000s	%
0 - 30 days	1,290	91%	382	44%	1,672	73%
31 - 60 days	14	1%	320	37%	334	15%
61 - 90 days	57	4%	38	4%	95	4%
91 + days	55	4%	133	15%	188	8%
Total	1,416	100%	873	100%	2,289	100%
January 2019						
	NHS		Non NHS		Total	
Age	£000s	%	£000s	%	£000s	%
0 - 30 days	343	21%	210	30%	553	24%
31 - 60 days	1,205	73%	331	16%	1,536	66%
61 - 90 days	90	5%	37	5%	127	5%
91 + days	4	0%	122	16%	126	5%
Total	1,642	100%	700	100%	2,342	100%

The only notable NHS debtor over 90 days old is NHS East Lancashire CCG

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 January 2019	28th February 2019	Increase/ (Decrease)
Current	£000s	£000s	£000s
Trade Payables - NHS	(20)	(209)	(189)
Trade Payables - non NHS	(1,344)	(911)	433
Accruals	(21,142)	(22,378)	(1,236)
Deferred Income	(1,305)	(1,300)	5
Social Security Costs	(4,878)	(5,045)	(167)
Pension Liabilities	(2,673)	(3,255)	(582)
Capital Creditors	(3,370)	(1,936)	1,434
Other	(812)	(117)	695
Total	(35,544)	(35,151)	393

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	4,200	4,109	97.83%	14,042	13,774	98.09%
NHS	48	47	97.92%	278	273	98.20%

- 10.2 In February 2019 the Trust has achieved 97.83% of all invoices by number and 98.09% 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 95.84% of invoices by number and 95.56% by value to February 2019. In respect of meeting the 10 day payment best practice the Trust has achieved 37.33% by number and 64.53% by value.

11. RECOMMENDATION

- 11.1 The Board of Directors are asked to note the 2018/19 reported financial performance to the 28th February 2019.

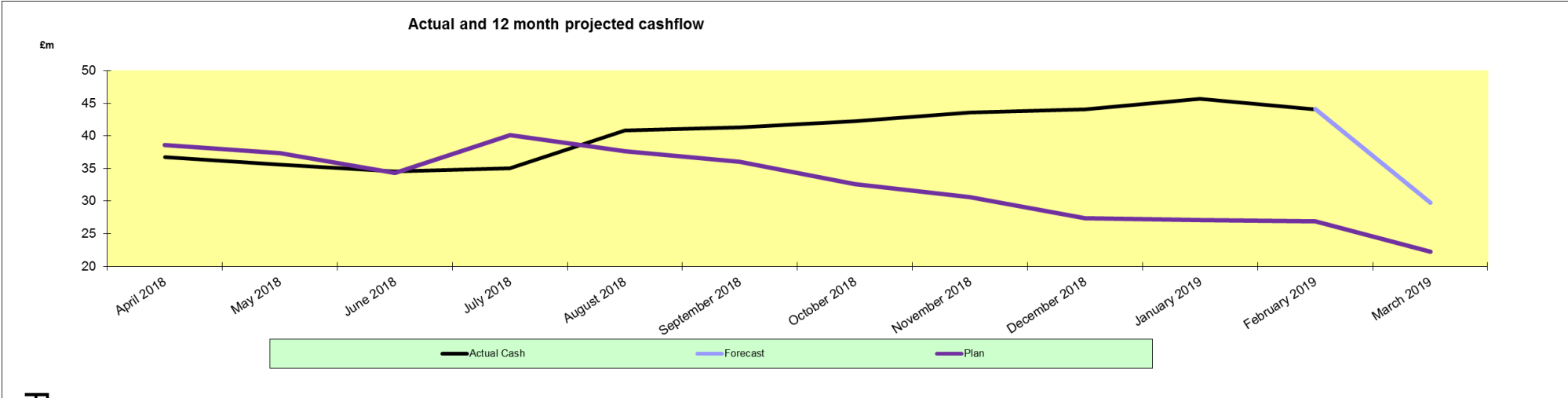
APPENDIX 1 – CAPITAL PROGRAMME 2018/19

	Revised Plan	YTD Spend	YTD Forecast
	£	£	£
Vehicles and Equipment			
17/18 PES Vehicles	1,380,633	1,340,799	1,380,633
18/19 PES Vehicles	8,593,304	7,292,565	8,391,902
18/19 PTS Vehicles	2,190,000	1,790,501	2,694,650
17/18 Write Off vehicles	288,000	185,753	278,614
18/19 Engines	245,000	162,985	200,000
Defibs	1,500,000	1,537,697	1,538,000
Stretchers for Training	0	0	27,000
Bareiatrics	0	0	335,000
Estates Costs			
Penrith	60,000	8,528	29,700
Oldham station (general improvements)	100,000	0	0
Millom	20,000	0	0
Ulverston	0	0	0
Wigan	0	0	0
Middleton	50,000	15,506	154,000
Burscough	320,000	0	93,000
Rossendale	0	0	0
South Liverpool	79,000	0	72,000
Toxteth	200,000	10,625	216,000
18/19 EOC resilience	30,000	19,809	20,000
Altrincham	0	0	36,000
Burnley	100,000	33,116	150,300
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	7,500	26,000
Norwich	0	15,554	15,554
Bootle	0	14,014	14,014
Oldham PTS	0	0	0
Shorelines (Live Buildings)	0	0	40,300
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	0
GMA workshops	0	17,100	23,000
Central Station	0	0	4,800
Whitefield Site	0	0	22,000
Dukinfield Station	0	0	4,800
Sharston Station	0	0	6,100
Bootle Station	0	0	16,400
Bebbington Station	0	0	10,900
ICT			
Backup Solution	0	0	0
Other ICT	42,000	41,326	42,000
Telephony	50,000	14,812	15,000
GRS App	45,000	0	0
New tech (Nexus in Broughton)	480,000	697,021	697,000
Firewalls	0	9,408	9,500
VM ware s/w and h/w	0	0	433,000
Total Regular Capital Projects	15,699,133	13,022,376	16,921,963
PMO			
Sharepoint Developments	0	0	0
Fleet System	160,000	76,961	170,000
CAD Developments	20,000	11,880	20,000
Intranet	80,000	20,441	33,000
Lightfoot	100,000	0	250,000
Working Time Solution	292,500	238,456	238,500
Working Time Solution - 111	30,000	0	30,000
Other	92,533	0	0
111 Digital info	0	40,933	40,933
Total Regular Capital Projects	775,033	388,671	782,433
Total Capital Spend on Ordinary Programmes	16,474,166	13,411,047	17,704,396
Additional Large Developments			
EOC - Fit Out	3,163,000	2,979,573	3,207,000
EOC - IT	838,000	181,591	451,000
Airwave	0	0	0
New Technology	0	0	0
EPRF	0	0	0
Technology on vehicles	355,000	142,210	325,000
Total Large Developments	4,356,000	3,303,374	3,983,000
Other			
Assets Disposal	(475,397)	(381,833)	(381,833)
Total Asset Disposal	(475,397)	(381,833)	(381,833)
Total Capital	20,354,769	16,332,588	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
Available CRL	0	0	0
Available Resource	21,305,563	0	21,305,563

APPENDIX 2 – STATEMENT OF FINANCIAL POSITION

Period Ending 28th February 2019				
Statement of Financial Position	Actual 31st March 2018 £000s	Actual 28th February 2019 £000s	Plan 28th February 2019 £000s	Forecast 31st March 2019 £000s
NON-CURRENT ASSETS:				
Property, Plant and Equipment	80,475	87,554	90,583	91,345
Intangible Assets	1,401	1,047	862	813
Trade and Other Receivables	1,405	1,390	1,405	1,405
TOTAL Non-Current Assets	83,281	89,991	92,850	93,563
CURRENT ASSETS:				
Inventories	764	911	764	764
Trade and Other Receivables	12,945	12,064	13,300	13,445
Cash and Cash Equivalents	42,207	44,074	27,085	29,719
Total Current Assets	55,916	57,049	41,149	43,928
Non-Current Assets Held For Sale	209	209	0	0
TOTAL Current Assets	56,125	57,258	41,149	43,926
TOTAL ASSETS	139,406	147,249	133,999	137,489
CURRENT LIABILITIES				
Trade and Other Payables	(34,599)	(35,151)	(28,312)	(25,266)
Provisions	(5,134)	(5,069)	(4,942)	(4,993)
Total Current Liabilities	(39,733)	(40,220)	(33,254)	(30,259)
NET CURRENT ASSETS/(LIABILITIES)	16,392	17,038	7,895	13,667
TOTAL ASSETS LESS CURRENT LIABILITIES	99,673	107,029	100,745	107,230
NON-CURRENT LIABILITIES:				
Provisions	(18,322)	(17,449)	(17,645)	(17,587)
Borrowings	(79)	(78)	(79)	(78)
Total Non-Current Liabilities	(18,401)	(17,527)	(17,724)	(17,665)
ASSETS LESS LIABILITIES (Total Assets Employed)	81,272	89,502	83,021	89,565
Financed by Taxpayers' Equity				
Public Dividend Capital	92,720	99,341	92,720	99,341
Retained Earnings Reserve	(14,393)	(12,782)	(12,802)	(12,719)
Revaluation Reserve	2,945	2,943	2,945	2,945
Other Reserves				
TOTAL Taxpayers' Equity	81,272	89,502	82,863	89,567

APPENDIX 3 – CASH FLOW FORECAST



Em	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	44.1			FYF	29.7
MAR																							A			

A	Actual	F	Forecast	FYF	Full Year Forecast
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Report Title	Chairs Assurance Report - Quality Committee held on the 5th March 2019		
Non-Executive Lead	Mr P White		
Executive Lead	Ms M Power, Director of Quality, Innovation and Improvement		
Action Required	The Board is requested to: <ul style="list-style-type: none"> a) Take assurance from the matters discussed at the meeting of the Quality Committee held on 5th March, 2019 b) Discuss and agree actions on the matters escalated to the Board. 		
Purpose	Note	<input type="checkbox"/> Approve	<input checked="" type="checkbox"/> Assure
<p align="center"><i>Key Matters considered at the Meeting of the Quality Committee held on 5th March, 2019.</i></p>			
<p><u>ALERT</u></p> <p><u>Mental Health</u></p> <p>It was noted that a business case was being developed in terms of Mental Health resources and provision.</p>			
<p><u>ASSURANCE IN RELATION TO BAF -</u> SRO1 – ‘If the Trust does not maintain effective quality governance arrangements it will not deliver the highest standards of care leading to non-compliance with required quality standards and poor patient experience’.</p> <p><u>Complaints</u></p> <p>An update was provided to members regarding the Trust’s current position in relation to complaints.</p> <p>Members requested a detailed update to the next meeting in terms of the long term plan to manage and improve the complaints process.</p> <p><u>Serious Incidents Update</u></p> <p>An update was provided in terms of the current position of serious incident reporting. It was noted that the internal screening methodology of serious incidents was now more robust.</p>			
<p><u>ADVISE</u></p> <p><u>Rose Update</u></p> <p>A report was presented providing assurance to members that the most serious events identified internally and externally were reviewed regularly via the Trust’s Review of Serious Events (ROSE) meeting.</p> <p>The terms of reference for the ROSE Group were due to be reviewed and would be reported to the Quality Committee for approval.</p>			
<p><u>Quality Account 2018/19 Arrangements</u></p>			



Members were advised of the arrangements for the development of the Trust's Quality Account for 2018/19.

It was noted that the draft quality account would be published and launched alongside the Trust's annual report.

Health, Safety and Security Update

Members received a report to provide assurance that health, safety and security matters were being effectively managed across the Trust. It was noted that there had been a 44% reduction in RIDDORs.

It was noted that a Restraint Policy was being developed and once approved a training plan would be developed.

Work was ongoing in terms of planning work in conjunction with the measures outlined within the Right Care Strategy.

2018/19 Q3 Clinical Audit Progress Report

Members received an update in relation to progress made against the 2018-19 clinical audit programme. It was noted that the mortality work stream was delayed due to a series of national reviews.

Right Care Strategy – Overview of Implementation

Members were presented with details of the Right Care Strategy implementation plan and it was noted that the terms of reference for the management groups would be presented to the next meeting for approval.

An update was provided in relation to the every minute matters work stream and it was noted that an Every Minute Matters Summit had been arranged to take place on 1st April 2019.

Highlight Reports

Highlight reports were submitted from the (i) Clinical Governance Management Group, (ii) Learning Forum, and (iii) Health and Safety Management Group.

NEW RISKS IDENTIFIED AT THE MEETING AND PLANNED MITIGATING ACTIONS:

None.



Report Title	Chairs Assurance Report - Performance Committee held on the 18th March 2019
Non-Executive Lead	Mr P White
Executive Lead	Mr Ged Blezard, Director of Operations
Action Required	The Board is requested to: <ul style="list-style-type: none"> a) Take assurance from the matters discussed at the meeting of the Performance Committee held on 18th March 2019, b) Discuss and agree actions on the matters escalated to the Board
Purpose	Note <input type="checkbox"/> Approve <input checked="" type="checkbox"/> Assure

Key Matters considered at the Meeting of the Performance Committee held on 18th March, 2019.

ALERT

ASSURANCE IN RELATION TO BAF -

“If the Trust does not achieve operational performance targets it will not deliver satisfactory patient outcomes or achieve compliance with the requirements of the single oversight framework”.

“If demand on acute services continues to increase the Trust's ability to meet performance targets will be compromised leading to poor patient outcomes and increased regulatory scrutiny”.

ARP/PES PERFORMANCE UPDATE

Members received an update in relation to (i) NWAS and area performance, (ii) hospital turnaround, (iii) resources, (iv) resilience, (v) horizon scanning, and (vi) Urgent Care.

It was noted that there had been a slight deterioration in late January/early February 2019 and performance was starting to recover.

A discussion had ensued in relation to the Acute Patient Assessment Service that transferred category 3 and 4 patients direct to primary care services for clinical triage. It was noted that currently this was a proof of concept.

A revised performance improvement plan would be developed from April 2019 and would report via this Committee.

The work in terms of recruitment of MERIT Doctors was noted.

The NWAS roster review for emergency services had commenced. It was envisaged that changes would be evident from quarter 4. Members were advised that members had requested a report be presented to part 2 Board on 24th April in terms of the review and the projected outcomes.

111 ACTIVITY AND PERFORMANCE TRAJECTORY

An update was provided in relation to performance against the Performance Improvement Plan (PIP) and members were advised that focus was being placed on (i) Purchase of additional call



capacity (ii) call trim, including automated processes when appropriate, (iii) recruitment, sickness and attrition, (iv) management of clinical calls and reviewing the best time of clinician time, and (vi) dental routing and NPO activity.

It was noted that support was now being received from Conduit, seven days per week.

It was stated that there was a need to articulate within the contract what was required in order to deliver performance.

ADVISE

TERMS OF REFERENCE AND COMMITTEE SELF-ASSESSMENT

The revised terms of reference were reviewed and approved by members. A Committee Self-Assessment was carried out.

PTS ACTIVITY AND PERFORMANCE UPDATE

Feedback from the deep dive was presented, highlighting a comparison of challenges faced within each area.

As a result of the deep dive, a number of recommendations would be discussed with Commissioners.

BUSINESS CONTINUITY MANAGEMENT PLAN (BCM) UPDATE

Following the request from the Board held on 27th February 2019, the a detailed BCM was presented to the committee, detailing owners and review/completion dates. Members requested an update in July 2019 with regards to progress against the plan.

New Risks identified at the Meeting and planned mitigating actions:

None.



REPORT

AGENDA ITEM:

Board of Directors							
Date:	27 March 2019						
Subject:	Staff Survey 2018 Review and Findings						
Presented by:	Lisa Ward, Interim Director of Organisational Development						
Purpose of Paper:	For Discussion						
Executive Summary:	<p>The paper summarises the high level findings of the 2018 staff survey responses.</p> <p>Overall the report sets out a positive picture with the vast majority of responses showing a positive improvement both in comparison with last year and with the average ambulance scores across the sector. The report provides an overview of the most and least improved scores; provides highlights against each of the key themes set out in the survey and identifies that the key areas for improvement are already within established action plans and the Workforce Strategy.</p>						
Recommendations, decisions or actions sought:	<p>The Board is recommended to:</p> <ul style="list-style-type: none"> • Note the contents of the report. • Consider and endorse the suggested priorities for action. 						
Link to Strategic Goals:	Right Care	<input type="checkbox"/>	Right Time	<input type="checkbox"/>			
	Right Place	<input type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>			
Link to Board Assurance Framework (Strategic Risks):							
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Equality Related Impacts:			Analysis of the staff survey will be assessed locally and via workforce equality groups and will feed into equality action plans				
Previously Submitted to:							
Date:							
Outcome:							

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1. PURPOSE

- 1.1 The purpose of this paper is to provide the Board of Directors with an overview of the 2018 staff survey results taken from the national staff survey results which were published at the end of February 2019. The findings will enable identification of development areas and promotion of specific areas which have improved.

2. BACKGROUND

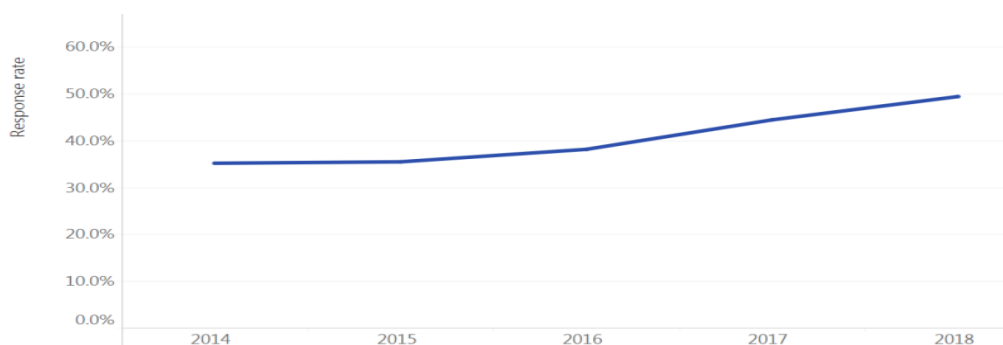
- 2.1 The administration of the survey was undertaken by Picker as it has been in previous years. National findings are presented via benchmarking against other Ambulance Trusts.
- 2.2 The survey was carried out as a mixed mode survey combining online and paper copies. PTS, 111 and EOCs received paper copies with all other staff receiving the survey via an email link.
- 2.4 The principle measures to evaluate the success of the campaign are as follows:-
- ✓ To increase the overall response rate
 - ✓ Satisfy specific CQUIN measures for H&WB CQUIN funding
 - ✓ Increase the staff engagement score
 - ✓ To measure improvements in staff experience
 - ✓ Identify areas of improvement in the experience of staff across a range of areas

3. NATIONAL STAFF SURVEY RESULTS

- 3.1 In February 2019, the Survey Coordination Centre published the national outputs from the 2018 staff survey. These results are used by respective Trusts to help them review and improve staff experience in order to provide better patient care. The CQC also use these results to monitor ongoing compliance with essential standards of quality and safety.
- 3.2 The survey is reviewed on an annual basis and questions are reviewed and modified, with some new questions added. In 2018, there have been changes to 15 questions and as a result historical comparisons will not be available for these questions.

4.0 RESPONSE RATE

- 4.1 The NWAS survey was open between October and December 2018 and 2789 staff responded which constituted an overall response rate of 46% for the 2018 staff survey.
- 4.2 Nationally, ambulance trusts have improved their response rate year on year over the past 4 years. The average was 35.2% in 2014 and now stands at 49.4% in 2018.



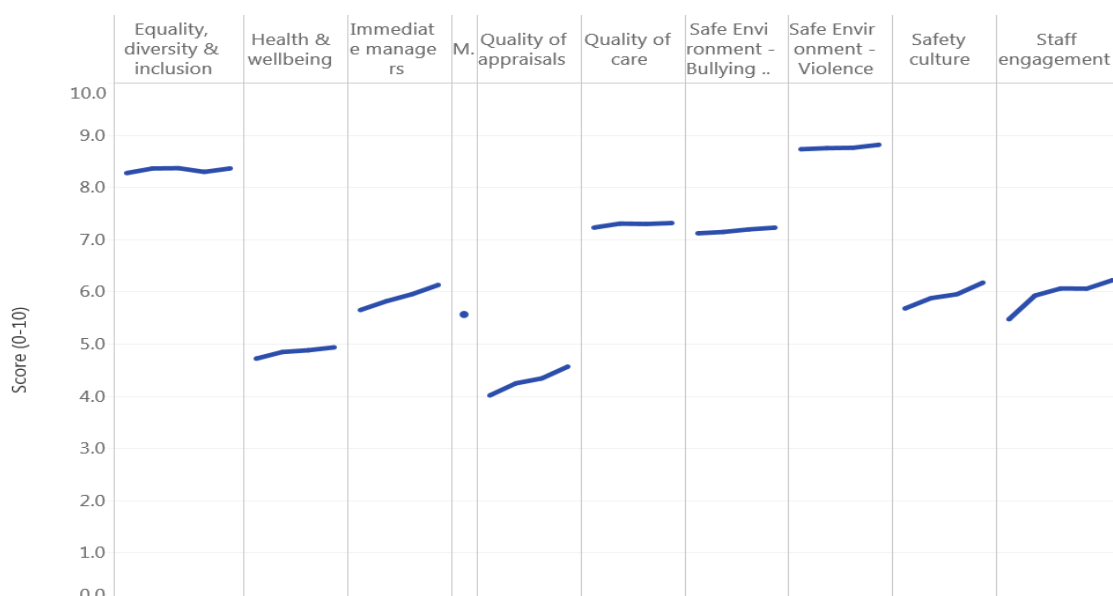
- 4.3 Although the NWAS response rate is slightly below the national average, overall NWAS mirrors the national trend of improving response rates year on year. Therefore, this campaign has been the most successful to date in terms of response rate and has allowed us to engage with a large number of staff. Please note that the number in brackets represents the respondents.

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

- 4.4 Over the next year, the Trust will continue to work closely with the Northern Ambulance Alliance and this will enable learning between organisations to support further improvements in the response rate.

5.0 NATIONAL REPORTING THEMES

- 5.1 In previous staff surveys, a summary of results have been presented as key findings and these have been replaced in the 2018 survey by themes. Data from previous years have been recalculated where necessary to enable fair historical comparisons.
- 5.2 Themes are summary scores for groups of questions and are calculated by assigning values to responses (on a scale of 0 – 10) and then determining a mean score. A higher theme score always indicates a more favourable result. Each theme is comprised of between three and nine questions.
- 5.3 There are 10 themes and the following chart presents the scores of all ambulance Trusts as a whole illustrates that national ambulance Trusts have either improved or stayed the same in terms of the average score relating to these themes. The scores range from 2015-18.



*M. – denotes Morale

6.0 COMPARATIVE RESULTS

6.1 Comparative results are produced by the Survey Coordination Centre for all Ambulance Trusts. Results are weighted and benchmarked where appropriate except for demographics. In order to allow for reasonable comparisons between organisations and to account for trust size when calculating national results, the staff survey data is weighted. There are three types of weighting:-

- Occupational Group Weighting – fair comparison between organisations of a similar type
- Trust Size Weighting – to ensure trust results have an impact according to the number of staff working for the trust
- Combined Weight – combines the above two weights

6.2 Appendix A illustrates NWS' outputs under each theme and it is based on the average of the benchmarking group (other Ambulance Trusts) which also features the worst and the best scores. The bar chart shows that NWS is comparable to the national average on all themes apart from where it scored better under 'quality of appraisals', 'quality of care' and 'staff engagement'. NWS was not below average on any of the themes. The best result for NWS based on themed findings is under 'morale' whereby the best ambulance service score was 5.8 and NWS scored 5.7. Morale is a new theme for the 2018 survey therefore comparative historical scores are not available.

6.3 Whilst the comparative results are useful for high level benchmarking against other ambulance services, the true value of the analysis of the reports is seen in the local directorate findings.

7.0 SERVICE LINE FINDINGS

7.1 Findings by service line can be found in Appendix B - E. These results are presented for each service line and grouped in the 10 themes with a comparison made against the Trust average. The following appendices represent the following localities:-

- Appendix B – Operations (inc EOC)
- Appendix C – PTS
- Appendix D – Corporate
- Appendix E – 111

7.2 The reports are a useful source to help to look at comparisons between service lines. For example the reports illustrate that responses indicate a lower perception of the quality of appraisals within PTS and Operations in comparison to the organisation average. Work is already underway to support the increased quality of appraisals throughout the Trust and this report can help to focus some of this work directly into PTS and Operations.

7.3 Staff engagement is lower than the Trust average in Operations, and 111 and again this can help senior managers in these service lines to understand where to focus organisational development work. It is interesting to note that morale is indicated as being lower than the Trust average in Operations and 111, but higher within PTS and as such there may be a need to explore this further to understand the reasons for the differences in morale between these areas. The results can be used as a platform for service lines explore the results with staff within individual sectors to support some focussed actions to help improvement.

7.4 Whilst this type of information is useful in providing a general overview the Picker RAG reports enable directorates to action priorities more effectively as they show question by question how service lines and areas compare against the Trust average. Work has commenced in liaising with service line managers to present findings, review the Picker RAG reports and discuss next steps. These will inform the local people plans.

8.0 HIGH LEVEL FINDINGS

8.1 The following tables illustrate high level historical comparative findings based on NWAS scores from the 2017 survey.

The following highlight the top 5 key improvements since 2017:-	2018 Score	2017 Score
▪ How satisfied are you with... the recognition you get for good work.	42%	33%
▪ My organisation treats staff who are involved in an error, near miss or incident fairly	48%	40%
▪ How satisfied are you with... the value your organisation places on my work	34%	28%
▪ There are enough staff at this organisation	32%	26%
▪ When incidents are reported, my organisation takes action to ensure that they do not happen again.	56%	49%

8.2 The Trust has made significant improvement and the above table illustrated the top 5 key improvements. Each question demonstrates a notable increase in the scores with between a 6% and 9% uplift from the previous year. Although not appearing on the top 5 key improvement there was a 4% improvement in the positive responses from staff recommending NWAS as a place to work.

8.3 Turning to the questions, the improvement in the score, 'There are enough staff at this organisation' reflects the significant improvement in the vacancy gap within frontline operations.

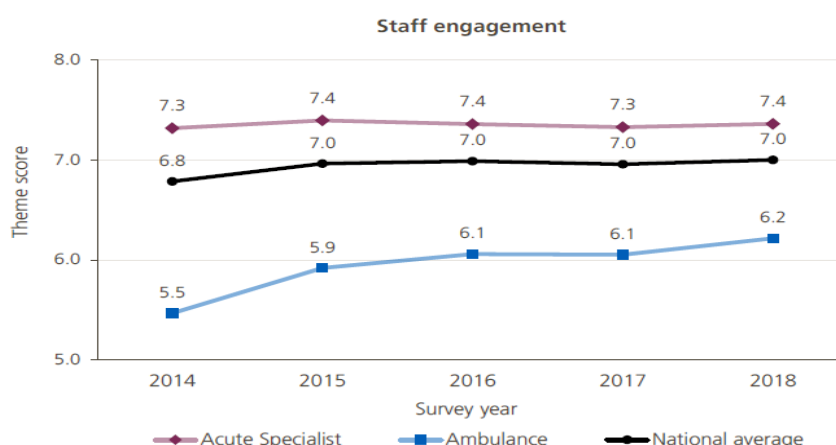
- 8.4 The scores on the questions relating to staff satisfaction can be seen to reflect that behavioural and emotional intelligence has played a massive part in the Be Think Do framework which has also seen a positive impact on the responses relating to managers. The greatest improvement by 9% from last year is in relation to how satisfied staff feel with the recognition they get for good work.
- 8.5 The positive scores around the management of incidents, errors and near misses reflect all the work undertaken within the quality directorate around complaints and incident management.
- 8.6 Overall, responses show continuing improvements which have a direct correlation with how the Trust has focused on creating a team type structure, for example, SPTLs in PES which are supported by the Be Think Do framework. Whilst improvement in senior management visibility has been a push from the Board over last 12 months, there is still more work required around improving communication, involving staff in decision making and communicating how and why decisions are made by senior managers, as some of these areas are quite low based on responses from other ambulance Trusts. This can be seen in the 5 least improved questions in the table below:

Least Improved from the Last Survey	2018 Score	2017 Score
▪ I feel that my role makes a difference to service users	87%	88%
▪ Were any training, learning or development needs identified from your appraisal?	54%	55%
▪ I am satisfied with the quality of care I give to service users	82%	83%
▪ Have you had any non-mandatory training or development in the last 12 months	69%	69%
▪ Have you put yourself under pressure to come to work	8%	9%

- 8.7 As can be seen from the table above, only 3 questions from the whole survey shows a reduction in scores in comparison with the previous year and then only of 1% and the rest have remained the same or have improved responses.

9.0 STAFF ENGAGEMENT SCORE

- 9.1 Ambulance Trusts on the whole have made significant improvement on their staff engagement score since 2017, continuing a trend of improvement since 2014.



9.2 The staff engagement element of the survey looks at three dimensions of engagement:

1. The levels of motivation and satisfaction
2. Involvement
3. Willingness to be an advocate of the service

9.3 These scores are converted into an overall engagement score and designed to assist in tracking staff engagement and enable comparisons between organisations. The scores are represented on a 1 to 5 scale with 5 being 'highly engaged'.

9.4 NWAS has seen a significant increase in their staff engagement score since 2017. In 2017, the score was 3.45 and it improved considerably in 2018 to 3.55, placing the NWAS engagement score third in the sector. The table below illustrates the scores across all ambulance Trusts (taken from the national survey findings).

Organisation name	2017	2018	Significant change
East Midlands Ambulance Service NHS Trust	3.42	3.49	Significant increase
East of England Ambulance Service NHS Trust	3.36	3.28	Significant decrease
Isle of Wight NHS Trust (ambulance sector)	3.49	3.44	Not significant
London Ambulance Service NHS Trust	3.36	3.46	Significant increase
North East Ambulance Service NHS Foundation Trust	3.57	3.61	Not significant
North West Ambulance Service NHS Trust	3.45	3.55	Significant increase
South Central Ambulance Service NHS Foundation Trust	3.54	3.57	Not significant
South East Coast Ambulance Service NHS Foundation Trust	3.22	3.47	Significant increase
South Western Ambulance Service NHS Foundation Trust	3.49	3.47	Not significant
West Midlands Ambulance Service NHS Foundation Trust	3.44	3.51	Significant increase
Yorkshire Ambulance Service NHS Trust	3.38	3.52	Significant increase

10. CQUIN FUNDING

10.1 As noted previously, the success of the increased response rate doesn't necessarily impact on the positive health and wellbeing scores taken from the staff survey. The staff survey related CQUIN targets have proved to be very difficult to achieve with only 5% of Trusts nationally receiving any payment at all last year.

10.2 Unfortunately, NWAS did not achieve the CQUIN target under indicator 1a. CQUIN payment is measured against a percentage increase for two of the three health and wellbeing questions from staff survey. A less than 3% increase receives 0% payment.

- Question 11a – 1.8% improvement (Yes definitely) – Does your organisation take positive action on health and wellbeing?
- Question 11b – 2.1% improvement (No) – In the last 12 months have you experienced musculoskeletal problems (MSK)
- Question 11c – 2.8% improvement (No) – During the last 12 months have you felt unwell as a result of work related stress?

- 10.3 Payment for each question is based on a percentage point increase over a period of 2 years, from NWAS' 2016 staff survey results and matched with the results from the 2018 staff survey. However, it is worth noting that over the past 3 years, more staff responded positively (yes definitely and yes sometimes) year on year in relation to the Trust taking positive action on health and wellbeing (Q11a).
- 10.4 The following tables illustrate a breakdown of the responses to the three health and wellbeing questions since 2016.

Q11a Does your organisation take positive action on health and well-being?	2018		2017		2016	
	Count	Column N %	Count	Column N %	Count	Column N %
Yes, definitely	585	21.6%	513	22.0%	397	19.8%
Yes, to some extent	1707	63.0%	1351	57.7%	1167	58.4%
No	416	15.4%	470	20.1%	436	21.8%
Combined Yes	84.6%		79.7%		78.2%	

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?	2018		2017		2016	
	Count	Column N %	Count	Column N %	Count	Column N %
Yes	1072	39.6%	972	40.7%	866	41.7%
No	1632	60.4%	1414	59.3%	1209	58.3%

Q11c During the last 12 months have you felt unwell as a result of work related stress?	2018		2017		2016	
	Count	Column N %	Count	Column N %	Count	Column N %
Yes	1225	45.3%	1143	47.7%	1000	48.1%
No	1477	54.7%	1254	52.3%	1078	51.9%

- 10.5 Board should note that we had not projected achievement of this CQUIN and as a result there is no financial risk arising. It is understood that next year there will not be a CQUIN funded target against these questions.

11. NEXT STEPS

- 11.1 These Staff Survey results will be used to inform Organisational Development priorities in terms of engagement and culture from a trust wide perspective. Although the staff survey results show a good picture of progress there remain key areas of improvement around bullying and harassment; leadership and organisational learning.
- 11.2 The Workforce Strategy was launched in 18/19 and this outlines the workforce priorities which correlate with the themes coming out of the staff survey. For example a key improvement goal set out in the strategy is to embed the Be Think Do principles and this in turn will have a direct impact on themes measured in the staff survey such as morale, immediate managers and quality of appraisals. The Wellbeing goal in the strategy sets out

reduce staff experience of bullying and harassment as well as supporting staff to be healthy at work. The staff survey can act as a key measure to assess how the Trust is progressing in these areas.

- 11.3 It is important that we fully engage with staff over the results to ensure that they understand the value of completing the survey and most importantly that it is clear that the Trust is using the results to deliver key improvements. Groups such as the Violence and Aggression group and the Health and Wellbeing group will review the results in detail and utilise the detail to help form action plans for 2019/20. The demographic data from the staff survey will be used by the WRES working group and staff networks.
- 11.4 In addition local areas will be required to review and analyse their results and use this to form action plans. During 2018/19, the 2017 staff survey results were used for service lines to develop their own local plans. This approach has allowed areas to form action plans that are relevant to their staff group as opposed to having a single Trust plan. As the local plans start to be embedded within local areas, the 2018 staff survey result can be used to refresh and focus areas to shape plans and action for 19/20. Each area will be given a breakdown of their local scores and will be asked to develop a local people plan for 2019/20.
- 11.5 The local plans will be fed back to the Corporate HR Team who will then provide a single overview to the Workforce Committee as assurance of actions being taken against the 2018 Staff Survey results.

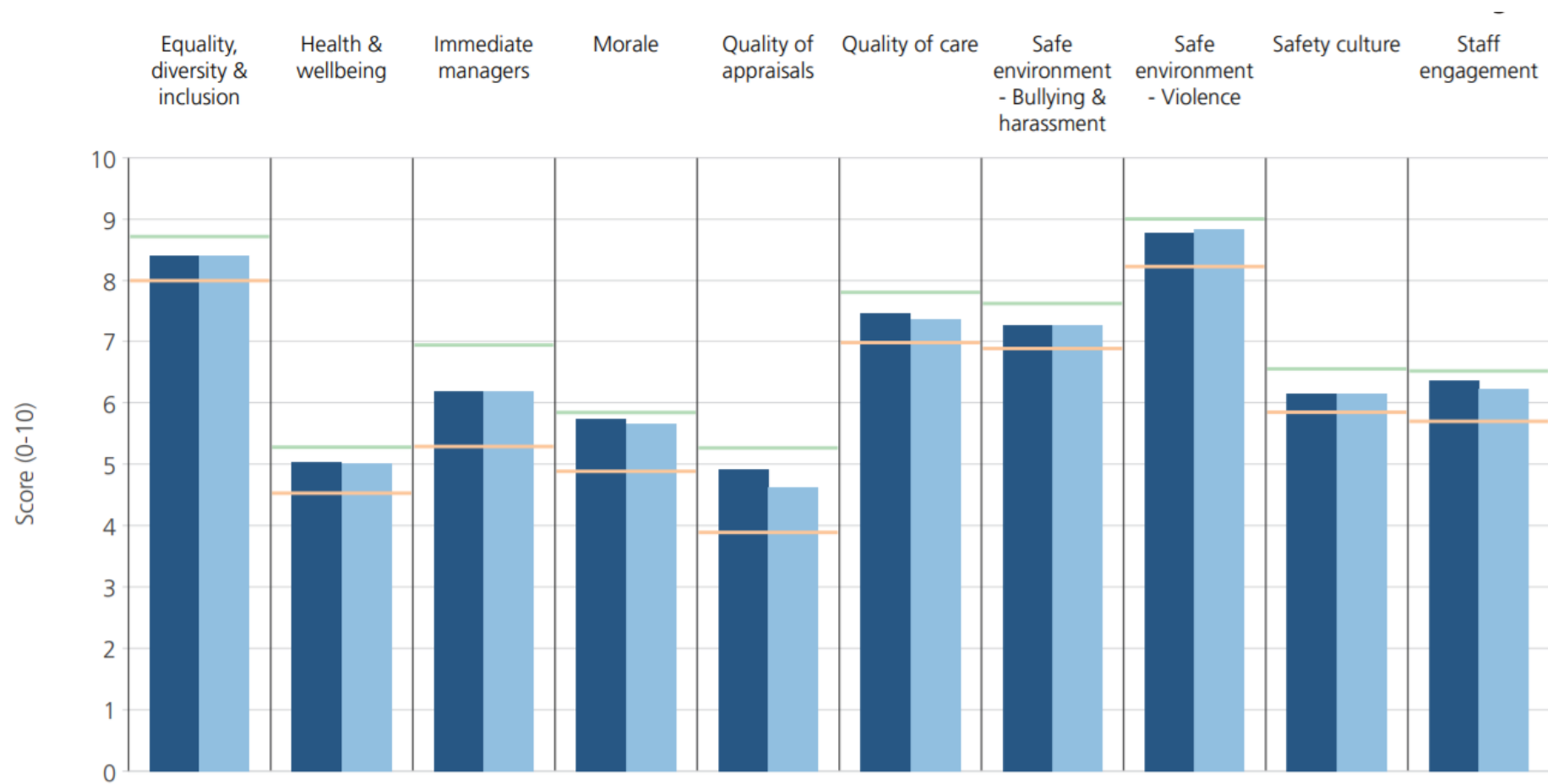
12.0 LEGAL and/or GOVERNANCE IMPLICATIONS

- 12.1 There are no legal implications outlined in this report.

13.0 RECOMMENDATIONS

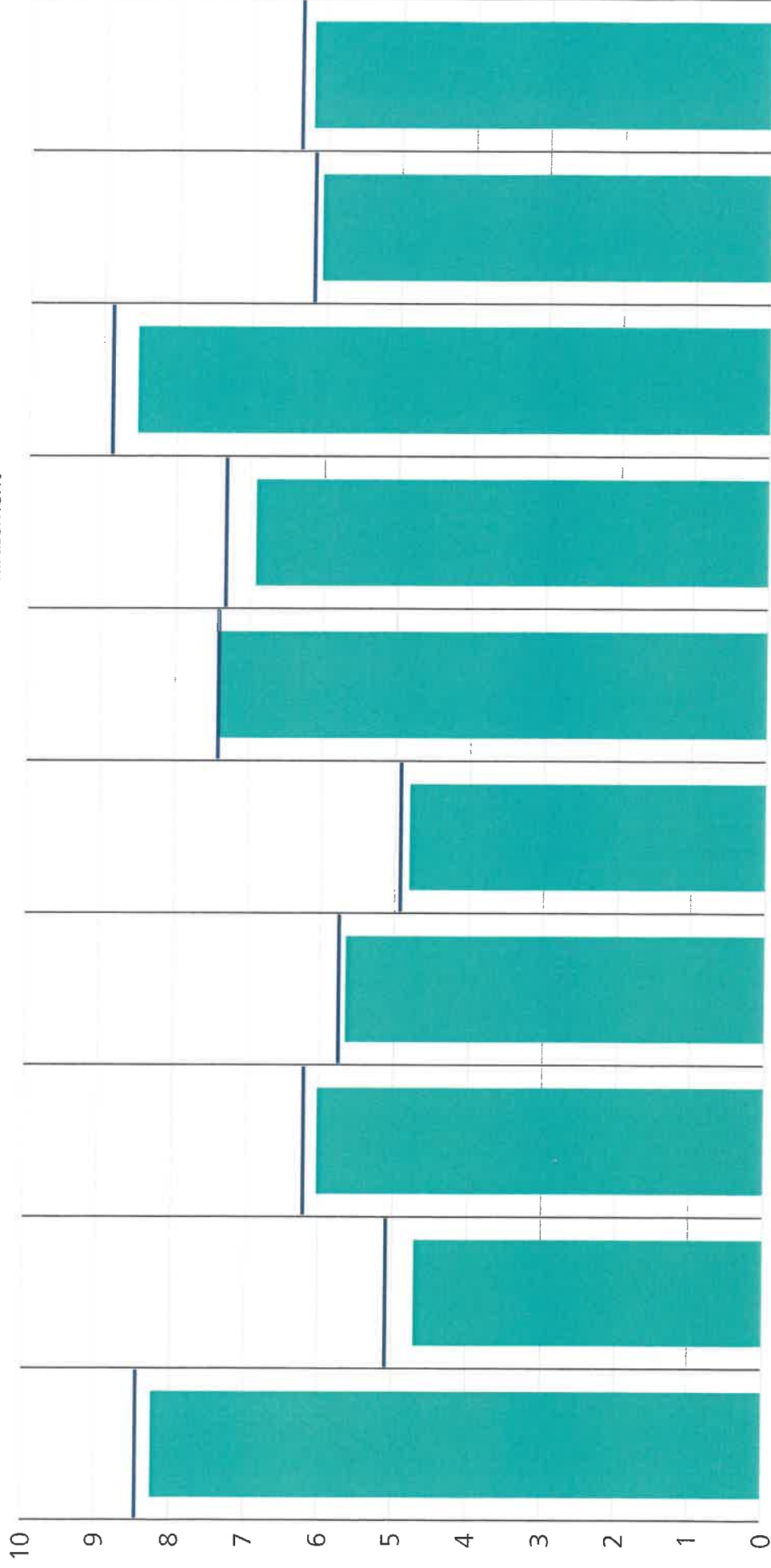
- 13.1 The Board is recommended to:
- Note the contents of the report
 - Consider and endorse the suggested priorities for action.

Appendix A – NWAS' Organisation Overview



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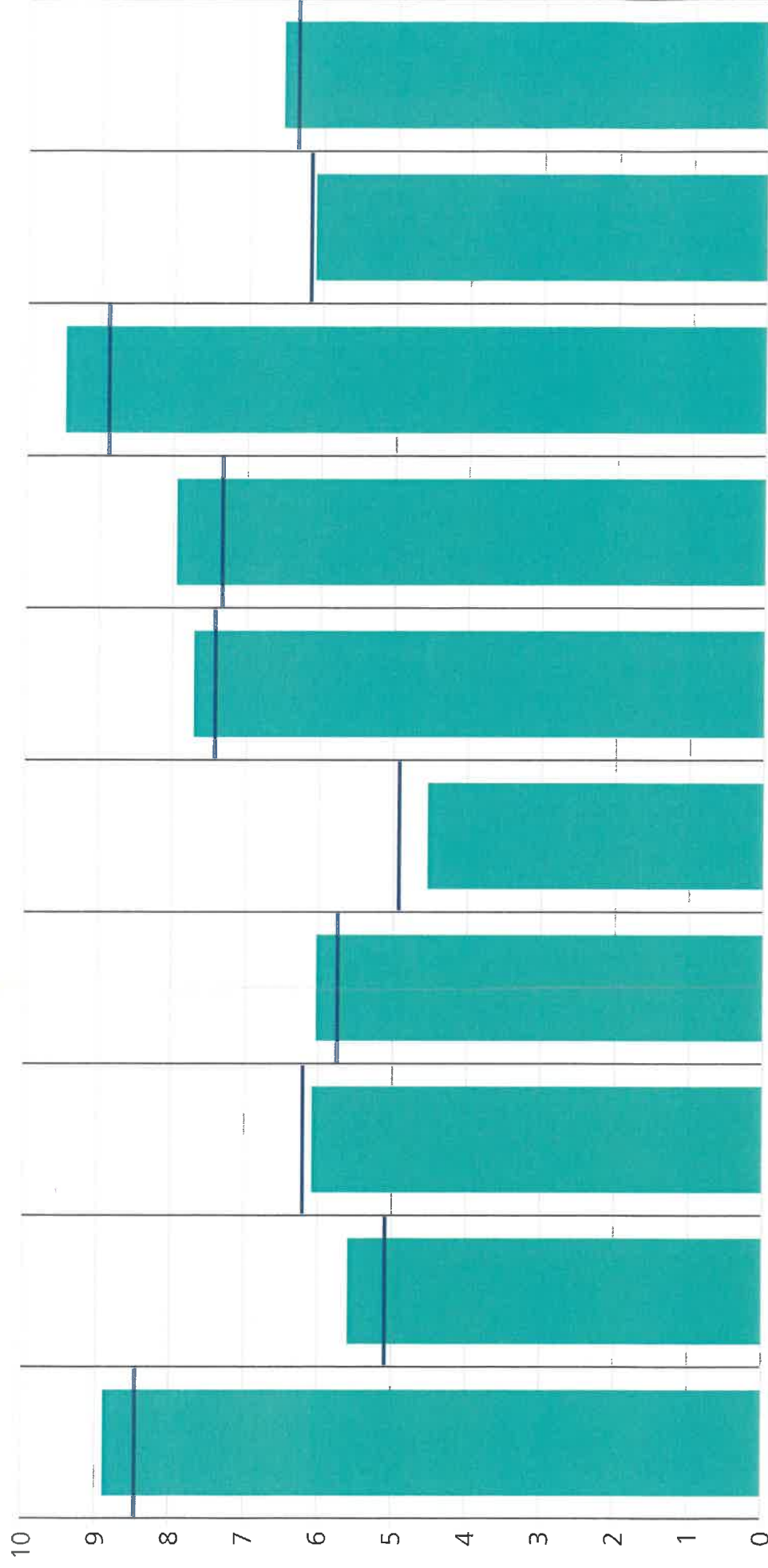
Equality, diversity & inclusion Health & wellbeing Immediate managers Morale Quality of appraisals Quality of care Safe environment - Bullying & harassment Safe environment - Violence Safety culture Staff engagement



Directorate	8.2	4.7	6.0	5.7	4.8	7.4	6.9	8.5	6.1	6.2
Your org	8.5	5.1	6.2	5.7	4.9	7.4	7.3	8.9	6.2	6.4
Responses	1932	1947	1958	1908	1617	1918	1934	1932	1931	1981

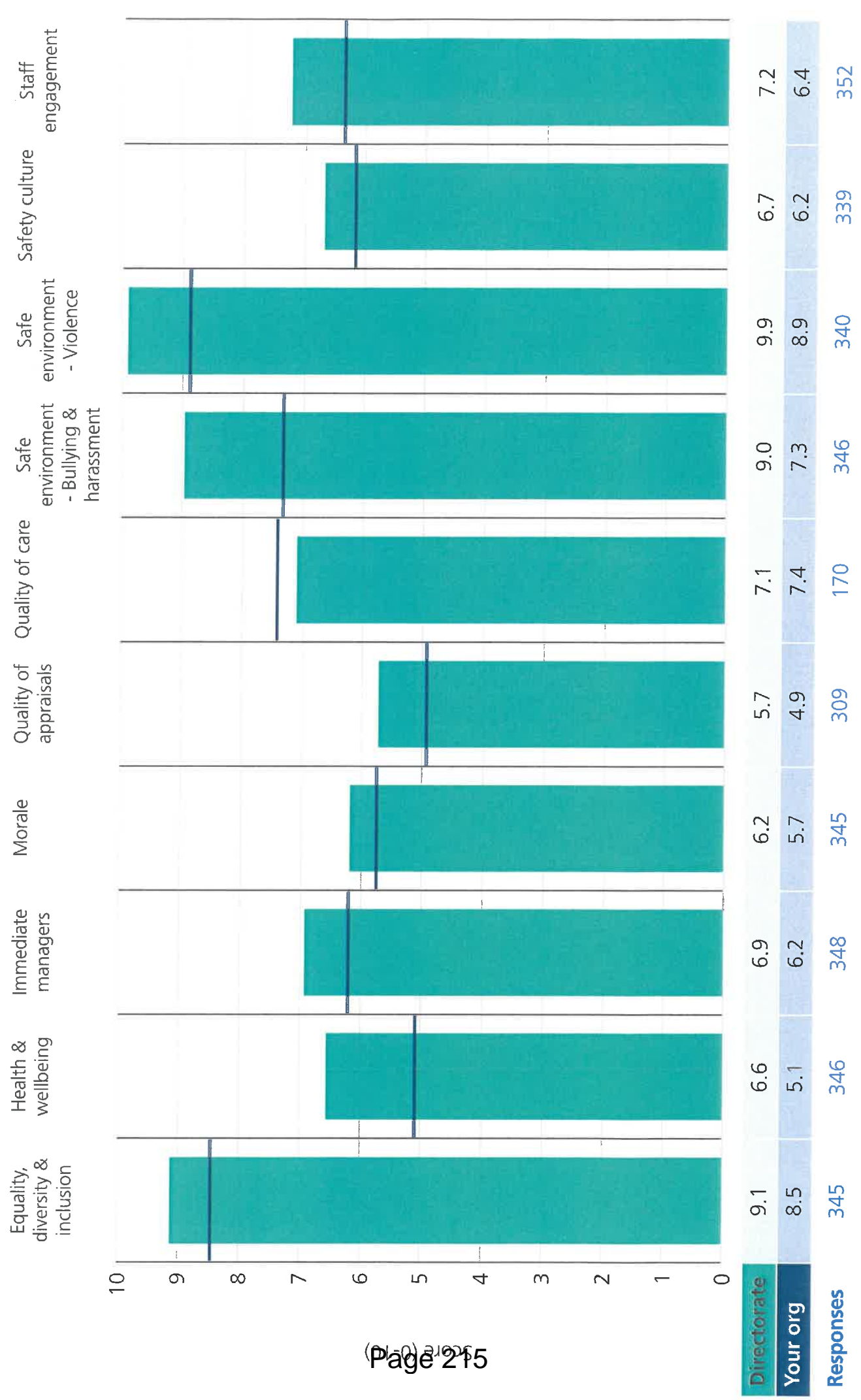
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	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
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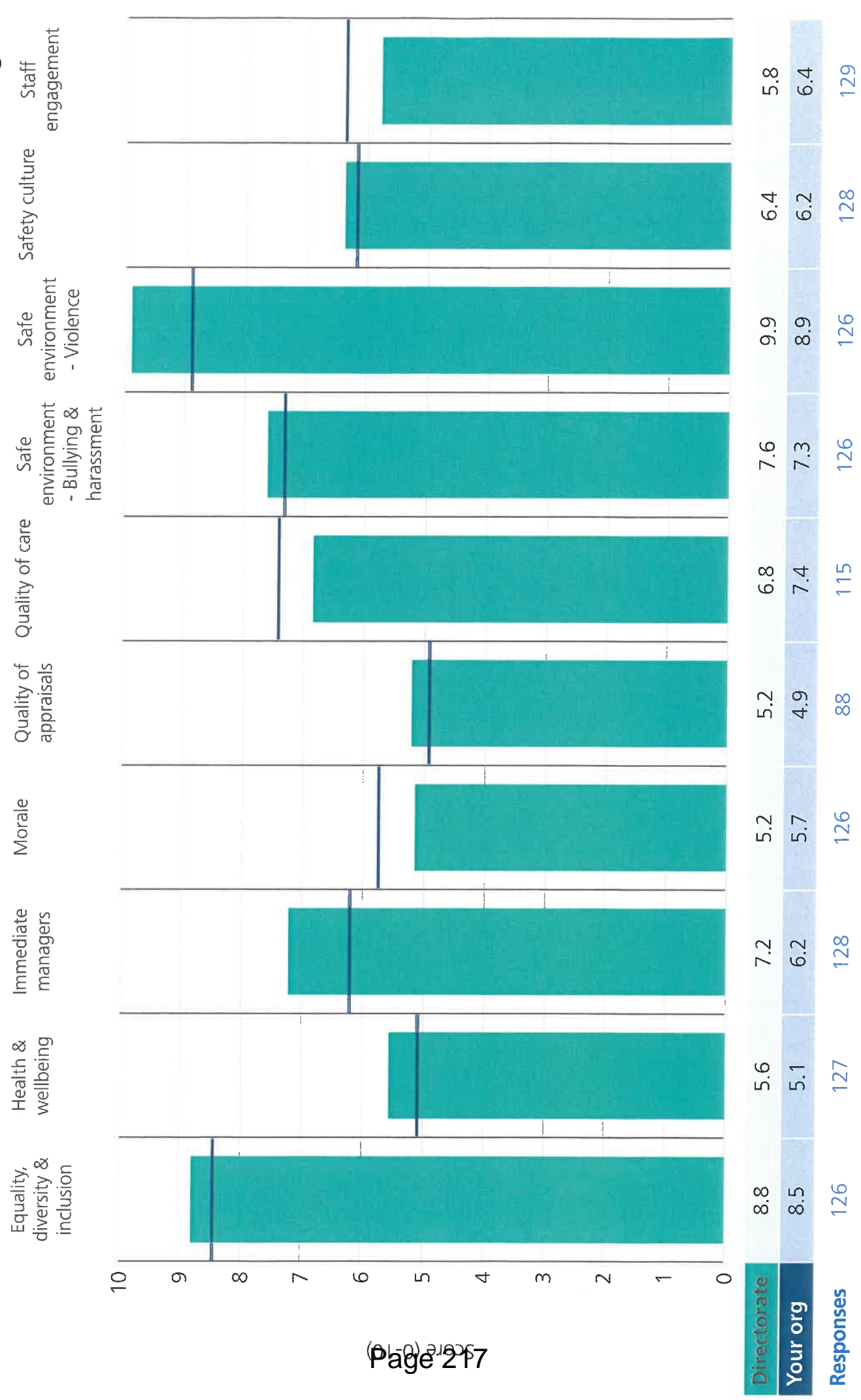


Directorate	8.9	5.6	6.1	6.0	4.5	7.7	8.0	9.5	6.1	6.6
Your org	8.5	5.1	6.2	5.7	4.9	7.4	7.3	8.9	6.2	6.4
Responses	289	289	290	287	222	276	285	282	288	290

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REPORT

Board of Directors	
Date:	27 th March 2019
Subject:	The NWS Patient and Public Panel
Presented by:	Salman Desai, Director of Strategy and Planning
Purpose of Paper:	For Discussion
Executive Summary:	<p>This paper sets out the framework for a new Patient and Public Panel (PPP) to be established in 2019/20 with the overall aim of increasing the trust's engagement and involvement activities with the patients and public communities we serve across the North West.</p> <p>As context it explains the level of community engagement and patient experience previously undertaken, changes that may be introduced to the nationally mandated Friends and Family Test and the identified need to increase and improve our patient and public involvement approach.</p> <p>The structure and both the levels and categories of patient and public participation within the Panel are articulated together with the roles of the Communications and Patient Engagement Teams as they combine from this April. The Patient Engagement Team's (PET) role in centrally managing all the trust's patient and public engagement and involvement activities, the PPP membership, their induction and support and the liaison between the trust and the Panel is also described.</p> <p>This paper also details the current audit of engagement activity undertaken by the trust's communications team, initial feedback and how this might deliver a new co-ordinated approach to our patient and public engagement and involvement work. It also describes how themes from patient experience surveys and integrated business plan objectives will be used to inform the Panel's work plan. Examples of types of involvement activities are outlined in section 6.3 and 7.3.</p> <p>Information on what is intended to be included in the first and second year's work plan is provided together with the commitment to an annual Panel event and the Panel's involvement in the development of a PPP Charter.</p>

	<p>Panel composition and size is discussed together with the recognised need for representation, inclusivity and diversity in recruitment, selection and operation of the Panel. Projected timeframes, the agreed implementation plan and resources to deliver the Panel are described together with project measures.</p> <p>The final 2 sections of this paper prior to Recommendations detail the identified risks to the establishment of an effective PPP and associated mitigation measures together with legal and governance implications.</p>									
Recommendations, decisions or actions sought:	The Board of Directors is asked to note the agreed framework to establish a patient and public panel on the basis and approach outlined in this paper and is invited to make any comments on its future implementation.									
Link to Strategic Goals:	Right Care	<input checked="" type="checkbox"/>	Right Time	<input checked="" type="checkbox"/>						
	Right Place	<input checked="" type="checkbox"/>	Every Time	<input checked="" type="checkbox"/>						
Link to Board Assurance Framework (Strategic Risks):										
SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any Equality Related Impacts:										
Previously Submitted to:			Executive Management Team							
Date:			6 th March 2019							
Outcome:			Framework and resources to establish a patient and public panel were approved.							

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1. PURPOSE

This paper presents the agreed framework to increase patient and public engagement and involvement between the communities of the North West and the trust through the creation of a Patient and Public Panel (PPP) and associated work plan of engagement and involvement activity. The PPP aims specifically to:

- Ensure the voices of patients/the public are heard and acted upon.
- Remedy an identified weakness in our lack of community engagement and structured patient and public involvement.
- Create the infrastructure to enable patients/the public to become involved at a level that suits them and in their selected area(s) of interest.
- Set out clear expectations from both the patient/public and the trust's perspective.
- Develop a work-plan for patient and public engagement and involvement.
- Provide meaningful opportunities for patients/the public to influence service planning and delivery and to develop service improvements using co-production methodology.
- Ensure patient and public representation can act as a critical friend for the trust's business.

2. BACKGROUND

- 2.1** In previous years the trust has undertaken a range of community engagement activity – both proactively planned and reactively ad hoc in response to requests. In addition an annual programme of patient surveys is delivered comprising the Friends and Family Test (FFT), the 999, PTS and 111 service together with a range of smaller service based surveys. However, the trust's previous community engagement programme will shortly expire (2014-2019) and an additional weakness has been identified for the trust in relation to the lack of formal, structured patient and public involvement. This type of regular patient and public involvement ceased with the migration of the previous critical friends network and core group into the trust's foundation trust membership and Shadow Council.
- 2.2** NHS England is currently discussing changes to the family and friends test for ambulance services. One suggestion that has been put forward is the removal of the FFT for see and treat patients together with the introduction of a new requirement for co-production work with patients on service improvements. The development of a PPP would support this approach.
- 2.3** Increased and improved patient and public involvement has been identified and agreed as one of the key initiatives and projects to be developed as part of the 5 year integrated business plan (IBP).

Established business planning processes were used for this process of identification including a full SWOT and PESTLE analysis, reviewed against the risks on the Business Assurance Framework. The list of initiatives and projects produced were also linked to the strategies developed to deliver the trust's strategic goals of Right Care, Right Time and Right Place – Every Time.

- 2.4** This framework provides a manageable structure to deliver a PPP, ensuring minimum regular levels of communication and engagement together with opportunities for high,

medium and low levels of patient and public involvement. This approach will match the varying levels of involvement and participation volunteers may be able to offer and support the patient involvement needs of all the trust's strategies, policies and service improvements.

3. PATIENT AND PUBLIC PANEL (PPP)

- 3.1** Central to this initiative is the establishment of a PPP. The PPP will be recruited to by the trust's communications team through promotions on social media, via the trust's website, stakeholder and public newsletters and at public events.

Panel membership will be recorded and maintained by the Patient Engagement Team (PET) – see Section 6 below. An annual work plan will be created in order to:

- Provide a mechanism for all service areas of the trust to include patient and public involvement in their work in a managed and consistent way.
- Ensure panel members are engaged and or involved according to their stated preferences.
- Ensure all panel members receive a minimum level of contact and information on a regular basis.
- Provide opportunities for panel members to increase their understanding of the trust through a programme of visits, educational activities and trust expert speakers.
- Record the involvement of panel members and produce a summary of outputs.

4. LEVELS OF INVOLVEMENT

- 4.1** Patient and public involvement will be categorised into 3 key areas which reflect the amount of participation and time panel members are able to offer:

1. **Influence:** High Level participation - Regular participation at the trust Board, its committees and at service line meetings to enhance decision making and discussions. Participation would be sought to attend one or more of the trust's structured meetings on scheduled dates and frequencies.

Meetings would normally be held at trust headquarters in Bolton running for scheduled time periods. This level would be suitable for a volunteer able to participate in a specific meeting (s) on a regular basis to provide their ideas, suggestions and insight as a patient and or member of the public on the business discussed by that trust meeting.

2. **Co-produce:** Medium Level participation – Panel members are available to participate in activities to help inform service improvements and review service design/offer e.g. fleet design, trust charity plans.

Participation would be sought to attend one or more focus groups on a specific topic to provide their experience and/or expectation to co-produce service improvements and/or influence wider service level delivery and planning. This level would be

suitable for a volunteer able to participate for designated periods on a task and finish basis.

3. **Consult:** Low Level participation – Panel members are available to respond to surveys, give feedback on strategies, publications and provide their thoughts on events and campaigns on an infrequent, occasional basis.

Participation is on one-off pieces of work which more often than not will be conducted on a virtual basis as an email community. This level would be suitable for a volunteer able to participate at a time to suit them and for short periods of participation and/or who may not be able to or keen to travel.

- 4.2 The illustration at Figure 1. below shows patients and public at the heart of everything, the levels of involvement, the audience groups from which panel membership will be recruited from; examples of participation activities for each level of involvement and the overall themes of patient and public relationship with the trust.

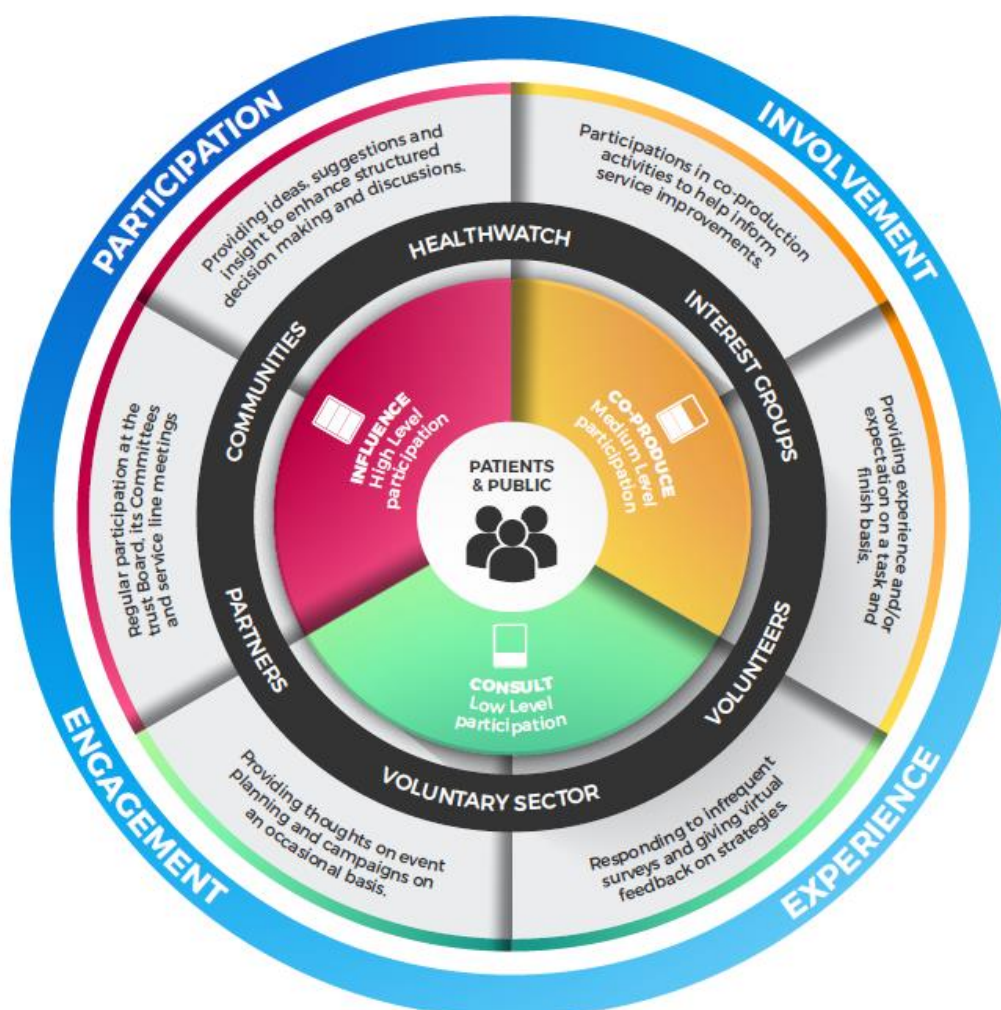


Figure 1: Patient and Public Panel

- 4.3** Whilst the attraction of the varying remits of each of the above 3 levels to potential PPP members is as yet unknown, it is anticipated that the lowest number of prospective PPP members will elect for the highest level of participation (Influence), followed by the medium level (Co-produce), based on their availability. It is also anticipated that the highest number of prospective PPP members will elect for the lowest level of participation (Consult).

5. PARTICIPATION CATEGORIES

- 5.1** A baseline of key criteria will be created for each category of participation as follows:

Influence – people who are able to commit to and who may have some experience in attending meetings or speaking in front of large groups of people and are willing to undertake some relevant reading material before the meeting. Appropriate support would be made available to individuals who wished to participate at this level but have not yet had the above mentioned experiences or opportunity to do so. This may also include development opportunities for individuals wishing to move from one of the groups below to this more active group.

Co-produce – people who have service user experience and a desire to help us to improve services for all of our patients and public together with the ability to keep the patient perspective to the forefront rather than become focussed on other issues.

Consult – people who can represent different patient perspectives in providing feedback as well as those who have the ability to look beyond their own personal experience and who have open and enquiring minds to understand and accept different viewpoints.

6. ROLE OF THE PATIENT ENGAGEMENT TEAM

- 6.1** Increased patient and public engagement through the involvement of our communities will become the remit of the Strategy and Planning Directorate from April 2019. Part of the existing patient experience team will merge with the Communications and Engagement Team from this time and will evolve into a new Patient Engagement Team (PET), responsible for the development and management of the PPP, in addition to their current duties.

The Communications arm of the combined team will provide support in terms of recruitment at 3.1 above, the audit of existing engagement and involvement activities described at 7 below to inform a more co-ordinated, centrally managed approach to patient and public involvement in the work of the trust. The communications team will produce materials to increase awareness of the Panel and how to access it within the trust. It will also assist in the development of collateral to show how we have used patient and public feedback to inform service improvement or make changes once the Panel becomes established.

- 6.2** The PET will centrally manage all the trust's patient and public engagement and involvement activities. This will ensure an overall co-ordinated approach to patient and public involvement activities, specifically the management and support of the Panel as well as attendance at key community events e.g. Health Melas, PRIDE and other high football community events. As the Panel's central role in service improvement becomes better known and established, it is important that all requests are managed and that

panel members are not over loaded with involvement requests. For this reason a Panel Co-ordinator role is proposed at 12 below.

- 6.3** Expected types of patient and public involvement activity may include giving feedback on the language and ease of understanding of a new complaints/compliments leaflet, commenting on a strategy, e.g. the Urgent and Emergency Care Strategy, the Duty of Candour Policy or the Quality Account. Timeframe and clear terms of reference would be needed to ensure both parties understood their role and the specific requirements of their involvement.

As the trust's urgent and emergency care and digitalising business intelligence strategies are developed there will be potentially many ways in which patients and the public can become involved to influence service design and improvement using a co-production approach. Again time would need to be allowed in the respective strategies implementation schedules for this to take place together with a clear understanding of the scope of patient and public involvement. A task and finish type of approach with a shorter timeframe may be possible for activities around event design such as patient and public involvement in the format of the trust's next annual Health Fair or an open station event.

Patient and public members who sit on service meetings, trust committees or even the Board would be provided with a briefing of what was on the agenda in order to best contribute their perspective. An example of how this might work could include their feedback and opinion on trust learning e.g. having watched a patient or staff story.

- 6.4** Working with directorates and service teams the PET will ensure panel members have an appropriate induction and access to support. An induction event and pack together with a programme of visits, educational activities and expert trust speakers will be created to assist with this objective. This will include visits to EOC and the PTS Contact Centre, CPR and live saving skills, quality improvement initiatives, the NWAS Charity, volunteering as well as the trust's strategy and vision and opportunities to meet Board members, Service Heads etc.
- 6.5** Board members and staff speakers will be asked to help support the PPP through their attendance at induction and involvement events together with the annual PPP event and through the creation of induction materials. Service managers will also be required to support the facilitation of PPP development visits, provision of an ambulance and/or equipment as described at 6.4 above.

In addition, Panel members attending Board/Committee/SMT's may need an initial mentor to assist their involvement to ensure they are clear about what is to be discussed and their role. The Panel Co-ordinator would oversee facilitation of this type of support, as required.

- 6.6** In addition to the above face to face opportunities, a special PPP event will be held once a year to thank members for their contributions, help develop further patient and public involvement activities and plan future work programmes. This would comprise a full day's celebration event and would enable the trust to recognise its panel members and share outputs from the year. As the work of the Panel expands 'You Said, We Did' type communications will be created on a regular basis. Shared both internally and externally the trust's communications team will work with the PET to promote the Panel and the impacts of its work for the benefit of the wider public and patients.

In order to support the delivery of the above activities to increase the trust's patient and public engagement and involvement activities, additional resources were sought and approved by the Executive Management Team on 6th March 2019. These are included in the Resources section at 12 below.

7. AUDIT OF EXISTING ENGAGEMENT AND INVOLVEMENT ACTIVITIES

7.1 In order to better understand and realise the benefits of co-ordinated engagement and involvement, an audit of current patient and public engagement and involvement activities taking place across the trust has now commenced. This includes work undertaken by our CFRS, Community Specialist Paramedics, local community groups; schools and other forms of engagement. This is being achieved through a trust wide survey developed by the communications team.

7.2 Although the survey is still live it is already apparent that a lot of engagement takes place on a reactive basis in the community that is not captured, managed or supported, particularly in local schools, clubs and organisations. There is seldom an overarching objective or message being delivered and feedback is rarely recorded. There is also a clear enthusiasm and appetite to deliver this, ideally with supporting collateral.

In addition work is being undertaken to identify barriers and improve access with specific community groups; the young, those with mental health problems, the frail and elderly, visual impairment, learning disability and people living with cancer or HIV. Whilst commendable it is fragmented and if it was part of a planned and co-ordinated approach to community engagement, it is considered more could be achieved

7.3 For example if the trust wanted to develop a new winter campaign to improve understanding of what to expect from the ambulance service and help patients and the public get the right care for them it might invite its patient and public Panel members to take part in a focus group to consider possible designs and messages to test the appeal and effectiveness.

Once materials had been drafted these could be shared with the Panel's virtual members for them to give their feedback. When finalised, the materials could be shared out in the community via above mentioned schools, clubs and local organisations, supported with key messages and potentially a small supply of giveaways as well as easy ways to gather feedback.

Sessions currently taking place with specialist community groups could also become more focussed, looking at how winter planning affects them and any special needs they may have as a result. This would provide a much richer source of overall feedback and enable the trust to develop campaigns that resonated much more strongly with its communities. It also illustrates how patient and public involvement can become more integrated into trust services.

7.4 In addition to the above mentioned audit, themes extracted from patient feedback, obtained from the sending out of service based surveys (NHS 111, 999, PTS etc.) will be used to inform patient and public activities and involvement topics for the Panel. Key initiatives and projects from the IBP 5 year plan, where appropriate, will also be considered for inclusion in the Panel's work plan.

8. PPP WORKPLAN

- 8.1** An initial programme of induction events and activities will be created for Panel members which will form part of their work plan for year 1. This will be supplemented by the Panel's participation in a minimum of 4 structured and task orientated ways and 2 ad hoc opportunities through a managed programme of patient and public involvement. Examples of the type of involvement are provided are 6.3 and 7.3 above. One key structured event will include the development on a co-production basis of a Patient and Public Panel Charter to set the ground rules for the Panel and agree how the trust and its patients and public members will work together.

The Panel will also be involved in the development of an annual event to provide recognition, plan future patient and public involvement activities and share learning with each other as described at 6.5 above.

- 8.2** This proposal for a PPP deliberately omits a rigid framework, requirement for minimum attendance, frequency of meetings or any other terms of reference at this time and instead proposes that these elements are considered and agreement is reached on a co-production basis with the Panel.

The decision for this is to demonstrate the trust's commitment to involve its communities from the outset but also to learn from the experience of administration of the Shadow Council of Governors. The latter required significant administrative support and resources and its contribution was limited due to its Shadow status.

- 8.3** Subject to discussion and agreement with the Panel, it is suggested Year 2 (2020/21) will include a PPP event and development of a work plan involving patients and public volunteers in a minimum of 6 structured and task orientated ways together with 4 ad hoc opportunities. As described above all of these activities will be reviewed using a co-production approach.

9. PANEL COMPOSITION AND SIZE

- 9.1** A communications plan will be created to encourage sign up to the Panel using the methods described at 3 above. The composition of the PPP will be reviewed on a monthly basis for the first 6 months and thereafter on a quarterly basis to consider size and representation of the population together with any required actions to address obstacles to access and under representation. Recruitment will aim to achieve representation in each of the tiers of patient panel members of all our communities. It will also adhere to the protected characteristics as defined by the Equality Act 2010 (age, gender, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity). Ensuring appropriate representation on the Panel will also enable targeted audience work e.g. to evaluate the success of trust campaigns.
- 9.2** Recruitment will be undertaken in accordance with the trust's Equality, Diversity and Inclusion policy with specific reference to the inclusion of positive images of diverse groups in our recruitment materials, the provision of clear and accurate information regarding the requirements to be a panel member and the support available to an individual to enable them to make an informed decision on their own suitability for

involvement. Shortlisted applicants will be asked whether they require adjustments to enable them to access the selection process and, where appropriate reasonable adjustments will be made. Reasonable adjustments will be made to support access to access panel activities. These may include physical barriers, advocacy or where and when activities take place. Consideration will also be given to the timing of both selection procedures and panel activities, taking into account major religious festivals.

9.3 The trust wishes to engage with all age groups (16+) but understands the logistical challenges a 16 year old may encounter in attending a panel activity. Although travel expenses will be paid and support provided at the event to ensure the individual(s) felt comfortable, well informed and had the confidence to contribute it is acknowledged that more may be needed to both recruit and support youth engagement. It is proposed that youth panels facilitated by secondary schools and colleges may be able to help by offering the trust engagement time as part of their own youth panel activities and work plans.

9.4 Data cleansing will be carried out at 6 monthly intervals and panel members, although asked to commit to one year's involvement, will be able to withdraw their involvement by notifying the trust in writing at any time. PPP information will be stored in a password protected folder on the trust's common drive.

PPP members will be volunteers, acting as critical friends, not official representatives of the trust.

9.4 Whilst the overall ambition would be for the Panel size to eventually be proportionately representative of the size of the communities we serve, the following are indicative numbers for the various levels of participation in year one. A 15% improvement target is proposed for year two.

Influence – likely to be the smallest group of Panel members. This group is likely to total up to 25 members in order to facilitate attendance at Board and service level Committees and allow for the frequency of meetings of each.

Co-produce – likely to total up to 50 members in order to facilitate participation in engagement activities and actively get involved in service improvement and development across the trust. As described in the work plan section at 8. above, this will include a minimum of 4 structured and task orientated ways and 2 ad hoc opportunities

Consult – likely to be the largest group, particularly given this group can function largely as a virtual community. This group is likely to total up to 100 members able to respond and give views via surveys, provide feedback on strategies and policies etc.

10. TIMEFRAME

10.1 Year 1 (2019/20) will include the establishment of the Panel, creation of a programme of induction events and activities and the involvement of patients and public volunteers in a minimum of 4 structured and task orientated ways together with 2 ad hoc opportunities through a managed work plan.

Subject to discussion and agreement with the Panel as described at 8.3 above, it is suggested Year 2 (2020/21) will include a PPP event and development of a work plan

involving patients and public volunteers in a minimum of 6 structured and task orientated ways together with 4 ad hoc opportunities.

11. IMPLEMENTATION

11.1 The Executive Management Team considered 3 options:

Option 1 - No change to current situation. Continue solely with the community engagement activities currently undertaken by the trust's patient experience team and other service areas, together with the gathered patient experience as described at 7.1 and 7.2 above.

11.2 Option 2 - Partial implementation. Establish a PPP but exclude one or more of the below 3 levels of participation. Definitions of the types of involvement these levels may include can be found at 5. above.

1. High level participation: Influence.
2. Medium level participation: Co-produce.
3. Low level participation: Consult.

11.3 Option 3 – Full implementation. Establish a PPP as per the approach proposed in this report.

11.4 Executive Management Team agreed to full implementation as per the approach described in this report.

12. RESOURCES

12.1 Additional resources were identified and agreed by the Executive Management Team to fund the recruitment, administration and effective delivery of the Panel.

Two new posts were also agreed which comprised a Panel Co-ordinator post to facilitate the induction and involvement activities and act as a point of contact for both Panel members and trust colleagues together with the organisation of an annual Panel event. A Panel Administrator was also agreed to maintain the Panel membership.

13. PROGRESS MEASURES

13.1	Measure	Timescale
	Audit of current patient involvement complete	March 2019
	PET in post	April 2019
	Panel recruitment campaign commences	April 2019
	Induction programme developed for the PPP	May 2019
	Interviews/assessments completed for PPP membership	June 2019
	PPP numbers met	June 2019
	Training and induction (appropriate level for representatives on the Board, trust committees and other Panel members)	July 2019
	Representatives in place on the Board and its committees	August 2019

Work plan for year 1 complete	June 2019
Minimum involvement levels met	March 2020
PPP celebration event held	March 2020

14. RISKS

14.1 Identified risks to the establishment of an effective PPP include:

- The lack of uptake from patients and the public to form a PPP.
- Low level completion of the communication and engagement audit of current activity upon which to base a programme of co-ordinated engagement with the Panel.
- Lack of support from the trust to provide induction events and facilitate development visits – both financial and human resources.
- Lack of support from the trust to facilitate meaningful engagement and involvement activities at the agreed frequencies – again both financial and human resources.
- Board and committee governance arrangements being comprised by Panel member attendance.
- Confidentiality and Data Protection breeches as a result of sharing information with Panel members.
- Reputational damage to the trust due to Panel members misunderstanding information provided to them or the basis of their involvement.

In mitigation, it is considered that a robust communications plan will produce a good uptake from patients and the public and a high level of response to the communication and engagement audit. Support will be provided by the trust to facilitate an effective induction and meaningful engagement and involvement activities through the approved resources. Potential governance, confidentiality, data breaches and reputational damage will be managed through the development and agreement of a Patient and Public Panel Charter as described at 8.1 above.

15. LEGAL and/or GOVERNANCE IMPLICATIONS

15.1 Legal:

The trust is nationally mandated to undertake the FFT and commissioned to undertake patient experience surveys for NHS 111, PTS and 999 services.

Patients and the public are at the heart of everything we do and an active and effective approach to engagement and involvement is strongly advocated in numerous NHS legislation, including:

- The NHS Constitution (NHS England 2009)
- The Equality and Delivery System EDS2 (NHS England 2013)
- NHS England patient and public Participation Policy (November 2015)
- Community Engagement - improving health and wellbeing and reducing health inequalities (National Institute for Health and Care Excellence March 2016)
- NHS Long Term Plan (NHS England January 2019)

15.2 Governance:

- Report PPP progress via the Directorate of Strategy and Planning Service Management Team and Executive Management Group.
- Produce a quarterly report to Quality Committee and trust Board.

16. RECOMMENDATIONS

- 16.1** The Board of Directors is asked to note the agreed framework to establish a patient and public panel on the basis and approach outlined in this paper and is invited to make any comments on its future implementation.