North West Ambulance Service NHS Trust

Board of Directors Meeting to be Held in Public

Wednesday, 31 July 2019
9.45 am - 1.00 pm

Salkeld Hall, Infirmary Street, Carlisle, CA2 7AN

AGENDA

Item No	Agenda Item	Time	Purpose	Lead	Page No
1.	Patient Story	09:45	Information	Director of Strategy and Planning	
INTRODUCTION					
2.	Apologies for Absence	10:00	Information	Chairman	
3.	Declarations of Interest	10:00	Decision	Chairman	
4.	Minutes of Previous Meeting	10:00	Decision	Chairman	5 - 16
5.	Board Action Log	10:00	Assurance	Chairman	17 - 18
6.	Committee Attendance	10:00	Information	Chairman	19 - 20
7.	Register of Interest	10:00	Assurance	Chairman	21 - 22
8.	Chairman & Non-Executives' Update	10:10	Information	Chairman	
a.	Board Roles - Vice Chair and Senior Independent Director	10:15	Decision	Chairman	23 - 30
STRATEGY					
9.	Chief Executive's Report M3 2019-20	10:20	Assurance	Chief Executive Officer	31 - 42
10.	Corporate Strategy	10:30	Decision	Director of Strategy and Planning	43 - 62
11.	Integrated Business Plan	10:40	Decision	Director of Strategy and Planning	63 - 174
12.	Update against the Carter Review	10:50	Assurance	Director of Strategy and Planning	175 - 192
13.	Fleet Strategy 2019/2020	10:55	Decision	Director of Finance	193 - 214
GOVERNANCE AND RISK MANAGEMENT					
14.	Board Assurance Framework (BAF) Q1 Review & Corporate Risk Register Q1 Review	11:00	Decision	Director of Corporate Affairs	215 - 264
15.	Assurance Purview	11:10	Decision	Director of Corporate Affairs	265 - 272
16.	Policy Framework - Quarter 1 2019-20	11:15	Assurance	Director of Corporate Affairs	273 - 280
17.	Annual Audit Letter 2018/19	11:20	Assurance	Director of Finance	281 - 294
18.	Chairman's Fit and Proper Person's Declaration	11:25	Assurance	Chairman	295 - 298
19.	Non-Executive Directors Independence Assessment	11:30	Assurance	Director of Corporate Affairs	299 - 302
20.	Nominations and Remuneration Committee Terms of	11:35	Decision	Director of Corporate	303 -

	Reference			Affairs	308
QUALITY AND PERFORMANCE					
21.	Performance Management Framework	11:40	Decision	Director of Quality, Innovation and Improvement	309 - 332
22.	Annual Infection, Prevention and Control Annual Report 2018-19	11:45	Assurance	Director of Quality, Innovation and Improvement	333 - 344
23.	Safeguarding of Vulnerable Adults and Children Annual Report 2018-19	11:50	Assurance	Director of Quality, Innovation and Improvement	345 - 358
24.	Integrated Performance Report	12:15	Assurance	Director of Quality, Innovation and Improvement	359 - 418
25.	Quality and Performance Committee Assurance Report - from the meeting held on 17th June 2019 and 15th July 2019	12:25	Assurance	Mr R Groome	419 - 424
26.	Resources Committee Assurance Verbal Update - from the meeting held on 26th July 2019	12:30	Assurance	Mr M O'Connor	
27.	Audit Committee Assurance Report - from the meeting held on 19th July 2019	12:35	Assurance	Mr D Rawsthorn	425 - 426
28.	Large Scale Improvement Programmes (2019-21)	12:40	Decision	Director of Quality, Innovation and Improvement	427 - 436
29.	Quality Account 2018/19	12:45	Decision	Director of Quality, Innovation and Improvement	437 - 462
30.	CQUIN Implementation	12:50	Decision	Director of Finance/Director of Quality, Innovation and Improvement	463 - 476
31.	CQC Inspection Update	12:55	Assurance	Director of Quality, Innovation & Improvement	477 - 504
WORKFORCE					
32.	Learning to Improve our People Practices	13:00	Assurance	Interim Director of Organisational Development	505 - 512
COMMUNICATIONS					
33.	Communications Update - Quarter 1 2019-20	13:05	Assurance	Director of Strategy and Planning	513 - 522
34.	Freedom to Speak Up Update - Quarter 1 2019-20	13:10	Assurance	Director of Strategy and Planning	523 - 530
CLOSING					
35.	Any Other Business Notified Prior to the Meeting	13:15	Decision	Chairman	
36.	Items for Inclusion on the BAF	13:15	Decision	Chairman	

Date and Time of Next Meeting 9.45 am Wednesday, 25 September 2019 at Oak - North West Ambulance Service, Trust HQ

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

NHS North West Ambulance Service NHS Trust

Minutes
Board of Directors

Details: Wednesday 29th May 2019, 9.45am
Ladybridge Hall, 399 Chorley New Road, Heaton, Bolton, BL1 5DD

Present:

Mr P White	Chairman
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 Hanley	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 J Lancaster	Corporate Governance Manager (Minutes)
Ms H Kennedy	Observer
Ms C Turner	Communications Officer (Part)

Minute Ref:

BM/1920/31 STAFF STORY

A film was shown to members, featuring Tim Ward, Patient Transport Service (PTS) Central Resource Unit Manager, Clinical Safety Support and Dementia Champion. During the film, Tim described some of the work and training that he had introduced to staff across the trust to improve services for patients and their carers who were living with dementia.

It was noted that a number of improvements had been made in terms of raising awareness amongst staff via dementia friends awareness sessions, 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 patient experience.

During the film, Tim explained that changes had been made within the PTS booking system so that it now included if a patient had dementia within the eligibility criteria to ensure that staff were aware of the patient's needs. It was noted that NWAS was the only trust within the country to do this.

The Director of Strategy and Planning stated that usually, patients were advised by the PTS to be ready two hours prior to their appointment. However, this was being changed to support patients more. In addition, work was being carried out so that the handover process was better for patients with dementia. It was noted that a survey would be carried out within the future to identify the difference being made.

A discussion ensued in relation to board member dementia training. The Interim Director of Organisational Development explained that training was available via the mandatory training programme. In terms of additional training, members welcomed the dementia champion training.

The Director of Strategy and Planning commented that the board had signed a dementia awareness pledge and that there was a need for the board to lead on dementia. The Director of Finance supported this view.

The Medical Director advised members that an Interim Mental Health Manager was in post and leading on this area of work. He added that a substantive post had been agreed and would therefore allow for a more succinct approach to be taken in the future.

The Chief Executive commented that board members had a role to understand and advocate what the trust was doing in terms of dementia. The Interim Director of Organisational Development explained that dementia was an equality objective and therefore there would be scrutiny against the indicators. She added that she would look into the Employee Electronic Staff Record (ESR) in terms of the mandatory training modules to ensure that Non-Executive Directors had access to the dementia module.

The Chairman supported the work that was being carried out and stated PTS staff were doing an excellent job. He asked that the Board's gratitude be passed on to the PTS team.

The Board:

- Noted the patient story,
- Noted that the Interim Director of Organisational Development would check to ensure that Non-Executive Directors had access to the dementia module within their on-line learning package.

The Communications Officer exited the meeting and Mr M O'Connor entered the meeting at this point

BM/1920/32 APOLOGIES FOR ABSENCE

An apology for absence was submitted from Dr M Ahmed.

BM/1920/33 DECLARATIONS OF INTEREST

No declarations of interest were made.

BM/1920/34 MINUTES OF PREVIOUS MEETING HELD ON 24th APRIL 2019

The minutes of the previous meeting held on 24th April 2019 were presented to members for approval.

An amendment was requested in relation to minute 1920/09, to read unidentified cost improvement programme, as opposed to identified. In addition, it was

requested that further information be added to minute 1920/16.

The Board:

- With the proviso the above amends be made, approved the minutes from the meeting held on the 27th March 2019.

BM/1920/35 ACTION LOG

The action log was reviewed and updated accordingly.

The Director of Quality, Innovation and Improvement referred to the request made by the board at the previous meeting, to determine which Trust(s) had achieved total compliance with the 100 assertions against the Data Security Protection Toolkit. The Director of Quality, Innovation and Improvement explained that two trusts had declared that they had achieved the 100 assertions however it was noted that this was a self-assessment and therefore work was required in terms of the process.

Members were advised that the trust would achieve all of the assertions by quarter 3 and an update would be provided to Board in November 2019. It was added that work was being progressed via the Information Management Group that reported in to the Resources Committee.

The Board:

- Noted the updated.

BM/1920/36 COMMITTEE ATTENDANCE

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

The Board:

- Noted the committee attendance.

BM/1920/37 REGISTER OF INTEREST

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

The Board:

- Noted the register of interest.

BM/1920/38 CHAIRMAN AND NON-EXECUTIVES DIRECTORS UPDATE

The Chairman advised that Deloitte would be carrying out a review of the trust's integrated business plan.

The Chairman welcomed Mr David Hanley to the meeting confirming his recent appointment as a Non-Executive Director of the Board, with a specific interest in performance. It was also noted that Ms Clare Wade had been appointed as the Digital Associate Non-Executive Director.

The Chairman advised that Dr M Ahmed, Non-Executive Director would be stepping down with effect from the 31st July 2019 and therefore, a recruitment campaign for a replacement Clinical Non-Executive Director had commenced.

The Chairman commented that he had attended the ambulance preview with the Royal Television Society. He encouraged all members to watch the ambulance programme that was currently being aired.

The Chairman advised that he had met with the Police and Crime Commissioner (Cheshire) and the Chair of the Cheshire Fire Authority to discuss estates.

The Board:

- Noted the update.

BM/1920/39 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 24th April 2019. The report covered (i) performance, (ii) issues to note, and (iii) external/internal engagements.

An update was provided in relation to 999 performance and members were presented with information that illustrated continuing improvements. It was noted that the trust had achieved the C1 90th and C4 90th standards in April, 2019 and improved performance against all other measures apart from C3 90th. It was further noted that 111 call answering performance continued to show sustained improvement and PTS performance was stable.

Reference was made to the Star Awards held on 18th April 2019 and the Chief Executive thanked everybody involved in organising the event and those who had attended.

The Chief Executive referred to Sustainability and Transformation Partnerships (STP's) and stressed the importance of the Trust sending the right representatives to the STP meetings. He added that the Director of Strategy and Planning was currently working on an offer at a regional and a local level in line with the trust's strategy in terms of working together across STP's in the future.

The Chief Executive acknowledged International Nurses Day that was held on 12th May 2019 and expressed his thanks to all of the Trust's nurses, for the outstanding work that they do.

The Chief Executive advised that he had been asked to be a board member of the Association of Ambulance Chief Executives.

Mr R Groome applauded the HR team, as the Trust had won an award for work on staff health and wellbeing at the national HR Distinction Awards. The Chief Executive commented that the Trust had been the only NHS organisation to win an award.

The Chairman commented on the Chief Executive's role on a national level and stated the need for the trust to be represented within the right forums.

The Board:

- Received and noted the contents of the report.

BM/1920/40 DIGITAL STRATEGY OVERVIEW

The Director of Quality, Innovation and Improvement presented the Digital Strategy for member's approval. The Chairman thanked everybody involved in

the production of the strategy and stated it was a very good strategy.

The Director of Quality, Innovation and Improvement explained that there was recognition within the strategy of the Board's commitment to ensure that the digital programme of work was developed. In addition, it was noted that the Trust's digital ambitions required to be at the forefront of integrated business planning. It was acknowledged that the strategy underpinned the Trust's strategic ambition to deliver the Right Care, in the Right Place, at the Right Time, Every Time.

Reference was made to the Right Care Strategy which was focused on delivering effective care. It was suggested that effective care would be delivered via the right digital resources.

Members were advised that a dedicated team would be in place to deliver the Digital Strategy. Focus over the next five years would be placed on delivery of five strategic themes relating to (i) solve everyday problems, (ii) our digital journey, (iii) secure and joined up systems, (iv) smarter decisions, and (v) digital pioneers. The Director of Quality, Innovation and Improvement assured members that each of the themes would be in sight and considered by the senior digital leadership team throughout delivery of the strategy.

The Director of Quality, Innovation and Improvement informed members that digital governance processes were in place and a critical path for implementation of the strategy was being developed, in conjunction with the integrated business plan.

Members were informed that the financial information that had been included within the strategy was limited and this would develop as the strategy evolved. The Director of Finance explained that whilst costs had been built into revenue and capital plans, detailed plans would be developed.

The Deputy Chief Executive advised that the strategy had been discussed at length and supported by the Executive Management Team. He added that the Digital Strategy was a key enabler to all other trust strategies and it was important that the programme was invested in, governed and supported.

Mr D Rawsthorn commented on the report presented to members and stated he believed that it should have included information of where the strategy had been presented prior to Board, including any comments/endorsements.

Mr R Groome questioned if the goals and timelines were achievable, specifically goals for 2019/20. The Director of Quality, Innovation and Improvement advised that all of the goals were being worked on and all would be at different stages of maturity.

The Chief Executive stated that delivery of the strategy would be over a five year period, as with all trust strategies. He added that this would link to the Trust's Integrated Business Plan (IBP) and a development session would be held with board members in terms of what was required to deliver the IBP.

Mr D Hanley made reference to large IT developments and expressed interest in understanding how front line staff would engage with new technology. He stated that the pace of change in terms of technology could result in staff failing to engage in systems. The Medical Director explained that the scope was to utilise technology more efficiently utilising basic principles.

The Director of Quality, Innovation and Improvement commented that the Trust consisted of a diverse workforce and therefore a skills profiling exercise would

be carried out to understand how to build on skills capability.

The Chairman stated that the strategy was a key enabler to the Trust becoming the best ambulance trust within the country. He suggested that this aim be included within the strategy.

The Board:

- Approved the Digital Strategy,
- The ambition of the trust to be the best in the UK to be included within the strategy.

BM/1920/41 BOARD GOVERNANCE STRUCTURE REVIEW

The Director of Corporate Affairs presented a report, to outline a proposal in relation to the board governance structure, for approval. Members were advised that the proposal had been developed following a number of discussions held with the Executive Management Team and Non-Executive Directors.

Members were advised that the proposal was to (i) merge the quality and performance committee, (ii) merge the finance, investment and planning and workforce committee,(iii) board meetings to be held on a bi-monthly basis, and (iv) strategy sessions to be held on a bi-monthly basis.

A discussion ensued in relation to the revised terms of reference and it was agreed that a section would be included in terms of voting rights, to make it explicit that all members of the committee were privy to consensus voting.

Mr R Groome commented on the size of the work programmes for each committee and stated reports needed to be succinct.

Mr D Rawsthorn supported the proposal and stated it would enable the non-executive director role to be more manageable. He added that voting rights needed to be made clear within the terms of reference for each committee.

The Director of Quality, Innovation and Improvement commented on the need to allow for a bedding down period in terms of attendance, taking into account pre-booked leave and commitments, given the change to some of the dates.

The Chairman welcomed the proposal and stated attendance at committees was of paramount importance. He added that there was a need to ensure committees were efficient and linked to the Board Assurance Framework.

The Board:

- Approved the proposed changes, including the Resources Committee and Quality and Performance Committee Terms of Reference.
- Requested that the terms of reference be made clear in terms of voting rights.

BM/1920/42 ANNUAL SELF CERTIFICATION: GENERAL CONDITION 6 – SYSTEMS FOR COMPLIANCE WITH LICENSE CONDITIONS

The Director of Corporate Affairs presented the annual self-certification: general condition 6 – systems for compliance with license conditions, for members approval.

Members were advised that evidence had been collated to make a positive declaration.

Mr D Rawsthorn questioned if the declaration had been presented to the Executive Management Team (EMT), prior to board. The Director of Corporate Affairs explained the declaration had not been presented to the EMT but this process could be put in place for future declarations.

The Board:

- Approved the annual self-certification: general condition 6 – systems for compliance with license conditions.

BM/1920/43 ANNUAL SELF CERTIFICATIONS: GENERAL CONDITION FT4 – GOVERNANCE ARRANGEMENTS

The Director of Corporate Affairs presented the annual self-certification: general condition FT4 – governance arrangements, for members approval.

The Board:

- Approved the 'confirmed' declarations and that no material risks had been identified.

BM/1920/44 FREEDOM TO SPEAK UP DECLARATION AND ANNUAL REPORT 2018/19

The Director of Strategy and Planning presented a report to provide members with an annual update on the work of the Freedom to Speak Up Guardian (F2SUG) during 2018-19.

It was noted that the National Guardian's Office (NGO) had visited the trust in January 2019 and work was being carried out in terms of the factual accuracies of the findings report. The final report would be presented to a future meeting of the Board.

With regards to the total number of cases raised during April 2018 – March 2019, the Director of Strategy and Planning explained that under a third related to unacceptable behaviours.

Mr D Hanley suggested that there was no sense of validity in terms of the concerns raised. He stated that whilst there was a sense of activity, there was no outcome. The Director of Strategy and Planning explained that going forward, more data would be collated that would allow learning to be identified.

Mr D Hanley questioned how staff received feedback in terms of concerns raised via the F2SUG. The Director of Strategy and Planning explained that the F2SUG attended various staff forums to provide feedback, in addition to bulletins that were issued.

The Deputy Chief Executive explained that the ultimate success of the Freedom to Speak Up (F2SU) process would be when it was business as usual and embedded within the culture of the trust. He added that internal scrutiny was very important and that it was two years into a new system.

Mr M O'Connor explained that the process was accessible to staff and referrals were received. He stated that some cases had resulted in an independent review and no cases had been upheld.

Mr M O'Connor made reference to F2SU concerns and complaints and advised that discussions were ongoing with the NGO in terms of the F2SU and HR processes. The Interim Director of Organisational Development explained that

there was a need to improve the triangulation of data.

The Director of Operations commented on the work carried out in relation to the coding of falls. He advised that feedback had been provided via the National Ambulance Service Medical Directors (NASMED) and therefore demonstrates the learning on a national basis.

The Director of Strategy and Planning referred to the staff survey comparison and advised members that the question relating to the last experience of harassment/bullying/abuse reported should be listed as green. It was noted that an increase in reporting was positive.

The Board:

- Noted and took assurance from the update.

BM/1920/45 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 May 2019.

The Director of Quality, Innovation and Improvement advised members that in conjunction with the Right Care Strategy objectives, progress was being made.

The Director of Strategy and Planning explained that Paramedic Emergency Services (PES) satisfaction rates had decreased. Analysis of this was being carried out and an update would be presented to the next meeting.

The Medical Director referred to performance in relation to survival to discharge that was poor year on year. Members were advised that this was a system issue and as a result, engagement was being carried out with cardiac networks to look at a system wide approach. It was noted that the trust's involvement and performance within this pathway was good.

Mr D Rawsthorn sought clarity in terms of performance relating to sepsis and stated narrative within the report would be useful to explain if performance was good or required improvement. The Medical Director explained that performance regularly changed to enable a meaningful explanation to be provided. He added that nationally, the performance was good but for a trust it could be improved.

The Director of Operations provided an update in relation to performance. It was noted that in April 2019, Call Pick Up (CPU) performance achieved 80.5% and the mean performance had increased to 10 seconds. It was noted that work was required to seek comparison data.

The Director of Operations advised that the Trust had achieved C1 90th and C4 90th performance targets whilst the remaining measures were showing an improvement trajectory within the last three weeks of April.

The Deputy Chief Executive explained that feedback from stakeholders was positive and the work being carried out to reduce attendances had been acknowledged. He added that during 2018/19, the Trust conveyed 15,000 less patients to hospitals.

The Chief Executive stated that data was now being utilised more smartly. For example, Hear and Treat data was now collated via Clinical Commissioning Group (CCG) area, providing intelligence in terms of where the system was

working effectively. The Director of Quality, Innovation and Improvement stated that CCG data was utilised to map variation and advised that an improvement collaborative to improve Hear and Treat and See and Treat was being developed.

The Chairman made reference to the Patient Transport Service (PTS) and commented that the Trust was not achieving a number of the performance standards. The Director of Finance explained that the trust was working closely with Commissioners to understand the issues as some of these were system challenges, and a meeting had been scheduled to discuss this in further detail.

The Director of Finance presented members with details of the financial score at month 1. Members were advised that work was progressing in relation to the Cost Improvement Programme (CIP) in terms of developing a plan to achieve the CIP target. Reference was made to the CQUIN and it was noted that this related to digital in 2019/20.

The Interim Director of Organisational Development advised members that mandatory training targets were on track. It was noted that Paramedic Emergency Service were 3% behind trajectory and work was ongoing to improve performance against targets. Members were advised that the date to achieve mandatory training targets was October 2019.

An update was provided in relation to appraisal compliance and it was noted that there were challenges within the PTS. As a result, an action plan was in place to improve appraisal compliance.

The Interim Director of Organisational Development referred to the current vacancy position for the trust which showed very positively. She asked Board to note that the impact of the contract settlement and Operational Research for Health (ORH) proposals were still being worked into plans. This included both in year growth and proposals to change skill mix which would strengthen cover to enable the aim of a paramedic on every vehicle to be delivered consistently. The changes in skill mix would be managed over a number of years taking into account current 5 year plans. Progress reports would be presented to Resources Committee.

The Director of Quality, Innovation and Improvement explained that the integrated performance report would be presented to board on a bi-monthly basis. In addition, weekly dashboards would be presented to the Executive Management Team.

The Board:

- Noted and took assurance from the update.

BM/1920/46 QUALITY COMMITTEE ASSURANCE REPORT

The Chairman presented an assurance report from the meeting of the Quality Committee held on 13th May 2019.

Members were advised that in line with the Right Care Strategy, the Review of Serious Events Group would report into the Safety Management Group, which reports into this committee.

The Board:

- Noted and took assurance from the update.

BM/1920/47 FINANCE, INVESTMENT AND PLANNING COMMITTEE ASSURANCE REPORT

Mr M O'Connor presented the assurance report from the meeting of the Finance, Investment and Planning Committee held on 20th May 2019.

A discussion had ensued in terms of the demand for IT resources and therefore, this needed to be monitored.

An update was provided in relation to Estuary Point and members were advised that the work being carried out by Virgin was now complete. It was envisaged that the 111 and EOC services would move into the building at the end of July 2019. A communications would be circulated to staff and a post project review

The Board:

- Noted and took assurance from the report.

BM/1920/48 CONTROLLED DRUGS ANNUAL REPORT 2018/19

The Medical Director presented a report to provide assurance to members that the Trust was managing its medicines and controlled drugs safely and in accordance with legislation, best practice and NWAS protocols.

Members were advised that the Mersey Internal Audit Agency (MIAA) had carried out a review of Patient Group Directions (PGDs) and limited assurance had been received. It was noted that seven recommendations had been made and an action plan was in place that would be monitored by the Audit Committee. The Chairman sought further information in relation to the recommendations and the Medical Director explained that three were high risk, two of which had been completed, three were medium risk and one was low risk.

The Board:

- Noted the update and received assurance that an action plan was in place, to implement the seven recommendations that would be monitored via the Audit Committee.

The Chief Executive exited the meeting at this point.

BM/1920/49 NWAS PANDEMIC INFLUENZA PLAN

The Director of Operations presented the Pandemic Influenza Plan, for member's approval. Members were advised that the plan was reviewed on an annual basis.

The Board:

- Approved the NWAS Pandemic Influenza Plan.

BM/1920/50 EQUALITY, DIVERSITY AND INCLUSION ANNUAL REPORT

The Interim Director of Organisational Development presented the Equality, Diversity and Inclusion Annual Report for members' approval.

The report included details in relation to a summary of key areas during the last twelve months and priorities for 2019-20. It was noted that regular updates and assurance in relation to progress against the priorities would be presented to the Resources Committee.

A discussion ensued in relation to the priorities for 2019-20 and the Interim Director of Organisational Development explained that in conjunction with the Workforce Strategy, key specific targets were being developed.

The Chairman acknowledged the excellent work that was being carried out. The Deputy Chief Executive suggested that consideration be given to a future board development session in relation to equality, diversity and inclusion and how this would look over the next four years.

The Director of Quality, Innovation and Improvement commented on the importance of equality, diversity and inclusion and stated the gender pay gap position was not acceptable. She added that as a Board, commitment was required to invest into equality, diversity and inclusion.

The Board:

- Received assurance on progress around the equality, diversity and inclusion agenda, and
- Approved publication of the report on the trust website.

BM/1920/51 ANY OTHER BUSINESS

There were no items of any other business.

BM/1920/52 ITEMS FOR INCLUSION ON THE BOARD ASSURANCE FRAMEWORK

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

BM/1920/53 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting of the Board of Directors will be held on Wednesday 31st July 2019 at Salkeld Hall, Infirmary Street, Carlisle, CA2 7AN.

Signed: _____
Date: _____

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BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Status:	
Work in progress	WIP
Completed on Time	
Completed late	
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	Signed off at Board on 29.05.19	
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	Presented to Board - 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. Update presented to members at Board 29.05.19. Update presented to Board 29.05.19 -	
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 presented to the Executive Management Team on 05.06.19 and Audit Committee on 19.07.19	
24	29/05/19	1920/31	Board Story	The Interim Director of Organisational Development to check to ensure that Non-Executive Directors had access to the dementia module within their on-line learning package.	LW	31.07.19	31.07.19	Tier 1 dementia is one of the required competences for NED mandatory e-learning. Contact will be made with NEDs shortly to ensure that they are registered on MyESR for completion of the required competences.	WIP
25	29/05/19	1920/40	Digital Strategy	The ambition of the trust to be the best in the UK to be included within the strategy.	MF	31.07.19	31.07.19	Completed. Statement now included within the strategy.	
26	29/05/19	1920/41	Board Governance Structure Review	e made clear in terms of voting rights, within the comr	AW	31.07.19	31.07.19		

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Board and Committee Attendance

Board of Directors	24th April		24th May	29th May		31st July		25th September		27th November		29th January		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
Peter White	✔	✔	☒	✔	✔										
Richard Groome	✔	✔	✔	✔	✔										
Michael O'Connor	✔	✔	✔	✔	✔										
Maria Ahmed	✔	✔	☒	☒	☒										
David Hanley				✔	✔										
David Rawsthorn	✔	✔	✔	✔	✔										
Daren Mochrie	✔	✔	✔	✔	✔										
Mick Forrest	✔	✔	✔	✔	✔										
Ged Blezard	✔	✔	✔	✔	✔										
Chris Grant	✔	✔	✔	✔	✔										
Carolyn Wood	✔	✔	✔	✔	✔										
Angela Wetton	✔	✔	✔	✔	✔										
Salman Desai	✔	✔	☒	✔	✔										
Maxine Power	✔	✔	☒	✔	✔										
Lisa Ward	✔	✔	✔	✔	✔										
Clare Wade															

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

FIPC	20th May	26th July
Michael O'Connor	✔	✔
David Rawsthorn	✔	✔
Richard Groome		x
Carolyn Wood	✔	Michelle Brooks
Ged Blezard	✔	✔
Maxine Power	✔	✔
Salman Desai	✔	✔
Lisa Ward	✔	✔
Clare Wade		✔

Resources Committee	23rd September	22nd November	24th January	20th March
Michael O'Connor				
David Rawsthorn				
Richard Groome				
Carolyn Wood				
Ged Blezard				
Maxine Power				
Salman Desai				
Lisa Ward				
Clare Wade				

Quality Committee	8th April	13th May	17th June	15th July
Maria Ahmed	✔	✔	☒	✔
Richard Groome	☒	✔	✔	✔
Peter White	✔			✔
David Rawsthorn	✔	✔		
Maxine Power	✔	✔	✔	✔
Ged Blezard	✔	✔	✔	✔
Chris Grant	☒	✔	✔	☒
Michael Forrest			✔	✔
David Hanley			✔	✔
Carolyn Wood	✔	✔	✔	✔

Quality and Performance Committee	16th September	21st October	18th November	20th January	17th February	16th March
Maria Ahmed						
Richard Groome						
Peter White						
David Rawsthorn						
Maxine Power						
Ged Blezard						
Chris Grant						
Michael Forrest						
David Hanley						
Carolyn Wood						

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

Workforce Committee	23rd April
Peter White	✔
Richard Groome	✔
Carolyn Wood	✔
Ged Blezard	✔
Lisa Ward	✔

Charitable Funds Committee	24th April	30th October
David Rawsthorn	Cancelled	
Richard Groome		
Angela Wetton		
Ged Blezard		
Salman Desai		
Carolyn Wood		
Lisa Ward		

Nomination & Remuneration Committee	24th April	11th June	31st July	25th September	27th November	29th January	25th March
Peter White	Cancelled	✔					
Richard Groome		✔					
Michael O'Connor		☒					
David Rawsthorn		✔					
Angela Wetton		✔					
Maria Ahmed		☒					

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Agenda Item 6

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CONFLICTS OF INTEREST REGISTER 2019/20
NORTH WEST AMBULANCE SERVICE - BOARD OF DIRECTORS

NHS Trafford Clinical Commissioning Group

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
Dr Ian	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
			Member of Green Party			√		Other Interest	May-19	Present	
Clare	Wade	Associate Non-Executive Director (Digital)	Head of Patient Safety, Roysl College of Physicians	√				Position of Authority	Jul-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Lisa	Ward	Interim Director of Organisational Development	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director – 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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North West Ambulance Service NHS Trust

REPORT

Board of Directors										
Date:	31st July 2019									
Subject:	Board Roles – Appointment of Vice Chair and Senior Independent Director									
Presented by:	Peter White, Chairman									
Purpose of Paper:	For Decision									
Executive Summary:	The proposal is that: 1. Mr Richard Groome be appointed as Vice Chair 2. Mr Michael O' Connor be appointed as Senior Independent Director These appointments will be for a maximum term of two (2) years or until the term of office for the individual expires, whichever is sooner.									
Recommendations, decisions or actions sought:	The Board of Directors is asked to consider and approve the proposal to appoint: 1. Mr Richard Groome as Vice Chair 2. Mr Michael O' Connor as Senior Independent Director									
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:	**N/A**
Previously Submitted to:	**N/A**
Date:	**N/A**
Outcome:	**N/A**

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1. PURPOSE

To approve the appointment of a nominated Vice Chair and Senior Independent Director. The role descriptions can be seen in Appendix A and Appendix B.

2. BACKGROUND

The Higgs Review (2003) recommended boards of publicly listed companies should appoint a Senior Independent Director (SID) from among their independent Non-Executive Directors (NEDs). These recommendations were subsequently adopted in the UK Code of Corporate Governance and Monitor's NHS FT Code of Governance, 2014, to which NWAS adheres where appropriate.

The Board's Standing Orders sets out the composition of the Board which are written to comply with the Trust's Establishment Order 2006-1622 and the NHS Trusts (Membership and Procedure) Regulations 1990.

Within clause 2.1 of the Standing Orders it states:

In addition to the Chairman, the Non-Executive Directors shall normally include:

- *one appointee nominated to be the Deputy or Vice-Chairman*
- *one appointee nominated to be the Senior Independent Director*

In light of the recent changes around the Board table and further changes that will occur, the Chairman, using the information available to him and his professional judgement, has given careful consideration to the skill sets, organisational experience, existing commitments and available time of each of the Non-Executive Directors. Having done so, the Chair makes the following recommendations to the Board of Directors, as set out below.

3. PROPOSAL

The proposal is that:

1. Mr Richard Groome be appointed as Vice Chair
2. Mr Michael O' Connor be appointed as Senior Independent Director

These appointments will be for a maximum term of two (2) years or until the term of office for the individual expires, whichever is sooner.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

The Board's Standing Orders set out the composition of the Board of Directors and the above proposal complies with the Standing Orders.

The proposal also complies with the Establishment Order and the Membership & Procedure Regulations 1990.

Whilst not an FT, the Trust has committed to complying with the Monitor Code of Governance where applicable and this proposal with respect to the appointment of a Senior Independent Directors complies with elements contained within the Code Provisions A.4.1; A.4.2 and A.4.3.

5. RECOMMENDATIONS

The Board of Directors is asked to consider and approve the proposal to appoint:

1. Mr Richard Groome as Vice Chair
2. Mr Michael O' Connor as Senior Independent Director

APPENDIX A: ROLE OF VICE CHAIRMAN

PRINCIPLE DUTIES AND AREAS OF RESPONSIBILITY

In addition to the general duties of a NED, the Vice-Chairman will have the following specific duties:

- Preside at meetings of the Board of Directors in the following circumstances:
    - when the Trust Chairman is unavailable to Chair;
    - on occasions when the Trust Chairman declares an interest that prevents them from taking part in the consideration or discussion of a matter before the Board of Directors.
- Attend external meetings e.g. Regional Chair forums, on behalf of the Chairman
- Induction and Mentoring for new Non-Executive Directors

The Vice-Chairman, the Chairman and Non-Executive Directors

The Vice-Chairman has a key role in supporting new Non-Executive Directors by ensuring that when taking up office, they are fully briefed on the terms of their appointment and their duties and responsibilities. The role also provides ongoing mentorship for new appointees during the first year of their appointment.

WORKING RELATIONSHIPS

The Vice-Chairman will be appointed by the Board of Directors and will have the normal working relationships of a NED, however with specific reference to the role of the Vice-Chairman the main working relationships will be with:

- Chairman
- CEO
- Director of Corporate Affairs

TIME COMMITMENT

The Vice Chairman should ensure they will have sufficient time to meet the rigours of the role and the additional responsibilities.

APPENDIX A: SENIOR INDEPENDENT DIRECTOR ROLE DESCRIPTION

PRINCIPLE DUTIES AND AREAS OF RESPONSIBILITY

In addition to the general duties of a NED, the SID will have the following specific duties:

- Be available to directors (executive and non-executive) if they have concerns about the performance of the Board or the welfare of the Trust, which contact through the normal channels of Chairman, the Chief Executive, or the Director of Corporate Affairs has failed to resolve or for which such contact is inappropriate
- Meet with the non-executive directors without the Chairman present at least 2x per annum and additionally when necessary where it would be inappropriate for the Chairman to be present
- Support the Chairman in leading the Board of Directors, acting as a sounding board and source of advice.
- NED lead for Freedom to Speak Up and Raising Concerns

The SID, the Chairman and Non-Executive Directors

The SID has a key role in supporting the Chairman in leading the Board of Directors and acting as a sounding board and source of advice for the Chairman.

There may be circumstances where the SID should hold a meeting with the other Non-Executive Directors in the absence of the Chairman, for example, where Executives have expressed concern regarding the Chairman or in circumstances where the Board of Directors is experiencing a period of stress. During those times the SID has a vital role in intervening to resolve significant issues of concern, for example; unresolved concerns regarding the performance of the Chairman; where the relationship between the Chairman and the Chief Executive is either too close or not sufficiently harmonious, where the Trust's strategy is not supported by the whole Board of Directors or where key decisions are being made without reference to the Board Of Directors or where succession planning is being ignored. In any case the SID should meet with the NEDs without the Chairman present, at least twice per annum.

In the circumstances outlined above, the SID will work with the Chairman and other Directors to resolve such issues.

WORKING RELATIONSHIPS

The SID will be appointed by the Board of Directors. The SID will have the normal working relationships of a NED, however with specific reference to the role of the SID the main working relationships will be with:

- Directors (including NEDs)
- Chairman
- Director of Corporate Affairs

TIME COMMITMENT

The Senior Independent Director should ensure they will have sufficient time to meet the rigours of the role and the additional responsibilities.

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North West Ambulance Service NHS Trust

REPORT

Board of Directors	
Date:	31 July 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 29th May 2019. The highlights from this report are as follows: **Performance** • Work to improve the performance against the standards continues. • The first phase of the working parties with staff over the roster review commenced in June • 111 has demonstrated continuation of the sustained performance improvement for calls answered in less than 60 seconds and calls abandoned for the whole of the first quarter of 2019/20 • PTS activity during May 2019 was 1% above contract baseline with the year to date position being 1% below the baseline **Issues to note** • The Chief Executive attended a number of engagement events with local and regional stakeholders and staff. • At the recent HPMA Excellence Awards the trust was highly commended in the category of Health Sector Jobs Best Recruitment Initiative 2019. • Lancaster's new Community Fire and Ambulance Station was officially opened by Princess Alexandra • The Chief Nurse from NHS England visited the Parkway site • Launch of 111 On- Line Campaign • Soft launch of NWAS new website

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**	**SR09**	**SR10**
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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 29th May 2019

2. PERFORMANCE

2.1 999

Work to improve the performance against the standards continues and the first phase of the working parties with staff over the roster review commenced in June.

Date	Jun-18	Jun-19	Standard	Impact
Calls	124,537	132,117		7,580 ↑
Incidents	91,366	96,939		5,573 ↑
CPU	68.03%	74.99%	95.00%	6.96% ↑
H&T	4694	7,502		2,808 ↑
	5.14%	7.74%		2.60% ↑
S&T	22806	26,548		3,742 ↑
	24.96%	27.39%		2.43% ↑
C1 Mean	00:08:18	00:07:21	00:07:00	00:00:57 ↓
C1 90th	00:14:11	**00:12:23**	00:15:00	00:01:48 ↓
C2 Mean	00:23:29	00:22:08	00:18:00	00:01:21 ↓
C2 90th	00:51:42	00:47:09	00:40:00	00:04:33 ↓
C3 Mean		01:04:33	01:00:00	
C3 90th	02:27:41	02:32:15	02:00:00	00:04:34 ↑
C4 90th	03:03:11	**02:58:21**	03:00:00	00:04:50 ↓
Hospital Attendances - All	64,674	63,704		970 1.52% ↓
Hospital Handover Time	00:32:10	00:31:25	00:30:00	00:00:45 ↓

We proudly hosted Dr Ruth May, Chief Nursing Officer for England who presented awards to Gill Drummond, Mental Health Manager and Craig Hayden, Advanced Practitioner for their Excellence in Nursing.

111

NWAS 111 has demonstrated continuation of the sustained performance improvement for calls answered in less than 60 seconds and calls abandoned for the whole of the first quarter of 2019/20.

Metric	NWAS	National
Calls Answered within 60 seconds % (Target 95%) June 2019	85.00%	86.70%
YTD	86.80%	
Calls Abandoned % (Target <5%) June 2019	3.77%	2.5%
YTD	2.9%	

When compared with the previous 2 years for Q1, currently we are performing to a much improved standard of service delivery.

Description	Target	Year	Q1
Calls Abandoned	<5%	2017/18	5.51%
		2018/19	6.93%
		2019/20	2.9%
Calls answered in 60 secs	95%	2017/18	81.39%
		2018/19	74.60%
		2019/20	86.8%

We successfully filled 2 of the 3 senior management roles, with both managers commencing in post during July 2019. This will facilitate focus on sickness and staff recruitment/attrition and development of plans to support delivery of the Urgent and Emergency Care Strategy.

PTS
Activity

Overall activity during May 2019 was 1% (969 journeys) above contract baselines. The contract year to date position (July 2018 – May 2019) PTS is performing at 1% (15,763 journeys) below baseline. Within these overall figures, Cumbria and Lancashire are 3% and 9% 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% and 7% 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% and 8% below baseline.

Within the contract for each area, an Unplanned daily cap of 10% of the Planned monthly activity calculated on a daily basis with a 10% daily variance is applicable. Although the cap has not been enforced, activity has been monitored with Cumbria exceeding the 45 journey cap by an average 10 journeys on each day; Greater Manchester is exceeding the 146 journey cap by 61 journeys per day; Lancashire is exceeding the 157 journey cap by 35 journeys per day and Merseyside is exceeding the 81 journey cap by 14 journeys per day with a peak of 30 on the 11th March (averages).

The relevance of this information is that typically, Unplanned activity is higher acuity than planned and consists mainly of discharges which take longer to accommodate. This results in a reduction in available ambulance capacity and impacts on all aspects of contract performance.

Performance

In December 2018 the service line concluded an annual ‘deep dive’ of PTS activity and performance across all contracts. The report was submitted to the NWAS Contracting Group in February 2019. A summary of this report was provided to Performance Committee in March 2019. The report concluded that there were five key factors that influence

performance outputs, and explain the variation in outputs across the individual contracts, as follows:

- Degree to which activity is performing against the baseline plan (especially Unplanned)
- Degree to which higher acuity activity is present within the overall demand profile
- The time of day on the day activity is booked
- Traffic conditions
- Level of aborted journeys

Developing on the recommendations made in the Deep Dive report, a strategic workshop was held in June that was hosted by NHS Blackpool CCG (Lead Commissioner). This included representation from each county with the exception of Greater Manchester. NWAS was represented at the workshop by the Director of Finance, Deputy Director of Finance, PTS Head of Service and the Contract Delivery Manager.

The workshop agreed outcomes that are intended to support PTS with regard to the challenges. In practical terms, commitment was given to the development of a regionally focussed improvement programme for reducing avoidable aborted journeys in acute hospitals, similar to the Every Minute Matters Programme, with support from PTS but with a clear focus on strategically important acute trusts' committing to improvement trajectories on aborted journeys. It is envisaged that the resultant efficiency savings and reductions in resource wastage would support PTS' winter offering for 2019/20. Additionally, focus was given to:

- transferring Unplanned activity volumes to Planned,
- shifting hospitals away from telephony to online booking use (in line with Contact Centre improvement plans),
- winter preparedness,
- Urgent and Emergency Care (UEC) demand and
- future modelling.

Progress will be managed and reported through the Strategic Partnership Board, NWAS Contracting Group and internally through the PTS SMT and Quality & Performance Committee

3 ISSUES TO NOTE

3.1 Local Issues

Engagement with local stakeholders and staff

Mountain Rescue

I have recently met with Bolton Mountain Rescue Team, who are based within the grounds of Ladybridge Hall, to hear about the role they play in supporting the local community and emergency services. NWAS has a fantastic working relationship with the mountain rescue team and I can only see a positive future as we build on this.

Meeting EMTs

It was great to close the Advanced Ambulance Practitioner (AAP) course for cohort 13 and chat to the new EMT1s. We discussed how I attended my EMT course back in the early 1990s and chatted about everything from the strategic direction of the organisation to making sure everyone adopts the values of the trust, that we support one another and the direction of estates across the trust.

HART

I was put through my paces by the Hazardous Area Response Team in Liverpool with a taster of working at heights and in confined spaces. It's been a few years since I donned HART PPE but it was great to experience it once again, extricating a live patient from an underground tunnel collapse scenario. I also attend an RTC; pedestrian vs a car, with

Tim Byrom one of our APs. The team has a brilliant shared facility with the fire and rescue service. I also visited the Manchester HART team and had an opportunity to meet with the staff there to discuss various matters.

Staff Assault

On a not so pleasant note, one of our crews and a first year paramedic student were recently assaulted. I spent an evening in Bolton South with them to see how they were doing. Thankfully both are ok and are now recovering after this unacceptable incident. Whilst they are well supported by the team and wider colleagues this sort of behaviour cannot be tolerated and I encourage anyone who is the victim of this type of behaviour to report it so that action can be taken to bring the perpetrators to justice.

3.2 **Regional Issues**

Engagement with regional stakeholders and staff

Bill McCarthy, North West Regional Director, NHSi

Following an initial introductory meeting at the beginning of June where I met with Bill McCarthy, to give him an overview of NWAS, I then had a second opportunity to meet with him at the North West CEO/AO Event in Prestwich together with other Chief Executive Officers and colleagues from North West Regional NHSE/I, Greater Manchester Health and Social Care Partnership, the ICS lead for Lancashire and South Cumbria and the HCP lead for Cheshire and Merseyside where the topics for discussion included an update on key issues, sharing best practice, the long term plan and the new operating model. Working together to collectively share best practice and discuss the challenges and possible solutions across the region can only be a good thing for patients and staff across the whole of the North West.

Visit to Carlisle NHS 111 Contact Centre and Ambulance Station

On Bank Holiday Monday I visited the Carlisle based NHS 111 Contact Centre and Carlisle Ambulance Station to thank them for working the bank holiday and also to hear how things were going from their perspective

Royal Opening of Lancaster's new Community Fire and Ambulance Station

I recently attended the official opening by Princess Alexandra of Lancaster's new Community Fire and Ambulance Station. The event was attended by members of the public, colleagues from Lancashire Fire & Rescue Service and volunteers, as well as our own trust. The new joint station allows us to work much more closely with our emergency service colleagues, allowing us to share facilities and further strengthen our relationship with them.

North West Air Ambulance Charity

I recently visited the North West Air Ambulance Charity at Barton Aerodrome with Consultant Paramedic Steve Bell. I met with Andy Duncan, lead HEMS paramedic and the duty crews: Doctor Oli Harrison, Senior HEMS paramedic Rob Evans and HEMS paramedics Deborah Rigg and Mike Ainslie. I also had the opportunity to meet with Dave Briggs, Director of Operations for the North West Air Ambulance Charity. Amazingly the charity has recently celebrated their 20th anniversary so our meeting was a good opportunity to reflect on the positive impact the partnership has made on patient care and what we can look forward to in the future. Whilst there, I also had the chance to take part in a training simulation involving the management of a trauma patient which included the administration of blood and a pre-hospital anaesthetic.

NHS 111 Online

A recent two week NHS 111 Online campaign launch took place in our region. Working in partnership with NHS England colleagues, a programme of radio and digital ads was agreed to promote the online service across the North West. This approach combined

with a team of field marketeers to undertake face to face engagement work in central Manchester – the highest users of the NHS 111 telephone service. We are seeking awareness, usage and experience of the online service through conversations and surveys. Where people had not yet used the service, we were asking why and whether knowing they can still speak to a clinician, if needed, would affect their decision to use the online service in future. All the views and opinions obtained will be analysed and a report produced. We will also be closely monitoring any effects on usage of both the online and telephone service during and after that time.

Ambulance Museum

I attended the last day of the open week for the ambulance museum at Crosby. I had heard it was well worth a visit and was made very welcome by Glyn Brown the museum curator who has a wealth of knowledge. Glyn has gathered a fantastic collection of ambulances, uniforms, equipment and photographs allowing visitors to travel back in time and see just have far we have now come as a service. My thanks to Glyn for investing so much time and energy to capture these important memories and put them on show for everyone to see.

Development Days

I recently had the opportunity to attend two senior paramedic team leader development days in Preston. Well-crafted and delivered continuing professional development is important because it delivers benefits to the individual, their profession and the communities we serve. On a similar note I and my fellow board members have recently agreed to bi-monthly board development days which will take place at different trust sites across our north west footprint and give us valuable development time together in between normal board business. This will also enable us to meet more of our staff while we are at different locations

HPMA Awards

I had the pleasure to attend the HPMA Excellence Awards 2019 in Manchester with Mick Forrest and Caroline Hastings. The HPMA Awards recognise and reward outstanding work in healthcare human resource management. We were shortlisted in partnership with North Cumbria University Hospitals NHS Trust in the category of Health Sector Jobs Best Recruitment Initiative. We received a highly commended for our work on recruiting for the benefit of the health system as opposed to purely our own organisations. Well done to Caroline and all our partners.

Volunteers Week

This past week has been Volunteers Week – a chance to recognise the valuable contribution of our PTS voluntary car drivers and our PES community first responders. I particularly want to mention the Community Defibrillators for Rossendale group who were awarded the prestigious Queen's Award for Voluntary Service. The lifesaving work this and other groups carry out in their local communities is of great importance to patients and I'm delighted this invaluable work has been recognised by Her Majesty the Queen.

Workshops visit

Carolyn Wood, Director of Finance and myself recently visited our fleet workshops at Bolton, Bury and Haydock. The regular maintenance and repair work of our fleet is vital in keeping us on the road and able to deliver both emergency and patient transport services and the dedication of the teams we met is to be commended. It was great to chat to staff in both fleet and logistics and I particularly enjoyed seeing the first class facilities at Haydock.

Greater Manchester Long Service Awards

I had the honour of attending the Greater Manchester Long Service Awards with our Chairman Peter White and awarding certificates to our colleagues with 20+ years' service as well as conveying the thanks of the trust. I was also delighted to meet Deputy Lord

Lieutenant Professor George Holmes who presented the Queens Awards with me at the Last Drop Village Hotel. Unbelievably over 2,600 years of service were collectively recognised at the event. This is a fantastic achievement and shows the commitment of our staff in choosing to develop their careers with the trust.

GM Fire and Rescue Service

I recently met with Jim Wallace, Chief Fire Officer at Greater Manchester Fire and Rescue Service. We talked about the effectiveness of our partnership working, how we can share learning, support each other; understand the challenge each organisation faces and improve working relationships.

Freedom to Speak Up

I continue to meet monthly with the FTSU Guardian to get an update on any issues. The role of the Guardian's office is to act as an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the chief executive. The Guardian works with the Board to help create an open culture and one which is based on listening and learning not blaming. All of us in the NHS have a responsibility to raise any genuine concern about a risk, malpractice or wrongdoing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff or the organisation itself, at the earliest reasonable opportunity.

Speaking out or whistle blowing may sometimes be portrayed negatively, particularly in the media following coverage of high profile cases. This can result in NHS staff becoming reluctant to speak up for fear of what may happen to them or their careers once they report an appropriate concern. I would like to strongly reassure all staff that their concerns will be handled confidentially, they will be fully supported and they will not suffer any consequences as a result.

Therapy Dogs

I was interested to hear about the successful peer support dog programme operating in Ambulance Victoria, Australia. They have 12 therapy dogs supporting staff to improve mental health and wellbeing and decrease the stigma that can be associated with mental health issues. The dogs are specially trained and selected for their affectionate natures and are clearly a big success down under. The initiative was something I looked into at my previous trust and I am keen to explore options for us here at NWAS.

Armed Forces Week 2019

The trust recently hosted a Reserve Forces celebration event which provided an opportunity to recognise the vital role reservists play within the Armed Forces and the skills they both bring to NWAS as well as take back to their Reserve Forces position.We have 45 reservists who give up their spare time to train and serve alongside the regular forces and are an important element of the nation's total defence capacity. The training, skills and experiences gained in the reserve forces are invaluable including leadership, team work, communication and decision making often in challenging situations and environments.

The event was opened by Lisa Ward, Interim Director of Organisational Development and followed by guest speaker, Wing Commander Chris Ashworth, Regional Employer Engagement Director of The Reserve Forces' and Cadets' Association for the North West of England and the Isle of Man. Presentations were also given by representatives of 201 Field Hospital and the 335 Medical Evacuation Regiment

3.3 **National Issues**

Engagement with National stakeholders

Core Business

Worthy of a mention is a meeting hosted by NHS Improvement in London called Safe Ambulance Staffing which I chair on their behalf. Most trusts are represented and we are developing a set of draft standards to assist ambulance trusts with maintaining safe staffing levels. We also had our regular Executive Management Team meeting where we heard from ORH about the Building Better Rotas review and approved the organisation's digital strategy which will give focus to our technical needs to enable us to provide better care with year one focusing on getting some of the basic infrastructure in place.

Golden Nugget

A huge congratulations to Advanced Paramedic Shaun Tierney who won the British Paramedic Journal Golden Nugget prize and the Audience Choice award at the College of Paramedics' conference with his piece of work "The utilisation of a structured debriefing framework within the pre-hospital environment: a service evaluation". I received a call from Gerry Egan, Chief Executive of the College of Paramedics who I worked with over many years to tell me the news about Shaun and to say how proud he and the college were of Shaun's achievements.

BBC Ambulance

The last episode of series four of Ambulance has been aired, but series five will soon be on TV and I was lucky enough to have a sneak preview at an excellent event hosted by the Royal Television Society. A special thank you to Emergency Medical Dispatcher, Laura Pilling from Parkway who took part in a Q&A session after the screening alongside the production team. Laura did both Control and the entire service proud as she answered questions from the room with honesty and heart after revealing personal tragedy in the programme. Ambulance has shown the sector in such a positive light. Thank you to all of our staff who have taken part.

Clinical Trials Day

20th May marked the annual International Clinical Trials Day in recognition of the day that James Lind started, what is often considered, the first randomised clinical trial to treat scurvy aboard a ship in 1747. It is an opportunity to celebrate the work of the research community and to raise awareness of clinical research. Thank you to our Research and Development team, led by Consultant Paramedic, Steve Bell, and to all of you for your commitment to participating in and delivering research across the trust. This contribution to enhancing the quality of care we provide to our patients, and improving their outcomes, is immeasurable.

Ramadan and Eid

Wednesday 5th June marked the end of Ramadan, the period of fasting and reflection for Muslims. We are all aware of the importance of this time for both Muslim colleagues and patients and I was delighted to hear about a recent invitation to Ian Walmsley and Dave Rigby to attend the Preston Mosque. We were invited to experience Ramadan, observe prayers and interact with worshippers in the breaking of the fast, an amazing and unique opportunity.

75th Anniversary of the D Day landings

Like many of you I watched the services taking place around the world to mark the 75th anniversary of the D Day landings. No doubt some of you have family members; grandparents or great grandparents that played their part in ensuring we can all enjoy freedom from oppression and tyranny today. As a trust we are committed to supporting our Armed Forces and later this month will be hosting a celebration event for our reservists to recognise the value they bring to the organisation.

4 Annual General Meeting

The Trust's Annual General Meeting has been arranged for Monday, 30th September 2019, at 10.30 am at Trust HQ.

The purpose of the AGM is for the Chief Executive, Chairman and Executive Directors of the Trust to present the Trust's Annual Report and Accounts and key highlights for 2018/19 to members of the public.

New Trust Website

I am delighted to confirm our new external website has gone live. Executive management colleagues and myself received a demonstration from Mixd, the trust's contractors, last Wednesday and were pleased to give it our approval. The next few weeks will be an opportunity for further testing and tweaking before we launch it officially to the public on our trust's birthday, 1 July 2019.

The website www.nwas.nhs.uk profiles all our services and includes films, much improved navigation, increased accessibility, more engaging content and new ways for our communities to get involved with us. We also have a new content management system which gives our website publishers the tools to ensure the site remains up-to-date, has relevant appealing content and projects a consistent, professional image. We have already had some great feedback, particularly from other ambulance services who love our new service film. The film was produced in house and is the forerunner of 3 further short films which will individually feature PTS, 111 and PES colleagues.

Well done to colleagues in the communications and project management teams who have been working hard to deliver this

West Midlands Ambulance Service

It is with great sadness that we have learnt of the death of Tammy Minshall, a University Student Paramedic; our sincere condolences were expressed to the Chief Executive of WMAS on behalf of the North West Ambulance Service Board and all of the staff.

Losing a staff member, especially one so young and at the start of their career, is extremely tragic and I am sure everyone feels devastated at what has occurred. A Safety Notice has been issued to all NWAS staff. All students, observers, 3rd crew staff members must ensure they are seated in a forward facing seat in the saloon of the Ambulance, and wear the seatbelt at all times. This is mandatory whilst the vehicle is in motion

5 LEGAL IMPLICATIONS

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

6. RECOMMENDATION(S)

6.1 The Board of Directors is recommended to:

- Receive and note the contents of the report.

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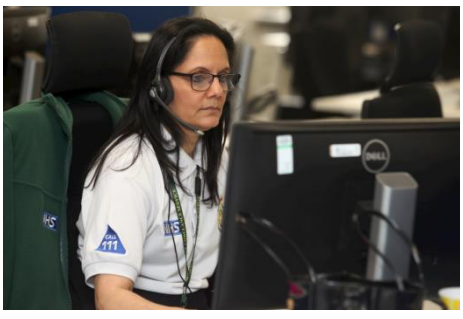
North West Ambulance Service NHS Trust

Our Strategy 2019 - 2024



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

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The 2018-2023 strategy at a glance 20

Welcome

At North West Ambulance Service (NWAS), our vision is to be the best ambulance service in the UK - but what do we mean by 'the best'?

We put patients at the heart of everything we do and we want to provide the best possible care to the people of the North West. We believe we will achieve our vision if we deliver the right care, at the right time, in the right place; every time.

This document explains our trust strategy - it shows which areas we want to concentrate on (our priorities - page 9) and how we will develop our services (page 11), all with the aim of achieving our vision.

To be the best, we recognise there are areas we will need to focus on which are priorities not only for us at NWAS, but for the NHS as a whole.

We have a central role to play in the development of urgent and emergency care in the North West. We are uniquely placed as a region-wide service, giving us an opportunity to influence and improve urgent and emergency care delivery across the whole area. The importance of this is outlined in the NHS Long Term plan which describes how the NHS will move to a new service model in which patients get better support and properly joined-up care at the right time in the optimal care setting.

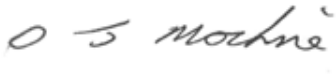
Collaborating with our wider healthcare partners to develop a range of solutions and optimising opportunities to treat more patients by telephone, at scene and in community settings will help us reduce unnecessary conveyance to hospital - a better outcome for patients and the whole of the NHS system. As a key enabler of our trust vision, a specific Urgent and Emergency Care Strategy has been developed and describes in more detail how we will move towards a better integrated care model.

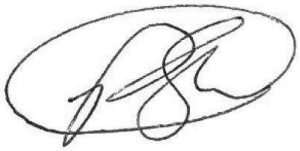
Another theme central to our strategy, which is also mentioned in the NHS Long Term Plan, is investment and improvements in digital. It is simply not possible to deliver the right care, at the right time, in the right place; every time in today's world without a progressive digital infrastructure. Our patients expect to be able to interact with us through email, phone, web or application and they expect us to have access to the best location software, their health record and information about past interactions with us. As such a vital enabler of the trust vision, a dedicated digital strategy has been developed which makes a commitment to pursue digital improvements for staff and patients at pace.

To be the best ambulance service in the UK we also need to support our committed, highly skilled and engaged staff to fulfil their potential. Our workforce strategy sets out how we will develop, engage and empower our staff to deliver services in the most effective and efficient way.

We have the opportunity to make NWAS a leader in shaping the future healthcare system for the North West, and an opportunity to make it an even greater place to work than it is today. It is our people who make our organisation outstanding and our patients who inspire us to continually improve, so none of this will be possible without your support and input. As such, there are parts of our strategy dedicated to our workforce development and patient involvement.

We hope you enjoy reading this strategy and, more importantly, enjoy being part of our progressive and exciting future. We will endeavour to keep you up to date with progress against our plans and, as always, welcome comments and feedback. Thank you.





Daren Mochrie QAM
CHIEF EXECUTIVE

Peter White
CHAIRMAN

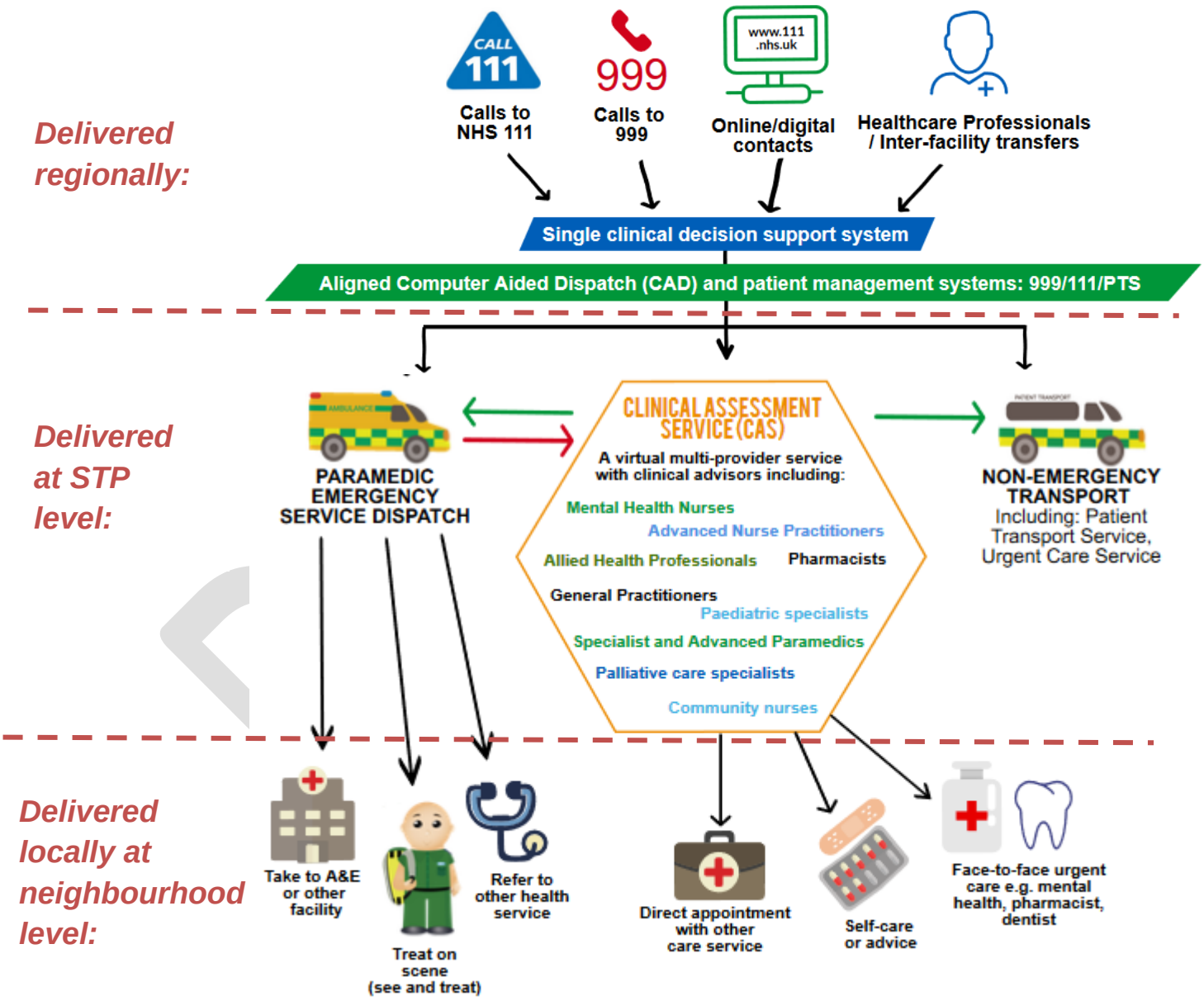
Context

We are emergency responders, patient transport providers and NHS 111 urgent care and advice givers. Here's more about our work:

*As of July 2019

Here's more about health and social care in the North West:

We provide care in a complex social and economic environment. Our strategy is responsive to this, ensuring our services are delivered in a way that best supports our diverse communities and contributes to the thriving economies in our region. Elements of it will be delivered regionally, while others will be tailored to a Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS), or locally at a neighbourhood level.



Our vision

Our vision is to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place; every time.

Measuring success

Achieving our vision will mean that we are:

- Achieve the highest standards of safe, effective and patient-centred care
- Achieve all operational performance standards for 999 U&EC, NHS 111 and PTS
- Ensure care is delivered in most appropriate setting for the patient and the system, safely reducing unnecessary conveyance to the emergency department
- Provide the appropriate workforce, resources and infrastructure enabling the achievement of our priorities every time to all our patients

Our priorities

To achieve our vision, we'll focus on eight **priorities**:

Urgent and emergency care (integrated)

Increasing service integration and leading improvements across the healthcare system in the North West.

Quality (Right Care)

Delivering appropriate care, which is safe, effective and patient centered for each individual.

Digital

Radically improving how we meet the needs of patients and staff every time they interact with our digital services.

Business and commercial development

Develop skills and capability to explore business opportunities for current and new viable contracts, services or products.

Workforce

Engaging and empowering our leaders and staff to develop, adapt and embrace new ways of delivering the right care.

Stakeholder relationships

Building and strengthening relationships that enable us to achieve our vision.

Infrastructure

Reviewing our estates and fleet to reflect the needs of the future service model.

Environment

Committing to reduce emissions by embracing new technology including electric vehicles.

Our values

Our values form the foundation of the whole organisation, and drive us to lead by example and create the right culture and conditions for patients to receive safe care every time.

In 2019/20, there will be a review to gather opinions and ensure our values are meaningful and reflect what is important to our workforce.

Working Together for Patients 	Patients are at the heart of everything we do. Through positive teamwork, we share our knowledge, experience and expertise, providing a well-mannered, professional service which is inclusive of all communities.
Commitment to Quality of Care 	We strive for excellence through being committed to quality and professionalism, providing suitable, sustainable and effective care to our patients. We welcome feedback to continually enhance and develop our service.
Respect and Dignity 	We show respect and dignity to every person we have contact with, demonstrated through our honesty, trust and good manners. We take personal responsibility for our behaviour, being accountable for the impact our actions and words may have on others.
Compassion 	We safeguard our patients, caring for and protecting them and acting on any concerns. We value each other and embrace our differences through listening, being supportive, sharing information and through collaborative working, knowing our diversity makes us stronger.
Everyone Counts 	Compassion, kindness and empathy are essential to the care we provide to our patients.
Improving Lives 	We acknowledge and learn from our mistakes to provide the best care we can.

Our services - now and in the future

Urgent and emergency care

Urgent and emergency care remains our core business. We have developed our Urgent and Emergency Care (Right Time and Right Place) Strategy which focuses on incorporating new, more integrated and flexible ways of working into our core urgent and emergency care offer.

Why?

Our 999 service (Paramedic Emergency Service) is central to our organisation. Saving lives and providing pre-hospital care gives us the opportunity to deliver the best patient care and compassion in the most stressful and demanding situations.

The Urgent and Emergency Care Strategy describes how we will ensure clinical decisions are made as early as possible in the patient journey. This will allow us to provide high quality patient centred care closer to home, in order to treat more patients, by telephone (hear and treat), at scene (see and treat), and in community settings; reducing unnecessary conveyance to hospital.

Integrated Clinical Contact Centre

As part of the Urgent and Emergency Care Strategy, we will review how our clinical contact centres are currently set up. This is with a view of developing a more integrated clinical contact centre, to allow NHS 111, GP and community services, 999, emergency departments and social care providers to work more closely together.

Why?

When a patient calls 999 or 111 their call is triaged to determine the level of response it requires. Calls are given codes based on their nature and where appropriate, certain codes are passed to the Clinical Hub. The call is then assessed and routed to the most appropriate service based on its nature. For example, if you are experiencing a mental health problem, a mental health practitioner will phone you back to conduct an assessment, if you have a medication query a pharmacist will be in touch, or if you have a chest infection then a GP may call you back. Developing the integrated clinical contact centre further will support this process of ensuring patients get the right care, at the right time, in the right place; every time.

NHS 111

We are the largest provider of NHS 111 nationally and we will continue to provide the NHS 111 service in the North West. It will develop as part of the Urgent and Emergency Care Strategy and the Integrated Urgent Care (IUC) plan, with a key role in a more integrated service model.

Why?

Providing the NHS 111 service places us at the centre of the national plans in relation to IUC.

We are committed to supporting the development of the services related to this plan including online booking, access to alternative services and reducing the number of patients who are sent to emergency departments or to 999 by signposting them to more appropriate local services.

Patient Transport Services (PTS)

We will continue to provide PTS and where appropriate, look for further opportunities across the North West to support planned, non-urgent transportation of patients.

Why?

We are the largest provider of PTS across the country and we intend to continue to deliver high quality services in line with the contract specifications. This will benefit the whole patient journey from outpatient appointments to discharges. We will also make the most of our contact with patients by sharing health information and advice, and raising concerns to other support services if necessary.

Resilience

We have effective and valid emergency and contingency plans in place at all times. These plans allow us to mitigate and respond to risks and hazards alongside our multi-agency partners, such as the fire and rescue service.

Why?

Our Resilience Team works alongside wider NHS partners in particular, supporting and driving the NHS Emergency Preparedness, Resilience and Response (EPRR) Programme. They achieve this through close working with our health partners in the Local Health Resilience Partnership (LHRP) structures.

Our challenges and opportunities

The population

The North West has areas of great deprivation. Rates of heart and circulatory diseases and respiratory conditions are high, plus there is wide variation in the health of people across our area. The number of people living with long-term health problems is increasing, and we expect a rise in the population aged over 75 to continue; obesity and other key societal factors will also affect the level and type of demand on the service.

National drivers

There are several external strategies that influence our strategy:
the NHS Long Term Plan; Integrated Urgent Care Service Specification; National NHS Ambulance Digital Strategy; National Ambulance Commissioning Strategy; Carter Report and the People Plan.

Key themes from these national drivers are: increased use of technology; greater integration and interoperability; safe care closer to home; flexible workforce; efficiency and effectiveness.

The Long Term Plan in particular builds on increased integration with the further development of STPs and ICSs, with an element focused on expanding and reforming urgent and emergency care services.

It also places emphasis on the need to prevent people becoming ill in the first place, by helping them to make healthier lifestyle choices and treating avoidable illness early on. It highlights how maximising the opportunities that patient contact and hospital admissions bring can help people to improve their health - this is where the ambulance service has an important role to play.

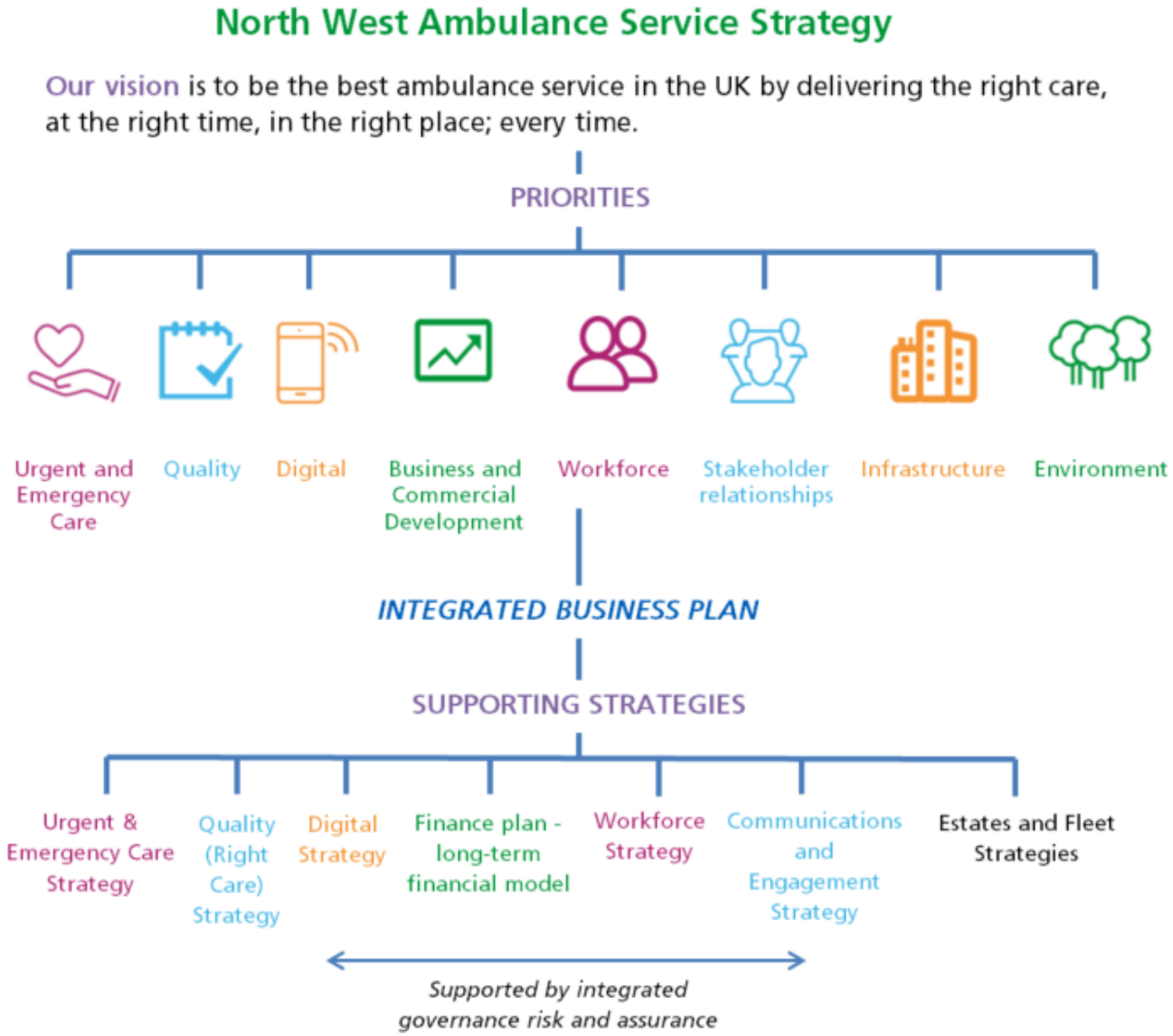
Service reconfiguration

Due to the size and complexity of the area we cover, there are a large number of planned service changes under each of the Sustainability and Transformation Partnerships (STPs) / Integrated Care Services (ICSs). These are at varied stages of development which presents unique challenges and opportunities.

Delivering our strategy

The plan for the delivery of this strategy is described in detail in our Integrated Business Plan (IBP) which was developed with input from all departments of the organisation and brings together a number of supporting strategies. It details how we will achieve the vision, setting milestones to reach each year in order to stay on track.

The diagram below shows the multiple supporting strategies which contribute to the priority areas.



Urgent and Emergency Care (Right Time and Right Place) Strategy
Core to the Urgent and Emergency Care (UEC) Strategy is our ambition to move to a more integrated service model, with closer working for PES, NHS 111 and PTS**.**

This will enable us to meet our primary objective: to ensure that patients with serious or life-threatening emergency needs receive timely, high quality care, to maximise their chances of survival and recovery.

We recognise that we are ideally placed to provide care closer to home, treating patients by telephone, at scene, and in community settings; thereby reducing unnecessary conveyance to hospital. We will work with the wider healthcare system to develop integrated urgent and emergency care solutions to ensure emergency resources are used effectively and able to provide a timely response; every time.

The UEC Strategy covers three main areas: emergency care, integrated urgent care and the service delivery model.

Quality (Right Care) Strategy
Our Quality (Right Care) Strategy describes how we will deliver our commitment to provide the right care through the provision of care that is:

- Safe - protecting our patients from avoidable harm
- Effective - reducing unwarranted variation in treatment and outcomes
- Patient centred - the best experience for patients and staff

The Quality (Right Care) Strategy describes how quality improvement (QI) methodology is becoming increasingly embedded within the trust, supporting evidence-based improvements. It has a focus on developing ‘pillars of quality’ throughout the organisation:

- Complaints
- Incident Reporting (including Serious Incidents)
- Health, Safety & Security
- Safeguarding
- Infection Prevention & Control
- Medicines Management

Digital Strategy

Our Digital Strategy is key enabler to many of the other trust strategies. The digital vision is to radically improve how we meet the needs of patient and staff every time they interact with our digital services. 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.

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

Finance plan - long-term financial model

Effective financial management has always been important within the trust, and following the Government announcement of a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 alongside the publication of the NHS Long Term Plan, it is critical that we have a long term financial plan which aligns with the NHS LTP and organisational strategies.

Along with increases in NHS funding comes a demand for modernisation aimed at transforming services for the patients. Financial management is a fundamental building block for successful, high quality services. It is not just about recording and monitoring expenditure, having robust long term financial plans will help to: meet the challenges within the NHS LTP; understand how money is being spent and whether it is giving good value; improve productivity and efficiency; incentivise systems to work together to redesign patient care; improve how we manage demand effectively and make the best use of capital investment.

Workforce Strategy
Our staff are our greatest asset and central to our future success in providing patients with the right care, in the right place, at the right time; every time.

Our Workforce Strategy focuses on the following themes:

1. Develop - ensuring we attract and retain staff with the right skills and values, and enable them to fulfil their potential
2. Engage - ensuring that we create an inclusive culture, where our staff are actively engaged in shaping the future and where they feel supported and safe
3. Empower - enabling our leaders and staff to lead with confidence, to innovate and improve services and support staff to proactively respond to change.

Our vision can only be achieved through the continued development of a highly-skilled, fully-engaged and committed workforce; led by great leaders who can inspire, motivate and nurture our talent. We recognise the need to keep our staff safe and effectively support their mental and physical wellbeing so that they can deliver effective care to others. As our workforce develops to embrace different professions and ways of working, we need to support our staff to adapt, enable multi-professional working and develop flexible careers for the future.

Communications and Engagement Strategy
The Communications and Engagement Strategy supports the trust vision by focusing on educating, influencing, engaging and building trust with the public, patients and all other stakeholders.

We aim to ensure the voices of our patients and the public are heard and acted upon through our Patient and Public Panel, which provides an agreed framework to increase engagement and involvement between North West communities and the trust.

The Communications and Engagement Strategy also incorporates stakeholder involvement - as one of the biggest ambulance services in the country we have a number of stakeholders with whom we need to have effective relationships in order to deliver our vision, such as statutory bodies, commissioners, health and social care partners particularly the Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs) in the region.

We use a wide variety of communication methods, including face-to-face, electronic, social media and digital channels to ensure messages reach stakeholders.

Estates strategy
The Estates Strategy is principally concerned with our usage of estate infrastructure and the capital investment over the next five years to ensure we can achieve our service objectives.

Lord Carter's report on ambulance service productivity advocates the hub and spoke model due to improved quality and performance. In addition there are potential savings by reducing the estate, centralising medicines management, reducing pool vehicles, reducing backlog maintenance and reducing stock via better stock control. Therefore, the aims of the strategy are to:

- Set the direction and priorities of the estate to have fewer but larger operational sites, hence having a planned strategic development rather than an opportunity driven one
- Identify the benefits and challenges in delivering the above
- Set the factors to consider when prioritising and locating hubs and spokes
- Learn from other trusts when delivering the hub and spoke model
- Refresh our understanding of the whole of our estate, its needs and future requirements.

Fleet Strategy
Our fleet of vehicles is perhaps the most important of our organisation's physical assets. The vehicles are the workplace for staff, they house sophisticated pieces of medical equipment and provide a caring, clinical environment for patients.

Future fleet requirements need to be considered in our planning of future resources. The Fleet Strategy aims to support the trust vision to become the best ambulance service in the UK, by providing the right care, at the right time, in the right place; every time, by:

- Procuring a fleet that supports the operational models for PES, PTS and the Hazardous Area Response Team (HART)
- Maintaining that fleet to a high standard of safety and availability
- Efficiently and safely disposing of fleet assets at the end of their operational life

The Fleet Strategy also refers to environmental considerations and exploring the use of alternative vehicles and designs to derive financial and environmental efficiencies from the fleet e.g. embracing technology and growing our fleet of electric vehicles.

Our patients, communities, volunteers and partners

Patients and communities

As mentioned in the welcome of this strategy document, at NWAS we put patients at the heart of everything we do. It is important to us that we provide an opportunity for patients, their families and carers, to give their feedback and be involved in any future service developments.

In addition to existing patient experience feedback channels and community engagement through events, we recently introduced a Patient and Public Panel (PPP) to ensure effective patient and public involvement, making sure the voices of our patients and the public are heard and acted upon.

The PPP aims to:

- Strengthen our community engagement and structured patient and public involvement.
- Create the infrastructure to enable patients/the public to become involved at a level that suits them and in their selected area(s) of interest.
- Develop a work-plan for patient and public engagement and involvement.
- Provide meaningful opportunities for patients/the public to influence service planning and delivery and to develop service improvements using co-production methodology.
- Ensure patient and public representation can act as a critical friend for the trust's business.

Volunteers

We recognise that we cannot achieve our vision by working in isolation. We are fortunate to be supported by generous volunteers who work with us to ensure North West residents get the right care, at the right time, including: 360 volunteer car drivers and 850 community first responders (CFRs).

Partners

As mentioned throughout this document, we must integrate better - as services together within NWAS, and with external health and social care partners.

Building on the collaborative relationship with our commissioners, the local Clinical Commissioning Groups (CCGs), and other providers, we will undertake a more structured approach to engagement and involvement with our local STPs/ICSs and continue to work together to further develop the urgent and emergency care available to the people of the North West.

Close partnership working offers us the opportunity to influence and manage patient flow for unplanned and emergency care; support the delivery of planned patient care via our transport service, and ensure we are prepared the play our part in the management of any major incidents that may occur.

Our strategy at a glance

Our vision is to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place; every time.

Values:

Working Together for Patients

Commitment to Quality of Care

Respect and Dignity

Compassion

Everyone Counts

Improving Lives

Priorities:

Urgent and Emergency Care

Increasing service integration and leading improvements across the healthcare system in the North West.

Quality

Delivering the right care, which is safe, effective and patient-centered for each individual.

Digital

Radically improving how we meet the needs of patients and staff every time they interact with our digital services.

Environment

Committing to reduce emissions by embracing new technology inc. electric vehicles.

Workforce

Developing our workforce to be flexible and adaptable to a more integrated environment.

Stakeholder relationships

Building and strengthening relationships that enable us to achieve our vision.

Infrastructure

Reviewing our estates and fleet to reflect the needs of the future service model.

Business and Commercial Development

Develop skills and capability to explore business opportunities for current and new viable contracts, services or products.

Supporting strategies:

Urgent & Emergency Care Strategy

Quality Strategy

Digital Strategy

Finance plan - long-term financial model

Workforce Strategy

Communications and Engagement Strategy

Estates Strategy

Fleet Strategy

North West Ambulance Service NHS Trust

REPORT

Board of Directors	
Date:	31 July 2019
Subject:	5 year Integrated Business Plan
Presented by:	Salman Desai, Director of Strategy and Planning
Purpose of Paper:	For Decision
Executive Summary:	The 5 year Integrated Business Plan has been produced with contributions from all directorates; and has been subject to review by Deloitte consultancy. The plan covers the period 2019/24. This plan includes the following sections:

Profile and context	The section provides an overview of the Trust; its services lines, performance and activity, together with an insight into the environment in which it operates to provide the context for this 5 year plan
Market Assessment	This section provides a thorough market assessment, looking at the national, local and individual service line factors influencing our plans and provides clear insights for Trust strategy
Strategic Vision	This section describes the Trust Vision, and how considering the insights gained from the market assessment, we will achieve this.
Service Developments	This section expands upon the strategic priorities identified at the end of the previous section, Market Assessment; providing further details.
Finances	This section provides a high level view of the Trust's financial plans reflecting the Strategic priorities and national must do's
Risks	This section examines the potential risks associated with the achievement of the Strategic Priorities; together with the current risks on the Board Assurance Framework, demonstrating how the objectives will mitigate these risks

Governance	The section describes the governance arrangements that are in place in the Trust. The overarching aim of these arrangements is to provide a high quality governance framework within which the Trust's business activities take place.

Following the analysis that took place to develop the plan 8 Strategic priorities were identified; these are:

This 5 year plan includes an Annex which provides details the objectives that form the strategic priorities, together with the underpinning deliverables. The annex also provides the milestone for each deliverable – across the 5 year planning period.

The objectives are listed below:

Urgent and Emergency care has 4 objectives:

1. Operational Delivery of Emergency Care
2. Service Delivery Model
3. Integrated Urgent Care
4. Clinically Enhanced Services

Right Care has 2 objectives

	1. Safety 2. Effectiveness Digital has 5 objectives 1. Solve Everyday Problems 2. Develop a 'Digital First' culture 3. Secure & Joined Up Systems 4. Smarter Decisions 5. Digital Pioneers Business and commercial development has 3 objectives: 1. Business and Commercial Function 2. Current Contract 3. Future contracts Workforce has 6 objectives 1. Recruitment and Retention 2. Developing potential 3. Wellbeing 4. Inclusion 5. Empower and Leadership 6. Empower - Improvement and Innovation Stakeholder relationships has 2 objectives 1. Patient and public engagement 2. STP relationships Infrastructure has 1 objective 1. Effective and efficient estate Environment has I objective 1. Environment
Recommendations, decisions or actions sought:	The Board of Directors is asked to approve the 5 year Integrated Business plan together with the associated Annex 1

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:	Resources Committee
Date:	26th July 2019
Outcome:	Approved

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1.	**PURPOSE**
1.1.	The purpose of this paper is to present the final version of the 5 year integrated business plan (2019/24) and request its approval by Trust Board.
2.	**BACKGROUND**
2.1	The EMT requested the development of a 5 year integrated business plan. The work to underpin this plan was managed by an IBP task and finish group which had representatives from all directorates whose role was to act as a conduit to the directorates ensuring the relevant communication and decisions were made to support the planning exercise.
2.2	Progress reports were received by the EMT has received where they approved the key areas of development (strategic priorities) and the associated critical path.
2.3	High level updates were also provided to the Finance Investment and Planning Committee.
2.4	In addition several iterative reviews of the IBP have been undertaken by the consultancy firm Deloitte; as approved by the EMT.
2.5	The plan was presented to the Resources committee for approval on the 26th July 2019.
3.	**CURRENT**
3.1	Attached is the final version of the IBP which reflects the feedback from the Deloitte reviews. It includes sections on: • Profile & context • Market assessment • Strategic vision • Service developments • Finance • Risks • Governance
3.2	The IBP document has an Annex attached. This includes the details underpinning the Strategic Priorities and Objectives.
3.3	Annex 1 has been populated by each individual directorate however the EMT and Resources committee were asked to approve the content of the Annex as a whole as part of the IBP sign off.
3.4	This Annex will form the basis for future progress monitoring. There are a few elements to be finalised so this will be reviewed and updated by the end of the quarter.
4.	**FUTURE**

4.1	As described above progress will be monitored against milestones within Annex1.
4.2	In addition each directorate will be required to develop the costs and efficiencies associated with the objectives shown in the Annex. It is expected that this will lead to efficiencies and cost improvement planning being shifted towards greater local development and ownership.
4.3	There will be a regular review and refresh of the IBP, annually at a minimum, to ensure it remains current and reflects the current environment.
4.4	The IBP will form the content will also form the basis of the national requirement for the system Long Term Plan 5 year plan that has a draft due in September and the final version November 2019
5.	**LEGAL and/or GOVERNANCE IMPLICATIONS**
5.1	None
6.	**RECOMMENDATIONS**
6.1	The Trust Board is asked to approve the 5 year Integrated Business Plan together with the associated Annex 1

NHS
North West
Ambulance Service
NHS Trust

Five Year Integrated Business Plan (IBP)

2019-2024

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

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1. INTRODUCTION

North West Ambulance Service NHS Trust (NWAS) provides 24 hour, 365 days a year **urgent and emergency services (UEC)** to those in need of emergency medical treatment and transport. Our highly skilled staff provide life-saving care to patients in the community and take people to hospital or a place of care if needed. Alongside the other emergency services, we also work to ensure the safety of the public and treatment of patients in the event of a major incident.

We deliver non-emergency **patient transport services** (PTS) for those patients who require non-emergency transport to and from hospital and who are unable to travel unaided because of their medical condition or clinical need and we also provide the **NHS 111 service** in the North West. It provides non-emergency medical help fast, and is available 24 hours a day, 365 days a year.

1.1 PURPOSE

This document provides a summary of our five year plan. This includes our strategic vision, which is informed by our market assessment, as well as a detailed breakdown of the key deliverables and milestones for each strategic objective. The intention is that this plan is a dynamic document which will provide a strategic framework for the ongoing monitoring of strategy implementation by our Board. We also include further detail regarding the financial and workforce implications of our plan as well as the governance framework for delivery.

2. PROFILE AND CONTEXT

The section provides an overview of the trust; its services lines, performance and activity, together with an insight into the environment in which it operates to provide the context for this five year plan.

2.1 OVERVIEW

The trust headquarters is in Bolton, and there are three area offices in Cheshire and Merseyside (Liverpool), Cumbria (Carlisle) and Lancashire (Preston). There are 109 ambulance stations distributed across the region, three emergency operations centres (EOCs), one support centre, two PTS control centres, and two Hazard Area Response Team (HART) buildings (one being shared with Merseyside Fire and Rescue). The trust operates over 1,000 vehicles on both emergency and non-emergency operations. As at the end of May 2019, the trust has 5,953 whole time equivalent (WTE) staff.

Table 1 below summarises the key characteristics of the trust.

*As of July 2019

2.2 SERVICE LINES

The trust provides three main service lines:

2.21 URGENT AND EMERGENCY CARE SERVICE (UEC)

UEC provides the trust urgent and emergency care for patients across the North West. This is the largest service line in terms of staff, activity and value. UEC comprises several categories of paramedic and emergency medical technician (EMT) that reflect their seniority and clinical skills. The trust currently has eight consultant paramedics. UEC also includes staff who operate the EOC managing all the 999 calls; and our resilience resource who respond the major incidents and other significant mass gathering events where their specialist skills are required.

2.22 PATIENT TRANSPORT SERVICE (PTS)

PTS is a non-emergency service for people who may need special support getting to and from their healthcare appointments. Patients must meet a set of eligibility criteria. PTS includes a contact centre and bookings are also encouraged online by other NHS colleagues. The trust has four separate contracts to provide PTS, each with varied contract performance standards.

Each contract is delivered over three distinct service specifications as follows:

- Enhanced priority service (EPS) which provides for patients travelling for dialysis and cancer treatment
- Planned service which provides for routine planned appointments (i.e. outpatient appointments, planned discharges and planned admissions)
- Unplanned service which provides for bookings made on the day of travel i.e. mainly discharge and transfer bookings

The operating hours within each contract vary across the areas. Additionally, each service specification is managed against a distinct set of Key Performance Indicators (KPIs) specific to the service specification i.e. EPS, planned and unplanned.

2.23 NHS 111

NHS 111 is a free, non-emergency service available for urgent health care assessment. It covers the whole of the North West, being collaboratively commissioned by North West clinical commissioning groups (CCGs), with Blackpool CCG acting as the lead commissioner. If a patient is unsure which healthcare service they need, NHS 111 will signpost them to the most appropriate care for their condition, which could be a GP, local pharmacy or walk-in centre. It could also be the emergency department or an emergency ambulance if required.

The service is available 24 hours a day by dialling 111 or by going to 111.nhs.uk.

2.3 WORKFORCE

The trust workforce is reported along the three operational service lines (UEC, PTS and NHS 111) together with the supporting corporate staff. UEC is also monitored at area level. The table below shows the current (May 2019) whole time equivalent (WTE) workforce numbers.

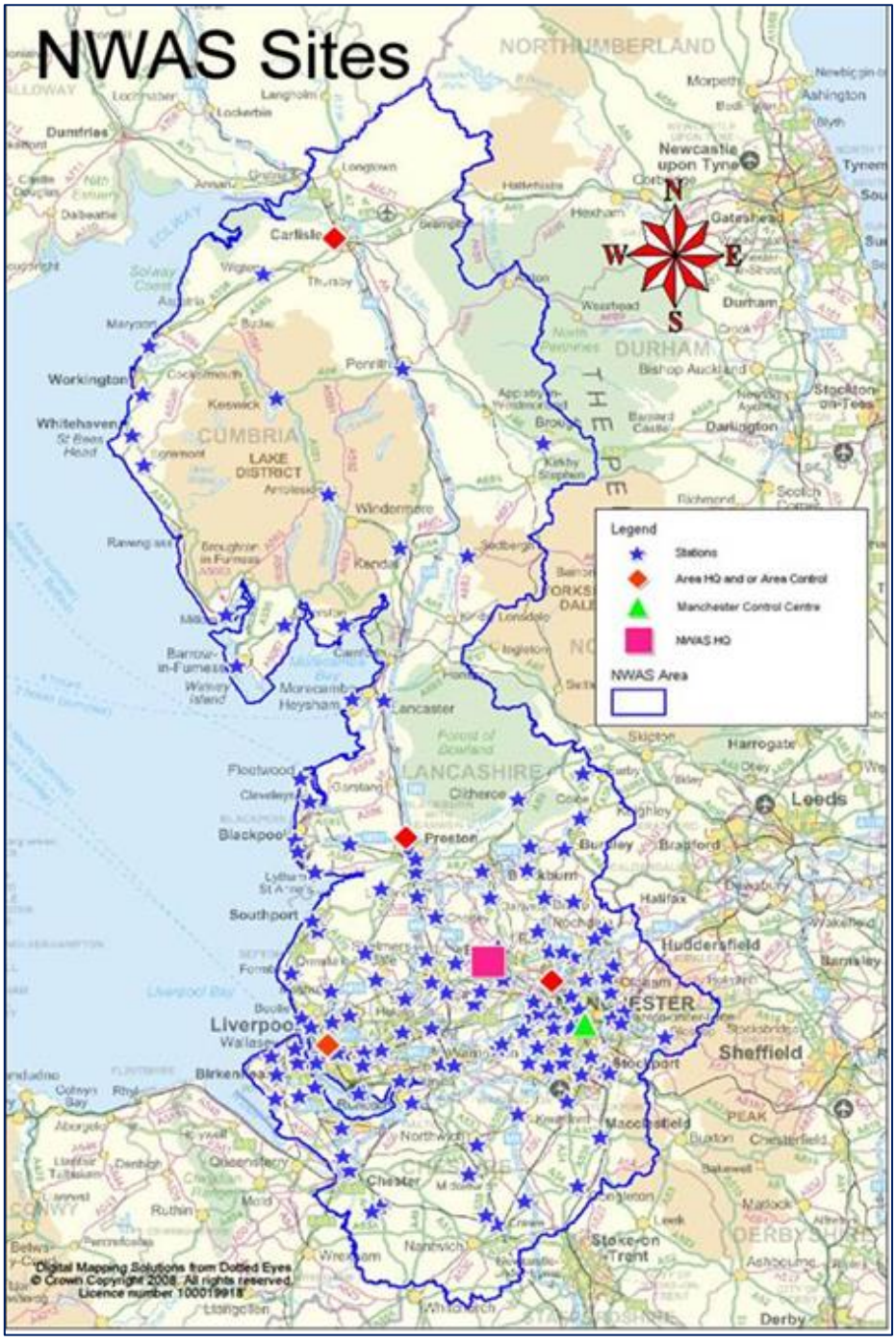
Table 2

Service Line/Work Area	Area	WTE
Urgent and emergency care	Greater Manchester	1,243
	Cumbria and Lancashire	1,089
	Cheshire and Mersey	1,155
	EOC	743
	Resilience	104
	Total	**4,334**
Patient Transport Service	All	764
111	**All**	**364**
Corporate	All	491
Total		**5,953**

The trust is also supported by volunteers; these include 850 community first responders (CFRs) and 360 volunteer car drivers.

2.4 ESTATE

The trust estate is divided into the same groups, namely; Cumbria and Lancashire, Cheshire and Merseyside, and Greater Manchester. Today, the trust is comprised of 132 sites, with the most recent addition of Estuary Point. These are indicated on the map below:



2.5 FLEET

The trust's fleet size is based upon the core operational service requirements and a relief percentage (pool resource) to enable the continued maintenance and servicing of the fleet to ensure safe and sufficient availability of the operational fleet. The service lines have a variety of vehicle requirements and the current fleet total is 1,026, more detailed information is set out below:

Table 3: Current Operational Fleet Profile (Fleetman Jan 2019)

Urgent and emergency care	
UEC	481
Dedicated see and treat cars	10
Rapid response vehicles (inc 1 bike)	93
Advanced paramedic / UC practitioners / specialist paramedic	21
Green / neonatal / HEATT cars	11
HART urban search and rescue (USAR) and major incident unit	47
Patient Transport Service	**321**
Training School and Workshop Support and others	**42**

Table 4 below summarises the market environment in which the trust operates and highlights some of the challenges the trust faces due the scale and complexity of the North West patch with wide ranging health inequalities and socio/economic factors. The numbers of stakeholders are considerable creating challenges in relation to engagement and ensuring plans are developed that are consistent with our partner organisations.

Table 4: trust environment

2.6 FINANCE

Regulatory Requirements and 2018/19 Achievement (Break-even – each and every year)

NHS trusts have a regulatory duty to break-even in each and every financial year. In 2018/19 the trust returned a surplus of £5.3m (equivalent to 1.6% of turnover) and therefore achieved this regulatory duty. The required planned surplus for 2019/20 is £2.7m.

2.61 SINGLE OVERSIGHT FRAMEWORK

NHS Improvement's Single Oversight Framework provides a framework for overseeing providers and one of the aspects is finance and use of resources. There are five aspects and scoring is measured from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall Finance and Use of Resources score. During 2018/19 the trust achieved the highest attainable score of '1' and the planned rating for 2019/20 is also a score of 1.

2.7 ENVIRONMENT

The trust is committed to reducing carbon emissions with our approach described in the Sustainable Development Management Plan. This is a priority for the trust and described in more detail later in this plan

2.8 SERVICE LINE HISTORIC PERFORMANCE AND ACTIVITY

2.81 URGENT AND EMERGENCY CARE

This section provides the historic activity and performance for UEC.

2.811 ACTIVITY

UEC activity is measured in terms of incidents and calls. Emergency face to face (F2F) incidents are classed as incidents where there is a response on scene. As part of the plans to reduce conveyance to hospital emergency departments (ED), the trust has focused on an increase in hear and treat, which is when an incident is resolved by a clinician over the telephone.

Table 5 UEC Historic Activity (2017-19)

	Emergency CAD Records (Calls)	Emergency F2F Incidents
2017/18	**1,486,282**	**1,077,536**
Q1	345,850	268,240
Q2	356,758	267,825
Q3	397,747	280,378
Q4	385,927	261,093
2018/19	**1,545,916**	**1,060,219**
Q1	373,516	262,121
Q2	372,891	258,498
Q3	399,244	271,658
Q4	400,265	267,942

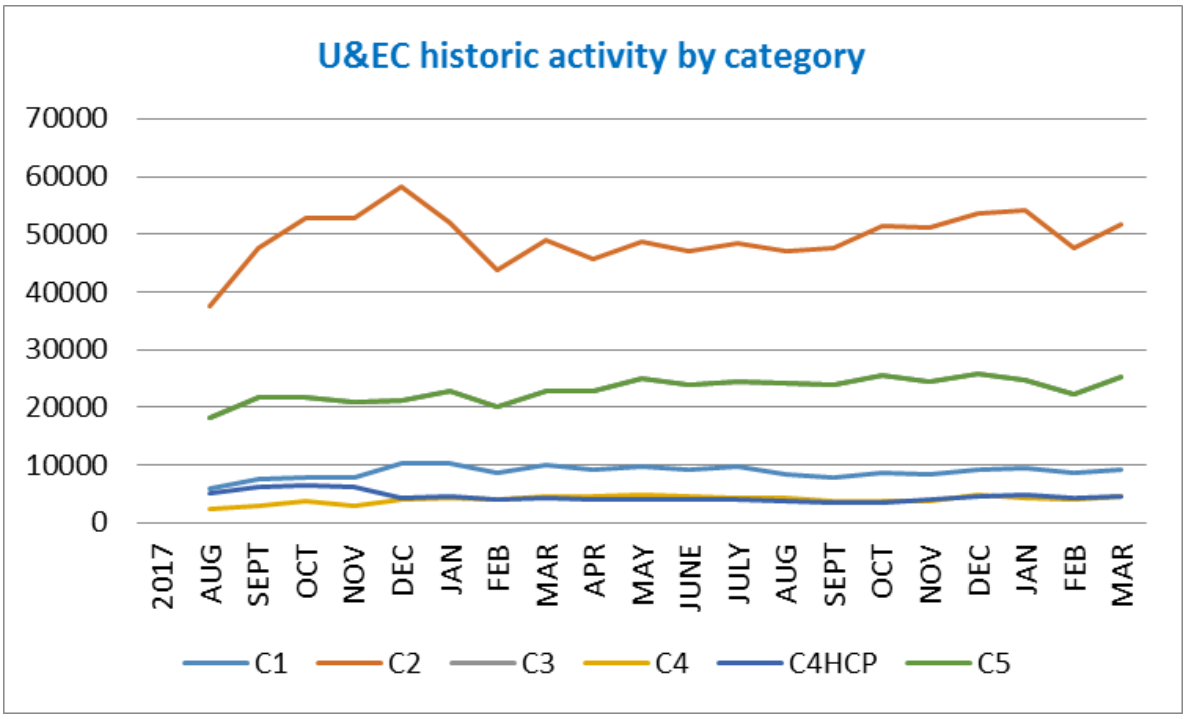
Table 6

Emergency Incidents by outcome (post ARP)									
Period	**Emergency Incidents**	**H&T**	**H&T %**	**S&T**	**S&T %**	**S&C to AE**	**S&C to ED %**	**S&C to non-ED**	**S&C to non-ED %**
2017/18	**561,907**	**20,436**	**3.64**	**134,761**	**23.98**	**366,062**	**65.15**	**40,648**	**7.23**
Q3	289,220	8,842	3.06	69,483	24.02	190,102	65.73	20,793	7.19
Q4	272,687	11,594	4.25	65,278	23.94	175,960	64.53	19,855	7.28
2018/19	**1,131,556**	**71,337**	**6.30**	**283,737**	**25.07**	**705,589**	**62.36**	**70,893**	**6.27**
Q1	275,727	13,606	4.93	67,479	24.47	176,309	63.94	18,333	6.65
Q2	273,888	15,390	5.62	67,568	24.67	173,454	63.33	17,476	6.38
Q3	292,625	20,967	7.17	73,808	25.22	180,111	61.55	17,739	6.06
Q4	289,316	21,374	7.39	74,882	25.88	175,715	60.73	17,345	6.00

The trust has a statutory obligation to deliver emergency responses in full compliance with the Ambulance Response Programme (ARP). Activity and performance for the ambulance service is measured against a set of national Ambulance Quality Indicators (AQI).

Graph 1 shows UEC activity for each of the AQI for the last two years.

Graph 1



- **Category 1:** (purple) life-threatening: - 7 minute mean response time, and 15 minute response 9 out of 10 times (90th percentile)
- **Category 2:** (amber) Emergency: - 18 minute mean response time and 40 minute response 9 out of 10 times (90th percentile)
- **Category 3** (yellow) Urgent: two hour response time 9 out of 10 times (90th percentile)
- **Category 4** (green) Less urgent: three hour response time 9 out of 10 times (90th percentile)
- In addition, we measure separately **Category 4H**. These are calls that have been pre-determined as having high probability of being managed through hear and treat processes.

Activity has increased year on year and Category 1 life threatening only forms a relatively small portion of our demand. This leads to the need to better manage the lower acuity calls, reducing the numbers conveyed to the emergency department. This is core to the trust's plans.

2.812 PERFORMANCE

The EOC prioritises emergency calls using medical priority dispatch systems (MPDS) into one of the four categories above. From this categorisation the EOC decides what kind of response is required and whether an ambulance is dispatched. Dependent on the response required, they may send a rapid response vehicle (RRV) equipped to provide treatment at the scene of an accident, or a traditional emergency ambulance or an urgent care service vehicle. It may be determined that a

response to the emergency is not required and can be dealt with over the phone using self-help and referring to another service like a GP or 111. The trust also uses community first responders (CFRs) to complement the ambulance response. CFRs provide basic first aid and life support at the scene until the ambulance arrives.

The table below shows the urgent and emergency care historic performance against each of the AQI over the past two years.

Table 7

Year		2017/18							
CATEGORY	Values	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C1	Mean Performance	00:10:07	00:09:50	00:09:29	00:09:44	00:11:17	00:09:50	00:08:51	00:08:40
	90th Performance	00:15:59	00:16:21	00:15:36	00:16:13	00:18:35	00:16:40	00:14:53	00:14:43
C2	Mean Performance	00:24:20	00:25:05	00:25:59	00:30:34	00:44:49	00:36:44	00:31:53	00:32:30
	90th Performance	00:55:54	00:56:12	00:57:49	01:10:19	01:43:55	01:25:08	01:11:49	01:14:05
C3	Mean Performance	00:42:42	00:51:06	00:51:54	00:52:17	01:15:35	01:26:28	01:15:58	01:20:44
	90th Performance	01:37:27	01:58:21	02:02:07	02:01:58	02:54:47	03:27:00	03:01:52	03:14:11
C4	Mean Performance	01:24:12	01:28:59	01:21:17	01:24:17	01:45:50	01:42:23	01:37:53	01:43:04
	90th Performance	02:34:20	02:41:53	02:29:58	02:35:58	03:33:35	03:16:29	03:10:57	03:25:59
C4HCP	Mean Performance	01:17:50	01:28:34	01:37:46	01:41:39	01:49:58	01:50:35	01:41:07	01:47:28
	90th Performance	02:45:22	03:08:17	03:36:33	03:39:36	04:03:33	04:13:44	03:39:46	03:56:26

Year		2018/19											
CATEGORY	Values	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
C1	Mean Performance	00:07:51	00:08:10	00:08:18	00:08:01	00:07:53	00:07:55	00:08:01	00:07:42	00:07:41	00:07:51	00:08:01	00:07:28
	90th Performance	00:13:24	00:13:50	00:14:11	00:13:27	00:13:19	00:13:17	00:13:20	00:12:51	00:12:55	00:13:06	00:13:29	00:12:37
C2	Mean Performance	00:23:39	00:24:46	00:23:15	00:25:40	00:21:46	00:22:46	00:24:38	00:23:14	00:24:50	00:26:24	00:27:00	00:22:27
	90th Performance	00:51:58	00:54:44	00:51:23	00:56:56	00:46:24	00:48:32	00:52:43	00:49:45	00:53:42	00:56:58	00:57:59	00:47:40
C3	Mean Performance	00:59:15	01:06:41	01:02:29	01:11:18	01:00:07	01:08:17	01:18:27	01:08:16	01:11:01	01:17:36	01:18:15	01:01:22
	90th Performance	02:21:37	02:38:50	02:27:36	02:52:44	02:21:31	02:40:14	03:06:33	02:43:11	02:50:32	03:04:04	03:03:53	02:26:30
C4	Mean Performance	01:28:28	01:34:26	01:31:27	01:39:33	01:29:05	01:32:46	01:34:03	01:28:01	01:38:00	01:41:49	01:43:29	01:27:14
	90th Performance	02:56:15	03:06:42	03:02:31	03:15:01	02:58:19	03:13:06	03:19:44	03:09:01	03:24:46	03:39:26	03:31:19	03:01:20
C4HCP	Mean Performance	01:34:21	01:48:04	01:40:46	01:53:59	01:39:02	01:51:39	02:02:06	01:45:00	01:30:31	01:35:03	01:32:13	01:16:47
	90th Performance	03:26:23	04:02:37	03:45:12	04:08:00	03:34:12	03:57:52	04:25:31	03:47:20	03:18:09	03:19:05	03:15:54	02:45:50

This performance information shows the trust is improving against the majority of the indicators. In order to be the **best**, NWAS will achieve these national response time targets and be the best across all C1-C4 standards by the end of 2023/24.

Ambulance services are not measured simply on time alone, but on how we treat patients and the outcomes of the treatment. We also report on our performance against the national set of 11 clinical quality indicators. The indicators allow us to identify areas of good practice and areas which need improvement.

2.813 HCP CALLS

We also receive calls from GPs and other healthcare professionals across the North West, requesting ambulance transport for their patients. The response to these calls is tailored to each individual patient's need as determined by the doctor or health professional requesting the ambulance. It is important to appreciate that although the patient is often termed an 'emergency admission' a GP may give the ambulance

service one hour or more to carry out the journey and so it is not necessarily dealt with as a 999 call.

2.82 PATIENT TRANSPORT SERVICES

This section provides the historic activity and performance for PTS across the four contracts.

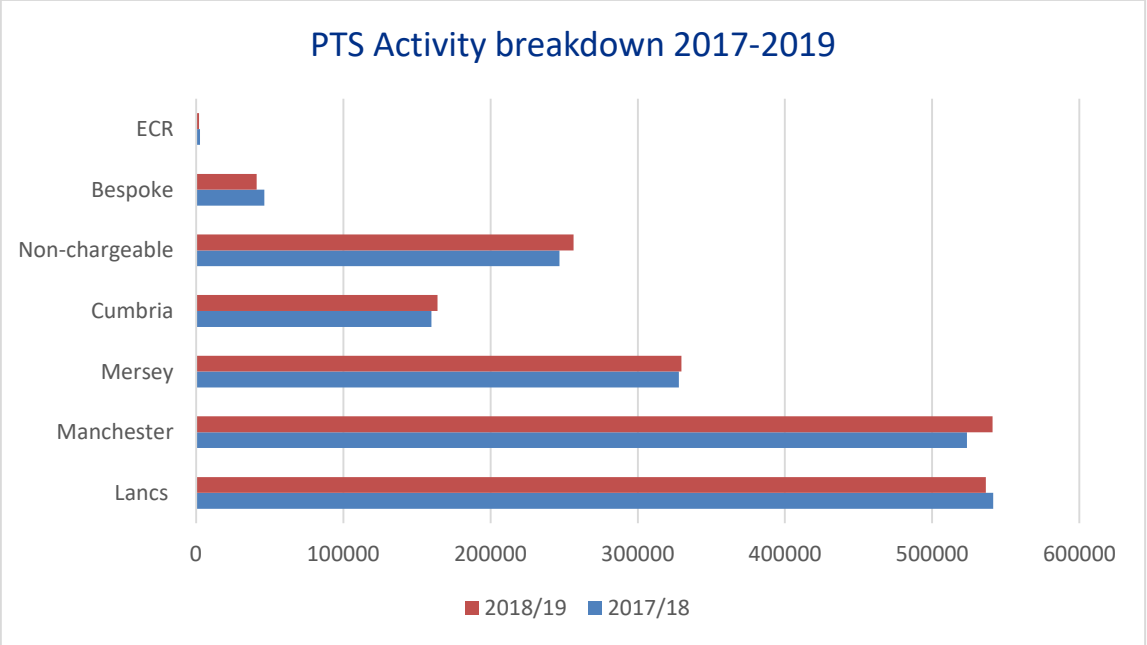
2.821 ACTIVITY

The tables below show a summary of patient transport activity for the last two years. While there have been a few variances the activity has remained relatively stable.

Table 8

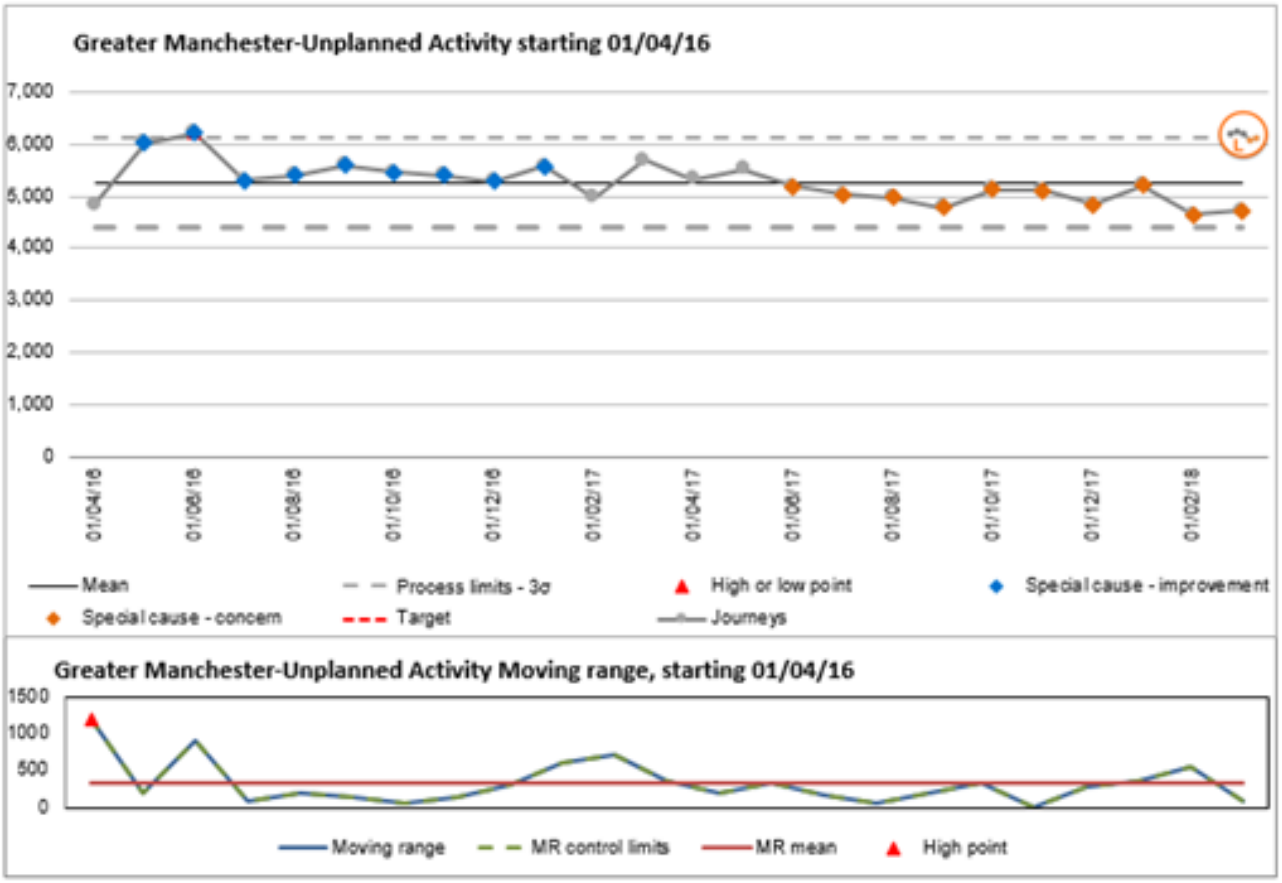
PTS Activity	2017/18	% of total	2018/19	% of total	YoY Change
Lancs	541527	29%	536362	29%	-1%
Manchester	523651	28%	540997	29%	3%
Mersey	327908	18%	329721	18%	1%
Cumbria	159890	9%	164054	9%	3%
Non-chargeable	246825	13%	256367	14%	4%
Bespoke	46438	3%	41060	2%	-12%
ECR	2547	0%	2025	0%	-20%
Total	1848786		1870586		1%

Graph 2



In terms of trends and changes, the only area of note is Greater Manchester unplanned activity. The chart below shows GM unplanned initially experienced nine months activity above the two year average, however this has now moved with activity being below the overall average for the past ten months.

Graph 3



2.822 PERFORMANCE

This section presents the historic performance against each of the four PTS contracts.

Performance for PTS is measured against a set of standards that have been set for each of the four contracts. Table 9 shows the quality standards.

Table 9

	Area	Metric	Target
General	Booking Systems	Online booking system availability	99%
		Telephone booking system availability	99%
		Call Answering	99%
		Call Answering	75%
		Call Handling – Average Waiting Time	1 minute
	Planned	Missed Collection	0%
	Planned	Misidentification of Patients	0
	Unplanned	Confirmation of Booking	95%
	Eligibility	Application of eligibility criteria	98%
Planned	Travel time	Travel time	80%
	Arrival at treatment centre	On time arrival	90%
	Collection from Treatment Centre	Timeliness of departure	80%
			90%
Unplanned	Travel time	Travel Time	80%
	Collection from Discharge Centre	Less than 60 minute wait	80%
		On the day pick up within 90 minutes	90%
EPS	Travel Time	Travel Time	85%
	Arrival at treatment centre	On time arrival	90%
	Collection from treatment centre	Timeliness of departure	85%
			90%

Table 10 Cumbria Performance

				Cumbria											
	Area	Metric	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
General	Booking Systems	Online booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Telephone booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	75%	68%	64%	50%	47%	71%	60%	72%	74%	69%	59%	51%	46%
		Call Handling - Average Waiting Time	1 minute	33 seconds	48 seconds	78 seconds	95 seconds	30 seconds	39 seconds	25 seconds	20 seconds	27 seconds	42 seconds	57 seconds	71 seconds
	Planned	Missed Collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Planned	Misidentification of Patients	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unplanned	Confirmation of Booking	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Eligibility	Application of eligibility criteria	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Planned	Travel time	Travel time	80%	96%	95%	95%	94%	94%	95%	95%	94%	94%	94%	95%	94%
	Arrival at treatment centre	On time arrival	90%	90%	89%	89%	88%	88%	89%	89%	87%	88%	86%	87%	87%
	Collection from Treatment Centre	Timeliness of departure	80%	87%	89%	88%	86%	88%	87%	88%	85%	87%	86%	85%	87%
			90%	96%	96%	95%	95%	96%	96%	96%	95%	95%	95%	95%	96%
Unplanned	Travel time	Travel Time	80%	92%	92%	92%	90%	92%	91%	92%	91%	91%	91%	91%	91%
	Collection from Discharge Centre	Less than 60 minute wait	80%	79%	75%	75%	72%	75%	75%	76%	74%	75%	76%	78%	76%
		On the day pick up within 90 minutes	90%	89%	88%	86%	84%	85%	87%	88%	85%	86%	84%	88%	86%
EPS	Travel Time	Travel Time	85%	96%	97%	96%	96%	95%	95%	94%	95%	95%	97%	95%	95%
	Arrival at treatment centre	On time arrival	90%	89%	91%	91%	86%	88%	90%	88%	90%	88%	88%	89%	87%
	Collection from treatment centre	Timeliness of departure	85%	95%	95%	94%	92%	92%	93%	94%	90%	92%	91%	93%	92%
			90%	98%	99%	99%	98%	98%	99%	99%	98%	98%	98%	98%	98%

Table 11 Greater Manchester Performance

				Greater Manchester											
	Area	Metric	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
General	Booking Systems	Online booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Telephone booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	75%	70%	67%	55%	50%	72%	62%	75%	76%	70%	65%	58%	49%
		Call Handling - Average Waiting Time	1 minute	31 seconds	42 seconds	66 seconds	92 seconds	30 seconds	45 seconds	25 seconds	21 seconds	29 seconds	41 seconds	55 seconds	75 seconds
	Planned	Missed Collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Planned	Misidentification of Patients	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unplanned	Confirmation of Booking	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Eligibility	Application of eligibility criteria	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Planned	Travel time	Travel time	80%	94%	93%	92%	92%	94%	91%	91%	91%	90%	91%	91%	92%
	Arrival at treatment centre	On time arrival	90%	78%	74%	68%	72%	75%	68%	68%	70%	69%	69%	70%	72%
	Collection from Treatment Centre	Timeliness of departure	80%	68%	65%	51%	58%	62%	55%	55%	57%	56%	57%	57%	62%
			90%	87%	85%	74%	79%	82%	76%	76%	78%	76%	79%	78%	82%
Unplanned	Travel time	Travel Time	80%	92%	92%	90%	91%	92%	90%	89%	88%	89%	89%	90%	90%
	Collection from Discharge Centre	Less than 60 minute wait	80%	70%	68%	58%	63%	65%	58%	60%	60%	63%	63%	61%	62%
		On the day pick up within 90 minutes	90%	83%	80%	70%	75%	76%	70%	72%	73%	74%	74%	72%	75%
EPS	Travel Time	Travel Time	85%	96%	95%	94%	95%	96%	93%	93%	94%	94%	93%	93%	95%
	Arrival at treatment centre	On time arrival	90%	82%	83%	78%	78%	82%	80%	80%	81%	79%	79%	74%	78%
	Collection from treatment centre	Timeliness of departure	85%	88%	87%	68%	78%	84%	79%	78%	76%	80%	78%	77%	82%
			90%	96%	95%	87%	92%	94%	91%	91%	91%	92%	92%	91%	94%

Table 12 Lancashire Performance

	Area	Metric	Target	Lancashire												
				Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
General	Booking Systems	Online booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Telephone booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	75%	69%	67%	54%	50%	72%	61%	74%	76%	71%	63%	56%	48%	71%
		Call Handling - Average Waiting Time	1 minute	32 seconds	44 seconds	72 seconds	90 seconds	29 seconds	46 seconds	26 seconds	21 seconds	29 seconds	45 seconds	59 seconds	79 seconds	37 seconds
	Planned	Missed Collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Planned	Misidentification of Patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unplanned	Confirmation of Booking	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Eligibility	Application of eligibility criteria	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Planned	Travel time	Travel time	80%	96%	96%	96%	95%	96%	95%	95%	95%	95%	95%	95%	96%	95%
	Arrival at treatment centre	On time arrival	90%	90%	90%	88%	87%	90%	89%	88%	88%	88%	87%	88%	89%	89%
	Collection from Treatment Centre	Timeliness of departure	80%	76%	75%	69%	65%	69%	68%	70%	70%	72%	72%	69%	72%	73%
			90%	91%	91%	86%	82%	86%	86%	88%	87%	89%	89%	87%	89%	90%
Unplanned	Travel time	Travel Time	80%	93%	93%	91%	92%	91%	92%	92%	91%	92%	92%	91%	91%	90%
	Collection from Discharge Centre	Less than 60 minute wait	80%	79%	78%	72%	67%	71%	70%	71%	68%	70%	72%	65%	68%	71%
		On the day pick up within 90 minutes	90%	88%	87%	82%	79%	82%	81%	82%	80%	81%	82%	77%	79%	82%
EPS	Travel Time	Travel Time	85%	96%	96%	96%	95%	96%	96%	95%	95%	95%	96%	95%	95%	96%
	Arrival at treatment centre	On time arrival	90%	89%	89%	88%	86%	88%	85%	86%	84%	84%	86%	87%	85%	89%
	Collection from treatment centre	Timeliness of departure	85%	88%	87%	84%	81%	84%	85%	85%	84%	84%	87%	87%	87%	87%
			90%	97%	96%	95%	92%	94%	94%	95%	95%	95%	96%	96%	96%	96%

Table 13 Mersey Performance

	Area	Metric	Target	Merseyside											
				Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
General	Booking Systems	Online booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Telephone booking system availability	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	75%	69%	65%	52%	49%	72%	61%	73%	76%	71%	62%	53%	47%
		Call Handling - Average Waiting Time	1 minute	31 seconds	47 seconds	74 seconds	92 seconds	29 seconds	40 seconds	25 seconds	18 seconds	26 seconds	44 seconds	59 seconds	73 seconds
	Planned	Missed Collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Planned	Misidentification of Patients	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unplanned	Confirmation of Booking	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Eligibility	Application of eligibility criteria	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Planned	Travel time	Travel time	80%	96%	96%	97%	96%	97%	96%	96%	95%	95%	95%	95%	96%
	Arrival at treatment centre	On time arrival	90%	85%	86%	84%	85%	86%	84%	84%	83%	83%	82%	84%	85%
	Collection from Treatment Centre	Timeliness of departure	80%	85%	86%	80%	82%	82%	82%	82%	79%	79%	80%	79%	82%
			90%	95%	96%	94%	94%	94%	94%	94%	94%	93%	93%	93%	94%
Unplanned	Travel time	Travel Time	80%	98%	96%	97%	96%	97%	97%	97%	96%	96%	97%	95%	97%
	Collection from Discharge Centre	Less than 60 minute wait	80%	78%	78%	75%	74%	77%	76%	78%	77%	75%	72%	71%	76%
		On the day pick up within 90 minutes	90%	88%	88%	86%	84%	88%	87%	88%	87%	86%	86%	82%	87%
EPS	Travel Time	Travel Time	85%	95%	95%	95%	96%	96%	95%	95%	94%	94%	95%	95%	95%
	Arrival at treatment centre	On time arrival	90%	84%	83%	85%	85%	85%	84%	83%	82%	81%	81%	82%	82%
	Collection from treatment centre	Timeliness of departure	85%	92%	91%	89%	89%	89%	88%	89%	88%	88%	89%	90%	90%
			90%	98%	98%	98%	97%	98%	97%	97%	97%	97%	97%	98%	97%

2.83 NHS 111

2.831 ACTIVITY

This section describes the historic activity and performance for 111, together with forecast growth affecting the future plans.

The table below shows a summary of the last two years activity against the main categories.

Table 14

Activity	2017/2018	2018/19	Variance
Calls Offered	2077235	1962989	-114246
Calls Answered	1620117	1564230	-55887
Calls Triaged	1417283	1398304	-18979

Table 15

Call Disposal	2017/18	2018/19	Variance
Calls directed to 999	209689	210853	1164
Recommended to attend A&E	118459	122948	4489
Recommended to attend primary and community care	818868	805520	-13348
Not Recommended to Attend Other Service	18532.58	230918	212385.4
Recommended to Attend 'Other'	47876	28065	-19811

2.832 PERFORMANCE

NHS 111 is measured against a set of KPIs. The historic performance is shown below. While there has been under performance in a number of areas, many other ambulance trusts have experienced similar challenges and the trust tends to be around middle of the league table.

NHS 111 achieved the target for abandoned calls.

Table 16 Calls Abandoned Target <5%

	June %	July %	Aug %	Sep %	Oct %	Nov %	Dec %	Jan %	Feb %	Mar %	Apr %	May %
2017/18	4.50	4.10	1.95	3.99	4.72	4.12	11.64	9.05	11.69	11.77	6.19	6.71
2018/19	7.96%	11.89%	8.11%	7.76%	9.33%	8.36%	6.28%	7.87%	6.93%	2.61%	2.35%	2.58%

Table 14 Calls Answered in 60 secs – Target 95%

	June %	July %	Aug %	Sep %	Oct %	Nov %	Dec %	Jan %	Feb %	Mar %	Apr %	May %
2017/18	82.58	83.64	91.39	83.99	80.64	83.76	69.16	72.14	66.18	67.03	77.83	74.54
2018/19	71.15	63.96	70.13	70.26	69.11	72.65	78.53	73.50	72.96	86.44	87.27	87.91

Table 17 Warm Transfers – target 75%

	June %	**July %**	**Aug %**	**Sep %**	**Oct %**	**Nov %**	**Dec %**	**Jan %**	**Feb %**	**Mar %**	**Apr %**	**May %**
2017/18	42.93	42.98	45.02	45.78	42.16	42.19	39.58	33.63	28.24	25.38	22.20	21.38
2018/19	23.65	25.91	22.39	24.13	24.89	27.41	30.61	37.09	38.37	32.63	33.80	38.33

Table 18 Call back in 10 minutes – target 75%

	June	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**
2017/18	42.17	40.69	41.51	40.91	39.25	41.43	40.09	41.09	40.18	40.58	41.58	39.36
2018/19	41.60	40.22	40.84	39.88	40.56	44.90	50.44	50.77	53.58	53.19	57.00	49.20

2.9 Summary

The profile and context information has been used to understand our current position. This will now be combined with an assessment of the market in terms of drivers, opportunities and competition in the market assessment section.

3. MARKET ASSESSMENT

This section provides a thorough market assessment, looking at the national, local and individual service line factors influencing our plans and provides clear insights for trust strategy

3.1 ANALYSIS

In order to assess the market in which the trust operates we have considered national and local drivers, together with service line specific analysis. This has been supported by a PESTLE (Political, Economic, Social, Technical, Legislative and Environmental) and SWOT (strengths, weaknesses, opportunities and threats) review, the outputs of which reflected the main elements of the impact of national and local drivers.

3.2 DRIVERS

Table 19

National Drivers: The trust's five year Integrated Business Plan has taken into consideration the impact of several key external strategies and reports that have been published; these are shown below, together with planned response from the trust		
Strategy	**Description**	**NWAS Response**
NHS Long Term Plan	NHS Long Term Plan builds on increased integration with the further development of Sustainability and Transformation Partnerships (STPs) in integrated care systems. An element is focused on expanding and reforming	Plans to develop an integrated service model which will be supported by all the enabling strategies, with significant reliance on the digital strategy and associated technology which will enable staff to respond effectively.

	urgent and emergency care services. The aim is to ensure patients get the care they need fast, relieve pressure on ED departments, and better offset winter demand spikes.	
NHS Ambulance Digital Strategy	The aim of the National NHS Ambulance Digital Strategy is to provide resilient, effective and sustainable services to support the right care enabled by digital technology.	Implementation of the digital strategy will allow for opportunities of transformational change, including standardisation and new functionality of digital technology within NWAS. This strategy supports all aspects of the patient journey with a focus on improving patient outcomes while also creating a better environment for staff. NWAS will provide for resilient and future oriented solutions, which in turn increases stability, security and organisational resilience.
Integrated Urgent Care Service Specification (2017)	This national service specification describes how the existing and new service elements - call-handling, clinical assessment and treatment services should be commissioned, provided and measured. The vision for an Integrated Urgent Care Clinical Assessment Service (IUC CAS) offers a transformational opportunity to deliver a model of urgent care access that will streamline and improve patient care across the urgent care community, through the implementation of “consult and	The planned IUC model is underpinned by technology. The service specification therefore sets out the standards against which technology must be procured and emphasises the importance of robust resilient solutions as below: • Telephony: The function of the national 111 platform and how providers receive 111 calls • Service directory: The importance of maintaining an accurate service directory and how to access and use it. • Interoperability: The challenges associated with

	complete" model.	referral of encounters into and out of the service, access to records and appointment booking. • Future Technology: The emergence of alternative access channels such as online and the replacement / onwards development of existing technologies such as service directories and triage tools.
National Ambulance Commissioning Strategy	Recommendations include: "There should be a refocus on commissioning and provider systems that support non-conveyance and provision of the right care closer to home as its principal aim for most patients." We need a focus on an improved triage that will be consistent, systematic and focused on the right response for the patient.	The Right Care and UEC strategic priorities together with the enabling strategies all support increasing care closer to home when it is safe and clinically appropriate to do so. They include plans to further increase hear and treat and see and treat resulting in an increase in non-conveyance.
Lord Carter Report	Recommendations include: • Enabling effective benchmarking • Delivering the right model of care and reducing avoidable conveyance to hospital • Efficient use of available resources • Optimising workforce wellbeing and engagement • Effective fleet management • Improving performance and strengthening resilience and interoperability	The trust key strategies and enabling strategies of estate, fleet, workforce and digital all reflect the requirements arising from the Lord Carter report. The Lord Carter Review highlighted nine key recommendations. NWAS has developed an action plan which is made up of 50 actions. All ambulance trusts are working towards putting these recommendations in place. Some of the recommendations need to be nationally implemented, for example, standard vehicles; other elements are being progressed by NHS England and

	• Developing the digital ambulance • Maximising use of non-clinical resources • Delivering effective implementation	our commissioners.
GP Contract	Includes the option to recruit paramedics.	The trust is developing an agreed to approach to rotational working which may be reflected in the processes that support business and commercial development.
Topol review	The Secretary of State for Health and Social Care commissioned The Topol Review: Preparing the healthcare workforce to deliver the digital future. This review makes recommendations that will enable NHS staff to make the most of innovative technologies such as genomics, digital medicine, artificial intelligence and robotics to improve services. These recommendations support the aims of the NHS Long Term Plan and the workforce implementation plan, helping to ensure a sustainable NHS.	The trust needs to ensure its plans are aligned to the key recommendations which include: ensuring patients are partners in the digital journey; providing and developing the expertise to evaluate healthcare technology; and adopting new technology to provide more time with patients.
The NHS Carbon Reduction Strategy 2009/ Climate Change Act	The Climate Change Act requires an 80% reduction in CO2 emissions by 2050 compared to 1990 emission levels and interim targets of 10% by 2015 and 34% by 2020. The NHS has developed a new Sustainable Development Strategy to assist in the delivery.	The trust met the 2015 target and is currently working towards the 2020 target via a number of initiatives including the introduction of more energy efficient technology and estates rationalisation. The trust is committed to reduce emissions – this will impact our fleet and estate.

While the trust will need to consider the impact of the national drivers, it must also take account of the local factors which may influence the trust plans and its journey to achieve its vision

The table below has taken in consideration the impact of the key local factors that have an impact of the trust. These are shown below, together with planned response from the trust.

Table 20

Local factors		
Factor	**Description**	**NWAS Response**
Commissioning intentions	These are described in more detail within the service line analysis. In summary the commissioning intentions for urgent and emergency care reflect the national direction of travel towards increased integration and interoperability.	The commissioning intentions have been reflected in the contract agreement; however for the future there will be a need to consider the arrangements that will reflect the plans for an integrated service model.
Contracting arrangements for urgent and emergency care (including resilience), 111 and PTS	The trust has a block contract for UEC for 2019/20; four individual PTS contracts; and NHS 111. Both PTS and 111 are due to expire within the planning period and will be subject to a tendering exercise.	See above, plus the further analysis will be undertaken to assess the trust appetite for future PTS and 111 contracts and the form they may need to take. Business and commercial development will be structured in a formal manner.
Varied stages of development of the STPs with Greater Manchester Health	This is partly reflected in the UEC commissioning intentions earlier in the plan. Each 'system' (STP/ICS) is required to submit a 5 year plan by November.	The trust has an opportunity to influence and advise on the system plans, particularly in relation to increased integration for UEC; and acting as a 'gateway' to all non-planned care via both 111 and

and Social Care devolution providing unique challenges/opportunities		UEC. The trust will work to develop and improve its relationships with the STPs.
The population we serve	The North West has wide-ranging health inequalities, with areas having some of the highest levels of chronic sickness and very high levels of deprivation. The trust operates in a variety of areas both rural and urban, and everything in between; with representation for all ethnicities, religions and races.	The trust is working to reduce variation, utilising business intelligence including population demographic analysis. The trust will work towards improving the staff BME and diversity representation. Work to increase patient and public involvement in order to ensure all voices can be heard.

3.3 INSIGHTS

The key insights arising from the analysis of the national and local drivers are highlighted in blue in the table above and expanded in the table below:

Table 21

1. Greater integration and interoperability
The continued evolution of STP into ICSs requires better integration of services and systems. As the lead for urgent and emergency care, together with 111, we have the opportunity to provide a more integrated solution to pre/out of hospital care
2. Safe care closer to home/admission avoidance
There is a continued drive to treat patients in the 'right place' and this is often not in hospital. We must empower our staff to make clinician decisions, supported by access to information and by access to suitable alternative services
3. Increased use of technology and 'digitising the frontline'
The increased use of technology is a strong theme throughout; the importance is reflected in the national expectation that digital will be represented at board level. The trust will need to invest in the actual technology, hardware, software and expertise. In addition a similar investment quality improvement methods that support human factors to support our workforce as we digitise the frontline
4. Flexible workforce and clinical leadership
In order to provide an integrated service model and support the national driver for greater integration, use of multidisciplinary teams and rotational working, the trust will develop our staff increasing their potential and leadership skills. The trust will develop 'its offer' in terms of rotational working into other providers.
5. Efficiency and effectiveness
Both in terms of working more closely with the STPs/ICSs and our fellow ambulance services, the trust is working to identify areas for potential efficiencies. This has been shown by our work as part of the Northern Ambulance Alliance (NAA) and is a continue focus as part of the action plan including estates and fleet, resulting from the Lord Carter report.
6. Clear business and commercial plans
This reflects the need for a more formal structure to horizon scan for contract expiry dates and opportunities for income generation, and to prepare for responses to invitations to tender and assess the appetite for different areas of business.

7. Need to reduce variation in terms of performance, and treating patients outside of the hospital
Keeping patients safe is core to our organisation and the quality (right care) strategy focuses on the need to reduce variation and prevent harm from patients waiting unnecessarily. We will need to use business intelligence to support this work and ensure our staff are equipped with the clinical and leadership skills
8. Improved engagement with our patients and population
The scale of the trust footprint which captures a population of over 7 million makes engagement with our patients a constant challenge. This is reinforced by the nature of our core business when a significant portion of our patients have infrequent, irregular contact with our urgent and emergency care service. Patients who access PTS and 111 are more likely to contact us more often. The trust must be open to feedback from our patients and offer the opportunities for them to influence the services with offer.
9. Environment
The trust must deliver the requirements of the Climate Change Act and they may be opportunities to combine progress in this area with a parallel improvement in efficiency and effectiveness

3.4 SERVICE LINE ANALYSIS

Each service line has specific drivers and is faced with challenges which need to be considered when assessing the market and therefore the trust priorities and plans.

3.41 URGENT AND EMERGENCY CARE

The trust aims to achieve and sustain its performance across all the standards and indicators whilst moving towards a more integrated service model.

We intend to position ourselves to be the provider of choice for an integrated service model, with the option to sub-contract or partner with other organisation to provide the fully integrated solution and this is likely to involve an element of non-emergency transport similar to PTS.

Currently the 31 CCGs in the North West collaboratively commission the urgent and emergency care and 111 services with NHS Blackpool CCG acting as the lead commissioner. The urgent and emergency care contract for the year 2019/20 is a

block contract and has a value of £ 276.169m. This contract includes urgent and emergency care services and resilience.

3.412 GROWTH

The trust jointly commissioned a piece of modeling work with the commissioners. This resulted in the following assumptions:

Table 22

Key modelling assumptions for 2019/20	
Demand – overall % growth	3.80%
Demand - growth in calls	53,236
Demand - growth in incidents	42,987
Hear and treat	7.16%
See and treat	27.80%
See and convey to ED	57.00%
See and convey to non ED	8.04%
Call handling performance	95.0%
Time at hospital	34.5 min
C1 activation time	2m50s
Electronic GP AVS referral	No

The trust has also agreed a forecast for a reduction in conveyance to ED for each of the subsequent years of the five year plan, by maintaining hear and treat and focusing on increasing see and treat. This is developed further within the strategic priorities section of this plan.

The urgent and emergency care contract is a one year block contract so any growth over or below the 3.8% forecast will not affect the associated income this year (2019/20) but it will be used to inform future contract negotiations.

3.413 COMMISSIONING INTENTIONS

The commissioning intentions are built on a shared vision and detail the key areas for joint delivery between commissioners, the ambulance service, key providers and stakeholders for 2018/19, 2019/20 onwards.

Working collaboratively across urgent and emergency care services, we will agree across the North West a shared vision and supporting strategy to achieve the best outcome for patients and future sustainability of services. Recognising that the

ambulance service has an integral role to play, working with providers to maximise clinical and operational virtual integration where appropriate, supported by interoperable technology and appropriate funding sources (digital strategy and implementation plan) to deliver the most appropriate and responsive service for patients. The overarching commissioning intentions will both inform and support delivery of the place based plans of CCGs and STPs as part of the wider transformation of urgent and emergency care.

Specific requirements of the Greater Manchester Health and Social Care Partnership

Through the Greater Manchester Health and Social Care (GMHSC) partnership, commissioners across Greater Manchester have signalled their intent to progress on-going initiatives to manage demand more effectively across the county. This includes work on development of the Greater Manchester Hub and alternative management of lower acuity C3/C4 activity alongside other initiatives to more effectively manage activity in the Greater Manchester area. The expectation is that NWAS will fully engage with this work under the terms of this contract. Details of Greater Manchester's intentions and requirements of NWAS are set out in the supporting document alongside the agreed memorandum of understanding for how the service will operate.

3.414 COMPETITION

It is assumed that there will not be any competition for the core 999 service; however under the umbrella of the urgent and emergency care agenda, there could be competition for all or some of the services that combine to deliver a fully integrated service model. This therefore widens the number and type of competitors as they may wish to compete for all or just some aspect of the integrated service.

Currently the main competition for urgent and emergency care would arise from the other NHS ambulance trusts; but could also include, voluntary ambulance services, private providers and acute trust particularly for inter-facility transfer. In addition, GMHSC could be viewed as a competitor in relation to managing lower acuity calls. With the development of an integrated service model they may be greater competition for different elements that will combine to provide an integrated solution, this potential competition needs to be considered as part of the options to sub-contract elements of the UEC integrated model.

3.42 PATIENT TRANSPORT SERVICES (PTS)

The North West CCGs let five contracts for the provision of PTS for eligible patients registered with a GP in the commissioning areas of: Cheshire (including Warrington and Wirral), Cumbria, Greater Manchester, Lancashire, and Merseyside. This arrangement attracted

challenge for small to medium sized providers of PTS transport across the country and in 2012 commissioners tendered the services across the five lots now in existence.

In 2015 the services were tendered in line with the scheduled contract end date. Resultant from that exercise NWAS is the provider of PTS in:

- Cumbria,
- Greater Manchester
- Lancashire
- Merseyside

The Cheshire (including Warrington and Wirral) contract is provided by West Midlands Ambulance Service NHS Foundation Teaching Trust (WMAS).

The current contracts for NWAS, with a combined annual value of £40.462m, will cease in June 2021.

In 2017 WMAS served notice on the Cheshire contract which resulted in a tender exercise being undertaken, therefore that contract will be in effect between April 2019 and March 2024.

3.421 GROWTH

Growth has affected the different categories within the contracts, with increases in unplanned being the main area of concern due to the associated impact on performance; as a result in December 2018 the service line concluded a ‘deep dive’ of PTS activity and performance across all contracts, the second such report following a similar exercise in 2017.

The report concluded that there were five key factors that influence performance outputs, and explain the variation in outputs across the individual contracts, as follows:

- Degree to which activity is performing against the baseline plan (especially unplanned)
- Degree to which higher acuity activity is present within the overall demand profile
- The time of day on the day activity is booked
- Traffic conditions
- Level of aborted journeys

It is recognised that each contract is impacted by these five key factors to a greater or lesser degree.

Working with local commissioners a set of shared strategic priorities were agreed which would reduce wastage of resources affected by system influences, outside of PTS’ direct control and cognisant of the positive impact PTS can have on system flow and NWAS’ UEC Strategy. Specific focus was given to:

- The setting of improvement trajectories for acute trusts to reduce aborted journeys
- Transferring unplanned activity volumes to planned
- Shifting hospitals away from telephony to online booking use
- Winter preparedness
- How improved efficiency can support patient flow
- The role of PTS in managing UEC demand
- Future modelling

3.422 COMMISSIONING INTENTIONS

PTS will continue to evolve and there are strong links to the business and commercial development strategic priorities in preparation for the contract end dates. The details of the future contracts are not known which means the trust cannot make a fully informed decision however high level decisions in relation to the trust appetite for commercial contracts is discussed later in this plan.

Currently progression in the delivery of non-emergency patient transport services is focussed on working within the system to impact across the patient journey, through health prevention and promotion, effective delivery of commercial patient transport services together with improving system wide efficiency with a view to increased integration in the delivery of UEC demand and as a key component of the trust's strategy.

The implementation of the Greater Manchester Health and Social Care Partnership and the GM Hub is aiming to influence existing commissioning/contracting governance arrangements and have provided their commissioning intentions for urgent and emergency care. They are looking to review the arrangements for PTS during the term of the current contract and the arrangements for UEC before the end of the current contract term.

3.423 COMPETITION

It is assumed the contracts for the core PTS (EPS, planned and unplanned) will be offered for tender at the end of the contract date. There are only a small number of organisations that, on their own, could compete for some or all PTS core business. However, there is the potential for them to collaborate – in a collaborative arrangement, small and medium sized providers could pose a threat to the loss of one, more than one or all contracts.

Moreover, a number of small providers competing for 'portions' of the activity could potentially influence a break up of activity which presents a threat to the sustainability of the contracts on a county level resultant from a reduction in activity and planned income.

Similarly, taxi companies have the potential to cause the same threat. It should be noted that, due to strict standards of regulatory compliance placed upon NHS

providers and because of geographical location, taxi providers are not a direct threat to whole contract but there could be indirect consequences if hospitals turned to the use of taxis over the use of the PTS contract.

The current performance against the contracts described in the trust profile also needs to be taken into consideration.

This analysis demonstrates that the trust possess many strengths that could put it at an advantage over other competitors, however as has been demonstrated in the not too distant past with the successes of Arriva and West Midlands, finances can prove to be the deciding factor.

The level of scrutiny from regulators e.g. CQC, NHSE/I puts small to medium size providers at a disadvantage due to the additional costs to the business in establishing robust governance arrangements. These impacts on their costs and as such tend not to compete directly for large contracts; instead they look to provide services on a much smaller scale through subcontracting arrangements.

As the largest provider in the North West, NWAS is able to take advantage of utilising resources across geographical boundaries. NWAS is an attractive option for smaller providers to offer small scale services via subcontracting arrangements allowing NWAS to flex resources to meet fluctuations in demand patterns at short, medium and long term notice. The tenders for the existing contracts are extremely detailed and requires a high level of expertise to describe the assurances within the tender bid that are required to gain contract award.

In addition the data sets that are provided to formulate a bid are usually relatively high level compared to the knowledge of patient flows and activity variations NWAS possess.

For PTS, the service has significant experience of working with a diverse range of approved subcontractors within a strong and robust governance framework. This ensures consistency in service provision and quality of care, giving confidence to commissioners and partner trusts within the health economy. Working closely with these partner healthcare providers, PTS is able to respond to changes in patients' conditions or circumstances that may necessitate changes to their booked transport arrangements.

Our potential competitors include:

Ambulance services

- North East Ambulance Service
- Scottish Ambnulance Service
- Welsh Ambulance Service
- West Midlands Ambulance Service
- Yorkshire Ambulance Service

Voluntary ambulance services

- British Red Cross
- St John Ambulance

Private ambulance providers

- Arriva Transport Solutions Limited / Arriva Health
- DHL (National – predominantly logistics and have interest in transport solutions and a healthcare business line)
- EMS Uniblue (Skipton)
- ER Systems (Chorley)
- ERS Medical (National – strong in GM and North East)
- Falck (Warrington)
- Hardcore Medical (Leicestershire)
- Heart Medical (Osset)
- Jigsaw Medical (Chester)
- Manchester Medical (Manchester)
- Manone (Ellsemere Port)
- Medipro Clinical Services (Darlington)
- NWPALS (Morecambe)
- PAMS (Manchester)
- Patient Transport Ambulance Hire (National)
- UK Event Medical Services
- WS Medical
- Yormed (York)

3.43 NHS 111

NHS 111 is jointly commissioned by the North West CCGs with the contract due to expire in 2020. The current contract includes the key performance indicators described in the profile section and it includes call taking, signposting and offering clinician advice across the North West. The 111 service also supports the development of the direct booking initiatives and has partner arrangements with out of hours (OOH) providers and admission avoidance schemes (AVS). The current annual contract value is £20.271m.

While the 111 services provided by NWAS should be tendered again in 2020, discussions are underway to vary the contract to reflect the integrated urgent and emergency care (IUC) service specification.

3.431 COMPETITION

Other 111 providers could potentially compete for this contract. These include:

- North East Ambulance Service
- Yorkshire Ambulance Service
- Care UK
- Stafford Doctors Urgent Care (SDUC)

- Derbyshire Health United (DHU)
- Herts Urgent Care (HUC)
- Integrated Care 24 (IC24)

Apart from the providers listed above, NWAS could be perceived as having similar advantages as those described for PTS in relation to smaller providers and any other ambulance service. As with PTS the historic and current 111 performance against the contract standards, together with the financial viability all needs to be taken into account when considered competition and future plans to compete.

3.432 GROWTH

Growth will be impacted by the commissioner intentions and national drive. Also there will be growth with online access to 111 which may reduce the number of calls, although there is a school of thought that this may open a new access route and therefore more digital enabled patients.

3.433 COMMISSIONING INTENTIONS

The commissioning intentions reflect the national drive towards greater integration, with the aim that patients with less severe conditions will find it easier to access urgent care clinical advice, on the phone and online. These are part of current discussions regarding contract variation and/or new contract.

Plans include rolling out enhanced triage across urgent care services, and potentially to urgent treatment centres, care homes and ambulance services. GP out of hours and 111 services will increasingly be combined. NHS 111 will be able to book people into urgent face to face appointments where this is needed. The plans include patients calling NHS 111 who need clinical input will be transferred to a clinical assessment service (CAS). They will speak directly to a clinician who will seek to complete the call there and then without the need to transfer the patient elsewhere. The CAS team will be able to directly book patients into an appointment at an urgent treatment centre following a clinical assessment over the phone.

Staff have to be ready to deliver these changes. They need the right framework to support them in making these changes effective and safe for patients by increasing the capability and competence of staff in NHS 111 and urgent care call centres. The aims include:

- Increasing the proportion of calls resolved through telephone advice including clinical advice on the phone
- Decreasing inappropriate ambulance conveyance to emergency departments.

3.5 KEY DECISIONS

The trust has potential competitors for all or part of urgent care; PTS and 111 service lines.

There is a need to provide clarity in regard to the appetite and intentions in relation to the current service line contracts for PTS and 111 to enable preparation time for the scheduled end/retender dates. The current performance by PTS and 111 against the current contract standards suggests the contracts were undervalued and not value for money for the trust, however the trust reputation may be negatively affected if it were not to pursue these contracts when they are let.

Looking ahead, the trust needs to consider existing contracts while planning to provide an integrated service model that will enable the safe and seamless transfer of activity from UEC to PTS where it has been triaged as clinically safe to do so. These decisions should consider how best we maintain our position and the associated market share, or whether we contract or expand within the individual service line markets.

3.6 INSIGHTS AND CONCLUSIONS

Combining the analysis from the market assessment, PESTLE and SWOT aligned to the risks on the Board Assurance Framework, resulted in the identification of the following areas of opportunity, development and improvement:

- Sustainable performance
- Increased integration and interoperability – ‘blending’ our service offer across all three service lines
- Flexible workforce with staff from a wide variety of professional groups
- Increased clarity with regard to the commercial and business appetite of the trust and ‘what business’ it wishes to be involved in /compete for
- Rapid develop of digital and technical products and solutions
- Effective and effective use of resources
- Planning for a cleaner more environmentally friendly future
- Systems and process to ensure patient safety is central to all we do

These insights have been combined with the knowledge of our current position as detailed in the ‘Profile and context’ section; and in the next section applied to the trust strategy and vision.

4. STRATEGIC VISION

This section describes the trust vision and how, considering the insights gained from the market assessment, we will achieve this.

4.1 VISION

The trust vision is to be the **best ambulance service in the UK**, by delivering the right care, at the right time, in the right place; every time.

4.2 VALUES

- The trust recognises we cannot become the 'best' if our staff do not demonstrate our values by their behaviours. These values can only be achieved if we have the staff in place who share the trust's values and feel supported to deliver them. We need to ensure that we recruit, develop and support our staff to feel engaged and proud to work for the trust.

- The trust values are shown in the table below. These values were developed with a great deal of influence from our staff; we held workshops, produced an online survey and a set of presentations.

- All staff induction materials and appraisals include an assessment of behaviours that support the trust values. When assessing our strengths – our **caring** staff came out as a consistent strength. We expect our staff to behave in a manner that reflects these values and we are proud to receive the positive feedback from our patients and the latest CQC inspection.

Table 23

Working Together for Patients 	Patients are at the heart of everything we do. Through positive teamwork, we share our knowledge, experience and expertise, providing a well-mannered, professional service which is inclusive of all communities.
Commitment to Quality of Care 	We strive for excellence through being committed to quality and professionalism, providing suitable, sustainable and effective care to our patients. We welcome feedback to continually enhance and develop our service.
Respect and Dignity 	We show respect and dignity to every person we have contact with, demonstrated through our honesty, trust and good manners. We take personal responsibility for our behaviour, being accountable for the impact our actions and words may have on others.
Compassion 	We safeguard our patients, caring for and protecting them and acting on any concerns. We value each other and embrace our differences through listening, being supportive, sharing information and through collaborative working, knowing our diversity makes us stronger.
Everyone Counts 	Compassion, kindness and empathy are essential to the care we provide to our patients.
Improving Lives 	We acknowledge and learn from our mistakes to provide the best care we can.

4.3 STRATEGIC ALIGNMENT

The core trust strategies detailed below will be reviewed to ensure they reflect the priority areas identified together with the associated objectives, deliverables and milestones.

These trust strategies include

- Quality (right care)
- Urgent and emergency care
- Workforce
- Estates and fleet
- Digital
- Communications and engagement
- Environment and sustainability

Some of the priority areas are not covered by any of the current strategies; these are business and commercial processes and developing and influencing the STPs across the North West.

4.4 STRATEGIC PRIORITIES

Following on from understanding our current position derived from the profile and context and the market assessment analysis, the strategic priorities are shown below; these incorporate all the areas of opportunity, development and improvement.

Urgent and emergency care (integrated)

Increasing service integration and leading improvements across the healthcare system in the North West.

Quality (Right Care)

Delivering appropriate care, which is safe, effective and patient centered for each individual.

Digital

Radically improving how we meet the needs of patients and staff every time they interact with our digital services.

Business and commercial development

Develop skills and capability to explore business opportunities for current and new viable contracts, services or products.

Workforce

Engaging and empowering our leaders and staff to develop, adapt and embrace new ways of delivering the right care.

Stakeholder relationships

Building and strengthening relationships that enable us to achieve our vision.

Infrastructure

Reviewing our estates and fleet to reflect the needs of the future service model.

Environment

Committing to reduce emissions by embracing new technology including electric vehicles.

5. SERVICE DEVELOPMENTS

This section expands upon the strategic priorities identified at the end of the previous section, 'Market Assessment', providing further details.

1. URGENT AND EMERGENCY CARE (INTEGRATED)

Urgent and emergency care (integrated)

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

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

2. QUALITY (RIGHT CARE)

Quality (Right Care)

Our core purpose is to save lives and prevent harm. We will ensure that our governance and management systems, first and foremost, keep our patients safe; will focus on reducing the most prevalent themes of harm which have surfaced through our best intelligence. We are committed to high reliability performance for key patient pathways and outcomes. We require the systematic adoption of new skills for our workforce in human factors, safety, reliability and improvement sciences. This strategy will be operationalised through all NWAS service lines and at all levels of the organisation through service line plans and individual objectives. Delivering the right care which is safe, effective and patient-centred for each individual

3. DIGITAL

Digital

Core to this strategic priority is the delivery of reliable services ‘every time’; a commitment to solving everyday problems with digital solutions, developing a digitally enabled workforce, providing secure joined up IT platforms, and supporting smarter decisions through improved insight and innovation across the entire NWAS estate and all service lines.

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 delivery back office efficiencies.

The digital strategic priority is also critical to connecting with other health providers in the North West and with the STPs regionally. Nationally, 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 between ambulance trusts.

This strategic priority is a key enabler for the other strategic priorities in particularly integrated UEC.

4. BUSINESS AND COMMERCIAL DEVELOPMENT

Business and commercial development

Currently the trust does not have a formal arrangement in relation to business and commercial development. The trust is looking at the options to formalise its approach to business development and commercial opportunities; and contract management. These options consider how the trust should best position itself to:

- Prepare for contract end dates
- Protect its core services from competition
- Generate additional income - this could include a wide-range of opportunities depending on the risk appetite

The options will consider key functions and processes a business and commercial function should incorporate for example:

- assessing the ‘strategic fit’ before any action is taken
- Bid no bid process
- Governance and gateways – linked to financial values - who can approve a bid or expression of interest
- Horizon scanning for opportunities
- Resources and expertise to respond to invitation to tenders or potential opportunities

5. WORKFORCE

The trust aims to ensure that patients are at the heart of what we do. This strategic priority presents how we will develop, engage and empower our workforce to deliver the right care; we will need innovative leadership, an agile workforce and the necessity to collaborate in new ways of working to deliver safe, effective and patient-centred care. The needs of our workforce are also changing. Shortages of key clinical staff, changing educational pathways and the changing demands of the new workforce and longer working, requires flexibility across the employee lifecycle and a culture which will provide inspirational leadership and support. There are a number of workforce challenges around recruitment and retention, terms and conditions, productivity and workforce modernisation.

Our workforce strategic priorities starts at the point of recruitment and continues throughout the employee lifecycle; recognising our leaders are key to enabling our staff to be motivated, caring and proud to work for the trust.

This strategic priority will develop our staff and leaders within an inclusive and innovative culture to support and enable the other strategic priorities. In addition, there are some more specific ways in which this strategic priority contributes to other priorities:

Strategic Priority Area	Workforce
Urgent and emergency care (integrated)	Review of clinical and managerial structures Support for rota review implementation Development of multidisciplinary team and enabling wider skill set Development to support increased see and treat New role development such as the urgent care practitioner role EOC and other contact centre reviews Rotational working (internal and external) Developing effective leaders to enable and drive change Empowering staff
Quality (right care)	Supporting the development of a safety culture Improving the quality of investigations through training and the development of a just culture

	Enabling improvement capacity and capability Developing skills to support improvements in patient care
Digital	Support the development of a digitised frontline as part of the staff engagement and development
Infrastructure	Staff engagement and organisational change particularly in relationship to development of hubs and spokes and changes to control function following clarification of requirements
Environment	Innovative ideas to line with drive to reduce carbon emissions Increased awareness and move towards electric vehicles Staff health and wellbeing Staff engagement Leadership development Equality, diversity and inclusion

One of the key insights of the analysis is the significance of the impact on our workforce due to a large number of changes forecast in a short period of time.

6. STAKEHOLDER RELATIONSHIPS

This strategic priority falls mainly into two categories: relationships with sustainability and transformation partnership (STPs) and developing our relationships with our patients.

STP relationships

STPs were created to bring local health and care leaders together to plan around the long term needs of local communities. They were drawn up by senior figures from different parts of the local health and care system, following discussion with staff, patients and others in the communities they serve.

A number of these partnerships have now grown into integrated care systems (ICS) and it is expected that by April 2021 every STP will become an ICS.

Within the North West there are four STPs:

- Greater Manchester
- Cheshire and Mersey

- Lancashire and South Cumbria
- North Cumbria

The national guidance provides very little in terms of the appropriate approach to be taken by the ambulance services with regard to plans or relationships.

The NHS Long Term Plan and the recently published operational planning guidance reinforce the future model for a more integrated health and social care. The national planning guidance presents a direction of travel that is based on 'system' collative plans and NWAS needs to ensure it is in a position not only to be fully informed but to influence these plans, particularly, but not exclusively, in relation to urgent and emergency care and digital, sharing our plans to provide a fully integrated solution, and acting as a consistent, reliable and resilient gateway to the rest of the 'system'.

Patient and Public Panel

The second aspect of this strategic priority is our engagement with our public. We need to increase patient and public engagement and involvement between the communities of the North West and the trust. In summer 2019, we introduced a Patient and Public Panel (PPP) to ensure effective patient and public involvement, making sure the voices of our patients and the public are heard and acted upon.

The PPP aims to:

- Strengthen our community engagement and structured patient and public involvement.
- Create the infrastructure to enable patients/the public to become involved at a level that suits them and in their selected area(s) of interest.
- Develop a work-plan for patient and public engagement and involvement.
- Provide meaningful opportunities for patients/the public to influence service planning and delivery and to develop service improvements using co-production methodology.
- Ensure patient and public representation can act as a critical friend for the trust's business.

7. INFRASTRUCTURE

This strategic priority presents the elements of the trust infrastructure which will contribute to the vision to be best ambulance service in the UK. The key elements include the redesign of ambulance responses to align with the requirements of the Ambulance Response model (ARP) ensuring patients receive the most appropriate type of response; and to continue to move towards reducing the number of patient's conveyed to ED.

Key to improving patient care is the development of deployment plans that position ambulance resources as close as possible to patients at the time of despatch. This concept of intelligent deployment plans based upon accurate and reliable activity

data is called patient centred deployment (PCD). From the infrastructure perspective, the foundations to support PCD include hub and spoke, workshops, IT/staff facilities, cleanliness and environment.

8. ENVIRONMENT

The Climate Change Bill introduced the world's first long term legally binding framework to tackle the dangers of climate change. The Act created a new approach to managing and responding to climate change through: setting ambitious targets, assuming powers to help achieve them, strengthening the institutional framework, enhancing the UK's ability to adapt to the impact of climate change and establishing clear and regular accountability. The trust, as part of its Board approved Sustainable Development Management Plan (SDMP), has undertaken a climate change risk assessment and developed an appropriate climate change adaptation plan.

The NHS Carbon Reduction Strategy 2009 was developed and introduced to ensure compliance with the Climate Change Act target of 80% reduction in CO_2 emissions by 2050 compared to 1990 emission levels and interim targets of 10% by 2015 and 34% by 2020. The trust is currently working towards the 2020 target via a number of initiatives including the introduction of more energy efficient technology and estates rationalisation.

The NHS, public health and social care system recognises that the current system is not sustainable without radical transformation. It suggests that environmental and social sustainability can be addressed alongside economic sustainability challenges and has developed a new Sustainable Development Strategy to assist in the delivery.

The strategic priority is about committing to reduce emissions; this may be achieved by embracing new technology including electric vehicles.

5.1 OBJECTIVES, DELIVERABLES AND MILESTONES

For each strategic priority a set of objectives has been identified; each objective will require an associated set of deliverables and milestones. The strategic priorities together with the associated objectives are shown in the section below. The full deliverable and milestones are details in the Annex 1.

5.2 MEASURES SUMMARY

To demonstrate we are the best, we will:

- Achieve the highest standards of safe, effective and patient-centred care
- Achieve all operational performance standards for UEC, NHS 111 and PTS
- Ensure care is delivered in most appropriate setting for the patient and the system, safely reducing unnecessary conveyance to the emergency department
- Provide the appropriate workforce, resources and infrastructure enabling the achievement of our priorities every time to all our patients

5.3 REVIEW AND REFRESH

These priorities and objectives will be reviewed regularly in line with the trust Strategic Planning Framework every year as a minimum to ensure the trust is continuing to assess the market and its impact on the trust.

5.4 COSTS AND EFFICIENCIES

As shown above it is the aim of this plan that each strategic priority provide high level costs breakdown and forecast efficiencies associated with each of objectives, as it is recognised that the trust must operate within financial limits, and adhere to regulations and standards; these include a cap on capital expenditure and procurement rules and that these limitations may affect the phasing and or the deliverability of objectives.

Many of the objectives and deliverables will be projects and programmes which will be required to adhere to the trust *Project Way** process; and this will result in a requirement for a full business case for those meeting the financial threshold.

It is proposed that all the objectives should include an element of cost efficiency that will contribute to the trust cost improvement programme (CIP) target. Where the full business case is required this efficiency will be captured, for other deliverables and objectives this will be captured as part of scoping and development process.

5.5 *PROJECT WAY

The Project Way provides a consistent but flexible approach to anyone managing a project within the trust. This standardised approach provides the trust with confidence that projects are being managed and delivered effectively, without undue risk being introduced into the organisation. The process ensures the flexibility to use

a tailored process, dependent on some simple factors such as the project's cost, time to deliver and level of associated risk. These factors will also determine the governance and approval authority required for each project. The Project Way details three differing 'pathways' providing a clear picture of the process and level of governance to be applied based on the project's cost, time to deliver and level of associated risk. It ensures that proactive decision making and accountability is in place.

The trust utilises a corporate portfolio tracker to provide oversight of all the projects and programmes regardless of associated Project Way pathway

5.6 CORPORATE PROGRAMME BOARD

This governing body provides the approvals process for projects, and importantly provides robust scrutiny and challenge to all project and programmes within its portfolio.

5.7 CONCLUSION

A detailed understanding of the financial impact of the service developments together with a detailed understanding of the trusts financial commitments and obligations is required and developed within the next section.

6. FINANCE

This section provides a high level view of the trust's financial plans reflecting the strategic priorities and national must do's

6.1 FIVE YEAR NWAS DRAFT FINANCIAL PLANS

NWAS is in the process of preparing five year financial plans to support and underpin the NHS long term strategic implementation plans. The financial plans must ensure financial balance is achieved, while achieving the national NHS plan priorities at pace and certainly by 2023/24. The resultant five year estimated annual income and expenditure (I&E) forecast positions for each of NWAS service lines, and the NWAS aggregate position, is highlighted in the table overleaf.

This I&E forecast is based on inflation and CIP rates mandated in the NHS Plan Implementation Framework, and it is planned to incorporate high level cost estimates for the significant developments identified in this document. This work is underway and will be reflected in future iterations of the trust plan.

In can be seen from the draft I&E forecast overleaf, that in order to achieve our statutory financial position, the trust will need to implement a CIP with efficiencies ranging from £8.6m-£11.9m per year. The total cumulative efficiencies that will be required over the five year period, if all developments are implemented as per NWAS strategy, are estimated to be £49m, which is the estimated shortfall required to achieve the organisations statutory financial position.

It should be noted that these development costs require further work and full business cases to establish robust values, alongside required efficiencies which are necessary to ensure affordability and sustainability of the service and the organisation.

Table 24

Five Year I&E Position 2019/20-2023/24	2019/20	2020/21	2021/22	2022/23	2023/24
INCOME					
PES	275,672	278,441	282,221	284,940	287,685
PTS	41,259	41,259	41,259	41,259	41,259
111	20,524	20,524	20,524	20,524	20,524
Resilience	7,724	7,724	7,724	7,724	7,724
Other	9,022	6,314	6,314	6,314	6,314
Total Income	**354,201**	**354,262**	**358,042**	**360,761**	**363,506**
EXPENDITURE					
PES					
Pay	- 190,081	- 192,562	- 193,368	- 193,765	- 194,827
Non pay	- 21,673	- 20,568	- 19,702	- 18,975	- 18,450
PTS					
Pay	- 22,723	- 22,787	- 22,573	- 22,363	- 22,266
Non Pay	- 15,151	- 15,625	- 15,839	- 16,004	- 16,209
111					
Pay	- 14,379	- 14,626	- 14,687	- 14,722	- 14,812
Non Pay	- 3,260	- 3,381	- 3,374	- 3,368	- 3,381
Resilience					
Pay	- 6,523	- 6,452	- 6,474	- 6,485	- 6,522
Non Pay	- 1,839	- 1,934	- 1,966	- 1,998	- 2,037
Other					
Pay	- 33,263	- 30,364	- 29,229	- 28,205	- 27,411
Non Pay	- 51,341	- 56,044	- 58,486	- 60,541	- 62,325
Non Op Exp	- 1,070	- 1,270	- 1,470	- 1,470	- 1,870
Total Expenditure	**- 361,301**	**- 365,613**	**- 367,168**	**- 367,895**	**- 370,109**
I&E position after adjustments (before CIP found for that year)	- 7,100	- 11,351	- 9,126	- 7,134	- 6,603
Recurrent Surplus required £'000	**2,708**	**630**	**1,030**	**1,530**	**2,030**
Shortfall (CIP Required £'000)	9,808	11,981	10,156	8,664	8,633
Shortfall (CIP Required % exp)	2.7%	3.3%	2.8%	2.4%	2.3%
Assume previous year's CIPs are found					
Cumulative CIP to be found £'000	**9,808**	**21,789**	**31,945**	**40,609**	**49,242**

CIP assumptions:

- Total CIP is split across service line per % of expenditure
- CIP is split on 75% - pay and 25% - non-pay
- Each assumes that CIP for previous year is found as per assumptions above

6.2 CAPITAL FIVE YEAR FORECAST

The estimated capital costs associated with the significant developments that are included in the market assessment are detailed below, alongside the capital budget:

Table 25

2019/20-2023/24 Estimated Capital Developments	2019/20 £'000	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	Total £'000
PES vehicles	9,824	6,700	6,900	7,100	7,300	**37,824**
Defibrillators	-	1,610	1,972	1,972	-	**5,554**
PTS vehicles	2,200	-	-	-	-	**2,200**
Resilience vehicles	-	1,280	-	-	-	**1,280**
Stations improvements	2,244	1,432	3,132	2,029	2,815	**11,652**
Stations relocations	276	250	300	-	-	**826**
Hub and Spoke	-	5,760	5,761	2,700	3,804	**18,025**
Unified Telephony	3,085	-	-	-	-	**3,085**
ICT	1,562	540	546	534	426	**3,608**
CAD	-	3,600	-	-	-	**3,600**
ICT Mgmt	240	240	240	240	240	**1,200**
Lightfoot	181	-	-	-	-	**181**
Airwave	264	-	-	-	-	**264**
Other	961	900	2,550	2,550	3,250	**10,211**
PIP		1,000	-	-	-	**1,000**
Electronic tablets			-	1,000	1,000	**2,000**
Electronic Triage Solution	-	300	-	-	-	**300**
Disposal of Assets	- 500	- 500	- 500	- 500	- 500	**- 2,500**
TOTAL Capital Costs	**20,337**	**23,112**	**20,901**	**17,625**	**18,335**	**100,310**
TOTAL Capital Budget	- 13,053	- 13,053	- 13,053	- 13,053	- 13,053	**- 65,265**
Capital Shortfall	**7,284**	**10,059**	**7,848**	**4,572**	**5,282**	**35,045**

Over the course of the five year period, £35m additional capital funding will be required to fund all the anticipated developments, over and above NWAS capital budget. Additional CRL cover will be applied for in order to fund the capital shortfall each year. However this will be subject to NHS Improvement/England approval, as this will significantly deplete NWAS cash resources, and will adversely affect the trusts financial sustainability rating.

The risks to the financial plans are incorporated into the trust risks, being reflected on the Board Assurance Framework (BAF). Section 7 below provides a greater insight into the trust's risks including those arising from the five year plan.

7. RISKS

This section examines the potential risks associated with the achievement of the strategic priorities; together with the current risks on the BAF, demonstrating how the objectives will mitigate these risks.

While the objectives that underpin the strategic priorities mitigate the current risks on the BAF, there are other potential risks that currently fall outside the BAF. These are the risks related to the interdependencies between the strategic priorities and objectives and the resources required to deliver them.

7.1 INTERDEPENDENCIES

The trust UEC strategic priority includes an objective to develop a new integrated service delivery model. This includes milestones that can only be achieved with the parallel development of the associated digital solution. If the digital solutions are not realised within the relevant timescales there will be an impact on the UEC strategic objectives.

These sorts of interdependencies are replicated across the trust plans. Therefore the trust has developed a critical path/roadmap which shows all the key deliverables and milestones and their relationships. This tool can be used to assess the impact of any change or delay.

7.2 RESOURCES

The trust five year plan presents an ambitious set of objectives, each of which will require resources to enable its delivery. These resources include finance and therefore the financial limitations such as the capital spend cap and the actual available funds need to be fully assessed. This is examined in more detail in the finance section.

The finite number of individuals with expertise in the priority areas also presents a risk. While backfilling of roles could be an option this will be limited by the funding challenges and may introduce delays due to the need to recruitment additional resource. The number of business cases that will be required are also resource intensive requiring input from across the trust, which in turn reinforces the strategic priority of business and commercial development.

7.3 LINKS TO STRATEGIC PRIORITIES

7.31 BOARD ASSURANCE FRAMEWORK

The risks which normally scored between 15 and 25 will be regarded as strategically significant risks and will be considered by the Board of Directors for inclusion in the BAF. The scoring process is shown below.

During the SWOT and PESTLE analysis described in the market assessment the outputs particularly in relation to the weaknesses and threats were compared to the overarching strategic risks on the BAF in order to ensure the trust strategic priorities act to mitigate the trust risks.

A summary of this work is shown in the table below.

Table 26 Board Assurance Framework (BAF) Risks

RISK	RISK DESCRIPTION	Strategic Priority
SR01	If the trust does not maintain and improve its quality of care through implementation of the Quality (Right Care) Strategy it may fail to deliver safe, effective and patient-centred care leading to reputational damage.	Right Care
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.	Business and commercial
SR03	If the trust does not deliver the UEC Strategy and national performance standards, then patient care could be compromised resulting in reputational damage to the trust. If the trust is not fully engaged with the wider health sector then the delivery of national agendas could be impacted.	Urgent and emergency care
SR04	If the Workforce Strategy is not delivered, then the trust may not have sufficient skilled, committed and engaged staff and leaders to deliver its strategic objectives.	Workforce
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.	Infrastructure
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 UEC.	Stakeholder relationships Urgent and emergency care Business and commercial
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	Digital
SR08	If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and corporate strategy	All
SR10	If the UK Government leaves the EU without a deal then availability of key medicines, equipment and resources may be challenged resulting in inflated costs, disruption to supplies and loss of workforce. The ‘no deal’ withdrawal may impact on our ability to share, process and access data	

7.32 RISK MANAGEMENT

The trust's risk management process provides assurance to the Board of Directors on the effective provision of healthcare services. The Board of Directors, with support from the committees provide a fundamental role in guaranteeing a robust risk management system is effectively maintained and lead a culture where risk management is embedded across the trust through its policies, procedures and strategies, setting out its appetite and priorities in respect of the mitigation of risk when delivering a safe, high quality service.

As part of the strategic planning process, the risks on the Board Assurance Framework have been mapped to the items on the SWOT. This ensures all the risks have been identified and that the actions required to mitigate the risks are incorporated into the integrated plans

7.33 ASSESSING and SCORING OF RISKS

Risks are scored using a risk scoring matrix which has been adopted by many NHS organisations and is based on the initial guidance produced by the National Patient Safety Agency (NSPA) called "*A risk matrix for risk managers*". The risk scores take into account both the consequence and likelihood of a risk occurring.

CONSEQUENCE score X LIKELIHOOD score = RISK score

Risk review frequency
The following table sets out minimum expectations for the review of risks:

Table 27

RISK RATING	MANAGEMENT
1-3: Low	Every 12 months, or sooner in light of changes
4-6: Moderate	Every 6 months, or sooner in light of changes
8-12: High	Every quarter, or sooner in light of changes
15-25: Significant	Every month, or sooner in light of changes

7.34 RISK MITIGATION

Managing risk involves identifying options for mitigating the risk, assessing those options, preparing risk management action plans and implementing them. This mitigation is married-up to the strategic priorities and associated objectives.

7.5 SENSITIVITY ANALYSIS

Utilising the risks combined with the strategic priorities the impact of one of the key assumptions being incorrect is assessed in this section – this is work in progress.

8. GOVERNANCE

The section describes the governance arrangements that are in place in the trust. The overarching aim of these arrangements is to provide a high quality governance framework within which the trust's business activities take place.

8.1 BOARD OF DIRECTORS

The Board of Directors is led by the Chairman and comprises both executive and non-executive directors (NEDs). Executive directors are responsible for the day to day operational aspects of running of the trust, while the non-executive directors provide specific expertise from a variety of industries, advice and guidance to the executive directors.

The board is comprised of eight executive directors (five voting) and six non-executives (all Voting).

The Board of Directors is responsible for:

- Formulating strategy for the organisation
- Ensuring accountability by holding the organisation to account for the delivery of the strategy
- Ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- Shaping a healthy culture for the board and the organisation

8.1 BOARD DEVELOPMENT

In order to provide the best patient care our Board undertakes regular board development sessions. The content of these sessions are agreed by the Chairman and Chief Executive in conjunction with the Director of Corporate Affairs and are based on regulatory requirements alongside areas identified through skills gap analsyis.

8.2 GOVERNANCE STRUCTURE

The Board has established committees with delegated responsibility for seeking assurance on behalf of the Board and these are reviewed on annual basis. The Board has responsibility for the oversight of the delegation arrangement and retains the power to change or revoke the authority delegated to a committee at any stage. In addition, the trust has established Standing Orders that ensure effective and appropriate corporate governance arrangements are in place. The Board is supported by the following governance structure:

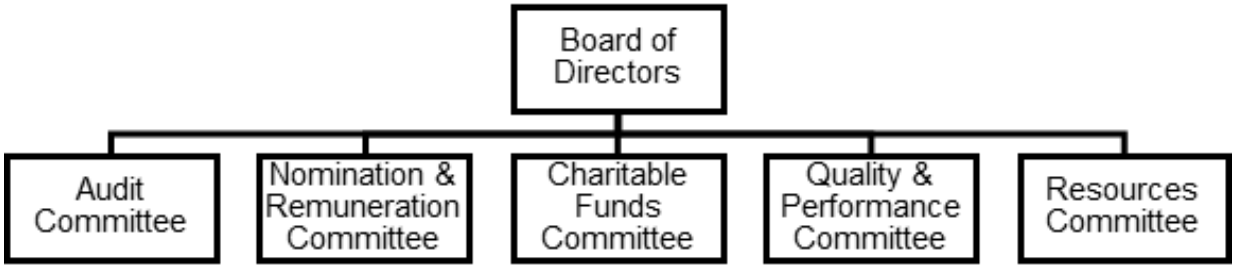


Table 28

The remit of each committee remit is to advise and offer assurance to the Board for their specific area of oversight.

Committee	Remit
Audit	With a Chair who has a finance background, the audit committee's remit is to ensure there is an effective system of internal controls across the trust, primarily utilising the work of internal audit, external audit and other assurance functions.
Nomination and remuneration	The remit of this committee is to agree appropriate remuneration and terms of service for the Chief Executive, the executive directors and other senior managers; it also reviews the structure, size and composition (including the skills, knowledge and experience) of the Board of Directors compared to its current position and gives full consideration to succession planning for all directors.
Charitable funds	The Board of Directors is the corporate trustee of the charity governed by the laws applicable to trusts and it established this committee to monitor, manage and review charitable funds as required by the Charities Act 2011 and ensure there is an effective system of governance, risk management and internal control across the charity's activities, ensuing that the NWAS NHS Trust Charitable Fund complies with statutory regulations as set out by the Charity Commission.
Quality and	All aspects of quality, safety and operational performance relating to the

Committee	Remit
performance	provision of care and services in support of getting the best clinical outcomes and experience for patients.
Resources	This committee ensures all the trust's business, financial and workforce plans are viable and that risks have been identified and mitigated, monitoring governance arrangements established to address internal and external service developments and will seek assurance on the delivery of corporate projects.

The Director of Corporate Affairs has delegated executive responsibility for corporate governance arrangements within the organisation on behalf of the Chief Executive.

A key element of the governance process is to provide assurance to the Board that a suitable level of challenge has been faced for all major decisions. In order to ensure this there is evidence of challenge by the NEDs will be within the minutes for each meeting and will be assessed as part of any CQC inspection.

8.21 CONTROLS OVER EXPENDITURE

The trust has an excellent track record of achieving all of its statutory financial duties. Controls over the full range of trust expenditure are contained within the Standing Orders, Standing Financial Instructions and Scheme of Delegation, supplemented by detailed financial procedure notes, which are all subject to review. There is a programme of finance training to assist non-financial managers in understanding their financial responsibilities. Controls are also in place to safeguard both the trust and individual managers. Regular one to one meetings take place with budget holders and Management Accounts.

8.22 PERFORMANCE CONTROLS AND REPORTING

The Board of Directors have received an Integrated Performance Report (IPR) since August 2012. The IPR is a monthly report which provides the Board of Directors with an update on performance against key indicators covering the main functions of the organisation.

In light of the measures required for the Single Oversight Framework (SOF), used by NHS Improvement to monitor and review performance, the format of this report has changed and will continue to develop. The SOF can be viewed at the following link: https://improvement.nhs.uk/resources/single-oversight-framework/

It should be viewed in line with the ambition for NWAS to be the best ambulance service in the UK. The goal is to achieve this through continually improving services to our patients, wherever possible focusing our attention on prevention, ensuring that our people are thriving and working in the right place, at the right time, every time.

The SOF measures are divided into five areas with the report:

- Quality of care
- Effectiveness
- Finance
- Operational performance
- Organisational health

The following SOF and business critical measures are now available within the IPR, with comparison against other Trusts where available:

Domains	Measures				
Quality of Care	Q1: Complaints	Q2: Incidents	Q3: StEIS Incidents	Q4: Staff Experience	Q5: Safety Alerts
Effectiveness	E1: Patient Experience	E2: ACQIs	E3: AQI Outcomes		
Finance	F1: Financial Score				
Operational	OP1: Call Pick Up	OP2: A&E Turnaround	OP3: ARP Response Times	OP4: 111 Response Times	OP5: PTS Activity
Organisational Health	OH1: Staff Sickness	OH2: Staff Turnover	OH3: Staff Recommend	OH4: Temporary Staffing	OH5: Vacancy Gap
	OH6: Appraisals	OH7: Mandatory Training			

8.23 EXECUTIVE LEADERSHIP COMMITTEE (ELC)

The ELC has recently been established and replaces the previous Executive Management Team (EMT). It meets weekly to discuss all areas of compliance in relation to performance, finance, quality and discuss and/or approve major decisions that affect the management of the organisation. The ELC receives assurance reports that provide details of progress; and where progress is not on track, details of the associated risks.

8.231 Senior Leadership Group (SLG)

A new Senior Leadership Group has been established to support ELC in the fulfilment of its duties. It ensures that ELC decision-making and discussion is

informed by the views of other senior leaders within the trust and that there is a high level of understanding and awareness of key strategic issues faced by the trust.

8.232 Chief Executive Accountability Reviews

These newly established reviews will occur weekly, with service lines on a rotational basis having an opportunity to meet with the CEO and an executive panel, utilising the agreed service line metrics to monitor and challenge performance by exception and allow the service line leads to escalate any appropriate issues and showcase new and innovative ways of working.

The CEO Accountability approach will provide the tools for the Executive Team to monitor all key performance metrics and receive the necessary assurance required whilst ensuring intervention is proportionate and balanced to the issue with key emphasis on the balance between challenge and support.

8.233 Corporate Programme Board

A new Corporate Programme Board has been established to provide oversight and assurance across all the key projects and programmes, receiving progress information from a group of focused oversight forums – more details are provided in section 5 (Service Development)

8.25 AUDIT

8.251 Internal audit

Internal audit services are provided to the trust by Mersey Internal Audit Agency; they attend each audit committee and assist the committee in reaching its opinion on the trust's Statement on Internal Control through provision of an audit opinion on the systems of internal control; working through a risk-based annual work programme for internal audit activities which is derived from the trust's Board Assurance Framework and Risk Register

Mersey Internal Audit Agency also provides the trust with a counter fraud service delivered by an accredited Local Counter Fraud Specialist.

8.252 External audit

KPMG are appointed as the External Auditors for the Trust, attending each audit committee and reporting on progress against the External Audit annual plan; together with Internal Audit representatives they meet privately with the members of the Audit Committee twice a year.

The external auditors (KPMG) issued an unqualified opinion on the financial accounts for 2018/19 and no significant issues were identified by the external audit during the course of the 2018/19 audit programme.

8.26 EXTERNAL GOVERNANCE

In addition to the robust internal governance arrangements the trust also provides assurances and receives challenge from the commissioners. This involves three key forums:

- Strategic Partnership Board
- Contracting Group
- Quality and Safety Group

In addition there is a joint Strategic Transformation Board which is currently reviewing its terms of reference in order to ensure they reflect the future plans for the trust.

8.3 CONCLUSION

The governance arrangements have recently undergone a restructure and the membership of the Board has been expanded to ensure it is better placed for the future; this includes an associate NED with an experience in digital and technology.

The supporting governance structures for the strategic priorities that will report to the planned Corporate Programme Board are evolving ensuring they reflect the strategic priorities.

9. CLOSING STATEMENT

This plan together with Annex 1 provides details of the strategic priorities and objectives over the next five years. It recognised these are ambitious and challenges and will require significant sustained effort and focus. There are many interdependencies identified and must of the detailed underpinning implementation plans need to be developed further, hence this plan will undergo regular reviews to ensure it reflects the current state of progress.

Our strategy at a glance

Our vision is to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place; every time.

Values:

Working Together for Patients

Commitment to Quality of Care

Respect and Dignity

Compassion

Everyone Counts

Improving Lives

Priorities:

Urgent and Emergency Care

Increasing service integration and leading improvements across the healthcare system in the North West.

Quality

Delivering the right care, which is safe, effective and patient-centered for each individual.

Digital

Radically improving how we meet the needs of patients and staff every time they interact with our digital services.

Environment

Committing to reduce emissions by embracing new technology inc. electric vehicles.

Workforce

Developing our workforce to be flexible and adaptable to a more integrated environment.

Stakeholder relationships

Building and strengthening relationships that enable us to achieve our vision.

Infrastructure

Reviewing our estates and fleet to reflect the needs of the future service model.

Business and Commercial Development

Develop skills and capability to explore business opportunities for current and new viable contracts, services or products.

Supporting strategies:

Urgent & Emergency Care Strategy

Quality Strategy

Digital Strategy

Finance plan - long-term financial model

Workforce Strategy

Communications and Engagement Strategy

Estates Strategy

Fleet Strategy

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North West Ambulance Service NHS Trust

Integrated Business Plan – Annex 1

Annex 1- Objectives, deliverables and milestones

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Annex 1- Objectives, deliverables and milestones

For each strategic priority a set of objectives has been idenfitied and each objective will require an associated set of deliverables and milestones. These are shown in the section below:

Urgent and emergency care

Strategic priority 1: Urgent and emergency care (integrated)

Increasing service integration and leading improvements across the healthcare system in the North West. This priority is comprised of four objectives.

Objective 1.1 *Operational delivery of emergency care*

Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Performance standards	Achieve CAT1-4 and call pick up standards	Maintain CAT1-4 and call pick up standards	Maintain CAT1-4 and call pick up standards
	Hear and treat (H&T) 8%	H&T – TBD	H&T – Top 3 in UK
	See and treat (S&T) 27.8%	S&T 31% (based on see and treat collaborative stretch target)	S&T 33% (based on S&T collaborative stretch target)

Annex 1- Objectives, deliverables and milestones

	Conveyance to Emergency Department (ED) 57%	Conveyance to ED - TBD	Conveyance to ED 3rd best ambulance service
Emergency preparedness resilience and response (EPRR)	Ensure compliance with EPRR		
Hospital handover	Following handover between ambulance and A&E, ambulance crew should be ready to accept new calls within 15 minutes and no longer than 30 minutes	30 mins target	30 mins target
Inter-facility transfer (IFT)/ Healthcare professional (HCP)	Evaluate pilot	Achieve national response time standards for HCP and IFT requests	
	Implement recommendations of the pilot		

Objective 1.2: *Service delivery model*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
UEC structure review	Operational structure	Implementation plan	
	Clinical leadership review		

	Integrated urgent care (IUC) structure review		
	STP reconfiguration		
Contact centre review	Review existing contact centre functions across 999, 111 and Patient Transport Services (PTS)	Implementation	Integrated computer aided dispatch (CAD) platform
	Review Clinical Hub/Clinical Assessment Service (CAS)/call-handling and dispatch		

Objective 1.3: *Integrated urgent care*

Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
Population based health	Business intelligence scoping		
	High intensive users scoping		
NAUEGG initiatives	Clinical supervision – Establish steering group	Clinical supervision – Full Clinical Supervision model rolled out across all ambulance services	
	Telecare (with NAA) – Recruitment into position and pilot mobilised	Telecare (with NAA) - TBD	
	External IUC CAS review	Implementation plan	

Annex 1- Objectives, deliverables and milestones

Clinical Assessment Service	Internal integrated CAS review		

Objective 1.4: *Clinically Enhanced Services*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Clinical decision making	Linked to digital – single primary care triage – review	Single primary care triage business case	
		Primary care triage implementation plan	
S&T collaborative	Links 2.2. Safe	Achieve stretch target - 31% S&T (TBC)	Achieve stretch target - 33% S&T (TBC)
	Establish a quality improvement (QI) collaborative		
	Commence collaborative and Links to digital – data consumption		
	Achieve 28% S&T		
Clinical pathway development	Ensure the continued development of the Directory of services	Embed the DoS within ePR	

Annex 1- Objectives, deliverables and milestones

	Provide all clinicians in the trust access to national service finder/ DoS		
Clinical supervision national work-stream			

Annex 1- Objectives, deliverables and milestones

Quality (Right Care)

Strategic priority 2: Quality (Right Care)

Delivering appropriate care, which is safe, effective and patient centred care for each individual.

Objective 2.1: *Safety*

Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
Understand a safety culture within an ambulance trust	Identify team to pilot programme of diagnostic culture surveys - Emergency Operations Centre (EOC)	Culture surveys to be spread across staff in identified area (EOC) – 100% of staff (700)	Culture surveys become business as usual in EOC
	Improvement science training programme to commence (Improvement Science for Leaders) – seven staff to be trained as “specialist”	Improvement science training to be delivered to staff groups as identified by dosing strategy	Plans developed for learning from EOC to be spread beyond EOC and across NWAS areas to be identified
	Develop safety culture measurement strategy for EOC	Improvement programmes to be initiated in line with findings of culture survey	
	Programme of improvement science training to be developed for EOC staff at all levels		

Annex 1- Objectives, deliverables and milestones

A programme of education specifically focused on safety	Training through partners, e.g. AQuA, NHS Improvement in Human Factors to commence, including train the trainer	Faculty identified and training programmes developed and delivered internally for Human Factors	Next phase of large scale improvement programmes to commence
	Large scale change programmes commenced to include training in safer system design (2 in year 1)	Large scale change programmes continue as per year 1	
	Training and education on measuring for improvement, with a focus on development of safety measures		
Safe working patterns and reduce the impact of stress on the workforce	Working with partners (university, NHS I etc.), develop a programme of training to support workforce in designing safer systems, focusing initially on equipment	Delivery of training to identified staff groups	Milestones to be agreed
		Initiation of improvement programmes	
Workplaces and the equipment to optimise safety and minimise the risk of error	Milestones to be developed		
Digital systems for measuring and monitoring	Adopting the Vincent framework and working with partners (e.g.		Milestones to be agreed

Annex 1- Objectives, deliverables and milestones

avoidable harm from frontline to Board, in real time	Lightfoot), develop digital systems for avoidable harm	Spread of individuals using real time monitoring systems to each sector	
	Deliver training for 40 staff in the use of data for improvement		
	Deliver board session to include safety measurement		
Incident reporting	Review the electronic risk management system (DATIX) to enable easier accessibility, analysis and higher utility to frontline managers	Reduce reported unscored incidents in the board IPR to 25	Reduce reported unscored incidents in the board IPR to 0
	Reduce reported unscored incidents in the board IPR to 50	Increase closure within agreed timeframes to 85% for severity 1-3	Increase closure within agreed timeframes to 90% for severity 1-3
	Increase closure within agreed timeframes to 80% for severity 1-3	Increase closure within agreed timeframes to 80% for severity 4-5	Increase closure within agreed timeframes to 95% for severity 4-5
	Increase closure within agreed timeframes to 60% for severity 4-5		
Serious incidents	Increase the proportion of cases to 75% where the notify to	Increase the proportion of cases to 85% where the notify to confirm interval is	Increase the proportion of cases to 95% where the notify to

Annex 1- Objectives, deliverables and milestones

	confirm interval is within the agreed timeframes	within the agreed timeframes	confirm interval is within the agreed timeframes
	Increase the proportion of cases to 90% where the confirmation to report interval is within the agreed 60 day timeframe	Increase the proportion of cases to 95% where the confirmation to report interval is within the agreed 60 day timeframe	Increase the proportion of cases to 95% where the confirmation to report interval is within the agreed 60 day timeframe
Safeguarding	95% training compliance for Levels 1,2,3,& 4 is compliant	95% training compliance for Levels 1,2,3,& 4 is compliant	95% training compliance for Levels 1,2,3,& 4 is compliant
	Pilot safeguarding performance metrics reported dashboard	Safeguarding dashboard - live	
	Pilot systems for linking, flagging, monitoring and responding to repeat referrals	Systems for linking, flagging, monitoring and responding to repeat referrals - live	
Health, safety and security	Y0Y reduction in RIDDORS target 20%	Y0Y reduction in RIDDORS target 30%	Y0Y reduction in RIDDORS target 50%
	Reduction in incident reports with confirmed harm from lifting and handling- target 20%	Reduction in incident reports with confirmed harm from lifting and handling- target 30%	Reduction in incident reports with confirmed harm from lifting and handling- target 50%

Annex 1- Objectives, deliverables and milestones

	Percentage of operational managers with advanced training in Health and Safety management - target 25%	Percentage of operational managers with advanced training in Health and Safety management - target 25%	Percentage of operational managers with advanced training in Health and Safety management - target 25%
	80% sites receiving a biannual rapid review of health and safety (H&S)	100% sites receiving a biannual rapid review of H&S	
	50% vehicles receiving an annual review of H&S	100% vehicles receiving an annual review of H&S	
Complaints	Reduce the overall numbers of complaints per 1000 WTE staff – target 10%	Reduce the overall numbers of complaints per 1000 WTE staff – target 20%	Reduce the overall numbers of complaints per 1000 WTE staff – target 30%
	Increase the percentage of severity 1-2 complaints closed within 24 hours – target 40%	Increase the percentage of severity 1-2 complaints closed within 24 hours – target 60%	Increase the percentage of severity 1-2 complaints closed within 24 hours – target 75%
	Increase closure within agreed timeframes to 65% for severity 1-3	Increase closure within agreed timeframes to 75% for severity 1-3	Increase closure within agreed timeframes to 100% for severity 1-3
	Increase closure within agreed timeframes to 40% for severity 4-5	Increase closure within agreed timeframes to 75% for severity 4-5	Increase closure within agreed timeframes to 100% for severity 4-5

Annex 1- Objectives, deliverables and milestones

Infection prevention and control	Produce an IPC dashboard which will show: 85% compliance of vehicles cleaned within the 6 week standard Develop and pilot the reviewed compliance standards for IPC audits on stations and vehicles.	Milestones to be developed	Milestones to be developed
	Check IPC standards on stations and vehicles as part of the quality visits		
	Aim for 100% compliance with the 5 movements of hand hygiene and provide data on the dashboard		
	Develop a cannulation policy and procedure and establish a baseline audit tool		
	Follow the Project Way tool and produce the associated business case for an expansion of Frequent Callers team to enable team to provide service to 111 patients as well as the 999 patient group		

	Follow the Project Way tool and the production of the associated business case for centralisation of all governance of incidents		

Objective 2.2: *Effective*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Prevent harm to patients who wait for our service	Ambulance quality indicators	Milestones to be developed	
	Clinical quality indicators	Year 2 of large scale change programmes to deliver hospital handover at XX mins and S&T at XX%	
	Hospital handover S&T collaboratives / large scale change programmes designed and delivered		
	Building resilience and systems within the EOC to reduce harm and maximise on the use of clinicians		

Annex 1- Objectives, deliverables and milestones

Focus on falls, frailty and evidenced based care for vulnerable patients	Milestones to be developed and focus on reducing serious harm (fractures) from falls in particular for patients with known vulnerability	Phase II collaborative (s) developed (x2) focussed on reducing harm from falls and zero suicide	
Zero suicide campaign	Reducing the number of suicides which occur in the interval between call and crew arrival to zero	Further milestones to be developed	
Improve the ACQI standards	Set goals for achieving unprecedented levels of improvement and identify system leadership for these areas and resources to ensure that teams have the capability and capacity to deliver improvement	Milestones to be developed	
Local quality indicators	Full review of local quality indicators	Milestones to be developed	
Medicine management	Reduce the percentage of medicine pouches with expired drugs remaining in circulation 1 week beyond their expiry date to less than 1%	Reduce the percentage of medicine pouches with expired drugs remaining in circulation 1 week beyond their expiry date to zero	Consistently manage medicine pouches to ensure that on no occasions do expired drugs remaining in circulation 1 week beyond their expiry date

Annex 1- Objectives, deliverables and milestones

	Reduce the percentage of medicines disposed of as waste by 25%	Reduce the percentage of medicines disposed of as waste by 40%	Reduce the percentage of medicines disposed of as waste by 50%
	Pilot the medicine management performance metrics on a monthly dashboard	The medicine management performance metrics on a monthly dashboard agreed and now business as usual	
Effective monitoring - systems	Identify high volume, high impact care pathways	Identify measurement systems for high volume, high impact care pathways linked to ACQIs using Power BI platform	
Sector quality visits	Ensure sector quality visits, with documented outcomes, continue throughout the year for all operational areas of the trust	Establish a standardised approach to Sector Quality Visits, throughout the trust	Fully functioning feedback on quality assurance from board to frontline with monitoring over time and exception reporting which can be actioned through operational delivery
	Establish knowledge management system for daily checks in PTS and PES	Establish a knowledge management platform for storage and easy access to reporting of visits	
		Establish systems for automating daily checks	

Annex 1- Objectives, deliverables and milestones

Operational efficiency	Follow the principles of the 'Carter Review' to identify where unwarranted variated can be reduced to increase operational efficiencies	Demonstrate a reduction in unwarranted variation that has increases operational efficiencies	Explore the requirements of building the first productive ambulance series
	Develop LEAN programme & Test 2 value streams	Establish LEAN improvement team and educational programme for operational managers in LEAN	All operational managers trained in LEAN and principles included in induction
	Productive ambulance programme developed	LEAN facilitators developed in 3 service lines and back office	LEAN programmes in all service lines facilitated locally and monitored at Executive challenge sessions
	Savings calculated and business case to EMT for LEAN programme	Run 6 re-design value streams	Ongoing programme of VALUE streams (corporate)
		Productive ambulance programme tested	
Develop an improvement hub	Quality improvement hub in place	Spread improvement capability safety training programmes	Safety training to be embedded
	Working with teams to ensure improvement practices and	Leadership walk rounds to be in place	Leadership walk round to be business as usual

Annex 1- Objectives, deliverables and milestones

	safety training are embedded through capability building programme		
	Leadership walk rounds; microsystem work; supporting clinical leaders to work with local teams	Lean methodologies to be introduced in 3 areas of practice (corporate or clinical)	Lean practices embedded
	Commence collaboratives in year one, launching our first collaborative learning session in Q2		
	Test the introduction of Clinical Microsystems and LEAN improvement methodologies		

Annex 1- Objectives, deliverables and milestones

Digital

Strategic priority 3: Digital

Radically improving how we meet the needs of patient and staff every time they interact with our digital services.

Objective 3.1: *Solve everyday problems*

Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
ICT Team	Undertake a review of the current ICT Structure to ensure there is capacity to deliver 'business as usual'	Implement an approved ICT structure	Training for all staff in IT security as part of mandatory training
	Undertake a review of the current ICT Structure to ensure there is capacity to deliver out 'innovation programmes'	Secure a resilient infrastructure and support for IT security	Training for asset owners
		Continue to work on penetration testing and patching as apriority against an agreed schedule	
		Full asset register with asset ownership and data security clear	

Annex 1- Objectives, deliverables and milestones

Staff Satisfaction survey	Develop a staff satisfaction survey	Implement a staff satisfaction survey across the trust	Establish staff satisfaction trajectories for improvement
	Test an approved staff satisfaction survey	Implement a patient satisfaction survey across the trust	Establish patient satisfaction trajectories for improvement
	Develop a patient satisfaction survey	Identify baseline % of staff satisfied with digital services	Continuous improvement of priority areas
	Test an approved patient satisfaction survey	Identify baseline % of patients satisfied with digital services	Communications function established for IT
	Begin to abstract data to understand themes	Identify areas for improvement	
		Strategy and planning update based on survey themes from patient & staff	
Getting the basics in sight programme	Scope out the requirements of the programme	Implement a 'getting the basics in right' programme	
	Identify the programme deliverables		
	Establish a programme structure		

Annex 1- Objectives, deliverables and milestones

Objective 3.2: *Develop a 'digital first' culture*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Digital strategy implementation plan	Develop year 1 and 2 of a digital strategy implementation plan	Implement year 2 milestones of the plan	Implement year 3 milestones of the plan
	Implement year 1 milestones of the plan	Develop year 3 of a digital strategy implementation plan	Develop year 4 of a digital strategy implementation plan
Digital strategy roadmap	Identify all programmes of work for years 1 and 2	Identify all programmes of work for year 3	Identify all programmes of work for year 4
Digital partnerships	Identify who our digital partners should be	Implement partnership schemes of work	Implement partnership schemes of work
	Establish robust and sustainable partnerships with preferred options		
	Identify partnership schemes of work		
Electronic patient record	Implement phase 1 (ePRF)	Specify and develop content of the EPR phase 2	Implement phase 2

Annex 1- Objectives, deliverables and milestones

Electronic tablets	Roll out electronic tablets onto all appropriate vehicles	Implement new service desk functionality based on service desk review	Procure next phase of devices
	Develop internal service model for devices and review service desk capacity	Planned maintenance of electronic tablets devices	Prepare the system for implementation
	Formalise the software development	Scope replacement business case	Scope software development either internally or in partnership
		Software governance embedded	
Single primary triage	Scope the interdependencies with the Urgent and Emergency Care Strategy	Complete the required business case	Implementation of a single primary triage across 999 and 111
		Ensure approval of the business case	

***Objective 3.3**: Secure & Joined Up Systems*			
Risk and renewal roadmap	Develop a risk and renewal roadmap for the trust	IT roles and responsibilities clearly articulated and understood	Mature system of asset ownership, risk and renewal

Annex 1- Objectives, deliverables and milestones

	IT operational leadership identified to coordinate	All business cases to include asset owner and manager as core	
	Link to asset owners	Financial plans agreed to support roadmap	
	Reminders to asset owners		
	Replacement roadmap agreed		
Unified communications programme	Project team established with NWAS and BT	All service lines migrated	Efficiency gains realised from system implementation
	Switch replacement programme completed	Data storage complete	UCP phase 2 planning commences
	2 service lines migrated	Wall boards established	
		Video conferencing and text systems in place	

Annex 1- Objectives, deliverables and milestones

Objective 3.4: *Smarter decisions*			
Office 365 and Power BI	Business case and implementation for Office 365 to support NWAS email	Roll out power BI to operational managers	Add 3 additional assets to DW
	Add 2 additional assets to data warehouse (DW)	Train 150 managers in self-service analytics	Train additional 500 staff
	Complete business case for Power BI	Predictive analytics pilot by informatics	Predictive analytics live
	Identify power BI users	Integrated performance reporting standardised and managers educated to understand variation	Integrated performance reporting used routinely at sector and team level
	Promote and train super users		
	Sample dashboards piloted and format agreed		
Data warehouse	Continue to build expertise in data warehousing and adoption of standard systems	Add three additional assets fully linked into to DW	
	Continue to integrate systems into the warehouse using 'SPRINT' methodology		

Annex 1- Objectives, deliverables and milestones

Demographic analysis	Specific requirements for resources and systems to support better demographic analysis that will enable intelligent demand management and forecasting	Staff trained in the use of Signals for Noise and the Power BI systems	
	Implement Lightfoot system	Capability training for all senior managers to understand demographics, planning and population management	
Patient information portal	CQUIN 2019/20 to focus on following:	Procure and implement permanent PIP solution	Align to EPR to enable data to be shared from our EPR to other providers
	Full business case for PIP solution	Align to LHCRE programmes for system-wide access to data exchange	
	Graphnet and LPRES development		
	NWAS connectivity and login		
	Orion pilot scale up		

	Align to S&T collaborative to encourage utilisation		
Signals for noise Platform	Establish a relevant data feed between NWAS and Lightfoot	Identify areas for improvements	

Objective 3.5: *Digital pioneers*			
Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
Develop innovation partnerships	Identify key partners and develop relationships	Use innovation partners to leverage learning and to build capability in workforce	2 formal partnerships signed off by board
	Identify opportunities for funding and resource support	Innovation network established within NWAS through 'Innovation agents'	
	Introduce an innovation hub and dragons den to incubate and support ideas generation from the workforce		
Innovation framework	Giraffe healthcare scoping work	Pilot 4 ideas through innovation fund	

Annex 1- Objectives, deliverables and milestones

	Develop framework to harness innovation, prioritise workload and scale up ideas	Identify innovation ideas utilising innovation pipeline	
Physiological monitoring	Scoping of physiological monitoring as opportunity to support preventative population-based healthcare	Run x 3 commercial partner workshops per year to invite innovators to share products for monitoring	Go live of monitoring service to support integrated care
	Select 2-3 vendors to work with to develop monitoring	Pilot monitoring service to support integrated care	

Annex 1- Objectives, deliverables and milestones

Business and Commercial

Strategic priority 4: Business and commercial development

Developing skills and capability to explore business opportunities for current and new viable contracts, services or products.

Objective 4.1: *Business and commercial function*

Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
Framework	Initial framework including in scope and out of scope, relationships with the rest of the trust and resource requirement – plan on a page Project Way	TBD	TBD
	Identify governance arrangements and costs Plan for function to be cost neutral – via income generation		
	Develop a plan to establish the B&C function		
Development	Establish process to horizon scan for opportunities		

Annex 1- Objectives, deliverables and milestones

	Develop/ acquire skills for tender responses		
	Compile and maintain contract information including expiry date to ensure time for suitable preparation of next steps		

Objective 4.2: *Current contract*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Deep–dive report	Produce deep-dive report with analysis and recommendations	If large variation still exists, repeat deep-dive exercise, with a view to reducing variance and improve efficiency of resources across the whole local health economy.e.g. reducing aborts through better coordination of discharges	N/A new contract timeframe
Contract variance	If relevant following the deep-dive, discuss contract variance with commissioners	If necessary, implement variations to the PTS contract for changes deemed appropriate to marginal rates,	N/A new contract timeframe

		KPIs etc, to ensure effective use of resources	

Objective 4.3: *Future contracts*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Bid no bid criteria for PTS/NHS 111 **Agree on approach to future PTS/NHS111 contracts**	Establish Board appetite for future contracts Develop cost/benefit analysis	Prepare tenders for IUC/111/PTS as appropriate, if aligned to trust strategy, and represent effective and efficient use of resources.	Continuation of market analysis and production of tenders that are aligned to the trust strategy, and achieve best value for money
Information	Develop processes to collate and review information (NWAS and competitor) on future opportunities including current contracts that are due to expire	Review, update as required, and implement commercial strategy, identifying areas for new business and non NHS income generation	Develop portfolio of commercial services that provide reinvestment of commercial income back into patient services
Future contracts for core business	Introduce systems and processes to prepare for contracts that will support future service model	Establish detailed service level costing system, utilising PLICS and cost behaviours knowledge, to determine commercial appropriateness of	

	Gather information that will inform the costs, and contract type that will best fit the future model	tenders/bids. In addition, ensure identification and implementation of the most appropriate and effective contract mechanisms (e.g. alliance or prime provider contract vehicles)	

Workforce

Strategic priority 5: Workforce

Engaging and empowering our leaders and staff to develop, adapt and embrace new ways of delivering the right care.

Objective 5.1: *Recruitment and Retention*

Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Effective workforce planning and modelling	Developing robust five year plans and strategy for supply	Developing collaborative approaches to workforce planning to support integration	
	Vacancy gap below 1%	Below 1%	Below 1%
	111 Clinical Advisor vacancy gap -15%	-10%	Below 5%

Annex 1- Objectives, deliverables and milestones

Developing excellence in recruitment	Review attraction offer & values based recruitment approach Implement new starter surveys	Improve applicant experience based on feedback Implement recruiter surveys	Improve recruiter experience
	Time to hire- establish baseline measurement	Reduce time to hire	Reduce time to hire
Reducing areas of high turnover	Embed revised exit & stay processes Evaluate EOC retention interventions	Use exit data to refine retention interventions Focused interventions to reduce turnover in first 12 months	Evaluation of interventions and continued review of data
	EoC Turnover 11%	Below 10%	Below 10%
	111 Turnover 25%	20%	18%
Positive impact on workforce representation	Developing networks and staff to support attraction Improving diversity on panels	Develop local targets and enable positive action work	Continue positive action work
	BME representation 4.5%	5%	5.5%
	Disability representation 3.75%	4%	4.25%
	Representation of women in upper quartile of pay 34.1% or 514	34.4% or 518	34.7% or 523

Annex 1- Objectives, deliverables and milestones

Objective 5.2: *Developing potential*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Ensuring mandatory and core induction training is completed by all	Implementing competence based approach using MyESR Developing pre-hire onboarding processes	Implementation of national framework for sector Embedding year 1 changes	Evaluation
	Mandatory training compliance 95%	95%	95%
Ensuring all staff receive a quality appraisal	Work to develop sustainable approaches to appraisal incorporating talent management tool Continue quality audits	Redesign training Develop talent plans informed by appraisal	Evaluate talent plans and quality
	Appraisal compliance rates 95%	95%	95%
Delivering an appropriate range of high quality apprenticeships	Tender for paramedic apprenticeship	Deliver paramedic apprenticeship	Evaluate paramedic apprenticeship

Annex 1- Objectives, deliverables and milestones

	Implement call handler apprenticeship in EOC Explore Advanced Clinical Practice apprenticeships	Evaluate and extend call handler apprenticeship to 111 Embed model of apprenticeship for advanced practice	
	Public sector apprenticeship target 2.3% averaged from April 2017 to March 21		
Delivering upskilling of the paramedic workforce	Complete paramedic upskilling programme Review effectiveness of NQP programme Ensure effective CPD offer	Continue to use CPD in targeted way to support new roles and enhance frontline skills	Continue to use CPD in targeted way to support new roles and enhance frontline skills
	National upskilling milestones 61%	100%	
Developing education and learning approach focused on continuous improvement and learner experience	Implement frameworks for quality improvement and performance	Change approaches based on feedback and self-evaluation	Ofsted inspection
Create an improved learning environment	Develop outline business case for centralised education and training academy Introduction of digitised learning	Full business case Full digitisation of apprenticeship programmes	Delivery of centralised academy

Annex 1- Objectives, deliverables and milestones

		Implementation of self service for learning	Evaluation and improvement of digital offer
Enabling the organisation to build its improvement skills capacity and capability	Develop framework and delivery plan Pilot programmes and commence capacity building	Deliver agreed capacity building plan Develop online and action learning support	Deliver and evaluate improvement skills capacity and capability

Objective 5.3: *Wellbeing*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Improving attendance	Implement targeted improvement plans Enhance HR capacity to support attendance Develop data to inform interventions	Review procedure Continue targeted improvement plans and interventions	Review procedure Continue targeted improvement plans and interventions
	Sickness rates 0.5% reduction	0.3% reduction	Below 0.5%

Annex 1- Objectives, deliverables and milestones

Encouraging continual increase of uptake of flu vaccination	Evaluate learning from last campaign, review good practice and implement revised intervention	Evaluate learning from last campaign, review good practice and implement revised intervention	Evaluate learning from last campaign, review good practice and implement revised intervention
	Frontline vaccination rates 68%	75%	75%
Continuing to improve staff survey response rates and outcomes	Staff survey response rate - improved	Improved	Improved
	Staff engagement score – **improved**	improved	Best in sector
Reducing staff experience of bullying and harassment	Launch 'Is it banter?' training Review policy and associated resources Communications campaign 'Treat me right'	Embed revised training and evaluate campaign	Rerun campaign focus

Improving well-being and keeping staff safe	Review mental health offering and embed recent initiatives Consolidate and review the effectiveness of local people plans Incorporate resilience and healthy workplace training into leadership offer Establish violence and aggression group	Implement additional interventions to enhance mental health support Celebrate areas with best improvements in staff survey scores Implement personal development/accessible lifestyle modules Implement body worn cameras	Evaluate impact of changes to mental health support Evaluate IIY offer

Objective 5.4: *Inclusion*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Improving female representation in upper quartile of pay	Deliver and evaluate Women in Leadership programme Review approach to acting up/development opportunities Achieve representation of 34%	Launch aspiring women leaders cohort Develop mentors and coaches Achieve representation of 34.5%	Continue programmes Roll out bespoke mentoring and coaching offer Achieve representation of 35%

Annex 1- Objectives, deliverables and milestones

Improving cultural competence	Review current diversity training Establish diversity and inclusion competences for leaders	Develop and implement training to support competences Develop methods to measure cultural competence	Evaluate and review training offer
Improving the experience of protected groups	Develop additional staff networks and framework for support	Embed and review networks	Review achievements
Using self-assessment and data measurement to deliver continuous improvement	WRES indicators -	Continuous improvement against all indicators	
	WDES indicators - TBC	Continuous improvement against all indicators	
	Gender pay gap – maintain 18/19	Maintain	improve

Objective 5.5: *Empower and Leadership*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
Continuing to grow the trust's coaching programme	Launch everyday coaching conversations Enhance pool of coaches	Review programme and coaches capability	Evaluate and maintain

Annex 1- Objectives, deliverables and milestones

Embedding Be Think Do leadership framework	Audit quality of BTD appraisal conversations Embed BTD principles in management recruitment Launch technical mastery programme	Embed BTD & technical mastery into all leadership induction Continue to develop technical mastery content Embed in recruitment	Continue to refine and evaluate offer Track and evaluate success of recruited leaders
Implementing a strategic approach to talent management	Develop and embed Board and Deputy succession plans Incorporate talent conversation tool into appraisal	Evaluate roll out and support continued development of those on succession plans	Tracking of leadership talent
Develop bespoke interventions to enable teams and individuals to maximise their potential	Implement 'High Performing teams' to go Use triangulated data to identify team interventions	Review team effectiveness programme Use triangulated data to identify team interventions	Use triangulated data to identify team interventions
Enabling our managers to create a positive culture	Immediate line managers staff survey indicators _ above average (6.2)	Above average	Best in sector

Objective 5.6: *Empower - Improvement and Innovation*			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**

Annex 1- Objectives, deliverables and milestones

Create a framework of positive partnership working	Review partnership and facilities agreement	Adapt to ensure representation of multi-disciplinary groups and supporting consultation structures	Evaluate and revise
Developing innovative workforce solutions	Evaluate and embed internal rotational working arrangements Support development of external rotational models Review of 111 blueprint and applicability to career framework Support management and leadership restructure	Support development of models to support integrated urgent care Support development of career structures in IUEC structures Development of multi-disciplinary team leadership and supervision	Review effectiveness in practice Development of multi-disciplinary career framework.
Supporting changing methods of service delivery	Facilitate roster reviews across key operational service lines. Develop business case for ESR benefits realisation Support review of meal break policy	Enable transition to business as usual and review of roster delivery Improve self service capability through ESR	Enable manager self service

Stakeholder relationships

Strategic priority 6: Stakeholder relationships

Building and strengthening relationships that enable us to achieve our vision.

Objective 6.1: *Patient and public engagement*

Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
Patient and Public panel	Patient and Public Panel recruited, inducted and established	1st year PPP celebratory and recognition event delivered	2nd PPP celebratory and recognition event delivered
	Target Panel number membership of 175	Involvement of PPP members in a minimum of 6 structured and task orientated ways together with 4 ad hoc opportunities	Involvement of PPP members in a minimum of 9 structured and task orientated ways together with 6 ad hoc opportunities
	Panel Facilitator and Administrator appointed	Refresh and review of membership to reflect population plus growth of 15%	Refresh and review of membership to reflect population plus further growth of 15%
	Year 1 Panel work plan developed with members including the creation of a Patient and Public Panel Charter	Panel work plan developed with members	Panel work plan developed with members
	Panel summary of achievements produced	Scoping undertaken for second year celebratory and recognition event	Scoping undertaken for third year celebratory and recognition event

	Scoping undertaken for first year celebratory and recognition event	Panel summary of achievements produced and promoted	Panel summary of achievements produced and promoted
Extranet	Deliver new combined intranet and external facing website – 2 stages, external facing website in June and internal site in September	Deliver phase 2 works to trust extranet	Ongoing maintenance and currency review
	Scope out phase 2 work and develop business case to Exec to deliver		

***Objective 6.2:* STP relationships**			
Deliverables	**Year 1 milestones**	**Year 2 milestones**	**Year 3+ milestones**
STP engagement structure	Review current structures for engagement with STP	Build on work with STPs from Year 1	
	Ensure relevant NWAS representation at the appropriate forums		
	Agree the offer to STPs		
Messages, information and feedback	Develop processes to share and provide consistent messages from the trust	Build on work from Year 1 in terms of effective dissemination of information	

Infrastructure

Strategic priority 7: Infrastructure

Reviewing our estates and fleet to reflect the needs of the future service model.

***Objective*:** *Effective and efficient estate*

Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
Deliver hub and spoke estate model	Produce business cases for next hub and spokes	Start build programme	
	Developed implementation plan	Continue business case programme	
Call centre restructure	Review estate requirements in line with future operational model for call-centres/EOC		
Estate to support future service lines	Review estate requirements in line with board decisions regarding future PTS and 111 contracts		

Environment

Strategic priority 8: Environment

Committing to reduce emissions by embracing new technology, including electric vehicles.

Objective: *environment*

Deliverables	Year 1 milestones	Year 2 milestones	Year 3+ milestones
Reduced carbon emissions	34% reduction by 2020	Phase 2 estates scheme	[57% 2030, 80% 2050]
	Review lease car and pool car		
	Review fleet strategy in particular operational fleet, electric RRV and support vehicles hybrid/electric		
Sustainability policy in line with national guidance	Review and update trust sustainability strategy in line with national guidance	Achieve short term targets	Achieve longer term targets

North West Ambulance Service NHS Trust

REPORT

Board of Directors					
Date:	31 July 2019				
Subject:	Lord Carter review and NWAS action plan & tracker				
Presented by:	Salman Desai, Director of Strategy and Planning				
Purpose of Paper:	For Assurance				
Executive Summary:	This paper provides an overview and summary of the Lord Carter review conducted in 2018 into unwarranted variations in NHS Ambulance Trusts. The 5 key areas identified are: • Ambulance Service Productivity • Workforce & Leadership • Ambulance Fleet and Control Centres • Estates, Facilities and Corporate Services • Implementation Within the five key areas there are nine main recommendations and 50 actions. The paper also details the recommendations within the Lord Carter review and provides the NWAS action plan and tracker to ensure the Lord Carter recommendations are implemented within the specified or reasonable timescale. NWAS will continue to respond in a timely manner to all future assurance requests. In terms of internal assurance it was agreed in January 2019 that Lord Carter updates will be brought to Trust Board on a 6 monthly basis.				
Recommendations, decisions or actions sought:	The Board of Directors are asked to note the implications of the Lord Carter Review and associated NWAS action plan & tracker to meet the challenges of the recommendations in the Lord Carter Review.				
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:	n/a
Date:	n/a
Outcome:	n/a

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1 PURPOSE

The purpose of this paper is to inform the Board of Directors of the Lord Carter Review 2018 into unwarranted variations within UK Ambulance Trusts. The paper will provide an update to the NWAS action plan and tracker.

2 BACKGROUND

The Lord Carter review into ambulance productivity in England was published on 27 September 2018 and contained 5 key areas and nine recommendations to improve patient care, efficiency and support for frontline staff who have responded to a significant rise in demand for ambulance services in recent years. Prior to the publication a number of workshops and discussions took place between NHSI and Ambulance Trusts to understand the data set and methodologies applied.

The 5 key areas are:

- Ambulance Service Productivity
- Workforce & Leadership
- Ambulance Fleet and Control Centres
- Estates, Facilities and Corporate Services
- Implementation

Within these five key areas sit nine main recommendations, shown below:

Recommendation 1 – Enabling effective benchmarking

Recommendation 2 – Delivering the right model of care and reducing avoidable conveyance to hospital

Recommendation 3 – Effective use of resources

Recommendation 4 – Optimising workforce, wellbeing and engagement

Recommendation 5 – Effective fleet management

Recommendation 6 - Improving performance and strengthening resilience and interoperability

Recommendation 7 – Developing the digital ambulance

Recommendation 8 – Maximise use of non-clinical resources

Recommendation 9 – Delivering effective implementation

3 THE KEY POINTS FROM THE LORD CARTER REVIEW

The Lord Carter review highlights the important areas as being:

- Reducing the numbers of patients being taken by ambulance to A&E departments. The Carter team found variations in the rates of conveyance between trusts which it described as **unwarranted.**
- Reducing avoidable conveyances to hospital could release capacity worth £300m in the acute sector, although it was acknowledged that in order for acutes to make those savings, alternative services that better meet patient's needs will need to be put in place.
- The three structural problems to reducing conveyance rates and improving patient experiences are accessing GP and community services; establishing urgent treatment centres in all sustainability and transformation partnership (STP) areas, and reducing ambulance handover delays.
- Demand for ambulance services has risen in the last five years, however, ambulance trusts have improved at different rates. Eliminating the variations in productivity between trusts could result in savings of £200m.
- Productivity opportunities exist in three main areas, staffing; better use of technology, and improved fleet management including nationally coordinated procurement of vehicles and equipment.
- The configuration of ambulance trusts, and whether ten was the right configuration, however the review concluded that now was not the time to look at this.

4 THE NWAS ACTION PLAN / TRACKER

The NWAS action plan and tracker has been develop in order to ensure the implementation of the Lord Carter recommendations.

The action plan and tracker has been split by recommendation, each of the nine recommendations has associated actions.

In total there are 50 actions listed in the action plan, with different organisations leading on differing actions.

NHS England, NHS Improvement, NHS Digital as well as the Associate of Ambulance Chief Executives will be leading on some of the specific recommendations / actions, for example recommendations around:

- Delivering the right model of care and reducing avoidable conveyance to hospital
- Developing the digital ambulance
- Enabling effective benchmarking
- Effective fleet management
- Improving performance and strengthening resilience and interoperability

Although these will be led centrally, they will be working with all Ambulance Trusts to ensure implementation within their areas. It is important that the trust has in place plans to help with this work and deliver it. An example being the standardisation of ambulances and procurement procedures across all trusts. Currently there are 31 different types of ambulance specification across all trusts, and a significant amount of work will be needed to ensure standardisation of

processes and systems.

Of the 50 actions on the action plan and tracker, there are 18 specific actions which the trust board will be responsible for leading and delivering on, these are shown below, with the relevant point from the action plan:

No	Narrative
2.5	Ambulance trust boards agreeing a common clinical supervision model by April 2019 and then rolling this out across the service, ensuring it is fully embedded by April 2021
3.2	Ambulance trust boards reviewing rotas and demand modelling approaches and agreeing a good practice approach by April 2019
3.3	Ambulance trusts reviewing staff hours worked to ensure a balance between contracted and actual hours with plans to manage this in a report to their board by April 2019.
3.4	Ambulance trust boards reviewing their private ambulance spend annually to ensure it offers value for money and that adequate controls are in place
3.5	Ambulance trust boards developing plans to implement make ready systems with support from NHS Improvement by April 2019.
4.1	Ambulance trust boards ensuring staff have an annual performance review and developing a standard appraisal process and reviewing this alongside appraisal quality measures
4.3	Ambulance trust boards encouraging their staff to engage in #ProjectA and support the implementation of the ideas they generate.
4.6	Ambulance trust boards analysing turnover rates for all staff groups to understand the true number of staff who leave the ambulance service and their reasons for leaving, to enable more effective staff recruitment and retention planning.
4.7	Ambulance trust boards working with Health Education England to consolidate and streamline training across the service by developing a national core training package with local delivery and adaptation, to provide a consistent level of patient care across the country.
5.4	Ambulance trusts boards developing plans for the implementation of robust stock inventory and asset tracking systems by April 2019.
5.5	Ambulance trust boards reviewing their fuel arrangements to ensure they are securing value for money and ensuring the governance process for fuel cards is robust where its use is appropriate by April 2019.
6.2	Ambulance trust boards undertaking a comprehensive assessment of their disaster recovery plans prior to winter 2018 and escalating concerns where they consider the risk to be outside of tolerable levels.
6.3	Ambulance trusts working with Association of Ambulance Chief Executives and NHS Improvement to develop disaster recovery standards for inclusion in the Emergency Preparedness, Resilience and Response annual assurance guidance published in July 2019. These standards should be fully adopted across all services by summer 2020.
6.4	Ambulance trust boards reviewing their current three to five year control centre capacity plan to ensure they are adequate to meet projected demand by summer 2019.
6.5	Ambulance trust boards reviewing their current workforce strategies for call handlers and dispatch staff as part of wider workforce planning by April 2019.
6.6	Ambulance trust boards accelerating delivery of national CAD interoperability between all trusts and agreeing a delivery date by winter 2018.
8.2	Ambulance trust boards reviewing their strategic estates and facilities

	plans to modernise their configuration and rationalise their estate to match modern demand profiles identified from the Estates Return Information Collection data set by summer 2019.
8.6	Ambulance trust boards identifying opportunities for collaboration in corporate service functions regionally, through alliances or across the wider NHS including across sustainability and transformation programmes where appropriate by April 2019

These are shown on the action plan in more detail in Appendix 1.

The Action plan and tracker is updated regularly through input from directorates and also input from NHSE/I/D, this will continue.

5 PROGRESS TO DATE AND ASSURANCE

NWAS is progressing the Lord Carter work through the action plan and tracker as shown in Appendix 1. The plan is a consolidated version of the national led actions, the commissioner led actions, and those specific to NWAS.

The plan is reviewed by the leads listed for each particular action and updated on monthly, occasionally bi-monthly basis.

NWAS has also had to submit returns to the centre in terms of updates on progress of specific areas. The latest request covered the areas such as:

- Estates
- Collaboration working
- Stock inventories
- Reviewing staff hours worked
- Fuel arrangements
- Private ambulance spend

NWAS will continue to respond in a timely manner to all future assurance requests. In terms of internal assurance it was agreed in January 2019 that Lord Carter updates will be brought to Trust Board on a 6 monthly basis. This will continue.

6. LEGAL and/or GOVERNANCE IMPLICATIONS

There is an internal and external governance process as shown in the report to the Trust Board in January 2019 and this paper is part of the assurance to the Trust Board of work continuing internally and also which is being reported nationally.

7. RECOMMENDATIONS

The Board of Directors are recommended to:

- Note the content of this paper
- Ensure the ownership and completion of the NWAS action plan and tracker in order to deliver the recommendations in the Lord Carter Review.

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Lord Carter Review 2018 - Ambulance Productivity - Action Tracker

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
Recommendation 1 – Enabling effective benchmarking **NHS Improvement should make operational data routinely available to ambulance trusts to enable them to effectively benchmark their services starting in autumn 2018, and trusts should take action to review levels of variation.**											
1.1	NHS Improvement routinely providing operational productivity and performance benchmarking data to ambulance trusts from autumn 2018, building on the data used to support this review	Register for access to the NHSI Ambulance Improvement portal		NHS Improvement - Mark Gough		31/12/18		Continued additional contributions to future annual improvement plans.			01 / 05/ 2019 : The model Ambulance Service Portal is establish and provides productivity and benchmarking data to ambulance trusts
		Share this information internally once received for consideration by relevant managers as part of the annual BAU CIP planning processes		Michelle Brooks	High	31/05/19			Corporate benchmarking shared at CIP planning. Full report and download of the updated operational productivity benchmarking data, from the model ambulance portal, produced and presented to EMT May 2019		
1.2	A&E delivery boards developing comprehensive and agreed plans for minimising ambulance handover delays in line with the guidance issued by NHS Improvement and the Royal College of Emergency Medicine prior to winter 2018.	To support A&E delivery board plans, NWAS has led a Hospital Handover Improvement Collaborative for six Trusts with highest attendances; Aintree, Arrowe Park, Blackburn, Blackpool, Preston and Wigan. These teams are known as the "Super Six". Teams have worked together to develop a set of interventions to drive reduction in handover times beyond the 30 minute target. These include defined pathways, team triage, standardised handover, autoclear, rapid handover safety checklist and logistics. Teams have met four times between October and January and will meet again having developed a change package in March 2019.	Quality & Performance Cttee	NWAS: Maxine Power NHSE: Emma Hall	High	Q4 2019/20	NWAS has provided improvement leadership and support and venues for meetings	Sustained reductions in average handover delay times.	An evaluation of the previous super six work programme has demonstrated a statistically significant difference between the work of the collaborative and the rest of NWAS. The collaborative teams were able to improve despite higher acuity patients and greater throughput, which brought them in line with the rest of the organisation. With this information, we have been able to prepare a comprehensive benefits analysis, which outlines the gains to be make from a further collaborative.		Our next goal is to work with the existing community (of 6 teams) to connect with a further 20 teams (a further 1000 people) between September 2019 and March 2021 to deliver an average turnaround across all sixteen sites of 30 minutes (winter 19-20) and 26 minutes (winter 20-21) in the next two years respectively.
1.3	Ambulance trust boards working with A&E delivery boards to agree local standard operating procedures for any hospital handover delays over 30 minutes by winter 2018.	Aligned to 1.2 above, NWAS are in the process of working in partnership to agree local procedured for handover, based on the learning from the Super Six. The change package that is currently being developed will contribute to this across all trusts. The collaborative is working towards a zero tolerance to handover delays.	Quality & Performance Cttee	NWAS: Maxine Power NHSE: Emma Hall	High	Q4 2019/20	NWAS has provided improvement leadership and support and venues for meetings	Sustained reductions in average handover delay times.	The change package developed through the super six work is now nearing completion and will be used to inform future improvement efforts.		The change package is due for completion end July 2019. Aligned to 1.2 above.
1.4	NHS Improvement and ambulance trust boards working together to identify the most appropriate data source to enable effective benchmarking and opportunities to improve the patient journey for those presenting with mental health conditions by spring 2019.	Support NHSI in implementing this recommendation.	Quality & Performance Committee	NWAS - Maxine Power NHSI - Mark Gough		31/03/19		Mental health condition data source identified and a plan presented to the JAIP for when it will be published on the Model Ambulance Service portal	06/06/2019 Trusts were contacted about how they record Mental Health conditions on the CAD on 8 April 2019. All trusts have now submitted information about how they record this data. The team presented on MH metrics at the National Information Ambulance Group (NAIG) in May with positive feedback. Metrics related to mental health conditions have been updated for the Model Ambulance portal relaunch in June 2019. The team will also be developing a symptom groups compartment of model ambulance, with a sub-compartment on metrics related to mental health.		
Recommendation 2 – Delivering the right model of care and reducing avoidable conveyance to hospital **NHS England should accelerate work to support reduction of avoidable conveyance to hospital, working with ambulance trusts, lead commissioners, Sustainability and Transformation Partnerships, NHS Improvement and NHS Digital.**											
2.1	NHS England working with lead commissioners, ambulance trusts and Sustainability and Transformation Partnerships to develop a long-term plan to reduce avoidable conveyance by 2023. This plan should be developed and agreed by spring 2019.	Support NHSE in developing this plan.		NHSE - Jonathan Benger		31/03/19		Long-term plan to reduce avoidable conveyance by 2023 presented to JAIP	**18/10/18** A multi stakeholder reducing conveyance task and finish group has been established to oversee the development of a fully costed, long term, reducing conveyance plan. A dedicated project manager has been assigned to lead on the day to day development of a reducing conveyance plan in partnership with the wider AIP team. Resource has been secured from NHSE finance and analytical colleagues who will undertake financial modelling and identify long term savings and efficiencies against the investment required to reduce conveyance.		
2.2	NHS England and NHS Digital supporting trusts to enable ambulance staff to access patient information and set out the delivery timetable by winter 2018.	Keep a watching brief and then support NHSE & NHSD with implementation of this recommendation.		NHSE / NHSD Jonathan Benger		31/12/18		Delivery timetable for access to patient information presented to JAIP	**18/10/18** An ambulance digital strategy has been drafted and sets out the short, medium and long term digital plans for ambulance services. The short term actions include access to electronic patient records both in the EOC and at scene.		Alignment to 2019/20 CQUIN programme

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
2.3	Lead commissioners working with trusts and Sustainability and Transformation Partnerships to ensure the directory of services is an accurate and useful resource provided to frontline ambulance staff. Trusts should undertake a review of the directory of services and provide a report to their Board before April 2019.	Support lead commissioner(s) in implementing this recommendation.	Ambulance Strategic Partnership Board	NHSE Jonathan Benger		30/04/19		Reduction in avoidable conveyances.	May 19 - Ambulance DOS Lead presented overview to April AIP Board. Prioritisation exercise to be completed		
2.4	NHS England developing a common set of evidence based clinical protocols to support reductions in avoidable conveyances and effective patient care by summer 2019.	Support NHSE in implementing this recommendation.		NHSE Julian Mark		30/06/19		Reduction in avoidable conveyances.	18/10/18 Data on Falls and Sepsis is currently being collected with a view to these being published following organisational approval. A Mental Health CQI data collection pilot commenced in September 2018 with measures to be in place in the new year. June 19 - A draft NASMED Workplan has been created to demonstrate the work ongoing to help support reductions in avoidable conveyance. This is a "live" document and will be updated by Julian Mark as and when it is refreshed.		
2.5	Ambulance trust boards agreeing a common clinical supervision model by April 2019 and then rolling this out across the service, ensuring it is fully embedded.	Prepare a common clinical supervision model	Quality & Performance	Lisa Ward / Ged Blezard	**High**	Q4 2019/20		More consistent ambulance operating model.	NWAS clinical supervision model developed, following comprehensive review.		Contribution to national developments based on current NWAS model.
		Embed the model	Quality & Performance Cttee	Lisa Ward / Ged Blezard	**High**	Q4 2019/20			Model agreed, needs embedding		
	Recommendation 3 – Efficient use of available resources **Ambulance trusts should maximise resource availability and reduce lost hours to ensure an ambulance response is available for patients that need it the most.**										
3.1	NHS Improvement working with ambulance trust boards to develop a standard measure of efficient resource utilisation by April 2019.	NWAS to agree a standard measure of efficiency resource in conjunction with NHSI		NHSI Mark Gough		30/04/19		Development of a standard measure of efficient resource utilisation which is presented to the AIP	06/06/2019: A standard measure of efficient resource utilisation has been developed and was presented to trusts during MAS visits in Jan/ Feb. Taking into account feedback from trusts, a paper outlining the proposed measure and methodology has been finalised with input from trusts. The paper was presented to NAIG on 2 May and the Ambulance Review Implementation Board on 7 May.		
3.2	Ambulance trust boards reviewing rotas and demand modelling approaches and agreeing a good practice approach.	Additional refresh for 19/20 for modelling. ORH to May 2019, NWAS to conduct a whole roster review for Operations, Controls, Clinical Assessment Sevice, and 111. NWAS use a demand modelling software which is to have a retune to bring it more iline with current activity and Ambulance Responce Prrogramme perromance measurews.	Quality & Performance Cttee	Ged Blezard	**High**	Q2 2019/20	An internal team of Comms, HR, Operations, Project Manager required to support the roster review. NWAS model returne to use NWAS users	Continued additional contributions to future annual improvement plans.	Project Initiation for the roster review comence 1 Feb 2019. Awaiting final report for ORH on modelling. Initial dicusss taken place with NWAS modeling provider for the cost and time scale for a retune of the software Review and agree Core Principles to be signed off at A&E Consultative Group on 25 April 2019. GM Area Roster Review working parties commnenced June 2019 , first round of working parties have taken place. Learning from these is now being built into future meetings.		NWAS Steering group created for roster review. Agreed joint NWAS/Commissiners for the for the further ORH demand review to commence. Look as NWAS modelling software retune
3.3	Ambulance trusts reviewing staff hours worked to ensure a balance between contracted and actual hours with plans to manage this in a report to their board by April 2019.	Implement roster review through Working Time Solutions to address relief arrangements, improve work life balance and better match resource availability to demand.	Quality & Performance Cttee	Lisa Ward / Ged Blezard	**High**	Q2 2019/20	Committeed resources already agreed	Improved performance	Principles to govern review agreed. Funding for WTS approved. Launch meeting 1/2/19 Project Structure Agreed ORH Data to be supplied to WTS Review and agree Core Principles to be signed off at A&E Consultative Group on 25 April 2019 Programme Board and Project Workstream established		
		Review of supporting policy framework	Resources Cttee	Lisa Ward	**High**	Q1 2019/20		Improved consistency	New Overtime Procedure in final draft with relevant WTR Opt Out procedures in place Meeting with Policy Group - failure to agree wording, to be escalated ETADs now capture Planned and unplanned Overtime Audit recommendations re overtime in process of implementation		
		Engagement with safe staffing developments	Resources Cttee	Lisa Ward / Ged Blezard	**High**	Q1 2019/20		improved measures of efficiency	Attendance at first meetings		
		Analysis of current roster effectiveness including contracted v actual hours, skill mix and overtime/bank working for Board report	Quality & Performance Cttee	Lisa Ward / Ged Blezard	**High**	Q2 2019/20		Assurance of current roster effectiveness or identified areas of weakness requiring action	safe staffing report to July EMT, Trust Board, Resources Committee		Data to be analysed and presented to Trust Board

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
3.4	Ambulance trust boards reviewing their private ambulance spend annually to ensure it offers value for money and that adequate controls are in place	Report to be produced and presented to FIP Committee on the 2018/19 private ambulance expenditure (PES only - PTS has been covered in reports to FIPC throughout 2018/19)	Resources Cttee	Michelle Brooks / Ged Blezard	**Medium**	Q1 2019/20		Continued additional contributions to future performance improvement plans.	NWAS use the 365 digital portal to advertise all VAS/PAS requirements. This ensures that the Trust complies with Procurement Regs and the Trust's SFI's. In addition it allows the Trust to demonstrate VFM in a limited market. Reports produced and presented to the Finance, Investment and Planning Committee on the 20 May 2019		Continue to ensure that all requirements are fulfilled via the 365 sourcing tool.
3.5	Ambulance trust boards developing plans to implement make ready systems with support from NHS Improvement by April 2019.	Implementation of Make Ready across the Trust. Make Ready is dependant upon a suitable estate (Hubs) to deliver the service from. This has been included in the NWAS 2018-23 Estates Strategy	Resources Cttee	NWAS - Carolyn Wood / Neil Maher NHSI - Luke Edwards	**Medium**	Q1 2019/20		Plans for all ten trusts in place to implement make ready systems where appropriate which is presented in a summary paper to the JAIP	NWAS 18-23 Estates Strategy apporved by the Board September 2018. Make Ready established in Central Manchester and Wigan Hub.		Produce a Strategic Implementation Plan with the aim of undertaking 2 Hubs Projects/annum. Completion and approval of Blackpool Hub and Spoke BC which includes Make Ready
Recommendation 4 – Optimising workforce, wellbeing and engagement **The ambulance service should develop a five-year workforce, recruitment and staff wellbeing plan to: improve wellbeing and reduce sickness absence; encourage leadership at all levels of the organisation; improve staff engagement; and minimise vacancies.**											
4.1	Ambulance trust boards ensuring staff have an annual performance review and developing a standard appraisal process and reviewing this alongside appraisal quality measures	To update Policy following 2018 Pay Award	Resources Cttee	NWAS - Lisa Ward; NHSI- Mark Radford	**High**	Q1 2019/20		Improved staff survey results.	Task and Finish Group meeting held,actions allocated to leads within group		
4.2	NHS Improvement People Strategy Team working with ambulance trusts to apply the Health and Wellbeing Framework assessment and present a plan to their boards for improvement against the key indicators, including sickness absence, by winter 2018.	A Health & Wellbeing strategy was developed and agreed by NWAS during Spring/Summer 2018	Resources Cttee	NWAS - Lisa Ward; NHSI- Mark Radford		Q1 2019/20		Improved staff survey results.	Workforce Strategy signed off by Trust Board		
		Improving Attendance Action Plan to be submitted to NHSI by 18/1/19 with actions to be delivered over 12 month period	Resources Cttee	NWAS - Lisa Ward NHSI - Mark Radford		Q3 2019/20			NHSI Improving Attendance Action Plan submitted		
		NHSI H&WB framework self assessment completed & supported by approved Workforce Strategy	Resources Cttee	NWAS - Lisa Ward NHSI - Mark Radford		Q3 2019/20			H&WB Self Assessment undertaken, actions to be fed into localised H&WB Plans, results to inform and support staff survey results to priorities actions for 2019/20		
4.3	Ambulance trust boards encouraging their staff to engage in #ProjectA and support the implementation of the ideas they generate.	NWAS is playing an extremely active role in #ProjectA.	Executive Management Team	Salman Desai / AACE	**Medium**	Q2 2019/20		Continued additional contributions to future annual improvement plans.	NWAS have been involved in national programme and have led the way for the Mental Health work-stream. In May 2018, the Head of Improvement attended the national Ambulance Quality Improvement Network and in June the SRO has connected with the national delivery team. These efforts have re-invigorated the NWAS connection to this programme.		The Head of Improvement will work directly with Horizons over the coming weeks to scope opportunities for NWAS to lead work-streams.
4.4	The Association of Ambulance Chief Executives, NHS Improvement, NHS England, ambulance trust boards and the police working together to ensure that the toughest possible action is taken against every act of violence, bullying and harassment towards staff.	Violence & Aggression campaign	Resources Cttee	AACE/ NHSI - Mark Radford/ NHSE / NWAS - Lisa Ward				Improved staff survey results.	Cultural survey being launched late Autum, Violence and Aggression Group in place and the public campaign 'Get behind 999', 'Is it banter workshop', Roll out of Body Camera pilot		
4.5	Health Education England producing a clear national workforce plan with ambulance trusts to enable long-term recruitment planning.	Support HEE in implementing this recommendation.	Resources Cttee	NWAS - Lisa Ward; Health Education England	**High**	Q4 2019/20		Improved workforce planning. Continued Paramedic supply	Five-year paramedic education plan developed and agreed with HEE to minimise risk of Paramedic shortage; including additional places additional to manage transition from Dip HE to Degree Ongoing engagement with national Ambulance HRD Workforce Planning sub-group Commencement of scoping for Paramedic apprentice tender, Paramedic Tender specification agreed		National Tender Process to commence
4.6	Ambulance trust boards analysing turnover rates for all staff groups to understand the true number of staff who leave the ambulance service and their	Monthly IPR to Board, with Quarterly reports to WFC	Resources Cttee	NWAS - Lisa Ward; NHSI- Mark Radford	**High**	Q1 2019/20		Assurance to Board & early identification of interventions	Reporting already embedded.		

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	reasons for leaving, to enable more effective staff recruitment and retention planning.	Recruitment & Retention Group established to review current processes of onboarding and exit. Targeted task and finish group focused on EOC retention interventions	Resources Cttee	NWAS - Lisa Ward; NHSI- Mark Radford	**High**	Q1 2019/20		Improved workforce planning. Improved staff survey results, reduction in turnover in key areas (111, EOC)	Recruitment & Retention Task & Finish Group identified a number of improvement opportunities such as on boarding, revised and relaunched exit interview process and new starter survey, further work to identify opportunity for 'stay' interviews. Range of interventions implemented in EOC - to be evaluated and monitored, data provided to NHSE/I re WF planning in EOC,		National review of EOC JE profiles
4.7	Ambulance trust boards working with Health Education England to consolidate and streamline training across the service by developing a national core training package with local delivery and adaptation, to provide a consistent level of patient care across the country.	Utilisation of apprenticeship standards to deliver consistency of training content and delivery.	Resources Cttee	NWAS - Lisa Ward; Alan Ryan	**High**	Q4 2019/20		More consistent ambulance operating model.	Delivering the national ambulance qualification for technician level staff Moving towards a paramedic degree model in line with PEEP outcomes. Trust is part of a NAA group looking at standardising mandatory training. Engaged in national evaluation of AAP standard. Paramedic Apprenticeship National Specification completed.		
Recommendation 5 – Effective fleet management **NHS Improvement should work with trusts boards and the Association of Ambulance Chief Executives, to agree proposals to rapidly move to a standard specification for new fleet across England and deliver significant improvements in the way fleet is managed.**											
5.1	NHS Improvement working with ambulance trust boards and the Association of Ambulance Chief Executives to agree which of the current specifications, and associated load list, should become the common standard for any new investment across England by February 2019.	Support NHSI & AACE in implementing this recommendation.	Trust Board	Carolyn Wood	High	28/02/19		Standard vehicle specification for new fleet	NWAS operational management and Head of Fleet and Logistics attended and contributed to the NHSI event, in particular in relation to improvements in the specification around IPC. The Asst Director of Estate, Fleet and FM and Head of Fleet & Logistics met with NHSI team in Jan19 around working together regards data to support the work and developments. The Asst Director of Estate, Fleet and FM has provided a detailed response / feedback on the vehicle specification through to AACE as part of the National consultation. NWAS have confirmed use of national spec for future business cases. Fleet have provided NHSI with RRV and Modular Concept to NHSI for innovative development phase. **(Note:** load lists are outside the remit of Fleet, however we are aware that NHSI have canvassed all Trusts for their load list to enable a review)		This will need input from ops and potentially clinical leads to ensure bespoke local requirements are covered and to identify any training requirements if medical consumable load lists are radically changed.
5.2	NHS Improvement developing and implementing a centralised procurement and market management model for fleet by autumn 2019 and developing a model for testing and then implementing proven innovations at scale.	Some related work has already been undertaken in conjunction with Northern Ambulance Alliance partners, however there is an acknowledged need to support NHSI in implementing this recommendation.		NHSI		30/09/19		centralised procurement function for new fleet			
5.3	NHS Improvement agreeing clear plans with each trust for moving to a modernised common specification and load list by April 2019.	Liaise with NHSI and agree pace of change for common specification and load lists. See 5.1		NHSI		30/04/19		Plan for trust in place to moving to a modernised common specification and load list which is presented to AIP.			
5.4	Ambulance trusts boards developing plans for the implementation of robust stock inventory and asset tracking systems by April 2019.	NWAS to introduce an inventory control system across key specific areas during 2019/20	Quality & Performance Cttee	Michelle Brooks	**Medium**	Q1 2019/20		A robust inventory control system utilised to manage medicines management and medical consumables at key locations. IMT and Fleet already utilise independent systems. RFID will be explored following the successful introduction of the inventory control system.	usiness case was approved for investment in the system. NWAS are currently implementing an pilot inventory control system/ process across key specific areas. The initial areas are Medicines management, uniform store and the Wigan make ready. The current plan is to go live with the medicines management April 19, with the remaining areas following on, potentially May/ June.		Following the initial pilot further make ready area's will be identified to roll into. Additional funding will be required for hardware and sundry items. The ingenica system is also developing RFID modules which will be considers once the inventory control system has been introduced.

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
5.5	Ambulance trust boards reviewing their fuel arrangements to ensure they are securing value for money and ensuring the governance process for fuel cards is robust where its use is appropriate by April 2019.	NWAS to review all fuel card arrangements	Resources Cttee	Carolyn Wood / Neil Maher	**Medium**	Q1 2019/20		Review and plan on way forward	Procurement paper approved by Board in April 2019 for the procurement of fuel and utilisation of fuel cards as per the national mini competition exercise, run by CCS, for the combined UK Emergency Sector (EMS) via a Fuel Card and Associated Services Framework Agreement RM6000. Internal audit have undertaken a review of the governance processes of fuel cards in Q4 2018/19 with the findings to be reported to Audit Commitee in July. Note: bunkered fuel will be employed as part of the Make Ready process as Hubs come on line.		
5.6	NHS Improvement agreeing the requirements for a new fleet and fuel national data collection and implementing this by April 2019.	Keep a watching brief and align this requirement to the Fleet Management System		NHSI - Luke Edwards		30/04/19		Fleet and fuel national data collection requirements and a plan presented to the AIP for when it will be published on the Model Ambulance Service portal			
5.7	Ambulance trust boards agreeing plans to install and utilise black box technology and strengthen management of accidents by April 2019.	Support NHSI and AACE in implementing this recommendation. NWAS have already agreed black box technology within their fleet	Quality & Performance Cttee	Carolyn Wood / Neil Maher		Q1 2019/20			NWAS introduced DVDMS for DCAs and RRVs in 2012 and this has successfully used this to reduce accidents and their associated costs, which has also led to the receipt of some significant insurance rebates. This information was shared with the NHSI fleet team in Jan19 and willing to develop opportunities to utilise the technology. A national arrangment has been implemented, inconjunction, with the insurance contract to use Vue Track technology on operational vehicles. This system is fitted as new vehicles replace older vehicles. Approximately 80% of A&E vehicles, 100% of RV's and 25% of PTS vehicles have the system fitted with the programme to fit as vehicles are replaced.		As the remaining vehicles are replaced the replacement vehicles will be fitted with a Vue Track system.
	Recommendation 6 – Improving performance and strengthening resilience and interoperability **Ambulance trust boards should take steps to improve performance in their control centres and have plans in place to provide a resilient service in the event of a major incident or system failure by winter 2018**										
6.1	Ambulance trust boards with support from NHS Improvement and NHS England working together to develop standard operating procedures (including performance metrics and measures) and models to identify best practice and reduce performance variation by April 2019.	Support NHSI & NHSE in implementing this recommendation.		NHSI		30/04/19		More consistent ambulance operating model.			
6.2	Ambulance trust boards undertaking a comprehensive assessment of their disaster recovery plans prior to winter 2018 and escalating concerns where they consider the risk to be outside of tolerable levels.	To undertake a full disaster recovery plan prior to Winter 2018	Quality & Performance Cttee	Ged Blezard	**High**	Q2 2019/20		Greater resilience.	EMT reciept of quartly action tacker which gives current status of all Business Continuity Plans Several exercises taken plans within NWAS ICT Department in regards to current Cyber threat Live testing took place EOC maintainance on UPS/Generators. BCP for all directorates being reviewed against the potential 'no deal' Brexit scenario BCP aligned to ISO 22301 standards All directorates to ensure their plans are up to date and tested Board and Performance Commmittee March 2019 Further testing to be completed during EOC migration from Elm House to Estuary Point		Current action tracker indicated a number a of plans to be exercised, dates TBC

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
6.3	Ambulance trusts working with Association of Ambulance Chief Executives and NHS Improvement to develop disaster recovery standards for inclusion in the Emergency Preparedness, Resilience and Response annual assurance guidance published in July 2018. These standards should be fully adopted across all services by summer 2020.	Support AACE & NHSI in implementing this recommendation.	Quality & Performance Cttee	Ged Blezard	**High**	Q2 2019/20		Greater resilience.	national workshop planned for 27 February, NWAS participating with EOC/IT attendance. Aims are to agree standards by Q2		Workshop completed further work ongoing via AACE and NHSE/I.
6.4	Ambulance trust boards reviewing their current three to five year control centre capacity plan to ensure they are adequate to meet projected demand by Oct 2019.	Capacity Plan review paper required for consideration and approval	Quality & Performance Cttee	Ged Blezard	**Medium**	Q2 2019/20		Improved service delivery planning.	NWAS EOCs currently provide sufficient capacity for the times of peak demand. This is provided across a three site footprint (GM, CAM and CAL). EOC capacity will increase in Q4 by the move into Estuary Point. The move increases capacity for EOC within Cheshire and Mersey area and provided a greater number of alternative/resilient positions. The EOC recruitment for the next 12 months focuses on maintaining recruitment to and over establishment for EMDs. Additional call handling support is also provided by EMD support staff (based in both GM and CAL). These staff manage routine, urgent and IFT/HCP calls. Dispatch is also delivered across the controls (CAL, CAM and GM). Demand projections for summer 19 can be delivered with the current dispatch configuration. A plan to review the configuration of dispatch will commence in Q1. There is some scope to increase dispatch positions within current estate and ICT. Again the move to Estuary Point improves the physical number of dispatch positions and the alternative/resilient positions.		
6.5	Ambulance trust boards reviewing their current workforce strategies for call handlers and dispatch staff as part of wider workforce planning by Q2 2019.	This is already being planned to be undertaken in readiness for the 2019/20 annual planning cycle.	Resources Cttee	Lisa Ward / Ged Blezard	**Medium**	Q2 2019/20	Resources already identified for roster review	Improved workforce planning. Improved call pick up performance	Reviewing options for the introduction of apprenticeships within EOC environment to support recruitment and retention issues Currently part of the HCP/IFT trial with additional Band 2 in post. Pilot complete evaluation at EMT and nationally Recrutiment and retention task and finish group implemented a range of interventions currently being piloted. EOC identified as part of roster review to address resource profile and work-life balance issues. ORH to review demand		Development of 111 Apprenticeship Programme
6.6	Ambulance trust boards accelerating delivery of national CAD interoperability between all trusts and agreeing a delivery date by winter 2018.	NWAS has developed a plan ot ensure that its CAD has interoperability with all other Ambulance Service CADs in England.	Resources Cttee	Maxine Power	**High**	Q1 2019/20	Internal resources already identified	Greater national CAD interoperability.	The Trust has completed a piece of work that has resulted in CAD interoperability with all Ambulance Services in England with the exception of London. NWAS is looking to expand its CAD interoperability to include Scotland and Wales.		The Trust intention is to continue to try and reach a state of CAD interoperability with the London Ambulance Service but unfortunatley this is now out of the control of NWAS
	Recommendation 7 – Developing the digital ambulance **Ambulance trust boards must utilise available resources and invest in future technology within their control centres to enable an interoperable service with maximum resilience and improved operational efficiency**										
7.1	NHS England and NHS Digital supporting ambulance trusts with the rapid adoption of technology assessed through the digital exemplar programme and identifying digital ready technologies that should be implemented by all trusts by April 2019.	Support NHSE and NHSI in their work to improve digital capability. We understand the need to employ digital solution from contact to discharge and will build upon existing initiatives to introduce EPR and telephony improvements by using appropriate platforms and TIE systems.	Resources Cttee	Maxine Power	High	Q4 2019/20	Significant investment	Continued additional contributions to future annual improvement plans.	The Trust has a Board level approved Digital Strategy. The Trust has a Board level approved EPR Business Case. The Trust has a Board level approved Unified Communications Business Case In partnership with the GDE programme, the NHSE Digital Team are identifying ways of sharing the learning from GDE pilot sites.		The implementation of year one the Trust's Digital Strategy which has been approved at Board level. The implementation of year one the Trust's EPR Business Case which has been approved at Board level. The implementation of year one the Trust's Unified Communications Business Case which has been approved at Board level. The agreement of Digital, EPR and Unified Communications priorities for 2019/20 and beyond. The approval of relevant Business cases for 2019/20 and beyond

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
7.2	NHS England, NHS Improvement and NHS Digital working with ambulance trusts to develop the vision for the digitally enabled ambulance and control centre and how this can connect the patient with wider services and support reductions in avoidable conveyance by summer 2019.	NWAS aspires to deliver Urgent and Emergency Care services and part of a wider CAS system. Therefore it is our intention to improve current interopeability solutions in the short term, with a commitment to using digital solutions to maximise use of Acute Primary Assessment Services during 2019 and beyond.	Resources Cttee	Maxine Power	High	Q4 2019/20	Significant investment	Reduction in avoidable conveyances.	The Trust has a Board level approved Urgent and Emergency Care Strategy. The Trust has introduced the Adastra system into its current Clinical Hub, thereby aligning systems with primary care and NHS 111. The Trust has also introduced the Orion Portal which is having a positive effect of H&T deleivery rising from a baseline of 2.9% to 26.21%		The implementation of year one of the Trust's Urgent and Emergency Care (U&EC) Strategy which has been approved at Board level. The agreement of U&EC priorities for 2019/20 and beyond. The approval of relevant Business cases for 2019/20 and beyond
7.3	NHS England, NHS Improvement and NHS Digital working with ambulance trust boards and the National Ambulance Radio Programme to develop a costed business case by summer 2019 for delivering an interoperable and resilient call handling infrastructure.	Support NHSE, NHSI & the national ARP in developing this business case.		NHSI / NHSE / NHSD / N Amb Radio Prog		31/07/19		Costed business case produced for delivering an interoperable and resilient call handling infrastructure presented at AIP			
Recommendation 8 – Maximising use of non-clinical resources **Ambulance trust boards should review their estates to match modern demand and optimise their corporate services functions through improved collaboration**											
8.1	The NHS Improvement Estates and Facilities team working with ambulance trust boards to improve the categories and definitions of the Estates Return Information Collection by 2019/20.	Support NHSI E&F team in implementing this recommendation.	Resources Cttee	NWAS - Carolyn Wood / Neil Maher NHSI - Luke Edwards	**High**	Q2 2019/20		A more fit for purpose information return is collected and utilised.	NWAS Leading/Working with the NAA and National Head of Estates Group to agree a set of interpretations of ERIC definitions for Ambulance Trust which will directly support this action. NWAS attending a workshop arranged by NHSI on 14 May 2019 to discuss and provide clarity around updating ERIC categories and definitions for ambulance trusts, including potential fleet metrics; improving understanding of E&F programme and how we can work together across ambulance sector ; share best practice and functional subject matter experts from NHSI and other ambulance trusts. NHSI workshop held May 19, NHSI attending Ambulance National Estates Group Meeting to further refine detail.		NWAS to update backlog data via Facet survey exercise. NHSI/National Estates Meeting June held, futher meeting scheduled September, December 19 to agree and confirm detail.
8	Ambulance trust boards reviewing their strategic estates and facilities plans to modernise their configuration and rationalise their estate to match modern demand profiles identified from the Estates Return Information Collection data set by summer 2019.	Produce and delivery an 5 Year Estates Strategy that supports the service delivery models, in some cases the most suitable service delivery model is the Hub and Spoke configuration. In rural areas a more traditinal model would be more appropriate	Resources Cttee	Carolyn Wood / Neil Maher	**High**	Q1 2019/20		Continued additional contributions to future annual improvement plans.	Board approved 5 year Estates Strategy to set the strategic direction/annual capital plans. Estates strategy Stakeholder communications started. SIP being developed. Facet Survey brief completed, procurement to start which will support ERIC recording and the capital decision making process.		Initiate Business Case planning process for the first 3 Hubs
8.3	NHS Improvement working with ambulance trust boards to ensure the accurate application of the corporate services data request definitions to enable more effective benchmarking by winter 2018	Support NHSI in implementing this recommendation.	Quality & Performance Cttee	Michelle Brooks		Q1 2019/20		Continued additional contributions to future annual improvement plans.	vent held and attended by Victoria Glover, Head of Finance Corporate, on the 10 May 2019 with NHSI and NAA organisation - Reviewed accurate applications of the data definitions for the Corporate Services Benchmarking		National return for 2018/19 being completed, deadline for submission 11 July 2019
8.4	The NHS Improvement Corporate Services team providing annual benchmarking reports to ambulance trust boards to enable identification of opportunities for improvement. This will be supported by the bi-annual publication of the opportunity list to enable ambulance trusts to identify potential Cost Improvement Programmes	Utilise these resources as part of the annual CIP planning cycle.		NHSI - Luke Edwards				Continued additional contributions to future annual improvement plans.			
8.5	The NHS Improvement Corporate Services team exploring the benefits that could be achieved through the deployment of robotic process automation and publish findings by December 2018. Trusts should utilise these findings to adopt new ways of working made available through automation technologies by summer 2019	Utilise these resources as part of the annual CIP planning cycle.		NHSI - Luke Edwards		31/12/18		Continued additional contributions to future annual improvement plans.			

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
8.6	Ambulance trust boards identifying opportunities for collaboration in corporate service functions regionally, through alliances or across the wider NHS including across sustainability and transformation programmes where appropriate by April 2019	NWAS is already a founding member of the NAA, where it collaborates across a number of areas.	Trust Board	Mick Forrest	**High**	Q1 2019/20		Continued additional contributions to future annual improvement plans.	NAA Programme Board met on the 16 April to reset the priorities in line with the Carter priorities. Managing Director appointed to drive the work forward. Examples of collaboration delivering efficiencies initially focused on procurement with examples of success including Fleet Management system procurement and Unified Communications. NAA HR priorities reset to include ESR Benefits realisation, positive action, sickness management, talent development and future joint tender opportunities. National worksteams also working collaboratively for example national tender for paramedic apprenticeship; national approach to statutory and mandatory training in development.		Continued work on progressing agreed areas of collaborative working
Recommendation 9 – Delivering effective implementation **NHS Improvement and NHS England must work with ambulance trust boards, the Association of Ambulance Chief Executives and other national bodies to take the required action to implement these recommendations and agree a clear delivery plan for taking this forward**											
9.1	Ambulance trust boards, NHS Improvement, NHS England, the Association of Ambulance Chief Executives and other national bodies accepting and implementing the recommendations in this review.	Work in partnership with others to deliver improvements. This action plan will demonstrate NWAS contribution to this agenda.		NWAS / NHSI / NHSE/ AACE				Continued additional contributions to future annual improvement plans.	**18/10/18** Joint planning session with NHS England on 22/10/18. The Lord Carter review will be a key agenda item at the jointly chaired Ambulance Improvement Programme board to oversee progress and implementation.		
9.2	NHS Improvement and NHS England working with the Association of Ambulance Chief Executives to agree a delivery plan as part of the Ambulance Improvement Programme which clearly identifies the accountabilities and resources required to support delivery.	Work in partnership with others to deliver improvements. Bid for additional resources that may subsequently become available to aid implementation.	Quality & Performance Cttee	Ged Blezard	**High**	Q4 2019/20		Continued additional contributions to future annual improvement plans.	Discussions at CEO level have taken place. Anthony Marsh requested to ensure Ambulance Trusts receive appropriate funding. Also discussions at a local level with Blackpool co-ordinating commissioners to secure appropriate funding to achieve ARP standards. Agreed trajectory with commissioners through 2019/20 contract		Contract settlement for 2019/2020 agreed and signed
9.3	NHS England ensuring that the recommendations of this review are appropriately reflected in the NHS business rules, including the NHS Standard Contract, national tariff and CQUIN starting in 2019/20.	Keep a watching brief and utilise for financial planning.		NHSE - Jonathan Benger		30/04/19		Continued additional contributions to future annual improvement plans.	**18/10/18** The AIP team are in regular contact with NHSE Business Teams, Contracting and Pricing colleagues and the CQUIN team to ensure the recommendations outlined in this review are fully reflected in future documentation and processes. We are in the process of exploring what incentives and/or levers can be added to the 2019/20 national contract to support implementation of this review. We are also working with pricing colleagues to explore a recommended tariff / price for ambulance service currencies to incentivise the right behaviour. The 2019/20 CQUIN proposes a digital, mental health and reducing conveyance approach which supports the recommendations and findings of this review.		
9.4	NHS Improvement tracking the implementation of each recommendation, and the Ambulance Improvement Programme Board reviewing progress regularly.	Monthly internal progress reports feeding into quarterly reporting of progress to NHSI.		NHSI / NHSE / JAIP Jonathan Benger				Ambulance review implementation proposal paper approved at the JAIP that sets out the plan for recommendation tracking	**18/10/18** Draft ambulance review implementation proposal paper produced for discussion at the Joint planning session with NHS England on 22/10/18. Draft Board ToR produced and members being agreed. Board in the process of being set up with the initial meeting in November.		
9.5	NHS Improvement developing the Model Ambulance Service portal so that there is one source of data, benchmarks and good practice across the ambulance service, with the initial prototype delivered by autumn 2018.	Utilise these resources as part of the annual CIP planning cycle.		NHSI - Luke Edwards		30/09/18		Launch of Model Ambulance Service Minimum Viable Product by 27 Sept 2018	**18/10/18** The Model Ambulance Service portal MVP was published on 27 September alongside the report. This deliverable is now complete but a slide pack is to be presented to the Ambulance Review Implementation Board for sign off.		
9.6	NHS Improvement developing the productivity index and exploring the feasibility of developing a single weighted activity unit or equivalent measure to understand the output of an ambulance trust by April 2019			NHSI - Luke Edwards		30/04/19					

	NHSI Deliverable	Proposed NWAS actions	Reportable Committee	Owner	Priority	Target date	Resource required	Measure of Success	Progress to Date	Status	Agreed Future Actions
9.7	NHS England and NHS Improvement developing a single data warehouse and national data set for the ambulance service that underpins the Model Ambulance Service portal by autumn 2019. This should include a single service specific data dictionary			NHSI/NHSE Jonathan Benger		30/09/19			**18/10/18** A business case has been submitted to secure £3m to fund an Ambulance Data Set. If funding is secured, this will enable the development of a minimum Ambulance Data Set to create a common data framework across the 11 English Ambulance Services and create a central data warehouse to receive and allow interrogation of collected data. This will provide a consistent Data Set to central, regional, commissioning and ambulance teams to support service improvement and enable better commissioning decisions.		

Key
Completed
On track
Risk of non-achievement
On track for achievement

	Specific responsibility of Ambulance Trust Boards
	Commissioner Actions

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North West Ambulance Service NHS Trust

REPORT

Board of Directors									
Date:	31 July 2019								
Subject:	Fleet Strategy 2019 – 2024								
Presented by:	Carolyn Wood, Director of Finance								
Purpose of Paper:	For Decision								
Executive Summary:	The purpose of this report is to seek approval from the Board of Directors for the Fleet Strategy 2019-24. As an Ambulance Trust the fleet of vehicles is perhaps the most important of the organisation's physical assets. The vehicles within the fleet are the workplace for staff; they house sophisticated pieces of medical equipment and provide a caring clinical environment for patients. The successful implementation of this strategy will enable the provision of safe, secure, high quality fleet providing a caring clinical environment for our patients and a workshop infrastructure capable of supporting current and future models of service delivery. The Trust fleet will be maintained over the next 5 years in such a way that it will be designed to be flexible and adaptable with the ability to change appropriately to the needs of the Trust across the communities it serves.								
Recommendations, decisions or actions sought:	The Board of Directors is recommended to: • Approve the revised Fleet Strategy 2019 – 2024								
Link to Strategic Goals:	**Right Care**	☒	**Right Time**	☒					
	Right Place	☒	**Every Time**	☒					
Link to Board Assurance Framework (Strategic Risks):									
Are there any Equality Related Impacts:									
SR01	**SR02**	**SR03**	**SR04**	**SR05**	**SR06**	**SR07**	**SR08**	**SR09**	**SR10**
☒	☒	☒	☐	☐	☐	☐	☒	☐	☐
Previously Submitted to:	**Executive Management Team, Resource Committee**								

Date:	**10th July 2019, 26th July 2019**
Outcome:	**Supported**

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North West Ambulance Service NHS Trust

Fleet Strategy

2019 - 2024

Recommended by	Assistant Director of Estates and Fleet
Approved by	
Approval date	
Version number	0.12
Review date	
Responsible Director	Director of Finance
Responsible Manager (Sponsor)	Head of Fleet & Logistics
For use by	All Trust employees

This policy is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	23/05/2018		K Bamford	Initial Draft
0.2	15.06.18		K Bamford	Finance review
0.3	20.06.18		K Bamford	Final fleet SMT review
0.4	05.07.18		D Banks	Format changes
0.5	28.11.18		K Bamford	Vehicle update
0.6	11.01.19		K Bamford	5 Year VRP
0.7	28.01.19		K Bamford	N Maher updated
0.8	07.02.19		K Bamford	Finance review and update
0.9	04.04.19		N Maher	General review and adjustments
0.10	08.07.19		J Makin	Age profile chart
0.11	16.07.19		J Makin	Amendments following EMT 10/7/19.
0.1	26.07.19		N Maher	Amendments following Resource Committee 26/7/19.

Abbreviations

ORH	**Operational Research in Health Ltd**
ARP	**Ambulance Response Programme**
NSAFG	**The National Strategic Ambulance Fleet Group**
NAA	**Northern Ambulance Alliance**
PES	**Paramedic Emergency Service**
PTS	**Patient Transport Service**
UCS	**Urgent Care Service**
HART	**Hazardous Area Response Team**
RRV	**Rapid Response Vehicle**
NHSI	**National Health Service Improvement**
CIP	**Cost Improvement Programme**

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1. Introduction

As an Ambulance Trust the fleet of vehicles is perhaps the most important of the organisation's physical assets. The vehicles within the fleet are the workplace for staff, they house sophisticated pieces of medical equipment and provide a caring clinical environment for patients.

The vehicles are a vital part of resources and the future fleet requirements need to be considered in the Trust's planning of future resources. The Fleet Strategy aims to support the Trust's strategy, vision and values to become the best ambulance service in the UK, by providing the right care, at the right time, in the right place, every time, by:

- Procuring a fleet that supports the Trust's operational models for PES, PTS and HART
- Maintaining that fleet to a high standard of safety and availability
- Efficiently and safely disposing of fleet assets at the end of their operational life

2. Scope

The document covers directly patient related vehicles and support vehicles e.g. HART, workshop vans. It does not include staff lease cars.

3. Background

3.1 Current Operational Fleet

The Trust's fleet size is based upon the core operational service requirements and a relief percentage (pool resource) to enable the continued maintenance and servicing of the fleet to ensure safe and sufficient availability of the operational fleet. The current fleet numbers are set out below:

Operational Vehicle Numbers

Vehicle Type	Total Number
PES	479
Patient Transport Service	321
Rapid Response Vehicle (incl. 1 bike)	92
HART USAR	24
Major Incident Unit	21
See and Treat	10
Training School	19
Workshop Support	13
Advanced Paramedic	16
UC practitioner	1
Community Specialist paramedic	14
Neonatal/Heatt	2
Community engagement	1
Total	1,013

Table 1 – Current Operational Fleet Profile *(Fleetman July 2019, does not include write offs or vintage fleet)*

3.2 Age Profile

The Fleet Strategy aims to achieve and maintain the following replacement cycle of the fleet:

- 7 Years PES Ambulance
- 7 Years PTS Ambulance
- 4-5 Years Rapid Response Vehicles
- 7 -10 Years all other support vehicles

Vehicle Type	Years in service														Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	12+	
PES	36	91	51	48	33	16	56	62	73	13	0	0	0	0	479
Urgent care Practitioner	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Patient Transport service	34	92	40	0	0	0	110	30	15	0	0	0	0	0	321
Rapid Response Vehicles	0	1	44	11	28	6	2	0	0	0	0	0	0	0	92
HART	0	0	18	0	0	0	0	0	2	2	0	2	0	0	24
Major Incident Unit	0	0	0	0	0	3	0	3	12	1	0	1	1	0	21
Training School	2	0	0	1	1	0	0	0	3	4	2	2	0	4	19
Workshop Support	0	0	1	0	7	0	0	0	0	0	0	0	3	2	13
Advanced Paramedic	0	0	2	1	0	13	0	0	0	0	0	0	0	0	16
Community Engagement	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
CSP	14	0	0	0	0	0	0	0	0	0	0	0	0	0	14
HEATT	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
No natal	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
See and Treat	0	0	0	10	0	0	0	0	0	0	0	0	0	0	10
Total	86	184	156	73	69	39	168	95	105	20	2	6	4	6	**1013**

Figures from Fleetman report run 08.07.19

Data is correct as of July 2019 and this does not include any further vehicle retentions which would impact the current age profile and increase the fleet years of service.

Any vehicles being required to be retained over their planned life will be subject to Board approved business cases.

The Trust has retained a number of PES vehicles pushing the average age over 7 years on the oldest fleet. This decision was based on the current fleet evaluation for the ARP program. This produces a replacement profile as shown in the table below. The figures are based on dates vehicles registered. PES vehicles type and numbers may change as we move towards an NHSI single vehicle specification and the ongoing assessment of the impact of the introduction of ARP.

PES 5 year replacement programme

1	2019/20	61
2	2020/21	55
3	2021/22	55
4	2022/23	15
5	2023/24	57

This is the PES vehicle replacement programme for the next 5 years and does not include year 6 and 7 vehicle replacement figures. The figures are based on in service date.

PTS 5 year replacement programme		
1	2019/20	40
2	2020/21	85
3	2021/22	Gap
4	2022/23	Gap
5	2023/24	40

The PTS vehicle replacement programme for the next 5 years does not include year 6 and 7 years vehicle replacement figures. The figures are based on in service date. The gap is related to the timing of expiring/new PTS contracts.

RRV 5 year replacement programme		
1	2019/20	28
2	2020/21	17
3	2021/22	46
4	2022/23	Gap
5	2023/24	Gap

The replacement gap is related to the timing of the introduction and assessment of the requirements for ARP.

4. Key Drivers

4.1 Ambulance Response Programme (ARP)

The overriding aim of the ARP is to improve patient care and survival. To support the ARP, fleet will adapt to the changes needed to support this and work towards the vision of providing the right care, at the right time, in the right place, every time. This will then derive the appropriate fleet mix, increased fleet size, and resource required to support this.

The Trust has commissioned Operational Research in Health Ltd (ORH) to undertake an analysis of the Trusts operational activities in relation to ARP, and to report conclusions and recommendations for options to deliver service targets. This will include vehicular resource requirements, and therefore will be taken into consideration on how the future ARP fleet will be modelled.

4.2 Carter Report

In September 2018 Lord Carter published the Operational productivity and performance in English NHS Ambulance Trusts report, a key recommendation is to reach a single vehicle specification for a duel crewed ambulance (DCA) frontline ambulance:

- After public consultation the single specification will be agreed by end April 2019.
- Plans launched to adopt common standard specifications by April 2020
- Procurement model agreed by October 2019
- Roll out and go live by April 2020

The standard specification does not necessarily mean one vehicle manufacturer and converter however, parties will be asked to tender to the agreed specifications as per procurement processes.

The report also considers the average age of the modern ambulance fleet. The report states *"An older fleet is generally more costly with an average maintenance cost of six years or under is £4200 per vehicle per year rising to £6900 per year over six years"*. With this in mind the report suggests seven years is an upper limit in daily use reducing to five years for optimum full life.

However, in 2009 the Trust took the decision to move from 5 to 7 years. Therefore, the fleet strategy will re-evaluate that decision to determine the current impact of such a change would have on the Trust in line with the outcome of the model ambulance report.

4.3 Environmental Factors

On 27th January 2009 the NHS Sustainable Development Unit published a new NHS Carbon Reduction Strategy for England – "Saving Carbon, Improving Health". The guidance was developed, after a period of extensive consultation, in response to the global challenge of climate change and to promote systematic action by the NHS to meet the legally binding target agreed in the 2008 Climate Change Act for an 80% reduction in Carbon Dioxide emissions by 2050 and a minimum reduction of 34% by 2020 against a 1990 baseline. In response to this requirement the Trust produced the Sustainable Development Management Plan, which sets out the Trust's plans to achieve the targets set in NHS Carbon Reduction Strategy for England.

Government launched its Road to Zero Strategy to lead the world in zero emission vehicle technology in July 2018, in which the Government confirms ambition to see at least half of new cars to be ultra-low emission by 2030.

The strategy sets out:

- ambition for at least 50% — and as many as 70% — of new car sales to be ultra-low emission by 2030, alongside up to 40% of new vans
- government will take steps to enable massive roll-out of infrastructure to support electric vehicle revolution
- strategy sets the stage for the biggest technology advancement to hit UK roads since the invention of the combustion engine

NWAS is also aware of the Ultra-Low Emission Zone (ULEZ) applied in London, and will monitor closely local changes in respect to this for example the Greater Manchester Air Quality Plan 2016-2021.

4.4 Legal and Regulatory Framework

The Trust is required to comply with all statutory and regulatory requirements. In the field of Fleet this is constantly developing, particularly with regards to Health, Safety and Environmental legislation. The Road Vehicle (Construction and Use) Regulation 1986 and the Road Vehicle Lighting Regulation (1989) form the main legislation cove ring the design manufacture maintenance and use on the road of a motor vehicle in Great Britain. All road vehicles operated by the Trust conform to these regulations.

All converted vehicles conform to both Individual vehicle assessment and whole vehicle type approval.

The Government's Road to Zero Strategy sets out the future landscape in terms of vehicle design and infrastructure technology, procurement, operations, incentives and targets to which the Trust will need to be cognitive of for its future fleet procurements and operation.

4.5 Workshop Infrastructure

The objective of the Workshop Review 2011 was to enhance service provision to the day to day support to the operational directorates;

- Out of hours support for vehicle breakdowns
- Use of in-house mobile engineering resource to remove the unnecessary need for vehicles to travel to workshops for minor repairs
- Consolidate workshop facilities for longer workshop operating hours and greater efficiency in the use of resource

The long term aims of the review are to establish in collaboration with Estates and Operations, a workshop infrastructure and estate that will support the present and future fleet needs of the Trust. The long term strategy aims to establish strategically placed workshops/maintenance facilities that provide a 365 day/year cover, suitably equipped to accommodate key fleet activities. Working in line with the Estates Strategy this includes:

- Commissioning of vehicles
- 365 day service / repairs
- MOT Tests
- Major overhauls
- Minor accident damage
- Refurbishing
- Equipment servicing and repair
- De-commissioning of vehicles
- Vehicle storage/disposals

The first of these, the Regional Logistic Centre at Haydock came into service in January 2016. The building works for the second centre located at Broughton completed in June 2017. Land searches for the third in the Greater Manchester are will be undertaken during 2019-20.

Although the Trust is a service provider, and the Fleet provides service to the Trust. Therefore, operationally, the intent will be to move to a more commercial footing. The reason behind this is because fleet and logistics operates in the wider commercial environment external to the Trust, and needs to be efficient and effective in that environment to better serve the Trust. Principles can also be applied internally, such as SLA's and KPI management to enhance and maintain service provision to the front line.

4.6 Partnership with Other Services

The Fleet department will continue to investigate opportunities to develop the fleet in conjunction with other organisations should the opportunities arise. These will include other NHS Trusts, local government organisations as well as private sector developers

The Trust is a partner of the Northern Ambulance Alliance (NAA) which consists of North West, Yorkshire and North East Ambulance Services. Therefore, there is intent to work more collaboratively between the three organisations to promote organisational learning, efficiencies and quality. NWAS Fleet and Logistics is part of the NAA Fleet and Estates work stream.

Partnership initiatives have a number of benefits:

- Reduction in operating costs.
- Reduction in procurement costs.

- Knowledge transfer and learning
- Staff relocated into new modern facilities.
- Increased opportunities for partnership working with other blue light services/public bodies

A key recommendation of Lord Carter's report is to reach a single vehicle specification for a DCA ambulance. The work streams created from the single ambulance are being managed centrally by NHSI with inputs from the Trusts. In addition to this NWAS will be working with NHSI on benchmarking for the model ambulance reporting, this will be clearly defined during 2019.

4.7 National Designs and Specification Conformity

The Trust currently has a mix of modular emergency ambulances (principally Mercedes) and van derived ambulances (principally Fiats) which are reviewed annually as part of the vehicle replacement programmes. A future design for the modular ambulance has been accepted by the Trust with use of demountable bodies. This has the potential to prolong the life of the vehicles overall because only the cab will require periodic replacement.

The Trust will continue to develop designs to meet the operational requirements. The specification and implementation of the range of vehicles operated by the Trust will be delivered via the Vehicle Design and Equipment Group (VDEG), who will advise the Trust on matters relating to the design, specification, procurement and use of vehicles and equipment for the North West Ambulance Service. The environmental impact of fleet operations will also be taken into account when considering new developments.

In drawing up the Carter Report a number of Trusts were benchmarked which identified the potential to achieve significant savings. Following this the NHSI are developing the Ambulance Model tool to benchmark all ambulance Trusts. There will be a drive for national standards and collaboration in the procurement of ambulances. The Trust intents to actively engage in this to positively support and influence the development of national designs for the various operational vehicle types.

4.8 Vehicle Replacement Programme

The strategy proposes having annual replacement programmes, and that these programmes will be drawn up to take into account the changing fleet profile in line with the ARP. Therefore, the programmes will be dependent upon the Trust concluding the development and agreement of the operational model.

Annual vehicle replacement programmes will be supported by robust business cases targeted to each Service Delivery core vehicle type. The replacement programme covers the "in-service" fleet only. Additions/insurance write offs and special projects will be covered under separate business cases.

4.9 Pool Vehicle Resource

The PES pool requirements are built into the overall fleet numbers set out in table 1. They are designed to provide sufficient cover whilst vehicles are being serviced, carrying out MOT or being repaired.

Current reserve vehicle pools have been developed from Operational data analysis, and will need to be reviewed on a regular basis by the fleet and operational teams. To determine the pool resources it is crucial to accurately assess the core operational fleet requirements.

4.10 Support Services

The strategy aims to support the Trust's strategic performance plan and vision, and to develop workshop support services in line with service demands, in suitably equipped workshops located to maximise operational efficiency. In this respect, the strategy will be supported by the Estate and IM&T Strategies.

4.11 Fleet Management System

The Trust operates the Cleric V3 Fleet Management System (FMS), as from April 2019 Civica Tranman V9 will be introduced as the new FMS. The procurement and implementation of the new system is being undertaken in collaboration with two other Trusts as part of the NAA initiative.

The system will provide a single integrated fleet management system across all NWAS, YAS and NEAS workshops. This will facilitate benchmarking, cross border support and organisational learning between the three organisations. The comprehensive facility includes service and maintenance sourcing, accident management document control, purchase ordering and vehicle equipment asset management. It can also calculate vehicle whole life costing, vehicle downtime and can provide a suite of extensive reports. The system is designed to maximise workshop efficiency and minimise overall costs within the fleet department.

4.12 Vehicle Insurance

Fleet support manages the vehicle insurance policies. The Trust will aim to achieve a low claims history with regards to insurance cover, and operate cost effective insurance policies. The Trust has a Local Accident Reduction Group (LARG) to identify standard procedures and practices and to promote the environmental aspect and reduce risk to the Trust, staff and public. The LARG is aligned to a national accident reduction group NARG.

4.13 Fuel

The Trust operates the All Star fuel card system which enables the vehicles to be fuelled at any of the main fuel providers (e.g. Shell, Esso) or supermarkets. The fuel management system provided by AllStar allows the Trust to monitor usage, price and vehicle efficiency in terms of its fuel. In addition to fuel cards there is strategically placed bunkered fuel stocks to provide resilience in line with the Civil Contingencies Act 2004.

5. Financial and Economic Outlook

The future economic environment requires levels of cost reductions. The Trust contract income is subject to an efficiency requirement which in turn contributes to the need for the Trust to deliver Cost Improvement Programmes (CIP's). The financial and economic outlook along with outputs from NHSI's Model Ambulance will be the overall driver for efficiencies in the fleet towards:

- Continually reviewing of the fleet numbers and mix of vehicles.
- Exploring the use of alternatives vehicles and designs to derive financial and environmental efficiencies from the fleet.
- A replacement programme that balances and makes best use of the Trust's available capital and revenue resources currently dedicated to fleet operations.
- More operating efficiencies derived from the operation and maintenance of the fleet, to achieve recurrent reductions in running costs.

This strategy clarifies the key issues and actions required over the next five year period. The strategy will need to be continually reviewed as other Trust strategies develop. It is recommended that this strategy be periodically refreshed and reviewed to inform and be informed by the Business Planning Cycle. The Fleet Strategy at this stage does not reflect increases or reductions in the actual numbers of vehicles. This will be undertaken as part of the annual planning cycle and will take into account:

- Investment Plans arising out of the annual contract discussions

- PTS contracted work – retendered every 5 year.
- Service reconfiguration plans in the wider health economy
- NHSI model ambulance
- Cost Improvement Programme
- Ambulance Response Programme and the Operational Research in Health Ltd report
- Available resources

The strategy will therefore be used as the basis for determining the annual fleet plan for the Trust. Capital and revenue resources are required to accommodate the programme. In order to commit expenditure business cases will need to be prepared and assessed from the value for money point of view against the competing requirements on the available recourses. Capital is controlled by NHSI where Capital regime is becoming more stringent in the next few years and in order to stay within limited resource, especially in years where the number of vehicles to be replaced is higher than others careful programme planning and management is necessary to smooth the demand on capital.

The Trust must always demonstrate that it is providing optimum value in all areas of business. All NHS Trusts are subject to mandatory efficiency targets. As such the target will be to drive through efficiencies from the fleet to achieve a reduction in running costs. The key elements of this plan will be:

- Match operational efficiencies with vehicle number requirements
- Improve vehicle maintenance processes
- Implement new fleet mix profile to reduce the cost of base ambulance vehicles
- Deliver improvement in vehicle efficiencies

As part of the overall fleet maintenance plan, the Trust's in- house maintenance facilities maintain fleet lease vehicles, under a contractual agreement with nominated lease companies providing income generation.

The income generation will be formally reviewed on an annual basis in partnership between finance and fleet budget holders as part of the budget setting process. This is to ensure that an agreed income target for leased vehicles maintenance activity does not exceed the physical ability of staff resources or the resale hours available to the leasing companies. The hourly labour rates for both lease and private vehicle maintenance income will be reviewed by finance and fleet and agreed with appropriate stakeholders, on an annual basis.

It is formally noted, that fleet vehicle maintenance (leased and owned) will take priority over all other vehicle maintenance activity.

6. Health, Safety and Clinical Governance

Future vehicle design of a front line emergency ambulance will concentrate on the need for safer emergency care for patients and staff and to deliver standardisation of design that will ensure national consistency, reduce risk and improve working lives. All health care organisations are expected to minimise the risk of healthcare acquired infections to patients in accordance with The Health and Social Care Act 2008 code of practice for the prevention and control of health care associated infections and related guidance.

The use of easy clean anti-bacterial materials and ergonomic design to minimise dirt traps will be incorporated into the vehicle specification.

6.1 Fleet Policy

The Trust will produce and maintain a Fleet Policy to underpin the strategy and provide a sustainable, quality fleet function to support service delivery. The policy ensures that responsibilities are identified and accountabilities are clear throughout the Trust. The policy encourages a partnership approach with all stakeholders and patient forums and is scheduled to be reviewed every three years.

6.2 Performance Measure and Benchmarking

Achieving service quality is more than performing well financially. There is a need therefore for a set of measures across all aspects of performance relating to the fleet function. The Trust will actively participate in the development and use of the NHSI's Model Ambulance Trust (fleet module) which will provide Trusts Boards with a tool to benchmark themselves against all English ambulance Trusts.

Continuous monitoring of the implementation of the strategy and associated business cases will be via the Executive Management Team and Finance, Investment and Planning Committee.

7. Fleet Strategy Future Provisions

The successful implementation of this strategy will enable the provision of a fit for purpose fleet providing a caring clinical environment for our patients and a workshop infrastructure capable of supporting current and future models of service delivery.

The Trust's fleet will be operated over the life of the strategy in such a way that it will be designed to be flexible and adaptable with the ability to change appropriately to the needs of the Trust across the communities it serves.

The Trust's strategic aim is to become the best ambulance service in the UK, by providing the Right Care, at Right Time in the Right Place. The key elements to achieving this include the redesign of ambulance responses to align with the requirements of the Ambulance Response model (ARP) ensuring patients receive the most appropriate type of response; and to continue to move towards reducing the number of patients conveyed to A&E. This will be achieved by increasing the proportion of patients helped by offering telephone advice (hear and treat) and the continued development of the see & treat model as suitable alternatives where possible. The general fleet implications of a future strategic service model will include:

- The development of vehicle designs, including national designs, which will provide the full range of vehicles required to support the service strategy.
- The capacity to support a more diverse vehicle base.
- Facilities for vehicle fleet maintenance that will compliment and improve vehicle availability and reduce ambulance crew downtime as defined in the Board approved workshop review.
- A Vehicle Replacement Programme that delivers a modern, well maintained fleet that allows fleet maintenance costs to be controlled and avoids the need to invest significantly in high running costs.
- More flexibility to match operational activity and geographical challenges by way of increased workshop opening hours, greater efficiency in the use of labour, and the use of a mobile fitter response team to eliminate the unnecessary need for vehicles to travel to workshops for minor repairs.

- The provision of appropriate support systems for the management and control of the Trust's fleet insurance policies and non-operational fleet.
- Opportunities for rationalisation, co-location, partnership working and reduction in cost.
- Assessing and responding to the Model Ambulance national data benchmarking outputs, this will help inform future developments.

8. Fleet Strategy Delivery

In order to ensure that this strategy remains relevant as time progresses it will be subject to periodic review and update to reflect the changing circumstances.

Annual plans will be agreed prior to the commencement of the financial year and will reflect the resource assumptions for delivery of the business plans of the Trust, based upon agreed capital and revenue funding. These, plus risk assessments, will be subject to an ongoing review of progress in order to ascertain necessary variations to the strategy because of changes in expected demand and internal and external environment.

This strategy sets out a number of key work areas for the Trust. These include:

1. Development of a future service model and operational core requirements for which the fleet profile can be configured determined by ORH to meet the requirements of ARP.
2. Achievement and maintaining a:
   - 7 year replacement cycle for ambulances and
   - 4/5 years for RRV's.
3. All Trust vehicles procured to conform to the European vehicle emissions regulations current at the time of procurement and fall within the context of the Government's Road to Zero Strategy.
4. Reconfiguration of the workshop infrastructure and workshop review.

9. Operational Model / Services

Currently the Trust operates a predominantly traditional ambulance station model. How the future planned estate and services will support front line service delivery further information can be found in the Estates Strategy.

10. Fleet Profile

The ORH report, ARP and PTS contracts are key underpinning elements to the delivery of the Trust's plans. The impact on the fleet profile is critical. Specifications, replacement programmes, pool resource requirements, and support service infrastructure being dependent upon:

- An agreed operational model
- Affordability
- Timing
- Production capacity of suppliers

11. Equality Impact Assessment (EIA)

The EIA for the Fleet Strategy document is at Appendix 1, which was undertaken by a cross section of Trust stakeholder groups including HR Workforce & Equality Team. However, all new vehicles specifications will have the potential to impact both staff and services with regards to equality. Therefore, there is a requirement to carry out a detailed EIA for these. This will be undertaken through:

- the Vehicle Design & Equipment Group for new vehicle specifications.
- each vehicle replacement business case group will undertake and include a EIA in relation to the vehicles contained within the business case

12. Conclusion

The Fleet Strategy supports the Trust's Integrated Business Plan by setting out how it intends to meet the requirements of the service in terms of appropriate operational capacity, affordability and optimising the use of technological advances. The fleet profile will change to reflect the requirements to deliver the ARP/NHSI model ambulance. The objectives of the fleet strategy are to:

- Deliver an appropriate operational capacity
- Deliver a fleet that is affordable
- Optimise technological advances
- Be fit for purpose

Appendix 1 – Equality Impact Assessment Report

Name of Policy, Service or Function

Fleet Strategy – Service Delivery Support.

Equality Impact Assessment review carried out by (include name and job title):

Jon Makin – Head of Fleet

Date of Equality Impact Assessment

April 2019

Step 1: Description and Aims of Policy, Service or Function

Overall aims

To define and explain the Strategy for the Trusts Fleet function over the next five year period from 2019 to 2024.

Key elements of policy, service, process

The strategy is written for the fleet department to be systematic in its approach in the control of the quality and control of the vehicle maintenance and procurement.

Who does the policy, service or function affect?

All operational staff (Support and Road Staff)

Patients

Members of the Public

Contractors

How do you intend to implement the policy or service change (if applicable)

The strategy requires approval by the EMT and Trust Board. It will be made available by intranet for all internal staff and disseminated to all Fleet Area Service managers for implementation within their given area. The strategy will be reviewed and amended to take into account any future service developments.

Step 2: Data Gathering

Summary of data available and considered

All data and informatics has been gathered by fleet management systems which have been subjected to external audits.

Also the policy has taken into account all vehicle and workplace related legislation and regulation.

Outcomes of data analysis

Equality Group	Evidence of Impact
Gender	None
Race/Ethnicity	None
Disability	The policy is a written document and there may be an impact on those with visual impairments or those with specific learning differences, such as dyslexia
Sexual Orientation	None
Religion or belief	None
Age	None
General (Human Rights)	None

Step 3: Consultation

Summary of consultation methods

- Area Service Manager meetings
- Fleet Senior Manager meetings
- HR Workforce and Equality
- Estates Managers
- Health and Safety Practitioners and Managers
- Operations
- Design and Equipment Strategy Groups / Forums

Outcomes of consultation

Equality Group	Evidence of Impact
Gender	None
Race/Ethnicity	None
Disability	The policy is a written document and there may be an impact on those with visual impairments or those with specific learning differences, such as dyslexia
Sexual Orientation	None
Religion or belief	None
Age	None
General (Human Rights)	None

There is a manufacturer weight limit for all vehicles and those above that limit should not be driving those vehicles. Staff with conditions affecting their weight at the higher end of the spectrum may be disadvantaged at the recruitment stage from working on these vehicles, however as this limit is a manufacturer requirement; the Trust would not be able to avoid implementing this limit for any agreed vehicles. NWAS will seek clarity on the safe maximum driving weight of the agreed single specification vehicles and the job evaluation and HR Hub teams will be updated, so Trust wide documentation is updated.

Vehicle Equality Impact Assessments are contained in Vehicle Replacement Programme business cases for the relevant vehicle type.

North West Ambulance Service NHS Trust

REPORT

Board of Directors				
Date:	Wednesday 31 July 2019			
Subject:	Board Assurance Framework (BAF) Q1 Review Corporate Risk Register Q1 Review			
Presented by:	Angela Wetton, Director of Corporate Affairs			
Purpose of Paper:	For Decision			
Executive Summary:	The CRR detailing the seventeen risks currently scoring 15 and above can be viewed for information in **Appendix 1**. The proposed Q1 position for the BAF risks with associated corporate risks scored 15 and above can be viewed in **Appendix 2**. The BAF Heat Maps for 2019/20 year to date can be viewed in **Appendix 3**. The following themes have been identified as high risk areas as part of the Q1 BAF review process; Quality, Finance, Performance and Digital and further details can be seen in s5. An in-depth review of all operational risks has been undertaken which has resulted in an updated 'Operational Risk Exposure Summary' aligned to each BAF risk .The analysis has resulted in the development of a thematic summary review, which can be viewed in **Appendix 4**. The end of Q2 BAF reporting process and timescales can viewed in **Appendix 5**.			
Recommendations, decisions or actions sought:	The Board of Directors are requested to: • Agree to the formal closure of SR09 and rename BAF Risk SR10 as SR09. • Agree the Q1 position of the Board Assurance Framework • Note the Corporate Risk Register at Q1			
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:	None Identified
Previously Submitted to:	Assurance Committees, EMT and Audit Committee
Date:	Throughout Q1
Outcome:	For Assurance

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1. PURPOSE

The Board of Directors has overall responsibility for ensuring that systems and controls are in place are adequate to mitigate any significant strategic risks which threaten the achievement of strategic objectives.

This paper provides an opportunity for the Board of Directors to review the Q1 Board Assurance Framework (BAF) position along with the Corporate Risk Register risks scored 15 and above that are aligned to each BAF risk. In addition, themes and gaps that the Risk and Assurance team have identified as part of the risk profiling work are included. This work has also been informed through discussions with Directors and senior managers across the organisation.

2. RISK ASSURANCE PROCESS

The BAF risks are reviewed at Committees providing the opportunity to identify where assurances support potential mitigation of the risks, commission where appropriate, additional assurance and identify any associated risks that may require escalating or de-escalating through the Chair's reporting process. Risks identified on the Corporate Risk Register are mapped to the BAF risks and are included within the reports, providing the position in terms of the progression of each risk. This in turn, supports the identification of any additional assurances that may need to be commissioned by the Chair as well as recognising where the achievement of risk mitigation may impact positively or negatively on the BAF risks.

To support the Q1 review of the BAF, the Senior Risk and Assurance Manager has collated assurance information reported throughout the quarter onto the Assurance Map. The information has been identified through attendance at Committee meetings and review of Chair's reports from Management Meetings and Committee Meetings. The assurance mapping has been used to support discussions with Executive Directors and assist with updating of the BAF risks.

3. REVIEW OF THE CORPORATE RISK REGISTER

The review of the Corporate Risk Register takes place at EMT meetings as well as the Committees in the organisation. Here, assurance is sought that controls and mitigations are applied and actions are in place to ensure that the risk is being actively managed. The full Corporate Risk Register can be viewed for information in **Appendix 1**.

4. REVIEW OF THE BAF STRATEGIC RISKS Q1

The quarterly review process provides an opportunity for the Director leads to meet with the Senior Risk and Assurance Manager to discuss the update of their relevant risks. These meeting have taken place either with Director leads or their senior manager responsible for updating the BAF. Adjustment to the BAF risks has subsequently been undertaken. The proposed Q1 position for the BAF risks with associated Corporate Risk Register risks scored 15 and above can be viewed in

Appendix 2.

The Heat Maps for the 2019/20 year to date can be viewed in **Appendix 3**.

Following a full review of controls and assurances across the BAF there has been the following changes to note:

- Following Board of Directors on 24 April 2019; the opening position of the BAF was reported and it was agreed by the Board for BAF risks SR09 and SR06 to merge together and collectively encapsulate the risk pertaining to effective partnerships within the regional health economy and the integrated care systems. This has now been completed and proposal to close SR09 is recommended to the Board of Directors to rename SR10 to SR09 as part of the Q1 BAF Review process.

5. REVIEW AND THEMING OF RISKS

The following themes have been identified as high risk areas as part of the Board Assurance Framework Q1 review.

Quality

− The backlog of complaints is still impacting on the Trust's ability to respond to complaints in agreed timescales. Whilst the backlog of level 3, 4 & 5 complaints continue to adversely affect the ability to close cases within timeframes; however there is an agreed improvement trajectory.

\+ There are fewer unscored incidents reported for May, however, there is progress to be made to achieve the aspirational target.

− There is a reduction in performance on overall performance against the Ambulance Clinical Quality Indicators (ACQIs) in Survival to Discharge.

− There have been continued challenges relating to compliance to mandatory training in safeguarding across the Trust, this has been impacted following the introduction of the new intercollegiate document.

Finance

\+ The position for the Trust at Month 2 is a deficit of £0.089m which is £0.071m better than the planned deficit of £0.160m.

\+ Income is over recovered by £0.587m

− Pay is overspent by £0.296m and non-pay is overspent by £0.247m.

\+ The year to date expenditure on agency is £0.349m which is £0.169m below the year to date ceiling of £0.518m equivalent to 32.62% under which results in an agency financial metric of 1.

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

− The Trust needs to identify the shortfall in the Cost Improvement Programme (CIP) plans of £5.441m in 2019/20 and £1.212m recurrently and manage the action plans to deliver the schemes identified.

= The 2019/20 CQUIN deliverables are still to be determined with

Commissioners.

= The PES contract includes £1.0m which is conditional on achievement of the full ARP performance standards (except for C1 mean) from Q4 2019/20.

– The PES Directorate is overspent by £0.335m. The primary areas of overspends include meal break payments and third party ambulance providers.

+ Corporate Services are significantly underspent in Q1.

– NHS 111 is £0.244m overspent at the end of month 2, overspends is a continuation from 2018/19 utilising bank and agency staff and additional call capacity from external providers.

– PTS service financial positon is £0.206m overspent. The overspending is due to the use of third party vehicles.

Performance

– Call pick up for the reported at 83.6% in May 2019, with a year to date figure of 82.1%.

= Category 1 performance and dispatch efficiency continue to be a key focus for EOC. EOCs are now embarking on further work which will improve improvements within C3, including introducing an electronic solution to subsequent call process, improving the call taking process for the IFT/ HCP process and sustain updated to allow the introduction of auto divert to Category 1 incidents.

+ Hospital turnaround is at 31 minutes and 25 seconds, the lowest reported figure in the last 12 months. The Trust is now considering phase 2 of the improvement collaborative.

+ May 2019 has seen the best performance since the introduction of ARP. The Trust has achieved three of the seven standards and are working to close the gap to the remaining four standards.

+ Category 1 mean is now very close to achieving the 7 minute target.

+ NHS 111 has remained consistently strong in performance. Risks pertaining to the use of agency staff and Conduit Global to manage demand at peak activity times whilst maintain high performance is a focal point.

– PTS activity was 1% above contract baselines, with the year to date position 1% below baseline.

Digital

+ The Digital Strategy has been approved during the quarter.

– There has been a significant gap in the Leadership resource within digital during the quarter.

+ Various roles pertaining to digital have been recruited to with start dates towards the end of Q1 or the commencement of Q2.

– Cyber security remains a high risk area for the Trust.

– A number of ICT systems require upgrades which will result in system downtime. There are additional concerns over some licences to digital systems which are expected to expire in June/ July 2019 and pose

significant risks to the Trust.

= In addition, there are a number of critical implementations planned for 2019/20 which are fundamental.

+ A Unified Communications Programme has commenced across the Trust, identifying the requirement for a stable communication platform, which a series of tasks to be undertaken before a new CAD system can be introduced within the Trust.

– There are pressures within the Informatics team and the high volume of projects and work plans.

6. OPERATIONAL RISK EXPOSURE

An in-depth review of the operational risks has been undertaken which has resulted in updating the 'operational risk exposure summary' section for each BAF risk. These can be viewed on the BAF document in Appendix 3. The analysis has also resulted in the development of a thematic summary of operational risks. This can be viewed in **Appendix 4**.

7. Q2 BOARD ASSURANCE FRAMEWORK REPORTING PROCESS

The end of Q2 BAF reporting process and timescales can viewed in **Appendix 5**.

8. LEGAL and/or GOVERNANCE IMPLICATIONS

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

9. RECOMMENDATIONS

Board of Directors are requested to:

- Agree to the formal closure of SR09 and rename BAF Risk SR10 as SR09
- Agree the Q1 position of the Board Assurance Framework.
- Note the Corporate Risk Register at Q1

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Appendix 1: Corporate Risk Register

**Extracted from Datix on 17 July 2019*

DX ID	Opened	Risk Description	Lead(s)	Rating (initial)	Key Controls in place	Likelihood (current)	Consequence (current)	Rating (current)	Last reviewed	Gaps in controls	Assurance	Gaps in assurance	Action Plan	Progress against action plan	Rating (Target)	Forecast Completion Date
2072	17/09/2016	There is a risk of an adverse impact on the Trust financial position from emerging case law, local claims and NHS settlement of claims relating to the calculation of holiday pay.	Forrest, Mr Michael	20	01.Financial provision made in accounts for risk of meal break payments and end of shift overtime being included in holiday pay. 02. Legislative changes restrict future claims made in Tribunal in terms of retrospective application. 03. Legal audit conducted which confirms key areas of risk already identified. 04. Shared approach across ambulance sector in response to SCAS claim. 05. National agreement which limits implementation to extended overruns on statutory leave March 2017 (Implemented) 06. Ongoing legal advice from Capsticks and EEAST Counsel 07. AACE approved consistent approach across the sector to claims pending the appeal. 08. Legal advice on NWAS claims	4	5	20	09/07/2019	01. Emerging case law and health sector claims outside NWAS control 02. EEAS Employment Appeal Tribunal Outcome is adverse 03. National TU pressure to implement changes for contractual leave 04. County Court claim received from 61 GMB members July 2019 05. Potential settlement in Scotland	01. Audit review of financial provisions 02. Budget including financial provisions approved at FIP, EMT & Board 03. Legal advice confirming level of risk 2015 & 2016 04. (2/5) Legal audit assessing level of risk against case law 2016 05. Published legislative change. 06. Minutes of Ambulance Sector HRDs meeting confirming consistent sector approach October 2018 07. National agreement reached with Trade Unions on extended O/T March 2017 08. Legal advice via EEAST - Telecon October 2018 09. Financial assessment of risk completed November 2018 10. Board update to part 2 - November 18 11. AACE report November 18 - decision for sector to await appeal outcome. Date of appeal is May 2019	Provisions only relate to historic claim and not future cost pressure Legal advice regarding non-NWAS claims may contradict NWAS position	01. Maintain involvement in national TU discussions through NASPF and Ambulance Sector HRD group- ongoing - Lisa Ward - ongoing 02. Support for EEAS appeal of Court of Appeal outcome on interpretation of Agenda for Change clause to include overtime- Lisa Ward - ongoing 03. Collate information in respect of pre-court protocol for NWAS claims - LM 04. Continuing legal advice on current claims - LW 05. Seek potential stay of claims if EEAST appeal submitted - LW	[09/07/2019 12:49:44 Lisa Ward] Agreement given by sector to financially support Supreme Court appeal - July 2019 Request for appeal lodged by EEAST - July 2019 [03/07/2019 12:58:09 Kelly Knotman] (18/06/2019) Court of appeal outcomes published, awaiting national guidance [04/07/2018 10:57:46 Lisa Ward] Ambulance Sector financial support for appeal agreed Contributed to ambulance sector analysis of financial risk [25/04/2018 15:55:13 Lisa Ward] EEAS appeal concluded. HRDs discussed response and agreed further appeal to be prepared supported by Ambulance sector. [17/02/2018 14:24:57 Lisa Ward] Awaiting EAT date Feb 18 [11/12/2017 17:40:23 Lisa Ward] EEAST appeal response submitted - date of appeal awaited	10	31/10/2019
2262	24/05/2017	Risk of high clinical advisor vacancy gap in 111 as a result of recruitment shortages and high turnover resulting in adverse performance and quality impact	Forrest, Mr Michael	20	01. Agreed workforce & recruitment plans in place and regularly reviewed. 02. Recruitment to both bank and permanent positions on offer. 03. Improved approach to recruitment implemented resulting in higher appointment to start ratio. 04. 111 recruitment and retention plan for 2019/20 in place. 05. Flexible Working Procedure including home working 06. Trust wide Recruitment and Retention task and finish group includes actions around onboarding and exit interviews which will help to inform improvements in the Clinical Advisor vacancy position. 0.7 Reduction in agency spend with a number of agency staff converted to Bank or Permanent staff. 0.8 Part time course due to commence in June to encourage applicants who want to work weekends only 0.9 Review of language in Clinical Advisor Job Description and adverts to ensure that role is clear and attractive o applicants	4	4	16	09/07/2019	Challenging & competitive recruitment market Delay in move to Estuary point affecting recruitment plans Nursing with appropriate skill set is shortage occupation	01. Monthly vacancy data reported to Board on IPR & Agency spend - latest August 2017 02. Minutes of 111 recruitment & workforce plan meetings detailing actions taken 03. Update on recruitment position and strategies to improve vacancy gap to be advised to Workforce Committee in June 2019	Assurance that actions will deliver improvement	01. Improve promotion & attraction through microsite, advertising, social media - ongoing - Vickie Camfield 02. Recruitment and Retention plan to be reviewed on a monthly basis 03. Monthly 111 meetings 04. Targeted recruitment in Liverpool once the 111 site is moved to EP. 05. Rota review in 111 to address retention issue	[03/07/2019 13:00:56 Kelly Knotman] (18/06/2019) 111 profiled in Phase 1 rota review which has commenced [26/04/2019 18:16:49 Kelly Knotman] Recruitment and Retention plan in place. [07/01/2019 10:34:18 Kelly Knotman] 111 have commenced some engagement events for both applicants and on boarding events for new starters [04/07/2018 11:03:59 Lisa Ward] 1. Task and finish group established June 2018 2. See and Treat Pilot commenced May 2018 3. Recruitment opened in Liverpool May 2018 4. Included in GM wide nursing campaign June 2018 5. Recruitment events attended in Scotland [25/04/2018 16:01:21 Lisa Ward] 111 recruitment task and finish group estblished [22/03/2018 10:53:36 Lisa Ward] Recruitment completed for see and treat pilot	8	31/03/2020

2480	19/12/2017	If we do not establish a robust Risk and renewal Road Map for existing Trust Wide systems and a governance process to prioritise security projects it will lead to unsupported software requiring costly last minute updates and potential cyber attacks, loss of systems.	Collinson, Mr Glen	16	1. A system census has been completed with system end of life information and system business owner who will lead on replacement of each identified systems. 2. The system census is reviewed 3. Asset management monitoring provided by Trustmarque as part of an annual programme of work and IT Health Dashboard 4. Lack of project management resource within the IT team	4	4	16	01/07/2019	Unknown costs for retired and limited unsupported systems because of the reactive approach leading to resource issues to deliver the required mitigation Review of IT structure required to identify additional resource required & priorities Lack of defined KPI's and reporting structure fordelivery of the ICT/Digital Strategy Data Asset Training does not include IT input	Trustmarque Quarterly Software asset report	Lack of IT Steering Group/Forum to engage Operational Business around current systems and renewal Currently reviewing change processes to assist in identifying data owners Not all data owners identified across all systems. Process of reviewing all unsupported software systems with data owners to understand future requirements of systems Full List of retired/limited systems to be reported IT SMT Meeting	1.Costs are currently being identified in conjunction with procurement and third party suppliers 2.Review of IT roles and responsibilities and establish and embed key assurance requirements 3.Develop KPIs linked to the Digital Strategy for reporting to FIP 4.Data Asset identification / Training to be discussed at DOF- 01.07.19 - MIAA to review 5.IT Portfolio of retired/limited life systems in development and associated business cased being written. (End of March 19.) 01.07.19 - (SMT) SQL funding has been identified - BC to EMT to support SQL/ EA agreement to ensure estate software compliant. 6.Discussion with PMO to identify available technical project support with a supporting paper to EMT by PMO.	1. Data Owners are being re-engaged. IG Committee / DOF informed and have asked for detailed action plans and deadlines. 2. Firewalls - The EP project will deliver new firewalls to replace existing EOL devices. 18.06.19- Purchased not installed. 3. VMWare Desktop - Collating costs and developing a business case- 18.06.19 NHS DIGITAL AGREEMENT IN PLACE AND REPLACMENT BUDGET ALLOCATED- WINDOWS 10 IN PLACE 4. VMware Server - Collating costs and developing a business case - COMPLETED DATA CENTRE LICENCES PURCHASED March 2019 and installed. 5.Telephony - Business case to be submitted to EMT/FIP/Board Feb 19. 01.07.19 - APPROVED AND UNIFIED COMMS PROJECT COMMENCED. 6. Prioritising limited support systems and assigning ownership. Developing business cases for CAD (999 and PTS) platform upgrades. Engaging with partners to establish costs for replacement or extended	8	31/12/2019
2710	25/06/2018	If sufficient expertise and resources are not made available within the IPC team then there will be poor compliance of IPC standards within service delivery.	McKeane, Angela	9	1. Job description specific detail to IPC monitoring 2. CSP attendance at Level 2/3 meetings and learning forums 3. Station quality visits one sector per month in place 4. Email and telephone support service 5. Regular bulletins and information to staff 6. IPC policies and procedures 7. Consultant Paramedics lead on IPC in areas (local action plans)	4	4	16	08/07/2019	Sufficient IPC practitioners to support and monitor IPC requirements Assurance monitoring at station and vehicle level from third tier Observational hand hygiene audits not undertaken regularly	CSI data compliance reported through sectors Learning lessons action plans at local level CSI reports through CGMG and Quality Committee ad hoc audits undertaken by CSP for IPC compliance and monitoring	Limited independent assurance through station visits Limited IPC visits to monitor and provide assurance on standards	Review underway to potentially restructure practitioners back to IPC focus. AMcK - Dec 18 Focus from CSP to be visible on stations in place. DS - Aug. conflicting priorities due to other work ongoing A holistic realignment, restructure and review paper to be presented to Board encompassing IPC, Mental Health, Controlled Drugs and Medicines Management. AMcK - Dec 18 resource paper to be written to look at where the risks are and what we require to be able to meet demands. IPC Job descriptions to be looked at from other areas and services to gain insight into what we require. NHSE support.	[08/07/2019 13:32:18 Deborah Bullock] now have a vacant post in CSP structure do to secondment and movement of practitioner to safeguarding team. DS to write VCP for temp post to cover. Re structure on hold. Team trying to do as much as they can. [03/06/2019 14:03:39 Deborah Bullock] Current resources still causing severe pressure to maintain IPC focus. CL CSP has today moved over to Safeguarding team. GM CSP now back from sick leave however is one phased return for three weeks. pressure on remaining CSP and CS manager picking up all work including other CS work not just IPC. To look at SIPC practitioner roles again - some JDs obtained - requires review. [09/05/2019 11:22:38 Deborah Bullock] Resources still below capacity due to sickness, increased pressure on other duties. 1 CSP will be moving at end of May over to Safeguarding leaving another vacancy. still no confirmation from Transformation as to what is	2	30/08/2019

2748	18/07/2018	If the Trust does not establish sufficient capacity & capability within the IT Team then it will not deliver the ICT/Digital Strategy nor keep systems secure, which may lead to system disruption or loss of critical systems	Collinson, Mr Glen	20	ICT Strategy EMT currently review business cases for IT projects	4	4	16	18/06/2019	Loss of key personnel & Specalist knowledge No security function and specialist knowledge Lack of defined responsibilities withn the IT team Lack of defined BAU and security process and procedures Lack of prioritisation for projets and service requests There is no process to ensure that business cases have been assessed by IT and IG to address architecture, security, resource plannng and governance including GDPR compliance. Many projects such as Hub and Spoke will require IT resource. This resource is not factored into business cases as PMO do not provide this service for all projects. NWAS Digital Strategy has not been agreed	Some project progress updates provided to PMO Cyber security intiatives and incidents are reported IG Committee	Lack of clear oversight of all IT intiatives Lack of oversight of all IT intiatives	1. Structure review to be confirmed 2. Security Manager post to be recruited 3. Introduction of a new Digital Programme Board 4. An IT PMO function is required to capture all IT programmes of work and resource plan effectively. 5. Creation of a digital strategy	[17/01/2019 10:27:10 Sandra Goulden] 1.	4	31/12/2019
2867	22/02/2019	There is a collective risk that due to the high number of high impact projects the Trust is at an elevated level of risk of system failure.	Collinson, Mr Glen	15	1. Change Control process to ensure the change is robust, widely communicated and contingency plans are in place where possible. 2. Supplier engagement on high impact service changes	5	3	15	18/06/2019				1. Communicate higher level of risk to EMT 2. Focus on controls for high impact change requests	[22/02/2019 16:52:35 Sandra Goulden] 1. EMT verbally advised of elevated level of risk w/e 22/2/19 2. Change Advisory Board now meets weekly to review changes and will ensure changes are widely communicated with robust controls.	15	
2919	01/04/2019	If the Trust does not deliver on all ARP performance standards then patient care could be comprised resulting in reputational damage to the Trust, a £1 million fine and an increase in patients complaints.	Blezard, Mr Ged	25	1. Strategic, Tactical and Operational Management all in place to focus daily on delivery of ARP standards. 2. Additional resources utilised to support performance delivery, ie overtime and VAS. 3. ALOs in place at hospital sites to improve ambulance turnaround. 4. Performance Management Framework in place to focus on delivery of all associated key metrics, ie attendance, fleet etc. 5. IFT/HCP pilot live across all areas of NWAS. 6. Demand Management Plan in place to assist with activity/escalation management. 7. Super Six initiative in place to support ambulance turnaround. 8. Working Time Solutions appointed to assist NWAS in delivery of full roster review across PES, EOC and Clinical Hub. 9. Contract Negotiations finalised for 19/20. 10. Frequent Caller Team in place to manage high frequency users. 11. Clinical Leadership in place in	3	5	15	14/06/2019	Deliver 19/20 Workforce Plan. Development of the U&EC Implementation Plan. Development and Approval of the Digital Plan.	Peformance Management Framework. National ARP Reporting. Quality & Performance Committee Reporting. Performance Reports, ie P1 reports, Hospital Handover Reports, AQI reports etc. Demand Management Plan. ROCC Procedures and Logs.	Development of a Service Delivery Improvement Plan	1. Agree way forward on Handover Safety Checklist - June 19 - GB. 2. Continue work in EOCs re early identification of Cat 1s - June 19 - DA.	[14/06/2019 13:10:36 Janet Paul] First draft of SDIP Dashboard developed, further work to be done re EOC, Fleet and Workforce. Rota Review - First WP to commence 24.06.19 in GM.	5	31/03/2020

2921	01/04/2019	If excessive ambulance handover delays occur at hospital sites then performance standards and patient care could be comprised due to lack of available resources resulting in non delivery of ARP standards and reputational damage to the Trust.	Blezard, Mr Ged	20	1. Executive and Operational Management engaged with hospitals to support handover delays. 2. ALOs in place at hospital sites to improve ambulance turnaround. 3. Super six initiative in place to focus at key sites. 4. Hospital Handover reporting in place for all hospitals including HAS screens on site. 5. A&E Delivery Boards in place and attended by Executive/Senior Managers to focus on handover delays. 6. Demand Management Plan in place to focus on activity/escalation management. 7. New Handover procedure in place at the super six sites. 8. Paper submitted to EMT re Every Minute Matters - May 19. 9. Every Minute Matters Summit held on 1st April 19.	3	5	15	14/06/2019		Hospital Handover Reporting. Performance and Quality Committee Reporting. Commissioner Reporting. Every Minute Matters Summit (1st April 19) Stakeholder Engagement Group slides (May 19)		1. Additional EMT paper to be presented 19th June 19 demonstrating benefits of trial to inform future work.		5	31/03/2020
2938	17/04/2019	If the Datix System contains misalignment of data then inaccurate information will be reported across the Trust which may lead to inability to quality assure data, impacting negatively on regulatory standards	Taylor, Jonathan	15	- Datix Systems Manager extracting reports from the system - Datix System and Navigation Training in place - Datix User Guidance Documents - Datix Help available via email or telephone - Datix User Forum established and Developed - Datix System support available	5	3	15	13/05/2019				- Datix System 'cleanse' to be completed by Datix Systems Manager - Identification of Datix Module Owners - Working with Datix Module Owners to improve form design - Parent & Childing Exercise to be scoped and implemented - Combo Linking required within the system - Standardised reporting templates for Cttee's & Management Groups - Costing exercise to be scoped with Datix for a health check completed on the current system - Datix Health Check to be completed and implement actions following findings - Business Case to be scoped and developed for the new Datix Cloud IQ system - Improve Governance Arrangements across the Datix System	[13/05/2019 08:49:27 Jonathan Taylor] Meeting held with PTS Managers to identify concerns with the Datix System. Concerns included; - Email Notifications; Discussed the wider issue with automated email notifications and mitigations actions in place to assure no delayed incident awareness/ investigation. - Security Groups; Reviewed security groups and who are the key people associated within PTS. Agreed to include more key managers within these security groups to enable more oversight from managers. - System Alignment and Structure; Identified they structures within the Datix System is not reflective of the departmental structure. New structure revised and changes will be made within the Datix system. - VCS/ 3rd Party Reporting; Identified and clarified new process for VCS/ 3rd Part Providers reporting an incident when they call the Contact Centre or raise a paper IRF for	6	27/03/2020
2959	04/05/2019	If there are insufficient call handlers in the Carlisle Support Centre to answer the calls in a timely manner then operational staff may be delayed in reporting safeguarding referrals and vehicle breakdowns etc so resulting in potential patient safety and/or crew safety.	Blezard, Mr Ged	20	1. Monthly safeguarding report. 2. ERLANG report illustrating demand/resources. 3. Revised rotas implemented to align with demand. 4. Paper developed re staffing for submission to EMT. 5. Monthly review of calls received showing call answer times and abandonment rates.	3	5	15	14/06/2019	Continous increase in safeguarding referrals across PES and PTS.	EMT paper re resource levels. Staff rotas aligned to demand. Erland and Call Answer reports.		Transformation Team to visit Support Centre and carry out a review - June 19.		5	31/03/2020

2976	17/05/2019	There is a risk that failure to achieve the 2019/20 financial plan due to slippage against the CIP Plan and/or the risk of CIP will remain unidentified.	Wood, Carolyn	16	(1) The organisation has a good history of delivering CIP. In 2016/17 the CIP target of £13.031m was achieved with £11.083m savings delivered recurrently and £1.948m savings delivered non recurrently. In 2017/18 the CIP target of £9.857m was 100% achieved in-year with a recurrent gap of just £0.260m (2.6%) added to the 2018/19 CIP target. In 2018/19 the CIP target of £9.834m was again achieved in-year, with recurrent CIP schemes totalling £8.704m leaving a recurrent shortfall of £1.002m (10.2%), which was approved to be managed by increasing the 2019/20 target. (2) The 2019/20 Budget was approved at the Trust Board Meeting on 27th March detailing a CIP target of £9.808m (£7.883m recurrent and £1.925m non-recurrent). (3) The 2019/20 plan submitted to NHSI on 4th April 2019 detailed recurrent schemes of £6.647m of which £4.030m is planned to be delivered in year, leaving £5.777m of unidentified CIP in year and £1.236m	4	4	16	15/07/2019	(1) CIP Steering Group to address the CIP gap of £4.479m in-year and £1.986m recurrently. (2) Identification of any unwarranted variations from benchmarking data, ensuring work to improve productivity and efficiency is managed through either the Lord Carter action plan, Service Devlivery Improvement Plan or CIP Steering Group.	The Finance department provide a monthly CIP performance report to the CIP Steering Group (sub group of the Executive Management Team). CIP performance and forecast achievement is reported to the Finance, Investment and Planning Committee and the Board of Directors. The Finance report incorporates all element of financial performance (not just CIP). The achievement of CIP, budget under/over performance and any slippage are triangulated to understand, manage and report the overall financial picture, ensuring a comprehensive approach is adopted to facilitate achievement of the financial plan.	The CIP Steering Group has been moved to bi-monthly from monthly. As a mitigation, on the months where there is no CIP Steering Group an extended EMT will take place to enable CIP discussion & review.	(1) Continuing review of current CIP plans and discussions with budget holders to identify schemes to close the CIP gap of £4.479m in-year and £1.986m recurrently. (2) Corporate directorates tasked with reviewing the corporate services benchmarking data at directorate SMTs to support delivery of the 2019/20 CIP programme. (3) On 19th June the EMT / CIP Steering Group had a dedicated session to review CIP and how to address the gap, which included discussions around prioritising the list of ideas shared at the November away day, Executive feedback required from Model Ambulance data and a full review of the £6.6m cost pressures funded within the 2019/20 financial plans which have driven the level of CIP required.		8	29/04/2020
2991	29/05/2019	There is a risk that plans to introduce multiple concurrent projects could result in disruption to operational services, and may negatively impact performance. This is because approved projects (such as EPR, BBR, Data Consumption) will fundamentally change ways of working in a number of areas and the consequences on behaviour and ways of working cannot be fully assessed prior to project implementation. This could result in delays in performance (time on scene, patient handover). Due to the concurrent delivery of projects there will be an inability to determine the root cause of any risks which may occur.	Ormerod, Alison	16	Each project manages its own risks. The collective risk has been raised on the monthly PMO EMT report and approved as a corporate risk. This risk will be reported on a monthly basis to EMT for their review.	4	4	16	29/05/2019				The status of the Projects is be monitored through the Project Way governance so that any emerging detrimental impacts are identified and remedial actions are put in place. This will be reviewed on a monthly basis in line with the development of the monthly EMT report, any consequences or impact relating to this risk will be reported to EMT. Once the Corporate Programme Board governance structure is in place, projects will be aligned to revised governance structures i.e. oversight forums. These structures will provide further oversight of potential impacts and will enable informed decision making to be undertaken.	[12/06/2019 11:54:20 Alison Ormerod] Risk 2991 reported in PMO May EMT Report - EMT 19/06/19. Risk to be moderated before approval. [29/05/2019 15:13:05 Joy Hetherington] Continue to monitor in preparation of June's EMT report	4	31/03/2020
3026	03/07/2019	There is a risk that increased demand for driver training combined with national and local driving instructor shortages will impact on delivery of front-line emergency driver training and compliance with regulatory framework	Ward, Lisa	20	01. Delivery of accredited qualifications 02.All staff employed prior to introduction of Emergency driving have had a competency assessment delivered to ensure that they will be compliant 03.Recruited 3 new instructors 04. Redirected operational DIs to deliver induction driver training 05. Bank and agency contracts in place to supplement substantive staffing	4	4	16	03/07/2019	Did not recruit to all vacant driver training positions 3 month training period before new DIs are able to deliver across all programmes. All may not pass the programme Losing a number of DIs due to qualification and portfolio requirements of the course Operational DIs having been pulled away from the check-testing process to deliver inductions & Electric RRV familiarisation	01. Emergency driving programmes meet the proposed regulatory requirements 02. AACE and NENAS reporting and agreed attendance at DfT meetings	Not known if any changes will be made to original regulatory proposals	01. Re-advertise vacant posts 02. Contact Fire and Police training leads for possible support 03. Revisit driver training capacity modelling based on revised workforce plans; identify cost pressure if resource base is no longer sufficient 04. Explore potential for existing PES staff to be developed as DIs to rotate into training to meet driver training peaks. 05. Introduce a driving support officer role to coordinate some of the logistics and qualification requirements	[03/07/2019 17:02:03 Kelly Knotman] 01. contact made with police and fire leads 02. Funding identified for Driving Support Officer post 03. actively recruiting to vacant posts	8	31/03/2020

3027	03/07/2019	The combined outcome of the ORH demand analysis, paramedic skill mix change and potential impact of GP reform, the Trust will suffer a paramedic shortfall which may lead to an inability to meet operational demand.	Ward, Lisa	20	01. Increased numbers for direct entry and in-service conversion programmes for 2019/2020 starts. 02. 2019/20 in-service conversion rescheduled to maximise staff availability over winter periods (2019 and 2020) 03. National specification and tender in development for paramedic apprenticeship (in-service conversion route from 2020 onwards). 04. Active recruitment	5	4	20	03/07/2019	01. No current accredited providers of the paramedic apprenticeship standard 02. Local Paramedic supply insufficient to meet potential demand 03. Impact of GP reform on retention unclear	01. EMT1 AAP CPD Bridging Programme expansion, with over 250 EMT1s on track to achieve the AAP qualification. 02. AACE and HRD oversight of impact of GP reforms 03. Prevoius paper to EMT approving over-establishment of paramedics and increases in provision	STP/ICS oversight of paramedic demand outside of ambulance trust Clear understanding about how the healthcare system is proposing to use paramedics to fill staffing gaps	01. PES workforce plan to be remodelled 02. Revised paramedic workforce plan to be agreed 03. impact on apprentice EMT1 recruitment& levy income to be mapped and likely cost pressure to be confirmed 04. Scope potential to increase number of tech to para conversion places and identify likely cost pressure impact. 05. Maximise the EMT1 pipeline for tech to para conversion 06. open external paramedic recruitment 07. develop trust offer for rotational paramedic working both internal and externally	[03/07/2019 17:09:58 Kelly Knotman] 01. revised PES establishment modelled 02. paramedic workforce requirements 03. Further EMT1 CPD workshops in place 04. Oversight group, plus two task and finish groups established to managed rotational working offer 05. Open adverts for graduate and qualified paramedics from outside NW	8	31/03/2020
3033	16/07/2019	There is a risk that the current local security measures for CDs within the Trust maybe compromised which may result in missing controlled drugs.	Grant, Dr Chris	16	1. Medicine Management Policy 2. Controlled Drugs Standard Operating Procedures 3. Health Safety & Security Policy	4	4	16	16/07/2019				There is an ongoing investigation which once complete will allow the rather generalised risk to be more clearly defined. 1. Local audit centered at station level 2. Area wide audit 3. Liaise and seek advice from CDLO (Police) 4. Liaise and seek advice from HR 5. Notified Anti Fraud Specialist 6. Statements taken from staff members 7. Independent investigation and audit	[16/07/2019 16:40:41 Mary Peters] 1. Local audit at station level complete 2. Area wide audit complete 3. Continuous liaison with CDLO 4. Continued liaison with HR 5. Anti-Fraud notified 6. Statements taken from staff members	8	
1181	30/01/2014	If the Trust's Critical Telephone System (999) and/or the Voicemail messaging service fails it may result in an inability to appropriately respond and treat patients within agreed target timescales.	Collinson, Mr Glen	20	1. Robust National 999 Network 2. Constantly monitored by National Operator Centre 3. Full Business Continuity plans developed in partnership with all telecom providers. 4. Resilient telephone system and network design including diverse routing. 5. NWAS operate a virtual regional network 6. 24/7 specialist support from NWAS staff and Third party suppliers 7. There is constant liaison with the core provider 999 liaison teams who will monitor and advise of any threat that may interrupt the service. 8. SMT Team meetings to review system updates/ outages 9. Change request process in place and meets weekly as part of a formal CAB 10. A back up voicemail server is being purchased to enable a swap out in the event of failure, greatly reducing downtime. 11.Unified Communications Programme has submitted a business	3	5	15	01/07/2019	Current telephony systems are end of life and are no longer supported by Avaya with only limited support from BT available. Full Business Continuity plans need to be reviewed and tested in partnership with the providers and EOC Avaya are no longer providing any security patching or updates after April 19 The Voicemail server is end of life ,vulnerable to cyber attack and sits on the NWAS LAN, any outages would result in no messages being heard and dropped call rates	BT providing interim maintenance and support Any system downtime reported to ICT SMT meetings Changes to telephony are strictly monitored and controlled via CAB	Report from third party to show preventative maintenance outcome	1. Review of roles and responsibilities within IT as part of a restructure 2. Continue discusses and planning with OPs for major planned outage 3. Full Business Continuity plans need to be reviewed and tested in partnership with the providers and EOC 4. Back up voicemail server order been raised awaiting delivery. 5. Northern Ambulance Alliance framework has been agreed with BT to Supply the Avaya Elite platform. 6. UCP Business Case Board decision expected 27.03.19. to begin April 2019- target completion 999 Dec 2019	[26/03/2019 10:20:13 Julie Atherton] An order has been raised to purchase a voicemail server. 01.07.19 - Order has been placed 24.06.19 NAA framework has been agreed with BT and will be procured upon Board approval.01.07.19 - designs agreed . UCP business case is being presented to Board for approval 27.03.19-01.07.19 - approved.	5	02/11/2020

1182	30/01/2014	If the Critical Computer Aided Dispatch System (CAD) is lost or interrupted it may result in an inability to appropriately respond and treat patients leading to poor patient outcomes. Key components of CAD (SQL) are now end of life (01.07.19) and this increases the risk of cyber attack.	Collinson, Mr Glen	16	1. Business Continuity Plans detail the ability to fallback onto hard copy (paper) operations. 2. System operates on a mirrored platform enabling prompt fallback onto alternative system 3. Near live backups with in house and 24/7 third party support. 4. Infrastructure design utilises 2 data centres providing true resilience for unlikley event of site loss. 5. System downtime is monitored EOC Staff training records relating to system resilience 7, Fully documented and tested Business continuity plans 6. High capacity WAN provided by Virgin Media 7. Fully documented and tested Business Continuity Plans 8. Quarterly down time now agreed for EOC 9. 01.07.19 - (SMT) - Funding has been identified to secure necessary SQL updates and procure new hardware)	4	4	16	01/07/2019		1,2,3,4,5 MIAA external assurance reports 1,2,3,4,5 Analyis Masons Technical Assurance Reports 5, KPI's relating to any system downtime are produced on a monthly basis and presented to Finance SMT	Planned system downtime with outcome to be reported to ICT SMT meetings	9. 01.07.19 - (SMT) - finalising licence agreements. Paper to EMT for SQL. Stratos Hardware quotes obtained awaiting waiver for MIS.		3	31/03/2019

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North West Ambulance Service NHS Trust

Appendix 2

Board Assurance Framework 2019/20

Board of Directors
31 July 2019

Data Extracted from Datix: 17 July 2019

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

BOARD ASSURANCE FRAMEWORK KEY

Risk Rating Matrix (Likelihood x Consequence)

Consequence ↓	Likelihood → Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Moderate	10 High	**15 Significant**	**20 Significant**	**25 Significant**
Major 4	4 Moderate	8 High	12 High	**16 Significant**	**20 Significant**
Moderate 3	3 Low	6 Moderate	9 High	12 High	**15 Significant**
Minor 2	2 Low	4 Moderate	6 Moderate	8 High	10 High
Negligible 1	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

Director Lead:

CEO	Chief Executive
DoQI&I	Director of Quality Innovation & Improvement
MD	Medical Director
DoFin	Director of Finance
DoOps	Director of Operations
DoOD	Director of Organisational Development
DoS&P	Director of Strategy & Planning
DoCA	Director of Corporate Affairs

Board Assurance Framework Legend

Strategic Priorities	The 2018/2023 strategic priority that the BAF risk has been aligned to				
BAF Risk	The title of the strategic risk that threatens the achievement of the aligned strategic priority				
Rationale for Current Risk Score	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk				
Operational Risk Exposure	The key areas of operational risks scored 15 and above that align with the BAF risk and have the potential to impact on the score				
Controls	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority				
Assurances	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk				
Evidence	This is the platform that reports the assurance				
Gaps in Controls	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk				
Gaps in Assurance	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk				
Required Action	Actions required to close the gap in control(s)/ assurance(s)				
Lead	The person responsible for completing the required action				
Target Completion	Deadline for completing the required action				
Monitoring	The forum that will monitor completion of the required action				
Progress	A BRAG rated assessment of how much progress has been made on the completion of the required action	Incomplete/ Overdue	In Progress	Completed	On Agenda

OUR STRATEGY AT A GLANCE

Our 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.

Our values

THE RIGHT CARE,

delivering quality services which are safe, effective and patient-centred

AT THE RIGHT TIME,

responding appropriately to patients who contact our emergency and urgent care services, and use our transport service

IN THE RIGHT PLACE;

providing patients with advice and treatment closer to home where clinically appropriate to prevent unnecessary hospital attendances and admissions

EVERY TIME.

focusing on every patient and our commitment to continuously drive down variation in our performance, working in partnership with health and care providers locally so that no patient is needlessly waiting for help

Our priorities:

RIGHT CARE

- Ensure our services are:
  - **Safe:** protecting our patients from avoidable harm
  - **Effective:** reducing unwarranted variation in treatment and outcomes
  - **Patient-centred:** providing the best experience for patients and staff

RIGHT TIME

- Provide patients with the right response, first time and attend to life-threatening emergencies as quickly as possible, by achieving the national Ambulance Response Programme (ARP) performance standards
- Answer calls as quickly as possible, both for emergency services, 111 and the Patient Transport Service (PTS) by achieving the national standards

RIGHT PLACE

- Provide the right care to more patients over the telephone (hear and treat) and face-to-face while on scene (see and treat) where appropriate
- Reduce the number of patients taken to Emergency Departments (ED) by treating them on scene or transporting them to a more suitable healthcare provider
- Provide patients with less severe conditions access to clinical advice on the phone and online, by rolling out enhanced triage across urgent care services and supporting the introduction of 111 Online and direct booking of appointments

EVERY TIME

- Empower staff by developing leadership skills and expertise
- Develop our workforce through increased access to training and development opportunities
- Engage with our workforce with a focus on increasing the staff health and wellbeing offer and achieving equality for all

To support these priorities, we will:

- Provide our staff with access to digital technologies and accurate, timely information to improve ways of working and continue to develop our premises to ensure safe and suitable workplaces
- Continue to develop our fleet of vehicles so they will meet future requirements, reducing carbon emissions and the impact on the environment
- Ensure risks are managed and lessons are learned if things go wrong
- Work with partners to promote healthy living to keep people well

You can view our full strategy at:
www.nwas.nhs.uk/strategy

www.nwas.nhs.uk
@NWambulance

BOARD ASSURANCE FRAMEWORK DASHBOARD 2019/20

SP	BAF RISK	Committee	Lead	01.04.19	Q1	Q2	Q3	Q4	2019/20 Target	Final Target
Right Care	**SR01:** If the Trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage	Quality & Performance	DoQI&I MD	**16** 4x4 CxL	**16** 4x4 CxL				**12** 4x3 CxL	**8** 4x2 CxL
Every Time	**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	Resources	DoFin	**20** 5x4 CxL	**20** **5x4** **CxL**				**10** 5x2 CxL	**5** 5x1 CxL
Right Time	**SR03:** If the Trust does not deliver the Urgent & Emergency Care Strategy and national performance standards, then patient care could be compromised resulting in reputational damage to the Trust. If the Trust is not fully engaged with the wider health sector then the delivery of national agendas could be impacted.	Quality & Performance	DoOps	**15** 5x3 CxL	**15** 5x3 CxL				**10** 5x2 CxL	**5** 5x1 CxL
Every Time	**SR04:** If the Workforce Strategy is not delivered, then the Trust may not have sufficient skilled, committed and engaged staff and leaders to deliver its strategic objectives	Resources	DoOD	**12** 4x3 CxL	**12** 4x3 CxL				**8** 4x2 CxL	**4** 4x1 CxL
Every Time	**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	Resources	DoFin	**12** 3x4 CxL	**12** 3x4 CxL				**6** 3x2 CxL	**3** 3x1 CxL
Right Place	**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	Board	DoS&P	**8** 4x2 CxL	**8** 4x2 CxL				**4** 4x1 CxL	**4** 4x1 CxL
Every Time	**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	Resources	DoQI&I	**20** 4x5 CxL	**20** 4x5 CxL				**12** 4x3 CxL	**8** 4x2 CxL
Right Time	**SR08:** If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and Corporate Strategy	Board	CEO	**12** 4x3 CxL	**12** 4x3 CxL				**8** 4x2 CxL	**4** 4x1 CxL
Right Time	**SR10:** If the UK Government leaves the EU without a deal then availability of key medicines, equipment and resources may be challenged resulting in inflated costs, disruption to supplies and loss of workforce. The 'no deal' withdrawal may impact on our ability to share, process and access data	Resources	DoS&P	**9** 3x3 CxL	**9** 3X3 CxL				**6** 3x2 CxL	**3** 3x1 CxL

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK SR01: If the Trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage

LEAD DIRECTOR: DoQI&I / MD

DATIX: TBC

STRATEGIC PRIORITY: Right Care

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Chief Pharmacist Vacancy
- Medicines Management; PGDs/ CDs
- ERISS System for Safeguarding
- Infection, Prevention and Control; Hand hygiene
- Safeguarding Training Compliance

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
16	16				12	8
4x4	4x4				4x3	4x2
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 16 due to the mandatory training compliance to the mandatory training compliance for safeguarding across the Trust. Recognising the impact of the newly introduced intercollegiate document for safeguarding and the number of vacancies within the Safeguarding team. They are factors pertaining to medicines management which provides rationale for the opening risk score due to the signing of PGDs, the identification of a national shortage of certain medications and the outstanding of expired drugs in circulation. Finally, there are risks surrounding the Trust's compliance with Infection, Prevention and Control practices.

CONTROLS	ASSURANCES	EVIDENCE
Incident Reporting		
Level 1: Measurement and monitoring of Incidents with Datix Dashboards	**Level 2:** Monthly review of incidents	Reported in IPR to BoD
Level 1: Datix User Group	**Level 1:** Redesign of IRF; creating more user friendly form	Reported to Safety Management Group
Level 2: Review & Increased scruitiny at ROSE	**Level 2:** Review of Incients with severity of Level 4&5 to determine identification of SI	Reported to EMT
Level 2: NRLS Reporting	**Level 2:** Reporting level of harm from submitted IRFs	Reported to externally to NRLS
Level 2: Identiifcation of incident trends and themes	**Level 2:** Task & Finish Groups implemented to conduct further review	Reported to Safety Management Group
Serious Incidents		
Level 1: Measurement and monitoring of SIs with Datix Dashboards	**Level 2:** SI performance reporting	Reported to EMT, BoD (via IPR) & Lead Commissioners
Level 2: Review & Increased scruitiny at ROSE	**Level 2:** Management Plans for identified SIs	Reported to EMT
Level 2: Agreed trajectory for SI submission	**Level 2:** Trajectory monitored by Chief Nurse	Reported to Quality & Performance Cttee
Level 3: Collaborative relationships with Commissioning CCG	**Level 3:** Discussions at SI Development Group with Commissioners	Reported to Quality & Performance Cttee
Complaints		
Level 1: Measurment and monitoring of complaints with Datix Dashboards	**Level 2:** Complaint performance reporting	Reported in IPR to BoD
Level 1: Clear lines of reporting complaints and support	**Level 1:** Complaints procedure	Reported to Quality & Performance Cttee
Level 1: Investigation Training	**Level 1:** Improved subject knowledge by investigators **Level 2:** Number of staff completed L1 & L2 Investigation Training	Reported to Quality & Performance Cttee
Level 2: Benchmarking Data for complaints	**Level 2:** Compliance with benchmarking data	Reported in IPR to BoD
Level 2: Improved case assessment to streamline complaint process	**Level 1:** Specialist Investigators (EOC, PES & PTS) **Level 2:** Sign off by Head of Service/ Chief Executive	Reported to Quality & Performance Cttee

Level 3: Complaints Panel	**Level 1:** Working with patients and families surrounding complaints	Reported to Quality & Performance Cttee
Health, Safety & Security		
Level 1: Mandatory Training in Health & Safety	**Level 1:** Compliance Report for Mandatory Training	Reported to Safety Management Group
Level 1: Health & Safety Training for Managers	**Level 3:** Certificated in H&S Externally Accredited Qualification	Reported to Safety Management Group
Level 2: Internal Health & Safety Visits/ Inspections	**Level 1:** H&S Report detailing findings and outcomes	Reported to Safety Management Group
Level 2: Joint working with H&S Staffside representatives	**Level 2:** Staffside H&S Reports	Reported to Safety Management Group
Safeguarding		
Level 1: Safeguarding Information & Data	**Level 2:** Safeguarding Reports	Reported to EMT & Quality & Performance Cttee
Level 1: Safeguarding Reportable Events	**Level 2:** Reportable Events Paper highlighting Safeguarding	Reported to BoD (Part 2)
Level 2: Annual Safeguarding Report	**Level 2:** Mandatory Requirement; Safeguarding Section 11 Report	Reported to Q&P Cttee, Lead Commissioners & NHS England
Level 2: Review of Safeguarding System	**Level 3:** External Review of Trust Safeguaridng System	Reported to Quality & Performance Cttee & Audit Cttee
Level 3: Internal Audit Safeguarding	**Level 3:** MIAA Internal Audit Report on Safeguarding	Reported to Audit Cttee
Infection, Prevention & Control		
Level 1: IPC Policy and Procedures	**Level 3:** NHSI baseline review on Trust IPC documentation	Reported to Clinical Effectiveness Management Group
Level 1: Observational IPC audits undertaken by Senior Clinicians & CSPs	**Level 1:** Internal IPC Aduit Results	Reported to Clinical Effectiveness Management Group
Level 1: Mandatory IPC Training	**Level 1:** IPC Mandatory Training compliance report	Reported to Clinical Effectiveness Management Group
Level 1: Support to staff from IPC Champions, Clinical Leadership Teams & CSPs	**Level 1:** Sector Quality Visits	Reported to Clinical Effectiveness Management Group
Medicines Management		
Safety		
Level 2: Quality and Performance Data	**Level 2:** Weekly Quality & Performance Report	Reported to EMT
Level 2: LEAN Programme	**Level 2:** LEAN methodologies to identify safety and efficiency savings linked to Carter	Reported to EMT & Quality & Performance Cttee
Level 2: Digital Systems	**Level 2:** Bi-monthly IPR **Level 2:** Implementation of Lightfoot **Level 2:** Perfect Ward Application	Reported to BoD Reported to EMT & Quality & Performance Cttee Reported to EMT & Quality & Performance Cttee

Effectiveness					
Level 1: Reducing harm whilst waiting for services	**Level 1:** Auto Call Allocation for Cat 1 patients **Level 1:** Improved call pick up **Level 1:** Improvements to Hospital Handover Times	Reported to Quality & Performance Cttee			
Level 2: Mortality Reviews	**Level 2:** Learning from Deaths Report	Reported to Quality & Performance Cttee			
Level 1: Reducing Harm from Falls		Reported to Safety Management Group			
Level 1: Zero Suicide Campaign		Reported to Safety Management Group			
Patient Centred Care					
Level 1: Participation in Friends & Family Test	**Level 3:** Results from Friends & Family Test	Reported to Quality & Performance Cttee			
Level 3: Patient's voice	**Level 3:** Listening and Learning from Patient Experiences	Reported to Quality & Performance Cttee			
Gaps in Controls/ Assurances	**Required Action**	**Action Lead**	**Target Completion**	**Monitoring**	**Progress**
Incident Reporting					
Improvements in unscored incidents	Reduce reported of unscored incidents in the Board IPR to 50	F Buckley	Q4: March 2020	Q&P Cttee	
Improvements with incident closure (severity 1-3)	Increase closure of incidents to 80% for incidents severity of 1-3	F Buckley	Q4: March 2020	Q&P Cttee	
Improvements with incident closure (severity 4-5)	Increase closure of incidents to 60% for incidents severity of 4-5	F Buckley	Q4: March 2020	Q&P Cttee	
Serious Incidents					
Improvements with notify to confirm for StEIS	Increase the proportion of cases where the notify to confirm interval is within 75%	F Buckley	Q4: March 2020	Q&P Cttee	
Improvements with confirmation to report for StEIS	Increase the proportion of cases to 90% where the confirmation to report interval is within the agreed 60 day timeframe	F Buckley	Q4: March 2020	Q&P Cttee	
Complaints					
Reduction in the number of complaints	Reduce the overall numbers of complaints per 1000 WTE staff by 10%	J Walsh	Q4: March 2020	Q&P Cttee	
Improvements with complaint closures (severity 1-2)	Increase severity 1-2 complaints closed within 24 hours by 40%	J Walsh	Q4: March 2020	Q&P Cttee	
Improvements with complaint closure (severity 1-3)	Increase the closure by 65% for complaints with a severity 1-3	J Walsh	Q4: March 2020	Q&P Cttee	
Improvements with complaint closure (severity 4-5)	Increase the closure by 40% for complaints with a severity 4-5	J Walsh	Q4: March 2020	Q&P Cttee	
Health, Safety & Security					
Reduction in the number of RIDDORs	Reduction in RIDDORs by 20%	F Buckley	Q4: March 2020	Q&P Cttee	
Reduction in kifting and handling incidents with confirmed harm	Reduction in incident reports with confirmed harm from lifting and handling by 20%	F Buckley	Q4: March 2020	Q&P Cttee	

Increase the number of Operational Managers qualified in Health and Safety Management	25% of Operational Managers with advanced training in Health and Safety Management	F Buckley	Q4: March 2020	Q&P Cttee	
Trust sites receiving Bi-Annual Health and Safety Review	80% of sites to receive a biannual rapid review of Health and Safety	F Buckley	Q4: March 2020	Q&P Cttee	
Vehicles receving Annual Health and Safety Review	50% vehicles receiving an annual review of Health and Safety	F Buckley	Q4: March 2020	Q&P Cttee	
Safeguarding					
Non-compliance with Safeguarding Manadatory Training	Safeguarding Training Compliance is compliant with Training Needs Analysis and at 95%	D Bullock	Q4: March 2020	Q&P Cttee	
Lack of safeguarding performance reporting	Pilot of safeguarding performance metrics reported on a dashboard	D Bullock	Q4: March 2020	Q&P Cttee	
Implementation of a system for safeguarding	Pilot system for linking, flagging, monitoring and responding to repeat referrals with escalation to SMT and stakeholders	D Bullock	Q4: March 2020	Q&P Cttee	
Infection, Prevention & Control					
Non-compliance with vehicles deep clean standards	Increase percentage of vehicles deep cleaned within the 6 week standard to 85%	A McKeane	Q4: March 2020	Q&P Cttee	
Implementation of a system to capture IPC compliance standards	Pilot IPC audits on stations and vehicles reviewed and new compliance standards implemeted via operational managers	A McKeane	Q4: March 2020	Q&P Cttee	
Implementation of live IPC standards	Live IPC standards on stations and vehicles checked via quality visits	A McKeane	Q4: March 2020	Q&P Cttee	
Non-compliance with hand hygiene	100% compliance with the WHO 5 moments of hand hygiene before patient contact	A McKeane	Q4: March 2020	Q&P Cttee	
Non-compliance with cannulation policy and procedure	Baseline compliance to cannulation policy and procedure guidelines	A McKeane	Q4: March 2020	Q&P Cttee	
Medicines Management					
Reduction in expired drugs remaining in circulation	Less than 1% of medicine pouches with expired drugs remaining in circulation 1 week beyond their expiry date	Dr C Grant	Q4: March 2020	Q&P Cttee	
Reduction in medicines disposal	Reduce medicines disposal of as waste by 25%	Dr C Grant	Q4: March 2020	Q&P Cttee	
Lack of medicines management performance reporting	Pilot medicines managmeent performance metrics decoupled from bundles, agreed and reported on a monthly dashboard	Dr C Grant	Q4: March 2020	Q&P Cttee	
Safety					
Establishing a safety culture	Pilot a programme of diagnostic safety culture surveys	F Buckley	Q4: March 2020	Q&P Cttee	
Introduction of safety training	Establish a programme of safety training and education for all relevant staff	F Buckley	Q4: March 2020	Q&P Cttee	
Introduction of digital systems	Establish digital systems for measuring, monitoring and reducing avoidable harm	F Buckley	Q4: March 2020	Q&P Cttee	
Development of Clinical Audit Programme	Develop Clinical Audit Programme to include audits of appropriate safety practice	Dr C Grant	Q4: March 2020	Q&P Cttee	
Effectiveness					
National ACQI Measures	Improved performance against all national ACQI measures	Dr C Grant	Q4: March 2020	Q&P Cttee	

Local Clinical Quality Indicators	Approve a suit of local clinical quality improvement indicators	Dr C Grant	Q4: March 2020	Q&P Cttee	
Patient Centred Care					
Development of Patient Forum	Develop a forum that provides our patients with a 'louder voice'	Dr C Grant	Q4: March 2020	Q&P Cttee	
Greater visibaility of patient stories	Increase the visibility of patients and their stories at Corporate Governance Meetings	Dr C Grant	Q4: March 2020	Q&P Cttee	

Risks Scored 15+ Aligned to BAF Risk: SR01					
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Target Score**
2710	Quality Directorate	If sufficient expertise and resources are not made available within the IPC team then there will be poor compliance within service delivery	9 High	**16 Significant**	2 Low
2899	Quality Directorate	Risk to managing safeguarding effectively and timely within the Trust due to resource issues within the team and the reduction from 3 practitioners to one as from end March 2019	**16 Significant**	**16 Significant**	2 Low

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK 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

LEAD DIRECTOR: DoFin

DATIX: TBC

STRATEGIC PRIORITY: Every Time

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Paramedic Job Evaluation
- Calculation of holiday pay
- Cost Improvement Programme (CIP)

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
20	20				10	5
5x4	5x4				5x2	5x1
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 20 due to no contingency plan in place to offset against the 2019/20 identified Cost Improvement Programme (CIP). In addition to this, there are cost pressures for PES, PTS and NHS 111.

CONTROLS	ASSURANCES	EVIDENCE
Financial Position		
Level 2: 2019/20 Financial Operating Plans	**Level 2:** Delivery against Financial Operating Plans	Reported to Board of Directors
Level 2: 2019/20 Financial Plans for Capital Programme	**Level 2:** Delivery against Capital Programme	Reported to Board of Directors
Level 2: Standing Financial Instruction, Standing Orders & Scheme of Delegation	**Level 2:** Maintenance of compliance with documentation	Reported to Audit Cttee & Board of Directors
Level 2: Business Case process for all significant change project(s)	**Level 2:** EMT monitoring of business cases	Reported to EMT
Level 2: Monthly accounts comparing actual spend against budget	**Level 2:** Review management of accounts **Level 2:** Monthly scrutiny of in year budgets statements	Reported to Resources Cttee/ EMT
Level 2: CIP Monitoring and Delivery	**Level 2:** Review of progress against CIPs	Reported to CIP Steering Group
Level 2: Patient Transport Service Financial Recovery Plan	**Level 2:** Monitoring of finances and scrutiny of budgets	Reported to Resources Cttee
Financial Score		
Level 3: NHS Improvement Single Oversight Framework	**Level 3:** Forecast Risk Rating for the Trust is 1	Reported to Resources & Board of Directors
Agency Expenditure		
Level 3: 2019/20 reporting to NHS Improvement in respect of agency costs	**Level 3:** Compliance with Regulator Guidance on Agency spend Level 3: NHSI monthly submissions and monitoring meetings	Reported to Board of Directors via IPR Reported to Resources Cttee & EMT

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Lack of Long Term Financial Model (5 year focus)	NHSI working with Ambulance Trusts to develop a nationally consistent Financial Model for Ambulance Services	DoFin	October 2019	Resources Cttee	
Lack of CIP schemes to deliver identified value	Working with Executive Directors to identify deliverable schemes	DoFin	March 2020	CIP Steering Group	

Risks Scored 15+ Aligned to BAF Risk: SR02					
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Target Score**
2221	Finance/ Project	Cheshire & Mersey Estuary Point – There is a risk that the Trust is unable to afford the planned additional car parking space because the site owners have advised that they will only consider capital purchase of the planned additional car parking space which could result in the car parking capacity not being able to meet demand	**20 Significant**	**20 Significant**	**15 Significant**
2976	Finance Directorate	There is a risk that failure to achieve the 2019/20 financial plan due to slippage against the CIP Plan and/or of CIP will remain unidentified	**16 Significant**	**16 Significant**	8 High

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK SR03: If the Trust does not deliver the Urgent & Emergency Care Strategy and national performance standards, then patient care could be compromised resulting in reputational damage to the Trust. If the Trust is not fully engaged with the wider health sector then the delivery of national agendas could be impacted.

LEAD DIRECTOR: DoOps

DATIX: TBC

STRATEGIC PRIORITY: Right Time

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Non-delivery of ARP Performance Standards
- Delays at acute hospital sites

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
15	15				10	5
5x3	5x3				5x2	5x1
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 15 due to the performance targets not being achieved across all areas of the Trust. EOC continue to focus on call pick up for C1 performance. There has been improved performance in NHS 111 and there is an external demand modelling review is scheduled to take place in the near future to understand the most efficient service delivery model. There has also been improvements with Hospital Turnaround times within the quarter.

CONTROLS	ASSURANCES	EVIDENCE
Level 1: Hospital Ambulance Liasion Officers	**Level 2:** Dymanic Performance Data; Hospital Turnaround **Level 3:** NHS Improvement Scheme	Reported to Quality & Performance Cttee
Level 1: 24/7 management presence providing leadership & operational support	**Level 1:** Operational Resource Management	Reported to Quality & Performance Cttee
Level 1: Management Structure to support staff and improve operational performance	**Level 1:** Daily Performance Review	Reported to Quality & Performance Cttee
Level 1: PES Fleet on 5/7 year Vehicle Replacement Programme	**Level 2:** Fleet Strategy 2019/23	Reported to Resources Cttee
Level 1: Paramedic on majority of responding vehicles	**Level 1:** Close monitoring of resources and forward planning **Level 1:** Reduce conveyance and response per incident	Reported to Quality & Performance Cttee
Level 1: Rota Review for NHS 111 & PES	**Level 1:** Rota review progress report	Reported to Resources & Quality & Performance Cttee
Level 1: Hospital Handover Safety Check List	**Level 2:** Improvements in Hospital Turnaround Times	Reported to Quality & Performance Cttee
Level 1: Recruitment of additional staff in EOC		
Level 2: Adverse Weather Plan	**Level 2:** Robust Contingency Planning	Reported to Quality & Performance Cttee
Level 2: See & Treat Action Plan	**Level 2:** Action Plan progress report	Reported to Quality & Performance Cttee
Level 2: NHS 111 Performance Improvement Plan	**Level 2:** NHS 111 Performance Report	Reported to Quality & Performance Cttee
Level 2: Service Delivery Improvement Plan	**Level 2:** Performance Recovery Timeline	Reported to Quality & Performance Cttee
Level 2: Demand Management Plan	**Level 2:** Dynamic Performance Data; Activity, Performance etc	Reported to Quality & Performance Cttee
Level 2: National Resource Escalation Action Plan (REAP)		Reported to Quality & Performance Cttee
Level 2: Inter Facility Transfer Model		

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Lack of detailed performance information at vehicle level to enable management oversight of individual performance	External review of performance data & system capabilities commissioned to inform future reporting	DoQI&I	December 2018	Q&P Cttee	

Delays in relocating EOC/ NHS 111 to Estuary Point	Timeline/ Action Plan identiying key milestones for full relocation of EOC and NHS 111	DoFin	July 2019	Resources Cttee	
Performance and Management Framework under review	Performance & Accountability Framework to be reviewed to include collective overview of performance across all functions and by all Executives	DoOps	September 2019	Q&P Cttee	
Implementation of a new PES & 111 Structure	Structure that supportds regular performance management and improved sector governance and compliance	DoOps	September 2019	Q&P Cttee	
Improvements in PES performance in line with ORH Modelling	Continued monthly improvements in ARP 999 call pick up	DoOps	December 2019	Q&P Cttee	
	Cat 1 to 4 performance towards the Mean and 90th Centile national targets	DoOps	December 2019	Q&P Cttee	
	Develop innovative ways to improve Cat 3 & C4 performance	DoOps	December 2019	Q&P Cttee	
Preparation for NHS 111 CQC Inspection	Audit team to identify any gaps and to take action	DoOps	December 2019	Q&P Cttee	
Improvements in NHS 111 performance in with contract by year-end	Positioning the Trust for the new EUC 111 specification	DoOps	March 2020	Q&P Cttee	
Robust civil contingencies/ emegency planning preparedness and response arrangements in place	Plans in place for pressure periods and other peak times	DoOps	March 2020	Q&P Cttee	
	Commanders are trained and plans regularly tested	DoOps	March 2020	Q&P Cttee	
	NARU HART audit standards are achieved	DoOps	March 2020	Q&P Cttee	
Appropirate governance for private ambulance providers and volunteers	Governance documents in place	DoOps	March 2020	Q&P Cttee	
	Regular audit and assurance	DoOps	March 2020	Q&P Cttee	
	Meet CQC requirements	DoOps	March 2020	Q&P Cttee	
2019/20 Workforce Plan	Delivery against 2019/20 Workforce Plan	DoOps	March 2020	Resources Cttee	
Urgent & Emergency Care Strategy	Deliver and Implement Urgent & Emergency Care Strategy	DoOps	March 2020	Q&P Cttee	
Digital Strategy	Deliver and implement Digital Strategy	DoOps	March 2020	Resources Cttee	
Resourcing model is not responsive to levels of 2019 demand	External review of whole system rota to identify opportunities to improve flexibility of resource	DoOps	June 2020	Q&P Cttee	

Risks Scored 15+ Aligned to BAF Risk: SR03					
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Target Score**
2262	Organisational Development	Risk of high clinical advisor vacancy gap in 111 as a result of recruitment shortages and high turnover resulting in adverse performance and quality impact	**20 Significant**	**16 Significant**	8 High
2919	Service Delivery Directorate	If the Trust does not deliver on all ARP performance standards then patient care could be comprised resulting in reputational damage to the Trust and an increase in patients complaints.	**25 Significant**	**15 Significant**	5 Moderate
2921	Service Delivery Directorate	If excessive ambulance handover delays occur at hospital sites then performance standards and patient care could be comprised due to lack of available resources resulting in non-delivery of ARP standards and reputational damage to the Trust.	**20 Significant**	**15 Significant**	5 Moderate
2959	Service Delivery Directorate	If there are insufficient call handlers in the Carlisle Support Centre to answer the calls in a timely manner then operational staff may be delayed in reporting safeguarding referrals and vehicle breakdowns etc. so resulting in potential patient safety and/or crew safety.	**20 Significant**	**15 Significant**	5 Moderate

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK SR04: If the Workforce Strategy is not delivered, then the Trust may not have sufficient skilled, committed and engaged staff and leaders to deliver its strategic objectives

LEAD DIRECTOR: DoHR&OD

DATIX: TBC

STRATEGIC PRIORITY: Every Time

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Increased demand for driver training
- Paramedic Supply ORH demand analysis
- Replacement of current E-Expenses provider to the new provider 'Easy'
- Clinical Advisor Gap in NHS 111

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
12	12				8	4
4x3	4x3				4x2	4x1
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 12 due to the ongoing progress against the Strategy is broadly on track and reporting good levels of assurance against the delivery progress. They are a small number of high level risks emerging affecting an element of the Strategy with robust mitigation plans in place. The workforce indictors remain on track throughout the quarter.

CONTROLS	ASSURANCES	EVIDENCE
Strategic		
Level 2: Workforce Strategy	**Level 2:** 3 Year Implementation Plan	Reported to Resources Cttee
Level 2: 2019/20 Objectives	**Level 2:** Progress Report against delivery of objectives	Reported to EMT, Resources Cttee & Board of Directors
Recruitment and Retention		
Level 2: Recruitment & Selection Prcoedure	**Level 2:** Complaince against procedure	Reported to Resources Cttee
Level 2: Workforce Plan	**Level 2:** Vacancy Gap **Level 2:** Workforce Indicators Report	Reported to Audit Cttee/ Resources Cttee/ EMT/ Board of Directors
Level 2: Criminal Records Checks	**Level 3:** MIAA Internal Audit	Reported to Audit Cttee
Level 2: Clinical Registration Policy	**Level 2:** Compliance against policy	Reported to Resources Cttee
Level 3: HEE & HEI Paramedic Supply Plan	**Level 3:** Funding agreed for commissioned places **Level 2:** Internal Progression Programme	Reported to Resources Cttee/ EMT
Developing Potential		
Level 2: Mandatory Training Procedure	**Level 2:** Workforce Indicators Report **Level 2:** Bi-Annual Audit	Reported to Resources Cttee/ Board of Directors via IPR
Level 2: Appraisal Policy and Procedure	**Level 2:** Workforce Indicators Report **Level 2:** Bi-Annual Audit	Reported to Resources Cttee/ Board of Directors via IPR Updated procedure reported to EMT
Level 2: Induction Procedure		
Level 2: Perceptorship Policy	**Level 2:** Monthly return to NHSI, National AIP WF Development Group	Reported to AIP WF Development Group/ NENAS
Level 2: Apprenticeships	**Level 2:** Self assessment report **Level 2:** Annual Quality Improvement Plan	Reported to Annual Public Sector Duty Return/ Resources Cttee & EMT
Level 2: Paramedic Upskilling Training Plan	**Level 2:** Delivery of upskilling training plan **Level 2:** Monthly return to NHSI	Reported to Resources Cttee/ NHS I & National AIP
Wellbeing		
Level 1: Attendance Improvement Plan: PTS & NHS 111	**Level 2:** Compliance with Improvement Plan	Reported to Resources Cttee

Level 2: Sickness Absence Procedure & Action Plan	**Level 2:** Workforce Indicators Report **Level 2:** Quarterly Sickness Absence Audits **Level 3:** Action Plan with NHSI	Reported to Resources Cttee/ Board of Directors via IPR
Level 2: Sickness Absence Action Plan	**Level 3:** Action Plan with NHSI	Reported to Resources Cttee
Level 2: Bullying & Harassment Action Plan	**Level 2:** Policy Review **Level 2:** Establishment of Working Group	Reported to Resources Cttee, EMT and Board of Directors
Level 2: Flu Campaign	**Level 2:** Annual Flu Plan for 2019/20	Reported to Resources Cttee, EMT and Board of Directors
Level 2: Staff Survey Action Plan	**Level 2:** Localised Engagement Plan	Reported to Resources Cttee, EMT and Board of Directors
Level 3: Occupational Health Contract	**Level 2:** Agreed and signed by Board of Directors **Level 2:** Monitoring of monthly KPIs	Reported to NWAS Contract Manager/ Board of Directors
Level 3: Occupational Health Procedure	**Level 2:** Procedure Review	Reported to EMT
Level 3: NHSI Health & Wellbeing Diagnostic Tool	**Level 2:** Completion of self-assessment tool	Reported to NHS Improvement/ Resources Cttee
Inclusion		
Level 2: WRES Measure	**Level 2:** Annual WRES Report & Action Plan **Level 2:** EDI Annual Report	Reported to Resources Cttee/ EMT/ Board of Directors
Level 2: WDES Measure	**Level 2:** Annual DES Report	Reported to Resources Cttee/ EMT/ Board of Directors
Level 2: Gender Pay Gap Action Plan	**Level 2:** Monitoring & Reporting of Action Plan **Level 2:** Women in Leadership Programme	Reported to Resources Cttee/ EMT/ Board of Directors
Level 2: Equlaity & Diversity Assessment 2	**Level 2:** Delivery of action plan	Reported to Resources Cttee
Level 2: Annual Equality & Diversity Plan	**Level 2:** WF Strategy Measures	Reported to Board of Directors/ EMT/ Board of Directors
Level 2: Reservist Procedure	**Level 3:** Gold Standard Accredition Recognition	Reported to EMT/ Board of Directors
Leadership		
Level 2: Leadership Framework	**Level 2:** Implementation Plan **Level 2:** Delivery against identified milestones	Reported to EMT/ Board of Directors Reported to Resources Cttee
Level 2: Board Succession Planning in Place	**Level 2:** Summary of talent conversations and potential	Reported to Nomination & Renumeration Cttee
Level 2: Talent Management Tool	**Level 2:** Tool part of succession planning guidance	Reported to Nomination & Renumeration Cttee
Level 2: Leadership Induction Programme	**Level 2:** Revised induction developed, pilot with SPTLs	Reported to EMT
Level 3: CMI Accreditated Centre	**Level 3:** External Assurance Visits	Reported to EMT/ Board of Directors
Improvement and Innovation		
Level 2: Organisational Change Policy	**Level 2:** Agreed Policy	Reported to EMT
Level 2: Rota Review Programme	**Level 2:** Funding agreed **Level 2:** Project Steering Group	Reported to EMT/ Board of Directors

Level 2: Rotational Urgent Care Practitioner Pilot	**Level 2:** Evaluation of UCP Pilot Scheme **Level 2:** Task & Finish Group	Reported to Resources Cttee & EMT			
Level 2: Policy Framework	**Level 2:** Partnership Agreement **Level 2:** Policy Group	Reported to Resources Cttee			
Level 2: HR OD Policy Framework	**Level 2:** Partnership Agreement **Level 2:** Policy Group	Policy Approval Process			
Gaps in Controls/ Assurances	**Required Action**	**Action Lead**	**Target Completion**	**Monitoring**	**Progress**
Monitoring the progress of the first 4 cohorts of apprentice EMT1s	OfSted assessment and ESFA assessment to be completed to ensure cohorts are on track for completion	DoOD	March 2019	Resources Cttee	
Address high turnover in Call Centres and shortage of Nurses across the Trust	Evaluate EOC Retention Programme	DoOD	October 2019	Resources Cttee	
	Deliver Nurse Recruitment Plam	DoOD	March 2020	Resources Cttee	
Leadership Framework Review	Deliver milestones for Year 2 of implementation	DoOD	March 2020	Resources Cttee	
Backlog of DBS Checks	Clear backlog of retrospective DBS Checks	DoOD	April 2019	Resources Cttee	
People Management Data: Disciplinaries/ Grievances/ Suspensions/ ET etc.	Bi-monthly Assurance Report to Resources Committee	DoOD	July 2019	Resources Cttee	
Paramedic Programme inline with National Paramedic Programme	Review plans for Paramedic supply, assessing impact of HEE funding arrangements and implementation of degree model	DoOD	September 2019	Resources Cttee	
Paramedic upskilling training plan	Training plan to be at 60% complete, on track for September 2019	DoOD	March 2020	Resources Cttee	
Safe Staffing Assessment	Complete assessment against national safe staffing requirements for AS	DoOD	July 2019	Resources Cttee	
Completion of management actions from MIAA sickness absence audit	Analysis of current quarterly audit to ensure MIAA actions have been implemented	DoOD	October 2019	Resources Cttee	
Paramedic supply from GP Report regarding paramedics in Primary Care	Development of External & Internal Task and Finish Groups to assess impact and develop offer	DoOD	March 2020	Programme Board	
Induction Compliance	Annual compliance report submitted	DoOD	March 2020	Resources Cttee	
Not all Directorates have local engagement plans in place	Directorates to complete	DoOD	August 2019	EMT	
WDES Reporting	Reporting of Action Plan	DoOD	March 2020	Resources Cttee	
EDA 3 to be implemented	Equaliy and Diversity Assessment 3 to be implemented	DoOD	March 2020	Resources Cttee	

Risks Scored 15+ Aligned to BAF Risk: SR04					
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Target Score**
2262	Organisational Development	Risk of high clinical advisor vacancy gap in 111 as a result of recruitment shortages and high turnover resulting in adverse performance and quality impact	**20 Significant**	**16 Significant**	8 High
2748	Quality Directorate	If the Trust does not establish sufficient capacity & capability within the IT Team then it will not deliver the ICT/Digital Strategy nor keep systems secure, which may lead to system disruption or loss of critical systems	**16 Significant**	**16 Significant**	4 Moderate
2959	Service Delivery Directorate	If there are insufficient call handlers in the Carlisle Support Centre to answer the calls in a timely manner then operational staff may be delayed in reporting safeguarding referrals and vehicle breakdowns etc. so resulting in potential patient safety and/or crew safety.	**20 Significant**	**15 Significant**	5 Moderate
3026	Organisational Development	There is a risk that increased demand for driver training combined with national and local driving instructor shortages will impact on delivery of front-line emergency driver training and compliance with regulatory framework	**20 Significant**	**16 Significant**	8 High
3027	Organisational Development	The combined outcome of the ORH demand analysis, paramedic skill mix change and potential impact of GP reform, the Trust will suffer a paramedic shortfall which may lead to an inability to meet operational demand	**20 Significant**	**20 Significant**	8 High

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK 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	**LEAD DIRECTOR:** DoFin	**DATIX:** TBC

STRATEGIC PRIORITY: Every Time

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Terms of lease breaks
- Car Parking at Estuary Point
- Completion in relocation of EOC and NHS111 to Estuary Point
- National restraints on Capital Funding

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
12	12				6	3
3x4	3x4				3x2	3x1
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 12 due to the backlog of maintenance improvements that are required within our estate and the lack of assurance to maintain compliance with statutory requirements.

CONTROLS	ASSURANCES	EVIDENCE
Level 1: Levels of backlog maintenance within current Estate	**Level 3:** Drivers Jonas completed 6-facet surveys (2016)	Reported to Resources Cttee
Level 2: Station relocation and closure	**Level 2:** Annual Capital Reciepts for reinvestment	Reported to Resources Cttee
Level 1: Partnership with other services	**Level 3:** Shared facilities with other blue light services/ public bodies	Reported to Resources Cttee
Level 3: Energy Performance of Buildings	**Level 3:** New buildings designed to achieve BREEAM excellence	Reported to Resources Cttee
Level 2: Performance Measurement and Benchmarking	**Level 3:** Participation in benchmarking & DoH's Annual Estates Returns Information Collection (ERIC)	Reported to Resources Cttee
Level 2: Committed expenditure in line with funding	**Level 2:** Identified programmes and costings established for 2019/20	Reported to Resources Cttee

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Backlog Maintenance Improvement/ Lack of a detailed plan	Develop backlog maintenance improvements plan for existing sites	DoFin	December 2019	Resources Cttee	
Improved communications across the Trust regarding estate issues	Improve Trust-wide communications regarding estates, including a suggestion scheme	DoFin	December 2019	Resources Cttee	
Lack of monitoring on the delivery of Estates Strategy	Paper highlighting progress made against Estates Strategy	DoFin	December 2019	Resources Cttee	
Development of a Trust Fleert Stratey	Develop stratgy ensuring fleet is sustainable, achieves best value and is fit for purpose	DoFin	December 2019	Resources Cttee	
Delivery against PES 5 Year Estates Plan	Estates Team to lead on development based upon Optima Modelling to assure ARP provides prime focus	DoFin	March 2020	Resources Cttee	
Delivery against PTS 5 Year Estates Plan	Estates Team to lead on development based upon demand analysis and contractual parameters	DoFin	March 2020	Resources Cttee	
Estates rationalisation	Reduction in running costs of estate	DoFin	March 2020	Resources Cttee	
Maintenance of the estate	Compliance with statutory and regulatory requirements	DoFin	March 2020	Resources Cttee	
Implementation of Trust's Sustainable Development Plan	Delivering the requirements of the NHS Carbon Reduction Strategy	DoFin	March 2020	Resources Cttee	

Risks Scored 15+ Aligned to BAF Risk: SR05					
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Target Score**
2221	Finance/ Project	Cheshire & Mersey Estuary Point – There is a risk that the Trust is unable to afford the planned additional car parking space because the site owners have advised that they will only consider capital purchase of the planned additional car parking space which could result in the car parking capacity not being able to meet demand	**20 Significant**	**20 Significant**	**15 Significant**

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK 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	**LEAD DIRECTOR:** DoS&P	**DATIX:** TBC

STRATEGIC PRIORITY: Right Place

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Sustainability and Transformation Partnerships (STPs)/ Integrated Care Systems

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
8	8				4	4
4x2	4x2				4x1	4x1
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 8 due to not fully mitigating the risks and risks haven't reduced in a significant level pertaining to regional health economy and integrated care systems.

CONTROLS	ASSURANCES	EVIDENCE
Level 1: Representation and attendance at key meetings	**Level 1:** Providing early indictors of potential changes that may be introduced to the system	Reported to Board of Directors
Level 1: Designated Executive Lead for each of the STP footprints/ County areas	**Level 1:** Executive Leads in each of the STP areas allows for focus within each area	Reported to EMT and Board of Directors
Level 1: Nominated Senior Management Leads for each area	**Level 1:** Providing updates of ongonig work within allocated area	Reported to EMT and Board of Directors
Level 2: Representation on STP Finance & Investment Group	**Level 2:** Senior Trust representation across the STP workstreams	Reported to EMT and Board of Directors
Level 2: Feedback loop in place as a method to gather and share strategic intelligence with key staff across the Trust	**Level 2:** Monthly discussions at EMT surrounding emerging strategic issues and consequential impact on the Trust's operational function	Reported to EMT

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Feedback from meeting happens on an adhoc basis without a central process for collating & cascading the information	Develop a sharepoint site to provide a central repository for all information from key meetings to enable access to key leads	DoS&P	August 2019	BoD	
Lack of understanding of the collective impact of minor, individual changes in the Commissioning landscape in the same geographical area	Complete a review of current system wide reconfiguration taking place and establish a methodology through the use of Optima to understand the collective impact	DoS&P	August 2019	BoD	
Review of Executive Leads role in light of Leadership changes	Review and confirm that there is adequate coverage across STP footprint through and provide an update to EMT	DoS&P	August 2019	BoD	
Reporting to Board (Board Development Session) updates and discussions regardng GM Devolution and emerging changes in Commissioning	Introduce a bi-annual report to Board to summarise the changes in the GM landscape and commissioning arrangements	DoS&P	September 2019	BoD	
Trust engagement with STP's LAED's & HOSC's ensuring appropriate representation	Options to make the case for change and seek opportunities for additional sourcing of funding	DoS&P	December 2019	BoD	
	Articulate the Trusts "once for NW region" offering to the Health & Social Care system to secure investment in the Trust and achieve buy in	DoS&P	December 2019	BoD	

Risks Scored 15+ Aligned to BAF Risk: SR06					
Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
There are no risks on the Corporate Risk Register scored 15+ pertaining to this BAF Risk					

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK 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

LEAD DIRECTOR: DoQI&I

DATIX: TBC

STRATEGIC PRIORITY: Every Time

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Capacity & Capability within ICT Team
- Critical Telephone Systems
- Lack of robust risk and renewal road map for Trust wide systems
- ICO audit outcome and action plan
- Loss or interruption of CAD system within EOC/ NHS111 & PTS
- Cyber Security

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
20	20				12	8
4x5	4x5				4x3	4x2
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 20 due to the gaps within the executive leadership resources within Digital. Appointments to these vacancies have been successful and start dates of employment have been confirmed. They are significant risks pertaining to the critical systems infrastructure and the unsupported servers and security. There is also a lack of asset register at present. Cyber security remains an ongoing risk to the Trust, however MIAA have been commissioned to provide these services on behalf of the Trust until the end of the financial year. MIAA will be reviewing all previous reports and audits to identify the wider risks to the Trust and identifying the resources required to deliver these. The licences within the Trust have been reserved Capital funding, however a decision on the Business Case submitted to still be made.

CONTROLS	ASSURANCES	EVIDENCE
Executive Leadership		
Level 1: Appointment of vacancies within Digital (IT Security Manager, Cyber Security Manager, Chief Difital and Innovation Officer, Chief Tecnology Officer)	**Level 2:** Job Description & Person Specificiation agreed at EMT **Level 1:** Start dates confirmed	Reported to EMT
Cyber Security		
Level 3: Cyber Essentials Framework	**Level 3:** Internal Audit (MiAA) Awaiting certification outcome	Awaiting to be reported to EMT
Level 3: Cyber Security/ Email User Behaviour Exercise	**Level 3:** Internal Audit (MIAA)	Awaiting to be reported to EMT
Level 3: Testing for vulnerabilities	**Level 3:** Microsoft Report	Awaiting to be reported to EMT
Digital System & Developments		
Level 1: Change Control Processes	**Level 1:** Review of changes and widely communicated	Reported to Change Advisory Board
Level 1: Supplier Engagement on high impact service changes	**Level 2:** Service Level Agreements in place with suppliers	Reported to ICT SMT
Level 2: Review and prioritisation of unsupported critical systems	**Level 2:** Critical Systems Recovery Plan	Awaiting to be reported to EMT
Level 2: IT Health Dashboard	**Level 2:** Live Status Data for Reporting	Reported to EMT/ Resources Cttee
Level 2: Business Continunity Plans	**Level 2:** Review of BCM Plans	Reported to Board of Directors
Level 3: Data Protection Practices	**Level 3:** ICO Audit Report	Reported to EMT
Level 3: External Penetration Testing and Social Engineering	**Level 3:** External Audit Report	Awaiting to be reported to ICT Security Forum/ IG Management
Level 3: Assessment of readiness for transition to cloud based	**Level 3:** Shape and Cloud Review/ Audit	Awaiting to be reported to EMT
Level 3: Mobile Computering Device Audit	**Level 3:** Internal Audit (MIAA)	Reported to EMT/ Resources Cttee & Audit Cttee

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Action to address GDPR requirements outstanding	Action Plan in place to achieve compliance. Job evaluation and appointment to IRA role still outstanding	DoQI&I	December 2018	IG Management	
Assessment identified further work required to meet the National Data Guardian standards	Local plans to achieve compliance to be developed and monitored via the Information Management Group	DoQI&I	January 2019	IG Management	
Lack of specific training for agreed Information Asset owners in relation to requirements of the role and core standards	Develop & deliver a programme of training for Information Asset Owners	DoQI&I	March 2019	IG Management	
Lack of resource levels within the Information Governance team has been recognised and a request for additional resources has been made via the Trust's 2019/20 cost pressures identification process	Additional resource request, made via Trust wide 2019/20 cost pressures exercise to be approved	DoQI&I	April 2019	IG Management	
Compliance with ICO for GDPR	Compliant with the requirements of the Information Commissioners office for GDPR	DoQI&I	June 2019	IG Management	
ICT Strategy needs review in light of PA Consulting recommendations and a fit for purpose Digital Strategy developed	Develop a Digital Strategy in line with the recommendations by PA Counsulting	DoQI&I	September 2019	EMT	
Compliance with Data Security	Data security and protection standards are met	DoQI&I	December 2019	Resources Cttee	
ICT Standards require review in light of Cyber Essentials Plus to ensure there are clear auditable standards for the ICT architecture	Review ICT Standards as part of Cyber Essentials Plus action plan	DoQI&I	March 2020	EMT	
Lack of specific system resilience testing as part of Business Continuity Testing	Develop Programme of system resilience testing in line with ICT structure review	DoQI&I	March 2020	EMT	
5 areas of improvement identified from Internal Audit review covering system controls	Development of an overarching plan to address findings from both assessments and demonstrate compliance with Cyber Essentials Plus	DoQI&I	March 2020	IG Management	
Action plan in response to the NHS Digitial Assessment of Cyber readiness to be developed - to be monitored by IMG					
Lack of an Independent holistic Cyber Security Assessment	Commission a wider review of Cyber Security	DoQI&I	March 2020	EMT	

Risks Scored 15+ Aligned to BAF Risk: SR07					
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Target Score**
1181	Quality Directorate	If the Trust's Critical Telephone System (999) and/or the Voicemail messaging service fails it may result in an inability to appropriately respond and treat patients within agreed target timescales.	**20 Significant**	**15 Significant**	5 Moderate
1182	Quality Directorate	If the Critical Computer Aided Dispatch System (CAD) is lost or interrupted it may result in an inability to appropriately respond and treat patients leading to poor patient outcomes. Key components of CAD (SQL) are now end of life (01.07.19) and this increases the risk of cyber-attack	**16 Significant**	**16 Significant**	3 Low
2148	Finance/ Project	Cheshire & Mersey Estuary Point – There is a risk of delays in the overall commissioning of the Estuary Point because of the need for new installations to the business park to support installations of the Estuary Point WAN which require new contracts to be in place. This could impact on the documented issues of the current Elm House site	**16 Significant**	**16 Significant**	4 Moderate
2480	Quality Directorate	If we do not establish a robust Risk and renewal Road Map for existing Trust Wide systems and a governance process to prioritise security projects it will lead to unsupported software requiring costly last minute updates and potential cyber-attacks, loss of systems.	**16 Significant**	**16 Significant**	8 High
2867	Quality Directorate	There is a collective risk that due to the high number of high impact projects the Trust is at an elevated level of risk of system failure.	**15 Significant**	**15 Significant**	9 High
2748	Quality Directorate	If the Trust does not establish sufficient capacity & capability within the IT Team then it will not deliver the ICT/Digital Strategy nor keep systems secure, which may lead to system disruption or loss of critical systems	**20 Significant**	**16 Significant**	4 Moderate
2822	Project	There is a risk that Adastra999 Phase2 will fail to go live due to V3.28 not being available till Jan 2019. Upgrade costs from AHC still outstanding	**16 Significant**	**16 Significant**	6 Moderate
2938	Corporate Affairs Directorate	If the Datix System contains misalignment of data then inaccurate information will be reported across the Trust which may lead to inability to quality assure data, impacting negatively on regulatory standards	**15 Significant**	**15 Significant**	6 Moderate

BOARD ASSURANCE FRAMEWORK 2019/20

BAF RISK SR08: If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and Corporate Strategy	**LEAD DIRECTOR:** CEO	**DATIX:** TBC

STRATEGIC PRIORITY: Right Time

OPERATIONAL RISK EXPOSURE SUMMARY:
There are a number of operational risks and key activities pertaining to this area that has the potential to impact this BAF Risk. These are:

- Non-Executive Director vacancies
- Changes to the Corporate Governance Structure
- Board Succession Planning
- Board Effectiveness/ Well-led

RISK SCORE:

01.04.19	Q1	Q2	Q3	Q4	19/20 Target	Final Target
12	12				8	4
4x3	4x3				4x2	4x1
CxL	CxL	CxL	CxL	CxL	CxL	CxL

RATIONALE FOR CURRENT RISK SCORE:
The Q1 score of this BAF risk is maintained at a score of 12 due to the recent appointments in the Executive Leadership of the Trust. The Trust still working closely with NHS Improvement for the recruitment of the vacancy NED posts. During the quarter, the notification of the clinical NED stepping down from the role has an impact on the Board composition. The Trust has appointed two new NEDs to the Trust in addition, which are during their induction. There has been changes to the Corporate Governance meeting structure within year and the changes at Executive Level within the organisation which has the potential to impact the strategic focus and leadership of the Trust.

CONTROLS	ASSURANCES	EVIDENCE
Level 1: Executive Portfolio Reviews	**Level 2:** Executive Objectives & Priorities agreed and set	Reported to NAR Cttee
Level 2: Chief Executive Visits	**Level 1:** Chief Executive Report on Internal Enagement Visits	Reported to Board of Directors
Level 3: External engagement meetings	**Level 3:** Chief Executive Report on External Engagement Meetings	Reported to Board of Directors

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Board Succession Plan not finalised	Discussion with Executives to determine succession plans and will inform a report to NARC	TBA	March 2019	BoD	
Board Induction Programme linked to skills matrix required for 2019/20	Board Development Programme 2019/20 currently in development. Board to review and sign off	DoCA	March 2019	BoD	
Board & Executive Development	Scope and deliver Board/ Executive Development	CEO	June 2019	BoD	
Committee and Board Review	Review Committee/ Board with Chair	CEO	June 2019	BoD	
Executive Structures	Review Executive structures and sumbission of proposals	CEO	June 2019	BoD	
Board Well-Led Self Assessment	Undertake a Board Well-Led Self Assessment	CEO	June 2019	BoD	
Board Governance Review	Undertake a Board governance review	CEO	June 2019	BoD	
Brand and reputation of NWAS	Increased stakeholder engagement	CEO	June 2019	BoD	
Preparation for forthcoming CQC Inspection	Preparation, review of domains and governance systems and processes	CEO	December 2019	BoD	
Lack of recent independent Well-Led/ Board Effectiveness assessment	Consider commissioning Well-Led review/ Independent Board Effectiveness Review	CEO	TBA	BoD	
Delays associated with NHSI remuneration approval	Ongoing discussions with NHS Improvement	DoOD	TBA	BoD	

Risks Scored 15+ Aligned to BAF Risk: SR08					
Datix ID	Directorate	Risk Description	Initial Score	Current Score	Target Score
There are no risks on the Corporate Risk Register scored 15+ pertaining to this BAF Risk					

Appendix 3:
Board Assurance Framework (BAF) Heat Maps
Quarter 1 Position

NHS
North West
Ambulance Service
NHS Trust

2019/20 Opening BAF Risk Scores

Consequence	Likelihood: 1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15 SR03	20 SR02	25
4 Major	4	8 SR06	12 SR04 SR08	16 SR01	20 SR07
3 Moderate	3	6	9 SR10	12 SR05	15
2 Minor	2	4	6	8	10 SR09
1 Insignificant	1	2	3	4	5

Populated: 17 April 2019
Owner: Snr Risk & Assurance Manager

Q1 BAF Risk Scores

Consequence	Likelihood: 1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15 SR03	20 SR02	25
4 Major	4	8 SR06	12 SR04 SR08	16 SR01	20 SR07
3 Moderate	3	6	9 SR10	12 SR05	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated: 04 July 2019
Owner: Snr Risk & Assurance Manager

2019/20 Target BAF Risk Scores

Consequence	Likelihood: 1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10 SR02 SR03	15	20	25
4 Major	4 SR06	8 SR04 SR08	12 SR01 SR07	16	20
3 Moderate	3	6 SR05 SR10	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated: 17 April 2019
Owner: Snr Risk & Assurance Manager

Final Target BAF Risk Scores

Consequence	Likelihood: 1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5 SR02 SR03	10	15	20	25
4 Major	4 SR04 SR06 SR08	8 SR01 SR07	12	16	20
3 Moderate	3 SR05 SR10	6	9	12	15
2 Minor	2	4	6	8	10
1 Insignificant	1	2	3	4	5

Populated: 17 April 2019
Owner: Snr Risk & Assurance Manager

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North West Ambulance Service NHS Trust

OPERATIONAL RISK SUMMARY

Summary of the operational risks and activities that have the potential to impact the BAF if the risks increase or decrease:

SR01: Right Care Strategy

There are a number of risks and activities relating to quality of patient care and delivering the Right Care Strategy:

- Poor compliance of Infection, Prevention and Control Standards
- Timely completion of SI investigations
- Training for acute presentations of mental health patients
- Training in safe clinical holding/ restraint of patients

These risks are aligned to SR01, although they may be aligned to other BAF risks depending on the nature of the risk.

SR02: Finance

Finance risks run across the majority of risk themes to include risks relating to staffing, use of bank and agency and third party providers:

- Employers charges from NHS Pensions
- Cost Improvement Programmes

The CIP Steering Group and Resources Committee are in place to provide mitigation of financial related risks. All finance related risks are considered through the review of SR02.

SR03: Urgent & Emergency Care Strategy

There are a number of risks and activities relating to performance and the delivery of the Urgent and Emergency Care Strategy:

- Meal break policy / system does not provide optimum patient care
- Delivery of ARP performance standards
- Hospital handover
- See & Treat / Hear & Treat Targets

These risks are aligned to SR03, although they may be a connection to other BAF risks depending on the nature of the risk.

SR04: Workforce Strategy

There are a number of risks relating to the gaps within our workforce surrounding the learning and development of our workforce:

- Clinical advisor gaps in NHS 111
- Mandatory training compliance in NHS 111
- Expertise and capacity within IPC team
- Capacity within the Safeguarding team
- Training in safe clinical holding/ restraint of patients
- Delivery of Paramedic Workforce Plan
- Registration Authority Access to critical systems

These risks are aligned to SR04, although they may be a connection to other BAF risks depending on the nature of the risk.

SR05: Estates Strategy

There are a number of risks relating to sustainability of our estate:

- Lease arrangements on estates
- Delays to achieve full occupancy at Estuary Point

The Resources Committee is in place to provide mitigation of estate related risks. All estate related risks are considered through the review of SR05.

SR07: Digital Strategy

There are a number of risks pertaining to ICT, informatics, digital systems and regulatory compliance:

- Large scale projects, impacting on capacity and resource
- ICT infrastructure; life and ageing hardware
- Unsupported software
- System security testing
- Data breaches/ non-compliance with data protection and GDPR

These risk are aligned to SR07, although they may be a connection to other BAF risks depending on the nature of the risk.

BAF: End of Q2 Process & Timescales

Friday 20th September 2019

INFORMATION TO BE CIRCULATED TO EXECUTIVE DIRECTORS:

- Assurance Mapping
- Risks Scored 15+

w/c. Mon 23rd September 2019

QUARTERLY REVIEW MEETINGS

Executive Directors/ Senior Managers to conduct end of Q2 BAF review

Wednesday 9th October 2019

Q2 BAF REVIEW PRESENTED TO EMT

- Corporate Risk Register
- BAF Heat Maps

Friday 18th October 2019

Q2 BAF REVIEW PRESENTED TO AUDIT CTTEE

- BAF Heat Maps

Wednesday 27th November 2019

Q2 BAF REVIEW PRESENTED TO BOARD OF DIRECTORS

- Corporate Risk Register
- BAF Heat Maps

Friday 20th September 2019

DATA LOCK DOWN DAY

Risks Scored 15+ updated against the BAF risks up until EMT Paper Deadline

Thursday 3rd October 2019

EMT PAPER DEADLINE

Q2 BAF Review

- Corporate Risk Register
- BAF Heat Maps

Thursday 10th October 2019

AUDIT CTTEE PAPER DEADLINE

Q2 BAF Review

Tuesday 19th November 2019

BOARD OF DIRECTORS PAPER DEADLINE

Q2 BAF Review

- Corporate Risk Register
- BAF Heat Maps

Wednesday 27th November 2019

APPROVAL Q2 BAF POSITION

- Update BAF
- Process Map for Q3 Review

NHS North West Ambulance Service NHS Trust

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North West Ambulance Service NHS Trust

REPORT

Board of Directors					
Date:	Wednesday 31 July 2019				
Subject:	Assurance Purview				
Presented by:	Angela Wetton, Director of Corporate Affairs				
Purpose of Paper:	For Decision				
Executive Summary:	Assurance purviews are a powerful tool and are a structured means of identifying and mapping the main sources of assurance in an organisation. In order to support an integrated governance model, the assurance has also been mapped to the CQC KLOEs. The introduction of the assurance purview will enable Committees to prioritise the acquisition and scrutiny of assurances according the Board's requirements, using a risk based approach to prioritisation. The Committee will not necessarily review all aspects of the system of internal control identified in the purview in every year.				
Recommendations, decisions or actions sought:	The Board of Directors are requested to: • Approve the Assurance Purview for the Trust				
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:	None identified
Previously Submitted to:	Executive Management Team & Audit Committee
Date:	Wednesday 10 July 2019 & Friday 19 July 2019
Outcome:	Approval and agreement for onward reporting

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1. PURPOSE

This paper provides an opportunity for the Board of Directors to view the proposed Assurance Purview map for the Trust.

2. BACKGROUND

Assurance purviews are a powerful tool and are a structured means of identifying and mapping the main sources of assurance in an organisation. In order to support an integrated governance model, the assurance has also been mapped to the CQC KLOEs.

The introduction of the assurance purview will enable Committees to prioritise the acquisition and scrutiny of assurances according the Board's requirements, using a risk based approach to prioritisation. The Committee will not necessarily review all aspects of the system of internal control identified in the purview in every year.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

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

4. RECOMMENDATIONS

The Board of Directors are requested to approve the Assurance Purview for the Trust.

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Board Assurance Purview for 2019/20

Overview:

This charts details the purview of each Committee.
Topics are selectively picked according to the risk around each area.
Not every topic is scrutinised every year.

BAF	Significant risks detailed in the Board Assurance Framework	Exec Director Lead	Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee
	Significant risks threatening achievement of objectives as detailed in the BAF	DoCA						

General Regulatory Matters		Exec Director Lead	Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee
	Monitor Licence GC6 & FT 4 Compliance	DoCA						
	Single Oversight Framework Compliance	DoCA						
	Code of Governance Compliance	DoCA						
	Annual Report & Accounts	DoCA						
	CQC Registration Requirements	DoQI&I						
	Equalities Legislation	DoOD						
	Health & Safety Legislation	DoQI&I						
	Anti-Fraud & Bribery Legislation	DoF						
	Fit & Proper Persons Regulations	DoCA						
	Employment Legislation	DoOD						

CQC Key Line of Enquiry: Safe	By Safe, we mean people are protected from abuse and avoidable harm	Exec Director Lead	Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee
	Mandatory Training	DoOD						
	Safeguarding	DoQI&I						
	Infection Prevention and Control	DoQI&I						
	Estates	DoF						
	Medical Devices	MD						
	Health and Safety: Risk Assessments	DoQI&I						
	Clinical Safety	DoQI&I						
	Safer Staffing	DoOD						
	Clinical Records	MD						
	Medicines Administration & Management (Including Controlled Drugs)	MD						
	Incident Management	DoQI&I						
	Learning from Deaths: Mortaility Reviews	MD						
	Lessons Learnt/ Learning from Excellence	DoQI&I						

CQC Key Line of Enquiry: Effective	By Effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence	Exec Director Lead	Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee
	Ambulance Care Quality Indictors (ACQIs)	MD						
	ARP Figures	DoOps						
	Patient Outcomes	MD						
	Mandatory Training Compliance	DoOD						
	Integrated Care Systems: partnership working	DoS&P						
	Health Promotion & Protection	MD						
	Mental Health: Consent, Mental Capacity Act and DOLs	MD						

CQC Key Line of Enquiry: Caring	By Caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect	Exec Director Lead	Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee
	Compassionate Care: Dignity and Respect	MD						
	Patient Care: Dignity and Respect	MD						
	Patient Care: Emotional Support	MD						
	Patient Care: Decision Making pertaining to their care	MD						
	Patient Care: Communication methods during patient care	MD						
	Patient Care: Learning Disabilities	MD						
	Understanding and involvement of patients and those close to them	MD						

CQC Key Line of Enquiry: Responsive	By Responsive, we mean that services meet people's needs	Exec Director Lead	Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee
	Service Delivery to meet the needs of people in the NW	DoOps						
	Meeting people's individual needs and choices	MD						
	Access and Flow through services	DoOps						
	Patient Experience: Concerns and Complaints	DoQI&I						
	Learning from complaints and concerns	DoQI&I						

CQC Key Line of Enquiry: Well-led	By Well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promote an open and fair culture	Exec Director Lead	Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee
	Leaders: Skills, knowledge, experience & integrity upon appointment & ongoing	CEO						
	Leaders: Understanding challenges to quality and sustainability	CEO						
	Leaders: Visibility and approachable by staff across the Trust	CEO						
	Clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership	CEO						
	Clear vision and a set of values, with quality and sustainability as top priorities	CEO						
	Robust and realistic strategy for achieving the priorities and delivering good quality sustainable care	DoS&P						
	Vision, values & strategy	DoS&P						
	Staff know and understand what the vision, values and strategy are and their role in achieving them	DoOD						
	Strategy aligned to local plans in wider health and social care economy	DoS&P						
	Progress against delivery of strategy and local plans monitored and reviewed	DoS&P						
	Raising Concerns/ Freedom to Speak Up	DoS&P						
	Outcomes on Freedom to Speak Up	DoS&P						
	Incident Management: Staff are encouraged to report incidents	DoQI&I						
	Culture encourage openness and honesty at all levels within the organisation	DoOD						
	Staff across the Trust feel equally valued and included in the Trust Vision	DoOD						
	Bullying & Harassment: Signed up to tackling bullying in the NHS	DoOD						
	Staff Development: High quality appraisals and career development	DoOD						
	Staff Health and Wellbeing: Strong emphasis	DoOD						
	Equality and Diversity promoted within and beyond the organisation	DoOD						
	Staff and teams work collaboratively, share responsibility and resolve conflict quickly and constructively	DoOD						
	Information reported up through governance reliable and sufficient quality to lead change	DoCA						
	All levels of governance and management function effectively and interact with each other appropriately	DoCA						
	Any gaps in reporting lines between Committees	DoCA						
	NED roles clear and effective	DoCA						
	Staff are clear about their roles and understand what they are accountable for, and to whom	DoOD						
	Clinical Effectiveness have clear and manageable remit and is effective in monitoring and improving quality	MD						
	Arrangements with partners and third-party providers governed and managed effectively	DoOps						
	Senior Managers consider and give appropriate weight to all sectors they deliver care in	DoOps						
	Comprehensive assurance systems are in place	DoCA						
	Performance issues are escalated, regularly reviewed and improved	DoOps						
	Identified areas of concern or poor performance in the past are identified on the risk register	DoOps						
	Evidence that the risks are being acted upon and addressed	DoCA						
	Processes to manage current and future performance are regularly reviewed and improved	DoOps						
	Systematic programme of clinical and internal audit to monitor quality	MD						
	Reviews and investigations inform wider policies and processes for organisational and clinical risk management	DoQI&I						
	Alignment between the recorded risks and what staff say is 'on their worry list'	DoCA						
	Leaders share learning with others as appropriate to inform risk practice	DoCA						
	Risks are taken into account when planning services, for example, expected or unexpected demand, staffing, disruption etc.	DoCA						
	Developments to services or efficiency changes; impact on quality and sustainability are assessed and monitored	DoOps						
	Board Members effectvely challenge data and information provided on incidents/ serious incidents	CEO						
	Board know that staff are identifying, reporting and investigating the right cases for people using services	CEO						
	Board Members challenge when assertions are made around strong systems and processes in place	CEO						
	Board seek assurance, across all sectors they work in	CEO						
	Data Security and Protection Toolkit assessment completed & independently audited	DoQI&I						
	Lessons learned when there are data security breaches	DoQI&I						
	People's views and experiences gathered and acted on to shape and improve the services and culture	DoOD						
	The voice of patients with a range of equality groups are heard during public engagement activities	DoOD						
	Leaders encourage the involvement of patients, families and carers in reviews and investigations	DoQI&I						
	Staff actively engaged in the planning and delivery of services, included those with a protected characteristics	DoOD						
	Positive and collaborative relationships with external partners to build shared understanding on challenges within system	DoS&P						
	Transparency and openness with all stakeholders about performance	DoOps						
	Leaders and staff strive for continuous learning, improvement and innovation	DoQI&I						
	Participating in appropriate research projects and recognised accreditation schemes	MD						
	Standardised improvement tools and methods an staff have skills to use them	DoOD						
	Effective participation in and learning from internal and external reviews	DoQI&I						
	Learning is shared effectively and used to make improvements	DoQI&I						
	Learning from other Trusts is embedded	DoQI&I						
	Staff take time to work together to resolve problems, review individual and team objectives, processes & performance	DoOD						
	Systems to support improvement and innovation work	DoQI&I						

Governance Aspects	Additional Aspects of Governance	Exec Director Lead
	Policy Framework	DoCA
	Standing Financial Instructions: Standing Orders; Scheme of Reservation & Delegation	DoCA
	Corporate Trustee Responsibilities (Charity Number: 1122470)	DoCA
	Risk evaluation in investment decisions	DoCA
	Tendering (outward and inward)	DoF
	Long term financial model	DoF
	Capital planning	DoF
	Procurement	DoF
	Vacancy Controls	DoOD
	Clinical Leadership Arrangements	MD
	Medical Devices: Asset Register and Maintenance Log	MD
	Equipment Installation , Warranty, Maintenance, Replacement & Decommissioning	DoF
	Disposals and Acquisitions	DoF

Board of Directors	Q&P Cttee	Resources Cttee	Audit Cttee	Charitable Funds Cttee	Nom & Rem Cttee

Senior Risk & Assurance Manager V2/2019

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North West Ambulance Service NHS Trust

REPORT

Board of Directors					
Date:	31st July 2019				
Subject:	Policy Framework Update Q1 1st April 2019 – 30th June 2019				
Presented by:	Angela Wetton, Director of Corporate Affairs				
Purpose of Paper:	For Assurance				
Executive Summary:	A robust Policy Framework is a key element of a corporate governance framework, recognising that out of date policies can leave the trust at risk. During Q1, 1st April 2019 – 30th June 2019 20 policies/procedures were approved. 17 of which required minimal changes and were therefore approved by the relevant executive. 3 policies were approved by the Executive Management Team. 23 of the trust's policies/procedures have expired review dates and work is ongoing to review and update these policies.				
Recommendations, decisions or actions sought:	The Board of Directors are asked to note the policies and procedures approved during the period 1st April 2019 – 30th June 2019 and to note that work is being carried out to review the policies that have expired review dates.				
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:	EIA required to be completed for each policy
Previously Submitted to:	N/A
Date:	N/A

Outcome:	N/A

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1. PURPOSE

The purpose of this report is to provide details of the policies and procedures approved by either the Executive Management Team or individual Executive Directors during the period 1st April 2019 – 30th June 2019. The report also includes details of policies and procedures that have expired review dates.

2. BACKGROUND

Approval process for policies and procedures.

New Policies

The need for a new policy or procedure may be prompted by a change in national legislation, policy or guidance or it may be identified within the Trust either as a result of learning from experience, such as complaints or incidents, or as a result of a risk being identified by a specialist advisor. New policies may also be required as a result of the development of a new service or new way of working.

1. The first step should be to establish whether a new policy or procedure is required or whether the requirement can be met by amending an existing policy or procedure. The aim should be to keep the number of policies to a minimum. The lead director should be able to provide a clear justification for the development of any new policy.
2. It is the responsibility of the lead Director for a policy to ensure that the document is appropriately consulted on during the development process with key stakeholders e.g. Unions; HR; Legal; etc.
3. The lead director is responsible for ensuring the policy is scheduled into an Executive Management Team meeting for approval.
4. Following approval – the corporate governance team will update the Policy Database
5. The lead director will be responsible for dissemination and training in relation to the policy and for ensuring the most current version is in use and obsolete versions have been withdrawn from circulation i.e. ensuring the approved document is uploaded to the intranet.

Amendments to Existing Policies

1. The lead director reviews the policy on the agreed cyclical basis and if nothing requires updating, signs off the policy with a new review date; ensures the new document is uploaded to the intranet and advises the corporate governance team so the database can be updated.
2. If changes are made but they are minor, e.g. job titles, then the lead director signs off the amended policy; ensures the new document is uploaded to the intranet and advises the corporate governance team so the database can be updated
3. If the changes needed are significant i.e. driven by legislative changes, then the lead director is responsible for ensuring that the revised document is consulted on with key stakeholders e.g. Unions; HR; Legal; etc.
4. The lead director is responsible for ensuring the policy is scheduled into an Executive Management Team meeting for approval.
5. Following approval – the corporate governance team will update the policy

database

6. The lead director will be responsible for dissemination and training in relation to the policy changes and for ensuring the most current version is in use and obsolete versions have been withdrawn from circulation i.e. ensuring the approved document is uploaded to the intranet.

3. APPROVED POLICIES

During the period 1st April 2019 – 30th June 2019, 20 policies/procedures were approved. 17 of which had minor changes and were therefore approved by the relevant executive.

3 policies/procedures were approved by the Executive Management Team.

Policies approved between 1st April 2019 - 30th June 2019		
Policy/Procedure	**Approved by**	**Date**
Apr-19		
Flexible Working Policy	Interim Director of Organisational Development	28/04/19
Domestic Abuse Staff Guidance	Interim Director of Organisational Development	20/04/19
May-19		
Subcontractor Management and Quality Assurance Framework	Director of Finance	07/05/19
Armed Forces Reservist Policy	Executive Management Team	07/05/19
Policy on Latex Sensitivity	Director of Quality, Innovation and Improvement	09/05/19
PREVENT Guidance	Director of Quality, Innovation and Improvement	09/05/19
Medicines Policy	Executive Management Team	22/05/19
Pandemic Influenza Plan	Board of Directors	29/05/19
Sudden Unexpected Death in Infants Children Adolescents Procedure	Medical Director	29/05/19
Jun-19		
Annual Leave and Public Holiday Procedure	Interim Director of Organisational Development	07/06/19
Volunteer Policy	Interim Director of Organisational Development	07/06/19
Recruitment of Ex-Offenders Policy Statement	Interim Director of Organisational Development	07/06/19
Freedom of Information and Enviornmental Information Regulations Policy	Executive Management Team	12/06/19
Job Evaluation Procedure	Interim Director of Organisational Development	12/06/19
PTS Meal Management Procedure	Director of Finance	24/06/19
NHS Healthcare Contracts Procedure Manual	Director of Finance	24/06/19
Losses and Special Payments Procedure	Director of Finance	24/06/19
Safe Transportation of Children Policy	Director of Operations	24/06/19
Policy on Treasury Management	Director of Finance	24/06/19
Tracked Mail Procedure	Director of Finance	24/06/19

4. POLICIES DUE FOR REVIEW

23 of the trust's policies/procedures are currently due to be reviewed.

Policies due for review

Policy	Executive Lead	Review Date	Status
2017			
Healthcare Governance Alert and Guidance Review Procedure	Maxine Power	Sep-17	Currently under review .
Access to Legal Services Procedure	Angela Wetton	Oct-17	Being reported to EMT for approval on 24.07.19
2018			
Workforce Performance Management Policy and Procedure	Lisa Ward	May-18	Currently under review .
Driving Policy	Lisa Ward	Aug-18	Out for consultation until 24th June 19.
Mental Health Strategic Improvement Plan	Maxine Power	Sep-18	Currently being reviewed by Gill Drummond, Mental Health Lead.
Sustainable Development Plan	Carolyn Wood	Oct-18	Currently under review . First draft expected to be completed by the end of August 2019.
Waste Management Policy	Carolyn Wood	Nov-18	Currently under review .
Pay Protection Policy	Lisa Ward	Dec-18	Deferred until 31st December 2018 - Active Policy until Trade union and Directors have made an agreement on policy. Consideration to be given to further extension of current arrangements.
HIV	Lisa Ward	Dec-18	Chris Grant leading risk assessment based on revsied national guidance. Policy cannot be finalised until this is completed.
Time off and Facilities for Staff Representatives	Lisa Ward	Dec-18	09.05.18 - Being reviewed over the next 6 months, letter to be sent to staff side with an approach to resolutiuon. Will check with Lorraine McConnell Review delayed - will be completed by end of 2019
Lease Car Policy and Procedure	Lisa Ward	Dec-18	Under review - proposed changes discussed at EMT. Further work on impact requested. To go back to EMT in July for approval to consult.
2019			
Procedure for Checking Registration of Clinical Staff	Lisa Ward	Feb-19	Currently under review .
Charitable Funds Procedure	Carolyn Wood	Feb-19	Currently under review .
Pool Vehicle Policy	Carolyn Wood	Feb-19	Currently under review .
Relief Staff Policy	Ged Blezard	Mar-19	Currently under review .
Road Traffic Collision Procedure	Carolyn Wood	Apr-19	Currently under review .
Bank Worker Procedure	Lisa Ward	Apr-19	Currently under review .
General Medicines Toolkit	Maxine Power/ Chris Grant	May-19	Currently under review .
Controlled Drugs Toolkit	Maxine Power/ Chris Grant	May-19	Currently under review .
Recruitment and Selection Procedure	Lisa Ward	Jun-19	Currently under review .
Clinical Audit Policy	Chris Grant	Jul-19	Currently being reviewed.
PRF Quality Management Procedure	Maxine Power	Jul-19	Currently being reviewed.
Data Protection & Security Policy	Maxine Power	Jul-19	Currently being reviewed.

Regular contact is made by the Corporate Governance Team with each policy owner to ensure that the latest position is recorded.

All of the policies with an expired review date are currently under review.

5. RECOMMENDATION(S)

The Board of Directors is recommended to:

- Note the policies and procedures approved during the period 1st April 2019 – 30th June 2019 and to note that work is being carried out to review the policies that have expired review dates.

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North West Ambulance Service NHS Trust

REPORT

Board of Directors					
Date:	31 July 2019				
Subject:	Annual Audit Letter 2018/19				
Presented by:	Carolyn Wood, Director of Finance				
Purpose of Paper:	For Assurance				
Executive Summary:	The Annual Audit Letter 2018/19 summarises the key issues arising from the external audit work carried out by KPMG at the Trust. In line with the National Audit Office's Code of Audit Practice the report covers the Financial Statements including the regularity opinion and Governance Statement and also Value for Money arrangements. There are no high risk recommendations arising from the 2018/19 audit work and there is confirmation that audit recommendations arising from prior years have been implemented.				
Recommendations, decisions or actions sought:	The Board of Directors is asked to: • note the content of the letter.				
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:	**Audit Committee**
Date:	**19 July 2019**
Outcome:	**Noted**

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KPMG

Annual Audit Letter 2018-19

North West Ambulance Service NHS Trust

July 2019

Contents

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This report is addressed to North West Ambulance Service NHS Trust and has been prepared for the sole use of the Trust. We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

KPMG

Introduction

Introduction

Background

This Annual Audit Letter (the letter) summarises the key issues arising from our 2018-19 audit at North West Ambulance Service NHS Trust . Although this letter is addressed to the Directors of the Trust, it is also intended to communicate these issues to external stakeholders, such as members of the public. It is the responsibility of the Trust to publish this letter on the Trust's website.

In the letter we highlight areas of good performance and also provide recommendations to help the Trust improve performance where appropriate. We have included a summary of our key recommendations in Appendix A. We have reported all the issues in this letter to the Trust during the year and we have provided a list of our reports in Appendix B.

Scope of our audit

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. Our main responsibility is to carry out an audit that meets the requirements of the National Audit Office's Code of Audit Practice (the Code) which requires us to report on:

Financial Statements including the regularity opinion and Governance Statement	We provide an opinion on the Trust's accounts. That is whether we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. We confirm that the Trust has complied with the Department of Health (DoH) requirements in the preparation of its Annual Governance Statement. We also confirm that the balances you have prepared for consolidation into the Whole of Government Accounts (WGA) are not inconsistent with our other work.
Value for Money arrangements	We conclude on the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources.

Introduction (cont.)

Adding value from the External Audit service

We have added value to the Trust from our service throughout the year through our:

- attendance at meetings with members of the Audit Committee to present our audit findings, broaden our knowledge of the Trust and provide insight into sector developments and examples of best practice;
- proactive and pragmatic approach to issues arising in the production of the financial statements to ensure that our opinion is delivered on time;
- incorporation of data analytics into our programme of work to, for example, identify high risk journals for testing and in our testing of payroll transactions;
- review of general IT controls in place at the Trust highlighting any control weaknesses and areas for improvement; and
- strong and effective working relationship with Internal Audit to maximise assurance to the Audit Committee, avoid duplication and provide value for money.

Fees

Our fee for 2018-19 was £67,260 (2017-18: £62,500) excluding VAT. This includes an additional fee of £4,760 that was raised as a result of the additional work required over the general ledger upgrade.

We have also completed the following pieces of non-audit services at the Trust during the year:

Non Audit fees - other assurance services	KPMG provide the ISAE3402 report for NEP, a shared service provider for 35 NHS Trusts The value of Services Delivered in the year ended 31/03/19 was £67,220 total which equates to £1,817 per Trust. Potential threat to auditor independence and associate safeguards in place- **Self-interest**: This engagement is entirely separate from the audit through a separate contract. The team is a different team to the audit team. The fee rate is low per trust in comparison to the audit fees and is not contingent on any outcomes from the assurance work. **Self-review:** The nature of this work is to provide an independent assurance report to the relevant external body. This does not impact on our other audit responsibilities. **Management threat:** This work provides a separate assurance report and does not impact on any management decisions. **Familiarity:** This threat is limited given the scale, nature and timing of the work. **Advocacy:** We will not act as advocates for the Trust in any aspect of this work. The output is an independent assurance report to the relevant external body. **Intimidation:** not applicable to this areas of work.

KPMG

Headlines

Headlines

This section summarises the key messages from our work during 2018-19.

Financial Statements audit opinion	We issued an unqualified opinion on the Trust's accounts on 28th May 2019. This means that we believe the accounts give a true and fair view of the financial affairs of the Trust and of the income and expenditure recorded during the year. There were no significant matters which we were required to report to 'those charged with governance.
Financial statements audit work undertaken	We are required to apply the concept of materiality in planning and performing our audit. We are required to plan our audit to determine with reasonable confidence whether or not the financial statements are free from material misstatement. An omission or misstatement is regarded as material if it would reasonably influence the user of financial statements. Our materiality for the audit was £6m (2017-18: £6m). We identified the following risks of material misstatement in the financial statements as part of our External Audit Plan 2018-19: **1. Management override of control** - Professional standards require us to communicate the fraud risk from management override of controls as significant because management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We also considered the risk here that material misstatements may arise from the manipulation of expenditure recognition and that there is a heightened risk of management override of control based upon the incentives and performance oversight offered and deployed by NHSI during the 2018/19 period. Our procedures, including testing of journal entries, accounting estimates and significant transaction outside the normal course of business, no instances of fraud were identified. **2. Fraudulent Revenue Recognition** – Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial covenants. We classified NHS income and receivables as a significant risk to respond to this requirement. We have carried out procedures in line with out planned approach and have not identified any issues to report to you. — We assessed the outcome of the agreement of balances exercise, for income and receivables, with other NHS bodies and compared the values reported to the value of revenue captured in the financial statements. We sought explanations for any variances over £300,000; — We inspected all material items of income in the March and April 2019 bank statements to identify if there were any income receipts that were incorrectly accounted for in the 2018/19 financial statements; — Agreed the receipt of PSF funding monies to correspondence from NHSI. — We searched for unusual journal account code combinations posted before and after the year end that could indicate possible manipulation of the year end position. No issues were identified with this testing.

Headlines (cont.)

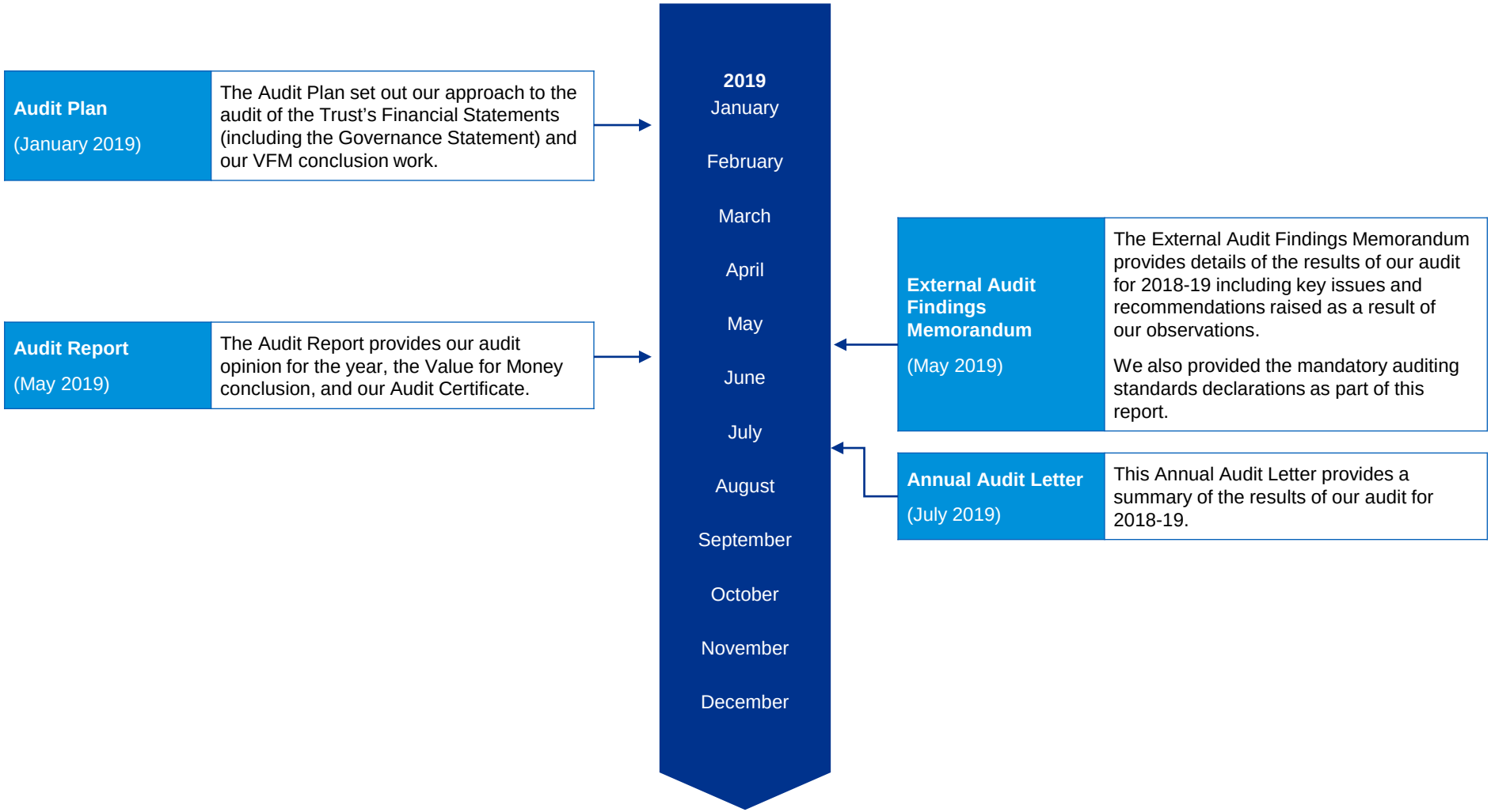
Financial statements audit work undertaken (cont.)	**3. Valuation Of PPE** – There is significant judgment involved in determining the appropriate basis (EUV or DRC) for each asset according to the degree of specialization, as well as over the assumptions made in arriving at the valuation. — We assessed the competence, capability, objectivity and independence of the Trust's external valuer and tested the accuracy of the estate base data provided to the valuer to complete the desktop valuation to ensure it accurately reflected the Trust's estate, including key assumptions made by the valuer and information provided by the Trust to complete the valuation. We challenged the valuer's assessment that there had not been a material change in valuation at the balance sheet date since the date of the desktop review and raised a low priority recommendation in relation to the date of the future full revaluation of the Trust's property in 2019/20. — We critically assessed the Trust's processes in place to identify and formally consider any indications of impairment and surplus assets within its estate. Whilst there are processes in place there is no formal written decision documents produced by the Trust. We raised a medium priority recommendation in relation to this. — We compared the asset value movements from the valuer's report to the entries in the fixed asset register This included a re-performance of he entries to confirm that any material movements in the value of land and building assets had been accounted for correctly. — We tested the material in year movements including the bringing into use of assets that were previously under construction and ensured that the disclosures made were in line with the requirements of the DHSC Group Accounting Manual 2018/19. We did not identified any issues, other than the recommendation referred to above, in relation to this risk as a result of our work.
Governance Statement	We confirmed that the Trust complied with the Department of Health requirements in the preparation of the Trust's Annual Governance Statement
Whole of Government Accounts	We issued an unqualified Auditor Statement on the Consolidation Schedules prepared by the Trust for consolidation into the Whole of Government Accounts with no exceptions
Value for Money (VFM) conclusion	We are required to report to you if we are not satisfied that the Trust has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. Based on the findings of our work, we have nothing to report
VFM conclusion risk areas	We undertook a risk assessment as part of our VFM audit work to identify the key areas impacting on our VFM conclusion and considered the arrangements you have put in place to mitigate these risks. We did not identify any significant risks relating to VFM but we did undertake a thorough risk assessment process focusing on the following areas; financial sustainability and delivery of CIP, the Trust's asset programme and the Patient Transport Service and PES Performance.
Recommendations	We are pleased to report that there are no high risk recommendations arising from our 2018-19 audit work The Trust has been good at implementing agreed audit recommendations from prior years.
Public Interest Reporting	There were no matters in the public interest that we needed to report or refer to the Secretary of State in 2018/19.

KPMG

Appendices

Appendix A

Summary of our reports issued



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North West Ambulance Service NHS Trust

REPORT

Board of Directors										
Date:	31st July 2019									
Subject:	**Chairman's Annual Fit and Proper Persons' Declaration**									
Presented by:	Peter White, Chairman									
Purpose of Paper:	For Assurance									
Executive Summary:	In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust is required to ensure that all individuals appointed to or holding the role of Executive Director (or equivalent) or Non-Executive Director meet the requirements of the Fit and Proper Persons Test (Regulation 5). The attached statement provides an overview of the processes and checks in place which provide assurance on the continuing fitness of Directors. In 2019 this includes an MIAA internal audit of Fit and Proper Persons which provided independent High Assurance.									
Recommendations, decisions or actions sought:	The Board of Directors notes the assurance given by the Chairman that all current Executive Directors and Non-Executive Directors meet the Fit & Proper Persons criteria.									
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:	**None**
Previously Submitted to:	
Date:	
Outcome:	

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

CHAIRMAN'S ANNUAL DECLARATION

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

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

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

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

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

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

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

My declaration has been informed by:

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

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

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

PETER WHITE
CHAIR
JULY 2019

North West Ambulance Service NHS Trust

REPORT

Board of Directors					
Date:	**31st July 2019**				
Subject:	**Non-Executive Directors Independence Assessment**				
Presented by:	**Angela Wetton, Director of Corporate Affairs**				
Purpose of Paper:	**For Assurance**				
Executive Summary:	**To support the annual declaration against the Fit and Proper Persons Test (Regulation 5), an additional assessment has been made of the ongoing independence of the Non-Executive Directors in line with the NHS FT Code of Governance (July 2014) section A.3 - Balance and independence of the board of directors.** **The Trust is not obliged to declare compliance or otherwise with the FT Code as an NHS Trust however it remains good practice to adopt any principles that are relevant.**				
Recommendations, decisions or actions sought:	**The Board of Directors are requested to note the compliance with the FT Code section A.3 – Balance and independence of the Board of Directors.**				
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:	**N/A**
Previously Submitted to:	**N/A**
Date:	**N/A**
Outcome:	**N/A**

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Relationships or circumstances which may be relevant to the Board's determination of the independence of Non-Executive Directors (The NHS FT Code of Governance, Monitor, July 14)						
	PW	**RG**	**MOC**	**DH**	**DR**	**MA**
Has been an employee of the NHS Trust within the last five years	No	No	No	No	No	No
Has, or has had within the last three years, a material business relationship with the NHS Trust either directly, or as a partner, shareholder, director or senior employee of a body that has such a relationship with the NHS Trust	No	No	No	No	No	No
Has received or receives additional remuneration from the NHS Trust apart from a director's fee, participates in the NHS Trust's performance-related pay scheme, or is a member of the NHS Trust's pension scheme	No	No	No	No	No	No
Has close family ties with any of the NHS Trust's advisers, directors or senior employees	No	No	No	No	No	No
Holds cross-directorships or has significant links with other directors through involvement in other companies or bodies (Cross-directorships are where: an executive director of organisation A serves as a NED in organisation B and, at the same time, an executive director of organisation B serves as a NED at organisation A.)	No	No	No	No	No	No
Has served on the board for more than six years from the date of their first appointment	5 years	4 years	5 years	<1 year	<1 year	1 year
Is an appointed representative of the NHS Trust's university medical or dental school.	No	No	No	No	No	No

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North West Ambulance Service NHS Trust

REPORT

Board of Directors						
Date:	31st July 2019					
Subject:	Revised Terms of Reference: Nominations and Remuneration Committee					
Presented by:	Angela Wetton, Director of Corporate Affairs					
Purpose of Paper:	For Decision					
Executive Summary:	Section 5.1 of the Terms of Reference state that the Committee Terms of Reference should be reviewed annually. In line with this requirement, the Nominations and Remuneration Committee reviewed the amended Terms of Reference at the meeting held on 29 May 2019.					
Recommendations, decisions or actions sought:	The Board of Directors are requested to approve the revised Terms of Reference.					
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:	**N/A**
Previously Submitted to:	**Nominations and Remuneration Committee**
Date:	**29 May 2019**
Outcome:	**Recommended to Board for approval**

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North West Ambulance Service NHS Trust

NORTH WEST AMBULANCE SERVICE NHS TRUST
NOMINATIONS & REMUNERATION COMMITTEE

TERMS OF REFERENCE

1. CONSTITUTION

1.1 In accordance with the requirements of the National Health Service Trusts (Membership and Procedure) Regulations 1990 (as amended) ("The Regulations"), t~~T~~he Board of Directors hereby resolves to establish a Committee of the Board, to be known as the Nominations & Remuneration Committee *(hereinafter referred to as 'the Committee')*. The Committee is a non-executive Committee of the Board and has no executive powers, other than those specifically delegated within these terms of reference.

2. REMIT AND FUNCTIONS OF THE COMMITTEE

The Committee shall:

i. Review the structure, size and composition (including the skills, knowledge and experience) of the Board of Directors compared to its current position and give full consideration to succession planning for all Directors in the course of its work, taking into account the challenges and opportunities facing the Trust, and what skills and experience are therefore needed on the Board of Directors in the future.

ii. Be responsible for identifying and appointing, candidates to fill the position of Chief Executive and any Director vacancies.

iii. On the basis of an evaluation of the balance of skills, knowledge and experience on the Board of Directors, prepare a description of the role and capabilities required for a particular appointment. In identifying suitable candidates the Committee shall:

- Determine the method of advertising to be used and / or the need to engage external advisers to facilitate the search, having due regard to the cost of such services
- Consider candidates from a wide range of backgrounds
- Consider candidates on merit and against objective criteria and ~~-~~take into account the views of the Chief Executive as to the skills, experience and attributes required for each position

iv. Constitute the membership of interview panels and determine the need for the incorporation of representatives from internal and external stakeholders

v. Ensure that the full range of eligibility checks have been performed and references taken and found to be satisfactory

vi. Ensure that a robust and effective process is in place to meet the requirements of the Fit and Proper Persons Test for all existing and future directors (Executive and Non-Executive) appointments.

vii. Approve all aspects of remuneration and terms of service of Directors, including the Chief Executive and Very Senior Managers who report directly to the Chief Executive, to ensure that they are fairly rewarded for their individual contribution to the organisation with due regard to the organisation's circumstances and performance and to the provisions of any national arrangements where appropriate

~~vi.~~viii. Advise and oversee appropriate contractual arrangements for such staff, including the proper calculation and scrutiny of termination payments, taking account of such national guidance as appropriate

~~vii.~~ix. Approve the appointment of the Chief Executive and Directors (subject to salary approval by NHS Improvement) and the Trust Secretary

~~viii.~~x. Consider and approve all proposals to amend the funded establishment of Directors

~~ix.~~xi. Monitor and evaluate the performance of Directors, including the Chief Executive

~~x.~~xii. Consider and approve ~~-~~such strategies for the determination of pay and terms and conditions of service for staff groups not covered by national terms and conditions as may be necessary, and where such strategies affect contractual rights, having due regard to their cost-effectiveness and equity

~~xi.~~xiii. Approve costs incurred in relation to Directors subject to Very Senior Manager Pay arrangements, Senior Managers and other cases where the cost exceeds £50,000, for example, in redundancy situations.

~~Approve business cases for redundancy for all staff groups where the costs exceed £50,000.~~

~~xii.~~xiv. Act as the final stage of grievance and disciplinary procedures for Directors

3. COMPOSITION AND CONDUCT OF THE COMMITTEE

3.1 The Committee shall comprise the following membership:

- Chairman of the Board of Directors (Chair)
- All Non-Executive Directors

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

3.2 In the event that the Chair of the Committee is unable to attend a meeting, the Vice-Chair shall conduct the meeting in their absence.

3.3 The Chief Executive shall normally attend meetings and other Directors may be invited to attend by the Chairman, via the Director of Corporate Affairs.

3.4 Other Officers of the Trust shall attend at the request of the Committee, via the Director of Corporate Affairs, in order to present and provide clarification on issues and with the consent of the Chairman will be permitted to participate in the debate. However, only members of the Committee are permitted to vote.

3.5 The Chief Executive, other Directors and any other officers in attendance at the meeting shall not be present for discussions about their own remuneration and terms of service.

3.6 ***Quorum***. No business shall be transacted unless the Chair and at least two members are present.

3.7 ***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.

3.8 ***Frequency of meetings***. The Committee will normally meet at least bi-annually. The Chair may, however, call a meeting at any time provided that notice of the meeting is given as specified in s. 3.7 above.

3.9 ***Minutes***. The minutes of meetings shall be formally recorded by either the Director of Corporate Affairs or the Head of Corporate Affairs, 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 draw to the attention of the Board any issues that require disclosure or executive action.

3.10 ***Emergency powers***. Should it be necessary, the Chair and one other member 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.

3.11 ***Administration***. The Committee shall be supported by the Director of Corporate Affairs or the Head of Corporate Affairs.

4. DELEGATED AUTHORITY

4.1 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. approve the appointment of Directors
iv. approve the appointment of the Trust Secretary

5. REVIEW

5.1 The Committee will review its terms of reference annually and recommend any changes to the Board of Directors for approval.

5.2 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.

North West Ambulance Service NHS Trust

REPORT

Board of Directors									
Date:	31 July 2019								
Subject:	Performance Management and Accountability Framework								
Presented by:	Director of Quality, Innovation and Improvement								
Purpose of Paper:	For Decision								
Executive Summary:	The Performance Management and Accountability Framework sets out the performance management structures for the Trust and details how the development of information management systems can be used to support it.								
Recommendations, decisions or actions sought:	The Board of Directors is asked to: • Approve the Performance Management and Accountability Framework at Appendix 1.								
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:	None
Previously Submitted to:	Executive Management Team
Date:	26/06/2019
Outcome:	Recommended to the Board of Directors for approval

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1. PURPOSE

1.1 The purpose of this report is to provide the Board of Directors with an updated version of the Trust's Performance Management and Accountability Framework for approval.

2. BACKGROUND

2.1 The Performance Management and Assurance Framework (PMAF) was originally approved by the Board in August 2012 and last updated in January 2016. This version will now be replaced by the attached Framework.

2.2 This Framework document describes how the Trust will utilise improved information management to drive better performance and introduce a tiered performance management process to ensure a rigorous, supportive and consistent approach to ensuring performance management is achieved at all levels of the organisation.

2.3 The attached PMAF was presented to the Executive Management Team on the 26 June 2019, where it was recommended to the Board of Directors, for approval.

2.4 Once the PMAF has been approved the Performance Framework's for each service line will also need to be reviewed and updated to ensure consistency with the content of this Framework.

3. CURRENT POSITION

3.1 The current version of the PMAF is a combination of a review of the existing Framework document to ensure it accurately describes 'what we do now' and a detail description of how we will manage performance moving forward, particularly using an agreed CEO Accountability Review process.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

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

5. RECOMMENDATIONS

5.1 The Board of Directors is recommended to:

- Approve the Performance Management and Accountability Framework at Appendix 1.

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North West Ambulance Service NHS Trust

Performance Management and Accountability Framework

Recommended by	Executive Management Team
Approved by	
Approval date	
Version number	0.2
Review date	
Responsible Director	Director of Quality, Improvement & Innovation
Responsible Manager (Sponsor)	Head of Informatics
For use by	All Trust Employees

This framework is available in alternative formats on request. Please contact the Corporate Governance Office on 01204 498400 with your request.

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	May 2019	02/05/2019	Performance Analyst	Document Creation
0.2	May 2019	23/05/2019	Ged Blezard Janet Paul Neil Barnes Kathryn Lyons	Inclusion of CEO accountability review and updated risks following EMT review

Performance Management & Accountability Framework

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Appendix A: Integrated Performance Report Sample

Appendix B: CEO Accountability Review Format

Appendix C: CEO Accountability Review Agenda Template

1. Introduction

1.1 It is the Trust's intention to implement a clear Performance Management and Accountability Framework which sets out the overarching principles and approach to delivering a high performing organisation. This framework aims to ensure that the North West Ambulance Service (NWAS) successfully delivers national performance standards and its own strategic objectives

This framework document describes how the Trust will utilise improved information management to drive better performance and introduce a tiered Performance Management process to ensure a rigorous, supportive and consistent approach to performance management is achieved at all levels of the organisation.

2. Performance Management – Definition, Aims, Purpose and Principles

2.1 Definition

Performance management consist of the systems, processes, structures and supporting arrangements established to identify, access, monitor and response to performance issues. The aim of improving performance is ultimately to deliver better outcomes for patients.

2.2 Aims

The Performance Management and Accountability Framework aims to define and align the delivery of operational performance targets, quality indicators and outcome measures. The Framework will ensure that the NWAS places information at the centre of its decision making process in order to support the delivery of the Trust's Strategic Objectives.

The development of this framework will be in line with the Digital Strategy where improvements in our data quality and greater access to data at all levels of the Trust will lead to developments in our ability to create a performance management culture.

Implementing the Performance Management and Accountability Framework ensures that the Trust Board, management teams and individual staff are able to:

- assess performance against clear targets and goals
- inform strategic decisions and support continuous improvement
- identify key actions
- put in place effective review meeting structures including intervention as necessary and appropriate
- focus resources and improvement efforts in required areas
- identify any systemic problems in the Trust
- evaluate the impact of new schemes and initiatives

2.3 Purpose

The key purpose of the Performance Management and Accountability Framework is:

- to ensure that the organisation has effective systems and processes in place to provide assurance to the Trust Board and stakeholders that the organisation is performing to the highest statutory and regulatory standards,
- to develop the business intelligence capability of the Trust and thus inform service delivery; improvement activity planning, productivity and efficiency; and deliver cost reduction and transformation programmes,
- to support the delivery of strategic objectives

- to ensure that NWAS is achieving best value for money in its use of resource

2.4 **Principles of Performance Management**

The following principles underpin the Trust's Performance Management Framework:

- **Creating a performance culture:** these arrangements are intended to support the development of a culture of continuous performance improvement, delivered for the benefit of patients. This is supported by clear objectives at all levels in the organisation which drive a culture of high performance and accountability, supported by the appraisal process. The aim will be to instil a rigorous performance culture in tandem with developing a clear understanding of where individual responsibility lies. At Service level the Performance Management Framework should also be used as a driver for cultural change and engagement within services to further underpin service-line management.

- **Transparency:** The measures and evidence used to assess performance will be clearly set out. Services will understand what is required and be held accountable through a clearly articulated principle; knowing how their performance is being assessed and what to expect if their performance falls below acceptable levels

- **Delivery focus:** The performance management approach is integrated, action oriented and focussed on delivering improved performance

- **Proportionality and balance:** Performance management arrangements will seek to ensure that performance management interventions and actions are proportional to the scale of the performance risk and that a balance between challenge and support is maintained.

- **Accountability:** Performance management arrangements will ensure that all parties are clear where lines of accountability lie.

3. Strategic Fit

3.1 The performance management and accountability framework is an integral component of delivering the Trust's strategy alongside the risk management process with particular focus on key strategic risks which could prevent the Trust from achieving its ambitions.

3.2 **Trust Strategy**

NWAS' vision is to be the 'best ambulance service in the UK' with a strategic goal to deliver 'the right care, at the right time, in the right place: every time'.

Each element of the strategic goal has a key aim and measure with an overarching five year strategy currently being developed by the Board to deliver these goals.

Executive Directors will be responsible for the operational delivery of this strategy with the Board and associated assurance committees monitoring progress against this including the management of risk and delivery plans.

Table 1

Goal	Aim	Measure
RIGHT CARE	Delivering quality services which are safe, effective and patient-centred.	By 2023, to achieve a CQC Outstanding rating across all domains. Achieve all key ambulance service metrics within the Single Oversight Framework.
RIGHT TIME	Responding appropriately to patients who contact our emergency and urgent care services and use our transport service.	By 2023, to achieve the top performance for all operational standards (PES, 111 and PTS).
RIGHT PLACE	Providing patients with advice and treatment closer to home where clinically appropriate to prevent unnecessary hospital attendances and admissions.	To ensure care is delivered to the most appropriate setting for the patient and the system in line with the 5 year forward view and forthcoming NHS Long Term Plan and aim to reduce conveyance to ED.
EVERY TIME	Focusing on every patient and our commitment to continuously drive down variation in our performance, working in partnership with health and care providers locally so that no patient is needlessly waiting to help.	By 2023 to provide the appropriate resources and infrastructure to ensure we can demonstrate our focus on every patient and our commitment to continuously drive down variation in performance.

3.3 Risk Management

Implementing the Performance Management & Accountability Framework will support the risk management process across NWAS, with a specific focus on the key strategic risks and ensure that there is a forum within each service line where risks can be identified, reviewed and challenged.

Key strategic risks:

SR01 – If the Trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage

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

SR03 – If the Trust does not deliver the Urgent & Emergency Care Strategy then it may not be able to meet the demand for emergency care leading to inability to meet performance standards

SR04 – If the Workforce Strategy is not delivered, then the Trust may not have sufficient skilled, committed and engaged staff and leaders to deliver its strategic objectives

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 Adverse impact on strategic goals due to the STP/Devolution Programme

SR08 – If the Board experiences significant leadership changes it may not provide sufficient strategic focus and leadership to support delivery of its vision and Corporate Strategy

SR10 - If the UK Government leaves the EU without a deal then availability of key medicines, equipment and resources may be challenged resulting in inflated costs, disruption to supplies and loss of workforce. The 'no deal' withdrawal may impact on our ability to share, process and access data

Service line and Area Risk Registers will be developed and reviewed at directorate and area risk management (ARM) meetings allowing connection, consideration and conversation around performance and risk management. Any risks requiring escalation from area/service level to corporate level will be discussed and agreed upon at relevant Service Line Directorate and Senior Management Team meetings.

This framework will not replace existing structures or arrangements for reporting and escalating risks in line with NWAS Risk Management Policy and Procedures and will provide additional assurance to Trust Board and EMT that risks are being managed and mitigated appropriately.

4 Performance Management and Accountability Framework

4.1 The clear vision of the Performance Management and Accountability Framework will support the Trust in making the most of the available information, improving services and delivering improved patient outcomes.

The Performance Management and Accountability Framework seeks to align information on operational performance, activity, finance and quality to give an accurate organisational overview. By drawing on a range of different data sets and improving the analysis of information, the framework is designed to add value to different information sources and provide a comprehensive picture of the complex elements affecting the Trusts' performance.

By providing clarity about how information can be used, and clear roles and responsibilities for analysing and acting on the information it is envisaged that the framework will aid an evidence based culture; with the right level, type and presentation of information being provided to different areas of the organisation as appropriate.

Delivering the changes required to realise the vision for improved information provision will require a staged approach, with an initial focus on reviewing and rationalising existing reports to release capacity for new ways of working.

4.2 **Trust Level Performance Management**

The Board of Directors receives its information on Trust performance via monthly Board reports. The principal report is the Integrated Performance Report, which provides an update on performance against key indicators from the Single Oversight Framework (SOF) and business critical measures.

The single oversight framework is used by NHS Improvement (NHSI) to monitor and review performance using one consistent approach for all NHS Trusts. In November 2017, NHSI and the CQC revised the SOF highlighting which measures they considered essential for boards to monitor relating to five domains:

- Quality of Care
- Effectiveness
- Financial Score
- Operational Performance
- Organisational Health

Figure 1 below displays the measures displayed within the IPR, however these are subject to continued development and amendment with changes reported to the Board of Directors within the Integrated Performance Report. Where available performance is compared against nationally against other ambulance trusts.

Figure 1

Domains	Measures				
Quality of Care	Q1: Complaints	Q2: Incidents	Q3: StEIS Incidents	Q4: Staff Experience	Q5: Safety Alerts
Effectiveness	E1: Patient Experience	E2: ACQIs	E3: AQI Outcomes		
Finance	F1: Financial Score				
Operational	OP1: Call Pick Up	OP2: A&E Turnaround	OP3: ARP Response Times	OP4: 111 Response Times	OP5: PTS Activity
Organisational Health	OH1: Staff Sickness	OH2: Staff Turnover	OH3: Staff Recommend	OH4: Temporary Staffing	OH5: Vacancy Gap
	OH6: Appraisals	OH7: Mandatory Training			

Key

SOF Measures

Business Critical Measures

A sample of the Integrated Performance Report is attached at appendix A. statistical process control charts (SPC) throughout the IPR to measure system performance over time. They display the operating parameters of our current system with the mean performance bounded by upper and lower control limits. This methodology has distinct advantages over our other methods:

- It prevents us from responding to normal variation
- It helps us identify special cause variation 'real time'
- It helps us to understand how changes are impacting on outcomes
- It helps us to understand if the changes we are making are stable
- It helps us to understand if the target is within the operating parameters of the system
- It helps us to predict what will happen with no change to the system
- It helps us to model required changes into the future

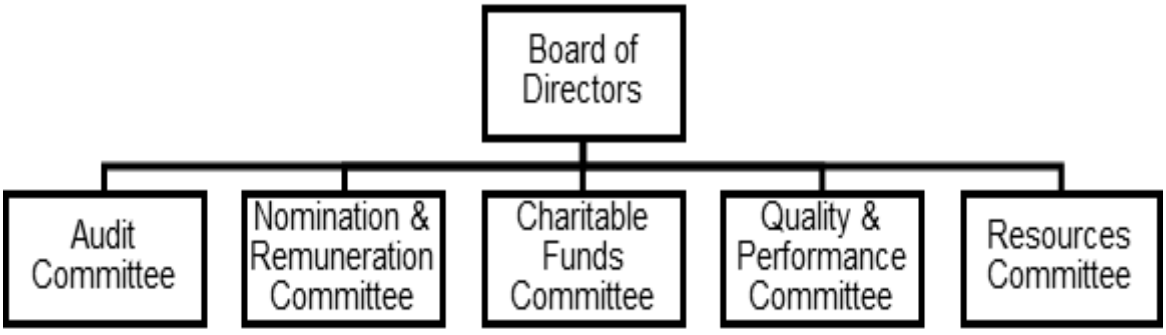
Where the Board identifies areas of unsatisfactory performance it will mandate the EMT or an individual director to identify the appropriate actions to restore the position. This may be met through a specific action or may require a specific action plan and recovery trajectory. The Board will identify the form and timescale of any reporting required. Where additional assurance is required, the Board may delegate this role to the appropriate committee.

The principal focus for Board assurance lies with the Committees of the Board and their supporting Management Groups. Although, some elements of performance reporting run through the Committee structure, they have a further role in providing the Board of Directors with assurance that the performance information being reported is accurate and meaningful, through methods such as internal and external benchmarking and audit.

The committee structure is set out in Figure 2 below:

Figure 2

NWAS COMMITTEE STRUCTURE



The Committees are also responsible for oversight of performance metrics relating to the delivery of the Trust's strategy, which are not reported within the Integrated Performance Report, to gain assurance that NWAS is on track to deliver its strategic vision and goals.

Table 2 includes examples of measurement areas monitored at committee level.

Table 2

Committee	Strategic Goal	Measurement Areas
Quality & Performance Committee	Right Care Right Time Right Place	Incidents, Serious Incidents, Complaints, Health and Safety, IPC, Medicine Management, Safeguarding ARP Response Times, PTS Contract Standards, Non ED Conveyance, 111 Call Response Targets
Resources Committee	Every Time	Finance Risk Rating, Agency Spend, EPR Implementation Turnover, Vacancy Gap, Training, WRES Score, Appraisals

4.2 **Directorate/Service Level Performance Management**

The principal lines of performance reporting and accountability runs through the organisation from the Board and Executive management team (EMT) to the directorates and service lines of the organisation.

The Board of Directors delegates day to day operational management of the Trust to the EMT. The EMT also has the responsibility for developing and recommending policy and strategic issues to the Board and its committees. The EMT meets weekly and receives both verbal reports on the key performance issues from the previous week, identifying and delegating required actions.

Each service line, led by a Senior Management Team will develop and maintain its own formalised, written and approved Performance Management Framework. All service lines should monitor and take responsibility for performance of key indicators in line with the five domains of the Single Oversight Framework. Agreed performance indicators within each service line should be applied consistently across all geographical areas to reduce any variation in performance management across the trust.

Service Level Performance Frameworks should contain:

- Key metrics relevant to each service line structured according to the SOF
- Establish appropriate clear reporting hierarchies e.g. sectors, teams, individuals
- The form and format of performance reviews (frequencies and processes)
- Internal escalation route within services when performance is inadequate
- Incentives in place for rewarding good performance
- Staff support means to understand and apply the performance management framework effectively

A key element within the Performance Management and Accountability Framework will be the introduction of CEO Accountability Reviews whereby service lines, on a rotational basis (see Appendix B) will have an opportunity to meet with the CEO and an Executive Panel, utilising the agreed service line metrics to monitor and challenge performance by ‘exception’ and allow the service lines leads to escalate any appropriate issues and ‘showcase’ new and innovative ways of working.

The objective of these meetings will be:

- Understanding and challenging performance which is 'off trajectory'
- Assessing risks to future delivery and agreeing remedial action plans including key milestone dates for delivery
- Discuss and agree required developmental/support measures to aid performance delivery

CEO Accountability Reviews will occur on a weekly basis, with the exception of week 4 in the month due to Board commitments, they will follow on from EMT and be in line with data availability and cover the following:

1. An overview of the service line's performance within the previous month and explaining the outcome of any actions taken on previous performance results

2. An update on each 'by exception' item explaining:
   - The cause of the exception
   - The actions being taken to address the exception
   - A forecast/prediction of when the exception will be resolved
   - Daily/weekly measures are taking place to address the exception
   - Update on previous months exceptions including evidence to demonstrate resolution/progress

Appendix B and C contain suggested attendees, schedule of meetings and a suggested agenda for each service line.

The CEO Accountability approach will provide the tools for the Executive Team to monitor all key performance metrics and receive the necessary assurance required whilst ensuring intervention is proportionate and balanced to the issue with key emphasis on the balance between challenge and support.

4.3 **Information Development and Delivery**

Large volumes of data are available in separate systems across the Trust, which can make access to performance management information difficult to obtain in a timely manner. The Trust's Digital Strategy seeks to address this with the development of a centralised database. This will allow the automation of integrated performance reports at all levels of the organisation, which can be accessed from a self-service platform.

This development will be a phased approach over five years led by the Informatics team which will initially be focused on the metrics reported within the Trust level integrated performance report. The performance management frameworks developed for each service line should then provide clarity on which metrics are crucial and should be given precedence. The EMT will have the final decision on the order of the systems and measures to be introduced into the business intelligence solution. Information governance standards must be adhered to as part of this process to ensure that information is collected, stored, accessed and handled correctly.

The benefits of automation will only be realised if there is a focus on the quality of data being entered in the source systems. Poor data quality can led to a lack of confidence in

reporting outputs and prevent evidence based decisions.

Ensuring systems are designed to limit data entry errors and staff have an understanding of the importance of data quality can also lead to better productivity, allowing them to focus on their main role rather than spending time correcting data errors.

5. Performance Management Roles and Responsibilities

One of the aims of the Performance Management Framework is to ensure that managing performance becomes everyone's responsibility. However, the Trust Board will drive a culture of performance by providing a clear vision, objectives and priorities, and by holding the executive to account for delivery. Effective performance management will require defined roles and responsibilities and clear ownership of outcome measures. A summary of these roles and responsibilities is as follows:

5.1 T**rust Board**

The Trust Board is responsible for:

- Approving the Performance Management and Accountability Framework and ensuring it is implemented and maintained.
- To receive assurance and approve the Trust's performance against compliance with the Single Oversight Framework, via the Integrated Performance Report (IPR).
- To receive assurance reports on progress against corporate objectives and performance against standards and indicators.
- To identify areas of concern and request further reports through the committee structure on controls and actions required.

5.2 Executive Management Team

The Executive Management Team (EMT) is responsible for:

- Ensuring implementation of the Performance Management and Accountability Framework across all service lines and ensuring regular maintenance and review.
- Receiving, considering and challenging senior leads across all service lines on key performance metrics as reported and as part of the CEO accountability reviews.

The Director of Quality, Improvement & Innovation has the lead role for performance management processes within the organisation

5.3 Service Line Leads/Operational Managers

Managers are responsible for the day to day implementation of their service lines Performance Management Framework within their area of responsibility, including maintaining a management system where performance management reviews take place at area, locality, team or individual level.

An example of this, The Service Delivery meeting schedule, can be found at Appendix D.

Responsibilities for incorporating the Performance Management and Accountability Framework into operational practice include ensuring:

- To ensure all staff understand the importance of data collection and analysis and its role within the organisation, and to support staff in this task, and role model the behaviours required themselves
- To acknowledge and reward excellent performance

- To ensure that accurate data is input to the Operational Systems, HR, Finance and Governance systems within the appropriate timescales
- To scrutinise the information to understand variances, trends, discrepancies and gaps;
- To identify the root cause of variances, trends, discrepancies or gaps and act upon this to eliminate continued performance issues
- To escalate with supporting evidence to the appropriate Manager issues that cannot be resolved locally and to ensure that the risk is appropriately captured on the risk register
- To analyse the data and establish priorities for service development or business opportunities, escalating to the appropriate Manager to enable the area to be highlighted as a potential service improvement project, or an opportunity for the organisation
- To ensure the performance report is scrutinised and action plans for improvement are set on a daily/weekly or monthly basis
- To ensure that performance reports are part of a set agenda for team meetings
- To monitor compliance of action plans for underperforming service

5.4 **All Staff**

All staff contribute towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data on their activity, understand the importance of data quality and collection and how that translates to the corporate performance of the organisation.

5.5 **Informatics**

Informatics are responsible for producing the monthly NWAS Integrated Performance Report for the Trust Board and the maintenance of the Performance Management and Accountability Framework. The Informatics team will be key to developing the business intelligence solution which will connect trust data sources allowing the timely delivery, analysis and interpretation of performance data.

5.6 **Information Asset Owners**

Information Asset Owners are responsible for the quality of data entered within the system that they manage. Data driven decision making based on inaccurate data could have negative implications for the performance of the trust and therefore its patients.

6 References

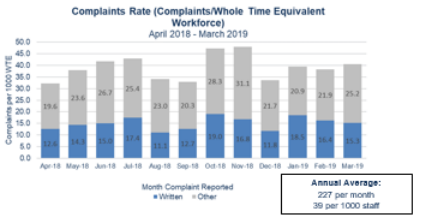
6.1 NHS Improvement – Single Oversight Framework 2017 [Online]
Available at:

https://improvement.nhs.uk/resources/single-oversight-framework/

Appendix A: Integrated Performance Report Sample

Q1 COMPLAINTS

Figure Q1.1



Annual Average:
227 per month
39 per 1000 staff

Table Q1.1: Complaints Opened by Month

Severity	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
1. Minimum	23	35	38	35	28	36	56	45	39	27	21	26
2. Minor	131	154	176	175	139	122	165	184	122	161	161	175
3 Moderate	16	14	14	19	18	23	34	34	28	32	30	19
4 Major	5	11	7	10	6	7	9	14	6	7	8	8
5 Serious	9	3	4	7	5	2	10	3	1	5	7	3
Total	184	217	239	246	196	190	274	280	196	232	227	241
Compliments	165	180	121	114	190	126	144	121	103	102	106	122

Complaints & Compliments

In March 2019, 241 complaints were received, (average is 227 per month) which remains within the expected control limits, as displayed in Figures Q1.2 and Q1.3.

This is equivalent to 40 complaints per 1000 WTE staff.

In addition, 122 compliments were received, which is equivalent to 20 compliments per 1000 WTE staff.

Improvement Goals:

1. Reduction in the number of complaints per 1000 WTE staff.
2. Reduce the time taken to respond and close complaints Review the process for responding to complainants and recording complaints.

13

Figure Q1.2

Figure Q1.3

14

Figure Q1.4

Figure Q1.5

Complaints Closure

A total of 273 complaints were closed in March 2019. (267 with a risk score of 1-3 and 6 with a risk score of 4-5). 54% of level 1-3 and 17% of level 4-5 complaints were closed within the agreed standard.

The trajectory to close 60 complaints per week to aid the recovery of the backlog position has been met. The combination of the centralised EOC team, changes to PTS case handling, robust initial case assessment and actions, focussing on early conversations with complainants and the continued work of 111 has led to improvements in the closure rate within timescales, particularly for lower risk complaints; this is expected to continue through April.

Higher risk complaints remain more challenging though there has been a marked improvement in the approvals process. This remains an area of focus jointly between the complaints team and operational colleagues.

The National Ambulance Patient Experience Group currently collates PES complaint figures in comparison to activity levels. For Quarter 3, NWAS reported a rate of 0.083%. This compares to NEAS at 0.099% (highest) and SCAS at 0.051% (lowest). Year-end figures are currently being collated.

Improvement Goals

1. Continue to reduce backlog
2. Increase closure within timeframes in line with the Right Care Strategy by end March 2020 to:

Risk score 1-3	65%
Risk score 4-5	40%

15

Figure Q1.6

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

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

Figure Q1.7

16

Q2 INCIDENTS

Figure Q2.1

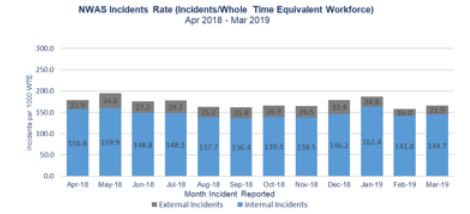


Table Q2.1

Severity	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
1. Insignificant	225	216	182	204	182	199	207	225	194	174	186	172
2. Minor	608	687	620	623	571	563	544	517	616	655	594	551
3 Moderate	174	185	179	165	159	145	172	187	191	219	177	168
4 Major	6	5	10	6	9	7	13	13	15	9	6	12
5. Catastrophic	1	2	3	3	4	2	3	0	2	3	3	0
Unscored	6	18	13	18	11	20	25	23	26	42	28	86
Total	1020	1113	1007	1019	936	936	964	965	1044	1102	936	989
Unscored %	0.6%	1.6%	1.3%	1.8%	1.2%	2.1%	2.6%	2.4%	2.5%	3.8%	3.0%	8.7%

Incidents

989 internal and external incidents were opened in March 2019 at a rate of 166 incidents per 1000 WTE staff, which remains within existing control limits.

Included in this total are 86 unscored internal incidents, which accounts for 8.7% of the total number of incidents opened this month.

Work is continuing to reduce the numbers of non-scored incidents and the Clinical Safety Team are following up any unscored incidents they review with the incident reporters. The Clinical Safety Team are attending the Area Learning Forums to feedback and resolve any specific issues with non-risk scoring. Reducing the total number of non-risk scored incidents is a challenge but working collaboratively with the clinical area teams will improve performance.

17

Figure Q2.2

Figure Q2.3

Figure Q2.4

Figure Q2.5

18

Appendix B: CEO Accountability Review Format

Accountability Reviews will be held on week 1, 2 and 3 of each month following EMT and last for 2 hours in duration from 1300 – 1500. Data presented and discussed will be dependent on availability at the time with limited NWAS HR and Finance data until after the 10th (approx.) of the month. The schedule will be as below:

Meeting	Directorate/ Service Line	Attendees	Focus
Month 1:			
Week 1	PES – GM	Deputy Director of Operations Head of Service Consultant Paramedic Finance Lead (GM PES) Fleet & Estates Lead (GM) HR Lead (GM PES)	Current Performance metrics including national targets.
Week 2	EOC & CH	Strategic Head of EOC CH Lead Finance Lead (EOC & CH) HR Lead (EOC & CH)	Current performance metrics including CPU.
Week 3	Finance, Procurement and Fleet & Estates	Finance Lead Contracting Lead Procurement Lead Assistant Director of Fleet & Estates	Current performance metrics including contracting, and financial metrics.
Month 2:			
Week 1	PES – C&L	Deputy Director of Operations Head of Service Consultant Paramedic Finance Lead (C&L PES) Fleet & Estates Lead (C&L) HR Lead (C&L PES)	Current Performance metrics including national targets.
Week 2	111	Head of Service (111) Clinical Lead for 111 HR Lead (111) Finance Lead (111)	Current performance metrics including all contract requirements.
Week 3	OD	Head of HR (Corporate) Head of L&D Head of Training	Current performance metrics including all attendance and training requirements.
Month 3:			
Week 1	PES – C&M	Deputy Director of Operations Head of Service Consultant Paramedic Finance Lead (CML PES) Fleet & Estates Lead (C&M) HR Lead (C&M PES)	Current Performance metrics including national targets.
Week 2	Resilience	Deputy Director of Operations Head of Special Operations Head of Contingency Planning BCM Manager	Current Performance metrics including EPPR updates.
Week 3	Medical and Quality including IT and Informatics	Chief of Digital and Innovation Assistant Director of Quality Head of IT Head of Informatics Head of Risk & Safety (Complaints) Chief Consultant Paramedic	Current Performance metrics including CPI targets.

Month 4:			
Week 1	PTS – Operations & Contact Centres	Head of PTS Head of PTS Operations Head of Contact Centres Finance Lead (PTS) HR Lead (PTS) Fleet & Estates Lead (PTS)	Current Performance metrics including contract requirements.
Week 2	Corporate Affairs and Strategy & Planning	Head of Legal Head of Corporate Affairs Risk Manager Head of Comms Head of PM	Current performance metrics.
Week 3	***Review of the process and agreement to continue/make revisions to schedule, format or reporting dashboard***		

At month 5, week 1, the process will continue again with PES GM, EOC etc on a rolling basis until Month 8 when a review will take place again. This continuous cycle will continue to ensure the Accountability Reviews are fit for purpose and beneficial to all involved.

Additional reviews may be scheduled in if performance is particularly challenged in a particular area and/or improvements are not being made in a time acceptable to the CEO Executive Panel.

Appendix C: CEO Accountability Review Sample Agenda

Date and Time of Meeting:
Venue:
Required Attendees:

Agenda

Agenda Ref		Time	Purpose/ Encl.	Presenting
1.	CEO Welcome and Introduction		*Information*	**CEO**
2.	Apologies for absence		*Information*	**CEO**
3.	Minutes/Action Log from the previous meeting		*Information/ Discussion*	**CEO**
PERFORMANCE MEASURES				
4.	Team Improvement Case Study presentation (15 minutes)		*Information*	**SL Lead**
5.	Review of Performance Management Dashboard		*Dashboard/ Discussion*	**SL Lead**
6.	Agreement and confirmation of arising actions from this meeting included scheduled completion dates		*Action Log*	**CEO**
7.	Any Other Business		*Information*	**CEO**
DATE OF NEXT MEETING				
8.	Date of next Meeting		*Information*	**CEO**

Appendix D: Service Delivery Meeting Structure

Meeting Name	Frequency	Chair	Attendees
Level 1	Monthly/ Quarterly*	Sector Manager	Sector Manager, Advanced Paramedics, Operational Managers and Senior Paramedic Team Leaders (SPTLs)
Level 2	Monthly	Sector Manager	Sector Manager, Consultant Paramedic(s), Advanced Paramedics, Operational Managers and SPTLs
Level 3	Monthly	Head of Service	Head of Service, Sector Managers, Consultant Paramedic(s)
Level 4	Monthly	Deputy Director of Operations	Deputy Director of Operations, Heads of Service
Service Delivery Senior Management Team	Monthly	Director of Operations	Director of Operations, Deputy Director of Operations, Heads of Service (x5), Head of Regional Planning, CFR Manager, Programme Manager, Comms, Finance, Fleet & Estates, Workforce Reps.
Operational Performance Group (OPG)	Quarterly	Director of Operations	Director of Operations, Deputy Director of Operations, Heads of Service (x5), Head of Regional Planning, CFR Manager, Programme Manager, Sector Managers, Consultant Paramedics.
Quality Business Group (QBG)	Monthly	Consultant Paramedic	Consultant Paramedic(s), Sector Managers, Advanced Paramedic, Clinical Safety Manager.

***** *varies from area to area – some areas have a quarterly SPTL away day others have monthly Level One's dependent on current operational pressures, key areas of focus or concern.*

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North West Ambulance Service NHS Trust

REPORT

AGENDA ITEM:

Board of Directors	
Date:	31st July 2019
Subject:	Infection Prevention and Control Annual Report 2018-19
Presented by:	Maxine Power – Director of Quality, Innovation and Improvement on behalf of Chief Nurse (DIPC).
Purpose of Paper:	For Assurance
Executive Summary:	The purpose of this report is to provide an overview of Infection Prevention and Control (IPC) activity within the Trust during the period 2018-2019. The report details the Clinical Safety Team's progress towards our 5 key improvement goals. **Vehicle Deep Clean**: Performance remains on target this year and we are aiming to incorporate data as part of an IPC dashboard which can be used at sector level. **IPC Audits**: The audit questions have been reviewed and simplified to focus on areas of low performance. **Quality Assurance Visits:** Observational Clinical Safety Practitioner (CSP) audits are completed bi-monthly. Trust wide Quality Assurance Visits (QAV) have been implemented with agreed criteria which will provide impartial audit data conducted in a standardised format. **Hand Hygiene:** 614 audits have been completed as part of crew contact shifts demonstrating high compliance. Hand Wipes are now available for staff to be able to effectively clean hands when no sinks or soap and water available. The team aims to recruit HH Champions as part of the Wipe It Out Campaign. **Cannulation Policy:** The IV Cannulation Policy is currently being approved. The team will launch this policy in quarter 2 and we will develop a process to capture baseline audit compliance later this year. **Wipe It Out Campaign:** A year-long internal campaign entitled 'Wipe it Out' has been launched as part of the NWAS infection prevention and control work plan for 2019/20. The campaign will focus on key areas every quarter as follows: Q1: Hand hygiene Q2: Cannulation Q3: Aseptic None Touch Technique (ANTT) Q4: Personal Protective Equipment (PPE)

	This will be followed by a period of audit in April 2020. Ambitions for the year 2019-2020 are included within the report.			
Recommendations, decisions or actions sought:	The Trust Board is asked to: • Approve the report and note the assurance provided. • Approve the publication of the Annual Infection Prevention and Control Report to the Commissioners			
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:	**NA**
Previously Submitted to:	**Safety Management Group, Quality & Performance Committee**
Date:	**30/05/2019 (SMG), 17/06/2019 (Q& P C)**
Outcome:	**Reviewed and approved**

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1. PURPOSE

The purpose of this report is to present to the Board key Infection Prevention and Control (IPC) activity and development during the period 2018-2019. It will also provide assurance to the ongoing work surrounding IPC and our ambitions for 2019-2020.

2. BACKGROUND

The Chief Nurse fulfils the role of Director of Infection Prevention and Control (DIPC), supported by the Head of Clinical Safety, Clinical Safety Manager, three Clinical Safety Practitioners (CSPs), and a Clinical Safety Co-ordinator. The team is responsible for supporting staff to ensure they adopt best practice and provide expert advice on safe environment, equipment and vehicles and the health and wellbeing of the staff, patients and visitors. The CSPs provide assurance for Infection Prevention and Control for the stations and vehicles through independent audits as well as working with the Service Delivery teams to ensure goals and targets are met.

The Trust has a Consultant Paramedic within each area who manages a group of Advanced Paramedics (AP). The APs lead on clinical safety and IPC within Service Delivery and support the CSPs in the development and implementation of new initiatives and improving standards.

NWAS is committed to promoting the highest standards of infection prevention and control within the organisation. The management of infection prevention and control has been developed in line with the Trust Right Care Strategy with 5 key improvement goals.

2.1 Right Care Strategy

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

The Infection Prevention and Control ambitions for 2019-20 – Quality Goals:

Goal 1: Increase the percentage of vehicles deep cleaned within the 6 week standard.

Goal 2: IPC audits on stations and vehicles reviewed & new compliance standards implemented via operational manager.

Goal 3: IPC standards on stations and vehicles checked via quality visits.

Goal 4: Compliance with the World Health Organisation (WHO) 5 moments of hand hygiene before patient contact.

Goal 5: Compliance with the cannulation policy & procedure guidance.

2.2 Wipe It Out Campaign 2019/2020.

The Trust has launched a year-long internal campaign entitled ‘Wipe it Out’ as part of the NWAS infection prevention and control work plan for 2019/20.

The Wipe It Out campaign is vital to ensure compliance with the Heath & Social Care Act 2012. We are expected to demonstrate that appropriate monitoring and management systems are in place to identify risk of infection to susceptible service users and staff and any risk that their environment may pose to them. This programme of work is aligned to the Care Quality Committee (CQC) registration compliance criteria.

The Wipe It Out campaign will focus on key areas every quarter as follows:

Q1: Hand Hygiene
Q2: Cannulation
Q3: Aseptic None Touch Technique (ANTT)
Q4: Personal Protective Equipment (PPE)

This will be followed by a period of audit in April 2020.

NWAS is committed to ensuring the highest standards of IPC for its patients and staff. Our achievements in recent years will be maintained and a renewed focus on personal protective equipment, hand hygiene, cannulation and standardisation of IPC products and procedures will be achieved. We will also deliver new standards of vehicle and station cleanliness through our quality visits programme.

3. Right Care Strategy – Achievements and Ambitions

3.1 Goal 1: Vehicle Deep Clean.

All front line ambulances (Paramedic Emergency Service (PES), Patient Transport Service (PTS), Rapid Response Vehicles (RRV), and Urgent Care (UC) are rostered to have a deep clean completed every 6 weeks with a 2 week window to allow for vehicles not being available due to operational needs or maintenance reasons. This deep clean does not replace routine and acute cleaning of the vehicle or equipment as this is carried out after every patient contact.

Achievements 2018/19:

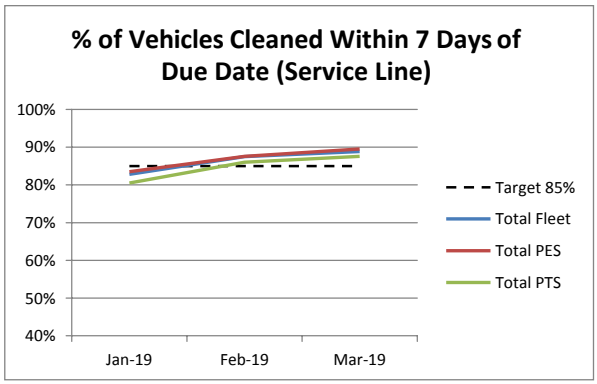
The CSPs have met with local area Sector Managers and Operational Managers during their sector visits to ensure regular cycles of deep clean are conducted and any issues with this are escalated. This has helped to maintain a clean safe working environment for all patients, relatives and staff.

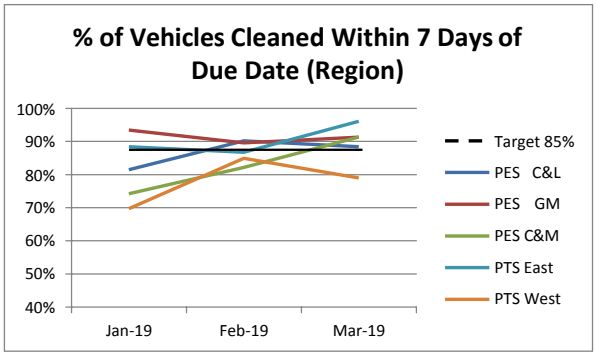
Ambition for 2019/20:

The Trust is aiming to improve reporting and demonstrate improved compliance against the 6 week vehicle deep cleaning standard. The goal for 2019/20 is to attain 85% compliance for all vehicles reaching the agreed target. Deep cleaning performance data will be incorporated as part of the IPC dashboard available at Sector and Station Level.

Vehicle Deep Clean Performance Statistics

Role	Jan-19 % complete +/- 7 days	Feb-19 % complete +/- 7 days	Mar-19 % complete +/- 7 days
Target 85%	85.0%	85.0%	85.0%
Total Fleet	82.8%	87.5%	88.9%
Total PES	83.5%	87.5%	89.5%
Total PTS	80.5%	86.0%	87.6%
HART	100.0%	100.0%	NOW IN PES
PES C&L	81.5%	90.2%	88.4%
E Lancs	72.0%	90.5%	86.2%
Fylde	88.5%	100.0%	100.0%
N Cumb	96.7%	91.7%	89.7%
S Cumb	69.2%	90.9%	85.0%
S Lancs	78.6%	81.8%	81.0%
PES GM	93.5%	89.6%	91.3%
Central	97.3%	90.9%	89.7%
East	97.6%	96.8%	94.1%
South	95.3%	92.7%	94.9%
West	81.3%	75.9%	86.5%
PES C&M	74.3%	82.2%	91.3%
East	75.0%	92.0%	93.1%
North	68.8%	78.6%	93.8%
South	82.9%	87.5%	85.2%
West	76.2%	70.8%	91.3%
PTS East	88.4%	86.8%	96.2%
PTS West	69.7%	84.9%	79.0%





3.2 Goal 2: IPC audits on stations and vehicles reviewed & new compliance standards implemented via operational managers

IPC performance and assurance audits are conducted on a monthly basis and the data is collated and audited to provide assurance regarding activity. This is against an agreed set of clinical safety indicators. Compliance within each of the categories of PES vehicles, PTS vehicles and Station audits is reviewed to identify risk areas that may require a definitive action plan to address the issue. The IPC audit questions are reviewed annually to ensure that they focus on areas requiring improvement until a consistent and high standard is achieved.

Achievements 2018/19:

The suite of audit questions have been reviewed to make them succinct and appropriate. The Clinical Safety Team and Clinical Quality Teams have been working together to ensure the Trust's approach to reporting audit data is presented in a new revised standardised format.

The IPC care bundle questions have been completely reviewed and areas that have shown consistently high compliance have been removed.

Ambitions for 2019/20:

The new IPC audit questions will be piloted during the first and second quarter of the year 2019/2020 and rolled out during the third quarter.

Our aim is to be able to provide up to date Sector and Station level IPC performance data that can be displayed on IPC dashboards within stations. The IPC audit questions have been revised and agreed at the IPC Forum. The Trust is working to automate the IPC audits

so data collection and input will be quicker and easier for our staff.

The Clinical Safety Team will continue to work with Service Delivery managers to ensure that auditing is consistent throughout the Trust. Our team are in the process of recruiting and training Hand Hygiene Champions to promote good practice and raise awareness of the importance of good Hand Hygiene.

3.3 Goal 3: IPC standards on stations and vehicles checked via quality visits.

Observational audits are completed by CSPs on a bi-monthly basis, visiting a sector every two months and reporting their findings to the local management teams and the Area Learning Forums.

A Trust wide Quality Assurance Visit (QAV) audit programme has been created. This incorporates many of the directorate teams including Medicines Management, Health and Safety, IPC, Estates Services, Safeguarding and Vehicle safety. This audit programme aims to provide quality assurance against a range of quality indicators against specific guidance against each criterion. This programme provides useful audit data conducted by impartial quality visitors using a standard format.

Achievements 2018/19:

The CSPs have continued to conduct observational audits scheduled in each area. These visits have shown that station standards for IPC are consistently improving. The CSPs visibility on stations gives staff opportunities to ask questions and gain clarity on IPC matters. As part of the observational audits any actions required to improve practice are addressed.

The IPC questions for the Sector Quality Assurance Visits (QAVs) have been reviewed and standardised. Underpinning criterion guidance has been written which will help to ensure information obtained is objective.

Ambitions for 2019/20:

The QAVs are planned throughout 2019/20. The QAV Teams will visit every station and use the Quality Indicator questions with associated criteria to perform a high level audit. The audits will use agreed guidance criteria to ensure consistency in standards. This will provide high quality, objective data on IPC within NWAS.

3.4 Goal 4: Compliance with the World Health Organisation (WHO) 5 moments of hand hygiene before patient contact.

Good and efficient hand hygiene is the single most important factor in the prevention and spread of infection. By improving hand hygiene all staff can reduce the risk of transmission of infection.

Achievements 2018/19:

A total of 614 hand hygiene audits were completed and submitted during 2018/2019. These audits have shown very high performance. These audits assess staff knowledge of good hand hygiene, compliance with bare below the elbow and the staff Dress Code and Uniform policy. As part of the Wipe It Out campaign the Clinical Safety Team are conducting covert observational hand hygiene audits during the course of the year with the aim of giving constructive and supportive feedback when poor compliance is recorded.

In addition to the audits being done the team is recruiting local Hand Hygiene Champions

who will receive a job description and training upon application. They will be responsible for training colleagues, auditing practice and providing guidance on hand hygiene at a local level.

A paper was approved for the provision of detergent hand wipes. Hand hygiene detergent wipes are available to be used in situations where staff have no access to soap and water.

Ambitions for 2019/20:

One of our ambitions is to ensure high levels of hand hygiene compliance by incorporating good hand hygiene practice in every aspect of care provision. The CS Team will continue to review hand hygiene audit data. A process for monitoring the use of the detergent wipes will be incorporated in the Hand Hygiene Audit later this year.

Wipe it Out campaign - The first quarter (April – June) focusses on hand hygiene and guidance in the form of posters. This will be displayed in all stations highlighting key information for all staff. A short film is being created with the help of a Consultant Paramedic and our Communications Team to demonstrate good hand hygiene and correct commonly held myths about the use of gloves.

As Part of the Hand Hygiene campaign Hand Hygiene Champions will be appointed throughout the Trust. The champions will receive training, information and guidance in raising awareness and standards of hand hygiene.

3.5 Goal 5: Compliance with the IV Cannulation Policy & Procedures.

The Trust aims to give assurances of high competence in all aspects of IPC practice by reviewing and re-drafting current IPC procedures and policies.

This will allow all clinicians to achieve and maintain standardised IPC practices through improved training, Trust wide monitoring, auditing and maintenance of a central staff record system.

Achievements 2018/19:

An Intravenous Cannulation Policy and Procedure has been written and is currently going through the approval process. These documents will be launched as part of the Wipe It Out campaign in quarter 2 on this year.

Aseptic Non-Touch Technique (ANTT) and cannulation audits have been piloted within the Greater Manchester area. These are being rolled out across the Trust to capture compliance for reporting to the Area Learning Forums and Clinical Effectiveness Management Group.

***Ambitions for 2019/20*:**

The new Intravenous Cannulation Policy and Procedure will be launched in quarter 2 of 2019/20. We will develop a process to determine baseline compliance against cannulation.

Early development work on the introduction of cannulation packs has commenced.

The CSP team will work with Human Resources to use the Electronic Staff Record (ESR) system to capture IPC training status of staff. This will re-introduce IPC as a `Core' essential skill on a platform that is easily accessible for all managers.

Wipe it Out Campaign - Asepsis and ANTT will be the area of focus during the 2nd quarter of 2019/20 as part of the `Wipe it out' campaign. Part of this will be to review raise awareness of good practice and procedures when attending to patients and our role in combating

`Antimicrobial resistant' (AMR) and Sepsis.

3.6 ***Other IPC Achievements Throughout 2018/2019.***

- A new Chief Nurse has been appointed as Director of Infection Prevention and Control (DIPC) for the Trust to oversee the future development of IPC within the Trust.
- Implementation of the `High Consequence/Hazard Infectious Diseases' (HHID) Pathway and establishing a robust system in place to offer notification, information and guidance in the event of a communicable disease outbreak.
- The Quality Directorate Clinical Safety pages have been reviewed and updated including all Policies and Procedures.
- The NWAS site cleaning contract was agreed in 2018. The CSPs are working with the company to conduct unannounced joint random site audits once a month.
- An initial review of the Datix reporting system has been carried out to clarify the types of IPC incidents being reported.
- The CSP team have started to establish closer collaborative working with Hospital Trusts within the NWAS footprint to improve standards of IPC for patients throughout the care process.
- Clinical Safety Practitioners attend Area Learning Forums to discuss IPC issues.
- CSPs now deliver IPC induction training to all new Student Paramedics across the Trust footprint to ensure consistency of high standards.
- The IPC Forum now incorporates IPC development days to increase the knowledge and awareness of all IPC related subject and is open to staff to attend.
- A review of our IPC Policies and Procedures has been conducted, this includes the Communicable Diseases Policy, Latex Sensitivity Policy and the Trust Dress Code and Uniform Policy and the IPC Policy and Procedures.
- IPC Standard Practice Quick Reference Guides have been reproduced and distributed for all frontline PES and PTS staff and are available via their clinical leads.
- The production of the Clinical Safety Lessons Learnt newsletter is a regular feature of the monthly bulletins containing IPC information. The newsletter is also utilised to educate specific subject matters that are relevant to that period

Other IPC Ambitions for 2019/2020.

To provide greater assurances that the Trust is achieving the highest standards of IPC in order to reduce the incidence of Sepsis and Anti-Microbial resistant drugs (in accordance with the National Health Service England (NHSE) Sepsis Action Plan).

The deep cleaning contract for vehicles was renewed in 2018 and the team is working with the Contracts Manager and the cleaning contractor to improve the standards of the environment so that care delivered to patients by our staff is clean, safe and infection free.
To empower patient and service users to feel confident in order to ask clinicians if they have practiced standard IPC including hand hygiene.

To provide specialist advice in the acquisition of FFP3 respirator masks and assist where possible in adopting nationally agreed practice.

3.7 Infection Prevention and Control Incidents

A Trust IPC milestone plan is in place and the Board receives information on compliance against our agreed improvement goals relating to cleanliness of vehicles and stations.

The number of IPC related incidents reported remain a very small fraction of a percentage in comparison to overall number of incidents recorded.

Top Five Infection Prevention and Control Incidents 2018-2019

Incident Type	No. of Incidents 2016-17	No. of Incidents 2017-18	No. of Incidents 2018-19
Contaminated needle and near misses	50	57	52
Contact with bodily fluids	20	28	41
Splash/ingestion incident	20	17	28
Crew contact with known infectious disease	14	23	22
Contaminated vehicle	20	8	19
Totals (including all incident types)	**204**	**228**	**252**

Although there has been 252 reported IPC incidents over the last twelve months this is comparable to the increased number of calls and equates to 0.00018% of all calls. All IPC incidents reported are investigated and any training needs are either actioned individually with the staff or if Trust wide learning incorporated into mandatory training for all clinical staff. These actions are listed as bullet points in the Education and Training section below.

In an effort to reduce the numbers of incidents reported the staff member will be provided with feedback from their managers following Root Cause Analysis (RCA) and consider the lessons learnt from the incidents.

4. EDUCATION AND TRAINING

Within 2018-2019 the Clinical Safety Practitioners (CSPs) have reviewed all the IPC training materials and have revised the standardised training package for all staff. This focus includes hand hygiene, Aseptic Non-Touch Technique (ANTT), Intravenous cannulation, sharps safety, personal protective equipment, environmental cleaning and waste management. The training sessions encourage clinicians to take on a positive role in the reduction of Antimicrobial Resistance (AMR) and reducing the incidence of Sepsis amongst patients.

The team have delivered 17 training sessions this year with further dates planned for 2019-2020. This has included training to new staff, Student Paramedics, Emergency Medical Technicians (EMT) and Patient Transport Service (PTS) staff. Feedback has been very positive with a 91% satisfaction rate for the training presentations.

The IPC training sessions include as a minimum:

- Hand hygiene is an integral component of all clinical courses.
- IPC training for all clinical staff in universal precautions, vehicle and equipment

cleaning and decontamination in the form of an e-learning package with brief learning materials.
- The safe use and disposal of sharps and actions to take in the event of an inoculation incident with an e-learning package and learning materials.
- Assessment of staff knowledge on the main principles of ANTT, Personal Protective Equipment (PPE), Sharps use and safety and clinical waste management.

Additional competence based review and assessments of all aspects of IPC practice is carried out for all clinicians during their clinical contact shifts with their Senior Paramedic Team Leaders (SPTLs). The Infection Prevention and Control Policies and Procedures are made available to staff in a variety of formats and hard copy on stations.

5. LEGAL and/or GOVERNANCE IMPLICATIONS

This section identifies the key documents which have impacted on the infection prevention and control agenda and have been used to inform the Infection prevention and Control Annual Work Plan 2018-19.

- The Health and Social Care Act 2012 Code of Practice on the prevention and control of infections and related guidance www.dh.gov.uk/publications - this was updated in December 2010 and July 2015
- Care Quality Commission (2008) Registering with the Care Quality Commission (CQC) in relation to HCAI: Guidance for trusts 2009/10. CQC, London.
- Essential standards of quality and safety: Guidance about compliance: Care Quality Commission. March 2010.
- Standard Infection Control Precautions: National Hand Hygiene and Personal Protective Equipment Policy (NHS England and NHS Improvement March 2019)
- Department of Health (2007) Saving Lives: reducing infection, delivering clean and safe care. High Impact Intervention (HII) No. 2 Peripheral intravenous cannula care bundle. DH, London.
- Department of Health (2008) Ambulance guidelines: reducing infection through effective practice in the pre-hospital environment. DH, London.
- Department of Health (2007) The NHS in England: the operating framework for 2008/09. DH, London.

National Standard Operating Procedure for Healthcare Cleanliness: Specifications, Methodology and good practice (NHS Improvement April 2019)

6. RECOMMENDATIONS

The Trust Board is asked to note the assurance within this IPC annual report and approve the report for publication.

North West Ambulance Service NHS Trust

REPORT

Board of Directors	
Date:	31 July 2019
Subject:	Safeguarding Annual Report 2018-2019
Presented by:	Maxine Power – Director of Quality
Purpose of Paper:	For Assurance
Executive Summary:	This Safeguarding Annual Report provides an overview of safeguarding activity within the Trust during 2018-2019 and assurance relating to the scoping; development and implementation of safeguarding related processes. • Safeguarding activity has continued to rise across the Trust in 2018/19. A full review of the referrals is being undertaken by the Safeguarding Team to identify and patterns, themes or trends. • Safeguarding Training – All Trust staff are trained to level 2 in safeguarding training. Level 2 training is overseen by the Learning and Development Team whom the Safeguarding Team works closely with. A number of Trust staff has been identified as requiring level 3 safeguarding training, this training is delivered face to face by safeguarding specialists. Compliance for level 3 training is currently at 75% with a comprehensive training programme in place to capture the remaining staff that requires this training. • Safeguarding case reviews – The Safeguarding Team continue to be involved in serious case reviews, safeguarding adult reviews and domestic homicide reviews. The purpose of these reviews is to reflect upon the practice of all agencies who are involved with the person and to identify any learning from these cases to improve person centred care for all in the future. • PREVENT – The Trust provided face to face WRAP 3 training to all Trust staff. The Trust were recognised nationally as being one of the top three health organisations to have achieved compliance of training within the PREVENT agenda. The training has now moved to e-learning which the Safeguarding Team are hoping to have embedded across the Trust in 2020. • The Safeguarding Vulnerable Persons Policy and Procedure, The Domestic Abuse Procedure,

	Sudden Unexpected Death in Children and Adolescents Procedure and Prevent Guidance have also been updated this year and are all published on the intranet. • Following the visit to the Trust by Mersey Internal Audit, the safeguarding aspect of the report gave substantial assurance in relation to safeguarding activity. The Safeguarding Team will work hard to continue to ensure that this level of work is achieved. • Child sexual exploitation and human trafficking are high on the safeguarding agenda, and both areas feature within the level 3 safeguarding training. Emphasis is placed upon the importance of recognising and raising safeguarding concerns in all areas, and the need to report through to the Police in addition to Social Care if a crime has been committed.
Recommendations, decisions or actions sought:	The Board is asked to approve the sharing of the Safeguarding Annual Report with the Commissioners. Updates on safeguarding will be reported regularly to the Quality committee, to provide a detailed overview of the safeguarding activity within the Trust. The Safeguarding Team has a number of risks recorded on the corporate risk register. 2961 – There is a risk regarding the retention of staff within the Safeguarding Team due to current job bandings not being in line with other equivalent roles in the NHS. Job descriptions are being reviewed and submitted to the job evaluation committee. The risk is currently scored at a 16. 2837 – There is a risk to the Trust of reduced capacity within the Safeguarding Team. This is due to the small size of the team and the lack of resilience if long term sickness occurs. The risk is currently scored at a 12. 2709 – There is a risk that dropped safeguarding calls which are attempted by staff into the Support Centre in Carlisle are not being followed up, which is leaving at risk individuals at further risk of harm. Extensive work continues to be carried out to try and establish a solution to this issue. The risk is currently scored at a 12. 2960 – There is a risk that if the Trust do not adopt the recommendations of the Intercollegiate Document to train all staff who are band 6 and above to level 3 in safeguarding, unwelcome scrutiny may be received by the CQC and MIAA. The risk is currently scored at a 12. The Safeguarding Management Team will continue to scrutinise these risks and take actions to reduce them and mitigate against further issues.

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:	**NA**
Previously Submitted to:	**Quality and Performance Committee**
Date:	**13 May 2019**
Outcome:	**Approved – minor modifications recommended**

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1. PURPOSE

1.1 The purpose of this report is to provide the Board with an overview of safeguarding activity during 2018-2019. The achievements are set against the patient care priorities and introduction of the Right Care Strategy and ambitions taken from the forward plan of the Strategy for the following year.

2. BACKGROUND

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

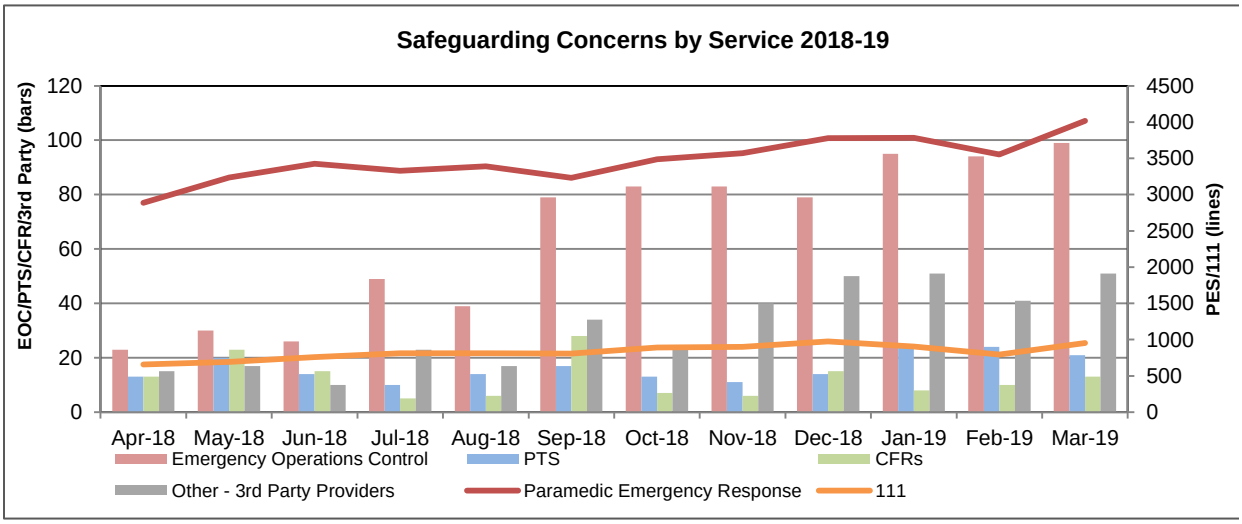
- Annual Section 11 audit (Children's Act) completed by the Trust on behalf of Blackpool Local Safeguarding Children's Board which has a pan Lancashire focus.
- Safeguarding adult and child audit which is set annually by the lead Commissioner, CCG Blackpool.
- Mersey Internal Audit Agency (MIAA) who conduct safeguarding audits on behalf of the Trust Audit Committee and have been auditing bi-annually.
- Care Quality Commission (CQC) inspection of the Trust including safeguarding arrangements took place in 2016 and in 2018.

2.2 In 2018-2019 safeguarding activity continues to increase significantly across the trust against a backdrop of increasing activity within the Paramedic Emergency Services and within 111. Chart 1 demonstrates the increase in the number of notifications (a near 100% increase) in adult safeguarding concerns raised during the year.

Chart 1 – Numbers of notifications

Concerns raised	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Adult	2745	2965	3211	3255	3332	3245	3518	3623	3862	3868	3540	4029
Child	861	1050	1036	970	946	950	989	990	1050	998	978	1123
Total	**3606**	**4015**	**4247**	**4225**	**4278**	**4195**	**4507**	**4613**	**4912**	**4866**	**4518**	**5152**

Chart 2 Breakdown of notifications by service area



2.3 Safeguarding Team

In May 2018 the Strategic Mental Health and Safeguarding Manager post became vacant. Following a review of this position the replacement post was successfully recruited to containing the Safeguarding element only. The dedicated Safeguarding Manager has been in post since May 2018. A Chief Nurse was appointed in May 2018 to oversee the team, and A Mental Health and Dementia Lead has also been appointed.

The Safeguarding Team comprises of one whole time equivalent (wte) Band 7 Safeguarding Manager (Named Professional) and three wte Band 6 dedicated Safeguarding Practitioners. One for each geographical area of the Trust, Cumbria & Lancashire, Greater Manchester and Cheshire & Mersey. The practitioners report directly to the Safeguarding Manager, and are an integral part of the Clinical Safety Team. The Clinical Safety Team is managed by a wte Band 8C Head of Clinical Safety who reports to the Chief Nurse. The team are also supported by two and three quarter WTE Band 3 Clinical Safety Administrators. Due to the increased numbers of safeguarding concerns raised by frontline staff capacity and resource issues within the team have been observed. This has been recognised on the corporate risk register and mitigation to address this has been initiated.

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

2.4 Right Care Strategy

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

The number of safeguarding concerns reported to local authorities by NWAS has never been higher. This is the result of significant focus on training by the safeguarding team under its new leadership. The focus outlined within the Right Care Strategy is to collate all learning from NWAS referrals into an agile intelligence system which allows us to examine variation in reporting, response and management. Our aim is to ensure that repeat concerns are identified and that feedback is provided to staff to support learning. We will also build systems to link intelligence and support for vulnerable patients who frequently use our safeguarding and mental health services.

The Right Care Strategy Safeguarding ambitions for 2019-20 – Pillars of Quality Goals:

- Training compliance for Levels 1, 2, 3, & 4 is compliant with the new training needs analysis. The team are currently reviewing the new Training Needs Analysis to match competencies against skill set and staff grades.

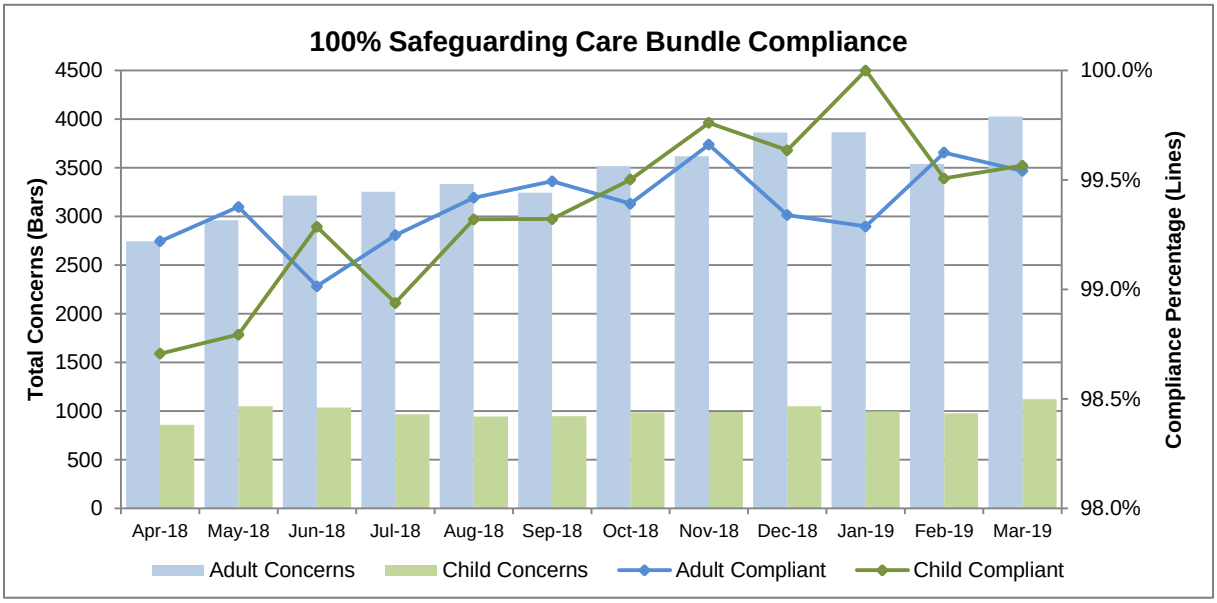
- Safeguarding performance metrics reported on a dashboard – greater detail and scrutiny to provide increased assurance. The team are currently developing the dashboard with the support of informatics. Expected date for draft dashboard is July 2019.

- Systems for linking, flagging, monitoring and responding to repeat referrals with escalation to SMT & stakeholders as appropriate. Currently the team record repeat referrals however a more detailed and linked process is under development to improve the system and reduce the risks associated with repeat referrals. Projection for 2019/2020 ambition in conjunction with current IT review.

2.5 Safeguarding Audit Compliance

Throughout the year safeguarding standards are audited to ensure the safeguarding process is effective and robust. Chart 3 below demonstrates that the audit criteria exceeded the 95% threshold in all months. This provides assurance that all relevant information is shared appropriately and promptly with Children's and Adult's Social Care Services as required.

Chart 3 Total number of concerns raised per month for both adults and children and the compliancy rates



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2.6 Safeguarding Concerns Rejections

Each month the safeguarding concerns that are rejected by Adult and Children's Social Care Services are scrutinised to understand the themes and to reallocate concerns to the correct service or to the patients General Practitioner. Less than 6% of all adult concerns and less than 2% of children concerns are rejected. The rejections relate predominately to mental ill health for adults. The Trust has recently appointed a Mental Health Lead who is reviewing partnership work to develop mental health referral pathways.

Rejected child safeguarding concerns generally relate to duplicate notifications as each child in a family is referred or being sent to the wrong area (geographical boundaries). These are sent on thereafter to the correct Children's Social Care department. As an additional safeguard the child concerns are also sent to the relevant community and acute health teams, to facilitate multi-agency working and information sharing. Discussions and communication with the adult and children's social care departments in all areas ensures that safeguarding concerns continue to be shared. Feedback from social care is welcomed and actively sought by the Safeguarding Team; this is then passed on to the staff and promotes discussion and learning opportunities.

2.7 Update to policies and procedures

The Vulnerable Persons Policies and Procedures have been updated and are designed to assist staff by highlighting current issues and raising awareness of potential risks to vulnerable people. The timeliness of raising concerns has been rationalised to include the 12 hour working shift patterns and new and updated procedures include modern slavery and trafficking, child sexual exploitation, self-neglect and female genital mutilation amongst others. The safeguarding policy also includes a training needs analysis which details the safeguarding training required by each staff group. The Domestic Abuse Procedure, Sudden

Unexpected Death in Children and Adolescents Procedure and Prevent Guidance have also been updated this year and are all published on the intranet.

2.8 Training

Level 1 and 2 training is included in the mandatory training delivery, the reportable figures which are reported on a monthly basis as a rolling programme include the safeguarding module compliance. Currently the figures for compliance are 111 – 74%, Corporate Services – 90%, PES – 59% and PTS – 83%. The Safeguarding Team are continuing to work with the corporate Learning and Development Department and local service delivery areas to improve the compliance figures.

The level 3 training requirement reflects the staff roles that provide guidance and support to others; these requirements have been identified in line with the National Intercollegiate Safeguarding documents for 2017- 2019. Level 3 Training records reflect significant assurance for the past 12 months for the Trust. During the financial year 2018/19 for 10 months of the year level 3 training was at 95% compliance. The Safeguarding Team work continuously to review the current situation for the level 3, and plan the delivery of training sessions to meet demand. The level 3 training compliance is recorded on a live spreadsheet, which allows for proactive planning of training sessions to ensure high compliance and assurance for the Trust. During the last quarter of 2018/19, there have been some challenges in the capacity of the team to deliver level 3 training. This has been addressed through recruitment and it is envisaged that these posts were successfully filled in June 2019. The deliverance of level 3 training is a priority of the Safeguarding Team and assurance can be provided now that all positions have been recruited to, the training programme has been reviewed and additional level 3 safeguarding training courses are programmed in. Currently level 3 safeguarding compliance is 75%.

Level 3 training is delivered in line with National Safeguarding requirements and is also designed specifically to reflect current safeguarding risks that are emerging both nationally and locally. Training also includes learning that emerges from safeguarding children and adult case reviews, to ensure that staff can identify and promote good safeguarding practice.

The dedicated safeguarding resource has allowed a stronger commitment to internal training; support for staff and visible engagement with Local Safeguarding Adults and Children's Boards. The Safeguarding Practitioners, the Safeguarding Manager and Head of Clinical Safety attend external level 3 training provided by the Local Safeguarding Boards on a variety of current topics, such as Child Sexual Exploitation (CSE), Human Trafficking and Modern Day Slavery.

The Safeguarding Manager, the Head of Clinical Safety and the Chief Nurse all attend level 4 training as the Trust 'Named' professionals for safeguarding. The information gathered from such training is cascaded through the trust and enables the frontline staff to be empowered with the most up to date information in the local area.

Safeguarding supervision is carried out both within the team and sought from external sources within the local safeguarding arena. This provides the Practitioners and Managers with the opportunity to ensure that the team's practice and training are up to date. In addition the Safeguarding Team visit front line service areas on a regular basis to raise safeguarding awareness and support staff engagement with the safeguarding practitioners to increase staff knowledge.

Staff who provide guidance, advice or support for safeguarding require level 3 safeguarding training. Following on from the 2017 recommendations made by the Mersey Internal Audit Agency and the Care Quality Commission to strengthen the Training Needs Analysis and provide greater clarity for staff requiring level 3, the Trust continues to provide a dedicated programme of internal training. This year 236 (5%) staff across all clinical services have

attended a face to face level 3 training session provided by the safeguarding team. This figure is in addition to the 163 staff that has been identified as requiring level 3 training within the corporate training needs analysis.

In 2019 following the national review of the Intercollegiate Documents for Adults and Children the Training Needs Analysis for Safeguarding is being reviewed and an additional programme of training is being designed for level 3 staff.

The safeguarding team work closely with the corporate Learning and Development Department to share training records and identify staff that requires this higher level of training.

Over the past 12 months the Safeguarding Practitioners have worked hard to improve the visibility of the Safeguarding Team, this has been achieved via station and hospital visits. These are carried out on a regular basis by the Safeguarding Practitioners. Patient facing staff and telephone triage staff are able to approach the Practitioners and discuss all aspects of safeguarding. This visibility allows the Safeguarding Team to identify if there are any learning themes which need to be addressed both at local and Trust level.

2.9 Safeguarding Board Engagement

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

During the 2017/18 year the Safeguarding Team were involved in 56 adult reviews and 28 child reviews, in direct comparison 2018/19 has seen the Team engage in 99 adult reviews and 56 child reviews.

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

Each 'Local Safeguarding Board' is formally written to on an annual basis by the Safeguarding Manager to inform them of our commitment to engagement with the Safeguarding Boards and to establish good working relationships in each area. In addition, practitioners and managers are involved in Local Safeguarding Board sub-groups. Engagement includes:

- Child Death Overview Panel
- Serious Case Review Groups
- Safeguarding Adults Review Groups
- Front line visits with local board members
- Wider stakeholder meetings
- County leadership groups
- Multi-agency review meetings following the Sudden Unexplained Death of a Child (SUDC).

2.10 Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews (DHR)

Improved engagement with safeguarding boards ensures the trust participates in serious case reviews, safeguarding adult reviews, learning disability reviews and domestic homicide reviews (see charts 4, 5 and 6). These processes enable all agencies to learn lessons when things go wrong. These lessons are captured in a number of ways and shared directly with

staff involved; the wider trust via the corporate action tracker and lessons learnt; in the weekly regional bulletins and built into the mandatory training scenarios.

Chart 4 – Number of Serious Case Reviews per month and area for 2018/19

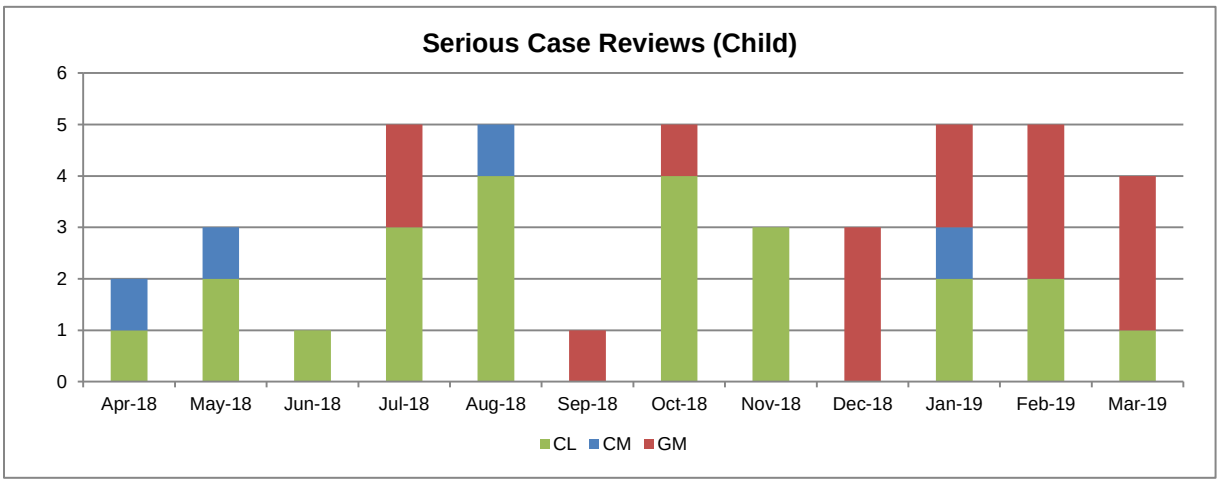


Chart 5 – Chart to show the number of Safeguarding adult reviews commissioned by area for 2018/19

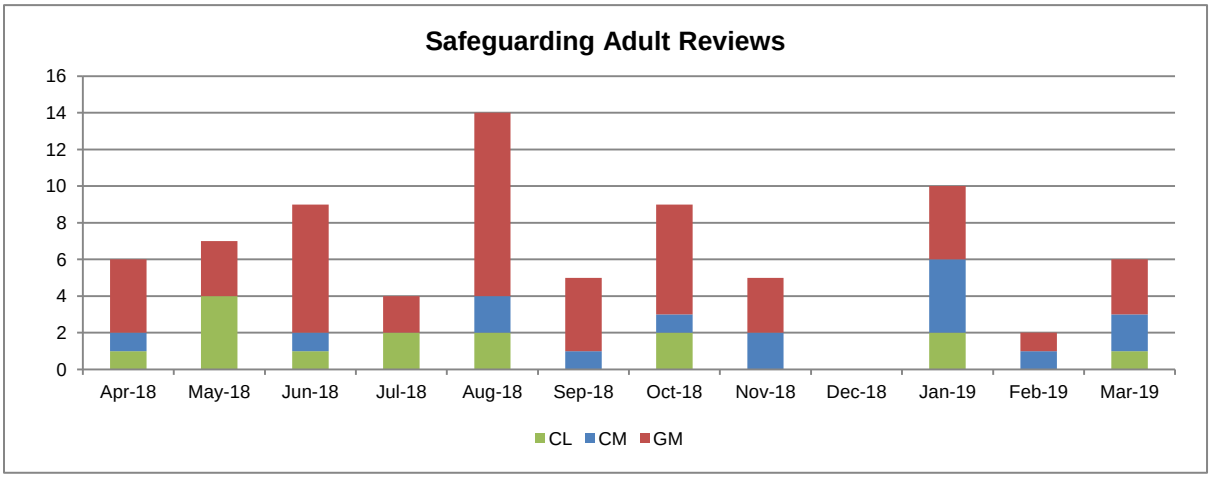
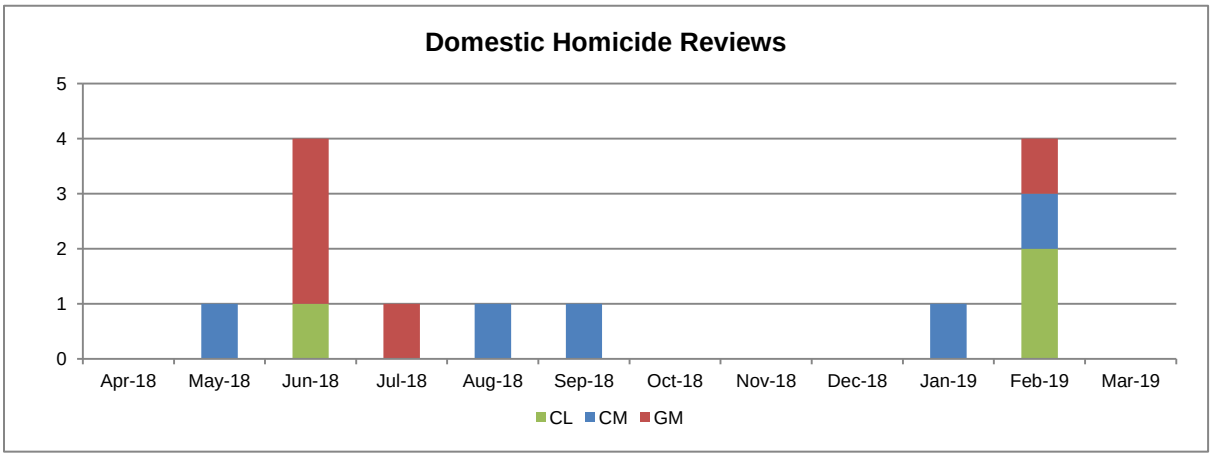


Chart 6- Information in relation to the number of Domestic Homicide Reviews by area for 2018/19



Learning from these events is undertaken at local and Trust level. Where serious events have occurred these are reported through a 'reportable events' paper which is presented to the Trust Board on a monthly basis. All learning from the reviews is reported as part of the

quarterly safeguarding report to the quality committee.

2.11 PREVENT

Over 97.9% of all NWAS staff have now received WRAP 3 training which is the 'workshop to raise awareness of PREVENT' and part of the Government's anti-terrorism strategy. Prevent training continues to be delivered on a face to face basis, with a target of embedding the e-learning package by 2020. Prevent is now part of mandatory training for PTS and induction training across the Trust. The Head of Clinical Safety is the Prevent lead for the Trust.

Prevent is about safeguarding people and communities from the threat of terrorism. It aims to stop people becoming terrorists or supporting terrorism and specifically relates to the radicalisation of vulnerable people. WRAP is included within mandatory training for all PTS staff and is included in all induction training. It was a national requirement for all organisations who had been identified as key contributors to the Contest Strategy, to have achieved 85% training compliance by March 2018. NWAS had exceeded this target and were recognised nationally as being one of the top 3 health organisations to have trained their staff in PREVENT. Compliance with this national requirement has been maintained during 2018/2019. The Safeguarding Team attend events and conferences to meet and discuss the issues surrounding terrorism in order to keep up to date with the latest local and national strategies. This information is then cascaded to frontline staff via bulletins and mandatory training.

During 2018-2019 the Trust has made 20 PREVENT referrals to the regional anti-terrorist teams.

2.12 Child Sexual Exploitation & Adult Trafficking

As knowledge about Child Sexual Exploitation (CSE) and Adult trafficking increases, a number of developments have been undertaken within the Trust to ensure vulnerable people at risk are identified and offered the appropriate help and support. Throughout 2018-2019 these subjects have been included within mandatory training. Awareness has already been raised through the Clear Vision and weekly bulletins and the Trust is linked to a number of external forums across the North West.

CSE is included in the updated policies and procedures and provides staff with clear guidance with regards to pathways when this is suspected. Frontline staff are supported to take action if they suspect cases of Child Sexual Exploitation.

2.13 Child Protection Information Sharing (CP-IS)

Child Protection Information Sharing System (CP-IS) has gone live (successfully) this year within the 111 Service and UCD.

Safeguarding flags are being added to the ERISS system to enable call takers to highlight concerns to staff at the time of the call. During the year there have been 122 safeguarding flags placed.

CP-IS will continue to be rolled out as part of the national programme with NHS Digital and NHS England, this will include the 999 Paramedic Emergency Service and the Urgent Care Service and inform staff of safeguarding concerns. Safeguarding concerns are raised by patient facing Trust staff, this staffs continue to use the existing process that is in place and concerns are shared with the relevant social care team. All concerns are raised via the support centre in Carlisle.

2.14 Achievements 2018-19

- The development and implementation of a quarterly report for the CCG's which clearly articulates the number of safeguarding concerns raised about nursing and care homes which fall under their remit. The sharing of information in this way provides safer practices and allows CCG's to pick up on any trends and themes which may be emerging. Following a meeting in March 2019 with the CQC this information is now also shared with the regulator as part of information sharing best practice and improved and is testament to our partnership working.

- The Safeguarding Team have been working with the Clinical Support Hub. Frontline staff requesting advice and support for issues surrounding safeguarding is transferred directly to a Safeguarding Practitioner during office hours, ensuring expert advice is given in real time. Out of hours safeguarding support is provided by the on call clinical advisors, there is always be a member of staff available locally who has been trained to level 3.

- Improvements in Patient Transport Service reporting following significant work in this part of the service to increase awareness and supplement training. Whilst the increases are finite the number of concerns and notifications raised has increased across all PTS areas of the Trust. The feedback provided by the PTS service has shown that the additional support provided to the staff has been beneficial and worthwhile.

- Following audit inspections by CQC and an objective review by MIAA in 2018, safeguarding practices within the organisation were classified as providing 'substantial assurance'. These reports were presented to the Trust Quality and Audit Committees.

- The Safeguarding Manager has engaged with the North West Deprivation of Liberty Safeguard (DoLS) forum, and attends these meetings on a quarterly basis. Under the Care Act (2014) the DoLS agenda remains a priority within the safeguarding arena, and it is crucial that there is a clear understanding of the DoLS process within the Trust.

- Funding for developments of the Eriss system has been agreed. The Eriss system is fundamental to the information sharing process of the Safeguarding Team. The agreed funding will allow the Team to develop enhanced safeguarding process pathways; this will ensure that all safeguarding concerns are directed to the relevant place in a timely manner. The development of these processes will strength working relationships with multi-agency partners.

- Safeguarding awareness events take place each quarter to target specific areas, increase visibility and work with staff to understand barriers to raising concerns.

- The Trust is committed to the safeguarding of adults with learning disabilities and are engaged with the LeDeR programme which makes all deaths involving adults with learning disabilities notifiable. The learning disabilities mortality review aims to make improvements to the lives of people with learning disabilities. The LeDeR programme was set up following a recommendation from the CIPOLD, funded by the Department of Health, to investigate the premature deaths of people with learning disabilities.

2.15 Ambitions 2019-2020:

- Training compliance for Levels 1, 2, 3 & 4 is compliant with the new training needs

analysis. Provide Level 3 training to the identified clinical staff as determined by the new Adult and Child Intercollegiate Document to provide improved safeguarding supervision assurance.

- Develop and Implement a Safeguarding Performance Dashboard demonstrating further detail and increased scrutiny to provide greater assurance.

- Improve the systems for linking, flagging, monitoring and responding to repeat referrals with an escalation process to SMT & stakeholders as appropriate.

- Establish Safeguarding Champions Network across the Trust to provide support to all staff including PES, PTS, 111 and EOC staff.

- The Safeguarding Team will continue to raise awareness of children who are self-harming, expressing suicidal ideas or attempting suicide. The Team are highlighting the importance of raising safeguarding concerns for all children who self-harm through training, bulletins and dissemination to frontline staff of learning resources that have been sourced outside of the Trust.

- The Safeguarding Team are actively involved in several Serious Case Reviews that have been commissioned by the Local Safeguarding Children's Boards. Issues that are highlighted through this process, such as concealed and denied pregnancies, are cascaded back to staff via updates in level 2 and 3 safeguarding training, trust bulletins and direct discussions with the members of staff that have been involved in the individual cases.

- To monitor repeat adult concerns and engage with Adult Social Care agencies to offer a holistic, multi-agency approach.

- Continued engagement in the Serious Case Review process and the development of level 3 training modules using lessons learned from the reviews. When a child or adult review is completed a report is produced by the commissioning Safeguarding Board, included in the report is any learning that has been identified. The Safeguarding Manager will ensure that this learning is applied to the Trust's safeguarding processes where relevant.

- To support and contribute to the development of Contextual Safeguarding boards across the Trust in conjunction with local authorities and multi-agency partners and to provide and share information where possible.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

3.1 The Trust has a statutory duty to comply with:

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

4. RECOMMENDATIONS

4.1 The Board is asked to note the assurance within this safeguarding annual report, and approve the sharing of the report to the Commissioners.

North West Ambulance Service NHS Trust

REPORT

AGENDA ITEM: 24

Board of Directors	
Date:	31 July 2019
Subject:	Integrated Performance Report
Presented by:	Director of Quality, Improvement & Innovation
Purpose of Paper:	For Assurance
Executive Summary:	The Integrated Performance Report for July 2019 shows performance on Quality, Effectiveness, Finance, Operational Performance and Organisational Health during June 2019. The highlights from this report are as follows; • Reported complaints (36) are below the annual average and getting much closer to the performance goal of 35 per 1000 WTE staff. • Response rates for level 1-3 complaints have exceeded the strategic goal. • 32 compliments were received, which is below the average. • 74.3% of level 1-3 incidents were closed against a target of 80%. • 63.6% of level 4-5 incidents against a target of 60%. • There were 66 (7.2%) 'unscored' internal incidents in month, against a target of 50. • 3 Serious Incidents (SIs) were reported and 10 SI reports were submitted to the Commissioners for closure, against a trajectory of 10. • There have been no new Health and Safety Alerts. • Overall the number of FFT responses and levels of satisfaction have improved in month. • All ACQI performance for the reporting month is within expected control limits. • See and Treat performance has risen to a high of 27.4% • Hear and Treat performance was 7.74% and NWAS are consistently in the weekly top performance across England. • The forecasted financial risk score remains at a 1 for the Trust. • Call pick up performance was at 78.6%. • The average turnaround time was 31 mins 22 secs.

	C1 Mean	C1 90th	C2 Mean	C2 90th	C3 Mean	C3 90th	C4 90th
Jun-19	00:07:21	00:12:53	00:22:08	00:47:09	01:04:31	02:32:15	02:58:44
Target	00:07:00	00:15:00	00:18:00	00:40:00	01:00:00	02:00:00	03:00:00
Rank	7/10	5/10	6/10	6/10	4/10	4/10	5/10

- NHS 111 Calls answered in less than 60 seconds performance WAS 85%.
- PTS activity was 5% below contract baselines.
- Sickness absence rates for May 2019 were 5.87%.
- Turnover performance was 8.79%.
- The Trust is seeking to reduce turnover in NHS 111 which remains high at 31.21%.
- The agency costs position is strong at 1.5%.
- Appraisal performance was 83% against a target of 95%.
- The overall Trust position for mandatory training performance is 72% compliance against a trajectory of 71%.

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**	☒

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**

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1. PURPOSE

The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of June 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 June 2019, 214 complaints were received which is equivalent to 36 complaints per 1000 Whole Time Equivalent (WTE) staff. Reported complaints are below the annual average and getting much closer to the performance goal of 35 complaints per 1000 WTE staff.

222 complaints were closed in June 2019; 14 of which were level 4 or 5. Of these, 65% of level 1-3 and 14% of level 4-5 complaints were closed within agreed standards. Complaints being responded to within timeframes for risk score 1-3 have exceeded the strategic goal. This has been achieved by a combination of a focus on reducing the backlog of level 1-3 complaints and a consistent reduction of absolute complaints. There is a continuous plan to reduce the remaining backlog of complaints which is releasing capacity to consistently improve overall timeliness of closure.

In addition, 32 compliments were received in this reporting period, equating to 5 compliments per 1000 Whole Time Equivalent staff, which is lower than average

Q2 – Incidents

916 internal and external incidents were opened in June 2019 at a rate of 154 incidents per 1000 WTE staff, which is lower than the average. Included in this total are 66 ‘unscored’ internal incidents, which accounts for 7.2% of the total number of incidents opened this month. The majority of unscored incidents are low level incidents. Improvements around scoring of incidents continue to be made, particularly at a local level where the majority of delays are occurring. Work continues towards our trajectory of improvement of <50 unscored per month. The timeliness of risk scoring being completed that remains the issue and so education and training continues to focus on these areas.

In total, 933 incidents (level 1-5) were closed during June 2019. Of these, 74.3% of level 1-3 and 63.6% of level 4-5 incidents were closed within the agreed standard. The closure of all incidents continues to be a priority with work being undertaken particularly in relation to high level (4/5) incidents where we are currently above our target. Due to the corporate team’s focus on the closure of high level cases, there is now more focus being applied at a local level on closing the lower level (1-3) incidents. The challenge here seems to be the timely closure of level 1-2 incidents, which is being addressed.

Q3 - Serious Incidents (SIs)

3 Serious Incidents (SIs) were reported in June 2019 and 10 reports were submitted to the Commissioners for closure, against a trajectory of 10. The Trust continues to meet the improvement goal of reporting serious incidents on time. The submission of investigation reports has been improving, with the final reports within the backlog being submitted in July 2019. This will mean that the Trust will have improved performance in Q2. The ROSE meeting continues to monitor the submission of reports, on a monthly basis, to support submissions within the agreed timescales.

Q5 - Safety Alerts and Health and Safety

There have been no new alerts in June 2019. The total number of CAS/NHS Improvement alerts received between July 2018 and June 2019 is 17, with 3 alerts applicable to NWAS. 42 MHRA Medicine Equipment Alerts have been received with 1 alert applicable, and 29 MHRA Medicine alerts have been received, with no alerts applicable. 2 IPC alerts have been received, with 1 alert applicable.

2.2 Effectiveness

E1 - Patient Experience

In June 2019, 588 patients responded to Friends and Family Test surveys across all service lines. This month has seen a small drop from 35 to 33 PES Friends and Family Test returns as well as reduction in satisfaction rating from 85.7% to 81.8% An improvement goal of 50% by the end of Q2 has been set. In addition to the new initiative to include the Friends and Family Test question on UCD surveys where the patient has not been transported, we are also seeking the support of our CPs and APs to actively encourage completion. The internal staff campaign to increase the awareness of the importance of handing out Friends and Family Test cards continues. Nationally the Trust is shown as third in terms of number of responses received and fourth (from seventh the previous month) in terms of recommendation (May 19 data). The number of patients who completed the PTS Friends and Family Test has increased from 361 in May to 431 in June, with satisfaction rates remaining fairly static. Nationally the Trust has moved to second highest in terms of number of responses, from third in the previous month, as well as moving to second from third in terms of satisfaction levels (May data). The number of 111 Friends and Family Test responses has increased to 124 in June, with an increase in satisfaction levels to 90.3% in June.

E2 – ACQIS

In February, the rates of the Return of Spontaneous Circulation (ROSC) achieved during the management of patients suffering an out of hospital cardiac arrest for the Utstein group was 47.7% (national mean 53%), which ranked NWAS 7th nationally. For the overall group the rate was 32.6% (national mean 30.1%) which ranked NWAS 3rd nationally. 7.7% of patients suffering an out of hospital cardiac arrest survived to hospital discharge in February (national mean 8%). The figure for the Utstein sub-group was 24.4% (national mean 28%). This performance saw the Trust ranked 8th and 7th respectively for English Ambulance Trusts.

The mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 12mins; with the Trust's performance at 2h 17mins for this patient group. The mean call to door time for patients suffering a hyper acute stroke was 1h 19min, again outside of the national mean (1h 17min).

The care bundle score for stroke for February was 98.3%, marginally behind the national average of 98.4%.

E3 - HT, ST & SC Outcomes

S&T in June remained on an upwards trajectory at 27.4%. Our entire qualified paramedic workforce is now trained in the application of the Manchester Triage System and training is now scheduled for the NQP2 cohorts due to qualify in the coming month. This is hoped that this will continue to increase S&T, as more clinicians move from Pathfinder to MTS. In the areas where Primary Care has limited capacity (such as South Cheshire & Vale Royal and Morecambe), who have no AVS provision to receive referrals from NWAS clinicians, all parties have met with our lead commissioners to identify potential solutions to access referral pathways, whilst maintaining all other responsive pathways of care. All areas are continuing to implement their improvement plans for S&T with support from the Urgent Care Development Team as we strive to maximise opportunities for clinically appropriate S&T.

Hear & Treat Performance for June was 7.74 % with the number of incidents with no face to face response being 7,502. June has seen the impact of the 90 day Greater Manchester Extended APAS trial ceasing on the 7th, which had a negative impact on H&T Performance.

For the first time, we have seen a decrease in performance of 0.92% between May and June, despite mitigation being put in place within the department. The GM APAS PILOT operated 24/7 throughout the months of March, April and May. The total numbers for APAS in June was 2,459, which although is high, is 1,191 less than May when we had extended APAS referral for GM. There has been no funding agreed with commissioners to extend the trial throughout the evaluation period. As expected and highlighted last month, the withdrawal of this resource has seen a reduction in the numbers referred via APAS which has impacted on H&T Performance for June. NWAS are consistently in the weekly top 3 for best H&T Performance across England. The little variance is evident of consistency of system delivering performance.

2.3 Finance

F1 – Finance

The position for the Trust at Month 3 is a surplus of £0.035m. This is £0.003m better than the planned surplus of £0.032m. Income is over recovered by £0.824m, pay is overspent by £0.450m and non-pay is overspent by £0.371m. The year to date expenditure on agency cost is £0.518m, which is £0.259m below the year to date ceiling of £0.777m, equivalent to 33.33% under which results in an agency financial metric of 1. The overall year to date actual and forecast financial risk score remains at a 1.

2.4 Operational

OP1 – Call Pick Up

For June 2019, call pick up performance was at 78.6%. 24,893 calls took longer than 5 seconds to pick up. CPU improvement is linked to the recruitment plan, that is set to deliver a further 40 Whole Time Equivalent EMDs by November. A significant number of EMDs have already been trained, with some deployed live. The benefit of new starters takes 10 weeks to be realised. This is due to six weeks training and four weeks mentorship before the EMD can be deployed to full effect. It is recognised that CPU is varied through the week, with Tuesday through to Friday producing high levels of CPU. Weekends currently are a challenge, an increase in EMD deployment at the weekend is required. The new starters will start to be deployed in the areas of low staffing and this will improve CPU. Performance is in line with SDIP trajectory and it is still anticipated that by Q3 a stepped improvement in CPU will be achieved.

OP2 – Hospital Turnaround

The average turnaround for June 2019 was 31 minutes 22 seconds. The overall turnaround time for NWAS is stable and below the agreed commissioned level of 34.5 minutes. A second phase of improvement work looking at increasing the numbers within the programme is being drafted and will be agreed through EMT and onward to Board. Whilst the overall picture is improving there are still sites with challenging turnaround times. The 5 hospitals with the longest turnaround times during June 2019 were Whiston (40:44), Royal Lancaster Infirmary (37:14), Royal Oldham (35:40), Furness General (34:34), Aintree University (34:34).

OP3 – ARP Standards

	C1		C2		C3		C4
	Mean	90th	Mean	90th	Mean	90th	90th
Jun-19	07:21	12:23	22:08	47:09	1:04:31	2:32:15	2:58:44
Target	07:00	15:00	18:00	40:00	1:00:00	2:00:00	3:00:00
Trust Rank	7/10	5/10	6/10	6/10	4/10	4/10	5/10

C1 mean and 90th centile performance remained stable in June. New technical solutions to speed up the allocation of this category of incidents is planned to commence in early August. This development (Auto Divert) is expected to ensure available resources are diverted from lower grade calls to C1

automatically. C2 to C4 performance is also stable. Work continues on the roster review with the first working parties underway in the Greater Manchester Area.

OP4 – 111

Calls answered in less than 60 seconds performance continues to realise a stabilised level at 85%. This is slightly below the previous few months, but still aligned to the trajectory shared with commissioners. This slight drop in performance is attributable to increase annual leave allowance, rise in absence and cancellation of overtime and bank shifts at critical times. Calls abandoned % is at 3.8%, performing well against the <5% target. Call Back in 10 Minutes is at 35.5% against a target of 75% - this is due to a shortage of clinical advisors in June. A range of measures have been commenced in 111 to ensure performance remains at agree standards, including a detailed action plan to address rise in sickness across Health and Clinical Advisors, further efficiencies through SMS going live in July, ORH review, roster review project and revised workforce/ recruitment plan. Performance remains aligned to the projected performance trajectory, however at the sacrifice of a monthly budget overspend.

OP5 – PTS Activity

Overall activity during June 2019 was 5% below contract baselines, with Lancashire 15% below baseline whilst Merseyside is operating at 8% above baseline. For the year to date position PTS is performing at 1% below baseline. In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are 20% and 7% 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% and 9% below baseline. The planned and unplanned variation trends are all within expected statistical tolerances however the Greater Manchester unplanned activity experienced a run of 9 consecutive months from May 2017 where activity was above the contract term average (July 2017 - May 2019). From June 2018 unplanned activity has experienced a run of 13 consecutive months below the contract term average. Aborted activity for planned patients averaged 7% during June 2019 however Cumbria experiences 5%, Greater Manchester operates with 10% whilst Lancashire and Merseyside both experience 6% & 7% aborts respectively.

2.5 Workforce

OH1 – Sickness

The overall sickness absence rates for May 2019 were 5.87%. This is a similar trend to the same period last year. PTS sickness absence rates are showing a reducing trend, which is a result of a focused improvement plan for the service line. PTS are now achieving their target but further improvements can be made in the future. The Trust has an improvement goal to reduce sickness absence overall by 0.5% but there is a specific improvement target for PTS to reduce sickness to 6% and also for 111 to reduce to 8%. Following a period of sustained improvement 111 are currently reporting 11.90% absence rate. This mirrors the seasonal position last year when sickness also rose during summer months. There are targets plans in place in 111 and additional HR resource to support improvements. These improvement plans are being overseen by NHSI.

OH2 – Turnover

Turnover in June 2019 is 8.79%. Teams remain in place with a specific focus on areas of high turnover in 111 and EOC. The Trust is seeking to reduce turnover in 111 which remains high at 31.21%. We will continue to focus on retention in 111 to further reduce turnover and stabilise the position. Turnover in EOC is reported at 12.13% - this has been fairly stable over the last year and work continues to improve the position further. Apprenticeship programme for EOC is being launched in Autumn to improve retention rates. PTS turnover has shown a downward trend since November 2018 and is now stable. PES turnover remains stable.

OH4 – Temporary Staffing

The Trust remains in a strong position regarding Agency costs. The position in June 2019 is at 1.5%. 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. Further changes to Agency Rules usage have been published which take effect from September 2019. The Trust is reviewing agency contracts for administrative and estates staff with a view to changing contract terms in order to comply with the new rules, with additional Vacancy Control measures being implemented.

OH5 – Vacancy Gap

The PTS vacancy position is -6.55% in June 2019, a continuing improvement in the vacancy position with recruitment to PTS ongoing. 111 have seen a slight increase in vacancy position and the June figure is now -4.73% under establishment, with a plan to improve the position into the winter period. The changes resulting from the contract settlement and revisions to the ORH position have not yet been fully added into the establishment. The revised establishment for EOC following the contract settlement has now been implemented and this explains the sudden shift to a vacancy gap from over-establishment. There are robust recruitment plans in place to recruit and maintain staffing at establishment levels. Courses are planned for EMDs into the Autumn to allow for movement from EMD to Dispatch. Work is ongoing with PES to ensure we have robust plans in place to reach the new establishment as soon as practicable. It is planned to increase the establishment at points during the year to match the recruitment trajectory.

OH6 – Appraisals

Appraisal compliance overall has been stable for several months with only slight variations at Trust level, with June 2019 showing at 83% against a target of 95%. This means that compliance is being maintained rather than improved. The associated appraisal risk has been increased in score on the risk register. The improvement goal for these measures for 19/20 is to achieve 95% compliance. Following a recent drop in appraisal compliance rates due to the TUPE transfer issue of ex-ATSL staff to NWAS, PTS have been working to recover this position, currently reporting 86.04%. EOC appraisal rates are showing a reducing trend over the last three months which brings them to the lower control limit. The OD team are engaging with EOC in order to recover this position. 111 have shown a reduced position in the last two months but this follows a sustained period of improvement.

OH7– Mandatory Training

PTS have made significant progress ahead of trajectory, sitting at 88% compliance against a 52% plan. PES is under trajectory at 61% compliance against their 65% target. After seeing a high number of withdrawals and non-attendances, PES is working 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 but it will be necessary to evaluate whether release is deliverable over 10 rather than 11 months. The overall Trust position at the end of June is 72% compliance against a trajectory of 71%. All service lines need to ensure that this remains a focus for improvement. 111 have seen steady improvements in their position, a slightly improved position for EOC as well also. However, it still requires focus to ensure that they deliver against trajectory.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

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

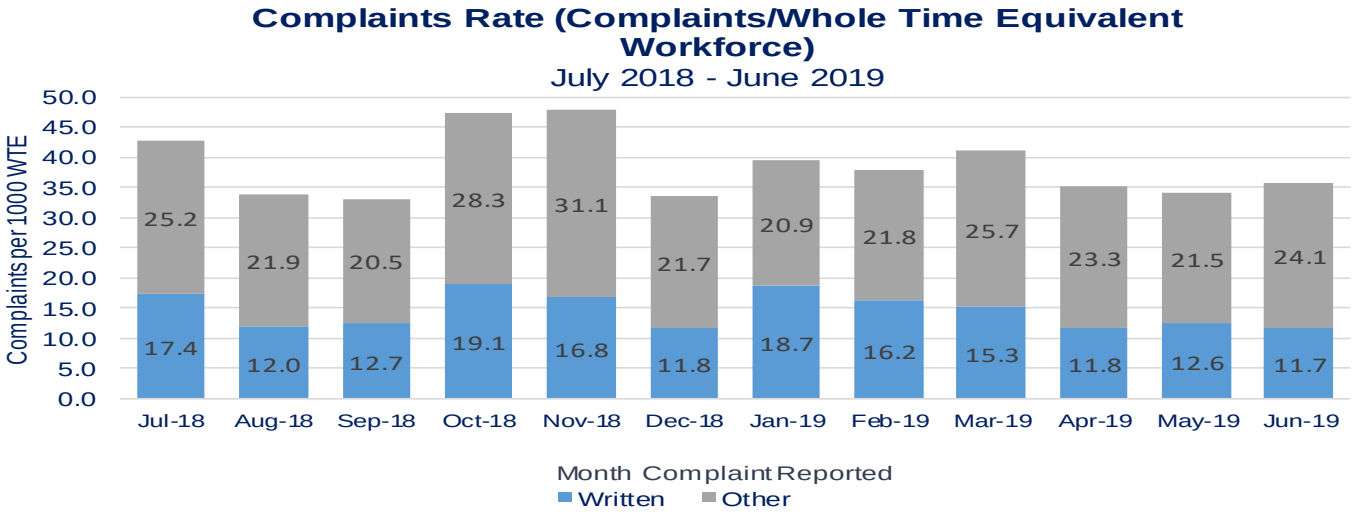
4. RECOMMENDATIONS

4.1 The Board of Directors is asked to:

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

Q1 COMPLAINTS

Figure Q1.1



Annual Average:
226 per month
39 per 1000 staff

Table Q1.1: Complaints Opened by Month

Severity	Jul-18	Aug-18	Sep-18	Oct- 18	Nov-18	Dec- 18	Jan- 19	Feb- 19	Mar- 19	Apr- 19	May- 19	Jun-19
1. Minimum	35	28	36	56	45	39	27	21	38	45	40	32
2. Minor	175	139	122	165	184	122	161	161	173	140	131	150
3 Moderate	19	18	23	34	34	28	32	30	22	16	25	20
4 Major	10	6	7	9	14	6	7	8	8	5	4	9
5 Serious	7	5	2	10	3	1	5	7	2	3	2	3
Total	**246**	**196**	**190**	**274**	**280**	**196**	**232**	**227**	**243**	**209**	**202**	**214**
Compliments	114	190	124	144	121	103	102	106	122	112	108	32

Complaints & Compliments

In June 2019, 214 complaints were received (the average is 226 per month).

This is equivalent to 36 complaints per 1000 WTE staff, against an annual average of 39 per 1000.

Reported complaints are below the annual average and getting closer to the performance goal of 35 complaints per 1000 WTE staff.

In addition, 32 compliments were received in this reporting period, which is the equivalent to 5 compliments per 1000 WTE staff.

Compliments reported this month are lower than average. No compliments have been recorded for the Greater Manchester area.

Right Care Strategy Goals Performance:

1. Reduce the overall numbers of complaints per 1000 WTE staff by 10% of the baseline by 2019/20

Figure Q1.2

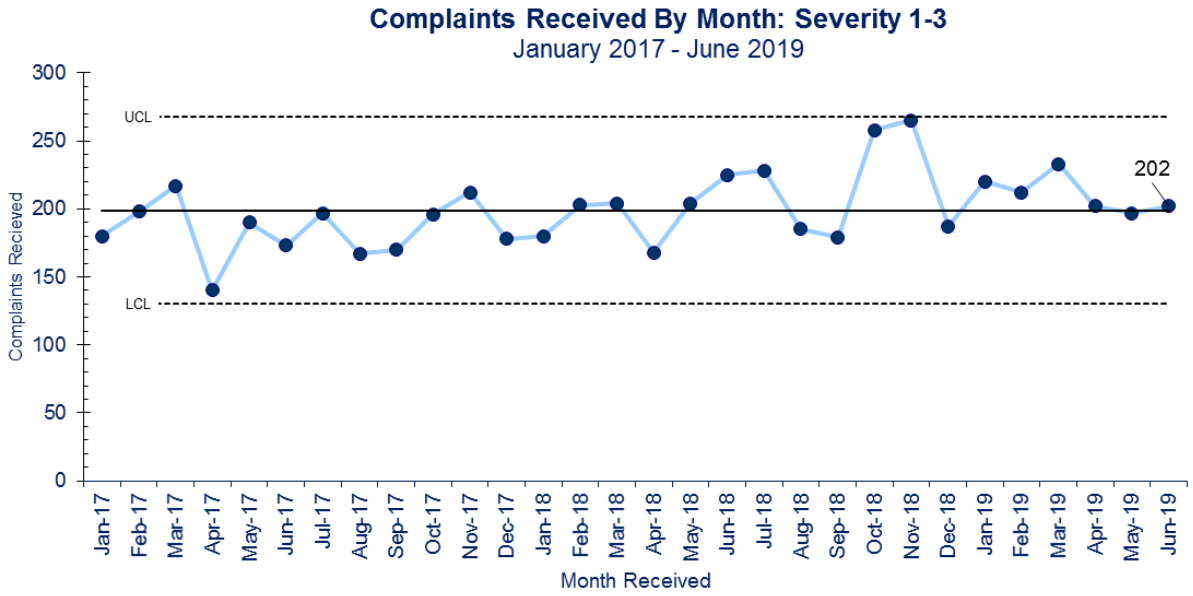


Figure Q1.3

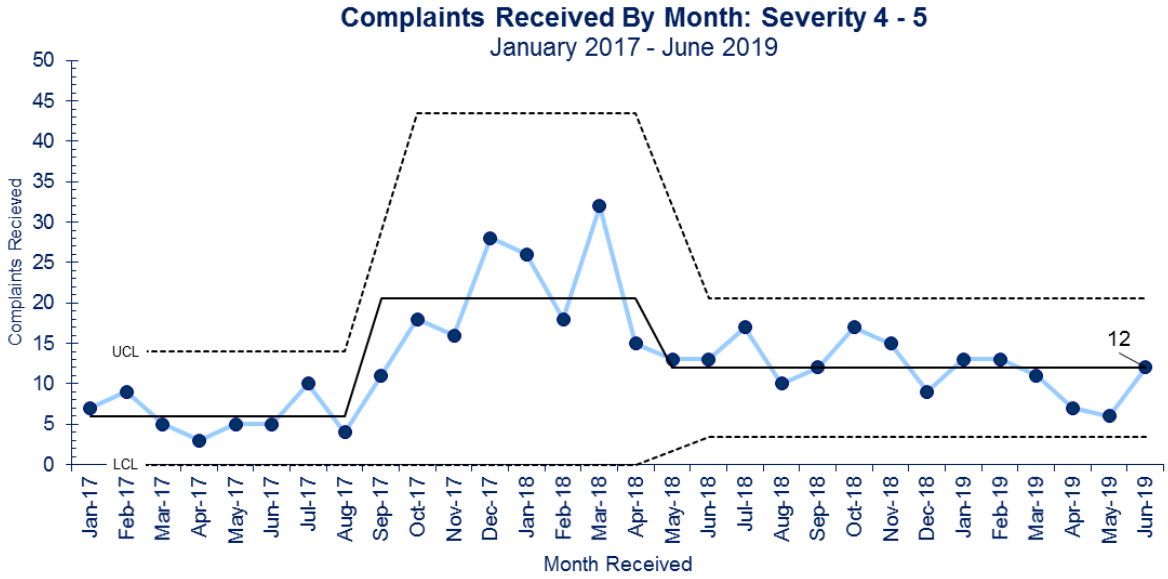


Figure Q1.4

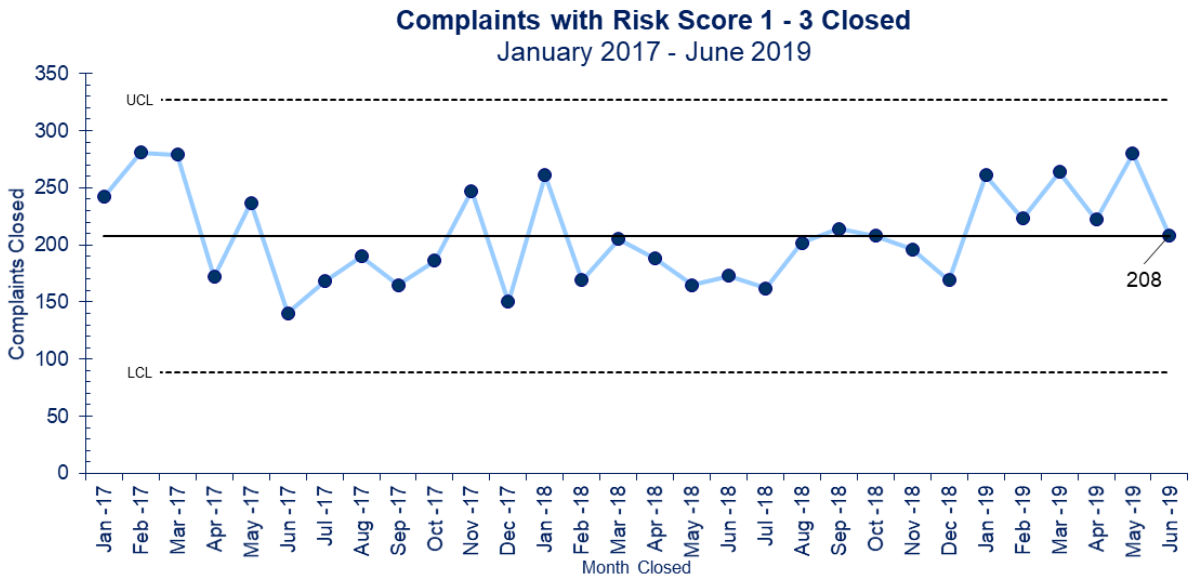
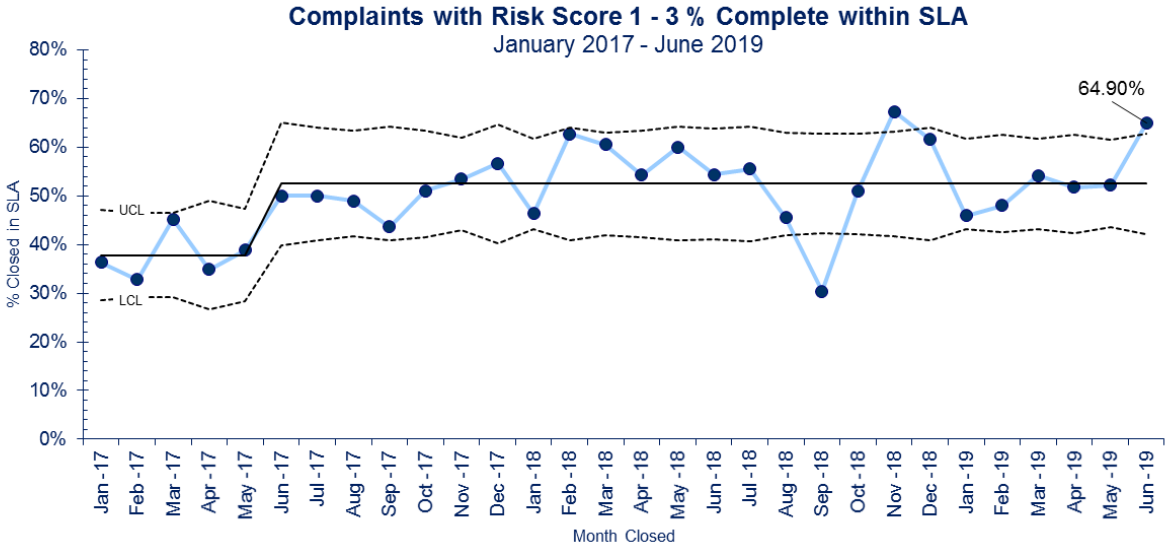


Figure Q1.5



Complaints Closure

A total of 222 complaints were closed in June 2019 (208 cases were risk scored 1-3 and 14 were risk scored 4-5).

Overall, 65% of level 1-3 and 14% of level 4-5 complaints were closed within agreed standard.

Special cause variation is evident in figure Q1.5. Complaints being responded to, within timeframes for risk score 1-3, have exceeded the strategic goal. This has been achieved by a combination of a focus on reducing the backlog of level 1-3 complaints and a consistent reduction of absolute complaints.

Due the volume of level 4-5 cases currently in the backlog there is limited opportunity to improve the timeliness of complaint response, in the short term.

There is a continuous plan to reduce the remaining backlog of complaints, which is releasing capacity to consistently improve timeliness of closure.

Right Care Strategy Goals:

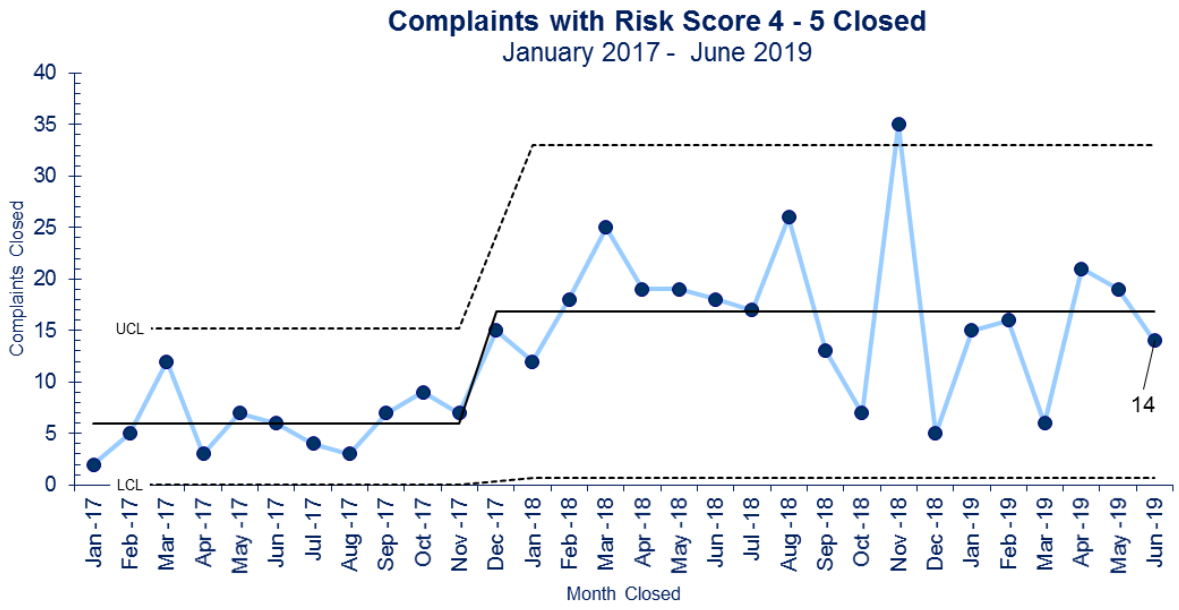
1. 40% of complaints with a risk score of 1 to 2 will be closed within agreed timeframes

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

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

BAF Risk: SR01 (Risk ID 2829)

Figure Q1.6

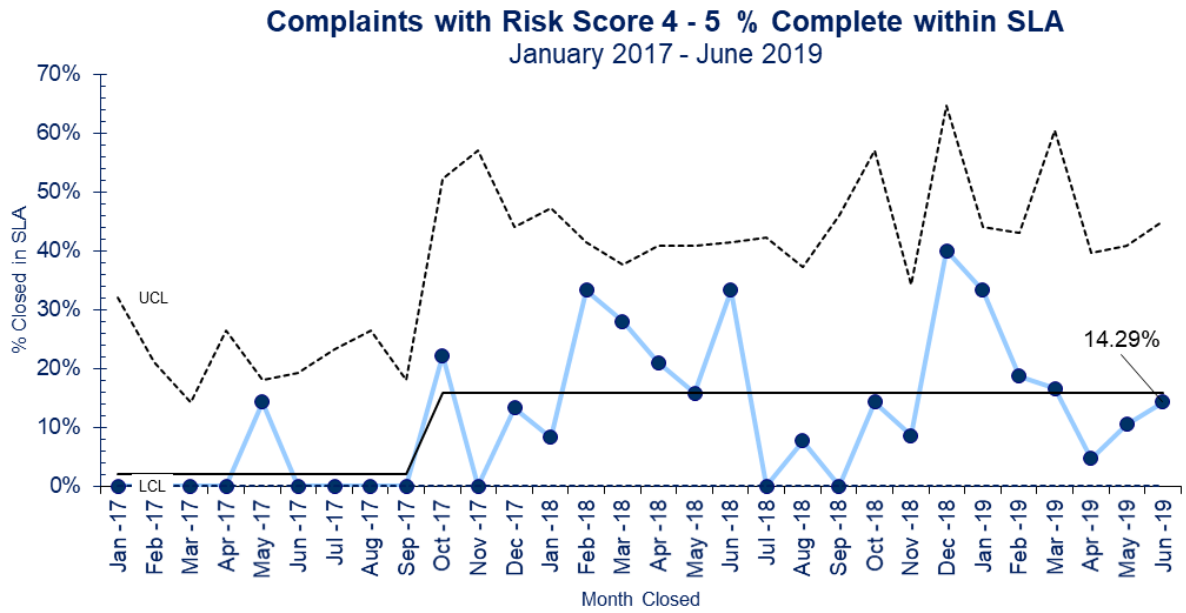


SLAs are calculated using the following measures/ targets.

No exceptions are taken into account:

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

Figure Q1.7



Q2 INCIDENTS

Figure Q2.1

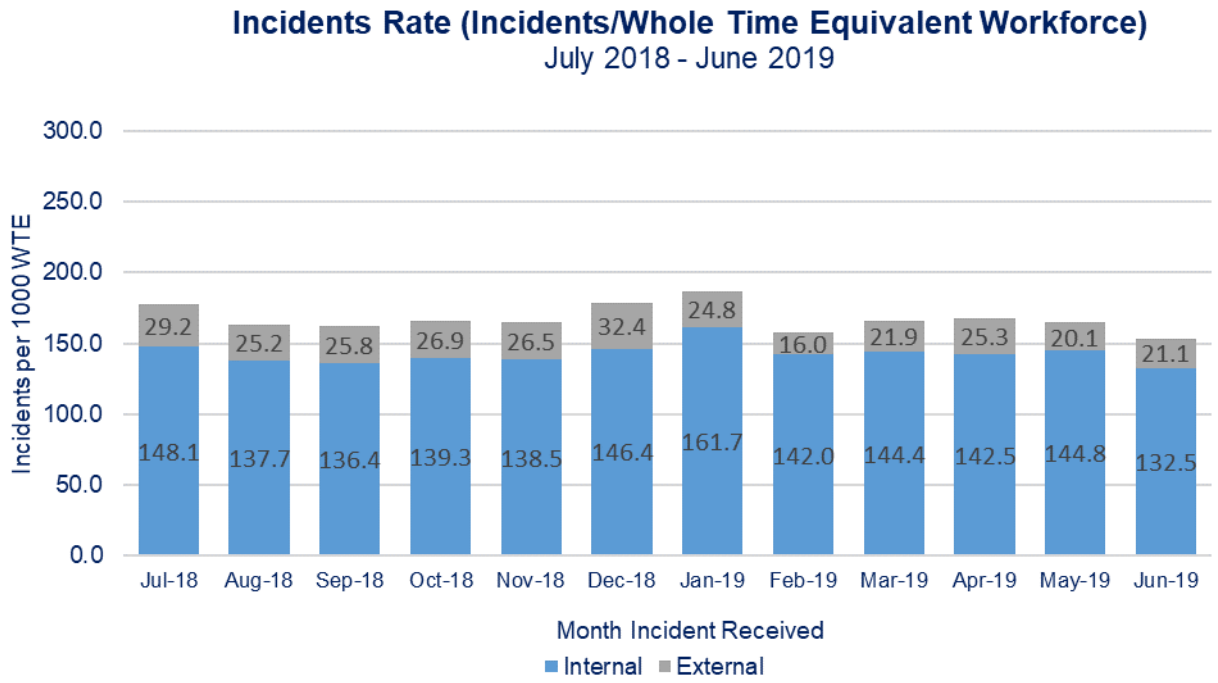


Table Q2.1

Severity	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
1. Insignificant	205	182	201	209	226	194	187	193	196	174	157	134
2. Minor	624	573	567	547	519	620	661	544	587	632	629	552
3. Moderate	166	159	144	173	189	193	216	175	168	155	151	155
4. Major	6	9	7	13	13	15	8	6	13	10	4	9
5. Catastrophic	3	4	2	3	0	2	3	3	0	0	1	0
Unscored	15	9	15	19	18	20	23	16	25	29	41	66
Total	**1019**	**936**	**936**	**964**	**965**	**1044**	**1098**	**937**	**989**	**1000**	**983**	**916**
Unscored %	1.47%	0.96%	1.60%	1.97%	1.87%	1.92%	2.09%	1.71%	2.53%	2.90%	4.17%	7.21%

Incidents

916 internal and external incidents were opened in June 2019 at a rate of 154 incidents per 1000 WTE staff, which is lower than the average.

Included in this total are 66 'unscored' internal incidents, which accounts for 7.2% of the total number of incidents opened this month.

The majority of unscored incidents are low level incidents.

Improvements around scoring of incidents continue to be made, particularly at a local level where the majority of delays are occurring. Work continues towards our trajectory of improvement of <50 unscored per month.

As can be seen in the table Q2.1, it is the timeliness of risk scoring being completed that remains the issue and so education and training continues to focus on these areas.

Right Care Strategy Goals:

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

Figure Q2.2

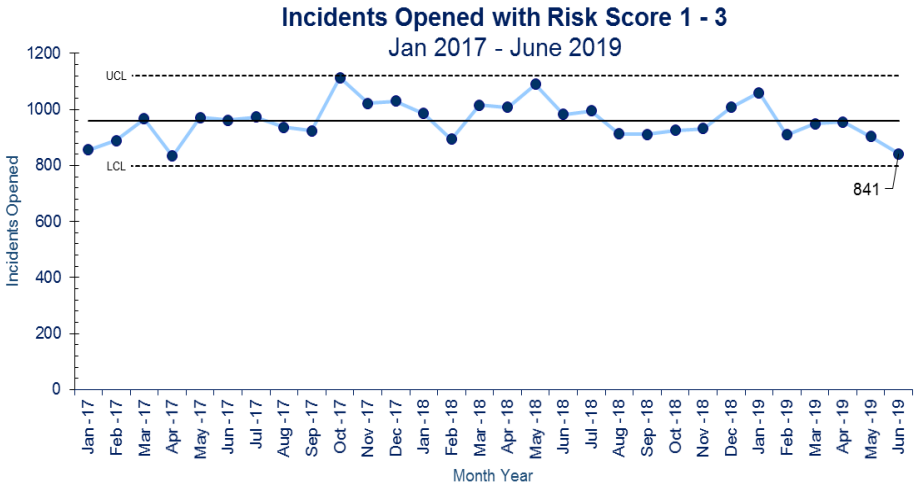


Figure Q2.3

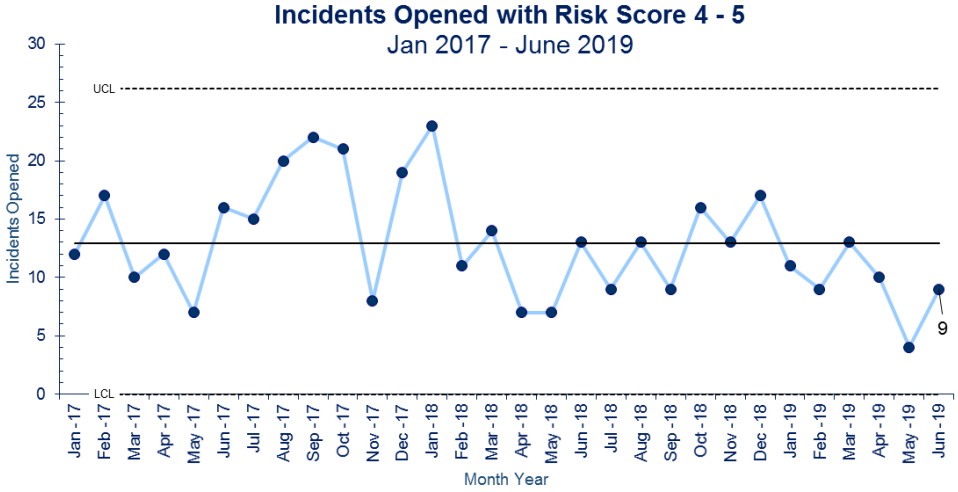


Table Q2.1 – Top 10 Incident Categories Opened in June 2019

Category	03/06/2019	10/06/2019	17/06/2019	24/06/2019	Total
111 Assessment/Advice	13	21	21	20	**75**
Information	17	17	7	12	**53**
Verbal Abuse	12	9	13	8	**42**
Physical Assault	9	9	9	13	**40**
Emergency Response	7	18	5	10	**40**
Threatening behaviour	13	6	13	8	**40**
Manual Handling	8	6	10	13	**37**
Inappropriate Use of Service	7	11	9	10	**37**
Staff Welfare	7	5	11	10	**33**
Controlled Drugs	7	9	10	5	**31**

Figure Q2.4

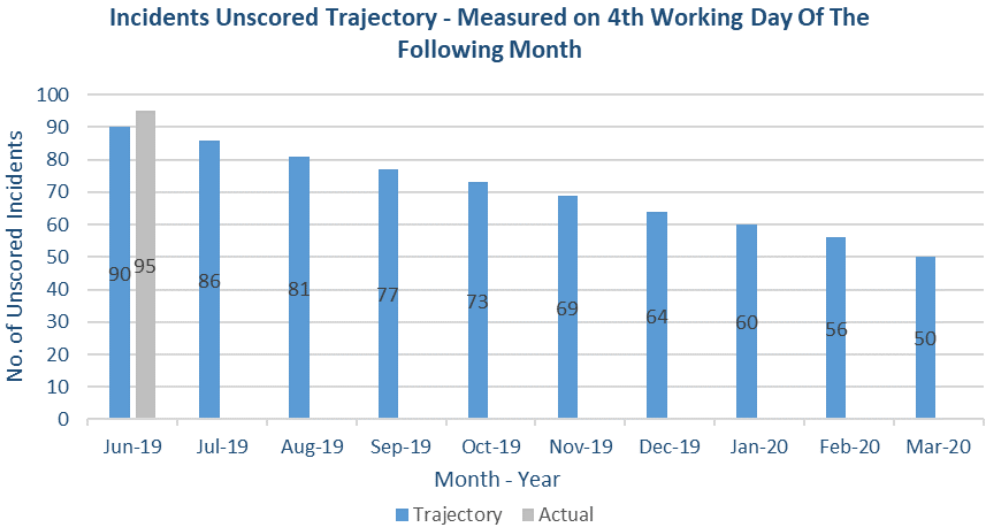


Figure Q2.5

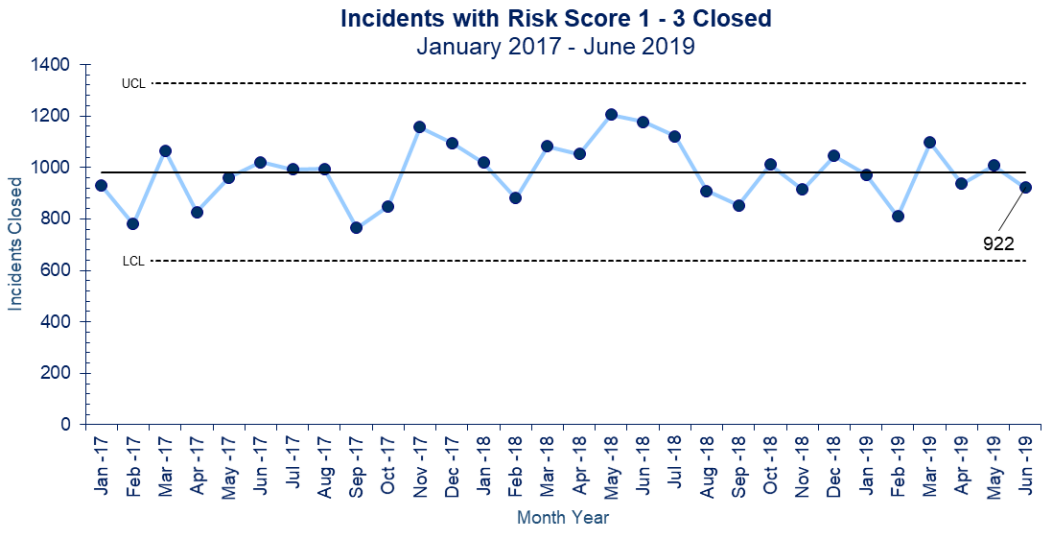
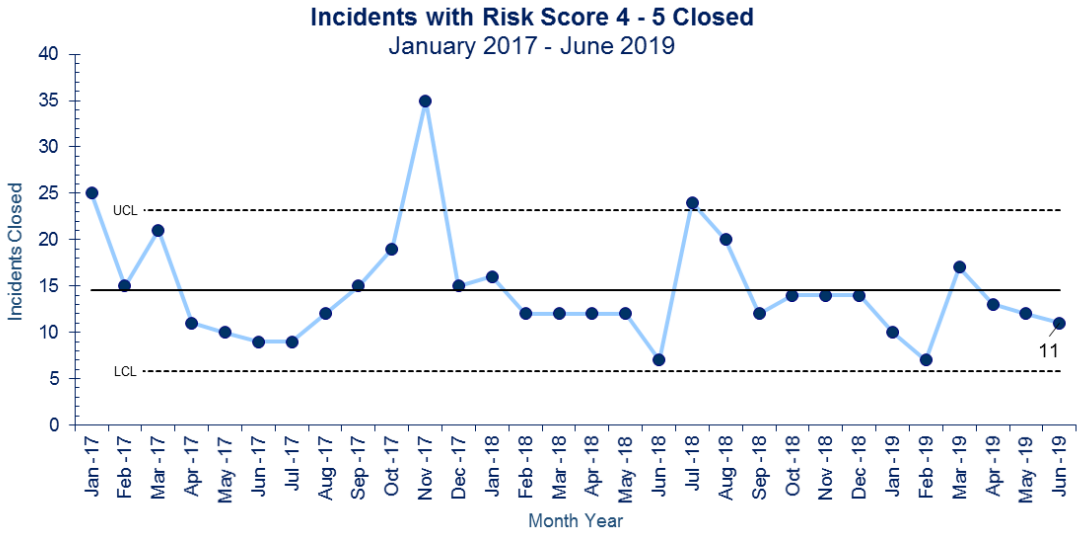


Figure Q2.6



Incidents Closure

In total, 933 incidents (level 1-5) were closed during June 2019. Of these, 74.3% of level 1-3 and 63.6% of level 4-5 incidents were closed within the agreed standard.

The closure of all incidents continues to be a priority with work being undertaken particularly in relation to high level (4/5) incidents where we are currently above our target.

Due to the corporate team's focus on the closure of high level cases, there is now more focus being applied at a local level on closing the lower level (1-3) incidents.

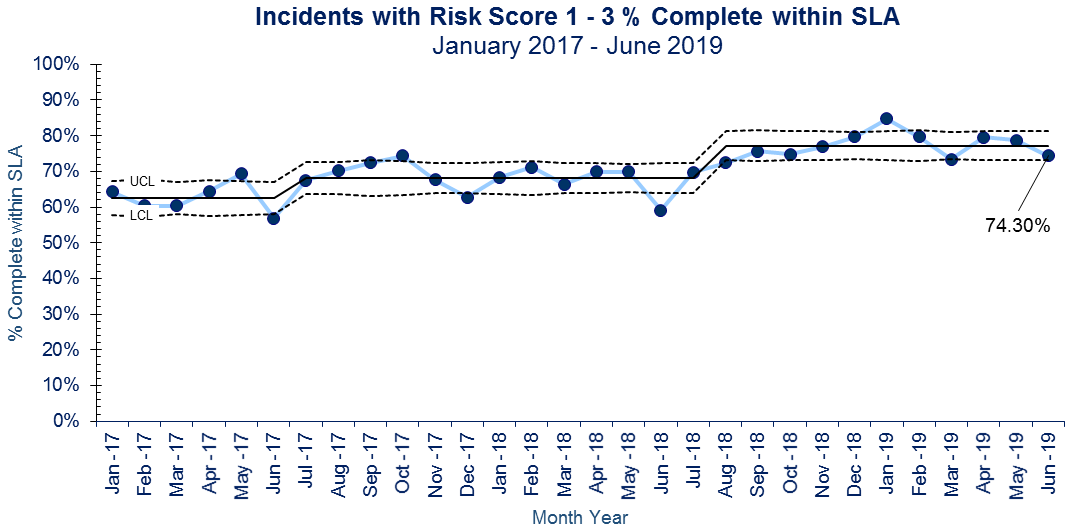
The challenge here seems to be the timely closure of level 1-2 incidents, which is being addressed.

Right Care Strategy Goals:

1. Increase closure within agreed timeframes to 80% by 2019/20 for severity 1-3.
2. Increase closure within agreed timeframes to 60% by 2019/20 for severity 4-5.

BAF Risk: SR01 (Risk ID 2869)

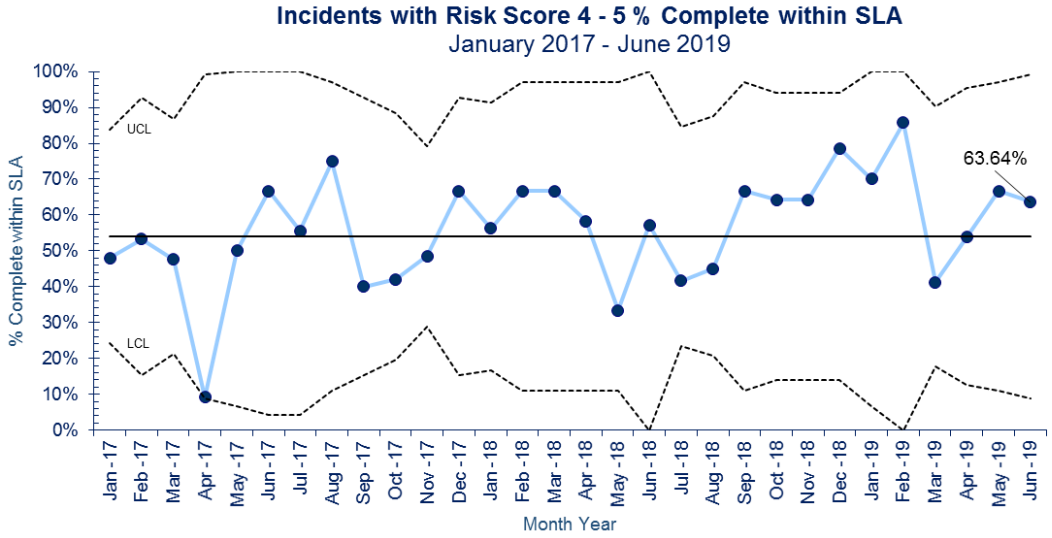
Figure Q2.7



SLAs are calculated using the following measures/targets:

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

Figure Q2.8



Q3 SERIOUS INCIDENTS

Figure Q3.1:

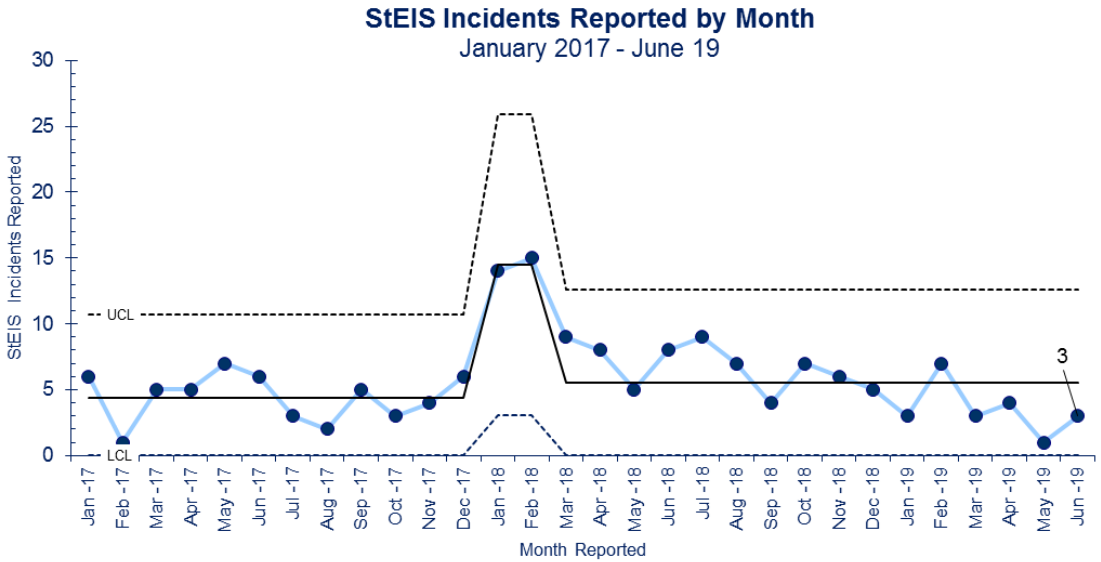


Table Q3.1: StEIS Incidents Opened in June 2019 by Source

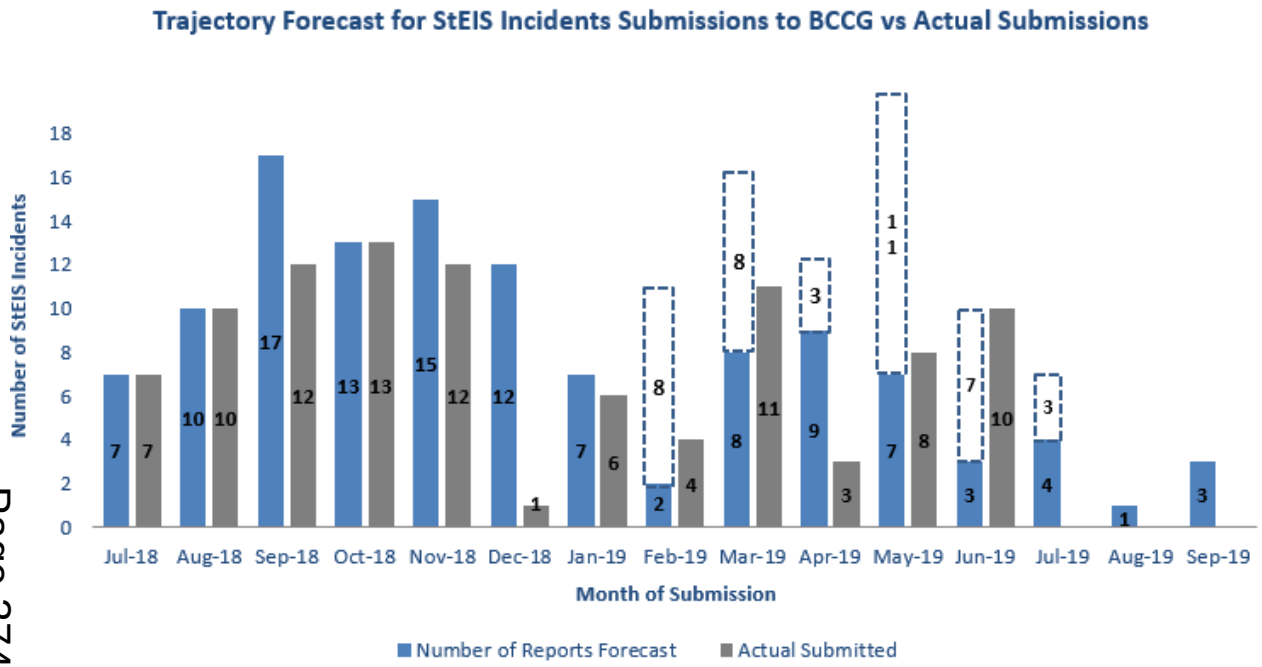
Source	Paramedic Emergency Services Operations	Emergency Operations Centre	Total
IRF/StEIS	2	1	**3**
Total	**2**	**1**	**3**

Serious Incidents

3 Serious Incidents (SIs) were reported in June 2019.

10 reports were submitted to Commissioners for closure, against a trajectory of 10.

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



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).

The Trust continues to meet the improvement goal of reporting serious incidents on time.

The submission of investigation reports has been improving with the final reports within the backlog being submitted in July 2019. This will mean that the Trust will have improved performance in Q2.

The ROSE meeting is also monitoring the submission of reports, on a monthly basis, to support submissions within the agreed timescales.

Right Care Strategy Goals:

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

BAF Risk: SR01 (Risk ID 2868)

Q5 SAFETY ALERT COMPLIANCE

Figure Q4.1:

Safety Alerts	Number of Alerts Received (Jul 18 – Jun 19)	Number of Alerts Applicable (Jul 18 – Jun 19)	Number of Open Alerts
CAS/ NHS Improvement	17	3	0
MHRA – Medical Equipment	42	1	0
MHRA - Medicine Alerts	29	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.

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.

NWAS Response

There have been no new alerts in June 2019.

The total number of CAS/NHS Improvement alerts received between July 2018 and June 2019 is 17, with 3 alerts applicable to NWAS.

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

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

2 IPC alerts have been received, with 1 alert applicable.

E1 PATIENT EXPERIENCE

Figure E1.1

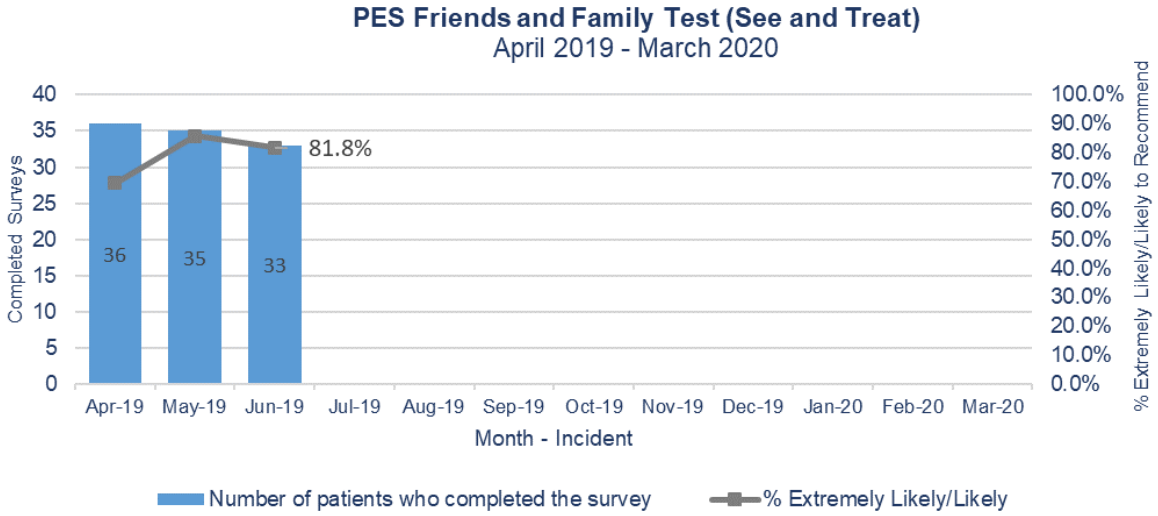


Table E1.1 National PES See and Treat FFT – May 2019

Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**434**	**91%**	**8%**
SOUTH WESTERN AMBULANCE SERVICE	10	100%	0%
NORTH EAST AMBULANCE SERVICE	169	98%	2%
EAST OF ENGLAND AMBULANCE SERVICE	27	96%	4%
NORTH WEST AMBULANCE SERVICE	35	86%	14%
SOUTH CENTRAL AMBULANCE SERVICE	187	85%	13%
YORKSHIRE AMBULANCE SERVICE	1	*	*
EAST MIDLANDS AMBULANCE SERVICE	3	*	*
WEST MIDLANDS AMBULANCE SERVICE	2	*	*
LONDON AMBULANCE SERVICE	0	NA	NA
ISLE OF WIGHT	0	NA	NA

Patient Experience (PES)

In June 2019, 588 patients responded to FFT surveys across all service lines, which is an increase of 17.1%.

This month has seen a small drop from 35 to 33 PES FFT returns as well as reduction in satisfaction rating from 85.7% to 81.8%

An improvement goal of 50% by the end of Q2 has been set. In addition to the new initiative to include the FFT question on UCD surveys where the patient has not been transported, we are also seeking the support of our CPs and APs to actively encourage completion. The internal staff campaign to increase the awareness of the importance of handing out FFT cards continues.

Nationally the Trust is shown as third in terms of number of responses received; and fourth (from seventh the previous month) in terms of recommendation (May 19 data).

Whilst revised national guidance has been received for acute trusts regarding the future of the FFT question, further clarification is still awaited in relation to ambulance services.

The BAF Risk is SR01 (quality of care through implementation of the Right Care Strategy).

Figure E1.2

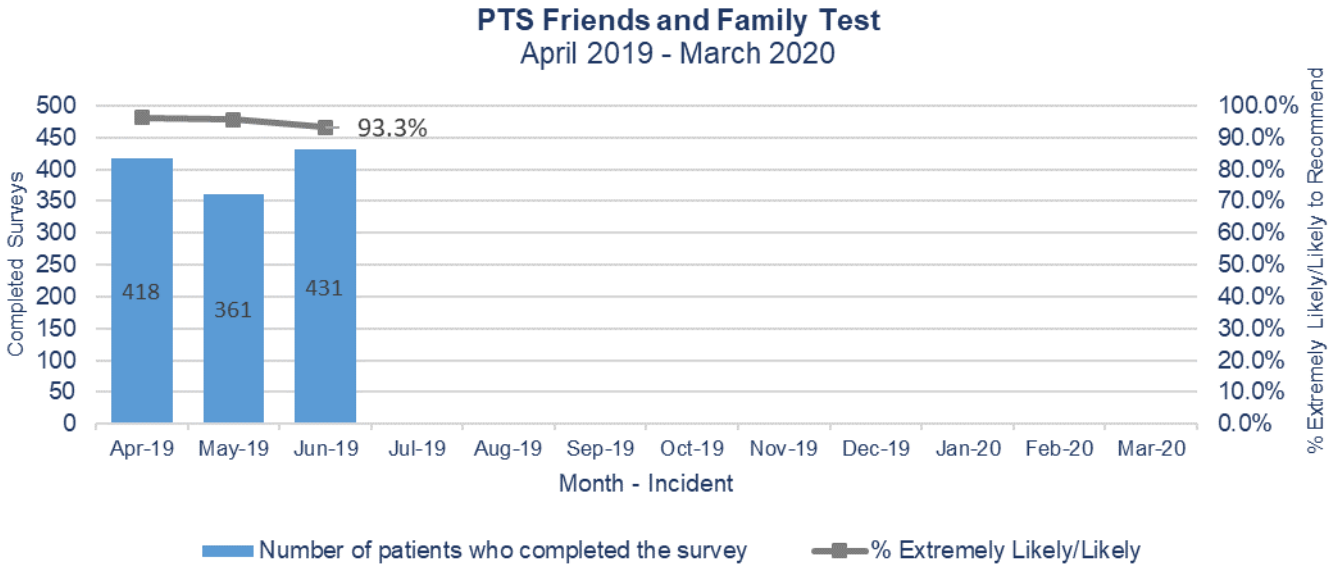


Table E1.2 National PTS FFT – May 2019

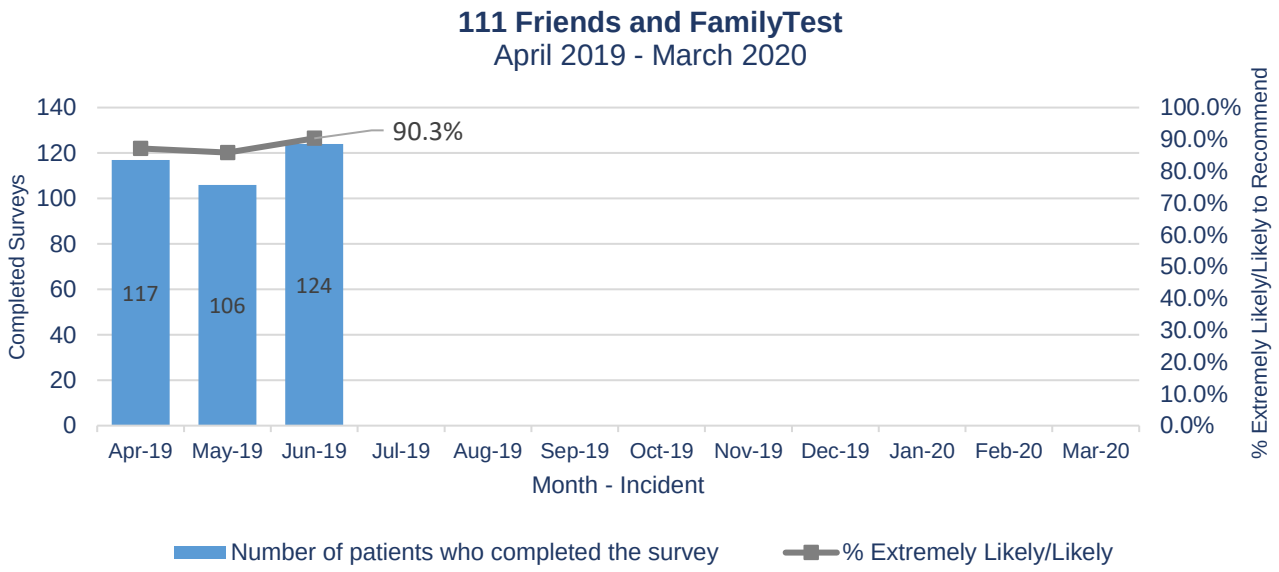
Organisation Name	Total Responses	Percentage Recommended	Percentage Not Recommended
England	**2,129**	**91%**	**5%**
ISLE OF WIGHT	23	100%	0%
NORTH WEST AMBULANCE SERVICE	361	96%	3%
IMPERIAL COLLEGE HEALTHCARE	158	94%	3%
GUY'S AND ST THOMAS'	1091	94%	2%
UNIVERSITY COLLEGE LONDON HOSPITALS	159	93%	4%
EAST OF ENGLAND AMBULANCE SERVICE	137	91%	5%
NORTH EAST AMBULANCE SERVICE	20	90%	5%
WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY	15	80%	20%
ARRIVA TRANSPORT SOLUTIONS LIMITED	102	72%	14%
SOUTH CENTRAL AMBULANCE SERVICE	62	31%	61%
EAST MIDLANDS AMBULANCE SERVICE	0	NA	NA
YORKSHIRE AMBULANCE SERVICE	1	*	*

Patient Experience (PTS)

The number of patients who completed the FFT has increased from 361 in May to 431 in June, with satisfaction rates remaining fairly static, with a 2.3% drop from the previous month (95.6% to 93.3%).

Nationally the trust has moved to second highest in terms of number of responses, from third in the previous month, as well as moved to second from third in terms of satisfaction levels (May data).

Figure E1.3



Patient Experience (111)

The number of 111 FFT responses has increased from 106 in May to 124 in June, an increase of 16.9%.

We also see an increase in satisfaction levels from 85.8% in May to 90.3% in June.

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Table E2.1: ACQI February 2019

ACQI Indicator		YTD Performance (%)	Sample Size (Current Month)	February 19 Performance (% / hrs: mins)	January 19 Performance (%)*	February 19 Rank position	Rank movement	Performance Range % / hrs: mins (national mean)
Cardiac Arrest ROSC	Overall	34.0%	307	32.6%	33.2%	3	↓	23.8-35.0 (30.1)
	Utstein	52.2%	44	47.7%	42.0%	7	↑	37.5-75.0 (53.0)
	Resus Care Bundle	74.8%	N/A	N/A	70.9%	N/A	N/A	N/A
Cardiac Arrest Survival to Discharge	Overall	8.8%	298	7.7%	3.9%	8	↑	5.6-13.0 (8.9)
	Utstein	26.8%	41	24.4%	12.5%	7	↑	11.5-40.7 (28.0)
Acute STEMI	PPCI (mean call to PPCI time)	N/A	143	2hrs 17mins	2hrs 9mins	7	↓	1hr 55mins - 2hr 23 mins (2hr 12 mins)
	Care Bundle	74.0%	N/A	N/A	N/A	N/A	N/A	N/A
Stroke	Hyper acute (mean call to door time)	N/A	808	1hr 19mins	1hr 18mins	6	↓	1hr 8mins - 1hr 30 mins (1hr 17 mins)
	Care Bundle	97.9%	809	98.3%	N/A	7	N/A	96.6-99.7 (98.4)
Sepsis	Care Bundle	59.7%	N/A	N/A	N/A	N/A	N/A	N/A
Management of falls	Care bundle	Data publication TBC						

ACQIs – February 2019

In February, the rates of the Return of Spontaneous Circulation (ROSC) achieved during the management of patients suffering an out of hospital cardiac arrest for the Utstein group was 47.7% (national mean 53%), which ranked NWAS 7th nationally. For the overall group the rate was 32.6% (national mean 30.1%) which ranked NWAS 3rd nationally.

7.7% of patients suffering an out of hospital cardiac arrest survived to hospital discharge in February (national mean 8%).

The figure for the Utstein sub-group was 24.4% (national mean 28%). This performance saw the Trust ranked 8th and 7th respectively for English Ambulance Trusts.

The mean call to PPCI time for patients suffering a myocardial infarction was outside of the national mean of 2h 12mins; with the Trust's performance at 2h 17mins for this patient group. The mean call to door time for patients suffering a hyper acute stroke was 1h 19min, again outside of the national mean (1h 17min).

The care bundle score for stroke for February was 98.3%, marginally behind the national average of 98.4%.

Cardiac Outcomes over time (SPC)

Figure E2.1

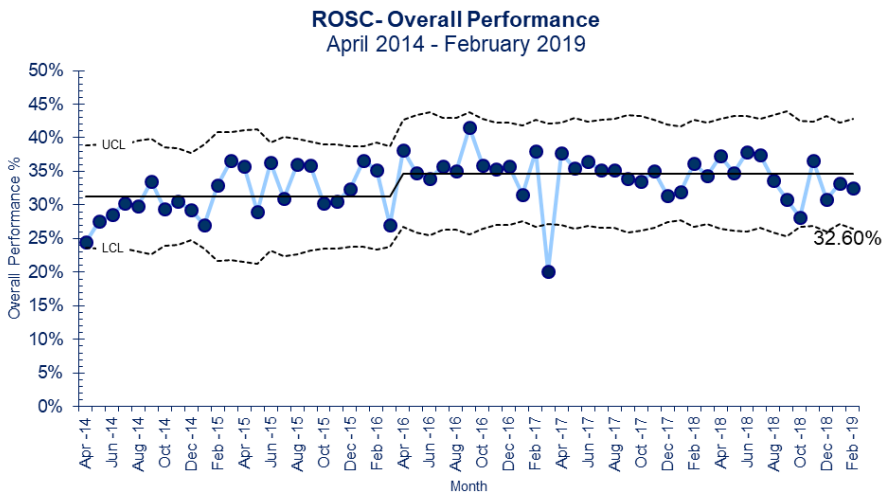


Figure E2.2

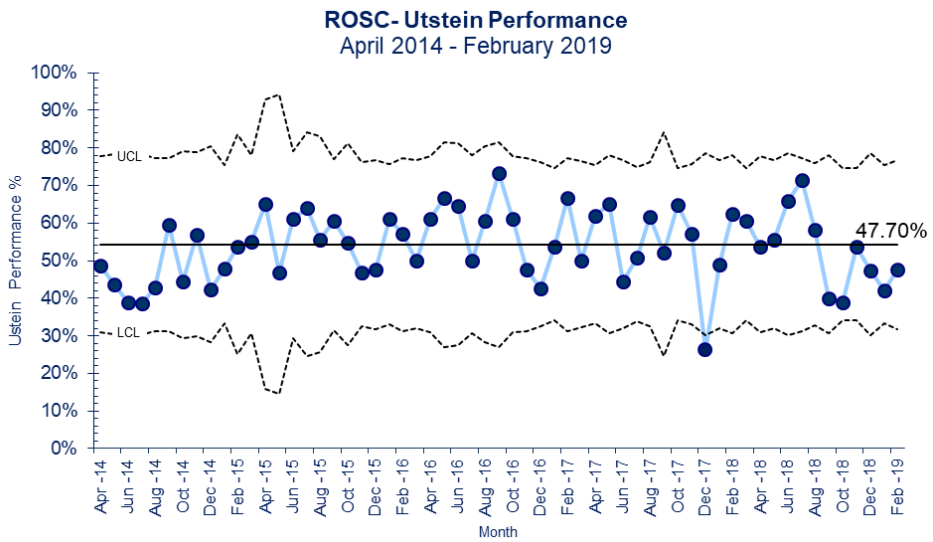


Figure E2.3

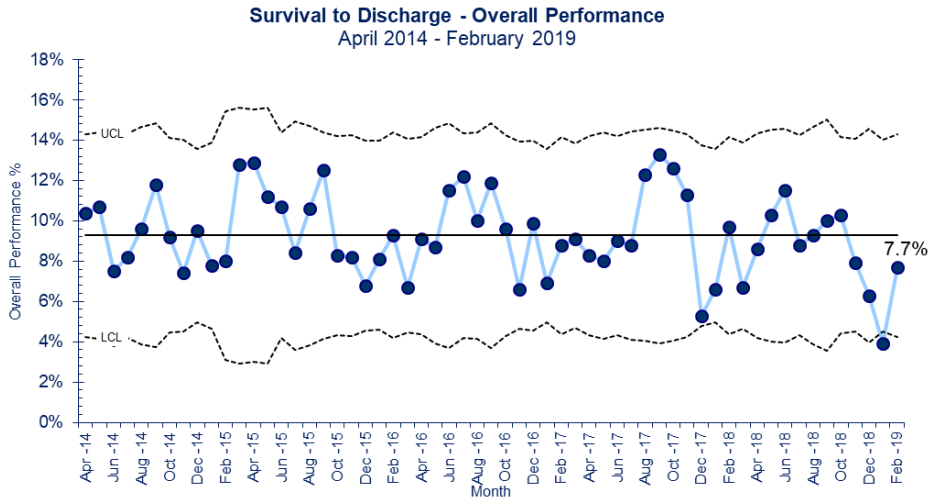
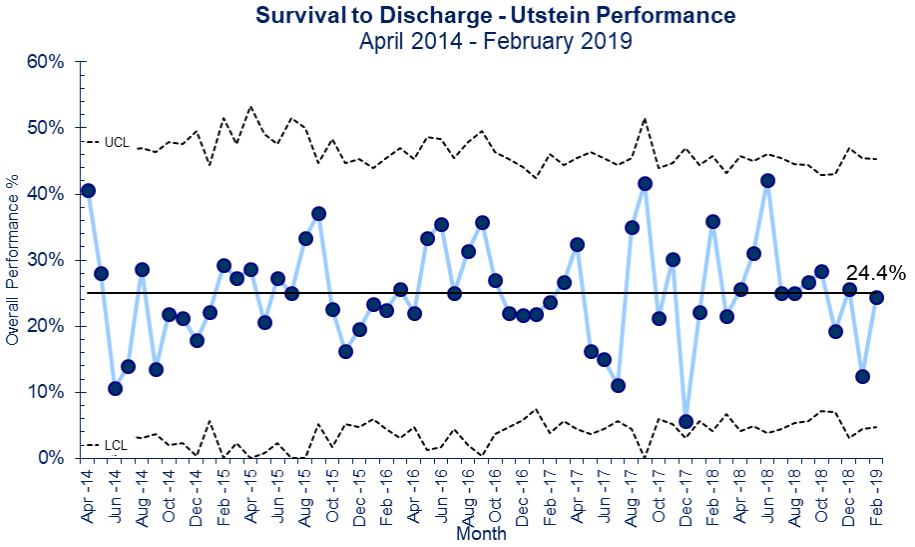


Figure E2.4



Care Bundles Cardiac and Stroke (SPC)

Figure E2.5

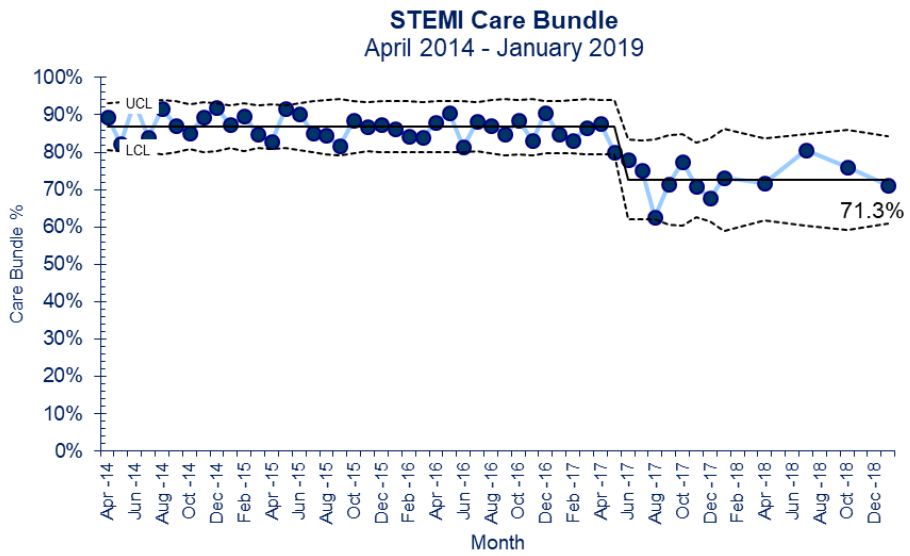
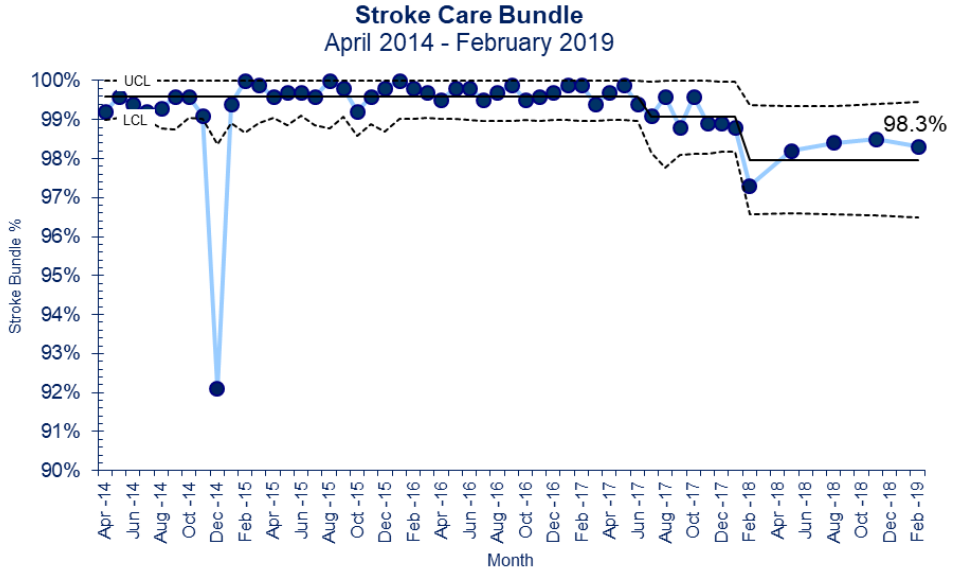


Figure E2.6



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

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

Figure E3.1

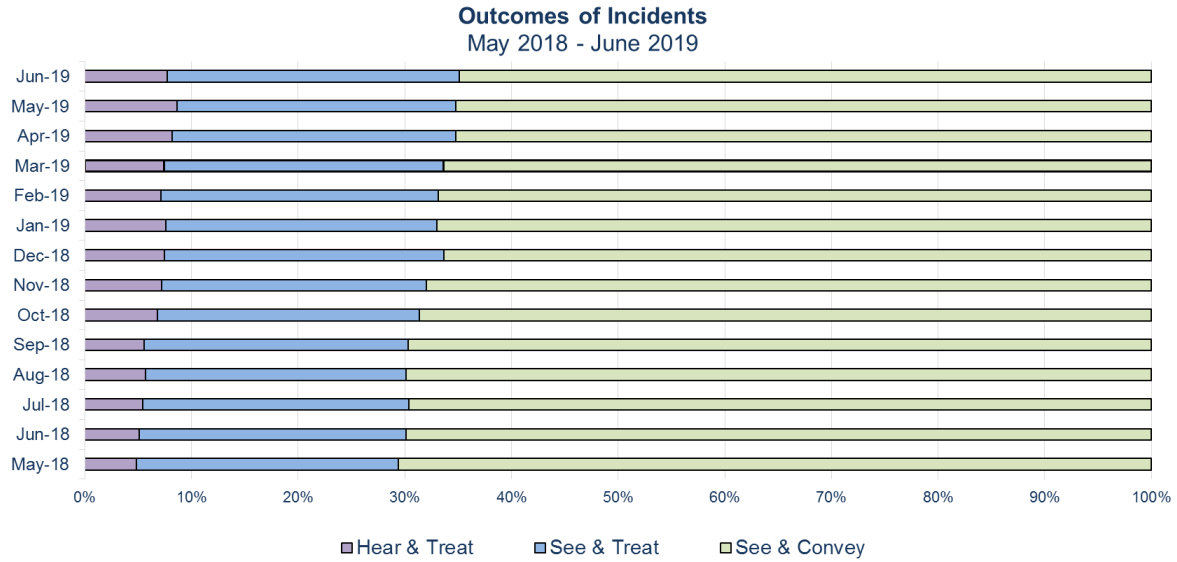


Table E3.1

Month/Yr	Incidents with no face to face response	Hear and Treat %	F2F Incidents with no transport	See & Treat %	F2F Incidents with transport	See & Convey %
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%
May-19	8,741	8.7%	26,380	26.1%	65,844	65.2%
Jun-19	7,502	7.7%	26,548	27.4%	62,889	64.9%

Outcomes

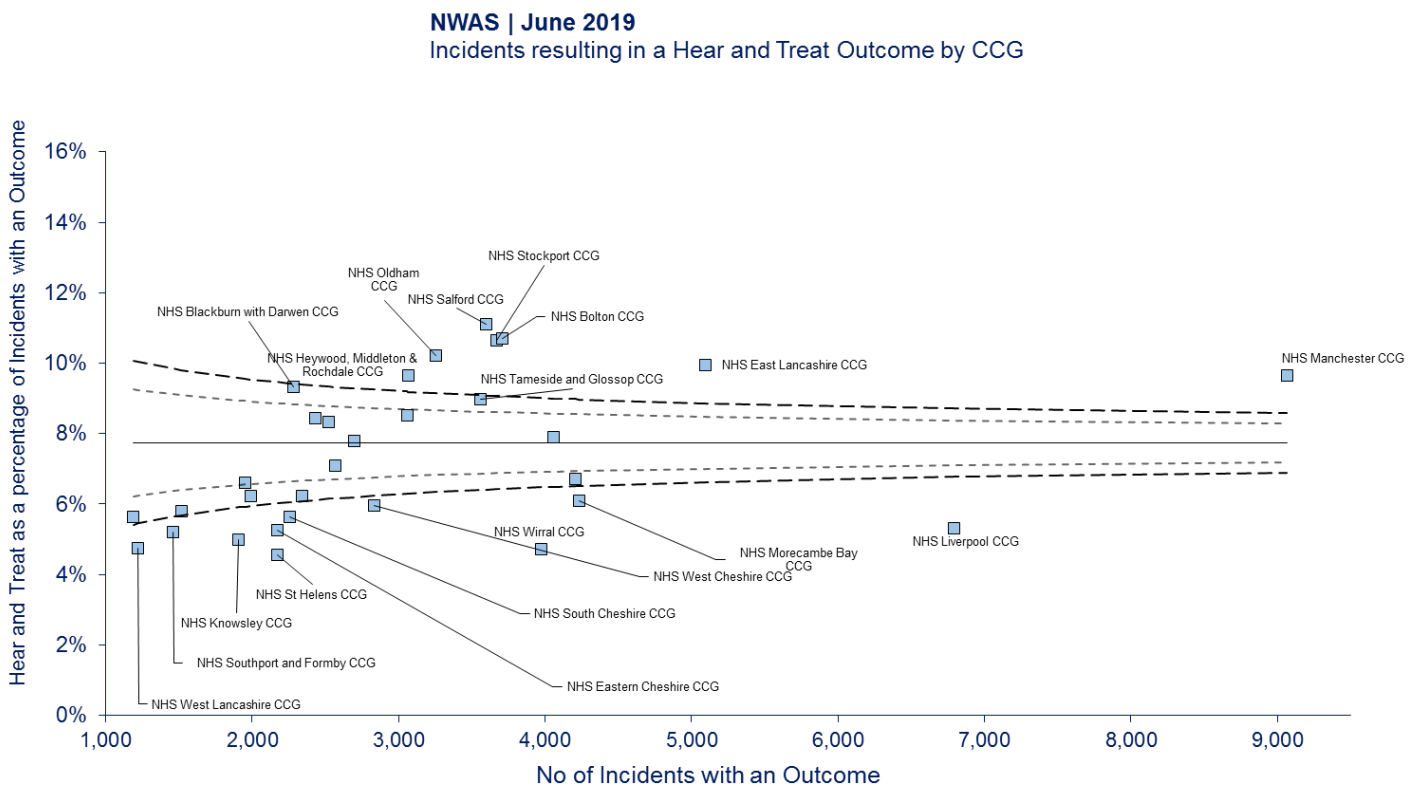
S&T in June remained on an upwards trajectory at 27.4%, despite the slight reduction in total 999 activity.

Our entire qualified paramedic workforce is now trained in the application of the Manchester Triage System (MTS) and training is now scheduled for the NQP2 cohorts due to qualify in the coming month. It is hoped that this will continue to increase S&T, as more clinicians move from Pathfinder to MTS.

In the areas where Primary Care has limited capacity (such as South Cheshire & Vale Royal and Morecambe), who have no AVS provision to receive referrals from NWAS clinicians, all parties have met with our lead commissioners to identify potential solutions to access referral pathways, whilst maintaining all other responsive pathways of care.

All areas are continuing to implement their improvement plans for S&T with support from the Urgent Care Development Team as we strive to maximise opportunities for clinically appropriate S&T.

Figure E3.2



Hear & Treat Performance for June was 7.74% WITH the number of incidents with no face to face response being 7502. This is a 2.64 % increase in performance in comparison to June 2018.

June has seen the impact of the 90 day Greater Manchester Extended APAS trial ceasing on the 7th, which had a negative impact on H&T Performance. For the first time we have seen a decrease in performance of 0.92% between May and June, despite mitigation being put in place within the department. The GM APAS PILOT operated 24/7 throughout the months of March, April and May.

The total numbers for APAS in June was 2,459, which although is high, is 1191 less than May when we had extended APAS referral for GM. There has been no funding agreed with commissioners to extend the trial throughout the evaluation period. As expected and highlighted last month the withdrawal of this resource has seen a reduction in the numbers referred via APAS which has impacted on H&T Performance for June. NWAS are consistently in the weekly top 3 for best H&T Performance across England. The little variance is evident of consistency of system delivering performance. 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.

Figure E3.3

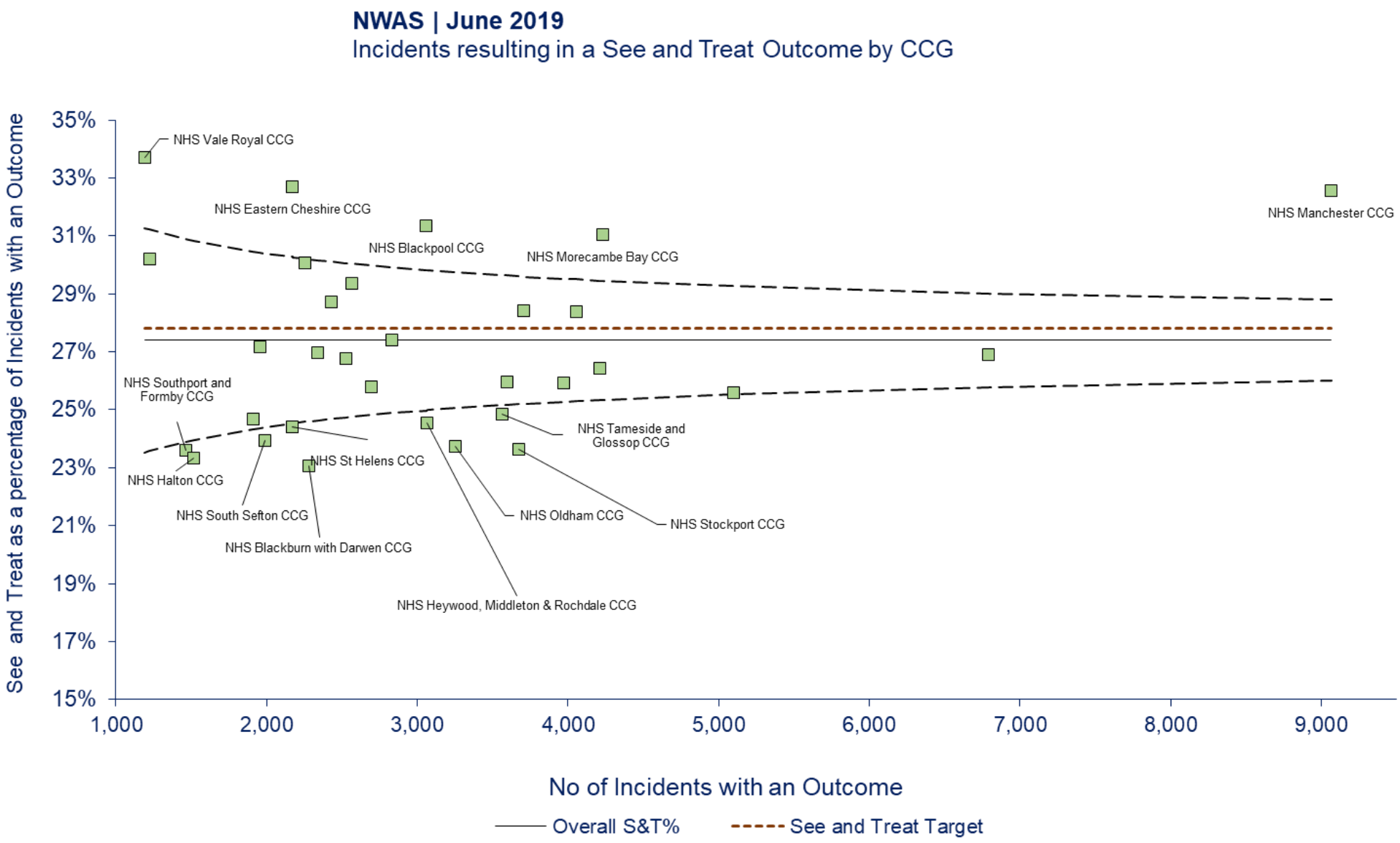

NWAS | June 2019
Incidents resulting in a See and Treat Outcome by CCG
See and Treat as a percentage of Incidents with an Outcome
35%
33%
31%
29%
27%
25%
23%
21%
19%
17%
15%
1,000
2,000
3,000
4,000
5,000
6,000
7,000
8,000
9,000
No of Incidents with an Outcome
NHS Vale Royal CCG
NHS Eastern Cheshire CCG
NHS Blackpool CCG
NHS Morecambe Bay CCG
NHS Manchester CCG
NHS Southport and Formby CCG
NHS Tameside and Glossop CCG
NHS St Helens CCG
NHS Halton CCG
NHS South Sefton CCG
NHS Oldham CCG
NHS Stockport CCG
NHS Blackburn with Darwen CCG
NHS Heywood, Middleton & Rochdale CCG
Overall S&T%
See and Treat Target

Figure E3.4

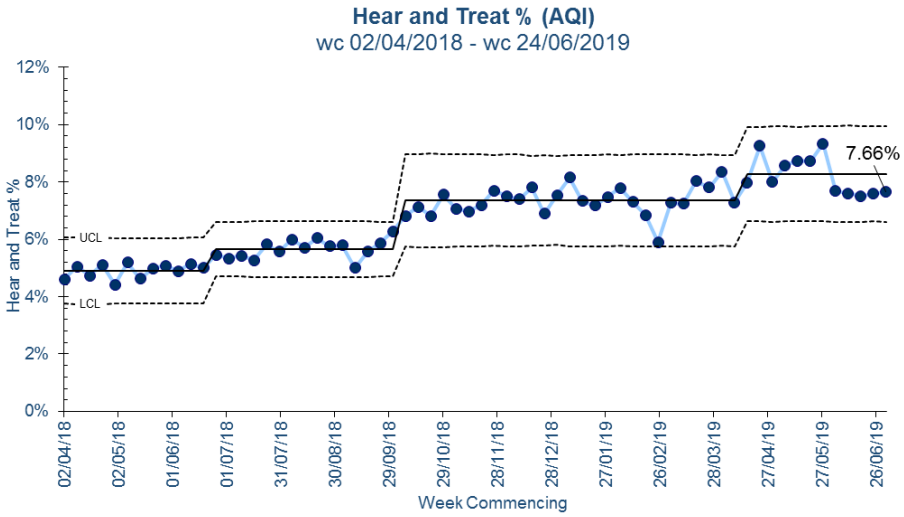


Figure E3.5

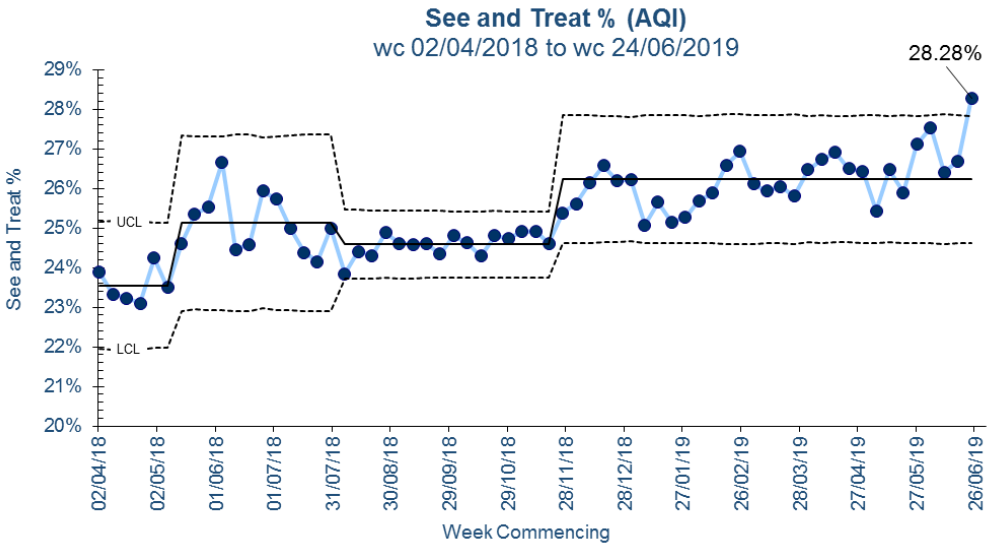
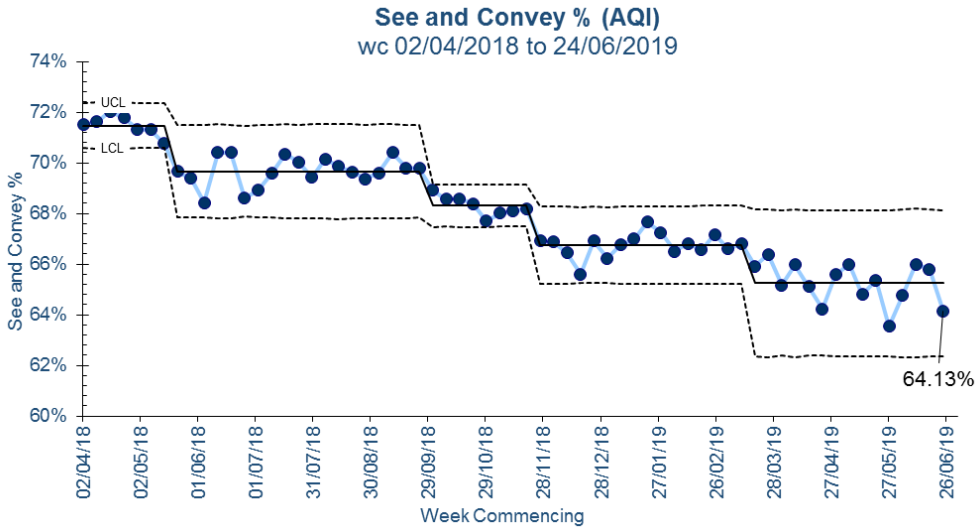


Figure E3.6

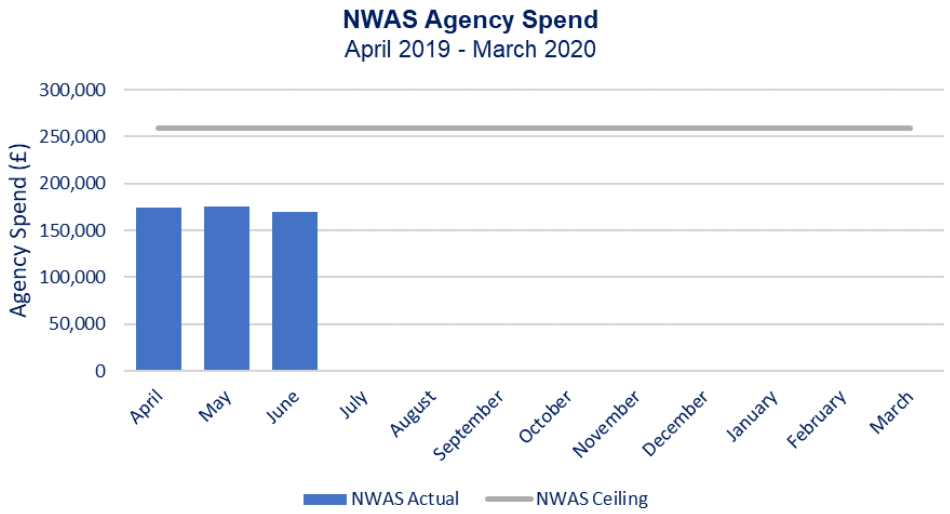


F1 FINANCIAL SCORE

Table F1.1 Financial Sustainability Risk Rating

Financial Metric	2019/20 YTD Score	Plan Score	Weight
Liquidity	1	1	0.2
Capital Servicing	1	1	0.2
I&E Margin	2	2	0.2
Distance from Plan	1	1	0.2
Agency	1	1	0.2
Overall Unrounded	1.2	1.2	
Rounded Score before override	1.4	1.4	
OVERALL SCORE AFTER OVERRIDE (Triggered if any of the score are 4)	1	1	

Figure F1.1



Finance Position – June 2019

Month 03 Finance Position:
The position for the Trust at Month 3 is a surplus of £0.035m this is £0.003m better than the planned surplus of £0.032m. Income is over recovered by £0.824m, pay is overspent by £0.450m and non-pay is overspent by £0.371m.

Agency Expenditure
The year to date expenditure on agency is £0.518m which is £0.259m below the year to date ceiling of £0.777m equivalent to 33.33% under which results in an agency financial metric of 1.

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

Figure F1.2

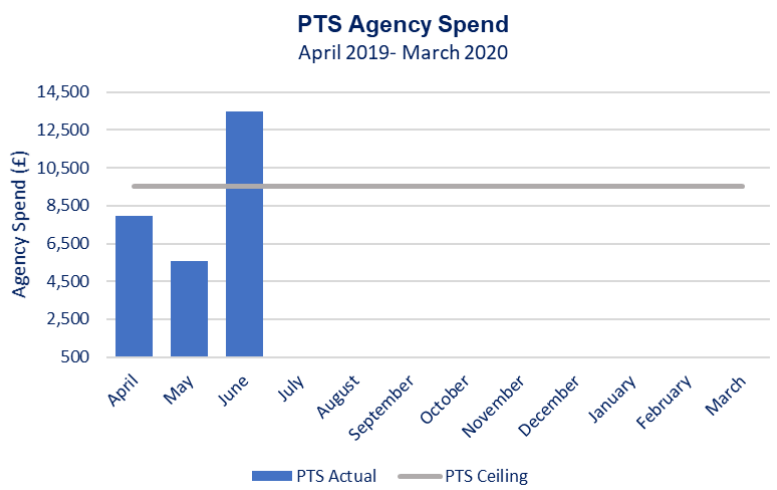


Figure F1.3

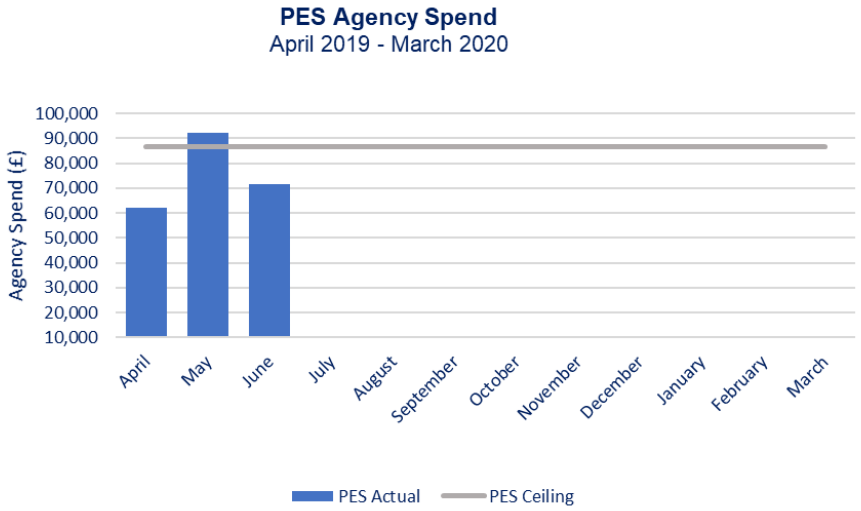


Figure F1.4

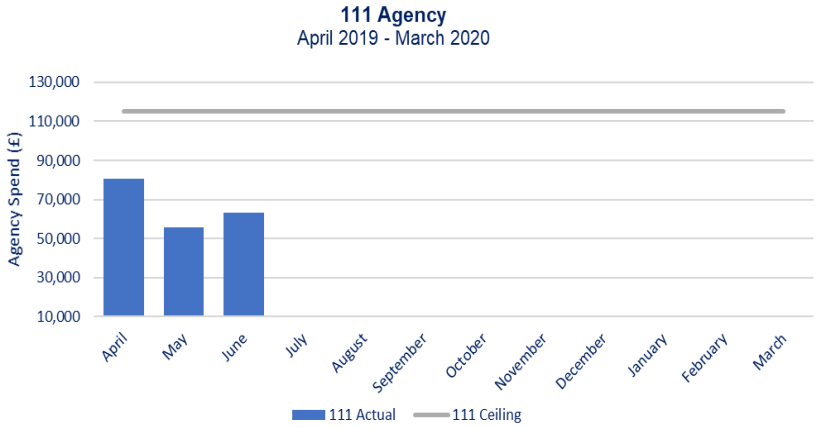
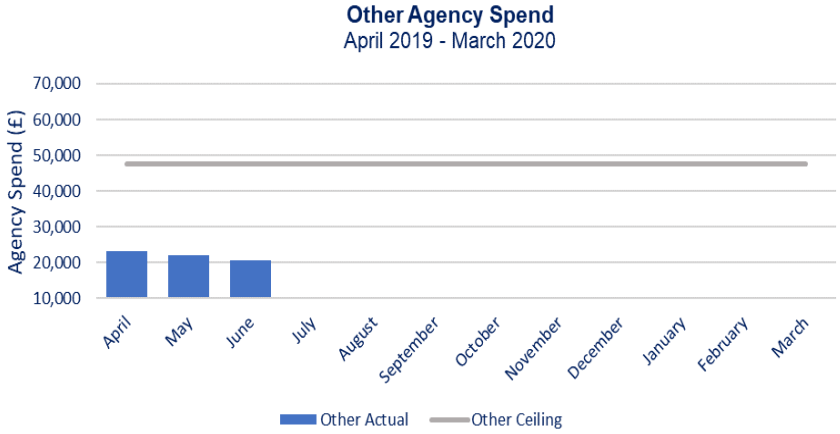


Figure F1.5



O1 CALL PICK UP

Figure O1.1:

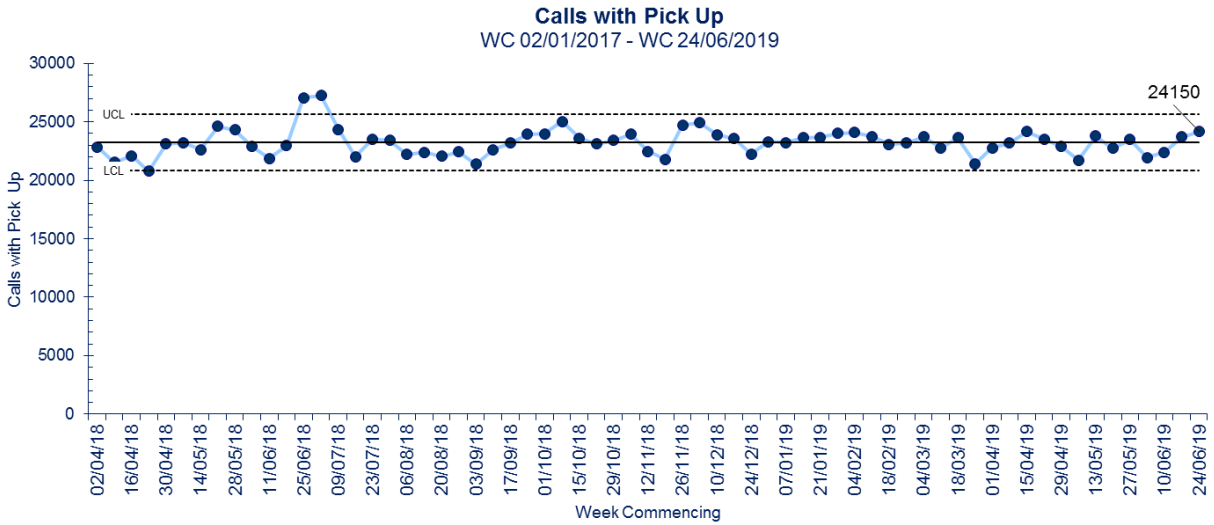
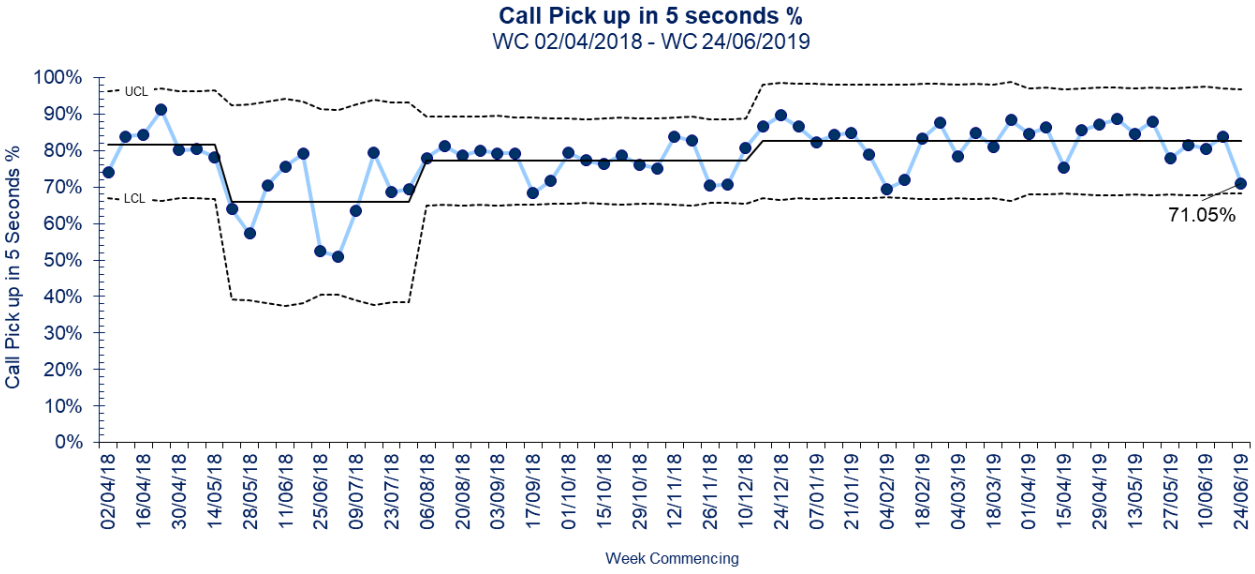


Figure O1.2:



Call Pick Up

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

Performance: For June 2019, call pick up performance was at 78.6%. 24,893 calls took longer than 5 seconds to pick up.

CPU improvement is linked to the recruitment plan, that is set to deliver a further 40 WTE EMDs by November. A significant number of EMDs have already been trained and some deployed live. The benefit of new starters takes 10 weeks to be realised. This is due to six weeks training and four weeks mentorship before the EMD can be deployed to full effect. It is recognised that CPU is varied through the week, with Tuesday through to Friday producing high levels of CPU.

Weekends currently are a challenge, an increase in EMD deployment at the weekend is required. The new starters will start to be deployed in the areas of low staffing and this will improve CPU. Performance is in line with SDIP trajectory and it is still anticipated that by Q3 a stepped improvement in CPU will be achieved.

Figure O1.3: Source - CAD calls

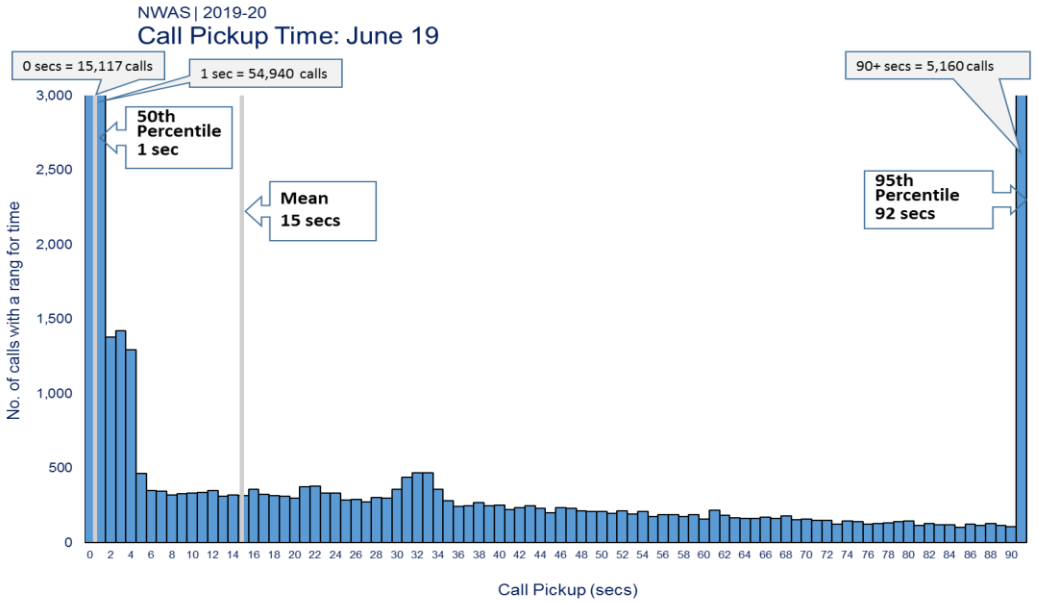


Table O1.1: Calls and Call Answer Times (Source – AQI)

			Call answer times (seconds)				
Month/Yr	Contact Count	Calls answered	Total	Mean (Switch)	Median (50th centile)	95th centile	99th centile
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
May-19	127,228	100,285	700,370	7	1	51	110
Jun - 19	127,635	103,571	1,423,103	14	1	84	140

O2 A&E TURNAROUND

Figure O2.1

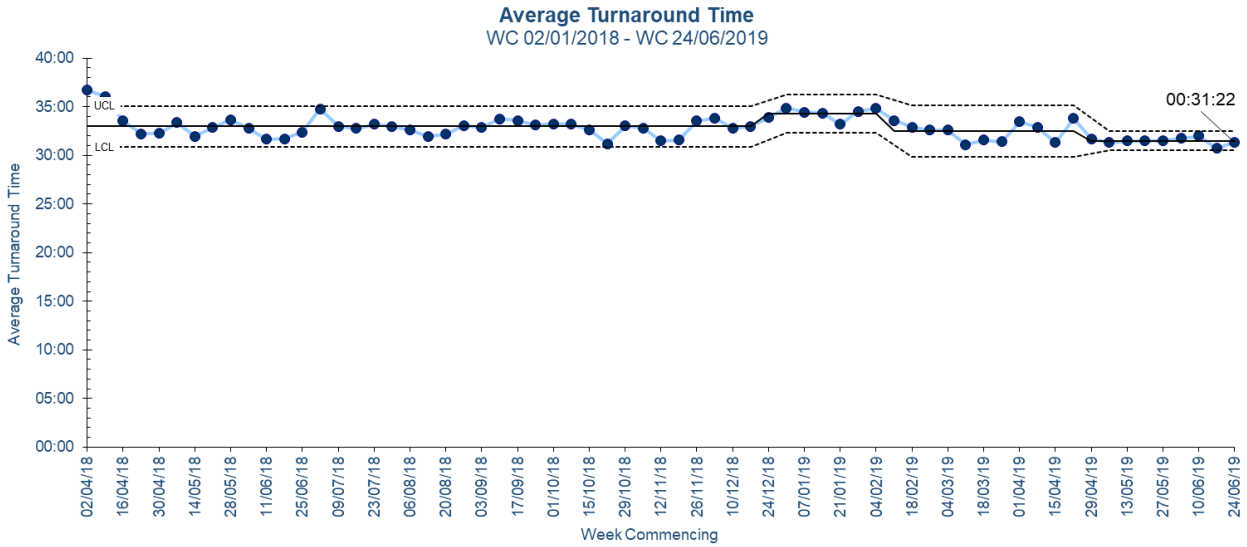


Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
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
May - 19	59,274	31:25	19:55	11:14
Jun - 19	56,633	31:26	20:03	11:09

A&E Turnaround Times

The average turnaround for June 2019 was 31 minutes 22 seconds across the North West.

The overall turnaround time for NWAS is stable and below the agreed commissioned level of 34.5 minutes.

A second phase of improvement work looking at increasing the numbers within the programme is being drafted and will be agreed through EMT and onward to Board.

Whilst the overall picture is improving there are still sites with challenging turnaround times.

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

Whiston	40:44
Royal Lancaster Infirmary	37:14
Royal Oldham	35:40
Furness General	34:34
Aintree University	34:34

Figure O2.2

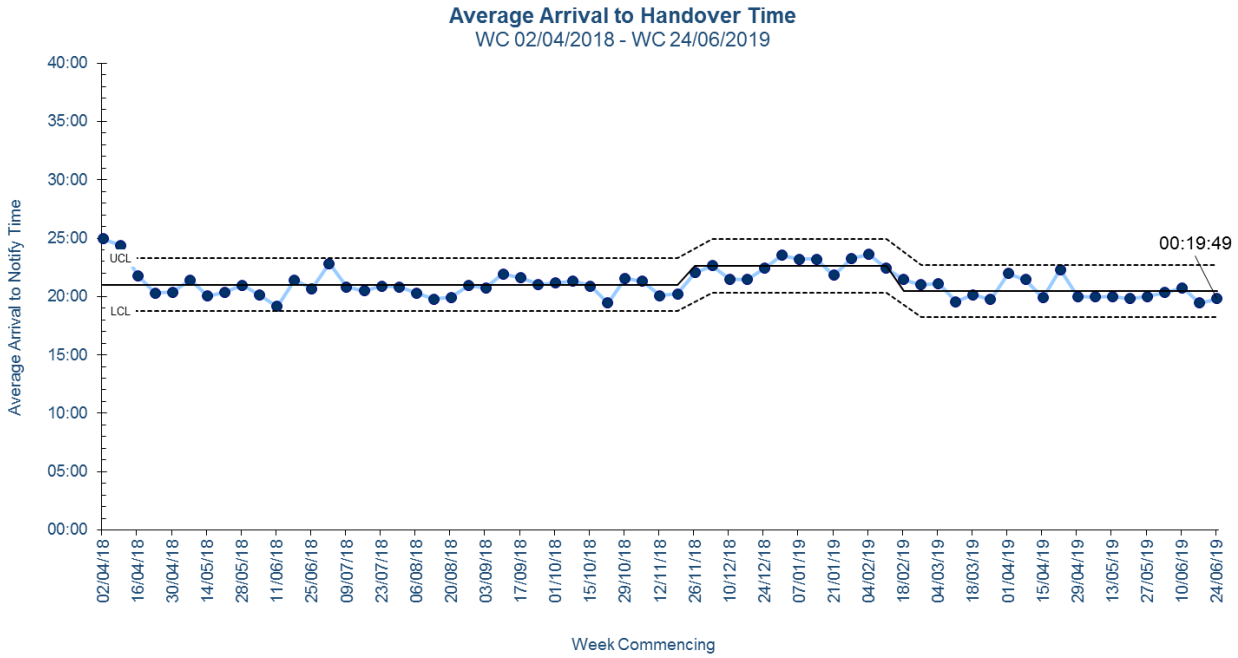
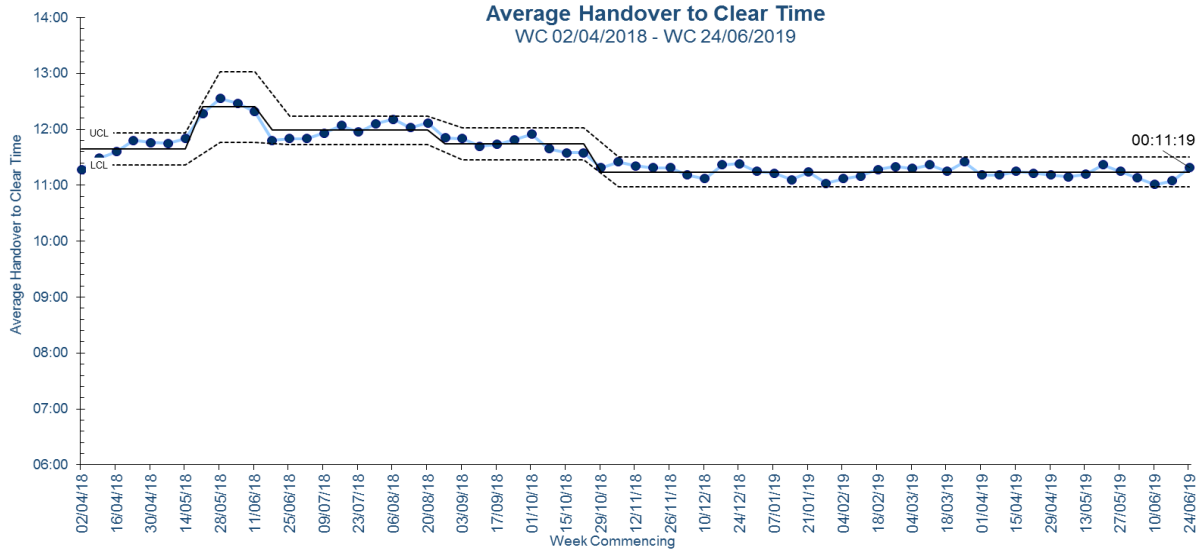


Figure O2.3

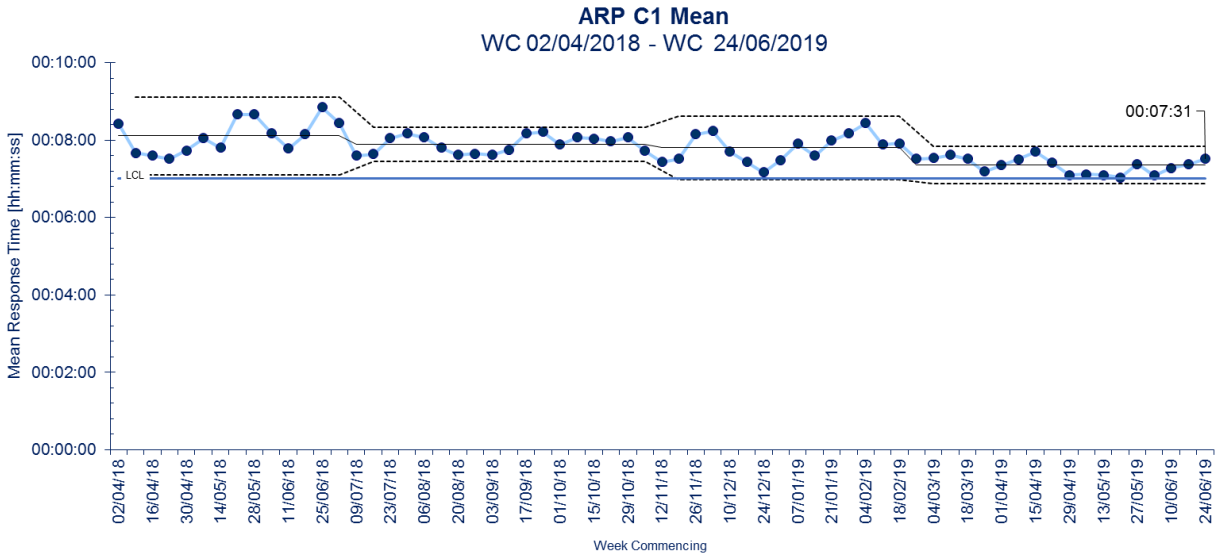


O3 ARP RESPONSE TIMES

Table O3.1 - Incidents with a response

Month/Yr	C1	C2	C3	C4
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
May-19	9,264	51,531	20,991	4,465
Jun-19	9,071	50,128	20,451	4,116

Figure O3.1



Activity

C1 Performance

C1 Mean

Target:	7 minutes
NWAS	
June 19:	7:21
YTD:	7:18
National:	
June 19:	7:11
Top three trusts:	
London	6:36
North East	6:46
West Midlands	6:48
NWAS Position	**7 / 10**

C1 mean and 90th centile performance remained stable in June. New technical solutions to speed up the allocation of this category of incidents is planned to commence in early August. This development (Auto Divert) is expected to ensure available resources are diverted from lower grade calls to C1 automatically.

C2 to C4 performance is also stable. Work continues on the roster review with the first working parties underway in the Greater Manchester Area.

Figure O3.2

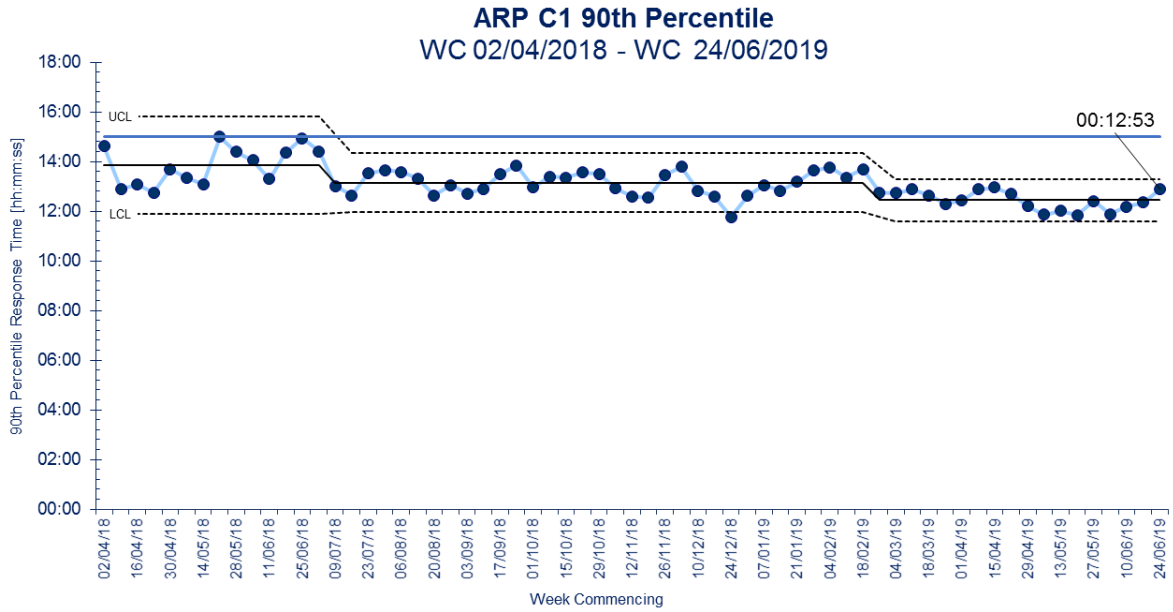
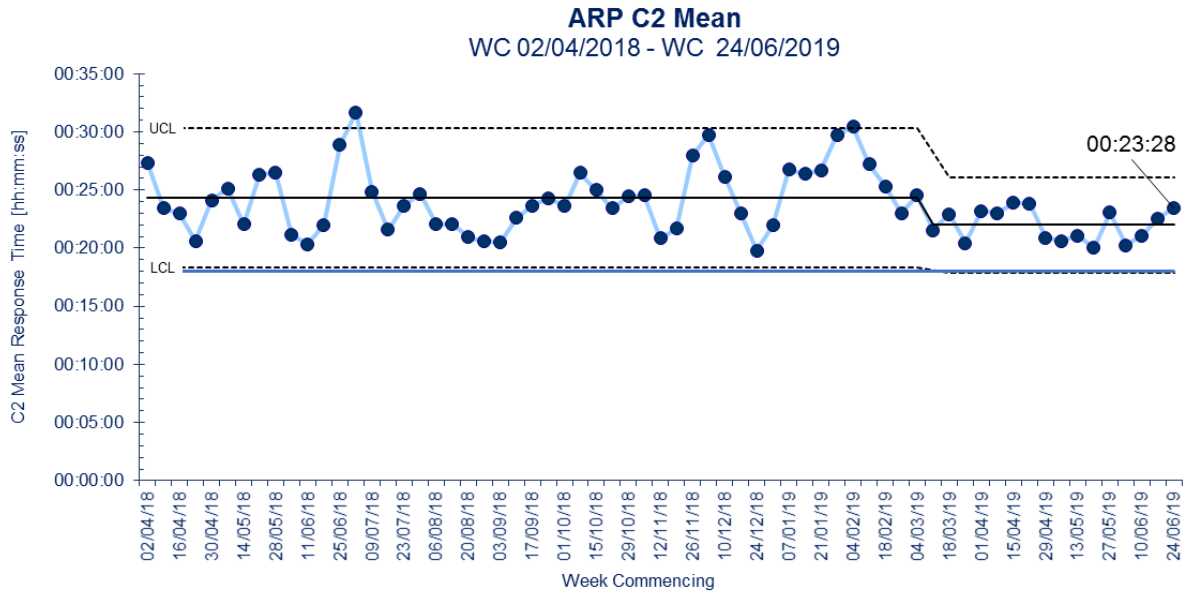


Figure O3.3



C1 90th Percentile

Target:	15 Minutes
NWAS	
June 19:	12:23
YTD:	12:22
National:	
June 19:	12:28
Top three trusts:	
North East	10:42
London	10:59
West Midlands	11:55
NWAS Position	**5 / 10**

C2 Performance

C2 Mean

Target:	18 minutes
NWAS:	
June 19:	22:08
YTD:	22:06
National:	
June 19:	22:26
Top three trusts:	
West Midlands	12:58
South Central	16:51
Yorkshire	18:46
NWAS Position	**6 / 10**

Figure O3.4

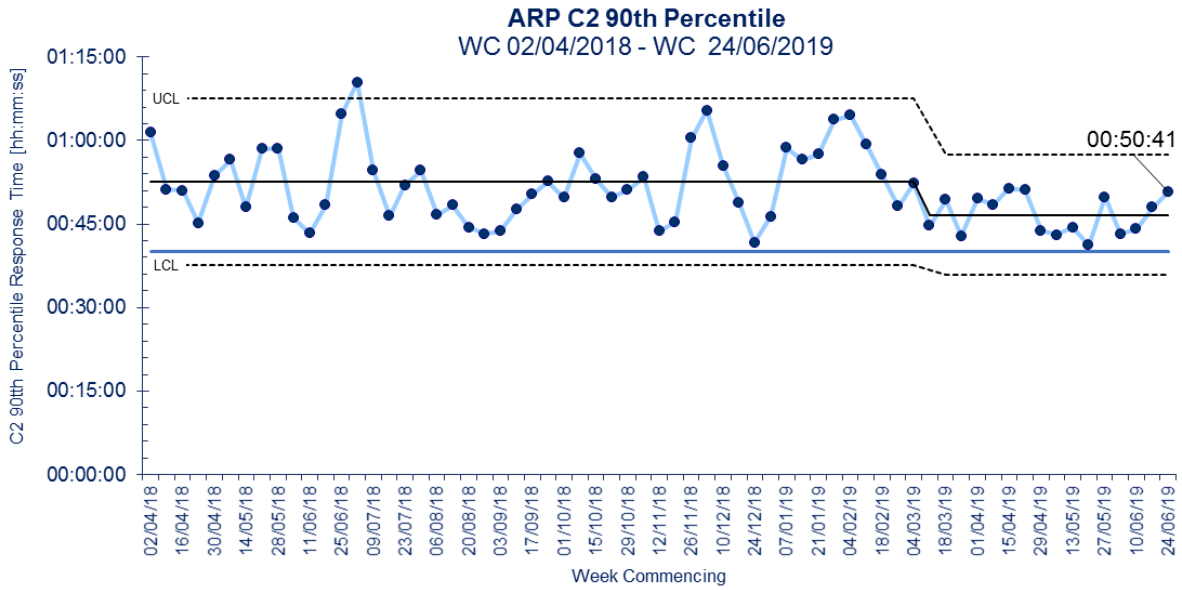
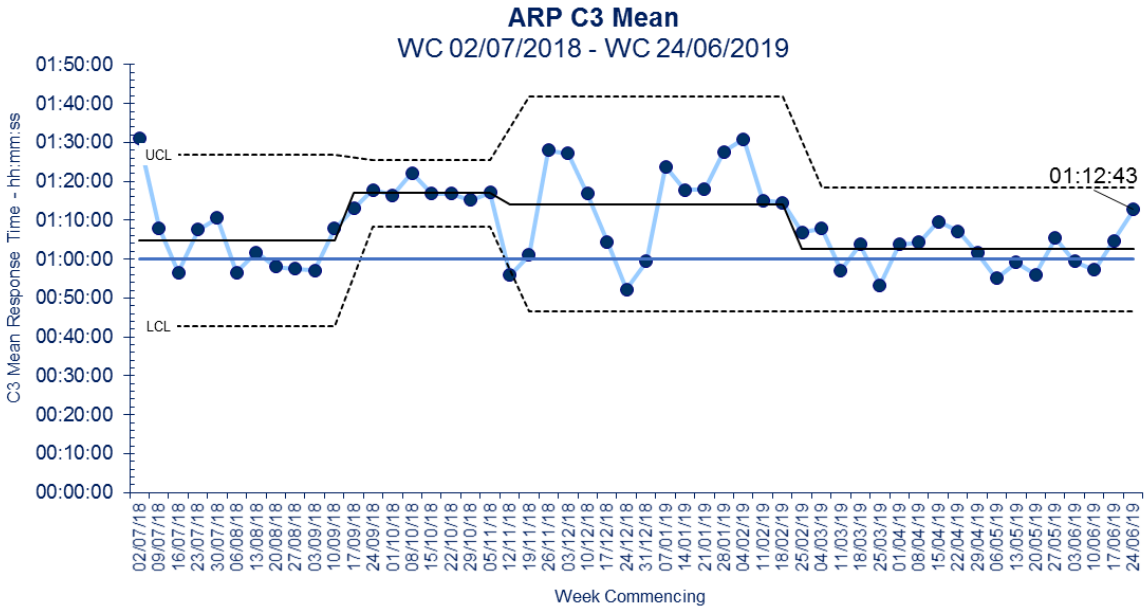


Figure O3.5



C2 90th Percentile
Target: 40 Minutes

NWAS	
June 19:	47:09
YTD:	46:55
National:	
June 19:	46:00
Top three trusts:	
West Midlands	23:57
South Central	34:04
Yorkshire	38:14
NWAS Position	**6 / 10**

C3 Performance

C3 Mean

Target:	1 Hour
NWAS:	
June 19:	01:04:31
YTD:	01:02:45
National:	
June 19:	01:08:54
Top three trusts:	
West Midlands	44:50
Yorkshire	45:12
South Central	48:55
NWAS Position	**4 / 10**

Figure O3.6

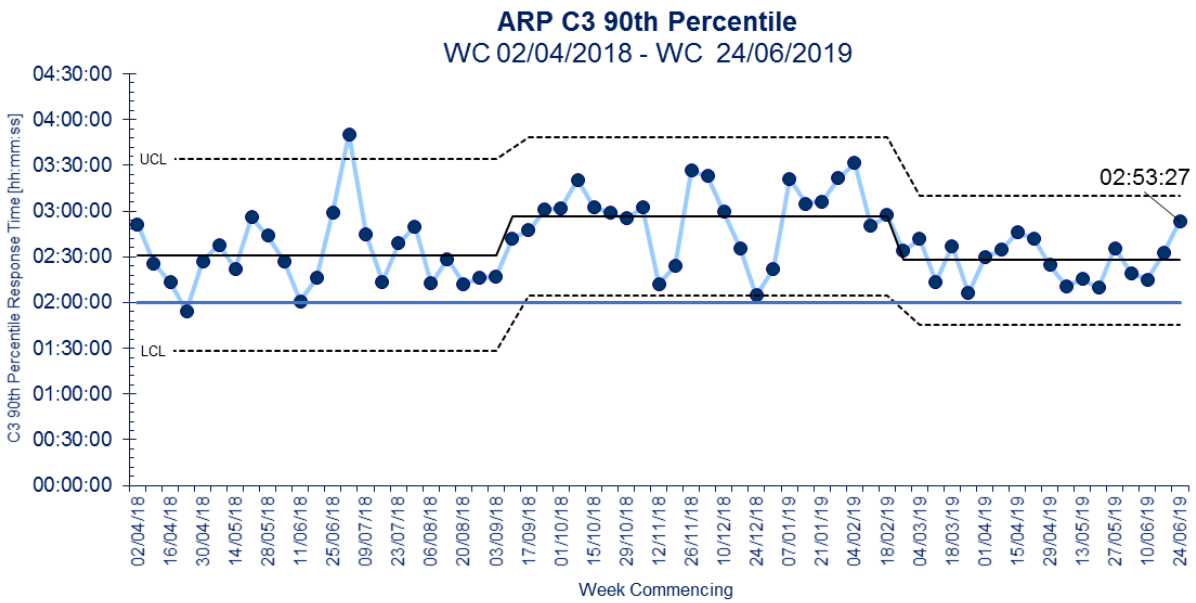
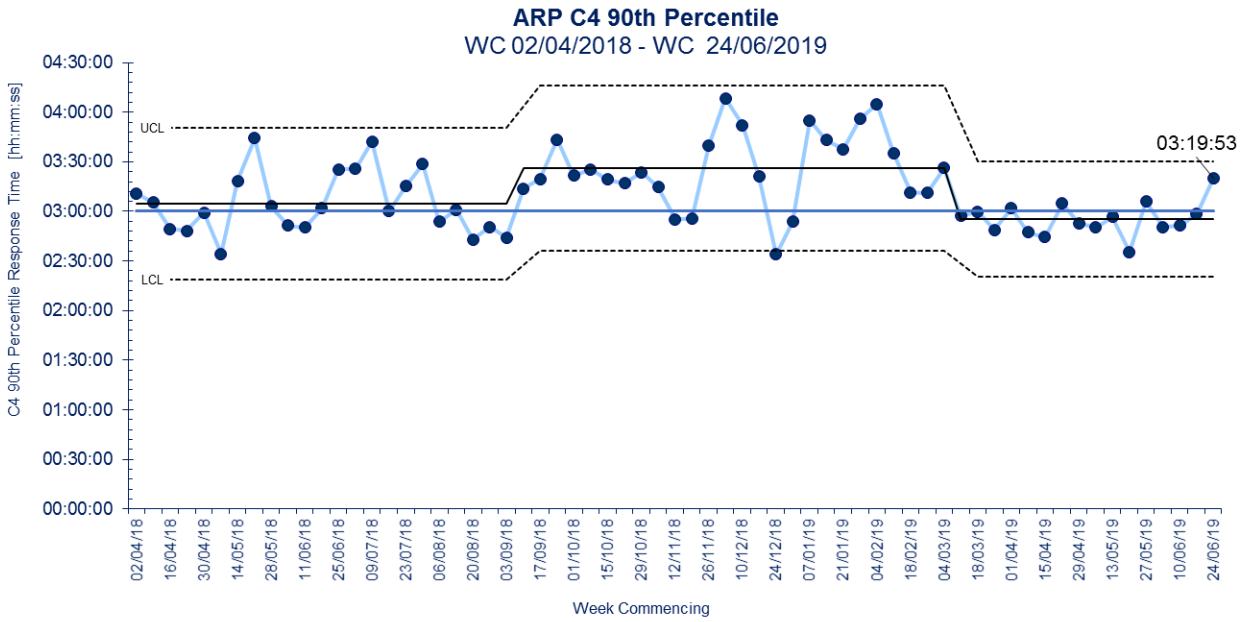


Figure O3.7



C3 90th Percentile

Target:	2 Hours
NWAS	
June 19:	02:32:15
YTD:	02:28:37
National	
June 19:	02:44:47
Top three trusts:	
West Midlands	01:40:05
Yorkshire	01:49:27
South Central	01:54:36

NWAS Position **4 / 10**

C4 Performance

C4 90th Percentile

Target:	3 Hours
NWAS	
June 19:	02:58:44
YTD:	02:54:13
National	
June 19:	03:08:07
Top three trusts:	
Yorkshire	01:58:53
West Midlands	02:27:54
South Central	02:33:48

NWAS Position **5 / 10**

Figure O3.8

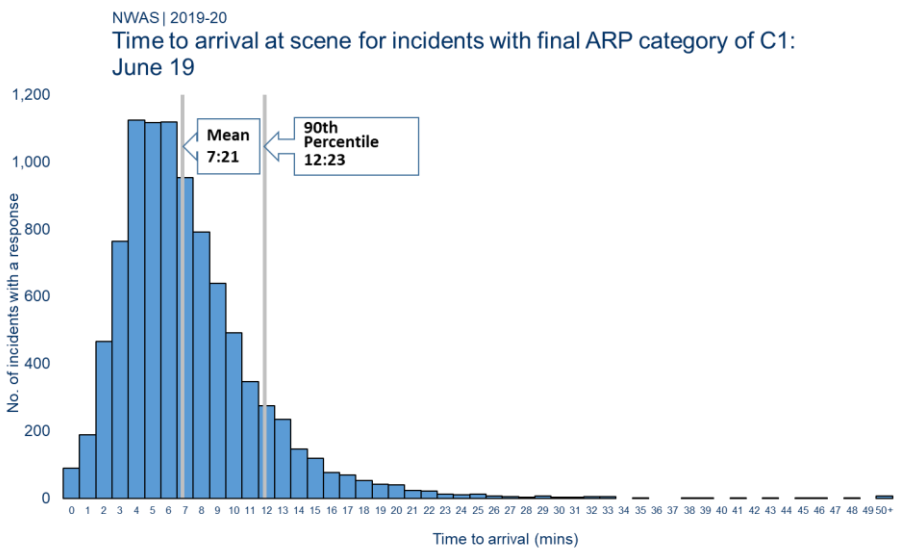


Figure O3.9

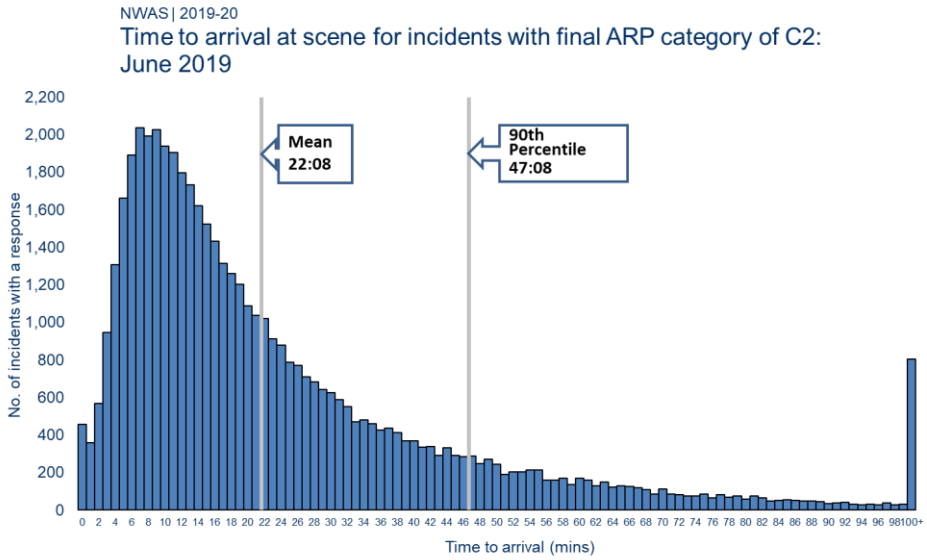


Figure O3.10

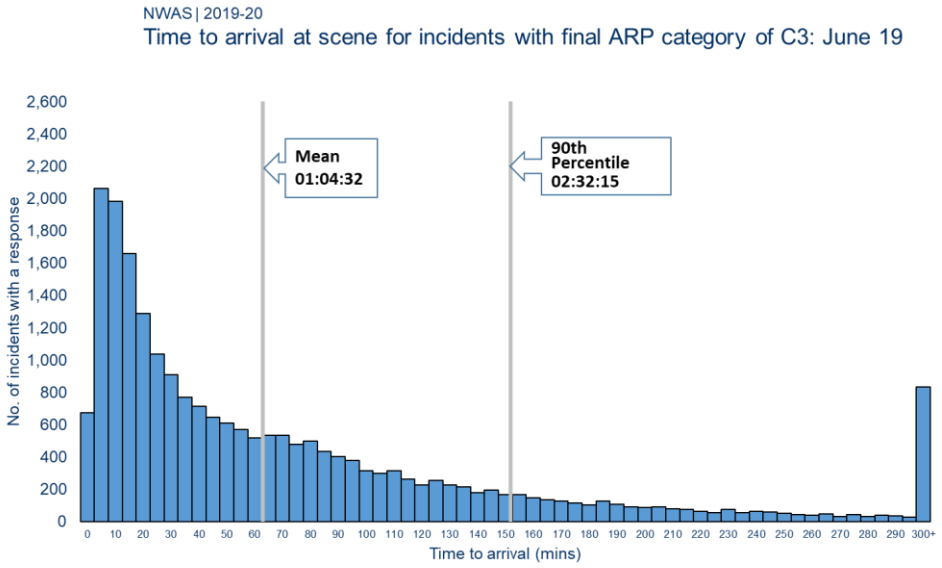
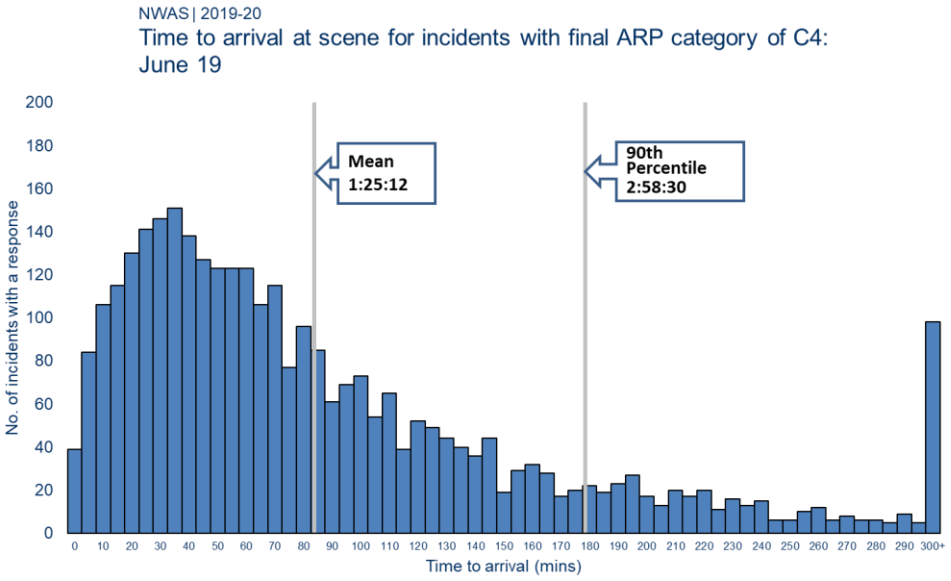


Figure O3.11



O4 111 PERFORMANCE

Figure O4.1:

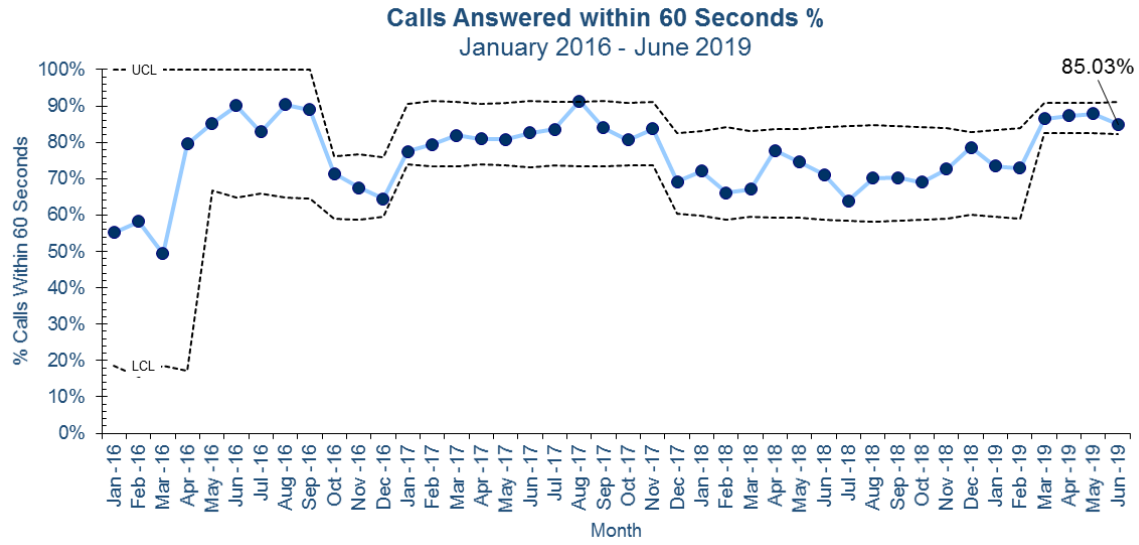
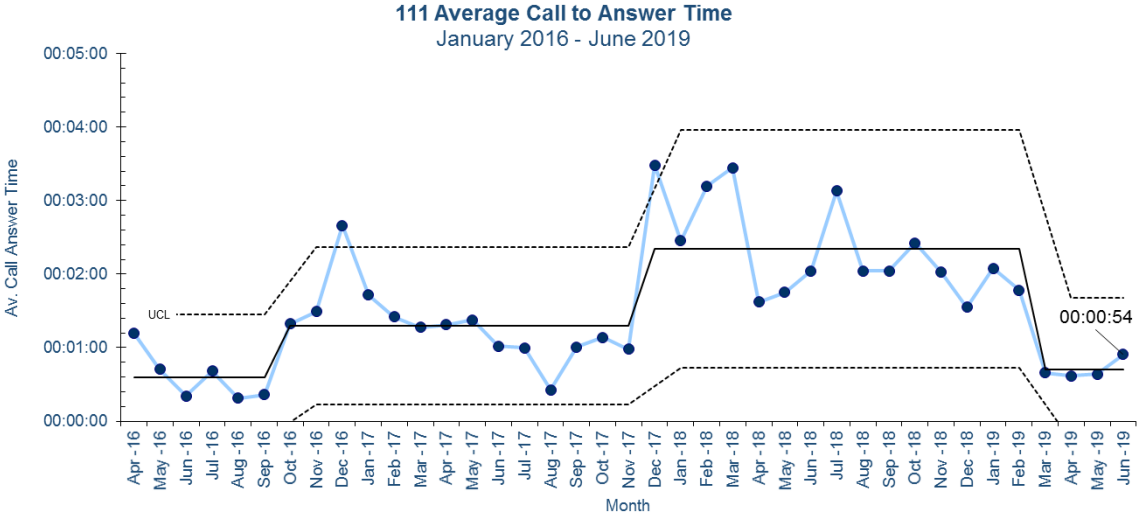


Figure O4.2:



111 Performance

Calls Answered within 60 seconds %
Target: 95%

NWAS
June 19: 85.0%
YTD: 86.8%

National
June 19: 86.7%

Calls answered in less than 60 seconds performance continues to realise a stabilised level at 85%. This is slightly below the previous few months, but still aligned to the trajectory shared with commissioners. This slight drop in performance is attributable to increase annual leave allowance, rise in absence and cancellation of overtime and bank shifts at critical times.

A range of measures have been commenced in 111 to ensure performance remains at agree standards, including a detailed action plan to address rise in sickness across Health and Clinical Advisors, further efficiencies through SMS going live in July, ORH review, roster review project and revised workforce/ recruitment plan.

Performance remains aligned to the projected performance trajectory, however at the sacrifice of a monthly budget overspend. Benchmarking NWAS against national comparators is currently quite difficult as most other providers are currently commissioned to deliver an Integrated Urgent Care (IUC) service rather than a 111 contract. Currently against the National 111 key performance standards NWAS sits mid-table.

Figure O4.3:

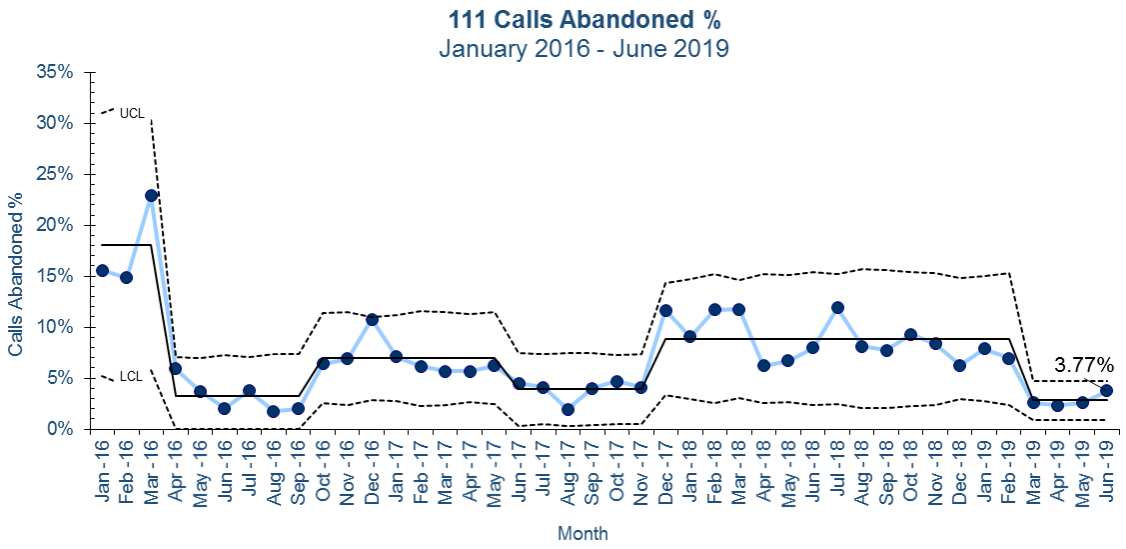
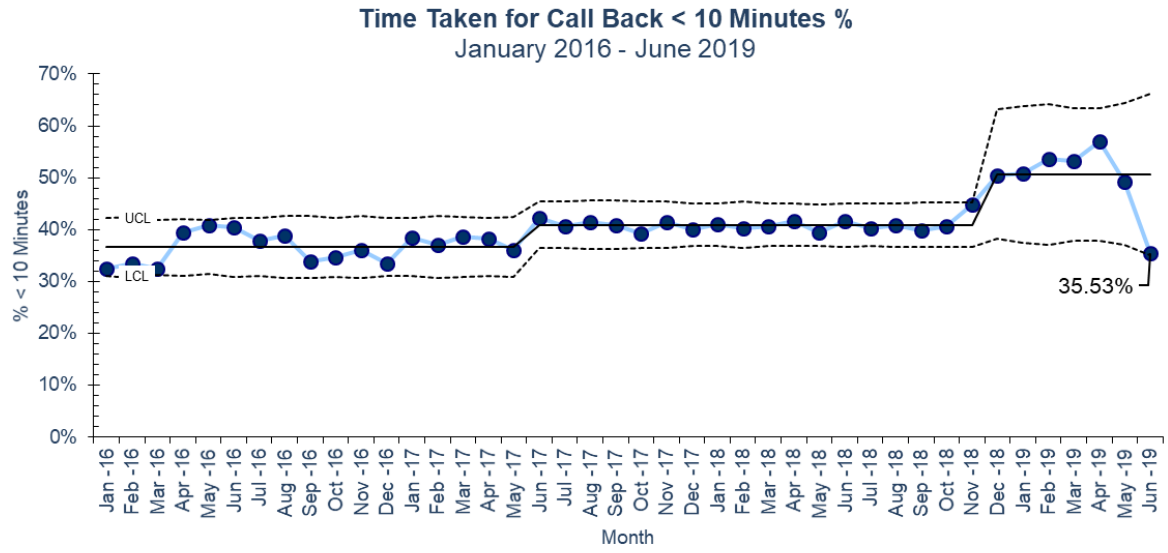


Figure O4.4:



Calls Abandoned %

Target:	<5%

NWAS

June 19:	3.8%
YTD:	2.9%

National

June 19:	2.5%

Call Back < 10 Minutes %

Target:	75%

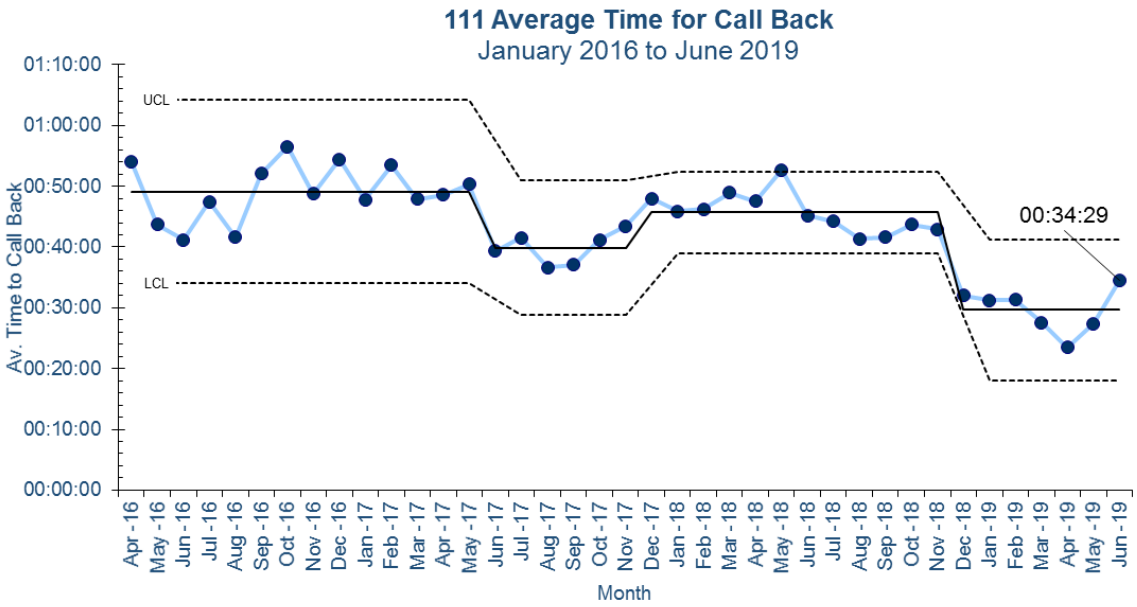
NWAS

June 19:	35.5%
YTD:	48.6%

National

June 19:	35.5%

Figure O4.5:



Special cause variation can be seen in Figure O4.4. This is due to a number of factors all contributing to a shortage of clinical advisors. These include:

- High sickness in the clinical advisor workforce
- Reduced effectiveness of CAFÉ (Clinical Advisor Front End)
- V17 training
- Staff Attrition
- Challenges in recruitment of clinical workforce due to national shortages

Mitigation to overcome this challenging situation include development of rotational roles, sickness management action plan, recruitment in Merseyside, review of CAFÉ function, ORH review, roster project.

111 Provider Comparison Figures – June 2019

Table O4.1

Provider	Of calls offered, abandoned after at least 30 seconds
Integrated Care 24	0.5%
South Central Ambulance Service	0.6%
Derbyshire Health United	0.9%
London Ambulance Service	1.1%
Devon Doctors Ltd.	1.1%
Yorkshire Ambulance Service	1.3%
North East Ambulance Service	2.1%
Care UK	2.3%
North West Ambulance Service	3.8%
Herts Urgent Care	3.8%
London Central & West Unscheduled Care Collaborative	3.9%
South East Coast Ambulance Service	4.6%
Vocare	5.0%
Kernow Health	6.0%
Devon Doctors	6.4%
Isle of Wight NHS Trust	6.7%
Dorset Healthcare	6.8%
Medvivo	7.7%

Table O4.2

Provider	Of calls answered, calls answered in 60 seconds
Derbyshire Health United	96.5%
Integrated Care 24	96.0%
Devon Doctors Ltd.	95.4%
South Central Ambulance Service	93.3%
London Ambulance Service	90.4%
North East Ambulance Service	89.0%
Yorkshire Ambulance Service	88.7%
Isle of Wight NHS Trust	86.7%
North West Ambulance Service	85.0%
London Central & West Unscheduled Care Collaborative	84.8%
Herts Urgent Care	84.7%
Care UK	83.3%
Kernow Health	76.6%
South East Coast Ambulance Service	75.4%
Medvivo	71.6%
Dorset Healthcare	71.1%
Vocare	70.2%
Devon Doctors	66.0%

Table O4.3

Provider	Of call backs, call backs in 10 minutes	Provider	Of call backs, call backs in 10 minutes
Herts Urgent Care	62.7%	North West Ambulance Service	35.5%
Devon Doctors	51.2%	Dorset Healthcare	32.4%
Isle of Wight NHS Trust	49.6%	Yorkshire Ambulance Service	28.5%
Medvivo	40.8%	South East Coast Ambulance Service	28.1%
Kernow Health	40.8%	Derbyshire Health United	26.8%
London Ambulance Service	39.0%	Integrated Care 24	23.0%
Care UK	38.2%	South Central Ambulance Service	21.3%
Vocare	37.8%	Devon Doctors Ltd.	13.9%
London Central & West Unscheduled Care Collaborative	37.8%	North East Ambulance Service	-

O5 PTS ACTIVITY AND TARIFF

Table O5.1

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY									
TOTAL ACTIVITY									
	Current Month: June 2019					Year to Date: July 2018 - June 2019			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	168,291	14,024	12,693	(1,331)	(9%)	168,291	162,900	(5,391)	(3%)
Greater Manchester	526,588	43,882	43,473	(409)	(1%)	526,588	536,744	10,156	2%
Lancashire	589,180	49,098	41,692	(7,406)	(15%)	589,180	532,099	(57,081)	(10%)
Merseyside	300,123	25,010	26,899	1,889	8%	300,123	329,418	29,295	10%
NWAS	1,584,182	132,015	124,757	(7,258)	(5%)	1,584,182	1,561,161	(23,021)	(1%)

Table O5.2

UNPLANNED ACTIVITY									
	Current Month: June 2019					Year to Date: July 2018 - June 2019			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	14,969	1,247	936	(311)	(25%)	14,969	12,200	(2,769)	(18%)
Greater Manchester	49,133	4,094	4,747	653	16%	49,133	58,796	9,663	20%
Lancashire	58,829	4,902	4,340	(562)	(11%)	58,829	53,701	(5,128)	(9%)
Merseyside	22,351	1,863	1,954	91	5%	22,351	23,866	1,515	7%
NWAS	145,282	12,107	11,977	(130)	(1%)	145,282	148,563	3,281	2%

Table O5.3

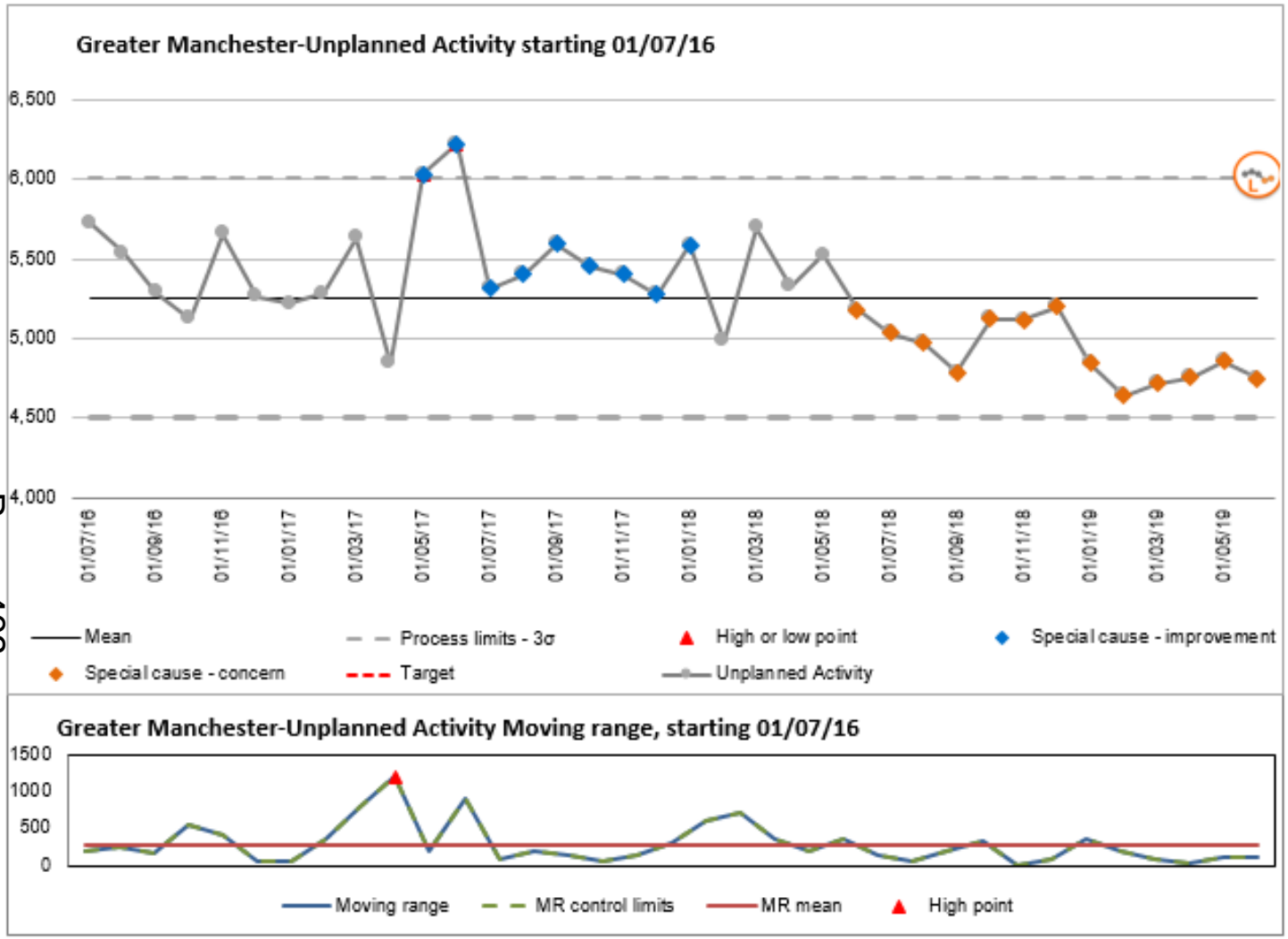
ABORTED ACTIVITY									
	June 2019								
Contract	Planned Activity	Planned Aborts	Planned Aborts %	Unplanned Activity	Unplanned Aborts	Unplanned Aborts %	EPS Activity	EPS Aborts	EPS Aborts %
Cumbria	8,622	422	5%	936	112	12%	3,135	71	2%
Greater Manchester	23,108	2,415	10%	4,747	1,069	23%	15,618	1,191	8%
Lancashire	23,936	1,355	6%	4,340	669	15%	13,416	499	4%
Merseyside	14,041	993	7%	1,954	342	18%	10,904	517	5%
NWAS	69,707	5,185	7%	11,977	2,192	18%	43,073	2,278	5%

PTS Performance

Overall activity during June 2019 was 5% (7,258 journeys) below contract baselines with Lancashire 15% (7,406 journeys) below baseline whilst Merseyside is operating at 8% (1,889 journeys) above baseline. For the year to date position (July 2018 – June 2019) PTS is performing at 1% (23,021 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% (9,663 journeys) and 7% (1,515 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% (2,769 journeys) and 9% (5,128 journeys) below baseline.

Figure O5.1



The planned and unplanned variation trends are all within expected statistical tolerances however the Greater Manchester unplanned activity experienced a run of 9 consecutive months from May 2017 where activity was above the contract term average (July 2017 - May 2019). From June 2018 unplanned activity has experienced a run of 13 consecutive months below the contract term average.

Aborted activity for planned patients averaged 7% during June 2019 however Cumbria experiences 5%, Greater Manchester operates with 10% whilst Lancashire and Merseyside both experience 6% & 7% aborts respectively. There is a similar trend within EPS (renal and oncology) patients with an average of 5% aborts whereas Cumbria has 2% and Greater Manchester 8% Lancashire and Merseyside operate with 4% and 5% respectively. Unplanned (on the day) activity experiences the largest percentages of aborts with an average 18% (1 in 6 patients) with variances of 12% in Cumbria, 23% in Greater Manchester, 15% in Lancashire and 18% Merseyside.

OH1 STAFF SICKNESS

Figure OH1.1

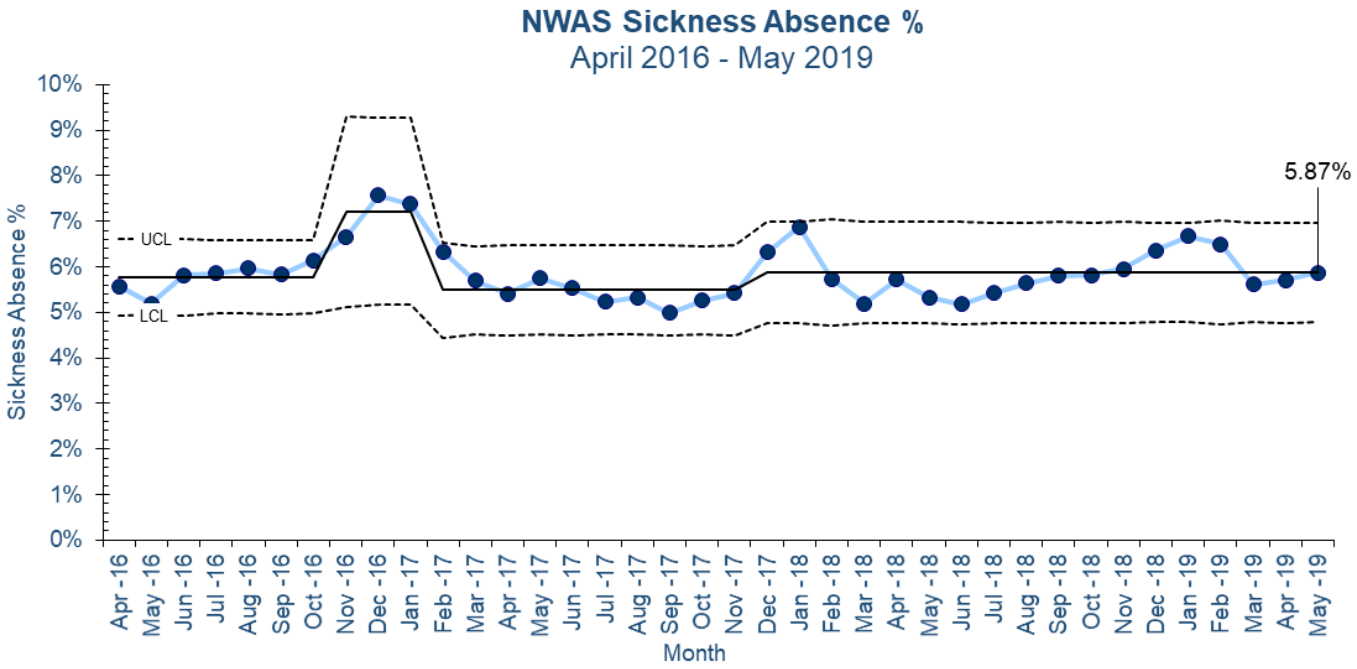


Table OH1.1

Sickness Absence	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
NWAS	5.18%	5.43%	5.64%	5.81%	5.82%	5.95%	6.37%	6.68%	6.50%	5.62%	5.72%	5.87%
Amb. National Average	5.03%	5.25%	5.40%	5.31%	5.40%	5.48%	5.87%	6.09%	5.77%			

Staff Sickness

The overall sickness absence rates for May 2019 were 5.87% with figure OH1.1 displaying a slightly increasing position. This is a similar trend to the same period last year.

Figure OH1.2 – shows a special clause variation in PTS sickness absence rates. This reduction is a result of a focussed improvement plan in PTS. PTS are now achieving their target but further improvements can be made.

The Trust has an improvement goal to reduce sickness absence overall by 0.5% but there is a specific improvement target for PTS to reduce sickness to 6% and also for 111 to reduce to 8%.

Following a period of sustained improvement 111 are currently reporting 11.90% absence rate. This mirrors the seasonal position last year when sickness also rose during summer months. There are targets plans in place in 111 and additional HR resource to support improvements.

These improvement plans are being overseen by NHSI.

BAF Risk: SR04.

Figure OH1.2:

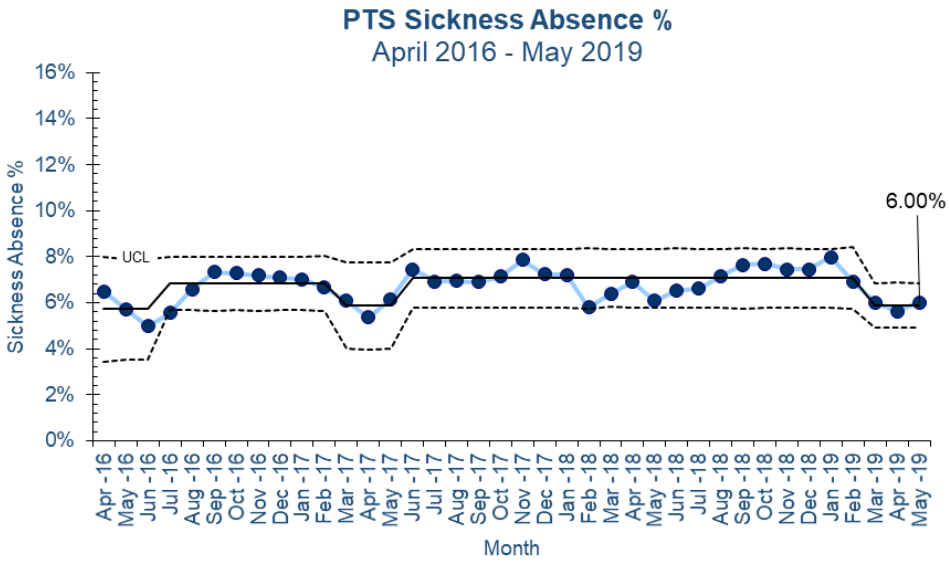


Figure OH1.3:

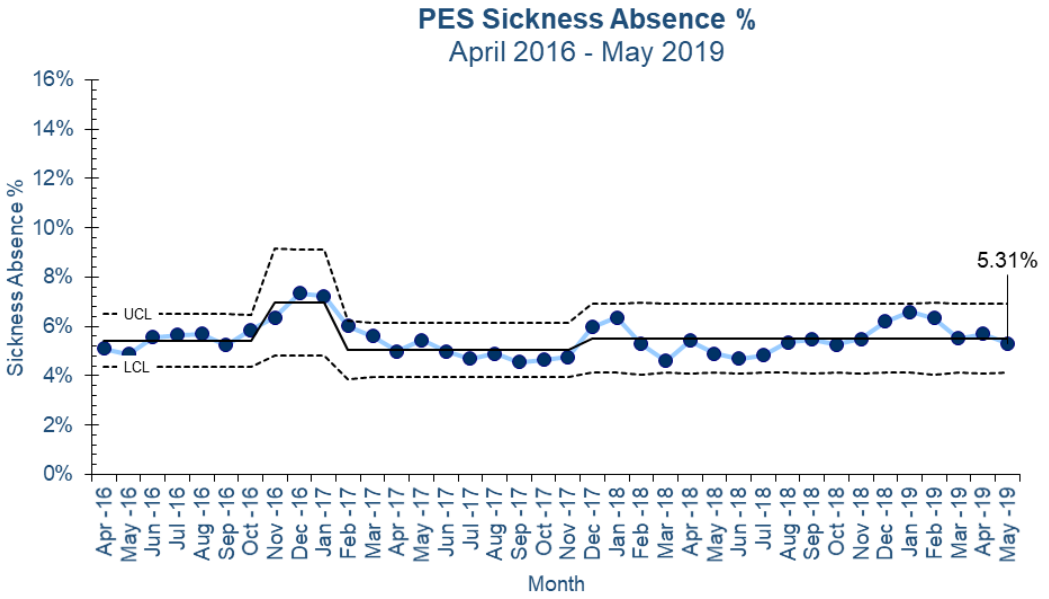


Figure OH1.4

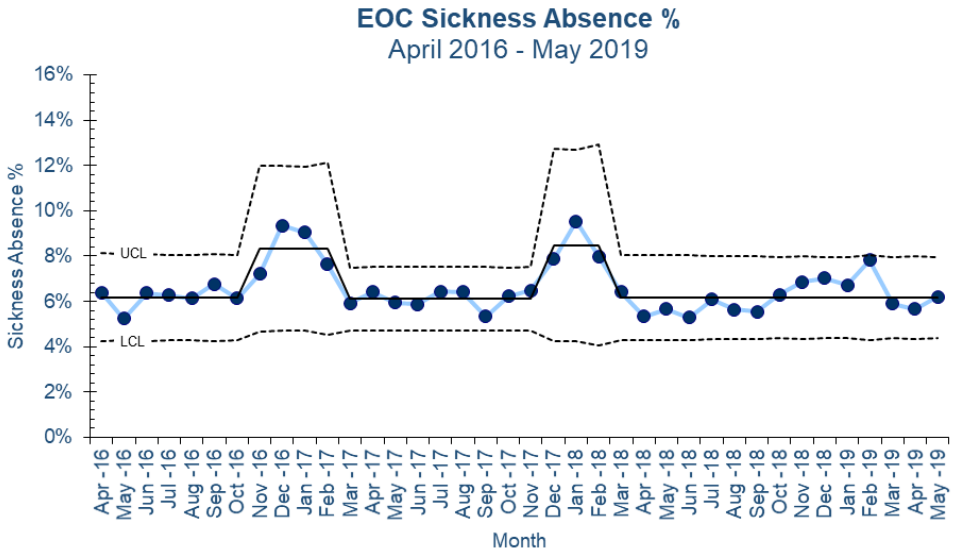


Figure OH1.5

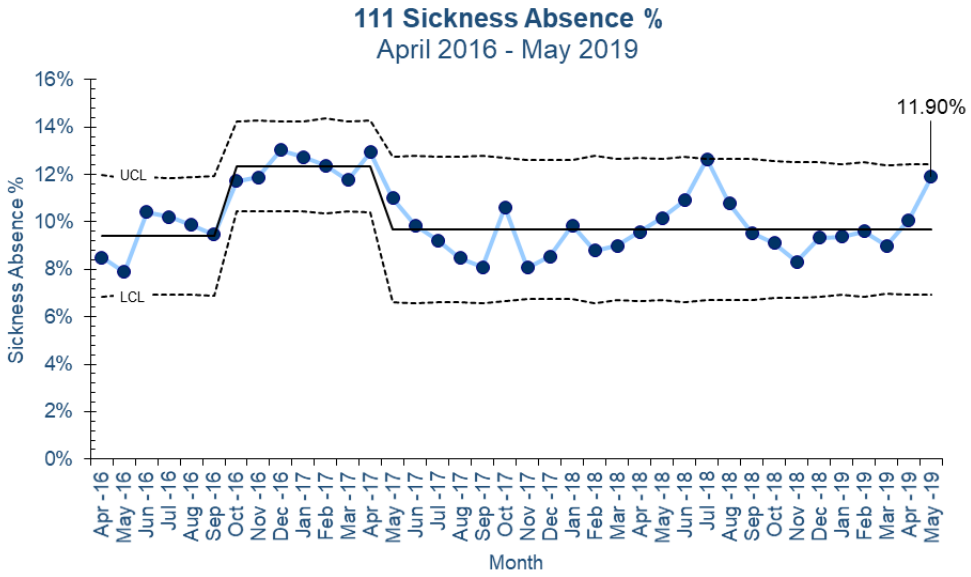


Table OH1.2 – Trust Comparison Figures

Trust	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
East Mids Amb	4.85%	4.72%	5.07%	5.47%	5.66%	5.45%	5.09%	5.10%	5.55%	5.16%
East of Eng Amb	5.68%	5.54%	5.67%	5.84%	5.88%	6.06%	6.00%	6.63%	6.73%	6.42%
London Amb	4.99%	5.02%	5.31%	5.20%	5.42%	5.20%	5.45%	5.41%	5.32%	5.82%
North East Amb F	6.40%	6.01%	6.18%	6.11%	6.00%	5.63%	5.79%	5.30%	5.83%	6.22%
North West Amb	5.33%	5.36%	5.20%	5.45%	5.68%	5.78%	5.77%	5.95%	6.51%	6.70%
South Central Amb F	4.96%	5.13%	5.68%	6.18%	6.49%	6.24%	6.07%	6.22%	7.22%	7.54%
South East Coast Amb F	4.84%	4.41%	4.34%	4.87%	4.86%	5.20%	5.19%	4.84%	5.09%	5.73%
South West Amb F	4.58%	4.57%	4.61%	5.02%	5.31%	5.32%	5.33%	5.74%	6.11%	6.32%
West Mids Amb F	3.36%	3.25%	3.10%	3.28%	3.26%	2.97%	3.58%	3.47%	3.67%	3.93%
Yorkshire Amb	5.66%	5.23%	5.15%	5.09%	5.43%	5.29%	5.70%	6.12%	6.64%	7.06%
National Average	**5.07%**	**4.92%**	**5.03%**	**5.25%**	**5.40%**	**5.31%**	**5.40%**	**5.48%**	**5.87%**	**6.09%**

OH2 STAFF TURNOVER

Figure OH2.1

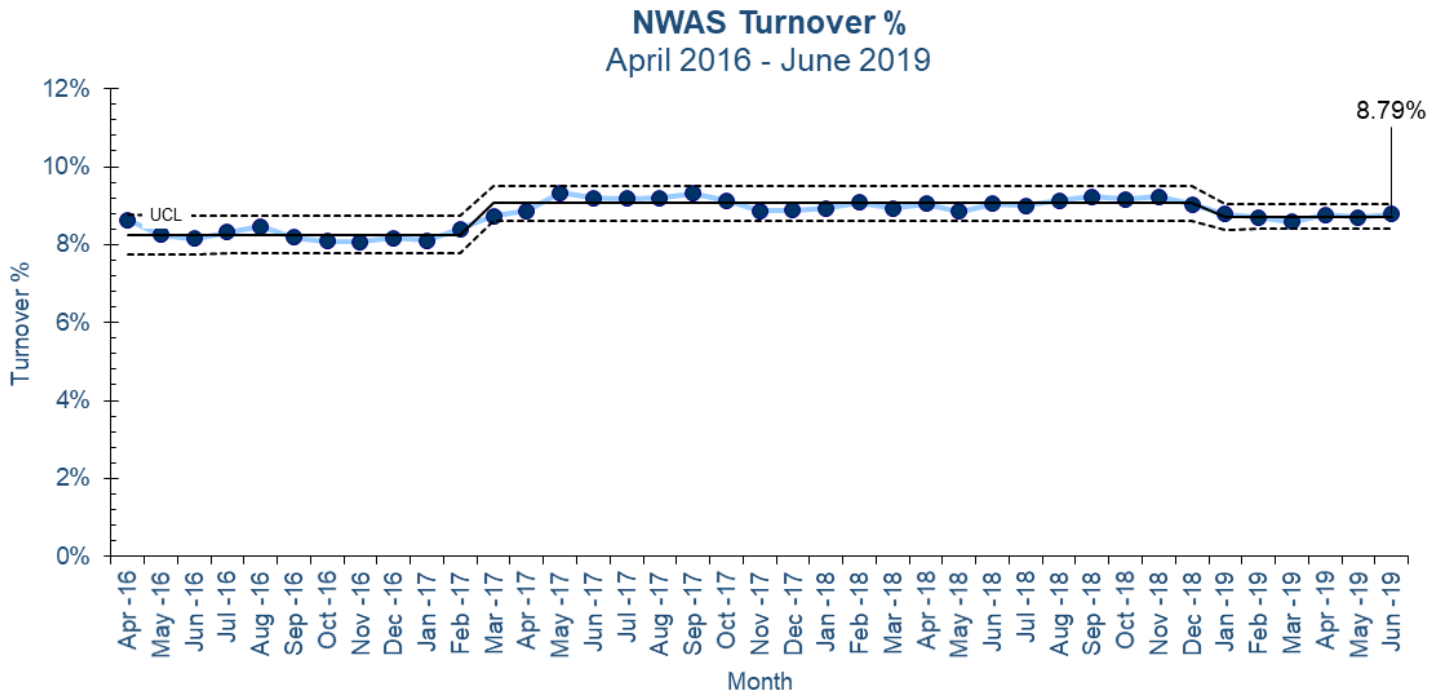


Table OH2.1

Turnover	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan - 19	Feb - 19	Mar - 19	Apr - 19	May - 19	Jun-19
NWAS	8.99%	9.13%	9.23%	9.17%	9.24%	9.03%	8.79%	8.69%	8.58%	8.77%	8.71%	8.71%
Amb. National Average	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 June 2019 turnover is 8 .79% 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.
The Trust is seeking to reduce turnover in 111 which remains high at 31.21%. We will continue to focus on retention in 111 to further reduce turnover and stabilise the position.

Turnover in EOC is reported at 12.13% for June 2019. The turnover level has been fairly stable over the last year and work continues to improve the position further. Apprenticeship programme for EOC is being launched in Autumn to improve retention rates.

PTS turnover has shown a downward trend since November 2018 and is now stable just on the lower control limit. PES turnover remains stable.

BAF Risk: SR04.

Figure OH2.2

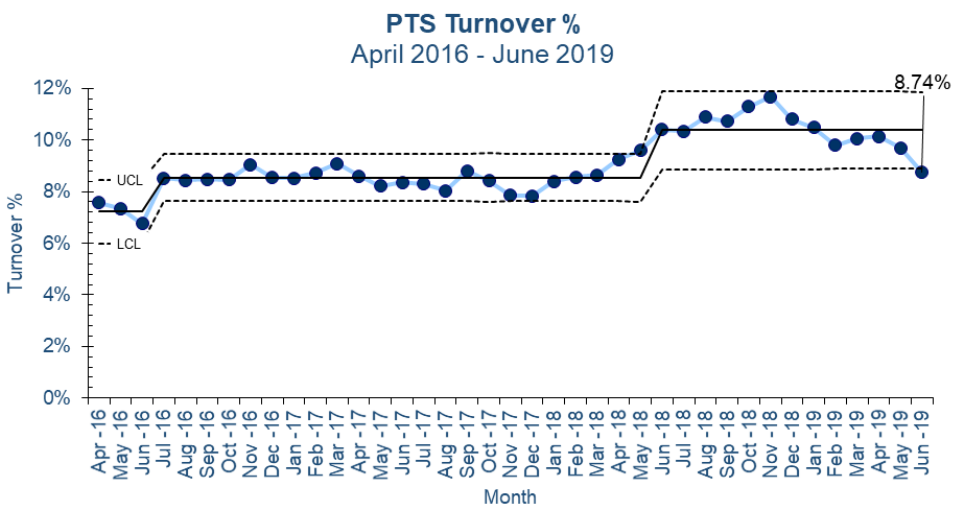


Figure OH2.3

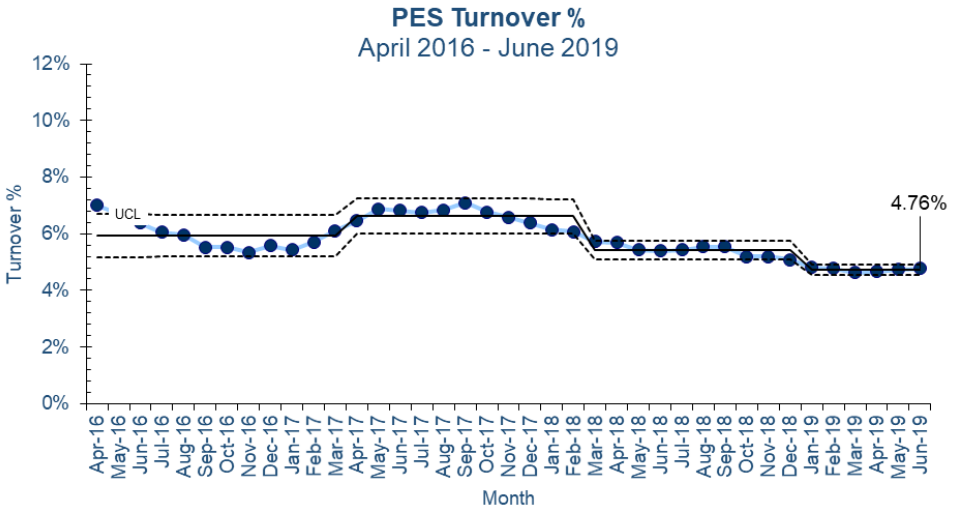


Figure OH2.4

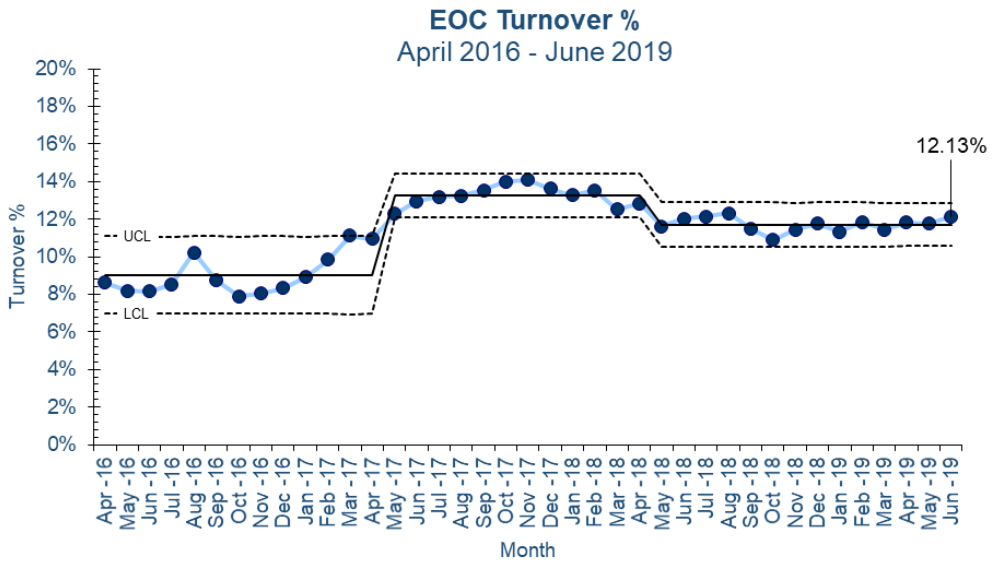
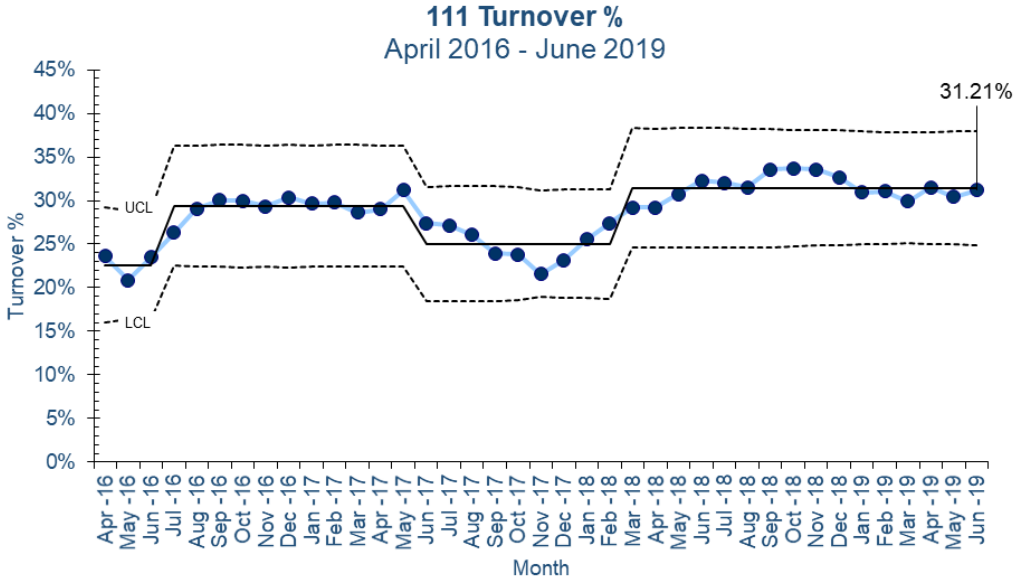
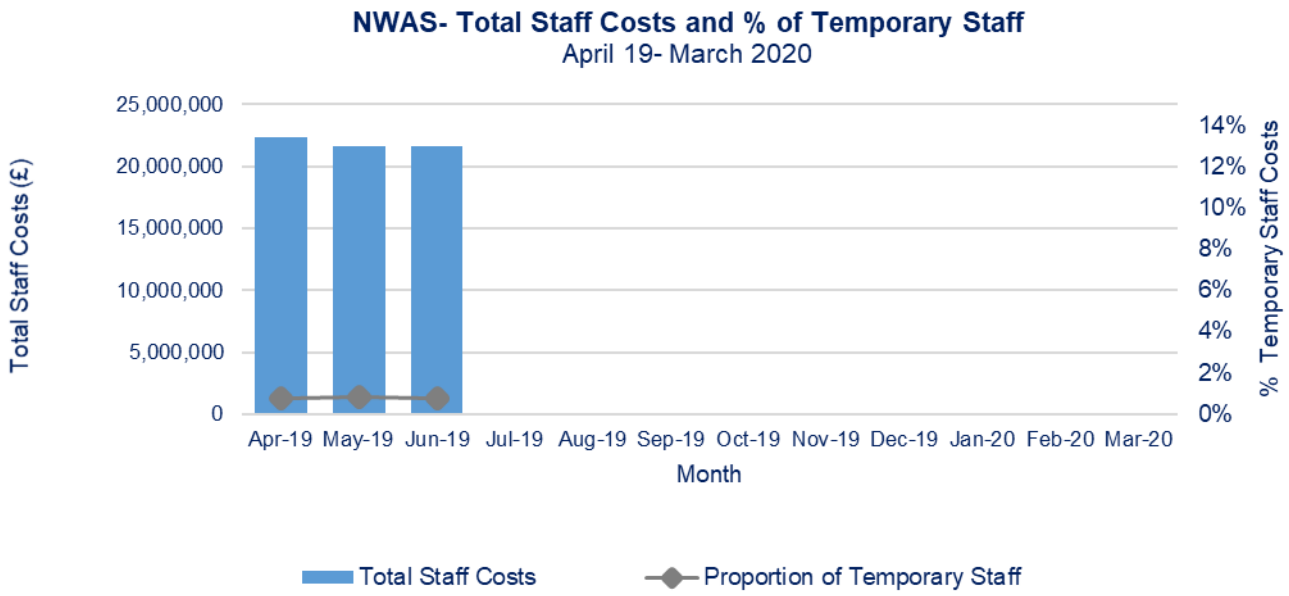


Figure OH2.5



OH4 TEMPORARY STAFFING

Figure OH4.1:



Temporary Staffing

The Trust remains in a strong position regarding Agency costs. The position in June 2019 is at 1.5%.

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.

Further changes to Agency Rules usage have been published which take effect from September 2019. The Trust is reviewing agency contracts for administrative and estates staff with a view to changing contract terms in order to comply with the new rules, with additional Vacancy Control measures being implemented.

BAF Risk: SR04.

Table OH4.1

NWAS	Jul-2018	Aug-2018	Sep-2018	Oct -2018	Nov-2018	Dec-2018	Jan-2019	Feb-2019	Mar-2019	Apr-2019	May-2019	June-2019
Agency Staff Costs (£)	262,694	310,041	285,989	229,598	212,061	173,766	191,843	180,676	203,421	173,834	175,326	169,134
Total Staff Costs (£)	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	21,671,356	21,667,396
Proportion of Temporary Staff %	1%	3%	3%	2%	2%	1%	2%	1%	1%	1%	1%	1%

Figure OH4.2:

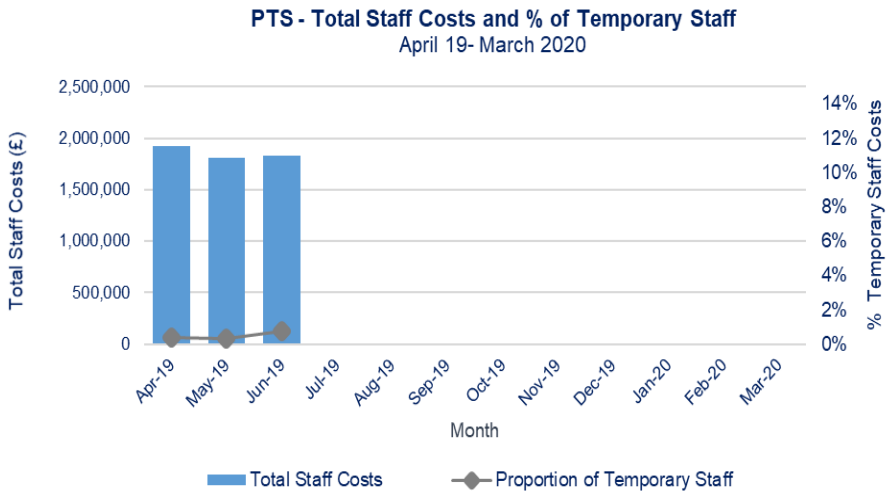


Figure OH4.3

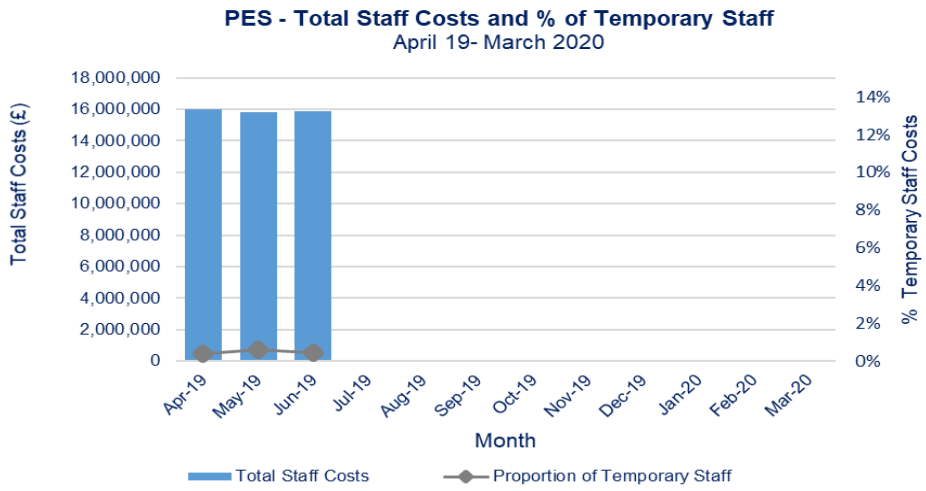


Figure OH4.4:

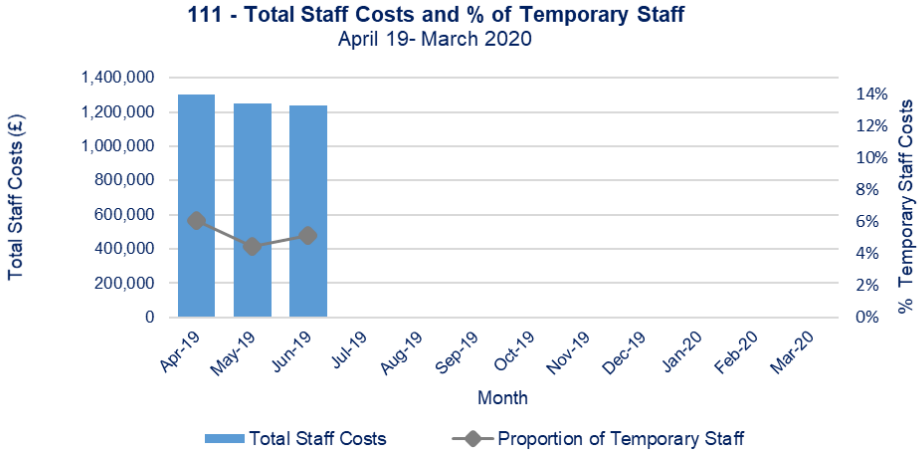
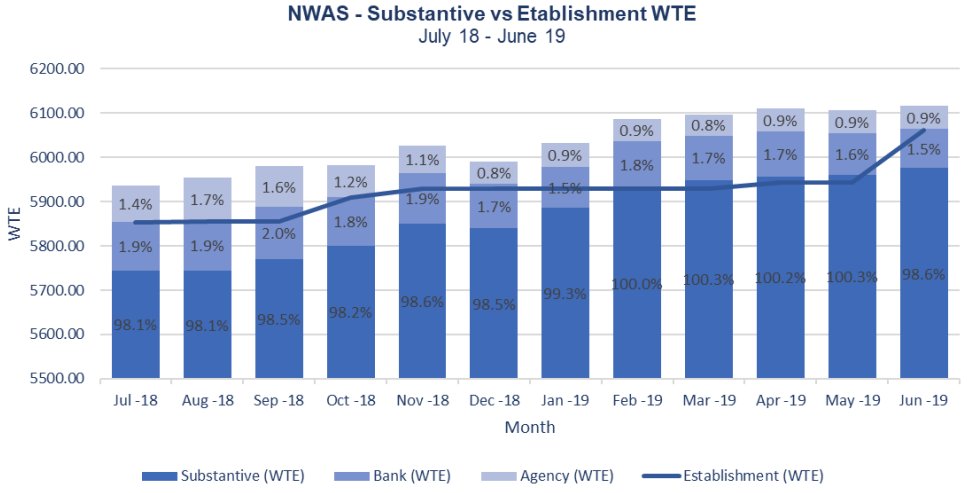


Figure OH4.5:



OH5 VACANCY GAP

Figure OH5.1

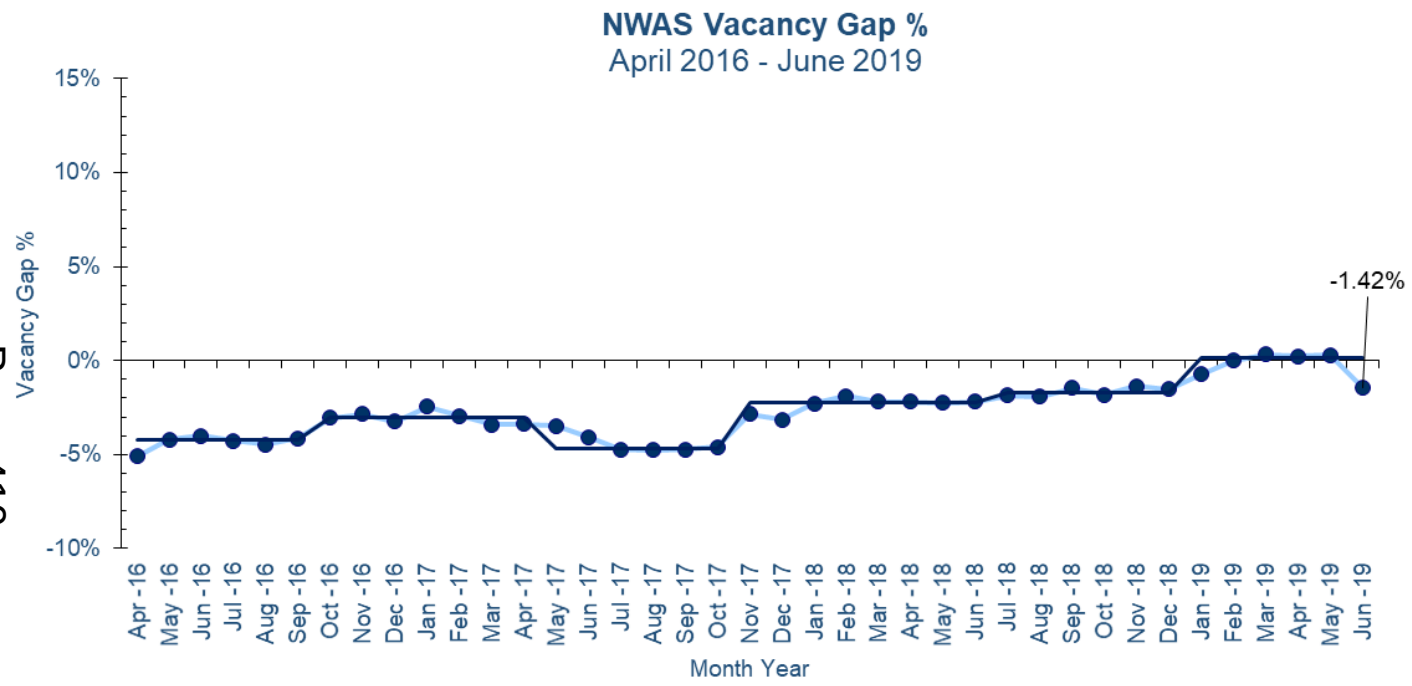


Table OH5.1

Vacancy Gap	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
NWAS	-1.86%	-1.90%	-1.47%	-1.83%	-1.35%	-1.52%	-0.74%	0.01%	0.33%	0.24%	0.29%	-1.42%

Vacancy Gap

The changes resulting from the contract settlement and revisions to the ORH position have not yet been fully added into the establishment.

The revised establishment for EOC following the contract settlement has now been implemented and this explains the sudden shift to a vacancy gap from over-establishment. There are robust recruitment plans in place to recruit and maintain staffing at establishment levels. Courses are planned for EMDs into the Autumn to allow for movement from EMD to Despatch.

Work is ongoing with PES to ensure we have robust plans in place to reach the new establishment as soon as practicable. It is planned to increase the establishment at points during the year to match the recruitment trajectory.

The PTS vacancy position is -6.55% in June 2019, a continuing improvement in the vacancy position. Recruitment to PTS is ongoing.

111 have seen a slight increase in vacancy position and the June 2019 figure is now -4.73% under establishment, with a plan to improve the position into the winter period.

BAF Risk; SR04

Figure OH5.2

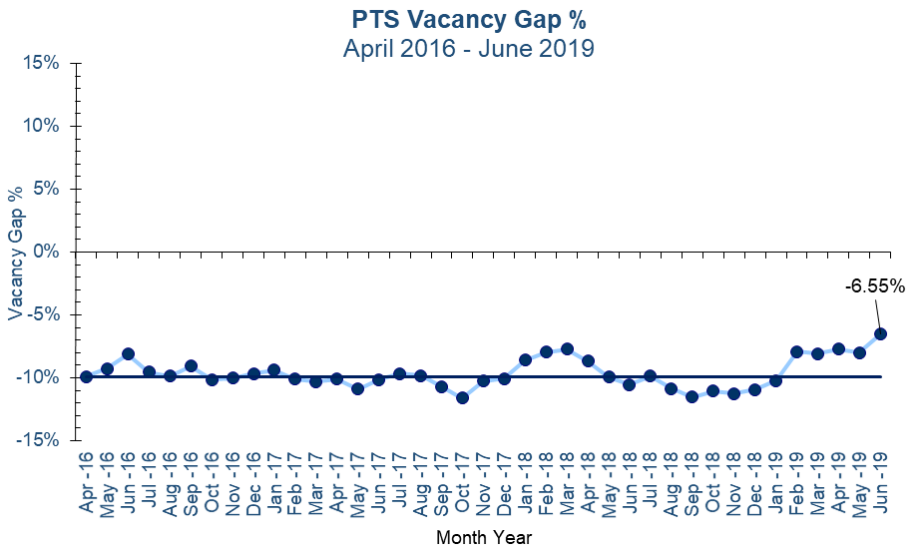


Figure OH5.3

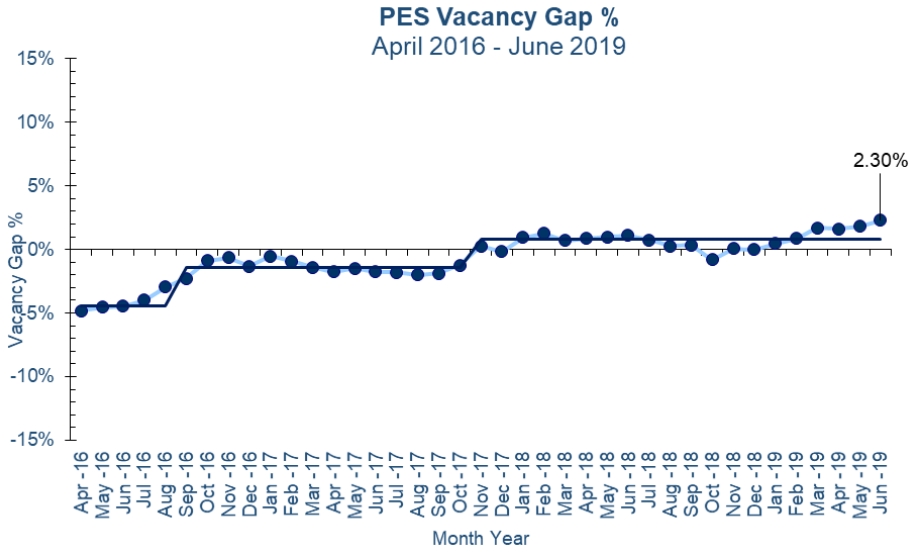


Figure OH5.4

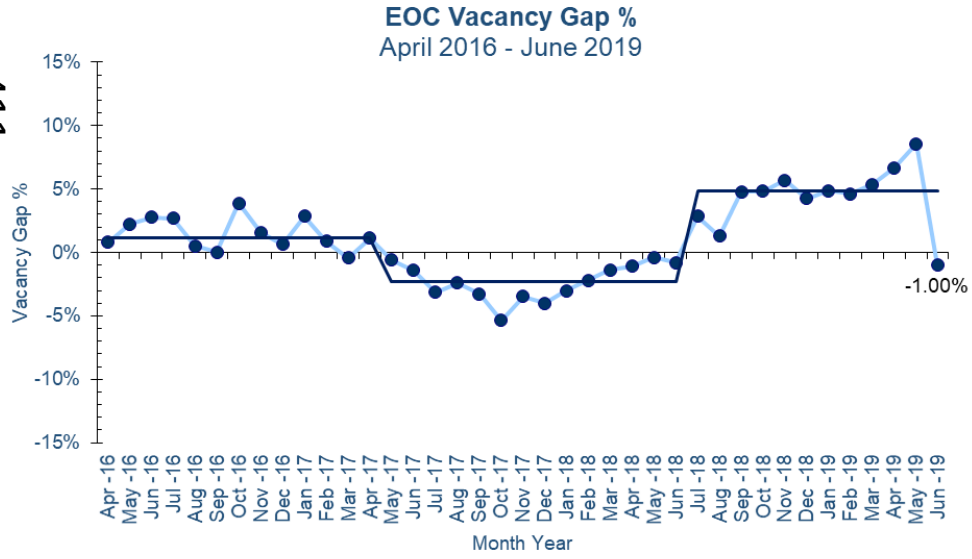
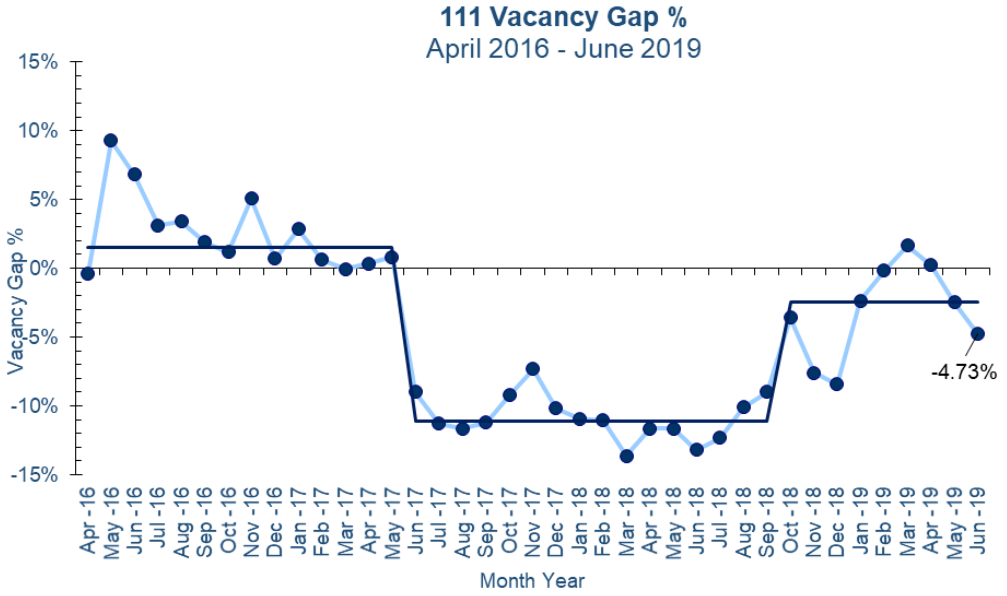


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1

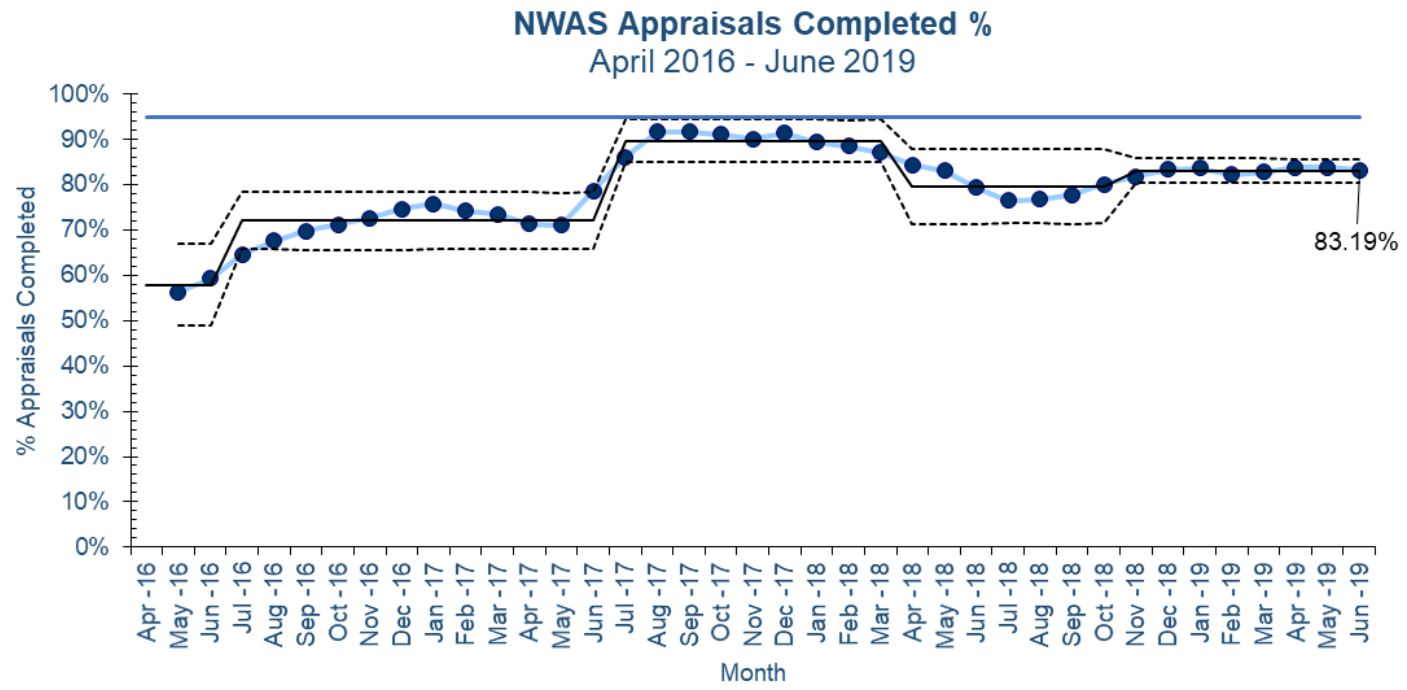


Table OH6.1

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

Appraisals

Appraisal compliance overall has been stable for several months with only slight variations at Trust level. The June 2019 position being at 83% against a target of 95%. This means that compliance is being maintained rather than improved. The associated appraisal risk has been increased in score on the risk register.

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

Following a recent drop in appraisal compliance rates due to the TUPE transfer issue of ex-ATSL staff to NWAS, PTS have been working to recover this position which is identified in the OH6.2, currently reporting 86.04%.

EOC appraisal rates are showing a reducing trend over the last three months which brings them to the lower control limit. The OD team are engaging with EOC in order to recover this position.

111 have shown a reduced position in the last two months but this follows a sustained period of improvement.

BAF Risk: SR04.

Figure OH6.2

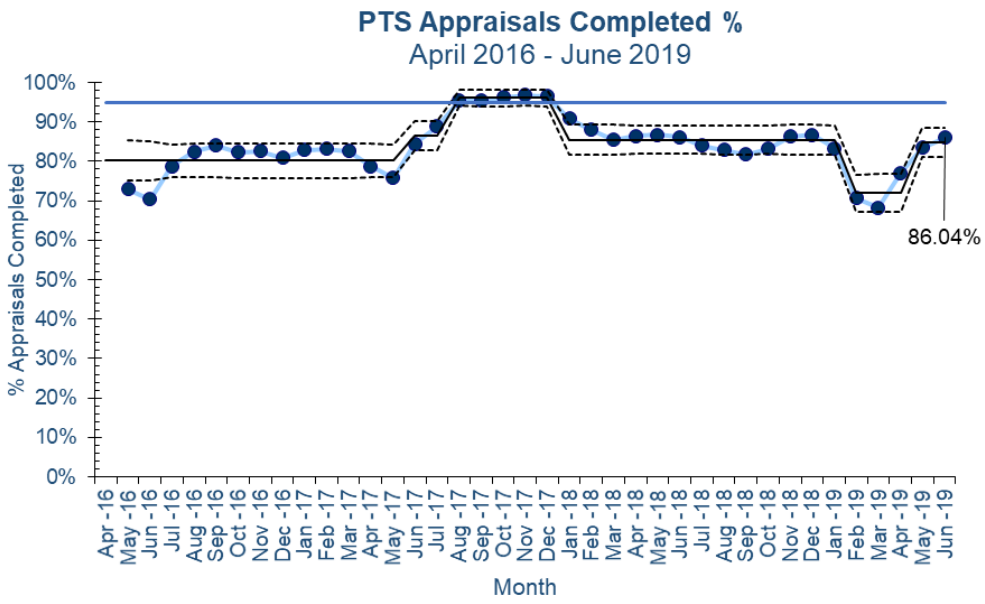
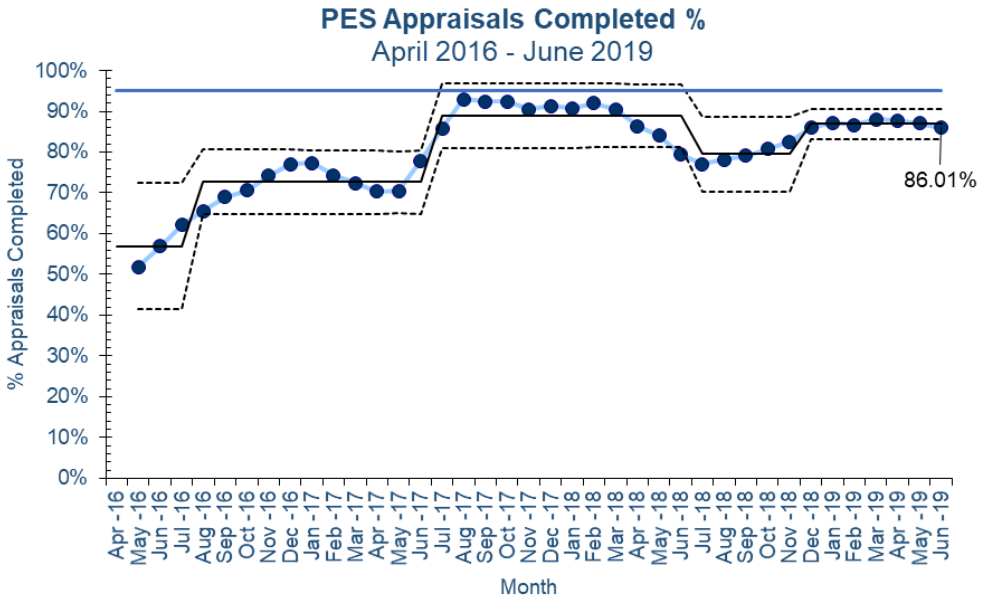


Figure OH6.3



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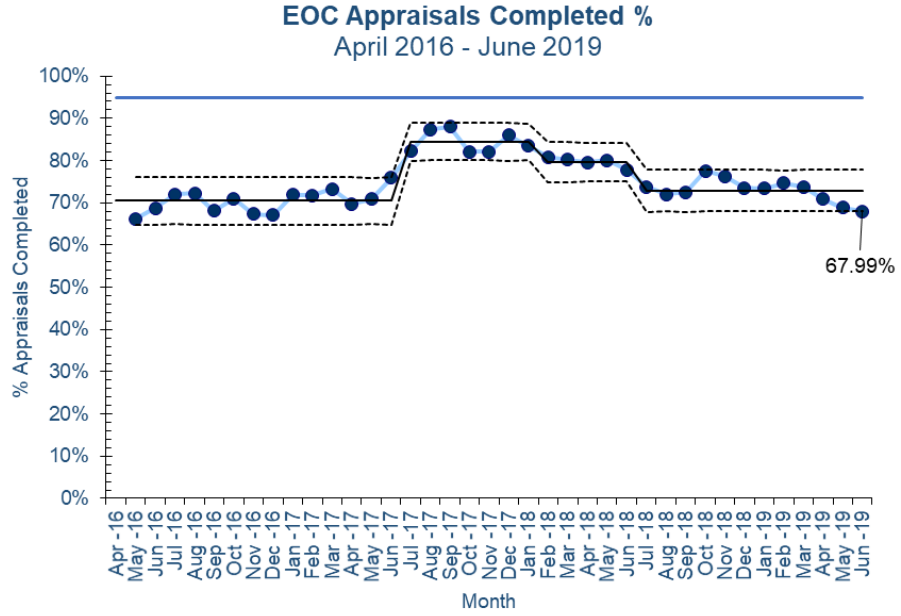
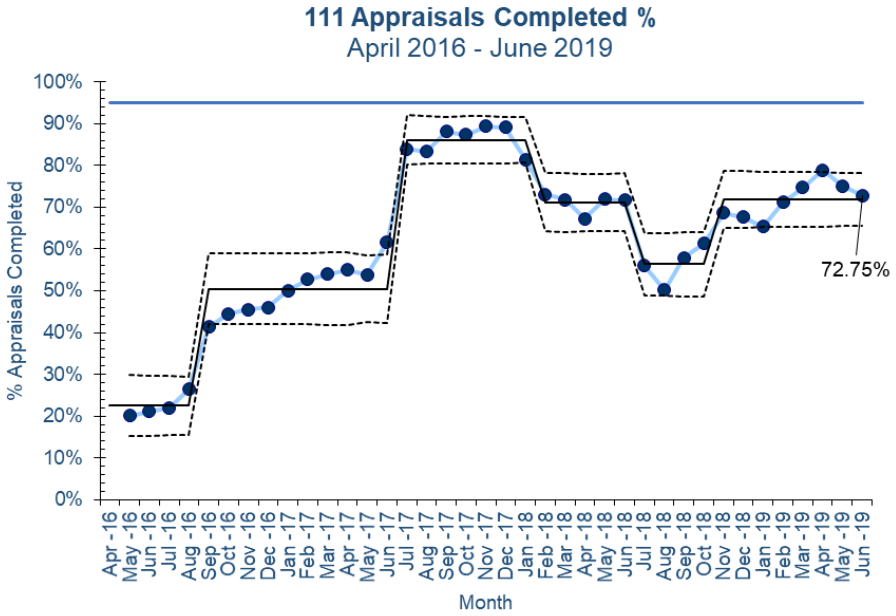


Figure OH6.5



OH7 MANDATORY TRAINING

Figure OH7.1

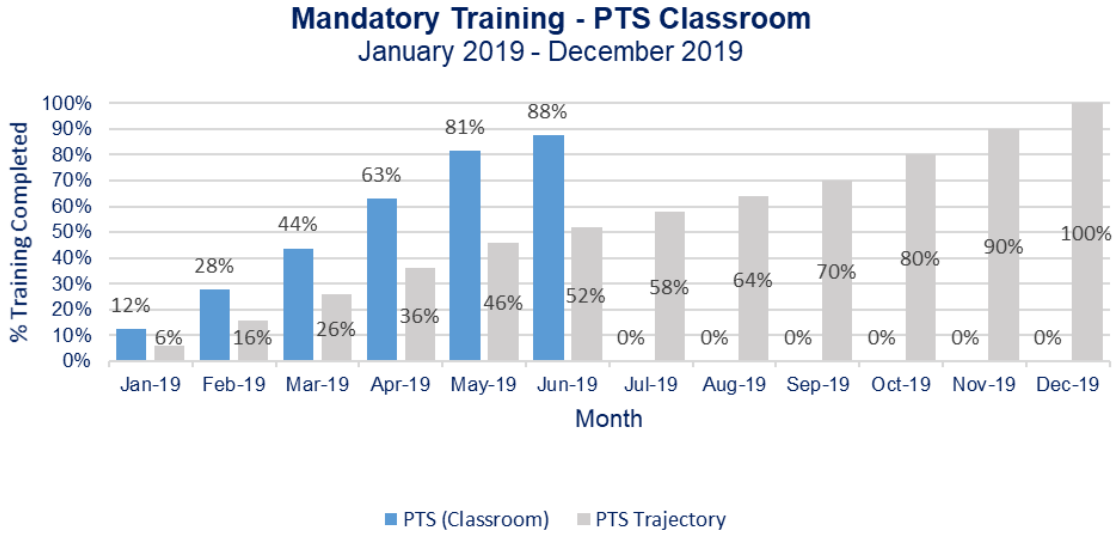
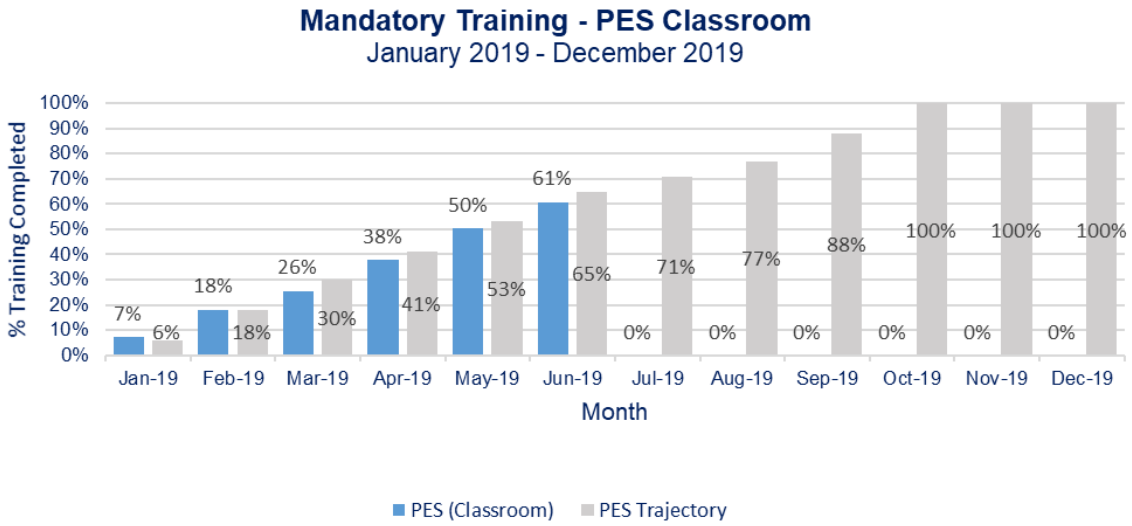


Figure OH7.2



Mandatory Training

The classroom Mandatory Training for the 2019 cycle commenced in January 2019. PTS have made significant progress ahead of trajectory at 88% compliance against a 52% planned trajectory.

PES are under trajectory at 61% compliance against their trajectory of 65%. There have been a high number of withdrawals and non-attendances, PES are working 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 but it will be necessary to evaluate whether release is deliverable over 10 rather than 11 months.

The Trust has now moved to competency based compliance reporting for Mandatory Training, The overall Trust position at the of June 2019 is 72% compliance against a trajectory of 71% however all service lines need to ensure that this remains a focus for improvement.

111 have seen steady improvements in their position with a slightly improved position for EOC also however it still requires focus to ensure that they deliver against trajectory.

BAF Risk: SR04.

Figure OH7.3

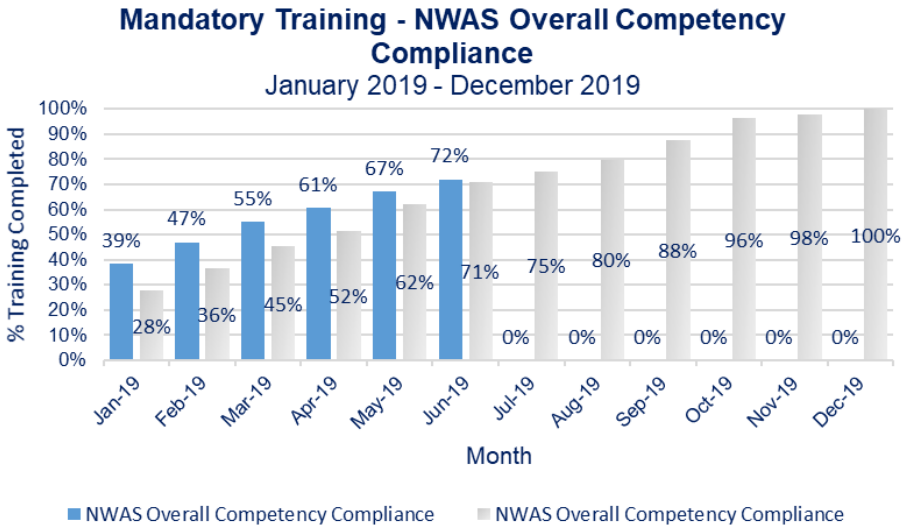


Figure OH7.4

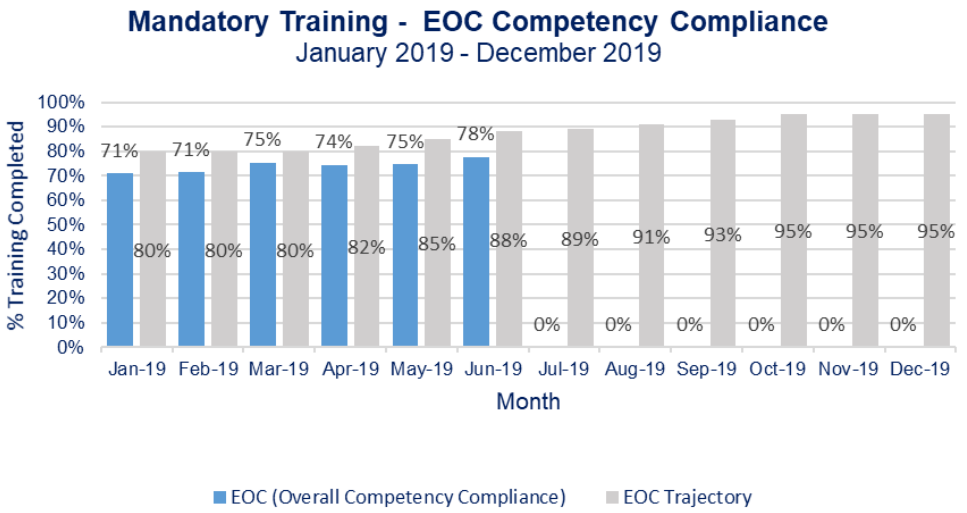


Figure OH7.5

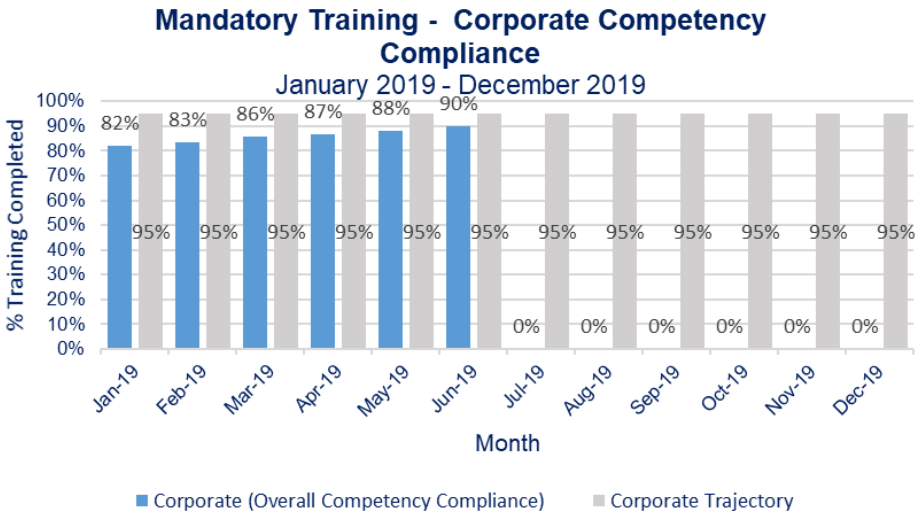
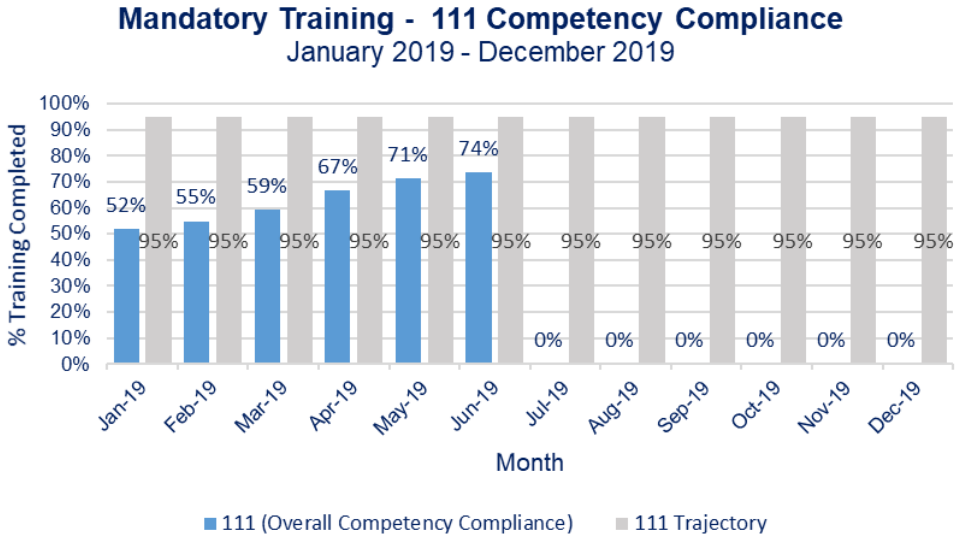


Figure OH7.6



North West Ambulance Service NHS Trust

Report Title	**Chairs Assurance Report - Quality and Performance Committee held on 17th June 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 and Performance Committee held on 17th June 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 and Performance Committee held on 17th June 2019

ALERT

None.

ASSURANCE IN RELATION TO BAF:

SR01 - If the Trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage.
SR03 - If the Trust does not deliver the Urgent & Emergency Care Strategy and national performance standards, then patient care could be compromised resulting in reputational damage to the Trust. If the Trust is not fully engaged with the wider health sector then the delivery of national agendas could be impacted.

Board Assurance Framework
Members noted the 2019/20 opening BAF position and the risks that had emerged since the last Committee meetings.

ADVISE

This was the first meeting of the Quality and Performance Committee. Mr R Groome took the chair in the absence of Dr M Ahmed.

Right Care Strategy Implementation Update
Members received a report and presentation detailing the rationale, benefit, costs and considerations of delivering two large scale improvement programmes over the next two years to support the aims of the Right Care and Emergency Care Strategies.

Complaints Update
Members were presented with the current position in relation to complaints received, complaint handling and complaint closure rates during the reporting period 1 February 2019 to 30 April 2019.

Infection, Prevention and Control (IPC) Annual Report
Members noted the key IPC activity and developments during 2018/19, particularly the high performance relating to hand hygiene.

Serious Incidents
Members noted the assurance provided against 1) the improvement aims within the Right Care Strategy are on track for delivery 2) the Trust has systems in place to ensure compliance with regulatory requirements and 3) that the risks associated with the management of serious incidents are understood and acted upon.

Performance Update
Members noted the assurance that plans and actions were being addressed/completed relating to performance improvement against the ARP measures. In addition, it was noted that whilst activity saw an increase in incident volume against commissioning plans (+3.5%), less patients were being taken to Emergency Departments (-3.2%) compared to May 2018 and that Hospital Turnaround remained above the 30 minute standard. Both C2 mean and 90th centile continued to improve during May 2019.

111 Activity and Performance
Members noted the continued performance improvement for 111, that the performance notice had been lifted by commissioners and the areas of focus to maintain performance.

Highlight Reports

The Committee noted the highlight reports received from:

- Clinical Effectiveness Management Group – 15th May 2019
- Safety Management Group – 31st May 2019

NEW RISKS IDENTIFIED AT THE MEETING AND PLANNED MITIGATING ACTIONS:

None.

North West Ambulance Service NHS Trust

Report Title	**Chairs Assurance Report - Quality and Performance Committee held on 15th July 2019**
Non-Executive Lead	**Dr M Ahmed**
Executive Lead	**Ms M Power, Director of Quality, Innovation and Improvement** **Ged Blezard, Director of Operations**
Action Required	**The Board is requested to:** **a) Take assurance from the matters discussed at the meeting of the Quality and Performance Committee held on 15th July 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 and Performance Committee held on 15th July 2019

ALERT

None.

ASSURANCE IN RELATION TO BAF

SR01 - If the Trust does not maintain and improve its quality of care through implementation of the Right Care Strategy it may fail to deliver safe, effective and patient centred care leading to reputational damage.
SR03 - If the Trust does not deliver the Urgent & Emergency Care Strategy and national performance standards, then patient care could be compromised resulting in reputational damage to the Trust. If the Trust is not fully engaged with the wider health sector then the delivery of national agendas could be impacted.

Right Care Strategy Implementation Update

Members received a high level update on the Right Care Strategy key deliverables. It was noted that work was progressing in all areas. It was agreed that a high level update would be presented on a quarterly basis.

Medicines Management Update

An update was provided in relation to (i) medicines management MMQIs, (ii) sector visits, (iii) incidents, (iv) MIAA update, (v) right care implementation, and (vi) CD tagging update.

It was noted that all sectors were now compliant with the controlled drugs tagging project.

An update was provided in relation to a recent incident and it was requested that this be included within the risk register.

Members requested that a high level assurance report, including data and a dashboard in line with the Right Care Strategy be presented to the next meeting of this committee.

Urgent and Emergency Care Strategy

Members were advised that the implementation plan was being presented to Board. Following approval, progress reports would be presented to this committee.

ADVISE

Patient Story

A patient story was presented to members by the Patient Transport Service (PTS) Team.

The incident involved a patient who had tripped over in their garden, whilst being picked up by the PTS.

It was noted that a number of issues had been highlighted including (i) reporting of the incident resulting in a delay with the investigation, (ii) the need for environmental/patient assessments, and (iii) awareness of mobility descriptions. As a result, a number of processes and training had been put in place.

Further work was required in terms of a robust incident reporting process for volunteers.

Quality Account 2018/19

Members were presented with the Draft Quality Account 2018/19. More narrative was requested to be included, for submission to the Board of Directors for approval.

2019 CQC Inspection Progress Report

Members received a report summarising the work that continues in the lead up to the 2019 CQC inspection. It was noted that progress against the 13 should do actions would be presented to this committee and the Resources Committee to provide assurance.

It was noted that 5 actions were complete that relate to (i) Board Assurance Framework, (ii) national medicines management, (iii) national guidelines and dissemination to staff, (iv) systems within the complaints team, and (v) mandatory training.

Performance Update

Members noted the assurance that plans and actions were being addressed/completed relating to performance improvement against the ARP measures. In addition, it was noted that whilst activity saw an increase in incident volume against commissioning plans (+2.2%), less patients were being taken to Emergency Departments (-4.5%) compared to May 2019 and that Hospital Turnaround remained above the 30 minute standard.

The business continuity monthly progress dashboard was presented and members requested that further work be carried out to add narrative and completion dates/targets.

It was noted that a request had been received to support SECAMB, in the event on a no deal Brexit. A written request for mutual aid was expected.

PTS Activity and Performance

Members received an update on the most up to date Patient Transport Service (PTS) position against contracted activity and Key Performance Indicators.

In terms of performance, Lancashire and Cumbria were 9% and 3% below baseline whilst Greater Manchester and Merseyside were 2% and 10% above baseline respectively.

It was noted that a work plan had been developed to improve performance in relation to call answering and the percentage of calls to provider answered by human being within 20 seconds.

Members were advised that a CQUIN was being developed in relation to PTS with commissioners.

It was noted that the PTS contract ceases in 2021.

Community First Responders

A presentation was delivered in relation to the Community First Responders (CFR) performance. The update included (i) performance, (ii) training and audit system, (iii) Thorcom mobile phone application, and (iv) Motorola pager.

It was noted that a celebration to mark the 20th anniversary of community first responders is being held on 12th October 2019.

The National Council for Voluntary Organisations (NCVO) had assessed the CFRs and a decision regarding the accreditation was awaited.

111 Activity and Performance

Members noted the sustained performance improvement for 111 in June 2019.

It was noted that the forthcoming roster review would support recruitment and retention of staff within 111.

It was expected that a national recruitment campaign would be held on October 2019.

Highlight Reports

The Committee noted the highlight reports received from:

- Clinical Effectiveness Management Group – 2nd July 2019
- Safety Management Group – 2nd July 2019

It was noted that a safety dashboard had been developed and Consultant Paramedics would update the group in terms of performance.

NEW RISKS IDENTIFIED AT THE MEETING AND PLANNED MITIGATING ACTIONS:

None.

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North West Ambulance Service NHS Trust

Report Title	**Chairs Assurance Report – Audit Committee held on 19th July 2019**
Non-Executive Lead	**Mr D Rawsthorn**
Executive Lead	**Mrs C Wood, Director of Finance**
Action Required	**The Board is requested to:** **a) Take assurance from the matters discussed at the meeting of the Audit Committee held on 19th July 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 Audit Committee held on 19th July 2019

ALERT

ASSURANCE IN RELATION TO BAF RISKS

See BAF Report.

ADVISE

NWAS Cyber Assessment – PA Consulting
Members received a high level overview of the findings of a cyber security review for NWAS during Q1 2019 undertaken by PA Consulting. The purpose of the review was to provide the Trust with a baseline of its cyber security position and set out clear actions to enhance resilience. The report had informed the recently agreed digital strategy.

Internal Audit Progress Report – Q1 2019/20
The Committee noted the following assurance reviews undertaken by Internal Audit during the Q1:

- **Patient Group Directions (PGDs) Medicines Management** – Limited Assurance
- **Fleet Management Fuel Cards** – Limited Assurance
- **PTS Critical Application** – Moderate Assurance
- **Fit and Proper Persons Requirements** – High Assurance

In terms of the limited assurance reviews, the Committee requested the attendance of the responsible Senior Managers and received further assurance that the recommendations identified by Internal Audit were being progressed.

Internal Audit Follow Up Report Q1 2019/20
Internal Audit presented the Q1 Follow Up Report and members noted 5 high and 5 medium recommendations had not been implemented by the agreed dates. These will continue to be tracked and the Committee noted its particular interest in overdue 'high' priority recommendations.

KPI Report 2018/19
Internal Audit provided members with assurance that all of the Internal Audit KPIs have been achieved during 2018/19.

Anti-Fraud Q1 2019/20
The Committee received the Anti-Fraud Progress Report for Q1 which detailed the highlights, activities and outcomes of work undertaken during the period.

External Audit Technical Update
Members noted the Technical Update provided by KPMG. Members noted the main changes to the DHSC Group Accounting Manual 2019/20 relating to leases. Members noted that implementation would be tracked through the usual external audit/finance liaison.

Annual Audit Letter
KPMG presented the Annual Audit Letter 2018/19. This will be submitted to the Board and published on the Trust's website at the end of July 2019.

Board Assurance Framework (BAF) Q1 Review
The Committee received the Q1 2019/20 BAF and noted the assurance that all BAF risks are reviewed by Committees providing an opportunity to identify where assurances support potential mitigation of risks. Members noted the Q1 position and that it would be reported to the Board of Directors in July 2019. Concern was expressed over the significant number of gaps in control in relation to SR07 (digital systems). The dates for addressing these had been missed in five cases however will be considered at the Resources committee on 26th July 2019.

In relation to SR10 (Brexit preparation), members noted that an update regarding the Trust's current contingency plans would be provided to the Board.

Assurance Purview
The Committee approved the Assurance Purview for the Trust and is a structured means of identifying and mapping the main sources of assurance in the organisation, mapped to the CQC KLOEs.

Clinical Audit
Members noted the Clinical Audit Q4 2018/19 update and the Clinical Audit Plan 2019/20.

Legal Services Report Q1 2019/20
The Committee received a report detailing the work of the Legal Services Department during Q1.

Waiver of Standing Orders Q1 2019/20
Members noted the Register of Waivers received during Q1 2019/20.

NEW RISKS IDENTIFIED AT THE MEETING AND PLANNED MITIGATING ACTIONS:

None.

North West Ambulance Service NHS Trust

REPORT

Board of Directors	
Date:	31th July 2019
Subject:	Large Scale Improvement Programmes (2019-21)
Presented by:	Maxine Power, Director of Quality, Innovation and Improvement
Purpose of Paper:	For Decision
Executive Summary:	Improvement is a key enabler of our strategic ambition to deliver the right care, at the right time, in the right place every time. During 2018-19 NWAS invested in a small improvement team and launched its first large scale improvement collaborative focused on reducing the time to handover in A&E. Building on previous initiatives, this work delivers on our aims to keep patients safe while waiting, release key Carter efficiencies and improve patient experience and has the potential for scale with further modest investment (£99k). This potential was presented to EMT on 1st May 2019 and the team were asked to provide more detailed information on the cost and benefits of this programme. Further information was also sought on the development of a large scale improvement programme to support our See and Treat ambition in our urgent and emergency care strategy as it was thought that this may be a more beneficial use of our scarce improvement resource, yielding a larger return (patient benefit and cost) and a better strategic fit with a closer alignment to our transformation and CQUIN goals. This paper presents the potential benefits described to EMT on 19th June 2019, of both Hospital Handover and See and Treat Improvement Programmes.
Recommendations, decisions or actions sought:	The Board of Directors are asked to: • Support the continued development of the Hospital Handover (HH) collaborative community over the next 2 years ending March 2021. • Support the initiation, development and delivery of a See and Treat (S&T) Collaborative over the next 2 years ending March 2021. • Note the benefits of building a single approach to improvement and improvement skills • Note the importance of working across SYSTEM partners to lead improvement • Note the estimates of financial benefit through potential efficiency savings of £5,233m and £2,768m for HH and S&T respectively

	• Agree support costs of £299, 900 per annum (FY 19-20 & 20-21) to deliver two large scale improvement programmes • Note the requirement to ensure the programmes are phased in such a way as to limit the burden on PES staff			
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:	Previously submitted in part to EMT
Date:	19th June 2019
Outcome:	Submit to Board for decision

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1. PURPOSE

The purpose of this paper is to describe the rationale, benefit, costs and considerations of delivering two large scale improvement programmes in the next two years to support the aims of the RIGHT care and Urgent and Emergency Care strategies. Board of Directors are asked to consider these benefits and support the continued delivery of our existing hospital handover collaborative (Every Minute Matters) and a new improvement programme (collaborative) aimed at improving See and Treat uptake.

2. BACKGROUND

2.1 Rationale & Benefits

Patient Safety: releasing the time spent by crews waiting for hospital handover and conveying patients who may be better managed at home is a key objective for NWAS. This time can be reinvested in responding to undifferentiated patients in the community. These improvement programmes will reduce the likelihood of serious incidents which occur as a result of delays and release time which can be used to improve ARP response times.

Building Improvement Skills: using a single method (Model for Improvement) to support teams to plan improvement, test changes, use data for improvement and learn. This approach will provide education for a minimum of 1000 staff in basic quality improvement methods. Delivering on our ambitions outlined in the RIGHT care strategy to deliver improvement capability building at scale in years 1&2.

Patient, carer and family experience: over 50% of complaints are related to delays (patients waiting for a responding vehicle). This approach will reduce delays and improve the experience of patients and carers (including reducing long waits in corridors) and complaints.

Staff Experience: staff report that waiting in corridors (for handover) and people's homes (for a GP / pathway response) results in lost hours, a poor experience and unnecessary waiting. Due to the pattern of referrals this is often at the end of shifts resulting in late meals, late finishes and lost hours on subsequent days. This approach will provide improvement in system working to reduce these delays and improve staff morale.

Contract & SDIP delivery: the more time we can release into the system from reduced handover and improved S&T the more time we have to respond to deliver ARP. In theory every minute we save (below the contracted 34 minutes) is a re-investment of £1m resource and every non conveyance yields time into the service which can be used to delivery improvement and cost savings. Our 19-20 contract requires us to maintain hospital handover within 34 minutes and increase S&T rates to 28%.

Stopping the secular drift and igniting new change ideas: A 'do nothing' position on hospital handover and S&T will result in increasing HH times (to an estimated 39 minutes for peak winter periods within 2 years) if the secular trend seen in previous years continues unabated at the same rate. Similarly, See and Treat rates have potentially stagnated at 25%. A new approach is required to re-design the system to introduce new working practices into everyday workflows (electronic Directory of Services (DOS) use, access to GP records via GeTAC devices), weekly data review by SPTL's, open access to community and primary care local systems. This approach will stop the secular increase in HH, reducing it to 26 minutes and ignite a new community of practice in local communities with a shared aim to deliver 'outstanding' improvement aiming to deliver over 33% S&T consistently by the end of year 2

CQC Well- Led: Our last CQC well led inspection required supplemental evidence of our role in leading system wide improvement and our infrastructure for building improvement skills across NWAS. As an organisation we were not clear enough about how we were doing this. Our leadership of a hospital handover collaborative (across all four STP footprints and with A&E delivery boards) and See and Treat Pathways (with integrated care organisations in place) are important in establishing our brand as system leaders & partners in the re-design of urgent and emergency care pathways within place, providing documented evidence of our full and active participation for our OUTSTANDING rating by CQC in 2020-21.

National Drivers; Central to the delivery of the Carter review of ambulance service [1] and the NHS 10 Year Plan [2] is a relentless focus on operational efficiency and care closer to home. These programmes of work help us to deliver on key objectives within these important policy documents in a way which focuses on shared goals, partnerships and improvement methods, leading the way in the ambulance sector.

The benefits analysis and methodology **are outlined in appendix 1.** The aims have been modelled on learning from the Hospital Handover collaborative to determine the amplitude and timing of the response to prevent any optimism bias in uptake or lead time. Highlights include:

- The HH programme offers scale across NWAS which cuts across the usual pattern of projects and will deliver an estimated 71,030 hours of time (3,000 ambulance days) creating an efficiency saving of **£5,233,490.**
- See and Treat Data are aligned with the 2019-20 contract and SDIP and build on the existing goals of the Transformation team. The collective benefit of the transformation programme PLUS the improvement collaborative could yield breakthrough performance which support the delivery of CQUIN (£3m).
- The S&T programme offers an integrated approach to both S&T goals and the delivery of 5% on scene contacts accessing the shared care record in addition to saving an estimated 37,576 hours (1,500 ambulance days) and a cost efficiency of **£2,768,600.**

3. PROGRAMME DELIVERY

3.1 We are proposing the delivery of **TWO** Large scale Breakthrough Series Collaboratives [3] a proven framework for the delivery of large scale change, which allows us to bring together frontline teams from the areas of greatest impact (NWAS plus partner organisations) to work together to develop a single approach to improvement; understand their systems (jointly process mapping), using the model for improvement to set aims and developing a shared approach to measurement. Teams collaborate with one another from across the NWAS footprint, exchanging knowledge about what works and garnering a spirit of healthy competition.

3.2 Hospital Handover – this work has already commenced and we have an active community of over 100 participants (from 6 localities) who have been working together since October 2018. Together these teams have **reduced** average turnaround from 41 minutes (winter 17-18) to 33 minutes (winter 18-19) reducing hospital handover by 8 minutes compared with a reduction of 3 minutes in the rest of NWAS over the same period. Our goal is to use this community (of 6 teams) to work with a further 20 teams (a further 1000 people), dependent on operational capacity, between September 2019 and March 2021 to deliver an average turnaround across all twenty six sites of 30 minutes (winter 19-20) and 26 minutes (winter 20-21) in the next two years respectively.

3.3 See and Treat – a team of transformation leads are already working on building the capability within sectors to deliver improved See and Treat rates. This includes a full and comprehensive programme of training of EMT 1 staff in pathfinder and Paramedics in Manchester Triage. It is well known that See and Treat outcomes vary between clinicians and areas and are dependent upon many factors including: the risk appetite of the clinician, the context, the availability of information about the patient, the ability to access services in the community to safely leave the patient at home and feedback / learning. Our clinical teams often work in isolated settings and have limited information or feedback. The introduction of SPTL contact shifts has greatly improved the opportunity for feedback but more work is required to understand how they could use access to one another, the patient record and other leaders in the system (from partner organisations) to improve their decision making and risk appetite. In year one, our proposal seeks to bring together 6 locality teams (with the most variation in S&T rates) into a Breakthrough Series Collaborative improvement programme (similar to the HH programme). These teams would comprise a different group of improvement leaders which include NWAS frontline teams (including community paramedics, SPTL's, mental health leads & the frequent caller team) community providers, primary care and integrated care organisations leads to work together to develop service models and technology to support on scene decision making with the collective ambition to increase See and Treat rates in their locality to 33% by the end of Year 2 and to ensure that they are accessing the shared care record (through the Orion portal) in 5% of patients who are attended by an NWAS crew.

3.4 Interdependencies – these large scale improvement programmes are a significant undertaking for the whole of NWAS and require the support of everyone from the Executive management to the frontline.

3.4.1 Large scale change programmes – a primary design principle will be to ensure that the participation in collaboratives is considered in the context of other programmes particularly the Rota Review, Estates Changes and EPR roll out. Detailed plans will be drawn up to ensure that participation is phased in such a way that operational overload is avoided and is agreed on a site by site basis with consideration of local commitments. Consideration will be given to using a planned experimentation approach, an evidence based approach to phasing and loading large scale change programmes.

The programme will also be designed to ensure that:

3.4.2 System leadership through A&E delivery boards – our usual systems for relationship management through A&E delivery boards & urgent / emergency care boards are strengthened as a key deliverable from the collaborative. This work will be supported by the A&E delivery board development programme for sector managers and operational leaders being delivered jointly with NHSI.

3.4.3 Senior leadership visits – our planned schedule of CEO / Deputy CEO visits to acute trusts and specialist trusts will focus on the collaborative topics as a key enabler of the discussion and use the data packs from collaboratives to shape the discussion and unpack issues where senior leader support and / or intervention are required.

3.4.4 Transformation – transformation objectives will be supported through the improvement collaborative and through the joint working / oversight of the quality improvement team and the transformation team.

3.4.5 Informatics – Data packs (produced for the collaborative teams) will be automated to ensure that they are accessible to local leaders and work will be ongoing to educate teams on how they can understand variation, use SPC charts and funnel plots to drive improvement and begin to plot their data on simple run and control charts (aligned with the requirement of the NHSI programme 'Plot the Dot').

3.4.6 Improvement Hub – in FY18-19 the board agreed to substantively fund a Head of Improvement and a senior quality improvement lead to implement the Right care strategy objectives to build improvement capability. Since October 2018 this small resource has been delivering the HH collaborative and now needs to turn its attention to the RC objectives. The team will supplement their resources with improvement advisor, knowledge and measurement support, however, the expectation is that this will also support the delivery of the Right care and urgent and emergency care strategy objectives. The focus will be on using any additional funding to second staff from frontline teams to build skills in QI by working inside the Improvement Hub for a fixed term before returning to their substantive service lines as QI facilitators.

4. RESOURCES

This programme of work will be coordinated by our newly established Improvement Hub which will have the responsibility for coordinating the partners to deliver of the programme, ensuring the programme is resourced and managed appropriately. The Head of Improvement will be responsible for ensuring that the Quality Directorate SMT, the Executive Management Team and the Quality & Performance Committee are kept informed of the programme deliverables and risks against an agreed schedule. They will also be responsible for agreeing the delivery of objectives and backfill arrangements with other directorates.

Hospital Handover Phase 2 example: For phase 2 participants there will be the need for clinical and operational leads from each identified system to attend 4 full day events, along with a degree of focused improvement work undertaken by local hospital and NWAS staff. For NWAS this will account for approximately 39 days over the period of the collaborative (7 months) per site (appendix 2). However, in practice phase 2 participation will be agreed on a local review of operational capacity and local leads will be supported to cover more than one hospital site to minimise the total resource commitment i.e. one group of staff could work across 3 hospital sites in their local sector. Work undertaken outside the all-day learning sessions is also often part of core business (eg reviewing data, attending A&E meetings) and additional activities (tests of change) will in turn yield a positive impact on workload.

5. FUNDING

This proposal is built on the premise that funding of £299,900 per annum will be agreed by EMT and Board to deliver this programme of work. This funding will be taken from two separate budgets i. service delivery and ii. CQUIN:

Hospital Handover: This will be funded from the **service delivery contract uplift** (£99,900 per annum) and will be funded from slippage in the delivery of key milestones (staff recruitment & ambulance supply) in year 1.

See and Treat: This will be funded from the **19-20 CQUIN in year one** and subsequent negotiations (in year two) re: transformation / digital. In total (£200k) will be funded against the CQUIN deliverable to deliver 5% of on scene contacts accessing the shared care record.

6. LEGAL AND / GOVERNANCE IMPLICATIONS

6.1 The Director of Quality, Innovation and Improvement is the executive sponsor for the programme and the SRO.
6.2 Contract deliverables (CQUIN and SDIP) remain the responsibility of the SRO who will be supported in delivery by the QI Hub.
6.3 The Head of Improvement will provide a twice yearly report to the Executive Management team and Quality and Performance Committee.
6.4 The programme will establish a steering board who will meet bimonthly and subgroups who will meet monthly to deliver the work programme of the board.
6.5 Risks and mitigations will be managed through the organisations risk management framework with monthly review of risk registers conducted by the Improvement Hub and Head of Improvement. Risks above 12 will be escalated to the SRO who will moderate and advise on risks to be escalated to EMT.

7. RECOMMENDATIONS

The Board of Directors are asked to:

- Support the continued development of the Hospital Handover (HH) collaborative community over the next 2 years ending March 2021.
- Support the initiation, development and delivery of a second See and Treat (S&T) Collaborative over the next 2 years ending March 2021.
- Note the benefits of building a single approach to improvement and improvement skills
- Note the importance of working across SYSTEM partners to lead improvement
- Note the estimates of financial efficiency benefit of £5,233m and £2,768m for HH and S&T respectively
- Agree support costs of £299, 900 per annum (FY 19-20 & 20-21) to deliver two large scale improvement programmes
- Note the requirement to ensure the programmes are phased in such a way as to limit the burden on PES staff

8. REFERENCES

1. The Carter Review (27 September 2018) https://improvement.nhs.uk/about-us/corporate-publications/publications/lord-carters-review-unwarranted-variation-nhs-ambulance-trusts/

2. The NHS Long Term Plan (28 May 2019) https://www.longtermplan.nhs.uk/

3. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement (2003) http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx

APPENDIX 1.

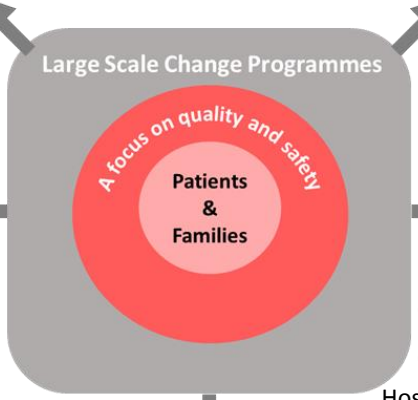
5 Key Aims of NWAS Large Scale Change Programmes 2019 - 2021

A 40% reduction in Serious Incidents relating to delays

Half of Trust SIs are a result of delays. There was a **40% reduction** in SIs relating to delays during the Hospital Handover Collaborative period. Whilst QI alone was not responsible, it was part of the optimising conditions. The NHS Litigation Authority reported the Trust spent **£833,032** on 6 clinical claims in 2018/19.

Over 1,000 staff trained in basic QI

On average 6 staff form a collaborative team. It is estimated that over the next 2 years at least 300 NWAS and partner organisation staff will participate in large scale change directly, which will affect a potential further 800 staff and patients, sharing basic QI methodology and skills.



Save 100,000 lost hours by 2021

By 2021 the organisation could achieve a minimum average turnaround time of 26 minutes – 7 minutes lower than 2018/19 and an estimated saving of over 71,000 hours in lost time. In the same period it is estimated that See & Treat proportions could reach 33%, which would see an estimated 390,000 incidents converted and a time saving of nearly 38,000 hours.

12 hours per day saved waiting in ED corridors and 100,000 fewer conveyances

A second phase Hospital Handover programme alone could reduce corridor waits at ED by 12 hours per day collectively per hospital site and a See & Treat collaborative could mean 100,000 fewer conveyances to ED by 2021.

15,000 fewer patients waiting longer than 1 hour for hospital handover and 100,000 patients treated on scene

A second and third phase of the Hospital Handover collaborative could achieve significant reductions in delays, meaning an estimated 15,000 fewer patients would be waiting more than an hour for handover in the first year alone. It is estimated a See & Treat collaborative could realise 100,000 fewer conveyances to hospital over the next 2 years. This will result in better patient experience of care in the right place and at the right time, and support achievement of 5% of on scene contacts accessing the shared care record (CQUIN).

Estimated Cost Efficiencies by 2021

Hospital Handover Collaborative

1,229,425 Hospital Conveyances	71,030 Hours Saved	£73.68 per hour for a DCA	£5,233,490 Saving

See & Treat Collaborative

102,480 more Incidents with a See & Treat Outcome	37,576 Hours Saved	£73.68 per hour for a DCA	£2,768,600 Saving

Appendix 2.

The following table provides an overview of the amount of time expected for NWAS staff to work in collaboration with one hospital between 1st September 2019 and 31st March 2020 (30 weeks). It should be noted that this is an estimation based on learning from the first collaborative (using activity tracker and knowledge capture).

Table 1

Activity	Posts	Band	Number of days for whole collaborative (7.5 hours per day)	Additional activities (or) core business
Learning Sessions (4 days including summit)	Senior Clinical Lead (Consultant Paramedic) - attends first and last event* Clinical Lead (SPTL) Operational Manager **May cover more than one team*	8D/B 6** 7	2 days 4 days 4 days	Additional
PDSA cycles for improving current processes (eg. SBAR, logistics etc) (0.5 days per week)	Clinical lead / Operational Manager	6/7	15 days	Additional
Testing new interventions – innovation cycles (safety checklist, auto clear etc) (1 day per week for 3 weeks)***	Chief Consultant Paramedic Senior Clinical Lead Clinical Lead / Operational Manager	8D 8D/B 6/7	3 3 6	Additional
Presentation preparation in partnership with hospital (0.5 x 4)	Clinical Lead / Operational Manager	6/7	2 days	Additional
Executive meeting, prep and travel (3 hour x2)	Senior Clinical Lead Clinical Lead or Operational Manager	8D/B 6/7	2 days	Core
Review of data (3 hours per week)	Senior Clinical Lead / Clinical Lead / Operational Manager	8D/B 6/7	12 days	Core
Meetings with hospital ED team plus prep and travel (3 hour per week)	Clinical lead or Operational Manager	6/7 6/7	12 days	Core

**May cover more than one team **Plus supplements ***Test innovation on three sites, then spread*

The amount of time required for two senior leads to attend Steering Group and Learning Sessions.

Activity	Posts	Band	Number of days for whole collaborative (7.5 hours per day)	Additional activities (or) core business
Steering group including prep and travel (3 hours per month)	Chief Consultant Paramedic Senior Clinical Lead	8D 8D/B	3 days 3 days	Additional
Learning Sessions (4 days including summit)	Chief Consultant Paramedic	8D	4 days	Additional

North West Ambulance Service NHS Trust

REPORT

Board of Directors						
Date:	31 July 2019					
Subject:	Draft 2018/19 Quality Account					
Presented by:	Director of Quality, Improvement and Innovation					
Purpose of Paper:	For Decision					
Executive Summary:	Every NHS Trust is required to publish a Quality Account (QA) each year. As required, the draft 2018/19 QA has been prepared and circulated for comment to the following internal and external stakeholder groups; EMT, Quality and Performance Committee, Commissioners, CCGs, Healthwatch and Health Scrutiny Committees. Any formal submission received has been or will be included in the final draft version presented to the Board of Directors, for approval. Once all stakeholder information has been received, a final approved version of the 2018/19 Quality Account will be posted on the public facing NHS Choices website and NWAS Internet/Intranet sites.					
Recommendations, decisions or actions sought:	The Board of Directors is recommended to: ▪ Approve the draft 2018/19 Quality Account to the Board of Directors for approval.					
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

1.1 The purpose of this report is to present the draft 2018/19 Quality Account (QA) to the Board of Directors, for approval.

2. BACKGROUND

2.1 Every NHS Trust is required, by statute, to publish a Quality Account (QA) on an annual basis and the format adopted for the 2018/19 is similar to previous years and as per the National guidance provided.

2.2 The draft 2018/19 QA has been present to the Executive Management Team and more recently the Quality and Performance Committee, who recommended the draft 2018/19 QA to the Board of Directors for approval.

2.3 The cancellation of the June 2019 Board of Directors meeting has delayed the approval of the 2018/19 QA.

3. CURRENT SITUATION

3.1 The Quality Committee should note that the National Ambulance Clinical Quality Indicator (ACQI) data submitted with the draft 2018/19 QA is accurate at the point in time that it was extracted from the National database. This is important to note as these figures change as hospitals continue to input data into the National system, as the year progresses.

3.2 As required, the draft 2018/19 QA has been prepared and circulated for comment to the following internal and external stakeholder groups; EMT, Q&P Committee, Commissioners, CCGs, Healthwatch and Health Scrutiny Committees. All the submissions received to date, from relevant stakeholders, have been added to the draft QA at Appendix 1.

3.3 The Board of Directors should note that any additional stakeholder feedback received between the date of the release of this paper and the time that the 2018/19 QA is presented for approval, will be added, as appropriate.

3.4 Once all stakeholder information has been received and included, a final approved version of the 2018/19 QA will be posted on the public facing NHS Choices website and NWAS Internet/Intranet sites.

4. LEGAL and/or GOVERNANCE IMPLICATIONS

4.1 There is a requirement, by statute, for the Trust to produce an annual Quality Account.

5. RECOMMENDATIONS

5.1 The Board of Directors is recommended to:

- Approve the draft 2018/19 Quality Account.

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North West Ambulance Service
NHS Trust

QUALITY ACCOUNT
2018/19

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1. Chief Executive's Statement

Welcome to the Quality Account for North West Ambulance Service NHS Trust, which describes how we have delivered and improved quality during 2018/19, and sets out our quality priorities for the year ahead.

The Board of Directors is proud of our commitment to all aspects of quality. We have developed a refreshed organisational strategy and re-scoped our Vision and Values; aiming to be the best ambulance service in the UK by providing the Right Care at the Right Time and in the Right Place, Every Time.

This strategic direction is underpinned by our Right Care (Quality) Strategy that will help us achieve our vision of ensuring that clinical decisions are taken as far forward in the patient journey as possible, avoiding any needless waiting for our patients. Along with our organisational values, this helps us to lead by example and create the right culture for ensuring our patients always receive safe care and attention.

Our Right Care Strategy incorporates the essential elements of a 'quality strategy' and describes how we will deliver safe, effective and patient centred care for every patient. Our first and most important commitment to our patients is to keep them safe. Our second commitment to patients is to ensure that they receive effective, reliable care, every time. Our third commitment to patients is to listen to their feedback, work with them to re-design care and provide personalised care every time. Our fourth and final commitment is to ensure that our quality systems and infrastructure continue to strengthen.

Our core services are delivered through the following four distinct service lines:

- Paramedic Emergency Service (PES) – through solo responders, double crewed ambulance response and volunteer community responders we provide a pre-hospital care emergency response to 999 and urgent calls.
- Patient Transport Service (PTS) – PTS provides essential transport for non-emergency patients in Cumbria, Lancashire, Merseyside and Greater Manchester who are unable to make their own way to or from hospitals, outpatient clinics and other treatment centres.
- Resilience – services associated with the Trust's statutory responsibilities under the Civil Contingencies Act 2004.
- NHS 111 – The Trust delivers 111 services for the North West region and is a major contributor to the delivery of Integrated Urgent Care.

Core service delivery is supported by a number of support service functions:

- Finance
- Human Resources and Organisational Development
- Quality Improvement and Innovation
- Information Management and Technology
- Training and Development
- Fleet and Facilities Management
- Communications & Corporate Governance
- Programme Management Office

I would like to record my sincere appreciation and thanks to all NWAS staff for their continuing commitment to their patients, the quality of care that they provide and to the organisations that work with us every day to deliver the most appropriate care. I would also like to give my thanks to the many volunteers who do so much to support the Service.

I hope that you find this Quality Account informative.

Chief Executive

1.1 Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The Data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Chairman **Chief Executive**

2. Looking back to 2018/2019 – Local Improvement Plans

The Trust aims to be "the best ambulance service in the UK", providing the Right Care, at the Right Time in the Right Place, Every Time. This is supported by a vision to make sure clinical decisions are made as far forward as possible in the patient journey with 'no patient needless waiting'.

The Trust's Quality Strategy sets the direction for the provision of 'Right Care' by incorporating 'Safe', 'Effective' and 'Patient Centred' care for every patient as the essential elements of quality. The Strategy will ensure that we protect our patients and staff from avoidable harm, that we reduce unwarranted variation in patient treatment and outcomes and that we ensure we provide the best experience for our patients and staff.

2.1 Progress with 2018/19 Priorities for Improvement

The Trust agreed, in consultation with its stakeholders and in partnership with the intentions of our Commissioners, a number of key quality improvement areas for 2018/19. These were also identified as priorities within our Operational Plan.

- **Enhance the quality of triage, moving the clinical decision as far forward in the patient journey as possible**

Recognising the need to ensure robust clinical triage as early as possible in the patient journey, the last year has seen the initiation of a project within our Emergency Operations Centres (EOC). This involved supporting and assisting Emergency Medical Dispatchers (EMD) to improve the EOC triage systems following significant investment in enhanced clinical capacity which has had a positive effect on performance and patient experience. Evidence of the significant positive impact made by the project supported the rollout to the position where each of the Trust's three EOCs has an established 24/7 clinical presence. The benefits from this presence are felt not only in increased resource availability, but as the clinicians have become embedded, EMD staff have utilised their skills and knowledge to expedite care for the most sick patients, seek alternate care pathways and guide decisions which result in a more accurate use of the call handling system.

In addition, having a clinical presence aligned to teams has resulted in less tangible benefits, such as, improved confidence and educational support of the EMD cohort. The clinical presence within the EOC environment also ensures that any inherent clinical risks for waiting patients can be mitigated. Clinical review and identification of more serious patients earlier in the patient journey has resulted, in many cases, in expedited response and provided a higher level of information to dispatchers to enable more informed incident resourcing decisions during periods of high demand.

To support quality triage and decision making for our operational clinicians, the Trust has undertaken to train all its Paramedics in Manchester Triage System Face to Face (MTS FTF) for use during patient contact episodes. This rollout was informed by a pilot study which identified a 7% increase in patients being safely identified as suitable for alternatives to being transported to the Emergency Department (ED) in comparison to the current Pathfinder tool in addition to supporting the decision for those that do need conveyance to a healthcare facility. This year, to date, 91% of the Trust's Paramedics have received training in MTS FTF and by April 2019 over 95% will have received the training. The project has had a demonstrable increase in the number of patients who have been managed under 'see and treat' criteria and an increase in the use of alternatives to ED admissions via the referral into local services.

Pathfinder was trained on a voluntary basis to 90% of EMT1s between March and May 2018, and is now embedded in their basic training. Pathfinder is a triage tool, informed by the Manchester Triage System, that assists to identify those patients that need transporting to an ED and those that alternatives may be appropriate if available in the locality.

The implementation of enhanced clinical triage tools for operational clinicians has contributed to a See & Treat rate of 25.07% for 2018/19 against a rate of 23.99% achieved during 2017/18.

- **Through effective clinical leadership, improve consistency of patient assessment, treatment and decision making**

The Trust has an established clinical leadership structure which continues to grow and develop; this year we appointed two additional Consultant Paramedics which enhanced our senior clinical leadership structure and now ensures dedicated county-level Consultant Paramedic oversight of all clinical activities providing robust clinical governance and assurance. Together with the Trust team of medical directors the Consultant Paramedics provide strategic clinical oversight and set the clinical policy and procedure in relation to patient assessment and treatment.

The Trust's 44 Advanced Paramedics are available 24/7 throughout the region and provide on-site and remote support at difficult, challenging or serious incidents. Our Advanced Paramedics provide enhanced and effective senior decision making supporting clinicians in the delivery of high quality patient care in the challenging pre-hospital environment as well as offering enhanced clinical treatment options.

To further support our senior clinicians this year the Trust has established a formal 'doctor on call' rota for the first time. This system provides assured access 24/7 to one of the Trust's Medical Directors and enables the clinical leadership structure to manage difficult and complex incidents with the assistance and assurance of senior medical input.

We have over 280 Senior Paramedics who provide effective clinical leadership and supervision of their teams of paramedics and Emergency Medical Technicians. Through this cohort the Trust has established clinical contacts shifts which ensure that every clinician has the regular opportunity to work alongside their clinical lead to ensure consistency across the organisation with regard to the delivery of clinical assessment and treatment.

- **Ensure that patients with life limiting conditions reach their chosen destination as soon as practicable**

The Trust's Right Care Strategy recognises patients with life limiting conditions as a population who have unique requirements and who require a high level of focused consideration in order to ensure their needs are met. Through our partnership working with specialist teams

and networks we promote awareness and visibility of anticipatory clinical management plans for special patient groups with life limiting conditions across both our clinical workforce and the wider health community to ensure specific needs are met.
This year we have built upon the previous Rapid Transfer for End of Life procedures to ensure a considered and compassionate response; specific questions relating to end of life have now been introduced and incorporated into the Health Care Professional (HCP)/Intra-facility Transfer (IFT) call handling module which ensures the Trust actively considers the needs of end of life patients from the point of initial contact with our services. This ensures the impact of life limiting factors is assessed during healthcare professional call handling procedures and allows the Trust to effectively respond to the needs of these patients including the provision of appropriate category of emergency response.

The Trust also understands the key role that our Patient Transport Service (PTS) plays in ensuring patients with life limiting conditions reach their chosen destination as soon as practicable. This is reflected in proactively recognising the unique needs of this patient group at the access and booking stage and the ability of our PTS to respond through a common but highly flexible pool of resources as being vital to meeting the needs of this patient group. This approach facilitates treatment centres to effectively prioritise bookings with PTS for patients whose life limiting condition requires the PTS to provide timely discharge and/or transfer of the patient to their destination of choice.

- **Enhance education provision for senior clinical leaders to enable them to best support frontline clinicians, mothers and babies during out of hospital births**

Acknowledging the complexities and risk for harm in the management of out of hospital births the Trust has ensured a process to provide senior clinical support directly at scene to any complex or imminent delivery calls. The benefits include supported decision making, early recognition of complications and the increased opportunity to provide point of care education for ambulance clinicians as well as ensuring increased exposure to these types of incident more regularly by our senior clinicians to maintaining their currency and confidence in their management.

To support our senior clinicians over the course of the year 310 Senior, Advanced and Consultant Paramedics have attended a bespoke pre-hospital obstetric skills and drills course covering a range of emergency complications. This course was delivered by an external organisation of specialist providers; feedback from our clinical team has been overwhelmingly positive and formal, academic review of the impact of the course is underway.

Cycle 7 of the Trust's Mandatory Training programme for 2019 includes comprehensive instruction on birth imminent procedures and the management of obstetric complications during childbirth. This programme is delivered to all grades of operational clinicians and is supported by an online learning module developed to consolidate learning.

During 2019 a new bespoke maternity support checklist for staff to use on scene will be introduced to support and prompt staff in procedures relating to life threatening obstetric presentations such as shoulder dystocia, post-partum haemorrhage/ante partum haemorrhage (PPH/APH), breech and maternal and new born life support, as well as informing on key elements of care during normal birth. The Trust has also introduced an updated, and Association of Ambulance Chief Executives (AACE) approved, maternity pack which provides improvements for care including for the first time the inclusion of baby hats to prevent unnecessary heat loss.

- **Meet the national and local quality delivery and improvement standards for the Emergency 999, 111 and Patient Transport Services.**

The progress made in these areas is reported in full within Section 3 of this Account.

2.2 Patient and Staff Experience

- **Patient feedback including Friends and Family Test 2018/19**

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 interactive voice recognition via landline phones. Summaries of survey response feedback data including FFT by quarter can be seen below;

A total of 5,958 patient Friends and Family Test responses were received by NWAS against 6,089 during 2017/18, supported by 4,398 comments (4,500 during 2017/18). The types of returns received were as follows; 65.2% (an increase of 15.2%) via SMS surveys, 29.8% (a decreased of 14.6%) by postal surveys, 3.4% (an increase of 0.4%) by FFT Post Cards and 1.6% (a decrease of 0.4%) via Landline Surveys.

- **Staff Friends and Family Test 2018/19**

As a result of positive action during the recruitment phase, new starter feedback, a new exit interview process and the further development of local Health and Well Being plans, The independent staff Friends and Family Tests completed and returned over the year have reduced slightly by 76 (1,186 to 1,110 replies). However, the levels of 'likely' and above satisfaction, against all categories, has increased overall, ranging from 51% - 89%.

Question	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response	Total
Q1 – April – June (PTS)								
"How likely are you to recommend this organisation to friends and family if they needed care or treatment"	78	37	8	2	3	0	1	129
"How likely are you to recommend this organisation to friends and family as a place to work"	51	49	13	6	8	1	1	129
Q2 – July – September (EOC & 111)								
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	88	61	20	7	2	1	1	180
How likely are you to recommend this organisation to friends and family as a place to work?	31	61	35	32	19	0	2	180
Q3 – No FFT as we circulate the annual staff survey								
Q4 – Jan – March (Corporate & PES)								
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	377	312	67	29	11	3	2	801
How likely are you to recommend this organisation to friends and family as a place to work?	167	314	133	107	75	3	2	801

- **Complaints 2018/19**

The Trust welcomes all feedback from patients, including those whose experience has not met their expectation so have raised their concerns through the complaints process. The Trust welcomes complaints as they provide us with an opportunity to investigate what has happened and where necessary, identify and implement lessons learnt. This can be at both the individual and system wide level.

The Board of Directors receive information on complaints through the monthly Integrated Performance Report. This is supported by assurance reports submitted to the Quality Committee with further details supplied to the Clinical Governance Management Group. Incident Learning Forums monitors actions arising from complaints via associated action plans and the NHS 111 service complaints are reported through the local Clinical Governance reporting procedures.

The Trust has an agreed Redress Procedure to provide guidance on questions of remedy in line with the guidance provided by the Parliamentary and Health Service Ombudsman for reasonable, fair and proportionate remedies during its complaints handling processes.

During 2018/19 the Trust received 2,723 complaints, in comparison to 2,393 for 2017/18.

The table below summarises the key themes of complaints received during the period 1 April 2018 to 31 March 2019:

Complaint Themes				
	PES	**PTS**	**111**	**Total**
PTS Transport	-	1,141	-	**1,141**
Care and Treatment	273	106	188	**567**
Emergency Response	358	-	1	**359**
Staff Conduct	152	61	74	**287**
Communication and Information	96	46	75	**217**
Driving Standards	77	42	-	**119**
Damage or loss to property	17	9	-	**26**
End Of Life Care	1	2	-	**3**
Navigation	1	1	-	**2**
Safeguarding	1	-	1	**2**
TOTALS:	**977**	**1,408**	**339**	**2,723**

Complaints include all aspects of Trust activity, including the 111 service and a comparison, by service line to 2017/18 is detailed below;

Service Line	2017/18	2018/19	Variance %
Emergency Services	1,048	977	-3.9%
Patient Transport Services (PTS)	1,045	1,408	+34.7%
NHS 111 Services	299	339	+13.4%

Our PTS complaints have increased significantly during 2018/19 mainly as a result of poor communication and information provision skills, poor driving standards and late or prolonged journey times. Therefore, initially work has been ongoing to streamline PTS complaints to ensure that the Trust is more responsive to the concerns raised.

The additional lessons learnt from the receipt of these complaints have included increased scrutiny of individual patient mobility needs, the provision of increased details on patient record (e.g. access details), improved risk assessments and feedback to other services booking journeys to ensure that our patient gets the correct transport on time. The Trust aims to review its PTS staff driver training and onward monitoring during 2019/20.

During this reporting year, the Parliamentary and Health Service Ombudsman requested information on 7 cases. The Ombudsman completed four case assessments in year and decided to investigate 3 of those cases. Two were not upheld and 1 was partially upheld; the actions arising from this case had already been addressed by the Trust and there was nothing further to be added.

- **Compliments 2018/19**

A total of 1,658 compliments were also received compared to the receipt of 1,666 last year.

	2017/18	2018/19	Variance %
Compliments	1,666	1,658	-0.5%

2.3 Care Quality Commission (CQC) Inspection

Between the 12 and 21 June 2018 the CQC conducted a number of unannounced Core Service Inspections within the Trust. The Core Services inspected were Emergency & Urgent Care, Emergency Operational Control and Resilience. Between 3 and 5 July 2018 the CQC conducted an announced Well Led Inspection within the Trust.

On 27 November 2018 the Trust received its CQC Inspection report which gave the following overall ratings;

Ratings	
Overall rating for this Trust	**Good**
Are Services Safe?	**Good**
Are Services Effective?	**Good**
Are Services Caring?	**Good**
Are Services Responsive?	**Good**
Are Services Well-Led?	**Good**

The Trust's CQC Inspection matrix is now as follows;

	Safe	Effective	Caring	Responsive	Well - Led	Overall
E&UC	Good	Good	Good	Good	Good	**Good**
PTS	Good	Good	Good	Good	Requires Improvement	**Good**
EOC	Good	Good	Good	Good	Good	**Good**
Resilience	Good	Good	Not Rated	Good	Good	**Good**
NHS 111	Good	Good	Good	Good	Good	**Good**
Overall	**Good**	**Good**	**Good**	**Good**	**Good**	**Good**

The CQC Inspection report contained 13 'Should Do' recommendations for the Trust, which have been actioned planned, with lead Executive Directors made responsible for ensuring that these recommendations are adhered to.

3. Preventing People from Dying Prematurely – Operational Performance

3.1 Category 1 to 4 999 Calls Responded to (01/04/2018 – 31/03/2019)

During 2018/19 the Trust went through a transitional phase as part of the implementation of the Ambulance Response Programme (ARP). The changes to the response measures meant that the Trust had to change its vehicle fleet mix of rapid response vehicles (RRV) and emergency ambulances (EA) from 25% RRV and 75% EA to approximately 15% RRV and 85% EA. This required significant changes to staffing and vehicles across the regional footprint. Other changes that were required to meet the new measures included changes to how vehicles are dispatched and what types of incident they respond to.

Reporting Period	Cat 1 *Mean*	Cat 1 *90th Percentile*	Cat 2 *Mean*	Cat 2 *90th Percentile*	Cat 3 *Mean*	Cat 3 *90th Percentile*	Cat 4 *90th Percentile*
Target	***7 minutes***	***15 minutes***	***18 minutes***	***40 minutes***	***60 minutes***	***120 minutes***	***180 minutes***
Q1	00:08:07	00:13:48	00:23:54	00:52:47	01:02:55	02:30:11	03:01:51
Q2	00:07:56	00:13:22	00:23:25	00:50:45	01:06:34	02:38:53	03:09:10
Q3	00:07:48	00:13:03	00:24:15	00:52:02	01:12:41	02:52:31	03:18:05
Q4	00:07:46	00:13:04	00:25:15	00:54:18	01:12:06	02:50:49	03:23:49
YTD	**00:07:54**	**00:13:19**	**00:24:14**	**00:52:31**	**01:08:29**	**02:43:18**	**03:13:54**

Improvements were made to the Category 1 (C1) response times which are immediately life threatening and the highest category of call we respond to. There was deterioration in the other categories throughout the year and the Trust found it a challenge to initially maintain performance standards against other Ambulance Services in the country. However, in partnership with our lead Commissioners, a Service Delivery Improvement Plan was agreed and delivered which determined that in the latter part of Q4 significant and sustained improvements were achieved across all category standards.

3.2 Patient Transport Service Performance

In February 2019 the service line reported on a further 'deep dive' exercise that was undertaken in December 2018 using data between July and November 2018 to enable meaningful comparison with the same period in 2017.

The 2018 deep dive report provides a detailed analysis of activity and performance across all PTS contracts delivered by NWAS. The report placed greater emphasis on the Greater Manchester contract and made further recommendations in terms of managing activity and improvements to performance that are affordable and sustainable.

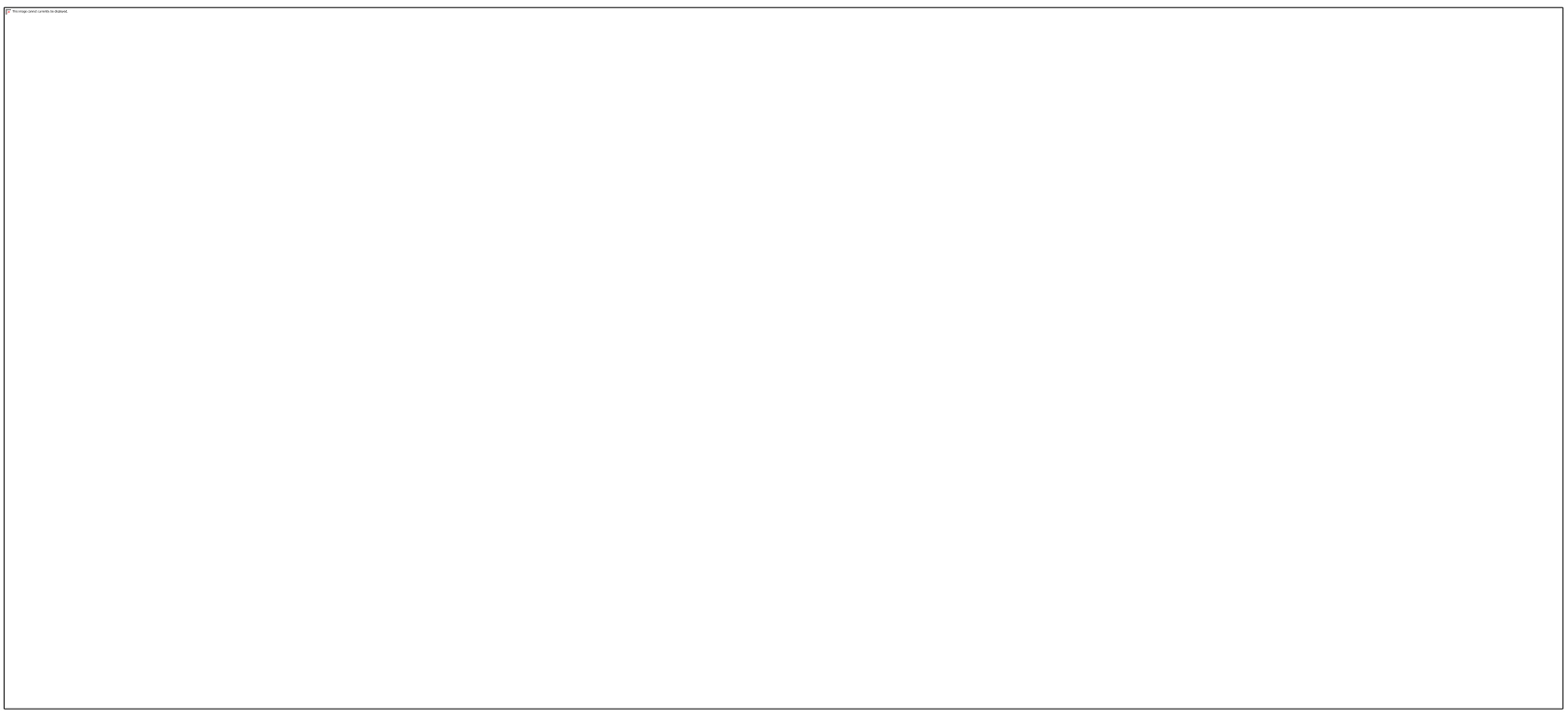
The report identified variations against the baseline activity plan in all of the contracts. For Cumbria, Greater Manchester and Merseyside overall activity is over performing against the contracted baselines. In terms of Lancashire, this contact is under performing against the activity baseline however, the contract has seen increases in higher acuity (e.g. stretcher) and more patients who are travelling further. Higher acuity activity and longer travelling distances are also evident in each of the other three contracts. The impact of this is increased costs of delivery and affects the achievement of the performance standards.

To improve performance NWAS PTS has implemented systems changes in the way activity is allocated and way the Bureau controls resources. In addition, improvements have been made in the way ambulance staff and resources are deployed e.g. undertaking vehicle checks before the end of a shift as opposed to the beginning of the day to get vehicles on the road more quickly. Continuous monitoring of resource availability set against demand so that roster changes can be made. Whilst these actions support improvements in efficiency, NWAS PTS will need the support of the system to achieve sustainable improvements to the current financial and performance position

In addressing the challenges described, to implement improvements to performance and to enable the sustainable delivery of the contract(s), the 2018 report recommended consideration is given to the following:

1. Apply the Booking Cap for Unplanned activity. In Greater Manchester this would equate to approximately 70-80 journeys per day (based on November figures). This could help improve NWAS performance and would help reduce aborted journeys against the PTS contract,
2. Work with commissioners and partner trusts to set reduction trajectories for aborted journeys at a hospital level,
3. Investigate reasons for correlation between high use of online facility and higher aborted journeys and work with hospital partners to improve the quality of bookings,
4. Reduce call traffic by converting hospitals to online facility only (subject to above findings),
5. Payment of 100% of tariff for activity over the baseline,
6. Review of the existing KPIs on a contract/specification level to determine what is realistically achievable within the financial envelope.

The Patient Transport Service (PTS) quality performance from 1 April 2018 to 31 March 2019 was as follows;



3.3 NHS 111 Performance

The NHS 111 service has made significant progress this year both in terms of headline KPI performance and service improvements. The 111 contract received a Performance Improvement notice in July 2018. A Performance Improvement Plan (PIP) was developed and delivered between October 2018 and the end of March 2019, the actions within the plan have enabled the NWAS 111 service to return steady performance improvement across all standards since November 2018 resulting in a much improved service being delivered to our patients.

This year the NHS 111 service has answered over 1.5 million calls and the average time to answer calls in 2018/19 was 1 minute and 54 seconds. The performance KPIs are analysed below;

Description	Target	Q1	Q2	Q3	Q4	YTD
Calls Abandoned	< 5%	6.93%	9.36%	7.88%	5.86%	**7.46%**
Calls Answered in 60 seconds	95%	74.60%	68.07%	73.83%	77.79%	**73.78%**
Calls Warm Transfer	75%	22.39%	24.18%	27.86%	36.00%	**27.98%**
Call backs within 10 minutes	75%	40.81%	40.31%	45.55%	52.51%	**44.78%**

4. Preventing People from Dying Prematurely (Helping People to Recover from Episodes of Ill Health or Following Injury)

4.1 National Ambulance Quality Indicator (NACQI) Performance

The Trust submits data to NHS England for the Ambulance Quality Indicators. These indicators are designed to reflect best practice in the delivery of care to our patients that have specific conditions; cardiac arrest, heart attack (AMI) or stroke. Monitoring our performance is essential as it is an indicator of how well we respond to the need of the patient and how we can ensure that standards of care are not only maintained but continuously improved on.

4.2 Ambulance Quality Indicator (AQI) - Care Bundle performance for Pre-existing ST Elevation Patients (As At 30/06/2019)

Reporting Period: April 2018 – March 2019												
AQI Care Bundle Performance	**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: Outcomes from Acute ST-elevation Myocardial Infarction— Care Bundle	71.8% (n=149)	No National Data published	No National Data published	80.7% (n=119)	No National Data published	No National Data published	76.0% (n=100)	No National Data published	No National Data published	71.3% (n=129)	No National Data Published	No National Data Published
National Average (%) & Range (%)	80.1% (69.1%-93.8%)			81.3% (69.4%-94.2%)			79.2% (58.1%-95.1%)			78.7% (53.6% - 96.1%)		
Ranking	**9**			**4**			**6**			**8**		

4.3 Ambulance Quality Indicator (AQI) - Diagnostic Bundle performance for Suspected Stroke Patients (As At 30/06/2019)

Reporting Period: April 2018 – March 2019												
AQI Diagnostic Bundle Performance	**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: Outcomes from Stroke — Care Bundle	No National Data published	98.2% (n=957)	No National Data published	No National Data published	98.4% (n=931)	No National Data published	No National Data published	98.5% (n=868)	No National Data published	No National Data published	98.3% (n=809)	No National Data published
National Average & Range		98.4% (96.8%-100%)			98.4% (95.2%-100%)			98.3% (95.3% - 100%)			98.4% (96.1%-99.7%)	
Ranking		**8**			**8**			**5**			**7**	

(As At 30/06/2019)

National Ambulance Clinical Quality Indicator	November Performance 2017/18 (%)	November Performance 2018/19 (%)	November National Average 2018/19 (%)
Cardiac Arrest (All - ROSC at Hospital)	34.6% (109/315)	36.6% (124/339)	28.3%
Cardiac Arrest (Utstein at Hospital)	54.0% (27/50)	53.7% (29/54)	50.4%
Cardiac Arrest (All - Survival to discharge)	11.6% (36/311)	7.9% (26/331)	9.4%
Cardiac Arrest (Utstein Survival to discharge)	29.2% (14/48)	19.2% (10/52)	27.7%
AMI PPCI (within 150 minutes)	Mean average time = 2hrs 11 mins	Mean average time = 2hrs 15mins	Mean average time = 2hrs 11 mins
AMI Care Bundle	74.1%	Not reported by NHS England for Nov 18/19	Not reported by NHS England for Nov 18/19
Stroke FAST (within 60 minutes)	Mean average time = 1hr 18 mins	Mean average time = 1hrs 13 mins	Mean average time = 1hrs 14 mins
Stroke Care Bundle	98.9%	98.5%	98.3%

During 2018/19 the Trust's performance against both its 'Cardiac Arrest; Survival to Discharge' indicators has decreased from the previous year's performance. It can be noted that due to the small cohort of patients included in this measure, a reduction of a small number of patients surviving a cardiac arrest can result in what appears to be a significant reduction in the overall performance % achieved.

5. Treating and Caring for People in a Safe Environment and Protecting them from Harm

A total of 10,567 incidents were reported by staff to NWAS during 2018/19 and a breakdown of the main themes associated with these reported incidents can be seen below;

	Greater Manchester	Lancashire	Mersey	Cheshire	Cumbria	Ladybridge Hall	Trust Wide	111 Service Call Centres	All Trust Areas	Total
Raise an Issue/Concern	1196	726	417	362	263	4	28	8	0	3004
Raise a notification	318	177	110	113	76	1	56	2	0	853
Staff Injury	377	242	209	158	90	2	15	0	0	1093
Patient Injury	113	67	52	23	17	0	0	0	0	272
Public Injury	6	5	5	4	2	0	0	0	0	22
Clinical Near Miss	177	82	45	48	52	1	27	0	0	432
Clinical Incident	450	245	156	142	107	3	9	5	1	1118
Non-clinical Near Miss	229	124	73	48	43	3	10	1	0	531
Non-clinical incident	387	160	139	78	62	3	10	0	0	839
IM&T Security	30	39	22	7	18	10	7	1	0	134
NW 111 Staff Only	21	23	19	16	5	0	8	2177	0	2269
Total	**3304**	**1890**	**1247**	**999**	**735**	**27**	**170**	**2194**	**1**	**10567**

5.1 Patient Safety Incidents and Those Resulting in Severe Harm or Death

Of the 272 patient safety incidents reported to the Trust during 2018/19, 213 of them were reported to the National Reporting and Learning Service (NRLS). 90.6% (213) of these were categorised as 'No Harm' incidents and 2 (0.08%) were categorised as "severe harm" or "death".

Patient Safety Incidents (PSI)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total	Rate Per month
Degree of Harm: All (excludes none)	0	0	10	3	1	2	2	2	0	0	0	0	20	1.67
Near Misses: All Unharmed Patients	1	0	4	0	0	11	52	72	7	7	23	5	182	15.17
Total Patient Safety Incidents	1	0	15	4	1	19	57	73	7	7	24	5	213	17.75
Degree of Harm: Severe/Death	0	0	1	0	0	0	1	0	0	0	0	0	2	0.17
PSI % of Severe/Death	0	0	6.67%	0	0	0	1.75%	0	0	0	0	0	0	0.08%

In addition, 68 serious incidents (SIs) were reported by NWAS to the Commissioners via the Strategic Executive Information System (StEIS) during 2018/19. All SIs are all subjected to investigation under the NHS Serious Incident Framework and reported in full to Commissioners. Through established working arrangements, the Trust and its Commissioners worked closely together throughout the year to ensure action plans to learn appropriate lessons and to prevent the recurrence of an SI are in place and accomplished.

The Trust has continued to see a rise in the number of incidents following the implementation of the Ambulance Response Programme (ARP) and has worked collaboratively with its Commissioners to improve the investigation and assurance processes in place to manage where incidents occur. Robust management arrangements have been strengthened with the implementation of a Review of Serious Events (ROSE) Group, which meets weekly and is chaired by the Trust's Medical Director and/or Chief Nurse. The Strategic Partnership Board's Patient representative also attends to provide a patient perspective as part of the process.

The ROSE group oversees the reporting and learning drawn from serious incidents and the outputs from ROSE are considered by members of Commissioner lead working groups known as the Quality & Safety Group (Q&S) and the Regional Clinical Quality Assurance Committee (RCQAC). The Q&S Group and the RCQAC review each individual incident and ensure that learning from incidents is embedded within the Trust before the incident is formally closed. There has also been positive engagement with wider North West CCGs and stakeholders and the Trust and Lead Commissioning Team have held two North West quality seminars as part of the engagement and assurance process.

5.2 Safeguarding

- **Activity**

As a result of improved and increased staff training and awareness, the overall number of adult and child safeguarding concerns that NWAS staff are notifying the Trust of, continues to rise.

Safeguarding Concerns	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Total Adult Concerns	2745	2965	3211	3255	3332	3245	3518	3623	3862	3868	3540	4029
Total Child Concerns	861	1050	1036	970	946	950	989	990	1050	998	978	1123
Total Concerns	**3606**	**4015**	**4247**	**4225**	**4278**	**4195**	**4507**	**4613**	**4912**	**4866**	**4518**	**5152**

- **Audit**

Safeguarding processes are audited monthly against a number of standards, in a 'care bundle' format, to demonstrate effectiveness. The compliance levels against these standards have remained high throughout the year, despite the increasing safeguarding notification activity.

- **Training**

Safeguarding training at level 2 continues to be delivered to all staff working for or on behalf of NWAS, via its mandatory and other training programmes. Programmes includes topic areas such as child sexual exploitation (CSE), modern day slavery, human trafficking and children who are self-harming, expressing suicidal ideas or attempting suicide.

Safeguarding training at level 3 is delivered to all relevant staff that provide others with support and advice. NWAS has now trained over 120 operational and corporate staff (the operation staff trained included; 49 in Cumbria and Lancashire; 28 in Cheshire and Mersey and 39 in Greater Manchester) in this requirement to ensure that safeguarding our patients remains as a significant priority for the Trust.

- **Raising Awareness**

The Safeguarding Team are actively involved in several Serious Case Reviews that have been commissioned by the Local Safeguarding Children's Boards. Issues that are highlighted through this process, such as the vulnerabilities of children in care, are cascaded back to staff via updates in level 3 safeguarding training, Trust bulletins and direct discussions with staff that have been involved in the individual cases.

The Trust is committed to the safeguarding of adults with learning disabilities and continues to engage with the LeDeR programme which makes all deaths involving adults with learning disabilities notifiable. This learning disabilities mortality review aims to make improvements to the lives of people with learning disabilities.

- **PREVENT Awareness and Training**

98% of all NWAS staff have now received WRAP 3 training which is the 'workshop to raise awareness of PREVENT' and part of the Government's anti-terrorism strategy. Prevent is any terror related activity that takes place in the pre-criminal space. WRAP is included within mandatory training for all staff and compliance with this national requirement. The Trust is in the top three of all NHS Trusts for meeting these national training requirements.

6. Learning from Deaths

6.1 Mortality Review

In conjunction with the National Ambulance Service Medical Directors (NASMed) group, NHS Improvement are in the final stages of implementing national guidance for Ambulance Trusts around nationally agreed, formal Learning from Deaths procedure. The Trust has contributed at several stages throughout the consultation process given the established experience within the Trust of conducting mortality reviews over a number of years. The anticipated guidance is likely to make a requirement for the Trust to formally introduce a Learning from Deaths (LfD) Policy during 2019/20 which will build upon and formalise the current processes within the Trust; the Trust is committed to implementing the recommendations in full.

A formal LfD Policy will triangulate learning from across the organisation to proactively seek incidents where there may have been a missed opportunity for the Trust to prevent future deaths. The identification of aspects of care, where learning can take place and from which recommendations for future practice can be made, ensures the care the Trust's clinicians provide to our patients is of the highest possible quality. This will build upon the Trust's current approach which is retrospective and focussed on quality improvement and reviews incidents where a re-contact had resulted in a Diagnosis of death, Termination of resuscitation or Transported Resuscitation. In addition the Trust seeks to identify learning at several points within the organisation; all serious incidents and unexpected deaths involving the Trust are reported internally and externally and reviewed as part of our investigation process, which includes a weekly meeting chaired by the Medical Director.

7. Looking Forward to Improving Care

7.1 2018/19 Priorities for Improvement

Safety

- Pilot a programme of diagnostic safety culture surveys
- Establish a programme of 'safety' training and education for all relevant staff
- Introduce digital systems for measuring, monitoring and reducing avoidable harm
- Develop our Clinical Audit programme to include audits of appropriate 'safety' practice
- Adhere to our Safety Pillars of Quality improvement trajectories
- Scope how the Trust will reduce identified unwanted variation following the principles of the outcomes from the 'Carter Review'

Effectiveness

- Improved performance against all national ACQI measures
- Approve a suit of local clinical quality improvement measures
- Adhere to our Effectiveness Pillars of Quality improvement trajectories

Patient Centred

- Develop a forum that provides our patients with a 'louder voice'
- Increase the visibility of patients and their stories at board, executive and service line leadership

Governance

- Implement a new governance structure to support the implementation of Right Care Strategy

8. Formal Statements on Quality

The Trust is required to make the following formal statements within its Quality Account. It should be noted that some of the statements relate to hospitals and are not relevant for ambulance trusts.

- ***Review of Services***

The Trust has reviewed all the data available on the quality of care in the services provided by us in 2018/19. The income generated by the NHS services reviewed in 2018/19 represents 100% of the total income generated from the provision of NHS services by the Trust.

- ***Participation in Clinical Audits***

During 2018/19, only one national clinical audit and no national confidential enquiries covered NHS services that NWAS NHS Trust provides.

During that period NWAS NHS Trust participated in 100% of national clinical audits (as a provider of information only) and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries NWAS NHS Trust participated in during 2018/19 are as follows;

- ***NHS England Ambulance Quality Indicators***

- Outcome from cardiac arrest
  - Return of Spontaneous Circulation (ROSC)
  - Survival to Discharge
- Outcome from ST-elevation myocardial infarction (STEMI)
- Outcome from suspected Stroke
- Outcome from suspected Sepsis

- ***Other National Clinical Audits***

- Myocardial Infarction National Audit Programme (MINAP)
- Sentinel Stroke National Audit Programme (SSNAP)
- Trauma Audit and Research Network (TARN)

The reports of 5 national clinical audits were reviewed by the provider in 2018/19 and NWAS has taken actions to improve the quality of healthcare provided for these patient groups.

The reports of local clinical audits were reviewed by the provider in 2018/19 and NWAS is currently reviewing the actions required to improve the quality of healthcare provided.

- ***Participation in Clinical Research***

North West Ambulance Service NHS Trust is dedicated to embedding a vibrant research culture within the organisation, supporting research activity that is aligned to the clinical and strategic priorities of the Trust. The Trust's increased participation in clinical research demonstrates its on-going commitment to not only improve the quality of care offered to its patients, but to also successfully contribute to improving the health and wealth of the nation.

The Trust continues to support staff, students, clinicians and academics in setting-up and delivering research. During 2018/19, the Trust approved the following five research studies that had been granted NHS Health Research Authority Approval:

- Identifying Healthcare Data Needs in Unplanned Care for Epileptic Seizures, Alcohol-related Liver Disease and Chronic Obstructive Pulmonary Disease (Pathways Profiling)
- The Pre-Hospital Evaluation of Sensitive Troponin (PRESTO) Study
- Effective Healthcare Support to Care Homes
- Exploring the Impact of Alcohol Licensing in England and Scotland (ExILEnS)
- Improving the Recognition of Pre-hospital Stroke: A Qualitative Study

The Trust also approved the following six research studies undertaken as part of educational qualifications:

- Can Mindfulness Based Interventions Have a Positive Impact on the Occupational Health Levels of UK Paramedics?
- How Do Paramedics attitudes Impact upon Their Attitudes of Pain?
- Behind the Blue Lights: Critical Incident Stress and Resilience in the Emergency Services
- Management of Right Ventricular Myocardial Infarctions Survey
- Examining Facilitators and Barriers to Developing and Maintaining Psychological Resilience in UK Paramedics
- Do Ambulance Clinicians Feel Their Education in Mental Health is Sufficient to Manage People in Mental Health Crisis?

To support our ambition to host high quality research, the Trust recruited 60 participants to four National Institute for Health Research (NIHR) Portfolio studies that were open in 2018/19:

- The Paramedic Acute Stroke Treatment Assessment (PASTA) Trial
- The Pre-Hospital Evaluation of Sensitive Troponin (PRESTO) Study
- Paramedic Stroke Mimic (PaStraMi) Focus Groups
- Identifying Healthcare Data Needs in Unplanned Care for Epileptic Seizures, Alcohol-related Liver Disease and Chronic Obstructive Pulmonary Disease (Pathways Profiling)

The Trust Research & Development (R&D) Lead was the Principal Investigator for one NIHR Portfolio study.

The Trust is fostering potential research partnerships with academic institutions and NHS organisations. We continue to be an active member of the National Ambulance Research Steering Group (NARSG), engage with our local NIHR Clinical Research Networks and attend local and national research events to raise our profile as a research active organisation.

We are committed to building research capacity and offer increased opportunities for staff, patients and the public to participate in studies. The R&D Lead and Research Support Manager are supported by a grant-funded research paramedic and funding have been secured for an additional, Trust-based research team member, all of whom will help embed research within the organisation

Our research paramedics have excelled in their roles, and have achieved the following:

- Undertaken the role of Principal Investigator for an NIHR Portfolio study;
- Shortlisted as a finalist for the NIHR Greater Manchester Clinical Research Awards 2018;
- Successfully accepted onto the NIHR Advanced Leadership Programme; and
- Shortlisted as a candidate for the NIHR Clinical Research Network North West Coast Research Scholars Programme.

All staff are encouraged to contribute to research and the Trust continues to grow as an organisation that values and promotes research activity.

- ***Use of the CQUIN Payment Framework***

A proportion of NWAS NHS Trust non recurrent income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between NWAS NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework (CQUIN).

A number of CQUIN initiatives were incorporated into the Paramedic Emergency, NHS 111 and Patient Transport Services. These initiatives were supported with funding approved by the Trust's Commissioners, which allowed the Trust to commit time and investment into the following crucial areas;

- ***Trust Wide Schemes:***

Staff Health and Well-being scheme in line with national guidance, of which there are 3 main areas:

- Staff healthy & well-being which utilises the staff survey results as a measure
- Increased flu vaccinations
- Increased access to Healthy food.

- ***Paramedic Emergency Service (PES) Schemes:***

Schemes
Support the agreed Performance Improvement Plan*
The development of digital enablers to support the positive delivery of all schemes
The National scheme to reduce the number of patients conveyed to a Hospital Emergency Department
To increase the number of 'Hear and Treat' patients
To increase the number of 'See and Treat' patients
National scheme - Staff Health & Well-Being

***Supporting the Delivery of the Performance Improvement Plan**

Performance Improvement Plan Items
H&T Staffing
Clinicalisation in EOC
Clinical Assessment Services

A portion of the CQUIN value was linked to the delivery of the Performance Improvement Plan, specifically on delivering the agreed Ambulance Response Programme standards throughout 2018/19. This Performance Improvement Plan has also been used to support the recruitment of an additional 18 WTE in the Emergency Operational Control environment to specifically assist with increasing the number of patients that can be treated via safe 'Hear and Treat' methodology and therefore reduce the numbers of patient being conveyed to a Hospital Emergency Department. Also, the Plan has assisted in the expansion of our Clinical Assessment Services to allow for the increased delivery of referring appropriate lower acuity 999 calls to some of our out of hours providers. This scheme now continues to expand on a North West collaborative partnership basis and forms a key part of the Trust's Right Care and Urgent Care Strategies which are widely supported by our Commissioners.

- ***NHS 111 Schemes:***

CQUIN for NHS 111 was divided into 3 categories:

1. A 10% reduction in 111 patients being transported to a Hospital Emergency Department
2. A 10% reduction in 111 patients being transferred to a NWAS 999 call
3. Continued support for the Integrated Urgent Care work commenced in 2017/18 i.e. 111 on-line, Direct Booking, APAS

- ***Patient Transport Service (PTS) Schemes:***

It was agreed to continue the PTS CQUIN initiatives in relation to Concern Raising and the Access of Health information, so we built on reviewing the lessons learnt and implementing modifications, where appropriate, across the Organisation.

Although there were no specific numeric values to the initiatives, as these are not within our control, e.g. the number of concerns raised is dependent on the patients themselves and in fact the best outcome for the patient would be a lack of need to raise concerns; the schemes all delivered positive outcomes.

9. Statement on Relevance of Data Quality and Actions to Improve It

NWAS NHS Trust will be taking the following actions to improve data quality;

- ***NHS Number and General Medical Practice Code Validity***

NWAS NHS Trust did not submit records during 2018/19 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This requirement did not apply to ambulance trusts during 2018/19.

- ***Data Security and Protection Toolkit (DSPT) attainment levels***

NWAS NHS Trust DSPT submission assessment provided an overall score for 2018/19 was 72% (72 of the 100 compliance standards were met) with a published status of 'standards not met'.

- ***Clinical coding error rate***

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

10. Commissioner, Clinical Commissioning Groups, Healthwatch and Health Scrutiny Committee Statements

10.1 *Commissioners* (Still in draft format at this stage – awaiting confirmation of content from Commissioners 07/07/19)

Introduction

NHS Blackpool Clinical Commissioning Group (Blackpool CCG) undertakes the role of Lead Commissioner for Ambulance and NHS 111 Services on behalf of the 31 CCGs that make up the North West region. In doing this it ensures that robust Commissioning, Quality, Contract and Performance Management is in place to enable and support North West Ambulance Service (NWAS) to provide effective services to the circa 7.5 million residents of the North West.

These services comprise:

- Paramedic Emergency Service (PES): the 'blue light' ambulance service
- NHS 111 services
- Patient Transport Services (PTS): enabling eligible patients to access outpatient, discharge and other hospital appointments for Greater Manchester, Merseyside, Lancashire and Cumbria. Services for Cheshire are not provided by NWAS.

In its role as Lead Commissioner, Blackpool CCG welcomes the opportunity to review and support the 2018/19 NWAS Quality Account and this statement is made on behalf of the North West Ambulance Strategic Partnership Board (SPB) representing the 31 North West Commissioners.

To the best of our knowledge the information presented in the Quality Account accurately reflects the work undertaken by NWAS in 2018/19 to improve the quality of the services it provides.

Ambulance and NHS 111 Services Governance

NWAS provides services for the 31 CCGs across five "county" areas; North Cumbria; Lancashire and South Cumbria; Cheshire, Warrington and Wirral, Merseyside and Greater Manchester Health and Social Care Partnership. This is a complex geography where the "county" footprints are not necessarily coterminous with other health and local authority boundaries.

The Ambulance Commissioning Team (hosted by Blackpool CCG) is funded by the 31 North West CCGs and operates under a Memorandum of Understanding (MOU) signed by all CCGs. The MOU allows the team on behalf of the CCGs to commission ambulance and NHS111 services in the region serviced by NWAS. Co-ordination of contract agreement and management is through an extensive governance structure.

The Strategic Partnership Board (SPB) operates on behalf of the 31 CCGs and is attended by a designated lead at Executive or Chief Officer Level representing the constituent CCGs in their area and is also attended by Senior Clinical Leads from each area. The primary function of the SPB is to assure commissioners that NWAS are meeting all required national targets and KPIs, and deliver safe and effective services.

To support this there are a number of formal sub groups in place ensuring effective coordination and management of the contracts held with NWAS. These are:

- Strategic Transformation Board (STB) – an Executive-led strategic group to ensure delivery of the transformation requirements set out in the commissioning intentions and key transformation plans
- Transformation Advisory Group (TAG). The TAG provides engagement in and assurance of transformation delivery and is the governance route for signing off Memorandums of Understanding between the Trust, CCGs and other providers.
- Regional Clinical Quality Assurance Committee (RCQAC) – comprising the Regional and nominated County Clinical Leads with other clinicians the Lead Commissioning Team and NWAS. Responsible for reviewing and assuring 'clinical complex' incidents where harm has arisen from operational process, clinical decision-making or care delivery, clinical audit and oversight of clinical changes to services. Each county has its own local meeting to review incidents and clinical safety linked into the RCQAC governance process
- Quality & Safety Group (Q&S) – a multi-disciplinary group of nominated county qualified representatives, lead commissioners and NWAS, including clinical oversight. Reviewing and assuring 'clinical delay' incidents where harm has arisen from delayed response, workforce and patient experience
- Contracting Group – comprising regional senior management leads to review progress, performance and contractual arrangements with NWAS across all services provided by the Trust.
- North West Handover Stakeholder Engagement Group – a senior led multi-disciplinary group from across ambulance, acute, primary and commissioner sectors reviewing best practice to minimise patient handover delays.
- Area Ambulance Groups – attended by the local County Leads (clinical and managerial), NWAS and local CCG commissioners to provide assurance and allow for local discussion of the ambulance contracts.
- The governance arrangements are reviewed annually and are aligned to the National Commissioning Framework for Ambulance Commissioning.

2018/19 Summary

Paramedic Emergency Services (PES)

Commissioners recognise that NWAS has faced a number of challenges in 2018/19. For the Paramedic Emergency Services (PES) these related to the ongoing implementation of the new Ambulance Response Programme (ARP) standards which were introduced in August 2017. The new standards have required ambulance services top operate in a substantially different way and have required a major programme of work to deliver changes to the ambulance fleet and the skill mix of the workforce in implementing the new standards.

Commissioners have worked closely with the Trust to address performance issues through a Performance Improvement Plan agreed in May 2018. This plan recognised where the Trust needed support and commissioners provided additional funding, including CQUIN investment to support sustained improvement.

This programme of work has seen significant improvements made against delivery of the ARP standards, improving call response times and increasing the number of patients managed closer to home without unnecessary conveyance to an Emergency Department through 'hear and treat' and 'see and treat'.

NHS 111

With the exception of the roster review, which has jointly been agreed for implementation in the 2019/20 contract, key objectives and actions were completed and the plan was formally accepted as complete by the SPB at the March 2019 Board meeting. Further detail on the work that the plan included is described in the section on Paramedic Emergency Services below.

Challenges were also seen by the Trust in delivering the NHS 111 service over the year. The public demand for NHS 111 services has changed profoundly since the contract was originally awarded to NWAS and the Trust now delivers a very different service in nature than the original service specification. NWAS has adapted quickly and innovatively to both the changing Integrated Urgent Care landscape and national and local requirements. The challenges faced by NWAS in delivering performance meant that commissioners agreed a performance improvement plan with NWAS that was implemented early in the year.

This focused on improving workforce capacity, reducing sickness absence and reducing overall average call handling time. During the year we have seen continued improvement in performance. Over the course of the year NWAS has responded to circa 1.8 million calls offering advice or triage to patients. A key KPI is the number of calls answered within 60 seconds, and this has improved from 77.8% in April 2018 to 86.4% in March 2019. Whilst this is not meeting the expected standard of 95% it is still a significant improvement and commissioners are continuing to work closely with the Trust on expanding their clinical assessment capacity and in increasing functionality to undertake direct booking in partnership with OOH and other providers.

It is difficult to compare the NWAS provided NHS 111 service with other NHS 111 providers nationally in view of the scale of the operation provided by NWAS and the geography served by the Trust, but NWAS are now regularly in the top quartile for delivering better performance nationally.

Patient Transport Services (PTS)

PTS services over the course of the year have performed as expected, although all KPI standards have not been met across the contracts operated by NWAS. The Trust has implemented a number of initiatives to drive improvement in the services being delivered, and are working with CCGs to share best practice in the use of the contract, which will lead to reductions in the number of 'aborted' journeys (where a vehicle arrives to convey a patient, but the patient is not available to travel). Through CQUIN schemes, NWAS have used the PTS services to raise concerns about potentially vulnerable people who may not be known to the wider healthcare system.

The Trust will continue to work closely with commissioners in 2019/20 to deliver sustainable improvements over the coming year across PES NHS 111 and PTS services and we look forward to working with the Trust on their transformation agenda focusing on delivering the right care at the right place and in the right time. This will ensure that capacity, efficiency and patient safety and experience are delivered.

2018/19 Key Priorities for Commissioners

Key commissioning priorities that were identified for 2018/19 are set out below and the Quality Account provides an overview of progress against these priorities:

- Increasing the number of patients managed through Hear & Treat, See & Treat, and reducing unnecessary conveyance of patients to hospital where more appropriate ways of delivering care to patients is available. This was part of a two year transformation programme supporting the implementation of the Five Year Forward View and the Integrated Urgent Care specification.
- On-going work to manage lower acuity calls across both 999 and 111 services, through the development of partnership approaches with Out of Hours providers and others. This has been a key piece of work, particularly, for colleagues in Greater Manchester and will remain so in 2019/20.
- Supporting the work NWAS has been undertaking in developing clinical leadership for the workforce, and in delivering enhanced clinical triage in the call centres to support frontline staff in delivering the best care to patients.
- Developing closer integration between the 999 and NHS 111 services to support a more seamless approach to delivering Integrated Urgent Care

Paramedic Emergency Service (PES)

Throughout 2018/19, commissioners have worked with NWAS to deliver improvements in response against the ARP standards. This was supported by the implementation of a performance improvement plan during the year, and is further being supported into 2019/20 through funding for the Trust as part of the contract settlement for the current year.

The number of patients managed via 'Hear and Treat' has increased by 2.7% from 3.57% in 2017/18 to 6.27% in 2018/19, meaning that NWAS are managing these patients without the need to send a vehicle response. This is only used when it is appropriate to do so, using clinical staff and is closely monitored to ensure that no patient comes to harm as a result of not sending an ambulance.

The number of patients managed via 'See and Treat' has increased by 1.06% from 23.99% in 2017/18 to 25.06% in 2018/19. This means that the number of people who receive an ambulance response, but are then not taken to an Emergency Department, has increased. Again this is closely monitored to ensure that no patient comes to harm from being discharged at scene.

Performance and improvement actions across the North West are monitored at the SPB, Strategic Transformation Board and Contracting Groups. Improving handover and turnaround is also a key item at each of the five North West sub-regional county area group meetings and, given the complexity of handover and its multiple stakeholders, performance and local improvement work is also regularly discussed at Urgent and Emergency Care Network and A&E Delivery Board meetings.

The number of patients conveyed by ambulance has reduced over the year, both in the number of patients taken to and emergency department and the number of patients, generally, who have been conveyed (to a location other than an emergency department).

Fleet changes and staffing increases have been in place since September 2018 and the Trust has commenced with a review of staff rosters that will be incrementally implemented in 2019/20. Ensuring that the resource is available at the times of highest demand will contribute significantly to ensuring that patients get the quickest response possible. It should not be underestimated regarding the scale of this change, which affects the entirety of the frontline workforce.

Where possible, NWAS continue to manage lower acuity patients through Hear & Treat and See & Treat, thus retaining ambulance capacity to respond to those patients most in need of an emergency response. To ensure that the PES service remains resilient and sustainable, the Ambulance Commissioning Team continue to work with NWAS in reviewing performance at a North West, County and CCG level, with performance being discussed in detail at performance meetings and the monthly NWAS Contract review meeting.

Handover and turnaround issues are a wider Urgent & Emergency Care system challenge and the focus on managing and mitigating risk is routinely undertaken by the NWAS Board and the SPB. A number of joint initiatives have been instigated to support continued focus and improvement on the management of handover and turnaround times and their impact on service delivery.

Given its importance, a North West Strategic Handover Engagement Group was established in April 2018 with membership from the Ambulance Commissioning Team, NWAS, NHS Improvement, NHS England, Greater Manchester Health & Social Care Partnership and Acute Trusts. The group's role is principally to provide challenge and support to systems and to ensure the sharing of best practice. This included the idea of focused work with key sites.

Six North West sites have taken part in the collaborative improvement programme; "Every Minute Matters" and the so-called 'Super Six' (Aintree, Blackpool, East Lancashire, Lancashire Teaching, Wigan and Wirral) are working together to exploit learning opportunities and the pace of change. The six teams have undertaken interventions that they would not have tried independently and highlighted 21 new concepts that were tested as part of the collaborative programme.

Hospital handover and turnaround performance remains challenged at a number of hospital sites with the average turnaround time for the North West being just over 33 minutes. This has improved significantly since 2017/18 where handover and turnaround was just less than 36 minutes 30 seconds. This time saving (3½ minutes), when considered against the significant number of people transported to hospital, releases an enormous amount of ambulance capacity back into the system to respond to other patients, and has helped NWAS to deliver much improved and resilient service delivery over the 2018/19 winter period

The key focuses for commissioners and NWAS moving into 2019/20 are on-going transformational work which supports the direction set out in the Five Year Forward View, the Urgent and Emergency Care Review and the national framework to deliver Integrated Urgent Care, which will see much closer working with the NHS 111 service and the wider healthcare system.

This will also see further development of the framework to deliver considered clinical decisions as early in each patient's journey as possible with fewer numbers of patients being taken to hospital where a safe appropriate response can be delivered in other ways. Supporting this, will be the roster review which will be implemented over the course of 2019/20 to ensure that resource capacity is available to better match the demand profile seen in PES.

The Trust has also commenced delivery of efficiencies within PES services that come from Lord Carter's review to reduce unwarranted variation in ambulance trusts, and a significant element of this, supported by commissioners, will be the Trust investing heavily in their digital infrastructure over the coming year.

NHS 111 Service

The performance improvement plan that was implemented during 2018/19 was to support delivery of the NHS 111 service both in terms of headline KPIs and support development of plans to create a sustainable service which reflects improved patient experience, wider system working and future requirements within Integrated Urgent Care. NWAS has worked collaboratively with commissioners in implementing actions from the improvement plan, but recovery over the year has taken longer than expected.

In recognising the significantly different service model that is now being delivered, the plan consisted of new initiatives to improve both KPIs and wider system working. Core elements included within the plan were additional call capacity and training support to work collaboratively with providers across the wider system to utilise additional capacity; reducing average call handling times; implementing effective planning for recruitment, training and sickness and supporting staff in their professional development; reviewing clinical calls to look at home management, refused primary care dispositions and early transfer to out of hours; and reviewing activity and processes to ensure that patients receive appropriate information, advice and triage.

The initiative to transfer calls to Out of Hours providers has worked particularly well and is based on a large programme of work across the North West to identify outcome code sets for patients that can be suitably managed by primary care. This has been successfully embedded across the region where the Trust has worked well with the various individual Out of Hours provider organisations to deliver integrated care with these providers on a large scale, and is seen as an exemplar of good practice nationally.

Additionally, the plan looked to embed technical initiatives which have included interactive voice routing and the reconfiguration of the Adastra system will allows SMS (texting) functionality to improve the accuracy and speed with which patients can be provided with information, and other functionality that can be implemented at pace and scale. It should be noted that the Trust were the first to successfully pilot the 'NHS 111 Online' service and this was fully mobilised during July of 2018.

The Trust has a team in place that work closely with CCGs across the region in developing and updating the Directory of Services. This is used by the NHS 111 service to identify local suitable alternatives for treating patients closer to home and can prevent patient unnecessarily attending emergency departments where this is not required.

Commissioners are continuing to work with NWAS to develop and align the requirements of the Integrated Urgent Care specification (including direct booking, validation of high acuity outcomes and further NHS 111 online) and the Trust are delivering these at an accelerated pace of change to further address the performance challenges that have been seen.

In moving forwards, commissioners have set out intention for the further development of NHS 111 services across the North West which will further integrate the delivery of the service with both the 999 PES service and the wider health economy. Included within this are specific intentions to:

- Ensure that clinicians within NHS111, 999 and onward receiving services have access to relevant patients' Electronic Patient Records (EPR) and Special Patient Notes (SPNs).
- Agree the future direction and delivery for NHS 111 services as part of a national integrated urgent care model which will deliver robust and sustainable services in future years.
- Continue to expand new models of delivery, including NHS111 online, direct booking and reducing the number of calls with a higher than required disposition outcome from NHS Pathways and support delivery of the Integrated Urgent Care KPIs.
- Continue with service transformation through CQUIN schemes aligned with the PES service to support delivery of wider transformation with and reduce unnecessary conveyance of patients to emergency departments.
- Engage with and support other providers to maximise the benefits of enhanced virtual integration, improving access to early clinical triage and transfer of appropriate calls to other providers

Patient Transport Service (PTS)

Over the course of the year NWAS continued to manage the PTS contracts for Greater Manchester, Cumbria, Merseyside and Lancashire. Performance across the four contracts held by NWAS has been generally good, with the exception of KPIs relating to call answering which has deteriorated towards the end of the year. This has been addressed through monthly contracting meetings held with NWAS and the position has been improving in the current 2019/20 contract year.

The PTS service and the significant contribution the service makes to the people of the North West is accessing healthcare. Over the course of the year, the PTS service has undertaken in excess of 1.1 million journeys for patients in Greater Manchester, Lancashire, Cumbria and Merseyside. PTS services for p*atients in Cheshire are not provided by NWAS.*

In particular, the PTS service has provided a positive response in the support it has given to the urgent and emergency care system over the winter period in assisting with discharges allowing hospitals to maintain capacity at times of peak demand. Over the course of the year commissioners and NWAS embedded (via CQUIN schemes) an initiative that allowed the PTS service to help in identifying potentially vulnerable patients as PTS staff often have a clear view of the circumstances in which people (frail and elderly people for example) are living. Concerns have been successfully raised during 2018/19 that have allowed the needs of some patients to be highlighted to the wider healthcare system allowing these people to receive the care they need.

In moving forwards, commissioners have developed intentions for the PTS service, which will further develop the service and, specifically, how the service can continue to support the wider Integrated Urgent Care agenda. Intentions for 2019/20 include:

- Ensuring close joint working and alignment of PTS within the wider urgent and emergency care system, maximising the benefit for patients, through a programme of transformation and innovation and in partnership with hospitals and service users within the scope of the commercial contracts that are in place.
- Ensuring that PTS services consistently meet the required contractual KPIs on a sustainable basis.
- Ensuring the service is able to respond flexibly to support pressures at time of peak demand facilitating hospital discharges as may be required.
- Enhancing service delivery from PTS services through seeking the views of Services Users and Health Care Professionals to improve and enhance service delivery.
- Supporting development within the system to maximise adherence to the PTS contract, reducing duplication in double booking, cancellations and aborted journeys and ensuring effective use of other alternative providers where contracts are in place.

Management of Incidents

Commissioners acknowledged the rise in the number of incidents seen by the Trust following the implementation of the Ambulance Response Programme (ARP) and have worked collaboratively with the Trust to improve the investigation and assurance processes in place to manage where incidents occur. Robust management arrangements have been strengthened by NWAS with the implementation of their Review of Serious Events (ROSE) Group, which meets weekly and is chaired by the Trust's Medical Director and/or Chief Nurse. The SPB Patient representative also attends to provide a patient perspective as part of the process.

The ROSE group oversees the reporting and learning drawn from serious incidents and the outputs from ROSE are considered by members of the Quality & Safety Group (Q&S) and the Regional Clinical Quality Assurance Committee (RCQAC). The Quality & Safety Group and the Regional Clinical Quality Assurance Committee review each individual incident and ensure that learning from incidents is embedded within the Trust before the incident is formally closed. The Strategic Partnership Board includes patient representation who also attends the ROSE group to provide a patient perspective of incidents that have occurred. There has been positive engagement with wider North West CCGs and stakeholders. The Trust and Lead Commissioning Team have held two North West quality seminars as part of the engagement and assurance process.

10.2 Clinical Commissioning Groups

NHS Halton and NHS Warrington Clinical Commissioning Groups (CCG)

NHS Halton and NHS Warrington CCGs confirm receipt of North West Ambulance Service NHS Trust annual quality accounts 2018/2019 and noted the Priorities and progress made:

1. Meet the national and local quality delivery and improvement standards for the Emergency 999, 111 and Patient Transport Services and Ensure that patients with life limiting conditions reach their chosen destination as soon as practicable

   Ambulance Response Performance:
   - Cat 1 (7mins) – 7.54 mins
   - Cat 1 (15mins) – 13.19 mins
   - Cat 2 (18mins) – 24.14 mins
   - Cat 2 (40mins) – 52.31mins
   - Cat 3 (120mins) – 108.29 mins
   - Cat 4 (180mins) – 2.43 mins

It was noted that overall calls had increased, and more specifically Activity calls by 5.3% and Hear and Treat calls had increased by 22.3%, it was felt this was a significant achievement by the Trust to have achieved given the demand on service.

2. Enhance the quality of triage, moving the clinical decision as far forward in the patient journey as possible
   - National Quality Indicators are comparable or above national average.
   - Workforce capacity and capability improvements with a clear workforce development and training programme in place.
   - Quality Strategy in 2nd year of implementation.

3. Listening to the views of our patients and stakeholders to improve reliability of care by creating and implementing 'Always Events'
   - FFT scores consistently show food feedback from patients. There is room for improvement in the Urgent Care Desk scores, however, stakeholders recognised this area of work deals with a high volume of calls and prioritisation is essential.
   - Complaints had decreased in emergency services but have increased in patient transport services. Thematic review of trends is consistent in these areas also.

4. Through effective clinical leadership, improve consistency of patient assessment, treatment and decision making
   - Patient safety incidents 90.6% No Harm achieved.
   - Incident reporting has improved.

Halton & NHS Warrington CCGs noted the Trusts Improvement Priorities for 2019 – 2020:

Safety
- Pilot a programme of diagnostic safety culture surveys
- Establish a programme of 'safety' training and education for all relevant staff
- Introduce digital systems for measuring, monitoring and reducing avoidable harm
- Develop our Clinical Audit programme to include audits of appropriate 'safety' practice
- Adhere to our Safety Pillars of Quality improvement trajectories
- Scope how the Trust will reduce identified unwanted variation following the principles of the outcomes from the 'Carter Review'

Effectiveness
- Improved performance against all national ACQI measures
- Approve a suit of local clinical quality improvement measures
- Adhere to our Effectiveness Pillars of Quality improvement trajectories

Patient Centred
- Develop a forum that provides our patients with a 'louder voice'
- Increase the visibility of patients and their stories at board, executive and service line leadership

Governance
- Implement a governance structure to support the implementation of Right Care Strategy

NHS Halton & Warrington CCGs recognise the challenges for providers in the coming year and we look forward to working with the Trust during 2019-2020 to deliver continued improvement in service quality, safety and patient experience and also on strengthening integrated partnership working to deliver the greatest and fastest possible improvement in people's health and wellbeing by creating a strong, safe and sustainable health and care system that is fit for the future.

In Summary

NHS Halton & Warrington CCGs would like to congratulate the trust on the hard work of its staff and their commitment to the care of the people of Halton and Warrington, thanking local staff and managers for their on-going commitment locally and for the opportunity to comment on the draft Quality Account for 2018/2019.

Michelle Creed, Chief Nurse

10.3 Healthwatch

Healthwatch Cumbria

Healthwatch Cumbria is pleased to be able to submit the following considered response to North West Ambulance Service NHS Trust's Quality Accounts Report for 2018-19.

Part 1: Statement on Quality from the Chief Executive

We welcome the commitment to quality and the aspirational tone of the statement and the implementation of the Right Care Strategy incorporating the vision that clinical decisions are taken as early as possible in the patient journey. We also liked the commitment to listen to patient feedback and include them in the designing of improved care provision.

Part 2: Progress with 2018-19 Priorities for improvement and statements of assurance from the Board of Directors

When we reviewed the Quality Accounts for 2017-18 we welcomed the enhancement of the triage process and the embedding of a clinical presence in the Emergency Operations Centres so it is gratifying to see evidence that there has been a positive impact as a result of this, plus additional benefits such as mitigating clinical risks for waiting patients.

We would single two areas out for comment;

1. Given the nature of emergency response and the need for remote support in sometimes challenging situations, the narrative detailing the utilisation of Advance Paramedics, the doctor on call rota and Senior Paramedics to provide the necessary decision making, clinical support and staff leadership provides useful reassurance about the pre-hospital care of the patient.
2. In a similar vein, the risks of out of hospital births are recognised and again the narrative detailing the steps taken to ensure appropriate clinical care and support is available provides helpful reassurance.

Parts 3, 4, 5 & 6

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account we believe the Trust has fulfilled this requirement.

Information received by Healthwatch Cumbria (HWC) from service users and their families and carers regarding services provided by North West Ambulance Service NHS Trust (NWAS) is consistent with the data, statements and comments contained in the Quality Account.

Part 7: 2018-19 Priorities for Improvement

We support the Priorities as described and it is gratifying to note the intention to further involve patients.

Healthwatch Cumbria is also aware that the Trust is actively collaborating with other organisations and listening to public opinion, actions we fully support.

Overall, Healthwatch Cumbria considers this to be a well presented, informative and balanced document and we look forward to seeing future collaborative and partnership working contributing to the delivery of tangible improvements.

Sue Stevenson, Chief Operating Officer

Healthwatch Lancashire

Healthwatch Lancashire is pleased to be able to submit the following considered response to North West Ambulance Service NHS Trust's Quality Accounts Report for 2018-19.

Part 1: Including Statement on Quality from the Chief Executive

We welcome the commitment to quality and the aspirational tone of the statement and the implementation of the Right Care Strategy incorporating the vision that clinical decisions are taken as early as possible in the patient journey. We also liked the commitment to listen to patient feedback and include them in the designing of improved care provision.

Part 2: Progress with 2018-19 Priorities for improvement and statements of assurance from the Board of Directors

We were impressed by the improvements made to the clinical triage process and we would single two areas out for comment;

Given the nature of emergency response and the need for remote support in sometimes challenging situations, the narrative detailing the efficient utilisation of Advance Paramedics, the doctor on call rota and Senior Paramedics to provide the necessary decision making, clinical support and staff leadership provides useful reassurance about the pre-hospital care of the patient.

In a similar vein, the risks of out of hospital births are recognised and again the narrative detailing the steps taken to ensure appropriate clinical care and support is available provides helpful reassurance.

Parts 3, 4, 5 & 6

In accordance with the current NHS reporting requirements, mandatory quality indicators requiring inclusion in the Quality Account we believe the Trust has fulfilled this requirement.

Information received by Healthwatch Lancashire (HWL) from service users and their families and carers regarding services provided by North West Ambulance Service NHS Trust (NWAS) is consistent with the data, statements and comments contained in the Quality Account.

Part 7 2018-19 Priorities for Improvement

We support the Priorities as described and it is gratifying to note the intention to further involve patients.

Healthwatch Lancashire would be pleased to explore any aspect of these with you.

Summary

Overall, we would say that this is a well-balanced document in that it acknowledges areas of improvement needed and details comprehensive actions being taken to further improve patient treatment and care. We welcome these and would like to find ways of supporting the Trust to achieve its aims.

Sue Stevenson, Chief Operating Officer

10.4 Health Scrutiny Committees

Lancashire County Council Health Scrutiny Committee and Healthwatch Lancashire

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2019-20.

Debra Jones, Democratic Services Officer

Sefton Council

Sefton Council reported they will not be commenting on the NWAS Quality Account this year.

Debbie Campbell, Senior Democratic Services Officer

Halton Borough Council

The Health Policy and Performance Board particularly noted the following key areas:

During the year 2018/19 the Board were pleased to note that North West Ambulance Service (NWAS) made progress against the following areas:

- Achieved a CQC overall rating of "Good" for all areas.
- Clinical incidents have reduced since 2017/18.
- Serious incidents reported to commissioners have reduced since 2017/18.

The Board are pleased to note the following Improvement Priorities for 2019 - 2020 and look forward to hearing about progress on these next year:

- **Effectiveness -** Improved performance against all national ACQI measures, approve a suite of local clinical quality improvement measures, adhere to Effectiveness Pillars of Quality improvement trajectories;
- **Patient Centred** - Develop a forum that provides patients with a 'louder voice', increase the visibility of patients and their stories at board, executive and service line leadership;
- **Governance -** Implement a governance structure to support the implementation of Right Care Strategy; and
- **Safety -** Pilot a programme of diagnostic safety culture surveys, establish a programme of 'safety' training and education for all relevant staff, introduce digital systems for measuring, monitoring and reducing avoidable harm, develop Clinical Audit programme to include audits of appropriate 'safety' practice, adhere to Safety Pillars of Quality improvement trajectories, and scope how the Trust will reduce identified unwanted variation following the principles of the outcomes from the 'Carter Review'.

It is difficult to comment further on the Trust's progress during 2018/19 or priorities for 2019/10 without any detailed breakdown of information in relation to Halton only, and in the absence of the actual Quality Account document.

Councillor Joan Lowe, Chair, Health Policy and Performance Board

Healthwatch Cheshire West and Healthwatch Cheshire East

Healthwatch Cheshire feels this quality account broadly reflects the work undertaken by the NWAS service over the period and particularly would like to praise the organisation for its work in the following areas:

- Achieved a 'Good' overall rating in the CQC Report of November 2018
- Aspires to be 'the best ambulance service in the UK'
- The role of the Safeguarding Team and ongoing Safeguarding training.

Specific comments on the report:

- Healthwatch Cheshire has noted that the Trust is not meeting any of the targets for response times for Category 1 to Category 4 response times.
- We felt the report was logically laid out however it was not easy to read. This may, in part, be due to the use of technical terms however, it was felt that plainer language would have made the report more user-friendly.

Emma McKenzie, Administration and Finance Manager

Oldham Health Scrutiny

Thank you for your email of 12 June 2019 concerning the above. This is always an opportunity to pay tribute to the ambulance service for their help and support given to the wider community. Ensuring patients are delivered to hospital in a timely manner is an essential component of the health service. Paramedics are widely recognised as an important aspect of the service able to provide urgent care and compassion on an ongoing basis.

More needs to be done to reduce waiting times at hospital when the ambulance service is forced to wait to hand over patients to accident and emergency so that the service can continue to reduce the time required to respond to emergencies and other requests and consequently reduce the pressure on the ambulance service.

Colin McLaren, Councillor

Appendix 1: Glossary of Terms

ACQI	Ambulance Clinical Quality Indicator
Advanced Paramedics	More highly qualified paramedic staff who also provide clinical leadership and support to their colleagues
Cardiac arrest	A medical condition wherein the heart stops beating effectively, requiring CPR and sometimes requiring defibrillation
Care Bundle	A set of actions expected of ambulance staff in specific clinical circumstances. The completeness of the response is measured as a Clinical Performance Indicator (CPI)
Chain of Survival	The process to ensure the optimum care and treatment of cardiac arrest and heart attack patients at every stage of the pathway
Community First Responder (CFR)	A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance
Complementary Resources	Non ambulance trust providers of potentially life-saving care, e.g. CFRs St John Ambulance, Red Cross, Mountain Rescue, Air Ambulance
CCG	Clinical Commissioning Group
CPR	Cardio Pulmonary Resuscitation
CQC	Care Quality Commission - The independent regulator of all health and social care services in England.
CTB	Call to Balloon – the time taken from receipt of the 999 call to the administration of PPCI
CTD	Call to Door - the time taken from receipt of the 999 call to the arrival at a definitive care department such as a Stoke Unit
CTN	Call to needle – the time taken from receipt of the 999 call to the administration of thrombolytic clot busting drugs
Defibrillator (also AED)	Medical equipment to provide an electric shock to a patient's heart which is not functioning properly
Emergency and Urgent Care (E&UC)	999 and Urgent Care services
Emergency Operational Control (EOC)	Ambulance Control Centre that receives and responds to 999 calls and other call for ambulance service assistance
FAST	A simple test for the presence of a stroke – Face, Arms, Speech, Time
IPC	Infection Prevention and Control
Myocardial infarction (MI) or Heart attack	A medical condition wherein the coronary arteries of the heart are blocked leading to (acute pain and) an immediate risk to life
NHSLA	NHS Litigation Authority
NWAS	North West Ambulance Service NHS Trust
PALS	Patient Advice and Liaison Service
Paramedic	A state registered ambulance healthcare professional
Paramedic Emergency Service (PES)	999 Emergency ambulance service
Paramedic Pathfinder	NWAS initiative to enable paramedics and advanced paramedics to make considered clinical judgments about the next care pathway to be used for an individual patient's needs
Patient Transport Service (PTS)	Non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.
PPCI	Primary Percutaneous Coronary Intervention – treatment of a MI through immediate surgical intervention
ROSC	Return of Spontaneous Circulation
STEMI	ST Elevation Myocardial Infarction – A life threatening heart attack
Stroke	Blockage or bleeding of the blood vessels in the brain that can lead to death or disability
Thrombolysis	Medical treatment to break up blood clots in the case of MI or stroke.
Utstein	Cardiac arrest and CPR outcome reporting process

Appendix 2: Contact Details

If you have any questions or concerns following reading this report please do not hesitate to contact the Trust.

We can be contacted at:

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North West Ambulance Service NHS Trust

REPORT

Board of Directors	
Date:	31/07/19
Subject:	CQUIN Implementation (FY19-20)
Presented by:	1. Maxine Power: Director of Quality, Innovation and Improvement 2. Carolyn Wood: Director of Finance
Purpose of Paper:	For Decision
Executive Summary:	The NHS Ambulance Service CQUIN (2019-20) focuses on DIGITAL with a primary end point that by Q4 at least 5% of patients seen by PES crews will have evidence that the crew accessed their clinical records to better inform their care outcome. The value of the Digital CQUIN to NWAS is £2.6m. NWAS have agreed with commissioners that CQUIN will be paid according to milestones derived from three areas: 1. Delivery of the digital strategy goals in Y1 2. Scale up of the data consumption proof of concept 3. Behaviour change focussed on See and Treat The purpose of this paper is to describe the requirement for item 2 – scale up of the data consumption proof of concept. The full portfolio of CQUIN milestone updates will be monitored by EMT and resources committee. Behaviour change is described in the large scale improvement paper previously approved by EMT (19/6/19) and will be monitored by EMT and Quality and Performance Committee. Assurances will be provided to board via committee chairs. Scale up of the proof of concept data consumption programme requires us to connect to the data sources held by our STP footprints (via LPRES and Graphnet), adjust the licence agreements for the Orion portal, work on a business case for a long term solution to replace Orion and deliver the technical (IT) requirements for connectivity, login, information governance and IT security. The total forecast costs for 2019/20 are non-pay £481,860 and pay £154,700.
Recommendations, decisions or actions sought:	Trust Board are asked to: 1. Note the agreement with commissioners to deliver CQUIN updates based on the three areas. 2. Approve funding of £481,860 for:

	• Servers and licences to enable connection to the LPRES and Graphnet portals for long term access to integrated health data. • Adjustment of the licence agreements for Orion portal from individual to concurrent. • Additional data for the GeTAc devices. 3. Approve funding of £157,700 for the additional resource required for programme management, IT and IG.			
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:	**EMT - Data Consumption - CQUIN**
Date:	**19th June 2019**
Outcome:	**Revise and re-submit**

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1. PURPOSE

The purpose of this paper is to request approval from the Trust Board to utilise Trust funds to scale up the data consumption proof of concept programme which will enable us to deliver key milestones of the CQUIN (19-20) to be agreed with commissioners in July 2019.

2. BACKGROUND

2.1 The NHS CQUIN (2019-20) focuses on DIGITAL with a primary end point that by Q4 at least 5% of patients seen by PES crews will have evidence that the crew accessed their clinical records to better inform their care outcome. The value of the Digital CQUIN is £2.6m. The agreement between NWAS and lead commissioners is that Q1 of the CQUIN will be payable to support the development of the digital strategy and infrastructure to deliver the CQUIN. A formal agreement of the content, timelines and deliverables is required for the next Strategic Partnership Board (July 19) for the remaining payments to be made. NWAS have agreed with commissioners that the content of the digital CQUIN can be locally agreed and that national guidance can be flexed to our local requirements. At a meeting of NWAS and Commissioners 3rd June 2019 it was agreed that the CQUIN agreement would focus on three areas:

Digital Strategy – evidence of a clear and affordable digital strategy which provides clarity about the overarching aims of the organisation, its key deliverables (in years 1-3) and how this aligns with the specific requirement of the CQUIN

Access to Data on Scene – clarity about how the NWAS approach (agreed with NHSE) will deliver the required outcome in a resilient and equitable way so that patients in each CCG will have access to the same service.

Scalable Implementation plan – clarity about how the programme of data consumption will be scalable across the whole NWAS geography within one year. The Trust Digital Strategy includes the key work-stream of data consumption which mainly takes the form of the patient information portal.

2.2 The full portfolio of CQUIN milestone updates will be monitored by EMT and resources committee. Behaviour change is described in the large scale improvement paper previously approved by EMT (19/6/19) and will be monitored by EMT and Quality and Performance Committee. Assurances will be provided to board via committee chairs.

2.3 NWAS' digital strategy was approved by the Trust Board of Directors at their May 2019 meeting. Within this strategy, a number of digital work-streams were identified as priorities for delivery within 2019/20. Increased consumption of patient information to improve clinical decision making at scene and over the phone, was included and agreed as one of these priorities.

2.4 The digital strategy included indicative and known costs for a number of key elements and work-streams (appendix D of the strategy); however, when the strategy was written the costs associated with increased data consumption were not known; although it was acknowledged that the national

2019/20 PES CQUIN is focused on improving access to patient data at scene and is divided into two key elements:

Assurance: requires achievement of NHS Digital's assurance process for enabling access to patient information on scene, by ambulance crews via one of the four nationally agreed approaches.

Demonstration: requires the achievement of 5% face to face incidents resulting in patient data being accessed by ambulance staff on scene.

2.5 EMT have agreed that in 2019/20, our strategic intention to increase data consumption will be addressed as a priority through the Patient Information Portal (PIP) programme. A paper titled "CQUIN PIP-digital strategy-commissioner explanation- V2" outlining the full scope and requirements of the 2019/20 CQUIN was reviewed by EMT on the 22nd May 2019.

3. CQUIN PROPOSAL 2019/20 (Access to patient information on scene)

3.1 The following sections outline how we propose to utilise CQUIN to support the development of the technical requirements to enable increased patient information through developing interoperable links with providers across the North West using a Patient Information Portal (PIP) approach.

3.2

Patient Information Portal (PIP)

As part of the Transformation Programme in 2018/19, a proof of concept has enabled frontline clinicians to have access to the primary care record via the Orion portal. The Orion portal allows clinicians to view the GP record via a secure web link using a username and password. This functionality will be available via the GeTAC devices but will require clinicians to log into workspace one and also Log in to Orion before they can access the record and will connect to a wider pool of data (via LPRES and Graphnet) than previously available, aligning us with the long term strategy of the STP's and NHS Digital. Once in the record the clinician can view the patient data from primary, secondary and social care. In the future referrals will also be made through the portal. Our intent is to use the Orion portal to scale access to patient information during FY19-20. However, we will also need to produce a full business case and follow a full procurement exercise to procure a portal provider from Q1 20-21. This work will commence in Q2 FY 19-20.

In 03/04/19 EMT received a paper outlining the benefits realisation and proposed next steps for the Orion PIP proof of concept and approved a one year extension to the Orion PIP contract to the value of £47,000 using CQUIN funding, to support the delivery of our data consumption strategic intentions in 2019/20.

3.3

Data Sharing

A central concept of our digital strategy is the use of data to gain better insights which in turn result in safer, more effective, patient centred care. As part of our digital strategy implementation we have been working with NHS England and the four STP leads to develop a collaborative approach to securely consuming (viewing) and contributing patient data (via EPR) across the North West. The agreed approach is to use the Local Health and Care Record Exemplars (LHCRE's) to provide the required Interoperability to allow the secure sharing of data.

3.4

Patient Care Records:

Using LHCRE's to access information rather than the Summary Care Record (SCR) was the recommended approach by all parties within the NWAS/STP working group. It was recognised that

LHCRE approach provides additional benefits to both NWAS and STPs, but for NWAS there are five key benefits:

- **Data accuracy** - The data held within the LHCRE's is real time whereas the data held in the SCR is updated periodically. This means that if using the SCR a clinician may be making decisions based on out of date information.
- **Wealth of data** – The SCR provides specific data sets from the GP record. The LHCRE's will provide us with all data from the GP records and specific data from acute, mental health, social care and cancer records. Through a portal we could then manipulate this data to ensure the clinician is viewing the most relevant data for that patient.
- **Technical connectivity** – The SCR requires smart cards to access the data whereas the LHCRE's require log in details. Currently our Getac devices are not set up to read smart cards and the work involved in doing that would be significant.
- **Interoperability** – consuming and contributing data through one source would be an efficient use of resources. We recognise that at this time we are not able to contribute records but will work with the LHCRE's to do so when our ePR is live.

3.5

- **Sharing records** – the LHCRE's would allow us to share records with NHS primary care and acute providers.

Scaling our Patient Information Portal:

We will expand the patient information portal (PIP), delivered as part of the Transforming Patient Care programme, to access the LHCRE records to clinicians on the road via the GeTac devices by Q4 FY 19-20. Our work will focus on solving known issues which surfaced from the pilot including: wireless mobile blackspots; logins; and complexity of data views. These issues will be resolved through a series of working groups, supported by the See & Treat Collaborative. NWAS are testing options for single sign on to ensure the PIP is user friendly from day one. Within year three of the digital strategy the PIP

3.6 will be fully integrated with ePR for clinicians on the road and Adastra for clinicians in the Clinical Assessment Service (CAS).

Scale up of the proof of concept data consumption programme requires us to connect to the data sources held by our STP footprints (via LPRES and Graphnet), adjust the licence agreements for the Orion portal, work on a business case for a long term solution to replace Orion and deliver the technical (IT) requirements for connectivity, login, information governance and IT security. The total forecast

3.7 costs for 2019/20 are non-pay £481,860 and pay £154,700. Full details of costs are provided in 5.2 and 5.7.

Achieving 5%:

Our ambition is that by Q4 FY 19-20 5% of our face to face contacts will be delivered by clinicians who will access the record via the Orion Portal to inform their clinical decision. This change in practice is significant and will require the use of improvement methods to build the will for change and overcome some of the technical and environmental challenges of using electronic devices in 'real world' practice settings. These settings differ greatly from our office and home settings.

4. CQUIN PAYMENT MILESTONES

4.1 Following discussions with the commissioners CQUIN payment milestones have been aligned to the monitoring of the progress of the key digital programme during 2019/20 to mitigate financial risk associated with aligning all milestones to the patient information portal.

The milestones are shown in the table below.

	Q1	Q2	Q3	Q4
PIP (patient information portal)		Progress against implementation plan	Progress against implementation plan including lessons learnt to inform business case	Business case
Getac roll out		Quarterly Progress report	Quarterly Progress Report	Quarterly Progress report
EPR phase 1 (ePRF)		Quarterly Progress report	Quarterly Progress Report	Quarterly Progress report
Unified comms set up		Quarterly Progress report	Quarterly Progress Report	Quarterly Progress report
Power BI		Business case	Implementation plan	Implement
Office365 Business case			Business case Implementation plan	Quarterly against progress plan
Data & Measurement		Draft Digital dashboard		
CQUIN (proposal agreed as part of contract longstop)				
CQUIN Payment Value Total £2,606,300	£651,575	£651,575	£651,575	£651,575

Table 1 – Milestone Plans

These milestones are currently under review by Strategic Partnership Board members and will be agreed at the July SPB meeting. They may therefore be subject to minor amendments.

5. PLANS and COSTS

5.2 This implementation plan identifies a number of non- pay costs associated with project delivery (figure 1):

Non -pay costs - Patient Information Portal

Cost type	Requirement	Resource	Actions required	Cost (including VAT)	Timeframe
Long term strategic costs	LPRES infrastructure	2 sets of servers and all licenses		£90,000	Q2
	LPRES licence	A recurrent license	1. Waiver to be signed	£37,200	Q2
	Graphnet licence	A recurrent license	1. Waiver to be signed	£36,000	Q1
Orion specific costs	Migration of Orion onto Azure	Orion health	Discussions ongoing to reduce cost	£36,000	Q1-Q4
	Orion concurrent license model	Orion health		£171,000	Q1-Q4
	Consultancy Requirements*	Consultancy		£27,660	Q1/Q2
NWAS technical costs	Additional data	Increase the data on GeTac devices from 500mg to 2gb		£84,000	Q2
	Total			**£481,860**	

Table 2 – non pay costs

5.3 LPRES and Graphnet are local shared care records that would allow clinicians to access patient records in 26 out of the 31 CCG's. GP records, acute records, social care records and mental health records are available within LPRES and Graphnet. This data would be viewed through the patent information portal supplied by Orion, on the Getac devices. In order to ensure clinicians have consistent access to the patient information portal in areas with limited WiFi connectivity, the data sims on the Getac devices will need to increase from 500mg to 2gb.

5.4 *The consultancy costs identified in figure 1 cover the additional support required and includes:

- Portal development – to produce a specific landing page which will display the appropriate patient information to support clinical decision making.
- Informatics and reporting – increased reporting to understand how the portal is being used and what information clinicians are accessing.
- Project management – to ensure that the above is delivered within the timescales required to meet the CQUIN milestones.

Due to the nature of the support required it is proposed that Orion, the provider of the current pilot portal, be engaged to provide these consultancy services. Advice has been sort from the Trust procurement team and all efforts have been made to ensure that this additional support will not give Orion any advantage over any potential competitors for the permanent portal solution.

5.5 **See & Treat Collaborative**

Utilisation of the Orion patient information portal pilot during the proof of concept has been inconsistent and there is a concern that if current trends continue NWAS will not meet the CQUIN target of 5% of records viewed on scene. Whilst clinicians utilising the portal have expressed real benefits, a number of practical issues have also been identified which may prevent full utilisation of a patient information portal on the frontline if not addressed.

Whilst this proposal outlines our approach to developing the technical solutions required to deliver the first element of the national CQUIN, it must also be noted that the second CQUIN element, to achieve 5% of face-to-face incidents having accessed patient records, will not be possible without the involvement of the clinicians using the solution. Through adopting robust quality improvement methodology we aim to work collaboratively with clinical staff on the ground to design and test solutions to practical issues which may prevent individuals from accessing patient data to support decision making.

It is therefore essential that the PIP CQUIN programme is aligned to the overarching see & treat collaborative to support the testing of routine access to records with frontline staff in identified pilot areas. For example, the see & treat collaborative will provide focussed testing around a number of issues associated with using digital solutions in frontline environments such as:

- Charging devices off the docks (to ensure Getacs are constantly charged)
- Logging into devices whilst wearing surgical gloves
- Identifying surfaces for devices to sit on (this is applicable whether it is GTAC or any other device)
- Finding the right way to carry devices and all the other required equipment into the job (which may mean not taking other equipment)

Clinical input will also be essential when designing the portal landing page to ensure the patient information is provided in a useful format and in an appropriate quantity. It is only through local testing via the S&T collaborative that we will establish an effective solution for accessing patient records at scene, which should in turn support improvements in S&T.

The costs associated with supporting the S&T collaborative were presented to EMT in a separate paper and agreed in principle on 19th June 2019 alongside an outline of the benefits of initiating an S&T collaborative using quality improvement methodology using CQUIN funding.

5.6 In addition, there are a number of pay costs required to deliver the implementation plan and the milestones outlined in "CQUIN PIP-digital strategy-commissioner explanation- V2." These pay costs are associated with the roles outlined in the proposed project resource structure in figure 2 below:

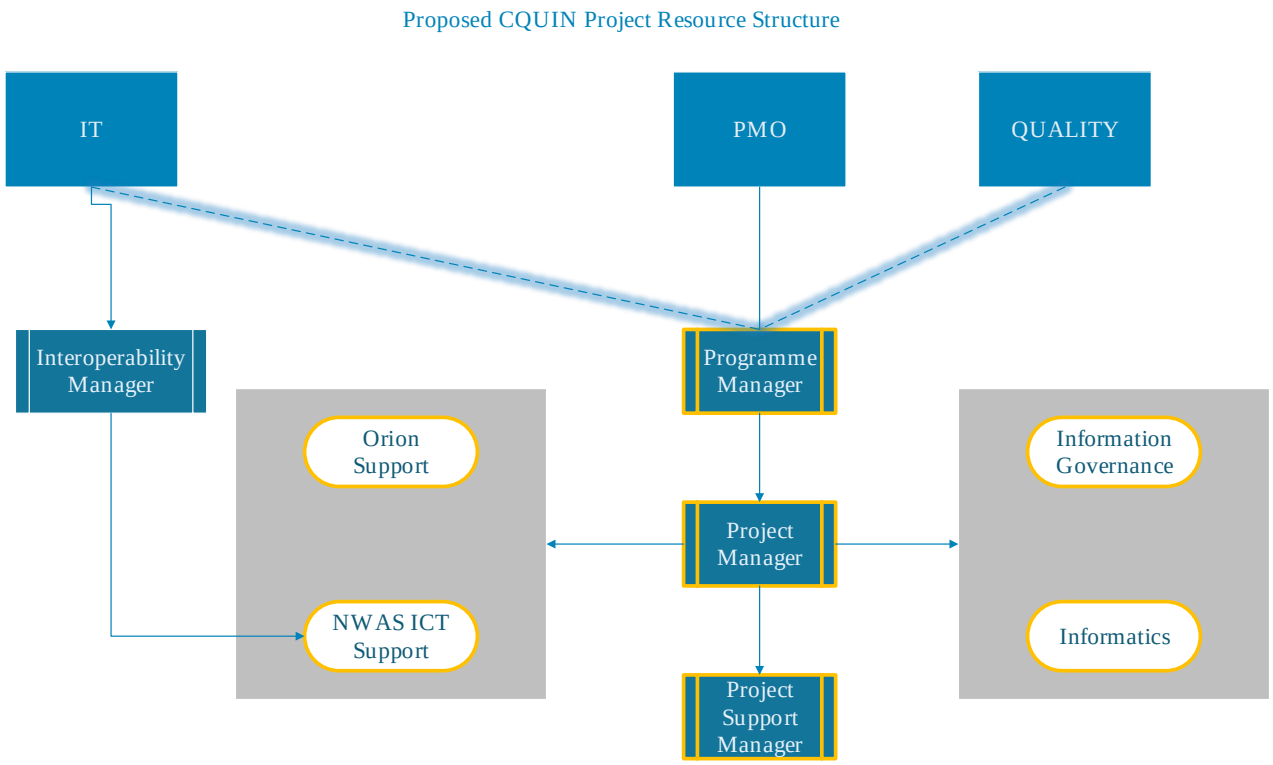

Fig 1– proposed structure

5.7 The roles outlined in yellow are the roles that would require funding through CQUIN as outlined in figure 3 below:

Internal Staff Resource				
Requirement	**Resource**	**Actions required**	**Cost**	**Timeframe**
PMO	Programme Manager (B7)		£34,900	Q2 - Q4
PMO	Project Manager (B6)		£29,000	Q2 - Q4
PMO	Project Support Manager (B4)		£23,100	Q2 - Q4
ICT	Level 2 engineer (B6)		£38,700	Q1 - Q4
Informatics	Business Analyst (B6)		£29,000	Q2 - Q4
IG	IG officer (B6)		£5,600*	

Total			£154,700	

Table 2 – pay costs

****Based on overtime costs provided by MIAA.***

5.8 In order to prevent further delay to the commencement of the PIP programme, this paper requests approval of the associated spend. In addition, the paper requests EMT approval of the proposed project structure and governance arrangements which will support the delivery of the PIP programme.

6. FUNDING SOURCE

As indicated in Appendix D of the Digital Strategy all costs associated with the Patient Information Portal will be allocated to CQUIN 2019/20 funding.

7. FULL BUSINESS CASE

7.1 2019/20 CQUIN funding will support the extension of the Patient Information Portal proof of concept in order to meet the CQUIN milestones. In order to procure a permanent Patient Information Portal solution, a full business case will also need to be developed by the PIP project team and submitted to EMT by Q3 2019/20.

7.2 The business case will provide the recurrent costs associated with a permanent solution, including not only the cost of the portal but all elements that make viewing the data possible e.g. the additional licences, servers, mobile data and other elements such as the Rhapsody Integration Engine, training etc.

7.3 There are a number of procurement routes that can be explored; all options will require a specification of requirements.

We are aware of the potential challenges in procuring a permanent portal so we will ensure that the portal developed in 2019/20 does not become too "bespoke" and does not create unjustified obstacles to opening up full procurement to alternative providers other than Orion.

7.4 This is to mitigate the risk of alternative suppliers, if unsuccessful, challenging the Trust on the grounds that it has acted in breach of its obligations under the procurement regulations.

7.5 Therefore, the specification developed as part of the business case will describe a certain output; the way in which this is done may vary from one supplier to another.

8. RISKS and CONSTRAINTS

The following constraints have been identified which may impede our progress in achieving our digital ambitions within the first year:

- Connectivity: within the North West there are numerous recognised Wi-Fi blackspots, in which clinicians would not be able to access the patient information portal. NWAS are working with STP's to develop solutions to overcome this issue.
- Integrated Business Plan (IBP): conflicting organisational priorities within the Trust's IBP may restrict available resource and capacity.
- Missing coverage: currently Share2Care and GM Graphnet have data sharing in place with 26 out of the 31 CCGs. We are currently working with Share2Care and Graphnet to understand when the additional CCG's will be included. However at this moment in time we would not be

able to access patient data from the 5 outlying CCG's. This constraint may specifically impact the PIP programme.

9. CQUIN OUTPUTS

9.1 In summary, we are proposing that the 2019/20 CQUIN funding, amounting to £2.6 million to support digital, will produce the following outputs:

- Technical Patient Information Portal solution will be scaled to 31 CCGs across NWAS footprint by Q4
- A full business case for the procurement of a permanent Patient Information Portal by Q4 to provide a sustainable platform for accessing patient information
- Access to patient information in face to face environments will be fully integrated into the clinical workflow to enable safe see & treat by working closely with frontline clinicians to overcome practical, technical and cultural challenges.
- Collaborative improvement with healthcare partners such as STPs and CCGs to improve digital capability and interoperability
- A digital dashboard to measure progress against key deliverables, digital priorities and investment as proportion of total budget outlined within the digital strategy and CQUIN proposal
- Robust and structured assurance and governance to ensure sustainable delivery of our digital priorities

10. LEGAL and/or GOVERNANCE IMPLICATIONS

10.1 A proposed governance structure has been developed to support delivery of the PIP programme (figure 4). This incorporates both the external (CQUIN) processes and the planned internal structure including the creation of the Corporate Programme Board.

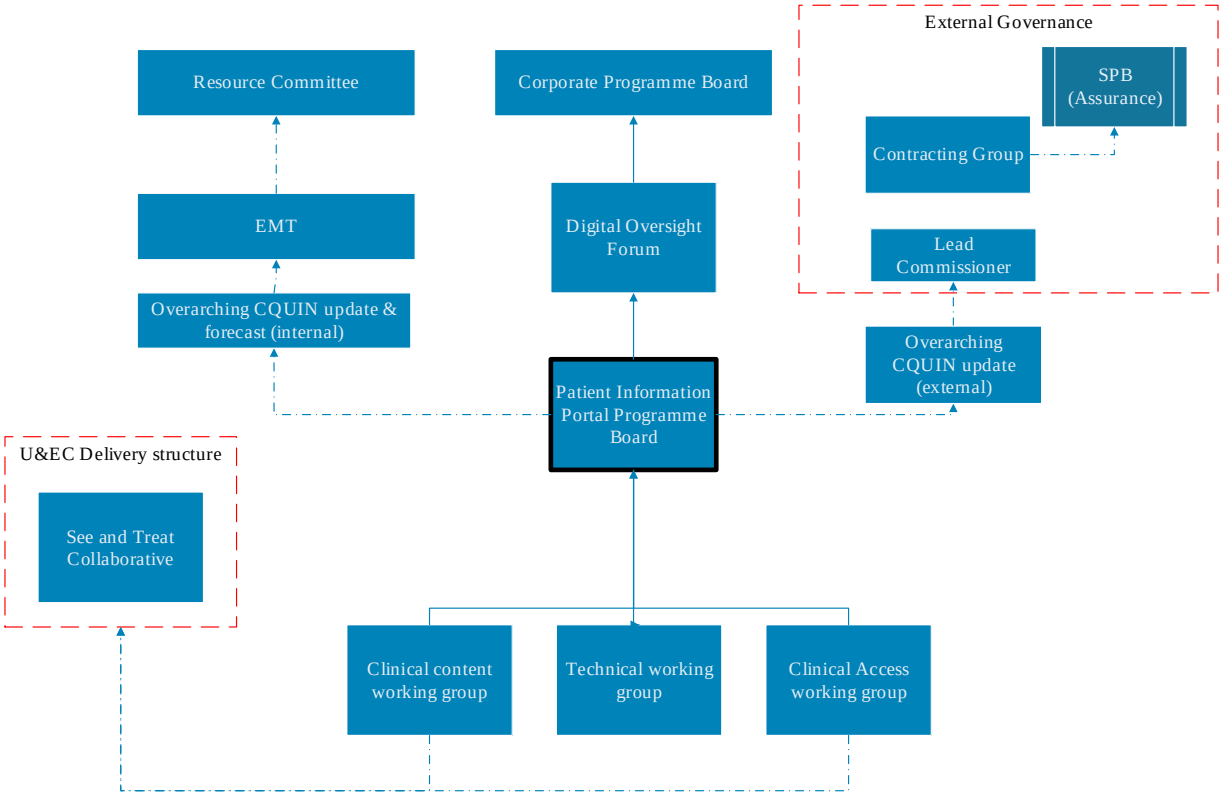

Fig 4 – Governance structure

11. RECOMMENDATIONS

The Trust Board are asked to note the agreement with commissioners to deliver CQUIN updates based on the three area and approve funding of £481,860 for

- Servers and licences to enable connection to the LPRES and Graphnet portals for long term access to integrated health data.
- Adjustment of the licence agreements for Orion portal from individual to concurrent. Additional data for the GeTAC devices. Approve the project delivery structure
- Approve funding of £157,700 for the additional resource required for programme management, IT and IG.
- Approve to the project governance structure.

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North West Ambulance Service NHS Trust

REPORT

Board of Directors									
Date:	31/07/2019								
Subject:	2019 CQC inspection Progress Report								
Presented by:	Director of Quality Improvement and Innovation								
Purpose of Paper:	For Assurance								
Executive Summary:	Although not yet confirmed, NWAS is still assuming that it will receive a CQC Inspection of Well Led and, as a minimum, the Core Services of Patient Transport and NHS 111, during 2019. This report provides the Quality Committee with an update of the current progress the Trust is making to ensure it remains, as a minimum, a GOOD CQC rated organisation, whilst continuing its journey to becoming OUTSTANDING. This report provides further details under the following headings; • Teams, Roles & Responsibilities. • CQC meeting schedule • Additional Board level Involvement • System Intelligence • Knowledge Management (SharePoint) • 2018 CQC Inspection report • Sector Level Quality Visits • Private Ambulance Providers • CQC Rating Self-Assessment • CQC Relationships and Engagement Plan • Risks								
Recommendations, decisions or actions sought:	The Board of Directors is recommended to: • Note the assurances provided by 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:	

Previously Submitted to:	Quality & Performance Committee
Date:	15/07/2019
Outcome:	Recommended to progress to the Board

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1. PURPOSE

1.1 The purpose of this paper is to provide assurance to the Board of Directors by summarising the work that continues in the lead up to the 2019 CQC inspection.

2. BACKGROUND

2.1 NWAS was notified on 13/03/18 that its Provider Information Return (PIR) was required to commence the 2018 CQC Inspection process.

2.2 The CQC conducted two unannounced Emergency & Urgent Care, Emergency Operational Control and Resilience Core Service Inspections in the Greater Manchester and Cheshire & Merseyside areas during the week of 11-15/06/2018 and in the Cumbria & Lancashire areas during the week of 18-22/06/2018

2.3 The CQC conducted an announced Well-Led Inspection during the week of 02-06/07/2018.

2.4 The latest NWAS CQC Inspection report, with an overall rating of 'Good', was published on 27/11/2018.

2.5 To date, NWAS has not received a PIR, which is required to commence the 2019 CQC Inspection process.

3. Current Position

3.1 2019 CQC Inspection

3.1.1 It is still assumed that at least two of our core service will be inspected during 2019, as our Patient Transport and NHS 111 Services will be due their 3 yearly inspections, following the overall 'good' rating they both received during 2016.

3.1.2 It is likely that the Hospitals Directorate of the CQC will conduct an Inspection of our Well Led arrangements and our Patient Transport Services during the next inspection.

3.1.3 It is also likely that the Primary Medical Services Directorate of the CQC will conduct an Inspection of our NHS 111 Services during 2019.

3.1.4 In anticipation of the PIR request a number of groups have been set up with clear roles and responsibilities.

3.2 Teams, Roles and Responsibilities

3.2.1 The Trust currently has a temporary but dedicated core team structure in place to ensure that the co-ordination and the completion of our CQC Inspection requirements continues on a regular and sustained basis.

3.2.2 Arrangements are also in place for this core team to be flexed at a time whenever a CQC Inspection is initiated.

3.2.3 These arrangements are described in the table below;

NAME	ROLE
Maxine Power Chris Grant	Lead Executive Directors Responsibility for providing Board and EMT transparency and assurance
Neil Barnes	Lead Senior Manager Single point of contact for the CQC Chair of the CQC steering group Production of update reports for EMT, Quality & Performance Committee and Board of Directors
Colin Whiley	Core Team Lead Supporting the Trust's CQC arrangements and lead for handling day to day enquiries Single point of contact for Service Lines and Directorates Lead for the coordination of the completion of all Sector Level Quality Visits (SLQV). Assist in the review of private ambulance provider arrangements. Review of the process for daily vehicle checks and the required supporting documentation.
Rizwan Patel	Core team member and knowledge management Lead Maintenance and development of the Trust's knowledge management system (SharePoint). Deliver SharePoint training to Executive, management and administration leads. Coordination and collation of information required for the RPIR submission. Assist with the completion of CQC day to day enquiries
Angela McKeane Steve Bell Mandy Lynagh	Available to join the core team once a CQC Inspection process is initiated
Kathryn Goldthorpe Mike Jackson Janet Paul Richard Morris 111 Representative	Available as additional support to the core team once a CQC Inspection process is initiated

3.3 **Meeting Schedule**

3.3.1 A comprehensive meeting schedule has been agreed, however, it is recognised that meeting types and frequency will increase when a CQC Inspection process in initiated. The current arrangements in place include;

Board of Directors meeting reports
Board of Directors development sessions (as required)
Quality Committee meeting reports
Executive Management Team meeting reports and sessions
CQC Steering Group meetings (Monthly)
Executive Director update meeting Bi-(Weekly)
Core Team meeting (Weekly)

4. Additional Board Level Involvement

4.1 A 3 month (August to October) programme of work will be develop and shared with Board members, which will include;

- Completion of 2018 Inspection 'Should Dos' via Board Committees
- Completion of PES Quality visits with overview of key themes
- Completion of EOC/PTS/111/HART/NWAA Quality visits
- Completion of H&S 'Snap Shot' visits with overview of key themes
- Completion and dissemination of the Trust's (P3) Quality Statement
- Completion of the Trust's CQC rating self-assessment process
- Review and dissemination of the NED interview documentation
- Mock interview programme
- Refreshment of the CQC Toolkit
- Staff Publications on key areas
- Use of system intelligence to ensure NEAS compliance
- Further development sessions as required.

5. System Intelligence

5.1 We are aware that nationally there is significant activity currently taking place in terms of Ambulance Service CQC Inspections. We are also aware that the CQC are looking for Ambulance Specialist Advisors for the end of September/beginning of October 2019. The following Trusts have had their Inspection reports published;

- North East – 10 January 2019 – Good
- London – 7 February 2019 – Good (Outstanding for Caring)
- East Midlands – 17 July 2019 – Good (Outstanding for Caring)

5.2 Our intelligence network has discovered that particular focus has been pointed towards the lines of enquiry listed below:

- A risked based approach to inspecting areas that had previously not been completed well.
- Small teams of Inspectors/Specialist Advisors/Pharmacists across the Trust.
- Broad service wide questioning of senior leaders rather than Directorate specific
- Quality assurance and compliance checks carried out on private ambulance providers.
- The use of 'safeguarding scenarios' for front line staff aimed at testing knowledge and ability.
- PTS specific: Leadership, IPC, Safeguarding, Training & PADR completion.
- Communication lines from control to crews & vice versa.
- Supporting PES/PTS crews with mental health issues
- Learning from incidents and how lessons are shared in their organisation and put into wider training.
- Quality improvement strategies/projects.

6. Knowledge Management (SharePoint)

6.1 Our knowledge management system (SharePoint) clearly clarifies the documentation requirements of each Directorate and the responsibilities of each Executive Director.

6.2 SharePoint has now been fully configured in preparation for the 2019 PIR request and each Directorate has a dedicated section where relevant documentation against their designated requirements can be uploaded.

6.3 Refresher and new training has taken place with Executive Directors and their nominated accountable managers and administrators.

6.4 Once draft documentation is uploaded onto the system, automatic workflows will be enacted so that all documentation will be approved at an Executive Director level before it is finally quality assured by the Trust before submission to the CQC.

6.5 Each Executive Director is currently being asked by the team for evidence of activity to be uploaded onto the system and the system will clearly identify completion rates by Directorate.

6.6 To provide a level of assurance of the activity taking place in this area, a comprehensive presentation has recently been provided to the Executive Management Team by the Deputy Director of Quality.

7. 2018 CQC Inspection Report

7.1 During our last routine CQC inspection 13 ‘Should Do’ actions were identified, as at Appendix 1.

7.2 Each of these 13 actions has been assigned to an Executive Director lead (with their knowledge and agreement). Each of these actions has also been assigned to a Committee of the Board (either the Resources Committee or the Quality and Performance Committee), where further scrutiny of completeness can be demonstrated, if required.

7.3 Out of the 13 ‘Should Do’ actions, 5 are completed, 4 have been completed but require continual action and four are being worked on but are yet to be completed.

7.4 To provide a level of assurance of the activity taking place in this area, a comprehensive presentation has recently been provided to the Executive Management Team by the Deputy Director of Quality.

8. Sector Level Quality Visits (SLQVs)

8.1 SLQVs continue to be progressed within the Paramedic Emergency Service area of the Trust. A significant number of visits have been completed and a full schedule of outstanding visits is in place.

8.2 An increased impetus is now being requested for SLQVs to be completed with the Patient Transport, NHS 111, HART, Air Ambulance and EOC services of the Trust.

8.3 To provide a level of assurance of the activity taking place in this area, a comprehensive presentation has recently been provided to the Executive Management Team by the Deputy Director of Quality.

9. Private Ambulance Providers

9.1 Intelligence would strongly suggest that the CQC intends to explore our subcontracting arrangements with our private ambulance providers. This theory is based on sound rationale.

- CQC published a paper called "The state of care in independent ambulance services". This report was published in March 2019. Within this paper a number of concerns were raised that fall into the regulatory powers of the CQC. Furthermore, a number of other issues were identified that fall outside of their regulatory powers. They are exploring ways in which that lack of oversight and regulatory gap can be addressed.

- Within the report they stated "*We acknowledge that there is a tendency for commissioning decisions to focus on financial rather than quality indicators, often with poor contract monitoring arrangements in place. As a result, we will be strengthening our assessment of how NHS trusts that have a subcontracting arrangement in place make sure that they have systems for monitoring performance and quality*".

- Intelligence from our neighbouring Trust suggested that particular interest was focused on their subcontracting arrangements with private providers and quality and assurance checks during their last inspection.

9.2 Currently NWAS subcontracts to 16 private ambulance providers.

9.3 The Trust has arrangements in place with a third party company to regulate and recommend appropriate providers, via a strict framework and inspection process.

9.4 For added assurance, once a provider has been recommended to the Trust, NWAS will Inspect the provider themselves before they are given permission to work on behalf of the Trust.

9.5 Regular (at least annual) quality and assurances checks also take place and comprehensive reports are compiled and stored within our knowledge management system.

9.6 Where evidence of failing to comply with our contractual agreements, breaches in terms of safety or substandard patient care, contractual arrangements are suspended until the issues are addressed.

9.7 In addition to this suspension we also share our reports with the CQC. This has a two pronged approach as it not only serves the purpose of reassuring the CQC that our quality and assurance checks are robust but it also serves to protect all patients, regardless of their geographical location.

9.8 Currently, the Trust has completed numerous checks on subcontracted private ambulance providers and it is anticipated that all of our annual inspections will be completed by the end of August 2019.

9.9 In addition to announced inspections our contract allows us to also carry out random unannounced quality and assurance checks on any ambulance vehicle being used on our behalf.

10. CQC Rating Self-Assessment

10.1 Each key Service Line (PES/EOC/RESILLIENCE/PTS/111) are currently undertaking a CQC rating self-assessment exercise.

10.2 Once these have been completed a session with the leads from these self-assessment exercises will be arranged (early September) with the EMT to confirm an overall position for the Trust. The EMT will also be in possession of the Trust's draft Quality Statement to assist in informing the decision making process.

10.3 Once the EMT have agreed on a final draft self-assessment position the Board of Directors will be requested to approve the final position submitted to the CQC at their meeting on 25/09/2019.

11. CQC Relationships and Engagement Plan

11.1 Although the Trust has regular engagement with its CQC Inspectors over the telephone and via email, we are continuing to try and develop our face to face relationships, via a structured 'engagement plan. The Trust has identified a number of opportunities for our CQC Inspectors to visit the Trust and learn more about us which will be discussed further at our next planned meetings, as follows;

05/08/2019 – Meeting with Director of Quality, Innovation and Improvement
08-10/2019 – Various opportunities to visit the Trust via our engagement plan.
01/10/2019 – CQC Engagement Meeting including the new NWAS Chief Pharmacist

12. Risks

12.1 The expectation of the CQC is that the PIR is completed within 3 weeks of the request for information. The PIR submission is a large and onerous task. Given the uncertainty of the request date and the holiday season approaching there is a risk that key information Executives, managers and/or administrators may be unavailable due to annual leave.

12.2 We are now aware that a new PIR and associated guidance will be issued for Ambulance Trusts. This provides a potential level of risk as elements of our preparatory work may well change. We will conduct a full review of our arrangements once any new guidance is formally issued.

12.3 Intelligence would suggest that the PIR designed for 111 is undergoing change and development. Therefore, it's impossible to anticipate with any certainty what the PIR for 111 services will look like.

12.4 SharePoint is a web based system that is not currently fully supported by the Trust or any third party. Developments with the wider introduction of Office 365 will mitigate this risk in the longer term. Each information officer as part of the user agreement must store local copies of all loaded documents onto their shared drive to mitigate this risk in the shorter term.

13. LEGAL and/or GOVERNANCE IMPLICATIONS

13.1 The CQC is the independent regulator of health and adult social care in England to make sure that health and social care provide people with safe, effective, compassionate, high quality care.

14. RECOMMENDATIONS

14.1 The Board of Directors is recommended to;

- Note the assurances provided by this report.

North West Ambulance Service

NHS

CQC Inspection 2018 – ‘Should Dos’

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

Purpose

- To provide assurance that the thirteen 2018 CQC Inspection Report ‘Should Dos’ are being progressed.

Context

- Each of the ‘Should Dos’ has been assigned a Executive Director lead (with their knowledge and agreement).

- Each of the ‘Should Dos’ has been assigned a Committee of the Board, where further scrutiny of completeness can be demonstrated, if required.

Board Committee Involvement

- Resources Committee
- Quality and Performance Committee

Action Completed	Continual Action	Not Completed
The inspection team were not assured that the board assurance framework provided a framework for strategic direction. The trust should continue to work to revise the board assurance framework so that it can be used to underpin strategic objectives.	The trust board should continue to look at improving the patient experience and the time it took staff to convey patients to the right place.	The trust should work towards making sure governance structures operate effectively across all the trust services and locations.
The provider should match its patient group directions with relevant national medicines management guidelines so that conflicting information is not given to ambulance crews about the administering of drugs across its services.	The provider should review its ambulance crew mix so that crews comprise of grade one and two emergency medical technicians and paramedics when required.	The provider should decide on a clear preferred system of audit which will be completed by ambulance crews so that equipment and vehicle checks are undertaken across all its sites.
The provider should disseminate up to date national guidelines to its crews across all services use so that ambulance crew practice continues to be relevant and up to date.	The provider should continue to review its average arrival to handover time with other partners to ensure ambulances transfer patients to hospital trusts in the best possible time frame.	The provider should make sure that all vehicles have a multi-lingual emergency phrase book on board and ensure that it is used on a needs base.
The trust should put effective systems in place so that any increase in the workload of the complaints team, can be managed effectivity. Plans should be put in place as promptly as possible to resolve this matter.	The trust should update and complete the workforce race equality standard action plan 2017 to 2018 in a timely manner.	The trust should standardise and improve regional variations in culture across its footprint.
The trust should support staff to access mandatory training, as defined by the provider as part of their role.		

Completed Action

BoD
AW

- The inspection team were not assured that the board assurance framework provided a framework for strategic direction. The trust should continue to work to revise the board assurance framework so that it can be used to underpin strategic objectives.

The purpose of the BAF is not to provide a strategic framework for the Trust - it's purpose is to ensure the Board is sighted on the strategic risk to the Trust's delivery of it's strategic objectives/goals. It should inform the business of the Board and its Assurance Committees.

Since the CQC inspection the BAF and its use has continued to mature. It is linked to strategic goals.

Completed Action

Q&P CG

- The provider should match its patient group directions with relevant national medicines management guidelines so that conflicting information is not given to ambulance crews about the administering of drugs across its services.

  - Patient Group Directives have been reviewed and the TXA PGD has been revised and updated to reflect national guidelines.
  - The PGD has now been implemented across the Trust.
  - The current position is 97% compliant.
  - Long term sickness and new starter colleagues represent the majority of the remaining 3%.

Completed Action

Q&P CG

- The provider should disseminate up to date national guidelines to its crews across all services use so that ambulance crew practice continues to be relevant and up to date.

All frontline PES clinicians have access to their own 2016 clinical guidelines pocket book and have been updated with the 2017 JRCALC supplement.

More recently the Trust has provided all frontline PES clinicians with access to the JRCALC Plus Application for smart devices.

Completed Action

Resources LW

- The trust should support staff to access mandatory training, as defined by the provider as part of their role.

The trust agrees that all staff should be supported to achieve the mandatory training requirements of their role.
Mandatory training programmes will be aligned to national competencies and a three year overview of MT planning will be developed to ensure appropriate and timely delivery of competencies.
All on-line modules will be managed through one system (MyESR).
Monitoring and reporting systems will be reviewed and revised to provide more accurate reporting on activity and risk to compliance The following changes have been implemented since the last CQC inspection:
* TNA for Trust completed against the national Core Skills Framework
* Mandatory training and refresher cycles have been aligned to national competencies
* Competency reporting has been implemented for for MT compliance - 2019 is a transition year from an annual cycle of MT to competence based recording
* MyESRis now being used for all on-line MT modules with national modules being utilised where possible
* Detailed monitoring and reporting for tracking monthly activity has been implemented
The final reported position for the completion of mandatory training in 2018 for PES who were the service line inspected was as follows:
* Classroom attendance 92%
* Online completion 95.6%

Completed Action

Q&P
MP

- The trust should put effective systems in place so that any increase in the workload of the complaints team, can be managed effectivity. Plans should be put in place as promptly as possible to resolve this matter.

The NWAS EMT approved and funded the continuation of an EOC Central Complaints Unit for an additional 12 month period, from December 2018.

The EMT have approved the use of 'Bank' Investigation Officer to allow the team to flex at times of high demand.

Continual Action

Q&P
GB

- The trust board should continue to look at improving the patient experience and the time it took staff to convey patients to the right place.

NWAS response times are at the centre of all we do as a Trust. We engage with Commissioners, NHSI, NHSI and Acute Hospitals on a regular basis and have plans in place to continually improve which are shared with all the aforementioned. We continually refine our processes to improve our response times, and therefore the patient experience, both in the EOCs and operationally.
We measure Patient Experience via the Friends and Family Test. We are introducing a Public Panel which we are recruiting to. This will ensure co-production with the communities we serve and allow the public influence.

Continual Action

Q&P GB

- The provider should review its ambulance crew mix so that crews comprise of grade one and two emergency medical technicians and paramedics when required.

The Trusts Global Rostering System (GRS) produces rosters Trust wide. The Rostering Co-ordinator for each Sector ensures the correct skill mix i.e. one Emergency Medical Technician and one Paramedic on each vehicle. Each member of staff is able to view their shifts via this system. The system will inform the member of staff which vehicle they will be working on and with who. The system informs the coordinator if the wrong skill mix is on the vehicle.

The Trust has plans in place to increase the ratio of Paramedics to Emergency Medical Technicians.

The Trust Workforce Plan is scheduled to recruit full establishments of Paramedics and Emergency Medical Technicians, whilst introducing additional resources across the region.

This is in order to ensure correct skill mix on all vehicles and enables Senior Paramedics and Paramedics to provide clinical leadership to other clinical Management Team on compliance of skill mix.

Continual Action

Q&P GB

- The provider should continue to review its average arrival to handover time with other partners to ensure ambulances transfer patients to hospital trusts in the best possible time frame.

he Trust has developed a collaborative improvement programme, Every Minute Matters. The improvement programme is being carried out in collaboration with Commissioners and 6 of the worst performing Acute Trusts, in terms of handover times. This initiative continues to be tested and the results initially show a reduction in handover times. After a further period of testing this will be rolled out across the footprint. The Trust will continue to carry out testing and the Every Minute Matters collaborative programme will be rolled out across the North West footprint.

Continual Action

Resources LW

- The trust should update and complete the workforce race equality standard action plan 2017 to 2018 in a timely manner.

WRES action plan is reviewed quarterly already. However updates are only published on the website annually. The action plan is now kept up to date regularly following progressing meetings, a minimum of quarterly.
From January 2019, we have implemented quarterly and mid-quarterly meetings, improved note-taking, agreed terms of reference, clearer accountability for actions and a request for a broader range of stakeholders to attend the meetings, notably from operational services and BME staff representation.
The WRES outcomes and action plan were reported to EMT and Trust Board in September 2018 before publication of the action plan.
The EDI Annual Report, which is published, provided an overview of actions taken in relation to the WRES action plan in 2018-19.

Not Completed

Q&P AW

- The trust should work towards making sure governance structures operate effectively across all the trust services and locations.

There is a revised governance structure from board down to management group level and the new ELC structure - paper to July Board.
Each operational service line has a governance structure which has been presented to Audit Committee during 2018-19. The Service Delivery Programme Manager carried a review of the consistency of meeting format across Service Delivery following their presentation at Audit Committee in Quarter 2 2018/19 and carried out some initial governance work.
The meeting format was standardised, however, further governance work was put on hold awaiting development if the Chief Executive Accountability Review, as the intention is to ensure alignment to these reviews. Standard Agendas at Level1, 2 and 3 meetings will be in place by the end of July 2019.
A proposed leaner structure for service delivery has been drafted and further work to be done with a view to implementation in September 2019 along with the CEO Accountability Reviews and changes to EMT etc

Not Completed

Q&P GB

- The provider should decide on a clear preferred system of audit which will be completed by ambulance crews so that equipment and vehicle checks are undertaken across all its sites.

The Trust acknowledged the comments with regard to the current audit arrangements from the inspection and have incorporated the actions put in place on the day in to the current audit.

The Trust is in the process of digitalising the frontline. The programme is in the implementation phase. This will mean that all audits will be carried out digitally on vehicles and this will offer the ability to remove the current audit book process.

Not Completed

Q&P GB

- The provider should make sure that all vehicles have a multi-lingual emergency phrase book on board and ensure that it is used on a needs base.

- New book to be issued.
- Multi-lingual phrase books ordered from NHS Confederation.
- Delivery received and expected to be issued to all PES vehicles during July 2019.

Not Completed

Q&P GB

- The trust should standardise and improve regional variations in culture across its footprint.

The Trust will implement the Performance Management and Accountability Framework Trust wide by September 2019.

The revised Performance Management and Accountability Framework now includes ‘what we do now’ and ‘what we want to do in the future’ and has been supported by the EMT.

The Performance Management and Accountability Framework will be presented to the July Board of Directors’ meeting, with a recommendation for approval.

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North West Ambulance Service NHS Trust

REPORT

Board of Directors	
Date:	31st July 2019
Subject:	Learning Lessons to Improve our People Practices : Investigation and Disciplinary Process review
Presented by:	Lisa Ward, Interim Director of Organisational Development
Purpose of Paper:	For Assurance
Executive Summary:	The purpose of this paper is to provide assurance to the Board of Directors of actions that are being taken to review our internal investigation and disciplinary processes in response to the content of a letter received from the Chair of NHS Improvement concerning investigation and disciplinary processes. The paper provides an overview of immediate steps taken to review current cases to assess them against a number of key questions to test the justification and proportionality of current action; the fairness of processes; and effectiveness of welfare support. This review has been concluded and whilst there is satisfaction over how cases are progressed and the appropriateness of the procedures applied, there are concerns, on occasion regarding the independence of the Investigating Officer and the management of the continued provision of effective welfare support which are being addressed with local teams and will be picked up as part of the wider review. In addition, the report outlines further identified actions to review current practices and embed the 7 key areas of new guidance identified to ensure the principles of just culture and best practice are adhered to and a person-centred approach is adopted throughout our investigatory and disciplinary procedures. Work is already ongoing to introduce an Employment Relations Dashboard to provide the board with oversight on the management of HR Case work across the organisation, which should provide ongoing assurance of the timeliness and scale of case work. EMT and the Resources Committee will be kept updated on the ongoing review to provide assurance that the key

	themes identified nationally are being effectively considered within the Trust.
Recommendations, decisions or actions sought:	The Board of Directors is recommended to: • Note the contents of the paper in order to gain assurance that immediate actions are being taken to address the 7 key areas of new guidance relating to the management and oversight of local investigation and disciplinary procedures as recommended by NHSI.

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 working group undertaking the review will be asked to review any data relating to differential treatment or experience of protected groups
Previously Submitted to:	Resources Committee/EMT
Date:	26th/24th July 2019
Outcome:	Noted progress

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1. PURPOSE

1.1 The purpose of this paper is to provide assurance to Board of Directors with regards to actions taken by the Trust to review our internal investigation and disciplinary processes in response to the content of a letter received from the Chair of NHS Improvement concerning investigation and disciplinary processes.

2. BACKGROUND

2.1 Baroness Dido Harding, Chair NHSI, wrote to all NHS Trusts on 24 May 2019 sharing an overview of the findings of an independent inquiry commissioned by Imperial College Healthcare NHS Trust into the management of their Trust's disciplinary process and the dismissal of employee Amin Abdullah. Tragically Amin took his own life prior to his appeal hearing.

2.2 The inquiry identified a number of number of serious procedural errors that had been made during the investigation and disciplinary process and concluded that Amin was treated very poorly throughout the process and this had impacted severely on his mental health.

2.3 Following on from the inquiry's findings, a task and finish Advisory Group was set up by NHSI involving professionals from the NHS and external bodies to establish whether the failings were unique or prevalent across NHS Trusts. This exercise identified a number of key themes similar to those identified by the inquiry and this informed new additional guidance on the management and oversight of local investigation and disciplinary procedures, based on 7 key actions. These are contained within Baroness Harding's correspondence at Appendix 1.

2.4 As an NHS Trust we are asked to assess are current procedures and processes in comparison to the 7 key actions and make adjustments where appropriate to ensure our practices are in line with the principles of best practice. In addition, we have been asked to review current cases in our formal processes to assure ourselves of the proportionately of that response.

2.5 **Immediate response**

On receipt of the new guidance the HR Business Partnering team met to review current case work, reflect on the case work they have had involvement /oversight in and consider where improvements can be made to current practices / processes. Suggestions where improvements can be made was collated.

2.6 The Team also undertook an immediate assessment of current and recent cases against the following questions posed by Baroness Harding, namely:-

- Are we satisfied there is sufficient understanding of the issues / concerns to justify the actions taken?
- Is / would the application of a formal procedure a proportionate and justifiable response to the circumstances?
- Are we assured and how do we monitor independence and objectivity of any formal action taken?

- Are we satisfied the provision of welfare support has been identified for the individual(s) concerned and how do we monitor that ongoing direct support continues

2.7 Overall, the team were satisfied that current case work is being managed proportionately and consistently, and the decisions made around the application of a formal procedure are justified to the circumstances presented. However, some concerns were identified with regards to the independence of Investigation Officer appointments and the management of the continued provision of effective welfare support throughout an investigation / disciplinary process.

2.8 The team also highlighted aspects of case management out of their control that should be considered namely; their support given to case management is limited to the information shared with them by their management team. Examples were provided where cases are identified at the end of the investigatory process. A further concern is the impact of external investigations, such as criminal investigations, and the limitations this places on the Trust to manage cases within a reasonable time period.

2.9 Where questions could not be answered satisfactorily, the team were asked to address with the relevant management team. These questions are to be applied to all new cases as they arrive and are to continue to be reviewed as a case develops.

2.10 **Task Group**

A Task Group will undertake a comprehensive review of our investigation and disciplinary processes associated with the Disciplinary and Incident Learning Procedures. The group will consist of representation from HR, management, clinical Investigators such as APs and clinical safety staff, and the 3 Trade Unions.

2.11 The initial work undertaken by the HR Business partner Team (above) will be shared with the Task Group. The group will be tasked to critically review the guidance against areas of current practice and procedure including:-

2.12 *Investigatory processes and practices*

The initial fact finding processes adopted will be reviewed and considerations given to how events / incidents are identified to require formal investigation or a learning approach. The group will explore how we can ensure proportionate decision making is undertaken at the early stages and how it can be recorded so that the management assessments made can be monitored for consistency.

2.13 The mechanisms by which an Investigator is identified and appointed will be reviewed and consideration given to how we ensure the individual selected is impartial, objective, is fully trained and is available to commit to undertake the investigation.

2.14 Consideration will also be given to how the application of Just Culture Principles and adherence to HR policies can be demonstrated and monitored throughout the course of the investigation, engaging where possible with examples of good practice elsewhere within the NHS.

Consistency Review Panel

2.15 The standard practice for all NWAS investigations is that they are reviewed by a senior manager and HR manager before cases are progressed or concluded. The purpose of the panel is to provide assurance that a full, fair and proportionate investigation has been conducted and the recommendations made are consistent. The group will review the panel process and assess how we ensure there is consistency across the Trust and the mechanisms in place to monitor review panel activity.

Welfare management

2.16 Assess current practices applied and determine how this can be monitored to ensure meaningful and appropriate support is facilitated to those who are subject to or involved in an investigation, throughout the course of the process.

Disciplinary and Incident Learning Policies

2.17 The Disciplinary Policy has been written in accordance with the Equality Act 2010, the ACAS Code of Practice on Disciplinary and Grievance Procedures and the Employment Act 2002 and Employee Relations Act 1999. The policy is also subject to regular review by the Policy Group and is updated in response to legislative changes. The content of the policy will be assessed against the additional guidance and the above assessments undertaken by the Task Group to ensure the principles of best practice are clearly defined and the principles of Just Culture are applied.

2.18 The work of the task group is due to start in September and is profiled to complete the work over a 3 month period. The Resource Committee and EMT will be appraised of the task groups finding and actions subsequently implemented.

Investigation and Disciplinary Data

2.19 We are currently developing our reporting around case management and are designing a dashboard to enable better monitoring of case progress within HR teams and by the OD Directorate. The dashboard will also ensure the board has sufficient oversight of employment relations activity, including the timeliness of such processes.

Investigation & Disciplinary Training

2.20 All managers and staff who have a responsibility to undertake investigations have investigation training incorporated into their mandatory training. The Trust has recently introduced Investigatory Training modules as mandatory for managers and is in the middle of a programme to delivery refreshed training to all managers at two levels. 64% of identified managers have completed level 1 training and 56% of managers have completed level 2 training, which is more in depth. The recommendations of the task group will be reviewed against the content of the training modules and engagement with the L&D team to assess whether any adjustments are required.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

3.1 There are no legal implications from this report, although Baroness Harding indicates that the findings of the national group will be discussed with CQC to determine whether some of the outcomes should feature in future Well Led inspections.

4. RECOMMENDATIONS

4.1 The Board of Directors is recommended to:

- Note the contents of the paper in order to gain assurance that immediate actions are being taken to address the 7 key areas of new guidance relating to the management and oversight of local investigation and disciplinary procedures as recommended by NHSI.

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North West Ambulance Service NHS Trust

REPORT

Board of Directors	
Date:	31st July 2019
Subject:	Communications and Engagement Dashboard Report
Presented by:	Salman Desai, Director of Strategy and Planning
Purpose of Paper:	For Discussion
Executive Summary:	The Communications and Engagement Team have created a new style dashboard to provide the Board of Directors with a quarterly summary of key outputs and associated highlights. Statistical content and themes are provided on: • Patient and public engagement • Press and public (patient) relations • FOI performance • Publications • Stakeholder communications • External (public/patient facing) campaigns • Social media: Facebook, Twitter and Instagram • Website • Internal projects and campaigns • Internal communications including the Staff App • Films produced in-house • New policies. In addition this quarter's dashboard showcases the progress of the Patient and Public Panel. It is proposed that one key area of work is featured in each dashboard going forward. The dashboard also reflects Board's feedback on the last quarter's report in relation to providing additional context to the content and statistical data provided.
Recommendations, decisions or actions sought:	For discussion, noting and the provision of any comments.

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

To provide the Board of Directors with a quarterly summary of key outputs and associated highlights on the work of the combined Communications and Engagement Team.

2. BACKGROUND

The Communications and Engagement Team have created a dashboard providing high level statistical content and themes from Q1 activity on:

- Patient and public engagement
- Press and public (patient) relations
- FOI performance
- Publications
- Stakeholder communications
- External (public/patient facing) campaigns
- Social media: Facebook, Twitter and Instagram
- Website
- Internal projects and campaigns
- Internal communications including the Staff App
- Films produced in-house
- New policies.

In addition this quarter's dashboard includes a focus on the progress of the Patient and Public Panel. It is proposed that one key area of work is featured in each dashboard going forward.

The dashboard also reflects Board's feedback on the last quarter's report in relation to providing specific context to the content and statistical data provided.

3. LEGAL and/or GOVERNANCE IMPLICATIONS

All of the trust's communication and engagement activities adhere to the following legislation:

- Freedom of Information Act 2000
- Health and Social Care Act 2006 (to involve and consult with patients and the public in the way it develops and designs services).
- Department of Health's Code of Practice for promotion of NHS Services 2008.
- NHS England Patient and Public Participation Policy2015 (listening to and involving communities, their representatives and others, in the way we plan and provide our services).

4. RECOMMENDATIONS

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.

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Communications and engagement dashboard

Q1 2019/20: April - June

North West Ambulance Service NHS Trust

PATIENT AND PUBLIC ENGAGEMENT

16 community events attended, including:
Tatton Park event, Silloth Green Day, Blackpool Pride, Cumberland Show and Greater Manchester Windrush Day

16 public engagement events, including:
Southport Glaucoma Support Group, St Helens and Knowsley Health fair for Learning Disabilities, Salford Mental Health Forum and St Catherines hospice carers group.

6,875 Patient surveys sent out* ▼ 30%

956 (14%) returned ▼ 12%

94% of respondents said the overall service received was 'very good' or 'fairly good' ▲ 2%

93% were likely to recommend the service to friends and family ▲ 1%

94% agreed they were cared for appropriately with dignity, compassion and respect ▼ 1%

NOTES

*At **community events**, we engage with the public about various topics. This quarter, these included: the patient and public panel, NHS 111 Online and appropriate use of 999.*

We also go to specific public/patient groups. Feedback/themes from these included: suitable times for hospital discharge and access at home for patient transport. These will be fedback to the relevant departments.

**Surveys* were sent out late in Q1, which is normal at the start of the new programme due to review and sign off, resulting in a fall in return rate .*

PRESS AND PUBLIC (PATIENT) RELATIONS

Handled **177** 'incident check' calls

Issued **26** proactive media stories / interviews ▲ 4%

Prepared **23** statements in response to press enquiries ▼ 41%

Including:

- The patient and public panel looking for volunteers
- North West Ambulance Service recognised for excellent sustainability reporting
- EMD, Laura Pilling, on ITV This Morning to speak about the new series of BBC Ambulance
- Statements on: long ambulance waits, estate plans in Fylde and FOI data on SUIs and agency spend

207 pieces of media coverage:

- 71% incidents*
- 23% positive
- 4% negative
- 2% neutral

NOTES

**Incident coverage is mostly neutral and is where NWAS is mentioned as attending an incident, with the press office confirming the details. Sentiment for other coverage is based on how NWAS is represented in the article.*

The shift in activity - with an increase in proactive media stories and a 41% decrease in statements - reflects a 'good news' quarter for NWAS. 16 fewer reactive statements were prepared due to fewer negative enquries from the media.

FREEDOM OF INFORMATION (FOI)

79 FOIs completed

99% within 20 working day target ▲ 1%

17 requests came from the media

Topics included:

- Call outs to pupil referral units
- Call outs to Amazon warehouses
- Hoax calls
- Number of stabbings
- Assaults on crews
- Mental health of staff

NOTES

***FOIs**: We have a statutory duty to reply to eligible FOIs within 20 working days and have a 95% target for this.*

***Stakeholders**: this group is external audiences such as MPs, commissioners and other healthcare professionals. We provide reports for Health Scrutiny Committees - some of these are routinely requested, others are ad hoc.*

PUBLICATIONS

2018/19 Achievements Book
2 x Your Call magazine (inc. STAR Award special)

STAKEHOLDER COMMUNICATIONS

9 bulletins issued

1 HSC report prepared

5 MP letters / briefings

Stakeholder comms topics included:

- Filming for BBC One's Ambulance in Merseyside
- New website launch
- General trust news update
- Info relating to local press coverage re Fylde estates
- Routine health scrutiny committee (HSC) report for Trafford

EXTERNAL (PUBLIC/PATIENT) CAMPAIGNS

- **#NWASvoices** recruitment campaign for members of the new Patient and Public Panel
- **International Nurses Day** celebrating our urgent care, 111, safeguarding, education and mental health nurses
- **Volunteers Week** promoting our car drivers and first responders and how the public can get invovled
- **#Ambulance** supporting the airing of the BBC One documentary featuring our crews
- **111 Online field marketing** in Manchester to get the views of the public and encourage use of the service

FACEBOOK

37,839 total followers

2,438 this quarter

247% growth in new followers

1,513,683 reach ▼ 23%

215,722 engagements

Top post:
A post marking two years since the Manchester Arena incident

998 shares

3,947 reactions

120k reach

TWITTER

40,060 total followers

635 this quarter

40% growth in new followers

3,566,564 reach ▲ 152%

142,793 engagements ▲ 394%

Top post:
A post marking two years since the Manchester Arena incident

566 retweets

1,475 likes

143k reach

INSTAGRAM

4,894 total followers

1,203 this quarter

70% growth in new followers

100,078 reach ▲ 129%

8,075 engagements ▲ 218%

Top post:
Photo of EMD, Laura, who starred in an episode of Ambulance

693 likes

7,331 reach

NOTES

*"**Reach**" is the number of people who may have seen our content.*

*"**Engagements**" is when someone engages with our content e.g. clicks on a link, reacts to it by clicking 'like', shares or retweets it.*

***FACEBOOK**: Reach went down this quarter because it was unusually high last quarter - this is due to promotion of an open EMD vacancy, including a popular Facebook Live Q&A with an EMD. We attracted many more new followers this quarter which could be attributed to interest in BBC Ambulance, and a knock on from the EMD job promotion at the end of Q4.*

***TWITTER**: Reach and engagement shot up this quarter. This is because of a popular post to mark the anniversary of the Manchester Arena incident, plus interest in BBC Ambulance. Growth in new followers was down from last quarter - this could be attributed to a spike in new followers the previous quarter, which was caused by a very popular news story shared by most regional broadcast news outlets on Twitter. It was a recording of a call from a man asking for a DNA test.*

***INSTAGRAM**: Similar to Twitter, increases this quarter were due to interest in BBC Ambulance and a very popular post featuring Laura, an EMD and star of the show, who also appeared on This Morning.*

***WEBSITE** visits are down this quarter - this is because of unusually high activity last quarter (Q4). A large spike came from EMD roles being advertised and promoted via social media in March 2019. Work continued on the new website and intranet project, ahead of website launch in Q2.*

WEBSITE

295,375 page views ▼ 1%

102,964 total visitors ▼ 15%

Most visited page:
1 Contact Us - **7,994** views

15,413 'news' views

Top news story:
"BBC One Ambulance" news page

INTERNAL (STAFF) PROJECTS / CAMPAIGNS

Rota Review

- **9** bulletins
- **1** poster
- Intranet banner
- **8** meetings attended
- **626** email enquiries

Digital Strategy - Getac and ePR

- **3** stakeholder events
- **CLEAR vision** digital special
- Dedicated comms plan

Long Service Awards

- Production of programme (photography)
- Design and production of new certificates
- New pop up banners

NHS 111

- **1** newsletter
- **5** bulletins
- **6** posters
- **1** staff forum attended

Topics included: mental health first aiders, call centre cleanliness and 111 achievements

STAR Awards

- Delivered the event with more than **200** attendees
- Thank you letter to all supporters and sponsors
- Production of dedicated **Your Call** magazine
- Publication of all photographs

Other priorities this quarter included:

- CQC comms plan including updating the staff handbook to be tailored to NHS 111and PTS
- Developing comms plan for Urgent and Emergency Care Strategy
- Board announcements
- Exec Director and NED posters
- Refresh/update of trust strategy document

INTERNAL (STAFF) BULLETINS

This quarter, we issued:

31 Clinical bulletins **8** Operational bulletins **8** *New* CEO weekly bulletins

plus **22** others, including Staff Communication, Rota Review, Health and Safety and PTS bulletins

Topics included:
- Welcome to our new Chief Executive
- Lord Carter Review
- New Standards of Business Conduct Policy

13 Weekly Regional Bulletins with...

163 ...staff news stories/updates

STAFF APP

2,693 total downloads

+ 372 this quarter

Most popular pages:

1) Email | 2) GRS | 3) ESR

FILMS

4 films completed **3** films underway

= to last quarter

Topics included:
- Star Awards ceremony film
- 1 staff and 1 patient story for board
- Hand hygiene training film

FOCUS ON... the Patient and Public Panel

This quarter, we have progressed with the development of our Patient and Public Panel. The focus has been on recruiting panel members with the #NWASVoices campaign. It has included:

- Creation of new materials including postcards, social media graphics, and pull-up banners
- New content on the website, including a sign-up form to register interest
- A focus on promoting the panel at community engagement events to encourage people to sign up
- Social media posts
- A press release shared with all local and regional media
- Internal bulletin to encourage staff to share with friends or family who may be interested in getting involved
- Preparation and infrastructure for the first recruitment event and invites sent out.

NOTES

Each quarter we'll choose a priority piece of work to showcase in more detail.

Above: The promotional postcard (left) and pull-up banner (right) used in the campaign.

86 people have applied so far to be on the Patient and Public Panel.

The first recruitment day was held at the start of Q2. The applicants were welcomed by Chairman Peter White, Deputy Chief Executive Michael Forrest, Director of Strategy and Planning Salman Desai and Director of Corporate Affairs Angela Wetton. They were then asked to take part in activities which were designed to help ensure the applicants have the right skills and qualities to be on the panel.

Further recruitment days are planned and promotion of the panel will continue.

Two new job roles - a Panel Facilitator and a Panel Administrator - are currently being recruited to.

Once up and running, we look forward to involving the Panel in trust projects to ensure the voices of our patients and the public are heard and considered in our work.

POLICIES AND MEETINGS

This quarter the team also: finalised the Communications and Engagement Strategy 2019/20 and associated action plan; drafted a new FOI and Environmental Regulations policy; and attended a number of meetings to provide communications updates, including the PTS Senior Management Team meeting and Estuary Point Project Group.

communications@nwas.nhs.uk

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North West Ambulance Service NHS Trust

REPORT

Board of Directors					
Date:	31 July 2019				
Subject:	Freedom To Speak Up Guardian Report Q1, 2019				
Presented by:	Salman Desai, Director of Strategy and Planning				
Purpose of Paper:	For Assurance				
Executive Summary:	During Q1 2019, the Freedom to Speak Up Guardian received thirty two concerns. These fall into the following broad categories: • Working Practices 7 • Patient Safety 3 • Fraud 1 • Bullying & Harassment 13 • Other 8 Comparative data for the Ambulance sector is shown at Appendix 1 for Q2-Q4 of 2018-19 – the Q1 2019 figures have not yet been published by the National Guardian's Office.				
Recommendations, decisions or actions sought:	The Board is asked to receive and note the contents of this 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	SR09	SR10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

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1. PURPOSE

This paper provides an overview of the work of the Freedom to Speak Up Guardian during Quarter 1, March 2019 – June 2019.

2. BACKGROUND

"Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS" (Francis) was published in February 2015. The aim of the review was to provide advice and recommendations to ensure that NHS staff feel safe to raise concerns, confident that they will be listened to and the concerns will be acted upon.

The Freedom to Speak Up Guardian role is permanently established at NWAS, with fourteen FTSU Champions appointed across the Trust to support the Guardian. Three of the fourteen Champions are recent appointments.

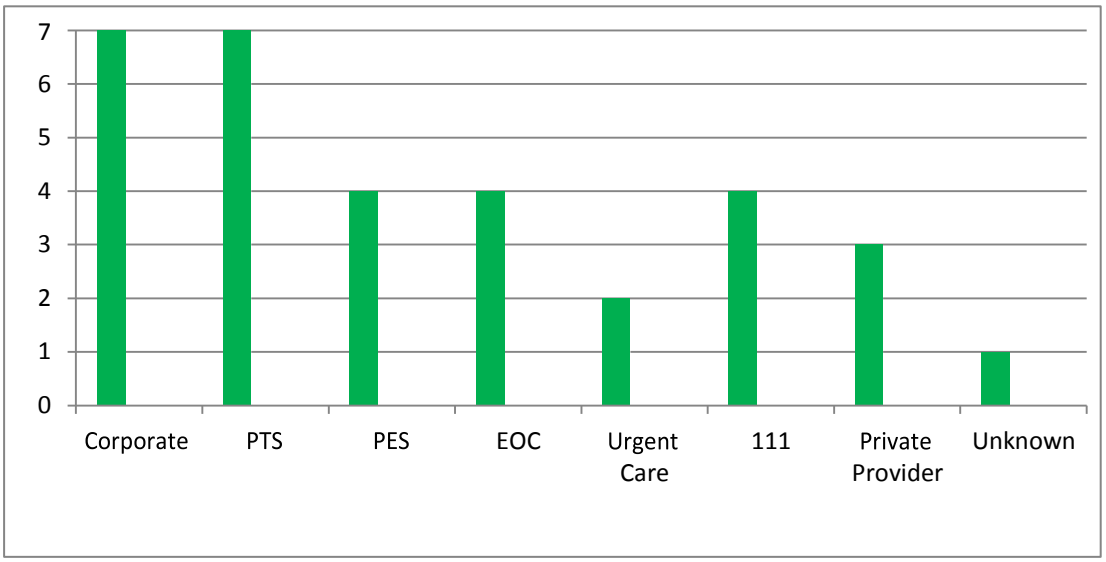
Every NHS trust in England reports quarterly to the National Guardian's office providing brief details of those concerns raised through the Freedom to Speak Up (FTSU) process.

3. QUARTER 1 - 2019 ACTIVITY

During the reporting period, the Freedom To Speak Up Guardian received thirty two concerns and these will be reported to the National Guardian's Office once their new reporting system is in place. By comparison, during the same reporting period of the previous year, nine concerns were raised. This is a 355.5% increase in concerns having been raised compared to Q1 2018.

Of the thirty two cases, thirteen (40.6%) relate to Bullying and Harassment which is higher than usual (the previous quarterly figures can be seen in Appendix 1) and the data has been broken down into service lines (see graph below).

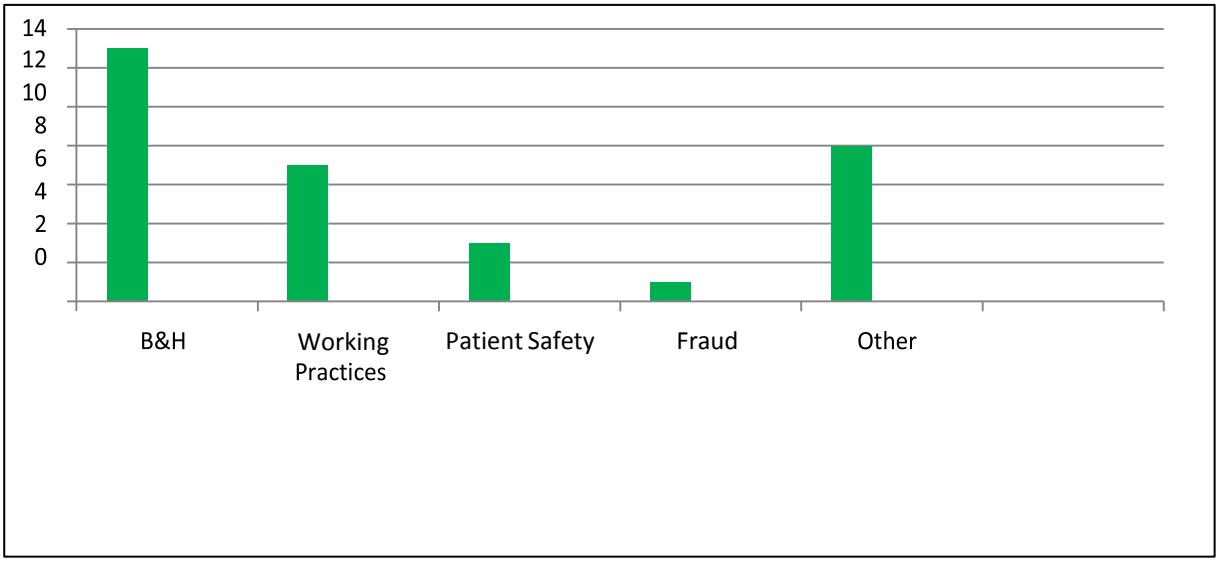
Concerns by Service Line:



During the reporting period, three members of staff have reported having suffering detriment as a direct result of "speaking up". However, one of these cases does not relate to detriment suffered as a result of coming to Freedom to Speak Up. Of the other two, one relates to a clinical member of staff who believes that they have suffered detriment from an operational manager as a result of speaking up. The second relates to a senior manager who believes that they suffered detriment for speaking up. These are yet to be proven and will be followed up and will be reported in the Q2 report.

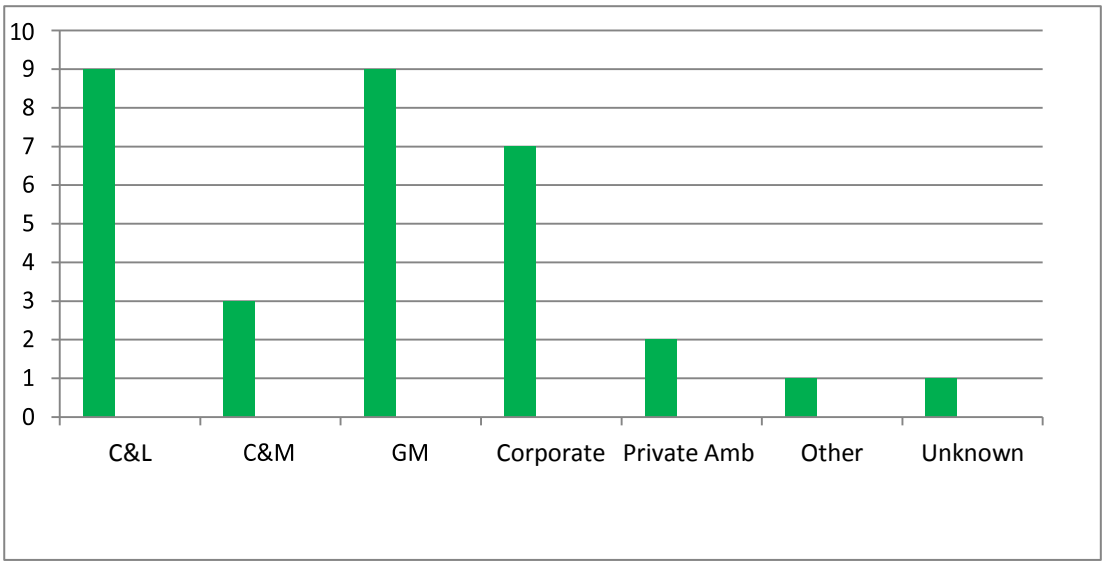
Feedback is requested from members of staff who have raised concerns; however the return rate is low. The most common reason for the low return rate of feedback is due to staff dissatisfaction with the outcome. Feedback is recorded to capture any inequalities and to identify any areas for improvement in the handling of the concerns.

Q1 2019 - Concerns by Reporting Category:



Graph1

Q1 2019 - Concerns by Area:



Graph3

Please note - the activity as detailed above reflects only cases reported centrally. Concerns raised with local managers are not captured within this data.

There is always a difference of opinion around what an open, engaging and transparent Trust would look like in respect to FTSU concerns. Some argue that a high number of reported concerns suggest an open and engaging workforce who are not afraid to report issues or concerns while a contrasting viewpoint argues that a low number of reported concerns indicates a 'safe' organisation. Irrespective of these two contrasting viewpoints there is a general consensus that all Trusts will generate some FTSU concerns even in small numbers and those trusts who are reporting zero or "no data" may need to revisit their FTSU strategy.

Comparative data for the Ambulance sector is shown at **Appendix 1** for Q2-Q4 of 2018-19. The Q1 figures have not yet been published by the National Guardian's Office. It is also suggested that Trusts who receive a larger number of anonymous concerns may have an issue with the workforce not having confidence to speak up and being fearful of suffering detriment.

Cases to Note During Q1

One concern relates to a Data Breach of sensitive files. Another relates to an external care provider. The concern raised relates to safeguarding of vulnerable patients at a residential nursing home which NWAS take patients to and from. A further two cases were received from members of staff from private providers raising concerns about inadequate equipment and potential patient safety concerns within their own organisations. A concern has been raised by a member of staff who spoke up to their line manager about concerns they had in relation to the behaviour and conduct of another member of staff but have subsequently found themselves facing disciplinary action for committing an alleged data breach. Two concerns have been raised whereby TRIM has not been utilised when crews have attended trauma incidents. Some crews have been left feeling unsupported. In some cases, managers are not aware of what trauma calls have been attended to and by whom if they are not being flagged, whether it be by control or Datix.

Open Cases at the end of Q1

Of the 150 concerns received since the FTSU programme commenced at NWAS in April 2017, there are currently twenty three concerns which remain open. Of the twenty three cases open, three of the cases are being managed by the YAS Guardian due to a conflict of interest. There is one case remaining open from the previous reporting period Q4 which is in relation to violence and aggression markers, where the various NWAS systems don't allow for updating. Due to the complexities of the systems and the inability of the systems to be able to talk to one another, this may take some time to resolve.

FTSU Engagement

As per the engagement plan, awareness of FTSU has been delivered through attendance at:

- Health and Wellbeing Groups
- Bullying & Harassment Forums
- Hospital Visits
- Station Visits
- 111 Visits

The Guardian also attended the Guardians Regional Network meeting held at Blackpool Victoria Hospital.

The Guardian has been conducting targeted visiting of areas that staff identify as areas of concern. This approach may be one of the reasons for the spike in activity.

Meetings have been held with the executive lead, and the CEO

The NGO recommended that the Guardian hold regular engagement sessions with the CQC relationship holder for NWAS. These sessions will be arranged during Q2.

FTSU NGO Speaking up Engagement Meeting

The National Guardian's Office (NGO) visited NWAS on 31st January and 1st February 2019.

The Trust is still awaiting the NGO case review to be finalised and published. This report is still currently awaiting approval from NHSI.

4. NATIONAL WORK

The National Guardian's Office (NGO) is an independent body sponsored equally by the Care Quality Commission, NHS Improvement and NHS England, with a remit to lead culture change in the NHS so that speaking up becomes business as usual. The national guardian's office is designed to support the local guardians but has no formal statutory powers.

The NGO has published 6 reports to date, the latest report is;

- Brighton and Sussex University Hospital NHS Trust

Case review findings are published on its website https://www.cqc.org.uk/national-guardians-

office/content/case-reviews

Introducing our North West Regional Liaison Lead: Jenni Fellows

The NGO are sharing profiles of their newly recruited Regional Liaison Leads (RLLs) as they join the team. Jenni Fellows has been appointed as our RLL for the North West region.

She joins the team from Chesterfield Royal Hospital NHS Foundation Trust, where she was also the trust's Freedom to Speak Up Guardian.

Jenni said, "It's testament to all the guardians, champions and ambassadors that the Freedom to Speak Up agenda is spreading. However, I understand the challenges individuals face when speaking up and there is still much work to do.

"I'm looking forward to using my experience in the Regional Liaison Lead role to develop Freedom to Speak Up as it moves into primary care and supporting new and existing guardians in the process."

5. LEGAL and/or GOVERNANCE IMPLICATIONS

All NHS Trusts and NHS Foundation Trusts are required by the NHS contract to nominate a Freedom to Speak Up Guardian.

6. RECOMMENDATIONS

The Board is asked to note the contents of this report.

Appendix 1

Ambulance Trusts Comparison Data Q2–Q4 2018-19

The data for Q1 2019 has not yet been published.

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

*Trust Size:
Small (up to 5,000 staff)
Medium (between 5,000 and 10,000 staff)