NHS
North West
Ambulance Service
NHS Trust

Board of Directors Meeting

Wednesday, 31st May 2023
9.45am – 1.10pm

To be held in the Oak Room, Ladybridge Hall, Bolton

AGENDA

Item No	Agenda Item	Time	Purpose	Lead
STAFF STORY				
BOD/2324/018	Patient Story	09:45	Information	Deputy CEO/Director of Strategy, Partnerships and Transformation
INTRODUCTION				
BOD/2324/019	Apologies for Absence	10.00	Information	Chair
BOD/2324/020	Declarations of Interest	10.00	Decision	Chair
BOD/2324/021	Minutes of Previous Meeting held on 29th March and 26th April 2023	10:00	Decision	Chair
BOD/2324/022	Board Action Log	10:05	Assurance	Chair
BOD/2324/023	Committee Attendance	10:10	Information	Chair
BOD/2324/024	Register of Interest	10:10	Assurance	Chair
STRATEGY				
BOD/2324/025	Chairman & Non-Executive Directors Update	10:15	Information	Chair
BOD/2324/026	Chief Executive's Report	10:20	Assurance	Chief Executive
BOD/2324/027	Trust Strategy Annual Refresh	10:30	Discussion	Deputy CEO/Director of Strategy, Partnerships & Transformation
GOVERNANCE AND RISK MANAGEMENT				
BOD/2324/028	Annual Self-Certification: General Condition FT4: Corporate Governance Declaration	10:40	Decision	Director of Corporate Affairs
BOD/2324/029	Annual Self-Certification: General Condition 6: Systems of Compliance with Licence Conditions	10:50	Decision	Director of Corporate Affairs
BOD/2324/030	Audit Committee Chairs Assurance Reports, from the meetings held on 21st April 2023 and 19th May 2023	11:00	Assurance	Mr D Rawsthorn Non-Executive Director
BOD/2324/031	Charitable Funds Committee Chairs Assurance Report, from the meeting held on 19th April 2023	11:10	Assurance	Mr D Rawsthorn Non-Executive Director
QUALITY AND PERFORMANCE				
BOD/2324/032	Integrated Performance Report	11:20	Assurance	Director of Quality, Innovation, and Improvement
BOD/2324/033	Health, Safety & Security Annual Report 2022/23	11:50	Assurance	Director of Quality, Innovation, and Improvement
BOD/2324/034	Safeguarding Annual Report 2022/23	12:00	Decision	Director of Quality, Innovation, and Improvement
BOD/2324/035	Complaints Annual Report 2022/23	12:10	Assurance	Director of Corporate Affairs
BOD/2324/036	Quality and Performance Committee Chairs Assurance Report, from the	12:20	Assurance	Prof A Esmail Non-Executive Director

	meetings held on 27th March 2023 and 22nd May 2023.			
BOD/2324/037	Resources Committee Chairs Assurance Report, from the meeting held on 26th May 2023	12:30	Assurance	Mr D Hanley, Non-Executive Director
WORKFORCE				
BOD/2324/038	Equality, Diversity, and Inclusion Annual Report 2022/23	12:40	Decision	Deputy Director of People
STRATEGY, PARTNERSHIPS AND TRANSFORMATION				
BOD/2324/039	Annual Plan 2023/24	12:50	Decision	Deputy CEO/Director of Strategy, Partnerships & Transformation
BOD/2324/040	Communications Q4 2022/23 Update	13:00	Information	Deputy CEO/Director of Strategy, Partnerships & Transformation
CLOSING				
BOD/2324/041	Any Other Business Notified Prior to the Meeting	13:10	Assurance	Chair
BOD/2324/042	Items for Inclusion on the BAF	13:10	Assurance	Chair
DATE AND TIME OF NEXT MEETING				
9.45am, Wednesday, 26th July 2023 in the Oak Room, Ladybridge Hall, HQ, Bolton				
Exclusion of Press and Public: In accordance with Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				

NHS
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Minutes
Board of Directors

Details: 9.45am Wednesday, 29th March 2023
Oak Room, Ladybridge Hall, Trust Headquarters

Mr P White	Chair (virtual attendance)
Dr A Chambers	Deputy Chair (Acting chair of the meeting)
Mr G Blezard	Director of Operations
Mrs C Butterworth	Non-Executive Director
Mr S Desai	Deputy CEO / Director of Strategy, Partnerships and Transformation
Prof A Esmail	Non-Executive Director
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Mr D Mochrie	Chief Executive
Dr M Power	Director of Quality, Innovation, and Improvement
Mr D Rawsthorn	Non-Executive Director
Mrs L Ward	Director of People
Mrs A Wetton	Director of Corporate Affairs
Mrs C Wood	Director of Finance

In attendance:

Mr D Whatley	Associate, Non-Executive Director
Ms D Earnshaw	Corporate Governance and Assurance Manager (Minutes)

Minute Ref:

BOD/2223/133 **Staff Story**

The Director of Strategy, Partnerships and Transformation introduced the Staff Story.

The story highlighted the personal journey of a member of staff who had applied for a position with NWAS Patient Emergency Services. The member of staff had previously experienced significant personal challenges in their past, including recovering from alcohol addiction.

The member of staff described the recruitment process undertaken and the support and understanding demonstrated by NWAS trainers and recruiters during the application, recruitment, and selection process.

The film acknowledged the value of past life experiences when considering appointing staff. The film highlighted the positive outcomes and experience for the member of staff and his colleagues.

The Chief Executive acknowledged the emotional journey and recognised the need to understand diverse backgrounds in relation to the recruitment process.

Mr D Rawsthorn praised he openness of the member of the staff, in sharing their experiences.

The Chair stated that the trust should be very proud of the approach taken to understand personal factors and the story was a fantastic example of effective recruitment processes.

Prof A Esmail noted that the NWAS interviewer deserved credit for their proactive approach to the recruitment process, for observing talent and providing the member of staff with the opportunity.

Dr D Hanley also noted the age of the member of staff and welcomed the trust's approach to diversity as part of the recruitment process.

Mrs C Butterworth thanked the member of staff for sharing their story and highlighted the lessons to be shared in future training of staff. She wished the member of staff good luck in their future career with the trust.

Dr A Chambers welcomed an organisational environment that enabled a member of staff to bring their whole self into the workplace.

The Board:

- Welcomed and acknowledged the content of the staff story.

BOD/2223/134 Apologies for Absence

There were no apologies for absence.

BOD/2223/135 Declarations of Interest

There were no declarations of interest to note.

The Deputy Chief Executive referred to the pre-election period, and the need for impartiality in the public and part 2 section of the board meeting.

BOD/2223/136 Minutes of the Previous Meeting

The minutes of the previous meeting held on 25th January 2023 were agreed as true and accurate record.

The Board:

- Agreed the Minutes of the Meeting held on 25th January 2023 were a true and accurate record.

BOD/2223/137 Board Action Log

The Board noted the updates to the Board action log.

The Board:

- Noted the updates to the action log.

BOD/2223/138 Committee Attendance

The Board:

- Noted the Committee Attendance Record.

BOD/2223/139 Register of Interest

The Board:

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

BOD/2223/140 Chair & Non-Executives' Update

The Chair welcomed Mr D Whatley, recently appointed Associate Non-Executive Director, with an interest in audit, risk, and finance.

He noted the recent work of EDI networks and referred to a Community Engagement Event in Northwich which had involved the Patient and Public Panel. He thanked the trust's communications team for the community engagement events, which were a great opportunity for non-executive directors to listen to views on the service.

He advised that he had conducted site visits across Merseyside and Manchester, including the new Liverpool Hospital.

He noted the opening of the new Blackpool Hub and congratulated the project team for delivering the scheme on time.

He also noted that ICSs continued to develop, with finance and planning progressing for 2023/24.

The Board:

- Noted the update from the Chair.

BOD/2223/141 Chief Executive's Report

The Chief Executive presented the Chief Executive's report and provided an overview of activity since the last Trust Board meeting.

He reported a reduction in hospital handover delays and stated that Lord Shuttleworth and guests had attended the opening of the new Blackpool Hub.

He advised that representatives from the trust had attended a recent GM Social Care Partnership which had examined the challenges and performance of NWAS, along with other health care providers.

He confirmed that bulletins and news continued regarding a revised pay offer and the trust awaited the outcome of the ballot. He thanked the Director of People for her hard work, nationally and at a trust level.

The Chief Executive reported that the trust's strategic operational Commanders had attended a development day hosted by the National Ambulance Resilience Unit (NARU).

He congratulated the first cohort of EMT1 staff, who had successfully completed the paramedic apprenticeship programme.

In relation to HART, he referred to the first taster event for women, to ensure inclusivity.

He referred to the Urgent and Emergency Care Recovery Plan and the work on the Strategy, which with recent changes, had shifted focus to a recovery plan. He welcomed the additional ambulance sector investment that would come with the plan.

He advised that the National Guardian's Office (NGO) had published a report called Listening to Workers following a Speak Up review of ambulance trusts. He noted he had been saddened with the content of the report, which reported that culture in ambulance trusts did not support workers to speak up. He added that although NWAS services were not included in the review, it had been important to learn from findings and the recommendations for improvement. He advised that the Trust's Freedom to Speak Up Guardian would examine the report and highlight key findings for the trust.

He referred to the recent findings of the staff survey and that the work of the networks which had gone from strength to strength and details of the next LGBT+ event would soon follow.

He added that network representative Wes Proverbs had been invited to the Royal Garden Party in May, to represent NWAS.

He noted, with great sadness, the loss of Andy Foster, former CEO at Wigan, Wrightington and Leigh Teaching Hospitals NHS Foundation Trust.

He reported that he had been fortunate to meet a member of staff at Estuary Point recently, who was retiring from the service after 48 years in the ambulance sector, he had joined the trust's learning and development team to thank her for her service, on behalf of the Board.

Mr D Rawsthorn referred to the Patient Transport Services activity, detailed in the report, which was below baseline activity overall in some areas such as Cumbria.

The Director of Operations advised that industrial action had restricted some PTS activity and areas such as Cumbria had been impacted due to geographical factors.

Dr A Chambers congratulated the first cohort of apprentices on their achievements. She also acknowledged the progress made in the 111 service, including completion of the rota review, expected to be completed in May 2023.

The Board:

- Noted the content of the Chief Executives Update.

BOD/2223/142 Board Assurance Framework Strategic Risks 2023/24

The Director of Corporate Affairs presented the Board Assurance Framework Strategic Risks for 2023/24.

She advised that the proposed strategic risks for 2023/24 were detailed in appendix 1 of the report. She noted that the risks would form the basis of the new Board Assurance Framework for 2023/24 from the 1st of April 2023 and were presented to the Board of Directors for approval.

Mr D Rawsthorn welcomed involvement in the review of the BAF risks which were broadly the same, however articulated slightly differently. He supported the new risk SR10, which related to the level of uncertainty within trust regions and nationally.

Mrs C Butterworth praised the work of the Executives and their teams, particularly the finance achievements, related to strategic risk SR02.

The Board:

- Approved the proposed strategic risks for 2023/24.

BOD/2223/143 Trust Risk Appetite Statement 2023/24

The Director of Corporate Affairs presented the Risk Appetite Statement 2023/24.

She reported this remained broadly the same, with risk appetite in relation to the people strategy included, for consideration during decision making.

Mr D Rawsthorn noted that the Risk Appetite Statement had been a big improvement for the Board, and this had been used in making board decisions, mainly in part 2 of the board meetings. He welcomed the developments made.

The Board:

- Approved the Risk Appetite Statement for 2023/24.

BOD/2223/144 Modern Slavery Act 2015

The Director of Finance presented the Modern Slavery Act 2015.

She reported that the paper provided background to the Act and actions taken by the organisation, which would be published on the Trust website and included in the Annual Report 2022/23.

She confirmed the trust's drafted statutory statement met the current requirements for year ending March 2023.

She noted there had been one query from a board member in terms of wording in the safeguarding section and staff raising concerns, which was a proposed potential change to the draft statement.

Dr D Hanley confirmed he had proposed the change, which reflected the need to ensure that the owner of the truth was not with the person reporting the concern and welcomed a minor amendment to the proposed statement.

Mrs C Butterworth welcomed inclusion of consideration of the HR process to provide holistic assurance that all areas of the executive had been considered.

The Director of Finance confirmed she would discuss with the governance team.

The Board:

- Approved the recommendation of the drafted statutory statement for the year ending March 2023, subject to consideration of the minor change suggested, related to staff raising safeguarding concerns.

BOD/2223/145 Chair's Fit and Proper Persons' Declaration

The Director of People presented the Chair's Annual Fit and Proper Persons' Declaration.

She confirmed that in line with Regulations, the Trust was required to ensure that all individuals appointed to or holding the role of Executive Director or Non-Executive Director met the requirements of the Fit and Proper Persons Test (FPPT).

She reported that the trust's internal auditors had confirmed full compliance which was presented for assurance to the Board of Directors and for the Chair of the Trust to sign and publish the statement.

Dr A Chambers confirmed the FPPT was an important aspect of the Trust's governance procedure.

The Board:

- Noted the assurance provided by the Chair that he was confident the Trust had complied with regulations and the requirements of the FPPT criteria.

BOD/2223/146 Charitable Funds Committee Chairs Assurance Report from the meeting held on 9th February 2023

Mr D Rawsthorn, presented the Charitable Funds Committee Chairs Assurance Report from the meeting held on 9th February 2023.

The Board:

- Noted the assurances provided.

BOD/2223/147 Integrated Performance Report

The Director of Quality, Innovation and Improvement presented the Trust's integrated performance report for period February 2022.

She advised that the report presented an overview of the trust's performance in relation to the delivery against national metrics and trust strategic objectives. She added that the data had been presented to the Trust's Quality and Performance Committee on Monday, 27th March 2023, and a slightly revised version of the paper had been circulated to members prior to the meeting to represent updated discussions. She confirmed the updated pack was available on the Trust's website for reference.

The Director of Corporate Affairs presented an update on the number of complaints and incidents, which remained stable. She noted that the number of serious complaints, scoring 4-5 had increased.

She noted that sustained improvement continued, with a continue focus on overdue cases. She noted that 105 compliments had been received during the reporting period.

The Director of Corporate Affairs and Director of Quality, Innovation and Improvement confirmed the team were constantly monitoring the common themes of incidents and had recognised that the most common theme had been care and treatment, rather than hospital delays. They confirmed the shift would be monitored and reviewed by the Quality and Performance Committee and the Board of Directors.

In terms of patient experiences, the Deputy Chief Executive reported that response levels had been impacted by postal strikes, however the 90.8% achieved was a good outcome. He noted that patients had reported good experiences, despite pressures and that feedback narrative was passed to service lines, to ensure themes were discussed and learning identified.

Dr A Chambers queried the process for ensuring that staff were made aware of the themes identified.

The Deputy Chief Executive advised that work with all service lines had been undertaken to reiterate the purpose of the feedback, which was an interactive process. He highlighted there would be a requirement for the trust's regulators to feel assured that the Trust were taking action to address the issues raised, including the eligibility criteria used for decision making.

Dr D Hanley, observed the comments related to 111 appointments and the issue of face-to-face presentations at A&E.

The Deputy Chief Executive noted that during the pandemic there had been a direct incentive to keep people safe, and now the public were presenting in urgent care centres, the nature of use of 111 had changed.

The Medical Director provided an overview of clinical effectiveness which had been discussed in detail at the Quality and Performance Committee.

In relation to the falls bundle he confirmed there had been extensive discussion at the trust's Executive Leadership Committee and the Committee were fully sighted on the position in relation to reporting challenges and the APEX tool, a tool that withdrew data from the electronic patient record. He noted there was a focus for a fully resourced plan to ensure the Trust was fully compliant with reporting requirements.

The Chief Executive confirmed that work was ongoing with cardiac boards, to understand the issues for the region and specifically work to address unwarranted variation. He added that consultant paramedics were involved, with providers.

Dr D Hanley, referred to stroke performance, which was better than the national average.

The Medical Director confirmed the patient had 6 hours from onset of symptoms to receiving intervention and the trust aimed to truncate calls and proportion the hours from the initial call to set its own markers to encourage good patient outcomes.

The Director of Operations provided an operational performance update,

He reported that there had been a reduction in activity of 12% during January and incidents had decreased. He added the trust had reduced from REAP 4 to REAP 2 during the period.

He noted a sharp change in behaviour pf the public in response to industrial action and as such call pick up performance had improved with response times broadly better, with improvement in achieving all ARP standards. He added there had been a reduction in see and treat, due to an increase in hear and treat; with a significant reduction in long waits C1 and C2. He referred to the work to segment C2 calls, which would be discussed further detail in Part 2 of the meeting. A reduction in hospital handover times was also noted.

Prof A Esmail referred to the improvements in performance during periods of industrial action and queried if the changes and initiatives implemented by the trust would be continued.

The Director of Operations confirmed the aim was to move to a service delivery model which supported sustainability of the improved performance levels.

In terms of 111, he noted this had followed a similar pattern and performance had stabilised, with some of the developments to reduce call handling time highlighted in the report.

The Chair noted that he continued to have some concern in relation to overall performance of the 111 service, which was not due in any way to the efforts of the team. He confirmed this would be discussed further during Part 2 of the meeting.

The Chair praised the teams on the call handling performance. He noted that he had discussed future processes for including performance issues in ICS discussions, with the trust's Deputy Chief Executive.

Prof A Esmail confirmed that the Quality and Performance Committee had discussed performance extensively at the meeting held on Monday, in particular the variations and content of the report.

PTS activity was also outlined in the report for further discussion in Part 2 of the meeting.

The Director of Finance outlined the financial position, which had been discussed in detail at the trust's Resources Committee on Friday, 24th March 2023.

In terms of organisational health, the Director of People presented an overview of the workforce indicators performance, which had been discussed in detail at the recent Resources Committee meeting.

In terms of sickness absence, she confirmed this remained a challenge and funding had been secured for continuation of the work of the trust's attendance improvement teams, to support long term planning.

She noted that mandatory training fell behind in February with some risk to the trust reaching the 85% target at year end, which had been due to the impact of industrial action and trust trainers being deployed to upskill the army, and reduced capacity to deliver classroom training.

The Deputy Chief Executive confirmed the trust's new strategic priorities made little reference to individual service lines and promoted a holistic focus on improvement across the trust.

In view of the risk of cyber-attacks, highlighted in strategic risk SR09, the board recognised the importance of information governance mandatory training.

The Director of Quality, Innovation and Improvement confirmed this had been discussed at ELC and work was being undertaken to review the content and format of the mandatory training assessment process.

The board members shared concern at the ongoing challenge to juggle mandatory training priorities.

The Director of People confirmed the position was routinely reported and monitored at ELC and the Resources Committee. Dr D Hanley confirmed the Resources Committee had welcomed future funding for the AITs and had requested a future assurance report on the value and payback from the investment in long term funding for the teams.

Finally, the Director of Quality, Innovation and Improvement reported that Covid figures highlighted an outbreak in one control centre and the IPC team continued with IPC practices.

Dr A Chambers thanked the teams for their hard work and felt assured that the executive directors and their teams were doing their best with the resources available. She also thanked the Chairs of the Board Assurance Committees for their ongoing scrutiny and monitoring.

The Board:

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

BOD/2223/148 Learning from Deaths Q3 Report

The Medical Director presented the Q3 learning from deaths report.

He highlighted s3.9 and 3.10 of the report included further detail on the learning outcomes and dissemination of learning, which had recently been discussed and requested by the Quality and Performance Committee.

Dr D Hanley welcomed the additional information and noted that in times past NHS trusts had been criticised for accepting a high mortality rate. He queried whether this was an issue for the trust.

The Medical Director advised that the focus for NWAS was on Cat 1 and Cat 2 mortality rates and there was no national move to standardise data. However, he noted primary outcome measures were contained within the AQI monitoring reports, and the trust was in a good position.

He added the trust's Patient Safety Sub Committee and Consultant Paramedic had undertaken work to assess the data and identify trends. He confirmed the work would help understand the context and outcomes in terms of survival and provide future learning.

The Deputy Chief Executive queried whether the infographic was circulated and discussed with teams. The Medical Director confirmed this was used in clinical agendas and disseminated to the front-line teams.

Prof A Esmail queried the progress made to obtain contextual information to make any necessary changes.

The Medical Director confirmed that thematic analysis was obtained from a certain volume of reviews, and these were evaluated in terms of achievable outcomes. He noted that the trust's Public Health Plan provided a steer on the trust's public health approach to linking deaths to health inequalities. He added that issues such as location of community defibrillators, was an example of a meaningful tangible outcome of learning, and action taken.

Dr A Chambers confirmed the ongoing commitment of the Board to develop decision making based on findings from thematic learning of data.

Mrs C Butterworth queried if there was enough capacity in the teams, to ensure changes to practice could be embedded.

The Medical Director confirmed the processes in place, the role of the Trust's Consultant Paramedic and the senior management team.

The Board:

- Noted the content and recommendations contained within the Learning from Deaths Q3 report.

BOD/2223/149 Ockenden Review of Maternity Services – Update Report

The Medical Director presented an Ockenden Review and maternity assurance report.

He reported that the trust had taken a proactive approach to the recommendations made in the Ockenden report, although the organisation was not a commissioned provider of maternity services.

He noted that the trust had responded appropriately to the recommendations and appointed a dedicated consultant midwife.

He advised the report had been discussed at the Quality and Performance Committee and the format of future reports would be reviewed in relation to the trust's approach to maternity care.

The Deputy Chief Executive supported the focus on future relevance of reporting and specifically on the areas relevant to NWAS however noted the need to ensure future reports were proportionate to ensure that all members of the Board were sighted on the maternity position in relation to the Ockenden recommendations.

The Medical Director agreed and confirmed that prehospital arena was a high risk and highly stressful aspect of the service for staff, and this would continue to have a focus in clinical plans.

The Chair confirmed Prof A Esmail was the lead NED for maternity and that as the Chair of the Quality and Performance Committee he would continue to provide assurance in relation to the delivery of plans on the wider reporting regime.

The Board:

- Noted the content of the report and the assurance provided.
- Agreed for future assurance reporting on the Ockenden review replaced and aligned to the single maternity plan to be released by NHSE in March 2023.

BOD/2223/150 **Quality and Performance Committee Chairs Assurance Report from the meeting held on 27th February 2023**

Prof A Esmail presented the Chairs Assurance Report from the Quality and Performance Committee meeting held on 27th February 2023.

He highlighted areas of moderate assurance and confirmed he was able to provide assurance that mitigating actions were being undertaken.

The Board:

- Noted the assurances provided.

BOD/2223/151 **Resources Committee Chairs Assurance Report from the meeting held on 24th March 2023**

Dr D Hanley presented the Chairs Assurance Report from the Resources Committee meeting, held on 24th March 2023.

He highlighted the two areas of moderate assurance which related to the digital programme and the issue of sufficient resource to fulfil the extent of the programme. The Director of Quality, Innovation and Improvement noted she was aware of the resource implications and some progress had been made in relation to team infrastructure and IT systems.

The Board:

- Noted the Chairs Assurance Report from the Resources Committee meeting held on 20th January 2023.

BOD/2223/152 **Trust Disciplinary Policy Review**

The Director of People presented a review of the Trust's Disciplinary Policy.

She highlighted that the reviewed Policy supported oversight of case management and included a Fast Track procedure which was voluntary, and staff could put themselves forward to be taken through the fast-track process. She noted this had been based on review of best practice, which had worked well elsewhere, and this aimed to provide an opportunity for managing lower-level conduct issues.

She advised there would be training to support the roll out of the policy and equality impact assessments of the current processes would be overseen, to ensure diversity cases were monitored.

Mrs C Butterworth congratulated the team on production of the Policy and the fast-track procedure and the process efficiencies to follow. The Director of People confirmed the trade union representatives had confidence that the implementation of the fast-track policy would be effective.

Prof A Esmail referred to the monitoring process and queried the frequency for review of EDI referrals.

The Director of People confirmed the process was aligned to the management tracking system and reports would be taken to the Resources Committee and onward to the Board of Directors, she added that the trust's WRES indicator was reported to the Board of Directors on an annual basis.

The Board:

- Approved the Disciplinary Policy.
- Approved the Fast Track Disciplinary Procedure.

BOD/2223/153 **Annual Staff Survey Results and Speaking Up Review of Ambulance Services**

The Director of People and the Medical Director introduced the Trust's Freedom to Speak Up (FTSU) Guardian, to assist in the presentation of the report.

The Director of People provided an oversight of Annual Staff Survey results published on 9th March 2023.

She reported the responses contained a wealth of information and the report provided a high-level summary which indicated an overall static picture. She highlighted the key issues, which related to the quality of care and the general morale of staff. She added that the upward percentage shifts reflected the areas of focus by the Trust, which included making reasonable adjustments for staff, appraisals, and flexible working arrangements.

In terms of areas for focus for 2023/24, she noted these included career progression and attracting staff to the trust. Overall, WRES scores had improved in terms of disability, however, the existing gaps remained an area of focus.

The FTSU lead went on to provide an overview of the trust's position in relation the Listening to Workers Review and the national picture.

He reported that out of the four national recommendations contained in the report, two applied to the trust two had an impact on the organisation. He reported that results had called for a scaled review on the culture within ambulance trusts, and as an organisation the trust were already focusing on cultural issues.

He advised that the trust had held an away day, since the report had been published, to understand the gap analysis and make recommendations to the Executive Leadership Committee. He added the final section of the report focused on the trust's future and draft annual objectives and confirmed NWAS were working with trade unions to develop local plans and obtain a greater focus on direct line management involvement.

The Director of People confirmed updates would be reported through the Diversity and Inclusion Sub Committee.

The Chair queried the trust's resources to support the trust's FTSU and HR processes.

The Director of People acknowledged resource levels were understood and continued to be monitored.

The Board:

- Received the results of the National Staff Survey and the Listening to Workers review of ambulance trusts.
- Noted the strategic actions for 2023/24.

BOD/2223/154 **Any Other Business Notified prior to the meeting.**

There was no other business notified prior to the meeting.

BOD/2223/155 **Items for inclusion on the BAF**

There were no items identified for inclusion in the BAF.

BOD/2223/156 **Closing Remarks**

Dr A Chambers confirmed she had chaired the meeting due to the Chair being unable to attend in person.

Date and time of the next meeting –

9.45 am on Wednesday, 31st May 2023 in the Oak Room, Ladybridge Hall, Trust HQ.

Signed _____

Date _____

NHS
North West
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NHS Trust

Minutes
Board of Directors

Details: 9.45am Wednesday, 26th April 2023
Oak Room, Ladybridge Hall, Trust Headquarters

Mr P White	Chair
Dr A Chambers	Deputy Chair
Mr G Blezard	Director of Operations
Mrs C Butterworth	Non-Executive Director
Mr S Desai	Deputy CEO / Director of Strategy, Partnerships and Transformation
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Mr D Mochrie	Chief Executive
Dr M Power	Director of Quality, Innovation, and Improvement
Mr D Rawsthorn	Non-Executive Director
Mrs A Wetton	Director of Corporate Affairs
Mr D Whatley	Associate Non-Executive Director
Mrs C Wood	Director of Finance

In attendance:

Ms D Earnshaw	Corporate Governance and Assurance Manager (Minutes)

Minute Ref:

BOD/2324/01 **Apologies for Absence**

Apologies for absence were received from Prof A Esmail, Non-Executive Director and Mrs L Ward, Director of People.

BOD/2324/02 **Declarations of Interest**

There were no declarations of interest to note.

BOD/2324/03 **Register of Interest**

The Board:

- Approved the Register of Interest for 2022/23.

BOD/2324/04 **Board Assurance Framework Q4 2022/23**

The Director of Corporate Affairs presented the Q4 Board Assurance Framework 2022/23.

She advised the closing position of the BAF for 2022/23 proposed Q4 changes to the strategic risk scores, which had been recommended by the trust's Executive Leadership Committee (ELC).

Dr D Hanley referred to SR01 and noted he was pleased to see the impact of the work of the mental health providers and the emergency operating centres and welcomed further reports to the Quality and Performance Committee.

The Director of Quality, Innovation and Improvement advised that a mental health annual report would be presented to the next meeting of the ELC and the Quality and Performance Committee on 22nd May 2023, which outlined the work completed by the mental health team.

Dr D Hanley recognised the stabilisation of system pressures and queried the executive directors interpretation of the reduction in demand.

The Deputy Chief Executive confirmed that the target risk scores would be challenged in year and recalibrated each quarter. He added if target scores were adrift this would be reflected in the risk scores during the year.

In relation to SR02, the Director of Finance confirmed the increased recruitment training, which was part of urgent emergency care recovery plan would be reported to the next meeting of the Resources Committee.

The Chair welcomed comments from board members and acknowledged the challenge of predicting BAF activity. He noted that quarterly challenges would be provided by the Chairs of the Trust's Assurance Committees.

The Board:

- Approved the following:
- Decrease in risk score of SR01 from 25 to 15
- Decrease in risk score of SR03 from 25 to 20
- Decrease in risk score of SR04 from 16 to 12
- Q4 position of the Board Assurance Framework

BOD/2324/05 **Board Assurance Framework 2023/24 Opening Position**

The Director of Corporate Affairs presented the 2023/24 opening position of the Board Assurance Framework.

She reported the proposed the opening risk scores identified by the ELC.

- SR01 opening risk score of 15
- SR02 opening risk score of 16
- SR03 opening risk score of 20

- SR04 opening risk score of 16
- SR05 opening risk score of 12
- SR06 opening risk score of 10
- SR07 opening risk score of 8
- SR08 opening risk score of 15
- SR09 opening risk score of 10

The Chair noted the ongoing and developing work related to safety, effectiveness of patient care and open culture, in particular ongoing management of risk.

The Medical Director referred to the Patient Safety Incident Response Framework (PSIRF) and the significant changes which would reset how the trust approached patient safety. He noted the extent of the organisational training involved in the implementation of PSIRF, with mandated actions to be achieved during 2023/24.

He added that new governance processes would be proposed and monitored by the Quality and Performance Committee.

The Deputy Chief Executive noted that the target score of SR01 considered the variables of the contributory factors associated with patient safety risk and that mitigating actions would be reviewed by the ELC.

The Board discussed the trust's current processes for identifying and embedding changes to the patient safety related processes, which would support the PSIRF framework.

The Chair emphasised the need for the board to continue to receive assurance on the effectiveness of the processes in place.

The Director of QII confirmed that the effectiveness of learning processes and shared learning with system partners would be a priority during 2023/24.

The Board:

- Approved the opening position of the 2023-24 Board Assurance Framework.

BOD/2324/06 **Risk Management Review Policy**

The Director of Corporate Affairs presented the Risk Management Policy Review.

Mr D Rawsthorn confirmed the minor changes which had been approved by the Audit Committee.

The Board:

- Approved the Trust's Risk Management Policy.

BOD/2324/07 **Annual Review of Core Governance Documents**

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

She reported that the documents had undergone annual review and were presented, with tracked changes, for ease of reference. She confirmed some language had been updated to include gender neutral terminology.

A minor amendment related to the use of “his” rather than “they” was noted and would be amended in the final version of the documents.

The board noted the increase in dedicated expenditure authority for the Chief Executive Officer, and an increase in delegation of the Charitable Funds Committee authority.

The Director of Finance confirmed the rationale for the changes to the delegated expenditure authorities and the level of delegated Charitable Funds Committee authorisation.

Mr D Rawsthorn referred to the recommendation made in relation to gender neutral language and thanked Mrs C Butterworth, Non-Executive Director, for her previous suggestion, which had highlighted the change.

The Board:

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

BOD/2324/08 **FT Code of Governance 2022/23 Position of Compliance**

The Director of Corporate Affairs presented the FT Code of Governance 2022/23 Position of Compliance.

She reported that although the Trust did not have to comply with the Foundation Trust Code of Governance, the trust had complied with the relevant provisions. She added that the Trust would be required to comply with the provisions within the NHS Code for Provider Trusts in 2023/24.

Mr D Rawsthorn confirmed that the Audit Committee had recognised the compliance position as a good piece of assurance for the organisation.

The Chief Executive thanked the Director of Corporate Affairs and the team for their work in the review of governance documents.

The Board:

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

BOD/2324/09 **Non-Executive Terms of Office; Committee membership 2023/24 and Non-Executive Champion roles**

The Director of Corporate Affairs presented the Non-Executive Terms of Office, Committee membership for 2023/24 and Non-Executive Champion roles.

The Board:

- Noted compliance with the NHS Code of Governance provision 4.3 with respect to Non-Executive Directors Terms of Office.
- Noted the board remained compliant with Establishment Order 2006 No 1662 and Membership and Procedure Regulations 1990 (as amended).
- Noted the Non-Executive Director Committee membership for 2023/24.
- Noted the approach to non-executive director champion roles.

BOD/2324/10 **Freedom to Speak Up (FTSU) Annual Report 2022/23**

The Freedom to Speak Up (FTSU) Guardian presented the Annual Report 2022/23.

He provided an overview of the findings of the National Guardian Office (NGO) Report, published in February 2023 and the work undertaken by the trust's FTSU team during 2022/23, which included visits to crews and teams, to inform them of the process.

Dr D Hanley confirmed he felt the trust were in a good position overall, however, recognised the key lesson, highlighted by the National Guardian Office Report that FTSU related to a broad range of issues and not just clinical issues and patient safety.

There was an expectation that this aspect of FTSU would be a key theme for regulators.

There as an acknowledgement by the board that trust management and staff needed to exemplify good practice and an organisational culture that linked to the success of the FTSU process.

Mrs C Butterworth thanked the FTSU Guardian for the report and welcomed a future understanding of the proportionality in terms of staff headcount and numbers of cases, to gain assurance that links could be made between data and the effectiveness of the culture work of the trust.

In terms of data, she also welcomed an overview of FTSU connections with local leadership issues and an understanding of how the process highlighted the hot spots for attention across the organisation.

The Chief Executive advised that findings from the data warehouse and accountability reviews would enable richer conversations with area teams and managers, to provide focus for improvement and leadership.

The Director of QII reported that FTSU had been discussed at a recent ELC meeting and work had been completed to provide focus, which had been reported to Quality and Performance Committee. She confirmed that Executive Directors were aware of the hot spots and the key actions involved in working with leadership teams and managers to unpick and resolve issues, which would be a focus for 2023/24.

The Deputy Chief Executive confirmed external reports received in 2022/23 would also confirm the lessons to be learnt for the trust and form areas for review.

The Chief Executive referred to 2023/24 development events and the annual Ambulance Leadership Forum, which included a focus on FTSU and culture for the ambulance service.

The Chair acknowledged the value in data analysis to evidence issues and hot spot areas. He encouraged Mrs C Butterworth to link in with Dr D Hanley as FTSU NED champion.

The Chair queried whether resourcing was sufficient for coverage of FTSU across the organisation.

The FTSU Guardian confirmed a review was underway to review FTSU working processes and mechanisms to ensure processes were aligned.

The Chair acknowledged the need to promote the efficacy of the FTSU process, via communications to staff. The FTSU Guardian confirmed that most issues had related to communication and the improvements required were fed back to staff.

Mr D Rawsthorn noted the importance of staff having the confidence to speak up and how organisations can rapidly implode when the culture isn't right. He thanked the Medical Director and the FTSU guardian for the report.

The Director of Finance supported the need to drill down into the numbers in terms of the relevance of questions to directorates.

The Board:

- Recognised the content and the recommendations contained in the FTSU Assurance Report 2022/23.
- Supported continuation of the Trust's commitment to ensuring every voice is listened to, by a full review and implementation of the National Guardian Office Report published in February 2023.

BOD/2324/11 Quality and Performance Committee Annual Report 2022/23

She outlined the key areas highlighted for improvement during 2023/24.

The Chair noted the ongoing review of frequency of meetings and the need to ensure that any proposals to change frequency of Committee meetings required careful consideration to enable a balance.

Mr D Rawsthorn stated that the number of committees and frequency of meetings felt right, and current arrangements worked well.

The Board:

- Noted the content of the Quality and Performance Committee Annual Report for 2022/23.

BOD/2324/12 **Resources Committee Annual Report 2022/23**

Dr D Hanley, Chair of the Resources Committee, presented the Resources Committee Annual Report 2022/23.

He reported the key findings from the annual effectiveness review, which acknowledged challenging meeting agendas. He thanked and welcomed the support of the members of the Committee throughout the year.

The Board:

- Noted the content of the Resources Committee Annual Report for 2022/23.

BOD/2324/13 **Audit Committee Annual Report 2022/23**

Mr D Rawsthorn presented the Audit Committee Annual Report 2022/23.

He reported a good year for Audit and that the external auditors were happy with the performance of the Audit Committee during 2022/23.

In terms of attendance, he noted that Cathy had made a valuable contribution as incoming Non-Executive Director during the year.

The Chair welcomed the support of the governance team, provided to the Board Assurance Committees.

The Board:

- Noted the content of the Annual Report for 2022/23.

BOD/2324/14 **Board Assurance Committee Terms of Reference 2023/24**

The Director of Corporate Affairs presented the Board Assurance Committee Terms of Reference 2023/24.

She reported that tracked changes could be seen on the documents and the Chairs of the Board Assurance Committees had reviewed the terms of reference.

The Board:

- Approved the Terms of Reference for all Board Assurance Committees.

BOD/2324/15 **Board of Directors Annual Cycle of Business 2023/24**

The Director of Corporate Affairs presented the Board of Directors Annual Cycle of Business 2023/24.

The Board:

- Approved the Annual Cycle of Business for 2023/24.

BOD/2324/16 **Any Other Business Notified prior to the meeting.**

There was no other business notified prior to the meeting.

BOD/2324/17 **Items for inclusion on the BAF**

There were no items identified for inclusion in the BAF.

Closing remarks

The Chair welcomed the hard work of the executive team throughout 2022/23 which had been an extremely challenging year. He remarked that the year end financial performance of the trust should not be underestimated and praised the Director of Finance and all the teams for their hard work.

The Chief Executive recognised the achievements of the trust during 2022/23 and noted that externally NWAS were considered as an organisation with capability. He praised executive colleagues for their hard work and achievement of their key objectives, despite the significant challenges during the year.

Date and time of the next meeting –

9.45am on Wednesday, 31st May 2023 in the Oak Room, Ladybridge Hall, Trust HQ.

Signed _____

Date _____

Status:	
Complete & for removal	
In progress	
Overdue	
Included in meeting agenda	

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
106	25.01.22	121	Integrated Performnce Report	Noted the SI presentation slides would be shared with the Board and welcomed a briefing for the non-executive board members on the outcomes of the SIs received during the 2-week period.	A Wetton / S Desai	29.3.23		SD 29.3.23 - Still in progress.	

NWAS Board and Committee Attendance 2023/24

Board of Directors								
	26th April	31st May	21st June	26th July	27th September	29th November	31st January	27th March
Ged Blezard	✔							
Dr Alison Chambers	✔							
Salman Desai	✔							
Prof Aneez Esmail	X							
Dr Chris Grant	✔							
Dr David Hanley	✔							
Daren Mochrie	✔							
Dr Maxine Power	✔							
David Rawsthorn	✔							
Catherine Butterworth	✔							
Lisa Ward	X							
Angela Wetton	✔							
David Whatley	✔							
Peter White (Chair)	✔							
Carolyn Wood	✔							

Audit Committee						
	21st April	19th May	21st June	21st July	20th October	19th January
Dr Alison Chambers	✔					
Prof Aneez Esmail	✔					
David Rawsthorn (Chair)	✔					
Catherine Butterworth	✔					
Mr David Whatley	✔					

Resources Committee						
	26th May	21st July	22nd September	24th November	26th January	22nd March
Ged Blezard	X					
Salman Desai	✔					
Catherine Butterworth	✔					
Dr David Hanley (Chair)	✔					
Dr Maxine Power	✔					
David Rawsthorn	✔					
Lisa Ward	✔					
David Whatley	✔					
Carolyn Wood	X					

Quality and Performance Committee										
	24th April	22nd May	26th June	24th July	25th September	23rd October	27th November	29th January	26th February	25th March
Ged Blezard		X								
Dr Alison Chambers		✔								
Prof Aneez Esmail (Chair)		✔								
Dr Chris Grant		✔								
Dr David Hanley		✔								
Dr Maxine Power		✔								
Angela Wetton		✔								

Charitable Funds Committee				
	19th April	19th July	18th October	17th January
Ged Blezard	✔			
Salman Desai	✔			
Catherine Butterworth	✔			
Dr David Hanley	X			
David Rawsthorn (Chair)	✔			
Lisa Ward	X			
Angela Wetton	✔			
David Whatley	✔			
Carolyn Wood	✔			

Nomination & Remuneration Committee							
	26th April	31st May	26th July	27th September	29th November	31st January	27th March
Catherine Butterworth	✔						
Dr Alison Chambers	✔						
Prof Aneez Esmail	X						
Dr David Hanley	✔						
David Rawsthorn	✔						
Peter White (Chair)	✔						

CONFLICTS OF INTEREST REGISTER
NORTH WEST AMBULANCE SERVICE - BOARD OF DIRECTORS

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Ged	Blezard	Director of Operations	Wife is a manager within the Trust's Patient Transport Service				√	Other Interest	Apr-19	Present	To be decided by Chairman if decision is required within a meeting, in relation to the service line.
Catherine	Butterworth	Non-Executive Director	HR Consultant (no live commissions) for NLaG Acture Trust and Beacon GP Care Group				√	Position of Authority	Apr-22	Present	Agreed with Chairman not to accept or start any NHS HR contracts without his prior approval and support.
			Non Executive Director - 3 x Adult Health and Social Care Companies owned by Oldham Countil				√	Position of Authority	Apr-22	Present	Withdraw from decision making process if the organisations listed within the declaration were involved.
			Director / Shareholder for 4 Seasons Garden Companies: 4 Seasons Garden Maintenance Ltd 4 Seasons Gardens (Norden) Ltd 4 Seasons Design and Build Ltd 4 Seasons lawn treatments Ltd CFR HR Ltd (not currently operating) - removed 25th May 2022				√	Position of Authority	Apr-22	Present	4 Seasons garden maintenance Ltd has secured and operates NHS Contracts for grounds maintenance and improvement works at other NW NHS Acute Trusts but these pre date and are disassociated with my NED appointment at NWAS. To withdraw from the meeting and any decision making process if the organisations listed within the declaration were involved.
Alison	Chambers	Non-Executive Director	Self Employed, A&A Chambers Consulting Ltd	√				Self employment	Jan-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Trustee at Pendle Education Trust		√			Position of Authority	Jan-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Husband appointed as CEO at East Grinstead NHS Trust				√	Other Interest	Feb-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Husband works for Liverpool CCG (Cheshire and Mersey ICB)				√	Other Interest	Feb-22	31-Jan-23	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Governor at Wigan and Leigh College			√		Position of Authority	Apr-20	31-Mar-22	N/A
			Pro Vice Chancellor, Faculty of Health and Social Care and Member of University Executive Group, Manchester Metropolitan University	√				Position of Authority	Apr-19	30-Apr-22	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Husband is CEO at Barking and Havering and Redbridge University Hospitals NHS Trust				√	Other Interest	Aug-19	Feb-22	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Salman	Desai	Director of Strategy, Partnerships and Transformation	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Aneez	Esmail	Non-Executive Director	Board member of Charity Dignity in Dying			√		Board member	May-22	Present	
			Employed at the University of Manchester		√			Professor of General Practice	Apr-21	3rd Mar 22	N/A
			Work in GP Practice - Non Exec Chairman of Board	√	N/A	N/A	N/A	Position of Authority	Apr-21	3rd Mar 22	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			NHS Consultant - Critical Care Medicine - Liverpool University Hospitals NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Chris	Grant	Medical Director	A member of Festival Medical Services, a 'not for profit' registered charity staffed by volunteers, delivering professional medical services at events throughout the country. NWAS does not sub-contract events nor does FMS operate any significant activity in the North West.		√			Non Financial Professional Interest.	Jul-22	Present	If FMS run events in the North West, these would be undertaken via usual NWAS command functions and EPRR planning and I would remove myself from any interactions and engage with the NWAS Deputy Director should involvement be required from the Medical Directorate.
David	Hanley	Non-Executive Director	Associate Consultant for the Royal College of Nursing	√				Trainer (part time)	Jan-22	Present	No conflict.
			Trustee, Christadelphian Nursing Homes			√		Other Interest	Jul-19	Present	N/A
Daren	Mochrie	Chief Executive	Chair of Association of Ambulance Chief Executives (AACE) Advisory role to the NHS Leadership Review Team		√				Jan-22	Present	No conflict.
			Member of the JESIP Ministerial Board, HM Government		√			Position of Authority	Jan-22	Present	No conflict.
			Board Member/Director - Association of Ambulance Chief Executive's		√			Position of Authority	Sep-19	Aug-20	No conflict.
			Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A
			Member of the College of Paramedics		√			Position of Authority	Apr-19	Present	N/A
			Chair of Association of Ambulance Chief Executives (AACE)		√			Position of Authority	Aug-20	Present	N/A
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)		√			Position of Authority	Apr-19	Present	N/A
			Member of the Regional People Board		√			Position of Authority	Sep-20	Present	N/A
			Member of Joint Emergency Responder Senior Leaders Board		√			Position of Authority	Sep-20	Present	N/A
			Member of NHSE/I Ambulance Review Implementation Board		√			Position of Authority	Sep-20	Present	N/A
			Board Member/Director - NHS Pathways Programme Board		√			Position of Authority	Mar-20	Aug-20	Appointment declined
Maxine	Power	Director of Quality, Innovation and Improvement	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
David	Rawsthorn	Non-Executive Director	Trustee and Treasurer of Citizens Advice Carlisle and Eden (CACE)			√		Position of Authority	Apr-19	31.3.22	N/A
			Member of Green Party			√		Other Interest	May-19	Present	Will not use NED position in any political way and will avoid any political activity in relation to the NHS.
			Member of Cumbria Wildlife Trust			√		Other Interest	Apr-19	Present	N/A
Lisa	Ward	Director of People	Member of the Labour Party	N/A	N/A	√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.
Angela	Wetton	Director of Corporate Affairs	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
David	Whatley	Associate Non Executive Director	Trustee Pendle Education Trust		√				Apr-23		Withdrawal from the decision making process if the organisations listed within the declarations were involved.
			Governor, Nelson and Colne College Group		√				Apr-23		
			Independent Member of Audit Committee, Pendle Borough Council		√				Apr-23		
			Wife is employed at Manchester Teaching Hospitals NHS FT as a Biochemist				√		Apr-23		
Peter	White	Chairman	Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	N/A
			Non-Executive Director -Miocare (Oldham Care and Support Limited is a subsidiary)	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Non-Executive Director – The Riverside Group	√				Position of Authority	Apr-19	Jan-22	-
			Non-Executive Director – Miocare Ltd	√				Position of Authority	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
Carolyn	Wood	Director of Finance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31 May 2023
SUBJECT:	Chief Executive's Report
PRESENTED BY:	Daren Mochrie, Chief Executive

LINK TO BOARD ASSURANCE FRAMEWORK:

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

PURPOSE OF PAPER:	For Assurance
EXECUTIVE SUMMARY:	The purpose of this report is to provide members with information on a number of areas since the last CEO's report to the Trust Board dated 29 March 2023. The highlights from this report are as follows: **PES** • Response standards improved across all measures • UEC recovery funding will be utilised to sustain and improve these standards of response • C2 long wait is the lowest level since June 2020 and the lowest level for C1 long waits since April 21 • NHS UEC tiering **111** • Utilisation of Visual IVR has resulted in reduction of Average Handling Time AHT by approx. 43 seconds • The concept of Health Advisor homeworking has been tested and proved • Rota review phased implementation over the next few weeks **PTS** • The trust contracts to provide patient transport for non-emergency journeys have been extended for a year
RECOMMENDATIONS:	The Board is recommended to: • Receive and note the contents of the report

CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Compliance/Regulatory ☐ Quality Outcomes ☐ People ☐ Financial / Value for Money ☐ Reputation ☐ Innovation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	N/A			
	Date:			
	Outcome:			

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1. PURPOSE

This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 29 March 2023

2. PERFORMANCE

2.1 Paramedic Emergency Service

Direct industrial action ceased for NWAS within March and April. 999 call volume has been around 20% lower than the equivalent period last year with incidents remaining stable. Average handover increased for March but improved significantly within April. As a result, response standards have improved, with April's response standards signalling improvements across all response measures. NWAS continue to perform well when compared to the sector overall, especially call pick up, hear and treat and C1 and C2 response.

The Trust are focused on sustaining and improving on these standards of response via the utilisation of UEC recovery funding. The sector and NWAS are focusing these funds on delivery of C2 mean below 30 minutes and call pick up. To enable these improvements specific programmes are planned to increase operational resources, increase call handling staff within the EOCs, delivery of C2 validation and improvements to abstractions through a health and wellbeing programme.

For April NWAS has reduced risk to waiting patients due to the stepped improvements in long waits, across all standards of response. The number of C2 long waits for April represents the lowest level since June 2020 and the lowest level for C1 long waits since April 21.

2.2 NHS 111

The 111 team continues to deliver a safe effective service to the Northwest. Interim support provided by Vocare is adding some capacity into the system to allow calls to be answered in a timelier manner.

The Visual IVR project is now live and early indications suggest this has had a significant impact on Average Handling Time (AHT), approximately 43 seconds per call are saved when patients use the Visual IVR to complete their demographics before the call is connected. This project is part of a wider workstream aiming to make efficiencies to the service and the journey better for patients.

The new rota's following this year's rota review are now almost ready to be implemented and will do so in a phased approach over the next few weeks. The last remaining staff are now taking their opportunity for consultation, broadly speaking the project has been well received by staff and should shortly demonstrate rota scheduling efficiencies within the service. A full benefits analysis will be completed once the project has closed.

The Systems team have now thoroughly tested and proved the concept for Health Advisor homeworking, this project has been a huge success with the technical solutions working as planned and the volunteers happy with taking calls at home. This will now be evaluated before wider roll out of the pilot, it is anticipated that this will attract future candidates for the Health Advisor role being able to have a mix of home and site-based working.

2.3 Patient Transport Service

Due to reporting timing issues PTS performance is reported one month in arrears.

Activity in March for the Trust was 8% below contract baselines with Cumbria and Lancashire 25% and 22% below baselines respectively. Year to date July 2022 - March 2023) is performing at 17% below baseline.

The Trust has been asked to extend our existing PTS contracts and work is ongoing to enact this.

3. ISSUES TO NOTE

3.1 Local Issues

30 years on from the Warrington bomb

Deputy Chief Executive Salman Desai represented the ambulance service at a commemorative event thirty years after the Warrington bombing. Johnathan Ball, three, and Tim Parry, 12, died after an IRA bomb exploded on 20 March 1993.

Tim's parents later set up the Tim Parry Johnathan Ball Foundation for Peace, which has since become an internationally recognised centre for conflict resolution and victim support.

In front of members of the public, relatives and friends, multi-faith leaders came together to offer words of blessing. Children from two local schools sang 'something inside so strong' to reflect on the work done by the parents since the bombing and remind attendees that there is always hope.

Manchester Arena Inquiry

I took part in the first in a series of meetings arranged by Department of Health and Social Care to bring together interested parties across the health sector who are named within volume 2 of the Manchester Arena Inquiry Report, or have a role in taking forward the implementation of the recommendations from the report. There is a lot of work going on both within our service and externally to make sure we are in a better position should a similar incident happen again. We are due to report back to the inquiry chair soon to update on progress with our actions.

22 May was the sixth anniversary of the bombing at Manchester Arena, our thoughts remain with those affected by this tragedy. As the trust is due to give Oral evidence to the Inquiry we declined a request for a statement.

JESIP Ministerial Board

I attended the Joint Emergency Services Interoperability Programme (JESIP) Ministerial Board which included updates on the emergency services actions relating to the Manchester Arena Inquiry as well as a general update in relation to JESIP.

Race Equality Network’s HART taster day

Following the success of the Women's Network's HART taster day in February, the Race Equality Network at the end of April hosted a HART taster day for all ethnic minority staff.

The day began with an introductory presentation on the role of HART and the training involved. There was then the chance to get involved in some practical sessions, including working at height, confined space rescue, testing out the breathing apparatus and more.

3.2 Regional Issues

International Recruits

At the end of April, our Chairman, Peter White, and Salman Desai, Deputy Chief Executive, attended a 'meet and greet event together with operational colleagues to meet the latest cohort of staff joining from overseas.

Key Achievements

As we came to the end of the financial year Head of Programme Management Office, Alison Ormerod, together with Portfolio Delivery Manager, Joy Hetherington, delivered a very insightful presentation looking back of the many successes over the last 12 months as well as a reflection on lessons that we have learned.

Some of the key achievements from 2022/23 included the recruitment of 290 newly trained special operational response team staff, the migration of Preston station to a new site, the rollout of NHS Pathways across our emergency operations centres, the digital investment into iPads which is critical for the rollout of EPR, the implementation of the new Datix Cloud incident and risk management solution, and the opening of the brand new Blackpool hub station with smart technology.

We have come a long way over the last 12 months in maturing and embedding our approach to the projects we manage, which is way ahead of our peers in terms of effectiveness and the benefits this brings to our people and patients.

Patient & Public Panel Achievements

In September 2019, we established the Patient and Public Panel (PPP) to give our patients and the public a voice and opportunity to influence the development of their local ambulance service.

Our PPP is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence improvements in our emergency, patient transport and 111 service with three levels of involvement – Consult, Co-Produce and Influence

Over 250 members are signed up and involved in the work of the trust, supporting learning forums, giving feedback on projects and providing their opinions on campaigns, new systems and strategies. During the last year, PPP members have supported with the hospital handover collaborative events across the region, provided feedback and ideas to help us set up five community engagement events.

College of Paramedic Awards

The College of Paramedics announced that Jon Price, our Clinical Effectiveness Lead, who has been a member representative on the Paramedic Council for a couple of years has been appointed as their President.

Newly Qualified Paramedic, James Field, has been recognised as The College of Paramedics' Carol Furber Award recipient. The Carol Furber Award is given to pre-

registration paramedic students who submit an outstanding reflective case study of an incident they have attended.

Membership of the College of Paramedics is open to those who are UK paramedics registered with the HCPC, those who are interested in the sector and those studying to become a paramedic.

Leadership Review

Work on the leadership review is progressing, and we continue to move the project along by developing the detailed workplans for each role and creating draft job descriptions in order to put together the final proposed structure. When the final proposal is agreed, we will be able to move forward with the formal process of staff consultation in line with the Trust's Organisational Change Policy.

Patient Safety Incident Response Framework

The Patient Safety Incident Response Framework (PSIRF) was published in 2019 and sets out the NHS' approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety and replaces the current Serious Incident Framework. This represents a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS.

Our transition over to PSIRF is a big project and preparations to implement the framework have already begun.

3.3 **National Issues**

NHS Pay Offer

On 2 May 2023, there was confirmation that the NHS Staff Council accepted, by a majority, the pay offer that was proposed in March 2023. This will now be applied to all staff covered by the Agenda for Change pay arrangements and consists of two pay related and one non-pay measures.

A series of non-pay measures to support the NHS workforce will be rolled out in due course following discussions through the NHS Staff Council and other national groups and will include: Improving career development and support, ,supporting specific challenges for nursing staff, developing a national evidence-based policy framework building on existing safe staffing arrangements, considering measures to reduce agency spend, reviewing the NHS pay setting process, tackling violence and aggression, removing pension abatement and considering a cap for redundancy payments.

UEC Tier 3 and Improvement Support

The delivery plan for recovering urgent and emergency care published in January 2023 set clear aims to deliver a health system that provides more and better care in people's homes, gets ambulances to people more quickly when they need them, sees people faster when they go to hospital and helps people safely leave hospital having received the care they need.

To support implementation of the plan, NHS England will be working with regions, systems and ambulance trusts to provide bespoke support to improve services for patients. As part of the UEC improvement approach, each ambulance trust has been

allocated into one of three tiers, which will determine the level of improvement support and oversight. Allocation of ambulance trusts has been decided based on the level of challenge each trust is facing, C2 performance and other data driven metrics. Based on this methodology, NWAS has been allocated to Tier 3 which means we require less intensive support that Tiers 1 and 2 and will include oversight and support from the Regions, collaborative working across ambulance services through the Model Health System and AACE-led improvement projects on high impact areas.

Covid-19 Inquiry

At the end of November 2021, the Prime Minister announced that the Government would hold an independent public inquiry in relation to the Government and public sector response to the Covid-19 pandemic which was due to start in Spring 22.

The purpose of a statutory inquiry is to ensure transparency and lessons are learned. As such they have considerable evidence gathering powers, they are not established to determine civil or criminal liability but will consider in detail the response of NHS England and NHS Improvement and providers of health and social care to the pandemic and will require the disclosure of a considerable number of records relating to key issues arising, and decision made before and during the pandemic.

The trust has now submitted its response to the solicitors who are collating all the information.

Consultant midwife selected for landmark research programme

The first cohort of the National Institute for Health and Care Research (NIHR) Senior Research Leader - Nursing & Midwifery Programme was recently announced. NWAS' Consultant Midwife, Dr Stephanie Heys, is one of the 35 senior research leaders selected for this landmark programme.

Building on the success of the 70@70 programme, NIHR's new Senior Research Leader (SRL) Programme for nurses and midwives, over the next three years, will help unlock the research potential of many more senior nurses and midwives.

The SRL programme is a fantastic opportunity to support colleagues and providers in identifying research priorities within and across integrated systems, driving forward the NIHR vision for an inclusive and multidisciplinary healthcare research landscape.

HSJ Providers Summit

I was delighted to be asked to take part in this Summit where many NHS leaders were in attendance. The summit explored a number of topics such as how we reduce the elective care backlog and meet recovery targets, the challenges in emergency care and staff wellbeing and retention. I took part in a panel discussion on the issues staff face around handover delays and the collaboration approach we have taken in the North West. This stimulated a lot of debate and discussion, and this will be a topic which I will continue to do all I can to highlight, including the impact it has on staff and patients alike.

4. GENERAL

King Charles' Coronation

As part of the historic celebrations NHS England asked for volunteers to take part in the procession; Andrew Wood, MTFA Training Manager and Kim Grant, 111 Shift

Manager who alongside other emergency services, and 22 ambulance staff took part in the ceremonial procession. I was honoured to be there to represent the Association of Ambulance Chief Executives along with Gene Quinn, Head of Operations, and Val Davies, Sector Manager representing NWAS.

Ramadan

The Islamic holy month of Ramadan commenced on 22 March and lasts for 29 or 30 days, concluding with the celebration of Eid Al-Fitr, this year taking place on Friday 21 April 2023 - dependent on the sighting of the crescent moon.

This ninth month of the Islamic calendar is one of the holiest periods of the year for Muslims with the annual observance of Ramadan being one of the five pillars of Islam and is observed worldwide as a month of fasting, prayer, reflection and community.

During Ramadan Muslins fast and do extra prayers over and above their obligatory five prayers a day, to become closer to God. The daily period of fasting involves abstinence from food, drink and smoking from sunrise to sunset every day of the month and it is imperative that staff are aware of this important religious obligation and how this affects those who observe it.

Baroness Casey report into the Met Police

The Baroness Casey report into the Metropolitan Police found institutional racism, misogyny and homophobia existed because of a poor organisational culture where colleagues accepted this shocking behaviour as the norm.

When people are not confident to speak up or challenge behaviours that do not align with the organisation's values, a culture of complacency and tolerance of the worst behaviour can evolve.

C1 Reporting at London Ambulance Service

The trust became aware of reporting errors of Category 1 calls by London Ambulance Service to NHS England. A report went to their Board this week and it has been reported by the HSJ. When NWAS first became aware of the issues we proactively commissioned an AACE review of our C1 performance and processes and received a very positive report. From a performance/process perspective we track well against the national. The report did not identify any issues with our reporting, but we do have an action plan in place for areas of improvement.

Team Talk Live

Following the last Board Meeting I was joined by Vice Chair, Alison Chambers as well as Director of People, Lisa Ward and Director of Operations, Ged Blezard for Team Talk live.

I talked about recent 999 `activity, the Blackpool Hub opening, health and social care in Greater Manchester, industrial action, the strategic commander course, HART taster sessions, the urgent and emergency care recovery plan and funding, the NHS Staff Survey and Freedom to Speak Up.

Alison spoke about the integrated performance report, which gives the Board a single view of all aspects of all performance across the trust, and assurance reports. Lisa gave an update on the NHS Staff Survey results and what we do with the feedback, what has been accomplished so far and what more we are doing. Lisa also talked about career progression and creating a safer working environment for all. Ged

discussed PES, PTS and 111 activity and performance, and what we are doing to manage demand.

The Q&A session covered an update on body worn cameras, the recent pay offer and our staff networks.

Star Awards Update

Whilst nominations closed at the end of January, due to unforeseen circumstances we had to postpone the celebration event which was originally planned for the end of April. This will now take place on Thursday 7 September at the Bolton Stadium hotel, and details of the finalists have been announced.

2023 HSJ digital Awards

The trust has been shortlisted in both the 'digital clinical safety' and 'enhancing workforce engagement, productivity and wellbeing through digital' categories at the inaugural HSJ Digital Awards, recognising outstanding contribution to healthcare.

The HSJ Digital Awards aims to shine a light on the outstanding efforts and achievements that individuals and teams across the digital sector deliver on a daily basis. An impressive 314 entries were received for the HSJ Digital Awards 2023, with 164 projects and individuals making it to the final shortlist (from across 120 organisations).

The shortlisted project for the Digital Clinical Safety Award is 'increasing patient safety through digital risk management' and 'building a smart, connected ambulance service' was shortlisted for the Enhancing Workforce Engagement, Productivity and Wellbeing Through Digital Award.

British Muslim Award

The 10th British Muslim Awards took place on Friday 28 April at the British Muslim Heritage Centre in Manchester. Deputy Chief Executive, Salman Desai was amongst the list of finalists for the prestigious Mohammad Sarwar Civil (public) Service Award 2023, other nominations were for individuals from the Cabinet Office, the Mayor of Newham, the National Crime office, and the Office of Attorney General.

The award exists to recognise a wide range of achievements from inspiring individuals. This includes those who positively impact business, charity, sport, arts, culture, religious advocacy, education and medicine among others. The nominations are voted for by members of the public and Salman picked up the most prestigious award of the evening. A huge congratulations to Salman on this amazing achievement.

Change Away Day

At the beginning of April the trust held our first Change Away Day which involved representatives from the Quality Improvement, Transformation, PMO (Portfolio Management Office) and Digital and Innovation teams who got together to discuss their individual approaches and how they can work better together to make changes that improve our service.

As an organisation we have a shared purpose, shared values and agreed objectives. It is important that all change, innovation, and improvement teams work together in pursuit of that vision.

Transformational change requires radical thinking and strength of mind in decision-making. Those at the forefront of large-scale change programmes are attempting to overcome increasingly complex environments in which change is delivered. The challenge is considerable. Bringing different teams and expertise together helps us to look at how we can work better together to deliver change in a sustainable way, with the people with the skills and knowledge to drive change.

Lesbian Visibility Day

26 April was Lesbian Visibility Day, an awareness day that encouraged us to shine a light on some of the amazing LGBT women in our trust, and to celebrate them and their achievements without fear of prejudice, harassment or vilification and encourage gay women to be proud of who they are and not to be afraid to be open about their sexuality.

Stress Awareness Month

April was stress awareness month and the trust provided information on the signs to look out for, the tools to combat stress and top tips and advice from fellow colleagues. All NHS employees have free access to 'unmind', a mental health platform that empower staff to proactively improve their mental wellbeing and access the resources available.

Through our collaboration with the Blue Light Academy all staff also have free access to the burnout – shift work exhaustion programme, an online course which focuses on nutrition, sleep, mental health interventions and 1-2-1 coaching sessions.

Social Media Platform

The trust has taken the decision to stop the use of the social media platform TikTok on all trust-issued devices with effect from Monday 24 April.

The decision has been taken in order to protect the trust's critical infrastructure from any potential threat of data being accessed and used. TikTok requires users to give permission for the app to access data stored on the device, which is then collected and stored by the company. Allowing such permissions gives the company access to a range of data on the device, including contacts, user content, and geolocation data. Blocking the use of TikTok will ensure we protect our patient and colleagues' data, as well as minimise the risk of a cyberattack.

This decision is in line with similar restrictions brought in by the government, police and other ambulance services and will be kept under review.

In our Thoughts

It is with great sadness that I write to inform you of the death of our colleague, Fred Rose and former colleague Ian McDonald.

Fred started his NWAS career in October 2007 within the Health & Safety Team where he worked for the majority of his career, later becoming the Health, Safety and Security Manager. In April 2022, he took on the role of Estates Officer and was a dedicated professional supporting NWAS managers and staff in each role he undertook. Fred passed away after a short illness.

Ian (also known as Macca) was the ICT Infrastructure Manager based at Elm House and worked for NWAS for many years before retiring in 2015. He sadly passed away following a long fight with cancer.

5. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

There are no legal implications contained within this report

6 EQUALITY OR SUSTAINABILITY IMPACTS

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

7 RECOMMENDATIONS

The Board is recommended to:

- Receive and note the contents of this report

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31st May 2023				
SUBJECT:	NWAS Trust Strategy 2022-2025 annual refresh				
PRESENTED BY:	Salman Desai - Director of Strategy, Partnerships and Transformation/ Deputy CEO				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☒	☒	☒	☒
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☒	☒	☒	☒	☒
PURPOSE OF PAPER:	For Discussion				

EXECUTIVE SUMMARY:

The Trust Strategy was approved in May 2022.

As the strategy is dated for 3 years, there is a need to refresh the strategy to:

- Determine whether the strategy is still relevant and having an impact.
- Identify key areas of focus for year two (2023-24)

The strategy refresh process has answered 3 questions:

1. Has the strategy had the impact intended?
2. Does the strategy fit within the current context?
3. Will the strategy continue to add value?

The summary of findings from these questions are;

1. Year 1 was focussed on “getting the basics right” and there are several activities completed. There were some areas where progress was not made as intended due to challenges regarding operational pressures across 111 and 999 and, the impact of industrial action: these areas have influenced the 23/24 annual plan development.
2. There have been several changes in the context yet the impact of these contextual changes are already addressed within the Trust Strategy.
3. The Trust Strategy will continue to add value within the current context however there are some key areas of focus which have been emphasised in the 23/24 annual planning process, namely;

- Urgent and Emergency Care recovery.
- Freedom to speak up (F2SU).

	• Creating a safe working environment, free from discrimination. It is important to note that, as we build on the basics from year 1, future strategy refreshes will focus on the impact of the strategy as opposed to delivery of outputs. Moving forward, the strategy refresh process will form an important part of the annual planning cycle. It is recommended that a "strategy at a glance" page is developed which clearly articulates how the Trust Strategy, supporting strategy and annual plan are all aligned, in replacement of the "turning strategy in to action" page of the Trust Strategy.
RECOMMENDATIONS:	The Board of Directors is asked to; • Note the progress made in year 1. • Support the continued delivery of the current strategy. • Support the development of a "strategy at a glance" page.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☒ Compliance/Regulatory ☒ Quality Outcomes ☒ People ☒ Financial / Value for Money ☒ Reputation ☒ Innovation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☒	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Resources Committee – 26.5.23 ELC – 24.5.23			
	Date:	26th May 2023		
	Outcome:	Approved by both Resources Committee and ELC		

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1. PURPOSE

1.1 To understand the impact which the changes in the external context have had on the Trust Strategy and, to review the Trust Strategy and understand if it is having a positive impact and will continue to add value over the intended lifecycle of the strategy.

2. BACKGROUND

2.1 On 25th May 2022, Trust Board approved the new Trust Strategy.

2.2 The Trust Strategy contains the organisations' vision and three aims and nine objectives that outline how we will achieve our vision by 2025.

2.3 The Trust Strategy includes a "Turning strategy in to action – year 1 2022-2023" page which lists key focuses for year one of the strategy (2022-23).

2.4 As the strategy is dated for three years, there will be changes in the internal and external context as well as new requests and drivers which NWAS must be able to plan for and respond to. With this, it was recommended that an annual review and refresh of the strategy was undertaken to:

1. Determine whether the strategy is still relevant and having an impact
2. Identify key areas of focus for year two (2023-24)

2.5 In the last year, 22/23, there have been changes in the context which will, or have the potential to, impact staff, patients, service users and NWAS' ability to deliver against its strategy and annual plan. As part of the strategy refresh, a PESTLE analysis has been completed, the detail of which can be found in Appendix A.

3. STRATEGY REFRESH

3.1 The Trust Strategy refresh process has been structured around three questions:

Questions	Areas to analyse
1. Has the strategy had the impact intended?	• Progress against year one of the strategy implementation.
2. Does the strategy fit within the current context?	• Current context. • What's on the horizon.
3. Will the strategy continue to add value?	• Analysis of the strategy's relevance within the current context.

3.2 To answer questions 1 and 2, a group of key stakeholders from each directorate worked to complete a strategic planning template which reviewed the 22/23 annual plan and considered changes to the context to inform the 23/24 priorities.

3.3 Question 3 analyses the impacts highlighted in questions 1 and 2 and provides and provides recommended amends to ensure the strategy continues to add value.

3.4 The next three sections will take each of these questions in turn:

4. 1. Has the strategy had the impact intended?

4.1 The Trust Strategy outlined that year 1 would focus on the basics whilst reflecting and recovering from the COVID-19 pandemic. The Trust Strategy also outlined the key focuses for 22/23 aligned to each aim.

4.2 The progress against the aims and key areas of focus for 22/23 is outlined below;

Strategic aims and key areas of focus for 22/23	**Year 1 Progress**
Provide high quality, inclusive care: • Reduce harm resulting from delays • Improve 999, 111 and PTS Performance standards • Improve regulatory compliance	• Through the priority workstreams action plan (PWAP), deep-dive handover reviews have taken place and 3 ICB handover collaboratives have been initiated. • Work to progress the implementation of the Patient Safety Incidence Response Framework. • Datix Cloud IQ implemented. • Developed learning disability and autism plan.
Be a brilliant place to work: • Make improvements which will improve staff survey focus areas: leadership and management, personal health and well-being; • Support people to stay healthy and in work. • Continue to take action against racism and discrimination. • Reduce staff safety incidents resulting from violence and aggression or manual handling.	• Staff health and well-being resources were reviewed and improved with additional resource allocation for 23/24. • Disciplinary policy finalised for sign off 23/24. • The Leadership recruitment process was reviewed with a PES and PTS pathway piloted. • Improved mandatory training compliance. • 2 Digital trainers recruited to support digital capability. • New EMT curriculum • All staff networks now in place and being supported. • Beyond Bias training programme mandated for all leaders. • Completed 3 x “leading into recovery” sessions with senior operational leaders
Work together to shape a better future: • Build partnerships to improve patient care. • Work with partners to make sure patients have access to health and social care services that meet their needs. • Work to reduce our carbon footprint.	• Completed flexible working pilot in contact centres. • Developed 3-year integrated contact centre roadmap. • Implemented NHS Pathways as a single triage system across contact centres. • Contributed to development of NAA common CAD specification. • Progressed Phase 2 of EPR which will enable sharing of records. • Opened Blackpool Hub, as part of the Hub and spoke programme. • SMART sites

4.3 There were several areas where we did not make the progress as intended, this can, in part, be attributed to changes in the context which presented operational challenges which required the organisation to respond. More specifically, 22/23 saw;

- Continued system pressure which contributed to significant “lost hours” across PES, particularly through Q2 and Q3.
- High demand in 111 with continuing recruitment, retention difficulties and high levels of sickness absence.
- Industrial action through December, January, and February across which particularly affected resource availability across PES, EOC and PTS.

4.4 The items which have not been fully completed have informed the 23/24 annual plan; the achievability assessment of the 23/24 annual plan is on the Resources Committee agenda.

5. **2. Does the strategy fit within the current context?**

5.1 In addition to the challenges listed in section 4.3, there have been changes in the context which will, or have the potential to, impact staff, patients, service users and NWAS’ ability to deliver against its strategy and annual plan. The table in Appendix A outlines notable changes in the context and changes on the horizon which are likely to have an impact.

5.2 The analysis of the current context and the changes upon the horizon has highlighted some new drivers which NWAS must respond. However, the need to focus on learning, restoration and recovery was foreseen as part of the Trust Strategy development process and therefore the changes in the context and new drivers which have emerged through 22/23, aligns with the current Trust Strategy.

6. **3. Will the strategy continue to add value?**

6.1 With consideration of the progress against the 22/23 annual plan, the analysis of the current context and a scan of upcoming changes on the horizon, there have not been any significant changes in the context or upon the horizon that would suggest that the 2022-2025 Trust Strategy requires changes.

6.2 However, the analysis of the current context has highlighted several key areas of focus for year 2, 23/24, which require emphasising;

- Urgent and Emergency Care recovery;
- Freedom to speak up (F2SU);
- Creating a safe working environment, free from discrimination.

6.3 These key areas of focus have fed into the annual planning process and have influenced the 23/24 annual plan.

7. **NEXT STEPS**

7.1 In addition to the areas outlined in section 4.2, progress has also been made in developing an understanding of; our role in supporting the healthcare system to reduce health inequalities, how to become a more socially responsible organisation and how to develop a workforce which represents the diversity of the population of the Northwest. This understanding has fed into the development of the supporting strategies, in particular the Sustainability and People Strategies which will be presented for approval through June and July 2023.

7.2 Due to the focus in year 1 being on “getting the basics right”, this strategy refresh has considered the outputs which have been delivered in year 1. Moving forward, as we look to build upon these basics from year 1, the strategy refresh will also consider what outcomes have been achieved by delivering the outputs.

7.3 To do this, the Strategy, Planning and Transformation team will look to consider timing of the strategy refresh process with a view for the strategy review to fit within the annual planning cycle as well as developing a measurement plan to be able to measure progress towards achieving strategic outcomes.

7.4 Assurance on the delivery of strategy will be provided via the annual plan reporting which will report the delivery of outputs aligned to the strategy, and the measurement plan which will provide assurance on the impact those outputs are having.

7.5 The “turning strategy into action – year 1” page of the trust strategy is now out of date. This year, 23/24, the translation of strategy into action will be seen through the 23/24 annual plan and therefore the replacement of the “turning strategy into action” page would be a duplication. Instead, it is recommended that a “strategy at a glance” page is developed which clearly articulates how the Trust Strategy, supporting strategy and annual plan are all aligned.

8. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust’s Risk Appetite Statement)*

Risk appetite category	Implications
Compliance / regulatory	The Trust Strategy development process forms part of the CQC’s well-led KLOE’s.
Quality outcomes	The focus on F2SU directly links.
Reputation	The consideration of ICP strategies and input into their development have a positive impact on NWAS’ reputation.

9. EQUALITY OR SUSTAINABILITY IMPACTS

9.1 As part of the strategy refresh, the Trust Strategy Equality Impact Assessment (EIA) has also been reviewed with consideration of the changes in the context. The analysis of the context has highlighted the following potential equality impact;

Theme	Supporting information	Equality Impacts
Cost of living	The cost of living is having a disproportionate impact on poorer people who already append a high portion of their income addressing their basic needs i.e. fuel and food. https://www.instituteforgovernment.org.uk/explainer/cost-living-crisis	People who are socio-economically disadvantaged are likely to face more hardship, potentially leading to deterioration in their physical and mental health. The Trust Strategy development considered health inequalities within its development however, this change in context suggests there may be higher levels of deprivation within the communities of the Northwest now, and for some time to come.

9.2 Although there have been changes in the context, the impact of these changes is aligned with the impacts already highlighted in the Trust Strategy EIA, therefore it is deemed that there is no need to conduct any new engagement with any groups.

9.3 The identification of additional equality impacts reminds us of the risk that, if the Trust Strategy is not delivered, NWAS misses the opportunity to positively impact communities and staff groups who currently face disadvantage will be missed.

9.4 The additional impact outlined will be added to the Trust Strategy EIA as an addendum.

10. RECOMMENDATIONS

The Board of Directors is asked to;

- Note the progress made in year 1;
- Support the continued delivery of the current strategy;
- Support the development of a “strategy at a glance” poster in replacement of the “turning strategy in to action” page of the Trust Strategy.

APPENDIX A – Analysis of Current Context

Contextual factor		**What is the potential impact on NWAS?**
Political	Following the Autumn budget statement in 2022 and the announcement of an extra £3.3bn funding for the NHS over 23/24 and 25/26, the NHS Planning guidance outlined national UEC priorities[1]. These priorities translated in to the Urgent and Emergency Care Recovery Plan (UECRP) outlined operational plans under the following priorities: • Increase capacity • Grow the workforce • Speed up discharge from hospitals • Expand new services in the community • Help people get the right care, first time • Tackle unwarranted variation. [2]	From a strategic perspective, the delivery plan within the UECRP aligns to NWAS' aims and objectives. However, the detail within the delivery plans has influenced the annual plans and what NWAS will do to address the requirements in the UECRP over 23/24.
	ICSs are facing ongoing financial pressures.	This is unlikely to impact NWAS significantly this year, as financial positions, including funding for UEC recovery (which is understood to be recurrent), have been agreed. However, there will be continuing focus on productivity across the system and on clinical pathways, and we need to remain engaged to identify any potential impacts on NWAS.
Socio-economic	The continuing 'cost of living crisis', or reduction in 'real' income, continues to affect our staff and communities; • In response to the reduction in 'real' income, NHS staff from multiple unions chose to take part in industrial action through 22/23. On 2nd May 2022, the NHS Staff Council voted to implement the pay offer[3] • The cost-of-living crisis is affecting the vulnerable in our communities, the most[4].	Although the implementation of the Government's pay offer will provide some relief to NHS staff, the continuing inflation rise and the impact this is having on working-age people is likely to continue to lead to challenges for our staff. In addition, the impact of the industrial action in 22/23 is likely result in longer-term, system-wide pressures which are likely to affect operational staff's health and well-being whilst at work. The impact of the cost-of-living crisis within our communities is likely to result in higher levels of deprivation, this could result in a greater demand for NWAS' services.
Regulatory/ Health and social care context	As the CQC remobilises routine inspections following changes during the COVID-19 pandemic, there has been mixed performances amongst other Emergency and Urgent Care and 111 providers within the "well-led" domain. Following CQC inspections in April 2022, NWAS received several 'should do' actions which were focussed on ambulance response target, handover delays and patient harm, infection prevention and control (IPC), 111 staffing Vs demand, 111 call audit, 111 safeguarding training and staff wellbeing.	There is learning that can be taken from inspections of other providers in preparing for NWAS' next well led visit as well as implementing the "should do" activities which have fed in to the 23/24 annual plan. These actions all align to the aims and objectives within the Trust Strategy.
	Following a review of the state of leadership in health and social care, General Sir Gordon Messenger published findings of the review in	The recommendations from the messenger review aligns to many of the points within the "be a brilliant place to

Contextual factor		What is the potential impact on NWAS?
	June of 2022. The findings from the "Messenger review" included the following 7 recommendations: • Targeted interventions on collaborative leadership and organisational values; • Positive equality, diversity and inclusion (EDI) action; • Consistent management standards delivered through accredited training; • A simplified, standard appraisal system for the NHS; • A new career and talent management function for managers; • Effective recruitment and development of non-executive directors (NEDs); • Encouraging top talent into challenged parts of the system.	work" aim within the Trust Strategy; specific, in year, action to address these recommendations has fed in to the 23/24 annual planning process.
	NHS England has published the findings of its review of delivery and continuous improvement in the NHS, led by Anne Eden, and has launched its new approach to improvement, 'NHS Impact'. In response, NHS England has agreed three actions: • To establish a national improvement board, which will agree national priorities for improvement-led delivery. • To launch a single, shared 'NHS improvement approach' – which will be developed through NHS Impact. • To co-design and establish a Leadership for Improvement programme.	For now, trusts are not being asked to take any specific action. However, as the review states, as NHS England develops an improvement approach through NHS Impact, trusts will soon be asked to introduce an organisational improvement approach aligned with NHS Impact. The five principles of NHS Impact are: • Building a shared purpose and vision of improvement. • Investing in people and culture. • Developing leadership behaviours that support improvement. • Building improvement capability and capacity. • Embedding improvement into management systems and processes.
Ethical	22/23 saw several incidents of health and social care providers across the country falling short of the high levels of care which patients and service users expect. In September 2022, the BBC aired a panorama programme which showed the mental health centre, Edenfield in Prestwich, Greater Manchester. It was alleged that the staff at Edenfield were bullying and abusing patients and that there was a toxic culture among staff.[5] In February 2023, The National Guardians Office (NGO) published a report called 'Listening to workers' following a "Speak up" review of NHS Ambulance Trusts in England. The Association of Ambulance Chief Executives (AACE) summarise the findings to say; "The review found the culture in ambulance trusts did not support workers to speak up and that this was having an impact on worker wellbeing and ultimately patient safety"[6]	The areas highlighted stress the continued need for a focus on whistleblowing and "freedom to speak up" (F2SU) mechanisms across health and social care and blue light services. The Trust Strategy highlights the importance of F2SU however, due to the gravity of the reports and incidents which have occurred throughout 22/23, NWAS should look to emphasise the importance of F2SU within the strategy. The significance of the incidents and the findings from the Met Police and other blue light services highlight the need to maintain a focus on organisational culture and actively address racism, sexism, and homophobic attitudes. NWAS' strategy sets out NWAS' commitments to equality, diversity, and inclusion however it is recommended

Contextual factor		What is the potential impact on NWAS?
	There have been mounting concerns with regards to culture in Blue Light and uniformed services following several incidents and reviews. Baroness Casey's final report in relations to the review of the Met Police was released in March 2023. The review, following on from the rape, abduction, and murder of Sarah Everard by a service Met Police officer, looked at the culture and standards of the Met Police and found the Met police to be "failing women and girls" and found "institutional racism, sexism and homophobia"[7]	that this is emphasised within the strategy to maintain a focus on E,D&I.
Internal context	The 2022 NHS Staff Survey showed that improvements had been made in some areas whilst some areas had shown a decline. The areas to celebrate are: • Fewer staff reporting negative experiences such as bullying, harassment or abuse from patients, colleagues, and managers. • Relationships between staff and immediate line managers are improving. In all these questions, responses from our staff have shown a more positive employee experience compared to the ambulance sector average. The areas for improvement are: • Burnout - over 80% of those who completed the survey said that work is emotionally exhausting. • Career progression - around only half of people felt that career progression is managed fairly, and a similar number felt that there were opportunities to develop their career in NWAS. • Freedom to speak up - a reduction in the number staff who are confident in raising concerns about unsafe clinical practice and only half of respondents this year felt that the organisation would address those concerns.	The areas of improvement from the 2022 staff survey are consistent with theme's which staff had fed back as part of the Trust Strategy development.
Changes upon the horizon	Notice has been received that Northwest ICB's are intending to undertake a future procurement for Non-emergency Patient Transport Services (NEPTS) to cover Lancashire, Greater Manchester, Cheshire, Merseyside, and Cumbria. ICP Strategies are in development.	To be determined, depending on outcome of tender process. The Strategy, Planning and Transformation Team and the Partnership Integration Managers have been working with ICP's as part of their strategy development process to ensure alignment to NWAS' aims and objectives.

Contextual factor		What is the potential impact on NWAS?
	The Russia-Ukraine conflict has resulted in a heightened risk to cyber-security. The Department of Health and Social Care have set out a cyber security strategy which will be followed up by an action plan in summer 2023.	To be determined once the action plan is published.

References

[1] PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf (england.nhs.uk)

[2] NHS England » Delivery plan for recovering urgent and emergency care services – January 2023

[3] Staff Council statement - pay offer outcome - 02.05.23.pdf (nhsemployers.org)

[4] Impact of the cost of living on public wellbeing | Local Government Association

[5] https://www.manchestereveningnews.co.uk/news/greater-manchester-news/patients-greater-manchester-nhs-mental-25127493

[6] https://aace.org.uk/news/listening-to-workers-the-gift-of-feedback/

[7] https://www.met.police.uk/SysSiteAssets/media/downloads/met/about-us/baroness-casey-review/update-march-2023/baroness-casey-review-press-notice.pdf

NHS
North West
Ambulance Service
NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31st May 2023				
SUBJECT:	Annual Self Certifications: General Condition FT4 – Corporate Governance Declaration 2022/23				
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☒	☒	☒	☒
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☒	☒	☒	☒	☒
PURPOSE OF PAPER:	For Decision				
EXECUTIVE SUMMARY:	A review has been carried out for the Corporate Governance Statement as can be seen in the Appendix, and based on the evidence presented in the current arrangements the recommendation is that the Board makes a positive declaration by asserting 'Confirmed' to each clause and also confirms that no material risks have been identified.				
RECOMMENDATIONS:	Approve the 'Confirmed' declarations and confirm that no the Board is not aware of any material risks to compliance.				
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☒ Compliance/Regulatory ☒ Quality Outcomes ☒ People ☒ Financial / Value for Money ☒ Reputation ☒ Innovation				

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Not applicable			
	Date:	Not applicable		
	Outcome:	Not applicable		

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1. PURPOSE

The Board of Directors are presented with the annual Corporate Governance Statement for 2022/23 for approval.

2. NHS PROVIDER LICENCE

Historically, NHS Trusts were exempt from holding a provider licence. The Secretary of State made it a requirement of NHSE to ensure NHS Trusts complied with certain conditions (G6 and FT4) and self-certify as part of these licence requirements.

Due to the changes in the statutory and operating environment and following the introduction of the Health and Care Act 2022, NHS Trusts are no longer exempt from holding a licence and NWAS was issued with a provider licence commencing 1st April 2023. The new provider licence reflects the new legislation and supports providers to work effectively as part of the integrated care system.

The self-certification requirements for FTs and NHS Trusts have been removed from 1 April 2023.

3. FT4

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

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

A review of the Corporate Governance Statement for 2022/23 has been undertaken and can be seen in the Appendix.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

Following consultation by NHSE relating to the provider licence arrangements, providers are still required to publish a declaration of compliance for 2022/23.

NHSE will not monitor compliance with the licence going forward. ICBs must consider whether they monitor licence compliance.

NHSE will use the licensing framework to take action against an NHS provider in circumstances where there might be a breach.

5. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

6. RECOMMENDATIONS

The Board is recommended to:

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

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
The Board is satisfied that North West Ambulance Service NHS Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	**CONFIRMED**	Compliance with Monitor's Code of Governance for Foundation Trusts, where applicable. Reported to Audit Committee in April 2023 providing evidence and declaring compliance for 2022/23. The Trust's governance committee structures in place are reviewed on an annual basis and this includes an effectiveness review with outcomes reported to Board via Committee annual reports. CQC 'good' rating following well-led inspection. Systems and controls assurances are obtained via the Audit Committee as described in the Annual Governance Statement 2022/23. The Trust has an internal audit programme and assurance cycle linked to the Board Assurance Framework. The Head of Internal Audit Opinion for 2022/23 stated overall opinion of *'substantial assurance, can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.'*	No material risk identified
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	**CONFIRMED**	A fundamental part of the Director of Corporate Affairs role is to ensure any guidance requirements and the impact on the Trust are disseminated to the Board either via the Chief Executive's bi-monthly report or a separate report. The Director of Corporate Affairs has been involved in a number of roundtable discussions with regulators and NHSE over the past 12 months regarding changes to the regulatory environment e.g. new Provider Licence; CQC well-led changes. Any guidance requirements are routinely assessed and implemented as necessary - overview of guidance provided by MIAA and Mazars via updates received at each Audit Committee meeting. Membership of regional and national forums and networks where legislative and regulatory changes are disseminated.	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
The Board is satisfied that North West Ambulance Service NHS Trust has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	**CONFIRMED**	Standing committees are established with clear lines of reporting. Board approved Terms of Reference are in place for all standing committees clearly stating responsibilities, reporting arrangements, memberships. Annual report from each committee is presented to the Board for assurance. Clear reporting lines within the Board, Executive and service areas provided through the Trusts governance framework. New service delivery governance arrangements will be introduced during 2023/24 to ensure consistency across the Trust. Standardised Chair's Assurance reports are in place to confirm assurance and escalate concerns in line with reporting structure. Annual Governance Statement provides the Board with assurance surrounding the responsibilities of the Board and its committees.	No material risk identified
The Board is satisfied that North West Ambulance Service NHS Trust has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	**CONFIRMED**	a) Strong systems of financial governance in place. All statutory audits and reporting requirements fulfilled. All statutory and regulatory financial duties achieved during 2022/23. External Audit – Review of Value for Money arrangements. b) The Trust's IPR (seen bi-monthly at Board) provides assurance on delivery of the Annual Plan objectives and supports quality and performance improvement. The themes of the IPR reflect those of NHSE Single Oversight Framework. c) Systems and processes in place to ensure compliance with national and local healthcare standards - internal and external assurance systems in place. d) Detailed financial plans in place and approved by the Board of Directors. Internal Audit Plan includes review of financial systems.	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.		Contracts, service level agreements and leases under constant review. Financial performance scrutinised via Resources Committee with Chair's Assurance Report to Board of Directors Board of Directors confirmed it was appropriate for the 2022/23 Annual Accounts to be prepared on a going concern basis in March 2023. e) Committee structure fully serviced. Accurate, comprehensive, up-to-date information available for committees. f) Board Assurance Framework/Corporate Risk Register in place that identifies and ensures appropriate oversight of all principal and material risks. g) Corporate business planning arrangements in place. h) Applicable legal requirements, against principal objectives and activities of the organisation reviewed and managed appropriately as part of the corporate governance arrangements.	
The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant	**CONFIRMED**	a) Robust appraisal and performance review arrangements in place at Board level (and throughout the organisation). NEDs individually bring extensive experience and expertise from many different areas of private and public sector activity including medical, finance, emergency services, governance and public health. b) Quality of care fully integrated within all planning and decision-making processes. Standardised risk assessment (Quality Impact Assessment) of all efficiency projects. c) (and d) Integrated Performance Reports include patient experience data and are presented bi-monthly to the Board of Directors and monthly to Quality and Performance Committee. Data accuracy audits reported and reviewed via Quality and Performance Committee.	No material risk identified

Corporate Governance Statement	Response	Current Arrangements	Risks & Mitigations
stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.		A Patient or Staff story is presented to the Board at the start of each Board Meeting and a Patient story is presented at each Quality and Performance Committee. e) Quality (Right Care) Strategy approved by the Board in January 2020. The Quality and Performance Committee reviews performance against a suite of key quality indicators; standardised risk assessment (Quality Impact Assessment) of all efficiency workstreams, and robust arrangements for staff, patients and members of the public to raise concerns with respect to the quality of care including Freedom to Speak Up Guardian. Friends and Family Test systems in place. Comms and Engagement Strategy in place. Patient and Public Panel established with continued membership growth and as at 31st March 2023: 268 members. f) Clear accountability for quality of care throughout the Trust, systems of integrated governance allow for appropriate escalation to Board of Directors.	
The Board is satisfied that there are systems to ensure that North West Ambulance Service NHS Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	**CONFIRMED**	NWAS' Establishment Order sets out required numbers for Board members. Established Nomination & Remuneration Committee (NARC) for Executive Director appointments and remuneration (ED) with Terms of Reference, with responsibility for review of Board composition. This is subject to further scrutiny and approval by NHSE. ED Job Descriptions and Person Specifications in place as developed via NARC. People Plan in place. Code of Conduct and suitable contractual arrangements in place for Board members, incorporating requirements relating to 'fit and proper persons'.	No material risk identified

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

Self-Certification Template - Condition FT4

North West Ambulance Service NHS Trust

Insert name of organisation

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

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

These self-certifications are set out in this template.

How to use this template

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

Worksheet "FT4 declaration" | **Financial Year to which self-certification relates** | 2022/23 | Please Respond

Corporate Governance Statement (FTs and NHS trusts)

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

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

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

Signature _____ **Name** Peter White

Signature _____ **Name** Daren Mochrie

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

A | Please Respond

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31st May 2023				
SUBJECT:	Annual Self Certifications: General Condition 6 – Systems for Compliance with Licence Conditions				
PRESENTED BY:	Angela Wetton, Director of Corporate Affairs				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☒	☒	☒	☒
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☒	☒	☒	☒	☒
PURPOSE OF PAPER:	For Decision				
EXECUTIVE SUMMARY:	NHS Provider Licence Condition G6 (3): Providers must certify that they have taken all precautions necessary to comply with the licence, NHS Act and NHS Constitution (Condition G6 (3)) A management review has been undertaken confirming compliance with General Condition 6 of the NHS Provider Licence (Appendix 1). Publication on the Trust website of the self-certification as seen in Appendix 2 is required on 31st May 2023.				
RECOMMENDATIONS:	The Board of Directors is asked to: • Approve this year's annual GC6 self-certification as described within this paper				
CONSIDERATION TO RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☒ Compliance/Regulatory ☒ Quality Outcomes ☒ People ☒ Financial / Value for Money ☒ Reputation ☒ Innovation				

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Not applicable			
	Date:	Not applicable		
	Outcome:	Not applicable		

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1. PURPOSE

The Board of Directors are presented with the 2022-23 declaration against General Condition 6 of the NHS Provider Licence 2022/23 for approval.

2. GENERAL CONDITION 6

Historically, NHS Trusts were exempt from holding a provider licence. The Secretary of State made it a requirement of NHSE to ensure NHS Trusts complied with certain conditions (G6 and FT4) and self-certify as part of these licence requirements.

Due to the changes in the statutory and operating environment and following the introduction of the Health and Care Act 2022, NHS Trusts are no longer exempt from holding a licence and NWAS was issued with a provider licence commencing 1st April 2023. The new provider licence reflects the new legislation and supports providers to work effectively as part of the integrated care system.

The self-certification requirements for FTs and NHS Trusts have been removed from 1 April 2023.

3. GC6

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

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

The Trust is required to publish a G6 self-certification on its website (Appendix 2) by 31st May 2023.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

Following consultation by NHSE relating to the provider licence arrangements, providers are still required to publish a declaration of compliance for 2022/23.

NHSE will not monitor compliance with the licence going forward. ICBs must consider whether they monitor licence compliance.

NHSE will use the licensing framework to take action against an NHS provider in circumstances where there might be a breach.

5. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

6. RECOMMENDATIONS

The Board is recommended to:

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

General Condition 6	Current Arrangements / Evidence
The Licensee shall take all reasonable precautions against the risk of failure to comply with: (a) the Conditions of this Licence, (b) any requirements imposed on it under the NHS Acts, and (c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.	The financial plans for were produced in line with the NHS operational planning guidance for 2022/23 and by following the system-based approach to funding and planning. The financial plan was developed within the Lancashire and South Cumbria Integrated Care System (L&SC ICS) plans and the final provider and system final plans were submitted to NHS England. The Trust's Vision is to deliver the right care, at the right time, in the right place; every time. The revised Trust strategy (Our Strategy 2022-2025) will be underpinned by four refreshed enabling strategies (People Strategy, Quality Strategy, Service Development Strategy and Sustainability Strategy) and will be finalised by the end of Q1 2023/24. To achieve the vision, three organisational aims provide a framework of focus during the life of the strategy (2022-2025): • *Aim 1: Provide high quality, inclusive care* • *Aim 2: Be a brilliant place to work* • *Aim 3: Work together to shape a better future* The Trust has a set of bespoke values and behaviours that resonate with all staff irrespective of their role or directorate. Underpinning behaviours have been developed and will act as a golden thread supporting other work to improve culture, staff and patient experience. These values are: • *Being at our Best* • *Working Together* • *Making a Difference* The Board Assurance Framework assesses risk to delivery and provides assurance on delivery of the Trust's strategic objectives. Annual reviews are undertaken against the Trust's core governance documents 1) Standing Orders and Reservation of Powers to the Board 2) Scheme of Delegation and 3) Standing Financial Instructions. The Trust also takes account of the FT Code of Governance which is reported annually to the Audit Committee. Committee Terms of Reference are also reviewed on an annual basis to assess that all functions delegated by the Board have been undertaken. The Trust has a Risk Management Strategy and Policy which are authorised by the Board. This provides a framework for managing risks across the Trust, which is consistent with best practice and Department of Health guidance. The Strategy describes the framework that enables the Board to gain assurance across organisational delivery systems and how exceptions are escalated. It also contains a risk appetite statement that describes the level

General Condition 6	Current Arrangements / Evidence
	of risk the Board is prepared to take in order to achieve the Trust's strategic objectives and is subject to annual review by the Board. The Policy is also reviewed and refreshed annually and seeks to provide a clear, systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical, managerial and financial processes across the organisation for the benefit of patients, staff, visitors and other stakeholders. NWAS is registered with the Care Quality Commission and systems exist to ensure compliance with the registration requirements, detailed in the respective Annual Governance Statement. The Trust maintains an overall CQC rating of 'Good'. 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. The inspection was undertaken over three days as part of the wider UEC system inspection in North Mersey, South Cumbria and Lancashire. 2022/23 Corporate Governance Statements – Reviewed by the Board of Directors, with no material risks identified. Audit Committee received a summary of the Trust's corporate governance arrangements and compliance against the FT Code in April 2023. Future updates of compliance against the NHS Code of Governance 2022 will be provided annually to the Audit Committee. Audit Committee considered and approved the Internal Audit Plan for 2022/23 (April 2022). The Internal Audit Plans are risk based, with an ongoing programme of internal audits in finance, operations and governance. During the course of the year, Audit Committee monitored progress against the Internal Audit Plans and reviewed the work and findings of the Internal Auditor. The Internal Audit Assurance Framework Review 2022/23 confirmed that: 1. the organisation's Assurance Framework is structured to meet the NHS requirements 2. the organisation considers risk appetite which is used to inform the management of the Assurance Framework. 3. is visibly used by the organisation 4. clearly reflects the risks discussed by the Board. NWAS' Annual Report and Annual Accounts is prepared in accordance with DoH Group Accounting Manual 2022/23. The Audit Committee have received valuable insight and benchmarking information from the External Auditors. The Audit Committee will receive

General Condition 6	Current Arrangements / Evidence
	their findings following the audit of the Annual Report and Accounts in June 2023. NWAS Quality Report 2022/23 – Prepared in line with requirements for Quality Reports 2022/23. The deadline to publish the document is 30 June 2023. Submission of compliance reports to NHS England as required.
Without prejudice to the generality of paragraph 1, the steps that the Licensee must take pursuant to that paragraph shall include: (a) the establishment and implementation of processes and systems to identify risks and guard against their occurrence; and (b) regular review of whether those processes and systems have been implemented and of their effectiveness.	The Board Assurance Framework, is based on six key elements: • Clearly defined and agreed strategic objectives together with clear lines of responsibility and accountability; • Clearly defined key strategic risks to the achievement of these objectives together with assessment of their potential impact and likelihood; • Key controls by which these risks can be managed, this includes involvement of stakeholders in agreeing controls where risks impact on them; • Management and independent assurances that risks are being managed effectively; • Board level reports identifying that risks are being reasonably managed and objectives being met together with gaps in assurances and gaps in risk control; • Board level action plans which ensure the delivery of objectives, control of risk and improvements in assurances. The work plan of committees is linked so that the Board of Directors is assured that there is an aligned independent and executive focus on strategic risk and assurance. Routine referral of issues exists between committees ensuring a respective understanding of risk and assurance concerns. The Board of Directors oversees the management of all significant risks, which are actively addressed by the Executive Leadership Committee. The NWAS Corporate Risk Register is considered alongside the Board Assurance Framework thereby ensuring that risks are not only managed and communicated efficiently, but that the management of them is embedded in the Trust's practice. The NWAS Board Assurance Framework and Corporate Risk Register are reviewed on a quarterly basis by the Board of Directors and monthly by the Executive Leadership Committee. Key controls and assurances, and any identified gaps are reviewed and action plans developed and progressed accordingly. Annual Corporate Governance Statements – Reviewed by Board, May 2023 confirming "The Board had extensive and effective governance assurance

General Condition 6	Current Arrangements / Evidence
	systems in operation enabling the identification and control of risks reported through the Board Assurance Framework and Corporate Risk Register. Internal and external reviews, audits and inspections had provided sufficient evidence to state that no significant internal control issues have been identified during 2022/23, and that these control systems are fit for purpose." The NWAS financial plan is approved by the Board of Directors and is subsequently submitted to NHS England. The plan, including forward projections, is monitored on a bi-monthly basis by the Resources Committee and key performance indicators and financial sustainability metrics are also reviewed bi-monthly by the Board of Directors. Standardised risk assessment (Quality Impact Assessment) of all productivity improvement workstreams. Board of Directors and/or Audit Committee review of: − Register of Interests to ensure compliance with the Trust's Standards of Business (bi-monthly) − The arrangements by which staff can raise issues in confidence about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters to ensure arrangements are in place for the proportionate and independent investigation of such matters and appropriate follow-up action (quarterly) − Anti-Fraud Plans and Reports (quarterly) − Internal Audit Annual Programme, progress reports and audit outcomes (quarterly) − All risk and control related disclosure statements in particular the Annual Governance Statement, Corporate Governance Statement, together with the accompanying Head of Internal Audit statement and External Audit Opinion (annually)

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates | 2022/23 | Please complete the explanatory information in cell E36

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

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

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

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

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

EITHER:

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

OR

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

OR

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

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

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

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

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

Signature		**Signature**	
Name	Peter White	**Name**	Daren Mochrie
Capacity	Chair	**Capacity**	Chief Executive
Date	31st May 2023	**Date**	31st May 2023

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

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Audit Committee			
Date of Meeting:	21st April 2023	**Chair:**	David Rawsthorn
Quorate:	Yes	**Executive Lead:**	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Chambers, Non-Executive Director Prof A Esmail, Non-Executive Director Ms C Butterworth, Non-Executive Director Mr D Whatley, Associate Non-Executive Director	**Key Members Not Present:**	
Link to Board Assurance Framework (Strategic Risks): No specific risks aligned to Audit Committee, however, the Committee is charged with a specific role in relation to oversight of the BAF.			

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Chairs Assurance Report – Quality and Performance Committee	The Committee received the reports from the meetings held on 28th November 2022 and 27th February 2023.	Noted the assurances provided.	
Clinical Audit Q3 Update 2022/23	The Clinical Audit Q3 update was presented to the Committee.	Noted the assurances provided.	

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

Information Governance Sub Committee – Chairs Assurance Report	The Committee received the report from the meeting held on 11th April 2023. The low response rate to the annual effectiveness review was noted as disappointing however targeted effectiveness reviews would be undertaken during the year to ensure improvements are made.	Noted the assurances provided.	
Information Governance Sub Committee Chairs Annual Report and Terms of Reference	The Committee received the Chair's annual report of the Information Governance Sub Committee and Terms of Reference for approval.	Noted the assurances provided and approved the terms of reference.	
Critical and High Risk Recommendations	MIAA continue to follow up recommendations as follows: • The Stock Management – Vehicle Workshops recommendation is partially implemented with a revised target date of April 2023. • Team Rostering (C&M) recommendation confirmed as partially complete with a revised target date of June 2023.	Noted the update provided.	
Internal Audit Progress Report Q4 2022/23	The Committee noted the assurance reviews completed within Q4: Assurance Framework - Met NHS requirements	Noted the assurances provided.	

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

	Blue Light Vehicles (Section 248a Exemptions) - Moderate Assurance ESR/HR Payroll Controls – Substantial Assurance		
Internal Audit Follow Up	The Committee noted the good progress within the reporting period and that 17 recommendations were completed during the period.	Noted the assurance provided.	
Head of Internal Audit Opinion	The Head of Internal Audit Opinion for the period 1st April 2022 to 31st March 2023 provided: *Substantial Assurance, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently*.	Noted the assurance provided.	
Internal Audit Charter	The Committee received the Internal Audit Charter which is structured around the Public Sector Internal Audit Standards and is presented alongside the internal audit plan.	Noted the assurance provided.	
Draft Internal Audit Plan 2023/24	The Committee received the draft Internal Audit Plan 2023/24.	Approved the internal Audit Plan 2023/24	
Anti-Fraud Annual Report 2023/24	The Anti-Fraud Annual Report 2022/23 detailed the work completed by the Trust's Anti-Fraud Specialist (AFS) during the period 1st April 2022 to 31st March 2023.	Noted the assurance provided.	
Draft Anti-Fraud Plan 2023/24	The draft Anti-Fraud Work Plan 2023/24 was received by the Committee.	Approved the Anti-Fraud Work Plan 2023/24	

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

External Audit Progress Report and Technical Update	The Committee noted the national publications highlighted for the Committee's attention.	Noted the assurances provided.	
Audit Strategy Memorandum	A summary of the 2022/23 audit approach to the financial accounts was presented by the external auditors.	Noted the assurances provided.	
Board Assurance Framework Q4 2022/23	The Committee received the updated BAF prior to submission to the Board of Directors for approval on 26th April 2023. Committee members considered the report within the context of their role as Audit Committee.	Noted the assurances provided.	
Board Assurance Framework Opening Position 2023/24	The Committee received the 20232/43 Opening Position of the BAF prior to submission to the Board of Directors on 26th April 2023.	Noted the assurances provided.	
Risk Management Policy	The Risk Management Policy was presented to the Committee for onward recommendation to the Board of Directors for approval.	Recommended the Risk Management Policy to the Board of Directors for approval.	
Losses and Compensation Report	Losses and compensation for the 2022/23 financial year totalled £1,120k.	Noted the assurance provided.	
Estates Revaluation Report	The Committee received a report detailing the 2022/23 estates revaluation and subsequent impairment report.	Noted the outcome of the draft estates revaluation exercise for 2022/23.	

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

	It was noted the value of the Trust's estate decreased from £49.7m to £42.0m.		
Accounting Policies for 2022/23	A report was presented to outline and describe the Trust's Accounting Policies for the preparation of the 2022/23 Accounts and to inform the Committee of the mandatory move to International Financial Reporting Standard 16 (IFRS 16).	Noted the assurance provided.	
Annual Review of Core Governance Documents	The Trust's core governance documents were received for onward recommendation to the Board of Directors for approval. These key documents were: – Standing Orders and Reservations of Power to the Board of Directors – Scheme of Delegation – Standing Financing Instructions.	Supported the recommendation for onward approval to the Board of Directors for approval.	
Audit Committee Annual Report 2022/23	The Audit Committee Annual Report 2022/23 provided information relating to how the Committee met its Terms of Reference during the 2022/23 financial year.	Approved the Audit Committee Annual Report 2022/23.	
Annual Review of Committee Terms of Reference	The revised Committee Terms of Reference were received following annual review.	Recommended the revised terms of reference to the Board of Directors for approval.	
Declaration of Interest and Gifts and Hospitality Annual Report	The registers for 2022/23 were presented to the Committee. No breaches were identified during 2022/23.	Noted the assurances provided.	

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

FT Code of Governance Compliance Declaration 2022/23	An update in relation to the Trust's compliance against the NHS Foundation Trust Code of Governance (FT Code) was presented. The Trust had declared compliance with all of the relevant clauses.	Noted the assurances provided.	
Waiver of Standing Orders Q4 2022/23	A total of five waivers were approved during Q4 2022/23.	Noted the assurances provided.	
Chairs Assurance Report – Resources Committee	The Committee received the reports from the meetings held on 20th January 2023 and 24th March 2023.	Noted the assurances provided.	

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

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Audit Committee			
Date of Meeting:	19th May 2023	**Chair:**	David Rawsthorn
Quorate:	Yes	**Executive Lead:**	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Prof A Esmail, Non-Executive Director Prof A Chambers, Non-Executive Director Dr A Chambers, Non-Executive Director Mrs C Butterworth, Non-Executive Director Mr D Whatley, Associate Non-Executive Director	**Key Members Not Present:**	

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Draft Annual Governance Statement 2022/23	The Chief Executive attended the Committee meeting to present the draft Annual Governance Statement 2022/23.	Noted the draft Annual Governance Statement 2022/23.	

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

Draft Annual Accounts 2022/23	The draft financial accounts for 2022/23 were presented to the Committee for review. The final accounts with the auditor's report will be submitted to the Committee in June, prior to transmission to the Board of Directors for approval.	Noted the draft financial accounts 2022/23.	

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

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Charitable Funds Committee			
Date of Meeting:	19th April 2023	**Chair:**	David Rawsthorn
Quorate:	Yes	**Executive Leads:**	Carolyn Wood, Director of Finance Angela Wetton, Director of Corporate Affairs
Members Present:	Mr S Desai, Director of Strategy, Partnerships & Integration Mr G Blezard, Director of Operations Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance Mrs C Butterworth, Non-Executive Director Mr D Whatley, Associate Non-Executive Director	**Key Members Not Present:**	Dr D Hanley, Non-Executive Director

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Charitable Funds Update	The Committee noted: • Income received by the charitable funds up to 31st March amounted to £312k: – £87k unrestricted – £225k restricted	Noted the assurances provided.	

Key	
	No assurance - could have a significant impact on quality, operational, workforce or financial performance
	Moderate assurance – potential moderate impact on quality, operational, workforce or financial performance
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	• Expenditure during the same period amounted to £610k. • Total available resource at the end of March 2023 is £1.277k: – £553k unrestricted – £724k restricted The Committee noted the proposal to increase the delegated limit for the Director of Finance and Chief Executive to £50k would be included in the core governance documents being presented to the Board of Directors for approval.		
Hardship Fund Update	An update was provided in relation to the Hardship Fund and it was noted that applications had been received from 210 staff up to 31st March 2023. It was noted 29 had not proceeded due to lack of supervisor support. The Committee noted the outcome of a review of the scheme undertaken by MIAA, which received substantial assurance.	Noted the assurances provided.	
Purpose, Aims, Objectives and Strapline	The Committee were presented with the proposed new Purpose, Aims and Objectives for the NWAS Charity for approval. These had been updated following feedback by members at the February Committee meeting.	Approved the Purpose, Aims, Objectives and Strapline for incorporation into the revised Charitable Funds Strategy.	

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

Charitable Funds Strategy	The NWAS Strategy 2023-2026 was presented for onward recommendation to the Board of Directors for approval. The proposed strategy had been developed following feedback from the Committee and other stakeholders, as well as the context of the Charity's current position, and the aspirations of the Corporate Trustee to develop the Charity and ensure its long-term sustainability.	Agreed to recommend to the Board of Directors for approval.	
Business Plan 2023-2026	The Committee were requested to approve a three-year financial business plan. The plan would facilitate effective financial management and provide assurance to the committee and Corporate Trustee regarding the long-term sustainability of the charity.	Approved the three-year business plan.	
Charity Funded Flowers and Retirement Gifts	Details of the Charity funded flowers and retirement gifts were received, with options to consider future funding arrangements of the schemes.	It was agreed to continue to provide funding for flowers but not retirement gifts. Flowers would continue to be provided for births and bereavements.	
Terms of Reference	The Committee approved the terms of reference following annual review.	Approved the Terms of Reference.	

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

NHS
North West Ambulance Service
NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31st May 2023				
SUBJECT:	Integrated Performance Report				
PRESENTED BY:	Director of Quality, Innovation and Improvement				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☒	☒	☒	☒
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☒	☒	☒	☐	☐
PURPOSE OF PAPER:	For Assurance				

EXECUTIVE SUMMARY:

The Integrated Performance Report for May 2023 shows performance on Quality, Effectiveness and Operational Performance during **April 2023** unless otherwise stated. Comments are made by exception for assurance purposes.

Quality:

- **Complaints:** Overall numbers of complaints remain stable. The number of complaints is within normal limits (**n=170**) the number of serious complaints (scoring 4-5 on risk assessment) and incidents has increased. The closure rate for complaints continues to be higher than historic trends.

- **Incidents:** 896 incidents were opened (score 1-3) and 37 (score 4-5). The top 5 themes this month were: care and treatment; call handling; violence and aggression; accidents and injuries and communications. Delays did feature but not in the top 5 reasons for incidents being reported.

- **Serious Incidents:** there were 21 serious incidents reported to the regulators via the STEIS database (10 in March and 11 in April 2023), both months were above the previous average of 5.

Effectiveness:

- **Patient Experience**: We continue to take seriously all feedback received by patients via the friends and family test. Negative themes arising in the commentary relate to the timeliness and availability of services, positive themes relate to the professionalism and compassion of our staff.
- **Ambulance clinical quality indicators:** Survival to discharge for both Utstein and Overall performance have reduced and the data for December is on the lower control limit (special cause variation). Survival to discharge will be

impacted by system challenges as well as ambulance response.

Operational Performance:

- **Activity and Outcomes:** Compared with April 2022, we have seen a 20% decrease in calls and a 1% increase in incidents. H&T has reduced marginally to 13.8% and S&T has stabilized at 27.7% resulting in a total non-conveyance of 41.5%.
- Na**tional Comparison** (outcomes): NWAS are 2nd in Hear & Treat performance (13.8%), 6th in See & Convey (58.5%) and 11th in See & Treat (27.7%).
- **Calls**: in control, 99% of calls were picked up within 5 seconds.
- **Duplicate Calls**: For April duplicate calls reduced to 18,038, compared to March at 27,123.
- **Call Pick Up:** This has seen an improvement in April 2023, with the overall mean answer being under 1 second.
- **999 Ambulance Response Programme (ARP)**: The standards were met for C1 90th. However, we have seen improvement across all standards and nationally NWAS ranked number one for C1 mean, C2 mean and C2 90th. We have also seen some sectors delivering across multiple standards. Of particular note are GM South Sector who have delivered C1 (90th and mean), C2 (90th and mean) and were close to delivering C3&4.
- **Long waits** for C1 and C2 incidents also reduced to n=509 and n=1,650 respectively from over 20,000 in December 2022.

Category	Standard	April 20 Actual
C1 (Mean)	7:00	07:50
C1 (90th)	15:00	13:15
C2 (Mean)	18:00	20:36
C2 (90th)	40:00	40:19
C3 (Mean)	1:00:00	1:26:21
C3 (90th)	2:00:00	3:09:10
C4 (90th)	3:00:00	4:49:01

- **Turnaround time:** Has decreased but continues to be above the national standard of 30:00 with a turnaround time of 35:20, however, this is the lowest turnaround time since August 2021.
- **111**: the data show an improved position for access to a clinician and warm transfer to a clinician. Improvements in call metrics can be attributed to the reduction in demand, national support, and the introduction of a visual IVR
-

Measure	Standard	April 2023
Calls Within 60s	95%	46.29%

Average Time to answer		3m 11s
Abandoned Calls	<5%	10.65%
Call back Within 10 min	75%	14.53%
Call back Within 20 min	90%	12.32%
Average Call Back		53m 14s
Warm Transfer to Nurse	75%	31.14%

Finance

- The year to date expenditure on agency is £0.135m which is £0.152m under the year to date ceiling of £0.287m.
- **As at month 1 (April) the trust has delivered the planned level of efficiency of £0.065m**

Organisational Health

- **Sickness**: The overall sickness absence rate for the latest reporting month (March 2022) was 7.71%. Sickness is below the lower control limit for the second month in a row which indicates a positive downward trend. This is the lowest monthly rate for the last 2 years.
- **Turnover:** has decreased to 12.15%. All service lines have seen a slight decrease in turnover. Robust plans are in place to deliver additional staffing in all areas.
- **Temporary Staffing:** The position for April shows continuing agency usage at a similar rate to previous months at a level equivalent to 0.5% pay bill. This is £152k below cap.
- **Appraisal:** The overall appraisal completion increased to 84%.
- **Mandatory Training:** Overall compliance is ahead of the trajectory at 89%

RECOMMENDATIONS:

The Board of Directors are asked to:

- Note the content of the report.
- Note the important qualitative feedback from patients. The negative themes relate to timeliness and availability of services, positive themes relate to the professionalism and compassion of our staff.
- Note the improvements in call answering, ambulance response, hospital handover and long waits.
- Note the requirement to review S&T performance again in light of the national data.
- Note the impact of system pressures on cardiac outcomes for patients in December 2022.
- Note the improvements in 111 call answering and clinical support.
- Note the financial position and efficiency saving
- Note the improvements in sickness absence, appraisal rates and mandatory training compliance
- Identify any additional risks or items for further scrutiny by sub committees of the Board

CONSIDERATION OF THE TRUST'S RISK

The Trust's Risk Appetite Statement has been considered as part of the paper decision making process:

APPETITE STATEMENT (DECISION PAPERS ONLY)	☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ People ☐ Innovation ☐ Reputation			
INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT				
ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☒	Sustainability	☒
PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee			
	Date:	22nd May 2023		
	Outcome:	Not known at time of submission		

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1 PURPOSE

The purpose of this report is to provide the Board of Directors with an overview of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of **April 2023**. The report shows the historical and current performance on Quality, Effectiveness and Operational performance. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

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

The format of this report has been revised to ensure that there is greater clarity on the key measures. Data are presented over time using statistical process control charts. Statistical rules are applied to determine whether something significant has happened which needs to be flagged to committee.

2 SUMMARY

2.1 Quality

- **Complaints**: Overall numbers of complaints remain stable. The number of complaints is within normal limits (**n=170**) the number of serious complaints (scoring 4-5 on risk assessment) and incidents has increased., the closure rate for complaints continues to be higher than historic trends
- 57% of level 4-5 complaints were closed within the agreed time frames, this data are signalling change with 5 consecutive months near the upper limit. This is also the highest consistent performance over the last 5 years. For completeness, it should be noted that there was an increase in the number of complaints at the end of 2022 which, together with an increase operational demand and the impact of industrial action, had an impact on complaint investigations and thus ability to respond within agreed timeframes.
- **Incidents:** In April 2023, **n=733** internal and external incidents were opened against a 12-month average of **n=957**. In April 2023, we have seen a slight decrease in the number of incidents reported. We are expecting those numbers to increase in the coming months due to engagement with service lines to proactively support incident reporting and awareness raising that incidents can be submitted on the DCIQ system via Trust mobile devices.
- There were **n=37** incidents opened risk scored 4-5 which represents a significant decrease from the previous trend and signals a potential impact to the number of SIs that will be reported once reviewed. The reason for the significant reduction is mainly attributed to the reduced operational pressures.
- **Serious Incidents:** During April 2023 there were **n=11** serious incidents reported on the StEIS database, whilst this is lower than the peak seen in January 2022 (**n=20**), we remain at the upper control limit in terms of overall performance.
- Incidents risk scored 1-3 completed within SLA (Service Level Agreement) has been stable over the last few months, with February seeing our lowest performance in 5 years. The reasons being multi-factorial including the significant increased number of serious incidents and operational pressures (including periods of industrial action) which has adversely impacted on the closure of low scoring incidents. Supportive measures are in place and will remain in place to

improve compliance. The Incident Management Team are working collaborative work with service lines to improve compliance. The supportive measures implemented in February 2023 have proven to be effective with compliance improving over the previous months.

- **Themes:** The 5 most common themes for incidents reported in April 2023, were:
  - Care and treatment (**n=113**),
  - Call Handling (**n=103**)
  - Violence and Aggression (**n=79**),
  - Accidents and Injuries (**n=71**)
  - Communication (**n=65**),
- **Compliments:** In April 2023, 149 compliments were received. The number reported for April is likely to increase as compliments continue to be processed throughout May. The average number of compliments received over the last 12 months is 145 a month.

2.2 Effectiveness

Patient experience

- April 2023 saw **n=366** PES responses, the highest we have seen in the last 13 months with 89.9% identifying "Very good/good" as the outcome.
- For PTS we saw **n=1,039** responses in April 2023, this was 9.2% lower compared to March **n=1,144**. The overall experience score for April was 93.6% is slightly higher than the 93.2% reported in March by 0.4%.
- The NHS 111 service returns from April of **n=139** are 15.8% higher in comparison to March's return of **n=120**
- For NHS 111 first the survey is on hold while a redesign occurs. Once the redesigned survey is launched this will be included in the report.

We continue to take seriously all feedback received by patients via the friends and family test. Negative themes arising in the commentary relate to the timeliness and availability of services, positive themes relate to the professionalism and compassion of our staff.

Ambulance Clinical. Quality Indicators (ACQI's)

December 2022's data see us within normal limits and close to the mean across all indicators apart from both the overall and Utstein survival to discharge which are either on or near the lower limit.

The lag in data publication impacts upon the ability to assess or understand reasons behind this as well as the ability to evaluate the impact of any recent work undertaken to improve in these areas.

- Return of spontaneous circulation (ROSC) achieved for the Utstein group was 34.9% (national mean 39.3%). For the overall group the rate was 28.4% (national mean 23.5%).
- Survival to Discharge rates in December 2022 were at 4.7% (national mean 5.2%).
- In December 11.9% of patients in the Utstein group survived to hospital discharge. The national mean at 19%.
- Mean call to PPCI time in October for patients suffering a myocardial infarction was above the national mean of 2h 57mins; the Trust's performance was 3h 11mins.

- Mean call to hospital time in December for patients suffering a hyper acute stroke was below the national mean of 2h 25mins. The trusts performance was 1h 57mins.
- The Stroke Care Bundle performance was not reported for December in line with the NHSE schedule.
- The Stemi Care Bundle performance was not reported for December in line with the NHSE schedule.

Hear & Treat, See & Treat, See & Convey

- For April we achieved 13.8% Hear & Treat and ranked 2nd nationally.
- See & Treat we achieved 27.7% and we are ranked 11th nationally.
- In total there was an aggregate non-conveyance of 41.5%.

Hear and Treat has remained relatively static through April with a single data point tracking just below the lower control limit. Hear and Treat whilst still high when compared to the national picture has declined from the peak levels within December. There are a number of reasons for this decline. The primary being improved response times. Hear and Treat does not delay dispatch within the C2-4 categories of response. As the Trust has observed stepped improvements within C2-4 response standards and specifically a reduction in long waits, Hear and Treat has declined as the opportunity reduces.

A more detailed analysis indicates a reduction in CHUB and EMA Hear and Treat. The rational for the CHUB reduction is aligned to response standards. EMAs consistently produced 5% Hear and Treat from calls triaged. With the reduction in call volume the overall Hear and Treat output has reduced.

It is likely Hear and Treat in the short term will remain relatively static if response times remain as is. However, it is anticipated that Hear and Treat rates will increase from mid Q2 as the Trusts (via UEC recovery funding) move to C2 validation. This will see and increase in clinicians providing secondary triage alongside a broader cohort of patients being suitable for secondary triage.

See and Treat has remained relatively static. There is a relationship between Hear and Treat and See and Treat however See and Treat has not increased in line with the reduction in Hear and Treat. Focus over the year will be on increasing pathways for See and Treat and enhancing the digital enablers for referrals. This is anticipated to improve See and Treat rates.

2.3 Operational Performance - Patient Emergency Service (PES)

Activity: In April 2023, the Trust received **n=105,351** calls of which **n=90,075** (85%) became incidents. Compared with April 2022, we have seen an 20% decrease in calls and a 1% increase in incidents.

The decrease in overall activity is likely to be multi-faceted with seasonal variation, reduction in COVID, Strep A all being factors. Alongside these environmental factors the reduction in duplicate calls due to improved response standards is also a factor in appraising overall demand. It should be noted that incidents remain static despite the reduction in call volume. This is due to the fact incidents are a measure of capacity as much as demand. As operational capacity has improved alongside a reduction in job cycle times, incidents remain stable.

For April duplicate calls stood at **n=18,038**, compared to March at **n=27,123**. No outcome incidents (which includes those cancelled or close through signposting) sat at 12,300 versus March's 15,796. When appraising the overall NWAS demand, all indicators suggest a decrease in demand on the service.

- **Call volume:** call volume is 29% below the equivalent month for 2022.

- **Call Pick Up** has seen an improvement in April 2023, with the overall mean answer being under 1 second (compared to 2 seconds in March) with a pick- up in 5 seconds at 99% (compared to 96% in March). Both the 90th and 95th call answer percentile showing as under 1 second.

Call pick-up has improved again in April with continuous improvement in this metric since January 23. NWAS continue to lead the sector in call pick up and has seen in April improvements in all metrics. This includes BT 2-minute delays, in April nationally BT experienced **n=14,478** 2-minute delays of which NWAS only contributed 27 delays.

Looking forward NWAS continue to invest in EMAs to maintain high call pick performance, this investment is supported by UEC recovery funds. Call pick under 10 second mean is one of the two monitored ARP standards for UEC recovery and NWAS are well placed to deliver on this metric throughout the year.

Ambulance Response (ARP) Performance

Category	Standard	April 2023 Actual
C1 (Mean)	7:00	07:50
C1 (90th)	15:00	13:15
C2 (Mean)	18:00	20:36
C2 (90th)	40:00	40:19
C3 (Mean)	1:00:00	1:26:21
C3 (90th)	2:00:00	3:09:10
C4 (90th)	3:00:00	4:49:01

For April response time targets were only met for C1 90th. All the ARP standards have seen a significant improvement when compared to March and previous months. As an example, C2 response standards are at their lowest levels since August 22. There are a number of factors that are contributing to improvements in response. These include:

- Improved and stable call pick up. This is a critical enabler for C1 response and C2 to a lesser degree. With very few extended pick-up times, this enables optimal clock starts and reduces allocation times to C1/2.
- Handover – with improvements in handover vs March and previous months (average handover is lower than in any month in the past 12). This reduces overall job cycle time and also increases operational capacity. This is important for all response standards but specifically within C2 and C3.
- NHSP benefits in respect to C1 and C2 when compared to the sector. NHSP has reduced the C1 and C2 percentage of overall incidents. The stability of C1 and C2 share reduces the number of incidents requiring immediate response.
- Improvements to operational resources enabled by a reduction in abstractions.
- High levels of H&T reducing the number of patients requiring an ambulatory response.
- Reduction in duplicate calls and resultant upgrades – duplicates are a by-product of extended response times. During April response standards have improved as have the number of duplicate calls. This directly reduces the number of upgrades as the propensity for a patient to worsen reduces as response times improve.

- GM South Sector have delivered C1 (90th and mean), C2 (90th and mean) and were close to delivering C3&4.

What can also be observed is the downstream impact on C3 and C4 response. In essence the EOC will allocate resources to the longest waiting, highest acuity patient. In times of high pressure and large volumes of waiting incidents the response times to C3 and 4 are impacted. With stepped improvements to C2 response born out of the factors above the response to C3 and C4 improve.

Looking forward NWAS are in an improving position and if the factors enabling improved response time continue (most specifically handover) it is likely response standards will be maintained in the short term and improve in the longer term. This improvement is anticipated by the utilisation of UEC recovery funding. The UEC funding will focus on improving C2 mean response and maintaining call pick up. NWAS will focus on implementing C2 segmentation, increasing DCA resource and delivering the second phase of the operational leadership review.

Handover

- Average turnaround time has decreased but continues to be above the national standard of 30:00 with a turnaround time of 35:20. This is the lowest turnaround time since August 2021.
- From early April the data has signalled an improvement with both Average turnaround time and the number of patients waiting outside A&E falling below the mean. This correlates with improvements in ARP performance at the same time. The Trusts performance is aligned with the national trend and aided by the model used during the period of industrial action. Where senior staff within A&E signposted lower acuity patients.
- **n=3,724** attendances (8%) had a turnaround time of over 1 hour, with **n=247** of those taking more than 3 hours. There was **=538** delayed admissions in April, with total accumulated hours of **n=898**.
- A system handover improvement board has been established with ICB Chief Executive leads nominated. Handover collaborative sessions have been hosted in each ICB. The first meetings took place in December and March with more planned during May 2023. A move towards a more system-based approach has seen the spread of responsibility for handover performance.

C1 & C2 Long Waits

Long waits for C1 saw a decrease to **n=509** in April from **n=708** in March. This is the lowest level of long waits since April 2021.

The number of C2 long waits decreased from **n=6,132** in March 2023 to **n=1,650** in April. This is the lowest number of long waits overall since June 2020.

Improvements in response times are driving the stepped reduction in long waits. There has been a significant reduction in C1 long waits but C2 long waits have reduced to the lowest level since early 21. Most pleasing is the virtual elimination of long waits over 2 hours in the C2 cohort. Learning from serious incidents indicates those patients who wait over 2 hours are most likely to come to harm. For those patients who do wait longer than the response standard the CCD continues to provide oversight

2.4 Operational Performance - NHS 111

Measure	Standard	April 2023

Calls Within 60s	95%	46.29%
Average Time to answer		3m 11s
Abandoned Calls	<5%	10.65%
Call back Within 10 min	75%	14.53%
Call back Within 20 min	90%	12.32%
Average Call Back		53m 14s
Warm Transfer to Nurse	75%	31.14%

April has seen a decrease in the call demand for 111, compared to the previous months. The service saw **n=203,328** calls offered compared with **n= 212,596** in March. **n=144,919** of those calls were answered, **n=17,270** abandoned and the additional calls redirected via IVR signposting.

The reduction in call volume can be attributed to an overall reduction in previous demand pressures, namely COVID and Strep A. However, the primary enabler is due to the national call filtering of 5% of 111 activity to Vocare. This is a temporary arrangement facilitated via NHSE and is providing support and helping bridge the gap between NW 111 funded capacity vs actual demand.

Answered in 60 increased from 37% in March to 46% in April with call abandoned decreasing to 10% from 19% in March. Average time to answer saw a decrease to 3 minutes 11 seconds, pushing the metric into special cause just below the lower control limit. The improvements in call answering are in part due to the reduction in demand and national support in place. However, the 111 service have also introduced a visual IVR that enables patients who wait to input the patients demographics prior to the call being answered. Early data indicates circa 80% of eligible patients engage with the IVR and in these cases a saving of around 1 minute is observed in respect to call handling times.

The demand pressures on the 111 service continue to directly impact the clinical queue, with all clinical performance metrics below target. Nevertheless, April has seen marginal increases in all clinical performance metrics. Warm transfer is showing special cause, improving from 29% in March to 31%. Average time for call back in April was at 53 minutes and 14 seconds, both measures showing special cause, with Average time for call back below the control limit. Call back in 20 has reduced to 12% from 19% in March and is now at the mean. Measures continue to be in place to ensure patient safety.

2.5 PTS

- Due to reporting timing issues PTS performance is reported one month in arrears.
- Activity in March for the Trust was 8% below contract baselines with Cumbria and Lancashire 25% and 22% below baselines respectively. Year to date July 2022 - March 2023) is performing at 17% below baseline.

2.6 Finance

- The year to date expenditure on agency is £0.135m which is under the year to date ceiling.
- As at month 01 (April) the trust has under spends in a number of service lines which are under review.
- As at month 01 (April) the trust has over delivered against the planned level of efficiency by £0.065m.
- The agency ceiling for 2023/24 is expected to be finalised in advance of the next reporting date so the numbers included in the report are draft only.

2.7 Organisational Health

Sickness

The overall sickness rate for March 2023 was 7.71% which includes COVID-19 related sickness of 1%. Sickness is below the lower control limit for the second month in a row which indicates a positive downward trend. This is the lowest monthly rate for the last 2 years.

The reduction continues to be facilitated through the work of the attendance improvement team with particular focus on supporting operational teams to improve attendance management and wellbeing. In the main the work focuses on ensuring organisational grip; data quality and thorough case review; coaching and developing managers to both manage and work to prevent ongoing absence. Discussions and developments are taking place regarding embedding attendance management accountability within the overall performance oversight framework.

The UEC recovery funding will also enable further investment in attendance coaching support, wellbeing coordination to improve access and navigation of the available support and specialist MSK and Violence and Aggression support.

Covid sickness increased slightly on the previous month, mainly in the contact centres where it ranged from 0.9-1.6% of total sickness. It is possible that changes to testing arrangements may result in some future increases in COVID sickness absence as medical standdown, where staff test positive but remain well, reduces and some of this could manifest in future as sickness.

Absence levels remain higher in the contact centre environments, although both 111 and EOC have seen a downward trend for the last 4 months despite increases in COVID absence.

Turnover

Staff turnover for the year to April 23 is 12.14%. This position has been stable for 12 months within an overall variation of only 0.5% over this period. It remains in line with the national average for the sector.

Contact centre turnover remains within control limits, although higher than other service lines. 111 continues to show some stability at reduced but still high levels. The position for the year to April is 36.2%. There continues to be focus across both contact centres on work to support retention with the 111 roster review still ongoing. The Trust continues to work across the Ambulance Sector and with NHSE on specific targeted interventions to support recruitment and retention in contact centres.

PES is now showing a period of extended stability and a narrowing of control limits and PTS has shown increases in turnover. The main drivers of the increase are retirements and ill health related leavers. Overall voluntary resignations have increased in number terms but not as an overall percentage of leavers. Within resignations, leavers related to improved reward, promotion and opportunities have seen the main increase which mirrors the patterns seen across the contact centres.

Temporary Staffing

Whereas in previous years the Trust has had to work to an overall agency cap, this position has changed slightly for 2023/24 and we are now required to keep costs within our projections in our agreed operating plan. The ICB targets have been disseminated to individual Trusts and this has in essence lifted our previous cap.

The position for April shows continuing agency usage at a similar rate to previous months at a level equivalent to 0.5% pay bill. This is £152k below cap. Bank usage also remains stable.

- Agency staff have continued to support the Contact Centre environments. In the main this is to support vacancy gaps in clinical advisory positions where alternative means of cover are not available. This is reflected in OH4.4
- Some agency usage relates to ensuring appropriate levels of course fill for call handler recruitment but improvements in attraction and streamlining of start times are mitigating these requirements.
- There is the possibility of short term increased agency use whilst recruitment into CHUB clinical positions, funded through the UEC recovery plan, is mobilised.

It should be noted that the high overall total staff costs shown in OH 4.1 (March 2023) incorporates the non-consolidated payments agreed as part of the pay award.

Vacancy

- Chart OH5.1 shows the vacancy gap at -5.08% in April 2023. In the main this is not caused by reductions in staffing which have remained stable, but relates to changes in establishment. Following work between Finance and the People team all establishments have been transferred onto the ESR system and the data now reflects reporting direct from the system. This should enable a more dynamic approach to establishment control and improved accuracy. The main changes are within corporate teams but this also explains in the main why EOC shows special cause variation and is now over-established. The main changes linked with the UEC recovery plan have not yet been built into establishments.
- Recruitment plans for 111 remain a risk. The current vacancy position is -18.8% (OH5.5) with is a worsened position with vacancies being focused in the Health Advisor and Clinical Advisor roles. Whilst turnover is improving, the recruitment market is proving challenging for call handler positions. Agency recruitment on an introductory fee basis is being used to help fill any gaps in courses. Recent changes to support improved attraction and course fill are showing early positive signs.
- The PTS vacancy position at –10.15% (OH5.2) and is a slight worsening of position. Robust plans are in place to reduce the gap over the coming months, but PTS also have robust bank arrangements in place to help bridge the vacancy position. There are challenges in responding to additional PTS recruitment needs whilst delivering the ambitious requirements of the UEC Recovery delivery plan.

Appraisal

Appraisal completion rates are at 84.1% for April 23 (OH6.1). This exceeds current target but ELC are due to discuss stretch targets for 23/24. This position has shown continuous improvement since October.

- PES, PTS and EOC ahead of current target (OH6.2, OH6.3, OH6.4).
- EOC is showing special cause variation with a continuous period of improvement which reflects the renewed focus on appraisals and mandatory training since the completion of the Pathways roll out. They are now at 88.3% compliance which is the highest service line.

- 111 are at target but have shown some signs of pressure, although they continue to maintain a focus on appraisals and 1 to 1 support as part of their retention work.
- The revised fuller appraisal paperwork has now been rolled out and consideration is being given to how the embedding of this is reviewed through quality audits.

Mandatory Training

The data in OH 7 shows the end of year position for the 22/23 mandatory training programme. This shows that all service lines exceeded the 85% mandatory training target for both classroom and online compliance. This follows a concerted effort by training and operational teams to recover from the impact of industrial action and MACA training in Q4.

Continuing focus on online completions has continued into April with overall compliance levels at 89%.

A review of individual module compliance is being undertaken to consider whether there are any areas for focus or recovery.

The content of the 23/24 mandatory training programme has been approved. The PTS one day programme started at the end of April with the PES programme commencing in May. The PES programme is moving back to two days of classroom training plus supporting online modules. This will provide additional challenge to delivery over 23/24, providing less flex to recover programmes if operational pressures make an impact.

Case Management

- Overall numbers of live cases have continued on an upward trend, currently standing at 111. These increases are predominantly in fact finding cases (these are the precursor to formal disciplinary investigations) and in Dignity at Work cases. Most of the DAW cases relate to inappropriate behaviour raised by one colleague against another.
- In terms of locations of cases, increases have been mainly seen within 111 and C&M PES, the latter of which also has a higher than average prevalence of cases. The reasons for this are unclear but it will be influenced by the longer time to close cases in this area.
- Average case times are stable but we are seeing a small increase in the time to resolve DAW cases, with these cases, alongside complex disciplinary and SOSR cases, dominating in the 6 month plus timeframe. There are plans to review the Dignity at Work Policy in 23/24 and improvement to timeliness will be a key consideration.
- The number of suspensions remains at 7 with 3 individuals on alternative duties to suspension. This is an average level for the Trust. Several cases have exceeded 10 weeks due in the main to complexity, correlation with sickness delaying progress and the involvement of third parties.

COVID 19

- **n=211** staff have tested positive for Covid-19 in April 2023. At the end of this reporting period, there were **n=3** open outbreak on Trust sites.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

Failure to ensure on-going compliance with national targets and registration standards could render the Trust open to the loss of its registration, prosecution and other penalties

4. EQUALITY OR SUSTAINABILITY IMPACTS

A review of data against protected characteristics to understand and improve patient experience is being undertaken by the Diversity and Inclusion sub committee. Patient experience data has previously been broken down however data quality and gaps in reporting of ethnicity challenge our ability to analyse performance data. A plan to improve this is in place and reports to the Diversity and Inclusion sub committee.

A move to increase Hear & Treat and see and treat supports our sustainability goals.

5. RECOMMENDATIONS

The Board of Directors is recommended to:

- Note the content of the report.
- Note the important qualitative feedback from patients. The negative themes relate to timeliness and availability of services, positive themes relate to the professionalism and compassion of our staff.
- Note the improvements in call answering, ambulance response, hospital handover and long waits.
- Note the requirement to review S&T performance again in light of the national data.
- Note the impact of system pressures on cardiac outcomes for patients in December 2022.
- Note the improvements in 111 call answering and clinical support.
- Note the financial position and efficiency saving
- Note the improvements in sickness, appraisal rates and mandatory training compliance
- Identify any additional risks or items for further scrutiny by sub committees of the board

North West Ambulance Service NHS Trust

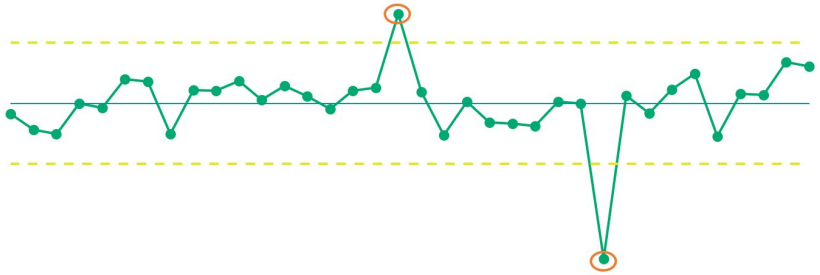
Integrated Performance Report

Board - May 2023

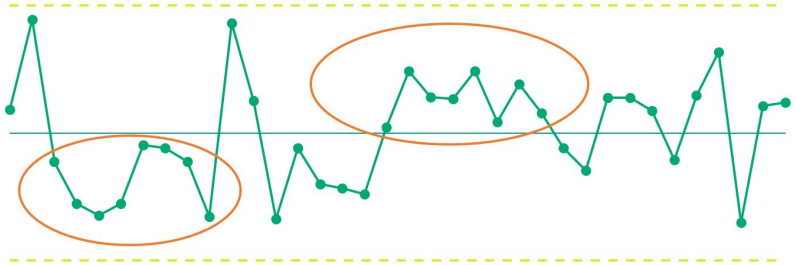
Rules for interpreting SPC Charts

Most charts contained in the report are SPC (Statistical Process Control). SPC charts follow the rules shown below to determine when something statistically significant has happened. Once these rules are triggered the control limits - dotted lines above and below the mean (centre line) are adjusted around the new data – this is known as resetting the limits

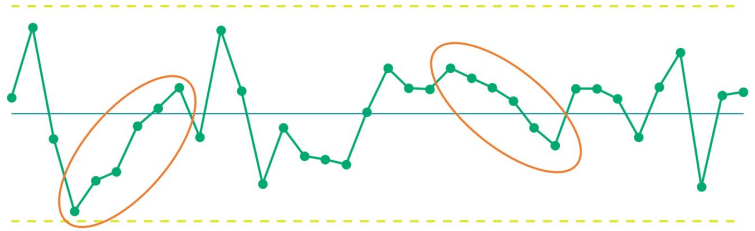
Rule 1: Single data point outside the control limits



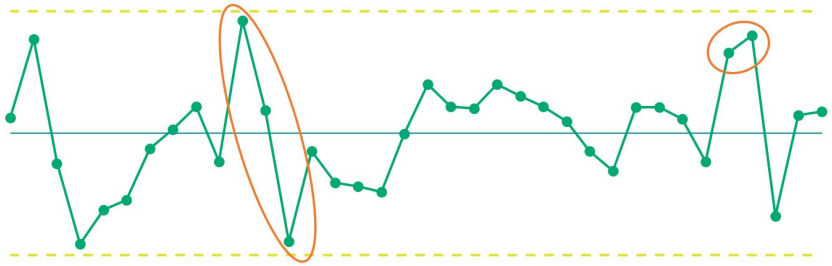
Rule 2: 8 or more consecutive data points above or below the centre line



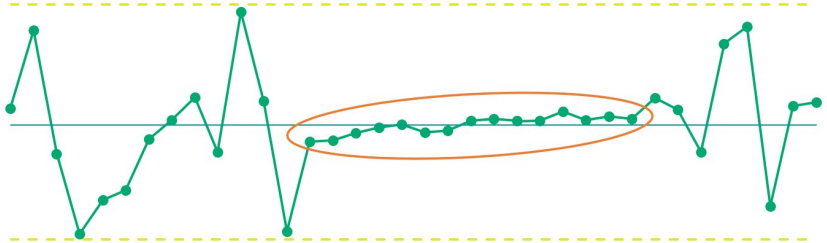
Rule 3: A trend of at least six consecutive points (up or down)



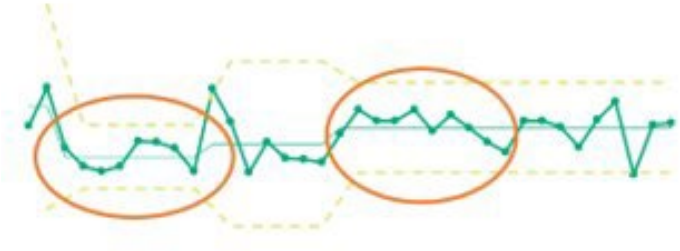
Rule 4: 2 out of 3 consecutive data points near a control limit (outer third)



Rule 5: At least 15 consecutive data points "hugging" the centre line



Example of Limits reset following special cause



Quality & Effectiveness

Q1 COMPLAINTS

Figure Q1.1

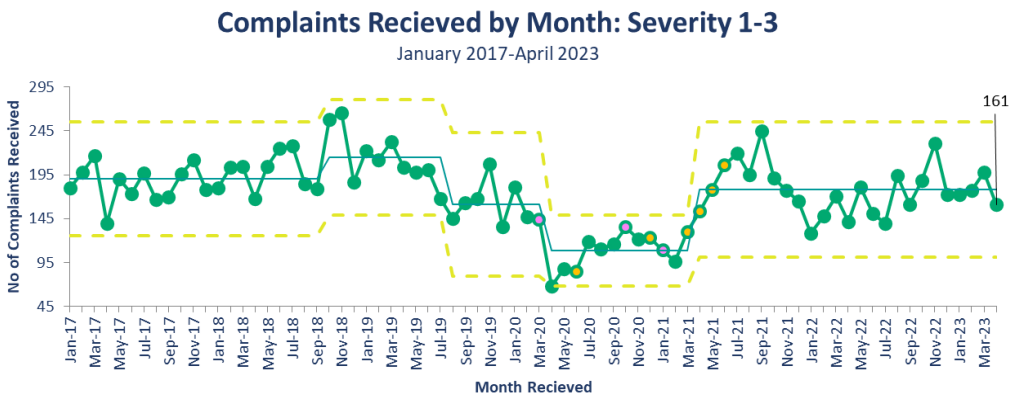


Figure Q1.2

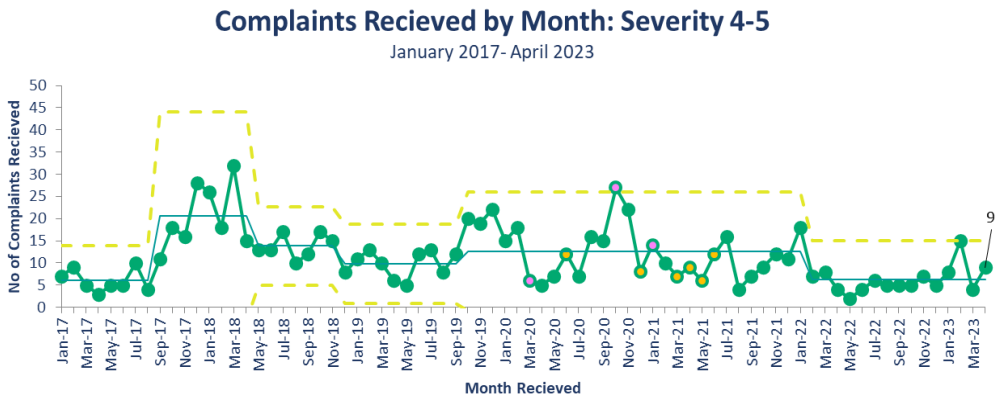


Figure Q1.3

Figure Q1.4

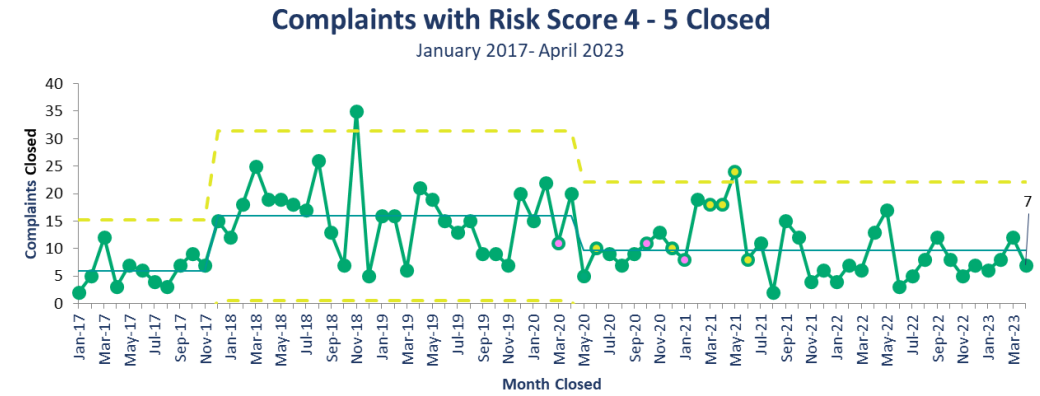


Figure Q1.5

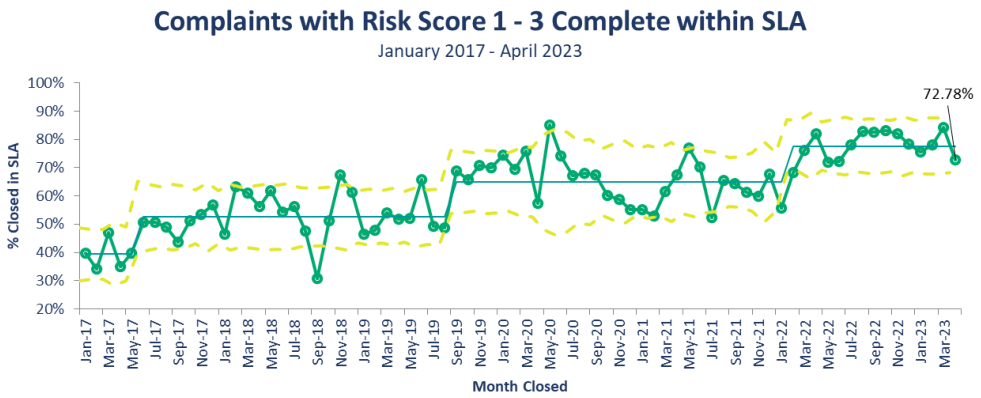
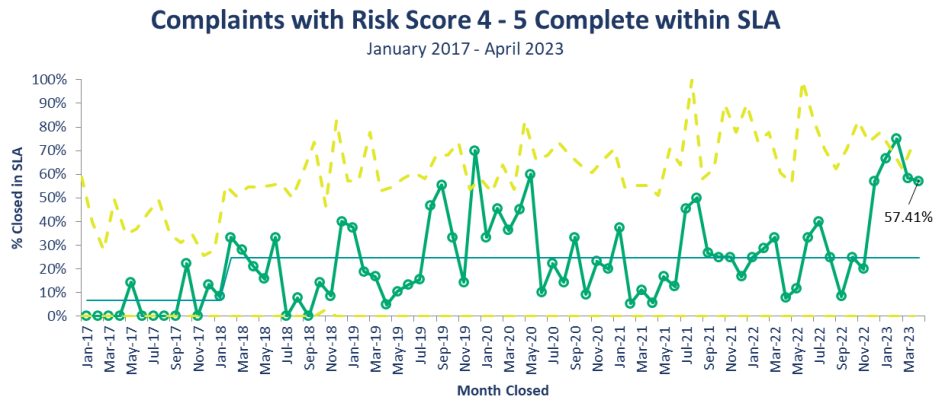


Figure Q1.6



Q2 Incidents

Figure Q2.1

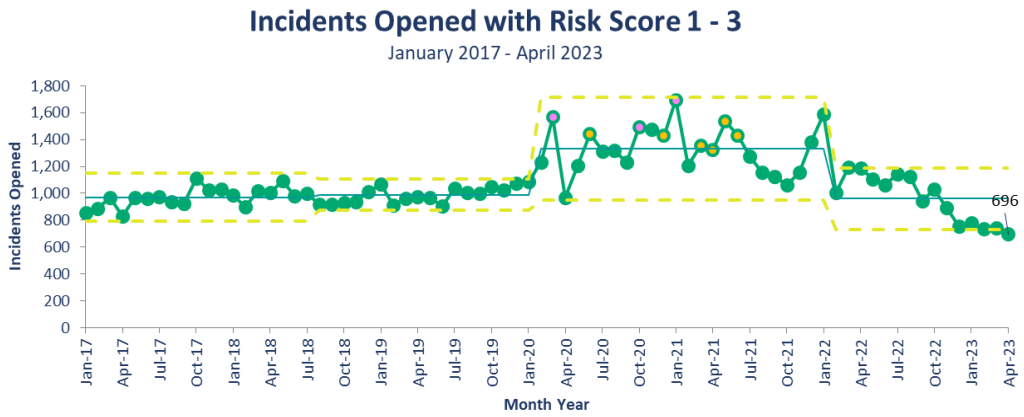
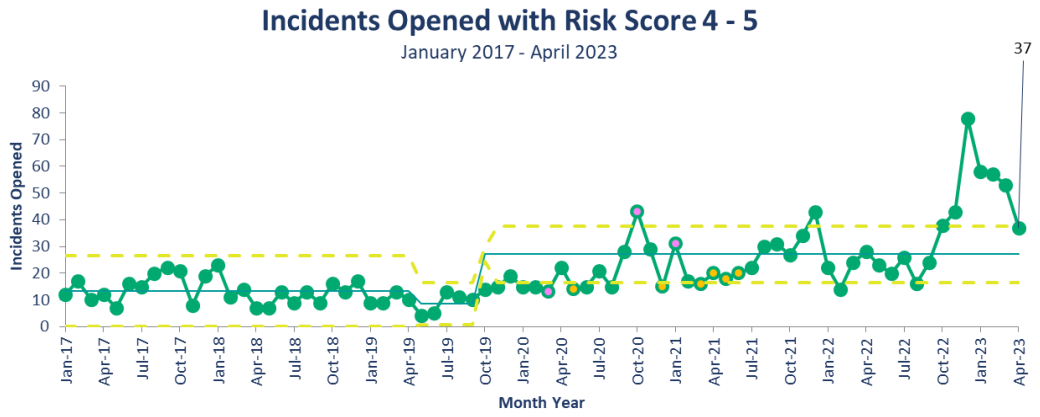


Figure Q2.2



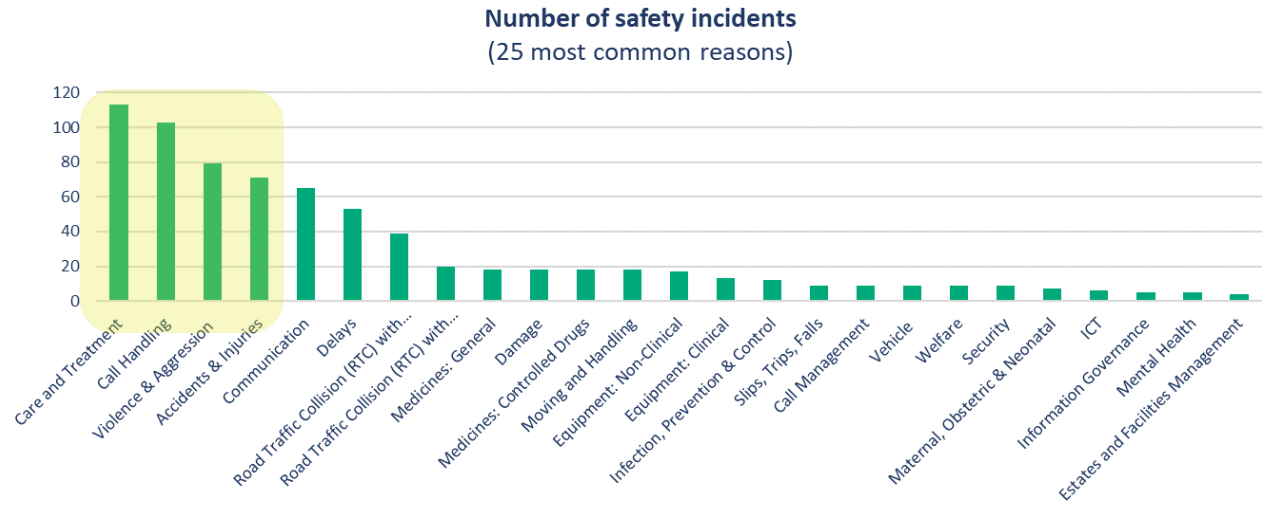


Figure Q2.4

Figure Q2.5

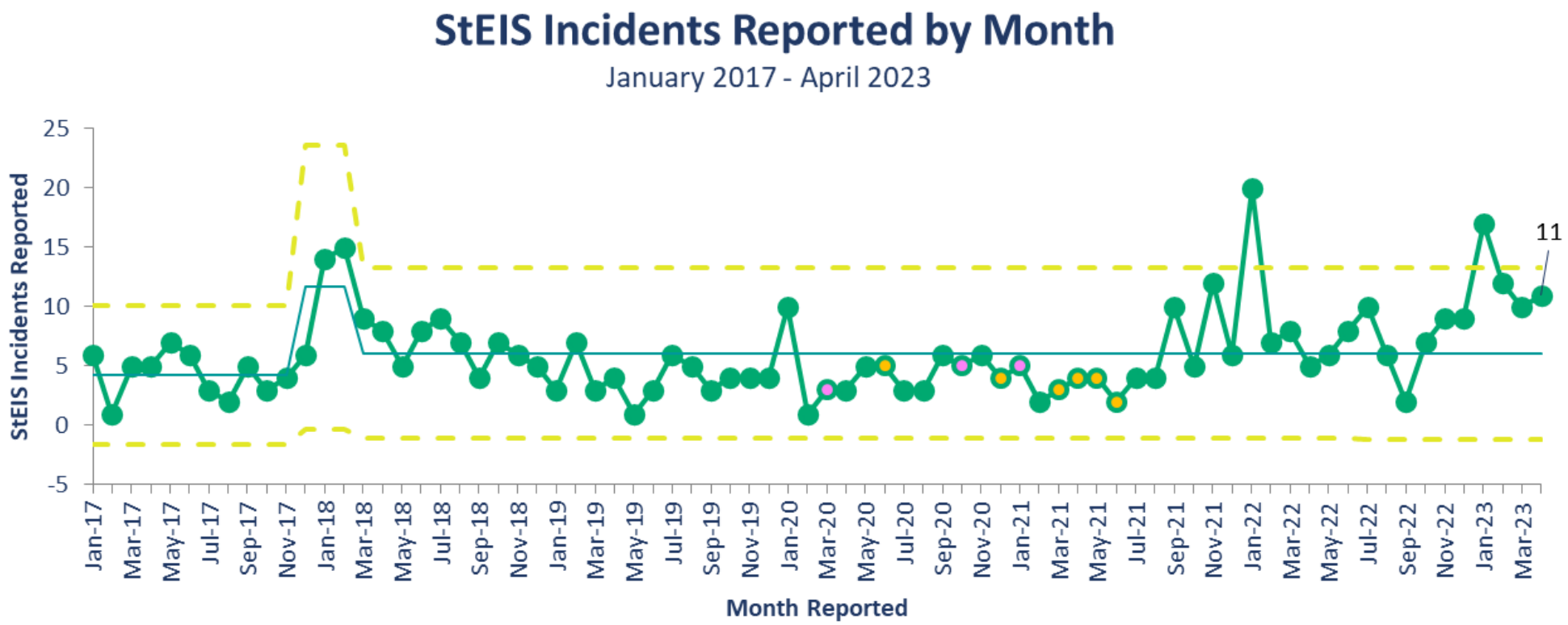
SLAs are calculated using the following measures/targets.

No exceptions are taken into account:

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

Q3 SERIOUS INCIDENTS

Figure Q3.1



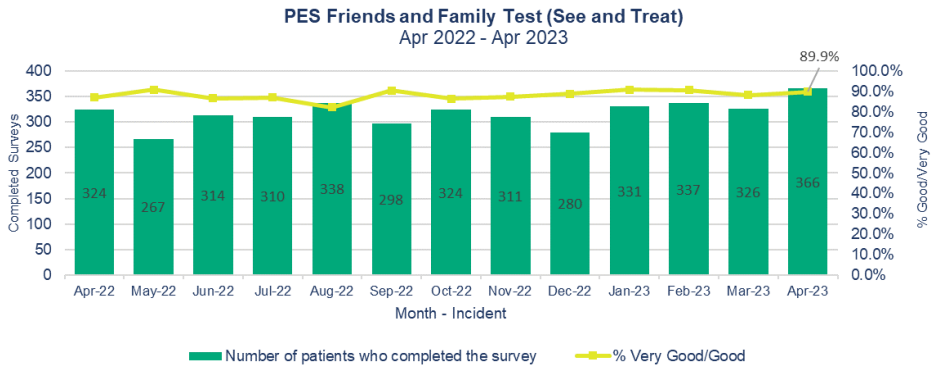
Q5 SAFETY ALERTS

Table Q5.1

Safety Alerts	Number of Alerts Received (May 22 – Apr 23)	Number of Alerts Applicable (May 22 – Apr 23)	Number of Open Alerts	Notes
National Patient Safety Alert – NHS England	1	1	0	Use of Oxygen Cylinders where patients do not have access to medical gas pipeline systems. Supplier confirmed no issues, NWAS contacted each acute for confirmation and taken to Medicines optimisation group
National Patient Safety Alert - DHSC	2	0	0	
National Patient Safety Alert - UKHSA	1	0	0	
CMO Messaging	6	0	0	
MHRA – Medical Equipment	5	0	0	
MHRA - Medicine Alerts	55	2	0	Class 2 recall of Amiodarone Injections. All stocks were checked and then re checked, no recalled batch codes were found.
IPC	0	0	0	

E1 PATIENT EXPERIENCE

Figure E1.1



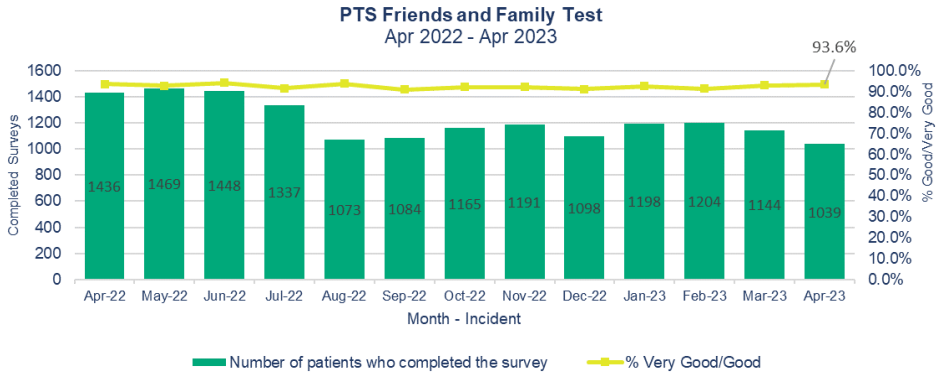
Positive

- *"Both members of the service, where polite, professional, informative and supportive. Their manner and rapport with an unwell 80-year-old and her husband was brilliant, explaining everything they were doing and ensuring my mother's dignity was kept intact. They took on board my parent's circumstances and delt with what I felt to be the best care for my parents to make them feel safe and supported. I will be forever grateful for Thank you."*
- *"The two paramedics who attended were professional caring checked my husband over very thoroughly made us feel reassured that he did not need to attend A&E they were both very caring and competent".*

Negative

- *"Waited over 8 hours for the ambulance."*
- *"My partner was told he wasn't being taken to the hospital in ambulance as it was 'food poisoning' and they weren't sitting there for hours... turns out it was heart problem (potential heart attack) and we are now waiting for private doctors to diagnose."*

Figure E1.2



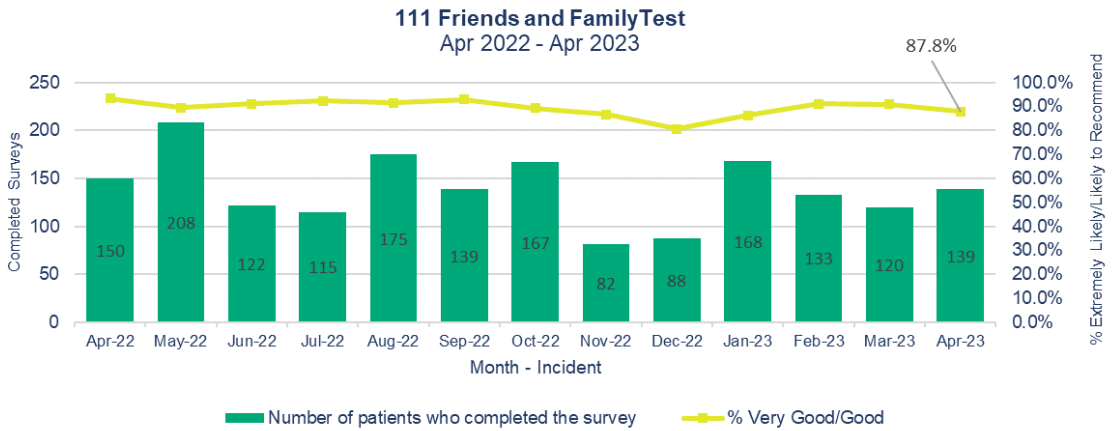
Positive

- *"Because the staff communicated within a professional but friendly manner. Also treated me with respect asking what name I would like to be dressed by my surname or christian name that was nice I said whatever and spoken to me at level off my understanding. Am an oxygen user and staff assured me with assistance off. Connecting my oxygen to transport (save my own cylinder). Overall very polite considerate professional and I felt safe secure and staff always lovely shown through their mannerism throughout the journey getting to hospital appointment. Thank you."*
- *"Easy to arrange over the phone and staff who take the calls are always efficient and helpful. All the ambulance crews who have taken me appointments have been really pleasant and helpful too. Such a useful service - would have been lost without it over the last couple of months. One less thing to worry about at a stressful time... thank you!"*

Negative

- *""Nothing wrong with the staff but it's the waiting and sharing transport with others when covid is still rife, waiting over an hour to return is a pain. During COVID, a taxi more often than not took and returned us and waiting was about 15 to 20 mins it was really good."*
- *"Husband wheelchair bound had two teeth removed. Was over two hours and fifteen minutes left waiting for return journey. There was a no show. He was in pain as he has progressive MS. I ended up walking him home and yes it was raining as well. Very disappointed."*

Figure E1.3



Positive

- *"I phoned at 9.15am the call was answered promptly and a quick and accurate assessment was carried out by a fully qualified health advisor. An ambulance was arranged and arrived in less than 15 minutes. Admission to the hospital was completed within the hour. Excellent service. 5 STARS *****."*
- *"Very grateful for the 111 call handlers. Professional, patient and caring service which she provided in respect of my vulnerable 97 year old father. Some of the Dr's questions were rigid but the call handler was considerate in respect of my Dad's issue and twice sought further guidance from another colleague. Please pass on our sincere thanks, to the call handler for their excellent service."*

Negative

- *"It seems the 111 service focuses more on keeping people away from A E, walk in centres and other places of urgent care. Instead of getting people to the help they need. I would never use this service again."*
- *"The time for a call-back is not satisfactory when unwell. Dissatisfied being passed between services with conflicting advice. The whole service is so disjointed!"*

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Figure E2.1

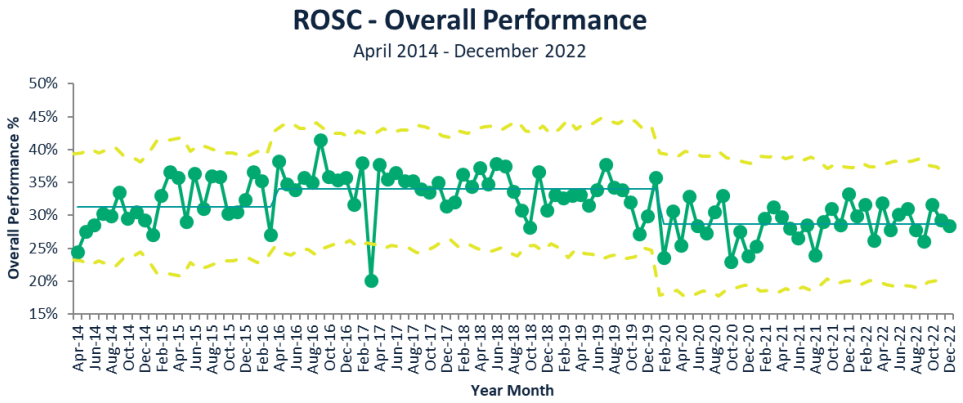


Figure E2.2

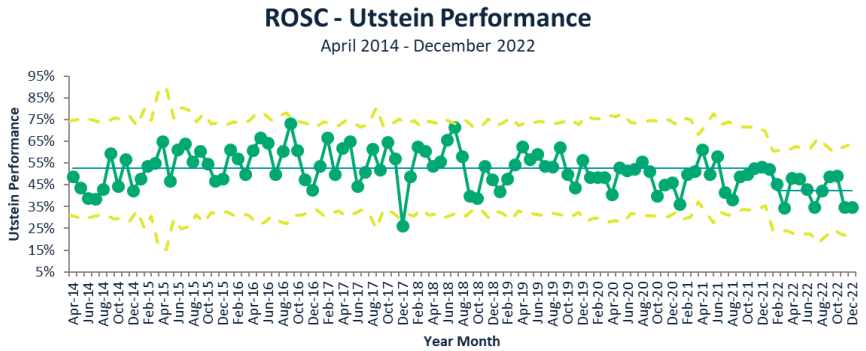


Figure E2.3

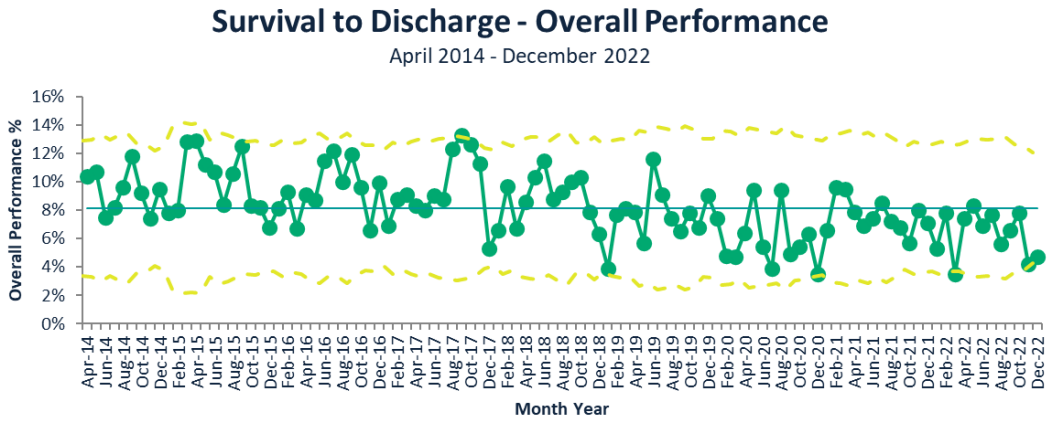
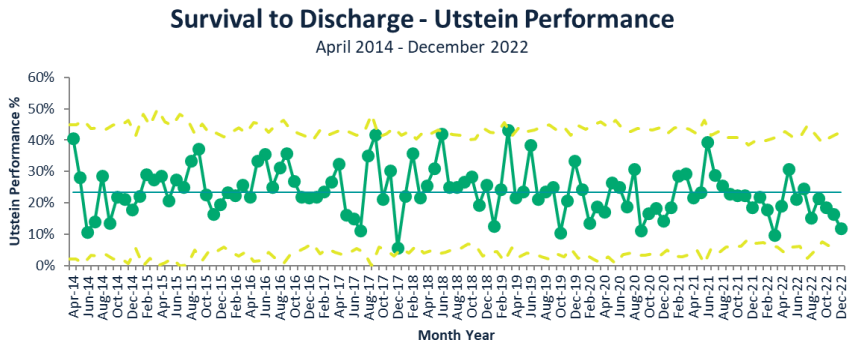


Figure E2.4



E3 ACTIVITY & OUTCOMES

Figure E3.1

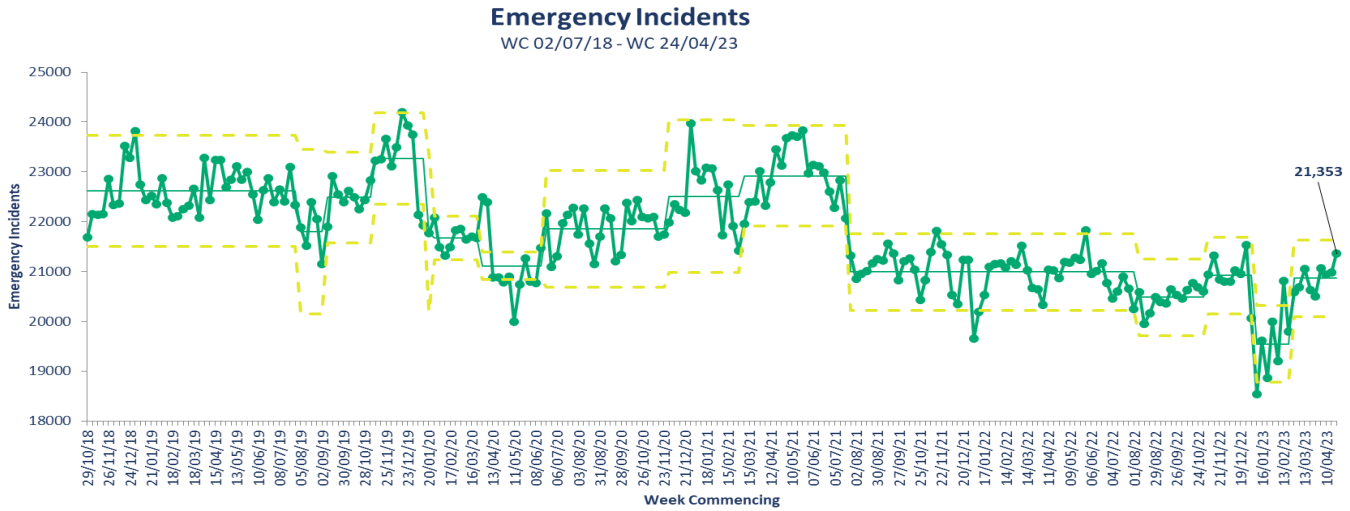


Figure E3.2

Figure E3.3

Sector	No. of Emergency Incidents
M North	9,450
G South	9,447
G Central	9,306
G East	8,452
G West	8,424
M East	7,376
CL East Lancashire	7,044
M West	6,136
CL South Lancashire	5,938
M South	5,273
CL Fylde	4,665
CL North Cumbria	4,452
CL Morecambe Bay	4,016

Figure E3.4

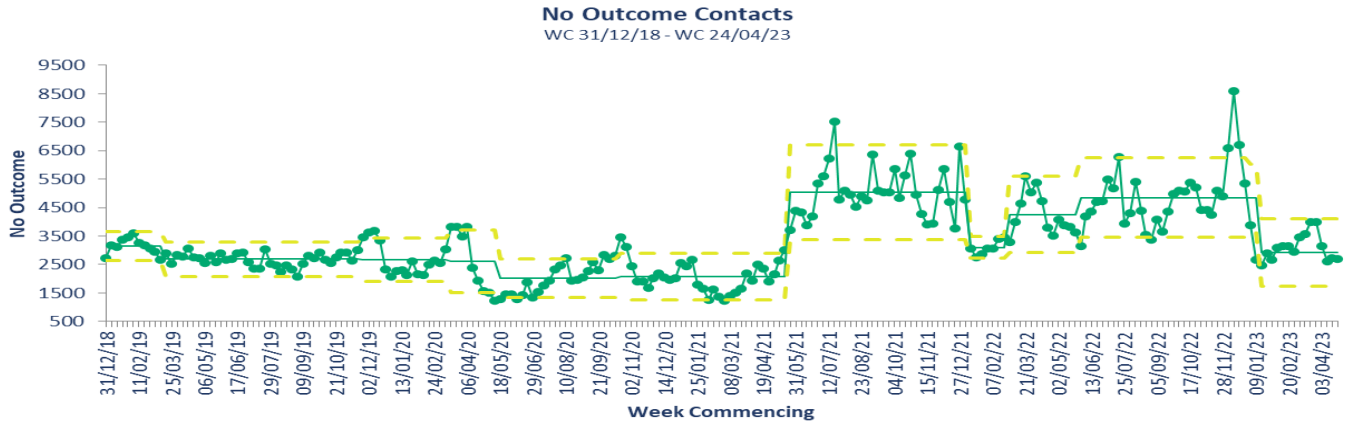


Figure E3.5

Apr	Calls	% Change from previous year	Incidents	% Change from previous year
2020	107,166		92,054	
2021	111,723	4%	97,961	6%
2022	131,620	18%	89,260	-9%
2023	105,351	-20%	90,075	1%

Figure E3.6

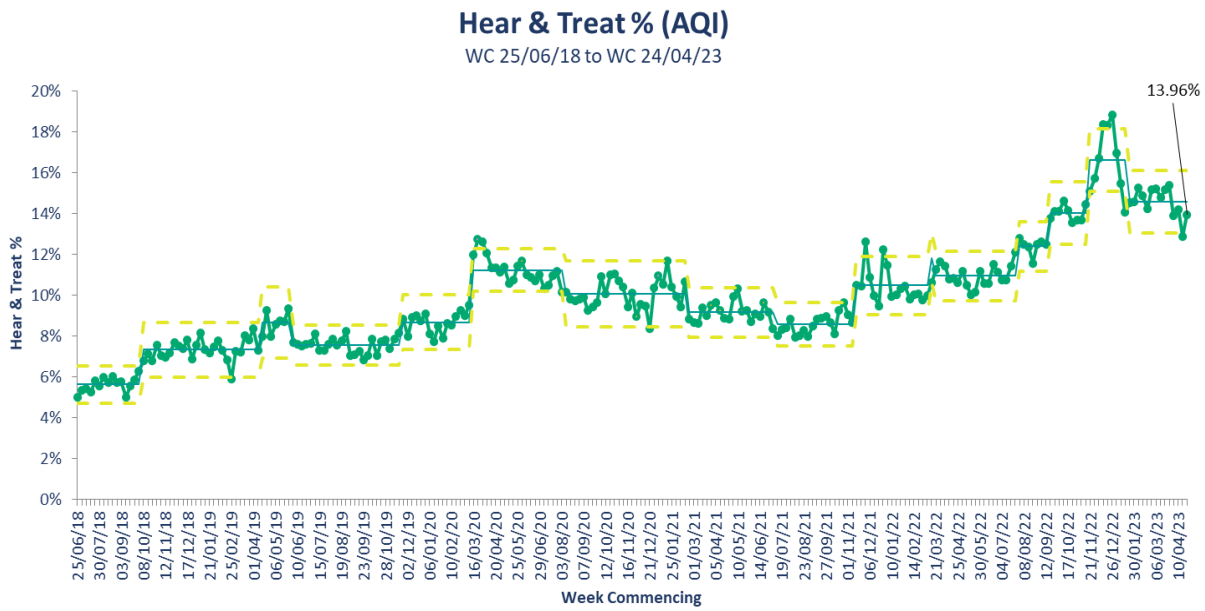


Figure E3.7

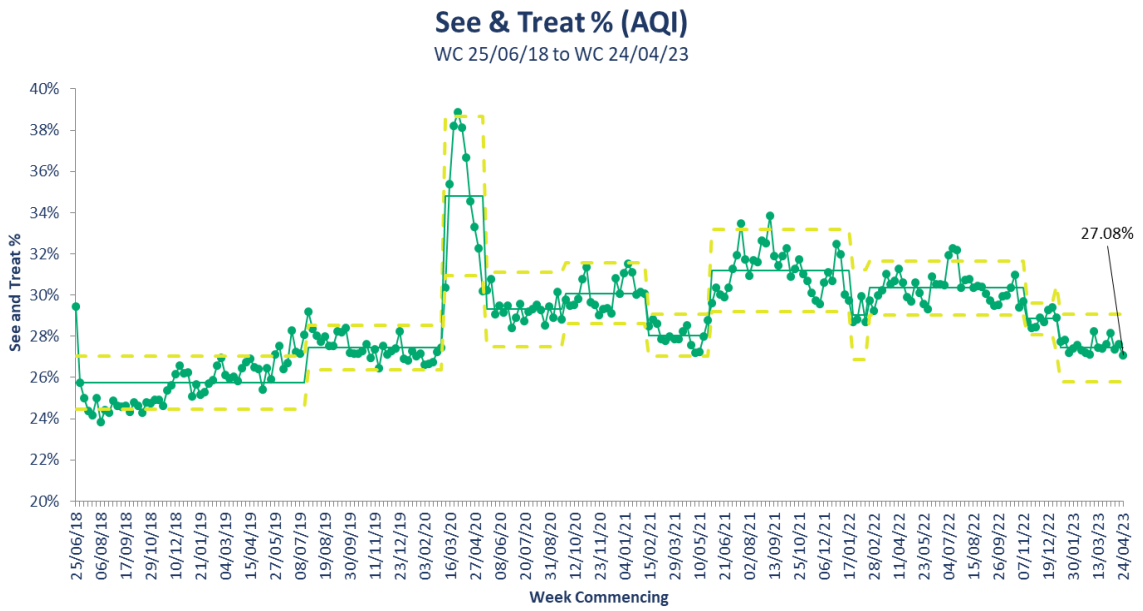


Figure E3.8

Sector	Monthly Hear & Treat	%
G Central		16.24%
CL Fylde		15.67%
G West		14.73%
G East		14.50%
M East		13.71%
CL South Lancashire		13.42%
M West		13.33%
CL East Lancashire		13.31%
G South		13.14%
M North		13.09%
M South		12.69%
CL North Cumbria		11.84%
CL Morecambe Bay		11.68%

Figure E3.9

Sector	Monthly See & Treat	%
M South		30.55%
CL Morecambe Bay		29.58%
CL North Cumbria		28.77%
CL East Lancashire		28.05%
G Central		27.92%
G East		27.84%
M West		27.77%
G South		27.65%
CL South Lancashire		27.59%
G West		27.53%
CL Fylde		27.44%
M North		27.39%
M East		24.12%

Figure E3.10

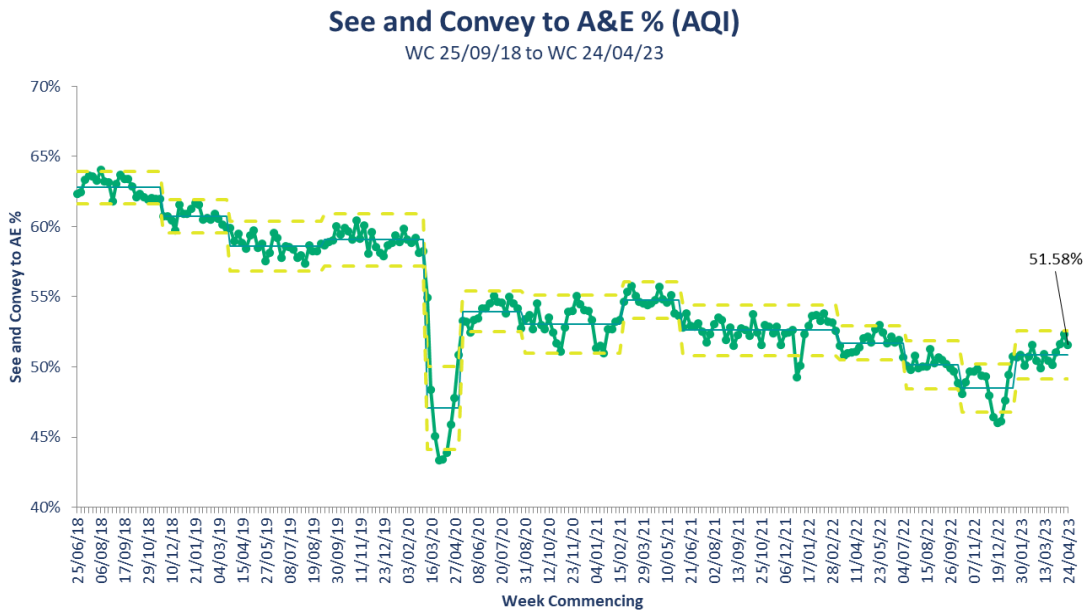


Figure E3.11

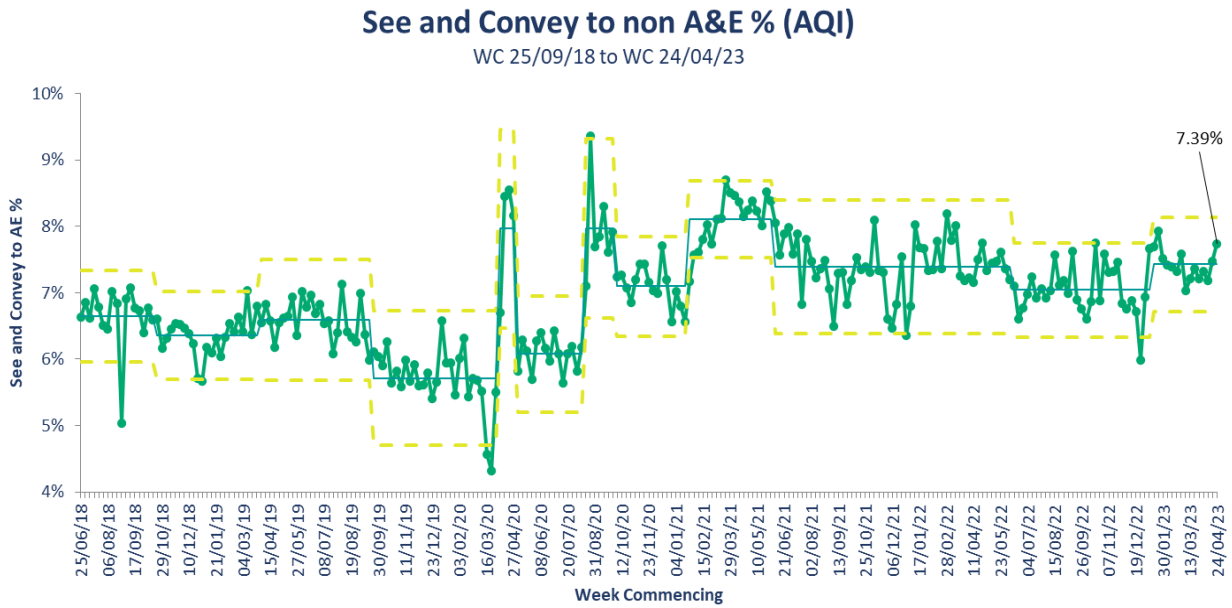


Figure E3.12

Sector	Monthly See & Convey	%
G Central		55.84%
M South		56.76%
CL Fylde		56.89%
G East		57.66%
G West		57.74%
CL East Lancashire		58.64%
CL Morecambe Bay		58.74%
M West		58.90%
CL South Lancashire		58.99%
G South		59.21%
CL North Cumbria		59.39%
M North		59.52%
M East		62.17%

Figure E3.13

Sector	Monthly See & Convey to AE	%
M West		49.04%
G Central		49.73%
CL East Lancashire		49.74%
G West		50.36%
M South		50.56%
CL South Lancashire		50.83%
G East		51.50%
M North		52.10%
CL Fylde		52.35%
CL North Cumbria		52.96%
G South		53.58%
CL Morecambe Bay		54.03%
M East		54.15%

Figure E3.14

Sector	Monthly See & Convey to Non AE	%
CL Fylde		4.54%
CL Morecambe Bay		4.71%
G South		5.63%
G Central		6.11%
G East		6.16%
M South		6.20%
CL North Cumbria		6.42%
G West		7.38%
M North		7.42%
M East		8.03%
CL South Lancashire		8.17%
CL East Lancashire		8.90%
M West		9.86%

Figure E3.15

Rank	Trust	Hear & Treat	%
1	West Midlands		16.5%
2	North West		13.8%
3	London		13.6%
4	East Midlands		11.7%
5	South Western		10.1%
6	South East Coast		10.1%
7	South Central		7.8%
8	East of England		7.0%
9	Isle of Wight		6.3%
10	Yorkshire		6.3%
11	North East		6.3%

Figure E3.16

Rank	Trust	See & Treat	%
1	South Western		38.2%
2	South Central		35.5%
3	East of England		34.0%
4	East Midlands		32.9%
5	Isle of Wight		32.8%
6	South East Coast		31.4%
7	North East		29.6%
8	London		29.6%
9	West Midlands		29.2%
10	Yorkshire		28.4%
11	North West		27.7%

Figure E3.17

Rank	Trust	See & Convey	%
1	South Western		51.7%
2	West Midlands		54.3%
3	East Midlands		55.4%
4	South Central		56.7%
5	London		56.8%
6	North West		58.5%
7	South East Coast		58.5%
8	East of England		58.9%
9	Isle of Wight		60.9%
10	North East		64.1%
11	Yorkshire		65.3%

Operational

O1 CALL PICK UP

Figure O1.1

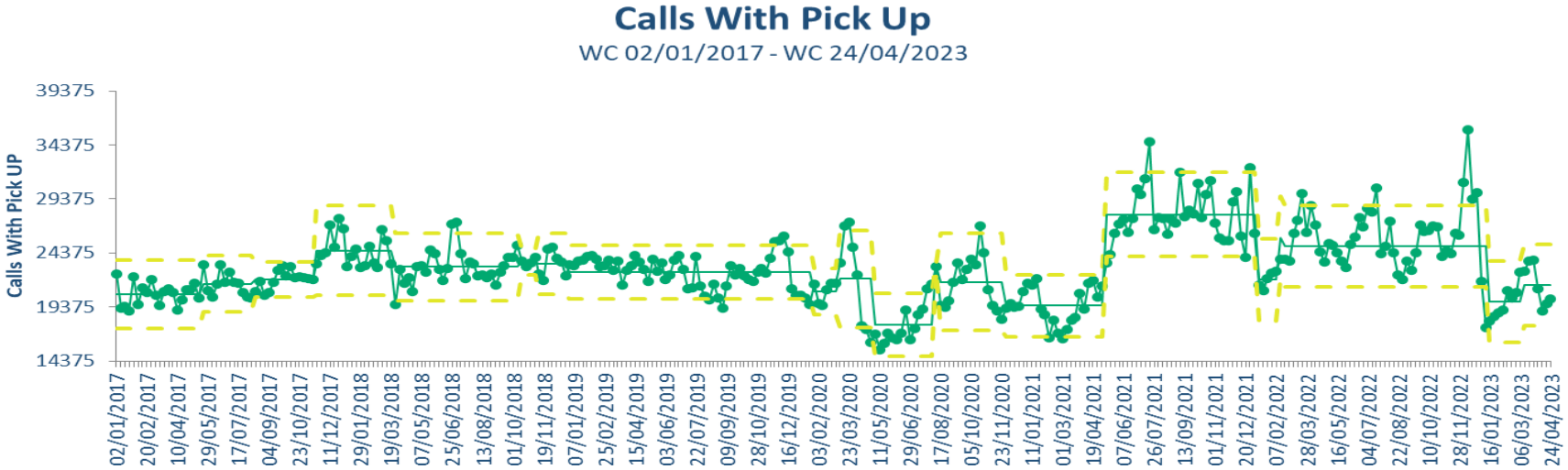
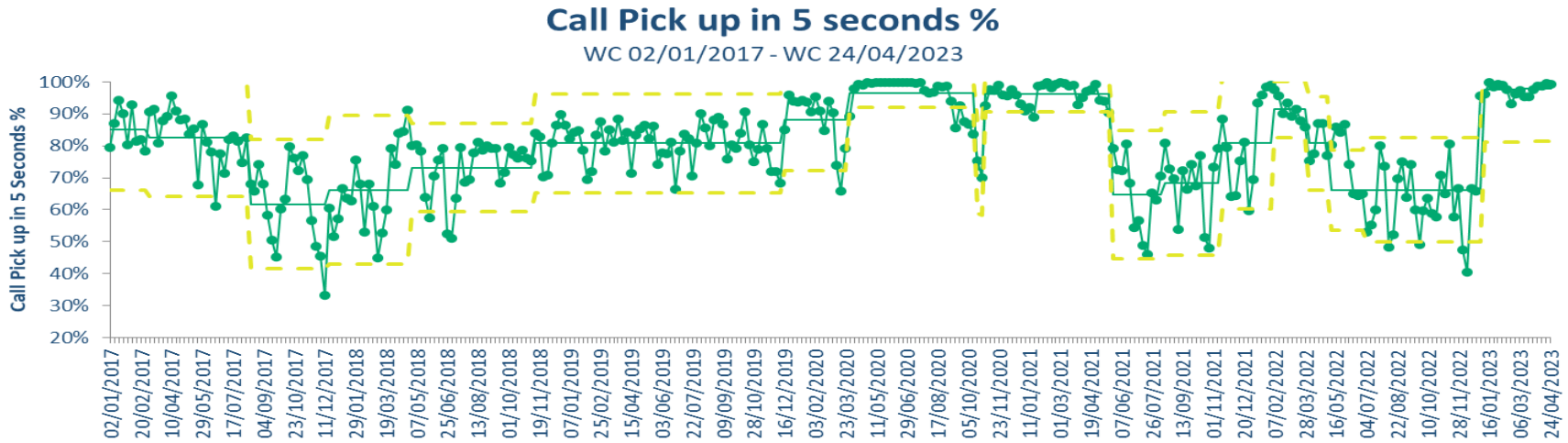


Figure O1.2



02 A&E TURNAROUND

Figure O2.1

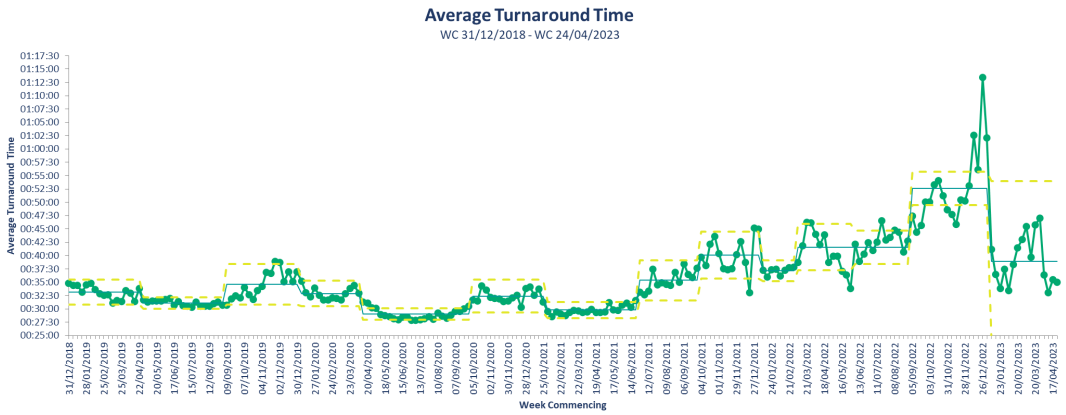


Figure Q1.2

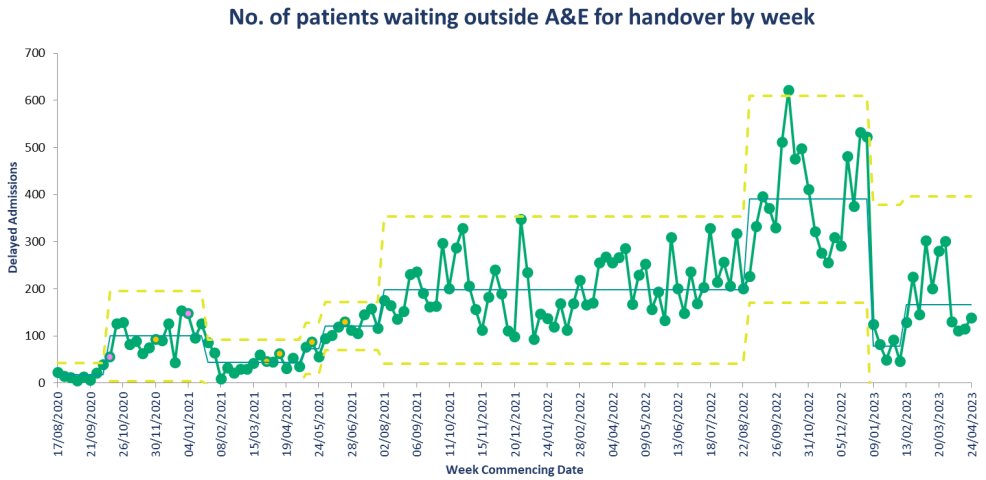


Table Q1.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
Mar-22	47,939	0:42:06	0:30:57	11:48
Apr-22	45,768	0:42:27	0:30:52	11:22
May-22	49,135	0:37:56	0:26:22	11:34
Jun-22	47,276	0:39:45	0:27:56	11:40
Jul-22	46,006	0:42:52	0:31:39	11:14
Aug-22	45,186	0:43:33	0:31:50	11:22
Sep-22	44,198	0:46:00	0:34:15	11:32
Oct-22	44,715	0:52:16	0:40:13	11:25
Nov-22	44,310	0:48:32	0:37:10	11:57
Dec-22	43,703	0:58:51	0:48:18	11:40
Jan-23	42,663	0:44:05	0:32:25	12:03
Feb-23	40,467	0:38:35	0:25:35	11:37
Mar-23	46,166	0:43:52	0:31:25	11:41
Apr-23	46,435	0:35:20	0:22:55	11:28

Table Q1.2

Top 5 Trusts with most hours lost due to delayed	
Trust	**Hours lost to delayed admissions**
Royal Lancaster Hospital	203.9
Royal Preston Hospital	149.8
Royal Oldham Hospital	132.5
Countess of Chester Hospital	102.0
Fairfield General Hospital	94.8

Table Q1.3

Month	No. of patients waiting outside A&E for handover
Aug-20*	38
Sep-20	46
Oct-20	355
Nov-20	347
Dec-20	406
Jan-21	528
Feb-21	129
Mar-21	182
Apr-21	196
May-21	282
Jun-21	491
Jul-21	585
Aug-21	674
Sep-21	902
Oct-21	1156
Nov-21	739
Dec-21	824
Jan-22	708
Feb-22	590
Mar-22	936
Apr-22	1057
May-22	891
Jun-22	926
Jul-22	975
Aug-22	1099
Sep-22	1490
Oct-22	2319
Nov-22	1283
Dec-22	1775
Jan-23	862
Feb-23	514
Mar-23	1113
Apr-23	538

O3 ARP RESPONSE TIMES

April 2023

Figure O3.1

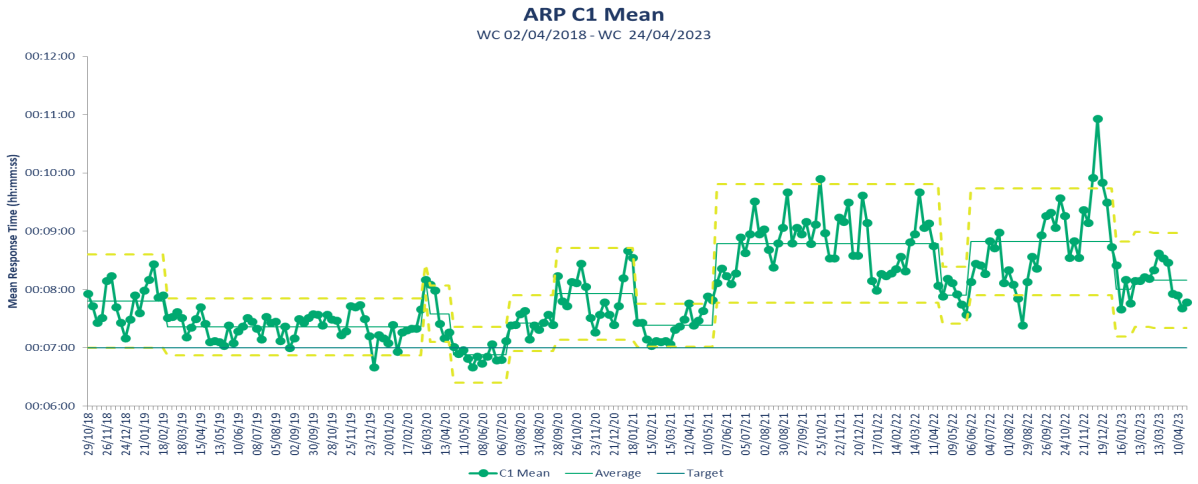


Figure O3.2

Figure O3.3

Sector	C1 Mean	Time
G South		00:06:58
G Central		00:06:59
M North		00:07:12
G East		00:07:21
G West		00:07:34
CL Fylde		00:07:52
M East		00:08:13
CL East Lancashire		00:08:16
M West		00:08:21
CL South Lancashire		00:08:28
CL Morecambe Bay		00:08:38
CL North Cumbria		00:08:56
M South		00:09:24

Figure O3.4

C1 Mean	
Target	7:00
Apr 2023	7:50
YTD	7:50

Figure O3.5

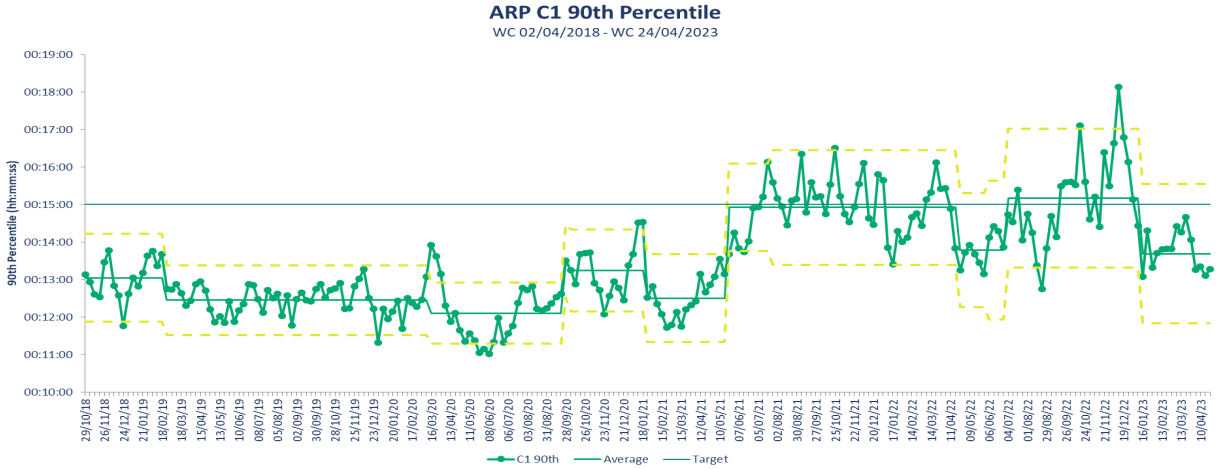


Figure O3.6

Figure O3.7

Sector	C1 90th	Time
G South		00:11:12
G Central		00:11:18
G East		00:11:41
M North		00:11:48
G West		00:12:21
M East		00:13:17
CL East Lancashire		00:13:21
CL Fylde		00:14:09
CL South Lancashire		00:14:21
M West		00:14:28
CL Morecambe Bay		00:15:34
CL North Cumbria		00:16:34
M South		00:16:52

Figure O3.8

C1 90th	
Target	15:00
Apr 2023	13:15
YTD	13:15

April 2023

Figure O3.9

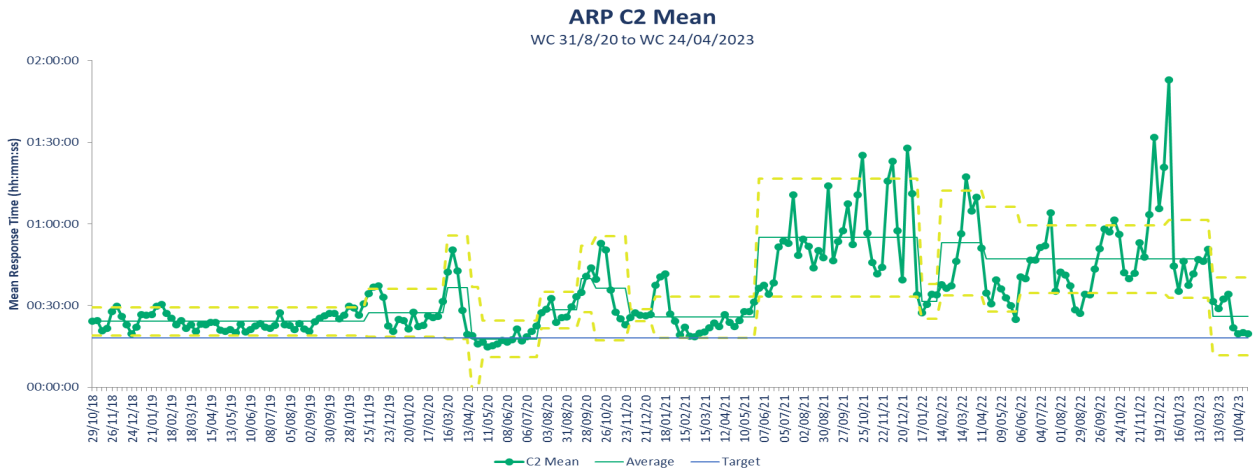


Figure O3.10

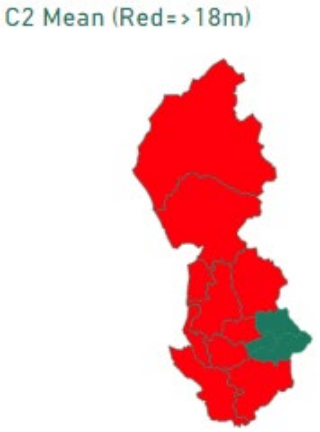


Figure O3.11

Sector	C2 Mean Time
G South	00:14:48
G Central	00:15:39
G East	00:16:48
CL East Lancashire	00:19:27
CL Fylde	00:20:04
CL North Cumbria	00:20:31
G West	00:21:00
CL Morecambe Bay	00:22:12
M South	00:22:49
CL South Lancashire	00:23:40
M West	00:24:46
M North	00:25:03
M East	00:25:20

Figure O3.12

C2 Mean	
Target	18:00
Apr 2023	20:36
YTD	20:36

Figure O3.13

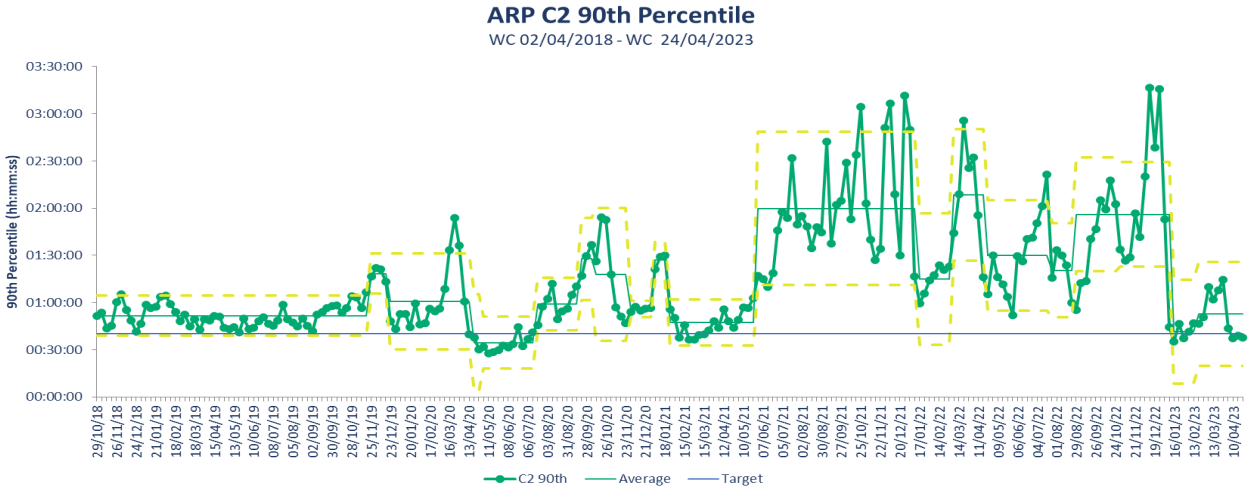


Figure O3.14

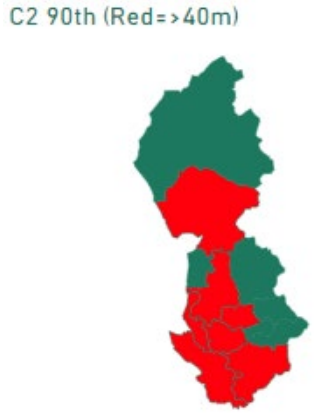


Figure O3.15

Sector	C2 90th Time
G South	00:26:10
G Central	00:26:54
G East	00:29:54
CL East Lancashire	00:35:55
CL North Cumbria	00:39:06
CL Fylde	00:39:44
G West	00:40:08
M South	00:42:52
CL Morecambe Bay	00:45:44
CL South Lancashire	00:45:46
M East	00:49:28
M West	00:52:46
M North	00:53:36

Figure O3.16

C2 90th	
Target	40:00
Apr 2023	40:19
YTD	40:19

April 2023

Figure O3.17

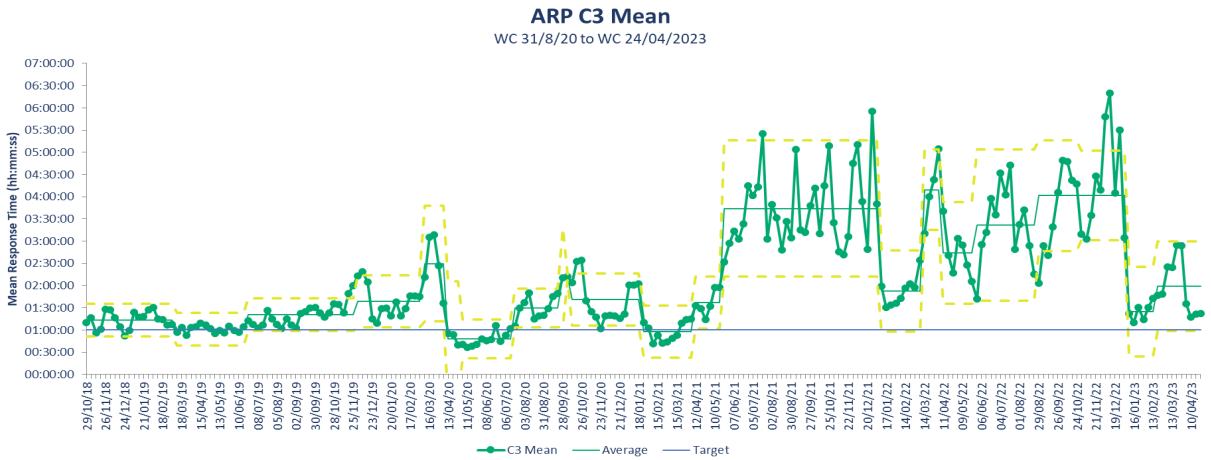


Figure O3.18

C3 Mean (Red=>60m)

Figure O3.19

Sector	C3 Mean	Time
CL North Cumbria		01:05:05
CL Morecambe Bay		01:05:40
CL Fylde		01:10:46
CL East Lancashire		01:12:20
M South		01:18:46
G South		01:19:30
CL South Lancashire		01:21:26
M West		01:23:52
G East		01:26:47
G Central		01:33:30
M North		01:37:30
M East		01:47:10
G West		01:48:10

Figure O3.20

C3 Mean	
Target	1:00:00
Apr 2023	1:26:21
YTD	1:26:21

Figure O3.21

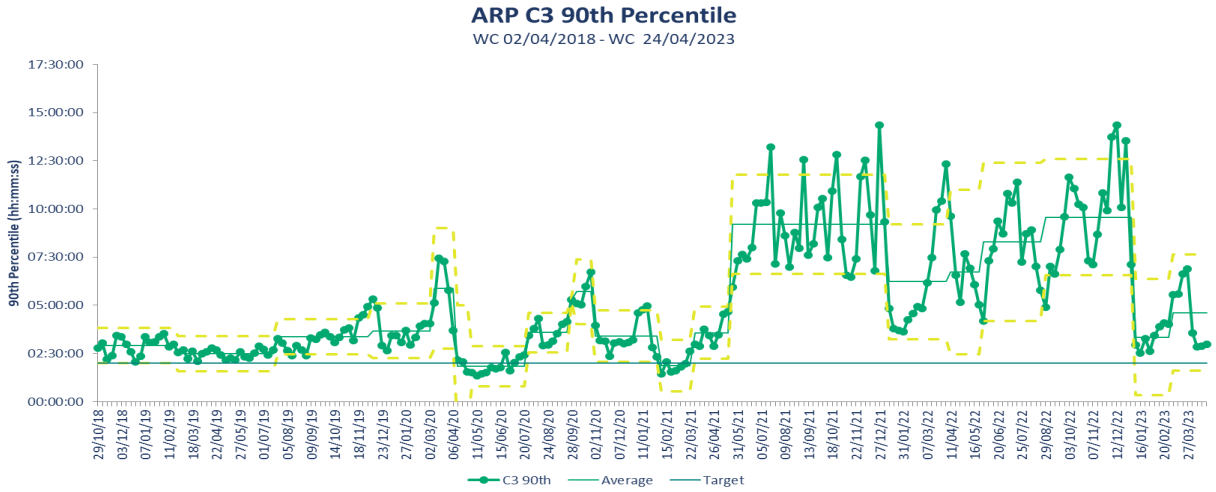


Figure O3.22

C3 90th (Red=>2h)

Figure O3.23

Sector	C3 90th	Time
CL Morecambe Bay		02:21:12
CL North Cumbria		02:24:17
CL East Lancashire		02:35:54
CL Fylde		02:40:57
G South		02:46:52
M South		02:47:36
CL South Lancashire		02:53:22
G East		03:12:02
G Central		03:14:11
M West		03:15:51
G West		03:45:28
M North		03:58:58
M East		04:04:00

Figure O3.24

C3 90th	
Target	2:00:00
Apr 2023	3:09:10
YTD	3:09:10

April 2023

Figure O3.25

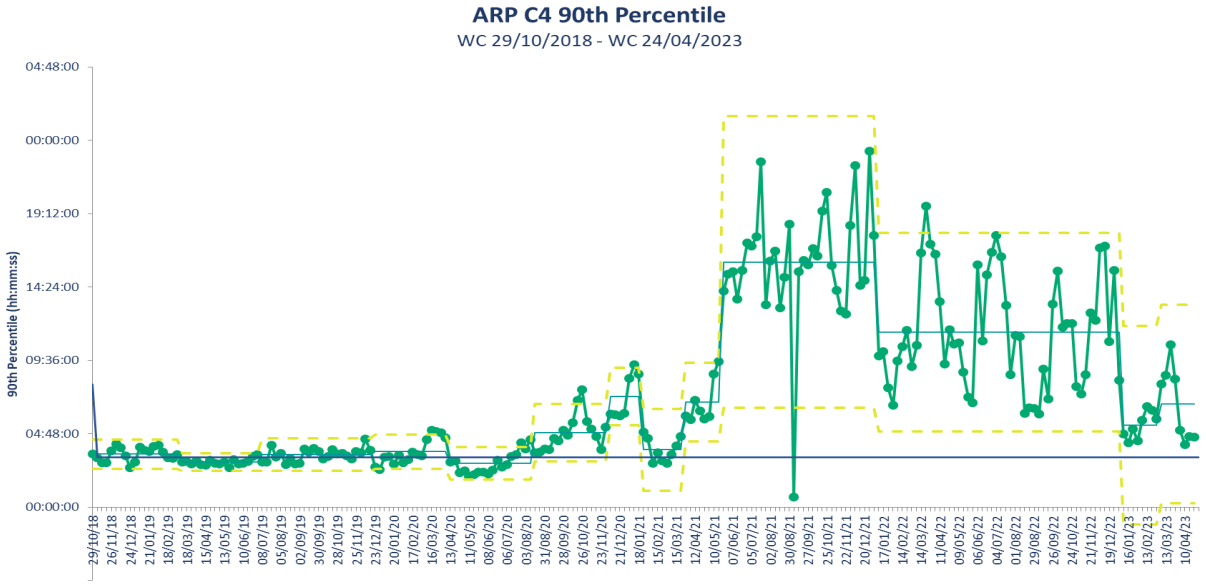


Figure O3.26

Figure O3.27

Sector	C4 90th	Time
M South		02:54:46
CL Morecambe Bay		03:02:07
CL North Cumbria		03:11:16
G South		03:47:22
CL East Lancashire		04:12:16
CL South Lancashire		04:26:28
CL Fylde		04:28:49
G East		04:43:45
M North		05:10:22
M East		05:26:10
M West		05:36:53
G Central		05:39:08
G West		06:01:37

Figure O3.28

C4 90th	
Target	3:00:00
Apr 2023	4:49:01
YTD	4:49:01

O3 ARP Provider Comparison

Figure O3.25

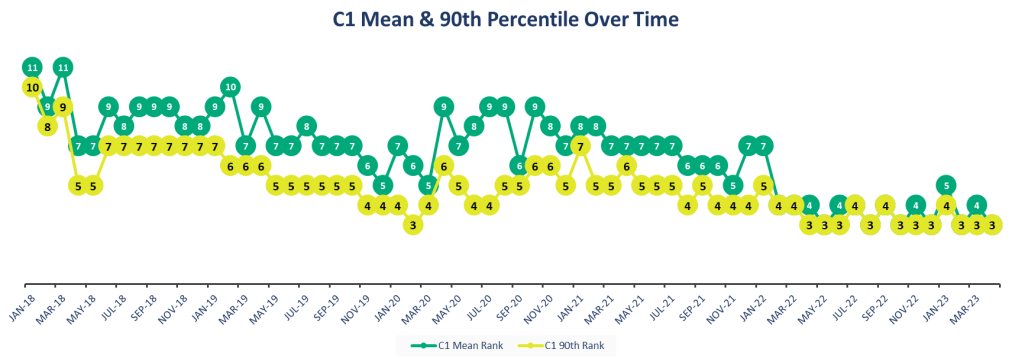


Figure O3.26

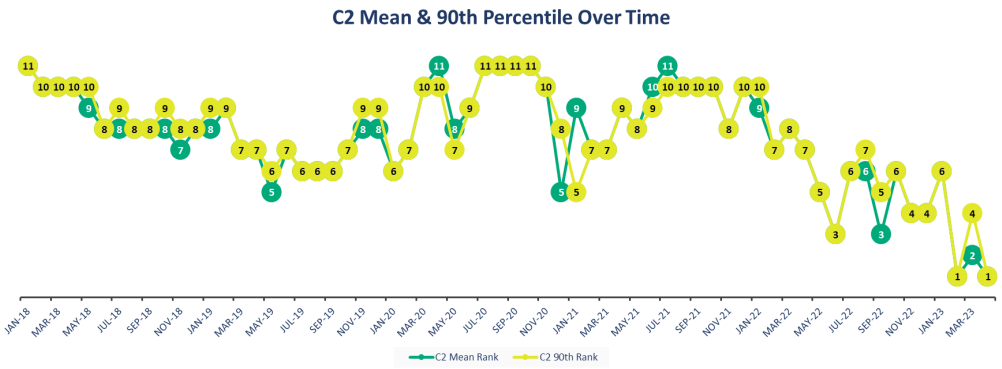


Figure O3.27

Figure O3.28

Rank	Trust	C1 Mean	Time
1	North East		07:01
2	London		07:09
3	North West		07:50
4	West Midlands		08:05
5	Yorkshire		08:07
6	South Central		08:14
7	South East Coast		08:22
8	East Midlands		08:27
9	East of England		08:37
10	South Western		09:03
11	Isle of Wight		09:43

Rank	Trust	C1 90th	Time
1	London		11:54
2	North East		12:19
3	North West		13:15
4	Yorkshire		14:07
5	West Midlands		14:16
6	South Central		15:11
7	South East Coast		15:17
8	East Midlands		15:20
9	East of England		16:15
10	South Western		17:00
11	Isle of Wight		17:53

Rank	Trust	C2 Mean	Time
1	North West		0:20:36
2	Isle of Wight		0:24:13
3	Yorkshire		0:24:26
4	South East Coast		0:24:43
5	South Central		0:25:30
6	West Midlands		0:27:12
7	London		0:31:19
8	North East		0:31:22
9	South Western		0:33:26
10	East Midlands		0:33:32
11	East of England		0:34:58

Rank	Trust	C2 90th	Time
1	North West		0:40:19
2	Isle of Wight		0:48:10
3	South East Coast		0:50:19
4	South Central		0:50:58
5	Yorkshire		0:52:47
6	West Midlands		0:58:38
7	North East		1:03:05
8	London		1:10:26
9	South Western		1:11:20
10	East Midlands		1:12:49
11	East of England		1:13:49

Rank	Trust	C3 Mean	Time
1	Isle of Wight		00:55:39
2	London		00:57:15
3	North East		01:04:37
4	Yorkshire		01:16:01
5	South Western		01:23:17
6	South Central		01:23:30
7	North West		01:26:21
8	East of England		01:33:08
9	South East Coast		01:47:33
10	East Midlands		02:03:39
11	West Midlands		02:08:35

Rank	Trust	C3 90th	Time
1	Isle of Wight		02:04:04
2	London		02:16:27
3	North East		02:30:25
4	Yorkshire		02:51:00
5	South Central		03:04:33
6	North West		03:09:10
7	South Western		03:25:17
8	East of England		03:49:23
9	South East Coast		03:56:44
10	East Midlands		04:46:07
11	West Midlands		05:21:21

Rank	Trust	C4 90th	Time
1	North East		02:16:31
2	Isle of Wight		03:36:55
3	Yorkshire		03:40:46
4	London		03:47:30
5	South Central		04:21:06
6	South Western		04:22:55
7	East Midlands		04:32:09
8	South East Coast		04:41:20
9	North West		04:49:01
10	East of England		05:34:01
11	West Midlands		05:46:13

O3 LONG WAITS

Table O3.29

Year Month	Total No. of long
Apr-19	471
May-19	393
Jun-19	436
Jul-19	523
Aug-19	471
Sep-19	482
Oct-19	582
Nov-19	542
Dec-19	575
Jan-20	425
Feb-20	385
Mar-20	594
Apr-20	329
May-20	186
Jun-20	196
Jul-20	274
Aug-20	437
Sep-20	394
Oct-20	586
Nov-20	447
Dec-20	455
Jan-21	663
Feb-21	340
Mar-21	358
Apr-21	489
May-21	734
Jun-21	971
Jul-21	1,534
Aug-21	1,226
Sep-21	1,501
Oct-21	1,650
Nov-21	1,329
Dec-21	1,590
Jan-22	1,109
Feb-22	985
Mar-22	1,609
Apr-22	1,145
May-22	869
Jun-22	940
Jul-22	1,207
Aug-22	653
Sep-22	804
Oct-22	1,186
Nov-22	959
Dec-22	1,619
Jan-23	694
Feb-23	543
Mar-23	708
Apr-23	509

Figure O3.29

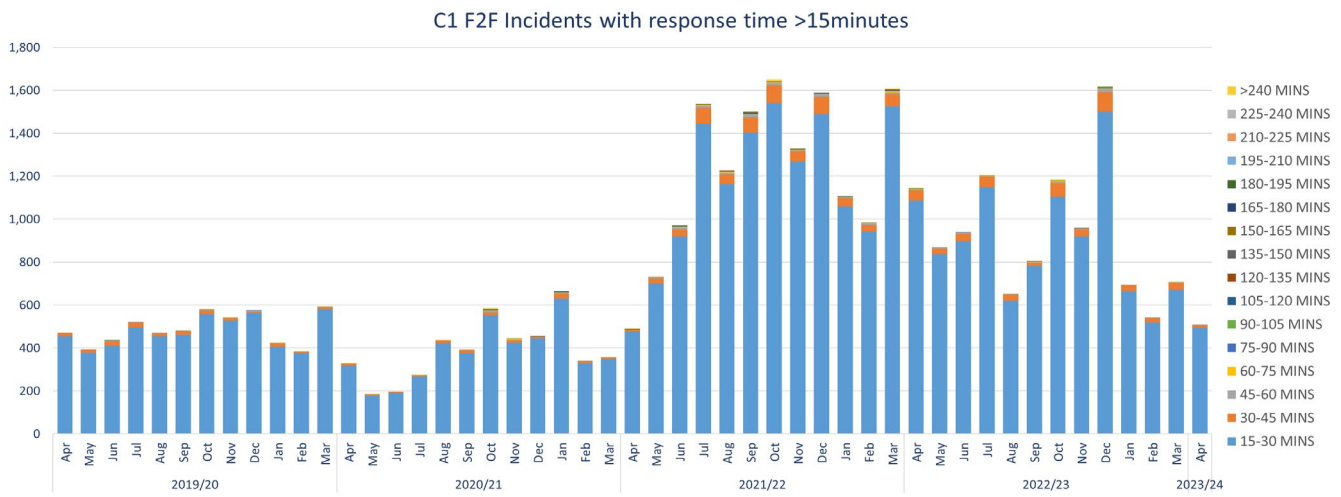


Figure O3.30

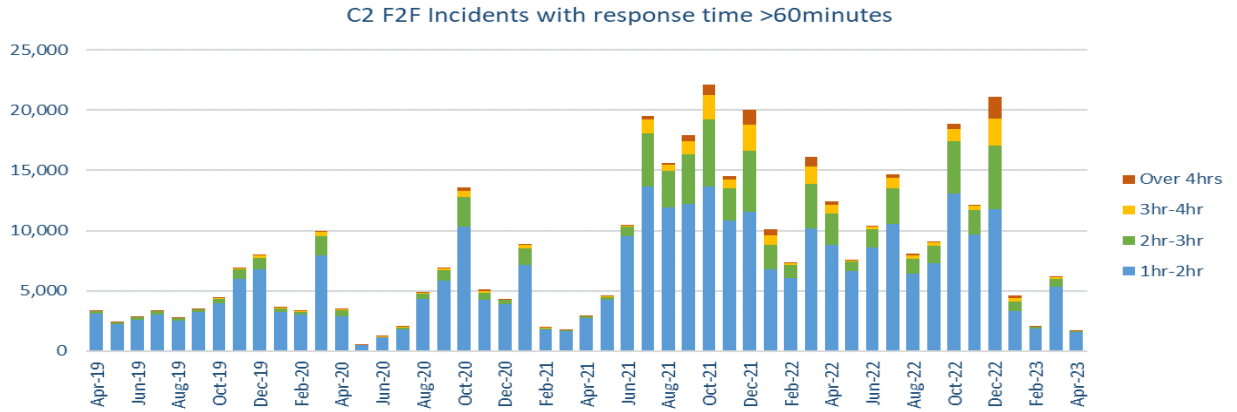
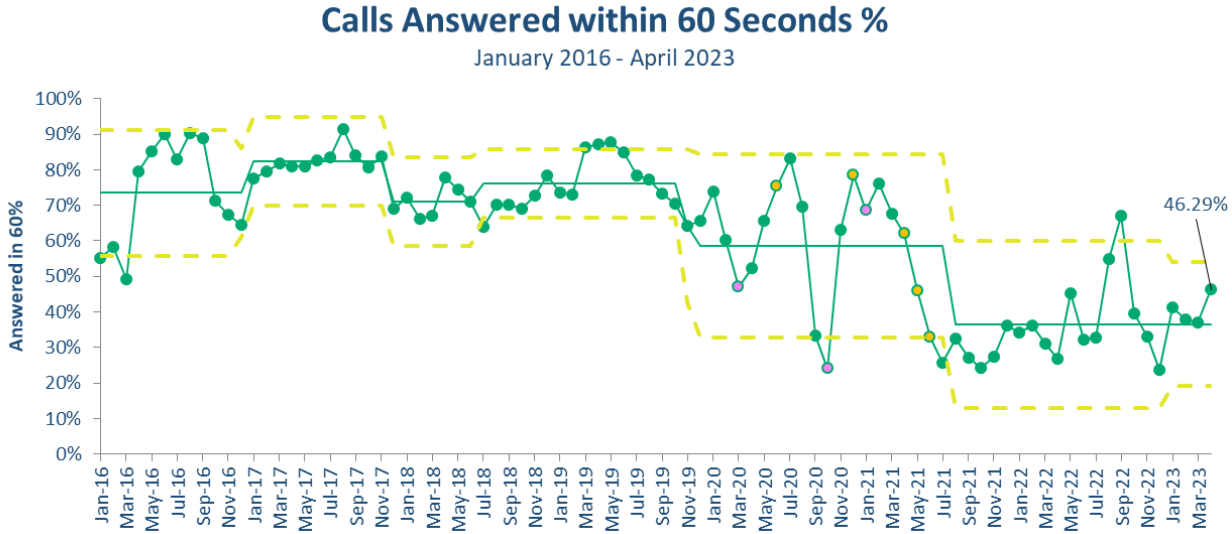


Table O3.30

Year Month	Total No. of
Apr-19	3,344
May-19	2,412
Jun-19	2,817
Jul-19	3,332
Aug-19	2,765
Sep-19	3,479
Oct-19	4,412
Nov-19	6,888
Dec-19	7,998
Jan-20	3,604
Feb-20	3,303
Mar-20	10,001
Apr-20	3,458
May-20	483
Jun-20	1,193
Jul-20	2,003
Aug-20	4,860
Sep-20	6,874
Oct-20	13,563
Nov-20	5,090
Dec-20	4,290
Jan-21	8,883
Feb-21	1,908
Mar-21	1,739
Apr-21	2,918
May-21	4,523
Jun-21	10,503
Jul-21	19,540
Aug-21	15,612
Sep-21	17,922
Oct-21	22,113
Nov-21	14,517
Dec-21	20,037
Jan-22	10,127
Feb-22	7,349
Mar-22	16,135
Apr-22	12,400
May-22	7,564
Jun-22	10,374
Jul-22	14,649
Aug-22	8,051
Sep-22	9,057
Oct-22	18,870
Nov-22	12,153
Dec-22	21,089
Jan-23	4,631
Feb-23	2,048
Mar-23	6,132
Apr-23	1,650

O4 111 PERFORMANCE

Figure O4.1



Calls Answered within 60 Seconds %	
Target	95%
April 2023	46.29%
YTD	46.29%
National	56%

Figure O4.2

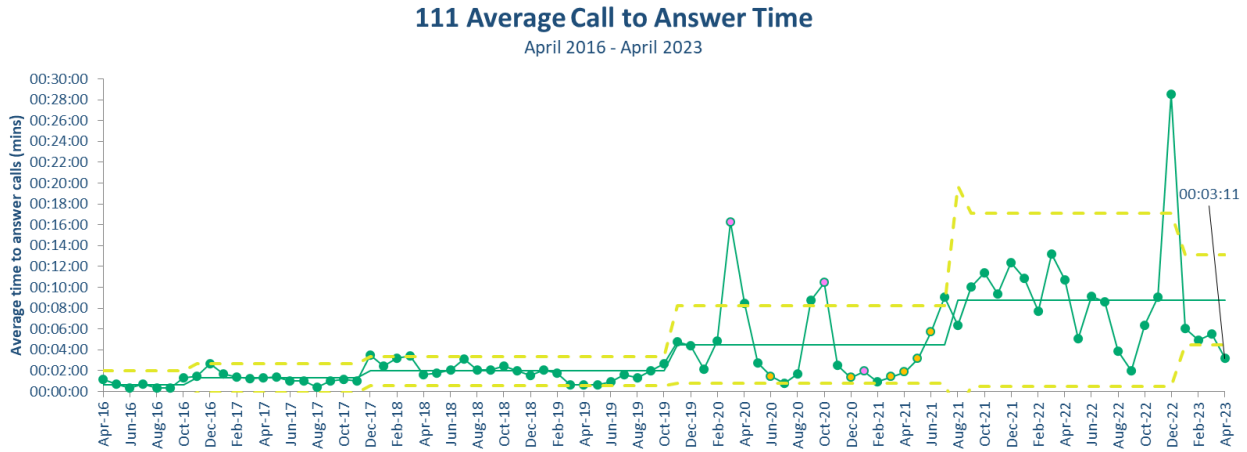
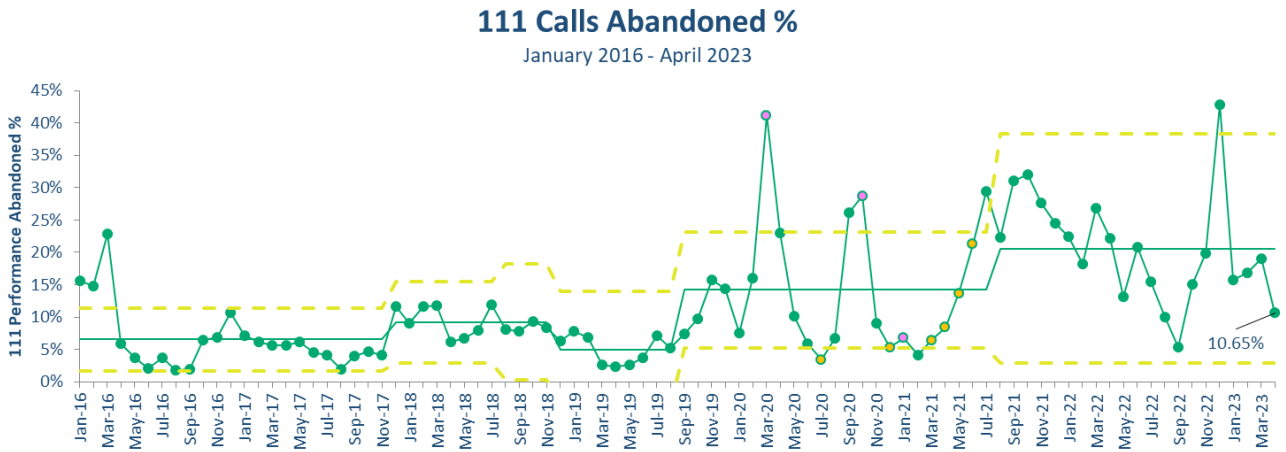
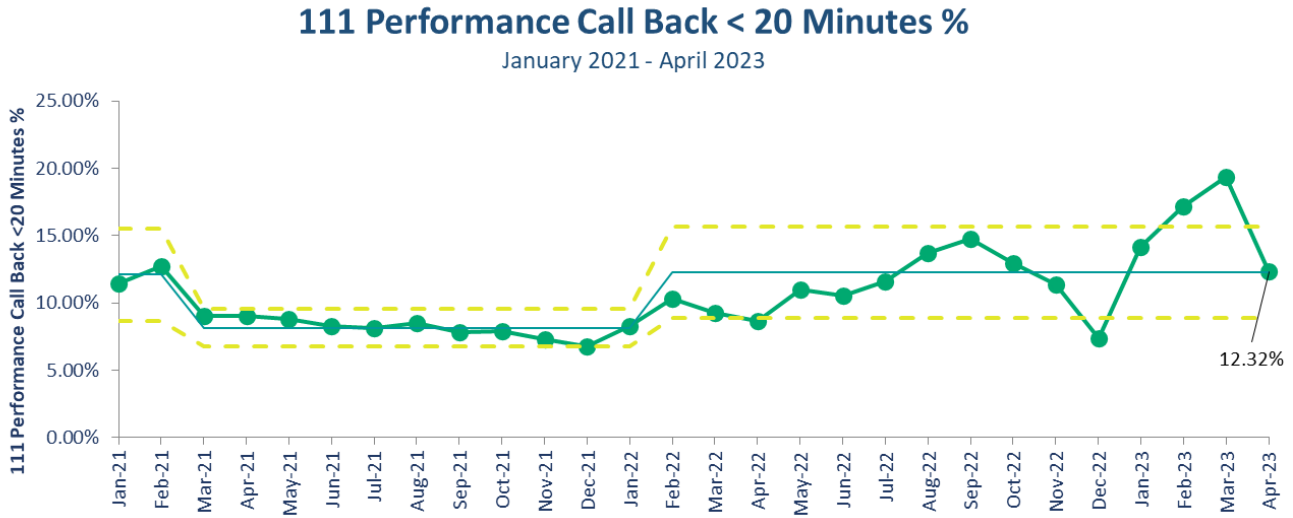


Figure O4.3



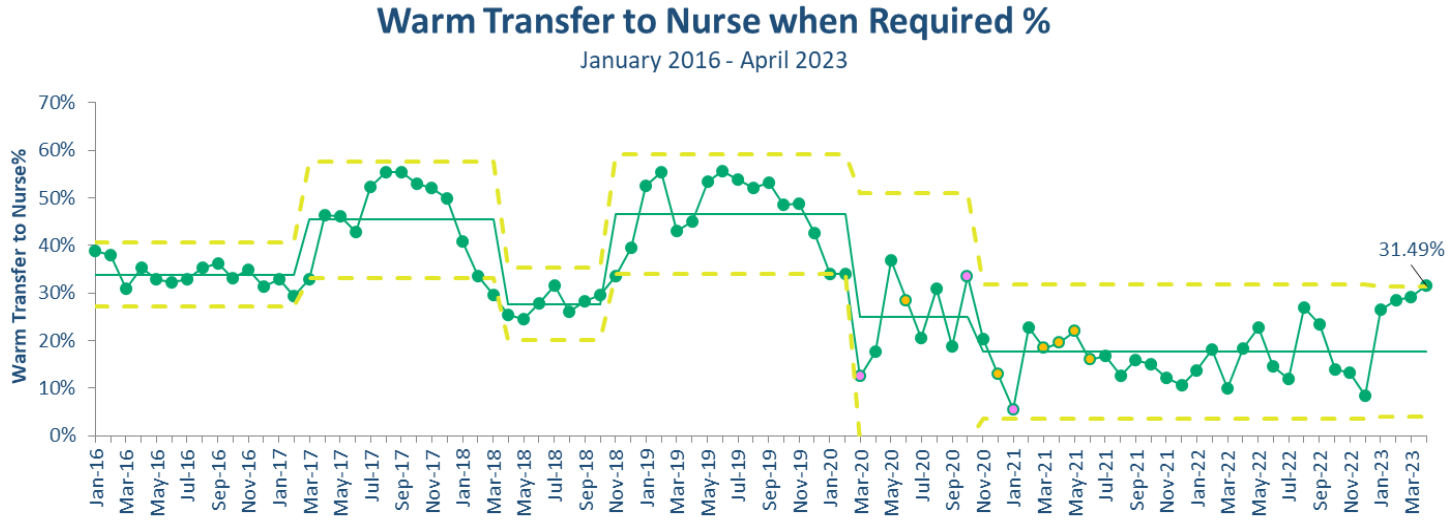
Calls Abandoned %	
Target	<5%
April 2023	10.65%
YTD	10.65%
National	12.6%

Figure O4.4



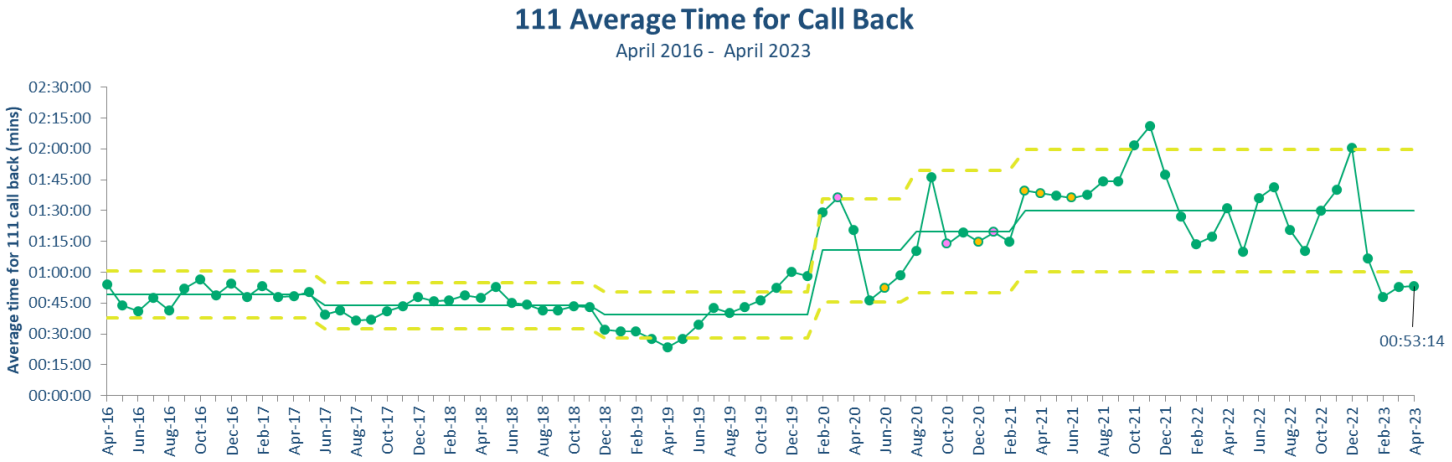
Calls Back <20 Mins	
Target	90%
April 2023	12.32%
YTD	12.32%

Figure O4.5



Warm Transfer %	
Target	75%
April 2023	31.49%
YTD	31.49%

Figure O4.6



O5 PTS ACTIVITY & TARIFF

Table O5.1

NORTH WEST AMBULANCE PTS ACTIVITY & TARIFF SUMMARY

TOTAL ACTIVITY

	Current Month: March 2023					Year to Date: July 2020 - March 2023			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	168,290	14,024	10,572	(3,452)	(25%)	126,218	87,843	(38,375)	(30%)
Greater Manchester	526,588	43,882	46,408	2,526	6%	394,941	375,290	(19,651)	(5%)
Lancashire	589,181	49,098	38,438	(10,660)	(22%)	441,886	311,209	(130,677)	(30%)
Merseyside	300,123	25,010	25,643	633	3%	225,092	209,951	(15,141)	(7%)
NWAS	1,584,182	132,015	121,061	(10,954)	(8%)	1,188,137	984,293	(203,844)	(17%)

UNPLANNED ACTIVITY

	Current Month: March 2023					Year to Date: July 2020 - March 2023			
Contract	Annual Baseline	Current Month Baseline	Current Month Activity	Current Month Activity Variance	Current Month Activity Variance%	Year to Date Baseline	Year to Date Activity	Year to Date Activity Variance	Year to Date Activity Variance%
Cumbria	14,969	1,247	508	(739)	(59%)	11,227	4,122	(7,105)	(63%)
Greater Manchester	49,133	4,094	4,402	308	8%	36,850	37,184	334	1%
Lancashire	58,829	4,902	3,164	(1,738)	(35%)	44,122	27,445	(16,677)	(38%)
Merseyside	22,351	1,863	1,643	(220)	(12%)	16,763	14,867	(1,896)	(11%)
NWAS	145,282	12,107	9,717	(2,390)	(20%)	108,962	83,618	(25,344)	(23%)

ABORTED ACTIVITY

	March 2023								
Contract	Planned Aborts	Planned Activity	Planned Aborts %	Unplanned Aborts	Unplanned Activity	Unplanned Aborts %	EPS Aborts	EPS Activity	EPS Aborts %
Cumbria	174	5,709	3%	24	396	6%	26	3,091	1%
Greater Manchester	1,652	16,818	10%	915	3,662	25%	863	16,987	5%
Lancashire	905	16,600	5%	456	2,563	18%	409	12,040	3%
Merseyside	525	8,887	6%	267	1,406	19%	574	10,754	5%
NWAS	3,256	48,014	7%	1,662	8,027	21%	1,872	42,872	4%

Finance

F1 – FINANCIAL SCORE

Figure F1.1

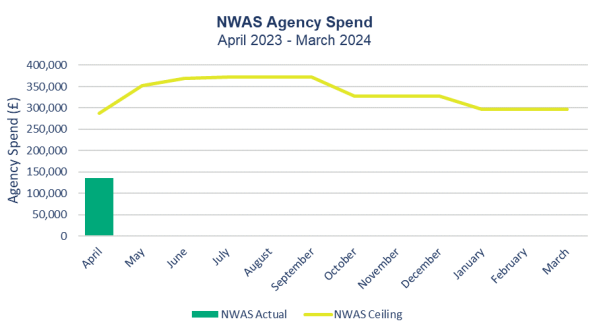


Figure F1.2

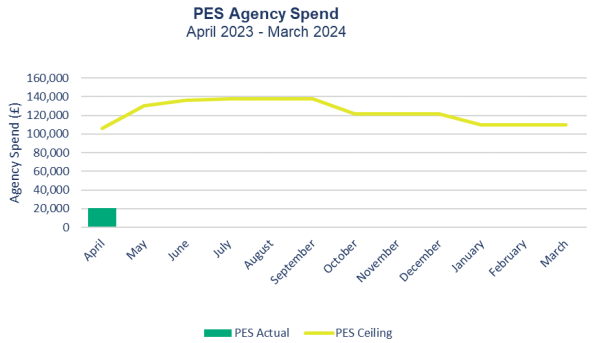


Figure F1.3

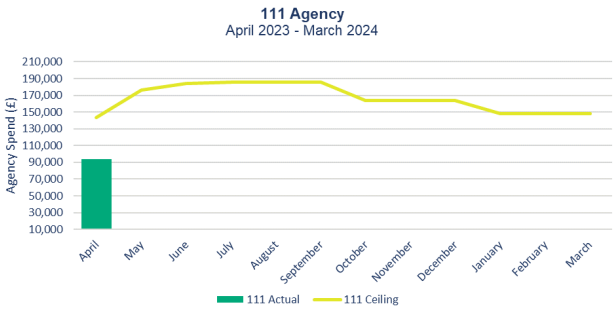


Figure F1.4

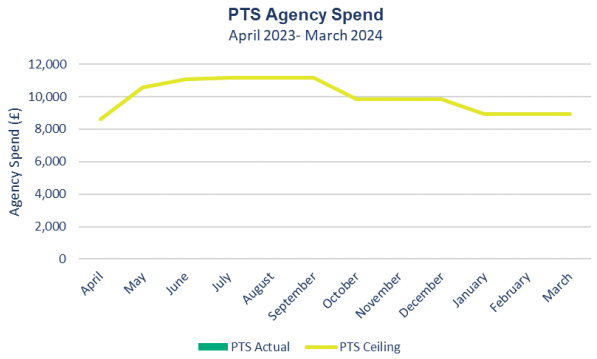


Figure F1.5

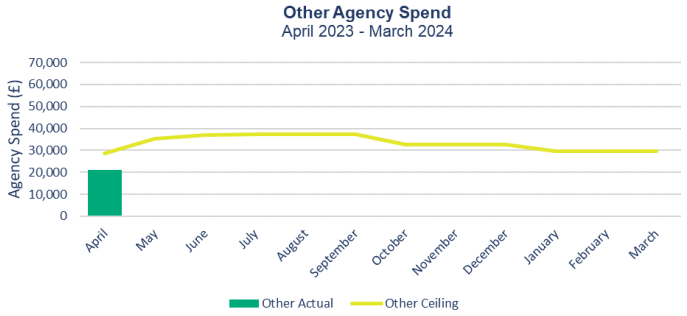
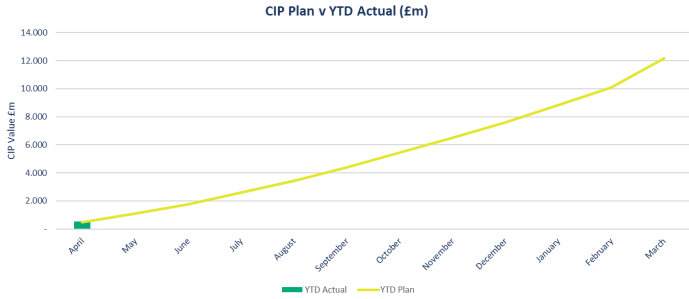


Figure F1.6



Organisational Health

OH1 STAFF SICKNESS

Figure OH1.1

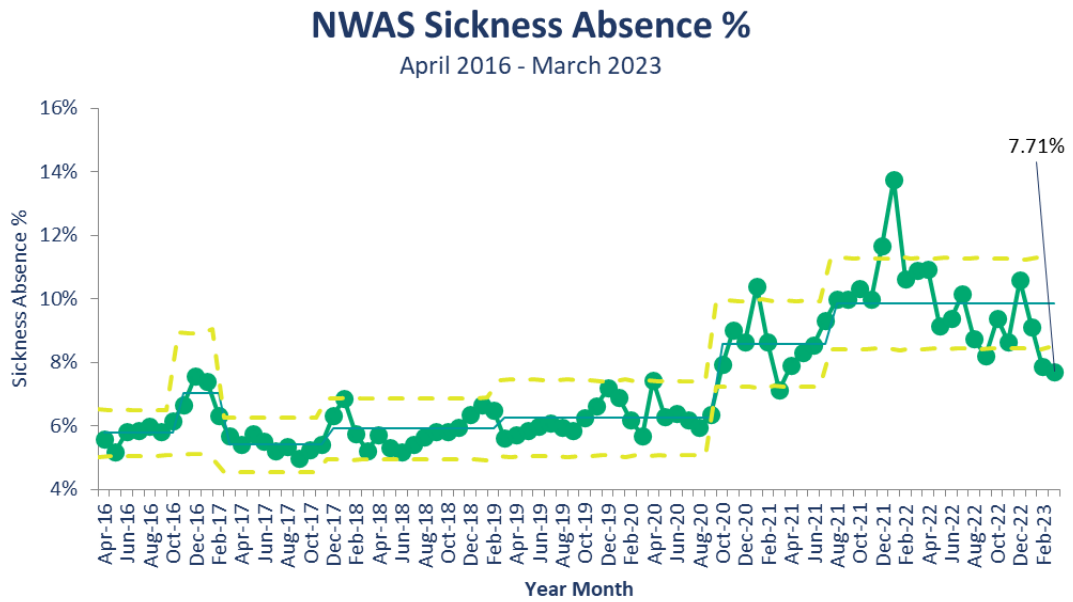


Table OH1.1

Sickness Absence	Apr-22	May-22	Jun-22	Jul–22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NWAS	10.92%	9.15%	9.40%	10.16%	8.73%	8.21%	9.38%	8.64%	10.60%	9.11%	7.88%	7.71%
Amb. National Average	9.18%	7.64%	7.90%	8.73%	7.45%	7.56%	7.99%	7.66%	9.15%			

Figure OH1.2

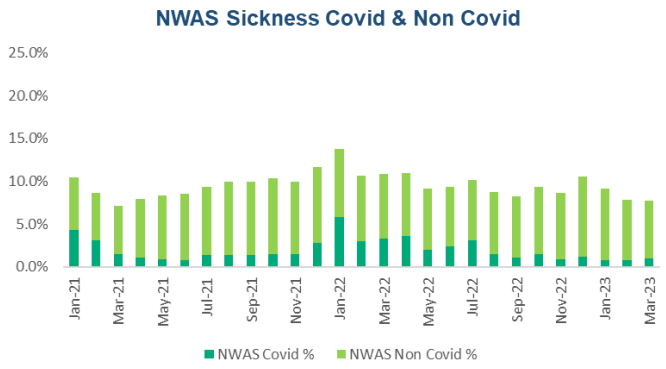


Figure OH1.3

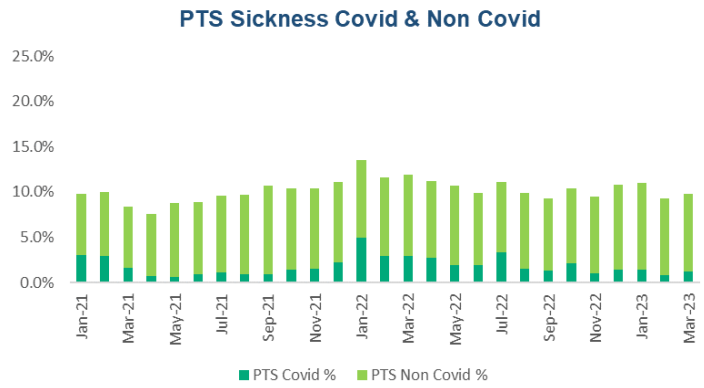


Figure OH1.4

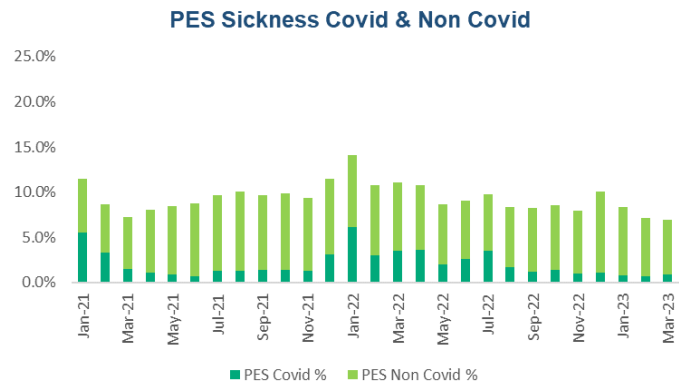


Table OH1.2

NWAS			
Month Year	Covid %	Non Covic	Total %
Jan-21	4.3%	6.1%	10.4%
Feb-21	3.1%	5.5%	8.6%
Mar-21	1.5%	5.6%	7.1%
Apr-21	1.1%	6.8%	7.9%
May-21	0.9%	7.4%	8.3%
Jun-21	0.8%	7.7%	8.6%
Jul-21	1.3%	8.0%	9.3%
Aug-21	1.4%	8.6%	10.0%
Sep-21	1.4%	8.6%	10.0%
Oct-21	1.5%	8.8%	10.3%
Nov-21	1.5%	8.4%	10.0%
Dec-21	2.8%	8.9%	11.7%
Jan-22	5.8%	8.0%	13.7%
Feb-22	3.0%	7.6%	10.7%
Mar-22	3.3%	7.6%	10.9%
Apr-22	3.6%	7.3%	10.9%
May-22	2.0%	7.2%	9.1%
Jun-22	2.4%	7.0%	9.4%
Jul-22	3.1%	7.1%	10.2%
Aug-22	1.5%	7.2%	8.7%
Sep-22	1.1%	7.1%	8.2%
Oct-22	1.5%	7.9%	9.4%
Nov-22	0.9%	7.7%	8.6%
Dec-22	1.2%	9.4%	10.6%
Jan-23	0.8%	8.3%	9.1%
Feb-23	0.8%	7.1%	7.9%
Mar-23	1.0%	6.8%	7.7%

Table OH1.3

PTS			
Month Year	Covid %	Non Covic	Total %
Jan-21	3.0%	6.7%	9.8%
Feb-21	2.9%	7.0%	10.0%
Mar-21	1.6%	6.8%	8.4%
Apr-21	0.7%	6.9%	7.6%
May-21	0.7%	8.1%	8.8%
Jun-21	1.0%	7.9%	8.8%
Jul-21	1.2%	8.4%	9.6%
Aug-21	0.9%	8.8%	9.7%
Sep-21	0.9%	9.7%	10.7%
Oct-21	1.5%	8.9%	10.4%
Nov-21	1.5%	8.9%	10.4%
Dec-21	2.2%	8.9%	11.1%
Jan-22	4.9%	8.6%	13.6%
Feb-22	3.0%	8.6%	11.6%
Mar-22	2.9%	9.0%	11.9%
Apr-22	2.7%	8.4%	11.2%
May-22	1.9%	8.7%	10.7%
Jun-22	2.0%	7.9%	9.9%
Jul-22	3.3%	7.8%	11.1%
Aug-22	1.5%	8.3%	9.9%
Sep-22	1.4%	7.9%	9.3%
Oct-22	2.1%	8.3%	10.4%
Nov-22	1.0%	8.5%	9.5%
Dec-22	1.4%	9.4%	10.8%
Jan-23	1.4%	9.6%	11.0%
Feb-23	0.9%	8.5%	9.3%
Mar-23	1.2%	8.6%	9.8%

Table OH1.4

PES			
Month Year	Covid %	Non Covic	Total %
Jan-21	5.5%	5.9%	11.4%
Feb-21	3.3%	5.3%	8.6%
Mar-21	1.5%	5.7%	7.2%
Apr-21	1.1%	6.9%	8.0%
May-21	0.9%	7.5%	8.4%
Jun-21	0.7%	8.0%	8.8%
Jul-21	1.3%	8.4%	9.6%
Aug-21	1.3%	8.8%	10.1%
Sep-21	1.4%	8.2%	9.6%
Oct-21	1.4%	8.5%	9.9%
Nov-21	1.3%	8.0%	9.4%
Dec-21	3.1%	8.4%	11.5%
Jan-22	6.1%	8.0%	14.1%
Feb-22	3.0%	7.8%	10.8%
Mar-22	3.6%	7.5%	11.1%
Apr-22	3.6%	7.2%	10.8%
May-22	2.0%	6.7%	8.7%
Jun-22	2.6%	6.4%	9.0%
Jul-22	3.5%	6.3%	9.8%
Aug-22	1.7%	6.6%	8.3%
Sep-22	1.2%	7.0%	8.3%
Oct-22	1.4%	7.1%	8.5%
Nov-22	1.0%	6.9%	7.9%
Dec-22	1.1%	9.0%	10.1%
Jan-23	0.8%	7.6%	8.3%
Feb-23	0.7%	6.4%	7.2%
Mar-23	0.9%	6.1%	6.9%

Figure OH1.5

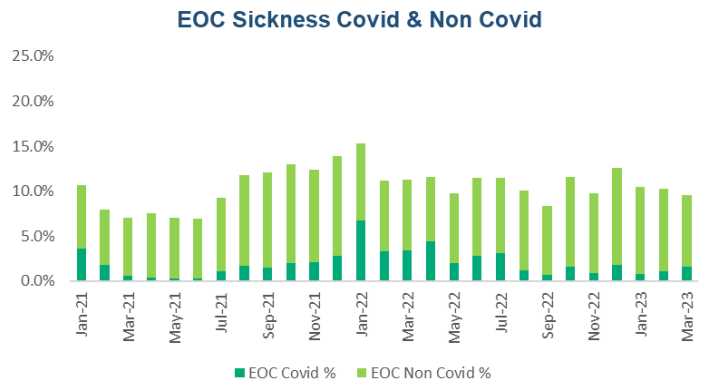


Figure OH1.6

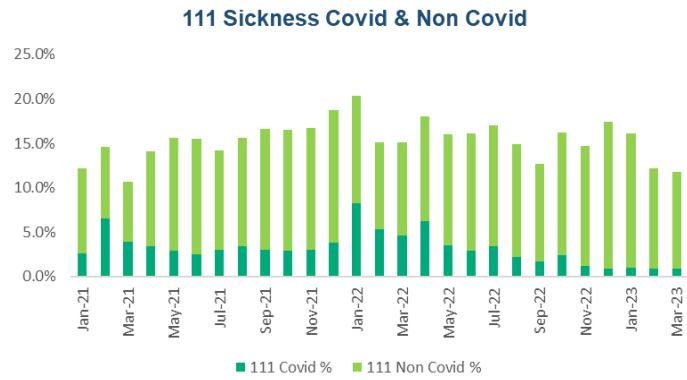


Figure OH1.7

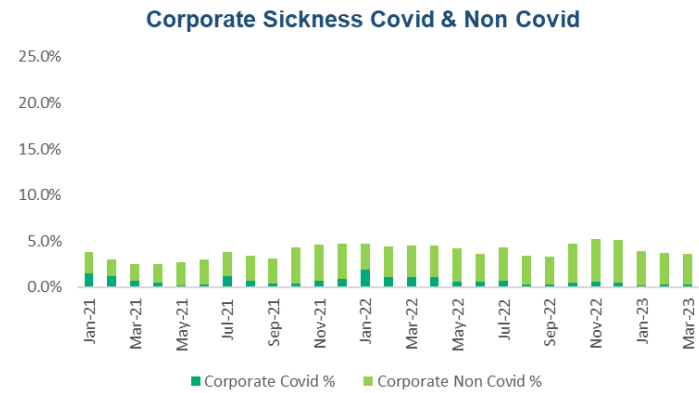


Table OH1.5

EOC			
Month Year	Covid %	Non Covic	Total %
Jan-21	3.6%	7.1%	10.7%
Feb-21	1.8%	6.2%	8.0%
Mar-21	0.6%	6.4%	7.1%
Apr-21	0.4%	7.1%	7.5%
May-21	0.3%	6.8%	7.0%
Jun-21	0.3%	6.6%	6.9%
Jul-21	1.1%	8.2%	9.3%
Aug-21	1.7%	10.0%	11.8%
Sep-21	1.5%	10.5%	12.0%
Oct-21	2.0%	10.9%	12.9%
Nov-21	2.1%	10.3%	12.4%
Dec-21	2.8%	11.1%	13.9%
Jan-22	6.7%	8.5%	15.2%
Feb-22	3.3%	7.9%	11.2%
Mar-22	3.4%	7.9%	11.3%
Apr-22	4.4%	7.3%	11.6%
May-22	2.0%	7.7%	9.7%
Jun-22	2.8%	8.7%	11.5%
Jul-22	3.1%	8.3%	11.4%
Aug-22	1.2%	8.9%	10.1%
Sep-22	0.7%	7.6%	8.3%
Oct-22	1.6%	10.1%	11.6%
Nov-22	0.9%	8.9%	9.7%
Dec-22	1.8%	10.8%	12.6%
Jan-23	0.8%	9.7%	10.5%
Feb-23	1.1%	9.1%	10.2%
Mar-23	1.6%	7.9%	9.6%

Table OH1.6

111			
Month Year	Covid %	Non Covic	Total %
Jan-21	2.6%	9.7%	12.2%
Feb-21	6.5%	8.0%	14.6%
Mar-21	3.9%	6.8%	10.7%
Apr-21	3.4%	10.7%	14.1%
May-21	2.9%	12.7%	15.6%
Jun-21	2.5%	13.1%	15.5%
Jul-21	3.0%	11.2%	14.2%
Aug-21	3.4%	12.2%	15.6%
Sep-21	3.0%	13.6%	16.6%
Oct-21	2.9%	13.6%	16.5%
Nov-21	3.0%	13.7%	16.7%
Dec-21	3.8%	14.9%	18.7%
Jan-22	8.3%	12.0%	20.3%
Feb-22	5.3%	9.8%	15.1%
Mar-22	4.6%	10.5%	15.1%
Apr-22	6.2%	11.9%	18.0%
May-22	3.5%	12.5%	16.0%
Jun-22	2.9%	13.2%	16.1%
Jul-22	3.5%	13.6%	17.0%
Aug-22	2.2%	12.6%	14.9%
Sep-22	1.7%	11.0%	12.7%
Oct-22	2.4%	13.8%	16.2%
Nov-22	1.2%	13.5%	14.7%
Dec-22	0.9%	16.5%	17.4%
Jan-23	1.0%	15.2%	16.1%
Feb-23	0.9%	11.3%	12.2%
Mar-23	0.9%	10.9%	11.8%

Table OH1.7

Corporate			
Month Year	Covid %	Non Covic	Total %
Jan-21	1.5%	2.3%	3.9%
Feb-21	1.2%	1.8%	3.0%
Mar-21	0.7%	1.8%	2.5%
Apr-21	0.5%	2.0%	2.6%
May-21	0.2%	2.6%	2.7%
Jun-21	0.3%	2.7%	3.0%
Jul-21	1.1%	2.7%	3.8%
Aug-21	0.7%	2.7%	3.4%
Sep-21	0.4%	2.8%	3.1%
Oct-21	0.4%	3.9%	4.3%
Nov-21	0.7%	3.9%	4.6%
Dec-21	0.9%	3.8%	4.7%
Jan-22	1.9%	2.8%	4.7%
Feb-22	1.1%	3.3%	4.4%
Mar-22	1.0%	3.5%	4.5%
Apr-22	1.1%	3.4%	4.5%
May-22	0.6%	3.6%	4.2%
Jun-22	0.6%	3.0%	3.6%
Jul-22	0.7%	3.7%	4.3%
Aug-22	0.3%	3.1%	3.4%
Sep-22	0.3%	3.1%	3.4%
Oct-22	0.5%	4.2%	4.7%
Nov-22	0.6%	4.7%	5.3%
Dec-22	0.5%	4.6%	5.1%
Jan-23	0.2%	3.6%	3.9%
Feb-23	0.3%	3.3%	3.7%
Mar-23	0.3%	3.4%	3.6%

OH2 STAFF TURNOVER

Figure OH2.1

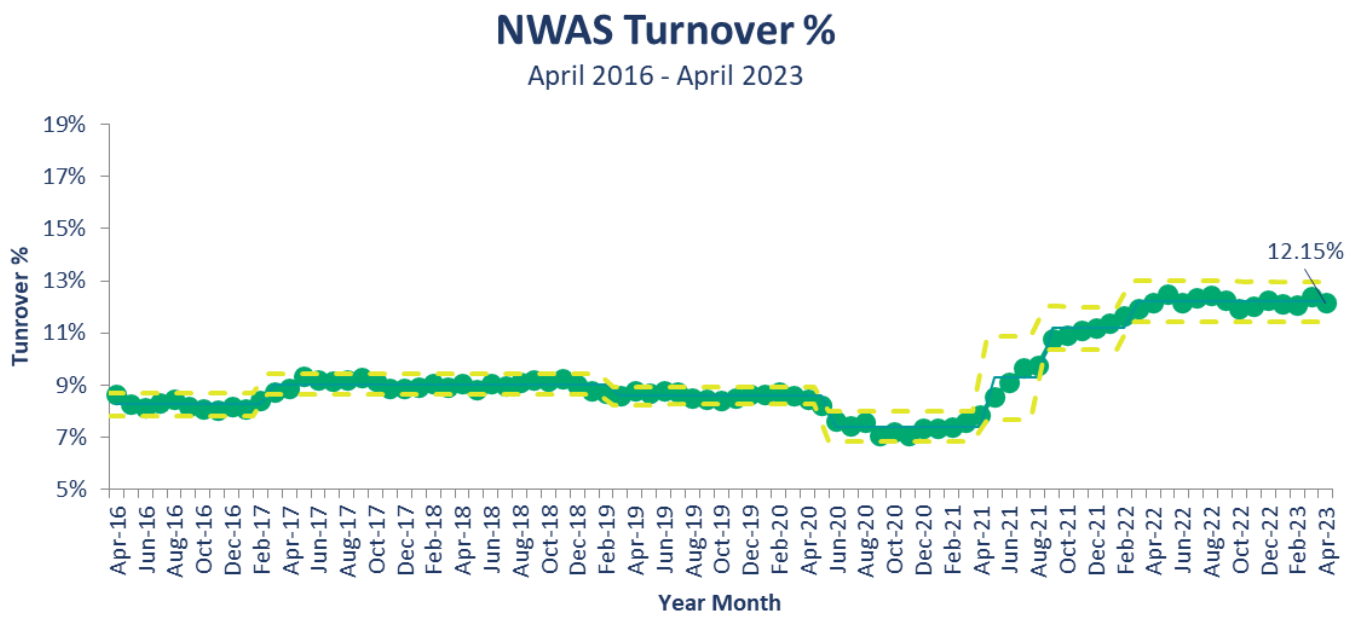


Table OH2.1

Turnover	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NWAS	12.49%	12.19%	12.35%	12.45%	12.28%	11.94%	12.01%	12.28%	12.11%	12.09%	12.38%	12.15%
Amb. National Average	12.10%	12.27%	12.27%	12.23%	12.25%	12.19%	12.15%	12.16%	12.19%			

Figure OH2.2

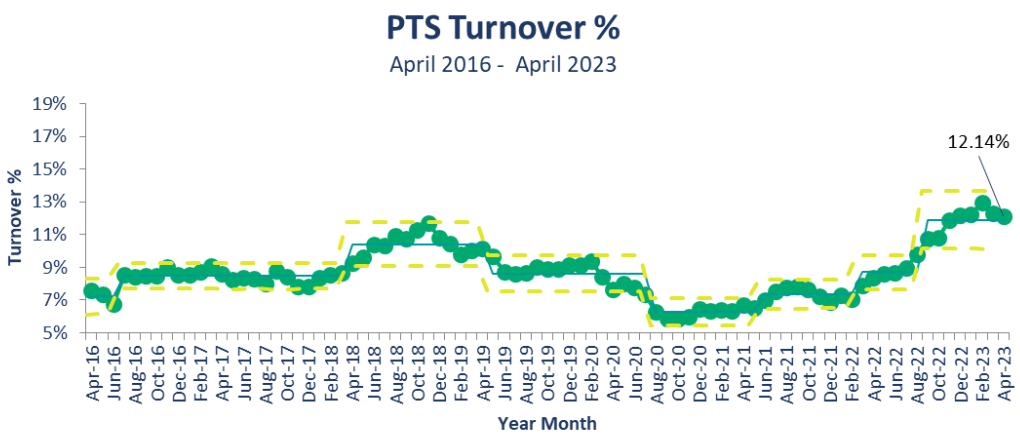


Figure OH2.3

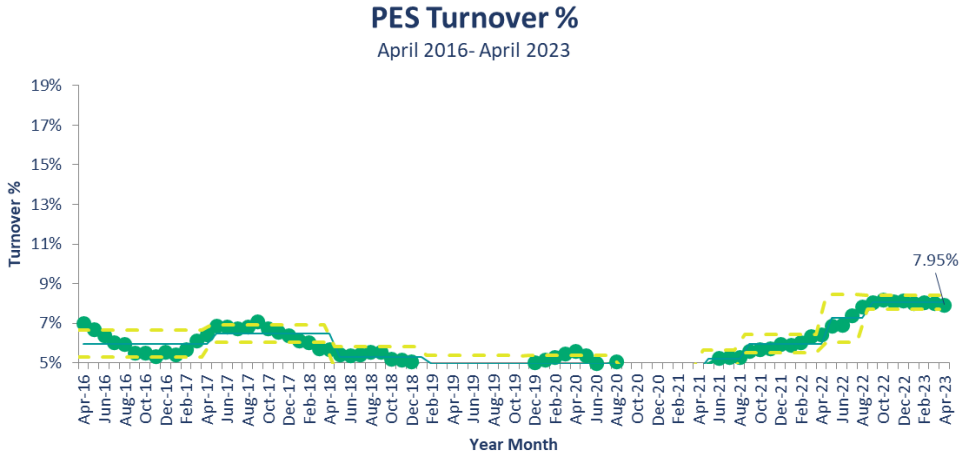


Figure OH2.4

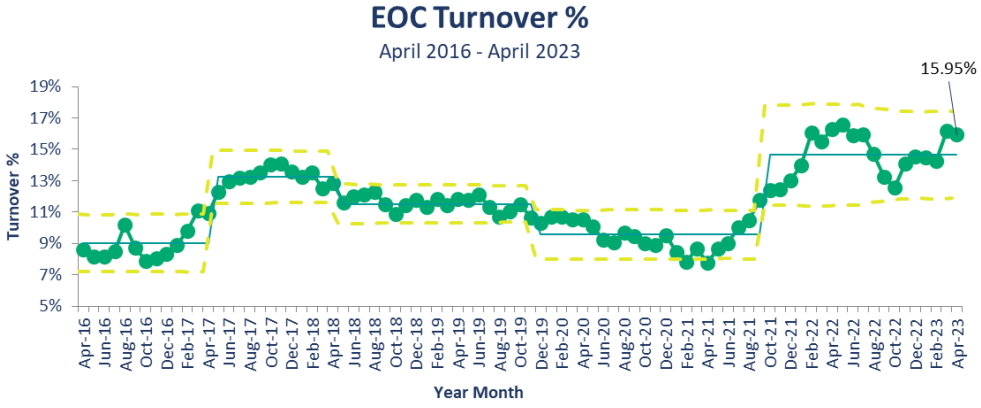
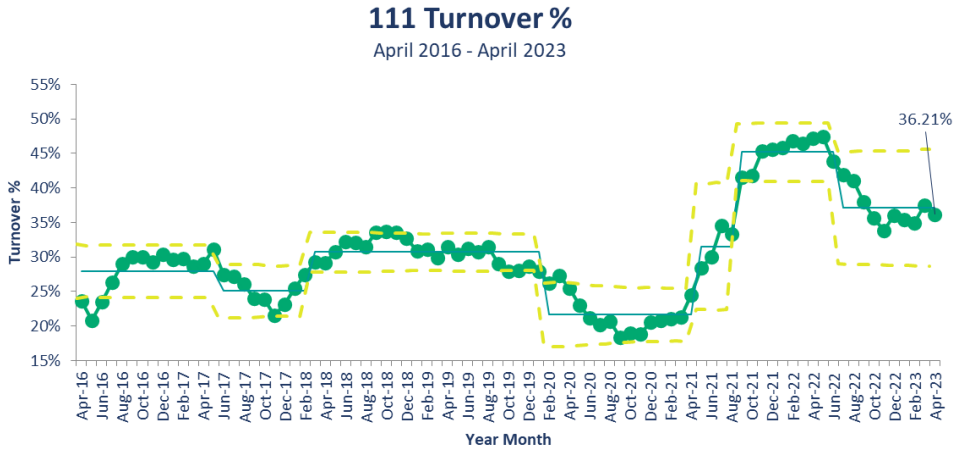


Figure OH2.5



The scale on the 111 Turnover % is different to the others. 15%-55% for 111 and 5% to 19% for the others.

OH4 TEMPORARY STAFFING

Figure OH4.1

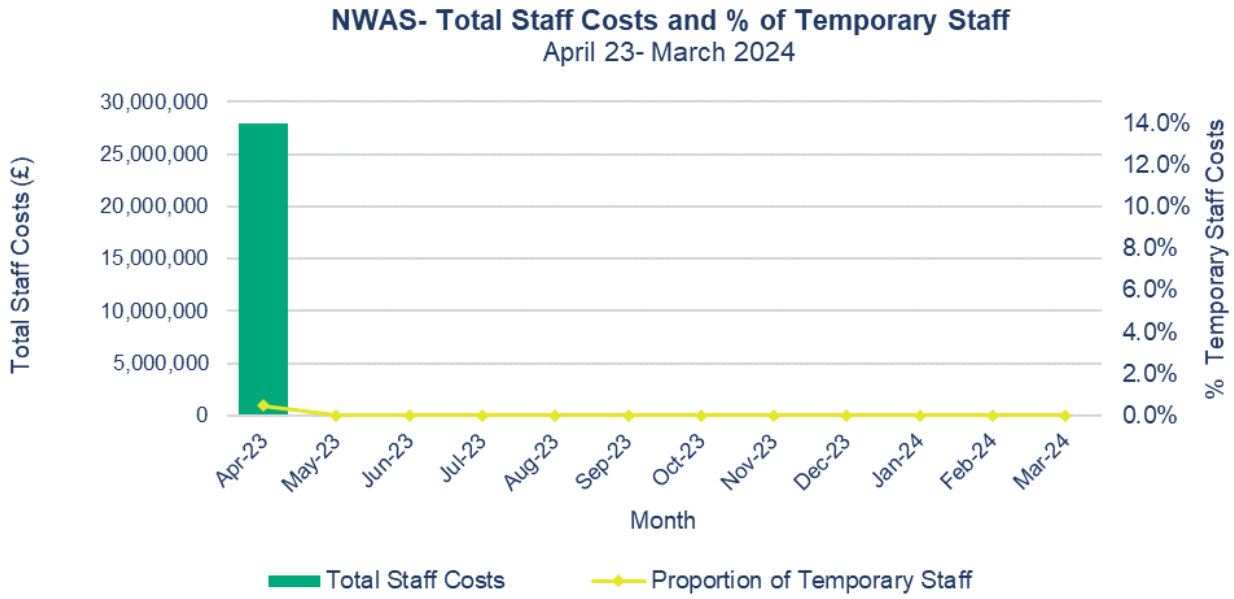


Table OH4.1

NWAS	May-22	Jun-22	July -22	Aug-22	Sep-22	Oct-22	Nov- 22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Agency Staff Costs (£)	624,873	514,594	472,303	376,736	279,546	176,850	159,947	157,417	140,004	107,701	191,258	135,492
Total Staff Costs (£)	26,920,461	26,399,198	26,352,765	27,478,110	29,946,339	27,740,005	27,494,954	27,204,469	27,041,860	26,856,025	56,312,765	27,882,122
Proportion of Temporary Staff %	2.3%	1.9%	1.8%	1.4%	0.9%	0.6%	0.6%	0.6%	0.5%	0.4%	0.3%	0.5%

Figure OH4.3

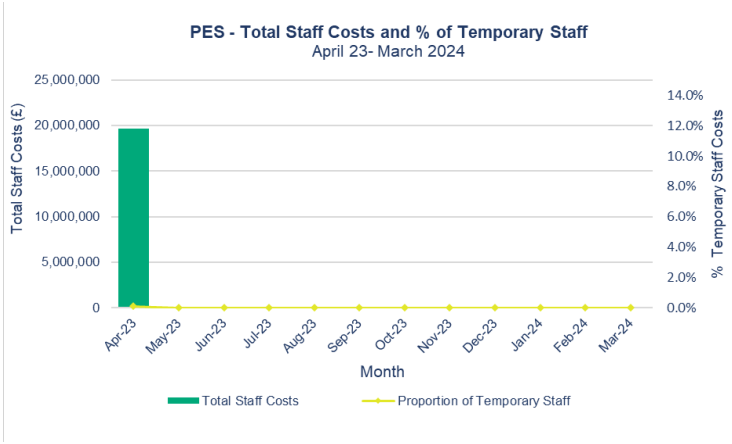


Figure OH4.4

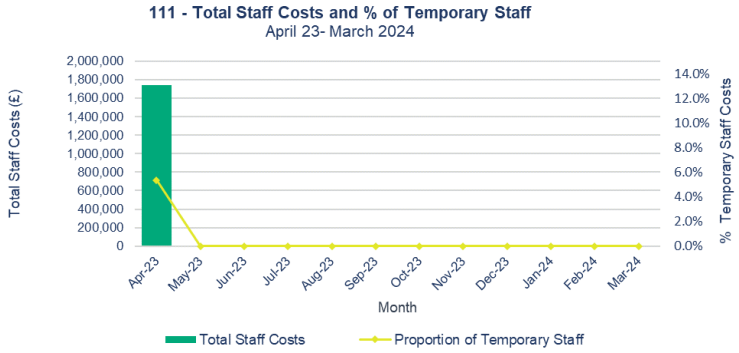


Figure OH4.5

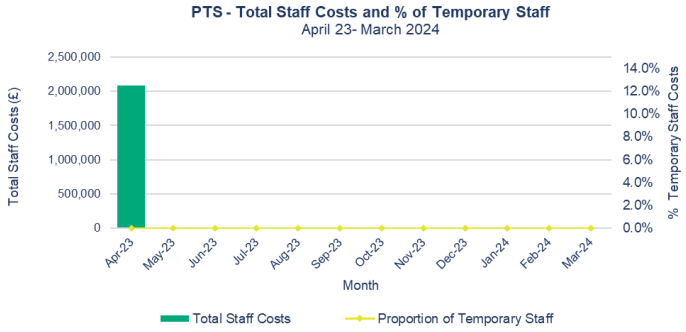
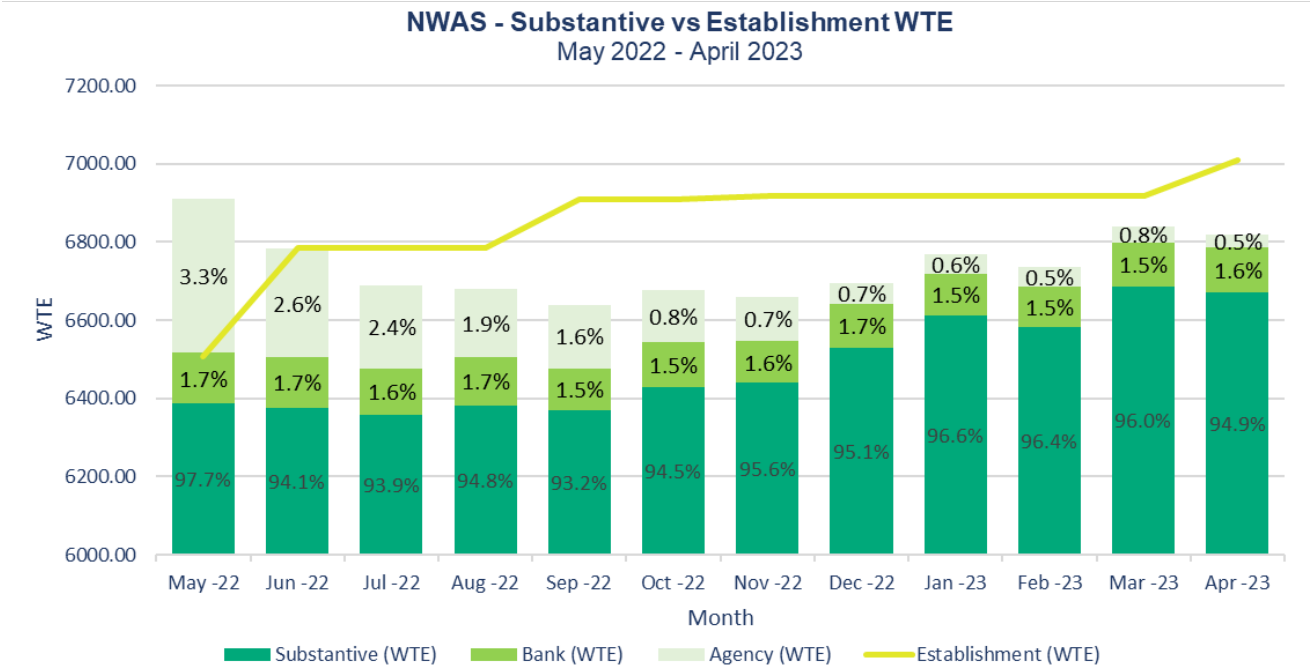


Figure OH4.2



OH5 VACANCY GAP

Figure OH5.1

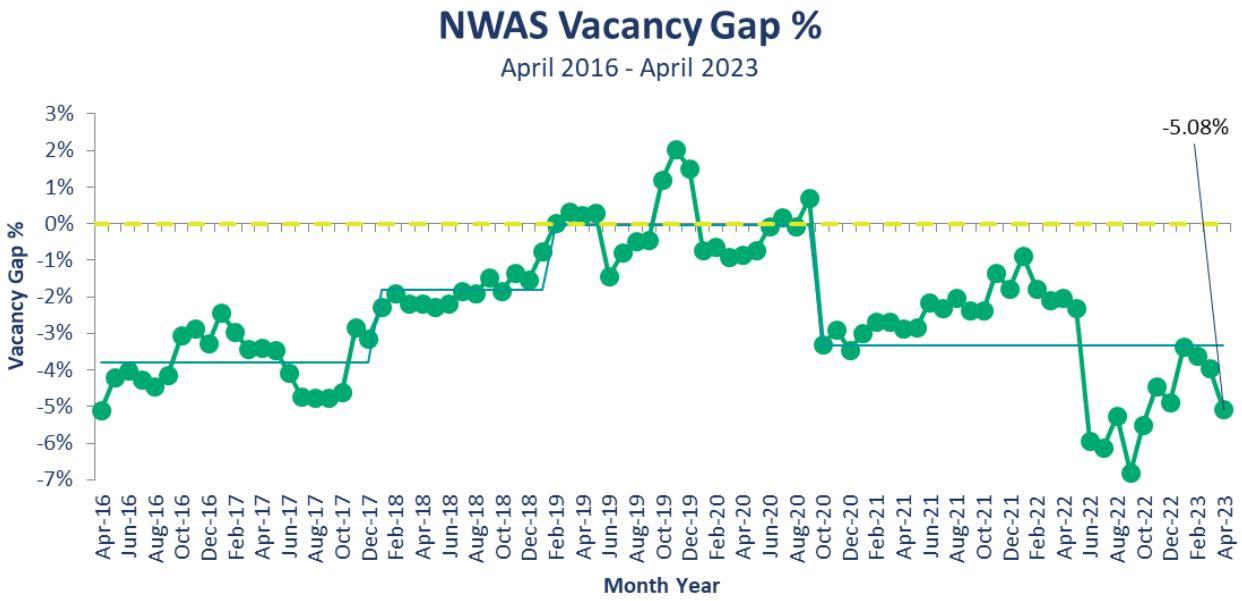


Table OH5.1

Vacancy Gap	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22	N0v-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NWAS	-2.30%	-5.95%	-6.13%	-5.24%	-6.81%	-5.51%	-4.44%	-4.88%	-3.35%	-3.61%	-3.96%	-5.08

Figure OH5.2

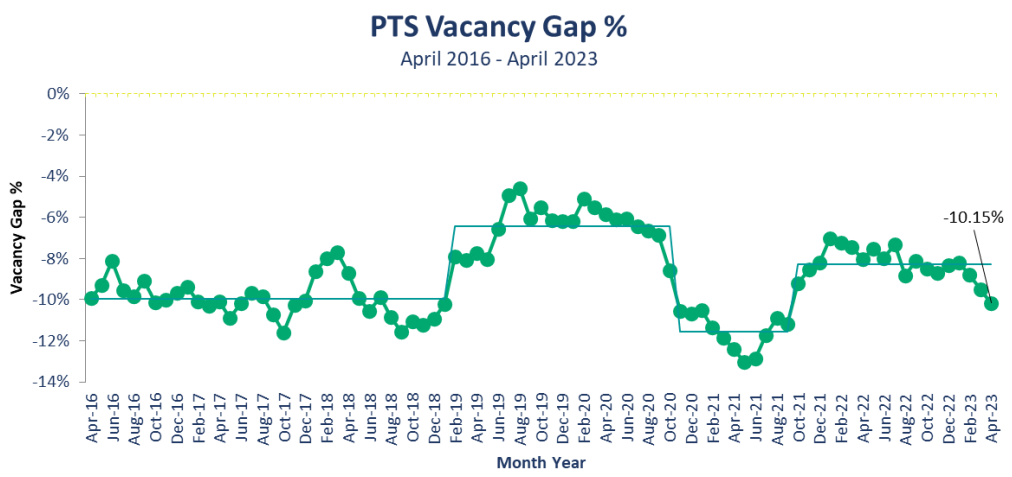


Figure OH5.3

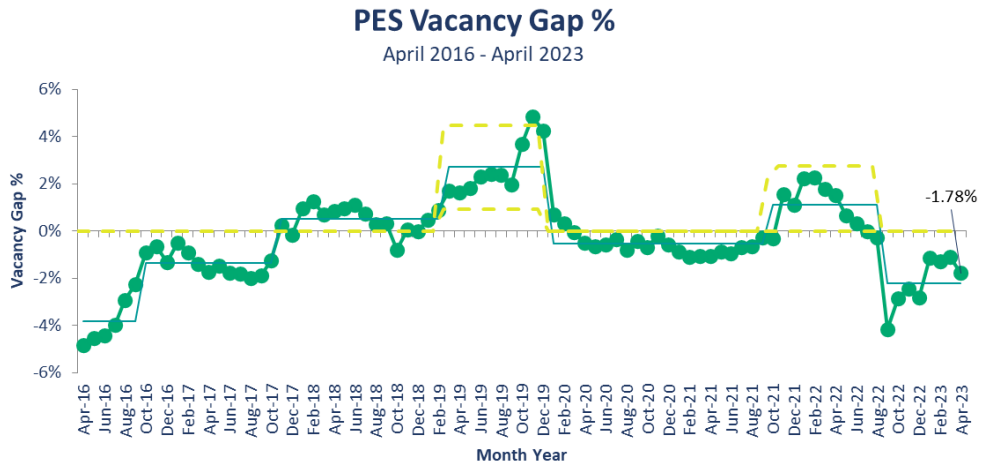


Figure OH5.4

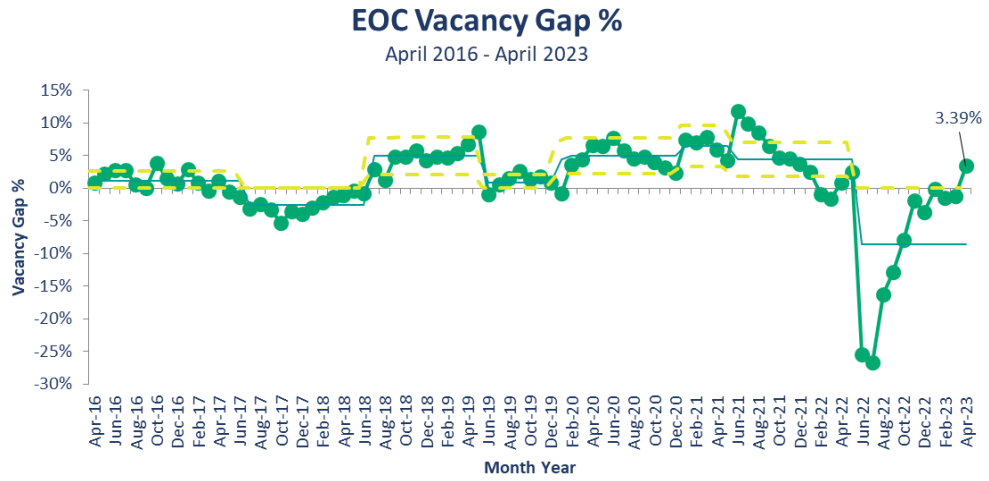
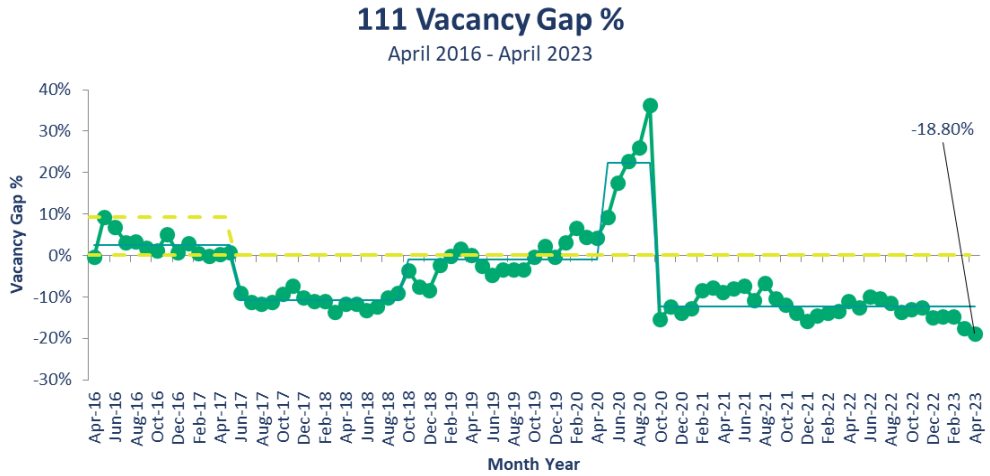


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1

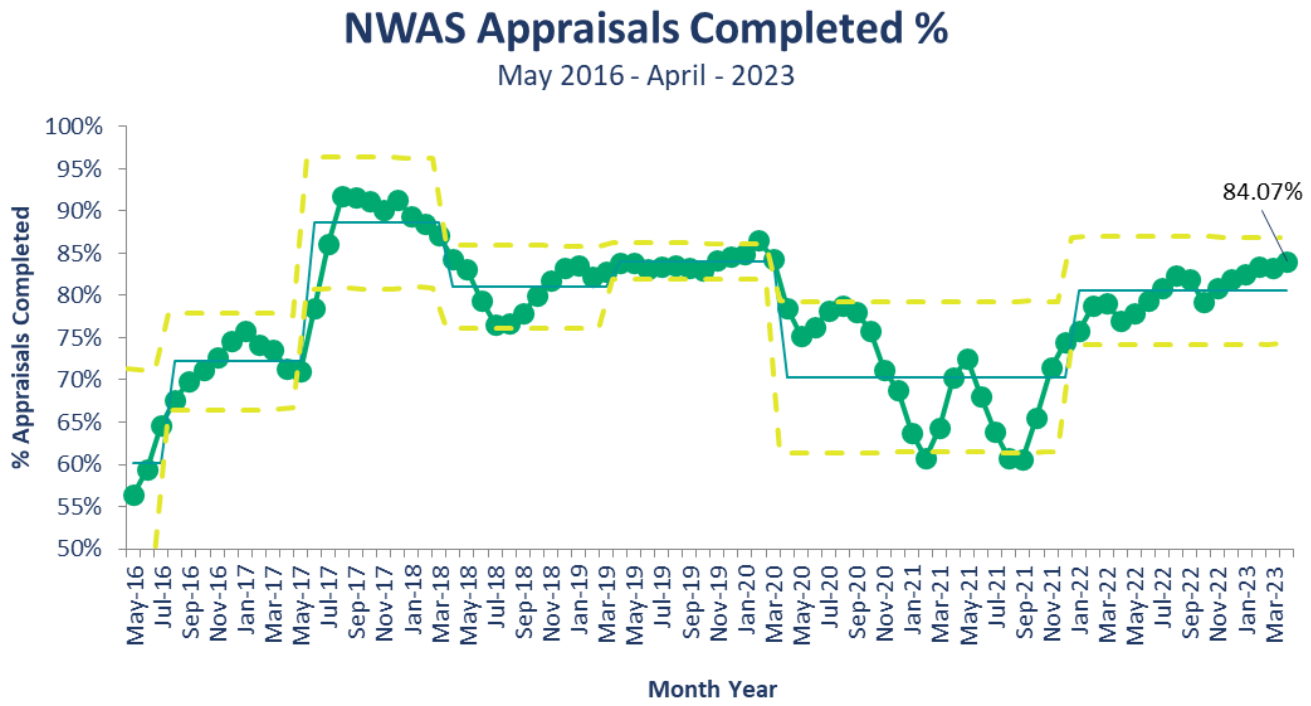


Table OH6.1

Appraisals	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-22	Feb-22	Mar-22	Apr-22
NWAS	78%	79%	81%	82%	82%	79%	81%	82%	82%	83%	83%	84%

Figure OH6.2

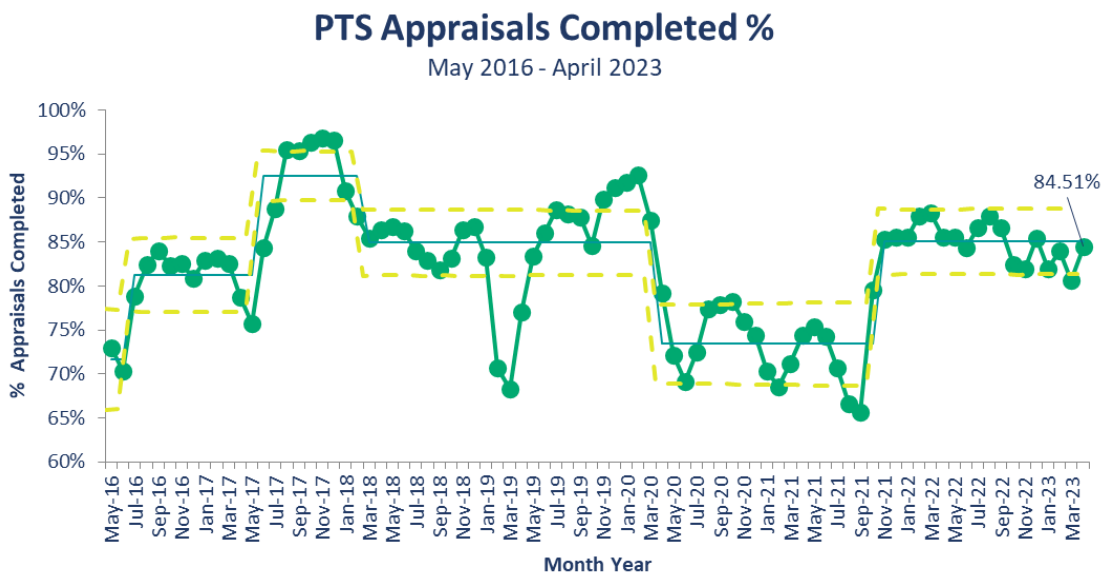


Figure OH6.3

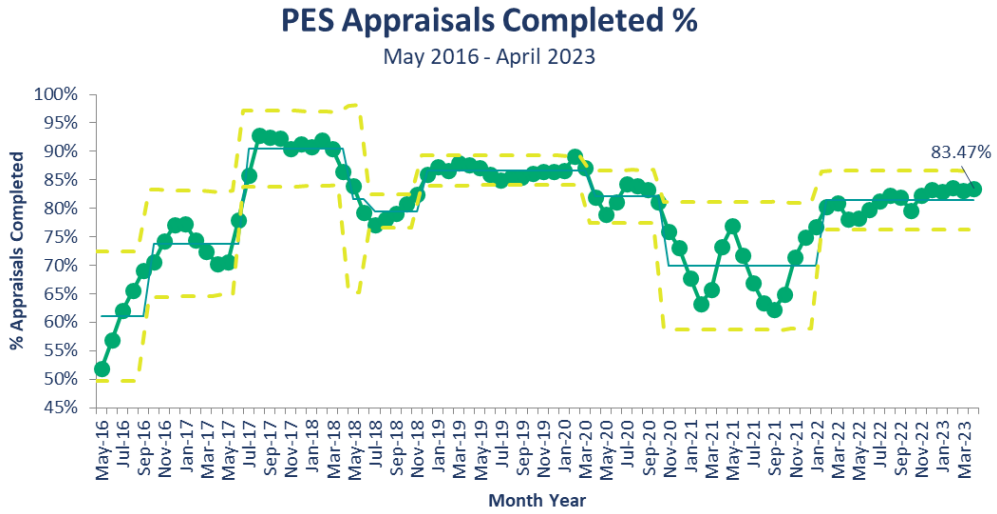


Figure OH6.4

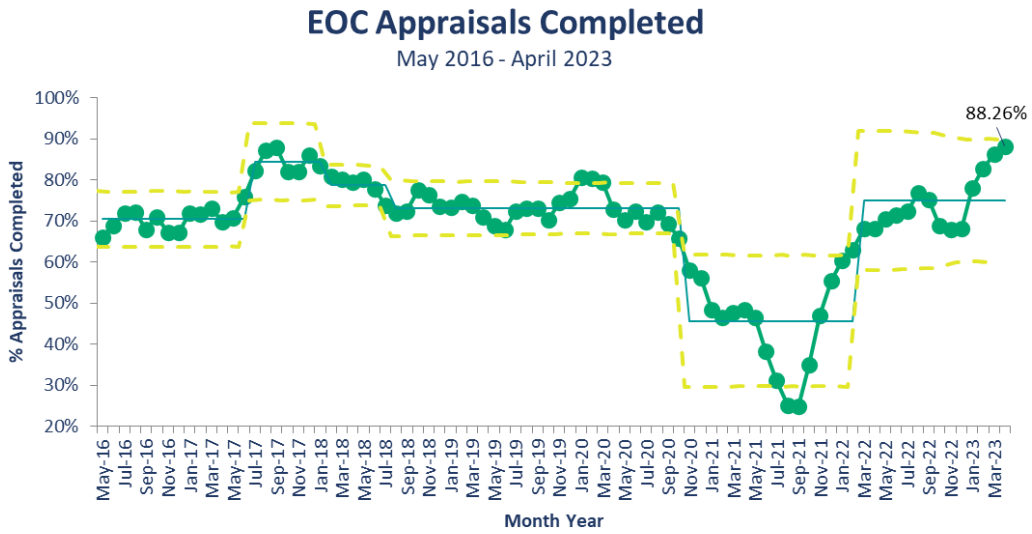
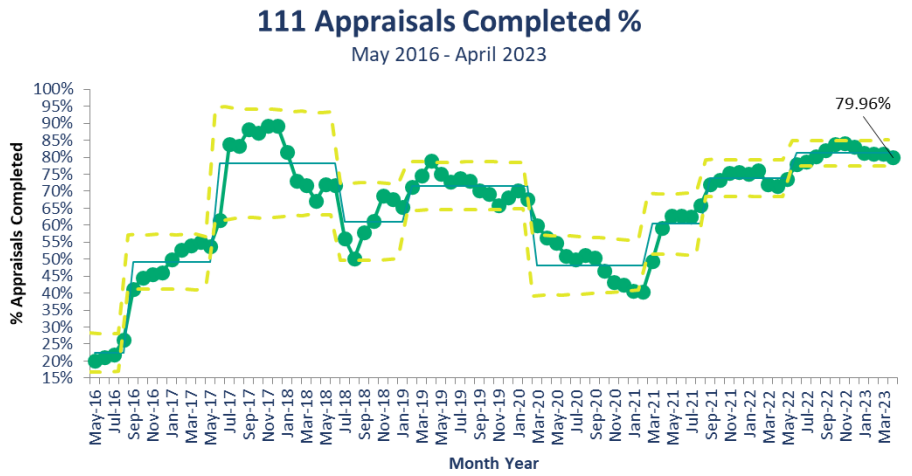


Figure OH6.5



OH7 MANDATORY TRAINING

Figure OH7.1

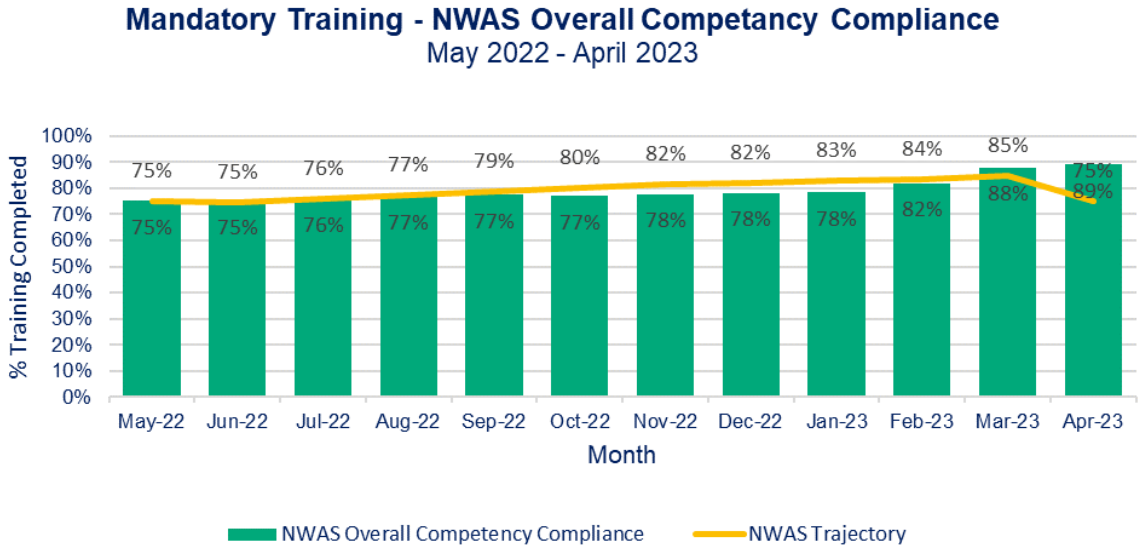


Figure OH7.2

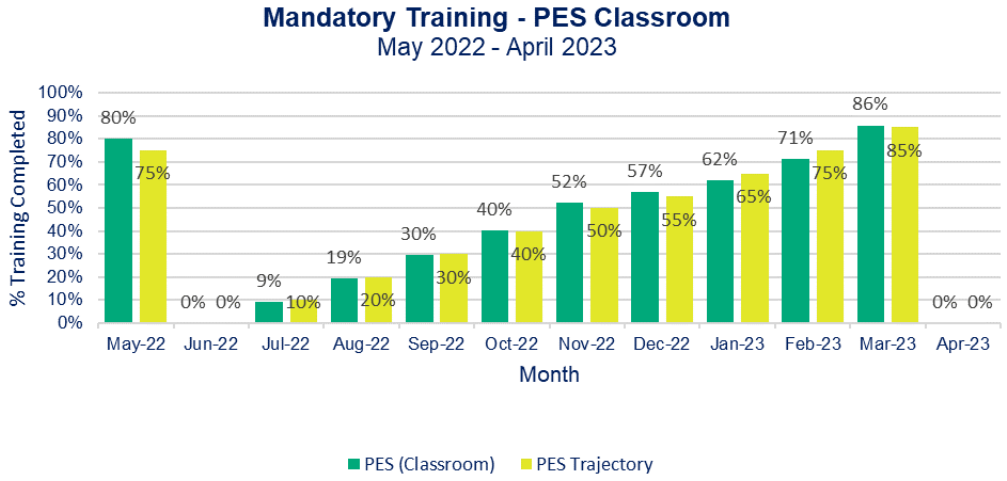


Figure OH7.3

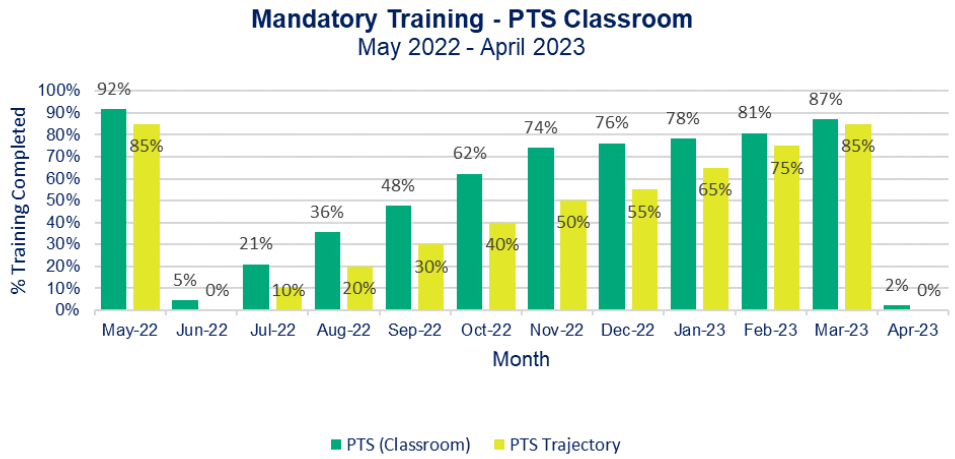


Figure OH7.4

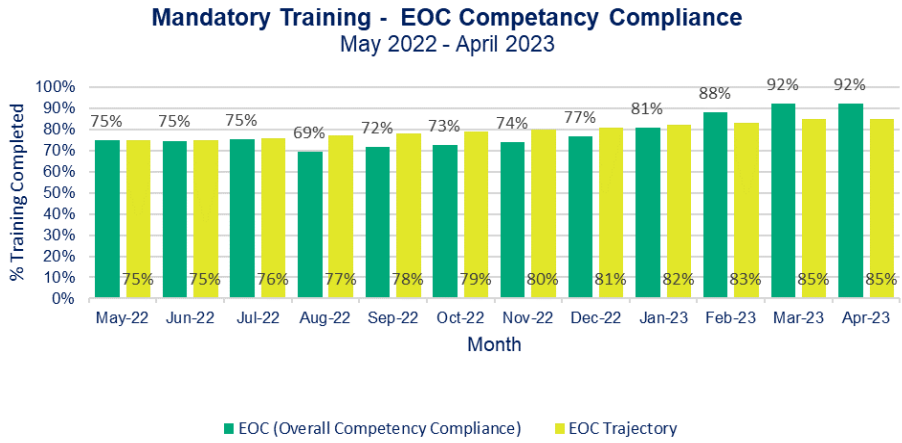


Figure OH7.5

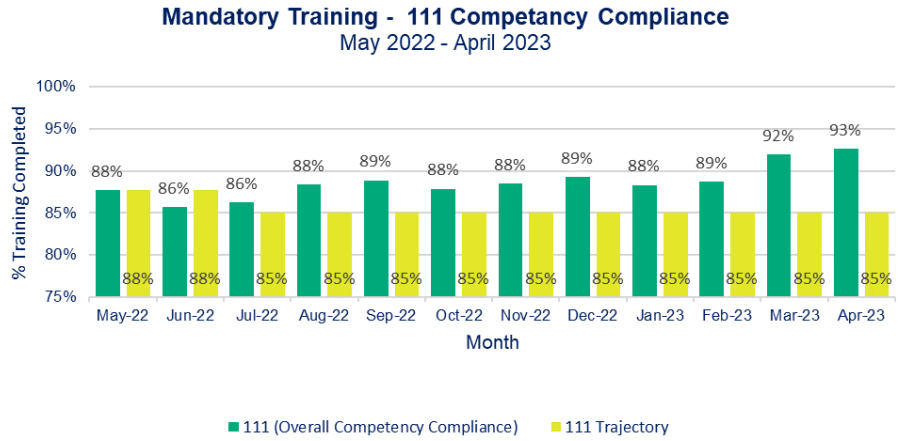
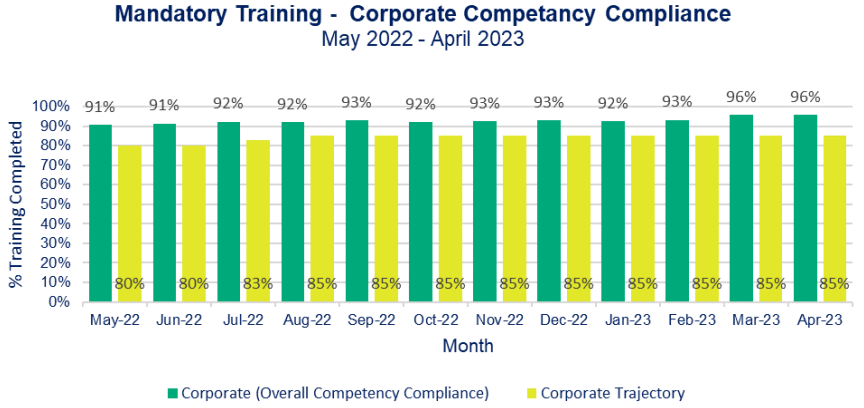


Figure OH7.6



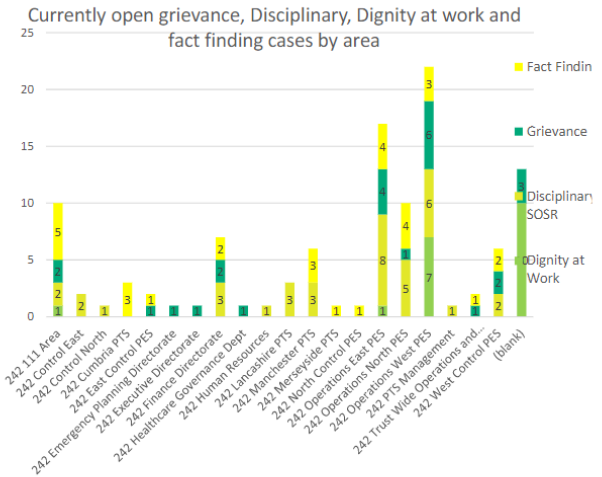
OH8 CASE MANAGEMENT

Figure OH8.1

Employee Relation Dashboard @ 10th May 2023. All information related to Dignity at work, Disciplinary, Fact Finding and Grievance cases only

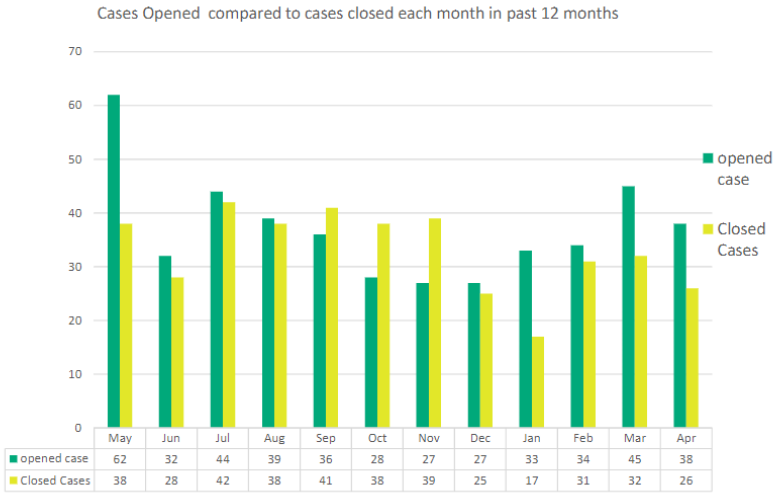
NWAS Summary

Service Line	Number of Live cases	Prevalence Live cases (numbers per hundred staff)	Number of cases closed in last 12 months	Prevalance Closed Cases (numbers per hundred staff)	Average length of time (weeks) taken to close ER cases in last 12 months
Operations ~ PES	49	1.2	187	4.8	14.17
CAM PES	22	1.8	59	4.5	18.24
CAL PES	10	0.8	57	5.9	14.00
GM PES	17	1.2	75	5.3	11.01
Operations ~ EOC	11	0.9	48	4.1	8.21
Operations ~ 111	10	1.5	54	8.3	4.47
Operations ~ PTS	17	1.8	53	5.5	9.25
Operations ~ Resilience	0	0.6	1	0.6	12.86
Corporate	2	0.3	12	3.0	14.42
Other*	7	2.6	39	2.3	14.24
NWAS Summary	**111**	**1.5**	**395**	**5.2**	**11.40**



Case Type Summary

Case Type	Number of Live cases	Number of cases closed in last 12	Average length of time (weeks) taken to
Dignity at Work	19	47	16.67
Disciplinary	37	104	19.03
Fact Finding	30	152	5.57
Grievance	25	92	9.70
Case Summary	**111**	**395**	**11.40**



Length of current live cases

Case Type	less than 3 months	more than 3 months	more than 6 months	more than 12
Dignity at Work	13	0	5	1
Grievance	21	3	1	0
Fact Finding	27	3	0	0
Disciplinary / SOSR	15	12	10	0
Case Total	**76**	**18**	**16**	**1**

Top 5 Reasons for opening Disciplinary cases in the past 12 months

Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	17
Fraud	12
Failure to follow reasonable management instructions/procedures	9
Breach of social media policy	7
Victimisation/Bullying and Harassment	6
NWAS Summary	**51**

*table shows a rolling 12 months so can go down as well as up

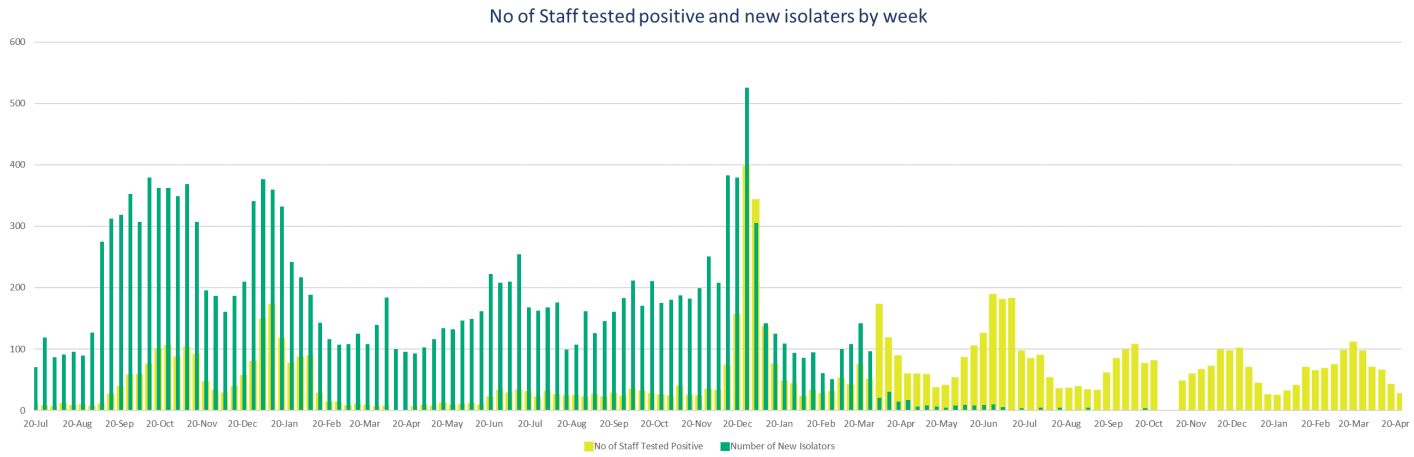
Covid

COVID 19

Figure CV1.1

Week Commencing	No of Staff Tested Positive
05-Sep	29
12-Sep	28
19-Sep	57
26-Sep	80
03-Oct	94
10-Oct	103
17-Oct	72
24-Oct	76
31-Oct	0
07-Nov	0
14-Nov	43
21-Nov	55
28-Nov	62
05-Dec	67
12-Dec	94
19-Dec	92
26-Dec	97
02-Jan	66
09-Jan	40
16-Jan	21
23-Jan	20
30-Jan	27
06-Feb	36
13-Feb	66
20-Feb	60
27-Feb	64
06-Mar	70
13-Mar	93
20-Mar	107
27-Mar	92
03-Apr	66
10-Apr	61
17-Apr	38
24-Apr	23

Figure CV1.2



North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31 May 2023				
SUBJECT:	2022 23 Health, Safety, Security and Fire Annual Report				
PRESENTED BY:	Director of Quality, Improvement, and Innovation				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☐	☐	☐	☐
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☒	☐	☐	☐	☐
PURPOSE OF PAPER:	For Assurance				
EXECUTIVE SUMMARY:	The report at Annex 1 is to provide the Board of Directors with a summary of assurance received from the health, safety, security, and fire activity undertaken in 2022/23. The Health and Safety at Work Act 1974 requires workplaces to provide: 1. adequate training of staff to ensure health and safety procedures are understood and adhered to 2. adequate welfare provisions for staff at work 3. a safe working environment that is properly maintained and where operations within it are conducted. The Health, Safety, Security and Fire (HSSF) annual report 2022/23 aims to provide assurance to the Board that all reasonable steps to ensure regulatory compliance and objectives within the Right Care (Quality) strategy were met. Under the revised Care Quality Commission framework, trusts are expected to provide evidence to meet the quality statements that constitute compliance with the key questions. This annual report supports the key question Effectiveness as it provides evidence of compliance with Regulation 17: Good Governance. During 2022/23: 1. Staff injury incident rate per 1,000 staff 16.1 2. Staff injury incident rate per 1,000 journeys 0.04 3. Top three non-clinical incident themes identified: a. Equipment missing, damaged, stolen, lost or faulty: 414. b. Moving and handling, slips, trips, and falls: 457 c. Violence and aggression incidents: 1,188				

	Key assurance points to note are: 1. 62% of RIDDOR incidents reported to HSE within 15 days of notification. 2. 96% sites received a comprehensive health and safety workplace inspection. 3. Safecheck tyre check weekly reporting is received by operational management teams. 4. Managing Health and Safety training programme has been re-written and updated. 5. Moving and handling data has identified that there are subtle but distinct differences between service lines. The annexed report has been received at the May 2023 HSSF sub-committee and Quality and Performance Committee.
RECOMMENDATIONS:	The Board of Directors is recommended to: • Acknowledge and thank the HSSF staff side representatives for their commitment to supporting staff to stay safe during 2022/23 • Acknowledge the contribution to HSSF culture made by the late Fred Rose. • Recognise the achievements made in the year by the HSSF team. • Note the assurances within this HSSF annual report 2022/23. • Accept the annual report as an accurate reflection of HSSF activity in 2022/23
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Compliance/Regulatory ☐ Quality Outcomes ☐ People ☐ Financial / Value for Money ☐ Reputation ☐ Innovation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Health, Safety. Security and Fire Sub-committee Quality and Performance Committee			
	Date:	09/05/2023 (HSSFSC) 22/05/2023 (Q&PC)		
	Outcome:	Comments received and approved for onwards progression to Q&PC; then Board		

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1. PURPOSE

1.1 The purpose of this paper is to provide the Board of Directors with an overview of health, safety, security, fire (HSSF) activity during 2022/23 in the form of an annual report (annex 1).

The achievements are set against the regulatory and mandatory national requirements in addition to the Right Care (Quality) Strategy (RCS) improvement objectives.

The annual report has been received at the HSSF sub-committee on 9 May 2023 and the Quality and Performance Committee on 22 May 2023.

2. BACKGROUND

2.1 The Chief Executive holds overall responsibility for the health, safety, and security of the organisation. Responsibility is devolved to the Director of Quality, Innovation and Improvement supported by the other Executive Directors of the Executive Leadership Committee.

2.2 Ensuring compliance, advice and guidance on all health, safety, and security matters rests with the HSSF team with staff and managers responsible for the application of appropriate safe systems of work, in line with health, safety, fire & security Legislation and policy.

3. ANNUAL REPORT SUMMARY

3.1 The HSS annual report sets out NWAS commitment to provide support and opportunities for staff to maintain their health, wellbeing, and safety.

The report is set out in clear sections that describe:

- NWAS regulatory obligations and provides assurance against those obligations,
- RCS objectives and associated assurance

Direction for 2023/24 the plans for regulatory compliance, Right Care (Quality) Strategy objectives and new activity for the HSSF team.

3.2 Highlights from the past year include:

- HSSF competency training programme revised and updated.
- RIDDOR referral rate on non-disease incidents achieved 62% referrals within 15 days.
- 96% of sites received site risk assessments by 31 March 2023.
- High compliance with violence prevention and reduction security standards at 74%.

3.3 The new and engaging areas of HSSF work for 2023/24 include:

- Developing “safety measures” to be used in conjunction with staff survey to evidence improvement in safety.
- Systematic review of the A-Z toolkit
- Develop links to the NWAS review of serious events and ultimately patient safety incident response framework (PSIRF) process for all RIDDOR and any other appropriate non-clinical incident.
- Explore the opportunity to integrate the HSS workplace inspections with IPC inspections – providing assurance standards at various levels for the QAV process. A ‘gold star’ HSSF assessment renders a 3 review, ‘silver’ a two-year review, ‘bronze’ and high-risk workplaces an annual review.
- Working to reduce the incidence and length of staff sickness absence by working with multi-disciplinary teams focussing on moving and handling and violence and aggression incident prevent, reduction and support.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust’s Risk Appetite Statement)*

4.1 Failure to ensure the health, safety and security of both employees and non-employees, affected by the Trust’s undertaking so far as is reasonably practicable would be a breach of the general duties of the Health and Safety at Work Act 1974 potentially leading to criminal prosecution. It also exposes the Trust to the risk of civil litigation for negligence.

5. EQUALITY OR SUSTAINABILITY IMPACTS

5.1 None identified at the time of writing this report.

6. RECOMMENDATIONS

6.1 The Board Of Directors is recommended to:

- Acknowledge and thank the HSSF staff side representatives for their commitment to supporting staff to stay safe during 2022/23
- Acknowledge the contribution to HSSF culture made by the late Fred Rose.
- Recognise the achievements made in the year by the HSSF team.
- Note the assurances within the HSSF annual report 2022/23.
- Accept the annual report as an accurate reflection of HSSF activity in 2022/23

North West Ambulance Service NHS Trust

Health, Safety and Security Annual Report 2022/2023

Health, Safety and Security Annual Report 2022 / 2023		Page:	Page 1 of 28
Author:	Health, Safety, Security and Fire Team	Version:	0.4
Date of Approval:		Status:	Draft
Date of Issue:		Date of Review	n/a

Recommended by	Quality and Performance Committee
Approved by	Board of Directors
Approval date	
Version number	0.4
Review date	n/a
Responsible Director	Director of Quality, Innovation, and Improvement
Responsible Manager (Sponsor)	Chief of Regulatory Compliance and Improvement
For use by	All trust employees and volunteers

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

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
x 0.1			M Peters	First draft
X 0.2			M Peters	Following feedback from Executive Director QII, EFFM team and Staff side members
X0.3			M Peters	Following further feedback from Executive Directors Finance and Quality, Improvement and Innovation.
X0.4			M Peters	Further feedback from Executive Director of Finance

Contents

Introduction

NWAS staff operate across a range of settings and in many instances are performing their daily work in unpredictable and high-risk environments. We are continuously working towards a culture where health, safety, security, and welfare are the primary concern of every employee within NWAS.

The Board of Directors recognise and accept responsibility as an employer to provide a safe environment for employees and those affected by the trust's undertaking, so far as is reasonably practicable, in accordance with Health and Safety at Work Act 1974 and associated legislation and guidance. The board undertake regular health, safety, and security training. They receive information and assurance on Health and Safety via the Executive Director of Quality, Innovation, and Improvement.

We seek to prevent workplace related injuries, ill health and protection of staff, property, and assets by promoting good working practices. We promote a progressive safety and security culture by clear identification of the roles and responsibilities of staff at all levels, ensuring they receive training, information, supervision, and support. Working together with staff and trade unions, NWAS is committed to addressing identified risks in a proactive way; actively encouraging staff to speak up and report incidents.

All line managers across NWAS are responsible for the management of health, safety and security. They are the first line in implementation of Health Safety and Security policies, procedures, and risk assessments within their own areas of responsibility. Managers ensure their staff are made aware of their statutory requirements under current health and safety legislation and have a safe system of work in their local setting. Line managers are responsible for local audit of compliance against the policies (for example via health and safety workplace inspections) and for local partnership working with Trade Union representatives and staff. Line managers and local teams are responsible for ensuring the timely completion of actions identified via risk assessment of audit to ensure safe, working environments.

The Health, Safety, Security and Fire (HSSF) team are responsible for the identification of actions to resolve non-compliance and safety issues and for the provision of expertise and advice to line managers. The HSSF team also provide assurance to the Trust Board via the Health, Safety and Security sub-committee, identifying themes for improvement from incident reports. The top three themes in this year's report include:

- Violence and Aggression
- Equipment – failure, loss of missing
- Moving and Handling.

The Estates, Fleet and Facilities Management (EFFM) team are responsible for ensuring that specific safety risks and actions resulting from audits related to fleet and estate are actioned in a timely manner to ensure safe systems of working for all staff. The EFFM team are also responsible for specific areas of health and safety processes for workshops, and the contracting of services to ensure annual processes for specific areas of testing and assurance such as portable equipment testing, fire extinguishers and ventilation.

All staff are responsible for ensuring that they follow policies and procedures to keep themselves and their colleagues and patients safe at work.

Think safety, plan safety, and always work safely. Be Safe; Do the Right Thing

NWAS Health, Safety, Security and Fire 2022/23

Regulatory Compliance

Staff injury incident rate per 1,000 staff: **16.1** (2021/22 NWAS rate: 17.5)

Staff injury incident rate per 1,000 journeys: **0.04** (2021/22 NWAS rate: 0.05)

Non-clinical incident themes

The top 3 non-clinical incidents themes are:

Violence and aggression incidents: **1,188**

Combined: Moving, handling, slips, trips and falls incidents: **457**

Equipment missing, damaged, lost, stolen or faulty incidents: **414**

Right Care (Quality) Strategy Objectives

Report 75% RIDDOR incidents within 15 days of notification:
Outcome: **62%** (71/114)

Operational definition of moving and handling measurement:
Intelligence gathered over 24 months has identified subtle but significant differences between services. PTS wheel carry chair systems. PES restrictive space moving and handling.

Develop Safecheck to improve vehicle check compliance:
Weekly check compliance now available. Position at end Q4 2022/23 65.9% of vehicles received a tyre compliance check.

480 level 2 HSS training places offered. 327 staff trained to date. Objective suspended. Level 2, 3 and 4 training programmes reviewed and updated

Every NWAS site to receive a comprehensive workplace inspection which includes health and safety, fire and security safety:
Outcome:**96%** (133/138 sites)

For further information, contact the Health, Safety and Security Team HSS.Team@nwas.nhs.uk or VPRG@nwas.nhs.uk

1. Regulatory Compliance

The Health and Safety at Work Act, (HSWA), 1974, along with subsequent regulations and guidance aims to protect employees and others affected by the employer's undertaking, so far as is reasonably practicable, from harm whilst at work. The responsibility for this protection is shared between the employer and employee. Each owes the other a duty of care to maintain a working environment that is, so far as is reasonably practicable, free from hazards and risk of injury to persons working there or to others who may be affected by the work activity.

It is not practical to eliminate all risks from the workplace and therefore it is the employer's responsibility to provide adequate protection, advice, information and / or training to reduce risks that cannot be eliminated. Equally, employees must comply with these arrangements.

This report provides a high-level summary of the Health, Safety, Security and Fire, (HSSF), activity carried out across NWAS from 01 April 2022 to 31 March 2023; our compliance with the standards set in the HSWA 1974. Appendix A provides quick glance summary of progress achieved against the 2022/23 forward plan.

1.1 Regulatory Bodies

NHS Trusts Health Safety and Security systems are regulated by:

Care Quality Commission (CQC): It is an executive non-departmental public body of the Department of Health and Social Care established in 2009 to regulate and inspect health and social care services in England and works closely with the HSE with both regulators taking lead for certain issues across NHS trusts. In England, where providers are registered with them, the CQC is the enforcing authority for patient and service user health and safety.

Health and Safety Executive (HSE): The HSE is the national independent regulator for health and safety in the workplace. This includes private or publicly owned health and social care settings in Great Britain. The HSE works in partnership with co-regulators in local authorities to inspect, investigate and where necessary take enforcement action.

Medicines and Healthcare products Regulatory Agency (MHRA): The MHRA is an executive agency of the Department of Health and Social Care; responsible for ensuring that medicines and medical devices work and are acceptably safe.

Home Office: The Home Office is the lead government department whose responsibilities include fire prevention and rescue. The Regulatory Reform (Fire Safety) Order 2005 applies to all on-domestic premises in England and Wales.

2. Health and Safety Executive

2.1 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

RIDDOR places responsibilities on employers, the self-employed and people in control of work premises to report certain serious workplace accident, occupational diseases and specified dangerous occurrences (near misses) against clear guidelines.

In NWAS, the timely reporting of RIDDORs following an incident is the responsibility of the HSSF team. RIDDOR reported incident activity and high-level analysis is received at the Health, Safety and Security subcommittee and the Board of Directors receive a bi-monthly update through the reportable events paper.

2.1.1 RIDDOR reporting rates in ambulance services.

National RIDDOR reporting requires the activity to be reported using the methodology of number of incidents per 1,000 staff. The number of staff employed as at 31/3/2023 is 7079; and the number of staff injury RIDDORs reported in the 12 months to 31 March 2023 is 114. The total number of journeys (PTS (1,327,799) and PES (1,273,189)) combined is 2,600,988 for the same period.

The incident rate of RIDDOR reporting is calculated as 16.1 per 1,000 staff members a reduction of 0.6 from 2021/22. The rate of incident reporting per 1,000 staff members in previous years is described in the table below. The incident rate is calculated as 0.04 staff injuries per 1,000 staff journeys.

The national RIDDOR comparison rate for 2022/23 is not available at the time of writing this report, and in its absence for the purposes for this report the 2020/21 ambulance sector averages are as follows for comparison.

	Ambulance Sector Average 2020/21	NWAS RIDDOR rate 2021/22	NWAS RIDDOR rate 2022/23
Incident Rate (Injuries x 1000 ÷ No of Journeys) Staff injuries only	0.11	0.05	0.04
Incident Rate (Injuries x 1000 ÷ No of Employee) Staff injuries only	19.38	17.5	16.1

Comparison of RIDDOR incident rate Ambulance sector average 2020/21 against NWAS RIDDOR rate 2022/23

2.1.2 Learning from Dangerous Occurrence: RIDDOR Reportable case study

NWAS is committed to learning when things go wrong. To this end we have included in this report one example of how a RIDDOR reportable incident was investigated and the learning shared across the organisation.

Incident Summary:

- A vehicle and crew attended an incident at an industrial unit where a person had fallen through a roof.
- The attending paramedic felt there was likely to be asbestos present as ‘snow’ appeared to be falling. Personal protective equipment was not worn.
- The patient was taken to hospital where they were decontaminated.
- The crew changed their clothes and returned to station with the extractor fan on where following Tactical Advice the vehicle was wiped down and returned to service.
- The contamination advice given, and management of the event, was not in line with best practice.

Three key take away learning points are:

- New guidance for our teams on what to do if potentially contaminated with asbestos.
- New guidance for operational teams on supporting staff and managing the vehicle.
- Revising our asbestos training and our policy.

The table below describes what we are doing in response to the incident.

NOW: Actions and learnings applied
Guidance was issued to teams on initial response to a potential contamination event – regarding PPE, informing EOC, handling of contaminated clothing, showering, securing of vehicle and reporting event
Guidance was issued to ops teams regarding escalation and referrals to Occupational Health for staff, to Health & Safety team for the suspected asbestos event, to Fleet re. the contaminated vehicle, and Ops teams on leading the event review
IN PLAN: Actions and learning applied
Our asbestos policy is being reviewed to ensure it reflects best practice
ESR mandatory module asbestos awareness video will be completed on a 3-year cycle
ESR mandatory module Operational HSSF training will include hazardous incident staff management
Commander training will include desktop exercises around these policies to identify opportunities for improvement
Support centre to notify HSSF team if staff members report unwell due to hazardous incident – enabling HSE reporting and incident management

Learning points from Dangerous Occurrence: Asbestos

2.2 Non-clinical incident activity

The NWAS incident reporting system transitioned from DATIX to DCIQ mid 2022/23. The transition has impacted the data collection for 2022/23 due to differences in data entry methodology between the two systems.

DATIX methodology: A non-clinical incident is identified as any incident recorded in the incident reporting system categorised in any of the following categories:

- Raise a concern
- Staff injury
- Public injury
- Non-clinical near miss
- Raise a notification
- Patient injury
- Non-clinical incident

DCIQ Methodology: A non-clinical incident is identified as any incident recorded in the incident reporting system categorised in the following way:

- Accident and injury
- Fire
- Security
- Violence and aggression
- Equipment: nonclinical
- Moving and Handling
- Slips Trips and Falls

The table below summarises the non-clinical incidents reported for the 12 months to 31 March 2022. The non-clinical incident data can be described at directorate level to October 2022, and is grouped more broadly for the second part of 2022/23.

Following several years in growth of reporting non-clinical incidents the position on 31 March 2023 suggests there has been a reduction in incident occurrence as reporting levels have diminished by 30% from 2021/22.

There are several factors as to why reporting culture appears to have changed including:

- Non-clinical incident reporting increased significantly during the COVID19 pandemic years, and this may be a return to non-pandemic reporting levels.
- Non-clinical incident reporting fatigue
- Staff may not be categorising incidents in the way the DCIQ development team anticipated, and incidents are 'lost' within the new categorisation methodology.

It is likely that the resulting apparent reduction of non-clinical incident reporting is multi-factorial including additional factors to those described above.

Non-clinical incidents by Directorate	Q1 2022/23	Q2 2022/23	TRANSITION TO DCIQ	Q3 2022/23	Q4 2022/23	Total
Service Delivery Directorate (PES, EOC, UCS, PTS etc.)	2109	1991		1230	1248	6578
Medical Directorate	23	28				51
Finance Directorate (Finance/Fleet/Estates etc.)	21	14				35
Quality Directorate	8	4				12
People Directorate	4	9				13
Corporate Affairs Directorate	3	2				5
Strategy, Partnership and Transformation Directorate	4	3				7
Unclassified by Directorate	271					271
Trust Workshops				2		2
Area Offices				33	30	63
Total	2443	2051		1265	1278	7037

Non-clinical incidents by Directorate Q1 & Q2 2022/23. Non-clinical incidents by Business Area Q3 & Q4 Data source: Datix & DCIQ last accessed 18/04/2023.

Each directorate is expected to review the nature of these incidents at the appropriate level of scrutiny and themes fed through as learning and as part of the Directorate chair report to the Health, Safety and Security subcommittee.

2.2.1 Non-clinical incident themes

Analysis of the themes from non-clinical incidents arising in the year to 31 March 2023 in both incident reporting systems has taken place. The transition to DCIQ has offered different categories – however the table below provides the overall most reported categories of non-clinical incident reporting. An observation in from the data available and shared in the table below, is that DCIQ may not be being used as expected to record incidents relating to equipment in the same way as before as there is a considerable reduction across all categories through the second part of the year.

Violence and aggression incidents: 1,188.
The number of reported violence and aggression incidents remains of concern. How NWAS is supporting staff is reported in S2.3 below.

Non-Clinical Incident Category	Q1 & Q2 2022/23 DATIX	Transition to DCIQ	Q3 & Q4 2022/23 DCIQ	Total
Incidents of violence and aggression	635		553	1188
Incidents of equipment missing, damaged, lost, stolen or fault	362		52	414
Incidents manual handling, moving and handling	232		31	263
Incidents of slip, trip, falls	156		38	194
Security Incidents reported (emerging theme)	61		49	110
Total	1,446		723	2,169

Non-clinical incidents by theme Data source: Datix & DCIQ last accessed 18/04/2023.

2.3 Violence prevention and reduction activity

The World Health organisation defines violence as 'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or a community that either result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.' (Global status report on violence prevention, 2014).

NWAS finds deliberate violence and aggression towards our staff or people who use our services unacceptable. Where violent or aggressive behaviour may occur due to clinical and or medical factors, all possible primary and preventative measures should be used to reduce the prevalence and risk of harm.

Patient facing staff (including 111) have reported 1,188 incidents of violence and aggression in 2022/23, a reduction of 24% (2021/22: 1,567 incidents) and this unexplained reduction may be because of the multifactorial rationale mentioned above.

Violence and Agression sub category	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	TRANSITION TO DCIQ	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Aggression	24	21	13	15	14	19								106
Antisocial behaviour								2	5	1	4	6	1	19
Assault	20	28	24	17	21	11								121
Assault through restraint	2	13	7	4	6	5								37
Blade		2		1		1								4
Firearm														0
Homophobic remark		1	1	1										3
Knife at scene		5	5	5	1	2								18
Other factors	2	6	3	4	5	3								23
Psychological abuse: Bullying & harrassment									2	1		1	3	7
Physical Assualt: With weapon								4	4	3	2	4	3	20
Physical Assualt: without a weapon								20	24	17	34	26	18	139
Racial Abuse	3	1	3	1	3	2		1	4	3	2	5	1	29
Sexual	3	6	2	4	4	2		3	3	1	4	1	2	35
Sexual abuse: Inc. Indecent exposure								4	1	3	6	2	3	19
Verbal abuse: sexual orientation content								1		3				4
Swearing	4	5	5	3	3	6		29	27	27	24	27	11	171
Threat of physical violence	4	8	2	6	2	4								26
Threats other			1	1		1								3
With knife	3	5	3	3	4	2								20
With a weapon	5	4	3		4	2		8	14	7	16	13	8	84
Without a weapon	31	34	35	30	34	24		26	16	12	10	27	15	294
Blanks: sub category not selected	2				3	1								6
Totals	103	139	107	95	104	85		98	100	78	102	112	65	1188

Heat map of Violence and Aggression incidents by sub-category for 2022/23. Data source: Datix & DCIQ last accessed 18/04/2023.

Analysis of the sub-categories has proven challenging as a result of the transition from Datix and DCIQ risk management systems. Broadly the categories have been replicated. The Datix system allows 'with weapon and without a weapon as a sub- category of physical assault, and threatening behaviours. Without a line-by-line incident review the distinction cannot be made.

Under DCIQ threatening behaviour with and or without a weapon is a distinct sub-category. Regardless the most prevalent sub-categories highlighted in red in the table above:

- Threatening behaviour without a weapon: 294
- Swearing: 171
- Physical assault, without a weapon: 139
- Assault: 121
- Aggression: 106

2.3.1 Security Standards

The purpose of the NWAS Violence Prevention and Reduction policy is to create a culture driven to provide:

- Positive and proactive care to the people who use our services, and
- Create a supportive and safe environment for staff to work in.

A key element to support the prevention and reduction of violence and aggression activity is the self-assessment document associated with the national standards. The standards describe the activities that will support the reduction of violence and commits to keep staff safe in the workplace. The NWAS violence prevention and reduction group (VPRG) participates in the self-assessment and is the vehicle to support activity required in closing the gaps to meet the standards set. The VPRG has been established for 12 months and meets every two months. In addition to the standard review the group receives high level VPR incident data, which is used to support the discussion and opportunities to support all NWAS staff who experience incidents of violence and aggression.

There are 57 security standards that if compliant, evidence the commitment to prevention and reduction of violence in the workplace. At the time of writing this report NWAS is highly compliant (74%) and has been able to demonstrate the remaining standards are close to compliance and should be met in 2023/24. NWAS self-assessment of compliance has been peer reviewed and therefore we can be confident of the current compliance position.

2.3.2 Violence and aggression markers

Significant change has taken place in the way NWAS manages violence and aggression markers. During 2022/23 NWAS has transitioned from and address based system to using a person focussed system where the NHS number is used as the primary method of identification. This change removes the risk of a delayed response at properties even if the potential repeat perpetrator has moved.

The marker, through being attached to the potential repeat perpetrator themselves, means that as that person moves the 'marker' automatically moves with them without any further administrative intervention in the process. This protects NWAS staff from the moment an incident is reported to the support team in Carlisle.

The marker review process itself remains unchanged in principle – it is cyclical in that the process is continuous and is planned to ensure the second review takes place as close to the 12 month 'expiry' date as possible. The number of violence and aggression markers currently held by the Trust is described in the table below.

End of year Violence and Aggression Marker position 2022 23	
	Total
12- Month marker (to be reviewed between 01/10/2022 and 26 July 2023) ERISS (address-based system)	78
CLERIC Temporary markers to be reviewed and extended, deleted, or referred. (6-week review)	96
CLERIC Active markers (12-month review)	232

2.3.3 Body Worn Video Camera

NWAS continued participation in the national test site trial of the use of body worn video cameras (BWVC). At the time of writing the National Interim report has been prepared for NHS England, however the content is embargoed and cannot be shared in this report.

Between February 2019 and March 2021, 921 BWVCs were procured and distributed across seven pilot sectors and two additional stations across NWAS. 25 BWVCs are retained centrally as spare/replacement units and are distributed as required.

- Cumbria & Lancashire: East and Fylde Sectors
- Cheshire & Merseyside: East and North Sectors
- Greater Manchester: Central, South and East Sectors
- Barrow and Carlisle Ambulance Stations

The cameras are stored in chargeable docking stations, and these are distributed across the pilot sites. In the twelve months to 31 March 2023, the were 93 BWVC activations. The reported feedback from those activation incidents, where a comment has been recorded, suggested the effectiveness of the BWVC in preventing or reducing violence and aggression as experienced by staff members was effective on 26 occasions (28%). It should be noted this data is incomplete and it remains unwise to draw any definitive conclusions at this stage in the pilot.

2.4 Control of substances hazardous to health (COSHH)

The process of COSHH review has continued to be improved during 2022/23. Revised documentation now separates the review into Substance information, Substance use, Precautions and finally Assessment which provides clear audit trail a thorough review has taken place. The author of the assessment is required to state where a copy of the original assessment may be located locally, whilst the HSSF team retains a central register. It is the assessment author who is responsible for updating the COSHH assessment at regular intervals as circumstances require. The first substance assessed under the new process where the COSHH process has been a review of medical gas nitrous oxide, and feedback from users has been positive. A copy of the nitrous oxide assessment is retained locally with the medicine management team in addition to centrally with the HSSF team.

3. Regulatory reform (fire safety) order 2005 assurance (FSA)

The Regulatory Reform (Fire Safety) Order 2005 (FSO) is the main piece of legislation governing fire safety in buildings in England and Wales. The FSO applies to all workplaces. It places legal duties on anyone in control of these premises to undertake a fire risk assessment and put in place and maintain general fire precautions. safety risk assessments (FSAs). In law there are no specific time periods for how often fire risk assessments (FRA) must be done or reviewed. It states that the 'responsible person for assessments in your building must review it 'regularly' to make sure it's up to date. There are three levels of fire risk assessment that take place at site level:

- The Health, safety, security, and fire (HSSF) team undertake fire risk assessments at each NWAS site on behalf of the trust. Current risk assessment schedule means that in a three year cycle each site will receive at least one FRA.

- Up to three times each year every operational site receives a workplace inspection (WI) of health, safety and security which includes a simplified assessment of fire risk which exceeds the minimum safety questions as described in 5 step fire safety risk assessment as issued by the Home Office https://www.gov.uk/workplace-fire-safety-your-responsibilities/fire-risk-assessments.

- Additionally, Quality Assurance Visits (QAV) take place annually at each operational site. The content of the QAV, includes elements of the FRA and where standards are not met actions are identified and included in the summary report.

The actions identified from the WIs, FRAs and QAVs are collated onto the integrated action tracker (IAT).

3.1 Focus on IAT Fire Assessment Actions.

A total 2,062 actions related to concerns or safety issues for fire were logged on the Trust integrated action tracker in 2022/23. 1,234 (60%) actions were completed within year, with a further 821 (40%) stated as incomplete at year end (27/3/2023) and of these, 550 actions were not started by the review at 31 March 2023.

It was possible to identify the recurring issues arising through the various FRAs and these are themed as:

- Behavioural or procedural: use of fire extinguishers to prop open doors and lack of weekly fire alarm testing or emergency lighting or fire extinguisher routine checks/maintenance.

- Exit routes: Emergency exits labelled incorrectly.

- Fire Extinguishers: Such as to replace water fire extinguishers located near electrical circuits for carbon dioxide extinguishers.

- Missing Fire System Layout and Plans: Such plans assist with emergency evacuation and support the Fire Service in the event of fire.

Learning identified following the IAT review of FRA issues include opportunity for improvement through:

- Regular review at local level of the IAT during regular HSSF locality meetings
- Stronger local sector focus on compliance with safety checks such as fire alarm tests and fire evacuation drills would reduce the number of areas identified in audits and strengthen safety precautions across NWAS for all staff.
- Review of the IAT process to reduce inefficiencies and streamline the process
- Greater engagement between teams to reduce the disconnect where:

- actions identified and reporting of need for action from Estates Facilities Management (EFM) on QFM (Estates action/ risk management system) are not joined up.
- Estates review indicates risk can be tolerated, and those tolerated risks are not necessarily raised on local risk registers.
- Long time periods between issue identification and action to resolve occur.
- Repeated issues with fire signage. fire alarm testing, fire evacuation practices and fire plans across multiple areas take place.

All these issues are regulatory requirements in addition to being the 'right things to do' to protect staff ([and patient) welfare and business continuity, which NWAS and its teams takes upon itself to resolve more effectively in the year ahead.

4. MHRA: Central Alerting System

The MHRA issues notices of safety alerts from the Central Alerting System (CAS). The alerts are managed centrally by the nominated CAS officer who as appropriate assigns them to the responsible manager. Safety alerts received by the trust are notified to the NWAS Board of Directors through the integrated performance report.

CAS: Safety Alert Originating Authority 2022 23	Number of Alerts received	Number of Alerts applicable
CAS Helpdesk Team	3	2
CMO Messaging	6	0
National Patient Safety Alert: DHSC	2	0
National Patient Safety Alert: MHRA	5	0
National Patient Safety Alert: NHSEI	2	1
National Patient Safety Alert: UKHSA	1	0
Total	19	3

Safety alerts received through Central Alerting System correct to 31/03/2023 last accessed 30/04/2023.

4.1 National Patient Safety Alert: NHSEI: NatPSA/2023/001/NHSPS

Use of oxygen cylinders where patients do not have access to pipeline gas supply. A Clinical Information Bulletin CI 976 issued 17/01/2023 referenced the general medicine management standard operating procedures for administration of medical gases to patients. The NWAS current supplier confirmed no issues in relation to the safety alert and a letter from NWAS Medial Director to every North West acute hospital trust was issued confirming this. The risk assessment for the use of oxygen cylinders was reviewed and updated by a multi-disciplinary team included as an item for information at the February 2023 medicines optimisation (governance) group.

4.2 CAS Helpdesk Team: CHT/2023/002

Management of National Patient Safety Alerts: Improved governance to include the Patient Safety Specialists in NPSA review process. The health notifications, alerts and guidance review procedure has been updated to include the patient safety specialist role and duties.

4.3 CAS Helpdesk Team: CHT/2023/001

Rationalisation of Estates and Facilities Alerts received. As from week commencing 20 February 2023, communication of all estates issues by NHS England that carry a significant patient safety risk and meet the National Patient Safety Alert criteria will be issued as National Patient Safety Alerts (NatPSA) and from this date

Estates and Facilities Alerts will cease to exist. Estate issues that do not meet the NatPSA criteria will continue to be issues via the estates and facilities hub.

5. Estate and Facilities Management

5.1 Ventilation

The Estates, Fleet and Facilities management (EFFM) team hold responsibility for assessing and ensuring appropriate ventilation is in place for NWAS hard estate and vehicles. Ventilation assurance has been central to providing a safe working environment for NWAS staff, during the pandemic. The EFFM team are charged to provide an annual assurance report to NWAS Health, safety and security sub-committee as a feature of the 2022/23 workplan.

5.1.1 Ventilation: Non-clinical staff face fit testing.

The Fleet workshop team have the potential to be exposed to substances hazardous to their health. The actions workshop team, led by a trained assessor, has ensured staff members have access to appropriate respirators through regular face fit testing. Every member of the fleet team has access to appropriate respiratory protection, and this is assessed regularly to provide assurance.

5.1.2 Ventilation: Hard Estate

The Environment and Modelling Group of the Scientific Advisory Group for Emergencies (SAGE-EMG) assessed the 'Role of ventilation in controlling SARS –CoV-2 transmission'. Evidence continues to suggest that in poorly ventilated indoor spaces airborne aerosols are a possible transmission route and precautionary advice remains valid. The HSE issued guidance in support of this. Professional CO_2 Testing Devices have been purchased in year and Estates Managers use these to test the air quality in call centres to ensure the air conditioning system is working efficiently. The Estates, Fleet and Facilities management (EFFM) team undertook audits to assess the carbon dioxide concentrations at high-risk sites and were able to provide positive outcome audit and assurance statements to the Health Safety and Security sub-committee as required during 2022/23. In addition, NWAS has invested in replacing/upgrading various elements of our air conditioning systems across the organisation, making the trust a safer place to work for our staff, volunteers and contractors.

5.1.3 Ventilation: Vehicles

The EFFM team central log of vehicles in use across the trust, describes the ventilation system in each. EFFM in conjunction with operational leads across PTS and PES has issued guidance to support staff in ensuring the vehicle is ventilated whether in the saloon or the cab. NWAS recognises good ventilation has proved to be an important aspect of reducing the concentration of the Covid-19 virus in the air and the risks from airborne transmission. During the pandemic, we needed to do everything we could to ventilate our vehicles; and guidance was issued for staff. The guidance explains the heating and ventilation methods as they are different depending on vehicle type.

All NWAS PES double crew ambulances (DCA) are fitted with air exchange systems that exchange the air in the saloons over 40 times per hour whilst in operation. This is significantly higher than the CEN regulations which require an air exchange 20 time per hour within the saloon. For assurance, these systems are checked by fleet every 8 weeks on safety check maintenance.

During 2022/23 NWAS has moved towards a new national specification PES DCA and continues to work in collaboration with the new vehicle converters to ensure all appropriate risk assessments are reviewed and signed off prior to deployment.

NWAS is currently reviewing air exchange systems within the PTS fleet. No PTS vehicles have mechanical exchange systems fitted, and the mitigation relies on the opening of windows and skylights. An assessment of all PTS vehicle types in the fleet has been undertaken and documented. This assessment was undertaken with the support and guidance of H&S and Fleet. There are many opportunities to ventilate a PTS vehicle during the operational shift and the rear of a PTS vehicle is not enclosed as in an emergency ambulance. A Standard Operating Procedure (SOP) is in place ensuring all vehicles are regularly ventilated throughout the operational shift.

5.2 Estates and Facilities Compliance

The Estates and Facilities team carry out compliance audits on all NWAS owned properties to ensure the sites remain safe, clean, well maintained and all associated equipment are in a safe operational condition. The team ensures that appropriate maintenance and inspection records are held centrally and complies with statutory legislation.

The main areas covered in relation to HSE legislation include but are not limited to the management of; asbestos, water safety, gas & electrical safety, portable appliance testing, air conditioning and air monitoring safety with planned preventative maintenance in addition to reactive maintenance undertaken in line within current contract specifications. Other areas currently under review include the management of contractors, access control, completion of the Premises Assurance Model and ERIC returns in addition to the monitoring of utilities to support NWAS in its net zero targets.

6. Hazardous Area Response Team: National Ambulance Resilience Unit

Hazardous Area Response Teams (HART) are comprised of specially recruited personnel who are trained and equipped to provide the ambulance response to high-risk and complex emergency situations. The teams work alongside the police and fire and rescue services within the inner cordon of a major incident. The team role is to triage and treat casualties in extreme and challenging circumstances.
To provide a safe and robust response to patients caught in such environments, requires three elements: a Standard Operating Procedure (SOP) to work to, training in the discipline being employed and appropriate equipment, serviced and maintained to industry standards.

To that end the Head of Special Operations provides assurance on a quarterly basis to the sub committees for Emergency Planning, Resilience and Response (EPRR) and Health Safety and Security (HS&S) that the capabilities are managed, trained, and equipped appropriately.

6.1 HART Learning from incidents: water entrapment case study

The learning from a HART water entrapment incident was shared where a member of the NWAS team became trapped on a sub-surface obstruction holding the individual by the leg which took place during a training session.

Once the training was completed a decision was taken by the Water Instructor and agree by the rest of the team to swim / wade back to base. Enroute there is a requirement to cross the site of a disused weir. 3 x members of the team crossed successfully with one becoming trapped on a sub-surface obstruction holding him by the leg. The current of the water then pushed the staff member face forward into the water. The eddy created by his body provided a small space to breath, but he was unable to free himself from the obstruction. It became apparent the staff member was caught by his leg loop on his Flotation Device so a foot entrapment rescue plan was put into operation whereby a rope was placed in front of the staff member and held taught to lift him upright and enable him to access his knife. Once accessed he was able to cut the leg loop and so free himself and swim downstream.

The learning and recommendations identified included:

- Only sites with a current risk assessment are to be used for HART training.

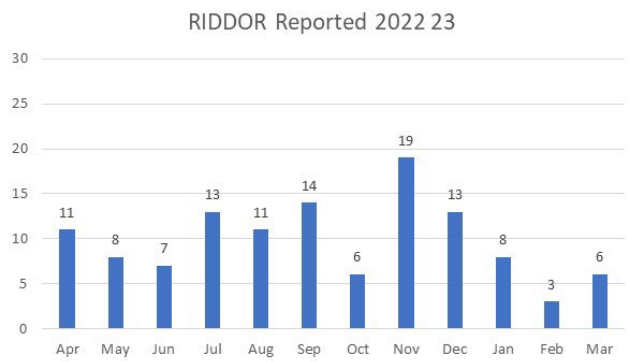
- For new sites instructors and/or HART Team Leaders are required to apply to the HART Training Manager to use a venue so that a risk assessment can be completed.
- Only at operational incidents should Dynamic Risk Assessments be conducted.
- Review the carrying of radios during water training.
- Consider the purchase of waterproof pouches for phones whilst undertaking water training.
- Review the location of clinical kit during water training ensuring immediate availability.
- Make recommendations to the NARU Water Technical User Group (TUG) regarding the minimum levels of personal equipment to be carried.

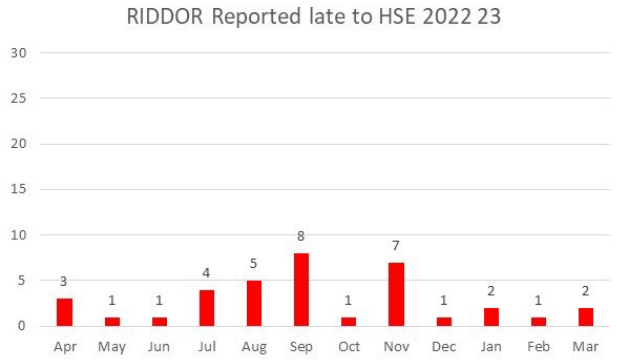
7. Right Care Strategy Assurance

7.1 Objective 1: RIDDOR Reporting

RIDDOR incident reports are completed **within 15 days of knowing about the incident** via Datix. The target for 2022/23 is to achieve **70% within 15 days.**

The number of RIDDOR (non-disease) incident reports received in 2022/23 was 114, and of these 71 were reported to the HSE within 15 days of the incident lodged in Datix.





Outcome: This means the referral rate was 62%. Without exception the delayed reporting under RIDDOR was due to the late reporting of the incident within the incident reporting system and therefore to the HSSF team.

To try to reduce the number of late reports, during Q4 2022/23, a small multi-disciplinary team convened to discuss the issue. A short review of the sickness reporting process presented an opportunity to add an additional question when staff members report absent from work as a result of a workplace injury. By changing the data collection form slightly – the subsequent report received by operational management teams now makes visible the need to urgently review such incidents and support them by initiating an incident report form, if necessary, on behalf of the staff member.

7.2 Objective 2: Develop operational definition for lifting and handling monitoring and measurement.

The 2021/22 manual handling incident analysis identified the rate of manual handling incidents per staff group was higher in PTS than in PES. The changes to the incident reporting system have made it more challenging to

extract the staff group and therefore the manual handling incidents by sub category have been produced in the table below without reference to that grouping.

Manual Handling 2022 23	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	2022 23 total
Bariatric - unable to weight bear	4	1	2	2	1	2								12
Carrying patient								1	1	1	2	1	4	10
Extraction: Complex needs patient								1	1	0	1	2	1	
Difficult Extraction - Restricted Space	7	5	4	3	4	3		1	0	1	0	2	0	30
Difficult Extraction - Time Critical	3	2	2	2	6	1		0	0	0	1	1	0	18
Difficult Extraction - weight issues	0	2	1	1	4	1		0	1	1	0	1	2	14
Distance wheeled (pushed/pulled)	0	0	1	0	0	0								1
Duration of Lift	1	1	3	3	0	1								9
Equipment Manual Handling Aid	1	1	0	1	0	0								3
Equipment Stretcher	3	1	1	3	2	1								11
Equipment Wheel/Carry Chair	3	3	3	5	2	2	T							18
Equipment with manual handling aids	0	0	0	0	0	0	R							0
Equipment WITHOUT Wheel/Carry Chair	0	0	0	0	0	0	A							0
Lack of 3rd Party assistance	0	0	0	0	0	0	N							0
Lifting patient							S	0	1	0	6	2	6	
Lifting patient down stairs/steps/thresholds in carrycha	3	1	2	1	0	3	I							10
Lifting patient from floor OR moving them on floor (wit	6	2	1	1	1	1	T							12
Lifting patient up stairs/steps/thresholds in carrychair	1	3	0	0	1	2	I							7
Moving inanimate object i.e gas cylinder etc..	2	3	2	2	3	4	O							16
Moving patient from bedroom WITH equipment	0	0	1	1	0	0	N							2
Moving patient from bedroom WITHOUT equipment	3	0	2	0	0	0								5
Moving patient from toilet or bathroom WITH equipme	0	1	0	1	1	0	T							3
Moving patient from toilet or bathroom WITHOUT equ	0	0	0	0	0	0	O							0
No value	0	0	0	0	0	0								0
Patient handling / positioning							D	2	6	4	2	7	6	27
Posture: Vehicle	2	1	0	2	2	1	C							8
Posture: Work Station	1	1	0	0	0	0	I							2
Reoccurence of previous injury	1	0	0	1	0	0	Q							2
Response Bag	1	1	0	2	3	0								7
The Environment	0	3	3	1	2	2								11
The Load - External Equipment	1	0	0	0	0	1								2
The Load - Patient movement	4	2	4	5	4	3								22
Transfer of patient from surface to surface: bed, chair,	3	3	6	2	2	3								19
Transfer on or off lifting scoop/longboard/vacuum mat	0	0	0	0	0	0								0
Transfer: Equipment use								2	2	2	1	4	3	14
Transfer: Vehicle egress										1	1	1	1	4
Transfer: Vehicle egress									1				1	2
Blank - uncategorised	0	0	1	0	0	0								1
Total	50	37	39	39	38	31		7	13	10	14	21	24	323

Summary of manual handing manual handling incidents by sub-category 2022/23. Data source Datix and DCIQ last accessed 18/04/2022

Outcome: The intelligence gathered over the last 24 months has improved our understanding of what determines a lifting and handling issue for frontline staff. The PTS teams predominantly have issues with wheel carry chair manual handling, and with PES the issues predominantly are to do with restrictive space and the use of aids to support patient movement. In recognition of the issues faced by PTS staff a supportive programme of awareness, led by Service Delivery Compliance Manager, who has manual handling expertise.

7.3 Objective 3: 480 frontline managers offered advanced training in health and safety management.

The overall number of leaders to have undertaken the HSSF management training since November 2019 to date is unchanged at 327. Objective suspended due to resourcing issues in the HSSF team.

Outcome: The objective of 480 offers by 31 March 2023 has not been met. There remains a need to deliver advanced training to an increasing staff leader population. The training programme has been rewritten for level 1, level 2 and level 3, with level 4 almost complete. The HSSF team is likely to be fully resourced by end Q2 2023/24 and will review the updated programme and begin to schedule training opportunities for the latter part of the year.

7.4 Objective 4: 100% sites receiving an annual rapid review of health and safety as part of the scheduled quality assurance visits.

The HSSF team comprised of two practitioners for the most part of 2023/24 and this sustained reduction in resource has had a significant impact on the ability to undertake and meet the objectives set. However, the team did take the opportunity to review the content of the rapid health, safety and security assessments and with the agreement of the HSSSC, re-invigorated the workplace inspection format to ensure a comprehensive assessment of the workplace takes place. The workplace inspection now includes elements of fire assessment in addition to site security and health and safety compliance.

Outcome: The objective was not met at 31/03/2023. At 01/04/2022 144 sites were to be inspected. Over the course of the year 6 sites were closed, therefore 138 sites were due an inspection. The HSSF team with support of staff side colleagues completed 133 assessments and therefore were 96% compliant at 31 March 2023. An admirable achievement given the circumstances and a testament to collaborative working.

7.5 Objective 5: Develop measures to allow for the monitoring of Safe Check compliance.

The Safe Check development team has been developing phase 2 of safe check which is predominantly the front-end user experience, however this has not detracted from the weekly presentation of information to the operational teams regarding medicines and of tyre safety measurement compliance. The position at 31/03/2023 was that of 983 vehicles available in the fleet, 648 (65.9%) had their tyre checked for compliance.

Outcome: Achieved but ongoing development required in 2023/24.

8. Resourcing and Engagement

8.1 Team Resourcing

As anticipated the year to 31 March 2023 has brought significant change for the HSSF team. For most of the year the team has operated at 80% abstraction. A formal re-structure took place during Q2 and Q3 2022/23 and three HSSF Officer posts and a Head of Health, Safety and Security role were created. Recruitment has been taking place during Q4 2022/23 and the HSSF will be at full establishment in Q2 2023/24.

Despite these issues, the HSS team have continued to provide support and advice for staff to maintain their health, wellbeing and safety whilst meeting their key objectives for the year.

8.2 HSS Engagement: Sector Partnership (SPG) and Service Line HSS meetings

The team, in addition to their active responsibilities in site audits, RIDDOR management, violence and aggression marker review and general HSSF advice they attend local level (SPG meetings – three times a year) and service line HSSF meetings (PES, PTS, Estates, Fleet and Facilities Management et al). Despite the reduced resource capacity in the team the practitioners have continued to provide virtual advice and support to their colleagues across NWAS.

8.3 Trade Union Engagement: Joint Statement

The HSSF corporate team staff abstraction was at 80% for most of 2022/23 and the team would like to thank our join trade unions for the support to support the safety agenda through undertaking workplace inspections and testing the associated new paperwork - and leading the improvement of that paperwork. The support we received this year was significant and we would not be assured of the high level of site and staff safety without your support.

The joint trade unions within NWAS are committed to ensuring a safe and healthy working environment and that any risks are properly controlled. Although NWAS as an employer is legally responsible for ensuring a safe workplace, we all have a part to play. It is vital that any near misses or untoward incidents are reported. As well as raising concerns via the DATIX system, staff are encouraged to discuss any issues with their union health & safety representative.

The joint trade unions and NWAS health and safety team are committed to continuing our excellent partnership working to ensure the safest possible environment for our staff and patients.

8.4 Guidance and Policy Review

In the 12 months to 31 March 2023, no policy documents have been developed and or refreshed and revised. All HSSF policies and guidance are subject to open consultation, historically as part of the standing agenda item at the health, safety, and security sub-committee; the practice being the papers come first for notice of consultation and six months later for sign-off.

9. Governance

The Quality and Performance Committee established the Health, Safety and Security subcommittee to provide assurance on matters relating to health, safety, and security on behalf of NWAS. The subcommittee's duties include:

- Obtaining and providing assurance that standards of HSSF as a minimum comply with legal requirements and NWAS policy. That these standards are established and maintained.
- Overseeing HSSF arrangements including those regarding the management of violence and aggression.
- Receiving reports, obtaining, and providing assurance there is a proactive approach to the management of HSSF in all locations where NWAS staff operate.
- Receiving reports from safety representatives, specialist advisors, management, HSE and local authority inspectors where required, such as but not limited to those associated with COSHH, RIDDOR, Fire Safety and Buildings, moving and handling, and security (violence and aggression).
- Reviewing risks identified on the Corporate Risk Register pertaining to HSSF. Providing assurance in relation to areas of high-level safety

A key element of the HSS subcommittee effectiveness is the partnership working with the joint trade unions. The subcommittee has been in place for 12 months and its membership has undertaken an effectiveness self-assessment. The results were favourable overall, responders acknowledged there are improvements still to be made, in terms of assurances received from HSS groups and clarity of responsibility between corporate and local operational teams. Positive comments include all attendees being given a voice and listened to in the meeting, and the continuous improvement of the HSSF assurance reports received.

10. Direction for 2023/24

The HSSF objectives referred to in this annual report are taken from the Right Care (Quality) Strategy (RCS). The delivery of the RCS relies on three key elements, and they form the focus and structure of NWAS strategic objectives: Safe, Effective and Person-centred, which in turn supports the overall NWAS vision to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place, every time.

In addition to the strategy updates in 2022/23 by bodies such as NHS England, Health Education England, The Health Foundation, and the Health and Safety Executive. The Care Quality Commission have also motivated a strategy refresh to reflect the wider landscape of quality improvement and healthcare. The CQC single assessment framework, whilst retaining safe, effective, caring, responsive and well-led key questions; the process of assessment has been rationalised to include a greater emphasis on using nationally and regionally available data on a continuous basis to 'continuously assess' providers of healthcare. The data collection change places measurement and the ability to demonstrate improvement, a quality management system, will be key to providing assurance to the regulatory bodies and the public NWAS serves.

10.1 Forward Plan

NWAS reiterates it will maintain its regulatory duty in maintain staff wellbeing and safety by ensuring the regulatory reporting and monitoring requirement of RIDDOR, Non-clinical incident reporting, violence and aggression and CAS alerts are met. The RCS strategy will continue to support the health and safety regulatory compliance requirements for NWAS ensuring staff and patients are at reduced risk of harm, and the HSS team will use rigorous improvement approaches to support sustained actions within operational teams across the actions.

The HSSF goals include:

- Developing "safety measures" to be used in conjunction with staff survey to evidence improvement in safety.
- Systematic review of the A-Z toolkit
- Develop links to the NWAS review of serious events and ultimately patient safety incident response framework (PSIRF) process for all RIDDOR and any other appropriate non-clinical incident.
- Explore the opportunity to integrate the HSS workplace inspections with IPC inspections – providing assurance standards at various levels for the QAV process. A 'gold star' HSSF assessment renders a 3 review, 'silver' a two-year review, 'bronze' and high-risk workplaces an annual review.
- Working to reduce the incidence and length of staff sickness absence by working with multi-disciplinary teams focussing on moving and handling and violence and aggression incident prevent, reduction and support.

The HSSF team activities for 2023/24 will include:

- establishing HSSF team – supporting new staff members and developing together to form a strong, effective and well-led service for NWAS.
- exploring the opportunity to enhance staff safety culture in the NHS alongside a strong patient safety culture.
- build on the staff side HSSF relationships to ensure robust reporting is received from all teams into the HSSF subcommittee.
- developing new ways of working as Safe Check continues to develop ensuring rapid access to live data for improvement is available for operational teams.
- using the intelligence from the Quality Assurance Visits to strengthen an integrated approach to HSS oversight across NWAS.
- Continue to review working practice to reduce opportunities for single points of failure in the team.

11. In Memoriam

It is with deepest sadness and respect the 2023/24 annual Health Safety Security and Fire report is dedicated to our friend and colleague Fred Rose.

Fred joined NWAS in 2007 as Risk, Health, and Safety Co-ordinator and was integral in establishing much of what we now take for granted: Datix dashboards, HSSF A-Z toolkit, HSS workplace assessments and RIDDOR governance practices to name a few. When Fred became Health, Safety and Security Manager he led a small team of professionals focussed on all aspects of health and safety. Later he chaired the National Ambulance Risk and Safety Forum, in addition to his NWAS responsibilities, and relished the engagement of this national group of peers. In person, Fred was an approachable, knowledgeable, and kind man who always strove to support those who asked for assistance, invariably going over and above what was required. Everyone who met Fred has a story to tell about how he helped them overcome whatever it was they were facing, and he did it with friendship, sensitivity, wisdom, and laughter.

Fred is and will continue to be deeply missed. NWAS will continue to strive to keep staff, volunteers, and patients safe, fulfilling Fred's legacy.

North West Ambulance Service NHS Trust

Appendix A: 2022/23 action plan update

REGULATORY COMPLIANCE: HEALTH AND SAFETY EXECUTIVE				Progress at end Q4 2022/23
Simple Description	**Detailed Description**	**Frequency/ Due Date**	**Priority Level**	
RIDDOR REPORTING	Timely reporting of RIDDORs following notification remains the responsibility of the HSS team. Board of Directors will receive assurance update.	**Bi-Monthly**	**1**	**114 incidents reported under RIDDOR to HSE**
NON-CLINICAL INCIDENT REPORTING	Reported into Datix and reported to the HSS Sub Committee	**Quarterly**	**1**	**To date: Evidenced HSSSC minutes**
VIOLENCE AND AGGRESSION	Reported into Datix and received by the HSS Sub Committee	**Quarterly**	**1**	**To date: Evidenced HSSSC minutes**
	Report NWAS compliance updates against the VPR standards twice a year	**Q4 2022/23**		**To date: Evidenced in HSSSC minutes**
HSS TRAINING PROGRAMME	HSS Competency Training programme redesign	**31 /12/2022**	**1**	**Delayed due to resource/staff availability**
MHRA CAS	Update and monitor CAS on behalf of the Trust ensuring throughout the year pertinent alerts are acknowledged within the alert timeframe and holding responsible parties to account for review, assessment and if appropriate action.	**As informed**	**1**	**No actionable alerts received at time of writing**
	Report actionable alerts to the relevant committees	**At least twice a year**		
FIRE SAFETY ASSESSMENTS	Undertake the FSA at sites in accordance with the schedule:	**31/03/2023**	**1**	**46 sites by 31 March 2023** **40 sites completed (87%)**
SAFETY MONITORING	Develop new ways of working as Safe Check continues to develop ensuring rapid access to live data for improvement is available for operational teams: Tyre checks: number compliance.	**31/03/2023**	**1**	**Weekly reporting established**

RIGHT CARE (QUALITY) STRATEGY ASSURANCE				Progress at end Q4 2022/23
Simple Description	**Detailed Description**	**Frequency/ Due Date**	**Priority Level**	
***RIDDOR REPORTING**	Using improvement methodology ensure 70% RIDDOR incident Reports are completed within 15 days of knowing about the incident, via DATIX	**31/03/2023**	**2**	**Target 75%** **71 incidents reported within timeline** **Achieved 62%**
MANUAL HANDLING INJURIES	Undertake a deep dive analysis of manual handling issues and thematic analysis	**31/03/2023**	**2**	**Scheduled to be received by HSSSC at the January 2023 meeting**
HSS COMPETENCY TRAINING	HSS Competency Training programme redesign	**31/03/2023**	**2**	**Delayed due to resource/staff availability**
****HSS WORKPLACE INSPECTIONS**	Schedule and undertake at least one HSS workplace inspection and improvement plan set for each NWAS site	**31/03/2023**	**2**	**138 premises (including shared premises)** **133 workplace inspections complete** **Achieved within 5% of target at 96%**

HEALTH, SAFETY AND SECURITY TEAM ACTIVITY				Progress at end Q4 2022/23
Simple Description	**Detailed Description**	**Frequency/ Due Date**	**Priority Level**	
INDEPENDENT HSS REVIEW	Develop Incident Investigation and Risk Management Procedural Framework	**31/12/2023**	**2**	**Delayed due to resourcing issues**
	HSS Team role and function review			**Complete. Posts advertised and recruitment almost complete.**
PERSONAL SECURITY	Review, assess and develop appropriate response to the NHSEI Security Standards assessments and policy development	**Twice a year**	**2**	**To date met: Evidenced HSSSC minutes**
	In-house 'Security' training programme for all members of the HSS team			**Delayed due to long term sickness absence**
	Security site visit schedule: Revision of HSS workplace inspection to include security questions	**30/09/2022**		**Complete now part of workplace inspection form.**
VIOLENCE AND AGGRESSION	Transition from ERISS to CLERIC for new V&A markers.	**End Q2 2023/24**	**2**	**In progress. Transition commenced 26 July 2022 will take 12 months before ERISS transition fully complete**
	V&A marker activity schedule to be set for 12 months in advance.	**31 December 2022**	**2**	**In progress and on schedule**
REGULATORY ASSURANCE	CQC Regulatory Assurance self- assessment. Self-assessment 'close the gap' plan to be described with stakeholders by Q4.	**31 December 2022**	**1**	**Evidenced at HSSSC November 2022**

Appendix B: Forward Plan 2023/24

REGULATORY COMPLIANCE: HEALTH AND SAFETY EXECUTIVE			
Simple Description	**Detailed Description**	**Frequency/ Due Date**	**Priority Level**
RIDDOR REPORTING	Timely reporting of RIDDORs following notification remains the responsibility of the HSSF team. Board of Directors will receive assurance update.	**Bi-Monthly**	**1**
NON-CLINICAL INCIDENT REPORTING	Develop "safety measures" to be used in conjunction with staff survey to evidence improvement in safety.	**Quarterly**	**1**
VIOLENCE PREVENTION AND REDUCTION	Engage with National Violence Prevention and Reduction agenda	**Quarterly**	**1**
HSSF TRAINING PROGRAMME	Review the updated programmes and schedule training opportunities	**Q3 2023/24**	**1**
MHRA CAS	Update and monitor CAS on behalf of the Trust ensuring throughout the year pertinent alerts are acknowledged within the alert timeframe and holding responsible parties to account for review, assessment and if appropriate action.	**As informed**	
	Report actionable alerts to the relevant committees	**At least twice a year**	**1**
FIRE SAFETY ASSESSMENTS	Undertake the FSA at sites in accordance with the schedule:	**31 March 2024**	**1**

NHS
North West Ambulance Service
NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31st May 2023				
SUBJECT:	Safeguarding Annual Report (2022/23)				
PRESENTED BY:	Dr Maxine Power, Director of Quality, Innovation and Improvement				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☐	☐	☐	☐	☐
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☐	☒	☐	☐	☐
PURPOSE OF PAPER:	For Decision				
EXECUTIVE SUMMARY:	This Safeguarding Annual Report provides an overview of the safeguarding activity which has taken place across the Trust in 2022/23. 1. **Adult Safeguarding**: During the period from April 2022 - November 2022 - 31,753 adult concerns were raised. From November 2022 - March 2023, there were 2,083 adult safeguarding concerns and 8,391 early help concerns raised – a total of 10,474. This represents a significant decrease from the first 8 months of 2022, and approximately 18,000 less than the same period for 2021/2022. 2. **Children's safeguarding:** referrals present a similar picture with 6,280 concerns up to November 2022, and 2,224 from November 2022 to the end March 2023. Of these, 1,639 were safeguarding referrals and 585 consisted of early help referrals. All concerns raised were shared with the relevant Social Care Department/s. 3. **Safeguarding audits** are carried out for repeat safeguarding children's concerns and domestic abuse. Information is escalated to multi agency partners where necessary. 4. **Serious Case Reviews:** During 2022/23, we provided information for 83 serious case reviews (children), 127 safeguarding adult reviews, 44 domestic homicide reviews, 17 PREVENT referrals, and 20 staff allegations. 5. **LADO:** Working relationships with the Local Authority Designated Officers (LADO) and the				

	persons in Position of Trust continues to ensure the optimal safety of our patients and staff. 6. **Safeguarding Training:** Training compliance is closely monitored. A review of the training needs analysis has been undertaken and new material added to the mandatory training and induction packs. 7. **Compliance:** compliance is at 91.3% for level 1-3 adults, 92% for Children and 100% Level 4. 8. **Policies and Procedures**: The domestic abuse procedures have been updated. 9. **Private Providers:** Assurance has been sought from all private providers on issues relating to safeguarding including sexual safety, governance, training, and compliance. 10. **Deep Dives:** Safeguarding 'case load' deep dive undertaken in March 2023 to provide additional assurance to Trust Board. **Key assurance points to note –** 1. The Safeguarding Team are fully involved in system safeguarding reviews across all 5 ICS footprints. 2. The Trust has made 17 PREVENT referrals to the regional anti-terrorism teams and are raising awareness of radicalisation to all staff at induction, and as part of an ongoing programme of training. 3. Safeguarding flags have been placed on addresses of vulnerable patients in the Cleric system to improve information exchange. 4. 20 Local Authority Designated Officer (LADO) notifications were received into the Trust related to members of staff and all were dealt with comprehensively by the safeguarding and human resources team. 5. Safeguarding assurance has been gained from all 19 private providers during the 22/23 year, and compliance will be monitored biannually. If new provider contracts are secured, the safeguarding assurance documentation will be issued for completion and compliance. 6. Case load assurance reports provided alongside twice-yearly safeguarding assurance reports to Trust Board,
RECOMMENDATIONS:	Board of Directors are asked to: • Note the assurances within this safeguarding annual report 2022/23. • Approve the onward progression of this report for publication and sharing.

CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☒ Compliance/Regulatory ☐ Quality Outcomes ☐ People ☐ Financial / Value for Money ☐ Reputation ☐ Innovation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Quality and Performance Committee			
	Date:	22nd May 2023		
	Outcome:	Approved		

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1. PURPOSE

The purpose of this report is to provide the Board with an overview of safeguarding activity during 2022-2023. The achievements are set against the patient care priorities and the Right Care Strategy goals.

2. BACKGROUND

The Trust has a statutory responsibility to safeguard children and adults who are at risk of harm from abuse or those who are vulnerable, this commitment is underpinned by specific legislation, namely Children's Act (1989 & 2004) and the Care Act (2014). The Trust works in partnership with other organisations to ensure that the response to individuals who are at risk of harm from abuse or neglect or who are vulnerable, is communicated in an effective manner which results in an appropriate response. Safeguarding child and adult standards are determined nationally for NHS Provider organisations and are monitored via the regulator (Care Quality Commission) and further through internal audits.

In addition to safeguarding practice and processes, the audit standards relate to policies and procedures, human resources, recruitment processes, and leadership. The specific standards are contained within:

- Safeguarding Assurance Framework (SAF) which are completed on an annual basis and submitted to the NWAS lead Commissioner.
- Mersey Internal Audit Agency (MIAA) who conduct safeguarding audits on behalf of the Trust Audit Committee have been auditing bi-annually.
- Care Quality Commission (CQC) inspection of the Trust including safeguarding arrangements took place in 2018 and 2020.

Safeguarding assurance is reported throughout the year to the Patient Safety Sub Committee, via the Safeguarding Forums which are held on a quarterly basis, and via biannual reports to the Quality and Performance Committee.

Following a review of the safeguarding training and information shared with external agencies, a focused review and redesign was undertaken. In November 2022, the referral system for safeguarding referrals changed from the ERISS system onto a new referral system through CLERIC. This system now allows staff to determine whether referrals are 'safeguarding or 'early help.' As seen in the figures below, this move has caused a significant drop in the number of referrals being made - this is attributed to a number of different factors, namely that crews can make an improved, informed judgement on the type of help they believe is needed, and due to the formation of other pathways now in place such as mental health. The new system has also had fewer rejections by social care than the ERISS system, which suggests that the new referral process is more accurate. Staff have also received additional training, prior to the move to CLERIC. Paramedic Emergency Services and the NWAS 111 service continue to be the two service areas which raise the most concerns.

The table below details the activity for 2022/2023:

Chart 1 shows the number of concerns raised over the past 5 years and chart 2 shows the number of concerns per service line.

Table 1 demonstrates the number of safeguarding notifications raised during the past 12 months.

Chart 1: number of safeguarding concerns raised over the past 5 years.

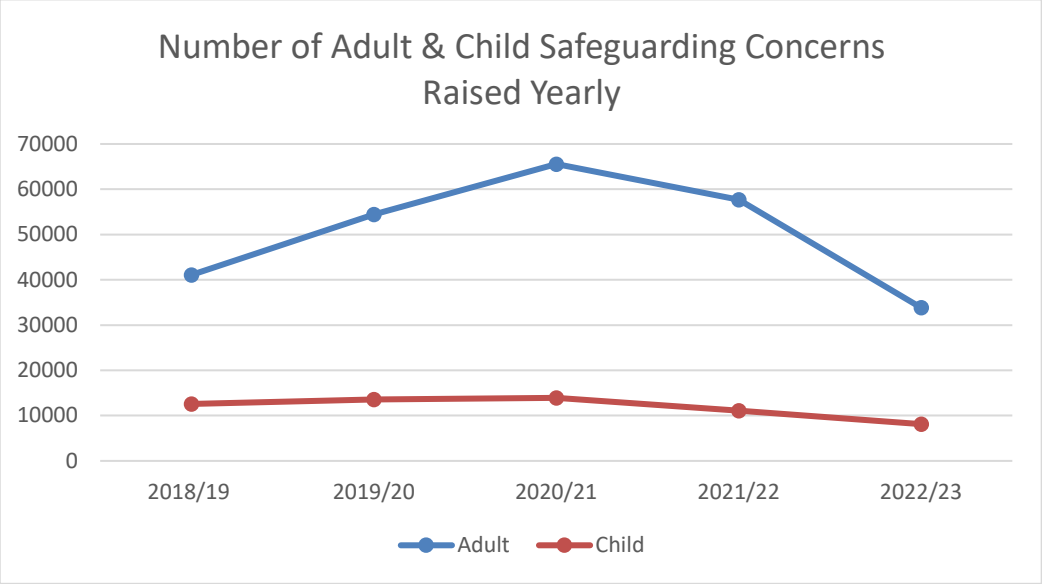


Table 1 – Numbers of notifications - split into ERISS (April – November 22) and Cleric system – Safeguarding and Early Help (November 22 – March 23).

Concerns raised	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Adult	4402	4512	4208	4184	4392	3989	4198	1868
Child	794	965	906	848	846	825	747	353
Total	5236	5477	5114	5032	5238	4814	4945	2221

Concerns raised	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Adult SG	284	447	460	431	461
Adult EH	1088	2036	1884	1597	1806
Child SG	254	297	405	428	455
Child EH	118	92	128	117	130
Total	1744	2872	2877	2573	2852

This table hightlights the major change in the move to the new CLERIC system from the ERISS reporting system which occurred mid November 2022.

31,753 adult concerns were raised up to mid-November 2022. From November to end March 2023, there were 2,083 adult safeguarding concerns and 8,391 early help concerns raised – a total of 10,474 over the 4 and half months – a significant decrease from the first 7 and half months – approximately 18,000 less than 2021/2022.

Childrens referrals were a similar picture with 6,280 concerns up to November 2022 and 2,224 from November to end March 2023 – with 1,639 safeguarding referrals and 585 early help.

The number of concern raised for both adult and child has droppred dramatically. The new system also has the ability to split safeguarding referrals into 'true' safeguarding where there is the element of actual or potential harm, or 'early help' where social care needs have been identified and require additional support for example. There is also now greater understanding around mental health and the ability to refer on the mental health pathways which is also partly attributely for the change in the numbers.

Chart 2 Breakdown of notifications by service line

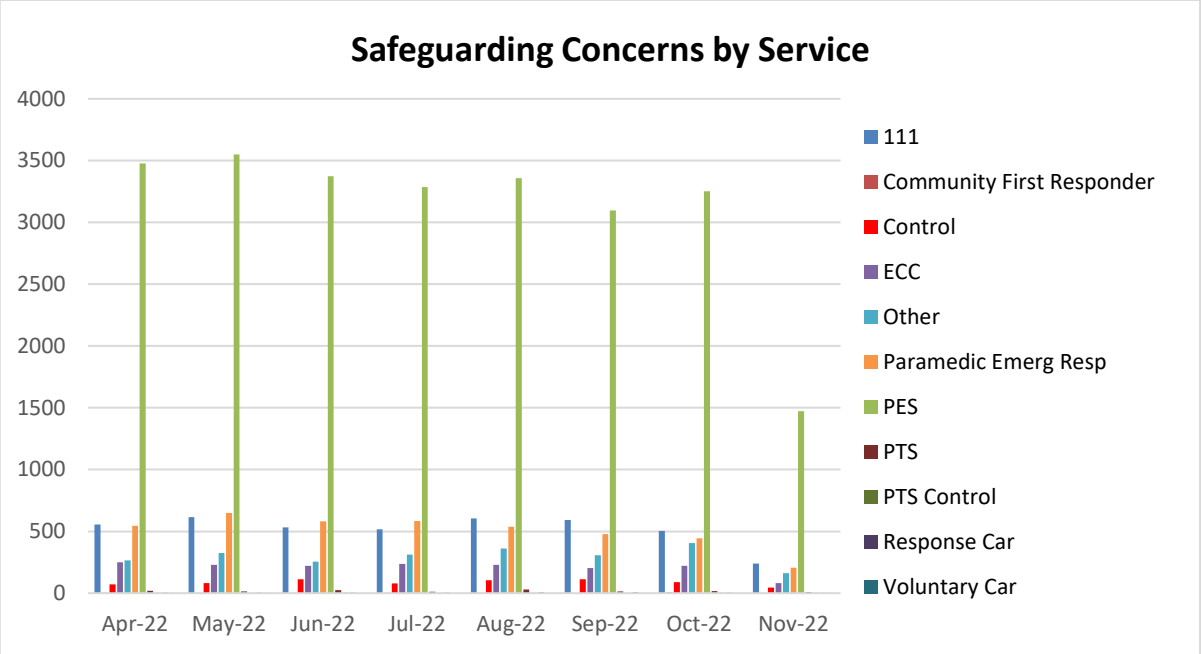


Chart 3 – Safeguarding and Early Help concerns.

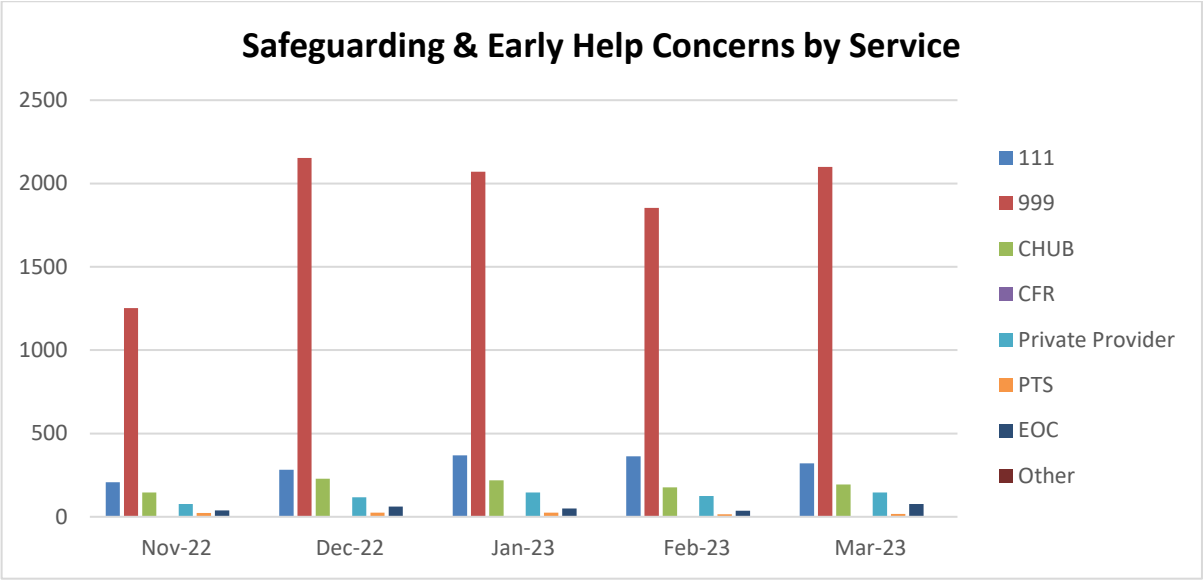


Chart 3 shows the data split between ERISS and CLERIC, with data from ERISS being between April 22- November 22, and data from Cleric from November 22 to March 23. The number of cases referred are still predominantly from 999 which is to be expected.

Safeguarding Team

The Safeguarding Team comprises of one whole time equivalent (wte) band 8B safeguarding manager (named professional for adults and children) who reports to the Assistant Director of Quality and Nursing, and four wte band 7 dedicated safeguarding practitioners. One for each geographical area of the Trust; Cumbria & Lancashire, Greater Manchester, Cheshire & Mersey and the fourth practitioner who covers the safeguarding activity within EOC, 111 and the Clinical Hub. The practitioners report directly to the safeguarding manager. The team are also supported by one wte and 0.75 wte band 4 safeguarding administrators.

In November 2022, the Safeguarding Manager left NWAS, and the Head of Clinical Safety has been overseeing the team. A new post of Head of Safeguarding (8b) has been appointed however is not expected to be in post until early July 2023.

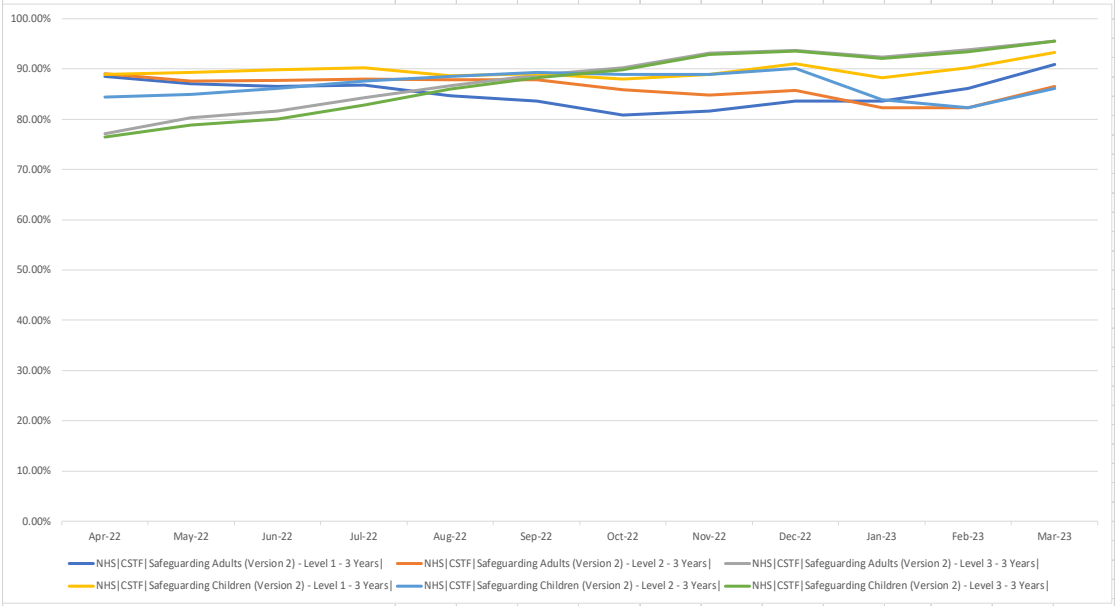
The Safeguarding Practitioners are engaged with the Quality Business Groups, the Learning forums, and the Patient Transport Senior Management team meetings to share safeguarding data, lessons to be learned and patient's stories to improve practice.

Safeguarding Training

Safeguarding training compliance is monitored closely by the Safeguarding Team on an ongoing basis. The table below shows compliance levels for each service line and each level of training. Training compliance is above 91% average for adults and 92% for Children for level 1, 2, 3 and 100% for level 4 for safeguarding.

Table 2 safeguarding training figures:

Competence Name	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS|CSTF|Safeguarding Adults (Version 2) - Level 1 - 3 Years|	88.57%	87.12%	86.59%	86.74%	84.69%	83.57%	80.83%	81.59%	83.67%	83.65%	86.19%	90.91%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 2 - 3 Years|	89.06%	87.54%	87.70%	87.95%	87.90%	87.84%	85.91%	84.80%	85.79%	82.25%	82.33%	86.55%
NHS|CSTF|Safeguarding Adults (Version 2) - Level 3 - 3 Years|	77.16%	80.29%	81.64%	84.27%	86.71%	88.79%	90.22%	93.21%	93.69%	92.42%	93.78%	95.58%
NHS|CSTF|Safeguarding Children (Version 2) - Level 1 - 3 Years|	88.95%	89.29%	89.89%	90.23%	88.72%	89.10%	87.99%	88.88%	91.01%	88.22%	90.19%	93.27%
NHS|CSTF|Safeguarding Children (Version 2) - Level 2 - 3 Years|	84.36%	84.95%	86.12%	87.57%	88.47%	89.37%	88.92%	88.90%	90.14%	83.92%	82.28%	86.11%
NHS|CSTF|Safeguarding Children (Version 2) - Level 3 - 3 Years|	76.42%	78.89%	80.08%	82.86%	85.96%	88.32%	89.87%	92.94%	93.53%	92.05%	93.44%	95.55%



Level 1 & Level 2 safeguarding is delivered through e-learning packages which are accessed via My ESR. The safeguarding team have dedicated a number of hours to deliver train the trainer sessions to the Clinical Practice Trainers (CPT). Collaborative working between the two internal teams helps to ensure relevant and appropriate safeguarding training is being delivered across the whole Trust. Centralised training of the CPT's ensures Trust wide consistency is applied to safeguarding training. The induction training package for Level 1 – 3 has also been updated this year which can also be utilised across all service lines to simplify the training packages on offer.

Level 3 training is written by the Safeguarding Team and mapped against the Intercollegiate Document and the National Training Guidance. The Level 3 safeguarding training for the 2022/23 programme has a high focus on consent, and the difference between early help and safeguarding. Early help continues to be a clear focus for training for 2023/24. New scenarios have been written for the face-to-face training that incorporate actual case studies from the previous year. This not only addresses any identified areas of learning but has also introduced elements of complex case examples where professional curiosity is required, and wider learning and issues are discussed.

The Trust agreed a three-year delivery plan to bring paramedics to full compliance for safeguarding level 3 (SG3) delivery hours. The plan considered what was already being delivered and which competencies were relevant to a front-line paramedic role (the intercollegiate documents acknowledged that *with ambulance staff in patient facing roles, crossing level 2 and 3 training should be in accordance to service specifications and as appropriate to the role they are undertaking*).

A joint piece of work undertaken by senior members from the Quality and People directorates reviewed Level 3 safeguarding in context of the roles within the Trust. A training needs analysis mapped the competencies and learning outcomes for both safeguarding collegiate documents.

Working with the principle of learning outcomes being appropriate to role, it was identified that there were some level 3 learning outcomes that a paramedic will never be exposed to, in those cases we can only expect to deliver knowledge; rather than developing a set of skills which they are highly unlikely to have experience of in their practice. The programme proposed that 13 hours training, delivered over three years, with a mix of e-learning and classroom delivery would acceptable and would deliver the right level of knowledge and skill. We are now into year two of this programme and a further review of the TNA has been undertaken to ensure that all groups of staff who require level 3 are included.

Level 3 safeguarding training is delivered across multiple platforms. Those staff who have been identified as requiring level 3 safeguarding training on the training needs analysis, are required to complete 13 hours of training over a three-year cycle. Patient facing staff receive their level 3 training via the mandatory training programme, during 2022/23 due to the ongoing COVID 19 pandemic mandatory training was paused on a number of occasions however this position has improved.

In order to mitigate the shortfall of level 3 trained staff, two safeguarding electronic packages were designed in collaboration between the learning and development team and the Safeguarding Team. These packages were added to the ESR profile of those staff who had not completed mandatory training during the financial year. In addition to the electronic packages, the Safeguarding Team have also delivered bespoke level 3 safeguarding training, via MS Teams to 111 and other groups of staff. However, due to the increased number of staff now requiring level 3 training, there are a number of challenges associated with capacity to undertake this for the Safeguarding team. These difficulties have been raised and discussions are on-going in relation to looking at the best method to develop this training, in addition to a range of other training requirements for both 111 and Clinical Hub staff.

Level 4 training: The Safeguarding Manager and Head of Clinical Safety (as the current named professionals), Chief Nurse and Safeguarding practitioners have all attended level 4 training this year. Whilst this is not identified as a requirement for other team members apart from the named professional, it is considered best practice for the Trust and supports development of the practitioners and other associated team roles including the Mental Health team, whose leads also attended. Information gathered from training, is cascaded through the Trust, and may feature on the safeguarding training programme for the following year. The Assistant Director of Nursing and Quality is trained to Level 5 to support the executive leadership committee. Level 4 safeguarding compliance is 100%.

Safeguarding Audits

The Safeguarding Team currently carry out two audit cycles a year. These are ‘deep dive’ audits that focus currently on; repeat children's safeguarding concerns and domestic abuse. These audits are carried out on a weekly basis by the team. Charts 3, 4 and 5 show the numbers of individual audits carried out within each audit cycle on a monthly basis. Each audit represents one individual patient. The current audits are complex and time intensive, however necessary to ensure the safety of some of our most vulnerable patients. The safeguarding team explore any cases where we have multiple concerns raised regarding the same child/ren to ensure that all the necessary services are provided.

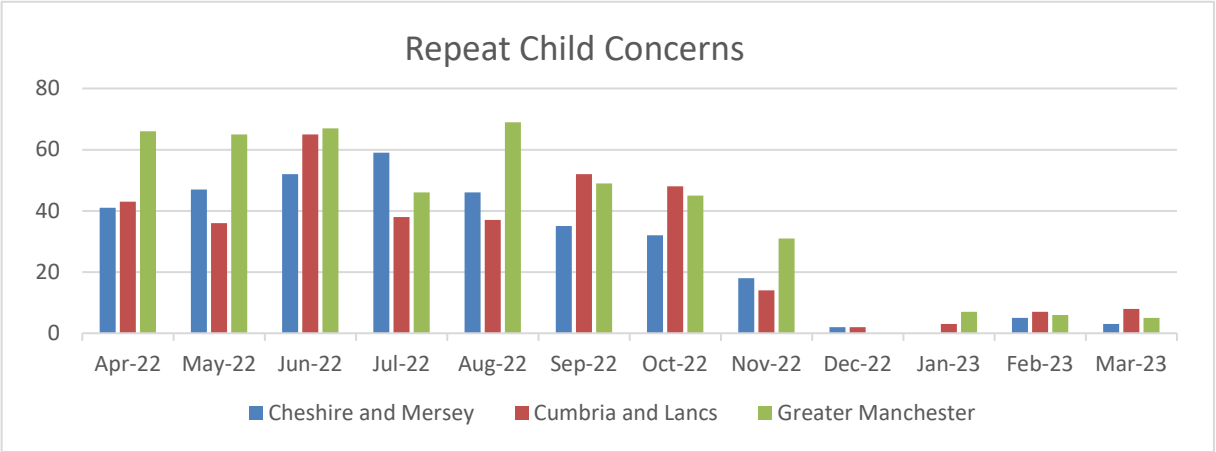
The children’s audit provides oversight and assurance of collaborative working between children’s social care and NWAS. Repeat child concerns are raised when there are three or more concerns raised within a year for a child under the age of 18. When a child is identified as a

having had repeat safeguarding concerns raised for them, the Safeguarding Practitioners contact the relevant social care team or the child's social worker and discusses the NWAS contacts and the safeguarding concerns that are raised. This discussion allows planning processes to be agreed between the Trust and the responsible social care organisation. These cases are raised with Childrens social care to ensure that they are known to services and are being supported appropriately. If they are known in the system, then this is highlighted so that we can be assured that the child is being supported and a 'flag' can be removed.

The domestic abuse audit is carried out to ensure that there have been no missed opportunities to raise concerns for the person at risk. It is to provide assurance that staff are reporting appropriately through onward communication with Social Care, the Police or specialist domestic abuse advisor and that when domestic violence is witnessed or disclosed then a safeguarding concern has been raised. It also provides the team with the opportunity to review more in-depth cases and to educate staff where needed. These audits also provide assurance that where cases of domestic violence are raised, safeguarding concerns for any children in the family are also raised jointly.

Both audits require the analysis of data and the contacting of the relevant multi agency partners, which for these specific audits would usually be Social Care and the Police.

Chart 3 – Number of repeat child concerns raised.



This chart hightlights the major change in the move to the new Cleric system from the ERISS reporting system from mid November 2022. The number of repeat child concerns has droppred dramatically. This is due to the way in which the system has moved over and cannot account for previous concerns. As highligthed earlier, it may also be related to crews having a greater understanding of the new system and having the abilitly to make informed decisions on the appropriate referral to be made at the time.

Chart 4 – Child domestic abuse audits per area

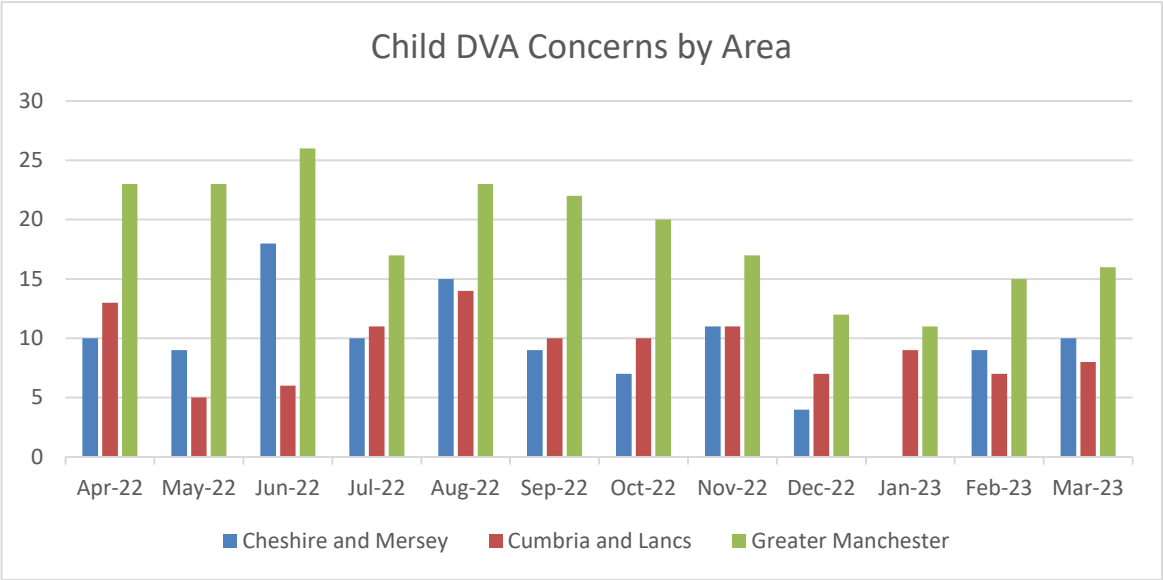
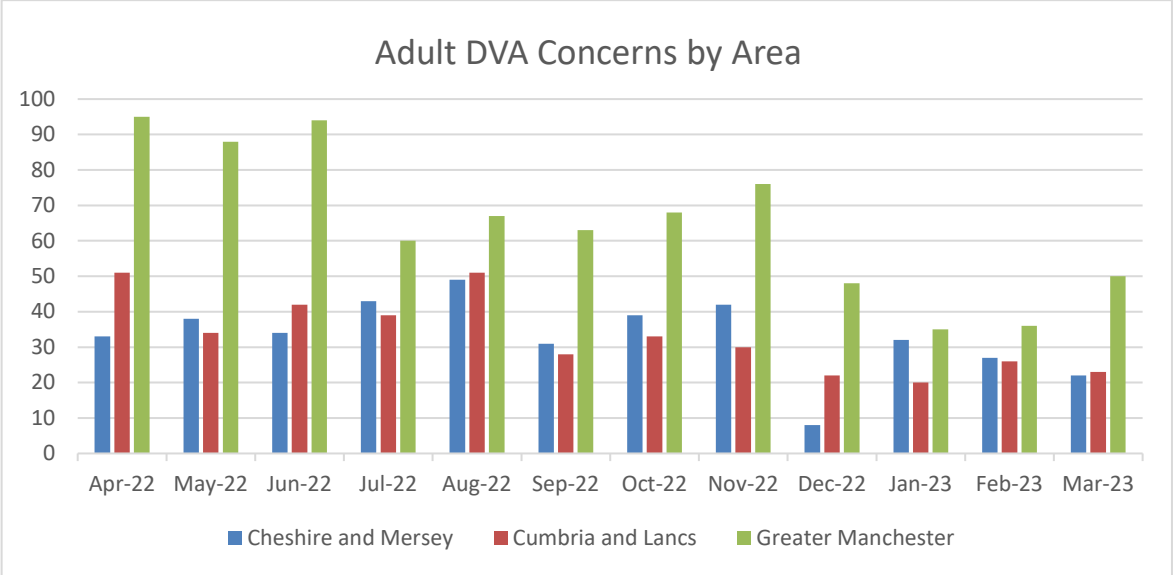


Chart 5 - Adult Domestic Abuse audits per area



Policies and Procedures

During 2022/2023 the following procedures have been reviewed and updated:

- Managing Allegations against staff policy,
- Domestic Abuse procedure,
- Missing & Absconding patients' procedure

Ongoing awareness updates and 7-minute briefings have also been published regularly as part of the continuing safeguarding education through the Communications team.

Safeguarding Assurance Framework

The Safeguarding Assurance Framework (SAF) is an assurance document which the Trust are required to complete and return to the Lead Commissioners. The SAF asks specific questions of the safeguarding arrangements which are in place within the Trust. The document once agreed, is shared with the 46 safeguarding boards. The safeguarding boards use the NWAS response to form part of their overall multi-agency section 11 report.

The 2022/23 assurance framework report is still in draft and has not as yet, been verified through the commissioners, however high compliance and assurance is evidenced throughout the report. This is currently being discussed with the lead ICB and expected to be shared in June 2023. There are areas which continue to be focal points for action within the Safeguarding Team and the wider Trust. There remain two points in the standards which the Trust is unable to mark themselves as fully compliant. One of these being the Trust delivering stand-alone domestic abuse training. At present this training is delivered on an ongoing basis as part of the mandatory training and safeguarding level 3 training packages. A stand-alone option is being considered, and a package will be developed in due course. This will be part of the 2023/24 training plan.

In regard to the second non-compliant standard, this is in relation to staff appraisals and the inclusion of safeguarding being part of the appraisal process. The Trust do not currently feature safeguarding as a specific item within each member of staff's individual appraisal. The need for specific safeguarding questions within individual appraisals will be reviewed and considered with HR.

Safeguarding Assurance – Case load report

In order to provide some additional level of assurance within 2022/23 a 'deep dive' was undertaken by reviewing several serious case reviews reported into the trust by external organisations identifying areas of good practice and/ or areas of learning.

Each month the trust receives a number of case requests from adult or children's social care or multi agency safeguarding boards where we are asked to provide information on our trust involvement. These can take several form's, from a simple enquiry, a rapid review, chronology, or completion of an individual management review (IMR). There have been 254 case reviews requested this year for 2022-2023. Some of these cases were reviewed and described showing good practice, potential missed opportunities, multi-agency working and actions.

Outcomes and Learning from these reviews were listed alongside highlighted areas of good practice, challenges and suggested next steps. Whilst there will occasionally be a missed opportunities to make safeguarding notifications these are improving. This is due to various actions being put into place, including sharing of bulletins, 7-minute briefings, updating of training and highlighting lessons learnt through committees. The move from ERISS to CLERIC has also reduced the number of rejections of cases, received back into the Trust from social care. This is due to the fact that we now have more appropriate referral pathways in place including early help, and mental health, which then allows only 'true' safeguarding referrals to be accepted. This results in patients receiving the care and support they require in a timelier way.

Safeguarding Systems Review – Project Emerald

With the continually increasing safeguarding numbers a review of the current systems used was necessary. ERISS (the previous system used) was expensive to maintain and develop. As a result, a working group was established to review the system and operated under the title of Project Emerald.

Project Emerald has seen the start of a whole system change from the electronic referral information sharing system (ERISS) system to the Cleric system. This rollout of phase 1 commenced in November 2022. The Cleric system has allowed for a more accurate data collection and reporting and will allow the Safeguarding team to monitor rejections and feedback in a more accurate manner. Further work to develop the system further is planned for Cleric version 2, which will allow for further clarity and enable the data to be drilled down further to site level.

The testing phase of the project started the summer of 2022 and over 1 million postcodes had already been put into new system in preparation of the testing phase. The support centre in Carlisle have had enhanced training on the Cleric system and understand the changes of process and the impact that this will have on the staff who take the safeguarding calls. The main roll out of the new system was launched in November 2022 and Cleric has been well received by social care partners and NWAS staff alike. Following the initial implementation of the new system the team addressed some initial feedback and teething issues in relation to the system and undertook regular meetings with all internal stakeholders to ensure the new process ran smoothly. The data previously obtained within the ERISS system is being archived however can be abstracted if needed for further reporting.

Phase 2 of Project Emerald - improvement and refinements to the Cleric system will be undertaken with IT during 2023/24. During Quarter 2 2023/2024 a further evaluation of the Cleric system will be undertaken including external feedback from social care and internally from staff who use the new system. This will be in the form of a questionnaire to social care for feedback in relation to the changeover to Cleric, information received, and additional support needed for example. It also the intention to ask internal staff the same questions so that further developments within Cleric can use this feedback to improve implementation of phase 2. The new Head of Safeguarding will oversee phase 2 once in post.

The longer-term plan of Phase 2 is that once the new system has been embedded, small teams within 111 will be introduced to the system and will go live. This will mean that they complete and submit safeguarding concerns directly to Social Care Teams themselves and not via the Support Centre. The information which is shared will be closely monitored by the Safeguarding Team to ensure the quality of the information, and there will be evaluations carried out with the receiving Social Care Teams. During this transition phase for 111 the new processes will be mapped to give a clear oversight of the benefits of staff raising direct safeguarding concerns. Upon completion of the transition within 111, the Clinical Hub will become the next group of staff who are trained in raising direct safeguarding concerns. This is likely to commence in Quarter 3/4 of 2023 giving time for Phase 1 to be fully embedded and is part of the Safeguarding workplan for 2023/2024.

The move over to the Cleric system will reduce the flow of work through the Support Centre and this has been seen since the introduction in November, this will be a gradual process and once completed within 111, Clinical Hub and EOC, the aim is for Cleric to be rolled out across the

Paramedic Emergency Service footprint during 2024/25. The benefits will include a timelier response and turnaround for 111 staff and clinical hub staff making their own referrals and gaining information first hand.

Safeguarding concerns and Mental Health (MH)

The Safeguarding Team have delivered training which focusses specifically on the appropriateness of sharing concerns with Social Care for patients who are presenting purely in mental health crisis. This training has been incorporated into the level 3 training. The Trust now has a dedicated Mental Health Team, who have worked with the relevant partner agencies and Integrated Care Systems, to ensure that adequate pathways are available to staff to utilise for patients who are presenting purely with chronic or acute mental health issues. MH concerns previously raised through safeguarding are now raised through the MH referral process and will now be reported through the MH dashboards and assurance reports. These reports will be presented through the Quality and Performance committee.

National Ambulance Safeguarding Group

The Head of Clinical Safety /Safeguarding Manager attends the National Ambulance Safeguarding Groups (NASaG). Engagement with NASaG ensures the Trust are informed of any changes to the national safeguarding policy, safeguarding standards, or regulatory framework. They liaise and work with other ambulance trusts to share and learn information.
The Trust have contributed to the National Ambulance Safeguarding Annual Report. The Safeguarding Manager led on the JRCALC safeguarding content review. This information is now available to all patient facing staff across the country and ensures new legislative changes or new guidance has been captured. The Safeguarding manager also led on a Missing and Absconding procedure for the national group, this procedure is being adopted by all ambulance trusts across the UK and was introduced into NWAS in 2022.

Safeguarding Board Engagement

Increased notifications, improved visibility and Board engagement has resulted in increased numbers of requests to be involved in Safeguarding Adult Reviews, Domestic Homicide Reviews, Serious Case Reviews, Learning Disability Reviews and Strategy Meetings.

The Safeguarding Team work alongside senior managers and clinicians to ensure engagement with the Boards is visible and specific to local needs. There are currently 46 safeguarding boards across the geographical footprint of North West Ambulance Service and the team have committed to attend each board a minimum of once per year, or, as per local board request as deemed appropriate. The Safeguarding Team monitor Board engagement.

Each ‘Local Safeguarding Board’ is formally written to on an annual basis by the Safeguarding Manager to inform them of our commitment to engage with the Safeguarding Boards, and to establish good working relationships in each area. A copy of the Trust annual safeguarding report is also shared, this prompts invites to attend Board Meetings to discuss the safeguarding activity within the Trust and look at ways of collaboratively working to improve safeguarding partnerships. In addition, practitioners and managers are involved in Local Safeguarding Board sub-groups. Engagement includes:

- Child Death Overview Panel

- Rapid Response meetings
- Alternative Life-Threatening Event meetings
- Brief Learning Reviews
- Serious Case Review groups
- Safeguarding Adults Review groups
- Domestic Homicide Reviews
- Front line visits with local board members
- Wider stakeholder meetings
- Integrated Care System meetings
- Multi-agency review meetings following the Sudden Unexplained Death of a Child (SUDC)
- MAPPA (Multi Agency Public Protection) Meetings
- Section 42 enquiry meetings.
- High Risk Patients review meetings.

Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews (DHR)

During 2022- March 2023, the safeguarding team have been involved in 254 safeguarding reviews, these are broken down into 127 adult reviews, 83 child reviews and 44 domestic homicide reviews. In direct comparison, 2020/21 saw the team engaged in 229 safeguarding reviews. The safeguarding team will continue to analyse cases and data to identify any themes or learning.

Learning is captured for each organisation involved within the individual reports where this is applicable. Any learning specifically for NWAS or that can be applied to the Trust is recorded as part of the individual report and on the Safeguarding workplan. Learning for these cases is then disseminated through the corporate learning forum, the regional learning forums, directly with the staff involved and trust wide via the weekly regional bulletins. It is also built into mandatory training scenarios.

Chart 7 – Number of Serious Case Reviews per month and area for 2022/23

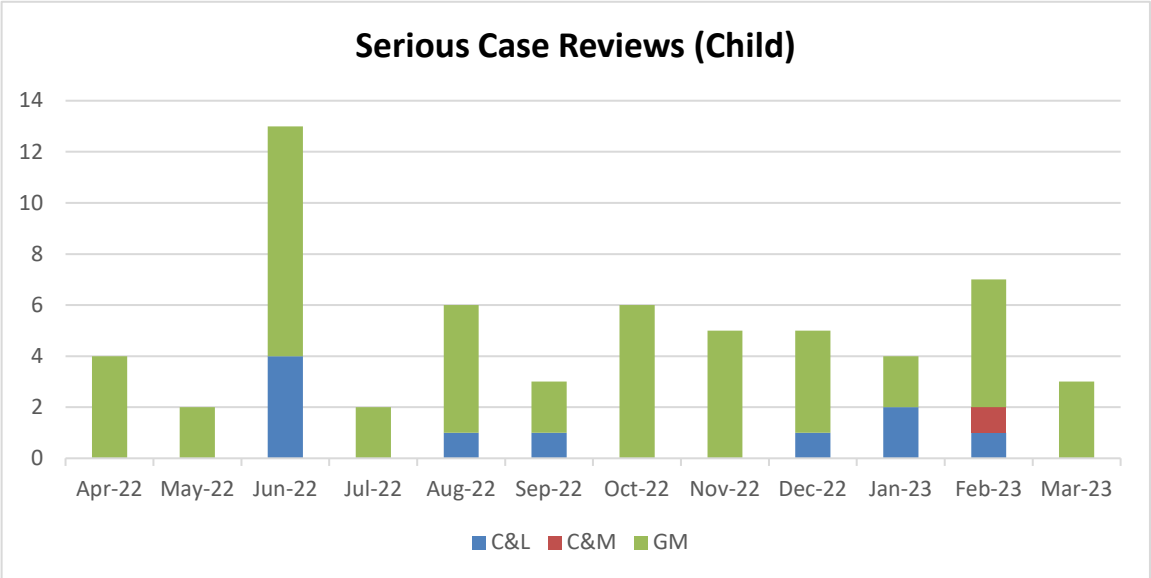


Chart 8 – Chart to show the number of Safeguarding adult reviews commissioned by area for 2021/22

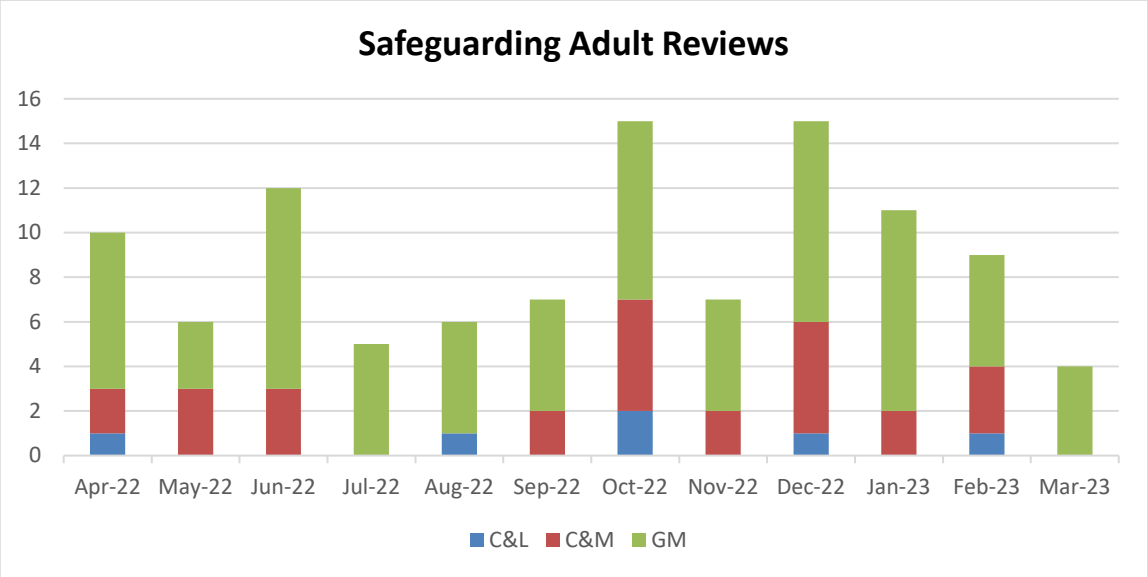
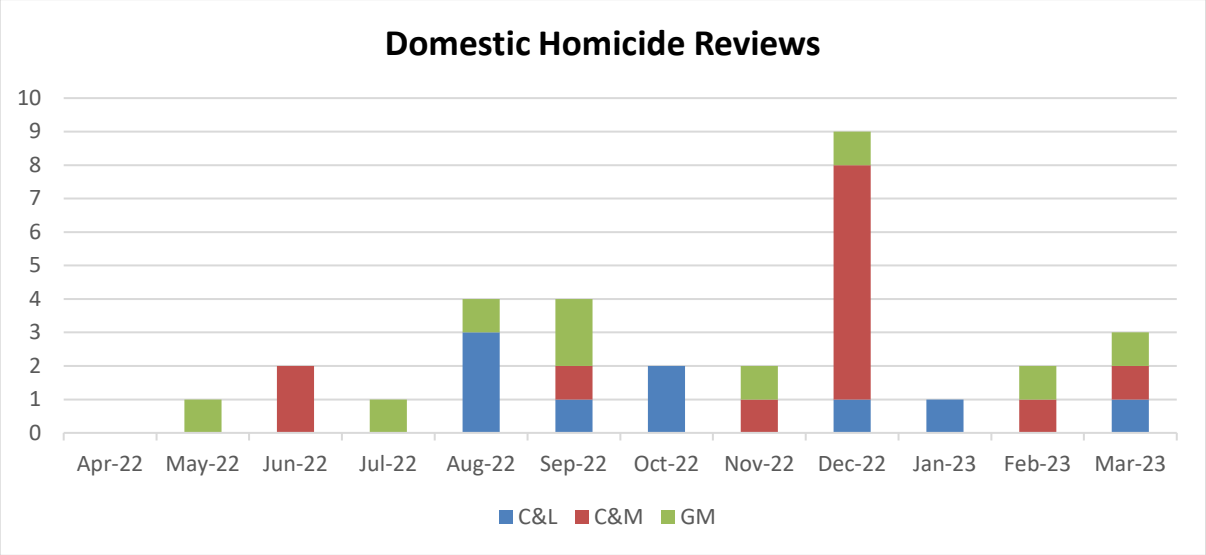


Chart 9- Information in relation to the number of Domestic Homicide Reviews by area for 2021/22



All SCR, SAR and DHR's are reported to Board through the 'reportable events' paper which is presented on a bi-monthly basis. Safeguarding activity is also reported at the Quality and Performance Committee and through the Integrated Performance Report.

The process for SCR/SAR/DHR is extensive, and reports can take prolonged amounts of time to be published. Learning, which was implemented into the Trust in 2022, was directly from a case which occurred in 2019. Bulletins, 7-minute briefs and training scenarios have all been produced based on learning from national, regional, and local cases.

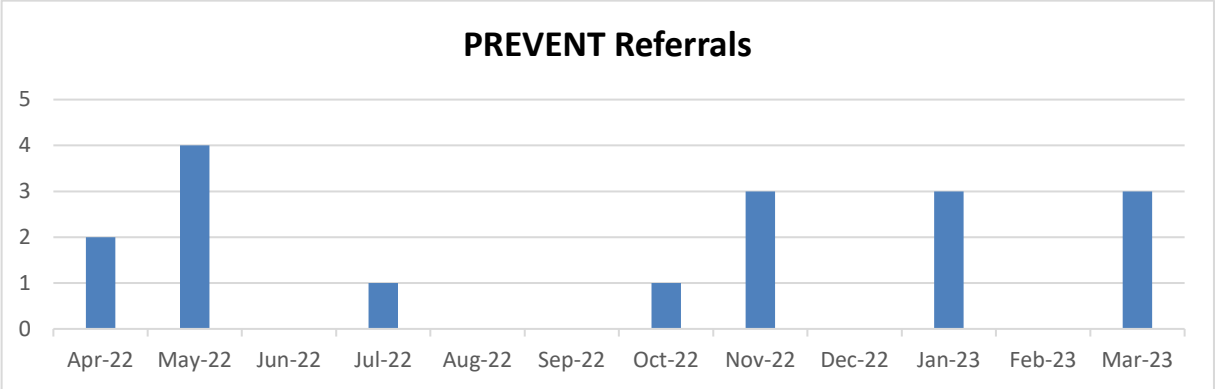
Learning Disability Mortality Review Programme

The Learning Disability Mortality Review Programme (LeDeR) occurs when a person with a learning disability dies. A review takes place to look at the person's death and the circumstances

that led up to the death. Recommendations are made to local commissioning systems regarding changes that need to be made locally to improve services for other people who have a learning disability. The safeguarding team originally undertook this function however, during 2022 this was moved over to the Mental Health team and will be part of their annual report.

PREVENT

During 2022-2023 the Trust has made 17 PREVENT referrals to the regional anti-terrorism teams, a reduction of 22 from the previous year. Feedback has been received for some of the referrals made, and this has been sent out to the Trust staff who raised the referral.



An electronic 'Workshop to raise awareness of Prevent' (WRAP) training package has been added to my ESR during 2022 for all Trust staff to receive a refresher for PREVENT. WRAP 3 continues to be delivered to all staff at induction, WRAP 3 is the agreed national training package for PREVENT. The Safeguarding Manager was an accredited Home Officer trainer for Prevent. The trust is 99.3% compliant with PREVENT training.

Private Providers

An assessment of the work carried out by our private providers was undertaken earlier this year following concerns raised by the CQC nationally regarding private providers who have breached regulations regarding patient transport for secure and mental health patients. This self-assessment document looked at potential breaches of regulations in relation to unsafe practices, recruitment, physical health needs and safeguarding and restraint.

An assurance document was designed which focused on these arrangements within each private provider organisation. The assurance document asked specific question in relation to these topics, and ensures all providers have adequate policies and guidance in place, and that such reporting is in line with Trust expectation. Following responses from the 19 providers in Q4 of 2022, each response will be analysed, and any further action required will be identified. These will be sent out to the private providers to provide additional assurance from their initial response. Private Provider organisations have been given a six-month period to complete and provide evidence for their individual action plans, responses will be monitored, and the overall compliance document will be updated for assurance.

A Private Provider oversight group has been set up to monitor and seek assurance from each of the private provider companies. This is to ensure that they meet all the standards required under CQC regulation which also includes safeguarding. Any concerns raised regarding a specific private provider are discussed at the oversight group where follow up actions and

assurance is sought from that provider. If assurance is not provided, then NWAS will cease to use the provider until assurance can be gained.

Child Protection Information Sharing (CP-IS)

CP-IS is an information technology (IT) system which is in place or being implemented across health and social care agencies. The IT system allows for information to be shared securely to better protect the most vulnerable children in our society.
Child Protection Information Sharing System (CP-IS) went live in 2021/2022 within the Clinical Hub which deals with most of the category 3 & 4 calls. The final part of the roll out will be switching CP-IS 'on' within the Emergency Operational Control Centres (EOC) which cover the category 1 & 2 calls. Work continues with NHS Digital and NHS England, to find a suitable IT interface for this to happen however, this has been delayed at national level and no further progress has been made to date.

Safeguarding Flags

Safeguarding flags are placed on addresses where it has been identified that an individual who is at high risk of harm or abuse resides. Flags are placed for short periods and are reviewed to ensure that they do not incorrectly remain in place, flags are reviewed by the professional who places them onto the system to ensure they are current and relevant. Maternity alerts are also placed onto the Cleric system. Maternity alerts are placed upon the request of maternity professionals, these alerts are usually placed when the unborn child is at immediate risk following birth, or if the child is to be removed at birth and the mother is avoiding maternity services.

Local Authority Designated Officers (LADO)

During 2022/2023, 20 LADO notifications/ allegations against staff, were received into the Trust. This relates to members of NWAS staff where there have been allegations in regard to safeguarding concerns such as domestic abuse has been raised. LADO notifications are received when a disclosure is received from a professional body, including the police or health partners. The Safeguarding Team liaise with the relevant HR Manager and Sector Manager/Head of service in relation to the information, and a risk assessment is completed, and actions agreed.

On the rare occasion that a member of staff is dismissed by the Trust, HR Managers may need to complete a disclosure and barring form.

Allegations against staff may also come into the Trust from other sources and on occasions do not come directly into the safeguarding team. It is the responsibility of the receiving member of Trust management to share this information with the Head of Clinical Safety/ Safeguarding Manager. This responsibility of all Trust staff in relation to allegations received is outlined in the managing allegations against staff policy (which has been updated in December 2022) and is developed by HR. The Safeguarding team manager leads on this process and acts as the liaison with external partners such as the LADO and the police.

As the number of potential and actual allegations seem to have increased in 2022/23 (from 11 the previous year) it is the intention that a 'deep dive' of these cases and the allegations process will be undertaken during 2023/2024 to ascertain if there are any themes or factors that account

for this increase. This will be a priority for the new Head of Safeguarding to commence in Quarter 2 of 2023. An early indication would be the improved interaction and notification between the directorates to ensure a smooth and speedy investigation into these allegations is improved and that further support to managers is provided.

Safeguarding Achievements 2022/23

- Going live with phase 1 of the Cleric switch over.
- Identification and engagement with staff across the Trust who have expressed an interest in safeguarding and provided workshops and updates to these champions in relation to Cleric and safeguarding in general. These will continue during 2023/2024.
- The development and initial introduction of the NWAS Sexual Safety campaign for all staff across the Trust. This has been done in collaboration with the Women in Leadership network and the Violence, Prevention and Reduction Group and will continue to be strengthened and developed during 2023/2024.
- Continued partnership working with Social Care departments in improving the feedback received for safeguarding concerns which are raised through the introduction of the new Cleric system.
- Ensuring high quality safeguarding training is available across the Trust and compliance levels are monitored, including the level 3 ESR module.
- Full review of the training needs analysis for safeguarding training against the level required for roles against the Intercollegiate document.
- Private providers assurance reports gained from all 19 Private Providers in relation to safeguarding, restraint, safe recruitment, policies and procedures and governance.
- All safeguarding and maternity alerts are now placed onto the Cleric system.
- Two bespoke safeguarding packages have been written and developed and are now live on ESR. New packages and scenarios developed for face-to-face mandatory training.
- Development and introduction of a pathway for missing and absconding people.
- Review of the domestic abuse procedure

Ambitions 2022/23

- Alignment with the safeguarding systems within the ICS footprints covered by the Trust. We currently cover 46 Adult and Children safeguarding boards. However, due to the changes that have taken place within both Local Councils and Integrated Care Board's (ICB), some of these boards are now being reconfigured, and a review of our engagement structure is required to ensure we remain aligned to the new structures.
- Delivery of phase 2 of the Safeguarding Cleric system – Embedding of Phase 1, development of data dashboards for assurance reporting, roll out of Cleric to 111 and the Clinical Hub.
- Review of the Managing allegations against staff policy and procedures to include additional information for managers and Practitioners. Undertake a 'deep dive' audit of cases from 2023 to review processes, identify any additional support, themes and trends and additional training needs for managers.
- Review of Level 3+ training needs analysis (TNA), development and implementation of training packages to meet the needs of the TNA in relation to those groups of staff who require additional safeguarding training as part of their role. Review of delivery methods across different areas of the trust i.e., PES/ 111 and EOC.

- Review of safeguarding team resources and benchmark against other trusts in response to increased case reviews, external engagement, increased training needs and staff support requirements.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

The Trust has a statutory duty to comply with:

- The Children's Act 1989; 2004
- The Care Act 2014
- Working together to safeguard children 2018
- The Serious Crimes Act 2015
- Mental Capacity Act 2005
- Mental Health Act 1983; 2007
- Deprivation of Liberty Safeguards: Codes of Practice (2008).
- Health & Social Care Act (2008)
- Care Quality Commission's Registration Standards.
- Modern Slavery Act 2015
- Female Genital Mutilation Act 2003; 2015
- Learning from Deaths Report 2018
- Domestic Abuse Act 2021

Safeguarding assurance is reported within the Trust via the Patient Safety Sub Committee, bi-annual reports to the Quality & Performance Committees, attendance at the Quality Business Groups and the Trust Learning Forums.

4. RECOMMENDATIONS

The Board of Directors are asked to:

- Note the assurances within this safeguarding annual report 2022/23.
- Approve the onward progression of this report for consideration at the Board.

NHS
North West Ambulance Service
NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31st May 2023				
SUBJECT:	Complaints Annual Report 2022-23				
PRESENTED BY:	Director of Corporate Affairs				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☐	☐	☐	☐
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☐	☐	☐	☐	☐
PURPOSE OF PAPER:	For Assurance				
EXECUTIVE SUMMARY:	• **Activity**: from 1 April 2022 until 31 March 2023 the Trust received a total of **1,987** complaints. • **Open Complaints**: As at 31 March 2023 there were **131** open complaints of which **23** were overdue. • **Backlog Recovery**: The recovery plan that had been in place and which was monitored by the Executive Leadership Committee and Board via the IPR is to be concluded on account of the improved and sustained performance				
RECOMMENDATIONS:	The Board is asked to: • Note the number of complaints received • Note the improved and sustained position in terms of complaint closure compliance and the reduction of the accumulation of overdue complaint responses. • Note the outcome of the complaints upheld • Note the key themes of complaints received • Note the existing mechanisms by which information and data is disseminated into the organisation but recognise the further opportunities in respect of learning and triangulation.				
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Compliance/Regulatory ☐ Quality Outcomes ☐ People ☐ Financial / Value for Money ☐ Reputation ☐ Innovation				

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐

PREVIOUSLY CONSIDERED BY:	Quarterly at Quality & Performance Committee	
	Date:	Not Applicable
	Outcome:	Not Applicable

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1. PURPOSE

The purpose of this annual report covering the period 1 April 2022 – 31 March 2023 is to provide assurance to the Board of Directors that:

- There are robust systems in place to ensure that the Trust is compliant with the requirements of NHS complaint regulations.
- The Trust is compliant with the Parliamentary & Health Service Ombudsman guidance on complaint handling.
- The Trust identifies learning from complaints.

2. BACKGROUND

The Trust has a statutory obligation to investigate and respond to complaints raised with the organisation in relation to the care which it proves (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Care Act (2014)). The Trust works together with other organisations to ensure that the response to complaints or concerns cover all areas of the complaint in one response and where possible is communicated in an effective manner for the patient and/or their family/representatives.

Complaint management standards are determined nationally for NHS Provider Organisations and are monitored by the Care Quality Commission and the Parliamentary & Health Service Ombudsman.

The Trust welcomes all opportunities to learn, and complaints provide a unique and invaluable opportunity to hear from our service users.

We endeavour, where possible, to provide an open and transparent resolution to enquiries within 3 working days. Where it is not possible to provide such a response, a fair and proportionate investigation is undertaken within agreed timeframes.

The standards that the Complaints Unit work to are as follows:

- Each complaint is allocated to a named complaint handler.
- All complaints are acknowledged within 3 working days, in line with statutory obligations.
- The complaint hander agrees a communication plan with the complainant and discusses their concerns in full.
- All findings are communicated to complainants along with any learning which has been identified through the investigation.
- Where significant learning has been identified, complainants are encouraged to share their story through patient stories to assist with education, training, and awareness.

3 ANNUAL REVIEW

Annual Activity

Within the annual reporting period a total of **1,987** complaints were received.

2022/23	High Risk	Medium Risk	Low Risk	Total
Q1	13	63	379	**455**
Q2	16	58	414	**488**
Q3	15	67	476	**558**
Q4	**14**	**42**	**430**	**486**
TOTAL	**58**	**230**	**1,699**	**1,987**

Complaints are scored according to severity from 1 to 5 as per the Trust Risk Matrix - low risk complaints are those which are assessed at Level 1 and 2 and high risk complaints are those which are assessed at Level 4 and 5. All complaints assessed at level 4 and 5 are reviewed at the weekly Review of Serious Events (ROSE) meeting for consideration against the Serious Incident (2015) Framework.

Complaints that have been received via telephone or email are automatically provided with a verbal acknowledgement at point of first contact. The vast majority of complaints are raised via email or via the online form on the NWAS website.

Management of the Accumulation of Overdue Complaints

At the beginning of the reporting period, 47% of open complaints were overdue and beyond the timescale in which NWAS aims to respond.

Poor complaint handling, particularly overdue complaint responses, compounds an already poor patient experience and therefore, reducing this accumulation of open and overdue complaints and then sustaining this improvement has been the Complaint Unit's key objective for 2022-23.

Despite spikes in the volume of complaints received at the close of Q3 aligned to the impact of the significant operational pressures experienced throughout the same period, there has been a significant sustained improvement.

At the close of FYE 2022/23, on average (mean) 78% of complaints were closed within the agreed timeframe.

Complaint Outcomes

Since Q2, the Complaints Unit has captured and reported on the outcome of complaints raised with the Trust. Capturing and analysing complaint outcomes provides an opportunity to identify learning and to provide support to service lines with service development/ improvements.

Of the complaints received, investigated, and responded to in the reporting period:

Upheld:	Partly Upheld:	Not Upheld:	Ongoing:
19%	26%	49%	6%

Learning From Complaints

Whilst the key themes, consistent across both low and medium/high risk complaints, are delayed attendances and care and treatment, the lower risk cases relate to delayed PTS journeys and poor staff conduct, whilst the medium/higher risk complaints relate to delayed emergency attendances.

Given the strong correlation between operational performance and poor patient experience, it is of little surprise that delayed attendances are the key feature of the complaints raised during the reporting period given the constant pressure on the service throughout the majority of 2022-23.

The introduction of DCIQ during Q2is beginning to help with triangulation of complaints, inquests and serious incidents, some further development work is required within these modules on the system to ensure consistent data capture. In the meantime, the Complaints Unit continues to work with Legal Services, the Patient Safety Specialist and the SI team on the development of a triangulated report.

Whilst it is acknowledged that work continues to ensure that there is a robust and meaningful route to identify and disseminate learning from complaints through the Trust, the Board is asked to note the existing mechanisms by which information and data from complaints is disseminated: -

- Learning identified through complaint investigations is aligned to the Service Line Head of Service for ownership and is managed through the Area or Service Line learning forums as appropriate.
- All complaints referred to the PHSO by complainants who remain dissatisfied are reported to the Board via the Reportable Events Paper.
- Representation from the Complaints Investigations Unit attend and participate in the weekly ROSE meeting.
- EOC actions/learning arising from complaints are reported to EOC Governance Group to disseminate/action as appropriate.
- Where a complaint indicates a risk of a personal injury claim being presented, the complaint response will be shared with Legal Services to ensure that binding admissions are not made inadvertently.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS ***(including consideration of the Trust's Risk Appetite Statement)***

Learning from complaints forms part of the Trust's duty to ensure that it improves services, fulfils the provisions of the Health and Social Care Act 2012, Health and Safety legislation and requirements /duties under information governance.

Handling of complaints is governed by the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

Where a moderate degree of harm and above is identified as part of any complaint investigation, adherence to the Duty of Candour regulations is facilitated by the team.

Investigating and responding to complaints and concerns forms a fundamental part of the management of risk within the Trust. This ensures that staff and patient safety is understood and protected.

5. EQUALITY OR SUSTAINABILITY IMPACTS

The Complaints unit has recently amended its case assessment pro-forma to capture ethnicity data. This is also part of the DCIQ ongoing development plan. This will ultimately support the identification of protected characteristics and any health inequalities.

6. RECOMMENDATIONS

The Board is asked to:

- Note the number of complaints received
- Note the improved and sustained position in terms of complaint closure compliance and the reduction of the accumulation of overdue complaint responses.
- Note the outcome of the complaints upheld
- Note the key themes of complaints received
- Note the existing mechanisms by which information and data is disseminated into the organisation but recognise the further opportunities in respect of learning and triangulation.

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Quality & Performance Committee			
Date of Meeting:	27th March 2023	**Chair:**	Prof A Esmail, Non-Executive Director
Quorate:	Yes	**Executive Lead:**	G Blezard, Director of Operations C Grant, Medical Director A Wetton, Director of Corporate Affairs M Power, Director of Quality, Innovation, and Improvement
Members Present:	Prof A Esmail Dr A Chambers Dr D Hanley Mrs A Wetton Mr G Blezard Dr C Grant Dr M Power	**Key Members Not Present:**	-

Link to Board Assurance Framework (Strategic Risks):

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating

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

Board Assurance Framework	• Discussed actions outstanding for completion in 2022/23. • Received updates related to SR01 and higher-level actions that have been impacted by external factors. To be rolled over to 2023/24. • Recognised the need to identify smarter actions aligned to overarching objectives in 2023/24	• Gained assurance that BAF risks were being managed effectively.	
Draft Annual Report and Terms of Reference	• Discussed the outcomes identified from the annual effectiveness review and approved the Committee Terms of Reference for 2023/24.	• Approved Terms of Reference for onward approval by the Board of Directors.	
Deep Dive – Single Primary Triage / NHS Pathways	• Received an overview of work completed during first 6 months of implementation of NHS Pathways. • Received detail of the positive outcomes, which included reduction in duplication, improvement in rate of non-clinical hear and treat and overall reduction in response to C1 and C2 triage, which increased capacity. • Future project plans outlined, and members welcomed the inclusion of data graphs, which assisted an understanding of the benefits achieved. • Discussed the impact of recruitment challenges.	• Noted the assurances provided by the Deep Dive presentation into Single Primary Triage & NHS Pathways Implementation.	

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	• Acknowledged that the trust's Corporate Programme Board monitored the lessons learnt and outputs, along with any variations. • Thanked the Integrated Contract Centres Director for an excellent presentation.		
Integrated Performance Report	• Received reporting on the trust's performance for period February 2023. • Noted good progress in the closure rate of complaints level 1-3 and focus work continued to increase rate of Level 4-5 incidents. • The Trust's REAP level reduced from 4 to 2, which reflected the impact of changes during industrial action. • 111 activity levelled, and PTS update received. • Acknowledged the ELC had approved funding to address ongoing issues with the APEX tool. • Noted the impact of the additional resource would be monitored by the Committee. • Members questioned the balance of hear and treat and see and treat rates and whether Directors were satisfied with the current position.	• Noted improvements in complaints activity. • Noted the reduction in REAP Level from 4 to 2. • Noted the work undertaken to manage the call stack during period of industrial action. • Noted the collaborative work undertaken to improve hospital handover position with stakeholders and service users. • Acknowledged the resource identified to improve the APEX tool position, however recognised impact of the additional resource would be monitored. • Further assurance required, in terms of hear and treat and see and treat performance and understanding the balance of the current position.	

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	• The Director of Operations advised of the positive action taken during the periods of industrial action to manage the call stack, and noted further work required to explore factors related to the variations across the sectors. • Requested further assurance to the Committee in terms of performance data related to time on scene and job cycle time to fully understand the position. • Noted the collaborative work undertaken to improve hospital handover times and good progress made by the team to conduct the preparatory work with stakeholders and service users. • Acknowledged that the next phase of collaborative work involved improvement of primary care services and inclusion of mental health providers.		
Q3 Clinical Audit Report	• Received Q3 clinical audit activity. • Welcomed details of the quality benefits, including ethnicity data. • Noted the ongoing focus of Board of Directors to EDI specific, performance indicators.	• Noted the assurance provided.	

Key		
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Q3 Learning from Deaths Report	• Following request from the Board of Directors, received assurance in relation to the definition of and the percentages associated to "inappropriate care". • Noted that the report included an improved focused approach to learning from actions rather than methodology. • Recognised the approach aligned to the Patient Safety Incident Framework (PSIRF). • Discussed the need to ensure that areas identified for improvement were reflected in learning themes across the trust. • Noted that the Learning from Deaths Annual Report to be presented to the Board of Directors would include detail of examples of such learning.	• Noted the assurance provided.	
Ockenden Maternity Services Review Assurance Report	• Noted future reporting would focus on the maternity single plan, which would include the recommendations made by the Ockenden Review, and the actions taken by the Trust. • Discussed the need for future reporting to focus on the "so what question", particular in relation to patient safety. • Noted the significant amount of work undertaken by the Consultant Midwife and the teams, to deliver training and	• Noted the assurance provided.	

Key		
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	improve collaborative working with stakeholders.		
Safeguarding Assurance Report	• Report requested at the November meeting, to provide further assurance in relation to the work undertaken to address corporate risks. • Noted that a separate meeting with Dr D Hanley, Non-Executive Director, and the team, had addressed the issues in further detail. • Dr D Hanley noted the challenges, which included providing a trust representative on each of the Safeguarding Board meetings. • He thanked the Assistant Director for the further assurance required. • Noted the Annual Report would be presented to the May meeting of the Committee, for further assurance.	• Noted the assurance provided.	
Duty of Candour update & implementation plan	• Received details of the trust's Duty of Candour Recovery/Implementation Plan for Q3-Q4 2022/23. • Discussed the current position and actions to be taken to ensure improvement. • Acknowledged that the gaps identified had formed the actions included in the Recovery Plan.	• Received moderate assurance in relation to the trust's position relating to Duty of Candour. • Noted further assurance would be provided in future serious incident reporting to the Committee. • Noted outstanding cases expected to be addressed by the end of May 2023.	

Key		
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	• Noted the aim to ensure that outstanding cases would be addressed by the end of May 2023. • Meetings and monitoring arrangements with the CQC and the Trust's ELC were scheduled and in place.	• Noted monitoring of the position was being undertaken by the ELC and CQC were sighted on the current position.	
Quality Assurance Biannual Report	• Received an overview of the Quality Assurance Visit (QAV) progress. • Discussed management of the local actions and the process for monitoring the completion of actions. • Noted the use of overall action tracker, overseen by the Chief of Regulatory Compliance, including oversight of CQC related actions.	• Noted the assurance provided.	
Quality Account Arrangements	• Noted the plans in relation to the Quality Account 2022/23 and improvement areas for 2023/24.	• Noted the plans and timescales for production of the Quality Account 2022/23 and plans for 2023/24.	
Sub Committee Chairs Assurance Reports	• Noted the content of the Chairs Assurance Reports from the following sub committee meetings held in March 2023 - ➢ Patient Safety ➢ Clinical Effectiveness ➢ Health, Safety and Security ➢ Infection Prevention and Control	• Noted the assurances provided in the Sub Committee Chairs Assurance Reports, aligned to the Committee.	

Key		
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	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
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North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Quality & Performance Committee			
Date of Meeting:	22nd May 2023	**Chair:**	Prof A Esmail, Non-Executive Director
Quorate:	Yes	**Executive Lead:**	C Grant, Medical Director A Wetton, Director of Corporate Affairs M Power, Director of Quality, Innovation, and Improvement
Members Present:	Prof A Esmail Dr A Chambers Dr D Hanley Mrs A Wetton Dr C Grant Dr M Power	**Key Members Not Present:**	G Blezard, Director of Operations

Link to Board Assurance Framework (Strategic Risks):

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Board Assurance Framework	• Discussed actions and challenges related to SR01.		

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
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	• Sought assurance on the organisation's ability to sustain the recent improvement in performance. • Noted NHS Pathways had contributed to more effective management of call volume and improved performance standards. • Seasonal challenges hadn't brought the same levels of pressure for NWAS, as those experienced by some ambulance trusts. • Acknowledged the trust had been proactive in the implementation of change. • Discussed PSIRF, hospital handover and the current position in relation to implementation of the leadership model review and impact on the service lines to deliver the many priorities.	• Gained assurance that BAF risks were being managed effectively.	
Integrated Performance Report - for period April 2023.	• **Complaints & Incidents –** noted the sustained improvement in the reduction of the backlog of level 1-3 complaints closed within the required timeframe. • Noted a decrease in the number of reported incidents and work being undertaken to promote reporting of incidents via iPads with frontline staff.		

Key		
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	• **Patient Experience –** good return rate for friends and family test with high level of feedback. Two key themes identified which related to timeliness and availability of resource with compliments related to care and compassionate staff. • **Clinical Effectiveness –** noted flu and Covid cases in December had impacted on mortality rate and trust were monitoring data. • Noted very good hear and treat performance at 41.5%, which was reported as testament to the investment made in the control rooms. • Reported that the trust continued to review C2 validation and hear and treat rate was an indicator of the trust's ability to respond to C2 calls. • Discussed variation in performance across the areas which included some factors outside of the trust's control, resource investment would focus on the lower performing areas. • **Performance -** Improved performance in C1 90th performance and C2 response 90th which indicated stepped improvements.	• Noted sustained improvement of reduction of backlog of closure of level 1-3 complaints. • Noted work required to understand reduction in SI's reported in the period. • Noted some improvement in relation to performance standards, and reduction in C2 call delays. • Acknowledged monitoring and evaluation required to understand if some improvement in performance can be sustained.	

Key		
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	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
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	• Significant improvement in the number of delays in the C2 stack reported and noted as a significant improvement. • Noted the challenges of sustainability of improvement and future monitoring and evaluation of the changes made. • Some improvement in 111 performance and some reduction in pressure.		
Incidents & Serious Incidents Q4 Assurance Report & Annual Review	• Noted the number of internal and external incidents received and the process for handling and sharing learning from incidents reported externally into the organisation. • Acknowledged high number of outstanding SI actions to be completed, held in the Datix system. • The Medical Director confirmed process for reviewing the actions was in place, which included a weekly meeting with the risk team, himself, and the trust's clinical effectiveness lead. • Confident that there was no clinical risk within the outstanding actions, which were due to housekeeping work required on legacy actions linked to the old and new DatixIQ system. • Confirmed a deeper look into the outstanding actions would be	• Noted SI activity and the current position of a high number of outstanding actions to be completed in the Datix system. • Received verbal assurance from the Medical Director that the outstanding actions were reviewed on a weekly basis with the risk team. • The Medical Director confirmed there was no clinical risk contained within the outstanding actions. • The position related to legacy actions and housekeeping required, linked to the migration from Datix system to Datix IQ. • **Action:** Further assurance on the position to be provided to the Committee.	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
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	conducted at the next weekly meeting to provide further assurance.		
Complaints Assurance Report & Annual Review	• Noted the annual reduction achieved in relation to complaints backlog. • Improved from 47% to 78% closed at the end of 2022/23. • Welcomed reference in the report to where learning was aligned. • Requested future reports included a sample of examples of specific improvements that had been implemented because of complaints. • Noted such examples were planned for inclusion in 2023/24 reports.	• Noted annual activity and the overall improvement made in relation to complaints closed within the required timeframe. • Acknowledged future reports would include examples of improvements made, because of complaints received.	
Q4 Legal Services Report	• Noted legal activity during the quarter. • Acknowledged focus on managing the clinical risk associated to call handling and response times to suicide calls. • Future learning to be included in quarterly assurance reports. • Resource within the legal services team discussed, and the position overseen by the Director of Corporate Affairs.	• Noted the assurance provided. • Acknowledged future reports would include details of learning outcomes.	
Health, Safety, Security and Fire Annual Report 2022/23	• Noted key team objectives and work undertaken in the year by the team. • Acknowledged RIDDOR rates and impact on reporting requirements	• Noted the assurance provided.	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
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	during periods of challenge and significant pressure. • Discussed violence and aggression activity and the effectiveness of posters disseminated throughout the trust. • Discussed the process for dealing with reports of violence and aggression and work with staff teams. Recognised challenges for EDI members of staff. • Reported that frontline awareness would be enhanced by the changes implemented as part of leadership model review. • Congratulated the Chief of Regulatory Compliance and the team for their hard work during the year.		
Safeguarding Annual Report 2022/23	• The Assistant Director of Nursing presented an overview of safeguarding activity during 2022/23. • Noted and discussed key areas of development and focus, which included training compliance and evaluation of learning through appraisal monitoring.	• Noted the assurance provided.	
Mental Health Annual Report 2022/23	• Received a comprehensive mental health report that highlighted the work undertaken by the mental health team internally and externally, with system partners, to improve the pre-hospital	• Noted the assurance provided and the work undertaken by the mental health team, during the year.	

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

	experience for patients suffering from mental health. • Discussed at length the balance for the trust in meeting the needs of mental health patients in an emergency and providing mental health expertise within the wider health care system. • Noted the pilots undertaken in GM and Cheshire and the potential of clinicians working in EOCs. He emphasised the need for an evidence-based approach to the outcomes of their work.	• From a resource perspective, acknowledged the challenges for the mental health team, in terms of demand, scope and future expectations of the trust's mental health provision. • Noted the future investment required to meet demand and the need for future monitoring of effectiveness of clinicians providing the expertise in the trust's EOCs.	
Clinical Safety Plan - Update	• Received a verbal update from Medical Director. • Clinical Safety Plan to be presented to Part 2 Board meeting on 31st May 2023 for discussion.	• Noted the verbal update.	
Draft Quality Account 22/23	• Received a draft of the trust's Quality Account for 2022/23. • Final version to be presented to the Board of Directors for approval on 21st June 2023. • Some feedback provided and further comments invited prior to submission of the final version.	• Received the Draft Quality Account for final approval by the Board of Directors on 21st June 2023.	
Medicines Management Annual Report 2022/23	• Chief Pharmacist presented the annual report, which included the Controlled Drugs Annual Report.	• Noted the assurance provided.	

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	• Noted the work undertaken during 2022/23 and gained assurance of monitoring arrangements.		
Q4 Clinical Audit Progress Report	• Noted Q4 clinical audit activity and received an overview of developments. • Clinical documentation discussed and assurance received.	• Noted the assurance provided.	
Sub Committee Chairs Assurance Reports	• Received an overview of the assurances received by the sub committees aligned to the Committee, which included Clinical Effectiveness, Health, Safety and Security and EPRR. • The Committee challenged the EPRR green rated assurance ratings, for incident debriefs and progress against the Manchester Arena Inquiry actions. • The Chair acknowledged that although actions were in progress, they were incomplete and required amber assurance ratings. • The Chair requested a review of the two items, by the EPRR Subcommittee chair.	• Noted the assurances provided. • **Action:** Requested a review of two of the assurance ratings contained within the EPRR Chairs Assurance Report.	

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North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Resources Committee			
Date of Meeting:	26th May 2023	**Chair:**	Dr D Hanley, Non-Executive Director
Quorate:	Yes	**Executive Lead:**	Ms C Wood, Director of Finance
Members Present:	Dr D Hanley Mr D Rawsthorn Ms C Butterworth Mr D Whatley Ms L Ward Mr S Desai	**Key Members Not Present:**	Mrs C Wood, Director of Finance Mr G Blezard, Director of Operations

Link to Board Assurance Framework (Strategic Risks):

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating

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

Board Assurance Framework	• Received updated narrative in relation to strategic risks aligned to the committee. • SR07 and SR08 discussed in detail in relation to current actions and mitigating measures undertaken. • Risks monitored throughout the meeting.	• Gained assurance that BAF risks were being managed effectively.	
Trust Strategy Annual Refresh	• Acknowledged that three key questions had been considered in the refresh which included the suitability of the strategy, within the current wider context of the trust and whether the strategy continued to add value. • Discussed at length the factors impacting on the trust. • Recommended approval of the Trust Strategy refresh to the Board of Directors.	• Recommended approval of the Trust Strategy refresh to the Board of Directors.	
Final Annual Plan 2023/24	• Noted the work undertaken to produce the final annual plan. • Discussed the risk of unforeseen external demands that would impact on the plan. • Further discussed, clarified and sough assurance on the position in relation to the workforce and service delivery capabilities to deliver the Plan.	• Recommended approval of the Final Annual Plan 2023/24 to the Board of Directors.	

Key		
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	• Recommended approval of the Final Annual Plan to the Board of Directors.		
Update on 2023/24 Financial Plans and Urgent Emergency Care (UEC) Recovery Funding	• The Deputy Director of Finance presented the updated 2023/24 financial plans and provided a comprehensive overview on UEC recovery funding. • Noted the updates made to the financial plans presented to the Committee in March, which included the additional income and expenditure budgets for UEC recovery. • A refreshed Capital Programme to be presented to the Committee in July. • Recommended the final 2023/24 plans to the Board of Directors.	• Recommended the final 2023/24 plans to the Board of Directors. • **Action:** A refreshed Capital Programme to be presented to the next Committee meeting.	
Contract Award for Vehicle Recovery Services	• Noted the proposal and recommended onward approval by the Board of Directors.	• Supported the contract award proposal. • Recommended approval to the Board of Directors.	
Contract Award for MISC3 Nexus Annual Support and Maintenance	• Noted the proposal and recommended onward approval by the Board of Directors.	• Supported the contract award proposal. • Recommended approval to the Board of Directors.	
Procurement Report	• Received an update on procurement activity since the last report to the Committee. • Requested further assurance on the delivery and maximising of efficiencies through the trust's procurement processes.	• Noted and received assurance from the report. • **Action:** Requested further assurance on the maximising of efficiencies, through the trust's procurement processes.	

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Procurement of Wide Area Network and Perimeter Security Services	• Received proposal to award contract for the wide area network which underpinned all IT services, including contact centres, ambulance stations and all associated hardware. • Noted the scope of the work required and discussed the high-risk nature of the work to be undertaken within operations. • Received verbal assurance that discussions and plans were underway to support the work required. • Requested further assurance on delivery of the implementation work, particularly in relation to operational ability. • Recommended approval by the Board of Directors.	• Recommended approval of the contract award to the Board of Directors. • **Action:** Requested further assurance on implementation plans to deliver the work required, particularly in relation to operational ability.	
Digital Progress Update	• Received comprehensive digital update. • Referred to the challenges associated with the WAN project and acknowledged the risks associated with achievability of IG mandatory training targets and meeting EPR statutory reporting requirements. • Noted the assurance provided across the digital portfolio.	• Noted the assurances provided. • Recognised the challenges and risks associated with delivery of the Wide Area Network project and delivery of mandatory training targets.	

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Workforce Indicators Report	• **Sickness absence** – remained high, but at the lowest level for the previous 2 years. • **Mandatory training** – noted the trust achieved compliance of 85% at the end of 2022/23. • Noted the trust would be reverting to a 2-day classroom programme for PES during 2023/24 and the target remained at 85%. • **Appraisals –** a review of the quality of appraisals being undertaken and will be presented to the September Committee meeting. • Discussed the current vacancy position and number of HR cases. • Acknowledged the challenges faced in achieving the mandatory training targets, which included sickness absence and a difficult recruitment environment.	• Noted the content of the workforce indicators report. • Recognised the significant challenges faced by the trust in achieving mandatory training targets.	
Wellbeing Biannual Assurance Report	• Received an overview of sickness absence and sickness rates. • Noted the preventative and supportive interventions undertaken, with the key areas of focus, addressed during the year. • Noted the work driven by the corporate team and the attendance improvement teams.	• Noted the assurances provided.	

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	• Recognised the sickness projections during 2023/24 and action plan for the attendance improvement teams during 2023/24. • Discussed the need to understand and evaluate the level of accessibility by staff, to the trust's wellbeing offer.		
EDI Annual Report	• Received assurance from the EDI Annual Report. • However, noted the need to understand and receive assurance of the challenges and progress at an operational level. • Further assurance requested via the Diversity and Inclusion Sub Committee, to be reported to the next meeting.	• Recommended approval of the Trust's EDI Annual Report 2022/23 to the Board of Directors. • **Action:** The Committee requested a further understanding, from operational representatives, of, progress made and challenges in achieving EDI targets. • **Action:** Chair of the Diversity and Inclusion Sub Committee to discuss and report back to the next Committee meeting.	
Diversity and Inclusion Sub Committee Chairs Assurance Report from the meeting held on 12th May 2023.	• Received an overview of the assurances provided.	• Noted the assurances received by the Diversity and Inclusion Sub Committee.	
Diversity and Inclusion Sub Committee Annual Report and Terms of Reference	• Received the 2022/23 annual report and approved the Terms of Reference for 2023/24.	• Approved the Sub Committee Terms of Reference for 2023/24.	

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North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31 May 2023
SUBJECT:	Annual Equality, Diversity and Inclusion Report 2022/23
PRESENTED BY:	Lisa Ward, Director of People

LINK TO BOARD ASSURANCE FRAMEWORK:

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

PURPOSE OF PAPER:	For Decision
EXECUTIVE SUMMARY:	The purpose of this report is to present the Board of Directors with an overview of the Annual Equality, Diversity and Inclusion Report 2022/23. The Annual Report can be seen in Appendix 1. To meet the Specific Duties set out under the Public Sector Equality Duty, public sector organisations must at least annually publish information to show their compliance with the Equality Duty, and set and publish equality objectives, at least every four years. All information must be published in a way which makes it easy for people to access it. Delivery of the trust's Annual EDI Report 2022/23 demonstrates compliance with the Specific Duties. The Annual Report shows the impact that the trust is making in relation to EDI, and provides progress and updates on the EDI Priorities – specifically around attraction, recruitment and progression, developing a 'culturally competent' organisation and work to address health inequalities. The Report also sets out an overview of the statutory and regulatory data reporting including the WRES and WDES, delivery of community and patient engagement, and highlights the work of the Staff Networks who continue to grow and make a positive contribution to the culture of NWAS. Looking ahead to 2023/24, there is a real desire to build on the progress that is being made with regards EDI, and a number of areas of focus have been identified for this: 1. Taking positive steps to ensure staff can work in a safe environment free from discrimination by

	learning from best practice and reviews across other services. 2. Reviewing the approach to 'reasonable adjustments' for staff who have a disability/long-term condition, based on learning from across the ambulance sector and wider NHS. 3. Implementing the recommendations emerging from the Recruitment Audit to improve visibility and accessibility of recruitment, development and progression routes and improve representation across the workforce at all levels. 4. Rollout of a refreshed trust Equality Impact Assessment framework aimed at improving our understanding of the things that impact our communities and workforce. This year the Annual Report has been produced in a more visual format, with extensive use of the trust's colour palette in order to create a more appealing document. Feedback on the style and layout is welcomed.
RECOMMENDATIONS:	The Board of Directors is recommended to: • Receive assurance on the trust's progress around the equality, diversity and inclusion agendas. • Approve the Annual Report for publication.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Compliance/Regulatory ☐ Quality Outcomes ☒ People ☐ Financial / Value for Money ☐ Reputation ☐ Innovation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☒	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Resources Committee			
	Date:	26th May 2023		
	Outcome:	Recommended for approval		

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1. PURPOSE

The purpose of this report is to present the Board of Directors with an overview of the Annual Equality, Diversity and Inclusion Report 2022/23. The Annual Report can be seen in Appendix 1.

2. BACKGROUND

2.1 Embedding equality, diversity and inclusion into the fabric of NWAS continues to be a key organisational priority for the trust. The refreshed NWAS Strategy published in the summer of 2022 sets out a clear commitment for EDI to be an integral part of organisational delivery and culture, and for it to be seen as a responsibility shared by everyone at NWAS.

2.2 This commitment both represents the intention of the organisation, and also demonstrates compliance with the statutory obligations for the trust under the Public Sector Equality Duty (part of the Equality Act 2010). The PSED is made up of two components – General Duty and Specific Duties.

2.3 Under the General Duty the trust is required to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

2.4 To meet the Specific Duties, public sector organisations must at least annually publish information to show their compliance with the Equality Duty, and set and publish equality objectives, at least every four years. All information must be published in a way which makes it easy for people to access it. Delivery of the trust's Annual EDI Report 2022/23 demonstrates compliance with the Specific Duties.

2.5 This year the Annual Report has been produced in a more visual format, with extensive use of the trust's colour palette in order to create a more appealing document. Feedback on the style and layout is welcomed.

3. SUMMARY OF KEY AREAS COVERED IN THE ANNUAL REPORT

3.1 Progress against EDI Priorities – Priority 1: *We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.*

3.1.1 This priority is focused around a series of targets for improved representation covering both recruitment and progression. An action plan has been developed to support the progression of this priority and includes a focus on under-representation of individuals from ethnic minority communities with an aim to improve representation in the workforce from these communities to 8% by 2024.

3.1.2 Highlights:

- In 2022/23 the trust engaged the Employers Network for Equality and Inclusion (enei) to undertake a Recruitment Audit focusing on end-to-end recruitment process, exploring the experiences of applicants and hiring personnel. The audit prioritised accessibility and inclusion for all, and considered barriers to attraction and recruitment being faced by all underrepresented groups, with a specific focus on those from ethnic minority backgrounds. Findings from the audit will be finalised in early 2023/24 with recommendations for action, and this will inform the refresh of the Recruitment and Selection Procedure which is shortly due for review.

- For the second consecutive EMT recruitment campaign, the Positive Action team worked with the HR Hub to mobilise an applicant 'tracking' process - identifying the various stages in which applicants from diverse backgrounds were unsuccessful in progressing through the selection processes. Unsuccessful applicants were contacted with the offer of additional support to help with future applications. Going forward, the intention is to roll out the tracking process to other recruitment campaigns too.

- Around 60 external prospective applicants have been provided 1:1 support to apply for roles with the trust through the Widening Access Team, and approximately 80 people have been supported through Positive Action. Nearly 20 current staff members have sought and received coaching, application, interview and skills development support to apply for new roles in NWAS.

3.2 Progress against EDI Priorities – Priority 2: *We will educate and develop our leaders and staff to improve understanding of racism, discrimination, and cultural competence to deliver a step change in the experience of our staff and patients.*

3.2.1 This priority seeks to develop the trust's approach to anti-racism, discrimination, and cultural competence with an overarching aim to deliver a change in the experience of both our staff and patients. To achieve this there needs to be a comprehensive and embedded method for educating our leaders as well as staff.

3.2.2 Highlights:

- The Learning & Development Team has been instrumental in embedding equality, diversity and inclusion throughout all training and development opportunities in NWAS. The team has been seeking feedback from staff around how training modules can be more inclusive and represent diversity.

- The trust commissioned Deep Insight to co-produce and deliver 'Beyond Bias' – Module 5 of the Making a Difference Leadership programme. The Module was launched in October 2022, and is focused on developing cultural competency through examining bias, prejudice and discrimination and how this impacts the workplace. In the first six months of delivery, over 100 staff members have participated in the session, and this number will grow rapidly in 2023/24 as the number of training places are increased

- In Quarter 4 of 2022/23, a framework for a reverse mentoring programme was developed, working in partnership with Collaborate Out Loud. Reverse mentoring allows a senior leader to be mentored by someone who has different experiences of the organisation, for example on the frontline, or in a junior role. Following recruitment of mentors and mentees the programme has launched this month.

- The Board has continued to show commitment to the EDI agendas. At the most recent EDI development session in Autumn 2022, the Board explored inclusive behaviours, traits of inclusive leadership, 'bystander' effect and micro-inequities. The session saw the Board engaging with senior operational leaders to consider how we can continue to make positive progress on the ground in relation to developing a more culturally competent and inclusive organisation.

3.3 Progress against EDI Priorities – Priority 3: *We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.*

3.3.1 This priority recognises the importance of making better use of patient data and experience to drive learning and improvement with the aim of having a positive impact on patient experience and outcomes.

3.3.2 Highlights:

- The trust launched a Mental Health Dashboard which has significantly insight into the disparity in response times for Mental Health patients, compared to physical health patients.

- A reporting process has been implemented to track ethnicity data within the Electronic Patient Records (EPR) system

- Following the appointment of a LD&A Practitioner, the trust has developed a LD&A Plan through co-production with a range of stakeholders. A panel of experts was established who shared their knowledge, experience, and guidance around the care of people with learning disabilities and/or autism, from clinical practice, research, or lived experience. This collaborative approach led to the emergence of a number of themes which underpin the LD&A Plan 2023 - 2026.

3.4 Community and patient engagement

3.4.1 While there was a limited amount of face-to-face engagement, the trust continued to predominantly use virtual channels to gather real insights into the care and treatment that patients receive specialist patient and community groups.

The Patient and Public Panel has continued grow, and in the last year achieved its target for disability representation (20%) with 29% (77) of the 268 PPP members declaring they have a disability. Similarly, the target for young people was also achieved, with 68 young members signed up. Ethnic minority representation at the end of March 2023 was 16% against a target of 30% and we recognise more work

needs to be done to continue to engage with diverse communities across the North West. This will be a focus area for us in 2023/24.

3.5 Staff Networks

3.5.1 The Staff Networks have continued to grow and develop, creating a positive influence on the Trust's policy and cultural development. In the last year, the Race Equality Network held an event as part of Race Equality Week to provide an opportunity for members to share experiences directly with the Board and senior leaders, and share ideas around how the trust can make improvements in the areas relating to recruitment, staff retention and career progression.

Amongst the activities organised by the newly launched Women's Network was a taster day in the HART team for female paramedics – providing them an opportunity to experience what it is like to be a HART operative. This is a team which currently has relatively lower levels of female staff representation. The Armed Forces Network organised a conference for their members, and the Disability and LGBT+ Networks have coordinated activities related to Pride, LGBT and Disability History Months.

3.6 Achievements

3.6.1 As the NWAS EDI journey continues, the work of the trust in this space is being recognised on several levels, including:

- Achieving gold in the Employers Network for Equality & Inclusion TIDE kitemark for the first time – demonstrating the robustness of our EDI processes
- Awarded the highest Disability Confident status - Level 3 Disability Confident Leader – by the Department for Work and Pensions.
- Continued commitment to the Armed Forces Covenant and achieved Gold Member status for the Employer Recognition Scheme and the Guaranteed Interview Scheme for veterans and currently serving reservists and cadet force adult volunteers.
- Re-accredited for Veteran Aware Status by the Veterans Healthcare Covenant Alliance (VCHA)

3.7 Regulatory and statutory reporting

3.7.1 The Annual Report provides an overview of the 2021/22 data relating to the Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap. Data for 2022/23 for the WRES and WDES will be submitted in by the end of May 2023, with the GPG data submission window being at the end of year. A report outlining progress against these standards will be brought to a future Committee.

3.8 Forward planning

3.8.1 There are a number of priority areas which will be the focus for 2023/24, including:

1. Taking positive steps to ensure staff can work in a safe environment free from discrimination by learning from best practice and reviews across other services.

2. Reviewing the approach to ‘reasonable adjustments’ for staff who have a disability/long-term condition, based on learning from across the ambulance sector and wider NHS.
3. Implementing the recommendations emerging from the Recruitment Audit to improve visibility and accessibility of recruitment, development and progression routes and improve representation across the workforce at all levels.
4. Rollout of a refreshed trust Equality Impact Assessment framework aimed at improving our understanding of the things that impact our communities and workforce.

4. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust’s Risk Appetite Statement)*

4.1 The Annual Equality, Diversity and Inclusion Report provides evidence in respect of compliance with the Public Sector Equality Duty. It also provides evidence to support the CQC Well Led KLOE.

5. EQUALITY OR SUSTAINABILITY IMPACTS

5.1 The report outlines the positive work undertaken by the Trust to improve the experience of staff and patients with protected characteristics. It meets the requirements of the Public Sector Equality Duty.

6. RECOMMENDATIONS

The Board of Directors is recommended to:

- Receive assurance on the trust’s progress around the equality, diversity and inclusion agendas.
- Approve the Annual Report for publication.

NHS
North West
Ambulance Service
NHS Trust

Equality, Diversity & Inclusion Annual Report 2022 - 2023

Foreword

I am proud to present our Annual Equality, Diversity & Inclusion Report for 2022/23.

Embedding equality, diversity and inclusion into the fabric of NWAS continues to be a key organisational priority for us. The trust's refreshed strategy published in the summer of 2022 sets out our clear commitment for EDI to be part of everything we do, and for it to be seen as a responsibility shared by everyone at NWAS.

The strategy highlights our ambitions to provide accessible care which treats each person fairly based on their individual needs, as well as taking action to proactively address inequalities whether at work or in the services we provide to the public. It also outlines our commitment to inclusive leadership, understanding what it means to be anti-racist, considering the impact of decisions on diverse groups, adopting a zero-tolerance approach to discrimination and developing a workforce representative of the communities we serve.

Over the last year, we have continued to deliver on the three EDI objectives agreed by the trust Board in 2021 and this report presents some of the highlights demonstrating the progress we are making against the objectives. As we continue our EDI journey, I am proud that our work is being recognised on a number of levels. This includes:

- Achieving gold in the Employers Network for Equality & Inclusion TIDE kitemark for the first time – demonstrating the robustness of our EDI processes
- Awarded the highest Disability Confident status - Level 3 Disability Confident Leader – by the Department for Work and Pensions.
- Continued commitment to the Armed Forces Covenant and achieved Gold Member status for the Employer Recognition Scheme and the Guaranteed Interview Scheme for veterans and currently serving reservists and cadet force adult volunteers.
- Re-accredited for Veteran Aware Status by the Veterans Healthcare Covenant Alliance (VCHA)

Diversity is something to be celebrated, and we are proud that our Staff Networks continue to provide safe environments where people are encouraged to be themselves, challenge the way things are done and work together with leaders to make this a brilliant place to work.

In the last year, the Race Equality Network held an event as part of Race Equality Week to provide an opportunity for members to share experiences directly with the Board and senior leaders, and share ideas around how the trust can make improvements in the areas relating to recruitment, staff retention and career progression. Amongst the activities organised by the newly launched Women's Network was a taster day in the HART team for female paramedics – providing them an opportunity to experience what it is like to be a HART operative. This is a team which currently has relatively lower levels of female staff representation. The Armed Forces Network organised a conference for their members, and the Disability and LGBT+ Networks have coordinated activities related to Pride, LGBT and Disability History Months.

While we have come a long way, I know there is much still to be done and much more yet to be achieved. In 2023/24, we will receive the findings from the inclusive Recruitment Audit we have commissioned into our end-to-end recruitment processes, and we will look to implement the recommendations. In order to develop a workforce representative of our communities, we need to ensure that barriers to access and entry are removed, and this will remain a key focus for us.

Despite considerable operational pressures, we hope to continue to develop as a more resilient, more compassionate and considerate organisation for all our staff and patients, and continue to keep equality, diversity and inclusion as vitals aspect of each step going forward.

Lisa Ward
Director of People

Contents

We are NWAS

We are a team of more than 7,000 people working in 300 different roles. Some of us work directly with patients of the 999, NHS 111 and patient transport services. Others work behind the scenes, providing expertise and vital services to make sure all parts of the organisation are well-run and have the right support.

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

The area covered by the organisation makes it the second largest ambulance trust in England. We provide services to a population of seven million people across a geographical area of approximately 5,400 square miles. This region is punctuated by several cities and towns; other parts of the footprint are sparsely populated and rural with significant distances to hospitals.

The trust footprint is split into three main areas – Cheshire and Merseyside; Greater Manchester; Cumbria and Lancashire. Strategic capacity and support services are led centrally from the Trust Headquarters in Bolton.

The diversity in our region makes the North West a unique place to live, but also presents some challenges. In the North West, 32% of people live in the highest levels of deprivation and have significantly worse health outcomes, healthcare experiences and life expectancy than the general population.

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

Our values

WORKING TOGETHER.

BEING AT OUR BEST.

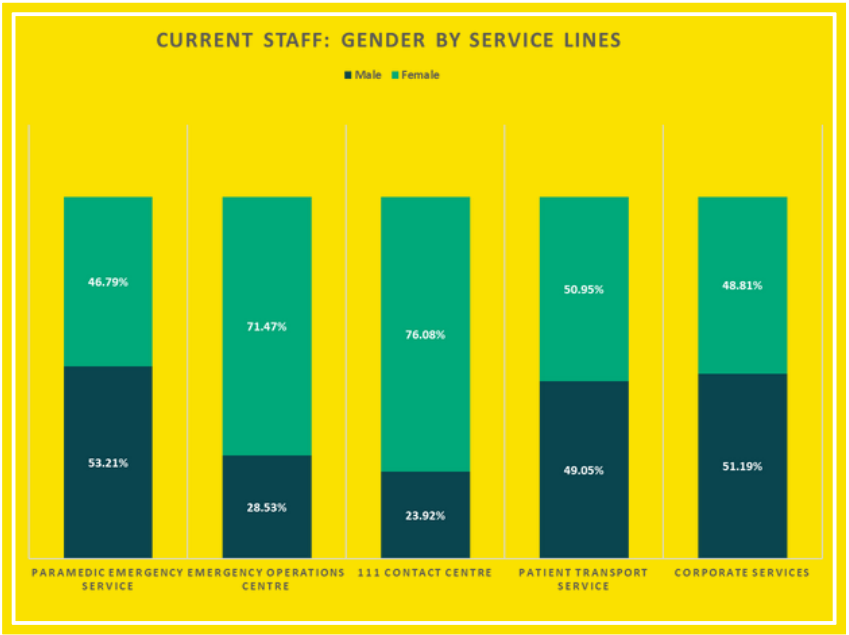
MAKING A DIFFERENCE.

Whatever our role, we all share a common purpose:
to help people when they need us most.

Our workforce profile

Gender

As of March 2023, more than half of all staff across the trust are female (54%). Across our Paramedic/EMT workforce, Patient Transport Service and Corporate teams, there is a similar ratio of male to female staff, but in our contact centres (Emergency Operations Centre/999 and 111) the proportion of female staff is much higher – more than 70%.

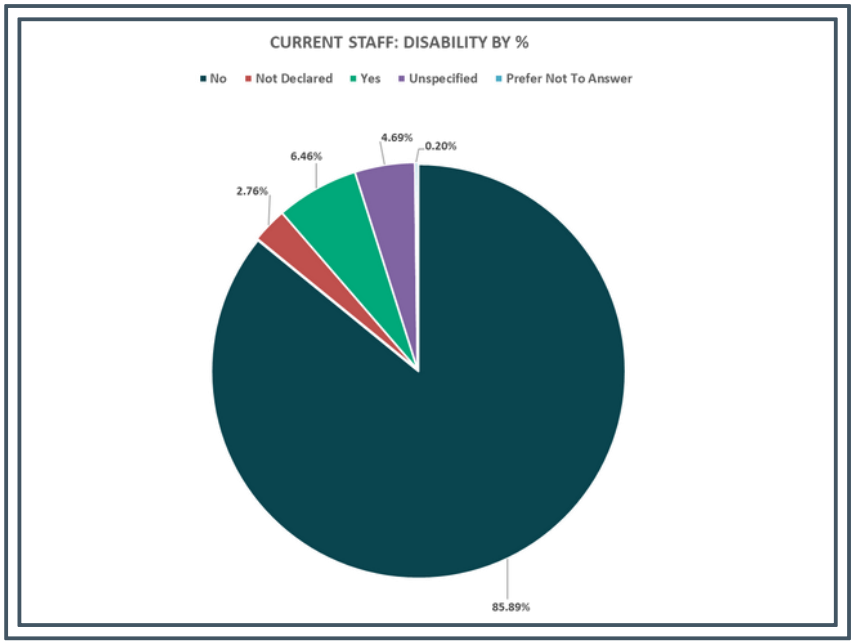


Note about other genders: *at present, NHS workforce systems only record genders as 'male' and 'female'. While the trust does have staff who identify as non-binary/other genders, there are no accurate numbers which are currently collated in this regard. However, findings from the National Staff Survey 2022 for the trust showed that around 1% respondents identified as non-binary/prefer to self-describe.*

Disability

Staff declaration rates relating to disability/long-term condition have been consistently increasing yearly. Currently 6.46% of staff have declared a disability/Long Term Condition (5.02% March 2022).

The proportion of staff who have chosen not to declare whether or not they have a disability/long-term condition has decreased to 7.65% (9.7% March 2022).

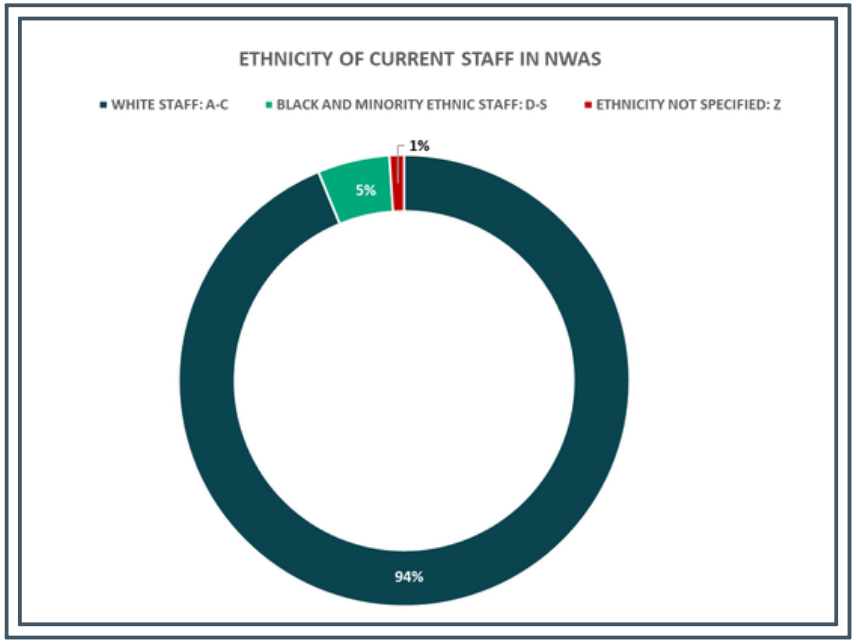


Ethnicity

The percentage of staff from an ethnic minority background in the trust has increased to 5.16% (4.75% March 2022). 99% of the overall workforce has declared their ethnicity.

The largest ethnic minority staff groups within the NWAS workforce are:

- Asian or Asian British - Pakistani
- Asian or Asian British - Indian
- Black or Black British - African
- Mixed - White & Black Caribbean

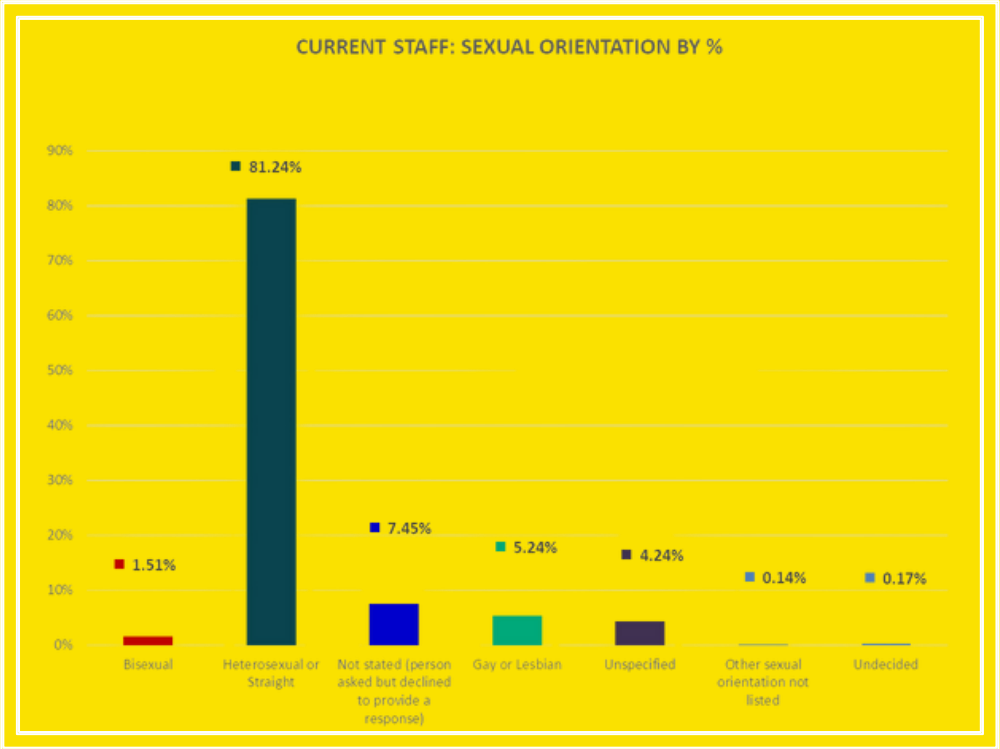


Data source - All workforce data has been taken from the NHS Employee Staff Record system at 31st March 2023.

Sexual Orientation

The number of staff who identified themselves within the broad category of LGBT+ has increased from the previous year.

The Gay and Lesbian staff count has improved again from 4.72% (March 2022) to 5.24% (March 2023). Figures for Bisexual staff have also increased from 1.02% (March 2022) to 1.51% in March 2023).



Age

The age profile of the NWAS workforce continued to show a similar pattern to the previous year, with around 50% of staff in the 25 – 54 age bracket.

Equality, diversity and inclusion priorities (2021-24)

PRIORITY 1

We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.

This priority is focused around a series of targets for improved representation covering both recruitment and progression. An action plan has been developed to support the delivery of this priority and includes a focus on under-representation of individuals from ethnic minority communities with an aim to improve representation in the workforce from these communities to 8% by 2024.

We are also working to improve the representation of women in the upper quartile of pay through targeted Positive Action programmes, and through engaging with our female staff to identify and overcome barriers to progression. Additionally, we are also striving to improving the experience of black, asian and minority ethnic, LGBT+, female and disabled staff through increased engagement, supportive networks and greater development opportunities.

PRIORITY 2

We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.

This priority seeks to develop the Trust's approach to racism, discrimination, and cultural competence with an overarching aim to deliver a change in the experience of both our staff and patients. To achieve this there needs to be a comprehensive and embedded method for educating our leaders as well as staff. Without this the required step change will not be achieved.

PRIORITY 3

We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.

This priority recognises the importance of making better use of patient data and experience to drive learning and improvement with the aim of having a positive impact on patient experience and outcomes. It reflects the need to enhance our use of data which will become much easier with the introduction of our Electronic Patient Record but also the need to extend and target some of our community engagement work, with service lines engaging more directly with users from harder to reach communities. The focus of this priority is on understanding the impact of deprivation on cardiac outcomes, addressing disparity in mental health outcomes, accessibility of language support in our contact centres and overall, how we can use the data we have to improve how we respond to patients.

To ascertain progress against this priority, we consider evidence around evaluation of changes and improvements made as a result of data analysis and feedback.

Progress against Priority 1

Recruitment

The HR Hub has been continuing to ensure that recruitment and selection methods are inclusive. This is an ongoing effort, with the underlying aim being to remove barriers and obstacles which may discourage or disadvantage prospective applicants from applying, or progressing through the recruitment and selection processes. This work includes continuous improvements to the Recruitment and Selection Masterclass, based on the involvement of and feedback from Trade Union and Staff Network representatives, as well as past participants of the Masterclass.

The HR Hub has also been supporting diversity of staff on interview panels, and led a review of interview questions to ensure competencies around inclusion were being effectively assessed.

Recruitment audit

To support EDI Priority 1, in 2022/23 the trust engaged the Employers Network for Equality and Inclusion (enei) to undertake a Recruitment Audit. This was a deep dive into the end-to-end recruitment process, exploring the experiences of applicants and hiring personnel (such as HR Hub staff) as they navigate each stage. The audit prioritised accessibility and inclusion for all, and considered barriers to attraction and recruitment being faced by all underrepresented groups, with a specific focus on those from ethnic minority backgrounds.

Findings from the audit will be finalised in early 2023/24 with recommendations for action, and this will inform the refresh of the Recruitment and Selection Procedure which is shortly due for review.

Job adverts

All job adverts promoted by the trust continue to include key messages around inclusion, and encourage applications from underrepresented groups. We are proud to hold the Disability Confident Leader status along with other credentials which demonstrate our clear commitment to equality and inclusion. All vacancies advertised on the trust website show the logos of various EDI standards and awards which we have achieved.

Career development & leadership development

In 2022/23 a new task and finish group comprising of senior managers was formed, to consider actions required to improve and increase opportunities for career progression, and leadership development for staff. The group is particularly looking at those staff groups which have historically had limited opportunities for development.

As part of efforts to improve inclusivity within our leadership recruitment processes, this year we have reviewed the way in which Situational Judgement Tests (SJT) are used for managerial/leadership appointments. Previously SJTs have been used to 'sift' from shortlisted applicants, as a number of those who completed the test would be unsuccessful in progressing to the next stage (based on their responses). The system has now evolved, allowing all shortlisted applicants who complete the test to progress to the next stage. The SJT results are then considered along with the other elements of the assessment process when making an appointment decision. This supports managers to make more-rounded and informed decisions.

Progress against Priority 1

Positive Action Recruitment

Positive action describes the voluntary measures which employers can take under Equality Act 2020 to improve equality of opportunities for people who share one or more "protected characteristics" such as race, age, disability, sex or sexual orientation. Positive action provisions in legislation mean that it is not unlawful discrimination for organisations to take special measures aimed at alleviating disadvantage or under-representation experienced by those with any of these characteristics.

The Positive Action Team at NWAS focuses on outreach to and engagement with ethnic minority communities which are currently underrepresented within our workforce, and works collaboratively with trust's Widening Access and Communications Teams as well as clinical recruitment managers. The Team also shares good practice with other ambulance and NHS Trusts; Police and Fire Services; Job Centres; as well as with various community and statutory organisations.

Face-to-face engagement

Over the course of the year, the Positive Action Team continued to organise and attend a wide range of events including careers fairs and bespoke engagement sessions at community and faith hubs. In 2022/23, the Team delivered 62 in-person events in communities where there are diverse populations.

Online engagement

Working in partnership with internal stakeholders, the team also facilitated 51 online sessions via Microsoft Teams and the NWAS website Live Chat function, providing information and support to prospective applicants for roles such as Emergency Medical Technician (apprenticeship), 999/111 call handlers and position in the Patient Transport Service.

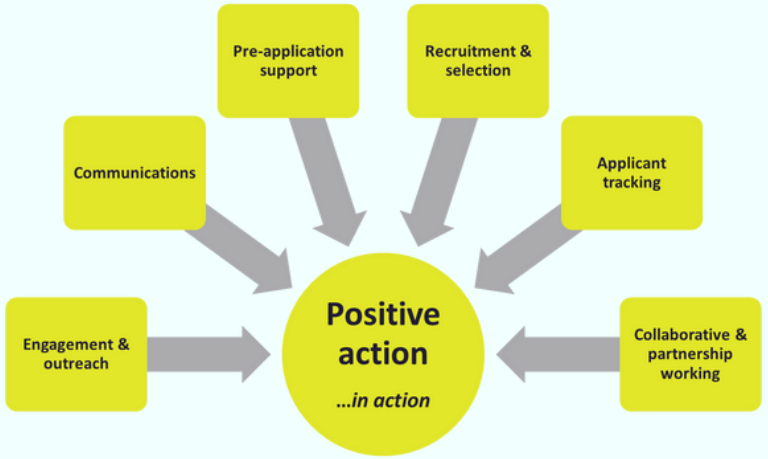
Online events were promoted through contacts in the voluntary, community and faith sectors (VCFS) as well as through the trust's social media.

Across the North West, the Positive Action Team engaged with over 10,000 people in 2022/23.

1:1 support

For individuals interested in applying for a position with NWAS, the Team continued to provide tailored, 1:1 support, delivered in-person as well as online (depending on the preference of the prospective applicant). Support included information relating to the application process including eligibility, how to write an effective personal statement, confirmation around qualification/experience requirements, and interview skills.

In 2022/23, over 300 individuals were provided with information, advice and guidance relating to applying for a job with NWAS. Over 80 people were provided coaching and support to help with their applications for a role with the trust.



Our approach to positive action as described in the NWAS Positive Action Toolkit (July 2022)

Tracking

For the second consecutive EMT recruitment campaign, we once again instituted an applicant 'tracking' process. The purpose of this was to identify the various stages in which applicants from diverse backgrounds were unsuccessful in progressing through the selection processes. Unsuccessful applicants were contacted with the offer of additional support to help with future applications. Going forward, the intention is to roll out the tracking process to other recruitment campaigns too.

Progress against Priority 1

Widening Access

The Widening Access Team works to engage with a range of communities including young people, individuals from low socio-economic backgrounds and people who need additional support to apply for jobs in the trust. Additionally, the Team manages the apprenticeship provision and supports internal staff who wish to progress and move to different roles within NWAS.

Through the Widening Access Team, the trust has been represented at over 200 events this year including careers fairs at schools and colleges, community centres, places of worship, as well attending events at Job Centres across the North West and online sessions. The team has also delivered presentations in primary and secondary schools and in total, estimates to have reached in excess of 38,000 individuals over the course of the year.

NWAS Ambassadors (staff members trained to represent the trust) have supported a significant number of events, and the team has worked in partnership with internal stakeholders such as Positive Action Officers.

In 2022/23, around 60 external prospective applicants have been provided 1:1 support ahead of applying for roles with the trust. Nearly 20 current staff members have sought and received coaching, application, interview and skills development support from the team to apply for new roles in NWAS.

Developing partnerships with external organisations is essential for reaching a wider audience. This year, we have worked closely with the Prince's Trust, providing support to their young people to apply for Emergency Medical Advisor roles as well as opportunities to join pre-employment programmes.

Going forward in to 2023/24, we are looking forward to engaging further with the Prince's Trust and sharing opportunities for the young people they support (18-30 age bracket) to join NWAS.

Skills Club

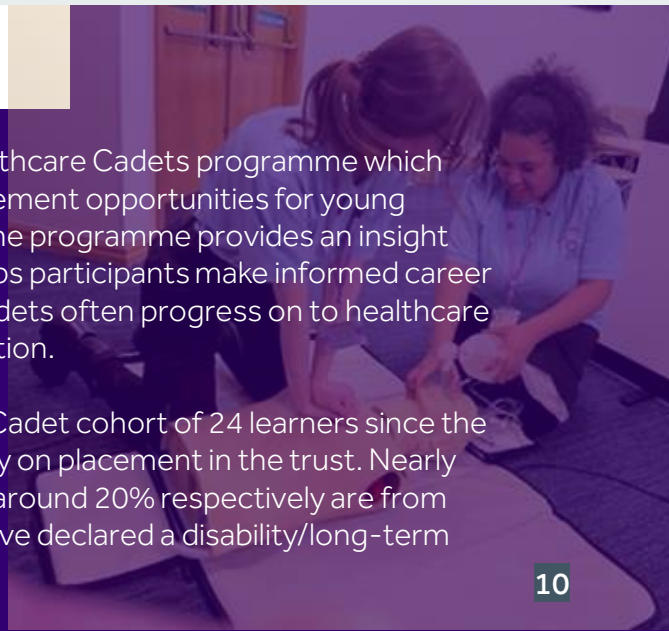
This year we have extended our Skills Club provision - designed for individuals who may not necessarily be able to access career events or other engagement sessions. This may be because they are in an alternative provision school, or face other barriers to access services and information.

The Team launched a bespoke programme for individuals with learning differences, as well as programmes for secondary school students and adults. The sessions which were delivered over a number of weeks with the support of NWAS Ambassadors, were designed to enable participants to gain key skills, develop their confidence, and leave with a clear understanding of our services and roles.

Healthcare Cadets

We have continued to deliver a Healthcare Cadets programme which involves trust-wide structured placement opportunities for young people over a five-month period. The programme provides an insight into the ambulance service, and helps participants make informed career choices. A significant number of Cadets often progress on to healthcare courses in further and higher education.

In 2022/23, we welcomed our first Cadet cohort of 24 learners since the pandemic, and they are are currently on placement in the trust. Nearly 90% of participants are female and around 20% respectively are from ethnic minority backgrounds and have declared a disability/long-term condition.



Progress against Priority 1

Pre-employment support & apprenticeships

Since the pandemic, the Widening Access Team has reviewed and redesigned the delivery model for pre-employment programmes offered by the trust. Over the last year, the programmes have been delivered in a hybrid way with face-to-face and virtual sessions. 11 pre-employment programmes were delivered in 2022/23 for roles such as Patient Transport Service Ambulance Care Assistant, Emergency Medical Advisor in the Emergency Operations Centre (999) and NHS 111 Health Advisor.

Across the range of programmes delivered, 48% of participants were female, 30% had declared a disability/long-term condition and 8% were from an ethnic minority background. Around 40% of participants were in either 21 – 25 or 51 – 55 age groups.

Pre-employment programmes are a 4-week in-house training course that equips participants with information about the trust, overview of the specific role that they are looking to apply for, techniques on how prepare an effective application and interview skills. Those who complete the programme are guaranteed an interview for the role.

The trust regularly undertakes an apprenticeship recruitment campaign for Emergency Medical Technician (EMT) roles, while also providing access to a range of external developmental apprenticeships for current staff who wish to broaden their skills, knowledge and experience.

The EMT apprenticeship is delivered in-house by the trust, and is a gateway for external and internal applicants who wish to pursue a career in Paramedic Emergency Services. For the period between 1 April 2021 – 31 March 2022, 109 EMT Apprenticeships started their training. This cohort comprised of 64% females, 6.4% were from ethnic minority background and 11% declared a disability/long-term condition.

In 2022/23, 131 internal staff members signed up to an apprenticeship to develop their knowledge and skills in areas such business administration, digital and technology solutions and advanced clinical practice. Over 40% of these individuals were female, 7% were from an ethnic minority background and around 5% declared a disability/long-term condition.

Progress against Priority 2

Developing a 'culturally competent' organisation

Our Learning & Development Team is instrumental in embedding equality, diversity and inclusion throughout all training and development opportunities in NWAS. The team has been seeking feedback from staff around how training modules can be more inclusive and represent diversity.

The Disability and Race Equality Networks have also been engaged this year to explore how the trust can support increased access to learning opportunities for staff with disabilities and those from ethnic minority backgrounds.

Beyond Bias

Beyond Bias forms an integral part of Making a Difference – an internal leadership programme. This training module was launched in October 2022 and is delivered by Dr. Kul Verma of Deep Insight. The content was co-designed by the trust and the Deep Insight.

This module is delivered as half-day in-person workshop and is part of mandatary training for all leaders and managers (approximately 800 identified staff members). The objectives of the session are to:

- Examine bias, prejudice and discrimination and how this impacts the workplace
- Develop cultural competence in the field of equality, diversity and inclusion
- Embrace and leverage diversity for better patient care and improved staff experience

In the first six months of delivery, over 100 staff members have participated in the session, and this number will grow rapidly in 2023/24 as the number of training places are increased.

Overwhelmingly, the response from those who have participated in the sessions has been extremely positive. More than 95% of attendees have been satisfied with the content, found it to be helpful for their job, and would recommend the training to their friends/colleagues. A key theme emerging from qualitative feedback provided by participants is that the session has allowed them to better understand their own biases, what impacts this could have and how they can work to shift thinking.

Reverse mentoring

In Quarter 4 of 2022/23, we developed a framework for a reverse mentoring programme, working in partnership with Collaborate Out Loud. The programme supports the trust's leadership development, diversity and inclusion work. Reverse mentoring allows a senior leader to be mentored by someone who has different experiences of the organisation, for example on the frontline, or in a junior role.

This is the first time that we are undertaking reverse mentoring, and this pilot programme will focus on sharing insights and learning from the experiences of ethnic minority staff in our workforce. The programme will launch in early 2023/24 with outcomes expected later in the year.

Board development (EDI)

The Trust Board has continued to show commitment to the EDI agendas through participation in development sessions and engagement with Staff Networks. At the most recent EDI development session in Autumn 2022, the Board explored inclusive behaviours, traits of inclusive leadership, 'bystander' effect and micro-inequities. The session saw the Board engaging with senior operational leaders to consider how we can continue to make positive progress on the ground in relation to developing a more culturally competent and inclusive organisation.

Progress against Priority 3

Reducing health inequalities and improving patient access through data and experience

To deliver this EDI Priority, 4 key pillars have been identified:

- Safety: reduce long ambulance waiting times for mental health patients, leading to parity between physical and mental health patients.
- Effectiveness: focus on improving data input and analysis through the Electronic Patient Record (EPR), Power BI and partnerships including the affiliate programme. Share data with key partners and deliver as a system partner in Cardio Vascular Disease (CVD) prevention.
- Experience: continue to understand the impact of protected characteristics on patient experience and make improvements including implementation of the British Sign Language app and delivery of the Learning Disability and Autism plan. Also, focus on staff experience.
- Digital: develop access to data on our patients including ethnicity and and communications requirements to improve experience. With ever-increasing digital innovation and adoption, provide a supportive work environment ensuring staff are not digitally excluded.

Highlights

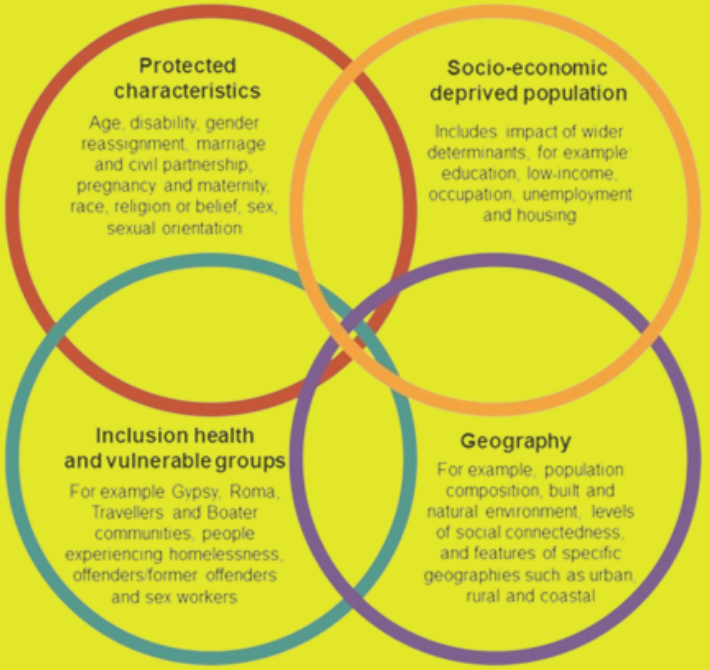
The trust launched a Mental Health Dashboard which has significantly increased our insight into the disparity in response times for Mental Health patients, compared to physical health patients.

We have implemented a report to track ethnicity data within the Electronic Patient Records (EPR) system

Learning Disability and Autism (LD&A)

Following the appointment of a LD&A Practitioner, the trust has developed a LD&A Plan through co-production with a range of stakeholders. A panel of experts was established who shared their knowledge, experience, and guidance around the care of people with learning disabilities and/or autism, from clinical practice, research, or lived experience. Panel members played a key role in highlighting any gaps in current service provision, along with making recommendations on future aims.

This collaborative approach led to the emergence of a number of themes which underpin the LD&A Plan 2023 - 2026.



Range of individual characteristics and societal factors that have been identified as contributing to health inequalities [Office for Health Improvement and Disparities]

Community and patient engagement

Each year, the trust's Patient Engagement Team delivers an extensive patient engagement programme in line with our Patient Public and Community Engagement Framework and overarching Communications and Engagement Strategy. The plan sets out the ways we propose to engage with and obtain feedback from our patients across all service areas.

Key work in 2022/23 included a review of all the trust's patient experience feedback. We also looked carefully at feedback from diverse groups on their preference for in-person or online engagement. While there was a limited amount of face-to-face engagement, the trust continued to predominantly use virtual channels to gather real insights into the care and treatment that patients receive specialist patient and community groups.

A minimum 1% of PTS, PES 'See and Treat' and 1,200 NHS 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 cards on vehicles, we continued to develop our digital offer by inviting patient feedback via an SMS text weblink and online via our website.

Our Patient and Public Panel (PPP) has continued to grow, and we have actively engaged the membership via virtual platforms throughout the past 12 months. The PPP brings expert lived experience and knowledge of our services and offers valuable insights on a range of projects, initiatives, policies, systems and campaigns. We now have 268 PPP members fully inducted, with most already involved in the work of the trust.

We have reached our target for disability (20%) with 29% (77) of the 268 PPP members declaring they have a disability. We also hit our 2022/23 youth target of 25%, with 68 youth members signed up to our PPP membership. Ethnic minority representation at the end of March 2023 was 16% against a target of 30% and we recognise more work needs to be done to continue to engage with diverse communities across the North West. This will be a focus area for us in 2023/24.

Patient 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 2022/2023, six patient stories were produced highlighting issues of ethnic minority language translation support at patient side, impact of high demand, frequent caller due to a medical condition, learning disability access, use of defibrillation, and a patient with breathing difficulties waiting for an emergency ambulance.

Commitment to the Armed Forces

EMPLOYER RECOGNITION SCHEME

GOLD AWARD

In October 2022, the trust achieved revalidation of the Ministry of Defence Employer Recognition Scheme Gold Award. The Scheme recognises employers who support the armed forces community, and inspire others to do the same; and who pledge, demonstrate, and advocate support to defence and the armed forces community.

The trust also re-signed the Armed Forces Covenant in November, reaffirming our commitment to support the armed forces community, veterans, service spouses and partners; and our employees who are members of the Reserve and Cadet Forces. In addition, we remain committed to supporting our Armed Forces Network and continuing to work collaboratively with wider organisations.

Recruitment

We support the employment of veterans and service leavers, recognising their military skills and qualifications in our recruitment and selection processes, and work collaboratively on this with the Career Transition Partnership (CTP) and NHS Employers Step Into Health. The trust provides ongoing support to staff who are members of the armed forces community, both through the trust's Armed Forces Network as well as providing support for their career progression.

In 2022/23, we attended six Armed Forces careers events (both face to face and virtual) engaging with over 700 service leavers and veterans. Around 50 service leavers or veterans were provided with information, advice and guidance regarding roles within the trust; 13 were provided with one to one support for a wide range of roles.

In the past 12 months, 334 members of the Armed Forces community have applied for roles within the trust. Successful applicants have started employment in a wide range of roles, both clinical and support roles including Emergency Medical Technician apprenticeship, Health Advisor, Senior Clinical Advisor, Emergency Medical Advisor Support, Ambulance Care Assistant, Quality Assurance Officer, Head for Contingency Planning.

Creative Forces

Working together with the College of Military Veterans, Health Education England and partner NHS trusts, we delivered a "Creative Forces" event in Lancashire for service children who often do not get the same opportunities due to the nature of the military deployments. This all-day event was packed with fun as well as opportunities for gaining skills and knowledge of NHS careers, to inform and encourage their future career aspiration.

NWAS Staff Networks

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

There are five Staff Networks currently operating in the trust. Each of the Networks continue to receive the support of an Executive Sponsor and are provided with an annual budget to fund their activities.

ARMED FORCES NETWORK.

DISABILITY NETWORK.

LGBT NETWORK.

RACE EQUALITY NETWORK.

WOMEN'S NETWORK.

The ED&I Staff Networks Council continues to provide a regular forum for the Networks and other relevant stakeholders to come together on an intersectional basis and work in partnership. An example of this in the last year has been the engagement of the Staff Networks collaboratively for the trust strategy development work, where they contributed ideas and insight in production phases.

Individually, the Networks have also continued to make positive progress in their own development and to raise awareness of their respective profiles within NWAS.

ARMED FORCES NETWORK.

The Armed Forces Network enjoyed its first year as a fully member-led network. After the successful launch in March 2022 by NWAS Chief Executive, Daren Mochrie and Angela Wetton, Director of Corporate Affairs and Executive Sponsor, the Network has settled into our 'battle-rhythm'.

Our two focus events for this year were Reserves' Day and Remembrance Day. Reserves' Day events were held across NWAS sites with flag raising ceremonies, speeches from serving reservists and open day events. This went particularly well at our Trust HQ, Ladybridge Hall as Army Reserves brought in some 'tools of the trade' for NWAS colleagues to interact with.

In November, Remembrance Day was well attended by NWAS staff, and the Network is working towards a co-ordinated approach next year so we can ensure the fullest possible attendance across the trust. In between those key dates, the Network supported other events including the 40th Anniversary of the Falklands Conflict as well as advocating for a trust-wide approach to the system for accruing points whilst serving on reservist duties.

To cap the year off, we celebrated our Networks' first birthday at the Bolton Whites Stadium, where representatives from the veteran charity, Healthier Heroes CIC, gave a talk on supporting veterans in crisis East Lancashire. The speech left a lasting impression and has become a focal point for the Network going forward. As we look to the year ahead, we are considering how we can help those in the armed forces community who need it most.

DISABILITY NETWORK.

Throughout Disability History month we had staff sharing stories about living with disabilities who talk about the stigma they have faced both in public and at work, to raise awareness of the prejudices people with disabilities face and what we need to do to change.

The Disability Network celebrated its first full year of being a Network in December 2022. The Network continues to be led by Adam Rigby and Mark Lewis as co-chairs, and welcomed Roy Jenkins as the new vice chair along with additional members joining the committee.

Formal Network meetings continue quarterly with guest speakers, open discussions around the annual workplan, and there has been a focus on members have been raising important issues affecting staff with disabilities and long-term health conditions in the workplace. The Network has been looking at data from the National Staff Survey as well as the Workforce Disability Equality Standard to identify priorities to deliver going forward.

The co-chairs have continued to attend various meetings including Service Delivery and Finance Senior Management Team meetings, and the Cumbria & Lancashire Health and Wellbeing Forum to provide updates on the Disability Network and share the Network's priorities.

Members of the Network have been invited to participate in EMT1 interview panels, Trust Strategy ED&I Reference Group and attend careers events with the Positive Action Officer as well as helping influence policy changes through the Policy Group.

Representatives of the Disability Network also attend the National Ambulance Disability Forum.

Adam Rigby was part of the Wheelchair Rugby League World Cup 2021 (held in 2022) winning team, representing England in the tournament. As well as being co-chair of the Disability Network, Adam is a Special Operations Project Support Officer in NWAS, and plays Rugby League for Wigan Warriors and has been part of the England squad since 2008.

LGBT NETWORK.

The NWAS LGBT+ Network continues to grow and thrive post-COVID. Whilst our activities and working practices have slowly returned to normal, we have also embraced new ways of working since the pandemic to ensure effective engagement with our Network members. For example, we have adopted a hybrid meeting model in which we continue to have face-to-face meetings rotating across sites, but also allow members to participate via Microsoft Teams. This has led to continued increased participation in network meetings.

During LGBT+ History Month in February 2023, we worked with the Communications Team to promote the 'lived experience' and real-life stories of several senior NWAS leaders identifying as LGBT+. Colleagues such as Dan Smith, Head of Service for Greater Manchester and Glossop, and Jackie Bell, NHS 111 Head of Service shared their personal and professional journeys in NWAS, and shone a spotlight on how the trust and the wider NHS have adapted to become a safer and inclusive places to work or volunteer.

We are extremely proud of the Network and the way in which it steps up to new challenges. We will continue to build on what we have achieved thus far and will seek out new methods of engagement with our staff and the community at large.

RACE EQUALITY NETWORK.

The Race Equality Network (REN) enjoyed an action-packed year and was grateful for the ability to attend in person events after restrictions had been lifted during 2022. This year has seen some changes within the committee - we were sorry see Sandra Igbodo stepping down from her role as Communications Officer and equally sorry to see Sam Russell leave her role as Vice Chair. Both were a huge part of the development of the Network and we are extremely grateful for the work they did to guide us through the early challenges we faced. We have welcomed Juliana Appiah into the committee as Recruitment Officer and Sharon Greaves as Vice Chair, both have brought enthusiasm and drive to the Network. We are delighted to have them and look forward to working together to achieve our aims.

One our key aims is around growing our membership base, and we have seen some success with this over the last year. This has been achieved by improving our presence around the trust, supporting induction programmes and our first REN roadshow which saw us visit a number of sites to promote the Network.

We continue to support the Leadership Support Circles Programme, leading on Theme 4 'Be Inclusive in The Way You Lead', and this was highlighted in communications by the Association of Ambulance Chief Executives. The sessions are a great way to facilitate open conversations about the experiences of the staff from ethnic minority backgrounds and explore how improvements can be made. This provides an opportunity to reflect on our practices and ensures our leaders are aware of the challenges staff are facing, as well as working to maintain an inclusive culture. It is fair to say that if you are not working to change negative culture, the culture will change you.

We have built on our regional presence this year providing support and guidance to members of the North West BAME Networks Leaders Forum as well as joining the newly formed North West Allied Health Professional BME Advisory Group. These groups are great places to learn of best practice, explore common themes around the experiences of ethnic minority staff in a wide range of professions, and consider how career development opportunities can be improved for staff from these backgrounds.

The Network has enjoyed seeing the formation of new Staff Networks within NWAS. The Disability, Armed Forces and Women's Networks are welcome additions and we have shared our learnings with each as they have formed. We look forward to working collaboratively in the future with all our Networks.

WOMEN'S NETWORK.

The Women's Network has been set up to provide a safe space for female staff members and those who identify as female to come together to talk, share ideas and amplify the voices of all women within NWAS, to support the organisation to change and improve the experience of staff and patients in relation to gender equality.

The Network was launched in October 2022 with Maxine Power, Director of Quality, Innovation & Improvement as Executive Sponsor. The launch event was held in Cumbria and focused on the power of storytelling and creating meaningful change. The event was extremely successful and received good feedback.

After the launch, the Network underwent some committee changes, but filled all nine committee posts by December 2022, and the committee meets every two weeks. An objective for 2023 is to host an open forum for the Network every quarter.

The Network began its first campaign in 2023, known as the Parenting Campaign. The Network has been working collaboratively with other teams around the trust to form the strategic aims of the campaign and align them to trust values. The first roundtable for the campaign took place in December 2022 and the 'task and finish groups' were set up in April 2023. The aim of the campaign is to make maternity and paternity more equitable, safe, and fair for all staff – with the campaign focusing on all aspects of parenting including IVF, Adoption, Miscarriage, Breastfeeding, Mat/Pat leave, and light duties. Specific outputs, such as a Parenting Policy, are currently being scoped.

The Network ran a series of events in March 2023 for Women's History Month and International Women's Day, including an event celebrating Women's achievements in NWAS and a short talk on equity.

The Network worked with the Communications Team to post several social media campaigns during Women's History Month including stories, articles, and photos. Members also raised the Women's Network flag on International Women's Day.

Later in the year, the Network organised the first HART Women's Taster Day which was hugely successful. The Network also been collaborating with Wales Ambulance Services for an event on Sexual Safety and Sexism in the Ambulance Service.

The Women's Network has a Safe Space Agreement for use in all meetings and has developed internal and external websites. A Twitter account has also been set up for the network. The Network has developed an action plan that it will aim to deliver for the period 22/23.

Religion, Belief & Culture Forum

The Religion, Belief & Culture Forum was refreshed and relaunched in June 2022 with the aim of providing a safe space in which staff can listen, learn and share experiences a spectrum of topics related to faith and culture. The Forum supports our trust priority to improve the cultural competency of our workforce through developing an understanding of our communities.

The Forum has been held on a quarterly basis via Microsoft Teams with the participation of the staff members, Patient and Public Panel representatives and speakers from various faith and community groups. As part of the refresh we introduced a thematic approach to the meetings, and over the last year we have covered topics such as end of life care, faith and cultural festivals, impact of bias and discriminations, and dealing with trauma. The Forum also reviewed the trust's Faith and Culture Card and shared ideas around how it can be updated and improved.

In 2023/24 we will be continuing topic based discussions, while also looking to expand the range of faith and cultural voices to ensure the greatest diversity possible can be achieved.

Diversity in Health and Care Partners Programme

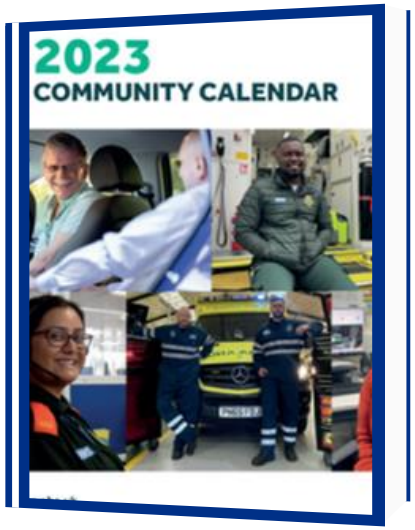
This year we secured a place on the NHS Employers Diversity in Health and Care Partners Programme, which provided access to leading industry experts, good practice, guidance, resources and networking opportunities through a series of face-to-face events and virtual sessions. Across the year-long programme, we engaged a range of senior leaders, Staff Network representatives as well as the EDI team in attending the various sessions to ensure that the learning could spread to different parts of the organisation.

The Programme centred around thought leadership, tools and tips to help put EDI at the forefront of our trust and ways of working.

2023 Community Calendar

The trust Communications Team worked collaboratively with Staff Networks and the EDI Team to produce the 2023 Community Calendar. The calendar celebrated and showcased the diversity of NWAS and was well recieived by all.

The calendar includes key religious, cultural and health days as well as images of staff from across the organisation.



Policy development

All new and existing policies, procedures and guidance are developed in partnership with the membership of Policy Group which comprises of Trade Union representatives, managers and Staff Networks. Where required, additional consultation on policies and procedures is undertaken with any staff group which may be impacted by the proposals.

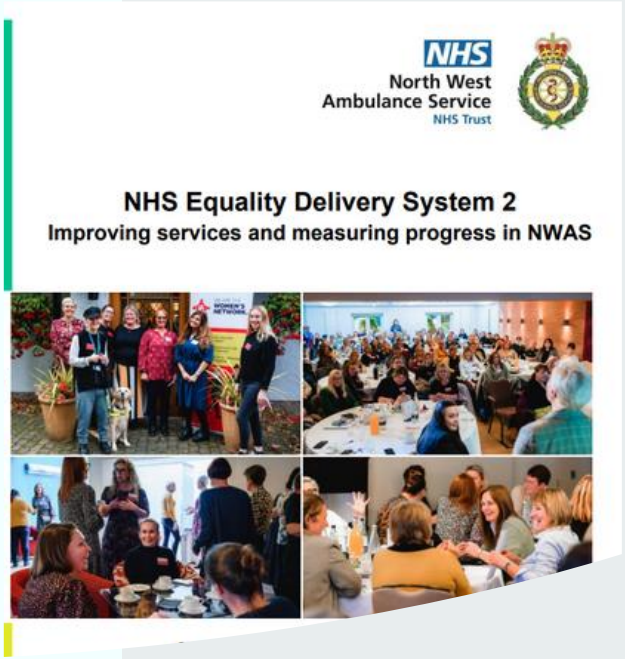
All policies and procedures (new or revised) are accompanied by an Equality Impact Assessment, which is also a pre-requisite for any policy to be signed-off by the Executive Leadership Committee. The trust remains committed to support the development of best practice and learning from others in this regard.

Since April 2022, the following policies, procedures and guidance have been reviewed and agreed:

- Flexible Retirement and Re-employment Guidelines
- Job Evaluation Procedure
- Individual and Collective Grievance Policy and Procedure
- Criminal Records Check Procedure review
- New Parent Support Procedure
- Procedure for Checking Clinical Registration of Clinical Staff and Associated Procedures to Ensure the Continued Registration of Clinical Staff.
- Induction Procedure
- Procedure for Managing Disability in Employment
- Organisational Change Policy
- Learning From Experiences Policy
- Duty of Candour Procedure
- Management of Allegations against Staff Policy and Procedure
- Shared Parental Leave Procedure
- Smoke Free Policy

Equality Delivery System

The Equality Delivery System (EDS) is a system that helps NHS organisations improve services for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.



The annual Equality Delivery System 2 (EDS2) grading event for the trust was held on 6 December 2022. The grading panel comprised of managers, a Non-Executive Director and members of the Patient and Public Panel.

Evidence was collated from all service lines (111, EOC, PES, PTS) and teams across the trust including:

- Clinical Safety
- Communications
- Corporate Governance
- Corporate HR
- Digital
- Freedom 2 Speak Up
- HR Hub & HR Business Partnering
- Learning & Organisational Development
- Patient Safety
- Positive Action
- Training Educators
- Widening Participation
- Workforce Management Information

The grading panel assessed all the available evidence and concluded that at present, overall the organisation is on a developing – achieving trajectory.

EDS 2022

From April 2023, a refreshed Equality Delivery System is being utilised across the NHS - EDS 2022.

This third version of the EDS was commissioned by NHS England with, and on behalf of, the NHS, supported by the NHS Equality and Diversity Council. It is a simplified and easier-to-use version of EDS2.

To take account of the significant impact of COVID-19 on Black, Asian, and Minority Ethnic community groups, and those with underlying and long-term conditions such as diabetes, the EDS now supports the outcomes of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) by encouraging organisations to understand the connection between those outcomes and the health and wellbeing of staff members.

In Quarter 3 of 2023/24, we will be collating and assessing evidence based on the new EDS framework.

Workforce Race Equality Standard (WRES)

Workforce Disability Equality Standard (WDES)

Data for the Workforce Race Equality Standard and the Workforce Disability Standard for the period of 1st April 2021 – 31st March 2022 was submitted to NHS England in August 2022 in line with the nationally mandated timeframe. The trust workforce data relating to 2022/23 will be submitted in May 2023.

Below are some of the key highlights from the data:

- At the time, the headcount of ethnic minority staff saw a slight decrease, falling from 342 in 2021 to 325 at the end March 2022, equating to a reduction of 0.2%, from 5% to 4.8% of the overall workforce. This was the first time that numbers of ethnic minority staff had reduced since 2019.

- When looking at data relating to the recruitment and appointment of ethnic minority staff staff, the data with regards likelihood of being appointed to an NWAS role following shortlisting shows that White staff are nearly twice as likely (1.98) to be appointed. This metric worsened compared to the previous year which was 1.51.

- Data relating to staff in disciplinary processes showed a worsening with ethnic minority staff now being more than twice as likely (2.23) to enter the formal disciplinary process compared with White staff. This metric saw a slight improvement from 2020 to 2021 (1.89 to 1.70) but has gone up in the last year.

- Data from the 2021 National Staff Survey (used in the WRES) indicated a decrease in the number of ethnic minority staff believing there were opportunities in the trust for career progression or promotion – 39.1% in 2020 to 33.6% in 2021. The response from White colleagues has followed the same trend on this question as BAME staff, but not to the same extent.

- The data showed an overall increase in the representation of staff with disabilities in most levels of the organisation. The increase in the percentages reported can be explained in part due to an internal communications campaign aimed at encouraging staff to record and update their disability status on the Electronic Staff Record (My ESR). This work was driven by the Disability Network and aims to ensure that the Trust has an accurate record of staff representation.

- Data in relation to recruitment has shown an increase in the raw number of disabled candidates appointed from shortlisting from the previous year. This is positive and may also reflect the increase in the number of candidates declaring their disability status.

- Nearly 40% of staff with disabilities felt that the organisation provided equal opportunities for career progression, compared with 49.7% of staff without disabilities feeling that there were equal opportunities.

- For metrics relating to experiencing bullying, harassment, abuse, discrimination and reporting such behaviours, we have seen an improvement or stable position in respect of the experience of staff with disabilities. However, there continues to be a significant gap in their experiences compared to staff without disabilities.

- The data showed that 27.5% staff with a disability felt satisfied with the extent to which the organisation values their work, against 32.9% of staff without disabilities. The figures have worsened for both groups compared to the previous year, perhaps as a result of operational pressures and burnout form the pandemic, but the gap between the two has narrowed.

Detailed WRES & WDES reports with accompanying action plans can be seen on the NWAS website

Gender Pay Gap

GENDER PAY GAP
Closing it together

Our Gender Pay Gap data for the period of 1st April 2021 – 31 March 2022 was submitted in December 2022, in line with national guidance.

The data shows an hourly (average) mean pay gap of 9.8% between male and female employees. The hourly median rate of pay reveals 8.7% difference in pay. This data shows a decrease in the median gap, and a decrease of the gap in pay at the mean compared with the previous year.

The actual hourly rate increased for both male and female staff over this 12-month period:

- up 77p for men to £18.54

(in 2021 increased 96p to £17.77 & in 2020 increased 72p to £16.81 & in 2019 increased 68p to £16.09)

- up 90p for women to £16.73

(in 2021 increased 50p to £15.83 & in 2020 increased 67p to £15.33 & in 2019 increased 46p to £14.66).

The data on the hourly rate shows a decreased pay gap, and an increasing representation of females in three of the four pay quartiles (drop in the lowest quartile). Overall, at the end of March 2022, female representation within NWAS was 51.59% compared with:

- 50.4% in 2021
- 48.1% in 2020
- 46.8% in 2019
- 45.6% in 2018.

The trust's Gender Pay Gap action plan focuses on recruitment, career progression and flexible working to enable progression of women within the organisation into the higher pay quartiles.

As a trust, we remain satisfied that the terms and conditions of service offered to staff, alongside the continuously reviewed job evaluation system in place fulfils the purpose of attractive and non-discriminatory conditions. It also fits with a satisfactory interpretation of equal pay for work of equal value.

A detailed Gender Pay Gap report with an accompanying action plan can be seen on the NWAS website

Achievements

In November 2022, we were pleased to achieve the Employers Network for Equality & Inclusion's (enei) Gold Award for Talent, Inclusion and Diversity Evaluation (TIDE). This accolade comes after we achieved silver in 2021.

Out of 155 global entries, were one of just 13 gold award winners - a huge achievement for the trust.

TIDE is enei's self-assessment evaluation and benchmarking tool. It measures an organisation's approach to and progress on diversity and inclusion.

enei TIDE Gold Standard 2022/2023

Our Deputy Chief Executive, Salman Desai was awarded the King's Ambulance Medal (KAM) in the 2023 New Year Honours List.

The KAM is awarded to ambulance staff who have shown distinguished service, exemplary dedication to their role, and demonstrated outstanding ability, merit and conduct to their vocation.

Salman has worked hard to redress the balance of representation from ethnic minority communities within the ambulance sector, acting as a trailblazer for equity, equality, and a better understanding of the personal challenges that can bring. Some of the steps he has taken to make changes include being instrumental in supporting our Race Equality Network, moving it to a more formal footing, and ensuring its work is focused and impactful.

Salman chairs the trust's Diversity and Inclusion Sub-Committee, driving improvements in the experience of patients using our services and staff.

Looking ahead to 2023/24

Going forward into 2023/24, we are excited to continue building on progress that we have already made. There are a number of priority areas aligned to our EDI objectives which we will be focusing. These include:

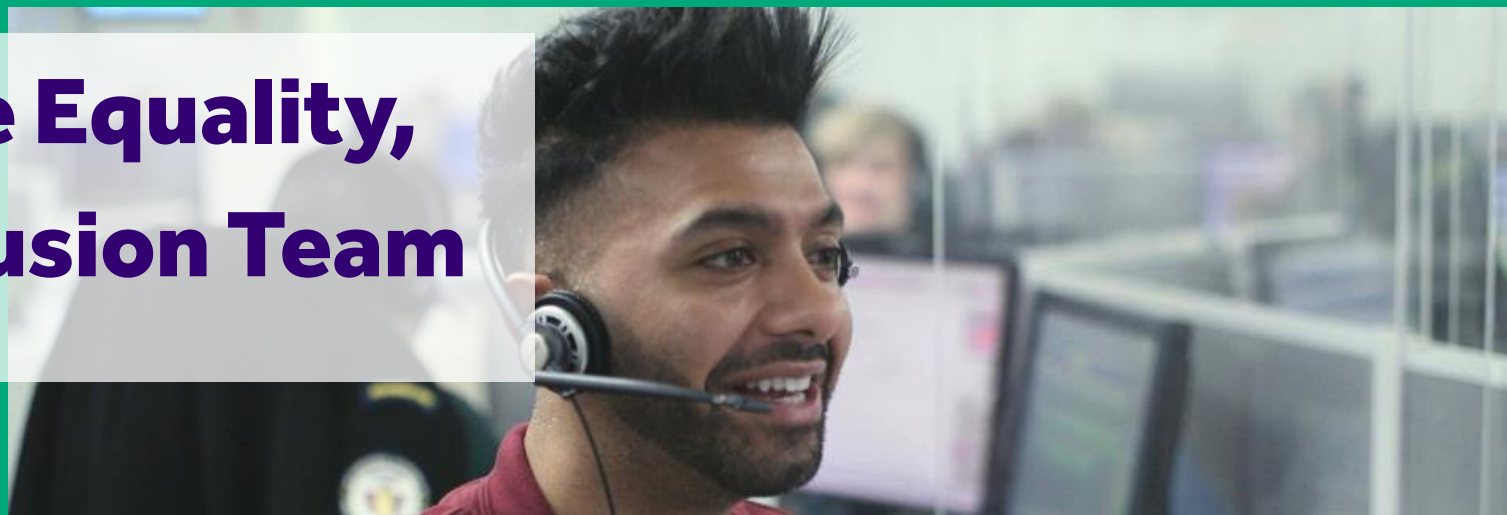
Taking positive steps to ensure staff can work in a safe environment free from discrimination by learning from best practice and reviews across other services.

Review of our approach to 'reasonable adjustments' for staff who have a disability/long-term condition, based on learning from across the ambulance sector and wider NHS.

Implementing the recommendations emerging from the Recruitment Audit to improve visibility and accessibility of recruitment, development and progression routes and improve representation across the workforce at all levels.

Engage with Staff Networks to better understand 'lived experiences' around relating to bullying / harassment / abuse, discrimination, psychological safety and professional / career development.

Rollout of a refreshed trust Equality Impact Assessment framework aimed at improving our understanding of the things that impact our communities and workforce.



Produced by the Equality, Diversity & Inclusion Team

May 2023

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31st May 2023				
SUBJECT:	Final Annual Plan 2023-24				
PRESENTED BY:	Salman Desai - Director of Strategy, Partnerships and Transformation/ Deputy CEO				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☒	☒	☒	☒
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☒	☒	☒	☒	☒
PURPOSE OF PAPER:	For Decision				

EXECUTIVE SUMMARY:

Purpose:
The purpose of this paper is to present the final 2023 – 24 annual plan (Appendix A) for approval and to recommend an approach to providing the board with assurance on the 2023-24 annual plan.

Background:
In March 2023 the draft annual plan was presented to the resource committee which identified the five objectives and 22 deliverables we would deliver in 2023-24. The plan answered the questions:

- What are we going to do in the next year?
- Why is it a priority?

However, it was felt that an achievability assessment needed to be undertaken to understand:

- When will the associated outputs start and be delivered?
- How will the objective be delivered and measured?

Achievability assessment:
In April 2023 the Planning Board undertook an achievability assessment and identified a number of additional outputs that need to be considered (section 3.4) and a number of resource issues that need to be considered (section 3.5).

The final annual plan has been updated to reflect these changes (see appendix A).

	Risks to delivering the 2023-24 plan: The Planning Board also identified a number of risks that could impact the delivery of the plan including: • Additional resources may be required to deliver the making a difference programme and the hybrid working model. • No unified governance process to monitor the entire plan. • Th re-tender of the PTS service and the impact that may have on the sustainability of the service delivery model. **Assurance of the 2023-24 annual plan:** To provide assurance to the Board of Directors, via the Resources Committee, of the 2023-24 annual plan the Planning Board are aiming to develop a number of tools, including: • The annual plan progress report • The trust strategy roadmap • The trust strategy measurement plan Table 1 outlines how each of these tools will be used to provide assurance to Resources Committee. Table 2 outlines the schedule for reporting these tools through Resources Committee. **Equality or sustainability impacts:** The 2023-24 annual plan has been designed to positively impact equality and sustainability in line with our strategic ambitions. Measuring progress against the annual plan will determine whether we are having the positive impact we anticipated.
RECOMMENDATIONS:	The Board of Directors are asked to note the updates to the 2023 – 24 annual plan. The Board of Directors are asked to approve the final 2023 – 24 annual plan attached as Appendix A. Finally, the board are asked to approve the recommended annual planning assurance tools (table 2) and schedule for assurance in 2023 – 24 (table 3).
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Compliance/Regulatory ☐ Quality Outcomes ☐ People ☒ Financial / Value for Money ☒ Reputation ☐ Innovation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT				
ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☐	Sustainability	☐
PREVIOUSLY CONSIDERED BY:	Resources Committee			
	Date:	26th May 2023		
	Outcome:	Approved		

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1. PURPOSE

1.1 The purpose of this paper is to present the final 2023 – 24 annual plan (Appendix A) for approval.

1.2 The paper will also outline the recommended reporting approach to ensure the Board of Directors, via the Resource Committee have adequate assurance that NWAS are delivering the 2023 – 24 annual plan.

2. BACKGROUND

2.1 In March 2023 the draft annual plan was presented to the Resource Committee which identified the five objectives and 22 deliverables we would deliver in 2023-24.

2.2 The plan was developed by answering the following questions:

1. **What** are we trying to achieve within the next year?
2. **Why** is this a priority?
3. **When** will the associated outputs be started and delivered?
4. **How** will the objective be delivered and measured?

(See Appendix B for more detail)

2.3 The plan has been developed in collaboration with all directorates and aimed to triangulated the strategic priorities identified, BAF risks, current portfolio commitments and horizon projects, mandatory requirements and wider national and regional drivers.

2.4 The draft annual plan was comprehensive, providing clear organisational priorities and effectively answering the questions ‘what’ and ‘why’. However, it was recognised that more work needed to be done to answer the questions ‘when’ and ‘how’.

2.5 Throughout April and May an achievability assessment has been undertaken to ensure the 2023-24 annual plan is achievable.

3. ACHIEVEABILITY ASSESSMENT

3.1 The achievability assessment was conducted by each directorate outlining the actions they needed to complete to achieve each deliverable, by identifying the timescales they felt these actions could be completed in and by stating the priority level of the work.

3.2 Each directorate plan was compiled together, analysed and discussed at Planning Board to identify any challenges and escalate to ELC so that deliverables and outputs can be prioritised.

3.3 Within the plan there are five objectives which include 22 deliverables with a number of outputs against each deliverable. 19 deliverables were considered a priority and achievable by all directorates. Therefore, these will remain unchanged within the final 2023 – 24 annual plan (Appendix A).

3.4 Two additional outputs were identified by planning board that needed to be included within the plan due to their size and complexity.

1. **The Hart estate project has been** included within agreeing an optimal service delivery model.
2. **The wide area network project** has been included in agreeing an optimal service delivery model.

3.5 Resource issues were identified with the following deliverables:

1. **Scaling up safety culture surveys across the whole of service delivery and use baseline data to identify improvements in themed areas:** it was identified that there was not enough resource to deliver across the whole of service delivery. Planning Board agreed that safety culture surveys would be scaled up across five areas, the annual plan has been updated to reflect this (see appendix 1).
2. **Utilising Ambulance Clinical Quality Indicator (ACQI) data at a local level to gain insight into current practices:** it was acknowledged that APEX phase 2 would be undeliverable this year so Planning Board agreed that APEX phase 1 would be completed and APEX phase 2 would be scoped.
3. **Delivering the leadership skills program to embed the foundations of compassionate leadership and improve leadership and management practice:** a resource challenge was identified if operational band 7's are required to undertake the training modules in 2023/24. Discussions are ongoing to determine which operational leaders are required to attend the training. Until this has been agreed there is a risk to the achievement of this deliverable.
4. **Implementing the UEC Recovery plan in collaboration with partners to improve performance:** financial constraints have been identified with introducing the hybrid working model. The work will require capital resources and until the finances have been agreed there is a risk to the achievement of this deliverable.

3.6 Each deliverable was discussed at length at Planning Board and recommendations have been presented to ELC for a final decision on the 24.05.2023. Therefore, some amendments may be made to these specific deliverables after ELC.

4. RISKS TO DELIVERING THE 2023- 24 PLAN

4.1 Delivery of the annual plan has not fully assessed the impact of the retender of PTS services across the organisation footprint. The retender of PTS services this year will impact the management resource available to implement the annual plan which may pose a risk to the effective coordination and delivery of the plan. Furthermore, any change to the service footprint following the tender process risks impacting the sustainability of the service delivery model.

It is recognised that the plan has been produced based on available information on known current priorities and that the emergence of any unexpected or unplanned priorities or challenges may have an impact on deliverability.

4.2 Planning board will monitor the risks identified within this paper and provide mitigations where possible, to ensure the 2023-24 annual plan is delivered.

5. ASSURANCE OF THE 2023 – 24 ANNUAL PLAN

5.1 Once the 2023 – 24 annual plan has been approved Planning Board will provide the Resources Committee with assurance on a quarterly basis. Table 1 outlines the assurance tools currently in development to support this process.

5.2

Assurance tool	Role of tool
Annual Plan Progress Report	To report progress against each deliverable within the annual plan through a BRAGG rating. Supporting narrative will be provided for all deliverables that are off track.

Trust Strategy Roadmap	To provide an overview of the 3-year priorities NWAS will focus on to deliver strategic benefits and outcomes. To demonstrate how deliverables and outputs within the 2023 – 24 annual plan will contribute to wider strategic priorities. To highlight when a collection of deliverables within the annual plan achieve a strategic benefit or outcome.
Trust Strategy Measurement Plan	To understand the quantifiable improvements being made to NWAS by delivering our strategies and plans. A number of key measures will be identified, monitored and analysed to ensure the objectives and deliverables within the 2023 – 24 annual plan are providing measurable improvement.

Table 1: Annual planning assurance tools

To note, in order to not duplicate current reporting processes and streamline the flow of information a governance review is being undertaken by Planning Board in Q1 and Q2. This will include rationalising the reports that feed into the Resources Committee. A recommendation will be presented to the Resources Committee once the review has taken place.

5.3 To ensure each of these tools can be developed and the data can be gathered to provide full assurance, a schedule for the Resources Committee has been developed in table 2.

5.4

Resources Committee	Assurance tool
Q1 assurance report 21/07/2023	• Annual Plan Progress Report
Q2 Assurance report 24/11/2023	• Annual Plan Progress Report
Q3 Assurance report 26/01/2024	• Annual Plan Progress Report • Trust Strategy Roadmap • Trust Strategy • Measurement Plan (measures that have accessible data)
Q4 Assurance report 24/05/2024	• Annual Plan Progress Report • Trust Strategy Roadmap • Trust Strategy Measurement Plan (Additional measures) **it is not anticipated that all measures within the Trust Strategy Measurement plan will be available within the 2023 – 24 financial year*

Table 2: Schedule of assurance reporting

6. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

6.1

Risk appetite category	Implications

Financial / value for money	Within the achievability assessment the finances were reviewed for each deliverable. Finances were available for each deliverable except for the hybrid working model within 'implementing the UEC recovery plan', see section 3.5.
Reputation	Within the achievability assessment a review of the likelihood of delivery was undertaken. All items that were considered unlikely to be delivered were discussed and adapted to ensure our plan is fully deliverable in year. Demonstrating clear progress against the plan and highlighting clear progress against the measures identified will enhance our reputation.

Table 3: Risk appetite

7. EQUALITY OR SUSTAINABILITY IMPACTS

7.1 The 2023-24 annual plan has been designed to positively impact equality and sustainability in line with our strategic ambitions. Measuring progress against the annual plan will determine whether we are having the positive impact we anticipated.

8. RECOMMENDATIONS

8.1 The Board of Directors are asked to note the updates to the 2023 – 24 annual plan.

8.2 The Board of Directors are asked to approve the final 2023 – 24 annual plan attached as Appendix A.

8.3 Finally, the Board of Directors are asked to approve the recommended annual planning assurance tools (table 2) and schedule for assurance in 2023 – 24 (table 3).

NWAS 2023-24 Plan on a Page

(UECRP) = a measure or objective aligned to the UEC Recovery Plan

Our strategic aims are to…	In 2023/24 we will …..	This objective aligns to our…	We will know we are successful by ….
Provide high quality, inclusive care	Create the conditions for safety	Quality strategy	• Improving against indicators from staff survey relating to: - Staff ability to raise concerns - Staff who feel the organisation addresses unsafe concerns • Improving regulatory compliance in high -risk areas • Maintaining a 'Good' CQC rating
	Embed the foundations which will support improved clinical practice and patient experience	Quality strategy	• Reducing on scene time for patients being referred into primary care • Reducing refused onward referrals into primary care • Improving parity of response for mental health patients
Be a brilliant place to work for all	Improve the health, wellbeing and safety of our people	People strategy	• Reducing sickness absence (UECRP) • Improving against indicators from the staff survey relating to: - Staff views that concerns will be addressed - Staff views of fair career progression - Staff views on NWAS as a place to work - Staff experiences of harassment/bullying/abuse - Reduction in staff experience gaps
Work together to shape a better future	Design a sustainable operational model and commence implementation in line with the UEC recovery priorities	Service development strategy	• Sustaining a 10 second call handling mean for 999 calls (UECRP) • Sustaining a Category 2 mean of 30 minutes (UECRP) • Increasing Hear and Treat (UECRP) • Reducing the number of patients we convey to ED (UECRP) • Reducing the number of aborted PTS journeys
	Improve sustainability, productivity and efficiency	Sustainability strategy	• Delivering statutory financial duties in 2023/24 • Ensuring NWAS achieves it's cost improvement target • Delivering against 2023/24 environmental targets

Yellow highlighting reflects updates:

In 2023/24 we will	We will achieve this by	Which will provide us with the following outputs .....
Create the conditions for safety which: • Will improve against indicators from staff survey relating to: - Staff ability to raise concerns - Staff who feel the organisation addresses unsafe concerns • Will improve regulatory compliance in high -risk areas (i.e. duty of candour, medicines management) • Will enable us to strengthen our 'Good' CQC rating towards achieving 'Outstanding'	Scaling up safety culture surveys across the whole of service delivery and use baseline data to identify improvements in themed areas.	• Baseline position established • All sectors and service lines to produce documented safety improvement plan • Develop a manual prototype safety insight dashboard based on cross -directorate engagement.
	Designing and delivering safety training curriculum.	• Board and senior leader -level training in line with national patient safety syllabus • Training needs analysis to identify key roles for advanced safety training and design structured leadership training • Scope requirements to include national patient safety syllabus e -learning (level 1 and 2) within mandatory training from 2024 -25 • PSIRF implementation training requirements completed by Q4
	Developing learning mechanisms which enable patient safety insights to be generated from risks, audit, incidents, complaints and staff concerns.	• Implement the Patient Safety Incident Response Framework (PSIRF) • Review effectiveness of systems and process for non -clinical incidents • Develop a corporate safety improvement plan for clinical and non -clinical incidents identified as part of PSIRF • Develop a framework for integrating patient safety partners • Review existing learning system to enable insights and improvement • Understanding of inequalities associated with patient safety incidents
	Improving safety basics.	• Improve patient and family engagement following adverse events • Improve feedback and reporting for when things go wrong and right • Full business case and initiation of the medicines management project to mitigate risks in stock management, control and security • Pilot safe systems for medical devices and equipment oversight through introduction of RFID and barcoding • All sectors and service lines to produce documented compliance improvement plan linked to accountability reviews, QAVs and safety dashboard • Deliver APEX Phase 1 to support clinical audit function and scope APEX Phase 2.
	Designing and delivering a listening and speaking up culture plan which focuses on embedding the recommendations from the national guardians office 'listening to workers review'.	• Learning from other services and industries to inform our understanding of what good looks like • Develop our internal listening/speaking up plan based on best practice • An increase in the number of Freedom To Speak Up guardians • Introduce safety champions

In 2023/24 we will	We will achieve this by	Which will provide us with the following outputs .....

Embed the foundations which will support improved clinical practice and patient experience:
 	
• Access to ACQI data at a local level
• Create efficiencies within our job cycle time
	Utilising Ambulance Clinical Quality Indicator (ACQI) data at a local level to gain insight into current practices and initiate quality improvement projects to enhance clinical practice.	• In line with the NHS Improvement ask, anticipated following the review of delivery and continuous improvement in the NHS led by Anne Eden, to initiate quality improvement projects to enhance clinical practice across NWAS. The five principles of NHS Impact, which are likely to inform future requirements are:
		  • Building a shared purpose and vision of improvement.
		  • Investing in people and culture.
		  • Developing leadership behaviours that support improvement.
		  • Building improvement capability and capacity.
		  • Embedding improvement into management systems and processes.
		• The scoping of data sets that would enhance clinical practice (MTS audit, senior clinician intervention log etc.) and initiate project to access the data sets.

	Embedding effective clinical supervision into the clinical leadership structure. This is reliant on the development of an operational leadership structure outlined in Objective 4.	• Migrate to Ambulance Data Set • An options appraisal and agreement of how the Ambulance Data set could be used to enhance clinical supervision by understanding the end to end patient journey • A plan for the national Clinical Supervision Framework roll out

	Implementing the foundational infrastructure that will support clinical practice and:
	  • Capture additional clinical decision making information during secondary triage
	  • Provide clinicians with access to information that will enhance their decision making.
	  • Provide alternative pathways of care to refer patients into.
		• Enhancing referrals via remote secondary triage.
		  • Ability to electronically refer patients through the DoS by implementing PACCs (UECRP)
		  • A DoS for 111, EOC and PES that has equity, parity for end points and increased endpoints for priority pathways (UECRP)
		  • Access to concise, clinically approved patient information via PRISM
		• Enhancing referrals via on scene face to face assessment.
		  • Ability to electronically refer – utilising EPR and digital solutions.
		  • Access to concise, clinically approved patient information via PRISM.
		• Workforce and digital expertise
		  • Workforce development around health inequalities and prevention, with specific reference to Make Every Contact Counts to support onward referral.
		  • Digital skills trainers to develop digital capability

	Improving parity of response for individuals accessing our services in mental health crisis and expanding our mental health provision in collaboration with system partners.	• A baseline data set of mental health access and inequalities in the North West • An agreed plan for how mental health response is provided (UECRP) • Deliver year one objectives within the plan including evaluation and scale up of mental health cover in EOC and mental health vehicles • Real time identification, tracking and management of mental health high intensity service users (UECRP) • A template for how to undertake further health inequality reviews

In 2023/24 we will	We will achieve this by	Which will provide us with the following outputs .....
Improve the health, wellbein and safety of our people whi will: • Reduce sickness absence (UECRP) • Improve against indicators from the staff survey relating to: - Staff views that concerns will be addressed - Staff views of fair career progression - Staff views on NWAS as a place to work - Staff experiences of harassment/bullying/abuse - Reduction in staff experience gaps	Enhancing the preventative approach to health and wellbeing by enabling leaders to proactively support staff to stay mentally and physically healthy and well.	• Implementing a wellbeing co -ordination team to improve access to the wellbeing offer (UECRP) • Evaluation of options for more preventative approach to mental health support and training (UECRP) • Delivery of Attendance Improvement Team action plan incorporating targeted actions on key sickness related risks such as manual handling and violence prevention (UECRP) • Additional HR advisory capacity focused on coaching managers through absence management (UECRP) • An updated HSS toolkit and processes which aligns to national security standards • Embedding of mental health continuum and Mental Health Pledge priorities
	Learning from staff and management experiences to ensure our people approach is flexible, responsive and accessible.	• An action plan to respond to the staff survey • An updated core induction process to embed values • Improved management of maternity experience • Review of Partnership arrangements
	Taking positive steps to ensure staff can work in a safe environment free from discrimination by learning from best practice and reviews across other services.	• Sexual safety improvement plan • Review of Dignity at Work arrangements • Embed changes to disciplinary process to embed just culture approaches
	Delivering the leadership skills program to embed the foundations of compassionate leadership and improve leadership and management practice.	• The full roll out of the making a difference programme • An induction process for all leadership roles • Reverse mentoring programme
	Implementing the ENEI recommendations* to improve visibility and accessibility of recruitment, development and progression routes and improve representation across the workforce at all levels. *The ENEI recommendations are required to determine further outputs for this priority*	• ENEI action plan • Pre-apprenticeship route for PTS staff • Process to develop talent for aspiring leaders

In 2023/24 we will	We will achieve this by	Which will provide us with the following outputs .....
Design a sustainable operational model and commence implementation of the model to: • Sustain 10 second call answering mean for 999 calls (UECRP) • Sustain a Category 2 mean of 30 minutes (UECRP) • Increase Hear and Treat (UECRP) • Reduce the number of patients we inappropriately convey to ED (UECRP) • Improve and sustain hospital handover times (UECRP) • Reduce the number of aborted PTS journeys	Agreeing an optimal service delivery model that sustainably improves performance for urgent, emergency and planned care, makes most efficient use of resources and ensures we are agile, responsive and resilient, whilst also embedding effectively within the wider healthcare system.	• Clear performance improvement trajectories across all service lines • Defined operational model • Defined workforce model with capacity and skillsets to meet demand using integrated and innovative/flexible approaches (i.e. scope rotational working, multi -disciplinary skills etc) • Initiate workstreams to implement optimal service delivery model • Agree which areas of the model require collaborative working with system partners • Enabling infrastructure to enable more integrated working (mission interop) • Collaborate with system partners on the prevention agenda, using NWAS intelligence to inform ICS prevention priorities. • Evaluate effectiveness of interventions used to prevent demand, including social prescribing offer. • Delivery of the HART building project . • Wide Area Network project.
	Designing and implementing the operational leadership structures (999, 111 & PTS), with a balance between clinical and operational leadership that provides staff with clarity on roles, responsibilities and development opportunities.	• Contact centre senior leadership structure implementation • PES & PTS leadership structure implementation • Implementation of the Hybrid working model (UECRP) • A fleet of 24/7 rapid response leadership cars (UECRP)
	Implementing the UEC Recovery plan in collaboration with partners to improve performance (particularly in Category 2) by completing more clinical telephone triage, increasing deployed resources, reducing handover delays and increasing capacity within the frontline workforce.	• A new contact centre workforce rostering system with enhanced forecasting and planning (UECRP) • Service and individual level performance dashboards for all contact centre functions (UECRP) • An additional 16,000 hours of DCA capacity (UECRP) • An additional 5,000 hours of RRV capacity (UECRP) • A local handover team to design and deliver local improvement plans as part of system improvement (UECRP) • A system-wide plan to improve the discharge process
	Implementing the Manchester Arena recommendations to ensure we deliver our responsibilities as part of the Manchester Arena Inquiry.	• An updated major incident response plan • Site-specific multi -agency plans • Operational Commanders with increased training • Updated policies for the HART team • Better utilisation of Tactical Advisors and National Interagency Liaison Officers
	Reviewing and refreshing our enabling strategies to ensure they underpin delivery of our supporting strategies and align to requirements of our service delivery model.	• A digital strategic plan • An infrastructure strategic plan

In 2023/24 we will …..	We will achieve this by ….	Which will provide us with the following outputs …..
Improve sustainability, productivity and efficiency which will: • Support improvements in operational capacity • Support delivery of statutory financial duties in 2023/24 • Ensure NWAS achieves it's cost improvement target • Support delivery of 2023/24 environmental targets	Seeking to simplify and digitise corporate and mandatory processes to improve productivity, access and staff experience.	• A plan for improving our recruitment and onboarding processes • Full business case for an optimised rostering/scheduling tool, incorporating ESR interface and supporting digitisation of payroll processes • Workforce digital roadmap • Payroll retender process • Implement Safecheck 2 and increase compliance for essential checks • SMART sites
	Delivering the organisational cost improvement programme for 2023/24 whilst also working with system partners to deliver the net system financial position.	• Green book principles embedded as standard to optimise new investment decisions, increase value for money and identify benefits • Detailed cost improvement plans with clear CIP owner • Productivity and Efficiency Group implemented to provide assurance on CIP achievement • A plan for delivering cost efficiencies across the system with our system partners • Scope innovation for productivity and efficiency
	Educating and supporting our staff to make environmentally sustainable changes and investing in greener buildings, vehicles and energy supplies.	• 12 workforce initiatives by the end of Q4 • Increase in sustainability champions • 3% of workforce carbon literacy trained • Business and fleet emissions reduced by 13% by Q4 • General waste tonnages reduced by 10% by Q4 • Carbon savings of 10% by Q4 due to clinical waste segregation • Energy and heat loss audits completed for all sites by Q4 • First net-zero ambulance station designed

APPENDIX B: ANNUAL PLANNING APPROACH

Planning question	Considerations for 2023-24
1. **What** are we trying to achieve within the next year?	• What strategic outcomes are we hoping to achieve? • What strategic risks are we trying to mitigate? • What other national, regional or local drivers do we need to consider? • What have we currently committed to delivering within the portfolio and what is on our list of horizon projects?
2. **Why** is this a priority?	• Will the objective support the achievement of our strategic ambitions? • Is it a statutory or regulatory requirement? • Has it been mandated?
3. **When** will the associated outputs be started and delivered?	• Does the objective need to commence in 2023/24? • Will the objective and all associated outputs be delivered within year? • Is there a requirement to sequence specific activities throughout the year?
4. **How** will the objective be delivered and measured?	○ Do we have the resource to deliver the objective in 2023/24 (i.e., financial and workforce capacity)? ○ What will we measure to demonstrate progress and achievement of our objectives?

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	31 May 2023					
SUBJECT:	Communications and Engagement Team Dashboard Report – Q4 (January – March) 2022/23					
PRESENTED BY:	Salman Desai, Director of Strategy, Partnerships and Transformation					
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**	**SR06**
	☐	☐	☐	☐	☐	
	SR07	**SR08**	**SR09**	**SR10**	**SR11**	**SR12**
	☐	☐	☐	☒	☐	☐
PURPOSE OF PAPER:	For Discussion					
EXECUTIVE SUMMARY:	The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs, impact and associated highlights. Statistical content and themes are provided on: • Patient and Public Engagement – Satisfaction rates in our services have deteriorated again, as found by patient surveys. • Patient and Public Panel – targeted work has increased youth membership to the 25% target but there is work to do on ethnicity. • Press and Public Relations – a significant increase in proactive stories has balanced the coverage relating to industrial action. • Social Media – engagement rate has increased by 24% on top of the previous quarter's 39% increase. It remains well above the industry average thanks to a range of dynamic content. • FOI – a 49% increase in FOIs puts the total responded to in the timeframe at 137. The team exceeded the YTD internal target by responding to 96% within 20 working days. • Stakeholder Engagement – one question has been answered in relation to discussions in parliament. • Films – another 15 films have been produced including a number of first aid advice films. • Internal Communications – the team launched a new email distribution system which provides analytics about open rates and clicks down to user level. • Website and Green Room – Use of tables to access the green room has increased again, this time by 12% on top of last quarter's 30%,					

	suggesting trust-issue iPads are changing the way users access our content. There is also an in depth look at the team's conversations with the communities at a series of trust hosted events.
RECOMMENDATIONS:	The Board of Directors is asked to note the contents of this report and discuss the impact of its content.
CONSIDERATION OF THE TRUST'S RISK APPETITE STATEMENT (DECISION PAPERS ONLY)	The Trust's Risk Appetite Statement has been considered as part of the paper decision making process: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ Innovation ☐ Reputation

INCLUDE CONSIDERATION OF RISK APPETITE STATEMENT AT SECTION 3 OF REPORT

ARE THERE ANY IMPACTS RELATING TO: **(Refer to Section 4 for detail)**	Equality:	☒	Sustainability	☐
PREVIOUSLY CONSIDERED BY:				
	Date:			
	Outcome:			

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1. PURPOSE

The purpose of this report is to provide the Board of Directors with a summary of key outputs, impact and associated highlights on the work of the combined Communications and Engagement Team for quarter four (January to March 2023).

2. BACKGROUND

2.1 Patient and Public Engagement

A summary of our patient and public engagement activity for Q3. It includes feedback from 12 engagement opportunities attended and information about our patient surveys.

Based on survey responses:

- 87% were likely to recommend the service to friends and family, down 2% from Q3.
- 90% were very or fairly satisfied with the overall service they received, up 4% from Q3.
- 94% agreed they were cared for with dignity, compassion and respect, up 2% from Q3.

Satisfaction with services dropped yet again.

Patient and Public Panel

A summary of the Q4 activity for the PPP, including up-to-date figures for panel recruitment and performance against objectives for the year. For example, this quarter:

- 31 new expressions of interest
- 21 new panel members were confirmed and inducted to the trust
- 269 panel members in total
- Our youth representation is at 25% against a target for 22/23 of 25%
- Our diversity representation is at 16% against a target for 22/23 of 30%.

To assist with achieving the diversity target, we sent new postcards to mosques across the region and community centres in ethnic minority communities along with attending multi-cultural events to promote involvement.

Press and Public Relations

A summary of our media relations activity for Q4. This includes the number of incident check calls and some highlights of the media relations work that has been undertaken this quarter.

In Q4:

- 165 incident check calls were answered.
- 55 proactive web or media stories against our target of 16.
- 20 statements prepared in response to press enquiries - a 16% decrease from Q3.

Most media coverage in this quarter was in relation to industrial action, most of which highlighted key messaging informing the public on what to do in the event of an emergency during strike days. Other coverage included waiting times, service pressures and incidents.

Social Media

An overview of social media engagement and growth in Q4. Including:

- Audience growth across all channels grew by 1.2%.
- 644 posts publishes across all channels
- 423,153 engagements – interactions with our content.
- Our engagement rate improved by 24%, on top of last quarter's increase of 39%. According to social media industry experts, the average engagement rate is less than 0.5% for Facebook, 2.5% for Twitter and 1.5% for Instagram, making our current engagement rate of 7.2% exteremely high.

FOI

An update on the FOI performance against the national target of 90% completion within 20 days. 137 FOIs were completed in Q4, a 49% increase in responses on the previous quarter, with performance exceeding target at 99% for the timeframe and 96% year to date.

Stakeholder Engagement

A summary of stakeholder activity for Q4, including the number of MP letters written and bulletins issued, along with any other activity. For example, this quarter included:

- 4 MP letter responses
- 1x Parliamentary Question – Navendu Mishra re. Stockport vehicle resources over the last 10 years
- Attended and supported Stockport station public consultation event in conjunction with Stockport Council
- Produced presentation for Pendle/West Craven council meeting on 28/2 – attended by Matt Cooper
- Assisted Dan Smith with paper for GM OSC
- Facilitated DH visit to 111 for fact finding research

Films

A summary of in-house videography activity. 15 films were completed this quarter, with a further 6 underway, including a number of first aid videos.

Internal Communications

Figures showing how many internal communication bulletins have been issued and up-to-date statistics on the staff app. For example, in Q4:

- 11 CEO bulletins
- 17 Clinical bulletins
- 50 Operational bulletins

10 other bulletins including EOC, PTS and Communications bulletins together with the Weekly Bulletin.

The staff app was downloaded 1,221 times.

The team launched e-shot, a new distribution platform for staff emails which provides analytics to help improve content.

Insight so far:

- CEO Message x 6 issued with e-shot
- On average, 3,338 staff read the CEO Message every week and 358 staff members click through to read more stories.
- The CEO Message on 28 March got the most open rates with 3,654. The subject line included 'NHS pay'.
- The CEO Message on 13 February got the most click-throughs with 672. The only clickable link was to the Blue Light Academy training catalogue.
-
- The Bulletin x 8 issued with e-shot
- On average 3,597 staff read The Bulletin every week and 860 staff members click links to read more stories or bulletins.
- The Bulletin on 28 February got the most open rates with 4,025. The subject line included 'train at the home of England'.
- The Bulletin on 21 March got the most click-throughs with 1,483. It was the launch of our new staff app that they needed to download to win a £50 dining voucher and an Amazon fire stick.

Website and Green Room

A summary of statistics for our website, accessed by members of the public and partner organisations. In Q4, the website was visited 347,319 times. Consistently the most popular pages are the patient transport service (PTS), vacancies and apprenticeships. Most people (94,168) found our website by searching on Google.

Green Room visits by a tablet increased by 12% suggesting more staff are accessing content on NWAS issue iPads.

Focus on community conversations

Aim: To get feedback from local communities and share key messages about the services we provide.

Approach: To host a face to face event in each county and invite patients, the public and health professionals along to share their opinions.

Promotion included leafleting local residents, sharing the invitation with our community group contacts, calling patients, social media and radio ads.

Events involved lightening talks from representatives of the various service lines, interactive discussions to generate feedback and question and answer sessions.

Feedback: Detailed feedback reports are being developed but initial, high-level feedback includes:

- Both ethnic minority and deaf communities need help to understand the support available to them when accessing our services (interpretation, sign language, text etc).
- Communities generally have low awareness of the NHS 111 online service.
- Understanding how to access PTS and eligibility criteria continue to be a challenge.
- Communities want to know more about mental health support and safeguarding.
- People want to know about careers within NWAS and how they can work for us.

Achievements

An A to Z list of high-level achievements by the team during the 22-23 year features in the report:

- Ambulance Academy site launched for young people
- BLS relay improves access for deaf patients
- Community events give our population a voice
- Diversity of the panel improved (youth & ethnicity on the up)
- E-shot to send corporate emails gives analytics for first time
- Films produced to support local long service awards
- Green Room extra search filters make it easier to find things
- Health information leaflets translated to different languages
- Industrial action public warning and informing
- Jubilee party packs for all sites
- King's Ambulance Medal honour for our director
- LinkedIn takes off as new social media channel
- Manchester arena inquiry report publication support
- (Staff) Network promotion and launch of Women's Network
- Outrun An Ambulance and other charity promotion
- Podcast and Better Health Better You news boost wellbeing
- Queen's death tested Death of Notable Figure Protocol
- Restart A Heart online events gave audiences lifesaving skills
- Super Star Awards event & CIPR Best Event award win
- Thank you cards launched for peer to peer morale boost
- Users of PTS asked for touchpoint feedback
- Volunteers recruited for PTS via Star in a Car campaign
- Winter campaign shows that 'Every Second Counts'
- (NHS) X funded iPads increased tablet access of Green Room
- Your Call stakeholder magazine won an award
- Zoom license renewed as preference of disability groups

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS *(including consideration of the Trust's Risk Appetite Statement)*

All of the trust's communication and engagement activities adhere to the following legislation:

- Freedom of Information Act 2000
- Health and Social Care Act 2006 (to involve and consult with patients and the public in the way it develops and designs services).
- Department of Health's Code of Practice for promotion of NHS Services 2008.

- NHS England Patient and Public Participation Policy 2015 (listening to and involving communities, their representatives and others, in the way we plan and provide our services).

4. EQUALITY OR SUSTAINABILITY IMPACTS

All of the trust's communications and engagement activities seek to promote equality and diversity and ensure information is accessible to all.

5. RECOMMENDATIONS

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.

Communications and Engagement Dashboard

Q4 2022/23 (January, February and March)

NHS North West Ambulance Service NHS Trust

PATIENT AND PUBLIC ENGAGEMENT

12 events/engagement opportunities with groups including: ▼ 74%

The events/engagement opportunities included: Wirral Maternity Partnerships, N Compass Deaf User Group Cumbria, Lancashire Carers Forum, and Healthwatch Knowsley. Total events for the year to date = 97.

Feedback themes: The public wanted to know about help available to access our services when they have specific needs eg d/deaf communities. Many were unaware of 111 online and text support. Others asked about PTS eligibility criteria and third-party services and what mental health support we proved. Some asked for updates on industrial action.

The team hosted its final community conversation event/s and a summary of initial findings is included at the end of this report.

The team's PTS dashboard was presented at a Level 2 meeting in relation to experience survey data and PTS-specific feedback from events and engagement. 111 and PES reports are in development.

18,923 surveys sent ▼ 2%

1,829 surveys returned ▲ 1%

In Q4 we sent fewer surveys on par with activity but saw a 1.5% increase in returns.

87% were likely to recommend the service to friends and family ▼ 2%

90% were very or fairly satisfied with the overall service they received ▲ 4%

94% agreed they were cared for with dignity, compassion and respect ▲ 2%

We saw a continued drop in satisfaction across one key measure: 'recommend service to friends and family'.

PATIENT AND PUBLIC PANEL (PPP)

31 new expressions of interest

21 new panel members

269 total panel members ▲ 12%

11 new requests for panel involvement

24 structured and/or task orientated involvement opportunities delivered ▶ 0%

NOTES
Panel members receive a weekly roundup newsletter showing how their involvement has supported key projects. Colleagues are reminded monthly of the benefits of panel involvement in new initiatives in The Bulletin.

PERFORMANCE AGAINST OBJECTIVES

- Increasing youth representation – target is to have **25%** of the PPP made up of young people (16-24 years old) by year end. The youth element of the PPP (16-24) is currently 25%. We have continued to attend community events and produced new promotional materials with quotes from youth members as to why they recommend joining .
- Ensuring we represent our diverse communities – target is to have **30%** of members from ethnic minority communities. Currently, diverse members account for **16%**. We sent new postcards to mosques across the region and community centres in ethnic minority communities along with attending multi-cultural events to promote involvement.
- Areas of involvement include attendance at various learning forums, cardiac arrest research study, PTS and Public Health video project and palliative care research project.
- We share the work our members have contributed to in our weekly roundup newsletter. We have been updating our members about the various sessions we have held, next steps following the sessions and themes/issues raised on sessions.

PRESS AND PATIENT/PUBLIC RELATIONS

165 incident checks handled ▼ 43%

20 statements in response to media enquiries ▼ 16%

21 Broadcast interviews

51 proactive stories, against our internal target of 16 (includes 38 web stories, 11 press releases and 2 contributions to other organisations' releases).

Most media coverage in this quarter was in relation to industrial action, most of which highlighted key messaging informing the public on what to do in the event of an emergency during strike days. Other coverage included waiting times, service pressures and incidents.

Please note: capacity to provide incident checks was decreased due workload from industrial action.

All broadcast interviews related to ongoing strike action during quarter four. Not all of the interviews were broadcast due to the suspension of some strikes.

232 pieces of media coverage. ▼ 17%

169 were reports of incidents, including a mention of NWAS with details provided by our press office about resources sent, number of patients and nature of injuries. This is considered neutral coverage as the story itself about an incident may be considered positive or negative, but the information about NWAS is factual and neutral in tone. ▲ 67%

21 pieces were considered negative. These are stories which overall, reflect negatively on NWAS, but include a statement from us in response to a situation. Most pieces in this quarter were in relation to the Manchester Arena Inquiry report. ▼ 69%

NOTES
This is coverage available online and may not include all mentions of NWAS in local publications or on broadcast media outlets, although most broadcast outlets also publish online stories which will be captured.

EXTERNAL HIGHLIGHTS

The team continued its winter communications ensuring a consistent stream of messaging about demand on our services and how to use services appropriately. This included:

999 children's campaign

Another sub-campaign to re-enforce the importance of understanding what our core services are for and what severity of injury or illness is appropriate for each. We showed the public that children under 10 understand emergency services and when to use them through a series of Q&A videos. The look and feel of the videos were light and humorous while a serious undertone message remained – if it isn't life threatening, think 111 online first.

Radio booster campaign

To keep up consistency, we ran a mini radio campaign in the Greater Manchester and Lancashire areas using existing adverts that ran in December. Insight tells us that a person needs to see or hear a message on average six times before they take action. We wanted a recognisable advert with same appropriate use of service messaging to jog the memories of our public and ask them to re-think the actions they take when using our services.

Every Second Counts

The video and image assets that launched in late November saw great engagement.

We used remaining assets that portrayed new scenarios of what is deemed an emergency and non-emergency to re-engage our public with a core appropriate use of service message.

Runcorn defib project

We also supported a large-scale defibrillator project that saw a legacy donation left to the people of Runcorn to receive life-saving equipment. The Community Resuscitation Team launched an application process to encourage Runcorn organisations and community groups to apply for defibs. We supported this by high-lighting real life examples of when a defib has saved a person's life in that area. These case studies saw regional online and radio coverage as well as good engagement on social media.

Wellbeing podcast – Turn off the Blues

Two further podcasts were recorded to support staff wellbeing on the topics of:

- LGBT+ (as part of history month)
- Becoming a paramedic

Total listens = 387.

In 23/24, the team will pilot different types of podcast content (eg clinical) with alternative hosts.

SOCIAL MEDIA - FACEBOOK, TWITTER AND INSTAGRAM

AUDIENCE

75,519	Facebook likes
66,181	Twitter followers
17,004	Instagram followers

Audience growth ▲ **1.2%**

ENGAGEMENT

644	posts published on all channels
5,932,103	impressions
423,153	engagements (comments, likes, retweets, shares etc)
7.2%	engagement rate ▲ **24%**

TOP POSTS

North West Ambulance Service NHS Trust

We pay tribute to Ben Lightburn. In our thoughts and in our hearts... Following the sudden and tragic...

24% engagement rate

North West Ambulance Service NHS Trust

We are sad to report that one of our ambulance crews suffered a severe attack as they treated a patient in...

27% engagement rate

TOP REEL

22.5k reach

NOTES

'Impressions' means a post has appeared on someone's social media feed. It is the number of times our content may have been seen by a member of the public.

'Engagements' is when someone engages with our content eg clicks a link, reacts to it by clicking 'like', or shares or retweets it.

'Engagement rate' shows us the number of interactions our content receives per follower.

According to social media industry experts, the average engagement rate is less than 0.5% for Facebook, 2.5% for Twitter and 1.5% for Instagram, making our engagement extremely high.

'Reels' are short-form vertical videos with editing tools and audio tracks, they are 'entertaining and immersive'.

CONTENT

Our published posts across all channels have increased to the previous quarter by 17%, this is due to the increase in posts published to support industrial action. Whilst posts have increased, impressions have decreased by 4.1%, and engagements have increased by 2.6% on the previous quarter. Facebook remains our strongest platform.

Engagement highlights have been NQP new recruit post securing an engagement rate of 19.3% – any posts around training or staff completed training and starting their new jobs perform highly. In addition, the first industrial action posts in January performed well with 10,495 engagements on Facebook.

We have started to make more use of NWAS' LinkedIn profile page and sharing a mixture of job adverts, NWAS updates and staff stories. In the last 12 months, we have increased our followers by 5.3% taking the total number to 7,022.

FREEDOM OF INFORMATION (FOI)

137 responded to ▲ **49%**

99% within 20 working days

96% YTD 20 working days

Topics included:

- Fleet list
- Private ambulance providers
- Software systems used in NWAS
- Number of FTSU guardians in trust
- BSL services/deaf awareness training
- Transfer times between hospitals
- Procurement of emergency equipment
- Call outs to serious incidents
- Waiting times

NOTES
FOIs: We have a statutory duty to reply to FOIs within 20 working days.
The national target is 90% for this and we set an internal stretch target of 95%.

STAKEHOLDER COMMUNICATIONS

4 MP letters ▼ **50%**

Subjects include: PTS, resources in Barrow, Stockport station plans, defibrillators in Urmston – less letters likely due to purdah.

Other stakeholder work includes:

- 1x Parliamentary Question – Navendu Mishra re. Stockport vehicle resources over the last 10 years
- Attended and supported Stockport station public consultation event in conjunction with Stockport Council
- Produced presentation for Pendle/West Craven council meeting on 28/2 – attended by Matt Cooper
- Assisted Dan Smith with paper for GM OSC
- Facilitated DH visit to 111 for fact finding research

FILMS

15 completed

5 underway

(16 in the previous quarter)

- Super Star Awards a look back
- NHS Pressures: A patient's perspective - a patient story
- How to treat minor cuts and grazes at home
- How to help somebody who is having a seizure
- How to help put somebody in the recovery position
- How to provide first aid for minor fractures
- TNA project
- Appraisal conversations
- Medical Directorate round-up
- Body worn cameras
- Building Blackpool Hub
- NHS Staff Survey results snapshot
- How to help someone who is choking
- A voice for recovery – a staff story
- Team Talk - March

INTERNAL BULLETINS

During this quarter, we shared:

11 CEO bulletins

17 Clinical bulletins

50 Operational bulletins

Plus 10 others including weekly bulletins, HR, communications, EOC and 111.

Topics included:

- Emergency alert system
- 2022 NHS Staff Survey results
- 111 rota review update
- Pre-election guidance

12,21 staff app downloads.
In March, we re-launched the staff app with a complete new look. We updated the tiles with the latest information and added some new content. We also ran two competitions to encourage downloads.

INTERNAL (STAFF) ACTIVITIES

Pulse survey

Launched a four-week campaign to promote the Pulse Survey sharing key messages as to why staff should complete the survey and how the results have made changes to staff's working experiences. We beat last quarter's response rate (by 1%).

Staff survey

Promoted the 2022 NHS Staff Survey results with a dedicated bulletin, infographic and animated video. We continue to highlight the findings and what changes we are making in other comms such as the pulse survey etc.

Network support

Celebrated LGBT+ History Month by sharing stories from some of our LGBT members of staff and how they find it working in the ambulance service as a gay person. We also dedicated a 'better health, better you' edition to LGBT and a podcast.

Celebrated Women's History Month and International Women's Day with month-long comms. We shared stories from some of our longest serving staff members talking about how the culture has changed over the last 20+ years. We promoted the women's HART taster day, face-to-face event and roadshow.

Star Awards

We closed nominations for the Star Awards and shortlisted nominees for the 10 categories. We finalised a new date for the awards and liaised with the venue, suppliers, and sponsors about plans.

Podcast

We recorded a podcast with two student paramedics to talk about the journey to becoming a paramedic, the toll it takes and why they love the job they do.

E-shot

We started using e-shot to send out our CEO messages and weekly bulletin. With this new platform, we can now see the open rates, click rates and topics of interest.

Insight so far:

- CEO Message x 6 issued with e-shot
- On average, 3,338 staff read the CEO Message every week and 358 staff members click through to read more stories.
- The CEO Message on 28 March got the most open rates with 3,654. The subject line included 'NHS pay'.
- The CEO Message on 13 February got the most click-throughs with 672. The only clickable link was to the Blue Light Academy training catalogue.
- The Bulletin x 8 issued with e-shot
- On average 3,597 staff read The Bulletin every week and 860 staff members click links to read more stories or information bulletins.
- The Bulletin on 28 February got the most open rates with 4,025. The subject line included 'train at the home of England' in reference to the football team.
- The Bulletin on 21 March got the most click-throughs with 1,483. It was the launch of our new staff app that they needed to download to win a £50 dining voucher and an Amazon fire stick.

WEBSITE AND GREEN ROOM

347,319 visits in Q4- the number of times people have visited our website ▼ 2%

422,512 page views - meaning for every visit, approx. 1.2 pages are viewed

MOST VIEWED

Vacancies – 70,513 visits ▼ 10%
PTS – 17,684 visits – 5.6% increase ▲ 6%
Apprenticeships – 14,295 visits ▲ 4%

Insight: Whilst the number of visits to the site has decreased, the accuracy with which users are finding information has increased. More visitors are finding their pages first time reducing the average pages viewed per visit.

ROUTE IN

Search (Google etc) – 94,168 visits
Social – 22,162 visits
Direct (typing in URL) – 25,829 visits
Referral from another site – 7,227 visits
Email – 2 visits

732,689 visits in Q4- the number of times people have visited the Green Room

1,282,769 page views - meaning every time someone visits, they view approx 1.75 pages

DEVICE

61,056 Desktop 
5,046 Mobile 
2,111 Tablet 

Insight: Tablet usage continued to increase in both users, sessions (12% up) and views. This indicates that staff are growing in confidence using iPads to access the Green Room.

Top pages: Managers on duty, bulletins, HR portal, current vacancies, industrial action.

HIGHLIGHTS

Work continues to make signing onto the Green Room from all devices, quicker and more efficient.

FOCUS ON...

Community Conversations

Aim:
To get feedback from local communities and share key messages about the services we provide.

Approach:
To host a face to face event in each county and invite patients, the public and health professionals along to share their opinions.
Promotion included leafleting local residents, sharing the invitation with our community group contacts, calling patients, social media and radio ads.
Events involved lightening talks from representatives of the various service lines, interactive discussions to generate feedback and question and answer sessions.

Feedback:
Detailed feedback reports are being developed but initial, high-level feedback includes:

- Both ethnic minority and deaf communities need help to understand the support available to them when accessing our services (interpretation, sign language, text etc).
- Communities generally have low awareness of the NHS 111 online service.
- Understanding how to access PTS and eligibility criteria continue to be a challenge.
- Communities want to know more about mental health support and safeguarding.
- People want to know about careers within NWAS and how they can work for us.

A-Z of our team achievements in 2022/23

Ambulance Academy site launched for young people
BLS relay improves access for deaf patients
Community events give our population a voice
Diversity of the panel improved (youth & ethnicity on the up)
E-shot to send corporate emails gives analytics for first time
Films produced to support local long service awards
Green Room extra search filters make it easier to find things
Health information leaflets translated to different languages
Industrial action public warning and informing
Jubilee party packs for all sites
King's Ambulance Medal honour for our director
LinkedIn takes off as new social media channel
Manchester arena inquiry report publication support
(Staff) Network promotion and launch of Women's Network
Outrun An Ambulance and other charity promotion
Podcast and Better Health Better You news boost wellbeing
Queen's death tested Death of Notable Figure Protocol
Restart A Heart online events gave audiences lifesaving skills
Super Star Awards event & CIPR Best Event award win
Thank you cards launched for peer to peer morale boost
Users of PTS asked for touchpoint feedback
Volunteers recruited for PTS via Star in a Car campaign
Winter campaign shows that 'Every Second Counts'
(NHS) X funded iPads increased tablet access of Green Room
Your Call stakeholder magazine won an award
Zoom license renewed as preference of disability groups

COMING SOON

Work of the team in Q1 23/23:

- Finalising work plans for the year ahead, including accessibility and meeting the needs of diverse audiences and going back to basics with offline tactics for campaigns.
- New series of Ambulance: filming concluded in Lancashire in January 2023 and Greater Manchester in March 2023.
- Accessibility improvements, the team has been undertaking training in easy-read document creation which we will expand on to ensure compliance with accessibility standards.
- Rebuilding reputation with a proactive approach to media engagement.

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