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North West Ambulance Service NHS Trust

Board of Directors Meeting to be Held in Public

Wednesday, 29 May 2019
9.45am

Oak - North West Ambulance Service, Trust HQ
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AGENDA

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

19.	NWAS Pandemic Influenza Plan	11:45	Decision	Director of Operations	213 - 254

WORKFORCE

20.	Equality, Diversity and Inclusion Annual Report	12:00	Assurance	Interim Director of Organisational Development	255 - 306

CLOSING

21.	Any Other Business Notified Prior to the Meeting		Decision	Chair	
22.	Items for Inclusion on the BAF		Decision	Chair	

Date and Time of Next Meeting   TBC

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

- 1

Details: Wednesday 24th April 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
Mr S Desai	Director of Strategy & Planning
Mr M Forrest	Deputy Chief Executive
Dr C Grant	Medical Director
Mr R Groome	Non-Executive Director
Mr D Mochrie	Chief Executive
Mr M O'Connor	Non-Executive Director
Ms M Power	Director of Quality, Innovation & Improvement
Mr D Rawsthorn	Non-Executive Director
Ms L Ward	Interim Director of Organisational Development
Mrs A Wetton	Director of Corporate Affairs
Ms C Wood	Director of Finance

In attendance:

Ms R Foot	Freedom to Speak Up Guardian (Part)
Ms J Lancaster	Corporate Governance Manager (Minutes)
Ms H Mason	Executive Assistant (Observer)
Ms C Turner	Communications Officer (Part)

Minute Ref:

BM/1920/01   PATIENT STORY

A film was shown to members, featuring a patient's wife who had phoned for an emergency ambulance when her husband suffered a heart attack. It was noted that the phone call was made at a particularly busy time of the year, over the festive period.

It was noted that the patient had waited two hours, twenty minutes before an emergency response had arrived. During this period, three calls were made to the service.

The patients wife explained that one of her concerns was that the Trust could not provide an expected time of arrival (ETA) or advice in terms of what to do. Whilst friends and neighbours were offering her and her husband a lift to the hospital, she was expecting an ambulance to arrive at any time.

She went on to explain that after this incident, she suffered with a severe chest

infection and as result of her previous experience, she did not ring for an ambulance. Instead she rang 111 for support, resulting in an RRV attending within 10 minutes, followed by an ambulance. The patient explained that whilst she was aware of the pressures faced within the service, it was frustrating in terms of the difference in care and service that was received by herself and her husband.

Members were advised that following this incident, learning had been identified and embedded within the Trust. Firstly, the availability of more clinicians within the Emergency Operations Centre (EOC) environment who could offer more tailored clinical advice to patients where there may be a delay in providing a response to them. Secondly, where appropriate and with certain categories of calls the script had now been changed and callers advised that 'we are currently extremely busy, is there a safe way of getting to the patient to hospital'. In addition, an ETA may also be given within a certain timeframe.

Dr M Ahmed commented on the importance of safely advising patients and the Chairman supported this stating that communication was crucial.

The Chief Executive commented that more clinicians were now in the EOC, ensuring that clinical advice could be provided to patients when required.

The Board:

- Noted the patient story.

The Communications Officer exited the meeting at this point.

BM/1920/02   APOLOGIES FOR ABSENCE

There were no apologies for absence.

BM/1920/03   DECLARATIONS OF INTEREST

No declarations of interest were declared.

BM/1920/04   MINUTES OF PREVIOUS MEETING HELD ON 27th MARCH 2019

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

The Board:

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

BM/1920/05   ACTION LOG

The action log was reviewed and updated accordingly.

BM/1920/06   COMMITTEE ATTENDANCE

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

The Board:

- Noted the committee attendance.

Page 4

- 2 -

BM/1920/07   CHAIRMAN AND NON-EXECUTIVES DIRECTORS UPDATE

The Chairman advised that he had attended the Every Minute Matters Summit held on 1ˢᵗ April 2019. He commented that the event demonstrated excellent partnership working and stated focus and challenge should be maintained.

In terms of the vacant Non-Executive Director (NED) vacancies, it was noted that 16 applications have been received. The Chairman advised that he would share the applicants 'CVs' with the relevant NED and Executive, to provide feedback in terms of their skill set/expertise.

Members were advised that work was commencing in relation to the Board governance structure and a proposal would be presented to the next meeting for consideration and approval.

The Chairman referred to the AACE Council meeting that was held on 17ᵗʰ April 2019 and advised that a discussion had ensued in relation to settlements with Commissioners. The Chairman thanked all of the staff that had been involved within the Trust's negotiations with regards to the Patient Emergency Service Contract that had now been agreed.

Members were informed that the Northern Ambulance Alliance had a new Managing Director and a future Board-Board would be arranged.

The Chairman commented on the STAR awards that were held on Thursday 18ᵗʰ April 2019 and applauded all of the winners and staff who were nominated. He added that the event was excellent and encouraged members to attend future ceremonies.

The Board:

- Noted the update.

BM/1920/08   CHIEF EXECUTIVE'S REPORT

The Chief Executive presented a report to provide members with information on a number of areas since the last report to the Trust Board on 27ᵗʰ March 2019. The report covered (i) performance, (ii) issues to note, and (iii) external/internal engagements.

Mr R Groome made reference to the executive summary and asked that this included the key points from the report, in future reporting.

An update was provided in relation to 999 performance and members were presented with information that illustrated continuing improvements. Mr D Rawsthorn expressed his thanks as the table that had been presented in relation to 999 performance now included a column to highlight the target for each measure.

The Chief Executive acknowledged the departure of Paul Bailey who had left the Trust, after 38.5 years and expressed his thanks for all of his work.

Condolences were expressed for the family of John Betteridge, Operational Manager in the Cheshire and Mersey area on his death following a short illness. The Board send their thoughts to John's family at this time.

In terms of 111 performance, it was noted that during March 2019 the team had delivered its best performance for calls answered in 60 seconds and lowest abandoned calls since August 2017. However, it was noted that the service had

Page 5

incurred a full year overspend of £1.6m which related to workforce.

Reference was made to PTS performance and it was noted that during March 2019, activity was 2% below the contract baseline.

The Chief Executive formally welcomed Carolyn Wood, Director of Finance and Dr Chris Grant, Medical Director to the Trust and to their inaugural meeting of the Board. The Chief Executive advised that he was working with Executives in terms of their portfolios and would share this with Non-Executive Directors (NEDs) at a later date. He added that he would be working with the Chairman in terms of effective working between Executives and NEDs.

An update was provided in relation to Estuary Point and it was noted that consideration was being given to an appropriate opening.

The Deputy Chief Executive made reference to the Every Minute Matters Summit held on 1st April 2019 and advised that NHS Improvement had endorsed the event and stated this was an area of good practice that should be followed by other Trusts.

The Chief Executive stated that the Trust was one of the biggest providers in terms of patient contact and therefore, there was a need to identify how the Trust could lead in terms of system solutions.

The Board:

- Received and noted the contents of the report.

BM/1920/09   BOARD ASSURANCE FRAMEWORK

The Director of Corporate Affairs presented a report to provide members with an opportunity to consider the opening position of the Board Assurance Framework (BAF) and the updated BAF arrangements for 2019/20.

The Chairman commented that he had met the Senior Risk and Assurance Manager to discuss the new format of the BAF and was keen to implement the new format asap. He asked Executives to meet with the Senior Risk and Assurance Manager and to take the lead in assurance committees with regards to the BAF.

The Director of Corporate Affairs directed members to the report that detailed (i) risk assurance process, (ii) updated BAF arrangements, (iii) rationale for updating the BAF arrangements, (vi) role of the Board and Audit Committee in relation to the BAF, (v) refreshed BAF reporting arrangements, and (vi) BAF opening position 2019/20.

It was noted that the layout of the BAF had changed to provide a more concise and visually appealing document. The Director of Corporate Affairs explained that the Senior Risk and Assurance Manager would be meeting with all Executives to populate the BAF and would be reported to the Board in June 2019.

Mr D Rawsthorn expressed his support in terms of the development of the BAF and its direction of travel. He referred to report cover sheets and suggested details of each of the risks listed on the BAF be included as an appendix.

Dr M Ahmed referred to SR03 'If the Trust does not deliver the Urgent and Emergency Care Strategy then it may not be able to meet demand for emergency care leading to inability to meet performance standards'. She

Page 6

suggested that the wording of this risk be considered to ensure both urgent care and meeting performance standards was further emphasised. The Director of Operations supported this view and stated that the right balance was required.

Dr M Ahmed made reference to risk SR06 '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' and SR09 'If the Trust does not establish effective partnerships within the regional health economy then it may not 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'. She asked if these risks could be merged into one risk. The Director of Strategy and Planning explained this was currently being considered.

The Chairman stated that the top three risks currently related to (i) finance, (ii) digital, and (iii) quality. The Director of Corporate Affairs advised that as we move through the financial year, the finance risk would expect to reduce as financial plans were embedded.

The Deputy Chief Executive stated the importance of Board members having a collective view and understanding on risk. The Chairman supported this and stated that members had a responsibility to understand the Trust's risk and articulate why risks were in place.

Mr M O'Connor commented on the financial risk and suggested this was not a major risk for the Trust. The Director of Finance explained that currently, no contingency was in place to offset against the 2019/20 identified Cost Improvement Programme (CIP). It was noted that if the CIP was developed then the risk score could decrease. The Chief Executive made reference to a number of factors that were currently impacting on the finance risk score that included (i) unidentified CIP, (ii) cost pressures in terms of call handlers, and (iii) PTS contract. He also added that non-delivery of the PES contract was a risk to the Trust.

In terms of digital, members were advised that the Digital Strategy was being developed and would be presented to the Board at its meeting in May 2019.

The Chief Executive commented that it was crucial that all staff understood risk. He advised that he had met with the Senior Risk and Assurance Manager and discussed the importance of increasing risk management awareness across the Trust.

The Chairman summarised the discussion and commented that the Board had reviewed the BAF in detail. He reiterated the importance of all members understanding the risks and potential consequences. He added that performance dashboards were key in terms of triangulating performance with BAF risks.

The Board:

- Approved the updated BAF template,
- Supported the suggested reporting arrangements,
- Noted that the Senior Risk and Assurance Manager would meet with each Executive to review each risk including the description and score.

BM/1920/10   CORE GOVERNANCE DOCUMENTS

The Director of Corporate Affairs presented the Trust's (i) Standing Orders, (ii) Reservation of Powers to the Board, (iii) Scheme of Delegation, and (iv)

Page 7

Standing Financial Instructions for approval, following an annual review carried out by the Corporate Governance Team. Members were advised that the documents had been presented to and supported by the Audit Committee.

A discussion ensued in relation to the quorum of a meeting and it was noted that section 3.12.10 of the Standing Orders stated that a member may be counted as present when available constantly for discussions through an audio or video link and may take part in voting on an open basis. The Chief Executive commented that work was progressing via the Digital Strategy to support this method of members participating in meetings in the future.

Dr M Ahmed supported this method and commented that it supported the Trust's journey in terms of sustainability. The Chairman stated that IT needed to be excellent, to allow members to participate in meetings remotely.

Mr M O'Connor referred to the composition of the Trust and the three non-voting Associate Non-Executive Directors. The Director of Corporate Affairs explained that NHS Improvement had advised that Associate Non-Executive Directors could be counted towards quoracy within committees but not at Board. Mr M O'Connor advised that this should be reflected within Committee Terms of Reference.

Mr D Rawsthorn commented that some Committees did make decisions, for example, the Audit Committee agreed the Internal Audit programme, and therefore, clarity was required in terms of voting rights of Associate Non-Executive Directors.

The Board:

- Approved the (i) Standing Orders, (ii) Reservation of Powers to the Board, (iii) Scheme of Delegation, and (iv) Standing Financial Instructions,
- Requested that Committee terms of reference made it explicit in terms of members voting rights and quoracy.

BM/1920/11   REVISED STANDARDS OF BUSINESS CONDUCT POLICY

The Director of Corporate Affairs presented the Revised Standards of Business Conduct Policy for approval.

Mr D Rawsthorn commented that the gifts and hospitality register was presented to the Audit Committee and it was suggested that the process of managing gifts and hospitality was not understood across the Trust.

The Director of Corporate Affairs explained that following approval of the policy, a communications campaign would be carried out to raise awareness of the policy across the Trust.

The Board:

- Approved the revised Standards of Business Conduct Policy.

BM/1920/12   COMMON SEAL ANNUAL REPORT

The Director of Corporate Affairs presented a report to advise members of the use of the Common Seal during 2018/19.

Members were assured that a process was in place and the Common Seal was only utilised in appropriate circumstances.

Page 8

Mr M O'Connor commented that the limitation period for a contract under seal was 12 years. It was noted that contract managers were responsible for the management of individual contracts that were sealed.

The Board:

- Noted the occasions of use of the Common Seal during 2018/19.

BM/1920/13   **AUDIT COMMITTEE ASSURANCE REPORT FROM THE MEETING HELD ON 18TH APRIL 2019**

Mr D Rawsthorn provided a verbal update from the meeting of the Audit Committee held on 18th April 2019.

Members were advised that the Head of Internal Audit Opinion 2018/19 had been submitted and the overall opinion for the period was substantial assurance.

It was noted that the annual governance statement would be reported to the next meeting of the Audit Committee and then to the Board.

Members were advised that the committee had carried out an annual review of the Declarations of Interest and Gifts and Hospitality. It was noted that there was a need to increase transparency and promote the Standards of Business Conduct Policy throughout the Trust.

The Board:

- Noted and took assurance from the update.

BM/1920/14   **ANNUAL REPORT OF THE AUDIT COMMITTEE 2018/19**

Mr D Rawsthorn presented the annual report from the Audit Committee for 2018/19, including the terms of reference.

The Board:

- Noted and took assurance from the work of the Audit Committee and
- Approved the Audit Committee Terms of Reference.

BM/1920/15   **POLICY FRAMEWORK UPDATE Q4 1ST JANUARY 2019 – 31ST MARCH 2019**

The Director of Corporate Affairs presented a report that provided details of the policies and procedures approved during the period 1st January 2019 – 31st March 2019.

A discussion ensued in relation to the policies and procedures that were out of date and it was requested that this information be captured within future reports.

The Corporate Governance Manager explained that a policy framework was in place, detailing policies/procedures, version control, expiry date and owner. It was noted that this framework was shared with Executive's on a regular basis.

The Medical Director stated there was a need to define if a policy was due to expire of if a review was required.

Dr M Ahmed questioned who was responsible for communicating policies across the Trust. The Corporate Governance Manager advised that it was responsibility of the Executive/policy author to publish the policy and disseminate across the

Page 9

Trust.

The Board:

- Noted the policies and procedures approved during the period 1st January 2019 – 31st March 2019, and
- Requested that future reports include details of policies that were out of date/required review.

BM/1920/16   FREEDOM TO SPEAK UP 2019/20 – QUARTER 4 UPDATE

The Director of Corporate Affairs introduced the Acting Freedom to Speak Up Guardian, Rachael Foote, and advised that the Guardian would be presenting all future papers at Board as per the recommendations in the NHSI guidance.

The report updated members on the work of the Freedom to Speak Up Guardian during quarter 4, January – March 2019.

Mr R Groome made reference to the number of concerns that had been raised in relation to bullying and harassment and commented that this had also been raised as a theme at the Workforce Committee.

The Interim Director of Organisational Development commented that staff need to have confidence in the service. She added that there was a goal within the Workforce Strategy that related to bullying and harassment and a working group had been developed to manage this work stream. Members were advised that the majority of bullying and harassment concerns related to workplace conflict and that a number of work streams were in place to improve this.

The Freedom to Speak Up Guardian referred to the bullying and harassment concerns and explained that they could be difficult to manage as there was not always evidence to support a claim. Therefore, a number of concerns resulted in a 'no case to answer' outcome.

Dr M Ahmed made reference to section 3 of the report that stated feedback was collected from members of staff who had raised concerns and monitored to assess any inequalities that required addressing. The Freedom to Speak Up Guardian advised that this was to ensure that staff had a positive experience in terms of raising concerns and as part of that feedback a variety of xxxx data was requested. However, it was noted that the return of the feedback forms was low so further work was needed to encourage this.

The Deputy Chief Executive stated it was difficult to obtain certain information from staff, due to the low number of concerns received, therefore, staff may be identifiable. He referred to the number of concerns raised and stated the Trust had a responsibility to identify and embed learning as a result of the concerns. In addition, it was important to triangulate the information with the staff survey results.

Dr M Ahmed welcomed the work that was being carried and stated it was a positive area of work.

The Chairman stated that further analysis of the information would be useful within future reports, to better inform the Board for example, trends and patterns and the Guardian agreed to include further analysis in future reports.

The Board:

- Noted and received assurance from the report, and

- Requested that future reports include more analysis of the data, highlighting any trends or themes.

The Freedom to Speak Up Guardian exited the meeting at this point.

BM/1920/17   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 March 2019.

It was noted that the integrated performance report links to the Single Oversight Framework (SOF). The Director of Quality, Innovation and Improvement advised that it was envisaged that the SOF would be replaced by a care quality commission, NHS England and NHS Improvement joint framework.

The Director of Quality, Innovation and Improvement provided an update in relation to quality performance, including (i) complaints, (ii) incidents, (iii) serious incidents, and (iv) safety alerts and health and safety.

In terms of the information provided in relation to complaints, members requested the future reports include details of the backlog of complaints and the estimated time it would take to deal with these complaints.

Dr M Ahmed advised that a detailed report in relation to complaints was presented to the Quality Committee on a quarterly basis. The committee had requested that consideration be given to how concerns that were raised, could be prevented from turning into a complaint.

The Director of Quality, Innovation and Improvement explained that complaints were sent into the Trust via various channels. However, all complaints were dealt with via the patient experience team. Members were advised that the process was being reviewed, to provide early closure of complaints when this was appropriate.

Members were informed that the Chief Nurse was in the process of setting up a Patient Complaint Panel. In addition, work was being carried out to connect staff to the process and to take leadership in terms of responding to complaints.

The Director of Quality, Innovation and Improvement referred to the Right Care Strategy and explained a clear trajectory had been set in terms of managing complaints

Dr M Ahmed questioned if details of complaints could be provided in terms of service line. The Director of Quality, Innovation and Improvement advised that this level of data was provided to the Quality Committee.

The Director of Strategy and Planning provided an update in relation to patient experience and advised that a work plan was being developed in terms of patient engagement. Quarterly updates would be presented to Board.

The Medical Director presented members with details of the latest performance in relation the Ambulance Clinical Quality Indicators. He commented that patient outcomes were key.

The Director of Quality, Innovation and Improvement presented performance information in relation to Hear and Treat and See and Treat outcomes. It was noted that performance had been achieved and the Director of Operations

Page 11

explained that these initiatives led to a reduction in conveyance to A&E. In addition, individual team performance was now being monitored.

In terms of performance, it was noted that 999 and 111 performance continued to improve. The Director of Operations explained that the Patient Emergency Service (PES) contract had now been agreed with commissioners and work was commencing in relation to the 111 contract.

The Chairman acknowledged the hard work carried out to improve performance and stated positive feedback to individuals was very important.

The Director of Finance provided an update in relation to the Patient Transport Service activity. It was noted that unplanned activity was above baseline and this area of activity was difficult to predict.

The Interim Director of Organisational Development provided an update in relation to workforce indicators. In terms of sickness, it was noted that dedicated work was being carried out to improve sickness and clear action plans were in place within the 111 service.

Members were advised that turnover for March 2019 was at 8.6% which was at its lowest in the last twelve months. It was noted that this was a testament to the hard work carried out to improve turnover.

The Interim Director of Organisational Development commented on the vacancy position and advised there had been a 17% improvement with regards to the clinical advisor vacancy position.

It was noted that the overall frontline PES staffing was over established at 1.7% and due to the recent contract settlement, this would result in growth in PES which would create a negative vacancy position. However, the over-establishment places the Trust in a strong position to deliver this growth over the coming months. The Chairman commented on the importance of Board being kept up to date in relation to this area.

The Chief Executive commented on appraisal and mandatory training performance and commented that this required improvement. The Interim Director of Organisational Development explained that a clear recovery plan was in place.

The Board:

- Noted and took assurance from the update.

BM/1920/18   FINANCE REPORT - MONTH 12 2018/19

The Director of Finance presented the Committee with the financial performance for the Trust at Month 12.

Members were advised that the Trust was reporting a surplus of £2.213m, which was £0.675m better than the planned surplus of £1.838m. The report noted that the Trust would receive a further Provider Sustainability Funding (PSF) payment of £0.675m for finance performance incentive, taking the overall financial surplus to £3.188m.

The Director of Finance explained that a letter had been received from NHS Improvement advising of an additional £2.131m PSF funding and therefore would impact on the overall financial surplus. It was noted that this would be reflected within the draft accounts.

Page 12

A discussion ensued in relation to the capital plan and the Director of Finance advised that permission had been sought to spend £7m above the agreed spend.

Mr D Rawsthorn commended the work that had been carried and the Trust's end of year financial position.

The Board:

- Noted and took assurance from the update,
- Noted that the overall financial performance risk rating as at 31st March 2019 was 1,
- Noted that 2018/19 full year cost improvement programme of £9.834m had been achieved in-year,
- Noted that the recurrent unidentified CIP had remained at £1.002m and had been added to the 2019/20 CIP target,
- Noted the 2018/19 capital plan was £21.306m. Expenditure as at Month 12 was £21.259m and sale of assets at £0.382m,
- Noted that at 31st March 2019 the cash and cash equivalents balance was £40.962m, and
- Noted that the Trust had achieved the Better Practice Payment Code targets for 2018/19.

BM/1920/19   FINANCE, INVESTMENT AND PLANNING COMMITTEE ANNUAL REPORT

Mr M O'Connor presented the Finance, Investment and Planning Committee Annual Report for 2018/19.

Members were advised that the committee had identified improvements for 2019/20 that related to (i) mapping the work programme against the Board Assurance Framework, and (ii) to receive assurance in terms of progress against Trust strategies.

A discussion ensued in relation to mental health provision and the Director of Quality, Innovation and Improvement advised that a review of the provision and infrastructure was almost complete. A report would be presented to the Executive Management Team.

The Director of Strategy and Planning advised members that the Integrated Business Plan (IBP) would be presented to Board in July 2019, in conjunction with the operational plan. Discussions would commence with members, in preparation for developing the IBP.

The Board:

- Reviewed and noted the Trusts Finance, Investment and Planning Committee activities during the financial year 2018/19.

BM/1920/20   CHAIRS ASSURANCE REPORT – QUALITY COMMITTEE HELD ON 8th APRIL 2019

Dr M Ahmed presented an assurance report from the meeting of the Quality Committee held on 8th April 2019.

Members were advised that the committee had received a detailed update in terms of safeguarding and it was noted that a business case would be presented to the Executive Management Team in terms of resources and provision with the safeguarding team.

Page 13

The committee had also requested an additional report to be presented to the next meeting in relation to medicines management, to include details of risks and how they were being managed.

The Board:

- Took assurance from the matters discussed at the meeting of the Quality Committee held on 8th April 2019.

BM/1920/21   QUALITY COMMITTEE ANNUAL REPORT 2018/19

Dr M Ahmed presented the Quality Committee Annual Report for 2018/19.

Members were advised that the committee had identified improvements for 2019/20 that related to (i) feedback from patient stories, illustrating that the learning identified had been cascaded throughout the organisation, (ii) improved reporting of the Trust's compliance with statutory requirements, guidance and other expectations of the CQC, (iii) approval of the 2019/20 Clinical Audit Plan and progress report s against the plan, and (iv) monitor progress against the Right Care Strategy.

The Director of Quality, Innovation and Improvement explained that the format of reports presented to the committee now included the relevant objectives and progress against these objectives as set out in the Right Care Strategy.

Members were advised that the number of safeguarding concerns continued to rise and therefore, there was a need to understand this and the Trust's role. The Director of Quality, Innovation and Improvement advised that the Trust had agreed with NHS Improvement, that an external review would be carried out in terms of safeguarding processes within the Trust.

The Deputy Chief Executive suggested that medicines management be listed as a key improvement for the committee in 2019/20 in terms of monitoring performance and risk and progress against the measures set out within the Rigth Care Strategy.

The Medical Director advised that recruitment was underway in terms of recruiting a Chief Pharmacist.

The Board:

- Reviewed and noted the Trust's Quality Committee activities during the financial year 2018/19.

BM/1920/22   PERFORMANCE COMMITTEE ANNUAL REPORT 2018/19

The Chairman presented the Performance Committee Annual Report for 2018/19.

Members were advised that the committee had identified improvements for 2019/20 that related to (i) continued scrutiny of resourcing model for delivery of performance, (ii) recruitment to the Non-Executive Director (NED) vacancy to expand the NED membership on this committee, and (iii) to receive assurance in relation to delivery against the Urgent and Emergency Care Strategy.

The Board:

- Reviewed and noted the Trust's Performance Committee Annual Report

for 2018/19.

BM/1920/23   SENIOR INFORMATION RISK OWNER ANNUAL REPORT

The Director of Quality, Innovation and Improvement presented a report to provide members with a summary of the work completed over the past twelve months, to manage information risk within the Trust.

Members were advised of the Trusts performance in relation to the 100 mandatory assertions within the Data Security and Protection Toolkit. It was noted that the Trust had met 72 of the assertions and plans were in place to achieve the remaining 28. As a result, it was envisaged that the Trust would not achieve the expected assurance rating and the Trusts published status would be 'standards not met'. Members were advised that all Trusts were reporting a similar position. The Director of Quality, Innovation and Improvement explained that guidance had been issued in terms of the toolkit and a week prior to submission, supplementary guidance was issued.

Mr D Rawsthorn made reference to the recommendations within the report and stated members could not take assurance from the report, given 28 assertions had not been met. However, it was noted that assurance had been provided that an action plan was in place that would be monitored via the Finance, Investment and Planning Committee and Information Management Group.

The Chairman questioned if any sanctions were in place as a result of the Trust not achieving all of the assertions and the Director of Quality, Innovation and Improvement advised that no sanctions were in place. The Medical Director added that it was in the Trust's ability to transform this work stream. It was noted that funding was now in place to recruit two additional members of staff to the team, to deliver the work load.

The Director of Quality, Innovation and Improvement explained that one of the assertions related to penetration testing and an external agency had been commissioned to carry out this piece of work.

The Chief Executive commented that it would be useful to understand who had met all of the assertions and how.

Members were advised that PA Consulting had carried out a review of cyber security and the report was currently being evaluated. The Chairman stated that this reported needed to be presented to the Audit Committee.

The Board:

- Noted the update and received assurance that an action plan was in place, to meet the 28 remaining assertions within the Data Security and Protection Toolkit,
- Received assurance that the Information Commissioners Officer gave the Trust a rating of reasonable assurance from the mini Data Security and Protection Toolkit audit that was completed in January 2019,
- Took assurance that Mersey Internal Audit Agency provided an assurance rating of moderate from the Data Security and Protection Toolkit audit that was completed in April 2019,
- Requested it be determined which Trust(s) had achieved the 100 assertions and best practice sought, and
- Requested that details of the review carried out by PA Consulting in relation to Cyber Security be presented to the Audit Committee.

Page 15

BM/1920/24   HEALTH AND SAFETY ANNUAL REPORT

The Director of Quality, Innovation and Improvement presented a report to provide assurance to members that health, safety and security matters were being effectively managed across the Trust, were being overseen by the Quality Committee and that the Right Care Strategy was being implemented.

Members were advised that the number of RIDDORs within the Patient Emergency Service (PES) were reducing over time. However it was noted that they had increased within the Patient Transport Service (PTS) and comparable data was not available. Mr R Groome questioned if training was provided to Patient Transport Service (PTS) staff and the Interim Director of Organisational Development explained that manual handling training was consistent within each service.

The Chief Executive asked the Director of Finance to review the RIDDORs that had occurred within the PTS service to identify any trends/themes.

The Director of Quality, Innovation and Improvement commented that the report lacked information in terms of security and that this would be included within future reports.

The Board:

- Noted the update, and
- Received assurance that the health, safety and security agenda was being appropriately monitored,
- Requested that the Director of Finance review the RIDDORs that had occurred within the PTS service to identify any trends/themes.

BM/1920/25   COMMUNICATIONS AND ENGAGEMENT DASHBOARD

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

A dashboard was presented to members, outlining activity across the time during quarter 4, 2018-19. The Chairman commented that the dashboard was good but it was difficult to determine if performance was good or bad. The Director of Strategy and Planning and explained that the majority of the work was responsive, opposed to planned. He added that positive feedback was received from external partners.

Members were advised that London Ambulance Service had the largest social media following and therefore, best practice was being sought.

The Medical Director stated that it was the role of Executives to relay important messages back to staff. He stated that consistency in terms of messages was key and suggested that a 'top 3' of important messages were identified to be relayed to teams across the Trust on a monthly basis.

The Deputy Chief Executive commented that the work carried out by the communications and engagement team in quarter 4 was very good. He added that effective communications was the role of everybody.

The Board:

- Noted and received assurance from the update.

BM/1920/26   **CHAIRS ASSURANCE REPORT – WORKFORCE COMMITTEE HELD ON 23rd APRIL 2019**

Mr R Groome provided a verbal update from the meeting of the Workforce Committee that was held on 23rd April, 2019.

He advised that the committee had reviewed the risk relevant to this committee within the Board Assurance Framework and had requested that a dashboard be developed to triangulate performance against the Workforce Strategy and the risks relevant to this committee.

A discussion had held in terms of the Roster Review and it was envisaged that this would be completed by January 2020.

Mr R Groome advised that a report had been presented, highlighting achievements in terms of mandatory training.

The Director of Quality, Innovation and Improvement advised that work was progressing via the Digital Strategy in terms of obtaining data throughout the Trust. She added that a business case was being developed in terms of the Trust utilising the 365 system in the future.

The Board:

- Noted and received assurance from the update.

BM/1920/27   **WORKFORCE COMMITTEE ANNUAL REPORT**

Mr R Groome presented the Workforce Committee Annual Report for 2018/19.

The Board:

- Reviewed and noted the Trust's Workforce Committee Annual Report for 2018/19.

BM/1920/28   **ANY OTHER BUSINESS**

There were no items of any other business.

BM/1920/29   **ITEMS FOR INCLUSION ON THE BOARD ASSURANCE FRAMEWORK**

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

BM/1920/30   **DATE, TIME AND VENUE OF NEXT MEETING**

The next meeting of the Board of Directors will be held on Wednesday 29th May 2019, 09:45 am, at Ladybridge Hall, 399 Chorley New Road, Heaton, Bolton, BL1 5DD.

Signed: _____
Date: _____

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	Status:	
	Completed	🟩
	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	29.05.19	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.	🟥
19	24/04/19	1920/10	Core Governance Documents	It was requested that Committee terms of reference made it explicit in terms of members voting rights and quoracy.	AW	29.05.19	29.05.19	The Qo clause have been updated to include Associate Non-Executive Directors. Assurance Committee are silent on voting rights.	🟩
20	24/04/19	1920/15	Policy Framework	Requested that future reports include details of policies that were out of date/required review.	JL	31.07.19	31.07.19		🟧
21	24/04/19	1920/23	Senior Information Risk Owner Annual Report	Requested it be determined which Trust(s) had achieved the 100 assertions and best practice sought.	MP	29.05.19	29.05.19	The Trusts who are compliant are South East Coast who scored 96/100 and East of England who scored 94/100. Ongoing dialogue is being held between Information Governance Managers to seek best practice.	🟧
22	24/04/19	1920/23	Senior Information Risk Owner Annual Report	Requested that details of the review carried out by PA Consulting in relation to Cyber Security be presented to the Audit Committee.	MP/PH	19.07.19	19.07.19	Update scheduled to the Executive Management Team on 05.06.19 and Audit Committee on 19.07.19	🟩
23	24/04/19	1920/24	Health and Safety Annual Report	Requested that the Director of Finance review the RIDDORs that had occurred within the PTS service to identify any trends/themes.	CW	29.05.19	29.05.19	Details of RIDDORs are reported each month at the PTS-SMT meeting. During 2018/19 there were 21 RIDDORs with the main these being slips, trips and falls and manual handling. Further analysis was included in the compliance report discussed at the April PTS-SMT meeting. Increase also being reviewed via the H&S Group.	🟩

Page 19

Agenda Item 5

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Board and Committee Attendance

Board of Directors

	24th April		29th May	26th June		31st July		25th September		30th October		27th November		29th January		26th February		25th March	
	Part 1	Part 2	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2	Part 1	Part 2
Peter White	✔	✔	⊠																
Richard Groome	✔	✔	✔																
Michael O'Connor	✔	✔	✔																
Maria Ahmed	✔	✔	⊠																
David Rawsthorn	✔	✔	✔																
Daren Mochrie	✔	✔	✔																
Mick Forrest	✔	✔	✔																
Ged Blezard	✔	✔	✔																
Chris Grant	✔	✔	✔																
Carolyn Wood	✔	✔	✔																
Angela Wetton	✔	✔	✔																
Salman Desai	✔	✔	⊠																
Maxine Power	✔	✔	⊠																
Lisa Ward	✔	✔	✔																

Audit Committee

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

Finance Investment & Planning Committee

	20th May	26th July	23rd September	22nd November	24th January	21st February	20th March
Michael O'Connor	✔						
David Rawsthorn	✔						
Carolyn Wood	✔						
Ged Blezard	✔						
Maxine Power	✔						
Salman Desai	✔						
Lisa Ward	✔						

Quality Committee

	8th April	13th May	3rd June	8th July	9th September	7th October	4th November	6th January	3rd February	2nd March
Maria Ahmed	✔	✔								
Richard Groome	x	✔								
Mr P White	✔									
Mr D Rawsthorn	✔	✔								
Maxine Power	✔	✔								
Ged Blezard	✔	✔								
Chris Grant	x	✔								
Carolyn Wood	✔	✔								

Performance Committee

	21st May	16th July	17th September	19th November	21st January	17th March
Peter White	Cancelled					
Richard Groome						
Carolyn Wood						
Ged Blezard						
Lisa Ward						

Workforce Committee

	23rd April	23rd July	22nd October	21st January
Peter White	✔			
Richard Groome	✔			
Carolyn Wood	✔			
Ged Blezard	✔			
Lisa Ward	✔			

Charitable Funds Committee

	24th April	26th June	25th September	30th October	27th November	29th January	25th March
David Rawsthorn	Cancelled						
Richard Groome							
Angela Wetton							
Ged Blezard							
Salman Desai							
Carolyn Wood							
Lisa Ward							

Nomination & Remuneration Committee

	24th April	29th May	26th June	31st July	25th September	30th October	27th November	29th January	26th February	25th March
Peter White	Cancelled									
Richard Groome										
Michael O'Connor										
David Rawsthorn										
Angela Wetton										
Maria Ahmed										

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NHS Trafford Clinical Commissioning Group

Agenda Item 7

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		Apr-19	Mar-20	
Maria	Ahmed	Non-Executive Director	Principal GP – Manchester Medical	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			CQC Specialist Advisor – Primary Care	√				Position of Authority	Apr-19	Present	N/A
Ged	Blezard	Director of Operations	Wife is a manager within the Trust's Patient Transport Service				√	Other Interest	Apr-19	Present	
Salman	Desai	Director of Strategy and Planning	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Michael	Forrest	Deputy Chief Executive	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Richard	Groome	Non-Executive Director	Director, Westbury Management Services Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Chair, Fix360 (part of Your Housing Group	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director and Deputy Chair , Your Housing Group	√				Position of Authority	Apr-19	Present	N/A
Daren	Mochrie	Chief Executive	Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A
			Member of the Royal College of Paramedics		√			Position of Authority	Apr-19	Present	N/A
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care		√			Position of Authority	Apr-19	Present	N/A
Chris	Grant	Medical Director	NHS Consultant - Critical Care Medicine - Aintree University Hospital NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Secondary Care Governing Body Member - NHS West Cheshire Clinical Commissioning Group		√			Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Michael	O'Connor	Non-Executive Director	Partner in Addleshaw Goddard LLP	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director and Trustee of Central Manchester Concert Hall Ltd (Bridgewater Hall) (Charity)				√	Position of Authority	Apr-19	Present	N/A
			Director Trustee of Factory Youth Zone (Harpurhey) Ltd				√	Position of Authority	Apr-19	Present	N/A
Maxine	Power	Director of Quality, Innovation and Improvement	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
David	Rawsthorn	Non-Executive Director	Trustee and Treasurer of Citizens Advice Carlisle and Eden (CACE)			√		Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Lisa	Ward	Interim Director of Organisational Development	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director – Riverside Housing	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director – Miocare Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Angela	Wetton	Director of Corporate Affairs	Husband is Operations Director of The Senator Group who supply the NHS, amongst many others, with office and hospital furniture.				√	Other Interest	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Carolyn	Wood	Director of Fnance	Husband is Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.

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NHS
North West
Ambulance Service
NHS Trust

REPORT

AGENDA ITEM:

Board of Directors	
Date:	24th April 2019
Subject:	Chief Executive's Report
Presented by:	Daren Mochrie, Chief Executive
Purpose of Paper:	For Assurance
Executive Summary:	The purpose of this report is to provide members with information on a number of areas since the last Chief Executive's report to the Trust Board on 24th April 2019. The highlights from this report are as follows: **Performance** • The trust achieved the C1 90th and C4 90th standards in April, 2019 and improved performance against all other measures apart from C3 90th. • 111 call answering performance continues to show sustained improvement. • PTS activity during April 2019 was 4% below contract baseline. **Issues to note** • The Chief Executive attended a number of engagement events with local and regional stakeholders and staff. • The trust has won an award for our work on staff health and wellbeing at the national HR distinction awards for distinction in health and wellbeing. • The Royal Mail has now confirmed their intention to support all 2019/20 EMT1 apprenticeships. • 60 expressions of interest have been received, in terms of the trust's patient and public panel. • International Nurses Day was held on 12th May 2019. • The trust was represented at the #fatal5 campaign, a dangerous driving campaign.
Recommendations, decisions or actions sought:	Receive and note the contents of the report.

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

Link to Board Assurance Framework (Strategic Risks):

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

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

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1. PURPOSE

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 24th April 2019

2. PERFORMANCE

2.1 **999**

The trust achieved the C1 90th and C4 90th standards in April. It also improved its performance against all other measures apart from C3 90th this is a direct result of some improvements to the C3 system which we have activated. Hear & Treat and See & Treat continue to improve which assists performance and improves the non-conveyance rates to hospital.

Date	Apr-18	Apr-19	Std	Impact
Calls	117905	134114		16209
Incidents	88847	98819		9972
CPU	83.11%	80.53%	95.00%	-2.58%
H&T	4286	8121		3835
	4.82%	8.22%		3.40%
S&T	20843	26243		5400
	23.45%	26.56%		3.11%
C1 Mean	00:07:51	00:07:28	00:07:00	00:00:23
C1 90th	00:13:24	00:12:37	00:15:00	00:00:47
C2 Mean	00:23:38	00:23:21	00:18:00	00:00:17
C2 90th	00:51:59	00:49:45	00:40:00	00:02:14
C3 Mean		01:05:49	01:00:00	
C3 90th	02:21:50	02:37:08	02:00:00	00:15:18
C4 90th	02:56:37	02:55:41	03:00:00	00:00:56
Hosp	64623	65384		761
HTT	00:34:35	00:32:54	00:30:00	00:02:41

Progress is being made in the roster review with the first milestone achieved in agreeing the core principles with the staff-side bodies.

2.2 **111**

111 call answering performance continues to show sustained improvement into the new financial year, despite an increase in call demand into the service in April 2019.

Metric	NWAS	National
Calls Answered within 60 seconds % (Target 95%)	87.30%	87.40%
YTD	87.30%	
Calls Abandoned % (Target <5%)	2.40%	2.30%
YTD	2.40%	

For the fifth month NWAS 111 has achieved the national standard for calls abandoned. This was despite the calls offered and answered increasing from March 2019.

For the national standard of call back by a clinician in less than 10 minutes, NWAS 111 is second best across England. This standard has improved over this time through delivery of ETTO (Early Transfer to OOH), which in May '19 will become an automated process, saving further AHT (Average Handling Time), and more clinicians front ending the calls for children under 5 years.

Currently we are recruiting to a number of senior management posts that should bring a more robust team capacity to build further on the service achievements to date.

2.3 **PTS**

Overall activity during April 2019 was 4% (5,290 journeys) below contract baselines mainly due to Lancashire being 11% (5,443 journeys) below baseline. For the year to date position (July 2018 – April 2019) PTS is performing at 1% (16,732 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are 3% and 10% below baseline whilst Greater Manchester and Merseyside are 2% and 10% above baseline respectively. In terms of overall trend analysis, Greater Manchester has experiencing upward activity movement for the 12 months up to around October 2018 where activity has plateaued. Lancashire has experienced a downward trend over the same period which is also plateauing whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity.

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 20% (8,246 journeys) and 7% (1,319 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 18% (2,245 journeys) and 8% (4,163 journeys) below baseline.

Aborted activity for planned patients averages 7% for the period July 2018 - April 2019 however Cumbria experiences 4%, Greater Manchester operates with 10% whilst Lancashire and Merseyside both experience 5% & 6% aborts respectively. There is a similar trend within EPS (renal and oncology) patients with an average of 5% aborts whereas Cumbria has 1% and Greater Manchester 7% Lancashire and Merseyside operate with 3% and 5% respectively. Unplanned (on the day) activity experiences the largest volumes of aborts with an average 16% (1 in 6 patients) with variances of 9% in Cumbria, 19% in Greater Manchester, 15% in Lancashire and Merseyside.

3 **ISSUES TO NOTE**

3.1 **Local Issues**

Engagement with local stakeholders and staff

Star Awards

We all join the ambulance service to do our best for our patients but hearing the achievements of colleagues; their commitment, enthusiasm and professionalism, made me both proud and humbled in equal measure. It was an honour, along with the Chair to present their awards and I congratulate each and every one of our staff who were nominated and those who won an award. I would also like to thank the communications team for their hard work in organising the event and for working with procurement colleagues throughout the year to secure external sponsorship for the whole evening

C&M SPTL Development Day

I also had the pleasure of meeting several SPTLs at one of their recent development days in Cheshire and Merseyside. During the question and answer session we discussed a range of issues including the nature of the SPTL role, medicines management, organisational structure; vehicle replacement, estates, make ready stations and all points in between. Thanks to AP Dave Blower, who organised the event, Jane Clayton, Dave Kitchin, Steve Hynes and others who came to support the event and contributed their thoughts and opinions on the day. I also spent some time that day visiting the Emergency Services Training Centre in Birkenhead. This is a great training facility for us as well as other emergency service partners and enables us to train in very life like situations

Welcome the new EMT1's to the Trust

I had the opportunity to meet a new cohort of EMT1's in the training centre at Preston. The 14 week clinical training sessions are part of the trust's successful apprenticeship programme. I was delighted to welcome them to the trust and wish them well in their future careers with us. I also met the team at the centre who co-ordinate the training plan and all of the logistics throughout the year.

Shift with Blackpool Crew & Psynergy Vehicle

I met with some of our operational colleagues in Blackpool and undertook a part shift with Vicky Campbell paramedic and EMT1, Kayleigh Adams. I then transferred to the Fylde's multi-partnership Psynergy vehicle which attends all mental health incidents across the Fylde and is facilitated through a partnership between Lancashire Care NHS Foundation Trust, Lancashire Police and ourselves. During this shift together with, Senior Paramedic Dan, Police Sergeant Naddia and Mental Health Nurse Michelle we attended a variety of incidents from several suicidal patients to an explosion in a private dwelling, the latter resulting in serious burns to a patient. Both myself and Dan were able to work together to manage the scene and to treat the severely injured patient before Vicky and Kayleigh arrived and took over the care of the patient, who was then transferred to the specialist regional burns unit.

Meeting with Amanda Doyle, Chief Officer, Lancashire & South Cumbria SPT & Blackpool CCG

An initial engagement meeting was held with Amanda to discuss STP's and our engagement going forwards. We also discussed the role the Trust plays in Health & Social Care.

Meeting with Jon Rouse, Chief Officer, Manchester Health & Social Care Partnership

As a team we are working through how, who and what we need to do to service all of the strategic & operational meetings and data/info requirements/requests across our system and STP's. I along with Mick Forrest and Salman Desai met with Jon Rouse and his Execs to discuss what's working well, or otherwise, from all of our perspectives and how we continue to work together going forwards.

Weekly Exec Team Meetings

The trust's Executive Management Team, which meets weekly, is a key part of the trust's decision making and governance processes. As part of its weekly meeting the EMT regularly considers quality, operational and financial performance. The trust's top strategic risks are also reviewed regularly.

3.2 **Regional Issues**

Engagement with regional stakeholders and staff

Northern Ambulance Alliance

I along with the Chair attended my first Northern Ambulance Alliance meeting (NAA) which included discussion of a new Chief Information Officer role to support the partnership. All four trusts agreed to this new role in principle and subject to funding being agreed we will move to the recruitment stage. Other items on the agenda included positive confirmation that the jointly procured fleet management system is now live across three trusts. My thanks to our fleet and project management colleagues for their work in making this a reality. We also reviewed the NAA plan to ensure the Lord Carter recommendations are being picked up in addition to the other work planned for the year.

Meeting with Patient Transport Services

I was pleased to meet Ian Stringer, Head of Patient Transport Services to get a better understanding of the service, its challenges and how to position ourselves for the future, particularly given the contract tender process is likely to recommence in just over a year's time. We discussed the forthcoming CQC inspection, finance, the sustainable delivery of contract standards and the developing role and positive contribution of the PTS service; most recently in terms of patient referrals and the public health information scheme. This non-emergency arm of the service provides much needed care to often elderly people and those with serious health conditions and I am keen to see how important linkages with the trust's urgent and emergency care strategy continue to develop.

Chief Constable and Fire Officer meetings

I recently visited the joint fire and police headquarters in Cheshire and met with the Chief Constable, Darren Martland and Chief Fire Officer, Mark Cashin,. It was an opportunity to introduce ourselves and to discuss how our organisations continue to work together. We discussed the purpose and membership of the joint blue light executive group as well as each organisation's priorities and heard more about the #Fatal5 campaign

I then visited Merseyside Police Headquarters and met with Andy Cooke, Merseyside Police Chief Constable, and Phil Garrigan, Merseyside Chief Fire Officer. Again it was an opportunity to introduce ourselves and to discuss how our organisations continue to work together. We discussed each organisation's priorities and focussed on a number of areas such as mental health, how the joint police and fire control room operates and how we continue to work with each other at a strategic and tactical level.

3.3 **HR Distinction Award**

The trust has won an award for our work on staff health and wellbeing at the national HR Distinction Awards for Distinction in Health and Wellbeing. We were shortlisted alongside strong competition including the Department for Work and Pensions, Arriva and Hays UK, to name but a few.

The award recognises an organisation which has developed outstanding strategies aimed at ensuring the health and wellbeing – whether mental, physical, emotional or financial of

its employees and its workforce more broadly in an effort to promote wellness and performance across the organisation. The award echoes the recognition CQC gave to this area of outstanding work in their inspection and is welcome recognition for the team who have led this work.

3.4 **Apprenticeships**

The work that has been undertaken with Royal Mail to enable an apprenticeship levy transfer has been previously reported to Board. They have now confirmed their intention to support all 2019/20 EMT1 apprenticeships and are also willing to discuss further funding for the planned Call Handler apprenticeship due to start in the autumn.

The trust has also met its Public Sector apprenticeship target for 2018/19. The Public Sector Apprenticeship Targets Regulations 2017 which were made under powers conferred by the Apprenticeships, Skills, Children and Learning Act 2009, set out that - prescribed groups and public sector bodies with 250 or more staff in England have a target to employ an average of at least 2.3% of their staff as new apprentice starts over the period of 1 April 2017 to 31 March 2021.

For 2018/19 the trust achieved 3.37% of their staff as new apprentice starts with over 200 apprentices joining the trust in year.

3.5 **Patient and Public Panel**

I am delighted to report that following the launch of our recruitment campaign for patient and public panel members we have had 60 expressions of interest. This means we can now move to the first round of interviews and can discuss the level of involvement applicants are able to offer, depending on the amount of time and type of interest they have.

There are three levels of Panel participation:

1) **Consult -** Responding to surveys, giving feedback on strategies, initiatives and publications and providing thoughts on events and campaigns on an occasional basis, often virtually.

   Who is it for? Those able to participate at a time to suit them and for short periods of time and those who are not able or keen to travel.

2) **Co-produce -** Contributing to meetings or discussion groups by providing opinions, experience and expectations to help inform improvements and review how services are planned and provided.

   Who is it for? Those able to participate for designated periods of time on a task and finish basis. May also suit people who have service user experience and a desire to help improve services with the ability to keep the patient perspective at the forefront.

3) **Influence -** Taking an ongoing, active role in high-level meetings and committees usually held at headquarters in Bolton, to enhance decision making and discussions.

   Who is it for? Those able to participate in specific meetings on a regular basis to provide their ideas, suggestions and insight as a patient or member of the public on the business discussed by that meeting. Best suited to people who are able to commit time and have some experience in attending meetings or speaking in front of large groups of people and are willing to undertake relevant reading beforehand, although support may be available to help Panel members develop these skills.

Following the recruitment process all Panel members will be invited to an induction session to find out more about the trust and enable them to participate in one of the above ways. I am looking forward to seeing our new Panel become firmly established and influencing service improvements in the trust.

3.6 **International Nurses Day**

International Nurses Day, the anniversary date of Florence Nightingale's birth, and on behalf of the trust board and myself, I should like to thank all our registered nurses for their contribution to patient healthcare across the North West, they play a vital role working alongside other colleagues to make sure we provide the best possible care for our patients, each and every day. Angela McKeane, our chief nurse and I produced a short message of thanks which we sent to our nurses across the trust by email.

3.7 **#Fatal5**

Thank you to Nick Sutcliffe, consultant paramedic for Cheshire, who represented the trust at the recent launch event of #Fatal5 campaign, together with colleagues from Cheshire Fire and Police. This dangerous driving campaign led by Cheshire Police seeks to reduce the number of people being killed on the roads in Cheshire. In 2018, 46 people lost their lives as a result of a road traffic collision. So far this year 22 people have died, which is more than one a week. Investigations into those collisions show that the majority of these fatalities were preventable, and that the biggest killer on the roads is motorists diving carelessly, followed by driving too fast, driving under the influence of drugs or alcohol, not wearing a seatbelt and driving while using a mobile phone – together known as the Fatal 5.

In our role we see all too often the devastation that is caused by careless and dangerous driving. Lives are unnecessarily lost due to careless driving and families are left facing the heartbreak of losing a loved one. This is just one of a number of health promotion/prevention initiatives undertaken across the Trust.

3.8 **Strategy Meetings**

I chaired a number of other meetings this month to discuss our trust strategy and the various key enabling strategies that underpin our future direction of travel. My key focus has been how we continue to make sure as an executive and leadership team we are able to articulate our offering to the system (in line with our strategy) and work with and attend the many strategic meetings across the region.
There are 4 sustainability and transformation partnerships, 31 CCGs, 5 police and fire services, 39 local authorities, 23 acute providers, 6 community trusts and 3 mental health trusts so making sure we are represented at key meetings is essential. I also received updates on the work being done on our various enabling strategies such as estates strategy and I was keen to hear what our key priorities are, our high level implementation plan and what we have done so far, as this will allow us to prioritise finite capital funds and agree on what can be achieved in years 1-5.

3.9 **Dementia Awareness**
As May is dementia awareness month, this month's board story is an interview with Tim Ward, who is a PTS Central Resource Unit Manager and Clinical Safety Support and Dementia champion. Within the film Tim explains some of the work and training he has delivered to staff across the trust following becoming a Dementia champion himself and he shares his obvious passion for improving services for our patients and their carers who are living with dementia.

During Dementia Action Week I am pleased to recognise the improvements Tim and others have already made to raising awareness amongst our staff by hosting Dementia Friends awareness wessions, introducing modules on mandatory training and providing useful tips

to staff on how to deal with patients that present with dementia to improve their care and make a difference to the patient experience. We have also implemented changes within the PTS booking system so that it now includes if a patient has dementia within the eligibility criteria to ensure that staff are aware of the patient's needs. We are the only ambulance service in the country to do this and I am keen that we continue to take action to improve the lives of those living with dementia.

4   **National Issues**

4.1   **Engagement with National stakeholders**

Meeting with NHSi
I met with NHSI as part of the trust's quarterly review with regulatory bodies. We discussed performance improvements, financial performance and quality issues. I was particularly pleased to get some positive feedback regarding our recent 'Every Minute Matters' event held at Haydock which focussed on improvements to hospital handovers with 6 regional partner trusts. NHSI were one of the key stakeholders that attended on the day and fed back that the event was very well received by the NHS central ambulance team. The team won an innovation award at the recent STAR Awards so it is great to see this initiative receiving external accreditation as well as internal recognition.

Association of Ambulance Chief Executives (AACE)
I recently attended my first AACE Council and AACE Group meetings as the NWAS Chief Executive. At the Council meeting, attended by ambulance CEO's and Chairs we heard from Paul Farmer, CEO of Mind and were encouraged to hear how awareness of mental health issues and the provision of support has increased but also that more needs to be done in relation to removing the stigma that can still be associated with mental ill health. We also discussed Q-volunteering and the recent report produced by the King's Fund outlining the great work that has been done across England and the barriers/challenges that need to be surmounted if the true potential of volunteering is to be realised. Other agenda items included a discussion on social media guidelines for the ambulance service – these have also been reviewed by the national ambulance communications and national ambulance medical directors groups, and a summary of Project A progress together with plans for the coming 12 months.

At the AACE meeting some of our time was spent discussing the role of ambulance services in progressing the public health agenda with Public Health England. We also gave consideration to the NHS Long Term Plan and its implications for the ambulance sector and provided an update on the implementation of the Lord Carter recommendations.

National Ambulance Diversity Forum
I recently met Bo Escritt who is the Programme Lead for Equality and works with equality and diversity leads across the ambulance sector on inclusion. Our meeting mainly focused on the Workforce Race Equality Standard and was also attended by Katy Evans, Strategic HR Manager and Stephanie Chadwick, HR Advisor for Workforce and Equality for the trust. We looked at the data relating to staff experience for staff of various ethnic backgrounds and the work taking place relating to career progression, training and how we might create new opportunities to listen to staff about their experiences. I was encouraged to hear of the progress made in workforce representation in recent years and look forward to seeing how this work continues to develop and that we address some of the areas that we do not do so well in.

4.2   Safe Staffing
A number of discussions have taken place throughout the month with regards to the Ambulance Safe Staffing professional Reference Group – this is a national professional

reference group, chaired by myself on behalf of NHSI, looking into developing a tool kit for Ambulance Trusts relating to safe ambulance staffing. As this develops I will be seeking the views of the Ambulance sector and other stakeholders on the final draft documents.

4.3   Inter Facility Transfers / Health Care Professionals
NWAS hosted an event for all other English Ambulance Trusts around the national Inter Facility Transfers/Health Care Professional (IFT/HCP) pilot. NWAS was one of two pilot sites that trialed a new way of dealing with these types of calls. NWAS is viewed as best practice in this area and a lot of our training and communication materials are to be used nationally

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:	29th May 2019
Subject:	Digital Strategy Overview
Presented by:	Maxine Power
Purpose of Paper:	For Discussion
Executive Summary:	The Trust Board are committed to ensuring that the programme of work required to develop our digital ambitions is at the forefront of our integrated business planning. Our digital vision is to radically improve how we meet the needs of patients and staff **every time** they interact with our digital services. We aim to deliver our digital strategy in three stages, of which this is the first. The Strategy has been developed in conjunction with experienced external consultants who specialise in helping NHS organisations in digital growth.
Recommendations, decisions or actions sought:	Trust Board is asked to sign off the strategy, and to consider the resource requirements for further development and ongoing implementation of the Digital vision.

Link to Strategic Goals:

Right Care	☒	**Right Time**	☒
Right Place	☒	**Every Time**	☒

Link to Board Assurance Framework (Strategic Risks):

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

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

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1.   **PURPOSE**

1.1   This document has been submitted to Trust Board for the purpose of discussion on the Digital Strategy.

1.2   The document outlines the processes undertaken to develop the Digital Strategy and highlights the considerations made to ensure the final strategy document captures our current challenges as well as our ambitious future intentions.

2.   BACKGROUND

2.1   The Trust has recognised that in order to achieve its business objectives and its strategic intent outlined in the Right Care and Right Place, Right Time Strategies, its ICT systems must be improved, properly maintained, and aligned to the wider Trust objectives. There is recognition that the current ICT estate is not in a position to support current and future needs. Therefore a Digital Strategy Overview has been developed.

2.2   The ICT function has recently been repositioned within the Quality Directorate, transferring from the traditional placement within the Finance Directorate. This has introduced a new perspective, and renewed focus on the ICT elements of the business.

2.3   The Executive Director of Quality, Innovation and Improvement ran a Board development session in December 2018 to discuss the key elements that needed to be included in the Digital Strategy. These included:

2.3.1   Leadership – The Chief of Digital and innovation (new position) will oversee the new integrated IT and Informatics structure, including the strategic, project, security and transformation leadership.

2.3.2   Resources - The recruitment of a Chief of Digital and innovation, alongside a substantive Chief Technology Officer and Head of Informatics.

2.3.3   IT structure – The IT structure will need a full review as part of the digital strategy and implementation plan.

2.3.4   Informatics structure – The Informatics structure will need a full review as part of the digital strategy and implementation plan.

2.3.5   Digital transformation structures – Digital transformation structures will need aligning into the IT structure.

2.3.6   Value for money –

2.3.7   Other digital resources – There are other digital resources within the Trust that sit outside of the IT, informatics and transformation directorates. These resources also need aligning within the strategy.

2.3.8   Data protection and security – We currently have a gap within IT for cyber security, this gap will need to be addressed with immediate priority in the Digital strategy and implementation plan.

2.3.9   System resilience – A full cyber security risk assessment will be undertaken within the development of the digital strategy.

2.3.10 Management – a weekly meeting has been established between heads of IT, Informatics, Clinical and Transformation in order to establish a joint senior management team for digital delivery.

2.3.11 Digital oversight – From January 2019 a Digital Oversight Forum has been established and chaired by the DQII which has bought together IT, Informatics, Transformation, Digitising the Frontline and ePR under a single umbrella.

2.3.12 Digital priorities – The priorities committed to in year 1 are:
- A new integrated telephony platform
- A new CAD (in partnership with the northern alliance)
- Implement the electronic patient record
- Implement e triage (to support see and treat)

2.4 As a result of the Board session and FIP signoff, a digital strategy development group (DSDG) was established to facilitate the further development of the strategies content.

2.5 A series of workshops and focus groups were co-ordinated by the DSDG to ensure NWAS staff and key partners were able to contribute to the content of the strategy.

2.6 Alongside this external consultants were engaged, to provide additional knowledge and experience in the development of a new Digital Strategy for the organisation.

2.7 All of this content has been collated and included in the new Digital Strategy. The strategy will be presented in three phases:

2.8 Phase one is the delivery of the attached Digital Strategy Overview.

2.9 Phase two will be the delivery of a detailed implementation plan, which will be linked to the Integrated Business Plan, and the Urgent & Emergency Care Implementation Plan.

2.10 Phase three will be a programme of work, which will be described in a series of papers.

2.11 It should be recognised that in order to deliver the objectives of the digital strategy, significant work and associated resources will be required, not least due to the historic lack of proper planning and maintenance of the existing ICT estate.

2.12 Trust Board is asked to consider the resource implications of delivering the Digital Strategy, and support business cases for the necessary equipment, staff and training.

3.0 LEGAL and/or GOVERNANCE IMPLICATIONS

3.1 All legal and governance implications will be fully considered, with guidance from the appropriate subject matter experts, as and when required.

4.0 RECOMMENDATIONS

4.1 Trust Board is invited to note the content and discuss the points raised within this paper.

4.2   It is recommended that Trust Board sign off the Digital Strategy Overview.

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Digital Strategy

Overview

2019-2024

Digital Strategy		Page:	Page 1 of 12
Author:	Executive Director for Quality, Innovation and Improvement	Version:	1
Date of Approval:	May 2019	Status:	Draft
Date of Issue:	June 2019	Date of Review	May 2020

Page 43

Recommended by	Executive Management Team
Approved by	Board of Directors
Approval date	May 2019
Version number	1.0
Review date	1st May 2020
Responsible Director	Executive Director for Quality, Innovation and Improvement
Responsible Manager (Sponsor)	Chief of Digital and Innovation
For use by	All staff, Commissioners, stakeholders

Record of Document Development			
Date	**Change**	**By Whom**	**Reason**
14/01/2019	Document Creation	Sarah Latham/ Matt Wynne	Document creation
24/01/2019	Document Revision	Sarah Latham	Content update
30/01/2019	Document Revision	Matt Wynne	Digital strategy workshop comments
06/02/2019	Document Revision	Sarah Latham	Digital strategy development group comments
15/02/2019	Document Revision	Matt Wynne	Digital strategy working group comments
18/02/2019	Document Revision	Matt Wynne	Addition of digital infographics
20/02/2019	Document Restructure	Sarah Latham	Digital strategy workshop comments
25/02/2019	Document Revision	Sarah Latham	Comments from Interim Head of Informatics
27/02/2019	Document Revision	Matt Wynne	Comments from digital strategy development group
01/03/2019	Document Restructure and Update	Sarah Latham/ Matt Wynne	Following review by Digital Oversight Forum
06/03/2019	Document Revision	Sarah Latham/ Matt Wynne	PA Consultancy comments
12/03/2019	Document Revision	Sarah Latham	Comments from responsible Director
14/03/2019	Document Revision	Sarah Latham	Feedback from Joint Partnership Council
21/03/2019	Document Revision	Sarah Latham	Digital strategy development group comments
22/03/2019	Document Amendments	Sarah Latham	Following review by FIP
27/03/2019	Document Revision	Sarah Latham	Addition of digital roadmap
02/04/2019	Document Revision	Sarah Latham	Addition of measurement strategy
03/04/2019	Document Revision	Sarah Latham	Feedback from EOC governance group
09/04/2019	Document Restructure	Sarah Latham	PA Consultancy workshop comments
12/04/2019	First Draft Finalised	Sarah Latham	Full draft circulated to EMT for formal comments
25/04/2019	Document Update	Matt Wynne	Feedback from A&E consultative group
26/04/2019	Document Update	Sarah Latham	Following comments from Medical Director
29/04/2019	Document Update	Matt Wynne	Feedback from PTS Level 3 meeting
29/04/2019	Document Revision	Sarah Latham	Following comments from Digital Oversight Forum
30/04/2019	Document Update	Matt Wynne	Feedback from Greater Manchester QBQ
30/04/2019	Document Update	Sarah Latham	Following comments from EMT
03/05/2019	Document Update	Matt Wynne	Following comments from EMT
22/05/2019	Document Update	Matt Wynne	Document update following FIP submission
23/05/2019	Document Update	Maxine Power	Final formatting and proof
29/05/2019	Document Finalised	Sarah Latham	Final Trust Board review

1. Foreword

In less than two decades the world we live in has changed beyond recognition. The birth of the internet paired with mobile computing has changed everything. If we look around now in any cafe, airport, sporting event or social occasion, the world is connected by cameras, social media platforms, applications and pocket sized devices. They sit by our sides in a way that seems completely normal. We tap them onto scanners to board planes and pay for coffee. We treat them as key assets and feel bereft if they are taken from us. Phones are mini computers, smart devices, with more capability than anyone could have dreamed. Even more exciting is the ability we now have to manage our lives through these devices. If we want to protect our children, secure our homes, set our heating, all of this is now possible. This next generation 'internet of things' is a burgeoning area of digital growth. Our NWAS digital strategy provides the foundations for us to operate in this context. Being the first ambulance service to become fully digitally enabled is our ambition. This is a bold statement given our current positioning and we know that. So, why do we think this is necessary and how will this be possible?

In simple terms the rationale for our ambition is that we have promised our patients that we will deliver the right care at the right time in the right place every time and without a progressive digital infrastructure this is simply not possible in today's world. Our patients expect that when we interact with them that they can do this through whatever device or platform is most convenient for them be that email, phone web or application. They expect that we will know all about them because we have access to the best location software, health record and past interactions with us. They expect our clinicians to have the latest knowledge at their fingertips and to use this to advise and direct them to the choices available to them. They expect us to be able to provide immediate access to the right healthcare professional either in person or via video and they do not want to wait for treatment if it's possible to start that immediately in a safe way. Partnering in care in this way is not a luxury, it is the only way. This is what we heard when we conducted the focus groups to develop this strategy and it was a message that we cannot ignore.

Our ambition is also fuelled by our commitment to our staff. To be the best ambulance service in the UK we have a responsibility to ensure that our staff are happy and equipped to deliver services in the most effective and efficient way. Over the past ten years or so Ambulance Trusts led the way on developing their control room technology with virtual Command and Control and call answering, however despite this technology has moved on and historically, NWAS, like most NHS organisations, has continued to operate in a world of pen and paper in many other areas. Whether that is signing into the many books that exist at the entry to our buildings, requesting supplies, completing training, requesting leave, claiming expenses, recording patient information, completing audit or collating evidence of our personal development. These paper systems are slowly being replaced by digital solutions. This strategy makes a commitment to our staff to pursue these improvements at pace. To do this we are partnering with academic institutions, NHS England, NHS Improvement, NHS digital and importantly with the new NHS identity programme which will support our ambition to simplify the logging in and identity issues which hamper our access and put time delays into the process. We will channel our resources towards these solutions to support this vision.

Most of the technology and applications we need already exist. Our job through the strategy is threefold: to build a stable and resilient platform which has the maintenance required to keep our digital information safe; to connect with WiFi seamlessly and to ensure that our data sharing agreements permit secure, seamless interoperability. Our ability to be able to connect to one another within NWAS, for example through a single telephone or computer system, is key. If we have this we can help one another succeed, breaking down some of the inevitable historical barriers between service lines and departments, sharing expertise and supporting demand. Our ability to be

able to connect to other health partners and to patients directly is central to our ambition to lead urgent as well as emergency care. Our strategy addresses this directly.

It is well recognised that the adoption of digital solutions varies significantly from one person to the next, one team to the next and one organisation to the next. This variation exists within NWAS. We already have innovators using mobile computing to access patient records on scene, tap into knowledge repositories such as JRCalc and access Manchester Triage via the GeTac devices. We also have those who will need help with this change, waiting for proof that this will help them deliver better care. This strategy recognises both these polar views and sets out an ambition in the first instance to simply 'get the basics right' after all, if we can't even issue phones and computers on time how can we be trusted to do the rest? To deliver this ambition our IT, informatics, Information governance and clinical records team have come together under a single leadership. A newly appointed team, headed up by a Chief of Digital and Innovation will steer the strategy forward, working with us to build our confidence in these changes and our skills in using the equipment we have. This won't happen overnight for everyone but for some it will be long overdue. We recognise that our workforce will have different needs and have different capabilities and we are absolutely committed to leaving no one behind.

Digital is the opportunity to make NWAS an even greater place to work than it is today. Our people make our organisation outstanding. The systems they work in don't always marry up. Frustrations build and time is wasted trying to access buildings and cupboards with a plethora of keys and codes. For those of you who are bothered by this, help us build a safe single swipe solution for all buildings, cupboards and locked areas which also helps us log into our devices and applications. Help us install number plate recognition into access barriers and garages. Help us continually monitor tyre pressures and vehicle safety, removing the need for manual checks. Let's use our cameras as scanners to barcode our PIN numbers, stock levels, training records and timesheets. Let's upload rather than transport, let's Skype rather than ride. Let's connect and learn. Let's re- define what it means to be a modern and progressive ambulance service.

We hope you enjoy reading this strategy but we hope even more that you enjoy being part of our progressive and exciting digital future.

Darren Mochrie, Chief Executive

Maxine Power, Executive Director of Quality, Innovation & Improvement

2. About this Strategy

This strategy will guide the delivery of our digital ambition for the next five years. It is core to the delivery of reliable services 'every time' and is in service of the organisations overall commitment to deliver the right care, at the right time, in the right place, every time.

The strategy will be dynamic and will evolve as we mature our systems, partnerships and capability. This strategy describes our commitment to developing our services with digital solutions, a digitally enabled workforce, secure joined up IT platforms, smarter decisions through improved insight and innovation throughout all of North West Ambulance Service.

Technology is increasingly important for safe, effective and efficient service provision from the frontline to the board. It is central to delivery of key performance standards and enhancing patient experience. Likewise the opportunities afforded by connected business intelligence systems and the insight they provide can reduce variation in management systems and deliver back office efficiencies. Our digital strategy is also critical to connecting with other health providers in the North West and with the strategic transformation partnerships regionally. Digital enables us to connect with other ambulance Trusts to provide a more effective response to national resilience, activity increases and mutually beneficial support arrangements.

The Digital Strategy within NWAS will be developed in three stages: initially, this overview document will describe our intended direction of travel; this will be followed with a detailed implementation plan as an integral part of our integrated business plan (IBP). Finally, each programme of work will be described in detail in a series of papers presented as annual business plans. They will identify key work streams to be delivered in each financial year with quarterly updates provided via the Digital Oversight Forum (DOF) to the Chair of the Finance and Investment Committee (FIPC), who will highlight key risks and mitigations to Board.

3. Board Commitment

The Trust Board are committed to ensuring that the programme of work required to develop our digital ambitions is at the forefront of our integrated business planning. Resources will be required to support the renewal of critical systems and ensure IT systems are securely maintained and that staff are cyber aware. Similarly, investment decisions are required to balance improvements to the internal operating platform with our patient facing IT systems.

The Trust Board acknowledge that digital infrastructure should be viewed as a priority to any service redesign and as key enabler to improvement. We will prioritise those programmes that address risks to patient care, outcomes or information security. These commitments will be delivered recognising that our resources are limited and a continuous programme of efficiency improvement will be required. To this end, the board are committed to partnering to access investment opportunities and adopting partnerships which support procurement efficiencies.

4. Our Vision

Our digital vision is to radically improve how we meet the needs of patients, staff and any partners every time they interact with our digital services. These benefits will be measured through a focus

on aligning our digital development priorities to the Trust's strategic priorities and creating a 'digital first' culture from the board to the frontline.

Our Strategic Themes and Focus

The next five years is focused on delivery of five strategic themes as outlined below:

Our aim is to use digital solutions to radically improve how we meet the needs of patients and staff; every time.

Theme	Focus
Solve everyday problems	1.1 Getting the basics right 1.2 Staff experience 1.3 Patient experience 1.4 Personal safety 1.5 Digital skills 1.6 Listen, test and learn
Our digital journey	2.1 'Digital first' culture 2.2 Leadership and governance 2.3 Operating model 2.4 Integrated organisational approach 2.5 Digital partnerships
Secure and joined-up systems	3.1 System integration and interoperability 3.2 Privacy and cyber security 3.3 Cloud and Edge 3.4 Open standards 3.5 Core business platforms 3.6 Proactive risk and renewal
Smarter decisions	4.1 Better data 4.2 Better access 4.3 Better insight 4.4 Better collaboration 4.5 Better operating procedures
Digital pioneers	5.1 Preventing harm from deterioration 5.2 Innovation partnerships 5.3 Cultivating innovation 5.4 Rapid deployment of innovation

1. Solving Everyday Problems

When speaking with our staff and volunteers it is clear that one of their biggest challenges is not having the right digital equipment or skills, at the right time or in the right place to support them to do their jobs effectively. We also recognise that technology is changing public expectations for more immediate, joined-up and comprehensive care which can be accessed through the use of digital channels. Therefore, one of the fundamental aims of this strategy is to improve digital services and technological solutions so that they meet the needs of our staff and patients; every time. If we can improve the quality and resilience of our digital services, we will in turn make NWAS a more accessible service for our patients and a great place to work for our staff.

1.1 Getting the basics right	✓ Our ambition is that all NWAS staff, whether clinical, corporate or voluntary, will receive the right digital equipment required for their role, from the first day they join the Trust. ✓ We will provide a timely response when staff do encounter technical problems or require further support or training, minimising disruption to roles wherever possible. ✓ We will ensure that our workforce is digitally connected, through digital communication channels, access to emails and reliable Wi-Fi connections.
1.2 Staff experience	✓ We will work closely with teams to develop and implement digital solutions which are focused around the end user and business need. ✓ We will redesign our digital operating model to focus around staff experience which includes a continuous feedback loop between our digital services, and the staff using these on the frontline and in our corporate services. This will ensure we understand the experience of digital system users and work with them to design and implement improvements based on their experience. ✓ Where possible we will use technology that is accessible and provides equity of access for everyone, removing barriers for staff with disabilities. ✓ We will digitise our workforce using single-sign on and smart unique identifiers to securely access our core business platforms (see section 3.5) as well as staff and patient information.
1.3 Patient experience	✓ Our services will be straightforward to access and use and will help patients and carers navigate their care pathway in a seamless, integrated way. ✓ We will offer patients several points of contact into our service; using digital channels to be a gateway to the wider urgent and emergency care system. ✓ We will develop unified communications platforms which enable the flow of patient information, i.e. if a patient switches from NHS 111 online to calling 111, the information they have provided up to that point will not be lost. ✓ We will offer our patients more opportunities for self-service for example, to book, cancel and update Patient Transport Services (PTS). ✓ We will use digital solutions to minimise unnecessary waits or duplication such as using NHS numbers to reduce the need for patients to repeat personal information to different staff during their care pathway. ✓ We will use digital solutions to offer clinical advice and intervention at the earliest opportunity in the patient's journey and navigate patients through the most appropriate care pathway. ✓ We will protect patient's privacy and adhere to all information governance

	standards.
	✓ We will proactively gather feedback from patients through the Patient and Public Panel and use insights from the evaluation of patient and staff feedback to identify opportunities to improve.
1.4 Improving safety	✓ We will test the use of technological equipment and safety devices to continuously improve the personal safety of staff on the frontline.
	✓ We will digitise our estate through the adoption of smart access technologies to maintain security for our staff, systems and patients.
	✓ We will use routine and automated alerts from systems such as Gazetteer, to inform staff when they are entering a situation with a patient who is known to be challenging or who may threaten their personal safety.
	✓ We will develop partnerships with other partners to share information which will improve the safety of our workforce.
	✓ We will integrate our systems so that vital information collated in out of hospital settings can be shared to keep staff safe; for example, valuable information collected by PTS crews about patients with challenging or aggressive behaviour can be used by PES to support teams.
	✓ We will also use digital solutions to keep our patients safe and reduce the number of serious incidents with technology or ICT identified as a root cause.
1.5 Digital skills	✓ We will enhance the digital skills and capability of every member of staff through robust and innovative approaches to training and support across all NWAS directorates.
	✓ All staff will receive an overview of our digital strategy and culture during induction as well as specific training on how to use the equipment and systems required for their role.
	✓ We will digitalise our learning and development offer where appropriate, using simulation training, online seminars e-learning, and electronic portfolio development to make training more accessible for staff.
	✓ We will design new digital solutions to be intuitive and user-friendly and where required training will be put in place to ensure smooth transition into business as usual.
	✓ We will establish digital partnerships with other industries to provide expert coaching and an environment within which digital skills can be shared.
	✓ We will undertake a full skills profiling exercise to baseline the current levels of digital capability across the organisation and adopt a channel shift approach to upskilling and developing our workforce.
1.6 Listen, test and learn	✓ We will listen to ideas from staff on how we can use digital solutions to solve every day problems and improve working practice (Topol Report, 2019).
	✓ We will adopt an agile approach to digital innovation; using improvement cycles to continuously test staff ideas and learn from both success and failure before scaling up across the organisation.
	✓ We will develop criteria through which benefits from change ideas can be measured and aligned to Trust goals and prioritise the rollout of those initiatives with demonstrable improvements.

2. Our Digital Journey

Digital is about more than just ICT, it is simply a way of doing things which can deliver benefits to patients, staff and the wider system through the use of technology[1]. Our ability to realise the benefits it brings will be influenced by how we approach and adopt digital solutions across the whole Trust. Our strategy therefore, is as much about people as it is systems and processes and therefore requires a culture change from 'board to floor' that embraces a digital first approach.

2.1 'Digital first' culture	✓ In order to embed a 'digital first' culture we will re-think how and why our organisation does things. ✓ We will utilise digital skills and technologies to unlock the capability of digital transformation across our organisation and help our staff to do their jobs more effectively. ✓ We will continue to work towards a paper-free patient experience by 2024 including commitment to removing all clinical paper records to support clinicians to manage care more effectively, improve ease of data extraction and sharing and minimise waste and duplication within audit processes. ✓ We will continuously strive to improve our systems and processes using digital solutions, rather than simply digitising our current paper processes. ✓ Within the first year of this strategy, we will develop a robust digital culture maturity assessment and establish the baseline from which we will measure improvement periodically. ✓ We will optimise our estates using digital solutions to enable remote and virtual working to reduce unnecessary travel and contribute to a reduction in emissions as part of our environmental targets. ✓ We will also use remote and virtual working to offer more flexibility and opportunity for rotational working between NWAS service lines and with external partners. ✓ We will digitise our fleet to improve vehicle maintenance and resource management as well as explore opportunities to improve connectivity across all geographic locations. For example, we will continue to engage with the Emergency Services Network programme which aims to install dedicated networks within Ambulance vehicles which can be used for critical communications and information sharing.
2.2 Leadership and governance	✓ We will develop clear structures through which our digital portfolio will be designed and implemented, with assurance provided both internally and externally. ✓ Our digital portfolio will be managed by a senior leadership team who represent NWAS' digital strategic priorities as part of the Executive Management Team and oversee prioritisation; delivery assurance and strategic alignment (see section 5). ✓ We will develop a Clinical Design Authority to provide clinical leadership across our digital portfolio and maintain focus on patient experience and outcomes.

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[1] National Ambulance Digital Strategy (2018) NHS Digital and NHS England.

2.3 Operating model	✓ We will review our digital operating model to ensure we have sufficient capacity and capability within our digital structures to simultaneously deliver essential ICT systems management and business continuity, whilst releasing capacity for innovation and intelligent data analytics to drive future transformation.
	✓ We will provide IT systems and services that will remain "fit for purpose" for a minimum period of five years from the date of implementation, and that can be scaled to suit the needs of the Trust
	✓ We will establish clear roles and responsibilities within our ICT and Business Intelligence teams which will include ownership of this strategy and the implementation plan which follows.
	✓ We will also clearly articulate within our operating model, the roles of data and asset owners across the organisation and educate these individuals so they fully understand and appreciate their responsibilities.
2.4 Integrated organisational approach	✓ We will adopt digital solutions to meet the aims outlined within the Urgent and Emergency Care strategy to have a single-service approach to delivery.
	✓ We will ensure our internal systems are fully integrated to support a shift away from operating as three distinct service lines across 999, 111 and PTS and re-align under a single integrated urgent and emergency care model.
	✓ We will review and optimise our core business platforms to ensure they provide our operational and corporate teams with the flexibility and interoperability required to deliver an integrated organisational approach. For example, we will move to a single primary triage system across our 111 and 999 call taking functions to improve integration of our workforce and manage demand more effectively.
	✓ We will also ensure integration and interoperability with external partners within an Integrated Urgent Care environment to provide patients with seamless access to and navigation of the wider North West health system. For example, we will continue to work with partners to develop automated processes for referring and booking patients into alternative care pathways from an integrated Clinical Assessment Service (CAS).
2.5 Digital partnerships	✓ We will develop and sustain digital partnerships to ensure strategic alignment at a national and regional level.
	✓ We will work closely with the four Strategic Transformation Partnerships across the NWAS region to ensure our plans are aligned with other providers in order to achieve maximum system benefit.
	✓ We will also work with colleagues across the ambulance sector i.e. the Northern Ambulance Alliance, to champion the delivery of shared ICT systems and services to support wholescale efficiencies and resilience and learn from others.
	✓ We commit to ongoing collaboration with national bodies such as NHS England, NHS Digital and NHS Improvement to ensure continued alignment with national strategic drivers whilst also maximising opportunities for collaboration, learning and innovation at scale with other providers and digital partners.
	✓ We will continue to work in partnership with Commissioners to ensure that we can co-design and implement digital transformation with our system and our patients in mind.

3. Secure and Joined-Up Systems

Our technological systems must be secure, resilient and effective to maintain business continuity and high quality patient care; therefore, our priority will always be to provide essential system maintenance and improvement to maintain business continuity. At the same time, we want to create the capacity within our digital structures for ongoing innovation through increased system interoperability and more intelligent data analytics.

3.1 System integration and interoperability	✓ We will ensure that NWAS' systems are integrated and interoperable, both internally and externally, meaning systems can talk to each other. ✓ We will use interoperable systems to ensure that clinicians have access to the information they need to provide the right care, in the right place at the right time. ✓ We will develop interoperable systems to achieve our strategic ambition to act as a gateway to the wider urgent and emergency care system across the North West. For example, without system interoperability, we will be unable to pass information or patient incidents between our service lines (i.e. 111 to 999) or electronically refer a patient out from our Clinical Assessment Service into alternative providers. ✓ We will continue to work collaboratively with STPs to increase interoperability with acute services, primary care, secondary care and social care pathways to improve the seamless coordination of patient care. ✓ We will also improve interoperability between our internal corporate systems to offer a single point of entry through ESR to input and collate consistent staff information and facilitate single sign-on functionality to access multiple systems through one device.
3.2 Privacy and cyber security	✓ We will continue to adopt the best cyber security standards and adhere to mandated frameworks around privacy and data sharing in order to maintain public trust in how we store, share and use data. ✓ We will develop and implement a programme of work which aims to continuously improve the levels of protection to cyber threats. ✓ We will ensure our systems and data infrastructure is safe and secure in order to protect our patients, staff, business continuity and resilience. ✓ We will proactively renew and update the software and networks which support our systems to create a secure digital environment.
3.3 'Cloud' and 'Edge' storage	✓ We will explore opportunities for the appropriate use of cloud hosting and data storage. ✓ Where appropriate, we will use cloud services to store data and patient information safely and securely and reduce risk of data accessibility being affected by local hardware failure ✓ We will ensure that when procuring or reviewing our digital services that the benefits of cloud hosting and storage are included within the business case process. ✓ We will adhere to national guidance to ensure any uses of cloud solutions are safe, secure and effectively managed.
3.4 Open standards	✓ We will comply with national open standards for integration and communication to allow our systems to become interoperable and talk to

	other systems.
	✓ We will design our systems to enable reliable data sharing across care settings and organisations.
	✓ When procuring new systems, or reviewing our current technological infrastructure, we will ensure that we invest in the best value for money technological solutions which comply with open standards and enable us to connect with the wider healthcare system.
3.5 Core business platforms	✓ We will ensure that our core business platforms are secure, resilient and fit for purpose to support our staff to do their jobs effectively.
	✓ We will continuously review our core business platforms to identify opportunities for improvement and efficiencies, especially for those systems approaching 'end of life'.
	✓ We will replace our current telephony systems with a fully unified communication platform within the life of this strategy.
	✓ We will remove all clinical paper records by implementing an electronic patient record which will deliver a paper-free patient experience by 2024.
	✓ We will review and optimise our core operational platforms to enable integration and resilience across service lines and with external partners. For example, we will undertake a full review of the current CAD platform used within 999 alongside the patient information platforms used within 111 and PTS and scope a new optimum system configuration to deliver Integrated Urgent and Emergency Care.
	✓ We will optimise our core clinical platforms to provide high quality, patient-centred care which is seamlessly joined up internally and externally. For example, we will develop and implement a single electronic secondary triage system within our contact centres and by staff on the road.
	✓ We will develop a core patient information platform to provide a single source of patient data to support clinical decision making in our contact centres and on the road whilst also providing spine look-up functionality allowing us to obtain patient NHS numbers at scene.
	✓ We will seek to maximise the benefits of the national Electronic Staff Record to enhance self-service, deliver greater workforce analytics and to improve integration with other corporate systems to enable seamless management of staff.
3.6 Proactive risk and renewal	✓ We will take a proactive approach to internal system management and renewal; working closely with suppliers to clearly outline system requirements and support expectations.
	✓ We will maintain robust digital roadmaps to understand when systems are coming towards 'end of life' whereby either software, system or network support will cease and follow the appropriate steps to review associated risks and implement mitigating actions to address these.
	✓ We will ensure that financial investment in replacement systems and services is aligned to the wider business objectives of the Trust, and that where appropriate, cost avoidance is realised through investment in alternative technologies.
	✓ We will ensure that our operational model supports ongoing system management and proactive risk and renewal to reduce unplanned critical system downtime and support business continuity.

4. Smarter Decisions

NWAS holds a unique position in the North West health and care system due to our geographical scale and amount of patient contacts each year; this means we have substantial knowledge and information about our patients, the wider population and the services available to support patient navigation.

We must share our data securely and consume data from across primary, secondary, community and other public health services in a more intelligent way. In particular, this information will help to inform clinical decision making; intelligently manage patient demand and resource allocation; predict and prevent deterioration in patients who are known to us as a service and; identify opportunities for innovation to improve service delivery.

4.1 Better data	✓ We will ensure that the data we capture, share and consume is high-quality, validated and stored within a central warehouse to provide a single source of truth. ✓ We will gather high quality data from a range of internal and external systems to inform real-time decision making and retrospective analysis. ✓ We will adhere to robust information governance standards as a means of providing assurance that all information, particularly person-identifiable information, is managed securely and appropriately in accordance with relevant legislation.
4.2 Better access	✓ We will ensure that our staff, and where appropriate our patients and partners, will be able to appropriately access and gain insight from the data we hold. ✓ We will continue to develop and implement a Patient Information Portal which will allow clinicians, in control functions and on the frontline, to access relevant patient information to support decision making and patient journey management. ✓ We will introduce an Electronic Patient Record that will provide NHS Spine look-up functionality which will increase utilisation of NHS numbers. ✓ We will also develop our self-service functionality to enable staff to generate automated reports and dashboards within a self-service portal, for example Power BI or light foot, which pull data from multiple sources via the data warehouse. ✓ We will present data through clear, visual outputs which are user-friendly and offer opportunities for intelligent interactivity and drill-down functionality. ✓ We will increase the automation of data extraction to release capacity within our Business Intelligence function for more advanced analytics to inform service delivery and digital innovation across the organisation. ✓ We will ensure that all workforce information will be accessible via ESR providing opportunities to use data to support workforce management, including HR, training and staff rostering.
4.3 Better insight	✓ We will develop an intelligent learning system within NWAS which proactively sources data and translates this into information which can

	be used to inform decision making and innovation.
	✓ We will enhance our use of advanced analytics to gather insight from high quality data to support integrated urgent and emergency care, including better prevention and management 'before the call'.
	✓ Demand management: we will analyse data captured from our interactions with our patients to gain insight into demand patterns and enable proactive resource management.
	✓ Performance management: we will use data to measure performance against statutory measures (i.e. ARP) as well as the quality of care we provide.
	✓ Patient communication: we will use historic data and digital communication channels to target public health communication to promote preventative self-care for example we will work closely with the Patient and Public Panel to drive intelligence-based improvements.
	✓ Clinical decision-making: we will improve use of patient outcome data to inform staff training and development and improve competence and confidence in decision making.
	✓ Master navigation: We will use data to strengthen our position as the master navigator of urgent and emergency care in the North West in order to effectively signpost and refer patients to the most appropriate care pathways for their needs.
	✓ System-wide improvement: we will use data to continuously improve the safety and effectiveness of our delivery models.
4.4 Better collaboration	✓ We will bring together multi-disciplinary partners to contextualise data and identify opportunities for improvement.
	✓ We will use data to proactively test hypotheses to drive insight, solve problems and implement changes in working practice.
	✓ We will foster collaboration between our Business Intelligence teams and staff across the organisation to drive innovation using data to develop insight, test hypotheses and implement change.
	✓ We will work in collaboration with partners to share and consume data from integrated sources to co-create and transform service delivery across the system.
	✓ We will use data to inform opportunities for research and development in partnership with digital and innovation partners.
4.5 Better Operating Procedures	✓ We will improve our operating procedures to encode findings from data analytics in practice.
	✓ We will establish data owners who will be responsible for using data to inform decision making and to take improvement action.
	✓ We will also work with data owners to establish guidelines and responsibilities for the management of data quality.
	✓ We will ensure that the results and intelligence gained from data analytics is used to improve clinical and corporate practice which in turn, will improve patient care and operational performance.

5. Digital Pioneers

Our ultimate aim is to create a culture of continuous improvement and innovation which supports the delivery of our strategic ambitions outlined within the Right Care and UEC strategies. We therefore see digital, business intelligence and innovation as wholly interdependent. Embedding digital capabilities and culture alongside robust technological solutions and intelligent data analysis should enable us to prioritise vital work on 'getting the basics right' whilst at the same time, continuing to move in pursuit of partnership working to drive innovation and digital transformation.

We aim to become leading pioneers across the Ambulance sector at preventing harm from avoidable deterioration and will develop, test and implement digital solutions which will help us to achieve this ambition. We will also develop innovation partnerships with academic and commercial organisations to drive innovation at pace and scale across the North West whilst also exploring opportunities for funding, resource and learning. Our approach to innovation at NWAS will be agile and fast-paced, putting the needs of our staff and patients first and using their ideas to identify opportunities to challenge the status quo, and adopt digital solutions to radically improve outcomes and experience.

5.1 Preventing harm from deterioration	✓ We will work closely with partners across integrated urgent and emergency care settings to target admission avoidance and support safe care closer to home. ✓ We will use ongoing research and development to test the use of digital solutions to provide enhanced physiological monitoring to detect deterioration in known patients, taking action to intervene at the earliest opportunity. ✓ We will also utilise unified communication channels within our contact centres to analyse data from wearable technology and proactively contact patients for preventative care. For example, we will explore utilisation of text messaging functionality and tele-health appointments. ✓ We will use intelligence to make accurate predictions around health prevalence using demographic analysis to identify areas of health deprivation to identify at-risk patients or population groups before they reach crisis point and proactively manage their care. ✓ We will also drive innovation across our Patient Transport Services by testing sensor technology assessments and monitoring for the frail and elderly to identify at-risk patients before they require an emergency response.
5.2 Innovation partnerships	✓ We will continue to work collaboratively with Ambulance Trusts across the North West to develop innovative cross-organisational initiatives which will improve quality, performance and resilience. ✓ We will develop a more proactive approach to collaborative working with other regional and national partners to maximise opportunities for system-wide innovation and change and access to resource, funding and support. ✓ We will establish innovation partnerships with academia to harness the knowledge required to drive innovation whilst also seeking opportunities to collaborate and learn from organisations that have previously piloted or implemented digital solutions to complex

	problems.
	✓ We will utilise the knowledge and experience of commercial organisations that have developed digital solutions and identify opportunities for external funding and investment to support innovation.
	✓ We will work closely with STP partners and other providers to identify innovation opportunities which will have system-wide impact.
5.3 Cultivating innovation	✓ We will harness innovation by developing the people, processes and digital infrastructure required to surface and share ideas for innovation in a structured way.
	✓ We will harvest bottom up idea generation using an agile approach to test ideas at pace (see section 1.6).
	✓ We will create an innovation pipeline where ideas can be prioritised and incorporated into innovation cycles.
	✓ We will establish clear structures for ongoing horizon scanning and to identify opportunities for business or commercial development.
	✓ We will explore further opportunities to join national pilots or partner with organisations such as Global Digital Exemplars to become early adopters. For example, within the first year of this pilot we will join the NHS Identity pilot to develop a national approach to two-factor authentication and replace the need for Smartcards.
5.4 Rapid deployment of innovation	✓ We will ensure our innovation roadmap is aligned with strategic ambitions to improve patient care and deliver a more integrated approach to urgent and emergency care.
	✓ We will review our digital operational model to include innovation architecture which supports continuous rapid identification and prioritisation of opportunities, swift delivery of solutions and measurement of organisational impact.
	✓ We will develop an innovation pipeline which provides a transparent process for prioritising and piloting innovative ideas and rolling out successful innovations into business as usual.
	✓ We will also develop a blueprint through which we can share innovation and learning both internally across service delivery functions, and externally with digital partners to improve care across the system.

5. Strategy Implementation

How will we approach delivery?

We recognise that the digital vision we have outlined in this strategy is ambitious and achievement of our goals over the next five years we will depend upon significant investment into getting the basics right, whilst prioritising future initiatives to drive digital transformation at pace and scale. The commitments outlined under each of our strategic intentions are subject to appropriate finance and resource. It is essential that as we move forward in pursuit of our strategic ambitions, we also remain focussed on the stabilisation and improvement of our existing technological foundations. These foundational systems will provide the infrastructure upon which future transformation can be developed whilst also maintaining resilience and business continuity.

Therefore, following approval of this strategy, a detailed implementation plan will be developed to outline how our digital portfolio will be co-ordinated and delivered to ensure we can effectively balance the Trust's portfolio of activity and prioritise future projects. This implementation plan will be informed by NWAS' integrated business plan (IBP) to ensure the appropriate balance of resource, capacity, finances and capability to deliver a coherent portfolio of work across the organisation which aligns to the delivery of our overarching strategic aims. We will also develop a robust communication and engagement plan which will ensure our objectives and progress are shared across the organisation and with partners.

How will we oversee delivery?

The governance structure below provides a proposal for how the implementation of our strategic intentions will be delivered; Appendix B provides details on the proposed function and outputs of each group. This is a proposed governance structure that will be reviewed and amended in line with trust wider governance structures over the coming months.
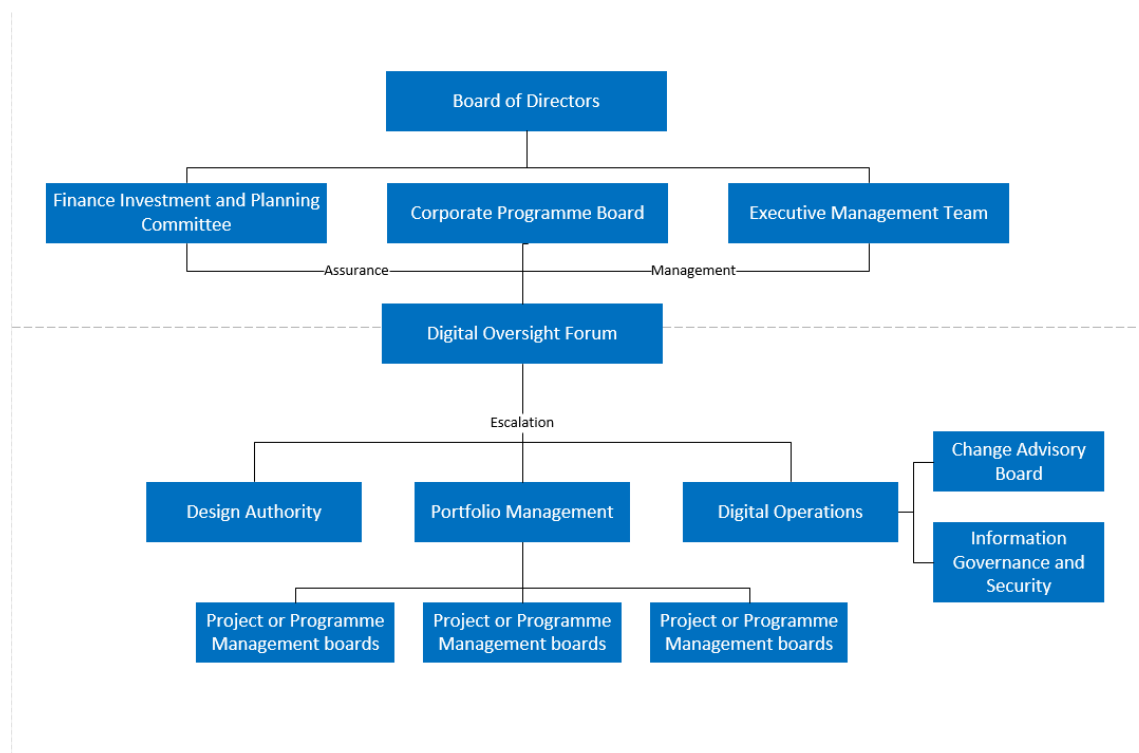
This governance structure aims to create a system with delegated oversight and ownership over our strategic aims and implementation plan. It is essential that we create a structure which enables engagement and involvement across all operational and corporate service lines as well as a process for the flow of information and assurance, including escalation of risks.

Within the first year of this strategy, we will further develop and implement our governance structure, taking a lean approach when developing terms of reference, accountable owners, deliverables and metrics so as not to add un-necessary layers of governance to decision making which may delay progress.

What is our roadmap for implementation?

Our roadmap for implementation is phased based on short, medium and long-term deliverables as outlined below and includes those projects which have been committed to within the first year of

Short term Projects committed or commenced (0-1 Years)	Medium Term Projects scoped in the Integrated Business Plan (0-3 Years)	Long Term Horizon Scanning (0-5 Years)
Solving everyday problems • Getac device deployment	**Solving everyday problems** • Customer experience • ESMCP Mobile Data Solution	**We will continue to review our digital road map and our risk and renewal roadmap to look for opportunities to innovate and provide new digital solutions.**
Our Digital Journey • Electronic patient record • Electronic secondary triage (e-TS) • Trust internet/intranet enhancement • Adastra Phase 2/APAS automation	**Our Digital Journey** • EPR rollout • e-TS rollout • Master Staff Index • LHCREs	
Secure and joined up systems • PTS and 999 CAD server replacement • Patient Information Portal/ CQUIN • Unified Communications programme • Risk and renewal roadmap • Estuary point migration	**Secure and joined up systems** • Single primary triage • Aligned platforms/CAD • System resilience and business continuity • Patient Information Portal rollout	
Smarter decisions • Data warehouse project • Lightfoot	**Smarter decisions** • Medicine Management • Power BI • Demographic analysis	
Digital Pioneers • Developing digital partnerships	**Digital Pioneers** • Physiological monitoring	

this strategy, as well as work streams which require further scoping.

This roadmap is intended to provide the basis for a more detailed implementation plan which will be developed following a process of collaborative prioritisation to ensure alignment with NWAS' strategic ambitions and operational planning.
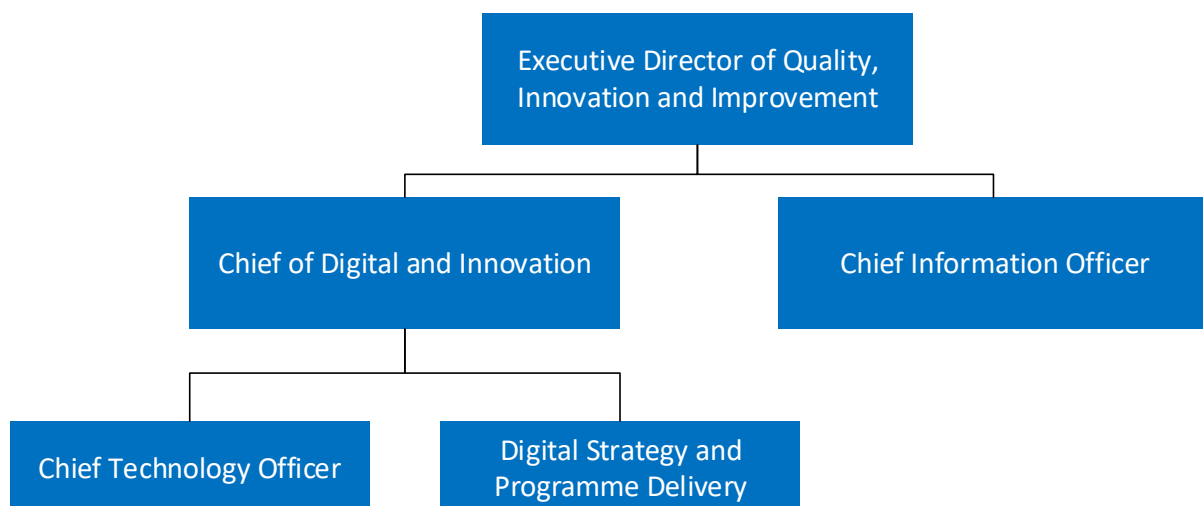
A supporting risk and renewal roadmap will also be developed which will be used to proactively identify systems which are approaching 'end of life' and take appropriate action to review, renew or replace as required.

Within the first year of this strategy (2019/20) we have identified a number of strategic priorities which have been incorporated into the integrated business planning process. Appendix C demonstrates at a high level, the work-streams which will be developed as a priority within year one alongside the programmes of work which have already commenced with further detail provided as part of the implementation plan.

Digital leadership structure

In order to delivery high quality, effective digital services we will review our operating model to ensure we have sufficient capacity, capability and leadership within our digital structures to deliver our strategic ambitions whilst also maintaining essential ICT systems management and business continuity.

We have reviewed the digital leadership requirements within NWAS and have developed the following high-level structure which will be implemented as a priority within the first year of this strategy:

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                    ┌─────────────────────────────────┐
                    │  Executive Director of Quality, │
                    │   Innovation and Improvement    │
                    └─────────────────────────────────┘
                 ┌──────────────┴──────────────────┐
    ┌────────────────────────────┐    ┌────────────────────────────┐
    │ Chief of Digital and       │    │ Chief Information Officer  │
    │ Innovation                 │    │                            │
    └────────────────────────────┘    └────────────────────────────┘
        ┌──────────┴──────────┐
┌──────────────────┐  ┌──────────────────────┐
│ Chief Technology │  │ Digital Strategy and │
│ Officer          │  │ Programme Delivery   │
└──────────────────┘  └──────────────────────┘
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This leadership team will be expected to work collaboratively with digital partners, both internally and externally, to ensure our digital services are fully integrated across all NWAS service lines and with partners across the wider system.

As a further priority within year one, we will undertake a full review of the roles and responsibilities across our ICT and Business Intelligence functions and take appropriate action to ensure all aspects of our strategic implementation plan are adequately resourced and structured.

How will we measure improvement?

We have identified a number of core metrics which will be used to measure improvement over the next five years. Further work is required within 2019/20 to collate baseline metrics and plot improvement trajectories over the next five years:

	Goal	Baseline	How much by when?				
			2019/20	2020/21	2021/22	2022/23	2023/24
Solving everyday problems	% of staff satisfied with digital services.	Collate baseline					95%
	% of patients satisfied with digital services.	Collate baseline					95%
Our digital journey	% of staff productively using digital systems.	Collate baseline					
	Number of digital partners established linked to delivering benefits.	Collate baseline					
Secure and joined up systems	Annual cyber security assessment shows no critical threats.						
	Reduction in unplanned down time.	Collate baseline					
	% of clinically relevant patient records accessed by Clinicians at scene and in contact centres.	0%	10%	30%	50%	70%	95%
Smarter decisions	Number of datasets in data warehouse.	20%	30%	45%	60%	75%	95%
	Number of unique logins to data warehouse.	0	100	250	500	800	1000
	10 hypothesis that use data to drive insight and changes ways of working.	0	10	20	30	40	50
Digital Pioneers	Number of patients with remote monitoring.	0					
	£ investment received to deliver innovative solutions	Collate baseline					

(Table currently under development; for completion in Q1 2019/2020)

Page 63

Appendix A- NWAS strategy portfolio

North West Ambulance Service Strategy

Our vision is to be the best ambulance service in the UK

Our strategic goals are:

THE RIGHT CARE,   AT THE RIGHT TIME,   IN THE RIGHT PLACE;

External influencing factors:

NHS Long Term Plan

National Ambulance Digital Strategy

Local STP priorities

Quality (Right Care) Strategy

Urgent & Emergency Care (Right Time, Right Place) Strategy

EVERY TIME

Digital Strategy   Workforce Strategy   Estates & Fleet Strategies

Finance plan - long-term financial model   Communication and Engagement Strategy

Appendix B- Governance Structure

Forum	Purpose
Trust Board	To support and oversee the Digital Strategy implementation plans; providing overarching investment decisions which balance improvements in core business platforms with ongoing innovation.
Finance, Investment and Planning Committee	To take assurance from the Digital Oversight Forum regarding delivery of Digital Strategy implementation plan and take decisions, based on submission of appropriate business cases, around investment in digital programmes. To ensure appropriate management of digital resource including staff, system management and funding. To support partnership opportunities to access investment both internally and externally.
Executive Management Team	To provide senior management support and oversight to the Digital strategy implementation plan; ensuring alignment of strategic intentions with wider operational and corporate priorities.
Corporate Programme Board	To provide senior management support and oversight to the Digital Programmes of work. To act as a point of escalation for emerging issues and risks and support mitigation actions.
Digital Oversight Forum	To manage the Digital Strategy implementation plan on behalf of Trust Board, FIP and EMT. To oversee the implementation of digital programmes of work and digital services required to achieve strategic ambitions. To accept accountability for: 1) Ongoing development and delivery of digital services (including people, systems, training and culture) and drive NWAS' strategic direction and integrated planning from a digital perspective; 2) Digital innovation portfolio and delivery roadmap, acting as point of escalation for any operational or programme risks and issues; 3) Operational delivery of digital services, including system management, risk and renewal and the roadmap for improvement.
Design Authority	To lead on the design of digital and data services including alignment with strategic priorities and technical design of digital solutions. To ensure interoperability and integration between NWAS systems and manage the flow of information and data. To sign off all technical designs and system specifications; ensuring business readiness and strategic fit. To lead on horizon scanning to identify opportunities for business development and innovation.
Portfolio Management	To lead on the delivery of all digital projects and programmes within the implementation plan. To oversee overall planning and investment in digital services and collate and maintain the roadmap for delivery. To provide delegated responsibility for digital projects including resource, delivery timelines, business change, operational impact, risk and mitigations. To report progress of project and programmes to the DOF including project status and exceptions (i.e. deviations from tolerances, risks, quality assurance etc.) To set the standards through which project will be managed (i.e. PMO framework, agile methodologies).
Digital Operations	To lead on operational delivery of digital services across NWAS including; proactive management of risk and renewal roadmap, capacity and planning, digital system capability and functionality, skills development and training, forward planning of work and modelling impact to business continuity, management of security (cyber and information) and information governance, disaster recovery planning and critical systems maintenance.

Appendix C – 2019/2020 plan on a page

Strategy Implementation

Planning and milestones

- **Implementation plan –** We will create a full implementation plan to outline how NWAS intends to deliver the strategy over the next five years. The plan will be completed by the end of Q1/Q2 and will include a schedule for completion of project initiation documents, project plans, risk register, full benefits realisation and milestones as well as meetings and board assurance. We will develop a supporting communication and engagement plan which will ensure our objectives and progress is shared across the organisation and with partners.
- **Road Map –** Alongside this a full roadmap will be completed for 2019/20, clearly outlining all of the programmes of work that have been committed to or are being scoped in 2019/20.
- **Governance structures –** We will develop and implement a robust governance structure to oversee implementation.

Operational model

- **ICT team –** We will undertake a full review of the ICT structure to ensure the team is resourced adequately to "keep the lights on" as well as deliver all of the innovative programmes outlined in the Digital strategy.
- **Business Intelligence (BI) –** We will undertake a full review of the BI team to ensure they have the capacity to deliver the key drivers around smarter decisions.
- **Realign structures to enable innovation –** The development of an innovation framework will mean all functions in the organisation will need to change their working practices. We will need to ensure this is properly considered and resourced to cultivate innovation and also ensure we can rapidly deploy innovative ideas.
- **Patient feedback to deliver change –** We recognise that to provide excellent patient care we need to provide a forum for patients to contribute innovative ideas and a framework for us to action them. We are establishing a Public Patient Panel to allow this process to take place.

Secure and joined-up systems

- **Risk and renewal –** We will develop and continually review a risk and renewal roadmap to clearly identify which systems are coming to end of life. This will mean that all upgrades are completed within the lifecycle of the product/service and ensure we are able to identify opportunities for improvement and efficiency.
- **Cyber security –** We will continue to adopt the most up to date cyber security standards through the scoping and implementation of a cyber security programme. The full programme will be outlined in the implementation plan and will deliver key milestones outlined in the NWAS cyber security maturity assessment.
- **System design –** Within 2019/20 we will review all of our core business platforms and scope out developments that can be undertaken to effectively align our systems in line with the U&EC strategy. We will use system design principles to ensure all systems are fit for purpose and are able to integrate and be interoperable.

Getting the basics right

We will establish a getting the basics right programme that will include the following deliverables:

- **Basic equipment –** ensure all staff have the right equipment and training required for their role from day one in the organisation..
- **Right estate–** ensure that all estates within NWAS have the right equipment and technology.
- **Connectivity –** ensure Wi-Fi connectivity across the whole of the North West where possible.
- **Digitising vehicles –** continue to invest in the digitisation of NWAS vehicles, through the roll out of GeTacs and the scoping of other initiatives.

This programme of works will be fully scoped out within the implementation plan. This will include full benefits realisation, milestones and a roadmap for development.

Programmes of Work

ePR

- **Strategic fit**

The programme will enhance our digital journey by replacing our paper based patient report form with a digital process. ePR will provide Clinicians with a wealth of relevant data and support NWAS commitment to become paperless by 2024. EPR will provide us with high quality data we currently don't have access to.

- **Outline of Programme**

The programme is currently underway and will run throughout 2019/20. The key deliverables from the programme include the development of an electronic patient report form that is interoperable with the NWAS CAD and the NHS spine. The ePR will also be able to send post event messages to the patients GP Key milestones, project plans and governance structures have been developed to ensure the programme is successful.

Our digital journey/Smarter decision — Digital culture / Better data

Unified comms

- **Strategic fit**

The programme will allow us to enhance our telephony by developing a unified communications platform that will be fit for purpose of the lifecycle of this Digital Strategy.

- **Outline of Programme**

The programme will run until Q3 2020/21. The key deliverables from the programme include the procurement of a new telephony system, wallboards across all services, introduction of SIP technology and video conference capability. Key milestones project plans and assurance structures have been developed.

Secure and joined up systems — Core business platforms

Data Consumption

- **Strategic fit**

The programme will increase interoperability with acute services, primary care, secondary care and social care through the sharing of patient record. This information will be viewed through the patient information portal, a secure core business platform to support clinical decision making.

- **Outline of Programme**

The programme will run for 2019/20 in line with CQUIN. The key deliverables from the programme include developing a patient information portal that has access to the shared care records in the North West and can be viewed by Clinicians in a face to face environment. Key milestones have been developed.

Secure and joined up systems — System integration and interoperability / Core business platforms

eTS

- **Strategic fit**

The programme will enhance our digital journey by replacing our paper based triage process with a digital process. eTS will allow direct integration with ePR and support NWAS commitment to become paperless by 2024. ETS will provide us with high quality data we currently don't have access to.

- **Outline of Programme**

The programme will run throughout 2019/20 and is interdependent with ePR. Key milestones have been completed and timescales are being scoped in line with the ePR programme.

Our digital journey/Smarter decision — Digital culture / Better data

Developing innovation framework

In 2019/20 we will commit to developing an innovation framework that will harness innovation by developing the people, processes and digital infrastructure required to surface and share ideas for innovation in a structured way. Through a dedicated team we will scope ideas to develop bottom up idea generation as well as large scale organisational innovation initiatives.

Developing R&D relationships

In January 2019 we commenced a piece of work to establish a research community, working with existing interested parties from Manchester Metropolitan University and Salford University. We will continue to work with them to identify opportunities and scope innovative solutions, whilst also exploring further opportunities with Universities and other leading institutions across the NWAS landscape and beyond.

Appendix D - Financial Implications (Identified to date)

	CAPITAL					REVENUE				
	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2019/20 £M	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
EPR	N	N	N	N	N	1.162	0.403	0.394	0.236	0.236
Unified Communications Programme	3.085	Y (TBC)	N	N	N	0.200	0.200	0.200	0.200	0.200
Data Consumption	Y (TBC)	N	N	N	N	CQUIN	N	N	N	N
Electronic Triage Solution	0.300	Y (TBC)	N	N	N	N	N	N	N	N
Aiwave Replacement (ESMCP)	0.264	N	N	N	N	Y	Y	Y	Y	Y
IMT other Projects	1.977	1.000	1.000	1.000	1.000	Y	Y	Y	Y	Y

Business Cases approved for EPR and Unified Communications Programme, awaiting final agreement of 2019/20 CDEL from NHSI

All investments will require separate business cases for approval

Appendix E- Glossary of Terms

The glossary below should be used to provide definitions of key terms used within this strategy and supporting implementation plan documentation.

Term	Description
Access	The ability to utilise IT systems or view/edit data on IT systems
Access Control	An ACL is a table that tells a computer operating system which access rights each user has to a particular system object, such as a file directory or individual file. Each object has a security attribute that identifies its access control list.
Auditing	An examination of the management controls within an Information technology (IT) infrastructure. The evaluation of obtained evidence determines if the information systems are safeguarding assets, maintaining data integrity, and operating effectively to achieve the organisation's goals or objectives.
Authentication	The process of identifying an individual, usually based on a username and password. This is defined as single factor authentication. If another factor, such as a token or PIN, is required in addition to the first one this is defined as 2 factor authentication.
Authorisation	The process of granting or denying a user access to network resources once the user has been authenticated through the username and password.
CAD	Computer Aided Dispatch is the system used to dispatch Ambulances.
Cloud	A network of remote servers hosted on the Internet to store, manage, and process data, rather than a local server or a personal computer.
Cloud Security	A broad set of policies, technologies, and controls deployed to protect data, applications, and the associated infrastructure
Consumer	A system which consumes data using existing Open APIs.
Cyber Security	The body of technologies, processes and practices designed to protect networks, computers, programmes and data from attack, damage or unauthorised access.
Database	A structured set of data held in a computer, can be accessible in various ways
DAA	An agreement between two or more entities to allow access to data or information. Details the controls that are to be put in place to protect the data, including how the data will be used, stored, shared and disposed of.
DPA	Data Protection Act. The DPA (1998) is an act of the United Kingdom Parliament that defines the ways in which information about living people may be legally used and handled. The main intent is to protect individuals against misuse or abuse of information about them.
Encryption	The process of converting information or data into a code, especially to prevent unauthorised access.
EPR	An Electronic Patient Record is an electronic record of periodic health care of a single individual, provided mainly by one institution.
eTS	An electronic version of NWAS secondary Triage tool. Designed to provide clinicians with support in their decision making.
Firewall	A network security system that monitors and controls the incoming and outgoing network traffic based on predetermined security rules.
First of Type	The chosen recipient(s) to test the first deployment of the new capabilities.
Gateway	A hardware device that acts as a "gate" between two networks. It may be a router, firewall, server, or other device that enables traffic to flow in and out of the network
HSCI	Health and Social Care Integration. This integrates local health and social care services to improve coordination between local health and social care agencies, leading to improved experiences for people using these services.
Health and Social Care Network (HSCN)	HSCN is a Wide Area IP Network (WAN) connecting many different sites across the NHS within England & Scotland. It also connects to other networks via gateways, notably to the internet via the internet gateway
Identification	A logical entity used to identify a user on a software, system, website or within any generic IT environment. It is used within any IT enabled system to identify and distinguish between the users who access or use it. A user ID may also be termed as username or user identifier

Term	Description
Information Security	A set of strategies for managing the processes, tools and policies necessary to prevent, detect, document and counter threats to digital and non-digital information.
Internet	A network of global exchanges – including private, public, business, academic and government networks – connected by guided, wireless and fibre-optic technologies. The terms Internet and world wide web are often used interchangeably, but they are not exactly the same thing; the Internet refers to the global communication system, including hardware and infrastructure, while the web is one of the services communicated over the Internet.
MIG	The Medical Interoperability Gateway is a supplier lead interoperability solution provided by EMIS + Vision which allows third parties access to GP data.
N3	Now replaced by the Health and Social Care Network (HSCN).
Network	A group of computer systems and other computing hardware devices that are linked together through communication channels to facilitate communication and resource-sharing among a wide range of users.
NRLS	National Record Locator Service is a technical proof of concept acting as a national index to identify available records for patients and locate them across local and national care record solutions (such as SCR).
Open Source	Denotes software for which the original source code is made freely available and may be redistributed and modified.
Password (Protection)	A collection of letters/numbers/characters used in a security process that protects information accessible via computers that needs to be protected from certain users. Password protection allows only those with an authorised password to gain access to certain information.
PII	Personally Identifiable Information. Data that could potentially identify a specific individual. Any information that can be used to distinguish one person from another and can be used for de-anonymizing anonymous data can be considered PII.
Provider	An individual or an organisation that provides health care for a patient. Also a system which provides data by exposing Open APIs.
Proxy server	A server that acts as an intermediary for requests from clients seeking resources from other servers
Remote Access	The ability to access a computer from a remote location. This allows employees to work offsite, such as at home or in another location, while still having access to the office network. Remote access is usually set up using a virtual private network (VPN). Remote Access can also be known as remote login.
Security	The protection of information (digital and hardcopy), assets (physical and intangible) and personnel against internal and external, malicious and accidental threats. This protection includes detection, prevention and response to threats through the use of security policies, procedures, tools and services.
SCR (SCRa)	Summary Care Record. The SCR is intended to support patient care in urgent and emergency care settings. The SCR will store a defined set of key patient data for every patient in England except those who elect not to have one. This data will make a summary record created from information held on GP clinical systems. This summary record helps to ensure a continuity of care across a variety of care settings.
Spine	Spine is a collection of national applications, services and directories which support the health and social care sector in the exchange of information in national and local IT systems. A national, central service that underpins the NHS Care Records Service. It manages the patient's national Summary Care Records. Clinical information is held in the Personal Spine Information Service (PSIS) and demographic information is held in the Personal Demographics Service (PDS). The Spine also supports other systems and services such as the e-Referral Service and the Electronic Prescription Service.
SSO	Single Sign On. An authentication process that allows a user to access multiple applications with one set of login credentials. SSO is a common procedure in organisations, where a client accesses multiple resources connected to a local area network (LAN).
Validated NHS Number	A valid NHS Number is one that has the correct format and passes the number check digit calculation.

Term	Description
Verified NHS number	A verified NHS Number is one where the patient's identity has been cross-checked using demographic details on the Personal Demographics Service (PDS).
Virtual Private Network	A virtualised extension of a private network across a public network, such as the Internet. It enables users to send and receive data across shared or public networks as if their computing devices were directly connected to the private network. Applications running across the VPN may therefore benefit from the functionality, security, and management of the private network. A VPN allows employees to securely access an organisations intranet and other network resources while located outside the office. A VPN may also be used to securely connect geographically separated offices of an organisation, creating one cohesive network.
WAN	A network that exists over a large-scale geographical area. A WAN connects different smaller networks (LANs). This ensures that computers and users in one location can communicate with computers and users in other locations.
Wi-Fi	The standard wireless local area network (WLAN) technology for connecting computers and myriad electronic devices to each other and to the Internet. Wi-Fi is the wireless version of a wired network. Data is passed via radio waves broadcast to/from a Wi-Fi enabled devices that make up the WLAN (router, laptop, desktop, tablet, mobile phone, printer, etc.).
WPA	Wi-Fi Protected Access

NHS
North West
Ambulance Service
NHS Trust

REPORT

Board of Directors	
Date:	29th May 2019
Subject:	Board Governance Structure Review
Presented by:	Angela Wetton, Director of Corporate Affairs
Purpose of Paper:	For Decision
Executive Summary:	The proposal is that: 1. The Quality Committee and the Performance Committee merge and meet on a monthly basis. 2. The Finance, Investment & Planning Committee and the Workforce Committee merge to become the Resources Committee and meet on a bi-monthly basis. 3. The formal Board Meetings move to bi-monthly 4. During the months where there would be no formal Board meeting, it is proposed to hold either a board development session or a board strategy session or a combination of the two.
Recommendations, decisions or actions sought:	The Board is requested to: • Discuss the proposals • Approve the proposed changes

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

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	**No**
Previously Submitted to:	**EMT**
Date:	**22nd May 2019**
Outcome:	**Recommended to Board**

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1. PURPOSE

Good governance at NWAS should be supported by a clear structure, providing simplicity of reporting and escalation of information; encouraging evidence based assurance at each stage within the hierarchy.

2. BACKGROUND

The board governance structure should be reviewed on an annual basis, taking into account the key risks as identified in the Board Assurance Framework.

The current Board Governance Structure:

During the period April - May 2019 the Chief Executive and Chairman have reviewed current governance arrangements and this has been discussed previously with the Executive Management Team. The proposed revised governance arrangements are described within this paper.

3. PROPOSED REVISED GOVERNANCE ARRANGEMENTS

The starting point when considering Board committees needs to be that no committee of the Board (outside of those mandated) has a right to exist. Committees should exist only because (and for as long as) the Board has identified a need for them and has therefore delegated certain tasks or duties to them.

Board committees constitute an important element of the governance process but by establishing committees, the board is not exonerated from complying with its legal responsibilities.

The Trust is mandated to have three committees but beyond that the shape of its Board governance should reflect the issues that keep the Board awake at night, as identified on the Board Assurance Framework, and the function of those committees is to gain evidence based assurance.

Mandated Committees

The Trust is mandated to have the following committees:

- Audit Committee

- Charitable Funds Committee (provided there are charitable funds)

- Nomination & Remuneration Committee

Case for Change

It can be a challenge sometimes to clearly identify which committee should carry out a deep-dive into certain areas as the issues cut across more than one area e.g. performance issues impact patient safety/patient experience and workforce issues often have financial implications so bringing those elements together into two meetings would strengthen the triangulation.

Reports can be duplicated in different committees which look through a different lens, by merging committees, a more holistic view can be taken when making recommendations to Board or considering the assurance presented i.e. does assurance in one area give rise to concern in another…?

The same Executive Directors and the same Non-Executive Directors attend the 4 un-mandated committees – Quality; Performance; Finance and Workforce – merging the committees would create some efficiency with respect to time spent in meetings and time preparing reports for meetings. Work is being done with teams to improve the content of assurance reports and specifically linking them to risks identified in the Risk Registers or newly identified risks.

The ten key strategic risks identified and accepted by the Board, as shown on the Board Assurance Framework can be themed into:

- Quality of care / Patient Safety

- Financial performance

- Operational performance

- Workforce

- System working

This doesn't mean that there ought to be a separate committee for each theme but the Board should question as to whether there is enough time in a formal Board Meeting to carry out the level of scrutiny required, although this will fluctuate in line with performance fluctuations.

Proposed Changes

The proposal is:

1. **The Quality Committee and the Performance Committee merge and meet on a monthly basis.**

    In order to allow for timely data to be included the dates of this committee would need to change from the beginning of the month (as currently with the QC) and this would mean the dates from June 2019 would be:

    17th June
    15th July
    16th September
    21st October

18th November
20th January (2020)
17th February
16th March

The meetings would take place 1-4pm. Revised Terms of Reference can be seen at Appendix 1 and the work programme at Appendix 2.

2. **The Finance, Investment & Planning Committee and the Workforce Committee merge to become the Resources Committee and meet on a bi-monthly basis.**

This would mean the dates from June 2019 (**if current FIP dates were maintained**) would be:

26th July
23rd September
22nd November
24th January (2020)
21st February
20th March

The meetings would take place 9-12am. Revised Terms of Reference can be seen at Appendix 3 and the committee work programme at Appendix 4.

Proposed Board Governance Structure

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                    │   Board of   │
                    │   Directors  │
                    └──────────────┘
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│ Audit  ││Nomination││Charitable││Quality & ││Resources │
│Committee││&         ││  Funds   ││Performance││Committee │
│        ││Remuneration││Committee ││Committee ││          │
│        ││Committee ││          ││          ││          │
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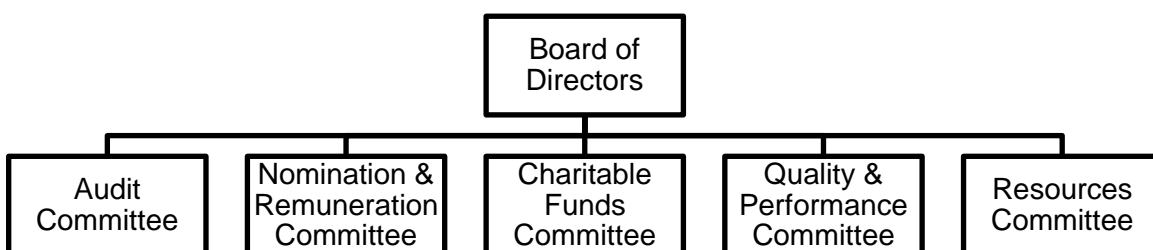
Proposed Membership of Committees

COMMITTEE	FREQUENCY	NED MEMBERSHIP	EXEC MEMBERSHIP/ ATTENDEES	STRATEGY DELIVERY OVERSIGHT	BAF RISKS
Audit	**Quarterly + 1 2 hours**	**Chair: DR DH MOC Assoc Clin NED**	**Attendees: DOF DCA**	**Risk Management**	
Nominations & Remuneration	**As Required**	**Chair : PW All NEDS**	**Attendees: CEO DOD DCA**		
Charitable Funds	**Quarterly 1 hour**	**Chair: DR RG DH**	**DOF DOD DSP DOps DCA**		

5

Quality & Performance	Monthly 3 hours	Chair: Vacant – Clinical NED DH RG Associate CN	MD DQII DOps DOF DepCEO	Quality R&D Urgent & Emergency Care	SR01 SR03
Resources	Bi-monthly 3 hours	Chair: MOC RG DR Associate Digital NED	DOF DOps DOD DQII	Estates Fleet ICT Digital Workforce Procurement	SR02 SR04 SR05 SR06 SR06 SR10

3. Board Meetings

Given the changes to the committees and the increase in frequency of the performance scrutiny and workforce scrutiny, consideration is to be given to move to bi-monthly formal Board meetings – i.e. six meetings per annum with one of the meetings held in Carlisle and one held at Estuary Point. These meetings will take place on the last Wednesday of the month:

31st July at Salkeld Hall
25th September at LBH
27th November at LBH
29th January at Estuary Point
25th March at LBH

4. Board Strategy / Development Sessions

During the months where there would be no formal Board meeting, it is proposed to hold either a board development session or a board strategy session or a combination of the two. These sessions will be held on the 2nd Tuesday of the months and the dates would be:

Date	Location	Proposed Topic
11th June	Estuary Point	CQC Preparation
13th August	LBH	GCHQ Cyber Security (am) & Quality Improvement (pm)
8th October	LBH	HART / awareness on the UK counter terrorism strategy and risks / annual Board targeted NARU video
10th December	LBH	EDI (am) & Be Think Do (pm)
11th February	Salkeld Hall	Corporate Strategy Update / UEC Strategy and Integrated Urgent Care review

Should there be any urgent Board business during these months, then an hour at the beginning of the session could be used as a formal Board meeting in order to transact the business – this should be the exception rather than a regular occurrence.

4. GOVERNANCE & LEGAL

The Trust is mandated to have three Board Committees as described in section 3.

Board members are reminded that a fundamental element of their role as Directors is to attend all Board meetings and all Committee meetings for which they are members.

5.   RECOMMENDATIONS

The Board is requested to:
- Discuss the proposals
- Approve the proposed changes.

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NORTH WEST AMBULANCE SERVICE NHS TRUST
QUALITY AND PERFORMANCE COMMITTEE

TERMS OF REFERENCE

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1.   CONSTITUTION

1.1   The Quality and Performance Committee has been established as a formal committee of the Board of Directors.

2.   PURPOSE

2.1   The purpose of the Committee is to provide the Board with assurance on all aspects of quality, safety and operational performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients.

3.   RESPONSIBILITIES & DUTIES

3.1   The main functions of the Committee are to:

- Inform the development and provide assurance against the following strategies, associated policies, action plans and annual reports:
  - Right Care Strategy,
  - R&D Strategy,
  - Urgent and Emergency Care Strategy,
  - Performance Management Framework.

  Monitor and consider the Strategic Risks within the Board Assurance Framework that are relevant to the Committee's remit, including the control and mitigation of high-level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

  Quality
- Exercise oversight of the pledges and goals relating to the pillars of quality, including (i) complaints, (ii) incident reporting, (iii) health, safety and security, (iv) safeguarding (children and vulnerable adults), (v) infection, prevention and control, and (vi) medicines management.;

- Exercise oversight of the quality and safety of care provided to patients of the Trust;

- Exercise oversight of the Trust's registration and relationship with statutory clinical regulators, including the Care Quality Commission;
- Exercise oversight of the Trust's compliance with the statutory requirements, guidance and other expectations of the Care Quality Commission, particularly related to periodic inspections of the Trust's services;
- Approve annually a Clinical Audit programme, monitor compliance on a regular basis and provide assurance to the Audit Committee;
- Exercise oversight of the Trust's safety, clinical effectiveness and patient centred care arrangements throughout the Trust;
- Exercise oversight of the preparation of the Trust's Quality Account;
- Exercise oversight of the clinical impacts from transforming the provision of Trust services;
- Exercise oversight of the Trust's performance regarding:-
  - Patient experience whilst under the care of the Trust;
  - The safety of patients whilst under the care of the Trust;
  - National measures of patient satisfaction, including the 'Friends and Family' test.
- Exercise oversight of the Trust's arrangements for compliance with obligations for the protection of children and vulnerable adults (safeguarding); and the Trust's effective participation in partnership arrangements for these ends;
- Exercise oversight of the systems in place to ensure compliance with statutory and regulatory requirements for infection prevention and control;
- Exercise oversight of the systems in place to ensure compliance with statutory and regulatory requirements for medicines management (Medicines Act 1968).

Performance

- Monitor performance positions for PES, PTS, 111 and Urgent Care and the trajectories for each including a predicted year end position,
- Seek assurance on the performance contribution from each of the resource components and consider the value for money,
- Seek performance assurance from the planning, in relation to known or potential activity fluctuations/events/incidents,
- Consider and review resilience performance against national and local resilience standards, including Business Continuity Management,
- To receive assurance in terms of the Trusts Strategic Winter Plan, Tactical Winter Plan and Easter Plan,
- To receive an overview of the Complementary Resource Department performance contribution and benefits brought to patient care and outcomes.

4. COMPOSITION AND CONDUCT OF THE COMMITTEE

4.1 The Committee shall comprise the following membership:

- Three Non-Executive Directors – one of whom shall be the nominated Chair and one with relevant clinical experience
- Director of Quality, Innovation & Improvement
- Medical Director

Page 80

- Director of Operations
- Deputy Chief Executive
- Clinical Associate Non-Executive Director

The following officers shall be invited routinely to attend meetings of the Committee in an advisory capacity:
- Chief Consultant Paramedic
- Chief Nurse
- Associate Medical Director (111)
- Deputy Director of Quality
- Deputy Director of Operations
- Head of 111
- Head of PTS
- Strategic Head of Emergency Operation Centres

There is an expectation that members will attend a minimum 75% of Committee meetings during each financial year.

4.2 In the event that the Chair of the Committee is unable to attend a meeting, the Non-Executive Director members shall appoint one of their number to be Chair for that meeting.

4.3 Other Officers of the Trust shall attend at the request of the Committee in order to present and provide clarification on agenda items, and with the consent of the Chair will be permitted to participate in the debate.

4.4 *Quorum.* The quorum necessary for the transaction of Committee business shall be five, which is to include at least two Non-Executive Directors, which may include the Associate Non-Executive Director. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the powers exercisable by the Committee.

4.5 *Notice of meeting.* Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least three clear days before the meeting.

4.6 *Frequency of meetings.* The Committee will normally meet on a monthly basis and as a minimum ten times per year. The Chair may, however, call a meeting at any time provided that notice of the meeting is given as specified in s.4.5 above.

4.7 *Minutes.* The minutes of meetings shall be formally recorded by a member of the Corporate Governance Department, checked by the Chair and submitted for agreement at the next ensuing meeting, whereupon they will be signed by the person presiding at it.

4.8 *Administration.* The Committee shall be supported administratively by the Corporate Governance Department, whose duties shall include: agreement of the agenda with the Chair and collation of papers; producing the minutes of the meeting for checking by the Chair, circulating draft minutes promptly to members once checked and advising the Committee on pertinent areas.

Page 81

5.   DELEGATED AUTHORITY

5.1   The Committee is authorised by the Board to:

       i.   investigate any activity within its terms of reference
       ii.   seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee
       iii. obtain independent professional advice, having due regard to recognised Trust procedures, and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary

6.   RELATIONSHIP WITH THE BOARD OF DIRECTORS, COMMITTEES & MANAGEMENT GROUPS

6.1   The Committee will report in writing to the Board of Directors a summary of the business that has been transacted and basis for any recommendations made. The Board will use that report as the basis for their decisions, but would remain accountable for taking the decision. Minutes of the meetings of the Board of Directors will record such decisions.

6.2   The Committee shall receive summary reports from and consider the minutes of the meetings of the following Management Groups:
       -    Clinical Effectiveness Management Group
       -    Safety Management Group
       -    Non-Clinical Learning Forum

6.3   The Chair of the Committee shall maintain an effective relationship with the Chair of the Audit Committee and may, from time to time, refer matters to the Audit Committee and / or other Board Committees as appropriate for consideration. Minutes of meetings of the Quality Committee shall be presented to the Audit Committee.

7.   REVIEW

7.1   The Committee will evaluate its own membership and review the effectiveness and performance of the Committee on an annual basis. The Committee must review its terms of reference annually and recommend any changes to the Board of Directors for approval.

7.2   Compliance with the Terms of Reference will be monitored on an ongoing basis by the member of the Corporate Governance Department providing administrative support to the Committee. Any concerns in relation to compliance will be reported to the Chair of the Committee and the Director of Corporate Affairs. In addition, the annual review described in s6.1 will include a summary on compliance with the Terms of Reference.

Page 82

Quality & Performance Committee Workplan 2019-20

			April	May	June	July	September	October	November	January	February	March
Date of meeting:	Frequency	Purpose of report	8th	13th	17th	15th	16th	21st	18th	20th	17th	16th
Deadline for reports:			29th March	3rd	10th	8th	9th	14th	11th	13th	10th	9th
Governance Minutes and action log from the previous meeting (Chair)	Monthly	To provide members with a record of what was discussed at the previous meeting, for members approval. Update against actions to be provided including any outstanding actions.	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Terms of reference review (JL)	Annual	To provide members with the opportunity to review the committee's terms of reference, and management groups terms of reference that feed into this committee.										Quality & Performance Committee, Clinical Effectiveness Management Group, Safety Management Group, Non-Clinical Learning Forum.
Committee self assessment (JL)	Annual	A process to provide members with a collective, introspective, and comprehensive reflection of the committees business throughout the year.										✔
Risk update (MP)	Monthly	To present the risks within the Board Assurance Framework (BAF) for 2019-20 relevant to the Committee, summarising the key controls in place and identifying the assurances in place to evidence whether they are being managed effectively.	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Work plan (JL)	Monthly	To advise members of the committees workplan, providing the opportunity to discuss reporting in accordance with the terms of reference.	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Patient Story	Monthly	To present to members a patient story, including areas of good practice/learning and how this has been embedded throughout the Trust.	Shirley Roberts Frequent Caller Manager	Lorraine Myers Clinical Governance Officer 111	Steve Bell, Consultant Paramedic	Richard Morris/Nicola Wilde - PTS	Nick Sutcliffe - Consultant Paramedic					

Quality

			April	May	June	July	September	October	November	January	February	March
QA Pillars of Quality Complaints	Quarterly	To provide assurance that complaints are being appropriately managed.			✔		✔			✔		
Health and Safety	Quarterly	To provide assurance that the Health, Safety and Security agenda is being managed across the Trust.		Update and to include Annual report.			✔	✔				✔
Infection Prevention	Quarterly	To provide an overview of IPC activity including risks, mitigation and assurance.			Update and to include Annual report.			✔	✔ To (i) include ambitions for 2019/20, (ii) PES/PTS Snap Audit Tool.			
Medicines Management	Quarterly	To provide assurance to members in terms of how the Trust manages medicines in conjunction with the Medicines Act 1968.	✔	Annual report		✔			✔		✔	
Serious Incidents	Quarterly	To provide members with details of serious incidents that have occurred and assurance in terms of how the incidents are managed.			✔		✔			✔		✔
Safeguarding	Quarterly	To provide members with with assurance relating to safeguarding processes in place. In particular areas of increased activity, compliance with safeguarding audits and areas of concern.	✔	Annual report.			✔		✔		✔	
Clinical Audit Plan	Quarterly	To approve the Clinical Audit Plan and subsequently receive assurance in relation to progress against this plan.		Q4 (18-19) Clinical Audit Progress Report			Q1 Clinical Audit Progress Report	2018/19 Clinical Audit Annual Report	Q2 Clinical Audit Progress Report		Q3 Clinical Audit Progress Report	

Category	Item	Frequency	Description								
QA Reporting	Quality Dashboard (to be scheduled once dashboard complete).	Monthly	To provide an update in relation to the progress against the measures including risks, mitigation and assurance.								
	Quality Visits	Bi-Annual	To provide an update in relation to the sector visits programme, including an update on visits taken place.					✔			
	Quality Account	Annual	The Trust is required to produce a QA each year, in conjunction with NHS (Quality Accounts) Amendment Regulations 2017.						✔ To include Operational Plan areas for improvement for 2020/21 & 2019/20 Quality Account initial drafting.	✔ Consider draft 2019/20 QA.	✔ Approve Quality Account for submission to the Board of Directors.
	ROSE Update	BI-annual	To provide members with assurance that the clinical leadership and operational management teams within NWAS are cognizant of the harm experienced by patients in 'real time'.	(to include TOR)			✔				✔ (Including a review of all learning)
QI Focus	Safety	Bi-Annual	To provide an update/assurance in relation to progress made against the Safety Plan.				✔	Mortality Reviews (To provide an update on the Trust mortality reviews carried out, as requested by NASMed.)	Learning from Deaths Policy	✔	Safe Care Closer to Home (To provide a summary of the latest contact analysis, to provide assurance in relation to the non-transportation of patients.)
	Effectiveness	Following CEMG	To provide an update in relation to performance against the AQI measures (Clinical Outcomes) including improvement aims, key measures and trajectories.	✔			✔	✔	✔	✔	
	Experience	Bi-Annual	The Trust has responsibilty to be compliant with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Therefore the report will provide details about patient experience across the Trust, key themes and plans in place to investigate complaints.								
	Walk Rounds	Annual	To provide members with an update in relation to the walk rounds carried out. The purpose of the walk rounds are to ensure that the Right Care Strategy is implemented in the way it is intended.								
QI Reporting	Quality Impact Assessments	Bi-Annual	To provide members with assurance that QIA have been carried out for Cost Improvement Schemes.					✔			
	Project Updates	Quarterly	To provide members with an update in relation to any projects.								

Category	Item	Frequency	Description										
Annual Reports	Public Health Plan	Annual	To prpvide an update in relation to progress against the Public Health Plan.										
	Research and Development Plan	Annual	To prpvide an update in relation to progress against the Research and Development Plan.	✔									
	CQC Action Plan	Annual	To prpvide an update in relation to progress against the CQC Action Plan.	✔						✔			
	Nursing and Midwifery Development Framework (19-20)	Annual											
	Digital and Innovation Strategy (19-20)	Annual											
Items for information	Highlight Report - Clinical Effectiveness Management Group (CG)	Bi-monthly	To provide an update in relation to the key items dicussed at the meeting, alert the committee to any areas of non-compliance and provide details of any assurance the group has received,	From meeting held 20.03.19		From meeting held 15.05.19		From meeting held 19.07.19	From meeting held 18.09.19		From meeting held 20.11.19	From meeting held 15.01.20	
	Highlight Report - Learning Forum (NB)	Bi-monthly	To provide an update in relation to the key items dicussed at the meeting, alert the committee to any areas of non-compliance and provide details of any assurance the group has received,	From meeting held 11.03.19		From meeting held 13.05.19		From meeting held 08.07.19	From meeting held on 09.09.19		From meeting held on 11.11.19	From Meeting 1301.20	
	Highlight Report - Health and Safety Management Group (NB)	Bi-monthly	To provide an update in relation to the key items dicussed at the meeting, alert the committee to any areas of non-compliance and provide details of any assurance the group has received,	From meeting held 29.03.19		From meeting held 31.05.19		From meeting held 19.07.19	From meeting held 27.09.19		From meeting held 29.11.19	From meeting held 31.01.20	

Performance

Category	Item	Frequency	Description										
Items for assurance	ARP/PES performance update (GB/SH)	Monthly	To provide a performance update, providing assurance across the following key areas: • NWAS and Area performance • Hospital Turnaround • Resources • Resilience & Urgent Care • Horizon Scanning • Central Ambulance Balance Scorecard	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
	EOC IPR (KL)	Annually	To present the EOC Integrated Performance Report.									✔	
	PTS activity and performance update (CW)	bi-monthly	To provide members with an update on the most up to date Patient Transport Service (PTS) position against contractual Key Performance Indicators (KPIs) for each contract, Provide assurance that areas for performance improvement have been identified and are being managed, and update the committee on progress against performance recovery plans		✔		✔		✔		✔		✔
	111 Activity and Performance Trajectory (JB)	Monthly	To provide a performance update and assurance against • NWAS Monthly Performance against the four contract KPIS. • Risks on BAF (15 and above) • Activity • 111/IUC Transformation	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
	CFR Performance Presentation (SH)	Quarterly	To provide members with detailed information in relation to CFR Performance and assurance regarding performance.				Q1			Q2	Q3		

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NORTH WEST AMBULANCE SERVICE NHS TRUST
RESOURCES COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

1.1 The Board of Directors hereby resolves to establish a Committee of the Board, to be known as the Resources Committee *(hereinafter referred to as 'the Committee')*. The Committee is a Board Committee and has no executive powers, other than those specifically delegated within these terms of reference.

2. PURPOSE

2.1 The overall purpose of the Committee is to obtain assurance on behalf of the Board of Directors that the Trust's business, financial and workforce plans are viable and that risks have been identified and mitigated. The Committee will monitor governance arrangements established to address internal and external service developments and will seek assurance on the delivery of corporate projects. The Committee will also seek assurance and advise the Board accordingly on subjects relating to employees and volunteers.

3. REMIT AND FUNCTIONS OF THE COMMITTEE

3.1 The Committee shall:

    i. Inform the development and provide assurance against the following Trust strategies, associated policies, action plans and annual reports:

- Financial Plan
- Long Term Financial Model
- Our Strategy 2018 – 2023
- Digital Strategy
- Estates Strategy
- Fleet Strategy
- Workforce Strategy

    ii. Monitor and consider the Strategic Risks within the Board Assurance Framework that are relevant to the Committee's remit, including the control and mitigation of high-level related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

    iii. Receive external assurance reports from the CQC and other regulatory/statutory bodies in relation to the finance and workforce agenda and ensure that management responses/actions plans are robust.

Page 87

Finance, Investment and Planning

iv. Review the financial elements of the Trust's Business Plan via the Long Term Financial Model and ensure that key assumptions are both realistic and explicit (the Board of Directors will remain responsible for approval of the Business Plan).

v. Monitor the financial performance of the Trust, the financial forecast and the key financial risks.

vi. Monitor delivery of the Capital Expenditure programmes and seek assurance on the preparation of comprehensive programmes for subsequent years. Recommend the Capital Expenditure programme to the Board of Directors for approval and review Capital and Revenue investment proposals over £500k

vii. Monitor delivery of Cost Improvement Programmes and seek assurance on the preparation of comprehensive programmes for subsequent years, recommend the Cost Improvement Programme to the Board of Directors for approval.

viii. Review contract proposals in relation to Emergency Services, Patient Transport Services, 111 Service and any other clinical or commercial venture under consideration by the Board and assess the financial implications of performance against the Trust's principal contracts.

ix. Review contract award proposals (in line with the Scheme of Delegation and Standing Financial Instructions) and make appropriate recommendations to the Board of Directors.

ix.

x. Review the Trust's Integrated Business Plans, Financial Strategy and Long Term Financial Plans.

xi. Review the Digital and Information Management and Technology (IM&T) programme of work to ensure it aligns with the Trust's strategic plans and monitor progress on major schemes.

xii. Review the Trust's Data Security and Protection arrangements and monitor the Trust's plans and Toolkit submission in relation to this.

xiii. Review the recommendations from any external reviews in relation to IM & T and monitor progress on major schemes.

Workforce

xiv. Seek assurance on the development and delivery of comprehensive workforce plans.

xv. Monitor performance against key workforce indicators such as: sickness absence, appraisal review, mandatory training and turnover.

xvi. Review the development of a vibrant volunteer cohort and receive assurance in relation to the recruitment, training and management of volunteers

xvii. Monitor progress against equality and diversity goals arising from the Equality Delivery System, WRES, WDES, gender pay gap reporting and other regulatory requirements to ensure compliance with the Equality Act 2010.

Page 88

xviii. Seek assurance that the essential standards of quality and safety (as determined by CQC's registration requirements) in relation to staff are at a minimum being met by every service that the organisation delivers.

xix. .

xx. Ensure that there is an effective Learning Needs Analysis process in place across the Trust and monitor its effectiveness.

xxi. Provide assurance to the Board on compliance with relevant HR legislation and best practice including paramedic, doctors and nursing revalidation.

xxii. To monitor any action plans relating to the staff survey and seek assurance that satisfaction levels are improving.

4. COMPOSITION AND CONDUCT OF THE COMMITTEE

4.1 The Committee shall comprise the following membership:

- Three Non-Executive Directors – one of whom shall be the nominated Chair
- Associate Non-Executive Director (Digital)
- Director of Finance
- Director of Operations
- Director of Organisational Development
- Director of Quality, Improvement and Innovation
- Director of Strategy and Planning

The following officers shall be invited routinely to attend meetings of the Committee in an advisory capacity, however will not count towards a quorum:

- Deputy Director of Finance
- Deputy Director of Organisational Development

4.2 In the event that the Chair of the Committee is unable to attend a meeting, the Non-Executive Director members shall appoint one of their number to be Chair for that meeting.

4.3 Members conflicted on any aspect of an agenda presented to the Committee shall declare their conflict and withdraw from discussions.

4.4 There is an expectation that members will attend a minimum 75% of Committee meetings during each financial year.

4.5 Other Officers of the Trust shall attend at the request of the Committee in order to present and provide clarification on agenda items, and with the consent of the Chair will be permitted to participate in the debate.

4.6 *Quorum.* The quorum necessary for the transaction of Committee business shall be five, which is to include at least two Non-Executive Directors, which may include the Associate Non-Executive Director. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the powers exercisable by the Committee.

4.7 *Notice of meeting.* Before each meeting, a notice of the meeting specifying the business proposed to be transacted shall be sent by post or electronic mail to the usual place of business or residence of each member, so as to be available at least three clear days before the meeting.

4.8   *Frequency of meetings*. The Committee will, as a minimum, meet 6 times per annum. The Chair may, however, call a meeting at any time provided that notice of the meeting is given as specified in s3.6 above. The scheduling of meetings may be adjusted in order to comply with deadlines for internal or external reporting on matters that require scrutiny by the Committee.

4.9   *Minutes*. The minutes of meetings shall be formally recorded by a member of the Corporate Governance Department, checked by the Chair and submitted for agreement at the next ensuing meeting, whereupon they will be signed by the person presiding at it. The Chair of the Committee shall present a report to the Board summarising business conducted at each meeting and shall draw to the attention of the Board any issues that require disclosure or require executive action.

4.10   *Emergency powers*. The Chair and the Director of Finance and/or the Director of Organisational Development (where appropriate) may, in an emergency, exercise the functions of the Committee jointly. A full report shall be prepared as for the Committee and a signed authorisation appended. The exercise of such powers, together with the report, shall be submitted to the next formal meeting for ratification.

4.11   *Administration*. The Committee shall be supported administratively by the Corporate Governance Department, whose duties shall include: agreement of the agenda with the Chair and collation of papers; producing the minutes of the meeting and advising the Committee on pertinent areas.

5.   DELEGATED AUTHORITY

5.1   The Committee is authorised by the Board to:

   i.   investigate any activity within its terms of reference
   ii.   seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee
   iii. obtain independent professional advice, having due regard to recognised Trust procedures, and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary

6.   RELATIONSHIP WITH THE BOARD OF DIRECTORS AND COMMITTEES

6.1   The Committee will report in writing to the Board of Directors the basis for its recommendations. The Board will use that report as the basis for their decisions, but would remain accountable for taking the decision. Minutes of the meetings of the Board of Directors will record such decisions.

6.2   The Committee shall receive a summary reports from the Information Management Group.

6.3   The Chair of the Committee shall maintain an effective relationship with the Chair of the Audit Committee and may, from time to time, refer matters to the Audit Committee and / or other Board Committees as appropriate for consideration.

7.   REVIEW

7.1   The Committee will evaluate its own membership and review the effectiveness and performance of the Committee on an annual basis. The Committee must review its

terms of reference annually and recommend any changes to the Board of Directors for approval.

7.2   Compliance with the terms of reference will be monitored on an ongoing basis by the member of the Corporate Governance Department providing administrative support to the Committee. Any concerns relating to compliance will be reported to the Chair of the Committee and the Director of Corporate Affairs. In addition, the annual review described in s6.1 will include a summary on compliance with the Terms of Reference.

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Resources Committee Workplan 2019-20

			May	July	September	November	January	February	March
Date of meeting:	Frequency	Purpose of report	20th May	26th July	23rd Sept	19th Nov	24th Jan	21st Feb	20th Mar
Deadline for reports:			10th May	18th July	13th Sept	11th Nov	16th Jan	13th Feb	12th Mar
Governance									
Minutes from the previous meeting (Chair)	Bi-Monthly	To provide members with a record of what was discussed at the previous meeting, for members approval. Update against actions to be provided including any outstanding actions.	✔	✔	✔	✔	✔	✔	✔
Terms of reference review (JL)	Bi-Monthly	To provide members with the opportunity to review the committee's terms of reference, and management groups terms of reference that feed into this committee.							FIPC, IMG
Committee self assessment (JL)	Annually	A process to provide members with a collective, introspective, and comprehensive reflection of the committees business throughout the year.							✔
Risk update (JH)	Bi-Monthly	To present the risks within the Board Assurance Framework (BAF) for 2018-19 relevant to the Committee, summarising the key controls in place and identifying the assurances in place to evidence whether they are being managed effectively.	✔	✔	✔	✔	✔		✔
Work plan (DOF)	Bi-Monthly	To advise members of the committees workplan, providing the opportunity to discuss reporting in accordance with the terms of reference.	✔	✔	✔	✔	✔	✔	✔
Finance									
Financial Performance (DOF)	Bi-Monthly	To provide members with an update and assurance in relation to the latest financial performance.	✔	✔	✔	✔	✔	✔	✔
Agency Performance against ceiling (MB)	Bi-Annually	To provide members with an update in terms of the level of agency expenditure against the ceiling.	✔			✔			
Cash Flow and Aged Debt Position (DOF)	3 times per year	To present to members the cash flow and aged debtor position and to provide assurance that the position is monitored within the finance directorate as part of the financial governance checklist.	✔		✔				✔
Capital Programme (RD)	When required	To advise members of the progress of the 2019-20 capital programme including the year to date expenditure and forecast expenditure against each of the schemes.			✔	✔	✔		✔
In year CIP progress reports (MB)	Bi-Monthly	To provide members with an update in relation to the CIP and performance against the targets.	✔	To include Schemes potentially impacting on the Workforce	✔	✔	✔		✔
Sustainable Development Management (NM)	Bi-Annually	To provide members with an update in relation to the progress made against the Sustainable Development Management Plan and STPs.			✔				✔
Financial Plans 2017/19 and Budgets (DOF) to include future CIP and Capital plans	When required, in line with national guidance	To advise members of the draft 2019/20 plans following the issue of the joint national planning guidance from NHS Improvement (NHSI) and NHS England (NHSE) "Refreshing NHS Plans for 2018/19".					✔	✔	✔
Progress against the Trust Strategy 'Every Time Measures' (DOF)	Bi-Annually	To provide members with assurance in terms of progress against the 'Every Time Measures', including (i) Finance, (ii) Estates, (iii) Fleet, (iv) IM&T, and (v) PTS.			Bi-annual review of progress in relation to the Digital, Fleet and Estates Strategy				
Reference Costs (NH)	Annually	The purpose of this report is to present the latest reference cost index (RCI) score and provide the committee with an update on Patient Level Costing System Update.						✔	

	Item	Frequency	Purpose						
assurance	Revaluation/Impairments (DOF)	Annually	To advise members of the impact of the 2018/19 estates revaluation.						✔
	Unaudited Annual Accounts 2018/19 (DOF)	Annually	To provide members with the Unaudited Annual Accounts, prior to approval by the Audit Committee.	✔					
	CQUIN updates (CH)	Quarterly	To present an update in relation to the progress made in relation to the CQUIN initiatives.			Q1		Q2	Q3	2019/20 plan.
	Procurement Report (DH)	3 time pers year	To provide assurance that the objectives identified in the Trust's Procurement Strategy are actively progressing and to provide a status update of key projects in the Procurement work plan.	✔		✔		✔	
	Contracts Update (DOF)	To schedule when required	To allow members to review contract proposals in relation to Emergency Services, Patient Transport Services, 111 Service and any other clinical or commercial venture under consideration by the Board and to assess the financial implications of performance against the Trust's principal contracts.			To schedule when required.			
	ePR Update (CG)	Bi-Monthly	To present progress updates, with regards to the implementation of ePR.	✔	✔	✔	✔	✔	✔
	Digital Update (MP)	Bi-Monthly	To inform members of progress and assurance against the IM&T programme, ensuring it aligns with the Trust's strategic plans and to monitor progress against major schemes.	✔	✔	✔	✔	✔	✔
	Update against the Information Commissioners Office Audit Report and Action Plan (MP via RE)	When required, in line with national guidance	To provide members with an update in terms of the Trust's progress against the Information Commissioners Office Audit Report and Action Plan.		✔		✔		
	Integrated Business Plan	Bi-Annually	To approve the integrated business plan and receive reports in terms of progress against the plan.		✔			✔	
	Estuary Point Project Report (DOF)	When required	To provide members with an update and assurance on the progress of the Cheshire and Mersey Estuary Point Project throughout its project life cycle.	✔	✔				
	Business Cases	When required	To present to members, business cases that require approval.	Blackpool Hub and Spoke					
Items for information	Highlight report from the Information Management Gtoup (MP)	Following meetings of the IMG.	To present to members, a highlight report outlining the main issues discussed at the Information Management Group.	From meeting held on 9.04.19	From meeting held on 9.07.19		From meeting held on 8.10.19	From meeting held on 14.01.20	
			Workforce						
	Workforce Strategy	Bi-Annually	To provide members with assurance around delivery of improvement objectives set out in the strategy.	Annual Objectives			Progress against objectives		
		Bi-Monthly	To provide assurance in relation to the delivery of foundations of success through key workforce indicators (CQC)	✔	✔	✔	✔	✔	✔
	Recruitment and Selection	3 times per year	To provide assurance on (CQC) workforce plans.	Annual Plan	Safe Staffing			Progress against The annual plan	
		2 times per year	To provide assurance in relation to retention strategies.		✔		✔		
	Developing Potential	Annually	To provide assurance on progress with delivering high quality appraisal, to required targets (CQC)				✔		
		3 times per year	To provide assurance of delivery of high quality training and education to meet external regulatory standards,	Paramedic Upskilling	Apprenticeship Annual Assurance		Paramedic Upskilling		

Items for Assurance		Frequency	Description							
	Wellbeing	3 times per year	To provide assurance on results of staff survey and associated action plans (CQC)	Published results and action plan			Plans for 2019 and review of progress against actions	Initial results and areas for development		
		Bi-Annually	Assurance on delivery of annual flu campaign and associated CQUIN.		Plans					Outcome, Evaluation and Learning
		Annually	Assurance on wellbeing initiatives to meet requirements of strategy and improve employee well-being.		Annual Report					
	Inclusion	Bi-Annually	To provide assurance of progress against EDI goals and regulatory requirements (CQC).		Annual report and Annual Data Submissions			EDI Update		

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NHS
North West Ambulance Service
NHS Trust

REPORT

Board of Directors	
Date:	29 May 2019
Subject:	Annual Self Certifications: General Condition 6 – Systems for Compliance with Licence Conditions
Presented by:	Angela Wetton, Director of Corporate Affairs
Purpose of Paper:	For Decision
Executive Summary:	Although NHS trusts are not issued with a provider licence, they are required to self-certify whether or not they have complied with conditions equivalent to the licence that NHS Improvement has deemed appropriate: • Condition G6 (3): Providers must certify that they have taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution (Condition G6 (3))
Recommendations, decisions or actions sought:	Approve this year's annual GC6 self-certification as described within this paper

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

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	No
Previously Submitted to:	
Date:	
Outcome:	

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1. PURPOSE

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

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

2. GENERAL CONDITION 6

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

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

The Trust is required to publish a G6 self-certification (Appendix 2) by 31st May 2019.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

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

4. RECOMMENDATIONS

The Board is recommended to:

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

General Condition 6	Current Arrangements / Evidence
The Licensee shall take all reasonable precautions against the risk of failure to comply with: (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.	The NWAS Operational and Financial Plans 2019/20, submitted to NHSI on 4th April 2019, comprise a series of statements, templates and declarations, including the Finance, Activity and Performance Trajectory, Workforce and Triangulation returns. The submission included a narrative which reflected Year 1 of the 5 year Integrated Business Plan, building on the Trust strategy and Vision to be the Best ambulance Service in the UK by achieving the strategic goals of delivering the Right Care at the Right time in the Right Place, Every Time. This overarching plan echoes the Right Care (Quality) Strategy and the Urgent & Emergency Care (Right Time, Right Place) Strategy. The planning process has highlighted the vital areas of development over the next five years, together with key enablers which will be required from the Every Time strategies and work-plans such as: Workforce, Digital, Estates, Fleet, Business Development, Communications and Engagement; and STP engagement. The Board Assurance Framework assesses risk to delivery and provides assurance on delivery of the Trust's objectives. A Governance Framework Manual has been developed setting out the control framework within which the Trust's objectives are delivered. The Manual complements the Trust's Establishment Order and takes account of the NHS Foundation Trust Code of Governance, where applicable. The Manual highlights processes and systems in place to oversee regulatory and legal compliance. The Manual incorporates Standing Orders and Reservation of Powers, Scheme of Delegation and Standing Financial Instructions. The manual will be reviewed by the Audit Committee in July 2019. NWAS has a Risk Management Strategy and Policy in place, authorised by the Board. This provides a framework for managing risks across the Trust, which is consistent with best practice and Department of Health guidance. The Strategy describes the framework that enables the Board to gain assurance across organisational delivery systems and how exceptions are escalated. It also contains a risk appetite statement that describes the level of risk the Board is prepared to take in order to achieve the Trust's strategic objectives. The Policy seeks to provide a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation for the benefit of patients, staff, visitors and other stakeholders. NWAS is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements, detailed in the respective Annual Governance Statements. CQC Inspected the Trust in

General Condition 6	Current Arrangements / Evidence
	June 2018 and undertook a Well Led Inspection in July 2018 which resulted in an overall rating of 'Good'. 2018/19 Corporate Governance Statements – Reviewed by the Board of Directors, with no material risks identified. Audit Committee received a summary of the Trust's corporate governance arrangements and compliance against the FT Code in November 2018. Updates will be provided to the Audit Committee twice a year. Audit Committee considered and approved the Internal Audit Plan for 2018/19 (April 18). The Internal Audit Plans are risk based, with an ongoing programme of internal audits in finance, operations and governance. During the course of the year, Audit Committee monitored progress against the Internal Audit Plans and reviewed the work and findings of the Internal Auditor. The Internal Audit Assurance Framework Review 2018/19 confirmed that 'the organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board.' Audit Committee reviewed the work and findings of the External Auditor during 2018/19, including valuable insight and benchmarking information. NWAS' Annual Report and Annual Accounts 2018/19 – Prepared in accordance with DoH Group Accounting Manual. NWAS Quality Report 2018/19 – Prepared in line with requirements for Quality Reports 2017/18. Submission of compliance reports to NHS Improvement as required.
Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.	The Board Assurance Framework, is based on six key elements: • Clearly defined and agreed strategic objectives together with clear lines of responsibility and accountability; • Clearly defined key strategic risks to the achievement of these objectives together with assessment of their potential impact and likelihood; • Key controls by which these risks can be managed, this includes involvement of stakeholders in agreeing controls where risks impact on them; • Management and independent assurances that risks are being managed effectively; • Board level reports identifying that risks are being reasonably managed and objectives being met together with gaps in assurances and gaps in risk control; • Board level action plans which ensure the delivery of objectives,

General Condition 6	Current Arrangements / Evidence
	control of risk and improvements in assurances. The workplan of committees is linked so that the Board of Directors is assured that there is an aligned independent and executive focus on strategic risk and assurance. Routine referral of issues exists between committees ensuring a respective understanding of risk and assurance concerns. The Board of Directors oversees the management of all significant risks, which are actively addressed by the Executive Management Team. The NWAS Corporate Risk Register is considered alongside the Board Assurance Framework thereby ensuring that risks are not only managed and communicated efficiently, but that the management of them is embedded in the Trust's practice. The NWAS Board Assurance Framework and Corporate Risk Register are reviewed on a quarterly basis by the Board of Directors and monthly by the Executive Management Team. Key controls and assurances, and any identified gaps are reviewed and action plans developed and progressed accordingly. Annual Corporate Governance Statements – Reviewed by Board, May 2019 confirming "The Board had extensive and effective governance assurance systems in operation enabling the identification and control of risks reported through the Board Assurance Framework and Corporate Risk Register. Internal and external reviews, audits and inspections had provided sufficient evidence to state that no significant internal control issues have been identified during 2018/19, and that these control systems are fit for purpose." The NWAS financial plan is approved by the Board of Directors and is subsequently submitted to NHS Improvement. The plan, including forward projections, is monitored on a bi-monthly basis by the Finance, Investment & Planning Committee and key performance indicators and financial sustainability metrics are also reviewed monthly by the Board of Directors. Standardised risk assessment (Quality Impact Assessment) of all productivity improvement workstreams. Board of Directors and/or Audit Committee review of: − Register of Interests to ensure compliance with the Trust's Standards of Business (monthly) − The arrangements by which staff can raise issues in confidence about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure arrangements are in place for the proportionate and independent investigation of such matters and appropriate follow-up action (quarterly)

General Condition 6	Current Arrangements / Evidence
	− Anti-Fraud Plans and Reports (quarterly) − Internal Audit Annual Programme, progress reports and audit outcomes (quarterly) − All risk and control related disclosure statements in particular the Annual Governance Statement, Corporate Governance Statement, together with the accompanying Head of Internal Audit statement and External Audit Opinion. (annual)

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Worksheet "G6 & CoS7"   Financial Year to which self-certification relates   [   ] Please Respond

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

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

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

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

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

EITHER:

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

OR

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

OR

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

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

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]

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

Signature   **Signature**

_____   _____

Name [   ]   **Name** [   ]

Capacity [job title here]   **Capacity** [job title here]

Date [   ]   **Date** [   ]

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

[   ]

Page 105

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This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Insert name of organisation

NHS Improvement

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template
1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Corporate Governance Statement (FTs and NHS trusts)

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

	Corporate Governance Statement	Response	Risks and Mitigating actions
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.		[including where the Board is able to respond 'Confirmed'] — Please Respond
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time		[including where the Board is able to respond 'Confirmed'] — Please Respond
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.		[including where the Board is able to respond 'Confirmed'] — Please Respond
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		[including where the Board is able to respond 'Confirmed'] — Please Respond
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		[including where the Board is able to respond 'Confirmed'] — Please Respond
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.		[including where the Board is able to respond 'Confirmed'] — Please Respond

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

Signature _____   **Signature** _____

Name [_____]   **Name** [_____]

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

A [_____] Please Respond

Worksheet "Training of governors"

Financial Year to which self-certification relates

<!-- yellow input field --> Please Respond

Certification on training of governors (FTs only)

The Board are required to respond "Confirmed" or "Not confirmed" to the following statements. Explanatory information should be provided where required.

Training of Governors

1   The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

Please Respond

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

Signature   **Signature**

Name [   ]   Name [   ]

Capacity [job title here]   Capacity [job title here]

Date [   ]   Date [   ]

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

A

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Condition FT4

Insert name of organisation

NHS Improvement

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Corporate Governance Statement - in accordance with Foundation Trust condition 4 (Foundations Trusts and NHS trusts)
Certification on training of Governors - in accordance with s151(5) of the Health and Social Care Act (Foundation Trusts only)

These self-certifications are set out in this template.

How to use this template
1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Corporate Governance Statement (FTs and NHS trusts)

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

	Corporate Governance Statement	**Response**	**Risks and Mitigating actions**
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.		[including where the Board is able to respond 'Confirmed'] Please Respond
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time		[including where the Board is able to respond 'Confirmed'] Please Respond
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.		[including where the Board is able to respond 'Confirmed'] Please Respond
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		[including where the Board is able to respond 'Confirmed'] Please Respond
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		[including where the Board is able to respond 'Confirmed'] Please Respond
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.		[including where the Board is able to respond 'Confirmed'] Please Respond

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

Signature   **Signature**

     _____   _____

Name `_____`   **Name** `_____`

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

A   Please Respond

Worksheet "Training of governors"   Financial Year to which self-certification relates   [_____] Please Respond

Certification on training of governors (FTs only)

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[_____] Please Respond

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

Signature   **Signature**

Name [_____]   Name [_____]

Capacity [job title here]   Capacity [job title here]

Date [_____]   Date [_____]

Further explanatory information should be provided below where the Board has been unable to confirm declarations under s151(5) of the Health and Social Care Act

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NHS
North West
Ambulance Service
NHS Trust

REPORT

Board of Directors	
Date:	29 May 2019
Subject:	Annual Freedom to Speak Up Update Including 2018/19 Data and National Benchmarking
Presented by:	Director of Strategy & Planning
Purpose of Paper:	For Assurance
Executive Summary:	The report provides an update on the Freedom to Speak Up (FTSU) work for 2018/19.

The report outlines the background to the implementation of FTSU nationally and The Francis Review of Mid-Staffordshire being the driver for its implementation.

2018/19 FTSU statistics show the cases raised for the year under the 5 categories monitored:
- Number of Cases
- Raised Anonymously
- Patient Safety
- Unacceptable Behaviours
- Staff Detriment

National benchmarking also shows that NWAS has the third highest rate of FTSU referrals across the England ambulance services. Data for each ambulance service is also shown per quarter for 2018/19.

The charts show 60 FTSU cases broken down by category, with patient safety accounting for almost a third of all the concerns.

Concerns are also further categorised by Area and by service line with Cumbria and Lancashire Area having a third of all of the 2018/19 concerns, with Urgent and Emergency Care accounting for over a third of the 60 cases.

The staff survey comparison for 2017 to 2018 shows that there is improvement in 4 of the 6 indicators with one being the same and another showing a very slight deterioration.

The report concludes with the FTSU Guardian role working alongside the leadership teams to promote |

	FTSU. The Trust Board role is detailed in Appendix 1 along with the FTSU Guardian role in Appendix 2
Recommendations, decisions or actions sought:	The Board are asked to note the report and support the ongoing work of the FTSU Guardian.

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

Link to Board Assurance Framework (Strategic Risks):

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

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

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1 PURPOSE

The purpose of this paper is to provide the Trust Board with an annual update on the work of the Freedom to Speak Up Guardian (FTSUG) during 2018-19.

2 BACKGROUND

The Sir Robert Francis review into the Mid-Staffordshire NHS Foundation Trust exposed unacceptable levels of patient care, and a culture that deterred staff from raising concerns.

In his 2015 publication Sir Robert sets out his vision for creating an open and honest reporting culture in the NHS, with 20 Principles and Actions which aim to create the right conditions for NHS staff to speak up, share what works well across the NHS, and help all NHS organisations to achieve the standard of the best and provide redress when things go wrong in future.

One of the key recommendations from Sir Robert was to promote a 'standard integrated policy' in the review by into whistleblowing in the NHS. The aim of this was to improve the experience of whistleblowing in the NHS.

Sir Robert considered that there should be a minimum standard to help normalise concerns raised for the benefit of all patients. FTSU is a route for individuals to have a voice. Concerns about risk, malpractice or wrongdoing can be raised, a few examples are shown below:

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud
- Bullying culture (across a team or organisation rather than individual instances of bullying).

3 THE NATIONAL PICTURE

The National Guardians Office (NGO) is an independent body sponsored by the Care Quality Commission, NHS Improvement and NHS England. The remit is to lead culture change in the NHS in order for speaking up becomes business as usual. The NGO is designed to support the local guardians but has no formal statutory powers.

In June 2017, The National Guardian's Office launched a 12-month trial of case review process, a key recommendation from the Francis Freedom to Speak Up review. Case reviews hear experiences of workers and look at the speaking up culture in NHS trusts, including how individuals' cases have been handled.

Case reviews identify areas for improvement and also commend good practice. The NGO publish their reports and, working collaboratively with trusts and regulators, ensuring the recommendations are implemented.

The NGO has published 5 reports to date:

- Southport and Ormskirk Hospital NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust

The NGO visited our Trust in January 2019. We are currently awaiting feedback and due to receive our report in due course.

4 STATISTICS 2018/19; NATIONAL BENCHMARKING; CURRENT CONCERNS RAISED AND STAFF SURVEY

For April 2018 to March 2019 the number of FTSU cases per quarter are shown below.

Quarter	No of cases raised	Raised anonymously	Patient safety issue	Unacceptable behaviours issue	Staff detriment for speaking up issue
Q 1	9	2	2	3	0
Q 2	11	2	1	2	0
Q 3	24	12	12	3	0
Q 4	16	4	3	9	0
Totals	60	20	18	17	0

Some of the 60 cases involved more than one theme, for example unacceptable behaviours may also involve patient safety issues. A third of all cases raised were raised anonymously. Over a third related to unacceptable behaviours.

National Sector Benchmarking – April 2018 to March 2019

The National Guardian's Office monitors the work of the FTSU Guardians nationally publishing the FTSU data on their website. In terms of benchmarking NWAS is shown alongside peer Ambulance Trusts below.

	Q1	Q2	Q3	Q4	TOTAL CASES
LAS	0	16	42	59	117
SECAMB	4	10	22	38	74
NWAS	9	11	24	16	60
EMAS	11	12	12	7	42
YAS	7	14	15	5	41
EEAST	6	8	12	6	32
SWAST	3	3	4	17	27
WMAS	2	9	6	0	17
SCAS	0	3	1	12	16
NEAS	2	2	0	1	5

In terms of the national picture, NWAS is third in the table of most reported FTSU cases with

60, with LAS leading the way on 120 for 2018/19.

2018/19 Q1 to Q4 Data Per Category:

	Total Cases				Anonymous				Patient Safety				Unacceptable Behaviours				Reported Detriment			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
LAS	0	16	42	59	0	1	1	1	0	1	4	5	0	5	19	18	0	0	0	2
SECAMB	4	10	22	38	3	0	2	7	3	0	0	1	1	4	16	18	0	1	3	1
NWAS	9	11	24	16	2	2	12	4	2	1	12	3	3	2	3	9	0	0	0	0
EMAS	11	12	12	7	1	0	0	0	6	5	3	1	6	7	4	6	2	2	0	0
YAS	7	14	15	5	0	0	0	1	3	5	3	0	3	5	3	0	1	0	1	0
EEAST	6	8	12	6	1	1	0	0	0	0	2	2	3	4	8	4	1	0	0	0
SWAST	3	3	4	17	2	0	0	0	0	0	0	2	3	1	4	15	0	0	0	0
WMAS	2	9	6	0	0	2	1	0	0	3	2	0	1	3	6	0	0	0	0	0
SCAS	0	3	1	12	0	1	0	0	0	0	0	2	0	1	0	1	0	2	1	0
NEAS	2	2	0	1	0	1	0	0	0	0	0	0	0	2	0	0	0	0	0	0

CURRENT CONCERNS RAISED

Staff have responded well since FTSU went live in April 2017. Staff sometimes raise concerns with the FTSUG rather than their line manager. An analysis has identified some trends regarding the nature of concerns being raised. Early trend analysis indicates that some teams have broader management and cultural issues that they made need help in addressing.

60 concerns have been raised during this 12 month period, as shown in the charts below:


2018/19 Concerns

- Patient Safety — 30%
- B&H — 20%
- Working Practices — 10%
- Fraud — 8%
- Other — 32%
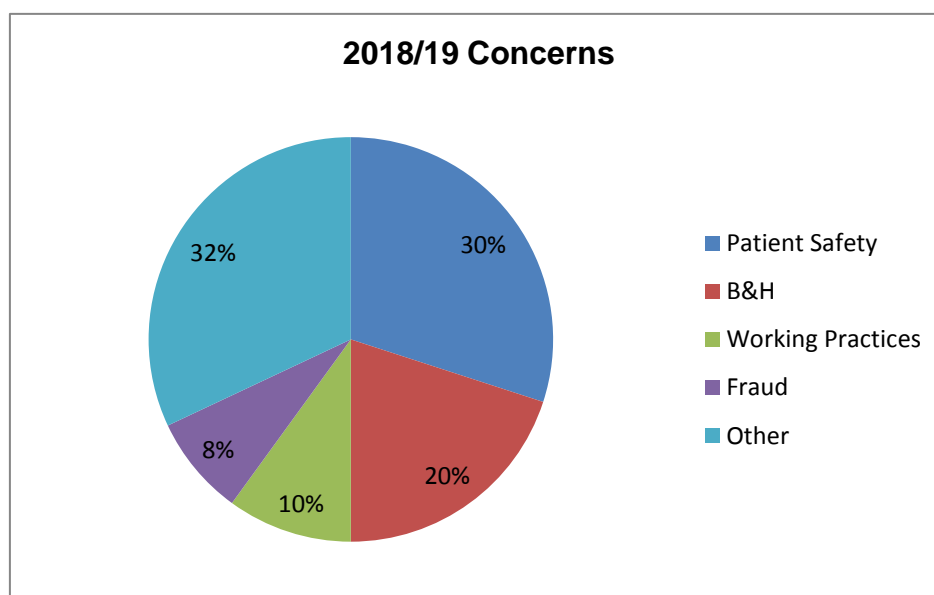
- Patient Safety – 18 concerns
- Bullying and Harassment – 12 concerns
- Working Practices – 6 concerns

6

- Fraud – 5 concerns
- Other – 19 concerns

There are currently five open cases, one involves violent and aggression markers, three relate to bullying behaviours and one relates to patient safety concerns.

Concerns by Area
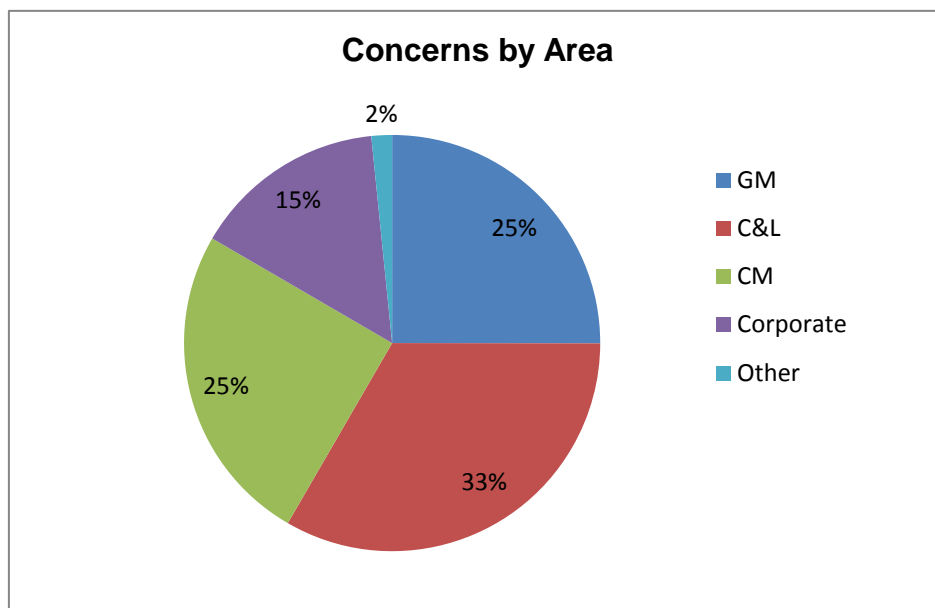
- GM - 15 concerns
- C&L Area - 20 concerns
- C&M - 15 concerns
- Corporate - 9 concerns
- Other - 1 concern

Concern by Service Line
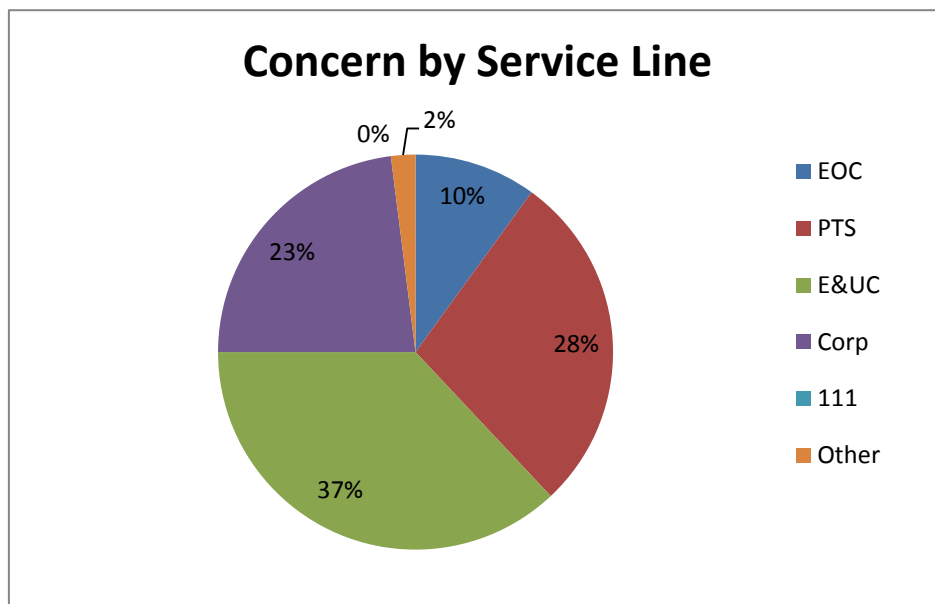
- Emergency Operations Centre – 6 concerns
- Patient Transport Service – 17 concerns
- Emergency & Urgent Care – 22 concerns
- Corporate – 14 concerns
- NHS 111 – 0 concerns

- Other – 1 concern

The other 5 are procedural or staff issues which we believe will be resolved quickly.

STAFF SURVEY COMPARISON

The staff survey comparison of 2017 to 2018 below shows improvement, however as a Trust we should still be looking to incrementally improve in all aspects of this. FTSU, once fully embedded should aid this further.

Staff Survey Question	Staff Survey 2018 Results	Staff Survey 2017 Results	Increase/Decrease
Not experienced harassment, bullying or abuse from managers	84%	83%	
Not experienced harassment, bullying or abuse from other colleagues	82%	82%	Stayed the same
Last experience of harassment/bullying/abuse reported	39%	38%	
Organisation encourages reporting of errors	84%	79%	
Organisation takes action to ensure errors are not repeated	56%	49%	
Staff given feedback about changes made in response to reported errors	41%	35%	
Know how to report unsafe clinical practice	95%	94%	

5   FREEDOM TO SPEAK UP GUARDIAN (FTSUG) ROLE & THE TRUST BOARD

The FTSUG role was established following the report from Sir Robert. The FTSUG role involves supporting workers who speak up by providing an additional and effective channel for reporting and escalating concerns, to ensure an effective investigation takes place, and then providing feedback on the investigation and potential actions taken and learning as a result of the concerns raised.

The FTSUG role is independent of management and whilst able to hold the board to account, the role is supported by the board to create an open culture which is based on listening and learning.

National guidance for trust boards on FTSU was published in May 2018. There was a further requirement in the guidance for Trusts to self-review with the NHSI review tool to carry out an in-depth review of leadership and governance arrangements in relation to FTSU and identify areas to develop and improve. The guidance outlines the expectations with regard to the leaders within the organisation and specific individuals on the Board, specifically – Chair, Chief

executive, Executive lead for FTSU, Non-executive lead for FTSU, Executive Director of HR and OD, Medical Director and Chief Nurse. The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections under KLOE 3 as part of the well-led domain. At the Trust's Well-Led inspection carried out by the CQC during Q2 of 2018-19, no issues were raised concerning FTSU and the outcome of the Well-Led inspection was a rating of 'Good'.

The role of the Board is shown in Appendix 1.

The FTSUG role works proactively alongside the Trust's leadership teams to tackle barriers to speaking up and promote openness and transparency, specifically:

- All staff members have the capability to speak up effectively and managers have the ability to support those who are speaking up
- All staff members are supported appropriately when they speak up or support other people who are speaking up
- Speaking up processes are effective and continuously improved
- The Board is fully sighted on, and engaged in, all Freedom to Speak Up matters and issues that are raised by people raising concerns
- Safety and quality are assured

The role of the FTSUG is shown in Appendix 2.

6 LEGAL and/or GOVERNANCE IMPLICATIONS

There are no legal and / or governance implications to this report

7 CONCLUSION

Work continues to develop the open and transparent culture that is necessary to encourage staff to raise matters and for speaking up to become business as usual. FTSU needs to be embedding further within the organisation, and to ensure staff feel comfortable in both reporting issues and have confidence in the process.

It is important to gain feedback from staff who have raised concerns and from relevant stakeholders within the process to ensure the current policy captures the spirit of the Trust's values, and staff feel they can raise concerns or issues without fear of victimisation, blame or reprisal.

8 RECOMMENDATIONS

The Board are asked to:

- Note the contents of this report
- Support the ongoing work of the FTSU Guardian

Appendix 1 - Role of The Board

Chair	The CEO and Chair are responsible for ensuring annual report contains information about FTSU and that the organisation is engaged with the regional Guardian Network and National Guardians Office. CEO and Chair are key sources of advice and support for their FTSU guardian and meet with them regularly.
CEO	The CEO is responsible for appointing the FTSU Guardian. Accountable for ensuring arrangements meet the needs of the workers. CEO and Chair are responsible for ensuring annual report contains information about FTSU and that the organisation is engaged with the regional Guardian Network and National Guardians Office. CEO and Chair are key sources of advice and support for their FTSU guardian and meet with them regularly
F2SU Non-Executive Directors	Be aware of latest guidance from the National Guardians Office. Hold CEO, Exec FTSU lead and Board to account. Challenge the Board to create a culture that is responsive to feedback and focussed on learning and continual improvement. Role Model high standards of conduct. Act as an alternative source of advice and support to the Guardian. Oversee speaking up concerns regarding board members.
F2SU Executive Lead	Be aware of latest guidance from the National Guardians Office. Overseeing the creation of the vision and strategy for FTSU. Ensuring the FTSU Guardian role has been implemented and fair recruitment followed. Ensuring that the FTSU Guardian has time and resources. Ensuring the quality assurance of FTSU. Conduct an annual review of the strategy, policy and process. Operationalising the learning from speaking up issues. Ensuring allegations are dealt with promptly and fairly.

The key principles the Board is committed to include:

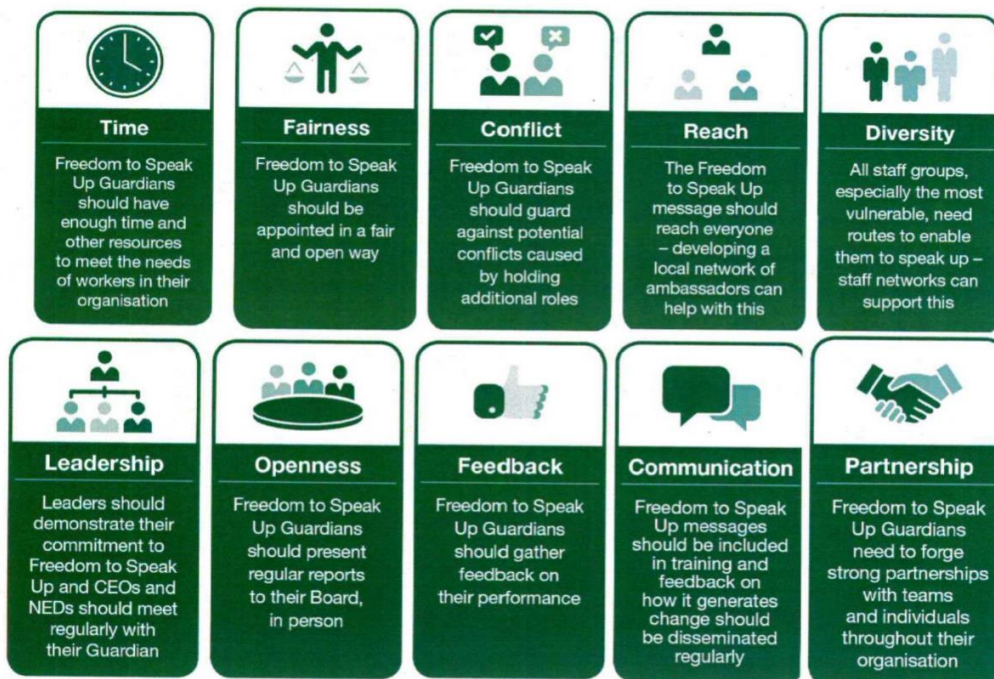|	Principle	Action
1	Culture of safety	Every organisation involved in providing NHS healthcare, should actively foster a culture of safety and learning, in which all staff feel safe to raise concerns
2	Culture of raising concerns	Raising concerns should be part of the normal routine business of any well led NHS organisation
3	Culture free from bullying	Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours
4	Culture of visible leadership	All employers of NHS staff should demonstrate, through visible leadership at all levels in the organisation, they welcome and encourage the raising of concerns by staff
5	Culture of valuing staff	Employers should show that they value staff who raise concerns, and celebrate the benefits for patients and the public from the improvements made in response to the issues identified
6	Culture of reflective practice	There should be opportunities for all staff to engage in regular reflection of concerns in their work

Appendix 2 - Role of the Freedom to Speak Up Guardian

1. Empowering and encouraging staff to speak up safely and in confidence
2. Acting as The Trust Independent lead on supporting a culture of openness and transparency
3. Providing confidential advice and support to concerns staff may have about patient safety
4. Will act impartially to ensure that the Trust provides a safe environment for staff to speak up
5. Work closely with the network of Speak Up Contact Links
6. Developing and producing regular reports to monitor the outcomes and impact of Freedom to Speak Up
7. Reporting formally to the Board

Key objectives

1. To raise the profile of speaking up within the Trust

2. To support and help develop a culture where speaking up becomes normal practice to address concerns

3. To develop mechanisms to empower and encourage staff to speak up safely

4. To ensure that the Trust provides a safe environment for employees and others to raise concerns and speak up

5. To ensure that concerns are effectively investigated and the Trust acts on its findings

6. To ensure shared learning amongst local/regional/national Networks

Time	Fairness	Conflict	Reach	Diversity
Freedom to Speak Up Guardians should have enough time and other resources to meet the needs of workers in their organisation	Freedom to Speak Up Guardians should be appointed in a fair and open way	Freedom to Speak Up Guardians should guard against potential conflicts caused by holding additional roles	The Freedom to Speak Up message should reach everyone – developing a local network of ambassadors can help with this	All staff groups, especially the most vulnerable, need routes to enable them to speak up – staff networks can support this

Leadership	Openness	Feedback	Communication	Partnership
Leaders should demonstrate their commitment to Freedom to Speak Up and CEOs and NEDs should meet regularly with their Guardian	Freedom to Speak Up Guardians should present regular reports to their Board, in person	Freedom to Speak Up Guardians should gather feedback on their performance	Freedom to Speak Up messages should be included in training and feedback on how it generates change should be disseminated regularly	Freedom to Speak Up Guardians need to forge strong partnerships with teams and individuals throughout their organisation

The FTSU Guardian should also be aware of best practice and shared learning, including:

- Guardian attendance at National Guardian Office Freedom to Speak Up Conference
- Guardian attendance at National Ambulance Network Meetings
- Guardians attendance at Regional Network of Freedom to Speak Up Guardians to share learning with partner organisations
- Completion of Training by "train the trainer"
- Regard to latest guidance issued by the Care Quality Commission –Guidance for Board on FTSU in NHS
- Webinars on best practice
- National Guardian Office Bulletins/Newsletters
- Case Reviews
- Discussions and access to the Chief Executive, Chairman and Lead Non-Executive and Executive Directors for advice and support

NHS
North West
Ambulance Service
NHS Trust

REPORT

AGENDA ITEM: 24

Board of Directors	
Date:	29 May 2019
Subject:	Integrated Performance Report
Presented by:	Director of Quality, Improvement & Innovation
Purpose of Paper:	For Assurance
Executive Summary:	The Integrated Performance Report for May 2019 shows performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during April 2019. The highlights from this report are as follows; • 190 complaints were received and 228 were also closed in April, with 52% within SLA timeframes. • Incident closures % rates have improved this month but remain within control limits. • In total there are 125 unscored incidents during April (13.1%) but this number will significantly reduce as incidents are now reviewed during May. • The agreed trajectory (12) for the closure of serious incidents during March was missed by nine (3). The SI team and lead Commissioning team have reviewed the SI process to assist with making further improvements to the whole approval pathway. • There have been no new Health & Safety alerts during April and one open alert closed. • Patient Experience (FFT) recommendation rates remain high in PTS and 111 at 96.2% and 87.2% respectively, although PES satisfaction rates have decreased from 89.16% to 69.4%. • The Trust's performance for the outcomes from out of hospital cardiac arrest for December was varied. • There was no change in the mean call to door times for patients a STEMI during December 2018. • The Trust care bundle score for sepsis was 57.2%. • Care bundle data for STEMI and acute stroke was not published for December as is consistent with the NHSE reporting schedule. • See & Treat performance was to 26.6% in April, a monthly average high since the introduction of ARP. • Hear & Treat (H&T) performance was 8.22% in April a 3.42% increase over the year and the highest

	performance ever delivered for H&T in NWAS.
	• The position for the Trust at Month 1 is a deficit of £0.273m, which is £0.081m better than the planned deficit of £0.354m.
	• The overall year to date actual and forecast financial risk score remains at a 1 for the Trust.
	• For April 2019, Call Pick Up (CPU) performance achieved 80.5% and the CPU mean performance has increased in April from a low of 7 seconds to a more normalized 10 seconds.
	• The average hospital turnaround for April 2019 was 32 minutes 55 seconds, across the North West.
	• We have now secured dedicated support from ECIP to further assist with the more challenged Trusts.
	• The Trust achieved C1 90th and C4 90th performance targets, whilst the remaining measures are showing an improvement trajectory within the last 3 weeks of April.
	• 111 have achieved an improvement on every measure and for the fifth month running, have accomplished the National standard for calls abandoned.
	• For the National standard of call back by a clinician in less than 10 minutes, NWAS 111 is second best across England.
	• For the year to date (July 2018 – April 2019) PTS is performing at 1% below baseline.
	• The overall sickness absence rates for March 2019 were 5.62%, demonstrating a downward trend for the last two months.
	• April 2019 turnover was 8.77%, which continues a stable trend within narrow control limits.
	• The Trust remains in a strong position regarding Agency costs during April, at a position of 1.9%.
	• The overall NWAS Vacancy Gap position in April was 0.24% overstaffed although this does include a PTS vacancy position of -7.73%
	• Appraisal compliance for April 2019 was 84% against a target of 95%.
	• The overall Trust position for mandatory training completion at April 2019 was 61% compliance against a trajectory of 52%.
Recommendations, decisions or actions sought:	The Board of Directors is asked to: 1. Note the content of the report 2. Clarify any items for further scrutiny through the assurance committees

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

Page 128

Link to Board Assurance Framework (Strategic Risks):

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

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

3

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Page 130

1. **PURPOSE**

The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of April 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
In April 2019, 190 complaints were received at a rate of 32 complaints per 1000 WTE staff. Although this is a reduction on the previous 3 months, the variation remains within the expected control limits. The trajectory to close 60 complaints a week has not quite been met this month (228/240) and so the closure rate of all levels of complaint remains the main focus of improvement to reduce the existing backlog, which remains a challenge. We are now using a new method of closing some types of PTS complaints which is assisting us to continue to improve our closure rates while providing an enhanced level of engagement with PTS managers to those patients that most need it. We are also commencing a demand and capacity exercise to evaluate available capacity for complaint handling and identify where our systems can be leaner.

Q2 – Incidents
951 internal and external incidents were opened in April 2019 at a rate of 160 incidents per 1000 WTE staff, which remains within existing control limits. Included in this total are 125 'unscored' internal incidents. As the incidents opened in April are reviewed in a timelier manner, the total number of these unscored incidents will reduce during May. In total, 1104 incidents (level 1-5) were closed during April 2019 and of these 79.5% of level1-3 and 58.3% of level 4-5 incidents were closed within the agreed standard, demonstrating an improved position. Although the number of incidents closed with a risk score of 1 to 5 have dropped slightly this month, they do remain well within the control limits.

Q3 - Serious Incidents (SIs)
Four Serious Incidents (SIs) were reported in the month and all were a result of Incident Report Forms being submitted by NWAS personnel. Three reports were submitted to Commissioners for closure, against a trajectory of 12 reports. The SI team and lead Commissioning team have reviewed the process and continue to work with senior managers to ensure investigations are submitted and approved within a timely manner. For example, the SI review meeting is now conducted at 25 working days instead of 30 working days to identify problems earlier. Investigators continue to have examples of reports shared with them to improve understanding and writing.

Q5 - Safety Alerts and Health and Safety
There have been no new alerts in April 2019.The Monkeypox IPC alert has been closed as there are no current requirements from Public Health England, given the level of risk. The total number of CAS/NHS Improvement alerts received between May 2018 and April 2019 is 27, with 5 alerts applicable. There have been 47 MHRA Medicine Equipment Alerts received in the same time period, with 1 alert applicable, and 28 MHRA Medicine alerts have been received with 0 alerts applicable.

2.2 Effectiveness

E1 - Paient Experience

The return rate for surveys in April shows 571 patients responded to FFT surveys across all service lines, which is in line with previous reporting month. The trust currently uses FFT cards and SMS to obtain FFT responses. In order to try and improve PES return rates it is intended to add an additional tick box on the trust's Urgent Care patient survey which it is expected will generate additional patients who have been cared for via See and Treat. This change will take effect from May 2019. PES satisfaction levels have decreased to 69.4% although PTS levels were at 96.2%, and 111 at 87.2% during April.

E2 – ACQIS

The Trust's performance for the outcomes from out of hospital cardiac arrest for December was varied. There was a marginal improvement in the rates of the Return of Spontaneous Circulation (ROSC) achieved for the Utstein group, although performance declined overall. There was an increase in survival to discharge for patients in the North West for the Utstein group but a decrease in the overall survival rate. This measure is reflective of the health system's performance and for the North West resulting in levels of survival to discharge below the national means for both groups for the month. There was no change in the mean call to door times for patients a STEMI, with the same mean time recorded as the previous month. This performance resulted in the Trust's rank remaining at 10th nationally for the month. Care bundle data for STEMI and acute stroke was not published for December as is consistent with the NHSE reporting schedule.

E3 - HT, ST & SC Outcomes

See & Treat in April 2019 was at a level never achieved before; 26.6%. In one particular week, for the first time, See & Treat rose to 26.91%. Moreover, again for the first time there was an each week achievement of over 26%. In the same period last year, See & Treat was at 23.5%, which demonstrates the significant progress made over the year. This increase is despite Hear & Treat performance also continuing to rise, which historically has not necessarily been the case.

Hear & Treat Performance for April 2019 was 8.22% with the number of incidents with no face to face response totalling 8121. This is a 3.42% increase in performance in comparison to April 2018 and the highest performance ever delivered for H&T in NWAS. NWAS are consistently in the weekly top 3 for best H&T performance across England and were best performing Trust for the last 2 weeks of April.

2.3 Finance

F1 – Finance

The position for the Trust at Month 1 is a deficit of £0.273m, which is £0.081m better than the planned deficit of £0.354m. Income is over recovered by £0.321m, pay is overspent by £0.104m and non-pay is overspent by £0.136m. The year to date expenditure on agency is £0.174m which is £0.085m below the Year-To-Date ceiling, which results in an agency financial metric of 1. The overall year to date actual and forecast financial risk score remains at a 1 for the Trust. The financial plans have a profiled deficit in April, due to the non-consolidation one off payment in April 2019 as part of the Agenda for Change pay deal.

2.4 Operational

PES Activity
OP1 – Call Pick Up
For April 2019, Call Pick Up performance was at 80.5%. In total, 19,941 calls took longer than 5 seconds to pick up. Variation of weekly performance continues to stabilise.

CPU mean has increased in April from a low of 7 seconds to a more normalized 10 seconds. Work is ongoing to address core hours of pressure by shift movement and overtime. The recruitment plan for EMDs will deliver a number of stepped improvements in establishment. This, combined with intelligent deployment of new EMDs will see the mean reduce. Work is ongoing to review long waits and centile performance. It's is anticipated this will start to deliver benefits and reduce these measures.

OP2 – Hospital Turnaround

The average turnaround for April 2019 was 32 minutes 55 seconds across the North West. The 5 hospitals with the longest turnaround times in this period were Arrowe Park, Southport District, Royal Oldham, Aintree University and Cumberland Infirmary. Hospital turnaround times remained static throughout April on both 'Arrival to Handover' and 'Handover to Clear'. We have now secured dedicated support from ECIP to further assist with the more challenged Trusts.

OP3 – ARP Standards

NWAS, once again, remained within the control limits for all ARP measures during April 2019. The Trust achieved C1 90th and C4 90th performance targets, whilst the remaining measures are showing an improvement trajectory within the last 3 weeks of April. The Trust is now developing a strategy to implement the new shift patterns following the final report from the roster review.

OP4 – 111

NWAS 111 service was offered 168,023 calls in this month (compared to 163,536 calls in the previous month) and answered 147,549 of them (compared to 142,861 last month). The number of calls answered increased by 3.28% compared to March 2019. Average call pick up for the month was 36 seconds, down from 39 seconds in March 2019. 111 have achieved an improvement on every measure. For the fifth month running, 111 have accomplished the National standard for calls abandoned. This was despite the calls offered and answered increasing from March 2019. For the National standard of call back by a clinician in less than 10 minutes, 111 is the second best performer across England.

OP5 – PTS Activity

Overall activity during April 2019 was 4% below contract baselines mainly due to Lancashire being 11% below baseline. For the year to date position (July 2018 – April 2019) PTS is performing at 1% below baseline. Within these overall figures, Cumbria and Lancashire are 3% and 10% below baseline whilst Greater Manchester and Merseyside are 2% and 10% above baseline respectively. In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 20% and 7% above baseline respectively. Cumbria and Lancashire are 18% and 8% below baseline. Aborted activity for planned patients averages 7% for the period July 2018 - April 2019 however Cumbria experiences 4%, Greater Manchester operates with 10% whilst Lancashire and Merseyside both experience 5% & 6% aborts respectively.

2.5 Workforce

OH1 – Sickness

The overall sickness absence rates for March 2019 were 5.62% demonstrating a downward trend for the last two months. The end of year position is slightly above the same time last year which was 5.20%. PTS have made good progress with sickness absence levels down to 6%. There is an improvement plan in place which is monitored though the PTS and HROD SMTs. Good progress has also been made in EOC with sickness rates at 5.89%. The 111 sickness rate of 8.99% is an improved position from earlier sickness absence levels. This remains an area of focus with additional HR resources in place from mid-May. Improvement plans in place for PTS and 111 service lines continued to be monitored via NHSI.

Page 133

OP2 – Turnover

Turnover is calculated on a rolling year average and this does lead to some small variations between months with April 2019 turnover is 8.77%, which continues a stable trend within narrow control limits. Teams remain in place with a specific focus on areas of high turnover in 111 and EOC. 111 turnover is 31.49% which is slightly up from the previous month position of 29.92%. This follows a period of reductions over a six month period. We will continue to focus on retention in 111 to further reduce turnover and stabilise the position. Turnover in EOC is reported at 11.82%. The turnover level has been fairly stable over the last year and work continues to improve the position further. An apprenticeship programme for EOC is being launched in autumn to improve retention rates. PES and PTS turnover remains stable.

OP4 – Temporary Staffing

The Trust remains in a strong position regarding Agency costs, at a position of 1.9%. Focus has been put into reducing Agency usage, particularly within 111. There has also been adopted a more robust assessment of Agency usage when requests are received.

OP5 – Vacancy Gap

The changes resulting from the contract settlement and revisions to the ORH position have not yet been made in establishment, so the vacancy position for PES and EOC does not fully reflect the new requirements. The revised establishments for both these areas will create a vacancy position. Work is ongoing with PES and EOC to ensure we have robust plans in place to reach the new establishment as soon as practicable. Both areas enter the new financial year with a good starting position as they are over-established against the 18/19 establishment. The PTS vacancy position is -7.73% in April 2019, a slight reduction in the previous vacancy position and a continuing improving trend. 111 have seen reductions in vacancy position and the April 2019 figure is now 0.21% over establishment. The focus in 111 is on retention, with the Rota Review being launched imminently.

OP6 – Appraisals

Appraisal compliance overall has been stable for several months with only slight variations at Trust level, with April 2019 at 84% against a target of 95%. PES position has remained consistent at 87.71%. EOC is at 70.92% - this is a slight reduction from the previous month and the overall trend indicates the need for some focused work in this area. 111 were at 78.89%, from a previous month of 74.70%. The position in the 111 service line has seen a gradual improvement in compliance rates since January 2019. PTS have seen a good recovery following the sharp decline in completed appraisals due to the effect of the ATSL TUPE transfer last year and a significant number dropping out of cycle, they have recovered to 77.01% with a recovery plan being progressed to hit Trust target. Work is required by Corporate service lines to hit the 95% target whilst Corporate Directorates currently stand at 88% against target.

OP7– Mandatory Training

PTS have made significant progress ahead of trajectory at 63% compliance against a 36% planned trajectory. PES is at 38% compliance against their trajectory of 41%. There have been a high number of withdrawals and non-attendances - PES will need to work with HROD to address this issue to avoid getting into a recovery position so early in the reporting cycle. The cycle is due to conclude early this financial year, in October, which does allow for some slippage. The Trust has now moved to competency based compliance reporting for Mandatory Training, The overall Trust position at April 2019 is 61% compliance against a trajectory of 52%. However, all service lines need to ensure that this remains a focus for improvement.

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

Page 135

Q1 COMPLAINTS

Figure Q1.1

Complaints Rate (Complaints/Whole Time Equivalent Workforce)
May 2018 - April 2019

| Annual Average: |
| 227 per month |
| 39 per 1000 staff |
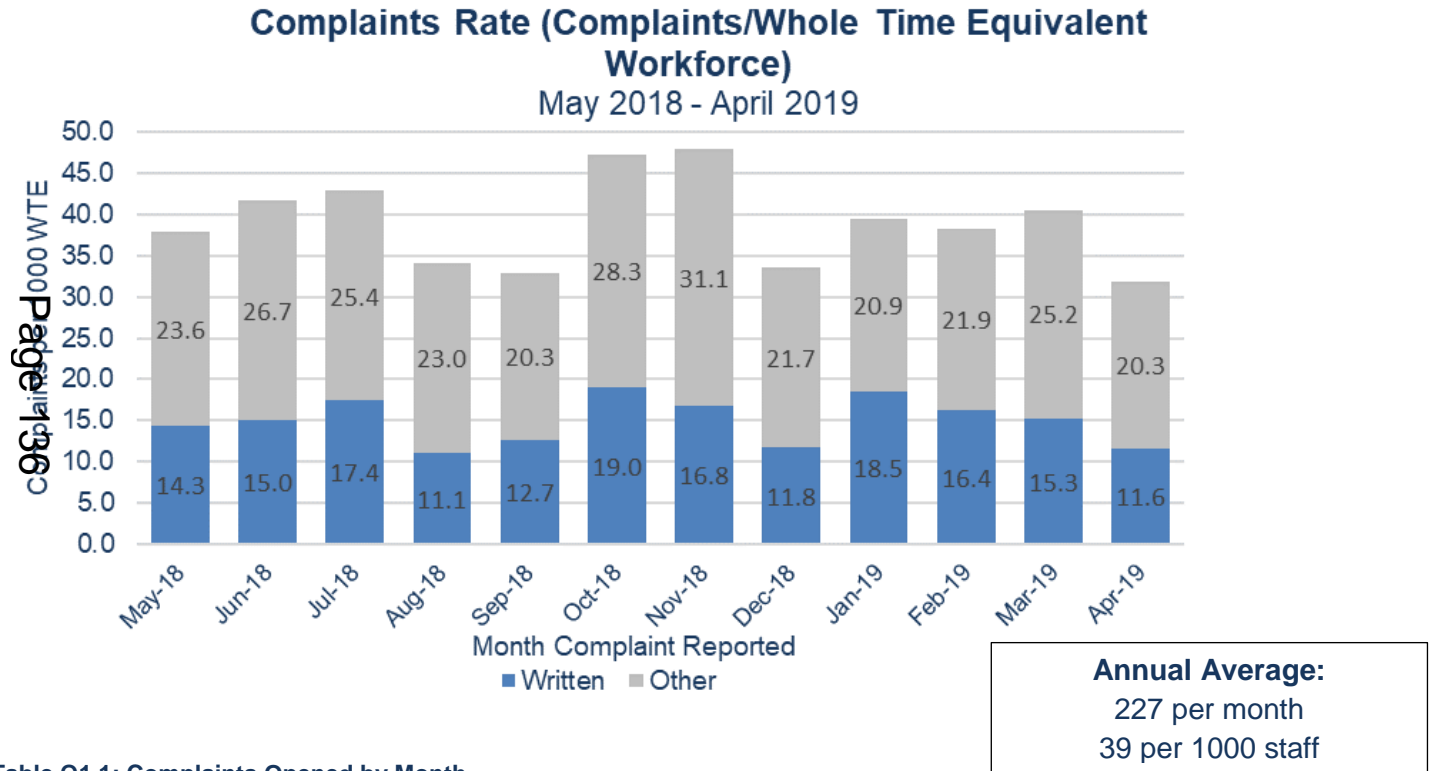
Table Q1.1: Complaints Opened by Month

Severity	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct- 18	Nov- 18	Dec- 18	Jan- 19	Feb- 19	Mar- 19	Apr- 19
1. Minimum	35	38	35	28	36	56	45	39	27	21	38	42
2. Minor	154	176	175	139	122	165	184	122	161	161	173	124
3 Moderate	14	14	19	18	23	34	34	28	32	30	22	14
4 Major	11	7	10	6	7	9	14	6	7	8	8	7
5 Serious	3	4	7	5	2	10	3	1	5	7	2	3
Total	217	239	246	196	190	274	280	196	232	227	243	190
Compliments	180	121	114	190	124	144	121	103	102	106	122	103

Complaints & Compliments

In April 2019, 190 complaints were received (average is 227 per month).

This is equivalent to 31.9 complaints per 1000 WTE staff against an average of 39 complaints

In addition, 103 compliments were received in this reporting period, which is the equivalent to 17 compliments per 1000 WTE staff.

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

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

Figure Q1.3

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

Figure Q1.4

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

Figure Q1.5

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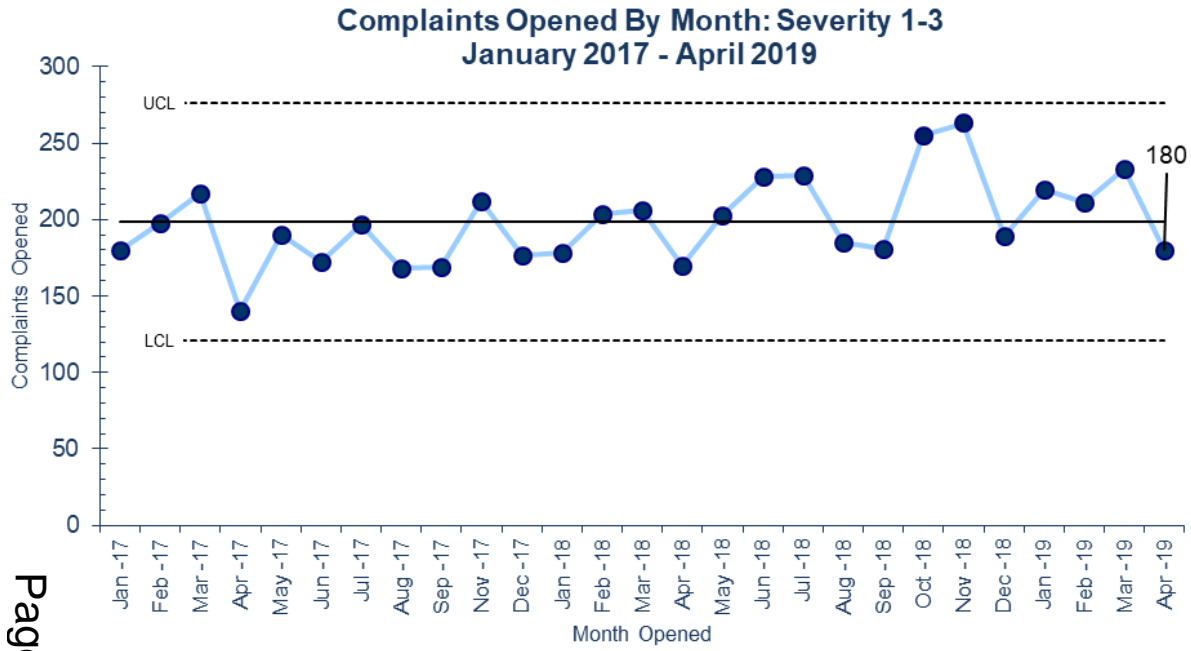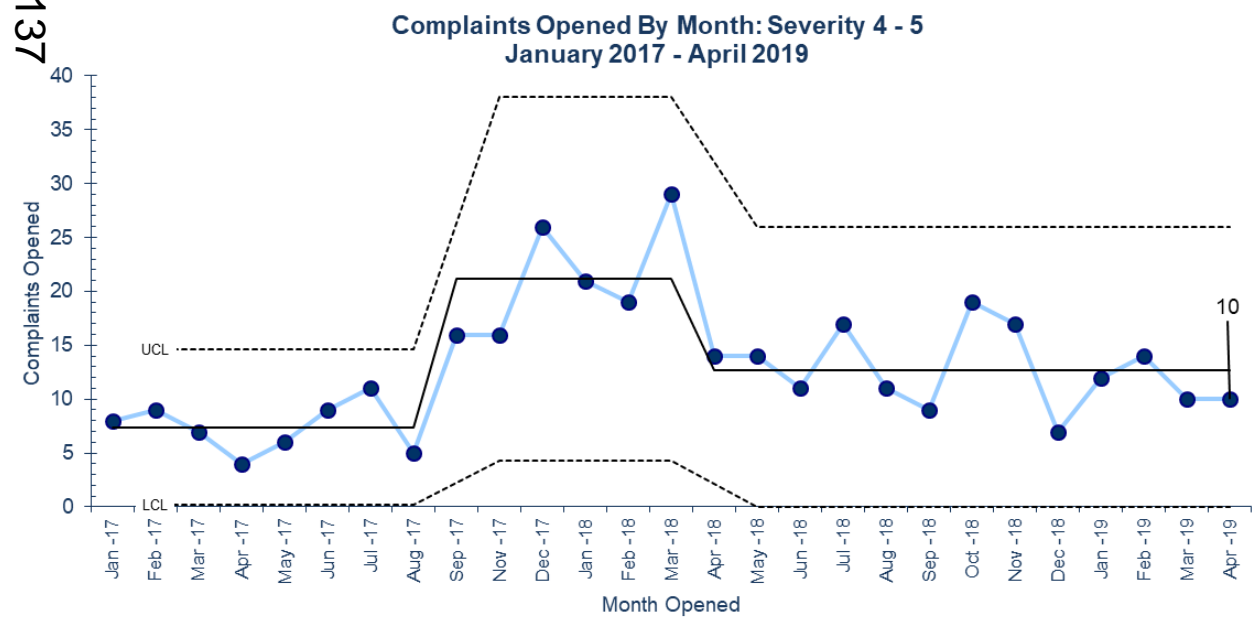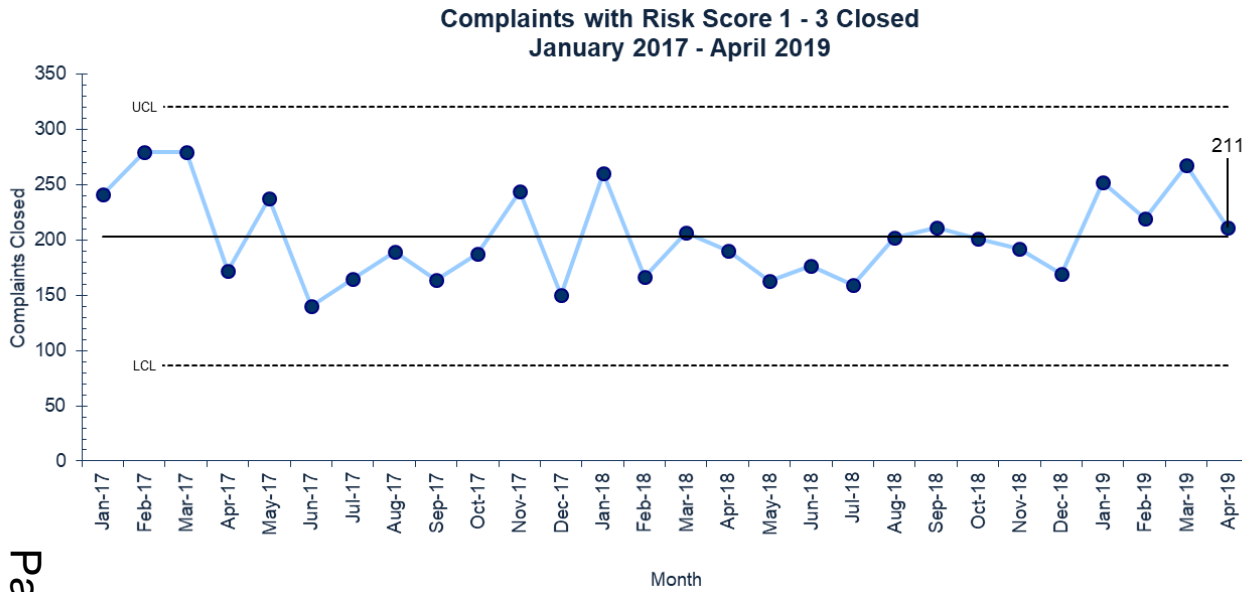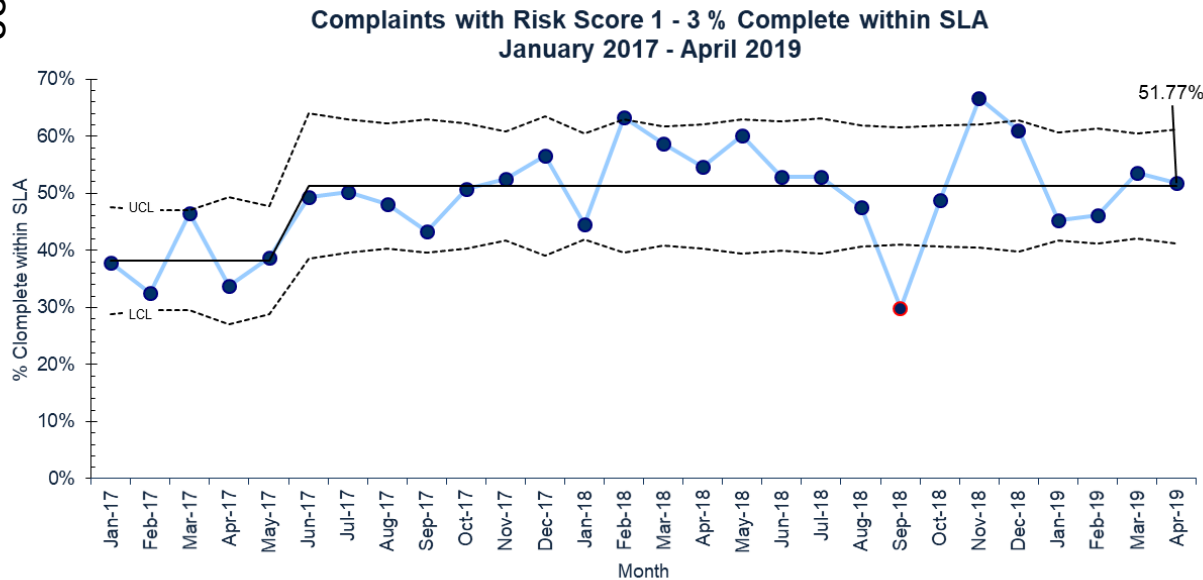
Complaints Closure

A total of 228 complaints were closed in April 2019 (211 cases were risk scored 1-3 and 17 were risk scored 4-5). 52% of level 1-3 and 6% of level 4-5 complaints were closed within agreed standard.

The trajectory to close 60 complaints a week has not quite been met this month (228/240) and so the closure rate of all levels of complaint remains the main focus of improvement.

Having closed 118 more complaints than we have received since January 2019, a continued effort of closing complains against our trajectory will continue to reduce the existing backlog, which remains a challenge.

We are now using a new method of closing some types of PTS complaints which is assisting us to continue to improve our closure rates while providing an enhanced level of engagement with PTS managers to those patients that most need it.

We are commencing a demand and capacity exercise to evaluate available capacity for complaint handling and identify where our systems can be leaner.

Right Care Strategy Goals Performance:

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

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

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

12

Complaints with Risk Score 4 - 5 Closed
January 2017 - April 2019
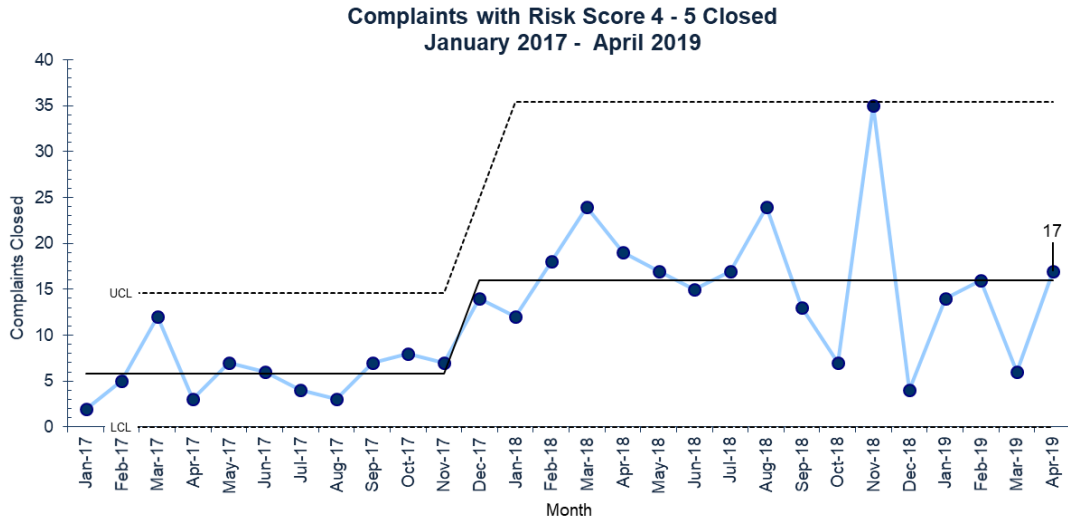
SLAs are calculated using the following measures/targets.
No exceptions are taken into account:

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

Figure Q1.7

Page 139

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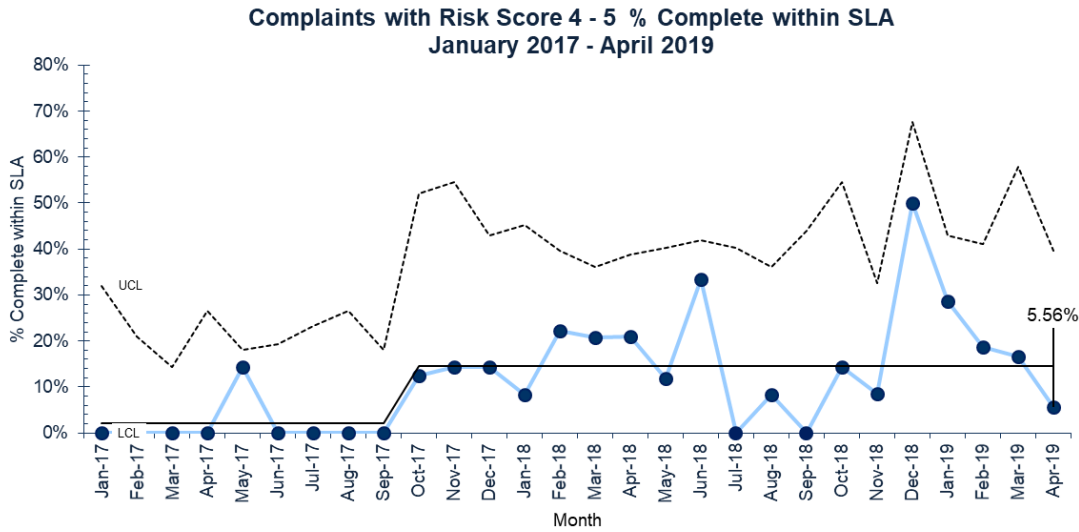
Q2 INCIDENTS

Figure Q2.1

NWAS Incidents Rate (Incidents/Whole Time Equivalent Workforce)
May 2018 - Apr 2019
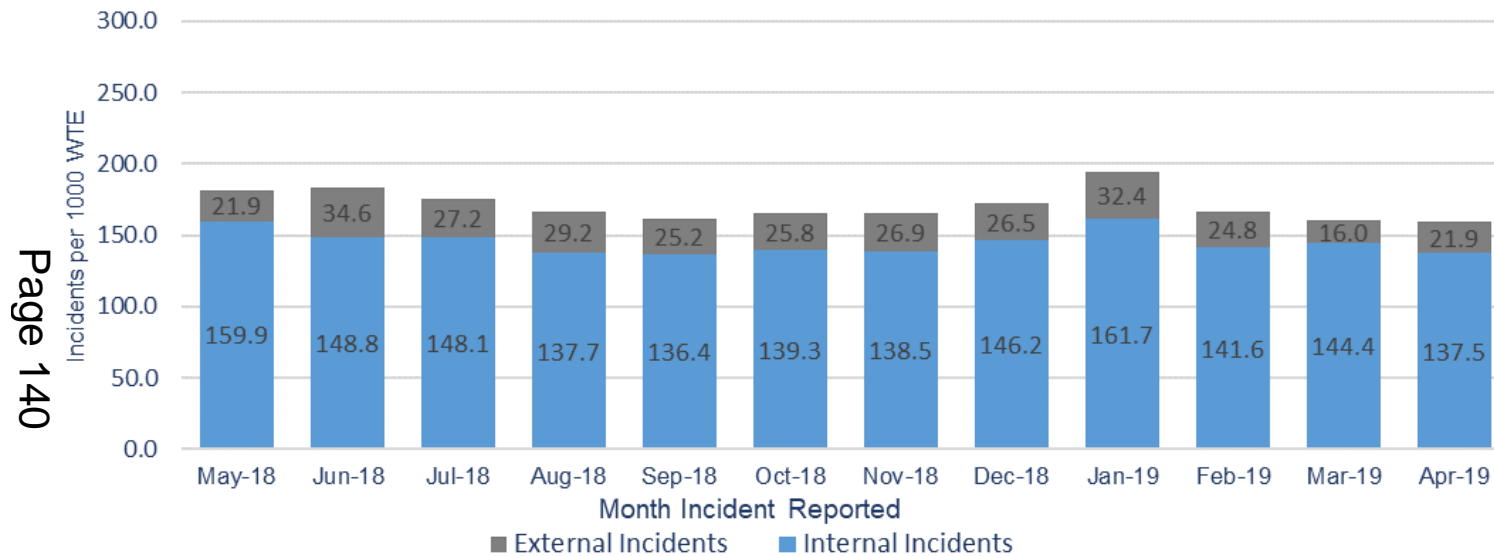
Table Q2.1

Severity	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
1. Insignificant	216	182	204	182	200	208	226	194	180	192	191	145
2. Minor	687	620	623	571	563	544	517	616	654	539	575	525
3 Moderate	185	179	165	159	145	172	187	191	217	175	171	145
4 Major	5	10	6	9	7	13	13	15	9	6	12	10
5. Catastrophic	2	3	3	4	2	3	0	2	3	3	0	1
Unscored	18	13	18	11	19	24	22	26	35	20	40	125
Total	1113	1007	1019	936	936	964	965	1044	1098	935	989	951
Unscored %	1.6%	1.3%	1.8%	1.2%	2.0%	2.5%	2.3%	2.5%	3.2%	2.1%	4.0%	13.1%

Incidents

951 internal and external incidents were opened in April 2019 at a rate of 160 incidents per 1000 WTE staff, which remains within existing control limits.

Included in this total are 125 'unscored' internal incidents, which accounts for 13.1% of the total number of incidents opened this month.

As the incidents opened in April are reviewed and investigated the total number of unscored incidents will reduce for April.

The Clinical Safety Team are working with the incident reporters where incidents have not been scored and, where necessary, are educating them in the importance of incident scoring.

Reducing numbers of unscored incidents is challenging but continued work with the area teams will help to continue to improve performance in this area.

Figure Q2.2

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

815

Figure Q2.3

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

11

Figure Q2.4

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

879

Figure Q2.5

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

79.50%

Figure Q2.6

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

Figure Q2.6

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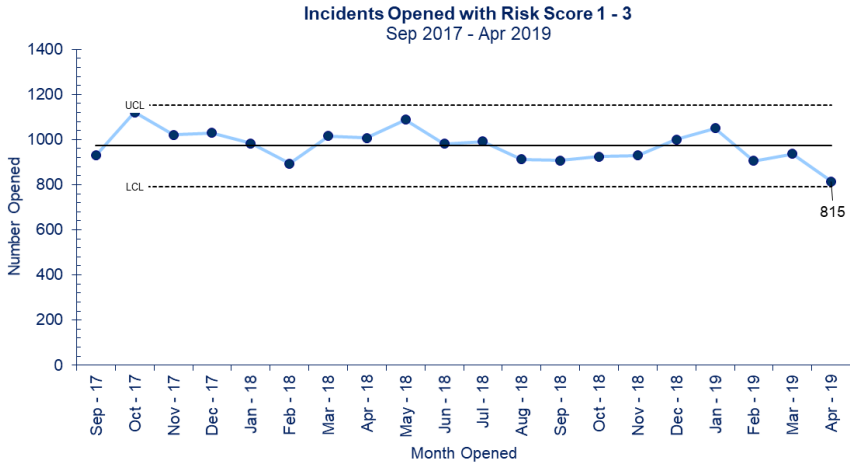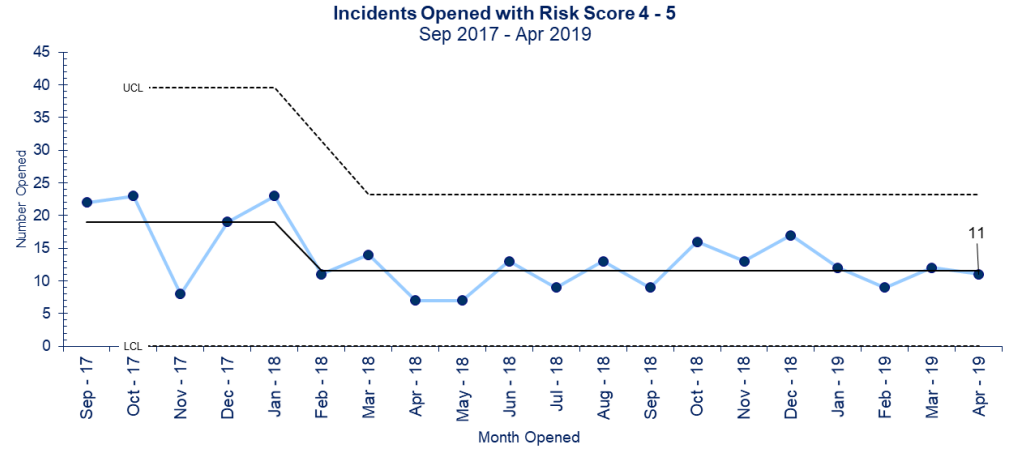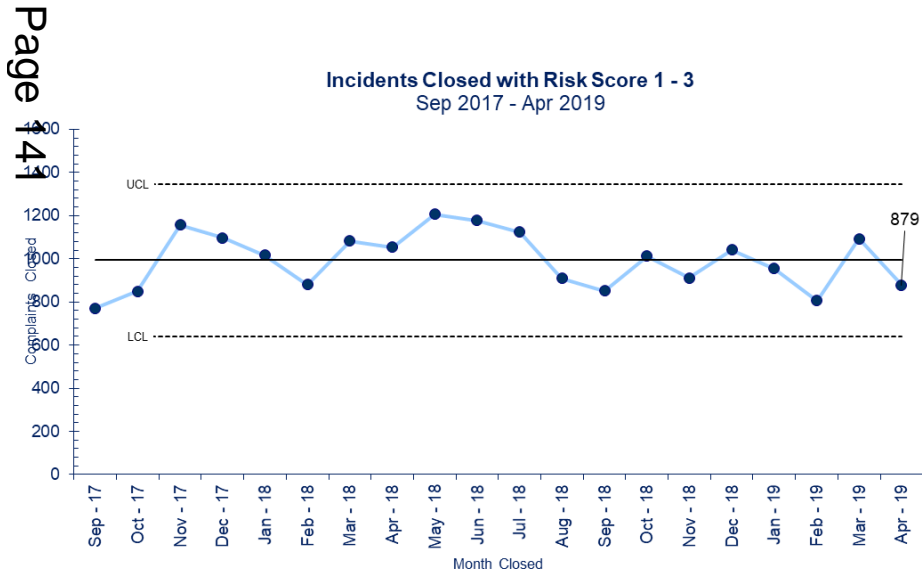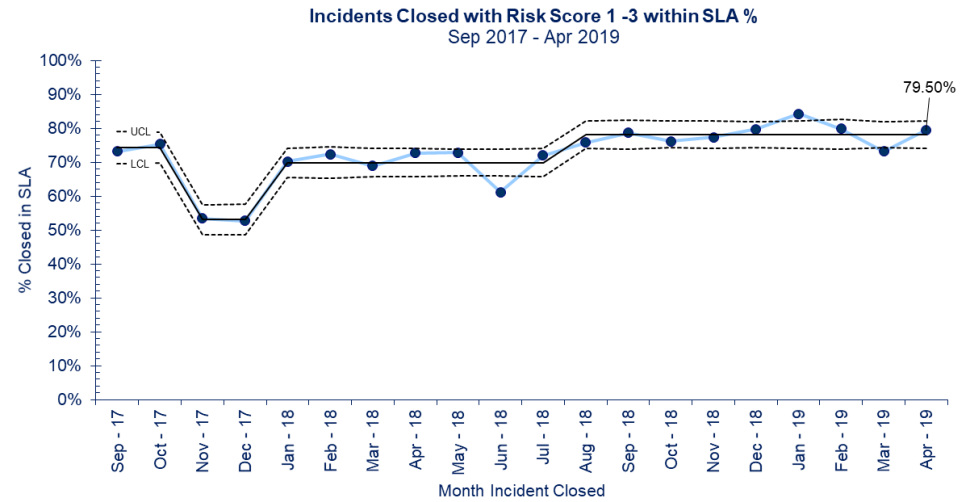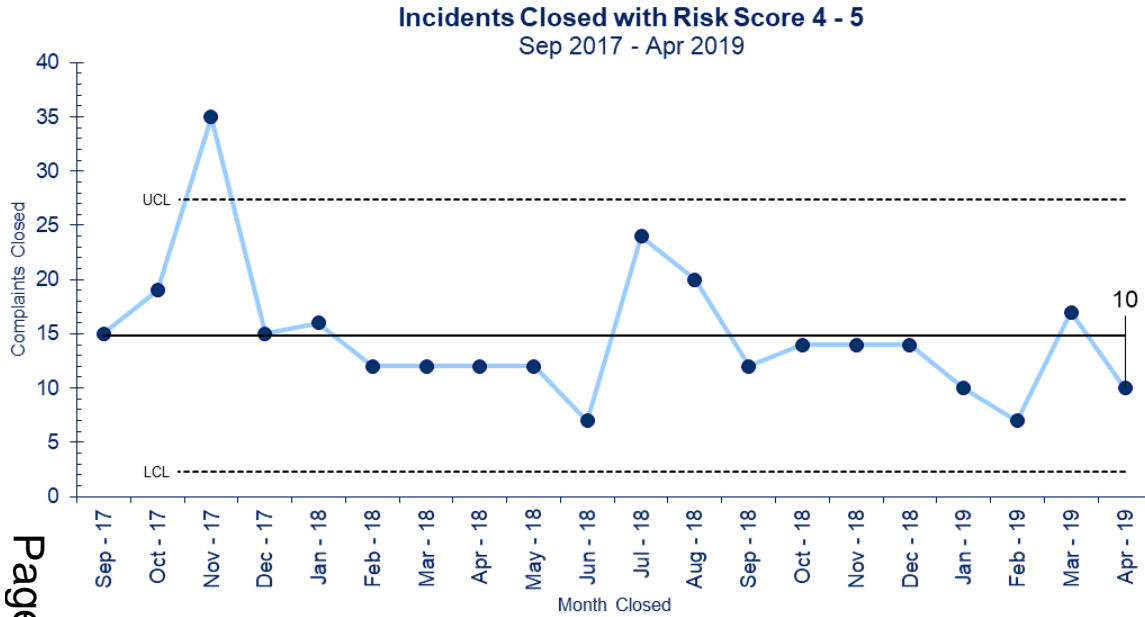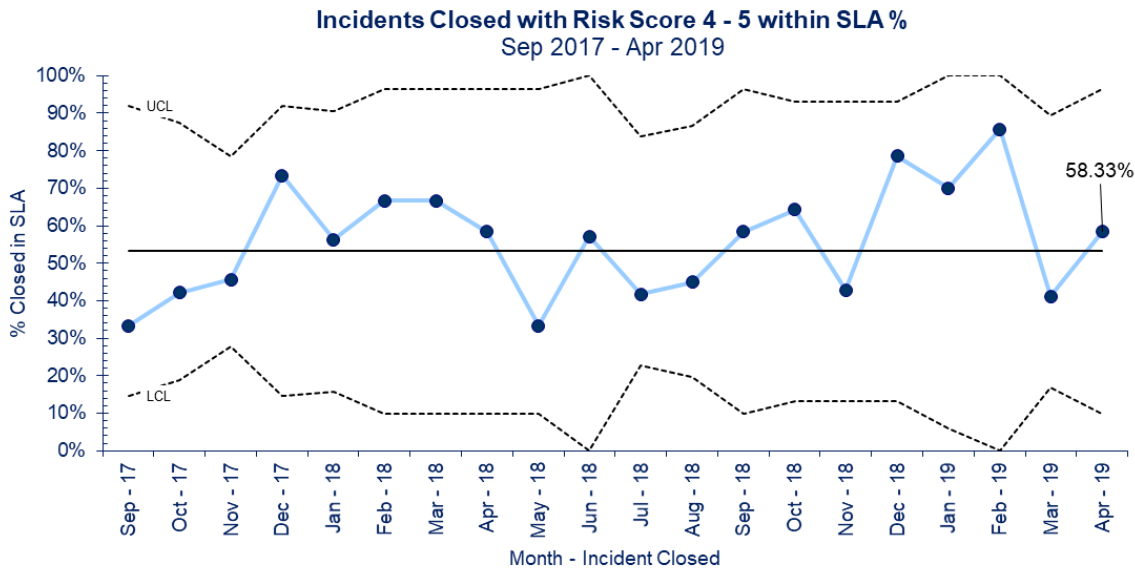
Incidents Closure

In total, 1104 incidents (level 1-5) were closed during April 2019. Of these 79.5% of level1-3 and 58.3% of level 4-5 incidents were closed within the agreed standard, demonstrating an improved position.

Although the number of incidents closed with a risk score of 1 to 5 have dropped slightly this month, they do remain well within the control limits.

The Clinical Safety Team continues to review the high level investigations on a weekly basis and prepare responses for sign off and closure.

SLAs are calculated using the following measures/targets:

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

16

Q3 SERIOUS INCIDENTS

Figure Q3.1:

StEIS Incidents Opened by Month
February 2016 - April 2019

Serious Incidents

4 Serious Incidents (SIs) were reported in April 2019 and 3 reports were submitted to Commissioners for closure, against a trajectory of 12.

Of the 4 SI's reported all were a result of Incident Report Forms being submitted by NWAS personnel.

The SI team and lead Commissioning team have reviewed the process and continue to work with senior managers to ensure investigations are submitted and approved within a timely manner.

All high risk events continue to be discussed at the Review of Serious Events meeting weekly.

Improvement goals

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

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

Source	Paramedic Emergency Services Operations	Emergency Operations Centre	Urgent Care Service	Total
IRF/StEIS	1	2	1	4
Total	1	2	1	4

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

Trajectory Forecast for StEIS Incidents Submissions to BCCG vs Actual Submissions

Chart data (Number of Reports Forecast / Actual Submitted):

Month	Number of Reports Forecast	Actual Submitted
Jul-18	7	7
Aug-18	10	10
Sep-18	17	12
Oct-18	13	13
Nov-18	15	12
Dec-18	12	1
Jan-19	7	6
Feb-19	2 (8)	4
Mar-19	8 (8)	11
Apr-19	9 (3)	3
May-19	7 (11)	
Jun-19	3	
Jul-19	4	

X-axis: **Month of Submission**
Y-axis: **Number of StEIS Incidents**

Legend: ■ Number of Reports Forecast ■ Actual Submitted

Serious Incident Trajectory

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

3 reports were submitted in April, this is 9 short of the anticipated trajectory of 12. Delays in investigators submitting reports continues to be a risk.

9 reports are currently overdue their 60 working day timeframe.

The main delay in approval is the variation in investigator writing styles and template understanding, which causes numerous requests for report changes at the approvals stage.

All report writers and approvers are undertaking investigation training.

The SI review meeting is now conducted at 25 working days instead of 30 working days to identify problems earlier. Investigators continue to have examples of reports shared with them to improve understanding and writing.

Assurance

- Monitored by Quality Committee.
- Deviations from plan escalated to board via the Quality Committee Chair.
- BAF SR01 (risk id 2868)

Q5 SAFETY ALERT COMPLIANCE

Figure Q4.1:

Safety Alerts	Number of Alerts Received (May 18 – Apr 19)	Number of Alerts Applicable (May 18 – Apr 19)	Number of Open Alerts
CAS/ NHS Improvement	27	5	0
MHRA – Medical Equipment	47	1	0
MHRA - Medicine Alerts	28	0	0
IPC	2	1	0

CAS – Alerts Applicable

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

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

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

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

5. **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, alert closed.

NWAS Response

There have been no new alerts in April 2019.

The total number of CAS/NHS Improvement alerts received between May 2018 and April 2019 is 27, with 5 alerts applicable to NWAS.

In the same time period,

47 MHRA Medicine Equipment Alerts have been received with 1 alert applicable.

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

1 IPC alert received in September 2018 remains applicable in relation to monkey pox. This remains on the agenda for the National Ambulance Resilience Unit (NARU) and the Lancashire Resilience Forum.

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. The software upgrade has been successful and the rectification programme is drawing to a close; this should be completed by 3rd May 2019, depending on the release of vehicles in order to complete the work.
   Action date: 22/02/19

IPC - Alerts Applicable

1. **Monkeypox**
   Actions: All actions have been undertaken in relation to this alert; there are no current Public Health England requirements. PHE have de-escalated the alert due to the reduced level of risk. This matter is currently closed.

Page 146

Figure E1.1

E1 PATIENT EXPERIENCE

PES Friends and Family Test (All)
April 2019 - March 2020
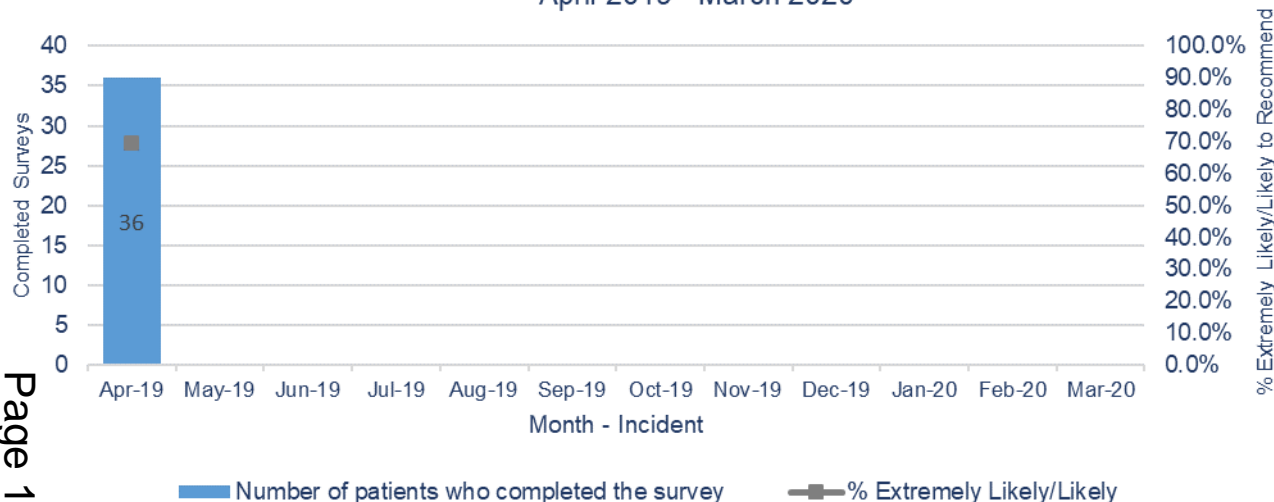
Table E1.1 National PES See and Treat FFT – March 2019

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**241**	**92%**	**6%**
SOUTH WESTERN AMBULANCE SERVICE	15	100%	0%
EAST OF ENGLAND AMBULANCE SERVICE	34	97%	0%
NORTH EAST AMBULANCE SERVICE	132	97%	2%
SOUTH CENTRAL AMBULANCE SERVICE	19	95%	5%
WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY	8	75%	25%
NORTH WEST AMBULANCE SERVICE	28	64%	29%
LONDON AMBULANCE SERVICE	1	*	*
YORKSHIRE AMBULANCE SERVICE	4	*	*

Figure E1.2

Patient Experience (PES)

Return rate

During April 2019, 571 patients responded to FFT surveys across all service lines, which is in line with previous reporting for March 2019.

However, whilst the overall return rate is very similar to the same period in 2018 (568), it actually represents a decrease in PES returns (28 to 18), and in 111 returns (197 to 102), but an increase in the return rate for PTS (343 to 402), which brings the overall service line total return rate in line with previous reporting.

Plans to increase PES return

The trust currently uses FFT cards and SMS to obtain FFT responses. In order to try and improve PES return rates it is intended to add an additional tick box on the trust's Urgent Care patient survey which it is expected will generate additional patients who have been cared for via See and Treat. This change will take effect from May 2019.

FFT Satisfaction levels

With regard to PES satisfaction levels even though they have increased this month from 64.5% to 69.4%; looking at the same period in 2018 they have decreased from 89.16% to 69.4%.

21

PTS Friends and Family Test
April 2019 - March 2020

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

Table E1.2 National PTS FFT – March 2019

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**2,774**	**92%**	**4%**
ISLE OF WIGHT	26	100%	0%
IMPERIAL COLLEGE HEALTHCARE	280	96%	3%
NORTH EAST AMBULANCE SERVICE	19	95%	5%
NORTH WEST AMBULANCE SERVICE	490	95%	3%
GUY'S AND ST THOMAS'	871	94%	3%
UNIVERSITY COLLEGE LONDON HOSPITALS	250	94%	2%
EAST OF ENGLAND AMBULANCE SERVICE	156	91%	4%
ARRIVA TRANSPORT SOLUTIONS LIMITED	432	91%	3%
WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY	40	90%	0%
SOUTH CENTRAL AMBULANCE SERVICE	210	75%	15%
YORKSHIRE AMBULANCE SERVICE	0	NA	NA

Figure E1.3

Patient Experience (PTS)

FFT Satisfaction levels

PTS satisfaction levels in April 2019 have remained consistent and within acceptable control limits throughout the year finishing at 96.2%.

111 Friends and Family Test
April 2019 - March 2020

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

X-axis: Apr-19, May-19, Jun-19, Jul-19, Aug-19, Sep-19, Oct-19, Nov-19, Dec-19, Jan-20, Feb-20, Mar-20 (Month - Incident)

Left Y-axis: Completed Surveys (0–140)

Right Y-axis: % Extremely Likely/Likely to Recommend (0.0%–100.0%)

Bar value: 117

Patient Experience (111)

FFT Satisfaction levels

111 satisfaction levels in April 2019 were 87.2% which is a slight decrease in month but a consistent level, within acceptable control limits for the year.

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Table E2.1: ACQI December 2018

ACQI Indicator		YTD Performance (%)	Sample Size (Current Month)	December 18 Performance (% / hrs: mins)	November 18 Performance (%)	December 18 Rank position	Rank movement	Performance Range % / hrs: mins (national mean*)
Cardiac Arrest ROSC	Overall	34.1%	273	30.4%	36.5%	5	↓	22.3-35.3 (29.4)
	Utstein	53.9%	38	47.6%	47.4%	9	↓	41.5-70.2 (55.4)
	Resus Care Bundle	76.5%	99	77.8%	N/A	N/A	N/A	N/A
Cardiac Arrest Survival to Discharge	Overall	9.0%	264	5.3%	6.3%	10	↓	5.3-11.0 (7.9)
	Utstein	26.6%	33	21.2%	14.9%	8	↑	18.4-42.1 (29.3)
Acute STEMI	PPCI (mean call to PPCI time)	N/A	164	2hrs 27 mins	2hrs 27 mins	10	↔	1hr 48mins - 2hr 27 mins (2hr 12 mins)
	Care Bundle	73.3%	N/A	N/A	N/A	N/A	N/A	N/A
Stroke	Hyper acute (mean call to door time)	N/A	391	1hr 16 mins	1hr 13mins	7	↓	1hr 8mins - 1hr 27 mins (1hr 14 mins)
	Care Bundle	97.9%	N/A	N/A	98.6%	N/A	N/A	N/A
Sepsis	Care Bundle	57.3%	215	57.2%	N/A	8	N/A	49.6-90.0 (73.3)
Management of falls	Care bundle	Data publication TBC						

ACQIs – December 2018

The Trust's performance for the outcomes from out of hospital cardiac arrest for December was varied; there was a marginal improvement in the rates of the Return of Spontaneous Circulation (ROSC) achieved for the Utstein group, although performance declined overall. This performance affected the Trust's national rank for the month which declined for both measures to 5th nationally for the overall group and 9th for the Utstein sub-group.

There was an increase in survival to discharge for patients in the North West during December for the Utstein group but a decrease in the overall survival rate. This measure is reflective of the health system's performance and for the North West resulting in levels of survival to discharge below the national means for both groups for the month.

There was no change in the mean call to door times for patients suffering from a STEMI, with the same mean time recorded as the previous month. This performance resulted in the Trust's rank remaining at 10th nationally for the month. The mean response time to patients experiencing an acute stroke increased by 3 minute for December, marginally outside of the national mean and ranking the Trust 7th nationally.

Care bundle data for STEMI and acute stroke was not published for December as is consistent with the NHSE reporting schedule. The Trust care bundle score for sepsis was 57.2% for the month. This score should be read with a degree of caution owing to the known and accepted reporting challenges within the Trust from the unavoidable use of paper patient records.

Cardiac Outcomes over time (SPC)

Figure E2.1

ROSC- Overall Performance
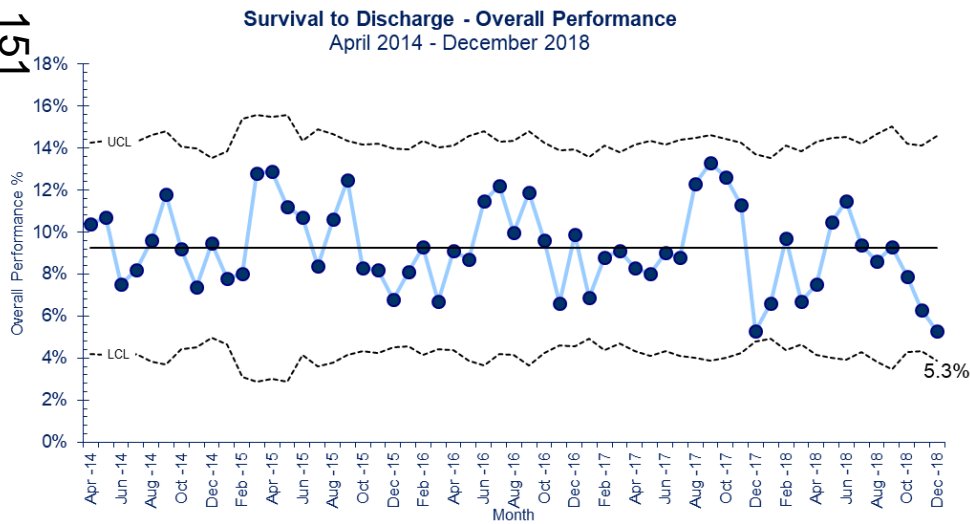April 2014 - December 2018

Figure E2.2

ROSC- Utstein Performance
April 2014 - December 2018

Figure E2.3

Survival to Discharge - Overall Performance
April 2014 - December 2018

Figure E2.4

Survival to Discharge - Utstein Performance
April 2014 - December 2018
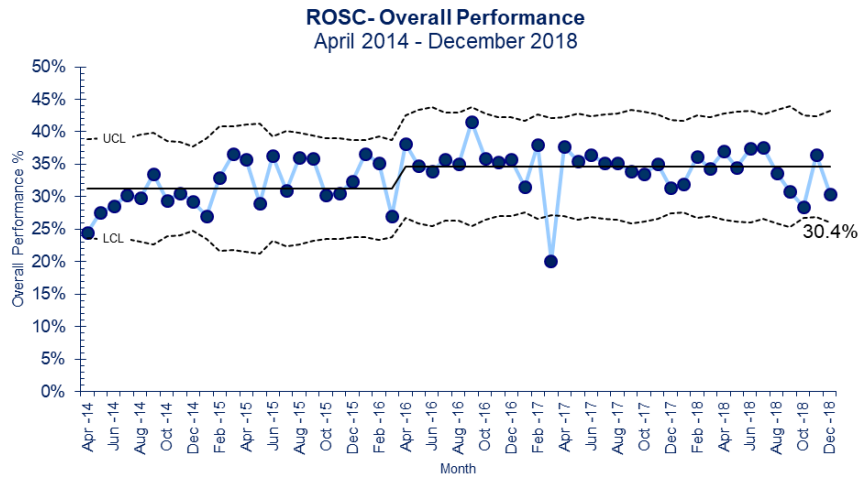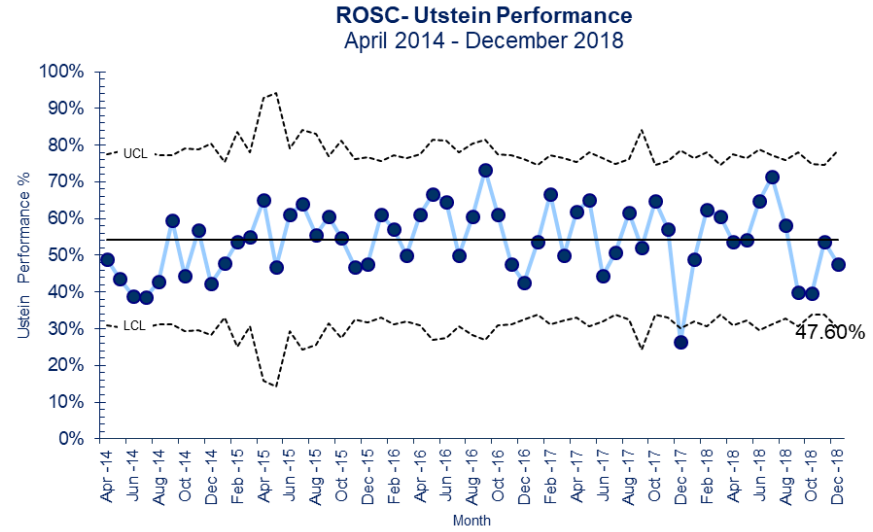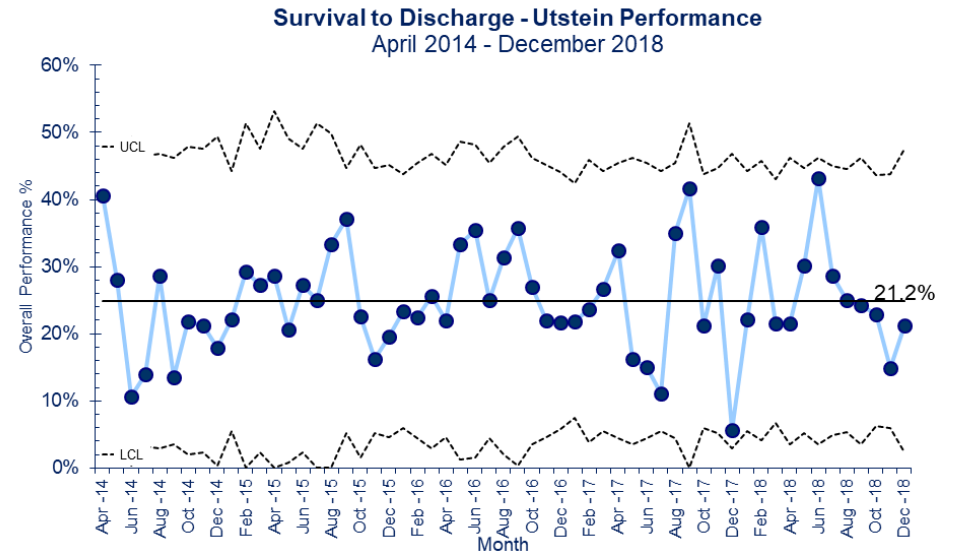
Care Bundles Cardiac and Stroke (SPC)

Figure E2.5

STEMI Care Bundle
April 2014 - October 2018

Figure E2.6

Stroke Care Bundle
April 2014 - November 2018
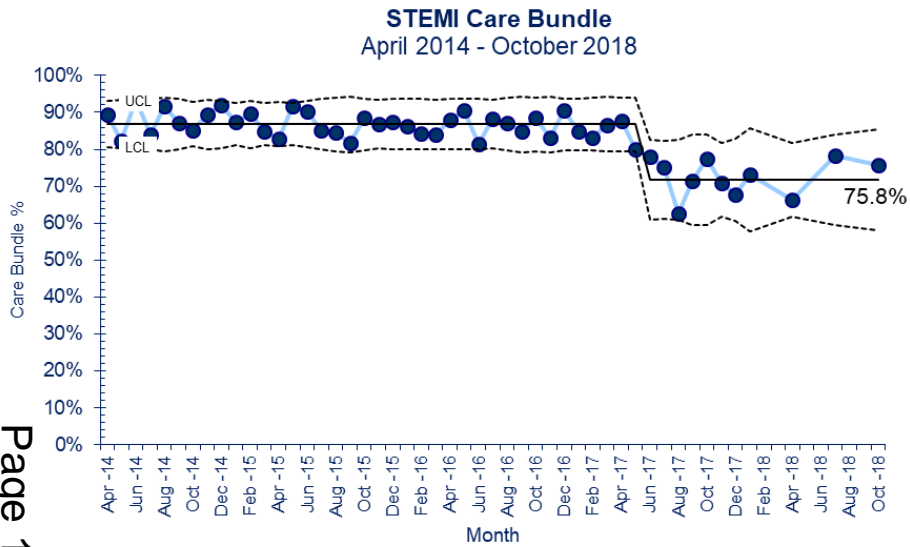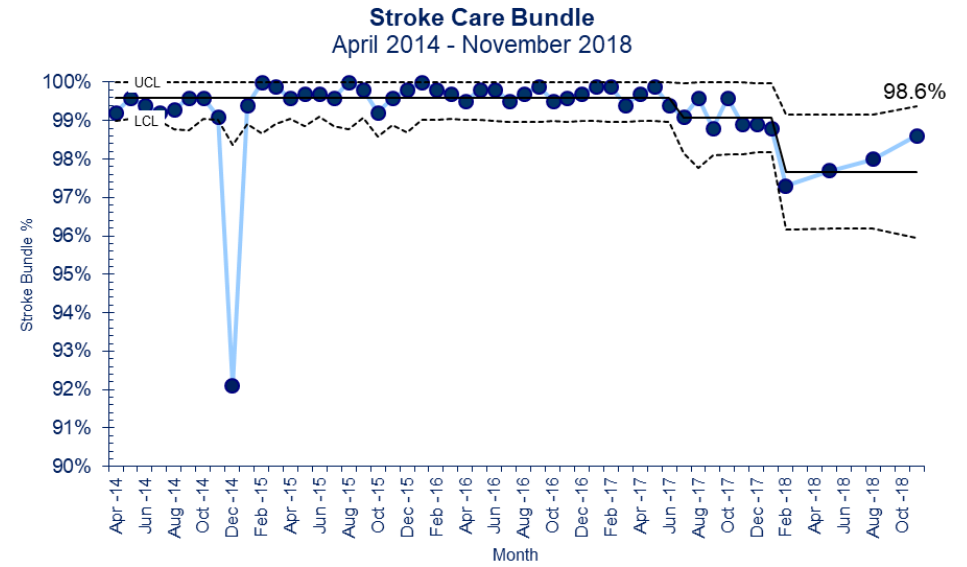
N.B. **Stroke CB data now published nationally 1 month in 3: February, May, August and November (data produced internally on monthly basis).**
STEMI CB now published nationally 1 month in 3: January, April, July and October (data produced internally on monthly basis).

26

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

Figure E3.1

Outcomes of Incidents
October 2017 - April 2019

Legend: ■ Hear & Treat   ■ See & Treat   ■ See & Convey
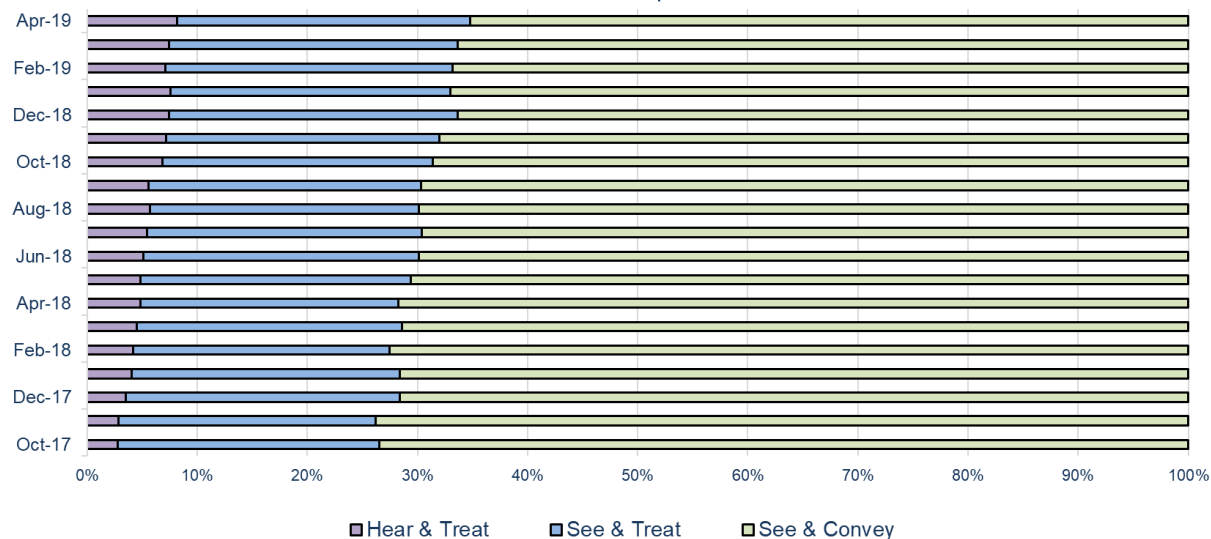
Table E3.1

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 %
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%
Mar-19	7,349	7.4%	25,936	26.2%	65,672	66.4%
Apr-19	8,121	8.2%	26,243	26.6%	64,455	65.2%

Outcomes

See & Treat in April 2019 was at a level never achieved before; 26.6%. In one particular week, for the first time, See & Treat rose to 26.91%. Moreover, again for the first time there was an each week achievement of over 26%. In the same period last year, See & Treat was at 23.5%, which demonstrates the significant progress made over the year.

This increase is despite Hear & Treat performance also continuing to rise, which historically has not necessarily been the case.

This has been achieved with the completion of Pathfinder/MTS and frailty training at the end of March, the embedding of MTS by the continuing audit process in April, and the rise in confidence of staff in maintaining patients at home.

It has also been assisted by the increase in referral pathways across the region, with more community response teams becoming available to support the more complex and frail patients that historically, would have been transported to ED.

Figure E3.2

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

Legend:
- ■ - Cheshire and Mersey
- ■ - Greater Manchester
- ■ - Cumbria and Lancashire

X-axis: No of Incidents with an Outcome
Y-axis: Incidents as a percentage of Incidents with an Outcome

Data point labels: NHS Heywood, Middleton & Rochdale CCG; NHS Stockport CCG; NHS Oldham CCG; NHS Wigan Borough CCG; NHS Manchester CCG; NHS Blackburn with Darwen CCG; NHS Salford CCG; NHS West Cheshire CCG; NHS Morecambe Bay CCG; NHS Wirral CCG; NHS North Cumbria CCG; NHS Liverpool CCG; NHS Eastern Cheshire CCG; NHS South Cheshire CCG; NHS Knowsley CCG; NHS Halton CCG; NHS Southport and Formby CCG; NHS St Helens CCG; NHS South Sefton CCG; NHS West Lancashire CCG

Hear & Treat Performance for April 2019 was 8.22% with the number of incidents with no face to face response totalling 8121. This is a 3.42% increase in performance in comparison to April 2018 and the highest performance ever delivered for H&T in NWAS.

Throughout April the 90 day Greater Manchester Extended APAS trial continued. This operated 24/7 throughout the month apart from a small number of occasions when the service was ceased due to capacity issues within the four out of hour's providers (Mastercall, Bardoc, GTD and Wigan GP Alliance) taking part .

We have EMD support staff at Broughton who are sending the MPDS APAS codes to the scheme. There are also 111 Cat 3/4 calls; however, these need oversight from a clinician prior to sending.

NWAS are consistently in the weekly top 3 for best H&T Performance across England and were best performing Trust for the last 2 weeks of April. This is ostensibly due to increases in Hear & Treat made possible by maximising Clinical Hub efficiency and using the Adastra and Orion platforms to aid interoperability with Out of Hours Providers.

Together with increase in staff in Clinical Hub working independently, the rise in the total number of calls triaged was realised. New staff into the department over the last 12 months are now all fully trained and embedded in the role.

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

No of Incidents with an Outcome

- ■ - Cheshire and Mersey ■ - Greater Manchester ■ - Cumbria and Lancashire

Hear and Treat % (AQI)
wc 01/01/2018 - wc 29/04/2019

Hear and Treat %

UCL
LCL

8.80%

Week Commencing

See and Treat % (AQI)
wc 01/01/2018 to 29/04/2019

See and Treat %

UCL
LCL

24.82%

Week Commencing

Figure E3.6

See and Convey % (AQI)
wc 01/01/2018 to 29/04/2019

See and Convey %

UCL
LCL

66.38%

Week Commencing

30
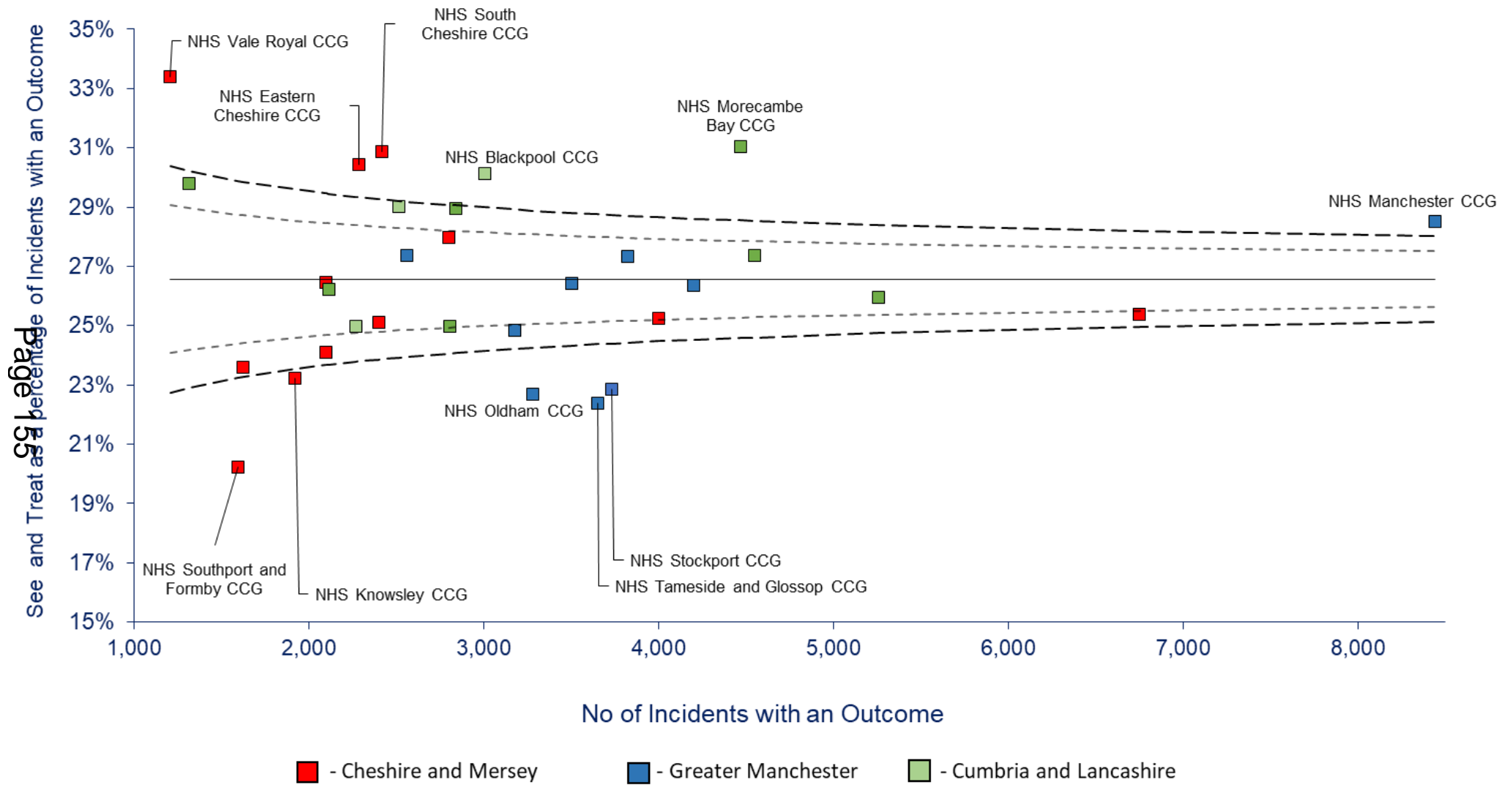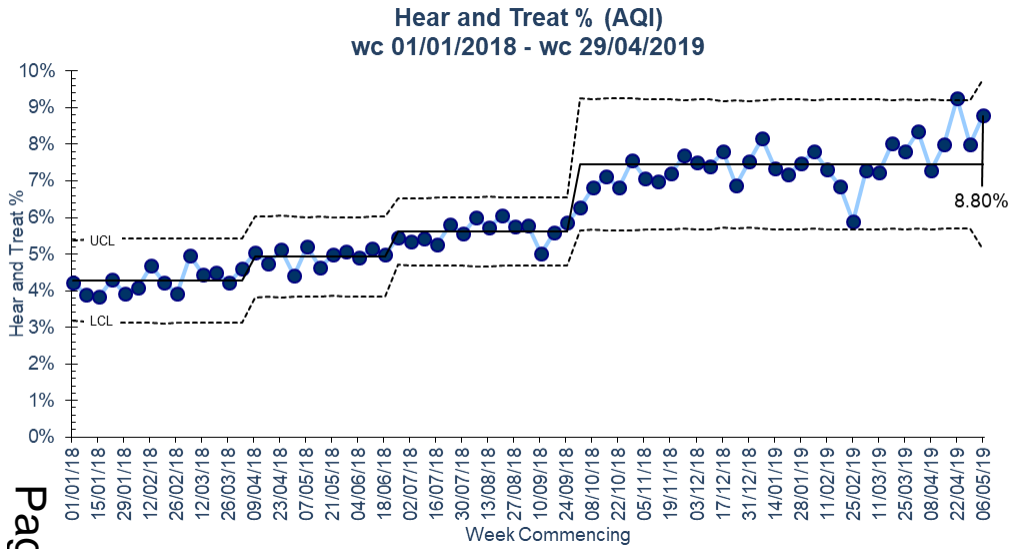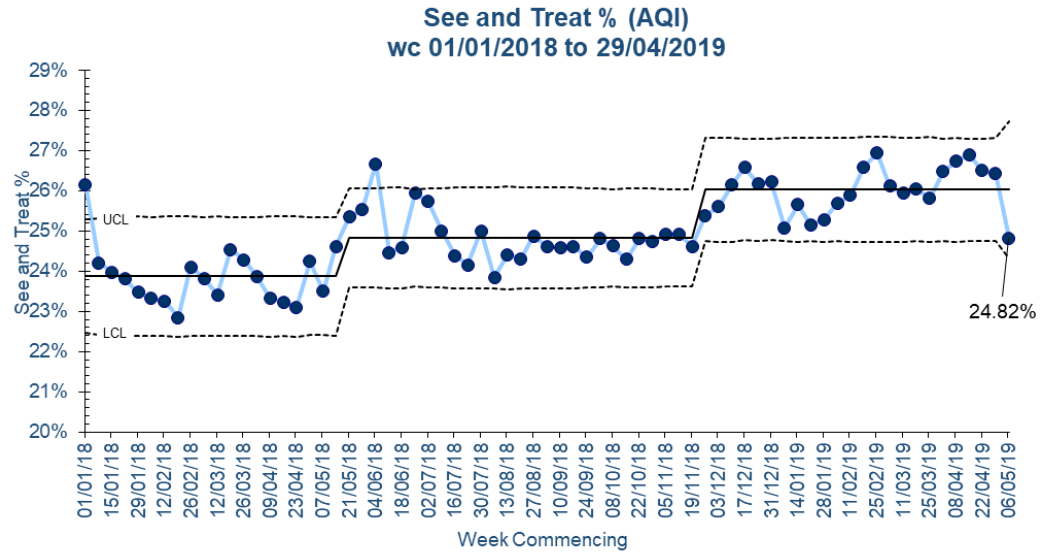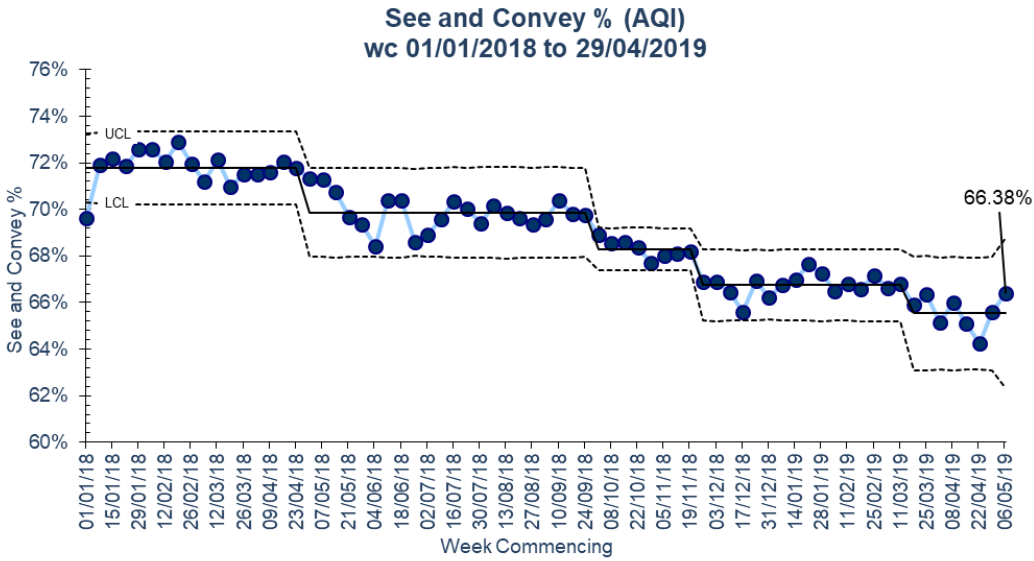
F1 FINANCIAL SCORE

Table F1.1 Financial Sustainability Risk Rating

Financial Metric	2019/20 YTD Score	Plan Score	Weight
Liquidity	1	1	0.2
Capital Servicing	1	1	0.2
I&E Margin	3	4	0.2
Distance from Plan	1	1	0.2
Agency	1	1	0.2
Overall Unrounded	1.4	1.6	
Rounded Score before override	1	2	
OVERALL SCORE AFTER OVERRIDE (Triggered if any of the score are 4)	1	3	

Figure F1.1

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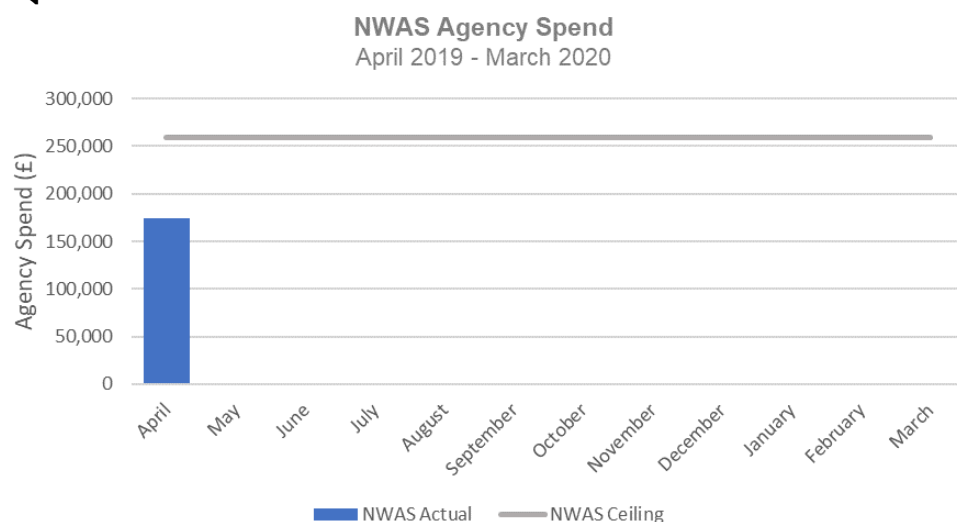
Finance Position – April 2019

Month 01 Finance Position
The position for the Trust at Month 1 is a deficit of £0.273m, which is £0.081m better than the planned deficit of £0.354m. Income is over recovered by £0.321m, pay is overspent by £0.104m and non-pay is overspent by £0.136m.

Agency Expenditure
The year to date expenditure on agency is £0.174m which is £0.085m below the YTD ceiling which results in an agency financial metric of 1.

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

The financial plans have a profiled deficit in April, due to the non-consolidation one off payment in April 2019 as part of the Agenda for Change pay deal. This results in a planned I&E margin metric of 4 at the start of the financial year. This should change from the end of Qtr1 when the ytd plan returns to a surplus position.

PES Agency Spend
April 2019 - March 2020

Figure F1.3

PTS Agency Spend
April 2019- March 2020

Figure F1.4

111 Agency
April 2019 - March 2020

Figure F1.5

Other Agency Spend
April 2019 - March 2020

32
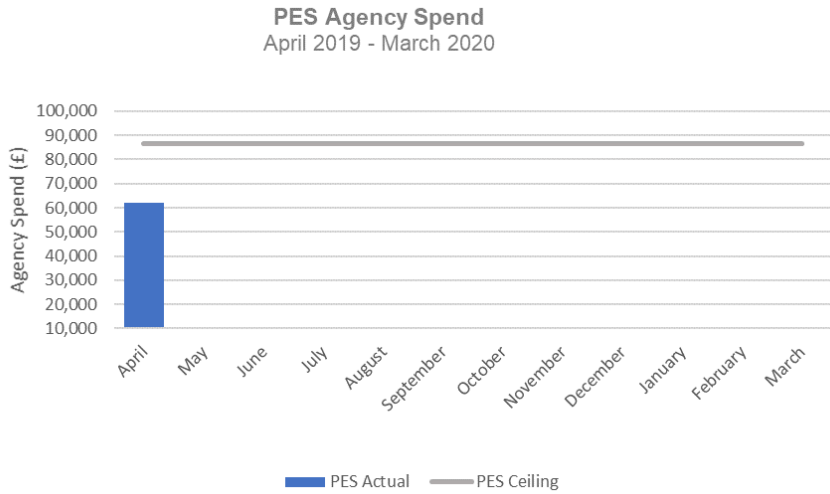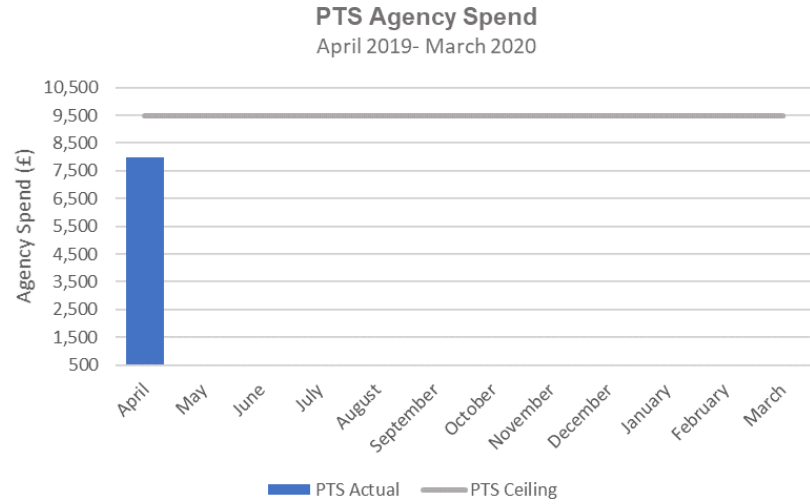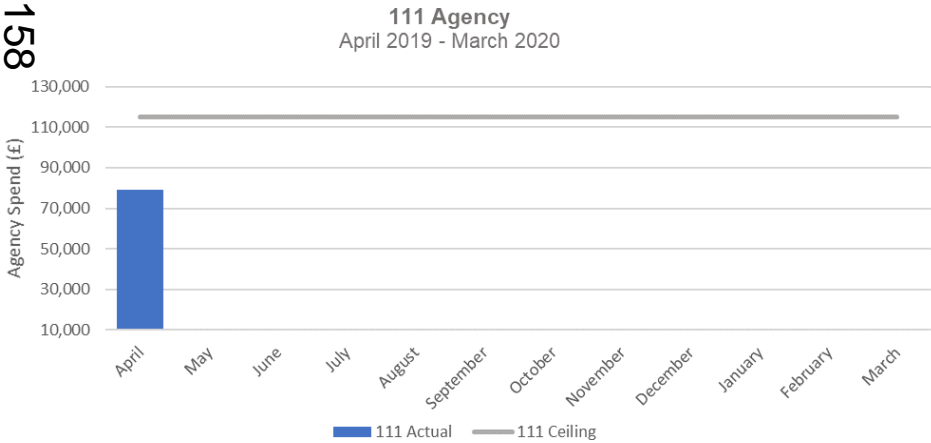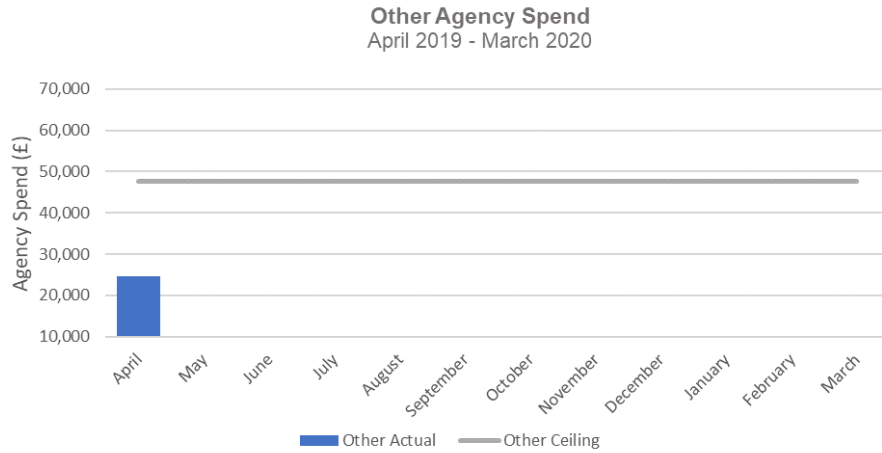
O1 CALL PICK UP

Figure O1.1:

Calls with Pick Up
WC 02/01/2017 - WC 29/04/2019

22892

Figure O1.2:

Call Pick up in 5 seconds %
WC 02/01/2017 - WC 29/04/2019
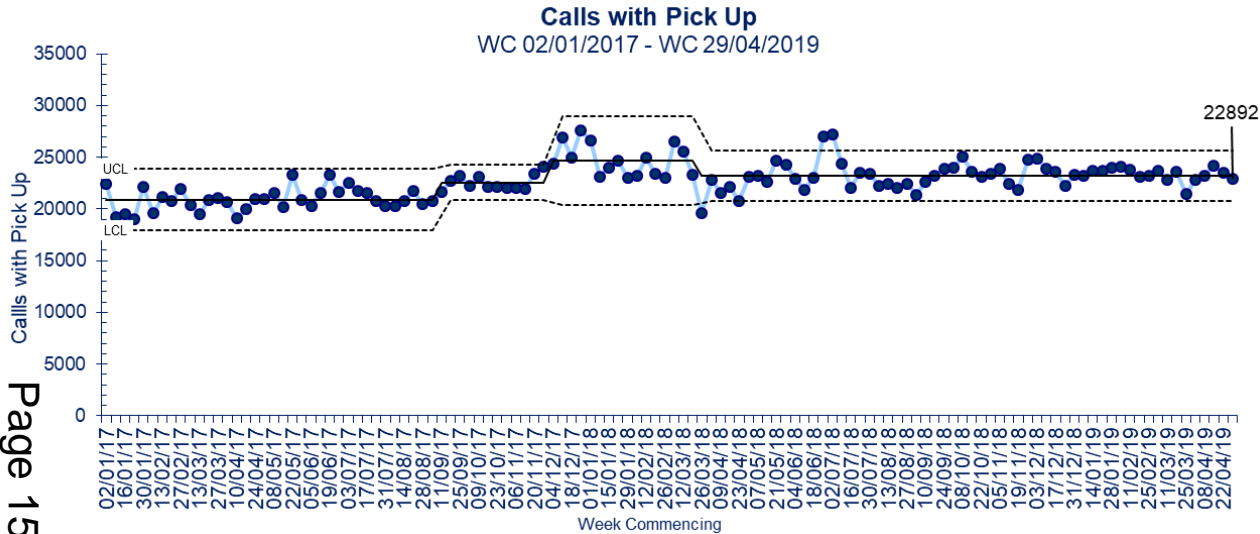
85.22%
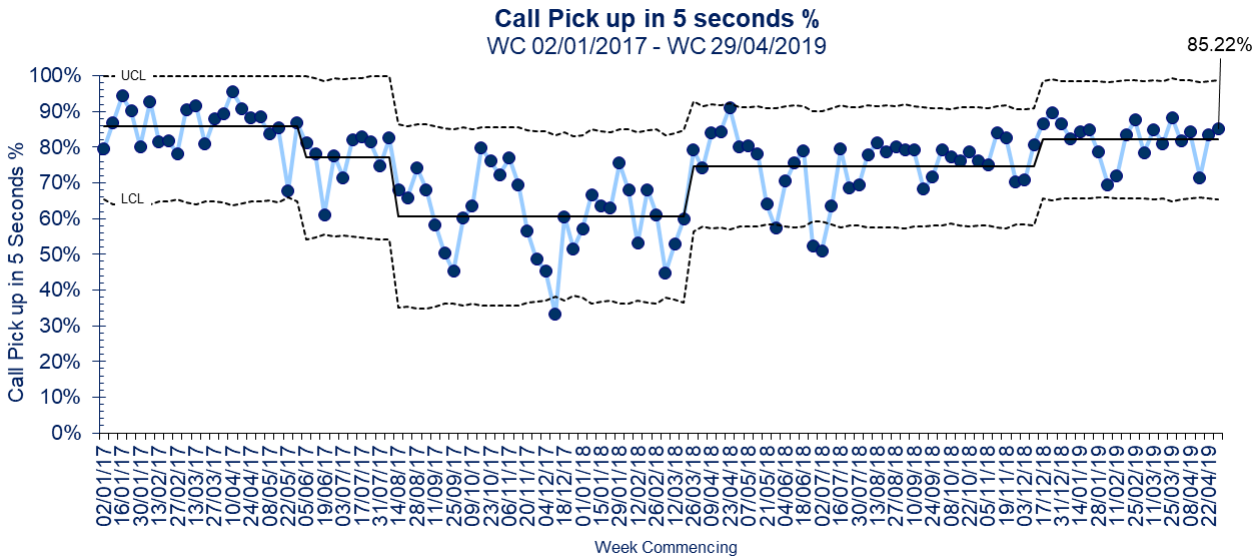
Call Pick Up

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 April 2019, call pick up performance was at 80.5%. In total, 19,941 calls took longer than 5 seconds to pick up.

Variation of CPU performance continues to stabilise. CPU mean performance has increased in April from a yearly low of 7 seconds to 10 seconds.

Work is ongoing to address core hours of pressure by shift movement and overtime.

The recruitment plan for EMDs will deliver a number of stepped improvements in establishment. This combined with intelligent deployment of new EMDs will see the mean performance reduce.

Work is ongoing reviewing long waits and centile performance. It's is anticipated this will start to deliver benefits and reduce these measures.

Figure O1.3:
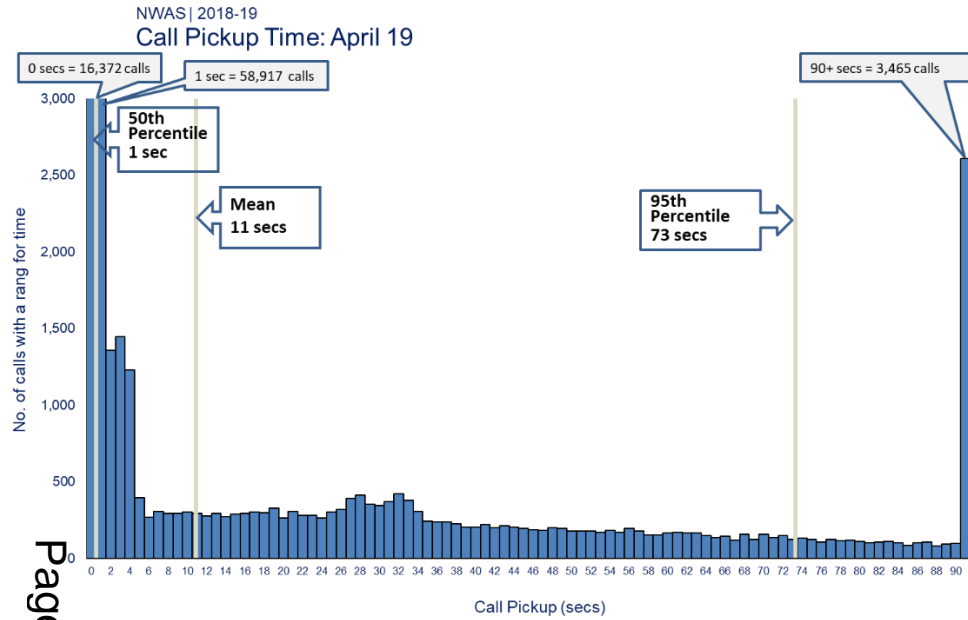
Table O1.1: Calls and Call Answer Times (Source – AQI)

Month/Yr	Contact Count	Calls answered	Call answer times (seconds)				
			Total	Mean (Switch)	Median (50th centile)	95th centile	99th centile
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
Mar-19	125,183	100,378	717,376	7	1	60	139
Apr-19	126,070	100,133	967,044	10	1	73	141

O2 A&E TURNAROUND

Figure O2.1

Average Turnaround Time
WC 01/01/2018 - WC 29/04/2019

A&E Turnaround Times

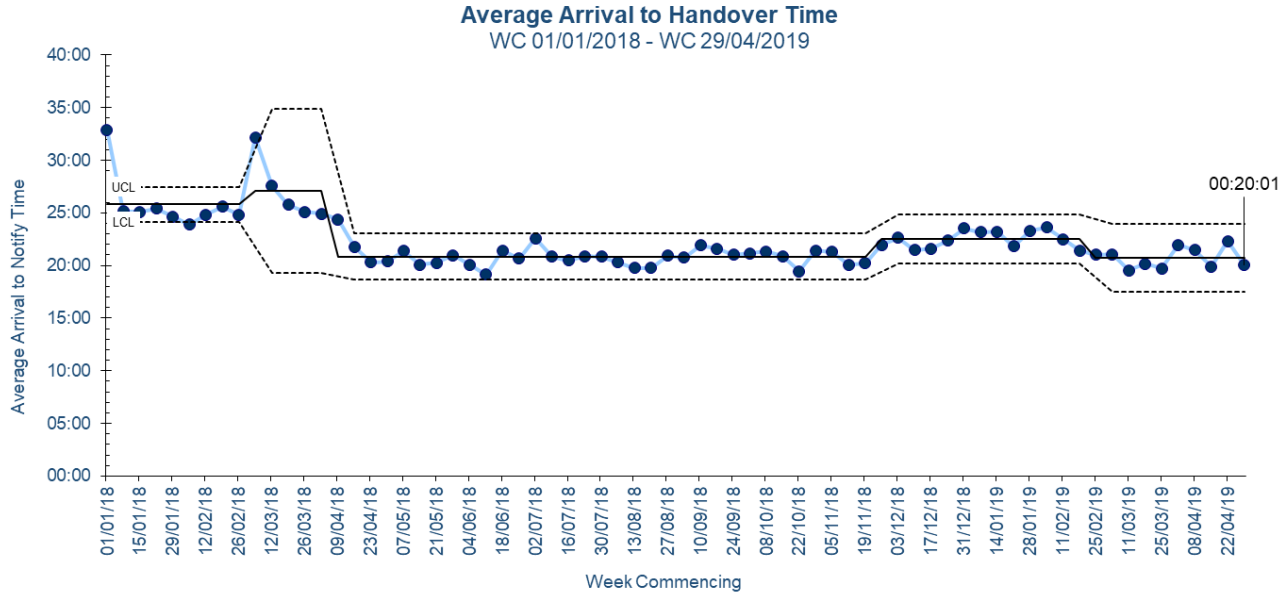The average turnaround for April 2019 was 32 minutes 55 seconds across the North West.

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

Arrowe Park	42:29
Southport District	38:48
Royal Oldham	37:39
Aintree University	37:11
Cumberland Infirmary	36:32

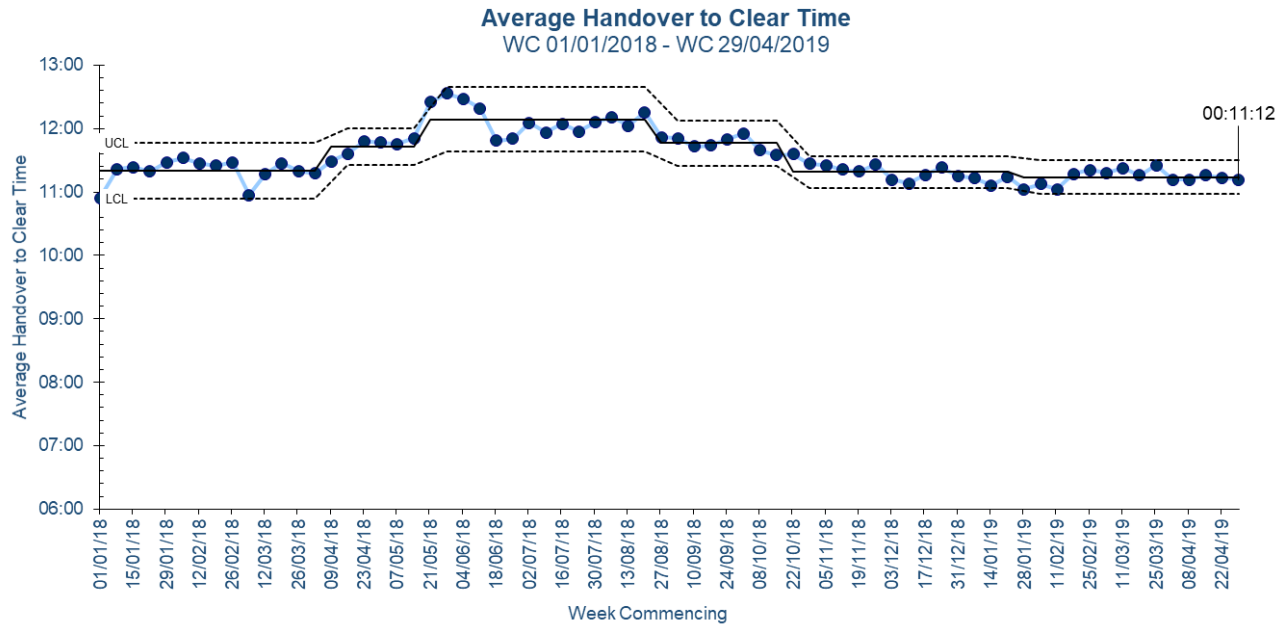Hospital turnaround times remained static throughout April.

We have now secured dedicated support from ECIP to further assist with the more challenged Trusts.

Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
May - 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
Mar – 19	59,493	31:47	20:16	11:20
Apr – 19	58,332	32:55	21:27	11:13

Figure O2.2

Average Arrival to Handover Time
WC 01/01/2018 - WC 29/04/2019

Figure O2.3

Average Handover to Clear Time
WC 01/01/2018 - WC 29/04/2019

O3 ARP RESPONSE TIMES

Table O3.1 - Incidents with a response

Month/Yr	C1	C2	C3	C4
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
Mar-19	9,323	51,495	21,189	4,288
Apr-19	9,359	51,557	20,043	4,198
NWAS 12 Month Total	**108,532**	**596,987**	**256,596**	**45,827**

Figure O3.1

ARP C1 Mean
WC 07/08/2017 - WC 29/04/2019
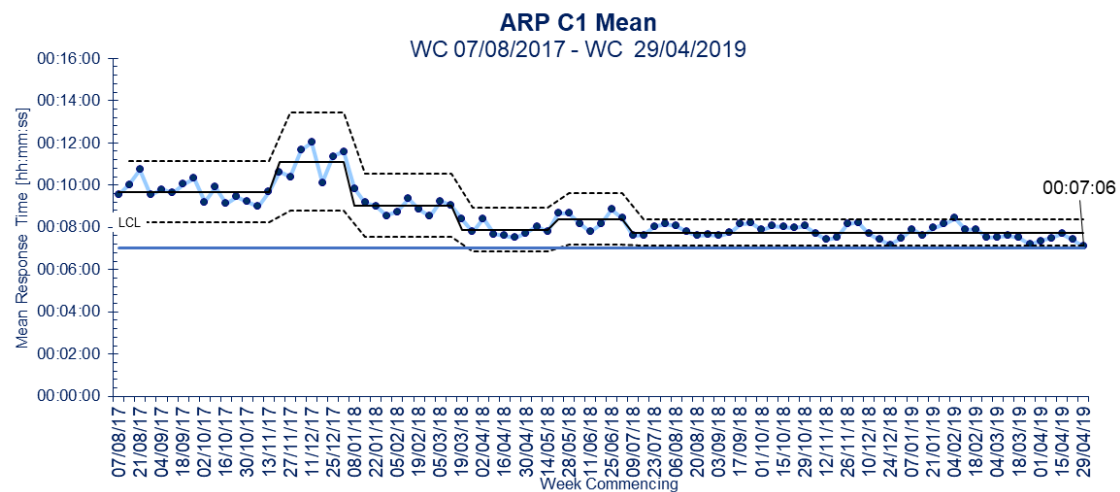
Activity

C1 Performance

C1 Mean

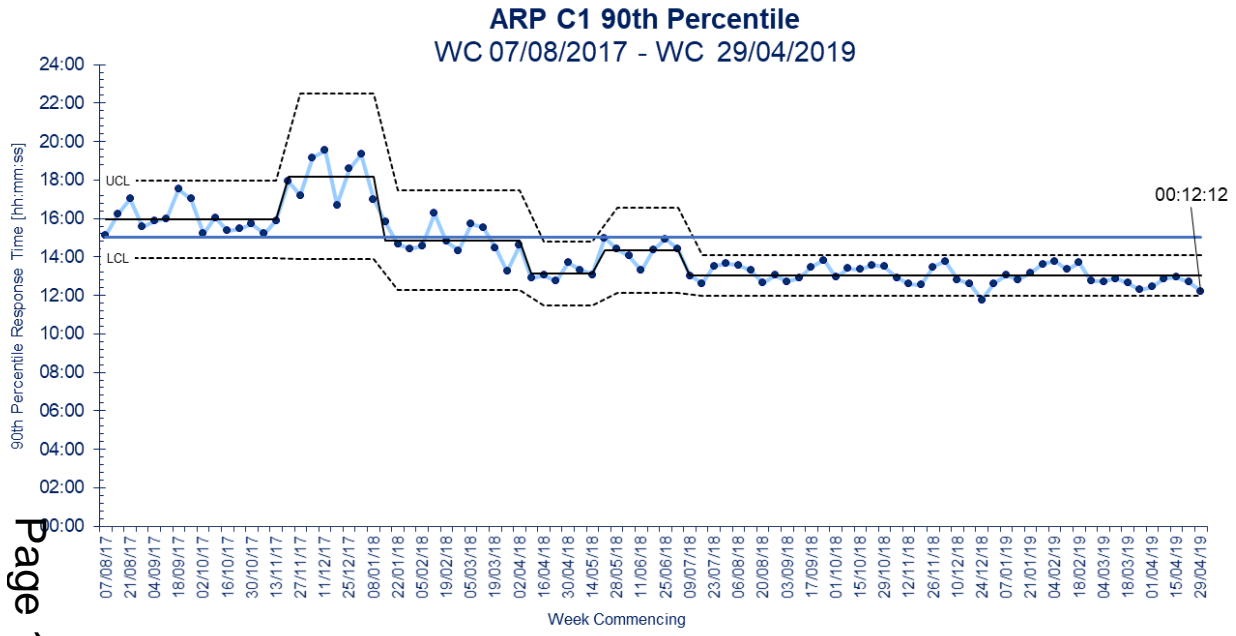|	
Target:	7 minutes
NWAS	
April 19:	7:28
YTD:	7:28
National:	
April 19:	7:01
Top three trusts:	
London	6:04
West Midlands	6:43
South Central	6:54

NWAS Position   8 / 10

NWAS performance for all measures remained within control limits. The Trust is now achieving C1 90th and C4 90th performance targets. All other measures are showing an improvement trajectory.
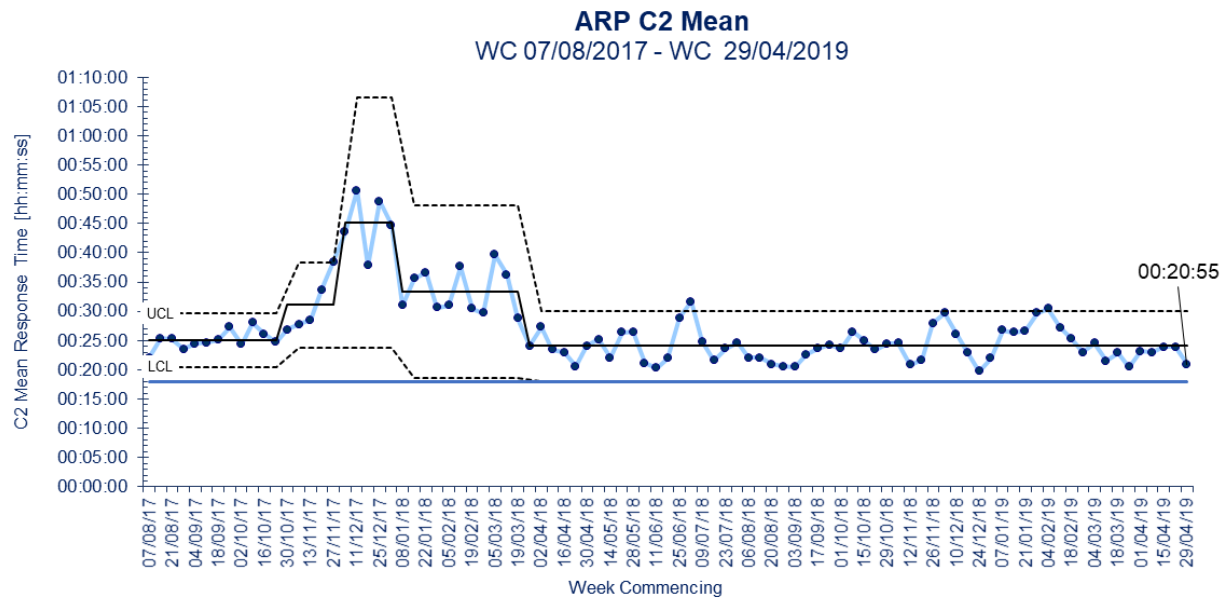
The Trust is now developing a strategy to implement the new shift patterns following the final report form the roster review.

Figure O3.2

ARP C1 90th Percentile
WC 07/08/2017 - WC 29/04/2019

Figure O3.3

ARP C2 Mean
WC 07/08/2017 - WC 29/04/2019

C1 90th Percentile

Target:	15 Minutes
NWAS	
April 19:	12:37
YTD:	12:37
National:	
April 19:	12:19
Top three trusts:	
London	10:11
West Midlands	11:38
Yorkshire	12:06
NWAS Position	**5 / 10**

C2 Performance

C2 Mean

Target:	18 minutes
NWAS:	
April 19:	23:20
YTD:	23:20
National:	
April 19:	21:13
Top three trusts:	
West Midlands	12:14
London	16:26
South Central	18:03
NWAS Position	**6 / 10**

Figure O3.4

ARP C2 90th Percentile
WC 07/08/2017 - WC 29/04/2019

00:43:47

Figure O3.5

ARP C3 Mean
WC 02/07/2018 - WC 29/04/2019

01:01:37
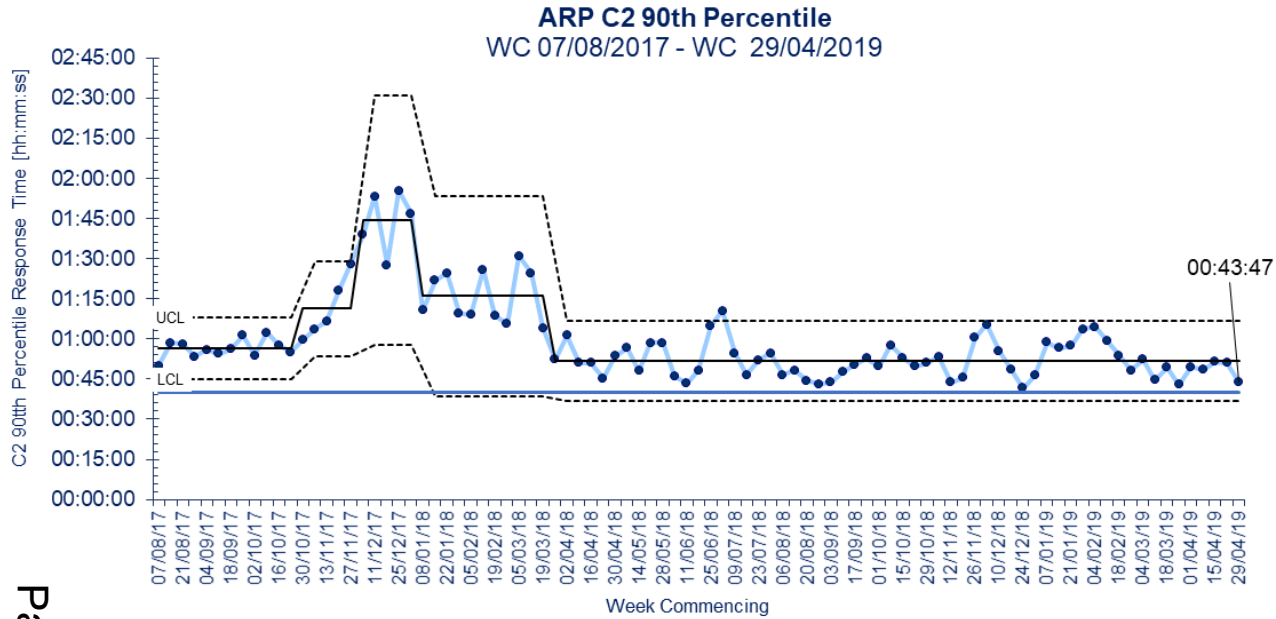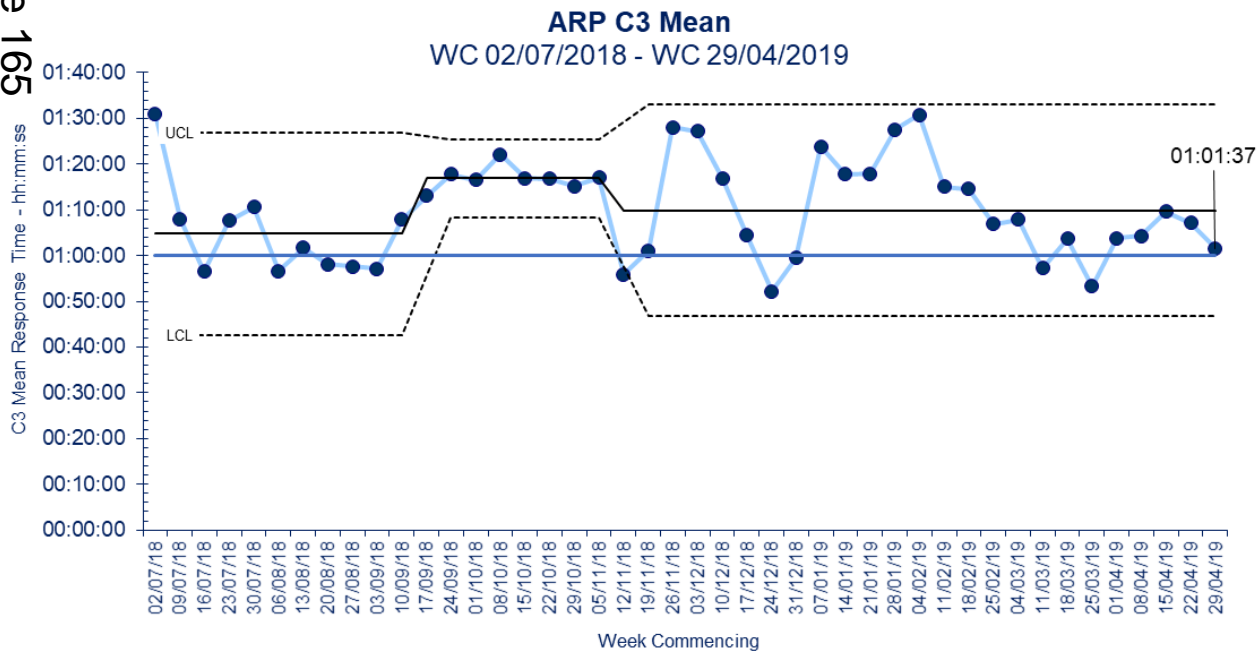
C2 90th Percentile
Target: 40 Minutes

NWAS
April 19:   49:43
YTD: 49:43

National:
April 19:   43:23

Top three trusts:
West Midlands   22:22
London   32:55
South East Coast   36:10

NWAS Position   6 / 10

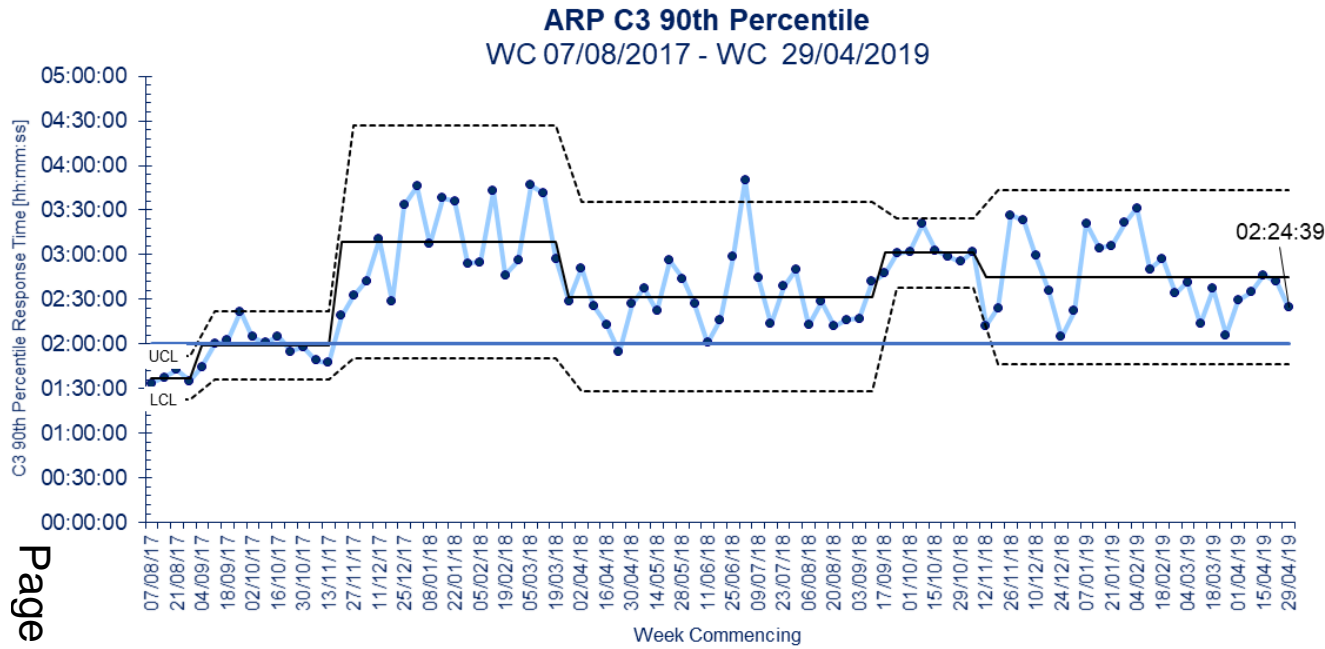## C3 Performance

C3 Mean
Target: 1 Hour

NWAS:
April 19:   01:05:51
YTD: 01:05:51

National:
April 19:   01:01:15

Top three trusts:
West Midlands   35:09
London   45:38
Yorkshire   46:50

NWAS Position   6 / 10

Figure O3.6

ARP C3 90th Percentile
WC 07/08/2017 - WC 29/04/2019

02:24:39

Figure O3.7

ARP C4 90th Percentile
WC 07/08/2017 - WC 29/04/2019

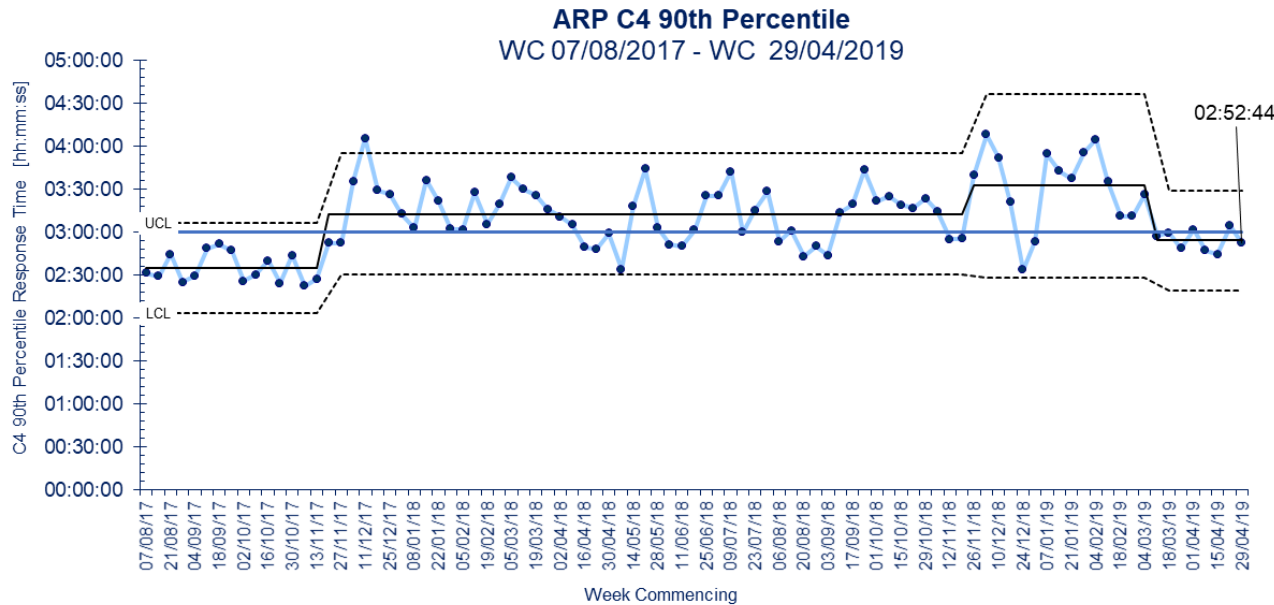
02:52:44

C3 90th Percentile

Target: 2 Hours

NWAS
April 19:   02:37:10
YTD: 02:37:10

National
April 19:   02:25:42

Top three trusts:
West Midlands   01:18:55
London   01:48:22
Yorkshire   01:49:54

NWAS Position   6 / 10

C4 Performance

C4 90th Percentile
Target: 3 Hours

NWAS
April 19:   02:55:42
YTD: 02:55:42

National
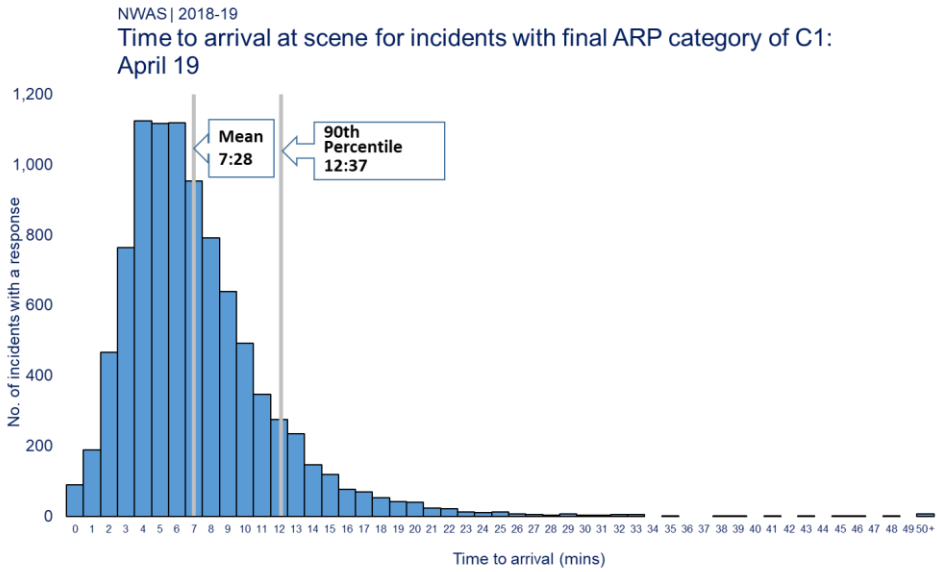April 19:   03:06:37
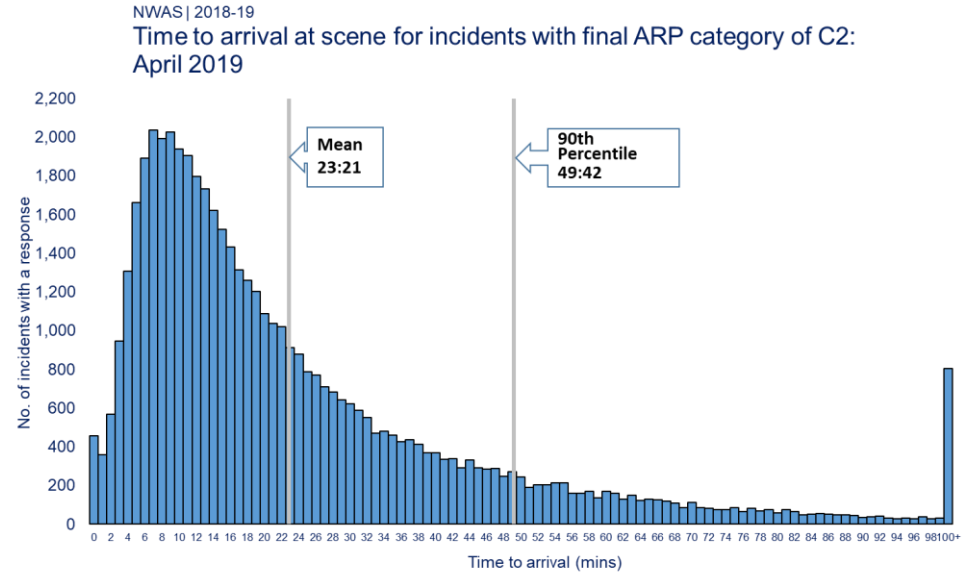
Top three trusts:
West Midlands   01:55:46
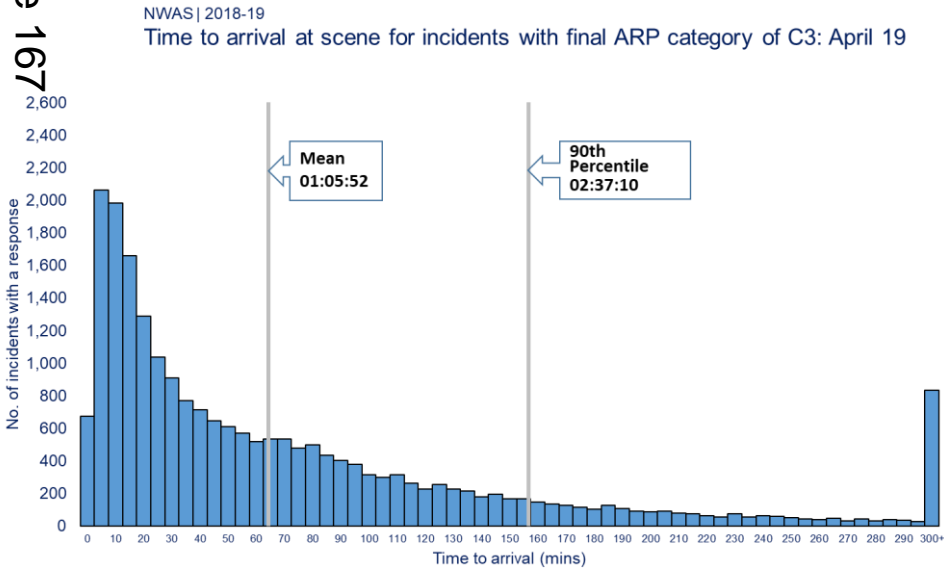Yorkshire   02:23:55
East Midlands   02:25:00

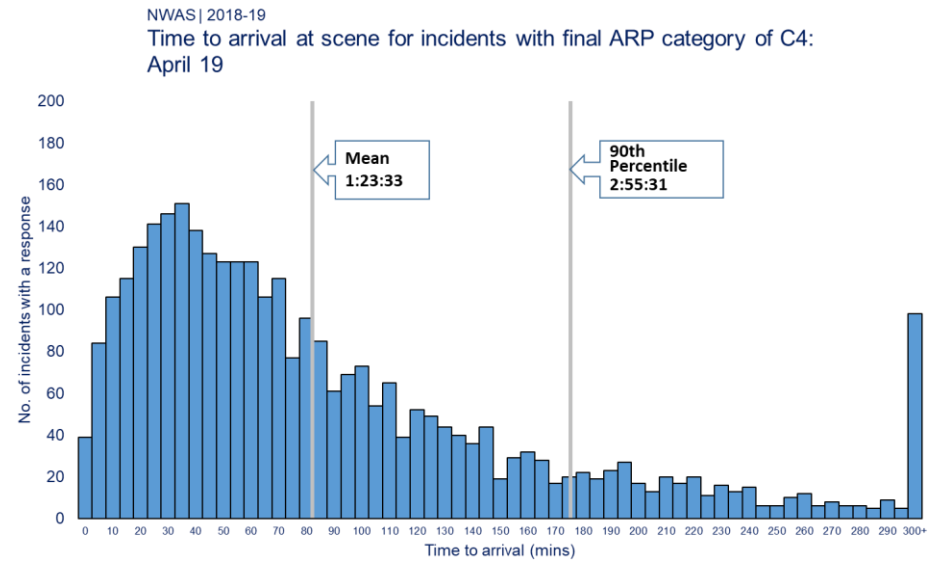**NWAS Position   4 / 10**

40

Figure O3.8

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

Mean 7:28

90th Percentile 12:37

Time to arrival (mins)

Figure O3.9

NWAS | 2018-19
Time to arrival at scene for incidents with final ARP category of C2: April 2019

Mean 23:21

90th Percentile 49:42

Time to arrival (mins)

Figure O3.10

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

Mean 01:05:52

90th Percentile 02:37:10

Time to arrival (mins)

Figure O3.11

NWAS | 2018-19
Time to arrival at scene for incidents with final ARP category of C4: April 19

Mean 1:23:33

90th Percentile 2:55:31

Time to arrival (mins)

Page 167

41

C2 Long Waits, Standby Calls and Serious Incidents
WC 07/08/2017 to WC 29/04/2019

42
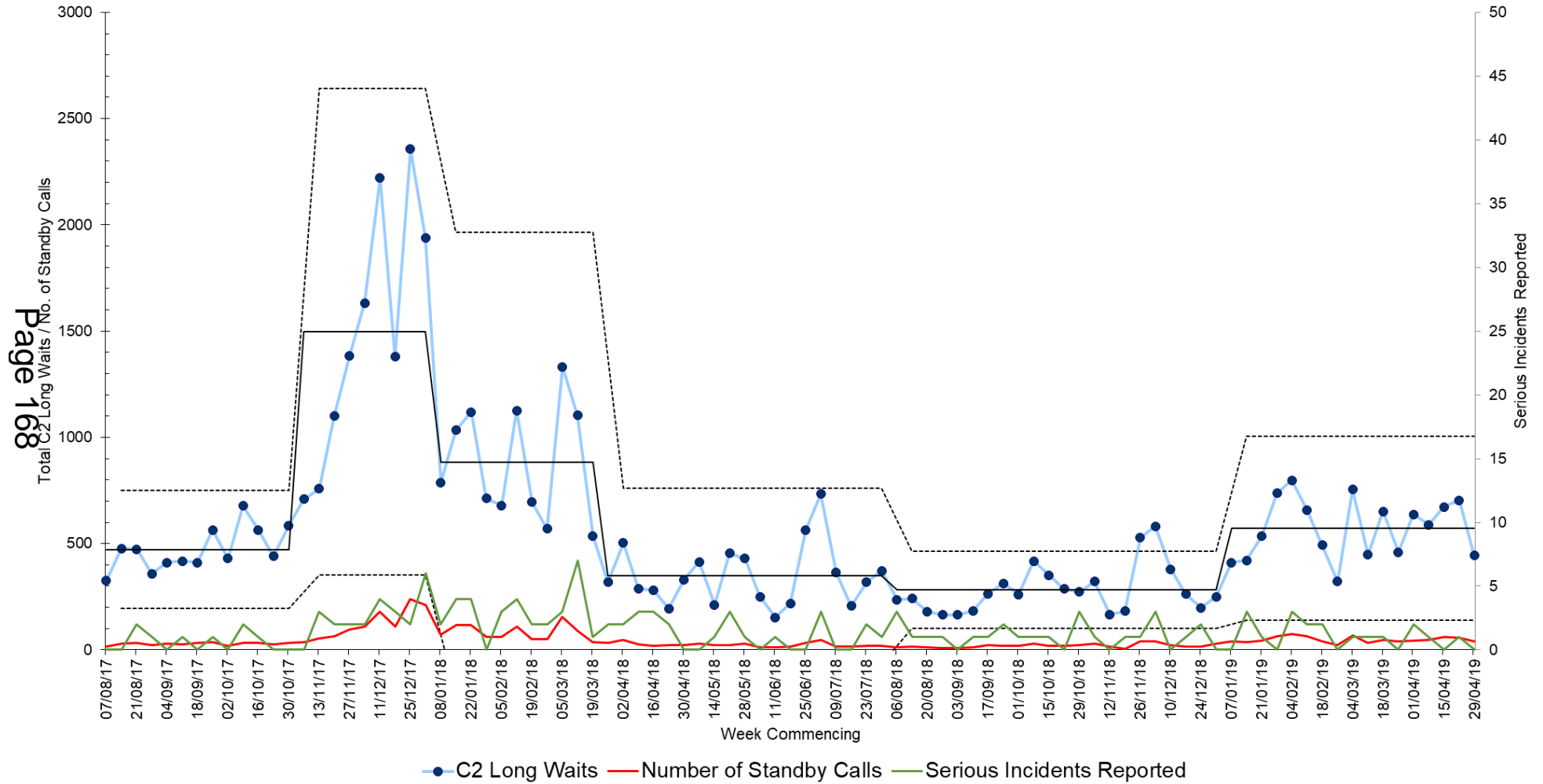
Figure O3.13

Figure O3.14

43

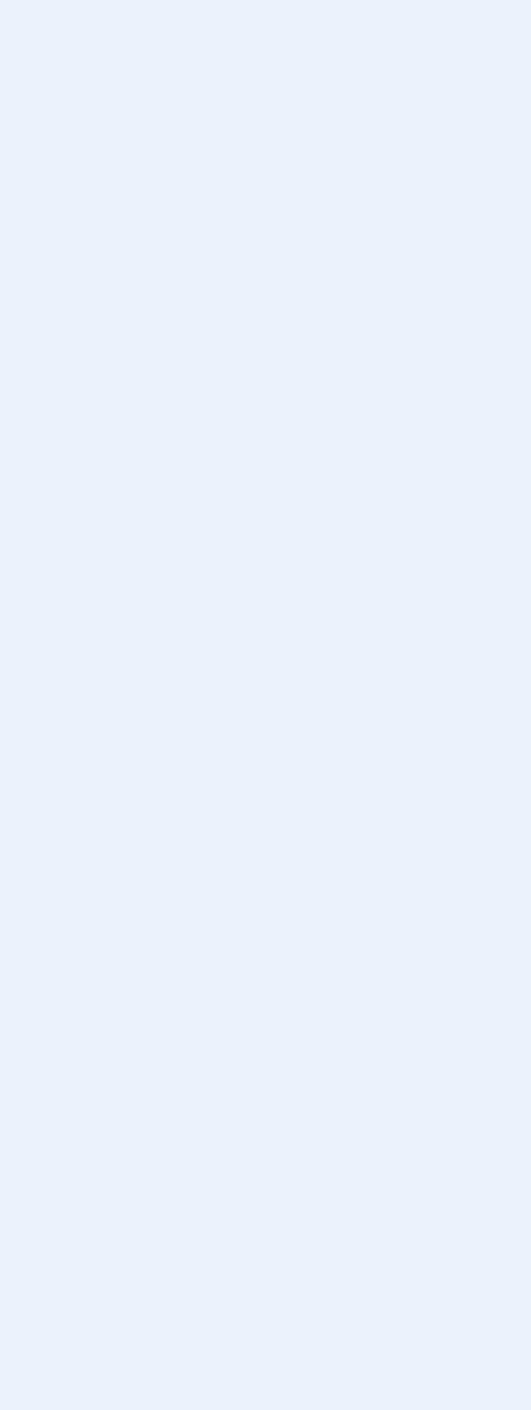**Figure O3.15**

Figure O3.16
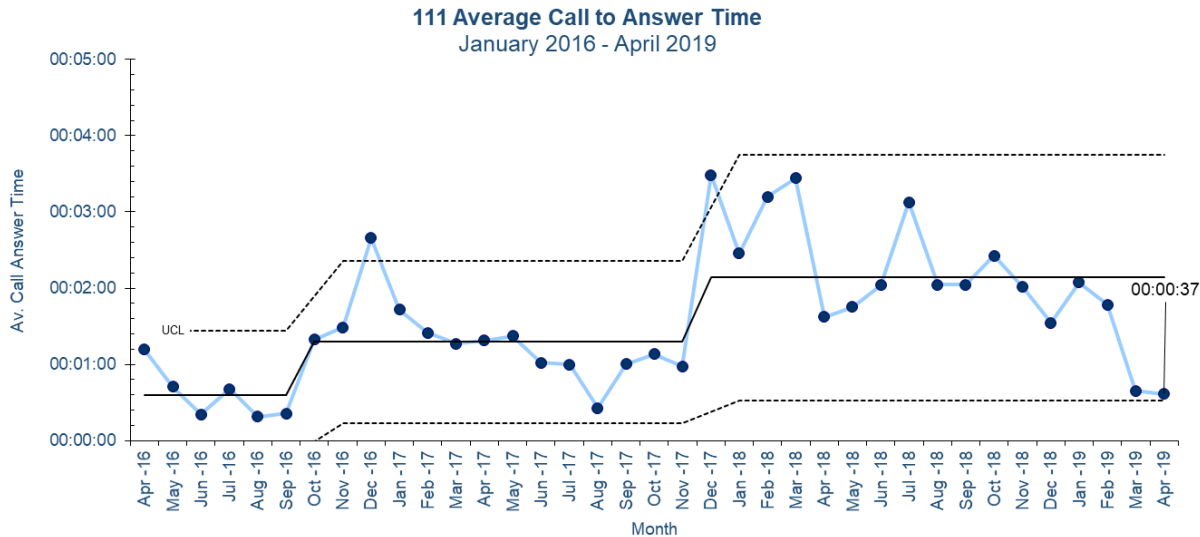
Category 4 Long Waits for week commencing 13 May 19

| | Over 09:00:00 | Between 06:00:00 and 09:00:00 | Between 03:00:00 and 06:00:00 | Under 90th Centile -03:00:00 |
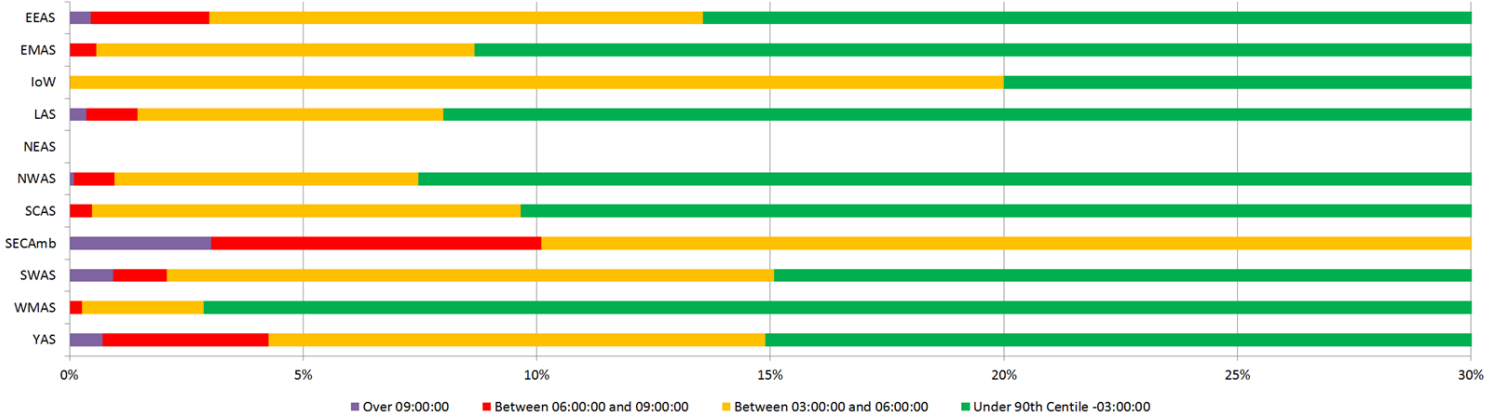
O4 111 PERFORMANCE

Figure O4.1:

Calls Answered within 60 Seconds %
January 2016 - April 2019

87.27%

Page 171

Figure O4.2:

111 Average Call to Answer Time
January 2016 - April 2019

00:00:37
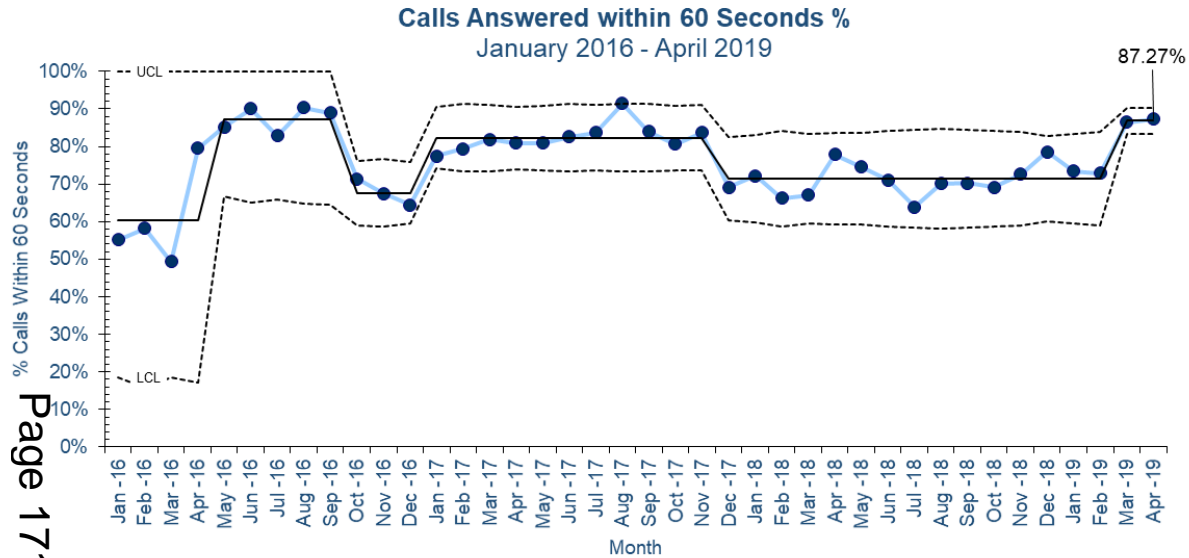
111 Performance

Calls Answered within 60 seconds %
Target: 95%

NWAS
April 19:   87.3%
YTD: 87.3%
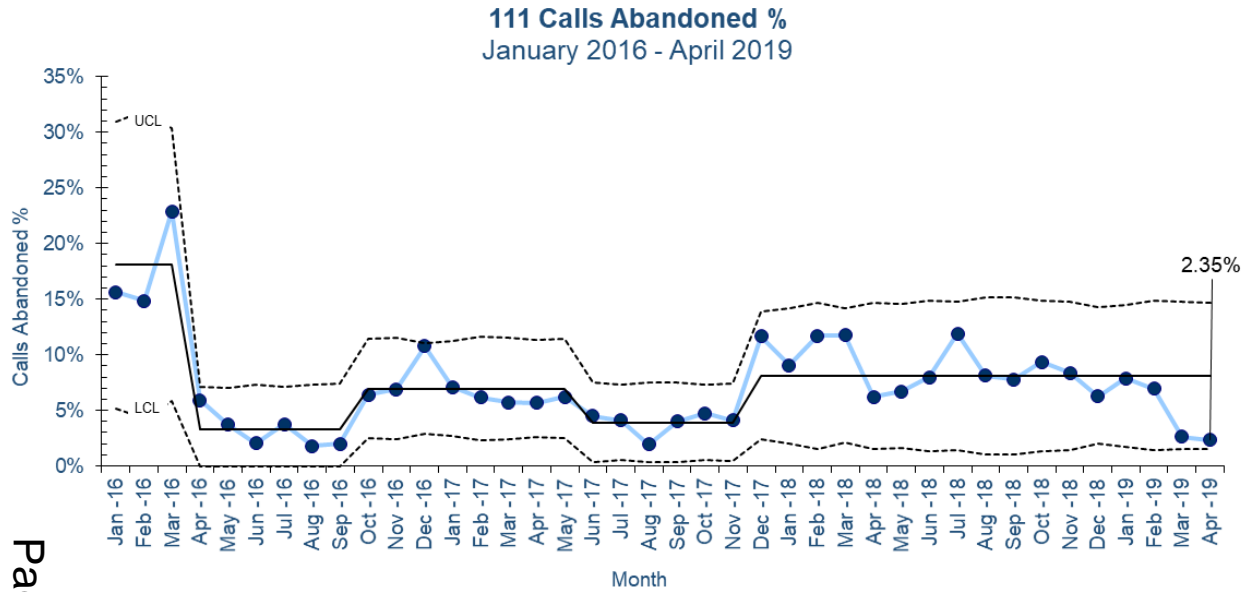
National
April 19:   87.4%

NWAS 111 service was offered 168,023 calls in this month (compared to 163,536 calls in the previous month) and answered 147,549 of them (compared to 142,861 last month).

The number of calls answered increased by 3.28% compared to March 2019.

Of all answered calls, 135,062 (approximately 91.5%) were classified as being triaged.

Average call pick up for the month was 36 seconds, down from 39 seconds in March 2019.

45

Figure O4.3:

111 Calls Abandoned %
January 2016 - April 2019

Figure O4.4:

Time Taken for Call Back < 10 Minutes %
January 2016 - April 2019

Calls Abandoned %

Target:	<5%

NWAS

April 19:	2.4%
YTD:	2.4%

National

April 19:	2.3%

For the fifth month NWAS 111 has achieved the National standard for calls abandoned. This was despite the calls offered and answered increasing from March 2019.

Call Back < 10 Minutes %

Target:	75%

NWAS

April 19:	57.0%
YTD:	57.0%

National

April 19:	38.3%

For the National standard of call back by a clinician in less than 10 minutes, NWAS 111 is second best across England. This standard has improved over this time through delivery of ETTO (Early Transfer to OOH), which in May '19 will become an automated process, saving further AHT, and more clinicians front ending the calls concerning children under 5 years.

46

Figure O4.5:

111 Average Time for Call Back
January 2016 to April 2019
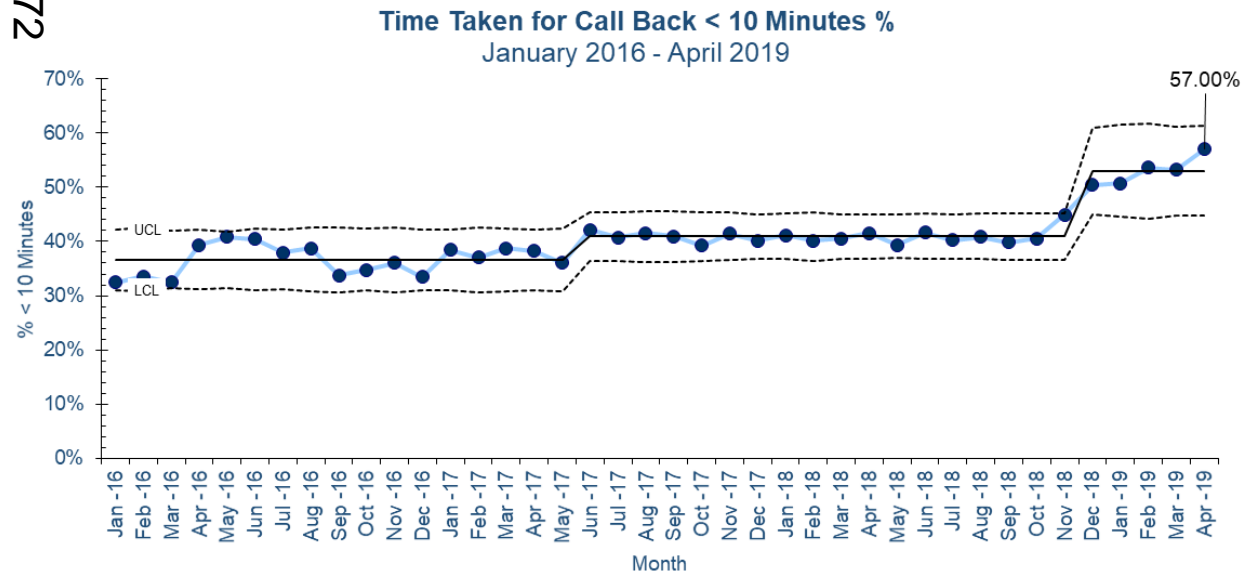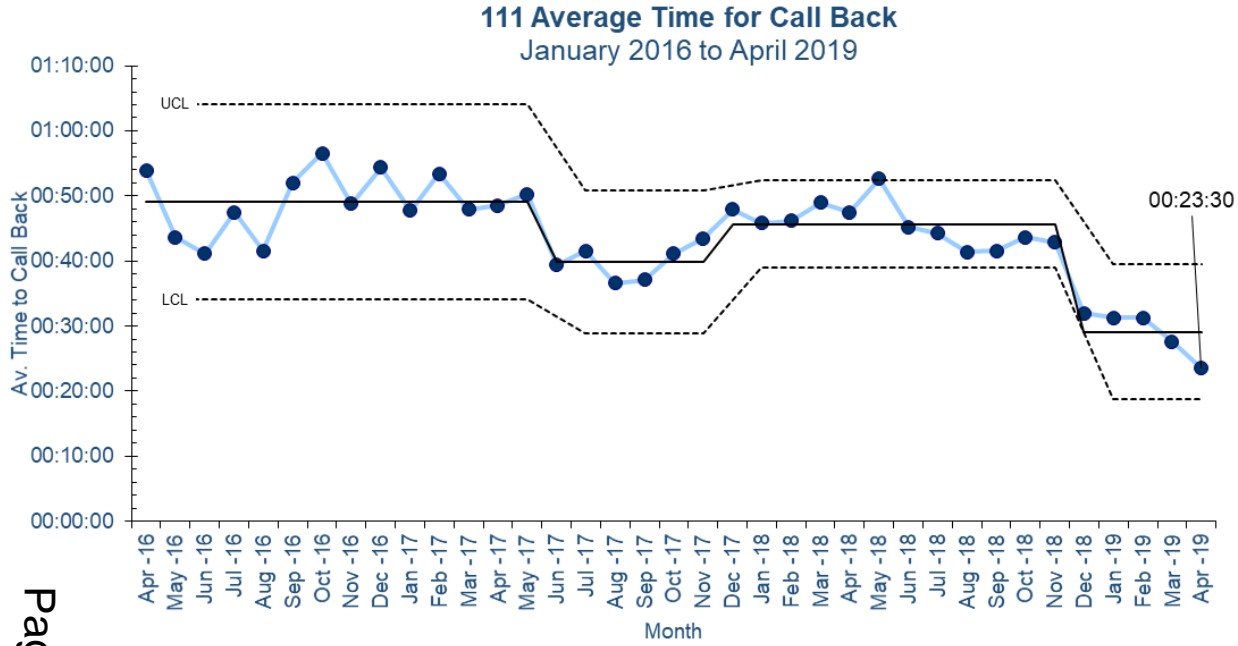
As call back in under 10 minutes standard improves, there is a directly related improvement in average call back time. This also reassures us that our call backs that occur in over 10 minutes have shortening tails as this metric improves. NWAS 111 current performance is the best we have ever achieved.

111 Provider Comparison Figures – April 2019

Table O4.1

Provider	Of calls offered, abandoned after at least 30 seconds
Care UK	0.8%
Integrated Care 24	0.8%
Derbyshire Health United	0.9%
Devon Doctors Ltd.	0.9%
South Central Ambulance Service	1.0%
Yorkshire Ambulance Service	1.1%
London Ambulance Service	1.2%
North West Ambulance Service	2.4%
Kernow Health	2.6%
Isle of Wight NHS Trust	2.7%
Herts Urgent Care	3.1%
London Central & West Unscheduled Care Collaborative	3.5%
Vocare	3.9%
Medvivo	4.8%
Devon Doctors	6.1%
South West Ambulance Service	6.4%
South East Coast Ambulance Service	9.0%
North East Ambulance Service	-

Table O4.2

Provider	Of calls answered, calls answered in 60 seconds
Devon Doctors Ltd.	96.5%
Derbyshire Health United	96.2%
Integrated Care 24	93.0%
Care UK	92.8%
Isle of Wight NHS Trust	92.6%
Yorkshire Ambulance Service	91.7%
London Ambulance Service	89.0%
South Central Ambulance Service	88.9%
North West Ambulance Service	86.9%
Kernow Health	85.3%
London Central & West Unscheduled Care Collaborative	84.6%
Herts Urgent Care	83.6%
Medvivo	80.8%
Vocare	76.3%
Devon Doctors	70.4%
South West Ambulance Service	69.1%
South East Coast Ambulance Service	63.0%
North East Ambulance Service	-

Table O4.3

Provider	Of call backs, call backs in 10 minutes	Provider	Of call backs, call backs in 10 minutes
Herts Urgent Care	65.2%	Vocare	39.8%
North West Ambulance Service	57.5%	Derbyshire Health United	35.0%
Devon Doctors	55.9%	South East Coast Ambulance Service	31.1%
Isle of Wight NHS Trust	48.6%	Yorkshire Ambulance Service	30.6%
Care UK	47.7%	South West Ambulance Service	29.5%
London Ambulance Service	47.0%	Integrated Care 24	27.3%
Medvivo	45.9%	South Central Ambulance Service	21.2%
London Central & West Unscheduled Care Collaborative	45.3%	Devon Doctors Ltd.	5.1%
Kernow Health	43.0%	North East Ambulance Service	-

O5 PTS ACTIVITY & TARIFF

Table O5.1

TOTAL ACTIVITY									
	Current Month: April 19					**Year to Date: July 2017 - April 19**			
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	13,276	(748)	(5%)	140,243	136,699	(3,544)	(3%)
Greater Manchester	526,588	43,882	43,194	(688)	(2%)	438,823	447,600	8,777	2%
Lancashire	589,180	49,098	43,655	(5,443)	(11%)	490,983	444,183	(46,800)	(10%)
Merseyside	300,123	25,010	26,600	1,590	6%	250,103	274,938	24,836	10%
NWAS	1,584,182	132,015	56,931	(5,290)	(4%)	1,320,152	580,882	(16,732)	(1%)

Table O5.2

UNPLANNED ACTIVITY									
	Current Month: April 19					**Year to Date: July 2017 - April 19**			
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	959	(288)	(23%)	12,474	10,229	(2,245)	(18%)
Greater Manchester	49,133	4,094	4,753	659	16%	40,944	49,190	8,246	20%
Lancashire	58,829	4,902	4,359	(543)	(11%)	49,024	44,861	(4,163)	(8%)
Merseyside	22,351	1,863	1,966	103	6%	18,626	19945	1,319	7%
NWAS	145,282	12,107	12,037	(70)	(1%)	121,068	124,225	3,157	3%

Page 175

PTS Performance

Table O5.1
Overall activity during April 2019 was 4% (5,290 journeys) below contract baselines mainly due to Lancashire being 11% (5,443 journeys) below baseline. For the year to date position (July 2018 – April 2019) PTS is performing at 1% (16,732 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are 3% and 10% below baseline whilst Greater Manchester and Merseyside are 2% and 10% above baseline respectively. In terms of overall trend analysis, Greater Manchester has experiencing upward activity movement for the 12 months up to around October 2018 where activity has plateaued. Lancashire has experienced a downward trend over the same period which is also plateauing whilst Cumbria and Merseyside are experiencing relatively consistent levels of activity.

Table O5.2
In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 20% (8,246 journeys) and 7% (1,319 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 18% (2,245 journeys) and 8% (4,163 journeys) below baseline.

Table O5.3

ABORTED ACTIVITY								
Current Month: April 19								
Contract	Planned Activity	Planned Aborts	Planned Aborts %	Unplanned Activity	Unplanned Aborts	Unplanned Aborts %	EPS Activity	EPS Aborts	EPS Aborts %
Cumbria	8,566	320	4%	959	91	9%	3,751	54	1%
Greater Manchester	22,608	2,246	10%	4,753	913	19%	15,833	1,146	7%
Lancashire	24,948	1,359	5%	4,359	642	15%	14,348	422	3%
Merseyside	13,675	828	6%	1,966	303	15%	10,959	508	5%
NWAS	69,797	4,753	7%	12,037	1,949	16%	44,891	2,130	5%

Page 176

Table O5.3
Aborted activity for planned patients averages 7% for the period July 2018 - April 2019 however Cumbria experiences 4%, Greater Manchester operates with 10% whilst Lancashire and Merseyside both experience 5% & 6% aborts respectively. There is a similar trend within EPS (renal and oncology) patients with an average of 5% aborts whereas Cumbria has 1% and Greater Manchester 7% Lancashire and Merseyside operate with 3% and 5% respectively. Unplanned (on the day) activity experiences the largest volumes of aborts with an average 16% (1 in 6 patients) with variances of 9% in Cumbria, 19% in Greater Manchester, 15% in Lancashire and Merseyside.

OH1 STAFF SICKNESS

Figure OH1.1

NWAS Sickness Absence %
April 2016 - March 2019

5.62%
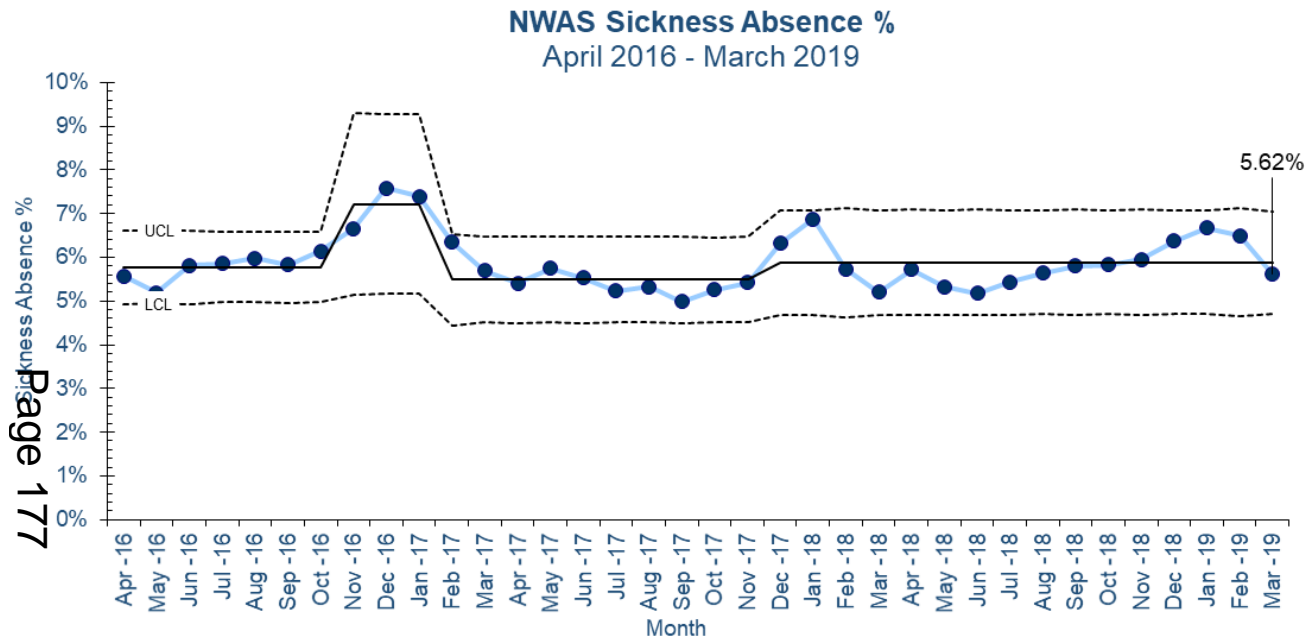
Table OH1.1

Sickness Absence	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NWAS	5.72%	5.32%	5.18%	5.43%	5.64%	5.81%	5.82%	5.95%	6.37%	6.68%	6.50%	5.62%
Amb. National Average	5.17%	5.02%	5.09%	5.28%	5.47%	5.37%	5.49%	5.62%	5.99%			

Staff Sickness

The overall sickness absence rates for March 2019 were 5.62% with figure OH1.1 displaying a downward position. This follows a decrease in the previous month. The end of year position is slightly above the same time last year which was 5.20%.

PTS have made good progress with sickness absence levels down to 6%. There is an improvement plan in place which is monitored though the PTS and HROD SMT's.

Good progress has also been made in EOC with sickness rates at 5.89%. This in an improved position and high level case reviews will remain ongoing to ensure that the focus remains high.

The 111 sickness rate of 8.99% is an improved position from earlier sickness absence levels. This remains an area of focus with additional HR resources in place from mid-May.

Improvement plans in place for PTS and 111 service lines continued to be monitored via NHSI.

Figure OH1.2:

PTS Sickness Absence %
April 2016 - March 2019

Figure OH1.3:

PES Sickness Absence %
April 2016 - March 2019

Figure OH1.4

EOC Sickness Absence &
April 2016 - March 2019

Figure OH1.5

111 Sickness Absence %
April 2016 - March 2019
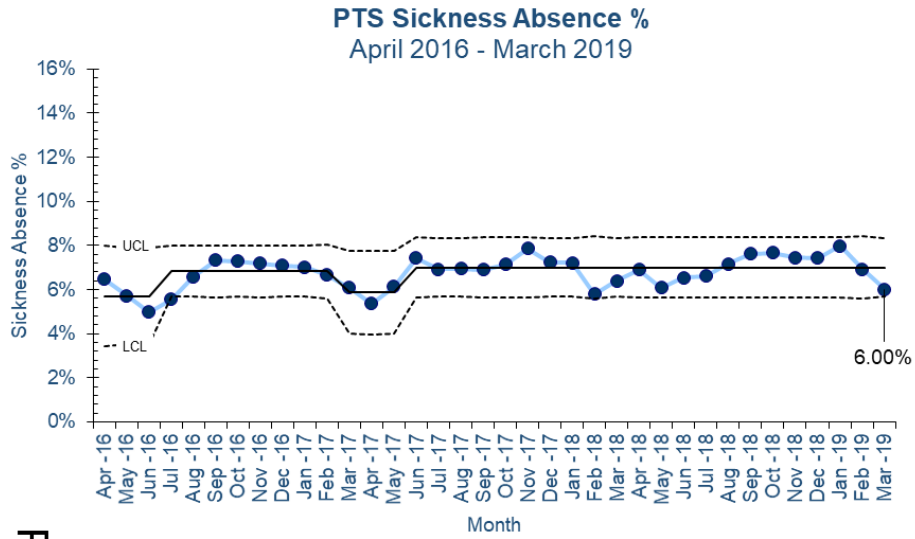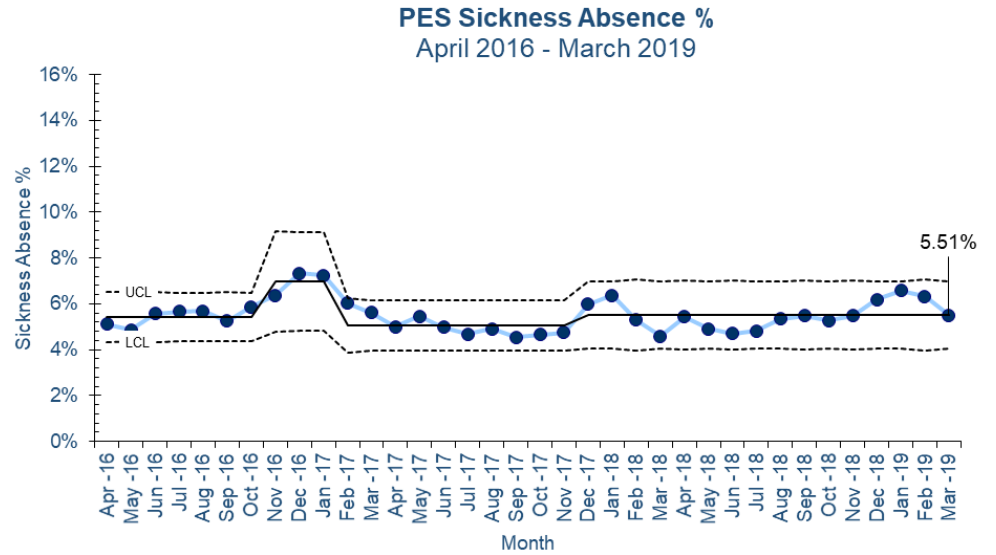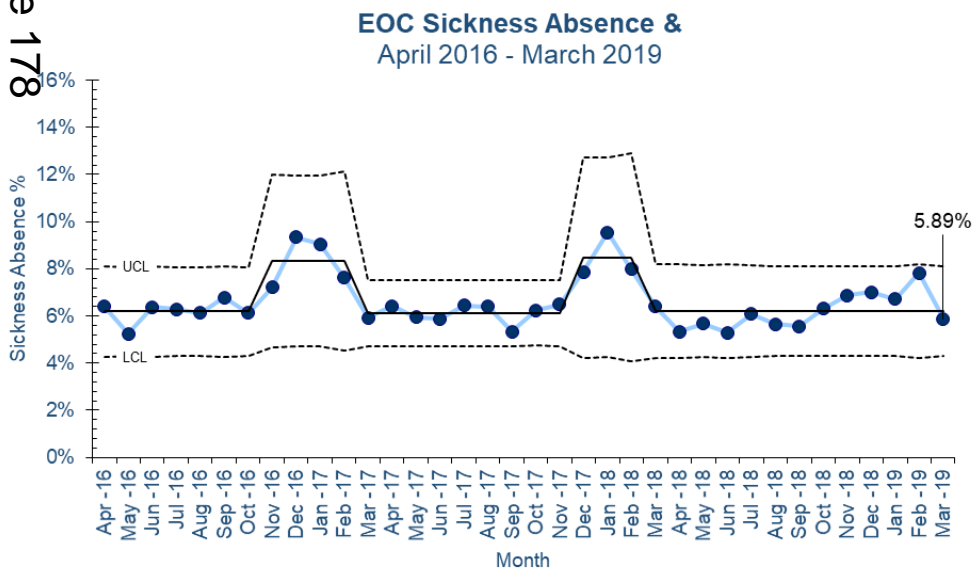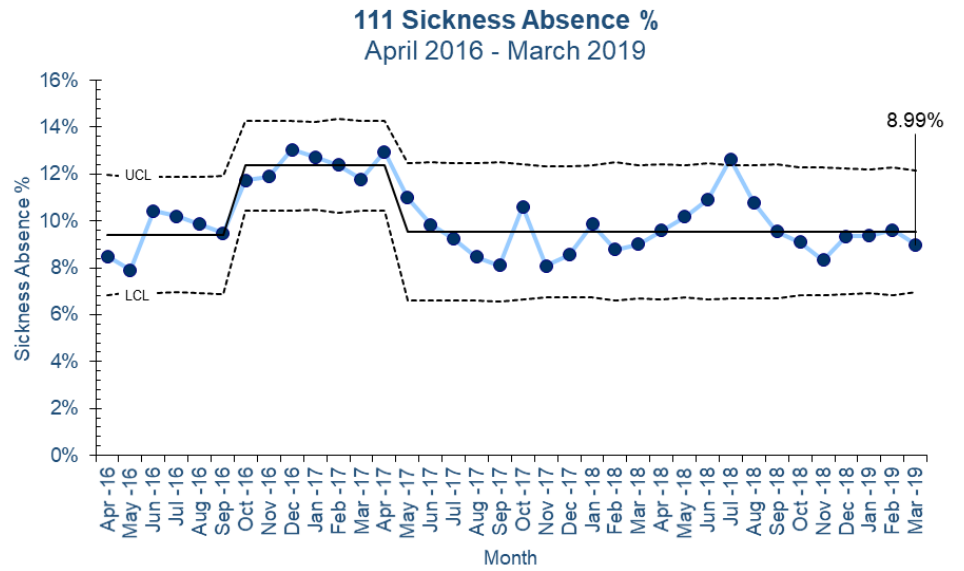
Table OH1.2 – Trust Comparison Figures

Trust	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
East Mids Amb	4.85%	4.72%	5.07%	5.47%	5.66%	5.45%	5.09%	5.10%	5.55%
East of Eng Amb	5.68%	5.54%	5.67%	5.84%	5.88%	6.06%	6.00%	6.63%	6.73%
London Amb	4.99%	5.02%	5.31%	5.20%	5.42%	5.20%	5.45%	5.41%	5.32%
North East Amb F	6.40%	6.01%	6.18%	6.11%	6.00%	5.63%	5.79%	5.30%	5.83%
North West Amb	5.33%	5.36%	5.20%	5.45%	5.68%	5.78%	5.77%	5.95%	6.51%
South Central Amb F	4.96%	5.13%	5.68%	6.18%	6.49%	6.24%	6.07%	6.22%	7.22%
South East Coast Amb F	4.84%	4.41%	4.34%	4.87%	4.86%	5.20%	5.19%	4.84%	5.09%
South West Amb F	4.58%	4.57%	4.61%	5.02%	5.31%	5.32%	5.33%	5.74%	6.11%
Welsh Ambulance Services	7.15%	6.72%	6.63%	6.63%	7.24%	6.72%	7.09%	7.41%	7.88%
West Mids Amb F	3.36%	3.25%	3.10%	3.28%	3.26%	2.97%	3.58%	3.47%	3.67%
Yorkshire Amb	5.66%	5.23%	5.15%	5.09%	5.43%	5.29%	5.70%	6.12%	6.64%
National Average	**5.17%**	**5.02%**	**5.09%**	**5.28%**	**5.47%**	**5.37%**	**5.49%**	**5.62%**	**5.99%**

OH2 STAFF TURNOVER

Figure OH2.1

NWAS Turnover %
April 2016 - April 2019

8.77%
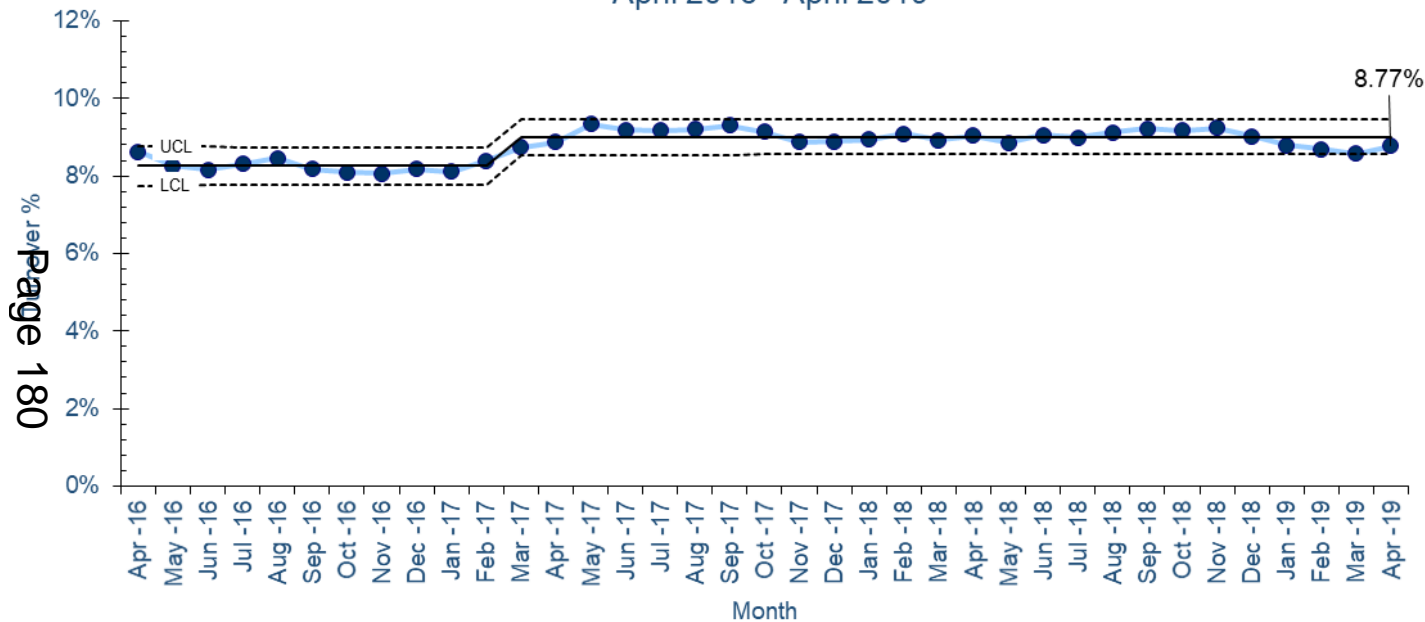
Table OH2.1

Turnover	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan - 19	Feb - 19	Mar - 19	Apr - 19
NWAS	8.85%	9.06%	8.99%	9.13%	9.23%	9.17%	9.24%	9.03%	8.79%	8.69%	8.58%	8.77%
Amb. National Average	9.60%	9.46%	9.36%	9.19%	9.27%	9.12%	9.07%	9.02%	8.95%			

Staff Turnover

Turnover is calculated on a rolling year average and this does lead to some small variations between months with April 2019 turnover is 8 .77% which continues a stable trend within narrow control limits.

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

111 turnover is 31.49% which is slightly up from the previous month position of 29.92%. This follows a period of reductions over a six month period. We will continue to focus on retention in 111 to further reduce turnover and stabilise the position.

Turnover in EOC is reported at 11.82% for April 2019. The turnover level has been fairly stable over the last year and work continues to improve the position further. An Apprenticeship programme for EOC is being launched in autumn to improve retention rates.

PES and PTS turnover remains stable.

Figure OH2.2

PTS Turnover %
April 2016 - April 2019

10.14%

Figure OH2.3

PES Turnover %
April 2016 - April 2019

4.66%

Figure OH2.4

EOC Turnover %
April 2016 - April 2019

11.82%

Figure OH2.5

111 Turnover %
April 2016 - April 2019

31.49%

55
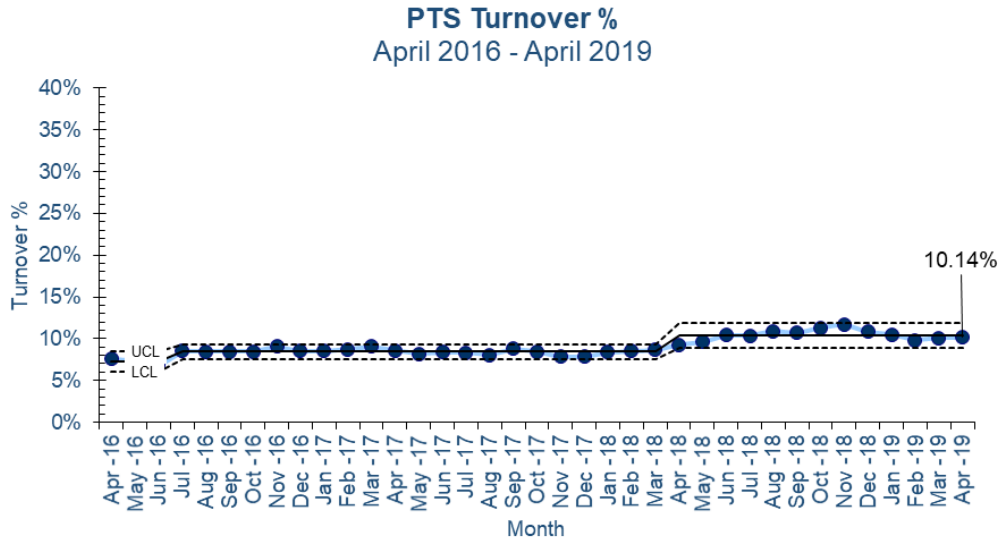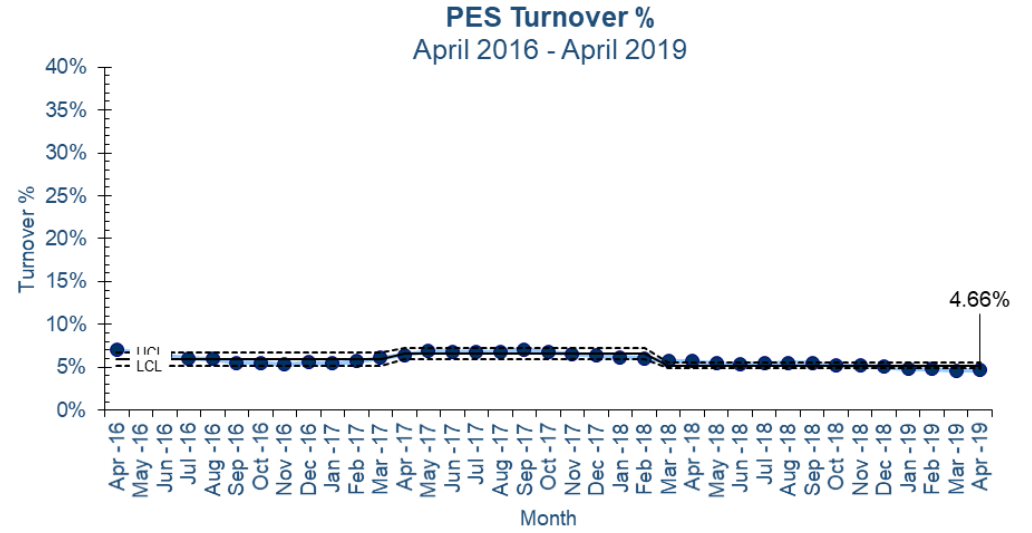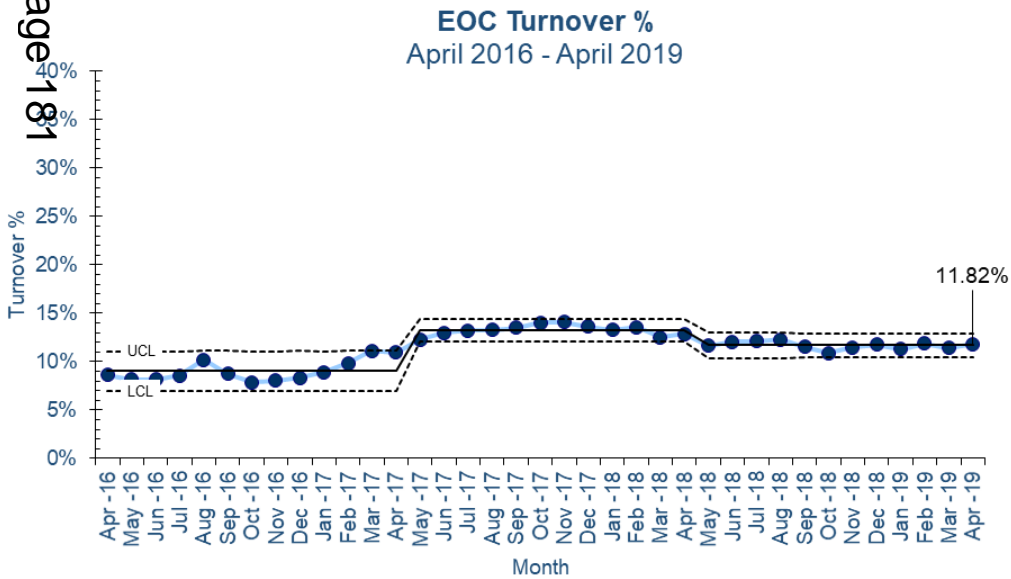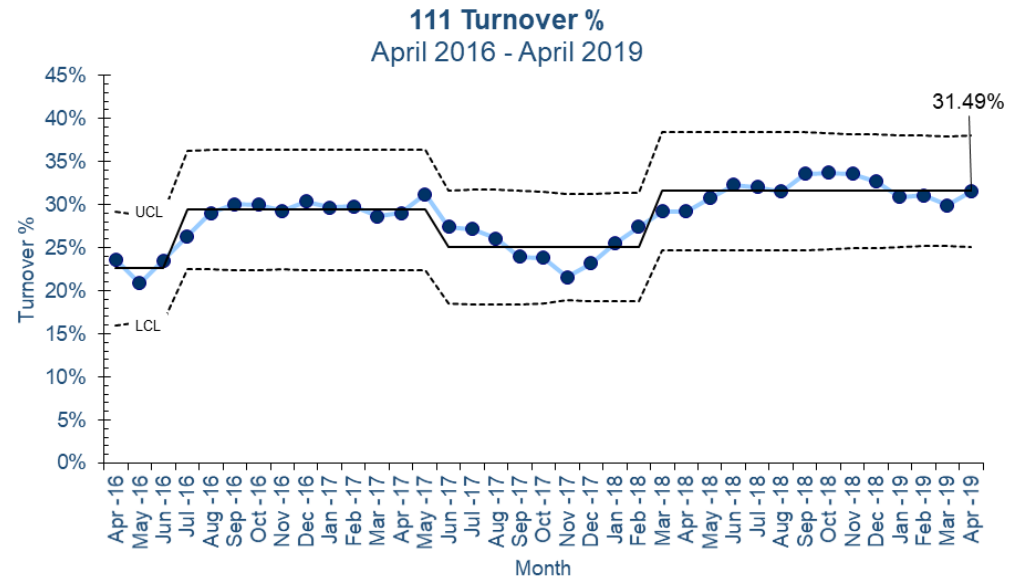
OH4 TEMPORARY STAFFING

Figure OH4.1:

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

Temporary Staffing

The Trust remains in a strong position regarding Agency costs. The position in April 2019 is at 1.9%.

The Trust has been proactive in reducing Agency usage particularly within 111.

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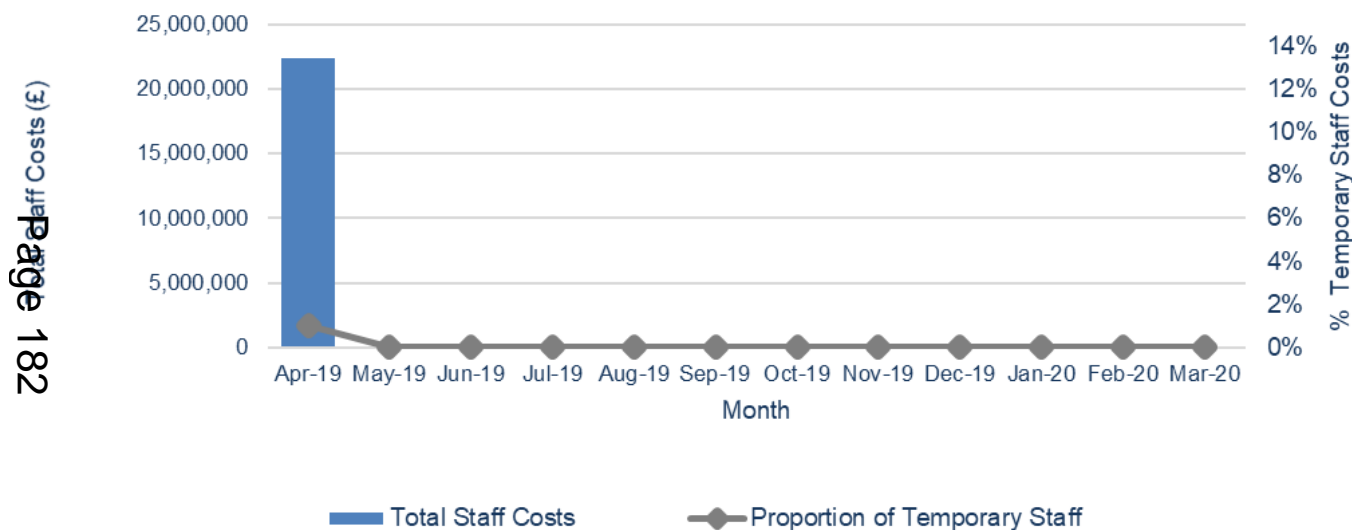
Table OH4.1

NWAS	May2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018	Oct -2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019
Agency Staff Costs (£)	341,240	334,497	262,694	310,041	285,989	229,598	212,061	173,766	191,843	180,676	203,421	173,834
Total Staff Costs (£)	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	22,621,645	22,342,157
Proportion of Temporary Staff %	2%	2%	1%	3%	3%	2%	2%	1%	2%	1%	1%	1%

56

Figure OH4.2:

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

Figure OH4.3

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

Figure OH4.4:

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

Figure OH4.5:

NWAS - Substantive vs Etablishment WTE
May 18 - April 19

Page 183
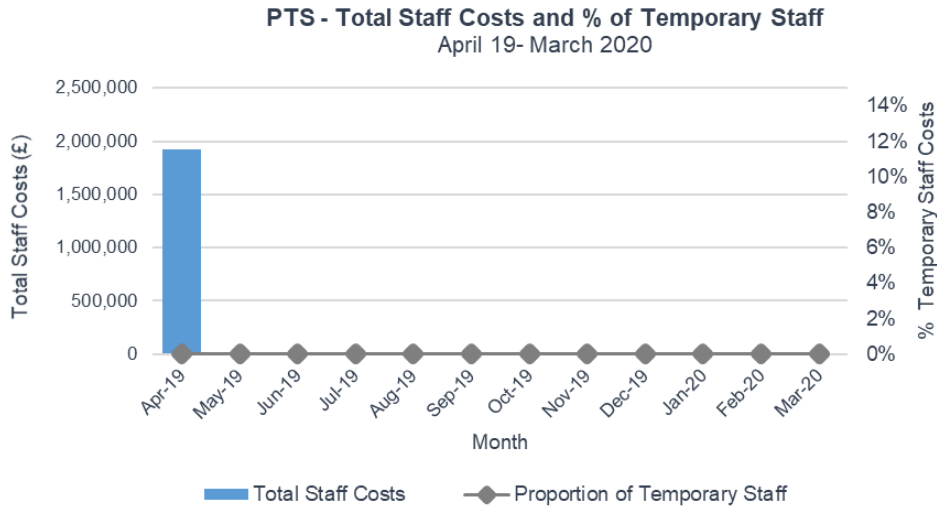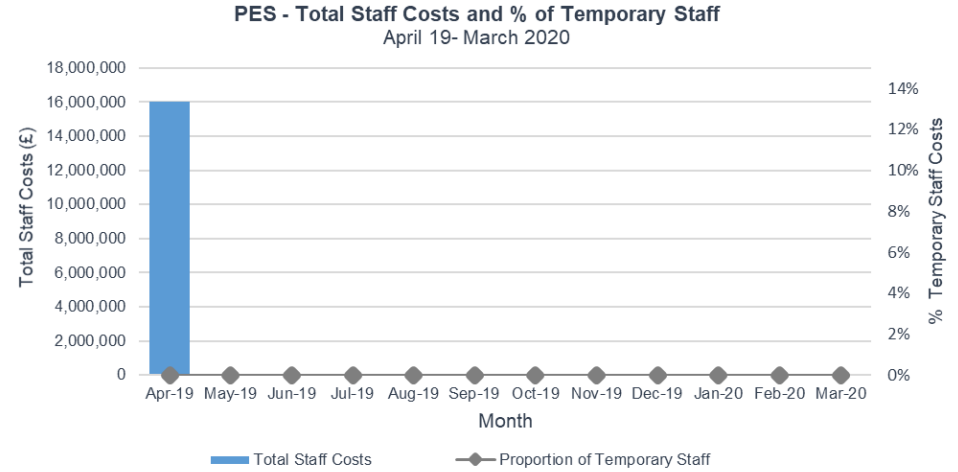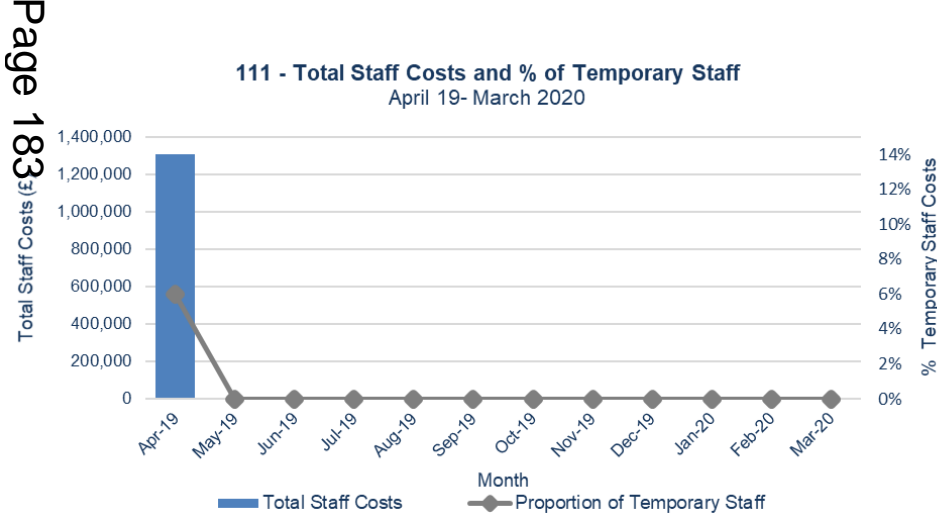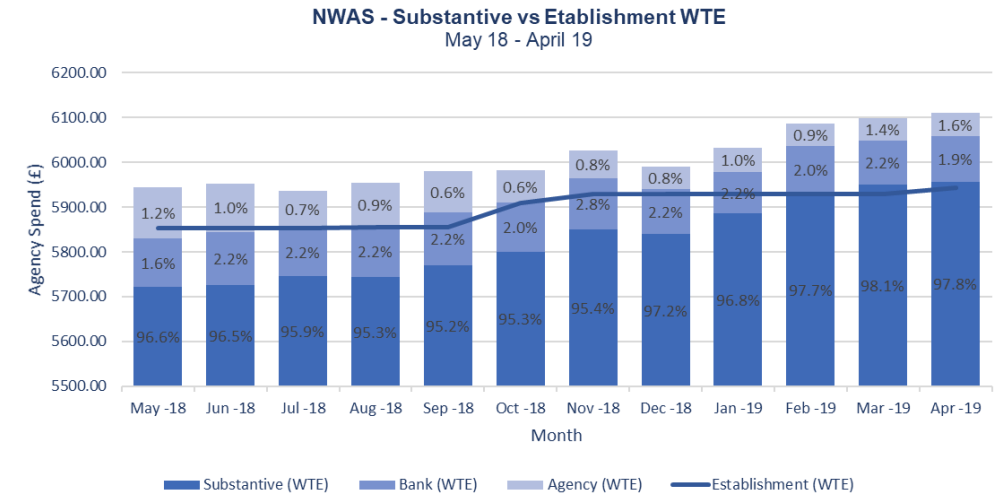
OH5 VACANCY GAP

Figure OH5.1


NWAS Vacancy Gap %
April 2016 - April 2019
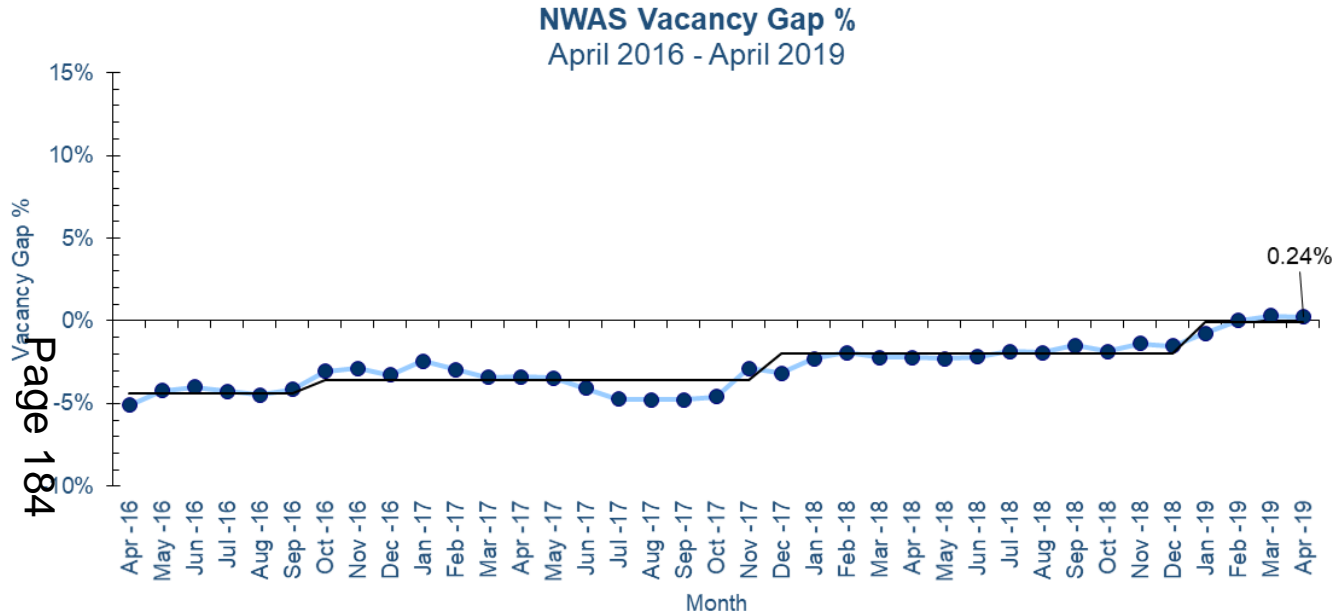
Table OH5.1

Vacancy Gap	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
NWAS	-2.26%	-2.17%	-1.86%	-1.90%	-1.47%	-1.83%	-1.35%	-1.52%	-0.74%	0.01%	0.33%	0.24%

Vacancy Gap

The changes resulting from the contract settlement and revisions to the ORH position have not yet been made in establishment, so the vacancy position for PES and EOC does not fully reflect the new requirements. The revised establishments for both these areas will create a vacancy position.

Work is ongoing with PES and EOC to ensure we have robust plans in place to reach the new establishment as soon as practicable. Both areas enter the new financial year with a good starting position as they are over-established against the 18/19 establishment.

The PTS vacancy position is -7.73% in April 2019, a slight reduction in the previous vacancy position and a continuing improving trend. Recruitment to PTS is ongoing.

111 have seen reductions in vacancy position and the April 2019 figure is now 0.21% over establishment. The focus in 111 is on retention, with the Rota Review being launched imminently.

Figure OH5.2

PTS Vacancy Gap %
April 2016 - April 2019

-7.73%

Figure OH5.3

PES Vacancy Gap %
April 2016 - April 2019

1.63%

Figure OH5.4

EOC Vacancy Gap %
April 2016 - April 2019

6.67%

Figure OH5.5

111 Vacancy Gap %
April 2016 - April 2019

0.21%
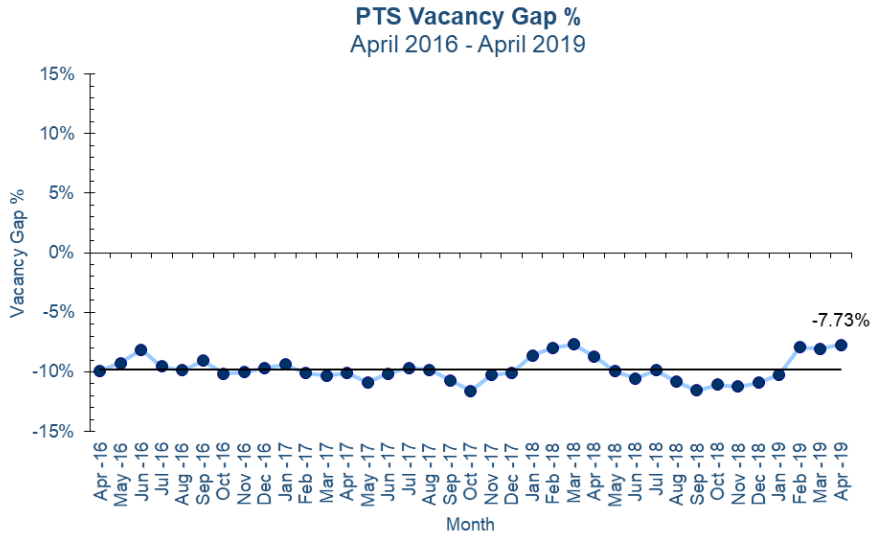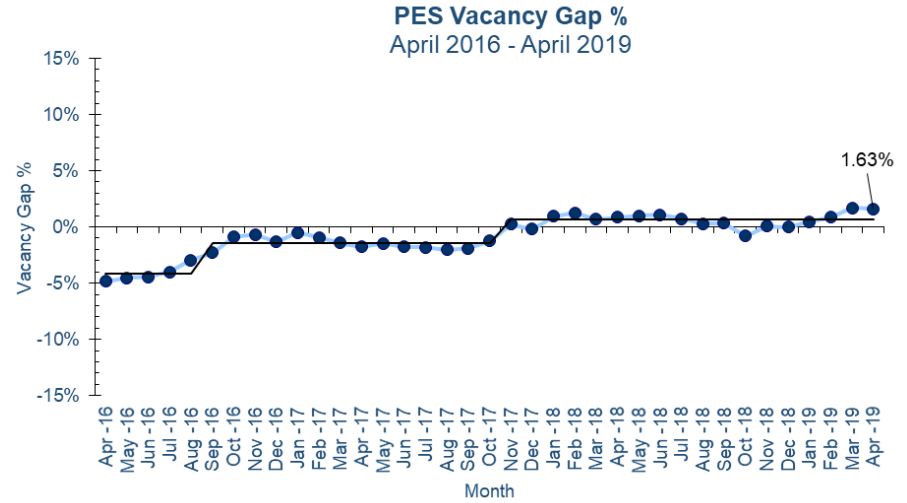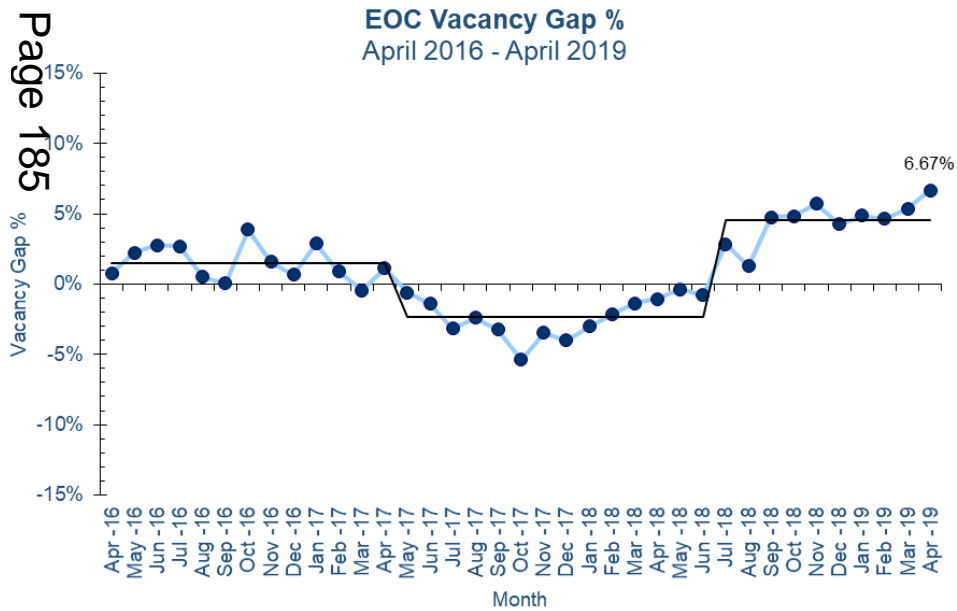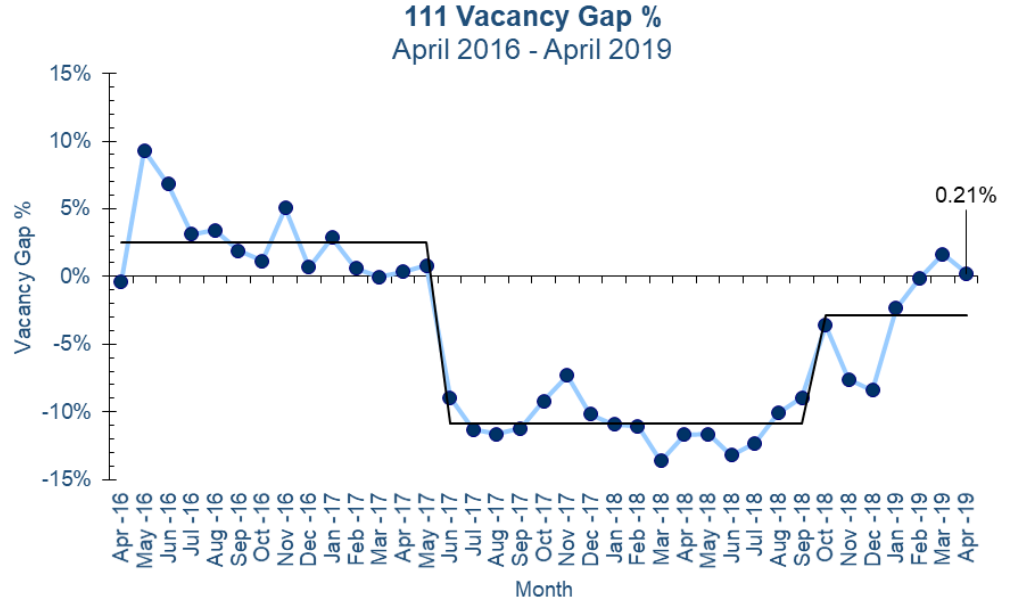
OH6 APPRAISALS

Figure OH6.1

NWAS Appraisals Completed %
April 2016 - April 2019

83.85%
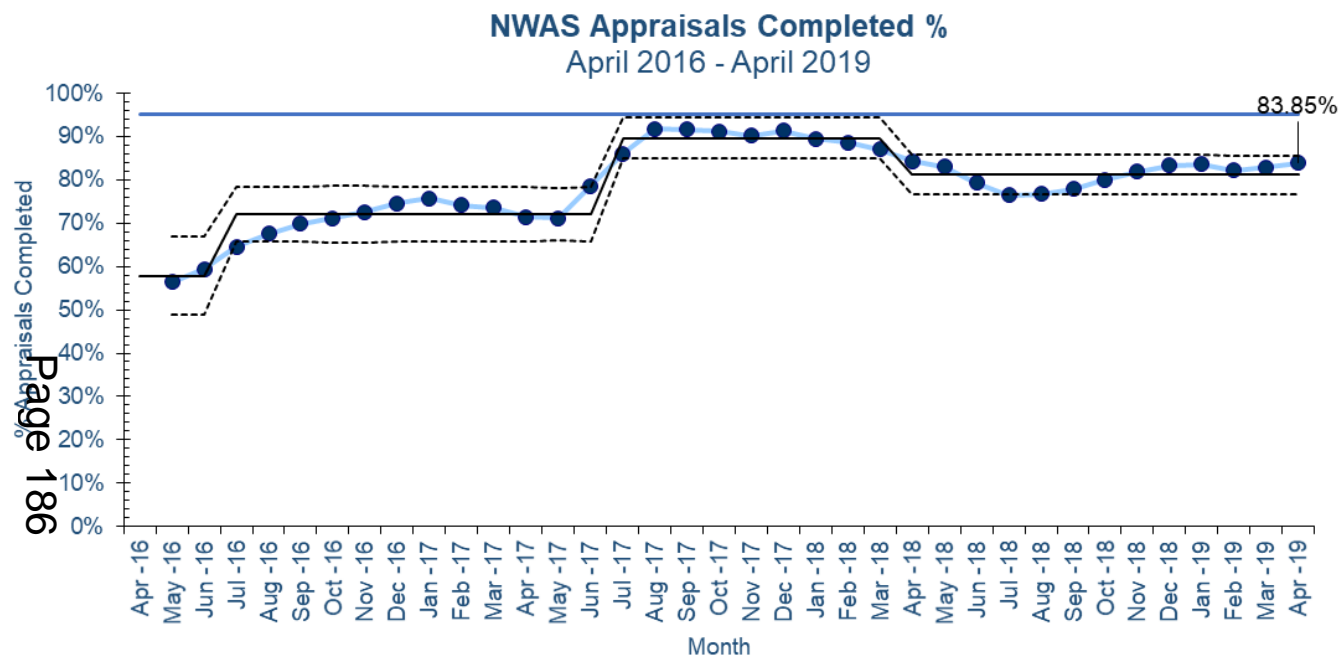
Table OH6.1

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

Appraisals

Appraisal compliance overall has been stable for several months with only slight variations at Trust level. The April 2019 position is at 84% against a target of 95%.

PES position has remained consistent with April 2019 figures reported at 87.71%.

The other service lines, EOC is at 70.92% in April 2019. This is a slight reduction from the previous month at 73.74% and the overall trend indicates the need for some focused work in this area.

111 were at 78.89% in April 2019 from a previous month of 74.70%. The position in the 111 service line has seen a gradual improvement in compliance rates since January 2019.

PTS have seen a good recovery following the sharp decline in completed appraisals due to the effect of the ATSL TUPE transfer last year and a significant number dropping out of cycle, they have recovered to 77.01% in April 2019 with a recovery plan being progressed to hit Trust target.

Work is required by corporate service lines to hit the 95% target. Corporate Directorates currently stand at 88% against target.

Figure OH6.2

PTS Appraisals Completed %
April 2016 - April 2019

77.01%

Figure OH6.3

PES Appraisals Completed %
April 2016 - April 2019

87.71%

Figure OH6.4

EOC Appraisals Completed %
April 2016 - April 2019

70.92%

Figure OH6.5

111 Appraisals Completed %
April 2016 - April 2019

78.89%
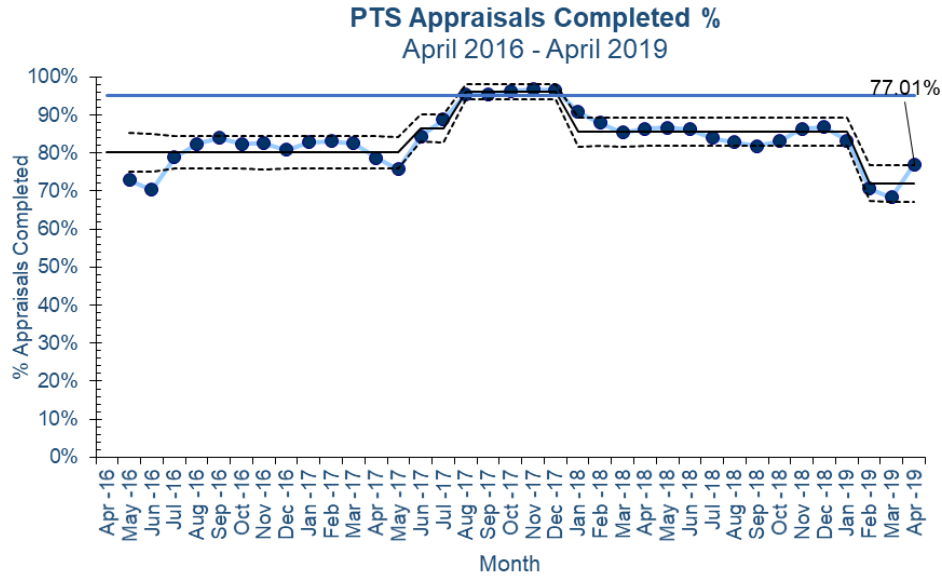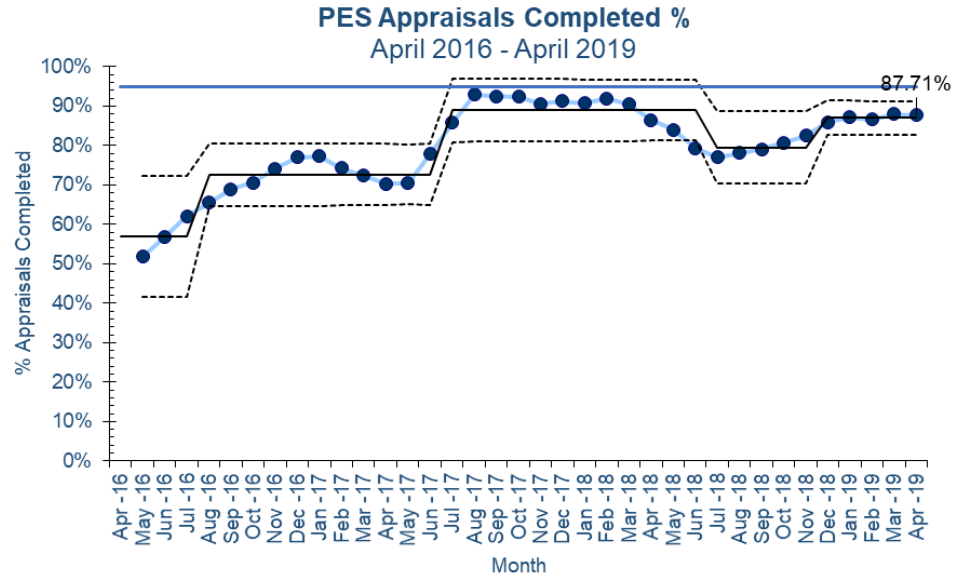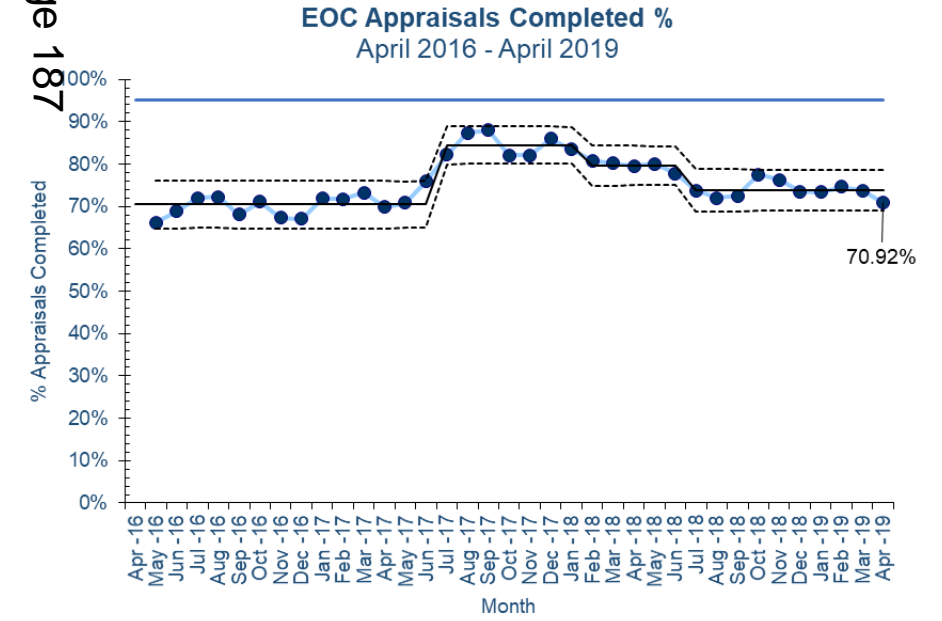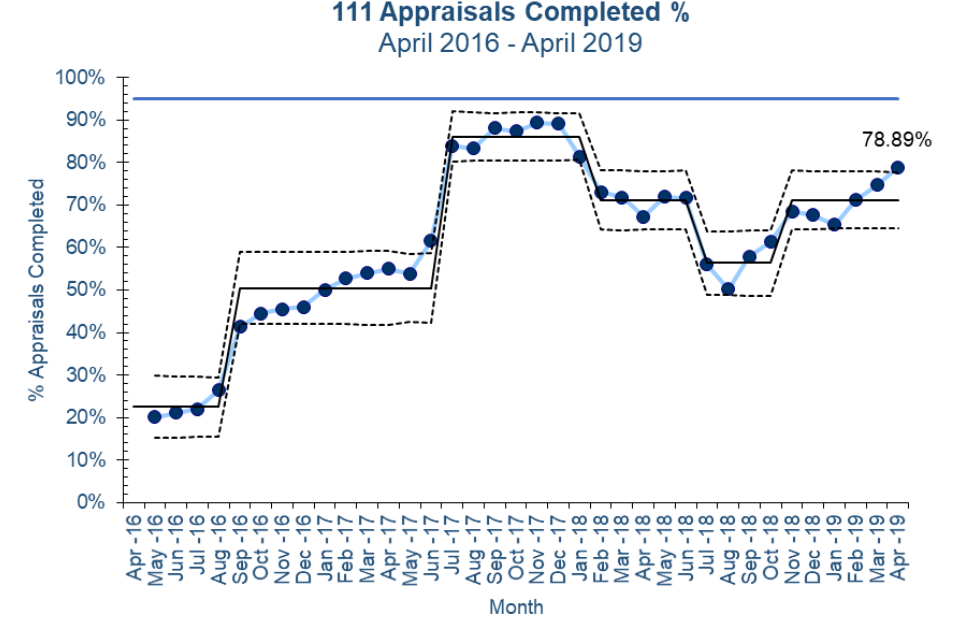
OH7 MANDATORY TRAINING

Figure OH7.1

Mandatory Training - PTS Classroom
January 2019 - December 2019

PTS (Classroom)   PTS Trajectory
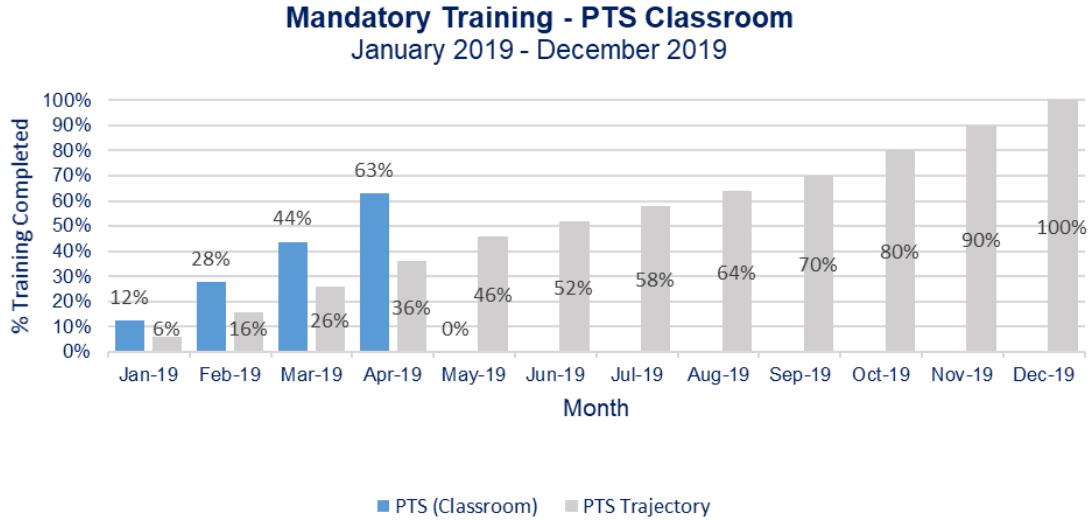
Figure OH7.2

Mandatory Training - PES Classroom
January 2019 - December 2019

PES (Classroom)   PES Trajectory
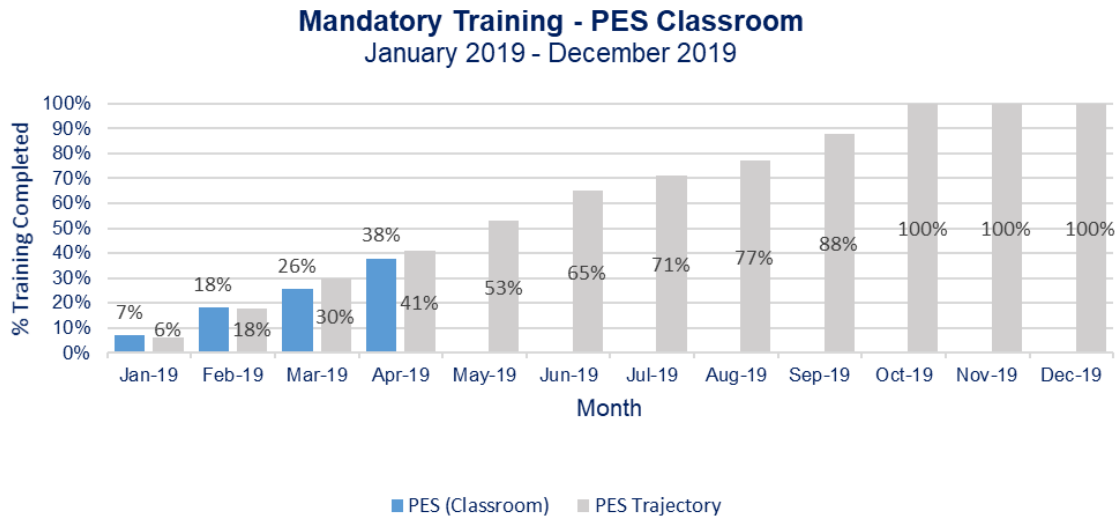
Mandatory Training

Classroom Mandatory Training for the 2019 cycle commenced in January 2019. PTS have made significant progress ahead of trajectory at 63% compliance against a 36% planned trajectory.

PES is under trajectory at 38% compliance against their trajectory of 41%. There have been a high number of withdrawals and non-attendances, PES will need to work with HROD to address this issue to avoid getting into a recovery position so early in the reporting cycle. The cycle is due to conclude early this year, in October, which does allow for some slippage.

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

The overall Trust position at the of April 2019 is 61% compliance against a trajectory of 52% however all service lines need to ensure that this remains a focus for improvement.

Figure OH7.3

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

Legend: NWAS Overall Competency Compliance | NWAS Overall Competency Compliance

Values: 39%, 28%, 47%, 36%, 55%, 45%, 61%, 52%, 62%, 71%, 75%, 80%, 88%, 96%, 98%, 100%

Figure OH7.4

Mandatory Training - EOC Competancy Compliance
January 2019 - December 2019

Legend: EOC (Overall Competency Compliance) | EOC Trajectory

Values: 71%, 80%, 71%, 80%, 75%, 80%, 74%, 82%, 85%, 88%, 89%, 91%, 93%, 95%, 95%, 95%

Figure OH7.5

Mandatory Training - Corporate Competancy Compliance
January 2019 - December 2019

Legend: Corporate (Overall Competency Compliance) | Corporate Trajectory

Values: 82%, 95%, 83%, 95%, 86%, 95%, 87%, 95%, 0%, 95%, 95%, 95%, 95%, 95%, 95%, 95%

Figure OH7.6

Mandatory Training - 111 Competancy Compliance
January 2019 - December 2019

Legend: 111 (Overall Competency Compliance) | 111 Trajectory

Values: 52%, 95%, 55%, 95%, 59%, 95%, 67%, 95%, 95%, 95%, 95%, 95%, 95%, 95%, 95%, 95%

North West Ambulance Service

NHS Trust

Report Title	Chairs Assurance Report - Quality Committee held on the 13th May 2019
Non-Executive Lead	Dr M Ahmed
Executive Lead	Ms M Power, Director of Quality, Innovation and Improvement
Action Required	The Board is requested to: a) Take assurance from the matters discussed at the meeting of the Quality Committee held on 13th May, 2019 b) Discuss and agree actions on the matters escalated to the Board.
Purpose	Note ☐ Approve ☐ Assure ☑

Key Matters considered at the Meeting of the Quality Committee held on 13th May, 2019.

ALERT

No alerts.

ASSURANCE IN RELATION TO BAF

The 2019/20 BAF is being developed and a detailed update would be presented to the next committee meeting.

ADVISE

Safeguarding

Following the alert arising from the last meeting in terms of Safeguarding resources, provision and systems, the Chief Nurse provided a verbal update.

It was noted that work was progressing in terms of delivery of the level 3 safeguarding training and competencies within the framework were being mapped against the workforce to identify a training needs analysis.

Members noted that consideration was being given to an independent review of the safeguarding systems that were in place.

The Safeguarding Annual Report 2018/19 was presented and it was noted that reporting of concerns had continued to rise. Members were advised that the Interim Mental Health Lead was currently reviewing mental health pathways.

Review of Serious Events (ROSE) Group

The Terms of Reference for the ROSE had been amended and approved by the committee. It was agreed that the ROSE would report into the Safety Management Group.

Controlled Drugs 2018/19 Annual Report

The Controlled Drugs Annual Report 2018-19 was presented to provide assurance that the

trust was managing its medicines and controlled drugs safely and in accordance with legislation, best practice and NWAS protocols.

It was noted that a review conducted by Mersey Internal Audit Agency in relation to the use and governance of PGDs had resulted in limited assurance. Therefore, work was being carried out via the Medicines Management Group.

Health, Safety and Security 2018/19 Annual Report

The Health, Safety and Security 2018/19 Annual Report was presented for members information.

It was noted that during 2018-19, incident reporting had increased. It was noted that if any themes were identified, a talk and finish group would be established to manage this theme.

Patient Story

A patient story was presented, following an observational shift in Morecambe Bay to seek further information in relation to the shared care record proof of concept that was being carried out in conjunction with the Clinical Commissioning Group.

The shift highlighted a number of issues, for example the importance of crews receiving the right intelligence and being equipped correctly to respond effectively to incidents.

It was highlighted that via partnership working, the offer and service provided to patients could be improved.

Right Care Strategy – Overview of Implementation

Members were presented with an update in relation to the Right Care Strategy implementation plan and received details in relation to in relation to (i) work on our culture to become a learning organisation, (ii) build leadership for improvement from Board to frontline, (iii) run a series of high profile improvement collaborative on strategic priorities, (iv) focus on the measurement of variation as a key to improvement, and (v) Build improvement skills in the workforce.

Clinical Audit Plan Quarter 4

A report was received in relation to progress made against the Trust 2018/19 clinical audit plan.

It was notes that all projects listed within the plan, barring two had either been completed or were on schedule to be completed. The two audits that had been stood down was due to changes on a national basis and due to information not being available from partners.

NWAS Care Quality Commission (CQC) Inspection

A report was presented, advising members of the work being carried in preparation for a CQC inspection. It was noted that a detailed discussion in terms of preparation for the CQC inspection would be held at the next Board Development Session.

Clinical Audit Plan 2019/2020

The 2019/20 Clinical Audit Plan was presented and approved by members.

NEW RISKS IDENTIFIED AT THE MEETING AND PLANNED MITIGATING ACTIONS:

None.

Report Title	Chairs Assurance Report - Finance, Investment and Planning Committee held on the 20th May, 2019
Non-Executive Lead	Mr M O'Connor
Executive Lead	Ms C Wood, Director of Finance
Action Required	**The Board is requested to:** a) **Take assurance from the matters discussed at the meeting of the Finance, Investment and Planning Committee held on 20th May, 2019** b) **Discuss and agree actions on the matters escalated to the Board**
Purpose	Note ☐ Approve ☑ Assure

Key Matters considered at the Meeting of the Finance, Investment and Planning Committee held on 20th May, 2019.

ALERT

No items.

ASSURANCE IN RELATION TO BAF RISKS

SR02: If the Trust does not maintain efficient financial control systems then financial performance will not be sustained and efficiencies will not be achieved leading to failure to achieve its strategic objective.

SR05: If the Trust does not deliver the benefits of the Estates Strategy then the Trust will not maximise its estate to support operational performance leading to failure to create efficiencies and achieves its strategic objectives

SR06: If the Trust does not establish effective partnerships within the regional health economy and integrated care systems then it may 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.

SR07: If the Trust does not maintain and improve its digital systems through implementation of the digital strategy, it may fail to deliver secure IT systems and digital transformation leading to reputational risk or missed opportunity.

The committee noted that work was progressing in terms of a root and branch review of the risks, pertaining to this committee.

Finance Report to 30th Apr – Month 1 2019/20

The Committee were advised that the position for the Trust at month 1 was a deficit of £0.273m, which was £0.081m better than the planned deficit of £0.354m. It was noted that the deficit related to the agenda for change non-recurrent pay deal and it was envisaged that the financial position would be rectified at the end of quarter 1.

It was noted that the overall financial performance risk rating as at 30th April 2019 was 1.

It was agreed that regular reports in relation to estates would be presented to this committee to provide members with assurance in terms of progress against the estates programme.

Cost Improvement Programme (CIP) – Update Position Month 1

The Committee were informed that as at 30th April 2019, the trust had achieved savings of £0.214m compared to the year to date plan of 0.200m.

It was noted that the CIP plan was scheduled to be delivered over the 2019/20 financial year and the target would increase and would be a challenge month by month. The committee had requested that a detailed review of the CIP be carried out at the end of quarter 1.

Information Management and Technology (IM&T)

Members received a verbal update in relation to the Trust's position regarding IM&T. It was noted that a Chief Digital Officer and Chief Technology Officer had been recruited and would commence in post over the forthcoming months. The review of systems and resources was still ongoing.

Members requested that a written report be presented to future meetings of the committee.

Digital Strategy

The draft Digital Strategy was presented to members for information. It was noted that the strategy had been widely consulted on and there was wide spread support for the strategy.

It was noted that further work was required in relation to the financial section, prior to the strategy being presented to board for approval.

ADVISE

Unaudited Annual Accounts 2018/19

The committee received the 2018/19 unaudited annual accounts prior to submission to the Board for approval.

Agency Performance Against the Ceiling

It was noted that the agency expenditure for 2018/19 was £2.978m which was only slightly above the ceiling at £0.21m which resulted in an agency metric score of 2.

The agency ceiling target for 2019/20 had increased to £3.109m ABD as a result, KPIs had been developed for each service line and progress would be monitored via the integrated performance report that was presented to the Board.

Procurement Update

Members received an update to (i) provide assurance to members that the objectives identified in the Trust's Procurement Strategy were actively progressing, (ii) summarise the status of key projects in the procurement work plan 2018/19, (iii) provide an overview of key national procurement development, (iv) present the 2019/20 procurement work plan for 2019/20, and (v) provide assurance that the key recommendations of the recent tender and waiver process audit had been implemented.

It was noted that following the national exercise in the prevention of fraud that was being carried out by the NHS Counter Fraud Authority the updated procurement fraud guidance would be presented to the Audit Committee being held on 19th July 2019.

Members received assurance that the correct tender process was now in place in terms of the procurement of taxis.

Electronic Patient Record (EPR)

The committee received an update report in relation to the progress of the EPR project with a focus on technical readiness and implementation planning.

It was noted that a number of workshops had been held and were scheduled, to develop the system. Work was also being carried out to develop a training plan.

The committee requested that regular reports be presented and asked that all of the financial implications were included within the report.

MIAA – Mobile Computing Review

A report was presented to provide an update against the recommendations made from a recent Mersey Internal Audit on the mobile computing device. It was envisaged that all of the actions would be completed by September 2019.

It was noted that progress against the action plan would be reported via the Audit Committee.

Estuary Point

Members received an update in relation to the progress of the Cheshire and Mersey Estuary Point Project.

It was noted that due to an ongoing issue with the wayleaves it was uncertain when the 111 and EOC services could move to the building.

2018/19 Private Ambulance Expenditure

A report was received by the committee detailing the annual expenditure on private ambulances in the Paramedic Emergency Service (PES).

Members were advised that bookings for private ambulances were made in advance when this was possible, to receive the lower rates. It was noted that private ambulances were generally utilised during times of high demand.

Assurance report from the Information Management Group held on 9th April 2019

It was noted that the Information Management Group was monitoring progress against the Data Security Protection Toolkit and the trust was required to submit a position statement to NHS Digital in October 2019. The committee requested an update prior to submission.

New Risks identified at the Meeting and planned mitigating actions:

None.

Agenda Item 18

NHS North West Ambulance Service
NHS Trust

REPORT

AGENDA ITEM:

Quality Committee	
Date:	13th May 2019
Subject:	Controlled Drugs Annual Report 2018/19
Presented by:	Dr Chris Grant – Medical Director
Purpose of Paper:	For Assurance
Executive Summary:	• 2018/19 targets against the Right Care Strategy Milestones have been met. • MIAA Patient Group Directions management review provided limited assurance. Management response has been agreed and final report received. • Numbers of CD incidents (overall) have reduced in comparison with 2018/19. • Numbers of general medicine incidents (overall) have increased slightly when compared with 2018/19 activity. • 84 patients received medicines incorrectly during 2018/19. No reports of patient harm have been received. • There is a sustained and improving compliance of MMQI audit. Performance of the lowest performing elements is an improving picture, particularly towards the year end
Recommendations, decisions or actions sought:	The Committee: Notes the report, acknowledging the achievement of the 2018/19 medicine management targets as described in the Right Care Strategy Supports the improvement plan of PGD management in response to the MIAA review.

		Support the quality improvement initiatives as per Right Care Strategy which include:
		- Bar code scanning. - Development of Medicines Management KPIs

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

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	
Previously Submitted to:	Quality Committee
Date:	13th May 2019
Outcome:	Noted and received assurance from the report.

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1   PURPOSE

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

2   BACKGROUND

2.1   Medicines are split into two distinct categories within NWAS, general and controlled.

Specific legislation exists for the management of controlled drugs which requires governance and monitoring arrangements to be robust to remain within the scope of the legislation. NWAS has an appointed Accountable Officer for controlled drugs (AO) who maintains organisational oversight for all CD activity within NWAS. The AO is the Medical Director.

2.2   General Medicines

General medicines stocked in NWAS are a mix of prescription only medicines (POMs), pharmacy medicines (P) and & General Sale List (GSL). All the drugs within NWAS are legally permitted to be administered under provisions within the Human Medicines Regulations 2012. Tranexamic Acid falls outside this with a Patient Group Direction (PGD) required to administer this drug to patients. For Advanced Paramedics, the PGD requirement also extends to Ketamine, Midazolam and Flumazenil.

2.3   Controlled Drugs

There are 5 types of controlled drugs stocked across NWAS. These include;
1. Morphine Sulphate 10mg/1ml ampoules (Schedule 2) administration by registered paramedics only.
2. Diazemuls 10mg/2ml ampoules (Schedule 4 part 1) administration by registered paramedics only.
3. Diazepam Rectal 5mg Tubes (Schedule 4 part 1) administration by registered paramedics only.
4. Ketamine 200mg/20ml injection (Schedule 2) administration by registered paramedics with Advanced level practice only.
5. Midazolam 5mg/5ml injection (Schedule 3) administration by registered paramedics with Advanced level practice only.

All controlled drug stocks are for the administration to patients during pre-hospital care, NWAS is not authorised to supply controlled drugs to patients or third parties.

3.   POSITION AT YEAR END 2018/19

3.1   *Right Care Strategy:* Percentage of medicine pouches with expired drugs remaining in circulation 1 week beyond their expiry date:

2018/19 target was to collect baseline data. This has been completed and the data analysis is due to be shared at the Medicines Effectiveness Group (MEG) 13 May 2019. From the analysis a plan will be developed to stretch to attain the 2019/20 target of under 1% in circulation.

3.1.1 ***Right Care Strategy:*** Percentage of medicines disposed of as waste:

2018/19 target was to collect the baseline data. This has been completed. Initial analysis has identified the high level wastage data with now ongoing analysis to determine what proportion is expired, damaged or actual "waste". The findings will be shared at the MEG where a subsequent plan will be developed to reduce the waste by 25% in 2019/20. The recruitment of a Chief Pharmacist (will commence 1st September) may allow the professional challenge regarding "batch matching" as by employing this process in isolation is likely to have a significant contribution to the reduction of waste figures.

3.1.2 ***Right Care Strategy:*** Medicines management performance metrics decoupled from bundles, agreed and reported on a monthly dashboard:

2018/19 target was to establish the baseline. The medicine indicators have been uncoupled from the bundle process and locality dashboards have been piloted across the Trust. During 2019/20, the indicators will be reviewed and the iterative process of dashboard development continued in response from feedback from the end users.

3.1.3 ***Right Care Strategy:*** Progress against the Right Care Strategy milestones will be monitored through updates received at the MEG and the Quality Committee during 2019/20.

3.2 ***PGD Status:***

The PGDs for the following drugs were updated and re-issued during 2018/19:

Tranexamic Acid – All registered paramedics who are actively treating patients are required to undertake this PGD.
Ketamine, Midazolam & Flumazenil – All Advanced Paramedics who are actively treating patients are required to undertake this PGD.

PGD Drug	Clinician Required	Status of Completion
Tranexamic Acid	Paramedics	97%
Ketamine	Advanced Paramedics	100%
Midazolam	Advanced Paramedics	100%
Flumazenil	Advanced Paramedics	100%

Table 1: PGD Uptake Status as of 30/04/2019

3.2.1 ***MIAA PGD management Review 2018/19***

A review of the use and governance of the PGDs was undertaken by MIAA. The final report identified that there was limited assurance. Seven recommendations were made and our management responses have now been agreed. The responses will be monitored through the action plan reviewed by the audit committee with the aim that all actions will

completed by March 2020.

3.3 *Controlled Drug Supplies*

Table 2 displays the amount of controlled drugs dispensed to NWAS by Lloyds pharmacy during 2017/18 and 2018/19. The overall volume of Diazemuls decreased with an increase in diazepam rectal tubes, ketamine and midazolam supplied. Morphine levels were similar year on year.

Rationale for these changes include:
- National diazemuls shortages
- Change of PGD for ketamine and midazolam allowing more clinical indications to be treated.
- Increase use of midazolam for non PGD indications under the authorisation of a prescriber (i.e. NWAS doctor).

Controlled Drug Supplied	2017/18	2018/19	Variation +
Morphine Sulphate 10mg/1ml Ampoules	47090	46880	-210
Diazemuls 10mg/2ml Emulsion Ampoules	10440	6640	-3800
Diazepam 5mg Rectal Tubes	2205	5385	+3180
Ketamine 200mg/20ml Injection	47	91	+44
Midazolam 5mg/5ml Ampoules	50	150	+100
Total	**59832**	**59146**	**-686**

Table 2: Comparison of CD supplies from 2017/18 to 2018/19

3.3.1 Financial Cost of CD Supplies

Table 3 shows the financial value of the CD stock purchased via Lloyds pharmacies. There are currently now 4 pharmacy sites supplying NWAS that have the appropriate Wholesale Dealer Licences in place to provide a legal supply route for NWAS CD stocks. Table 4 shows the breakdown of how supplies were split across the 4 Lloyds sites.

Controlled Drug Supplied	Total units supplied	Value of Units (exc VAT)	Value of Uni (inc VAT)
Morphine Sulphate 10mg/1ml Ampoules	46880	£44,287.42	£53,141.14*
Diazemuls 10mg/2ml Emulsion Ampoules	6640	£6,009.20	£7,211.04
Diazepam 5mg Rectal Tubes	5385	£6,287.15	£7,544.58
Ketamine 200mg/20ml Injection	91	£460.46	£552.48
Midazolam 5mg/5ml Ampoules	150	£128.44	£154.14
Total	**59146**	£57,172.67	£68,603.38*
Minus rebate from martindale		**£34,070.69**	**£26,015.02**

Table 3: Controlled drugs supplied to NWAS by Lloyds 01/4/18 – 31/3/19 – source Lloyds monthly management reports

*NWAS has a non-contractual agreement with Martindale Pharmaceuticals (the manufacturer of the morphine sulphate that NWAS procures) to rebate the cost per unit to the agreed NHS price of £1.00 per box (10 ampoules). Lloyds are a non NHS organisation and therefore, cannot access the CMU pricing structure currently agreed nationally for NHS organisations procuring medicines. The rebate for 2018/19 totalled £42,588.36. Please note the rebate arrangement is at the discretion of Martindale's and can be withdrawn without notice.

Controlled Drug Supplied	Carlisle (Cumbria)	Dalton (M/Bay)	Fallowfield (GM & CM)	Clitheroe (Lancs)
Morphine Sulphate 10mg/1ml Ampoules	3700	3120	26910	13150
Diazemuls 10mg/2ml Emulsion Ampoules	670	300	4160	1510
Diazepam 5mg Rectal Tubes	340	295	3405	1345
Ketamine 200mg/20ml Injection	7	3	55	26
Midazolam 5mg/5ml Ampoules	30	0	80	40
Total	**4747**	**3718**	**34610**	**16071**

Table 4: Dispensed controlled drugs by each Lloyds pharmacy supplying NWAS - – source Lloyds monthly management reports

3.4 *Controlled Drug Management – CD Tagging Pilot*

The majority of frontline ambulances are fitted with a controlled drugs safe to safely store schedule 2 controlled drugs in line with legal requirements for this level of CD. In 2012, NWAS decided to store all controlled drugs of all schedules in the CD safes to improve governance and security across all levels of CDs.

During 2018 a pilot was launched across 5 sectors within NWAS to improve access to diazepam products as a first line drug for patients in status epilepticus. The diazepam stocks were relocated to a newly designed seizure pouch, a tamper evidence tag added and this was moved to the main drugs bag instead of the CD safe. The pilot evidenced there was no decrease in security or assurance over the diazepam stocks being outside the CD safe. Overall CD damage and diazepam losses have also improved since the pilot was launched at these locations.

The CD tagging system was accepted to be implemented across the Trust at the start of Q4. During Q4 the new processes were launched across North Cumbria and Morecambe Bay. Preparation to implement this across the remainder of the Trust is currently underway with all sectors planned to be working under the new CD tagged system by June 2019.

4.   MEDICATION INCIDENTS

4.1   Any medication incident that occurs is reported and investigated via DATIX. These incidents are reported on a monthly basis via the Q Measures report and the CD related ones are submitted quarterly to NHS England. A summary of the incidents reported in each area of NWAS is provided in Table 5 & 7 with charts 1 & 2 displaying the comparison of incidents reported to the previous year.

4.2 *Controlled Drug Incidents*

Controlled Drug Incident Breakdown by Area 2018/19						
Incident Subcategory	CL	CM	GM	HART	NWAA	TOTALS
CD Administration Error	5	3	0	0	1	**9**
CD Adverse Reaction	1	0	0	0	0	**1**
Any Other CD problems	6	1	5	0	1	**13**
CD Damaged	42	39	42	4	1	**128**
CD Missing	2	2	12	0	0	**16**
CD Safe Access Problem	4	9	8	1	0	**22**
CD Stock Problem	6	20	7	3	0	**36**
CD Documentation Error	35	40	45	0	0	**120**
Suspected Misuse	0	0	1	0	0	**1**
Total	**101**	**114**	**120**	**8**	**3**	**346**

Table 5: CD incident types reported per area 2018/19
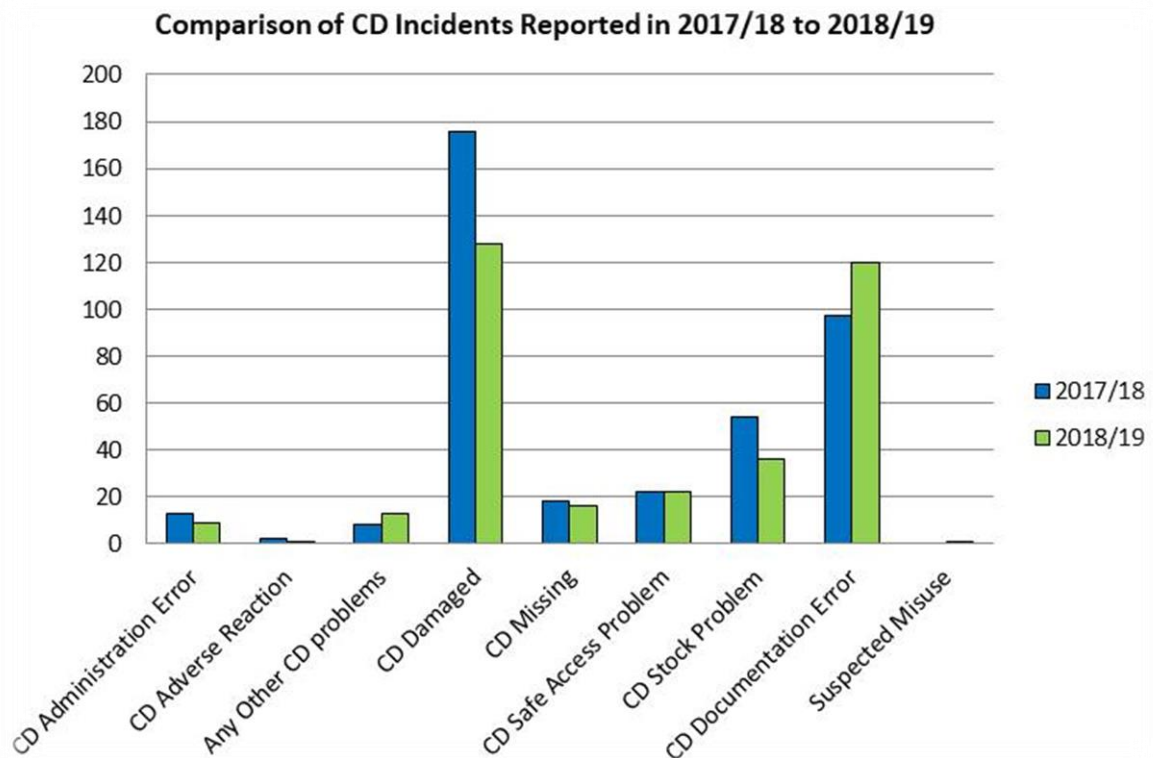
Chart 1: Comparison of CD incidents reported in 2017/18 and in 2018/19.

Overall, in 2018/19 there has been a reduction in CD incidents to 44 incidents compared to 390 reported in 2017/18. The largest reduction was seen in the levels of CD damage reported. There has been an increase in documentation errors which is mainly due to patient administrations not being recorded in the CD register. There were 16 reports of missing CDs and Table 5 shows the breakdown of this resulting in 12 units of controlled drugs remaining unaccounted for; of which two units were morphine sulphates.

Page 204

Missing CDs 18/19	Morphine	Diazemuls	Diazepam Rectal	Ketamine	Midazolam
Recovered	19	27	11	0	0
Not Recovered	2	5	5	0	0
Investigation incomplete	0	1	0	0	0

Table 6: Controlled drugs reported missing during 2018/19

4.3 *General Medicine Incidents*

General Medicine Incidents 2018/19							
Incident Category	**CL**	**CM**	**GM**	**HART**	**NWAA**	**EOC/111**	**TOTALS**
Administration Error	23	13	35	2	1	1	**75**
Adverse Reaction	3	0	0	0	0	0	**3**
Documentation Error	13	5	13	0	0	1	**32**
Medicines Damaged	6	2	2	0	0	0	**10**
Medicines Missing	14	16	23	0	0	0	**53**
Stock Problem	15	9	8	1	0	0	**33**
Suspected Misuse	0	0	0	0	0	0	**0**
Inappropriate Clinical Advice	0	0	1	0	0	0	**1**
Total	**74**	**45**	**82**	**3**	**1**	**2**	**207**

Table 7: General medicines incidents reported 2018/19 – source DATIX
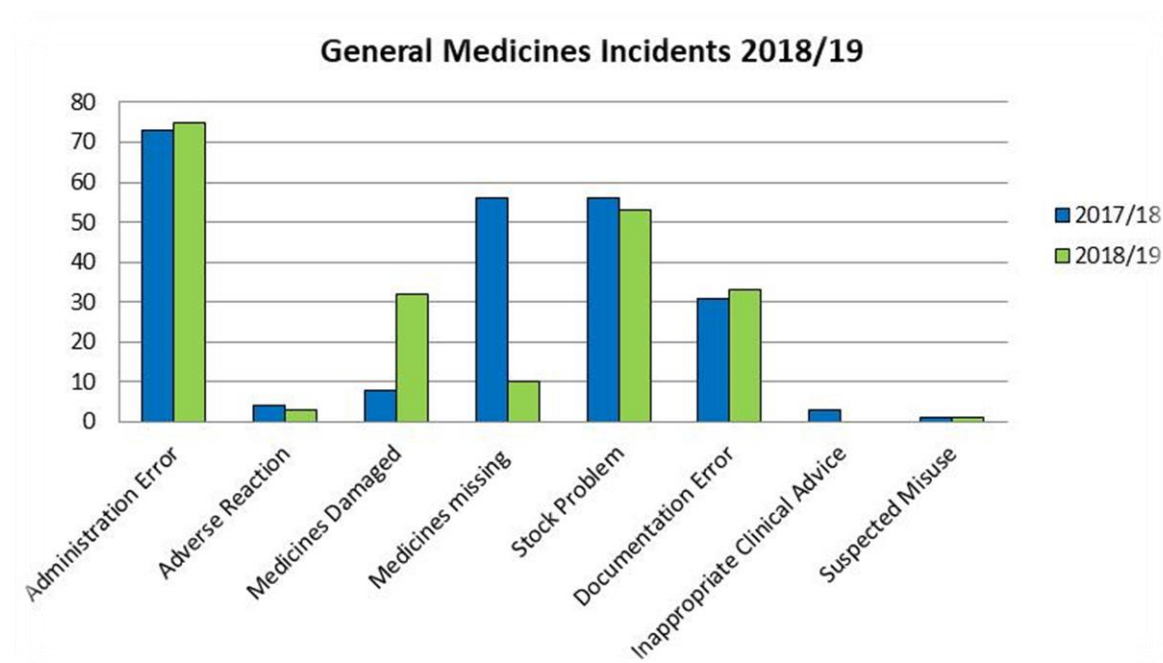
Chart 2: Comparison of general medicine incidents reported in 2017/18 and in 2018/19.

There has been a slight increase in medicine administration errors (e.g. intramuscular but meant to be given intravascular). Damaged medicines increased while missing medicines decreased.

Page 205

4.4   *Patient Administration Errors*

During 2018/19, 9 patients received controlled drugs incorrectly and 75 patients received general medicines incorrectly. There were no reports of patient harm caused by these errors. The drugs involved in these errors are displayed in Table 8. The highest level of errors involved adrenaline 1:1000 when this is given either via the wrong route i.e. IV instead of IM) of the wrong dose i.e.1mg instead of the initial 0.5mg. Paracetamol errors were mainly due to patients already having taken paracetamol within the previous 4 hours of NWAS administering it. Exploration of ways to reduce these errors will be targeted via the Medicines Effectiveness Group during Q1 of 2019/20.

During the early part of 2018/19 the highest errors involved glucose 10% infusion being selected instead of Sodium Chloride 0.9% infusion. A new type of glucose bag was sourced and supplied into NWAS to make the bags visually different. This type of error has markedly decreased during the latter half of 2018/19.

Table 8: Medication errors by drug during 2018/19

Medicine Involved	Total
Adrenaline 1:10,000	5
Adrenaline 1:1000	10
Amiodarone	2
Aspirin	4
Benzylpenicillin	5
Chlorphenamine	1
Diazemuls	1
Glucagon	1
Glucose 10%	7
GTN	1
Hydrocortisone	1
Ibuprofen	4
Ketamine	1
Metoclopramide	7
Misoprostol	2
Morphine	7
Naloxone Hydrochloride	3
Paracetamol	10
Salbutamol	1
Sodium Chloride	4
Tranexamic Aid	5
Grand Total	**75**

4.5   *Vehicle Medicines Audit Compliance (MMQIs)*

All vehicles that hold a stock of general medicines or controlled drugs should conduct a monthly CD audit. This ensures compliance against the quality indicators designed to provide assurance that they are being managed in accordance with procedure and legislation.

A new medicines audit platform was launched using SNAP at the start of 2018 to allow the audits to be more flexible. The numbers of audits being inputted has steadily increased in all areas as the year progressed rising from 155 in April 2018 to 450 in March 2019 across the Trust. This growth is displayed in Chart 3.
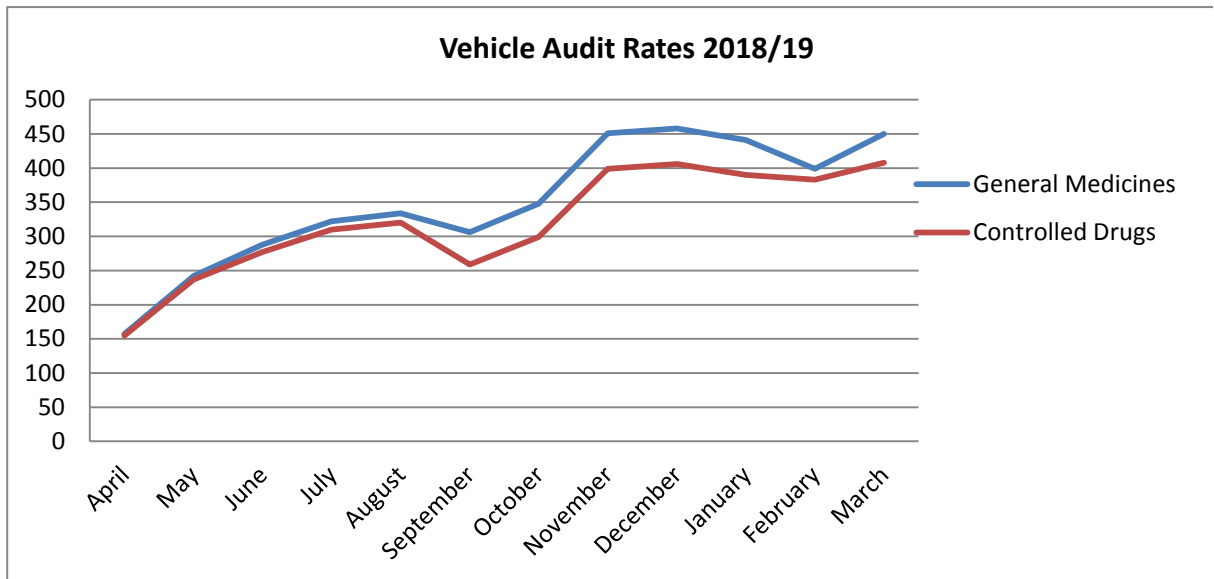
Chart 3: Vehicle audit rates for 2018/19 – data extracted from SNAP

There were 5 general medicines and 6 controlled drugs measures in place for 2018/19;

GM1	All expiry dates of medicine pouches have been documented on the MD03 form within the first 7 days of the month and will remain in date for the remainder of the month. (EXCEPTIONS APPLY)
GM2	At the time of the audit every medicine pouch has a tag attached. (EXCEPTIONS APPLY)
GM3	The yellow tag number on the pouch corresponds to the latest tag number recorded on the M02 (therapeutic pouch) or M03 (BLS pouch) form. (EXCEPTIONS APPLY)
GM4	Each entry on the M04 (fluid form) includes an incident number, PIN and clinician initials. (EXCEPTIONS APPLY)
GM5	All sodium chloride stocks in the fluid warmer have a reduced expiry date in place (i.e. 4 months from being put in the warmer). (EXCEPTIONS APPLY)
CD1	Can you confirm that the controlled drug record book (MD08) and the controlled drug requisition book (MD07) are both present and stored within the LOCKED CD cabinet? (EXCEPTIONS APPLY)
CD2	Are all CD stocks locked in the CD safe at the time of audit? (NO EXCEPTIONS)
CD3	Does the running stock balance in the CD register match the current CD stock on the vehicle? (NO EXCEPTIONS)
CD4	From the date of the last confirmed CD audit, do the last 3 drug administrations have an incident number, the amount administered & wasted, double signatures and the correct remaining balance after every CD administration recorded? (EXCEPTIONS APPLY)
CD5	Over the last seven (7) days (inclusive of today) is there evidence of a signed CD stock / seal check occurring at least once every day? (EXCEPTIONS APPLY)
CD6	Since the last confirmed audit have all CD orders made in the MD07 book been receipted into the MD08 book within a 10 day period? (EXCEPTIONS APPLY)

Results across 2018/19 showed high levels of compliance across most etrics.

GM1: Fluctuated around the 95% standard throughout the year.

GM 2-4: Evidenced consistent compliance above the 95% standard across the year.

GM 5: Shown steady improvement since the start of the year to almost consistently achieving the 95% standard in recent months.

CD 1-4: Evidenced consistent compliance above the 95% standard across the year.

CD 5: Started the year at 72.3% and finished at 84.8%

CD 6: Fluctuated below the 95% standard in the first half of the year but steady improvement has maintained it above the standard.

Charts 4-7 illustrate the compliance across the year for GM1, GM5, CD5 & CD6.
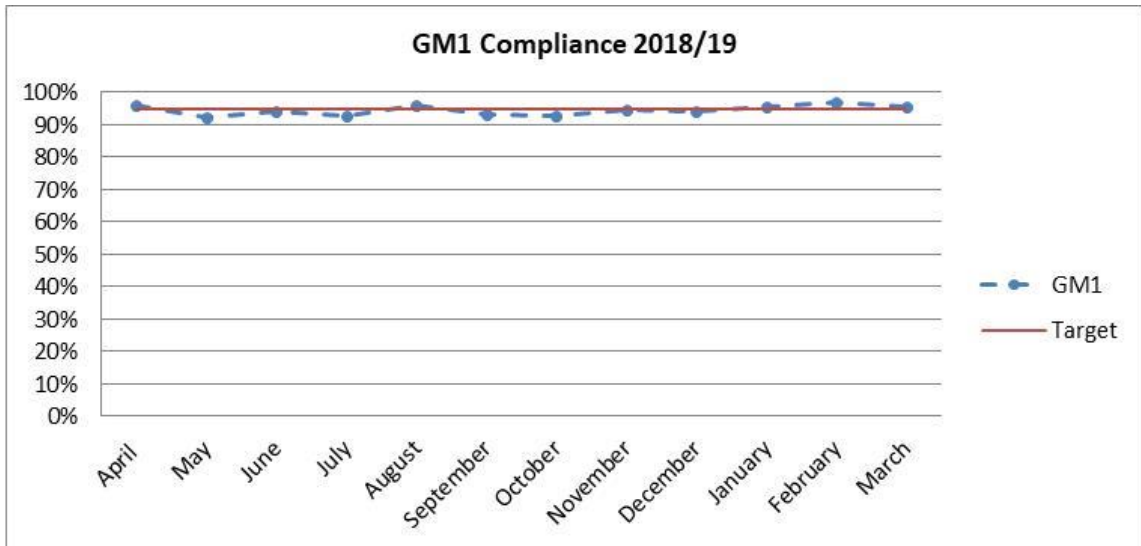
Chart 4: GM1 compliance throughout 2018/19
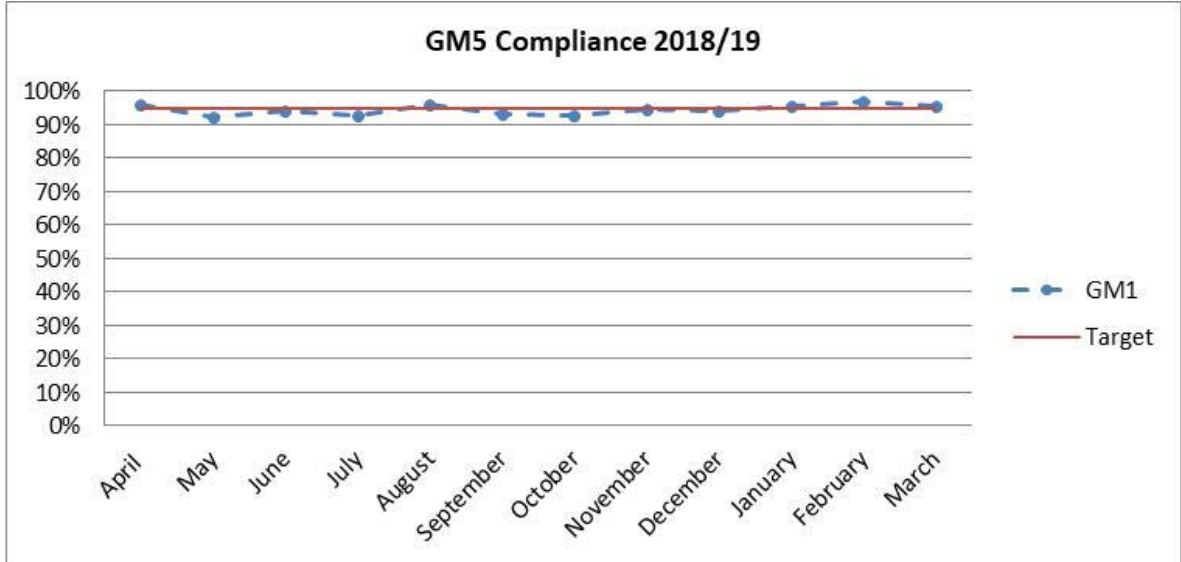
Chart5: GM5 compliance throughout 2018/19
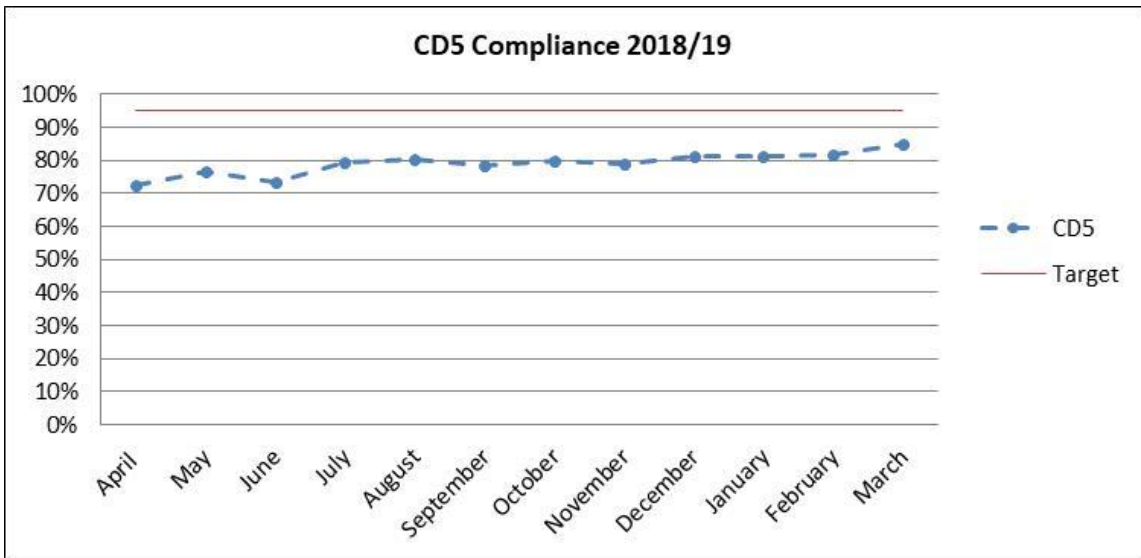
Chart 6: CD5 compliance throughout 2018/19
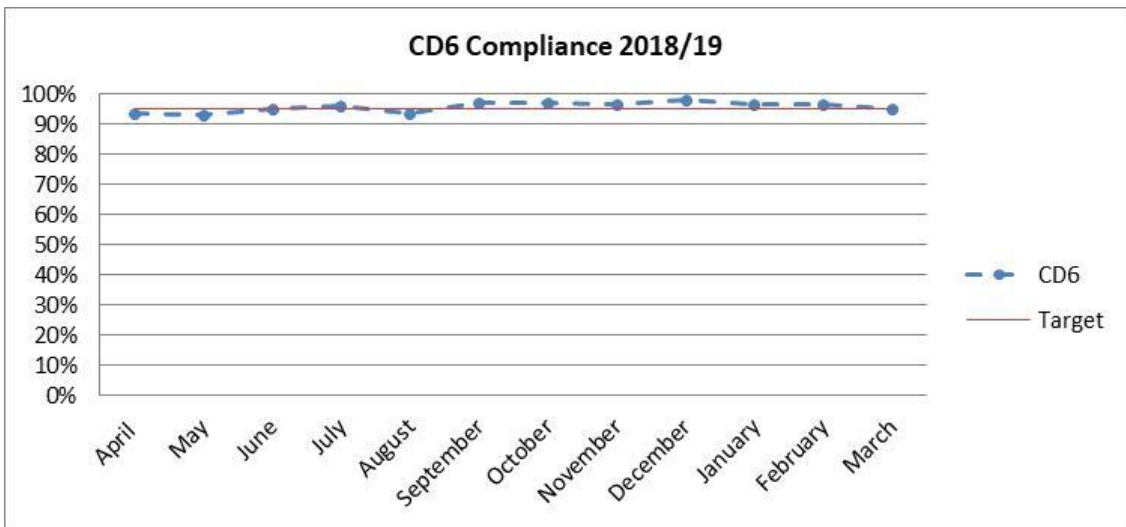
Chart 7: CD6 compliance throughout 2018/19

5. QUALITY IMPROVEMENT 2019/20

5.1 In order to continue making improvements to the medicines management within NWAS it is recommended the following focus areas for 2019/20.

- In order to evolve the medicines supplies within NWAS to more efficient, cost effective and reduce potential medicines waste a review of the procurement and supply of medicines in NWAS should be conducted during 2019/20. This will be in line with the introduction of the Chief Pharmacist position at NWAS to lead on this project.

- New KPIs for medicines will be introduced to align to the Right Care Strategy to include medicines waste, expired medicines and new medicines management quality indicators.

- Introduction of barcode scanning at the medicines supply hub progressing to station level and eventually to the point of patient care using the vehicle GETAC devices and EPRF will aid with the digitisation of medicines across NWAS.

- CD tagging systems implemented across all NWAS sectors is anticipated to reduce incidents involving CD losses, damaged CDs and improve security of controlled drugs.

- Improvements to reduce medication errors will be co-ordinated via the Medicines Effectiveness Group. The introduction of the JRCALC Plus app is also anticipated to provide more timely and up to date medicines information at the point of care to reduce human errors as contributory factors.

6. LEGAL and/or GOVERNANCE IMPLICATIONS

6.1 NWAS must obtain its CD stocks via an approved licensed outlet with a wholesale dealers licence and Home Office licence to supply controlled drugs. NWAS currently has a contract for this supply via 4 approved Lloyds pharmacies located in the North West. NWAS does not supply any third party organisation i.e. North West Air Ambulance with any stocks of controlled drugs as this would be outside the legal parameters for NWAS to do so.

All controlled drugs related incidents are required to be reported to each area Controlled Drug Intelligence Network via NHS England. NWAS is fully compliant with the quarterly reports required for NWAS to submit.

**7.	RECOMMENDATIONS**

7.1	It is recommended the Quality Committee

- Note the content of the report and the achievement of 2018/19 targets against the Right Care Strategy milestones
- Support the monitoring and completion of the MIAA management actions throughout 2019/20
- Accept and support the Quality Improvement initiatives for 2019/20 as described in section 5.1.

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NHS
North West
Ambulance Service
NHS Trust

REPORT

AGENDA ITEM:

Board of Directors	
Date:	24 April 2019
Subject:	**NWAS Pandemic Influenza Plan**
Presented by:	Ged Blezard, Director of Operations
Purpose of Paper:	For Decision
Executive Summary:	This paper seeks approval from the Board of Directors for the latest version of the NWAS Pandemic Influenza Plan following its annual review and revision in line with EPRR Framework stipulations.
Recommendations, decisions or actions sought:	That the Board approves the attached plan and sanctions its internal publication and circulation to external partners.

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

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	**No**
Previously Submitted to:	
Date:	
Outcome:	

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1.   **PURPOSE**

The purpose of this report is to submit the Trust's Pandemic Influenza Plan (hereafter 'The Plan') to the Board of Directors following its full audit and review for 2019, with the intention to seek a recommendation for approval for implementation and wider release. The NHS England Emergency Preparedness, Resilience and Response (EPRR) assurance process for 2019/20 is likely to include the requirement that The Plan is scrutinised via normal Trust processes and ratified by the Board of Directors.

2.   **BACKGROUND**

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

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

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

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

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

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

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

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

4. **RECOMMENDATIONS**

The Board is recommended to:

- To review and approve the Pandemic Influenza Plan.

- Minute its approval to form part of required evidence for the 2019/20 NHS England EPRR Assurance process.

NWAS Pandemic Influenza Plan

NWAS Pandemic Influenza Plan			
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 217

Recommended by	Head of Contingency Planning
Responsible Director / Senior Manager	Director of Operations
Approved by	
Approval Date	
Version Number	9.0
Review Date	
For use by	All Trust Employees and wider NHS Partners

CHANGE RECORD FORM

Version	Date of change	Date of release	Changed by	Reason for change
5.0	10/07/15	23/07/15	G Gunning	Approved by EMT
6.0	28/11/16	28/11/16	G Gunning	Annual review
7.0	22/12/16	22/12/16	G Gunning	Review and changes completed with E Ward
7.5	19/01/18	19/01/18	G Gunning	Annual review and update
8.0	27/01/18	28/01/18	D Winchester	Minor changes and recommendation for approval to EMT – approved at EMT
9.0	17/04/2019		G Gunning	Annual review and update. Minor changes.

NWAS Pandemic Influenza Plan		Page:	2
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

Page 218

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

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

NWAS Pandemic Influenza Plan		Page:	3
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 219

CONTENTS PAGE

NWAS Pandemic Influenza Plan		Page:	4
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

1. AIM AND OBJECTIVES

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

1.2 The objectives of this plan are:

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

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

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

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

   □ Apply respect to all persons – staff, partners and patients – during the planning and decision-making phases through communicating accurate information to staff, partner agencies and the general public and allowing the views of individuals and groups to be expressed without fear of repercussions.
   □ Ensure that a fair and unbiased approach is applied to the planning, response and recovery phases of an influenza pandemic thereby ensuring that each member of staff receives the

NWAS Pandemic Influenza Plan		Page:	5
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

same guidance and protection and that each patient requiring medical assistance will receive a level of care that is commensurate with their condition at that time without detriment to any other person.

☐ Work reciprocally between departments and partner agencies to ensure that NWAS provides the level of care expected and that staff are in a position to provide that care through common aims and objectives.

☐ Minimise harm to staff and to those requiring the services of NWAS through employing sound processes that are based on best practice, up-to-date evidence and emerging guidance thereby reducing any risk to the lowest possible level through the amending of plans and procedures.

☐ Make decisions relating to NWAS provision of services during the planning, response and recovery phases in an open and transparent manner having input from a broad spectrum of suitably qualified and accountable representatives thereby being in a position to qualify those decisions that may result in changes to working practices or a level of patient care that may differ from that provided under normal operating conditions

2. BACKGROUND TO INFLUENZA PANDEMICS.

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

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

☐ They are unpredictable.

☐ They may occur at any time of year.

☐ Once identified abroad, the spread of the virus to the UK may be drastically shorter than seen during previous pandemics due to the increase in foreign travel.

☐ Once established in the UK, the disease is likely to spread rapidly over 2-3 weeks and then gradually decline over the next 4-6 weeks; a second wave of illness may occur 6-9 months later.

☐ Some 20 to 30% of the population, or potentially more, may be affected over a 1-2 year period. This will include children and normally fit young adults.

☐ A far greater proportion of people are likely to require hospitalisation or die than for seasonal flu.

NWAS Pandemic Influenza Plan		Page:	6
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

3. PLANNING ASSUMPTIONS.

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

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

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

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

NWAS Pandemic Influenza Plan		Page:	7
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

3.3 Other issues that may inform NWAS response capability:

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

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

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

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

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

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

NWAS Pandemic Influenza Plan		Page:	8
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

Page 224

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

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

☐ Increased call activity into NHS 111.

☐ Increase in emergency calls into EOC resulting in greater operational demands.

☐ Increased waiting times at Emergency Departments due to the increased activities within the department resulting in delayed reallocation of operational resources.

☐ Increase in the number of inter-hospital transfers.

☐ Compromised access to fuel and consumables due to product demand or supplier business continuity issues resulting in NWAS having a reduced ability to respond to, treat and transport casualties.

☐ Fatigue of staff at all levels due to increased duties should absenteeism escalate to unprecedented levels that result in the maintenance of operational capability requiring excessive overtime. This in itself may result in eventual absenteeism if not controlled and may be more predominant in smaller work groups.

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

5.1   Business Continuity Management Programme

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

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

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

5.2   Demand Management Plan / Surge Escalation Plans.

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

NWAS Pandemic Influenza Plan		Page:	9
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

5.2.2 NWAS will employ its internal mechanisms such as the NWAS Demand Management Plan (NWAS, 2018) to concentrate its attentions on those critical operational areas:

- □ The immediate response to Category 1 and Category 2 calls – life-threatening conditions and emergency calls.
- □ The response to Category 3 (urgent) and Category 4 (less urgent) calls will be maintained where possible although this may not be an immediate paramedic response.
- □ The planned transportation of critical patients – renal dialysis, oncology etc.
- □ Rapid discharge of patients from hospital wards thereby freeing capacity within the hospitals.

5.2.3 All hospitals will employ arrangements to expand their capacity and mitigate the expected increase in demand for their services in line with Surge Management Plans (DH, 2009). This may include the cancellation of non-essential activities including elective surgery, outpatients' clinics and in-hospital day care which may reduce the routine transport requirements placed on NWAS thereby allowing the supporting of more critical transport / response needs. The invoking of hospital surge management arrangements will be decided locally by the Acute Hospitals through agreement with NHS England. All changes will be relayed to NWAS so as to allow changes to the NWAS response arrangements.

5.2.4 NWAS will increase its capacity to maintain its critical functions through the reducing of non-essential activity thereby releasing staff and vehicles to more critical requirements. Although the cancellations of non-essential transport will release resources from both NWAS and the care providers thereby enabling redeployment to undertake other essential duties, this must be considered in liaison with the local CCGs and / or NHS England. The increased capacity actions are identified in the NWAS Demand Management Plan and the NWAS Resource Escalation Action Plan - REAP (NWAS, 2018).

5.3 Mutual Aid / Private and Voluntary Ambulance Service support.

5.3.1 NWAS has a number of arrangements in place to support its response capability in respect of co-responding and transportation of patients. Due to the level of challenge anticipated from pandemic influenza, those arrangements may not be readily available and should therefore be considered although not relied upon during any response. Support under these arrangements will be requested through the normal channels.

5.4 Staff Absence, Redeployment and Flexible Working.

5.4.1 NWAS will activate a dedicated flu-related absence system to record and monitor sickness and carer related absence across the Trust. On being informed that a member of staff has reported absent, the Human Resources Department will record all details so as to be able to provide real-time data that can advise on specific areas impact that may require addressing to ensure critical functions are where possible maintained.

5.4.2 Staff redeployment and flexible working practices across all levels of the Trust may result in additional numbers of staff being available to support the critical functions of the Trust. Although the majority of planned transport is undertaken by Patient Transport Service, where surplus to their normal role, Patient Transport Service staff can support the Paramedic Emergency Service

NWAS Pandemic Influenza Plan		Page:	10
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

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

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

5.5 Staff Welfare.

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

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

5.5.3 It is a health and safety requirement[1] for an employee to take reasonable care for his / her own health and safety and that of others who may be affected by any actions or omissions by that individual. Therefore those who suspect that they are infected with any virus that may pose a threat of transmission to others must refrain from attending work, thereby providing some degree of protection against the spread of the virus to other staff members.

5.6 Antiviral medication / vaccination.

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

5.6.2 During an influenza pandemic, The National Pandemic Flu Service will be established by the Department of Health[2] so that people, on meeting the following criteria, can receive antiviral medication direct from an Antiviral Collection Point thereby reducing the demand on health providers:

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

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

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1 Health & Safety at Work Act 1974, Part 1, Paragraph7

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

NWAS Pandemic Influenza Plan		Page:	11
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

5.7   Infection Prevention Control (IPC).

5.7.1   NWAS has arrangements in place in respect of infection control (NWAS, 2017) and the management of communicable diseases (NWAS, 2016). Both documents, located on the Trust Intranet, provide guidance to staff at all levels in respect of the means of general infection control procedures and the management of communicable diseases including pandemic influenza and should be read in conjunction with this document.

5.7.2   Under Health and Safety legislation employers are obliged to provide that level of PPE as is reasonably practicable to mitigate any actual or suspected risk. The employee is also obliged to utilise that equipment provided.

5.7.3   With regards to pandemic influenza, standard infection control guidelines employed by NWAS must be adhered to at all times. Additionally, the use of PPE is promoted by Department of Health / Public Health England guidance (DH, 2010) when managing any patient with symptoms of influenza with an emphasis being placed on the following:

  □ To protect from contact with respiratory secretions, an apron, gloves and a fluid repellent facemask should be worn for close patient contact.
  □ The use of barrier masks by known or suspected infected people (to reduce droplet spread) and by those in contact with infected people (within 1 metre) must be encouraged.
  □ An assessment must be made in respect of the likelihood of eye splashing and, where this is found to be likely, eye protection should be worn.

5.7.4   Where staff are <u>undertaking</u> an aerosol generation procedures such as nebulisation, cardiopulmonary resuscitation, the insertion of laryngeal masks or intubation the use of respirators to EN149:2001 FFP3[3] level and eye protection must be seen as standard practice as these procedures have been associated with a significant increase in the risk of disease transmission (DH, 2010) (World Health Organisation, 2007). Fit-testing of FFP3 respirators is enabled through the NWAS Communicable Disease Policy (NWAS, 2016, p. 14)

5.8   Segregation of staff groups / access restrictions.

5.8.1   Transmission of any virus is always accelerated where people work in confined areas and in close proximity. In order to safeguard staff groups that provide critical functions, access to critical areas such as Emergency Operations Centres and Fleet Workshops will be restricted so as to reduce the potential for cross-infection.

5.8.2   All air-conditioning / air-circulating systems serving multiple areas within NWAS establishments should be assessed and, where deemed to be an unacceptable risk, must be discontinued thereby reducing the potential for the spread of the virus between areas.

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

NWAS Pandemic Influenza Plan		Page:	12
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

5.8.3 Consideration must be given to replacing face-to-face meetings with virtual meetings utilising telephone or video conferencing.

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

5.9 Additional considerations for reducing the spread of infection.

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

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

5.10 Communications and Media Strategy

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

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

6. PATIENT TREATMENT PATHWAYS

6.1. Triage and Treatment at point of contact.

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

6.1.2. Non-life-threatening calls directed to NWAS EOC, either through NHS 111 as an automatic transfer or from members of the public via 999 will be triaged by the Clinical Hub who will

NWAS Pandemic Influenza Plan		Page:	13
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

provide callers with alternate options available within the Directory of Services (DOS) in order to reduce the impacts on NWAS so as to enable it to respond to more serious calls. Further advice will be provided to the caller such as direction to the National Pandemic Flu Service (NPFS) rather than deploying operational resources should AMPDS Card 36[4] be activated.

6.1.3. Where required, to relieve pressures on NWAS and partner agencies within the local health economies, Assessment Tools[5] will be invoked to ensure appropriate treatment / patient care pathways will be employed by the responding crew (**see and treat**) ensuring only those with a specific need will be transferred to an Emergency Department. This will be in accordance with guidance from the NWAS Medical Director and from the Department of Health / Public Health England.

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

6.2. Managing increased numbers of deaths in the community.

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

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

7. COMMAND & CONTROL AND SPECIFIC ROLES AND RESPONSIBILITIES

7.1. Command and Control

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

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[4] AMPDS Card 36 has been developed to provide a triage system to ensure that appropriate levels of patient care are provided during the Surge Period of an Influenza Pandemic.
[5] Assessment Tools have been developed as part of the Swine Flu Clinical Package (DH 2009) and may be considered for use during periods of high demand.

NWAS Pandemic Influenza Plan		Page:	14
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

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

7.2. The NWAS Executive Management Team (EMT)

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

7.3. The Director of Operations

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

7.4. The NWAS Pandemic Influenza Coordination Group (PICG)

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

7.5. The Medical Director

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

NWAS Pandemic Influenza Plan		Page:	15
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

7.6.   The NWAS Infection Control Team / Clinical Safety Team

- □ Will provide guidance with regards to infection control matters, in accordance with the NWAS Infection Control (NWAS, 2017) and Communicable Diseases policies (NWAS, 2016), so as to minimise the spread of the influenza virus and thereby minimise the disruptive challenge on the functions of NWAS. Membership of the Infection Control Team is identified within the Communicable Diseases Policy.
- □ Will seek and provide guidance to ensure relevant actions are taken to deliver and support the Trusts response and recovery processes.
- □ Will provide assurance to the NWAS Pandemic Influenza Coordination Group in respect of IPC arrangements across the Trust.

7.7.   The Head of Contingency Planning

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

7.8.   The Executive Directors

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

7.9.   The Area Heads Service (Paramedic Emergency Service)

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

NWAS Pandemic Influenza Plan		Page:	16
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

Page 232

7.10.   The Sector Managers / Operations Managers

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

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

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

7.12.   NHS 111 Staff / NWAS EOC Staff / Operational Staff

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

7.13.   All staff (General)

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

NWAS Pandemic Influenza Plan		Page:	17
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

□ Will adhere to the NWAS Infection Control and the Communicable Diseases policies at all times.

□ Will identify any actual or suspected illness or stress-related illness to themselves or work colleagues that may cause subsequent compromise to the ability of NWAS to maintain its functions – administrative or operational.

7.14. The Resilience Team

□ Will liaise, at local, and regional levels, with NHS England (Local and Regional EPRR Leads) and Public Health England Health Emergency Planning Advisor and with the emergency planning / business continuity leads of other NHS agencies in the planning for a response to mitigate any challenge associated with pandemic influenza.

□ Will be the primary point of contact with the emergency planning leads of external agencies (non-NHS) with regards to the implementation of those contingencies contained within this plan and any subsequent actions that may be taken on a dynamic basis.

□ Will support all areas of NWAS with regards to Business Continuity and Emergency Preparedness matters associated to the mitigation of any challenge associated to the pandemic influenza virus.

7.15. The Communications Department

□ Will liaise with the communications / media leads for NHS England, the Clinical Commissioning Groups (CCGs), Public Health England and other NHS agencies with regards to the release of information in relation to the activities of NWAS that may impinge on their specific area of responsibility.

□ Will liaise with local and regional media contacts through normal channels to provide timely information thereby mitigating any challenge on the control room and operational capability of NWAS.

□ Will support officers at all levels within NWAS with regards to any requests for interviews etc. by the media.

□ Will, through the provision of Information Bulletins and other communications medium available, disseminate up-to-date guidance to staff at all levels as provided through Department of Health, Public Health England or produced internally.

□ Will provide regular updates to internal stakeholders on developments across NWAS in terms of capacity, staff welfare, key messages etc. through established communications mechanisms.

7.16. The Occupational Health Providers

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

7.17. Staff-side Representatives

□ Will be active partners in the promoting of those arrangements contained within this plan.

□ Will seek support and advice for those members of staff that have concerns with regards to the influenza virus through their offices.

NWAS Pandemic Influenza Plan		Page:	18
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

8. INTER-AGENCY LIAISON AND REPRESENTATION

8.1. Inter-agency liaison is essential at all levels to ensure those arrangements agreed during the planning phase can be implemented in a timely manner so as to mitigate any challenge on the essential functions of all partner agencies – see Appendix 2.

8.2. Department for Communities and Local Government – Resilience and Emergencies Division

8.2.1. The Department for Communities and Local Government – Resilience and Emergencies Division (MHCLG – RED) will act as a conduit between the "local" response and Central Government in respect of civil protection matters.

8.2.2. MHCLG – RED will, where appropriate, provide an attendance at the local resilience forum so as to:

- □ Ensure a coordinated response where a number of Local Resilience Forum Strategic Co-ordination Groups are established.
- □ Establish and maintain immediate lines of communication with the Lead Government Department
- □ Maintain a strategic understanding of the incident across the region.
- □ Assist in the dealing of issues that cannot be resolved locally.
- □ Facilitate mutual aid across the region and external to it.

8.3. Strategic Co-ordination Group (SCG).

8.3.1. Within the NWAS area there are five Local Resilience Fora, each with a responsibility under the Civil Contingencies Act 2004 for civil protection within their Police boundary communities. It is therefore conceivable that NWAS will be requested to be part of a Strategic Coordination Group within each of the county areas covered by NWAS. The role of the Strategic Coordination Group (SCG) is to enable a coordinated strategic level response across the health related and non-health related agencies.

8.3.2. Representation to the LRF SCG will be by the Area Head of Service Delivery in whose area the SCG is convened. Out-of-hours representation at the LRF SCG will be by the Area On-call Strategic Commander. Where demands on the Trust dictates, this could be through remote attendance (teleconference etc).

8.4. NHS England / Local Health Resilience Partnership (LHRP).

8.4.1. A Local Health Resilience Partnership (LHRP) is the strategic forum for joint planning for emergencies within the health system. Being coterminous with the Local Resilience Forum, the LHRP supports the health sector contribution to multi-agency planning.

8.4.2. Representation at the LHRP will be by the Area Head of Service Delivery or deputy.

NWAS Pandemic Influenza Plan		Page:	19
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

8.4.3. NHS England regional and local offices will coordinate the NHS response through the LHRP and will therefore be the primary conduit between NWAS and the wider health agency partners including the Department of Health.

8.4.4. NWAS will provide NHS England with a SITREP in regards of capacity and impact in accordance with the "Battle Rhythm" established by DH. This will be collated and disseminated to NHS England from the NWAS ROCC.

8.5. The Clinical Commissioning Groups (CCGs) and Local Healthcare Providers

8.5.1. The Clinical Commissioning Groups are responsible for the commissioning of primary / community care. Liaison with the CCGs by NWAS with regards to planning for pandemic influenza will generally be through NHS England thereby ensuring consistency.

8.5.2. NWAS will support individual CCGs and NHS Trusts locally during the response phase where capacity within the Operational Management Team permits.

8.5.3. NWAS will support the Acute Hospitals (Emergency Departments) in accordance with REAP arrangements. Representation at the Emergency Department will be from within the Operational Management Team.

9. EXERCISING THE PLAN

9.1. NWAS is committed to the participation in local, regional and national exercises such as Exercise Winter Willow and Exercise Cygnus, in accordance with the requirements of the Civil Contingencies Act 2004 as stated within NHS England Emergency Preparedness, Resilience and Response Framework (NHS England, 2015, p. 24) specifically relating to the inter-agency response to a disruptive challenge associated to pandemic influenza. Any areas of learning from such exercises will, where appropriate, be incorporated into this plan and NWAS Business Continuity arrangements.

9.2. Emergency Preparedness training and exercise programmes take into account annual BCM arrangements involving loss of staff and access to resources. Training and exercise events range from those aimed internally at Trust Board level and throughout the Trust to those involving the wider NHS where appropriate.

9.3. Additionally, those arrangements to ensure business continuity during any disruptive challenge to the individual functions or departments are tested on a regular basis as prescribed in the NWAS Business Continuity Management Programme.

10. INVOCATION, ESCALATION AND THE RETURN TO NORMALITY

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

NWAS Pandemic Influenza Plan		Page:	20
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

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

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

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

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

10.3. Invocation and Escalation of NWAS Pandemic Influenza Plan

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

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

10.3.3. Escalation of this plan will be:

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

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

NWAS Pandemic Influenza Plan		Page:	21
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

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

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

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

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

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

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

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

11. NWAS CONTINGENCIES AND RESPONSE ACTION PLAN

11.1. The development of arrangements to mitigate the challenge on the critical functions of NWAS and its health partners reflects the latest guidance as issued by the World Health Organisation, the Department of Health and the Public Health England.

11.2. All contingencies developed to mitigate any challenge associated to influenza pandemic – internally and jointly with partner agencies – will be continually assessed against any emerging guidance so that NWAS can provide a timely response to the said challenge.

11.3. The Response Phase-specific action cards (Section 14) identify those actions to be undertaken or considered in the response to a challenge on the functions of the Trust and supplement the Trust escalation arrangements and specific business continuity arrangements.

NWAS Pandemic Influenza Plan		Page:	22
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

12. GLOSSARY

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

NWAS Pandemic Influenza Plan		Page:	23
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

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NWAS Pandemic Influenza Plan		Page:	24
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

Page 240

14. ACTION CARDS

The following Action Cards have been provided as an aid for NWAS Commanders to use during an Influenza Pandemic. Whilst considering each action, Commanders will follow the agreed NWAS doctrine for decision making as shown in the Joint Decision Model (JDM).
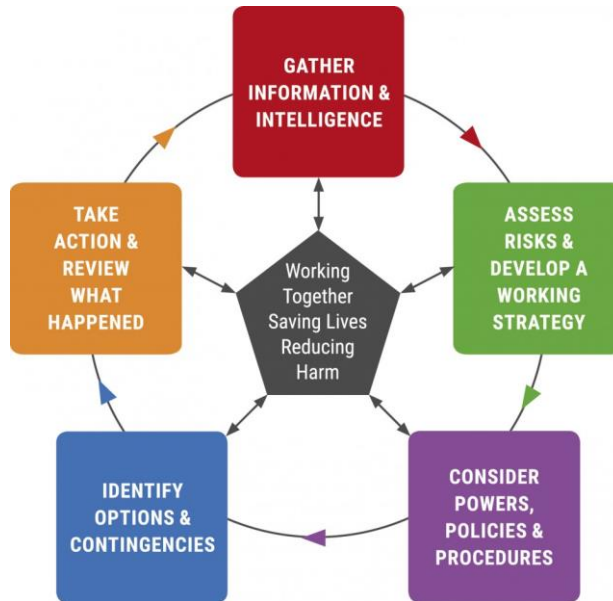
The Joint Decision Model (JESIP, 2018)

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

NWAS Pandemic Influenza Plan		Page:	25
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

UK INITIAL RESPONSE – DETECTION and ASSESSMENT PHASES

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

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

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

NWAS Pandemic Influenza Plan		Page:	26
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

Page 242

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

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

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

Action required	Responsibility
Monitor and manage stock levels of those consumables associated to respiratory condition management so as to maintain the appropriate level of patient care for those suffering the effects of the virus and other respiratory compromise.	PES Sector Management Team
Monitor and manage stock levels of Respiratory PPE to a level that would allow the sustained provision of care to all patients should stocks become compromised due to production or delivery problems.	PES Sector Management Team
Liaise with multi-agency partners (health and non-health agencies) with regards to resilience issues.	Resilience Team
Manage all patients employing appropriate universal infection control precautions in line with level of training received.	PES / PTS / CFRs
Following the transport or treatment of an actual or suspected case of pandemic influenza:- » All disposable bedding / clinical waste used must be disposed of as per clinical waste disposal guidelines. » All internal surfaces within the vehicle must be cleaned using general purpose detergent as per guidelines.	PES / PTS operational staff

NWAS Pandemic Influenza Plan		Page:	27
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 243

UK RESPONSE – TREATMENT PHASE

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

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

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

NWAS Pandemic Influenza Plan		Page:	28
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

Page 244

Corporate Level Actions - UK Response – Treatment Phase: -

Action required	Responsibility
IF RESPONSE COMMENCES AT TREATMENT PHASE, ENSURE ALL ACTIONS FROM DETECTION / ASSESSMENT ACTION CARD HAVE BEEN UNDERTAKEN	
Convene NWAS Pandemic Influenza Coordination Group	Director of Operations
Where requested, represent NWAS at MHCLG-RED	Director of Operations
Convene Infection Control Team in accordance with NWAS Communicable Diseases Policy	Pandemic Influenza Coordination Group
Minimise the potential for the spread of infection by: □ Restricting access to areas holding critical staff groups e.g. Fleet, Control etc. □ Considering the cancelling of non-essential training / meetings □ Shutting down non-HEPA filtered air-conditioning / air-circulating units serving multiple areas	Pandemic Influenza Coordination Group
Consider the suspension of deploying co-responders to cases potentially associated with pandemic influenza where safe systems of work cannot be assured i.e. provision and use of appropriate PPE	Pandemic Influenza Coordination Group
Ensure all Area / Sector Actions associated to this response level have been undertaken	Pandemic Influenza Coordination Group
Provide NHS England / DH with SITREPs as required.	ROCC (on-going action)

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

NWAS Pandemic Influenza Plan		Page:	29
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 245

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

Action required	Responsibility
Where requested, represent NWAS at the LRF SCG	Area Head of Service Delivery
Where requested, represent NWAS at the LHRP	Area Head of Service Delivery
Where requested, represent NWAS at the CCG pandemic management groups in respect of a county response to any potential challenge.	PES Sector Management Team
Manage staff levels as appropriate. Utilise mutual aid and voluntary ambulance agencies as available.	PES / PTS Sector Management Team
Ensure that all staff have access to appropriate levels of enhanced PPE – FFP3 masks etc. – on all vehicles so as to provide effective protection against the influenza virus whilst undertaking aerosol-generating interventions.	PES Sector Management Team
Manage all pandemic influenza patients with universal infection control precautions with particular attention being placed on the utilization of appropriate PPE and the provision of clean vehicles and equipment to slow the spread of infection when dealing with an actual or suspected pandemic influenza case. **Utilise enhanced levels of PPE – FFP3 masks etc. – <u>only</u> where required in line with national guidance.**	PES operational staff
Following the transport or treatment of an actual or suspected case of pandemic influenza:- » All disposable bedding / clinical waste used must be disposed of as per clinical waste disposal guidelines. » All internal surfaces within the vehicle must be cleaned using general purpose detergent as per guidelines.	PES / PTS operational staff

NWAS Pandemic Influenza Plan		Page:	30
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

Page 246

OFFICIAL

UK RESPONSE – ESCALATION PHASE

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

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

NWAS Pandemic Influenza Plan		Page:	31
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 247

Corporate Level Actions - UK Response– Escalation Phase: -

Action required	Responsibility
IN ADDITION TO THOSE ACTIONS IDENTIFIED AT TREATMENT PHASE, THE FOLLOWING ACTIONS MUST BE UNDERTAKEN	
Consider request to DH to suspend national response times reporting requirements for NWAS	Director of Operations
Consider measures to increase operational capacity to the required level through the implementation of the following: □ Cancelling non-essential training □ Cancelling non-essential journeys □ Cancelling non-statutory attendance at sporting events etc. □ Cancelling annual leave	Pandemic Influenza Coordination Group
Consider the release of NWAS staff (surplus to NWAS immediate requirements) to assist health partners in primary and social care commensurate with existing skills and training	Pandemic Influenza Coordination Group
Ensure all Area / Sector Actions associated to this response level have been undertaken	Pandemic Influenza Coordination Group
Identify any admission / exclusion criteria for Acute Trust hospitals and relay to all staff on a daily basis	Medical Director

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

NWAS Pandemic Influenza Plan		Page:	32
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 248

Area / Sector Level Actions – UK Response Phase – Escalation

Action required	Responsibility
Where requested, represent NWAS at the LRF SCG	Area Head of Service Delivery
Where requested, represent NWAS at the LHRP	Area Head of Service Delivery
Where required seek to suspend non-essential transport on a local basis in association with external Health Agencies.	Area Head of Service Delivery
Monitor staff levels and welfare. Utilise mutual aid and voluntary ambulance agencies as available.	Area Head of Service Delivery
Redeploy staff as appropriate to skill level and NWAS priorities.	Area Head of Service Delivery
Where requested, represent NWAS at the CCG pandemic management groups in respect of a county response to any potential challenge.	PES Sector Management Team
Maintain higher levels of **all** consumables and equipment so as to maintain effective patient care throughout period of challenge.	PES / PTS Sector Management Team
Ensure that all staff have access to appropriate levels of enhanced PPE – FFP3 masks etc. – on all vehicles so as to provide effective protection against the influenza virus whilst undertaking aerosol-generating interventions.	PES Sector Management Team
Manage all pandemic influenza patients with universal infection control precautions with particular attention being placed on the utilization of appropriate PPE and the provision of clean vehicles and equipment to slow the spread of infection when dealing with an actual or suspected pandemic influenza case. **Utilise enhanced levels of PPE – FFP3 masks etc. – <u>only where required in line with national guidance.</u>**	PES operational staff
Assess all patients using agreed admission / exclusion criteria and direct patients to the most appropriate treatment centre – Emergency Department, Influenza Treatment Centre etc. – **as determined locally**. Those patients displaying flu-like-symptoms not requiring hospital treatment should be directed to the National Pandemic Flu Service in order to receive anti-viral medication.	PES operational staff
Following the transport or treatment of an actual or suspected case of pandemic influenza:- » All disposable bedding / clinical waste used must be disposed of as per clinical waste disposal guidelines. » All internal surfaces within the vehicle must be cleaned using general purpose detergent as per guidelines.	PES / PTS operational staff

NWAS Pandemic Influenza Plan		Page:	33
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 249

UK RESPONSE – RECOVERY PHASE

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

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

NWAS Pandemic Influenza Plan		Page:	34
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL

Page 250

ACTIONS REQUIRED AT THE END OF A PANDEMIC WAVE

Corporate Level Actions: -

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

Area / Sector Level Actions: -

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

NWAS Pandemic Influenza Plan		Page:	35
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 251

ACTIONS REQUIRED AT THE END OF THE PANDEMIC

Corporate Level Actions: -

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

NWAS Pandemic Influenza Plan		Page:	36
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 252

APPENDIX 1 – NORTH WEST POPULATION & DEMOGRAPHY.
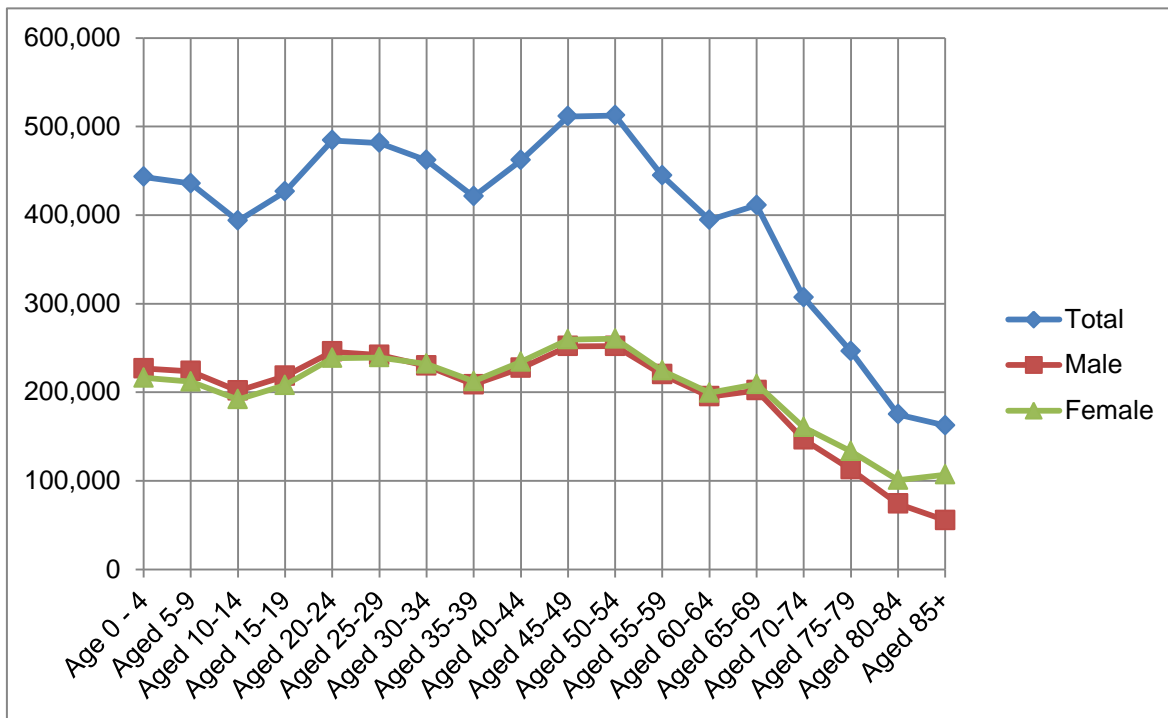
Although the overall population within the North West is consistent with national trends, differences exist within the geographic areas due to a number of reasons such as locations with centres of higher education whereby younger people are in greater numbers.

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

NWAS Pandemic Influenza Plan		Page:	37
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

APPENDIX 2 – NWAS REPORTING / LIAISON PATHWAYS
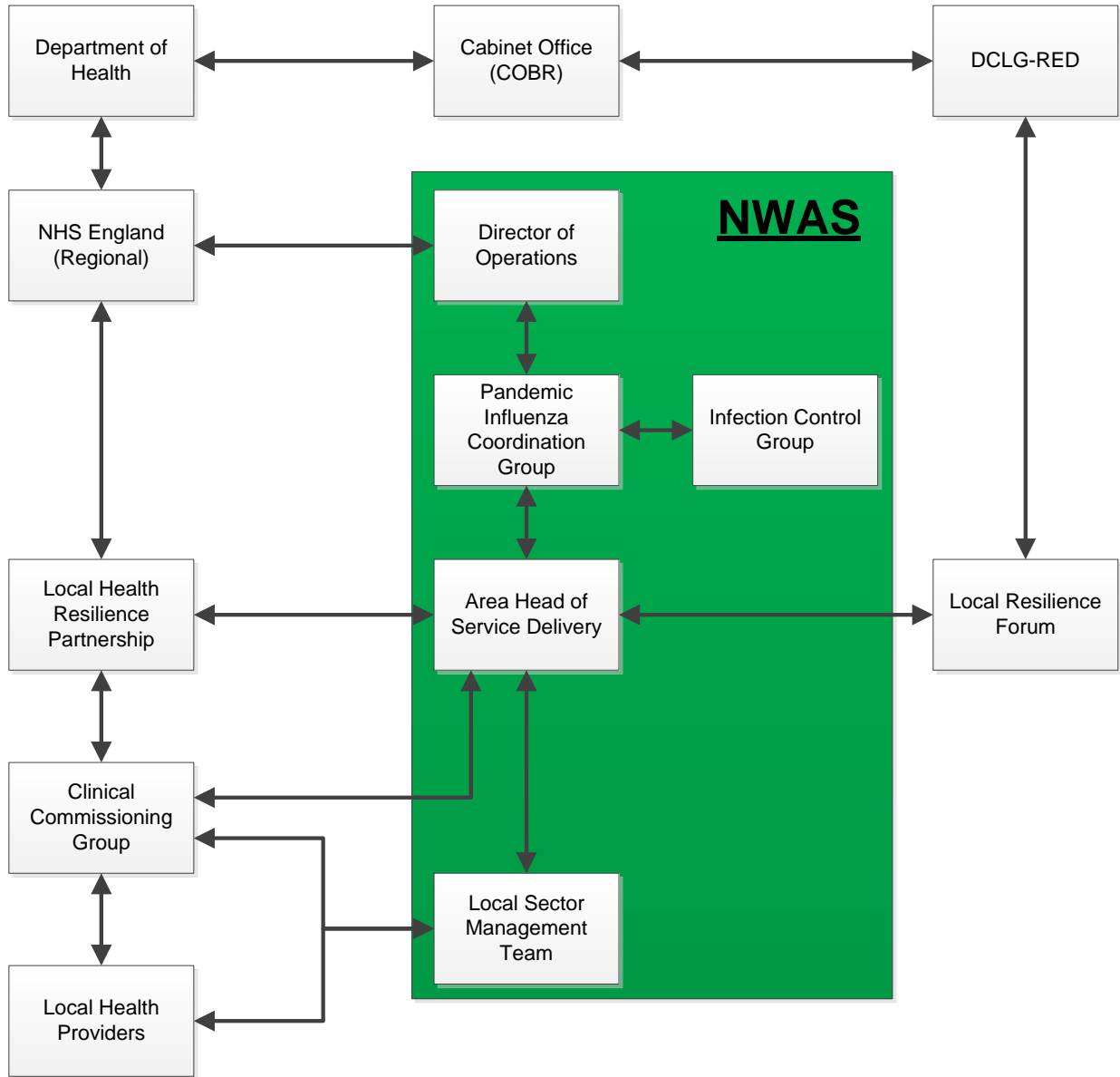
NWAS Pandemic Influenza Plan		Page:	38
Author:	NWAS Resilience Team	Version:	9.0
Date of Approval:		Status:	DRAFT
Date of issue:		Date of Review:	

OFFICIAL
Page 254

NHS
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Ambulance Service
NHS Trust

REPORT

AGENDA ITEM:

Board of Directors	
Date:	29th May 2019
Subject:	Equality, Diversity and Inclusion Annual Report
Presented by:	Lisa Ward, Interim Director of Organisational Development
Purpose of Paper:	For Decision
Executive Summary:	The Equality, Diversity and Inclusion Annual Report provides the Board and the public with an overview of the work undertaken over the last 12 months in support of the equality, diversity and inclusion agenda. The report assists the Trust in being able to meet its statutory duties under the Public Sector Equality Duty by helping to demonstrate compliance. The report provides an overview of work which has contributed to the general duties including our work around recruitment, training and community/patient engagement. It also provides an overview of our compliance with the specific duties including our employment monitoring data and progress against the Trust equality objectives.
Recommendations, decisions or actions sought:	The Board of Directors is recommended to: • Receive assurance on progress around the equality, diversity and inclusion agenda • Approve publication of the report on the Trust website

Link to Strategic Goals:

Right Care	☐	**Right Time**	☐
Right Place	☐	**Every Time**	☒

Link to Board Assurance Framework (Strategic Risks):

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

Are there any Equality Related Impacts:	The EDI Annual Report supports the Trust to demonstrate its compliance with the Public Sector Equality Duty and outlines its work both in respect of employment and patient engagement to promote improved diversity and experience.

Previously Submitted to:	
Date:	
Outcome:	

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1. PURPOSE

1.1 The purpose of this report is to present the Annual Equality, Diversity and Inclusion Report 2018-2019 to the Board of Directors and seek approval for publication.

2. BACKGROUND

2.1 The Public Sector Equality Duty, which arises from the 2010 Equality Act, imposes requirements on public sector organisations. The General Duty requires public sector organisations to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

2.2 There are also specific duties relating to the publication of information, demonstrating compliance with the Duty and the publication of equality objectives.

2.3 In previous years we have demonstrated compliance with the duty through the publication of individual reports and data sets on our website, including employment and recruitment monitoring information, WRES data and actions plans, Equality Delivery System (EDS) data and our equality objectives. The Annual Equality, Diversity and Inclusion Report provides a single document where we can set out all the relevant data but also celebrate the significant work done across our directorates to improve equality, diversity and inclusion. The report presented to Board is the second Equality, Diversity and Inclusion Annual Report and covers activities during 2018/19.

3. SUMMARY OF KEY AREAS

3.1 Much of the information incorporated in the Annual Report has already been shared with Board or Workforce Committee in our regular reporting cycle. This includes much of the information contained within the section covering our Specific Duties such as our WRES position and the EDS outcomes.

3.2 As a result this report aims only to highlight key areas which may not have been shared during the last 12 months.

3.3 General Duties
This section provides an overview of the activities carried out within the trust over the last 12 months which contribute to our delivery of the Public Sector Equality Duty. It captures our work around:
- Patient experience and corresponding community engagement
- Recruitment, including the Driving Diversity video and pre-paramedic degree programme

- Community engagement and widening participation, including Pre-employment programmes and our work with Step into Health
- Training
- Staff networks and forums
- Dignity at work
- Policy Development
- Health and Wellbeing
- Compliments, Membership and Awards
- Working with colleagues – regional, national and trade unions

3.4   Highlights of activities this year include the continuing work around the Paramedic Pre-Degree Programme, which this year included the development of our Driving Diversity video aimed at supporting the attraction of diverse groups to the Trust and our commitment to provide a resource focused on supporting positive action work moving forward. We have also developed Pre-employment programmes with both PTS and EOC aimed at widening participation and enabling hard to reach groups to move into employment, this has complemented our current recruitment work and other Widening Participation activities, such as the Step into Health programme with the armed forces.

3.5   There has also been significant work done to improve staff voice from under-represented groups. We have continued to work with the LGBT network and supported the Ambulance Sector's national LGBT conference in August 2018. We have also provided CPD events for BME staff, launched the Women into Leadership programmes in operations and held a number of forums dedicated to differing groups to ensure that staff can support and influence the Trust's actions moving forward. This is supporting our approach to policy development and is feeding into the work being undertaken to address issues of bullying and harassment, including the development of our new training course 'Is it banter?' which aims to explore and set expectations around acceptable language in the workplace.

3.6   The report also includes an update on the Equality Delivery System framework (EDS2) which captures all Trust activity undertaken to tackle health inequalities and workforce inequalities. An annual update on the Workforce Race Equality Standard (WRES) and Gender Pay Gap is also included.

3.7   Community and Patient Engagement
        The Annual Report also includes a section providing an overview of the public and patient engagement activity undertaken by the Patient Experience, Communications and Organisational Development Teams. Appendix 1 of the report in particular provides a detailed overview of engagement with diverse patient groups and shows the breadth of work being undertaken to seek patient feedback, improve access to services and to promote awareness of our services and employment opportunities. This represents a significant contribution to our general duties to advance equality of opportunity and to foster good relations.

3.8   This section also confirms the feedback provided via patients surveys and our approach to engaging with community and specialist patient groups. Appendix 2 of the report details events which had the specific aim for NWAS of assisting

recruitment into the Trust – whether candidates were ready to start work now, or whether they would consider us in the future.

3.9   Employment Monitoring
        Our employment monitoring data is published annually on the website and includes staff in post analysis as at 31st December 2018, as well as recruitment data for the 12 months prior to this date.

3.10   Detailed analysis is provided in Appendix 3 of the report but overall the data shows some positive progress. Representation in the workforce for key protected characteristics, including gender, disability and sexual orientation, has increased over the last 12 months as a percentage of the workforce which is important in a period of time when the workforce has been growing. As last year, it represents an ongoing trend of steady growth.

3.11   Equality Objectives
        The report provides a brief update on progress against the Equality Objectives set in 2016.

3.12   Progress has been made relating to workforce representation since the objective was set however the percentage of BME staff did dip slightly from end 2017 to end 2018. The overall diversity relating to ethnicity continued to increase, as did female representation. A variety of activities has led to improved staff survey results relating to the experience of bullying and harassment.

3.13   With regards to the other two objectives, work is underway on an electronic patient report form and other technological solutions have been trialled to support effective decision-making by clinicians out in the community. NWAS now employs a Mental Health Lead to support the strategy on dementia and dementia training has been embedded in mandatory training for all staff.

3.14   Priorities for 2018-19
        The final section of the report sets out the priorities for 2018-19 and highlights four key areas of focus:

        - As with the previous report, gender progression into operational leadership positions remain priority.
        - Improving levels of representation in the workforce from BME communities as last time, but also expanding this to include improvements in the staff experience of ethnic minority staff.
        - Development of a network for staff with an interest in disability in the workplace, where staff can learn more about disabilities and work with the Trust to improve the experiences of staff.
        - Violence and Aggression, Harassment and Bullying - a range of activities to improve the experience of staff, including training and promoting routes of support and how to report incidents.

3.15   In addition to these four key areas we will continue our extensive engagement with patients and their representatives in order to continue the cycle of learning and

improving based on patient feedback. Along with focused work on dementia and with other patient groups, this will enable us to continue to develop our services to be responsive to patient needs.

3.16   The work on the WRES and Gender action plans is continuing with meetings twice a quarter. Involvement with colleagues outside the OD Directorate is increasing, which will help drive this work further. Continued engagement with staff through networks will also be a feature of the coming months.

4.   LEGAL and/or GOVERNANCE IMPLICATIONS

4.1   The publication of the Equality, Diversity and Inclusion Annual report will enable us to demonstrate compliance with our statutory duties under the Public Sector Equality Duty Regulations 2011.

5.   RECOMMENDATIONS

5.1   The Board of Directors is recommended to:

- Receive assurance on progress around the equality, diversity and inclusion agenda
- Approve publication of the report on the trust website

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Annual Equality, Diversity and Inclusion Report 2018-2019

CONTENTS

INTRODUCTION

This is the second NWAS Annual Report on Equality, Diversity and Inclusion, which covers the work carried out over the year from April 2018 to March 2019.

This year has seen a varied programme of activity aiming to improve the North West Ambulance Service staff and patient experience and to progress the equality, diversity and inclusion agenda. Policies, initiatives and awards have all contributed to progress.

There is a clear legislative framework supporting Equality, Diversity and Inclusion, as set out in the Equality Act of 2010 and the supporting Public Sector Equality Duty. This report documents our progress against these requirements, including our publication responsibilities and our objectives.

The NHS has also taken steps to ensure that its organisations work to support the development of an inclusive NHS which is fair and accessible for all and has set out further equality standards for organisations to use proactively to improve, in particular the Equality Delivery System and the Workforce Race Equality Standard. NWAS recognises the value of these tools to support assessment of our strengths and weaknesses and to help us to improve and furthermore, seeks to participate in external reviews, to receive feedback on our inclusion work. Preparations are underway for the forthcoming Workforce Disability Equality Standard and the gender pay gap reporting is now an established part of our work.

NWAS respects and values the diversity of our staff, patients, relatives and carers. We are committed to serving our community in ways that are appropriate, accessible, fair and culturally sensitive. We are proactive in promoting equal opportunities through everything we do and among all those people and organisations that we are associated with. This includes the universities we work with, the community groups we visit and those seeking to take their career further with us.

These principles are reflected in our organisational values which mirror the principles of equality and diversity set out in the NHS Constitution. These act as a guide to managers and staff as to the behaviours and values they should display in their engagement with colleagues and delivery of services. We strive to have a workforce that is reflective of the population locally and that all groups within the workforce have the same positive experience of employment here, with regards to pay, career progression and opportunity.

The North West Ambulance Service NHS Trust is committed to providing excellent patient care to all, irrespective of how people access our services. The North West of England is fortunate to be home to a diverse group of peoples, making this part of the country an exciting place to live and to work. We work hard to be accessible and

offer personalised care; we also seek feedback on how the service has performed, to further improve service to patients.

The last twelve months have provided numerous opportunities for NWAS to display these principles. We have gone into schools and colleges, to inspire those who may seek to join us as employees in the future. Our interim Chief Executive opened the National Ambulance LGBT conference in Manchester in August, the day before we celebrated Manchester PRIDE. The Corporate HR Team, and an individual within the team, were recognised by a fellow public sector body for the work that has been carried out supporting inclusion. In addition, we are developing avenues where the voices of diverse staff can be heard more clearly in addition to an annual staff survey, so together we can understand their experience and seek to improve it together.

We work hard to build relationships with partners and communities to ensure visibility of our services and gather valuable feedback to enable us to improve our responses to individual needs.

Moving forward, we want to continue making strides towards being a truly inclusive employer, one that reflects the population within the North West footprint and that values the diversity we have amongst our staff.   Continuous review of how we recruit, how we train and how we show that we value our staff will ensure that our vibrant, passionate, resilient workforce remain that way tomorrow, and into the future.

LISA WARD
Interim Director of Organisational Development

Our Service

North West Ambulance service provides emergency, urgent care and non-emergency services 24 hours a day, 365 days per year to those in need of medical treatment and transport. Our highly skilled staff provide life-saving care and advice to patients in the community.

Our core services are delivered through four distinct service lines. These are:

- **Paramedic Emergency Service (PES)** – This is the best known part of our service dealing with emergency and urgent patients. 999 calls will initially be dealt with through one of our Emergency Operations Centres (EOC) who will answer and assess the call. EOC will then determine the most appropriate response which might be a telephone conversation with a clinician or through sending an appropriate ambulance crew or a solo responder to clinically assess and provide advice, treatment, referral or transport.

- **Patient Transport Service (PTS)** – PTS provides essential transport for non-emergency patients who cannot make their own way to, from or between hospitals, outpatient clinics and other treatment centres or who need regular treatment such as dialysis. Our staff undertake around 1.4m patient journeys a year caring for seriously ill patients across the counties of Greater Manchester, Lancashire, Cumbria and Merseyside

- **111** – The Trust delivers the 111 service for the North West region. This service was introduced to make it easier for people to access local NHS healthcare services in England. It provides non-emergency medical help fast, and is available 24 hours a day, 365 days a year. We triage over 1.6 million calls per year.

- **Resilience** – This team supports the trust in planning its response to significant and major incidents and delivering services associated with the Trust's statutory responsibilities under the Civil Contingencies Act 2004. It also manages our Hazardous Area Responses teams (HART) and Medical Emergency Response Incident Team (MERIT) to ensure that we can respond effectively to any major incident or emergency which requires specialist support.

We have over 6300 staff employed across core and support services, supported by temporary, bank and agency staff. We also have hundreds of volunteers working as Community First Responders and Volunteer Car Drivers.

People We Serve

The area covered by the organisation makes it the second largest ambulance Trust in England. We provide services to a population of 7.5 million people across a

geographical area of approximately 5,400 square miles. This region is punctuated by several cities and towns; other parts of the footprint are sparsely populated and rural with significant distances to hospitals.

The Trust footprint is split into three main areas – Cheshire and Merseyside; Greater Manchester; Cumbria and Lancashire. Strategic capacity and support services are led centrally from the Trust Headquarters in Bolton.

Vision and Values

The Trust *vision* is to be the best ambulance service in the UK. Our strategic goal is to deliver the right care, at the right time, in the right place, every time.

To be the Best Ambulance Service in the UK		
Right Care	**Right Time**	**Right Place**
Right Care Strategy Research and Development Strategy	Urgent and Emergency Care Strategy	Urgent and Emergency Care Strategy
Every Time		
⬅ **Workforce Strategy** ➡		

Our approach is to make sure that clinical decisions are taken early in the patient journey to ensure that no patient is needlessly waiting.

Our values form the foundation of and drive the whole organisation ensuring that we lead by example and create the right culture and conditions for patients to receive the right care.

- Working together for patients

- Compassion

- Improving Lives

- Respect and Dignity

- Everyone counts

- Commitment to Quality of Care

The vision has a clear link to equality in care provision. We want everyone to have personalised care. The more we know about local populations, the better we can care for their local health needs. Knowledge of the population can inform training needs of staff too. The more staff are heard and feel valued, the better the care they can offer. NWAS carries out a range of activities, large and small, to work towards the right care for each individual, every time.

IMPROVING EQUALITY DIVERSITY & INCLUSION

Strategy

In 2018/19 the Trust refreshed its Workforce Strategy to take account of the emerging work on the strategies to support Right Care, Right Time, Right Place, Every Time. The purpose of the strategy is to enable the Trust to deliver on its vision and through the development of the refreshed strategy 'Inclusion' features as a key priority with its core aim to be the development of a diverse workforce representative of our communities, culturally competent and where all are able to reach their potential.

There is a fundamental need to create an inclusive culture where staff feel supported to fulfil their potential, are valued and welcomed for the diversity they bring to their role and feel that the organisation around them reflects the diversity of the communities we serve. This is essential in delivering our values, encouraging innovation and delivering the highest quality of care.

Specific objectives arising from the Workforce Strategy for 2018-2019 focused on:

- *Gender progression into operational leadership positions* – with the view to delivering this through a dual approach of positive action development of women in the workforce and changing our approach to leadership recruitment

- *Improving levels of representation in the workforce from BME communities* – the paramedic pre-degree programme ran for a third year and the positive effect of diversity in recruitment has continued, on considering the WRES metrics for summer 2018

- *Disability Confident Committed (Level 1)* –NWAS obtained Disability Confident Employer (Level 2) status. Work has continued in preparation of the Workforce Disability Equality Standard. Staff voice relating to disability in employment will contribute to driving this work forward.

- *Harassment and Bullying –* working across the Ambulance Sector we intend to improve promotion, understanding and access to support for staff feeling that they have been harassed and bullied, whilst also raising awareness amongst managers both of behaviours and how to support staff through cases.

The General Equality Duty (GED)

The Equality Act 2010 places general duties on public sector bodies and requires them to have "due regard" to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

The General Duty clearly identifies the need to embed equality, diversity and inclusion into decision making at both an organisational and individual level so that we can respond appropriately to the needs of individuals and work to minimise or remove disadvantages experienced by people as a result of their protected characteristic.

How we have met the General Equality Duty in 2018-2019

The following gives some highlights of the key areas of work which have contributed towards the requirements of the GED in 2018-2019.

Patient Experience and Public Engagement

Patient Experience

Patient experience is recognised nationally as a fundamental measure of quality healthcare provision. It is only through active listening, recording feedback and acting on patients' insight that the trust can respond and implement change to reflect patient needs. Our Patient Engagement Team engage with and obtain feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Desk. More than 18,600 patients have provided feedback this year using a range of methods and approaches. See Figure 1 below.

2018 - 2019 PE Programme - Survey Methods Table (01 Apr 2018 - 31 Mar 2019)		Completed Returns	% of Total
Patient Transport Service	(Postal/Telephone)	4,021	21.6%
Patient Transport Service - Scheme	(Postal)	293	1.6%
Patient Transport Service - Health Information and Concern Survey	(Postal)	208	1.1%
Paramedic Emergency Service	(Postal/Telephone)	2,933	15.8%
Clinical Assessment Service	(Postal)	2,078	11.2%
Urgent Care Desk Service	(Postal)	690	3.7%
Urgent Care Practitioners	(Postal)	35	0.2%
NHS 111 Service	(Postal)	2,578	13.9%
PTS FFT	(SMS Text)	3,561	19.1%
PTS FFT	(Post cards)	122	0.7%
PTS FFT	(Postal Surveys)	1,589	8.5%
PES FFT - See and Treat	(SMS Text)	322	1.7%
PES FFT - See and Treat	(Post cards)	78	0.4%
PES FFT - See and Treat	(IVR)	94	0.5%
	TOTAL	18,602	

*Figure 1 - Survey Methods Table - * Please Note: All data as at 31 March 2019*

An extensive patient experience programme was successfully completed during 2018/19. We use a number of methods to elicit feedback including postal surveys,

community engagement activities, focus groups and Friends and Family Test (FFT) comments cards on ambulances. We also offer the opportunity for our patients to provide FFT feedback comments using SMS text messaging and integrated voice recognition via landline phones. Figure 2 below shows a summary of survey response feedback data including FFT by quarter.

Patient Experience Programme Surveys _Postal/Telephone_ _(01 April 2018 - 31 Mar 2019)_	Cared for appropriately with Dignity, Compassion and Respect _(Strongly Agree/Agree)_					Overall Service Received _(Very Good/Fairly Good)_					Recommend Ambulance Service to Friends and Family _(Extremely Likely/Likely)_				
2018 - 2019	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
Patient Transport Service	96.62%	95.97%	95.18%	96.13%	96.01%	97.21%	96.05%	94.58%	96.27%	96.09%	93.95%	92.34%	92.17%	93.74%	92.99%
Paramedic Emergency Service	97.15%	96.70%	96.63%	97.22%	96.84%	97.14%	96.70%	96.29%	98.21%	96.99%	95.00%	96.70%	94.77%	97.42%	96.20%
Urgent Care Desk Service	97.14%	92.43%	93.45%	91.44%	92.40%	88.57%	85.41%	82.53%	81.32%	82.86%	88.57%	89.19%	90.06%	86.77%	88.53%
NHS 111 Service	n/a	n/a	n/a	n/a	n/a	90.00%	90.59%	90.13%	90.31%	90.24%	90.73%	90.23%	89.97%	89.94%	90.21%

Figure 2 - Survey Response Feedback Data Including FFT by Quarter

Feedback received in the last 12 months, shows a general high regard for ambulance services and in particular the care and treatment provided by staff. A high 96.84% of PES patients told us that they were 'treated with dignity, respect, kindness and compassion'. 96.01 % of PTS users stated the same. *'The staff considered how I felt about traveling and reassured me. Got me to the right department and were with me all the time' (PTS).* 92.40% of Urgent Care Desk Services users told us that 'staff were polite, respectful and listened to their concerns'.

Reporting

FFT results are shared via a monthly dashboard with the trust Board of Directors, quarterly in the trust's staff bulletin and via social media channels. Recommendations for service improvements are introduced via 111, PES and PTS learning processes respectively.

Patient stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. Further development of filming skills within the communications and engagement team will support the production of patient stories.

Public and Community Engagement

As well as undertaking quantitative patient surveys, we capture qualitative data at equality and diversity community events and focus groups across the region. Our trust 'Community and Specialist Patient Group Engagement Framework 2014/19' helps us plan our approach and engagement activities as well as inform the trust's annual improvement plans.

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. Pie Chart 1 below shows protected characteristic groups' engagement in 2018/19.
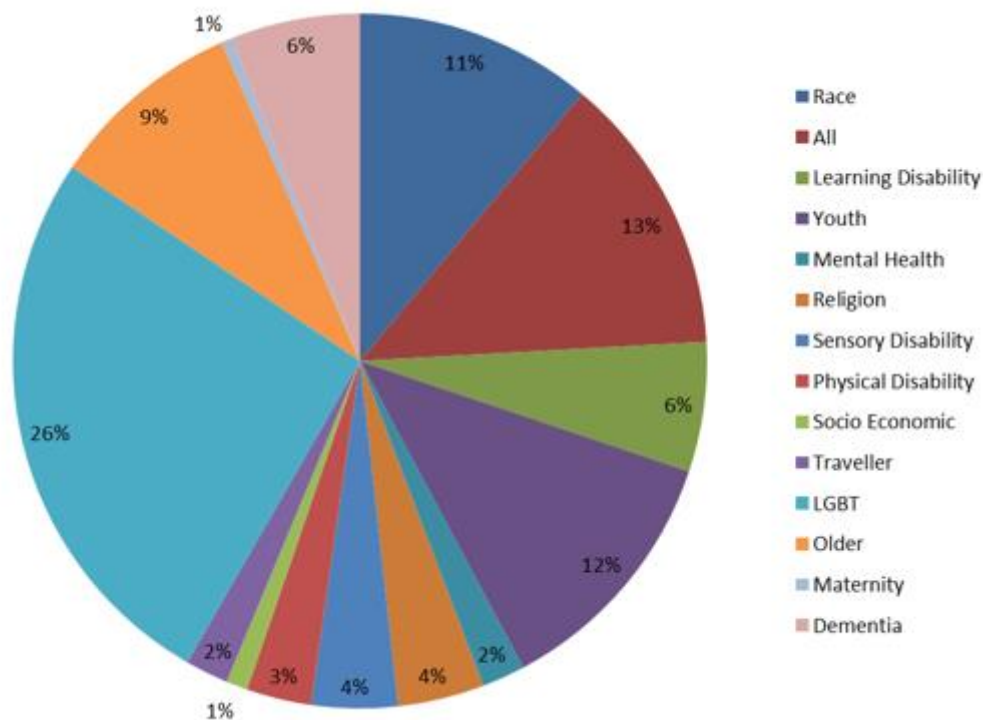
Pie Chart 1 - Protected characteristic groups engaged with during 2018/19

Engagement Activities

Community and specialist patient group engagement activities during 2018/19 have enabled us to:

- Receive advice and feedback from a range of specialist patient groups in relation to improving access to ambulance services.
- Enhance opportunities for many of our staff and managers to attend community events to better understand culturally sensitive ambulance service provision.
- Increase awareness with a range of our communities on our commitment to equality and diversity.
- Understand some of the barriers with employment access for our under-represented groups, e.g. BME groups in operational roles.
- Provide reassurance to a large number of our community and patient groups, that we take community engagement seriously and that all feedback received from engagement activities is valued and will be acted upon.

- Promote partnership working with many of our patient groups including support with ambulance quality improvement co-design, CFR volunteering, and ways to get involved with the trust.
- Develop awareness with a range of communities to meeting ambulance emergency and urgent care health inequalities that potentially exist within these communities e.g. in the areas of stroke, cardiac arrest and diabetes.
- Tackle perceptions associated with ambulance mental health and dementia support.

Examples of some of the feedback received include:

'It was wonderful and they stayed on the phone with me till the vehicle arrived'
(Resuscitation process –Gentleman in group was guided through the process by a call taker. Ainsdale Older Peoples Forum 2018)

'The ambulance came very quickly. The paramedics spoke to him very calmly and reassuringly. He was scared when the police arrived but the paramedics kept him at ease'. (Caritas Care Learning Disability Group 2018)

*'Member of group tells us about her uncle who suffered a cardiac arrest and she performed CPR on him but sadly could not save him. She thought for a long time "Did I do the CPR right?" Facilitator reassures her that there is no wrong way to do it, it is better to try than not at all'. (*Bolton Cardiac Group 2108)

Community and Specialist Patient Group Engagement Aims

The trust's 5 year community and specialist patient group engagement aims are:

1. To engage with a range of communities, specialist patient groups and their champions on 'What to expect from the ambulance service'.
2. To develop understanding of how to access ambulance services with community groups.
3. To use feedback from specialist patient groups to inform service improvement and to share information on the changes which have been made as a result.

Engagement highlights and activities delivered during 2018/19 to support these aims include:

- Engagement activities with diverse communities as detailed in the Community Engagement Activity Plan 2018/19 (Appendix1). The plan identifies a minimum 18 large footfall community group events that have been attended by the trust. Some examples are attendance at 5 Health Melas, Disability Awareness Day, 5 LGBT PRIDE events and Cheadle Mosque Health Fair.

- An update to our community engagement feedback pro-forma to support the capture of patient feedback from equality and diversity specialist community

groups. During 2018/19, we captured feedback from 20 face to face targeted focus group sessions using our patient experience board game.

- 'What Happens When You Dial 999 and 'What to Expect From Ambulance Services' leaflets have been shared at a minimum of 18 community engagement events.

- A range of public health information leaflets were developed following postal survey engagement with PTS patients on topics which increased their ability to self-care and/or access appropriate support and care. The leaflets were made available to patients via our PTS vehicles.

- Easy read and inclusive patient comment cards for distribution on all NWAS ambulance vehicles were co-designed with community groups. Very welcome support was provided by local disability deaf communities to assist this work.

- A mandatory e-learning module was developed in conjunction with a laryngectomy patient group to ensure operational staff learning with PES laryngectomy patient assessments.

Feedback, Learning and Service Improvements

An analysis of the feedback received from patients provides us with focus areas for our annual work programme, themes for learning and the opportunity to make service improvements. Activities during 2018/19 include:

- A PTS public health information review: to develop an understanding of the patient experience as a result of public health literature being made available to PTS patients to enhance their personal self-care and general wellbeing.
- Co-production with community groups of an easy read FFT comment card distributed via trust ambulance vehicles. This gives real time opportunities for all our PES and PTS patients to complete the FFT survey to provide feedback about their experience which helps us to measure patient satisfaction.
- Raising awareness of our services with a number of targeted 'vulnerable' community groups using our popular board game "There's more to your ambulance service than you think". We will establish a review of the board game in 2019/20 take into account the trust's new service delivery models and latest innovations.
- As a result of our attendance at visually impaired forums, board game engagements and from FFT survey feedback, we co-designed a 'NWAS Transportation of Assistance Dogs Policy' with local and National Guide Dogs Associations. The policy is in line with 'The Equality Act 2010' which ensures reasonable adjustment considerations for disabled persons who are reliant on assistance dogs when accessing our services. The policy will be approved for trust wide adoption in 2019.
- Ongoing patient engagement with visual impairment groups to influence the development of a mandatory E–Learning module for trust staff.
- 'Go PTS' information leaflets have been updated to provide patients with more information on our PTS standards and who to contact if they have any concerns.

- Collation of patient experience feedback in relation to the PES transforming patient care work stream, including the NWAS patient care priorities: Sepsis, Frailty, Maternity, Children and Young Persons, Mental Health and End of Life.
- Following feedback and requests from specialist community groups visited in the last year, where possible we will re-engage with them in 2019/20 to provide basic first aid and CPR training. This will increase awareness and skills in basic lifesaving for many groups and individuals that are termed 'hard to reach'.

Recruitment

NWAS has continued to review and refresh recruitment and selection processes to ensure methods are inclusive and remove unnecessary barriers.

The starting part of recruitment is generally the development of the job description and person specification. The guidance relating to the job evaluation process has been reviewed jointly with staff representatives and is due to be approved in early 2019. This revised guidance factors into the process a stage when the job description and person specification is reviewed with the specific aim of ensuring unnecessary barriers are removed. However this step is already being undertaken within the Corporate HR Team, with the approval of the relevant staff side leads, pending the formal sign off of the guidance. Managers are approached and asked why a particular qualification or skill is required. If essential, it remains in the documentation; if not, then it can be removed to increase the pool of eligible candidates.

From a recruitment perspective, NWAS is working hard to ensure that different staff are visible in communities at recruitment events and in the resources we use, rather than the same faces on each brochure! A new recruitment video has been developed, called 'Driving Diversity' and this will be launched externally during April 2019. Staff members from frontline operational roles share why they decided to join the Trust. We have also appeared in a magazine to showcase different careers with a distribution of schools and colleges across the UK. The events we attend are aimed at ensuring diverse and underrepresented groups are made aware of opportunities, some of which are detailed in the Community Engagement and Widening Participation section below.

The paramedic pre-degree programme has continued into a third year, supported by Health Education England. This programme involves community engagement work to seek applications from candidates with the right values and qualifications to study to be a paramedic at university, but who may be lacking operational experience – which can be the difference between a university place or not. The programme offers this operational experience to successful candidates. Working with three partner universities, we are also able to offer all candidates a guaranteed university interview.

The programme is focused on trying to improve university access from under-represented groups. The Trust Recruitment Positive Action Officer ensured the opportunity was advertised widely in diverse communities, using local advertising and posters to host local events. A key part of the Trust strategy with regards to recruitment and widening access is to ensure everyone approaching an NWAS stand is given personalised support, so this was the case, whether they were eligible for the pilot programme or not. This work has contributed to improved levels of representation from BAME communities during the last 12 months.

Candidates recruited to the programme have been offered permanent employment with the Trust as Ambulance Care Assistants. A support package was arranged, including a session with the universities about completing a UCAS form, presentations from a range of clinical staff to showcase the range of career options available for the future and visits to HART and the air ambulance base. Feedback from candidates, some of whom are now employees, has been positive.

The Trust continues to include positive action messages on all its adverts. NWAS is also signed up as a Disability Confident Committed employer, ensuring that we are able to make reasonable adjustments to ensure equity of access to the recruitment process; offering access to interview to disabled candidates who meet the minimum criteria; promoting vacancies widely; offering inclusive and accessible recruitment and supporting existing employees who acquire disabilities to stay in work.

The HR Hub, which leads on the recruitment process for the Trust, actively participates in the meetings on race and gender equality, so is well placed for taking forward actions relating to challenging the diversity of interview panels and assessment methods. The HR Hub is continuing to develop the reports that are available from the TRAC system which administers the recruitment process, with an aim to improve the analysis of the demography of applications and in particular the protected characteristics of applicants throughout the process. This can then help to inform future development work within the team aimed at improving the diversity of our workforce.

NWAS has also committed resources to supporting diverse recruitment into the Trust by making the Recruitment Positive Action Officer role a permanent one within the Corporate HR Team structure. The postholder, alongside the HR Advisor for Workforce and Equality seeks to develop external diverse recruitment whilst ensuring the experiences of current staff from underrepresented groups continues to improve. Activity from this team has contributed to positive improvements in the WRES indicator relating to the recruitment and workforce metrics reported summer 2018.

Community Engagement and Widening Participation

As well as our approach to patient and public engagement the Trust also attends a range of community events to promote recruitment and development opportunities to support our approach to Widening Participation in employment and training.

NWAS is committed to the development of apprentices as part of its future workforce model and has successfully registered with the Skills Funding Agency as an apprenticeship employer-provider.

Through our strategy to increase the diversity of our workforce, the Trust has attended a number of events to promote NWAS as an employer of choice. Advice, information and guidance is offered by staff so communities and individuals know where we advertise and about the range of roles, including our apprenticeship positions. Through attending the events, our staff can spend time discussing any barriers or particular needs of individuals and groups.

We receive positive feedback from attendees at these events and whilst we cannot attend all recruitment events held in the region, we prioritise events such as the Big Bang and Regional skills show events, where we can spend time students and teachers with a view to ensuring they know about the roles and requirements. Priority is also given to events where there is potentially a diverse group of attendees or attendance from a group that is underrepresented in the workforce currently. Any schools or other venues which we are unable to visit can be informed about a high footfall event in the local areas we are scheduled to attend, or we can also share information with them electronically and refer them to social media, as appropriate.

Over the last year we have also hosted several small local events and and promoted events too, rather than attend large council or Job Centre Plus events. This approach has helped us speak to a wider variety of people about opportunities. We have also made use of local newspapers to promote events and social media, depending on the events and the target audience. NWAS was pleased to attend the first Manchester Council Job Fair in 2019 aimed at getting local people with disabilities back into work or into the career of their choice.

The list of schools and events visited where jobs and careers have been promoted can be found on Appendix 2: 77 individual events were attended.

The Trust is also involved in the NHS Step into Health Programme, which is a first access programme to facilitate career transition from the military into civilian employment. We also held our third Insight Day for service leavers and veterans and provided the opportunity for attendees to find out about roles and career opportunities within the Trust.

The Trust has delivered a number of Pre-employment programmes within the Patient Transport Service and Emergency Operation Centre. The pre-employment programme aims to support individuals who have been unemployed and are seeking

employment within our sector. They attend a supported employability programme and placement exposure to the operational area to prepare for application and recruitment into the chosen field.

NWAS has also undertaken a Skills club with young individuals that are currently in care. The skills club runs over a number of weeks where skills such as team work, Basic Life Support and career next steps are delivered to these young individuals.

Training

Equality, Diversity and Human Rights is embedded in all induction training in the Trust for new starters. Furthermore all staff are required to complete refresher training on an annual basis covering equality, diversity and human rights as part of their mandatory training. For frontline staff this training is also embedded through scenarios which are discussed and debated in a face to face group to test people's learning.

In addition, frontline staff will also receive training on differing aspects of care which may vary from year to year, for example dementia or learning disabilities. This training helps to equip staff to deliver the right care to patients, taking into account their needs

As well as all managers completing their mandatory training on an annual basis, they are also able to access a suite of training sessions to support their role and EDHR is embedded within this training.

HR Masterclass sessions are available for all managers and these are run on a quarterly cycle throughout the year. Existing managers can access these sessions as required, but new managers would be expected to attend these sessions as part of their induction during their first year in post so that we can ensure that they are equipped to support their staff effectively, taking account of their individual needs. An additional HR Masterclass on Equality, Diversity and Inclusion for Managers was designed and delivered in May 2018.

In addition, the Trust recognises the need to identify when bespoke training is required. A Trans Awareness session was designed and was then delivered during summer 2018 for a group of staff and managers. A Workforce Equality session has been designed and is scheduled to be delivered to the HR Hub during May 2019 in support of the Trust work on race, disability and gender equality with the aim of supporting the team who manage the Trust's recruitment processes.

The Workforce Race Equality Standard data identified that there was more work to be done with regards to career progression and access to non-mandatory training courses for BME staff. This has led to a programme of work being developed, which has included the delivery of two CPD sessions during 2018-2019. Thought was given to the venues and advertising of the sessions and while the evaluations were

mainly positive, there are still learning points to take forward to further sessions in 2019-2020.

As well as formal training sessions available, the Trust supplements learning by providing other opportunities throughout the year for staff to engage with the theme of diversity. Staff can also access the Employers Network for Equality and Inclusion website to view information and resources about supporting diversity in the workplace. Conferences and training courses are often promoted widely in the bulletin, or individual staff may be targeted to attend. Staff side and network colleagues are also encouraged to attend training.

The 'Be Think Do' leadership programme has also been revised, with consideration given to ensuring managers are thinking about the protected characteristics of the staff within their teams – as to what the barriers and enablers may be to individuals within their teams.

A career development pathway was also developed, with a view to empowering female staff in operational roles to fulfil their potential within NWAS. The first cohorts have started the programme and feedback to date is positive.

Staff Networks and Forums

NWAS is continuing to work closely with the NWAS LGBT Network. Quarterly meetings take place between the Corporate HR Team and Chair of the network. NWAS supports representation at National LGBT Ambulance Network meetings and conferences. There is a shared annual action plan in place which sets out priorities and actions.

A highlight of the activities over the last 12 months was the NWAS LGBT Network hosting the National Ambulance LGBT conference in Manchester in August 2018. The conference was opened by Michael Forrest, Interim Chief Executive of NWAS and feedback about the event was overwhelmingly positive. The Manchester PRIDE event the next day was well received by delegates too.

The network has also worked well alongside the Trust by participating in wider equalities work. Examples include hosting a network event during NHS Equality, Diversity and Human Rights Week in May 2018. The event featured two external speakers, one spoke about LGBT History and the second provided a trans awareness session. Staff survey results were presented and discussed with the network in April 2018 with a view to supporting Trust wide actions identified in the results. The 2018 Staff Survey results, published in February 2019, will be discussed with the network.

In addition, the network also contributed to the 'Is it banter?' training which has been developed to support staff understanding acceptable language in the work place.

The Women in Leadership network has changed over the last 12 months. As the Trust has developed the career development pathway for women in operational roles, informal networks of support have developed. The range of activities which staff can get involved in relating to gender equality is now captured in the one place, through the gender pay gap report meetings. Activity includes the work to celebrate International Women's Day 2019.

NWAS has sought feedback from staff about their experiences of working in the Trust with an aim to specifically gain a greater understanding of the experiences of disabled staff and those from ethnic minorities. Staff survey results and annual monitoring information indicate that experiences differ and therefore will be explored further with the aim of improving the experience of staff in work.

Staff from BME backgrounds were invited to a CPD session taking place in January 2019. At the end of the event, every attendee was invited to a staff forum on ethnic minority experiences which was held at Ladybridge Hall during February 2019. The forum was also then advertised in the weekly bulletin and was open to everyone, regardless of background. The forum looked at what NWAS is doing to reduce racial inequalities in staff experience and staff data; the second part was to hear about staff personal experiences, good and bad, from which NWAS could learn. This work clearly links in with the work looking at the WRES metrics.

An Equality Update session was held in September 2018 and was open to everyone to find out more about the work that is taking place in the Trust. The session had a focus on disability, and it became clear that there was an appetite in the Trust for the voices of disabled staff to be heard, not just through the staff survey. All staff who had disclosed a disability on their ESR staff record were invited to a Staff Forum on Disability in Employment in January 2019. The forum was also advertised in the weekly bulletin, open to everyone with an interest in disability in the workplace, regardless of whether they had a disability or their role in the Trust. Staff side representatives were invited to support the event. The first forum shared the recruitment and monitoring information and looked at the experiences of staff. A second forum is scheduled to take place at the start of April 2019 with a view to this forum developing into a network where staff can discuss their barriers, where the organisation and individuals can learn and ultimately move the Trust towards being a fully inclusive and compassionate employer.

Dignity at Work

The Dignity at Work policy was reviewed in 2017 and whilst there have been no changes to the policy itself the Trust has continued to encourage staff to speak up about concerns. The 'Be Think Do' leadership programme ensures that managers are equipped to be sensitive to conflict and aware of how they can seek to reduce it within their teams.

Page 280

A training course 'Is it banter' has been developed during 2018/19, influenced by feedback from networks and a joint working group focused on addressing bullying and harassment. The course is aimed at staff and is seeking to explore what is and isn't acceptable language within the workplace. A pilot course of 'Is it banter?' will be trialled within Patient Transport Services in May 2019. Real-life examples of language used by staff towards staff will be discussed during the session, with a particular focus on the impact language can have with regards to protected characteristics. A full roll out of the course is planned during 2019 along with other promotion of values and behaviours in the workplace.

The Trust has continued to promote the work of the Freedom to Speak Up Guardians across the Trust, as a route available for staff to raise concerns.

A Bullying & Harassment Working Group has been established with various stakeholders from across the Trust around pre-Dignity at Work Policy, the Policy itself and continuous engagement and behavioural expectations. A Bullying & Harassment animation is currently being developed with the Communications team. Work is being undertaken to create guidance documents such as FAQs, flowcharts and support information which will all form part of a wider Toolkit for staff. A review of the Dignity at Work Masterclass has been undertaken to ensure this embeds the behavioural expectations from all staff.

Policy Development

All new and existing policies, procedures and guidance is developed in partnership with Staff Side and management colleagues through our Policy group and where appropriate through specialised consultation with affected groups. Over the last 12 months we have developed guidance relating to supporting staff with Specific Learning Difficulties. This offers individuals, managers and training staff clear parameters for what support the Trust can offer and how it can be accessed.

Guidance was also developed relating to supporting staff who return to work while breastfeeding. Discussions with managers about this guidance led to positive changes in provision for breastfeeding at the new flagship Estuary Point building; the changes were implemented in advance of the first staff transferring to the site from Elm House and demonstrate consideration for the needs of the future and current workforce.

Staff Side colleagues flagged the difficulties in establishing the support which staff undergoing fertility treatment could access from the Trust. This led to the development of guidance which brought all the relevant information together in the same place, to the benefit of managers and staff. It is hoped that this guidance will form a good starting point for staff and managers to have conversations about attending appointments of this most personal nature.

Many staff within the Trust work shift patterns that cover 24 hours a day, 365 days a year. It is vital that the service runs effectively with the right number of staff in work at any time. It is also imperative that the shifts worked by staff are such that their working patterns do not impact negatively on their health and wellbeing or work-life balance where it can be avoided and take account of flexible working arrangements. On this basis, the Trust has started a long-term piece of work looking at the rostering of shifts, starting with the Paramedic Emergency Services and this work will continue into 2019-2020.

Health & Wellbeing

The Trust continues to make progress with supporting the health and wellbeing offer for staff and ensuring that there is effective staff engagement. The work around health and wellbeing contributes significantly to equality, diversity and inclusion, particularly with its focus on supporting mental health issues and developing support for staff to help eliminate barriers.

'Invest in Yourself' is the Trust's approach that aims to support staff in improving health and wellbeing both in and out of the workplace. The dedicated website has been created for staff to share their stories and to get tips and ideas from, to help staff be 'Happy, Healthy and Fit'. The 'Your Support' page provides information and guidance if staff need an extra helping hand or listening ear. Also on the site are details of upcoming events and training, podcasts and a discount page with money saving offers.

The Trust recognises that improving mental health is an important issue for staff who may face challenging situations on a daily basis. The Trust has re-signed the Time to Change Blue Light Pledge at the Trust Board meeting in February 2019 which commits the trust to improving mental health and challenging the stigma associated with mental health conditions. As part of this, we are working with the Blue Light Champions Network to bring their support in-house following the cessation of the national MIND programme.

The Trust continues to support the rollout of the PTS Peer Support and recently a Peer Support Network was also launched within 111. Peer Supporters and Blue Light Champions are staff volunteers working on the road or in office environments who feel that they could use their skills to support their colleagues. Trauma Risk Management (TRiM) has also been fully rolled out across the Trust and aims to support staff who have been affected by traumatic events experienced within work. It helps to assess staff's mental health fitness and signpost those showing signs of poor mental health early to support to help prevent the development of longer term issues.

The Trust is piloting Occupational Health Support Sessions to provide self-care and safeguarding to our Peer Support Leads and support to those staff who are Peer Supporters, TRiM Assessors and Blue Light Champions. The sessions will be

facilitated by a trained counsellor who has been sourced via the Occupational Health Service and helps to protect and support the helpers.

The Trust continues to participate in the NHS North West Games where staff can take part in sports activities which includes rounders, mixed football, badminton, netball, cycling and much more.

Other Health and Wellbeing initiatives include participating in a suicide prevention working group, launching the Staff App and creating a Resilience video.

Compliments, Memberships and Awards

NWAS held the Disability Confident Committed (Level 1) status for 12 months up to December 2018. The work that the Trust is undertaking with regards to recruitment and looking at the experiences of disabled staff led to being successfully awarded Disability Confident Employer (Level 2) status for a period of two years from November 2018. A workplan is in place to ensure that NWAS continues to improve the offering to staff and to the future workforce.

The Trust has also signed up to the Race at Work charter as of December 2018. This demonstrates the Trust commitment to tackling racial inequalities, with the priorities of this Charter focusing on Leadership, Progression and Recruitment.

https://race.bitc.org.uk/issues/race-workplace/racecharter/signatories

NWAS was proud to be a winner at the Asian Fire Service Awards in November 2018. This well-established public sector award celebrates the work of those taking a proactive approach to equality. Kairen Smith, Recruitment Positive Action Officer, was named the individual award winner in the category of 'Positive Action – an individual who has over the last 12 months undertaken innovative practices to attract or develop staff from diverse communities'. The nomination had detailed her work on the pre-degree programme, taking her out into communities and having a 'local' approach to recruiting from diverse communities across the North West.

At the same ceremony, the Corporate HR Team was shortlisted for the award for 'Champion of Equality and Diversity', which was a category for 'exceptional work in promoting inclusion, equality and diversity'. It was fantastic for the varied work undertaken by the team on numerous short-term and long-term activities towards inclusion to be recognised in this way.

During 2018, NWAS again signed up for membership of Employers Network for Equality and Inclusion (ENEI). This offers the Trust access to resources and NWAS took part in a revised benchmarking exercise on inclusion. Bronze status was obtained and feedback sought on which areas of focus NWAS could work on. Areas of development included in celebrating inclusion, communication, progression and performance management.

As a Gold Award winner in the Employer Defence Recognition Scheme, the Trust was invited to attend the award ceremony for organisations in the North West receiving the silver award of the Employer Recognition Scheme. Held in the Town Hall in Liverpool in November 2018, it was a chance for the Trust to reflect on the close relationship we have with the armed forces and the positive benefits for all parties that comes from supporting veterans and reservists.

Following on from taking part in the WRES Experts programme, one of the team was invited to co-facilitate a workshop with colleagues from the programme at the National Ambulance BME Network conference in October 2018.

The EOC programme as part of the Invest in Yourself approach to Health and Wellbeing led to the Trust winning the 'We look after our people' award at the national HPMA awards in November 2018. The six week programme started in January 2018 with the benefits still being felt by participating teams.

Working with colleagues – regional, national and trade unions

NWAS remains an active member of the National Ambulance Diversity Forum, which meets quarterly to share best practice of diversity with colleagues from across the ambulance sector and use expertise to inform AACE how national or NHS initiatives on inclusion may impact on the sector.

Trust representation at the National Ambulance LGBT Network is undertaken by the NWAS LGBT Network. However the Corporate HR Team will also link in directly with the National Ambulance LGBT Network as required too, for example to offer a Trust response in support of their work on their website or to share relevant resources and grant opportunities.

NWAS hosted the November 2018 quarterly meeting of the National Ambulance BME Network at Ladybridge Hall, Bolton. The Trust supports this network as appropriate as it continues to develop, for example by administering the process of electing a Deputy Chair of the Network.

The Trust is also involved in North West NHS Equality and Diversity Leads meetings. This group looks at national NHS issues and is an opportunity to work with colleagues in the region to improve staff or patient experience. There is also a GM NHS Equality and Diversity group that the team participates in. It is another opportunity to explore where the Trust can work collaboratively to tackle the challenges specific to NWAS with regards to engaging with staff and patients. Outcomes of this work have included sharing resources, the opportunity to promote specific events and networking.

NWAS has also engaged with a national consultation looking at the ongoing development of the NHS Equality Delivery System and is currently awaiting the outcomes of the consultation.

Page 284

NWAS takes a partnership approach to equality and has supported representatives to attend conferences and encouraged staff side attendance at Trust-held staff forums and update events. Information about consultation on the WDES was also shared, with the view that the representatives can better support individual employees and the Trust as a whole if information and data is shared.

Specific Duty

In addition to the General Duties, the Public Sector Equality Duty sets out requirements for the public sector to:

- Publish relevant, proportionate information demonstrating their compliance with the Equality Duty

- To set themselves specific, measurable equality objectives

Although this annual report itself sets out how the Trust has been working to meet its equality duties, this section looks at how the specific duties have been met.

Employment Monitoring Information

NWAS publishes data on an annual basis to show a breakdown of the characteristics of who works for the Trust. Similar data about applicants, those shortlisted and those who started employment with the Trust are also published. The employment monitoring data has been published on the Trust website and relates to 31st December 2018.

The information can be accessed at the following link but a summary of some of the data is available at Appendix 3.

http://www.nwas.nhs.uk/talking-to-us/equality-and-inclusion-in-the-work-place/employment-monitoring/

Our website also shows historic monitoring information which allows progress to be viewed.

The information is used to inform priorities for the Trust with regards to future recruitment and to identify trends in the workforce. The aim is that the data will show an increasingly wide range of people being attracted and appointed to a wide range of roles across the Trust – rather than certain groups to certain roles. This information is often shared with staff at staff forums and in training sessions.

Equality Objectives

The Trust is required under the Specific Duties to prepare and publish one or more specific and measureable equality objectives which will help to further the aim of the equality duty. The objectives must be published every four years. The Trust's current objectives were first published in 2016 and are now in their third year. The

Trust will report fully on progress at the end of four years but the following outlines the objectives and a brief summary of progress to date:

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Objective 1

To continue to seek to improve the diverse representation of the workforce with particular focus on:

- Improving levels of employment from BME communities, measured through improving non-white Black and Minority Ethnic Groups from the current level of 2.97% and Non-White British Groups from the current level of 5.2%.

- To improve levels of representation of women in operational management and leadership positions from 22.7%.

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Progress:

- The Trust has continued to develop the attraction and recruitment methods used and with certain recruitment cycles, such as that of the paramedic pre-degree programme and pre-employment programmes, the data looks strong.

- Overall there has been an increase in BME representation from 2.97% to 4.28% by the end of 2018.

  - Staff declaring themselves in categories other than 'White-British' has risen to 7.93% from 7.7% the previous year and from 5.2% when the objective was set

- Career development programmes for women in operational leadership roles have started during 2018-2019 so their impact has not yet been felt. However the number of women in Band 6 paygrades and above has moved from 37% to 39.1% from 2016 to 2018 so representation is increasing. Within PES services specifically, Band 7 female representation has increased from 16.5% to 17.6% over the same period.

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Objective 2

To deliver improvements in staff experience of bullying, harassment and violence at work as measured through annual staff survey results.

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Progress:

- A working group is pursuing a range of activities to improve the trust response to workplace conflict, bullying and harassment. This has included the development of an 'is it banter' training course.

- The Freedom to Speak Guardian has continued to be promoted across the Trust, allowing a different route for harassment and bullying concerns to be

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raised

- Peer Support workers have continued to grow in the Patient Transport Service and also 111. Peer Supporters have been specifically trained to understand where to access support for bullying and harassment

- All of the staff survey 2018 questions relating to bullying and harassment have shown an improvement from the previous year. The question with the greatest % shift related to the percentage of staff who advised personally experiencing violence at work from the public, dropping from 38.6% to 34.1%.

- NWAS has recently launched an anti-violence campaign. The Violence and Aggression Group has been developed and will continue progress work in support of this objective.

Objective 3

To map gaps in available patient data and identify options for improvement.

Progress:

- The work on the electronic patient report form is progressing; the current form is still reviewed as appropriate. Once implemented this will enable better analysis of diversity data.

- A patient information portal was trialled, allowing clinicians to see patient information while on scene to help with decision-making.

- A five year digital strategy was launched which will support this work. Activity includes supporting Urgent and Emergency Care with a continued focus on high impact areas, relating to various patient groups. Data will be key to ensuring information is available to staff and managers.

Objective 4

To map the current provision of services offered to and by the Trust to appropriately manage patients presenting with dementia; identify gaps and plan the Trust's future dementia strategy.

Progress:

- Groundwork was laid during 2017-2018 for the Dementia Friend training to be made mandatory across PES and PTS services for 2018-2019 training year. This will be further enhanced in 2019-2020 with a higher level of training being delivered.

- Implementation of corporate e-learning module on dementia 2018/19.

- Implementation of accessible information standard - information recorded on patient notes with regards to dementia. Patient Experience Team engagement with this group to inform care too.

- The Trust has appointed a Mental Health and Dementia Lead role, leading on the strategy. The knowledge and skills of Mental Health Specialists are being utilised in the Clinical Hub.

Equality Delivery System (EDS2)

The Trust uses a national framework, the Equality Delivery System (EDS2) to measure progress against reducing health inequalities and improving staff experience. The framework covers all nine protected characteristics and disadvantaged groups against four overarching themes.

The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use, and work for, the Trust. The tool sets out four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes, against which we assess and grade our equality performance. The focus of the EDS2 outcomes is on the things that matter the most for patients, communities and staff.

- Better Health outcomes for all

- Improved Patient access and experience

- Empowered, engaged and well supported staff

- Inclusive leadership at all levels

Work has taken place across the footprint to improve outcomes for staff and patients. The work is varied and includes both short-term and long-term pieces of work. Examples of work undertaken includes: Patient Transport Services working on safeguarding referrals; development of career development pathways for female staff; producing a recruitment video resource which has considered inclusion.

During 2018-2019, there was a focus on the equality work within Patient Transport Services being captured within this framework, as there had been more time on Paramedic Emergency Services activity previously. An internal stakeholder event was held in July 2018 to enable staff across the Trust who contribute to specific equality schemes could meet to discuss their plans and activities in a multi-disciplinary setting.

Work is taking place to review the previous 12 months and progress towards goals within this framework from the last 3 years.

NWAS held an Equality Update session in September 2018 which was open to all staff, in effect our internal stakeholders, in support of the Trust work on EDS2.

Workforce Race Equality Standard (WRES)

NWAS published the data for the Workforce Race Equality Standard during summer 2018. An action plan was also published with a view to the plans in place reducing the inequalities in the experience of working at the Trust which exist between White and Black and Minority Ethnic (BME) Staff. The strategy adopted focuses on workforce representation, looking specifically at frontline operational roles, and the staff experience aspects of the WRES.

Quarterly meetings were held to review progress; these have increased to twice a quarter from the start of 2019, to ensure that there is momentum across the Trust relating to this work. The visibility of this work has also increased, with moves from this being OD Directorate owned and led to representation from different parts of the Trust attending the meetings to review progress.

The data published shows a further increase in the representation of Black and Minority Staff within the workforce, although still significantly below that of the Trust footprint. There were improvements in several other metrics, for example in recruitment, which showed a positive shift in the likelihood of BME candidates being appointed from shortlisting. Alongside the work on diverse recruitment, NWAS has sought to focus efforts on the metrics relating to career progression and access to non-mandatory training and CPD. Activity in this area has included:

- Focus groups with staff during 2018 and the first 'Staff Forum on Ethnicity' in February 2019

- Two bespoke CPD sessions – one on 'personal journey' and one on 'personal resilience'

- 10 staff and managers attended the first National Ambulance BME Network conference in October 2018; a colleague from a partner university also attended by invitation alongside NWAS staff, to better understand the barriers which BME Paramedic Sciences students may face on their courses

- Staff encouraged to attend other internal and external courses

- Staff attendance at the National Ambulance BME Network meeting and WRES meeting

A member of the OD team successfully completed the first national WRES Experts Programme in November 2018. The course offered a chance to explore culture, ethnicity and race, with a view to increasing the understanding of the barriers BME staff may face within healthcare environments. Networking with NHS colleagues

from across the UK was a benefit, by exploring what has and hasn't worked in different areas to improve the experience of staff.

The detail of the WRES results can be found on the Trust's website at:

https://www.nwas.nhs.uk/media/1261271/wres-pdf-data-for-website.pdf

Gender Pay Reporting

The Trust published the statutory gender pay gap information during the spring of 2019 on both the government and Trust websites. The data was taken from 31st March 2018, in line with national guidance. The data shows that in the lowest paid group of staff, women account for 51.8% of the workforce, up from 50.6%; this figure then reduces to 33.5% of the workforce for those in the highest paid group of staff, although that figure had increased from 33.2%. The average (mean) hourly rate for women was 7.9% lower than for men, whereas it had been 7.1% the previous year; the difference was 6.9% lower when the median calculation was used, which was up from 6.3%.

This part of the data shows a slight worsening of the gap in pay at both the median and the mean. Much of the activity that has been taking place in support of this work has taken place after April 2018 and therefore the impact of this activity will inform the next submission of data. It is also the case that the issues underlying this gap are structural and will take time to embed as they are based on the successful promotion and recruitment of women into senior positions. The quartile data shows improving representation in all quartiles of pay but this has been insufficient to impact on the pay differential at this stage.

An action plan has been developed to look at three main strands of work for the Trust to continue with this work and progress is overseen by the Director of Organisational Development. The areas of work relate to recruitment, career progression and flexible working. Meetings to review the action plan have been increased to twice a quarter from 2019. The new data published in 2019 has not significantly altered the action plan which was already in place.

Information about the Trust gender pay gap can be found on our website at:

https://www.nwas.nhs.uk/talking-to-us/equality-and-inclusion-in-the-work-place/gender-pay-gap/

PRIORITIES FOR 2019-2020

The Trust will continue its focus on improving practice in the key areas identified through data analysis and qualitative feedback and embedded in our Equality Objectives and action plans. In particular we will continue the focus on the following areas:

- *Gender progression into operational leadership positions*

- *Improving levels of representation in the workforce from BME communities and the experiences of ethnic minority staff within NWAS*

- *Development of a network for staff with an interest in disability in the workplace – where staff can learn more about disabilities and work with the Trust to improve the experiences of staff* (this work supports the implementation of the WDES too)

- *Violence and aggression, Harassment and Bullying – a range of activities to improve the experience of staff, including training and promoting routes of support and how to report*

In addition to these four key areas we will continue our extensive engagement with patients and their representatives in order to continue the cycle of learning and improving based on patient feedback. This will include the development of Patient Representative Groups. Along with focused work on dementia and with other patient groups, this will enable us to continue to develop our services to be responsive to patient needs.

The work on the WRES and Gender action plans is continuing with meetings twice a quarter. Involvement with colleagues outside the OD Directorate is increasing, which will help drive this work further.

We will continue to speak to staff and managers about staff experience through forums and listen to the comments made through the staff survey. We will use the learning to make changes, large and small, to improve the working environment and enable staff to fulfil their potential. This will all improve the experience for patients too as we seek to provide the best possible service to those living and visiting the North West.

APPENDICES

Appendix 1: Patient, Public and Community engagement

April 18	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update/ Action**	**RAG**
Saturday 14 April 18 – **Preston Health Mela** – Lancs	• Access • Awareness • PTS Information	Race (80)	**Complete –**	
03 April 18 – **Manchester Deaf Centre (Patient Experience Board Game)** Crawford House, Booth Street East M13 9GH	• Access • Awareness • PTS Information	Disability Deaf Group (12)	**Complete and shared in SRB** Requested a further date in 2019	
10.04.2018 Bootle Older Peoples Forum **(PE Board Game)**	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) (12)	**Complete and shared in SRB**	
12.04.2018 Preston Macular Group	• Awareness	Visual Impairment (20)	**Complete**	
May 18	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
01.05.2018 Ainsdale Older Peoples Forum **(PE Board Game)**	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) (30)	**Complete shared in SRB**	
05 May 2018 – **Accrington Health Mela**, University of Bolton	• Access • Awareness	Race (80)	**Complete**	
Saturday 12 May – **Chester Pride Fun Day,** Cheshire	• Access • Awareness • Information	All (60)	**Complete**	
Sunday 20 May – **Tatton Park Country Show,** Cheshire	• Access • Awareness • Information	All (200)	**Complete**	
22.5.2018 Merseyside Youth Association (MYA)	• Access • Awareness • Information	Mental Health (Patient Care Priorities) (20)	**Complete**	
Sunday 27May – **Silloth Green Cumbria**. 11am-	• Access • Awareness / Stop and Think Before You Dial	All (100)	**Complete**	

Page 292

4.30pm (set up: 10am)	999 initiative.			
30.5.2018 Southport Older Peoples Forum	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) 12	**Complete**	
10th May 2018 Garstang Ladies Women's institute Group, United Reformed Church, Garstang.	• Access • Awareness • Information	Socio economic (30)	**Complete**	
June 18	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
Saturday 2 June – **Askam and Irleth Carnival,** Cumbria	• Access • Awareness • Information • Basic First Aid CPR	Traveller, Socio – Economic (60)	**Complete**	
5.6.2018 'The Dementia Engagement & Empowerment Project ' (DEEP) Oldham	• Access • Awareness • Information	Dementia (Patient Care Priorities) 40	**Complete**	
06.06.2018 'BAND' Social Hub (CPR/Defib training) Bolton	• Information • Training	Mental Health (Patient Care Priorities) 20	**Complete**	
Saturday 09 June – **Blackpool PRIDE** Lancashire	• PRIDE Parade • Stand in Marquee - Awareness • Access	Members of the public from LGB & Transgender (100)	**Complete-shared in the Trust SRB**	
11.6.2018 'The Challenge' youth group	• Awareness • Information • Training	Children and Young People (Patient Care Priorities) 200	**Complete and shared in SRB**	
Saturday 16 June **Cumberland Show -** Cumbria	• Access • Awareness • Information	All Persons – Socioeconomic (20)	**Complete**	
Saturday 23 June **NHS Windrush Event,** Alexander Park Whalley Range, Manchester	• Access • Awareness • Information • HR Recruitment	BME 100	**Complete**	

July 18	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update	RAG
12.7.2018 'Making Space' Dementia café, Rochdale	• Awareness • Information	Dementia (Patient Care Priorities) 12	**Complete Shared on Yammer and in SRB**	
Sunday 15 July - **Disability Awareness Day** 9am to 5pm Walton Lea Rd, Higher Walton, Warrington, Cheshire WA4 6SN	• Access • Awareness	Disability • Physical (60) • SD (10) • LD (5) • MH (15) • Dementia (30)	**Complete Shared on Yammer and in SRB**	
20.7.2018 'Equality and Disability in Lancashire'	• Access • Awareness • Information	Learning Disability 100	**Complete Shared on Yammer and in SRB**	
23.7.2018 Northern Fells Elderly Residents Group, Cumbria	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) 8	**Complete Shared on Yammer and in SRB**	
24.7.2018 Alder Hey , Children and Young Peoples Focus Group	• Access • Awareness • Information	Children and Young People (Patient Care Priorities) 6	**Complete**	
Sunday 22 July - **Coniston Country Fair** Coniston Hall, Haws Bank, Coniston, Cumbria LA21 8AS	• Access • Awareness	Socioeconomic (30)	**Complete**	
Saturday 28 and Sunday29 – **Liverpool PRIDE** Pawnall Square, **Liverpool** L1 1JJ	• Awareness • Access • FT membership	LGB & T members public (200)	**Complete** Shared in staff RB & Yammer	
August	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
2.8.2018 Springboard Dementia Carers Group, Oldham. (Patient Experience Board Game)	• Access • Awareness • Information	Dementia (Patient Care Priorities) 40 -50	**Complete** Shared in staff RB & Yammer	

9.8.2018 Carita Care 'Speak up' group, Preston	• Access • Awareness • Information	Learning Disability - 20	Complete	
10.8.2018 'The Challenge' youth group, Oldham	• CPR Training • Workshop • Access • Awareness • Information	Children and Young people (Patient Care Priorities) 100	**Complete** Shared in staff RB and Twitter	
14.8.2018 Laryngectomy Group Bolton	• PE Board Game	Laryngectomy 12	**Complete**	
15.8.2018 Caritas Care 'Living Healthier, Living Longer' group, Preston (PE Board Game)	• Access • Awareness • Information • CPR Training • Workshop	Learning Disability - 20	**Complete** Shared in staff RB and Twitter	
5th August 2018 **Knowsley Show,** Court Hey Park Roby Road Huyton L16 3NA	• Access • Awareness • Information	All – CYP (30) and Families (100)	Complete	
11th August 2018 **Chester Pride** Castle Square	• Access • Awareness • Information	LGBT (100)	Complete	
25,26, August – **Manchester PRIDE** • Saturday 25th *Parade*. • Saturday 25 and, Sunday 26 *Expo*	• Awareness • Access • CFR Volunteering • Stop and Think information	LGB & T communities (300)	**Complete** Shared in SRB & Yammer & LGBT Leads	
September	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
11.9.2018 Bootle Older Persons Forum., Liverpool (PE Board Game) (CPR/Defib Training)	• Access • Awareness • Information	Older People and Frailty (Patient Care (12)	**Complete** Shared in staff RB and Twitter	
13.9.2018 Health Fair and Annual General Meeting, Burnley	• Access • Awareness • Information	All - 20		
14.9.2018Visual Impairment Forum, Lancashire	• Access • Awareness • Information	Disability – VI 40		

Page 295

19.9.2018 Bolton Cardiac Group	• Access • Awareness • Information	Disability - Cardiac 12		
26.9.18 Healthwatch and Ainsdale Medical Centre Health Fair	• Access • Awareness • Information	Older Persons (20)		
Saturday 08 September – **Cheadle Mosque (**9am to 5pm) 377 Wilmslow Rd, Heald Green, Cheadle SK8 3NP	• Stand in Marquee • Awareness • Access	Race (10) & Religion (140)	**Complete shared on Twitter**	
Saturday 29 September - **Cumbria PRIDE** Brampton Road Carlisle CA3 9BJ	• Stand in Marquee • Awareness • Access •	LGBT 100	**Complete**	
October	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
'4.10.2018 Memory Makers' Group, Oldham	• Access • Awareness • Information	Dementia (12)	**Complete and shared in bulletin**	
8.10.2018 Alder Hey Patient and Family Forum	• Access • Awareness • Information	Children and Young People (Patient Care Priorities) 6	**Complete and shared in bulletin**	
10.10.2018 'Making Space' group, Oldham	• Access • Awareness • Information	Dementia (12)	**Complete and shared in bulletin**	
13 October, **Bolton Health Mela**	• Access • Awareness	Race (25)	**Complete**	
17.10.2018 Orrell Trust 'Onwards Together', Bootle	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) 40	**Complete**	
22.10.2018 Alder Hey Patient and Family Forum	• Access • Awareness • Information	Children and Young People (Patient Care Priorities) 6	**Complete**	
24.10.2018 'Making Space' group, Oldham, Shaw..	• Access • Awareness • Information	MH - Dementia 12	**Complete**	
13 October, **Leyland Health Mela**	• Access • Awareness	Race (30)	**Complete**	

November	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update	RAG
1.11.2018 The Wirral 'Dementia Services' Showcase	• Access • Awareness • Information	Dementia 20	**Complete**	
3.11.2018 Alder Hey Patient and Family Forum	• Access • Awareness • Information	Children and Young People (Patient Care Priorities) 6	**Complete**	
5.11.2018 The Pendle Seniors Forum, Lancs	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) 40	**Complete**	
7.11.2018 Healthwatch and Ainsdale Medical Centre Health Fair	• Access • Awareness • Information	Flu Campaign – Older Persons 40	**Complete**	
12.11.2018 Crosby Older Persons Forum	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) 12	**Complete**	
14.11.2018 Sefton Opera 'Never too late' Women's support group	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) 12	**Complete**	
15.11.2018 Caritas Care 'Speak up' group , Lancs (CPR/Defib training)	• Access • Awareness • Stop and Think	Learning Disability 20	**Complete**	
19.11.2018 Alder Hey Patient and Family Forum	• Access • Awareness • PTS Information	Children and Young People (Patient Care Priorities) 6	**Complete**	
21.11.2018 Southport Glaucoma Support Group	• Access • Awareness • Information	Visual Impairment 20	**Complete**	
December 18	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
10.12.2018 Alder Hey Patient and Family Forum	• Access • Awareness • Stop and Think • PTS Information	Children and Young People (Patient Care Priorities) 6	**Complete**	

January 19	Objectives /Reason for Engagement	Protective Characteristic (user group)	Update	RAG
11.1.2019 Visual Impairment Forum	• Access • Awareness • Information	Visual Impairment 25	**Complete and shared on Twitter**	
22.1.2019 Bolton Dementia Support Group	• Access • Awareness • Information	Dementia 30		
31.1.2019 Learning Disability Partnership Board	• Access • Awareness • Information	Learning Disabilities n/a	**Complete and shared on Twitter**	
February 19	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
21.2.2019 Caritas Care 'Speak up' group	• Access • Awareness • Information	Learning Disabilities 20	**Complete**	
March 19	**Objectives /Reason for Engagement**	**Protective Characteristic (user group)**	**Update**	**RAG**
4.3.2019 Pendle Seniors Forum	• Access • Awareness • Information	Older People and Frailty 40	**Complete**	
6.3.2019 Sefton 'Breathe Easy' group	• Access • Awareness • Information	Lung Condition 10	**Complete**	
13.3.2019 Stronger Together' in Lancashire	• Access • Awareness • Information	Learning Disabilities 20	**Complete**	
21.3.2019 CCG Patient Cancer Care Improvement Group	• Access • Awareness • Information	Disability - Cancer Care 10	**Complete**	
26.3.2019 Maghull Older Persons Forum	• Access • Awareness • Information	Older People and Frailty (Patient Care Priorities) 20	**Complete**	

Appendix 2: Widening Access and Positive Action events 2018-2019

Date	Event	Location	Reason for attending
05/04/2018	Your Voice Matters: Diversity & Inclusion	Manchester	Networking opportunity
17/04/2018	Business Networking Breakfast	Tameside	Networking opportunity
18/04/2018	Get Oldham Working Apprenticeship Fair	Oldham	Careers event
20/04/2018	NHS Careers Fair, Preston Royal Hospital	Preston	Information event
24/04/2018	Armed Forces NHS Careers Event	Fulwood	Armed Forces careers event
25/05/2018	Wythenshawe Jobs Fair	Wythenshawe	Careers event
05/06/2018	Countess of Chester Hospital Insight Day	Chester	Armed Forces careers event
06/06/2018	Rochdale Jobs Fair	Rochdale	Careers event
18/06/2018	Recruitment & Apprenticeship Expo	Liverpool	Careers event
20/06/2018	Wythenshawe Hospital Insight Day	Manchester	Armed Forces careers event
23/06/2018	Windrush 70 / NHS 70 event	Manchester	Community engagement event
28/06/2018	Blackburn Jobs Fair, Youth Zone	Blackburn	Careers event
29/06/2018	Armed Forces and Reserves Day event	Bolton	All teams rep across NWAS
05/07/2018	Chester Summer Jobs Fair	Chester	Careers event
10/07/2018	Big Bang STEM event	Liverpool	Plus operational staff
16/07/2018	Fallowfield Library Information Event (Bespoke)	Manchester	Community engagement/careers event (bespoke)
27/07/2018	Manchester Jobs Fair For All	Moss Side	Careers event (BME)
27/07/2018	Sikh Community Day	Chorlton	Community engagement event
28/07/2018	Sikh Community Day	Chorlton	Community engagement event
31/07/2018	Bolton Council of Mosques Information Day	Bolton	Bespoke careers event (BME)
01/08/2018	Oldham Recce - leaflet distribution	Oldham	Bespoke Community engagement/careers (BME)
03/08/2018	Bury Islamic Centre Information Session	Bury	Bespoke careers event (BME)
10/08/2018	Central Mosque, Oldham - Leaflet Distribution	Oldham	Bespoke careers event (BME)
13/08/2018	Chadderton Tesco careers event	Oldham	Bespoke careers event (BME)
04/09/2018	NHS Armed Forces Network Meeting	Manchester	Partnership meeting
11/09/2018	Countess of Chester Hospital Careers Evening	Chester	Careers event
12/09/2018	Armed Forces Lancashire Hub Meeting	Preston	Partnership meeting
13/09/2018	"Blackburn Is Hiring" Cathedral Careers Event	Blackburn	Careers event
20/09/2018	Oldham Jobs Fair	Oldham	Careers event
21/09/2018	Tameside Jobs Fair	Tameside	Careers event
26/09/2018	Manchester Jobs Fair	Manchester	Careers event

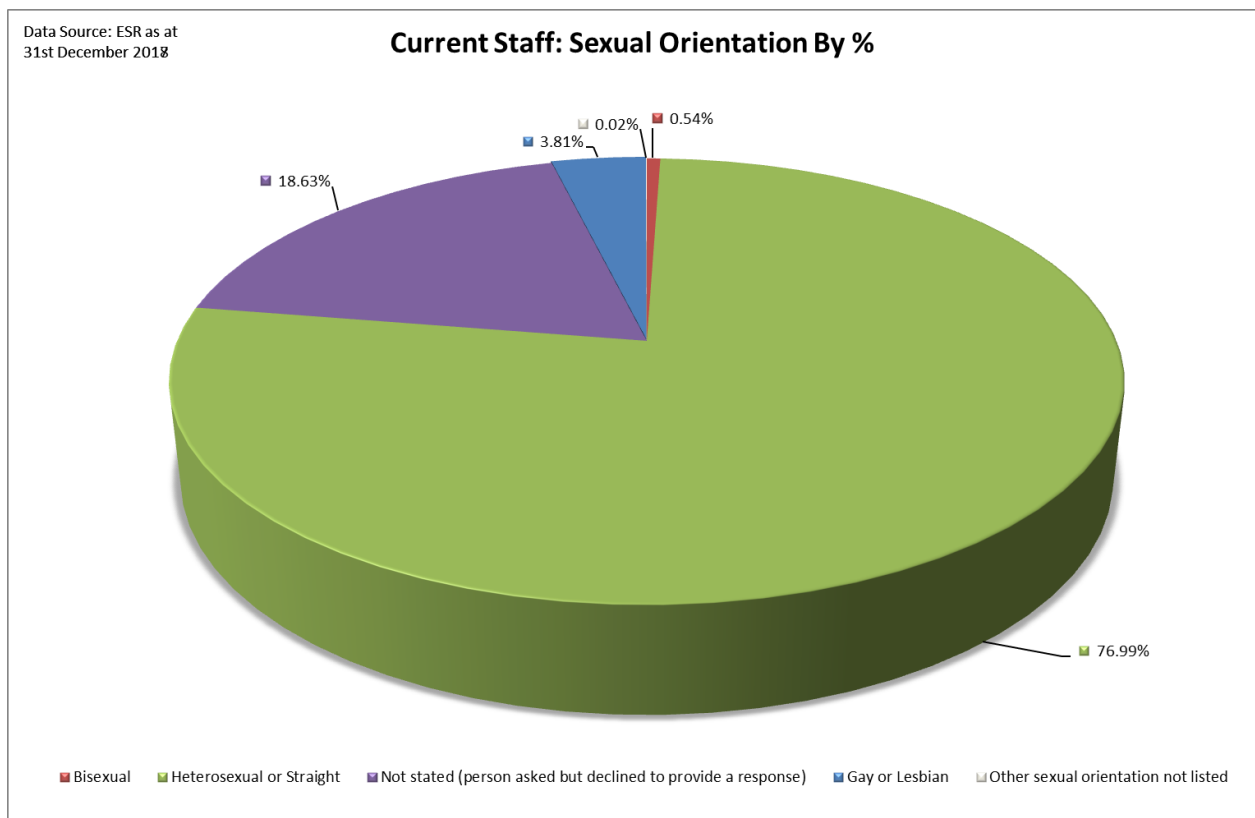| Date	Event	Location	Reason
03/10/2018	Bolton College Careers Fair	Bolton	Careers event
15/10/2018	BAME Networking/Careers Fair	Blackburn	Careers event (BME)
26/10/2018	East Lancashire Hospital Trust Insight Day	Blackburn	Armed Forces careers event
06/11/2018	Chester Jobs Fair	Chester	Careers event
06/11/2018	NHS Careers Fair, Chorley Hospital	Chorley	Careers event
10/11/2018	Wigan Armed Forces Hub launch	Wigan	Armed Forces event
14/11/2018	NHS Explore the Roles	Nelson	Careers event
15/11/2018	Bolton University Careers Fair	Bolton	Careers event
21/11/2018	Armed Forces "Living & Working in the NW"	Blackburn	Armed Forces event
12/12/2018	Career Fair for Autistic Students	Liverpool	Careers event
10/01/2019	999 Jobs Fair, Central Library	Manchester	Careers event
23/01/2019	Broughton School Careers Fair	Merseyside	School careers event
30/01/2019	Newton Heath DWP BME Careers Event	Manchester	Careers event
01/02/2019	Salford Jobs Fair	Salford	Careers event
07/02/2019	Armed Forces Network	Liverpool	Armed Forces networking event
14/02/2019	CTP Careers Fair	Salford	Armed Forces careers event
19/02/2019	Chester Jobs Fair	Chester	Careers event
27/02/2019	Bury Jobs Fair	Bury	Careers event
4-8/03/19	International Women's Week (various)	All	Careers – 21 schools attended
15/03/2019	Back On Track (disadvantaged adults)	Manchester	Employability session
20/03/2019	NW Skills Show - Event City	Manchester	School careers event
21/03/2019	NW Skills Show - Event City	Manchester	School careers event
21/03/2019	Business Breakfast with the Lions	Manchester	Armed Forces networking event
25/03/2019	Manchester Disability Jobs Fair	Manchester	Careers event
27/03/2019	Middleton Jobs Fair	Manchester	Careers event
29/03/2019	NWAS Armed Forces Insight Day	Bolton	Armed Forces careers event (NWAS)

International Women's Week events			
Date	**Event**	**Location**	**Reason for attending**
04/03/2018	The Whitehaven Academy	Cumbria	School careers event
04/03/2019	Manchester Islamic School for Girls	Manchester	School careers event
05/03/2019	Caldew School	Carlisle	School careers event
05/03/2019	Kirkham Grammar School	Preston	School careers event
05/03/2019	Crewe Police Station	Crewe	School careers event
06/03/2019	Ullswater Community College	Penrith	School careers event
06/03/2019	Halewood Academy	Liverpool	School careers event
06/03/2019	Fazakerley High School	Liverpool	School careers event
06/03/2019	Maghull High School	Liverpool	School careers event
07/03/2019	Lakes College Workington	Cumbria	School careers event

07/03/2019	Samuel Kings School, Alston	Cumbria	School careers event
07/03/2019	Rowan Park Teaching School	Liverpool	School careers event
07/03/2019	Nelson & Colne College	Nelson	School careers event
07/03/2019	Baines (Poulton) Industry Speed Networking Event	Lancashire	School careers event
07/03/2019	Buile Hill Visual Arts College	Salford	School careers event
07/03/2019	Connell Sixth Form College	Manchester	School careers event
07/03/2019	Barlow Roman Catholic High School	Manchester	School careers event
07/03/2019	Co-op Academy	Manchester	School careers event
07/03/2019	Bebington High School	Cheshire	School careers event
07/03/2019	Congleton High School	Cheshire	School careers event
08/03/2019	Cheshire College South & West	Cheshire	School careers event

Appendix 3: Annual Employment Monitoring Information

Sexual Orientation:

Data Source: ESR as at 31st December 2018

Current Staff: Sexual Orientation By %

- 0.02%
- 0.54%
- 3.81%
- 18.63%
- 76.99%

Legend: ▪ Bisexual ▪ Heterosexual or Straight ▪ Not stated (person asked but declined to provide a response) ▪ Gay or Lesbian ▪ Other sexual orientation not listed

The gay and lesbian categories had been split in the monitoring information in the previous year; the figure for that group combined stood at 3.50% last year, compared to 3.81% staff this year. These rates remain lower than what would be expected of the general population. There has been a reduction in non disclosure from over 20% last year to 18.63% this year.

Disability
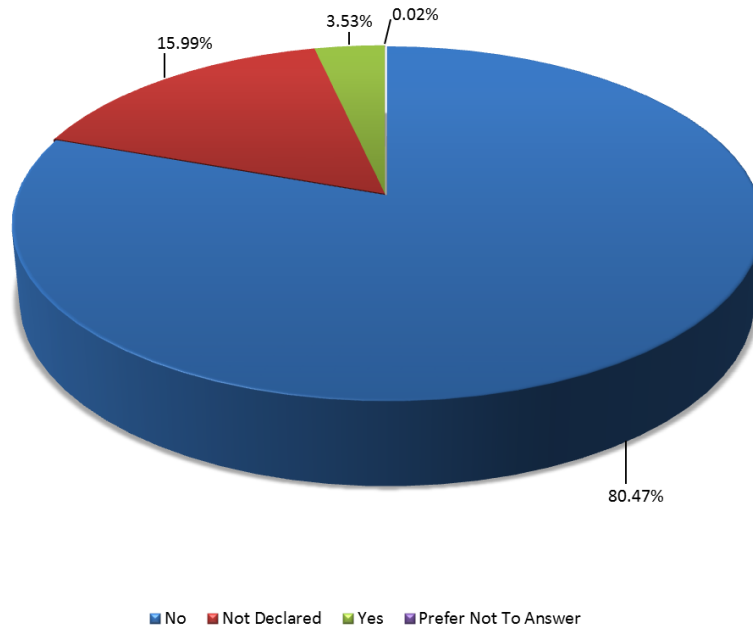
Staff disclosure of disability has again risen from 3.33% to 3.53%. Those not disclosing their status as disabled or otherwise has decreased from over 20% to just under 16%, due in part to a data cleanse exercise. This work is ongoing.

Gender

Data Source: ESR as at 31st December 2018

Current Staff: Gender By Service Lines

	Paramedic Emergency Service	Emergency Operations Centre	111 Contact Centre	Patient Transport Service	Corporate Services
Male	60.69%	30.69%	26.53%	49.46%	49.33%
Female	39.31%	69.31%	73.47%	50.54%	50.67%

■ Female ■ Male

Female staff now account for 47.93% of the workforce within NWAS. This is a further increase from 46.46% the previous year. The graph above shows clear differences in where staff work within the Trust, as it has in previous years. Patient Transport Service appears to be the service which most closely matches the Trust picture of gender balance.
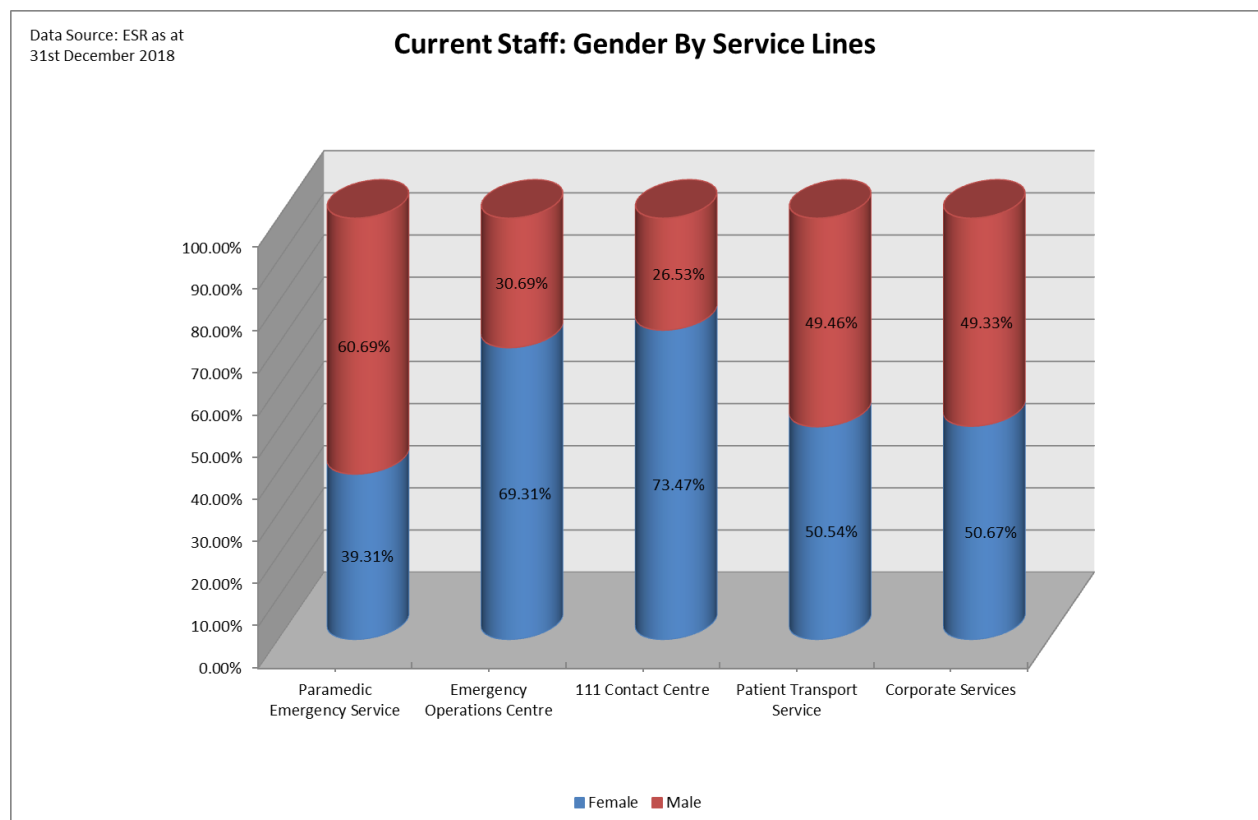
Note about Trans applicants and staff: It is not possible for new starters to declare their gender to the Trust as anything other than male or female on the electronic systems used as part of the recruitment process. Staff and candidates have declared their status as transgender to the Trust over the last 12 months, but it is not possible to record this information with only the two binary measures on the electronic systems at this time and no option to record trans status. Therefore there is no information published about this currently; there is also the potential initially that the numbers will be so small as to be personally identifiable.

Current Staff: Ethnicity

Current Staff: NWAS Ethnicity By Groups

A-C   White

D-S All Other
Ethnic Groups

Z   Not Stated
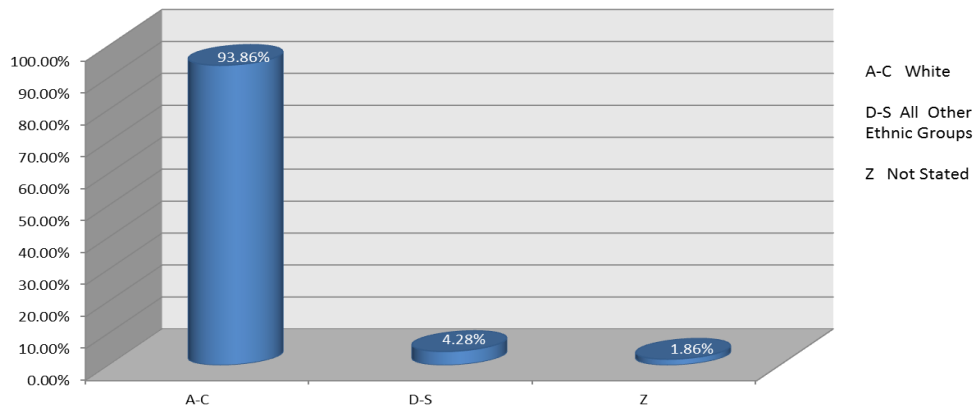
The percentage and overall number of staff from non-white groups has dropped slightly from 4.50% to 4.28% over the 12 month period. This pattern goes against the trend seen in recent years.This work will be picked up through the WRES action group.

NWAS has a good disclosure rate for ethnicity with only 1.86% unstated this year compared with that of other NHS organisations; as at 31st March 2018, according to the recent national WRES report, with the NHS average for non-disclosure of ethnicity is 4.6%.

Breakdown of current staff from non-white groups

Current Staff: NWAS Ethnicity Breakdown Groups D To S

Ethnicity Breakdown
D Mixed - White & Black Caribbean
E Mixed - White & Black African
F Mixed - White & Asian
G Mixed - Any other mixed background
GA Mixed - Black & Asian
GF Mixed - Other/Unspecified
H Asian or Asian British - Indian
J Asian or Asian British - Pakistani
K Asian or Asian British - Bangladeshi
L Asian or Asian British - Any other Asian background
LH Asian British
M Black or Black British - Caribbean
N Black or Black British - African
P Black or Black British - Any other Black background
PA Black Somali
PD Black British
R Chinese
S Any Other Ethnic Group
SE Other Specified

Group	D	E	F	G	GC	GF	H	J	K	L	LH	M	N	P	PA	PD	R	SE
Count	16	6	8	9	1	3	80	67	8	9	2	15	22	3	2	3	12	1

Other monitoring data

Detailed data for age, religion, marital status, part time staff can be found on our website at the following link:

http://www.nwas.nhs.uk/talking-to-us/equality-and-inclusion-in-the-work-place/employment-monitoring/

The following provides some narrative on the position in relation to other protected characteristics.

Religion – Non-disclosure rates for religion have again reduced, this time from 25.43% to 23.75%.

Marital Status – Following on from the pattern identified last year, the number of staff for whom the Trust does not know their marital status has reduced from 402 to 371 over this last year. While this does not appear to cause the Trust any problems, it is important that the Pensions Team are kept up to date with details by employees.

Age – The age of the workforce in various parts of the Trust has again shown a similar pattern to the previous year. The 45-54 age range again has the highest proportion of staff

at 1786 individuals, which equates to just over 25% of staff. This compares with a proportion of nearer 30% the previous year.

<u>Data source -</u> All workforce data has been taken from the national NHS Employee Staff Record system at 31st December 2018.