



Board of Directors Meeting

Wednesday, 25th May 2022

9.45 am – 12.50 pm

Via Microsoft Teams

AGENDA

Item No	Agenda Item	Time	Purpose	Lead
PATIENT STORY				
BOD/2223/18	Patient Story	09:45	Information	Director of Strategy, Partnerships and Transformation
INTRODUCTION				
BOD/2223/19	Apologies for Absence	10.00	Information	Chairman
BOD/2223/20	Declarations of Interest	10.00	Decision	Chairman
BOD/2223/21	Minutes of Previous Meeting held on 30 th March 2022 and 27 th April 2022	10:00	Decision	Chairman
BOD/2223/22	Board Action Log	10:05	Assurance	Chairman
BOD/2223/23	Committee Attendance	10:10	Information	Chairman
BOD/2223/24	Register of Interest	10:10	Assurance	Chairman
STRATEGY				
BOD/2223/25	Chairman & Non-Executive Directors Update	10:15	Information	Chairman
BOD/2223/26	Chief Executive's Report	10:20	Assurance	Chief Executive Officer
BOD/2223/26a	Trust Strategy	10.30	Decision	Director of Strategy, Partnerships and Transformation
GOVERNANCE AND RISK MANAGEMENT				
BOD/2223/27	Annual Self-Certification: General Condition FT4 – Corporate Governance Declaration	10.40	Decision	Director of Corporate Affairs
BOD/2223/28	Annual Self-Certification: General Condition 6 – Systems of Compliance with Licence Conditions	10:50	Decision	Director of Corporate Affairs
BOD/2223/29	Charitable Funds Chairs Assurance Report – from the meeting held on 27th April 2022	11:00	Assurance	Mr D Rawsthorn, Non-Executive Director
BOD/2223/30	Audit Committee Chairs Assurance Report – from the meeting held on 22nd April 2022	11:05	Assurance	Mr D Rawsthorn, Non-Executive Director
QUALITY AND PERFORMANCE				
BOD/2223/31	Integrated Performance Report	11:10	Assurance	Director of Quality, Innovation, and Improvement
BOD/2223/32	Medicines Management Annual Report 2021/22 including Controlled Drugs Annual Report	11:20	Assurance	Medical Director
BOD/2223/33	Safeguarding Annual Report 2021/22	11:30	Assurance	Director of Quality, Innovation, and Improvement
BOD/2223/34	Health, Safety and Security Annual Report 2021/22	11:40	Assurance	Director of Quality, Innovation, and Improvement
BOD/2223/35	Senior Information Risk Owner Annual Report 2021/22	11:50	Assurance	Director of Quality, Innovation, and Improvement
BOD/2223/36	Complaints Annual Report 2021/22	12:00	Assurance	Director of Quality, Innovation, and Improvement
BOD/2223/37	CQC Update	12:10	Assurance	Director of Quality, Innovation, and Improvement



BOD/2223/38	Quality and Performance Committee Chairs Assurance Report - from the meetings held on 28 th March 2022 and 25 th April 2022	12:20	Assurance	Prof A Chambers, Non-Executive Director
BOD/2223/39	Resources Committee Chairs Assurance Report - from the meeting held on 20 th May 2022	12:25	Assurance	Mr D Hanley, Non-Executive Director
WORKFORCE				
BOD/2223/40	Equality, Diversity, and Inclusion Annual Report 2021/22	12:30	Decision	Director of People
COMMUNICATIONS AND ENGAGEMENT				
BOD/2223/41	Communications and Engagement Team Dashboard Report – Q4 (January-March) 2021/22	12:40	Discussion	Director of Strategy, Partnerships and Transformation
CLOSING				
BOD/2223/42	Any Other Business Notified Prior to the Meeting	12:50	Decision	Chairman
BOD/2223/43	Items for Inclusion on the BAF	12.50	Decision	Chairman
DATE AND TIME OF NEXT MEETING				
1.45pm, Friday, 17 th June 2022 via Microsoft Teams (Short meeting / Year End) 9.45pm, Wednesday 27 th July 2022 via Microsoft Teams				

Exclusion of Press and Public:

In accordance with 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.



Minutes
Board of Directors

Details: Wednesday, 30th March 2022
Via Microsoft Teams

Mr P White	Chairman (Chair)
Prof A Chambers	Non-Executive Director
Mr G Blezard	Interim Deputy CEO/Director of Operations
Mr S Desai	Director of Strategy, Partnerships and Transformation
Dr C Grant	Medical Director
Mr R Groome	Non-Executive Director
Dr D Hanley	Non-Executive Director (Clinical)
Mr D Mochrie	Chief Executive Officer
Mr D Rawsthorn	Non-Executive Director
Prof R Thomson	Associate Non-Executive Director
Ms L Ward	Director of People
Ms A Wetton	Director of Corporate Affairs
Ms C Wood	Director of Finance

In attendance:

Mrs P Harder	Head of Corporate Affairs (Minutes)
Mr R Whelan	Community Specialist Paramedic (part)

Minute Ref:

BOD/2122/137 Patient Story

The Director of Strategy, Partnerships and Transformation introduced the patient story following a case study regarding the link with frailty, delirium and community care and the positive impact of the intervention of community specialist paramedics (CSP), in this case for a patient on the Wirral.

Mr R Whelan, Community Specialist Paramedic provided a presentation detailing the patient's complex journey from telephone triage, face to face assessment, treatment, and referral to an urgent care response service. He stated the presenting condition was drowsy/not alert and as a result of the referral is very likely to have avoided hospital admission.

He reported that a decision was made to see the patient face to face and upon assessment the patient did not appear acutely unwell. He explained an assessment of frailty and delirium was made using scores based on the British Geriatric Society Guidance and revealed a score of 12, against a normal clinical frailty score of 6. A referral was made to the Wirral Urgent Care Response (UCR) team, who provided medical and social care intervention. It was noted that the outcome to refer to the UCR team avoided a hospital admission and highlighted the benefit of a face to face triage assessment. The Community Specialist Paramedic explained that the UCR team had the appropriate knowledge and were trained in frailty and delirium with the aim of reducing the number of referrals to hospital.

The Chief Executive stated following a recent clinical shift in Stockport he saw the number of patients not transferred to hospital as a result of the work being undertaken by Community Specialist Paramedics.

In response to Prof A Chambers query relating to the success of the project to date, the Community Specialist Paramedic advised the clinical frailty score was an easy tool to use on EPR however noted it was important to understand the current position compared to the last 3 months and highlighted the change is evident. He reported previously crews were taught the tools as part of the Manchester Triage training however need to encourage staff to use and required ongoing education.

Mr D Rawsthorn noted his personal loss and stated the success of the scheme was self-evident. The Community Specialist Paramedic noted that hospitals do fantastic work however noted the issue that patients muscle mass and bone density reduces the ability to walk. This then results in them being unable to be discharged and highlighted the importance to recognise and assess for frailty and delirium which also provides patients and relatives a choice.

The Chairman noted it was an eloquently described system and allowed for patients to be treated in the right place and avoid lengthy hospital stays and was critical to the see and treat response. He thanked him and his colleagues for all the work being undertaken.

The Board:

- Welcome and acknowledged the content of the Patient Story.

BOD/2122/138 Apologies for Absence

Apologies for absence were received from Prof M Power, Director of Quality, Innovation and Improvement.

BOD/2122/139 Declarations of Interest

There were no declarations of interest to note.

BOD/2122/140 Minutes of the Previous Meeting

The minutes of the previous meeting held on 26th January 2022 were agreed as a true and accurate record.

BOD/2122/141 Board Action Log

The Board noted the updates to the Board action log.

BOD/2122/142 Committee Attendance

The Board noted the Board and Committee Attendance Record.

BOD/2122/143 Register of Interest

The Board noted the 2021/22 Register of Interest presented for information.

BOD/2122/144 Chairman & Non Executives' Update

The Chairman advised of the good response to the Non-Executive Director recruitment and reported Catherine Butterworth had been appointed and would commence on 1st April 2022 for a two year term of office and will act as the Wellbeing Guardian. He noted the timing of her appointment could not be better as the wellbeing of staff is critical and referred to specific ambulance service wellbeing meetings to share best practice.

He referred to the recent strategy and risk meetings and thanked those involved for including the Non-Executive Directors.

He referred to the AACE Women In Leadership Conference which was an excellent event and reported it was interesting to hear stories of women who have been able to progress and flourish within the service.

The Chairman referred to a recent Board Development Session relating to Anti-Racism and to keep the topic live in terms of EDI developments.

Finally, he referred to the development of the 'digital knowledge vault' to hold information and intelligence when attending meetings across the North West and noted it was a fantastic system.

The Board:

- Noted the update from the Chairman.

BOD/2122/145 Chief Executive's Report

The Chief Executive presented a report to the Board of Directors, which provided information on a number of areas since his last report to Board on 26th January 2022.

In terms of performance, he noted further discussion would be held relating to the Integrated Performance Report however noted improved performance for Call Pick up and the significant pressure in NHS 111 due to call demand and a change in call pattern with actions in place to mitigate the challenges.

The Chief Executive advised NHS Pathways had recently gone live in Broughton EOC and thanked the Strategic Head of Emergency Operations Centre, the IT team for leading the work which will allow more integration between 111 and 999 going forward.

He advised the CQC had adopted a new 'place based' approach to inspections and that the Trust had been notified Lancashire and South Cumbria would be the first area to receive a visit and that the Trust was fully engaged with the inspection.

The Chief Executive referred to recent media coverage and recent challenges and noted as AACE Chair and NWS Chief Executive was aware of the challenges and issues which would be explored further in the Integrated Performance Report.

He referred to International Women's Day and the webinar hosted by AACE and noted the Trust's Director of Quality, Innovation and Improvement was one of speakers and thanked her for being a real champion for women in leadership. He also thanked Craig Haden for supporting the AACE mental health continuum CPD session in partnership with the College of Paramedics.

The Chief Executive referred to the apprenticeship update and noted a huge amount of work had been undertaken to continue to invest in recruitment which continued throughout the pandemic and thanked all involved.

Finally, the Chief Executive notified the Board of the deaths of Sandra Parker and Amanda Stelfox and noted the Trust's thoughts and condolences to the family members.

Mr D Rawsthorn referred to the update relating to the green agenda which is central to the Trust as an organisation. He highlighted an update provided to the Resources Committee reported environment awards to the Trust which is an amazing achievement and should be well publicised. The Chairman noted the work that had been undertaken and agreed this needed to be celebrated.

Dr D Hanley queried whether the mandatory Covid vaccines had been revoked permanently or whether they were suspended. The Director of People advised it was a permanent situation and legislation had been revoked by Health Care Professionals and Care homes. She noted the consideration to change employment standards however it was early days.

Prof R Thomson queried whether there had been any implications as a result of the intended removal of LAMP testing from 31st March 2022. The Chief Executive advised the Trust is working with national IPC leads however lateral flow testing would be kept. The Director of People agreed with the Chief

Executive and highlighted it was not a significant change or risk to flag to the Board.

The Chairman thanked the Chief Executive for the detailed report and noted the support to Ukraine. He also noted the update relating to the Star Awards and stated the event had been cancelled over the last two years and was looking forward to the event.

He also referred to the North West Regional Chair and Chief Executive meeting where a presentation was delivered relating to handover delays and the delays at A&Es and was clear about the work that needs to be undertaken.

The Board:

- Noted the Chief Executive's Report

BOD/2122/146 Board Assurance Framework (BAF) Risks 2022/23

The Director of Corporate Affairs presented the Board Assurance (BAF) Risks for 2022/23 which had been developed with focussed discussion sessions with both the Executive and Non-Executive Directors.

The Board:

- Approved the proposed 2022/23 BAF risks.

BOD/2122/147 Trust Risk Appetite Statement 2022/23

The Director of Corporate Affairs presented the proposed 2022/23 Risk Appetite Statement (RAS) for approval following discussion engagement with the Board of Directors.

Mr D Rawsthorn commented that the Trust had matured in how the Risk Appetite Statement is used to make decisions and welcomed the refinement of the RAS compared to previous years. The Chairman agreed the Risk Appetite Statement had matured and was the best ever seen and thanked the Director of Corporate Affairs and Head of Risk and Assurance for their work.

The Board:

- Approved the Risk Appetite Statement for 2022/23.

BOD/2122/148 Risk Management Policy Review

The Director of Corporate Affairs presented the Risk Management Policy following annual review and refresh.

She noted it would normally be recommended by the Audit Committee to the Board of Directors however was not possible due to timescales and the requirement to have the new policy in place at the beginning of the year. This would be submitted to the Audit Committee scheduled for April 2022.

The Director of Corporate Affairs noted s4 detailed the changes to the policy and were mainly cosmetic in nature. Mr D Rawsthorn provided clarification that the Audit Committee had not approved recommendation to the Board.

The Board:

- Approved the Risk Management Policy.

BOD/2122/149 Modern Slavery Act 2015

The Director of Finance presented the statutory statement relating to the Modern Slavery Act 2015 for publication on the Trust website and inclusion within the Annual Report for 2021/22.

She advised there was a public consultation between July and September 2019 and noted the recommended legislative changes have not currently passed the House of Lords however Procurement would monitor progress and ensure that future Modern Slavery statements reflect any legislative outcome.

Dr D Hanley commented that modern slavery was difficult for staff to recognise and recommendation publicising to staff how to report it. The Chairman noted this was a good point and noted staff may witness something and need to understand how to deal with it and would be a good learning tool for staff. He queried whether there were any implications with the legislative change and the Director of Finance confirmed at this stage there weren't any.

The Board:

- Noted the contents of the report; and
- Approved the draft statutory statement for the year ending March 2022.
- Noted the potential changes to legislation.

BOD/2122/150 Non-Executive Terms of Office; Committee Membership 2022/23 and Non-Executive Champion Roles

The Director of Corporate Affairs presented a report to confirm Non-Executive Directors Terms of Office; Committee membership for 2022/23; and champion roles.

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

She referred to the Committee membership for 2022/23 following annual review by the Chairman.

The Director of Corporate Affairs also noted the Non-Executive Director champion roles following guidance released in December 2021. The guidance recommended a move away from several champion roles which would transition to the Board Assurance Committees.

The Chairman added as an ambulance trust there were additional roles such as EPRR and the requirements of the Civil Contingency Act and noted Dr D Hanley would continue in his champion role for this area.

In terms of the Committee membership, the Chairman noted his thanks to Mr R Groome and Prof A Chambers as outgoing Chairs of Committees.

The Board:

- Noted that the Board remains compliance with the Establishment Order 2006 No 1662 and Membership and Procedure Regulations 1990 (as amended);
- Noted the Board can continue to declare compliance with code provision B.7.1 of Monitor's Code of Governance with respect to Non-Executive Directors;
- Noted the Non-Executive Director Committee membership for 2022/23 and the Champion Roles.

BOD/2122/151

Chairman's Annual Fit and Proper Persons' Declaration

The Director of People presented the Chairman's Annual Fit and Proper Persons' Declaration. She noted in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust is required to ensure that all individuals appointed to or holding the role of Executive Director or equivalent or Non-Executive Director meet the requirements of the Fit and Proper Persons Test (Regulation 5).

She advised the report set out the Chairman's annual declaration of compliance, informed by compliance with the agreed Board procedure; assurances from NHSI regarding non-executive directors; individual declarations of interest and an annual individual declaration of compliance with the regulations.

The Board:

- Noted the assurance provided by the Chairman that he is confident the Trust is compliant with regulations and that the Board meets the Fit & Proper Persons criteria.

BOD/2122/152

Integrated Performance Report

The Director of Strategy, Partnerships and Transformation presented the Integrated Performance Report up to February 2022.

Following an overview of the report, the Chairman referred to cardiac outcomes and queried the timeliness of data and noted October data provided

limited value to put interventions in place. The Medical Director advised the national team were reviewing the quality indicators to ensure they provided timelier and responsive performance indicators. He stated good data was required that the ambulance sector could influence, as the outcomes relate to the hospitals and ultimately survival. He advised the Trust sees response rates reviewed by the Critical Care Working Group and can directly influence.

Dr D Hanley queried whether EPR could shorten the timescale and whether this was in keeping with other ambulance trusts. The Medical Director advised the Trust was in line with the rest of the sector and noted the collection centre and was mandated by NHSE/I. He stated the Trust is seeking to improve the rapidity of data however noted there would always be a time lag to chain of survival. He advised EPR could be used for internal valuation and timely reviews of performance.

Prof A Esmail noted the small numbers, which were on the whole within control limits. He advised any issues would be flagged and noted the Board should be assured. The Chairman queried how other measures such as clinical intervention were identified due to the time lag issue. The Medical Director advised this would be identified much earlier by the Chief Consultant Paramedic and ROSE as a real time indicator and whether it was a potential SI, with input from EOC and other partners. Prof A Chambers advised that assurance is submitted through to the Quality and Performance Committee from the relevant sub committees and noted the structures and governance already in place to receive assurance.

Dr D Hanley queried whether there was any analysis to prove whether early access to defibrillators improved cardiac outcomes. The Medical Director advised that cardiac outcomes are linked to health inequalities and advised the Public Health Team had undertaken some analysis to facilitate efficient distribution of defibrillators across the NW. Most recently, all defibrillators had been coded and agreed to present the analytical piece of work for the Quality and Performance Committee.

The Director of Operations advised hospital turnaround continued to impact on resource availability and was an indication of whole system pressure and advised assistance from the military had now come to an end. The Trust however maintained strong resources through the 6 point plan and is now looking at how to move into business as usual.

He reported the migration at Broughton EOC to NHS Pathways had gone extremely well and noted the gains are positive however there was limited data. He advised calls are being dealt with quickly, with completion of audits to ensure calls are dealt with properly and highlighted the positive position relating to call handling time. Over the course of the next two months, data would be analysed and NHS Pathways would be rolled out to other EOCs.

Discussion followed in terms of NHS Pathways and AMPDS, the Chief Executive advised that AMPDS was a tried and tested triage tool and the move to NHS Pathways allowed more integration with 111 and ensuring the Trust delivered the Trust Strategy in order to evolve the trust. The Director of

Strategy Partnerships and Transformation agreed and the Trust had tested and spent a number of weeks training staff and was a key part of the Trust's integration with 111.

The Director of Operations referred to NHS 111 and highlighted the 20% increase in call volume for NHS 111. He advised the call profile is changing and was difficult to profile the workforce and noted ORH were undertaking a call and demand review.

In terms of Organisational Health, the Director of People advised that sickness for January was 13.74% with Covid related sickness 5.8%. She highlighted there was continued long Covid absence from staff and noted the Resources Committee were provided with the details of work being undertaken by the attendance team. A deep dive relating to sickness would be provided to the Resources Committee to provide further assurance.

She highlighted the increase in turnover and noted the Board received a presentation detailing the retention plans for NHS 111, which has started to slow turnover. She reported the recruitment of agency staff had increased within EOC and was positive that the Trust was +35% overstaffed. In terms of PES she noted an increase in turnover which would be subject to a deep dive. In addition, she reported the loss of staff to primary care had not been to the same level anticipated and would provide a further deep dive to the Resources Committee in the event of any changes.

The Director of People highlighted following the reset of targets for appraisals, targets had been exceeded and is positive for staff and managers who continue wellbeing conversations. She highlighted the dramatic reduction in case work and noted the timeliness to manage impacts relevant to stress and anxiety.

She advised that following additional funding from NHSE/I, the Trust had been able to offer sessions with the Manchester Stress Institute on managing burnout for staff and managers. The feedback from the programmes has been positive in relation to it changing lives and supporting staff more proactively.

In terms of mental health support, she noted this was provided by an external organisation to allow a safe space for staff. She advised a Clinical Psychologist would commence with the Trust in May and allow the Trust to refresh and review the full wellbeing offer. More specifically it would help to understand the stigma around mental health and noted there would be a big step change in the next 12 months.

Dr D Hanley queried whether there was any correlation between vaccinated staff being off sick. The Director of People advised there was no clear correlation and noted the requirement for staff to isolate whether vaccinated/unvaccinated. In terms of long Covid, there is a correlation before the vaccine was available however messages to staff have always included the risk to patients if unvaccinated.

The Chairman noted the Board were grateful for the work undertaken by the Executive to keep the trust going. He commented that the Trust had chosen to implement NHS Pathways during the pandemic and thanked the Strategic Head of EOC and team for delivering this successfully.

He formally acknowledged the service provided by the military and noted the Trust is grateful for the assistance provided.

The Board:

- Noted the content and recommendations of the Integrated Performance Report.

BOD/2122/153 Learning from Deaths Q3 Report

The Medical Director presented the Learning from Deaths Q3 report. He provided an overview of the report and referred to the learning outcomes detailed in s3.3.4. He advised that contact shifts would be a refocus of peer work and noted the digital improvement programme to connect EPR and ECGs in a seamless manner. He referred to the lack of clinical narrative to understand why clinical investigations were not carried out and to ensure there is no bias. He reported the GETACS are not user friendly and to ensure the iPads are customisable, with descriptors to make timelier clinical notes. He also referred to the areas of good practice identified within the report and the importance to feedback.

The Chairman queried the learning outcomes relating to bias not impacting clinical assessment and investigations, the Medical Director advised the coding in the system assumes the call to have been triaged, particularly around suspected stroke however clinicians should also listen to the patient. He noted NHS Pathways would assist and as it provides the opportunity for clinicians to undertake a clinical examination.

The Board:

- Noted the content of the Learning from Deaths Q3 report.

BOD/2122/154 Ockenden Review of Maternity Services Update

The Medical Director presented a report providing assurance that the Trust is responding and addressing immediate and essential actions detailed in the interim Ockenden Review released in December 2020 and re-referenced in the "One Year On" letter to all NHS material trusts in January 2022. He reported the full Ockenden Review would be released later in 2022 however the interim report identified that increased authority and accountability must be given to Local Maternity Systems (LMS) to further ensure safety and quality within maternity services.

He reported the self-assessment is required against immediate and essential actions (IEA) which were highlighted within the report, with five out of seven IEAs applicable to the prehospital environment. He stated the report

documented the improvements to date and detailed future improvements to maternity services and highlighted the importance for the Board to understand maternity.

The Chairman noted the investment was welcome and noted Prof A Esmail would be the responsible Non-Executive Director to understand our response nationally and was good progress.

Prof R Thomson noted the discussions held at Quality and Performance Committee and the work being undertaken around maternity and thanked the Medical Director for the work undertaken to date however recognised there was more work to be undertaken.

Dr D Hanley referred to the maternity related complaints and noted the work that needs to be undertaken to systemise complaints.

The Chairman thanked the Medical Director for the assurance provided within the report and highlighted it was a different operating environment for the ambulance services. He added that Non-Executive Directors need to review the data to allow difficult situations not to be normalised.

The Board:

- Noted the assurance that the Trust is fully responsive to Ockenden IEAs and continues to focus on reviewing pre-hospital maternity provision.
- Noted the assurance provided from the initiatives in places to support delivery of safe, effective and patient centred maternity care.

BOD/2122/155 Quality and Performance Committee Chairs Assurance Report – 24th January 2022 and 28th February 2022

Prof A Chambers presented the Chairs Assurance Report from the Quality and Performance Committee meetings held on 24th January 2022 and 28th February 2022.

She referred to the red assurance ratings and highlighted it was important to acknowledge the challenges and mitigating actions to help keep patients safe.

The Board:

- Noted the content of the Quality and Performance Committee Chairs Assurance Report from the meeting held on 22nd November 2021.

BOD/2122/156 Resources Committee Chairs Assurance Report – 25th March 2022

Mr R Groome presented the Chairs Assurance Report from the Resources Committed meeting held on 25th March 2022.

He referred to the amber rated Staff Survey and noted the Committee would receive further reports during 2022/23.

The Board:

- Noted the assurance provided within the report.

BOD/2122/157 Annual Staff Survey Results

The Director of People presented the Board of Directors with an overview of the 2021 national Staff Survey results due for publication by the National NHS Staff Survey Co-ordination Centre on 30th March 2022. She reported following review of the staff survey, questions had been removed, with new questions added and advised of the lack of historic trend data for some areas.

She reported the response rate was 36% compared to 41% of staff who responded in 2020 and that the results were aligned to the People Promise. The results showed an improved position from 2020 and are above average for the sector in 7 out of 9 themes. However one theme scored below average in terms of the Trust's ability to support flexible working and correlates to rota patterns within the operational service lines.

The Director of People noted the areas of significant improvement relating to appraisal completion; immediate line management support; experience of bullying and harassment through the Treat Me Right Campaign; experience of violence and confidence in raising clinical concerns.

She noted the correlation with turnover and staff looking for other work, with the Trust being an outlier in relation to flexible working and career progression possibly due to staff burnout as a result of the impact of the pandemic however required further work. She referred to PTS staff and noted the large number of acting up arrangements however there was a clear message relating to health and wellbeing, burnout and mental health support.

The Director of People highlighted an area of concern relating to the mixed picture relating to diversity data and worsening experiences of BAME colleagues, with more work to be undertaken to fully understand it. She added it could be a more realistic experience of BAME staff than the Trust has seen in previous years and noted further work would be undertaken with the Race Equality Network.

In terms of next steps, she reported the local People Plan templates would be redesigned to form a clear link between the NHSE/I Health and Wellbeing Framework, Staff Survey results and the People Promise to enable a more consistent approach to localised actions.

Discussion was held relating to the Communications Plan to staff and the Director of People noted an improved approach would be taken relating to Communications this year and would work with the various networks to help understand the issues.

The Chief Executive advised work had commenced around communicating the results following discussion as an Executive Team and presentation of the key highlights to the Senior Leadership Group. He noted whilst the Trust can produce a You Said, We Did, it was about the So What and was down to senior leaders to develop local People Plan.

The Chairman noted the good results and that the Board understand the work being undertaken. He noted the appointment of Catherine Butterworth as Non-Executive Director and Wellbeing Guardian, which would support the work. He acknowledges that the trust was still on a journey and that the Resources Committee would continue to receive assurance around the work being undertaken.

The Board:

- Noted the contents of the report and assurance provided.

BOD/2122/158 Any Other Business Notified prior to the meeting

There was no other business notified prior to the meeting.

The Chairman thanked Mr R Groome and Prof R Thomson individually for their contributions to the Trust. He noted Prof R Thomson had served for a period of 3 years and had brought a public health focus to the Board. He wished him well on his appointment as Non-Executive Director at Cheshire and Wirral Partnerships NHS Trust.

He thanked Mr R Groome for his 7 years' service and role as Vice Chair and would miss his wise counsel, he wished him good luck with his next role as Chair of a housing association.

BOD/2122/159 Items for inclusion on the BAF

There were no items identified for inclusion in the BAF.

Date and time of the next meeting – 1.00 pm on 27th April 2022 via Microsoft Teams.

Signed: _____ Date: _____



Minutes
Board of Directors

Details: 1.00pm on Wednesday, 27th April 2022
Via Microsoft Teams

Mr P White	Chairman (Chair)
Mr G Blezard	Director of Operations
Ms C Butterworth	Non- Executive Director / Health & Wellbeing Guardian
Prof A Chambers	Non-Executive Director
Mr S Desai	Director of Strategy, Partnerships and Transformation
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director (Clinical)
Mr D Mochrie	Chief Executive Officer
Prof M Power	Director of Quality, Innovation and Improvement
Mr D Rawsthorn	Non-Executive Director
Ms L Ward	Director of People
Ms A Wetton	Director of Corporate Affairs
Ms C Wood	Director of Finance

In attendance:

Ms D Earnshaw Corporate Governance and Assurance Manager (Minutes)

Minute Ref:

BOD/2223/1 Apologies for Absence

Apologies for absence were received from Prof A Esmail, Non-Executive Director.

BOD/2223/2 Declarations of Interest

There were no declarations of interest to note.

BOD/2223/3 Register of Interest

The Board noted the opening 2022/23 Register of Interest presented for information.

The Board:

- Noted the 2022/23 Register of Interest presented for information.

BOD/2223/4 Board Assurance Framework and Corporate Risk Register Q4 Closing Position 2021/22

The Director of Corporate Affairs presented the Board Assurance Framework and Corporate Risk Register Q4 Closing Position 2021/22.

She reported that the Executive Leadership Committee recommended a decrease in risk score of SR04 from 16 to 12 and a decrease in risk score of SR09 from 20 to 15.

The Board:

- Agreed the decrease in risk score of SR04 from 16 to 12.
- Agreed the decrease in risk score of SR09 from 20 to 15.
- Agreed the Q4 position of the Board Assurance Framework.

BOD/2223/5 Board Assurance Framework 2022/23 Opening Position

The Director of Corporate Affairs presented the Board Assurance Framework 2022/23 Opening Position.

She reported the proposed opening risk scores for the strategic risks SR01 – SR09 and advised there had been robust discussion at Quality and Performance Committee related to the proposed reduction of the risk score for SR01, from 20 to 15.

The Medical Director reported the rationale for reducing the score from 20 to 15, which had included consideration of the mitigating actions taken to reduce the risk, however proposed monitoring, and a review of the score at the end of Q1, following the outcome of the Trust's CQC inspection.

The Chairman acknowledged the challenge of balance, in terms of the risk score, in relation to patient safety and issues such as hospital handover delays. However, he felt a Q1 review would provide the opportunity to consider increasing the risk score, if necessary, at the end of the quarter.

The Board:

- Approved the 2022/23 Opening Position of the Board Assurance Framework.

BOD/2223/6 Annual Review of Core Governance Documents

The Director of Corporate Affairs presented the Annual Review of Core Governance documents.

She reported that the Trust's core governance documents had been reviewed as per the Standing Orders.

She advised that the review had resulted in several changes to the Trust's Standing Orders and Reservation of Powers to the Board, Scheme of Delegation and Standing Financial Instructions and could be identified with tracked changes.

Ms C Butterworth referred to discussion at the recent Audit Committee meeting, where the documents had been considered. She noted that the term

Chairman, referred to in the Standing Orders, Reservation of Powers and Scheme of Delegation should be replaced with the term Chair to represent equality.

The Director of Corporate Affairs confirmed the terms used in the documents were a national directive.

The Chairman supported and welcomed future change to terminology in governance documentation.

The Board:

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

BOD/2223/7

FT Code of Governance Compliance Declaration

The Director of Corporate Affairs presented the FT Code of Governance Compliance Declaration.

She advised that whilst the Trust was not a Foundation Trust it takes full account of the NHS Foundation Trust Code. She confirmed the Trust was able to declare compliance with all relevant clauses.

The Chairman thanked the Director of Corporate Affairs for the report and the work undertaken to provide the Governance required.

The Board:

- Received assurance from the report and confirmed the Trust's declaration of compliance with all the Code's relevant clauses.

BOD/2223/8

Common Seal Biannual Report

The Director of Corporate Affairs presented the Common Seal Biannual Report.

She reported that the Common Seal had been applied on a total of 4 occasions during the period 1st October 2021 and 31st March 2021, which related to the Trust's Estate and lease renewals.

The Board:

- Noted the occasions of the use of the Common Seal.
- Noted compliance with s8 of the Standing Orders.

BOD/2223/9

Freedom to Speak Up (FTSU) Annual Report 2021/22

The Director of Corporate Affairs presented the Freedom to Speak Up Annual Report 2021/22.

She reported that there had been a total of 98 concerns raised via the Freedom to Speak Up (FTSU) Service during 2021/22 and s3 provided key themes to the categorisation of the FTSU cases.

She advised that a review of the ambulance sector, by the National Guardian's Office, would be conducted to understand why the FTSU index scores didn't appear to correlate with CQC ratings, unlike other NHS sectors.

Dr D Hanley confirmed he had been assured by the report and the processed conducted during 2021/22.

The Board:

- Noted the contents of the report.
- Considered any risks or further actions for the Trust.

BOD/2223/10 Quality and Performance Committee Annual Report 2021/22

Prof A Chambers presented the Quality and Performance Committee Annual Report 2021/22.

She advised that the Committee had reflected on 2021/22 meetings held through the year and reviewed the Terms of Reference accordingly.

She added that the Committee had considered a request to alter the frequency of meetings from monthly to bimonthly during 2022/23, which would be considered by the incoming Chair.

The Board:

- Noted the content of the Quality and Performance Committee Annual Report 2021/22.

BOD/2223/11 Resources Committee Annual Report 2021/22

Dr D Hanley presented the Resources Committee Annual Report 2021/22.

He reported that the Committee had reviewed the outcome of the annual effectiveness review and the Terms of Reference revised to reflect updated reporting items to be presented to the Committee during 2022/23.

The Board:

- Noted the content of the Resources Committee Annual Report 2021/22.

BOD/2223/12 Audit Committee Annual Report 2021/22

Mr D Rawsthorn presented the Audit Committee Annual Report 2021/22.

He advised that the report included a list of the reports presented to the Audit Committee during 2021/22.

The Board:

- Noted the Audit Committee Annual Report 2021/22.

BOD/2223/13 Board Assurance Committee Terms of Reference 2022/23

The Director of Corporate Affairs presented the Board Assurance Committee Terms of Reference 2022/23.

She advised that the Terms of Reference had been reviewed by the Chairs and Corporate Governance team and reflected the outcome of the Annual Committee Effectiveness Reviews.

The Board:

- Approved the Board Assurance Committee Terms of Reference for 2022/23.

BOD/2223/14 Board of Directors Annual Cycle of Business 2022/23

The Director of Corporate Affairs presented the Annual Cycle of Business 2022/23.

She advised the Work Plan included the annual reporting items to be presented to the Board during 2022/23.

She added that further items from the Director of People and the Workforce Directorate would be included in the final version of the Work Plan.

The Board:

- Approved the Annual Cycle of Business for 2022/23.
- Noted further inclusion of Workforce reporting items.

BOD/2223/15 Any other business notified prior to the meeting

The Chairman thanked the Director of Corporate Affairs and the team for their hard work in preparing the Governance documents.

BOD/2223/16 Items for Inclusion on the BAF

There were no items identified for inclusion in the BAF.

Date and time of the next meeting – 9.45am on 25th May 2022 via Microsoft Teams.

Signed: _____ Date: _____

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Status:	
Complete & for removal	Green
In progress	Yellow
Overdue	Red
Included in meeting agenda	Blue

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
62	24.11.22	111	Health and Wellbeing Update	Further detail of the Wellbeing Framework diagnostic tool to be shared at future Board Development Session.	LW/AW	2022/23		Update 30.3.22: To be scheduled into a future Board Development Session. Date to be identified.	Yellow
64	30.3.22	152	Integrated Performance Report	Research undertaken by Public Health Team to be presented to the Quality and Performance Committee to provide the analysis to facilitate efficient distribution of defibrillators.	CG	2022/23		Action to be scheduled into a future Quality and Performance Committee.	Yellow

NWAS Board and Committee Attendance 2022/23

Board of Directors								
	27th April	25th May	17th June	27th July	28th September	30th November	25th January	29th March
Ged Blezard	✓							
Prof Alison Chambers	✓							
Salman Desai	✓							
Prof Aneez Esmail	x							
Dr Chris Grant	✓							
Dr David Hanley	✓							
Daren Mochrie	✓							
Prof Maxine Power	✓							
David Rawsthorn	✓							
Catherine Butterworth	✓							
Lisa Ward	✓							
Angela Wetton	✓							
Peter White (Chair)	✓							
Carolyn Wood	✓							

Audit Committee						
	22nd April	12th May	17th June	21st July	21st October	20th January
Prof Alison Chambers	✓	✓				
Prof Aneez Esmail	✓	✓				
David Rawsthorn (Chair)	✓	✓				
Catherine Butterworth	✓	✓				

Resources Committee						
	20th May	22nd July	23rd September	25th November	20th January	24th March
Ged Blezard	✓					
Salman Desai	✓					
Catherine Butterworth	✓					
Dr David Hanley (Chair)	✓					
Prof Maxine Power	x					
David Rawsthorn	✓					
Lisa Ward	✓					
Carolyn Wood	✓					

Quality and Performance Committee										
	25th April	23rd May	27th June	25th July	26th September	24th October	28th November	23rd January	27th February	27th March
Ged Blezard	✓									
Prof Alison Chambers	✓									
Prof Aneez Esmail (Chair)	x									
Dr Chris Grant	✓									
Dr David Hanley	✓									
Prof Maxine Power	✓									
Angela Wetton	✓									

Charitable Funds Committee		
	27th April	26th October
Ged Blezard	✓	
Salman Desai	✓	
Catherine Butterworth	✓	
Dr David Hanley	✓	
David Rawsthorn (Chair)	✓	
Lisa Ward	✓	
Angela Wetton	✓	
Carolyn Wood	✓	

Nomination & Remuneration Committee						
	25th May	27th July	28th September	30th November	25th January	29th March
Prof Alison Chambers	No meeting					
Prof Aneez Esmail						
Richard Groome						
Dr David Hanley						
David Rawsthorn						
Peter White (Chair)						

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest					Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests	From		To		
David	Rawsthorn	Non-Executive Director	Trustee and Treasurer of Citizens Advice Carlisle and Eden (CACE)			√		Position of Authority	Apr-19	31.3.22	N/A	
			Member of Green Party			√		Other Interest	May-19	Present	Will not use NED position in any political way and will avoid any political activity in relation to the NHS.	
			Member of Cumbria Wildlife Trust			√		Other Interest	Apr-19	Present	N/A	
Lisa	Ward	Interim Director of Organisational Development	Member of the Labour Party	N/A	N/A	√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.	
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A	
			Non-Executive Director -Miocare (Oldham Care and Support Limited is a subsidiary)	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
			Non-Executive Director – The Riverside Group	√				Position of Authority	Apr-19	Jan-22	-	
			Non-Executive Director – Miocare Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved	
Angela	Wetton	Director of Corporate Affairs	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Carolyn	Wood	Director of Finance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.	
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.	
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict	



REPORT TO BOARD OF DIRECTORS

DATE:	25 May 2022					
SUBJECT:	Chief Executive's Report					
PRESENTED BY:	Daren Mochrie, Chief Executive					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<p>The purpose of this report is to provide members with information on a number of areas since the last CEO's report to the Trust Board on 30 March 2022.</p> <p>The highlights from this report are as follows:</p> <p>Paramedic Emergency Services</p> <ul style="list-style-type: none"> • Successful implementation of Pathways into Broughton EOC delivering all anticipated benefits including reduced C1 volume • Deterioration in hospital handover times • Downgraded to REAP Level 3 in April <p>NHS 111</p> <ul style="list-style-type: none"> • 35% higher than contracted demand • Call performance has fallen due to gap between capacity and demand • Retention premium introduced to help reduce attrition <p>PTS</p> <ul style="list-style-type: none"> • Activity 56% below contracted baseline <p>The paper also provides an update on local, regional and national activities as well as outlining our approach to a number of areas such as</p>					
RECOMMENDATIONS:	The Board is requested to receive and note the contents of the report					

CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: <ul style="list-style-type: none"> <input type="checkbox"/> Financial/ VfM <input type="checkbox"/> Compliance/ Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> Innovation <input type="checkbox"/> Reputation 			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Not applicable			
	Date:			
	Outcome:			

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1. PURPOSE

This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 30 March 2022

2. PERFORMANCE

2.1 Paramedic Emergency Services (PES)

Late March saw the introduction of NHS Pathways triage process into our Broughton control room. The implementation had been delayed by two weeks due a technical problem external to NWAS. The implementation has gone almost flawlessly from a technology perspective and is delivering all the anticipated benefits. We are still in the early days of the change but have seen improvements in Hear & Treat, without any deterioration of See & Treat. Reduced Category 1 call volume with a corresponding increase in Category 3 and 4 volumes. The call average handling time is also faster than originally planned. Comments from the staff are also very positive. We have now set dates for the further roll out of NHS Pathways to Parkway Control w/c 25 July 2022 and w/c 8 August 2022. The delay in the roll out is to facilitate Pathways training for call taking staff in the two control rooms

Call pick-up has been challenged in April. This is a by-product of the staff abstractions to deliver the pathways training but we are managing to deliver against the forecast levels predicted.

We only achieved the Category 1 90th Centile standard in April, but we have seen an improvement on all our performance measures, some were only small. This has reduced the C1 and C2 long waits. The Trust reduced its REAP level to level 3 in April due to improved resources and improved response times.

Hospital handovers deteriorated in April, the average turnaround time for the month was 42:27, that translates to 9496 vehicle hours or 395 24 hour ambulances unavailability.

2.2 NHS 111

The NHS 111 service continues to receive higher than contracted demand circa 35%, without sufficient resources and thus has experienced continuation of non-achievement of the 111 standards.

Calls answered in 60s performance has fallen to 26.8%, this is due to the significant gap between capacity and demand. Call demand has increased over the last few months, with calls offered reaching over 210,000 in April 2022 compared to 201,986 in March. The Easter weekend was the busiest weekend of the year so far with just under 40,000 calls offered over the 4 days.

The 111 operational team are currently working with ORH (Operational Research in Health Ltd) to identify the most efficient and effective delivery model for NWAS 111 and make recommendations to be shared with our commissioning colleagues that will improve 111 performance.

Alongside the overall funding to demand resource gap, attrition remains a challenge for the service. The main factors identified by staff via exit interviews for leaving the service are booking of annual leave, shifts, weekend working and work life balance. A Retention Premium was introduced in February 2022 for a period of 12 months. It is too early to demonstrate any reductions this month, however it is anticipated this will reduce attrition during the coming months whilst other changes are implemented which include processes to book annual leave and a rota review focussed on team-based scheduling.

Until the final funding for 22/23 is confirmed, we continue to have a number of roles in training and audit remaining as short-term secondments. In order to meet the required recruitment and training levels for this year to maintain our staffing capacity these roles are vital, and without them our recruitment will not be realised with the potential for attrition to outstrip recruitment.

The NWS pilot project of SMS for Self-Care went live in March 2022, with the support of colleagues in NHS Pathways. It is anticipated that this pilot will deliver a reduction in AHT (average handling time) as self-care advice will no longer be spoken if the patient is happy to receive a SMS message. As the pilot is still in its early stages, AHT reductions are still being evaluated but will be shared over the next few months. An interim report to NHS Pathways has been requested after 3 months of the pilot and there are ongoing meetings with NHS Pathways to explore expansion of the project to include more code sets.

2.3 Patient Transport Services (PTS)

PTS performance is reported one month in arrears. Activity in March for the Trust was 56% below contract baselines

3. ISSUES TO NOTE

3.1 Local Issues

Manchester Arena attack – Five Year anniversary

Sunday 22 May is the fifth anniversary of the Manchester Arena terror attack – a terrible event, which we as a service will never forget.

For many it will be a day of reflection and it is an opportunity to remember the 22 people who so tragically lost their lives, their family and friends and the hundred who were injured. We will also remember the brave and outstanding actions taken by many of our staff and everyone else who helped on the night and in the aftermath.

I am sure the anniversary will be a difficult day for all those affected by the incident.

Manchester Arena Inquiry – media coverage

The Chair of the Manchester Arena Inquiry is currently drafting Volume 2 of his report, which will draw conclusions about the effectiveness of the emergency services' response to the Manchester Arena terrorist attack in May 2017. The publication date of the report has been pushed back and we're not expecting it to be finalised or published until later this year.

A two-part documentary: 'World's Collide – The Manchester Bombing' recently aired on ITV. The documentary delved into the failings of MI5, but also referred to first responders and the emergency service response. The trust was made aware of this

documentary and provided background and a brief comment within the remit of what is appropriate when considering the Inquiry report has not yet been published. This is with respect to the whole Inquiry process - it would be inappropriate for NWS to give any further comment until a time that we can formally respond to the conclusions reached by the Inquiry, which has involved months of hard work and bravery from the families involved and all those colleagues who have provided evidence.

This is a highly emotive topic, and it can be difficult when our service comes under scrutiny, especially in relation to incidents such as this where everyone who responded did their very best

Station Visits

Our Patient Transport Service (PTS) teams do a fantastic job supporting patients and play a vital role in the wider health and care system in the region, by facilitating discharges from hospital, as an example. I had the pleasure of joining Dee and Sophie on a PTS shift in Greater Manchester. It was great to meet patients and chat to Dee and Sophie about the highlights and challenges of their job over the last few months. It's fair to say we couldn't have continued to respond to emergencies as well as we have done throughout the pandemic if it wasn't for the support from PTS.

I then joined Amy and Matt on a paramedic emergency services (PES) shift out of Salford station. We went to a variety of incidents and had an honest conversation about how they've found the job recently, some of the challenges and the highlights. I witnessed once again the length of time it takes to hand patients over at hospitals and the impact this is having on staff and our patients. I was able to share their experiences and my reflections with colleagues on the NHS England regional leadership meeting and with the NWS Board the following day, so that we can continue to highlight these issues and learn and improve things for our patients and staff.

I have also taken some time to visit colleagues in the Cheshire & Merseyside area, as well as Carlisle. I called into our shared station in Birchwood, and then went on to Huyton station. After meeting and chatting to staff at both sites, I wanted to catch up with staff who were out on the road, so travelled over to Whiston and Warrington Hospital Emergency Departments. It was also nice to meet a few patients there too.

The following day I joined Team Leader, Paul. at Warrington station on a Rapid Response car. I was really pleased to be able to meet with Connor who was about to start his very first shift as an EMT1. Following this I went into Widnes station and then onto Runcorn station and it was great to be able to chat with the two Michelles who work on PTS. In between the station and site visits, we attended a number of emergency calls including finding and helping an 80-year-old patient living with dementia who had gone missing from the ED and then returning him safely.

I then spent a morning in St Helens Ambulance station talking to staff and the leadership team followed by a visit to our Newton le Willows station. I also managed to catch up with our trust Chaplin, George, whilst I was there.

My week ended with a trip up to Carlisle where I visited the local ED department.

During May I have also visited Lancaster stations meeting up with the sector management team and both PES and PTS staff.

At a time when we're all really busy, I believe it is very important for me to take some time to visit sites. I will continue to do this as much as possible in the future. It is not always possible for me to get to visit every station to talk to staff face to face, but it is

vital that we take opportunities to feedback on our work life when we can. The National Quarterly Pulse Survey is one way of doing that.

Emergency Services exercise in Manchester

I recently joined NWAS colleagues and representatives from Greater Manchester Police and Greater Manchester Fire and Rescue Service at a major incident exercise.

The multi-agency exercise was designed to test our joint response to a major incident at Manchester Airport and highlight any areas where learning or further training is required. Exercises such as this take a lot of planning by our Resilience Team and attendance from operational colleagues, but they are very worthwhile and so important in helping us improve our response to serious and major incidents. A big thank you to Nick Bell, Greater Manchester Resilience Manager, and the team for all their hard work planning the exercise.

3.2 Regional Issues

NHS Pathways

Broughton is the first of our emergency operations centres to move to NHS Pathways for 999 call triage, replacing MPDS.

NHS Pathways is a clinical tool for the assessment and triage of patients. It also enables emergency call advisors, (the new name for EMDs) to direct patients to alternative services when they don't need an ambulance.

Pathways is already used in our 111 contact centres. The launch at Broughton EOC is the next step in ensuring patients get the same response from NWAS regardless of the number they use to call.

Go-live date was the culmination of months of hard work by the numerous people involved in the project, and intensive training undertaken by the frontline staff. A dedicated project team was led by Strategic Head of EOCs, Dan Ainsworth, and made up of representatives from across all departments of the trust.

Armed Forces Network

At the end of March, the trust officially launched its Armed Forces Network together with our Director of Corporate Affairs and Executive Champion, Angela Wetton and network committee members. The event was hosted by the Chairs of the Network, Ed Fulker, Lead Analyst and John Jones, Fleet Logistics Manager. The group has been around for a number of years, but this launch marked a new beginning as an official network

The launch started with a photo opportunity at Ladybridge Hall followed by lunch in the grounds. The network is very important and the skills that colleagues from the forces bring to NWAS are an asset to the service. The network offers a sense of community for veterans, reservists and cadet forces as well as supporting friends and families of the military. The network is now looking forward to engaging closely with network members and creating opportunities to strengthen the ties between NWAS and the Armed Forces. It was good to hear the network's aims of providing a forum where issues can be openly discussed and signposted, and policy making can be influenced. The network will also help to ensure important events such as Armed Forces Week and Remembrance Sunday are appropriately marked by the trust.

NHS 111 Staff on Social Media

111 Health Advisor, Kayleigh, took over our official Instagram stories to give followers an insight into working for the service posting a mixture of video and picture content. Kayleigh joined Team NWAS in January 2021 after working in retail and says she loves what she does.

Kayleigh gave followers the chance to ask any questions about the 111-health advisor role. Questions were asked about shift patterns, age requirement, education, experience, calls answered and much more.

The trust has also been documenting Nikki's journey in becoming a new health advisor in our 111 service.

The diary is hosted on our website and the first instalment was posted on our social media channels and was picked up by NHS England who liked the idea and shared it across their social channels

Research Seminar

Our Research and Development Team has been working with National Institute for Health Research Clinical Research Networks (NIHR CRN) Greater Manchester and North-west coast to develop a Bitesize Research Seminar.

The event was held on Friday 22 April 2022 and featured presentations from both NIHR CRN and NWAS staff including our Research Lead and Consultant Paramedic, Steve Bell.

The aim of the event was to outline how staff can get involved with carrying out research at NWAS, an introduction to the NIHR CRNs and promotion of the PARAMEDIC-3 NIHR clinical trial that's about to open at NWAS

CQC inspection update

Over three days in April the trust was visited by CQC inspectors in the Lancashire & South Cumbria and Cheshire & Merseyside areas.

Inspectors visited various locations including NHS 111 at Middlebrook and EOCs at Broughton and Estuary Point, as well as A&E departments and ambulance stations in and around Blackpool, Lancaster, Preston, Kendal, Aintree, Fazakerley, St Helen's, Whiston, Bootle, and Anfield.

The inspectors have been particularly interested in knowing more about how we have been dealing with the system pressures, managing handover delays, keeping patients safe, infection prevention and control and staff wellbeing.

While it's very early days, the feedback so far has been mainly positive from every area visited. Inspectors have already commented on how all staff they met were welcoming, professional, respectful, open and honest and said care and compassion shone through. They mentioned they saw some exemplary examples of our work, including partnership working between our 999 service and healthcare partners, and the inspector who visited NHS 111 could not say enough good things about the service. Nothing was flagged as requiring urgent action, but we will need to wait for the full reports. Under the new inspection format, we expect there will be a report produced for NWAS specifically and we will be included in a report for the wider integrated care system (ICS). This can take several weeks.

A huge well done and thank you to everyone involved. CQC inspections can seem daunting, but they are an important part of making sure our services are safe and effective, and they are an opportunity to showcase the hard work of our staff. This inspection is evidence of that – the inspectors got a true insight into some of the challenges we are facing but also saw the skills, expertise, commitment and compassion staff demonstrate on a daily basis.

3.3 National Issues

National ambulance specification and wheelchairs

Lord Carter's review into unwarranted variation in NHS ambulance trusts was published in 2018 and recommended the sector adopts a common standard specification for emergency vehicles. The review recommendations were accepted by ambulance trusts, NHS England and NHS Improvement and the draft national standard specification was subject to consultation.

The national specification has now been published and while it includes a stretcher and a carry chair, it doesn't include nor exclude the type of wheelchair we currently have on our vehicles at NWS, but it does present a challenge when it comes to where the wheelchairs can be stored.

We know the value of the wheelchairs and recognise the benefits of them for both staff and patients and are committed to working with our Fleet Team, operational colleagues and trade unions to find the best solution possible for the wheelchair storage on the new specification vehicles or look at other hybrid options on the market that some other ambulance services now use.

4. GENERAL

Ramadan 2022

The Islamic holy month of Ramadan commenced on Saturday 2 April and concluded with celebrations of Eid ul Fitr on Monday 2 May. During Ramadan, many Muslims observed the dawn to dusk fasting. As well as being one of the focal points of the Muslim year, one of the goals of the month is to make those who fast conscious of others. Through not eating, people are encouraged to think of the less fortunate who are often without food.

Eid ul Fitr is also known as the 'festival of breaking the fast' – one of the biggest festivals in Islam. On this day, Muslim people dress in smart attire and attend an early morning 'Eid Namaz' prayer service at their local mosque. Muslims also give money to charities that feed the poor throughout the whole of Ramadan as well as on Eid ul Fitr.

As in previous years the trust made available a guidance document on the Green Room with information and key considerations for our Muslim patients and employees during this holy festival

Staff Survey Results

The national staff survey has seen a refresh this year with the questions and findings now aligned to the NHS People Promise. This sets out the things that would most improve our working experience – like health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job.

Over a third of the workforce completed the survey; 2,308 responses were received and this gives us confidence that the results accurately reflect views across the service. Of the nine themes, as an organisation we scored above average across seven of them. This shows an improvement from 2020 where we did not score higher than average across any themes. Our highest scoring themes were; 'we are compassionate and inclusive', 'we each have a voice that counts', 'we are a team' and 'staff engagement'.

From the results of the 2020 survey, the trust has implemented a number of changes. We launched our Treat me Right campaign to tackle bullying and harassment issues and raise awareness about the importance of treating each other with dignity and respect.

Doing more to support wellbeing has also been a focus. We introduced a mental health toolkit for managers to support with mental health conversations and a suicide prevention toolkit to help, support and educate everyone around the risks of suicide within the workplace. We also partnered with Manchester Stress Institute to support staff and managers with burnout, nutrition and mental health.

Staff feedback and engagement has also been used to successfully develop and implement our new trust values and behaviours as well as strengthen our equality and diversity networks.

The responses show that we benchmarked above our peers in the majority of measures but we still have a lot of work to do to improve what it feels like to work for NWAS and the responses have helped us to highlight some spotlight areas of focus of 2022, including retention and career progression, flexible working, supporting immediate managers, health, wellbeing and burnout, bullying and harassment. From a wellbeing perspective this includes a relaunch of our Invest in Yourself health and wellbeing support teams.

We each have a voice that counts, and it is only through staff feedback and suggestions that we can make effective change happen.

Freedom to Speak Up

Speaking up about a concern you have at work is vital – everyone working within the NHS has a responsibility to raise any genuine concerns about issues at work that may affect patients, the public or staff, and if we know about issues, we can act on them and improve our services for both patients and staff.

Freedom to Speak Up is the scheme that allows staff to be confident that concerns about a risk, malpractice or wrongdoing at work, will be taken seriously and handled confidentially with full support.

We are investing in Freedom to Speak Up (F2SU) at NWAS and will soon be recruiting a dedicated F2SU guardian. In the meantime, we have two F2SU guardians in place from the medical directorate: Consultant Paramedic, Steve Bell, and Clinical Effectiveness Lead, Jon Price. Francesca Balon has also joined the team to offer F2SU admin support and the scheme is supported by local champions.

Jubilee Bank Holiday

The UK government's department for Digital, Culture, Media and Sport (DCMS) has confirmed that there will be an additional public holiday on Friday 3 June 2022 to honour the Queen's special anniversary. The May bank holiday weekend will this

year be moved to Thursday 2 June and an additional bank holiday on Friday 3 June will create a four-day weekend.

The Queen's Platinum Jubilee will be a historic moment, the first time any reigning British monarch has reached 70 years on the throne. Reflecting on the Queen's reign, and her impact on the UK and the world since 1952, the government is planning to mark the Platinum Jubilee with the one-off additional Bank holiday. The four-day Jubilee weekend will bring the entire nation and the Commonwealth together in a fitting tribute to the Queen's reign. I am pleased to say that I have been invited to represent both AACE and the Trust at the Platinum Jubilee Service of thanksgiving at St Paul's Cathedral on Friday 3 June.

While the additional day of leave has been announced nationally, the arrangements for payment of the day have been left to local determination. As a trust, along with our ambulance service colleagues, we recognise the extraordinary sacrifices that staff made during the pandemic and we know many will be unable to participate in this special holiday because they will again be working to continue to deliver care and support to our patients across the North West. As a result, we believe it is appropriate to ensure those staff who are working are afforded the full bank holiday terms and conditions for the day.

Going Green

The NHS became the world's first health service to commit to reaching carbon net-zero, in response to climate change and its consequences on our health and the planet. In our service, our current green plan includes the following objectives:

- 51% reduction in carbon by 2025 (1990 baseline).
- Net Zero Carbon by 2050.
- Cut business mileages and fleet air pollutant emissions by 20% by 2023/24
- Ensuring at least 90% of the fleet uses low-emissions engines (including 25% ultra-low emission) by 2028
- Phasing out primary heating from coal and oil fuel in NHS sites.

Earlier this year, the transport and logistics department acquired two fully electric-powered Toyota Pro Ace vans replacing two of the existing fleet and installed a new charging point at their base in Preston. The department is in charge of transporting, amongst other things, mail, bloods, PPE and specimens for NWAS and other NHS partners. Currently, around 10% of the team's mileage is delivered by electric vehicles and grows month by month. The team's fleet of 15 logistics vehicles will be fully electric within the next few years, so we'll see more charging points and infrastructure to support them on our sites.

Estuary Point has recently had 65 solar panels installed following a string of initiatives to reduce fossil fuel use and decrease carbon emissions at the site. The solar panels will provide an eighth of Estuary Point's electricity.

We are also expecting the arrival of three zero-emission vehicles to join the emergency fleet as part of an NHS England funded pilot to test and evaluate the effectiveness of such vehicles in the emergency service. One will be based in a rural location and the other in an urban city.

Ambulance Museum

Earlier this month Crosby Ambulance Station opened its doors to the public as the ambulance museum goes on display. Long-serving paramedic Glyn Brown has committed vast amounts of his spare time to collecting and displaying equipment

from 1948 to the present day. The museum includes photographs, uniforms, books and paperwork, cap badges, uniform adornments, resuscitation kits, motorised and non-motorised vehicles, pre-paramedic equipment, early paramedic equipment, radios, books, magazines and training manuals.

I want to thank Glyn for his enthusiasm and commitment to the museum. Everyone says he is a lovely person, and his passion for the service, the sharing of our history and the smiles he brings to people's faces at the display are what we need to have more of in today's society.

Together we can tackle loneliness

Monday 9 May marked the launch of Mental Health Awareness Week, the UK's national week to raise awareness of mental health hosted by the Mental Health Foundation. This year, the theme for the week was loneliness and struck a chord with many of us who have either felt lonely ourselves or seen loneliness in our patients.

Long-term loneliness is closely linked to mental health problems such as depression and anxiety. During Mental Health Awareness Week, the foundation asks people to use the hashtag #IveBeenThere to share experiences of loneliness to support others and give the campaign momentum.

Join the NHS Big Conversation for Improvement

The NHS Big Conversation for Improvement took place on Wednesday 11 and Thursday 12 May 2022.

The Big Conversation brought people together for a range of interactive discussions, workshops and presentations, giving a space for people to talk through the challenges of the pandemic, explore continuous improvement opportunities and share fresh insights and ideas on how to promote the improvement of health and care for the benefit of everyone.

Threat to NHS from Russian cyber-attacks

The NHS faces a heightened risk of Russian cyber-attacks in response to the support the UK has given to Ukraine.

Microsoft has also reported that cyber-attacks appear to be strongly correlated with military operations targeting services and institutions that are crucial for civilians. For example, a Russian launched a cyber-attack against a major broadcasting company in Ukraine which took place on the same day the Russian military announced its intention to destroy Ukrainian 'disinformation' targets and directed a missile strike against a TV tower in Kyiv.

In response to the increased threat to the UK's critical infrastructure, NHS Digital has instructed our service, and all other NHS trusts, to implement multi-factor authentication. Essentially this is an extra layer of cyber security that uses a second factor to confirm identity before you can gain access to a digital app or resource. The identification occurs via a text, phone call or the Microsoft Authenticator app.

We must protect our digital resources to keep our services safe, secure and available for our patients

The trust has also been made aware of a potential phishing email that has been sent recently to multiple employees. The email references the NHS Business Services Authority, mentions "payroll rejections" and asks users to check their pay details in

Electronic Staff Record. The recipient is then advised to click on a link in the email that takes them to a fake site.

The issue has been reported to NHS Digital who are taking action to block the sender of the email and the website that the phishing email directs the recipient to.

Ambulance wait times

NHS England recently published its data for ambulance quality indicators for April 2022 and showed that average response times for English ambulance services were outside of performance standards across all categories.

In the North West, our April category 1 and 2 response times were better than the national average, showing our performance is better than some parts of the country but not as good as others. We did see an improvement from March 2022, a particularly busy month for category 1 incidents which impacted on our performance.

It's easy to look at the data and become focused on the numbers and targets but, as we know all too well, behind the figures are people who are waiting, in need of our help and potentially feeling anxious or frustrated with having to wait a long time.

Understandably, the data attracted the interest of the press and there were several headlines about long ambulance wait times.

With the release of the figures, Medical Director Chris Grant went on BBC Radio Manchester to reassure the public that staff continue to work incredibly hard and, that by prioritising life-threatening emergencies, we are getting to those who need us most. Chris was able to explain that, overall, we do remain challenged by demand, but we are in a steady place and hope to see continued improvement in response times.

As always, we continue to remind people through our communications channels that the public can help us to help them by using our services appropriately and seeking support elsewhere for anything other than a life-threatening emergency.

It's not easy to see negative media coverage about the ambulance sector at a time when we're all trying so hard to provide the best possible service, however, it is important these issues are highlighted at a national level. The Association of Ambulance Chief Executives (AACE) responded to the national news stories to reinforce that the pressure on ambulance services is affecting both patients and staff, but our caring and committed workforce continue to do their very best for patients under difficult circumstances, and that the sector is working with NHS England, the Department of Health and Social Care, and other external stakeholders to find solutions.

Health inequalities

Health inequalities are preventable, unfair and unjust differences in health between groups, populations or individuals. Health inequalities are usually caused by wider social and economic factors such as differences in housing, employment and education.

In a region as diverse as ours, we unfortunately see stark health inequalities between areas and communities.

Our refreshed trust strategy, which will be launched soon, refers to our role in helping to tackle health inequalities, by working with our health and social care partners across the region.

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

There are no legal implication contained within this report

6. EQUALITY OR SUSTAINABILITY IMPLICATIONS

There are no equality or sustainability implications associated with the contents of this report.

7. RECOMMENDATIONS

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



REPORT TO BOARD OF DIRECTORS

DATE:	25 th May 2022					
SUBJECT:	Trust Strategy 2022-25					
PRESENTED BY:	Salman Desai, Director of Strategy, Partnerships and Transformation					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	☒	☒	☒	☒	☒	
	SR06	SR07	SR08	SR09	SR10	SR11
	☒	☒	☒	☒	☒	☒
PURPOSE OF PAPER:	For Decision					
EXECUTIVE SUMMARY:	<p>The purpose of this paper is to present the Board of Directors with the refreshed Trust Strategy 2022-25 (Appendix A) for approval. The paper also outlines the next steps for implementation and a revised approach to strategic planning that will be developed and introduced by the end of the FY 2022/23.</p> <p>Section 2 provides assurance regarding the strategy development approach, including an overview of progress during the four phases (diagnose, design, develop and implement) and how consultation has been used to inform the strategy content.</p> <p>Table 1 (found in section 2.4.2) provides a summary of the most recent amends made to the strategy, based on NED feedback and an external review by the 'Plain English Campaign'.</p> <p>Appendix B provides an outline of the communications timeline which will be used to launch the new strategy following Board approval from June 2022.</p> <p>Section 3 outlines a revised strategic planning approach which will support strategy implementation by translating strategic aims and objectives into deliverable plans. Table 2 (found in section 3.3.2) summarises the actions which will be taken to develop and implement this approach, including indicative timescales.</p> <p>It is important to note that in parallel, interim plans for FY 2022/23 are being developed and will be presented to Trust Board in July for approval.</p> <p>Section 5 provides assurance on the collaborative approach taken to develop the Equality Impact Assessment (attached as Appendix C). Equality impacts have been considered during each stage of the strategy development, meaning the content has been designed to address equality across all aims and objectives. The trust strategy aims to create an improved future state where inequalities in access, outcomes and experience are mitigated.</p>					



	<p>Additional actions have been identified relating to the availability of accessible document formats and a 'plain English review' has already been undertaken to make sure the content is easily understandable and accessible. The EIA will be iteratively reviewed to consider the ongoing impact of communication and implementation activities.</p>						
<p>RECOMMENDATIONS:</p>	<p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Note the assurance provided on the strategy development approach and how feedback has been considered to inform the final version. • Approve the final draft of the Trust Strategy 2022-25 (attached as Appendix A). • Endorse the proposed strategic planning approach (outlined in section 3) and consider the role the Board of Directors plays in both developing and assuring strategic plans. • Note the timescales for development of interim 2022/23 annual plans for submission to Trust Board in July 2022. • Review and approve the Equality Impact Assessment attached as Appendix C. 						
<p>CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)</p>	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Financial/ VfM <input checked="" type="checkbox"/> Compliance/ Regulatory <input checked="" type="checkbox"/> Quality Outcomes <input checked="" type="checkbox"/> Innovation <input checked="" type="checkbox"/> Reputation 						
<p>ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)</p>	<p>Equality: <input checked="" type="checkbox"/></p>	<p><input checked="" type="checkbox"/></p>	<p>Sustainability <input type="checkbox"/></p>				
<p>PREVIOUSLY CONSIDERED BY:</p>	<p>Resources Committee</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date:</td> <td>20th May 2022</td> </tr> <tr> <td>Outcome:</td> <td>Approved</td> </tr> </table>			Date:	20 th May 2022	Outcome:	Approved
Date:	20 th May 2022						
Outcome:	Approved						

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1. PURPOSE

- 1.1 The purpose of this paper is to present the refreshed Trust Strategy 2022-25 to the Board of Directors for approval (attached as Appendix A). The paper also outlines the next steps for implementation and a revised approach to strategic planning that will be developed and introduced by the end of the FY 2022/23.

2. BACKGROUND

2.1 Strategy development approach

- 2.1.1 In September 2021, a paper was presented to Trust Board summarising the outcomes of the 'Strategic Planning Review'. This paper acknowledged that the strategic context within which NWS is operating has changed significantly since our previous strategies were published. It recommended that the organisation should review its' Trust Strategy and enabling strategies to ensure the content provides clear strategic direction over the next three years.
- 2.1.2 The Trust strategy has been developed in four stages, each focusing on assessing different strategic dimensions:
- **Stage 1: Diagnose** - Confirm current state, strategic context and intent (PESTLE, drivers, stakeholder mapping, engagement, project plan).
 - **Stage 2: Design** – Define future state, vision, priorities and strategic aims (strategy driver diagram, stakeholder priorities, purpose and content development).
 - **Stage 3: Develop** - Agree objectives, identify measures of success, develop strategy drafts and review as feedback is collated.
 - **Stage 4: Implement & evaluate** – Agree implementation approach and timescales, seek approval and commence implementation (embed within strategic planning approach to measure and assure progress, identify triggers for review/refresh), communication plan.

2.2 Stage 1: Diagnose

- 2.2.1 Diagnosis began in July 2021 to inform the recommendations made to Trust Board as part of the strategic planning review. This stage involved completing a detailed SWOT and PESTLE analysis, facilitated through workshops with key stakeholders including Non-Executive Directors. Consideration was given to internal and external strategic drivers including the impact of Covid-19 alongside national and regional legislative changes. Engagement commenced via the 'Ideas Room' to collate staff views on our existing strategy, vision and purpose statements. This information was used to inform the recommendations presented to Board in September 2021.

2.3 Stage 2: Design

- 2.3.1 The design stage primarily involved engagement and consultation to inform the content of the strategy document. A temporary governance structure was established which included a programme board and working groups which have overseen content development. A series of content workshops were held with representatives from NWS service lines, who used the data, intelligence and strategic themes collated in the diagnose phase to help re-shape our purpose and vision statements and design new aims and objectives.
- 2.3.2 Over 40 engagement meetings and workshops were facilitated across the organisation to capture the input of leaders, staff, and the Patient and Public Panel. Collectively, the feedback provided has been used to inform the detail now summarised within the Trust Strategy.
- 2.3.3 In addition, an Equality, Diversity and Inclusion (E,D&I) reference group consisting of NWS staff network members and members of the Patient and Public Panel was established to ratify the

content, consider its accessibility and identify any negative impacts on people with protected characteristics. This group has provided valuable insight into how the strategy may be interpreted and understood by our staff, patients, service users and wider members of the public. Equality impact has therefore been considered at each stage of the development process so far and has been summarised within the Equality Impact Assessment (see Section 5).

2.4 Stage 3: Develop

2.4.1 We are currently approaching the end of the development stage, which has involved the iterative review of the strategy documents and opportunities for stakeholders to offer feedback. The timeline for sign off and approval is outlined below:

- 9th March – ELC reviewed first draft (complete)
- 23rd March – ELC reviewed and approved final draft (complete)
- 27th April – Board development session to discuss feedback on strategy content (complete)
- 20th May – Resources Committee approval (complete)
- 25th May – Trust Board approval (pending)

2.4.2 Table 1 below summarises the key themes from the feedback received since ELC reviewed the first draft in March 2022 and the associated amends captured within the final strategy version.

Source	Theme	Amends
Non-Executive Directors	Increase the emphasis on our commitment to Equality, Diversity and Inclusion.	<ol style="list-style-type: none"> 1. Emphasised in the introduction on pages 3-4. 2. An equality commitment statement has been added on page 14 which underpins all our aims and objectives. 3. Year one areas of focus added to page 21.
	Acknowledge immediate risks associated with resource availability, performance and delays.	<ol style="list-style-type: none"> 1. Added into introduction on pages 3-4. 2. Year one emphasis on getting the basics right added to page 21.
	Increase emphasis on staff health and wellbeing and results from staff survey.	<ol style="list-style-type: none"> 1. Added into introduction on pages 3-4. 2. Expanded narrative in 'Our People' context on page 9. 3. Strengthened the objectives and measures on page 18. 4. Added as a year one area of focus on page 21.
External review undertaken by the 'Plain English Campaign'	Suggestions to improve punctuation and grammar	Suggestions reviewed and accepted throughout the document – no significant changes to content or messaging.
	Suggestions to simplify the language for external audiences	
Equality, Diversity, and Inclusion Reference Group	Quotations to include in the staff speech bubbles	Staff comments sourced via MS Forms and included throughout the document.

Table 1: summary of feedback and amends

2.5 Stage 4: Implement & evaluate

2.5.1 In April 2022, we began to consider how the strategy will be implemented with a focus on two key elements:

1. Strategy relaunch: how will we communicate the new strategy and embed a clear strategic narrative both internally and externally?
2. Benefits realisation: how will we deliver our strategic benefits over the next three years (see section 3)?

2.5.2 Subject to Trust Board approval, communications and engagement activities will commence at the start of Q2. A detailed communications plan has been developed which considers how the strategy narrative may be tailored to different stakeholder groups and how a variety of communications methods will be used to disseminate the message (i.e., staff focus groups, external stakeholder webinars and a 'strategy tour' around all NWAS sites). A professional design company have been commissioned to develop the final strategy document and supplementary materials.

An outline of the communications plan has been attached for information (Appendix B).

3. STRATEGIC PLANNING

3.1 Phase 2 of the strategy development programme will involve a refresh of our strategic planning, reporting and assurance processes to ensure we have structures in place to translate our strategy into action.

3.2 Principles of effective planning

3.2.1 Strategic planning helps translate strategic ambition into deliverable and measurable outputs. Effective strategic plans must consider:

- How the delivery portfolio will balance critical business activities with the need to continuously improve services, deliver strategic benefits and/or mitigate risks;
- Whether the portfolio is financially viable and able to be resourced;
- How objectives will be prioritised and sequenced to manage interdependencies and realise strategic benefits;
- What is required to implement specific outputs as well as embed, sustain and evaluate the change;
- 80/20 rule - a portfolio in which 80% of the work is defined but with 20% agility to manage emergent or ad-hoc requests alongside the portfolio pipeline;
- The framework for assurance, reporting and governance;
- The need for iterative review.

3.2.2 Since the onset of the Covid-19 pandemic, NWAS' strategic planning activities have been replaced with short-term, often reactive, operational planning meaning it has been difficult to develop long-term objectives whilst responding to unprecedented risks.

3.3 Proposed strategic planning approach

3.3.1 To implement our strategy effectively, we must re-introduce robust strategic planning to help define how our aims and objectives will be delivered, agree priorities, integrate activities and maximise resource and capacity.

3.3.2 Table 2 below outlines the proposed strategic planning approach which will be developed and introduced by the end of FY 2022/23 and summarises the next steps and indicative timescales.

Component	Description	Next Steps	Timescales
3-year strategic plan	This plan will be developed and reviewed on a three-year rolling basis. It will outline the benefits we are expecting to realise over the life cycle of the strategy. A roadmap will help illustrate how and when specific strategic outcomes will be achieved alongside key deliverables, measures and timescales.	<ul style="list-style-type: none"> - Develop template for 3-year strategic plan - Map benefits from Trust Strategy over the first three years of implementation - Agree associated outcomes and milestones - Present 3-year plan for approval at Trust Board 	End of July 2022
Annual planning framework*	Each year, we will develop an annual plan that shows what the key projects, milestones and measures will be for the coming year. The planning framework will outline the process and templates required to develop and report against plans. The outputs each year will include: <ul style="list-style-type: none"> - Trust-level annual plan - Annual directorate business plans 	<ul style="list-style-type: none"> - Develop 'NWAS Planning Framework' for approval - Ensure alignment with existing financial and workforce planning processes - Develop standardised Trust annual plan template alongside directorate business plans - Introduce planning framework to support development of 2023/24 plans from Q3 	End of September 2022
Governance and assurance	Our governance and assurance structures oversee and scrutinise delivery of strategic plans. Both the 3-year and annual plans must report regularly on progress, benefits realisation and risk mitigation.	<ul style="list-style-type: none"> - Review existing governance structures and consider how we might improve oversight of strategic planning processes. - Identify gaps or opportunities for improvement and present to ELC for discussion including recommendations. 	End of September 2022
Leadership & capability	Strategic planning is the responsibility of all directorates and senior leaders. We must look to develop the skills required to deliver the proposed strategic planning approach and embed good practice.	<ul style="list-style-type: none"> - Strategic Planning team to embed substantive structure - Engage with teams and directorate planning leads and support them to co-design and embed the new planning process and cycle 	Ongoing

Table 2 – Strategic planning approach and next steps

*The annual planning framework will not be ready for use in FY22/23, see section 3.4 for interim year 1 arrangements.

3.4 Interim 2022/23 plans

3.4.1 It is essential that we develop a plan for 2022/23 which provides clear focus on recovery, restoration and transition from interim Covid-19 arrangements to our longer-term ambitions.

On page 21 of the new Trust Strategy we outline the year 1 priorities requiring collective action against each of the aims, and also identify areas where we need to increase our understanding in year 1 before we can outline specific plans and activities; these include:

- How do we support the North West healthcare system to reduce health inequalities and improve population health?
- How can we become a more socially responsible organisation and give back to our communities?
- How will we attract, develop and support a workforce at all levels of the organisation who represent the diversity of our North West population?

3.4.2 The strategic planning team are supporting the prompt development of 2022/23 plans by:

- Engaging with directorates to collate existing plans and objectives
- Supporting development of 22/23 objectives which balance BAU with the priorities outlined in the new Trust Strategy
- Triangulating with 22/23 finance and workforce plans to ensure objectives are deliverable and affordable
- Collating objectives into a single Trust-level 22/23 plan which will be presented at Resources Committee and Trust Board in July for approval

3.4.3 There are many external factors which may influence our plans this year, such as the introduction of ICS' into statutory legislation from 1st July, unknown activity and demand surges, ongoing workforce shortages and shortfall in resource availability. However, progress assurance will be provided to Resources Committee on a quarterly basis, alongside a twice-annual strategy implementation report.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

4.1 There are no immediate legal concerns associated with the approval of the Trust Strategy or recommended strategic planning approach.

The Resource Committee terms of reference and workplan have been reviewed and updated to increase the frequency of reporting against strategy implementation and plans.

5. EQUALITY OR SUSTAINABILITY IMPLICATIONS

5.1 The development of the Equality Impact Assessment (Appendix C) has been overseen by the Head of Equality Diversity and Inclusion and reviewed throughout the strategy development process.

5.2 Equality impacts have been considered during each stage of the strategy development through extensive consultation with stakeholders and co-ordination via an Equality Reference Group. This means that the strategy content has been designed to address equality across all aims and objectives. The strategy should therefore positively impact a wide range of individuals and groups if the outcomes articulated are delivered over the next 3 years.

5.3 However, as the trust strategy does not detail the specific change initiatives nor how improvements will be made, this EIA stops at the point of impact identification. The strategy outcome measures provide a framework for which supporting strategies, plans and activities must align and in doing so, equality impacts will be mitigated.

5.4 Additional actions have been identified relating to the availability of accessible document formats and a 'plain English review' has already been undertaken to make sure the content is easily

understandable and accessible. The EIA will be iteratively reviewed to consider the ongoing impact of communication and implementation activities.

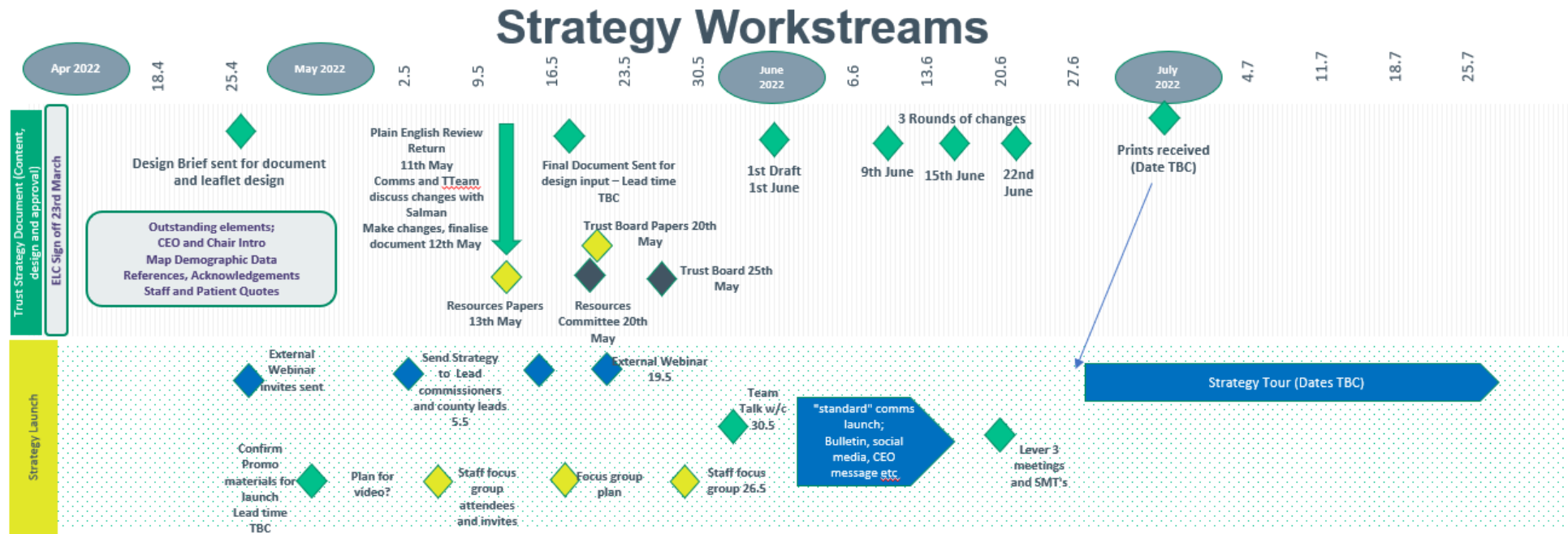
5.5 In addition, an equality commitment statement has been included within the strategy on page 15 based on feedback provided by NEDs, to outline our shared responsibility for equality and inclusion which underpins each of our aims and objectives.

6. RECOMMENDATIONS

6.1 The Board of Directors are asked to:

- Note the assurance provided on the strategy development approach and how feedback has been considered to inform the final version.
- Approve the final draft of the Trust Strategy 2022-23 (attached as Appendix A).
- Discuss and endorse the proposed strategic planning approach (outlined in section 3) and consider the role Trust Board plays in both developing and assuring strategic plans.
- Note the timescales for development of interim 2022/23 annual plans for submission to Trust Board in July 2022.
- Review and approve the Equality Impact Assessment attached as Appendix C.

Appendix B: summary of strategy communications timeline





North West Ambulance Service Strategy

2022-2025

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If you would like this policy in an alternative format, please contact the Corporate Governance Office on 01204 498400.

Recommended by	Board of Directors	Approved by		Approval date		Version number	V1.0
Review date		Responsible Director		Responsible Manager (Sponsor)		For use by	

Introduction

The last two years (2020-2022) will forever be remembered for when the NHS faced the biggest challenge in its history. The huge impact of COVID-19 cannot be underestimated – the often devastating impact on individuals and families, the differences it has made to our society, and the learning that can be taken by the NHS organisations at the forefront of the pandemic.

Our healthcare needs have changed and, as both an emergency service and an NHS trust, North West Ambulance Service (NWAS) must look to how we can adapt and improve in this new world.

It is with these thoughts in mind that we are pleased to present North West Ambulance Service's new strategy and, in this introduction, we will mention a few of the highlights from this document.

First and foremost, we would like to start by mentioning our workforce and volunteers. The courage, care, compassion and commitment that they have shown in recent times has been overwhelming. We both like to get out and about and meet as many of our colleagues as we can, and each time, we come away feeling proud and inspired. To all of them, whether on the patient facing frontline, or behind the scenes keeping everything running smoothly, we thank you.

Our organisational strategy provides a picture of where we are now and where we want to be in the future. To achieve this future vision, this document sets our aims and objectives. Our strategy also defines our core purpose, shared by each of us, as well as outlining our values and behaviours that underpin everything that we do.

During the last two years, we have responded in ways in which we could have never imagined, there have also been changes across the wider healthcare system, of which we are a major part.

Later this year will see the introduction of Integrated Care Systems (ICSs), with the aim to encourage increased partnerships between public sector organisations and the NHS which ultimately, will improve the lives and health of the people we serve.

Despite Covid-19, we have introduced several digital innovations and improvements and we have ambitious plans to do more to improve the way we deliver services. It is important to look at the changes we have implemented in recent times, and understand how effective they have been and how we can use what we have learnt.

We need to look at how effectively we deliver our services, ensuring we have the right resources in the right place, at the right time, to perform to the high standards our patients expect. We also want to listen more and demonstrate we act on feedback from staff, patients and partners. Staff have told us we need to continue to improve the everyday working lives of everyone at NWAS, so while our service to patients is extremely important, we must also focus on getting the basics right and look after each other.

Sadly, we continue to hear about incidents of violence and aggression towards our colleagues. It is worrying to know many feel it is almost 'part of the job' and so don't report these incidents when they happen. We don't want our staff to feel this way. It is not part of the job, it is unacceptable and we should encourage everyone to report every single incident and these reports will be taken seriously and acted upon.

The staff survey has told us that the past few years has taken its toll on the health and wellbeing of staff. It is important that our working lives do not impact our ability to relax and recharge outside of work and so through this strategy, we commit to creating a working environment where physical and mental health and wellbeing is a priority.

So we can create employment opportunities that make a difference and fully represent the communities in the North West, we also need to do more to attract, retain and develop staff from a range of diverse backgrounds and to develop innovative ways supported by our various networks to champion equality and diversity across the trust.

Our response times matter, but the quality of care we provide is just as important. Poor performance increases delays, which, in turn, increases the likelihood for harm, poor patient outcomes and experience. We must influence our ICSs to support the right investment in the trust and we must make sure our staff have all the right tools, training and expertise to deliver that high-quality care.

Here in the North West, we have some of the most deprived communities in the country and with that comes enormous health challenges. Social circumstances can result in people having hugely different experiences of healthcare and we believe we have a part to play in reducing these inequalities.

Within this strategy we talk about population health; this might sound and feel different to how we have spoken in the past about our role in the healthcare system but now is the time to step up to these challenges to support our communities to recover too.

There is no doubt the pandemic has brought us all closer together. We have seen colleagues and our volunteers take on roles outside of their normal jobs and work in other sectors within the trust and externally. Partnership working across the country has been key to rising to the challenge of Covid-19 and we must continue this going forward with our partners. We want to develop meaningful and sustained relationships with our partners and take on a key

role as part of the wider healthcare system. Using our expertise, our system leadership skills, our resources and the outstanding compassion of our teams, we can positively contribute to both emergency and preventative healthcare.

We are very proud of the trust's commitment to the environment and have won a number of awards for our initiatives to lessen our impact, however there is always more that each of us can do in our journey to become Net Zero by 2040. By each of us being environmentally aware, we will be part of the change to create a cleaner, healthier environment that we and our patients live and work within. It is well known that a cleaner environment is beneficial to our health so the green commitment is also a healthcare one and goes hand in hand with our aim to improve the health of our communities.

This strategy has been developed in partnership by listening to the views of our frontline staff and building on these to create a shared vision for the future of NWAS which works for our staff, volunteers, our patients and service users and works with our partners.

We hope you find it interesting and as always, we are very keen to hear from staff, the public and our stakeholders on how our services are delivered and where improvements can be made.

Thank you.

DAREN MOCHRIE QAM
Chief Executive

PETER WHITE
Chair

(PICUTRES OF DAREN AND PETER TO BE INCLUDED)

Glossary of terms

This strategy is designed to be read by many different groups of people – our colleagues, partners in other health and social care organisations, our patients and the public.

There may be phrases in the strategy that are well-used in the NHS but are not very familiar to the general public. Please see some handy explanations below that we hope will help make sure everyone can understand our strategy.

Our people

When we refer to ‘our people’, we mean our team of NWAS staff and volunteers. Without our people, there is no NWAS, and a big part of this strategy is about how we support them to be at their best. We have a Director of People who oversees a People Strategy, which takes a lead from the national NHS People Plan and People Promise.

Health inequalities

Health inequalities are preventable, unfair and unjust differences in health between groups, populations or individuals. Health inequalities are usually caused by wider social and economic factors such as differences in housing, employment and education.

Population health

Population health means looking at the health of a ‘population’ (a group of people from an area). It involves improving physical and mental health outcomes, promoting wellbeing and reducing health inequalities, and includes wider issues that impact on health, like housing, employment, education.

Patient-centred

Patient-centred care is tailored to a person’s needs – every patient is different and needs to be cared for as an individual with specific symptoms, characteristics, needs, personal circumstances and values, as is set out in the NHS Constitution.

Unwarranted variation

Variation means differences in healthcare services received by individuals or groups of people. Some variation is acceptable (or ‘warranted’) because care should be patient-centred, to meet the needs of an individual or specific group of people.

Unwarranted variation is defined as variation in the way care is provided that cannot be explained by differences in patient illness or patient preferences and offers no improvement in outcomes.

Integrated care system / board / partnership

Integrated care systems (ICSs) bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners, so they can work together to plan health and care services to meet the needs of their population (people living in their area).

Each ICS has an integrated care partnership (ICP) and integrated care board (ICB). The ICB is responsible for overseeing the day-to-day running of the NHS locally – it manages a single pot of funding and has a plan to meet the health needs of its population.

The ICP is a partnership of NHS, local authority, voluntary, community, faith and social enterprise (VCFSE) and academic institutions working together on the joint health and care agenda to coordinate services and to plan in a way that will deliver improvements in population health and reduces inequalities.

This graphic will depict all teams and functions across NWAS so that everyone is represented.

We are NWAS

We are a team of more than 6,700 people working in 300 different roles.

Some of us work directly with 999 and NHS 111 patients and the patient transport service (PTS).

Others work behind the scenes, providing expertise and vital services to make sure all parts of the organisation are well-run and have the right support.

We have more than 1,000 volunteers, including some who respond to emergencies in their communities and others who help vulnerable people get to and from important hospital and clinic appointments.

Whatever our role, we all share a common purpose:

To help people when they need us most.

We aim to achieve the best possible physical and mental health outcome for each person who needs us.

We will provide high-quality emergency care to save lives and make a difference to people with life-threatening illnesses or injuries.

For those with less serious conditions, we will tailor our response to each person's needs. This may include urgent clinical assessment, advice over the phone, referring them elsewhere or alternative transport for scheduled appointments.



Values

Our values are the behaviours that underpin all that we do. They describe how we should approach our work.

They can be found in our systems and processes, from appraisal paperwork to planning tools for large-scale projects for change.

Putting our values into practice supports us to provide compassionate care and improve outcomes and experiences for our people, patients and communities.



WORKING TOGETHER.

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



BEING AT OUR BEST.

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



MAKING A DIFFERENCE.

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

What's going on around us

Design Input Needed; North-West Map

Additional section to be included, showing data on the North West's Geography and Demography, including the number of people who live in the North West, the levels of deprivation, the numbers of people living with co-morbidities and information to highlight the diversity of the North West population.

Our national context

The NHS is always looking to improve the service provided to the public by publishing recommendations and guidance for NHS trusts. There have been several national reviews in recent years which emphasise the critical role ambulance services play within the wider health and care system.

In response, we have been changing the way we care for patients. We have reduced the number of patients taken to emergency departments and focused on treating people as close to home as possible if they do not need to go to hospital, while reducing unwarranted variation.

Our priorities will continue to be guided by national legislation and recommendations. We know national priorities for 2022-2023 include closer working between health and social care at a local level, reducing delays and long waits, improving access to primary care (GP and community services) and mental health services, managing health and inequalities within populations, and staff health and wellbeing.

We must recognise the central role we play as an ambulance service and work in partnership with the wider health and care system to overcome our shared challenges and deliver the best care possible for our communities.

Our partners

We work with a range of partners at a local, regional and national level.



From 2022, we will see stronger emphasis on integrated care which is focused on local places, populations and systems. Integrated care is when health and care organisations work together to meet the needs of local people.

Integrated care systems (ICSs) will be legal bodies from July 2022. ICSs are made up of commissioners of NHS services, health and care providers and other partner organisations who work together to deliver services in their area. ICSs share four goals: working together and supporting integration, reducing bureaucracy, improving public confidence and accountability, and supporting public health, social care, quality and safety.

We are the only regional NHS organisation in the North West that operates across five ICSs: Cheshire and Merseyside, Greater Manchester, Lancashire and South Cumbria, North East and North Cumbria, and Derbyshire (which

includes Glossop). While there are challenges with working across many ICS areas, we have gained experience as a key partner within the urgent and emergency care (UEC) system. We deliver UEC services across a large area and have valuable data and insight which helps to identify opportunities for improvement, share learning and best practice, and predict future demand.

The future of integration needs health and care providers to work together and with patients to design services around people's needs, with a focus on preventing serious health problems and reducing health inequalities. We have an opportunity to work together within our ICSs to support this work and help people when they need us most.

Our population

We are there for a population of more than seven million people across approximately 5,400 square miles in the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire, and Glossop in Derbyshire. The diversity in our region makes the North West a unique place to live, but also presents some challenges. In the North West, 32% of people live in the highest levels of deprivation and have significantly worse health outcomes, healthcare experiences and life expectancy than the general population.

People living in our communities are sicker than before the Covid-19 pandemic. They have been hesitant to access health services and others have waited a long time for some conditions to be diagnosed and treated. There are more people living with poorly managed long-term conditions and, as people get older, we can expect there will be more people in our communities living with illnesses.

We know from our data that the overall health of our region's population has a huge effect on demand for our services. If we can address the health inequalities within the North West and help tackle the causes of illness by looking at the

wider factors that affect our health, we can help people to stay healthy and reduce the need for them to have care from the NHS.

Our learning

2020-2022 has been one of the most challenging periods we have ever faced. Everyone has been affected by the pandemic and we have seen an increase in the number of people needing our help. Our people have experienced sickness, loss, unprecedented demand for their services and difficult working conditions. Our communities have experienced lockdowns, delays in care and scheduled treatment. Our patient satisfaction data tells us that, although we continue to see high levels of satisfaction in relation to the care, compassion and respect our staff provide to patients, we are still seeing fluctuations in overall satisfaction across our 999, 111 and patient transport services.

We are determined to keep the good things that have emerged from these challenges – we have worked closely with partner organisations and the public, we've welcomed flexible ways of working and used new techniques to support our response. Improved communication, decision-making and partnership working has allowed us to make changes more quickly.

We will continue to face challenges over the next few years, but learning from experience and welcoming new opportunities will allow us to continuously improve our services.

Our people

Our people are exceptional. They have proudly been there for our communities despite the unpredictable and challenging conditions they've faced throughout 2020 and 2021. They are resilient and have quickly adapted to new ways of working to provide help when people need us most. We've worked together and supported each other as friends and colleagues, but the pandemic has had a

significant effect on health, wellbeing, morale and motivation. This is reflected in a lower response rate to our NHS staff survey and lower scores than we would like in some areas, for example, retention and progression, job satisfaction, health, wellbeing and burnout, and bullying and harassment.

The feedback shows that our people want to see action targeted at improving their everyday working lives and want our strategy to focus on getting the basics right. We want NWAS to be a brilliant place to work for everyone, so it is important we listen to our teams and work with them to find solutions to problems. We will engage and lead in an inclusive and supportive way, making sure we give everyone the same opportunities, and invest in the health, wellbeing and happiness of each person working to allow them to be at their best.

Our road to integration

In 2019 we developed our Urgent and Emergency Care (UEC) strategy which focused on closer working between NHS 111, 999 and patient transport services. Our aim was to make sure patients received high-quality care in line with their needs, regardless of how or where they contacted us.

We've focused on putting in place shared technical infrastructure and clinical expertise to improve resilience and allow us to manage activity and respond to demand more effectively. For example, in early 2022, we changed the triage system used by 999 to the same system used in NHS 111, meaning all call handling staff will be trained and familiar with the same system in case there is a need for colleagues to work across services. Patients will get the same care from NWAS, regardless of which telephone number they use to reach us.

We've started to develop more integrated systems, processes and pathways, both internally and with our partners. Our goal is to have joined-up pathways of

care, so patients have a better experience and receive the right care, in the right place, first time. Integration will continue to be a priority for us but we have made a strong start from which we can strengthen how our 999, 111 and patient transport services work more closely together to help people when they need us most.

Sustainability

Climate change has a direct effect on people's health. Extreme climate events such as droughts, floods and storms increase the number of people needing our help.

Greenhouse gases are a major contributor to climate change and affect the quality of the air we breathe and the health of the people who live and work in our region. We are in a climate emergency.

The NHS contributes to 40% of the public-sector's carbon emissions but has ambitions to reverse its effect on the environment. We are committed to the NHS England/Improvement 'Greener NHS' plan to deliver a new, zero-carbon NHS by 2040.

Considering everything going on around us, we are continuing to focus on several areas, including the following, which have shaped our vision and strategy aims.

- The quality of the care we provide and making sure our services are designed to meet the needs of our population.
- Our people are our greatest asset. We must make sure they have the support, tools and environment to be at their best.
- Working with our patients, communities and partners to reduce health inequalities within the North West and improve access, outcomes and experience for everyone.
- Our effect on the environment in everything we do, so we can make progress towards becoming a net-zero NHS provider.
- The need to learn and recover from the Covid-19 pandemic by balancing getting the basics right while continuously striving for excellence.

Our vision

Our vision is to deliver the right care, at the right time, in the right place, every time.



Right care

We will provide outstanding care that is safe, effective and focused on the needs of the patient.

Right time

We will achieve all operational performance standards for our paramedic emergency service, NHS 111 and patient transport service.

Right place

We will provide care in the most appropriate setting for each patient's needs, taking fewer people to emergency departments by providing safe care closer to home or referring people to other health and care pathways.

Every time

We will provide services which are consistent, reliable and sustainable.

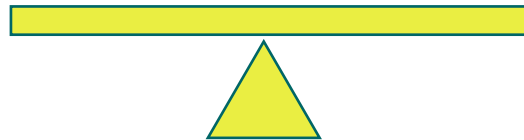
Our vision is ambitious. To achieve it we need to get the basics right while continuously striving for excellence.

When we talk about the basics, we mean the foundations on which high-quality services are built and maintained.

We must consistently get these right to make sure our people have everything they need, every day, to help patients when they need us most.

Get the basics right

Strive for excellence



Striving for excellence means we must look for opportunities to continuously learn and improve what we do and how we do it.

We must take opportunities to change areas of our service to respond to the needs of our people, patients and partner organisations to improve health outcomes in our communities.

What does this mean for **our patients?**



By **receiving** the right care, at the right time, in the right place, I get access to individual care by professionals who listen and respect my views.

What does this mean for **our people?**



To **deliver** the right care, at the right time, in the right place, I will have the tools and development to allow me to listen to and understand patients and respond to their needs in the most appropriate way, providing the best possible care.

What does this mean for **our organisation and the partners we work with?**



Working together to deliver the right care, at the right time, in the right place, will mean that the healthcare system flows better and will improve the quality of patient care, outcomes and experience.

Our aims

Our aims are the areas we need to focus on to achieve our vision to deliver the right care, at the right time, in the right place every time by 2025.

**Provide
high-quality,
inclusive care**

We recognise that there are health differences between groups in the communities we serve. We will listen to understand and make sure our services are accessible to everyone. We will work to prevent harm while using learning and research to continuously improve patient care and experience.

Safe care

Effective care

Person-centred care

**Be a brilliant
place to work for
all**

We will create an environment where our people feel happy and safe, have access to equal opportunities and are supported to be at their best.

Looking after our people

Investing in our people

Leading our people
compassionately

**Work together to
shape a better
future**

We will work together to improve the services we provide. We will work with our partners and the public to find solutions which improve access, outcomes and experience for everyone. We will work together to become more sustainable and have a positive effect on our communities and environment.

One NWAS

One North West

One future

Our commitment to equality, diversity and inclusion

To create an inclusive culture, we must develop an environment where diversity is truly valued. If we are to deliver our vision we must recognise that discrimination exists in society, in our workplaces and in healthcare, and take proactive steps to address inequalities. Our commitment to equality and inclusion will feed into everything we do and is a responsibility shared by everyone at NWAS.

The care we provide must be accessible to everyone and we will treat each person fairly based on their individual needs. We will take action to reduce inequalities in access, experience and health outcomes, especially for groups of patients considered vulnerable or at higher risk.

Our leaders will be visible role models for inclusion. We will understand what it means to be anti-racist, consider the impact of decisions on diverse groups, take a zero-tolerance approach to discrimination, and proactively address inequalities whether at work or in the services we offer to the public. We will challenge behaviour that does not align to our values. Our people will be encouraged to bring their whole selves to work and to deliver inclusive and patient-centred care.

Diversity is something to be celebrated and we are proud that our networks and forums have provided safe environments where people are encouraged to be themselves, challenge the way things are done and work together with leaders to improve NWAS for everyone.

We must make the most of opportunities to work together with our patients, the public and our partners across health and social care to design services that positively impact our communities and improve the overall health of our population.

Our commitment to equality, diversity and inclusion extends beyond the lifespan of this strategy, but over the next three years through delivery of our aims, we will focus on the following priorities:

- Making sure that everyone who works for NWAS has fair job and career progression opportunities which will improve diversity and representation at all levels of the organisation.
- Educating and developing our leaders and people to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our people and patients.
- Using patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.

Provide high-quality, inclusive care

We will put the patient at the centre of everything we do and listen to them so that we understand their needs. We will work to prevent harm while using learning and research to continuously improve our service.

Safe care

We will focus on safety to prevent harm and improve quality of care.

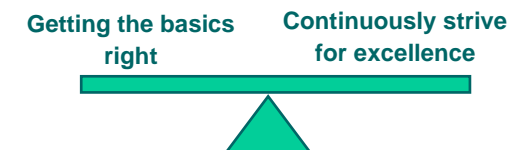
- We will use learning to continuously improve the safety of our systems, processes and practices.
- We will have a zero-tolerance approach to harm and will learn from incidents, complaints and claims to make improvements.
- We will continue to improve our safety culture by focusing on our 'pillars of quality' which protect patients from harm.
- We will focus on reducing harm caused by delays in assessment, response or handover.
- We will use data and innovative solutions to improve how we can keep patients safe and monitor their health.
- We will make sure we have the right number of people with the right skills, knowledge, equipment and working conditions.
- We will make sure everyone understands how their role contributes to safety.
- We will improve our approach to risk management to protect our staff and patients.



We must create a safety culture where everyone understands the importance of safety and what it means in their role.

Our attitude towards safety comes from the top. Our leaders will become role models for designing, putting in place implementing and maintaining safe working practices and procedures.

We must build trust and confidence by having open and honest conversations and making sure our people are never afraid to report incidents or tell us where we could improve.



Effective care

We will use evidence to improve our services and achieve the best possible outcome for our patients.

- We will make sure our staff have access to up-to-date guidelines and tools to help them make decisions.
- We will use information gathered through our digital systems and audits to make sure we are clinically effective and meet our care standards and quality indicator measures.
- We will reduce differences in patient outcomes and experience based on the care we provide.
- We will use the specialist knowledge of all the different roles in our workforce to improve outcomes for vulnerable and high-risk patients.
- We will do more research to improve our clinical practice.
- We will help our staff to reflect and learn from incidents to improve care for patients.



“It is important to me that patients like my mother, who are elderly and don’t use technology, maintain autonomy”

“I want to be treated with kindness”

“I want to feel that the people helping with my complex needs are understanding”

“Every member of staff, patient, carer and community will feel valued and respected when coming into contact with us as a service”



Person-centred care

We will work with our patients and the wider public to reduce health inequalities and make sure our services are accessible and offer excellent experience for everyone.

- We will listen to our patients and respect their different needs to provide compassionate, inclusive care.
- We will work closely with our patients and the wider public, listening to their experiences and feedback to make improvements.
- We will build effective relationships with our communities to understand their needs and make sure our services are accessible for everybody.
- We will make sure we engage with people in an accessible and inclusive way.
- We will make sure we share feedback from patients and the public at all levels, so we can continuously improve how we work with, and provide care for, our patients.
- We will develop a plan to reduce inequalities in access, experience and health outcomes, especially for groups of patients considered vulnerable or at higher risk.
- We will make better use of data.

What will **success** look like?

Getting the basics right

- ✓ Reduce incidents of harm through a focus on safety and robust risk management
- ✓ Use learning and insight from clinical audits to improve performance against ‘ambulance quality indicators’, which measure overall quality of care and patient outcomes
- ✓ Achieve performance standards across 999, NHS 111 and the patient transport service within agreed financial budgets
- ✓ Improve friends and family test results and patient survey satisfaction scores

Continuously striving for excellence

- ✓ Rated outstanding by the Care Quality Commission (CQC)
- ✓ Improved digital systems to gather information which can be broken down by indices of deprivation – a measure that helps identify the most and least deprived areas in England
- ✓ Continuous improvement and learning across our services

Where can I find out more?

- For more about the ‘pillars of quality’ and our safety culture, see the **Quality Strategy**.
- For more about our plans to understand and tackle health inequalities, see the **Quality Strategy** and population health objectives.

Be a brilliant place to work

Our people are our greatest asset. We must make their mental and physical wellbeing our top priority and make sure they have access to equal opportunities and are given the skills and knowledge to be at their best.

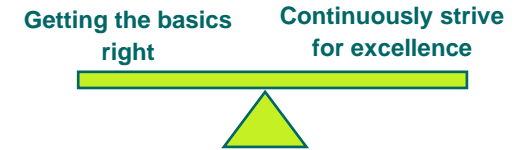
Looking after our people

We will make sure they are safe, healthy and happy at work.

- Wellbeing will be our priority
- We will improve staff safety, including:
 - physical safety – health and safety, violence and aggression, personal protective equipment (PPE) and non-clinical incidents; and
 - psychological safety – culture, freedom to speak up (F2SU) and bullying.
- We will not tolerate any form of discrimination, bullying or violence.
- We will be open and inclusive.
- We will take time to listen, understand and respond.
- We will solve everyday problems by providing the right tools, skills and environment needed to provide the best possible care.
- We will not expect staff to sacrifice time for family, friends or interests for work.
- We will support flexible working.
- We will learn from each other, support each other and celebrate success.
- We will work together with our staff to find solutions to challenges.



Our networks and forums celebrate what makes us unique as well as providing safe environments for people to discuss their lived experiences in relation to employment and health inequalities. We don't always get it right but we continue to strive to create an environment where people are encouraged to be themselves, challenge the status quo and work together with leaders to improve NWAS for each other, our patients and our service users.



Investing in our people

We will develop potential and encourage talent.

- We will provide high-quality, effective training and education.
- We will support continuing professional development.
- We will make sure there is effective clinical supervision.
- We will identify and develop talent.
- We will provide fair career progression which improves diversity.
- We will support people to use digital technology to make their jobs easier.
- We will make positive progress towards a representative workforce at all levels.
- We will celebrate diversity.
- We will support colleagues from different services, backgrounds and job roles to work together and learn from each other.
- We will improve everyone's confidence and competence to deliver effective, quality care to patients who have diverse beliefs, attitudes, values and behaviours.

Leading our people compassionately

We will lead and engage in a compassionate, fair and inclusive way to support everyone to be their best at work.

and care we provide is equally accessible and tailored to individual needs.

- We will engage with our staff networks and forums to drive change and represent our communities.
- We will provide training and development to help teams understand their strengths and weaknesses, allowing them to thrive.
- We will have in place a fair and learning culture in everything we do to encourage people to acknowledge their mistakes and learn from them.
- We will focus on preventing problems from becoming issues and make sure people are well-led in an environment where they can be at their best.
- We will create a culture of courtesy and kindness between our staff and our patients which reflects our values.

“As a member of staff it is important to me that it is an inclusive place for everyone to work, feel valued, respected and be able to carry out their role safely and confidentially to patients.”



“I feel very much involved in being part of an inclusive culture at the trust, which values my contribution.”

“I will see improved data and feedback from colleagues around belonging and equal opportunities to progress their careers”



Working in an environment with a 'just and learning culture' means I am able to recognise the mistakes I make and feel supported to learn from them.



WHAT WILL SUCCESS LOOK LIKE?

Getting the basics right

- ✓ An increase in people applying to work with us and staying with us
- ✓ A reduction in incidents of violence and aggression towards our staff
- ✓ A reduction in manual-handling incidents
- ✓ Better career and personal development opportunities
- ✓ Early progress towards improving staff survey results in spotlight areas highlighted including 'compassionate and inclusive', 'safe and healthy' and 'staff engagement'.

Continuously striving for excellence

- ✓ Improved feedback about working for us
- ✓ An increasingly diverse workforce at all levels that reflects and can represent our communities.
- ✓ Reduced use of formal management processes

Where can I find out more?

- For more about what this means for our people, see **The People Strategy**.
- For more information about how we are supporting staff health and safety, see the **Quality Strategy**.

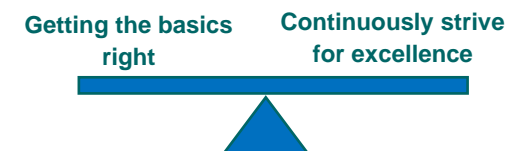
Work together to shape a better future

We will work together to improve the services we provide. We will work with our partners and the public to design solutions which improve access, outcomes and experience for everyone. We will become more sustainable and have a positive effect on our communities and the environment.

One NWAS

We will become more integrated, working together across services to support each other and our patients.

- We will continue to encourage our staff and teams from different professional and geographical areas to work together.
- We will integrate our staff, systems, processes and infrastructure where appropriate, to become a more flexible and responsive service.
- We will provide opportunities for our staff to develop.
- We will work as a team and share knowledge, expertise and resources across our services to improve communication, learning and decision-making and reduce differences in patient outcomes.
- We will use our resources more effectively and work together as 999, 111 and patient transport services to assess, treat and transport patients in line with their needs.
- We will develop a better understanding of each other's roles and the valuable contribution we all bring to achieving our purpose and vision.
- We will review our systems and processes to make sure they do not negatively impact specific groups or individuals.



Design Input needed; UEC Integration diagram

Update of the UEC integration diagram showing 999/111 contact centre integration and the CAS.

What do we mean by integration?

- Our people will work more flexibly together. We will understand each other's roles and do our best to respond to demand, preventing unnecessary delays in care.
- Systems and processes will be more joined up, allowing us to communicate and share information more easily with each other to improve decision-making and patient experience.
- Our infrastructure will be designed so that we can work more closely together and, where possible, share facilities, systems and resources.



One North West

We will work with our partners in the health and care system to find solutions which improve access, outcomes and experience for everyone.

- We will develop and maintain good relationships with key stakeholders by following four **partnership principles**.
 1. **Direction** – together we will agree priorities for partnership working, based on shared challenges and opportunities, and make clear what we can offer to the system.
 2. **Intelligence** – we will use our data and insight to identify inequalities, influence improvements and measure success.
 3. **Accountability** – we will make sure our leaders have the skills and knowledge to confidently engage and work with our partners and follow through commitments.
 4. **Consistency** – we will provide consistent communication and representation at meetings and events to make sure we are engaged at the right levels.
- We will work with our partners to look at the issues which currently affect the flow of patients, outcomes and experience, such as delays and the number of patients being taken to hospital.
- We will work together to find opportunities to achieve our longer-term goals, such as better health for those who live in our communities and a more sustainable environment.
- We will communicate openly when we can't provide the services requested by partners, and work together to find alternative services or timescales where possible.

One future

We will work together on behalf of our communities to become a more sustainable organisation, improving health now and for future generations.

Environmental sustainability – we will become net zero by 2040

- We will educate and support our staff to make environmentally sustainable changes.
- We will provide clear environmental leadership at all levels of the organisation.
- We will invest in greener buildings, vehicles and energy supplies that are net zero compatible - achieving a balance between carbon emissions put into the atmosphere and those taken out.

Social responsibility – we will have a positive effect on our communities

- We will widen access to jobs, development and progression, providing career opportunities for the people in our communities.
- Where possible, we will develop and maintain local supply chains which support local businesses.
- We will continue to work with our public and patient representatives to design services that deliver effective, quality care to patients who have diverse beliefs, attitudes, values and behaviours.

Population health – we will work with our partners to improve the overall health of the public

- We will support initiatives which prioritise the needs of people in the community who are vulnerable, at high risk of illness or need to access healthcare services regularly.
- We will make 'every contact count' with everyone we care for – we will assess all their needs, provide the right treatment and make sure they have access to other health and care services to prevent them becoming more poorly.

What will **success** look like?

Getting the basics right

- ✓ Improved patient outcomes and a more streamlined patient journey
- ✓ Reduced variation in access, experience and outcomes

Continuously striving for excellence

- ✓ Integrated services that are more flexible and resilient
- ✓ Good relationships with our partners
- ✓ Systems that work between partner organisations
- ✓ Shared data and information across the healthcare system
- ✓ A reduction in carbon emissions for each year of this strategy

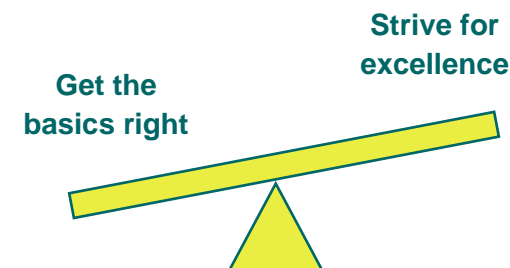
Where can I find out more?

- For more information about our integration journey, see the **Urgent and Emergency Care and Digital Strategy**.
- For more information about our social responsibility and health inequalities, see the population health objectives.
- If you want to read more about our sustainability journey, see **The Green Plan**.

Turning strategy into action

Year 1 – 2022-2023

This strategy has been developed to inspire our journey over the next three years. Within our first year of implementation (2022-2023) we need to find a balance between continuing to respond to and recover from the challenges of the Covid-19 pandemic, and striving to achieve our longer-term ambitions. We must reflect on everything we've learned over the past two years and keep a focus on getting the basics right.



In year 1, this is how we will get the basics right;

Provide high-quality, inclusive care

- We will focus on providing care which is safe by reducing harm resulting from delays in assessment, response or handover.
- We will prioritise improvement across 999, NHS 111 and PTS performance standards.
- We will learn from risks, audit, incidents and complaints to improve patient care while also improving regulatory compliance.
- We will continue to work in partnership with our patients and the public, listening to their experiences and feedback to make positive changes.

Be a brilliant place to work for all

- We will use feedback from the NHS staff survey to make improvements in the areas staff say need focus, including leadership and management, personal health and wellbeing and feeling fulfilled at work.
- We will prioritise staff health and wellbeing and support our people to keep active, healthy and in work.
- We will continue working towards our equality, diversity and inclusion commitments by taking action against racism and discrimination.
- We will focus on staff safety by reducing injury from manual handling and reducing violence and aggression.

Work together to shape a better future

- We will make sure that the positive changes introduced over the last two years are carried on and become part of our every day practices.
- We will continue to build on good partnerships that have formed in recent years so we can work together to improve patient care.
- We will work with partners to make sure patients have access to health and social care services that meet their needs.
- We will reduce our carbon footprint and become more environmentally sustainable by continuing to educate and innovate.

There are also areas where we need to increase our understanding in year 1 before we can outline specific plans and activities; these include:

- How do we support the North West healthcare system to reduce health inequalities and improve population health?
- How can we become a more socially responsible organisation and give back to our communities?
- How will we attract, develop and support a workforce at all levels of the organisation who represent the diversity of our North West population?

A huge amount of work has been undertaken to develop this strategy and our outline for year 1 is just the beginning. To achieve our vision for the future, we must make sure our purpose, vision, aims and objectives underpin everything that we do. Throughout the three years of our strategy, we will keep our supporting activities under continuous review to make sure we continue to be aligned to our strategy.

Delivering our strategy

Design Input Needed; Strategy Implementation Pyramid



Our **three-year trust strategy** outlines where we are now, where we want to be and the areas we want to focus on to achieve our vision. We all share responsibility for the aims and objectives and must work together to achieve success.

But our strategy is just the start. There are supporting strategies and plans which must all align so we can achieve our vision to deliver the right care, at the right time, in the right place, every time.

Our **supporting strategies** provide more detail on how we will achieve our aims and objectives, including areas of focus and key measures of success.

Our **three-year plan outlines** how we will turn our strategy into action. It will help us to prioritise what we are going to do and when we will do it, making sure we have the right capacity, expertise and resource to achieve our vision.

Each year, we will develop an **annual plan** which shows what the projects, milestones and measures will be for the coming year. This plan will help shape our directorate, team and individual objectives to make sure we're all working together.

Communication

Leadership

Prioritisation

Collaboration

Culture

As well as developing strategies and plans, we must also work together to improve the things we can't see such as how we communicate with each other and our organisational culture.

What does this mean for me?

Turning our strategy into action will mean the following for our patients, our people, our organisation and our partners.



Our patients

- I will have timely access to urgent, emergency and patient transport services, and the people who care for me will listen to and respect my needs.
- I will receive care which is safe, effective and centres around my individual needs.
- I will receive care in an appropriate setting, as close to home as possible.
- I will only have to tell my story once, as health and care services will be working together to provide a joined-up, effective experience.
- I will have the opportunity to have my say about NWAS services to help make improvements.



Our people

- I will have access to everything I need to help people when they need me.
- My colleagues and I will all have access to excellent training, education and development opportunities.
- I will know my health and wellbeing is important to the organisation and I will feel happy, healthy and supported at work.
- I will experience fewer frustrations as I will have access to more joined-up systems, information and pathways.
- I will feel that I can suggest and make improvements which improve patient care, solve everyday problems, or allow the organisation to strive for excellence.



Our organisation and partners

- We will work together as NWAS services and with other healthcare partners to solve shared problems and welcome new opportunities.
- We will have good relationships with partner organisations which will allow us to work closely together.
- Our partners will see and interact with NWAS leaders who have confidence and ability and act with integrity.
- We will be a more resilient service because our people, systems, processes and infrastructure will be more joined up and so more flexible.
- We will understand each other's roles and work across boundaries to provide the best care for our public.
- We will share information, resources and expertise as part of an integrated system.

References and acknowledgements

If there is one thing the pandemic has taught us; it is that, when we break down boundaries and silos to work together, amazing things can happen. Let's keep working with each other, our patients, our service users and our partners to make a difference and **help people when they need us most**.

A special thank you to:

All members of our equality, diversity and inclusion networks and all those who participated in the reference groups for sharing their personal views and experiences to inform the content of this strategy.



All members of our Patient and Public Panel (PPP) for their continued contributions and a particular thank you to those who took the time to offer ideas and feedback through meetings, workshops and surveys to make sure this strategy was right for our patients.



All members of NWS staff who contributed to the 'Ideas Room' forum or participated in engagement events. The comments and ideas put forward influenced all aspects of the strategy - the need to balance getting the basics right whilst looking to improve and develop emerged from staff and became a core focus within the strategy.



All the departments, teams and trade union representatives across NWS who welcomed the Strategy Development Team with open arms and supported the development of this important and exciting strategy.



References; AACE Mental Health Pledge (2019), AACE & Public Health England: Developing a public health approach (2021), AACE Strategy (2022), Lord Carter's review into unwarranted variation in NHS ambulance trusts (2018), NHSEI Core20plus5 approach (2022), NHS Long term plan (2019), NHS People Plan (2022), NHS People Promise (2022), ONS health state life expectancies UK (2018-2020), Public Health England Profiles (Accessed March 2022), The Health Foundation: Build back fairer The COVID-19 Marmot review (2020).

North West Ambulance NHS Trust Equality Impact Assessment Form (EIA)

Name of strategy and major project being reviewed:

North West Ambulance Service (NWS) Trust Strategy

Equality Impact Assessment completed by:

Jude Cartwright, Strategy Development Programme Manager,
In partnership with NWS' Equality, Diversity and Inclusion Reference Group.

Initial date of completion:

May 2022

1. Overview

- 1.1 The NWS strategy states the purpose, vision and values of the organisation as well as outlining the current context and drivers for change. The strategy explains the vision for the future and outlines a number of outcomes to be achieved through its lifetime (by 2025).
- 1.2 This EIA will assess data from the internal and external environments to identify existing equality impacts and imbalances. The trust strategy aims to create an improved future state where inequalities in access, outcomes and experience are mitigated. However, as the trust strategy does not detail the specific change initiatives nor how improvements will be made, this EIA stops at the point of impact identification. The strategy outcome measures provide a framework for which supporting strategies, plans and activities must align and in doing so, equality impacts will be mitigated.
- 1.3 Further EIA's will be required when embarking on any strategic change, projects and programmes.
- 1.4 This EIA will also consider accessibility of the methods of consumption of the Strategy Document.
- 1.5 This EIA will outline consultation with particular groups or communities and any actions resulting from consultation.

2. Strategy development and EIA process

- 2.1 The NWS strategy has been developed and will be implemented using a systematic approach;
 - Stage 1: Diagnose;
 - Confirm current state, strategic context and intent
 - Stage 2: Design;
 - Define future state, vision, priorities and strategic aims
 - Stage 3: Deliver;
 - Agree objectives, develop strategic benefits roadmap, agree implementation approach.
 - Stage 4: Implement & evaluate;
 - Approval and commence implementation; embed within strategic planning approach to measure and assure progress, identify triggers for review/refresh.

- 2.3 The data collected in the diagnose phase was grouped into key strategic themes; these themes and the supporting information have been assessed for equality impacts.
- 2.4 Through the design and deliver phases; there was continued reference to the original source data as strategic aims, objectives and outcomes were being developed.
- 2.5 Throughout the design and deliver stages, an Equality, Diversity and Inclusion (E,D&I) reference group was established and utilised to sense check draft content from a range of diverse perspectives as well as provide input on areas of the strategy which specifically address E,D&I themes. The attendees included members and leads of NWAS' internal E,D&I networks and members of the Patient and Public Panel (PPP).
- 2.6 The approach to equality impact assessment has run in parallel to the approach to strategy development and been considered during each stage. Working in partnership with NWAS' E,D&I networks has resulted in a Strategy which has been co-produced and equality impacts have been considered throughout the strategy development process.

3. Equality impact assessment (EIA)

- 3.1 The NWAS trust strategy will affect all NWAS staff as well as impacting the services we provide to the diverse population of the North West of England.
- 3.2 SWOT and PESTLE analyses were completed in the diagnose phase to assess the internal and external environments in which we operate. The full list of data sources are available in Appendix A.
- 3.3 The analysis of these data sources highlighted several key themes from which the trust strategy was developed. The data also identified specific equality impacts associated with our current strategic context i.e. inequalities in patient access, outcomes and experience, or staff inequalities in accessing opportunities and progression. Appendix B, Table 1 provides a summary of these themes and the equality impacts identified within the data.
- 3.4 The strategy provides an opportunity to positively impact these existing inequalities through the development of clear aims and objectives which will influence actions taken over the next 3 years.
- 3.5 Appendix C, Table 2 summarises the equality impacts associated with specific aspects of the strategy content.

4. Consultation

- 4.1 To identify and understand any impacts on staff, patients and service users; the E,D&I reference group were presented with the completed first draft of content and invited to raise any potential positive or negative equality impacts. In addition, a Public, Patient Panel focus group was established to conduct the same activity with a wider group of members of the public.
- 4.2 The outcome of these engagement events was that there were no groups or individuals who would need further consultation at this stage however there would need to be some considerations of accessibility needs required when creating the strategy document due to its public facing nature.
- 4.3 The E,D&I reference group highlighted that the strategy document needs to be accessible to as wide a group of people as possible. The reference group advised;

- Reduce the use of or eliminate the use of tables due to difficulty reading these with screen reader software.
- Use alternative text to “tag” any images or infographics.
- Ensure access to both printed and digital versions to limit digital exclusion.
- Ensure access to alternative formats such as braille and “easy read”.

5. Conclusion

5.1 The strategy content has been developed using the outcomes from the analysis conducted during the diagnose stage alongside ongoing consultation to ensure the strategy both considers and works to positively impact equalities through the design of clear aims and objectives.

5.2 However, the Trust strategy in isolation will not result in the realisation of positive impacts. The strategy will position the review and development of NWAS’ supporting strategies and plans which will detail the specific actions which need to be taken to achieve the strategic objectives identified.

It is only through delivery of these actions that we can demonstrate a direct positive equality impact or provide assurance that no unintended negative impacts have been experienced.

5.3 The trust strategy and this EIA have highlighted significant opportunities for NWAS to improve the services provided to patients and the wider public across the North West in a way which positively impacts groups with protected characteristics or who may be vulnerable.

Similarly, the trust strategy and EIA highlight opportunities to improve NWAS’ internal environment and culture to positively impact groups of staff who share protected characteristics.

5.4 Therefore; there is a risk that, if supporting strategies and plans do not align to the trust strategy and outcomes of those strategies and plans are not achieved, the opportunities to positively impact communities and staff groups who currently face disadvantage will be missed.

6. Action plan

6.1 The actions to ensure the equality impacts outlined in Appendix B, Table 1 are mitigated will be included as part of supporting strategy development and associated planning work.

6.2 With regards to strategy document accessibility, the Strategy Development Team will work with the NWAS Communications team and NWAS’ partner design company to ensure the final document and supporting materials are accessible for a diverse range of audiences.

6.3 The Trust strategy will also undergo a “plain English review”; this review is to be conducted by an external provider and will make sure the content is both easily understandable and accessible from formatting and language perspectives.

7. Monitoring and Review

7.1 This Equality Impact Assessment (EIA) will remain a live document in that, if a group or individual presented a potential equality impact in relation to the Trust Strategy content or accessibility of the digital or printed versions, this EIA will be revisited. If no further impacts are identified, this EIA will undergo a routine review annually, with the next review to be completed by the end of March 2023.

Appendix A – Data sources

The SWOT and PESTLE analyses as part of the “diagnose” stage of strategy development included consideration of a range of information from the internal environment as well as the external environment.

The data sources analysed included:

- Consideration of the demography of NWS’ staff (Appendix D)
- Consideration of the population of North West England (Appendix E)
- Consideration of health inequalities and levels of deprivation in North West England
- EOC Key performance indicators (KPI’s)
- 111 KPIs
- Ambulance Response Programme (ARP) standards
- Ambulance Clinical Quality Indicator (ACQI) standards
- The NHS staff survey
- The Zeal (culture) survey
- Review of all external drivers, including (but not limited to);
 - AACE Mental Health Pledge (2019),
 - AACE & Public Health England: Developing a public health approach (2021),
 - AACE Strategy (2022),
 - Lord Carter’s review into unwarranted variation in NHS ambulance trusts (2018), NHSEI Core20plus5 approach (2022),
 - NHS Long term plan (2019),
 - NHS People Plan (2022),
 - NHS People Promise (2022),
 - ONS health state life expectancies UK (2018-2020),
 - Public Health England Profiles,
 - The Health Foundation: Build back fairer The COVID-19 Marmot review (2020).

Appendix B – Table 1; Strategy theme equality impacts

Strategy theme	Supporting Information	Equality Impacts
<p>1. Covid-19; A focus on recovery and restoration across the whole of NWAS</p>	<p>Internal environment/data;</p> <ul style="list-style-type: none"> • At the time of writing (November 2021); Covid-19 cases were contributing to an increase in the demand of 999 and 111. • Staff sickness levels have been high throughout the pandemic due to direct or indirect effects of Covid-19 • Increase in staff turn over. <p>External environment/data;</p> <ul style="list-style-type: none"> • The North West has high levels of deprivation; the average Index of Multiple Deprivation (IMD) score is 27.9, compared to 21.7 in England. Over a third of local areas in the NW are in the most deprived IMD quintile. • The age of people in the North West is continuing to rise, as is the number of patients with 5 or more health conditions. 	<p>Analysis of internal and external data along with consideration of the outcomes of NHSE’s 8 actions which build upon the NHS Long Term Plan and the Marmot review has highlighted that there are a number of groups within society which have been, currently are being or will continue to be disproportionately affected as a direct or indirect result of the Covid-19 virus. To summarise, the groups affected are;</p> <ul style="list-style-type: none"> • People living in areas of high deprivation • People from Black, Asian and minority ethnic communities (BAME) • People with long term conditions will not have received the treatment they require during the pandemic – the scale of this is yet unknown. • Older people • Men (men are more likely to suffer serious illness or require intensive care resulting from Covid-19 infection) • People with learning disabilities • Younger people who are seeing rising levels of unemployment and lower wages resulting from the pandemic – this could impact upon the long-term health and well-being of this group.
<p>2. Achieving performance standards across 999,111 and PTS</p>	<p>Internal environment/Data;</p> <ul style="list-style-type: none"> • ARP; At the time of analysis (November 2021); mean response times for C1 and C2 were at their longest in 3 years and long waits for C1 and C2 continued to increase. • 999: Call demand Q2 21/22 is 15.6% higher than the same time period in 20/21. Increase in Cat 1 (36.2%) and Cat 2 (17.8%) 	<p>The impact of not achieving performance standards has universally negative impacts. However, there are several presenting conditions where a delayed response may result in outcomes which disproportionately impact patients with protected characteristics or who may be more vulnerable. These presenting conditions include;</p> <ul style="list-style-type: none"> • Some mental health presentations – without swift intervention, there is a risk that some patients presenting in mental health

Strategy theme	Supporting Information	Equality Impacts
	<ul style="list-style-type: none"> • 111; At the time of analysis, calls answered in <60 secs were 36.96% (target of 95%) • 111: Call demand Q2 21/22 is 14% higher than the same time period in 20/21. • Mental health code, wait longer than a physical health codes. • High staff sickness and low levels of staff moral. <p>External environment/Data;</p> <ul style="list-style-type: none"> • Patient satisfaction has dropped across 111,999 and PTS. Waiting times are commonly cited as an issue. • Increase in 999 and 111 demand potentially driven by societal expectations of the Ambulance Service 	<p>crisis could deteriorate and cause harm to themselves or others.</p> <ul style="list-style-type: none"> • Falls – There is a risk that, if older, frail and vulnerable patients aren't tended to in a timely manner, they could require hospital treatment because of a "long lie". For older, frail and vulnerable patients, hospital stays can increase their risk of contracting infections, can lead to muscle deconditioning and ultimately result in poorer health.
<p>3. Digital integration: Internal integration across 111, 999 & PTS alongside external integration with the wider system in the North West.</p>	<p>Internal environment/data;</p> <ul style="list-style-type: none"> • NWS is a gateway service and technology has resulted in the ability for NWS to electronically refer into a number of organisations across the NHS. <p>External environment/data;</p> <ul style="list-style-type: none"> • A key focus of the ICS's is to increase integration and interoperability to improve the flow of data, information and communication. 	<p>There is potential that, if patients, service users or staff are increasingly expected to use technology and digital solutions to access care and services, particular groups within society are at risk of digital exclusion. The people are more likely to be digitally excluded if they have one or more of the following characteristics;</p> <ul style="list-style-type: none"> • Are unemployed or have a low income, • Are an older person, • Live with a disability, • Live alone.
<p>4. Health inequalities and patient experience</p>	<p>Internal environment/data;</p> <ul style="list-style-type: none"> • Patient experience; most complaints due to the way staff treated the patient. • Patient satisfaction has dropped across 111,999 and PTS over the last year. 	<p>Health inequalities are avoidable and unfair differences in health status between groups of people or communities. The data analysed highlighted significant inequalities in access, experience and outcomes of groups with protected characteristics within the communities of the North West. The</p>

Strategy theme	Supporting Information	Equality Impacts
	<ul style="list-style-type: none"> • Issues relating to organisational culture have led to an inability to discuss mistakes openly. <p>External environment/data;</p> <ul style="list-style-type: none"> • Core20PLUS5 is a national NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort – the ‘Core20PLUS’ – and identifies ‘5’ focus clinical areas requiring accelerated improvement. • 32% of patients live in the most deprived areas of England (compared to 20% nationally) • Patients in the North West experience lower than national average life expectancy, infant mortality and drug related deaths. 	<p>NHSE’s Core20PLUS5 framework set out 5 clinical areas of focus when tackling health inequalities;</p> <ol style="list-style-type: none"> 1 Maternity: ensuring continuity of care for 75% of women from Black, Asian and minority ethnic communities and from the most deprived groups. 2 Severe mental illness (SMI): ensuring annual health checks for 60% of those living with SMI (bringing SMI in line with the success seen in learning disabilities). 3 Chronic respiratory disease: a clear focus on Chronic Obstructive Pulmonary Disease (COPD) driving up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations. 4 Early cancer diagnosis: 75% of cases diagnosed at stage 1 or 2 by 2028. 5 Hypertension case-finding: to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke <p>The patient experience data analysed was not available to be broken down by all protected characteristics due to a current inability to retrieve rich patient demographic data from patient records. Therefore, further work must be undertaken to develop deeper insight into the experiences of people with protected characteristics.</p>
<p>5. Staff experience and health and wellbeing</p>	<p>Internal environment/data;</p> <ul style="list-style-type: none"> • Health and wellbeing furthest away from national average in 2020 staff survey (8.0 compared to 8.5) • The Zeal identified 51.1% of staff had a well-being classification of suffering (15.5%) or just managing (35.6%). 	<p>Staff from black and minority ethnic backgrounds and staff who live with disabilities within NWAS feel they are more likely to get abused at work, less likely to get a promotion and that their work is less valued.</p>

Strategy theme	Supporting Information	Equality Impacts
	<ul style="list-style-type: none"> • 2021 staff survey highlighted retention and progression, job satisfaction, health, wellbeing and burnout, and bullying and harassment as key areas for improvement. 	
6. Climate change	<p>External environment/data;</p> <ul style="list-style-type: none"> • Climate change continues to provide a unique challenge to healthcare. Increased flooding, heatwaves and infectious diseases threaten to undermine years of healthcare gains; the diverse geography of the North West poses significant challenges for the future. • The NHS has committed to becoming carbon neutral, with an ambition for all ambulance services to be carbon neutral by 2030. The details of the plans are laid out in delivering a 'Net Zero' NHS. 	<p>Carbon emissions contributing to climate change pose a risk to the health of the people of the North West and NWAS staff, in particular, those who suffer from cardiovascular disease and respiratory conditions such as asthma.</p> <p>It is believed that adverse weather conditions such as heatwaves and floods resulting from climate change are likely to have a more negative impact on women in work, than men. This is because, generally, more women have primary carer responsibilities for children and therefore, if schools or childcare facilities are affected by adverse weather, primary caregivers would potentially need to take time off work to care for children.</p>

Appendix C – Table 2; Strategy content and associated equality impacts.

Strategy section	Equality considerations and benefits
Aim 1 - Provide high quality, inclusive care	<ul style="list-style-type: none"> • Focus on harm reduction to consider disproportionate impact on specific patient groups e.g. elderly, frail, vulnerable • Learning from clinical audits to consider patterns and themes which suggest inequalities in outcomes and experience and look for opportunities to improve. • Consider the impact of performance improvement on specific patient groups. • Improved digital systems to gather demographic data which can be broken down by indices of deprivation. • Using this data alongside patient experience and involvement to drive improvements in access and health inequalities, for patients from diverse communities.
Aim 2 - Be a brilliant place to work for all	<ul style="list-style-type: none"> • Making sure that everyone who works for NWAS has fair job and career progression opportunities which will improve diversity and representation at all levels of the organisation. • Educating and developing our leaders and people to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our people and patients. • Continuing to develop our networks and forums to create an environment where we celebrate diversity and influence improvements.
Aim 3 – Work together to shape a better future	<ul style="list-style-type: none"> • Maximise opportunities to work together with our patients, the public and our partners across health and social care to design services that positively impact our communities and improve the overall health of our population. • Widening access to jobs, development and progression, providing career opportunities for the people in our communities. • Continue to work with our public and patient representatives to design services that deliver effective, quality care to patients who have diverse beliefs, attitudes, values and behaviours • Support initiatives which prioritise the needs of people in the community who are vulnerable, at high risk of illness or need to access healthcare services regularly.

Appendix D – Staff Data (May 2022)

Equality Group	Data	
Age	Age Band	NWAS
	<=20 Years	0.82%
	21-25	7.93%
	26-30	12.09%
	31-35	13.68%
	36-40	11.85%
	41-45	12.07%
	46-50	13.22%
	51-55	13.65%
	56-60	9.61%
	61-65	4.35%
	66-70	0.73%
>=71	0.00%	
Disability	Disability	NWAS
	Disability (declared 'Yes')	5.02%
Sex	Sex	NWAS
	Female	51.59%
	Male	48.41%
Marital Status	Marital Status	NWAS
	Civil Partnership	1.31%
	Divorced	6.24%
	Legally Separated	1.09%
	Married	41.86%
	Single	43.80%
	Unknown	5.05%
	Widowed	0.65%
Pregnancy or maternity	Pregnancy or Maternity	NWAS
	ESR Assignment Status 'Maternity & Adoption'	1.45%
Race including ethnicity and nationality	Race including ethnicity and nationality	NWAS
	WHITE (A-C)	94.01%
	BME (D-S)	4.74%
	Unspecified/Not Stated	1.25%
Religion or belief	Religion or Belief	NWAS
	Atheism	16.63%

	Buddhism	0.31%
	Christianity	53.47%
	Hinduism	0.26%
	I do not wish to disclose my religion/belief	13.68%
	Islam	2.47%
	Judaism	0.06%
	Other	7.46%
	Sikhism	0.07%
	Unspecified	5.60%
Sexual Orientation	Sexual Orientation	NWAS
	Bisexual	1.03%
	Gay or Lesbian	4.73%
	Heterosexual or Straight	80.89%
	Not stated (person asked but declined to provide a response)	7.86%
	Other sexual orientation not listed	0.06%
	Undecided	0.06%
	Unspecified	5.38%
Trans	We do not have data recorded in ESR for the protected characteristic of Gender Reassignment.	

Appendix E – North West England population Data (ONS 2011)

Equality Group	Data (ONS 2011 Census, North West England)		
Age	Age	Number	%
	Age 0-15	1,324,548	19%
	Age 16-19	368,953	5%
	20-64	4187521	59%
	Over 76	776965	11%
	Mean Age	39.5	
	Median Age	39	
	Disability – considering visible and invisible disabilities	Households with at least 1 person with long-term health problem or disability	Number of households
Total		857462	28%
With dependent children		151385	5%
Without dependent children		706077	23%
Sex	Sex	Number	%
	Male	3464685	49%
	Female	3587492	51%
Marital Status	Marital Status	Number	%
	Single	2040367	35.6%
	Married	2563427	44.8%
	In a registered same-sex civil partnership	11188	0.2%
	Separated	152447	2.7%
	Divorced	532490	9.3%
	Widowed	427710	7.5%
Pregnancy or maternity	This information is not available via the ONS		
Race including ethnicity and nationality	Ethnicity	Number	%
	White	6,361,716	90%
	BME	670,773	10%
	Any other ethnic group	19,688	0.3%
Religion or belief	Religion	Number	%
	Has Religion	5216712	74%
	Christian	4742860	67%
	Buddhist	20695	0.3%
	Hindu	38259	0.5%
	Jewish	30417	0.4%
	Muslim	356458	5%
	Sikh	8857	0.1%
	Other	17166	0.2%
	No Religion	1397916	20%
	Not Stated	437549	6%
Sexual Orientation	This information is not available via the ONS		
Trans	This information is not available via the ONS		



REPORT TO BOARD OF DIRECTORS

DATE:	25 th May 2022					
SUBJECT:	Annual Self Certifications: General Condition FT4 – Corporate Governance Declaration					
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Decision					
EXECUTIVE SUMMARY:	A review has been carried out for the Corporate Governance Statement as can be seen in the Appendix, and based on the evidence presented in the current arrangements the proposal is that the Board makes a positive declaration and declares 'Confirmed' to each clause and also confirms that no material risks have been identified.					
RECOMMENDATIONS:	Approve the 'Confirmed' declarations and confirm that no material risks have been identified as described within this paper					
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: <input checked="" type="checkbox"/> Financial/ VfM <input checked="" type="checkbox"/> Compliance/ Regulatory <input checked="" type="checkbox"/> Quality Outcomes <input checked="" type="checkbox"/> Innovation <input checked="" type="checkbox"/> Reputation					
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		

PREVIOUSLY CONSIDERED BY:		
	Date:	
	Outcome:	

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1. PURPOSE

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

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

2. FT4

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

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

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

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

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

4. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

5. RECOMMENDATIONS

The Board is recommended to:

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

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>The Board is satisfied that North West Ambulance Service NHS Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<p>CONFIRMED</p>	<p>Compliance with Monitor's Code of Governance for Foundation Trusts, where applicable. Reported to Audit Committee in April 2022 providing evidence and declaring compliance for 2021/22.</p> <p>The Trust's governance committee structures in place are reviewed on an annual basis.</p> <p>CQC 'good' rating following well-led inspection during Q2 2018/19.</p> <p>Unannounced inspections of PES and EOC service lines took place during Q4 2019/20 and received 'good' ratings.</p> <p>CQC announced a system level inspection of the Lancashire and South Cumbria Integrated Care System (ICS) and each of the partner agencies within the ICS during Q 2021/22.</p> <p>Systems and controls assurances are obtained via the Audit Committee as described in the Annual Governance Statement 2021/22.</p> <p>The Trust has an internal audit programme and assurance cycle linked to the Board Assurance Framework.</p> <p>The Head of Internal Audit Opinion for 2021/22 stated overall opinion of <i>'substantial assurance, can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.'</i></p> <p>Effectiveness review of Board committees undertaken and reported to Board via Committee annual reports.</p>	<p>No material risk identified</p>
<p>The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time</p>	<p>CONFIRMED</p>	<p>A fundamental part of the Director of Corporate Affairs role is to ensure any guidance requirements and the impact on the Trust are disseminated to the Board either via the Chief Executive's bi-monthly report or a separate report.</p> <p>Any guidance requirements are routinely assessed and implemented as necessary - overview of guidance provided by MIAA and Mazars in updates received at each Audit Committee meeting.</p>	<p>No material risk identified</p>

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
		Membership of NW FT Company Secretary network and NHS Providers Company Secretary Network where legislative and regulatory changes are disseminated.	
<p>The Board is satisfied that North West Ambulance Service NHS Trust has established and implements:</p> <p>(a) Effective board and committee structures;</p> <p>(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and</p> <p>(c) Clear reporting lines and accountabilities throughout its organisation.</p>	CONFIRMED	<p>Standing committees are established with clear lines of reporting.</p> <p>Board approved Terms of Reference are in place for all standing committees clearly stating responsibilities, reporting arrangements, memberships.</p> <p>Annual report from each committee is presented to the Board for assurance.</p> <p>Clear reporting lines within the Board, Executive and service areas provided through the Trusts governance framework</p> <p>Service delivery governance continues to be reviewed to ensure accountabilities are consistent across the Trust.</p> <p>Standardised Chair's Assurance reports are in place to confirm assurance and escalate concerns in line with reporting structure.</p> <p>Annual Governance Statement provides the Board with assurance surrounding the responsibilities of the Board and its committees.</p>	No material risk identified
<p>The Board is satisfied that North West Ambulance Service NHS Trust has established and effectively implements systems and/or processes:</p> <p>(a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;</p> <p>(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;</p> <p>(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;</p> <p>(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);</p>	CONFIRMED	<p>a) Strong systems of financial governance in place. All statutory audits and reporting requirements fulfilled. All statutory and regulatory financial duties achieved during 2021/22. External Audit – Review of Value for Money arrangements.</p> <p>b) The Trust's IPR (seen bi-monthly at Board) provides assurance on delivery of the Annual Plan objectives and supports quality and performance improvement. The themes of the IPR reflect those of NHSI Single Oversight Framework.</p> <p>c) Systems and processes in place to ensure compliance with national and local healthcare standards - internal and external assurance systems in place.</p> <p>d) Detailed financial plans in place and approved by the Board of Directors.</p>	No material risk identified

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

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
<p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p>		<p>A Patient or Staff story is presented to the Board at the start of each Board Meeting and a Patient story is presented at each Quality and Performance Committee.</p> <p>e) Quality (Right Care) Strategy approved by the Board in January 2020. The Quality and Performance Committee reviews performance against a suite of key quality indicators; standardised risk assessment (Quality Impact Assessment) of all efficiency workstreams, and robust arrangements for staff, patients and members of the public to raise concerns with respect to the quality of care including Freedom to Speak Up Guardian. Friends and Family Test systems in place. Comms and Engagement Strategy in place. Patient and Public Panel established in 2019/20. Membership continued to grow during 2021/22, despite the pandemic and as at 31st March 2022 had a total of 213 members.</p> <p>f) Clear accountability for quality of care throughout the Trust, systems of integrated governance allow for appropriate escalation to Board of Directors.</p>	
<p>The Board is satisfied that there are systems to ensure that North West Ambulance Service NHS Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p>	<p>CONFIRMED</p>	<p>NWAS' Establishment Order sets out required numbers for Board members.</p> <p>Established Nomination & Remuneration Committee (NARC) for Executive Director appointments and remuneration (ED) with Terms of Reference, with responsibility for review of Board composition.</p> <p>ED Job Descriptions and Person Specifications in place as developed via NARC.</p> <p>People Plan in place.</p> <p>Code of Conduct and suitable contractual arrangements in place for Board members, incorporating requirements relating to 'fit and proper persons'.</p>	<p>No material risk identified</p>

Corporate Governance Statement (FTs and NHS trusts)

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

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

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

Signature

Signature

Name Peter White, Chairman

Name Darren Mochrie, Chief Executive

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

A

Please Respond



REPORT TO BOARD OF DIRECTORS

DATE:	25 th May 2022					
SUBJECT:	Annual Self Certifications: General Condition 6 – Systems for Compliance with Licence Conditions					
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PURPOSE OF PAPER:	For Decision					
EXECUTIVE SUMMARY:	<p>Whilst NHS trusts are not issued with a provider licence, they are required to self-certify whether or not they have complied with conditions equivalent to the licence that NHS Improvement has deemed appropriate:</p> <p>Condition G6 (3): Providers must certify that they have taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution (Condition G6 (3))</p> <p>A management review has been undertaken confirming compliance with General Condition 6 of the NHS Provider Licence (Appendix 1).</p>					
RECOMMENDATIONS:	Approve this year's annual GC6 self-certification as described within this paper					
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Financial/ VfM <input checked="" type="checkbox"/> Compliance/ Regulatory <input checked="" type="checkbox"/> Quality Outcomes <input checked="" type="checkbox"/> Innovation <input checked="" type="checkbox"/> Reputation 					
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>		

PREVIOUSLY CONSIDERED BY:		
	Date:	
	Outcome:	

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1. PURPOSE

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

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

2. GENERAL CONDITION 6

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

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

The Trust is required to publish a G6 self-certification on its website (Appendix 2) by 31st May 2022.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

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

4. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

5. RECOMMENDATIONS

The Board is recommended to:

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

General Condition 6	Current Arrangements / Evidence
<p>The Licensee shall take all reasonable precautions against the risk of failure to comply with:</p> <ul style="list-style-type: none"> (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS. 	<p>Due to the continued pause relating to the Long Term Plan operational planning as a result of COVID-19, throughout 2021/22 the NHS operated under the emergency financial regime due to COVID-19, where normal contracting arrangements were suspended. All Trusts were paid monthly block payments and additional top-up payments relating to the costs of responding to the pandemic, including personal protective equipment; loss of non NHS income; and additional annual leave carried over by the staff.</p> <p>The Trust's strategy and Vision to be the Best ambulance Service in the UK by achieving the strategic goals of delivering the Right Care at the Right time in the Right Place, Every Time. The overarching corporate strategy (Trust Strategy) is underpinned by the Right Care (Quality) Strategy and the Urgent & Emergency Care (Right Time, Right Place) Strategy. The planning process highlighted the vital areas of development over the next five years, together with key enablers required from strategies and work-plans such as: Workforce, Digital, Estates, Fleet, Communications and Engagement; and ICS engagement. As COVID-19 delayed delivery of some the objectives within the strategies, during Q2 2021/22 the Trust commenced a review of the Trust Strategy to assess whether the content and associated strategies aims and objectives remain relevant considering our strategic context, learning from COVID-19 and the wider changes to national and regional legislation. The refreshed strategy is due to be launched from 2022/23 and will outline the Trust's new vision statement, aims and objectives for the next three years.</p> <p>The Trust has a set of bespoke values and behaviours that resonate with all staff irrespective of their role or directorate. Underpinning behaviours have been developed and will act as a golden thread supporting other work to improve culture, staff and patient experience. These values are:</p> <ul style="list-style-type: none"> • Being at our Best • Working Together • Making a Difference <p>The Board Assurance Framework assesses risk to delivery and provides assurance on delivery of the Trust's strategic objectives.</p> <p>Annual reviews are undertaken against the Trust's core governance documents 1) Standing Orders and Reservation of Powers to the Board 2) Scheme of Delegation and 3) Standing Financial Instructions. The Trust also takes account of the FT Code of Governance which is reported annually to the Audit Committee. Committee Terms of Reference are also reviewed on an annual basis to assess that all functions delegated by the Board have been undertaken.</p>

General Condition 6

Current Arrangements / Evidence

The Trust has a Risk Management Strategy and Policy which are authorised by the Board. This provides a framework for managing risks across the Trust, which is consistent with best practice and Department of Health guidance.

The Strategy describes the framework that enables the Board to gain assurance across organisational delivery systems and how exceptions are escalated. It also contains a risk appetite statement that describes the level of risk the Board is prepared to take in order to achieve the Trust's strategic objectives. The Policy is reviewed and refreshed annually and seeks to provide a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation for the benefit of patients, staff, visitors and other stakeholders.

NWAS is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements, detailed in the respective Annual Governance Statements. On 25th February 2020, the CQC undertook unannounced inspections to the PES and EOC service lines over a period of three days and received ratings of 'Good'. A Well-Led inspection was planned at the end of March 2020 however due to COVID-19 was postponed. The Trust maintains an overall CQC rating of 'Good' following the Well-Led inspection in June 2018.

In March 2022, the CQC announced a system level inspection of the Lancashire and South Cumbria Integrated Care System (ICS) and each of the partner agencies within the ICS.

2021/22 Corporate Governance Statements – Reviewed by the Board of Directors, with no material risks identified.

Audit Committee received a summary of the Trust's corporate governance arrangements and compliance against the FT Code in April 2022. Updates will be provided to the Audit Committee annually.

Audit Committee considered and approved the Internal Audit Plan for 2021/22 (April 2022). The Internal Audit Plans are risk based, with an ongoing programme of internal audits in finance, operations and governance.

During the course of the year, Audit Committee monitored progress against the Internal Audit Plans and reviewed the work and findings of the Internal Auditor.

The Internal Audit Assurance Framework Review 2021/22 confirmed that:

1. the organisation's Assurance Framework is structured to meet the NHS requirements

General Condition 6	Current Arrangements / Evidence
	<p>2. is visibly used by the organisation</p> <p>3. clearly reflects the risks discussed by the Board.'</p> <p>4. Identifies controls and assurances are relevant.</p> <p>NWAS' Annual Report and Annual Accounts is prepared in accordance with DoH Group Accounting Manual 2021/22.</p> <p>The Audit Committee have received valuable insight and benchmarking information from the External Auditors. Due to the extended deadlines to submit the Annual Report and Accounts 2021/22 by 22 June 2022, the Audit Committee will receive their findings following the audit of the Annual Report and Accounts in June 2022.</p> <p>NWAS Quality Report 2021/22 – Prepared in line with requirements for Quality Reports 2020/21. The deadline to publish the document is 30 June 2022.</p> <p>Submission of compliance reports to NHS Improvement as required.</p>
<p>Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include:</p> <p>(a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and</p> <p>(b) regular review of whether those processes and systems have been implemented and of their effectiveness.</p>	<p>The Board Assurance Framework, is based on six key elements:</p> <ul style="list-style-type: none"> • Clearly defined and agreed strategic objectives together with clear lines of responsibility and accountability; • Clearly defined key strategic risks to the achievement of these objectives together with assessment of their potential impact and likelihood; • Key controls by which these risks can be managed, this includes involvement of stakeholders in agreeing controls where risks impact on them; • Management and independent assurances that risks are being managed effectively; • Board level reports identifying that risks are being reasonably managed and objectives being met together with gaps in assurances and gaps in risk control; • Board level action plans which ensure the delivery of objectives, control of risk and improvements in assurances. <p>The work plan of committees is linked so that the Board of Directors is assured that there is an aligned independent and executive focus on strategic risk and assurance. Routine referral of issues exists between committees ensuring a respective understanding of risk and assurance concerns.</p> <p>The Board of Directors oversees the management of all significant risks, which are actively addressed by the Executive Leadership Committee. The NWAS Corporate Risk Register is considered alongside the Board Assurance Framework thereby ensuring that risks are not only managed</p>

General Condition 6	Current Arrangements / Evidence
	<p>and communicated efficiently, but that the management of them is embedded in the Trust's practice. The NWS Board Assurance Framework and Corporate Risk Register are reviewed on a quarterly basis by the Board of Directors and monthly by the Executive Leadership Committee. Key controls and assurances, and any identified gaps are reviewed and action plans developed and progressed accordingly.</p> <p>Annual Corporate Governance Statements – Reviewed by Board, May 2022 confirming “The Board had extensive and effective governance assurance systems in operation enabling the identification and control of risks reported through the Board Assurance Framework and Corporate Risk Register. Internal and external reviews, audits and inspections had provided sufficient evidence to state that no significant internal control issues have been identified during 2021/22, and that these control systems are fit for purpose.”</p> <p>The NWS financial plan is approved by the Board of Directors and is subsequently submitted to NHS Improvement. The plan, including forward projections, is monitored on a bi-monthly basis by the Resources Committee and key performance indicators and financial sustainability metrics are also reviewed bi-monthly by the Board of Directors.</p> <p>Standardised risk assessment (Quality Impact Assessment) of all productivity improvement workstreams.</p> <p>Board of Directors and/or Audit Committee review of:</p> <ul style="list-style-type: none"> – Register of Interests to ensure compliance with the Trust's Standards of Business (bi-monthly) – The arrangements by which staff can raise issues in confidence about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure arrangements are in place for the proportionate and independent investigation of such matters and appropriate follow-up action (quarterly) – Anti-Fraud Plans and Reports (quarterly) – Internal Audit Annual Programme, progress reports and audit outcomes (quarterly) – All risk and control related disclosure statements in particular the Annual Governance Statement, Corporate Governance Statement, together with the accompanying Head of Internal Audit statement and External Audit Opinion (annually)

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

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

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

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

Confirmed OK

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

EITHER:

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

Please Respond

OR

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

Please Respond

OR

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

Please Respond

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

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

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

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

Signature

Signature

Name: Peter White

Name: Daren Mochrie

Capacity: Chairman

Capacity: Chief Executive

Date: 25 May 2022

Date: 25 May 2022

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

[Empty box for further explanatory information]



CHAIRS ASSURANCE REPORT

Charitable Funds Committee

Date of Meeting:	22 nd April 2022	Chair:	David Rawsthorn
Quorate:	Yes	Executive Leads:	Carolyn Wood, Director of Finance Angela Wetton, Director of Corporate Affairs
Members Present:	Mr G Blezard, Director of Operations Mr S Desai, Director of Strategy, Partnerships & Integration Ms C Butterworth, Non-Executive Director Dr D Hanley, Non-Executive Director Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	Key Members Not Present:	All present

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Charitable Funds Update Q4 2021/22	The Committee noted: <ul style="list-style-type: none"> • Income received in 2021/22 amounted to £982k: <ul style="list-style-type: none"> o £124k unrestricted o £858k restricted 	Noted the assurances provided.	

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



	<ul style="list-style-type: none"> • Largest single donation: £687k grant received from NHS Charities Together. • Expenditure during the same period amounted to £365k. • As at the 31 March 2022, the total available financial resource is £1,581k: <ul style="list-style-type: none"> o £623k unrestricted o £958k restricted <p>The Committee noted the activities of the Charity up to 31st March 2022, particularly the appointment of the Head of Charity who will commence with the Trust in June 2022.</p>		
Restricted Funds Options	A report detailing the options to change the designation of funds from Restricted to General was received.	It was agreed to receive a paper to a future meeting to make a decision as to whether to reclassify those funds identified as restricted and whether to reclassify those funds as general/unrestricted	
Annual Terms of Reference Review	Following annual review, the Committees Terms of Reference were presented for approval	Recommended the Terms of Reference to the Board of Directors for approval.	

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



CHAIRS ASSURANCE REPORT

Audit Committee

Date of Meeting:	22 nd April 2022	Chair:	David Rawsthorn
Quorate:	Yes	Executive Lead:	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Chambers, Non-Executive Director Prof A Esmail, Non-Executive Director Ms C Butterworth, Non-Executive Director	Key Members Not Present:	

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Cyber Security Presentation	The Head of Digital Intelligence and Analytics provided a presentation detailing the Trust's position against 9 recommendations provided by the National Cyber Security Centre relating to the following elements. <ul style="list-style-type: none"> - Patching - Access Controls 	Noted the assurance provided.	

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






	<ul style="list-style-type: none"> - Ensure Defences are Working - Logging and Monitoring - Backups - Incident Plan - Internet Footprint - Phishing - Third Party Access 		
Critical and High Risk Recommendations	MIAA continue to follow up recommendations. It was noted 2 high risk recommendations remain outstanding. The recommendation relating to Data Quality had been implemented, with the outstanding recommendation relating to Freedom to Speak Up due to completion in September 2022.	Noted the update provided.	
Internal Audit Progress Report Q4 2021/22	<p>The Committee noted the assurance reviews completed within Q4:</p> <p>Key Financial Controls – High Assurance Assurance Framework Stage 2 - Meets NHS requirements Management of Third Party Providers – 365 Response – Substantial Assurance Data Quality – Substantial Assurance ESR/HR Payroll Controls – Substantial Assurance Project Management Office – Substantial Assurance</p>	Noted the assurances provided.	

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



Internal Audit Follow Up	The Committee noted the good progress within the reporting period and that 18 recommendations were completed during the period.	Noted the assurance provided.	
Draft Internal Audit Plan 2022/23	The Committee received the draft Internal Audit Plan 2022/23.	Approved the internal Audit Plan 2022/23	
Head of Internal Audit Opinion	The Committee noted the Head of Internal Audit Opinion for the period 1 st April 2021 to 31 st March 2022 provided: <i>Substantial Assurance, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.</i>	Noted the assurance provided.	
Internal Audit Charter	The Committee received the Internal Audit Charter which is structured around the Public Sector Internal Audit Standards and is presented alongside the internal audit plan.	Noted the assurance provided.	
Anti-Fraud Annual Report 2021/22	The Committee received the Anti-Fraud Annual Report 2021/22 which detailed the work completed by the Trust's Anti-Fraud Specialist (AFS) during the period 1 st April 2021 to 31 st March 2022 across the Government Functional Standard 013 for Counter Fraud introduced into the NHS in 2021/22. Whilst the overall assessment against the Government Functional Standards 013 for Counter Fraud was green	Noted the assurance provided.	

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



	overall, one element was amber. The Committee noted the further work required to comply with this element.		
Draft Anti-Fraud Plan 2022/23	The draft Anti-Fraud Work Plan 2022/23 was received by the Committee.	Approved the Anti-Fraud Work Plan 2022/23	
External Audit Progress Report and Technical Update	Progress to date on preparation for the audit was noted.	Noted the assurances provided.	
Board Assurance Framework Q4 2021/22	The Committee received the updated BAF prior to submission to the Board of Directors for approval on 27 th April 2022. Committee members considered the report within the context of their role as Audit Committee.	Noted the assurances provided.	
Board Assurance Framework Opening Position 2022/23	The Committee received the 2022/23 Opening Position of the BAF prior to submission to the Board of Directors on 27 th April 2022.	Noted the assurances provided.	
Risk Management Policy	The Risk Management Policy was presented to the Committee following approval by the Board of Directors in March 2022.	Noted the revised Risk Management Policy.	
Losses and Compensation Report	Losses and compensation for the 2021/22 financial year totalled £1,008k.	Noted the assurance provided.	
Estates Revaluation Report	The Committee received a report details the 2021/22 estates revaluation and subsequent impairment report.	Noted the outcome of the draft estates revaluation exercise for 2021/22.	

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



	It was noted the value of the Trust's estate increased from £39.9m to £41.7m.		
Accounting Policies for 2021/22 Accounts and the Impact of the New Accounting Standard IFRS16	A report was presented to outline and describe the Trust's Accounting Policies for the preparation of the 2021/22 Accounts and to inform the Committee of the mandatory move to International Financial Reporting Standard 16 (IFRS 16).	Noted the assurance provided.	
Annual Review of Core Governance Documents	The Trust's core governance documents were received for onward recommendation to the Board of Directors for approval. These key documents were: <ul style="list-style-type: none"> - Standing Orders and Reservations of Power to the Board of Directors - Scheme of Delegation - Standing Financing Instructions. 	Supported the recommendation for onward approval to the Board of Directors for approval.	
Audit Committee Annual Report 2021/22	The Audit Committee Annual Report 2021/22 provided information relating to how the Committee met its Terms of Reference during the 2021/22 financial year.	Approved the Audit Committee Annual Report 2021/22.	
Annual Review of Committee Terms of Reference	The revised Committee Terms of Reference were received following annual review.	Recommended the revised terms of reference to the Board of Directors for approval.	
Declaration of Interest and Gifts and Hospitality Annual Report	The registers for 2021/22 were presented to the Committee. No breaches were identified during 2021/22.	Noted the assurances provided.	

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



FT Code of Governance Compliance Declaration	An update in relation to the Trust's compliance against the NHS Foundation Trust Code of Governance (FT Code) was presented. The Trust had declared compliance with all of the relevant clauses.	Noted the assurances provided.	
Waiver of Standing Orders Q4 2021/22	A total of thirteen waivers were approved during Q4 2021/22. The total waivers received during 2021/22 is thirty one (31) compared to thirty eight (38) waivers received in 2020/21.	Noted the assurances provided.	
MIAA 2021/22 Governance Checklist	The latest governance checklist developed by MIAA to ensure appropriate governance arrangements were maintained through the pandemic was presented to the Committee.	Noted the assurances provided.	
Chairs Assurance Report – Resources Committee	The Committee received the report from the meeting held on 25 th March 2022.	Noted the assurances provided.	
Chairs Assurance Report – Quality and Performance Committee	The Committee received the reports from the meetings held on 22 nd November 2021, 24 th January 2022 and 28 th February 2022.	Noted the assurances provided.	
Clinical Audit Q3 Update 2021/22	The Clinical Audit Q3 update was presented to the Committee	Noted the assurances provided.	

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



CHAIRS ASSURANCE REPORT

Audit Committee

Date of Meeting:	12 th May 2022	Chair:	David Rawsthorn
Quorate:	Yes	Executive Lead:	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Esmail, Non-Executive Director Prof A Chambers, Non-Executive Director	Key Members Not Present:	Ms C Butterworth, Non-Executive Director Mrs A Wetton, Director of Corporate Affairs

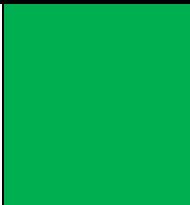
Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Draft Annual Governance Statement 2021/22	The Chief Executive attended the Committee meeting to present the draft Annual Governance Statement 2021/22. The Committee provided suggestions for inclusion within the document.	<ul style="list-style-type: none"> Noted the draft Annual Governance Statement 2021/22. 	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
	Assured	No or minor impact on quality, operational, workforce or financial performance



<p>Draft Annual Accounts 2021/22</p>	<p>The draft financial accounts for 2021/22 were presented to the Committee for review. The final accounts with the auditor's report will be submitted to the Committee in June, prior to transmission to the Board of Directors for approval.</p>	<ul style="list-style-type: none"> Noted the draft financial accounts 2021/22. 	
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Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
	Assured	No or minor impact on quality, operational, workforce or financial performance



REPORT TO BOARD OF DIRECTORS

DATE:	25/05/2022					
SUBJECT:	Integrated Performance Report					
PRESENTED BY:	Director of Quality, Innovation and Improvement					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<p>The Integrated Performance Report for May 2022 shows performance on Quality, Effectiveness and Operational Performance during April 2022 unless otherwise stated.</p> <p>PES (Patient Emergency Services)</p> <ul style="list-style-type: none"> • In Patient Emergency Services (999) the Trust received 131,620 calls of which 89,260 became incidents. Compared with April 2020, we have seen a 23% increase in calls and an 3% decrease in incidents largely due to signposting. • Call pick up deteriorated from 89.6% in March to 81.7% in April against a target of 95%. • Overall, we achieved 11% Hear and Treat, 30.2% See and Treat resulting in an aggregate non-conveyance of 41.6%. • The number of C2 long waits have fallen by 13% with 12,400 patients waiting more than 60 minutes. • Response time targets were not met for any ARP measures apart from C1 90th. This continues the position from March. All of the ARP standards apart from C1 mean and 90th are within normal limits, with both showing significant improvement. All standards are close to signalling improvement with multiple data points below the mean and several data points in a row moving downwards to show quicker response times. • The 3 primary reasons for us not meeting performance standards are: 1. A high acuity (although a reduction in April against March) 2. Abstractions (which are improving) and 3. Job cycle time including handover delays. • Acuity remains high. This means that nearly 67.59% of all our incidents are in the highest categories and 					

reduces our opportunities for Hear & Treat and See & Treat.

- Because fleet includes voluntary ambulance services who cannot respond to a category 1 and 2 incidents this rise in acuity puts increased pressure on substantive NWS fleet and prolongs response times.
- Although abstractions remain high, we have seen improved rates of abstraction, specifically associated with COVID and sickness. The improvements are increasing operational resources. This is mirrored within the EOC environment.
- Turnaround continues to be above the National standard of 30:00 with a turnaround time of 42:27. 6,725 attendances (14.7%) had a turnaround time of over 1 hour. 1909 hours were lost to delayed admissions.
- The trust has taken several measures to improve performance and maintain patient safety including an agreed 6-point plan (jointly with commissioners and the 4 ICS footprints) focused on reduction in lost hours, reduction in conveyances to hospitals, reduced handover times, improvements in community access and access to mental health services.
- 5 serious incidents were reported in April 2022.
- ACQI measures continue to show no change with the exception of the ROSC overall performance bundle where performance for December 2021 was 33.3% (national mean 23.2%), ranking first nationally.

NHS 111

- Call demand in April 2022 rose for the second consecutive month. Calls answered in 60s performance is below the standard but stable. 111 are currently working with ORH again to demonstrate the change in profile and increase in demand.
- Time taken for a call back has improved over the last previous month but continues to be well above the target. Safety measures are in place.

PTS

- PTS performance is reported one month in arrears. Activity in March for the Trust was 56% below contract baselines.

Finance

- The year to date expenditure on agency is £0.792m which is £0.533m above the year to date ceiling of £0.259m.
- As at month 1 (April) the trust is recording a deficit position for the year to date of £1.414m.

Organisational Health

	<ul style="list-style-type: none"> • The overall sickness absence rate for the latest reporting month (March 2022) was 10.91% • Turnover has increased at 12.17% • The overall appraisal completion rate was marginally lower at 77.0% but still above the recovery target of 75% • We are currently off track at 73% for mandatory training against the agreed target of 75%. <p>COVID 19</p> <ul style="list-style-type: none"> • 427 staff have tested positive for Covid-19 in April 2022, though April saw the move from using PCR tests to LFT tests and therefore are not directly comparable to earlier months. At the end of this reporting period, there were no open outbreaks on Trust sites. 							
RECOMMENDATIONS:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report • Note the decrease in demand with data starting to signal some improvement in performance • Note that SIs are within normal limits • Note the ongoing work to maintain patient safety and regulatory compliance. • Clarify any items for further scrutiny. 							
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p><input type="checkbox"/> Financial/ VfM</p> <p><input type="checkbox"/> Compliance/ Regulatory</p> <p><input type="checkbox"/> Quality Outcomes</p> <p><input type="checkbox"/> Innovation</p> <p><input type="checkbox"/> Reputation</p>							
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	☒	Sustainability	☒				
PREVIOUSLY CONSIDERED BY:	<p>Quality and Performance Committee</p> <table border="1" data-bbox="595 1559 1386 1682"> <tr> <td data-bbox="595 1559 930 1624">Date:</td> <td data-bbox="930 1559 1386 1624">28/03/2021</td> </tr> <tr> <td data-bbox="595 1624 930 1682">Outcome:</td> <td data-bbox="930 1624 1386 1682">Not known at time of submission</td> </tr> </table>				Date:	28/03/2021	Outcome:	Not known at time of submission
Date:	28/03/2021							
Outcome:	Not known at time of submission							

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1. PURPOSE

1.1 The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of **February 2022**. The report shows the historical and current performance on Quality, Effectiveness and Operational performance. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

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

2. SUMMARY

2.1 Quality

- Quality
- 145 complaints were received, against a 12 month average of 190 per month.
- 80% of complaints risk scored 1-3, and 8% of level 4-5 complaints were closed within the agreed time frames.
- Trajectories have been agreed to maintain open complaints at under 180 with an allowance of under 50% within the backlog.
- During April 2022 there were 5 serious safety incidents reported on the StEIS database, this continues to be significantly lower than the 20 incidents reported in January and remains normal control limits.
- In April 2022, 1,214 internal and external safety incidents were opened against a 12-month average of 1,284, with an additional 39 still to be scored.
- The 6 most common reasons for safety incidents were Infection control (184), 111 assessment/Advice (136), Information (86), Communication (64), 111 issue with other service (64) and Verbal abuse (54) and between them cover over 50% of those reported. The top 25 cover over 90%.

2.2 Effectiveness

- Patient experience: PES and PTS have both seen an increase in returns (PES 15.6%, PTS 4.3%) with 111 seeing a decrease of 17.4%. PES, PTS and 111 have all seen an increase in satisfaction levels compared to last month (PES 3.9%, PTS 1.2% and 111 6.5%)
- This report contains a high-level summary of the experience of patients using NHS 111 First for March, which shows a decrease in responses (142 to 137) and a decrease in satisfaction in March compared to February (85.9% to 79.4%).

2.3 • **Ambulance Clinical Quality Indicators (ACQI's) – December 2021:**
December 2021's data see us within normal limits and close to the mean across all indicators. The lag in data publication impacts upon the ability to assess or

understand reasons behind this as well as the ability to evaluate the impact of any recent work undertaken to improve in these areas.

2.4 Cardiac Outcomes

- **Return of spontaneous circulation (ROSC)** achieved for the Utstein group was 53.4% (national mean 44.7%). For the overall group the rate was 33.3% (national mean 23.2%).
- **Survival to Discharge** rates in December 2021 were at 7.1% (national mean 6.3%).
- In December 18.5% of patients in the Utstein group survived to hospital discharge. The national mean at 20.1%.
- Mean call to PPCI time in October for patients suffering a myocardial infarction was below the national mean of 2h 40mins; the Trust's performance was 2h 39mins.
- Mean call to hospital time in August for patients suffering a hyper acute stroke was above the national mean of 1h 54mins. The trusts performance was 1h 59mins.
- The stroke care bundle performance was not reported for December in line with the NHSE schedule.
- The Stemi Care Bundle performance was not reported for December in line with the NHSE schedule.
- **H&T, S&T, S&C;**
 - For April we achieved 11% Hear and Treat and ranked 8th nationally.
 - See & Treat we achieved 30.2% and we are ranked 9th nationally.
 - In total there was an aggregate non-conveyance of 40.8%

2.5 Patient Emergency Service (PES)

- **Activity:** In April 2022, the Trust received 131,620 calls of which 89,260 became incidents. Compared with April 2020, we have seen a 23% increase in calls and a 3% decrease in incidents.
- **Call volume:** call volume is 4% and 23% above the equivalent month for 2020 and 2021 respectively.
- **Duplicate calls** fell to 36,574 (27.8%) during April but these can still add complexity and reduce CPU performance.
- **Call Pick Up** has seen a deterioration in April and performance worsened from 89.6% in March to 81.7% in April (target 95%).

2.6 Ambulance Response (ARP) Performance

Category	Standard	April 2022 Actual
C1 (Mean)	7:00	8:31
C1 (90 th)	15:00	14:27
C2 (Mean)	18:00	47:04
C2 (90 th)	40:00	1:47:46
C3 (Mean)	1:00:00	3:23:10
C3 (90 th)	2:00:00	8:21:45
C4 (90 th)	3:00:00	12:23:04

- For April response time targets were not met for any ARP measures apart from C1 90th. This continued the position from March. All of the ARP standards apart from C1 mean and 90th are within normal limits, with both C1 mean and 90th showing special cause being below the lower limit. C2 and C3 measures are close to signalling improvement with multiple data points below the mean and several data points in a row moving downwards to show quicker response times.

The 3 primary drivers for us not meeting performance standards are: 1. A high acuity (although a reduction in April against March) 2. Abstractions (which are improving) and 3. Job cycle time including handover delays.

- Acuity remains high. This means that nearly 67.59% of all our incidents are in the highest categories and reduce our opportunities for Hear & Treat and See & Treat .
- Because fleet includes voluntary ambulance services who cannot respond to a category 1 and 2 incidents this rise in acuity puts increased pressure on substantive NWS fleet and prolongs response times.
- Although abstractions remain high, we have seen improved rates of abstraction, specifically associated with COVID and sickness. The improvements are increasing operational resources. This is mirrored within the EOC environment.
- Turnaround continues to be above the National standard of 30:00 with a turnaround time of 42:27. 6,725 attendances (14.7%) had a turnaround time of over 1 hour. 1909 hours were lost to delayed admissions. The trust has taken several measures to improve performance and maintain patient safety including an agreed 6-point plan (jointly with commissioners and the 4 ICS footprints) focused on reduction in lost hours, reduction in conveyances to hospitals, reduced handover times, improvements in community access and access to mental health services.

The areas we are now focussing on in terms of improvement are:

- Our response strategy for C1, including area reviews, meaning each area now has a comprehensive C1 improvement plan
- A significant drive over the next few months to enhance NHS Service Finder and DOS (Directory Of Service) utilisation. This will aim to increase alternative pathways, both via Hear & Treat and Sea & Treat
- Focus of management of 'unfunded unavailability', this is led through operational heads of service with enhanced reporting monitoring and actions taken to increase availability to increase availability of operational crews

Handover

2.7

- Average turnaround time has increase and continues to be above the national standard of 30:00 with a turnaround time of 42:27.
- The data are signalling improvement with WC 25/04 being below the lower control limit.
- 6,725 attendances (14.7%) had a turnaround time of over 1 hour, with 660 of those taking more than 3 hours. 1,057 cases of delayed admissions were reported – up from 590 and 936 reported in March 2022 and April 2022 respectively.
- The trust continues to work with those most challenged trusts and focus on trust engagement and continues to implement the delayed handover crew and managers escalation action card across the North West.

C1 & C2 Long Waits

2.8 Long waits for both C1 and C2 fell in April when compared to March. C1 from 18 in March to 6 In April. C2 from 16,135 in March to 12,400 in April. Following a peak of C1 Long waits in March 2022 (the highest since March 2018), we saw a reduction in April 2022 back to previous ranges. The highest category continues to be delays '60-75 minutes'. We have seen the number of serious incidents reduce with the improving position on C1 and C2 long waits.

C2 Long wait performance saw an improvement in April 2022, this is still however high, with waits '60-75 minutes' and '75-90 minutes' representing almost half the total C2 long waits last month.

The ambulance service across the NHS have had challenges with long waits and the national ambulance coordination centre have produced comparator metrics for ambulance trusts. Whilst our ambition is to eliminate long waits the current 'league table' signals NWAS is 4/11 compared with other trusts.

NHS 111

2.9

Measure	Standard	April 2022 Actual
Calls Within 60s	95%	26.8%
Average Time to answer		10m 43s
Abandoned Calls	<5%	22%
Call back Within 10 min	75%	5.59%
Average Call Back		1 hour 31min
Warm Transfer to Nurse	75%	18.32%

- Call volume has increased for the second consecutive month. Calls answered in 60s performance remains below the standard but stable with Call to Answer time also stable within control limits.
- The team are currently working with ORH again to demonstrate the change in profile and increase in demand over the last 12 months, it is anticipated this will be used during future conversations with commissioners.
- The increase in demand on the 111 service has directly impacted the size of the Clinical advice queue. Time taken for a call back continues to be well above the target but within control limits. Safety measures are in place.

PTS

2.10

- Due to reporting timing issues PTS performance is reported one month in arrears.
- Activity in March for the Trust was 56% below contract baselines with Lancashire 60% below baselines and Greater Manchester 53% below. Year to date July 2021 – March 2022) is performing at 63% below baseline.

Finance

- The year to date expenditure on agency is £0.792m which is £0.533m above the year to date ceiling of £0.259m.
- As at month 1 (April) the trust is recording a deficit position for the year to date of £1.414m..
- The Financial Risk Rating metrics have been removed and will be added back once the new operating framework is launched after transition from the Covid-19 financial framework.

Organisational Health

- **Sickness:** The overall sickness absence rate for the latest reporting month (March 2022) was 10.91% including COVID related sickness of 3.3%. A dedicated attendance improvement team has been established to provide support and additional focus on managing attendance and wellbeing. A deep dive will be presented to Resources Committee in May 2022
- The top 5 reasons for absence are Mental health, Covid, Injury and MSK and back problems.
- **Turnover** was 12.17% with the main increases arising in call centres which mirrors national trends. This is showing special cause variation for PES and NWS as a whole both being above the upper control limit.
- **Agency:** Due to the impact of Covid-19 agency costs at the trust stands at 2.9% April.
- **Vacancy:** Positions across the trust are under establishment by 2.03%. This is mainly as a result of establishment changes and turnover in 111 and vacancies in PTS following the use of PTS staff on PES. Both EOC and PES are fully staffed.
- **Appraisal:** The overall appraisal completion rate has marginally decreased to 77% against a revised trust recovery target of 75%, recommendations will be made to ELC with regards to a revised target for 2022/23.
- **Mandatory Training:** A new cycle of mandatory training started in April 2021 and has been extended through to the end of May 2022, this contained additional online topics included and a new classroom cycle. The starting Trust compliance position was 60% in April 21 as a result new topics being added. This rate will build during the year but has been impacted by pauses in mandatory training at Reap 4. A recovery plan is in place to achieve 75% compliance. Corporate Services remain at 95% compliance.

COVID 19

- 472 staff have tested positive for Covid-19 in April 2022. At the end of this reporting period though since April the method of identifying a positive has changed leading to higher numbers, previously this used PCR tests and now uses LFT tests and therefore the two methods are not comparable.
- There were no open outbreaks on Trust sites.

3. LEGAL, GOVERNANCE AND/OR RISK 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. EQUALITY OR SUSTAINABILITY IMPLICATIONS

- 4.1 The data in this report are presented at an aggregate level for the trust and so any issues related to equality and diversity are not highlighted. An initial review of the potential to understand EDI measures against the friends and family test has demonstrated that although data are available, it is complex and requires further work to define correctly, in order to drive meaningful information. We are also looking to add EDI measures into the complaints process. This work has been delayed but is now progressing. A digital sprint has begun to improve our data sharing across NWS services / systems of patient ethnicity. This will enable us to view our ACQIs by ethnicity and understand if quality of outcomes is different for different groups.

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

5. RECOMMENDATIONS

- 5.1 The Board of Directors is recommended to:
- Note the content of the report
 - Note the ongoing work to maintain patient safety and regulatory compliance.
 - Clarify any items for further scrutiny.
 - Support this continued development and improvement of the IPR.

Q1 COMPLAINTS

Figure Q1.1

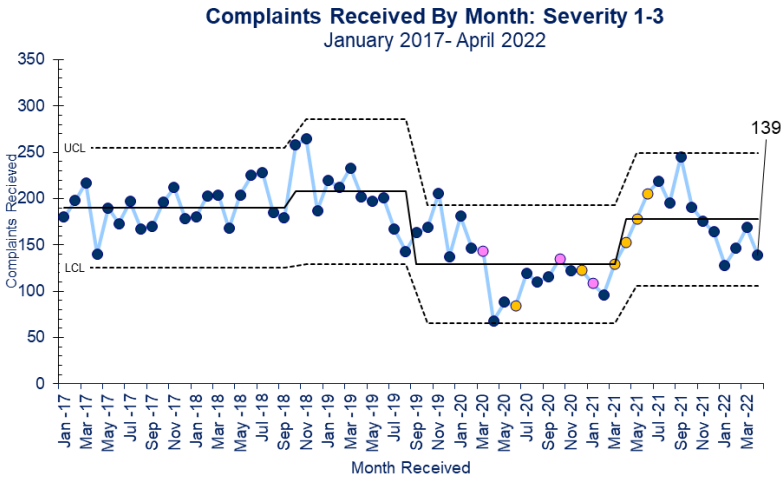


Figure Q1.2

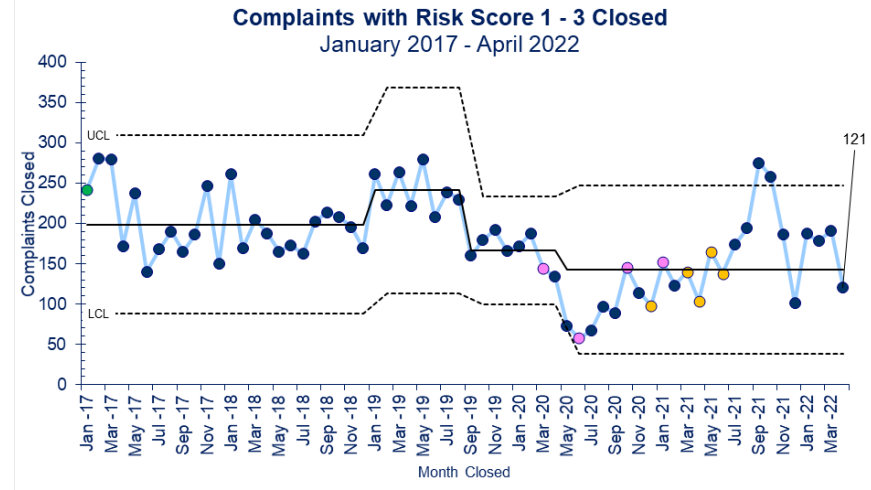


Figure Q1.3

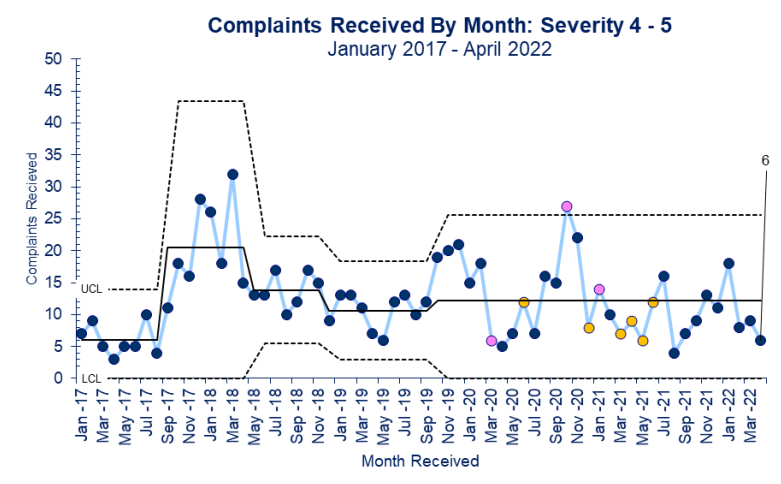
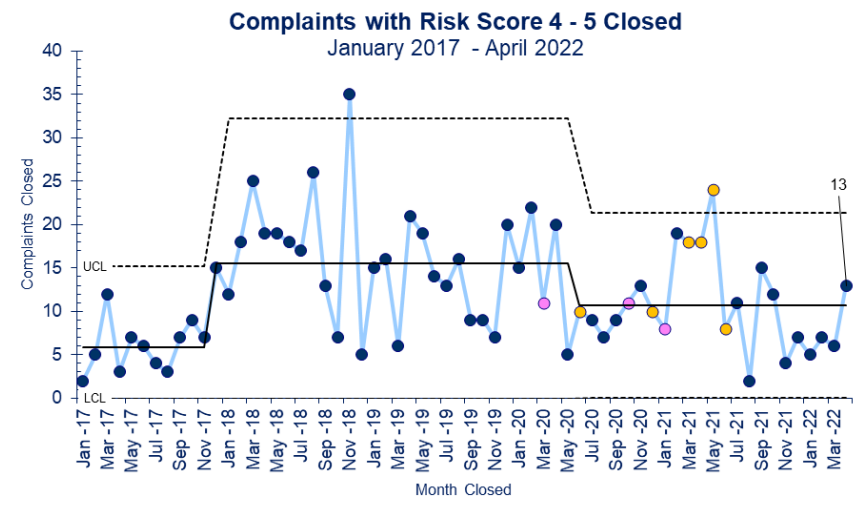


Figure Q1.4



* ● Lockdown ● Easing of Restrictions

Complaints & Compliments

In April, 145 **complaints** were received (figures Q1.1 & Q1.3), against a 12-month average of **190** per month.

57 compliments were received this month which was similar to recent months.

The rate of complaints in April 2022 was **23 per 1000 WTE**. The average for the fiscal year (1 April 2022 – 30 April 2023) is **23** per 1000 WTE.

A total of **134** complaints were closed in April 2022 (**121** were risk scored 1-3 Q1.2 and **13** were risk scored 4-5 Q1.4).

The rapid closure process continues to be a success with rotation of focus for this across the peer group who manage low risk complaints. The drop in 'complaints closed scored 1-3', was caused by a temporary resource issue, which has subsequently been resolved. It is worth noting however, the '1-3 closed in SLA' measure rose to **80.17%** (see Figure Q1.5).

Figure Q1.5

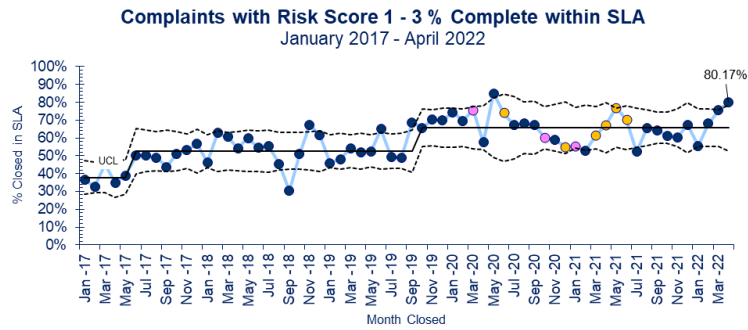


Figure Q1.6

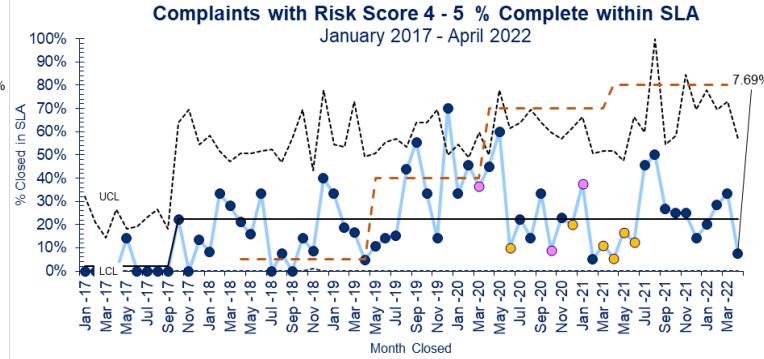
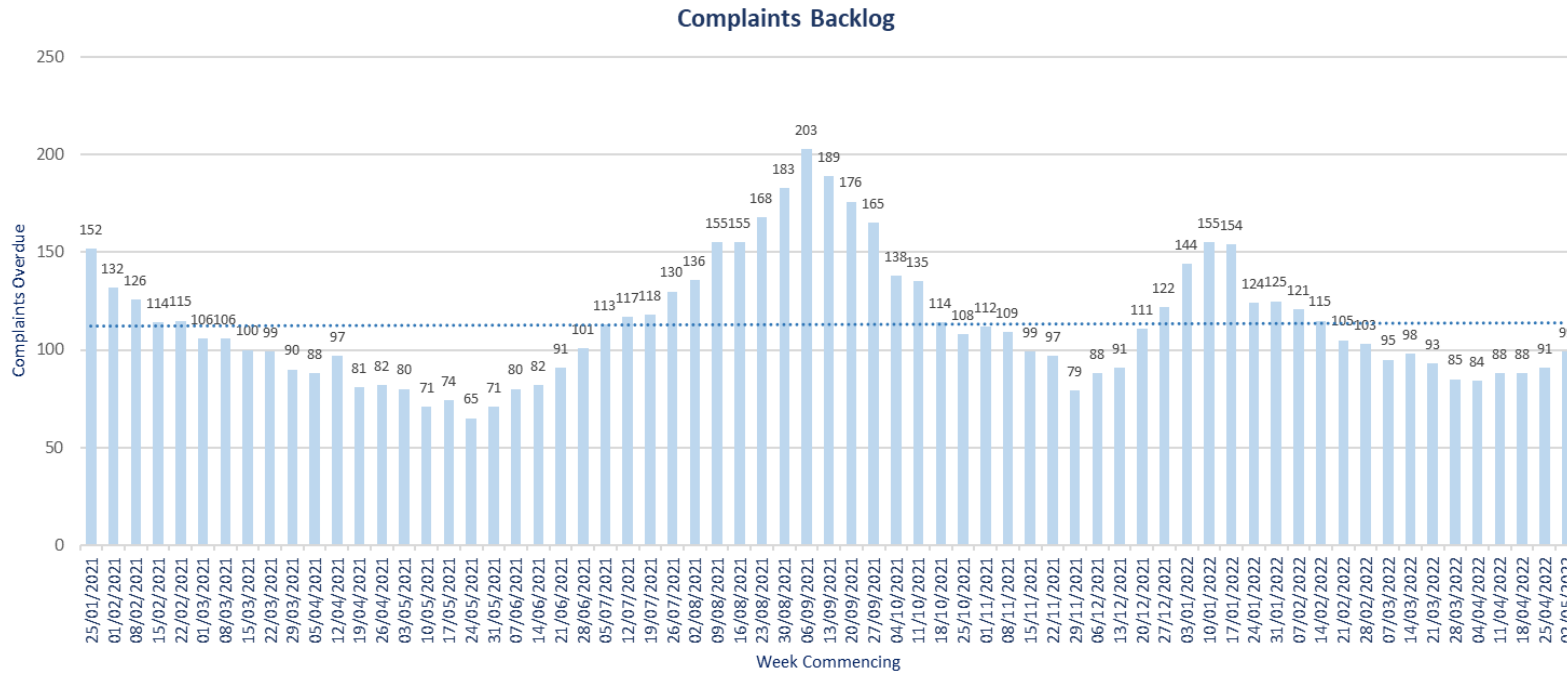


Figure Q1.7



* ● Lockdown ● Easing of Restrictions --- Right care strategy goal

Complaints Closure

Overall, **74%** of cases risk scored were closed within the agreed timescales.

- **80%** of level 1-3 complaints were closed within agreed timescales (Q1.5) up from **76%** in March 2022 (Q1.5)
- **8%** of level 4-5 complaints were closed within agreed timescales down from **33%** in March 2022(Q1.6)

The 'closed complaints scored 1-3 within SLA' has continued to improve in April. This was driven by a smarter and more efficient process being implemented in previous months, as well as an evening out of the remaining workload. We have focused the new process on new cases, whilst we continue to work on closure of the backlog cases in the background.

There continues to be challenges with those risks that scored 4-5 and this continues to be driven by the availability of "senior leaders" within the process. As a result there continues to be ongoing discussions on how to progress risk 4-5 complaints in an efficient and smarter way, but this has significantly impacted on the closure rates of risk 4-5 complaints.

The backlog started to decrease from **125** (WC 31st January) to **84** (WC 4th April).

New trajectories have been agreed to maintain open complaints at under **180** with an allowance of under **c50%** within the backlog.

Q2 INCIDENTS

Figure Q2.1

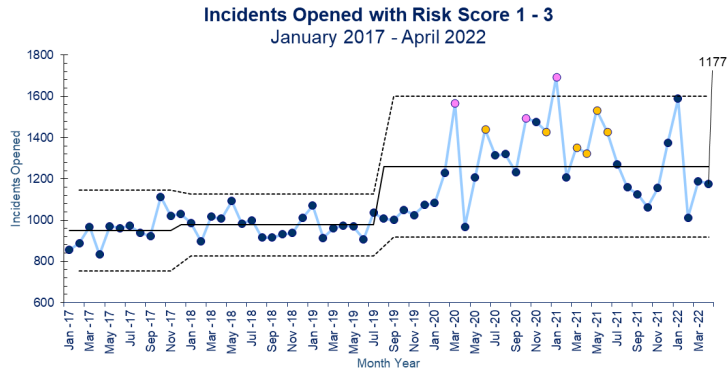


Figure Q2.2

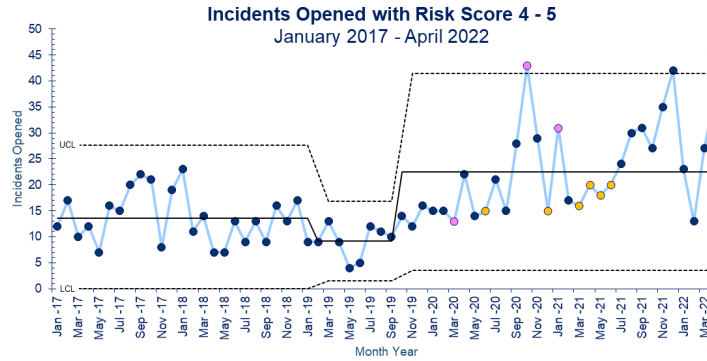
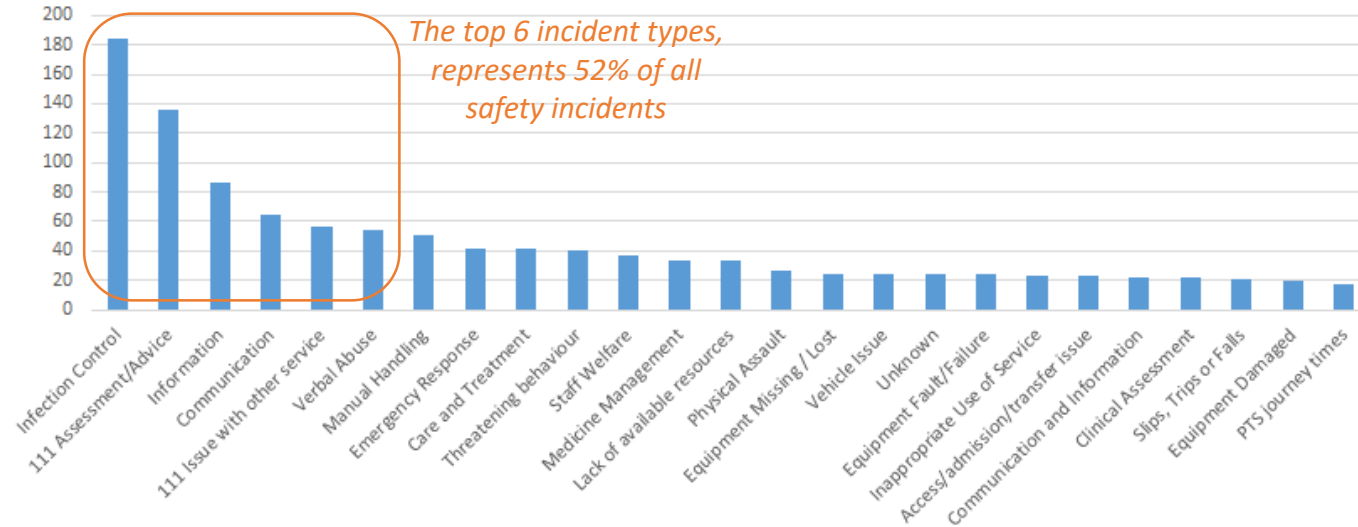


Figure Q2.3 - Highest number of safety incidents April 2022 by subcategory

Number of safety incidents (25 most common reasons)



Reporting: In April 2022, **1,214** internal and external safety incidents were opened (Q2.1 and Q2.2) against a 12-month average of **1,284**, with an additional **39** still to be scored. High levels of reporting are important and considered a marker of a positive culture where staff feel able to speak up.

Unscored Safety Incidents (RCS): 14 safety incidents raised in March were still unscored in April. The scoring and management of safety incidents in a timely way is monitored via the clinical effectiveness meeting.

The increasing level of incidents scored 4-5 are in part due to continued improvements in the safety culture of the trust.

Most common Safety incidents: Figure Q2.2 shows the **25** most common safety incidents. In total these cover **90%** of all those reported.

The top **6** incidents cover over **50%** of those reported with Infection control (**184, 15%**), 111 assessment/Advice (**136, 11%**), Information (**86, 8%**), Communication (**64, 5%**), 111 issue with other service (**64, 5%**) and Verbal abuse (**54, 4%**).

* Lockdown Easing of Restrictions

Figure Q2.5

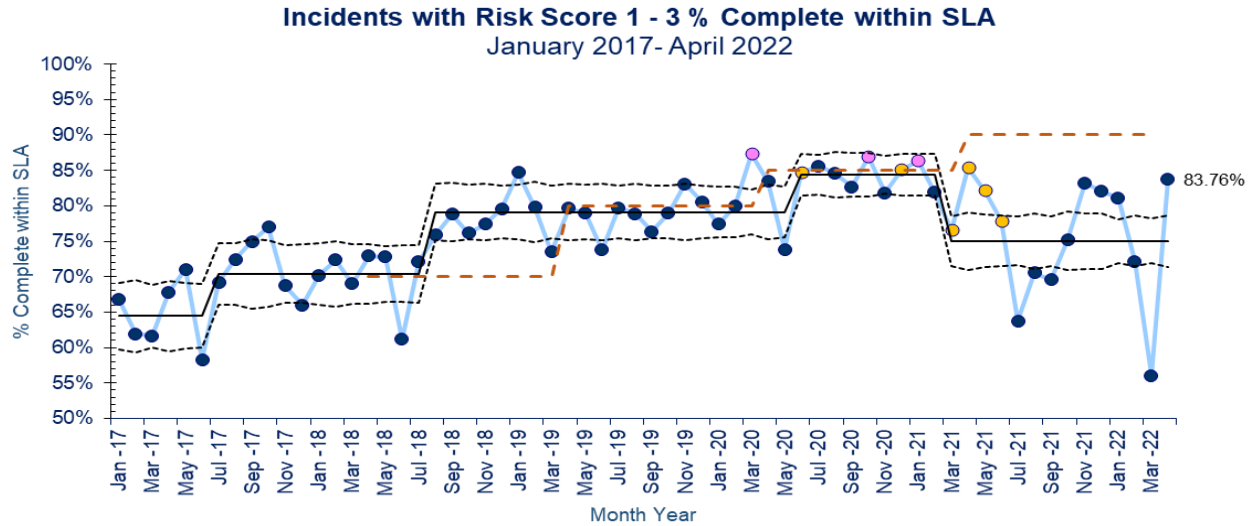
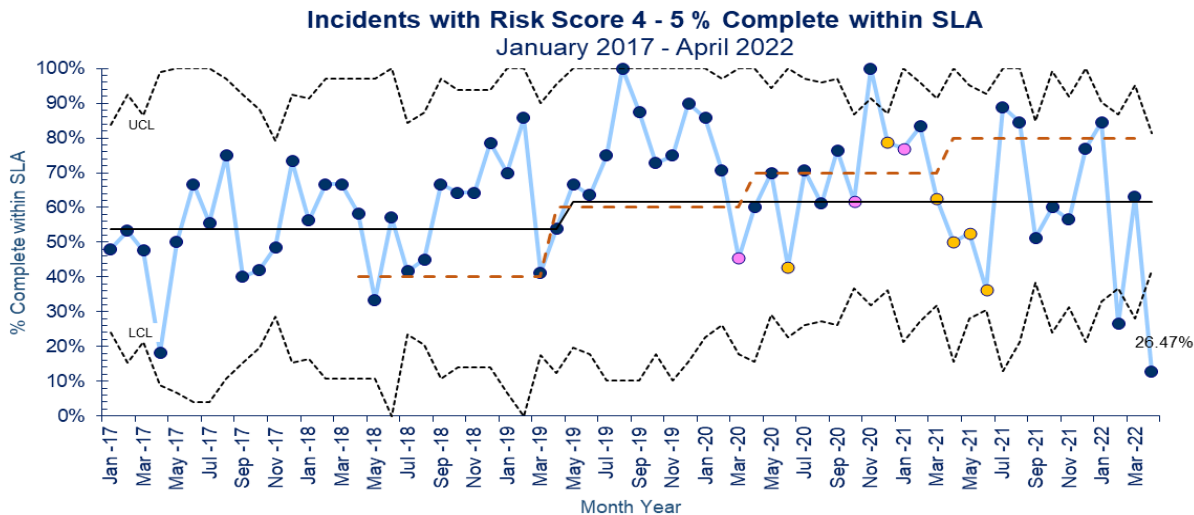


Figure Q2.6



* ● Lockdown ● Easing of Restrictions - - - Right care strategy goal

Incidents Closure

In total, **1,342** safety incidents (level 1-5) were closed during February 2022.

84% level 1-3 were closed within agreed standard (Q2.5) which is currently showing as special cause variation to the bad being below the lower control limit

26% of level 4-5 safety incidents were closed within the agreed standard (Q2.6)

Incidents risk scored 4-5 completed within SLT has fallen to 26.47% with special cause variation seen in the data. This is partly due to REAP 4 and the lack of availability of time for senior managers to complete within a timely manner. The patient safety team re actively looking at ways of improving this.

The risk scoring, management and learning from safety incidents remains a priority. The patient safety management team meet with each area and head of service on a regular basis to discuss a plan for recovery of their back log and a goal to get safety incidents scored and closed in a timely manner.

The closure of incidents in a timely manner continues to be reported via Quarterly right care strategy updates to the Quality and Performance Committee.

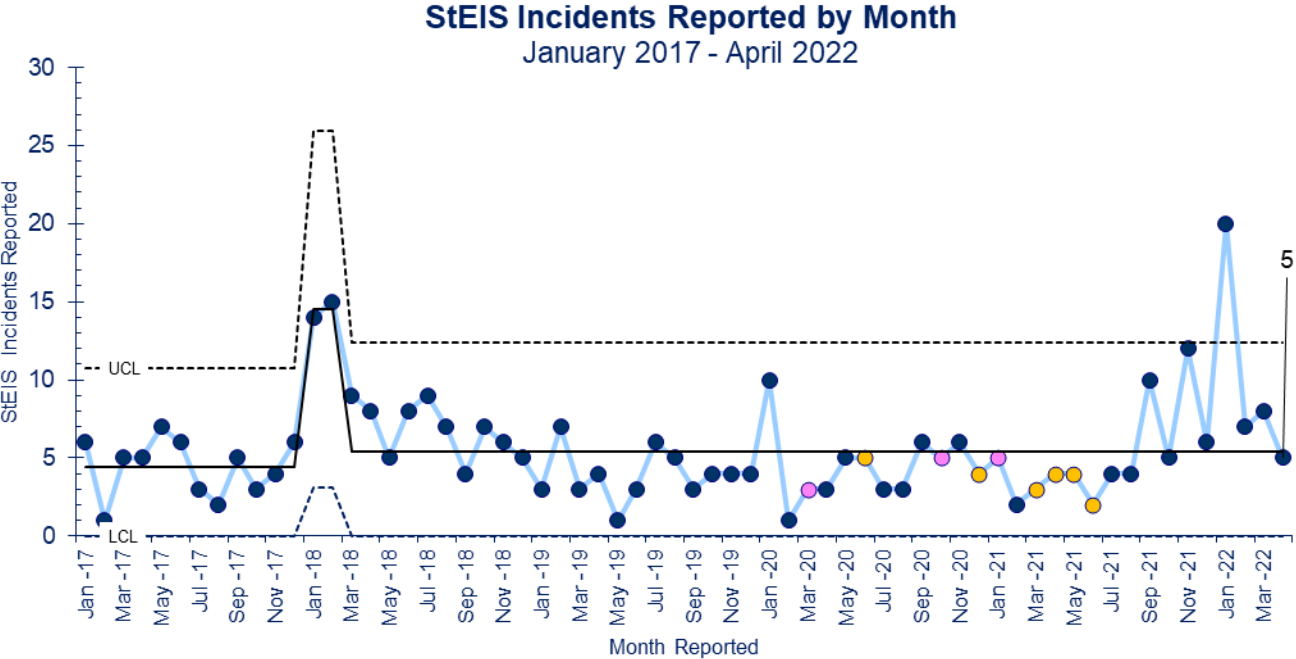
Risk matrix changed in April

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

Q3 SERIOUS INCIDENTS

Figure Q3.1



* Lockdown Easing of Restrictions

Serious Safety Incidents

5 Serious safety Incidents (SIs) were reported in April 2022. The data is back within normal control limits.

All 5 SIs were relayed to treatment delays.

Significant work has been undertaken and remains ongoing to ensure that incident reporting is encouraged and we proactively seek out harm. Therefore it is expected that we may see a steady increase in incidents / serious incidents reported. This will be monitored to ensure we highlight any new areas of risk.

This work is described in more detail in the recently published Quality Account : [Quality Account 20/21 – NWAS Green Room](#)

Q5 SAFETY ALERTS

Figure Q5.1:

Safety Alerts	Number of Alerts Received (May 21 – Apr 22)	Number of Alerts Applicable (May 21 – Apr 22)	Number of Open Alerts	Notes
CAS/ NHS Improvement	6	0	0	

Safety Alerts	Number of Alerts Received (May 21 – Apr 22)	Number of Alerts Applicable (Mar 21 – Feb 22)	Number of Open Alerts	Notes
MHRA – Medical Equipment	26	0	0	

Safety Alerts	Number of Alerts Received (May 21 – April 22)	Number of Alerts Applicable (May 21 – April 22)	Number of Open Alerts	Notes
MHRA - Medicine Alerts	59	0	0	

Safety Alerts	Number of Alerts Received (May 21 – April 22)	Number of Alerts Applicable (May 21– April 22)	Number of Open Alerts	Notes
IPC	0	1	1	Continue to follow national guidance. The Omicron variant is the prominent variant of Coronavirus (COVID-19). There is a multi-faceted action plan that operates across the Trust, this includes HR, Procurement, Communications, Operations and the Quality teams. This is being discharged by L Yeomans (Lead and DIPC) and the Executive Leadership Committee (ELC).

NWAS Response

There has been 5 new safety alerts in April 2022.

The total number of NHS England & Improvement alerts received between May 2021 and April 2022 is 6, with no alerts applicable.

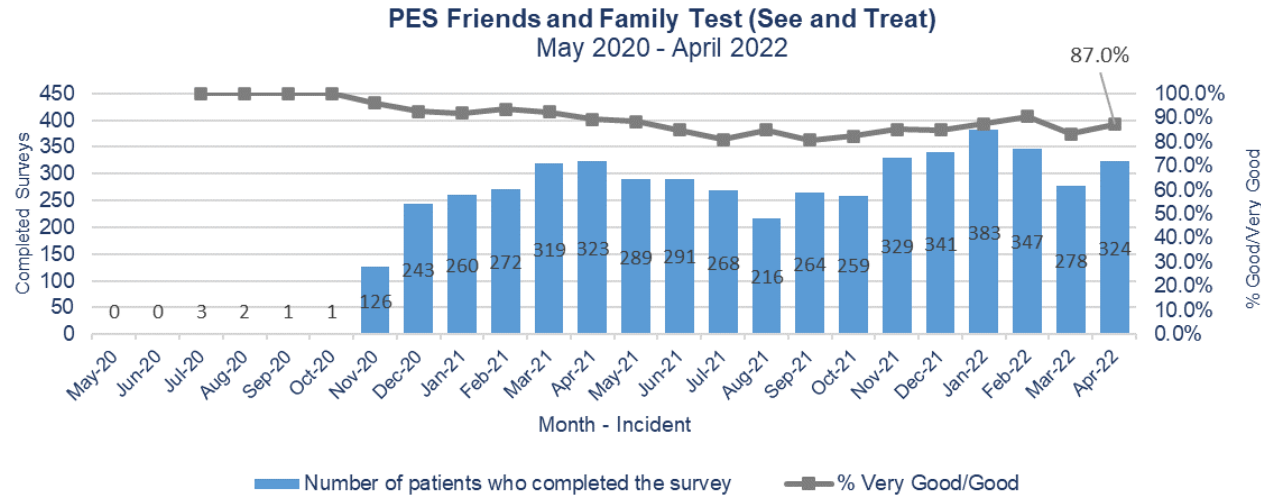
26 MHRA Medical Equipment Alerts have been received with no alerts applicable.

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

IPC has received no new alerts, with 1 alert still applicable.

E1 PATIENT EXPERIENCE

Figure E1.1



Supporting comments included:

- “Was left there feeling humiliated, I was not believed when I told them how much pain I was in or how much blood I had lost. They told me to take some paracetamol and ibuprofen and take a walk outside to get some fresh air.”
- “Length of time waiting for ambulance. The crew were fantastic when they got here.”
- “Because my 80-year-old mum was on the floor for 8 hours. I rang the ambulance service 4/5 times and each time they said they were on their way. Also, mum asked them to put her on the commode. They did. They didn't take the lid off. so urine went all over the floor. Mum was distraught.”
- “Young person was suicidal, and the waiting was 3 to 4 hours.”
- “We not having help as Romanians we not feeling treated as equals as everyone.”
- “Had to wait to get through to 999 then waited 5 hours for an ambulance.”
- “Because it took them 5 hours to arrive, when my mother was in a lot of pain.”
- “Been waiting 7 hours to arrive.”

Patient Experience

The service line narratives and data below relates to all our patient feedback. We have started to explore any variation in the data related to equality, diversity and inclusion measures and more detail together with associated charts will be reported in future reports. In addition, potential service improvements are also being discussed with service line improvement ambassadors on a monthly basis.

Patient Experience (PES)

The 324 responses in April are 15.6% higher than in March (278), with comments increased by 13.9% (238 for April compared to 209 in March). The overall experience score for April of 87.0% is 3.9% higher than the 83.1% reported in March. Whilst return and satisfaction rates are not as high as in previous months, it is a more positive position which is likely due to improved performance.

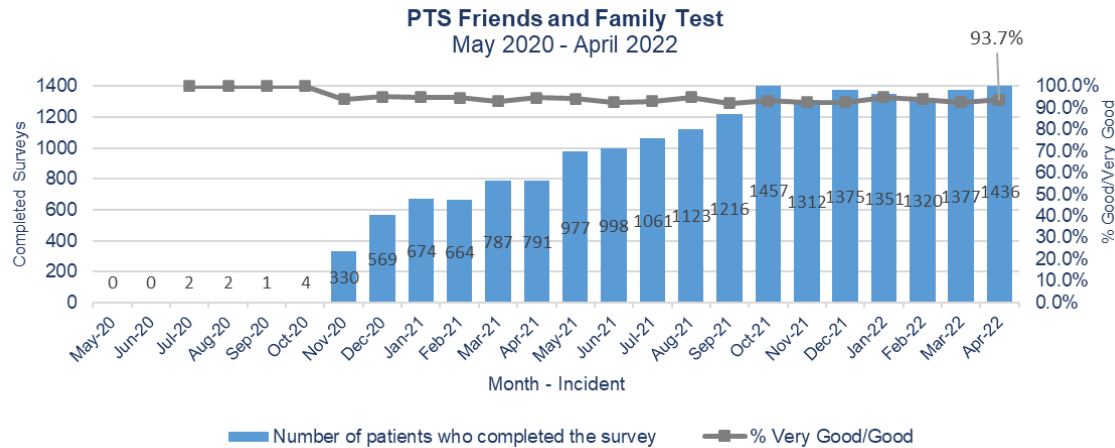
For patients who indicated ‘very good/good’ experience of using the service, the corresponding themes continue to be around; speed of response, reassurance provided both on the phone and by the paramedics, being treated with kindness and respect; empathy, the professionalism and teamwork of the paramedics to meet the needs of the patient, along with clarity of what was being done and why.

Comments included:

- “The two ladies were so helpful, they stayed until a plan was put in place for my dying 90-year-old Dad, amazing ladies.”
- “They gave me advice and gave me leaflets for more help.”
- “The paramedics came quick and connect us with the crisis response team that helped immensely.”
- “Staff were very helpful and friendly, listen to my concerns and responded with respect and explained everything clearly to me.”
- “Because they came out very fast and always helpful on the phone every step of the way.”

Where respondents indicated ‘poor/very poor’, the corresponding themes were around; response times, poor attitude; lack of empathy and poor patient care.

Figure E1.2



Where patients indicated ‘**poor/very poor**’, the corresponding themes included: waiting time delays (inward and outward journeys), third party service providers, patient safety concerns, booking process and staff attitude.

Comments included:

- *The taxi that brought me home was terrible, the driver wasn't at all helpful, his cab stunk of weed, the carpet wasn't fitted properly and worse of all the back passenger door was bolted on from the frame to the door by a tow belt, big health & safety issues.*
- *"I wasn't escorted to my appointment I was left in the main car park. I need someone with me to guide me and I had a panic attack."*
- *"Sent taxi instead of ambulance transport with wheelchair as they normally send."*
- *"The Millers taxi drivers are mad. No help or consideration for the patient. I'm very car sick so ended up in bed. Voluntary drivers are excellent and helpful."*
- *"Because they came 1 hour and 15 minutes later in the morning and they didn't turn up at all at pick up time, I waited 2 hours and 15 minutes and decided to go home on the bus."*
- *"Appointment was 2.20 at Greater Lancashire hospital. Finally picked up at approx. 2.35 after I rang at 2.00. Finally got seen at 4.00 because we were late. Return ambulance requested at 4.10. Arrived 7.00. Got home at 7.30. This was for a 102-year-old lady."*
- *"5) Very poor. Morning time is fine. No issues. But afternoon time when we are leaving to go home, my 3 years old child waits almost 3 hours for the transport to arrive."*
- *"Transport did not turn up for my dialysis appointment."*

Patient Experience (PTS)

The **1,436** responses for April are **4.3%** more than for March, of **1,377**, with supporting comments higher by **7.0%** (**1,172** for April compared to **1,095** from March).

The overall experience score for April of **93.8%** is **1.2%** higher than the **92.6%** reported for March.

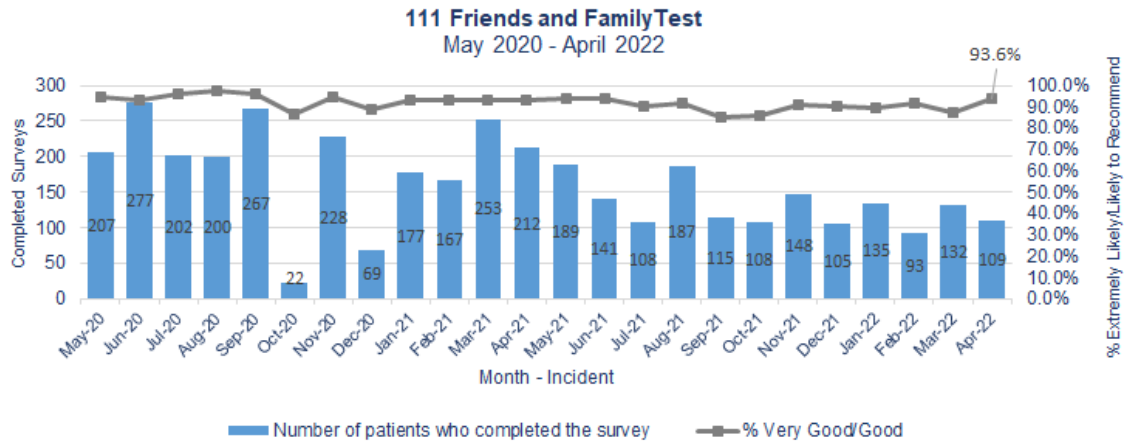
As with PES above, a positive sign with return and satisfaction rates returning to the higher levels of previous months, indicating that the service is better able to manage demand.

In April, where patients indicated ‘**very good/good**’, the corresponding themes continue to be around; efficient and excellent service, patient comfort and safety, timely pick up; friendly polite and helpful staff, professionalism and being treated with dignity and respect.

Comments from April included:

- *"This was my first time out as I suffer from agoraphobia, and they put me at my ease straight away. Thank you."*
- *"The staff were fabulous, especially when I had motion sickness, they treated me with care and dignity."*
- *"Very easy process to book the transport, despite the appointment being a 400-mile round trip. It was also easy to book for mental health and I did not feel I was treated differently to patients with physical health issues or mobility needs."*
- *"Felt very confident with transport people they were friendly professional and put me at ease. Timings were also excellent."*
- *"On our outward journey the driver phoned the evening before to let us know his eta. When he was running late on the day, he rang again with a revised eta. As time was running out, it was reassuring to know that he was on his way. Despite being on the last minute for our appointment and despite the normal route experiencing considerable delays, he rerouted without fuss and got us there on time."*
- *"He phoned me 25 mins beforehand which was very helpful, as I was waiting near window saying to me have a cup of tea and I will phone you when I'm outside, I had a chance to ask what car and colour it was, he was very friendly all the way which made the journey seem not to far away."*

Figure E1.3



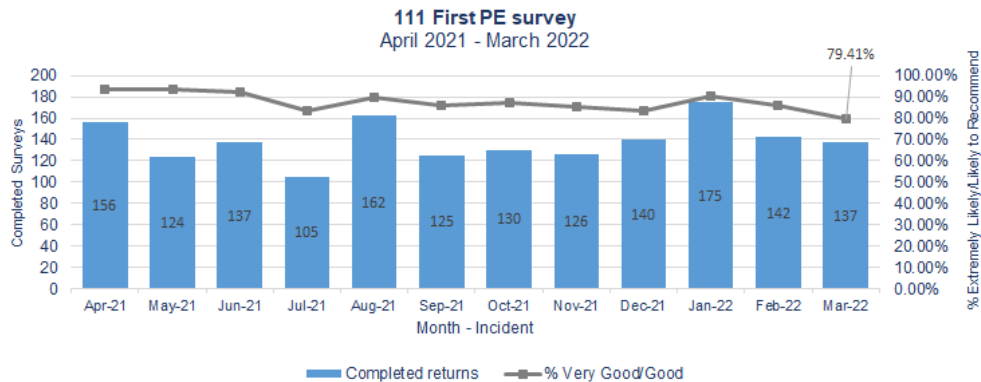
Patient Experience (NHS 111) The April return of **109**, was **17.4%** less when compared to **132** returns for March. We also see a **93.6%** likelihood of recommending the service, an increase of **6.5%** compared to the previous month of March at **87.1%**. Although the return rate has dropped it is still higher than has been the case for the last 3 months and positively satisfaction rates are rising to the higher rates of previous months. This may also show we are more able to effectively manage demand.

Where patients indicated they were **‘extremely likely/likely’** to recommend the service, themes include helpfulness and clear advice provided, reassurance, compassion and empathy; booking process for hospital/GP referral, professionalism and speed of response.

NHS 111 First There is no update for April due to the 111 first survey being reviewed with a view to changing the questions, as a result the data shared are for March. Also shown (left) is a high-level summary table showing the number of returns, and the levels of overall patient satisfaction.

Cumulatively to date, since the service commenced in August 2020, **90.12%** (previously **90.14%**) of patients describe their experience as **‘very good/good’** and **93.83%** (previously **93.80%**) of patients felt their need for calling the service was met.

Figure E1.4



Comments included:

- *“Satisfied with all the responses we’ve had from the 111 service, always quick to respond and give an answer then or within a short space of time. This is a valued service we should have had years ago. Let’s call it the fourth emergency service. Thank you.”*
- *“Really efficient, clear signposting as to next steps etc.! Thank you for all of your help!”*
- *“When I rang NHS 111 they were very helpful and put my mind at rest.”*
- *“An appt was made for my little boy within the hour at CHOC - Cumberland infirmary and we were seen straight away! From the person taking the call to the doctors that saw us, everyone was helpful and welcoming.”*
- *“The pharmacist I was told to contact was very helpful and thorough.”*
- *“Satisfied with service overall. Wait time is the only issue but this can’t be helped at times.”*

Where patients indicated they were **‘extremely unlikely/unlikely’** to recommend the service, the following two comments were provided:

- *“It is completely unacceptable for a 5-year-old child to wait over 12 hours for a call back. Fortunately, I went straight to the walk-in centre off my own back after waiting 5 hours. If the service can’t cope - we should have been advised to go to a walk-in centre straight away.”*
- *“Agents having to follow scripts. There should be a cut off that can be sanctioned at any time.”*

* Please note: April 2022 data is not yet available for this reporting cycle

Figure E1.5

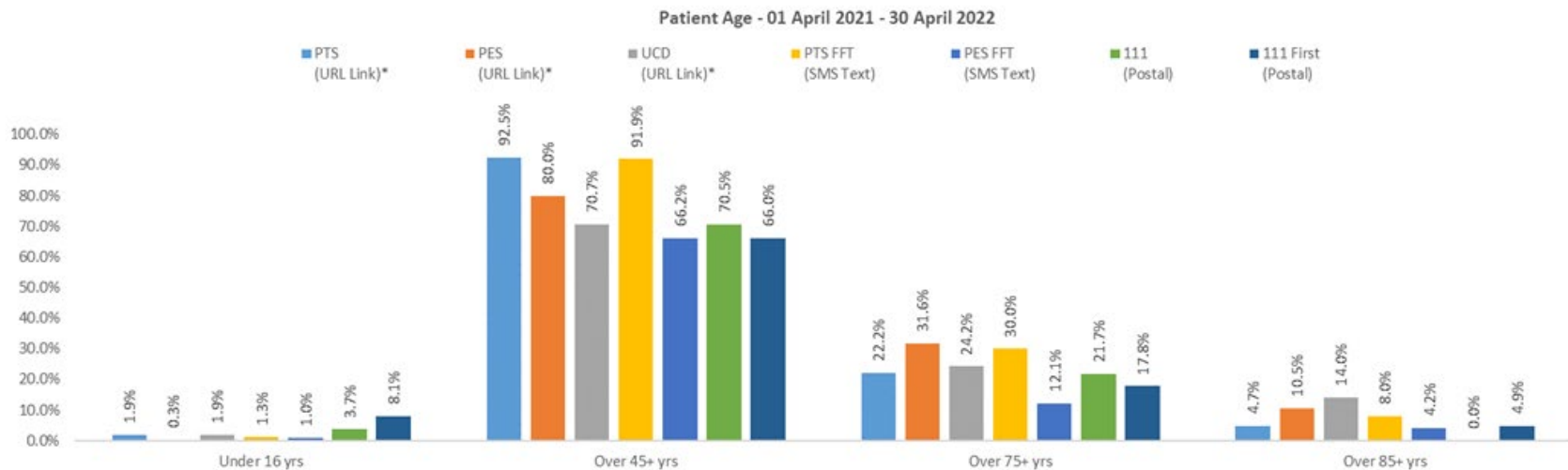
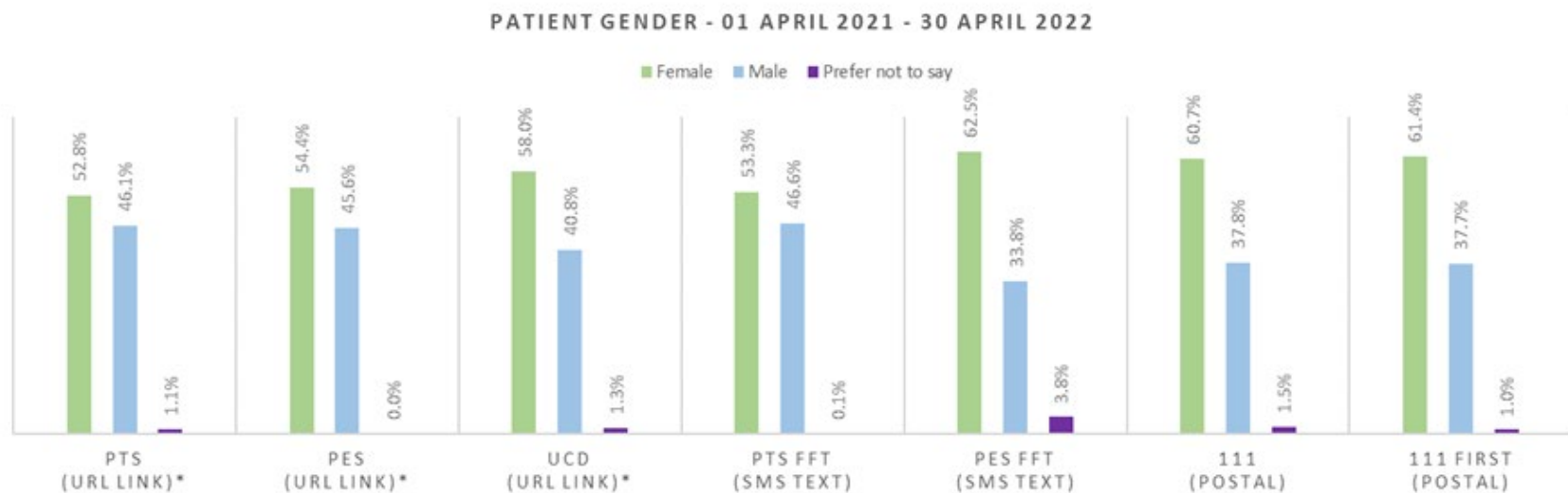


Figure E1.6



EDI – Age and Gender

Figures E1.5 & E1.6, show the percentage breakdown of respondents by demographics for our PES, PTS, NHS 111 and NHS 111 First surveys as well as where we have received FFT feedback via SMS on our PES and PTS service lines.

Some key headlines show:

- Over **90%** of PTS respondents are over 45 years of age. (E1.5)
- Over **60%** of NHS 111 respondents are female. (E1.5)

The next step is to understand if our response rates represent the communities proportionally and to understand if there is a difference in patient experience for different groups.

We are working to improve our capturing of ethnicity data and have begun a digital sprint to enable the sharing of ethnicity data cross our systems – for example pulling it from Cleric in to our EPR as we are much more likely to have the information captured in 111.

Figure E1.7

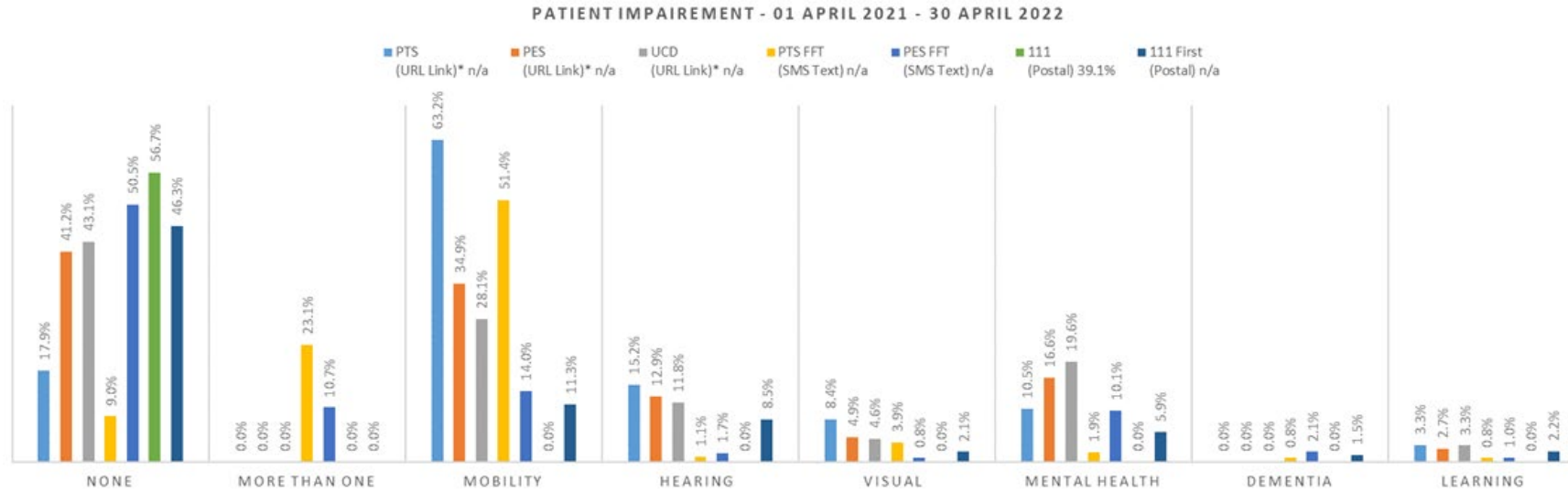
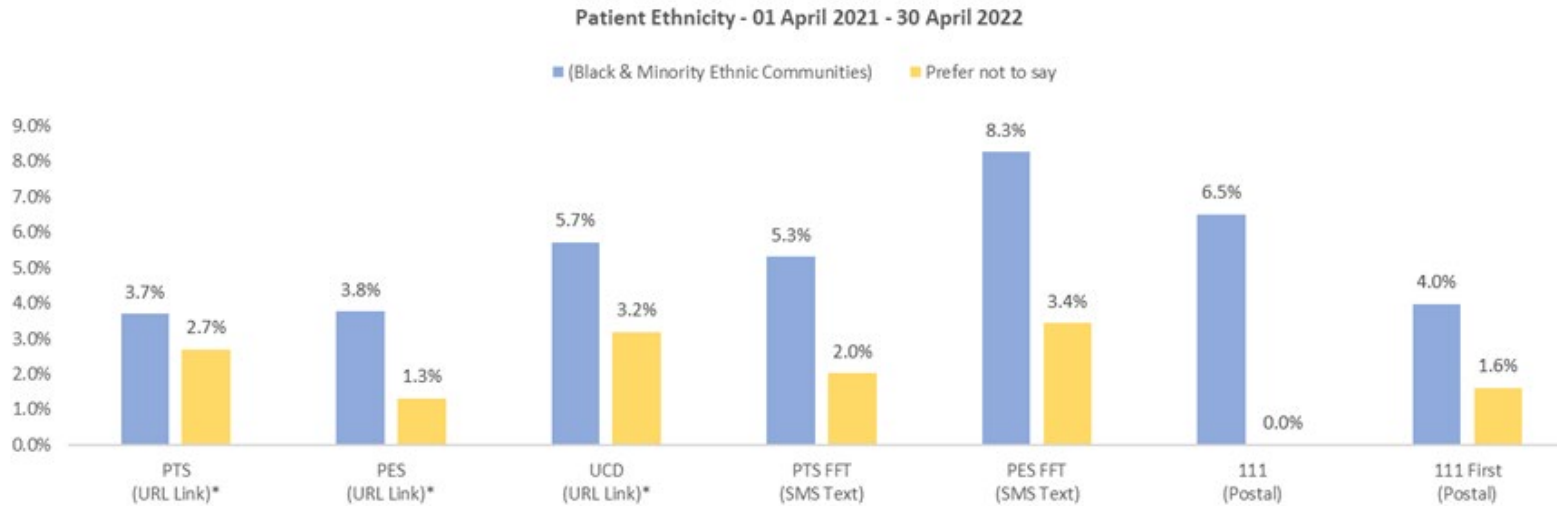


Figure E1.8



EDI – Disability and Ethnicity

Figures E1.7 & E1.8 show the percentage breakdown of respondents by demographics for our PES, PTS, NHS 111 and NHS 111 First surveys as well as where we have received FFT feedback via SMS on our PES and PTS service lines.

Some key headlines show

- Over **90%** of PTS respondents declared their disability. (E1.7)
- An average of over **5%** of all respondents were from ethnic minority communities. (E1.8)
- An average of **2.0%** of all respondents preferred not to declare their ethnicity. (E1.8)

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Cardiac Outcomes over time (SPC)

Figure E2.1

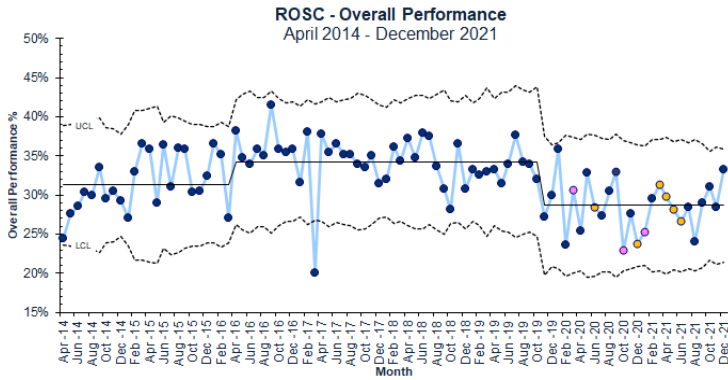


Figure E2.2

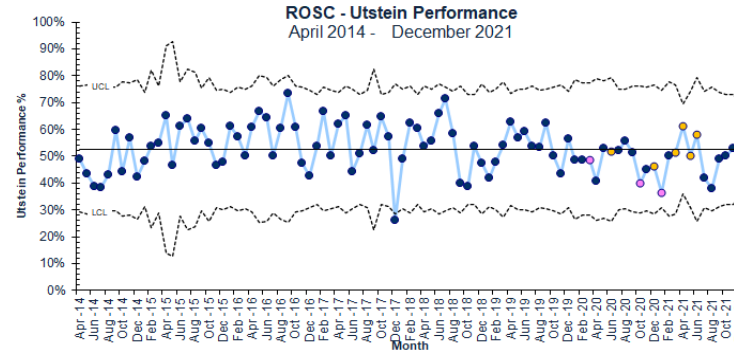


Figure E2.3

* ● Lockdown ● Easing of Restrictions

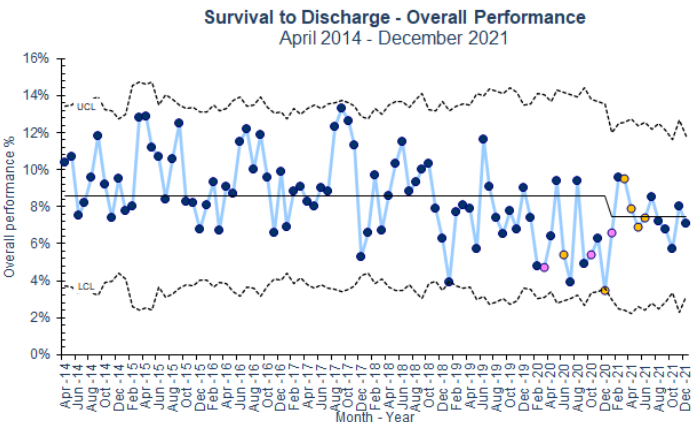
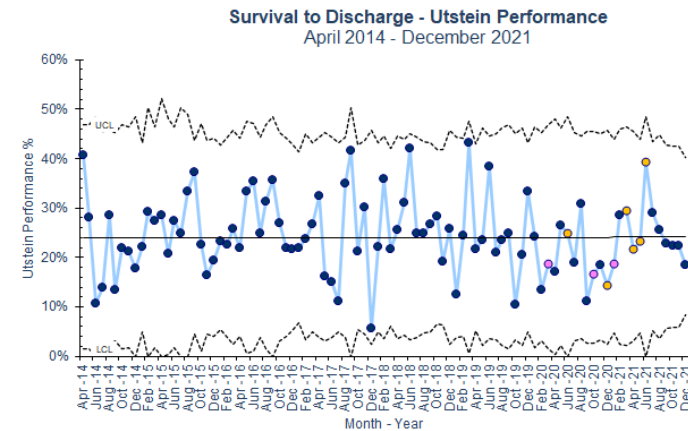


Figure E2.4



ACQIs (Last data point: September 2021)

December 2021's data see us within normal limits and close to the mean across all indicators apart from the ROSC overall performance signalling no significant overall change apart from the which is nearing the upper control limit and is at its highest point since January 2020. The lag in data publication impacts upon the ability to assess or understand reasons behind this as well as the ability to evaluate the impact of any recent work undertaken to improve in these areas.

E2.1 ROSC & E2.2 ROSC (Utstein)

The ROSC achieved for the Utstein group was **53.4%** (national mean **44.7%**), ranking second nationally. For the overall group the rate was **33.3%** (national mean **23.2%**) ranking first nationally. This indicator is predominantly influenced by pre-hospital factors.

E2.3 ROSC Survival to Discharge & E2.4 ROSC (Utstein) Survival to Discharge

Survival to Discharge rates overall in December 2021 were at **7.1%** (national mean **6.3%**), representing no significant change and ranking fourth nationally.

In December **18.5%** of patients in the Utstein group survived to hospital discharge; the national mean was **20.1%**. This remains within the control limits and ranked the Trust seventh nationally.

This indicator can be considered as a 'system indicator' and is influenced by in-hospital factors, overall system pressures as well as pre-hospital performance.

Care Bundles Cardiac and Stroke (SPC)

Figure E2.5

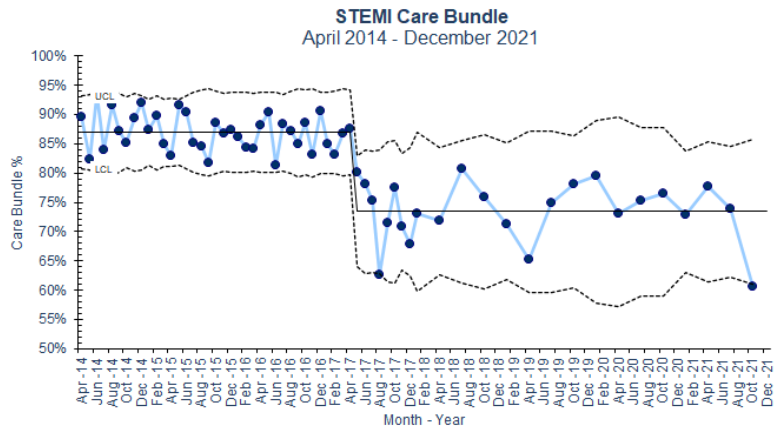
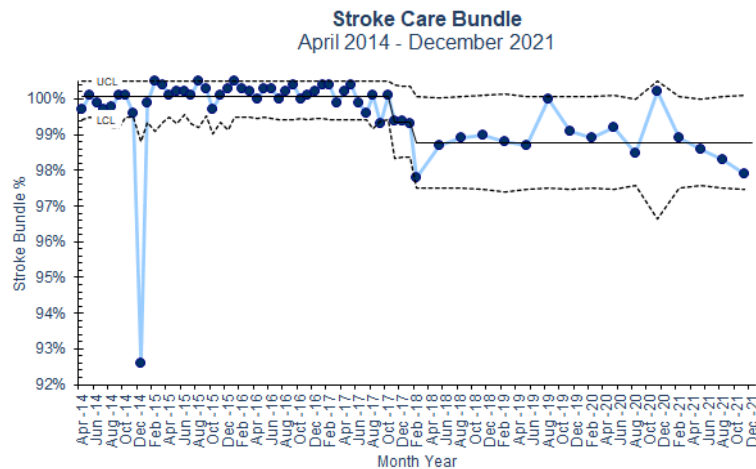


Figure E2.6



**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).**

Care Bundles

STEMI (2.5): STEMI care bundle performance was not reported for December 2021 as is consistent with the NHSE schedule.

Mean call to PPCI time for patients suffering a myocardial infarction was below the national mean of **2h 40mins**; the Trust's performance was **2h 39mins**.

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

STROKE (2.6): Stroke care bundle performance was not reported for December 2021 as is consistent with the NHSE schedule.

Mean call to hospital arrival for stroke was **1h:59min** in October 2021, was above the national mean time (**1h 54min**).

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

The audit process will be undergoing a transition with the implementation of the EPR. NHS E/I have been informed of any associated potential disruption to the returns

F1 FINANCIAL SCORE

Figure F1.1

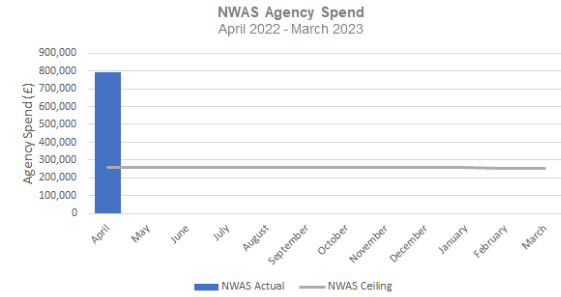


Figure F1.2

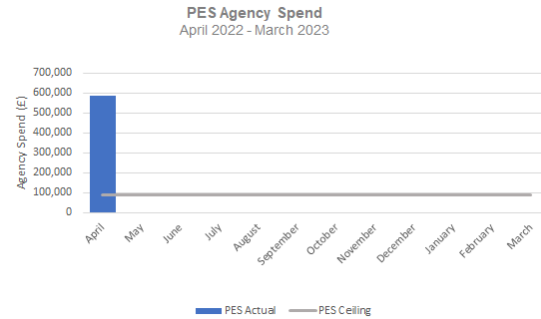


Figure F1.3

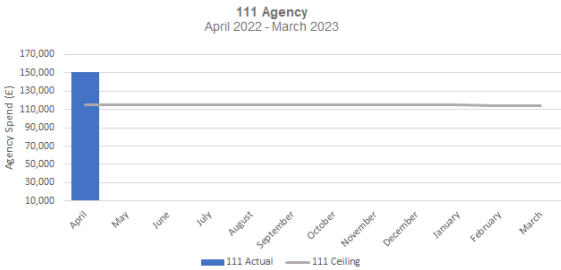


Figure F1.4

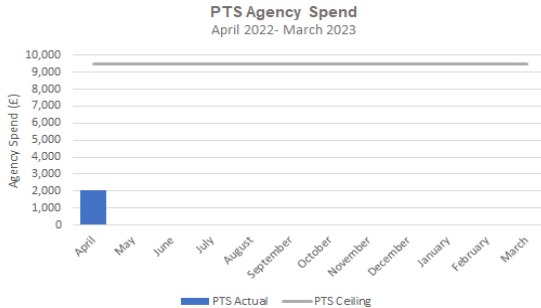


Figure F1.5

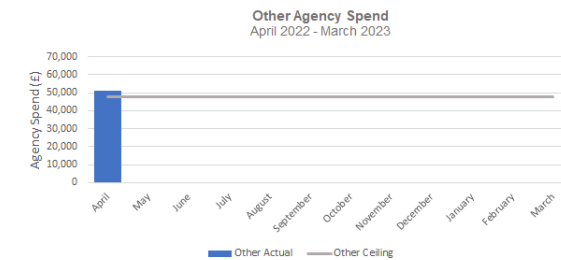
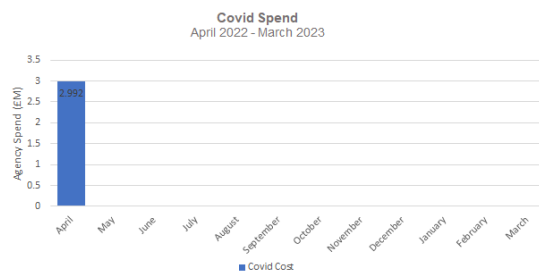


Figure F1.6



Finance Position

Month 11 Finance Position

As at month 1 (April) the trust is recording a deficit position for the year to date of **£1.414m**, this is in line with the budget for April 2022.

Agency Expenditure

The year-to-date expenditure on agency is **£0.792m** which is **£0.533m** above the year-to-date ceiling of **£0.259m**.

Please Note: The agency ceiling is based on 2019/20 ceiling figures, no further updated has been received from NHSE/I.

Risk Rating

This report has been produced on the basis that the COVID-19 financial framework remains in place and the monthly financial returns have been redesigned to collect a minimum dataset to reduce the burden on organisations wherever possible, whilst maintaining a monthly data collection process. It is assumed this framework will be revised during 2022-23 and ongoing reviews occur to confirm this.

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

E3 ACTIVITY & OUTCOMES

Figure E3.1a

Emergency Incidents



Figure E3.1b

Sector	No. of Emergency Incidents
G South	9,550
M North	9,111
G Central	9,051
G West	8,556
G East	8,418
M East	7,202
CL East Lancashire	7,184
M West	4,807
CL South Lancashire	4,631
M South	4,174
CL Fylde	4,880
CL North Cumbria	4,465
CL Morecambe Bay	4,413
Out of Area	55

Activity:

In April 2022 the Trust received **131,620** calls of which **89,260** became incidents. Compared with April 2020, we have seen a **23%** increase in calls and a **3%** decrease in incidents. This is due to the increase in signposting, which over time will improve as the adoption of pathways takes place. The number of emergency incidents are within normal control limits and have been on or around the mean during April.

Apr	Calls	% Change from 2020	Incidents	% Change from 2020
2020	107,166		92,054	
2021	111,723	4%	97,955	6%
2022	131,620	23%	89,260	-3%

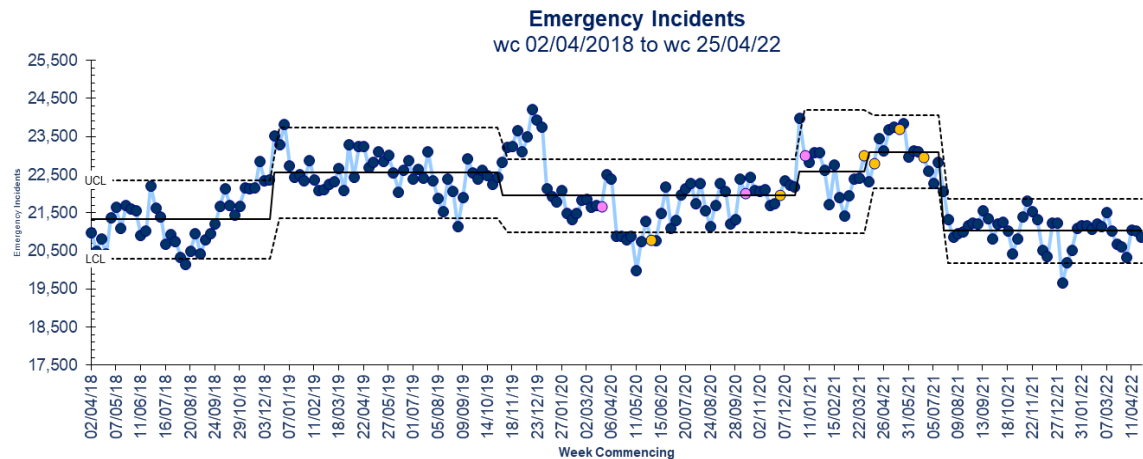
Figure E3.1a shows the regional footprint of NWS with the borders of each sector delineated. The deeper the shade of green the more activity in that sector.

Figure E3.1b shows an ordered view of sectors, organised by the number of emergency incidents. **32%** of the incident volume is sat with the top three sectors, which are G South, M North and G Central, this is aligned to population density and where most of the resource will be based.

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

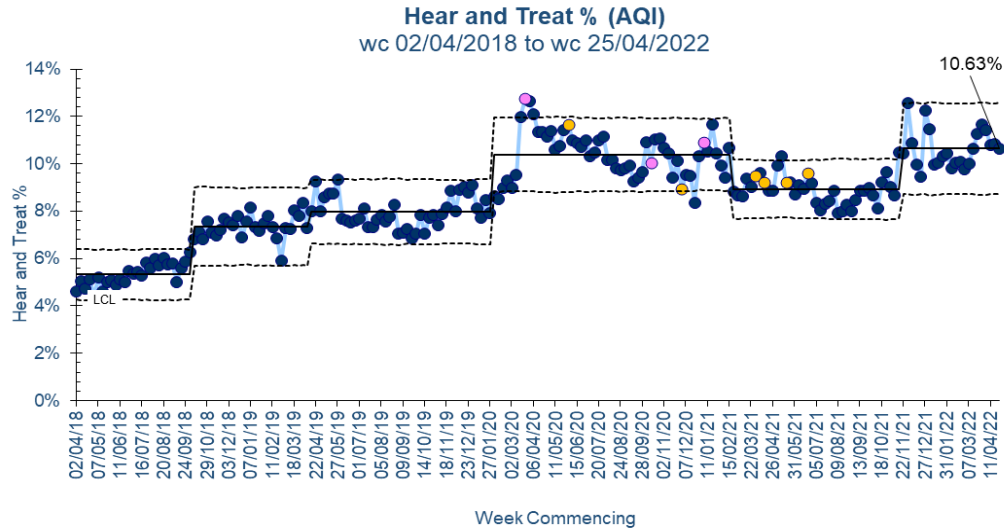
For April we achieved **11%** Hear and Treat and ranked **8th** nationally. See & Treat marginally increased to **30.2%** but is within normal limits and we are ranked **9th** nationally. In total there was an aggregate non-conveyance of **41.6%**.

Figure E3.2



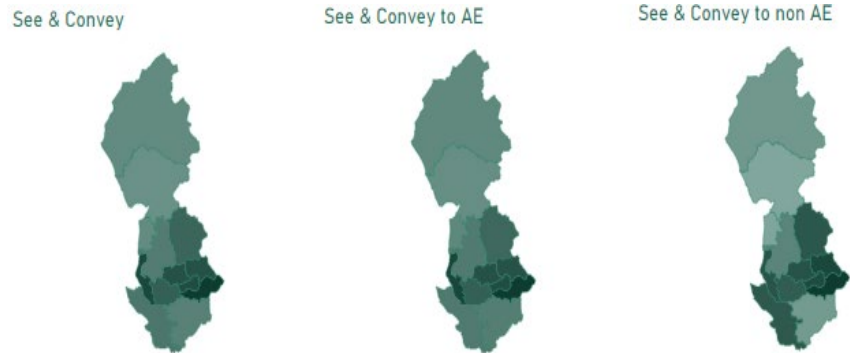
* Lockdown Easing of Restrictions

Figure E3.4



- **Hear and Treat.** The top 3 sectors with the most Hear and Treat, excluding out of area, are CL Fylde (**18.4%**), CL East Lancashire (**14.6%**) and CL South Lancashire (all Cumbria and Lancashire sectors) the Lowest Cumbria and Lancashire sector is North Cumbria (**10.3%**). Five sectors are below 10% two in Greater Manchester (G East **9.7%**, G South **8.8%**) and three in Mersey (M East **9.5%**, M West **9%** and M South **8.1%**).
- **See and Treat.** The top three sectors for See and Treat are M South (**33.7%**), CL Morecambe Bay (**32.7%**) and G West (**31.2%**). The three sectors with the lowest See and Treat excluding out of area are all Cumbria and Lancs (CL South Lancashire **29.2%**, CL Fylde **29.1%** CL East Lancashire **28.1%**)
- **See and Convey.** The three heat maps (Figure E3.5) show the number of incidents by outcome split down into sectors. The three Sectors with the lowest See and Covey percentages, excluding out of area are all in Cumbria and Lancashire with CL Fyle (**52.6%**), CL Morecambe Bay (**56.4%**) and CL South Lancashire (**56.9%**). The Mersey sector with the lowest rate is Mersey South with **58.2%** and the lowest Greater Manchester sector is G Central with **57.1%** seven of the highest eight sectors are from either Mersey or Greater Manchester.

Figure E3.5



*the darker the colour the higher the level of activity

* Lockdown Easing of Restrictions

Figure E3.6

Sector	H&T %	Sector	S&T %	Sector	S&C %
CL Fylde	18.4	M South	33.7	G South	61.5
Out of Area	16.4	CL Morecambe Bay	32.7	M East	61.1
CL East Lancashire	14.6	G Central	31.2	M West	59.9
CL South Lancashire	13.9	G West	31.2	G East	59.2
G Central	11.7	M North	31.1	M North	58.8
CL Morecambe Bay	10.9	G East	31.1	CL North Cumbria	58.6
G West	10.7	CL North Cumbria	31.1	M South	58.2
CL North Cumbria	10.3	M West	31.1	G West	58.1
M North	10.0	G South	29.7	CL East Lancashire	57.3
G East	9.7	M East	29.4	G Central	57.1
M East	9.5	CL South Lancashire	29.2	CL South Lancashire	56.9
M West	9.0	Out of Area	29.1	CL Morecambe Bay	56.4
G South	8.8	CL Fylde	29.1	Out of Area	54.5
M South	8.1	CL East Lancashire	28.1	CL Fylde	52.6

Figure E3.7

Provider	Hear & Treat
	17.1%
	14.6%
	12.8%
	12.6%
	12.3%
	11.8%
	11.4%
North West	11.0%
	10.0%
	8.8%
	8.7%

8/11

FigureE3.8

Provider	See & Treat
	40.2%
	34.7%
	33.9%
	33.6%
	32.3%
	31.1%
	30.7%
North West	30.6%
	30.4%
	27.0%
	26.8%

8/11

Figure E3.9

Provider	See & Convey
	47.5%
	52.5%
	53.6%
	53.9%
	54.3%
	57.5%
	57.7%
North West	58.4%
	60.2%
	60.5%
	61.7%

8/11

- **HEAR & TREAT:** The Trust moved to **8th** in March and April, from **7th** in February. The Trust is working closely with clinical assessment service providers to increase the number of calls closed through the clinical assessment service. In addition, with the introduction of Pathways, the Trust is likely to see improved H&T percentages throughout Q2 and into Q3.
- **SEE & TREAT:** The Trust is performing **8th** in the national rankings moving from 9th, a position held since December 2021. The RIGHT care at Home Improvement Programme has been paused as the improvement team focus is on hospital handover pressures.
- **SEE & CONVEY:** See and Convey rankings were steadily improving between Jan 2018 and September 2019 but since October 2019 the Trust has been fluctuating between **8th** and **9th** in the national rankings. In April the Trust was performing **8th** in the national rankings.
- **NOTE:** There is a robust improvement plan in place to increase both hear and treat and see and treat rates, supported by commissioners and regulators.

O1 CALL PICK UP

Figure O1.1

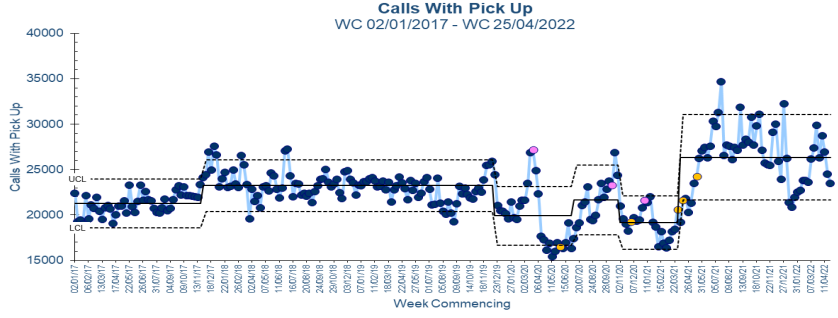


Figure O1.2

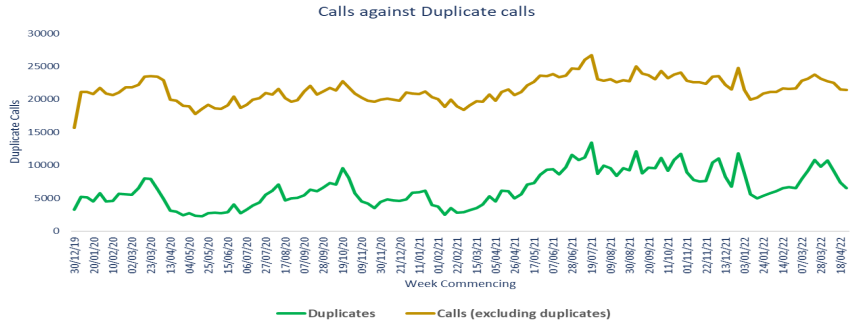
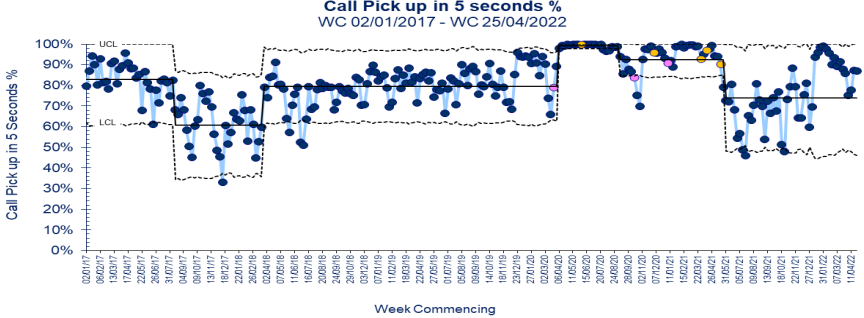


Figure O1.3



* ● Lockdown ● Easing of Restrictions

Call Pick Up

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

Performance: Call pick up performance for April 2022 has significantly improved when compared to January 2022, however there is a noted deterioration in performance since March 2022, potentially signally a change in overall performance trends, which must be monitored.

- Mean call answer **14 seconds** (8 second deterioration vs March 22)
- 90th centile call answer **49 seconds** (43 second deterioration vs March 22).
- 95th centile call answer **1 min 30 seconds** (49 second deterioration vs March 22).
- Percentage of calls answered within 5 seconds **81.7%** (7.9% Deterioration vs March 22).

Nationally we are observing significant variation in call pick up performance. NWS and a number of other Trusts are delivering excellent call pick up. There are number of Trusts where call pick up performance is well below the standards required.

Following the phase 1 move to Pathways, we expected a negative shift in this period (planned for a minimum of 70% call pick up). This is due to abstraction of workforce in GM and C&M to be trained in NHS pathways. Whist we are not at target, we are above the minimum planned threshold set).

Figure O1.1 This chart shows the variability of inbound call volume. This is influenced by a number of factors including response times, which influence duplicate calls, patient behaviour, access into other parts of the NHS and over the past two years lockdowns have influenced demand. The variability of demand increases the complexity of forecasting and planning. The previous few weeks the data are showing a steady improvement with a move between the mean and the Lower Control Limit (LCL)

Figure O1.3 The chart reflects a very minor improvement in CPU for April, although this is above the mean and sat near the Upper Control Limit (UCL). NWS has not delivered CPU of this level since the early stages of COVID lockdowns. What should be noted and provide assurance is the performance delivered in April 22 is against consistently higher levels of inbound call demand. This demonstrates the increased call handling capacity NWS continues to maintain.

O2 A&E TURNAROUND

Figure O2.1

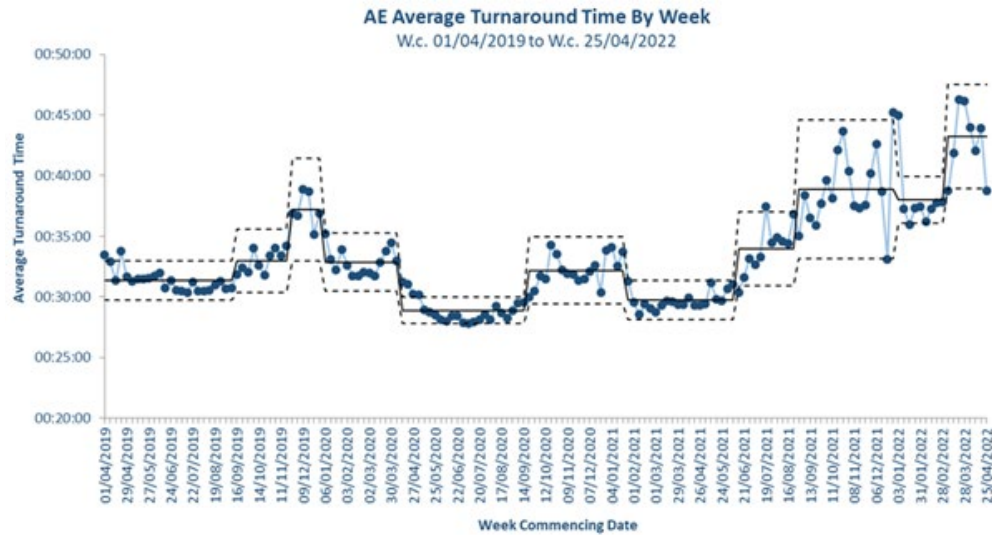


Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
May-21	57,212	29:56	18:46	11:17
Jun-21	52,324	31:20	20:11	11:24
Jul-21	51,396	34:16	23:12	11:20
Aug-21	49,377	35:06	23:45	11:32
Sep-21	47,467	36:49	25:26	11:41
Oct-21**	38,181	39:27	27:56	11:25
Nov-21	48,412	38:29	27:28	11:34
Dec-21	47,723	39:22	27:58	11:18
Jan-22	47,332	39:09	27:47	11:31
Feb-22	45,232	37:13	25:56	11:15
Mar-22	47,939	42:06	30:57	11:48
Apr-22	45,768	42:27	30:52	11:22

*Data only started being collated from 17/08/2020
Increased data capture made possible from October 2020 due to use of Call+ to record Delayed Admissions

** Data for WC 25/10/21 missing due to data issue

A&E Turnaround Times

Average turnaround time in April 22 was **42:27** (Table O2.1). This is the **eleventh** consecutive month that the trust has not met the standard of 30 minutes, it is also the month with the longest average turnaround time the trust has seen. The trend in the weekly view (Chart O2.1) identifies a move from the more controlled distribution we saw in January and February to less control throughout April and May. The data are signalling improvement with the last data point being just below the lower control limit.

The trust continues to work with those most challenged trusts and is also ensuring a focus on patient safety while the system is pressured.

During Q4 21/22 the whole system, including acute teams, was working on the 6 point plan with a focus on handover and this is demonstrated in the data with a period of increased control.

During December 2021 the trust started to test and implement the delayed handover crew and managers escalation action card throughout Greater Manchester. From February 2022 all areas within the North-West have started to implement the initiative.

Top 5 Trusts with the highest arrival to handover time	
Trust	Hours lost to Delayed Admissions
Fairfield General Hospital	00:42:42
Blackpool Victoria Hospital	00:42:22
Whiston	00:41:55
Royal Bolton	00:41:05
Arrowe Park	00:39:33

Whilst performance for turnaround is outside the standard other trusts are also unable to meet this standard at present. The increase is of high priority as seen by the head of NHS England & Improvement writing to acute trusts and Integrated Care Systems to ask for improvement in this area.

Figure O2.1

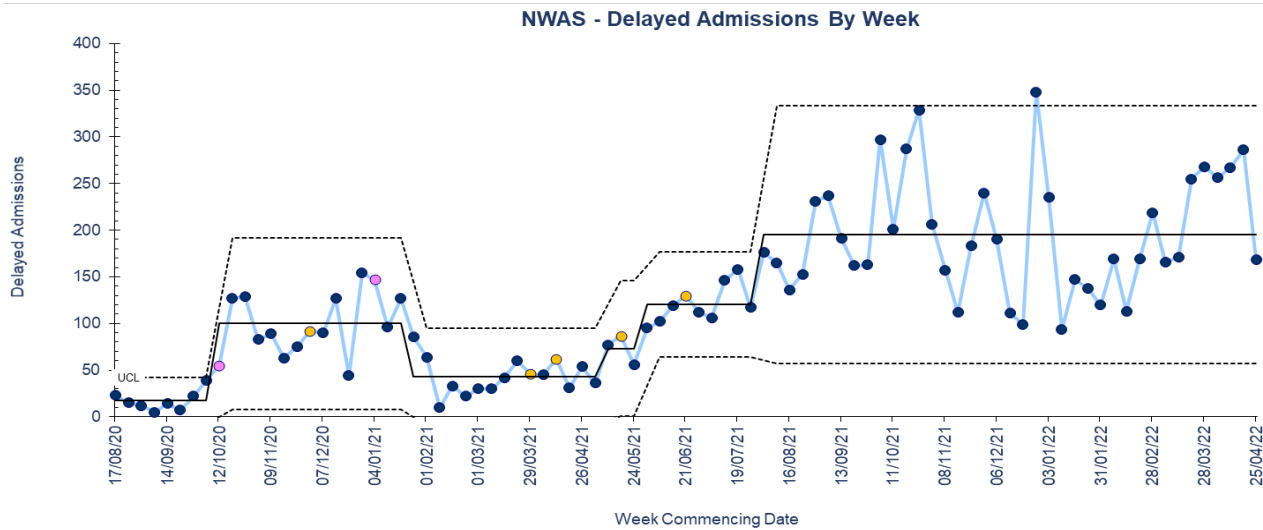


Figure O2.2

Month	No. of Delayed Admissions
Aug-20*	38
Sep-20	46
Oct-20	355
Nov-20	347
Dec-20	406
Jan-21	528
Feb-21	129
Mar-21	182
Apr-21	196
May-21	282
Jun-21	491
Jul-21	585
Aug-21	674
Sep-21	902
Oct-21	1156
Nov-21	739
Dec-21	824
Jan-22	708
Feb-22	590
Mar-22	936
Apr-22	1057

** Data for WC 25/10/21 missing due to data issue

*Data only started being collated from 17/08/2020
Increased data capture made possible from October 2020 due to use of Call+ to record Delayed Admissions

Delayed Admissions

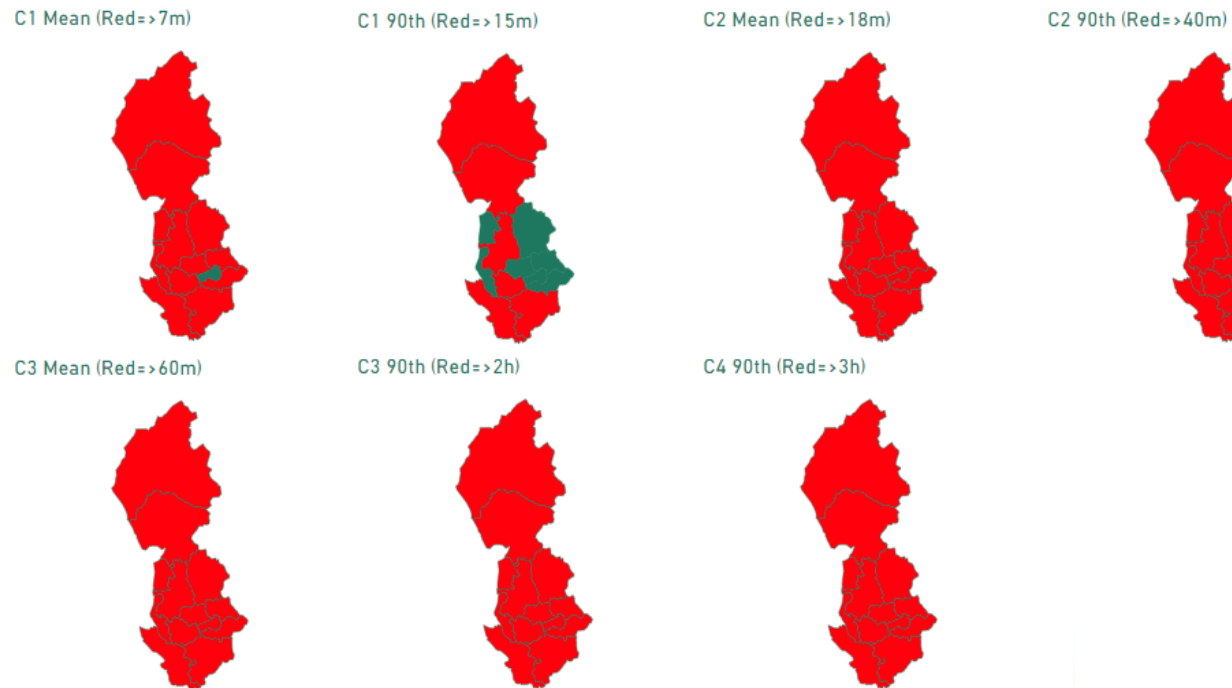
6,725 attendances (14.7%) had a turnaround time of over 1 hour, with 660 of those taking more than 3 hours. The number of delayed admissions has been deteriorating month by month, peaking at 1,156 in October, followed by 1,057 in April.

Since February we have seen the number increase from 590 to 936 and 1,057 in March and April respectively. April is the month with the second highest number of delayed admissions behind October 2021 with 1,156.

A total of 1,909.1 hours lost. Below are tables showing both the 5 trusts with the highest mean arrival to handover time and the most hours lost due to delayed admissions.

Top 5 Trusts with most hours lost due to delayed admissions	
Trust	Hours lost to Delayed Admissions
Fairfield General Hospital	408.2
Royal Oldham Hospital	309.6
Blackpool Victoria Hospital	250.2
Royal Preston Hospital	197.7
North Manchester General Hospital	177.3

O3 ARP RESPONSE TIMES



April 2022

Activity: ARP Response Times

For April response time targets were not met for any ARP measures apart from C1 90th. Several measures for C2 and C3 incidents are close to signalling improvement with multiple data points below the mean and moving towards the Lower Control Limit (LCL). C1 mean and 90th both show improvement with the last data point being on the lower control limit.

We have seen a marginal shift in acuity (2.5% reduction across C1 & C2 incidents), this has been driven through the implementation of NHS Pathways. C1 and C2 incidents represent 67.59% of all incidents trust wide, C&L are at 63.3% due to a significant reduction in C1 incidents which are subsequently spreading into C3-C5 as the overall incident volume hasn't reduced.

We have reduced allocation time by 13 seconds in the last month, from 1 minute 19 seconds to 1 minute 6 seconds. This is having a positive impact on our overall C1 performance.

The 3 primary drivers for us not meeting performance standards are: 1. A high acuity (although a reduction is noted in April 2022) 2. Abstractions (although these are improving as of last month) and 3. Job cycle time including handover delays.

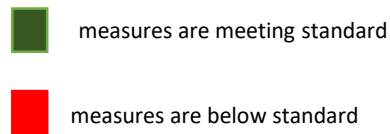
- Acuity remains high. This means that nearly 67.59% of all our incidents are in the highest categories and reduce our opportunities for Hear & Treat and See & Treat .
- Because fleet includes voluntary ambulance services who cannot respond to a category 1 and 2 incidents this rise in acuity puts increased pressure on substantive NWS fleet and prolongs response times.
- Although abstractions remain high, we have seen improved rates of abstraction, specifically associated with COVID and sickness. The improvements are increasing operational resources. This is mirrored within the EOC environment.
- Turnaround continues to be above the National standard of 30:00 with a turnaround time of 42:27. 6,725 attendances (14.7%) had a turnaround time of over 1 hour. 1909 hours were lost to delayed admissions.

The areas we are now focussing on in terms of improvement are:

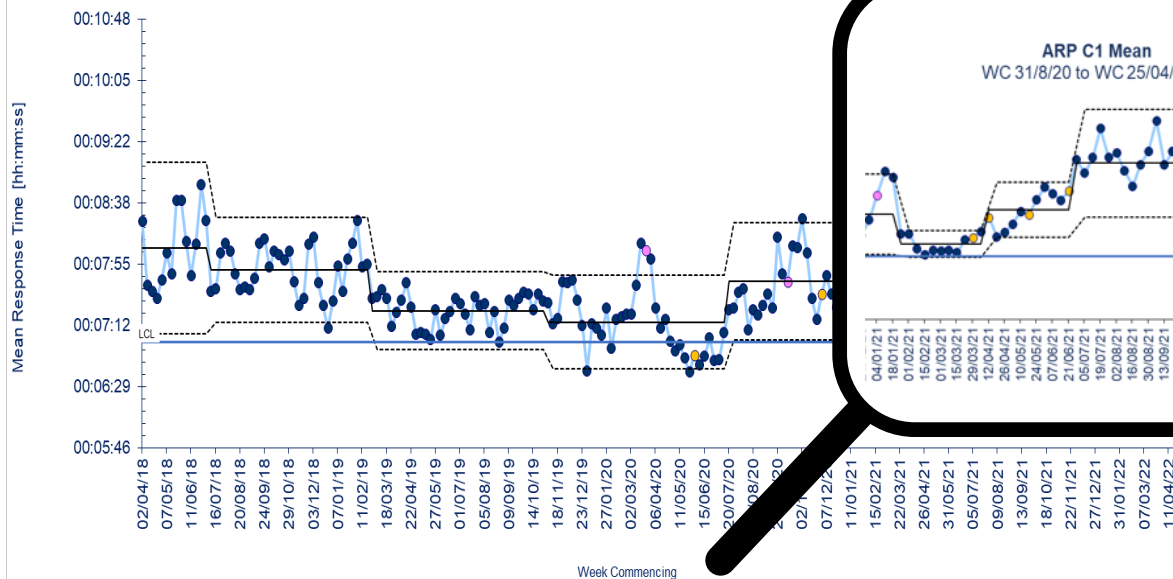
- Our response strategy for C1, including area reviews, meaning each area now has a comprehensive C1 improvement plan
- A significant drive over the next few months to enhance NHS Service Finder and DOS (Directory Of Service) utilisation. This will aim to increase alternative pathways, both via Hear & Treat and Sea & Treat
- Focus of management of 'unfunded unavailability', this is led through operational heads of service with enhanced reporting monitoring and actions taken to increase availability to increase availability of operational crews

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

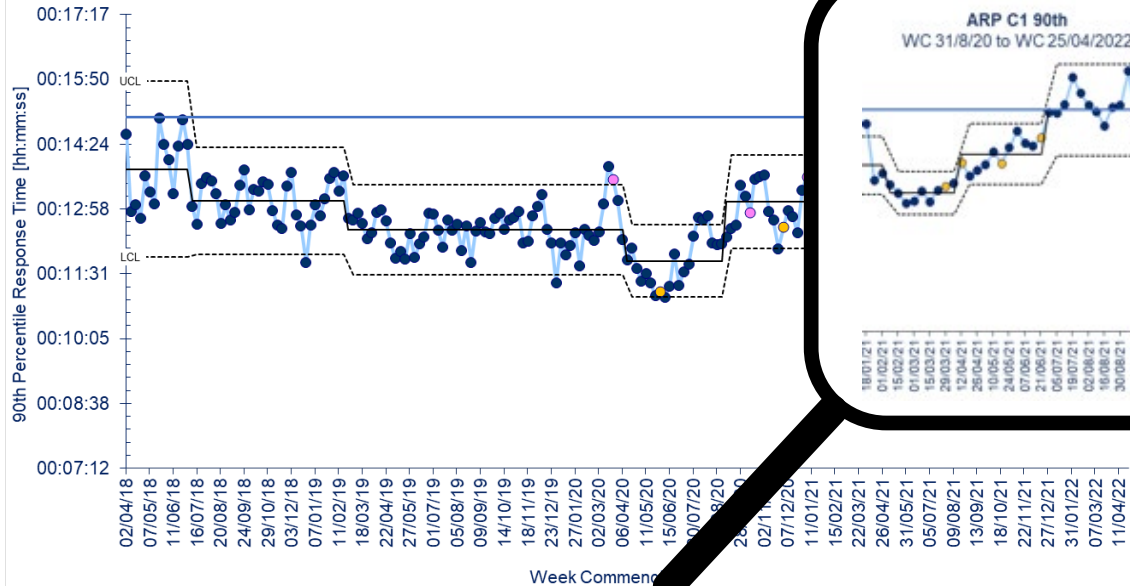
1. **C1 mean:** One sector met the standards for C1 mean: Manchester Central
2. **C1 90th:** Seven sectors (M North, G West, G East, G Central, G South, CL Fylde , CL East Lancs
3. **C2 Mean:** No sector met the standard
4. **C2 90th:** No sector met the standard
5. **C3 Mean:** No sector met the standard
6. **C3 90th:** No sector met the standard
7. **C4 90th:** No sector met the standard



ARP C1 Mean
WC 02/04/2018 - WC 25/04/2022



ARP C1 90th Percentile
WC 02/04/2018 - WC 25/04/2022



C1 Mean (Red=>7m)



Green sectors

G Central

C1 90th (Red=>15m)



Green sectors

M North, G West, G East,
G Central, G South, CL
Fylde, CL East Lancs

C1 Performance

C1 Mean

Target: **7 minutes**

NWAS

April 2022: **8:31**

YTD: **8:31**

For April, C1 mean has begun to see minor improvements. Whilst performance for C1 mean is not meeting the target response, the target for C1 90th is being met. NWAS do compare positively vs the other ambulance providers. The trust rank 4/11 for C1 mean and 3/11 for 90th percentile.

C1 90th Percentile

Target: **15 Minutes**

NWAS

April 2022: **14:27**

YTD: **14:27**

Figure O3.3

ARP C2 Mean
WC 02/04/2018 - WC 25/04/2022

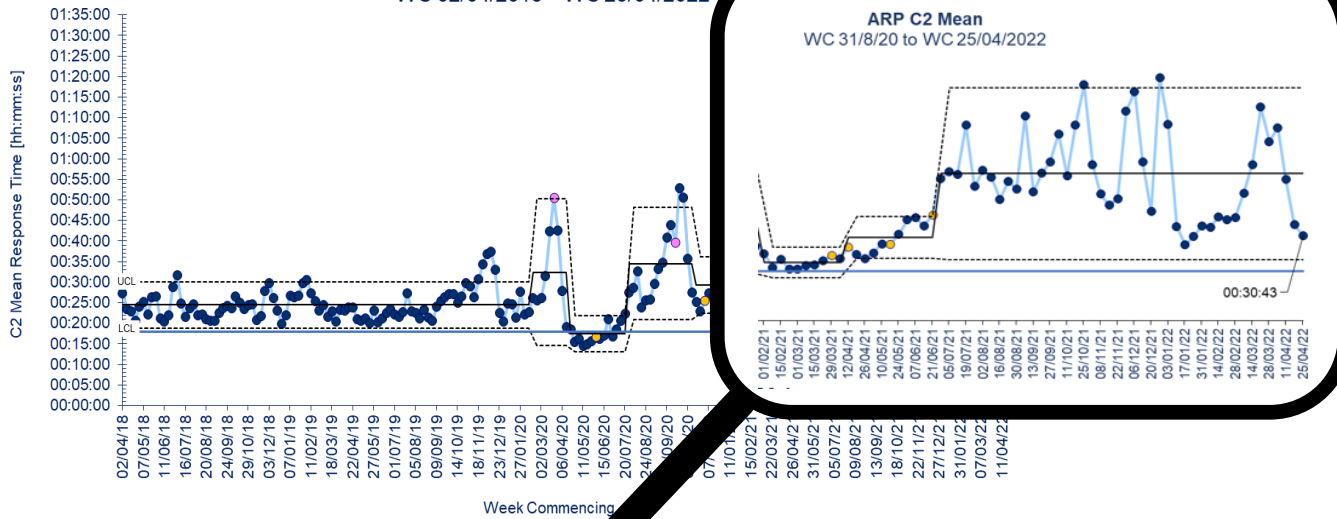
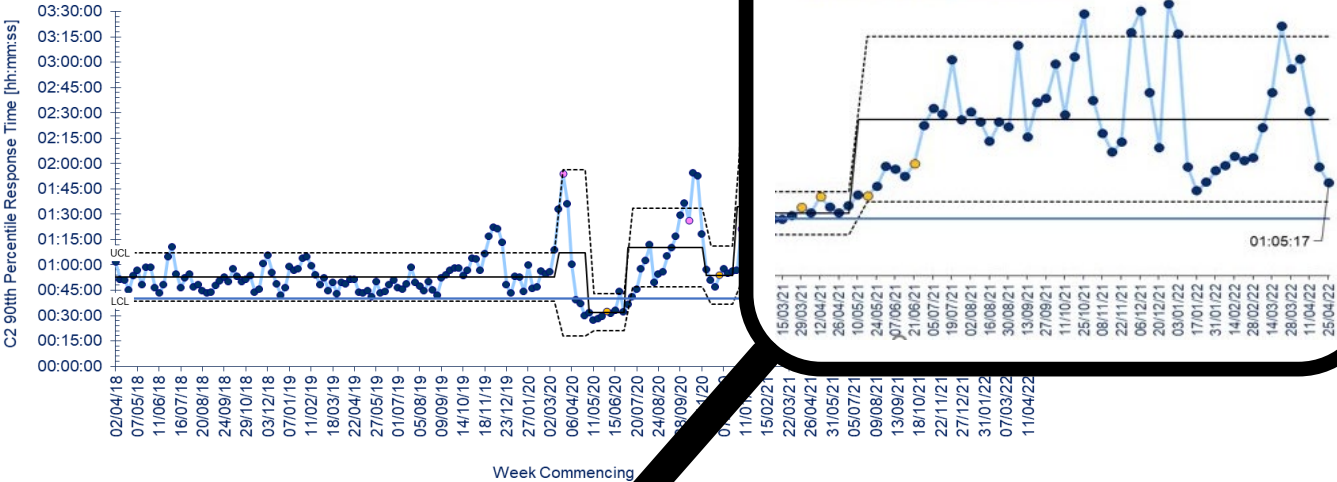


Figure O3.4

ARP C2 90th Percentile
WC 02/04/2018 - WC 25/04/2022



C2 Mean (Red=> 18m)



Green sectors

C2 90th (Red=> 40m)



Green sectors

C2 Performance

C2 Mean

Target: **18 minutes**

NWAS:

April 2022: **47:04**

YTD: **47:04**

C2 Response times have begun to see minor improvements below the mean over the last month. NWAS rank 7/11 for C2 response standards.

It should be noted that the longer waiting C2 patients are effectively safeguarded via the Clinical Coordination Desk (CDD). The CCD provides oversight and interventions for long wait C2 patients, which reduces risk and patient harm.

C2 90th Percentile

Target: **40 Minutes**

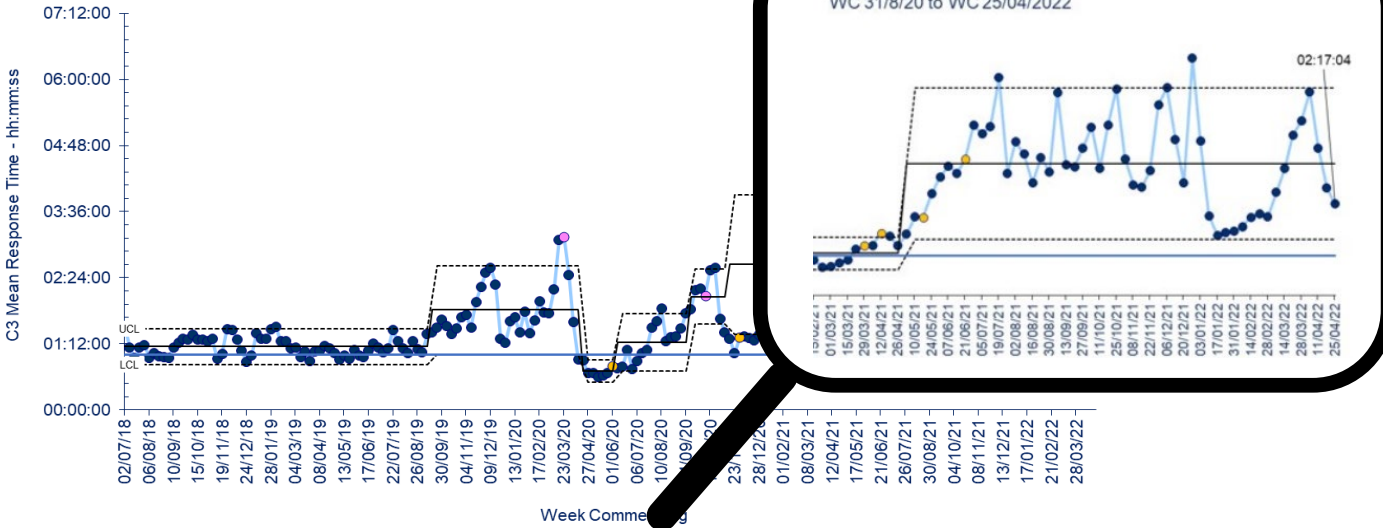
NWAS

April 2022: **1:47:46**

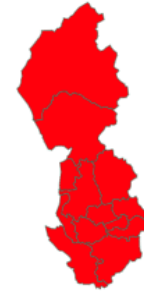
YTD: **1:47:46**

Figure O3.5

ARP C3 Mean
WC 02/07/2018 - WC 25/04/2022



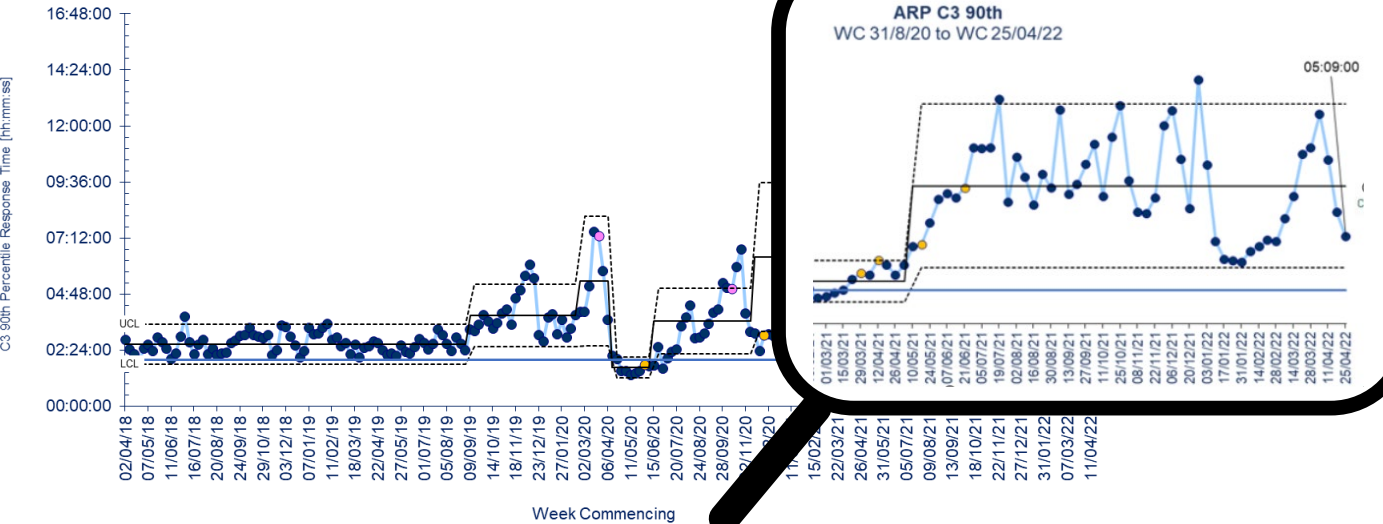
C3 Mean (Red=>60m)



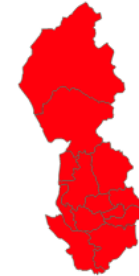
Green sectors

Figure O3.6

ARP C3 90th Percentile
WC 02/04/2018 - WC 25/04/2022



C3 90th (Red=>2h)



Green sectors

C4 90th (Red=>3h)



Green sectors

C3 Performance

C3 Mean

Target: **1 Hour**

NWAS:

April 2022: **3:23:10**

YTD: **3:23:10**

C3 response had peaked to the Upper Control Limit (UCL) in March, but has seen moved back within control. NWAS rank 8/11 for C2 response standards.

The improved performance can be attributed to several factors. The primary enablers are the introduction of C3/4 validation and improvements in abstractions rates within operations.

C3 90th Percentile

Target: **2 Hours**

NWAS

April 2022: **8:21:45**

YTD: **8:21:45**

C4 90th Percentile

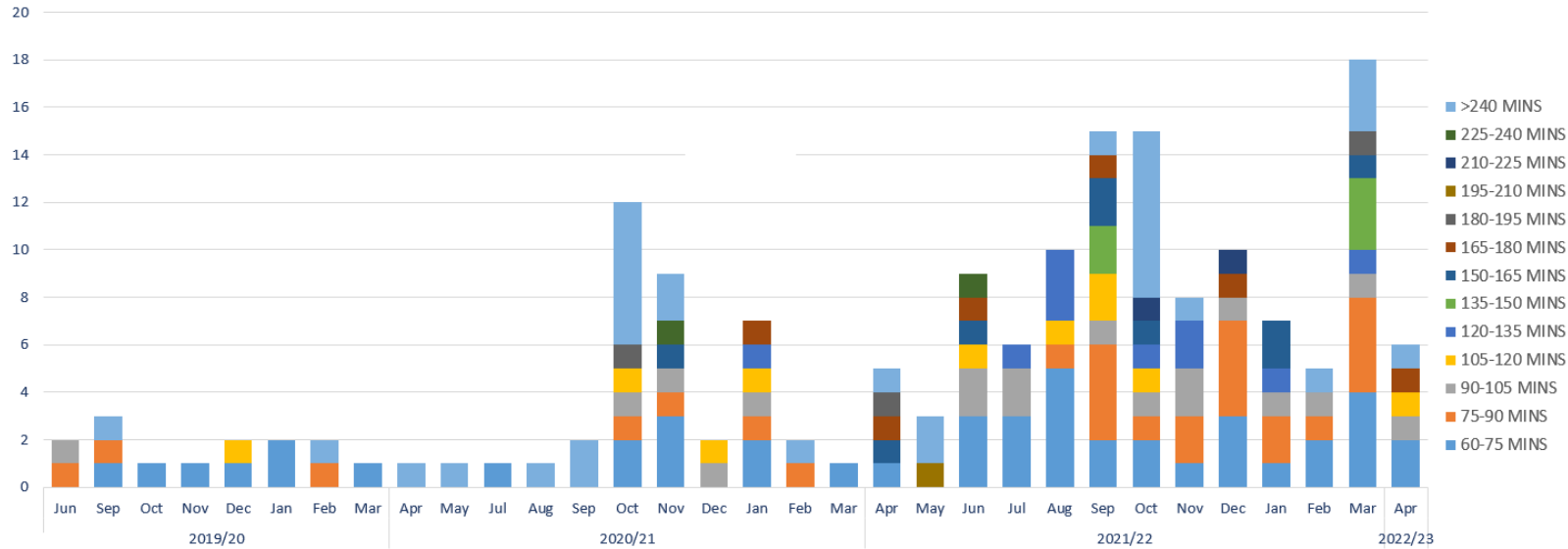
Target: **3 Hours**

NWAS:

April 2022: **12:23:04**

Figure O3.8

C1 F2F Incidents with response time >60minutes



C1 & C2 Long Waits

In April we had **6** patients in the C1 category who waited longer than 60 mins and **12,400** patients in the C2 patients who waited longer than 60 mins.

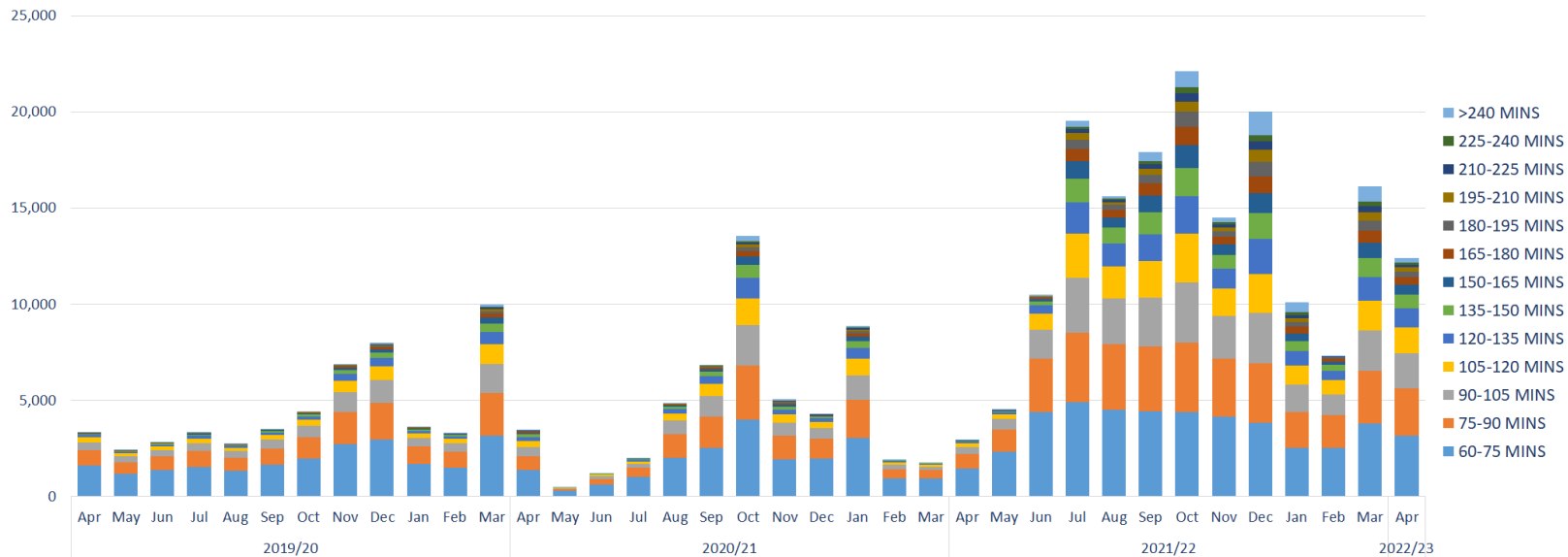
Following a peak of C1 Long waits in March 2022 (the highest since March 2018), we saw a reduction in April 2022 back to previous ranges. The highest category continues to be delays '**60-75 minutes**'. We have seen the number of serious incidents reduce with the improving position on C1 and C2 long waits.

C2 Long wait performance saw an improvement in April 2022, this is still however high, with waits '**60-75 minutes**' and '**75-90 minutes**' representing almost half the total C2 long waits last month.

The ambulance service across the NHS have had challenges with long waits and the national ambulance coordination centre have produced comparator metrics for ambulance trusts. Whilst our ambition is to eliminate long waits the current 'league table' signals Nwas is 4/11 compared with other trusts.

Figure O3.9

C2 F2F Incidents with response time >60minutes



ARP Provider Comparison Figures January 2022

Figure O3.8

C1 Mean & 90th Percentile Over Time

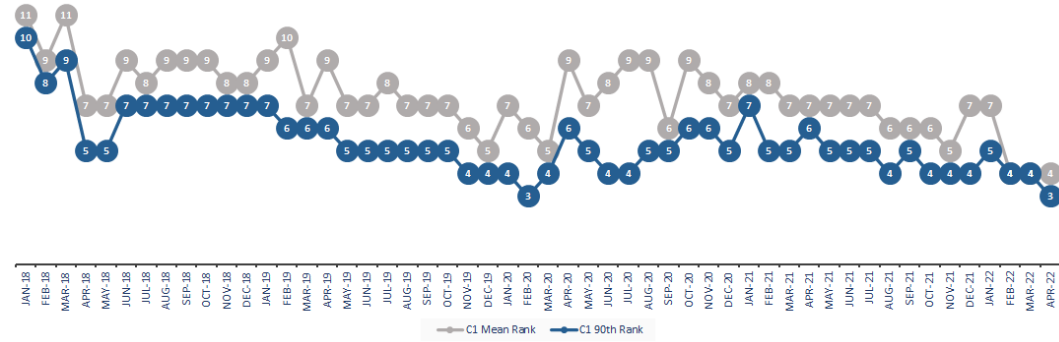


Figure O3.9

C2 Mean & 90th Percentile Over Time

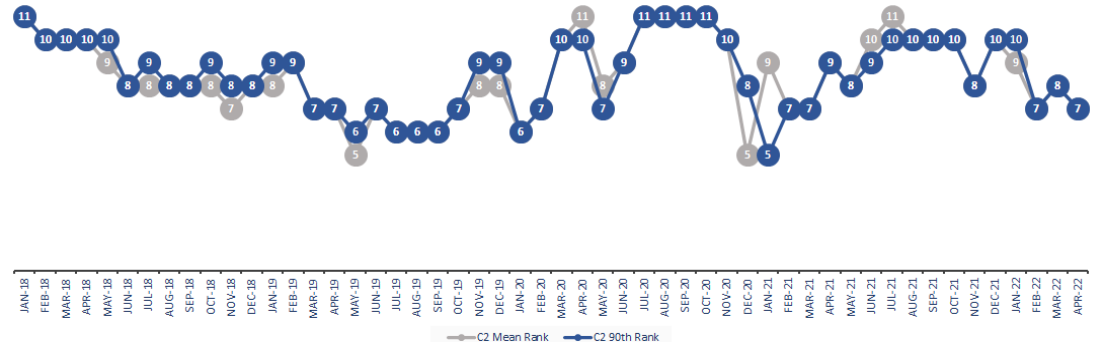


Figure O3.10

C3 Mean & 90th Percentile Over Time

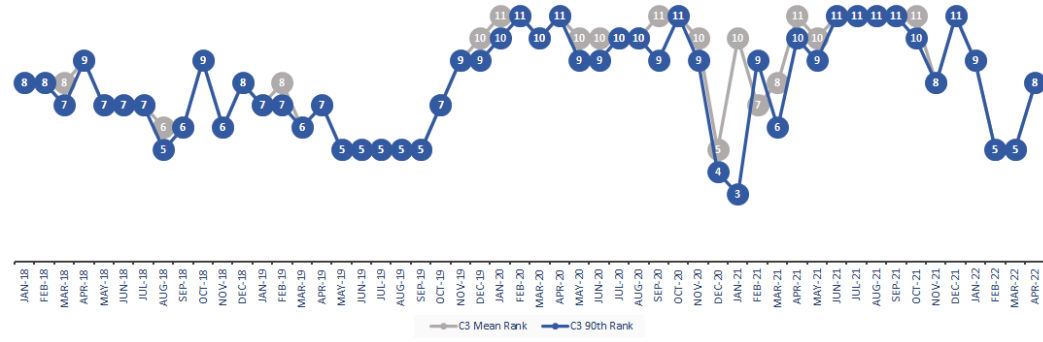
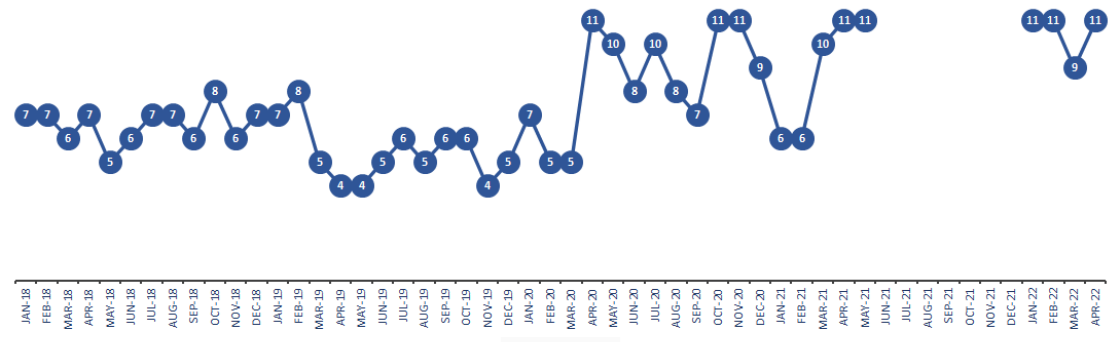


Figure O3.11

C4 90th Percentile Over Time



Provider	C1 Mean
North West	08:31

Provider	C1 90th
North West	14:26

Provider	C2 Mean
North West	0:47:05

Provider	C2 90th
North West	1:47:46

Provider	C3 Mean
North West	03:22:49

Provider	C3 90th
North West	08:19:08

O4 111 PERFORMANCE

Figure O4.1

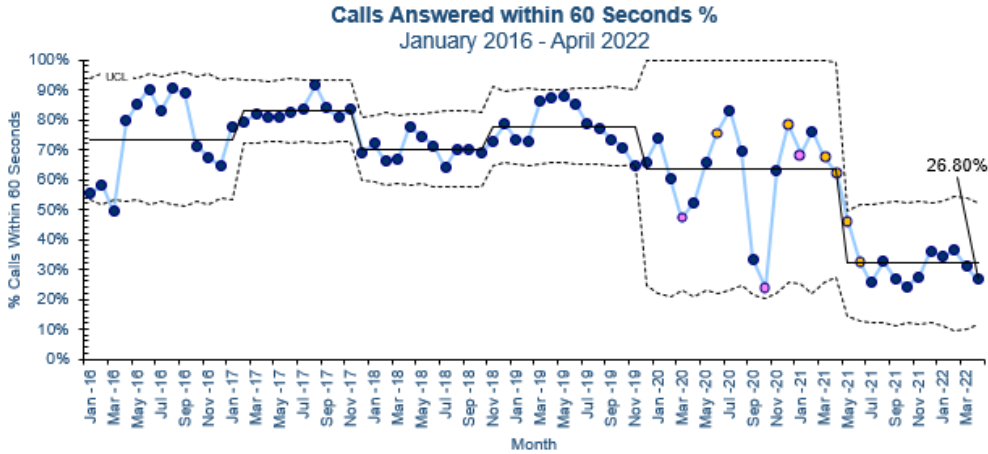
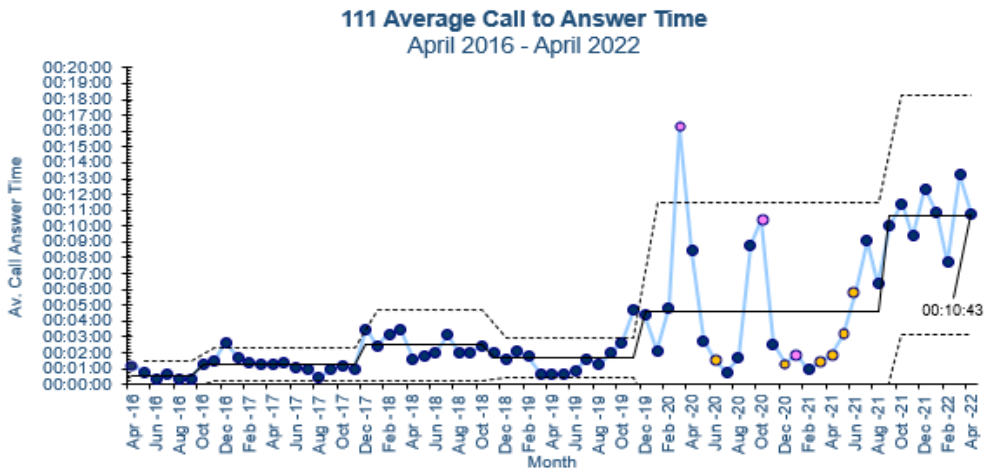


Figure O4.2



* ● Lockdown ● Easing of Restrictions

111 Performance

Calls Answered within 60 seconds %

Target: 95%

NWAS

April 2022: 26.80%

YTD: 36.80%

National 46.4%

Performance for the headline KPI continues to challenge the service. Calls Answered within 60s, Average Call To Answer Time and Calls Abandoned directly relates to available resource (Q4.1).

Calls answered in 60s performance remains below the standard and has fallen to **26.8%**, this is partly due to the significant gap between capacity and demand. Call demand has increased over the last few months, seeing offered calls reach over **210,000** in April. The team are currently working with ORH again to demonstrate the change in profile and increase in demand over the last 12 months, it is anticipated this will be used during conversations with commissioners.

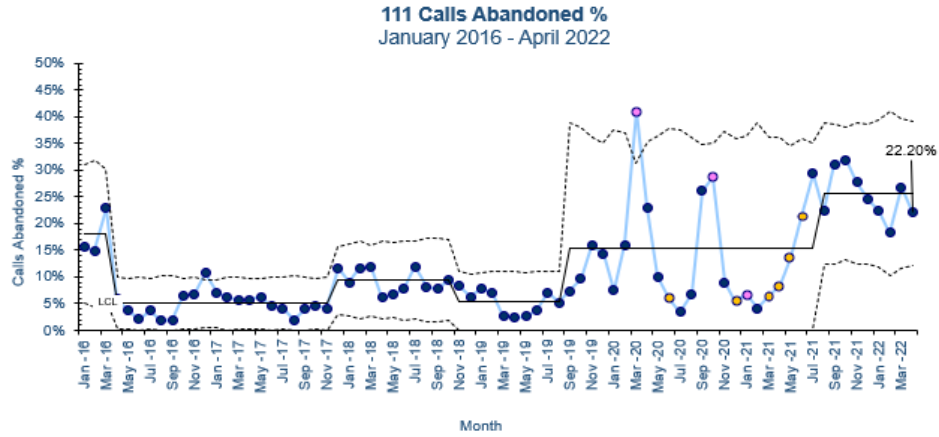
In addition to overall capacity gaps, attrition remains a challenge for the service. The main factors identified by staff via exit interviews and general feedback are booking of annual leave, shifts, weekend working and work life balance.

A Retention Premium has been introduced for a period of 12 months, It is too early to comment but it is anticipated this will ease attrition during the coming months whilst the Team implement changes to processes to book annual leave and conduct a further rota review (post ORH) that focusses on team-based scheduling.

Confirmation of future funding remains a risk to the service as many of the support roles that deliver Audit and training capacity are on seconded bases which ends March 2022 extended by 3 months, conversations with finance are in progress.

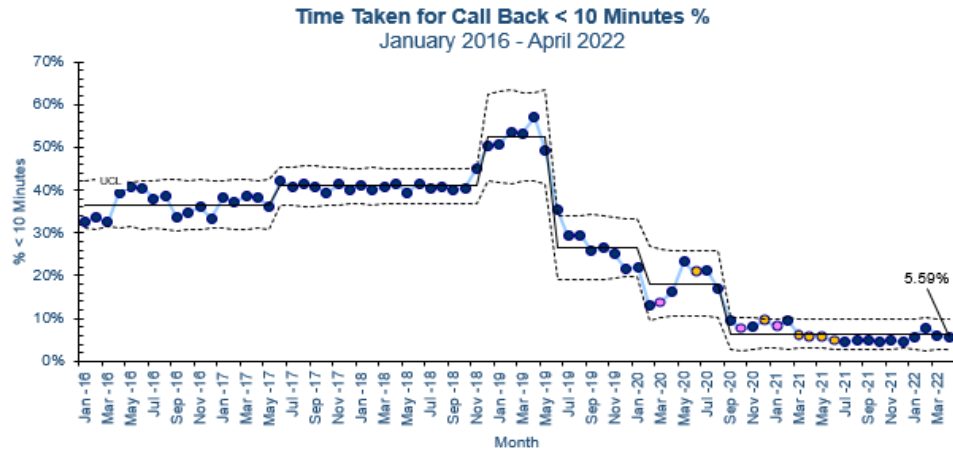
A further project to deliver SMS for Self-Care is now in progress with the support of colleagues in NHSD. It is anticipated that this project will deliver a reduction in AHT as self-care advice will no longer be required if the patient is happy to receive an SMS message. The project is still in its early stages and AHT improvements are expected over the next few months.

Figure O4.3:



* From April 2021 the method of calculating abandoned calls has changed, the difference between the two methods means that the figure for April is 0.5% higher than would have been under the old method

Figure O4.4



* ● Lockdown ● Easing of Restrictions

Calls Abandoned %

Target: <5%

NWAS

April 22: 22.20%

YTD: 22.20%

National

15%

Call Back < 10 Minutes %

Target: 75%

NWAS

April 22: 5.59%

YTD: 5.59%

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

Time taken for a call back (10 mins). After increasing in February, call back in 10 has fallen back into line with previous months performance.

The Clinical advice queue is managed 24/7 by the Clinical Duty Manager (CDM) and any calls of concerns are flagged for Clinicians to pick up as a priority. April saw abandoned call percentage fallen to 22.2%.

Figure O4.5

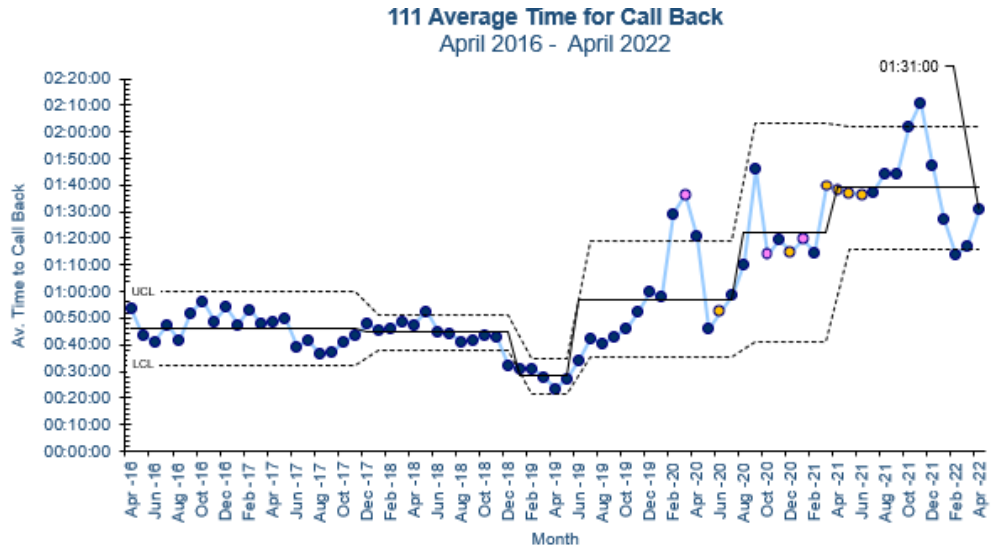
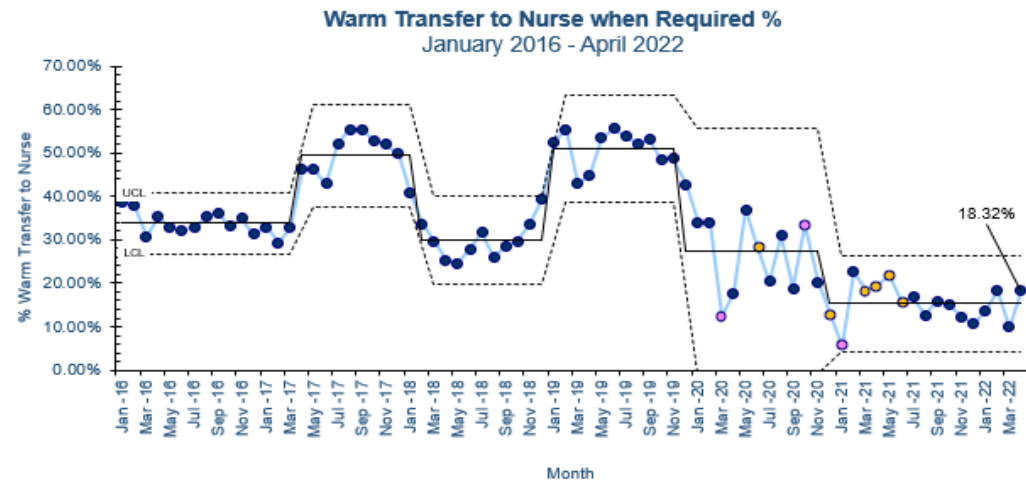


Figure O4.6



* ● Lockdown ● Easing of Restrictions

Warm Transfer to Nurse when Required%

Target: **75%**

NWAS

April 22: **18.32%**

Process improvements have seen a direct impact on warm transfer and average call back time. Many of these calls are now checked with the Clinical Duty Manager and were appropriate are then placed on the Clinical advice queue to be called back. This then releases the HA to take another incoming call. The CDM will monitor the CAQ and assign any calls of concern to a clinician to pick up as their next call.

In November 2021 the average call back was at **2 hours 11 minutes**. Average call back time has continued to reduce, reaching **1 hour 13 minutes** in February 2022 and continues to remain in the lower control limit and below average. The Average call back time for April is now at **1 hour 31 minutes**.

Warm transfer has gradually increased since November 2021, falling slightly in March 2022 and stabilising at **18.32%** in April 2022.

O5 PTS ACTIVITY AND TARIFF

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY									
TOTAL ACTIVITY									
Current Month: March 2022						Year to Date: July 2020 - March 2022			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity	Current Month Activity	Year to Date Baseline	Year to Date Activity	Year to Date Activity	Year to Date Activity
Cumbria	168,290	14,024	6,401	(7,623)	(54%)	126,218	51,446	(74,772)	(59%)
Greater Manchester	526,588	43,882	20,790	(23,092)	(53%)	394,941	152,774	(242,167)	(61%)
Lancashire	589,181	49,098	19,541	(29,557)	(60%)	441,886	155,170	(286,716)	(65%)
Merseyside	300,123	25,010	10,728	(14,282)	(57%)	225,092	78,805	(146,287)	(65%)
NWAS	1,584,182	132,015	57,460	(74,555)	(56%)	1,188,137	438,195	(749,942)	(63%)

UNPLANNED ACTIVITY									
Current Month: March 2022						Year to Date: July 2020 - March 2022			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity	Current Month Activity	Year to Date Baseline	Year to Date Activity	Year to Date Activity	Year to Date Activity
Cumbria	14,969	1,247	505	(742)	(60%)	11,227	4,643	(6,584)	(59%)
Greater Manchester	49,133	4,094	4,477	383	9%	36,850	39,162	2,312	6%
Lancashire	58,829	4,902	3,341	(1,561)	(32%)	44,122	30,119	(14,003)	(32%)
Merseyside	22,351	1,863	1,606	(257)	(14%)	16,763	14,433	(2,270)	(14%)
NWAS	145,282	12,107	9,929	(2,178)	(18%)	108,962	88,417	(20,545)	(19%)

ABORTED ACTIVITY									
March 2022									
Contract	Planned Aborts	Planned Activity	Planned Aborts %	Unplanned Aborts	Unplanned Activity	Unplanned Aborts %	EPS Aborts	EPS Activity	EPS Aborts %
Cumbria	152	6,401	2%	35	505	7%	71	3,516	2%
Greater Manchester	1,799	20,790	9%	871	4,477	19%	1,129	16,282	7%
Lancashire	941	19,541	5%	555	3,341	17%	420	14,156	3%
Merseyside	656	10,728	6%	260	1,606	16%	554	12,112	5%
NWAS	3,548	57,460	6%	1,721	9,929	17%	2,174	46,066	5%

PTS Performance

Due to timetable issues PTS will always report a month behind other operational areas.

Activity during March 2022 was **56%** below contract baselines with Lancashire **60%** below contract baselines whilst Merseyside is operating at **-57% (-14282)** Journeys below baseline. For the year to date position (July 2020 - March 2022) PTS is performing at **-63% (-749942)** journeys below baseline. Within these overall figures, Cumbria and Lancashire are operating at **59%** and **65%** below baseline whilst Greater Manchester and Merseyside are operating at **61%** and **65%** below baseline respectively.

In terms of unplanned activity, cumulative positions within Greater Manchester and Merseyside are **6% (2312)** journeys and **-14% (-2270)** journeys against 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 achieving contract KPI performance. Cumbria and Lancashire are **-59%** (- **6584** journeys) and **-32% (-14003)** journeys below baseline.

In terms of overall trend analysis, all areas are experiencing gradual increases in activity, mainly in the core (outpatient) areas.

Aborted activity for planned patients averaged **6%** during March 2022 however Cumbria experiences **2%**, Greater Manchester operates with **9%** whilst Lancashire and Merseyside both experience **5%** & **6%** aborts respectively. There is a similar trend within EPS (renal and oncology) patients with an Trust average of **5%** aborts whereas Cumbria has **2%** and Greater Manchester **7%** Lancashire and Merseyside operate with **3%** and **5%** respectively. Unplanned (on the day) activity experiences the largest percentages of aborts with an average **17%** (1 in 6 patients) with variances of **7%** in Cumbria, **19%** in Greater Manchester, **17%** in Lancashire and **16%** Merseyside.

OH1 STAFF SICKNESS

Figure OH1.1

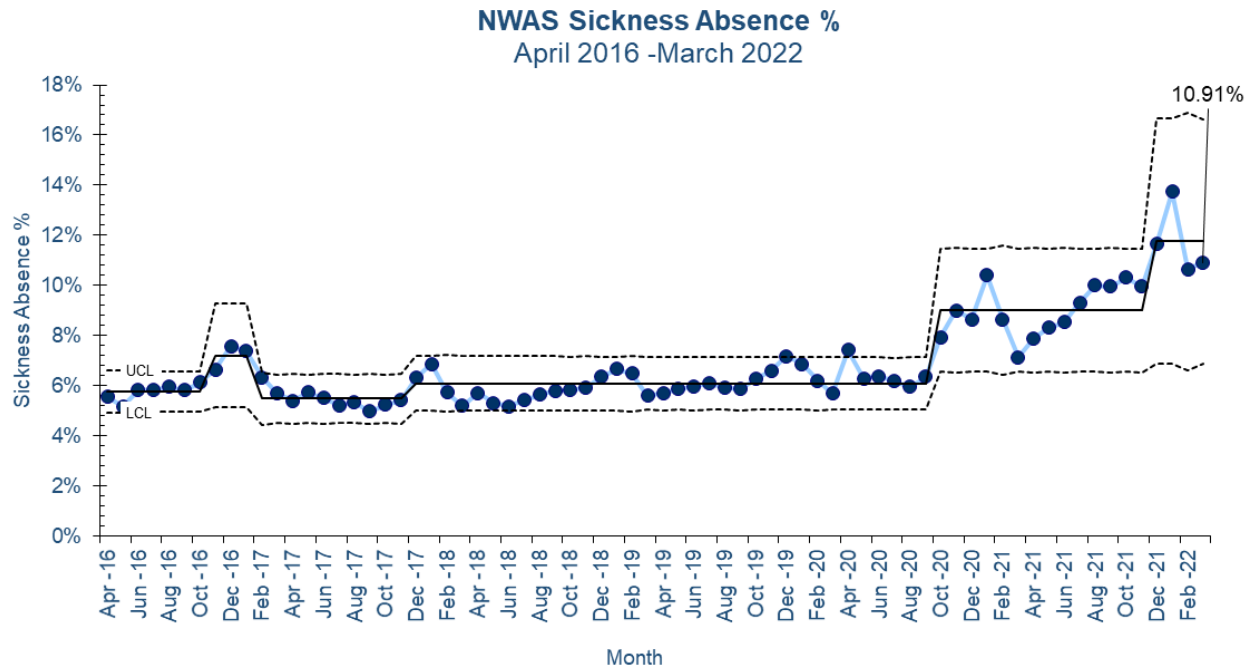


Table OH1.1

Sickness Absence	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec -21	Jan-22	Feb-22	Mar-22
NWAS	7.90%	8.32%	8.55%	9.33%	10.00%	9.97%	10.32%	9.97%	11.66%	13.74%	10.56%	10.91%
Amb. National Average	6.36%	6.59%	6.98%	7.73%	8.17%	8.22%	8.32%	8.23%	9.41%			

Staff Sickness

The overall sickness rate for March 2022 was 10.91% (OH1.1). Sickness has increased steadily over the last 12 months, peaking in January 22 but a reduction is starting to be seen.

The impact of COVID related sickness has decreased from the January position of 5.8% but still remains a substantial proportion of overall sickness at 3.3%. Underlying non-COVID sickness has reduced from pre-Christmas levels but remains above pre-COVID levels at 7.6% in March.

Data analysis shows the top 5 reasons for absence being Mental Health, Covid, Injury, MSK and Back problems.

The percentage of long term sickness (LTS) absence shows a material increase on previous years. This reflects the impact of the pandemic on underlying wellbeing, delayed elective surgery and COVID changes to national terms and conditions which has resulted in extended sickness for COVID related absence. Short-term sickness in 111 and EOC is high which is likely to be as a result of sustained demand on the service combined with a higher prevalence of short term COVID absence.

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

A dedicated Attendance Improvement Team has been established to focus on supporting operational teams to improve attendance management and wellbeing. A detailed Action Plan has been developed alongside working with NHSEI and the Ambulance Sector on specific areas of best practice. A deep dive will be presented to Resources Committee in May 2022.

Figure OH1.2:

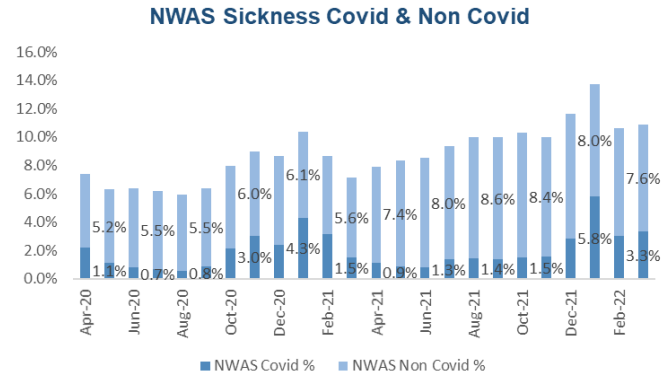


Figure OH1.3:

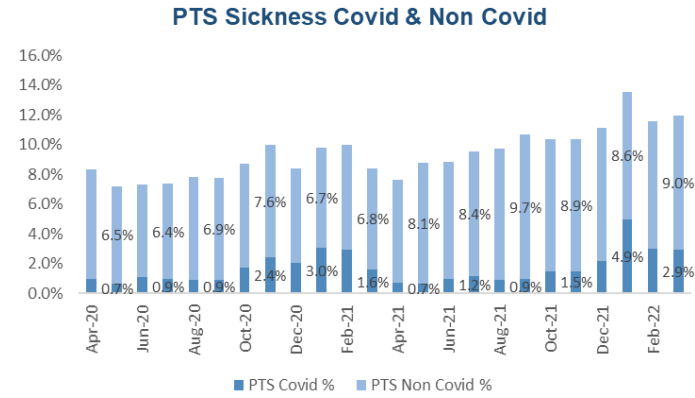


Figure OH1.4:

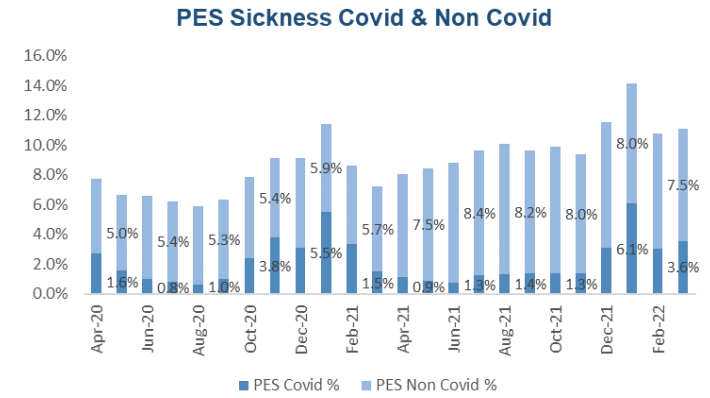


Figure OH1.5:

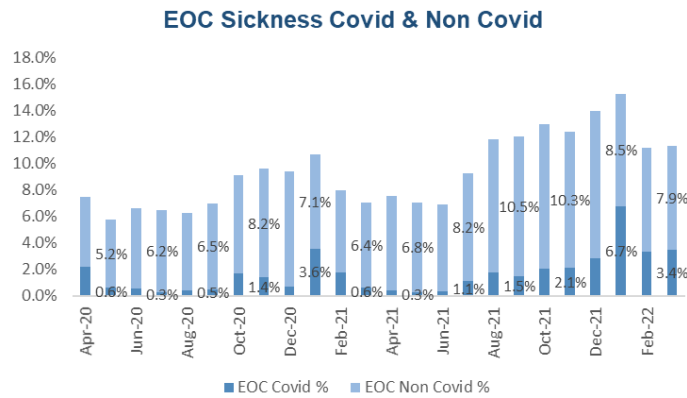


Figure OH1.6:

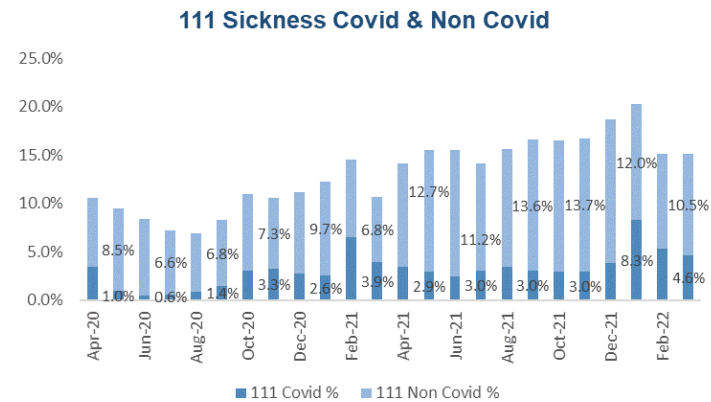
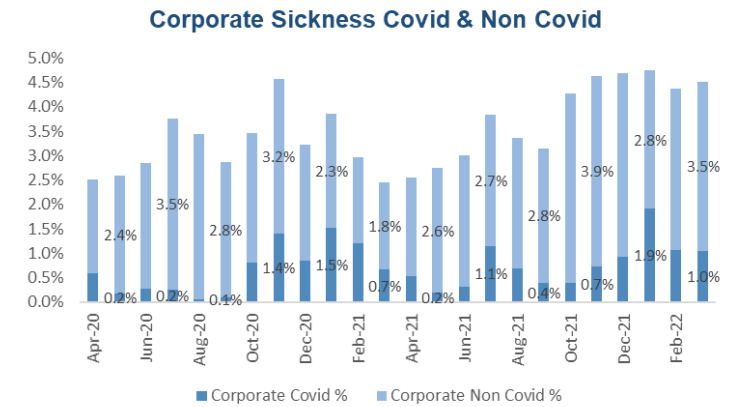


Figure OH1.7:



OH2 STAFF TURNOVER

Figure OH2.1

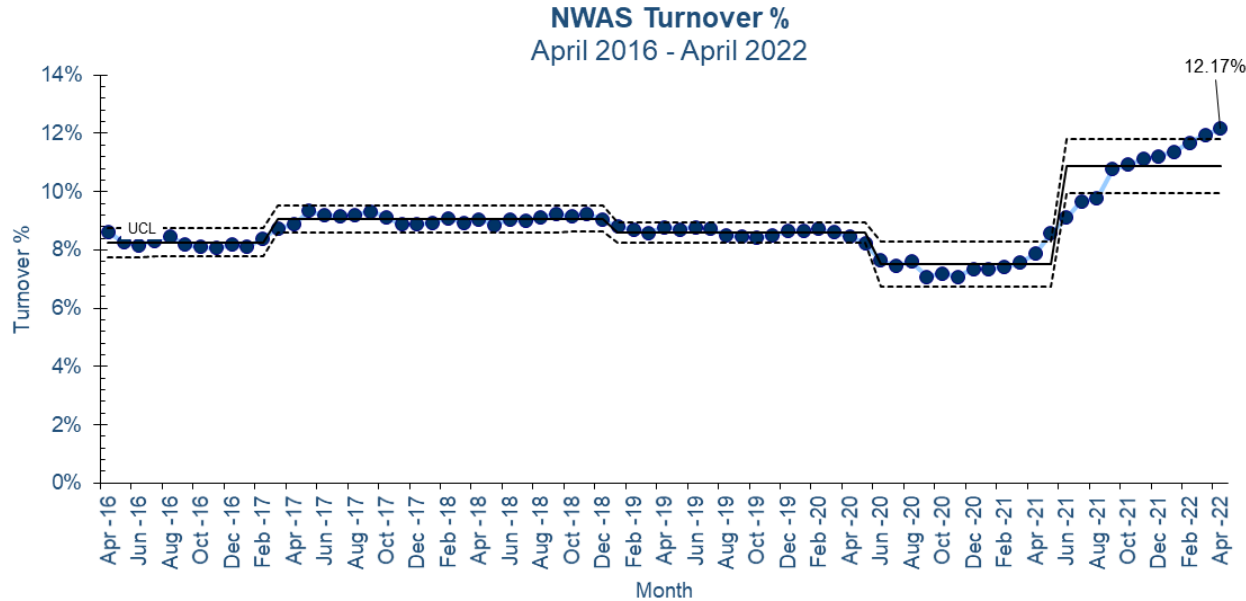


Table OH2.1

Turnover	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
NWAS	8.56%	9.10%	9.67%	9.77%	10.76%	10.93%	11.11%	11.21%	11.37%	11.68%	11.94%	12.17%
Amb. National Average	7.52%	8.07%	8.44%	8.85%	9.25%	9.69%	10.09%	10.36%	10.80%			

Staff Turnover

Staff turnover for April 22 is **12.17%**. This is calculated on a rolling year average.

Staff turnover has shown a steady increase in the last 12 months and has exceeded the upper control limit. Most service line are at or exceeding the upper control limit. This position is replicated across the sector.

111 turnover is showing a significant upward trend to **47.19%** in April 2022 which is outside of the upper control limit (OH2.5). Month by month turnover is seeing some reduction but is higher than 12 months ago which reflects in the continuing upward rolling year position.

EOC turnover has also shown a continuing upward trend, primarily driven by turnover amongst call handlers. April 22 turnover at **16.31%** (OH2.4). Some of this reflects the loss of fixed term staff seeking permanent positions elsewhere. However, the EOC staffing position is stable moving into the roll out of Single Primary Triage given the levels of over-recruitment which have taken place. Further work is being undertaken to review cause and develop interventions.

The Trust is working across the Ambulance Sector and with NHSEI on specific targeted interventions to support 111 retention including the retention payments that NWAS have applied. It is too early to assess the impact of these payments. Further national work around EOC retention is also ongoing.

PES turnover is showing an upward trend, but remains low in comparison with other service lines. Turnover amongst Paramedics to primary care has not materialised to any extent in 2021/22 but further analysis on emerging turnover trends is being undertaken

NHS turnover is typically between **10% & 12%** according to NHS SBS. (Shared Business Services)

Figure OH2.2

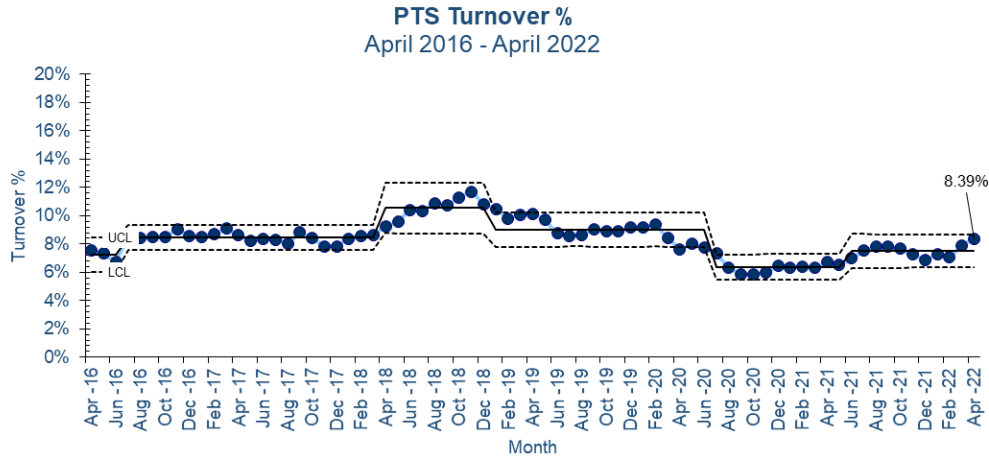


Figure OH2.3

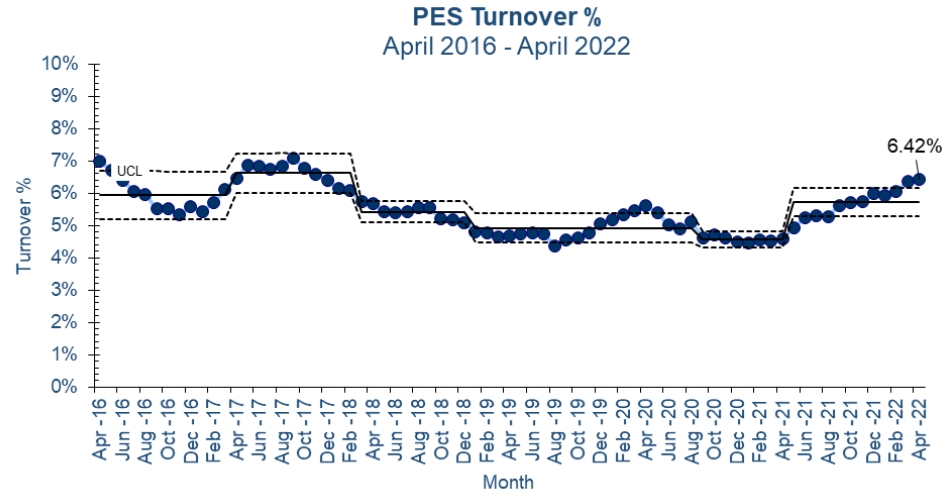


Figure OH2.4

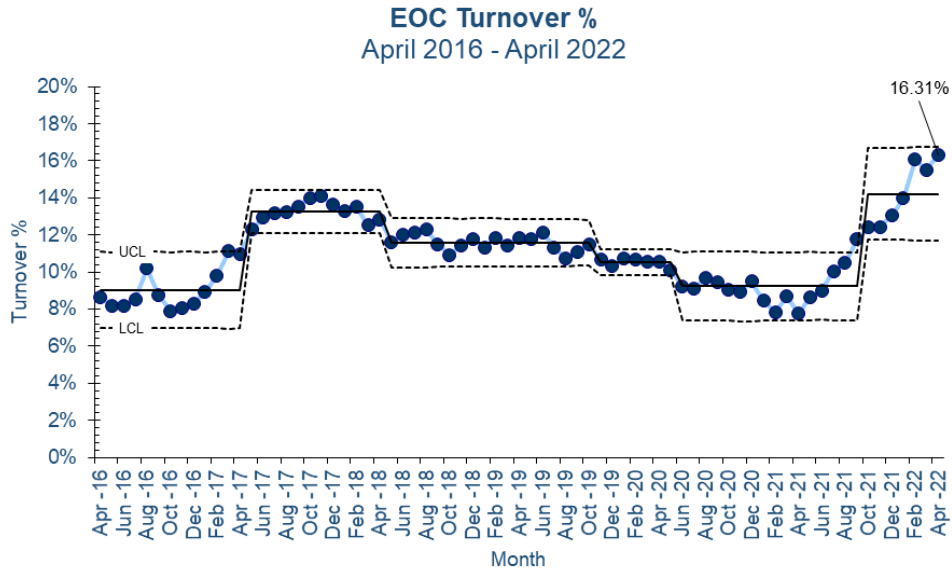
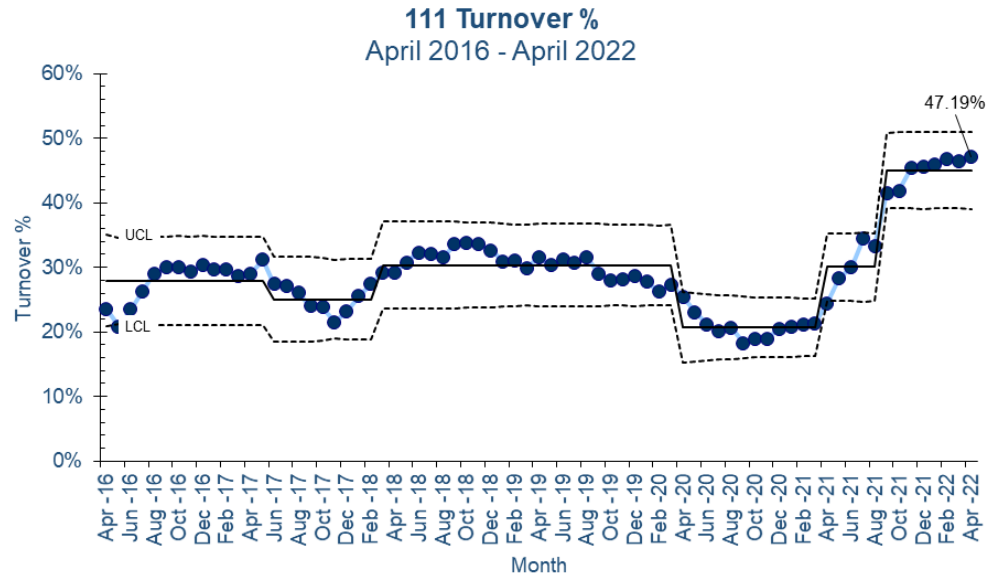
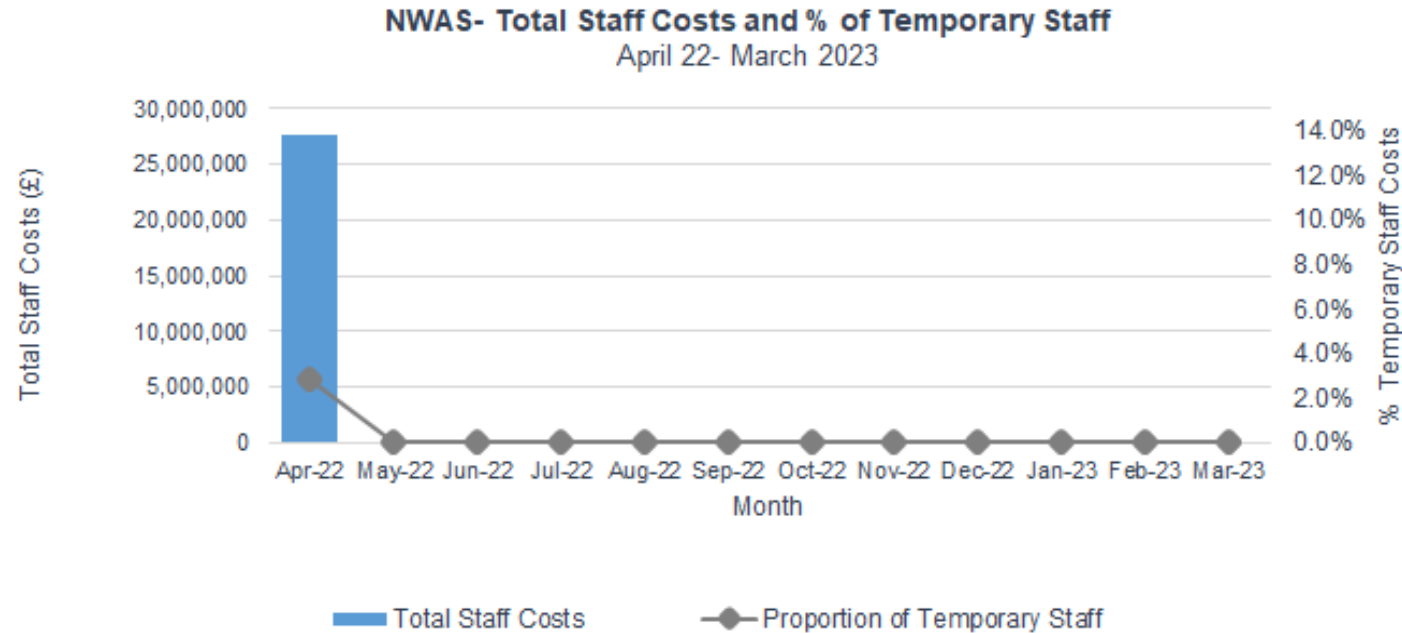


Figure OH2.5



OH4 TEMPORARY STAFFING

Figure OH4.1:



Temporary Staffing

As a result of COVID-19 restrictions in relation to agency usage were paused but these are being reinstated under the 22/23 financial regime. The opening position for April shows continuing high agency use which if maintained would breach the Agency ceiling. The agency ceiling is a maximum amount of agency spend allowable.

Agency staff have continued to support the Contact Centre environments. The majority of Agency staff remains in EOC and a process is in place to transfer remaining **128** Agency staff onto Trust contracts with an aim for this to be completed by the end of Q1.

Further EOC recruitment is planned during 2022/23 but this will be through normal recruitment process rather than Agency. A small number of Agency staff are continuing to be used in 111 and CHUB, in Clinical roles and reflect pre pandemic usage.

Current agency usage is therefore anticipated to continue across Q1 but reduce into Q2.

Table OH4.1

NWAS	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Agency Staff Costs (£)	404,321	245,748	241,475	356,466	518,275	444,941	553,502	796,039	783,115	864,691	1,072,794	792,309
Total Staff Costs (£)	25,780,966	24,317,963	24,909,469	25,379,411	29,910,317	26,091,860	26,356,720	26,930,619	27,466,754	26,722,244	42,104,411	27,581,772
Proportion of Temporary Staff %	1.6%	1.0%	1.0%	1.4%	1.7%	1.7%	2.1%	3.0%	2.9%	3.2%	2.5%	2.9%

Figure OH4.2:

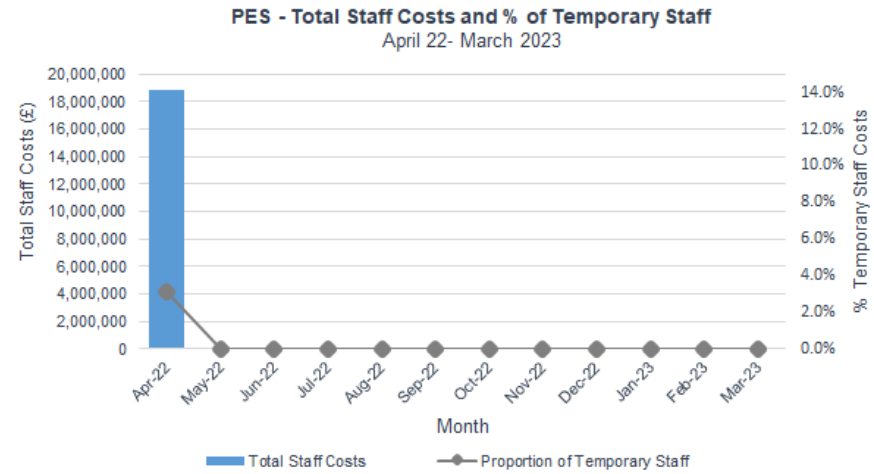


Figure OH4.3:

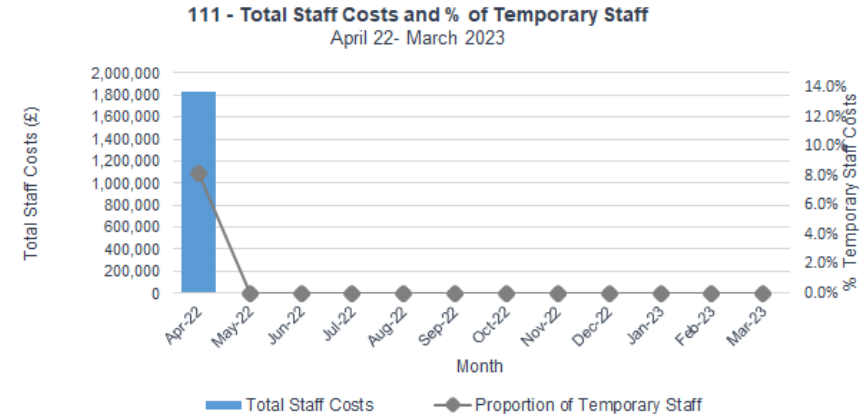


Figure OH4.4:

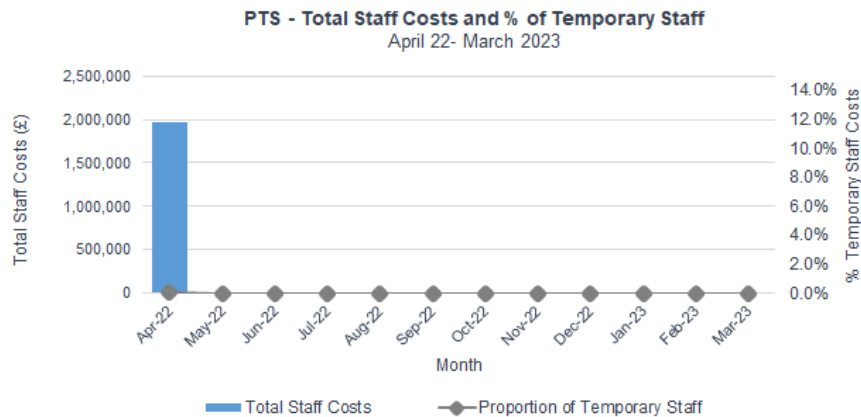
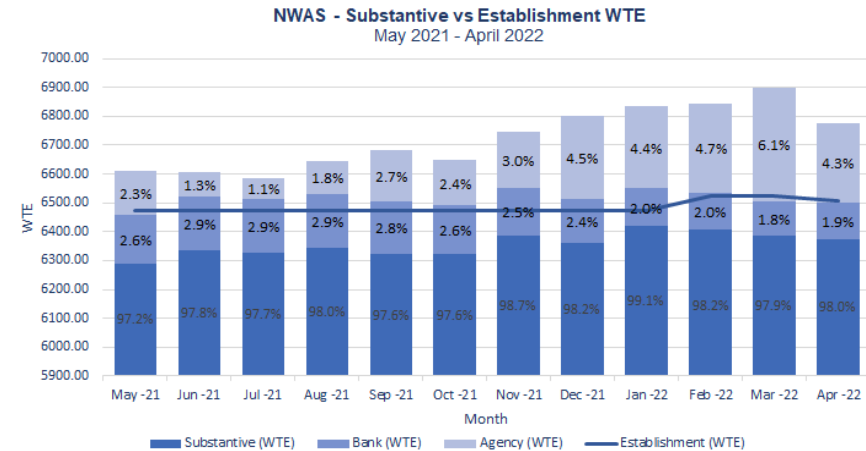


Figure OH4.5:



OH5 VACANCY GAP

Figure OH5.1

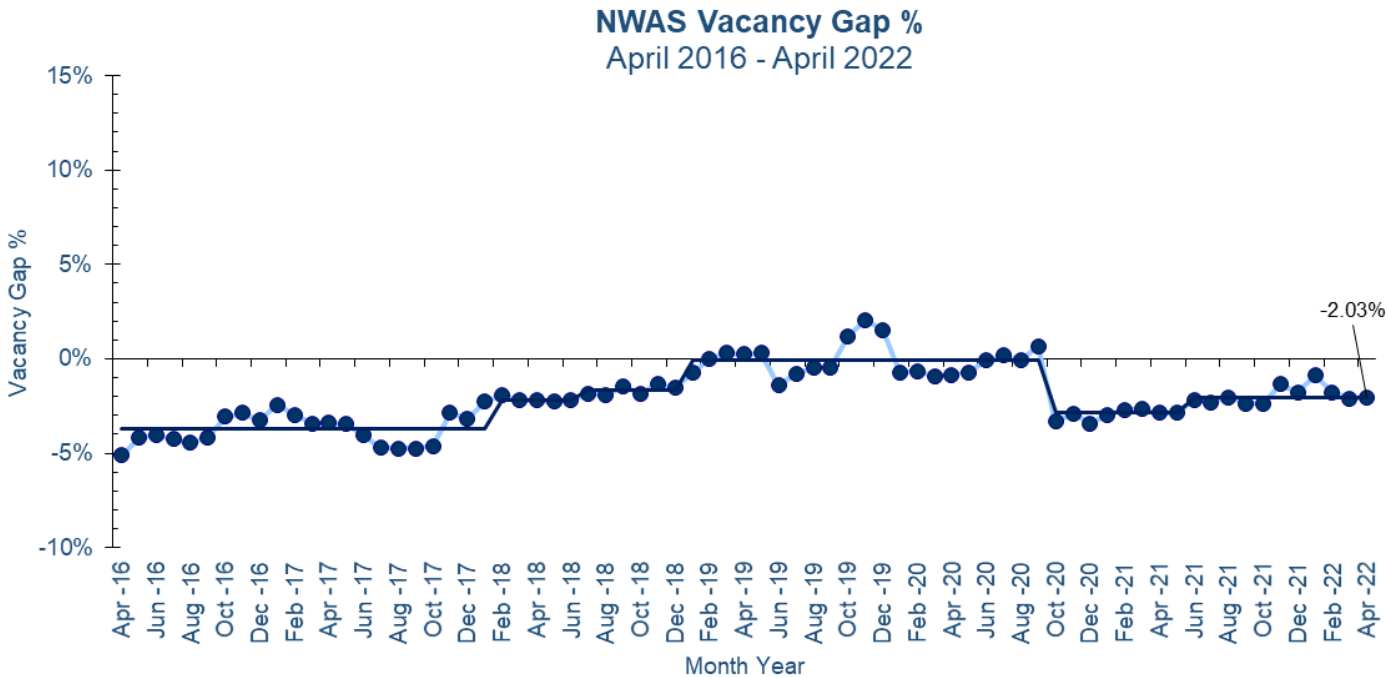


Table OH5.1

Vacancy Gap	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
NWAS	-2.67%	-2.86%	-2.85%	-2.16%	-2.30%	-2.03%	-2.36%	-2.37%	-1.35%	-1.78%	-0.87%	-1.77%	-2.10%	-2.03%

Vacancy Gap

Chart OH5.1 shows the vacancy gap at **-2.03%** reflecting overall a positive position.

Although recruitment plans for 111 are on track the vacancy position is a gap of **-11.06%** (OH5.5). This is an improved position partly as a result of the Agency staff being moved onto Trust contracts. This gap is mainly a combination of vacancies and high turnover which has moved the service into a deficit position. The recruitment plan focuses on maximising Health Advisor and Clinical Advisor recruitment.

The PTS vacancy position (OH5.2) shows a slight widening of the vacancy gap which reflects the timing of planned PTS courses. The temporary workforce agreement ceased on 31st March with some staff returning to PTS which has helped the vacancy position. Robust plans are in place to reduce the gap over the coming months but PTS also have robust bank arrangements in place to bridge the vacancy position.

PES position (OH5.3) shows the positive impact of plans to maximise recruitment into PES during Q4 and are **1.53%** over-established. This is primarily the Paramedic workforce.

The substantive EOC position shows at **0.80% above** establishment. This does not reflect the current 128 Agency staff working in EOC which takes actual over-establishment to 24%.

Figure OH5.2

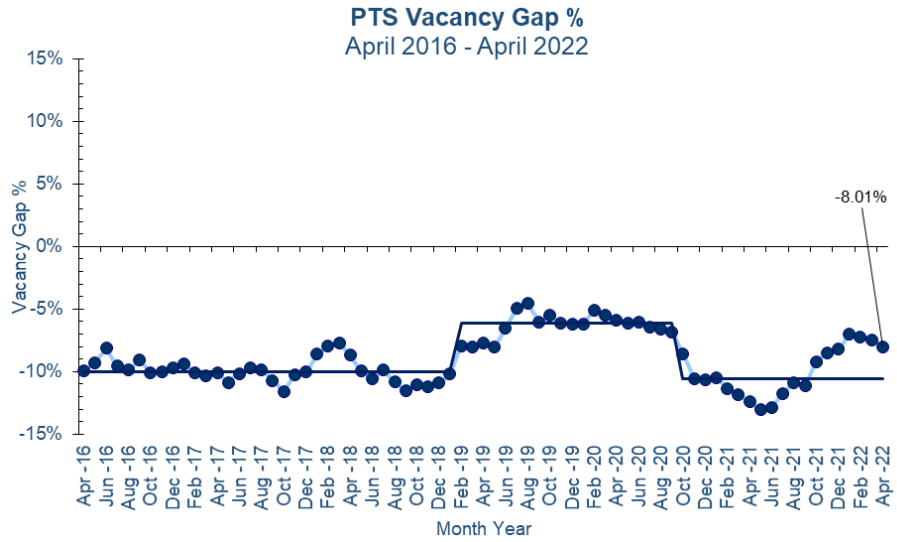


Figure OH5.3

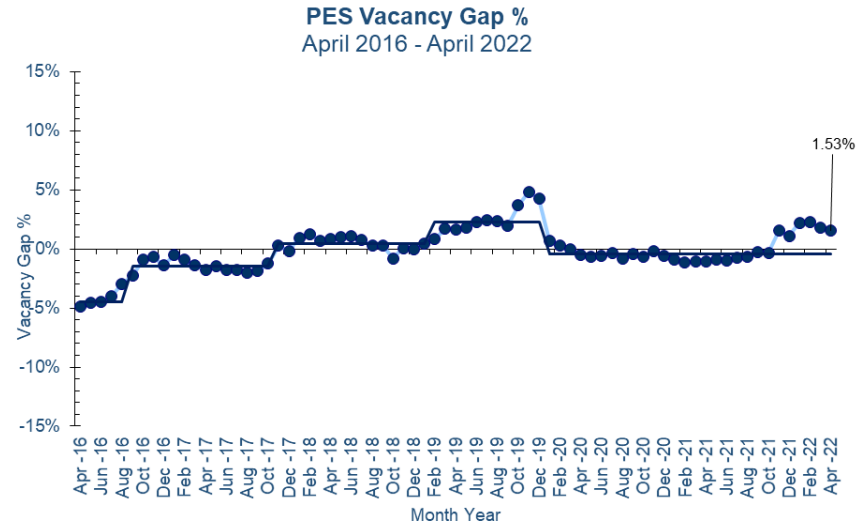


Figure OH5.4

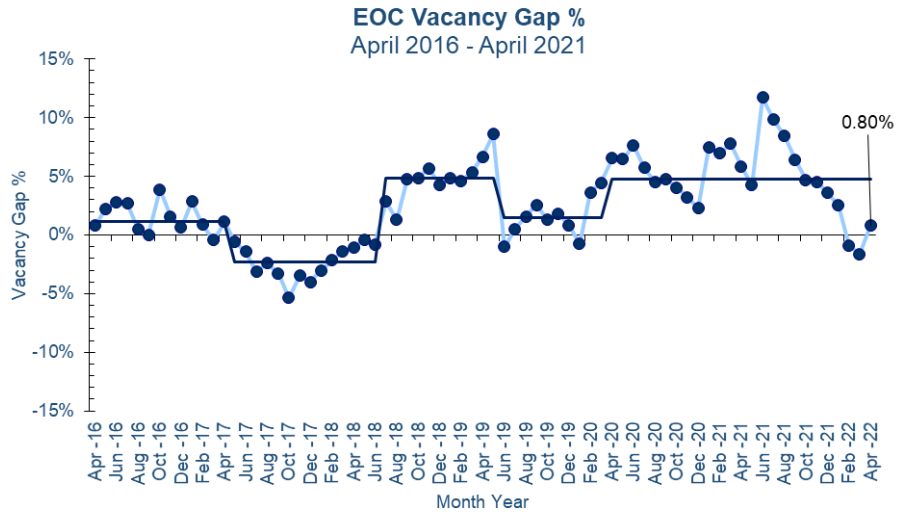
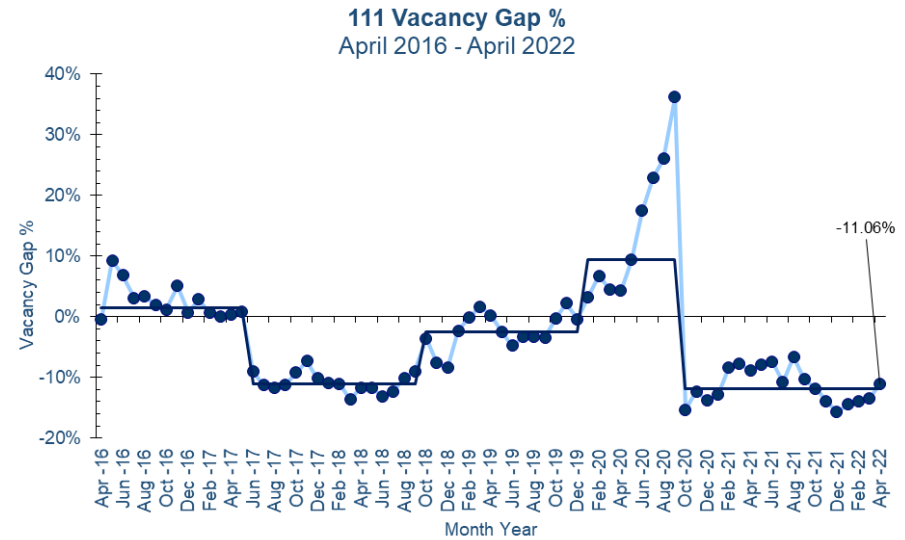


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1

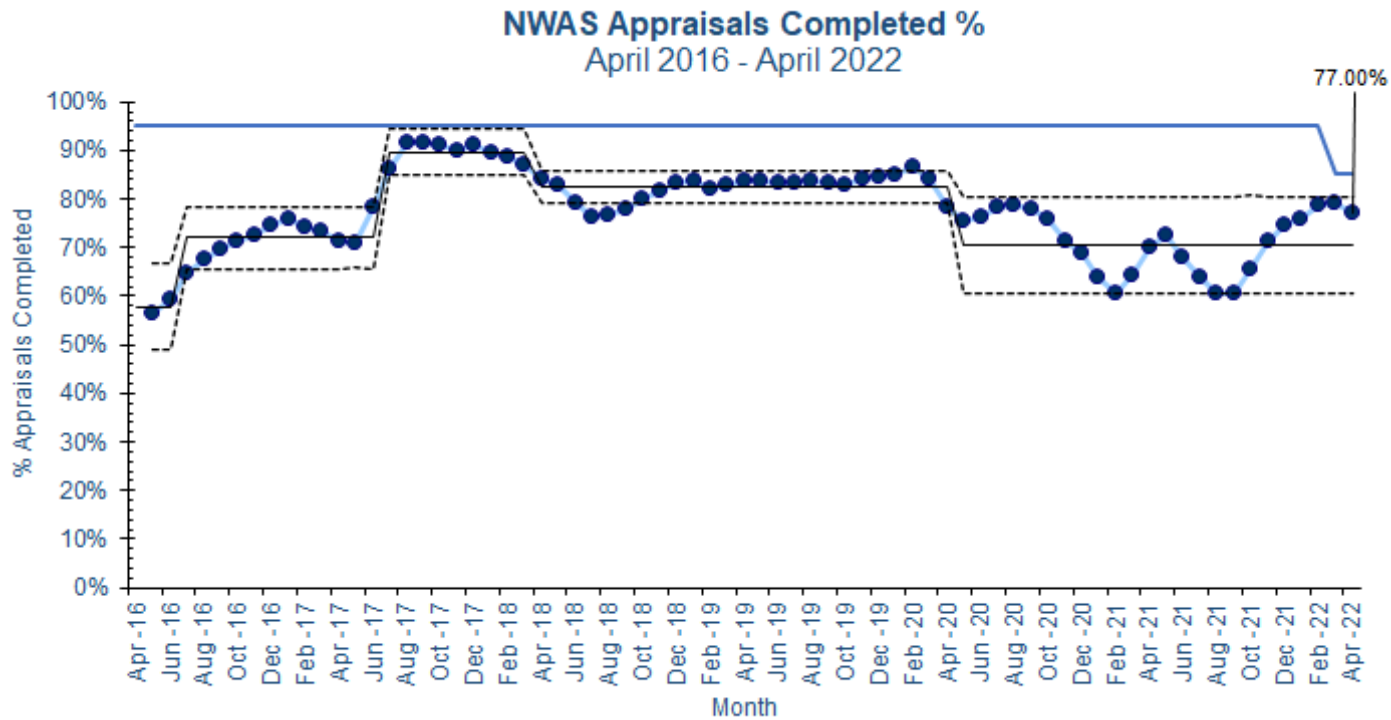


Table OH6.1

Appraisals	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
NWAS	73%	68%	64%	61%	59%	65%	72%	75%	76%	79%	79%	77%

Appraisals

Appraisal completion rates are at **77%** for April 22 (OH6.1) which is a stable position. This exceeds the recovery target of 75% set by ELC.

Recommendations will be made to ELC in June 2022 with regards to a revised target for 2022/23. Trajectories will then be developed to map expected progress by Service Lines during 2022/23.

A revised process has set a minimum expectation for staff check-in conversations with a focus on

- Health, wellbeing, safety, and any support that may be needed
- Personal and professional resilience in the current operating environment, and
- Identification of any development needs that may arise out of the previous discussion points

It is intended to transition back to a fuller appraisal for frontline staff across 22/23 but incorporating the learning from the last 12 months.

PES (78% OH6.3), PTS (86% OH6.2) and corporate teams have all reached the 75% target. 111 at 72% (OH6.5) have fallen slightly behind trajectory. EOC have only delivered 62% (OH6.4) but have made significant progress given how low rates had fallen by August 2021. Both service lines have continuing recovery plans.

Figure OH6.2

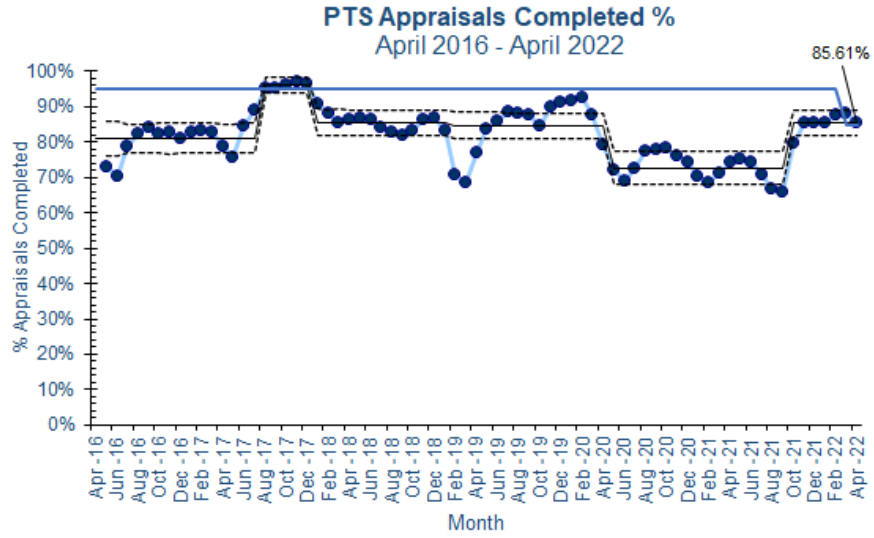


Figure OH6.3

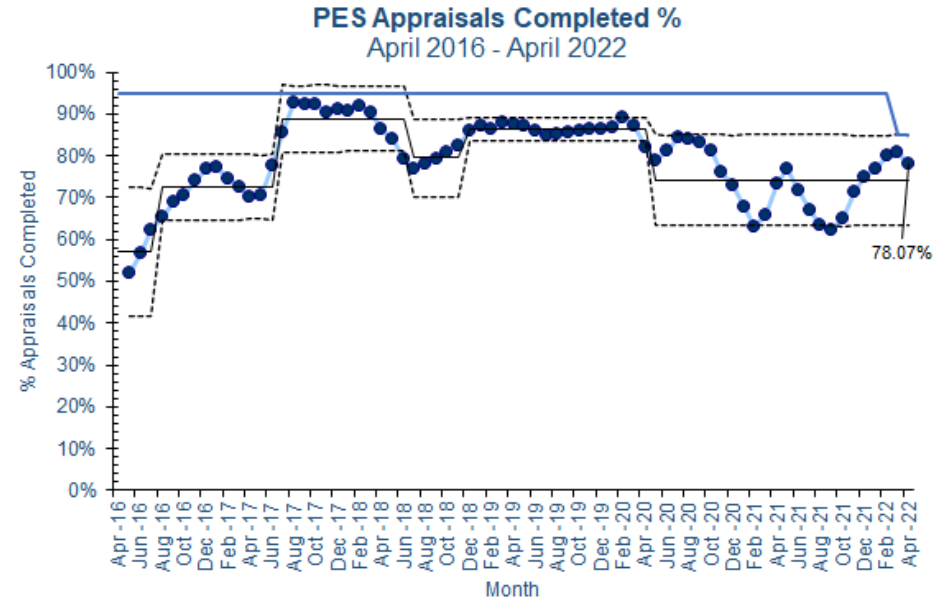
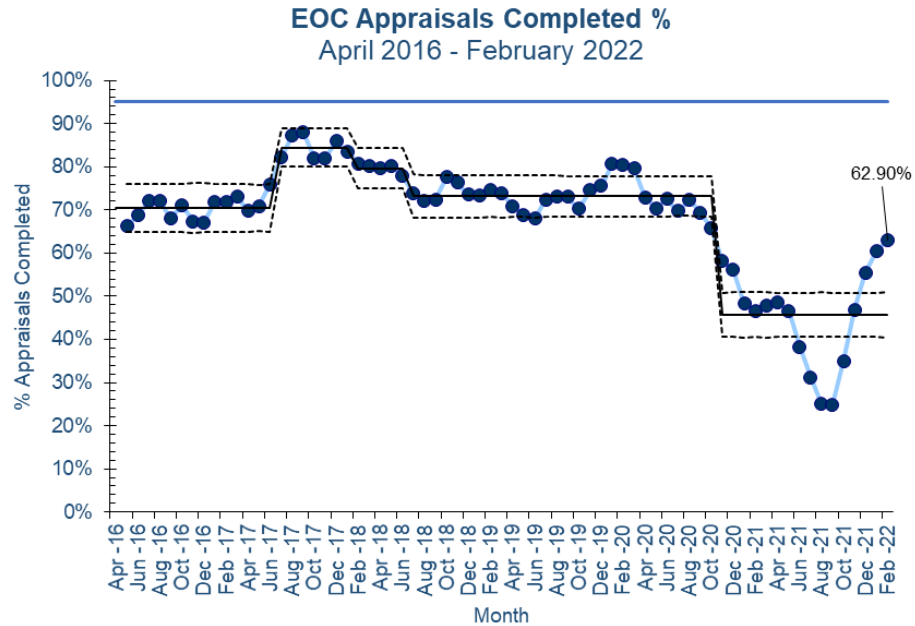
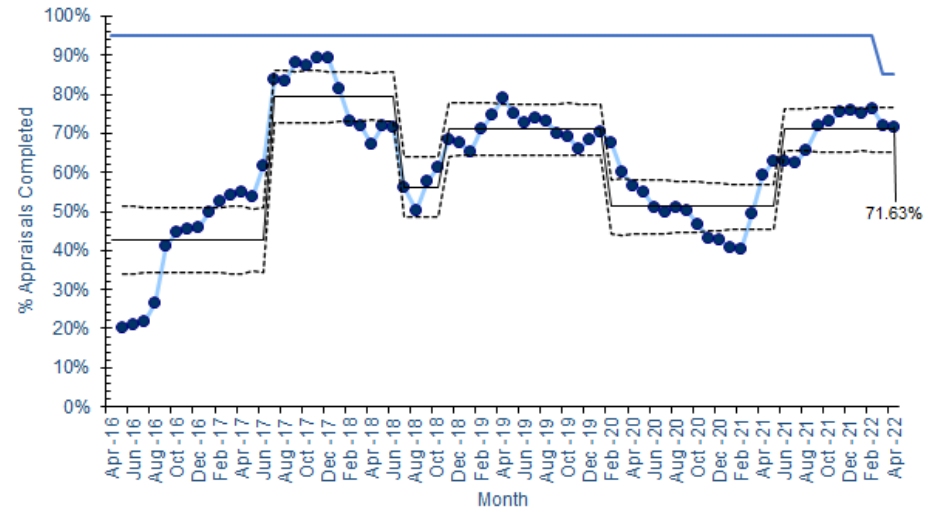


Figure OH6.4



111 Appraisals Completed %
April 2016 - April 2022



OH7 MANDATORY TRAINING

Figure OH7.1

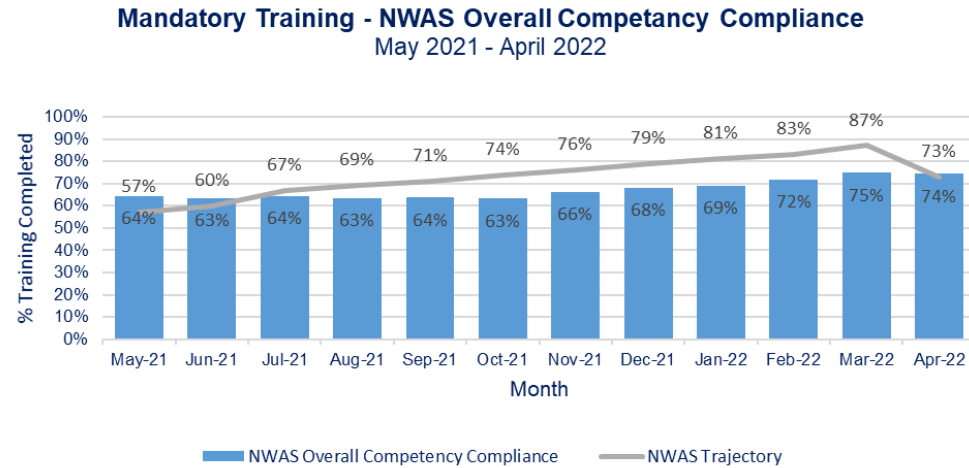
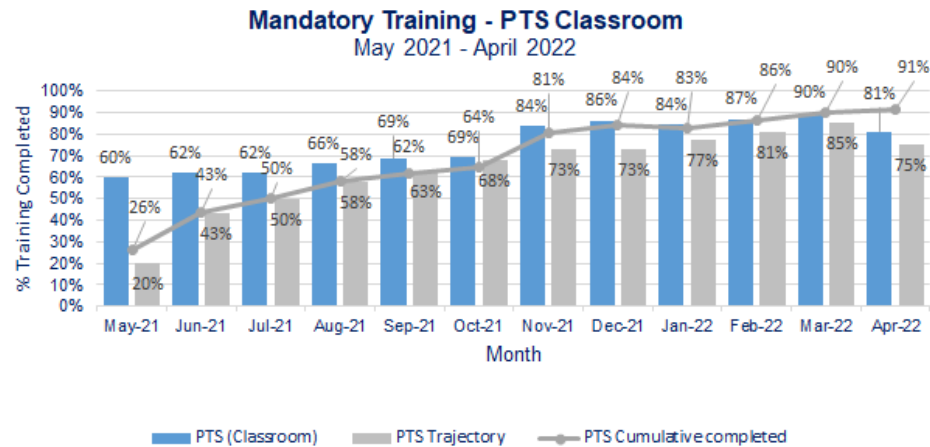


Figure OH7.2



Mandatory Training

The mandatory training cycle for 2021/22 commenced in April 2021 and has been extended through to the end May 2022 with a recovery plan in place and target to achieve 75% compliance. Corporate Services remain at 95% compliance. The graphs show the changes in trajectory in April arising from the ELC decision.

Mandatory training has been impacted by operational pressures and Reap escalation leading to a period in excess of 3 months where training has been paused.

PTS (OH7.2 91%) and 111 (OH7.5 **87%**) have already exceeded target and continue to improve. The EOC recovery plan has delivered improved compliance since September which now meets the **75%** target.

Corporate teams (OH7.6) are at **90%** compliance with continued focus required to meet target.

The key risk areas is PES . Classroom mandatory training was paused in January for PES and PTS in order to facilitate training for the army deployment. PES classroom attendance is ahead of the recovery trajectory with 70% compliance against an end of April target of 67%. However, online completion has not progressed at the required pace leaving overall compliance at **68%**. There is a continued focus throughout May within operations to deliver the required compliance.

ELC have approved the 22/23 mandatory training programme which has a primary focus on ensuring a strong foundation of statutory compliance given the disruption of the last 2 years. This programme will start in June with target compliance of 85% by end of March 2023.

Figure OH7.3

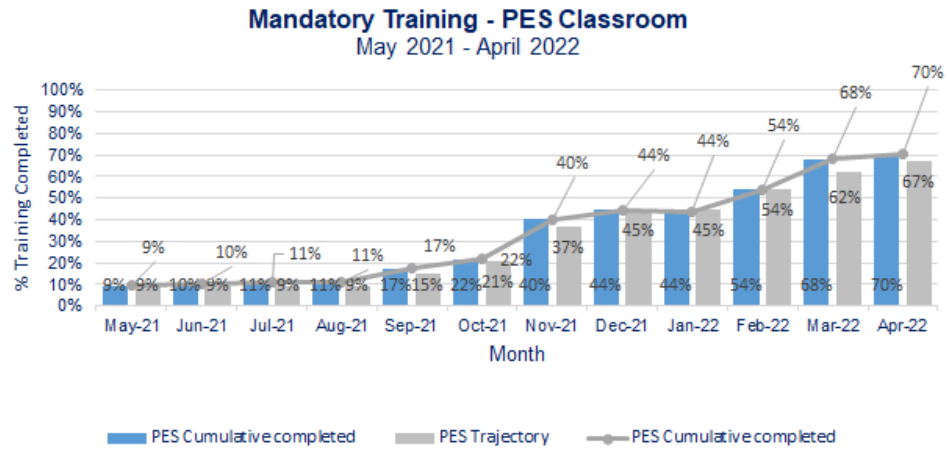


Figure OH7.4

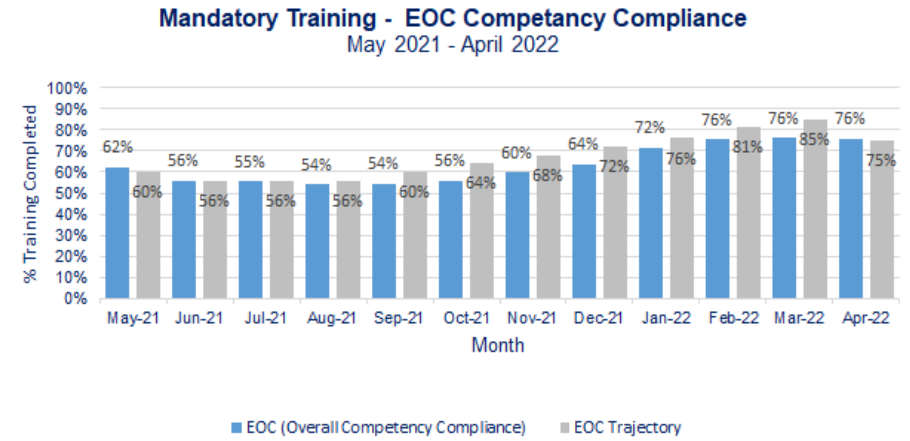


Figure OH7.5

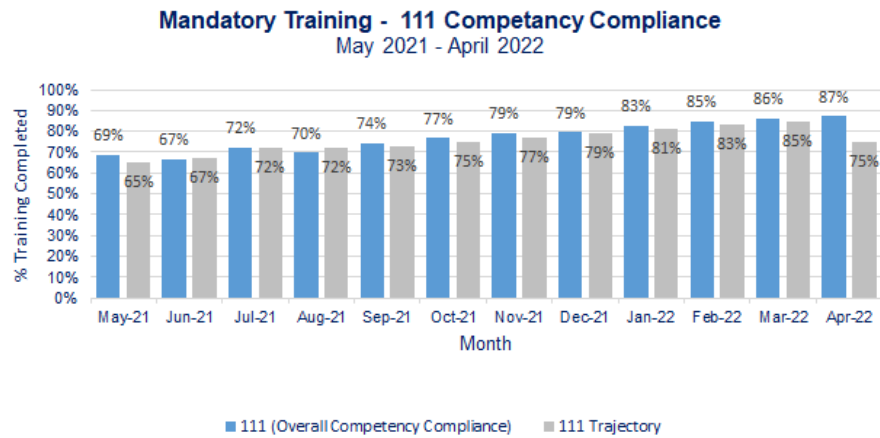
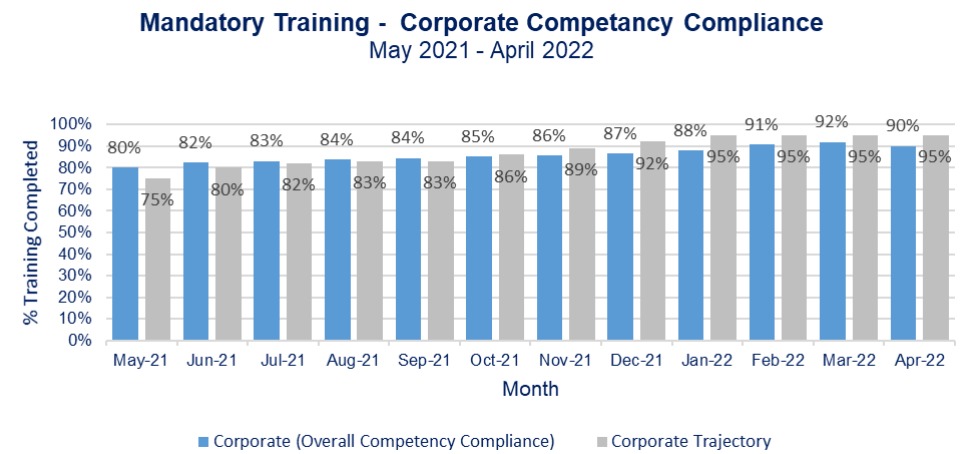


Figure OH7.6



COVID 19

Table CV19.1 – Number of staff tested positive by week

Week Commencing	No of Staff Tested Positive	Week Commencing	No of Staff Tested Positive
20-Jul	6	14-Jun	4
27-Jul	3	21-Jun	17
03-Aug	1	28-Jun	28
10-Aug	7	05-Jul	24
17-Aug	3	12-Jul	29
24-Aug	5	19-Jul	26
31-Aug	2	26-Jul	17
07-Sep	6	02-Aug	26
14-Sep	22	09-Aug	21
21-Sep	34	16-Aug	19
28-Sep	53	23-Aug	20
05-Oct	54	30-Aug	17
12-Oct	71	06-Sep	22
19-Oct	96	13-Sep	17
26-Oct	101	20-Sep	24
02-Nov	83	27-Sep	18
09-Nov	99	04-Oct	30
16-Nov	87	11-Oct	27
23-Nov	42	18-Oct	23
30-Nov	28	25-Oct	21
07-Dec	24	01-Nov	19
14-Dec	34	08-Nov	35
21-Dec	52	15-Nov	20
28-Dec	75	22-Nov	19
04-Jan	144	29-Nov	30
11-Jan	168	06-Dec	28
18-Jan	113	13-Dec	69
25-Jan	72	20-Dec	152
01-Feb	83	27-Dec	333
08-Feb	84	03-Jan	339
15-Feb	24	10-Jan	132
22-Feb	9	17-Jan	71
01-Mar	9	24-Jan	43
08-Mar	3	31-Jan	39
15-Mar	6	07-Feb	18
22-Mar	4	14-Feb	28
29-Mar	1	21-Feb	23
05-Apr	2	28-Feb	26
12-Apr	0	07-Mar	48
19-Apr	0	14-Mar	37
26-Apr	1	21-Mar	70
03-May	4	28-Mar	46
10-May	2	04-Apr	168
17-May	8	11-Apr	114
24-May	4	18-Apr	84
31-May	5	25-Apr	55
07-Jun	7		

Table CV19.1 – Number of staff tested positive and Isolating by Month

Month	No of Staff Tested Positive	Number of New Isolators
July 2020	8	166
August 2020	17	408
September 2020	86	1151
October 2020	346	1555
November 2020	326	1280
December 2020	166	894
January 2021	536	1448
February 2021	200	653
March 2021	22	481
April 2021	4	530
May 2021	18	524
June 2021	48	735
July 2021	107	871
August 2021	97	611
September 2021	82	648
October 2021	108	823
November 2021	101	808
December 2021	565	1523
January 2022	689	822
February 2022	107	327
March 2022	208	433
April 2022	472	95

Covid-19

Trust Position

In the Trust there have been **472** instances of staff that have tested positive for Covid-19 in April 2021 with **4,313** instances since July 2020 (Table CV19.1). The increase in April should be attributed to the change in method of identification and not that more people have tested positive. We are seeing significantly lower numbers of staff testing positive so far in May.

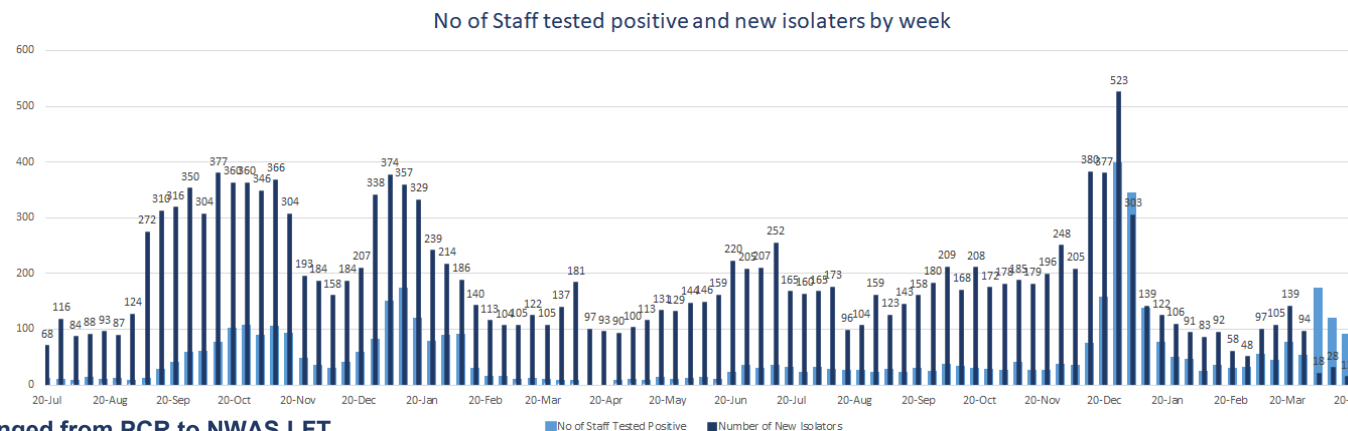
Weekly breakdowns are shown in both Table CV19.1 and Figure CV19.1.

Outbreaks

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

There have been **154** outbreaks since reporting began with **154** outbreaks closed.

Figure CV19.1 – Number of staff tested positive and isolating by week



Please note during early April the method of identifying a positive case changed from PCR to NWS LFT.



REPORT TO BOARD OF DIRECTORS

DATE:	25 th May 2022					
SUBJECT:	Medicines Management Annual Report 2021/22 including the Controlled Drugs Annual Report					
PRESENTED BY:	Dr C Grant, Medical Director					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<p>The Medicines Team has had a busy yet successful year working in line with the Medicines Optimisation Strategy and alongside the challenges of the covid pandemic.</p> <p>The key points of assurance for Committee to note are:</p> <ul style="list-style-type: none"> • Securing a Controlled Drugs Home Office licence for 40 NWAS sites and a successful inspection significantly improving the future continuity of supply. • Significant professional development of the Medicines Supply Hub team who now handle and procure Controlled Drugs. • Covid vaccine handling report demonstrated excellent assurance. • Clinical review of ketamine and midazolam resulting in an updated Patient Group Directions (PGDs) • Excellent assurance on the training, assessment and sign off for all the PGDs in use. • Three of the four goals for medicines in the Right Care Strategy fully delivered. • Medicine Management Quality Indicators (MMQIs) for vehicles showed 98% audited and 6/8 critical criteria fully met. • MMQIs for ambulance stations showed 100% audited and 8/10 critical criteria met. • Overall good assurance on NWAS handling of controlled drugs. <p>The focus for 2022/23 will be:</p> <ul style="list-style-type: none"> • Revising the Medicines Policy and Controlled Drugs Policy. 					

	<ul style="list-style-type: none"> • Implementing actions from the End-of-Life Care Medicines Working Group. • Collaborating with national patient safety teams to learn from errors including leading a sector wide focus of wrong route administration of adrenaline for anaphylaxis. • To review medical gas management. 			
RECOMMENDATIONS:	<p>The Board of Directors are recommended to:</p> <ul style="list-style-type: none"> • Note both achievements and assurance provided in the report for year 2021/22. • Noted the forward plan for 2022/23. 			
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Financial/ VfM <input type="checkbox"/> Compliance/ Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> Innovation <input type="checkbox"/> Reputation 			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee			
	Date:	23 rd May 2022		
	Outcome:	Assurance provided		

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1. PURPOSE

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

2. BACKGROUND

2.1.1 Medicines Used:

Medicines stocked in NWAS are a mix of controlled drugs, prescription only medicines, pharmacy medicines and General Sale List Medicines. NWAS has the following formularies:

- General Medicines Formulary
- North West Air Ambulance (NWAA) Formulary
- National Ambulance Resilience Unit (NARU) Formulary.

No changes were made to any formulary in 2021/22. The national shortage of Diazemuls injection is ongoing and NWAS continues to use the plain injection. The list of CDs used are detailed in figure 1, the only change is shown in italics.

Figure 1: Controlled Drugs Used

Controlled Drug	Schedule	Profession	Restrictions
Diazepam emulsion 10mg/2ml injection <i>replaced with plain injection when needed</i>	4 (part 1)	Doctor & Paramedic	N/A
Diazepam rectal 5mg tubes	4 (part 1)	Doctor & Paramedic	N/A
Fentanyl 500micrograms/10ml pre- filled syringe	2	Doctor	NWAA Doctor only
Fentanyl 500micrograms/10ml pre- filled syringe	2	Doctor	NWAA Doctor only
Ketamine 200mg/20ml	2	Doctor & Paramedic	NWAA Doctor, Consultant Paramedic, Advanced Paramedic, Critical Care Paramedic and <i>HART Specialist Paramedic</i>
Ketamine 200mg/20ml pre-filled syringe	2	Doctor	NWAA Doctor only

Ketamine 500mg/10ml vial	2	Doctor	NWAA Doctor only
Midazolam 5mg/5ml injection	3	Doctor & Paramedic	NWAA Doctor, Consultant Paramedic, Advanced Paramedic and Critical Care Paramedic
Morphine 10mg in 1ml Injection	2	Doctor & Paramedic	N/A

2.1.2 Medicines Supplies:

A significant change occurred this year with NWAS obtaining a Controlled Drug Home Office Licence in October 2021. Previously, CDs were ordered via the Medicines Supply Hub to be supplied by a third party. Now CDs are supplied from the Medicines Supply Hub alongside all the general medicines.

Medicines are received via various routes:

- General medicines are procured from Wirral University Teaching Hospitals.
- CDs were procured from Lancashire Teaching Hospitals for the first part of the year then directly procured from wholesaler.
- NWAA procures all medicines from Lancashire Teaching Hospitals.
- NARU stocks are ordered at a national level and delivered via Movianto.
- Covid vaccines were ordered via Imform and delivered via Movianto.
- Influenza vaccines were procured direct from manufacturer, Seqirus.

2. Medicines Optimisation Strategy:

2

2.2.1 Pledges:

The Medicines Optimisation Strategy forms part of NWAS Right Care Strategy. Performance against the pledges and goals is monitored by the Quality and Performance Committee. The Medicines Management Pledges were updated last year and are as follows:

- **Innovation and digital integration** of medicines end to end processes.
- **Patient Group Directions** (PGDs) will be in place where needed with a robust governance framework.
- Support **clinical effectiveness** of medicines and staff **training** and development
- Systems and governance of the **safe and secure handling of medicines** (SSHM) will be reviewed and enhanced including whether NWAS should store and supply controlled drugs under licence.
- Systems for handling **medicine related incidents** will be improved.

2.2.2 Progress against the pledges in 2021/22:

Innovation and digital integration:

During 2021/22, the use of SafeCheck was embedded into daily use across NWAS. Medicine stocks are documented into the system creating a digital vehicle medicines stock inventory. This allows expiry dates to be flagged for pro-active monitoring. Assurance can be obtained that each vehicle has the minimum quantities of medicines required at the start of a shift and improves the tracking of medicines from station to vehicle.

CD vehicle audits were reviewed and launched via SafeCheck to provide compliance reports for both local and NWAS level assurance. Manager dashboards were created for localised monitoring and reports developed for sharing to identify improvement actions required and to demonstrate areas of good practice.

It is recognised that a medicines stock management system is required for the Medicines Supply Hub and collaboration is underway with other Ambulance Trust and the NWAS Clinical and Digital Innovation Team to develop a specification.

Bids were made by the Clinical and Digital Innovation Team to the NHSX Unified Tech Fund for electronic CD keys and electronic CD registers and ordering. Partial funding has been awarded and project plans will be developed.

Recommendation:

- Develop a specification for a medicines stock management system.

Patient Group Directions:

During the second half of last year, there was significant focus on PGDs by the Medicines Team. All PGDs have been in date throughout the year and available on the intranet and JRCALC Plus. Points to note:

- New flu vaccine PGD developed and approved.
- A new PGD and Written Instructions Policy was developed and implemented, including the need for injectable medicines risk assessments.
- Set up of PGD Subgroup.
- Updated PGDs were developed and approved for ketamine, midazolam and flumazenil.

- New training packages were developed for ketamine, midazolam and flumazenil. These have both an e-learning element and face to face session.
- 96% of paramedics are “signed off” to use the general medicines paramedic PGDs.

The e-learning packages created used audio voice over and video clips. Positive feedback from the users has been received.

Clinical Effectiveness and Training:

Co-amoxiclav, an antibiotic, has been approved for use in the management of open fractures in line with NICE guidance. An e-learning module has been developed and will be implemented in 2022 when the new medicine is launched.

Following an audit of nerve agent counter measures antidotes, one of the recommendations was a training review. This has been done in conjunction with the NWS Chemical Biological Radiological and Nuclear (CBRN) Manager. This new e-learning module is complete and will be launched in 2022.

An audit of the use of ondansetron (an anti-sickness medicine introduced in Dec 2018) has been conducted with good assurance of compliance with use in line with JRCACL guidance.

An audit of the use of paracetamol intravenous infusion, also introduced Dec 2018, has been conducted. This showed it was being used for a wide range of indications but no use in children. To improve drug wastage, the strength used will change from 500mg to 1g, and will be launched in 2022.

Naloxone (a drug used to reverse the effects of opiates such as morphine) will now be administered intranasally. This is a new medicine for EMTs to use and a new route for paramedics. A training package has been developed and this will be launched in 2022.

The use of ketamine and midazolam in clinical practice was a significant focus in 2021/22. This led to a full literature review of the evidence and a full review of the governance associated with the use of these medicines. These medicines are now classed as “enhanced medicines” and fall under the remit of the NWS ‘Procedure for review of enhanced care interventions’. This led to:

- Updated PGDs for midazolam, flumazenil and ketamine with full review of doses, indications and staff permitted to use them.
- Updated training with development of two e-learning modules and a face to face session.

- Development of an 'Enhanced Drugs Checklist'.
- Update of the Senior Clinical Intervention Log.
- Set up of a central register for ketamine and midazolam.

Other areas of clinical review are in progress with the relevant multi-disciplinary teams, these are:

- Administration of post cardiac arrest adrenaline if circulation restored.
- Paediatric analgesia
- Post-partum haemorrhage.

Recommendation:

- Implement the planned medicines changes and training.

Safe and Secure Handling of Medicines:

Controlled Drugs Home Office Licence

An application for NWS to hold a Controlled Drugs Licence was made to the Home Office in May 2021 to allow storage and supply of CDs at the Medicines Supply Hub in Preston and 40 spoke sites. The Home Office reviewed the application in September and approved in principle with a subsequent inspection of the Medicines Supply Hub in December with no concerns raised. This process involved:

- Development and approval of a business case.
- Building work at the Medicines Supply Hub.
- Development and implementation of multiple new procedures: 16 for the paramedic emergency service (PES), 12 for managers and 24 for the Medicines Supply Hub.
- Reviewing ambulance station security.
- Issuing a '5 minute briefing' on ambulance station security.
- New CD order books.
- Training for Medicines Supply Hub staff, Sector Managers and Medicine Leads.
- Review of job descriptions for the Medicines Assistants.

NWS went live with the new processes in November and now processes 400 CD orders a month. The process has included the national resilience stock at the Hazardous Area Response Team (HART) bases and the stock at the two NWAA bases.

This has resulted in mitigating the risk NWS relying on third party providers for these critical medicines. This risk has been reviewed and removed from the risk register.

Controlled Drug Usage Reports

The Medicines Team are working with the EPR team on automated reports from EPR regarding CD use. This will enable the Medicines Team to proactively monitor CD use within NWAS which is required of Designated Bodies under the Controlled Drug Regulations. It will provide assurance at a patient level and clinician level of how CDs are used.

DuoDote Audit

DuoDote is a medicine stored on all frontline vehicles to provide treatment to staff and patients in the event of a nerve agent attack. The Medicines Team conducted an audit to ascertain if the DuoDote autoinjectors are in place, intact and in date as well as whether staff are trained to use it. This led to a series of recommendations which MOG approved and will oversee their implementation to improve compliance.

MMQIs – controlled drug vehicle audit

This audit was completely reviewed to ensure the standards were up to date. The audit is carried out by operational staff so was embedded into SafeCheck. This enabled operational managers to be able to have oversight that vehicles had been audited once each quarter. The Medicines Team attended meetings with the data and in Q4 we achieved 98% of vehicles being audited, a significant improvement on 44% in Q3.

Other

- A new Controlled Drug Record Book has been developed and is being rolled out for staff that use enhanced medicines (e.g. ketamine) in NWAS.
- Following a NHSE alert around safeguarding and CDs, the Chief Pharmacist held several meetings covering HR Business Managers and each area Level 3 meeting.

Recommendation:

- The Medicines Supply Hub to package the new DuoDote supplies in pouches and supply sealed to the frontline staff.

Medicine Related Incidents:

Filter needles, syringe caps and syringe labels were all launched in July 2021 to support good practice when preparing injectable medicines. In training, for example for new PGDs, we take the opportunity to reinforce good practice with injectables. This all supports

compliance with the national patient safety alert 'Promoting Safer Use of Injectable Medicines'.

Following an incident with a medical gas cylinder at another ambulance trust and alerts concerning theft of cylinders, a bulletin has been produced alerting staff to the correct use of cylinders and to ensure security of cylinders.

The Chief Pharmacist has set up a national Ambulance Sector Medicines Safety Officers Group within the AACE governance structure. The aim of the group is to "work together to identify and make recommendations on how to reduce preventable medicines-related harm". Linking the Medicines Safety Officers from ambulance services in all four nations is an important as part of learning from errors.

An end-of-life care medicines related incident has resulted in the following actions:

- Topic of discussion at the Ambulance Service Medicines Safety Officers Group and sharing of the serious incident with other Trusts.
- Review paper on end-of-life care medicines and paramedic scope of practice provided to NNAS Medicines Optimisation Group.
- Review of the medicines administration process with a new procedure developed.
- Amendment of midazolam PGD to include the indication for end-of-life care.
- Set up of a list of medicines that staff can give that are the patient's own medicines.
- Review of training provided/offered to staff.
- Set up of a NNAS End of Life Care Medicines Working Group.

The new EPR enables CD incidents classed as 'missing medicines' to be followed up quickly. Such incidents previously were very time consuming for operational staff to identify the cause as usually they are documentation omissions in the CD record book, rather than the medicine is actually missing.

Following a Direct Healthcare Professional Communication received regarding crystals in amiodarone injection, some such crystals were identified in NNAS stock. The situation was reported via yellow cards to the MHRA and discussed with the suppliers, MHRA and Quality Control Northwest. A bulletin was issued to PES explaining the action to be taken.

Following a theft of CDs:

- Installation of CCTV that cover the CD station safes and electronic key safes for the involved stations. CCTV will be a standard in all new/refurbished sites going forward.

- Kendal station trailing an electronic key safe as well as electronic CD safe keys on the vehicles. These key safes allow tracking of who has removed keys and exactly when they were removed. The electronic vehicle CD safe keys allow remote reports on which keys have opened the vehicle safes and when it happened.
- All safes across NWAS are behind at least two locked doors.
- A general security bulletin was published to remind staff of ambulance station security key points.
- The Medicines Team work in close liaison with Estates and Security teams.

The quarterly medicines incident report now has a section on any 'yellow cards' reported by NWAS.

Recommendations:

- Lessons learnt bulletin to be developed and published.
- End-of-Life Care Medicines Working Group to continue to progress key actions.

2.2.3 Goals 2021/22:

Goal: NWAS to possess a controlled drug Home Office licence

Complete.

Goal: 60% of CD Station Audits completed every 6 months by the Medicines Team

Complete. Note target was reduced due to REAP 4. Q1&2 = 82% and Q3&4 = 100%.

Goal: Medicines management performance metrics updated

Partially complete. Vehicle MMQIs have been created and launched across all PES vehicles with progress against the agreed set of standards monitored via monthly reports. Area level dashboards are currently in progress of being developed and will be available for managers in Q2 2022.

Goal: 100% of Patient Group Directions in date

Complete. 100% achieved.

2.2.4 MO strategy in updated Right Care (Quality) Strategy:

NWAS is committed to high quality medicines optimisation within the service through having the right medicines available (**clinical effectiveness of medicines**), having the right governance to support medicines use (**robust governance for medicines use**), ensuring medicines are available for use (**digital innovation and integration**), ensuring medicines

are of a suitable quality (**safe and secure handling of medicines**) and supporting medicines to be used safely (**medicines safety**).

The focus of the Medicines Team will be aligned to these five pledges above.

2.3 Monitoring:

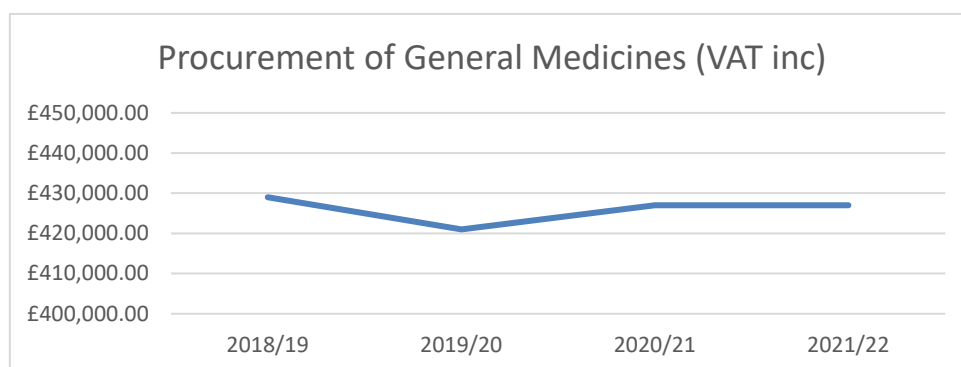
2.3.1 Stock Management:

Any medicines out of stock or MHRA medicines recalls are actioned by the Medicines Team and reported to the Medicines Optimisation Group. Links between the Regional Procurement Pharmacist, the Medicines Team and the NWAA/NWAS Senior Leadership Team support good stock management.

2.3.2 General Medicines Financial Costs:

General medicines supplies are procured at NHS contract prices via a service level agreement with Wirral University Teaching Hospital (WUTH) for a fee of £28,000/annum. The total cost procuring the general medicine stocks for 2021/22 totalled £427,000 inc. VAT. This figure is comparable to previous years, see chart 1. This does not include spend on medicines for NWA (as these are charged to the NWAA budget) nor NARU medicines which are provided free of charge from NHSE.

Chart 1 - Procurement of General Medicines for 2021/22



2.3.3 Controlled Drug Ordering Monitoring:

The Medicines Supply Hub cross checks any CD orders the previous two weeks for all vehicles and checks the paramedic is authorised to order the CDs.

2.3.4 Controlled Drug Supplies:

From 1st April to 14th November, Lancashire Teaching Hospitals supplied CDs to NWAS, at NHS contract prices. Stocks procured were delivered direct to ambulance stations for collection by ambulances. No central stock was held in the trust.

In November 2021, NWAS began the internal supply of CDs with procurement from Wirral University Teaching Hospitals during November and December. The stocks procured were held in a central stock at the Medicines Supply Hub then supplied to ambulances on a vehicle requisition basis.

In December 2021, NWAS secured accounts with pharmaceutical wholesalers to procure stocks direct. Prices paid will not be NHS contract prices until NWAS are added as a purchasing point. An application has been submitted to the Commercial Medicines Unit and there has been full support and approval. However, there is a significant delay to NWAS being added to the policy outside of our control. It is anticipated this will be addressed in 2022.

Where the price of the medicine is significantly higher off contract, the Medicines Team has ensured NWAS continue to obtain the medicine at the best price by working with Wirral University Teaching Hospitals and then agreeing a price directly with the supplier so NWAS can procure through the wholesaler.

The change to direct ordering from commercial suppliers is a significant change for the Medicines Team.

2.3.5 Controlled Drug Financial Costs:

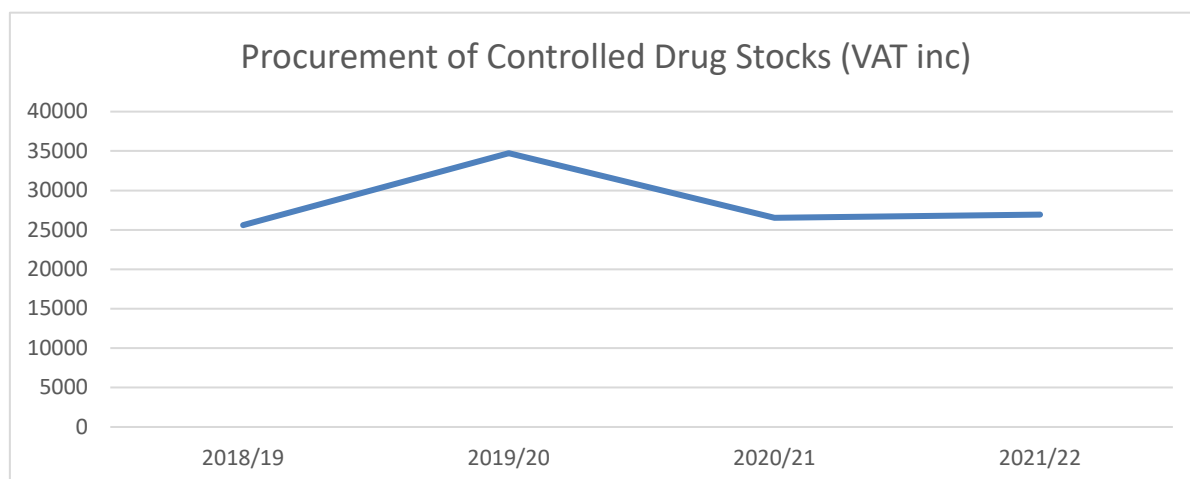
The comparable costs for procuring CD stocks over 2021/22 is displayed in figure 4. In 2021/22 it totalled £26,949 which is comparable to the previous year as displayed in chart 2. Costs from Q3 onwards now include the value of the stock being held at the Medicines Supply Hub as it does for the general medicines. This does not include additional service fees charged and from Nov 2011, no service fee will have been paid.

Figure 4: CDs procured by NWAS from LTH and commercial wholesalers

Controlled Drug Procured	Units Supplied	Value of Units (exc VAT)	Value of Units (inc VAT)
Morphine sulphate 10mg/1ml ampoules	37,180	£9,222	11,066
Diazemuls 10mg/2ml ampoules	0	£8,141	9,769
Diazepam 5mg rectal tubes	10,170	£3,728	4,474
Ketamine 200mg/20ml injection	4,350	£1,281	1,537
Midazolam 5mg/5ml ampoules	141	£86	103
Total	51,841	£22,458	£26,949

This does not include some morphine only orders supplied by Wirral University Teaching Hospitals, that data is in the general medicines finance data.

Chart 2 - Procurement of Controlled Drug Stocks (VAT inc) 2021/22



The volume of CDs procured does not represent the number of CDs used within NWS as some will be expired, some will be damaged and some are held in stock. The Electronic Patient Record (EPR) will enhance the ability to provide assurance on appropriate use of CDs alongside the use of Safecheck.

Figure 5 shows the volume of CDs supplied to NWS PES vehicles over the last 4 years. This shows a reduction in the amount used from 2020/21 to 2021/22 for morphine (18%), diazepam/Diazumuls injection (44%) and diazepam rectal tubes (41%).

Figure 5 – Supplies of Controlled Drug Stocks to NWS PES vehicles 2021/22

Controlled Drug Supplied↓	2018/19	2019/20	2020/21	2021/22	Variation +/- 2020/21 to 2021/22
Supplier →	LloydsPharmacy		LTH	LTH & commercial wholesaler	
Morphine sulphate 10mg/1ml ampoules	46,880	41,950	36,850	30,260	-6,590 (-18%)
Diazemuls 10mg/2ml ampoules	6,640	9,720	760	0	-6,006 (-44%)
Diazepam 10mg/2ml ampoules	0	0	9,940	4,694	
Diazepam 5mg rectal tubes	5,385	6,440	6,960	4,095	-2,865 (-41%)
Ketamine 200mg/20ml injection	91	120	144	132	-12
Midazolam 5mg/5ml ampoules	150	190	260	120	-140
Total	59,146	58,420	54,914	39,301	-15,613

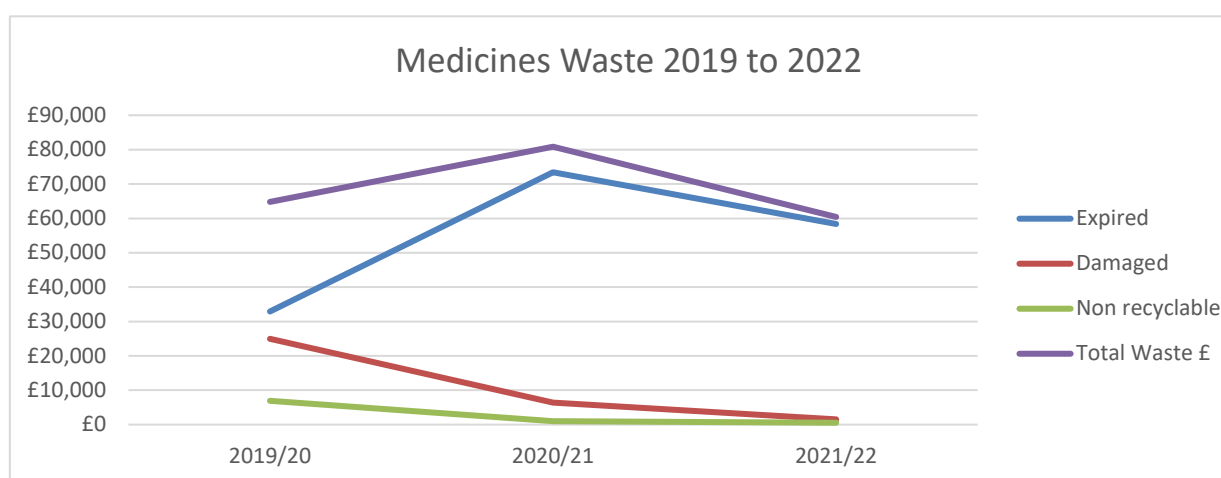
2.3.6 Medicines Waste:

The overall cost of the medicines wasted in 2021/22 was £60,415. Figure 6 shows the main reason for medicines waste was expired stock and chart 3 displays the total medicines waste over the last 3 years.

Figure 6 - Medicines waste since 2019 and cause

Waste due to	2019/20	2020/21	2021/22
Expired	£32,913	£73,416	£58,346
Damaged	£24,962	£6,448	£1,527
Non-recyclable	£6,923	£982	£541
Total Waste	£64,798	£80,847	£60,415

Chart 3 - Medicines Waste 2019 to 2022



Glucagon syringes made up the highest waste cost (£19,790) due to their short expiry date, adrenaline 1:10,000 prefilled syringes (£10,210) was second. These two medicines account for 50% of the 2021/22 medicines waste recorded. Medicines waste is reported quarterly to the Medicines Optimisation Group for noting and any methods to reduce waste further are discussed. This continues to be closely monitored by the Medicines Team.

Recommendation:

- NWAS to pursue access to CMU contract prices.

2.4 Policies and Procedures

The NWAS Medicines Policy has been reviewed and split into separate policies. The New Medicine Approval Policy and Procedure was written and approved in 2021 and the Patient Group Directions and Written Instructions Policy and Procedure was written and approved in November 2021. The Controlled Drug Policy is currently under review.

The CD procedures were reviewed in 2021 and approved. The general medicines procedures were reviewed and approved in 2022.

Recommendations:

- Update Medicines Policy.
- Update Controlled Drugs Policy.

2.5 Medicines Related Incidents

Medicines related incidents should be reported on the Trust incident reporting tool, Datix. These incidents are viewed by the Medicines Team, at the time they are reported, to provide expert support to the operational team for any investigation or follow up. A quarterly report is provided to the Medicines Optimisation Group. All level 3 incidents and above have additional narrative information provided. CD related incidents are also submitted monthly to NHS England with level 3 or above incidents being reported within 48 hours. The Medicines Team has a dedicated email address, where any concerns around the use of CDs within NWAS or in the wider health economy, can be escalated. Awareness of how to report concerns about CDs have been increased with the use of posters in all NWAS stations. If an incident is reported that has occurred outside of NWAS, these are followed up by the Medicines Team with the relevant personnel, primarily the Medicines Safety Officers for hospitals and the Community Pharmacy Contract Leads for community pharmacies.

2.5.2 Controlled Drug Incidents:

CD incidents reported are lower compared to the previous year (238 compared to 296), this is largely due to a reduction in damaged CDs by 33% (n=37) and a reduction in documentation errors by 28% (n=29). Figure 7 shows a breakdown by type of incident and Chart 5 shows a comparison between the types of incidents for this year compared to last. This shows an increase of reports of missing CDs, but upon investigation there were only 3 truly unaccounted for as detailed below. A CD is considered missing when the CD record book in the vehicle or ambulance

station does not reflect the balance of the CD safe. This is usually due to a documentation error and the record book is updated retrospectively. The instances of unresolved missing CDs are:

- Q1 - Part syringe of morphine lost in a muddy field after being placed on top of a defibrillator device.

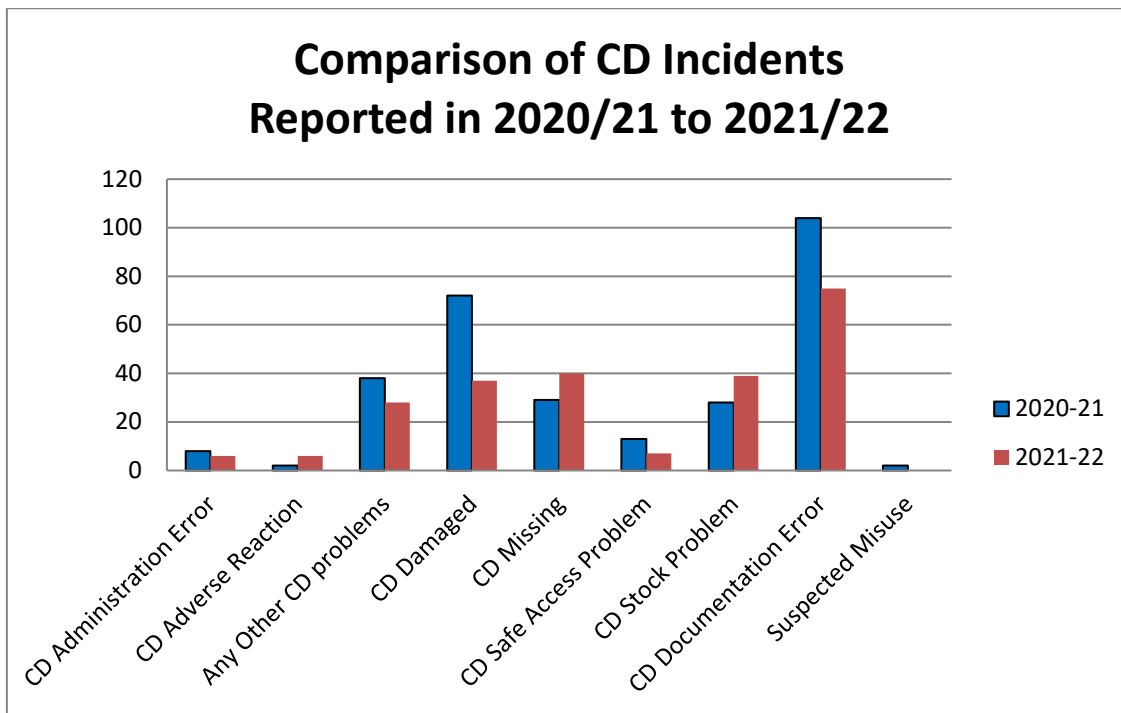
- Q2 – Single vial of morphine thought to have been dropped at the side of a motorway when removing CDs from a broken-down vehicle, too dangerous to return to scene for a search.
- Q3 - Single vial of morphine dropped on scene and despite conducting a search not found.

In addition, there was one theft of CDs. This was a seizure pouch stolen by a member of the public from an unlocked ambulance. All these cases have been reported to NHS England.

Figure 7: CD incident types reported per area 2021/22

Controlled Drug Incident Breakdown by Area 2021/22							
Datix Subcategory	CL	CM	GM	HART	NWAA	EOC/111	TOTALS
CD Administration Error	0	3	3	0	0	0	6
CD Adverse Reaction	2	1	1	0	2	0	6
Any Other CD problems	7	11	9	0	1	0	28
CD Damaged	9	12	12	1	3	0	37
CD Missing	11	18	10	0	1	0	40
CD Safe Access Problem	4	2	1	0	0	0	7
CD Stock Problem	11	20	8	0	0	0	39
CD Documentation Error	30	23	21	1	0	0	75
Suspected Misuse	0	0	0	0	0	0	0
Total	74	90	65	2	7	0	238

Chart 4: Comparison of CD incidents reported in 2020/21 and in 2021/22.



There have been zero 'Never Events' reported. There have been 48 level 3 incidents and two level 4 incidents. The level 4 incidents are:

- Incorrect dose of end-of-life medications administered to an end-of-life patient.
- Morphine administered to a patient under the instruction of a paramedic whilst the paramedic was driving and the student was alone in the back of the ambulance.

Investigations have been undertaken and actions are underway.

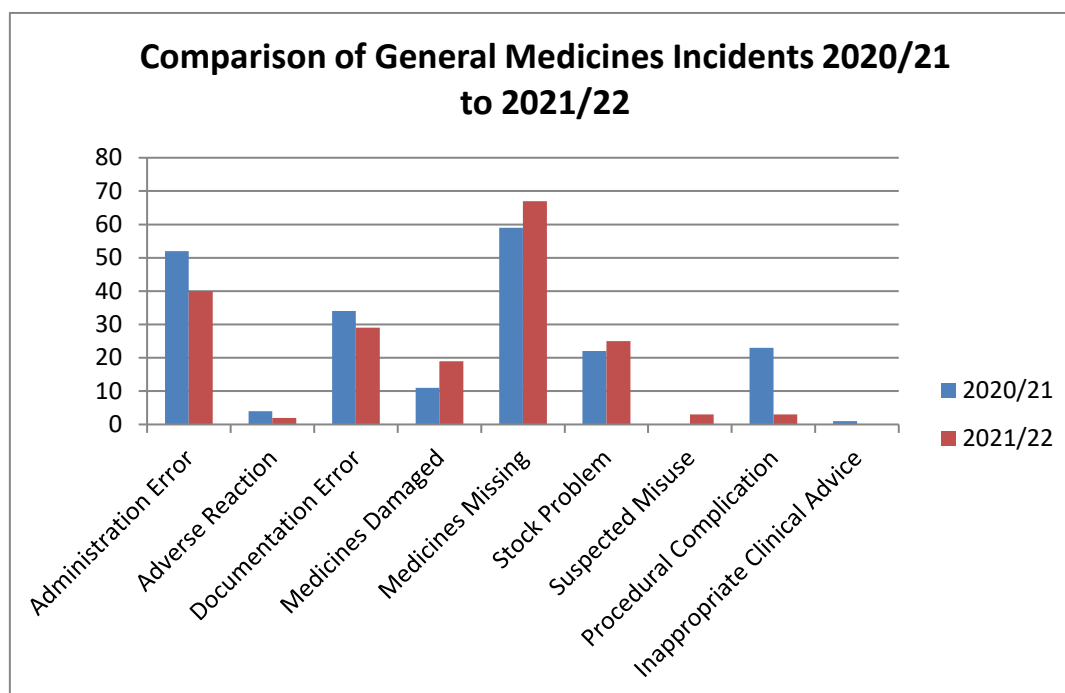
2.5.3 General Medicine Incidents:

There has been a slightly reduced level of general medicines incidents occurring 2021/22, with 188 compared to 206 the previous year. Figure 8 shows a breakdown by type of incident and chart 5 shows a comparison between the types of incidents for this year compared to last year. There is a decrease in administration errors and an increase in missing medicines reported. The Medicines Team follow up the missing medicine incidents reports. The vast majority of reports are for single items such as a single nebule of salbutamol that will have been entered onto a PRF but not entered onto the medicine pouch paperwork. This is then noted when the next crew perform daily checks and the pouch balance is reported as incorrect with an item missing. If there are any repeated reports of the medicines being missing from the same station, these are investigated. The reports for single one-off items show vigilance on behalf of the crews who take time to check stocks carefully and generate the Datix report, the introduction of Safecheck will have supported this.

Figure 8: General medicines incidents reported 2021/22

General Medicine Incident Breakdown by Area 2021-22							
Datix Subcategory / MMQI coding	CL	CM	GM	HART	NWAA	EOC/111	TOTAL
Administration Error	15	13	10	0	2	0	40
Adverse Reaction	0	0	2	0	0	0	2
Documentation Error	7	7	15	0	0	0	29
Medicines Damaged	5	7	7	0	0	0	19
Medicines Missing	20	22	25	0	0	0	67
Stock Problem	8	6	10	1	0	0	25
Suspected Misuse	0	1	2	0	0	0	3
Procedural Complication	2	1	0	0	0	0	3
Inappropriate Clinical Advice	0	0	0	0	0	0	0
Total	57	57	71	1	2	0	188

Chart 5: Comparison of general medicine incidents reported 2020/21 to 2021/22



There were zero 'never events'. There have been 18 level 3 incidents and two level 4 incidents. These were both instances of adrenaline given intravenously when it should have been given via the intramuscular route. The Medicines Team are reviewing the adrenaline incidents to identify what actions can be taken to minimise recurrence.

2.6 Occupational Health Vaccination Programme

2.6.1 Influenza Vaccination

A review of the 2020/21 influenza vaccine handling was provided to the Medicines Optimisation Group and the subsequent recommendations were shared with the Flu

Group. Flucelvax Tetra Qiv-c vaccine was approved for use and this meant there was no need to have two vaccines as this was suitable for use in staff allergic to egg and/or over 65 years of age. This is a safer approach for vaccine delivery to reduce potential medication errors made during selection and one of the recommendations from the previous year. Another recommendation was to have a clinical lead overseeing all the vaccinators and this was put in place too. An updated influenza vaccine PGD was developed and the NWS e-learning and assessment packages refreshed for 2021/22. Our training was assessed to ensure it was in line with the “National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners” (PHE, 2018).

A total of 3,743 influenza vaccines were administered to NWS staff throughout the campaign. It was recommended that fewer staff were trained and delivered vaccination and there was reduction from 180 to 89 NWS vaccinators. The program ran from October 2021 to March 2022. A review of the flu vaccine handling in 2021/22 is underway.

2.6.2 Covid Vaccination

Covid vaccinations continued to be administered at the NWS Vaccination Hub during April to May 2021 as second doses of the vaccine were administered. NWS administered a total of 1,802 of the second doses to give a final total of 3,829 covid vaccines administered to NWS staff and volunteers during the campaign. Booster doses were not offered via the NWS Vaccination Hub as the vaccine was now on offer from many locations closer to home. A report reviewing covid vaccine handling was provided to the Medicines Optimisation Group which provided excellent assurance. Of note the report showed:

- No fridge temperature excursions.
- Deployment of continuous digital temperature monitoring system with glycol encased probes.
- Minimal waste of vaccine.
- Excellent stock control and no unaccounted vaccines.
- Excellent assurance around vaccinator training and competence.
- Good clinical oversight.

The NWS Covid Vaccination Hub was set up with two weeks notice. The staff and volunteers involved were successfully nominated (by the Chief Pharmacist) for an Operation Outstanding Award.

Recommendation:

- Review of flu vaccine handling in 2021/22.

2.7 Audit

2.7.2 Medicines Management Quality Indicators – Controlled Drugs Ambulance Stations

The MMQIs for ambulance stations were introduced in Q3 2020/21. The audit is conducted by the Medicines Team providing an independent review. All sites audited now have a Home Office licence and therefore ensuring compliance is critical as they will be inspected by the Home Office in the future.

In Q3/4 2021/22, 100% of ambulance stations were audited by the Medicines Team. 8 out of 10 critical questions were met. The remaining two were around conducting a weekly stock check and conducting the daily stock check (32%). Of the additional 20 questions, 16 out of 20 were met. A summary of the results of the critical questions is provided in appendix 3.

2.8 Medicines Related Risks:

A risk register report is provided to the MOG quarterly and progress monitored. The risk areas around Controlled Drugs (CDs) and the Home Office licence was closed. Risk areas still under review:

- Ambient storage of Medicines in Ambulance Stations
- Non-Parenteral POM administration

New risks added were:

- End of life care medicines
- Medicines and third party providers.

2.9 Partnership Working

The Medicines Team continues to link in with the following groups:

- CD Local Intelligence Networks
- NW Medicines Safety Officers Network
- NW Chief Pharmacists Network
- NW Pharmacy Leaders Group
- NW Chief Pharmacy Technician's Network
- Ambulance Pharmacist's Network (APN)

- Regional Medicines Optimisation Committee
- Specialist Pharmacy Services (includes experts in procurement, quality assurance and medicines information).

In addition:

- In 2021/22, the NWAS Chief Pharmacist set up an Ambulance Service Medicines Safety Officer's Group which has representation from Medicines Safety Officers in all 4 nations.
- The Chief Pharmacist was made a member of the National CQC Controlled Drugs Sub Group.

2.10 Constraints:

The following are some of the constraints to optimising medicines within NWAS:

- Lack of space for staff and for medicines at the Medicines Supply Hub. However, the unit adjacent to the current Medicines Supply Hub has become available and a business case has been approved by ELC.
- Lack of capacity within the Medicines Team. Recruitment to the vacant post will help this.
- Lack of clinical pharmacist working in the clinical hub.
- Capacity of the Digital Innovation Team and Medicines Team to work on key joint projects.
- Access to staff training time for paramedics, delays the ability of introduction of change with medicines and makes the service less agile and responsive.
- Ambulance stations were not built to hold medicines supplies which is now more prominent with the CD storage requirements.
- Access to pre-filled syringes with suitable shelf life, continuity of supply and product differentiation.

3. LEGAL AND/OR GOVERNANCE IMPLICATIONS

This report demonstrates a robust approach to governance and development of systems to monitor how medicines are managed, with particular reference to the Home Office Licence for Controlled Drugs.

4. EQUALITY OR SUSTAINABILITY IMPLICATIONS

Nil

5. RECOMMENDATIONS

The Committee notes the key points of assurance:

- Securing a Controlled Drugs Home Office licence for 40 NWAS sites and a successful inspection significantly improving the future continuity of supply.
- Significant professional development of the Medicines Supply Hub team who now handle and procure Controlled Drugs.
- Covid vaccine handling report demonstrated excellent assurance.
- Clinical review of ketamine and midazolam resulting in an updated Patient Group Directions (PGDs)
- Excellent assurance on the training, assessment and sign off for all the PGDs in use.
- Three of the four goals for medicines in the Right Care Strategy fully delivered.
- Medicine Management Quality Indicators (MMQIs) for vehicles showed 98% audited and 6/8 critical criteria fully met.
- MMQIs for ambulance stations showed 100% audited and 8/10 critical criteria met.
- Overall good assurance on NWAS handling of controlled drugs.

The Committee notes the focus for 2022/23 will be:

- Revising the Medicines Policy and Controlled Drugs Policy.
- Implementing actions from the End-of-Life Care Medicines Working Group.
- Collaborating with national patient safety teams to learn from errors including leading a sector wide focus of wrong route administration of adrenaline for anaphylaxis.
- To review medical gas management.

Appendix 1: Review (Apr 2022) of Medicines Management Report Recommendations 2021/22

12 recommendations were made, 11 completed and one in progress.

Topic	Recommendation	Date completed	Evidence/Progress April 2022
Medicines Arrangements	Induct and support the new members of the Medicines Team.	May 2021	Pharmacists (Selwa and Liz) induction complete. Did not recruit to Pharmacy Tech post. Medicines Team meetings are in place. Complete
Medicines Optimisation Strategy	Review the current enhanced medicines PGDs (ketamine, midazolam and flumazenil) and update as required. Implement alongside new e-learning packages.	March 2022	Audit conducted, review of all aspects of PGDs undertaken, report with recommendations provided and approved by MOG. Three updated PGDs produced. Two e-learning packages produced. F2F learning package created. New registers in place. Launched ready for deadline 1 st April 2022. Complete
Medicines Optimisation Strategy	Update the PGD policy, with separation from current Medicines Policy, generating a stand-alone document.	Dec 2021	PGD including Written Instructions Policy and Procedure developed and approved. Complete
Medicines Optimisation Strategy	Investigate using the electronic patient record to support monitoring EMT use of salbutamol nebuliser solution. This would replace current use of IRFs.		In the next release of EPR (due soon) it will include functionality to know which grade of staff administered the medicine. Until we have that the dashboard cannot be developed, which has been requested. In progress
Medicines Optimisation Strategy	The 'raising concerns' poster to be placed on all ambulance station sites.	July 2021	Issued out July 2021. Complete
Medicines Optimisation Strategy	Lessons learnt bulletin to be developed and published.	July 2021	Published July 2021. Complete
Medicines Optimisation Strategy	Training on Medicines Safety is to be provided to <u>all</u> NWAS feeder	May 2022	4/5 eligible (as Bolton Uni only has 1 st years). Delivered to 2 universities. In discussion with a 3 rd . It expected that next

	universities by the Medicines Team. Currently only one out of 5 receive this training.		year this will be delivered to 4/5 universities. Complete
Medicines Optimisation Strategy	Develop and implement a quarterly expiry date report to MEG and Quality Business Groups.	Mar 2022	Reports go from Safecheck directly to operational managers and a report goes to MOG reviewing the Safecheck report and also the Medicines Supply Hub data on expired pouches. Complete
Occupational Health Vaccination Programme	Review of flu vaccine handling in 2020/21.	July 2021	Paper provided for ELC 4 th Aug 2021. Complete
Occupational Health Vaccination Programme	Review of Covid vaccine handling in 2020/21.	July 2021	Presented to MOG 14 th July. Complete
Policy and Procedures	Review and update the General Medicines and CD standard operating procedures.	May 2022	CD SOP Toolkit launched: Dec 2021 General medicines SOP Toolkit launched: May 2022 Complete
Audit	Conduct a PGD audit annually.	Dec 2021	Ketamine and midazolam PGD audits conducted. Complete

Appendix 2: MMQIs – Controlled Drugs Vehicles

MMQIs – Vehicles Controlled Drugs Report Q4 2021/22

Produced by Joanne Hammond, Medicines Team

PART 1: Critical CD Results

There is a requirement for 100% vehicles that hold controlled drugs (CDs) to be audited once in a quarter. In Q4 98% of vehicles (650/663) have been audited, see table 1. This is a significant improvement of 44% compared to the Q3 audit uptake. During Q4 NWAS continued to be in REAP level 4 and implementing this new audit has been challenging for the operational team. The commitment to increasing the level of CD audits across all areas is to be commended.

Table 1: Q4 Vehicle MMQI Uptake, Trust and Area level

Area	Vehicles Audited	Total Vehicles Eligible to Audit	% Audited
NWAS	650	663	98
GM	225	227	99
CM	206	208	99
CL	195	199	98
HART	16	16	100
UCPs	3	5	60
CPs	5	8	63

All areas have audited exceptionally high levels in Q4 to give a high-quality dataset for monitoring compliance with CD MMQIs. CM showed the greatest improvement in uptake of audit with a 59% improvement compared to Q3. This report now details the results of the Urgent Care Practitioners and Consultant Paramedics who all carry stocks of controlled drugs and are also required to be included the quarterly CD audits.

Table 2 shows the results of the 650 vehicles audited for the 8 Critical MMQIs. 6 out of 8 MMQIs met the 90% or more target. CD6 (weekly stock check of CD safe) was 81% and CD7 (weekly stock check of seizure pouch) was 79%. These results are comparable to Q3 but note include 59% more vehicles in the data. C&Ms compliance results remain approximately 10% behind the other areas for weekly stock checks (CD6 and CD7).

Table 2: Q4 Vehicle MMQI CD results, Trust and Area Level *numbers are rounded*

MMQI CD Critical Question – target 90%	NWAS	C&L	C&M	GM	HART	UCPs	CPs
CD1: Confirm the vehicle is either locked or attended at the time of audit?	98%	96%	98%	98%	100%	100%	100%
CD2: Are the CD keys currently held safely? i.e. in personal possession of the paramedic manning the vehicle and NOT with the ignition key or secured in a locked CD key safe	99%	99%	99%	100%	100%	100%	100%
CD3: Is the CD safe/s visibly in good working order with no damage?	99%	100%	99%	99%	100%	100%	100%
CD4: Are all CDs stored in a CD safe or the seizure pouch (for diazepam rectal and injection)?	100%	100%	100%	100%	100%	100%	100%
CD5: Is the current stock balance correct for each CD listed in the CDRB?	100%	100%	100%	100%	100%	100%	100%
CD6: For the last 4 weeks has there been a stock check EVERY WEEK for the stock in the CD SAFE?	81%	84%	72%	85%	100%	100%	100%
CD7: For the last 4 weeks has there been a stock check EVERY WEEK for the stock in the SEIZURE POUCH?	79%	84%	68%	83%	100%	100%	100%
CD8: Are all CD stocks within their expiry date?	99%	100%	99%	98%	100%	100%	100%

Overall the **audit provides excellent assurance around CDs held on our vehicles in NWAS**. The focus for further improvement needs to be on ensuring:

- All vehicles continue to be audited each quarter. A report from the digital team is provided to the sector managers monthly on the level of compliance with this.
- Weekly checks of CD safes and the seizure pouches occurs.
- A focus on CDs in C&M

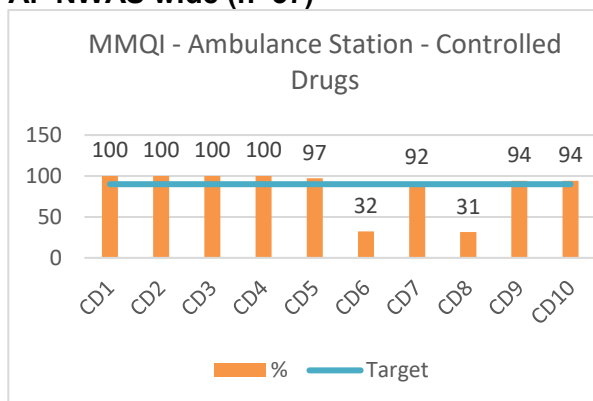
Appendix 3: MMQIs – Controlled Drugs Ambulance Stations
MMQIs – Ambulance Stations
Controlled Drugs Q3&4 2021/22

Produced by: Jane Smithies, Medicines Team

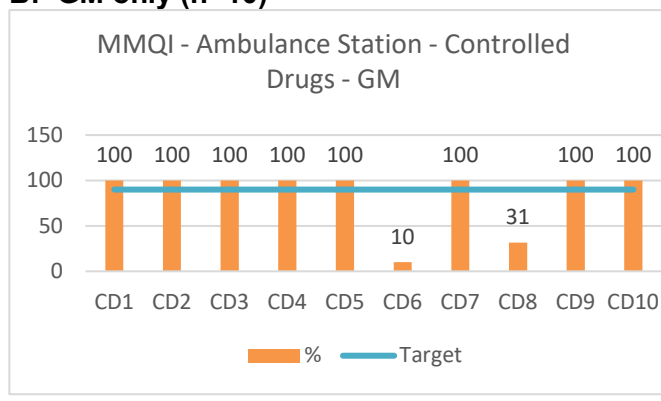
Critical CD Results

The MMQIs are listed at the bottom of this page. Due to current pressures within healthcare for most of Q3 and 4 NWS has been at REAP level 4. However, due to good relationships built between the medicines team and operations staff, we have been able to complete audits at 37 out of 37 stations (100%). Since the last audit, there have been 3 sites decommissioned and marked as not in use, these are Ambleside, Grange and Westmoreland. Graph A below shows that of the 37 stations audited overall NWS achieved 100% in 4/10 MMQIs, another 4 met the 90% target. CD8 (conducted a weekly stock check) was only 31% (cf to 29% in Q1/2 20/21) and CD6 (conducted the daily stock check) was only 32% (cf to 39% in Q1/2 20/21) with 12/37 ambulance stations meeting this MMQI. **Daily and weekly stock checks continue to be where there is a need for a focus on improvement.**

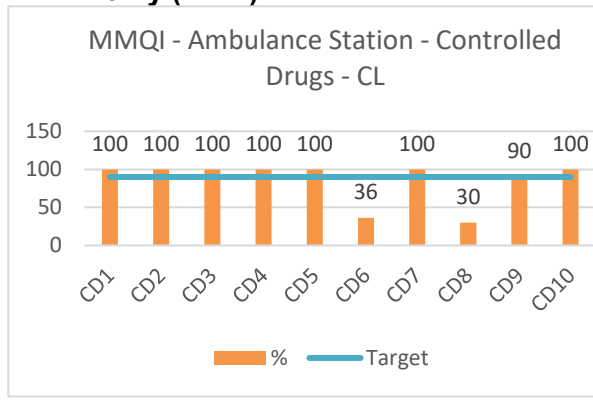
A: NWS wide (n=37)



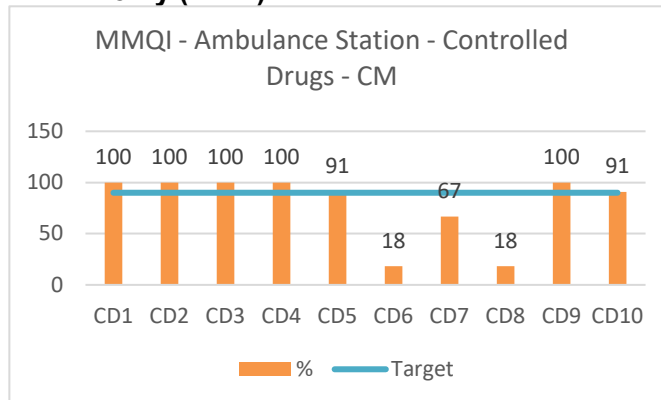
B: GM only (n=10)



C: CL only (n=11)



D: CM only (n=11)



E: NWSA (n=2)

Failed CD8 at the Barton site because tagged pouches had not had weekly checks consistently. All other questions were passed at both sites.

F: HART & NARU (n=3)

Ashburton HART failed on CD9+10 signing the CD deliveries into the CD safe then CDRB as they were putting straight onto vehicles when receiving stock.
 Croxteth HART passed all questions.
 NARU passed all questions.

MMQIs	Area	Question
CD1	Access & Security	Are the CD keys held in a CD key safe and is it locked?
CD2	CD Safe	Is the CD safe/s locked and in good working order with no damage?
CD3	CD Safe	Are all CDs stored in a CD safe?
CD4	CD Stationery & Records	Does the ambulance station have only one active CDRB?
CD5	CD Stock	Is the balance correct for each CD listed in the CDRB/stored in the CD safe?
CD6	CD Stock	Has a daily stock check taken place and documented in the CDRB? <i>Check for the last 30 days (Allow up to two missing checks providing not two consecutive days within 30 days)</i>
CD7	CD Stock	Were any discrepancies on the daily CD check acted upon and documented?
CD8	CD Stock	Has a weekly stock check taken place and documented in the CDRB including tag changes? <i>Check for the last 30 days</i>
CD9	CD Stock	Are all receipts of CD stocks are received by a paramedic and witnessed by the courier in the CD record book? <i>Check for last 30 days.</i>
CD10	CD Stock	Have all deliveries recorded by the MSH been received into the CDRB? <i>Check for last 30 days.</i>

Appendix 4: Medicines Management Report Recommendations 2022/23

Topic	Recommendation
Medicines Optimisation Strategy	Investigate using the electronic patient record to support monitoring EMT use of salbutamol nebuliser solution. This would replace current use of IRFs. <i>Rolled over from 2021/22.</i>
Medicines Optimisation Strategy	Develop a specification for a medicines stock management system.
Medicines Optimisation Strategy	Implement the planned medicines changes and training.
Medicines Optimisation Strategy	The Medicines Supply Hub to package the new DuoDote supplies in pouches and supply sealed to the frontline staff.
Medicines Optimisation Strategy	Lessons learnt bulletin to be developed and published.
Medicines Optimisation Strategy	End-of-Life Care Medicines Working Group to continue to progress key actions.
Monitoring	Continue to pursue NWAS to be able to access CMU contact prices.
Policies and Procedures	Update Medicines Policy.
Policies and Procedures	Update Controlled Drugs Policy.
Occupational Health Vaccination	Review of flu vaccine handling in 2021/22.



REPORT TO QUALITY AND PERFORMANCE COMMITTEE

DATE:	25 May 2022					
SUBJECT:	Safeguarding Annual Report (2021-22)					
PRESENTED BY:	Director of Quality, Innovation and Improvement					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
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PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<p>This annual report provides an overview of the safeguarding activity which has taken place across the Trust in 2021/22.</p> <ol style="list-style-type: none"> 1. During 2021/22 7,661 adult concerns were raised and 11,068 children's concerns. All concerns raised were shared with the relevant Social Care Department. 2. Safeguarding activity has decreased over the last year, this is likely to be attributable to the training which has been carried out, including the in depth training in relation to mental health and safeguarding. 3. Safeguarding audits are carried out for repeat safeguarding children's concerns and domestic abuse. Information is escalated to multi agency partners where necessary. 4. During 2021/22, we have provided information for 71 serious case reviews, 112 safeguarding adult reviews, 46 domestic homicide reviews, 22 PREVENT referrals, 11 staff allegations and 43 LeDeR reviews. 5. We continue to build strong partnerships with the safeguarding teams within the Integrated Care Systems. 6. Working relationships with the Local Authority Designated Officers (LADO) and the persons in Position in Position of Trust continue, to ensure the optimal safety of patients and staff. 7. Training compliance is closely monitored. Due to the COVID 19 pandemic, face to face mandatory training has been suspended. Two virtual level 3 safeguarding packages have now been uploaded to ESR. 					

8. The Safeguarding Team has expanded and a 4th Safeguarding Practitioner has been recruited.
9. The safeguarding policies and procedures have been updated.
10. Assurance was sought from all private providers on governance, training and compliance, DBS compliance, policy and procedure information. All responses have been analysed and action plans issued where necessary.
11. The paper outlines the achievements within safeguarding for 2021/22 and outlines some of the ambitions of the team for 2022/23.

The Safeguarding Team has 2 risks currently open on the corporate risk register.

3610 - There is a risk that due to the pause of mandatory training during COVID 19, in 2020-2021/2021-2022 staff did not received Level 3 Safeguarding training inline with the Intercollegiate document, resulting in a lack of sufficient training to enable staff to recognise safeguarding risks.

2978 - There is a risk that CP-IS is not compatible with the systems used with EOC for category 1 and 2 calls which could result in a potential risk for looked after children and children who are on the child protection register as we are currently unable to raise flags to Social Care when contact is made with these children.

Key assurance points to note –

1. The Safeguarding Team were fully involved in system safeguarding reviews across all 5 ICS footprints.
2. The Trust has made 22 PREVENT referrals to the regional anti-terrorism teams and is raising awareness of radicalisation to all staff at induction and as part of an ongoing programme of training.
3. 83 safeguarding flags have been placed on addresses of vulnerable patients in the Cleric system to improve information exchange.
4. 11 Local Authority Designated Officer (LADO) notifications were received into the Trust related to members of staff and all were dealt with comprehensively by the safeguarding and human resources team.
5. Safeguarding assurance has been gained from all 19 Private Providers during the 21/22 year, and compliance will be monitored biannually. If new Provider contracts are secured the safeguarding assurance documentation will be issued for completion and compliance.
6. The Trust has launched a carers pathway to support all of our patients who are also carers for other vulnerable or at risk individuals.

RECOMMENDATIONS:

The Board of Directors are asked to:

	<ul style="list-style-type: none"> Note the assurances within this safeguarding annual report 2021/22 		
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p> <input type="checkbox"/> Financial/ VfM <input type="checkbox"/> Compliance/ Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> Innovation <input type="checkbox"/> Reputation </p>		
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability <input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Quality and performance Committee		
	Date:	23.05.22	
	Outcome:	Not known at time of submission	

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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 2021-2022. The achievements are set against the patient care priorities and the Right Care Strategy goals.

2. BACKGROUND

- 2.1 The Trust has a statutory responsibility to safeguarding children and adults who are at risk of harm from abuse or those who are vulnerable, this commitment is underpinned by specific legislation, namely Children's Act (1989 & 2004) and the Care Act (2014). The Trust works in partnership with other organisations to ensure that the response to individuals who are at risk of harm from abuse or neglect or who are vulnerable, is communicated in an effective manner which results in an appropriate response. 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, human resources and recruitment processes, and leadership. The specific standards are contained within:

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

Safeguarding assurance is reported throughout the year to the Patient Safety Sub Committee, via the Safeguarding Forums which are held on a quarterly basis, and via bi annual reports to the Quality and Performance Committee.

Safeguarding activity has decreased during 2021-2022, during the first year of the COVID 19 pandemic the safeguarding team carried out a deep dive. The deep dive specifically looked at the information that was being shared with external agencies, the categories of abuse being disclosed/identified and the conversion rates. Following on from the deep dive, significant reviews of the training took place, and the training was redesigned to directly reflect the findings of the deep dive. The number of safeguarding concerns raised during the year has decreased steadily, however reviews of safeguarding cases with our multi agency partners have not highlighted any concerns relating to missed opportunities to safeguard by the Trust. Paramedic Emergency Services and the NWAS 111 service continue to be the two service areas which raise the most concerns. Table 1 demonstrates the number of safeguarding concerns raised during the past 12 months. Whilst Chart 1 shows the number of concerns raised over the past 5 years and chart 2 shows the number of concerns per service line.

Chart 1 number of safeguarding concerns raised over the past 5 years

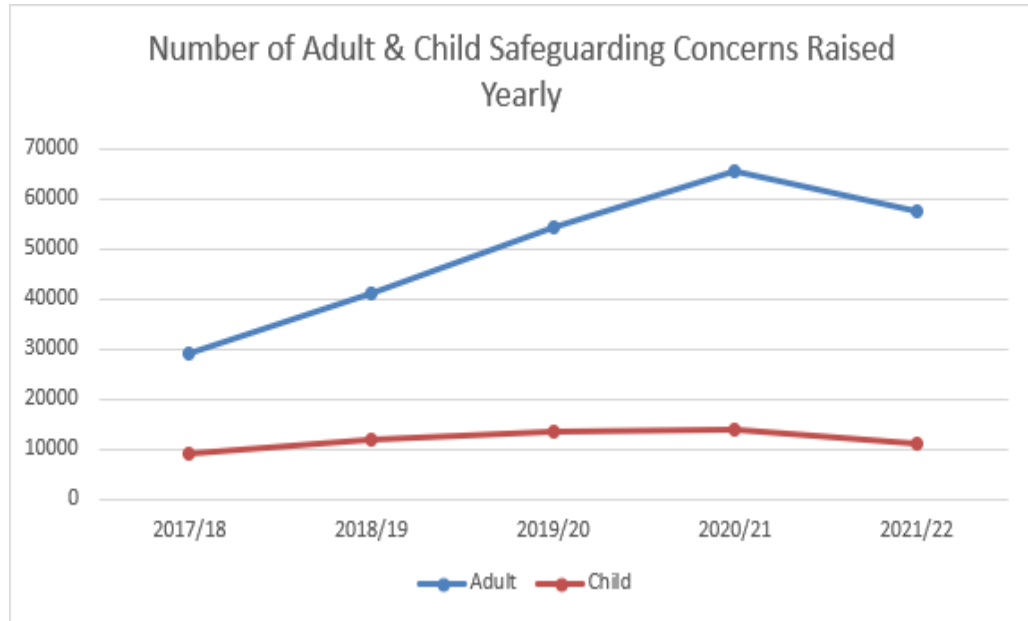
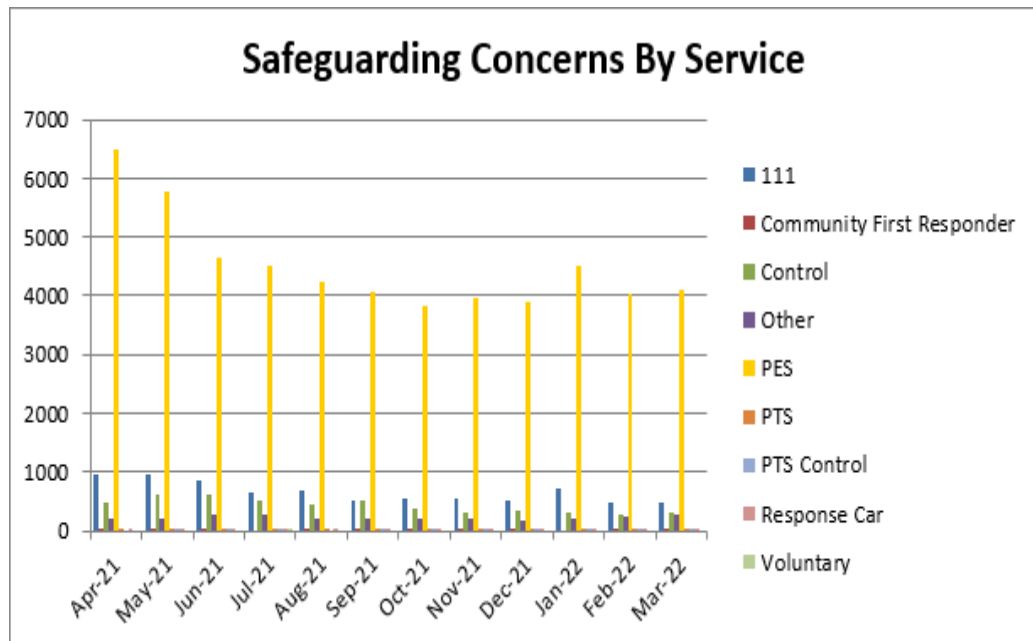


Table 1 – Numbers of notifications

Concern raised	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Adult	5978	6061	5308	5037	4880	4503	4267	4223	4254	4547	4228	4375
Child	1217	1372	1119	939	762	856	768	820	717	814	852	832
Total	7195	7433	6427	5976	5642	5359	5035	5043	4971	5361	5080	5207

Chart 2 Breakdown of notifications by service line



2.2

Safeguarding Team

The Safeguarding Team comprises of one whole time equivalent (wte) band 8a safeguarding manager (named professional for adults and children) and four wte

band 7 dedicated safeguarding practitioners. One for each geographical area of the Trust, Cumbria & Lancashire, Greater Manchester, Cheshire & Mersey and the fourth practitioner covers the safeguarding activity within EOC, 111 and the Clinical Hub. The practitioners report directly to the safeguarding manager. The team are also supported by one and three quarter wte Band 4 safeguarding administrators.

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

2.3

Policies and Procedures

During 2021/2022 Safeguarding Vulnerable Persons Policy has been updated, the Managing Allegations against staff policy has been rewritten and will be launched across the Trust in August 2022. The Missing & Absconding patients procedure has been written, and is awaiting sign off.

2.4

Safeguarding Training

Safeguarding training compliance is monitored closely by the Safeguarding Team on an ongoing basis. The table below shows compliance levels for each service line and each level of training. training compliance is 85% for level 1, 2, 3 and 4 for safeguarding.

Training compliance at the end of 2021/22 for each service line and level is shown below in tables 2 and 3.

Table 2 safeguarding adult training figures

Safeguarding	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Adults L1	87.49%	85.76%	83.66%	84.33%	85.41%	88.65%	89.07%
Adults L2	97.15%	95.23%	94.96%	94.99%	93.06%	91.18%	89.73%
Adults L3	66.53%	66.67%	65.31%	65.13%	64.19%	66.06%	72.62%

Table 3 safeguarding child training figures

Safeguarding	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Child L1	81.38%	79.95%	78.18%	80.04%	82.33%	86.76%	88.37%
Child L2	81.59%	80.63%	81.92%	82.41%	81.84%	80.92%	82.96%
Child L3	66.17%	66.35%	64.92%	64.73%	63.90%	66.14%	72.15%

Level 1 & Level 2 safeguarding is delivered through e-learning packages which are accessed via My ESR. The safeguarding team have dedicated a number of hours to deliver train the trainer sessions to the Clinical Practice Trainers (CPT). Collaborative working between the two internal teams helps to ensure relevant and appropriate safeguarding training is being delivered across the whole

Trust. Centralised training of the CPT's ensures Trust wide consistency is applied to safeguarding training.

Level 3 training is written by the Safeguarding Team and mapped against the Intercollegiate Document and the National Training Guidance. The Level 3 safeguarding training for the 2021/22 programme has a high focus on consent, and the difference between early help and safeguarding. The training focus is in preparation of the whole system change which is being introduced for safeguarding information sharing in 2022. The training continues to focus heavily on consent and thresholds and has been designed to aid Trust staff in providing the best level of aftercare following contact with the trust.

The trust agreed a three year delivery plan to bring paramedics to full compliance for safeguarding level 3 (SG3) delivery hours. The plan considered what was already being delivered and which competencies were relevant to a front-line paramedic role (the intercollegiate documents acknowledged that *with ambulance staff in patient facing roles crossing level 2 and 3 according to service specifications and as appropriate to the role they are undertaking*).

A joint People and Quality team reviewed Level 3 safeguarding in context of the roles within the Trust. A training needs analysis mapped the competencies and learning outcomes for both safeguarding collegiate documents. Working with the principle of learning outcomes being appropriate to role, it was identified that there were some level 3 learning outcomes that a paramedic will never be exposed to, in those cases we can only expect to deliver knowledge; we are not going to be able to develop their skills and they are never going to have experience of these in their practice. The programme proposed is therefore 13 hours over three years, which is a mix of e-learning and classroom delivery.

Level 3 safeguarding training is delivered across multiple platforms. Those staff who have been identified as requiring level 3 safeguarding training on the training needs analysis, are required to complete 13 hours of training over a three year cycle. Patient facing staff receive their level 3 training via the mandatory training programme, during 2021/22 due to the ongoing COVID 19 pandemic mandatory training was paused on a number of occasions. In order to mitigate the shortfall of level 3 trained staff, two safeguarding electronic packages were designed in collaboration between the learning and development team and the Safeguarding Team. These packages are now live and have been added to the ESR profile of those staff who had not completed mandatory training during the financial year. In addition to the electronic packages, the Safeguarding Team have been delivering bespoke level 3 safeguarding training, via MS Teams. The training has been well received and high levels of engagement have been achieved.

Level 4 training: The Safeguarding Manager attends level 4 training as the Trust 'Named' professional for safeguarding. To provide further assurance to the Trust the safeguarding Practitioners also attend level 4 safeguarding training. Whilst this is not identified as a requirement of their role it is considered best practice for the Trust and supports development of the practitioners. Information gathered from training, is cascaded through the Trust and may feature on the safeguarding training programme for the following year. The Safeguarding Manager is also working towards their Level 5 safeguarding Training and has partially completed this with a safeguarding supervision accreditation. The Assistant Director of Nursing and Quality is trained to Level 5 to support the executive leadership committee. Level 4 safeguarding compliance is 100%.

2.5

Safeguarding Audits

The Safeguarding Team currently carry out two audit cycles. The focus of the audits repeat children's safeguarding concerns and domestic abuse. These audits are carried out on a weekly basis. Chart 3, 4 and chart 5 show the numbers of individual audits carried out within each audit cycle on a monthly basis. Each audit represents one individual patient. The current audits are complex and time intensive, however necessary to ensure the safety of some of our most vulnerable patients.

Both audits require the analysis of data and the contacting of the relevant multi agency partners which for these specific audits would usually be Social Care and the Police.

The children's audit provides oversight and assurance of collaborative working between children's Social Care and NWS. When a child is identified as having had repeat safeguarding concerns raised for them, the Safeguarding Practitioners contact the relevant Social Care Team or the child's Social Worker and discuss the NWS contacts and the safeguarding concerns that are raised. This discussion allows planning processes to be agreed between the Trust and the responsible Social Care Organisation.

The domestic abuse audit is carried out to ensure that there have been no missed opportunities to raise concerns for the person at risk, onward communication maybe with Social Care, the Police or specialist domestic abuse advisors.

Chart 3 – Number of repeat child concerns raised

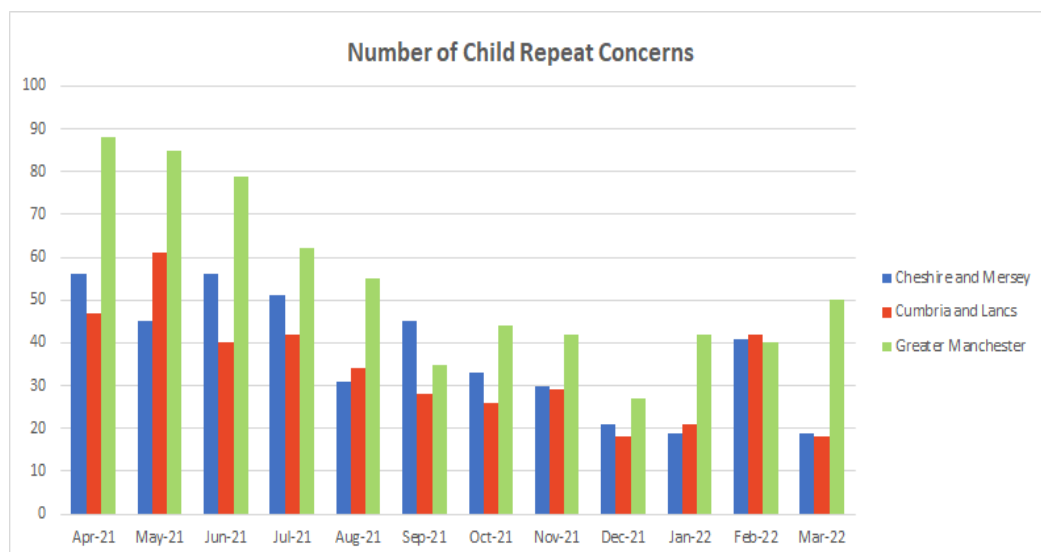


Chart 4 – Child domestic abuse audits per area

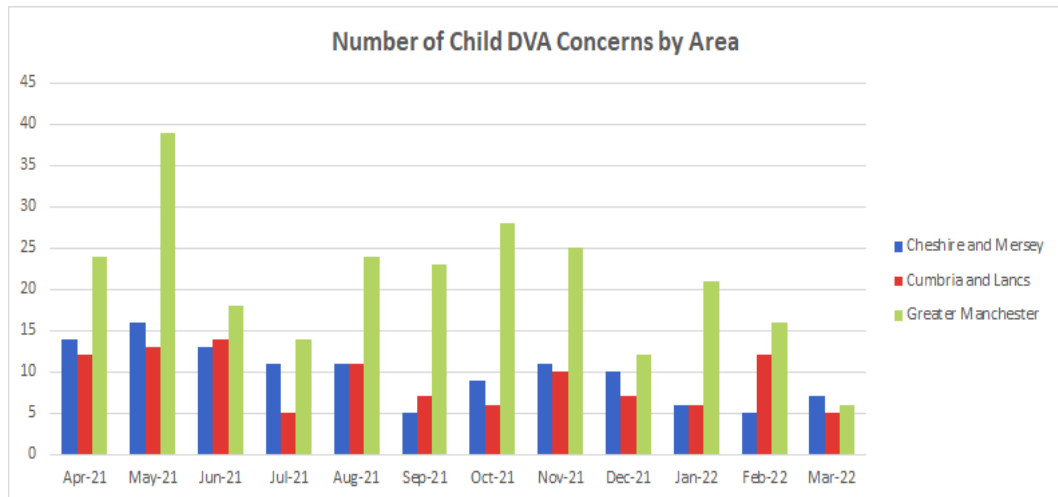
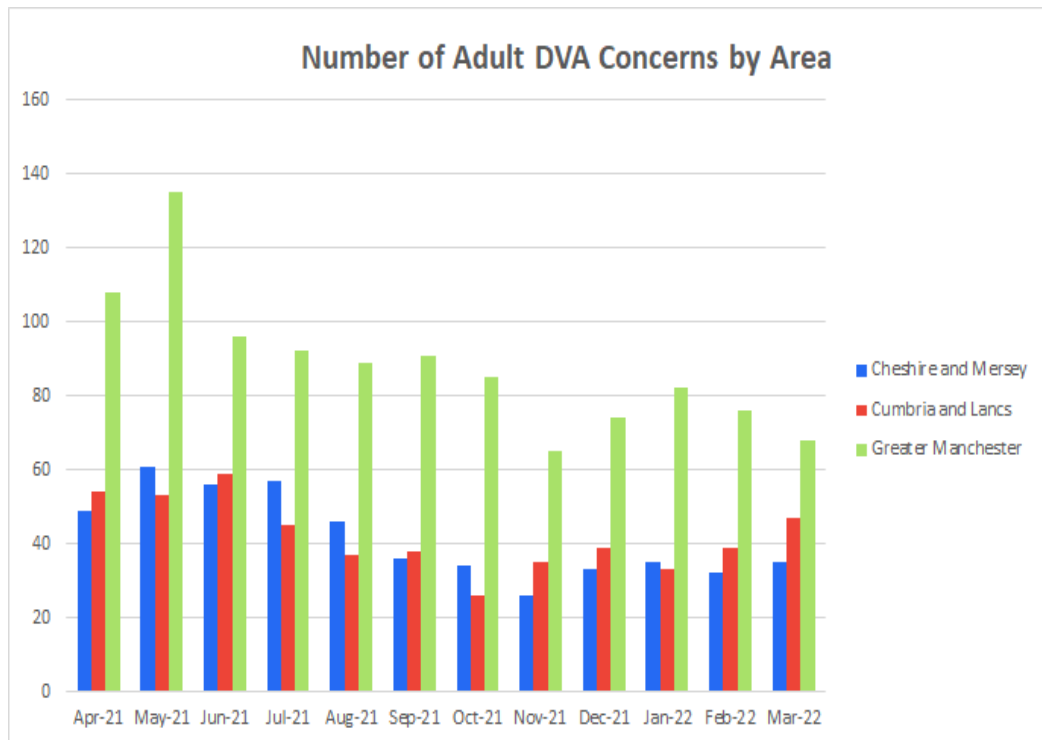


Chart 5 - Adult Domestic Abuse audits per area



2.6

Safeguarding Assurance Framework

The Safeguarding Assurance Framework (SAF) is an assurance document which the Trust are required to complete and return to the Lead Commissioners. The SAF asks specific questions of the safeguarding arrangements which are in place within the Trust. The document once agreed is then shared with the 46 safeguarding boards. The safeguarding boards use the NWAS response to form part of their overall multi-agency section 11 report.

High compliance and assurance was evidenced throughout the report. There are areas which continue to be focal points for action within the Safeguarding Team and the wider Trust. Safeguarding Training has been discussed already in the report. There were two points which the Trust could not mark as fully compliant

The Trust do not currently deliver stand alone domestic abuse training, domestic abuse training is delivered on an ongoing basis via mandatory training and safeguarding level 3 training. A stand alone option is being considered, and a package will be reviewed and considered.

The Trust do not currently feature safeguarding as a specific item within each member of Trust staff's individual appraisal. Assurance could be given regarding annual appraisals for all staff. The need for specific safeguarding questions within individual appraisals will be reviewed with HR.

2.7 Safeguarding concerns and mental health

The Safeguarding Team have delivered training which focusses specifically on the appropriateness of sharing concerns with Social Care for patients who are presenting purely in mental health crisis. This training has been incorporated into the level 3 training and to date 187 staff members have been trained by the Safeguarding Team, these are senior clinicians within 111 and PES and managers within EOC and PTS. The Trust now has a dedicated Mental Health Team, who have worked with the relevant partner agencies and Integrated Care Systems, to ensure that adequate pathways are available to staff to utilise for patients who are presenting purely with chronic or acute mental health issues.

Chart 6 below shows comparative figures for MH concerns raised via the safeguarding route. All children who are presenting as suicidal, with suicidal ideations or who have a suicide plan and those children who have self-harmed should continue to be safeguarded. The adults figures have reduced during 2021/22, and this is reflective of the work carried out by both the Mental Health Team and the Safeguarding Team. The introduction of a new triage system in 999 (cleric) will see the mental health concerns via the safeguarding information sharing platform stop, with the exception of the caveat mentioned above. Cleric is an IT system which is currently in use within 111 and is being introduced to EOC. Transferring the safeguarding information sharing process across to Cleric will allow for a streamlined IT process and will save time through auto-population of information.

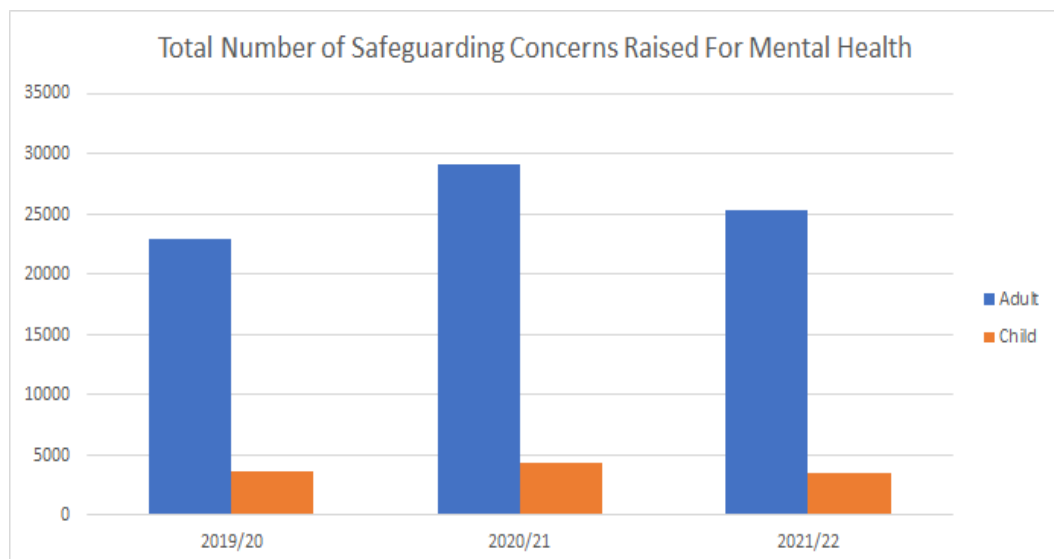


Chart 6 – Total number of safeguarding concerns raised for mental health patients over the past three years

2.8 **National Ambulance Safeguarding Group**

The Safeguarding Manager attends the National Ambulance Safeguarding Groups (NASG). Engagement with NASG ensures the Trust are informed of any changes to the national safeguarding policy, standards or regulatory framework and can work with other ambulance trusts to share and learn information. The Trust have contributed to the national ambulance safeguarding annual report. The Safeguarding manager is leading on the JRCALC safeguarding content review, the information will be available to all patient facing staff across the country and will ensure any legislative changes or new guidance is captured. The Safeguarding manager also led on a Missing and Absconding procedure for the national group, this procedure is being adopted by all ambulance trusts across the UK.

2.9 **Carers Pathway**

Following a review of an incident it was acknowledged that there is no protective pathway in place to capture patients who are carers. If the carer becomes unwell then it is essential that there is a process in place for staff to follow to ensure that the person the patient cares for is left safe and well with adequate care. The carers pathway has been added into the Safeguarding Policy and Procedures and was communicated throughout the Trust in 2021.

Safeguarding Board Engagement

2.1 0

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

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

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

- Child Death Overview Panel
- Rapid Response Meetings
- Alternative Life Threatening Event meetings
- Basic Learning Reviews
- Serious Case Review Groups
- Safeguarding Adults Review Groups
- Domestic Homicide Reviews
- Front line visits with local board members
- Wider stakeholder meetings
- Integrated Care System meetings

- Multi-agency review meetings following the Sudden Unexplained Death of a Child (SUDC).

**2.1
1 Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews (DHR)**

During the 2021/2022 year the Safeguarding Team were involved in 229 safeguarding reviews, these are broken down into 112 adult reviews, 71 child reviews and 46 domestic homicide reviews. In direct comparison 2020/21 saw the Team engage in 256 safeguarding reviews. Although there has been a reduction in adult and child reviews the number of domestic homicide during the past year has almost doubled in number. The Safeguarding Team will continue to analyse cases and data to identify any themes or learning.

Learning is captured for each organisation involved within the individual reports where applicable. Any learning specifically for NWS or that can be applied to the Trust is recorded on the safeguarding learning tracker. Learning for these cases is then disseminated through the corporate learning forum, the regional learning forums, directly with the staff involved and Trust wide via the weekly regional bulletins and built into the mandatory training scenarios.

**2.1
2** Chart 7 – Number of Serious Case Reviews per month and area for 2021/22

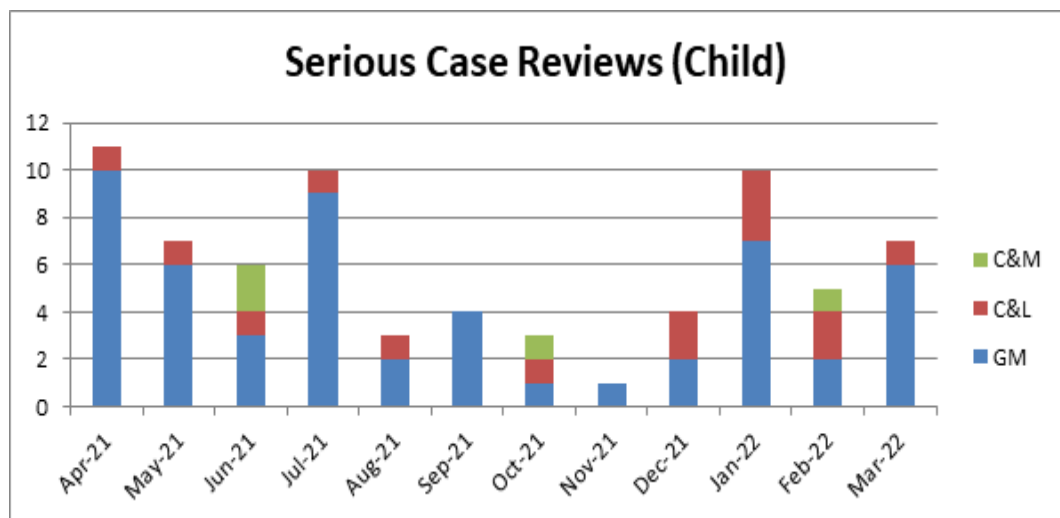


Chart 8 – Chart to show the number of Safeguarding adult reviews commissioned by area for 2021/22

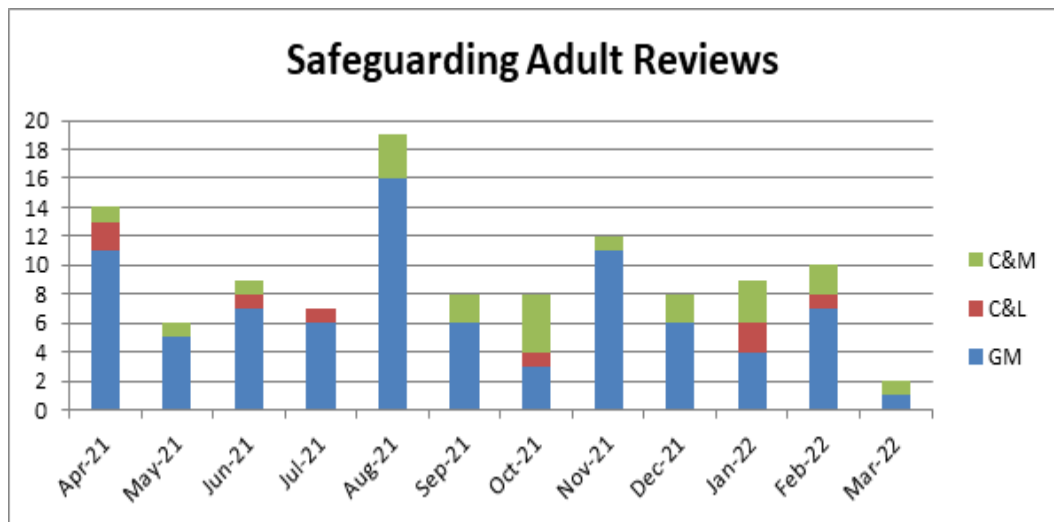
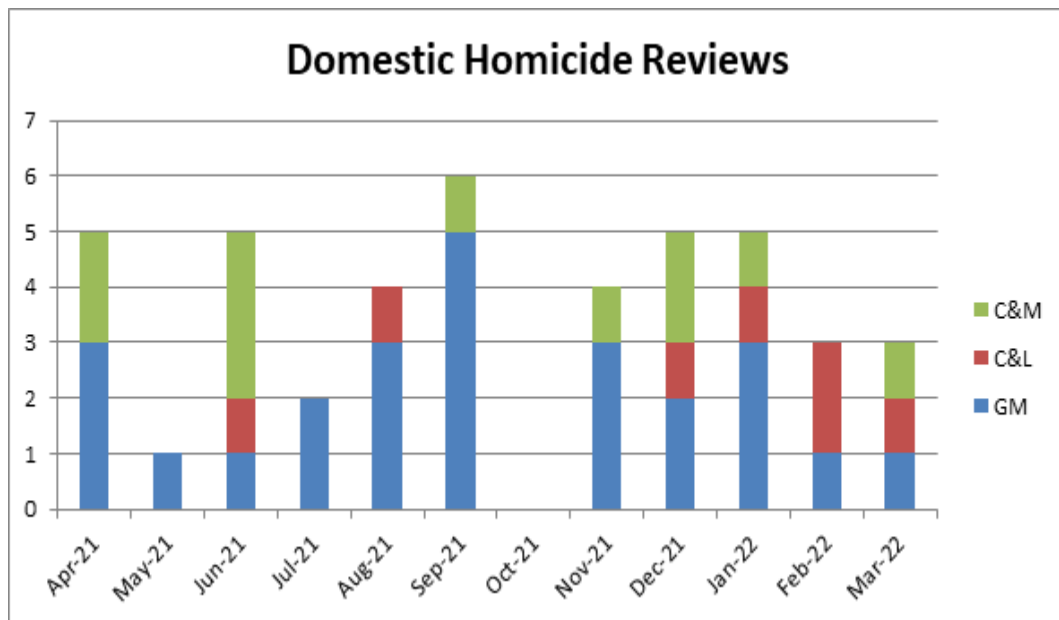


Chart 9- Information in relation to the number of Domestic Homicide Reviews by area for 2021/22



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

The process for SCR/SAR/DHR is extensive and reports can take prolonged amounts of time to be published. The learning which was implemented into the Trust in 2021, was directly from a case which occurred in 2019.

Learning was implemented within the PTS service, a specific question has been introduced which ensures that the hospital have notified the patients Care Service (should they receive one).

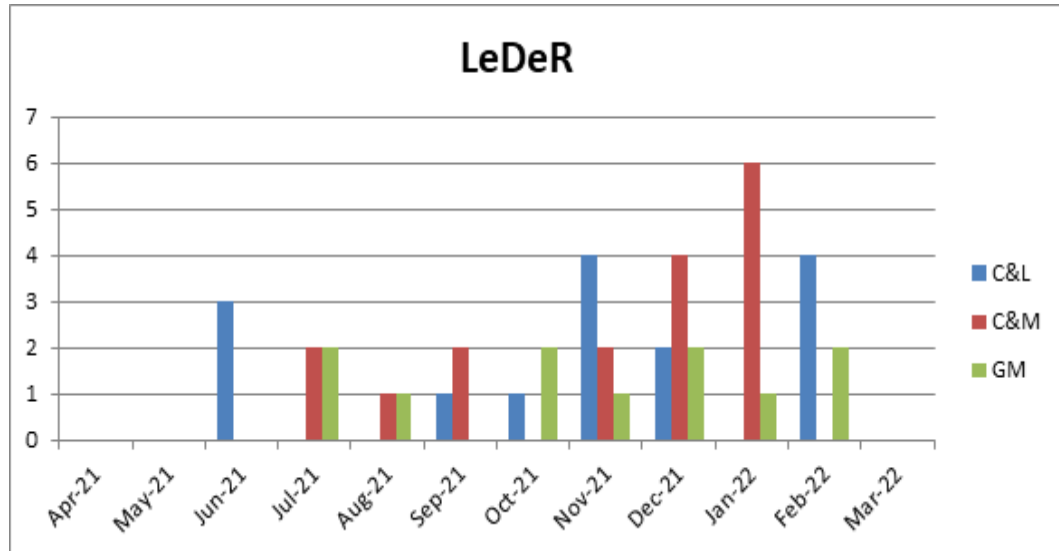
2.1
3

Learning Disability Mortality Review Programme

The Learning Disability Mortality Review Programme (LeDeR) occurs when a person with a learning disability dies. A review takes place to look at the person's

death and the circumstances that led up to the death. Recommendations are made to local commissioning systems regarding changes that need to be made locally to improve services for other people who have a learning disability.

Chart 9 – Shows the number of LeDeR reviews that the Trust have been involved with during 2021/22



2.
14

PREVENT

During 2021-2022 the Trust has made 22 PREVENT referrals to the regional anti-terrorism teams. Feedback has been received for some of the referrals made and this has been sent out to the Trust staff who raised the referral.

An electronic WRAP training package has been scoped and it is proposed that this will be added to my ESR during 2022 for all Trust staff to receive a refresher for PREVENT. WRAP 3 continues to be delivered to all staff at induction, WRAP 3 is the agreed national training package for PREVENT. The Safeguarding Manager is an accredited Home Officer trainer for Prevent. The trust is 99.7% compliant with PREVENT training.

2.
15

Private Providers

A significant piece of work has been carried out during 2021/22 with the 19 Private Providers whom the Trust use to assess and transport patients. An assurance document was designed which focused on safeguarding arrangements within each private provider organisation. The assurance document asks specific question in relation to safeguarding training and compliance levels, and ensures all providers have adequate safeguarding policies and guidance in place and ensures that safeguarding reporting is in line with Trust expectation. The assurance document also asks specific questions in relation to DBS checks. Following responses from the 19 providers, each response was analysed and an action plan was then sent out to the private providers who had not provided adequate assurance in their initial response. Private Provider organisations were given a six month period to complete and provide evidence for their individual action plans, responses will be monitored, and the overall compliance document will be updated for assurance.

Project Emerald

Project Emerald is the title for the safeguarding and digital innovation programme, which has been in the planning and development process since the latter part of 2019. This has previously been reported on in safeguarding annual reports. The COVID 19 pandemic has directly affected the progression of this piece of work, however, assurance can be given that the time delay has allowed for intense scrutiny of the redesigned forms and further changes have been made.

Phase 1 of the project is the switch over from the existing system (ERISS) to Cleric for safeguarding and early help. The testing phase of the project is expected to start in the early summer of 2022 and over 1 million postcodes have already been put into new system in preparation of the testing phase. The Support Centre in Carlisle have had enhanced training on the cleric system and understand what the changes of process will involve and the impact that this will have on the staff who take the safeguarding calls.

Following on from the testing phase of the cleric system, small teams within 111 will be introduced to the system and will go live. This will mean that they complete and submit safeguarding concerns directly to Social Care Teams. The information which is shared will be closely monitored by the Safeguarding Team to ensure the quality of the information, and there will be evaluations carried out with the receiving Social Care Teams. During this transition phase for 111 the new processes will be mapped to give a clear oversight of the benefits of staff raising direct safeguarding concerns. Upon completion of the transition within 111, the Clinical Hub will become the next group of staff who are trained in raising direct safeguarding concerns.

The move over to the cleric system will reduce the flow of work through the Support Centre, this will be a gradual process and once completed within 111, Clinical Hub and EOC, the change will be rolled out across the Paramedic Emergency Service footprint.

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

The Safeguarding Team all have access to cleric and have been trained on the processes for accessing safeguarding concerns and the process for identifying concerns which have not been accepted by Social Care.

Child Protection Information Sharing (CP-IS)

CP-IS is an information technology (IT) system which is in place or being implemented across health and social care agencies. The IT system allows for information to be shared securely to better protect the most vulnerable children in our society.

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

2. Safeguarding Flags

18

Safeguarding flags are placed on addresses where it has been identified that an individual who is at high risk of harm or abuse resides. Flags are placed for short periods and are reviewed to ensure that they do not incorrectly remain in place, flags are reviewed by the professional who places them onto the system to ensure they are current and relevant. Maternity alerts are also placed onto the Cleric system, maternity alerts are placed upon the request of maternity professionals, these alerts are usually placed when the unborn child is at immediate risk following birth or the child is to be removed at birth and the mother is avoiding maternity services.

Local Authority Designated Officers (LADO)

2.

19

During 2021/2022, 11 LADO notifications were received into the Trust which related to members of NWS staff. LADO notifications are received when a disclosure is received from a professional body, including the police or health partners. The Safeguarding Manager liaises with the relevant HR Manager and Sector Manager/Head of service in relation to the information, and a risk assessment is completed and actions agreed.

On the rare occasion that a member of staff is dismissed by the Trust HR Managers may need to complete a disclosure and barring form.

Allegations against staff may also come into the Trust from other sources and on occasions do not come directly into the safeguarding team. It is the responsibility of the receiving member of Trust management to share this information with the Safeguarding Manager. This responsibility of all Trust staff in relation to allegations received is outlined in the managing allegations against staff policy.

2. Female Genital Mutilation

20

All healthcare professionals have a mandatory duty to report female genital mutilation (FGM) in girls under the age of 18, which is identified in the course of their professional work. Any identification should be reported directly to the Police.

The safeguarding information sharing system ERISS does capture girls who at risk of, or victims of FGM. The Trust has had no reports of FGM raised during 2021/22 via the safeguarding route. FGM is covered within mandatory training.

2.

21

Achievements 2021/22

- Private providers assurance reports gained from all 19 Private Providers in relation to safeguarding, reflecting training, DBS compliance, policies and procedures and governance.
- The Support Centre were all trained on use of the Cleric system during 2 days of intensive training.
- All safeguarding and maternity alerts are now placed onto the Cleric system.
- 4 bespoke safeguarding/early help forms have been designed in collaboration with Social Care Partners and will be used on the Cleric system when it goes live.

- Two bespoke safeguarding packages have been written and developed and are now live on ESR.
- Successfully recruited a 4th Safeguarding Practitioner who covers safeguarding activity within 111, EOC and Clinical Hub.
- Carers pathway was designed and launched across the Trust, providing guidance to all staff to ensure some of the most vulnerable members of our communities are protected.

2. Ambitions 2022/23

22

- Go live with phase 1 of the Cleric switch over.
- Identify and engage with staff across the Trust who have expressed an interest in safeguarding and provide seminars and updates initially in relation to Cleric. This will support with the introduction of the new safeguarding information sharing pathway.
- To drive a sexual safety campaign for all staff across the Trust. This will be done in collaboration with the Women in Leadership network.
- Continue partnership working with Social Care departments to try and improve the feedback received for safeguarding concerns which are raised.
- Alignment with the safeguarding systems within the ICS footprints covered by the Trust.
- Ensure high quality safeguarding training is available across the Trust and monitor compliance levels, including the level 3 ESR module which has been introduced to ensure compliance following the COVID 19 pandemic.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

The Trust has a statutory duty to comply with:

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

Safeguarding assurance is reported within the Trust via the Patient Safety Sub Committee, bi-annual reports to the Quality & Performance Committees, attendance at the Quality Business Groups and the Trust Learning Forums.

The Safeguarding Assurance Framework has been submitted to the lead commissioners and has given significant assurance.

4. EQUALITY OR SUSTAINABILITY IMPACTS

An equality impact assessment will take place prior to the switch over of the safeguarding information sharing systems. The assessment will ensure that the change in process does not have a detrimental impact, highlight any actions required – for example ensuring inclusivity for staff with learning differences - and demonstrate where the change may have a positive impact on reducing inequalities. It is recognised that the assessment must capture the impacts on both patients and staff.

The move to online training has been led by OD with consideration of digital inclusion.

5. RECOMMENDATIONS

The Board of Directors are asked to note the key assurances provided in this report:

- The Safeguarding Team were involved in 229 system safeguarding reviews, these are broken down into 112 adult reviews, 71 child reviews and 46 domestic homicide reviews fully involved in system safeguarding reviews across all 5 ICS footprints.
- The Trust has made 22 PREVENT referrals to the regional anti-terrorism teams and is raising awareness of radicalisation to all staff at induction and as part of an ongoing programme of training.
- 83 safeguarding flags have been placed on addresses of vulnerable patients in the Cleric system to improve information exchange.
- 11 Local Authority Designated Officer (LADO) notifications were received into the Trust related to members of staff and all were dealt with comprehensively by the safeguarding and human resources team.
- Safeguarding assurance has been gained from all 19 Private Providers during the 21/22 year, and compliance will be monitored biannually.
- The Trust has launched a carers pathway to support all of our patients who are also carers for other vulnerable or at risk individuals.



REPORT TO BOARD OF DIRECTORS

DATE:	25 May 2022					
SUBJECT:	Health, Safety, and Security Annual Report 2021/22					
PRESENTED BY:	M Power: Director of Quality, Improvement and Innovation					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
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PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<p>The Health and Safety at Work Act 1974 requires workplaces to provide:</p> <ol style="list-style-type: none"> adequate training of staff to ensure health and safety procedures are understood and adhered to adequate welfare provisions for staff at work a safe working environment that is properly maintained and where operations within it are conducted. <p>The Health Safety and Security (HSS) annual report 2021/22 aims to provide assurance to the subcommittee that despite the impact of the pandemic all reasonable steps to ensure regulatory compliance and objectives within the Right Care (Quality) strategy were met.</p> <p>During 2021/22:</p> <ol style="list-style-type: none"> Staff injury incident rate per 1,000 staff 17.5 (2020/21 sector average rate:19.38) Staff injury incident rate per 1,000 journeys 0.05 (2020/21 sector average rate: 0.11) COSHH review process improved and 49 products on master list Top three non-clinical incident themes identified: <ol style="list-style-type: none"> Equipment missing, damaged, stolen, lost or faulty 897 Access, admission, or transfer incident: 1,031 Violence and aggression incidents: 1,567 <p>The HSS team has no risks open on the corporate risk register currently.</p> <p>Key assurance points to note are:</p> <ol style="list-style-type: none"> 82% of RIDDOR incidents reported to HSE within 15 days of notification 					

	<ol style="list-style-type: none"> 2. 100% fire risk site assessment completed 3. 187 staff received level 2 HSS training in year 4. Safecheck tyre check is in place with ongoing development in 2022/23 5. Every NWAS site received a rapid HSS assessment. 		
RECOMMENDATIONS:	<p>The Board is recommended to:</p> <ul style="list-style-type: none"> • Acknowledge and thank the HSS staff side representatives for their commitment to supporting staff to stay safe during 2021/22 • Recognise the achievements made in the year by the HSS team. • Note the assurances within this HSS annual report 2021/22. • Approve the onward progression of this report for consideration at the Board. 		
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p> <input type="checkbox"/> Financial/ VfM <input checked="" type="checkbox"/> Compliance/ Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> Innovation <input type="checkbox"/> Reputation </p>		
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability <input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee Health, Safety and Security Sub-Committee		
Date:	23 May 2022 (Q&P) 3 May 2022 (HSSC)		
Outcome:	Comments received and approved for onwards progression to Q&PC; then Board		

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1. PURPOSE

- 1.1 The purpose of this paper is to provide the Board with an overview of health, safety, and security (HSS) activity during 2021/22 (annex 1).

The achievements are set against the regulatory and mandatory national requirements in addition to the Right Care (Quality) Strategy (RCS) improvement objectives.

2. BACKGROUND

- 2.1 The Chief Executive holds overall responsibility for the health, safety, and security of the organisation. Responsibility is devolved to the Director of Quality, Innovation and Improvement supported by the other Executive Directors of the Executive Leadership Committee.

- 2.2 Ensuring compliance, advice and guidance on all health, safety, and security matters rests with the HSS team with staff and managers responsible for the application of appropriate safe systems of work, in line with health, safety, fire & security Legislation and policy.

3. ANNUAL REPORT SUMMARY

- 3.1 The HSS annual report sets out NWAS commitment to provide support and opportunities for staff to maintain their health, wellbeing, and safety.

The report is set out in clear sections that describe:

- NWAS regulatory obligations and provides assurance against those obligations,
- RCS objectives and associated assurance
- General Guidance and advise given
- Direction for 2022/23 the plans for regulatory compliance, Right Care (Quality) Strategy objectives and new activity for the HSS team.

- 3.2 Highlights from the past year include:

- HSS competency training offered to 240 Band 6+ staff members and 187 staff members accepted the offer.
- RIDDOR referral rate on non-disease incidents achieved 82% referrals within 15 days
- Control of Substances Hazardous to Health (COSHH): A master list of 49 approved products now in place. Rapid approval process developed to assess replacement product without delay in place.
- Fire Safety order 2005 assurance: 19 overdue assessments in addition to the scheduled 29 assessments were completed by 31 March 2022
- 100% of sites received site risk assessments by 31 March 2022
- Revised and updated HSS policy
- Violence prevention and reduction (VPR):

- A VPR policy has been developed in response to the national security standards released in December 2021
- VPR Group established to support activity in meeting the standards described in the policy

- 3.3 There are new and engaging areas of HSS work for 2022/23 which include:
- exploring the opportunity to enhance staff safety culture in the NHS alongside a strong patient safety culture
 - build on the staff side HSS relationships to ensure robust reporting is received from all teams into the HSS subcommittee
 - developing new ways of working as Safe Check continues to develop ensuring rapid access to live data for improvement is available for operational teams
 - using the intelligence from the Quality Assurance Visits to strengthen an integrated approach to HSS oversight across NWAS
 - adopt the Operation Hampshire approach to pursuit of prosecution where colleagues have been the recipient of acts of violence and or abuse, in collaboration with the Police services of the North of England.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

- 4.1 Failure to ensure the health, safety and security of both employees and non-employees, affected by the Trust's undertaking so far as is reasonably practicable would be a breach of the general duties of the Health and Safety at Work Act 1974 potentially leading to criminal prosecution. It also exposes the Trust to the risk of civil litigation for negligence.

5. EQUALITY OR SUSTAINABILITY IMPACTS

- 5.1 None identified at the time of writing this report

6. RECOMMENDATIONS

The Board is recommended to:

- Acknowledge and thank the HSS staff side representatives for their commitment to supporting staff to stay safe during 2021/22
- Recognise the achievements made in the year by the HSS team and wider organisational colleagues with a role in Health and Safety.
- Note the assurances within this HSS annual report 2021/22.



Health, Safety and Security Annual Report 2021/2022

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Date of Approval:	Updated 16 05 2022	Status:	Draft
Date of Issue:		Date of Review	

Recommended by	
Approved by	
Approval date	
Version number	0.3 updated 12 05 2022
Review date	
Responsible Director	Director of Quality, Innovation and Improvement
Responsible Manager (Sponsor)	Chief of Regulatory Compliance and Improvement
For use by	All trust employees and volunteers

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

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Introduction

The Board of Directors of the North West Ambulance Service N.H.S. Trust (NWAS) recognise and accept responsibility as an employer to provide a safe environment for employees and those affected by the trust's undertaking, so far as is reasonably practicable in accordance with Health and Safety at Work Act 1974 and associated legislation and guidance.

The trust is committed to ensuring a safe system of work approach to health, safety and security and has put in place the organisational arrangements necessary to fulfil its statutory and mandatory obligations. We seek to prevent workplace/related injuries, ill health and protection of staff, property, and assets by promoting good working practices.

Working together with staff and trade unions, the trust is committed to addressing identified risks in a proactive way. As far as is reasonably practicable the trust aims to avoid exposure to risk by the promotion of an effective, progressive safety and pro-security culture by clear identification of the roles and responsibilities of staff at all levels, ensuring they receive suitable and sufficient training, information, supervision, and support. The Trust actively encourages staff to speak up and report incidents.

All line managers across NWAS are responsible for the management of health, safety and security and implementation of the Health Safety and Security policy and associated policies, procedures, risk assessments within their own areas of responsibility and ensuring that there a local system for safe working. They also ensure that their own personnel are made aware of their statutory requirements under current health and safety legislation. Line managers are responsible for local audit of compliance against the policies (for example via health and safety audits) and for local partnership working with Trade union representatives and staff to ensure staff and patient safety. Line managers and local teams are responsible for ensuring the timely completion of actions identified via risk assessment of audit to ensure safe, working environments.

The Health, Safety and Security team are responsible for the identification of actions to resolve non-compliance and safety issues and the provision of expertise and advice to line managers. They also provide assurance to the Trust Board via the Health, Safety and Security Committee.

The estates and facilities team are responsible for ensuring that specific safety risks and actions resulting from audits related to fleet and estate are actioned in a timely manner to ensure safe systems of working for all staff. The estates and facilities team are also responsible for specific areas of health and safety processes for workshops, and the contracting of services to ensure annual processes for specific areas of testing and assurance such as portable equipment testing, fire extinguishers and ventilation.

All staff are responsible for ensuring that they follow policies and procedures to keep themselves and their colleagues and patients safe at work.

NWAS staff operate across a range of settings and in many instances are performing their daily work in unpredictable and high-risk environments. We are continuously working towards a culture where health, safety, security, and welfare are the primary concern of every employee within NWAS.

Think safety, plan safety, and always work safely. Be Safe; Do the Right Thing

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NWAS Health, Safety, & Security 2021/22



NHS
North West
Ambulance Service
NHS Trust



Regulatory Compliance



Staff injury incident rate per 1,000 staff: **17.5**

(2020/21 Sector average rate: 19.38)

Staff injury incident rate per 1,000 journeys: **0.05**

(2020/21 Sector average rate: 0.11)



49 approved products on master list
Rapid approval process in place



100% Fire Risk Assessment sites completed

Non-clinical incident themes

The top 3 non-clinical incidents themes are:



Equipment missing, damaged, lost, stolen or faulty: **897**



Access, admission or transfer incident: **1,031**. 76.8% are access to hospital issues: **792**



Violence and aggression incidents: **1,567**

Right Care (Quality) Strategy Objectives



Report 75% RIDDOR incidents within 15 days of notification:

Outcome: **82%** (107/130)



240 level 2 HSS training places offered. 187 staff trained in year (uptake 78%)



Develop Safecheck to improve vehicle check compliance:

Tyre check in place with ongoing development 2022/23



Every NWAS site to receive a rapid HSS assessment:

Outcome: **100%** (141 sites)

Develop an operational definition for lifting and handling monitoring and management

Patient Transport Service

92 Manual handling incidents

Top 2 incident themes:

Use of Equipment: **20%**

Load: patient movement: **15%**



Paramedic Emergency Service

371 Manual handling incidents

Top 2 incident themes:

Difficult extraction: **23.3%**

Lift from floor: **7.8%**

1. Regulatory Compliance

The Health and Safety at Work Act, (HSWA), 1974, along with subsequent regulations and guidance aims to protect employees and others affected by the employer's undertaking, so far as is reasonably practicable, from harm whilst at work. The responsibility for this protection is shared between the employer and employee. Each owes the other a duty of care to maintain a working environment that is, so far as is reasonably practicable, free from hazards and risk of injury to persons working there or to others who may be affected by the work activity.

It is not practical however to eliminate all risks from the workplace and therefore it is the employer's responsibility to provide adequate protection, advice, information and / or training to reduce risks that cannot be eliminated. Equally, employees must comply with these arrangements.

This report provides a high-level summary of the Health, Safety and Security, (HSS), activity carried out across NWAS from 01 April 2021 to 31 March 2022; our compliance with the standards set in the HSWA 1974. Appendix A provides quick glance summary of progress achieved against the 2021/22 forward plan.

1.1 Regulatory Bodies

NHS Trusts HSS systems are regulated by:

Health and Safety Executive (HSE): The HSE is the national independent regulator for health and safety in the workplace. This includes private or publicly owned health and social care settings in Great Britain. The HSE works in partnership with co-regulators in local authorities to inspect, investigate and where necessary take enforcement action.

Medicines and Healthcare products Regulatory Agency (MHRA): The MHRA is an executive agency of the Department of Health and Social Care; responsible for ensuring that medicines and medical devices work and are acceptably safe.

Care Quality Commission (CQC): It is an executive non-departmental public body of the Department of Health and Social Care established in 2009 to regulate and inspect health and social care services in England and works closely with the HSE with both regulators taking lead for certain issues across NHS trusts. In England, where providers are registered with them, the CQC is the enforcing authority for patient and service user health and safety.

2. Health and Safety Executive

2.1 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR places responsibilities on employers, the self-employed and people in control of work premises to report certain serious workplace accident, occupational diseases and specified dangerous occurrences (near misses) against clear guidelines.

The timely reporting of RIDDORs following an incident is the responsibility of the NWAS HSS team. RIDDOR reported incident activity and high-level analysis is received at the Health, Safety and Security subcommittee and the Board of Directors receive a bi-monthly update through the reportable events paper.

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2.1.1 RIDDOR reporting rates in ambulance services

National RIDDOR reporting requires the activity to be reported using the methodology of number of incidents per 1,000 staff.

The number of staff employed as at 31/03/2022 is 7358; and the number of staff injury RIDDORs reported in the 12 months to 31 March 2022 is 130.

The total number of journeys (PTS (1,415,049) and PES (1,021,462)) combined is 2,436,511 for the same period.

The incident rate of RIDDOR reporting is calculated as 17.5 per 1,000 staff members, which when compared against the incident rate per 1000 staff for the previous year has increased slightly by a factor of 0.09.

The incident rate is calculated as 0.05 staff injuries per 1,000 staff journeys.

The national RIDDOR comparison rate for 2021/22 is not available at the time of writing this report, and in its absence for the purposes for this report the 2020/21 ambulance sector averages are as follows for comparison.

	Ambulance Sector Average 2020/21	NWAS RIDDOR rate 2021/22
Incident Rate (Injuries x 1000 ÷ No of Journeys) Staff injuries only	0.11	0.05
Incident Rate (Injuries x 1000 ÷ No of Employee) Staff injuries only	19.38	17.5

Comparison of RIDDOR incident rate Ambulance sector average 2020/21 against NWAS RIDDOR rate 2021/22

2.2 Non-clinical incident activity

A non-clinical incident is identified as any incident recorded in the incident reporting system categorised in any of the following categories:

- Raise a concern
- Staff injury
- Public injury
- Non-clinical near miss
- Raise a notification
- Patient injury
- Non-clinical incident

The table below summarises the non-clinical incidents reported for the 12 months to 31 March 2022, and it describes that across each directorate there is active non-clinical incident identification and recording.

The number of non-clinical incidents reported has increased by 65% since 2019/20. The increase in reporting represents positively the identification of incidents and this; on its own; does not constitute a risk or issue as staff are encouraged to record concern and near miss incidents.

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Non-clinical incidents by Directorate	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Total
Service Delivery Directorate (PES, EOC, UCS, PTS etc.)	2906	2477	3017	2717	11117
Medical Directorate	44	47	46	44	181
Finance Directorate (Finance/Fleet/Estates etc.)	16	13	10	18	57
Quality Directorate	7	10	9	10	36
People Directorate	8	5	9	19	41
Corporate Affairs Directorate	1	3	2	4	10
Strategy, Partnership and Transformation Directorate	4	4	3	6	17
Board of Directors	0	0	0	1	1
Total	2986	2559	3096	2819	11460

Non-clinical incidents by Directorate 2021/22. Data source Datix last accessed 11/04/2022

Each directorate is expected to review the nature of these incidents at the appropriate level of scrutiny and themes fed through as learning and as part of the Directorate chair report to the Health, Safety and Security subcommittee.

2.2.1 Non-clinical incident themes

Analysis of the themes from non-clinical incidents arising in the year to 31 March 2022 have identified the following 'top 3' most reported.

Equipment missing, damaged, lost, stolen or fault: 897

Staff have reported increasing amounts of equipment missing, et al. A review of this data has identified there are three subcategories: equipment identified as missing or lost (312), equipment failure – including at test and at scene (291) and equipment damaged – including accidental and third party (254).

Access, admission, transfer: 1,031

The access, admission and transfer theme can be largely attributed to the delay in gaining access to hospital, where an ambulance crew is delayed with the patient in the vehicle; of the reported non-clinical incidents 792 were categorised in this way.

Violence and aggression incidents: 1,567.

The worrying number of violence and aggression incidents across the NHS has prompted supportive activities in the ambulance sector for staff who have or may be risk of such incidents. One such is the national #WorkWithoutFear campaign – led by the Association of Ambulance Chief executives with support from NHS England and NHS improvement (www.aace.org.uk/vaa). The campaign highlights the impact of abuse on ambulance staff whilst encouraging the perpetrators of the abuse to have respect for those who are trying to help them.

What NWAS is doing to identify and support staff is described in section 2.3.

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2.3 Violence prevention and reduction activity

The World Health organisation defines violence as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or a community that either result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.’ (Global status report on violence prevention, 2014).

NWAS finds deliberate violence and aggression towards our staff or people who use our services unacceptable. Where violent or aggressive behaviour may occur due to clinical and or medical factors, all possible primary and preventative measures should be used to reduce the prevalence and risk of harm.

Patient facing staff (including 111) have reported 1,567 incidents of violence and aggression in 2021/22. Split into three main categories the incidents occurred as follows:

- Physical assault: 401 incidents
- Threatening Behaviour: 506 incidents
- Verbal Abuse: 660 incidents

Violence and Aggression sub category	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Aggression	22	29	23	22	21	18	19	18	13	16	18	21	240
Assault	21	24	18	11	14	23	17	19	12	22	22	20	223
Assault through restraint	7	9	5	6	5	7	10	8	8	6	10	7	88
Blade	1									2	3		6
Firearm				1									1
Homophobic remark		1				2			1	1	1	1	7
Knife at scene	5	4	6	5	10	4		3	6	2	1	3	49
Other factors	5	6	5	5	1	7	4	4	6	5	4	5	57
Racial Abuse	3	7	3	4	3	1	2	1	2	1	7		34
Sexual	19	26	21	29	36	24	11	19	9	13	17	20	244
Stick or club	2												2
Swearing	7	8	8	4	5	4	7	4	4	10	6	6	73
Threat of physical violence	6	4	6	4	4	2	5	8	8	3	7	7	64
Threats other	2	2	2	1	2	5	5		4	1	2		26
With knife	4	1	1	2	1	1	1	1	1	3	1	1	18
With a weapon	8	6	4	1	1	3	2	1	1	1	5	4	37
Without a weapon	33	40	27	26	24	31	38	31	33	42	43	30	398
Totals	145	167	129	121	127	132	121	117	108	128	147	125	1567

Heat map of Violence and Aggression incidents by sub-category for 2021/22. Data source Datix last accessed 12/04/2022

Analysis of the sub-categories identifies the most prevalent and are highlighted in red in the table above:

- Threatening behaviour without a weapon:398
- Sexual assault: 244 of which 24 were physical
- Verbal Aggression: 240
- Physical assault: 223

In response to the national security standards released in December 2021, NWAS now has a Violence Prevention and Reduction policy whose purpose is to create a culture ensuring NWAS is and remains engaged in and driven to provide:

- Positive and proactive care to the people who use our services, and
- Create a supportive and safe environment for staff to work in.

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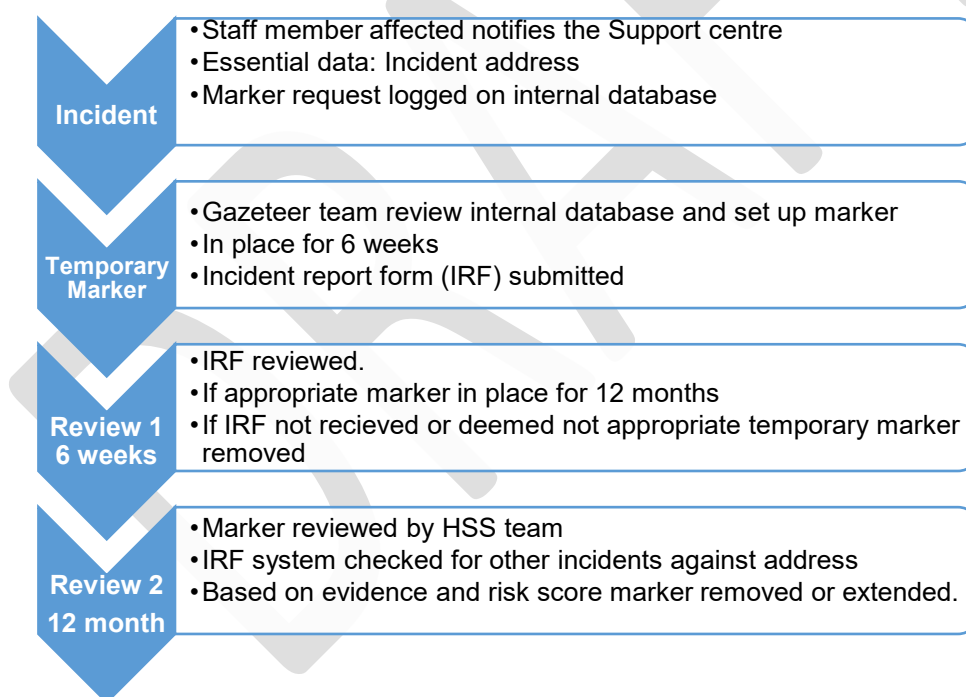
A key element to support the prevention and reduction of violence and aggression activity is the self-assessment document associated with the national standards. The standards describe the activities that will support the reduction of violence and commits to keep staff safe in the workplace. The NWAS violence prevention and reduction group participates in the self-assessment and is the vehicle to support activity required in closing the gaps to meet the standards set.

2.3.1 Verbal Abuse: focus on 111

Call centre staff, particularly those working in 111 are in receipt of the most frequent acts of verbal abuse. In response to keeping staff safe in the working environment the 111 team have developed a standard operating procedure that supports staff in closing a personally abusive, aggressive, or threatening call. The process does make it clear the conditions for closing an abusive call – whilst ensuring calls where the patient is swearing conversationally, generally angry or frustrated with the service or generally resistant to 111 processes are not reasons for termination. There is also information about when to raise an incident report and when to inform the police if there are immediate concerns for the patient and or the public. If a patient is identified as a high intensity user invariably a note or marker is placed to advise persons on recontact.

2.3.2 Violence and aggression markers

Markers are placed against addresses where an appropriate incident report form has been completed. This process is managed via a multi-disciplinary team.



High level description of current marker process

The criteria for a violence and aggression marker are explicit and allow for the immediacy of a temporary marker to be allocated to an address within 24 hours of the incident. The figure above provides a high-level description of the current marker process.

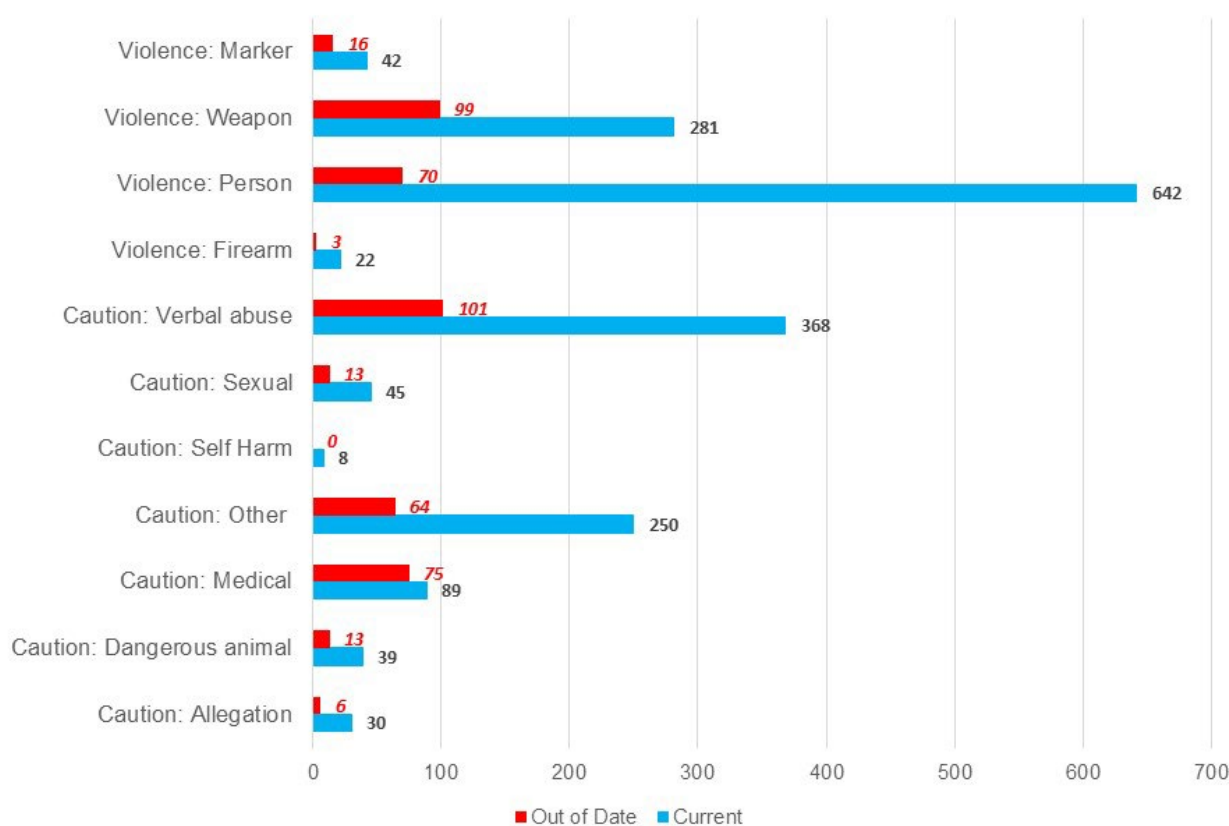
Resourcing issues in the HSS team, has contributed to there being a greater than acceptable backlog of addresses that require the second review. The number of markers deemed overdue by October 2021 was 455, with the potential by 31 March 2022, if no action was taken, to breach 1,100.

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The primary risk (risk ID3368) associated with overdue markers is the potential for a delayed response to a call for help. For example, if the time between the marker being placed and the call for help, there has been a change in household; the new householder will receive a delayed response, depending on the nature of the marker. Therefore, there has been a focus on reducing the overdue markers and the chart below provides the position by 31 March 2022 where there remains 560 markers overdue which is a testament to the team in reducing the backlog. The marker review process is cyclical in that the process is continuous, however the work can be planned to ensure the second review takes place as close to the 12 month 'expiry' date as possible.

The risk is under active management by the HSS team with operational risks escalated to the Quality Improvement and Innovation senior management team.

It is anticipated in early 2022/23 the marker process will transition to a person focussed system where the NHS number is used as the primary method of identification rather than the address which should ensure there is no longer a risk of delayed response on properties where householders have changed.



Violence and aggression marker position March 2022; Data source Datix last accessed 05/04/2022

2.3.2 Digital surveillance

NWAS is a participant in the national test site trial of the use of body worn video cameras (BWVC). The project is being evaluated as part of the national testing.

Staff members in the BWVC pilot areas have registered 943 incidents of violence and aggression into the incident reporting system during the 12 months to 31 March 2022. The activity within the categories is as follows:

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- Physical Assault: 303 incidents
- Threatening behaviour: 379 incidents
- Verbal Abuse: 261 incidents

In the year to 31 March 2022 the number of confirmed BWVC activations is recorded as 120; and there has been an improvement to almost 40% of the time (from the mid-year position of less than 25%) the data confirms the person is informed a recording is taking place. There remains an issue of completeness of incident recording. The reported feedback from the 120 camera activation incidents – where a comment has been recorded – suggests that the effectiveness of the BWVC in preventing or reducing violence and aggression as experienced by staff members was effective on 26 occasions (22%).

The wider picture assessing the presence of a BWVC activated or not staff have reported the effectiveness in preventing or reducing violence and aggression at under 3% (26 occasions). It should be noted this data is incomplete and it would be unwise to draw any definitive conclusions at this stage in the pilot.

2.4 HSS Training Programme

There is a requirement to ensure managers within the trust have received additional HSS training. The NWS training programme commenced in November 2019 offers a five-hour comprehensive review of HS&S tailored to NWS operating environments. We have continued to prioritise this training throughout the pandemic, despite significant operational pressures with 327 staff trained to date. During the pandemic the training has moved from classroom-based learning to online using MS Teams.

In 2021/22 the HSS team have delivered training to 187 managers. Each session accommodates up to 20 people and the sessions have been well attended; however there remains a significant number of managers who have yet to attend the training sessions.

Moving forward it is proposed to revise the delivery of the training to a modular online system of learning. In this way the limited resources of the HSS team can be better aligned to ongoing support to managers on a day-to-day basis whilst designing and delivering a series of master classes for the more complex subject matter such as RIDDOR, risk assessment and workplace inspections. A proposal for the change is to be discussed at the May 2022 Health, Safety and Security subcommittee.

2.5 Control of substances hazardous to health (COSHH)

An emerging activity that took place during 2021/22 was the requirement to better regulate the process of approving substances used within NWS that are subject to COSHH. Working closely with Procurement the HSS team hold a master list of 49 approved products ranging from hand sanitiser to vehicle screen wash. A rapid approval process for such substances is now in place with colleagues in the procurement team undertaking the initial administrative assessment which together with supporting documentation is passed to the HSS team for a secondary review and approval. The clarity of process now enables a product to be approved as safe for use within 24 hours.

2.5.1 Focus on COSHH: Non-clinical staff face fit testing

The importance of ventilation and protecting staff by ensuring appropriate air flow is described in more detail in section 3.1. The Fleet workshop team have the potential to be exposed to substances hazardous to their health. One of the actions undertaken by the workshop team, led by a trained assessor, has been to ensure staff members have access to appropriate respirators through regular face fit testing. Every member of the fleet team has access to appropriate respiratory protection, and this is assessed regularly to provide assurance.

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3. Regulatory reform (fire safety) order 2005 assurance (FSA)

The 2020/21 annual report of 2020/21 it was recorded the impact of the pandemic upon the ability to undertake all the planned Fire safety risk assessments (FSAs). The HSS team developed FSA criteria which identified according to risk the frequency an assessment should take place.

As a result, 19 NWAS locations were identified as being overdue and requiring assessment in 2021/22 bringing the total number to 58 FSA to be completed before 31 March 2022. This was achieved in full and by 31 March 2022 NWAS was compliant in that all sites had received the planned and overdue FSAs.

4. MHRA: Central Alerting System

The MHRA issues notices of safety alerts from the Central Alerting System (CAS). The alerts are managed centrally by the nominated CAS officer who as appropriate assigns them to the responsible manager. Safety alerts received by the trust are notified to the NWAS Board of Directors through the integrated performance report.

Safety Alerts Received	Number of alerts received	Number of alerts applicable
DHSC & NHS England and Improvement: Supply disruption alert	13	13
National Patient Safety Alert - MHRA	3	3
National Patient Safety Alert - NHS England & NHS Improvement	5	5
National Patient Safety Alert - Public Health England	1	1
National Patient Safety Alert - UKHSA	2	2
SHOT - Serious Hazards of Transfusion	1	1
Total	25	25

Safety alerts received through Central Alerting System correct to 31/03/2022 last accessed 05/04/2022

On 31st March 2022 there were no open alerts requiring action from NWAS

5. Estate and Facilities Management

5.1 Ventilation

The Estates, Fleet and Facilities management (EFFM) team hold responsibility for assessing and ensuring appropriate ventilation is in place for NWAS hard estate and vehicles. Ventilation assurance has been central to providing a safe working environment for NWAS staff, during the pandemic. The EFFM team are charged to provide an annual assurance report to NWAS Health, safety and security sub-committee as a feature of the 2022/23 workplan.

5.1.1 Ventilation: Hard Estate

The Environment and Modelling Group of the Scientific Advisory Group for Emergencies (SAGE-EMG) assessed the 'Role of ventilation in controlling SARS –CoV-2 transmission'. Evidence continues to suggest that in poorly ventilated indoor spaces airborne aerosols are a possible transmission route and precautionary advice remains valid. The HSE issued guidance in support of this. The Estates, Fleet and Facilities management (EFFM) team undertook audits to assess the carbon dioxide concentrations at high-risk sites. As a result, remedial improvements actions at those sites have taken place and the re-audit provides assurance the levels are within acceptable limits as described in the guidance. The EFFM are committed to providing a repeat audit and assurance statement twice a year.

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5.1.2 Ventilation: Vehicles

The EFFM team central log of vehicles in use across the trust, describes the ventilation system in each. EFFM in conjunction with operational leads across PTS and PES has issued guidance to support staff in ensuring the vehicle is ventilated whether in the saloon or the cab. NWAS recognises good ventilation has proved to be an important aspect of reducing the concentration of the Covid-19 virus in the air and the risks from airborne transmission. During the pandemic, we needed to do everything we could to ventilate our vehicles; and guidance was issued for staff. The guidance explains the heating and ventilation methods as they are different depending on vehicle type.

All NWAS PES double crew ambulances (DCA) are fitted with air exchange systems that exchange the air in the saloons over 40 times per hour whilst in operation. This is significantly higher than the CEN regulations which require an air exchange 20 time per hour within the saloon. For assurance, these systems are checked by fleet every 8 weeks on safety check maintenance.

During 2022/23 NWAS will move towards a new national specification PES DCA and will work in collaboration with the new vehicle converters through to ensure all appropriate risk assessments are reviewed and signed off prior to deployment

NWAS is currently reviewing air exchange systems within the PTS fleet. No PTS vehicles have mechanical exchange systems fitted, and the mitigation relies on the opening of windows and skylights. An assessment of all PTS vehicle types in the fleet has been undertaken and documented. This assessment was undertaken with the support and guidance of H&S and Fleet. There are many opportunities to ventilate a PTS vehicle during the operational shift and the rear of a PTS vehicle is not enclosed as in an emergency ambulance. In addition to this a Standard Operating Procedure (SOP) is being drafted to ensure that all staff follow the same process to ensure all vehicles are regularly ventilated throughout the operational shift.

5.2 Estates and Facilities Compliance

The Estates and Facilities team carry out compliance audits on all NWAS owned properties to ensure the sites remain safe, clean, well maintained and all associated equipment are in a safe operational condition. The team ensures that appropriate maintenance and inspection records are held centrally and complies with statutory legislation.

The main areas covered in relation to HSE legislation include but are not limited to the management of; asbestos, water safety, gas & electrical safety, portable appliance testing, air conditioning and air monitoring safety with planned preventative maintenance in addition to reactive maintenance undertaken in line within current contract specifications. Other areas currently under review include the management of contractors, access control, completion of the Premises Assurance Model and ERIC returns in addition to the monitoring of utilities to support NWAS in its net zero targets.

The team continues to monitor ventilation across several sites as recommended in the COVID -19 guidance published in October 2020 by the Chartered Institute of Building Engineers. Where NWAS sites previously experienced high levels of outbreaks these sites continue to be monitored and prioritised and remedial works undertaken to bring carbon dioxide levels down to less than 1000ppm.

Over the last 12 months, remodelling and upgrades have taken place in a large number of sites as part of the Capital Investment Programme, and this has resulted in replacement fixtures and fittings in addition to

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engineering / plant upgrades reducing the risk of equipment failure and ensuring the sites are fit for purpose. Work of this type will continue as part of our ongoing commitment to safe working environments.

6. Hazardous Area Response Team: National Ambulance Resilience Unit

Hazardous Area Response Teams (HART) are comprised of specially recruited personnel who are trained and equipped to provide the ambulance response to high-risk and complex emergency situations. The teams work alongside the police and fire and rescue services within the inner cordon of a major incident. The team role is to triage and treat casualties in extreme and challenging circumstances.

To provide a safe and robust response to patients caught in such environments, requires three elements: a Standard Operating Procedure (SOP) to work to, training in the discipline being employed and appropriate equipment, serviced and maintained to industry standards.

To that end the Head of Special Operations provides assurance on a quarterly basis to the sub committees for Emergency Planning, Resilience and Response (EPRR) and Health Safety and Security (HS&S) that the capabilities are managed, trained, and equipped appropriately.

7. Right Care Strategy Assurance

7.1 Objective 1: RIDDOR Reporting

RIDDOR incident reports are completed **within 15 days of knowing about the incident** via Datix. The target for 2021/22 is to achieve **70% within 15 days**.

The number of RIDDOR (non-disease) incident reports received in 2021/22 is 130, and of these 107 were reported to the HSE within 15 days of the incident lodged in Datix.

Outcome: This means the referral rate that met the target was achieved with 82%.

7.2 Objective 2: Develop operational definition for lifting and handling monitoring and measurement.

Manual handling measurement identifies slightly different causes for concern dependent upon the nature of the work undertaken by frontline work. Analysis shows that PTS staff members report a manual handling injury at a higher rate than that of the PES staff. The rate and number of incidents in 2021 /22 are as follows:

Service Line	Number of Manual Handling incidents	Rate of manual handling incidents (based on staff numbers on 31 March 2022)
PTS face to face staff (N=707)	92	130
PES face to face staff (N=3,583)	371	104

Summary of manual handling incidents and rate per 1,000 staff data accessed from workforce information analyst 14/04/2022

Analysis indicates the issues faced by the two staff groups differ in cause and therefore will require specific solutions to reduce them.

Outcome: The data analysis as described in 5.2.1 and 5.2.2 below has improved our understanding of what determines a lifting and handling issue for frontline staff, so in that the objective has been partially met. The HSS team recognise the measurement for PTS is with equipment/wheel carry chair category and for PES this is about

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restrictive space and the use of aids to support patient movement. This information will be shared with a multi-disciplinary team with the aim of identifying where improvement in safety for staff can be made across both patient facing staff groups.

7.2.1 PTS Manual Handling incident analysis

Manual handling incidents for 2021/ 22 occurred across 22 sub-categories. However, two manual handling sub-categories are reported more frequently than other by PTS staff members, and these are:

- Equipment wheel/carry chair issues: 18 (20%)
- The load: patient movement issues: 14 (15%)

The table below provides a detailed summary of at which point the manual handling injury occurred during 2021/22.

PTS Manual Handling 2021/22	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	PTS Total
Equipment Wheel/Carry Chair	0	2	3	0	1	1	3	1	3	0	2	2	18
Posture: Vehicle	0	0	0	0	0	0	0	0	0	0	0	0	0
The Environment	1	0	1	1	1	0	1	1	1	0	1	0	8
The Load - Patient movement	1	1	2	3	1	0	0	2	2	1	0	1	14
Difficult Extraction - Restricted Space	1	1	1	0	0	0	0	0	0	1	1	0	5
Difficult Extraction - weight issues	0	0	0	0	0	0	1	0	2	0	1	0	4
Equipment Stretcher	0	0	0	0	1	0	0	0	0	0	1	1	3
Equipment with manual handling aids	0	0	0	0	0	0	0	0	2	0	0	2	4
Distance wheeled (pushed/pulled)	1	0	0	0	0	0	0	0	0	0	0	0	1
Lifting patient up stairs/steps/thresho	2	0	0	1	0	0	0	1	0	0	1	1	6
Transfer of patient from surface to sui	0	0	2	1	0	0	0	1	0	0	0	0	4
Equipment Manual Handling Aid	0	0	0	0	0	0	0	0	2	0	0	2	4
Equipment WITHOUT Wheel/Carry Ch	0	0	0	0	0	0	0	0	0	0	0	0	0
Lifting patient down stairs/steps/thres	2	0	0	1	0	0	0	1	0	0	1	1	6
Reoccurrence of previous injury	0	0	0	0	1	0	0	0	0	0	0	1	2
Moving patient from bedroom WITH e	0	0	0	0	0	0	0	0	0	0	0	0	0
Duration of Lift	0	0	0	0	1	0	0	1	0	0	0	0	2
The Load - External Equipment	0	0	0	0	0	0	0	0	0	0	0	1	1
Bariatric - unable to weight bear	0	1	0	0	0	1	0	0	1	1	0	0	4
Moving inanimate object i.e gas cylind	0	0	0	0	0	2	1	0	0	1	0	0	4
Lack of 3rd Party assistance	0	0	0	0	0	0	1	0	0	0	0	0	1
No value	0	0	0	0	0	0	0	0	1	0	0	0	1
Total	8	5	9	7	6	4	7	8	14	4	8	12	92

Summary of PTS manual handling incidents by sub-category 2021/22. Data source Datix last accessed 06/04/2022

7.2.2 PES Manual Handling incident analysis

PES staff reported manual handling incidents across 30 sub-categories. Seven manual handling sub-categories are reported more frequently than the rest and these are:

- Difficult extraction: restricted space: 55 (15.8%)
- Lifting patient from floor OR moving them on floor (with or without Mangar Elk): 27 (7.8%)
- Difficult Extraction - weight issues: 26 (7.5%)
- Transfer of patient from surface to surface: bed, chair, trolley to floor: 24 (7%)
- Bariatric - unable to weight bear: 24 (7%)
- The Environment: 22 (6.3%)
- Transfer on or off lifting scoop/longboard/vacuum mattress: 21 (6%)

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The table below provides a detailed summary of at which point the manual handling injury occurred during 2021/22.

PES Manual Handling 2021/22	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	2021 22 total
Bariatric - unable to weight bear	3	2	2	4	0	1	0	2	4	3	1	2	24
Difficult Extraction - Restricted Space	7	6	0	3	5	7	4	6	6	4	4	3	55
Difficult Extraction - Time Critical	0	1	0	0	0	1	2	1	1	1	1	0	8
Difficult Extraction - weight issues	4	2	0	4	2	0	4	3	4	0	0	3	26
Distance wheeled (pushed/pulled)	3	2	0	1	2	1	2	0	1	0	1	0	13
Duration of Lift	0	0	0	2	0	0	0	0	0	0	0	0	2
Equipment Manual Handling Aid	0	1	1	1	0	0	0	0	0	1	0	0	4
Equipment Stretcher	0	1	3	3	3	3	1	1	0	1	0	0	16
Equipment Wheel/Carry Chair	2	1	3	0	1	0	1	1	3	1	0	1	14
Equipment with manual handling aids	1	0	1	1	1	1	1	4	4	2	0	2	18
Equipment WITHOUT Wheel/Carry Chair	0	0	0	0	0	0	0	0	0	0	0	1	1
Lack of 3rd Party assistance	0	0	0	0	0	0	2	0	1	0	0	0	3
Lifting patient down stairs/steps/thresholds in	0	1	0	1	2	0	1	0	2	0	1	1	9
Lifting patient from floor OR moving them on fl	1	4	5	1	4	2	3	0	4	2	0	1	27
Lifting patient up stairs/steps/thresholds in car	0	1	0	0	0	1	2	1	1	1	0	2	9
Moving inanimate object i.e gas cylinder etc..	0	2	1	0	1	1	0	1	0	1	0	1	8
Moving patient from bedroom WITH equipmen	1	4	5	0	2	2	0	0	0	0	3	0	17
Moving patient from bedroom WITHOUT equip	0	0	0	0	0	0	1	0	0	0	2	0	3
Moving patient from toilet or bathroom WITH	1	0	0	0	0	0	1	0	0	1	0	1	4
Moving patient from toilet or bathroom WITHC	0	0	0	0	0	0	0	0	0	0	0	0	0
No value	0	0	0	0	0	0	0	0	0	0	0	0	0
Posture: Vehicle	0	0	0	0	1	2	0	0	0	0	0	0	3
Posture: Work Station	2	1	0	1	1	0	1	1	0	0	0	1	8
Reoccurrence of previous injury	1	0	0	2	1	1	0	0	0	1	0	0	6
Response Bag	0	1	0	0	0	1	0	3	1	0	0	1	7
The Environment	0	1	2	1	2	0	5	4	3	2	1	1	22
The Load - External Equipment	1	0	0	0	1	1	0	0	2	0	2	1	8
The Load - Patient movement	1	0	0	1	0	0	1	3	0	1	3	1	11
Transfer of patient from surface to surface: be	3	1	1	2	0	2	2	2	5	1	4	1	24
Transfer on or off lifting scoop/longboard/vacu	3	1	3	1	1	1	1	1	1	2	1	5	21
Total	34	33	27	29	30	28	35	34	43	25	24	29	371

Summary of PES manual handling incidents by sub-category 2021/22. Data source Datix last accessed 06/04/2022

7.3 Objective 3: 480 frontline managers offered advanced training in health and safety management

The Health Safety and Security team have offered band 6 and above leaders advanced training in health and safety management since November 2019. The training consists of one session (one five-hour day) per month and each course can accommodate 20 people in each session.

The training offer was interrupted due to COVID 19 during 2020/21 and this reduced the opportunity from 29 sessions (580 places) to 22 sessions by 31 March 2022 (440 places) - a reduction of 140 places.

Twelve virtual training sessions (240 places) were offered in the year to 31 March 2022. The total number of staff who have received the training in year was 187, an uptake of 78%.

The overall number of staff to have undertaken the training since November 2019 to date is 327.

Outcome: The objective of 480 offers by 31 March 2022 has not been met. There remains a need to deliver advanced training to an increasing staff population and as such the HSS team are proposing a self-service modular offer accessible online with assurance of understanding realised through a series of short online assessments at the end each module.

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7.4 Objective 4: 100% sites receiving an annual rapid review of health and safety as part of the scheduled quality assurance visits

Each of the 141 premises (including shared premises) received an annual rapid review of health and safety by 31 March 2022. This is an excellent achievement by the HSS team given the challenges of resourcing experienced in the year.

All actions arising from the reviews are reported and managed via the established quality assurance visit governance process.

Outcome: Achieved

7.5 Objective 5: Develop measures to allow for the monitoring of Safe Check compliance

In the regular meetings between the Safe Check development team and the compliance unit, the first compliance measure under review has been the tyre checks. It was identified following a deep-dive analysis there were issues in the logic calculation, which resulted in a lack of confidence in the performance or compliance results by operational teams. Several changes were made to the calculation, including a transition from weekly to overall monthly compliance reporting, resulting in renewed confidence in the data; allowing operational teams to place focus on the areas which require improvement. The table below describes the NWAS overall improving picture of compliance to the tyre check measure through safe check using monthly data.

Tyre Check Compliance	Dec-21	Jan-22	Feb-22
CAL	71%	71%	77%
CAM	18%	20%	36%
GM	28%	22%	43%
HART	31%	81%	80%
PTS	41%	47%	66%
NWAS Overall	39%	42%	57%

Summary of tyre check compliance. Improving picture 2021/22

Outcome: Achieved but ongoing development required in 2022/23

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8. Resourcing and Engagement

8.1 Team Resourcing

In the year to 31 March 2022 there have been several personnel changes to team membership including the establishment of two additional practitioner positions, bringing the number of such positions five. Two staff members have retired, and a third has undertaken a new position elsewhere in the trust. Long-term sickness absence has meant interim leadership for this function has been provided from other members of the quality directorate and this is ongoing into 2022/23.

Despite these issues, the HSS team have continued to provide support and advice for staff to maintain their health, wellbeing and safety whilst meeting their key objectives for the year.

8.2 HSS Engagement: Sector Partnership (SPG) and Service Line HSS meetings

There are numerous engagement meetings with operational staff that have been fully serviced by the HSS team. The team, in addition to their active responsibilities in site audits, RIDDOR management, violence and aggression marker review and general HSS advice they attend local level (SPG meetings – three times a year) and service line HSS meetings (PES, PTS, Estates, Fleet and Facilities Management et al).

Historically the HSS team have provided the papers to support the meetings, however this causes a disadvantage to the team and to the service line they are supporting. Moving forward it is proposed the sector and service lines own and produce their own dashboards – guided by the HSS team – which will enable the practitioner to better support the HSS activity through being a critical friend and advisor rather than the data reporter. The advantage to this subtle change is that the sector and service lines will become accountable for their incidents and more easily understand who owns and is responsible for the local HSS issues. Additionally, the HSS practitioners can remove themselves from being data reporters to active participation and improvement practitioners, which under current arrangements they are unable to perform due to the burden of report preparation.

8.3 Trade Union Engagement: Joint Statement

The joint trade unions within NWAS are committed to ensuring a safe and healthy working environment and that any risks are properly controlled. Although NWAS as an employer is legally responsible for ensuring a safe workplace, we all have a part to play. It is vital that any near misses or untoward incidents are reported. As well as raising concerns via the DATIX system, staff are encouraged to discuss any issues with their union health & safety representative.

The joint trade unions and NWAS health and safety team are committed to continuing our excellent partnership working to ensure the safest possible environment for our staff and patients.

8.4 Guidance and Policy Review

In the 12 months to 31 March 2022, several policy documents have been developed and or refreshed and revised. All HSS policies and guidance are subject to open consultation, historically as part of the standing agenda item at the health, safety, and security sub-committee; the practice being the papers come first for notice of consultation and six months later for sign-off.

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8.4.1 Health, Safety and Security Policy

The NWAS Health, Safety and Security Policy was refreshed with some significant changes as summarised in the table below. The updated policy is now live and located on the trust intranet for all staff members to access.

Section No.	HSS Section title	Summary of Change	Significant or minor impact
	Statement of Commitment	Expanded to include explicit statement of responsibilities of all line managers and the estates and facilities team	significant
4.1	Board of Directors	Include a commitment to wear appropriate protective equipment where necessary	minor
4.3	Director of Quality Innovation & Improvement	Act as Chair for the Health, Safety and Security Sub-committee	minor
4.6	Assistant Director (Estates and Fleet)	Named as responsible person for fire safety across NWAS managed premises and liaise closely with the landlords of shared sites. Responsible for specific areas of health and safety processes for workshops and contracting of services to ensure annual processes for specific areas of testing and assurance such as portable equipment, fire extinguishers and ventilation.	significant
4.8	Chief of Regulatory Compliance & improvement	Renamed and revised to include undertaking the lead relationship building with the Health and Safety Executive in the North West. To act as deputy chair for the health, safety and security sub-committee.	significant
4.9	Head of Quality Compliance and Assurance	New role and responsibilities including the design, facilitation and evaluation of the health safety and security training programmes and the delivery of specialist safety training.	significant
4.10	Health, Safety and Security Manager	Strengthened statement of the role of specialist advisor. Developing and maintaining relationships with external agencies	minor
4.11	Health, Safety and Security Practitioners	Renamed and revised to include the maintenance of relationships with external agencies	minor
6.2	Health, Safety, Security and Fire Incidents	Describes the monitoring procedures in place	minor
6.3	Health, Safety, Security and Fire Audits	Describes the audit processes in place	minor
6.4	Learning from Incidents and Audits	Describes how learning is shared and risks managed.	minor
9.	Key References and Bibliography	Summary of reference materials	minor

Summary of changes to the Health Safety and Security Policy issued January 2022

8.4.2 Health, Safety and Security A – Z Toolkit

The Health, Safety and Security A-Z Toolkit represents relevant legislation and or areas of risk to NWAS. It is a 'live' toolkit and subject to regular review. Each document is subject to review and consultation before approval. In 2021/22 the following procedures and guidance have been reviewed:

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- Manual handling procedure
- Complex needs pro-forma
- Risk assessment for patients own wheelchair electric/manual
- Manual handling risk assessment additional information
- Slips, trips, and falls
- Generic Risk assessment: GRA 014 Community Paramedic
- Generic risk assessment: GRA005 Observer

8.4.3 Prevention and Reduction of Violence Policy

The prevention and reduction of violence policy is a new policy for NWAS. It was developed over the course of the year, with the significant support of staff side representatives and the membership of the Violence Prevention and Reduction Group (formerly the violence and aggression group). The policy describes NWAS intent to protect its staff members from incidents of violence (physical, threatened and verbal) through the development of systems and practices related to the national NHS security standards. This policy is now in place and available on the trust intranet site for all staff members to access.

9. Governance

The Quality and Performance Committee established the Health, Safety and Security subcommittee to provide assurance on matters relating to health, safety, and security on behalf of NWAS. The subcommittee's duties include:

- Obtaining and providing assurance that standards of HSS as a minimum comply with legal requirements and NWAS policy. That these standards are established and maintained.
- Overseeing HSS arrangements including those regarding the management of violence and aggression.
- Receiving reports, obtaining, and providing assurance there is a proactive approach to the management of HSS in all locations where NWAS staff operate.
- Receiving reports from safety representatives, specialist advisors, management, HSE and local authority inspectors where required, such as but not limited to those associated with COSHH, RIDDOR, Fire Safety and Buildings, moving and handling, and security (violence and aggression).
- Reviewing risks identified on the Corporate Risk Register pertaining to HSS. Providing assurance in relation to areas of high-level safety

A key element of the HSS subcommittee effectiveness is the partnership working with the joint trade unions. The subcommittee has been in place for 12 months and its membership has undertaken an effectiveness self-assessment. The results were favourable overall, responders acknowledged there are improvements still to be made, in terms of assurances received from HSS groups and clarity of responsibility between corporate and local operational teams. Positive comments include all attendees being given a voice and listened to in the meeting, and the continuous improvement of the HSS assurance reports received.

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10. Direction for 2022/23

The HSS objectives referred to in this annual report are taken from the Right Care (Quality) Strategy (RCS). The delivery of the RCS relies on three key elements, and they form the focus and structure of NWAS strategic objectives: Safe, Effective and Person-centred, which in turn supports the overall NWAS vision to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place, every time.

There have been several national drivers that are integral in determining the direction for 2022/23 and beyond. In the last year NHS England updated its strategic outlook on patient safety in the context of new commitments to equality, diversity, and inclusion, the impact of COVID-19 on strategic implementation and changes in patient safety infrastructure. Publications by NHS England, Health Education England, The Health Foundation, and the Health and Safety Executive have also motivated a strategy refresh to reflect the wider landscape of quality improvement and healthcare. These drivers and the impact of the pandemic, the challenges it brought and the lessons we have learnt has required us to review how we approach achieving our NWAS vision in the future. It has offered opportunity to rethink and re-frame our priorities, measures, and improvement work.

The HSS functions support the safe domain of the RCS and is described in that strategy as follows:

Our goal is to develop the safest system for our patients and staff in 999, 111, Patient Transport (PTS), within our workshops, Estates, Digital and Corporate functions, and in collaboration with our partners. This requires every staff member to understand their role and how it contributes to safety. Over the last decade, we have focused on improving governance, identifying risks, and mitigating these through assurance processes. Safety is a central part of our core functions, and this strategy seeks to take these foundations to the next level, focusing on safety improvement. Our purpose as an ambulance service is to save lives and reduce harm. As an employer, we care for our staff and ensure they work in safe environments.

The new forward plan (appendix B) describes the RCS HSS goals and indicates the activities that will be taking place in 2022/23.

10.1 Forward Plan

NWAS reiterates it will maintain its regulatory duty in maintain staff wellbeing and safety by ensuring the regulatory reporting and monitoring requirement of RIDDOR, Non-clinical incident reporting, violence and aggression and CAS alerts are met. The RCS strategy will continue to support the health and safety regulatory compliance requirements for NWAS ensuring staff and patients are at reduced risk of harm, and the HSS team will use rigorous improvement approaches to support sustained actions within operational teams across the actions.

The HSS goals include:

- Roll out of safety culture surveys and listening events across the top three areas identified in the staff survey.
- Developing “safety measures” to be used in conjunction with staff survey to evidence improvement in safety.
- Embed feedback into Datix so that safety, and learning are visible to all staff.

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The HSS team new and progressive activities for 2022/23 will include:

- exploring the opportunity to enhance staff safety culture in the NHS alongside a strong patient safety culture
- build on the staff side HSS relationships to ensure robust reporting is received from all teams into the HSS subcommittee
- developing new ways of working as Safe Check continues to develop ensuring rapid access to live data for improvement is available for operational teams
- using the intelligence from the Quality Assurance Visits to strengthen an integrated approach to HSS oversight across NWAS
- set up robust systems of working to avoid single points of failure in the team
- participate in the development of the new violence and aggression marker system
- participate in the MIAA review of the HSS RIDDOR processes
- adopt the Operation Hampshire approach to pursuit of prosecution where colleagues have been the recipient of acts of violence and or abuse, in collaboration with the Police services of the North of England.
- continue to move towards the goals set within the Right Care strategy.

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Appendix A: Summary of progress against 2021/22 action plan

REGULATORY COMPLIANCE: HEALTH AND SAFETY EXECUTIVE				Progress at end Q4 2021/22
Simple Description	Detailed Description	Frequency/ Due Date	Priority Level	
RIDDOR REPORTING	Timely reporting of RIDDORs following notification remains the responsibility of the HSS team. Board of Directors will receive assurance update.	Bi-Monthly	1	Target 75% Achieved 82%
NON-CLINICAL INCIDENT REPORTING	Reported into Datix and reported to the HSS Sub Committee	Quarterly	1	Met: Evidenced HSSSC minutes
VIOLENCE AND AGGRESSION	Reported into Datix and received by the HSS Sub Committee	Quarterly	1	Met: Evidenced HSSSC minutes
	Produce Prevention and Reduction of Violence Policy	Q4 2021/22		Met: Issued January 2022
HSS TRAINING PROGRAMME	Training dates scheduled throughout the year for: <ul style="list-style-type: none"> • Induction of new staff • HSS Competency Training programme 	31 March 2022	1	240 places available: 187 trained in year
MHRA CAS	Update and monitor CAS on behalf of the Trust ensuring throughout the year pertinent alerts are acknowledged within the alert timeframe and holding responsible parties to account for review, assessment and if appropriate action.	As informed	1	No actionable alerts received
	Report actionable alerts to the relevant committees	At least twice a year		
FIRE SAFETY ASSESSMENTS	Undertake the FSA at sites in accordance with the schedule:	31 March 2022	1	37 due in year + 19 overdue: n=58 100% achieved None notified at time of writing

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RIGHT CARE (QUALITY) STRATEGY ASSURANCE				Progress at end Q4 2021/22
Simple Description	Detailed Description	Frequency/ Due Date	Priority Level	
RIDDOR REPORTING	Using improvement methodology ensure 70% RIDDOR incident Reports are completed within 15 days of knowing about the incident, via DATIX	31 March 2022	2	Target 75% Achieved 82%
MANUAL HANDLING INJURIES	Using the baseline identified in 2020/21 develop a methodology to robustly test data collection and monitoring processes (2 cycles of PDSA min)	31 March 2022	2	Completed: baseline set up. Monitoring at sector level in place
HSS COMPETENCY TRAINING	Schedule and hold (virtual) advanced HSS training for Band 6 managers and above ensuring 50% of the cohort have received the offer to attend.	31 March 2022	2	240 places available: 187 trained in year
RAPID HSS SITE REVIEW	Schedule and undertake at least one rapid HSS site review and improvement plan set for each NWS site	31 March 2022	2	141 premises (including shared premises) 100% completed
MONITORING COMPLIANCE	Using improvement methodology develop data collection, monitoring and dissemination processes (2 cycles of PDSA min) and report compliance	At least twice a year	2	Focus on tyre checks – now performing reliably

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HEALTH, SAFETY AND SECURITY TEAM ACTIVITY				Progress at end Q4 2021/22
Simple Description	Detailed Description	Frequency/ Due Date	Priority Level	
INDEPENDENT HSS REVIEW	Develop Incident Investigation and Risk Management Procedural Framework	Q4 2021/22	2	Delayed due to resourcing issues
	HSS Team role and function review			Delayed due to resourcing issues
SECURITY	Review, assess and develop appropriate response to the NHSEI Security Standards assessments and policy development	Q2 2021/22	2	Complete: received at HSSSC
	In-house 'Security' training programme for all members of the HSS team	Q2 2021/22		Delayed due to long term sickness absence
	Develop new security questions for the QAVs/ Safe Check	Q3 2021/22		Complete: QAV process revised
VIOLENCE AND AGGRESSION	Finalise the Violence and Aggression policy and ensure FAQs are available on the NWS intranet	Q3 2021/22	2	Complete: Policy finalised January 2022
SAFETY CULTURE	Explore the opportunity for zero RIDDOR events safety culture as in industry upon the NHS.	31 March 2022	2	Delayed: to be discussed at team away day April 2022
SECURITY	<i>Emerging activity:</i> Security site visit schedule	Q4 2021/22	2	Delayed due to long term sickness absence
VIOLENCE AND AGGRESSION	<i>Emerging Activity identified November 2021:</i> Recovery outstanding V&A flag reviews Recovery plan to be defined and enacted by end Q3. Potential 1100 outstanding by 31 March 2022.	Q3 2021/22	1	Recovery plan in place 560 markers outstanding 31 March 2022
REGULATORY ASSURANCE	<i>Emerging Activity identified November 2021:</i> CQC Regulatory Assurance self- assessment. Self-assessment 'close the gap' plan to be described with stakeholders by Q4.	Q4 2021/22	1	Delayed due to resourcing issues
COSHH	<i>Emerging activity identified November 2021:</i> Process to approve substances under COSHH regulations	31 March 2022	1	Complete. Process reviewed and established with Procurement team

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Date of Approval:	Updated 16 05 2022	Status:	Draft
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Appendix B: Forward Plan 2022/23

REGULATORY COMPLIANCE: HEALTH AND SAFETY EXECUTIVE			
Simple Description	Detailed Description	Frequency/ Due Date	Priority Level
RIDDOR REPORTING	Timely reporting of RIDDORs following notification remains the responsibility of the HSS team. Board of Directors will receive assurance update.	Bi-Monthly	1
NON-CLINICAL INCIDENT REPORTING	Develop "safety measures" to be used in conjunction with staff survey to evidence improvement in safety.	Quarterly	1
VIOLENCE PREVENTION AND REDUCTION	Engage with National Violence Prevention and Reduction agenda	Quarterly	1
	Develop robust processes to prosecution processes using Operation Hampshire initiative	Q4 2022/23	
HSS TRAINING PROGRAMME	Training dates scheduled throughout the year for: <ul style="list-style-type: none"> • Induction of new staff • HSS Competency Training programme 	31 March 2023	1
MHRA CAS	Update and monitor CAS on behalf of the Trust ensuring throughout the year pertinent alerts are acknowledged within the alert timeframe and holding responsible parties to account for review, assessment and if appropriate action.	As informed	1
	Report actionable alerts to the relevant committees	At least twice a year	
FIRE SAFETY ASSESSMENTS	Undertake the FSA at sites in accordance with the schedule:	31 March 2023	1

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REPORT TO BOARD OF DIRECTORS

DATE:	25 th May 2022					
SUBJECT:	Senior Information Risk Owners (SIRO) Annual Report 21/22					
PRESENTED BY:	Director of Quality, Innovation and Improvement (SIRO)					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<p>The Senior Information Risk Officer (SIRO) is accountable for Information Governance within NWS and chairs the Information Governance Sub Committee (IGSC). NWS data protection systems provide assurance that personal information is dealt with legally, securely, efficiently and effectively. A resilient team is in place and the IGSC reports to the Audit Committee with risks reported via audit chairs assurance report to Board. The Board Assurance Framework includes a risk related to cyber security to reflect the fact that despite robust internal controls there is a continuous and amplified risk of cyber attack globally. The information governance work programme aligns to the assertions set out in the NHSE/I Data Security and Protection Toolkit (DSPT).</p> <p>DSPT June 2021 submission: The final submission of the DSPT was extended until the end of June due to COVID 19. The Trust submitted a score of 109/110, the only assertion which the Trust did not have evidence to meet was 3.2.1 95% of staff have completed annual Data Security Awareness training. An improvement plan was submitted for this assertion. This gave the status of the final submission "Approaching Standards".</p> <p>DSPT June 2022 submission: The position for the June baseline submission was 107/110. Two of the three assertions for which we did not have evidence at the time we will now meet for the final submission. We do not expect to meet the Data Security Awareness training at 95% compliance assertion.</p> <p>Data security awareness training: Although we will not meet this assertion we have seen a significant increase in compliance reaching 83% in February.</p>					

	<p>Data Breaches: During 2021/22 a total of 68 breaches were reported.</p> <p>Complaints: The Data Protection Officer (DPO) received a total of six complaints. All complaints have been escalated and where the ICO have been involved they have confirmed they are satisfied with trust investigations.</p> <p>Data Protection Impact Assessments: The team have screened 24 information asset introductions/changes during the year, with 8 of these progressing to a full data protection impact assessment.</p> <p>Information Sharing Agreements: 40 data sharing agreements have been approved and signed off by receiving locations for the ePR.</p> <p>Subject Access Requests: Our Individual Rights process has received SARs, Access to Health Requests, and numerous redirections of requests across the trust. A total of 2,226 requests (including SARs, Access to Health requests, and redirections) came into the trust in 21/22.</p> <p>Internal Audit and Assurance: A Digital Maturity self-assessment was conducted via AACE which demonstrated that we have strong processes in place for Information Governance and compare favourably with other ambulance Trusts. An internal MIAA audit on data quality was completed in April 2021 which gave moderate assurance. Actions from the audit were completed throughout the year with assurance provided to audit committee.</p> <p>Risks Of the 6 risks carried from 20/21, 4 have been closed in year. New risks centre around the move to digital records. There are currently 7 open risks all within their review dates.</p>		
RECOMMENDATIONS:	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> • Take assurance that the Trust has effective systems and process in place to maintain the security of information. • Take assurance that MIAA provided an assurance rating of “Significant “from the DSPT audit they completed in 2021. 		
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust’s Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p><input type="checkbox"/> Financial/ VfM</p> <p><input type="checkbox"/> Compliance/ Regulatory</p> <p><input type="checkbox"/> Quality Outcomes</p> <p><input type="checkbox"/> Innovation</p> <p><input type="checkbox"/> Reputation</p>		
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability <input type="checkbox"/>

PREVIOUSLY CONSIDERED BY:	Information Governance Sub Committee ELC	
	Date:	17.05.22 18.05.22
	Outcome:	Some additions and clarifications made with approval to submit forward to board

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1. PURPOSE

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

2. BACKGROUND

- 2.1** Data is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. Information Governance (IG) and data protection is concerned with the way NHS organisations handle information about patients/clients and employees, in particular personal and special category information.

- 2.2** Data protection gives organisations and individuals assurance that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care.

- 2.3** We have a Senior Information Risk Officer (SIRO) who is accountable for Information Governance within the organisation and chairs the Information Governance Sub Committee (IGSC). Resilience is provided by the CIO who is also deputy SIRO. In previous years the Information Management group has reported to Resources Committee. This has now changed in year in line with the governance structure where IGSC reports to the Audit Committee bi monthly through the chairs assurance report with risks reported via the audit chairs report to Board. IGSC effectiveness is monitored via the annual governance process review.

- 2.4** The Medical Director, as the Caldicott Guardian support the SIRO. The Caldicott Guardian is responsible for protecting the confidentiality of people's health and care information and making sure it is used properly. The IG team keep a Caldicott log, this details approval/decisions from the Caldicott Guardian.

- 2.5** The Work programme aligns to the assertions set out in the Data Security and Protection Toolkit (DSPT). A focus of the work programme in year has been clinical records management including the registration authority, records management, cyber security and data quality. Policies and Procedures are managed through the IGSC and signed off with Executive Leadership Committee as required. This year new Policies have been approved for Data Protection, Records Management, and IT Security.

- 2.6** We have a well established team and DPO who work closely with cyber security colleagues in IT. This year we have invested in a new records management role. Following structural changes leadership has been strengthened with the team now reporting to our CCIO who reports to the CIO.

3. INTERNAL ASSURANCE STRUCTURE

- 3.1** The Information Governance Sub- committee. is chaired by the Trust's Senior Information Risk Owner (SIRO).

3.2 The terms of reference and membership were refreshed during 2020/21 following completion of the Management Group Effectiveness Review and Group Self-Assessment facilitated by the Corporate Governance Team.

3.3 The Group provides assurance to the Board of Directors via the Audit Committee.

3.4 For day-to-day information risk management, the SIRO is supported by the, Deputy SIRO, the Medical Director, as the Caldicott Guardian and the Data Protection Officer.

3.5 The Board Assurance Framework included a risk related to cyber security which provided the opportunity for escalation of risks and assurances to be provided to the Board on a regular basis. An external audit on data quality was completed in April 21 which gave moderate assurance. Actions were completed throughout the year with assurance provided to audit committee. A Digital Maturity self-assessment conducted across all Ambulance Services via AACE demonstrated that we have strong processes in place for Information Governance.

4. DATA SECURITY AND PROTECTION TOOLKIT PERFORMANCE

4.1 The Data Security and Protection Toolkit (DSPT) is designed to provide assurance to the Department of Health of local implementation of the ten data security standards as set out in the National Data Guardian's 2016 review and some elements of the UK GDPR. There is emphasis on data security leadership and obligations concerning people, processes and technology. The DSPT assurance will form the basis of CQC inspections within the Well Led Key Lines of Enquiry.

4.2 NHS Digital expects organisations to achieve "standards met" in the DSPT which is defined as completion of all mandatory assertions. Organisations' statuses are published with the aim of providing assurance to working partners and patients of the standard of information management within NHS Trusts.

4.3 DSPT JUNE 2021 SUBMISSION

The final submission of the DSPT was extended until the end of June 21 due to COVID 19. The Trust submitted a score of 109/110, the only assertion which the Trust did not have evidence to meet was 3.2.1 - 95% of staff have completed annual Data Security Awareness training. An improvement plan was submitted for this assertion. This gave the status of the final submission "Approaching Standards".

4.4 MIAA AUDIT

MIAA completed an audit on a sample of assertions. The Trust received a rating of "Substantial Assurance" on the completed audit "Assessment and Assurance". The summary of the audit can be seen in appendix 1.

The overall assurance level across all the 10 National Data Guardian standards is rated as Moderate.

4.5 DSPT JUNE 2022

The position statement for the June 22 baseline submission was 107/110. Two assertions were not completed at the time of the baseline but we do now have the evidence in place to meet them for Backups and Accountable Suppliers. A new backup has been procured and is due to be implemented and we now have the evidence collated for the accountable suppliers assertion. The one assertion we do not expect to meet is Data Security Awareness training at 95% compliance.

The first phase of the audit has been completed and the second phase is to be completed on the 31st May. For the final submission the score should be 109/110. This means we will be 'standards not met' however we hope with an improvement plan submitted we may be given 'Approaching Standards'.

4.6 DATA SECURITY AWARENESS TRAINING

Although we will not meet the 95% compliance assertion following our improvement plan we have seen a significant increase in data security awareness training completion, increasing from 67% in October 21 to 83% compliance in February 2022. Individual teams have made significant improvements for example 111 who reached 94% compliance. Further work is planned to embed the training in to core processes for example issuing of smart cards and devices and induction.



5. DATA BREACHES

5.1 The Trust uses the Datix Incident Report Form to capture data breaches reported by all levels of staff. During 2021/22 a total of 68 breaches were reported. One incident was externally reported, after meeting the criteria for notification to the Information Commissioners Office (ICO). There has been a decrease in the number of reported data breaches for 21/22, this is likely a result of changes in reporting. Loss of ID badges are no longer reported as a data breach.

6. THE ROLE OF THE DATA PROTECTION OFFICER

- 6.1 The DPOs assists the Trust to monitor internal compliance, and advise on data protection obligations, also provide advice regarding Data Protection Impact Assessments (DPIAs) and acts as a contact point for data subjects and the Information Commissioner's Office (ICO).

The DPO is independent, an expert in data protection, adequately resourced, and reports to the highest management level.

The Trust procure the DPO service from Mersey Internal Audit Agency.

- 6.2 The Data Protection Officer (DPO) received a total of six complaints. All complaints have been escalated and the majority have been closed. One complaint was regarding the handling of a Subject Access Request (SAR). The ICO requested that the trust revisited the handling of the request. After this was completed, the ICO confirmed they were satisfied with the trust's investigation.

7. DATA PROTECTION IMPACT ASSESSMENTS

- 7.1 Over the past year the IG team's focus has been on ensuring that the introduction of new information assets, changes to existing assets and procedures introduce only acceptable levels of information risk. Assessment of risk prior to information processing commencing is the best way to do this. The Trust has introduced a comprehensive assessment which is facilitated by the IG team and involves internal and external stakeholders with knowledge of the information asset and purposes of information processing.
- 7.2 The team have screened 24 information asset introductions/changes during the year, with 8 of these progressing to a full data protection impact assessment.

8. INFORMATION SHARING AGREEMENTS

- 8.1 40 data sharing agreements have been approved and signed off by receiving locations for the ePR. This was processed via the Information Sharing Gateway. A Sharing agreement between NWS and the Fire Service has been created and signed off. There has been one contract review for the research team this was NIHR CRN GM.

9. SUBJECT ACCESS REQUESTS

- 9.1 Our Individual Rights process has received SARs, Access to Health Requests, and numerous redirections of requests across the trust. A total of 2,226 requests (including SARs, Access to Health requests, and redirections) came into the trust in 21/22.

10. **Key Performance Indicators:** All key performance indicators (KPI) were met.

KPI	Target	Q1	Q2	Q3	Q4
Freedom of Information	To respond to 90% of requests	95%	99%	99%	98%

Request (FOI)	within 20 working days.				
Subject Access Requests (SARs)	To respond to 85% of requests without undue delay and at the latest, within one month.	92%	99%	99%	100%
Data Protection Requests	To respond to 85% of requests within 40 working days	100%*	96%	98%	99%
Data Breaches	To report any externally reportable data breaches within the 72-hour timescale.	100%	100%	100%	100%

10.1 DATA PROTECTION (Body Worn Video Cameras)

The IG team have taken over the processing of body worn video camera requests are documented below covering the number of incidents raised via Datix.

October	November	December	January 2022	February	March
12	9	9	11	12	16

10. RISKS

10.1 The IG risk register is regularly reviewed at the Information Governance Sub Committee. At the beginning of the year there were 6 outstanding risks scoring 12 or more. Of these, 4 have been closed:

- 3511: PTS patient information visibility to multiple users
- 3487: Data security e-learning uptake in mandatory training
- 3105: Lancashire Ambulance digital record systems decommissioning
- 3489: Email encryption during migration to O365

Two risk remain but have had their score reduced with the appointment of a data quality manager and funding being sought for a database administrator:

- 3501: Data Quality and Consistency
- 3502: Database administration

Currently, there are 7 risks, 6 of which have a risk score less than 10. All are within their review periods. New risks which have been added centre around the move to digital records, specifically:

- 3591: Record retention schedules and management of out of date records
- 3592: EPR paper based fallback position and potential loss of information
- 3534: Record management
- 2816: Issues with Registering Authority(RA) function

Plans are in place with work on interoperability, introduction of an I-Pad based EPR and the appointment of a records manager which will see these risks closed or further reduced in the current year. One remaining risk is currently under review to be addressed in 22/23:

- 3016: GRS web, security of staff data

11. RECOMMENDATIONS

The Board of Directors is recommended to:

- Take assurance that the Trust has effective systems and process in place to maintain the security of information.
- Take assurance that MIAA provided an assurance rating of “Significant “from the DSPT audit they completed in 2021.



Data Security and Protection Toolkit Assessment Summary Report 2020/21

North West Ambulance Service NHS Trust

Report Ref: 201NWAS_2021_902

Date of Issue: June 2021

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2 Scope

3 Executive Summary

4 Assessment and Assurance

Appendix A: Terms of Reference

Appendix B: Assurance Definitions and Risk Classifications

Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

Reports prepared by MIAA are prepared for your sole use and no responsibility is taken by MIAA or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit and shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

Future periods

The assessment of controls relating to the process is that at June 2021. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

Public Sector Internal Audit Standards

Our work was completed in accordance with Public Sector Internal Audit Standards.

Key Dates

Report Stage	Date
Discussion Document Issued	28/06/2021
Discussion Meeting	29/06/2021
Final Draft Report Issued	29/06/2021
Client Approval Received	29/06/2021
Final Report Issued	29/06/2021

Report Distribution

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Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this review. This report has been prepared as commissioned by the organisation, and is for your sole use. If you have any queries regarding this review please contact the Audit Manager. To discuss any other issues then please contact the Director. MIAA would be grateful if you could complete a short survey using the link below to provide us with valuable feedback to support us in continuing to provide the best service to you.

https://www.surveymonkey.com/r/MIAA_Client_Feedback_Survey

1 Introduction, Background and Objective

In 2018 the Information Governance toolkit (IGT) was withdrawn and replaced with the new Data Security and Protection Toolkit (DSPT). It was developed by NHS Digital in response to The National Data Guardian's Review of Data Security, Consent and Opt-Outs published in July 2016 and the subsequent Government response, Your Data: Better Security, Better Choice, Better Care, published in July 2017.

The DSPT is a tool which allows organisations to measure their compliance against legislation and central guidance, and helps identify areas of full, partial or non-compliance.

In September 2020, NHS Digital published a methodology for independent assessment and internal audit providers to implement when performing DSPT audits (<https://www.dsptoolkit.nhs.uk/News/83>) which included a set scope for the review.

The published assessment methodology requires assessors/auditors to form a view on the in-scope assertions and key elements of your DSP Toolkit environment including:

- An assessment of the overall risk associated with the organisation's data security and data protection control environment. i.e. the level of risk associated with controls failing and data security and protection objectives not being achieved;
- An assessment as to the veracity of the organisation's self-assessment / DSP Toolkit submission and the assessor's level of confidence that the submission aligns to their assessment of the risk and controls.

The guidance also provides a reporting and scoring standard.

Whilst this guidance has formed the basis of our approach, we have had to apply flexibility and pragmatism to the approach given the impacts and challenges of delivering this review during the height of the third wave of coronavirus pandemic. As such, review and assessment in some instances has been based on evidence as provided rather than that independently obtained.

2 Scope

In accordance with the guidance mandated by NHS Digital, the selected thirteen DSPT assertions assessed during this review were:

Area	Description
1.6	The use of personal information is subject to data protection by design and by default.
1.8	There is a clear understanding and management of the identified and significant risks to sensitive information and services
2.2	Staff are supported in understanding their obligations under the National Data Guardian's Data Security Standards.
3.1	There has been an assessment of data security and protection training needs across the organisation.
4.2	Organisation assures good management and maintenance of identity and access control for its networks and information systems
5.1	Process reviews are held at least once per year where data security is put at risk and following data security incidents.
6.2	All user devices are subject to anti-virus protections while email services benefit from spam filtering and protection deployed at the corporate gateway.
7.2	There is an effective test of the continuity plan and disaster recovery plan for data security incidents.
7.3	You have the capability to enact your incident response plan, including effective limitation of impact on your essential service. During an incident, you have access to timely information on which to base your response decisions.
8.3	Supported systems are kept up-to-date with the latest security patches.
8.4	You manage known vulnerabilities in your network and information systems to prevent disruption of the essential service.
9.2	A penetration test has been scoped and undertaken

Area	Description
10.2	Basic due diligence has been undertaken against each supplier that handles personal information in accordance with ICO and NHS Digital guidance.

The scope of this review included only the mandatory elements of the above selected assertions.

3 Executive Summary

North West Ambulance Service NHS Trust serves more than seven million people across approximately 5,400 square miles. The Trust receive approximately 1.3 million 999 calls and make 1.5 million patient transport journeys every year. The Trust employs around 6,300 staff.

The Trust has demonstrated a clear organisational governance structure in relation to data security and protection with associated processes, key roles and commitment and support by senior management. The Trust has demonstrated ongoing development of its data security and protection framework and controls and has maintained its governance arrangements for data security and protection throughout the pandemic.

The Trust has demonstrated that it has plans for the completion of its toolkit submission in time for the June 2021 submission.

3.1 Areas of good practice

During our review we noted the following areas of good practice:

- Well observed processes for data protection by design and default principles, with evidence of data protection impact assessments;
- Well defined technical controls in place to prevent information being inappropriately copied or downloaded;
- Risks were raised and discussed within the Trust, with evidence of risk registers operating and being discussed within the governance structure;
- The Training Needs Analysis demonstrated requirements included those for specialist roles, this had been reviewed and approved by the Information Governance Sub Committee in April 2021;
- Logs were found to be retained for sufficient periods and were subject to review;
- The Trust were found to have a system operating to identify accounts that had not been logged into for over 90 days and were subject to review. Testing on leavers found accounts were appropriately removed;
- Data security and protection incidents were appropriately managed, with completion of root cause analysis and actions taken. These were reported to the Information Governance Sub Committee;
- Up to date antivirus and patching was in place across sample testing with dashboards reviewed to demonstrate compliance across the estate. Windows Defender is used to manage antivirus;
- Examples of testing the Information Security Incident Response and Management Plan were provided. The Trust had undertaken one exercise in year with outputs reported to the Information Governance Sub Committee;
- Policies and SOPs to support the back up process were found to be in place, in date and approved. The Trust demonstrated a successful back from restore in April 2021;
- NHS Digital Alerts (CareCERT) compliance and investigation was established and discussed at the IT Security Forum and Information Management Group;

- The Trust is aware of the current unsupported operating systems on its estate. This was found to be on the Trusts risk register with partial mitigations in place for them;
- Annual penetration testing was completed with outputs reported within the governance structure.

3.2 Areas of vulnerability and/or where improvement is required

Our detailed findings and recommendations are described in more detail in a spreadsheet that has been provided under separate cover in order that vulnerabilities are not described in detail within this document. The spreadsheet should be treated as confidential as disclosure, without significant redaction, may result in any vulnerabilities becoming more widely known and exploited.

The key areas identified, however, can be summarised thus:

- The Trust should ensure that the IT Security Policy and Mobile Devices Removable Media Policy are reviewed and approved in line with corporate processes;
- The Trust needs to ensure that new starters that have outstanding Data Security Awareness Training are followed up for completion;
- The Trust should consider options for the implementation of offline /immutable backs for all critical assets / systems to protect against ransomware, ensuring coverage is aligned to business requirements and agreed with asset owners;
- The Trust should also ensure that there is a streamlined process for the procurement of IT services throughout the Trust;
- The Trust should complete a reconciliation across the Information Asset Register, DPIA log and contracts register to identify and address any gaps in relation to due diligence and data security and protection responsibilities;
- Ensure a consistent approach to the due diligence checks for IT suppliers / third parties, explicit roles and responsibilities regarding data security and protection should be included within contracts and checks and ongoing assessment of the adequacy of certifications embedded in processes.

4 Assessment and Assurance

4.1 Assessment of self-assessment

In our view, the self-assessment does not differ materially from our independent assessment and, as such, the assurance level in respect of the veracity of the self-assessment is:

Substantial

4.2 Assessment against National Data Guardian Standards

Across the National Data Guardian Standards our assurance ratings, based upon criteria at Appendix B are:

National Data Guardian Standard level	Overall assurance rating at the National Data Guardian level
1. Personal Confidential Data	● Substantial
2. Staff Responsibilities	● Substantial
3. Training	● Substantial
4. Managing Data Access	● Substantial
5. Process Reviews	● Substantial
6. Responding to Incidents	● Substantial
7. Continuity Planning	● Moderate
8. Unsupported Systems	● Substantial
9. IT Protection	● Substantial
10. Accountable Suppliers	● Moderate

The rating is based on a mean risk rating score at the National Data Guardian (NDG) standard level. Scores have been calculated using the guidance from the independent assessment Guidance document.

As a result of the above, our overall assurance level across all 10 NDG Standards is rated as:

Moderate

Appendix A: Terms of Reference

Our work aimed to assess and provide assurance based upon the validity of the organisation’s intended final submission, and consider not only if the submission is reasonable based on the evidence submitted, but also provide assurance based on the extent to which information risk has been managed in this context.

Our scope was based on that recommended as part of the Data Security and Protection (DSP) Toolkit Strengthening Assurance Guide published in 2020 by NHS Digital. As such our assessment involved the following steps:

- Obtain access to your organisation’s DSP Toolkit self-assessment.
- Discuss the mandatory assertions that will be assessed with your organisation and define the evidence texts that will be examined during the assessment.
- Request and review the documentation provided in relation to evidence texts that are in scope of this assessment prior to the audit (if applicable).
- Interviewing the relevant stakeholders as directed by the organisation lead, who are responsible for each of the assertion evidence texts/self-assessment responses or people, processes and technology.
- Review the operation of key technical controls on-site using the DSP Toolkit Independent Assessment Framework as well as exercising professional judgement and knowledge of the organisation being assessed.

Selected Assertions

As based on the recommended scoping from NHS digital the selected thirteen assertions are as follows:

Area	Description
1.6	The use of personal information is subject to data protection by design and by default.
1.8	There is a clear understanding and management of the identified and significant risks to sensitive information and services
2.2	Staff are supported in understanding their obligations under the National Data Guardian’s Data Security Standards.

Area	Description
3.1	There has been an assessment of data security and protection training needs across the organisation.
4.2	Organisation assures good management and maintenance of identity and access control for its networks and information systems
5.1	Process reviews are held at least once per year where data security is put at risk and following data security incidents.
6.2	All user devices are subject to anti-virus protections while email services benefit from spam filtering and protection deployed at the corporate gateway.
7.2	There is an effective test of the continuity plan and disaster recovery plan for data security incidents.
7.3	You have the capability to enact your incident response plan, including effective limitation of impact on your essential service. During an incident, you have access to timely information on which to base your response decisions.
8.3	Supported systems are kept up-to-date with the latest security patches.
8.4	You manage known vulnerabilities in your network and information systems to prevent disruption of the essential service.
9.2	A penetration test has been scoped and undertaken
10.2	Basic due diligence has been undertaken against each supplier that handles personal information in accordance with ICO and NHS Digital guidance.

The scope of this review included only the mandatory elements of the above selected assertions.

Appendix B: Assurance Definitions and Risk Classifications

Overall NDG Standard Assurance Rating Classification	Rating Thresholds when only 1 assertion per NDG Standard is in scope	Rating Thresholds when 2 or more assertions are in scope for each NDG Standard. Mean score (Total points divided by the number of in-scope assertions)
● Substantial	1 or less	1 or less
● Moderate	Greater than 1, less than 10	Greater than 1, less than 4
● Limited	Greater than/equal to 10, less than 40	Greater than/equal to 4, less than 5.9
● Unsatisfactory	40 and above	5.9 and above

Overall risk rating across all in-scope standards

Unsatisfactory	1 or more Standards is rated as 'Unsatisfactory'
Limited	No standards are rated as 'Unsatisfactory', but 2 or more are rated as 'Limited'
Moderate	There are no standards rated as 'Unsatisfactory', and 1 or none rated as 'Limited'. However, not all standards are rated as 'Substantial'.
Substantial	All of the standards are rated as 'Substantial'

Level of deviation from the DSP Toolkit submission and assessment findings	Confidence level	Assurance level
<p>High – the organisation’s self-assessment against the Toolkit differs significantly from the Independent Assessment</p> <p>For example, the organisation has declared as “Standards Met” or “Standards Exceeded” but the independent assessment has found individual National Data Guardian Standards as ‘Unsatisfactory’ and the overall rating is ‘Unsatisfactory’.</p>	Low	Limited
<p>Medium - the organisation’s self-assessment against the Toolkit differs somewhat from the Independent Assessment</p> <p>For example, the Independent Assessor has exercised professional judgement in comparing the self-assessment to their independent assessment and there is a non-trivial deviation or discord between the two.</p>	Medium	Moderate
<p>Low - the organisation’s self-assessment against the Toolkit does not differ / deviates only minimally from the Independent Assessment</p>	High	Substantial



REPORT TO BOARD OF DIRECTORS

DATE:	25 th May 2022					
SUBJECT:	Complaints Annual report (FY 21/22)					
PRESENTED BY:	Director of Quality, Innovation and Improvement (SIRO)					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<ul style="list-style-type: none"> • Activity: from 1 April 2021 until 31 March 2022, the Trust has received a total of 2,180 complaints which is an average of 182 complaints per month. • Closure: we have closed an average of 111 complaints per month. • Open Complaints: As of the 31st March 2022, there were 177 complaints open, a reduction from 304 at the end of September 2021 (end of Q2). Of the 177 open complaints, 84 (47%) were overdue. • Backlog Recovery: A recovery plan to reduce the backlog of overdue complaints is monitored monthly by the ELC. The increased focus on reducing our backlog of complaints will continue through 2022/2023. • Learning & Thematic review: A review has established that the top six most common reasons for complaints throughout 2021/2022 has been: <ul style="list-style-type: none"> • Staff conduct • Care and treatment • Emergency response • PTS journey times • Communication and information • Driving Standards <p>There is a complaints risk on the corporate risk register:</p> <p>Datix ID 3056 - There is a risk that due to the backlog of complaints, complainants and reporters of external incidents are not receiving timely responses resulting in a poor complainant experience, non-regulatory compliance, and delayed learning from adverse events.</p>					

Key Assurance Points to note:

1. The processes of managing complaints has improved in year.
2. Additional support in the form of both senior management and administrator roles were provided to assist the Patient Safety team to strengthen their capability to deal with the backlog.
3. A recovery plan aimed at tackling the backlog of complaints is producing results and is continuing with oversight being maintained by the ELC. There is a corporate risk for this.
4. The planned implementation of Datix Cloud IQ will provide several benefits including an improvement in the ability to report on and address learning outcomes.
5. The Patient Safety Sub-Committee was established in May 2021, reporting to the Quality and Performance Committee. The Patient Safety Sub-Committee seeks assurance relating to patient safety activities within the Trust, especially those referenced within the National Patient Safety Strategy and the NNAS Right Care (Quality) Strategy.
6. In April 2022, the requirement to focus on alignment with coroners/legal and datix IQ has prompted a portfolio review of Directors portfolio and a move from the Director of Quality, Innovation and Improvement to the Director of Corporate Affairs.
7. There have been recent changes to the Case Assessment Pro-forma to capture ethnicity data and this is part of the Datix IQ implementation Plan.

RECOMMENDATIONS:

The Board of Directors is asked to:

- Note assurances provided
- Note the work ongoing to reduce the number of open complaints
- Receive assurance that the complaints backlog is being addressed and will continue as a priority in 22/23
- Note the extreme pressure and associated challenges which have led to the right care strategy goals not being met
- Note the transition of the complaints and incidents portfolio to the Director of Corporate Affairs for future reporting and accountability.

CONSIDERATION TO RISK APPETITE STATEMENT

The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:

(DECISION PAPERS ONLY)	<input type="checkbox"/> Financial/ VfM <input type="checkbox"/> Compliance/ Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> Innovation <input type="checkbox"/> Reputation			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee			
	Date:	23.05.22		
	Outcome:	Not know at time of submission		

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1 PURPOSE

- 1.1 The purpose of this annual report is to assure the Quality and Performance committee that:
- There are robust systems in place to ensure the Trust is compliant with the requirements of NHS complaints regulations.
 - The Trust is compliant with the Ombudsman's guidance on complaints handling.
 - The Trust is learning from complaints and improvements are included in annual plans.
 - The Trust is monitoring progress against the right care strategy.

This report covers the period from 1st April 2021 to 31st March 2022.

2 BACKGROUND

- 2.1 The Trust has a statutory responsibility to robustly investigate and respond to complaints raised with the organisation in relation to the care that it provides. This commitment is underpinned by specific legislation, namely The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Care Act (2014). The Trust works in partnership with other organisations to ensure that the response to complaints or concerns cover all areas of the complaint in one response where possible and is communicated in an effective manner for the patient and/or their family/representatives. Complaint management standards are determined nationally for NHS Provider organisations and are monitored via the regulator (Care Quality Commission) and the Parliamentary & Health Service Ombudsman (PHSO).
- 2.2 Our commitment is that whenever possible, we will provide open and transparent resolution to enquiries within 24 hours. Where it is not possible to provide an immediate response, we commit to conducting a fair and proportionate investigation within agreed timeframes.
- 2.3 The standards we work to are:
- Each complainant has a named individual to co-ordinate their complaint.
 - All complaints are acknowledged within 3 working days, in line with legislative requirements.
 - The complaint handler agrees a communication plan with the complainant and discusses their concerns with them in full.
 - All findings are communicated to enquirers, and they can expect to be informed of any learning that has been identified through the investigation.
 - Where learning has been significant, enquirers will be provided with the opportunity to share their story through a multi-media approach for the benefit of organisational learning.
- 2.4 The Right Care Strategy sets out four pillars of quality and in relation to complaint handling the goals are noted below:

Pillars of Quality (POQ)	Target 2021-22
Reduce the overall numbers of complaints per 1000 WTE staff	25 (Per 1000 WTE Staff)

Increase the percentage of severity 1–2 complaints closed within 5 days to 65%	65%
Increase closure within agreed timeframes to 70% for severity 1-3	70%
Increase closure within agreed timeframes to 80% for severity 4-5	80%

3. ACTIVITY

3.1 Within this reporting period, a total of 2,180 complaints were received. This equates to 182 complaints per month. Complaints are scored according to the severity of the issue from 1 (least serious) to 5 (significant harm or death). All complaints scored 4-5 are reviewed by a clinical panel at the Trusts Review of Serious Events (ROSE) meeting.

3.2 Complaints that have been received by telephone or e-mail are automatically provided with a verbal and/or automated acknowledgment at point of contact.

3.3 During 2021/2022, 22 complaints were received by letter which accounts for 1.1% of all complaints. Complaints by phone call accounted for 39% of recorded complaints, with most complainants choosing to utilise email or the online form from the NWS website, of which accounted for 59% of received complaints.

3.4

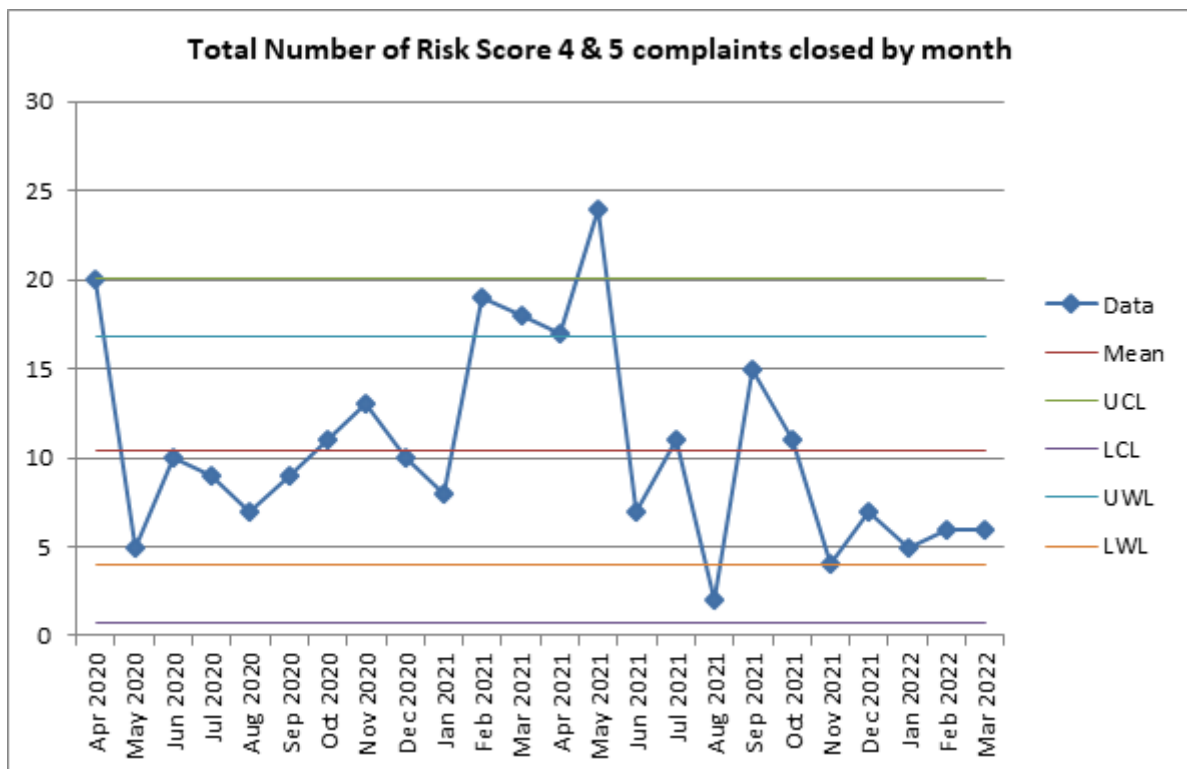


Chart 1: Number of complaints received 1st April 2020 to 31st March 2022

Level 1 and 2 Complaints 2021/2022:

	Q1	Q2	Q3	Q4	Total
Complaints In	421	469	399	346	1,635

Complaints Closed	260	448	401	420	1,529
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Level 3 Complaints 2021/2022:

	Q1	Q2	Q3	Q4	Total
Complaints In	88	156	107	76	427
Complaints Closed	22	139	123	103	387

Level 4 and 5 Complaints 2021/2022:

	Q1	Q2	Q3	Q4	Total
Complaints In	26	26	33	33	118
Complaints Closed	1	20	20	17	58

3.5 Parliamentary and Health Service Ombudsman

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 (PHSO) for reasonable, fair, and proportionate remedies during its complaints handling processes. All complaints are advised of their right to appeal if they are unhappy with a complaint response and details of the PHSO are included in our written responses.

This year 2 cases were brought before PHSO and neither were upheld.

3.6 Reasons for Complaints

A review has established that the top six most common reasons for complaints throughout 2021/2022 have been:

- Emergency response (29%)
- Staff conduct (18%)
- Care and treatment (17%)
- PTS journey times (17%)
- Communication and information (10%)
- Driving standards (3%)

Theme/Level	Level 1 Minimum	Level 2 Minor	Level 3 Moderate	Level 4 Major	Level 5 Serious	Total
Emergency response	21	273	261	62	19	636
Staff conduct	163	211	19	0	1	394
Care and treatment	30	213	110	27	6	386
PTS journey times	72	300	9	0	0	381
Communication and information	94	113	26	2	1	236

Driving Standards	49	32	0	0	0	81
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4. PROGRESS AGAINST RIGHT CARE STRATEGY GOALS

4.1 Progress against the 2021/2022 Pillars of Quality targets:

	2021/22 Target	2021/2022 Actual
Reduce the overall numbers of complaints per 1000 WTE staff Baseline per 1000 WTE Staff = 30	Target per 1000 WTE Staff = 21 (1344 Complaints)	Achieved per 1000 WTE Staff = 32 (2180 Complaints)
Increase the percentage of severity 1 – 2 complaints closed within 5 days to 65%	65%	41%
Increase closure within agreed timeframes to 70% for severity 1-3	70%	62%
Increase closure within agreed timeframes to 80% for severity 4-5	80%	31%

4.2 There were several contributing factors as to why the right care strategy goals were not achieved. The ongoing pandemic continued to place severe pressures on the service and the broader NHS. High demand and challenges to resource provision related to COVID 19 abstractions required the service to operate at REAP Level 4 for a protracted period. REAP level 4 is defined as extreme pressure and long wait times for ambulance patients was experienced both locally and at a National Level. The scale of the extreme pressure required the deployment of military personnel to work alongside and support our frontline staff.

5. MANAGEMENT OF COMPLAINTS

5.1 There are multiple ways to access the Trust to make a complaint including post, e-mail, telephone and through the website. Telephone contact remains the most common method of contacting the trust via a dedicated telephone number. Administrators are responsible for the answering the telephone and responding to callers, and there is also a telephone answering service for when lines are busy or during out of hours.

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

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

- 5.4 The Committee can also be assured about the quality of investigations, it is rare for the review of an initial investigation to reveal anomalies in the investigation process. This is supported by the extremely small numbers of complaints referred to the Ombudsman and for findings to arise from those Ombudsman investigations, all Ombudsman investigations are included within the Reportable Events Paper which is submitted to Board every two months.
- 5.5 The Complaints Review Panel convened during Q4 of 2019-20 (supported by a patient representative to provide further assurance around our responses to complainants) has been on hold since January 2021 but is due to re-convene during Q2 of 2021/22.
- 5.6 Investigation training Level 1 and Level 3 is progressing well with its delivery being through a third-party training company youHR. The focus of this training is to ensure that staff are aware of complaints legislation and have a clear understanding of the legal Duty of Candour (for serious incidents) and have an understanding of 'best practice' in investigating complaints.

6. COMPLAINTS BACKLOG CLOSURE

- 6.1 As of the 31st March 2022 there were 177 complaints open in our system, a reduction from 304 at the end of September 2021 (end of Q2). Of the 177 open complaints, 84 (47%) were overdue. The increased focus on reducing our back log of complaints will continue through 2022/2023.
- 6.2 Charts 2, 3 and 4 below demonstrate the improvement of timely closure of both open complaints and decreasing backlog for each of the risk scores.

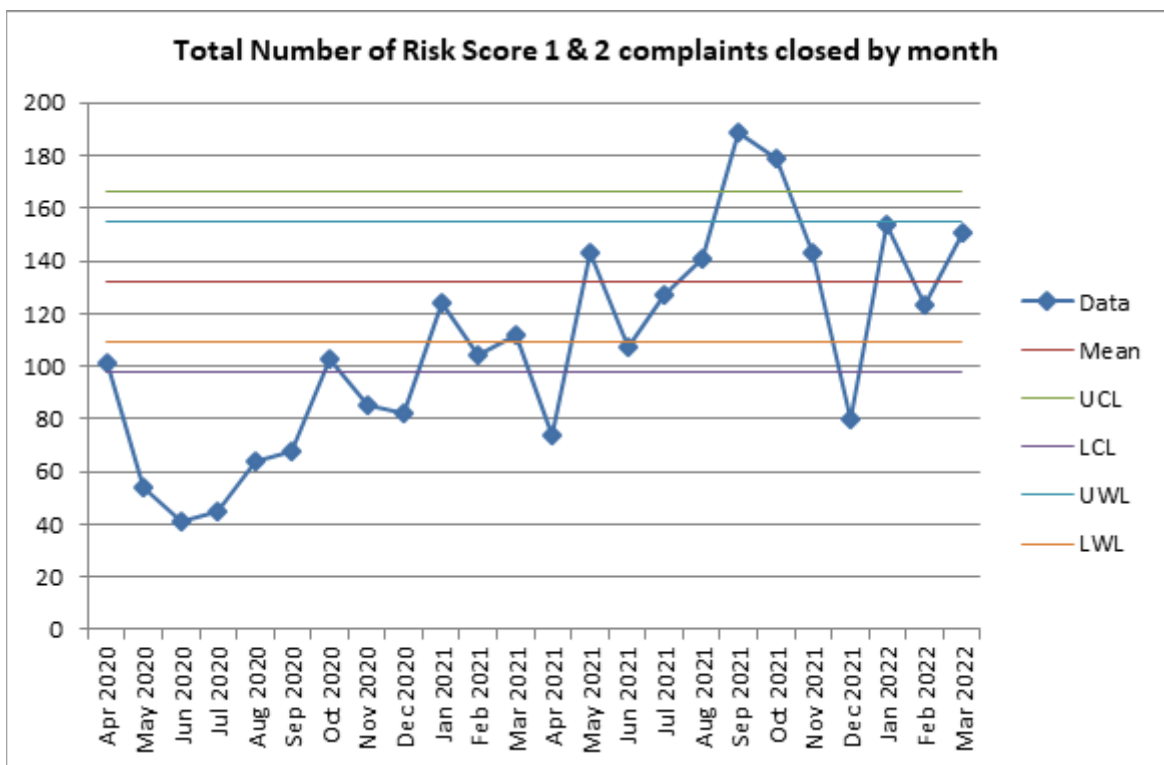


Chart 2: Closed Complaints Risk Score 1&2

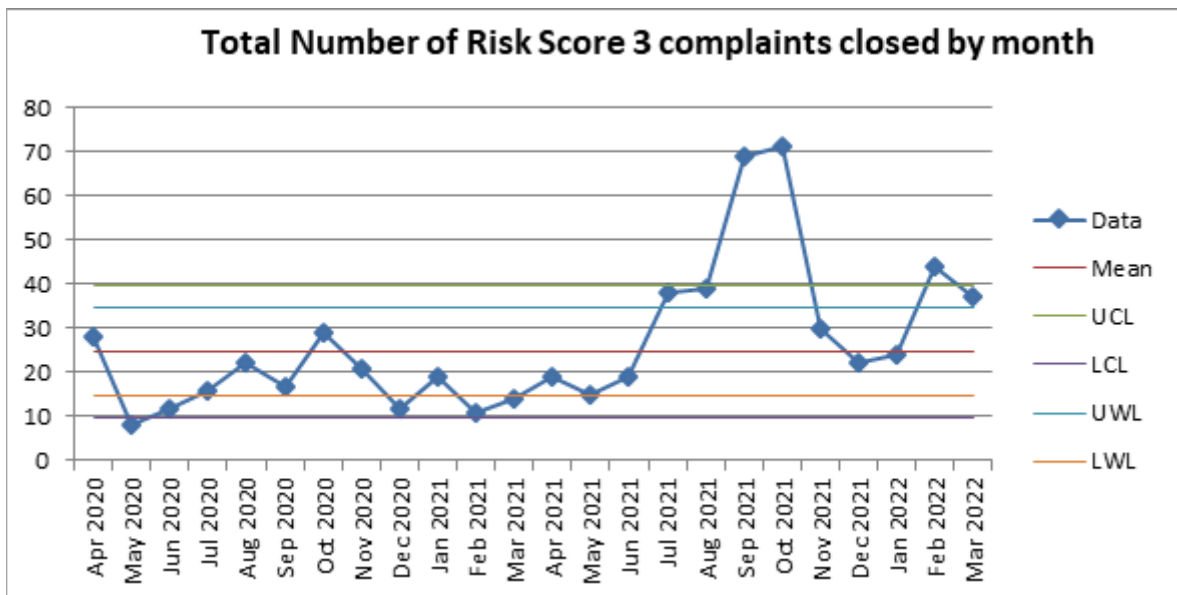


Chart 3: Closed Complaints Risk Score 3

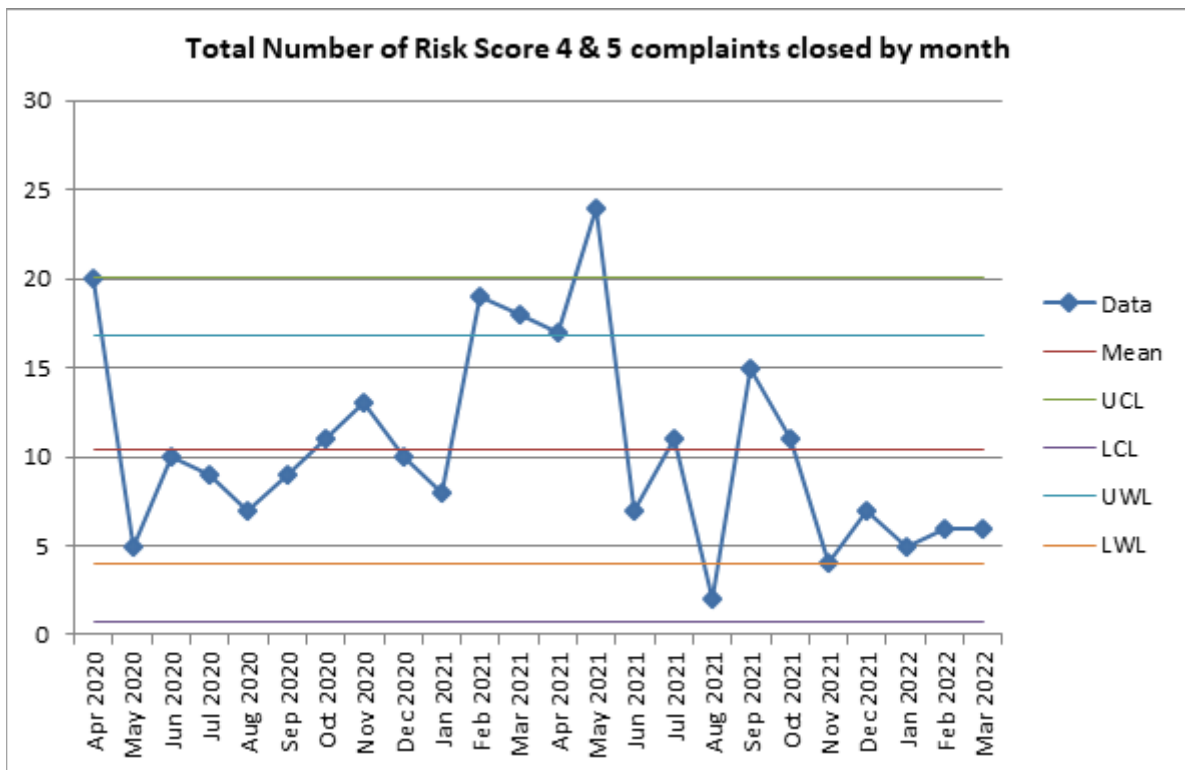


Chart 4: Closed Complaints Risk Score 4&5

7. LEARNING FROM COMPLAINTS

- 7.1 Learning from complaints is essential to understand what is not working as well as it could be, and how we can improve this.
- 7.2 Whilst each complaint is individual to the person involved, there are some broad themes around complaints which have been identified through thematic review. These are:

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

7.3 During 2021/22 we have continued to develop strategies to triangulate the information we receive from complaints with other sources of insight such as incidents and serious incidents.

7.4 Work has continued to build the new Datix IQ Cloud modules: A key benefit of this change is to facilitate improved recording, analysis and understanding of NWS complaints data including a much-improved capability to analyse and monitor learning outcomes.

7.5 We are also developing a triangulated learning paper which will be presented at our Patient Safety Sub-Committee which draws together the themes from internal and external safety insights (such as complaints, incidents, coroners reports, claims) and provides assurance that we have strategies to not only learn but ensure that this learning is embedded and tested.

7.6 Triangulation of this data has shown that some of the key themes of complaints feature in other areas of insights: for example, delayed response has featured as a top theme in serious incidents in 2021/22, closely followed by assessment and treatment provided and communication / information.

7.7 In 2021/22 NWS has disseminated the learning from complaints in several ways such as through area learning forums, committees, communication such as bulletins and education and training sessions. Where a complaint involves another healthcare organisation, we also aim to conduct a collaborative investigation so that we can fully learn and provide patients and families with a comprehensive response.

7.8 As an organisation, we maximise our opportunities for learning through engagement with external bodies such as the Parliamentary and Health Service Ombudsman (PHSO) and Healthcare Safety Investigations Branch (HSIB). In 2022/23, we will also embed the NHS Complaints Standards to ensure that we are offering a compassionate, and effective service where people have had cause to raise a concern /complaint.

7.9 As part of our ongoing commitment to reduce health inequalities, in 2021/22 we also improved the way in which we work with patients and families, to identify where they may need additional support for example due to language barriers or a physical / learning disability by introducing a new case assessment. This will help us to offer additional support through our own staff where we are able, or signpost to the most appropriate service to support them.

8. PROCESS IMPROVEMENTS

8.1 Within 2021/2022 system improvements continued to be identified:

- The Patient Safety sub-committee has approved the new Trust Investigation Proforma case assessment template which is a framework in which all investigations can be accurately recorded and shared throughout the Trust. The document will help capture all parts of the investigation including any Patient & Complainant demographic data to support identification of protected characteristics which will support the Trust in identifying any areas of health inequality as well as clearly documenting the investigation's planning stages, involvement with the patient, their family and/or significant relations / advocates (interested parties) as well as clearly identifying learning from the investigation and how that information has been shared with the patient and others
- The implementation plan for Datix Cloud IQ modules has commenced.
- Test of change with appropriate low risk complaints being closed at source was proven and is now a permanent process.
- Comprehensive review of the Patient Safety Team processes has resulted in a transfer of the team to the Corporate Affairs Directorate which achieves better alignment to both the legal and risk teams.
- The comprehensive review of the PES complaints processes has resulted in streamlining of processes with the introduction of weekly dashboards and bi-monthly complaints review panels which are all aimed at ensuring a current situational awareness of complaints is shared by all.

9. COMMITTEE REPORTING

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

10. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

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

11. EQUALITY OR SUSTAINABILITY IMPACTS

- 11.1** The Patient safety team has recently amended its Case Assessment Proforma to capture ethnicity data, and this is part of the Datix IQ implementation Plan.

12. RECOMMENDATIONS

The Quality and Performance Committee are asked to:

- Note assurances provided
- Note the work ongoing to reduce the number of open complaints
- Receive assurance that the complaints backlog is being addressed and will continue as a priority in 22/23

- Note the extreme pressure and associated challenges which have led to the right care strategy goals not being met.
- Note the transition of the complaints and incidents portfolio to the Director of Corporate Affairs for future reporting and accountability.



REPORT TO BOARD OF DIRECTORS

DATE:	25 th May 2022					
SUBJECT:	CQC UEC Focussed Inspection					
PRESENTED BY:	Maxine Power, Executive Director of Quality, Innovation, Improvement and Digital					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Assurance					
EXECUTIVE SUMMARY:	<p>The CQC conducted an inspection of NWAS on the 12, 13, and 14th April 2022 as part of a wider UEC system inspection in North Mersey and South Cumbria and Lancashire.</p> <p>Following the inspection, the CQC issued an interim letter outlining a number of issues. The letter received and our NWAS response is attached. Forty six further data items were also requested and have been shared with the CQC.</p> <p>The Trust expects to receive the draft inspection report for accuracy checking within the next 4 weeks.</p> <p>The CQC has scheduled a national UEC learning event on May 26th to review themes and issues arising from all the UEC focussed inspections conducted across England during Quarter 4 2021/22. NWAS senior leaders will be present at this meeting.</p>					
RECOMMENDATIONS:	<p>To review the concerns raised and responses given for assurance. To note the timeline for receipt of the inspection report.</p> <p>The CQC have requested that the feedback from their visit and the report (once issued) are discussed in part one of the board. The board are asked to receive this report to meet the requirements of the inspection process.</p>					
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p><input type="checkbox"/> Financial/ VfM <input checked="" type="checkbox"/> Compliance/ Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> Innovation</p>					

	<input type="checkbox"/> Reputation		
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input type="checkbox"/>	Sustainability <input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:			
	Date:		
	Outcome:		

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1. PURPOSE

This paper provides an update to the board regarding the recent Care Quality Commission (CQC) focused inspection of NWAS.

2. BACKGROUND

2.1 System Inspections in North Mersey and South Cumbria and Lancashire

Two urgent and emergency care “focused” pressure resilience inspections were held in the North West during Q4 22/23. Notification from the CQC of impending inspection was received on 3rd February 2022 and indicated that the system should be ready for an inspection and this would last until Easter 2022. Inspectors arrived on site on 8th February, at Royal Lancaster Infirmary Emergency Department (ED) and were last reported to be on site on the 19th April at Blackpool ED. Additional data collection was reported in North Mersey and Blackburn ED during May 2022.

2.2 NWAS Inspection

As part of these wider inspections, NWAS was formally inspected on the 12, 13, 14 April 2022. Inspectors visited the following NWAS locations:

- South Cumbria and Lancashire: Emergency departments in Preston, Lancaster, Blackpool; Ambulance Stations at Blackpool, Preston, Kendal and Broughton EOC
- Cheshire and Mersey (North Mersey): Emergency departments in Aintree, Liverpool, Whiston; Ambulance stations in Anfield, Bootle, Fazakerley, St Helen and Estuary EOC;
- 111 Middlebrook, Bolton
- Interviews/focus groups were held with the Heads of service and with Executive Directors (Director of Quality, Innovation, Improvement and Digital, Director of Operations and Medical Director).

2.3 Outcomes of Inspections

In line with the new regulatory model, the CQC is developing new approaches to inspection. One such approach is the use of ‘focused inspection’. Only two previous UEC focused inspection reports are publicly available on the CQC website (Gloucester system, and NE London system). Focused inspections can lead to a change in CQC ratings of organisations, particularly in the event of a regulatory breach or the requirement for enforcement action. The current NWAS CQC rating is “Good”.

2.4 Correspondence from CQC

The CQC inspection team were all agreed that NWS staff are caring and compassionate. They noted numerous examples of this during their inspection and asked us to pass on their thanks to all involved.

Two inspection teams fed back (999 and 111) and both sets of observations were included in the verbal and written feedback.

Emergency Service (999) Feedback

Initial interim feedback from the CQC has been received via letter and primarily focused on risks and issues raised during verbal feedback at the end of the inspection. This included:

- Safety risks and responsibility for patients when waiting for handover at ED's, particularly in relation to Blackpool
- Cleaning of vehicles and sharps
- Equipment maintenance records
- A possible disconnect between staff and leaders
- Staff burnout
- Implementation of REAP 4 cards

Positive findings detailed in the letter related to mental health safety huddles in the EOC and the caring behaviours observed.

111 Feedback

Initial verbal findings for 111 were very positive and that the inspector had reported good safety systems in place and strong IPC systems, however these findings were not detailed in the letter. No notification of regulatory or enforcement action has currently been received.

Next Steps:

The letter and the NWS response to this letter are detailed in Appendix 1 and Appendix 2. A further 46 data items were requested and have been shared with the CQC.

The Trust expects to receive the draft inspection report for accuracy checking within the next 4 weeks, (by the end of June at the latest).

The CQC has scheduled a national UEC learning event on May 26th to review themes and issues arising from all the UEC focused inspections conducted across England during Quarter 4 2021/22.

Following receipt of the letter, and learning from the national event, actions required to continue to strengthen our regulatory compliance and quality of care will be enacted.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

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.

Regulatory risks are detailed within strategic risk SR06.

The CQC have requested that the feedback from their visit and the report (once issued) are discussed in part one of the board.

4. EQUALITY OR SUSTAINABILITY IMPACTS

N/A

5. RECOMMENDATIONS

It is recommended that the Board

- notes the letter received from the CQC and associated response given by NWAS resulting from the recent inspection.
- notes the anticipated timeline for receipt of the draft inspection findings and report



Sent by email to daren.mochrie@nwas.nhs.uk

Daren Mochrie- Chief Executive
North West Ambulance Service NHS Trust
Ladybridge Hall
399 Chorley New Road
Bolton
BL1 5DD

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

Date: 19 April 2022

CQC Reference Number: INS2-12553120691

Dear Daren Mochrie

Re: CQC inspection of North West Ambulance Service NHS Trust

Following your feedback meeting with Kerri-Ann Davies, Amy Nicholas and Carys Murray-Cook on 14 April 2022, I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues who were present at the feedback meeting (Maxine Power, Joy Furnival, Ged Blezard, Abigail Harrison, Shaun Tierny and Colin Whiley).

This letter does not replace the draft report we will send to you, but simply confirms what we fed-back on 14 April 2022 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence log, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

The feedback to you was:

- We thanked the trust for being so accommodating during our inspection. All staff the teams interacted with were welcoming and keen to speak with us. We acknowledged the extreme pressure the trust has been under recently.
- We advised that the teams need to review their notes in more detail over the coming days but at the moment we wanted to share the details of the following areas of concern:

- The use of 'Xray North' at Blackpool is of concern. The ambulance trust needs to determine who holds this risk with the acute hospital trust. We understand that NWAS have rejected the SoP from Blackpool. However, we saw this area in use yesterday so it appears NWAS staff are not aware that the SoP is not in place or are disregarding this. There is a lack of clarity about who is responsible for the patients putting patients and NWAS crew members at risk in the event of an emergency.
- There is a lack of oversight and potentially false assurance regarding the cleaning of vehicles. There is no formal documentation of cleaning of vehicles other than 6 weekly deep cleans by external contractors. GTAC devices are completed daily. However, this asks if the vehicle 'appears clean'. There is no guidance on how often the vehicles should be cleaned and no instructions on how to clean it. We spoke with staff who agreed that this could be down to the integrity of the staff.
- We saw a number of sharps bins with no assembly dates and no temporary closures in place.
- There was a lack of clarity around equipment maintenance. We saw equipment with stickers but no dates. Not all staff were able to tell us if the equipment had been serviced or if these records were held centrally. This meant staff were using equipment when they did not know if it was safe to use.
- Some frontline staff felt there is a disconnect between their staff groups and management. Staff spoke positively about their immediate line managers but told us they do not always see middle and higher management team members. Today we saw some clinical managers at stations, dealing with the movement of stock and on admin days. This appeared to not be in line with escalation plans whilst the trust is at REAP 4.
- We did pick up on concerns about staff feeling burnt out and that there is a view that turnover is increasing. However, we are aware of and were told by staff about the wellbeing initiatives implemented by the trust.
- We heard some positive examples of initiatives such as the twice daily mental health huddles in EOC's and such things as the frailty and respiratory response vehicles and good MDT working.
- We saw consistently positive interactions between all crews and patients and families they were caring for. Crews were caring and compassionate.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to NHS England and NHS Improvement at england.cqcreportsnw@nhs.net .

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely

A handwritten signature in purple ink, appearing to read 'KR' followed by a stylized flourish.

Karen Knapton

Head of Hospitals Inspection

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OUR SERVICES

Urgent and Emergency Care
Patient Transport Service
NHS 111



Ruth Dixon and Amy Nicholas
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CQC

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26 April 2022

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Dear Ruth and Amy

CQC Response reference number: **INS2-12553120691**

Thank you for your feedback following our recent unannounced inspection. I would like to take the opportunity to thank you once again for a positive inspection process and for the collegiate approach adopted by the inspection team. We are proud of our staff and the service they continue to offer despite the pressure which currently exists in the system.

I can confirm that we will discuss the initial findings in the public session of our next board meeting which is scheduled to take place on 25th May 2022. We will use the feedback letter dated 19th April, 2022 to inform this discussion. This will be accompanied by our responses to the questions raised which we wanted to share with you to complete the information sharing (see below). We plan to share the draft inspection report at our board in June 2022. We appreciate that the full report will contain more content than could be shared at the feedback session on 19th April 2022.

We have also submitted the information requested for the data submission and have included in our response's explanatory narrative for a number of the requests. We hope this concludes the information request and inspection process for this visit and look forward to re—instating our engagement sessions with the new relationship management team.

Yours sincerely

DAREN MOCHRIE QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPPara
Chief Executive

Issue:

The use of 'Xray North' at Blackpool is of concern. The ambulance trust needs to determine who holds this risk with the acute hospital trust. We understand that NWS have rejected the SOP from Blackpool. However, we saw this area in use yesterday, so it appears NWS staff are not aware that the SOP is not in place or are disregarding this. There is a lack of clarity about who is responsible for the patients, putting patients and NWS crew members at risk in the event of an emergency.

Response:

Thank you for raising this issue with us at the feedback session. You will be aware that we have had a significant programme of improvement work across the whole of South Cumbria and Lancashire to reduce hospital handover delays. We have been working with Blackpool on this for over 3 years as part of our handover collaborative. Our main patient safety risk in Blackpool is the inability to off load patients into the A&E department and patients residing on ambulances on the hospital concourse. Since 20 September 2021 to 18/4/22, 791 patients have been held outside Blackpool hospital due to lack of capacity in the A&E department.

We welcome the initiative that the hospital has taken to open up the atrium at X-ray north and the additional capacity it affords. At the time of the inspection, the NWS management team were still actively working to agree the final details in the SOP and managing the risk dynamically with the A&E staff. At no point were patients put at risk in X-ray north as ambulance personnel were with them. Our contention with the Trust was that this was not a sustainable position as this does not release the crew to respond to emergencies in the community. We were asking for the responsibility for the patient to reside with A&E and for them to staff the atrium when in use.

Following our conversation on Thursday evening our Executive contacted the Blackpool Executive team, risks were discussed, and arrangements put in place via an iMARCH (agreed with NHSE North West). This was in place by 10pm on Thursday and operational throughout the weekend. These orders stated clearly where risk assessments should be undertaken dynamically and how patients would be managed in the event of deterioration. A further meeting was held on Tuesday 19th March 2022 and arrangements have been put in place for A&E to staff the atrium when it is in use. The SOP will be aligned with the NWS Handover Escalation Card and signed off by the local management teams in the next 2 weeks. It will be signed off by all partners at the next A&E delivery board.

If you have any further questions about the use of the atrium or our oversight process, we are happy to discuss them with you further at our engagement meetings.

Issue:

There is a lack of oversight and potentially false assurance regarding the cleaning of vehicles. There is no formal documentation of cleaning of vehicles other than 6 weekly deep cleans by external contractors. GTAC devices are completed daily. However, this asks if the vehicle 'appears clean'. There is no guidance on how often the vehicles should be cleaned and no instructions on how to clean it. We spoke with staff who agreed that this could be down to the integrity of the staff.

Response:

Vehicle cleaning is a priority for NWS and we have robust procedures on infection prevention and control in place on the Trust intranet for staff that indicate how, when and what should be cleaned on vehicles. The schematic below is drawn from our procedure:



The weekly and daily cleaning of vehicles is documented on safe check. Using the questions:

- Daily
 - "Are cab surfaces/equipment/door pockets and floor visibly clean?"
 - "Are saloon surfaces and floor visibly clean?"
 - Is all the equipment visible clean?

We accept the questions can be clearer and we will review and revise with our IPC management group and subcommittee as a priority. IPC deep dive audits are also completed on a regular basis across areas, covering more in-depth questions re: cleanliness.

On the issue of documentation for vehicle cleaning between patients – we have contacted the National Lead for IPC for the ambulance sector and spoken to the QIGARD network of AACE. As far as we are aware no ambulance Trust in the UK documents cleaning on vehicles between patients. Our staff are trained in cleaning practices and are bound by professional codes of conduct under their HCPC registration. The standard work between patients is explicit and involves removal of soiled linen, cleaning of the stretcher or wheelchair, replacement of clean linens and surface cleaning with antibacterial disinfectant wipes of all key touch points and used equipment. Enhanced cleaning is required in the event of known infectious disease or contaminants.

Our IPC team carry out regular training sessions and support crews outside A&E and on ambulance stations. They also regularly audit compliance with the IPC procedures stated above and find excellent compliance to the standard process. We do not believe that documentation of cleaning between patients is a realistic expectation and welcome the opportunity to discuss the evidence base and benefits of this recommendation.

Issue:

We saw a number of sharps bins with no assembly dates and no temporary closures in place.

Response:

NWAS have had an improvement focus on improving the closure and labelling of sharps boxes since before the pandemic. Initially this was led by the Advanced paramedic in East Cheshire and focused on testing changes in one sector. The learning from this improvement programme resulted in measurable improvements within that sector which have been sustained. The plans to scale this improvement have been put on hold due to the pandemic, however, we have recently introduced a comprehensive IPC audit system and power BI dashboard which, for the first time, affords us an organisational view of compliance to the issue raised by this inspection. We are aware from these data that approximately 20% of our sharps boxes have issues with labelling or locking.

During COVID we identified the need for increased expertise in IPC within NWAS. Historically the clinical safety team has been responsible for both IPC and complaints. The demand placed on them frequently outstripped their ability to respond and the training they had in IPC was limited to the essential training for the job role. Since the pandemic the Trust has invested in recruiting a consultant nurse for IPC and a dedicated IPC team of 4.0 WTE who cover each of the three ICS areas and the control centres. The workplan for 2022-23 includes increasing the training of staff in IPC standards, ensuring staff are aware of audit findings (attending Level 2 and 3 meetings) and leading focused IPC improvement programmes. We have agreed that the scaling up of the IPC work undertaken in East Cheshire (on sharps boxes) will continue to be a focus and we will be training IPC champions in each station and area to take this work forward.

Issue:

There was a lack of clarity around equipment maintenance. We saw equipment with stickers but no dates. Not all staff were able to tell us if the equipment had been serviced or if these records were held centrally. This meant staff were using equipment when they did not know if it was safe to use.

Response:

We have looked into the issues raised by the inspection with respect to equipment maintenance and can confirm the following:

The defib devices in question are part of the safety checks carried out by staff at the start of every shift. The crew will check the defibrillator mode to ensure that the equipment is working and can deliver the appropriate shock should it be activated.

The defibrillator devices have an in-built check which happens as part of their programming and is carried out on all devices at approximately 3am each day. The readouts from these checks are available to crews to check before they use the device.

Any faults on devices are reported on Datix as incidents for processing and rectification; Vehicle faults are also reported on safe check and via our Carlisle support centre on Marval the duty managers have responsibility to replace the equipment immediately and contact our medical devices team to arrange a repair.

We have had no incidents reported where defibrillators have failed.

The stickers on the equipment are updated by Stryker (our defibrillator maintenance sub-contractor) as part of their maintenance contract; and the colours related to the time period of the last inspection. We have contacted Stryker to ensure that they clearly mark on the outside of the device the date the equipment will be next serviced; this new process will emboss the stickers [to prevent ink removal during cleaning]. This has been implemented for all servicing going forwards.

The central records have been submitted with supporting narrative as part of our data submission.

Our medical devices policy clearly identifies the roles and responsibilities of staff and operational managers are aware of the requirement to prioritise servicing despite operational pressures.

Stryker have had some challenges with delivering the contracted service due to covid19 related absence and engineer attrition. A number of contract performance management meetings have been held with Stryker starting November 2021 to recover the position and to ensure safety. Stryker are working closely with NWAS to mitigate delays to servicing and have agreed a recovery plan with NWAS to tackle overdue servicing checks. Whilst the servicing schedule has had some challenges, the continuation of the 2x checks and automated equipment check at approx. 3am helps to ensure that the equipment is still fit and safe for use.

Issue:

Today we saw some clinical managers at stations, dealing with the movement of stock and on admin days. This appeared to not be in line with escalation plans whilst the trust is at REAP 4.

Response:

There are a number of staff on 'light duties' who are not able to respond on frontline vehicles and are immensely helpful in ensuring that the station operates effectively. They will engage in a range of activities including stock management, staff welfare, staff vaccination programme, clerical and administration work. They will wear their NWAS uniform and epaulettes with their job title or rank. The numbers of staff on light duties will vary from station to station. In addition, the duty Senior paramedic team leaders will be signed on to respond to category 1 or complex incidents but may return to station between incidents to carry out their leadership / administrative duties. We can assure you that no member of staff who is able or needed to respond will be performing administration work on stations.

Issue:

Some frontline staff felt there is a disconnect between their staff groups and management. Staff spoke positively about their immediate line managers but told us they do not always see middle and higher management team members.

Response:

We are pleased to hear that staff were speaking positively about their immediate line managers. The introduction of senior paramedic team leaders, operational managers and advanced paramedics was instigated following a previous CQC inspection (2016) when staff reported not being aware of their line manager and not feeling supported. We feel proud that this issue has resolved, and local management is embedded, particularly given the challenges of operational pressures which can create difficulties with local management teams. We have also been able to track this improved relationship with immediate line managers through staff survey scores which have consistently improved and are above average for the sector.

The visibility of middle managers and higher management team members, including executives is a challenge for all ambulance services due to the large geography we cover, and the shift patterns worked by our frontline (24h shifts, 12 days per month). This has been exacerbated because of the IPC risks present during COVID and the pressure of demand which can mean that crews do not have time on base during a shift. To compensate for this, we have focused on digital communications, and we have strengthened our digital briefings with newsletters, interactive Face book live sessions, blogs and a weekly CEO bulletin. We also have an expanding number of networks for hard-to-reach groups who may experience inequality of access to senior managers. These networks are peer run but are sponsored by senior managers and executives.

We appreciate that not all staff access digital communications. During the pandemic we took the decision to stand down leadership walk rounds for all but three executive directors to ensure we were adhering to the NHS working safely guidance. These directors have continued to oversee clinical leadership (medical director), Infection prevention and control (director of quality, innovation and improvement) and board leadership (Chief executive) throughout the pandemic. Other directors and senior managers have made themselves available at team meetings via MS teams and have been instrumental in delivering the pandemic response.

We do appreciate the importance of face-to-face meetings and have recently reinstated the staff forums in all areas which are an opportunity for the middle management team to go to stations and meet staff in an informal setting. These had been continuing virtually previously but we recognise that this does not feel as personal to staff. As we move out of REAP 4 we will also be looking at ways we can involve middle managers and, non-executive directors and executives in structured leadership walk rounds as part of a wider engagement plan and also as part of our quality assurance visit process.

Issue:

We did pick up on concerns about staff feeling burnt out and that there is a view that turnover is increasing. However, we are aware of and were told by staff about the wellbeing initiatives implemented by the trust.

Response:

As a Trust we are acutely aware of the impact of burnout on our staff. The staff survey results indicate that this is a widespread issue in the NHS and whilst comparative data in the ambulance sector suggests that we are in the main above average in relation to the questions around burnout, we recognise that there is considerable further work to do.

It is pleasing that the CQC found a good level of awareness of the wellbeing offer that we have in place, as we have worked hard to ensure that the offer is comprehensive and provides support from self-help through to crisis and touches on the full range of support which may be required including financial wellbeing and addiction. We have recently relaunched our Invest in Yourself intranet site which has been redesigned to ensure that access to our offer is as easily navigable as possible for staff and managers.

We are continuing to enhance our wellbeing offer to particularly focus on early intervention and prevention, alongside centring on how to support and recover staff from burn-out and stress. The following give some examples of this shift in approach which should enable us to identify issues of burnout or other wellbeing issues earlier to enable appropriate support:

- Specific burnout programmes - working with an external provider, the Trust has developed two bespoke programmes targeted at addressing the effects of burnout. This includes a six-week webinar programme available to all staff and a four week one to one programme aimed at managers which continues to be offered. Both programmes have received excellent feedback, including evidence of significant improvement in sleep, mental and physical health.
- Proactive mental health calls – This initiative provides colleagues with proactive confidential, telephone-based support with trained professionals for bereavement, burnout, trauma, and other psychological issues. Implementation has commenced in the emergency contact centres first but is rolling out through 111 to frontline services. The initiative has identified staff in work but struggling and has enabled early signposting to additional support.
- Consultant psychologist – we have also recruited a Consultant Psychologist for 12 months to support us to advance our mental health support. The post will have a remit to enhance our framework for mental wellness in the Trust, addressing stigma and recommending approach to ongoing psychological support.

We are also enhancing the support for managers, not only in managing their own burnout and mental wellness, but also in providing them with the tools and skill set to be able to support their teams effectively. Our toolkits around Mental Health and Suicide prevention have supported effective health and wellbeing conversations and we took the opportunity to centre our appraisals for frontline staff on wellbeing over the last 12 months.

We are also acutely aware that there are contributory factors to burnout which are linked with the current demand pressures and the nature of the work undertaken by our teams. Hospital delays, the impact of demand on meal breaks and on time finishes are all root causes that we are working to improve. There has been extensive work with individual hospitals and systems to improve hospital handover and whilst there is still improvement required, this work has contributed to the Northwest being better placed than many other parts of the country. We have also been working with Trade Union colleagues on our meal break arrangements to try to bring some improvements in this area.

We are seeing increases in turnover within the Trust, but this partly reflects the depression of the recruitment market during COVID which resulted in much lower turnover. Turnover in frontline emergency operational positions is 6.36% for 2021/22. This does represent an increase in comparison with 2020/21 figures of 1.85% but is consistent with pre-COVID levels and compares well nationally. Turnover is never consistent across teams, and this may explain the perception of staff at a local level. We are also not seeing significant evidence of burnout impacting on turnover and the increase seems to reflect the opening of opportunities within the system for our clinical teams.

We are experiencing higher turnover within our contact centres which is a position reflected nationally. We are working nationally with NHSEI and the rest of sector on retention initiatives to improve

call handler retention and have local plans in place. Again, the triangulation of data indicates that burnout is not the main cause of turnover and that more complex issues such as career progression opportunities, the sense of team and issues related to rosters and work-life balance are key factors that we need to address and which form part of retention plans. Key actions have already been taken based on feedback from staff to address themes emerging from exit questionnaires. For example, the time between calls has been increased in 111 to provide more time for wrap up and preparation for the next call; approaches to annual leave have been fundamentally reviewed at the request of staff and a short-term retention incentive has been introduced to help stabilise the position and enable work to proceed on more complex improvements.



CHAIRS ASSURANCE REPORT

Quality & Performance Committee

Date of Meeting:	28 th March 2022	Chair:	Prof A Chambers
Quorate:	Yes	Executive Lead:	Prof M Power, Director of Quality, Innovation, and Improvement Mr G Blezard, Director of Operations Dr C Grant, Medical Director Ms A Wetton, Director of Corporate Affairs
Members Present:	Prof A Chambers Prof A Esmail Dr D Hanley Prof R Thomson Prof M Power Mr G Blezard Dr C Grant Ms A Wetton	Key Members Not Present:	-

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key		
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Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Draft Annual Report and Terms of Reference Review	<ul style="list-style-type: none"> Discussed the Committee's Draft Annual Report and Terms of Reference. Acknowledged areas for improvement during 22/23. Recommended removal of NED with clinical responsibilities to be present at each meeting, to ensure that meetings could be chaired by a Deputy NED during 22/23. Noted request for bi-monthly committee meetings based on timescales for producing in depth narrative for the monthly IPR. Agreed further discussion with Chairman to consider IPR reporting and frequency of meetings before next Committee meeting in April 2022. 	<ul style="list-style-type: none"> Further discussion with Chairman in relation to frequency of Q&P meetings and NED with clinical responsibilities and Terms of Reference. 	
Board Assurance Framework	<ul style="list-style-type: none"> Reviewed approved position of the Q3 BAF including updated rationale. Observed that some mitigating actions had not been completed and impacted by Covid-19 pressures. In terms of performance, acknowledged that discussions with commissioners would continue into 22/23. 	<ul style="list-style-type: none"> Received assurance that BAF risks were being managed effectively. Agreed risks remained in relation to performance and demand on the service and that mitigating actions continued into 2022/23. 	

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	<ul style="list-style-type: none"> • Performance risks considered in line with IPR. • Discussed the risks associated with C2 long waits and which had reduced but remained high and a large number associated with hospital handover delays. • Recognised the hard work being undertaken by the Trust to reduce risk but agreed that robust financial investment as required to address risks long term. 		
<p>Serious Incidents EDI data</p>	<ul style="list-style-type: none"> • Received follow up report to the SI paper received at January meeting to detail any EDI findings and lessons learnt. • Patient Safety Specialist advised that 20 incidents reported in January had been reviewed – 3 related to 111 contact centres and 17 to PES, • 12 male and 8 female, 18 had an ethnicity of white British and 2 with other Asian background and 16% aged 61 and over. • Noted the review of EDI trends was based on very low numbers, with further reporting to include detail of annual trends. • Discussed he need to understand demographics of the Trust and those 	<ul style="list-style-type: none"> • Received assurance from SI EDI report. 	

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	<p>across the ICS footprints to put numbers into context.</p> <ul style="list-style-type: none"> • Welcomed plans to compare data with other ambulance trusts across the country. • Recognised importance of understanding the ethnic characteristics of the region and to include consideration of disease and falls prevalence in terms of age profile; trends of the elderly needed to be understood. • Thanked the Patient Safety Specialist and the team for their hard work in pulling report together and welcomed continued focus on EDI trends in relation to SIs. 		
<p>Integrated Performance Report</p>	<ul style="list-style-type: none"> • February 2022 data reviewed. • Reduction in the backlog of closure of complaints and acknowledged that root and branch review planned to review resources available vs activity across the Trust in relation to complaints. • Transfer of management of complaints and SIs to Corporate Affairs Directorate would provide link to Risk processes Datix IQ with a review of existing systems and resources due to 	<ul style="list-style-type: none"> • Noted improvement in reduction of backlog of closure of complaints. • Acknowledged action taken to manage risks including introduction of NHS pathways and additional resource in Clinical Hub. • Received limited assurance in relation to performance and sustainability of the long term actions to reduce risks associated with demand on the PES and 111 service, particularly in relation to C2 long waits. 	

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be completed by end of September 2022.

- Review would include efficiencies and value for money.
- Violence and aggression incidents discussed and use of Body Worn Cameras. Noted that improvements in compliance required.
- Work by the Trust's Violence and Aggression Working Group, reporting to Health, Safety and Security (HSS) Sub Committee was ongoing to ensure that incidents and all cases of threatening and abusive behaviour was captured across all service lines. Future scrutiny on behavioural responses and mandatory training would be reported to the Committee through HSS Sub Committee reports.
- Although requested a future standalone report to Q&P to be received in Q1 22/23 to update Committee on the position.
- Effectiveness reporting highlighted slight drop in performance against semi care bundle standards, related to some non-reporting of second pain scores. Clinical Effectiveness sighted and monitoring progress including review of patient records.

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- 999, Trust remained at REAP Level 4, C2 long waits reduced as a direct impact of military support in January and February, which had now ceased.
- See and treat and hear and treat rates had been sustained.
- Easter Plan in place and NHS Pathways due to go live by the end of the month.
- 111, capacity review being undertaken, NWS first Trust in the UK to implement SMS texts following clinical advice which had resulted in some reduction in call handling times.
- PTS noted pressures in relation to elective recovery activity and Trust in the process of identifying additional funding.
- Discussion regarding risks associated to C2 long waits. Actions taken to mitigate risk included introduction of NHS Pathways, review of 111 profile and resources, changes in control rooms and additional funding for CHUB. However, noted the need to understand the overall financial position in 2022/23 in terms of funding for additional and sustainable resources.

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	<ul style="list-style-type: none"> Noted paper at Part 2 Board meeting would provide further detail on the updated position in terms of funding. 		
<p>Urgent and Emergency Care Strategy Q4 Update</p>	<ul style="list-style-type: none"> Received detail of progress made against objectives contained within Urgent and Emergency Care Strategy (UEC). Noted Service Delivery Model Review (SDMR) objectives and that consultation process had been completed. Delay in Phase 2 of the Single Primary Triage Project due to technical issue, expected to go live at the end of March 22. Rationale for rotational working pilot discussed and outcomes noted with considerations to be presented to Trust's ELC in April. UEC Oversight Forum to become the Service Delivery Oversight Forum with leadership of the UEC Strategy transferred from the Trust's Director of Strategy, Partnerships and Transformation to the Director of Operations. Acknowledged the rationale for the change in nomenclature of the Forum to delivery UEC strategy objectives. 	<ul style="list-style-type: none"> Noted the change to Service Delivery Oversight Forum. Recognised volume of actions and the need to realign following the Trust's Service Delivery Model Review. Further understanding required of the overall position of the UEC strategy, requested progress update to Committee in Q1. 	

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	<ul style="list-style-type: none"> Recognised volume of actions and the need to realign following SDMR. Further understanding required of the overall position of the UEC strategy. Requested progress update to Committee in Q1. 		
<p>Quality Account 2021/22 Arrangements</p>	<ul style="list-style-type: none"> Acknowledged the timescales for production of the Trust's Quality Account 21/22 in line with the Department of Health and Social Care NHS Regulations. Deadline noted as 30th June 2022. Quality Account to be submitted to May Committee meeting for onward approval by Board. 	<ul style="list-style-type: none"> Noted arrangements for the Trust's Quality Account 2021/22 	
<p>Quality Assurance Visits Biannual Report</p>	<ul style="list-style-type: none"> Received overview of current position and actions monitored and completed across the Trust. Acknowledged work being undertaken to realign process to the CQC Framework and report provided summary of the last 6 months of activity. Follow up actions monitored via action tracker with outstanding and overdue actions monitored for compliance and management of risk. Notified of two live CQC inspections that were underway in the region on 	<ul style="list-style-type: none"> Received assurance from the report. 	

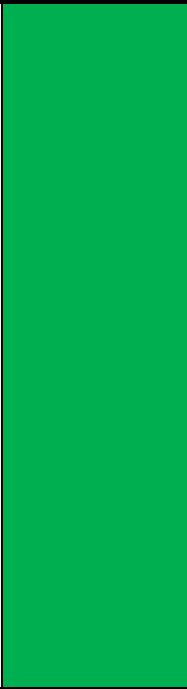
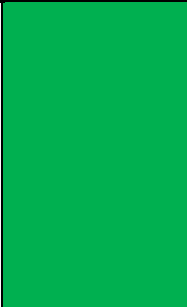
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	<p>urgent and emergency care in the region with further detail to be reported.</p> <ul style="list-style-type: none"> The Committee welcomed the alignment of QAVs to the regulatory process/regime. 		
<p>Clinical Audit Plan Quarterly Report</p>	<ul style="list-style-type: none"> Noted Q3 position in relation to Clinical Audit including Ambulance Quality Indicator outcomes and audit activity across the Trust. Noted Safer Care Closer to Home audits and a reduction in re-contact performance. A review of non-conveyance rates had been conducted with no clinical concerns or risks identified. Discussed the variance in RPE compliance and challenges in relation to mask wearing and compliance in an emergency/environment. Noted the audit data was not representative of the Trust's overall IPC compliance levels which were very good with improvements across service lines being made via Level 3 team meetings. Discussed the audit resource in relation to Learning from Deaths, with action on the Committee action tracker to monitor at the end of Q1. 	<ul style="list-style-type: none"> Noted audit activity and outcomes from Q3 report. 	

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<p>Learning from Deaths Q3 Report</p>	<ul style="list-style-type: none"> Discussed the Q3 report prior to presentation to Board of Directors. Noted that lack of available emergency resource as the main contributory factor to Learning from Deaths activity during the quarter. Highlighted that the Trust's Clinical Effectiveness Sub Committee were sighted on the need to re-focus teams on the outcomes of learning process. Good practice identified which included PES performing additional investigations and assessments, shared decision making for complex cases, supporting family and care givers with compassion and detailed management plans to support patients in the community to ensure fully informed in the decision-making process. 	<ul style="list-style-type: none"> Received assurance from the report. 	
<p>Ockenden Review Biannual Report</p>	<ul style="list-style-type: none"> Medical Director provided an update on work achieved by the Trust in response to publication of annual letter, for Trust's to produce update against the Immediate and Essential recommendations contained within Donna Ockenden's Report. Reported that the Trust had considered recommendations, which 	<ul style="list-style-type: none"> Received assurance from the report. 	

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	<p>were predominantly associated to inpatient care.</p> <ul style="list-style-type: none"> Trust had appointed a Consultant Midwife whose main objective was to consider and adapt the guidance to the Trust and prehospital care and promote the need for inclusion of emergency services in future recommendations. Committee welcomed the appointment of permanent Consultant Midwife post and Trust's response to the recommendations. Emphasised the need to ensure 111 and 999 call taking staff were included in training needs and future resource requirements. Noted a need for the Trust to be proactive in raising concerns within the system if patterns or trends started to emerge. Reported that a Maternity dashboard had been developed to support visibility of system issues. 		
<p>Research and Development Annual Report</p>	<ul style="list-style-type: none"> Noted the considerable progress made in relation to research and development during 2021/22 which included evidence that the Trust had partnered academic institutions in the 	<ul style="list-style-type: none"> Recognised the level of Research and Development activity undertaken by the Trust during 2021/22. 	

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	<p>UK and abroad to focus on future needs.</p> <ul style="list-style-type: none"> • The Trust had ranked higher than most other ambulance trusts in the country in relation to participants in portfolio studies. • Recognised that the Trust was a large and complex organisation and would benefit from future work with some of the larger business schools. • The benefits of listening to patients was noted and recognised the work of the Trust’s paramedics and R&D team during 2021/22. 		
<p>Sub Committee Chairs Assurance Reports</p>	<ul style="list-style-type: none"> • Received Chairs Assurance Reports from the Trust’s Sub Committees aligned to the Committee. • Noted assurance received at meetings held in March and that members had carried out annual review of their effectiveness. • Recognised the key achievements and areas for improvement identified through the self-assessment process. • Acknowledged the assurances received during 2021/22 and visibility of operational scrutiny of risks. 	<ul style="list-style-type: none"> • Received assurances from the Chairs Assurance Reports and annual reviews of subcommittee effectiveness. 	

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<p>Sub Committee Annual Reports and Terms of Reference 2022/23</p>	<ul style="list-style-type: none"> • Approved Terms of Reference for 2022/23 for sub committees aligned to the Committee. • Reviews had been conducted by Corporate Governance and Chairs of the Sub Committees with input from members via the self-assessment process. 	<ul style="list-style-type: none"> • Approved Sub Committee Terms of Reference for 2022/23. 	
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CHAIRS ASSURANCE REPORT

Quality & Performance Committee

Date of Meeting:	25 th April 2022	Chair:	Prof A Chambers
Quorate:	Yes	Executive Lead:	Prof M Power, Director of Quality, Innovation, and Improvement Mr G Blezard, Director of Operations Dr C Grant, Medical Director Ms A Wetton, Director of Corporate Affairs
Members Present:	Prof A Chambers Dr D Hanley Prof M Power Mr G Blezard Dr C Grant Ms A Wetton	Key Members Not Present:	Prof A Esmail

Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Committee Annual Report and Terms of Reference 2022/23	<ul style="list-style-type: none"> Following discussion at the last meeting, the Committee were presented with the Annual Report and Terms of Reference, for approval by the Board of Directors. Noted Terms of Reference had been revised to include recommendations received. Key objectives for 2022/23 had been included as highlighted in the Annual Effectiveness Review. 	<ul style="list-style-type: none"> Approved the Annual Report and Terms of Reference 2022/23 for onward approval by the Board of Directors on 27th April 2022. 	
Board Assurance Framework	<ul style="list-style-type: none"> Received the Q4 position of the BAF and Opening Position for 2022/23. Discussed the rationale for the opening risk score of 15 for SR01 which was a reduction from the closing risk score of 20. Noted that there had been significant work undertaken to strengthen multiple internal systems, however recognised the need for longer term action to address hospital handover delays, long waits and serious incidents. Following significant discussion, agreed that the risk rationale would be reviewed following outcome of CQC inspection and action undertaken during Q1. 	<ul style="list-style-type: none"> Received assurance that BAF risks were being managed effectively. Recommended further discussion of the rationale of the opening score of SR01 at Board of Directors meeting on 27th April 2022. 	

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	<ul style="list-style-type: none"> Agreed the position to be discussed at Board of Directors. 		
<p>Serious incidents 2021/22 / Deep Dive</p>	<ul style="list-style-type: none"> Received a report on the serious incidents received during 2021/22 and deep dive into trends and learning themes. Noted that the Trust had declared 86 serious incidents, a rise from 50 reported in 2020/1. Thematic review highlighted delayed responses, assessment/treatment, communication and information, End of Life Care, Maternity Care. Recognised that workforce, education and training and EDI factors also included in the outcome of thematic review. Breakdown of equality data noted and referred to the 10 identified cases which related to patients with a learning disability; recognised the need to identify those patients with physical disability. Highlighted that once data set had increased, there would be the ability to breakdown the data. Recognised that the Trust remained in an uncertain position regarding financial planning and were impacted by wider system pressures. 	<ul style="list-style-type: none"> Noted the content of the 2021/22 report and deep dive into serious incidents. Welcomed thematic review of the findings. Recognised the ongoing work required in relation to long waits, call handling and full implementation of NHS pathways system which impacted on SI's. 	

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	<ul style="list-style-type: none"> • Welcomed the deep dive into 2020/21 data but overall recognised the ongoing uncertainty of lack of resources and the impact on Sis. Also noted work ongoing in relation to long waits, call handling and ongoing implementation of NHS pathways. 		
Q&P Dashboard	<ul style="list-style-type: none"> • Received the Q&P Dashboard report which included data charts and reference to data source. • The report did not include the full narrative included in the IPR, which would be presented bimonthly for assurance and scrutiny prior to the Board of Directors meetings. • In terms of 999, noted that the service had experienced considerable pressures in terms of hospital turn around times and delays had impacted on C2 waits due to resources being tied up at hospitals. • In relation to NHS pathways, advised that initial improvements had been seen in hear and treat rates and implementation was being accelerated across Trust sites. • In terms of performance standards, the Trust was mid pack across the ambulance service. 	<ul style="list-style-type: none"> • Received the data contained within the Q&P Dashboard. • Noted the work being undertaken to improve performance such as implementation of NHS pathways and reduction in hear and treat rates. • Recognised ongoing pressures related to hospital handover delays, the impact on C2 waits and the need for system wide approach/action. 	

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	<ul style="list-style-type: none"> Noted the Easter Plan had been implemented across the holiday period. 111, reported an increase of 31% in call volume, with an inconsistent call profile over a 6-week period. ORH rostering and rota changes had made some improvement and there had been a reduction in Covid related absences. Recognised that overall improvement to performance in relation to demand and delays was dependent on system wide approach and collaborative working. 		
CFR Assurance Report	<ul style="list-style-type: none"> Received the CFR assurance report. Acknowledged that the report required further detail in terms of assurances particularly in relation to MOUs and governance. Committee requested a further, more detailed report to be presented at the end of Q1. 	<ul style="list-style-type: none"> Further report to be presented to the Committee during Q1. 	
Legal Assurance Report Q4 2021/22	<ul style="list-style-type: none"> Claims and Inquest data presented for the Q4 period. 	<ul style="list-style-type: none"> Noted the assurances provided in the report. 	

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	<ul style="list-style-type: none"> • Noted that there had been no Regulation 28 reports issued during the period. • Acknowledged the impact of uncompleted actions on Datix system and the assurances required as part of the legal process. • Further report on the current position of SIs and actions completed to be presented to the Committee by the Director of Corporate Affairs/Head of Risk and Assurance at the end of Q1. 	<ul style="list-style-type: none"> • Further report on the current position in relation to outstanding SI actions to be presented to Committee meeting at the end of Q1. 	
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CHAIRS ASSURANCE REPORT

Resources Committee

Date of Meeting:	20 th May 2022	Chair:	Dr D Hanley, Non-Executive Director
Quorate:	Yes	Executive Lead:	Ms C Wood, Director of Finance
Members Present:	Dr D Hanley Mrs C Butterworth Mr D Rawsthorn Ms C Wood (part) Ms L Ward Mr S Desai Mr G Blezard Mrs M Brooks (part)	Key Members Not Present:	Prof M Power, Director of Quality, Innovation, and Improvement

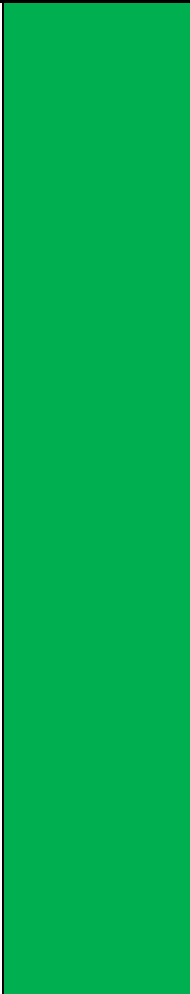
Link to Board Assurance Framework (Strategic Risks):

SR01	SR02	SR03	SR04	SR05	SR06	SR07	SR08	SR09	SR10	SR11
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Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework	<ul style="list-style-type: none"> Noted opening scores for 2022/23. 		

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<p>Opening Financial Plans 2022/23</p>	<ul style="list-style-type: none"> Received detailed report on the Trust's 2022/23 financial plans produced following draft NHS operational planning guidance. Financial plan developed within the L&SC ICS plans, with financial provider and system final plans submitted to NHSE/I on 28th April 2022. Early feedback from National team highlighted final submissions have a significant deficit with resubmission of plans required in June. Revenue financial plan deficit of £6.749m. Financial plan included planned income of £446.458m of which £420.498m is contract income. Contract income includes agreed CCG block income for 2022/23. Productivity and Efficiency financial plans for NWAS include a productivity and efficiency target of £18.309m which included a 3% recurrent efficiency target of £10.985m and 2% non-recurrent efficiency target of £7.234m. Capital financial plan – opening capital programme for 2022/23 £21.872m. 	<ul style="list-style-type: none"> Received assurance from the report. 	
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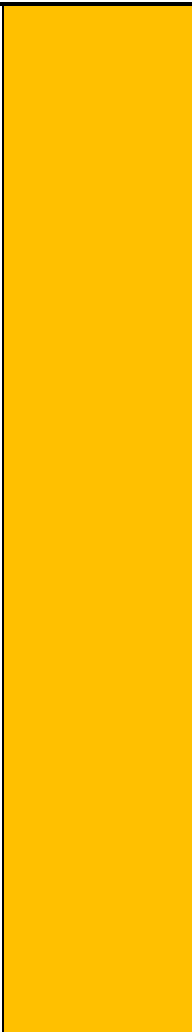
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	<ul style="list-style-type: none"> Highlighted the Trust would continue to review and prioritise the programme through the NWS Capital Management Group in view of unexpected requirements throughout the year, including monitoring and impact of price rises in programmes. 		
Interim Ambulance Station Sherdley Road Preston	<ul style="list-style-type: none"> Received an update on the project programme, in relation to points raised by the Board of Directors in April. Clarification provided in relation to target date and IT connectivity. Noted that the Business Continuity Plan would be invoked should the project programme run behind schedule. Detail of the Business Continuity Plan shared and confirmed that staff were kept informed through communication plans of the BCP should this be required. Confirmed that the contract for IT connectivity had now been signed. 	<ul style="list-style-type: none"> Received assurance from the update on the project programme and IT connectivity. 	
Extension of Trust Premises Cleaning Contract	<ul style="list-style-type: none"> Recommended to support extension of the contract. 	<ul style="list-style-type: none"> Approved extension of the Trust Premises Cleaning Contract. 	

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<p>Trust Strategy 2022-25</p>	<ul style="list-style-type: none"> Received the refreshed Trust Strategy 2022-25 for approval and noted next steps for implementation and revised approach to strategic planning to be introduced by the end of March 2023. Noted process of four phases – diagnose, design, deliver and implement; and consultation across the Trust had been integral to the process including with diversity reference group. The process included feedback from the Trust’s Non-Executive Directors and an external review by the Plain English Campaign. Communications timeline to commence, subject to Board approval, from June 2022. Noted the revised planning approach would support strategy implementation by translating strategic aims and objectives into deliverable plans. <u>Reported that work was being undertaken on the Equality Impact Assessment (EIA) to support the Strategy and this would be presented to the Board of Directors for consideration and approval.</u> Noted that the EIA would consider equality across all aims and objectives 	<ul style="list-style-type: none"> Noted the process undertaken to produce the content of the Trust Strategy 2022-25. Noted that the Committee had not considered the Equality Impact Assessment prior to presentation of Board. 	
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	<p>and noted the strategy had been designed to positively impact a wide range of individuals and groups.</p> <ul style="list-style-type: none"> • Accessible document formats being prepared to ensure content is understandable. • Recognised the hard work of the team and welcomed inclusive approach undertaken to develop the Trust Strategy for 2022-25. • Acknowledged the Committee’s role in supporting and receiving assurance on future developments in relation to strategic plans. 		
<p>Deep Dive: Sickness Absence</p>	<ul style="list-style-type: none"> • Received a deep dive into sickness absence over 12-month period which included attendance improvement plans for 2022/23. • Average sickness absence rates reported as 10.11%, higher than average and adversely impacted by Covid related sickness. • Average sickness absence rates within the Trust have increased year on year since 2019. • Comparable increases seen in both long and short term periods. • Highlighted that Covid sickness was outweighed by non-Covid related 		

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	<p>absence which had increased by average 2% from pre-Covid time.</p> <ul style="list-style-type: none"> • Analysis of causes of sickness identified an increase in mental health related absence, attributed to burn out, physically and mentally; although not recorded as Covid, considered to be a by-product. Musculo-skeletal absence second main cause. • Long-covid evident with 25 cases in excess of 6 months, as well as a small number of individuals who remained absent from work due to their treatment being delayed due to the impact of covid on NHS services. • NWAS call centres noted to be the biggest area of attendance challenge, 111 at 16% and EOC at 12%. • Front line services PES and PTS reported just over 10% absence rate. • Recognised that anxiety, stress, depression continued to be one of the most common reasons for sickness absence and mental health related absence had increased as a proportion of total absence by 8% compared to 2019 data. • Higher sickness levels also triangulated with increased access to 	<ul style="list-style-type: none"> • Noted the progress being made and the action undertaken to manage sickness absence. • Requested future report to the Committee in January 2023 on the impact of the AITs, levelling up across the organisation and prevention factors within operational teams. 	
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	<p>counselling and physiotherapy sessions.</p> <ul style="list-style-type: none"> • Received details of action taken to support improvement in attendance which included development of more detailed absence data suite to support tracking and monitoring; in-depth case review; regular engagement with management teams; close links with H&WB support. • Additional investment in Attendance Improvement Team (AIT) to focus on delivering sustainable reduction in Trust sickness absence rates. Engaged both with regional and national workstreams, including engagement with NW deep dive via NHSE/I to draw out best practice solutions from Trusts with lower than average sickness levels • Action plan presented which detailed key areas of focus and work aligned to the Trust's Wellbeing objectives and NWAS plans around wellbeing, leadership, and culture. • The Committee requested a future report to the January Committee on the impact of the AIT, reducing variation across the organisation and 		
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	prevention factors within operational teams.		
NWAS People Plan	<ul style="list-style-type: none"> Report provided an overview of the progress made against the plans agreed for 2021/22. Recognised that the People Plan would be reviewed in full in November 2022. Noted good progress to develop wellbeing offer with a range of additional resources and proactive support in place to support mental health. Work in connection with Treat Me Right campaign led to a reduction in staff reporting experience of bullying and harassment, as per staff survey results. Acknowledged that operational pressures have restricted engagement in leadership development activity, however enabled a complete refresh of the leadership programme and coaching framework to be rolled out during 2022/23. In terms of EDI, noted that a lot of foundation work had been undertaken in relation to networks, awareness training, Board development and 	<ul style="list-style-type: none"> Received assurance from the report. 	

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	<p>review of recruitment practices and core inclusion programmes.</p> <ul style="list-style-type: none"> • Key objectives for 22/23 focused on People Plan expected outputs and considered recovery issues as a result of the pandemic. • Recognised the themes and supporting priorities remained unchanged and the workforce vision of enabling leaders to develop, engage and empower people remained fundamental to the approach. • An outline of the original strategy measures approved prior to the pandemic provided with good progress in staff survey indicators. • Noted to be an ambitious plan and acknowledged the planned review in November would align the People Plan to the Trust Strategy themes. 		
<p>Workforce Indicators Report</p>	<ul style="list-style-type: none"> • Received a revised report format which included a workforce dashboard with streamlined narrative. Members invited to comment on new style of report. • Sickness absence – noted an increase in March 2022 to 10.91% which included Covid related sickness of 3.3%. Average for 2021/22 had been 10.11%. 	<ul style="list-style-type: none"> • Received assurance from the workforce indicators report and associated risks were being managed. 	

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- Mental Health related absence increased in comparison with pre-covid levels, with Musculo skeletal disorder and covid remaining the second highest cause of absence.
- The People directorate working with local teams on recovery plans focused on attendance and wellness.
- Mandatory training recovery plan in place to deliver minimum compliance of 75% by the end of May. Corporate compliance targets remain at 95%, overall compliance 74%.
- PTS, 111 and EOC achieved target by the end of April but noted need to maintain on ongoing basis. PES remained area of risk but should deliver target overall.
- ELC approved 22/23 mandatory training programme which had a focus on ensuring strong foundation of statutory compliance. Programme to start in June 2022 with target compliance of 85% by end of March 2023.
- Compliance rates for appraisals 77% overall, ahead of 75% target. PES and PTS ahead of target. 111 fallen slightly behind trajectory of 72% and

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EOC at 62% but made rapid progress to recover from very low baseline.

- ELC to agree revised targets for 2022/23 along with transition process back to fuller appraisal from the wellbeing and development focus used over past 12 months.
- Staff turnover at 12.17%, position replicated across the sector, with NWAS slightly above average.
- 111 turnover showed upward trend to 47.19% in April 22 although month by month data highlighted some stabilisation.
- EOC turnover had shown continued upward trend 16.31% which reflected loss of fixed term staff seeking permanent positions elsewhere combined with similar themes to 111.
- Work planned to share 111 best practice with EOC. EOC staffing stable to facilitate roll out of the Single Primary Triage System.
- Turnover within PES had also risen and being monitored, remained much lower than other service lines. Analysis provided to Committee.
- Vacancy position overall positive, slight overall under establishment at end of April 22. EOC above

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	<p>establishment, key areas of challenge PTS and 111 both showing vacancy gaps. Recruitment plans for 111 on track.</p> <ul style="list-style-type: none"> • HR case management position continued to show high numbers in light of recovery. Dashboard highlighted number of improvements in timelines of ER cases. • Update on review panels held and number of cases which entered a formal process. 		
<p>EDI Annual Report</p>	<ul style="list-style-type: none"> • Received EDI report, for approval by Board and published to the public. • Reviewed work undertaken and achievements made over the last 12 months, including compliance with specific duties under the Equality Act, including employment monitoring data. • Recognised the impact of the pandemic on some work and demonstrated how NWAS had adapted to continue engagement work. • Continued development of Patient and Public Panel to ensure group is representative of Trust's communities with key learning which included challenges arising from PPE for deaf patients. 	<ul style="list-style-type: none"> • Received assurance from the report. • Recommended approval by the Board of Directors. 	

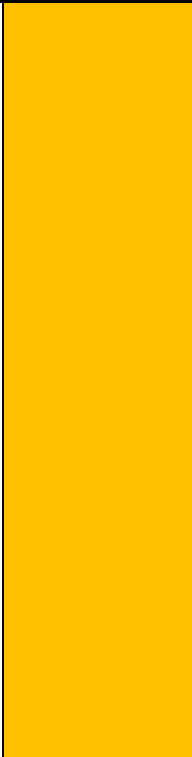
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	<ul style="list-style-type: none"> • Noted the work to widen participation and support recruitment via community engagement and the progress made to embed networks. • Mental Health, WRES and WDES and gender pay gap data included and previously reported to Committee. • Acknowledged the focus for the next 12 months would be three EDI priorities approved by the Board of Directors, which reflect the Trust's equality ambitions. 		
<p>Diversity & Inclusion Sub Committee Chairs Assurance Report from the meeting held on 6th May 2022 & Annual Report 2021/22</p>	<ul style="list-style-type: none"> • Noted the assurances provided to the last meeting of the subcommittee and the discussion held in respect of effectiveness over 2021/22. • Acknowledged the terms of reference required review to ensure fit for purpose. • The EDI sub committee reported moderate assurance in relation progress against EDI priorities and plans to receive future assurance levels. • Future work plan to be refined to provide improved focus on the three EDI priorities. • Revised terms of reference to be presented to future meeting for approval. 	<ul style="list-style-type: none"> • Noted the assurances provided in the Chairs Assurance Report. • Acknowledged further work required to strengthen Sub Committee Terms of Reference and membership. 	

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<p>Digital Update</p>	<ul style="list-style-type: none"> • Received an update on the digital projects aligned to five key areas of digital strategy. • Recognised that the Trust’s Corporate Programme Board had oversight of the large scale complex digital projects. • Notified of forthcoming large project to replace equipment in EOCs and ambulances and recognised that work to facilitate 111 homeworking had progressed. • Positive updates in terms of secured and joined up systems and patching compliance in line with NHSE requirements. • Noted that cyber security risks were managed via the Information Governance Sub Committee and overseen by the Audit Committee. • Discussed the need to ensure that reporting requirements were clear for the two Board Assurance Committees. 	<ul style="list-style-type: none"> • Noted the work undertaken on digital projects since the last update. • Acknowledged the need for clear understanding and clarity of the digital assurance presented to the Resources Committee and Audit Committee to avoid overlap. 	
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REPORT TO BOARD OF DIRECTORS

DATE:	25 May 2022					
SUBJECT:	Equality, Diversity and Inclusion Annual Report					
PRESENTED BY:	Lisa Ward, Director of People					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Decision					
EXECUTIVE SUMMARY:	<p>The Equality, Diversity and Inclusion Annual Report provides the Board and the public with an overview of the work undertaken over the last 12 months in support of the equality, diversity and inclusion agenda.</p> <p>The report assists the Trust in being able to meet its statutory duties under the Public Sector Equality Duty by helping to demonstrate compliance. An overview of work and achievements are provided to reflect the contribution to the general duties, including our work around community/patient engagement, recruitment, training and wellbeing. It also provides an overview of our compliance with the specific duties including our employment monitoring data.</p> <p>The report highlights the impact of the pandemic on some of the planned work but also demonstrates how the Trust has adapted to be able to continue much of its engagement work. The report sets out the extensive patient and community engagement activity, providing assurance on overall positive feedback from patients on the care and treatment provided through our services but also the extent of engagement across the different protected characteristics. The report also sets out the continued development of the Patient and Public Panel (PPP), giving an overview of the progress made to ensure that this important group is representative of our communities. The report also identifies examples of key learning from community and PPP engagement, including the work done with the deaf community to address some of the challenges arising from PPE for deaf patients and work being undertaken to co-produce a new pictorial handbook to aid communications.</p>					

	<p>From a workforce perspective the Annual Report highlights the continuing work on positive action, widening participation and community engagement to support recruitment, although the pandemic has provided some challenges in being able to undertake significant outreach engagement to support pre-employment positive action work which has previously been a feature of our recruitment.</p> <p>The report outlines the important work undertaken to further develop and embed our networks, with launch of the Disability and Armed Forces Network both taking place in the last year.</p> <p>We have continued to make good progress with supporting and developing the health and wellbeing offer for staff as we progress through the recovery phase of the pandemic. The pandemic has emphasised the extent to which our staff manage with underlying conditions and mental health which could constitute disability. Operational pressures and high demands on staff have contributed to burnout and increased sickness absence, this has meant that we have had to adapt and react quickly to staff needs. We have maintained a significant focus around the provision of mental health support for all staff, particularly for those with who may have long term conditions or a disability, to improve resilience and improve mental health.</p> <p>The report provides details of our WRES, WDES and gender pay gap data, all of which have previously been reported to Committee and Board.</p> <p>Focusing on the next 12 months, the report confirms the three Equality, Diversity and Inclusion priorities previously approved by Board. These reflect an increase in the Trust's equality ambitions and provide a clear and resourced commitment to make a step change in the experience of staff and patients.</p>			
RECOMMENDATIONS:	<p>The Board of Directors is recommended to:</p> <ul style="list-style-type: none"> • Receive assurance on progress around the equality, diversity and inclusion agenda. • Approve the publication of the Trust's Equality Diversity and Inclusion Annual Report 			
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p><input type="checkbox"/> Financial/ VfM</p> <p><input checked="" type="checkbox"/> Compliance/ Regulatory</p> <p><input checked="" type="checkbox"/> Quality Outcomes</p> <p><input type="checkbox"/> Innovation</p> <p><input type="checkbox"/> Reputation</p>			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>

PREVIOUSLY CONSIDERED BY:	Executive Leadership Committee/Resources Committee			
	Date:	18/5/22 & 20/05/22		
	Outcome:	Recommended for Board approval to publish		

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1. PURPOSE

- 1.1 The purpose of this report is to present the Annual Equality, Diversity and Inclusion Report 2021-2022 to the Board of Directors for approval to publish.

2. BACKGROUND

- 2.1 The Public Sector Equality Duty, enshrined in the 2010 Equality Act, imposes requirements on public sector organisations. The General Duty requires public sector organisations to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

- 2.2 There are also specific duties relating to the publication of information, demonstrating compliance with the Duty and the publication of equality objectives. This includes demonstrating compliance through the publication of individual reports and data sets on our website, including employment and recruitment monitoring information, WRES, WDES and gender pay gap data and actions plans, Equality Delivery System (EDS) data and our equality objectives.

- 2.3 The last 12 months have been challenging for the organisation, as our communities recover from the pandemic, and our staff have been responding to the needs of our diverse patients. This has impacted on some of our progress in achieving the plans we had set out at the start of 2021. While we may not have achieved everything that we aspired to this year, our commitment remains undimmed to improve the working lives of our people and provide excellent care for the communities we serve. Keeping our staff and patients from diverse backgrounds safe during this difficult period has been our key priority and listening to the experiences and concerns of our staff has never been of more important.

- 2.4 This Annual Equality, Diversity and Inclusion Report provides a single document where we have set out all the relevant data, but importantly it also celebrates the significant work done across our directorates to improve Equality, Diversity and Inclusion (ED&I). This is the fifth Equality, Diversity and Inclusion Annual Report which has been prepared by the Trust and covers activities undertaken during 2021/22.

3. SUMMARY OF KEY AREAS

3.1 General Duties

The Annual Report sets out a comprehensive overview of the key work undertaken to further the Trust's commitment in relation the ED&I agendas. It captures our work around:

- Update on ED&I priorities
- Patient experience and community engagement

- Patient and Public Panel
- Recruitment
- Promoting NWAS 'as an employer of choice' – Positive Action & Widening Participation
- ED&I staff training
- Developing a 'culturally competent' organisation
- Staff Networks and Forums
- Policy development
- Health & Wellbeing
- Compliments, memberships and awards
- Regional, national and trade union engagement
- Workforce data – workforce demographics / WRES / WDES / Gender pay gap

3.2 Equality priorities

Over the course of the year, we have continued to deliver against the three priorities agreed by the Board in January 2021. They reflect an increase in our ambition and provide a clear and resourced commitment to make a step change in the experience of staff and patients.

3.2.1 **Priority 1 - We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.**

This priority is being supported through a series of targets for improved representation covering both recruitment and progression. An action plan has been developed to support the progression of this priority and includes a focus on under-representation of individuals from black, Asian and minority ethnic (BAME) communities with an aim to improve representation in the workforce from these communities to 8% by 2024.

We are also working to improve the representation of women in the upper quartile of pay through targeted Positive Action programmes, and through engaging with our female staff to identify and overcome barriers to progression. Additionally, we are also striving to improving the experience of Black, Asian and minority ethnic, LGBT+, Female and Disabled staff through increased engagement, supportive networks and greater development opportunities.

3.2.2 **Priority 2 - We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.**

From a workforce perspective, our ambition is to eliminate the gaps in staff experience measured through key staff survey indicators along with Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) data. From a patient perspective, we will consider both quantitative and qualitative measures associated with clinical audit and patient experience.

We have been working to improve cultural competence through embedding diversity training through leadership, induction and mandatory training (MT). We have made significant progress in the last 12 months to ensure that the learning material is culturally sensitive and inclusive. The Learning and OD Team have worked in partnership with MT leads and in the next year, will focus on building their confidence to lead training in a

culturally competent way using the adapted materials. Over the past year, the NWAS Leadership Programme, 'Making a Difference' (MAD) has incorporated an ED&I lens into its delivery and aims. It is intended that a full roll out to management teams will commence this year.

3.2.3 **Priority 3 - We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities**

This priority recognises the importance of making better use of patient data and experience to drive learning and improvement with the aim of having a positive impact on patient experience and outcomes. It reflects the need to enhance our use of data which will become much easier with EPR but also the need to extend and target some of our community engagement work, with service lines engaging more directly with uses from harder to reach communities. The focus for 21/22 has been on understanding the impact of deprivation on cardiac outcomes, addressing disparity in mental health outcomes, access to language support in our contact centres and overall, how we can use the data we have to improve how we respond to patients.

3.3 Highlights of activities this year include:

- 3.3.1 We have delivered an extensive patient and community engagement programme in spite of the pandemic limitations and restrictions. Over the previous year, we engaged virtually with over 80+ patient and community groups on a range of topics. A key success has been the continued development of the Patient and Public Panel (PPP) which is detailed in the report and highlights are provided on the involvement of the PPP in providing a patient / public voice to help develop our services.
- 3.3.2 We enriched our assessment centre processes by ensuring that a diverse panel of assessors was constituted for each recruitment campaign where an assessment centre was used. This included recruitment at all levels in the Trust, including senior leadership roles. We have also improved the diversity of interview panels across the organisation and an action group of diverse staff across all directorates was established to draft and agree new interview questions for bulk recruitment campaigns.
- 3.3.3 Due to the pandemic, initially the usual face to face engagement, careers and military events moved to virtual delivery. However, we have now started to re-engage via in-person events. Through our strategy to increase the diversity of our workforce, we attended a number of events to promote NWAS as an employer of choice. Despite the barriers the pandemic has brought, we have still maintained a presence within the communities we serve attending over 90+ events this year and reaching in excess of 19,900 individuals.
- 3.3.4 In support of our Positive Action work, we attended 30+ virtual and face to face careers events promoting NWAS careers. These include bespoke careers events working with the Jewel Foundation to engage members of the Jewish Community in Greater Manchester and hosting a stand during prayers at Bury Islamic Centre and Manchester Central Gurdwara.

- 3.3.5 In November 2021, we led a targeted Positive Action recruitment campaign as part of the Emergency Medical Technician (EMT) Apprenticeship recruitment Programme working with Trust's HR Hub and the Communications team. We designed and produced promotional materials raising awareness of the role and worked with our social media team to develop targeted posts for Facebook and Twitter. Leaflets we produced were disseminated to statutory organisations and 136 VCFS organisations. Working with a regional publication, targeted advertising was delivered via a virtual media platform which is more likely to be accessed by under-represented communities.
- 3.3.6 Although the armed forces personnel are not a protected characteristic, there are challenges for many with the transition from military civilian life which can result in mental health difficulties. We therefore have continued to invest in engagement with the armed forces organisations to support individuals looking to progress into a career at NWS with assistance in writing effective applications and developing interview skills.
- 3.3.7 In March 2022, the Trust was re-accredited for Veteran Aware status for three years until February 2024 by the Veterans Healthcare Covenant Alliance (VCHA).
- 3.3.8 Over the course of the year, a comprehensive Board development programme was developed to progress the Trust's commitment to the anti-racism agenda. The programme sought to facilitate a safe space for the Trust's most senior decision makers to explore their call to action in leading for inclusion with a specific lens on closing the gap on workforce and health inequalities from a race perspective. Two sessions 'Introducing Anti Racism' and 'Mobilising for Anti Racism' were delivered to cultivate organisational readiness for anti-racism work.
- 3.3.9 Despite the challenges of recovering from the pandemic, the Staff Networks have continued to develop and grow over the last year. While face to face engagement for the Networks has been limited, they have nonetheless adapted well to using technology to promote themselves, reach out to colleagues and hold events. With launch of the Disability and Armed Forces Networks in the past year, we now have formalised networks and Executive Champions for Armed Forces, Disability, LGBT+ and Race Equality. Work has commenced to establish a Women's Network (name to be confirmed).
- 3.3.10 We have continued to make good progress with supporting and developing the health and wellbeing offer for staff as we progress through the recovery phase of the pandemic. The pandemic has emphasised the extent to which our staff manage with underlying conditions and mental health which could constitute disability. Operational pressures and high demands on staff have contributed to burnout and increased sickness absence, this has meant that we have had to adapt and react quickly to staff needs.
- 3.3.11 We have maintained a significant focus around the provision of mental health support for all staff, particularly for those with who may have long term conditions or a disability, to improve resilience and improve mental health.
- 3.3.12 Positive health and wellbeing is also about feeling safe at work. Staff Survey data showed that colleagues who declared they were from an ethnic minority background, had a disability or were lesbian/gay/bisexual/transgender+ were more likely to be victims of bullying and harassment compared to the rest of the organisation. Over the last year

therefore, we continued to further embed the 'Treat me Right' campaign across the trust which aimed to promote civility and respect and to support early resolution of potential bullying and harassment issues.

- 3.3.13 In December 2021, we were awarded the highest possible Disability Confident status – Level 3 Disability Confident Leader – by the Department of Works and Pensions. Our journey to become a Disability Confident Leader shows our commitment to recruit, retain, and develop our staff who are disabled and have long-term health conditions. As a disability confident employer, we have demonstrated that we are benefiting from being able to draw from the widest possible pool of talent and are getting the right people for our business. By stepping up to become a disability confident leader we have also demonstrated that we act as a champion for disability confident within our local and business communities and encourage and support businesses in our supply chains and networks to become disability confident.

3.4 Employment monitoring and workforce data

The Trust publishes data on an annual basis showing a breakdown of demography of our workforce. Similar data gathered from applicants, those shortlisted and those who started employment with the Trust are also published. The employment monitoring data has been published on the Trust website and relates to the 12 months prior to 31st December 2021. Appendix 4 of the Annual Report shows the most up to date data (as of 31st March 2022).

- 3.4.1 An annual update on the Trust's latest data on the WRES, WDES and Gender Pay Gap are also provided.

4. **LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS**

- 4.1 The Annual ED&I Report supports the Trust in providing evidence in support of its statutory obligations under the General and Specific Public sector equality duties.

- 4.2 It will also provide evidence in respect of the CQC Well Led KLOE.

5. **EQUALITY OR SUSTAINABILITY IMPLICATIONS**

- 5.1 The ED&I Annual Reports supports the Trust to demonstrate its compliance with the Public Sector Equality Duty and outlines its work both in respect of employment and patient engagement to promote improved diversity and experience.

6. **RECOMMENDATIONS**

- 6.1 The Board of Directors is recommended to:

- Receive assurance on progress around the equality, diversity and inclusion agenda
- Approve the publication of the Trust's Equality Diversity and Inclusion Annual Report



Annual Equality, Diversity & Inclusion Report 2021-2022

Published: May 2022

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Foreword

I am proud to present our Annual Equality, Diversity & Inclusion Report for 2021/22. It provides a progress update and an account of our organisational delivery and achievements with regards to these important agendas.

The last 12 months have been challenging for our organisation, as our communities recover from the pandemic, and our staff have been responding to the needs of our diverse patients. This has impacted on some of our progress in achieving the plans we had set out at the start of 2021. While we may not have achieved everything that we aspired to this year, our commitment remains undimmed to improve the working lives of our people and provide excellent care for the communities we serve. Keeping our staff and patients from diverse backgrounds safe during this difficult period has been our key priority and listening to the experiences and concerns of our staff has never been of more importance.

This report provides an overview of our activity during 2021/22 and will support us in reviewing our priorities over the next 12-24 months and on-going work to meet our ED&I objectives.

The report highlights our activity against the general equality duty as outlined in the Equality Act 2010, to have due regard for the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a protected characteristic and those who do not.

Promoting and supporting diversity in the workplace contributes towards employee wellbeing and engagement and a diverse workforce can drive an organisation's effectiveness through enabling people to reach their full potential, in turn improving innovation and decision-making, as well as meeting the needs of a diverse population. We are particularly proud of the work we have done to support and develop our Staff Networks and the commitment shown by our Executives to act as allies to support them; our focus on wellbeing, supporting disability and mental health in the workplace and our increasing positive action and widening participation activities.

We continue to work with partners across the region and nationally in collaboration on activities and to share best practice around equality, diversity and inclusion. We work proactively to deliver on our social responsibility to be an employer of choice across all our communities. We strive to reduce the health inequalities faced by our most vulnerable patients across the North West.

As we continue to recover and rebuild from the effects of the pandemic, we hope to emerge as an even more resilient, compassionate and considerate organisation for all our staff and patients, with a continued focus on seeing diversity and inclusion woven as golden threads through the fabric of our organisational culture and values.

Lisa Ward
Director of People

1. Overview: North West Ambulance Service

North West Ambulance Service NHS Trust (NWS) serves more than seven million people across approximately 5,400 square miles – the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire and Glossop (Derbyshire).

Our vision is to be the best ambulance service in the UK, delivering the right care, at the right time, in the right place; every time, for patients accessing our urgent and emergency care (999) service, non-emergency patient transport service (PTS) and NHS 111 service.

Achieving this vision will result in the highest standards of safe, effective and patient-centred care, delivered in the most appropriate setting and with an appropriate workforce, resources and infrastructure.

We employ around 6,800 staff and are supported by over 1,000 volunteers as members of our Patient and Public Panel, volunteer car driver network and community first responder network.

Population health and life expectancy in the North West is generally poorer than the rest of the country, with higher rates of deprivation, alcohol use, smoking related illnesses, cardiovascular and respiratory diseases. This information influences our strategy and priority areas of work.



Our values



Our values form the foundation of, and drive the whole organisation, ensuring we lead by example and create the right culture and conditions for patients to receive safe and effective care every time. These values can only be achieved if we have the staff in place who share the Trust's values and feel

supported to deliver them. We need to ensure that we recruit, develop and support our staff to feel engaged and proud to work for the Trust.

The NWS Values recognise the fundamental importance of inclusion, respect and striving to deliver our best for patients and our people.

Vision and priorities

Work is underway at present to review and refresh our organisational strategy – reflecting the learning from the COVID-19 pandemic and changes in the health and care system. This work has been supported by colleagues across the Trust including representation from all our Staff Networks, as well as volunteers through the Patient and Public Panel who have shared their insights, ideas and feedback. A refreshed version of the strategy is due to be published later in 2022.

Our current priorities are:

Urgent and emergency care (integrated care): Increasing service integration and leading improvements across the healthcare system in the North West.

Quality (right care): Delivering appropriate care which is safe, effective and patient-centred for each individual.

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

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

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

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

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

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

OUR STRATEGY AT A GLANCE

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

Values:



WORKING TOGETHER.

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



BEING AT OUR BEST.

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



MAKING A DIFFERENCE.

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

Priorities:



Urgent and Emergency Care

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



Quality

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



Digital

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



Business and Commercial Development

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



Workforce

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



Stakeholder relationships

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



Infrastructure

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



Environment

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

Supporting strategies:

Urgent and Emergency Care Strategy

Quality (Right Care) Strategy

Digital Strategy

Finance plan - long term financial model

Workforce Strategy

Communications and Engagement Strategy

Estates and Fleet Strategies

Our services

Urgent and Emergency Care

Our 999-emergency service responds to over 1.3 million emergency incidents each year; with a highly skilled workforce providing the best possible pre-hospital care to patients in remote-rural and urban environments.

Emergency responses are measured through the national Ambulance Response Programme (ARP), which allows for early recognition of life-threatening conditions and ensures patients are responded to in a timeframe suitable for their clinical need.

Demand for the emergency service increases each year, but the number of immediately life-threatening cases remains at approximately 10% of incidents. We collaborate with healthcare partners to develop a range of opportunities to treat more patients by telephone, at scene and in community settings to help to reduce unnecessary transport to hospital - a better outcome for patients and the NHS system.

Underpinning the service is a renowned clinical leadership and supervision structure, enabling career, skills and educational progression for clinicians up to the level of chief consultant paramedic.

Resilience

The Resilience Team is responsible for the development of effective emergency and contingency plans to mitigate and respond to risks and hazards. This work is often undertaken alongside multi-agency partners, such as the fire and rescue service.

Two of the country's Hazardous Area Response Teams (HART) form part of our Resilience department. HART is made up of specially trained paramedics who attend incidents that have the potential to be more dangerous, those which require a more specialised set of skills, or incidents that are declared a major incident such as those involving chemicals, explosions, unsafe structures, heights, water, accessibility issues and so on.

Emergency Operations Centres

Our emergency operations centres (EOCs) handle approximately 1.3 million 999 calls every year from the public and healthcare professionals.

Emergency medical dispatchers (EMDs) are the first contact with the ambulance service for 999 callers. They use an internationally recognised system to ask questions about the patient's condition and provide helpful instructions, such as how to do CPR to assist a patient in cardiac arrest.

Based on the nature of the illness or injury, patients are prioritised to determine the type of response and the speed at which it will be provided.

Based within the EOC, our Clinical Hub is staffed by a range of clinicians such as paramedics, nurses, pharmacists, mental health practitioners and so on, who support staff on the road with clinical advice and decision making, and triage patients who call 999 or 111 to determine the best course of action.

EOCs also handle requests from healthcare professionals whose patients urgently need taking into hospital or transferring from one hospital to another.

NHS 111

We provide the NHS 111 service in the North West for people who need medical help or advice, handling more than 1.5 million calls every year.

People who call 111 speak to a health advisor who asks a series of questions about the patient's health concern or condition to determine what clinical help they need and where to get it. When appropriate, these calls can be referred to a nurse or paramedic for assessment.

111 can help patients access the most appropriate care; which could form out of hours' doctors, pharmacies, community nurses, emergency dentists, walk-in centres, minor injuries units and emergency departments.

111.nhs.uk is available for patients online.

Patient Transport Service

We are the largest provider of non-emergency patient transport in the country, undertaking 1.5 million journeys annually. We currently provide patient transport services (PTS) in the counties of Cumbria, Lancashire, Greater Manchester and Merseyside – another provider operates within the Cheshire area.

PTS crews assist eligible patients in getting to and from healthcare appointments. The criteria for entitlement to transport is set nationally and depends on specific requirements, medical conditions and mobility.

PTS crews play a vital role in health promotion and prevention by sharing health information and advice to patients and raising concerns to other support services if necessary.

People We Serve

The area covered by the organisation makes it the second largest ambulance trust in England. We provide services to a population of seven million people across a geographical area of approximately 5,400 square miles. This region is punctuated by several cities and towns; other parts of the footprint are sparsely populated and rural with significant distances to hospitals.

The Trust footprint is split into three main areas – Cheshire and Merseyside; Greater Manchester; Cumbria and Lancashire. Strategic capacity and support services are led centrally from the Trust Headquarters in Bolton.



2. Statutory Duties – Equality Act 2010 and Public Sector Equality Duty

The Equality Act 2010 is the primary piece of legislation around equalities, and it brings together and replaces all previous equalities legislation.

The Public Sector Equality Duty (PSED) forms part of the Equality Act 2010 (section 149) and is applicable to NHS, and other public sector, bodies. The PSED came into force in 2011.

The Trust is fully committed to caring for all patients, service users, their families and carers, and staff in a manner which embraces, respects, promotes and celebrates inclusion and cultural diversity.

The Equality Act 2010 requires specific provision is made to consider the impact of services and activity for people who identify with one or more of the nine protected characteristics, and for public sector bodies to take proactive steps to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it and
- Foster good relations between people who share a protected characteristic and people who do not share it

Protected characteristics and other groups

Over and above the nine equality groups protected from discrimination under the Equality Act 2010, we also have a duty of care to all our service users and staff, which may be vulnerable to potential discrimination for a range of reasons.

Protected characteristic groups	Other potentially disadvantaged groups, people living with / in
Age	Carer responsibilities
Disability	Military service
Gender reassignment	Homelessness
Marriage and civil partnership	Poverty
Pregnancy and maternity	Geographical isolation
Race	Long-term unemployment
Religion or belief	Stigmatised occupations (for example men and women involved in prostitution)
Sex	Drug use
Sexual orientation	Limited family or social network

The Trust has a duty to engage with the communities it serves and to work with NHS partner organisations to understand, mitigate and remove any potential discrimination and demonstrate its commitment to improving health equalities and removing health inequalities, as articulated in the Health and Social Care Act 2012.

Publication of an Equality, Diversity and Inclusion Annual Report

As part of the public sector equality duty the Trust publishes this annual report in relation to equality, diversity and inclusion. The Equality, Diversity and Inclusion Annual Report includes a wide range of information, including the Trust's work with the Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), Gender Pay Gap, and the Equality Delivery System (EDS2).

Equality Impact Assessment

Equality Impact Assessment is the mechanism through which the Trust can demonstrate 'due regard' to the Equality Act 2010 and the meeting of its equality duties in relation to all Trust business and activity. Equality Impact Assessments ensure that all protected characteristics and other groups at potential risk of health inequality are proactively considered in the Trust's services and business.

The Trust has a system of Equality Impact Assessment (EIA) in place and all significant papers and documents going to the Trust Board are underpinned by an equality impact analysis, through which the potential equality related negative impacts are identified, mitigated and where possible, removed.

3. Equality priorities

The previous report in 2020/21 detailed the equality objectives which the Trust had worked on for four years. Progress was made on improving diverse representation within the workforce, improved staff experience about bullying and harassment, identifying improvements on patient data and exploring service provision relating to dementia patients.

As a Trust we have recognised the need to change our approach to diversity and inclusion. Whilst acknowledging that good incremental progress has been made over recent years to improve representation and staff experience, it is recognised that there is a need to increase our ambition and provide a clear and resourced commitment to make a step change in the experience of staff and patients.

We have a workforce vision to develop, engage and empower our staff. This starts at the point of recruitment and continues throughout the employee lifecycle. Our leaders are key to enabling our staff to be motivated, caring, and proud to work for the Trust.

Creating an inclusive culture where staff feel supported to fulfil their potential, are valued and welcomed for the diversity they bring to their role and feel that the organisation around them reflects the diversity of the communities we serve, is essential in delivering our values and encouraging innovation.

Our staff survey results show a clear disparity in the experiences of some of our staff from diverse groups, particularly those from black, Asian and minority ethnic and disabled backgrounds, and this is seen in their experiences of bullying and harassment, discrimination, and their views of the fairness of career progression opportunities. Although some of the indicators in our WRES show improvements in narrowing the gaps in areas such as recruitment and access to training, this does not adequately reflect in the day-to-day experiences of our staff and more drive is required to create a fully inclusive environment for our staff.

There also remain challenges in the diversity of our workforce representation. Again, positive progress is being made in improving levels of representation from diverse groups, however, there is still a long way to go for this to be representative of our communities and adequately reflected in our leadership and management roles. This is confirmed through both our WRES, WDES and Gender Pay Gap data which also reflects the particular challenges in the operational and clinical workforce including the upper bandings/quartiles.

COVID-19 has brought into very sharp focus the disproportionate health outcomes resulting from COVID-19 disease faced by our black, Asian and minority ethnic and many disabled colleagues particularly in the Healthcare Sector. The Trust will continue to ensure that at all levels; nationally, regionally and locally we will take all necessary measures to protect the health, safety and wellbeing of our black, Asian and minority ethnic colleagues. Evidence shows that diversity in leadership is associated with more patient centred care, greater innovation, higher staff morale and access to a wider talent pool and to deliver the ambitions of this strategy we need to ensure that we can deliver leadership diversity.

The following priorities agreed by the Trust Board in January 2021 remain current. They are underpinned by our statutory equality objectives and delivery against them is assessed via detailed action plans:

PRIORITY 1

We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.

This priority is being supported through a series of targets for improved representation covering both recruitment and progression. An action plan has been developed to support the progression of this priority and includes a focus on under-representation of individuals from black, Asian and minority ethnic (BAME) communities with an aim to improve representation in the workforce from these communities to 8% by 2024.

We are also working to improve the representation of women in the upper quartile of pay through targeted Positive Action programmes, and through engaging with our female staff to identify and overcome barriers to progression. Additionally, we are also striving to improving the experience of black, Asian and minority ethnic, LGBT+, female and disabled staff through increased engagement, supportive networks and greater development opportunities.

Over the last year, we have run pre-employment programmes within PTS with an aim to attract applicants from local communities. Further plans are in place to offer further pre-employment programmes in PTS and also in EOC in 2022/23.

There has also been a review of recruitment materials to ensure they reflect our desire to attract a diverse workforce. Within the priority goals there is a commitment to develop mechanisms to facilitate inclusive selection in interview processes, ranging from diversifying selection panels to building inclusion capability within the various stages of assessment centre process.

In 2022/23 the focus will be on the need to support the development and progression of our internal staff to ensure that there are opportunities for all staff to have access to career development and promotion opportunities. In addition, we are keen to learn from applicants and staff on their experience throughout the recruitment process to inform organisational learning.

PRIORITY 2

We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.

From a workforce perspective, our ambition is to eliminate the gaps in staff experience measured through key staff survey indicators along with Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) data. From a patient perspective, we will consider both quantitative and qualitative measures associated with clinical audit and patient experience.

We have been working to improve cultural competence through embedding diversity training through leadership, induction and mandatory training. We have made significant progress in the last 12 months to ensure that the learning material is culturally sensitive and inclusive. The Learning and Organisational Development Team have worked in partnership with Mandatory Training leads and in the next year, will focus on building their confidence to lead training in a culturally competent way using the adapted materials. Over the past year, the

NWAS Leadership Programme, 'Making a Difference' (MAD), has incorporated an ED&I lens into its delivery and aims.

Since the priorities were agreed in January 2021, there has been significant progress in the development of platforms for the voice of under-represented groups. Following the launch of the Race Equality Network (REN) in January 2021, the Disability Network was formed in December 2021 and the Armed Forces Network launched in March 2022. The formation of formal networks has facilitated the development of formal governance and release arrangement for key members along with the development of objectives within the networks.

Diversity and inclusion have been embedded in Board Director objectives for 2021/22, particularly around their developing role as Board champions and Diversity will continue to feature in objective setting for Board members and senior leaders.

In 2022/23 there will be a particular focus on developing the reward and recognition of under-represented groups to facilitate progression and promotion opportunities.

PRIORITY 3

We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.

This priority recognises the importance of making better use of patient data and experience to drive learning and improvement with the aim of having a positive impact on patient experience and outcomes. It reflects the need to enhance our use of data which will become much easier with the introduction of our Electronic Patient Record but also the need to extend and target some of our community engagement work, with service lines engaging more directly with users from harder to reach communities. The focus for 2021/22 has been on understanding the impact of deprivation on cardiac outcomes, addressing disparity in mental health outcomes, accessibility of language support in our contact centres and overall, how we can use the data we have to improve how we respond to patients.

To ascertain progress against this priority, we consider evidence around evaluation of changes and improvements made as a result of data analysis and feedback.

4. Our equality, diversity and inclusion work in 2021/22

This section sets out the considerable work which has been undertaken this year, delivering on our equality, diversity and inclusion agendas.

4.1. Patient Engagement

Patient engagement is recognised nationally as a fundamental measure of quality healthcare provision. It is only through active listening, recording feedback and acting on patients' insight that the Trust can respond and implement change to reflect patient needs. This has never been as important as during the past year – where everything has changed due to COVID-19 and the global pandemic.

The Patient Engagement Team engages with and obtains feedback from patients across all service areas, including Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and the Urgent Care Desk. Due to the pandemic, some of our methods of engaging have been adapted and changed so that we could continue engaging throughout but also so that we could proactively gain feedback in relation to our response to COVID-19. A significant 23,284 patients have provided feedback using varying channels. See Figure 1 below.

Patient Engagement Survey - Survey Channels (01 April 2021 - 31 March 2022)		Completed Returns	% of Total
Patient Transport Service PE Survey	<i>(Via SMS delivery - On-line completion)</i>	702	3.01%
Patient Transport Service - Friends and Family Test (FFT)	<i>(SMS Text completion)</i>	14,345	61.61%
Patient Transport Service - Friends and Family Test (FFT)	<i>(Post cards)</i>	13	0.06%
Paramedic Emergency Service PE Survey	<i>(Via SMS delivery - On-line completion)</i>	609	2.62%
Paramedic Emergency Service - Friends and Family Test (FFT) - <i>(See and Treat)</i>	<i>(SMS Text completion)</i>	3,578	15.37%
Paramedic Emergency Service - Friends and Family Test (FFT) - <i>(See and Treat)</i>	<i>(Post cards)</i>	12	0.05%
Urgent Care Service PE Survey	<i>(Via SMS delivery - On-line completion)</i>	157	0.67%
NHS 111 Service PE Survey	<i>(Postal)</i>	1,996	8.57%
NHS 111 First Service PE Survey	<i>(Postal / On-line)</i>	1,872	8.04%
TOTAL		23,284	

Figure 1 - 2021-2022 PE Survey Channel Table (Note: All data as at 31 March 2022)

An extensive patient experience programme was completed for 2021/22. This has included:

- improving our digital offer by providing the opportunity to complete our patient surveys via an SMS text weblink and online <https://www.nwas.nhs.uk/get-involved/share-your-experience/tell-us-how-we-did/>;
- engaging virtually via MS Teams and Zoom with patient, health practitioner networks, forums and community groups.

2021 - 2022 Patient Engagement Surveys																				
SMS Text Delivery/Postal/On-line (01 April 2021 - 31 Mar 2022)																				
Service Line	Cared for appropriately with Dignity, Compassion and Respect <i>(Strongly Agree/Agree)</i>					Overall Satisfaction Received <i>(Very Satisfied/Fairly Satisfied - Yes)</i>					Overall Experience of Service <i>(Very Good/Good)</i>					Recommend Ambulance Service to Friends and Family <i>(Very Good/Good)</i>				
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD
Patient Transport Service	100%	76.9%	94.4%	94.6%	94.2%	n/a	n/a	n/a	n/a	n/a	100%	61.5%	87.1%	90.0%	88.5%	n/a	n/a	n/a	n/a	n/a
Paramedic Emergency Service	100%	90.0%	90.7%	94.6%	92.9%	n/a	n/a	n/a	n/a	n/a	50.0%	80.0%	87.1%	87.1%	86.9%	n/a	n/a	n/a	n/a	n/a
Urgent Care Service	0.0%	No Data	77.8%	84.2%	82.2%	n/a	n/a	n/a	n/a	n/a	0.0%	No Data	47.2%	62.5%	58.6%	n/a	n/a	n/a	n/a	n/a
NHS 111 Service	n/a	n/a	n/a	n/a	n/a	91.6%	89.6%	84.4%	88.3%	89.0%	n/a	n/a	n/a	n/a	n/a	91.8%	91.4%	88.0%	90.0%	90.5%
NHS 111 First Service	n/a	n/a	n/a	n/a	n/a	95.0%	92.8%	92.1%	91.2%	92.7%	93.3%	87.4%	85.7%	85.4%	87.9%	n/a	n/a	n/a	n/a	n/a

Figure 2: PE Survey Response Feedback data by Quarter for 2021-2022

Feedback received during 2021/22 shows a high regard for ambulance services and in particular the care and treatment provided by staff. A high 94.2% of PTS and 92.9% of PES patients respectively stating that they were ‘cared for appropriately with dignity, respect, kindness and compassion’.

“The crew were so caring and professional in the way they dealt with my mum. Her needs were always put first and at all times they made her feel safe. Their manner was first class.” (PES)

“The service you provide is excellent. All staff are so helpful and friendly. And I know my elderly mum who's blind and deaf is in good hands.” (PTS)

“The staff who attended were very polite and friendly. They respected me and did not judge my circumstances.” (PES).

92.7% of NHS 111 First patients, 86.9% of PES patients and 88.5% of PTS patients also found their overall experience of the respective services either good or very good.

“The Drivers are following the COVID precautions ensuring face masks conform to standard. Hand sanitizer provided before the journey. Assisted into the rear of the car. Ensure my comfort during the journey. Arrived on time for appointments.” (PTS)

They showed me good understanding. Couldn't have asked for better staff to have attended.” (PES)

“Despite wait time (understandable and within reason). Delightful person, clear and professional. Listened and dealt with me accordingly.” (NHS 111 First)

4.1.1. Reporting

The Board is provided with a monthly dashboard of Friends and Family Test (FFT) patient feedback results. Quarterly data patient engagement initiatives, themes and feedback are shared with the Quality Committee. The Patient and Public Panel members receive regular Trust briefings and a monthly Panel newsletter. During the past year, eleven sets of public health info-bursts were also sent out to patient and community groups and Patient and

Public Panel members. These contained a wide range of information including public health messaging for self-care, Trust information and accessing community-based support services during the pandemic. Recommendations for service improvements are being introduced monthly via PTS level 2 meetings, 111, and PES learning ambassadors respectively.

Patient stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. These have continued during the pandemic though there have been some challenges during lockdown with sourcing filming and presenting them. Innovative presentations used included voiceovers to outline the story and filming using MS Teams. The patient stories have included experiences related to ambulance diverts and GDPR, accessing Trust services for deaf patients, frailty and continuation of care and appropriate use of AEDs. Increased development of filming skills within the communications and engagement team has supported in-house production of patient stories.

4.2. Public and community engagement

Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method we use to gain qualitative feedback is by engagement with community and patient groups within our region – due to the pandemic this has taken place virtually this year. There were plans to hold some large-scale community events, but these were postponed due to the pandemic and pressures on the service.

However, we did engage virtually with over 84 patient and community groups on a range of topics, one was to talk about our response during the COVID-19 pandemic, Trust plans for moving out of lockdown, in particular with PTS services and use of escorts, and to reassure communities that they were safe when using ambulance services. Another focus for engagement was the importance of using NHS 111 first and talking to groups about the range of options to access that service and the other services that NWAS provides.

4.2.1. Patient and community engagement aims

The Trust's patient and community engagement aims as set out in the Patient Engagement Implementation Plan 2020/21 have remained current over the last year:

1. To engage and educate a range of patient, public and community groups on what to expect from and how to access ambulance services.
2. To work in partnership with our patient, public and community groups, stakeholders and Patient and Public Panel (PPP) members to design services which meet their needs.
3. To capture and share changes which have been made as a result of patient, public and community group feedback.
4. To enhance patient, public and community groups access to ambulance employment opportunities.
5. To ensure that engagement is embedded throughout the organisation and that priority messages are shared with our patients, public and community groups.

A full list of the engagement activities with diverse communities undertaken during 2021/22 can be seen in Appendix 1, and highlights have been summarised below:

- 84 virtual engagement events that have been attended by the Trust as either principal speakers, advisors or facilitators.
- Virtual patient and public community engagement events - Salford Mental Health Forum, Healthwatch, Blackpool Learning Disability Group, Black History Month activities, Caribbean and African Health Network, Dementia Café and CCG conferences.
- Our engagement has looked slightly different to previous years as many of the 'face to face' high footfall events that we would usually attend such as Freshers Fairs, Disability Awareness Days and PRIDE were cancelled due to the pandemic.

During 2022/23 we will continue our cautious approach to resuming face to face engagement where an appropriate risk assessment allows and where restrictions are lifted.

We continue to work with the Community Engagement Guidance Framework 2020/25 agreed in 2020, to ensure attendance at high footfall community events remains centrally logged with the Communications and Patient Engagement Teams. This ensures consistency of information to be relayed at the events will be shared with all staff attending and there remains an opportunity to receive good practice feedback on our attendance. However, this also remains under constant review to consider how we can best meet our aims in line with the pandemic and continued NHS restrictions on meeting face to face.

4.2.2. Engagement activities

Patient and community engagement activities during 2021/22 have enabled us to:

- Receive advice and feedback from a range of hard to reach and vulnerable patient groups on how to improve access to ambulance services.
- Better understand how we can support vulnerable patient groups during the pandemic.
- Gain insight into how the pandemic has highlighted health inequalities for some communities within the region.
- Stay in contact with and keep patient, public and community groups informed with information relevant to NWAS and the pandemic through the introduction of regular info-bursts.
- Increase awareness with a range of our communities with regards ambulance service provision.
- Provide reassurance for our patient groups, the general public and communities that we take community engagement seriously even though there have been some barriers to engagement during the last 12 months and that all feedback received from our patient and community engagement activities are valued and where required will be acted upon.
- Promote partnership working with many of our hard to engage and vulnerable groups including with Community First Responder (CFR) volunteering opportunities and our Patient and Public Panel (PPP) membership.

Examples of some of the feedback received:

- *“How excellent your website is in terms of accessibility.” (Lancashire VI Forum)*
- *“You need to understand that not everyone in the community understands the written word. We still need to massively improve our offer at the patient side and explore whether there is any way in this situation that we could provide BSL interpretation and also alert the hospital that we are taking the patient to that they will require a BSL interpreter on arrival.” (N- Compass Cumbria Deaf Association)*
- *“To ensure that engagement is continuous - not just a swoop in and swoop out approach”. (PPCV Bridge)*
- *Do not be judgemental - recognise that they are people and they don't just have the 'lived experience' that we might be seeking. This is important to understand.” (Mental Health Forum engagement)*
- *“Use of NHS 111 First online to access services and appointments in ED / UTC. How does the appointment system work - how do you relay the information to the hospital and how do they know when you have arrived your appointment time.” (Healthwatch Wirral)*
- *“Need to improve awareness of NHS 111 – Reassure our communities Ambulance services and hospitals are safe for them.” (Caribbean and African Health Network)*

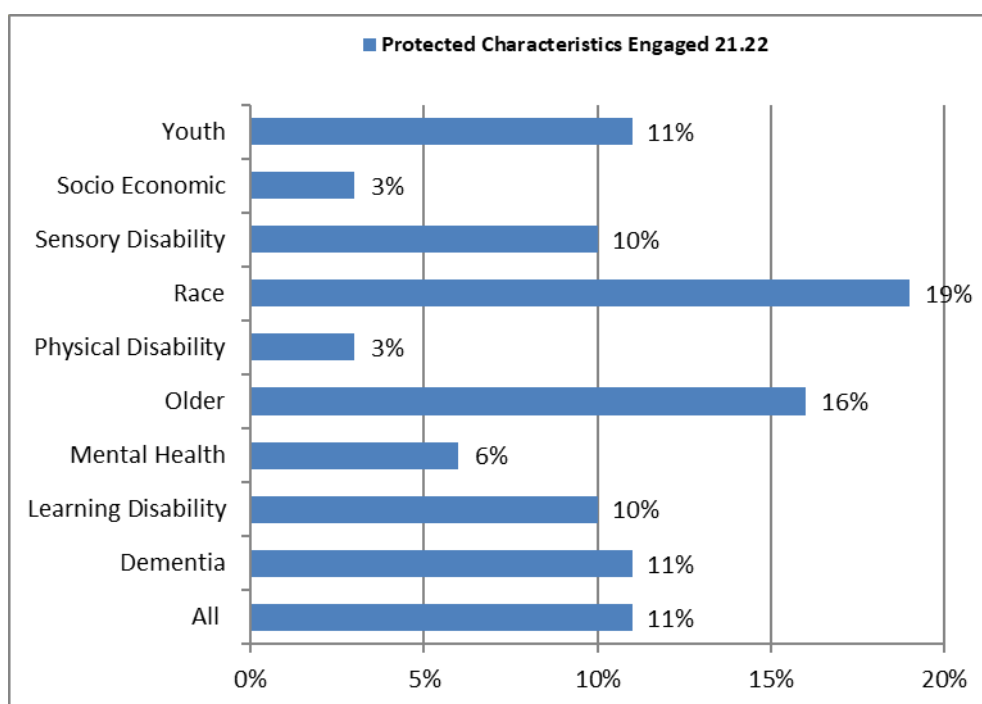


Figure 3: Protected characteristic groups’ engagement in 2021/22

4.2.3. Feedback, learning and service improvements

Patient, public and community engagement feedback has demonstrated a general high regard for the ambulance service and in particular the high percentages of patients feeling they were treated with dignity, compassion and respect (Figure 1) whilst identifying specific themes and learning, which will be further analysed and articulated as recommendations for improvements during 2022/23. Some of these themes include:

Communication - feedback from our deaf community has highlighted the increased barriers to lip reading communication due to our staff wearing personal protective equipment (PPE) during the pandemic. Ways in which we have looked at breaking down those barriers have already included the procurement of deaf awareness training for 50 staff members. During 2022/23, staff will be provided with an opportunity to download an 'Insight' language communication App on their iPads. This will ensure provision of language translation as well as BSL translation support at patient side. We will continue to ensure that any videos that are shown on social media are subtitled, and our Virtual AGM was signed by a BSL interpreter.

Reassurance – we provided reassurance to our patient, public and community groups throughout and during lifting of the pandemic restrictions, regarding resources, safety of our services, availability and our overall response to the pandemic via regular stakeholder updates, patient engagement events and info-bursts. We also kept them informed on an area-based perspective of the availability of local services to support their self-care, with mental health as well as physical health and wellbeing respectively. We sent eleven sets of info-bursts including: How to protect yourself in the hot weather, Winter Watch, COVID restrictions information and mental health resources by county area. This is a key area of Trust activity that will be maintained throughout 2022/23.

Accessibility - following feedback that despite using Microsoft Teams for most of our engagement, Zoom is much more accessible for those with additional accessibility needs, we purchased a Zoom licence to undertake engagement and meet the needs of this group of patients. We will continue to share co-produced information on how our emergency services are accessed using Emergency SMS 999 BSL to be introduced summer 2022 and how NHS 111 can be accessed using the services of Co-Sign (Interpreter Now).

Co-Production – further to co-production work with the PPP already undertaken on a new pictorial communication handbook, this will now be progressed to a digital version for staff to upload on to new iPads. Consideration will be provided to a similar digital version of the Multi-Lingual Phrasebook to further enhance communication with ethnic minority 'new' communities in the region. Patient Engagement FFT feedback, learning and related themes will be co-designed for improvements with Trust service line ambassadors for PTS, PES and NHS 111 services.

Information - following feedback that we need to make our publications more accessible, PPP information is now always provided in an accessible format for our visually impaired members and those who require their information in high contrast. We have also invested in a photo symbols subscription so we will be able to produce more easy read information in the future. Monthly newsletter support will be continued throughout 2022/23 for our PPP membership.

Engagement - overarching by the Trust patient, public and community engagement guidance framework for 2020/25, we will ensure a minimum 1% of PTS, PES See and Treat, and 1,200 NHS 111 patients receive the opportunity to provide FFT feedback monthly. Our recent review of the patient engagement reporting platform IQVIA will support North West areas, towns and cities-based understanding with patients' survey feedback as well as by demographics.

We will consider the learning from COVID-19 safe patient engagement during 2021/22 as well as central and local guidance, in particular on continued virtual engagement e.g. accessibility, ease of travel, time etc to inform our annual Patient Engagement

Implementation Plan for 2022/23. Further to recent Government advice for attending large scale events, we are starting to receive large scale event invitations already for summer 2022. We will undertake appropriate risk assessments and proactively scope NWS attendance at e.g. Disability Awareness Day, Manchester Pride and Health Mela invites.

4.3. Patient and Public Panel

Our Patient and Public Panel (PPP) was established in September 2019 to give patients and the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence decisions and improvements in our emergency, patient transport and 111 services.

Despite the challenges from COVID-19, the PPP has continued to recruit new members and to actively engage throughout the past 12 months via virtual platforms and as a result we now have 213 PPP members fully inducted, with most already involved in the work of the Trust. We achieved our 2021/22 target of 190 for the PPP membership in the first half of the year, as well as doubling aged 16-24 youth representation from the end of March 2021, which shows a great success for the Trust.

The PPP has an infrastructure to enable patients and the public to become involved at a level that suits them however at present all levels are engaging virtually until further notice:

- 'Consult' is virtual, making the most of digital channels to interact with members who can get involved whenever or wherever they choose.
- 'Co-produce' panel members work together on short-term projects using co-production techniques.
- 'Influence' members take an ongoing, active role in high-level meetings to enhance decision making and discussions.

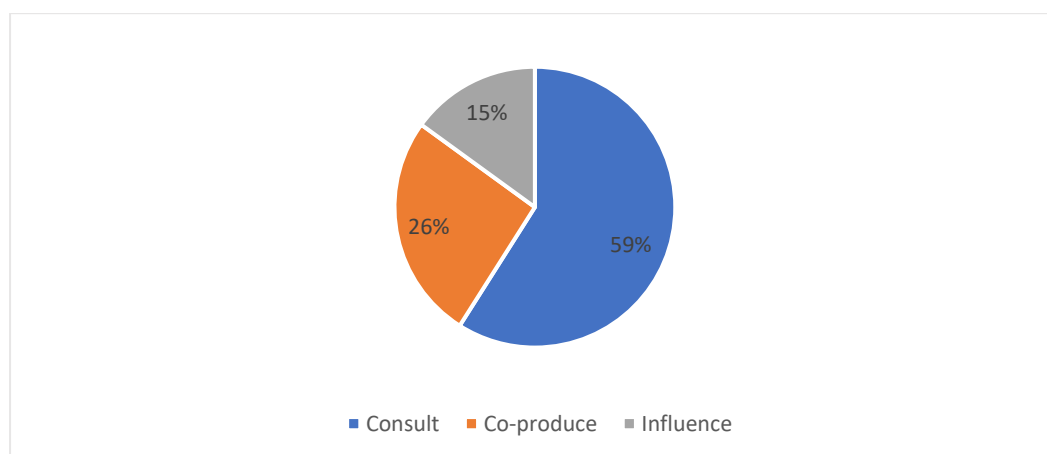


Figure 4 - Breakdown of panel members' involvement by level

The demographics of PPP members continues to show that membership from the Cheshire and Lancashire regions is currently slightly below the target representation compared to the other areas we cover across the North West.

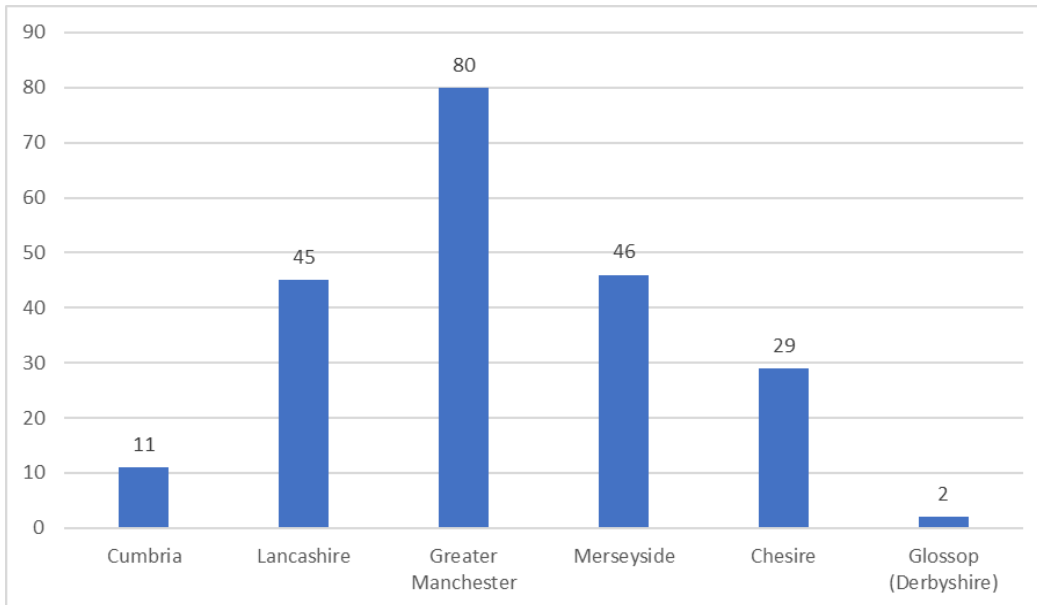


Figure 5 – Demographics of panel members by area

PPP membership for those declaring a disability has been over and above the initial target, which is positive.

We have successfully reached our 20% target which is currently 22% for members in the younger age bracket (16-24) compared to last year's update however we recognise more work needs to be done to engage with young people across the North West, linking into colleagues who lead on community engagement. The Trust has secured funding to further progress recruitment of young people to become PPP panel members and the ongoing development of a youth zone on the Trust's website during 2022/23.

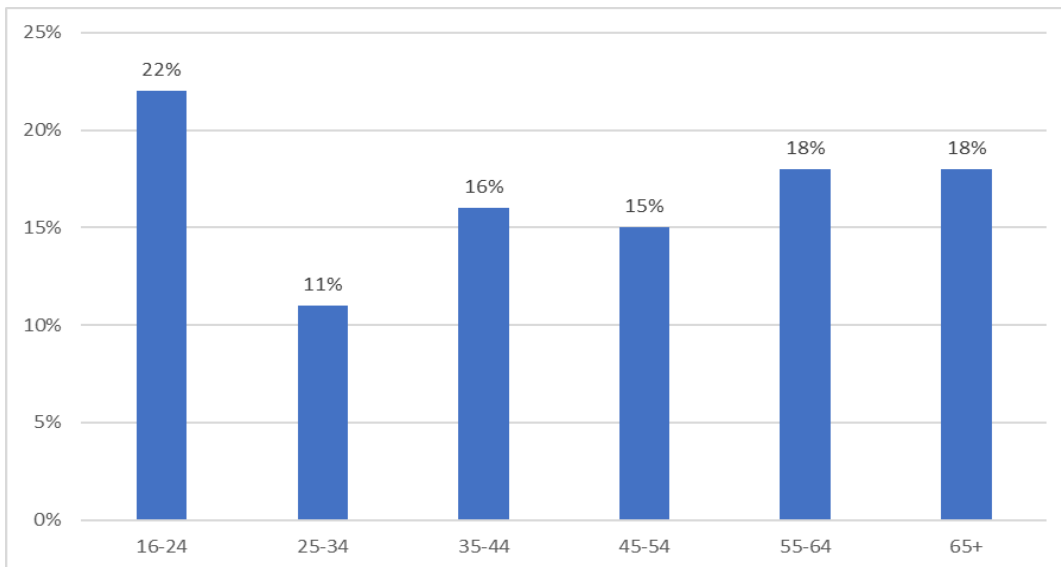


Figure 6– Breakdown of panel members by age

Representation of PPP members from our black, Asian and ethnic minorities and ethnic groups is shown at Figure 7 (13%) and further work to increase this percentage is being reflected in the PPP 2022/23 work plan for future recruitment.

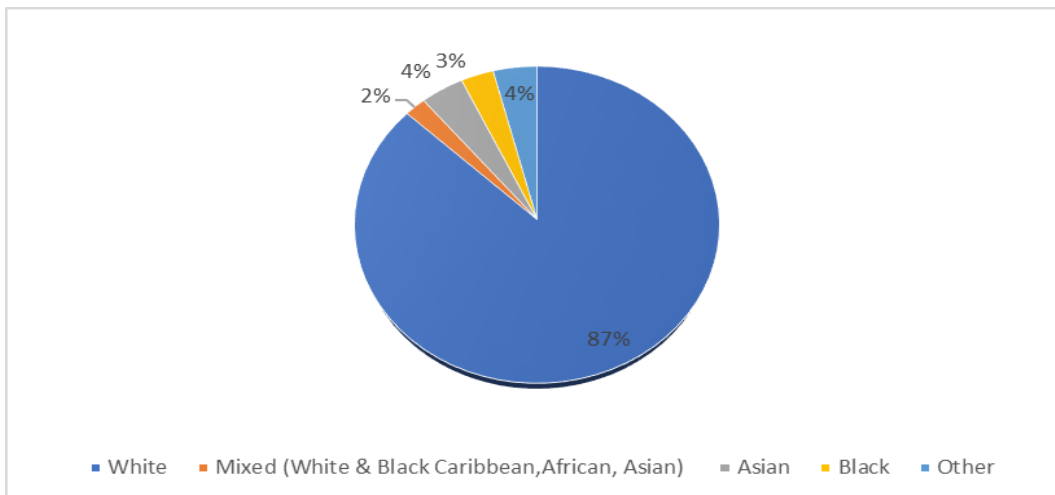


Figure 7 – Breakdown of panel members by ethnicity

From April 2021 to March 2022, PPP members have been invited to get involved in 113 opportunities with 70 requests for panel involvement from staff across the Trust.

The PPP has been able to get involved in regular high-level meetings (area learning forums, Q&A sessions with the Board, learning from deaths), development of the Trust strategy as part of a reference group, medical markers review meetings, providing comments and feedback on the content. The membership receives regular information via a monthly newsletter, opportunities to engage with each other within a dedicated Nwas PPP members area and virtual development sessions (CPR, safeguarding). They have also had the opportunity to provide feedback on Trust key documents and publications.

If staff would like PPP involvement, they are asked to complete a PPP pro-forma to help understand what is required from a PPP member. This can be found online via the Green Room, or a hard copy can be sent on request.

4.4. Recruitment

The Trust’s approach to recruitment is informed by our ED&I objectives. This includes the aspiration to receive 20% of applications for Trust roles from black, Asian and minority ethnic backgrounds, leading to an increase in the overall diversity of our workforce of 8% from black, Asian and minority ethnic communities by 2024.

As of March 2022, the Trust’s workforce was made up of 323 black, Asian and minority ethnic staff out of 6,809 substantive staff. This represents 4.74% of the workforce.

An analysis of leavers between April 2021 and March 2022 shows that 8.49% of leavers were from a black, Asian and minority ethnic background and this has risen slightly since 2020/21 where this equated to 7.41% of leavers. Overall, however, this indicates that we may need parallel focus on retention as well as the recruitment of black, Asian and minority ethnic colleagues.

During 2021/22 the Trust had 1,228 black, Asian and minority ethnic applicants which represented 17.6% of all applicants. An analysis of applicants during 2021/22 compared to 2020/21 is detailed below:

	White	BAME	Not stated
Applicants 20/21	82.29%	12.93%	4.79%
Applicants 21/22	81%	17.60%	1.40%

During 2021/22 there were 48 new starters from a black, Asian and minority ethnic background, and this equates to 6.65% of all new starters. In 2020/21, the number of new starters from a black, Asian and minority ethnic background equated to 10.49%. Whilst this is a reduction, the ability to undertake targeted recruited has been impeded this year due to the challenges posed by the pandemic. Furthermore, the positive action work that has been undertaken to encourage the increased diversity in our applicants shown above will be seen through new starters in 2022/23

We have continued work to ensure recruitment and selection methods for Trust roles are inclusive. This is an ongoing process and aims to remove unnecessary barriers for candidates to navigate through the application and interview stages. This work has included revamping the recruitment and selection masterclass training for our recruiting managers, following the contribution and feedback from staff side representatives, Race Equality and Disability Networks and colleagues from across the organisation who are part of the Workforce Equalities Group.

This year we also enriched our assessment centre processes by ensuring that a diverse panel of assessors was constituted for each recruitment campaign where an assessment centre was used. This included recruitment at all levels in the Trust, including senior leadership roles.

We have also continued to improve the diversity of interview panels across the organisation. Additionally, an action group of diverse staff across all directorates was established to draft and agree new interview questions for bulk recruitment campaigns. The HR Hub has over the year continued consistently to provide guidance on queries relating to equality, diversity and inclusion in relation to recruitment.

This year, the Trust appointed a new Head of Inclusion and Engagement to lead the ED&I agendas and is supported by an Equality, Diversity and Inclusion Advisor who also came into post earlier in the year.

We have continued to monitor statistics relating to the diversity of our workforce and these have been presented on a regular basis to the Workforce Equalities Group. We aim to be able to compare numbers to previous quarters in order to keep a focus on representation and diversity in recruitment, as well as identify actions for improvement.

Finally, over the year, we have attended a range of events to showcase the diverse nature of frontline and support roles available to those looking for a career with the ambulance service. In the midst of the pandemic, the majority of these events were virtual, however since restrictions have been eased, we have started to attend more face to face events. The events we attend are selected to ensure diverse and under-represented groups are made aware of opportunities available, some of which are detailed in the sections below.

4.5. Promoting NWS as an 'employer of choice'

Due to the pandemic, initially the usual face to face engagement, careers and military events moved to virtual delivery. However, we have now started to re-engage via in-person events.

Through our strategy to increase the diversity of our workforce, we attended a number of events to promote NWAS as an employer of choice. Despite the barriers the pandemic has brought, we have still maintained a presence within the communities we serve attending over 94 events this year and reaching in excess of 19,900 individuals. At each event, we provided information, advice and guidance on the range of NWAS roles including our apprenticeship positions and how to apply. Details of the events can be seen in Appendix 2.

We prioritised events where there is potentially a diverse group of attendees or attendance from a group that is underrepresented in the workforce currently. As part of our engagement ahead of events, we informed schools and other organisations about a high footfall event in the local areas and shared information with them electronically to promote further.

Careers Information and Guidance (IAG)	Quarters	Total Number of participants
Careers Information and Guidance (IAG)	Q1	280
Careers Information and Guidance (IAG)	Q2	400
Careers Information and Guidance (IAG)	Q3	2491
Careers Information and Guidance (IAG)	Q4	16807
Careers Information and Guidance (IAG)	Totals	19978

4.5.1. Positive Action

As part of the Workforce Strategy, Positive Action focuses on taking specific steps to improve equality within our workplace. Positive Action enables us to deliver a range of measures and initiatives that we can lawfully take to break down barriers and actively encourage people from our communities that are under-represented to bring their talent, experiences and expertise to apply for roles with NWAS.

The Trust's Positive Action Officer is an integral part of the ED&I Team and leads on outreach with under-represented communities and facilitates bespoke one-to-one support for prospective applicants.

During 2021/2022, we have undertaken a range of Positive Action engagement in order to help meet the organisational pledge.

To enable Positive Action delivery, partnership working and collaboration across the Trust has been essential. The ED&I Team has worked with the Widening Access Team and has been supported by the HR Hub, Communications Team, Education Team, recruiting managers of clinical and support teams, and with the Race Equality Network who have provided Ambassadors for engagement events.

Over the course of the year, despite face to face restrictions presented by the pandemic, we have attended 34 virtual and face to face Positive Action careers events promoting NWAS careers. These include bespoke careers events working with the Jewel Foundation to engage members of the Jewish Community in Greater Manchester and hosting a stand during prayers at Bury Islamic Centre and Manchester Central Gurdwara.

We have also continued to further develop relationships with organisations from the voluntary, community and faith sector (VCFS) as well as statutory organisations. Collaborative working and sharing good practice also takes place with external organisations including Ambulance and NHS Foundation Trusts, Merseyside Fire and Rescue, Merseyside Police, Lancashire Police, Greater Manchester Police, Departments of Work and Pensions, statutory organisations, and sharing good practice at the ED&I NW Leads Forum, the GM ED&I Professionals Network, and the National Ambulance BME Forum.

Through partnership working with Merseyside Police and Merseyside Fire and Rescue Service, a collaborative Positive Action tri-service careers event was held in February 2022 at the Kuumba Imani Millennium Centre in Liverpool. The event was also supported by Liverpool John Moores University to promote the Paramedic Degree Programme.



Ahead of the event, the Positive Action and Widening Access Teams undertook two days of outreach work engaging with local VCFS organisations across the region to promote the event. The ED&I Team worked with our communications colleagues to raise awareness of the event through the Trust's social media platform and disseminated information via 54 VCFS and statutory organisations. Around 50 people attended the event to learn about careers within the blue light services.



In November 2021, we led a targeted Positive Action recruitment campaign as part of the Emergency Medical Technician (EMT) Apprenticeship recruitment programme working with the Trust's HR Hub and the Communications Team. We designed and produced promotional materials raising awareness of the role and worked with the Trust's social media team to develop targeted posts for Facebook and Twitter. Leaflets were disseminated to statutory organisations and 136 VCFS organisations. Working with a regional publication, targeted advertising was delivered via a virtual media platform which is more likely to be accessed by under-represented communities.

This was the first time we partnered with an external media agency in an effort to promote the recruitment campaign. While we did receive a number of applications from diverse backgrounds, it is difficult to quantify the number which came directly as a result of media advertising. However, this is something we are keen to understand in the rollout of future campaigns.

To further promote the role to under-represented communities, seven virtual Careers Connect sessions were set up and delivered - presenting information about the EMT

Apprenticeship role, providing information, advice and guidance on how to apply and offered a Q&A session for participants. This was also supported by members of the Race Equality Network.

Online Live Chat sessions have been coordinated throughout 2021/22 to enable wider engagement with under-represented groups to promote career pathways, supported by teams across the Trust. These events were promoted via Trust social media channels and information was shared with VCFS and statutory organisations across the Trust footprint.

Alongside Positive Action careers events, one to one application and interview support has been offered to potential candidates throughout the recruitment process, as well as the offer of feedback to applicants who were not successful. With the EMT recruitment campaign, we put in place candidate tracking to identify where candidates from diverse backgrounds were unsuccessful progressing through the selection processes. Those applicants were then later contacted with the offer of additional support to help with future applications.

A Recruitment Workshop has been developed to equip Trust Ambassadors with information, knowledge and skills needed to effectively support careers events and two workshops have been successfully delivered to members of the Race Equality Network. Ambassadors from the Network supported eight Positive Action events during 2021/22. Our Positive Action Officer has provided Ambassador support to the Manchester University NHS Foundation Trust at four virtual careers sessions aimed at encouraging people from black, Asian and minority ethnic backgrounds to consider a career within the NHS. These sessions provided information about careers within the NHS and application and interview guidance.

A Positive Action Toolkit for managers has been drafted to raise awareness of Positive Action work across the Trust. It seeks to empower managers across the organisation and get involved with supporting outreach work underpinning the Positive Action Programme.

Over the course of the year, we have worked closely with the Communications Team to ensure that recruitment pages on the external website are inclusive, including ensuring Positive Action images, producing Positive Action videos to be included on recruitment pages, and also raising awareness of Positive Action initiatives, for example, quiet rooms across our hubs.

Additionally, we have been involved in reviewing wording of job advertisements to ensure they are inclusive; promoting opportunities for diverse representation on interview panels; sharing information about the Positive Action work being carried out; and working with recruitment managers to promote roles within their teams to under-represented communities. Positive Action messages remain on Trust adverts and are regularly reviewed to ensure applicants are fully clear and aware of the improvements being made to promote inclusivity.

4.5.2. Widening Participation

Internal Development Pathway

When the Pandemic hit there was a call for help from PTS staff to undertake an upskill programme to support PES. From this, the skills and qualities that these fantastic individuals had brought to the PES environment were recognised, and an opportunity was given for these individuals to work towards an EMT apprenticeship if they chose to.

The development pathway saw 86 of these individuals progress onto the EMT apprenticeship and six individuals continue to be supported to move towards this.

Literacy and Numeracy

We have supported 109 individuals on their journey to achieve either Maths, English or both level 2 qualifications, to increase their access to opportunities of progression.

1:1 Support

The Widening Access Team have supported 18 internal staff who have been seeking career progression with information, advice and guidance around application support, interview technique and improving confidence.

The Team has supported 49 external individuals who have been seeking careers with the Trust with next steps information advice and guidance, application support, interview technique and tools for confidence boosting.

Pre-employment Programme

Due to the pandemic, we had to change our usual face to face delivery of our pre-employment programmes to a virtual delivery model to continue to support the recruitment needs within PTS and to widen the access for individuals within our community. Six successful programmes with candidates gaining employment have been delivered.

Youth Engagement

The Trust usually provides placements for Healthcare Cadets across Greater Manchester, Cheshire and Mersey, and Cumbria and Lancashire, receiving placement opportunities from January to May to assist them in gaining vital experience of the ambulance service environment to make informed career choices for future career aspirations. Unfortunately, this has not been possible this year, but face to face placement opportunities will resume when possible, within current Trust procedures. These individuals often progress on to university in healthcare degrees.

Due to the challenges set out above, we have launched the first pilot of Cadets delivery on their college site in the Macclesfield area. Following evaluation of the pilot we will look to deliver this across the North West.

The Trust continues to hold the Fair Train Gold award. Fair Train's Work Experience Quality Standard is not just a highly respected accreditation; it is also a rigorously tested and widely proven step-by-step guide to making the specific work experience valuable, fulfilling, rewarding and the best possible use of resources. The Work Experience Quality Standard is a national accreditation which recognises those organisations offering high quality work experience opportunities to their learners and managing risk effectively. It also acts as a framework for development to help organisations to plan, run and evaluate high quality work

experience programmes. The Work Experience Quality Standard is still under review with a view of a national quality standard being created by Health Education England, work which NWAS is currently involved with.



With the difficulties seen during the pandemic, we unfortunately struggled to engage with young people face to face until the latter end of the year and to provide the usual opportunities. We have however been able to support individuals in a virtual realm -providing many online careers events, online virtual mentorship and collaborating with Health Education England and career hubs to undertake targeted youth development work .



The Widening Access Team has also been working collaboratively with organisations such as:

Everton in the Community on the SCORE project and Pathways programme. The objective of the SCORE working group is to bring together representatives of the Health and Social Care Sector to collaborate in achieving this objective. The group will explore and identify opportunities for young people within the sector, share knowledge of recruitment activity and/or processes, and provide input or guidance into the engagement and delivery plan of the project.

The SCORE steering committee will provide direction to ensure the project maximises the opportunities available for young people to successfully enter a career within Health and Social Care.

St John's Ambulance NHS Cadets Programme - the objectives of the Programme are to:

- Deliver life skills (including basic lifesaving, mental health, clinical skills, as well as skills in confidence building, presentation etc).
- Provide social action and volunteering opportunities in local communities.
- Reduce inequalities by reaching young people from seldom heard communities who often may not have the opportunity to volunteer.
- Develop the future health and care workforce.
- Educate young people about the NHS.

Departments of Work and Pensions (DWP) across the region – supporting DWP job fairs and accepting referrals for support from their clients who aspire to work in the ambulance service. In addition, promoting careers Live Chats and specific Careers Connect sessions to provide support towards NHS applications.

Liverpool City Region Combined Authority - supporting their events and utilising their recruitment website to share NWAS vacancies in the Liverpool area.

Speakers for Schools and Learn Live – providing virtual work experience activity and answering questions regarding career progression to our future talent pipeline.

Pendle YES Hub - sharing best practices and development of a skills club for young individuals that are NEET (not in education, employment or training) in a bid to inspire towards a better future.

Collaborative NHS Trust/HEE events – the Widening Access Team have established links with NHS Trusts and organisations across the North West and this year has worked collaboratively with a number of them, sharing best practice and delivering collaborative events. The relevant organisations are listed in Appendix 2 together with an outline of the community engagement activity for 2021/22.



4.6. Armed Forces engagement



ambulance trusts – who have agreed to be exemplars of the best care for, and support to, the Armed Forces community (be they Regular, Reserves, Veterans, spouses or dependants).

In March 2022, the Trust was re-accredited for Veteran Aware status until February 2024 by the Veterans Covenant Healthcare Alliance (VCHA). The VCHA is a group of NHS providers – including acute, mental health, community, and

We currently hold the Defence Employer Recognition Scheme Gold Award and are applying for revalidation of the same. The Defence Employer Recognition Scheme recognises employers who support defence and inspire others to do the same; and who pledge, demonstrate, and advocate support to defence and the armed forces community.

We have an Armed Forces, Reserve and Cadet Forces Policy which aims to provide a supportive environment for all Armed Forces staff. Reservists and Cadet Force Adult Volunteers are provided with ten days' paid leave to undertake training. In February 2022 the policy was reviewed by a steering group including representatives from the Trust's Armed Forces Network to ensure it met the needs of our Armed Forces Community. Amendments were agreed by Policy Group in March 2022.

Recruitment

We support the employment of veterans, recognising military skills and qualifications in our recruitment and selection process; working with the Career Transition Partnership (CTP) and NHS Employers Step Into Health to support the employment of service leavers, and provide ongoing support to staff who are members of the Armed Forces Community, both through our Armed Forces Network and providing support for career progression.

Between April 2021 and March 2022, 49 service leavers or veterans were provided with information, advice and guidance regarding roles within NWAS. Eleven were offered one to one support; with six known to be shortlisted.

We attended six Armed Forces careers events (both face to face and virtual) promoting career pathways at NWAS. We have also organised online live chats in partnership with the CTP targeting approximately 1500 service leavers transitioning from the Armed Forces. The live chats have been promoted through partnership working with Step Into Health, the North West Reserve Forces and Cadets Association (NW RFCA), NHS Employers, College of Military Veterans (CMVES). The live chats have been delivered via an online platform with a panel of specialists from NWAS offering information, advice, and guidance with regards NWAS' career pathways; provision of one-to-one support throughout the recruitment process; and signposting to other NHS Trusts/support organisations.

Through collaborative working with Step into Health, between 1 April 2021 and 31 March 2022, NWAS has received 76 referrals via their pathway referral system. A multiple offer is provided, for example, referrals are added to the NWAS recruitment mailing list which disseminates information with regards current job opportunities and upcoming events (NWAS and external events) and offers are promoted for one-to-one support and next steps careers advice and guidance.

We have developed partnership working initiatives with the Armed Forces NW HQ including recruitment events and training opportunities focusing on recruiting from the Armed Forces. A careers event was attended at Fulwood Barracks in November 2021.

Working collaboratively with the College of Military Veterans and Health Education England, we have set up "Creative Forces" events targeting cadets within the services. We are also working in partnership with Sale Sharks Community Trust to deliver breakfast clubs and employability sessions for veterans.

In the past 12 months NWAS has developed partnership working with Veterans UK in Merseyside and has plans in place to deliver career support drop-ins at Veterans UK HQ. Working with Veterans UK HQ we aim to organise an insight day in collaboration with other NHS Trusts with regards careers within the health service for veterans in Merseyside.

In June 2021, NWAS joined Forces Friendly Jobs to promote information about career pathways and careers events to family members of currently serving UK military personnel.

Events

We have supported national events including Armed Forces Day, Reserves Day, the Poppy Appeal Day, and Remembrance activities. Throughout Armed Forces Week in June 2021, working with the Armed Forces Network and our Communications Team, NWAS promoted the transferable skills of veterans through videos, quote cards and case studies and on Reserves Day raised the Support our Armed Forces flag at seven hubs across the Trust footprint. We also produced a video to celebrate Reserves Day in partnership with the NW RFCA and promoted case studies across our Trust media. On Remembrance Day, services were held across the Trust footprint attended by Trust staff.

Collaborative working

An Armed Forces Action Group meets on a quarterly basis to discuss all work that is carried out across the Trust with regards supporting the Armed Forces Community – the Action Group is attended by the Positive Action Officer, Widening Access Team, HR Hub, Education & Learning Team, and Honorary Contract support team.

During the past year, the Trust was represented at regional and national Armed Forces networks, sharing good practice and promoting collaborative working, including the Cheshire Armed Forces Covenant Partnership, the Lancashire NHS Armed Forces Forum, NW Armed Forces Network, Step Into Health employer surgeries and NHS Employers Connect Sessions.

In March 2022, we were invited by NHS Employers to present two breakout sessions at the NHS and the Armed Forces Conference with regards “Supporting Reservists as part of staff experience and retention” and “How to recruit from the Armed Forces Community”. We have also presented at Step Into Health employer surgeries with regards the guaranteed interview scheme in September 2021 and February 2022; and shared good practice with regards the scheme with East of England Ambulance Service, Yorkshire Ambulance Service, The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust.

Between 1 April 2021 and 31 March 2022, we established good working relationships with other NHS Trust Armed Forces leads, sharing good practice, and supporting events and initiatives, as well as assisting those who are working towards Employer Recognition Scheme awards – support in the last year has been provided to Countess of Chester NHS Trust, Yorkshire Ambulance Service, Leicestershire Partnership NHS Trust. Support has also been provided with regards applying for Veteran Aware status to London Ambulance Service.

The Trust received military response during the pandemic and was commended for our training and implementation of military personnel into our service in this unprecedented time.

4.7. ED&I staff training

Staff training for EDI has taken a three-pronged approach for 2021/22 to include:

- Developing bespoke courses to develop cultural competence in the workforce i.e. *Beyond Bias* that aims to address unconscious bias and discriminatory practice in the workplace and *Leadership for Inclusion* that aims to plan for reducing the disparity in workforce and health inequalities at point of access, experience at outcome for staff and patients.
- Building cultural competence across and into the existing suite of mandatory training and thereby, our training regulatory framework.
- Building the cultural competence of educators across NWS who lead and deliver training to our workforce for longevity of sustainable mainstreaming of EDI.

Creating equality of opportunity to continued professional development for our staff from under-represented groups is a focal priority for our Learning & Organisational Development (L&OD) Team, and as such, we have focused our energies on creating inclusive learning content, learning environments and learning pathways. To date, we recognise that there is a journey to be travelled with regard to improving access to, experience of, and outcomes from learning for our staff as our data demonstrates and this will be a key priority for 2022/23, specifically for black, Asian and minority ethnic staff:

Staff L&OD statistics	Total workforce		Female staff	BAME staff	Staff with disabilities
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NWAS 2021 – 22	6808		3512 (51.59%)	323 (4.74%)	342 (5.02%)
Total number who accessed L&D opportunities (headcount)	1175		624	45	71
Total number who accessed L&D opportunities (Percentage)	17.3%		17.8%	13.9%	20.8%

4.8. Developing a ‘culturally competent’ organisation

EDI cultural competence is a critical enabler of organisational effectiveness and efficiency. Our agenda for 2021/22 has been to educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients. Cultural competence maturity will allow us to:

Workforce

- Attract, recruit and retain talent from potentially untapped supply lines to address critical workforce gaps faced by the sector
- Build talent currency made up of diverse skillsets, responsive to organisational capacity and capability challenges in a competitive marketplace
- Build lived experience into organisational leadership decision making to enable the design, development and delivery of fit for purpose services from the onset

Performance

- Reduce the unnecessary burden on already limited resources to retrospectively ‘fix’ services that do not meet the needs of priority population groups identified in the CORE20Plus5 and wider public health agendas
- Facilitate social value to break the cycle of social deprivation, poorer educational attainment, inequities and inequalities faced by disadvantaged groups that contribute to poorer health outcomes and longer-term reliance on health and care provision and
- Facilitate our moral, ethical and legal obligations as an employer and provider of public service.

Developing ED&I cultural competence in our workforce has and will continue to contribute to a series of outcomes:

- Dismantling institutionally racist systems, processes and practice in recruitment to deliver inclusive employment practice
- Closing the gap on disparity in experience of staff from under-represented groups surfaced by internal cultural metrics¹
- Closing the gap on the disparity in experience of patients from under-represented groups through internal audit mechanisms²

¹ Staff Survey, WRES, WDES, EDS2

² Serious incidents, complaints, patient public panel feedback

- Contributing to closing the gap on wider systemic health inequalities surfaced by the Department of Health within urgent, emergency and elective care contexts³

Roundtable discussions

To support the conversation around ED&I, the Trust commenced a series of roundtable discussions, led by our Director of Strategy, Partnerships and Transformation. In 2021/22 the Trust held a discussion on race and racism and then as part of the events to celebrate International Women's Day in March 2022, a discussion was held on sexism, misogyny and violence towards women. Both discussions were informative and powerful and further roundtable events will be held in 2022/23.

EDI Board Development

Over the course of the year, a comprehensive Board development programme was developed to progress the Trust's commitment to the anti-racism agenda. The programme sought to facilitate a safe space for the Trust's most senior decision makers to explore their call to action in leading for inclusion with a specific lens on closing the gap on workforce and health inequalities from a race perspective. Two sessions 'Introducing Anti Racism' and 'Mobilising for Anti Racism' were delivered to cultivate organisational readiness for anti-racism work. The next phase of the programme will seek to integrate reverse mentoring and the NHS North West Anti Racism Framework 2020 into Board development to drive leadership for equality, diversity and inclusion.

As the pandemic subsides, we hope to emerge as a more resilient, more compassionate and considerate organisation for all our staff and patients and continue to keep diversity and inclusion as a vital aspect of each step forward.

An overview of the activity undertaken during 2021/22 to develop organisational cultural competence can be seen in Appendix 3.

4.9. Staff Networks and Forums

Despite the challenges of recovering from the pandemic, the Staff Networks have continued to develop and grow over the last year. While face to face engagement for the Networks has been limited, they have nonetheless adapted well to using technology to promote themselves, reach out to colleagues and hold events.

The NHS People Plan set out an intention that by December 2021 all NHS organisations should have reviewed their governance arrangements to ensure that Staff Networks are able to contribute to and inform decision-making processes. To this end, over the last year, the Trust reviewed its support infrastructure for networks - providing guaranteed release for core members, an allocated budget and identifying champions from the Executive Team who can support networks to achieve their goals.

At NWAS we now have formalised networks and Executive Champions for Armed Forces, Disability, LGBT+ and Race Equality. Work has commenced to establish a Women's Network (name to be confirmed). The following updates have been provided by the Networks:

³ CORE20plus5; [Local action on health inequalities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) et al

Armed Forces Network

The **Armed Forces Network** continued to meet on a quarterly basis virtually during the pandemic. In 2021/22 the Network collaborated with our communications and corporate teams on social media campaigns raising visibility of our Armed Forces Community during Armed Forces Week. The campaign focused on “Transitioning from the Armed Forces” using case studies, video clips and quote cards. For Reserves Day 2021, the Network raised the Armed Forces



flag at seven Trust hubs and was approached by NW RFCA to produce a video showcasing employing reservists for NW RFCA/NWAS social media. The Network also supported Remembrance Day services across the Trust footprint.

In early 2022 steps were taken by the Network to become member-led and nominated two co-chairs, supported by a vice-chair and management committee. The Network was formally launched in March 2022 by Daren Mochrie, Chief Executive Officer, Angela Wetton, Director of Corporate Affairs, as Executive Sponsor for the Armed Forces, and the Network committee.

Disability Network



The **Disability Network** officially launched in December 2021 following election of an additional co-chair and vice chair to support the current chair. At the virtual event, Daren Mochrie, Chief Executive Officer, as well as a number of Executives including the Disability Network’s Executive Champion, Carolyn Wood, joined to share their thoughts on its important role working with the Trust. Since the launch in December 2021, membership has grown with staff feeling confident coming forward to ask for support.

The first meeting as a formal network has taken place with open discussions around the annual workplan and members raising important issues affecting staff with disabilities and long-term health conditions in the workplace to focus on throughout this period. The co-chairs have regularly met with the Executive Champion to discuss how they can support the workplan and raise issues at Board level. To increase the presence of the Network across the Trust, in the first year the chairs have also attended various meetings including Service Delivery and Finance SMT and Cumbria & Lancashire Health and Wellbeing Forum to provide updates on the Disability Network, share the Network’s priorities and to start discussions on how managers can support them. The Network is now represented at Workforce Equalities Group meetings and other key subcommittee meetings to provide assurance. Members of the Network have been invited to participate in EMT1 interview panels, Trust Strategy ED&I Reference Group and attend careers events with the Positive Action Officer.

Representatives of the Disability Network also attend the National Ambulance Disability Forum, alongside representative from Corporate HR.

LGBT+ Network

The NWAS **LGBT+ Network** has come on leaps and bounds in recent years. Like everyone, the Network's activities were severely affected by the pandemic, and they had to significantly adapt operations. Network meetings continued virtually, with the main focus becoming staff welfare. The chair of the Network said *"I'm extremely proud of the way the network and its members have risen to the challenges we have faced. We now must look forward to building on what we have achieved thus far, and I would encourage all network members and allies to get involved and tell us as a network what you would like us to do for you."*

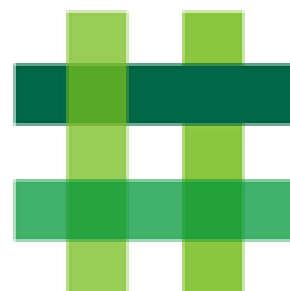


Lisa Ward, Director of People, continues in the role of Executive Champion for the Network.

Key achievements include celebrating Pride with social media campaign with Network members' stories and involvement in North West Pride events (including virtual events due to COVID-19), development of staff in LGBT+ issues and work on combatting violence and aggression. Communication has also been improved with focus on the impact of COVID-19 and raising awareness of tackling health inequalities. Increased awareness of the wider trans communities has taken place and Network members have been heavily involved in the review of the Policy for Supporting Trans and Non-Binary Staff, which was agreed in May 2021.

Race Equality Network

Regular meetings of the **Race Equality Network (REN)** continued to take place monthly with membership growing and a keen interest from allies seeking support and guidance around areas such as Public Health consultations, and Equality Impact Assessments. The Network has been building relationships with other local and national BAME networks which has been invaluable for learning and development. Common themes and areas of concern have been identified and this is helping the Network to form better strategies to improve the experiences of our staff and patients.



The REN continued to support staff and NWAS during the peak of the Omicron variant of COVID-19, working to alleviate concerns around the vaccine rollout by supporting promotional videos and sharing evidence-based information around the vaccines amongst our colleagues. The Brexit referendum brought an end of free movement for European neighbours, as the deadline approached in June 2021 the Network supported the dissemination of useful information to our colleagues to ensure they had completed the relevant documentation to allow them to obtain the right to remain in the UK and have access to the services they work to maintain.

The Network has been involved in many activities around the Trust during 2021/22. It has focused on the key aims set out at the Network's launch; supporting staff, improving education and awareness of racial disparities and improving representation of black, Asian and minority ethnic staff in NWAS. Key areas to mention include supporting the Widening Access and Positive Action Teams at multiple events, supporting the NWAS Strategy Refresh with a lens from the perspective of our members and providing a presence at various stages of the recruitment and internal progression process. The Network is

beginning to understand where it can provide the most effective support and guidance to our stakeholders and is taking strides to build resilience within the Network including supporting stakeholders with the Network's views with Equality Impact Assessments.

The recent launch of our internal Facebook page (NWAS Race Equality Network) along with our Twitter handle (@NWAmb_Equality) is helping the Network to reach a wider audience and share information more effectively.

Religion and Belief Forum

The **Religion and Belief Forum** provides a safe space to talk about religion and belief and is open to staff of all religions and beliefs and none. It raises awareness and understanding of different faiths, beliefs, and cultures, and works towards connecting and supporting staff. It aims to share good practice and to provide interfaith advice, guidance, and information.

During 2021/22, two **Religion and Belief Forums** were held. The first was held on 4 March 2021 via Zoom with a focus on the Jewish faith. Alex Klein, a member of the Trust's Patient and Public Panel, joined the forum to talk about the Jewish faith and how members of staff can understand more fully and appreciate the religious and cultural needs of Jewish patients, for example, respecting gender boundaries. This was followed by a Q&A session. Following the meeting in response to attendee questions, Alex disseminated information with regards dealing with mourners' needs, care for the deceased and burial arrangements; the Hatzola emergency ambulance service; and the Jewish Representative Council of Greater Manchester.

The second forum was held on 9 July 2021 on MS Teams with a focus on the Sikh faith. Jagmail Singh and Neelam Chohan joined the forum to talk about Sikhism, the religious and cultural needs of Sikh patients, and to answer any questions. Jagmail Singh is a Specials Inspector with Greater Manchester Police and a member of Bury Faith Council; and Neelam Chohan is a frontline responder and works with the Merseyside Police Community Engagement Unit where she links in with under-represented communities. NWAS also works in partnership with Jagmail with regards Positive Action events at Gurdwaras in Greater Manchester.

The Forum is in the process of being reviewed and will be known as the Religion, Belief and Culture Forum going forwards.

With the support and input of the Staff Network, the ED&I and Communications Teams collaboratively produced the Community Calendar 2022 for the Trust which showcased the diversity of NWAS. The calendar which was welcomed by all included key religious, cultural and health days as well as images of staff from across the organisation.



4.10. Policy Development

All new and existing policies, procedures and guidance documents are developed and reviewed in partnership with Staff Side and management colleagues through the Policy Group and where appropriate, through specialised consultation with affected groups. All policies are equality impact assessed in consultation with our various Staff Networks. The Trust continuously supports the development of best practice. Due to the pandemic, the Policy Group meetings were paused for several months. However, upon resumption, additional fortnightly meetings have been added to ensure we are on track to continue to develop and review policies, procedures and guidance to meet the needs of our staff and the Trust.

Since resuming Policy Group in March 2022, 23 new or reviewed policies and procedures were agreed. Each one is considered from an equality and inclusion perspective. In addition, an Equality Impact Assessment is completed for each new and reviewed policy or procedure.

4.11. Health & Wellbeing

We continue to make good progress with supporting and developing the health and wellbeing offer for staff as we progress through the recovery phase of the pandemic. Operational pressures and high demands on staff have contributed to burnout and increased sickness absence, this has meant that we have had to adapt and react quickly to staff needs.

We have maintained a significant focus around the provision of mental health support for all staff and support for those who may have long-term conditions or a disability, to improve resilience and improve mental health. We are aware that not all staff who have a long-term condition or disability declare it in their staff record, and this is perhaps more so the case when it relates to mental health. As a result, mental health continues to be a 'hidden' illness for some, therefore our focus over the last 12 months has been around encouraging proactive, positive conversations around mental health. This has been done through the introduction of a Wellbeing Conversations Guide – prompting early conversations between staff and their respective line managers with the aim to identify and discuss any challenges, illness or mental health needs and put appropriate actions into place quickly.

Positive health and wellbeing is also about feeling safe at work. Staff Survey data showed that colleagues who declared they were from a black, Asian and minority ethnic background, had a disability or were lesbian/gay/bisexual/transgender+ were more likely to be victims of bullying and harassment compared to the rest of the organisation. Therefore, over the last year we continued to further embed the 'Treat Me Right' campaign across the Trust with the development of a toolkit to help support a key improvement goal of the People Plan - *reduce staff experience of bullying and harassment, through development of a culture which consistently reflects our values and through effective management and support*. The toolkit reinforces the Dignity at Work Policy and highlights the importance of informal resolution and civility and respect at work.

Highlights of some of the other key health and wellbeing work delivered over the past year include:

- **Improving access points and wellbeing information** on the staff intranet and staff app. Following staff feedback, development and relaunch of the Invest in Yourself site has taken place with a greater focus on ease of access and content. The site has

been developed to make it easier for navigation and there is now a clear focus within four key areas of support for staff and managers:

- Mental and Emotional Wellbeing
 - Addiction and Support
 - Financial Wellbeing
 - Health, Fitness and Wellbeing
-
- **Keyrings and refreshers** were distributed as part of the launch which features the QR code to scan and access the site more easily whether in or out of work. We will also be creating a desktop icon so staff can simply click to access support whilst in work. The tagline, 'it's okay not to be okay' is used throughout our communications to tackle the stigma around mental health.
 - **Burnout and Resilience Programmes** for all staff and managers. We have worked with an external provider to develop two bespoke NWS programmes. The first is a six week staff programme; and the second is a four week 1-1 Managers Programme which covers a range of interventions to improve management of stress and resilience, raise awareness of nutrition, sleep, and fitness, and empowering staff to support themselves long term.

The feedback received from staff who have participated in the programmes has been extremely positive. Colleagues have reported that their sleep, resilience, and nutrition have significantly improved during the course of the programme. Following the success of the rollout of these programmes, we are evaluating incorporating this as a continuing targeted support offer for staff.

- **Pro-active, confidential and emotional wellbeing support telephone calls** - at the beginning of the pandemic, the Duke and Duchess of Cambridge pledged commitment to supporting the mental health and wellbeing of the frontline community through The Royal Foundation's COVID-19 Response Fund. As a result, we had the opportunity to make available to our colleagues a pro-active, confidential, emotional wellbeing support service provided by the Hospice UK 'Just B' trauma and counselling helpline funded by The Royal Foundation and NHS England.

We launched a pilot of the service with EOC colleagues in late 2021 and followed up with staff in 111 contact centres, with plans to extend this to all frontline staff in 2022.

The service aims to support colleagues who may benefit from emotional and mental health support, but who may not readily seek out that support. It is recognised that some colleagues still feel there are negative connotations and a stigma associated with seeking out emotional wellbeing and mental health support, which may prevent them from seeking help when they need it. Therefore, this approach pro-actively reaches out to staff through a telephone discussion to ascertain if there is a need for any support that they are not currently aware of or receiving.

- **Financial wellbeing via salary finance** - this was initially launched in December 2020 and during 2021/22 it has been promoted widely and proven to be an important part of our wellbeing offer. Staff can apply for a loan or access the financial education hub for debt advice and useful guides and tools around personal financial planning.

- **Launch of the suicide prevention toolkit** - the toolkit was launched in September 2021 on World Suicide Prevention Day. The toolkit is designed to help, support and educate staff around the risks of suicide within the workplace, promoting good practice and encouraging healthy conversations to remove the stigma associated with mental health problems and suicide. It was developed in response to the known higher risk of suicide among emergency responder communities.
- **Chaplaincy support** for all staff via our Chaplain who provides a listening ear and sessions can be face to face or virtual dependent on staff needs.
- **Long COVID Support Group** - established in partnership with the Welsh Ambulance Service. NWAS staff have access to the support group and can access a network for support. Occupational Health has also provided ongoing support to staff and advice to managers including access to counselling and physiotherapy services.

4.12. Compliments, Memberships and Awards

We have maintained our membership of the Employers' Network for Equality and Inclusion (ENEI). This has ensured we are able to access resources and external benchmarking on embedding a culture of equality and inclusion. Progress has been made on equality with NWAS moving from a bronze award in 2019 to obtaining a silver award in July 2020 and sustaining the silver award level in September 2021.

In December 2021, we were awarded the highest possible Disability Confident status - **Level 3 Disability Confident Leader** – by the Department of Works and Pensions.

Our journey to become a Disability Confident Leader shows our commitment to recruit, retain, and develop our staff who are disabled and have long-term health conditions. As a Disability Confident Employer, we have demonstrated that we are benefiting from being able to draw from the widest possible pool of talent and are getting the right people for our business. By stepping up to become a Disability Confident Leader we have also demonstrated that we act as a champion for Disability Confident within our local and business communities and encourage and support businesses in our supply chains and networks to become Disability Confident.

We continue to use a work plan to ensure progress continues to be made to improve the experience of candidates and staff with disabilities and monthly meetings with the Disability Network chairs to review progress and to support the Trust have commenced.

In March 2022, the Trust retained Veteran Aware accreditation until February 2024 by the Veterans Covenant Healthcare Alliance (VCHA).

We remain committed to the Race at Work Charter, as signed in December 2018.

4.13. Regional, national and trade union engagement

We continue to remain a member of the National Ambulance Diversity and Inclusion Forum (NADIF) and the newly created National Ambulance Disability Network (NADN) via the Association of Ambulance Chief Executives (AACE). Each meets quarterly to share best practice of diversity with colleagues from across the ambulance sector and use expertise to inform AACE on how national or NHS initiatives on inclusion may impact on the sector.

Trust representation at the National Ambulance LGBT+ Network is undertaken by the NWAS LGBT+ Network. The Corporate HR Team has additionally built a relationship and will link in

directly with the National Ambulance LGBT+ Network as and when necessary. The resources created by this national group are an asset to NWAS in promoting awareness of LGBT+ issues. There remains a shared LGBT+ action plan between the team and the local LGBT+ network about sexual orientation, trans and non-binary issues in the workplace.

The National Ambulance BME Forum continues to develop, and we are engaged with the Forum. With the development of the Race Equality Network in NWAS, Trust representation at the national group is now undertaken by designated representatives from the local network. Again, the Corporate HR Team link in directly with the national group as required. Events such as webinars about race hosted by the National Ambulance BME Forum and AACE have been promoted to staff. Statements from the group have also been circulated across the Trust. Local network members have also been supported to link in with regional BAME NHS Network leads to share advice and support.

The Trust has continued to link in with North West NHS Equality and Diversity Leads meetings and other regional meetings (i.e. Merseyside blue light collaboration, GM ED&I professionals group, etc) when possible. During the pandemic, NWAS has also engaged with national NHS webinars on race, disability and LGBT+ – to hear about the impact of the pandemic on different staff groups or how their particular issues have been covered in the NHS People Plan. Staff from the local NWAS networks have also been invited to these as NWAS representatives.

5. Reporting and measuring impact

5.1. Employment Monitoring Information

The Trust publishes data on an annual basis showing a breakdown of demography of our workforce. Similar data gathered from applicants, those shortlisted and those who started employment with the Trust are also published. The employment monitoring data has been published on the Trust website and relates to the 12 months prior to 31st December 2021.

A summary of the data is available at Appendix 4.

5.2. Equality Delivery System (EDS2)

The Trust uses a national framework, the Equality Delivery System (EDS2) to measure progress against reducing health inequalities and improve staff experience. The framework covers all nine protected characteristics and disadvantaged groups against four overarching themes.

As part of the EDS2 framework, the Trust is obliged to share our progress on equality with both internal and external stakeholders. Progress is monitored over an agreed period of time to demonstrate progress.

The Trust completed its last cycle of work in early 2020. The progress made during that time and the stakeholder events were covered in the report from 2020.

Originally, there were plans for the Trust to reassess its position after a further period of three years, but this will now be extended to the end of 2023/24. This aligns the framework cycle to end at the same time as the newly agreed equality priorities and account for the disruption to the Trust during 2020/21 while responding to the pandemic.

There had been national discussions within the NHS about further revisions to the EDS2 framework prior to March 2020, with a potential revised framework being called EDS 2022/23. National progress and updates about this review have also been delayed. By agreeing to monitor EDS2 progress over the same timeframe as our objectives will also give time for any new frameworks to develop before moving on to an updated version.

What is EDS2 in practice?

The objective is to assess health inequalities and provide better working environments, free of discrimination, for people who use, and work for, the Trust. The tool sets out four goals around equality, diversity and human rights. Within the four goals, there are 18 standards or outcomes, against which we assess and grade our equality performance. The focus of the EDS2 outcomes is on the things that matter the most for patients, communities and staff.

- **Better Health outcomes for all**
- **Improved Patient access and experience**
- **Empowered, engaged, and well supported staff**
- **Inclusive leadership at all levels**

5.3. Workforce Race Equality Standard (WRES)

Our most recent data for the Workforce Race Equality Standard was published in summer 2021. An action plan was produced to support the work to reduce the inequalities in the experiences of staff working at the Trust which exist between white and black, Asian and minority ethnic staff. The strategy adopted focuses on workforce representation, looking specifically at frontline operational roles, and the staff experience aspects of the WRES.

Meetings continue to be held regularly to review progress via the Workforce Equality Action Group against objectives to ensure that there is momentum across the Trust relating to this work. Data has been shared with the Race Equality Network over the last 12 months. There have been discussions with managers by the Corporate HR Team and as a formal staff network, Committee members have also raised the profile of WRES through the meeting managers and the launch event in January 2021.

Overall, the WRES data showed a mixed picture of results with some positive improvements in numbers of staff experiencing discrimination at work from managers or other colleagues, which has dropped from 23.2% in 2017/18 to 9% in 2020/21. There are some areas for continued focus in recruitment, disciplinary processes, career progression and board representation.

Activity in support of the WRES

- Support for staff voice to discuss workforce race equality at NWAS – increase in number of network meetings, senior visible support for the group through executive board sponsor attendance and involvement, launch of the formal network in 2020, marked a shift from staff voice sessions to being staff led, rather than facilitated by the Trust.
- Previous reduction in 'ethnicity unknown' in Trust data from 1.8% to 1.3% through local work plan action has remained the same for 2021 at 1.3%.
- Data collation has improved with increase in number of staff recorded as having had CPD/non-mandatory training.
- Activity relating to tackling bullying and harassment from internal and external sources has been varied. The Freedom to Speak Up (FTSU) Guardian has worked with the Corporate HR Team in promoting FTSU including via the newly formed ED&I Networks Council as an option for staff, including sharing joint statements from national WRES and FTSU leads. A Race Equality Network member attends the Violence and Aggression Groups. The Trust has developed a 'Treat Me Right' campaign, this seeks to reinforce and further embed our Dignity at Work Policy and highlight the importance of informal resolution and civility and respect at work.

The detail of the WRES data summer 2021 is available on the Trust's website:

<https://www.nwas.nhs.uk/publications/workforce-race-equality-standard-wres-2021-data/>

5.4. Gender Pay Reporting

The data for the statutory gender pay gap reporting is detailed below and is based on the figures that were submitted in line with the previous gender pay gap report – reporting for the year up to 31st March 2021.

Overall representation of female staff has increased within the workplace from 48.1% to 50.41%, the first ambulance service in England to achieve the overall Gender split. Female representation within each quartile of staff has also increased. Representation in the highest quartile of pay has increased from 36.74% to 37.23%.

Gender Pay Gap reporting up to end March 2021 shows that the gap in the hourly rate of pay between male and female staff increased from of 8.79% in March 2020 to 10.89% in March 2021. The average median rate of pay also increased from a difference of 7.2% to 9.26%. Representation within each of the quartiles showed an increase, with the top-earning quartile still remaining a key area of focus. Progression into the highest paid roles is dependent on vacancies created through the year which require recruitment and it is this progression and movement within the Trust which will impact positively on the gender pay gap.

As cited in previous years, the action plan focuses on three main areas of work: recruitment, career progression and flexible working to enable progression of women within the organisation into the higher pay quartiles/reducing the barriers to female career progression. It was expected that these themes would require long-term pieces of work and therefore why these themes remain relevant and form part of the work in the Trust's Workforce Equality Action Group.

The progress shown in the quartile representation data this year is likely to be the result of the Women in Leadership Programme which started in 2019/20 along with opportunities to recruit to roles in the highest paid quartile and the embedding of the assessment centre process, brought in to support selection of leadership positions. The centres are designed to reduce any potential bias in the selection process. The centres themselves remain under review to take account of feedback from candidates and invigilators involved in the process.

The detail of the gender pay gap is available and can be found on the Trust's website: <https://www.nwas.nhs.uk/about/valuing-staff/gender-pay-gap/>

5.5. Workforce Disability Equality Standard (WDES)

The WDES metrics were published for only the third time in September 2021. The data showed the differences in staff and candidate experience when comparing those who have disclosed a disability and those who have not. The data was drawn from ESR and the staff survey. The data relating to representation showed a mixed picture across the Trust, but we know that there are currently high levels of staff not disclosing disability. ESR shows 4.46% whereas nearly 25% of staff survey respondents indicated that they had a disability or long-term condition.

While the 2021 Staff Survey results have shown an overall poorer employee experience for staff with disabilities, we have seen the gaps narrowing between the experience of staff with disabilities and those without in the WDES related questions. Also positively, we found that compared to previous years, fewer staff with disabilities indicated that they had experienced harassment, bullying or abuse from service users/relatives and managers.

In an effort to improve the experience of staff with disabilities, over the last year an action plan was produced and focused on the following areas:

- Launch of a Work & Wellbeing Passport. It was piloted during 2020/21 with one of the co-chairs of the Disability Network successfully trialling in their respective area.

The document is now live for all colleagues across the Trust to utilise in conjunction/conversation with their managers.

- Promote self-declaration through guidance on ESR self-service.
- Improving staff voice through development of the newly formed Disability Network (December 2021 launch from forum to Network).
- Reviewing the outcomes of the WDES in relation to the review of the sickness procedure (currently being reviewed with the Policy Group).

Working with the Disability Network in 2022/23, we will be engaging colleagues to explore positive steps which can be taken to improve the work experience of staff with disabilities.

The detail of the WDES submission is available on the Trust's website:

<https://www.nwas.nhs.uk/publications/workforce-disability-equality-standard-wdes-2021-data/>

Appendices

Appendix 1 - Community Engagement Activity Plan 2021/22

Organisation	Protective Characteristic (Group)	Numbers attending	Date	Time	Virtual platform
Yaran North West CIC	Ethnic Groups		07/04/2021	11am	MS Teams
Healthwatch 'What matters to you' Over 55s group	Older People		07/04/2021	11am	MS Teams
Healthwatch Wirral - meeting with Micha Woodworth	Healthwatch		07/04/2021	3pm	MS Teams
Brothers of Charity	Learning Disabilities		09/04/2021	1-2pm	Zoom
PPI Lancashire Network Steering Group	Network		21/04/2021	10-12pm	TBC
Healthwatch Wirral BRIDGE meeting	Healthwatch		21/04/2021	11-12.30pm	MS Teams
NHSE Engagement Practitioner's Network meeting.	Network		21/04/2021	15.30-17.00pm	Zoom
Lancashire Visual Impairment Forum	Visual Impairment		23/04/2021	11.30am-1.30pm	Zoom
CAHN – 2021 Windrush Celebrations Planning Meeting	Ethnic Groups	14	26/04/2021	6 - 7pm	Zoom
Salford Mental Health Forum	Mental Health		28/04/2021	12-2pm	Zoom
Healthwatch 'What matters to you' Over 55s group	Older People		05/05/2021	11am	MS Teams
Lancashire Teaching Hospitals	Network		06/05/2021	2pm	MS Teams
Best Practice Webinar: Unlocking engagement with marginalised and vulnerable communities during COVID-19	Webinar		06/05/2021	11am	MS teams
Wigan Borough Equality Reference Group	Health Inequalities		11/05/2021	11-1pm	MS Teams
Patient, Public and Carers Voice Forum	ICS		11/05/2021	3-5pm	MS Teams
Sandbach Dementia Café	Dementia		12/05/2021	11-12pm	Zoom
Engage spring 2021: The secrets of effective community engagement	Webinar		18/05/2021	10-2pm	MS Teams/Zoom
Engage spring 2021: Engagement Open Space - Co-consulting	Webinar		19/05/2021	11-12.30pm	MS Teams
Engage spring 2021: It's a kind of magic using creative approaches to connect with people	Webinar		20/05/2021	11-12.30pm	MS Teams
Engage 2021: In conversation with Dr Hilary Cottam OBE engagement practitioners as change makers	Webinar		20/05/2021	2-3pm	MS Teams
Engage 2021: Digitising Leeds: Working Together as Engagement Professionals for Digital Inclusion	Webinar		20/05/2021	3-4pm	MS Teams

The Power of Partnership: Dementia Care in Wirral	Dementia		20/05/2021	9.30-12.30pm	MS Teams
Greater Manchester Older Peoples network	Older People		24/05/2021	2-3.30pm	Zoom
Salford Mental Health Forum	Mental Health		26/05/2021	12-2pm	Zoom
Healthwatch 'What matters to you' Over 55's group	Older People		02/06/2021	11am	MS Teams
•NHS England Health Information Champions Event	Webinar		02/06/2021	2-3.30pm	MS Teams
Cheshire East Carers Forum	Carers		09/06/2021	11am	MS Teams
Lancashire Teaching Hospitals	Network		10/06/2021	11-12pm	MS Teams
Healthwatch Wirral BRIDGE meeting	Healthwatch		16/06/2021	11-12.30pm	MS Teams
Equality Reference Group	Health Inequalities		16/06/2021	12-1.30pm	MS Teams
Lancashire Visual Impairment forum	Visual Impairment		18/06/2021	11.30am	Zoom
Healthwatch Trafford Volunteers Session	Healthwatch	12	24/06/2021	11am	MS Teams
Salford Mental Health Forum	Mental Health		30/06/2021	12-2pm	Zoom
National Ambulance Public Engagement Network	Network	7	01/07/2021	10-11am	MS Teams
Lancashire Teaching Hospitals	Network		06/07/2021	10-11am	MS Teams
Healthwatch 'What matters to you' Over 55's group	Older People		07/07/2021	11am	MS Teams
Healthwatch Halton Tuesday chat session	Healthwatch	15	13/07/2021	11am	Zoom
Healthwatch Wirral BRIDGE meeting	Healthwatch	15	21/07/2021	11am	MS Teams
Patients, Public and Carers Voice Forum	ICS	12	27/07/2021	3-5pm	MS teams
NHS England - 10 steps to working with people and communities	Webinar	12	29/07/2021	9.30am-4pm	MS Teams
Live Well for Longer Project Group Meeting	Older People		02/08/2021	2pm	MS Teams
Salford Community Forum - Urgent and Emergency Care	Healthwatch		03/08/2021	10am - 12.30pm	Zoom
Macclesfield VI Forum	Visual Impairment		04/08/2021	1.30pm	Telephone
Healthwatch Wirral BRIDGE meeting	Healthwatch		21/09/2021	11:00	MS Teams
Lancs/S Cumbria PPI Leads meeting	Network		23/09/2021	10-11.30am	MS Teams
Initial meeting with patient engagement officer at Healthwatch Bolton	Healthwatch		27/09/2021	10.30am-11.30am	TBS
Patient and Public Carer's Voice Forum	ICS		28/09/2021	3-5pm	MS Teams
Stockport Youth Council	Young People	12	29/09/2021	5-6.30pm	TBC
Lancashire Youth Forum	Young People	12	30/09/2021	6pm - 7.30pm	TBC
Health Inequalities Strategy Engagement Event Tuesday	Health Inequalities	N/A	12/10/2021	9.30am-11.30am	TBC
Sefton Dementia Hub	Dementia	12	14/10/2021	2pm	Zoom
Everything you ever wanted to know about Health Inclusion groups	Health inequalities	N/A	18/10/2021	11am	Zoom

Race Ahead - NHS Big Conversation on Race	Ethnic Groups	N/A	19/10/2021	9.30am-12.30pm	MS Teams
Live Well for Longer Project Group Meeting	Older People		20/10/2021	9.00am- 12.30pm	MS Teams
Lancashire Learning Disability Partnership Board	Learning Disabilities	15	20/10/2021	10.30am	Zoom
Salford Mental Health Forum	Mental Health	10	27/10/2021	12-2pm	Zoom
Patient and Public Carer's Voice Forum	ICS	12	28/10/2021`	15.30pm	MS Teams
National Ambulance Public Engagement Network	Network	8	01/11/2021	9:00am	MS Teams
Sefton Older Person's Forum	Older People	15	04/11/2021	14:00pm	MS Teams
Catch up with Kate/Yunus	Network	2	04/11/2021	14.30pm	MS Teams
Patient and Public Carer's Voice Forum	ICS	15	23/11/2021	15:00	MS Teams
Salford Mental Health Forum	Mental Health	15	24/11/2021	12-2pm	Zoom
Cumbria Deaf Association	Deaf	3	02/12/2021	10.30am	MS Teams
Lancashire Visual Impairment Forum	Visual Impairment	15	03/12/2021	11.30am	Zoom
N-Compass - Sue Gardam	Deaf	2	06/12/2021	14:00pm	MS Teams
Cheshire East Carers Forum	Carers	12	15/12/2021	14:00pm	MS Teams
Public Health Delivery Group	Network	20	11/01/2022	o	MS Teams
NHS England - Patient Involvement - Cardiac Pathway Improvement Programme	General	2	14/01/2022	10:00am	MS Teams
Healthwatch Wirral BRIDGE meeting	Healthwatch	20	19/01/2022	11:00am	MS Teams
Carers Forum	Carers	15	26/01/2022	14:00pm	MS Teams
Patient and Public Carer's Voice Forum	Network	15	27/01/2022	15:00pm	MS Teams
Learning Disability Partnership Board	Learning Disabilities	10	11/02/2022	9:30am	MS Teams
Patient and Public Carer's Voice Forum	Network	15	22/02/2022	15:00pm	MS Teams
Healthwatch Wirral BRIDGE meeting	Healthwatch	20	23/02/2022	11:00am	MS Teams
Carers Forum	Carers	15	23/02/2022	14:00	MS Teams
PPI Leads Network Meeting	Network	10	24/02/2022	14:00pm	MS Teams
Cheshire East Carers Forum	Carers	15	16/03/2022	13:30pm	MS Teams
Volunteer Managers Forum	Age	12	17/03/2022	09:30:am	MS Teams
NHSE Chaplaincy Support	Faith	2	17/03/2022	10.30 am	MS Teams
Patient and Public Carer's Voice Forum	Network	15	22/03/2022	15:00pm	MS Teams
Carers Forum	Older People	12	23/03/2022	14:00pm	
Barrow Cumbria Deaf Association	Deaf	6	TBC	TBC	

Appendix 2 – Outreach organisations and events

2A: Organisations engaged by Positive Action and Widening Access Team

Bolton NHS Foundation Trust
University Hospital of South Manchester
Salford Royal NHS Foundation Trust
Wrightington, Wigan and Leigh NHS Foundation Trust
The Greater Manchester Health & Social Care Careers Hub
Manchester University NHS Foundation Trust
Health Education England
East Cheshire NHS Trust
Northern Care Alliance NHS Foundation Trust
Cheshire and Warrington Growth Hub PLEDGE
University Hospitals of Morecambe Bay
Stepping Hill Hospital
Employability Solutions
Lancashire and South Cumbria Health and Care Partnership
Liverpool Hospitals NHS Trust
Pennine Care NHS Foundation Trust
Warrington and Halton Teaching Hospitals NHS Foundation Trust
Greater Manchester Training Hub
The Christie NHS Foundation Trust
NHS England and NHS Improvement | Commercial Directorate
ST John's Ambulance
Norfolk Community Health & Care NHS Trust
Greater Manchester Mental Health Trust
Alder Hey NHS Trust
Bridgewater
East Lancashire NHS Trust
Lancashire Care
Lancashire Teaching Hospital NHS Trust
Merseycare NHS Trust
The Walton Centre
Morecombe Bay Hospitals Trust
Stockport NHS Trust
Countess of Chester Hospital NHS Foundation Trust
Tameside General NHS Trust
Aintree NHS Trust
Wigan Wrightington and Leigh NHS Trust
North Cumbria Integrated Care NHS FT
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
NHS North Cumbria CCG

2B: Widening Access and Positive Action attendance at careers focused events

1 April 2021 to 31 March 2022

Date	Event	Sector	Type of event
06/04/2021	DWP North West Works 4 U	NW	Virtual event – careers – all
07/04/2021	DWP North West Works 4 U	NW	Virtual event – careers – all
08/04/2021	DWP North West Works 4 U	NW	Virtual event – careers all
20/04/2021	Jewel Foundation – NWSA Careers	GM	Virtual event - Jewish Community
21/04/2021	Skills North West (Schools)	NW	Virtual event – careers – schools
27/04/2021	PLEDGE NHS Industry Insight Event	C&M	Virtual event – careers – all
10/05/2021	Growth Company Jobs Fair	GM	Virtual event – careers – adults
02/06/2021	Careers in the ambulance service 350 taster day	NW	Virtual event – careers
06/06- 26/06/2021	Pre-employment Programme delivery for PTS role	NW	Virtual pre-employment Programme
09/06/2021	Facebook live (Nursing in NWSA)	NW	Facebook event
16/06/2021	C&M Growing the Futures	C&M	Virtual event – careers – all
16/06/2021	Stanley High	C&M	Virtual event – careers – schools
22/06/2021	GM Careers in Healthcare	GM	GM AHP careers event
25/06/2021	The Heights Burnley	CAL	F2F Careers - KS1-KS4 Alternative Provision School
28/06/2021	NHS and Armed Forces Careers Day	NW	Virtual event – careers - Armed Forces
05/07/2021	The Westleigh School	CAL	F2F Careers – school
07/07/2021	James Rennie School	CAL	F2F Careers - Learning Disabilities
08/07/2021	Live Expo - Learn Live	NW	Virtual event – careers – all
20/07/2021	Speaker for schools	NW	Virtual event – careers – all
30-31/07/21	MCFC Market Place Careers Event	GM	F2F event – careers – adults
09-10/08/21	Pre-employment open days	GM	Virtual open days
15/09/2021	Careers fair (Institute of Deaf People)	GM	F2F event - Careers fair
16-17/09/21	Pre-employment East Lancs Open Days (DWP/GC)	CAL	Virtual open days
23/09/2021	Learn Live - Winsford & Cheshire	C&M	Virtual event – careers – schools
23/09/2021	Pre-employment open day Stretford (DWP)	GM	Open day
24/09/2021	Pre-employment open day Stretford (Growth Company)	GM	Open day
28/09/2021	St Joseph's RC High School Careers Fair	GM	F2F Event – careers – school

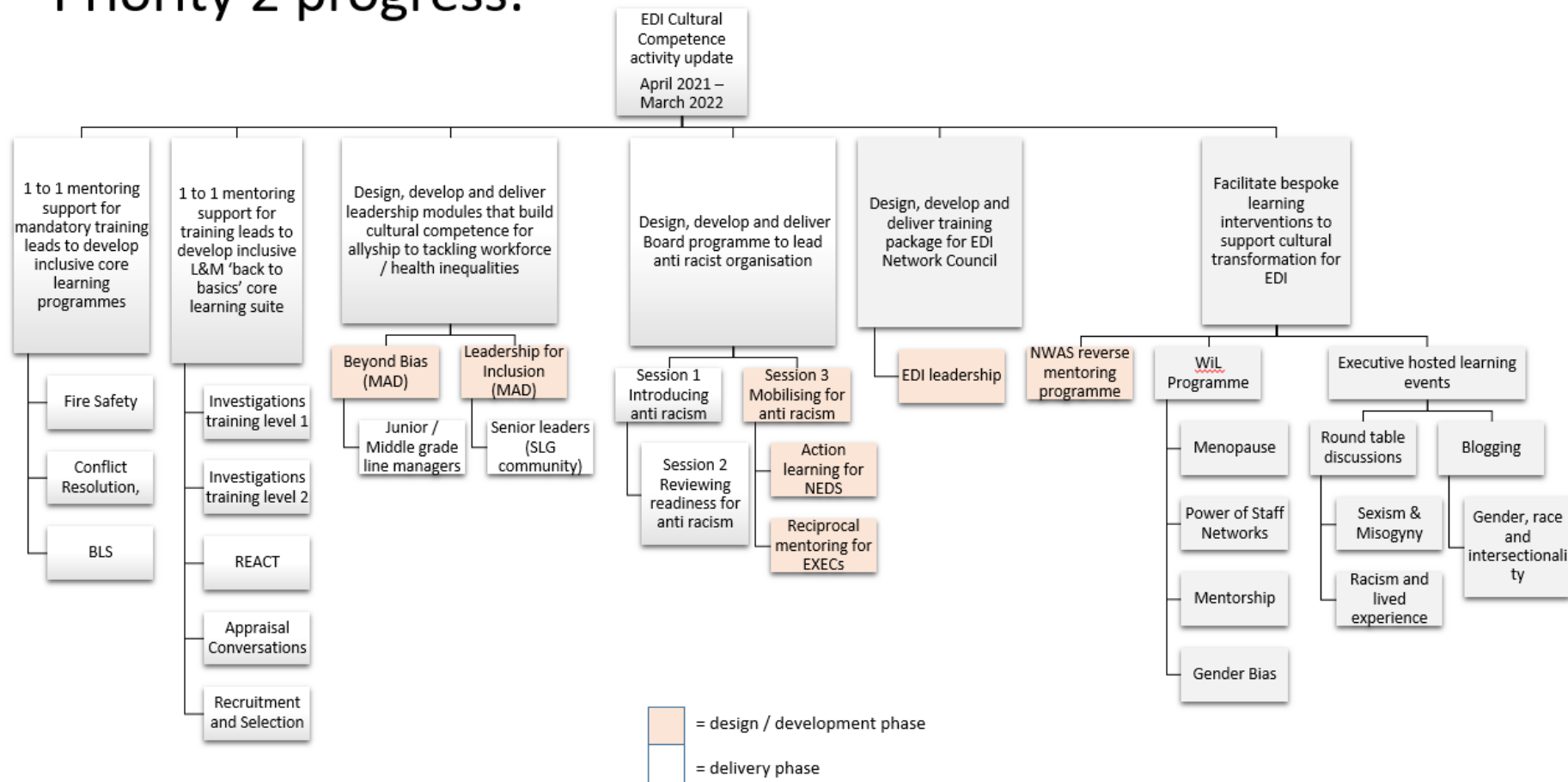
04/10/2021	Armed Forces Open Day	NW	Virtual event – careers - Armed Forces
13/10/2021	Blackburn is Hiring - Ewood Park	CAL	F2F event - careers - schools & adults
15/10/2021	Ready Steady Work	CAL	F2F event - careers – adults
21/10/2021	Deans Trust Careers Online	GM	Virtual event – careers – schools
23-24/10/2021	Dublin Jobs Fair	Dublin	F2F Jobs Fair
02/11/2021	CTP Careers Live Chat	NW	Virtual event – Careers - Armed Forces
11/11/2021	Birkenhead 6th Form College	C&M	F2F event – careers – school
12/11/2021	Bury Islamic Centre – Careers	GM	F2F event – careers – adults
16/11/2021	AF4V Careers Fair – Fulwood	CAL	F2F event – careers – Armed Forces
17/11/2021	Everton in the Community	C&M	F2F event – careers – school
17/11/2021	Oldham College	GM	F2F event – careers – college
18/11/2021	University of Bolton Virtual Careers Fair	GM	Virtual event – careers – University
18/11/2021	Careers Connect Session – EMT1	GM	Virtual event – adults (NWAS – DWPs)
18/11/2021	Careers Connect Session – EMT1	CAL	Virtual event – adults (NWAS – DWPs)
18/11/2021	Careers Connect Session – EMT1	CAL	Virtual event – adults (NWAS - DWPs)
18/11/2021	Careers Connect Session – EMT1	Cheshire	Virtual event – adults (NWAS - DWPs)
18/11/2021	Careers Connect Session – EMT1	Mside	Virtual event – adults (NWAS - DWPs)
24/11/2021	Careers Connect Session – EMT1 (Day)	NW	Virtual event – adults (NWAS – VCFOs)
24/11/2021	Careers Connect Session – EMT1 (Eve)	NW	Virtual event – adults (NWAS – VCFOs)
27/11/2021	Manchester Central Gurdwara	NW	F2F event – careers stand - all
06/12/2021	LRGS/LGGS and Bay Leadership in Morecambe	CAL	F2F event – careers - school Total attendees - 561 -Y7-11
07/12/2021	St Michaels CE Chorley	CAL	F2F event – careers – school Total attendees – 200 Y10-11
13/12/2021	Kirkby High School	C&M	F2F event -careers – school Total attendees – 200
18/12/2021	Bolton Fair - Recruitment Stand	GM	Recruitment and careers
12/01/2022	S4S – Discovery - Clinical Roles	GM	Young people
14/01/2022	Careers Insight: Health and Social Care	GM	Young people
24/01/2022	Next Steps Day 1: The NHS as an Employer /Values and Behaviours	GM	Virtual session – careers – adults
25/01/2022	Next steps Day 2: Application and interview/Job searching	GM	Virtual session – careers – adults
26/01/2022	Careers Insight: Health and Social Care	GM	Careers event – adults

27/01/2022	Carlisle Skills Fair	CAL	F2F event – careers - adults/college students/public
27/01/2022	Broughton Hall's Careers Fair	CAL	F2F event – careers - Y9-13
27/01/2022	North West Works For U	NW	Virtual event – careers – adults
28/01/2022	North West Works For U	NW	Virtual event – careers – adults
03/02/2022	Bellerive FCJ Catholic School - Women In Business Event	CAM	F2F event – careers - Y9
08/02/2022	Southway Housing Apprenticeships	GM	F2F event – careers – adults
09/02/2022	Apprenticeships in NWAS – virtual	NW	10 candidates
09/02/2022	Apprenticeships in NWAS – virtual	NW	21 candidates
09/02/2022	The Alsop High School	CAM	F2F event – careers - Y7-13
11/02/2022	NHS Apprenticeships: AHP Assistant Roles	GM	Virtual event – careers - young people
11/02/2022	NHS Apprenticeships: AHP Assistant Roles	GM	Virtual event – careers – adults
10/02/2022	The Princes Trust Health and Social Care Career Sessions – National Apprenticeship Week 2022	Virtual	Virtual event – careers – young people – Attendees: 150
15/02/2022	BCT Careers	CAL	19 attendees to virtual W/Experience 12 female/7 male
15/02/2022	Gateacre High School	C&M	F2F event – careers – schools
16/02/2022	Next Steps Day 1: The NHS as an Employer /Values and Behaviours	GM	Virtual session – adults
17/02/2022	Next steps Day 2: Application and interview/Job searching	GM	Virtual session – adults
17/02/2022	Meet your Future: Role Models: Public Sector (AHPs)	GM	570 young people in the session
21/02/2022	Heights Burnley	CAL	F2F event – careers – school
23/02/2022	Kuumba Imani Centre Collaborative Tri-service Careers event	C&M	F2F event – careers – adults (Positive Action event)
24/02/2022	Liverpool Football Club NAAFI	C&M	F2F event – careers – Armed Forces (Veterans)
01/03/2022	Liverpool City Region Skills Show 2022	C&M	F2F event – careers - schools and adults
02/03/2022	Liverpool City Region Skills Show 2022	C&M	F2F event – careers - schools and adults
04/03/2022	Careers live chat (NWAS) (Day)	NW	Virtual - 17 candidates attended
04/03/2022	Careers live chat (NWAS) (Eve)	NW	Virtual - 15 candidates attended
08/03/2022	S4S Discovery: Female Leaders	GM	Virtual session - young people
09/03/2022	UK University & Apprenticeship event Old Trafford Manchester	GM	F2F event - careers - 2000 attended
09/03/2022	Bluecoat School Careers Fair	C&M	F2F event – careers – school Attendees: 400 approx

09/03/2022	S4S NHS Careers: Allied Health Professionals	GM	Virtual event – careers - young people
11/03/2022	Wirral Metropolitan College	CAM	F2F event – careers - young people
11/03/2022	Parklands School Career event	CAL	F2F event – careers - school Attendees: 4000 students
16/03/2022	CTP Armed Forces Careers Transitioning Event	NW	Virtual event – careers – Armed Forces
16/03/2022	St Helens and Knowsley College Healthcare Science Skills Show	C&M	F2F event – careers - college
18/03/2022	Next steps Day 2: Application and interview/Job searching	GM	Adults
22/03/2022	Birkenhead Park 6th Form	C&M	F2F event – careers – school
24/03/2022	Wellifield Academy	CAL	F2F event – careers – school
24/03/2022	Harmonize Academy	C&M	F2F event - alternative school Attendees: 30 - Y10-11
24/03/2022	Careers live chat (NWAS) (Day)	NW	Virtual – 10 candidates attended
24/03/2022	Careers live chat (NWAS) (Eve)	NW	Virtual – 12 candidates attended
25/03/2022	Heights Burnley	CAL	F2F event – careers - young people and alternative – attendees: 40
30/03/2022	Bolton - the Jobs Fairs	GM	F2F event – careers - adults

Appendix 3 – ED&I cultural competence activity update

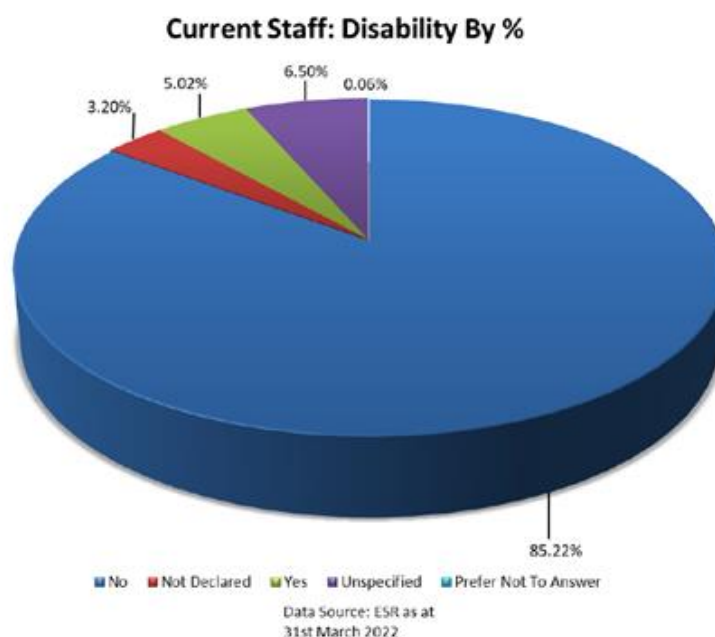
Priority 2 progress:



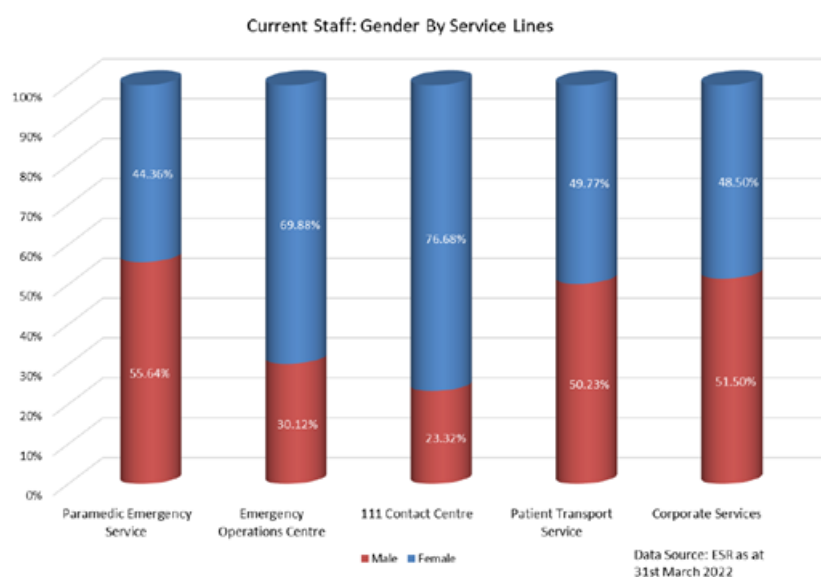
Appendix 4 - Annual Employment Monitoring Information

Disability

Staff disclosure of a disability had been consistently rising year by year and rose from 4.20% in 2020 calendar year to 5.02% in 21/22 financial year. Those not disclosing their status as disabled or otherwise has decreased from 10.81% in 2020 calendar year to 9.7% at 2021/22 financial year.



Gender



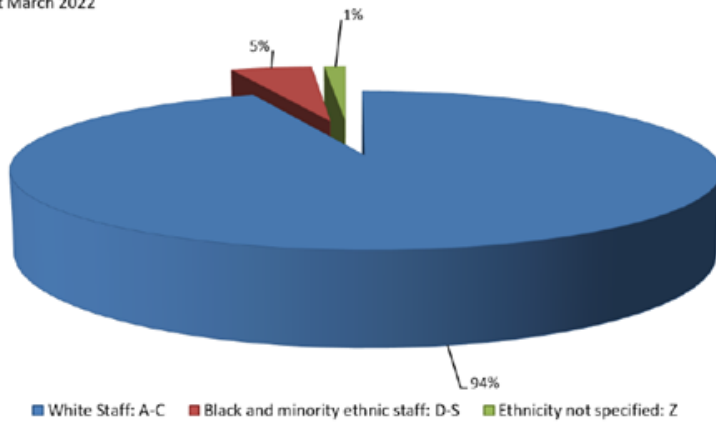
Female staff now account for 51.53% of the workforce within NWAS. The female proportion has slightly increased in all the three operational services - PES, EOC, and PTS. Corporate Services and PTS appear to have a good level of gender balance.

Note about Trans applicants and staff: It is not possible for new starters to declare their gender to the Trust as anything other than male or female on the electronic systems used as part of the recruitment process. Staff and candidates have declared their status as transgender to the Trust over the last 12 months, but it is not possible to record this information with only the two binary measures on the electronic systems at this time and no option to record trans status. Therefore, there is no information published about this currently; there is also the potential initially that the numbers will be so small as to be personally identifiable.

Ethnicity

Data Source: ESR as at 31st March 2022

Ethnicity of current staff in NWAS



The percentage and overall number of staff from non-white groups has dropped slightly from 5.05% in March 2021 to 4.97% in March 2022.

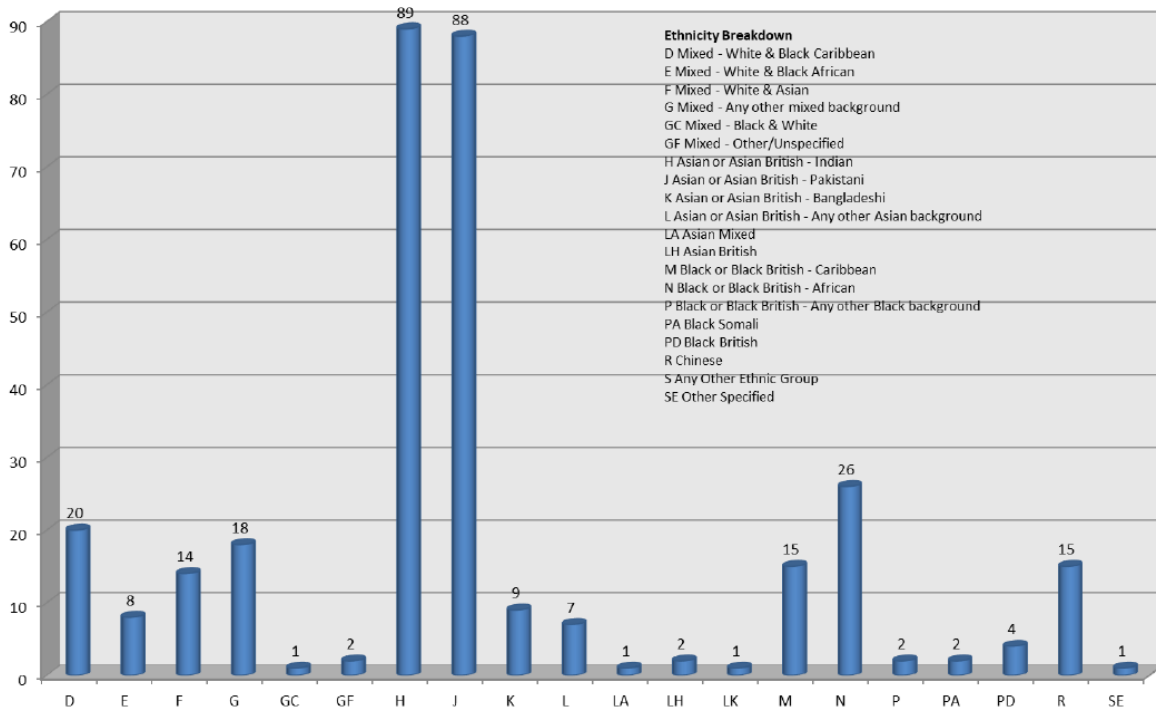
NWAS retains good disclosure rates for ethnicity, down from 1.25% in March 2021 Not stated or unspecified to 1% in March 2022. This is better than the NHS average for non-disclosure rates.

Breakdown of current staff from non-white groups

Breakdown of current staff from non-white groups

Data Source: ESR as at 31st March 2022

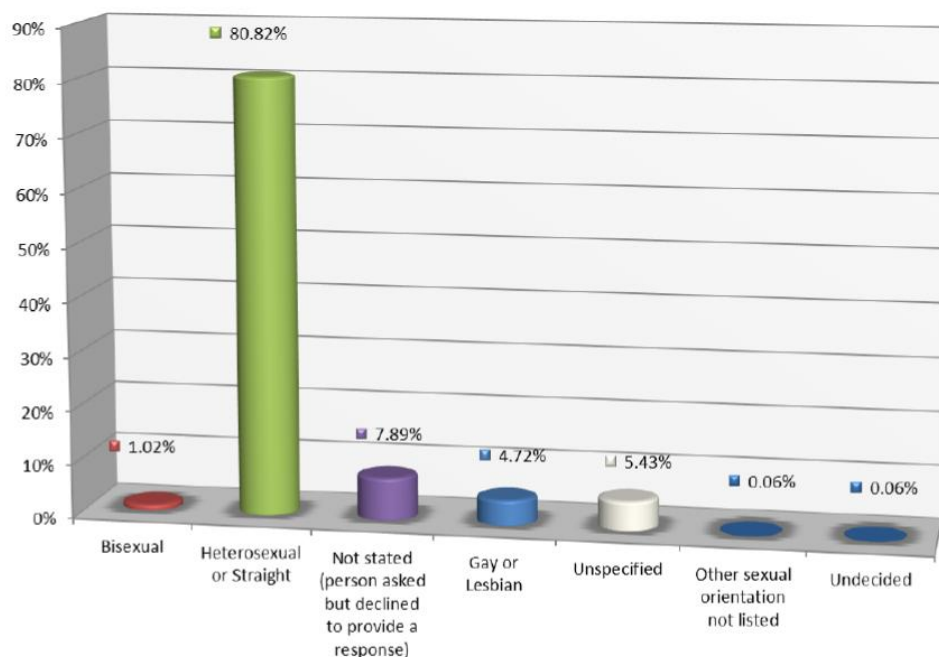
Ethnicity of current staff: Black and minority ethnic group



Sexual Orientation:

Data Source: ESR as at
31st March 2022

Current Staff: Sexual Orientation By %



The gay and lesbian categories have increased again from 4.44% to 4.72% staff this year. The rate remains lower than what would be expected of the general population. The figures for bisexual staff have also increased from 0.97% to 1.02%. There has been a continued reduction in non-disclosure from over 20% at the end of 2017 to 18.63% and then 16.57% in 2019 and 14.7% in 2020 calendar year to 13.32% at the end of 2021/22 financial year.

Other monitoring data

Detailed data by age, religion, marital status and part-time staff can be found on our website at the following link:

<https://www.nwas.nhs.uk/publications/equality-diversity-employment-monitoring-data-2/>

The following provides some narrative on the position in relation to other protected characteristics.

Religion – Following the previous pattern, non-disclosure rates for religion have again reduced, this time from 20.48% to 19.38%

Marital Status – The number of staff for whom the Trust does not know their marital status has reduced again from 325 to 287 over this last year. While this does not appear to cause the Trust any problems, it is important that the Pensions Team are kept up to date with details by employees.

Age – The age of the workforce in various parts of the Trust has again shown a similar pattern to the previous year. The 45-54 age range again has the highest proportion of staff equating to just over 27% of staff.

Data source - All workforce data has been taken from the national NHS Employee Staff Record system as at 31st March 2022.



REPORT TO BOARD OF DIRECTORS

DATE:	25 May 2022					
SUBJECT:	Communications and Engagement Team Dashboard Report – Q4 (January-March) 2021/22					
PRESENTED BY:	Salman Desai, Director of Strategy, Partnerships and Transformation					
LINK TO BOARD ASSURANCE FRAMEWORK:	SR01	SR02	SR03	SR04	SR05	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	SR06	SR07	SR08	SR09	SR10	SR11
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PURPOSE OF PAPER:	For Discussion					
EXECUTIVE SUMMARY:	<p>The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights. For quarter 4 (Q4 – January-March 2022), statistical content and themes are provided on:</p> <p>Patient and public engagement</p> <p>A summary of our patient and public engagement activity for Q4. It includes the number of virtual engagement opportunities attended and feedback gathered, and information about our patient surveys. For example, this quarter:</p> <ul style="list-style-type: none"> • 17 virtual community engagement opportunities were attended or facilitated. • The Patient Engagement Team attended monthly PTS Level 2 meetings to share the friends and family test (FFT) patient feedback for cascading to PTS staff and identifying learning themes. Staff ambassadors will take a similar role going forwards in NHS 111 and PES. • 52% more patient surveys were issued and 64% more were returned than in Q3, demonstrating some early success from the SMS survey pilot and increased distribution of survey links. • Satisfaction with services increased in Q4 after declining for three quarters in a row. Based on survey responses: <ul style="list-style-type: none"> - 89% were likely to recommend the service to friends and family, up 2% from Q3. - 86% were very or fairly satisfied with the overall service they received, up 1% from Q3. - 93% agreed they were cared for with dignity, compassion and respect, up 2% from Q3. 					

Patient and public panel (PPP)

A summary of the Q4 activity for the PPP, including up-to-date figures for panel recruitment and performance against objectives for the year. For example, this quarter:

- 16 new panel members were confirmed and inducted to the trust
- 213 panel members in total, an 8% increase from Q3
- 24 new expressions of interest in Q4
- 15 new requests for panel involvement in Q4
- Reached 22% against a target of 20% for youth representation on the panel by end of the year
- Reached 8.5% against a target of 20% for diverse community representation on the panel by the end of the year and created an action plan to help us improve this position as we head into the next financial year

Press and public (patient) relations

A summary of our media relations activity for Q4. This includes the number of incident check calls and some highlights of the media relations work that has been undertaken this quarter. In Q4:

- 340 incident check calls
- 37 proactive web or media stories, a 37% increase from last quarter
- 12 statements prepared in response to press enquiries, an expected decrease following a very busy Q3
- 7 broadcast media interviews arranged with NWS spokespeople
- 327 pieces of media coverage – up 45% on Q3. The majority of these were incident checks and a small percentage were considered negative coverage - significantly less than Q2 and Q3. The increase in proactive website and media articles led to positive press coverage about new defibrillators, new mental health partnerships and the outrun an ambulance challenge.

Social media: Facebook, Twitter and Instagram

A summary of our social media statistics for this quarter.

The report highlights our:

- **Audience** – which has grown by 2% across our channels in Q4, with a combined following of more than 150,000 people.
- **Engagement** – which shows our 762 social media posts potentially reached more than 8 million people in Q4 and achieved an engagement rate of 5.9% (very high compared to an industry standard of 2.5%).
- **Content** – our quality over quantity approach to posting means our Facebook posts achieved more than 92,000 engagements for Q4, compared to an average for other ambulance trusts of around 14,000. Posts with the most engagement included a public appeal for a missing defibrillator and a Your Call article about a paramedic with ADHD and Asperger's.

Green Room

A summary of statistics for the Green Room – our staff intranet - including page views and visitor numbers. In Q4, staff accessed the Green Room more than 370,000 times and looked at an average of three pages per visit.

Views to the news pages increased by 10% and views to bulletins increased by 15%.

We launched a new staff recognition page to allow colleagues to send a personalised thank you message to each other. More than 100 thank you e-cards have been sent so far and we are now working on an offline version for contact centres.

Website

A summary of statistics for our website, accessed by members of the public and partner organisations. In Q4, the website was visited almost 269,469 times.

The most popular pages were vacancies, apprenticeships and patient transport service. Most people found our website by searching on Google or clicking through from social media. Our social media activity around apprenticeship week helped to drive traffic to the apprenticeships pages of the website.

Visitors to the website peaked on 1 January when we saw 30,042 visitors to the site to read our news story about an urgent appeal to bring back a missing defibrillator. 95% of the visitors on this day came to the site via social media.

FOI performance

An update on the FOI performance against the national target of 90% completion within 20 days. 88 FOIs were completed in Q4 (up 12% from Q3) and 95% were within 20-working days (meeting the target of 95%).

Stakeholder communications

A summary of stakeholder activity for Q4, including the number of MP letters written and bulletins issued, along with any other activity. For example, this quarter included:

- 3 stakeholder bulletins and 1 Winter Watch newsletter
- 4 MP letters

Internal projects and campaigns

Highlights and figures about the main internal communication projects and campaigns from Q4, including:

- Armed Forces Network launch
- NHS Staff Survey results
- Super Star Awards
- LGBT History Month
- CQC inspection
- NHS Pathways launch
- iPad rollout

And many more.

	<p>Internal bulletins and the Staff App Figures showing how many internal communication bulletins have been issued and up-to-date statistics on the staff app. For example, in Q4:</p> <ul style="list-style-type: none"> • 12 CEO bulletins • 5 Clinical bulletins • 40 Operational bulletins • 644 staff app downloads <p>Films produced in-house A summary of in-house videography activity. 13 films were completed this quarter, 40% fewer than Q3. This year has been very busy for film production and a slightly quieter Q4 enabled the team to plan for the huge task of filming nominee films for the Super Star Awards in early 2022/23.</p> <p>Focus on...our 2021/22 at a glance As we report on the final quarter of the year, we have provided an overview of some of the activity highlights from 2021/2022.</p>			
RECOMMENDATIONS:	For discussion, noting and the provision of any comments.			
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	<p>The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:</p> <p><input type="checkbox"/> Financial/ VfM <input type="checkbox"/> Compliance/ Regulatory <input type="checkbox"/> Quality Outcomes <input type="checkbox"/> Innovation <input type="checkbox"/> Reputation</p>			
ARE THERE ANY IMPACTS RELATING TO: (Refer to Section 4 for detail)	Equality:	<input checked="" type="checkbox"/>	Sustainability	<input type="checkbox"/>
PREVIOUSLY CONSIDERED BY:				
	Date:			
	Outcome:			

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1. PURPOSE

To provide the Board of Directors with a summary of key outputs and associated highlights on the work of the combined Communications and Engagement Team for Q4 (January - March 2022).

2. BACKGROUND

The Communications and Engagement Team has created a dashboard providing high level statistical content and themes from Q4 activity on:

- Patient and public engagement
- Patient and public panel
- Press and public (patient) relations
- FOI performance
- Stakeholder communications
- Social media: Facebook, Twitter and Instagram
- Website and Green Room
- Internal projects and campaigns
- Internal communications including the staff app
- Films produced in-house

Each report also goes into more detail on some priority pieces of work. On the last page, this quarter's dashboard summarises activity highlights from the whole financial year 2021/22.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

All of the trust's communication and engagement activities adhere to the following legislation:

- Freedom of Information Act 2000
- Health and Social Care Act 2006 (to involve and consult with patients and the public in the way it develops and designs services).
- Department of Health's Code of Practice for promotion of NHS Services 2008. NHS England Patient and Public Participation Policy 2015 (listening to and involving communities, their representatives and others, in the way we plan and provide our services).

4. EQUALITY OR SUSTAINABILITY IMPACTS

All of the trust's communications and engagement activities seek to promote equality and diversity and ensure information is accessible to all.

5. RECOMMENDATIONS

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.



PATIENT AND PUBLIC ENGAGEMENT

17 events/engagement opportunities with groups including: Healthwatch Wirral Bridge, Patient and Public Carer's Voice Forum, Blackpool Learning Disability and Barrow Deaf Association.

- Some of the themes: Support for deaf users about access to the paramedic emergency service (PES), patient transport service (PTS) and NHS 111, concerns about third party use of personal protective equipment (PPE) on PTS, positive feedback with the Recite Me function on our website and accessibility features for the visually impaired, questions about why the army was asked to lend support and how ambulance services were meeting winter pressures and related demand on services.
- The Patient Engagement Team attended monthly PTS Level 2 meetings to share the friends and family test (FFT) patient feedback for cascading to PTS staff and identifying learning themes. Staff ambassadors will take a similar role going forwards in NHS 111 and PES.



61,520 surveys sent **52%**



5,323 surveys returned **64%**

We usually send out patient experience surveys to cover 1% of each service line's activity. In Q3 and Q4, as part of an ongoing pilot to send surveys via SMS text message, we doubled this and sent survey links to 2%, to measure the impact this has on return rates.



89% were likely to recommend the service to friends and family **2%**



86% were very or fairly satisfied with the overall service they received **1%**



93% agreed they were cared for with dignity, compassion and respect **2%**

For the first time this year, there was improvements against the measures.

PATIENT AND PUBLIC PANEL (PPP)

24 new expressions of interest in Q4

16 new panel members in Q4

213 panel members now in total **8%**

15 new requests for panel involvement in Q3 **73%**

12 structured and/or task orientated involvement opportunities delivered

4 ad hoc opportunities (virtual only) offered for panel members in Q4

PERFORMANCE AGAINST OBJECTIVES:

- **Increasing youth representation** – target is to have **20%** of the PPP made up of young people (16-24 years old) by the end of the year. We exceeded the target early and ended the year on **22%**.
- **Ensuring we represent our diverse communities** – we fell short of the target but saw improvements throughout the year. Currently **8.5%** of panel members are from ethnic minority communities. Our recruitment plan for 22/23 will focus on improving this figure.
- During Q4, the team supported two panel members with mental health related concerns and a bereavement.
- Requests for panel involvement dropped in Q4 following a busy period for new requests in Q3. The PPP action plan for 2022/23 includes actions to ensure panel involvement is sustained across the organisation.

PRESS AND PUBLIC (PATIENT) RELATIONS

340 'incident checks' handled

37 proactive website and media articles **37%**

12 statements in response to press enquiries **75%**

7 broadcast media interviews arranged

Early in Q4, we received numerous media requests on the conclusion of our investigation into the death of Bina Patel. This issue featured prominently in a File on Four programme for Radio 4 about ambulance pressures.

Our request for military support garnered many requests to comment further. However, we needed to produce fewer comments and statements than in the previous two quarters, which saw a high volume of requests relating to demand.

A news story published on our website and social media, 'Urgent Appeal – Bring back out defibrillator', generated a lot of traffic to our website - it was the most viewed news story of Q4 with 26,709 views.

327 pieces of media coverage

45%

275 were reports of incidents including a mention of NWS with details provided by our press office about what resources were there, number of patients and nature of injuries. This is considered 'neutral' coverage as the story itself about an incident may be considered positive or negative, but the information about NWS is factual and neutral in tone.

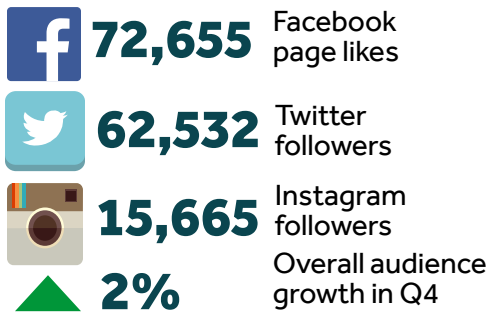
16 pieces were considered negative - significantly lower than the previous two quarters. These are stories that overall, reflect negatively on NWS, but include a statement from us in response to a situation. Subjects include the number of working days lost to long COVID, a record number of life-threatening call-outs, the high-profile Bina Patel case, ambulance waits, and the end of the ambulance cleaning contract.

A 37% increase in positive, proactive news stories this quarter led to press coverage about new defibrillators, new mental health services and the outrun an ambulance challenge.

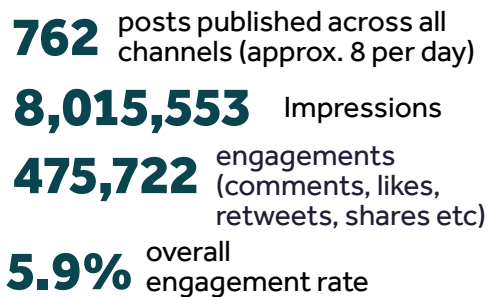
NOTES: This is coverage available online and may not include all mentions of NWS in local publications or on broadcast media outlets, although most broadcast outlets also publish online stories which will be captured.

SOCIAL MEDIA - FACEBOOK, TWITTER AND INSTAGRAM

AUDIENCE



ENGAGEMENT



CONTENT

Our quality over quantity approach: Our focus remained on engagement results, for example on Facebook we had 92,090 engagements for Q4, compared with a competitor average for other ambulance trusts of 14,261. Posts with most engagement included a public appeal for a missing defibrillator, a Your Call article about a paramedic with ADHD and Asperger's and a fact post about using our 999 service wisely.

NOTES:

'Impressions' means a post has appeared on someone's social media feed. It is the number of times our content may have been seen by a member of the public.

'Engagements' is when someone engages with our content e.g. clicks a link, reacts to it by clicking 'like', or shares or retweets it.

'Engagement rate' shows us how many people engage, for example for every 1,000 people who see our post, 54 engage.

According to social media industry experts, the average engagement rate is less than 0.5% for Facebook, 2.5% for Twitter and 1.5% for Instagram, making our engagement very high.

We also got high engagement on posts about a major incident at a school - typically posts relating to high profile incidents get a lot of interaction, and a quiz post was popular with our audience too.



We are currently dealing with an incident at a high school in Wythenshawe. We are at scene with a number of ambulances and clinicians and have assessed and...



Engagement Rate (per Impression) 25.4%



First quiz of 2022! True or false? When an ambulance is behind you with its sirens on, you're NOT allowed to go through a red traffic light to get out of its way. Let us know what you think below

Engagement Rate (per Impression) 28%

THE GREEN ROOM (INTERNAL)

372,246 visits in Q4 - the number of times staff members have used it

1,141,783 page views - meaning every time a person visits, they view approx 3 pages

HIGHLIGHTS:

10% increase views to the 'news' section, for the third consecutive quarter, whilst this may have slowed compared to the previous quarter, there has been 15% rise on our bulletins page. This means more people are accessing the bulletins directly through the Green Room and going back to find information.



We rolled out a new staff recognition page on the Green Room. On this page, staff have the ability to send a personalised 'thank you' message to either a team or colleague within the trust. So far over 100 thank you cards have been sent.

NWAS WEBSITE (EXTERNAL)

269,469 visits in Q4- the number of times people have visited our website

497,948 page views - meaning every time someone visits, they view approx 2 pages

MOST VIEWED:

- Vacancies - 102,242 views
- Apprenticeships - 23,431 views
- Patient Transport Service - 23,232 views

ROUTE IN:

- Search (Google etc) - 89,819 visits (44%)
- Social - 76,641 visits (37%)
- Direct (typing in URL) - 33,964 visits (17%)
- Referral from other site - 4,033 visits (2%)

HIGHLIGHTS:

Visits to the site peaked on 1 January, when we saw 30,042 visitors, most of them read our news story 'Urgent Appeal - Bring back out defibrillator' which was published on our site and shared on our social media channels. 95% of the visitors that day came from social media.

COMING SOON: In Q1 of 2022/23 we will launch the Buy, Sell, Swap pages on the Green Room and the Ambulance Academy on the website - a dedicated and interactive section of our website for children, teens and young adults.

FREEDOM OF INFORMATION (FOI)

88 FOIs completed **▲12%**

95% within 20 working day target

95% year to date on 20 working day target

Topics included:

- Contracts for services
- Workforce data
- Emergency call data
- AP job evaluation scoring
- Turnaround times

NOTES:

FOIs: We have a statutory duty to reply to FOIs within 20 working days. The national target is 90% for this and we set an internal stretch target of 95%. Q4 was busy with an increase in the number of FOIs completed for the third consecutive quarter. Performance against targets was maintained.

STAKEHOLDER COMMUNICATIONS

3 Stakeholder bulletins
Covering topics including demand management, hospital handover escalation plans, military support, NHS Pathways and clinical governance for alternative care pathways.

1 Winter Watch
A monthly summary of our activity with comparisons to the previous year's activity keeps stakeholders informed of the demand for our services.

4 MP letters
Covering topics including use of sirens and service provision.

FILMS

13 completed **▼40%**
4 underway

- CEO New Year message to staff
- Staff COVID-19 vaccine message
- Mandatory vaccine Q&A
- Race Equality Network anniversary
- Tackling violence and inspiring a community – staff story
- 111 recruitment
- NHS Pathways
- Staff survey results 2021
- Team Talk Live

NOTES:

Videos are filmed and/or edited in-house using team skills and equipment.

An average of 4 films per month were filmed or edited in Q4. Q3 was one of our busiest ever periods for film activity and a slightly quieter Q4 was welcome, to allow planning to start for Star Awards filming.

INTERNAL (STAFF) BULLETINS

This quarter, we issued:

12 CEO bulletins **5** Clinical bulletins **40** Operational bulletins

plus **54** others, including PTS, digital, EOC, coronavirus, communications and HR.

Topics included:

- Staff survey results
- Updated IPC guidance
- NHS pathways



644 staff app downloads in Q4, most used to access rostering, ESR and Safecheck.
14 push notifications to staff mobiles about the Super Star Awards, research development and iPads.

INTERNAL (STAFF) ACTIVITY

Armed Forces Network Launch

Supported the launch of the Armed Forces Network in March. Assisted with the schedule and structure of the event, producing scripts for speakers and promotional materials to attract possible future employees. The committee attended, as well as members of our executive leadership team.

NHS Staff Survey results

Worked with HR to communicate results of the staff survey results at the end of March by issuing a bulletin (313 page views) and a video from a member of our executive team explaining what the results told us and what the trust will do to improve the working life for staff (246 views).

Super Star Awards

A record breaking **400** nominations were entered for this year's Star Awards. The Patient and Public Panel helped with shortlisting before the winners were chosen by members of the Board. All finalists and nominators are being filmed by the team ahead of the event.

LGBT History Month

Members of our LGBT Network got involved in the awareness month by telling us what current struggles or prejudices they still face to this day and their opinions on historic events. Topics included the history or pride, the NHS rainbow badge and donating blood.

Care Quality Commission

We updated our CQC toolkit on the Green Room with updated guidance, must knows, 5 minute briefings and top tips (515 views). These were also shared in The Bulletin and staff Facebook page.

NHS Pathways

We continued to deliver the communications plan to inform staff and stakeholders about the move to NHS Pathways for 999 call triage, replacing MPDS. Broughton was our first EOC to go live at the end of March.

iPads

Additional content was added to the iPad resources pages (1,810 views) including user support to help colleagues to get the most out of their devices.

We also continued to support other priority work, including:

- Strategy refresh
- Body worn cameras
- National Quarterly Pulse survey
- International Women's Day
- Queen's platinum jubilee
- Service delivery model review
- Senior leadership structure review
- Long service awards review
- Staff networks



COMING SOON

Priorities for internal communications in 2022/23:

- A new email system which will ensure corporate communications is accessible and adapts to the device on which it is being viewed.
- Assurance for the receipt of clinical information through digital channels (in partnership with the Medical Directorate).
- On-site communication through digital wallboards and smart screens (in partnership with the Digital Team).
- A refreshed way of celebrating long-serving staff (in partnership with heads of service).
- Supporting the trust to become greener/more sustainable.

FOCUS ON... our 2021/22 at a glance

As we report on the final quarter of 2021/22, here is an overview of some of our activity highlights of the year:

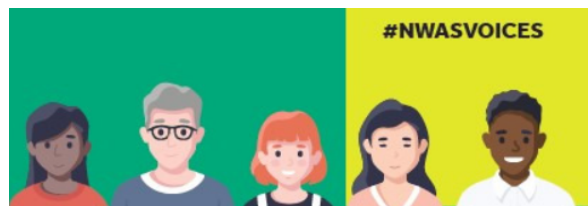
PATIENT AND PUBLIC PANEL

213 panel members by the end of this year, against a target of 190 members.

46% of panel members aged 16-24, against a target of 20%.

13% of members are from an ethnic minority community, more than half way towards a target of 20%.

100 examples of panel involvement including EOC and area learning forums, strategy development, NHS Pathways implementation, digital design group and many more.



PATIENT ENGAGEMENT

84 virtual engagement events attended or hosted to gather patient experience

11 public health 'infobursts' sent to community contacts, including winter watch newsletters and self care advice.



SMS patient surveys launched with a minimum of 1% of PTS and PES patients and 1,200 NHS 111 patients having the opportunity to provide feedback.

MEDIA



1,802 incident checks handled by the press office

181 proactive media stories or interviews

102 statements prepared in response to enquiries

MORE THAN 2,200 pieces of media coverage about Nwas

SOCIAL MEDIA



5,274 new Facebook followers

6,033 new Twitter followers

2,909 new Instagram followers

A focus on quality over quantity led to impressive engagement rates on our channels of between 3 and 7 %, compared to industry averages of between 0.04 and 0.98%

STAFF

MORE THAN

350 bulletins issued to staff, including weekly bulletin and CEO messages, and COVID, clinical and operational bulletins

196,304 more visits to the Green Room, compared to 2020/21

thanks to improvements including: new features added to the search function; the ability to comment on news stories; an accessibility audit; the launch of thank you e-cards and the Ideas Room forum.

STAKEHOLDERS

14 stakeholder newsletters or briefings, including 3 x Winter Watch

22 MP letters sent, about delays, siren use, COVID-19, PPE and more

OTHER HIGHLIGHTS:

65 films produced in-house

382 FOIs responded to, 95% within 20 working days (against national target of 90% and internal stretch target of 95%)

23,000 reads of our two Your Call publications, featuring staff and patient stories - and won an award for its success!

500 random acts of kindness sent to staff as part of 'thank you week'

7,000 COVID pin badges sourced and issued

400 star award nominations received, breaking a record

- Delivered dedicated communications plans for winter, a national violence and aggression campaign, and the BBC ambulance documentary
- Proactively arranged media interviews about demand and promote the work of Nwas
- Manchester Arena Inquiry preparation and communications support, including staff communications
- Media training delivered for the executive team
- Supported priority trust projects including:
 - Single primary triage (NHS Pathways)
 - Service Delivery Model Review
 - iPad roll out
 - Blackpool hub and spoke
 - CQC inspection
 - Staff survey
 - Refreshed trust strategy
- Supported trust networks with national days/months and launches
- Supported staff recognition with long service awards and Super Star Awards planning