NWAS Annual Report & Accounts 2021/22

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Foreword

Annual Report 2021/22 CEO & Chair Foreword

On behalf of the Board, we would like to start by thanking all staff, wherever they work in NWAS, for all they have done during yet another challenging and difficult year. Whether on the frontline, a student who answered our call for extra resources, our patient transport staff who switched roles to assist the emergency operations, our control staff in 111 and EOC, our mechanics, ICT and digital staff, staff side representatives, managers at all levels, the corporate staff and the many volunteers who came forward to help – thank you for all you have done. We have only been able to achieve what we have, down to everyone working together and we are in awe of the commitment and dedication they have shown to each other, the trust and of course our patients.

At the end of 2021, everyone was hoping to see the pandemic come to an end but it was no great surprise that in the new year we were still facing the COVID-19 pandemic and restrictions which came with that. Thankfully by then, there was much we had learned from 2019/20 but the challenge and impact on our service was still very real.

Despite this, we are proud to say that the year saw some great achievements - we had to learn many new ways of working very quickly and in 2021/22, much of this came to fruition with projects and initiatives to, not only improve our service to patients, but also to benefit and look after our staff.

There has to be a focus on performance and targets – it is how we are formally accountable to the public, but what is also important is the quality of our care to patients, and the care and compassion we show to them. It is disappointing that we were only able to meet one of those response time performance targets but with record levels of emergency call demand, we can say that it wasn't for the want of trying. We know that if care and compassion and the want to do our very best for everyone we serve were national standards – we would have achieved them and more.

NWAS is a very different organisation to what it was before the pandemic. The challenge of COVID-19 has forced us to look differently at how we operate and resulted in new roles and services to improve how we respond to patients and how we work together.

NHS 111 in particular was probably the first to be hit hard when the pandemic appeared in 2019/20 but it fought back with new, innovative ways to ensure it continued to be available for those who needed help and advice. NWAS 111 is the first 111 provider to deliver post contact messaging via text – freeing up call takers to be available for others. The service answered an additional 27,000 calls a month compared to 2020/21 and while dealing with this, the team solved the problem of staff shielding by setting up home working trials – enabling 75 staff to continue to support the service from home. It realigned its rota and annual leave allocation to ensure staff got the breaks they needed, while maintaining operational numbers, and trialled a new safeguarding system so staff could efficiently

record concerns they had about the welfare of callers. You can read about these and many more creative initiatives in this report.

Special mention should also go to our Patient Transport Staff with a number of them volunteering to join their emergency service colleagues on ambulances responding to 999 calls. Many of whom have now opted to train as emergency medical technicians and make this change a permanent one. To counterbalance this, the PTS management team has been working hard to fill the vacancies left and great progress has been made meaning increased job opportunities for the people of the North West.

A huge thank you must go to those people in our communities who volunteer their spare time to assist us in the delivery of care to patients and support to our staff. NWAS is honoured to have more than 650 community first responders (CFRs) and 200 volunteer car drivers (VCDs) and their unwavering support has been gratefully received. Our CFRs are trained to respond to life-threatening incidents so they can begin treatment as quickly as possible while the ambulance is on its way, and our VCDs are the friendly faces who help us transport people to their out patient appointments, supporting the patient transport service. During the pandemic, CFRs gave more than 110,000 hours delivering much welcomed refreshments to busy staff at hospitals, distributing PPE to our stations and at our own vaccination centres. I know I speak on behalf of everyone within the trust when I say how greatly appreciated they all are.

We have already acknowledged the substantial rise in 999 activity with an increase of 21.56 per cent compared to the previous year, and an increase of 60 per cent in our category one calls – the most serious and immediately life threatening. As a result of the winter investment, the trust planned to recruit a further 182 whole time equivalent (WTE) Emergency Medical Advisors (EMAs), plus supporting and supervisory roles. The increase in EMAs would have increased the workforce by 67% however the number of EMAs as at 31 March 2022 was approximately 420 wte. The pressure on our emergency control staff has been relentless and even though we have significantly boosted the numbers, their role has been a difficult one for the last year. When a call comes through, there is no way of knowing what our call takers will have to deal with and that initial contact is vital – in the main, people call us because they are scared and urgently need our help. In those first few seconds, call takers have to quickly establish how to respond and be that voice of reassurance. I have observed many shifts in our call centres and it is a continual roller coaster of emotions but their professionalism is second to none and I know their presence brings comfort to many people.

We are very proud to say that we have continued to safely take less patients to hospital, enabling them to remain in the comfort of their homes while still receiving the medical care and advice that they need. Despite the high number and increase in emergency calls, from all calls received only 32 per cent were conveyed to an emergency department, thanks to our robust hear and treat, see and treat initiatives. This has enormous benefits,

not only to our patients, but also to the wider healthcare system and frees up our ambulances to respond to others.

The Trust's Resource Escalation Action Plan (REAP) provides a framework to maintain an effective and safe operational and clinical response to patients. It is testament to the hard work of all within the operational teams that high levels of patient safety were maintained by escalating REAP levels, using our patient safety plan and the introduction of the clinical co-ordination desk whose role is to review and a keep close eye on longer waiting patients.

We know that some of our patients have waited longer than we would like for us to reach them. Despite increasing our frontline resources in the form of staff and ambulances, we have been confronted by upset individuals who didn't get a response as quickly as they expected. We all have loved ones and when they are seriously ill or injured, we all want and expect the help we need to come quickly and for a trained professional to take control of the situation. Knowing some of our patients are waiting too long is not an easy thing for the Board, we want to reassure our communities that this is not something we are ignoring. We sincerely hope that with the continued focus on new initiatives and processes such as a new triage tool, critical incident hub, the help and support from our system partners to free up ambulances from hospitals to respond to patients and to free up crews on scene by supporting us with the introduction of alternative pathways, in addition with the right investment, we will see improvements in the coming year.

This leads us onto what we hope for the future. In 2022/23, we will launch our new strategy which will spell out our plans for improving our service to patients and as an employer of more than 6,700 people. We recognise that our staff have been exceptional over the last few years and focusing on them will create a more robust workforce and that can only benefit patients. We will also focus on providing safe, effective and person-centred care - working closely with the new integrated care systems (ICSs) which come into effect in the summer of 2022.

What we have mentioned here is a snap shot of the amazing work done within NWAS – please do read on to find out more about what we have been doing and how we are evolving and changing. NWAS is your ambulance service and we hope we make you proud.

Peter White
Chairman

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara
Chief Executive

Performance Report

The trust's Performance Report has been prepared under direction issued by the Department of Health and Social Care Group Accounting Manual 2021/22 in accordance with Chapter 4A of Part 15 of the Companies Act 2006, as amended by SI 2013 No 1970. *The Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013.*

The Accountable Officer is responsible for preparing the Annual Report and Accounts and considers taken as a whole they are fair, balanced and understandable.

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara
Chief Executive

Date: 17 June 2022

PERFORMANCE OVERVIEW

The purpose of the overview section is to provide:

- A statement from the Chief Executive Officer providing an overview of the performance of the trust during 2021/22.
- A statement of the purpose and activities of the trust, including a brief description of the business model and environment, organisational structure, objectives and strategies.
- A synopsis of the Performance Analysis and assessment of the trust's progress towards delivering its objectives
- Details of the key issues and risks that could affect the trust in delivering its objectives.
- An explanation of the adoption of the going concern basis where this might be called into doubt.

Chief Executive Statement

As the COVID-19 pandemic continued into 2021/22, it is no surprise that NWAS and the NHS system have had a difficult year. All three of our service lines 111, patient transport service (PTS) and paramedic emergency service (PES) have had to adapt to new demands and a rise in activity.

Unfortunately, despite some strong initiatives, additional resources and funding, we were unable to meet the national targets and this was disappointing but the unexpected surges of demand at various periods throughout the year were simply far above anything we could have prepared for.

Early in the year, we still had to contend with high sickness levels and COVID related absences amongst, not only our own staff, but also from those agencies we would normally call upon to assist us during busy periods. This led to the trust requesting military aid to manage the winter period in both 2021 and early 2022 and we thank them for their service.

With our NHS partners, we worked alongside a six-point plan focusing on; increasing 999 call handling capacity, increasing operational capacity, additional clinical support, expansion of mental health pathways, hospital handover and retention of existing operational fleet.

The emergency call volume varied throughout the year, as COVID restrictions and rules changed, but for the total whole year, we saw higher than normal call volume with an increase of 21.56% when compared to the previous financial year.

With the challenges of hospital handover impacting on our availability, it was never more important to implement our Hear and Treat, See and Treat, signposting of patients presenting with minor conditions. Through increased triage only 32% of all calls received resulted in a journey to an emergency department.

It is pleasing to note that NWAS has continued to be one of top three performing trusts for call pick up, in part thanks to COVID and NHS Winter funding, which enables us to maintain high levels of call handlers throughout the busy periods.

Our operational response has been greatly assisted by the many volunteers who work with us and NWAS has one of the largest and longest established Community First Responder schemes in England, with some 650 active CFRs throughout the region.

We are extremely grateful for their continued support throughout the pandemic, with 110,000 hours' worth of volunteer support given to our communities.

Our patient transport service (PTS) has been greatly impacted by COVID-19 transporting fewer patients than contracted but still with a high level of required resources to enable them to assist their emergency colleagues.

Overall activity during the financial year (April 2021 – March 2022) was 24% below contract baseline, whilst the contract year (July 2021 – March 2022) was 23% below baseline. The staff within PTS are to be commended for how they have adapted to assist the service and our patients and you can read more about this further in our report.

Call demand for NWAS 111 has remained 40% above pre-pandemic levels throughout the year, but the service maintained a safe level of delivery ensuring all available resources were deployed as efficiently as possible.

Throughout Covid-19, 111 expanded exponentially with non-recurrent funding to support a growth in call demand, however, the current call volume continues to outstrip funding.

On average there were 27,000 more calls offered per month in 2021/22 than in 2020/21 and the trust had to introduce a number of initiatives to manage this including homeworking, improved software and SMS messaging.

I have only briefly mentioned some of this years' developments within our operations and these, and more, are expended upon within this document. I do hope you find it informative.

History of the Trust

North West Ambulance Service NHS Trust (NWAS) was established on 1 July 2006 following the merger of the Cumbria, Greater Manchester, Lancashire and Mersey Regional ambulance trusts. One of the largest ambulance trusts in England, NWAS provides services to a population of around seven million people across a geographical area of approximately 5,400 square miles.

The trust employs just over 6,700 staff who operate from over 100 sites across the region and provides services for patients in a combination of rural and urban communities, in coastal resorts, affluent areas and in some of the most deprived inner city areas in the country. We also provide services to a significant transient population of tourists, students and commuters.

The North West region is one of the most culturally diverse areas in England, with over 50 different languages spoken by members of the community. Consequently, the trust places considerable emphasis on equality and diversity and public engagement activities to ensure that our services are accessible to all members of the community.

Trust Vision and Aims

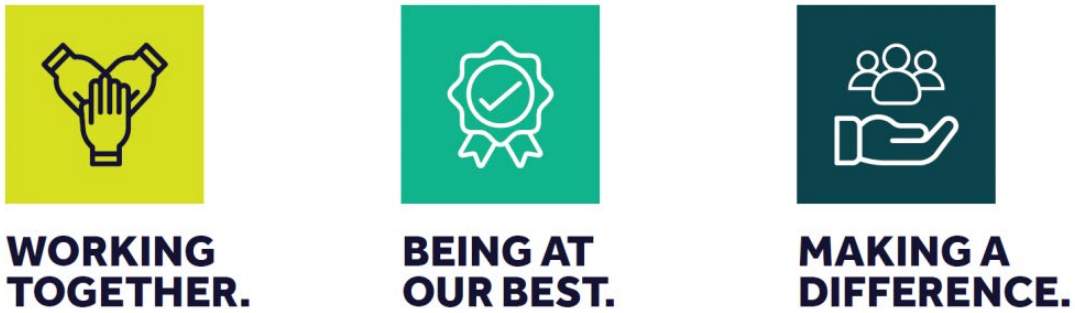
The trust's ambition is to be the best ambulance service in the UK by providing the right care, at the right time and in the right place, every time for people who access our services. In order to realise this vision we created our trust strategy and supporting five year integrated business plan.

The key underpinning strategies are:

- Right Care (Quality)
- Urgent and Emergency Care
- Finance
- Workforce
- Fleet
- Estate
- Digital
- Communications and engagement

All the strategies were affected by, and continue to be affected by, the pandemic. As a consequence, where they have been negatively affected, we have developed plans to restore/recover our services, but also build in the opportunities where faster progress has been made. During Q2 2021/22, we commenced a trust strategy review to assess whether the content and associated strategic aims and objectives remain relevant considering our strategic context, learning from COVID-19 and wider changes in national/regional legislation. The refreshed strategy will be launched from 2022/23 and will outline our new vision statement, aims and objectives over the next three years.

The Board of Directors agreed the new trust values in January 2021 which were implemented during 2021/22. Further details can be found within the Workforce Section.



Our Services:

Our core services are delivered through four distinct service lines. These are:

- **Paramedic Emergency Service (PES)** – through solo responders, double crewed ambulance response and volunteer community responders we provide a pre-hospital care emergency response to 999 and urgent calls.
- **Patient Transport Service (PTS)** – PTS provides essential transport for non-emergency patients in Cumbria, Lancashire, Merseyside and Greater Manchester who are unable to make their own way to or from hospitals, outpatient clinics and other treatment centres.
- **Resilience** – services associated with the trust's statutory responsibilities under the Civil Contingencies Act 2004.
- **111** – The trust delivers the 111 and urgent integrated care service for the North West region.

Core service delivery is supported by a number of support service functions:

Our PES service delivery is organised around three geographical areas - Cheshire and Merseyside, Cumbria and Lancashire and Greater Manchester, thus ensuring that our services reflect local community needs. Strategic capacity and support services are provided centrally from the trust's headquarters in Bolton with managers/teams based in each area to provide local support.

Ambulance Response Programme

The Ambulance Response Programme (ARP) is a framework for Ambulance Trusts to deliver its service meeting the needs of its patients. The fundamental underpinning principle of ARP is to use the right resource at the right time in the right place, all in line with the Trust's strategic aim.

The delivery of ARP proved challenging for the Trust throughout 2021/22 and some of the standards were not met. Despite this the Trust did make significant improvements in all the standards through wholesale changes to its fleet profile and dispatch methodology.

Statutory & Regulatory Financial Duties

The Trust is required to achieve a number of statutory and regulatory financial duties. These are:

- Statutory duty to break even year on year and a regulatory duty to break even each and every year.
- Regulatory duty not to exceed the External Financing Limit set by the Department of Health.
- Regulatory duty to contain capital expenditure, on an accruals basis, within approved Capital Resource Limits.
- Regulatory requirement to achieve the Capital Cost Absorption Duty.
- Regulatory duty to apply the Better Payment Practice Code.

In 2021/22 the Trust achieved all of these duties.

In 2021/22 the Trust's income was £457.608 million and was generated from the following activities:

Income from Activities	**2021/22**
	£000
PES Income	353.131
PTS Income	43.871
111	38.326
Other Income	22.280
Total Income	**457.608**

Key Risks to Delivering Objectives

Due to the release of the NHS Planning Guidance on 25 March 2021, the trust proposed four strategic risks to be in place for the first quarter until the planning round had been completed and the strategic plans and objectives of the trust were reviewed and potentially revised.

The key risks for the trust as it moved into 2021/22 focused on patient safety, financial effectiveness and value for money, operational performance and workforce recruitment and retention.

The Board Assurance Framework and Annual planning cycles processes have recorded, following proactive management and continuous review, robust control measures that ensure these strategic risks are mitigated to an acceptable level by the trust.

The following list identifies the risks for the first quarter of 2021/22:

1. There is a risk that the trust may not deliver safe, effective, and patient centred care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction
2. There is a risk that the trust cannot evidence value for money and effectiveness in the use of resources that could impact on its ability to invest improvements to infrastructure
3. There is a risk that the trust does not deliver improved national and local operational standards resulting in unsafe or delayed care
4. There is a risk that the trust is unable to attract or retain suitably qualified and diverse staff, this may impact on our ability to deliver safe services.

During the first quarter of 2021/22, the four strategic risks identified prior to the release of the NHS Planning Guidance were revisited, reviewed and subsequently, a further four strategic risks were identified:

1. There is a risk that the organisational cultural change does not sufficiently develop, impacting adversely on staff wellbeing and engagement with organisational changes, resulting in poor quality services and staff harm
2. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action
3. There is a risk that the proposed changes to legislation reduced the Trust's ability to engage effectively and influence across all the Integrated Care Systems (ICS) within its regional footprint
4. There is a risk that enactment of the proposed legislative changes in 2022 could impact on the current regional footprint of the Trust.

During the second quarter of 2021/22, a further strategic risk was identified:

1. There is a risk that due to persistent attempts and/or human error, NWAS may suffer a major cyber incident resulting in a partial or total loss of service and associated patient harm.

The following list denotes the risks identified for 2022/23:

1. There is a risk that the Trust may not deliver safe, effective, and patient centred care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction
2. There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver safe and effective services
3. There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care

4. There is a risk that the Trust will be unable to attract or retain sufficient suitably qualified staff and maintain low abstraction levels, which may impact on our ability to maintain safe staffing levels
5. There is a risk that sufficient progress is not made in developing a compassionate, inclusive and supportive culture, impacting adversely on staff wellbeing and engagement, resulting in poor quality services, staff harm and reduced productivity
6. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action
7. There is a risk that the proposed changes to legislation reduced the Trust's ability to engage effectively and influence across all the Integrated Care Systems (ICS) within its regional footprint
8. There is a risk that due to persistent attempts and/or human error, NWAS may suffer a major cyber incident resulting in a partial or total loss of service and associated patient harm

Going Concern

After making enquiries, the Board of Directors have a reasonable expectation that the services provided by North West Ambulance Service NHS Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual. Detailed guidance in respect of going concern is set out in International Accounting Standard (IAS1) and the interpretation for the Public Sector context is set out in the Financial Reporting Manual (FREM) and the Department of Health and Social Care Group Accounting Manual (GAM) 2021/22. The trust's Letter of Representation for 2021/22 to Mazars LLP as external auditors refers to NWAS preparing its accounts on a going concern basis.

PERFORMANCE ANALYSIS

Service Delivery

The past 12 months have been extremely challenging across all three service lines of 111, PTS and 999. COVID-19 has changed activity profiles, reduced workforce through staff absence and reduced vehicle capacity due to social distancing regulations, meaning call processing procedures have constantly changed.

Despite these challenges, we have delivered on a number of strategic projects to enhance the service in the delivery of care to the patient. NWAS 111 has been the first 111 provider to deliver post contact messaging. This allows the delivery of appropriate and safe self-care via an SMS message to patients, thus freeing up the call taker to receive more calls. Paramedic Emergency Service has introduced NHS Pathways into one control room and has a robust roll out plan for the other control rooms, this will enable calls to be triaged and signposted to a wider selection of pathways. PTS continued to provide support to PES by releasing staff to work on lower acuity calls, at the same time they introduced PTS online which modernised the way of working.

Performance

The challenges born out of the COVID-19 pandemic have continued through 2021/22. Activity, resources and acuity have been the primary challenges faced by the trust in delivering ARP standards. Demand has been variable with peaks observed, predominately through the late spring and early summer and to a lesser degree through late autumn and winter. Abstractions of operational workforce due to sickness and COVID related absence have inhibited the deployment of resources. This has been a continual challenge for the trust, most acutely observed through the winter period. Acuity has also presented a challenge for response with the trusts managing higher levels of C1 than ever before.

In response to these challenges the trust has worked with the wider system and other partners to ensure patient safety throughout the year. The trust has utilised Military Aid to Civil Authorities (MACA) for two periods throughout the year, increasing the operational fleet. In addition, the trust has increased the utilisation of private and voluntary services. Working with system partners, a six-point winter plan was developed and delivered to support the system, response standards and patient safety. The plan focused on increasing 999 call handling capacity, increasing operational capacity, additional clinical support, expansion of mental health pathways, hospital handover and retention of existing operational fleet.

Performance Against ARP Response Standards

The table below reflects the Trusts response standards for the year broken down by quarter. ARP standards have been in place since 2017 and are designed to reflect the urgency and acuity of a patient. Category 1 are calls from patients with life threatening illness or injuries. Category 2 are emergency calls, Category 3 are urgent calls and Category 4 are none urgent calls.

Standard	**7 mins**	**15 mins**	**18 mins**	**40 mins**	**120 mins**	**180 mins**
Fiscal Quarter of Year	**C1 mean**	**C1 90th centile**	**C2 mean**	**C2 90th centile**	**C3 90th centile**	**C4 90th centile**
Q1	00:07:55	00:13:25	00:29:52	01:02:45	05:13:25	11:05:05
Q2	00:08:59	00:15:18	00:54:11	01:58:31	09:29:59	15:55:43
Q3	00:09:03	00:15:16	01:01:07	01:01:07	09:33:00	15:26:52
Q4	00:08:41	00:14:51	00:46:04	01:45:54	05:54:25	11:31:20
Annual response	**00:08:42**	**00:14:48**	**00:47:39**	**01:47:54**	**07:09:45**	**14:27:14**

The emergency call volume fluctuated throughout the year, primarily influenced by the removal of lockdowns and COVID protocols within the community. Throughout the year, call volume has remained high and the trust has observed record levels of emergency call demand. Emergency calls increased by 21.56% when compared to the previous financial year. Despite the demand, the trust continued to deliver high standards of call answering performance. It should be noted that call answering performance has decreased in comparison to last year however when compared against the national picture, NWAS remained one of the top performing trusts for call answering.

Despite the increase in calls, the trust has continued to take less patients to hospital, delivering safe care closer to home. This has been achieved through Hear and Treat, See and Treat, signposting of low acuity patients and the introduction of estimated time of arrival (ETA) scripts. This is demonstrated by the fact that only 37% of emergency contacts into the 999 service were conveyed and only 32% of all calls received were conveyed to an emergency department.

The demand faced by the trust, the operational resourcing challenges and system challenges related to handover, has been a significant challenge in achieving ARP standards. This has been additionally challenging due to the acuity of patients. The total C1 incidents increased by 60% from the previous year combined with a 4% increase in C2 incidents. As a result, the trust has only achieved one of the ARP standards, C1 90th centile. Q2 and Q3 were the most challenging periods for the trust with increases in response for all standards.

The trust's Resource Escalation Action Plan (REAP) provides a framework to maintain an effective and safe operational and clinical response to patients. REAP has four levels, level one and two being 'normal state' rising to level four which indicates significant risk to service delivery. As the Trusts escalates REAP levels, additional actions will be put in place. These vary but are often designed to maximise operational resources.

The trust has maintained high levels of patient safety via escalating REAP levels, the utilisation and escalation of the NWAS Patient Safety Plan (PSP) and the introduction of the clinical coordination desk (CCD). The CCD is resourced by senior clinicians who review and retain oversight of all long waiting patients. Despite the many operational challenges, the trust has continued to progress on strategic priorities including the Service Delivery Model Review (SDMR), the Unified Communications Programme (UCP) and the delivery of phase one of Single Primary Triage (SPT).

Emergency Operations Centres (EOC) and Clinical HUB (CHUB)

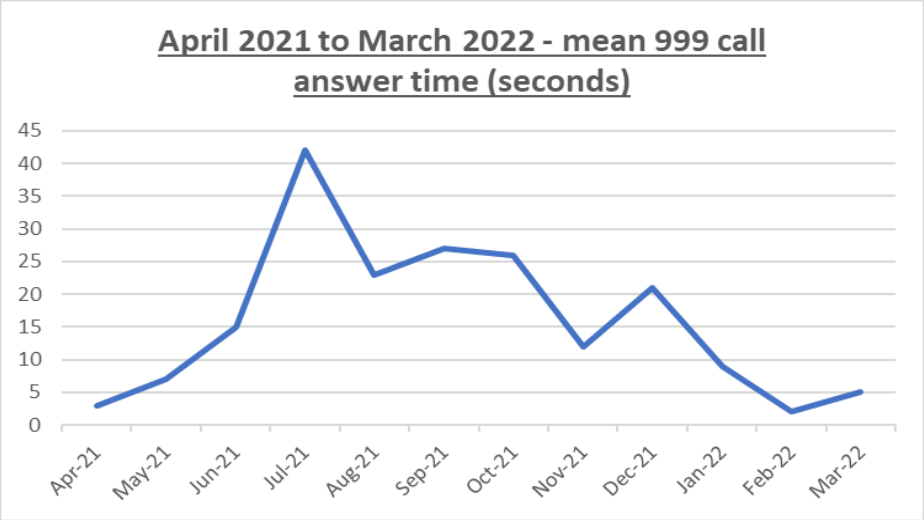
2021/22 has been a challenging year for the EOC and CHUB team, with demand and waiting incidents remaining high throughout the year. Despite these challenges, the team has continued to deliver service improvement, enhance patient safety and respond to patients effectively.

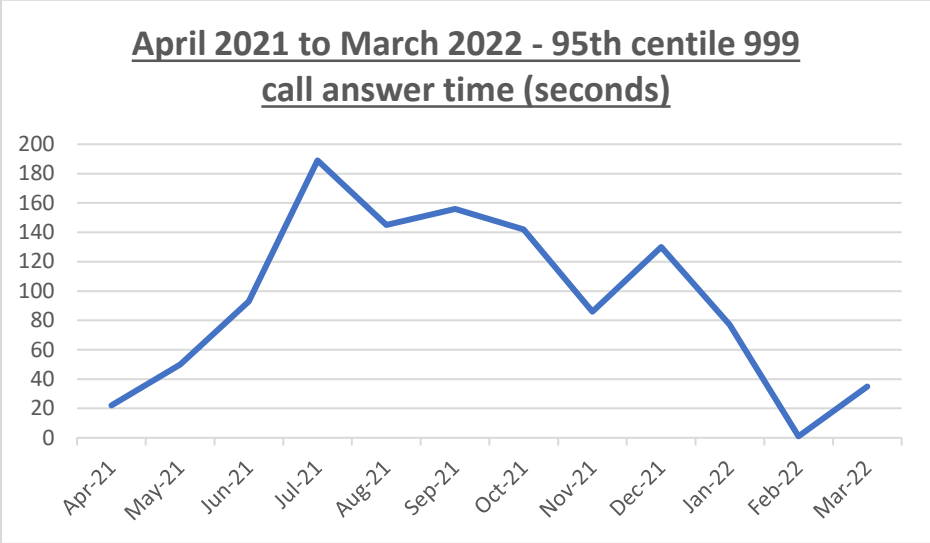
The primary achievements for this year are as follows:

- Introduction of modified virtual COVID-19 wards.
- Introduction of a number of quality and compliance checks (call passing, ineffective breathing, subsequent calls and Protocol 36).
- Introduction of call handling team leader role.
- Introduction of signposting for low acuity patients.
- Changes to the EIDS tool.
- Introduction of SharePoint to enhance staff engagement and communication.
- Implementation of BBR rosters.
- Improvement to patient safety including; dispatch best practice programme, patient safety huddles, improved incident reporting and enhanced learning culture.
- Introduction of the Clinical Coordination Desk (CCD) to manage risk within the long waits.
- Launched new interactive reporting wallboards.
- Introduction of the Complex Incident HUB (CIH).
- New process for the management of C3/C4 patients.
- Delivery of the Unified Communications Programme.
- Launch of iPads within EOC.
- Delivery of Phase one of NHS Pathways.

Emergency Calls and Answer Times

The primary axis shows percentile results (dashed lines) and the secondary axis relates to the mean call answer time (solid line).



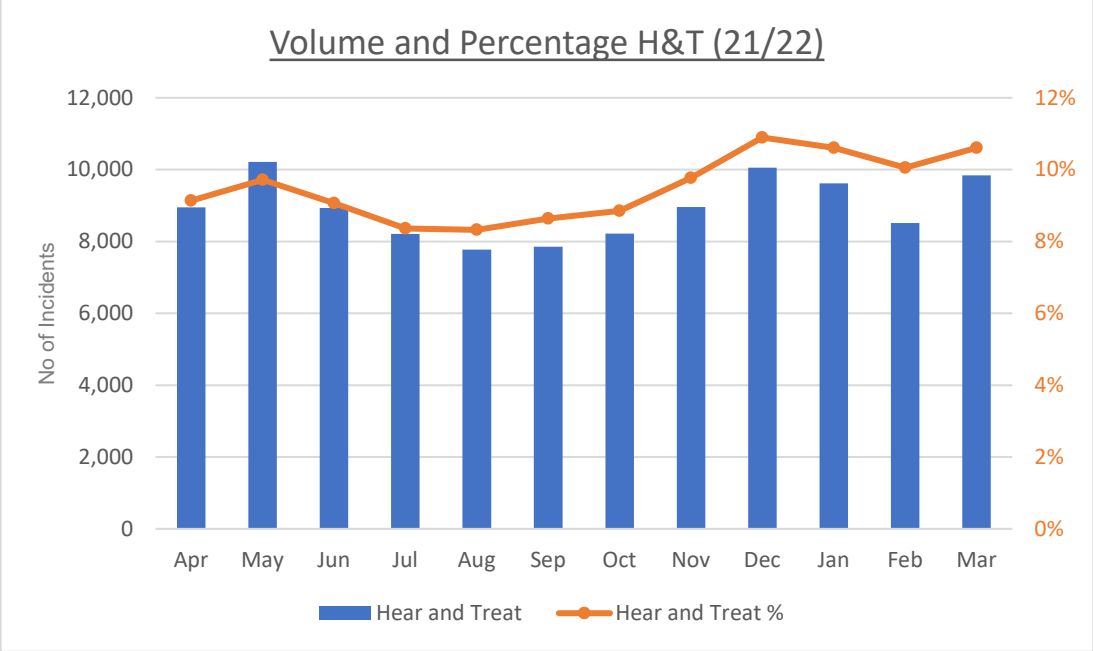


Call volumes at times have been far higher than ever before. Though June to August, call volume was at record levels, for NWAS, the sector and all blue light services. This demand combined with high levels of abstractions due to COVID-19 has contributed to a greater degree of variance in call answering performance. However, since the peak demand in July, the trust has seen an improved call handling position. Throughout the year, the trust has continued to be one of top three performing trusts for call pick up. This has been achieved through the utilisation of COVID and NHS winter monies, ensuring high levels of call handlers to be maintained. This not only has enabled sector leading call pick up but also enabled the phase one delivery of NHS Pathways.

CHUB and Delivery of Hear and Treat (H&T)

The Clinical HUB (CHUB) is a regional function based within each of NWAS's Emergency Operations Centres (EOCs). The CHUB is made up primarily of a multi-disciplinary clinical team that includes paramedics, nurses, pharmacists and mental health professionals. The CHUB delivers several functions such as providing advice to NWAS crews on scene, review patients waiting for an ambulance and secondary triage of lower acuity patients (primarily C3 and C4 categories of response). The triage and referral to care that does not require an ambulatory response is known as Hear and Treat (H&T).

Hear and Treat



The CHUB from Q2 has delivered improvements within H&T, achieved through a change to the triage and dispatch process for C3 and C4 incidents. All C3 and C4 incidents now receive a clinical review and a decision as to whether to dispatch or secondary triage is made. This approach has increased the overall H&T whilst ensuring those patients who require an ambulance response do so. The CHUB has also increased the number of clinicians via NHS winter monies. External CAS providers across the Greater Manchester and Cumbria and Lancashire counties continue to work in partnership with the trust to increase H&T rates.

The CHUB continues to provide enhanced clinical support across EOC and the wider PES team. This is delivered through clinical support to the call handling team via the Rotational Specialist Practitioners. The CHUB team provide crew advice to operational staff (700-900 advice call per week). The team continue to support the CCD by provide triage of long waiting patients. The CHUB have some form of involvement in around 40% of all NWAS incidents.

Community Specialist Paramedics (CSPs)

Our team of CSPs are embedded in communities across the region and continue to work locally with partner organisations, to ensure that patients receive the very best standards of care, as close to home as possible. This work has included the creation and monitoring of community referral pathways for patients who can be safely managed in the community, so that our clinicians can refer patients to the most appropriate service. For those patients who require transport to an acute site, but not necessarily treatment from an emergency department, we have developed and expanded our routes into Same Day Emergency Care (SDEC) across the region. The CSP team has also assisted and developed remote secondary triage by senior clinicians to enable remote telephone triage of patients prior to face to face attendance, as many can be safely assessed and referred over the phone, which is often the best use of our resources and better for the patient.

Community First Responders (CFRs)

The trust has one of the largest and longest established Community First Responder schemes in England, with some 650 active CFRs operating across all areas of the North West, providing an effective complementary service in their local communities. This type of resource is particularly valuable in the more rural areas of our region, and we are very grateful for the assistance these volunteers provide, but in any area they are a vital part of the care we offer our patients.

CFRs are volunteers who live and work in local communities. They are trained and activated by the trust to attend certain calls, such as chest pain or cardiac arrest, where time to respond is critical and can make the difference between life and death. The responder provides care and support to the patient until the arrival of an emergency ambulance. Quite often, the role of a responder is one of reassurance and, in some instances, for example when a patient has chest pains, simply giving oxygen can make a big difference. However, in extreme cases, the CFR can perform cardio-pulmonary resuscitation (CPR) or use a defibrillator to restart the heart. Chances of survival decrease by 10% with each minute that a person's heart has stopped beating, and CFR availability in the local area can result in a quick response to ensure that treatment is started as early as possible. Survival rates can be as high as 80% if an AED is used within the first four minutes of the cardiac arrest occurring.

We have continued to support and proactively engage with communities, organisations and individuals with the placement of automated external defibrillators (AEDs) in their communities. These life saving devices are a vital part in increasing the chances of survival for someone suffering an out of hospital cardiac arrest. Within NWAS, we have over 2,956 community public access defibrillators, which are devices that are available 24 hours a day, seven days a week. These are placed in locked, heated and coded boxes and members of the public can be directed to them in an emergency. In addition to these devices, there are a further 7,810 defibrillators registered with NWAS that are located in

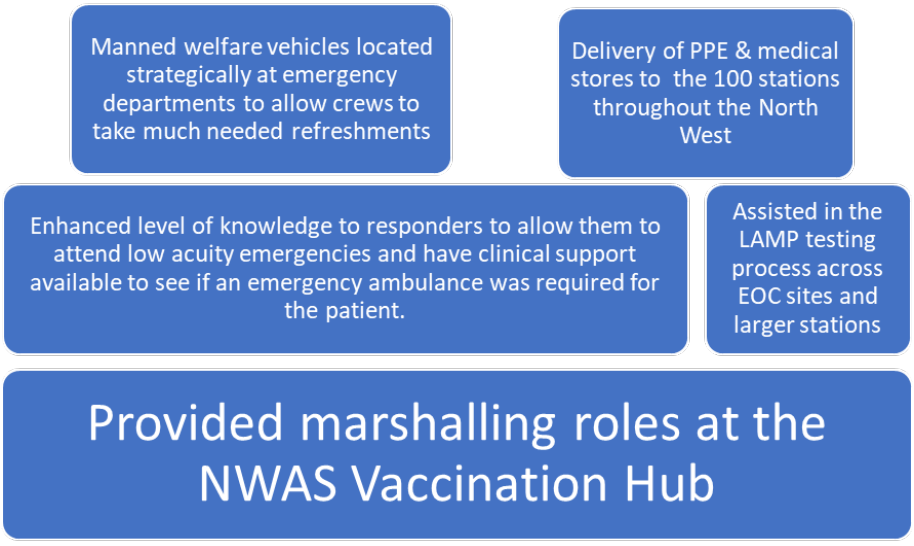
numerous buildings and are accessible if required. These buildings range from leisure centres, shopping centres, supermarkets, healthcare setting, schools etc.

During the past year, we have worked closely with the British Heart Foundation to implement a new system to allow the public to register their AEDs on a national system called 'The CIRCUIT'. This allows for a central place for the public to register and then allow the ambulance service to send someone to the AED in an emergency. The system is fully integrated to allow us to know exact locations of AEDs and then support communities in their time of need.

During 2021/22, our volunteers have provided unwavering support to communities and added resilience to our service. They have continued to respond to emergencies and the trust has provided appropriate personal protection equipment (PPE) for them to allow patients to be cared for and treated. Over 110,000 hours worth of volunteer support have been given to communities and the trust responding to emergency calls by this group of volunteers during 2021/22.

During the past year, we have continued the challenges brought upon us by the pandemic, we have faced challenges never experienced before, and the support that has been given by our volunteers enabled NWAS operational crews to continue to deliver the best care to the people of the North West.

In addition to this vital support, many other tasks where supported by our volunteers, below outlines a snapshot of these:



The pandemic brought an increase in emergency calls and additional support from our enhanced community first responders. This group continued to work on emergency ambulances, with core staff on a bank contract capacity, and increased the availability of ambulances for emergencies.

What we have seen during the last 12 months and beyond, is that the unwavering support of our volunteers has been immense and is something that we are proud of. We value this group of people greatly and know the benefits they bring not only to us as a trust, but more to the communities of the North West and the people they help.

Membership of a Community First Responder scheme can be incredibly rewarding and volunteers could be involved in saving someone's life. Anyone who lives or works in the North West can get involved with their local CFR scheme, by either becoming a first responder or helping with other vital tasks such as fund-raising, support or administration. Volunteers do not need previous first aid experience to join their local group, as full training will be provided. Further details on Community First Responder schemes are available at https://www.nwascfr.com

Resilience/EPRR

Within NWAS Resilience, there are two distinct elements, those of Contingency Planning including Business Continuity, responsible for the effective planning by the trust to business challenges, and special operations, the specialist response arm to major or complex incidents.

- **Contingency Planning**

The trust's contingency planning arrangements and capabilities assist in providing evidence of compliance with our duties under the Civil Contingencies Act (2004), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, together with other legislation such as the Corporate Manslaughter and Corporate Homicide Act 2007 and the Human Rights Act 1998.

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect patient care or public health. The manifestations of this could be precipitated by a wide range of triggers from infectious disease as with the COVID-19 pandemic, transport emergencies, industrial incidents/action, infrastructures failures or terrorist attacks. The Civil Contingencies Act (2004) requires all NHS organisations and providers of NHS funded care to demonstrate that they can effectively respond to such incidents whilst maintaining core services.

During 2021/22, the Resilience team responded well with the challenges of the workload that came from the Arena inquiry. This allowed the team to change governance processes within the structures, consider housekeeping of documents and make changes to relevant policies for future inquiries.

Other notable points within Resilience include:

- Introduction of a new electronic Business Continuity software programme 'Continuity2' with full training in all directorates
- Recruitment of a resilience manager dedicated for Emergency Operations Centres
- Development and delivery of bespoke Incident Management Training for all levels of staff within the Emergency Operations Centres
- Recruitment of a resilience manager for Quality and Improvement regarding implementation of lessons learnt to lessons identified
- Full integration to area learning forums delivering all aspects of resilience learning and evidence taken from debriefs
- Introduction of area contingency briefings (Monthly) for all commanders across the trust, these can be active via teams or can be viewed at a later date
- Introduction of an Electronic Battle Box for all commanders with latest documents that can be used during incident response at any level
- Resilience was engaged in an annual EPRR self-assessment process to determine the level of compliance of resilience arrangements measured against the NHS England & Improvement core standards.

NHS England and Improvement requires this assurance exercise to identify any areas of limited or no compliance (as well as highlighting areas of complete compliance) of resilience arrangements against the EPRR core standards, with any deficiencies in particular areas forming an individual action plan. This plan will demonstrate the intention of each trust to address any outstanding issues and give an indication of priority and timescale for resolution:

- **Outcomes: Interoperable Standards**

  - Out of 163 applicable standards, NWAS has self-assessed full compliance with 145 and partial compliance (including 1 non-compliant) with 17. This represents a compliance figure of 89% and therefore an overall rating of **'Substantially Compliant'**.

  - The rating of **'Substantially Compliant'** represents 89-99% compliance with the appropriate core standards with **'Full'** compliance requiring a 100% rating in each category.

- **Outcomes NWAS EPRR Assessment (111)**

  - Out of 29 applicable standards, NWAS has self-assessed full compliance with 29 and partial compliance with none. This represents a compliance figure of 100% and therefore an overall rating of **'FULL'**.

  - The rating of **'Fully Compliance'** represents 100% compliance with the appropriate core standards.

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  - Full integration of an internal designed tool, called *CASCADE, a* recall to duty software. This activation tool has gone through several testing cycles. The EOC or ROCC can transmit a major incident cascade message via the command-and-control system C3, one message will be sent simultaneously via SMS text, pager or email. Joint working with IMT has created a new ICT Service Desk system named Major Incident Cascade that will directly allow staff (on call or volunteers) to notify any changes in electronic equipment, so that the lists can stay current.

  - Roll out of an online training package on Action Counters Terrorism (ACT) has been made available to all staff across the trust, giving them access to an extremely useful app with links to helpful web pages in the case of a major incident or identifying something suspicious. A trust password and username has been set up in partnership with Highfield e-learning on behalf of ACT e-learning. This provides further opportunities for learning and development, but more importantly improves the understanding around this important subject, with hints and prompts at hand, in terms of reporting and initial actions critical in the early stages of an incident.

  - Identification of current gaps in capability presents a risk to the trust in terms of quality of clinical care and reputation. This has led to substantial investments in the procurement of new triage bags for all front line vehicles. Funding of the new IPC compliant triage bags, which will contain the necessary dressings and tourniquets for immediate use at the scene is to be augmented with a further bag, containing rapid extrication devices, disposable heat blankets, routine blankets and pelvic binders. These bags can be deployed to triage at a major incident, but will also be used for lower numbers of multi patient trauma incidents (such as RTCs, shootings, stabbings and significant falls). In both cases, their use will support clinical interventions and increase the quality of both patient care and wider incident management.

Special Operations

The special operations element of resilience manages the following interoperable capabilities work streams.

- Hazardous Area Response Teams (HART)
- Chemical Biological Radiological and Nuclear (CBRNe) response
- Marauding Terrorist Attack (MTA) response
- Medical Emergency Response Incident Teams (MERIT)
- Command Training
- Major Incident Fleet
- National Inter Agency Liaison Officers (NILOs) and Tactical Advisors

During 2021/22 the department was involved in various and wide-ranging projects. Specifically related to HART, was the ongoing planning for the re-location of the Liverpool team base, supporting the mutual aid deployment to Scotland for COP 26, the G7 Speakers meeting in Lancashire and the G7 Conference in Liverpool. In addition, to their established training programmes and recertifications, HART also successfully introduced training in High Consequence Infectious Diseases and the EpiShuttle transfer pod as well as High Risk Confined Space training and the NXGen PPE ensemble. From a clinical perspective, the NWAS HART clinical lead was heavily involved in the standardisation of HART skills nationally as well as agreeing a programme of training for HART Specialist Paramedics in the administration of Ketamine and front of neck airway access.

In relation to CBRN and MTA, the department successfully merged the two capabilities in line with national strategic direction into a single Special Operations Response Team (SORT). The project, running for 12 months, required firstly, the recruitment and selection of an MTA manager to oversee the project, but also the testing, recruitment, and selection of circa 200 additional staff, each of whom subsequently received five days training in the subject matter. The trust was able to achieve the national target of 290 trained staff within a couple of weeks by the 1 April deadline.

MERIT continues to go from strength to strength with an establishment of 40 doctors who have all attended their annual training programme, with many attending monthly evening CPD sessions held to fit around their busy professional commitments. The Strategic Medical Advisor Cadre has also undertaken their annual training programme in support of the capabilities.

Two programmes of command training were undertaken within the year, the first focussed on critical decision making, as updates on major incident response such as Safety Officers, PDAs and lessons identified from exercises, and the second programme focussed on specialist assets available to commanders. Undertaken as a practical session, it saw all those involved assembling casualty clearing stations and casualty collection points as well as reviewing the associated equipment on the public support units,

the national capability mass casualty vehicles and the trust's major incident and HART fleets. Supplementing the command training, the department also undertook clinical training to support both Greater Manchester Fire and Rescue Service, along with Merseyside Fire and Rescue Service MTAS response. Finally further training was provided to new safety officers and decontamination officers.

Investing in the future of major incident response, the department has been integral in the successful submission of a business case for 18 new major incident vehicles to replace the current fleet. It had also been involved in the national procurement of two new mass casualty vehicles as well as receiving 2 new Polaris ATV along with purpose-built Polaris Carriers. Finally, work has been undertaken with national partners to develop the third iteration of the HART Fleet.

Other notable areas of work during the year included supporting the call for evidence for the Manchester Arena Inquiry, supporting the trust's response to COVID-19 and preparing for the National Interoperable Capabilities Review in March 2022. Whilst the final report is yet to be received, the review team commented on the strong NWAS performance.

Regional Planning Department

The Regional Planning team operates across the regional footprint and has a number of different components to support the trust in delivering its service throughout the region. The components consist of the Regional Operations Co-ordination Centre (ROCC), the Global Rostering System team and the Regional Planning Team.

Regional Operations Co-ordination Centre (ROCC)

The ROCC has been an integral part of the trust since its merger in 2006 and operates 24/7 365 days a year and provides an oversight across all its service lines in the North West. It also works closely with key stakeholders locally, regionally and nationally across the NHS, ambulance sector and other key partners such as police and the fire and rescue services.

In November 2019, the ROCC established a senior leadership team operating 21 hours a day throughout the year known as ROCC tactical commanders. This addition to the ROCC was key and, in terms of the COVID-19 pandemic, timely, as they were integral in leading the NWAS COVID-19 Response Plan starting with the support required for the repatriation of UK citizens from abroad to Arrowe Park Hospital for a period of isolation. Being integral to the NWAS Response COVID-19 Response Plan continued throughout 2021/22.

The ROCC tactical commanders are responsible for the regional overview of NWAS' service delivery, focusing on challenges to patient care, monitoring in real time performance, devising, implementation of tactical decision making, in response to

constantly changing demand, and managing escalation internally and externally for delayed admissions / hand over delays experienced across the whole trust.

The ROCC team incorporates oversight of demand and hospitals across the North West. This is done by the Regional Health Control Desk and the Greater Manchester Urgent and Emergency Care (UEC) Hub. This allows the trust to respond and invoke plans, enabling the organisation to flex its resources to respond to patients in a timely manner.

Global Rostering System (GRS)

The trust operates a rostering system, GRS, which enables resources to be on duty at the right time and in the right place. The GRS team provide a greater degree of management control and enables the trust to maximise effective use of available staff resources. Reports generated through GRS have fundamentally enhanced the timeliness and quality of management information, providing wider visibility of resource levels.

Regional Planning Team

The team is made up of analysts to support operations analysing data on operational areas and support changes with data analysis on performance and activity. This also includes modelling of potential changes both internal and external and its impact on performance or activity.

Patient Transport Service (PTS)

Much of 2021/22 was influenced by the ongoing COVID-19 pandemic. For PTS, this meant transporting overall, lower volumes of patient journeys (activity) than contracted but set against unique challenges - such as IPC measures impacting resource utilisation - that have meant that, although overall volumes are below contracted levels, the level of resource required, and the associated cost of delivery, remained higher than previous years.

Overall activity during the financial year (April 2021 – March 2022) was 24% below contract baseline, whilst the contract year (July 2021 – March 2022) was 23% below baseline as shown in the table below. As the PTS contract(s) commenced in July 2016, the 'contract year' runs from July through June the following year. As the trust is required to report against the contract year, the chart shows the position within the financial year as well as the contract year.

PTS Activity for financial year April 2021 – March 22 and contract year July 2021 – March 2022

NORTH WEST AMBULANCE PTS ACTIVITY SUMMARY									
Contract	Annual Baseline	Financial Year 01/04/2021 - 31/03/2022				Contract Year 01/07/2021 - 31/03/2022			
		Baseline	Activity	Activity Variance	Activity Variance %	Baseline	Activity	Activity Variance	Activity Variance %
Cumbria	168,290	168,290	111,081	(57,209)	(34%)	126,218	84,236	(41,982)	(33%)
Greater Manchester	526,588	526,588	440,617	(85,971)	(16%)	394,941	336,857	(58,084)	(15%)
Lancashire	589,181	589,181	396,330	(192,851)	(33%)	441,886	300,936	(140,950)	(32%)
Merseyside	300,123	300,123	260,957	(39,166)	(13%)	225,092	197,153	(27,939)	(12%)
Grand Total	1,584,182	1,584,182	1,208,985	(375,197)	(24%)	1,188,137	919,182	(268,955)	(23%)

Although activity volumes are below baseline levels, the way in which PTS utilised its resources changed significantly. As a result of social distancing measures, only a maximum of one patient can travel in a taxi or volunteer car at a time, and a maximum of two patients can travel on an ambulance where a distance of 1m+ can be accommodated, although more often than not, only one patient travels. This continues to cause challenges in meeting demand which is subsequently met by increased use of private ambulance provision, as care systems implement their outpatient restoration plans.

Throughout the trust's response to COVID-19, PTS has continued to adapt to the changing demands placed on the service in terms of activity fluctuations and other associated challenges, but has maintained its support of the paramedic emergency service (PES) via the supply of staff and fleet resources in the form of PES Assistants and Blue Light Drivers.

As a result of these initiatives, many PTS staff have enjoyed career progression and have now taken up substantive posts within PES. Although these initiatives were clearly positive

for the trust and our staff, the temporary nature of the arrangements put pressure on the service due to the level of, and speed with which, vacancies were created.

In balancing off the need to support these initiatives whilst ensuring the service line was able to continue to provide high standards of service to its patients, it was important to set clear objectives across the leadership teams as follows:

- Patient safety
- Staff safety
- Transformation
- Regulatory compliance

Under each of the above headings, PTS set priority actions that ensured the right level of resources were provided via a combination of NWAS and private ambulance provision. Safety has been, and continues to be, an absolute priority which has been managed through good governance, management of risks and working in partnership with staff side colleagues, to ensure the safety of our staff and patients in the delivery of the patient transport service. This has also been supported through making sure staff have had the opportunity for a meaningful appraisal and have been able to keep up to date with their mandatory training.

For example, these actions included focussing strongly on effectively communicating, and monitoring compliance with all guidance regarding COVID-19 specific and infection prevention and control measures. This covered supplies of PPE and compliance audit, vehicle safety - tyre checks have improved significantly especially towards the last quarter of the year - and making sure our management of third party providers was also strengthened with respect to regulatory compliance.

To ensure PTS has been able to provide the right level of resources, it had to respond to the vacancy position that was created. This was particularly challenging due to the temporary nature of the financial regime the trust (and the whole care system) has been operating in, and the resultant temporary working arrangements agreed with trade unions. Notwithstanding those challenges, PTS collaborated with training and HR business partners to progress recruitment plans. Cumbria and Merseyside are almost at full establishment levels and work will continue into 2022/23 in Greater Manchester and Lancashire to improve staff resources. In addition, it has been agreed to increase frontline supervision to better support our PTS staff.

As mentioned, in order to effectively deliver the service, PTS significantly increased its use of private ambulance provision which meant it had never been more important to make sure our private ambulance partners provided services of the quality NWAS requires and our patients deserve.

There are currently 19 private ambulances available for use by NWAS, in addition to 34 taxi and three operators operating under the Section 19 not for profit – social enterprise regulations. These providers are managed through the third-party assurance framework, which outlines the approach to governance and assurance for the use of third party providers.

To further improve the governance and management of the third party providers, a realignment of the PTS logistics managers to the Assurance Department took place in November 2021 and have been instrumental in delivering;

- Development of Microsoft Forms to collate third party provider infection prevention control (IPC) vehicle inspection information
- Development of tools to allow trend analysis of IPC vehicle checks
- Over 100 vehicle IPC checks with feedback provided to providers
- Development of a third party provider newsletter, of which two editions have been distributed
- Provided support to PTS operations with investigations
- Commenced more regular engagement meetings with third party ambulance and taxi providers
- Implemented an IPC check process for taxi drivers
- Developed relations with local councils to further improve assurance of taxi providers
- Developed a third party provider information pack which contains essential information for existing and new providers which will be made available through PTS online
- Managed and worked in collaboration with private providers which had led to further improvements of the quality of service delivery

Work will continue with regards to the use, management and oversight of private ambulance providers (PAP) into the ensuing year however, it should be noted that the support shown by our PAP partners has been critical to our ability to safely deliver services throughout the year.

We should also note the contribution made by our Volunteer Car Service (VCS). Prior to the COVID-19 pandemic, there were circa 300 operational volunteer car drivers. During the period March 2020 to November 2021, a large number decided not to continue volunteering for a variety of reasons with 200 operational volunteers remaining.

A volunteer handbook has been in place for a number of years and outlines the expectations of volunteers whilst volunteering on behalf of NWAS. During 2021, the handbook was reviewed, updated and distributed to volunteers in November 2021 in advance of the December 2021 renewal date. The renewal process involved a solicitor review of the handbook to ensure the requirements do not breach the volunteer / employed status of the volunteer.

The volunteer car driver framework outlines all aspects relating to volunteer car drivers and was reviewed and approved by the PTS Level 3 meeting in July 2021. Other key points include:

- Throughout the past 12 months, we identified changes required for child seats and are planning to replace and distribute new seats this year.
- The new volunteer driver induction has been reviewed and updated to reflect new COVID PPE requirements
- Risk assessments and ongoing welfare checks have been ongoing and all drivers had a further risk assessment prior to their return
- Confirmation of the volunteer COVID status was received from all volunteers
- Volunteer forum meetings have been held throughout the year to provide opportunities for volunteers to meet with members of the leadership team and discuss ideas for improvement
- Newsletters have been developed and communicated to the volunteers twice a year. The newsletters are extremely positive and a good way to communicate with the volunteers
- Skills for Health mandatory training came into effect in August. The Assurance Co-ordinators managed the whole process from the initial approach to Skills for Health, the identification and specification of what was required through to roll out to the volunteers and support to drivers who are not in a position to complete the modules electronically.

The safety of our patients is paramount and it is essential that we learn when things go wrong. To that end the PTS Incident Learning Forums (ILF) are important meetings. The ILF includes representatives from across each job role and geographical area across the operation, including those corporate functions that support PTS such as Health and Safety Practitioners, this allows a depth of discussion around various incidents with a range of expertise available. The meeting provides a valuable opportunity to look for opportunities where the service can be improved. As a result of the meetings, the following changes were implemented;

- Safer discharge guidance produced which has been distributed to NWAS and third party ambulance providers.
- Changes to the classroom mandatory training to address areas identified for improvement during the Forum meetings
- Process agreed to better manage skin tears for patients with fragile skin
- Bulletin produced outlining good practice when discharging immobile patients
- Communications issued to third party providers regarding Personal Protective Equipment (PPE) and Infection Prevention & Control (IPC) requirements
- System developments made to allow trend analysis of third party provider complaints

Since the onset of COVID-19 in March 2020, there has been a pause on PTS contract and performance reporting, which remains in place at this time. For the purpose of oversight, the table below shows PTS performance from December 2021 to March 2022:

PTS Quality Standards

NWAS Quality Standards																			
				Cumbria				Greater Manchester				Lancashire				Merseyside			
	Area	Metric	Target	Dec-21	Jan-22	Feb-22	Mar-22	Dec-21	Jan-22	Feb-22	Mar-22	Dec-21	Jan-22	Feb-22	Mar-22	Dec-21	Jan-22	Feb-22	Mar-22
General	Booking Systems	Online booking system availability	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Telephone booking system availability	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	99%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
		Call Answering	75%	33%	35%	21%	18%	39%	39%	25%	21%	36%	38%	24%	20%	34%	35%	22%	18%
		Call Handling - Average Waiting Time	1 minute	283 Seconds	167 Seconds	350 Seconds	339 Seconds	237 Seconds	147 Seconds	326 Seconds	301 Seconds	246 Seconds	150 Seconds	326 Seconds	310 Seconds	269 Seconds	156 Seconds	335 seconds	319 seconds
	Planned	Missed Collection	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Planned	Misidentification of Patients	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Unplanned	Confirmation of Booking	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Eligibility	Application of eligibility criteria	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Planned	Travel time	Travel time	80%	95%	96%	96%	96%	98%	98%	97%	98%	98%	99%	98%	98%	98%	98%	98%	99%
	Arrival at treatment centre	On time arrival	90%	87%	88%	88%	86%	76%	79%	78%	78%	87%	89%	85%	87%	83%	84%	83%	81%
	Collection from Treatment Centre	Timeliness of departure	80%	84%	86%	87%	85%	59%	65%	61%	63%	72%	76%	70%	73%	83%	81%	77%	77%
			90%	93%	95%	95%	95%	80%	85%	82%	83%	88%	90%	86%	89%	94%	95%	91%	91%
Unplanned	Travel time	Travel Time	80%	89%	96%	91%	94%	95%	97%	96%	96%	95%	97%	96%	96%	97%	99%	98%	98%
	Collection from Discharge Centre	Less than 60 minute wait	80%	81%	88%	82%	68%	62%	66%	63%	51%	70%	73%	70%	62%	84%	84%	78%	69%
		On the day pick up within 90 minutes	90%	89%	93%	92%	83%	74%	78%	74%	67%	82%	84%	82%	77%	93%	91%	87%	80%
EPS	Travel Time	Travel Time	85%	99%	99%	99%	98%	98%	99%	98%	98%	98%	98%	98%	98%	98%	99%	99%	98%
	Arrival at treatment centre	On time arrival	90%	87%	85%	86%	84%	72%	72%	73%	71%	86%	87%	84%	84%	78%	72%	78%	79%
	Collection from treatment centre	Timeliness of departure	85%	95%	95%	95%	94%	81%	84%	82%	85%	83%	85%	84%	86%	89%	89%	87%	87%
			90%	99%	98%	98%	98%	92%	95%	93%	96%	94%	96%	94%	96%	96%	97%	95%	95%

Despite the challenges the service line has faced over 2021/22 it has made good progress in terms of its priorities and maintaining a high quality of service to our patients. As we move into recovery, and a new 'business as usual', it will be necessary to identify which of the learning from COVID-19 should remain in place and strike an efficient and effective balance, that ensures PTS continues to meet the demands of the care systems as a whole, and our patients, in the most safe and effective way possible.

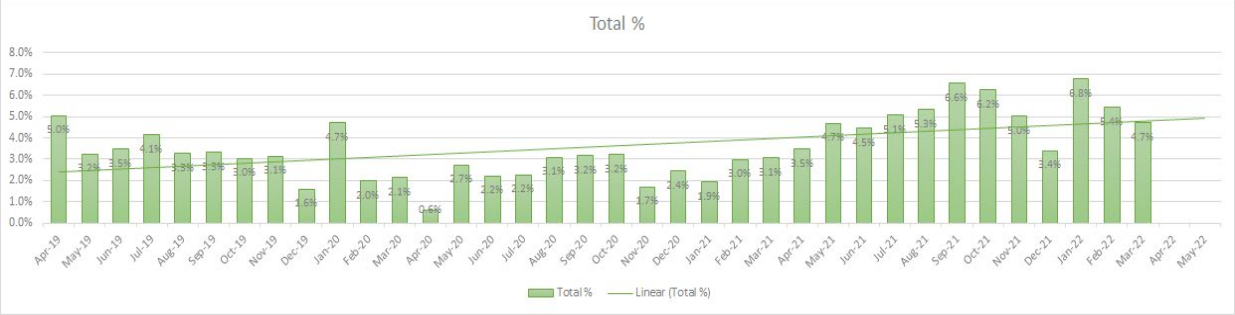
111 SERVICE

Call demand for NWAS 111 has remained 40% above pre-COVID-19 levels throughout the year, but the service maintained a safe level of delivery, ensuring all available resources were deployed as efficiently as possible.

Throughout COVID-19, the 111 service has expanded rapidly with non-recurrent funding to support a growth in call demand. Unfortunately, the current call volume continues to outstrip the 111 funding.

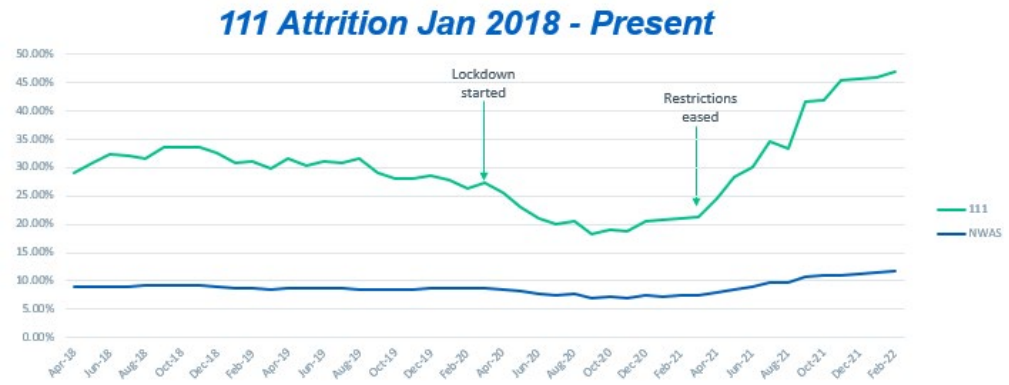
The recruitment programme over 2021/22 has been extensive with 241 FTE new frontline staff being recruited and trained between 1 April 2021 and 31 March 2022.

Unfortunately, over the past 10 months a rise in 111 attrition rates, particularly in the health advisor skill set, as seen in the following graph, has further increased the need to recruit and train new staff.



Attrition rates in Health Advisor pool

COVID-19 lockdowns and the lifting of restrictions had a direct impact on the trends seen with attrition, due to industries closing at the beginning of COVID-19 and more recently, following the easing of restrictions, the reopening of the same industries, people are now returning to their previous jobs.



Attrition trends over time

In order to reduce the level of attrition in the service a range of interventions have been delivered and continue to be delivered into 2022/23.

Annual Leave Allocation

A clear process has been developed to ensure staff have fair access and allocation of annual leave. We know how important this issue is to staff and are working with trade union colleagues and the Resource and Planning Team to put in place a fair, transparent and easily understood process. This will build on best practice from elsewhere within the trust and will be in place for the new financial year.

Team Based Scheduling

Staff have fed back that the call centre can be a lonely place sometimes because of the demands of the work, and the fact that call takers are not always rostered with their teams. We know that the roster review we implemented two years ago brought some stability for staff, but many of these gains have been lost because of the changes in the profile of daily demand and the staff flexibility we have had to ask for as a result.

In the latter part of 2021/22, planning commenced for a further rota review to improve this situation and to enable better team scheduling, so that individuals are on shift more often with team members and team managers. In the short term, we will be ensuring new starters are kept together for a period once they are in the call centre and reviewing team manager shifts to better align with their team.

Retention Premium

The introduction of a retention premium from February 2022 should help in the short term, whilst other more sustainable initiatives take place and embed. The premium will run until March 2023 and is a short-term measure.

Performance

The pressure of increased demand alongside staff shortages caused further challenges in performance within 111 for the headline KPI of calls answered in 60 seconds 95% of the time.

Description	Target	Year	Q1	Q2	Q3	Q4
Calls abandoned	<5%	2020/21	13.67%	13.12%	15.04%	5.9%
		2021/22	14.21%	27.61%	28.07%	22.54%
Calls answered in 60 seconds	95%	2020/21	64.62%	62.96%	57.56%	70.42%
		2021/22	47.52%	28.45%	29.32%	33.84%
Calls warm transferred	75%	2020/21	21.87%	19.16%	18.28%	6.86%
		2021/22	19.23%	15.08%	12.54%	12.16%
Call backs within 10 minutes	75%	2020/21	20.13%	16.08%	8.60%	7.88%
		2021/22	5.49%	4.87%	4.71%	6.49%

On average there were circa 27,000 more calls offered per month in 2021/22 than in 2020/21. To mitigate this increase in demand against challenges with resource, the service worked through a range of initiatives, detailed below.

Clinical Home Working

111 commenced a small-scale trial of home working in 2017, which saw up to ten clinicians working from home. Due to the pandemic, in Spring 2020 there was a requirement to increase the number of home workers significantly and quickly. We therefore issued home working equipment to approximately 75 clinical advisors and clinical duty managers to ensure that they were able to continue working and supporting the service at a time when it was not possible for many of them to work from site due to complex health conditions.

Due to the speed at which this needed to be done, it has been necessary to retrospectively ensure that the correct governance has been followed and that all home workers, have provided the required evidence and signed the home working agreement. This agreement has been revised with the support of HR and NWAS Legal team to ensure it is fit for purpose, and almost all home workers have now signed the agreement. Further work is required to develop an agreement specific to our national home workers, who live outside of the North West and therefore require a slightly amended agreement.

In 2021/22, the NWAS ICT team commenced development of a new solution for home working through Azure Virtual Desktops. This means that instead of accessing the trust network via current VDI, staff would access through Azure and have the same functionality. The main advantages of this are:

- Azure can be accessed from any equipment so staff could potentially use their own computer
- The solution is cloud based and does not depend on NWAS infrastructure. It can therefore be upscaled very quickly, in the event that we need to increase home working again in the future
- Avaya handset is not required as the Avaya softphone can be used (not possible with current home working solution). This will resolve ongoing problems with Avaya handsets for home workers

It is envisaged this optimised solution will be available for roll out in the first quarter of 2022/23.

111 SharePoint

SharePoint is a digital platform that enables document sharing and news updates.

The 111 SharePoint site went live on 9 November 2021 and has been extremely well received. Prior to its introduction, 111 relied very heavily on email to communicate important information with staff, including vital procedural updates. Staff now always have access to the most up to date version of a document as well as having one central location for all documentation: procedures, educational bulletins and memos.

The SharePoint site also gives us the opportunity to share other important messages with staff, for example around health and wellbeing, social events or CQC inspections. Since going live with the site we have added multiple new pages:

- Meet the Team – this page contains the names and pictures (where available on Office profile) of all 111 managers
- 111 champions – this page is now managed by one of the 111 champions and includes information about the work the team are involved in
- 111 Resource & Planning Team – this page is now managed by the R&P team and contains useful FAQ documents as well as details of annual leave clinics which staff can book in to for support booking annual leave
- Directory of Services (DoS) Team – this page will be managed by the Regional DoS Team but is not yet live. This page will be used to share useful information about DoS and data to support staff and their learning, for example data around the DoS reporting tool in Cleric and DoS reject reasons

Staff feedback on the site has been very positive and the number of views has been steadily increasing since Go Live.

Pathways Updates

During COVID-19, Pathways increased the frequency of the regular updates to approximately every eight weeks. Assurance was required that staff had completed each of these important updates as previously an individual was recorded as completed if they had been scheduled offline time in Teleopti.

We have now developed an online form for staff to report their completion of these updates. A tracker spreadsheet is maintained by the Resource & Planning Team which automatically populates when staff have recorded their completion of the training, this provides live data which confirms the completion rate and can be monitored by individual managers.

As part of this development, we worked with the Education Team who produce ESR modules for each of the Pathways updates. This means the reading is more interactive than reading through a PDF/Word document and that the knowledge review quiz can be marked automatically in real time. Staff feedback on these modules has been very positive.

At the last meeting with NWAS and NHS Pathways, we were made aware that our CPR data showed an increase in the average time from start of call to start of CPR. Our QA Team have reviewed all CPR calls from September to February and noted that staff would benefit from refresher training in respect of CPR calls and recognising conscious and breathing status. Pathways will provide a training video on CPR along with the V32 update which contains the annual refresher on CPR calls. The training team are now making plans to schedule workshops for all health advisors.

Directory of Services (DoS) Task and Finish Group

The DoS Task and Finish Group was created in response to increased Healthcare Professional Feedback forms (HPFs) relating to use of the DoS. The Group brings together regional and local DoS leads, as well as the 111 Service Development Team and operational staff. The group recommended the reintroduction of the DoS reporting tool in Cleric, which was deactivated shortly after our migration to Cleric in September 2020. This was reactivated in autumn 2021 and provides valuable data in relation to issues operational staff have noticed.

As the group achieved its aim of reducing HPFs, at the January 2022 meeting, all members agreed there was still great value in regular meetings and has since become the DoS Review Group and continues to meet monthly.

Safeguarding Development (Project Emerald)

During 2021/22, work was undertaken with Cleric and the NWAS Safeguarding Team to produce a new system for referring safeguarding and early help concerns to the relevant social care teams. This system will allow referrals to be made directly by the member of staff reporting the concern rather than having to contact the NWAS Support Centre to raise a concern for them to complete the necessary forms and make the referral. Unfortunately, the system was deemed unfit for purpose by the Safeguarding Team and as a result this work was delayed.

We are now expecting the new system to be included in a Cleric development update in August/September 2022 and are working closely with the Safeguarding Team to ensure that staff using the new system receive appropriate training and support so that the quality of referrals remains high.

Standard Operating Procedure (SOP) Task & Finish Group

This group was created to allow a full review of the 111 Standard Operating Procedure, including:

- Review of content for accuracy and completeness
- Review of layout and formatting
- Review of other documents (e.g., Educational Bulletins and other training materials) to ensure SOP contains all required information

The group continues to work through each section of the SOP. The size of this task should not be underestimated but there is good engagement from staff and once completed this review will result in a much improved SOP which will be easier to use and hopefully reduce the number of queries received by the non-clinical advice hunt.

Language Line

Language Line Services provide all translation services to 111. We are currently undertaking a trial of a new voice recognition system with a small team. Previously staff would dial the dedicated 111 number for Language Line and then speak to an operator to request the language they require. The new system will use voice recognition software to direct the call to the correct interpreter and this should reduce connection time. We currently have four 111 teams using this new system and we have requested data from Language Line in respect of average connection time to allow us to understand the impact of this change before rolling it out across the 111 workforce.

Communicating Response Times

To align processes with the Emergency Operations Centre (EOC), we updated the 111 SOP for ambulance dispositions in December 2021. Part of this work was to share estimated waiting times with 111 staff so they could provide the patient/caller with a realistic estimated time of arrivals (ETA) and the patient could make an informed decision on how to proceed and whether they can reasonably make their own way to hospital.

Currently these times are shared via the 111 SharePoint site and are updated manually by the 111 shift managers on a regular basis. Moving forward these times will be automatically updated via an embedded link on the SharePoint site, however we are waiting for IT work to be completed to enable us to use this function.

We are also working on a digital solution to share delays in out of hours services with 111 staff. This will allow staff to set realistic expectations at the time of the call, reducing the number of repeat calls to 111 when out of hours services do not meet the call back timeframe. Initially this system will involve shift managers manually updating the times based on information provided by each service. In future IT will be developing a portal for services to log in to and update the times themselves. This information will be shared via the 111 SharePoint site.

Cat 3 & 4 Validation in Greater Manchester Clinical Assessment Service (GM CAS)

Currently all 111 ambulance dispositions are sent to EOC where a decision will be made to dispatch an ambulance, to clinically validate the ambulance request via further clinical telephone triage or to send the case to a clinical assessment service for validation. This potentially extends and complicates the patient journey.

We previously worked with Greater Manchester Clinical Assessment Service (GM CAS) to send category 3 and 4 ambulance dispositions directly to GM CAS for validation. This process has been tested successfully however we have been unable to proceed further at this time due to issues outside of our control. The process to send a case from the CAS to EOC where the patient does require an ambulance has not yet been finalised and CAS clinicians had not yet all received training on the PaCCS system required to transfer these calls.

111 remains ready to progress this work as soon as other stakeholders can proceed.

In-hours Early Transfer to Out of Hours (ETTO)

The ETTO process has been in place within 111 for several years. The purpose of introducing this initiative was to reduce the number of times a patient was assessed whilst navigating the urgent care system.

A cohort of dispositions were identified following extensive analysis that ended in most cases in the OOHs primary care after a call back from a 111 clinician. The introduction of ETTO now means that calls reaching any of five dispositions in the table below are transferred directly from the 111 health advisor to the out of hours service, during the in and out of hours period.

DX Code	Description
DX322	Speak to a Clinician Immediately – Refused ETC
DX323	Speak to a Clinician Immediately – Refused PCS
DX324	Speak to a Clinician Immediately – Refused Disposition
DX35	Speak to Clinician within 2hrs
DX38	Speak to Clinician - Home Management advice

ETTO Dispositions

These calls would otherwise have been placed on the 111 clinical queue and would receive a clinical assessment to establish the most appropriate course of action for the patient. Work was undertaken previously looking at each of these dispositions and it was found that a high proportion of them were then sent on to the out of hours service anyway, ETTO takes a step out of the process, reducing the number of people the patient must speak to and removing potential delays.

As part of the six-point winter plan from our commissioners, we were asked to work with services to set up the equivalent process for in-hours, where calls would be passed to the local clinical assessment service. We have been working with several providers and ETTO is now live 24 hours a day, seven days a week in the following areas:

CCG Name	Status (in hours ETTO)
NHS Blackburn With Darwen CCG	Awaiting local decision
NHS Blackpool CCG	Live
NHS Bolton CCG	Live
NHS Bury CCG	Live
NHS Cheshire CCG	Not live
NHS Chorley And South Ribble CCG	Live
NHS East Lancashire CCG	Awaiting local decision
NHS Fylde & Wyre CCG	Live
NHS Greater Preston CCG	Live
NHS Halton CCG	Not live
NHS Heywood, Middleton And Rochdale CCG	Live
NHS Knowsley CCG	Not live
NHS Liverpool CCG	Not live
NHS Manchester CCG	Live
NHS Morecambe Bay CCG	Live
NHS North Cumbria CCG	Awaiting local decision
NHS Oldham CCG	Live
NHS Salford CCG	Live
NHS South Sefton CCG	Not live
NHS Southport And Formby CCG	Not live
NHS St Helens CCG	Not live
NHS Stockport CCG	Live
NHS Tameside And Glossop CCG	Live
NHS Trafford CCG	Live
NHS Warrington CCG	Not live
NHS West Lancashire CCG	Awaiting local decision
NHS Wigan Borough CCG	Live
NHS Wirral CCG	Not live

ETTO Status

111 Development Forum

The 111 Development Forum is a safe space for any member of staff in 111 to bring an improvement idea and can include anything from a change in process to a system development. The Forum has been running since October 2021 and is open to all staff to attend. Once someone attends to present an idea, it has been identified that they tend to come back to future meetings, and helps staff feel like they have a voice in changes that happen within 111.

Care Advice via SMS

Following an assessment through the NHS Pathways triage tool, the patient will be offered verbal advice. Depending on the symptoms being assessed this may vary from simple worsening advice to multiple pieces of care advice.

With the support of our commissioners, NWAS executives, NHSE/I and the NWAS Legal team to develop a solution and accompanying Standard Operating Procedure, will enable us to send end of call care advice via SMS. This means that, subject to their agreement, the caller will receive a text message with a link to a web page. The web page contains each individual piece of advice that was selected as relevant by the health advisor. As a result of this we would no longer need to verbalise the advice for these patients and the patient would be able to refer back to the advice for a period of 24 hours, after which the link expires.

NHS Pathways authorised a six-month trial of this solution, which went live on 1 March 2022 and has been very well received by staff. As expected with such a significant development we have had to update the Standard Operating Procedure following feedback from operational staff and the Quality Assurance Team (QA) to provide clarification on several minor issues.

Initial general AHT data from the Resource and Planning team suggests there is possibly a small reduction in AHT since the introduction of this function. However, we are still currently reviewing the Cleric data to confidently establish the impact this has had.

iPads

Twelve iPads have now been provided to 111 and were initially intended for use by floor walkers to assist with supporting staff in the contact centre. However, since making them available, staff have used them to support training and access emails etc. Staff are also being asked to use the iPads to complete a short survey after their monthly 1-1 meetings so we can anonymously monitor how well supported staff are feeling. Managers can also use them to support remote meetings, for example home workers and colleagues who are off sick.

FINANCIAL REVIEW 2021/22

This section of the Annual Report outlines the financial performance of the trust for the financial year ended 31 March 2022 and the results outlined in this section relate to the full 12 month period of 1 April 2021 to 31 March 2022. A copy of the full statutory audited accounts is included in this Annual Report together with a glossary of terms to assist the reader in interpreting the accounts.

Financial Duties Review

NHS trusts have a number of financial duties.

Break Even – taking one financial year with another

NHS trusts have a statutory duty to break even taking one financial year with another and NWAS has continued to meet this duty in 2021/22. NHS trusts that merge part way through a financial year, are not measured against year on year break even duty as the performance summary relates to the financial performance of predecessor bodies. For North West Ambulance Service NHS Trust, measurement against the break-even duty commenced from 1 April 2007. The cumulative performance against this target for 2021/22 is a surplus of £35.903m.

It should be noted that included within Operating Expenses in 2021/22 and 2020/21 are fixed asset impairments of £0.323m and £2.950m respectively. These impairments have mainly arisen as a result of a downturn in land and building asset values and have been confirmed by an independent valuation. The Department of Health and Social Care considers financial performance against the break-even duty to be assessed net of impairments.

Break Even – each and every year

NHS trusts have a regulatory duty to break even in each and every financial year. In 2021/22 the trust returned a surplus of £0.082m and therefore achieved this regulatory duty.

External Financing Limit

NHS trusts have a regulatory duty not to exceed the External Financing Limit (EFL) set by the Department of Health and Social Care. The EFL is the method by which the Treasury, through the NHS Executive, controls public expenditure in NHS trusts. The majority of the cash spent by the trust is generated through its service level agreements for NHS patient care. The EFL determines how much more (or less) cash that it generates through income agreements can be spent in a single financial year.

Each year NHS trusts are allocated EFLs as part of NHS financial planning processes. The trust's EFL for 2021/22 was £2.156m. It should be noted that trusts are allowed to undershoot the EFL but not exceed it. NWAS achieved this duty with an under-shoot of £6.727m in 2021/22.

Capital Resourcing Limit

NHS trusts have a regulatory duty to contain capital expenditure on an accruals basis, within an approved Capital Resource Limit (CRL). The CRL is part of the resource accounting and budgeting arrangements in the NHS and its purpose is to ensure that the resources allocated by the Government for capital spending are used for capital rather than to support revenue budgets. The CRL is accruals based in contrast to the EFL which is cash based. The CRL controls the amount of capital expenditure that an NHS body may incur in the financial year.

The trust had a CRL of £17.434m for 2021/22 and had a charge against the CRL of £17.377m - an underspending of £0.057m and therefore achievement of the duty. Trusts are allowed to underspend against CRL but not overspend.

Capital Cost Absorption (CCA) Duty

NHS trusts have a duty to absorb the cost of capital at a rate of 3.5%. The financial regime of NHS trusts recognises that there is a cost associated with the maintenance of the capital value of the organisation. The trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. This was achieved for 2021/22 and is the dividend paid on public dividend capital.

Apply the Better Payment Practice Code

This regulatory duty requires NHS trusts to pay all supplier invoices within 30 days. The trust achieved this duty in all categories in 2021/22 and performance is summarised below:

1 April 2021 – 31 March 2022	**Performance**
Non-NHS Creditors % paid within target – Numbers	95.9%
Non-NHS Creditors % paid within target – Value	96.8%
NHS Creditors % paid within target – Numbers	97.4%
NHS Creditors % paid within target – Value	99.3%

Overall performance by the trust against the Better Payment Practice Code has been consistently met since NWAS was established.

In summary, for the 2021/22 financial year the trust achieved all of the statutory and regulatory financial duties.

In 2021/22 the trust's income was £457.608m and was generated from the following activities:

Income from Activities	2021/22
	£m
PES Income	353.131
PTS Income	43.871
111	38.326
Other Income	22.280
Total Income	**457.608**

Late Payment of commercial Debts (Interest) Act 1998

Under this legislation, the trust can claim interest on the late payment of debts by contracting partners and is required to disclose amounts of interest and compensation paid during the year. During the year, the trust did not receive any such payments.

Financial Environment - ICS

Throughout 2021/22 the NHS has operated under the emergency financial regime due to COVID-19, where in essence, the normal contracting arrangements were suspended and 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 staff continued to be allowed to carry forward annual leave in line with the two year agreement.

Our achievement of the financial duties continues the trust's track record of strong financial performance and demonstrates sound financial management. Achieving the duties has been challenging, particularly in the context of the current financial regime environment and operational pressure due to COVID, whilst maintaining service quality.

NWAS' cash balance remains strong and was £67.354m as at 31 March 2022. The trust holds its cash within the Government Banking Service (GBS).

Our financial focus continues to be about resilience and sustainability, and as such, the trust continues to operate under the emergency block arrangements.

The 2021/22 capital programme for NWAS continued to invest significant capital resources to procure ambulance vehicles and equipment; enhance our digital infrastructure; investment in digital developments and to maintain and improve the quality of our estate.

The impact of the COVID-19 pandemic was felt by the trust throughout 2021/22 and additional costs were incurred in responding to COVID-19. In relation to the 2021/22 accounts this equated to £41.338m of additional expenditure.

Anti-Corruption and Anti-Bribery Matters

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in and use the NHS, conduct themselves in an honest and professional manner and they believe that fraud, bribery and corruption, committed by a minority, is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

NWAS is committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The trust does not tolerate fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The trust at its most senior level encourages anyone having a reasonable suspicion of fraud, bribery or corruption to report them and no employee will suffer in any way as a result of reporting these suspicions.

The trust will take all necessary steps to counter fraud, bribery and corruption in accordance with the NHS Counter Fraud standards, as well as in accordance with relevant UK Legislation.

The trust has its own dedicated Anti-Fraud Specialist (AFS), who is accredited by the NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud, bribery and corruption work, as well as for undertaking any necessary investigations. Locally, the AFS is accountable on a day-to-day basis to the trust's Director of Finance and also reports, periodically to the trust's Audit Committee.

Integrated Care Systems

From 1 July 2022, Integrated Care Systems (ICS) will become statutory. ICSs bring together commissioners of NHS services with health and care providers and other partners who work together to deliver services which meet the needs of specific populations. Each ICS share four primary goals: working together and supporting integration; reducing bureaucracy; enhancing public confidence and accountability; and supporting public health, social care, quality, and safety. NWAS' area spans five ICSs, these are;

- Lancashire & South Cumbria Health & Care Partnership
- Cheshire & Merseyside Health & Care Partnership
- Greater Manchester Health & Social Care Partnership
- North East & North Cumbria ICS
- Joined Up Care Derbyshire

Providing services as a trusted partner across systems, national guidance (Integrated Care Systems Design Framework, June 2021) indicates that NWAS should operate within 'supra ICS' arrangements, where multiple ICS NHS bodies will need to work together to develop a shared plan across these systems, the governance arrangements to support this should be co-designed between the related provider and the ICS NHS bodies' clinical networks or alliances, and, where relevant, NHSE/I's regional teams.

In order to fully participate and be engaged with stakeholders, the trust took further steps this year to develop a structure that supports system collaboration in achieving shared goals, enhancing NWAS' role as a proactive, trusted partner. The trust was keen to put in place arrangements with partners that will support system working going forward and enable us to engage effectively and efficiently with partners to ensure a common working together approach.

The Partnerships and Integration Team was established during 2021/22 and will work across the emerging ICSs that are taking shape across the region, building effective and efficient stakeholder relationships, ensuring a working together approach between the Trust and all external stakeholders and partners. The teamwork across internal directorates and external partners and a lead Partnerships and Integration Manager (PIM) is in place for each ICS area, working closely with NWAS cross Directorate senior leadership teams and Executive Lead for each area.

The PIMs have made good relationships with partner organisations in the interim and this will continue as we move into the new ICS way of working.

WORKFORCE

Delivering NWAS' overarching aim of delivering the right care, in the right place, at the right time, every time, requires us to have sufficient, highly motivated, trained staff working in safe, supportive environments where they can fulfil their potential. Our People is established as a key priority in the trust strategy, engaging and empowering our leaders and staff to develop, adapt and embrace new ways of delivering the right care.

As a trust we are focused on developing roles, careers and supporting education and development to support the transformation set out in the Trust Strategy. We also recognise the importance of creating an inclusive environment, where managers lead with compassion and where the safety and wellbeing of our staff is at the heart of what we do.

People Plan

The NWAS People Plan was developed to enable the delivery of the overall trust aims. It was first approved in 2018 and is reviewed annually to ensure that it remains focused on supporting the trust to deliver its people priorities.

The strategy reflects three main themes: develop, engage and empower, and six overall key priorities:

- Recruitment and retention
- Developing potential
- Wellbeing
- Inclusion
- Leadership
- Innovation and improvement

In May 2021, the People Plan was refreshed to take into account the changing context faced by the trust, including the continuing impact of COVID on staff; the outcomes from our Culture and Wellbeing Audit which reported in 2020; revised diversity and inclusion priorities and the outcomes of the service delivery model review. Several improvement goals had been achieved and were moved to business as usual activities, such as our apprenticeship offer and our revised approach to leadership recruitment. However new improvement goals were added to reflect the emerging priorities from the national People Plan and NHS People Promise, as well as continuing to develop our work to support improving culture. In particular, these included the agreed trust priorities around equality, diversity and inclusion and the development of just culture principles and approach.

The key priorities are supported by a range of measures and key improvement goals, reflected in more detail in an annual implementation plan. Regular updates on progress are provided to the Strategic Workforce Sub Committee and Resources Committee and good progress on all key improvement goals was demonstrated during 2021/22 despite the impact of the COVID-19. There were some challenges, however in progressing some areas of work and 2022/23 will focus on continued recovery and improvement.

Leadership Development

The NWAS leadership development offer has been refreshed to focus on getting the basics right by developing capability in three specific leadership domains, in line with the NHS People Plan, 2020:

- **Compassionate leadership**: to develop leaders that cultivate the necessary cultural climate for staff to thrive.
- **Inclusive leadership:** to nurture leaders with the necessary cultural competence to attend to their public sector equality duty, Equality Act 2010 with due diligence.
- **Resilient leadership:** to develop leaders who can respond to highly pressurised environments within continual change contexts of the NHS landscape.

By focusing leadership development efforts in this way, we set the foundations for leadership development that respond to NWAS' regulatory (CQC Well Led framework), statutory (Equality Act) and business (ICS integration), to future proof the organisation in an evolving health and care system at all levels.

In addition to the work outlined above, the trust has developed the following key areas during 2021/22:

- The development of values based leadership approaches to recruitment, selection and retention.
- The expansion of organisational development consultancy to stretch and challenge leadership practice at the front line.
- The signposting of NWAS leaders and managers to system wide leadership development opportunities, including those provided by partnering organisations such as the North West Leadership Academy and NHSE/I.

As we move into 2022/2023 we will seek to focus the above progress into mainstreaming values-based leadership, so that every leader is supported to work together to enable NWAS to be at its best and make a difference to the lives of our people, patients, population and partners of the North West.

Health and Wellbeing

The trust continues 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 have contributed to burnout and increased sickness absence, this has meant that we have had to adapt and react quickly to staff needs. Some of our highlights of the past year include:

- **Improving access points and wellbeing information on the staff intranet and staff app:** following staff feedback, we have redeveloped and relaunched the Invest in Yourself site with a greater focus on ease of access and relevant content.
  The site has been developed to make navigation around the content more effective, with it being split in four key focus areas of support for staff and managers:

  - Mental and Emotional Wellbeing
  - Addiction and Support
  - Financial Wellbeing
  - Health, Fitness and Wellbeing.

  To promote the relaunch of the site, keyrings and air fresheners for vehicles were distributed featuring a QR code for ease of access to the site whether in or out of work. We will be working with the trust's digital team to set up a facility for direct access to the site from desktops – again working to ensure that barriers to access to minimised and removed.

  The tagline, 'it's okay not to be okay' has been used throughout our communications to tackle the stigma around mental health.

- **Burnout & resilience programmes for all staff and managers:** we have worked with Manchester Stress Institute to develop two bespoke support programmes for our workforce - a six week staff programme and a four week 1:1 managers' programme. These support programmes cover a range of interventions to improve management of stress and build resilience, raise awareness of nutrition, sleep, and fitness, and empower staff to support themselves long term.

  The feedback received from those 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 successful 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.

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 this year 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 with useful guides and tools around personal financial planning.

- **Further embedded 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.

- **Launch of the Mental Health Toolkit:** the toolkit was launched in July 2021 and helps managers to structure a conversation with a colleague about their mental health and wellbeing. It supports the view that behaviours which are displayed can make a critical difference on whether staff feel supported and whether they would come forward for help or support again in the future.

- **Launch of the suicide prevention toolkit:** this 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 the trust Volunteer Chaplain:** the Chaplain has been available for pastoral conversations virtually or in person and signposting to other support services available.

- **Long COVID Support Group** was 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 have also provided ongoing support to staff and advice to managers including access to counselling and physiotherapy services.

- **Partnership with Northwest Resilience Hubs:** all NWAS staff have had the opportunity to access support via their local resilience Hubs based across the Northwest. We signpost to these services and provide all details of support offers.

- **Implementing the AACE Mental Health Continuum:** initial planning work has been undertaken to consider the most effective organisational approach to embedding the Mental Health Continuum within the trust, along with the Mental Health at Work Pledge, People Promise Plan and the recently launched NHSEI Health and Wellbeing Framework. This will ensure consistency across the organisation and will provide a space for wider feedback and input when creating our action plans for 2022/23.

- **Attendance Improvement Team**: In November 2021, following an increasing trajectory in sickness absence performance, the trust invested funding in the establishment of an interim Attendance Improvement Team. The team will lead the focus on developing improving attendance management procedures, systems and management capability in dealing with complex cases, with the key aim of delivering a sustainable reduction in trust sickness absence rates and improving approaches to prevention.

Vaccination Campaigns

The trust managed its annual Flu Vaccination programme for 2021/22 with a similar model as previous years. A number of clinics were set up across the trust to encourage all staff to have the vaccine. In addition, flu vaccinators were deployed to offer vaccines via a roving model.

The trust officially concluded its campaign at the end of February 2022 and the final uptake of the flu vaccine was 56.5% of staff. Whilst this was lower than previous years, this reflected a similar trend across the NHS.

COVID-19 vaccinations and Vaccination as a Condition of Deployment (VCOD)

In 2020/21 a vaccination governance structure was put into place to manage the trust COVID-19 vaccination programme. To support staff accessing the first and second doses of the COVID vaccine, the trust opened an internal vaccination hub in Broughton in January 2021. On 29 March 2021 the hub reopened to commence the second dose vaccination phase. The hub then closed in May 2021.

Whilst staff were invited to have their vaccinations at the trust's internal vaccination hub, details of local vaccinations sites were well publicised to ensure that staff had the ability where to choose to receive their vaccination.

When the third dose of vaccinations was released, the trust worked with system colleagues to ensure a comprehensive offer of vaccination to staff rather than re-opening the trust's internal hub. Staff were provided with details of local vaccination hubs and clinics in which to book their vaccination. Regular bulletins, social media content and webinars were organised to encourage staff to take up the offer of the vaccine and to overcome vaccine hesitancy.

The latest vaccination figures as of 31 January 2022 were:

- Individuals fully vaccinated (both doses): 88.81% (6,550 staff)
- Of those fully vaccinated, those with a booster: 68.26% (5,034 staff)
- Individuals partly vaccinated (one dose): 2.85% (210 staff)
- Individuals yet to have a vaccine: 8.34% (615 staff)

Vaccination as a condition of Deployment (VCOD)

The Department of Health and Social Care formally announced on the 9 November that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022. This was made law on 6 January 2022.

The trust commenced activities and engagement to ensure that all staff were aware of this and processes were put into place to encourage them to take up the offer of the vaccine.

On 31 January 2022, the Secretary of State for Health and Social Care announced to the House of Commons that it was no longer proportionate to require COVID-19 vaccination as a condition of patient facing deployment for NHS workers. The government announced that there would be a consultation regarding the intention to revoke

The revocation of VCOD regulations for health and social care workers, came into effect 15 March 2022. This removed the requirements that were due to come into force in health and wider social care settings on 1 April 2022.

WORKFORCE ENGAGEMENT

Despite the pandemic the trust has continued to focus on staff engagement and improvement. Working with our staff to improve the working environment and their experience of work remains critically important and there has been significant work undertaken to help us to better understand where to focus future interventions.

Values Refresh

The trust commenced its review of our values in 2020 with engagement activities and feedback from staff on what they valued about working in NWAS being used to drive this. The new NWAS values were launched in April 2021 and reflect not only the high levels of workforce, resilience delivered by a committed and dedicated workforce but also the shared principles of how we want to treat each other and the communities we serve.

The refreshed values are:

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.

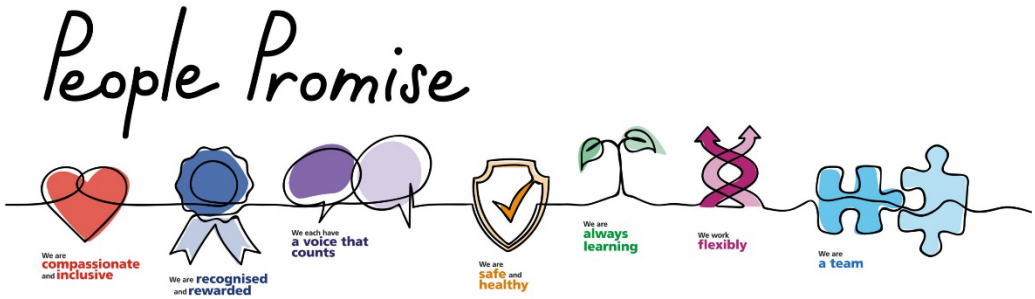
These values are underpinned by a set of behaviours outlining what is important to our staff in demonstrating these values in work.

National Staff Survey Result 2021

The NHS National Staff Survey (NSS) ran from 4 October - 26 November 2021. The survey was completed during a period when the trust was continuing to experience operational pressures, both in the context of COVID as well as the lead into winter. The final response rate for the trust this year was 36% (2,308 respondents). Although we had 314 less respondents in 2021, hearing from over 2,300 of our staff gives a strong basis on which to assess the results, and the lower response rate reflects the circumstances in ongoing pressures across the organisation and operational pressures due to COVID-19.

For the 2021 NSS, the results were aligned to the NHS Our People Promise and two previous themes were also carried forward (staff engagement and morale). This sets out,

in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:



- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

The below table shows how the People Promise elements, themes and sub-scores are related and mapped to individual survey questions:

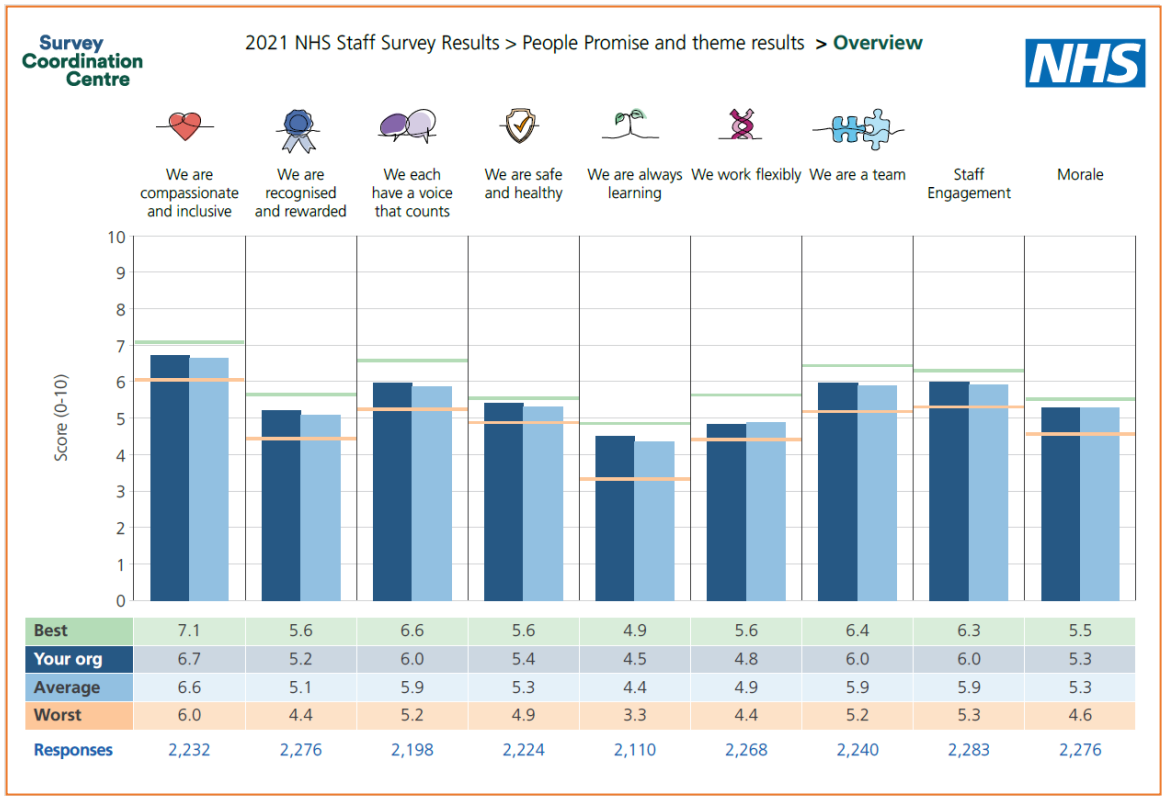
People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15*, Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	**Sub-scores**	**Question**
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)* , Q16c, Q22d, Q28b		

*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

4

Of the nine themes, as an organisation we scored above average across seven when compared against the ten other ambulance trusts in the country. This shows an improvement from 2020.

When considering directorate results, all corporate teams scored above the NWAS-wide average. However, the operations directorate had the largest response rate, but scored below average across all themes compared to the whole organisation. Given that this directorate includes our frontline staff, the scores reflect the experiences of colleagues operating at a challenging and pressured time.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.1	5.6	6.6	5.6	4.9	5.6	6.4	6.3	5.5
Your org	6.7	5.2	6.0	5.4	4.5	4.8	6.0	6.0	5.3
Average	6.6	5.1	5.9	5.3	4.4	4.9	5.9	5.9	5.3
Worst	6.0	4.4	5.2	4.9	3.3	4.4	5.2	5.3	4.6
Responses	2,232	2,276	2,198	2,224	2,110	2,268	2,240	2,283	2,276

Findings from the NSS were shared initially shared with the Executive Leadership Committee and Board, and subsequently with other management committees and groups across the trust. Results were also shared with local areas, staff networks, trade unions and promoted via a communications campaign.

Based on the findings from the NSS, focused work is expected to be undertaken in the following areas identified as priorities:

- Retention & progression
- Job satisfaction
- Immediate managers
- Health, wellbeing and burnout
- Bullying & harassment

This is in addition to considering more carefully the results of questions related to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) – both areas have shown a decline in key questions.

Data from the NSS will help underpin the Local People Plans and inform the People Plan and priorities for 2022/23.

National Quarterly Pulse Surveys (NQPS)

The National Quarterly Pulse Survey (NQPS) has been implemented from April 2021, replacing the Staff Friends and Family Test (Staff FFT) which had previously been carried out since April 2014.

The following tables show our scores for Quarter 2 and Quarter 4 with the peer average scores for benchmarking purposes.

Theme	NWAS Results Q2	Peer Average Score Q2	Theme	NWAS Results Q4	Peer Average Score Q4
Employee Engagement	5.9	4.9	Employee Engagement	6.1	5.8
Advocacy	6.3	5.4	Advocacy	6.4	6
Involvement	5.3	4.3	Involvement	5.6	5.1
Motivation	6.2	5.1	Motivation	6.3	6.1

Encouragingly, we saw a significant increase in the response rate from Q2 to Q4, going from 16% to 22% for Q4. Additionally, we scored above average across all four themes for both Q2 and Q4 which is extremely positive.

We will continue to review the data from the NQPS in line with NSS results and other data sets to better inform future plans.

Partnership Working

The trust continues to work in partnership with four recognised trade unions - GMB, Unison, Unite and RCN. Meetings are held every month with staff side representatives through the Trust Policy Group, to discuss the development and revision of workforce policies and procedures. Trade Unions also attend Health and Wellbeing meetings and are also heavily involved in Health and Safety groups. Each service line has its consultative mechanism which focuses on staff and patient experience and the management of change. This has been enhanced during COVID with more frequent meetings with trade union leads to ensure that they could contribute to the rapidly changing situation.

A review of Partnership Working with ACAS was due to be completed by March 2020 however, due to the impact of COVID-19, this has not been possible. This review forms part of the Recovery Plans for the People Directorate in 2022/23.

EQUALITY, DIVERSITY AND INCLUSION (ED&I)

The COVID-19 pandemic has shone a huge light on the impact of health inequalities experienced by ethnic minority communities and patients. We have also seen the impact on older members of our community and those with disabilities and this has been replicated within our workforce. World events continue to highlight the ongoing disproportionate impact of racism and discrimination, which has caused many organisations to pause and reflect on the experiences that ethnic minority colleagues face daily. In turn this has led the trust to reflect on our own efforts to support and progress the diversity and inclusion agendas, ensuring we are delivering on them effectively.

Alongside our own internal efforts and measurement of progress in relation to what we have achieved from an equality, diversity and inclusion perspective, there are external drivers encouraging an enhanced focus. The NHS People Plan published in 2020 set out a need for trusts to create an organisational culture where everyone feels they belong and to improve the experience of Black, Asian and Minority Ethnic employees.

The events of the last year have given us pause for thought as an employer, and provider of patient care. They have helped us challenge ourselves to be more ambitious. We have worked hard to support the development of our Staff Networks ensuring the voice of our staff as well as service users through our Patient and Public Panel, can be heard and used to drive positive change. We continue to have support via appointed Executive Champions from our directors to act as allies / sponsors, supporting our staff and networks, and we have refocused on our priorities and commitment to improve.

Four Staff Networks are currently operational and have gone from strength to strength over the last year:

- Armed Forces
- LGBT+
- Disability
- Race Equality

Work has commenced to develop a network supporting women in NWAS.

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.

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 NWAS.

The trust agreed three ED&I priorities in 2021 which guide our approach:

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.

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 patient.

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.

The pandemic has undoubtedly impacted the pace at which we have been able to development key areas of work. However, the trust has been able to make significant progress in a number of areas:

- NWAS published the Workforce Disability Equality Standard metrics and Workforce Race Equality Standard metrics with accompanying action plans during summer 2021
- The trust formally launched the Disability Network in December 2021 marking the transition from a Corporate HR run forums to a staff run network
- The trust formally launched the Armed Forces Network in March 2022 marking the transition from a Corporate HR run forums to a staff run network
- Produced a refreshed NWAS Community Calendar 2022 showcasing the diversity of the organisation
- ED&I Recruitment Task and Finish group aimed to overhaul the approach to recruitment in response to the NHS People Plan
- In February 2021, the trust launched the Guaranteed Interview Scheme to veterans and currently serving reservists and cadet force adult volunteers.
- Celebrating Pride with support for Pride events (including virtual) across the trust footprint
- The Disability Network has led on the development of a Work and Wellbeing passport that has now been formally launched

- Following the trial launch of the Religion and Belief Forum in June 2020, work has been undertaken to relaunch this as a Religion, Belief and Culture forum
- North West Ambulance Service has now been awarded the highest possible Disability Confident status - Level 3 Disability Confident Leader – by the Department for Work and Pensions
- Supporting the development of a Women in Leadership group to formally become a Network within the trust to ensure a continuing strong voice is heard from our staff and allies
- The trust also focused on risk assessments and support for those groups most seriously affected by the pandemic. In particular we had a comprehensive risk assessment process focused on age, disability, ethnic background and pregnancy which aimed to support the physical and mental wellbeing of staff
- The award of the Employer Network for Equality & Inclusion (enei) Silver Tide accreditation
- 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)
- The trust has developed a number of policies supporting this work, with Equality Impact Assessments (EIAs) completed for each:

    - Armed Forces Reserve and Cadet Forces Policy
    - New Parent Support Leave (formerly Paternity Leave)
    - Menopause Procedure
    - Agile Working
    - Trans and non-binary policy

Roundtable discussions

To support the continuing education of our people 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

A Board development programme was also 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 this 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.

RESOURCING

The impact of the pandemic has meant the normal approach to workforce planning for this financial year has not been possible. There has been no recurrent growth to the workforce and instead the trust has been utilising non-recurrent COVID and winter planning monies to support the increase in frontline resources across the year.

To support the deployment of resources throughout the pandemic and winter pressures the Trust undertook the following strategic approaches:

Movement to modular EMT 1 programme - the decision was made in 21/22 to move the EMT 1 Apprenticeship to a modular programme. This was based on both the need to deploy resources at an earlier stage to help with operational pressures, but also on feedback that a modular programme would improve the quality of learning for apprentices.

The modular courses started in September 2021 which facilitated learners undertaking their driving course at an earlier stage to increase the number of blue light drivers in a deployed position before Christmas.

Early deployment of Newly Qualified Paramedics (NQPs) - to support resource levels over winter, the decision was taken that all NQP induction programmes between September and December 2021 would be deployed in ‘an attend’ only capacity. This enabled early deployment of 115 NQPs before Christmas.

Blue Light trained PES Assistants – PTS staff with additional training have been used throughout the pandemic to support additional frontline capacity. 50 PTS staff upskilled to take on a PES Assistant role with blue light driving capability. These staff were deployed before Christmas to support winter pressures

Military Aid - NWAS engaged with the military services for the provision of support via the Military Aid to the Civil Authorities (MACA) mechanism to support the increasing system demand pressures. In January 2022, 150 military personnel received operational and driver training to support existing NWAS clinical staff in the maintenance of service.

Alongside the specific recruitment activities to support the impact of the pandemic, the trust has continued to recruit in line with our workforce plan. Whilst no growth was added

to the establishment in 2021/22, recruitment has focussed on maintaining establishment levels.

During 2021/22, the trust recruited and trained 243 Newly Qualified Paramedics (NQP) from the North West universities as well as from outside of the region, coming from other universities or ambulance services, along with paramedics from other services. Many of the graduate paramedics were given a bank contract, so they could provide additional support during COVID-19 and as such the table below identifies that they were an internal movement from a bank contract to a permanent NQP contract

The trust also recruited and trained 147 Emergency Medical Technicians (EMT1s) and as shown in the table below some of these staff moved from other parts of the service and predominantly from PTS and EOC.

For EOC, the workforce plans reflect a mixture of substantive staff in line with agreed establishment levels, along with increased staffing to support resource levels during the pandemic, to support the requirements of the Single Primary Triage Project. This additional staffing includes a mixture of agency staff, with the intention for all EOC call handling agency staff to have been moved onto trust contracts by the of June 2022.

The PTS workforce has been impacted by the deployment of staff to support PES. Recruitment for permanent and bank recruitment has continued during 2021/22 with vacancy gaps reducing across the year.

The 111 workforce plan for the year has been focused on aims to maintain call handling capacity and ongoing performance improvement. Recruitment has focused on meeting establishment requirements for both health advisor and clinical advisor vacancies. Due to the impact of the pandemic, agency staff have also been used to support call taking resources.

The following table summarises the numbers of frontline staff recruited during 2021/22:

Staff Group	Permanent	Fixed term	Bank	Internal movements*	Total
UCS/EMT1/Apprentice EMT1	78	0	4	65	147
Paramedics	72	27	43	181	323
PTS	134	15	6		155
EOC	19	65	25		109
111	193	8	7		208
Total	**496**	**115**	**85**	**246**	**942**

*this includes staff who have moved from different service lines or from Bank posts

Retention in 111

High turnover rates with the health advisor workforce in 111 are being addressed through a number of actions both in terms of national work which recognises the challenges of retention of 111 call handler and local actions. On a trust level, actions include:

- **Rotas** – reviewing rosters to focus on a team based deployment
- **Annual leave** - Review to improve the allocation of annual leave
- **Downtime –** Implementation of increased downtime between calls
- **Staff engagement –** additional staff engagement managed collaboratively with trade unions colleagues to hear and respond to staff feedback
- **Retention payment** – to support retention of health advisors in 111, a short term retention payments package has been implemented. This is to support improving the current position in the short term to enable time to progress medium term changes.
- **Stay discussions –** encouragement for managers to have 'stay conversations' with staff in areas of high turnover. This would commence at key milestones during the employee lifecycle and also when a member of staff first submits a resignation. Aims to understand the reasons staff have for resigning/thinking of resigning in the future

Leadership recruitment

Leadership Assessment Centres have become a critical feature of the trust's approach to fair, equitable and ethical recruitment practice. The approach has matured into a streamlined process that has standardised best practice. For 2021/22, the assessment process has focused on ensuring that all leadership and management roles are recruited in alignment to the corporate agenda for inclusion and framed around the trust's leadership framework: Be, Think, Do. The Assessment Centre process has been revised to ensure all components of the process contribute meaningfully to selection, so that selection decisions are weighted around the themes of role competency, leadership and management capability, corporate priorities for inclusion and responsiveness to the NHS change context.

WORKFORCE DEVELOPMENT

Apprenticeships

NWAS continued to deliver our EMT1 workforce through an apprenticeship delivery model In 2021, the trust was recognised by the National Apprenticeship Service as their Macro Employer of the Year for the North West region and were highly commended at the National Final of the Healthcare People Management awards. In September 2021, a modular delivery model was implemented to ensure baseline, generic, knowledge to practice was delivered. This ensured that knowledge gained during the three modules matched exposure to practice and would encourage more inquisitive learners.

NWAS' paramedic apprenticeship programme commenced in 2021 and a further 95 EMT1s commenced on their paramedic pathway in 2021/22, with a total of 176 EMT1s on this apprenticeship pathway. A further 76 EMT1s are profiled to commence their paramedic journey in April and October 2022.

The trust continues to support Advanced Clinical Practice (ACP) Apprenticeship programmes, with 13 clinical practitioners active on programmes. With one learner completing her apprenticeship with a distinction.

Widening Participation

As well as our approach to patient and public engagement, the trust also attends a range of community events to promote recruitment and development opportunities to support our approach to widening participation in employment and training.

Our widening participation work has gathered pace since the relaxing of COVID measures and we have been able to continue to support events and activities which attract the population into health careers. These include cadet and pre-employment programmes, school and careers fairs, armed forces engagement and bespoke support for internal staff.

New this year, is our live careers virtual chats which has been well received by staff. Overall our widening participation work has increased its reach to over 50 events across the northwest footprint as well as provided bespoke support for over 40 staff.

Supporting Staff Development

In 2021/22, the trust continued to support to access higher education modules of study as part of the continuing professional development (CPD) offer for paramedics (non-mandatory) with 565 modules supported. We are also working with a local university provider to develop a suite of on-line learning modules which will support staff development.

NWAS continues to support access to the ParaPass app for all trust paramedics. The ParaPass app is a CPD platform which supports paramedics' learning and development and includes case scenarios, quizzes, self-assessments, etc.

The EMT1 bridging programme, which supports staff to gain the Associate Ambulance Practitioner qualification, has continued to be a successful route whereby staff gain the qualification which will support their aspirations to develop and become paramedics. 305 EMT1s have now achieved the qualification with an additional 77 currently on the programme.

The trust has also supported the continued professional development of staff across a spectrum of disciplines, responsive to learning needs identified through the appraisal process and personal development plans. 41 external courses at level 5 and above were supported ranging from attendance at single day workshops to supporting Masters degrees. The trust has continued to offer Level 3 and 5 CMI leadership and management qualifications to staff thought its established CMI Centre.

Appraisals

The trust took a decision to adapt the appraisal compliance targets in 2021/22 to accommodate the unprecedented pressures faced by operational services in particular, whilst maintaining performance targets for corporate and leadership roles.

Responsive to the ask of the NHS People Plan, NWAS refocused appraisals around the themes of:

- Health and wellbeing
- Personal and professional resilience to continue service delivery in the current context
- Development needs of staff to maintain and continue fitness to practice in volatile contexts such as the global pandemic.

The trust's target was framed around enabling gradual and incremental recovery for compliance. By the end of the March 2022, NWAS saw an impressive positive trajectory in appraisal compliance, achieving 79% compliance overall

Mandatory Training

From the start of the 2021/22 mandatory training cycle, once again, capacity and demand increased because of further waves of increased COVID-19 infections. This necessitated further pauses in the delivery of face to face mandatory training programmes so services could continue to respond to the needs of patients. The trust undertook a risk-based review of its mandatory training plans, ensuring that classroom training was focused on key areas of staff and patient safety such as conflict resolution, manual handling, and resuscitation. There has also been a focus on recovery of safeguarding training for our paramedic staff with a bespoke online training package being launched.

The current cycle of mandatory training has been extended to May 2022 to allow recovery of time lost and the trust is on track to achieve 75% compliance.

Promotion of Equality, Diversity and Inclusion

The trust has due regard to the aims of the Public Sector Equality Duty in the way it manages its workforce and the way in which it provides services to its communities. The trust publishes an annual report detailing its equality and diversity activities with particular focus on its work towards both the general and specific duties. The report is published on our website but the following provides some highlights from the report in respect of patent and community engagement and service delivery.

- Continued use of patient stories to inform Board and committees including a focus on appropriate use of AEDs, ambulance diverts and GDPR, accessing trust services for deaf patients, frailty and continuation of care.
- Extensive community and patient engagement which has primarily moved to digital/virtual platforms as a result of the COVID-19 Pandemic. This shows a good spread of protected characteristics and positive learning and service delivery change, for example addressing the issue of PPE affecting lip reading for the deaf community.
- Continued development of the Patient and Public Panel, ensuring a diverse cross section of patients and the public with whom we consult and co-produce pieces of work.
- Promoting partnership working with many of our hard to engage and vulnerable groups including trust plans for moving out of lockdown in particular with PTS services and use of escorts and to reassure communities that they remain COVID-19 safe when using ambulance services.

The trust also has an annual Patient Engagement Plan which included the following aims for 2021/22:

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.

The trust has not easily been able to produce service delivery KPIs and metrics disaggregated on grounds of protected characteristics, as not all of this information is gathered in the pre-hospital setting and there remain constraints whilst the majority of emergency services data is still gathered on paper report forms. This will improve in the future as the electronic patient record is rolled out.

Communications and Engagement

The trust has a Communication and Engagement Team, which is split into two dedicated sub teams providing the full mix of communications and patient engagement services. The Communications Team provide staff and stakeholder engagement, media handling, film making; website, campaigns, event and crisis management, using the full range of digital and traditional media. The Patient Engagement Team manage the trust's Patient and Public Panel, its programme of community engagement and proactive patient experience in order to realise service improvements and enhance patient experience.

Together they place our patients at the heart of the organisation and support the delivery of excellent care for our communities, ensuring the accurate and timely flow of information to the region's diverse communities, as well as engaging with stakeholders, partner organisations and the trust's own staff.

In Spring 2021, the team published its new 2021-2024 Communication and Engagement Strategy which is supported by an annual communication action plan and a patient public and community engagement framework and implementation plan.

The last twelve months have seen the gradual lifting of public restrictions in relation to the pandemic, with continued pressure on the ambulance service. The team has responded to a focus on hospital handover, performance, mental health and violence and its impact on both staff and patients. Significant time has also been given to the coverage of the Manchester Arena Inquiry and report publication, guidance to staff giving evidence as well as preparation for receipt of the final report which is expected in the late summer of 2022/23.

Campaigns

Each year the team develops campaigns to increase awareness and positively influence behaviour. Campaigns provide opportunities to reassure the public, provide positive health messages and profile the trust externally, as well as build confidence in the services we provide with our stakeholders and the wider public. In 2021/2022 our campaigns included:

- NWAS Nurses promotional campaign.
- Publicity campaign surrounding our BBC Ambulance series.
- Winter communication campaign to support demand.
- National violence and aggression against ambulance staff campaign.
- Supporting 111 national messaging.

Social and Digital Media

The trust's social media sites have gone from strength to strength and have become an invaluable tool in engaging with the public, stakeholders and staff. The trust continues to increase its 'likes' on Facebook, and followers on Twitter and Instagram. During 2021/22 we successfully grew our collective social media network by over 41%, adding 5,274 new Facebook followers, 6,033 new Twitter followers and 2,909 new Instagram followers. Our engagement rate has also collectively grown by over 13%. Very positively, after increasing the number of links to our website, Facebook post link clicks have increased by 62.5% compared to the previous year.

The use of short engaging films to engage with staff, the public and our communities continues to grow in importance. In 2021/22 over 40 films have been produced in house including public health and demand messaging, awareness of cultural and national events such as Black History Month, recruitment and mental health.

During 2021/2022, we have seen increased engagement via the trust's website with more unique visitor sessions taking place (a session is classed as a period of time a user is actively engaged with the site). Between April 2021 and March 2022, we have had 845,847 sessions compared to 724,455 in the same period for 2020/2021. Our careers and apprenticeship areas attracted the highest numbers of views during this period; however, we saw a large spike in views in January following our story 'BBC One Ambulance Stars are back'. Website enhancements over the last 12 months include an updated search bar on the homepage to make it more user-friendly, launch of a Patient and Public Panel only area which includes a forum for members to communicate with each other and ongoing work to support the introduction of 'Ambulance Academy' to improve engagement with young people.

Media

The Communications Team respond to hundreds of media enquiries every year via the press office and out of hours on call service. In 2021/2022 this included 1,802 incident check calls, 181 proactive media stories/interviews, 102 statements in response to press enquiries and resulted in 2,192 pieces of media coverage.

The team has shown effective handling strategies and media relations during times of intense public scrutiny, including major incidents, the trust's response to COVID-19 and the Manchester Arena Inquiry, following the sad deaths of the 22 victims in May 2017.

Specialist media training is also provided for both senior management and groups of advanced paramedics and operational managers. This is particularly useful during the busy winter period when the number of media messages increases, as does the demand for interviewees.

Despite the challenges brought about by the pandemic, the trust took part in series seven of the award-winning BBC series, 'Ambulance'. The documentary is a fly on the wall view of the highs and lows of life on the frontline of a busy ambulance service and is well loved by the general public. This was the third time the trust had partnered with the production team, Dragonfly, to make the series although this time, the project was made all the more complicated as it was filmed in early 2021, at the height of the second wave and national lockdown. The series aired from 12 August to 1 November 2021 and featured staff from Lancashire, Cumbria and Merseyside. Close involvement of our Infection Prevention and Control Team ensured our patients, our staff and the production team were kept as safe as possible throughout filming.

Three million viewers on average each week, which equates to 18% of total TV audience, and the highest rating factual documentary series that BBC 1 airs. A number of episodes featured COVID-19 cases and demonstrated the pressures the service faced and the affect the pandemic had on our staff in their working and home lives, and the NHS as a whole. The series was nominated for Best Factual Series at the RTS North West Awards 2021.

The team 'narrated' each episode on social media as they were being aired, resulting in increased reach and engagement with the public. Over the airing period 214,000 engagements were recorded on Twitter alone. Further promotion included the profiling of staff in the local media.

Stakeholder Engagement

Communications and engagement activities with the trust's stakeholders are extensive, including, but not limited to, ICS, commissioners, NHS trust providers, regulators, A&E Delivery Boards, local MPs and patient and public groups. The team handles all of the trust's non incident related MP enquiries responding to approximately 50 letters each year. It is also the main point of contact for parliamentary questions about the trust, which come in via the Department of Health and NHS England/Improvement.

In addition, 382 freedom of information and environmental information requests were handled by the Communications Team in 2021/2022. This is a statutory duty as defined by the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 and one which requires 90% of requests to receive a response within 20 working days (subject to any relevant exemptions). In 2021/22 the team achieved a compliance rate of 95%. All stakeholders receive a quarterly newsletter and ad hoc briefings are issued on issues that need swift communication such as the trust's response to COVID-19, winter watch and periods of intense operational demand. In 2021/2022 14 newsletters and briefings were produced together with two editions of 'Your Call', the trust's award-winning publication for staff, patients and public. It features real life experiences, news articles

and talking point topics which are important and relatable and is currently shortlisted for best publication in the upcoming CIPR awards too.

The team regularly facilitates representation at Health Overview and Scrutiny Committee (OSC) meetings and liaises with the administrators and managers to ensure attendance and the timely submission of reports and presentations.

Staff Engagement and recognition

Communication and engagement with internal stakeholders is vital, to build a narrative and motivate and empower staff to get behind any forthcoming changes. With the continuation of the pandemic, key clinical, operational and corporate communications also continued to be shared. This included

- 28 COVID-19 bulletins.
- 52 weekly bulletins.
- 51 CEO messages.
- 71 clinical bulletins.
- 134 operational bulletins, together with a further 19 health and wellbeing bulletins.

When the vaccine became available, a dedicated communications plan was developed to promote uptake and reach a predominantly mobile workforce of over 6,500 people, spread across 5,400 square miles. Other communications plans created to engage with staff on the trust's strategic priorities include NHS Pathways, iPad rollout, body worn cameras, EPR, the flu vaccine, Pulse and NHS Staff Surveys and the trust's new values and strategy.

In 2021/2022 the team launched a new channel for staff engagement and leadership comms – Team Talk Live, providing a real time dialogue between staff and the trust's executive directors. The Ideas Room, a live forum on our intranet, was also introduced to ensure staff can provide feedback and are consulted on key service issues. 100 ideas were received on the first theme with a total of 6,000 views. Support was provided for all our staff networks including the Religion and Belief Forum, the Armed Forces Network, the LGBT group, the Disability Forum and most recently the launch of the trust's Race Equality Network. Two new publications introduced in 2021/2022 include a trust 'Reflections' book to capture the impact of the pandemic on staff across all service lines and a new look community calendar with more space and positive imagery to celebrate our diverse workforce. Support was also provided for Long Service Awards, round table discussions and stork pin badges for staff who have helped in the delivery of babies, both via our Emergency Operations Centre and in person.

The trust also has a successful staff STAR Awards ceremony to celebrate staff who go the extra mile for their patients, colleagues and the organisation. This annual event is entirely sponsored by the trust's partners. New recognition methods had to be introduced

during the pandemic which included ‘You’re a Star’ hampers for award winners, a trust ‘Wellbeing day’ and staff coin/pin badge for all staff in recognition of their outstanding commitment demonstrated during the pandemic.

The team also delivered a week of positive recognition activities during ‘thank you week’ in September 2021, co-ordinating 500 random acts of kindness to staff, to boost morale, recognise their continued commitment and encouraging them to ‘pass it on’.

Patient Public and Community Experience and Engagement

Each year the trust’s Patient Engagement Team deliver an extensive patient engagement programme in line with our Patient Public and Community Engagement Implementation Plan. The plan sets out the ways we propose to engage with and obtain feedback from our patients across all service areas, including our Paramedic Emergency Service (PES), Patient Transport Service (PTS), the NHS 111 Service and our Urgent Care Desk. A review of all the trust’s patient experience channels and platforms was undertaken to ensure best practice and best value was being delivered. In 2021/2022 the plan also highlighted the need for flexibility and creativity of approach to engagement presented by the pandemic in order to continue to gather real insights into the care and treatment that patients have received.

A minimum 1% of PTS, PES See and Treat and 1,200 NHS 111 patients receive the opportunity to provide Friends and Family Test (FFT) feedback monthly. In addition, to our NHS 111 postal survey offer and FFT comment/postcards on vehicles, we continued to develop our digital offer by offering the opportunity to complete our patient surveys via an SMS text weblink and online via our website. Also, instead of the traditional face to face engagement that would normally take place with patient, health practitioner networks, forums and community groups, in 2021/2022 we attended these across virtual engagement sessions via MS Teams and Zoom.

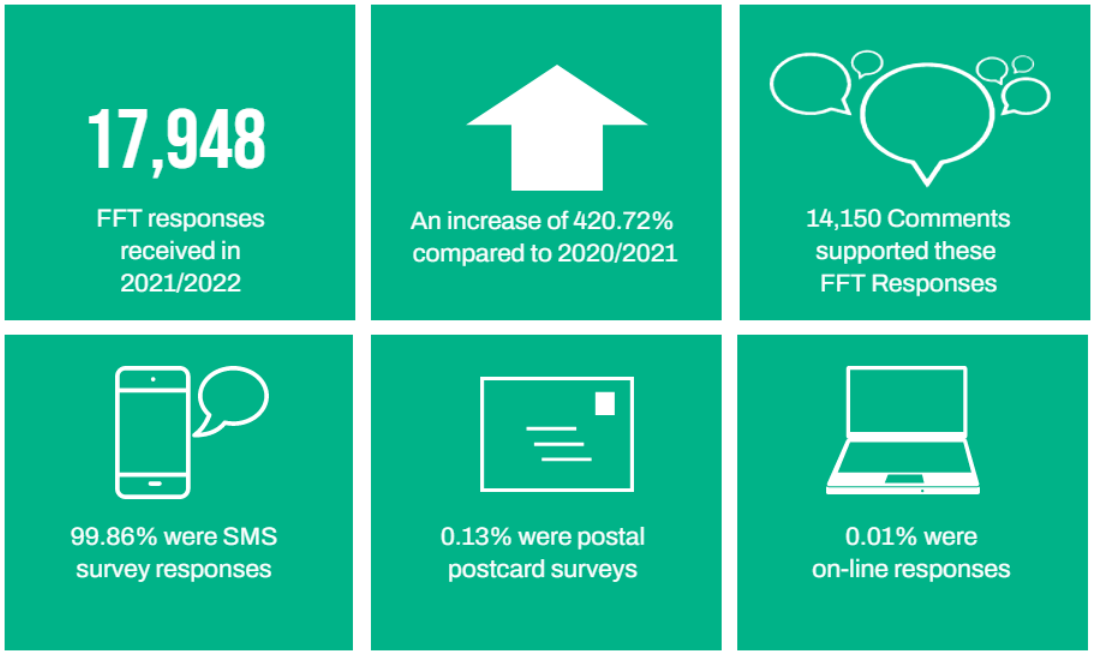
Positively we have continued to grow and develop our Patient and Public Panel (PPP) and to use their feedback and lived experience to better understand patient experience, produce stories, analysis and themed findings which will inform service development.

Patient feedback including Friends and Family Test 2021/22

A summary of survey response feedback data including FFT by quarter is shown below.

Patient Engagement Surveys (01 April 2021 - 31 Mar 2022)		Patient Transport Service	Paramedic Emergency Service	Urgent Care Service	NHS 111 Service	NHS 111 First Service
Completed PE Surveys	Q1	1	2	1	620	423
	Q2	13	10	0	454	534
	Q3	248	248	36	333	406
	Q4	439	349	120	589	509
	YTD	701	609	157	1,996	1,872
Cared for appropriately with Dignity, Compassion and Respect (Strongly Agree/Agree)	Q1	100%	100%	0.0%	n/a	n/a
	Q2	76.9%	90.0%	No Data	n/a	n/a
	Q3	94.4%	90.7%	77.8%	n/a	n/a
	Q4	94.6%	94.6%	84.2%	n/a	n/a
	YTD	94.2%	92.9%	82.2%	n/a	n/a
Overall Satisfaction Received (Very Satisfied/Fairly Satisfied - Yes)	Q1	n/a	n/a	n/a	91.6%	95.0%
	Q2	n/a	n/a	n/a	89.6%	92.8%
	Q3	n/a	n/a	n/a	84.4%	92.1%
	Q4	n/a	n/a	n/a	88.3%	91.2%
	YTD	n/a	n/a	n/a	89.0%	92.7%
Overall Experience of Service / Recommend Ambulance Service to Friends andFamily (Very Good/Good - Extremely likely/Likely)	Q1	100%	50.0%	0.0%	91.8%	93.3%
	Q2	61.5%	80.0%	No Data	91.4%	87.4%
	Q3	87.1%	87.1%	47.2%	88.0%	85.7%
	Q4	90.0%	87.1%	62.5%	90.0%	85.4%
	YTD	88.5%	86.9%	58.6%	90.5%	87.9%

2021/2022 Patient Experience Survey Response Feedback Data including FFT by Quarter



Summary of FFT response feedback data

In relation to what the data tells us we continue to see high levels of satisfaction in relation to the care, compassion and respect our crews provide to patients. Service improvement ambassadors have been established with PTS, NHS 111 and PES colleagues. Members of the Patient Engagement Team meet with them to discuss identified themes from patient feedback and potential areas of improvement.

Board Stories

Patient and staff 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 and Performance Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. In 2021/2022 seven stories were produced highlighting issues of frailty, obstacles faced by deaf patients, use of AEDs, the trust's new Electronic Patient Records digital platform, apprenticeships, the Step Wise programme and patient information.

Patient 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 in the last year. There were plans to hold some large-scale community events, but these were paused due to the national restrictions and pressures on the service.

During 2021/22, we engaged virtually with a number of 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 and talking to groups about the range of options to access that service and the other services that NWAS provides.

In excess of 80 virtual engagement events were attended by the trust as either principal speakers, advisory or facilitators. Virtual patient and public community engagement events included: 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 lifting.

Patient and Public Panel

Our Patient and Public Panel (PPP) was established in September 2019 to give patients, the public and communities 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 for members to influence decisions and improvements in our urgent and emergency care, patient transport and 111 services. The aim of the panel is to help support the delivery of safer services, improved patient and public experience and quality of care. Patients are experts in their experience and bring good knowledge of systems and how services work.

Despite the challenges from COVID-19, our PPP has continued to recruit new members and actively engage throughout the past 12 months via virtual platforms. We now have 213 Patient and Public Panel members fully inducted, with most already involved in the work of the trust. We hit our 2021/22 target of 190 for the PPP membership in the first half of the year, as well as doubling our 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/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.

From April 2021 to March 2022, PPP members have been invited to get involved in over 100 opportunities with 70 requests for panel involvement from service lines across the trust as part of an annual PPP work plan. The PPP have been able to get involved in regular high-level meetings (area learning forums, Q&A sessions with 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 receive regular information via a monthly newsletter, opportunities to engage with each other on a dedicated NWAS PPP members area via our website, and virtual development sessions. They have also had the opportunity to provide feedback on key documents and publications at the trust.

Panel members have been heavily involved in several Quality Improvement (QI) programmes at the trust, the development of the new Quality Strategy 2021-24 to capture

and ensure patient priorities were represented throughout. Members were invited to be involved in a 'Right Care at Home' (RCAH) scheme, working with NWAS staff to ensure patients who don't need to go to hospital for emergency treatment receive the right care closer to home. First-hand patient experiences and written case studies from the PPP were included in a national NHS hospital handover training module about the difference care in the community had for them and their family. Inclusion of their experiences enhanced staff learning and empowered NWAS and other trusts to improve how they deliver effective QI programmes and improve ambulance care.

The trust is very proud of its volunteers and their achievements and in 2021/2022, a PPP achievements summary book was produced in recognition of the Panel's 2nd year anniversary. Thank you postcards and staff letters of recognition were also developed and sent to our PPP members.

Equality Objectives

The trust set new equality objectives in January 2021, one of which is specifically focused on Health Inequalities. The objective will be in place for the next three years but with the following focus in year one.

- We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.
- We will deliver parity in 999 response times for patients with mental health conditions
- We will develop our understanding of the impact of deprivation on cardiac outcomes and deliver improvements
- We will improve our understanding of the impact of English as a second language on access to 111 and EOC
- We will develop the electronic patient record to support the delivery of culturally competent care

Quality

Complaints 2021/22

The trust embraces all feedback from patients, including those whose experience has not met their expectation and so has been raised through the complaints process. Complaints provide us with opportunities to investigate what has happened and identify and implement lessons learnt. Learning can be at an individual and/or a system wide level.

In the NHS complaints are categorised into those which are received directly from a patient or their relatives, and a category termed externals which are complaints received from a third party such as other health care professionals, nursing homes and other emergency services.

Number of Complaints

From 1 April 2021 until 31 March 2022, the trust received 2,180 complaints (an average of 182 complaints per month).

Comparison data for complaints is included from the previous two financial years: -

Year	Complaints	Externals
2019/2020	2023	1435
2020/2021	1346	993
2021/2022	2180	1726

We are not able to draw direct comparisons with 2020/21 as it was the first year of the COVID-19 pandemic including national lockdowns. A more helpful comparison is with complaint data from 2019/2020 which indicates an increase of 20%.

Complaints Process and Risk Categorisation

The increase in complaints created an associated impact on the ability of the Patient Safety team to manage the complaints within agreed timescales. Additional support and focus was given to that team to mitigate the increased case load.

The status of complaints that were received for the referenced period is:

Complaints received for the period 1 April 2021 until 31 March 2022			
Ongoing:	**Upheld:**	**Partly Upheld:**	**Not Upheld:**
261	333	376	1210

All complaints are risk scored using the Trust Risk Matrix. High risk scores (level 4-5) are presented to the Review of Serious Events (ROSE) group. They are the decision-making panel for reporting of serious incidents on the national Strategic Executive Information

System (StEIS). Complaints recorded as a StEIS are thoroughly investigated in line with the investigation teams terms of reference.

When moderate or severe patient harm has occurred, the trust is committed to enacting duty of candour. This includes sharing investigation findings with patients, their families and/or representatives.

The table below shows the breakdown of complaints into their risk categories.

	Q1	Q2	Q3	Q4	TOTAL
Level 1-2	421	469	399	346	1,635
Level 3	88	156	107	76	427
Level 4-5	26	26	33	33	118
Total	535	651	539	455	2,180

Assurance

Governance structures ensure data are scrutinised and assurance is given on delivery of the service and incorporation of learning in service improvement plans.

The Quality and Performance Committee and the Board of Directors receive information on complaints through a bi-monthly integrated performance report.

A new 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 NWAS Right Care (Quality) Strategy. A key element of this committee is that of the patient story in which a patient complaint is presented on their behalf or indeed by the patient or relative themselves. These stories serve as a powerful reminder that the patient must be at the centre of everything we do.

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 in the event that they are unhappy with a complaint response and details of the PHSO are included in our written responses. This year, two cases were brought before PHSO and none were upheld. Low levels of concerns raised to PHSO and upheld signals robust systems to complaints management.

Learning

Learning Forums receive, review, synthesise and share the learning identified from complaints investigations.

A review of those complaints established that the six most common reasons for complaints throughout 2021/22 has been:

- Emergency response (29%)
- Staff conduct (18%)
- Care and treatment (17%)
- PTS journey times (17%)
- Communication and information (10%)
- Driving standards (3%)

These common reasons are broken down into their assigned risk categories: -

Theme / Level	1 – Minimum	2 – Minor	3 – Moderate	4 – Major	5 – Serious	TOTAL
Emergency Response	22	274	263	63	19	641
Staff conduct	166	211	20	0	0	397
Care & Treatment	31	215	109	28	5	388
PTS journey times	73	300	9	0	0	382
Communications & information	95	114	26	2	1	238
Driving standards	49	32	0	0	0	81

We triangulate information from complaints with incidents, performance data, claims and legal data to gain further insight and opportunities for learning. This year we have presented a deep dive paper to our Executive Leadership Team outlining learning and plans to strengthen the team in 2022/23 with the integration of the Complaints Team into the Corporate Affairs Directorate.

Ambulance Clinical Quality Indicators (ACQIs)

Our key measure of the effectiveness of our services is the National ACQI submission to NHS England which includes measures on cardiac arrest, ST-segment elevation myocardial infarction (STEMI), stroke and sepsis. A report is produced each month by the clinical quality team (clinical audit and improvement) and used by clinical leadership to inform their improvement plans and feedback to staff.

There are clinical leads for each of the indicators who lead working groups across the trust and work with system partners to learn and share outcomes. Local reporting on the National ACQIs is submitted to the Quality and Performance Committee and the Clinical Effectiveness Sub Committee. Further localised reporting is provided to the clinical leads within the trust for cardiac arrest, STEMI, stroke and sepsis to contribute to learning and improvement in the quality of healthcare provided.

Data collection for these indicators occurs three months in arrears, so the performance data displayed in the below tables are for Quarter 1 - Quarter 3 2021/22. To note the cardiac arrest survival metric changed in January 2021 from Cardiac Arrest Survival to Discharge to Cardiac Arrest Survival to 30 Days, therefore there is no previous data for this measure available.

National Ambulance Clinical Quality Indicator	November Performance 2020/2021	November Performance 2021/22	November National Average 2021/22
Cardiac Arrest (All – Return of Spontaneous Circulation (ROSC) at Hospital)	27.6% (78/283)	28.5% (92/323)	24.3% (731/3004)
Cardiac Arrest (Utstein – ROSC at Hospital)	45.2% (19/42)	52.8% (28/53)	45.6% (180/395)
Cardiac Arrest (All – Survival to 30 days)	Previously data submitted was Survival to Discharge	8.0% (25/314)	8.2% (242/2946)
Cardiac Arrest (Utstein – Survival to 30 days)	Previously data submitted was Survival to Discharge	22.4% (11/49)	26.0% (100/385)
STEMI Primary Percutaneous Coronary Intervention (PPCI) Patients (Call to Angiography)	02:21:00 (141)	03:00:00 (109)	02:40:00 (897)
Confirmed Stroke Patients (Call to Door)	01:24:00 (616)	01:51:00 (522)	01:52:00 (4175)
Diagnostic Stroke Care Bundle	98.5% (969/984)	97.4% (856/879)	96.9% (9040/9331)

ACQI Outcomes (Q3 2020/21 – Q3 2021/22) Data Source: NHS England. 2021. Ambulance Quality Indicators 2021/22. [ONLINE] Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2021-22/. [Accessed 14 April 2022].

The following information illustrates the data submitted to NHS England from April 2021.

Stroke Care Bundle

Reporting Period: April 2021 – November 2021		
AQI Care Bundle Performance	**NWAS: Outcomes from Stroke Care Bundle**	**National Average & Range**
April 2021	*No National Data Published*	
May 2021	98.1%	98.0%
June 2021	*No National Data Published*	
July 2021	*No National Data Published*	
August 2021	97.8%	97.8%
September 2021	*No National Data Published*	
October 2021	*No National Data Published*	
November 2021	97.4%	96.9%
December 2021	National data not published at the time of writing	
January 2022		
February 2022		
March 2022		

ACQI Stroke Diagnostic Bundle data. Data Source: NHS England. 2021. Ambulance Quality Indicators 2021/22. [ONLINE] Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2021-22/. [Accessed 14 April 2022].

Acute ST-elevation Myocardial Infarction Care Bundle

Reporting Period: April 2021 – November 2021		
AQI Care Bundle Performance	**NWAS: Outcomes from Stroke Care Bundle**	**National Average & Range**
April 2021	77.7%	77.4%
May 2021	*No National Data Published*	
June 2021	*No National Data Published*	
July 2021	73.9%	76.6%
August 2021	*No National Data Published*	
September 2021	*No National Data Published*	
October 2021	60.1%	74.2%
November 2021	*No National Data Published*	
December 2021	*No National Data Published*	
January 2022	National data not published at the time of writing	
February 2022		
March 2022		

ACQI STEMI Care Bundle data. Data Source: NHS England. 2021. Ambulance Quality Indicators 2021/22. [ONLINE] Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2021-22/. [Accessed 14 April 2022].

Post return of spontaneous circulation (ROSC) Care Bundle

Reporting Period: April 2021 – November 2021		
AQI Care Bundle Performance	**NWAS: Outcomes from Stroke Care Bundle**	**National Average & Range**
April 2021	61.3%	77.0%
May 2021	*No National Data Published*	
June 2021	*No National Data Published*	
July 2021	53.1%	76.1%
August 2021	*No National Data Published*	
September 2021	*No National Data Published*	
October 2021	65.0%	77.5%
November 2021	*No National Data Published*	
December 2021	*No National Data Published*	
January 2022	National data not published at the time of writing	
February 2022		
March 2022		

ACQI Post ROSC Bundle data. Data Source: NHS England. 2021. Ambulance Quality Indicators 2021/22. [ONLINE] Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2021-22/. [Accessed 14 April 2022].

Sepsis Care Bundle

Reporting Period: April 2021 – November 2021		
AQI Care Bundle Performance	**NWAS: Outcomes from Stroke Care Bundle**	**National Average & Range**
April 2021	*No National Data Published*	
May 2021	*No National Data Published*	
June 2021	72.4%	82.4%
July 2021	*No National Data Published*	
August 2021	*No National Data Published*	
September 2021	67.7%	83.7%
October 2021	*No National Data Published*	
November 2021	*No National Data Published*	
December 2021	National data not published at the time of writing	
January 2022		
February 2022		
March 2022		

ACQI Sepsis Care Bundle data. Data Source: NHS England. 2021. Ambulance Quality Indicators 2021/22. [ONLINE] Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/ambulance-quality-indicators-data-2021-22/. [Accessed 14 April 2022].

Quality Assurance Visits (QAVs)

The purpose of QAVs is to provide assurance to the trust about the quality and safety of our operational premises, vehicles and services at sector level. QAVs include a number of health and safety focussed assessments in parallel to other audits such as the Health and Safety Snapshot (HSS) audit and the COVID-19 risk assessment.

A central repository of all QAV reports and actions is held on the trust's knowledge management system, SharePoint. The overall position for QAV compliance across the trust (as at 1/4/2022) is outstanding with 100% of all operational sites having received a QAV in the last 12 months, despite COVID-19 operational pressures.

Each sector has their own Integrated Action Tracker (IAT) which is stored on a central tracker, located within the trust's knowledge management system, SharePoint. The IATs are managed locally by area administrators and contain actions from various audits (eg. QAVs, COVID-19 risk assessments and HSS snapshot audits). As at the 1 April 2022, the current action completion position was very strong with each area averaging at over 85% compliance for closure of QAV, HSS and COVID-19 risk assessment actions

In 2020 NWAS commenced a collaborative internal programme of modernising the QAV process with a vision of aligning QAVs to the Care Quality Commission (CQC) inspection process, primarily through alignment to the CQC Key Lines of Enquiry and the development of an internal rating system.

This internal rating system enables benchmarking and the recognition of outstanding areas of practice that can be celebrated and shared, ensuring as a trust we continue our journey towards achieving and maintaining excellence. In February 2022 we implemented a trust wide rollout of the new QAV procedure, supported by a suite of documents, an ESR learning module and a communications release.

Care Quality Commission (CQC)

As of 1 April 2022 the trust's overall CQC ratings remain the same as the 2020/2021 Quality Account:

Ratings	
NWAS overall rating	**Good**
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

The trust's overall CQC Inspection ratings matrix is as follows:

	Safe	Effective	Caring	Responsive	Well-led	Overall
U&EC	Good	Good	Good	Outstanding	Good	**Good**
PTS	Good	Good	Good	Good	Requires Improvement	**Good**
EOC	Good	Good	Good	Good	Good	**Good**
Resilience	Good	Good	Not rated	Good	Good	**Good**
NHS 111	Good	Good	Good	Good	Good	**Good**
Overall	**Good**	**Good**	**Good**	**Good**	**Good**	**Good**

In 2021/2022 the CQC continued to regulate providers using a risk-based model under their transitional regulatory approach (TRA). This includes regular local level provider engagement meetings and a periodic transitional monitoring approach (TMA), via a multi-disciplinary documentation return and follow-up, virtual interview.

In January 2022, following the departure of the NWAS nominated individual (individual responsible for supervising the management of the regulated activity provided) due to retirement, submission for a new nominated individual was made and a revised Certificate of Registration was received.

In November 2021, the trust recognised it's need to commence a programme of work that would enable it to be continuously prepared for an unannounced CQC visit. With support from the Communications Team the Quality Directorate developed a communications strategy and an update of supporting information for staff and managers.

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.

As part of these wider inspections, the trust was formally inspected over three days in April and the following trust locations were visited:

- 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 also held with the heads of service and with executive directors.

The trust received verbal and written feedback for both 999 and 111 inspections where the CQC inspection team found that our staff are caring and compassionate. The feedback has been focused on the risks and issues raised during the verbal feedback at the end of inspection, together with positive findings relating to mental health safety huddles in the EOC and the caring behaviours observed.

Initial verbal findings for 111 were extremely positive and the inspector reported good safety systems were in place and noted the strong IPC systems.

The trust expects to receive the final inspection report by the end of June 2022. The CQC scheduled a national UEC learning event on 26 May 2022 to review the themes and issues from all the UEC focussed inspections conducted across England during Quarter 4 2021/22. Any learning and/or actions identified as a part of the national event and the inspection will continue to strengthen the trusts regulatory compliance and provision of quality of care.

Digital Statement

2021/22 saw our third year of delivery of the digital strategy focused on our goal to use digital solutions to radically improve how we meet the needs of patient and staff every time. Our work programme focussed on solving everyday problems using digital solutions, implementing new integrated critical systems, ensuring we have safe and resilient digital platforms, providing staff with the information they need to make the best decisions, testing new innovative ideas and developing progressive digital partnerships. We continued with the NWAS capital investment plan matched by significant external funding through the Unified Tech Fund to continue to upgrade our infrastructure and devices and test innovative approaches. Circa £1.5m was received from the NHSX Unified Tech Fund and the trust committed to the corresponding revenue depreciation costs. Key achievements for 2021/22 included:

- **Solving everyday problems:** We have worked to ensure staff have the basics they need including upgraded wifi across all NWAS sites, new devices including personal issue iPads delivered to over 3,300 staff, a continued focus on supporting remote working and a programme of work to digitise key workforce and management processes starting with digital timesheets. We have received 49,548 service desk requests, successfully implemented 305 change requests for improvement across all services and significantly reduced the frequency of users having to re-open incidents.

- **Our digital journey:** We continued with our programme of work to replace our critical systems to enable our integrated urgent and emergency care strategy. This included completion of two major change programmes:

  1. Unified Communications which saw the replacement of all telephony and communications platforms such as wallboards
  2. Completion of our EPR roll out including the ability to share EPR records with EDs before arrival.

  In addition we made significant strides in enabling access to shared care records with the initiation of a project to enable a single access point to viewing and sharing patient information for the North West working with all ICSs and NHSE/I North. We also continued to build on our work to enable referrals to services through investment in the team that support that Directory of Services.

- **Secure and joined up systems:** We continued to improve email security with the implementation of Mimecast (an email security solution), ensured we are operating on supported platforms (eight remain unsupported) and increased our compliance with patching and carecert. We also continued our replacement programme for core infrastructure to make sure our systems are safe, reliable and resilient. This was further supported by implementation of quarterly failover for critical systems.

- **Smarter Decisions:** We continued moving towards our goal to provide self-access data with the publication of eight new Power BI outputs including real time performance dashboard, mental health, falls and maternity dashboards, a 111 report and IPC audit dashboard. In addition we developed a quality compliance scorecard which triangulates key quality and regulatory compliance measures and is reported monthly. Weekly reports were published from our Safecheck system and we conducted an evaluation exploring how the system was adopted and used across the trust from which learning will feed in to phase 2 in 2022/23. We responded to 365 requests for data and analysis between April 2021 and March 2022, whilst reducing average turnaround times from 21 days to less than eight days in this period.

- **Digital Pioneers:** We continued to grow a number of partnerships to support our ambition to be digital pioneers including the University of Manchester, the Northern

Ambulance Alliance, AACE digital transformation group and Alder Hey Innovation Centre. We also established and chaired the Ambulance Digital Innovation Forum. We continued to maximise the potential for our systems including being the first service to implement text messages with care advice from the 111 Cleric system. We tested and evaluated the SMART pilot which uses technology and process improvement to improve safety, efficiency and staff wellbeing. Our digital design forum which gives all staff access to the technical expertise and improvement support they need to test new digital ideas, saw 19 new ideas and problems presented from staff. We were able to test 30% of them leading to the early development of a digitised timesheet technology, as well as our Hubarra call wait time development. We continued to pioneer a number of innovative areas including:

- Securing a partnership with NHSX to develop an algorithm to risk stratify the clinical queue
- Delivering 'mission interop' using agile methodology to deliver the architecture to share information internally and across the North West – enabling safe access anytime, anywhere, any device.
- Developing a proof of concept proposal for the use of drone technology
- Installing two new immersive reality training rooms to support enhanced training

Digital Strategy Measures to March 2022

Category	High Level Measure	Sub-Measures	Annual Target (2021/22)	Apr 19 - Jun 19	Jul 19 - Sep 19	Oct 19 - Dec 20	Jan 20 - Mar 20	Apr 20 - Jun 20	Jul 20 - Sep 20	Oct 20 - Dec 20	Jan 21 - Mar 21	Apr 21 - Jun 21	Jul 21 - Sept 21	Oct 21 - Dec 21	Jan 22 - Mar 22
1 Solving Everyday Problems	IT Service Score (0-3)	% of System up time	>99%	99.74	99.8	99.63	99.81	99.7	99.78	99.65	99.72	99.89	99.74	0.996	100.00%
		% of responses within SLA	>90%	78%	77%	75%	76%	86%	95%	97%	98%	96%	97%	97%	96%
		Mean days to close request	TBC	7	8	7	7	7	7	7	6	7	8	8	7
		% of requests re-opened	<1%	2.00%	1.40%	0.80%	0.60%	0.30%	0.60%	0.50%	0.40%	0.20%	0.50%	0.17%	0.42%
	User Feedback & compliance Score (0-2)	% Customer Surveys Completed	>8%	16%	16%	13%	17%	10%	9%	10%	9%	6%	6%	7%	7%
		AVG Helpdesk Customer Feedback Score	>6 (out of 7)	6	6	6	6	5	6	6	6	5	5	5	6
		AVG Digital Satisfation Recommendation Score	>8 (out of 10)	-	-	-	-	-	-	-	6.2	6	6	6	6
2 Our digital journey (0-8)	Partnership Score (0-2)	Engage in projects with external partners	>3	-	-	-	-	-	1	1	2	4	4	3	6
		Secure links with Acadamia (Cumulative)	>1	-	-	-	-	-	-	-	1	1	1	3	3
	Interoperability Score (0-1)	Create Interoperability link between systems (Cumulative)	>4	-	-	-	0	0	0	0	1	2	3	7	7
	Asset Owners (0-3)	% of Asset owners trained	95%	-	-	-	-	-	-	60%	72%	72%	72%	72%	72%
		# Asset owner sessions ran	4+	-	-	-	-	-	1	1	2	0	0	5	0
		DPIA's from asset Register completed	25%	-	-	-	-	-	-	-	17%	9%	9%	9%	11%
	Critical System Transformation (0-2)	# of Projects on CPB Roadmap	25-35	-	-	-	-	-	-	-	-	-	-	30	32
		Overall RAG project progress	Green	-	-	-	Amber	Amber	Amber	Green	Green	Amber	Amber	Amber	Amber
3 Secure & Joined up systems (0-8)	Servers supported Score (0-2)	% of Servers patched	>80%	-	-	-	-	67%	67%	55%	70%	60%	60%	75%	75%
		% of Critical patches deployed	>95%	-	-	-	-	-	-	-	-	-	85%		N/A
	Security Compliance Score (0-3)	Data breaches reported	21	20	25	22	22	21	27	29	16	14	18	14	21
		% of DSPT Criterea met	100.0%	-		-		-	-			99%	99%	99%	97%
		% of CARECERT Compliance	>95%	-	-	-	86%	83%	75%	74%	80%	80%	87%	85%	80%
		Number of unsupported Servers		-	-	-	-	-	-	-	33	31	24	13	6
	System Reliability Score (0-3)	Number of unplanned downtime for critical systems	0	-	-	-	-	-	4	3	0	4	0	1	2
		Perception of reliability of systems	>8	-	-	-	-	-	-	5.8	5.4	5.3	5.3	5.3	5.3
		Number of 'out of hours' calls logged	<12,000				1052	1124	1193	1139	1259	981	763	447	383
4 Enabling Smarter Decisions (0-6)	BI Service Score (0-3)	Opened helpdesk requests	<500	-	-	-	-	128	113	114	189	94	87	103	93
		Average days to close request	<20 days	47	62	33	42	33	21	19	10.5	11.64	12.52	9.2	12.8
		Data Warehouse ETL Failure Rate	<2%	0%	0%	0%	0%	0%	0%	0%	0%	1%	1%	1%	0.5%
	BI Development Score (0-4)	Cummulative Data sources integrated into DWH	15	1	1	2	2	2	2	3	3	3	4	5	9
		Unique views on PowerBi	TBC					-	-	-	-	-	-	-	3,816
		Large PowerBI Developments completed (Cummulative)	>8	-	-	-	-	-	1	2	3	4	6	7	9
		Key stakeholder engagement sessions completed	>5	-	-	-	-	-	-	-	4	0	2	0	0
5 Digital Pioneers (0-4)	Evaluation Score (0-1)	# Products Evaluated (Cummulative)	>4	-	-	-	-	-	-	-	-	1	1	3	4
	Digital Innovation Score (0-3)	% of DDF proposals tested	>60%	-	-	-	25%	50%	50%	50%	50%	50%	50%	80%	30%
		Aspirational Innovations tested (Cummulative)	>4			-	-	-	-	-	-	-	-	2	2
		# New developments launched (Cummulative)	>4	-	1	1	1	2	2	2	2	2	2	5	7
		% of Sprints delievered to plan	>90%	-	-	-	0%	0%	30%	60%	70%	70%	70%	70%	70%

Directorate Objectives

The Quality, Innovation and Improvement Directorate delivers a number of business as usual services, has a primary role in delivery of the Quality and Digital strategies and works together with the trust Programme Management Office to deliver a number of large-scale change programmes. The directorate has a set of objectives for 2022/23, which focus on key delivery areas for the year including:

- Continuing to improve patient safety and embed learning
- Supporting the trust's workforce wellbeing and inclusion goals
- A focus on reducing violence and aggression towards operational staff
- Quality assurance and improvement, aligning to new regulatory models
- Partnership working and ICS system alignment
- Innovation and evaluation
- Cyber security and digital resilience

Freedom to Speak Up

The trust had the services of a full-time guardian (37.5 hours per week) until the end of quarter three. To cover the role, following the guardian's resignation, interim arrangements were put in place until the end of the reporting period, to cover the role. The guardian has been supported throughout the year by a group of ten champions who sit across all service lines to provide visible support to local staff who wish to raise a concern. The guardian holds monthly meetings with the chief executive and director of people and also with the non-executive lead.

The Accountability Report

The trust's Accountability Report has been prepared to meet key accountability requirements to parliament and is based on matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2013 No 1981.

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara **Date: 17 June 2022**
Chief Executive

Annual Sustainability Report

Introduction

North West Ambulance Service as an NHS organisation and spender of public funds appreciates that it has an obligation to work in a way that has a positive effect on the patients and communities it serves. Sustainability means spending public money well; the smart and efficient use of natural resources and building healthy, resilient communities. We understand the impact of the environment on health and wellbeing, and believe sustainable healthcare can drive significant social, environmental and financial improvements.

The Green Plan, formerly known as the Sustainable Development Management Plan (SDMP), is a Board approved strategy for sustainable development at the trust. As a large organisation, the trust has a mandatory requirement to undertake the measures and investments needed to provide sustainable healthcare, both now and in the future. The trust is taking action to respond to the net zero carbon by 2040 target, as well as the Greener NHS Campaign launched in 2020. Developing and implementing the five year strategy is helping the trust keep on track to hit local and national targets.

The following sections set out the considerable advances the trust has already made in improving our carbon footprint and reducing the environmental impact of our services. It provides an overview of the NHS' modelling and analytics underpinning the carbon footprint, progress to net zero and the interventions made to achieve that ambition.

Drivers for Change

A combination of factors is driving sustainability within the NHS. These have been categorised in the table below.

Key category	Drivers for change
Legislative requirements	Climate Change Act 2008
	Public Services (Social Value) Act 2012
	Civil Contingencies Act 2004
Mandatory requirements	NHS Standard Contract
	Public Health Outcomes Framework
	HM Treasury's Sustainability Reporting Framework
UK guidance	Department of Environment, Food and Rural Affairs (DEFRA)
	The Stern Review 2006: the Economics of Climate Change
Health-specific guidance	NHS Long Term Plan
	Greener NHS Campaign
	Sustainable Development Unit (SDU): NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health[5]
	Sustainable Transformation Partnerships (STPs)
International guidance	UN Sustainable Development Goals (SDGs)
	The World Health Organisation (WHO)
	Intergovernmental Panel on Climate Change (IPCC)

These drivers underpin the delivery of our sustainability strategy, as well as guide our actions to help contribute to wider NHS, national and international change.

Alongside these guidelines and legislative requirements, sustainability at the trust is also driven by associated environmental, financial and social benefits. This includes generating cost and carbon savings by reducing energy and resource use which in turn will improve the resilience of the trust against climate change, as well as promote sustainable, quality healthcare (right care).

Policies

The trust's approach to sustainable development is clearly evidenced within our corporate strategy, management and policies, including our organisational vision and values. This will help communicate sustainable practice to staff, stakeholders and people we serve. The trust aims to embed sustainability within policies and strategies, ensuring we monitor and report on our progress to the Sustainability Steering Group (SSG).

The Sustainability Steering Group (SSG) provide accountability for implementing actions within the Green Plan and improved reporting on sustainability key performance indicators. The trust has also introduced dedicated software to track utilities and associated costs and begun inclusion of CO2e and/or NOx reduction targets in contracts for the logistics associated with goods and services.

The trust has been active in communicating our Green Plan targets with stakeholders such as Greener NHS and having sustainability included as an action and objective in the trust procurement strategy and tender documents.

One of the most significant changes this year is that the Sustainable Development Assessment Tool (SDAT) used for benchmarking the implementation and delivery of sustainable development for Public Health England and NHS England is to be replaced soon. Therefore, monitoring of the Green Plan against the 17 key areas aligned with the United Nations (UN) Sustainable Development Goals (SDGs) has not been completed.

Pending the introduction of a new tool, the trust will continue to monitor all aspects of the Green Plan that are directly linked to energy, carbon, health and wellbeing and all the values shared with Greener NHS - progress of which is outlined below.

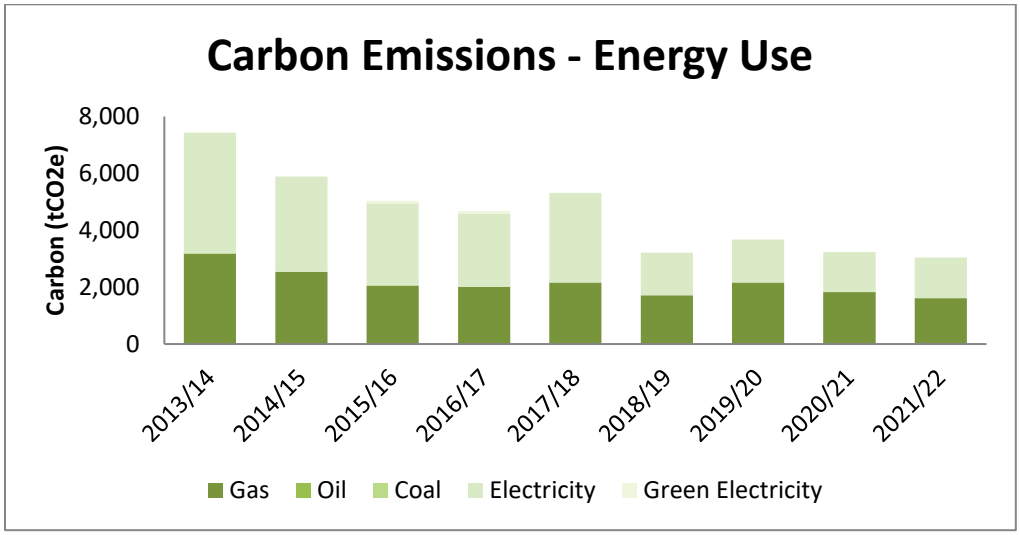
Performance

In recent years, external factors have influenced the trust's carbon footprint, including:

Factor	Change at the Trust since baseline year (2014)
Operating expenditure	Increased from £259m (2014/15) to £457m (2021/22)
Changes to our Estate	Acquisition of other services, and construction and refurbishment of sites means that internal floor space has grown from 63,416 m^2 in 2014 to 67,259m^2 in 2021 (an increase of 6%)
Population growth	The population of North West England has grown by 7% from 6.8 million in 2014 to 7.3 million in 2021
Number of patients	Increased alongside the trust's growth
Number of staff	Increase of 28% since 2014/15 with 6,331 WTE employees in 2020/21
Carbon conversion factors	Set by the UK Government (DEFRA), which change annually to reflect the carbon footprint of energy. For example, electricity within the National Grid has been significantly decarbonised since 2014
Climate change	Extended periods of extreme winter rainfall are now seven times more likely and warm spells have more than doubled in length since 1990

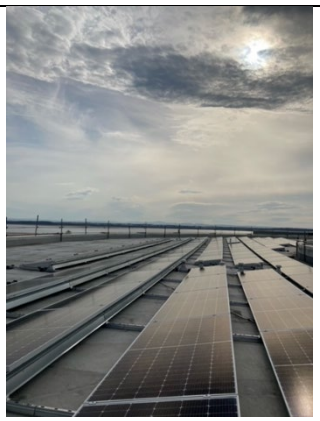
Energy

The trust consumes a significant amount of energy. The trust's carbon emissions from electricity and gas has reduced by 40.1%, from 7,454 tonnes in 2013/14 to 4,466 tonnes in 2021/22. This is a result of the decarbonisation of services provided by the National Grid, introduction of on-site energy generation, purchasing of electricity from renewable only sources and projects that drive energy efficiency, such as LED lighting schemes.



Resource		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Gas	Use (kWh)	14,986,088	12,093,103	9,828,073	9,609,154	10,479,158	8,188,576	10,423,947	8,818,671	7,544,815
	tCO_2e	3,179	2,537	2,057	2,008	2,169	1,716	2,166	1,832	1,618
Oil	Use (kWh)	16,496	6,945	14,339	12,593	29,808	3,000	10,350	0	0
	tCO_2e	5	2	5	4	9	1	3	0	0
Coal	Use (kWh)	0	0	0	0	0	0	0	0	0
	tCO_2e	0	0	0	0	0	0	0	0	0
Electricity	Use (kWh)	7,584,056	5,401,202	5,016,040	4,951,158	7,056,287	4,245,179	4,778,074	4,860,234	4,887,684
	tCO_2e	4,246	3,345	2,884	2,564	3,145	1,498	1,510	1,400	1,424
Green Electricity	Use (kWh)	51,826	43,247	304,186	466,178	51,498	53,339	216,005	5,113,717	4,887,684
	tCO_2e	23	21	86	96	18	15	55	1,459	1,424
Total Energy CO_2e		7,454	5,906	5,031	4,672	5,342	3,229	3,734	4,692	4,466

Despite the demands from our buildings and estate, the plan for the forthcoming year is to drive energy reductions and use resources as efficiently as possible.

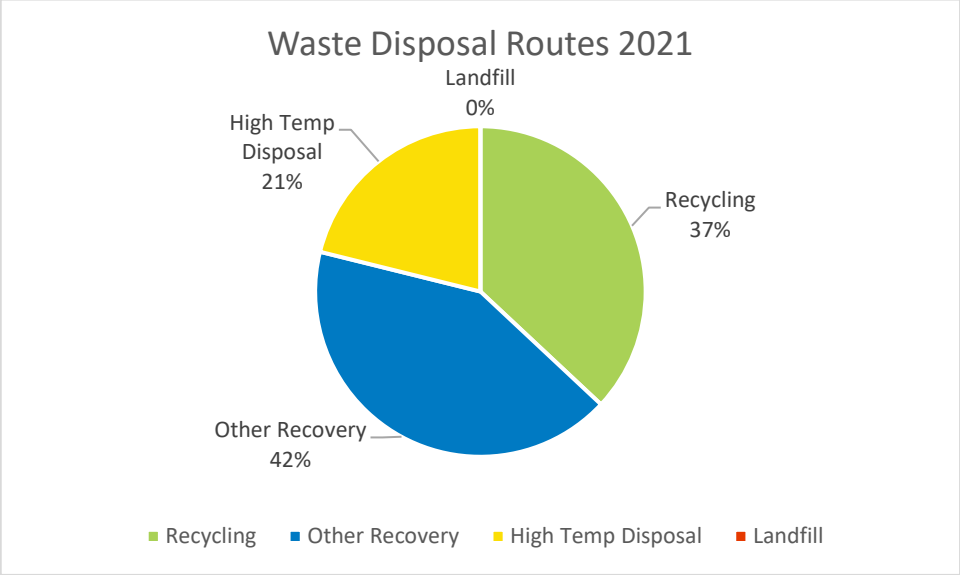


Case Study: *Solar panels at Estuary Point*

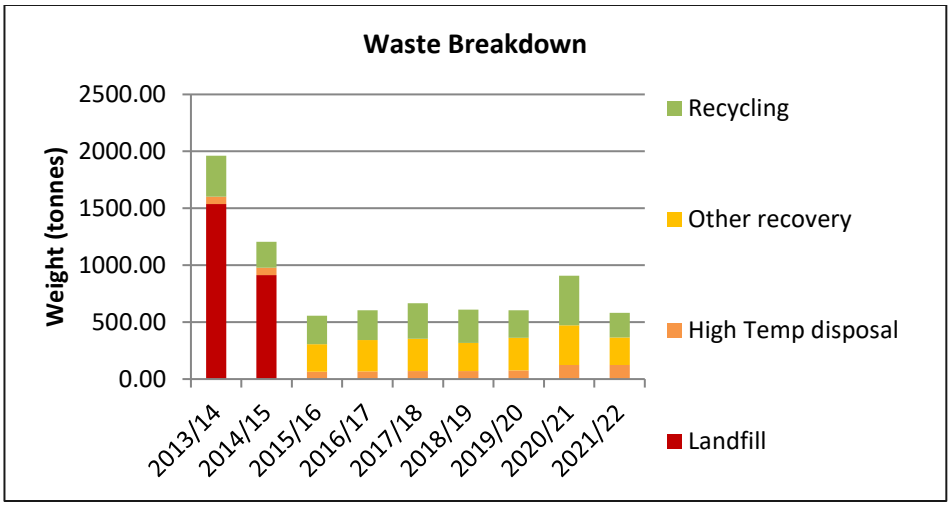
Existing gas boilers had failed at Estuary Point and considered beyond economic repair therefore, it presented a prime opportunity to replace the boilers with low and zero-carbon alternatives. Air-source heat pumps have already been installed to provide low carbon heat and hot water, but by adding solar PV and making use of the roof space, the trust has gone one step further to reduce fossil fuel use and decrease carbon emissions by 231 tonnes per year at the site.

Waste

The trust has made good progress in sustainable waste disposal with 100% of waste streams diverted from landfill and a 37% recycling rate for 2021/22.



As well as managing how our waste is disposed, the trust will work to minimise our production of waste and increase reuse and recycling, where possible. By using these more sustainable alternatives and methods of waste disposal, the trust will continue to reduce costs and carbon emissions.



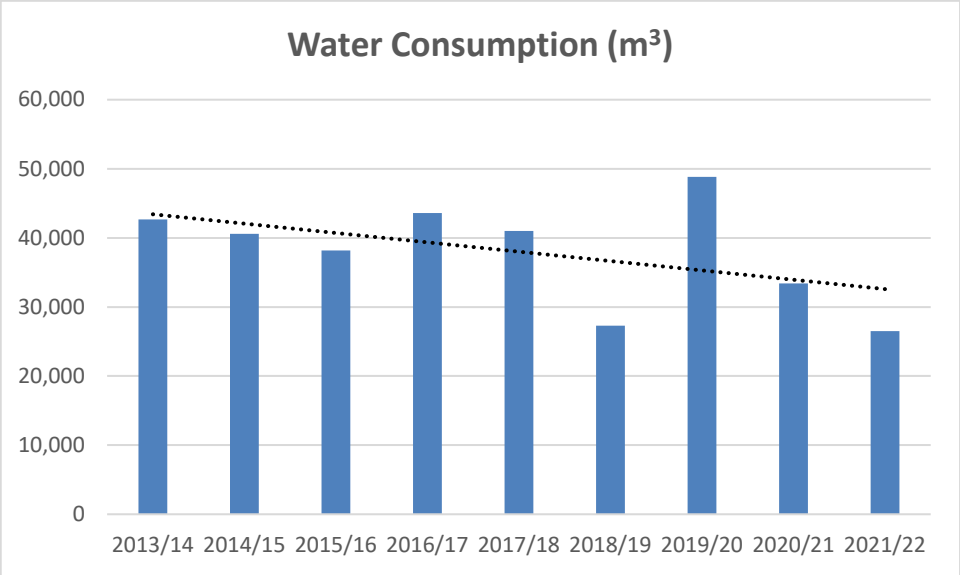
Waste		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Recycling	(tonnes)	360.00	228.00	252.00	261.30	311.94	292.59	242.67	435.90	214.93
	tCO_2e	7.56	4.79	5.04	5.49	6.80	6.26	5.18	9.29	4.58
Other recovery	(tonnes)	0.00	0.00	239.00	274.38	285.80	246.25	286.98	348.56	243.54
	tCO_2e	0.00	0.00	4.78	5.76	6.23	5.37	6.13	7.43	5.19
High Temp disposal	(tonnes)	66.00	66.00	66.00	67.85	69.22	71.32	76.04	122.73	122.85
	tCO_2e	14.52	14.52	14.45	14.93	15.23	15.69	16.73	27.00	27.03
Landfill	(tonnes)	1536.00	913.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	tCO_2e	375.43	223.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Waste (tonnes)		1962.00	1207.00	557.00	603.53	666.96	610.16	605.69	907.19	581.32
% Recycled or Re-used		18%	19%	45%	43%	47%	48%	40%	48%	37%
Total Waste tCO_2e		397.51	242.46	24.27	26.18	28.26	27.32	28.04	43.72	36.79

This year 100% of our general waste was diverted from landfill and we have assessed collection frequencies to reduce unnecessary visits and ensure waste is moved up the waste hierarchy. There has also been a drive to develop waste management training, toolbox talks, procedures and guidance for colleagues to follow.

In terms of clinical waste, COVID-19 has played a significant part in the types and volumes of waste the trust disposes of. As part of completing tens of pre-acceptance audits (which helps us to understand how clinical waste is being managed) we have further improved waste segregation, specifically around PPE waste disposal. This coming year will see a further improvement in waste segregation (and cost reductions) in clinical waste generated by frontline staff by introducing offensive waste streams to ambulance vehicles and stations.

Water

Water efficiency has generally not been high on the agenda for organisations, but it is increasingly becoming a priority due to risks from climate change and dwindling water supplies in some areas of the country. The trust is no exception to this trend and aims to link with the UK Government's 25-year Environment Plan which sets out environmental policies and aims, including the efficient use of water throughout society, such as improving water efficiency by end users.

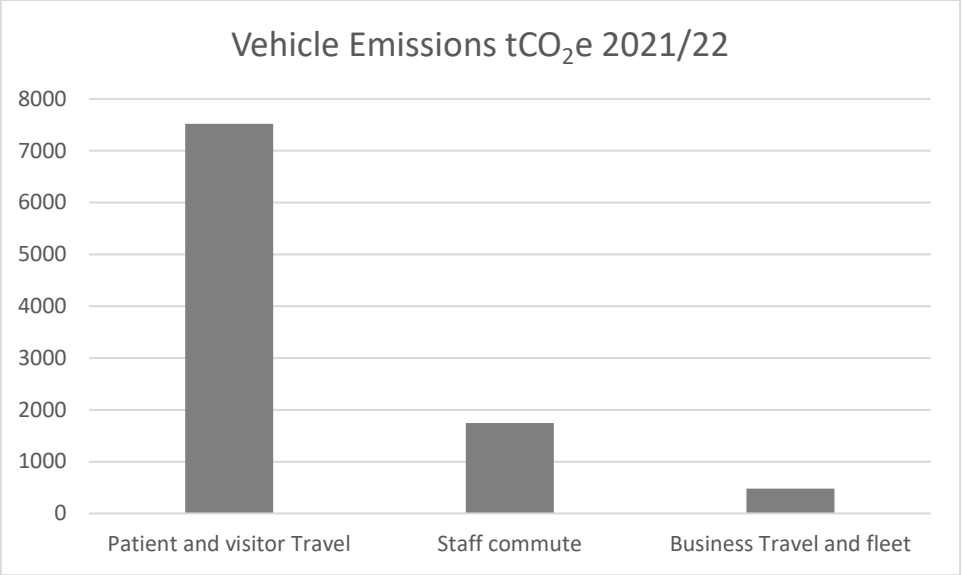


Water		2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Mains	m^3	42,677	40,574	38,161	43,580	41,017	27,293	48,831	33,396	26,492
	tCO_2e	38.87	36.96	34.76	39.68	43.15	28.71	51.37	35.13	24.12

Since 2013/14, water consumption per metre-squared has been reduced through improved management and monitoring across all trust sites. Initiatives to identify water leaks, closer review of invoices and occupancy levels of sites as well as introducing water saving devices have largely contributed to the downward trend. It is envisaged that usage will fall further again following the completion of the current estates rationalisation process.

Fleet, Travel & Logistics

As an NHS organisation, the trust produces significant carbon emissions from staff travel and the logistics associated with our activities and service provision. Our aim is to continue to reduce emissions from staff, business, fleet and logistics. We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use our services.



To deliver high quality care, the trust makes use of a large and varied fleet of vehicles. This analysis accounts for all vehicles used for NHS duties that are directly owned and leased by the trust with emissions totalling approximately 9,745 ktCO2e per year.

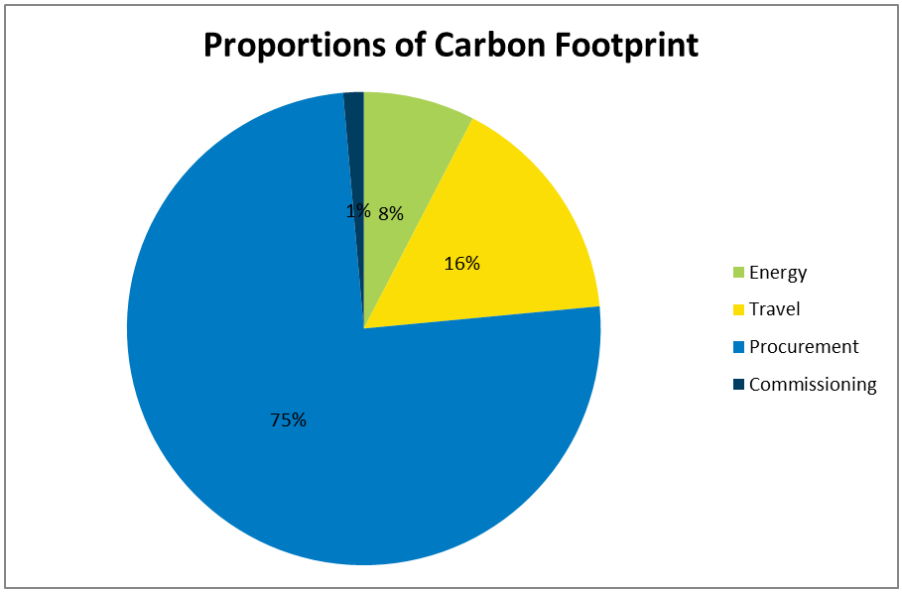
We aimed to ensure all vehicles purchased or leased are low and ultra-low emission (ULEV), in line with the existing NHS operating planning and contracting guidance deliverable for 2020/21 and meet the NHS Long Term Plan commitment for 90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028, however automotive industry was severely hampered by a shortage of semiconductor chips in 2021, with impacts further exacerbated by the pandemic. Ambulances pose a particular challenge and require targeted interventions. However, for the rest of the fleet, rapidly exploring options for a complete transition to zero-emission vehicles by 2032 will be a key focus in engagement over the coming months.

Progress this year also includes assessment and carbon footprint calculations of our business travel (all road, rail and air) and patient transport services as part of the wider plan to develop a trust-wide Sustainable Travel Plan. This also links to the planned review of all trust sites to ensure they are accessible by public transport and that active travel facilities are provided on all trust sites, including secure cycle parking, showers and lockers. The trust Car Lease Policy has also undergone review to promote the use of low carbon vehicles to essential users within the trust.

This year the trust has also overseen the trial of electrical vehicles (EV) charge points at 3 major sites, which will be accessible to staff. Once these charge points are fully operational, they will be monitored to verify their effective use and in parallel with the adoption of electric vehicles.

Carbon Footprint

The information provided in the previous versions of this annual report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information estimates the impact of our supply chain from our spend.



Resulting in an estimated total carbon footprint of 87,527 tonnes of carbon dioxide equivalent emissions (tCO_2e). Our carbon intensity per pound is 191 grams of carbon dioxide equivalent emissions per pound of operating expenditure (gCO2e/£). Average emissions for ambulance services is 260 grams per pound.

Adaptation

Climate adaptation involves making changes to reduce the risks of climate change on the services we provide and the population we serve. Our aim is to be prepared and resilient to climate change, particularly extreme weather events, by assessing current and future risks and responding through adaptation and mitigation strategies. Events such as heatwaves, cold snaps and flooding are expected to increase as a result of climate change. To ensure that our services continue to meet the needs of our local population during such events we are currently reviewing and updating our Green Plan which includes our Climate Change Risk Assessment and Adaption Plan.

Biodiversity Action Plan

Greenspace and biodiversity play an important role in the wellbeing and mental health of our staff. Therefore, it is a priority of the Trust to incorporate greenspace into the design of new buildings and refurbishments around the Trust. We have not currently issued a stand-alone strategy for initiatives related to improving biodiversity and maximising the value of access to green space.

However, we do recognise and promote the importance and benefits to wellbeing and to the environment. This topic area will be written into our Green Plan as part of the current review.

Corporate Governance Report

Directors' Report

Membership of the Board of Directors for the 2021/22 reporting period:

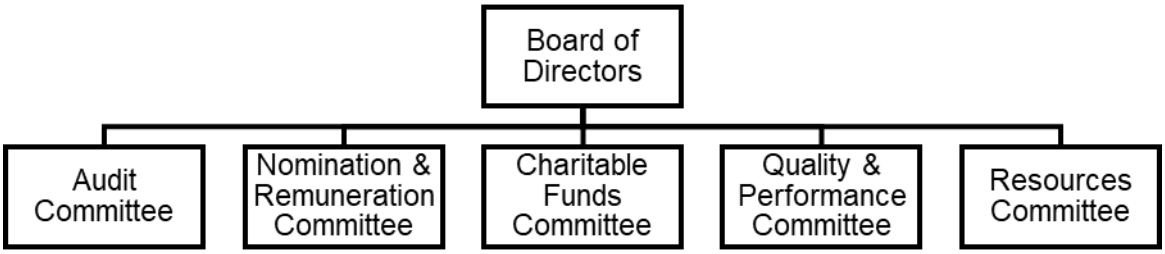
Peter White Chairman	Daren Mochrie Chief Executive
Richard Groome Non-Executive Director	Carolyn Wood Director of Finance
David Rawsthorn Non-Executive Director	Ged Blezard Director of Operations
David Hanley Non-Executive Director	Dr Chris Grant Medical Director
Alison Chambers Non-Executive Director	Maxine Power Director of Quality, Innovation and Improvement
Aneez Esmail Non-Executive Director	Salman Desai Director of Strategy, Partnerships and Integration
Prof Roderick Thomson Associate Non-Executive Director	Angela Wetton Director of Corporate Affairs
Gillian Singh Associate Non-Executive Director (left 10 August 2021)	Lisa Ward Director of People

Attendance of Board of Directors Meetings and Committees during 2021/22:

Board Member	Term of Appointment	Board of Directors	Audit Committee	Nominations & Remuneration Committee	Charitable Funds Committee	Quality & Performance Committee	Resources Committee
		Attendance (actual/max)					
		Non-Executive Directors					
Peter White (Chairman)	1/2/19 – 1/2/23	9/9		3/3			
Richard Groome	6/8/21 – 31/3/21	9/9		2/3	2/2		5/5
David Rawsthorn	25/3/19 – 24/03/21 25/3/21 – 24/03/23	8/9	6/6	2/3	2/2		4/5
David Hanley	28/5/19 – 27/5/21 28/5/21 – 27/5/23	7/9		3/3	2/2	7/9	5/5
Alison Chambers	1/8/19 – 31/7/21 1/8/21 – 31/7/23	7/9	5/6	1/3		9/9	
Aneez Esmail	1/4/2021 – 31/3/23	8/9	6/6	3/3		9/9	
Rod Thomson	1/9/19 – 31/8/21 1/9/21 – 31/3/22	9/9	6/6	2/3		9/9	
Gillian Singh (left 10th August 2021)	1/3/21 – 28/2/23	4/5	3/4	1/1			1/2
		Executive Directors					
Daren Mochrie		9/9					
Ged Blezard		9/9			2/2	7/9	4/5
Chris Grant		8/9				9/9	
Salman Desai		9/9			2/2		5/5
Angela Wetton		9/9			2/2		
Maxine Power		7/9				9/9	
Lisa Ward		8/9			2/2		4/5
Carolyn Wood		9/9			2/2		5/5

Committees

A number of assurance committees reported to the Board of Directors during 1 April 2021 and 31 March 2022, these committees were as follows:



During 2021/22, the Board of Directors and its assurance committees continued to hold virtual meetings to ensure appropriate governance arrangements were maintained throughout the COVID-19 pandemic and implemented the necessary arrangements to 'reduce the burden'.

The Terms of Reference for the Audit Committee are based on the model terms of reference incorporated in the HFMA Audit Committee Handbook. In relation to the Committee self-assessment, the HFMA Audit Committee Handbook provides two checklists to aid facilitation of the Committee self-assessment in relation to 1) to test the committee processes; and 2) to test its effectiveness. During Q4 2020/21, MIAA undertook an assessment of the committee processes, the outcome of the assessment was positive and identified that all actions from the previous year had been addressed however highlighted further action relating to the Committee formally considering how it integrates with other committees reviewing risk. During Q3 2021/22, it was agreed the Chair's Assurance Report from the Resources Committee would also be submitted to each meeting alongside the Chairs Assurance Report from the Quality and Performance Committee. The Committee is due to undertake a further self-assessment against the HFMA checklists during Q1 2022/23.

To strengthen its role relating to data quality and cyber security, from 1st April 2021 the Information Governance Sub Committee commenced reporting into the Audit Committee via the Chairs Assurance Report

Members of the Audit Committee during 2021/22 were David Rawsthorn (Chair), Alison Chambers, Aneez Esmail, Roderick Thomson and Gillian Singh (up to August 2021). The Chair of the Committee has the relevant financial experience. The Chair of the Audit Committee presented the Annual Report of the Audit Committee to the Board of Directors on 27 April 2022 to provide a summary of the activities undertaken by the Committee and how the Terms of Reference and key priorities were met during 2021/22. The Audit Committee Terms of Reference for 2022/23 were also approved. The trust's External Audit service is provided by Mazars LLP and the cost for audit of the 2021/22 financial

statements was £64,925. Mazars have not provided the trust with any non-audit services during the reporting period.

In April 2022, the Audit Committee received an update relating to the trust's compliance with the FT Code. The FT Code is based on the UK Code of Governance to reflect latest and best practice application of good corporate governance and provides a tried and tested framework for the leadership and direction of board led organisations in the UK. Whilst the trust is not a foundation trust, it takes full account of the NHS Foundation Trust Code of Governance published by Monitor (now NHS Improvement) for trust boards. A summary of the trust's corporate governance arrangements against the FT Code was provided to the committee for assurance and the trust was able to declare compliance with all relevant clauses.

Each committee has formal terms of reference which are approved by the Board of Directors and sets out the powers and functions of the committees. These terms of reference are subject to annual review by the relevant committee with outcomes subsequently reported to the board of directors for approval. This annual review process incorporates a review of committee effectiveness which includes; an assessment of how functions have been discharged during the reporting period, evaluation of committee member attendance and identification of any committee development needs.

Register of Interests

The trust maintains a Register of Interest for the Board of Directors and is subject to bi-monthly review by the board. Where details of company directorships have been declared and where those companies are likely to do business or are possibly seeking to do business with the NHS, Board members declare their interest and withdraw from any decision-making process. During 2021/22, there were no identified breaches in respect of any declarations made by the Board of Directors.

As far as the executive directors are aware, there is no information relevant to the auditors for the purposes of their audit report. The executive directors have taken all of the steps they ought to have taken to ensure they are aware of any relevant audit information and to establish that the auditors are aware of that information.

The board considers that its non-executive directors are independent in character and judgement insofar as:

- No non-executive director has a third party business relationship with the trust
- No non-executive director has an income from the trust other than remuneration for their non-executive position
- No non-executive director financially relies on the income earned in their role or is either a supplier or customer of the trust

- No non-executive director has a personal connection to any senior trust managers, and,
- No non-executive director has been on the board for more than nine years.

The Board of Directors Register of Interest is available to view here.

Fit and Proper Persons Requirements: Directors and Non-Executive Directors

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).

In March 2022, the Board of Directors received the Chairman's Annual Declaration confirming that all existing executive and non-executive directors met the requirements of Fit and Proper Persons Test which was informed by the application of the Board approved Procedure on Fit and Proper Persons Requirements including:

- Pre-employment checks for all new appointments undertaken in line with the NHS Employment Standards and including the following:
    - Proof of identity
    - Disclosure and Barring Service check undertaken at a level relevant for the post
    - Occupational Health clearance
    - Evidence of the right to work in the UK
    - Proof of qualifications, where appropriate
    - Checks with relevant regulators, where appropriate
    - Appropriate references, covering at least the last three years of employment, including details of gaps in service.
- Additional checks for all directors on the following appropriate registers:
    - Disqualified directors
    - Bankruptcy and insolvency
- Confirmation from the Chair of appointment panels of compliance with the checks process
- All new appointments for non-executive director positions are undertaken in conjunction with NHSE/I. The pre-employment checks undertaken by NHS E/I checks are shared with the trust so there is a retained record in the trust of the individual's fitness to undertake their role as non-executive director.
- A review of checks by NHSE/I in circumstances of the reappointment of non-executive directors to ensure that they remain 'fit and proper'
- Assessment of the Ongoing Independence of non-executive directors carried out by the Director of Corporate Affairs
- Annual and on-going declarations of interest for all Board members
- Annual Fit & Proper Persons Test self-declarations completed by all executive and non-executive directors.
- If there have been any individual concerns raised regarding directors during the previous year, the outcome of any investigations is reviewed to provide continuing assurance that directors remain 'Fit and Proper'.
- The retention of checks data on personal files.

Information Governance

We have a Senior Information Risk Officer 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.

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.

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.

Key areas of delivery and assurance are outlined as follows:

- **Board Assurance:** 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.
- **Policies and Procedures:** 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.
- **DSPT:** The final submission of the DSPT 20/21 was extended until the end of June 2021 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 “Standards not Met”. The final submission deadline for the DSPT 2021/22 has been moved to the end of June. The Trust submitted the baseline at the end of February. The status of the submission is 100 of 110 mandatory evidence items provided. There are two detailed action plans in place for IG and ICT to ensure that the evidence is provided for the final submission at the end of June. Mersey Internal Audit Agency (MIAA) have commenced the first

phase of the mandatory audit on 4 March 2022. Phase two of the audit starts on 12 May 2022.

- **Data Breaches:** The trust uses the Datix Incident Report Form to capture data breaches reported by all levels of staff. During 2021/22, 68 breaches relating to information governance 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 2021/22, this is likely a result of changes in reporting. Loss of ID badges are no longer reported as a data breach.
- **DPO complaints:** 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.
- **DPIAs:** Strong processes are in place to enable delivery of Data Protection Impact Assessments (DPIAs). 24 screening questionnaires have been completed with full DPIAs completed for 8 new assets.
- **Data Sharing:** 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 NWAS 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. The Message Exchange for Social Care and Health account has been set up and a test of data has been sent. This will enable the Trust to comply with the National Data opt Out.
- **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 2021/22.
- **Key Performance Indicators:** All key performance indictors (KPI) were met.

KPI	Target	Q1	Q2	Q3	Q4
Freedom of Information Request (FOI)	To respond to 90% of requests within 20 working days.	95%	99%	99%	98%
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%

Modern Slavery Act 2015 – Transparency in Supply Chains

Background

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

A person commits an offence if:

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

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

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

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

- Year ending March 2017;
- Year ending March 2018;
- Year ending March 2019;
- Year ending March 2020; and
- Year ending March 2021

Organisational Structure

North West Ambulance Service NHS Trust serves an approximate population of 7 million covering an area of 5,500 square miles and employs over 5,900 staff. The Trust receives 1.1 million emergency calls per year, which is 16% of the national (999) activity. To meet this demand the Trust has 3 emergency control centres and approximately 700 emergency vehicles.

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

The Trust has an overall annual budget of around £450 million.

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

The Trust has a non-pay budget of £135m per annum which is spent on goods and services. Over 80% of the £135m is spent with the Trusts top 100 suppliers.

Our Supply Chain

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

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

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

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

- NHS Procurement Template Documents – ensure that Modern Slavery is considered in procurement exercises.

- NHS Terms and Conditions – requires suppliers to comply with all relevant Law and Guidance and to use Good Industry Practice to ensure that there is no slavery or human trafficking in its supply chains.

- All current Trust suppliers have been contacted to provide evidence of compliance with the Act and have been issued with the “Supplier Code of Conduct”. In addition, suppliers have been made aware of how to inform the Trust if they become aware of any breaches to the act within their own supply chain. The same process has been adopted for new suppliers.
- When we write to new Suppliers for information to enable them to be set up on our systems, we ask them for certain information and this has been expanded to cover a Modern Slavery Declaration.
- We have a Modern Slavery section in our “Procurement Manual” which is an internal guidance document that’s should raise awareness for all staff.
- The Senior Procurement Team has completed the “Ethical Procurement and Supply Certificate” that is a recognised qualification of the Chartered Institute of Procurement & Supply.

Safeguarding

- The Safeguarding Vulnerable Persons Policy was reviewed in September 2021 and makes reference to modern slavery.

- The Safeguarding Team have added Modern Day Slavery to the level 3 training and the induction training for the Trust.
- The safeguarding crib sheets has a modern day slavery tick box option for staff who are raising concerns if they feel that the patient is a victim of modern day slavery.
- It has been made very clear to staff during training that modern day slavery is a crime and so if a patient is at risk of MDS or is believed to be a victim then the Police should be contacted.

Recruitment

The Trust has a robust recruitment policy and follows all the NHS Employment checks standards including right to work and identity checks. The checks standards are rigorously applied to all prospective employees and bank workers, whether in paid or unpaid employment. Agency staff are sourced through Agencies listed on the approved Procurement Framework (s).

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the financial year ending 31 March 2022.

External Compliance

The trust's functions are organised to ensure effective compliance with the external requirements placed upon it by bodies such as the Department of Health and Social Care, the Care Quality Commission, NHS England and NHS Improvement (NHSE/I) and NHS Resolution. The trust aims to comply with, and meet, all statutory, legislative and regulatory requirements placed upon it as an employer, an ambulance service and an NHS trust. These include:

- National targets for ambulance response times
- Statutory and regulatory financial duties
- Care Quality Commission registration requirements
- NHS Model Employer standards
- Civil Contingencies Act 2004
- NHS Constitution

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the trust;
- the expenditure and income of the trust has been applied to the purposes intended by parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Daren Mochrie QAM, MBA, Hon DHC, Dip IMC RCSEd, MCPara
Chief Executive Officer Date: 17 June 2022

STATEMENT OF DIRECTORS' RESPONSIBLITIES IN RESPECT OF THE ACCOUNTS

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board

Date…17 June 2022…… Chief Executive:

Date:…17 June 2022……Director of Finance: …

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North West Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North West Ambulance Service NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

The Board of Directors has overall responsibility for providing strategic leadership of risk management throughout the organisation, which includes maintaining oversight of strategic risks to achieving Trust objectives via the Board Assurance Framework (BAF) and leading by example in creating a culture of risk awareness. The Director of Corporate Affairs is accountable to the Board of Directors and the Chief Executive for North West Ambulance Service NHS Trust's governance and risk management, the Director of Corporate Affairs, with support from the Head of Risk and Assurance, provides a clear focus for the management of organisational risks and for coordinating and integrating all of the Trust's risk management arrangements.

The Board of Directors is presented with a quarterly risk management assurance report, containing the BAF and the Corporate Risk Register (CRR), both of which are subject to scrutiny at the Executive Leadership Committee (ELC) meetings.

Executive Directors of the Trust are responsible for the consistent application of the Risk Management Policy within their areas of accountability, which includes maintaining an awareness of the overall level of risk within the organisation, the management of specific risks that have been identified and promoting a risk aware culture within their

Directorates. Senior Management Teams scrutinise Directorate, Departmental/ Team Risk Registers at their meetings.

Managers within the Trust are responsible for making active use of risk registers to support the management of their service, the management of specific risks that have been identified, promoting a risk aware culture and ensuring that risk assessments are carried out within the service.

Risk Management Training

Risk management training is incorporated in the Trust's induction programme and annual statutory and mandatory training programme.

Each year Board Development Sessions on risk management, risk appetite, and the Board Assurance Framework (BAF) are held with the Board of Directors including during the reporting period of 2021/22. These focused sessions provide the Board of Directors with an additional opportunity to discuss and debate the strategic risks and Risk Appetite Statement (RAS) prior to formal approval and to understand and define the risk tolerance levels for the organisation.

The risk and control framework

Risk Management Strategy

The Risk Management Strategy defines the broad aims and principles of risk management activities across the Trust and sets out key targets and milestones until 2024 at which point, it will be refreshed. The primary aim of the strategy is to provide a supportive framework that ensures integration of risk management into policy making, planning and decision making processes and specifically:

- To protect patients, carers, staff and other who come into contact with the Trust;
- To create awareness through the Trust of the importance of recognising and managing risk and providing staff with the appropriate knowledge, skills and support;
- To promote positive risk taking in the context of clinical care and in controlled circumstances;
- To provide a robust basis for strategic and operational planning through structured consideration of key risk elements;
- To enhance partnership working with stakeholders in the delivery of services;
- To improve compliance with relevant legislation and national best practice standards; and
- To enhance openness and transparency in decision making and management.

The Risk Management Strategy underpins other Trust strategies, enabling improved and integrated clinical and corporate risk management systems and risk assurance reporting, thereby enhancing organisational risk maturity. The objectives for the first year of the strategy were delivered during 2021/22.

Risk Management Policy

The Risk Management Policy was reviewed during 2021/22 and defines the approach taken by North West Ambulance NHS Trust in applying risk management to its decision making at all levels. The main objective of this policy is to establish the foundations for a culture of effective risk management throughout the organisation by setting out clear definitions, responsibilities and processes to enable the principles and practices of risk management to be applied consistently throughout the organisation.

The Trust Risk Scoring Matrix has been refreshed to ensure standardisation of risk assessment across the Trust. All risks are recorded and managed via the RLDatix System that is used across the Trust.

Risk management is everybody's responsibility, and the principles of effective risk management should form an integral component of decision-making at all levels.

Where a risk is identified but cannot be managed without some significant change to the way the organisation operates, it is escalated through the relevant line management structure. The policy also requires risk mitigating action plans to be determined and implemented for those risks that are inadequately controlled.

Board Assurance Framework (BAF)

The BAF is an effective method for the management of the organisation's strategic risks to meeting its corporate objectives and links with the Trust's mission, vision and strategic priorities. It provides structure for evidence to support the Annual Governance Statement and as a result, streamlines reporting to the Board of Directors. The BAF has continued to mature into a comprehensive system and is embedded within the organisation's Integrated Governance Structure.

The Board Assurance Framework includes the following key elements:

- Strategic risks of the Trust, aligned to the Executive Director Lead and mapped to a Board Assurance Committee for monitoring;
- A description of the strategic risk, including opening, quarterly, in-year and final target scores;
- The corporate risk which link to the strategic risk, including risk scoring;
- Alignment of the strategic risks to the organisation's strategic priorities;
- Risk appetite category and risk tolerance score;
- Key controls in place to manage the risks;
- Assurances from the key controls;
- Evidence of the controls and assurances identified;
- Any gaps in controls and assurances;
- Action plans to address gaps in controls and assurances.

The Board Assurance Framework is approved by the Board of Directors at the commencement of the financial year and is managed through delegation to its Board Assurance Committees. The Executive Leadership Committee continues to promote effective risk management and leadership whilst overseeing and monitoring the management of the Board Assurance Framework.

The Board of Directors reviews the Board Assurance Framework on a quarterly basis and approves the quarterly position. The final version of the 2021/22 Board Assurance Framework was approved at the end of April 2022, by the Board of Directors.

Risk Management

All departments within Directorates maintain a live, dynamic and well populated risk register via the RLDatix System. Risk is a key agenda item on all meeting agendas across the Trust. The Trust supports staff throughout the organisation to manage risk at the most appropriate level, ensuring there is a clear process for risk escalation. Risks are escalated via Departmental and Directorate Risk Registers to the Corporate Risk Register in accordance with the Risk Management Policy.

All business cases must include a full risk assessment and Equality Impact Assessment (EIA) prior to formal approval. All efficiency schemes have processes in place to identify and mitigate risks to quality.

Risk Appetite

As part of the cyclical Board Development Programme, the Board of Directors received a focused session pertaining to risk appetite. Collectively, the Board of Directors has assessed its risk appetite and this is reviewed annually. It is also taken into account when considering the tolerance level of any risk and when making decisions.

Quality Governance

Quality Governance is overseen via the Trust's Quality and Performance Committee which monitors the delivery of the Trust's Quality (Right Care) Strategy and compliance with the Care Quality Commission (CQC) and other regulatory requirements. The work of the Quality and Performance Committee is supported by the Executive-led Clinical Effectiveness Sub Committee, Health, Safety and Security Sub Committee, Patient Safety Sub Committee, Infection, Prevention and Control Sub Committee, Emergency Preparedness Resilience & Response Sub Committee, Diversity and Inclusion Sub Committee and Review of Serious Events meeting.

There are clear Terms of Reference (ToR) for each Board Assurance Committee and reporting Sub Committees with the committees' effectiveness being reviewed on an annual basis. At the end of 2021/22 the effectiveness reviews concluded that whilst they are both fulfilling their duties, there are areas of development to further strengthen their remit which will be implemented during 2022/23. Associated improvements have been themed into five key areas:

- Committee focus
- Committee engagement
- Teamworking
- Effectiveness
- Leadership

The developments to strengthen the Committees will facilitate succinct and clear questioning, further refined assurance papers to allow greater focus on key areas of assurances, provide deeper scrutiny of the Board Assurance Framework, to hold Executive Directors to account for their areas of work and portraying complex topics to ensure understanding by the Committee membership.

In addition, Board Assurance Committees will continue to undertake frequent 'thematic analysis' into key areas of risk during the year, driven by gaps in assurances highlighted on the Board Assurance Framework in a continued drive for improved quality of assurance reports.

During 2021/22, the Board Assurance Committee effectiveness review recommendations from 2020/21 were implemented resulting in the establishment of the following Sub Committees; Clinical Effectiveness Sub Committee, Health, Safety and Security Sub Committee, Patient Safety Sub Committee, Infection, Prevention and Control Sub Committee, Emergency Preparedness Resilience & Response Sub Committee and Diversity and Inclusion Sub Committee. Each of the Sub Committees submits a Chair's Assurance report after each meeting to the Quality and Performance Committee. In addition, the Quality & Performance Committee has the opportunity to escalate items from its agendas to the Audit Committee. Collectively, improvements have been seen in the quality and content of both assurance reports and Chair's Assurance Reports from Sub Committees. These changes were made to allow effective triangulation and consideration of information and increase scrutiny.

There were three Board Assurance Committees, chaired by a Non-Executive Director that oversaw risk management; both clinical and non-clinical and these were:

- Audit Committee; which sought assurance over the risk management processes and controls in place rather than the content and management of individual risks themselves
- Quality and Performance Committee
- Resources Committee

Clinical risk is monitored via the Trust's Clinical Effectiveness Sub Committee and Quality and Performance Committee.

Whilst clinical risk management is everyone's responsibility, it is managed on a day-to-day basis by operational staff and monitored by the Quality, Innovation and Improvement Directorate. Clinical risk is reported through the integrated governance,

risk and compliance system, RLDatix, which allows themes and trends to be identified to inform wider organisational learning. All clinical practices are carried out using the best available clinical evidence base; this includes advice that is given to patients via telephone as well as advice and clinical procedures performed when our clinicians are in a face to face situation. In the former, the evidence base is largely taken from papers published in the UK and for the latter the evidence base is the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) latest Clinical Guidelines.

The Audit Committee reviewed the establishment and maintenance of an effective system of governance, risk management an internal control, across the entire organisation's activities. This includes activities that were both clinical and non-clinical.

2021/22 Strategic Risks

Due to the release of the NHS Planning Guidance on 25 March 2021, the Trust proposed four strategic risks to be in place for the first quarter until the planning round had been completed and the strategic plans and objectives of the Trust were reviewed and potentially revised.

The key risks for the Trust as it moved into 2021/22 focused on patient safety, financial effectiveness and value for money, operational performance and workforce recruitment and retention.

The following list identifies the risks for the first quarter of 2021/22:

1. There is a risk that the Trust may not deliver safe, effective, and patient centred care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction
2. There is a risk that the Trust cannot evidence value for money and effectiveness in the use of resources that could impact on its ability to invest improvements to infrastructure
3. There is a risk that the Trust does not deliver improved national and local operational standards resulting in unsafe or delayed care
4. There is a risk that the Trust is unable to attract or retain suitably qualified and diverse staff, this may impact on our ability to deliver safe services.

During the first quarter of 2021/22, the four strategic risks identified prior to the release of the NHS Planning Guidance were revisited, reviewed and subsequently, a further four strategic risks were identified:

1. There is a risk that the organisational cultural change does not sufficiently develop, impacting adversely on staff wellbeing and engagement with organisational changes, resulting in poor quality services and staff harm
2. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action
3. There is a risk that the proposed changes to legislation reduced the Trust's ability to engage effectively and influence across all the Integrated Care Systems (ICS) within its regional footprint

4. There is a risk that enactment of the proposed legislative changes in 2022 could impact on the current regional footprint of the Trust.

During the second quarter of 2021/22, a further strategic risk was identified:

1. There is a risk that due to persistent attempts and/or human error, NWAS may suffer a major cyber incident resulting in a partial or total loss of service and associated patient harm.

Future 2022/23 Strategic Risks

The key risks for the Trust as it moves into the new financial year remain focused around quality and patient safety, financial sustainability, operational performance, workforce, and cyber security.

The following list denotes the risks identified for 2022/23:

1. There is a risk that the Trust may not deliver safe, effective, and patient centred care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction
2. There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver safe and effective services
3. There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care
4. There is a risk that the Trust will be unable to attract or retain sufficient suitably qualified staff and maintain low abstraction levels, which may impact on our ability to maintain safe staffing levels
5. There is a risk that sufficient progress is not made in developing a compassionate, inclusive and supportive culture, impacting adversely on staff wellbeing and engagement, resulting in poor quality services, staff harm and reduced productivity
6. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action
7. There is a risk that the proposed changes to legislation reduced the Trust's ability to engage effectively and influence across all the Integrated Care Systems (ICS) within its regional footprint
8. There is a risk that enactment of the proposed legislative changes in 2022 could impact on the current regional footprint of the Trust
9. There is a risk that due to persistent attempts and/or human error, NWAS may suffer a major cyber incident resulting in a partial or total loss of service and associated patient harm
10. There is a risk that the Trust continues to attract negative media attention arising from long delays and harm, combined with potential criticisms from the Manchester Arena Inquiry report, this may lead to significant loss of public confidence.

The Governance Framework of the organisation

Whilst the Trust is not obliged to comply with the FT Code of Governance, the Board of Directors constantly reviews its governance arrangements to ensure alignment where applicable. The Board of Directors recognises its accountabilities and provides leadership within a framework of prudent and effective controls which enables risk to be assessed and managed throughout the organisation.

The Board of Directors sets the strategic aims for the organisation and ensures that resources are in place to meet its objectives. It received reports at each meeting held in public on the principal strategic risks through a combination of risk management assurance reports and/or Chair's Assurance Reports from the Board Assurance Committees.

The Board of Directors currently meets at least six times per annum and during the reporting period consisted of:

- The Chairman plus 5 other Non-Executive Directors, including a Senior Independent Director (SID)
- The Chief Executive Officer and 4 other voting Executive Directors
- 3 non-voting Executive Directors
- 2 non-voting Associate Non-Executive Directors

During 2021/22, the following changes to the composition of the Board of Directors:

- One Non-Executive Director came to the end of their term
- One Non-Executive Director resigned from their role
- One Associate Non-Executive Director came to the end of their term
- One new Non-Executive Director was appointed.

The Board of Directors has three key roles:

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

Quality is a central element of all Board of Director meetings. The Integrated Performance Report, which continues to be developed and enhanced, is aligned to the Single Oversight Framework with focus on key quality indicators.

Either a staff or patient story is used to open each meeting of the Board, to ensure that the focus is on quality of patient care remains at the heart of all Board of Directors activity and decision making.

At each Board of Director meeting, the Board reviews reportable events which includes near misses, serious case reviews, claims and coroner's inquests. The Quality and Performance Committee also reviews these matters in more detail on a monthly basis, along with complaints and concerns, and learning is disseminated via the Trust Learning Forums which are held both corporately and locally within geographical areas for both clinical and non-clinical matters. During the year, no nationally defined 'Never Events' occurred as a result of Trust care or its services.

The Executive Management Team via the Executive Leadership Committee meets weekly and is accountable for the operational management of the Trust. The primary focus of the Executive Management Team includes management of organisational risk and governance; investment and disinvestment; performance delivery; horizon scanning; strategy and policy development, interpretation and implementation, and stakeholder and partner engagement.

Arrangements are in place through the Board of Directors and Board Assurance Committees to review and confirm that the Trust discharges its statutory functions. The Trust is satisfied that it has been compliant with these functions during 2021/22.

Attendance levels at Board of Directors and Board Assurance Committee meetings throughout 2021/22 are detailed on pages 102 of the Annual Report.

Whilst NHS Trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS Improvement (NHSI) to ensure that NHS Trusts comply with the conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS Trust where necessary to ensure compliance. In accordance with this, the Trust is required to submit to NHSI a Corporate Governance Statement by and on behalf of the Board of Directors confirming compliance with FT4 (8) Condition of the Provider Licence as the date of the statement and anticipated compliance with this Condition for the next financial year, specifying any risks to compliance with this Condition in the next financial year and any actions it proposes to take to manage such risks. The Statement was drafted and approved by the Board of Directors at its meeting on 25 May 2022 and published on the Trust's website within the prescribed timescales. The Statement from the Board of Directors evidenced the current arrangements in place to mitigate the risks to compliance and concluded that there were no material risks. As mentioned elsewhere in this Annual Governance Statement the effectiveness of the Board Assurance Committees is reviewed at least annually and the Trust's performance is considered at each Board of Director meeting with presentation of the Integrated Performance Report based upon the Single Oversight Framework.

Workforce

The Trust has an approved People Plan in place and a supporting three year implementation plan reinforced by a set of clear measures.

In line with the NHS People Plan, the Trust has moved to a People Plan to enable greater alignment with the NHS Plan and the People Promise. The NWAS People Plan remains strategic and looks forward on a rolling three year period, with a supporting set of objectives focussed on the recovery items that were rolled over from 2020/21 to 2021/22. Progress against implementation of the strategy is monitored on behalf of the Board of Directors through the Resources Committee and the associated workforce governance structures, with key projects also overseen by the Corporate Programme Board.

The continual impact of the pandemic has caused some of the strategic developments set out in the strategy for 2021/22 have been paused or delayed. This has enabled a focus on meeting the immediate workforce requirements, such as implementation of temporary staffing to support the Trust's response to the continuing impact of the pandemic, the roll out of the COVID-19 vaccines, wellbeing support and to maintain safe staffing.

The Trust's approach to workforce planning and development fully considers the best practice set out in Developing Workforce Safeguards, providing appropriate governance and monitoring at the strategic, tactical and operational levels. The Trust takes a robust approach to the development, management and oversight of its workforce plans. Whilst in previous years the workforce element of the operational plan is submitted and approved at the Board of Directors. These plans are reviewed regularly by the Board of Directors, Resources Committee and the Executive Leadership Committee (ELC), the operating plan has been paused during the pandemic with an emergency budget put in place. Instead, high level plans for 2021/22 H1 (Q1 and Q2) and H2 (Q3 and Q4) have been developed to understand staffing levels against planned recruitment along with the potential impact of external influencers such as the impact of the GP contract reform on our Paramedic workforce. These plans have been approved at the Executive Leadership Committee and assurance against these plans reported regularly to the Resources Committee and the Board of Directors.

Whilst the pandemic has continued to impact our strategic work, the Trust has continued to produce monthly workforce information. Board of Directors and Senior Management Teams have continued to receive monthly reports on workforce data through the Integrated Performance Report (IPR) and supporting workforce dashboards, which demonstrates the position against planned establishment. Information has been enhanced in 2021/22 with the provision of Organisational Wellbeing dashboards offering a range of data which enhance the traditional workforce indicators including survey results, HR casework, and diversity information. The People Directorate have worked closely with service lines to support short term workforce requirements and has included recruiting agency staffing in Emergency Operations Centres (EOCs) and NHS 111,

upskilling Patient Transport Service staff to support emergency response, recruiting ex-staff to return on a bank basis to support resource demand and deploying military support at periods of peak demand.

Throughout 2021/22, assurance has been provided against the workforce and recruitment plan including the temporary COVID-19 workforce response. Ad hoc reports have also been provided on specific risks associated with the workforce plan to the Executive Leadership Committee (ELC) and Board Assurance Committees. These reports have included assurance surrounding the management of agency staffing and retention. The Resources Committee also received an in depth analysis of workforce issues at least annually, which includes integrated analysis of resource usage and deployment in the context of performance and quality.

At a tactical level, agreed plans are actively monitored with service lines and Finance monthly, to identify and address any developing trends. The planning process is dynamic and plans being reviewed monthly to allow the opportunity to discuss emerging issues that may impact on the plans and allow flexibility to accommodate changes. The anticipated turnover rate is mapped throughout these plans to allow a forward view over the next twelve months allowing service lines to visualise the anticipated workforce position. These detailed annual plans sit within the context of a five year plan focused on ensuring appropriate Paramedic supply and which has informed regular engagement with Health Education England (HEE) and Higher Education Institute (HEI) partners.

Operationally, levels of deployment against the plan are monitored on an hour by hour basis with reporting to the Executive Leadership Committee (ELC) and Board Assurance Committees. Managers work within the context of the financial boundaries and governance processes, especially regarding the appropriate use of agency within the delegated ceiling and agency framework.

The Trust utilises the Model Ambulance dashboard metric to gain an overview of clinical and non-clinical workforce composition including staff numbers, pay costs, skill mix ratios and productivity in terms of clinical outputs. This in turn supports the Trust to identify potential opportunities to improve efficiencies and productivity.

The Risk Management Framework is used effectively at strategic, tactical and operational levels to identify and manage workforce related risks. Strategic level risks during 2021/22 have reflected increased turnover in NHS 111 Health Advisors, risks to Paramedic supply arising from the GP reform and the impact of COVID-19 on availability of resources. These risks have been mitigated and monitored closely at the Executive Leadership Committee, Board Assurance Committees and by the Board of Directors.

Prior to the pandemic, the Trust successfully reduced agency usage through improved workforce planning with a focus on prioritising alternative options above using agency staff. The impact of the pandemic has resulted in significantly increased use in agency staff in our Emergency Operations Centres (EOC), Clinical Hub and NHS 111. Agencies have been used primarily to provide rapid recruitment of full time staff and are being

transitioned to permanent positions. All increased agency usage levels have been cited and approved by the Executive Leadership Committee (ELC). Since the start of the pandemic, the Trust has been operating under an emergency budget meaning that previous arrangements under the Single Oversight Framework for limiting agency use were paused. The Trust has recently submitted a draft Operating Plan for 2022/23 and includes a reduction of agency usage with levels expected to return to the pre-pandemic levels by Q2 of 2022/23.

Whilst there was no operating planning cycle in 2021/22, the Trust continued to manage the workforce plans within the current establishment. A particular focus has been to ensure that Paramedic workforce levels remains at establishment levels to prepare for the potential impact of the GP reform in 2021/22. The planned increases in attrition as a direct result of the GP reform have not materialised. For 2022/23, the Trust has planned the anticipated levels of attrition expected in 2022/23 based on the intelligence from Health Education England (HEE) and mitigation strategies are in place to ensure that Paramedic workforce levels remain safe and sustainable. During 2022/23, the Trust are expected to receive a cohort of Australian Newly Qualified Paramedics (NQPs) following a successful bid with Health Education England (HEE) to host a three year scheme. Plans predict that this cohort will be deployed by Q3 of 2022/23.

The Trust's Paramedic workforce supply continues to be strengthened through longer term strategic plans to develop and support internal development routes to Paramedic through degree apprenticeships, to increase external supply, to develop partnerships and to actively recruit. This includes the first deployment of Paramedic degree apprenticeships for internal staff in early 2022/23. Associated risks and plans have been closely monitored through the Resources Committee and the Quality and Performance Committee.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

COVID-19

The continued response to the coronavirus (COVID-19) emergency situation required the Trust to continue operating differently to normal business as usual practice. The Trust was cognisant of national guidance issued around a variety of issues relating to the pandemic that continued to sweep the country, including guidance on 'reducing the burden'.

Review of economy, efficiency and effectiveness of the use of resources

The Trust secures the economy, efficiency and effective use of resources through a variety of methods, including:

- A well-established policy framework including Standing Orders, Standing Financial Instructions and Scheme of Delegation
- An organisational structure which ensures accountability and challenge
- Effective corporate functions supporting the planning and management of resources
- Approval of an annual financial plan by the Board of Directors
- Budgets delegated across the Trust, with budget holders receiving detailed monthly finance reports
- Budget holders and service lines continue to play an active part in ongoing review of financial performance
- Detailed financial reporting to the Executive Leadership Committee (ELC) and the Resources Committee including income and expenditure; statement of financial position; capital expenditure programmes; and key financial risks
- The Executive Leadership Committee (ELC) takes a lead in financial planning, delivery and taking actions for recovery to bring variances back to plan when required
- The Executive Leadership Committee (ELC) throughout the year regularly reviews performance against clinical, performance, workforce and financial indicators
- The Trust invests significant time in improving systems and controls to deliver a more embedded range of monitoring and control processes
- Continued grip and control activities for both requisitions and filling of vacancies by the Vacancy Control Panel (VCP), by ensuring establish vacancy prior to recruitment and review of budgets before approval to recruit.

The in-year use of resources is closely monitored by the Board of Directors and the

following Board Assurance Committees:

- Audit Committee
- Nominations and Renumeration Committee
- Resources Committee
- Quality and Performance Committee

The Audit Committee scrutinises and challenges the effectiveness of the Trust's financial and governance arrangements to manage finance and secure value for money (VFM). The Trust employs a number of approaches to ensure best value for money (VFM) in delivering its services. Benchmarking is used to provide assurance and to inform and guide service redesign. This leads to improvements in the quality of services and patient experience as well as financial performance. Financial governance arrangements are supported by an internal audit plan and the external auditors. The external auditors provide a key independent source of information for the Audit Committee members, and the public, in determining and reporting on the financial statements and value for money (VFM) arrangements across the Trust. Through this process, the Trust has gained independent and objective assurance to the Audit Committee and the Board of Directors that the Trust's risk management, governance and internal control processes are operating effectively.

The Trust has a dedicated, qualified Local Counter Fraud Specialist (LCFS) supported as required by other LCFSs.

Information governance

The programme of work associated with Information Governance throughout 2021/22 has been reported to the Information Governance Sub Committee, chaired by the Senior Information Risk Officer (SIRO) and reporting to the Audit Committee bi-monthly.

The work programme aligns to the assertions set out in the Data Security and Protection Toolkit (DSPT). A focus on the work programme in year has been clinical records management including the registration authority, records management, cyber security and data quality.

The Board Assurance Framework (BAF) included a strategic risk pertaining to cyber security, which provided the opportunity for escalation of risk and assurances to the Board of Directors on a quarterly basis. A Digital Maturity self-assessment was conducted across all NHS Ambulance Services via the Association of Ambulance Chief Executives (AACE) demonstrated that the Trust has strong processes in place for Information Governance.

The final submission of the Data Security Protection Toolkit (DSPT) 2020/21 was extended until the end of June 2021 due to the COVID-19 pandemic. 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

'Standards not Met'. The final submission deadline for the Data Security Protection Toolkit (DSPT) for 2021/22 has been rescheduled to the end of June 2022. The Trust submitted the baseline at the end of February 2022, the status of the submission is 100 of 110 mandatory evidence items provided. There are two detailed action plans in place for the Information Governance (IG) and Information Communications Technology (ICT) teams to ensure the evidence is provided for the final submission at the end of June 2022. Mersey Internal Audit Agency (MIAA) have commenced the first phase of the mandatory in March 2022, with phase two of the audit commencing in May 2022.

The Trust effectively uses the RLDatix System to capture data breaches via the incidents module. During 2021/22, 68 breaches relating to information governance were reported. One incident was externally reported, after meeting the criteria for notification to the Information Commissioners Office (ICO), with no action taken against the Trust.

Data quality and governance

The Trust has continued to follow clear procedures and processes, which allow for manual data quality checks within the Trust's Business Intelligence Team and are supported by the local quality assurance processes. This provides assurance in reporting and analysis outputs. During 2021/22, the Trust has developed the initial Data Quality Policy and successfully recruited a Data Quality Specialist Lead.

The Trust participated in it's annual Data Quality Audit in April 2021, this included an in-depth review to establish correct input and data validation controls are in place with any output produced by the team. The audit provided three key recommendations to enhance the assurance, these include:

- Implementation of manual data validation checks in the Data Warehouse
- Sharing wider of process notes to all team members (held in a central area)
- Implementation of a Data Quality Policy and adoption of an auditing process

Implementation of the key recommendations have commenced within year. The Trust will be developing a specific Data Quality tool within the Data Warehouse to provide an additional level of assurance into the use of data within the Business Intelligence Team.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee; the Quality and Performance Committee and the Resources Committee and a plan to

address weaknesses and ensure continuous improvement of the system is in place.

My review is informed in a number of ways:

- The Head of Internal Audit provides me with an independent opinion on the overall arrangements for gaining assurance through the Board Assurance Framework and on the controls reviewed as part of the internal audit work;
- Executive Directors and senior mangers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance;
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the key risks to the organisation achieving its strategic objectives have been reviewed;
- The outcome of the Care Quality Commission (CQC) inspection during Q4 of 2019/20, the official outcome was published during Q1 of 2020/21 and the overall rating of 'Good' was received, however, the Trust's urgent and emergency care was rated as 'Outstanding' under the responsiveness key line of enquiry.

My review is also informed by:

- The NHS Data Security and Protection Toolkit
- Assessment against the NHS Counter Fraud Authority Standards for Providers
- Peer reviews within the ambulance service sector
- Internal Audit reports
- Clinical Audit findings
- External Audit reports
- External consultancy reports on key aspects of Trust governance.

The Board of Directors seeks assurance that risk management systems and process are identifying and managing risks to the organisation appropriately through the following:

- At least annual; a review of the effectiveness of the Trust's system of internal control
- The Board of Directors ensure that the review covers all material controls, including financial, clinical, operational and compliance controls, and risk management systems
- An annual review of the Risk Management Policy
- A quarterly presentation of the Board Assurance Framework at Board of Director meetings
- Monthly integrated performance reporting at Board of Director meetings, outlining achievements against key performance, safety and quality and finance indicators
- Assurance reports at each meeting, providing information on progress against compliance with national standards

- Assurance from internal and external audit reports that the Trust's risk management systems are being implemented.

The follow-up of internal audit recommendations are regularly monitored by the Executive Leadership Committee, Internal Audit and the Audit Committee. The Trust has a comprehensive risk-based internal audit plan in pace and this programme was delivered during 2021/22. The outcomes of the 2021/22 internal audit programme, reported via the Head of Internal Audit Opinion, which overall gave the Trust substantial assurance – there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. During the year, the following audit assurance outcomes were reported:

- 6 audits were assessed as High Assurance
- 9 audits were assessed as Substantial Assurance
- 0 audits were assessed as Moderate Assurance
- 0 audits were assessed as Limited Assurance, and;
- 0 audits were assessed as No Assurance.

The Trust's internal auditors have also supported the organisation in strengthening arrangements in respect of risk management and internal control. The 2021/22 Internal Audit programme if audit work has provided assurance across the Trust's critical business systems, namely, Financial Systems, IM&T, Performance, Quality, Workforce, Governance and Risk and Legality. Recommendations made have resulted in actions taken to further strengthen systems and controls in year.

During 2021/22, the Trust's Clinical Audit department participated as provider of information to the national clinical audits, and these are as follows:

- National Ambulance Clinical Quality Indicators, a national audit of the care of the patient who were assessed by ambulance clinicians as:
    - Suffering a pre-hospital cardiac arrest
    - Suffering a pre-hospital heart attack
    - Suffering a stroke
    - Suffering from sepsis.

Conclusion

Following my review and taking into account the contents of this report and the evidenced based assurance seen at the Board Assurance Committees, I can confirm that no significant internal control issues have been identified.

Signed… 

Chief Executive Date: 17 June 2022

Remuneration Report

The North West Ambulance Service NHS Trust has established a Nominations and Remuneration Committee that advises the Board of Directors with regard to the appropriate remuneration and terms of service of the Chief Executive and other executive directors including:

- All aspects of salary
- Provision of other benefits
- Arrangements for termination of employment and other contractual terms.

The members of the committee are the Chairman and non-executive directors. The Chief Executive, other directors and any other officers in attendance are not present for discussions about their own remuneration and terms of service.

Policy on Remuneration

The determination of salaries for senior managers for 2021/22 onwards is informed by national guidelines regarding Very Senior Managers' (VSM) pay which cover the Chief Executive, Executive Director and the majority of director posts and where appropriate are approved by NHS England/Improvement.

Contracts of Employment

The Executive Leadership Team are employed on full time contracts. The period of notice required for these posts is six months.

Termination payments are governed by guidelines set by HM Treasury that allow for compensation to be paid in relation to the notice period given, together with any statutory redundancy settlement, if applicable. Any exceptions to this require the prior approval of NHS Improvement and the Treasury.

Performance Related Pay

The broad arrangements for annual salary uplifts and the performance bonus scheme are specified in The Pay Framework for Very Senior Managers in Strategic and Special Health Authorities, Primary Care Trusts and Ambulance Trusts (June 2013) and in the subsequent Guidance on pay for Very Senior Managers in NHS Trusts and Foundation Trusts (February 2017).

For 2021/22 VSM salaries have come back within the remit of the Senior Salaries Review Body (SSRB) rather than being determined separately for the NHS. The SSRB makes recommendations on pay awards for senior roles across government. In November 2020 the Chancellor announced, as part of the spending review, that there would be a pause

on public sector pay rises and, given the challenging economic environment, the SSRB were asked not to make a recommendation on pay for any senior managers in their remit. As a result there was no annual pay award for VSM in 2021/22.

There was however the option for Trusts to exercise discretion to apply non-consolidated pay arrangements to acknowledge exceptional performance. This option was set out in the letter from the Chief People Officer issued in September 2021. The national guidance advised that the total of any non-consolidated awards should not exceed 2% of the overall VSM remuneration.

The Nominations and Remuneration Committee agreed that a non-consolidated award of 2.5% be applied to Directors falling fully within the performance categorisation for 2020/21 of A Outstanding or B Exceeds Expectations. A total of five Directors fell into this category for their performance in 2020/21. The total value of these awards remained within the national guidance.

Details of senior managers' remuneration and pensions are shown in the following tables.

Salaries and Allowances 2021/2022 (subject to audit)

Table 1: Single Total Figure Table

Name	Title	FROM 1ST APRIL 2021 TO 31ST MARCH 2022						FROM 1ST APRIL 2020 TO 31ST MARCH 2021					
		Salary	Expense Payments	Performance pay and	Long term performance	All pension-related benefits	TOTAL	Salary	Expense Payments	Performance pay and	Long term performance	All pension-related benefits	TOTAL
		(bands of £5,000)	(taxable) to nearest £100	bonuses (bands of £5,000)	pay and bonuses (bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5000)	(taxable) to nearest £100	bonuses (bands of £5,000)	pay and bonuses (bands of £5,000)	(bands of £2,500)	(bands of £5,000)
		£000	£	£000	£000	£000	£000	£	£	£000	£000	£000	£000
Peter White	Chair	45 - 50	0				45 - 50	35 - 40	0				35 - 40
Executive Directors													
Daren Mochrie	Chief Executive	195 - 200	0			30 - 32.5	225 - 230	185 - 190	4,400			290 - 292.5	445 - 450
Gerard Blezard	Director of Operations	120 - 125	4,300			45 - 47.5	170 - 175	120 - 125	11,200			80 - 82.5	210 - 215
Maxine Power	Director of Quality, Improvement and Innovation	115 - 120	8,400			25 - 27.5	150 - 155	120 - 125	10,200			57.5 - 60	190 - 195
Angela Wetton	Director of Corporate Affairs	95 - 100	4,300				100 - 105	95 - 100	10,200				105 - 110
Salman Desai	Director Strategy and Planning	115 - 120	10,300			57.5 - 60	185 - 190	105 - 110	10,300			80 - 82.5	200 - 205
Lisa Ward	Director of Organisational Development	110 - 115	5,500			35 - 37.5	150 - 155	105 - 110	5,300			55 - 57.5	165 - 170
Chris Grant	Medical Director	135 - 140	7,000			20 - 22.5	160 - 165	135 - 140	8,200			195 - 197.5	335 - 340
Carolyn Wood	Director of Finance	125 - 130	2,800			35 - 37.5	165 - 170	120 - 125	400			127.5 - 130	250 - 255
Non-Executive Directors													
Dr David Hanley	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				5 - 10
R Groome	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				5 - 10
David Rawsthorn	Non-Executive Director	15 - 20	0				15 - 20	10 - 15	0				5 - 10
Prof Alison Chambers	Non-Executive Director	15 - 20	0				15 - 20	10 - 15	0				5 - 10
Prof Rod Thomson	Associate Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				5 - 10
Gillian Singh	Associate Non-Executive Director (left 10/08/2021)	0 - 5	0				0 - 5	0 - 5					
Prof Aneez Esmail	Non-Executive Director (started 01/04/2021)	10 - 15	0				10 - 15						

Table 2: Pension Benefits (subject to audit)

Name	Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 1 April 2022	Real Increase/ (Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employers Contribution to Stakeholder Pension
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
		£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
Daren Mochrie	Chief Executive	2.5 - 5	0	80 - 85	185 - 190	1,529	38	1,449	27
Gerard Blezard	Director of Operations	2.5 - 5	0 - 2.5	55 - 60	120 - 125	1,158	57	1,073	17
Maxine Power	Director of Quality, Improvement and Innovation	0 - 2.5	0	35 - 40	70 - 75	759	28	709	15
Salman Desai	Director Strategy and Planning	2.5 - 5	2.5 - 5	35 - 40	75 - 80	631	50	561	16
Lisa Ward	Director of Organisational Development	0 - 2.5	0 - 2.5	30 - 35	55 - 60	585	34	531	15
Chris Grant	Medical Director	0 - 2.5	0	55 - 60	65 - 70	783	19	734	19
Carolyn Wood	Director of Finance	2.5 - 5	0 - 2.5	45 - 50	90 - 95	794	33	736	18

The benefits and related CETVs do not allow for a potential future adjustment for some eligible employees arising from the McCloud judgment.

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Notes to accompany remuneration tables:

Auditable Content
Salaries and Allowances 2021/22
Pension Benefits
Staff Numbers and Costs
Exit Packages
Pay Multiples

Pay Multiples (subject to audit)

Entities are required to disclose pay ratio information and detail concerning percentage change in remuneration concerning the highest paid director. The banded remuneration of the highest paid director in North West Ambulance Service NHS Trust in the financial year 2021-22 was £195,000-200,000k (2020-21, £185,000-190,000k).

The range of staff remuneration during 2020/21 was £15,000 - £20,000 to £197,500 - £200,000 (2020/21 £15,000 - £20,000 to £185,000- £190,000). The table below shows percentage changes in remuneration within 2021-22:

Average	Staff costs Average	Highest Paid Director
2021/22	38,020	197,500
2020/21	36,171	187,500
	5.1%	**5.3%**

The majority of the percentage increase is due to the nationally agreed pay award which for 2021/22 was 3%. In addition, in 2021/22 the Trust made back payments to staff following a legal ruling which clarified how an employee's annual leave entitlement should be calculated, causing average salaries to increase further.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the 25th percentile, median and 75th percentile of remuneration in organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	25th Percentile Pay Ratio	Median Pay Ratio	75th Percentile Pay Ratio
2021-22	7.5:1	5.8:1	4.2:1
2020-21	7.2:1	5.7:1	4.3:1

There are no significant differences between ratios in the last 2 years.

Table below shows the difference between salary and full remuneration and the relation to the highest paid director.

2021/22	25th Percentile	Median	75th Percentile
Salary Component of pay	26,410	34,235	47,365
Total pay and benefits excluding pension benefits	26,410	34,244	47,499
Pay and benefits excluding pension: pay ratio for highest paid director	7.5:1	5.8:1	4.2:1

Cash Equivalent Transfer Values – A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Compensation for Early Retirement or Loss of Office
There were no such payments made during 2021/22.

Payments to Past Directors
There were no such payments made during 2021/22.

Staff Report

Executive Directors

During the year, the trust had eight director positions for which VSM salaries are payable.

For further details please see the Remuneration Report table.

Non-Executive Directors

During the year the trust had the following non-executive directors in place:

- Five non-executive directors on non-executive pay bands
- Two associate non-executive directors on non-executive pay bands
- Chair of the Trust Board on Chair pay band

Whilst non-executive directors and the Trust Board Chair are senior managers of the organisation, they are not trust staff and their terms and conditions are determined by NHSE/I. During 2021/22, one associate non-executive director resigned from the trust on 10 August 2021 and the terms of office ended on 31 March 2022 for a non-executive director and an associate non-executive director. Recruitment to replace the non-executive appointment was undertaken during Q4 2021/22 and appointed by NHSE/I (for commencement on 1 April 2022).

In 2019/20, NHSE/I introduced a pay restructure for non-executive directors and chairs with a staged increase between October 2019 and April 2021. This restructure also included the discretion for trusts to award supplementary payments up to £2,000 per annum to individuals with designated extra responsibilities. The trust has awarded supplementary payments to two non-executive directors based on their additional responsibilities for the trust.

For further details please see the Remuneration Report table.

Senior Manager by Band

The trust's definition of a senior manager is the chief executive and director posts. For a breakdown of salary bands, please refer to the Salaries and Allowances detailed within the Remuneration Report.

Staff Numbers and costs (subject to audit)

The breakdown of staff at 31 March 2022 is as follows:

	Permanent £000	Other £000	2021/22 Total £000	2020/21 Total £000
Salaries and wages	252,865	371	**253,236**	249,113
Social security costs	26,117	-	**26,117**	23,401
Apprenticeship levy	1,283	-	**1,283**	1,177
Employer's contributions to NHS pension scheme	43,980	-	**43,980**	41,353
Termination benefits	-	-	**-**	9
Temporary staff	-	6,878	**6,878**	5,934
Total gross staff costs	**324,245**	**7,249**	**331,494**	**320,987**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**324,245**	**7,249**	**331,494**	**320,987**
Of which				
Costs capitalised as part of assets	-	-	**-**	372

Average number of employees (WTE basis)

	Permanent Number	Other Number	2021/22 Total Number	2020/21 Total Number
Medical and dental	3	-	**3**	3
Ambulance staff	5,622	-	**5,622**	5,544
Administration and estates	573	20	**593**	563
Healthcare assistants and other support staff	97	155	**252**	227
Nursing, midwifery and health visiting staff	102	27	**129**	129
Scientific, therapeutic and technical staff	1	-	**1**	1
Total average numbers	**6,398**	**202**	**6,600**	**6,467**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	8

Staff Composition and Staff Policies

NWAS continues aiming towards having a workforce which is representative of the communities we serve across the North West and being an employer of choice for all.

As required within the NHS contract, the trust published the Workforce Race Equality Standard (WRES) data during the summer of 2021. Overall the WRES showed a mixed picture of results with some positive improvements in staff experience and representation but some areas for continued focus in recruitment, disciplinary processes and training. The data shows an increase in the number and representation of BAME staff within NWAS from 304 to 342 staff, which is a shift from 4.6%. to 5.4%. There is a higher BAME

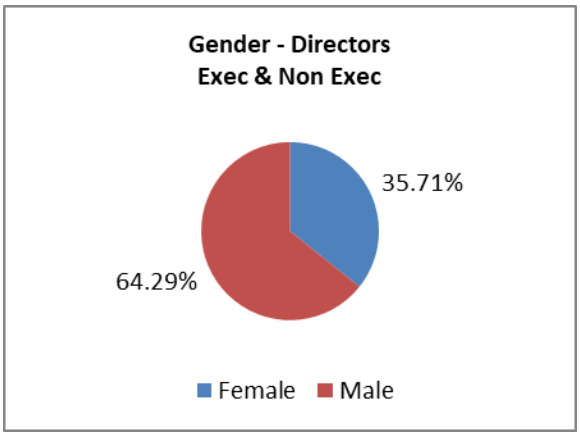
representation in clinical roles than non-clinical. The Trust continues to seek to increase the overall BAME representation and as detailed in ED&I Priorities action plan.

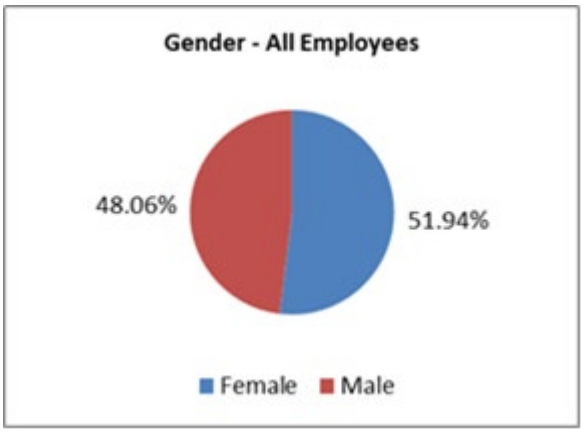
Gender Pay Gap reporting up to end March 2022 shows that the gap in the hourly rate of pay between male and female staff reduced from 10.89% March 2021 to 9.8% in March 2022 (using the average calculation) and from 9.2% to 8.6% using the median calculation. The average hourly rate for male and for female staff increased during the same period. Progression into the highest paid roles is also dependent on vacancies created through the year which require recruitment and this impacts on the ability to close the gender pay gap.

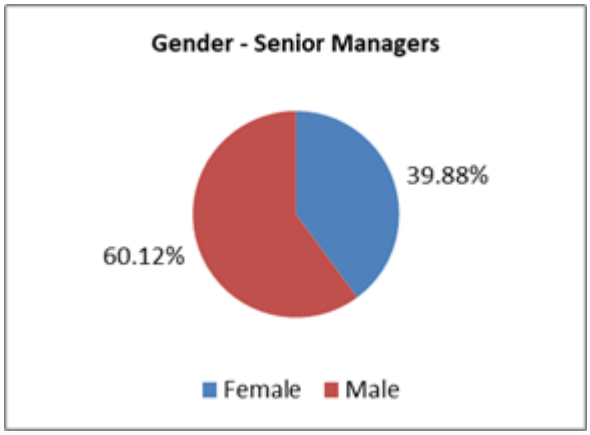
The number of disabled staff within NWAS has increased by 62 individual staff to 314, which now represents 4.63% of the overall workforce by the end of March 2022. For the second year, the trust was required to publish the Workforce Disability Equality Standard (WDES) data, in line with NHS contract commitments. The data did highlight some differences in staff and candidate experience between staff who have a disability and staff who do not. An action plan to address this had been developed and published. The Disability Network launched in December 2021 continues to develop and has clear links to improving staff experience for the future.

NWAS continues to review various other aspects of the workforce. There are regular inter-departmental meetings on race, gender and disability.

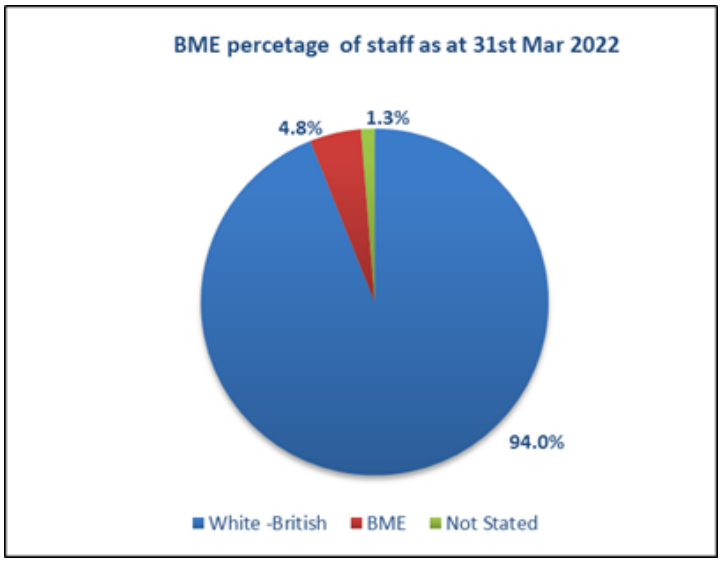
Gender Percentage of Staff as at 31st March 2022







BME Percentage of Staff as of 31st March 2022



Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The regulations require public sector employers to publish information on how much time is spent by their union officials on paid 'trade union facility time' and is detailed for 2021/22 in the tables below:

Number of employees who were relevant union officials during the relevant period	
102	
Full time Equivalent employee number	
95.39	
Percentage of Time Spent on Facility Time	
Percentage of time	No of employees
0%	10
1-50%	82
51%-99%	4
100%	6
Percentage of Pay Bill Spent on Facility Time	
First Column	Figures
Provide the total cost of facility time	£552,192
Provide the total pay bill	£314,345,000
Provide the % of the total pay bill spent on facility time, calculated as: (total cost of facility time/ total pay bill x 100)	0.2%
Paid Trade Union Activities	
Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period/ total paid facility time hours x 100)	
0	

Sickness Absence Data

Total days lost in 2021/22 due to sickness is 133,574 averaging 21 days per 1 full time equivalent.

Expenditure on Consultancy

The expenditure on consultancy costs during 2021/22 was £88k in year.

Ill Health Retirements

During 2021/22 there were 6 early retirements from the trust agreed on the grounds of ill-health (9 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £417k (£356k in 2021/22).

Off-Payroll Engagements

There are no off-payroll engagements to disclose during 2021/22.

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2022, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2022	0
Of which, the number that have existed:	
For less than one year at the time of reporting	0
For between one and two years at the time of reporting	0
For between 2 and 3 years at the time of reporting	0
For between 3 and 4 years at the time of reporting	0
For 4 or more years at the time of reporting	0

Table 2: Off Payroll Workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2021 and March 2022, for more than £245 per day and that last for longer than six months:

	Number
Number of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	0
Of which.	
No not subject to off-payroll legislation	0
No subject to off-payroll legislation and determined as in scope of IR35	0
No subject to off-payroll legislation and determined as out of scope IR 35	0
No of engagements reassessed for compliance or assurance purposes during the year.	0
Of which: no of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022

Number of off-payroll engagements or board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements.	0

Exit Packages (Subject to Audit)

There were no exit packages during 2021/22.

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF NORTH WEST AMBULANCE SERVICE NHS TRUST

See next page

Independent auditor's report to the Directors of North West Ambulance Service NHS Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of North West Ambulance Service NHS Trust ('the Trust') for the year ended 31 March 2022, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2021/22 as contained in the Department of Health and Social Care Group Accounting Manual 2021/22, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021/22; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements
As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2021/22 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Auditor's responsibilities for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception
We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer
As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources
We are required under section 21 of the Local Audit and Accountability Act 2014 (as amended) to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice
In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice
We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS Improvement; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of North West Ambulance Service NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of North West Ambulance Service NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Karen Murray

Karen Murray, Key Audit Partner
For and on behalf of Mazars LLP

One St Peter's Square

Manchester

M2 3DE

17 June 2022

Annual Accounts 2021/22

TO BE INSERTED HERE.

North West Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2022

Statement of Comprehensive Income

	Note	2021/22 £000	2020/21 £000
Operating income from patient care activities	3	457,608	406,631
Other operating income	4	12,001	33,373
Operating expenses	6, 8	(468,687)	(442,007)
Operating surplus/(deficit) from continuing operations		**922**	**(2,003)**
Finance income	11	34	9
Finance expenses	12	155	79
PDC dividends payable		(1,114)	(468)
Net finance costs		**(925)**	**(380)**
Other gains / (losses)	13	70	119
Surplus / (deficit) for the year from continuing operations		**67**	**(2,264)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	878	31
Revaluations	16	1,144	362
Total comprehensive income / (expense) for the period		**2,089**	**(1,872)**
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		67	(2,264)
Remove net impairments not scoring to the Departmental expenditure limit		323	2,950
Remove I&E impact of capital grants and donations		(757)	17
Remove net impact of inventories received from DHSC group bodies for COVID response		449	(662)
Adjusted financial performance surplus / (deficit)		**82**	**41**

Statement of Financial Position

	Note	31 March 2022 £000	31 March 2021 £000
Non-current assets			
Intangible assets	13	1,040	1,408
Property, plant and equipment	14	105,653	99,292
Investment property	17	160	160
Receivables	19	1,187	1,217
Total non-current assets		**108,040**	**102,077**
Current assets			
Inventories	18	1,294	1,735
Receivables	19	6,911	14,815
Cash and cash equivalents	21	67,354	60,628
Total current assets		**75,559**	**77,178**
Current liabilities			
Trade and other payables	22	(50,132)	(53,447)
Provisions	26	(7,059)	(5,374)
Other liabilities	23	(3,989)	(2,546)
Total current liabilities		**(61,180)**	**(61,367)**
Total assets less current liabilities		**122,418**	**117,888**
Non-current liabilities			
Borrowings	24	(77)	(78)
Provisions	26	(19,355)	(19,068)
Total non-current liabilities		**(19,432)**	**(19,146)**
Total assets employed		**102,987**	**98,742**
Financed by			
Public dividend capital		109,165	107,009
Revaluation reserve		4,215	2,614
Income and expenditure reserve		(10,393)	(10,881)
Total taxpayers' equity		**102,987**	**98,742**

The notes on pages 5 to 31 form part of these accounts.

Name
Position — Chief Executive Officer
Date — 17 June 2022

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**107,009**	**2,614**	**(10,881)**	**98,742**
Surplus/(deficit) for the year	-	-	67	**67**
Other transfers between reserves	-	(385)	385	**-**
Impairments	-	878	-	**878**
Revaluations	-	1,144	-	**1,144**
Transfer to retained earnings on disposal of assets	-	(36)	36	**-**
Public dividend capital received	2,156	-	-	**2,156**
Other reserve movements	-	-	-	**-**
Taxpayers' and others' equity at 31 March 2022	**109,165**	**4,215**	**(10,393)**	**102,987**

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**99,400**	**2,638**	**(9,033)**	**93,005**
Surplus/(deficit) for the year	-	-	(2,264)	**(2,264)**
Other transfers between reserves	-	(341)	341	**-**
Impairments	-	31	-	**31**
Revaluations	-	362	-	**362**
Transfer to retained earnings on disposal of assets	-	(75)	75	**-**
Public dividend capital received	7,609	-	-	**7,609**
Taxpayers' and others' equity at 31 March 2021	**107,009**	**2,614**	**(10,881)**	**98,742**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care (DHSC). A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health and Social Care as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2021/22 £000	2020/21 £000
Cash flows from operating activities			
Operating surplus / (deficit)		922	(2,003)
Non-cash income and expense:			
Depreciation and amortisation	6.1	13,900	12,971
Net impairments	7	323	2,950
Income recognised in respect of capital donations	4	(817)	-
(Increase) / decrease in receivables and other assets		7,199	(2,760)
(Increase) / decrease in inventories		441	(726)
Increase / (decrease) in payables and other liabilities		1,761	20,187
Increase / (decrease) in provisions		2,139	1,322
Net cash flows from / (used in) operating activities		**25,868**	**31,941**
Cash flows from investing activities			
Interest received		34	9
Purchase of intangible assets		(46)	(440)
Purchase of PPE and investment property		(21,304)	(21,202)
Sales of PPE and investment property		410	515
Net cash flows from / (used in) investing activities		**(20,906)**	**(21,118)**
Cash flows from financing activities			
Public dividend capital received		2,156	7,609
Capital element of finance lease rental payments		(1)	-
Interest paid on finance lease liabilities		(12)	(6)
PDC dividend (paid) / refunded		(379)	(1,166)
Net cash flows from / (used in) financing activities		**1,764**	**6,437**
Increase / (decrease) in cash and cash equivalents		**6,726**	**17,260**
Cash and cash equivalents at 31 March	21.1	**67,354**	**60,628**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2021/22 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Revenue from contracts with customers

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22 and 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. The Trust receives block funding from its commissioners, where funding envelopes are set at a Integrated Care System level. For the first half of the 2020/21 comparative year these blocks were set for individual NHS providers directly, but the revenue recognition principles are the same. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust also receives additional income outside of the block payments to reimburse specific costs incurred and, in 2020/21, other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts, in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their ‘fair value less costs to sell’. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the trust by the Department of Health and Social Care or NHS England as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Note 1.8 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Software licences	1	8

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2020/21 and 2021/22, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.10 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.13 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The trust as a lessee

Finance leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for an item of property plant and equipment.

The annual rental charge is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to finance costs in the Statement of Comprehensive Income.

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially in other liabilities on the statement of financial position and subsequently as a reduction of rentals on a straight-line basis over the lease term. Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

The trust as a lessor

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trust's net investment outstanding in respect of the leases.

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2022:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	0.47%	Minus 0.02%
Medium-term	After 5 years up to 10 years	0.70%	0.18%
Long-term	After 10 years up to 40 years	0.95%	1.99%
Very long-term	Exceeding 40 years	0.66%	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2022:

	Inflation rate	Prior year rate
Year 1	4.00%	1.20%
Year 2	2.60%	1.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 1.30% in real terms (prior year: minus 0.95%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 26 but is not recognised in the Trust’s accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity’s control) are not recognised as assets, but are disclosed in note 27 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 27, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity’s control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2021/22.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Trust has an up-to-date lease register compiled by Finance and confirmed with the Fleet and Estates teams. All leases have been assessed to satisfy the requirements of the standard to establish which ones are classed as leases under the new standard definition. The Trust's current lease register comprises of 44 property leases and 220 vehicles leases.

The trust has estimated the impact of applying IFRS 16 in 2022/23 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2022 statement of financial position	
Additional right of use assets recognised for existing operating leases	24,219
Additional lease obligations recognised for existing operating leases	(22,546)
Net impact on net assets on 1 April 2022	**1,673**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(3,489)
Additional finance costs on lease liabilities	(207)
Lease rentals no longer charged to operating expenditure	3,521
Estimated impact on surplus / deficit in 2022/23	**(175)**
Estimated increase in capital additions for new leases commencing in 2022/23	**4,308**

Note 1.23 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Note 1.23 Critical judgements in applying accounting policies - continued

Operating Lease Commitments

The Trust leases a number of its vehicles. As management has determined that the Trust has not obtained substantially all the risks and rewards of ownership the leases have been classified as operating leases and accounted for accordingly.

Segmental Reporting

Management has determined that it operates only in one segment, that of healthcare.

Note 1.25 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Revaluation of Property, Plant and Equipment

The valuation exercise was carried out in February 2022 with a valuation date of 31 March 2022. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2022 ('Red Book'). The valuer has declared their valuation is NOT reported as being subject to 'material valuation uncertainty' in the valuation report as property markets are functioning again and market evidence exists upon which to base opinions of value.

Carrying value of Trust's land and buildings at 31st March 2022 is £42,133k. If the valuation of land and building would have increased by 10% then the value would have been £4.213m higher.

Provisions

The Trust has taken a prudent view on estimating potential risk associated with various staff related costs i.e. tribunals, Permanent Injury Benefits (PIB) and others. These are based upon most current information available from various bodies such as NHS Resolution (formally NHS Litigation Authority (NHSLA)), national census information, legal professionals etc. Carrying value of provisions is £26,414k.

Note 2 Operating Segments

The Trust has judged that it only operates as one business segment, that of healthcare.

98% (£462m) of the Trust's income in 2021/22 (2020/21 £436m, 99%) is received from NHS organisations such as Commissioners for NHS patient care services.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.1

Note 3.1 Income from patient care activities (by nature)	2021/22 £000	2020/21 £000
A & E income	353,132	308,652
Patient transport services income	43,870	42,588
Other income	47,218	42,828
Additional pension contribution central funding*	13,388	12,563
Total income from activities	**457,608**	**406,631**

*The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2021/22 £000	2020/21 £000
NHS England*	13,696	22,736
Clinical commissioning groups	442,799	382,639
Department of Health and Social Care	116	113
Other NHS providers	177	170
Local authorities	-	1
Injury cost recovery scheme	621	711
Non NHS: other	199	261
Total income from activities	**457,608**	**406,631**
Of which:		
Related to continuing operations	457,608	406,631

* In 2020/21 NHS England provided income to cover extra pressure relating to various aspects of annual leave of £9,554k and pensions contribution of 6.3% as per note 3.1 in years 2021/22 and 2020/21.

Note 4 Other operating income	2021/22 Contract income £000	2020/21 Contract income £000
Education and training	5,433	3,351
Non-patient care services to other bodies	1,119	661
Reimbursement and top up funding*	26	19,206
Receipt of capital grants and donations**	817	-
Charitable and other contributions to expenditure***	2,489	8,956
Other income	2,117	1,199
Total other operating income	**12,001**	**33,373**
Of which:		
Related to continuing operations		

* In 2020/21 a retrospective top-up income of £19.2m from NHS England relating to COVID-19 costs during months 1 to 6, while in 2021/22 vaccination programme costs of £26k we re reimbursed .

** Notional income from the DHCS relating to donated assets to NWAS - 75 ventilators were donated to NWAS at the value of £817k.

*** Charitable and other contribution contains donated inventories from DHSC below capitalisation threshold for COVID response of £985k (2020/21, £7,653k), there is an associated expenditure in the note 6.1

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2021/22	2020/21
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	1,964	1,375

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6.1 Operating expenses

	2021/22	2020/21
	£000	£000
Purchase of healthcare from non-NHS and non-DHSC bodies	3,227	2,351
Staff and executive directors costs	327,733	317,316
Remuneration of non-executive directors	149	119
Supplies and services - clinical (excluding drugs costs)	5,707	11,035
Supplies and services - general	2,639	4,949
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,478	1,858
Inventories written down	-	559
Consultancy costs	88	108
Establishment	11,214	9,922
Premises	21,944	16,771
Transport (including patient travel)	62,582	45,534
Depreciation on property, plant and equipment	13,496	12,490
Amortisation on intangible assets	404	481
Net impairments	323	2,950
Movement in credit loss allowance: contract receivables / contract assets	54	12
Change in provisions discount rate(s)	765	1,056
Fees payable to the external auditor		
audit services- statutory audit*	78	78
Internal audit costs	99	91
Clinical negligence	3,562	3,419
Legal fees	1,453	1,007
Insurance	11	3
Education and training	7,655	5,510
Rentals under operating leases	3,144	3,730
Redundancy	-	9
Hospitality	14	8
Losses, ex gratia & special payments	746	513
Other	122	128
Total	**468,687**	**442,007**
Of which:		
Related to continuing operations	468,687	442,007

*Statutory Audit fees include 20% of non-recoverable VAT. Net audit fees are £64k.

Note 6.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2021/22 or 2020/21.

Note 7 Impairment of assets

	2021/22	2020/21
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	335	117
Loss as a result of catastrophe	-	308
Changes in market price	(12)	2,525
Total net impairments charged to operating surplus / deficit	**323**	**2,950**
Impairments charged to the revaluation reserve	(878)	(31)
Total net impairments/(reversals)	**(555)**	**2,920**

2009/10 was the first year of adoption for IFRS standards. From 2010/11 the new major adaption of IAS36 is that if an impairment arises from a clear consumption of economic value, this must be taken in full to the SOCE/revenue account, whatever the revaluation reserve on that asset.

The Standard's requirement to take impairments in all cases to reserves in the first instance does not apply.
Where impairments are posted to the revenue account and a revaluation reserve balance does exist, a transfer is to be made from Revaluation Reserve to the General Fund/I&E Reserve. That transfer will be the lower of the total impairment or the balance available on the Revaluation Reserve. In 2020/21 three types of assets that suffered an impairment are estates, IT equipment and vehicles. The 2021/22 impairment on estates is attributable to the revaluation of estates. The revaluation impairment is due to the price variation and not consumption of economic value.

In order to establish the correct estates value the Trust had its assets revalued as at 31 March 2022. Land and buildings were revalued at £42,291k which is £2,409k higher than the carrying value on the Statement of Financial Position (SOFP). This created an increase in revaluation reserve of £1,144k and a reversal of prior impairment of £386k charged to operating expenses and reversal of prior year impairments charged to the revaluation reserve of £878k.

A number of vehicles were part impaired due to major parts problems. The total value of the impairment incurred was £690k which relates to changes in market price of vehicles. In additional furniture was impaired due to unforeseen obsolescence of £19k.

Note 8 Employee benefits

	2021/22	2020/21
	Total	Total
	£000	£000
Salaries and wages	253,236	249,113
Social security costs	26,117	23,401
Apprenticeship levy	1,283	1,177
Employer's contributions to NHS pensions	43,980	41,353
Termination benefits	-	9
Temporary staff (including agency)	6,878	5,934
Total gross staff costs	**331,494**	**320,987**
Recoveries in respect of seconded staff	-	-
Total staff costs	**331,494**	**320,987**
Of which		
Costs capitalised as part of assets	-	372

Note 8.1 Retirements due to ill-health

During 2021/22 there were 6 early retirements from the trust agreed on the grounds of ill-health (9 in the year ended 31 March 2021). The estimated additional pension liabilities of these ill-health retirements is £417k (£356k in 2020/21).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data at 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

Note 9.1 National Employment Savings Pension Scheme (NEST)

Under the Pensions Act 2008 employers must offer a pension scheme to all its employees. As from the 1st July 2013 when the scheme came into operation in the Trust (its staging date), staff who are not eligible to join the NHS Pension Scheme are automatically enrolled into NEST. The scheme is a defined contribution pension scheme. Under a defined contribution plan, an entity pays fixed contributions to a separate entity (a fund) and has no obligation to pay further contributions if the fund does not hold sufficient assets to pay employee benefits.

Contributions payable to a defined contribution plan are recognised as an expense as the employee provides services in exchange for the contribution. The Trust contributes 1% of their pensionable pay. The total contribution by the Trust for 2020/21 has been fully charged to expenses in the period. Details of the scheme can be found on the NEST Pensions website at: http://www.nestpensions.org.uk

Note 10 Operating leases

Note 10.1 North West Ambulance Service NHS Trust as a lessor

The Trust does not act as lessor for any leases.

Note 10.2 North West Ambulance Service NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where North West Ambulance Service NHS Trust is the lessee.

	2021/22 £000	2020/21 £000
Operating lease expense		
Minimum lease payments	3,144	3,730
Total	**3,144**	**3,730**

	31 March 2022 £000	31 March 2021 £000
Future minimum lease payments due:		
- not later than one year;	2,985	3,206
- later than one year and not later than five years;	8,748	8,079
- later than five years.	12,792	11,764
Total	**24,524**	**23,049**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2021/22 £000	2020/21 £000
Interest on bank accounts	34	9
Total finance income	**34**	**9**

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2021/22 £000	2020/21 £000
Interest expense:		
Finance leases	12	6
Unwinding of discount on provisions	(167)	(85)
Total finance costs	**(155)**	**(79)**

Note 13 Other gains / (losses)

	2021/22 £000	2020/21 £000
Gains on disposal of assets	70	119
Total other gains / (losses)	**70**	**119**

Note 13.1 Intangible assets - 2021/22

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2021 - brought forward	**5,128**	**208**	**5,336**
Additions	17	19	**36**
Reclassifications	214	(214)	**0**
Valuation / gross cost at 31 March 2022	**5,359**	**13**	**5,372**
			0
Amortisation at 1 April 2021 - brought forward	3,928	0	**3,928**
Provided during the year	404	0	**404**
Amortisation at 31 March 2022	**4,332**	**0**	**4,332**
Net book value at 31 March 2022	**1,027**	**13**	**1,040**
Net book value at 1 April 2021	**1,200**	**208**	**1,408**

	Software licences £000	Intangible assets under construction £000	Total £000
Valuation / gross cost at 1 April 2020 - as previously stated	**5,021**	**107**	**5,128**
Additions	0	208	**208**
Reclassifications	107	(107)	**0**
Valuation / gross cost at 31 March 2021	**5,128**	**208**	**5,336**
Amortisation at 1 April 2020 - brought forward	3,447	0	**3,447**
Provided during the year	481	0	**481**
Amortisation at 31 March 2021	**3,928**	**0**	**3,928**
Net book value at 31 March 2021	**1,200**	**208**	**1,408**
Net book value at 1 April 2020	**1,574**	**107**	**1,681**

Note 14.1 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - brought forward	**11,569**	**24,621**	**15,219**	**20,361**	**65,777**	**18,600**	**4,862**	**161,009**
Additions	3,000	2,519	11,188	1,086	516	-	189	**18,498**
Impairments	-	(89)	-	-	-	-	-	**(89)**
Reversals of impairments	-	967	-	-	-	-	-	**967**
Revaluations	489	(644)	-	-	-	-	-	**(155)**
Reclassifications	-	421	(19,632)	1,225	9,104	8,847	35	**-**
Transfers to / from assets held for sale	(82)	(118)	-	(60)	(7,571)	-	-	**(7,831)**
Disposals / derecognition	(45)	(423)	-	(580)	(202)	-	(21)	**(1,271)**
Valuation/gross cost at 31 March 2022	**14,931**	**27,254**	**6,775**	**22,032**	**67,624**	**27,447**	**5,065**	**171,128**
Accumulated depreciation at 1 April 2021 - brought forward	**2**	**2**	**-**	**12,748**	**34,900**	**11,599**	**2,467**	**61,718**
Provided during the year	-	2,066	-	1,424	7,467	2,160	379	**13,496**
Impairments	1,000	1,996	-	-	690	-	19	**3,705**
Reversals of impairments	(1,109)	(2,273)	-	-	-	-	-	**(3,382)**
Revaluations	107	(1,406)	-	-	-	-	-	**(1,299)**
Transfers to / from assets held for sale	-	-	-	(60)	(7,571)	-	-	**(7,631)**
Disposals / derecognition	-	(328)	-	(580)	(202)	-	(21)	**(1,131)**
Accumulated depreciation at 31 March 2022	**-**	**57**	**-**	**13,532**	**35,284**	**13,759**	**2,844**	**65,476**
Net book value at 31 March 2022	**14,931**	**27,198**	**6,775**	**8,500**	**32,340**	**13,688**	**2,221**	**105,653**
Net book value at 1 April 2021	**11,567**	**24,620**	**15,219**	**7,613**	**30,877**	**7,001**	**2,395**	**99,292**

Note 14.2 Property, plant and equipment - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - as previously stated	**11,527**	**25,314**	**8,339**	**18,947**	**62,922**	**13,377**	**4,187**	**144,613**
Additions	-	3,347	15,639	1,169	180	1,858	161	**22,354**
Impairments	-	(150)	-	-	-	-	-	**(150)**
Reversals of impairments	-	181	-	-	-	-	-	**181**
Revaluations	42	(4,070)	-	-	-	-	-	**(4,028)**
Reclassifications	-	-	(8,759)	277	4,518	3,365	599	**-**
Transfers to / from assets held for sale	-	-	-	(11)	(1,565)	-	-	**(1,576)**
Disposals / derecognition	-	-	-	(21)	(278)	-	(85)	**(384)**
Valuation/gross cost at 31 March 2021	**11,569**	**24,621**	**15,219**	**20,361**	**65,777**	**18,600**	**4,862**	**161,009**
Accumulated depreciation at 1 April 2020 - as previously stated	**2**	**2**	**-**	**11,319**	**29,194**	**9,890**	**2,220**	**52,627**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2020 - restated	**2**	**2**	**-**	**11,319**	**29,194**	**9,890**	**2,220**	**52,627**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Provided during the year	2	1,966	-	1,461	7,328	1,401	332	**12,490**
Impairments	-	3,273	-	-	221	308	-	**3,802**
Reversals of impairments	(42)	(810)	-	-	-	-	-	**(852)**
Revaluations	40	(4,430)	-	-	-	-	-	**(4,390)**
Transfers to / from assets held for sale	-	-	-	(11)	(1,565)	-	-	**(1,576)**
Disposals / derecognition	-	-	-	(21)	(278)	-	(85)	**(384)**
Accumulated depreciation at 31 March 2021	**2**	**2**	**-**	**12,748**	**34,900**	**11,599**	**2,467**	**61,718**
Net book value at 31 March 2021	**11,567**	**24,620**	**15,219**	**7,613**	**30,877**	**7,001**	**2,395**	**99,292**
Net book value at 1 April 2020	**11,525**	**25,311**	**8,339**	**7,628**	**33,728**	**3,487**	**1,967**	**91,985**

Note 14.3 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned - purchased	14,813	27,198	6,775	7,736	32,340	13,688	2,221	**104,771**
Finance leased	118	-	-	-	-	-	-	**118**
Owned - donated/granted	-	-	-	764	-	-	-	**764**
NBV total at 31 March 2022	**14,931**	**27,198**	**6,775**	**8,500**	**32,340**	**13,688**	**2,221**	**105,653**

Note 14.4 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021								
Owned - purchased	11,462	24,620	15,219	7,607	30,877	7,001	2,395	**99,181**
Finance leased	105	-	-	-	-	-	-	**105**
Owned - donated/granted	-	-	-	6	-	-	-	**6**
NBV total at 31 March 2021	**11,567**	**24,620**	**15,219**	**7,613**	**30,877**	**7,001**	**2,395**	**99,292**

Note 15 Donations of property, plant and equipment

During 2021/22 medical equipment of 75 ventilators were donated to NWAS by the Department of Health.

Note 16 Revaluations of property, plant and equipment

Historically the Trust has used the Capital Charges Estimates indices published by the Department of Health to revalue its assets. In 2008/09 these indices were discontinued and the Trust applied the % movement detailed in the updated forecast indices for assets issued by HM Treasury (ref: PES (2009) 02) which reflected the economic climate and negative pressure on prices. This was in line with guidance issued by the Department of Health.

Due to the fact that the last national revaluation exercise had an effective date of 1 April 2005 (so requiring that values at the preceding balance sheet date of 31 March 2005 reflected the new values), it meant that all NHS bodies must have completed a full property revaluation every 5 years by 31 March, and that the most recent full valuation must be, for specialised property, on a MEA basis.

This year the Trust's land and building assets were revalued by desktop exercise as at the 31st March 2022, using an independent external valuer Deloitte LLP while last year a full revaluation exercise was undertaken as part of the 5 year full revaluation cycle. The revaluation exercise was undertaken by the valuers who visited each of Trust's properties in order to establish the fair value of the Trust's estates as at the 31st March 2020. This year 4 sites were inspected where the largest capital investment was undertaken in year. The basis of valuation for all assets under IFRS is Fair Value. Assets that are classified as (Property, Plant and Equipment) PPE and have been valued to Fair Value assuming a continuation of their existing use. This is synonymous with Existing Use Value in the Red Book. The valuation is fully compliant with the requirements of the RICS Valuation Standards - Global Standard 2022 including UK national supplement ("The Red Book"). The signatory to the valuation is Edwin Bray MRICS Partner at Deloitte LLP.

All properties categorised as PPE have been split into land and buildings, and a remaining economic life provided. The componentisation elements of each building have been

- Structure;
- Windows and Doors;
- External Works;
- Roof; and
- Services, fixtures and fittings.

Where provided, they have relied on the site areas from North West Ambulance Service NHS Trust (NWAS).
Where no site area has been provided, they sought to ascertain Land Registry plans of the site from NWAS and then measured the site using Ordnance Survey plans in accordance with observed boundaries.

The properties were inspected internally. Where access was not possible, properties were inspected externally.

The estimated useful lives of the Trust's property, plant and equipment are as follows:

	Min Life (Years)	Max Life (Years)
Buildings	2	68
Plant & Machinery	4	25
Transport Equipment	5	14
Information Technology	1	15
Furniture and Fittings	2	20

Note 17.1 Investment Property

	2021/22 £000	2020/21 £000
Carrying value at 1 April - brought forward	**160**	**160**
Carrying value at 31 March	**160**	**160**

Note 17.2 Investment property income and expenses

	2021/22 £000	2020/21 £000
Direct operating expense arising from investment property which generated rental income in the period	(14)	(16)
Total investment property expenses	**(14)**	**(16)**
Investment property income	74	82

Note 18 Inventories

	31 March 2022 £000	31 March 2021 £000
Drugs	43	48
Consumables	898	1,381
Energy	353	306
Total inventories	**1,294**	**1,735**
of which:		

Inventories recognised in expenses for the year were £2,507k (2020/21: £7,440k). Write-down of inventories recognised as expenses for the year were £0k (2020/21: £559k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2021/22 the Trust received £985k of items purchased by DHSC (2020/21: £7,653k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 19.1 Receivables

	31 March 2022 £000	31 March 2021 £000
Current		
Contract receivables	4,258	10,855
Allowance for impaired contract receivables / assets	(732)	(719)
Prepayments	2,602	2,989
PDC dividend receivable	34	769
VAT receivable	559	646
Other receivables	190	275
Total current receivables	**6,911**	**14,815**
Non-current		
Contract receivables	1,187	1,217
Total non-current receivables	**1,187**	**1,217**
Of which receivable from NHS and DHSC group bodies:		
Current	2,796	9,383

Note 19.2 Allowances for credit losses

	2021/22 receivables £000	2020/21 receivables £000
Allowances as at 1 April - brought forward	**719**	**743**
New allowances arising	773	755
Reversals of allowances	(719)	(743)
Utilisation of allowances (write offs)	(41)	(36)
Allowances as at 31 Mar 2022	**732**	**719**

Note 19.3 Exposure to credit risk

Because the majority of the Trust"s income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

Note 20 Non-current assets held for sale and assets in disposal groups

There are no assets held for sale as at 31st March 2022

Note 21.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2021/22	2020/21
	£000	£000
At 1 April	**60,628**	**43,368**
Net change in year	6,726	17,260
At 31 March	**67,354**	**60,628**
Broken down into:		
Cash at commercial banks and in hand	2	2
Cash with the Government Banking Service	67,352	60,626
Total cash and cash equivalents as in SoCF	**67,354**	**60,628**

Note 21.2 Third party assets held by the trust

The Trust does not hold any third party assets.

Note 22.1 Trade and other payables

	31 March 2022	31 March 2021
	£000	£000
Current		
Trade payables	694	1,732
Capital payables	3,158	6,791
Accruals	34,881	34,554
Social security costs	3,950	3,624
Other taxes payable	2,964	2,683
Other payables	4,485	4,063
Total current trade and other payables	**50,132**	**53,447**
Of which payables from NHS and DHSC group bodies:		
Current	861	3,833

Note 22.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	2022	2022	2021	2021
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	417		356	
- number of cases involved		6		9

Note 23 Other liabilities

	31 March 2022 £000	31 March 2021 £000
Current		
Deferred income: contract liabilities	3,989	2,546
Total other current liabilities	**3,989**	**2,546**

Note 24.1 Borrowings

	31 March 2022 £000	31 March 2021 £000
Obligations under finance leases	77	78
Total non-current borrowings	**77**	**78**

Note 24.2 Reconciliation of liabilities arising from financing activities - 2021/22

	31 March 2022 Finance leases £000
Carrying value at 1 April 2021	**78**
Cash movements:	
Financing cash flows - payments and receipts of principal	(1)
Financing cash flows - payments of interest	(12)
Non-cash movements:	
Application of effective interest rate	12
Carrying value at 31 March 2022	**77**

	31 March 2021 Finance leases £000
Carrying value at 1 April 2020	**78**
Cash movements:	
Financing cash flows - payments and receipts of principal	
Financing cash flows - payments of interest	(6)
Non-cash movements:	
Application of effective interest rate	6
Carrying value at 31 March 2021	**78**

Note 25 Finance leases

Note 25.1 North West Ambulance Service NHS Trust as a lessor

The Trust does not act as a lessor for any finance leases.

Note 25.2 North West Ambulance Service NHS Trust as a lessee

Obligations under finance leases where the trust is the lessee.

	31 March 2022 £000	31 March 2021 £000
Gross lease liabilities	**470**	**470**
of which liabilities are due:		
- not later than one year;	8	8
- later than one year and not later than five years;	33	33
- later than five years.	429	429
Finance charges allocated to future periods	(393)	(392)
Net lease liabilities	**77**	**78**
of which payable:		
- later than one year and not later than five years;	2	2
- later than five years.	75	76

Note 26.1 Provisions for liabilities and charges analysis

	Pensions: Permanent Injury benefits	Legal claims	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2021	**18,594**	**1,741**	**453**	**628**	**3,026**	**24,442**
Transfers by absorption	-	-	-	-	-	**-**
Change in the discount rate	739	26	-	-	-	**765**
Arising during the year	594	405	372	76	2,104	**3,551**
Utilised during the year	(719)	(254)	-	-	(79)	**(1,052)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	**-**
Reversed unused	(152)	(183)	(70)	(278)	(442)	**(1,125)**
Unwinding of discount	(170)	3	-	-	-	**(167)**
At 31 March 2022	**18,886**	**1,738**	**755**	**426**	**4,609**	**26,414**
Expected timing of cash flows:						
- not later than one year;	861	485	755	426	4,532	**7,059**
- later than one year and not later than five years;	4,476	610	-	-	-	**5,086**
- later than five years.	13,549	643	-	-	77	**14,269**
Total	**18,886**	**1,738**	**755**	**426**	**4,609**	**26,414**

The provision relating to other staff pensions consists of £18,886k (2020/21 £18,594k) relating to claims for Personal Injury Benefits recharged by the NHS Pensions Agency. The amounts detailed are amounts that are paid annually to the individuals. The amounts are calculated by the pensions agency following assessment of the individuals claims. The provision includes a prudent assessment of known claims that may result in future liability.

Within legal claims £1,368k (2020/21 £1,433k) represents an amount payable quarterly to an individual. The remaining £370k (2020/21 £309k) relates to Employers Liability Claims recharged monthly by the NHS Resolution Authority as and when cases are successful for which the Trust pays up to the first £10k. In addition there is £207k (2020/21 £190k) included in contingent liabilities.

Equal Pay (Agenda for Change) provision relates to expected back-pay liability for Agenda for Change £754k (2020/21 £453k),which is based upon expected assimilation using national profiles for staff and the associated payscales published within the Agenda for Change Terms and Conditions. Once these staff have assimilated to Agenda for Change contracts the Trust is obliged to pay outstanding arrears (based on national profiles) have been included within provisions. All outstanding cases are proceeding using the agreed Agenda for Change procedures.

Other provisions include various provisions sush as provisons for the cost of tribunals, pensionsand other issues where costs probably will be incured int hr future.

Note 26.2 Clinical negligence liabilities

At 31 March 2022, £28,960k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Ambulance Service NHS Trust (31 March 2021: £24,395k).

Note 27 Contingent assets and liabilities

	31 March 2022	31 March 2021
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(207)	(190)
Gross value of contingent liabilities	**(207)**	**(190)**

Note 28 Contractual capital commitments

	2022	2021
	£000	£000
Property, plant and equipment	13,975	11,770
Total	**13,975**	**11,770**

Contractual comittements relate to various projects that have started in 2021/22 and will be completed in 2022/23 where the exepdniture is commiterd. The two main projects that this relates to are Balckpool Hub and Spoke project and emergency veicles. replacements.

Note 29 Financial instruments

Note 29.1 Financial risk management

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust can borrow from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk
The majority of the Trust's revenue comes from contracts with other public sector bodies therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk
The Trust's operating costs are incurred under contracts with CCGs, which are financed from resources voted annually by Parliament . The Trust funds its capital expenditure from available cash funds . The Trust is not, therefore, exposed to significant liquidity risks.

Note 29.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2022	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	4,903	**4,903**
Cash and cash equivalents	67,354	**67,354**
Total at 31 March 2022	**72,257**	**72,257**

Carrying values of financial assets as at 31 March 2021	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	11,628	**11,628**
Cash and cash equivalents	60,628	**60,628**
Total at 31 March 2021	**72,256**	**72,256**

Note 29.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost £000	Total book value £000
Obligations under finance leases	77	**77**
Trade and other payables excluding non financial liabilities	43,218	**43,218**
Total at 31 March 2022	**43,295**	**43,295**

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost £000	Total book value £000
Obligations under finance leases	78	**78**
Trade and other payables excluding non financial liabilities	47,140	**47,140**
Total at 31 March 2021	**47,218**	**47,218**

Note 29.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2022	31 March 2021
	£000	£000
In one year or less	43,226	47,148
In more than one year but not more than five years	33	33
In more than five years	429	429
Total	**43,688**	**47,610**

Note 30 Losses and special payments

	2021/22		2020/21 - Restated	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	53	30	51	51
Bad debts and claims abandoned	-	-	11	10
Stores losses and damage to property	308	118	286	110
Total losses	**361**	**148**	**348**	**171**
Special payments				
Compensation under court order or legally binding arbitration award	22	141	32	140
Ex-gratia payments	79	719	87	6,789
Total special payments	**101**	**860**	**119**	**6,929**
Total losses and special payments	**462**	**1,008**	**467**	**7,100**

Note: The corrective pay settlement payments that were accrued for and funded by NHSE/I in 2020-21 should have been disclosed under special payments in the losses and compensation register in 2020-21 and restated in 2020-21 register.

Note 31 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust Board of Directors or members of the key management staff, or parties related to any of them, has undertaken any material transactions with North West Ambulance Service NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year 2021/22 Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example :

	Expenditure with Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000	£000	£000	£000
CCGs & NHS England	106	444,906	15	2,357
NHS Foundation Trusts	2,868	815	780	144
NHS Trusts	208	30	66	
NHS Resolution	3,562			
Department of Health and Social Care		116		116
Health Education England		3,253		128

Note 32 Prior period adjustments

The losses and compensation for 2020/21 has been amended to add the corrective payments in relation to annual leave payments that were accrued for and funded by NHSE/I in 2020/21. These should have been disclosed under special payments in the losses and compensation register in 2020/21. The amount of £6,062k was added to the 2020/21 register.

Note 32 Better Payment Practice code

	2021/22 Number	2021/22 £000	2020/21 Number	2020/21 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	46,474	230,637	42,384	206,109
Total non-NHS trade invoices paid within target	44,561	223,189	40,672	199,053
Percentage of non-NHS trade invoices paid within target	95.9%	96.8%	96.0%	96.6%
NHS Payables				
Total NHS trade invoices paid in the year	352	2,569	330	2,393
Total NHS trade invoices paid within target	343	2,550	321	2,374
Percentage of NHS trade invoices paid within target	97.4%	99.3%	97.3%	99.2%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 33 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2021/22 £000	2020/21 £000
Cash flow financing	(2,156)	(9,651)
External financing requirement	**(2,156)**	**(9,651)**
External financing limit (EFL)	4,571	11,910
Under / (over) spend against EFL	**6,727**	**21,561**

Note 34 Capital Resource Limit

	2021/22 £000	2020/21 £000
Gross capital expenditure	18,534	22,562
Less: Disposals	(340)	(396)
Less: Donated and granted capital additions	(817)	-
Charge against Capital Resource Limit	**17,377**	**22,166**
Capital Resource Limit	17,434	22,166
Under / (over) spend against CRL	**57**	**(0)**

Note 35 Breakeven duty financial performance

	2021/22 £000
Adjusted financial performance surplus / (deficit) (control total basis)	82
Breakeven duty financial performance surplus / (deficit)	**82**

Appendix – Glossary of Terms

(This glossary does not form a part of the statutory accounts)

STATEMENT OF COMPREHENSIVE INCOME

- **Income and Expenditure**
  Often called a Profit and Loss account or an Income and Expenditure account. Public Sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.

- **Income from activities**
  Income from patient care activities of the Trust, usually from Clinical Commissioning Groups as the principle commissioner of services.

- **Other operating income**
  Income from non-patient care services such as commercial training, research funding etc.

- **Operating surplus**
  The surplus generated by the normal operations of the Trust before taking into account interest, depreciation and amortisation

- **Depreciation**
  When a fixed asset is purchased, the cost of that asset needs to be charged to the income and expenditure account over the life of the asset to recognise the contribution of that asset to the work of the Trust in each year of ownership. On purchase of a fixed asset, the expected life is assessed and the cost is spread over that life. The value of the asset therefore diminishes, or depreciates, over time.

- **Amortisation**
  Where depreciation applies to tangible fixed assets, amortisation is the same process for non-tangible fixed assets, such as loans to the Trust.

- **Profit / (loss) on disposal of fixed assets**
  The difference between the value of an asset in the balance sheet and the actual sale price of the item. This could be equipment or buildings.

- **Public Dividend Capital (PDC)**
  PDC originated in NHS Trusts as the difference between the valuation of its assets and liabilities on establishment as an NHS Trust. This originating debt is deemed an asset of the Secretary of State, and equates to taxpayers equity in the organisation. The Trust has to make a return on this capital equivalent to 3.5% per annum, and this amount has to be paid over to the Treasury. The original debt can

increase over time due to the allocation of additional capital funds, and is repayable over time.

STATEMENT OF FINANCIAL POSITION

- **Fixed Asset / Non-Current Assets**
  An asset that has a life that extends beyond the current financial year and that will generate economic benefits in future accounting periods – as opposed to current assets, which are realisable immediately or in the next accounting period. Fixed assets are typically equipment or buildings.

- **Current Assets**
  These are assets that are held on the balance sheet of the organisation that have an immediate cash value. These include stocks, that could be sold and realise cash quickly, debtors that can be collected quickly to realise cash or cash held in a bank account.

- **Stock / Inventories**
  Material held as stock which could be sold to realise cash quickly. Can either be valued at **cost** where stock is valued in the books at the purchase price or, **net realisable value** where stock is valued in the books at a value that it could reasonably be expected to fetch if it was sold on the open market today.

- **Debtors / Receivables**
  Money owed to the Trust for services provided.

- **Creditors / Payables**
  Money owed by the Trust for goods and services received.

- **Total Taxpayers' Equity**
  See Public Dividend Capital

NOTES TO THE ACCOUNTS

- **Historical Cost Convention**
  The value of an asset carried in the balance sheet is the amount paid for it on the purchase date.

- **Accruals Convention**
  The accounts are prepared taking account of all income received and receivable, and all expenditure paid and payable for the goods and services delivered and received in the period, and are not based on cash receipts and payments in the period.

- **Off Balance Sheet**
  Refers to fixed assets that are in use by the trust but which are not technically 'owned' by the organisation, and therefore do not appear in the balance sheet. An example of this would be operating leases, where equipment, such as vehicles, is leased by the organisation but never comes into our ownership.

- **Liquid Resources**
  Resources that can be released quickly to enable the organisation to settle debts. Typically, cash in hand or in the bank in short term accounts.

- **Prepayment**
  Where the Trust has paid in advance for goods or services – for example, quarterly payment in advance for telephone rentals.

- **Deferred Income**
  Income received in the financial year but deferred to a subsequent accounting period because the relevant services will be provided in that future accounting period.

- **Reserves**
  Funds set aside in recognition of a future event, project or change, where the need has been recognised but the event has not happened.

TERMINOLOGY

- **Going Concern Basis**
  The accounts are prepared on the basis that the Trust will still be in existence in the next financial year, and that it will therefore be in a position to recover any debtors due to it, and that it will be around to cover its long term liabilities. If it is likely that an organisation will not be in existence beyond this set of accounts, then long term liabilities would become immediately due, and the position of long term debtors would be called into question, resulting in the need to recognise that in the results presented in this set of accounts.

- **Capital Expenditure**
  The amount expended by the Trust that enhances the value of fixed assets whose useful life extends beyond the current accounting period.

- **Revenue Expenditure**
  Expenditure on the day to day operations of the Trust, pay and rations as opposed to capital expenditure.

- **Consumables**

Non pay expenditure on items that have a life of less than one year and are therefore not fixed assets. The term relates to everything from drugs, uniform, stationery through to pieces of disposable equipment.

- **CCGs – Clinical Commissioning Groups**
  Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 31 CCGs in the North West of England.

- **Liability**
  A situation where an organisation has an obligation to pay for something that has already occurred, and around which there is certainty, but is not yet physically paid for.

- **Provisions**
  An allowance in the accounts for a known item, but where the value or timing of the event giving rise to it is uncertain. An example may be where a pay award from 1 January in a given year has not yet been agreed, and the settlement date is uncertain. The organisation would typically provide an estimate for inclusion in the accounts to ensure that the relevant charge to Income and Expenditure is made in the correct year.

- **Contingent Liability**
  A situation where a financial obligation to pay for something that has already happened may arise, but where there is uncertainty or where the final value is difficult to quantify due to dependencies on other things. For example, an outstanding legal claim against the organisation, where if the verdict goes against the organisation, there will be an obligation to pay for an unquantifiable amount. Amounts carried in the accounts under this heading will inevitably be estimates based on the best information available at the time.

- **Value Added Tax (VAT)**
  May be in the form of **output tax** – VAT charged on sales, or **input tax** – VAT paid on purchases. In the NHS, normal NHS healthcare activity does not attract VAT.

- **Post Balance Sheet Event**
  Something that is recognised after the accounts have been finalised, but before publication, which impacts on the results as they are presented, and has a significant impact on how the results should be interpreted.

- **Risk Pooling Scheme**

This is essentially the NHS insurance scheme, where we pay an annual premium to cover any insurance claims that may arise during the year. The scheme covers all the usual insurance risks around buildings, equipment, fire etc, as well as clinical negligence issues.

- **NHS Resolution**
  NHS Resolution (NHS R) is the body responsible for handling negligence claims against NHS organisations. NHS R also advises NHS organisations on risk management.

- **Losses and Special Payments**
  Any payments made in respect of bad debts, stock write offs, insurance excesses or compensation payments that are not considered a part of the normal business of the Trust.

Things to consider when reading a set of accounts

- **True and Fair View**
  A set of annual accounts is a snapshot at a point in time of how the business is performing. Is it profitable? Is it viable? Is it fit for purpose? It is not and probably never will be 100% accurate. What is important is that the accounts present a fair reflection of performance and viability, and that the items presented in there have been treated according valid and accepted accounting principles, and can be explained and justified in that context.

- **No Surprises**
  The annual accounts should only ever confirm what the Board have been expecting in light of the monitoring reports that have been presented by Director of Finance during the year, and should bear a close resemblance to figures reported at Month 12. If there are significant differences between what the Board was expecting, or from the Month 12 report, then the Director of Finance should include explanations for this in a commentary that accompanies the accounts, and the auditors should be asked to comment on any items of significance.

- **Previous Year**
  It can be useful to compare this year's figures with those of the previous year. Again, the Board should already be aware of any significant movements, and the reasons for them, so any changes should be expected. If there are any changes that have not been explained, then these should be queried and satisfactory explanations obtained to approval.

- **Fixed Assets / Non-Current Assets**

The Board should be assured that the changes in the fixed asset figures from one year to another reflect the decisions made by the Board on capital investment and disposals during the year. If a revaluation has taken place during the year, this should be explained in the notes, and the Board should ensure that they are fully aware of the impact that this has had on both the Income and Expenditure account and Balance Sheet.

- **Current Assets**
  Again, differences between years should be looked at. Particular things to look for include:

  - Stock – large swings in stock levels year on year can indicate that stock management is inefficient. As a general rule, the Trust should look to carry out as little stock as possible commensurate with ensuring that the right supplies are available at the right time. A very large reduction in stocks in any given year, combined with a reduction in cash balances, may be an indication that the trust is experiencing cash flow problems.
  - Debtors – high levels of debtors may be a result of inefficient debt collection in the Trust and this may be impacting on the cash flow performance.
  - Cash at bank and in hand – this is an indication of the liquidity of the Trust. We should make sure that we have sufficient readily accessible cash available to meet our immediate needs. Significant swings from year to year may indicate that cash management is not as efficient as it should be.

Further Information

Contact the Director of Corporate Affairs at the address, e-mail or telephone number below for information about the Board of Directors or if you would like:

- To view the register of Board of Directors' interests
- To contact the Chair or any member of the Board of Directors
- Information about Board of Directors meetings which are open to the public. Details of meetings are also available on the Trust's website.
- To contact the Chief Executive's office for more information or if you have any comments

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