NHS
North West
Ambulance Service
NHS Trust

Board of Directors Meeting

Wednesday, 29th November 2023

9.45am – 12.45pm

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

AGENDA

Item No	Agenda Item	Time	Purpose	Lead
STAFF STORY				
BOD/2324/090	Staff Story	09:45	Information	Deputy Chief Executive & Chief Operating Officer
INTRODUCTION				
BOD/2324/091	Apologies for Absence	10.00	Information	Chair
BOD/2324/092	Declarations of Interest	10.00	Decision	Chair
BOD/2324/093	Minutes of Previous Meeting held on 27th September 2023	10:00	Decision	Chair
BOD/2324/094	Board Action Log	10:05	Assurance	Chair
BOD/2324/095	Committee Attendance	10:10	Information	Chair
BOD/2324/096	Register of Interest	10:10	Assurance	Chair
STRATEGY				
BOD/2324/097	Chairman & Non-Executive Directors Update	10:15	Information	Chair
BOD/2324/098	Chief Executive's Report	10:25	Assurance	Chief Executive
GOVERNANCE AND RISK MANAGEMENT				
BOD/2324/099	Board Assurance Framework Q2 2023/24	10:35	Decision	Director of Corporate Affairs
BOD/2324/100	Common Seal Biannual Report	10:45	Assurance	Director of Corporate Affairs
BOD/2324/101	Freedom to Speak Up Biannual Report	10:55	Assurance	Freedom to Speak Up Lead Guardian
BOD/2324/102	Fit and Proper Persons Test Update	11:05	Decision	Director of People
BOD/2324/103	Audit Committee Chairs Assurance Report from the meeting held on 20th October 2023	11:15	Assurance	Mr D Rawsthorn, Non-Executive Director
QUALITY AND PERFORMANCE				
BOD/2324/104	Integrated Performance Report	11:25	Assurance	Director of Quality, Innovation, and Improvement
BOD/2324/105	IPC Board Assurance Framework	11:50	Assurance	Director of Quality, Innovation, and Improvement
BOD/2324/106	Emergency Preparedness Resilience and Response (EPRR) Annual Assurance Report 2023/24	12:00	Assurance	Deputy Chief Executive & Chief Operating Officer
BOD/2324/107	Quality and Performance Chairs Assurance Reports from the meetings held on 25th September 2023 and 23rd October 2023	12:10	Decision	Prof A Esmail, Non-Executive Director
BOD/2324/108	Resources Committee Chairs Assurance Report, from the meetings held on 26th September 2023 and 24th November 2023	12:20	Assurance	Dr D Hanley, Non-Executive Director

STRATEGY, PARTNERSHIPS AND TRANSFORMATION				
BOD/2324/109	Communications and Engagement Dashboard Q2 2023/24	12:30	Discussion	Deputy Chief Executive & Chief Operating Officer
CLOSING				
BOD/2324/110	Any Other Business Notified Prior to the Meeting	12:40	Assurance	Chair
BOD/2324/111	Items for Inclusion on the BAF	12:45	Assurance	Chair
DATE AND TIME OF NEXT MEETING				
9.45am, Wednesday, 31st January 2024 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, 27th September 2023
Oak Room, Ladybridge Hall, Trust Headquarters

Mr P White	Chair
Dr A Chambers	Non-Executive Director / Deputy Chair
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 A Wetton	Director of Corporate Affairs
Mrs L Ward	Director of People
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/2324/068 **Patient Story**

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

The film featured Simon Derbyshire who as a deaf person found it difficult to communicate with health care professionals to access the care needed.

He explained how the BSL 999 App function was useful for deaf people and helped put him in touch with BLS translators so that he could effectively obtain the help he required, in a language he understands.

He described his experience of the app as extremely positive, and encouraged involvement of the ambulance service in further developments of the BSL training app.

The Chief Executive confirmed that the app was not currently available in the 111 service, however it was noted that the trust was working with Deafway to look at the stages required to introduce the service.

Dr A Chambers thanked the Simon for the story and noted how the patient found out about the app by chance. She queried how the trust could encourage and promote the use of the service amongst patients.

The Deputy Chief Executive supported the need for a range of different options for patients to access the trust services. He noted that deaf patients could pre-register with the service in advance of requiring care.

The Chair expressed his appreciation of trust community events and noted the value in Deafway as a Charity service. He noted the challenges and the opportunities.

It was noted that staff had access to BSL training through the trust's intranet, however BSL training was not included in staff mandatory modules of training.

The Board:

- Welcomed and acknowledged the content of the patient story.

BOD/2324/069 Apologies for Absence

Apologies for absence were received from Mrs C Butterworth, Non-Executive Director, and Mr G Blezard, Director of Operations.

BOD/2324/070 Declarations of Interest

There were no declarations of interest to note.

BOD/2324/071 Minutes of the Previous Meeting

The minutes of the previous meeting held on 26th July 2023 were agreed as a true and accurate record.

The Director of Quality, Innovation and Improvement referred to the section of the minutes that related to the gender pay gap and the mean, median and mid salary mean average in the report. She clarified that the difference in pay reported depended on where the salaries were listed.

The Chair requested a further conversation to clarify the position and for an action to be included on the Board action log for follow up at the next meeting.

The Board:

- Agreed the Minutes of the Meeting held on 26th July 2023 were a true and accurate record.
- Noted an action to clarify gender pay gap reporting at the next meeting.

BOD/2324/072 Board Action Log

The Board noted the updates to the Board action log.

The Board:

- Noted the updates to the action log.

BOD/2324/073 Committee Attendance

The Board noted the Committee Attendance.

The Board:

- Noted the Committee Attendance Record.

BOD/2324/074 Register of Interest

The Board:

- Noted the Register of Interest presented for information.

BOD/2324/075 Chair & Non-Executives' Update - including Lucy Letby – Review of Systems and Processes

The Chair provided a Chair and Non-Executive Update.

At this point Dr Alison Chambers declared an interest and left the meeting.

He referred to information issued to NHS trusts by NHS England in relation to the Lucy Letby case and pending enquiry. He noted that although this did not relate directly to the ambulance service sector, there were still key aspects of learning that needed to be considered.

He used a briefing from NHS England to emphasise that the trust welcomed the enquiry into the events at the Countess of Chester Hospital and although the services delivered by the ambulance trust were different, NWAS did delivery a high number of babies and interact with provider trust departments.

He referred to the trust's own developments and improvements in terms of call taking in emergency operating centres and emphasised the need to ensure good governance processes were in place, that included listening to patients and staff, with robust Freedom to Speak Up (FTSU) processes.

He particularly referred to staff who worked shifts, and unsociable hours, and the importance in ensuring that staff have access to the required processes and had accessibility to senior management in the organisation.

He added that NHS boards must ensure that staff can speak in confidence and that staff are treated well.

He reported that regular reports and updates are provided to board by FTSU representatives, with a need to ensure board members triangulated data and sought information to seek further assurance if required.

He noted the trust's FTSU cases increased during Covid and noted the need to ensure the board ensured the organisation was as safe as possible with the required processes in place.

He referred to the Fit and Proper Persons Report on the board agenda, which highlighted the need for safe practices and processes from the frontline to the Board.

The Chief Executive referred to recent discussions held at the trust's Executive Leadership Committee meeting which himself and the Deputy Chief Executive Officer attended, as well as regional chief executive and chair meetings, which had given priority to culture and processes. He noted the key themes, which included a two-way flow into board and to the corners of the organisation.

Mr D Rawsthorn, referred to the issue of whistleblowing which was a difficult area to address in the NHS historically. The Chair agreed and acknowledged the challenges, mainly due to the scale of public sector organisations.

The Chair went on to update the Board on recent provider network meetings, attended by Dr A Chambers, due to the conflict of interest.

He noted the NHS Leadership Skills Academy in Manchester, which supported NHSE training and development, and had been well attended by the trust.

The Chair thanked NWAS staff who had organised the recent Annual General Meeting.

He recognised the current challenges in the Cheshire and Mersey area, which was currently an outlier in terms of emergency care particularly in relation to the recovery plan. He added that plans were in place, however with winter approaching this remained an area of focus and concern, particularly in terms of handover times. He added he continued to raise the need for the improvement required at ICS meetings.

He referred to recent trust long service award ceremonies which had included a member of staff who had worked for the service for 50 years.

Dr A Chambers thanked non-executives for their recent input into the work with the NHS Leadership Skills Academy.

The Board:

- Noted the Chair and Non-Executives' Update.

At this point Dr Alison Chambers rejoined the meeting.

BOD/2324/076 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 recent visit by the High Sheriff of Greater Manchester to the Trust and thanked the Area Director and the team for their hospitality.

He referred to work being undertaken to ensure the trust understands and has more awareness in relation to hidden disabilities and the sunflower scheme. He also acknowledged the work to improve mobile data on vehicles and control rooms and the national timeline for roll out, which had commenced in NWAS. He thanked and congratulated teams on their work to implement the electronic patient record via trust iPads.

He advised of an incident which occurred in relation to business continuity on 8th September 2023, which related to air conditioning systems which leaked and impacted on the 999 and 111 contact suites. He noted that backup systems kicked in to handle calls and the trust's performance that weekend illustrated the good work and excellent call handling performance over that period.

He noted the trust continued to work with NHS senor leaders and system partners.

He acknowledged the retirement of Mr Ged Blezard, Director of Operations who had worked for the trust for 36 years and within the Greater Manchester health system prior to that. He advised that the Deputy Chief Executive would be taking over operational responsibilities on behalf of the Board.

The Chief Executive referred to recent headlines related to Reinforced Autoclaved Aerated Concrete (RAAC). He confirmed the trust had conducted the relevant investigations and surveys, with no trust any sites identified.

He noted a successful annual Star Awards event which was attended by approximately 400 staff and 300 nominations. He thanked all staff and volunteers for their hard work, all year round.

He sadly reported the deaths of three members of staff, and the thoughts of the board were with their colleagues, families, and friends.

The Director of Finance referred to the timing of the trust's Board Assurance Committees in September and noted that the Resources Committee had received a formal update on RAAC, and the Chairs Assurance Report would be presented to the November Board meeting.

The Board:

- Noted the content of the Chief Executives Update.

BOD/2324/077 Temporary Amendment to Board Standing Orders

The Director of Corporate Affairs presented a Temporary Amendment to Board Standing Orders.

She advised that the board standing orders had been updated to reflect the change in Executive Director membership on the Board, due to the retirement of the Director of Operations and establishment of the Chief Operating Officer role, for a 12-month period.

She confirmed the Chief Operating Officer post would be a voting member of the Board.

The Board:

- Approved the amended Standing Orders.

BOD/2324/078 Statement of Responsibilities

The Director of Corporate Affairs presented the Statement of the Division of Responsibilities between the Chair, Chief Executive, Senior Independent Director, and the Board Committees.

She advised that one of the provisions of The Code of Governance for NHS Provider Trusts 2023 (NHS Code) required provider trusts to clearly set out the division of responsibilities in writing and agreed by the Board of Directors.

A minor typo was recorded at Appendix 3, to remove the word sub from the reference to Board Committees. This would be updated prior to publication on the trust's website.

The Board:

- Approved the Statement of Responsibilities for publication on the Trust's website.
- Noted the minor amendment to Appendix 3, to be updated prior to publication on the trust's website.

BOD/2324/079 Updated Fit and Proper Persons Framework

The Director of People presented the updated Fit and Proper Persons Framework.

She advised that the framework had been in place since 2014, and changes had been recommended following the Kark Review in 2019, to take effect from 30th September 2023.

She noted that the changes strengthened the range of checks and the ability of movement of Directors who have not been found to be fit, which related to the discussions held earlier by the board in relation to Lucy Letby.

She added that the checks in recruitment would have oversight from Board with independent mechanisms. She noted that key changes included a shift to recording some of the data electronically, and she had written to those necessary in relation to transfer of the data.

She advised that some areas awaited further guidance in terms of social media checks and the core competency framework that would need to be embedded into recruitment processes and used as part of the appraisal processes, and confirmation was expected over the coming months.

The Director of People confirmed that a comprehensive action plan was in place to facilitate the changes required.

Mr D Rawsthorn referred to the length of time taken to produce recommendations following the Kark Review in 2019.

The Chair clarified changes to the appointment process.

The Director of People confirmed changes did take time to be formed in the NHS and confirmed that checks would be made at the offer of employment stage and the trust awaited full guidance in terms of social media checks.

The Deputy Chief Executive advised that the changes involved the requirement for references to be made for a board member, should these be requested by a future new employer or not, and should be placed on file as a record.

The Board:

- Received assurance from the contents of the report regarding the trust recommendations for implementation of the new requirements.
- Noted the impact of the framework to their ongoing assessment of fitness as a Board member.

BOD/2324/080 **Integrated Performance Report**

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report.

She confirmed the purpose of the Report which reported performance against the trusts performance high level indicators, categorised under Executive Director portfolios and included comparative information on the trust's performance across the ambulance sector.

She advised the report had been discussed in detail by the Board's Quality and Performance Committee and Resources Committee in recent days, prior to the Board meeting.

The Director of Corporate Affairs reported the number of complaints received during the period and noted low risk complaints had risen and more serious incidents were low, with only two incidents reported during August.

She advised that the number of open complaints had risen, and focused work was being work being undertaken by the team to ensure the best position place possible prior to the winter period. She added that incidents reported on DCIQ had risen due to improvements in accessibility, and the main theme remained care and treatment.

She confirmed that the ICB and Quality Board had approved the PSIRF Policy, and supportive comments had been received.

The Director of Quality, Innovation and Improvement highlighted that the report included activity in relation to Safety Alerts, which had been discussed at the Quality and Performance Committee.

The Chair referred to the variance in complaints performance. The Director of Corporate Affairs advised that the teams had previously been in different work streams, however a recent restructure had realigned and refocused the complaints teams, with more resilience.

The Deputy Chief Executive referred to the patient feedback received and summarised that patient satisfaction scores remained high and noted that comments received from patients, both positive and negative, was included in the report.

The Chair welcomed the high level of satisfaction levels despite the challenges faced by the organisation.

The Medical Director provided an update on the Ambulance Quality Indicators performance. He noted an overall improvement in terms of performance and referred to the STEMI (heart attack) care bundle which showed a welcomed improvement from previous deterioration.

He reported that additional assurance had been made to the Quality and Performance Committee and development of the Electronic Patient Record had been commissioned, to ensure recording of the second pain score.

The Chair welcomed the performance data and the work undertaken to improve the position. He noted a point of caution for the Board and Quality and Performance Committee that the data related to a point in time and was subject to variance.

In terms of the Patient Emergency Service (PES), the Deputy Chief Executive reported good performance in terms of call pick up and NWAS continued to lead across the sector. He noted that although the trust had received less calls, there had been an increase in incidents. He noted that whilst C1 and C2 figures remained mid table the challenges around C3 and C4 calls required further and although stable, the variance in performance across the three areas of trust was driving some under performance. The developments being made to improve the position were stated in the paper.

He reported that C1 long waits reduced in July, with slightly extended waits in C2 and other categories. He noted the average turnaround of hospital handover was worsening overall, and more specifically some good improvements in Greater Manchester, with a worsening position in Cheshire and Mersey.

He noted work continued with the Cheshire and Mersey system to ensure the best place possible entering the winter period.

Dr A Chambers referred to the long waits in C3 and the correlation with the reportable events paper in Part 2 of the meeting and the need to ensure C3 waits are not overlooked as a Board.

Mr D Rawsthorn referred to the hospital handover waits in Cheshire and Mersey and queried the key factors.

The Director of Quality, Innovation and Improvement referred to the work undertaken within the area and noted the urgent and emergency care governance reestablished following Covid. She noted good attendance at handover improvement board meetings and the urgent and emergency care (UEC) recovery plan had signalled a C1 and C2 priority in plans.

She confirmed that the Trust had reported concern at the robustness of the system's winter plans and a risk had been identified for the organisation.

Prof A Esmail referred to the improvements seen over the summer, and noted the work undertaken previously. He noted there had been a shift in resource within parts of the ICS, particularly for mental health patients.

The Chief Executive referred to the challenges in the Cheshire and Mersey area, and confirmed it was important to have the governance processes in place to ensure safety for patients as the trust approached the winter period. He added there had been some agreement at Chief Executive level to support work on C3 long waits.

The Deputy Chief Executive emphasised the need to ensure safety net arrangements were in place for C3 waits, including mechanisms for handovers and signposting to the most appropriate service.

The Chair referred to the significance of C2 calls and noted the good progress made by the trust to improve performance for C2 patients and long waits.
He noted the point in relation to C3 performance, however emphasised the need for C2 categorised calls to remain the priority.

In terms of here and treat and see and treat, the Deputy Chief Executive provided context and noted that a piece of exploratory work was being undertaken on culture and behaviours, to support the data.

The Medical Director advised of the factors related to hear and treat and see and treat rates, in terms of distribution and placement of clinicians. It was noted

that there were many variables to be considered, with a need for a clear narrative to be provided to partners on the trust's position.

It was noted that work being undertaken on referral routes and the outcomes would be presented to a future meeting of the Executive Leadership Committee and the trust's Quality and Performance Committee.

In terms of 111, he advised of a decrease in demand and noted an improvement in clinical performance metrics in terms of call times and overall, a stable position.

In relation to Patient Transport Services (PTS) he noted the contract activity and that a further detailed discussion would be held by the board in Part 2 of the meeting.

The Director of Finance outlined the year-to-date financial position of the trust which had been discussed in detail at the trust's Resources Committee.
The Chair thanked the Director of Finance and the team for their hard work.

The Director of People presented an overview of performance against the workforce indicators.

She advised that turnover was reducing except for EOC, and measures were in place across the trust's integrated contact centres to share best practice.
She confirmed that UEC posts not yet included in the PES establishment. She added that assurance on recruitment plans had been provided to the Resources Committee, with some successes from the recent recruitment campaign in the PTS.

In terms of the vacancy gap, she confirmed developments of the integrated call handling role continued in terms of streamlining processes and a recruitment plan in place for when the role was established.

She reported an increase in the HR case load and the number of suspensions, which remained an area of concern, however there were no themes identified.

Mr D Rawsthorn referred to the level of compliance achieved for completion of mandatory training on Information Governance, and despite improvement the target was not being met.

The Director of People confirmed the current compliance position for mandatory training overall which was 83% against a mandatory target of 85%. She confirmed the 95% compliance level for information governance was difficult to achieve.

The Director of Quality, Innovation and Improvement related to the correlation in workforce performance and overall operational performance, particularly in terms of the EOC turnover reported. She noted the data point showing on the IPR raised cause for concern for future monitoring by the Board, due to the closeness to the limits.

The Board:

- Noted the Integrated Performance Report and recommendations within the paper.

BOD/2324/081 IPC Annual Report 2022/23

The Assistant Director of Nursing and Director of Infection, Prevention and Control presented the IPC Annual Report for 2022/23.

She provided an overview of the content and noted the risks on the risk register.

Prof A Esmail noted a full discussion at the Quality and Performance Committee with no areas of concern to be reported.

The Chair referred to improvements and the risk areas highlighted e.g., sharps and SafeCheck.

She confirmed the risks were reviewed and issues monitored by the IPC Sub Committee, escalated through the Chairs Assurance Report to the Quality and Performance Committee.

The Director of Quality, Innovation and Improvement thanked the team for their hard work to ensure safe systems of work were in place, post pandemic.

The Board:

- Noted the assurances provided.

BOD/2324/082 Emergency Preparedness Resilience and Response (EPRR) Annual Assurance 2023/24

The Deputy Chief Executive presented the EPRR Annual Assurance Report.

He highlighted the Trust had a legal obligation to have EPRR plans in place and a submission had been made to the NHSE and to the ICB for comments.

He confirmed the self-assessment process was detailed in the paper against the core standards required.

Prof A Esmail noted the Quality and Performance Committee had discussed the report in detail with no areas of concern noted.
The Board:

- Received assurance from the report and noted the compliance status against the core areas, following the trust's self-assessment.
- Noted the recommendations in the paper and that the report had been presented to the Quality and Performance Committee prior to submission to the ICB on 30th September 2023.

BOD/2324/083 Emergency, Preparedness, Resilience and Response (EPRR) Policy

The Deputy Chief Executive presented the Trust's EPRR Policy.

He noted the Policy had been produced in line with supporting key documentation which underpinned and informed Policy requirements, detailed at s 2.3.9 of the report.

The Quality and Performance Committee had considered and approved the Policy for onward approval by the Board of Directors.

The Board:

- Approved the NWAS EPRR Policy and subsequent publication and dissemination via the Green Room.

BOD/2324/084 NWAS Strategic Winter Plan 2023/24

The Deputy Chief Executive presented the Trust's Strategic Winter Plan 2023/24.

He noted this was a national requirement, with area plans to follow to support the overarching plan, which would reflect some of the differences and variations across the three areas of the region.

He highlighted that the plan focused on capacity as well as ability, and more specifically referred to the mental health professionals which were shared with partners and wider stakeholders.

Dr A Chambers referred to the challenges related to the recruitment of mental health practitioners.

The Deputy Chief Executive agreed and confirmed that references had been made in the plan to explain the trust's processes for managing the care and treatment of mental health patients.

The Chair referred to consideration of the UEC recovery plans in the Cheshire and Mersey Area and queried if this had been factored into the Plan.

The Deputy Chief Executive confirmed discussion had been held by the Executive Leadership Committee and could refer to discussion for further reference.
The Board:

- Approved the content of the Winter Plan which provided assurance of the required levels of preparedness for the anticipated winter pressures.

BOD/2324/085 Learning from Deaths Report

The Medical Director presented the Learning from Deaths Report Q1 2023/24.

He advised that the format of the report would be reviewed along with the review of the Trust's Policy and Procedures in Q3/Q4 2023/24, in conjunction with the national team, who were also reviewing the process to move away from the methodology of reporting to the learning themes and improvement.

The Director of Quality, Innovation and Improvement confirmed improvement themes had been identified by the trust's agreed priority themes for PSIRF which provided evidence that the Board has focus on the themes and improvements.

Prof A Esmail referred to the volume in the reporting and welcomed future focus on key themes.

The Director of Corporate Affairs clarified the number of death statistics confirmed by the Medical Director.

The Chair welcomed the work undertaken and the future renewed focus for future reports.

Dr D Hanley, referred to the process for analysing equality issues and queried whether future reporting would include past data.

The Medical Director confirmed part of the Learning from Deaths Policy review would include extracting the EDI element of reporting to understand the characteristics.

He confirmed that data would be reviewed going forward, and that the system changes would form improvements.

Mr D Rawsthorn referred to the recommendations in the paper, which stated that the information would be published on the Trust's public account rather than the website.

The Medical Director confirmed the report would be published on the website and included in the annual quality account.

The Chair queried where discussions were being undertaken in relation to EDI characteristics.

The Medical Director referred to discussions at ELC, the trust's Diversity and Inclusion Sub Committee, including the undertaken to improve system processes.

The Chair welcomed a further conversation offline to understand the work being progressed.

Prof A Esmail referred to discussion at Q&P Committee in relation to health inequalities and the need to link this to future outcomes.

The Chair noted the significance in the health inequalities work being undertaken.

The Medical Director confirmed the Public Health Group also established, which reported into the trust's Clinical Effectiveness Sub Committee and up to the Quality and Performance Committee.

The Board:

- Noted the content of the report and the recommendations included in the paper.
- Noted the Chair requested a further offline discussion with the Medical Director to understand the progress of the work related to EDI characteristics.

BOD/2324/086 **Quality and Performance Committee Chairs Assurance Report**

Prof A Esmail presented the Quality and Performance Committee Chairs Assurance Report, from the meeting held on 24th July 2023.

He noted a good presentation on see and treat and hear and treat developments and noted the performance improvements sustained during the period.

He advised that the three PSIRF priorities had been received and noted alignment with the Learning from Deaths paper which would provided further focus on the priorities.

The Board:

- Noted the assurances detailed in the Chairs Assurance Report.

BOD/2324/087 **2023/24 Flu Campaign**

The Director of People presented the Flu Campaign for 2023/24.

She referred to the drop in uptake in 2023 and the aim to improve the position during 2023/24. She noted the trust wasn't an outlier across the ambulance sector.

She added that the Covid booster, being made available to frontline workers, would be offered in the community rather than by the trust and as such the trust did not have oversight of the data, although would have sight of the regional statistics at a high level. She noted that this provided challenges in terms of carrying out targeted work, to encourage uptake of the Covid booster.

The Chair clarified the term frontline staff.

The Director of People confirmed that there had been no specific directive in national guidance, however the trust had included all frontline staff including contact centre staff.

The Board:

- Noted the trust's approach to the Flu campaign for 2023/24.
- To provide senior commitment to offer all frontline staff a flu vaccination.
- Noted the provision of assurance via the Board checklist.

BOD/2324/088 **Any Other Business Notified prior to the meeting.**

There was no other business notified prior to the meeting.

BOD/2324/089 **Items for inclusion on the BAF**

There were no items identified for inclusion in the BAF.

Date and time of the next meeting –

9.45 am on Wednesday, 29th November 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
112	27.11.2023	2324/71	Minutes of the last meeting held on 26th July 2023 - Gender Pay Gap reporting	Director of People to clarify the gender pay gap reporting position, following queries raised by Director of Quality, Innovation and Improvement on mean, median and mid range salaries used.	Director of People	29.11.2023			
113	27.11.2023	2324/85	Learning from Deaths Report	Following discussion regarding understanding of the EDI characeristics, the Chair requested a discussion offline to understand how work was being progressed.	Medical Director	29.11.2023			

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	✔	✔	✔	✔	x			
Dr Alison Chambers	✔	x	✔	✔	✔			
Salman Desai	✔	✔	✔	✔	✔			
Prof Aneez Esmail	x	✔	✔	✔	✔			
Dr Chris Grant	✔	✔	x	✔	✔			
Dr David Hanley	✔	✔	✔	✔	✔			
Daren Mochrie	✔	✔	✔	✔	✔			
Dr Maxine Power	✔	✔	✔	✔	✔			
David Rawsthorn	✔	✔	✔	✔	✔			
Catherine Butterworth	✔	✔	✔	✔	x			
Lisa Ward	x	x	✔	x	✔			
Angela Wetton	✔	✔	✔	✔	✔			
David Whatley	✔	✔	✔	✔	✔			
Peter White (Chair)	✔	✔	✔	✔	✔			
Carolyn Wood	✔	✔	✔	✔	✔			

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

Resources Committee						
	26th May	21st July	26th September	25th November	20th January	24th March
Ged Blezard	x	✔	x			
Salman Desai	✔	✔	✔	✔		
Catherine Butterworth	✔	✔	x	✔		
Dr David Hanley (Chair)	✔	✔	✔	✔		
David Rawsthorn	✔	✔	✔	✔		
Lisa Ward	✔	✔	✔	✔		
David Whatley	✔	✔	✔	✔		
Carolyn Wood	x	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		✔	x					
Dr Alison Chambers		✔		✔	✔	x				
Prof Aneez Esmail (Chair)		✔		✔	✔	✔				
Dr Chris Grant		✔		✔	✔	x				
Dr David Hanley		✔		✔	✔	✔				
Dr Maxine Power		✔		✔	✔	✔				
Angela Wetton		✔		✔	✔	✔				

Charitable Funds Committee				
	29th April	19th July	18th October	17th January
Ged Blezard	✔	✔		
Salman Desai	✔	✔	x	
Catherine Butterworth	✔	✔	✔	
Dr David Hanley	x	✔	✔	
David Rawsthorn (Chair)	✔	✔	✔	
Lisa Ward	✔	✔	✔	
Angela Wetton	✔	✔	✔	
David Whatley	✔	✔	✔	
Carolyn Wood	✔	x	x	

Nomination & Remuneration Committee							
	26th April	31st May	26th July	27th September	29th November	31st January	27th March
Catherine Butterworth	✔	✔	✔	x			
Dr Alison Chambers	✔	x	✔	✔			
Prof Aneez Esmail	x	✔	✔	✔			
Dr David Hanley	✔	✔	✔	✔			
David Rawsthorn	✔	✔	✔	✔			
David Whatley	✔	✔	✔	✔			
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	Sep-23	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.
			Non Executive Director Pennine Care Foundation Trust				√	Position of Authority	Jul-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Salman	Desai	Deputy Chief Executive/Chief Operating Officer	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	
Chris	Grant	Medical Director	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
			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	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 NW 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
Maxine	Power	Director of Quality, Innovation and Improvement	Daughter employed at NWAS as Service Delivery Programme Assurance Manager in PTS.			√		Non financial personal interest.	Sep-23	Present	Declare an interest and withdraw from discussions as and when required.
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.

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	
			Member of Cumbria Wildlife Trust			√		Other Interest	Apr-19	Present	N/A
Lisa	Ward	Director of People	Member of the Labour Party			√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.
			Member of Chartered Institute of Personnel and Development		√			Non financil professional interest	Jun-23	Present	Declare an interest and withdraw from discussions as and when required.
			Daughter employed at DHSC as economic analyst			√		Non financial personal interest.	Sep-21	Sep-23	Declare an interest and withdraw from discussions as and when required.
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	Chair of Lancashire Teaching Hospitals NHS Foundation Trust	√				Second Trust Chair Position in another NHS organisation	Aug-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	No Conflict
			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
Carolyn	Wood	Director of Finance	Husband was Director of Finance at East Lancashire Hospitals NHS Trust				√	Other Interest	Apr-19	Jul-19	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict.

NHS
North West Ambulance Service
NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29 November 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 27 September 2023. The highlights from this report are as follows: PES • Strong performance on C1 and C2 despite an increase in hospital handover delays • C2 mean response times below the UEC 30-minute target • Operational resource increasing • Achieving 999 call answering standards at around 2 seconds mean year to date 111 • Visual IVR still producing time savings on calls • Call taking support offered by Vocare has increased • Hybrid working is progressing, albeit slowly PTS • The provision of Non-Emergency Patient Transport Services across the North West went out to tender arranged in three lots with the new contract starting from the 1 April 2025				
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 27 September 2023.

2. PERFORMANCE

2.1 Paramedic Emergency Service

September and October operational performance saw deterioration in response times. This increase correlated with an increase in hospital handover times. This is increasingly evident when appraising response standards by sector. Those sectors with the most challenged handover times are seeing response times increase more rapidly.

NWAS continue to perform well versus the sector, most specifically within the C1 and C2 response standards and continue to deliver C2 mean response times below the UEC 30-minute target. Long waits have increased but extreme long waits are very low. Additionally, the number of long-waiting patients has reduced when compared to last year.

Operational resource continues to increase supported by UEC recovery funding. EMTs and Paramedics are profiled to deploy through winter. Additional vehicles are also planned through quarter 4.

Call pick-up remains stable with mean call pick-up for the year well below the 10 second target and 2 seconds mean year to date. NWAS continue to lead the sector in call answering targets. Call handling capacity will continue to increase throughout the winter.

Hear and Treat remains stable. NWAS are now live with C2 segmentation and continue to increase senior clinical capacity through winter via UEC recovery funding. Additional support via CAS provision is also profiled for winter. It is anticipated Hear & Treat will increase through winter.

2.2 NHS 111

The 111 provision continues to develop and improve safe and effective care to patients within the North West. Whilst many of our innovations are sourced and developed locally, we also continue to build strong partnerships with other 111 providers, and other external stakeholders.

In recent weeks we have observed slight increases in the volume of calls taken by our colleagues at Vocare, who continue to provide national support to many 111 providers at this time. In a similar arrangement, support is also provided by IC24 for our service advisor provision, however this support is much more stable week-on-week. Both national workstreams are designed to help answer as many patient calls as quickly as possible, with the focus on safety being at the forefront of the program of work.

Visual IVR has been live within 111 for over six months and we continue to see the saving of between 40-60 seconds per call when it is used. This innovation allows

patients to complete their demographics online whilst waiting in the queue to be answered, and the systems and development teams are conducting regular reviews to ensure further efficiencies are gained, whilst keeping patient safety at the forefront. This innovation has been subject of keen interest from other 111 providers, who are working alongside us to help implement the system into their service.

The department has been working extremely hard over the past month to ensure all our staff have been offered a flu vaccine. With regular flu clinics, supported and facilitated by our clinical staff, all colleagues who work within 111 have had various opportunities to be vaccinated. Many of our staff work unsocial hours, and weekends, due to the demand profile within 111. We have worked closely with the flu leads to ensure that staff working these hours can be vaccinated.

The opinion and thoughts of our people is critical to our success, we saw this last year with staff survey results helping build a fantastic people plan. This year we are ensuring that all staff have been given “offline time” from their role to complete the staff survey. We have continued to promote this by evidencing all the amazing things that we have been able to achieve in the last year as a direct result of survey feedback.

Our health advisor hybrid working trial had been stalling for some months due to some technical difficulties with the Azure Virtual Desktop. However, this past week has seen a huge step forward, and we have been completing some more live calls from home. Whilst there is still a way to go to fully operationalise this, the recent success of this has been down to the perseverance and partnership working of the service development and information systems team in 111, along with ICT.

Overall, whilst demand is increasing along with forecast for this time of year, our performance by comparison to this time last year is much improved. Our service level is over 15% higher than it was for November 2022, and our abandonment rate has reduced by 6% year-on-year. We recognise that things will likely become even more challenging as winter sets in, our robust winter plan, along with the continued integration of contact centres will help enable us keep patients safe over the winter period.

2.3 **Patient Transport Service**

Lancashire and South Cumbria Integrated Care Board in partnership with NHS Cheshire & Merseyside ICB, NHS Greater Manchester ICB and NHS North East & North Cumbria ICB, issued the Invitation to Tender for the provision of Non-Emergency Patient Transport Services across the North West. The proposed new contracts will be split into geographical areas and were tendered as three LOTs; Cheshire and Merseyside (1), Greater Manchester (2) and Lancashire and Cumbria (3).

The proposed new contracts will commence 1 April 2025 initially for a 5-year period with an option for a 3-year extension. NWAS is the only provider to operate across the whole of the North West and is the incumbent across 4/5 existing NEPTS contracts with previous experience of operating within Cheshire.

A bid response team was established comprising business support, PTS and Finance representation and the trust engaged with an external partner who had the responsibility for writing the responses to the technical questions. The deadline for submission of the tender was extended from 12 to 31 October 2023.

3. ISSUES TO NOTE

3.1 Local Issues

Long Service Awards

Chair, Peter White, and I joined Greater Manchester staff from all parts of the trust to celebrate their years of dedication to the NHS. From operational staff in 999, 111 and PTS, to corporate service colleagues, we were there to acknowledge and thank each one for their service over the last 20+ years. Overall, we recognised more than 3,000 years of service.

It was a privilege to hear stories about those who were reaching these impressive milestones. In particular, Dan Smith, Head of Service for Greater Manchester, gave a moving and insightful speech about colleague Keith Ramage, who was marking an incredible 50 years' service. Keith has worked in both the 999 and PTS services and has been an inspiration, mentor and friend to many during his career.

Later in the month we then joined the Cheshire & Mersey awards alongside the Lord Lieutenant for Merseyside, Mark Blundell. It was real honour to shake the hands of those staff who have given between 20 and 40 years dedicated service.

The Cumbria & Lancs ceremony is due to take place on 21 November.

Our people are what makes NWAS so special and it's only right that we pay tribute to those who have dedicated years of their career to the ambulance service and NHS.

3.2 Regional Issues

Trust Strategy

The Strategy, Planning and Transformation Team spent three weeks at the beginning of October visiting various trust sites and hospital locations across all county areas for an informal chat and to hear feedback about what the strategy means in the 'real world'.

Our strategy drives everything we do; it influences decisions and plans at every level and we have a shared responsibility to work together to achieve its aims and objectives. In our trust strategy 2022-25, we commit to working together with our partners to shape a better future, this includes working in partnership to improve the overall health of the public, supporting initiatives which prioritise the needs of people in the community who are vulnerable, at high risk of illness or need to access healthcare services regularly.

Major Incident

At the end of September, the trust declared a major incident following a serious road traffic collision when a coach overturned with c50 teenage children onboard. Sadly, there were two fatalities and a large number of patients required triage, some of whom were transferred to hospital before later being discharged.

Our response to this incident, once again demonstrated excellent joint working between emergency services and hospitals to ensure a speedy response and I would like to pass on my thanks to everyone involved and to express my sincere condolences and thoughts to those affected by the incident.

NWAS in the Community

The first NWAS in the Community Day was held on Thursday 19 October and saw colleagues from across the trust join together to support and fundraise for local charities. Participants walked from Manchester City's Etihad Stadium and stopped at two of the charities we are supporting where they learnt more about the work of those organisations.

Staff Survey

The trust has acted on what we heard through the survey last year. For example, less than 60% said they felt safe to speak up about things that concerned them in the organisation. But only 40% or so believed that the organisation would address any concerns raised. The recently introduced Patient Safety Learning Team plays a crucial role in not only supporting the improvement initiatives stemming from PSIRF but also help us learn from external insights such as Coroner's reports and experiences from other ambulance trusts.

This year's survey launched at the beginning of October and will run through to 24 November.

Career Ambassadors

The new Ambassador Programme has launched and gives staff from all service lines the opportunity to encourage, inspire and motivate individuals to pursue a career with the trust.

The programme is being launched by our Widening Access Team which works with individuals to inspire and support progression to a career with NWAS and isn't just about telling them what qualifications they need or helping them to fill out an application; it's also about building their confidence and communication skills and empowering them to realise their potential.

As we serve such a large community, the team is often inundated with requests to visit schools, career fairs, job fairs and many more events, to provide information advice and guidance to our future talent.

Body Worn Cameras

Based on two recommendations from the Manchester Arena Inquiry, it is now compulsory for commanders and clinical and operational leaders to complete the body worn video camera (BWVC) training module and the subsequent wearing of a camera.

The Standard Operating Procedures are informative and provide a useful rationale for when to use the cameras in complex and major incidents. It is also beneficial when completing decision logs as an evidence record and provides greater awareness of actions and decision making, an invaluable tool for personal learning and development in the role of a commander.

3.3 National Issues

Our thoughts are with the people of the Middle East

The situation is deeply troubling and our sympathy is with everyone affected, which may include some of our colleagues and patients, especially those who are from, or have relatives or friends in that area of the world.

Emergency Services Show

This conference was held in Birmingham at the end of September and brings together more than 16,000 emergency service professionals. I was delighted to have been asked to welcome everybody to the event at a networking reception and to say a few words about the role that the emergency services play supporting the NHS with a particular focus on the NHS @ 75.

I also joined the Senior Policy Advisor for the ICO Network and NHS Confederation to present a seminar session entitled 'Integrated care, integral partners: How the Emergency Services can work with Integrated Care Systems'. We talked about how emergency services, and ambulance services in particular, have an opportunity to be integral partners in reducing health inequalities in local areas. We are in a unique position in the North West as a health service that spans multiple ICS areas, and we have good relationships with the system leaders allowing us to make a real difference to patients.

Patient Safety Incident Response Framework (PSIRF) Go Live

On 1 October the trust went live with the Patient Safety Incident Response Framework; a switch from Serious Incidents and is a big step forward in helping us improve how we learn from all patient safety events.

There will be greater engagement with those affected by an event, including patients, families and staff, ensuring they are treated with compassion and able to be part of any investigation and allows for compassionate and effective engagement with all those affected when a patient safety event occurs. The views of staff and patients, or their relatives, will be listened to and acted upon, putting them at the heart of any investigation. This will ultimately lead to an increase in our learning and improvement and ultimately contribute to better patient safety and outcomes.

Black History Month

At the beginning of October our first ever network collaboration event took place in recognition of Black History Month, with the theme this year of 'Saluting our Sisters'. The Race Equality Network (REN) collaborated with the Women's Network to raise awareness of maternal health inequalities faced by people from black and ethnic minority backgrounds which continues to be a significant problem.

Black women are almost four times more likely to die from maternity-related causes than white women. Significant disparities also exist for those of Asian and mixed ethnicity. While the reasons behind these inequalities are complex, this event touched upon some important topics and allows us to consider the impact of these inequalities from a patient safety and staff wellbeing perspective.

Ambulance Leadership Form (ALF)

In my AACE Chair role, I was delighted to welcome and host nearly 500 delegates to our annual leadership forum held in Wales, which was the first time ALF had been held outside of England. Over the two days we heard from many excellent speakers and discussed many topics ranging from culture to mental health and wellbeing to operational and clinical service re design.

I was particularly pleased to be able to chat to a number of NWAS staff from our networks who had supported a UK staff network forum session as well as leaders from across the Trust.

I was also delighted to be able to present awards to staff from all over the UK for going above and beyond including Jenny Turk, Executive Business Support Manager for our Deputy CEO/Chief Operating Officer who was there with her husband Mike.

4. GENERAL

Kings Ambulance Medal

Deputy Chief Executive & Chief Operating Officer, Salman Desai, was named in the New Years Honours List and was presented with the King’s Ambulance Medal (KAM) by Her Royal Highness, the Princess Royal, at an investiture ceremony at Windsor Castle

The Kings Ambulance Medal is a prestigious and highly regarded award recognising exceptional service within the field of ambulance and pre-hospital care. Established to honour the dedication and selflessness of those who go above and beyond in providing lifesaving care and support during emergencies, the medal is a symbol of the highest standards of excellence in the ambulance service.

Salman has given more than 25 years of service to the ambulance service, initially training as a paramedic, a registration which he still holds. From 2007 – 2015 he assumed the role of Head of Service Development and his work focussed on preventing death from drug use among marginalised communities in Greater Manchester.

Salman demonstrated exceptional leadership during two major incidents in Cumbria, the first involved responding to a shooting in Whitehaven in 2010 and subsequently a crucial role in managing the fallout from a major flooding which involved towns in Cumbria, necessitating a mass evacuation and the establishment of a comprehensive support system for hundreds of displaced members of the public.

Freedom to Speak Up

Every October, the National Guardians Office highlights the importance of NHS staff having a voice that counts through its Speak Up Month campaign.

The aim of this important campaign, especially in light of the recent Lucy Letby case, is to make speaking up business as usual for everyone, and as part of the trust strategy, 'looking after our people' we want to ensure that our staff are safe, healthy and happy at work. We do this by creating a culture where staff feel confident raising concerns when something goes wrong and give assurance that they will always be listened to.

Our lead FTSU Guardian, Graham Pacey, has taken on the role of co-chair of the National Ambulance Network of Freedom to Speak Up Champions which means working with other trusts to support speaking up and embed a culture where people can speak up without fear of repercussions and know that concerns will be actioned.

GM Health & Care Research Awards

The annual Greater Manchester Health and Care Research Awards took place on Thursday 5 October, where our Research and Development Team won the Special Award for Exceptional Experience.

'Exceptional Experience' is part of the NIHR's strategic vision and values to invest in improvements that advance the practice of research delivery for participants, staff, investigators, partners, and sponsors.

The R&D Team would like to dedicate the award to Research Fellow Betty Pennington, who passed away a few weeks ago.

Baby Loss Support

9 - 15 October was Baby Loss Awareness Week, a special opportunity to mark the lives of babies lost in pregnancy or soon after birth.

Following staff feedback that identified a lack of baby loss support available, our Health and Wellbeing Team has collaborated with the Women's Network to create a section on the Invest In Yourself site dedicated to supporting everyone affected by baby loss.

World Mental Health Day

10 October was World Mental Health Day and is a day to talk about mental health and show everyone that mental health matters. It's also a day to let people know that it's okay to ask for help

Ambulance service priorities on the national agenda

At the beginning of November, I met with Helen Whately, a Minister of State in the Department for Health and Social Care (DHSC). We discussed the NHS England Urgent and Emergency Care (UEC) recovery plan and I was able to continue conversations about the work we are doing in the North West, and the ambulance sector nationally, including hospital handover delays, culture work and winter pressures.

The UEC recovery plan is an ambitious two-year plan to reduce ambulance and A&E waiting times, prevent hospital admissions, and help urgent and emergency healthcare services recover from pandemic disruption.

NWAS were given £23 million funding to allow us to progress several projects and make improvements, with a focus on reducing Category 2 response times towards a target of 30-minutes on average and doing more to manage things like end of shift and meal breaks.

I was able to share how we are investing the funding to drive initiatives including:

Increasing ambulance capacity and hours on the road:

- Expanding our operational workforce by recruiting more paramedics and increasing our fleet of vehicles.
- Ensuring we have the right estates facilities to accommodate the increase in staff.
- Completing the PES Leadership Review to ensure we have the right management structure to support our teams.
- Continuing to work collaboratively with NHS partners to reduce hospital handover delays.

Category 2 segmentation:

- Expanding the clinical workforce within our contact centres, so that more Category 2 incidents can be validated, and we can make sure those patients receive the right care at the right time.

Improving call pick up times:

- Expand contact centre workforce with the recruitment of more call handlers.
- Ensure we have the right estates facilities to accommodate the increase in staff.

Employee health and wellbeing:

- Improving access to health and wellbeing support with the appointment of wellbeing co-ordinators and the introduction of a wellbeing phone service
- If we can reduce handover delays and recruit more staff this should go some way to reducing end of shift delays and rest breaks.
- Improving access to coaching for managers.

We also discussed ambulance trust culture and staff wellbeing, and all the work underway to support the health and wellbeing of ambulance service colleagues

Overall, the discussions were positive and constructive. Meetings such as this help to ensure there is a true picture and understanding of ambulance service challenges within the government, hopefully leading to further support, from both a funding and policy perspective, to help us improve services for staff and patients.

New Minister of State for Health & Secondary Care

Following the recent cabinet reshuffle, the Prime Minister has appointed Andrew Stephenson as the new Minister of State for Health & Secondary Care.

Not only is Minister Stephenson the MP for Pendle, he is also a CFR for NWAS and I have already met with him to discuss a number of topics including Volunteering and I took the opportunity to discuss the current pressures ambulance services are facing.

His responsibilities will include areas such as elective care recovery and screening, alongside the fight against major diseases like cancer, diabetes and stroke.

Remembrance Day

The trust has a strong and active Armed Forced Network within our service. Colleagues from across different directorates and sites came together to pay their respects and honour the service and sacrifice of our servicemen and servicewomen involved in the two world wars and later conflicts. Flags were raised at a number of our sites as colleagues lay wreaths and observed a two-minute silence.

Remembrance Sunday is a national opportunity to remember the service and sacrifice of all those in the Armed Forces, their families who have supported them, colleagues from across emergency services, and anyone who has lost their lives as a result of conflict or terrorism.

Interfaith Week

12-19 November was national Inter Faith Week, coordinated by the Inter Faith Network for the UK. Interfaith Week provides an opportunity to increase understanding between people of religious and non-religious beliefs, as well as a chance to celebrate what communities have in common.

To mark this week our new Workforce Wellbeing Officers facilitated activities at various sites. Our Inclusion Team coordinates a quarterly Religion, Belief and Culture Forum to help with enhancing the cultural competence of colleagues.

Reverend Karen Jobson is our Chaplain for Staff Wellbeing, and offers confidential, pastoral support that is proactive and reactive to people of all faiths and none.

In our Thoughts

It is with great sadness that I write to inform you of the death of our friends and colleagues, Rob Hussey and Sandra Philpott. The nature of our work often means we form close connections with our colleagues, many of whom become our friends, mentors and support systems, every loss of a colleague has a profound effect on the service.

Rob was a Community Resuscitaion and Engagement Manager for the Cheshire & Merseyside area and was a well-respected member of the trust and the communities he had worked with over the past 38 years.

Sandra was a well-respected PTS Regional Contact Centre Manager who passed away unexpectedly after a short illness.

The trust sends sincere condolences to the family, colleagues and friends of Rob and Sandra and has created an opportunity on the Green Room for digital condolences to be posted. A week after a colleague's funeral the messages will be taken down and placed in a book for the family

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

NHS
North West Ambulance Service
NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29th November 2023				
SUBJECT:	Board Assurance Framework 2023/24 Q2 Position				
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:	The Board of Directors are presented with the proposed 2023/24 Q2 Position of the Board Assurance Framework. The proposed Q2 position of the BAF risks with associated CRR risks scored ≥15 can be viewed in **Appendix 1**. The BAF Heat Maps for 2023/24 year to date can be viewed in **Appendix 2**. The Executive Leadership Committee (ELC) recommend the following Q2 changes: • Decrease of SR02 from 16 to 12.				
RECOMMENDATIONS:	The Board of Directors are requested to: • Approve the 2023/24 Q2 Position of the Board Assurance Framework.				
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:	Executive Leadership Committee and Audit Committee			
	Date:	18th October 2023 and 20th October 2023		
	Outcome:	ELC Recommended to Board for approval.		

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1. PURPOSE

This paper provides the opportunity for the Board of Directors to review the 2023/24 Q2 Position of the Board Assurance Framework (BAF) position, along with the Corporate Risk Register risks scored ≥15 that are aligned to each BAF risk.

2. BACKGROUND

The Board Assurance Framework (BAF) identifies the strategic risks and ensuring that systems and controls are in place are adequate to mitigate any significant risk which may threaten the achievements of the strategic objectives.

Whilst the Board of Directors delegates authority to its Board Assurance Committees to monitor assurance against its strategic risks, it is ultimately responsible for the oversight of the BAF and the Board Assurance Committees are expected to escalate any significant assurance issues as they arise.

3. REVIEW OF THE STRATEGIC RISKS 2023/24 Q2 POSITION

The proposed 2023/24 Q2 Position of the Board Assurance Framework with associated Corporate Risk Register risks scored 15 and above can be viewed in Appendix 1. The BAF Heat Maps for 2023/24 year to date can be viewed in Appendix 2.

The proposed changes to note are:

SR02: There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services

- Decrease in current risk score for Q2 from 16 to 12

Opening Score 01.04.2023	Q1 Risk Score	Q2 Risk Score	Exec Lead
16 4x4 CxL	**16** 4x4 CxL	**12** 4x3 CxL	Carolyn Wood

The risk has decreased in risk score following review, with the following rationale applied by the Executive Lead:

1. Income being received in full including UEC recovery funding.
2. A year to date surplus due to bank interest being greater than planned.
3. Efficiency target achievement remains on plan with a further improvement

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

The Board Assurance Framework and the Corporate Risk Register forms part of the Trust's risk management arrangements and supports the Board in meeting its statutory duties.

5. EQUALITY OR SUSTAINABILITY IMPACTS

None identified.

6. RECOMMENDATIONS

The Board of Directors is recommended to:

- Approve the 2023/24 Q2 Position of the Board Assurance Framework.

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BOARD ASSURANCE FRAMEWORK 2023/24

Q2 Position

Board of Directors

29th November 2023

Q3 2023/24 Reporting Timescales:

Executive Leadership Cttee:	17/01/2024
Audit Cttee:	19/01/2024
Resources Cttee:	26/01/2024
Quality & Performance Cttee:	29/01/2024
Board of Directors:	31/01/2024

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BOARD ASSURANCE FRAMEWORK KEY

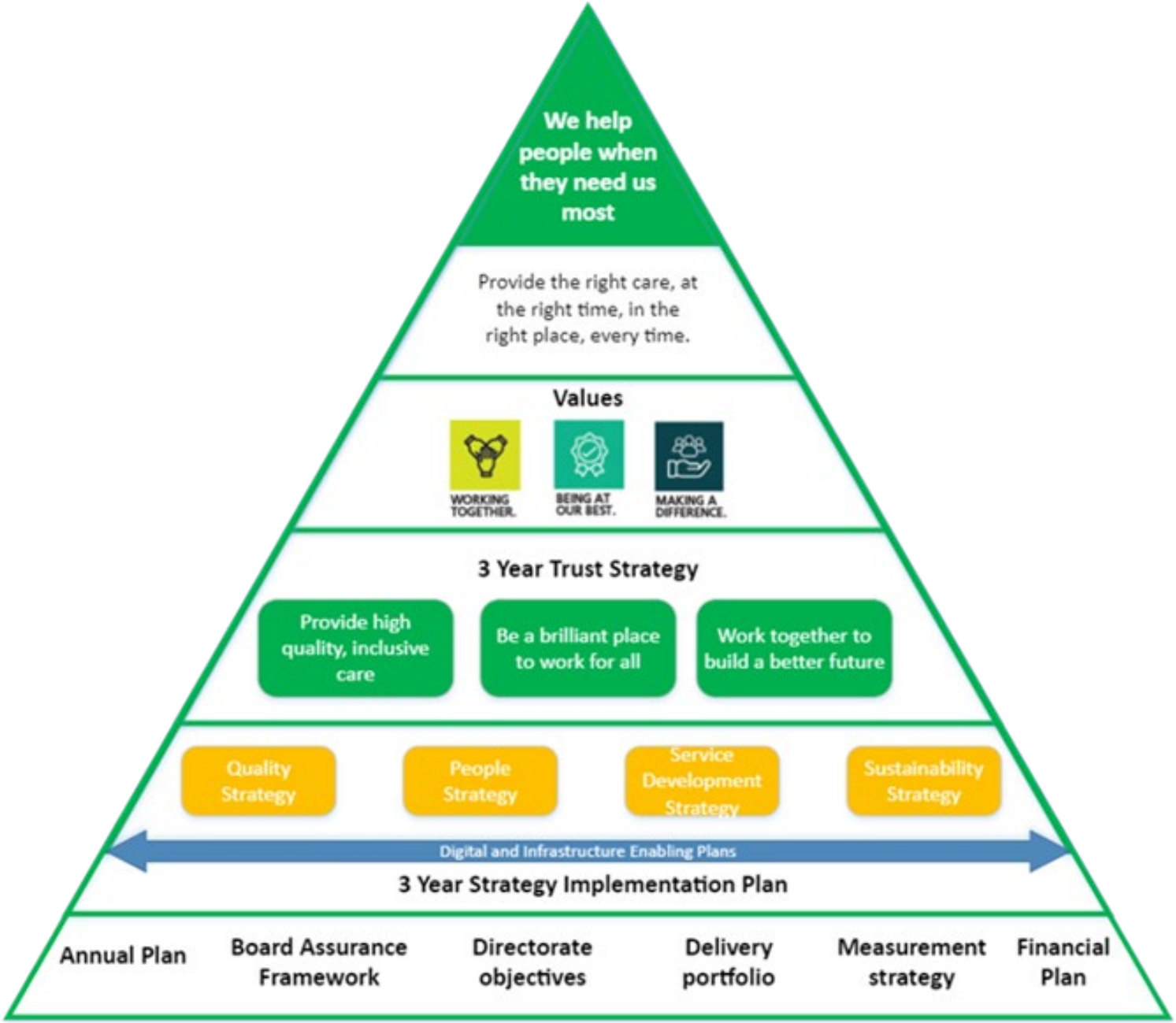
Risk Rating Matrix (Likelihood x Consequence)

Consequence ↓	Likelihood → Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Low	10 Moderate	15 High	20 High	25 High
Major 4	4 Low	8 Moderate	12 Moderate	16 High	20 High
Moderate 3	3 Low	6 Moderate	9 Moderate	12 Moderate	15 High
Minor 2	2 Low	4 Low	6 Moderate	8 Moderate	10 Moderate
Negligible 1	1 Low	2 Low	3 Low	4 Low	5 Low

Director Lead:	
CEO	Chief Executive
DoQII	Director of Quality, Innovation & Improvement
MD	Medical Director
DoF	Director of Finance
DOO	Chief Operating Officer
DoP	Director of People
DoCA	Director of Corporate Affairs

Board Assurance Framework Legend

BAF Risk	The title of the strategic risk that threatens the achievement of the aligned strategic priority				
Rationale for Current Risk Score	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk				
Risk Appetite	The total amount of risk an organisation is prepared to accept in pursuit of its strategic objectives				
Controls	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority				
Assurances	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk				
Evidence	This is the platform that reports the assurance				
Gaps in Controls	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk				
Gaps in Assurance	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk				
Required Action	Actions required to close the gap in control(s)/ assurance(s)				
Action Lead	The person responsible for completing the required action				
Target Completion	Deadline for completing the required action				
Monitoring	The forum that will monitor completion of the required action				
Progress	A RAG rated assessment of how much progress has been made on the completion of the required action	Incomplete/ Overdue	In Progress	Completed	Not Commenced


We help people when they need us most
Provide the right care, at the right time, in the right place, every time.
Values
WORKING TOGETHER.
BEING AT OUR BEST.
MAKING A DIFFERENCE.
3 Year Trust Strategy
Provide high quality, inclusive care
Be a brilliant place to work for all
Work together to build a better future
Quality Strategy
People Strategy
Service Development Strategy
Sustainability Strategy
Digital and Infrastructure Enabling Plans
3 Year Strategy Implementation Plan
Annual Plan
Board Assurance Framework
Directorate objectives
Delivery portfolio
Measurement strategy
Financial Plan

BOARD ASSURANCE FRAMEWORK DASHBOARD 2023/24

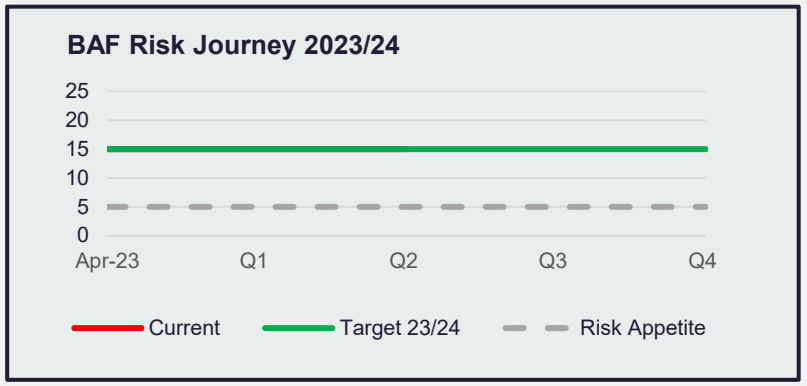
BAF Risk	Committee	Exec Lead	01.04.23	Q1	Q2	Q3	Q4	2023/24 Target	Aspirational Target
SR01: There is a risk that the Trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction	**Quality & Performance**	**MD**	**15** 5x3 CxL	**15** 5x3 CxL	**15** 5x3 CxL			**15** 5x3 CxL	**5** 5x1 CxL
SR02: There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services	**Resources**	**DoF**	**16** 4x4 CxL	**16** 4x4 CxL	**12** 4x3 CxL			**12** 4x3 CxL	**8** 4x2 CxL
SR03: There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care	**Quality & Performance**	**COO**	**20** 5x4 CxL	**15** 5x3 CxL	**15** 5x3 CxL			**15** 5x3 CxL	**5** 5x1 CxL
SR04: There is a risk that the Trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes	**Resources**	**DoP**	**16** 4x4 CxL	**16** 4x4 CxL	**16** 4x4 CxL			**8** 4x2 CxL	**4** 4x1 CxL
SR05: There is a risk that the Trust does not deliver its People Strategy to improve its culture and staff engagement and this impacts on NWAS being a brilliant place to work.	**Resources**	**DoP**	**12** 4x3 CxL	**12** 4x3 CxL	**12** 4x3 CxL			**12** 4x3 CxL	**4** 4x1 CxL
SR06: There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action	**Quality & Performance**	**DoQII**	**10** 5x2 CxL	**15** 5x3 CxL	**15** 5x3 CxL			**10** 5x2 CxL	**5** 5x1 CxL
SR07: There is a risk that the Trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment	**Resources**	**COO**	**8** 4x2 CxL	**8** 4x2 CxL	**8** 4x2 CxL			**4** 4x1 CxL	**4** 4x1 CxL
SR08: There is a risk the Trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm	**Resources**	**DoQII**	**15** 5x3 CxL	**15** 5x3 CxL	**15** 5x3 CxL			**10** 5x2 CxL	**5** 5x1 CxL
SR09: There is a risk that the Trust attracts negative media attention arising from long delays and harm leading to significant loss of public confidence	**Resources**	**COO**	**10** 5x2 CxL	**10** 5x2 CxL	**10** 5x2 CxL			**10** 5x2 CxL	**10** 5x2 CxL
SR10: (**Sensitive Risk**):	**Resources**	**COO**	**16** 4x4 CxL	**16** 4x4 CxL	**16** 4x4 CxL			**12** 4x3 CxL	**8** 4x2 CxL

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR01:
There is a risk that the Trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction

Executive Director Lead: MD

Risk Appetite Category: Quality Outcomes – Low



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	15	15	15			15	5
	5x3	5x3	5x3			5x3	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF risk remains at a score of 15. The 111 performance position remains significantly challenged. Data from the Integrated Performance Report indicates significant improvements in Level 4-5 complaints and maintenance of position in relation to Ambulance Clinical Quality Indicators (ACQIs) and patient experience. The Trust is ranked third for hear and treat nationally and call pick up within 5 seconds remains consistently high. Average hospital turnaround has deteriorated with significant variation in Cheshire and Mersey. The NWAS Winter Plan has been approved. There has been no significant increase in serious incidents, with no new SI themes emerging from PSIRF. The PSIRF go live is complete and the Trust was praised by ICB. The patient safety dashboard has been developed in prototype. Patient Safety Partners are now established with Patient Safety Officers under the Patient Safety Specialist.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Stable
We are onboarding all the new hybrid clinicians in the control room which will be focussed on C2 segmentation. SDMR is now live in the consultation phase, Phase 1 complete of contact centre restructure. Patient Safety Incident Response Framework has gone live 1st October 2023.

CONTROLS	ASSURANCES	EVIDENCE
QUALITY		
Patient Safety Strategy	**Level 2:** PSIRF Local Priorities **Level 2:** PSIRF Governance Arrangements: Terms of Reference **Level 2:** PSIRF Plan and Policy	Reported to QPC (QPC/2324/040) Reported to QPC (QPC/2324/065) Reported to ELC (ELC/2324/211)
Quality Strategy	**Level 2:** Supporting Strategies	Reported to BoD (BoD/2324/053)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
QUALITY					
Patient Safety Strategy	Work to recruit to vacant posts in PSIRF team (family engagement officers for Duty of Candour).	A Wetton / Dr M Power	March 2024	Q&P Cttee	In Progress
	Further training required to ensure embedding of PSIRF learning responses.	A Wetton / Dr M Power	March 2024	Q&P Cttee	In Progress
	Development of safety improvement plans for local priorities informed by data and learning outcomes	A Wetton / Dr M Power	March 2024	Q&P Cttee	In Progress
	Work to ensure Patient Safety Partners are remunerated as per the framework and access information in line with governance requirements.	A Wetton / Dr M Power	March 2024	Q&P Cttee	In Progress
	Patient Safety Partner Policy to be established.	Dr M Power	March 2024	Q&P Cttee	In Progress
Safety Culture	Devise a plan to improve performance on safety culture & F2SU	Dr M Power Dr C Grant	March 2024	Q&P Cttee	In Progress
Learning	Establish an integrated regional learning forum & evaluate effectiveness of area forums	Dr M Power	March 2024	Q&P Cttee	In Progress
Safety Education	Training needs analysis for safety science training	Dr M Power/ Lisa Ward	December 2024	Q&P Cttee	In Progress

Mental Health Plan	Deliver the NWAS mental health plan	Dr M Power	March 2024	Q&P Cttee	In Progress
Midwifery Plan	Deliver the NWAS Midwifery Plan	Dr M Power	March 2024	Q&P Cttee	In Progress
Medicines management	Scope and procure a medicines management platform for increased oversight	Dr C Grant	March 2024	Q&P Cttee	In Progress
Clinical Audit	Implementation of APEX 2	Dr C Grant	March 2024	Q&P Cttee	Not Commenced
DIGITAL					
Digital Capacity 111 Telephony Capacity	Implementation of SIP Telephony	Dr M Power	March 2024	Resources Cttee	In Progress
Digital Strategic Plan	Complete and seek Board approval	Dr M Power	March 2023	Resources Cttee	In Progress

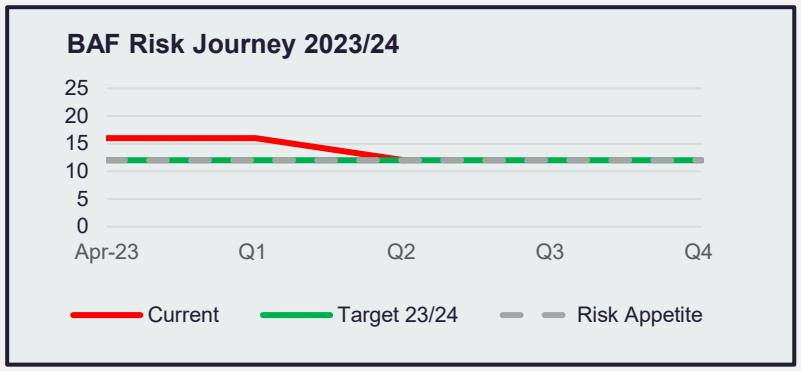
Operational Risks Scored 15+ Aligned to BAF Risk: SR01						
ERM ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
319	Operational/ Patient Safety	There is a risk, due to the lack of a detailed emergency response specification for the use of private ambulance providers in the provision of PES, that variations in provision of drugs and associated training results in difficulties regarding assurance checks and could result in medicines not being administered in accordance with NWAS protocols leading to serious patient safety incidents.	15 High	15 High	⇔	5 Low
412	Operational/ Emergency Preparedness	There is a risk that, due to a lack of national standards, training, exercising, and subsequent competency assurance, the EOC leadership team are not adequately prepared to manage large scale, significant or major incidents, which may result in serious avoidable patient harm or death and cause significant reputational damage to the Trust.	15 High	15 High	⇔	5 Low
488	Operational/ Clinical Effectiveness	There is a risk that, due to a previous component fault with Schiller defibrillators causing failure to deliver shocks, further defibrillators will not shock when required resulting in patients not receiving critical and timely care.	15 High	15 High	New risk	5 Low

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR02:
There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services

Executive Director Lead: DoF

Risk Appetite Category: Finance/ VfM – Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	16	16	12			12	8
	4x4	4x4	4x3			4x3	4x2
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Within			Within	Within

RATIONALE FOR CURRENT RISK SCORE:
The risk score for the Q2 position of this BAF risk SR02 has reduced to 12. The ICB Contracts remain unsigned at this stage but income is being received in full, including UEC recovery funding. There is a year to date surplus as a result of bank interest being greater than planned. In relation to the efficiency target, achievement remains on plan and there has been a further improvement and the gap to be identified in year is £0.5m and £2.0m recurrently.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Stable
Due to the efficiency target being met and surplus position at the end of Q2.

CONTROLS	ASSURANCES	EVIDENCE
Opening 2023/24 Financial Plans	**Level 2:** Financial Plan Update	Reported to Resources Cttee (RC/2324/009) Reported to BoD (BoD/2324/012)
Recurrent Funding	**Level 2:** Financial Plan Update	Reported to Resources Cttee (RC/2324/009) Reported to BoD (BoD/2324/012)
Financial Performance	**Level 2:** M03 Financial Position **Level 2:** M04 Financial Position **Level 2:** M05 Financial Position	Reported to Resources Cttee (RC/2324/032) Reported to ELC (ELC/2324/249) Reported to Resources Cttee (RC/2324/060)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
FINANCE					
Product and Efficiency Oversight	Establish oversight mechanism through existing service line meeting structures/SMTs.	Ms C Wood	July 2023	Resources Cttee	In Progress
2024/25 Financial Planning	Receipt of 2024/25 planning guidance from NHSE	Ms C Wood	January 2024	Resources Cttee	Not Commenced
	Draft 2024/25 Financial Plan (Revenue & Capital)	Ms C Wood	March 2024	Resources Cttee / BoD	Not Commenced
	Approval of 2024/25 Financial Plans by Resources Cttee & BoD	Ms C Wood	March 2024	Resources Cttee / BoD	Not Commenced

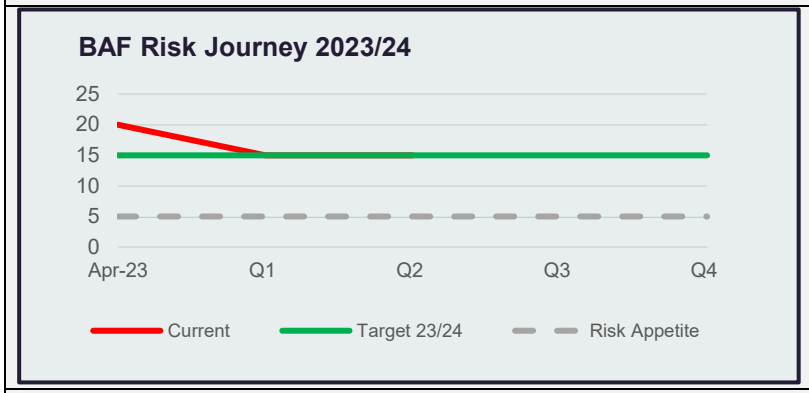
Operational Risks Scored 15+ Aligned to BAF Risk: SR02						
ERM ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
Commercially Sensitive Risk – FOI Act Section 43 – Commercial Interests						
317	Operational/ People	Commercially Sensitive:	20 High	15 High	⇔	10 Moderate

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR03:
There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care

Executive Director Lead: COO

Risk Appetite Category: Quality Outcomes – Low



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	20	15	15			15	5
	5x4	5x3	5x3			5x3	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF risk remains at 15 due to improved and sustained performance. The Trust has consistently achieved ARP call pick up standards, C1 90th standard and made improvements in achieving many of the other standards, with a significant reduction seen in long waits, hospital handovers and reduced harm to patients. 111 is similarly going through a period of stability and call pick up standard of circa 50% has been achieved. The UEC recovery plan is in place with regular oversight meetings. Some parts of the plan are on target, some slightly delayed, however actions are being taken to remedy this. The biggest risk to delivery of the UEC Plan is recruitment.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Deteriorating
The trust is already seeing an increase in hospital handover times across the systems, which is likely to get worse alongside the usual seasonal pressures.

CONTROLS	ASSURANCES	EVIDENCE
Recruitment Plan Clinical Hub and Operational Staff	**Level 2:** Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recurrent Financial Gap 111	Engagement with Commissioners surrounding NHS111 contracts	Mr S Desai	September 2023	ELC	In Progress
Service Delivery Model Review (SR09)	Delivery of SDMR to improve working practices	Mr S Desai	November 2023	Q&P Cttee	In Progress
	Maximise resources to the most efficient level	Mr S Desai	March 2024	Q&P Cttee	In Progress
Recruitment Plan Clinical Hub and Operational Staff (SR09)	Robust recruitment plan to be delivered	Mr S Desai Mrs L Ward	March 2024	Q&P Cttee	In Progress
Reduce Hospital Handovers	Hospital handover collaborative with ICBs	Mr S Desai Dr M Power	March 2024	Q&P Cttee	In Progress
Improve Hear and Treat Performance	Improve Hear and Treat Performance from 15% to 20%	Mr S Desai	March 2024	Q&P Cttee	In Progress

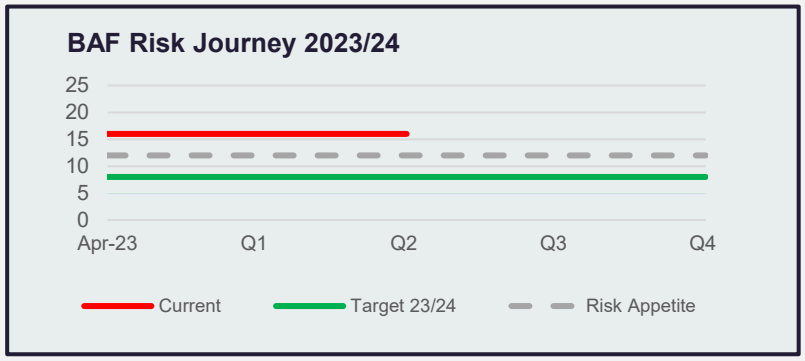
Operational Risks Scored 15+ Aligned to BAF Risk: SR03						
ERM ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
327	Operational/ Performance	There is a risk that due to increases in operational demand, limited resource and processes the existing operating model for NWAS may be ineffective resulting in delayed patient response and inability to achieve ARP standards.	25 High	15 High	⇔	5 Low
328	Operational/ Patient Safety	There is a risk that due to the excessive handover delays at hospitals across the North West, there may be increased numbers of patients being held on the back of ambulances and the number of available ambulances may diminish which may result in increased numbers of delayed responses for our patients.	20 High	15 High	⇔	5 Low

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR04:
There is a risk that the Trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes

Executive Director Lead: DoP

Risk Appetite Category: People - Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	16	16	16			8	4
	4x4	4x4	4x4			4x2	4x1
	CxL	CxL	CxL		CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Within	Below

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF risk remains at a 16. At the end of Q2 the frontline emergency vacancy position remains below 1% but this does not yet incorporate additional UEC growth funding in baseline establishments. Ambitious recruitment plans are in place to deliver required growth. Plans have been revised since Q1 and additional driver training capacity secured to address risk. Current frontline recruitment for PES and EOC is on track. Additional capacity to support closure of PTS vacancy position built into Q3/4. 111 continues to present the greatest risk and gaps are unlikely to be fully closed across the year. Additional funding to invest in capacity to support sickness and wellbeing will be complete in Q3 with impact being seen following. Work to improve attendance is ongoing, however step changes in delivery of the challenging 1.8% reduction target may not be realised until later 23/24. Overall plans remain ambitious with key delivery across Q3 and Q4.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Improving
Plans assume that the impact of increased staffing and reduced sickness absence will not be seen until Q3/Q4. Improved assurance since Q1 and expectation of improvement into Q3.

CONTROLS	ASSURANCES	EVIDENCE
Recruitment Plans	**Level 2:** Workforce Indicators Assurance Report **Level 2:** Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/039, RC/2324/066) Reported to Resources Cttee (RC/2324/
111 Retention Plans	**Level 2:** Workforce Indicators Assurance Report	Reported to Resources Cttee (RC/2324/039, RC/2324/066)
Sickness and Wellbeing Assurance	**Level 2:** Wellbeing Biannual Assurance Report **Level 2:** Staff Health and Wellbeing Annual Report 2022/23	Reported to Resources Cttee (RC/2324/016) Reported to Resources Cttee (RC/2324/040)
Flu Vaccination	**Level 2:** Flu Campaign 2023/24	Reported to Resources Cttee (RC/2324/067) Reported to BoD (BoD/2324/087)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recruitment Plans	Delivery of UEC recovery growth	Ms L Ward	March 2024	Resources Cttee	In Progress
	Delivery of international recruitment targets	Ms L Ward	March 2024	Resources Cttee	In Progress
Retention Plans	Delivery of Retention Plans	Ms L Ward	March 2024	Resources Cttee	In Progress
Attendance	Delivery of AIT improvement plans	Ms L Ward	March 2024	Resources Cttee	In Progress
Flu Vaccination	Delivery 2023/24 Campaign	Ms L Ward	Feb 2024	Resources Cttee	In Progress

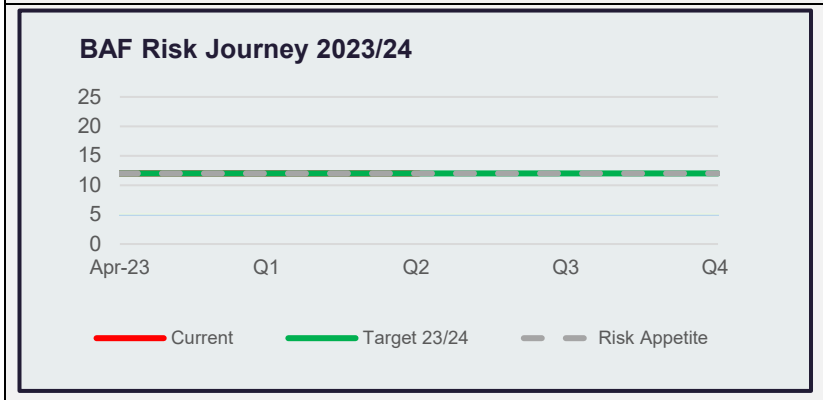
Operational Risks Scored 15+ Aligned to BAF Risk: SR04						
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
There are no operational risks scored 15+ aligned to this BAF risk						

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR05:
There is a risk that the Trust does not deliver its People Strategy to improve its culture and staff engagement and this impacts on NWAS being a brilliant place to work.

Executive Director Lead: DoP

Risk Appetite Category: People - Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	12	12	12			12	4
	4x3	4x3	4x3			4x3	4x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Within	Within	Within			Within	Below

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF risk remains at a 12. 2022 staff survey results indicate progress has been made across a range of indicators and that overall the Trust is average or slightly above average for the sector against the key People Promise themes. Staff survey 2023 shows improved response rate. Progress continues to be made in delivering planned improvements set out in annual plans through the leadership development programme Making a Difference; roll out of the revised disciplinary policy; changes to induction to embed Civility Saves Lives; reverse mentoring programme; CPD platform launch; aspirant EMT1 development programme launch; sexual safety steering group work. The People Strategy has been approved and clear plans commenced for 23/24 on a range of cultural and inclusion improvement.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Stable
Plans are in place to deliver improvement but many will deliver longer term impact. Improvement will be realised Q4 2023/24 and into the following year.

CONTROLS	ASSURANCES	EVIDENCE
EDI Annual Report	**Level 2:** EDI Annual Report 2022/23	Reported to Resources Cttee (RC/2324/017) Reported to BoD (BoD/2324/038)
People Strategy	**Level 2:** Supporting Strategies	Reported to BoD (BoD/2324/053
EDI Priorities	**Level 2:** WRES WDES Gender Pay Gap Reporting **Level 2:** Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/041) Reported to Resources Cttee (RC/2324/068)
Wellbeing	**Level 2:** Sickness Absence & Assurance Update **Level 2:** Staff Health and Wellbeing Annual Report 2022/23	Reported to Resources Cttee (RC/2324/016) Reported to Resources Cttee (RC/2324/040)
Leadership	**Level 2:** Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)
Sexual Safety Campaign	**Level 2:** D&I Sub Committee Chairs Assurance Report	Reported to Resources Cttee (RC/2324/069)
Staff Survey	**Level 2:** National Staff Survey 2023 **Level 2:** Strategic Workforce Chairs Assurance Report	Reported to ELC (ELC/2324/235) Reported to Resources Cttee (RC/2324/068)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Operations and Medical Management Restructure	Implementation of Operational & Clinical management Restructure	Mr S Desai Ms L Ward	March 2024	ELC	In Progress
EDI Priorities	Delivery of Year 3 Action Plans (workforce elements)	Ms L Ward	March 2024	Resources Cttee	In Progress
Fully Embedding Just Culture Principles	Evaluation of Disciplinary Procedure	Ms L Ward	March 2024	Resources Cttee	In Progress
Partnership Agreement	Review of Partnership Agreement	Ms L Ward	November 2023	ELC	In Progress
Wellbeing	Implementation of mental health pledge and AACE commitment	Ms L Ward	2023/24	Resources Cttee	In Progress
Leadership	Delivery of full Making a Difference Programme	Ms L Ward	March 2024	Resources Cttee	In Progress

Sexual Safety Campaign	Delivery of Campaign	Ms L Ward	March 2024	Resources Cttee	In Progress
Staff Survey	Delivery of Staff Survey Trust and Local Plans	Ms L Ward	December 2023	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR05

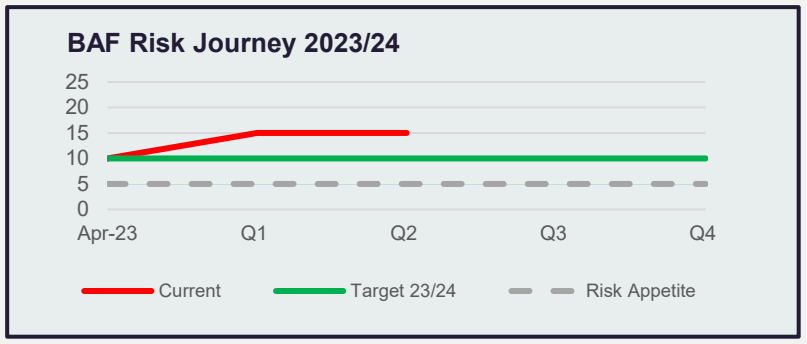
Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
There are no operational risks scored 15+ aligned to this BAF risk						

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR06:
There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action

Executive Director Lead: DoQII

Risk Appetite Category: Compliance & Regulatory – Low



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	10	15	15			10	5
	5x2	5x3	5x3			5x2	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Within	Exceeded	Exceeded			Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF risk remains at a risk score of 15. There has been heightened regulatory activity from CQC and HSE. Requests for information from the CQC have increased and inspections are occurring in local A&E departments. We have received notification of an intention for the HSE to visit the Trust to review our risk assessment, training and monitoring of violence and aggression and the prevention of musculoskeletal disorders. We have also notified NHSE of some delays in submitting clinical audit data (ACQI) due to our transition to EPR and the challenges of extracting information. The quality assurance visits have flagged up some areas of regulatory noncompliance which need to be resolved and we have two risks related to Lithium – Ion batteries on the corporate risk register. Information governance mandatory training compliance remains below the 95% standard required to meet standards. The risk associated with controlled drugs licensing remains.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Stable
Progress is being made, however some of the identified inspections, gaps in controls and actions will not be completed until Q4.

CONTROLS →	ASSURANCES →	EVIDENCE
PEOPLE		
Mandatory Training Compliance (85%)	**Level 2:** Workforce Indicators Assurance Report **Level 2:** Integrated Performance Report	Reported to Resources Cttee (RC/2324/015) Reported to BoD (BoD/2324/032)
Appraisal Compliance 2023/24	**Level 2:** Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)
Mandatory Training Compliance 2023/24	**Level 2:** Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)
QUALITY & SAFETY IMPROVEMENTS		
Quality Assurance Processes	**Level 2:** Quality Assurance Visits Biannual Report 2023/24	Reported to QPC (QPC/2324/069)
Duty of Candour	**Level 2:** Duty of Candour Update	Reported to ELC (ELC/2324/163, ELC/2324/236)
Fit Testing	**Level 2:** IPC Annual Report 2022/23	Reported to QPC (QPC/2324/068) Reported to BoD (BoD/2324/081)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
QUALITY & SAFETY IMPROVEMENTS					
Quality Assurance Processes	Redesign of Quality Assurance Visits and other safety checks and systems to align with new regulatory model	Dr M Power	March 2024	Q&P Cttee	In Progress
Clinical Audit Submissions	Development of APEX tool to ensure new e-PRF can be audited	Dr C Grant Dr M Power	March 2024	Q&P Cttee	In Progress
Controlled Drugs and Medicines Management	Review and refresh all medicines and controlled drugs policies and procedures and monitor compliance.	Dr C Grant	March 2024	Q&P Cttee	In Progress
Duty of Candour	Ongoing compliance monitoring and action plan to strengthen position with associated reporting for assurance	Dr M Power	December 2024	Q&P Cttee	In Progress
Essential Checks	Improve compliance around vehicle and premises checks	Mr S Desai Ms C Wood	December 2023	Q&P Cttee	In Progress

	Improve compliance on tyre and medicine checks in Safecheck to 90%	Mr S Desai	March 2024	Q&P Cttee	In Progress
Fit Testing	Establish internal fit testing team and maintain compliance	DIPC	December 2023	Q&P Cttee	In Progress
Information Governance	Improve compliance on mandatory training to 95%	Dr M Power L Ward	March 2024	Resources Cttee	In Progress
Electronic Quality Measurement Auditing/Reporting Systems	Develop automated systems for non-clinical audits	Dr M Power	December 2023	Q&P Cttee	In Progress
PEOPLE					
Appraisal Compliance 2023/24	Achieve 85% compliance	Ms L Ward	March 2024	Resources Cttee	In Progress
Mandatory Training Compliance 2023/24	Achieve 85% compliance	Ms L Ward	March 2024	Resources Cttee	In Progress

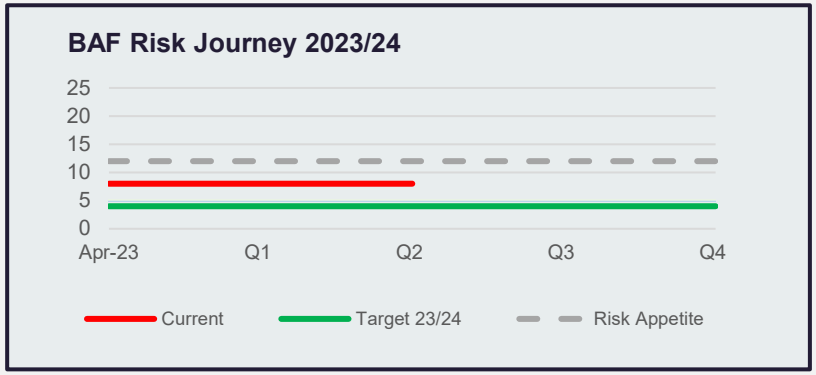
Operational Risks Scored 15+ Aligned to BAF Risk: SR06						
Datix ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
318	Operational/ Patient Safety	There is a risk that due to the variation in security provisions at ambulance bases where controlled drugs (CDs) are stored, the Trust will breach Home Office licence security requirements resulting in subsequent enforcement action and/or removal of the licence leading to a significant adverse impact in the Trust's ability to provide emergency care.	15 High	15 High	⇔	5 Low
474	Strategic/ Estates & Facilities Management	There is a risk that a fire on NWAS premises involving a lithium-ion battery may present a serious threat of harm to staff and catastrophic damage to the premises itself.	15 High	15 High	New	5 Low
475	Strategic/People	There is a risk that NWAS Operational Staff as part of their duties may be involved in an incident that involves a fire involving Lithium-Ion batteries that will expose them and potentially their patients to the threat of serious harm.	15 High	15 High	New	5 Low

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR07:
There is a risk that the Trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment

Executive Director Lead: COO

Risk Appetite Category: Reputation – Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	8	8	8			4	4
	4x2	4x2	4x2			4x1	4x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Within	Within	Within			Below	Below

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF risk remains at a risk score of 8. Area teams need to work more closely with partner organisations to shape external service delivery processes as well as ensuring we have constructive dialogue with partners at the right level. A mapping exercise was conducted in 2022 and will be refreshed in Q3 23/24 in each of the areas. Areas are aware of the external meetings that require attendance. It is also important to evidence the external engagement with partners in the health and social care system and for this should be recorded in the Knowledge Vault as assurance for the trust. Compliance challenges remain in 1 out of the 3 areas of the trust and this is currently being addressed.

Projected Forecast Q3: Deteriorating / Stable / **Improving**

Rationale: Improving
Focus on external engagement and relationship management remains, more so now as we start to see increased pressures and challenges across the systems.

CONTROLS →	ASSURANCES →	EVIDENCE

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Knowledge Vault	Utilisation of the KV by all three areas of the Trust	Mr S Desai	Q3	Resources Cttee	In Progress
External Engagement Assurance	Service Delivery areas to provide evidence that important external meetings are being attended	Mr S Desai	Q3	Resources Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR07

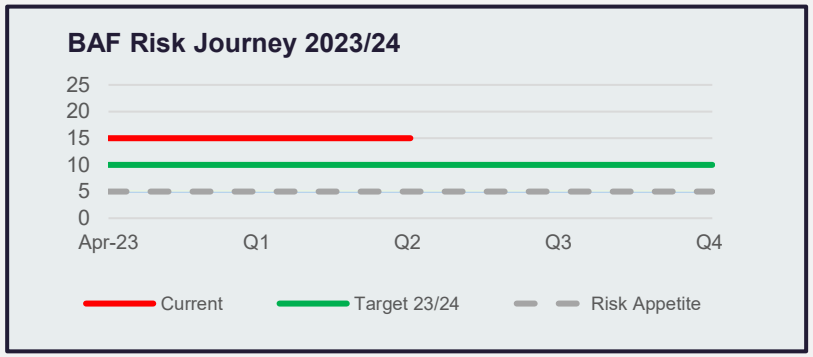
Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
There are no operational risks scored 15+ aligned to this BAF risk						

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR08:
There is a risk the Trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm

Executive Director Lead: DoQII

Risk Appetite Category: Compliance/Regulatory - Low



BAF RISK SCORE JOURNEY:

	01.04.22	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	15	15	15			10	5
	5x3	5x3	5x3			5x2	5x1
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded	Exceeded	Exceeded			Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of the BAF remains at a risk score of 15. There continues to be a high threat of cyber-attacks, which is based on global cyber activity and threat levels. The Trust continues to be responsive to nationally issued guidance and is progressing the cyber security work plan. Work is ongoing towards submission of the DSPT in June 2024. Patching compliance remains high, with good oversight of cyber controls. Penetrations tests are being scoped out for 23/24 and will be undertaken by a new supplier in compliance with best practice for rotation. The Trust continues to work in partnership with other Trusts, NHSE and suppliers on cyber threats and intelligence.

Projected Forecast Q3:
Deteriorating
Stable
Improving

Rationale: Stable
Despite increased risk of cyber globally, we continue to add threat protection software, increase surveillance and remain vigilant in responding to national alerts from NHSE which under normal circumstances would reduce the risk, hence the risk remains stable as the gains in internal controls are offset by the external environment.

CONTROLS	ASSURANCES	EVIDENCE
Patching (999 and NHS 111)	**Level 2:** Digital Strategy Update	Reported to Resources Cttee (RC/2324/14)
Data Security Protection Toolkit Compliance	**Level 2:** Information Governance Sub Committee Chairs Assurance Report	Reported to Audit Cttee (AC/2324/08, AC/2324/060)
SIRO Key Performance Indicators	**Level 2:** Information Governance Sub Committee Chairs Assurance Report	Reported to Audit Cttee (AC/2324/08, AC/2324/060)
SIRO Annual Report	**Level 2:** SIRO Annual Report 2022/23	Reported to Audit Cttee (AC/2324/59) Reported to BoD (BoD/232460)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Supported Systems	Decommission unsupported servers (2008) and (2008 R2)	Dr M Power	October 2023	Audit Cttee	In Progress
	Upgrade windows operating systems to within a supported 12 month version	Dr M Power	October 2023	Audit Cttee	In Progress
	Replacement of all system using SQL 2008 and 2008 R2	Dr M Power	October 2023	Audit Cttee	In Progress
Patching (999 and NHS 111)	Enable monthly failover & patching opportunities	Dr M Power	January 2024	Audit Cttee	In Progress
Data Security Protection Toolkit Compliance	Achieve 95% compliance with Data Security Awareness Training	Dr M Power	March 2024	Audit Cttee	In Progress
	Implement findings from DSPT Audit	Dr M Power	March 2023	Audit Cttee	In Progress
Out of Hours Resilience	Implement recommendations from desktop worst case scenario	Dr M Power	December 2023	Audit Cttee	In Progress

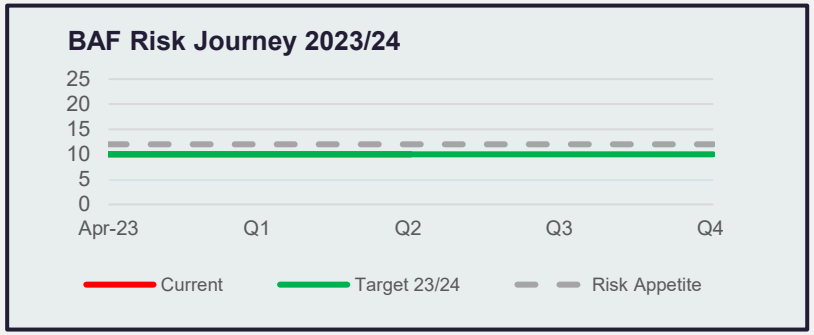
Operational Risks Scored 15+ Aligned to BAF Risk: SR08						
ERM ID	**Directorate**	**Risk Description**	**Initial Score**	**Current Score**	**Trend Analysis**	**Target Score**
330	Operational/ Digital and Innovation	There is a risk that due to gaps in controls and user education/awareness, the Trust may be subject to a ransomware attack resulting in disruption to digital operations including critical systems, causing an impact to normal business operations.	15 High	15 High		5 Low
331	Operational/ Digital and Innovation	There is a risk that due to digital expansion/interoperability increasing the Trust's attack surface which in turn increases overall risk to the Trust resulting in a loss of critical systems and business disruption or exfiltration of confidential data.	12 Moderate	16 High		4 Low

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR09:
There is a risk that the Trust continues to attract negative media attention arising from long delays and harm leading to significant loss of public confidence

Executive Director Lead: COO

Risk Appetite Category: Reputation – Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	10	10	10			10	10
	5x2	5x2	5x2			5x2	5x2
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Within	Within	Within			Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF risk remains at a risk score of 10. Whilst it is a positive position for Q2, negative media attention arising from long delays and potential harm is a constant risk that requires annual communications plans and approaches that can respond to seasonal and other circumstantial demands. Our aim is to keep the risk at a moderate and managed level.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Stable
The Trust is beginning to see an increase in demand and an increase in delays at hospital impacting on our ability to respond to 999 calls. This may result in greater media interest and adverse coverage.

CONTROLS	ASSURANCES	EVIDENCE
Communications and Engagement Dashboard	**Level 2:** Q1 Assurance	Reported to BoD (BoD/2324/40)
Recruitment Plan Clinical Hub and Operational Staff	**Level 2:** Strategic Workforce Chairs Assurance Report	Reported to Resources Cttee (RC/2324/068)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Production of operational service lines demand management plans for NHS 111 and PES	Operational service lines to produce their own demand management plans and share them with the Communications Team so that communications approaches can be aligned.	Mr S Desai	Ongoing throughout 23/24	ELC QPC	In Progress
Service Delivery Model Review	Delivery of SDMR to improve working practices	Mr S Desai	November 2023	Q&P Cttee	In Progress
	Maximise resources to the most efficient level	Mr S Desai	2023/24	Q&P Cttee	In Progress
Recruitment Plan Clinical Hub and Operational Staff	Robust recruitment plan to be delivered	Mr S Desai Mrs L Ward	March 2024	Q&P Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR09

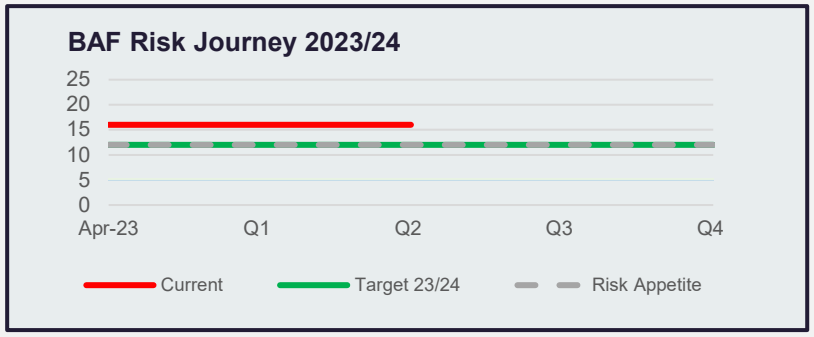
Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
There are no operational risks scored 15+ aligned to this BAF risk						

BOARD ASSURANCE FRAMEWORK 2023/24

BAF RISK SR10: (SENSITIVE):
There is a risk that the that level of uncertainty and unpredictability both nationally and regionally impacts on, or results in, delayed achievement of our strategic priorities and objectives

Executive Director Lead: COO

Risk Appetite Category: Reputation – Moderate



BAF RISK SCORE JOURNEY:

	01.04.23	Q1	Q2	Q3	Q4	23/24 Target	Aspirational Target
	16	16	16			12	8
	4x4	4x4	4x4			4x3	4x2
	CxL	CxL	CxL	CxL	CxL	CxL	CxL
Risk Appetite	Exceeded					Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score for the Q2 position of this BAF remains at a score of 16. Whilst the uncertainty relating to industrial action and local elections has now passed, there are significant changes across NHSE and ICSs, with unplanned and unexpected national directives/demands in addition to the possibility of a national election. The ability to flex and adapt our strategic priorities and objectives throughout 2023/24 alongside internal and external engagement at local, regional and national level will be key.

Projected Forecast Q3: Deteriorating / Stable / Improving

Rationale: Stable
As we plan for, and approach, winter the possibility of additional directives or demands placed on NHS providers remains and could undermine existing trust plans and priorities.

CONTROLS	ASSURANCES	EVIDENCE
Industrial Action and acceptance of the revised pay offer	**Level 2:** Chief Executive's Report	Reported to BoD (BoD/2324/026)
Strategic Planning for 23/24	**Level 2:** Annual Plan 2023/24	Reported to Resources Cttee (RC/2324/008) Reported to BoD (BoD/2324/039)
Impact of the Hewitt review on ICSs	**Level 2:** Hewitt Review and Impact on ICSs	Reported to Resources Cttee (RC2324/024)

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Changing national and regional UEC priorites	Engagement with DHSC, NHSE and ICSs with AACE	Mr D Mochrie	2023/24	Resources Cttee	In Progress
Possibility of national elections	Monitor national political direction	Mr S Desai	2023/24	Resources Cttee	In Progress

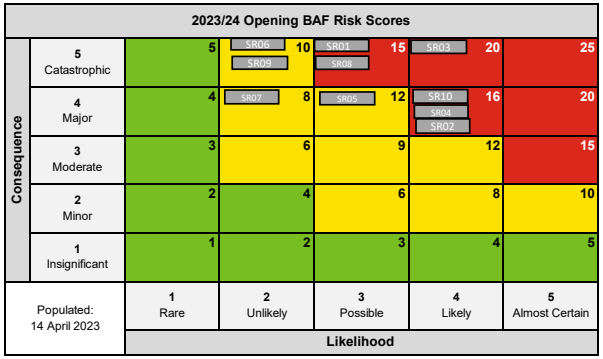
Operational Risks Scored 15+ Aligned to BAF Risk: SR10

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
There are no operational risks scored 15+ aligned to this BAF risk						

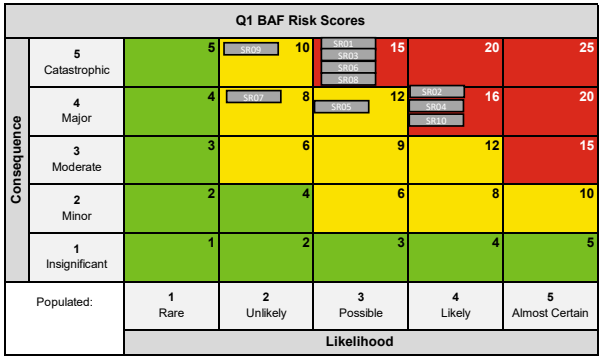
Appendix 2:
2023/24 Board Assurance Framework (BAF) Heat Maps
Q2 Position

NHS North West Ambulance Service NHS Trust

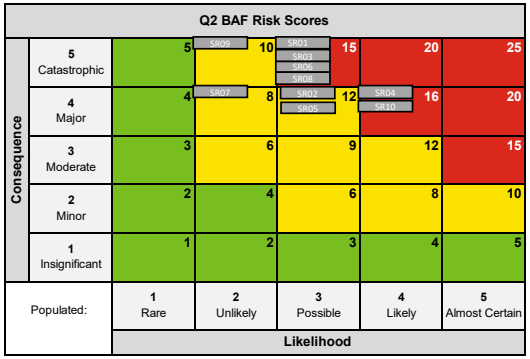
2023/24 Opening BAF Risk Scores



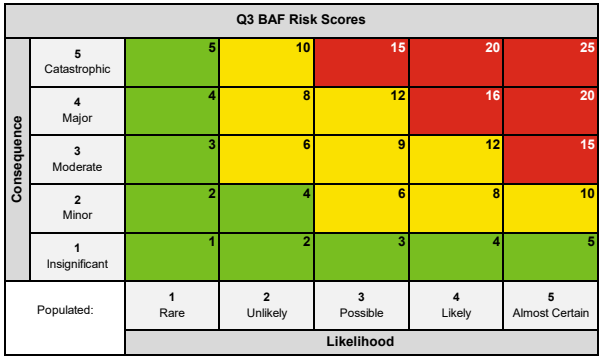
Q1 BAF Risk Scores



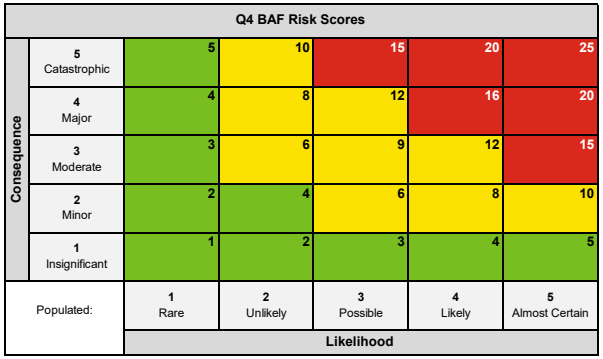
Q2 BAF Risk Scores



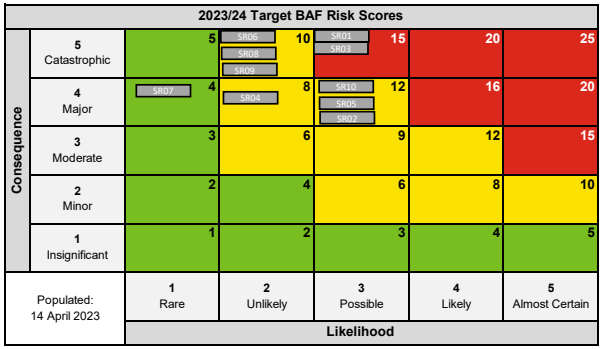
Q3 BAF Risk Scores



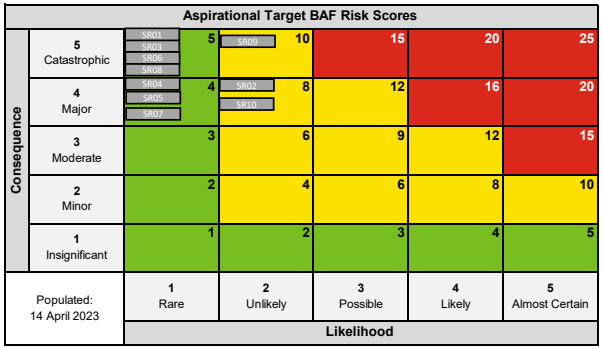
Q4 BAF Risk Scores



2023/24 Target BAF Risk Scores



Aspirational Target BAF Risk Scores



NHS
North West
Ambulance Service
NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29th November 2023				
SUBJECT:	Use of Common Seal Bi-Annual Report				
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 Assurance				
EXECUTIVE SUMMARY:	Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis with the previous report received by the Board on 30th November 2022. During the period 1st April 2023 to 30th September 2023, the Trust's Common Seal was applied on 1 occasion, the details can be found in s2.				
RECOMMENDATIONS:	The Board of Directors is recommended to: • Note the occasion of use of the Common Seal as detailed in s2 of the report. • Note compliance with s8 of the Standing Orders.				
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: ☐ Financial/ VfM ☐ Compliance/ Regulatory ☐ Quality Outcomes ☐ People ☐ Innovation ☐ Reputation				
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

This report details the use of the Common Seal to the Board of Directors between the period 1st April 2023 to 30th September 2023.

2. USE OF COMMON SEAL

Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis, with the previous report received by the Board on 30th November 2022.

During the period of 1st April 2023 to 30th September 2023, the Trust's Common Seal was applied on 1 occasion:

Reg No	Date	Reason
163	20 April 2023	Agreement for Surrender – Grange Over Sands Ambulance Station

A Register of Use of the Common Seal is maintained by the Director of Corporate Affairs and includes either the supporting documentation for each entry or details of the final distribution of the relevant documentation. The Director of Corporate Affairs is responsible for the safe custody of the Common Seal. Authorisation for Use of the Common Seal requires the signatures of both the Chief Executive and Director of Finance and the application of the Seal is witnessed by a further 2 senior managers.

Authorisation and witness signatures are incorporated in the Trust's Register of Sealings. Compliance with the requirements of Section 8 of Standing Orders is being maintained.

3. LEGAL, GOVERNANCE AND/OR RISK IMPLICATIONS

The Trust is required to comply with Section 8 of the Trust's Standing Orders relating to the Use of the Common Seal.

4. EQUALITY OR SUSTAINABILITY IMPACTS

Not applicable.

5. RECOMMENDATIONS

The Board of Directors is recommended to:

- Note the occasions of use of the Common Seal as detailed in s2 of the report.
- Note compliance with s8 of the Standing Orders.

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29/11/2023				
SUBJECT:	Freedom to Speak Up Bi Annual Report				
PRESENTED BY:	Graham Pacey – Lead Freedom to Speak Up Guardian.				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☐	☐	☐	☐
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☐	☐	☐	☐	☐
PURPOSE OF PAPER:	For Assurance				
EXECUTIVE SUMMARY:	Within NWAS, we have now fully embedded the national Freedom to Speak Up Policy and are continuing to work through the recommendations of the National Guardian Office Report – 'Listening to Workers' Q1 and Q2 has seen an increase in the number of concerns raised through the FTSU Guardians with 64 cases raised in total. This is a 36% increase from the same period in the previous year. This could be attributed to the high-profile national discussion on speaking up and the increased awareness due the proactive work of the Guardians. However, some of this activity is attributable to staff utilising FTSU based on internal concerns, as per sub-theme analysis, where the leadership review is the main theme highlighted. There appears to be a shift in the seniority of the workers utilising the FTSU Guardians as seen in this report. In 2022/23 the percentage of managers utilising the FTSU service was 13% yet in Q1 and Q2 this year, 32% of concerns have been raised by Managers and 3% raised by Senior Managers (Band 8 and above). Alongside the proactive work undertaken by the FTSU Guardians and the work required to support those who speak up, the FTSU Guardians have collaborated with the digital team. This ensures 'speaking up' continues to be easy within NWAS and have successfully added an online reporting form to all trust mobile devices. Within a week of this launching, 8 people had used it to raise concerns.				

RECOMMENDATIONS:	The Board is asked to: • Continue acting as role models, ensuring speaking up is discussed regularly and everyone has an opportunity to raise concerns. • Note assurances and issues raised in this report. • Support F2SU Guardians implementing the recommendations of the Listening to Workers Report. • Note the additional work required to ensure the mandatory FTSU training is completed.
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:				
	Date:			
	Outcome:			

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1. PURPOSE

This report will offer the Board assurance around the Freedom to Speak Up (FTSU) arrangements operating within North West Ambulance Service (NWAS) within Quarter 1 and Quarter 2 of the 2023/24 financial year. The report will outline the numbers of cases raised with the FTSU Guardians and highlight the most common themes before offering assurance of the work being undertaken by the FTSU Guardians to further embed 'speaking up' as business as usual across the organisation.

2. BACKGROUND

Speaking up arrangements are fundamental to fostering a culture of transparency, trust and innovation within NWAS. Our commitment to encouraging open communication between staff and all levels of leadership aligns with our values and strategic direction to create a supportive and accountable work environment.

In Q1 and Q2 'Speaking Up' within the NHS has again been highlighted across the mainstream media, most notably with the case of Lucy Letby, but also within the context of regulatory reports into two other local trusts, which were prompted by staff concerns.

Within NWAS we have now fully embedded the national Freedom to Speak Up Policy and are continuing to work through the recommendations of the National Guardian Office Report – 'Listening to Workers'

We have continued to improve the way our people can speak up, encouraging leaders to take time to listen, making speaking up more digital for frontline staff and continuing to engage with staff at forums.

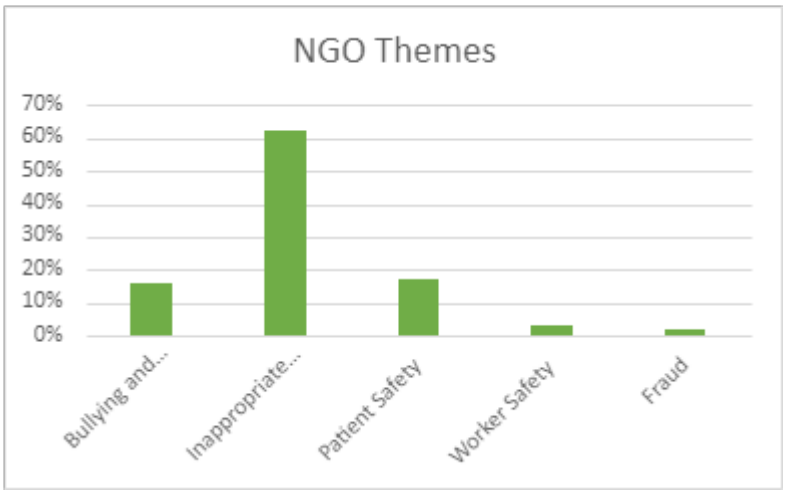
This report will only demonstrate the concerns raised through the Freedom to Speak Up Guardians and the Board is encouraged to utilise this information to triangulate the data alongside reports from the People Directorate and those involving reporting through the DATIXiQ system.

This is the first report detailing how the Guardians have sought feedback from those accessing the service. For the cases reported and closed in Q1 and Q2, 15 people responded to the anonymous survey. Eight out of 15 people considered their concern resolved and 12 respondents reported they would utilise the FTSU Guardians again. Some of the key messages can be seen below.

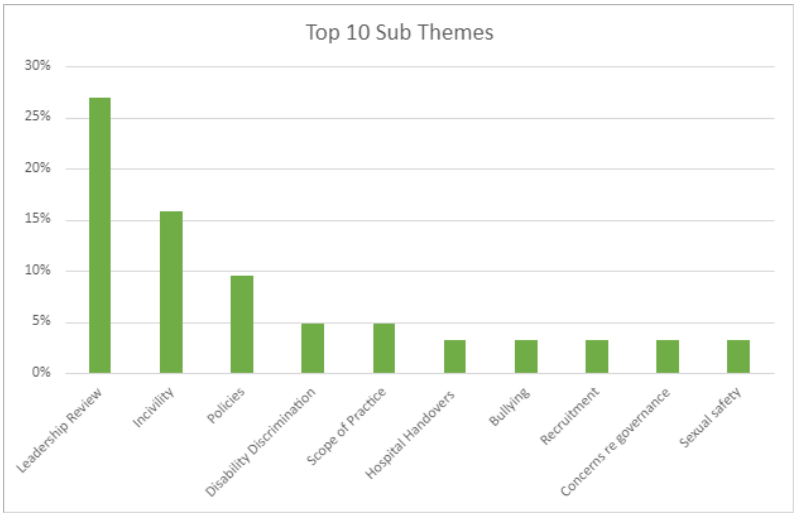
"I think more people would use FTSU if there was a way that they truly felt able to highlight anonymously. As we have to sign into remote desktop to access the green room/sharepoint etc. most people think that any submission can be tracked back to them and fear repercussions of speaking up"

"There is nothing really to improve on - Graham has gone above and beyond . Graham has put my hope back in the process".

Q1 and Q2 has seen an increase in the number of concerns raised through the FTSU Guardians with 64 cases raised in total. This is a 36% increase from the same period the previous year. This could be attributed to wider high profile national discussion around speaking up and the increased awareness due the proactive work of the Guardians. It could also be attributed to concerns within our organisation and our people utilising FTSU to demonstrate their experiences. An example of this can be found in the sub-themes analysis, where the leadership review is the main theme highlighted. The FTSU Guardians have continued to submit the data to the National Guardians Office (NGO) at the end of each quarter, this data contains broad themes which is collated by the NGO. For NWAS the number of concerns for each theme is below.



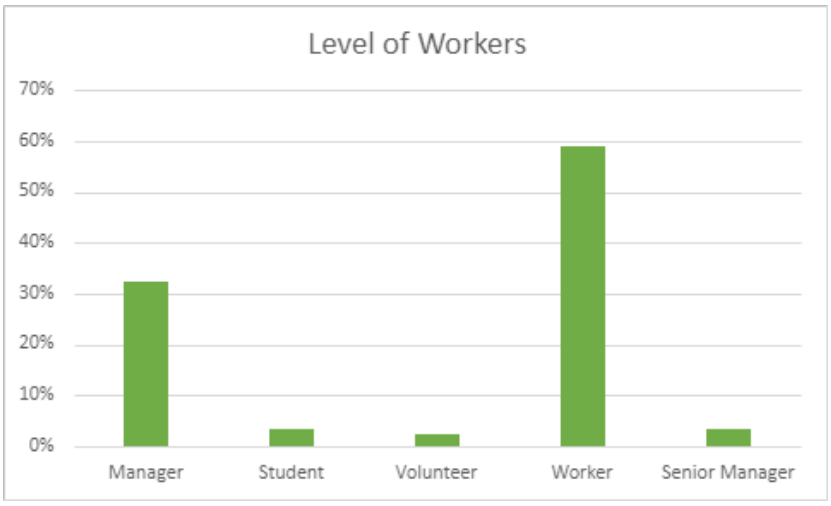
The highest theme continues to be inappropriate attitudes and behaviours. It is however sometimes difficult to align the concerns the themes listed by the NGO so the Guardians have been attempting to add more context to the themes with sub themes. The top ten sub themes can be seen below.



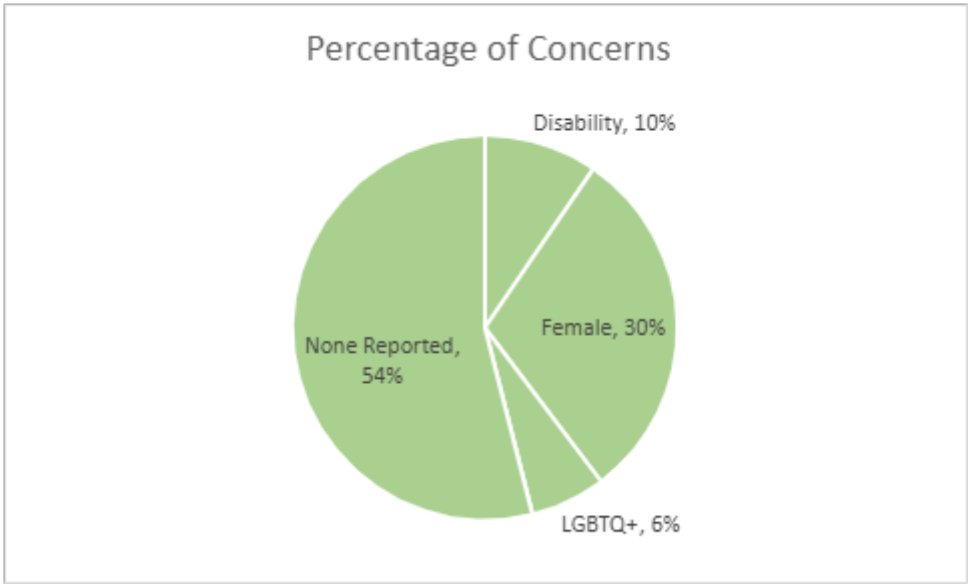
These themes vary across service line with the leadership review only being involved in concerns raised by PES staff. The numbers of concerns are still too low to draw a meaningful analysis of individual service lines.

There does appear to have been a shift in the levels of the workers utilising the FTSU Guardians as seen below. In 2022/23 the percentage of managers utilising the FTSU

service was 13% yet in Q1 and Q2 this year 32% of concerns have been raised by manager and 3% raised by Senior Managers (Band 8 and above)



The FTSU Guardian team continue to monitor the concerns raised by staff with protected characteristics. It is positive that the concerns raised by these individuals continue to be sighted however it should be noted that no concerns appear to have been raised by staff from a BME background.



<u>Response to the National Guardian Office – 'Listening to Workers' report.</u>

At the beginning of Q1 and Q2 the Board reviewed the recommendations of the 'Listening to Workers' report and this section is to provide an update on the work to implement its recommendations.

Recommendation 1 revolved around making FTSU business as usual. To do this we committed to ensuring the three levels of training would be mandatory for staff. The latest data is below

Service Line	Speak Up Training	Listen Up Training	Follow Up Training
PES	89%	82%	87%
PTS	85%	90%	100%
EOC	95%	77%	64%
Resilience	93%	77%	50%
Corporate	97%	93%	88%
111	94%	97%	50%
TOTAL	94%	84%	81%

In all areas of the organisation we have exceeded the target for the 'speak up' training. However we are below target on both the training for managers and senior managers, which should be 90% and 95% respectively. There has been some difficulty in implementing the volunteer training as the accountable lead is off long term. However this vacancy has been rectified and the FTSU Guardians are working closely with the CFR team to resolve this. The FTSU Guardians have attended over 50% of inductions in PES, PTS and contact centres, with a physical attendance at over 20 inductions in Q1 and Q2.

A successful Board development session was held on the 28th June 2023.

The third task was to look at how we can embed 'speaking up' into all aspects of our organisation and looked at how regular communication between leaders and FTSU Guardians can be engaging and help to identify groups or areas within the trust that require support in implementing 'speaking up'. This has happened but not necessarily via the expected outcome. Whilst CAM PES and EOC proactively invite the FTSU Guardians to Level 3 meetings, other areas are opting to do it on a more local and sector level. The Annual Plan continues to be implemented by the trust, and the education surrounding civility is now also embedded in all new inductions. The L&OD team continue to roll out the leadership offer to managers, whilst the work to improve sexual safety is underway led by the Director of People.

FTSU continue to engage with the staff networks, proactively discussing issues and concerns.

Recommendation 4 of the report looked at offering advice on how ambulance trusts should implement the FTSU Guardian role. NWAS had already completed a fair, open, and transparent process as well as offering FTSU Guardians regular contact with the Executive Lead. NWAS have continued with regular catch ups with the CEO, Director of People and Medical Director (FTSU Executive Lead), as well as one to one meetings with the Non-Executive Director Lead.

Work is ongoing to create a voluntary NWAS Ambassador role working across multiple directorates and a paper is being drafted for the Executive Leadership Committee. We are still to formally start work on reviewing the number of FTSU Guardians although we expect this to be completed on schedule ready for recruitment in the next financial year.

Alongside the proactive work undertaken by the FTSU Guardians and the work required to support those who speak up, the FTSU Guardians have worked alongside the digital team to ensure 'speaking up' continues to be easy within NWAS. An online

reporting form is now available on all trust mobile devices. Within a week of this launching, 8 people had used it to raise concerns.

The FTSU Guardians continue to work with local and national networks to achieve best practice. Our Lead FTSU Guardian has recently being elected to the position of Co-Chair in the National Ambulance Network ensuring we can learn nationally.

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

There continues to be a legal requirement for NHS organisation to employ a FTSU Guardian and greater scrutiny is applied by regulators regarding speaking up arrangements.

Without robust speaking up arrangements and evidence of good practice there is a risk of CQC review under the 'Well led' domain.

4. EQUALITY OR SUSTAINABILITY IMPACTS

Ongoing work with staff networks ensures we can represent and understand the challenges different groups face. However, we recognise a lack of diversity within the three current Guardians and if we are able to implement the Listening to Workers recommendations increasing the number of Guardians, this will allow for more diversity within the team.

5. RECOMMENDATIONS

The Board is asked to:

- Continue acting as role models, ensuring speaking up is discussed regularly and everyone has an opportunity to raise concerns.
- Note assurances and issues raised in this report.
- Support F2SU Guardians implementing the recommendations of the Listening to Workers Report.
- Note the additional work required to ensure the mandatory FTSU training is completed.

North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29 November 2023
SUBJECT:	Review of the Procedure on Fit and Proper Persons Requirements
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 the paper is to outline proposed changes to the Procedure on Fit and Proper Persons Requirements following the introduction of the NHSE Fit and Proper Persons Tests Framework. A report was presented to the Trust's September 2023 Board of Directors meeting outlining the NHSE Framework and the accompanying changes to the existing approach to seeking assurance of the Boards fitness against Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All existing requirements of the Regulations remain in place. There are, however, some additional elements relating to the recommendations from the Kark review: - The NHS Leadership Competency Framework (LCF), due to be launched later in 2023/24 - FPPT fields in NHS Electronic Staff Record (ESR) to record testing - A Board Member Reference - Clear statement of accountability of chairs in implementing the Framework in their organisations **FIT AND PROPER PERSONS PROCEDURE** The Fit and Proper Persons Procedure seeks to provide a clear approach to the Trust meeting the requirements of the Regulations. Whilst the procedure was not due to be reviewed until next year, the introduction of the Framework has led to an early review.

	The procedure includes a list of all the checks required at the recruitment stage as well as the annual checks and these reflect the national Framework. The Framework now includes the introduction of the Board Member Reference (BMR). This is completed when a Board member joins and leaves the Trust and is aimed to prevent poorly performing managers and directors from moving between health organisations. A copy of the template is contained in Appendix 3. The most significant change to the procedure is around the approach for the ongoing fitness of Board members. The revised procedure outlines the requirement for the Chair to provide an overall summary of the individual FPPT outcomes to the NHSE Regional Director. In support of the annual submission, ESR will now be used to record and hold information about each Board member in line with the criteria set out in the Framework. For complete transparency, the procedure includes appendices from the Framework that list the checks required for the FPPT assessments both during the recruitment and the annual assessment. A copy of the template for the FPPT self-attestation is contained on Appendix 2. The new starter checklist is contained in Appendix 4. **Next steps** Upon approval, the procedure will be circulated to all Board members for reference. During Q4 of 23/24, the annual self-attestation checks will be conducted, and Board members will be asked to complete the annual self-attestation, as documented in appendix 2 of the procedure. It is appreciated that the Framework does add a further layer of administration around the annual checks and the procedure seeks to ensure that this is managed between the Corporate Governance and People teams, with an aim to minimise the administrative burden upon individuals.
RECOMMENDATIONS:	The Board of Directors are recommended to: - Approve changes to the Procedure on Fit and Proper Persons Requirements
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:				
	Date:			
	Outcome:			

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1. PURPOSE

1.1 The purpose of the paper is to outline proposed changes to the Procedure on Fit and Proper Persons Requirements following the introduction of the NHSE Fit and Proper Persons Tests Framework.

2. BACKGROUND

2.1 NHS England has developed a Fit and Proper Person Test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The Framework came into effect on 30 September 2023.

2.2 A report was presented to the Trust's September 2023 Board of Directors meeting outlining the NHSE Framework and the accompanying changes to the existing approach to seeking assurance of the Boards fitness against Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

2.3 All existing requirements of the Regulations remain in place. There are, however, some additional elements relating to the recommendations from the Kark review:

- The NHS Leadership Competency Framework (LCF), due to be launched later in 2023/24
- FPPT fields in NHS Electronic Staff Record (ESR)
- A Board Member Reference
- Clear statement of accountability of chairs in implementing the Framework in their organisations

2.4 The Framework has been designed to support patient safety and good leadership in organisations through the additional governance around the regular assessment against the Framework. Overall, the Framework aims to be fair and proportionate. NHSE has committed to a review of the FPPT Framework within 18 months.

3. FIT AND PROPER PERSONS PROCEDURE

3.1 The Fit and Proper Persons Procedure seeks to provide a clear approach to the Trust meeting the requirements of the Regulations. Whilst the procedure was not due to be reviewed until next year, the introduction of the Framework has led to an early review.

3.2 The reviewed document includes a clear definition of the scope of the procedure and confirms it applies to all Board members to reflect the national framework. Previously the procedure has applied to Deputy Director and Associate Directors. However, the Framework clarifies that the scope applies only to those who are Board Members. If a Deputy Director, Associate Director or Area Director was required to act up into a Board role for a period of time greater than six weeks, then

a temporary appointment may be required, and appropriate checks would be made in line with the Framework.

3.3 The procedure includes a list of all the checks required at the recruitment stage as well as the annual checks and these reflect the national Framework. The amended changes also reflect the circumstances when a full FPPT assessment is required, including the approach when a Board member changes roles within their organisation and when an existing Board member at one NHS organisation then joins another Trust as a Board member.

3.4 Within the national Framework, there is now a requirement for all Board members to have had a DBS check on a three year cycle. As and when required, Board members will be contacted by the People Directorate with a request to undertake a DBS check in line with the three year cycle.

3.5 The Framework now includes the introduction of the Board Member Reference (BMR). This is completed when a Board member joins and leaves the Trust and is aimed to prevent poorly performing managers and directors from moving between health organisations. A copy of the template is contained in Appendix 3.

3.6 The checks also require all Board members to undertake a social media check both at the recruitment stage and as part of the annual checks. Previously the Trust has not conducted social medica checks on any members of staff. NHSE are due to provide some guidance on the checks. In addition, the Trust is also reviewing an option from Civica who support the Trust's Recruitment system, Trac, who can undertake social media checks on behalf of the Trust. It is appreciated that there are some sensitivities around the adoption of regular social media checks and once this process has been scoped out, there will be further communication to Board members.

3.7 The most significant change to the procedure is around the approach for the ongoing fitness of Board members. Whilst the procedure has previously outlined that the annual confirmation from Board members of their fitness forms part of the appraisal process, the revised procedure outlines the requirement for the Chair to providers an overall summary of the individual FPPT outcomes to the NHSE Regional Director.

3.8 In support of the annual submission, ESR will now be used to record and hold information about each Board member in line with the criteria set out in the Framework. The information held in ESR on the FPPT may also be used by the CQC if it is determined that a review is required to assess the data integrity and controls in place to hold the data in ESR. The access to this information within ESR has been scoped and it is outlined in the procedure. A separate guidance document is also in place to outline the process for collating the relevant information in an accurate, complete, and timely manner for updating and maintaining ESR. The guidance document also outlines the process for individuals to access and exercise their rights in connection with the information held about them, in accordance with the requirements of data protection law.

3.9 For complete transparency, the procedure includes appendices from the Framework that list the checks required for the FPPT assessments both during the recruitment and the annual assessment. A copy of the template for the FPPT self-attestation is contained in the appendix.

4. Next steps

4.1 Upon approval, the procedure will be circulated to all Board members for reference. During Q4 of 23/24, the annual self-attestation checks will be conducted, and Board members will be asked to complete the annual self-attestation, as documented in appendix 2 of the procedure. The list of annual checks is contained an Appendix 1 and Board members will be written to prior to the commencement of the checks to outline the scope and what individual action is required to progress the annual checks.

4.2 It is appreciated that the Framework does add a further layer of administration around the annual checks and the procedure seeks to ensure that this is managed between the Corporate Governance and People teams, with an aim to minimise the administrative burden upon individuals.

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

5.1 The Trust has a legal responsibility of adhere to Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Trust has a moderate appetite to risk in relation to its people but a low appetite to risk in relation to compliance and regulation. The procedure is designed to ensure clarity of the Trust's approach to compliance with the requirements of the FPPT framework and approving the procedure will therefore be in line with this risk appetite. The arrangements are also designed to ensure that the leadership of the Trust is fit and proper and this is again in line with the low risk appetite for reputational issues.

6. EQUALITY OR SUSTAINABILITY IMPACTS

6.1 An Equality Impact Assessment screening has been conducted for this revised Procedure and does not indicate any adverse impact.

7. RECOMMENDATIONS

7.1 The Board of Directors are recommended to:

- Approve the changes to the Procedure on Fit and Proper Persons Requirements

North West Ambulance Service NHS Trust

Procedure on Fit and Proper Persons Requirements ~~(FPPR)~~

Recommended by	Board of Directors
Approved by	Board of Directors
Approval date	November 2021
Version number	~~2.0~~2.1
Review date	November 2024
Responsible Director	Director of People
Responsible Manager (Sponsor)	Head of HR – Coporate Services
For use by	All Trust employees

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

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	January 2017	January 2017	V Camfield	Draft Procedure
1.0	February 2017	February 2017	V Camfield	Approved by Board of Directors
1.1	July 2017	July 2017	V Camfield	EMT Approval - Amended following MIAA audit recommendations
1.2	October 2018	October 2018	V Camfield	Amended following Deloittes governance review recommendations.
2.0	October 2021	November 2021	V Camfield	Review in line with approval framework

Policy on Fit and Proper Persons Requirements ~~(FPPR)~~

Contents

1. Introduction

1.1 The procedure outlines how the Trust will meet the requirements placed on NHS providers to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulations 5: Fit and Proper Persons Requirement. The regulation sets out to ensure that those individuals covered by the scope of the procedure are fit and proper to carry out their role.

1.2 The purpose of the Fit and Proper Persons Requirements ~~(FPPR)~~ is to ensure that NHS Trusts are not managed or controlled by individuals who present an unacceptable risk either to the organisation or people receiving the service provided by the Trust. The regulation is about ensuring that directors are fit and proper to assume responsibility for the overall quality and safety of care delivered.

1.3 In August 2023, NHS England announced a Fit and Proper Person Test (FPPT) Framework, effective from 30 September 2023. The Framework is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member.

1.4 The framework introduces a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a process to complete references with additional content whenever a director leaves.

2 Scope

2.1 ~~The procedure applies to all board appointments, both executive and non-executive Directors, Deputy Directors and Associate Directors. This includes permanent and interim positions as well as acting up arrangements.~~

The procedure applies to all Board Members of NHS organisations. Within the national Framework, the term 'board member' is used to refer to:

- Executive directors, irrespective of voting rights
- Non-executive directors (NEDs) and Associate NEDs, irrespective of voting rights
- Interim appointment (all contractual forms) as well as permanent appointments
- Individuals who are called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

For clarity, the procedure has been designed to follow the scope of the NHS England Framework and so does not currently apply to Deputy Directors, Associate Directors, or Area Directors. If any of these roles were required to act up into a Board role for a period of time greater than six weeks, then a temporary appointment may be required and appropriate checks would be made in line with the Framework. Further details are outlined in section 6 of this procedure.

3 Fit and Proper Person Requirements

3.1 Under the regulations, the Trust must ensure that all relevant post holders meet the 'fit and proper persons test~~s~~' both at the appointment stage as well as assessing ongoing fitness for those individuals covered by the procedure.

3.2 The Trust must satisfy itself that relevant post holders meet the following FPPT requirements:

- The Individual must be of good character
- The individual must have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed
- The individual must be able, by reason of health, after reasonable adjustments, , of properly performing tasks that are intrinsic to the office or position for which they are appointed or to the work for which they are employed ~~to perform the tasks required.~~

- The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity.
- None of the grounds of unfitness apply.

3.3 The grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations are:

a) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

b) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

c) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

d) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

e) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

f) The person is prohibited from holding the relevant office or position, or in the case of an individual carrying on the regulated activity, by or under any enactment.

In accordance with part 2 of the Act a person will fail the good character test if they;

(a) Has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom would constitute an offence.

(b) Has been erased, removed, struck off a register of professionals maintained by a regulator of health care of social work professionals.

3.4 Ensuring high standards of leadership is crucial and requires accountable board members with both outstanding personal conduct and professional capabilities.

3.5 The FPPT assessment is conducted on an individual basis, rather than in relation to the board as a whole. The purpose of the assessment is to ensure that board members are demonstrating the right behaviours will help the NHS drive its cultural initiatives: namely, to foster a culture of compassion, respect and inclusion, and a feeling of belonging; as well as setting the tone at the top to encourage a listening and speaking up culture.

3.6 The FPPT requirement places the ultimate responsibility upon the Chair to discharge the requirements place upon the Trust to ensure that all relevant posthodlers meet the fitness test.

4. Process for new Executive Directors appointments

4.1 Appointments of new Executive Directors are made through a robust and thorough appointment process. The selection process for all Executive appointments will seek to ensure that candidates are assessed on the specifical skills, qualifications and experience required for the role as set out in the job description and person specification.

4.2 In assessing experience, skills and competence for the role, reference should be made to the NHS Leadership Competency Frameworks (LCF) (expected by March 2024).

4.3 Pre-employment checks for all new appointments are undertaken in line with the NHS Employment Standards. The full list of checks is outlined in Appendix 1 ~~and include the following~~:

- ~~Proof of identity~~
- ~~Disclosure and Barring Service check – this will be undertaken at a level relevant to the post and as outlined in the Criminal Records Check Procedures~~
- ~~Occupational Health clearance in line with the requirements of the role~~
- ~~Evidence of the right to work in the UK~~
- ~~Proof of qualifications, where appropriate~~
- ~~Checks with relevant regulators, where appropriate~~
- ~~Appropriate references, covering at least the last three years of employment, including details of gaps in service.~~

~~4.2 For all new Executive, Deputy Directors and Associate Directors the following additional checks on appropriate registers will be undertaken in line with the regulations:~~

- ~~Disqualified directors~~
- ~~Bankruptcy and insolvency~~

4.3 At the point of application, all candidates applying for posts that are covered by the Regulations will be required to complete the declaration form in Appendix ~~1~~2.

4.4 The Chair of the appointments panel will be responsible for ensuring compliance to the regulations and will sign off a checklist confirming the post holder meets the requirements. The checklist (Appendix 4~~2~~) will be retained on the post holder's personal file. It should be noted that no Executive Director should be appointed and start in post until all FPPT checks have been completed and approved by the Chair

5. ~~4.5~~ **Non-Executive appointments** ~~–~~

5.1 Non-Executive Directors are appointed by NHS England. The recruitment process for Non-Executive Directors is led by the NHS England Appointments team, who will obtain references, conduct the required electronic checks under the FPPT framework, and obtain signed self-attestations.

5.2 The Trust will, however, be responsible for requesting a DBS check and Occupational Health Assessment on each individual prior to appointment. Once the NHSE Selection Panel has approved an appointment, and the Appointments Team have conducted satisfactory FPPT checks, all FPPT documentation together with the letter of appointment issued by NHSE, will be requested by the Trust. All documentation will be retained on the Non-Executive Director's local personal file, along with all local recruitment and appointment information and checks, as described above. All information will be made available to the CQC on request.

~~NHS England and NHS Improvement (NHSE&I) will manage the appointment process and associated checks for all non-executive appointments. NHSI will undertake the following checks:~~

~~Proof of qualifications, where appropriate~~
~~Search of insolvency and bankruptcy register~~
~~Search of disqualified directors register~~
~~Checks with relevant regulators, where appropriate~~
~~Obtain 3 references (appointment only)~~
~~Check appraisal documentation (reappointment only)~~

~~The HR Hub will undertake the following checks:~~
~~Occupational Health Assessment~~
~~Proof of Identity~~
~~Disclosure and Barring Service check~~
~~Evidence of the right to work in the UK~~

~~4.6 The HR Hub will obtain copies of the check made by NHS E&I and retain a copy on the personal file held by the Trust.~~

5.3. The same process as above will apply to the appointment of the Chair.

5.4 No Non-Executive Director should therefore be appointed and take up their post until all FPPT checks have been completed and approved by the Chair, as appropriate.

5.5~~4.7~~ If a Non-Executive is re-appointed NHS~~I~~E take responsibility for ensuring that nothing has changed for the individual that may impact upon their 'fit and proper' status. Once NHSE have completed the checks, they will share these with the Trust. The Trust is not expected to undertake any further checks, but the individual will be required to undertake the annual self attestation process outlined below~~.~~.

6. **Full FPPT Assessment**

6.1 A documented, full FPPT assessment will be needed in the following circumstances:

- **New appointments** - Board member roles, whether permanent or temporary, where greater than six weeks, this covers:

  - New appointments that have been promoted within the Trust
  - Temporary appointments (greater than six weeks and including secondments) involving acting up into a board role on a non-permanent basis
  - Existing board members at one NHS organisation who move to the Trust in the capacity of a board member
  - Individuals who join an NHS organisation in the role of board member for the first time from an organisation that is outside the NHS.

- **When an individual board member changes role within their current NHS organisation** - for instance, if an existing board member moves into a new board role that requires a different skillset.

- **Annually** – conducted within a 12-month period of the date of the previous FPPT to review for any changes in the previous 12 months.

6.2 For new appointments from an individual already within the NHS, the full FPPT will also include a board member reference check. For points Board members moving within their organisation or and when completing the annual self attestation, the Board member reference check will not be needed.

6.3 All checks must be full documented, signed and dated by the Trust's Recruitment Team, Chair of the appointments panel (excluding the annual self attestation) and the Chair.

6.4 Evidence of checks for Executive Directors will also be shared with the CEO. The Chair will review all NED and Associate NED checks. The Senior Independent Director (will review and approve the locally requested checks (DBS and OH) upon recruitment of a new Chair, the annual review of FPPT checks on the Chair, and the Chair's 3-yearly DBS check.

6.7 Appendix 1 outlines the list of checks required for both new appointments and the annual checks.

5. Formal confirmation of appointments

5.1 All appointments (excluding Non-Executive appointments) including interim appointments, will be required to be approved by the Nominations and Remuneration Committee in line with the Trust's scheme of delegation. All decisions on appointments will need to take account of the Trust's obligations under the regulations. The decision must be formally recorded in the minutes taken at the meeting.

5.2 Where the Trust deems that an applicant can be appointed, despite not meeting the characteristics outlined in Schedule 4, Part 2 of the Regulations (Good Character), the reasons will be recorded in the minutes of the relevant meeting such as the Nominations and Remuneration Committee.

5.3 Where the Trust considers that an individual can be appointed to a role based on their qualifications, skills and experience with the expectation that they will develop specific competence(s) to undertake

the role within a specified timescale any such discussions or recommendations will be recorded in the minutes of the Nominations and Remuneration Committee. The expected competencies and the timescales for achievement will be agreed by the Committee and communicated to the individual. The Committee will then monitor progress at agreed intervals.

5.4 If the candidate has a physical or mental health disability, wherever possible, reasonable adjustments will be made to enable the individual to carry out the role that they have been appointed to. Any prospective candidate will need to complete the 'Fit and Proper Person' Declaration at Aappendix 21. In the event the prospective candidate identifies any physical or mental health concerns (and subject to further information being obtained from the candidate, if necessary) their appointment will be subject to clearance by Occupational Health as part of the pre-appointment process. Any discussion or decision as to whether a candidate is appointable on grounds of health will be recorded in the minutes of the Nominations and Remuneration Committee.

6. On-going fitness

6.1 Every board member will need to complete an annual self-attestation, to confirm that they are in adherence with the FPPT requirements. Self-attestations will be a necessary step that forms a part of the full FPPT assessment. The FPPT is carried out on an individual board member basis, and in the annual submission to the NHS England Regional Director, the Chair will provide the overall summary of the FPPT outcome for their board. The annual appraisal process will provide an opportunity to discuss continued 'fitness' to meet the regulations allowing with a discussion oof the adherence to the board competencies set out in the LCF. The appraisal paperwork includes the self attestation form to be signed by the appraiser and appraisee. Any areas of concern will be discussed and progressed by the appraiser. The Chief Executive will be responsible for appraising the Executive Directors, whilst the Chair will be responsible for appraising the Non-Executive Directors. The CEO will be appraised by the Chair. Directors will be responsible for appraising the Deputy Directors and Associate Directors. NHS E&I will appraise the Chair.

6.2 The Chair will be responsible for appraising the Non-Executive Directors. The SID / deputy chair will have responsibility for undertaking the Chair's appraisal and the completion of the annual FPPT review of the chair. On alternate years, arrangements will be made for another NED to be nominated to review the chair's FPPT on a rotational basis.

The appraisal paperwork includes a declaration form to be signed by the appraiser and appraisee. Any areas of concern will be discussed and progressed by the appraiser.

6.2 However, all individuals covered by the regulations are required to highlight to the Trust as soon as possible any reasons or changes in their circumstances that may mean they no longer meet the regulations. This requirement is also detailed in the contract of employment for the posts covered by the Regulations.

6.3 Where concerns are raised relating to a Board member's n individubeing fit and proper fitness to carry out their role, the Chair will address this in the most appropriate, relevant and proportionate way on a case by case basis. If concerns relate to the Chair, the SID shall take responsibility for addressing issues identified. Where it is necessary to investigate or take action the appropriate HR Policies and Procedures will be utilised. For non-executive directors, NHS E&I will be contacted to manage the process in line with their internal policies and procedures.

6.4 The Chair shall take appropriate and timely action to investigate and rectify the matter, taking expert advice as necessary and ensuring any issues are dealt with in accordance with the Trust's HR People Policies and the NHSE Framework. There may be occasions where the Trust will be required to contact NHS England for advice or to discuss a case directly.

6.5 The Chair, in discussion with NHS England, will put in place interim arrangements, if required, during any period of investigation, suspension or restriction from duties. Should there be sufficient evidence to support the allegation(s), then the Trust may terminate the appointment of the Director with immediate effect, in line with the Trust's Disciplinary policy.

6.6 ~~6.4~~ Where an individual who is registered with a professional regulator (HCPC, GMC etc.) no longer meets the fit and proper person's requirement the Trust must inform the regulator, and also take action to ensure the position is held by a person meeting the requirements. Directors may personally be accused and found guilty by a court of serious misconduct in respect of a range of already prescribed behaviours set out in legislation. Professional regulators may remove an individual from a register for breaches of codes of conduct.

6.~~7~~5 The Director of People will ensure compliance through an annual audit of files and this will take place during Q4 of each year. The Corporate HR team will undertake the audit and report the findings to the Director of People and the Director of Corporate Affairs for consideration.

6.8 ~~—~~Once the audit has been finalised, the Chair will make an annual statement of compliance on the Fit and Proper Persons Regulations in Q~~4~~1 to the Board.

7. Board Member Reference template

7.1 A standardised Board Member Reference (BMR) template has been developed by NHS E and is included in Appendix ~~4~~3.

7.2 When recruiting into a board member role, at least one reference should be obtained on the standardised reference wherever possible.

7.3 For board members:

- An NHS organisation should obtain a minimum of two board member references (using the board member reference template) where the individual is from outside the NHS, or from within the NHS but moving into the board role for the first time. These two references should come from different employers, where possible.

7.4 For an individual who moves from one NHS board role to another NHS board role, across NHS organisations:

- Where possible one reference from a separate organisation in addition to the board member reference for the current board role will suffice. This is because their board member reference template should be completed in line with the requirements of the framework so that NHS organisations can maintain accurate references when a board member departs.

7.5 For a person joining from another NHS organisation:

- The new employing/appointing NHS organisation should take reasonable steps to obtain the appropriate references from the person's current employer as well as previous employer(s) within the past six years. These references should establish the primary facts as per the board member reference template

7.6 Where an employee is entering the NHS for the first time or coming from a post which was not at board member level:

- The Trust should make every practical effort to obtain such a reference which fulfils the board member reference requirements and will determine their own reasonable steps to evidence that the individual is suitable for the role. For new appointments from outside of the NHS, the Trust will seek the necessary references to validate a period of six consecutive years of continuous employment (or provide an explanation for any gaps), or training immediately prior to the application being made.

7.7 References should never be used as the sole grounds for assessing an applicant's suitability for a post. Where negative issues are included in a reference, information should be carefully considered and weighed up against the wider range of evidence gathered as part of the recruitment process. The Trust will aim to investigate negative information by sensitively raising it with the individual concerned, giving them the opportunity to explain the situation in more detail and where appropriate, give them a chance

to outline any learning from past mistakes or experiences to obtain the necessary assurances about their suitability for a role. If a reference reveals something which is incompatible with the requirements of Regulation 5 of the Regulations, the individual should not be appointed to the role.

7.8 The Trusts will obtain references before the start of the board member's appointment. When requesting the reference the Trust will make it clear that this is being requested in relation to a person being appointed to the role of board member, or for other purposes linked to the board member's current employment.

7.9 References are not required for Non-Executive Director reappointments, i.e. where NHSE have agreed an extension for a further term of office, however NHSE will carry out the required online FPP checks, and obtain a new signed self-attestation form prior to confirming reappointment.

7.10 When a board member leaves the Trust, or a reference request is received for an existing board member, a reference will be produced on the standardised reference form and shared with the individual for full transparency. The reference will be produced irrespective of whether the individual plans to take up further employment within the NHS.

8. Electronic Staff Record (ESR)

8.1 ESR will hold information about each board member in line with the criteria detailed below. NHS England will use its network of regional directors in a direct oversight role to ensure that individual NHS organisations (within the designated regions) are completing their FPPT, via annual submissions to the NHS England regional directors.

8.2 The CQC in its regulatory role may determine that reviews are required over the data integrity and controls that a particular NHS organisation has in relation to the records held in ESR.

8.3 There should be limited access to ESR and it has been determined that the following individuals have access to the FPPT fields in ESR:

- Chair
- Chief executive officer (CEO)
- Senior independent director (SID)
- Director of Corporate Affairs
- Head of Corporate Governance
- Director of People
- Head of HR- Corporate Service
- HR Hub Team Manager (ESR)

8.4 The ESR FPPT data fields need to be maintained to ensure information about the serving board member is current. This will mean that ESR is specifically updated for:

- All board members within the Trust
- New board members who have been appointed
- Whenever there has been a relevant change to one of the fields of FPPT information held in ESR
- Updates for annual completion of the full FPPT
- Annual completion of FPPT confirmed by chairs.

8.5 It is the responsibility of each the Trust to ensure that ESR remains current and is updated for relevant changes in a timely manner. As a minimum it is expected the Trust will undertake an annual review to

verify that ESR is appropriately maintained. The Chair will be accountable for ensuring that the information in ESR is up to date.

8.6 A separate guidance document is in place to outline the process for collating the relevant information in an accurate, complete, and timely manner for updating and maintaining ESR. The document also outlines the process for individuals to access and exercise their rights in connection with the information held about them, in accordance with the requirements of data protection law.

8.7 **Information held in ESR**

8.7.1 The information that ESR will hold about board members is detailed below and also summarised in the FPPT checklist. The FPPT assessment on initial appointment of a board member will cover all points mentioned below:

- First name*
- Second name/surname*
- Organisation* (that is, current employer)
- Staff group*
- Job title* (that is, current job description)
- Occupation code*
- Position title*
- Employment history:*
- Training and development
- References*
- Last appraisal and date
- Disciplinary
- Any ongoing and discontinued investigations relating to Disciplinary/ Grievance/Whistleblowing/Employee behaviour should also be recorded.
- Type of DBS disclosed*
- Date DBS received*
- Disqualified directors register check
- Date of medical clearance* (including confirmation of fitness)
- Date of professional register check
- Insolvency check
- Self-attestation form signed
- Social media check
- Employment tribunal judgement check
- Disqualification from being a charity trustee check
- Board member reference*
- Sign-off by chair/CEO.

8.7.2 The annual FPPT requires an NHS organisation to validate all fields above – except for fields marked with an asterisk (*). These do not require validation as part of the annual FPPT unless a specific reason arises. However, these fields should still be updated in the event of a change to the information held.

8.7.3 While not requiring annual validation, DBS checks will be done on a three-year cycle for all Board members.

7. Responsibilities

7.1 ~~**Human Resources Team**~~**People Directorate** **–** It is the responsibility of the HR Hub to undertake all the recruitment checks for Executive Directors, Deputy Directors and Associate Directors, including the pre-employment checks and including the checks under the regulations. These checks are undertaken for all permanent and interim positions as well as acting up arrangements.

Once all checks are complete, the HR Hub will liaise with the recruiting manager from the HR team and send a copy of the following documents to the Corporate Governance team to retain:

- Fit and Proper Persons ~~Requirement Personal Disclosure~~Self attestation Form
- Fit and Proper Person Test Checklist – New Applicants Check list
- Signed and dates copies of documents to support the checks

The recruiting manager from the HR team will ensure that the Fit and Proper Person Test Checklist – New Applicants Check list is completed. Once the recruitment checks have been completed, the Chair of the appointment panel will be asked to sign the checklist to confirm that they are satisfied that the checks meet the requirements. Following this hard copies of the recruitment documents and the checklist will be set to the Chair to review and with a request to sign off confirming assurance that the checks are complete. All documentation will be handed to the Corporate Governance Team to retain place on the personal file.

Electronic copies of the checks will also be retained on the Trust's electronic personal files. This will ensure that a soft copy of the information is retained in the case of the files held at headquarters being destroyed e.g. through a fire or flood.

The People Directorate are also responsible for adding in the results from the annual self attestation onto ESR.

In addition, the People Directorate will also take responsibility for the annual audit of the Board files to seek assurance that there is clear evidence to support the FPPT process.

7.2 **Corporate Governance Team –** To take responsibility for setting up personal files for all Executive, Non-Executive, Deputy Directors and Associate Directors. The file will contain copies of the recruitment documents as detailed above in section 4. In addition, the Corporate Governance team will also ensure that the files contain the annual Fit and proper Person Regulation declaration form undertaken as part of the appraisal process. The Head of Corporate Governance will work with the People Directorate to ensure that the collating of the FPPT information is accurately inputted onto ESR. In additional, the annual submission of the Trust FPPT self-attestation ~~-~~will be managed by the Head of Corporate Governance.

8. Assurance

8.1 The Chair is the responsible officer for ensuring compliance ~~for new starters.~~of Board members to the FPPT requirements.

A summary of compliance to the regulations for both new starters and existing post holders will appear in the Trust's annual report.

9. Monitoring of Compliance

9.1 The Director of People is responsible for monitoring overall compliance with this procedure.

Appendix 1

FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First name	✓	✓	✓	x – unless change	✓	✓	Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / Inter-Authority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Second name/surname	✓	✓	✓	x – unless change	✓	✓		
Organisation (ie current employer)	✓	x	✓	N/A	✓	✓		
Staff group	✓	x	✓	x – unless change	✓	✓		
Job title Current Job Description	✓	✓	✓	x – unless change	✓	✓		
Occupation code	✓	x	✓	x – unless change	✓	✓		
Position title	✓	x	✓	x – unless change	✓	✓		

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Employment history Including: • job titles • organisations/ departments • dates and role descriptions • gaps in employment	✓	x	✓	x	✓	✓	Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Training and development	✓	✓	✓	✓	✓	*	Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification. Annually updated records of training and development completed/ongoing progress.	* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration. At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be. Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.
References Available references from previous employers	✓	✓	✓	x	✓	✓	Recruitment process	Including references where the individual resigned or retired from a previous role

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Last appraisal and date	✓	✓	✓	✓	✓	*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.
Disciplinary findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement	✓	✓	✓	✓	✓	✓	Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.
Grievance against the board member	✓	✓	✓	✓	✓	✓		
Whistleblowing claim(s) against the board member	✓	✓	✓	✓	✓	✓		
Behaviour not in accordance with organisational values and behaviours or related local policies	✓	✓	✓	✓	✓	✓		

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Type of DBS disclosed	✓	✓	✓	✓	✓	✓	ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.
Date DBS received	✓	✓	✓	✓	✓	✓	ESR	
Date of medical clearance* (including confirmation of OHA)	✓	X	✓	x – unless change	✓	✓	Local arrangements	
Date of professional register check (eg membership of professional bodies)	✓	X	✓	✓	✓	X	Eg NMC, GMC, accountancy bodies.	
Insolvency check	✓	✓	✓	✓	✓	✓	Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.
Disqualified Directors Register check	✓	✓	✓	✓	✓	✓	Companies House	
Disqualification from being a charity trustee check	✓	✓	✓	✓	✓	✓	Charities Commission	

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Employment Tribunal Judgement check	✓	✓	✓	✓	✓	✓	Employment Tribunal Decisions	
Social media check	✓	✓	✓	✓	✓	✓	Various – Google, Facebook, Instagram, etc.	
Self-attestation form signed	✓	✓	✓	✓	✓	✓	Template self-attestation form	
Sign-off by Chair/CEO	✓	x	✓	✓	✓	✓	ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other templates to be completed								
Board Member Reference	✓	✓	x	x	✓	✓	Template BMR	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday, whichever latest.
Letter of Confirmation	x	✓	✓	✓	✓	✓	Template	For joint appointments only -
Annual Submission Form	x	✓	✓	✓	✓	✓	Template	Annual summary to Regional Director -
Privacy Notice	x	✓	x	x	✓	✓	Template	Board members should be made aware of the proposed use of their data for FPPT.
Settlement Agreements	x	✓	✓	✓	✓	✓	Board member reference at recruitment and any other information that comes to light on an ongoing basis.	

Appendix 2

NHS
North West Ambulance Service
NHS Trust

FPPT self-attestation

Every board member should complete the template upon their commencement in post and thereafter annually.

I declare that I am a fit and proper person to carry out my role. I:

- am of good character
- have the qualifications, competence, skills and experience which are necessary for me to carry out my duties
- where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals
- am capable by reason of health of properly performing tasks which are intrinsic to the position
- am not prohibited from holding office (eg directors disqualification order)
- within the last five years:
  - I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more
  - been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged
  - nor is on any 'barred' list.
- have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, y must hold such registration and must have the entitlement to use any professional titles associated with this registratio Where you no longer meet the requirement to hold the registration, and if you are a healthcare professional, social worker other professional registered with a healthcare or social care regulator, you must inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above) acknowledge that it is my duty to inform the chair.

Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Signature:	
Date of last appraisal, by whom:	
Signature of board member:	
Date of signature of board member:	

For chair to complete

Signature of chair to confirm receipt:	
Date of signature of chair:	

Fit and Proper Persons Requirement Personal Disclosure Form

This form will form part of the application process for all posts that are considered to meet the Fit and Proper Person Regulations.

First Name	
Surname	
Position Applied for	

Please answer *all* of the following questions in this form. If you answer 'yes' to any of the questions, please provide full details in the space indicated (the box will expand if necessary). Please also use the space below to provide any other information that may have a bearing on your suitability for the position for which you are applying. You may continue on a separate sheet if necessary, and you may attach supplementary comments should you wish to do so. A hard copy of the signed form will be required.

Answering 'yes' to any of the questions below will not necessarily bar you from an appointment within the NHS; this will depend on the relevance of the information you provide in respect of the nature of the position for which you are applying, and the particular circumstances.

1. Are you currently bound over, or do you have any convictions or cautions (including warnings and reprimands) which are not deemed 'protected' under the amendment to the Exceptions Order 1975*, issued by a Court or Court-Martial in the United Kingdom or in any other country?

No ☐ ——— **Yes** ☐

*If **YES**, please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.*

**Please note that you do not need to tell us about convictions, cautions, warnings or reprimands which are deemed 'protected' under the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013. You can read guidance and the criteria for the filtering of these convictions and cautions from the Disclosure and Barring Service website at: https://www.gov.uk/government/organisations/disclosure-and-barring-service*
You also are not required to tell us about parking offences.

2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

No ☐ ——— **Yes** ☐

*If **YES**, please include here details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body: You are reminded that you have a continued responsibility to inform us immediately if you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country. You do not need to tell us if you are charged*

with a parking offence.

3. Are you aware of any current NHS Counter Fraud and Security Management Service (CFSMS) investigation following allegations made against you?

No ☐ ——— **Yes** ☐

*If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFSMS.*

4. Have you been investigated by the Police, NHS CFSMS or any other Investigatory Body resulting in a current or past conviction or dismissal from your employment or volunteering position?

No ☐ ——— **Yes** ☐

*If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body: Investigatory bodies include: Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, Department of Trade and Industry, Department of Work and Pensions, Security Agencies, Financial Service Authority. This list is not exhaustive and you must declare any investigation conducted by an Investigatory Body.*

5. Have you ever been dismissed by reason of misconduct from any employment, volunteering, office or other position previously held by you?

No ☐ ——— **Yes** ☐

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you:

6. Have you ever been disqualified from the practice of a profession, or required to practice subject to specified limitations following fitness to practice proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?

No ☐ ——— **Yes** ☐

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned:

7. Are you currently or have you ever been the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

No ☐ Yes ☐

If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned:

8. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?

No ☐ Yes ☐

If **YES**, please include details:

9. Have you been responsible for, been privy to, or contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity?

No ☐ Yes ☐

If **YES**, please include details:

10. Are there any other matters that may be relevant to your position which might cause your reliability or suitability to be called into question?

No ☐ Yes ☐

If **YES**, please include details:

Declaration

Important: The Data Protection Act 1998 requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The Data Protection Act 1998 defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or

other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence.

The information that you provide in this Declaration Form will be processed in accordance with the Data Protection Act 1998. It will be used for the purpose of determining your suitability for the senior position you hold. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the Trust who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I consent to the information provided in this declaration form being used by the Trust for the purpose of checking that I satisfy the requirements of the FPPR for the position applied for.

I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in an investigation in accordance with relevant Trust processes and could lead to the termination of the appointment.

Full Name	
Signature	
Date	

Appendix 2

Fit and Proper Person Requirement Checklist – New Applicants Check list

First Name	
Surname	
Position Applied for	
Start date in post	

Identification Checks	**Received Y/N**	**Comments**
Verification of ID as per the right to work checklist NHS employment standards		
Confirmation of any restrictions on right to work in UK – *if applicable* Verification of Identification and Right to Work		
Confirm documents seen and that copies have been taken and Verified Please list documents seen:		
Employment history		
Confirmation of a full employment history, including a written explanation regarding any gaps in employment		
Two employment references (including one from most recent employer)		
Qualification checks		
Original certificates seen, copied and verified for mandatory qualifications Please list documents seen:		
Criminal Records Checks		
Is a DBS form applicable to the post?		
Standard *Date received*		
Enhanced *Date received*		
Professional registration		
Professional Body:		

~~Evidence of professional registration register checked~~ ~~*Date checked*~~		
~~Occupational Health check~~		
~~Confirmation that Occupational Health checks has been completed~~ ~~*Date received*~~		
~~Fit and Proper Persons Checks~~		
~~Declaration form fully completed and received~~ ~~*Date received*~~		
~~Confirmation that any areas of concern have been discussed with Chair~~		
~~Search of insolvency and bankruptcy register~~ ~~https://www.gov.uk/search-bankruptcy-insolvency-register~~ ~~Copy of web search results attached~~ ~~*Date accessed*~~		
~~Search of disqualified directors register~~ ~~https://www.insolvencydirect.bis.gov.uk/IESdatabase/viewdirectorsummary-new.asp~~ ~~Copy of web search results attached~~ ~~*Date accessed*~~		
~~Confirmation of checks~~		
~~Representative from HR Team~~ ~~Name~~ ~~Signature~~ ~~Date~~		
~~Chair of appointments panel~~ ~~Name~~ ~~Signature~~ ~~Date~~		
~~Signature of Chair of the Trust~~ ~~Name~~ ~~Signature~~		

~~All documentation should be held within the Executive Director and Non-Executive Director Personnel Files.~~

Appendix 3

OUR SERVICES
Urgent and Emergency Care
Patient Transport Service
NHS 111

NHS
North West
Ambulance Service
NHS Trust

Board Member Reference

This reference is to be completed for all Bard members who resign from their position as a member of the Board. This must still be completed by the direct line manager, even if the individual has no plans to take up a Board position in the NHS in the future.

A copy will be retained by the Trusts for future reference and will also be shared with the individual named on the reference for transparency.

Board Member Reference request for NHS Applicants: To be used only AFTER a conditional offer of appointment has been made. Information provided in this reference reflects the most up to date information available at the time the request was fulfilled.	
1. Name of the applicant	
2. National Insurance number or date of birth	
3. Please confirm employment start and termination dates in each previous role	

4. Please confirm the applicant's current/most recent job title and essential job functions (if possible, please attach the Job Description or Person Specification as Appendix A): *(This is for Executive Director board positions only, for a Non-Executive Director, please just confirm current job title)*		
Job description attached		
5. Please confirm Applicant remuneration in current role *(this question only applies to Executive Director board positions applied for)*	**Starting:**	**Current:**
6. Please confirm all Learning and Development undertaken during employment: *(this question only applies to Executive Director board positions applied for)*		
7. How many days absence (other than annual leave) has the applicant had over the last two years of their employment, and in how many episodes? ***(only applicable if being requested after a conditional offer of employment)***	Days Absent:	Absence Episodes:

8. Confirmation of reason for leaving:		
9. Please provide details of when you last completed a check with the Disclosure and Barring Service (DBS) (This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)		
Date DBS check was last completed. **Please indicate the level of DBS check undertaken (basic/standard/enhanced without barred list/or enhanced with barred list)** **If an enhanced with barred list check was undertaken, please indicate which barred list this applies to**	**Date:** **Level:** Enhanced Adults □ Children □ Both □	
10. Did the check return any information that required further investigation?	Yes □	No □
If yes, please provide a summary of any follow up actions that need to/are still being actioned:		

11. Please confirm if all annual appraisals have been undertaken and completed (This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)	Yes □	No □
Please provide a summary of the outcome and actions to be undertaken for the last 3 appraisals:		
12. Is there any relevant information regarding any outstanding, upheld or discontinued complaint(s) or other matters tantamount to gross misconduct or serious misconduct or mismanagement including grievances or complaint(s) under any of the Trust's policies and procedures (for example under the Trust's Equal Opportunities Policy)? (For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)	Yes □	No □
If yes, please provide a summary of the position and **(where relevant)** any findings and any remedial actions and resolution of those actions:		

13. Is there any outstanding, upheld or discontinued disciplinary action under the Trust's Disciplinary Procedures including the issue of a formal written warning, disciplinary suspension, or dismissal tantamount to gross or serious misconduct that can include but not be limited to: • **Criminal convictions for offences leading to a sentence of imprisonment or incompatible with service in the NHS** • **Dishonesty** • **Bullying** • **Discrimination, harassment, or victimisation** • **Sexual harassment** • **Suppression of speaking up** • **Accumulative misconduct** (For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)	Yes □	No □
If yes, please provide a summary of the position and **(where relevant)** any findings and any remedial actions and resolution of those actions:		

14. Please provide any further information and concerns about the applicant's fitness and propriety, not previously covered, relevant to the Fit and Proper Person Test to fulfil the role as a director, be it executive or non-executive. Alternatively state Not Applicable. (Please visit links below for the CQC definition of good characteristics as a reference point) (7)(12)

Regulation 5: Fit and proper persons: directors - Care Quality Commission (cqc.org.uk)

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk)

15. The facts and dates referred to in the answers above have been provided in good faith and are correct and true to the best of our knowledge and belief.

Referee name (please print):

Signature: ……

Referee Position Held:

Email address:

Telephone number:

Date:

Data Protection:

This form contains personal data as defined by the Data Protection Act 2018 and UK implementation of the General Data Protection Regulation). This data has been requested by the Human Resources/ Workforce Department for the purpose of recruitment and compliance with the Fit and Proper Person requirements applicable to healthcare bodies. It must not be used for any incompatible purposes. The Human Resources/Workforce Department must protect any information disclosed within this form and ensure that it is not passed to anyone who is not authorised to have this information.

Appendix 4

FPPT NEW STARTER CHECKLIST

First Name	
Surname	
Position Applied for	
Start date in post	
Job title Current Job Description	
Organisation (current employer)	
Staff group	

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Verification of ID as per the right to work checklist NHS employment standards					Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / Inter-Authority Transfer/ NHS

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Confirmation of any restrictions on right to work in UK – *if applicable* Verification of Identification and Right to Work					Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Confirm documents seen and that copies have been taken and Verified Please list documents seen:					
Original certificates seen, copied and verified for mandatory qualifications Please list documents seen:					
Employment history – 6 years and covering at least two roles					Including: • job titles • organisations/ departments • dates and role descriptions gaps in employment

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Training and development					Relevant training and development from the application and recruitment process; to meet the requirements of the role as set out in the person specification
References Available references from previous employers					
Last appraisal and date					
Disciplinary findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement					Reference request
Grievance against the board member					
Whistleblowing claim(s) against the board member					

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Behaviour not in accordance with organisational values and behaviours or related local policies					
Type of DBS disclosed		ESR and DBS response.			
Date DBS received		ESR			
Date of medical clearance* (including confirmation of OHA)		OH Fit slip			
Date of professional register check (eg membership of professional bodies)		Eg NMC, GMC, accountancy bodies.			
Insolvency check					Screenshot of check retained as local evidence of check completed. Bankruptcy and Insolvency register Companies House Charities Commission Employment Tribunal Decisions
Disqualified Directors Register check					
Disqualification from being a charity trustee check					
Employment Tribunal Judgement check					
Social media check					
Self-attestation form signed					

Confirmation of checks

Representative from HR Team	
Name	
Signature	
Date	
Chair of appointments panel	
Name	
Signature	
Date	
Chair of the Trust	
Name	
Signature	
Date	

North West Ambulance Service NHS Trust

Procedure on Fit and Proper Persons Requirements

Recommended by	Board of Directors
Approved by	Board of Directors
Approval date	November 2021
Version number	2.1
Review date	November 2024
Responsible Director	Director of People
Responsible Manager (Sponsor)	Head of HR – Coporate Services
For use by	All Trust employees

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

Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	January 2017	January 2017	V Camfield	Draft Procedure
1.0	February 2017	February 2017	V Camfield	Approved by Board of Directors
1.1	July 2017	July 2017	V Camfield	EMT Approval - Amended following MIAA audit recommendations
1.2	October 2018	October 2018	V Camfield	Amended following Deloittes governance review recommendations.
2.0	October 2021	November 2021	V Camfield	Review in line with approval framework

Policy on Fit and Proper Persons Requirements

Contents

1. Introduction

1.1 The procedure outlines how the Trust will meet the requirements placed on NHS providers to meet the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulations 5: Fit and Proper Persons Requirement. The regulation sets out to ensure that those individuals covered by the scope of the procedure are fit and proper to carry out their role.

1.2 The purpose of the Fit and Proper Persons Requirements is to ensure that NHS Trusts are not managed or controlled by individuals who present an unacceptable risk either to the organisation or people receiving the service provided by the Trust. The regulation is about ensuring that directors are fit and proper to assume responsibility for the overall quality and safety of care delivered.

1.3 In August 2023, NHS England announced a Fit and Proper Person Test (FPPT) Framework, effective from 30 September 2023. The Framework is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member.

1.4 The framework introduces a means of retaining information relating to testing the requirements of the FPPT for individual directors, a set of standard competencies for all board directors, a process to complete references with additional content whenever a director leaves.

2 Scope

2.1

The procedure applies to all Board Members of NHS organisations. Within the national Framework, the term 'board member' is used to refer to:

- Executive directors, irrespective of voting rights
- Non-executive directors (NEDs) and Associate NEDs, irrespective of voting rights
- Interim appointment (all contractual forms) as well as permanent appointments
- Individuals who are called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

For clarity, the procedure has been designed to follow the scope of the NHS England Framework and so does not currently apply to Deputy Directors, Associate Directors, or Area Directors. If any of these roles were required to act up into a Board role for a period of time greater than six weeks, then a temporary appointment may be required and appropriate checks would be made in line with the Framework. Further details are outlined in section 6 of this procedure.

3 Fit and Proper Person Requirements

3.1 Under the regulations, the Trust must ensure that all relevant post holders meet the 'fit and proper persons test' both at the appointment stage as well as assessing ongoing fitness for those individuals covered by the procedure.

3.2 The Trust must satisfy itself that relevant post holders meet the following FPPT requirements:

- The Individual must be of good character
- The individual must have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed
- The individual must be able, by reason of health, after reasonable adjustments, , of properly performing tasks that are intrinsic to the office or position for which they are appointed or to the work for which they are employed

- The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity.
- None of the grounds of unfitness apply.

3.3 The grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations are:

a) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

b) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

c) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

d) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

e) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

f) The person is prohibited from holding the relevant office or position, or in the case of an individual carrying on the regulated activity, by or under any enactment.

In accordance with part 2 of the Act a person will fail the good character test if they;

(a) Has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom would constitute an offence.

(b) Has been erased, removed, struck off a register of professionals maintained by a regulator of health care of social work professionals.

3.4 Ensuring high standards of leadership is crucial and requires accountable board members with both outstanding personal conduct and professional capabilities.

3.5 The FPPT assessment is conducted on an individual basis, rather than in relation to the board as a whole. The purpose of the assessment is to ensure that board members are demonstrating the right behaviours will help the NHS drive its cultural initiatives: namely, to foster a culture of compassion, respect and inclusion, and a feeling of belonging; as well as setting the tone at the top to encourage a listening and speaking up culture.

3.6 The FPPT requirement places the ultimate responsibility upon the Chair to discharge the requirements place upon the Trust to ensure that all relevant posthodlers meet the fitness test.

4. Process for new Executive Directors appointments

4.1 Appointments of new Executive Directors are made through a robust and thorough appointment process. The selection process for all Executive appointments will seek to ensure that candidates are assessed on the specifical skills, qualifications and experience required for the role as set out in the job description and person specification.

4.2 In assessing experience, skills and competence for the role, reference should be made to the NHS Leadership Competency Frameworks (LCF) (expected by March 2024).

4.3 Pre-employment checks for all new appointments are undertaken in line with the NHS Employment Standards. The full list of checks is outlined in Appendix 1:

4.3 At the point of application, all candidates applying for posts that are covered by the Regulations will be required to complete the declaration form in Appendix 2.

4.4 The Chair of the appointments panel will be responsible for ensuring compliance to the regulations and will sign off a checklist confirming the post holder meets the requirements. The checklist (Appendix 4) will be retained on the post holder's personal file. It should be noted that no Executive Director should be appointed and start in post until all FPPT checks have been completed and approved by the Chair

5. **Non-Executive appointments**

5.1 Non-Executive Directors are appointed by NHS England. The recruitment process for Non-Executive Directors is led by the NHS England Appointments team, who will obtain references, conduct the required electronic checks under the FPPT framework, and obtain signed self-attestations.

5.2 The Trust will, however, be responsible for requesting a DBS check and Occupational Health Assessment on each individual prior to appointment. Once the NHSE Selection Panel has approved an appointment, and the Appointments Team have conducted satisfactory FPPT checks, all FPPT documentation together with the letter of appointment issued by NHSE, will be requested by the Trust. All documentation will be retained on the Non-Executive Director's local personal file, along with all local recruitment and appointment information and checks, as described above. All information will be made available to the CQC on request.

5.3. The same process as above will apply to the appointment of the Chair.

5.4 No Non-Executive Director should therefore be appointed and take up their post until all FPPT checks have been completed and approved by the Chair, as appropriate.

5.5 If a Non-Executive is re-appointed NHSE take responsibility for ensuring that nothing has changed for the individual that may impact upon their 'fit and proper' status. Once NHSE have completed the checks, they will share these with the Trust. The Trust is not expected to undertake any further checks, but the individual will be required to undertake the annual self attestation process outlined below.

6. **Full FPPT Assessment**

6.1 A documented, full FPPT assessment will be needed in the following circumstances:

- **New appointments** - Board member roles, whether permanent or temporary, where greater than six weeks, this covers:
    - New appointments that have been promoted within the Trust
    - Temporary appointments (greater than six weeks and including secondments) involving acting up into a board role on a non-permanent basis
    - Existing board members at one NHS organisation who move to the Trust in the capacity of a board member
    - Individuals who join an NHS organisation in the role of board member for the first time from an organisation that is outside the NHS.

- **When an individual board member changes role within their current NHS organisation** - for instance, if an existing board member moves into a new board role that requires a different skillset.

- **Annually** – conducted within a 12-month period of the date of the previous FPPT to review for any changes in the previous 12 months.

6.2 For new appointments from an individual already within the NHS, the full FPPT will also include a board member reference check. For points Board members moving within their organisation or and when completing the annual self attestation, the Board member reference check will not be needed.

6.3 All checks must be full documented, signed and dated by the Trust's Recruitment Team, Chair of the appointments panel (excluding the annual self attestation) and the Chair.

6.4 Evidence of checks for Executive Directors will also be shared with the CEO. The Chair will review all NED and Associate NED checks. The Senior Independent Director (will review and approve the locally requested checks (DBS and OH) upon recruitment of a new Chair, the annual review of FPPT checks on the Chair, and the Chair's 3-yearly DBS check.

6.7 Appendix 1 outlines the list of checks required for both new appointments and the annual checks.

5. Formal confirmation of appointments

5.1 All appointments (excluding Non-Executive appointments) including interim appointments, will be required to be approved by the Nominations and Remuneration Committee in line with the Trust's scheme of delegation. All decisions on appointments will need to take account of the Trust's obligations under the regulations. The decision must be formally recorded in the minutes taken at the meeting.

5.2 Where the Trust deems that an applicant can be appointed, despite not meeting the characteristics outlined in Schedule 4, Part 2 of the Regulations (Good Character), the reasons will be recorded in the minutes of the relevant meeting such as the Nominations and Remuneration Committee.

5.3 Where the Trust considers that an individual can be appointed to a role based on their qualifications, skills and experience with the expectation that they will develop specific competence(s) to undertake the role within a specified timescale any such discussions or recommendations will be recorded in the minutes of the Nominations and Remuneration Committee. The expected competencies and the timescales for achievement will be agreed by the Committee and communicated to the individual. The Committee will then monitor progress at agreed intervals.

5.4 If the candidate has a physical or mental health disability, wherever possible, reasonable adjustments will be made to enable the individual to carry out the role that they have been appointed to. Any prospective candidate will need to complete the 'Fit and Proper Person' Declaration at Appendix 2. In the event the prospective candidate identifies any physical or mental health concerns (and subject to further information being obtained from the candidate, if necessary) their appointment will be subject to clearance by Occupational Health as part of the pre-appointment process. Any discussion or decision as to whether a candidate is appointable on grounds of health will be recorded in the minutes of the Nominations and Remuneration Committee.

6. On-going fitness

6.1 Every board member will need to complete an annual self-attestation, to confirm that they are in adherence with the FPPT requirements. Self-attestations will be a necessary step that forms a part of the full FPPT assessment. The FPPT is carried out on an individual board member basis, and in the annual submission to the NHS England Regional Director, the Chair will provide the overall summary of the FPPT outcome for their board. The annual appraisal process will provide an opportunity to discuss continued 'fitness' to meet the regulations allowing with a discussion oof the adherence to the board competencies set out in the LCF. The appraisal paperwork includes the self attestation form to be signed by the appraiser and appraisee. Any areas of concern will be discussed and progressed by the appraiser. The Chief Executive will be responsible for appraising the Executive Directors, The CEO will be appraised by the Chair.

6.2 The Chair will be responsible for appraising the Non-Executive Directors. The SID / deputy chair will have responsibility for undertaking the Chair's appraisal and the completion of the annual FPPT review of the chair. On alternate years, arrangements will be made for another NED to be nominated to review the chair's FPPT on a rotational basis.

6.2 However, all individuals covered by the regulations are required to highlight to the Trust as soon as possible any reasons or changes in their circumstances that may mean they no longer meet the

regulations. This requirement is also detailed in the contract of employment for the posts covered by the Regulations.

6.3 Where concerns are raised relating to a Board member's fitness to carry out their role, the Chair will address this in the most appropriate, relevant and proportionate way on a case by case basis. If concerns relate to the Chair, the SID shall take responsibility for addressing issues identified. Where it is necessary to investigate or take action the appropriate HR Policies and Procedures will be utilised. For non-executive directors, NHS E will be contacted to manage the process in line with their internal policies and procedures.

6.4 The Chair shall take appropriate and timely action to investigate and rectify the matter, taking expert advice as necessary and ensuring any issues are dealt with in accordance with the Trust's HR People Policies and the NHSE Framework. There may be occasions where the Trust will be required to contact NHS England for advice or to discuss a case directly.

6.5 The Chair, in discussion with NHS England, will put in place interim arrangements, if required, during any period of investigation, suspension or restriction from duties. Should there be sufficient evidence to support the allegation(s), then the Trust may terminate the appointment of the Director with immediate effect, in line with the Trust's Disciplinary policy.

6.6 Where an individual who is registered with a professional regulator (HCPC, GMC etc.) no longer meets the fit and proper person's requirement the Trust must inform the regulator, and also take action to ensure the position is held by a person meeting the requirements. Directors may personally be accused and found guilty by a court of serious misconduct in respect of a range of already prescribed behaviours set out in legislation. Professional regulators may remove an individual from a register for breaches of codes of conduct.

6.7 The Director of People will ensure compliance through an annual audit of files and this will take place during Q4 of each year. The Corporate HR team will undertake the audit and report the findings to the Director of People and the Director of Corporate Affairs for consideration.

6.8 Once the audit has been finalised, the Chair will make an annual statement of compliance on the Fit and Proper Persons Regulations in Q4 to the Board.

7. Board Member Reference template

7.1 A standardised Board Member Reference (BMR) template has been developed by NHS E and is included in Appendix 3.

7.2 When recruiting into a board member role, at least one reference should be obtained on the standardised reference wherever possible.

7.3 For board members:

- An NHS organisation should obtain a minimum of two board member references (using the board member reference template) where the individual is from outside the NHS, or from within the NHS but moving into the board role for the first time. These two references should come from different employers, where possible.

7.4 For an individual who moves from one NHS board role to another NHS board role, across NHS organisations:

- Where possible one reference from a separate organisation in addition to the board member reference for the current board role will suffice. This is because their board member reference template should be completed in line with the requirements of the framework so that NHS organisations can maintain accurate references when a board member departs.

7.5 For a person joining from another NHS organisation:

- The new employing/appointing NHS organisation should take reasonable steps to obtain the appropriate references from the person's current employer as well as previous employer(s)

within the past six years. These references should establish the primary facts as per the board member reference template

7.6 Where an employee is entering the NHS for the first time or coming from a post which was not at board member level:

- The Trust should make every practical effort to obtain such a reference which fulfils the board member reference requirements and will determine their own reasonable steps to evidence that the individual is suitable for the role. For new appointments from outside of the NHS, the Trust will seek the necessary references to validate a period of six consecutive years of continuous employment (or provide an explanation for any gaps), or training immediately prior to the application being made.

7.7 References should never be used as the sole grounds for assessing an applicant's suitability for a post. Where negative issues are included in a reference, information should be carefully considered and weighed up against the wider range of evidence gathered as part of the recruitment process. The Trust will aim to investigate negative information by sensitively raising it with the individual concerned, giving them the opportunity to explain the situation in more detail and where appropriate, give them a chance to outline any learning from past mistakes or experiences to obtain the necessary assurances about their suitability for a role. If a reference reveals something which is incompatible with the requirements of Regulation 5 of the Regulations, the individual should not be appointed to the role.

7.8 The Trusts will obtain references before the start of the board member's appointment. When requesting the reference the Trust will make it clear that this is being requested in relation to a person being appointed to the role of board member, or for other purposes linked to the board member's current employment.

7.9 References are not required for Non-Executive Director reappointments, i.e. where NHSE have agreed an extension for a further term of office, however NHSE will carry out the required online FPP checks, and obtain a new signed self-attestation form prior to confirming reappointment.

7.10 When a board member leaves the Trust, or a reference request is received for an existing board member, a reference will be produced on the standardised reference form and shared with the individual for full transparency. The reference will be produced irrespective of whether the individual plans to take up further employment within the NHS.

8. Electronic Staff Record (ESR)

8.1 ESR will hold information about each board member in line with the criteria detailed below. NHS England will use its network of regional directors in a direct oversight role to ensure that individual NHS organisations (within the designated regions) are completing their FPPT, via annual submissions to the NHS England regional directors.

8.2 The CQC in its regulatory role may determine that reviews are required over the data integrity and controls that a particular NHS organisation has in relation to the records held in ESR.

8.3 There should be limited access to ESR and it has been determined that the following individuals have access to the FPPT fields in ESR:

- Chair
- Chief executive officer (CEO)
- Senior independent director (SID)
- Director of Corporate Affairs
- Head of Corporate Governance

- Director of People
- Head of HR- Corporate Service
- HR Hub Team Manager (ESR)

8.4 The ESR FPPT data fields need to be maintained to ensure information about the serving board member is current. This will mean that ESR is specifically updated for:

- All board members within the Trust
- New board members who have been appointed
- Whenever there has been a relevant change to one of the fields of FPPT information held in ESR
- Updates for annual completion of the full FPPT
- Annual completion of FPPT confirmed by chairs.

8.5 It is the responsibility of each the Trust to ensure that ESR remains current and is updated for relevant changes in a timely manner. As a minimum it is expected the Trust will undertake an annual review to verify that ESR is appropriately maintained. The Chair will be accountable for ensuring that the information in ESR is up to date.

8.6 A separate guidance document is in place to outline the process for collating the relevant information in an accurate, complete, and timely manner for updating and maintaining ESR. The document also outlines the process for individuals to access and exercise their rights in connection with the information held about them, in accordance with the requirements of data protection law.

8.7 **Information held in ESR**

8.7.1 The information that ESR will hold about board members is detailed below and also summarised in the FPPT checklist. The FPPT assessment on initial appointment of a board member will cover all points mentioned below:

- First name*
- Second name/surname*
- Organisation* (that is, current employer)
- Staff group*
- Job title* (that is, current job description)
- Occupation code*
- Position title*
- Employment history:*
- Training and development
- References*
- Last appraisal and date
- Disciplinary
- Any ongoing and discontinued investigations relating to Disciplinary/ Grievance/Whistleblowing/Employee behaviour should also be recorded.
- Type of DBS disclosed*
- Date DBS received*
- Disqualified directors register check
- Date of medical clearance* (including confirmation of fitness)
- Date of professional register check
- Insolvency check
- Self-attestation form signed
- Social media check
- Employment tribunal judgement check
- Disqualification from being a charity trustee check

- Board member reference*
- Sign-off by chair/CEO.

8.7.2 The annual FPPT requires an NHS organisation to validate all fields above – except for fields marked with an asterisk (*). These do not require validation as part of the annual FPPT unless a specific reason arises. However, these fields should still be updated in the event of a change to the information held.

8.7.3 While not requiring annual validation, DBS checks will be done on a three-year cycle for all Board members.

7. Responsibilities

7.1 **People Directorate –** It is the responsibility of the HR Hub to undertake all the recruitment checks for Executive Directors, Deputy Directors and Associate Directors, including the pre-employment checks and including the checks under the regulations. These checks are undertaken for all permanent and interim positions as well as acting up arrangements.

Once all checks are complete, the HR Hub will liaise with the recruiting manager from the HR team and send a copy of the following documents to the Corporate Governance team to retain:

- Fit and Proper Persons Self attestation Form
- Fit and Proper Person Test Checklist – New Applicants Check list
- Signed and dates copies of documents to support the checks

The recruiting manager from the HR team will ensure that the Fit and Proper Person Test Checklist – New Applicants Check list is completed. Once the recruitment checks have been completed, the Chair of the appointment panel will be asked to sign the checklist to confirm that they are satisfied that the checks meet the requirements. Following this hard copies of the recruitment documents and the checklist will be set to the Chair to review and with a request to sign off confirming assurance that the checks are complete. All documentation will be handed to the Corporate Governance Team to retain place on the personal file.

Electronic copies of the checks will also be retained on the Trust's electronic personal files. This will ensure that a soft copy of the information is retained in the case of the files held at headquarters being destroyed e.g. through a fire or flood.

The People Directorate are also responsible for adding in the results from the annual self attestation onto ESR.

In addition, the People Directorate will also take responsibility for the annual audit of the Board files to seek assurance that there is clear evidence to support the FPPT process.

7.2 **Corporate Governance Team –** To take responsibility for setting up personal files for all Executive, Non-Executive, Deputy Directors and Associate Directors. The file will contain copies of the recruitment documents as detailed above in section 4. In addition, the Corporate Governance team will also ensure that the files contain the annual Fit and proper Person Regulation declaration form undertaken as part of the appraisal process. The Head of Corporate Governance will work with the People Directorate to ensure that the collating of the FPPT information is accurately inputted onto ESR. In additional, the annual submission of the Trust FPPT self-attestation will be managed by the Head of Corporate Governance.

8. Assurance

8.1 The Chair is the responsible officer for ensuring compliance of Board members to the FPPT requirements.

A summary of compliance to the regulations for both new starters and existing post holders will appear in the Trust's annual report.

9. Monitoring of Compliance

9.1 The Director of People is responsible for monitoring overall compliance with this procedure.

Appendix 1

FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First name	✓	✓	✓	x – unless change	✓	✓	Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / Inter-Authority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Second name/surname	✓	✓	✓	x – unless change	✓	✓		
Organisation (ie current employer)	✓	x	✓	N/A	✓	✓		
Staff group	✓	x	✓	x – unless change	✓	✓		
Job title Current Job Description	✓	✓	✓	x – unless change	✓	✓		
Occupation code	✓	x	✓	x – unless change	✓	✓		
Position title	✓	x	✓	x – unless change	✓	✓		

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Employment history Including: • job titles • organisations/ departments • dates and role descriptions • gaps in employment	✓	x	✓	x	✓	✓	Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Training and development	✓	✓	✓	✓	✓	*	Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification. Annually updated records of training and development completed/ongoing progress.	* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration. At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be. Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.
References Available references from previous employers	✓	✓	✓	x	✓	✓	Recruitment process	Including references where the individual resigned or retired from a previous role

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Last appraisal and date	✓	✓	✓	✓	✓	*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.
Disciplinary findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement	✓	✓	✓	✓	✓	✓	Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.
Grievance against the board member	✓	✓	✓	✓	✓	✓		
Whistleblowing claim(s) against the board member	✓	✓	✓	✓	✓	✓		
Behaviour not in accordance with organisational values and behaviours or related local policies	✓	✓	✓	✓	✓	✓		

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Type of DBS disclosed	✓	✓	✓	✓	✓	✓	ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.
Date DBS received	✓	✓	✓	✓	✓	✓	ESR	
Date of medical clearance* (including confirmation of OHA)	✓	x	✓	x – unless change	✓	✓	Local arrangements	
Date of professional register check (eg membership of professional bodies)	✓	x	✓	✓	✓	x	Eg NMC, GMC, accountancy bodies.	
Insolvency check	✓	✓	✓	✓	✓	✓	Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.
Disqualified Directors Register check	✓	✓	✓	✓	✓	✓	Companies House	
Disqualification from being a charity trustee check	✓	✓	✓	✓	✓	✓	Charities Commission	

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Employment Tribunal Judgement check	✓	✓	✓	✓	✓	✓	Employment Tribunal Decisions	
Social media check	✓	✓	✓	✓	✓	✓	Various – Google, Facebook, Instagram, etc.	
Self-attestation form signed	✓	✓	✓	✓	✓	✓	Template self-attestation form	
Sign-off by Chair/CEO	✓	x	✓	✓	✓	✓	ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other templates to be completed								
Board Member Reference	✓	✓	x	x	✓	✓	Template BMR	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday, whichever latest.
Letter of Confirmation	x	✓	✓	✓	✓	✓	Template	For joint appointments only -
Annual Submission Form	x	✓	✓	✓	✓	✓	Template	Annual summary to Regional Director -
Privacy Notice	x	✓	x	x	✓	✓	Template	Board members should be made aware of the proposed use of their data for FPPT.
Settlement Agreements	x	✓	✓	✓	✓	✓	Board member reference at recruitment and any other information that comes to light on an ongoing basis.	

Appendix 2

NHS
North West Ambulance Service
NHS Trust

FPPT self-attestation

Every board member should complete the template upon their commencement in post and thereafter annually.

I declare that I am a fit and proper person to carry out my role. I:

- am of good character
- have the qualifications, competence, skills and experience which are necessary for me to carry out my duties
- where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals
- am capable by reason of health of properly performing tasks which are intrinsic to the position
- am not prohibited from holding office (eg directors disqualification order)
- within the last five years:
  - I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more
  - been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged
  - nor is on any 'barred' list.
- have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, y must hold such registration and must have the entitlement to use any professional titles associated with this registratic Where you no longer meet the requirement to hold the registration, and if you are a healthcare professional, social worker other professional registered with a healthcare or social care regulator, you must inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above) acknowledge that it is my duty to inform the chair.

Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Signature:	
Date of last appraisal, by whom:	
Signature of board member:	
Date of signature of board member:	
For chair to complete	

Signature of chair to confirm receipt:	
Date of signature of chair:	

Appendix 3

OUR SERVICES
Urgent and Emergency Care
Patient Transport Service
NHS 111

NHS
North West
Ambulance Service
NHS Trust

Board Member Reference

This reference is to be completed for all Bard members who resign from their position as a member of the Board. This must still be completed by the direct line manager, even if the individual has no plans to take up a Board position in the NHS in the future.

A copy will be retained by the Trusts for future reference and will also be shared with the individual named on the reference for transparency.

Board Member Reference request for NHS Applicants: To be used only AFTER a conditional offer of appointment has been made. Information provided in this reference reflects the most up to date information available at the time the request was fulfilled.	
1. Name of the applicant	
2. National Insurance number or date of birth	
3. Please confirm employment start and termination dates in each previous role	

4. Please confirm the applicant's current/most recent job title and essential job functions (if possible, please attach the Job Description or Person Specification as Appendix A): *(This is for Executive Director board positions only, for a Non-Executive Director, please just confirm current job title)*		
Job description attached		
5. Please confirm Applicant remuneration in current role (*this question only applies to Executive Director board positions applied for)*	**Starting:**	**Current:**
6. Please confirm all Learning and Development undertaken during employment: *(this question only applies to Executive Director board positions applied for)*		
7. How many days absence (other than annual leave) has the applicant had over the last two years of their employment, and in how many episodes? ***(only applicable if being requested after a conditional offer of employment)***	Days Absent:	Absence Episodes:

8. Confirmation of reason for leaving:		
9. Please provide details of when you last completed a check with the Disclosure and Barring Service (DBS) (This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)		
Date DBS check was last completed. **Please indicate the level of DBS check undertaken (basic/standard/enhanced without barred list/or enhanced with barred list)** **If an enhanced with barred list check was undertaken, please indicate which barred list this applies to**	**Date:** **Level:** Enhanced Adults □ Children □ Both □	
10. Did the check return any information that required further investigation?	Yes □	No □
If yes, please provide a summary of any follow up actions that need to/are still being actioned:		

11. Please confirm if all annual appraisals have been undertaken and completed (This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)	Yes □	No □
Please provide a summary of the outcome and actions to be undertaken for the last 3 appraisals:		
12. Is there any relevant information regarding any outstanding, upheld or discontinued complaint(s) or other matters tantamount to gross misconduct or serious misconduct or mismanagement including grievances or complaint(s) under any of the Trust's policies and procedures (for example under the Trust's Equal Opportunities Policy)? (For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)	Yes □	No □
If yes, please provide a summary of the position and **(where relevant)** any findings and any remedial actions and resolution of those actions:		

13. Is there any outstanding, upheld or discontinued disciplinary action under the Trust's Disciplinary Procedures including the issue of a formal written warning, disciplinary suspension, or dismissal tantamount to gross or serious misconduct that can include but not be limited to: • **Criminal convictions for offences leading to a sentence of imprisonment or incompatible with service in the NHS** • **Dishonesty** • **Bullying** • **Discrimination, harassment, or victimisation** • **Sexual harassment** • **Suppression of speaking up** • **Accumulative misconduct** (For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)	Yes □	No □
If yes, please provide a summary of the position and **(where relevant)** any findings and any remedial actions and resolution of those actions:		

14. Please provide any further information and concerns about the applicant's fitness and propriety, not previously covered, relevant to the Fit and Proper Person Test to fulfil the role as a director, be it executive or non-executive. Alternatively state Not Applicable. (Please visit links below for the CQC definition of good characteristics as a reference point) (7)(12)

Regulation 5: Fit and proper persons: directors - Care Quality Commission (cqc.org.uk)

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk)

15. The facts and dates referred to in the answers above have been provided in good faith and are correct and true to the best of our knowledge and belief.

Referee name (please print):

Signature: ……

Referee Position Held:

Email address:

Telephone number:

Date:

Data Protection:

This form contains personal data as defined by the Data Protection Act 2018 and UK implementation of the General Data Protection Regulation). This data has been requested by the Human Resources/ Workforce Department for the purpose of recruitment and compliance with the Fit and Proper Person requirements applicable to healthcare bodies. It must not be used for any incompatible purposes. The Human Resources/Workforce Department must protect any information disclosed within this form and ensure that it is not passed to anyone who is not authorised to have this information.

Appendix 4

FPPT NEW STARTER CHECKLIST

First Name	
Surname	
Position Applied for	
Start date in post	
Job title Current Job Description	
Organisation (current employer)	
Staff group	

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Verification of ID as per the right to work checklist NHS employment standards					Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / Inter-Authority Transfer/ NHS

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Confirmation of any restrictions on right to work in UK – *if applicable* Verification of Identification and Right to Work					Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Confirm documents seen and that copies have been taken and Verified Please list documents seen:					
Original certificates seen, copied and verified for mandatory qualifications Please list documents seen:					
Employment history – 6 years and covering at least two roles					Including: • job titles • organisations/ departments • dates and role descriptions gaps in employment

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Training and development					Relevant training and development from the application and recruitment process; to meet the requirements of the role as set out in the person specification
References Available references from previous employers					
Last appraisal and date					
Disciplinary findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement					Reference request
Grievance against the board member					
Whistleblowing claim(s) against the board member					

FPPT Area	Received	Comments / Date received	Record in ESR	Local evidence folder	Notes / source of information
Behaviour not in accordance with organisational values and behaviours or related local policies					
Type of DBS disclosed		ESR and DBS response.			
Date DBS received		ESR			
Date of medical clearance* (including confirmation of OHA)		OH Fit slip			
Date of professional register check (eg membership of professional bodies)		Eg NMC, GMC, accountancy bodies.			
Insolvency check					Screenshot of check retained as local evidence of check completed. Bankruptcy and Insolvency register Companies House Charities Commission Employment Tribunal Decisions
Disqualified Directors Register check					
Disqualification from being a charity trustee check					
Employment Tribunal Judgement check					
Social media check					
Self-attestation form signed					

Confirmation of checks

Representative from HR Team	
Name	
Signature	
Date	
Chair of appointments panel	
Name	
Signature	
Date	
Chair of the Trust	
Name	
Signature	
Date	

EQUALITY IMPACT & RISK ASSESSMENT SCREENING TOOL (STAGE 1)
Policies, Procedures and Strategies

Directorate:	**Team:**
People Directorate	Coporate HR Team
Name of policy/procedure or strategy:	**EIA lead/author:**
Procedure on Fit and Proper Persons Requirements	Vickie Camfied - head of HR - Corporate Services
Date of completion:	**Date of review:**
20/11/2023	20/11/2023

Brief overview of the proposals (policy/procedure or strategy) being assessed, and intended outcomes	**The Procedure on Fit and Proper Persons Requirements has been reviewed following the introduction of the FPPT Framework, effective from 30 September 2023. The procedure was first introduced in 2014 following the introduction of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulations 5: Fit and Proper Persons Requirement. The regulation sets out to ensure that those individuals covered by the scope of the procedure are fit and proper to carry out their role.** **The procedure applies to all Board Members of NHS organisations. For clarity, the procedure confirms that 'board member' is used to refer to:** **•Executive directors, irrespective of voting rights**

QUESTION No.	EQUALITY IMPACT	Enter Y or N	Rationale *If you have indicated 'yes' for any questions, please briefly explain*
1	**Is this a new policy/procedure or strategy?**	N	
2	**Is the policy/procedure or strategy proposing significant changes to current ways of working?**	N	
3	**Does the policy/procedure or strategy relate to service users?**	N	
4	**Does the policy/procedure or strategy relate to NWAS staff? If so, please outline which staff groups**	Y	The applies to all Board members.
5	**Does the policy/procedure or strategy have an impact on the way service users access NWAS services?**	N	
6	**Does the policy/procedure or strategy impact on the ways of working for staff?**	N	
7	**Can you foresee a negative impact(s) on any Protected Characteristic Group(s), or inclusion health groups?** If YES please state which ones and what the impacts could be.	N	*More information about these groups is on the 'Guidance' tab* The procedure is already in place and the changes relate to national requirements to ensure the ongoing fitness of the Board
	EQUALITY RISK	**Enter Y or N**	**Rationale** ***If you have indicated 'yes' for any questions, please briefly explain***
8	**Have you collated and reviewed any data relating to the impact of the proposals on patients/staff?** If YES, please list any relevant data/documents.	Y	The procedure relates to all Board members and data on the Board is already held.
9	**Have you taken specialist advice? (Legal, ED&I Team, etc).** If YES, please explain.	Y	Advice sought from NHSE.
10	**Have you considered whether the proposals contravene the Public Sector Equality Duty?** Please provide a rationale.	Y	The procedure has been reviewed and does not impact on the PSE Duty.
11	**Can you mitigate or minimise any potential negative effects Protected Characteristic groups?** Please state how.	Y	The procedure seeks to support all staff groups and there are no indications of negative impact on protected characteristic group.
12	**Have you identified stakeholders (patient/carer/staff groups) to engage with on the proposals?** Please indicate which stakeholders have been identified	N	
13	**Have you already undertaken engagement with stakeholders, or are planning to do so?** Please explain	Y	All Board member have been made aware of the changes that have been introduced through the framework.
	HUMAN RIGHTS IMPACT		**Rationale**
18	**Do the proposals potentially adversely impact the human rights of the patients, carers or staff? If so, please provide an explanation**		No impact.
	Human Rights: **A2 Right to Life** **A3 Prohibition of torture, inhuman or degrading treatment** **A4 Prohibition of slavery and forced labour** **A5 Right to liberty and security** **A6 Right to a fair trial** **A7 No punishment without law** **A8 Right to respect for private and family life** **A9 Freedom of thought, conscience and religion** **A10 Freedom of expression** **A11 Freedom of assembly and association** **A14 Prohibition of discrimination** **P1A2 Right to education**		
	Are you intending on proceeding to complete a Stage 2 EIA? ***If no, please provide a rationale***		It has been determined that Stage 2 of the EIA process is note required. The procedure seeks to ensure that no protected characteristic group is negatively impacted. All individuals covered by the regulations are required to highlight to the Trust as soon as possible any reasons or changes in their circumstances that may mean they no longer meet the regulations. This requirement is also detailed in the contract of employment for the posts covered by the Regulations.

Please send this completed EIA Screening Tool to the Equality, Diversity & Inclusion Team for review: inclusion.workforce@nwas.nhs.uk

Comments from the ED&I Team			
Reviewed by:		**Date**	

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Audit Committee			
Date of Meeting:	20th October 2023	**Chair:**	David Rawsthorn
Quorate:	Yes	**Executive Lead:**	Mrs C Wood, Director of Finance Mrs A Wetton, Director of Corporate Affairs
Members Present:	Dr 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:**	
In attendance:	Mrs M Brooks, Deputy Director of Finance (Deputising for Director of Finance)		
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 report from the meeting held on 24th July 2023.	Noted the assurances provided.	
Clinical Audit Q1 Update 2023/24	The Clinical Audit Q1 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 10th October 2023.	Noted the assurances provided. Committee to receive a report to the next meeting relating to the Registration Authority.	
Critical and High Risk Recommendations	MIAA continue to follow up recommendations as follows: • Blue Light Vehicles (Section 248a Exemptions) – one high risk action with a revised implementation date of January 2024.	Noted the update provided.	
Internal Audit Progress Report Q2 2023/24	The Committee noted the assurance review completed within Q2: Key Financial Transactional Controls – High Assurance	Noted the assurances provided.	
Internal Audit Follow Up	The Committee noted the good progress within the reporting period and that 5 recommendations were completed during the period.	Noted the assurance provided.	
Anti-Fraud Progress Report Q2 2023/24	The Anti-Fraud Progress Report 2023/24 detailed the work completed by the Trust's Anti-Fraud Specialist (AFS) during the period 1st July 2023 to 30th September 2023.	Noted the assurance provided.	
External Audit Progress Report and Technical Update	Progress report received detailing the timeline for the preparation of the 2023/24 audit.	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

Board Assurance Framework Q2 2023/24	The Committee received the proposed Q2 position of the BAF prior to submission to the Board of Directors for approval on 29th November 2023. Committee members considered the report within the context of their role as Audit Committee.	Noted the assurances provided.	
Annual Risk Management Report 2022/23	The Committee received a report that provided assurance on the adequacy and effectiveness of the risk management arrangements in place throughout 2022/23, together with progress against the Risk Management Strategy during 2022/23.	Noted the assurance provided.	
Losses and Compensation Report	Losses and compensation for Q2 2023/24 financial year totalled £483k.	Noted the assurance provided.	
Waiver of Standing Orders Q2 2023/24	A total of ten waivers were approved during Q2 2023/24. The Committee noted the high number of waivers related to poor planning leading to services procured outside normal procurement processes.	Noted the assurances provided.	
MIAA 2023/24 Checklist Series – Fit and Proper Persons Test	The Committee received a report in response to MIAA's latest checklist relating to the new framework for Fit and Proper Persons Test (FTTP) effective 30th September 2023 and the Trust's preparedness to adopt the new framework. Assurance was received that current processes and procedures were in place to meet the requirements. The FTTP Procedure was under review to reflect the new framework and would be submitted to the Board on 29th November 2023 for approval.	Noted the assurance provided.	

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

North West Ambulance Service NHS Trust

Chairs Assurance Report – Resources Committee	The Committee received the reports from the meetings held on 21st July 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

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REPORT TO BOARD OF DIRECTORS

DATE:	29th November 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 November 2023 shows performance on Quality, Effectiveness and Operational Performance during **October 2023** unless otherwise stated. Comments are made by exception for assurance purposes.

QUALITY

Incidents and complaints: The number of reported incidents and complaints is stable. The focus remains on improving closure within the agreed timeframes, duty of candour and ensuring the Datix reporting system is used optimally to track incidents to closure by operational staff. The primary reason for reporting incidents changed from care and treatment, to delays for the first time since December 2022.

Serious Incidents: October is the first month operating under Patient Safety Incident Response Framework (PSIRF). There were 4 patient safety incidents meeting NWAS Local Priority under PSIRF, resulting in a Patient Safety Incident Investigation (PSII). A further patient safety incident met a National Requirement under PSIRF, which was referred to the Child Death Overview Panel (CDOP).

Safety Alerts: No new applicable safety alerts have been received. One alert is open, relating to medical beds and rails, scheduled to be actioned within timeframe.

EFFECTIVENESS

Patient Experience: Patient satisfaction scores remain high at 88%, 91% and 91% for PES, 111 and PTS respectively. Topics highlighted in the commentary relate to vulnerable patient needs not being met, whereas positive themes relate to professional and caring staff.

Activity and Outcomes: Incident volume (n=94,304) remains stable, GM Central, GM South, and Mersey North are the busiest sectors.

Hear and Treat (H&T), See and Treat (S&T) and See and Convey (S&C): H&T rate was 14.1% and S&T rate was 28.1%. Total non-conveyance was 42%. Nationally, the trust ranked 4th for H&T, 8th for S&C and 10th for S&T.

OPERATIONAL PERFORMANCE

999 Calls and Call Pick Up (CPU): Call volume is stable. We are performing well against the UEC CPU recovery target (10 seconds) with a mean of 2 seconds.

999 Ambulance Response Programme (ARP):

Measure	Standard (hh:mm:ss)	Oct 23 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:08:19	3rd
C1 90th	00:15:00	00:14:06	3rd
C2 mean	00:18:00	00:32:12	3rd
C2 90th	00:40:00	01:06:54	3rd
C3 mean	01:00:00	02:44:56	8th
C3 90th	02:00:00	06:28:50	6th
C4 90th	03:00:00	05:49:48	5th

ARP standards were met for C1 90th. C2 mean was 32 minutes, above the UEC recovery standard of 30 minutes. C1 and C2 performance is stable compared to last year and C2 year-to-date position is within UEC 30 min recovery target (26:49). National rankings place NWAS in a positive position.

999 C1 and C2 Long Waits: C2 long waits remain significantly lower than October 2022 (n=18,870) at 6,758 with the majority of these waits less than 2 hours. The increase in delays is likely to be linked to increasing turnaround times and is variable between geographies.

Average hospital turnaround time: Average turnaround time was 43:51 minutes in October, an increase of 7 minutes from the previous IPR reporting period (Aug 23 = 36:21).

111: n=194,120 calls were received, an expected increase as winter pressures approach**.** Performance remains challenged.

Measure	Standard	Oct 23	National ranking
Answered within 60s	95%	47.7%	36th /37
Average time to answer	--	5m 04s	--
Abandoned calls	<5%	13.54%	34th /37
Call-back within 20 min	90%	19.65%	--
Average call back	--	48m 34s	--
Warm transfer to nurse	75%	13.85%	--

PTS: Two contracts (Cumbria and Lancashire) are significantly below baseline activity for both planned and unplanned activity. High numbers of aborted journeys associated with unplanned activity, particularly in GM (32%), are driving a recent increase in overall aborted activity.

FINANCE

- The year-to-date expenditure on agency is £1.145m which is under the year-to-date ceiling of £2.453m.
- The trust has under spent against budget due to interest received which is not budgeted for.
- The trust is £0.08m ahead of the efficiency & productivity target and is forecasting to remain on plan by the end of the year.

ORGANISATIONAL HEALTH

Sickness: Overall absence levels are stable, although short term 'covid unfit' levels have risen from 0.15% to 0.30%.

Turnover: Staff turnover has decreased to 11.16%, now at the lower control limit. Turnover in EOC contrasts with the trend, having increased significantly over the summer.

Temporary Staffing: The position shows continuing agency usage at a similar rate to previous months equivalent to 0.5% pay bill, £152k below cap.

Vacancy Gap: The vacancy position is at -5.23%. There have been no establishment changes. PES are over established against the 22/23 baseline due to ongoing recruitment plans. Despite turnover

	issues, EOC staffing remains in a strong position. PTS and 111 remain challenging, however gaps are being managed through bank and agency working. **Appraisal:** The overall appraisal completion rate has decreased to 82.5%, below the 85% target. Work is being undertaken to develop recovery plans for the worse performing areas, PTS (77%) and 111 (76%). **Mandatory Training:** Overall compliance is ahead of the trajectory at 87%. There will be a planned pause in classroom training to support winter pressures. **HR casework:** The trust is seeing an increase in employee relations casework, mainly linked with disciplinary and grievance. **Flu campaign:** Trust vaccination rates are 31.57% with a 26.5% refusal rate.
RECOMMENDATIONS:	**The Board of Directors are requested to note:** • The numbers of complaints and Incidents rates remain stable. Long waits have emerged as the number one theme from staff incident reports. • The data for serious incidents is now displayed as a patient safety event. • H&T, S&T and S&C rates remain stable. • 999 call demand is reduced but incidents are increased. • 999 ARP Response times are delayed against ARP standards (with the exception of C1 90th) • The Trust is on track to achieve 30m C2 YTD response times, meeting the UEC (23-24) national target. • Hospital Handover time has increased by an average of 7 mins since August 2023 to 43:51 minutes. • 111 activity is increased and performance against national standards remains a significant challenge. • Financial controls are in place and on plan. • Variation can be seen in workforce metrics for sickness, turnover, vacancy gap. Controls are described in the body of the report. • Plans are in place to increase appraisal compliance.
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:	27th November 2023		
	Outcome:	Not known at time of submission		

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1. PURPOSE

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

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

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.

All quality, effectiveness and operational data have been reviewed in full by Quality and Performance Committee. Finance and Organisational Health data have been reviewed by Resources committee.

2 SUMMARY

QUALITY

Complaints: The number of complaints received is stable. Complaint closure within SLA has declined due to a focus on onboarding new staff into the complaints team.

Incidents: The primary reason for staff reporting incidents (Q2.3) changed from care and treatment, to delays for the first time since December 2022. The 5 most common themes for incidents reported in October 23 were:

- Delays (n=153)
- Call Handling (n=130)
- Violence & Aggression (n=120)
- Care and Treatment (n=111)
- Communication (n=93)

Serious Incidents: From October 2023, the organisation transitioned from the SI framework to PSIRF, affecting how incident data is captured. Patient safety events will focus on the level of harm caused to the patient rather than applying a risk score. There were 4 patient safety incidents meeting NWAS Local Priority under PSIRF, resulting in a Patient Safety Incident Investigation (PSII). A further patient safety incident met a National Requirement under PSIRF, which was referred to the Child Death Overview Panel (CDOP).

The focus remains on improving closure of complaints and incidents within the agreed timeframes, duty of candour and ensuring the Datix reporting system is used optimally to track incidents to closure by operational staff.

Safety Alerts: No new applicable safety alerts have been received. One alert is open (NatPSA/2023/010/MHRA) titled 'Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls.' The actions have been reviewed by medical devices oversight group (MDOG) and are scheduled to be completed by the required deadline of 1 March 2024.

EFFECTIVENESS

Patient experience

- PES responses (n=360) have increased for consecutive months. In terms of satisfaction, 88% of respondents identified "very good/good" as the outcome, in line with recent performance. The number of positive comments increased by 14% on the previous month (n=287 in October compared to n=251 in September).
- PTS responses (n=1,151) were closely aligned with the 12-month average (n=1,147), although 15% lower than a peak in September 23 (n=1,354), with supporting comments 14% lower (n=926 and n=1083 respectively). The overall experience score for October 23 was 91%, in line with the previous month.
- As of 12 November 23, the NHS 111 service returns (n=139), are higher than the 130 returns reported for September. The percentage of patients stating they would recommend the 111 service currently sits at 91%, a 4% decrease from September 23.

Ambulance Clinical Quality Indicators (ACQI's)

Data Submission: The Trust continues to work with NHSE on the data submission from the Electronic Patient Record into Warwick University (who aggregate the national data). A data extract has been exported which demonstrated some minor errors and requires some technical fixes prior to re-submission. The team are actively working on submission of data from May 2023 onwards.

- The Stroke Care Bundle was reported in May 23 in line with the NHS England schedule, displaying improvement to 98.6% against a national mean of 97.6%.
- The STEMI Care Bundle was not reported for June in line with the NHS England schedule, therefore there has been no changes since the September 23 report. Performance for April 23 and shows improvement to 76.2% for stroke against a national average of 75.1%.

Hear & Treat (H&T), See & Treat (S&T), See & Convey (S&C)

H&T rate was 14.1% and S&T rate was 28.1%. Total non-conveyance was 42%. Nationally, the trust ranked 4th for H&T, 8th for S&C and 10th for S&T.

Hear and Treat has not increased at the rate originally anticipated at the commencement of the year. There is significant sector variation in Hear & Treat rates (highest sector 16.79% vs

lowest sector 10.95%). There are three predominant influencing factors to this: response time, CAS provision, and access to alternative care pathways.

As NWAS are now live with C2 segmentation and compliant with reporting requirements, it is anticipated that NWAS will be able to move to phase 2 of the segmentation pilot. The significant shift in phase 2 is an ability to retain a cohort of C2 patients to enable secondary triage. This is anticipated to increase H&T across winter.

See and Treat remains stable despite considerable efforts by clinicians and operational managers to educate frontline staff. In addition, geographical considerations and access to alternative care pathways are also influencing factors. Further work is being undertaken to improve S&T rates.

OPERATIONAL PERFORMANCE

PES Emergency (999) Activity

Of the emergency calls received by the trust (n=127,220) in October 2023, 74% (n=94,304) became incidents. Compared with October 2023, the trust observed a 9% decrease in calls and a 3% increase in incidents.

Duplicate calls (n=27,408) increased compared to September 23 (n=25,854) in line with demand. Incidents resulting in no outcome (n=17,982), including those cancelled or closed through signposting, also observed an increase compared to September 23 (n=17,089). Call volume, incidents and no outcomes have remained stable through the summer and Q3 period.

999 Call Pick Up

Call pick-up has continued to post strong results. Under the UEC recovery plan NWAS has committed to deliver less than 10 seconds call pick up mean for the year; NWAS' current YTD position for mean call answer is 2 seconds.

Call volume has gradually increased over the past few months, but volumes remain significantly below the previous two years. From a workforce perspective NWAS continue to recruit 999 call handlers to bolster capacity through winter. As a result, NWAS are the best performing trust for call pick up.

999 Ambulance Response (ARP) Performance

Measure	Standard (hh:mm:ss)	Oct 23 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:08:19	3rd
C1 90th	00:15:00	00:14:06	3rd
C2 mean	00:18:00	00:32:12	3rd
C2 90th	00:40:00	01:06:54	3rd
C3 mean	01:00:00	02:44:56	8th
C3 90th	02:00:00	06:28:50	6th
C4 90th	03:00:00	05:49:48	5th

For October 23, response time targets were only achieved for C1 90th. NWAS continue to perform well vs the ambulance sector (NWAS 3rd for C1 and C2 response standards). It should be noted that whilst response standards remain stable with far less variation than the same period last year, there is significant variation by operational sector. The primary influencing factor driving variation is handover delays.

Whilst the trust did not meet the UEC recovery standard of 30 minutes for C2 response times in October 2023, data points infer a stable period, and the YTD position is 26:49. NWAS continue to deliver both the UEC recovery and winter plans, including:

- Increases in operational workforce at both Paramedic and EMT level.
- Deployment of additional resources in areas most challenged.
- Increase in call handling staff within the EOCs.
- Increase in clinical and senior clinical workforce within the CHUB.
- An anticipated move to Phase 2 of C2 segmentation pilot.
- Review of alternative care pathways and see and treat variation.

999 C1 & C2 long Waits

C1 long waits (n=761) increased compared to September 23 (n=713). Throughout 2023 C1 long waits have been 7% of C1s.

C2 long waits (n=6,758) increased compared to September 23 (n=5,089). Over the previous 5 months C2 long waits have been 6% of C2s.

Hospital Handover

- Average turnaround time has worsened to 43:51 (compared to August 36:21),
- GM data is relatively stable compared to other areas. Poor performance in Cheshire and Mersey, and recently Cumbria and Lancashire, is particularly affected by three locations: Blackpool Victoria, Countess of Chester and Arrowe Park.
- During October 23, 12% of attendances (n=4,485) had a handover exceeding 1 hour, with n=2,000 of those exceeding 2 hours.

NHS 111

Measure	Standard	Oct 23	National ranking
Answered within 60s	95%	47.7%	36th /37
Average time to answer	--	5m 04s	--
Abandoned calls	<5%	13.54%	34th /37
Call-back within 20 min	90%	19.65%	--
Average call back	--	48m 34s	--
Warm transfer to nurse	75%	13.85%	--

October 23 has seen an increase in demand for 111 compared to previous months. Calls offered in October 23 (n=194,120) were higher than compared with September 23 (n=182,204). Of those calls offered 70% were answered, 13.54% abandoned and additional calls redirected via signposting. The increase in demand is against a picture of increased national support of 10%.

PTS

Trust-wide PTS activity was 11% below contract baselines; notably Cumbria and Lancashire were 24% and 27% below baselines respectively. Year to date activity is 9% below the baseline. There are high numbers of aborted journeys, which has increased in recent months, driven primarily by aborted GM unplanned activity (32%) compared with the other contracts in Cumbria, Lancashire, and Merseyside (8%, 18% and 21% respectively).

3 FINANCE

- The year-to-date expenditure on agency is £1.145m which is under the year-to-date ceiling of £2.453m.
- The trust has under spent against budget due to interest received which is not budgeted for.
- The trust is £0.08m ahead of the efficiency & productivity target and is forecasting to remain on plan by the end of the year.

4 ORGANISATIONAL HEALTH

Sickness

Absence levels displayed common cause with however, there is an increase in short term ‘covid unfit’ levels from 0.15% to 0.3%. PES sickness absence has stabilised. Absence levels remain higher in the contact centre environments with PTS seeing consecutive increases toward the upper limit.

The overall increase is consistent with trends across the ambulance sector which has shown a steady increase since May. The trust remains at the higher end of the sector average, highlighting the need for continued focus on sickness management fundamentals to maintain the improvements made earlier in the year.

Analysis shows the top reasons for absence continue to be mental health, injury, MSK/back problems with gastro-intestinal problems close behind. The Attendance Improvement Team (AIT) continues to support management of attendance and delivery of a workplan informed by regional and national best practice and in executing the 23/24 AIT Action Plan.

The UEC recovery funding will 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. Recruitment into additional posts is complete.

Turnover

Staff turnover has decreased to 11.2%. Overall, turnover appears to have peaked and has displayed a downward trend since June. Service lines are below 22/23 position except for PTS and EOC.

PTS turnover is currently at 10.7% with revised recruitment plans to deliver additional staffing in this area over the remainder of the year. Causes of increased turnover remain primarily retirement and ill health.

EOC turnover is at 19.9% and this is the only service line showing an increasing trend, signalling a change with a new phase starting in January 2023. There continues to be a focus across contact centres to support retention.

Turnover in 111 has displayed a downward (improving) trend since March 2023 to 30.9%.

PES turnover has been on a downward (improving) trend since April 2023, now at 6.8% and the best performing service line.

Service lines under pressure are those with lowest grade positions: call handling and care assistants. This is reflected in the ongoing recruitment challenges into these lower graded posts indicative of a buoyant and competitive recruitment market.

Temporary Staffing

The position temporary staffing shows continuing agency usage at a similar rate to previous months at a level equivalent to 0.5% pay bill, £152k below cap.

Vacancy

The vacancy gap is at -5.23%. Overall, the vacancy gap has narrowed with the PES and EOC position being particularly strong. PES growth has not yet been built into establishment and will be introduced in line with the recruitment plan. The challenges remain in PTS and 111 recruitment.

The 111 vacancy position is -16.37%; data points have signalled a change with a new phase starting in February 2023. The vacancy gaps are predominately in Health Advisor and Clinical Advisor roles. Whilst turnover is improving, the recruitment market is proving challenging for call handler positions. Recent changes to support improved attraction and course fill are showing early positive signs.

The PTS vacancy position at -12.89% reflects the increase turnover in staff moving from PTS to PES. Robust plans are in place to reduce the gap over the coming months, however PTS have 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.

Appraisals

The overall appraisal completion has decreased to 82.5%, slightly behind trajectory. The targets for 2023/24 are:

- Service Lines - 85%
- Corporate Directorates - 90%
- Leadership Roles Band 8a and above - 90%

PES are close to target at 83.6% and EOC are above target at 86.3%. EOC data has signalled a change with a new phase from December 2022. PTS has declined markedly to 77%, displaying special cause. Within 111, a downward trend continues below target to 76% with the latest 2 data points displaying special cause.

Revised 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

Overall compliance is ahead of the trajectory at 87%. The 2023/24 programme includes PES classroom delivery returning to two days and additional on-line learning modules in overall programmes. This includes an additional four hours allocated to all PES staff to support on-line learning completion, in response to feedback from staff, managers, and corporate colleagues.
Compliance targets for 2023/24 represent a percentage of all staff and therefore need to take account of longer-term absences from the workplace such as long-term absence and maternity i.e., 100% is not going to be achievable in any one year.

Case Management

The trust is seeing an increase in employee relations casework (n=126), mainly linked with disciplinary, fact finding and grievance matters. Trends in case types are monitored and inform preventative work such as sexual safety. PES continues to show the highest levels of live open cases and cases closed within the last 12 months, however has the best performance as a rate of staff members. Overall timescales remain on average below 12 weeks.

Flu campaign

- NWAS Flu campaign commenced in late September.
- Overall vaccination rates are 31.57% with a 26.5% refusal rate.
- Frontline rates are PES at 34.72% and PTS at 30.96%.
- Contact centre progress is EOC at 21.66% and 111 at 30.74%.

The programme continues through to February. Refusal rates are running at a similar rate to last year and consideration is being given to further opportunities to engage with this group. Covid vaccinations are not delivered internally therefore we only see data from a regional return which is indicates current uptake of below 10%.

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

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.

6 EQUALITY OR SUSTAINABILITY IMPACTS

A review of data against protected characteristics is being undertaken by the Diversity and Inclusion sub-committee to understand and improve patient experience. Formerly, patient experience data was presented demographically, however challenges in reporting ethnicity preclude our ability to draw conclusions from the data. An initiative to address this is ongoing and reports to the Diversity and Inclusion sub-committee.

A focus on increasing Hear & Treat and See & Treat outcomes supports the trust's sustainability goals

7 RECOMMENDATIONS

The Board of Directors are requested to note:

- The numbers of complaints and Incidents rates remain stable. Long waits have emerged as the number one theme from staff incident reports.
- The data for serious incidents is now displayed as a patient safety event.
- H&T, S&T and S&C rates remain stable.
- 999 call demand is reduced but incidents are increased.
- 999 ARP Response times are delayed against ARP standards (with the exception of C1 90th)
- The Trust is on track to achieve 30m C2 YTD response times, meeting the UEC (23-24) national target.
- Hospital Handover time has increased by an average of 7 mins since August 2023 to 43:51 minutes.
- 111 activity is increased and performance against national standards remains a significant challenge.
- Financial controls are in place and on plan.
- Variation can be seen in workforce metrics for sickness, turnover, vacancy gap. Controls are described in the body of the report.
- Plans are in place to increase appraisal compliance.

North West Ambulance Service NHS Trust

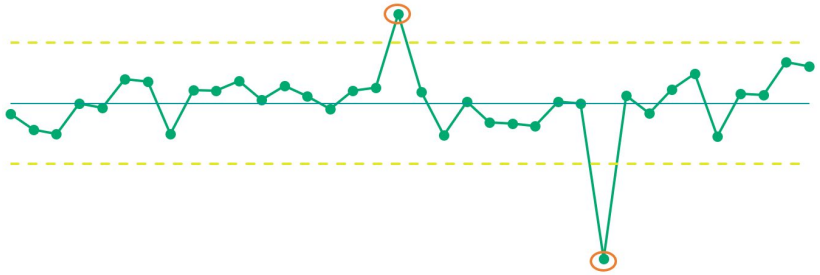
Integrated Performance Report

Board - November 2023

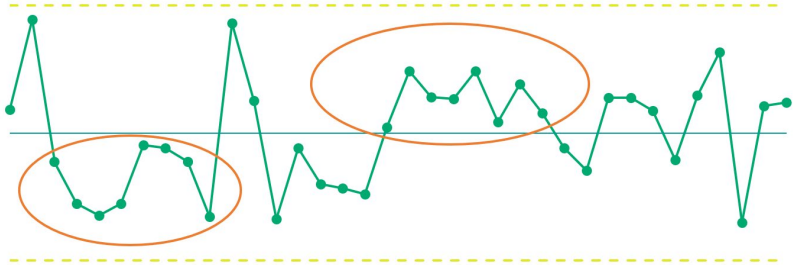
Rules for interpreting SPC Charts

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

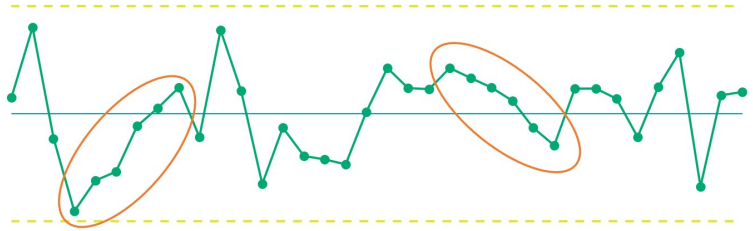
Rule 1: Single data point outside the control limits



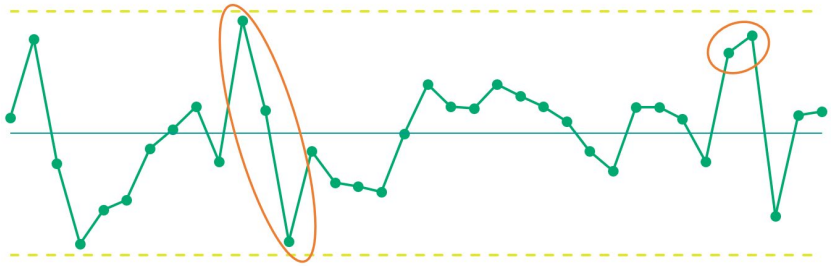
Rule 2: 8 or more consecutive data points above or below the centre line



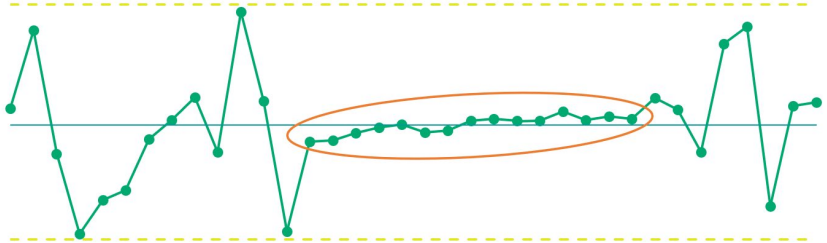
Rule 3: A trend of at least six consecutive points (up or down)



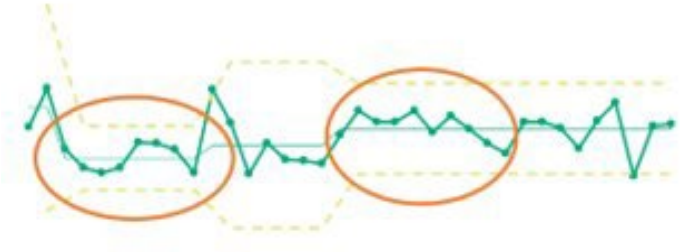
Rule 4: 2 out of 3 consecutive data points near a control limit (outer third)



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

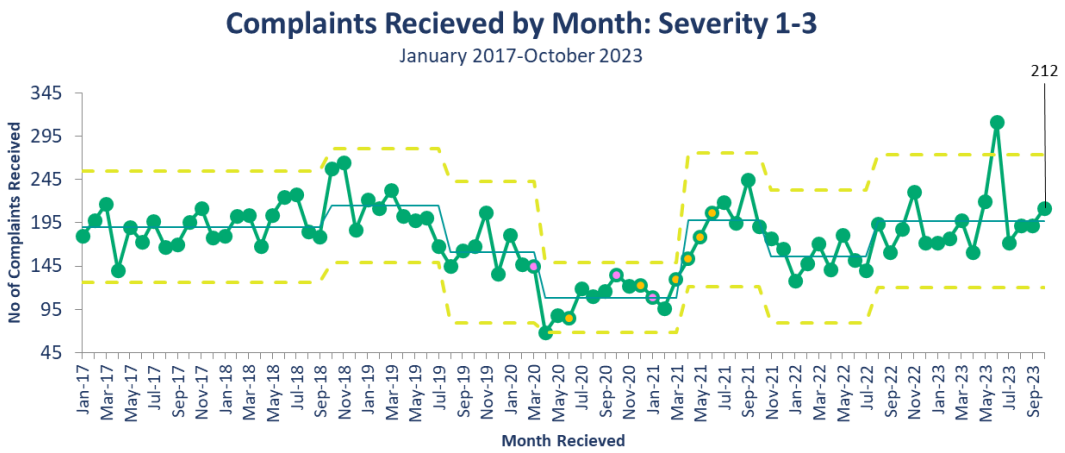


Figure Q1.2

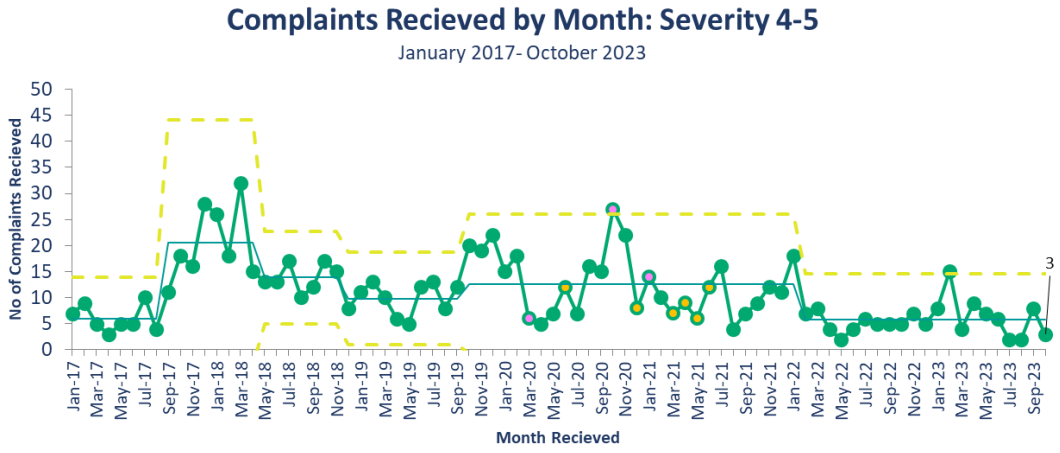


Figure Q1.3

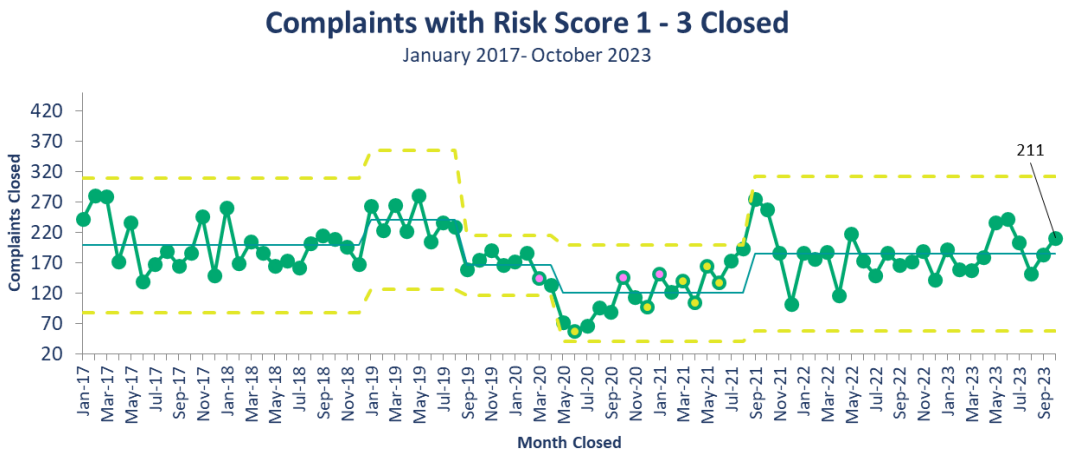


Figure Q1.4

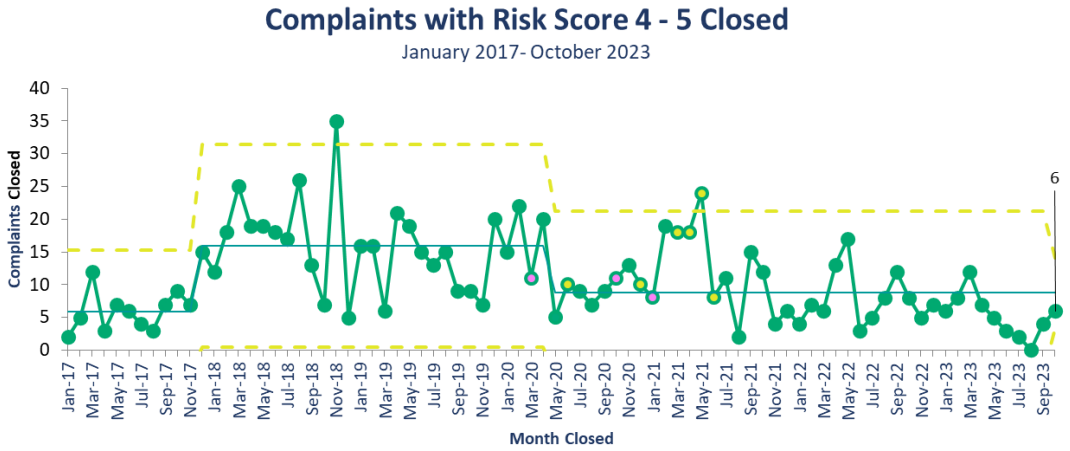


Figure Q1.5

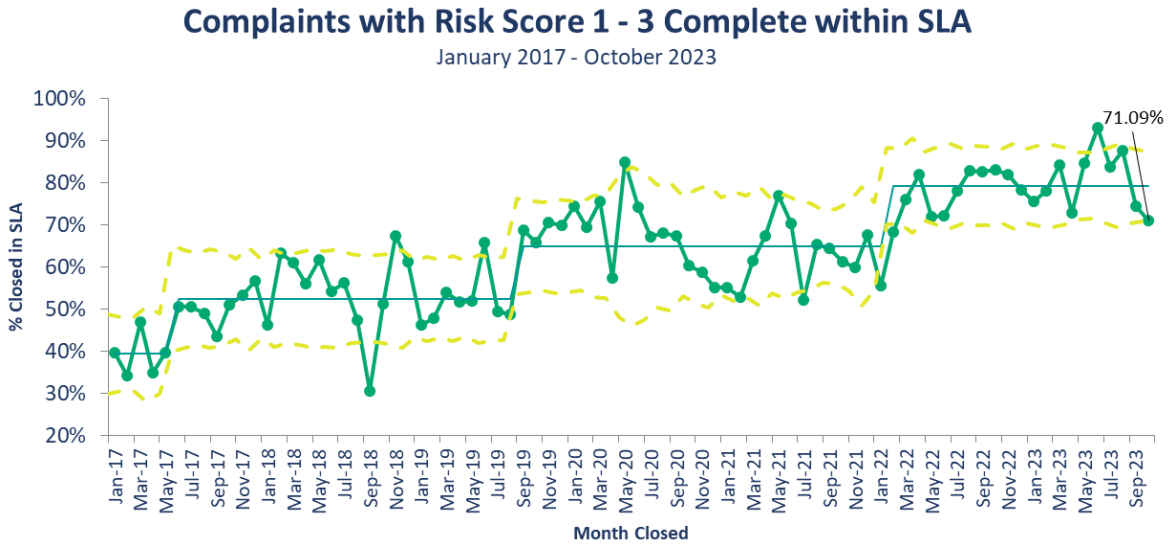
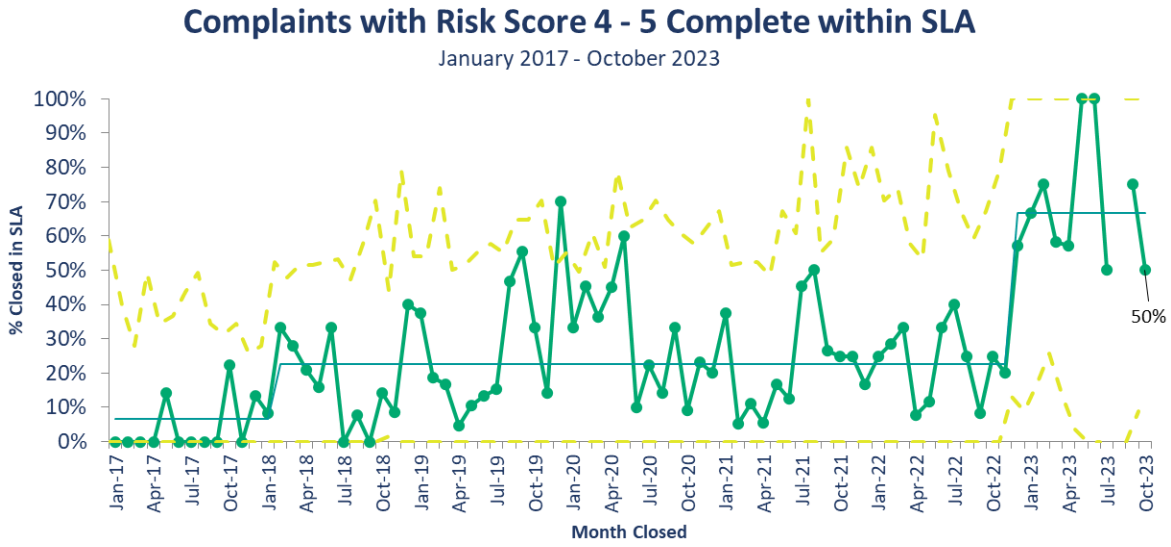


Figure Q1.6



Q2 Incidents

Figure Q2.1

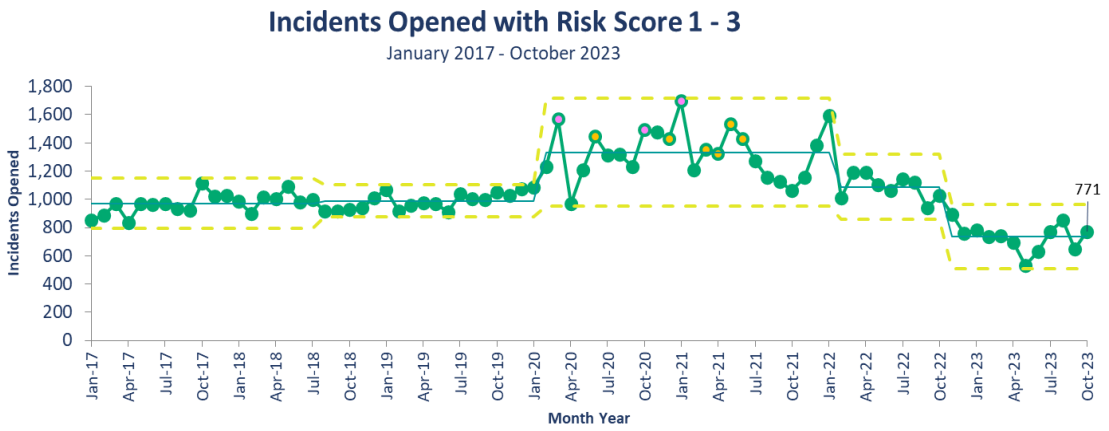


Figure Q2.2

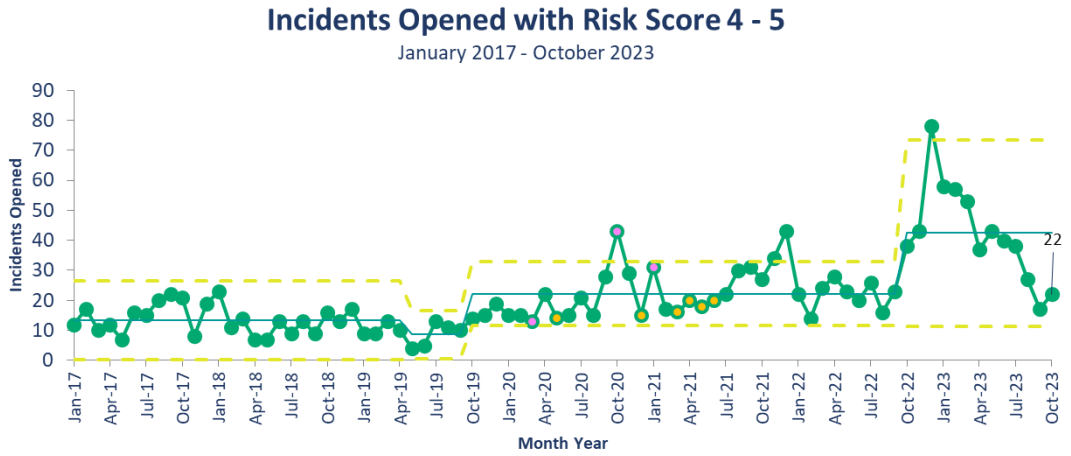


Figure Q2.3

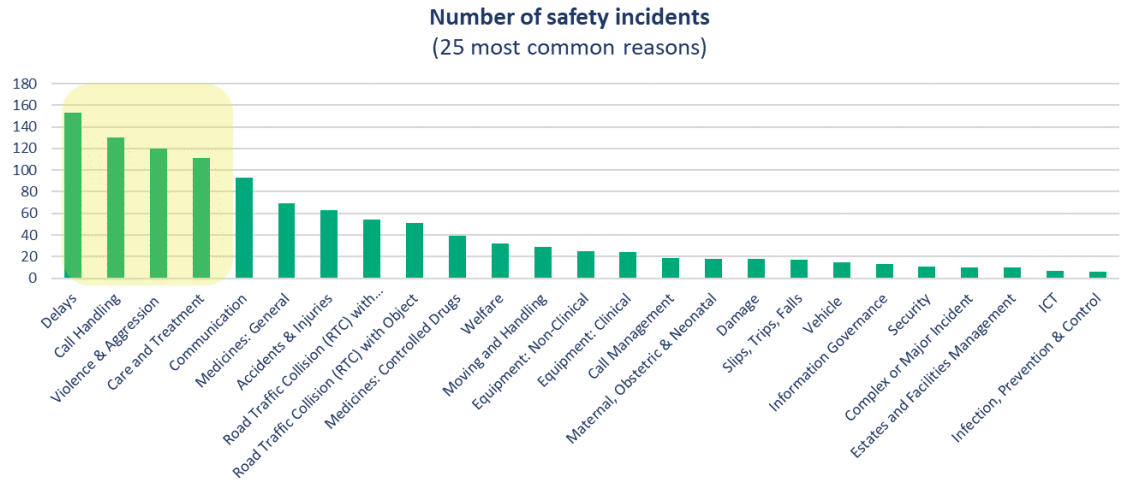


Figure Q2.4

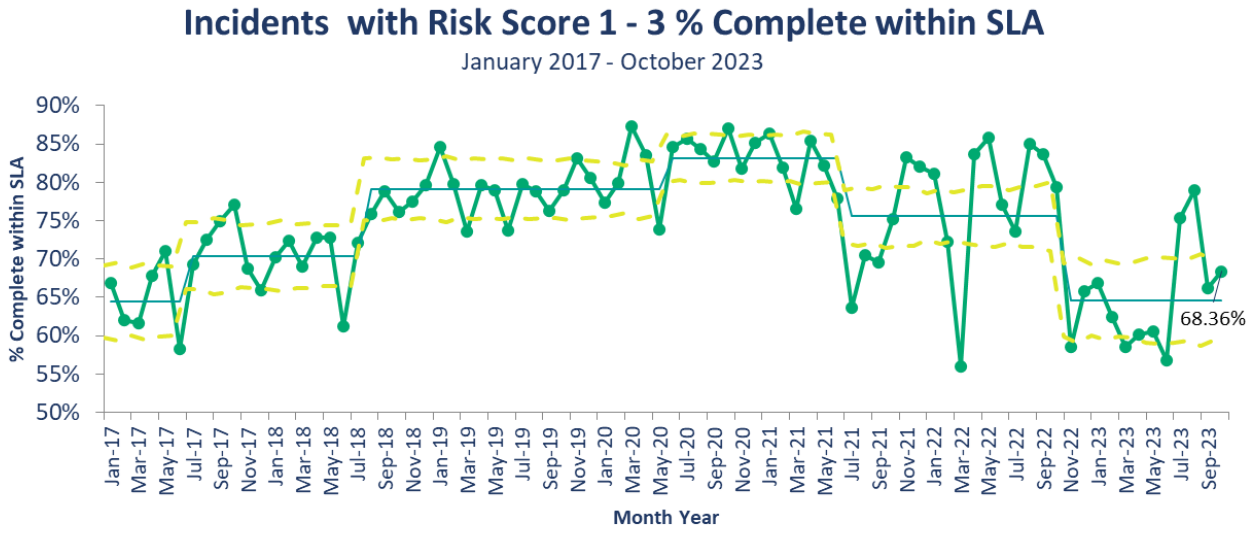
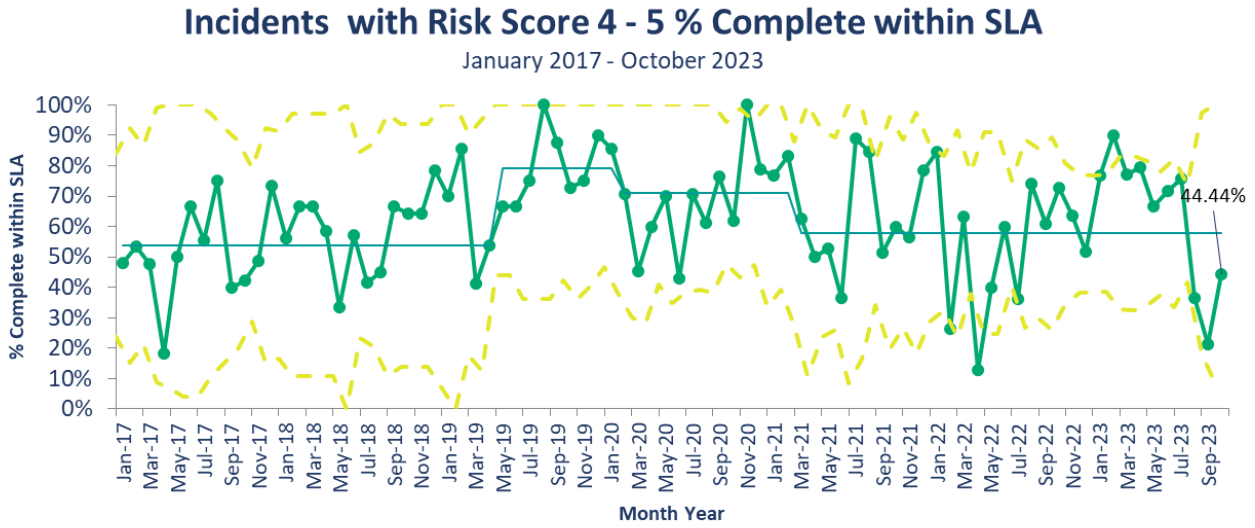


Figure Q2.5



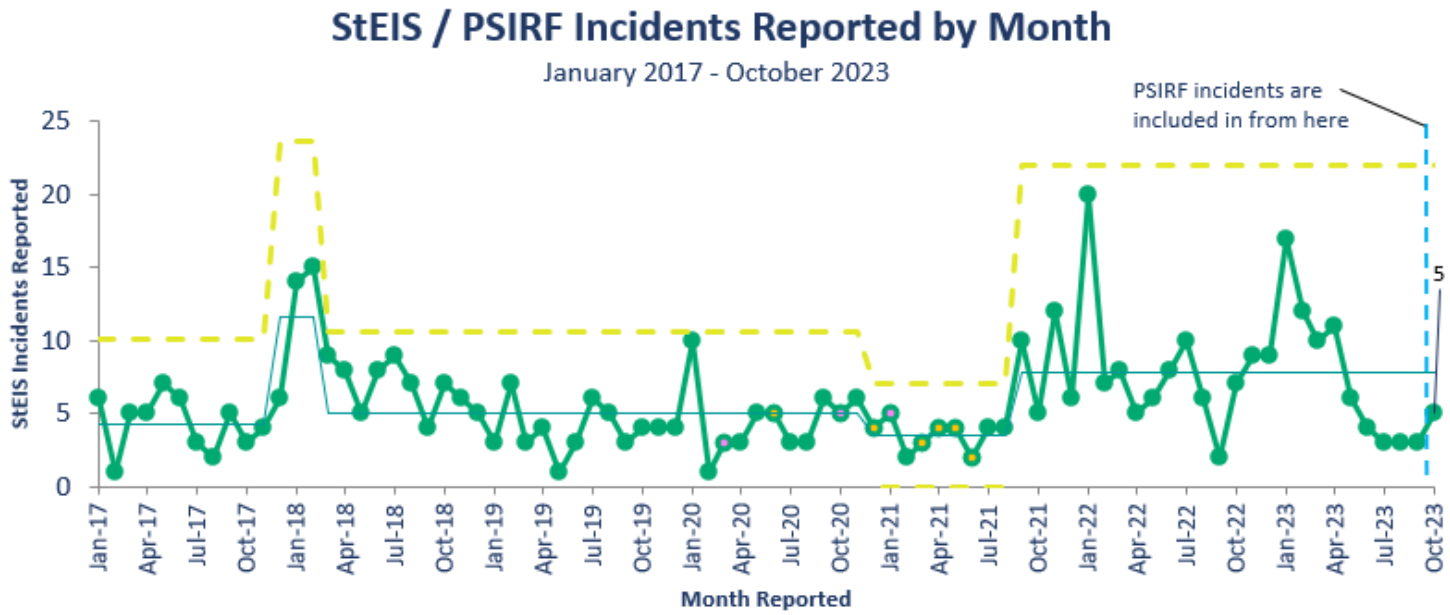
SLAs are calculated using the following measures/targets.

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 (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
CAS Helpdesk Team	2	1	0	CHT/2023/002 - Management of national patient safety alerts. Issued 22/3/23. Deadline 11/4/23. NWAS have updated health notifications procedure. **Action Complete.**

Safety Alerts	Number of Alerts Received (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
National Patient Safety Alert – NHS England	1	1	0	NatPSA/2023/001/NHSPS - Use of Oxygen cylinders where patients do not have access to medical gas line supplies. Issued 12/1/23. Deadline 20/1/23. Owner: Medical Directorate through MOG, governance to CESC. Clinical Bulletin issued CI976 17/01/2023. **Action complete.**

Safety Alerts	Number of Alerts Received (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
National Patient Safety Alert - DHSC	5	0	0	

Safety Alerts	Number of Alerts Received (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
National Patient Safety Alert - OHID	1	0	0	

Safety Alerts	Number of Alerts Received (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
CMO Messaging	4	0	0	

Safety Alerts	Number of Alerts Received (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
National Patient Safety Alert - MHRA	6	1	1	NatPSA/2023/010/MHRA – Medical beds etc, risk of death from entrapment. Issued 31/8/23. Deadline 1/3/24. Reviewed at MDOG, action due to be complete by deadline.

Safety Alerts	Number of Alerts Received (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
MHRA - Medicine Alerts	51	0	0	

Safety Alerts	Number of Alerts Received (Nov 22 – Oct 23)	Number of Alerts Applicable (Nov 22 – Oct 23)	Number of Open Alerts	Notes
IPC	0	0	0	

E1 PATIENT EXPERIENCE

Figure E1.1

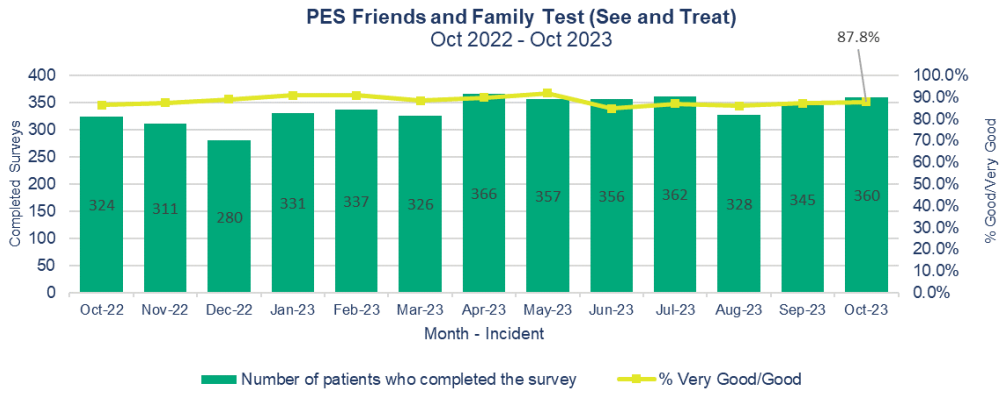
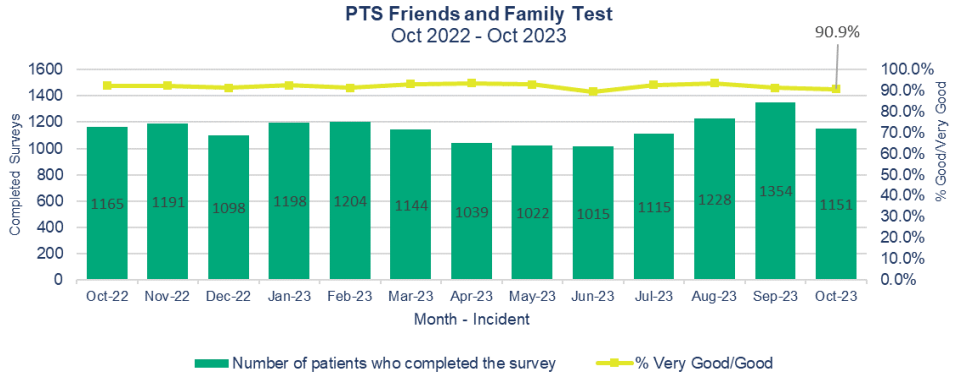


Figure E1.2



PES Positive

- *"Very professional service. Reassuring and caring to both myself and my mum (the patient). Kind, attentive and considerate. Gave us the time we needed and didn't rush. Friendly. Listened to our concerns and addressed them. Quick diagnosis and explained everything regarding ongoing care. Great communication skills, explaining things in layman's terms".*
- *"Had to phone 999 - I knew it was inappropriate as my sister was terminally ill - but the OOHs GP service was all about why they wouldn't be able to attend. I'm a health care professional, I was embarrassed by what I was hearing. Male and female paramedic attended, they listened, were professional, and cared about my sister. Unfortunately I can't remember their names but they are what our health care system needs."*

PES Negative

- *"One of the paramedics was rude and made unnecessary comments to my husband. For example, when she came upstairs to him, she said to him 'oh look typical man in bed claiming he can't move'. My husband has suffered from chronic back pain for 7 years, so comments like this we do not appreciate."*
- *"The paramedics went to see my mum who had been self-harming and I believe she was a threat to herself and they found a knife in the bed and instead of removing it they placed it on her bedside table."*

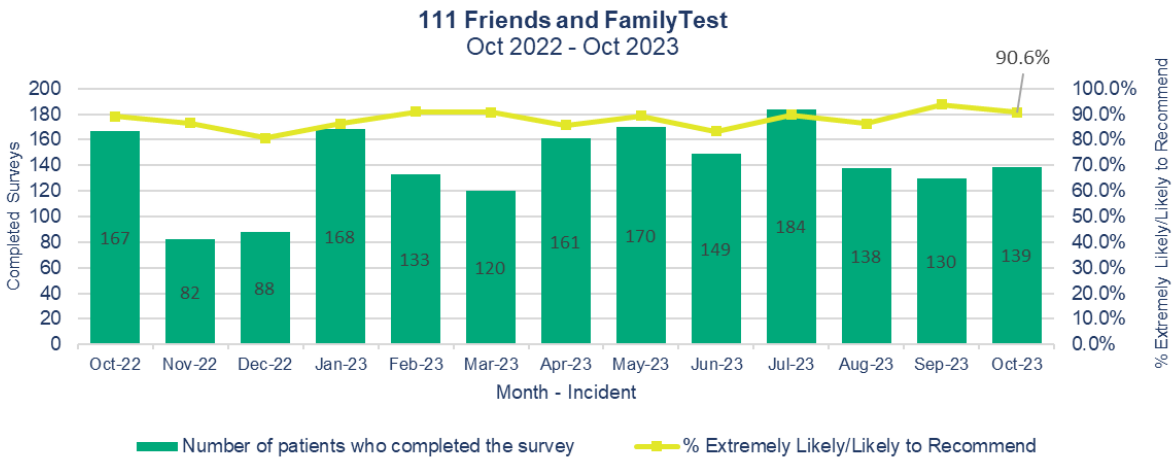
PTS Positive

- *"Confident, friendly and empathetic crew there and back. Restored my faith in PTS! After a previous crew member told me I could walk & ridiculed me in front of his team. The experience I had from both the outward and inward journey was 100% good."*
- *"I found both of my drivers extremely friendly, excellent drivers, I felt safe. What I didn't know until my return journey was that they are volunteers. Having been involved in many volunteer roles in my lifetime I know how few people are coming forward to do this work. I have just lost my husband and normally would not have needed to ask for help."*

PTS Negative

- *"My son is on a ventilator and with a tracheostomy. We were sent a taxi which just fitted his wheelchair in. The medical person had to sit on the floor due to not having enough room and was very dangerous if my son dislocated his ventilator."*
- *"The service is not guaranteed to be on time. Some patients have issues around time that can trigger their mental state. The pick-ups are logged far too late after request for pickup then patients waiting far too long and not all community services are prioritised especially when mental health is concerned. Children should be prioritised, especially."*

Figure E1.3



NHS 111 Positive

- *"Was satisfied with how quick to answer and gone the best advice and guidance. I personally was going to ignore the symptoms but the advice that was given I took and went to A&E, am glad I took the advice as I am under investigation for something I didn't know I had and if it wasn't for the advice of the NHS 111 call I would of never knew."*
- *"I was listened to and given practical advice. The conversation with the 111 advisor is always more helpful than speaking with a doctor. A 24-hour sympathy line is usually more helpful than speaking with a doctor. Thank you for providing such a wonderful service. Although I try to keep the conversation short, as others may be waiting, the advisor always draws me out and allows me to fully divulge what is on my mind."*

NHS 111 Negative

- *"I was told the ambulance would be 2 hours away. So sat waiting instead of going to bed. In fact, it came early in the morning. Redressed leg and told me they had contacted the district nursing team - but when I asked they knew nothing about it."*
- *"The procedure over the phone to assist is far too long and when you are passed on to the medical person they duplicate it all again. It's soul destroying for the one who is in distress at the other end of the phone."*

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Figure E2.1

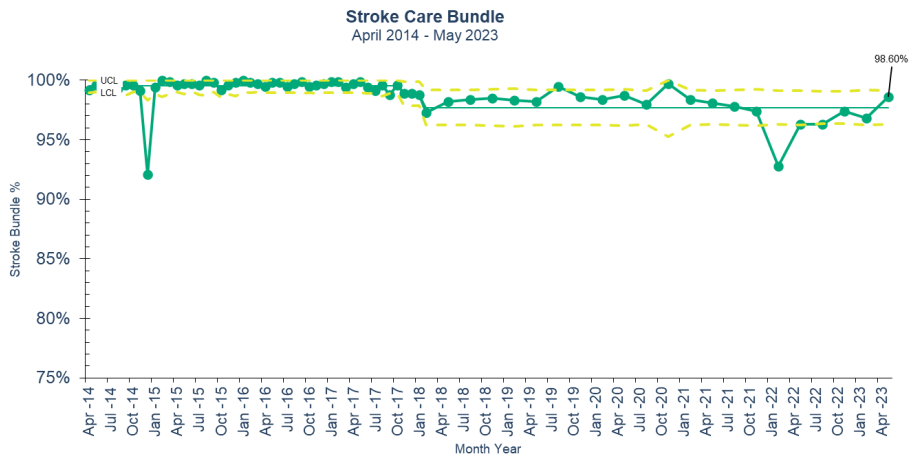


Table E2.1

Month Year	Stroke Care Bundle Performance
Feb-18	97.3%
May-18	98.2%
Aug-18	98.4%
Nov-18	98.5%
Feb-19	98.3%
May-19	98.2%
Aug-19	99.5%
Nov-19	98.6%
Feb-20	98.4%
May-20	98.7%
Aug-20	98.0%
Nov-20	99.7%
Feb-21	98.4%
May-21	98.1%
Aug-21	97.8%
Nov-21	97.4%
Feb-22	92.8%
May-22	96.3%
Aug-22	96.3%
Nov-22	97.4%
Feb-23	96.8%
May-23	98.6%

Figure E2.2

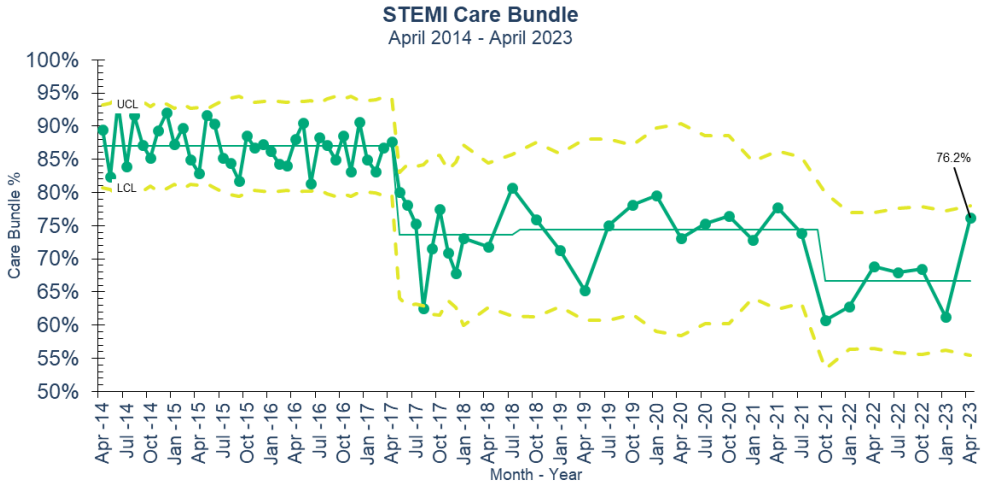


Figure E2.4

Month Year	STEMI Care Bundle Performance
Jan-18	73.1%
Apr-18	71.8%
Jul-18	80.7%
Oct-18	76.0%
Jan-19	71.3%
Apr-19	65.2%
Jul-19	75.0%
Oct-19	78.1%
Jan-20	79.5%
Apr-20	73.1%
Jul-20	75.3%
Oct-20	76.5%
Jan-21	72.8%
Apr-21	77.7%
Jul-21	73.9%
Oct-21	60.7%
Jan-22	62.8%
Apr-22	68.9%
Jul-22	67.9%
Oct-22	68.5%
Jan-23	61.3%
Apr-23	76.2%

The axis for the Stroke Care Bundle starts at 75%, the axis for STEMI Care Bundle starts at 50%.

E3 ACTIVITY & OUTCOMES

Figure E3.1

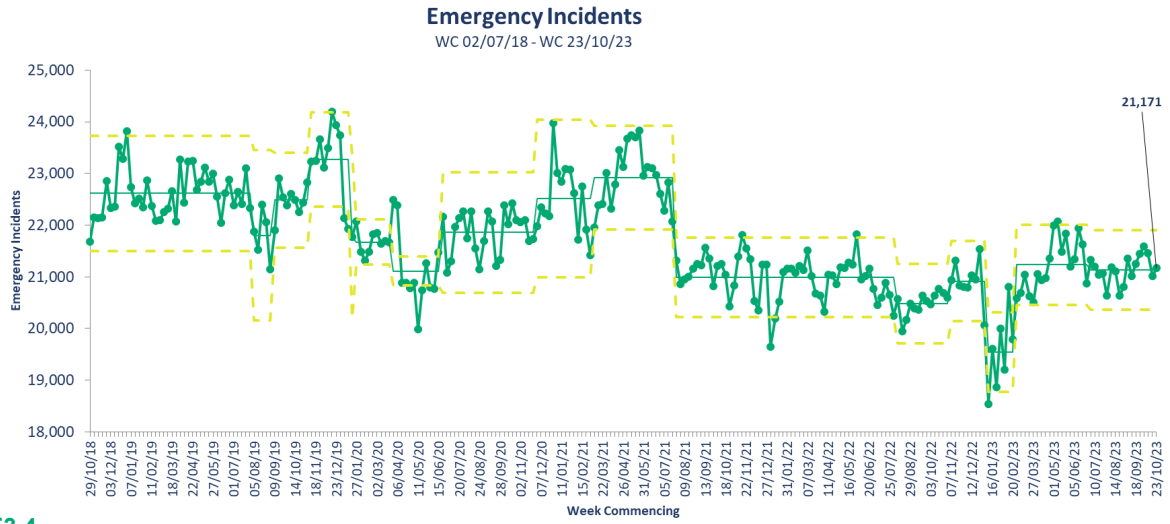


Figure E3.2

Figure E3.3

Sector	No. of Emergency Incidents
G Central	10,142
G South	9,998
M North	9,911
G East	8,975
G West	8,942
M East	7,793
CL East Lancashire	7,206
M West	6,225
CL South Lancashire	6,156
M South	5,485
CL Fylde	4,753
CL North Cumbria	4,652
CL Morecambe Bay	3,982

Figure E3.4

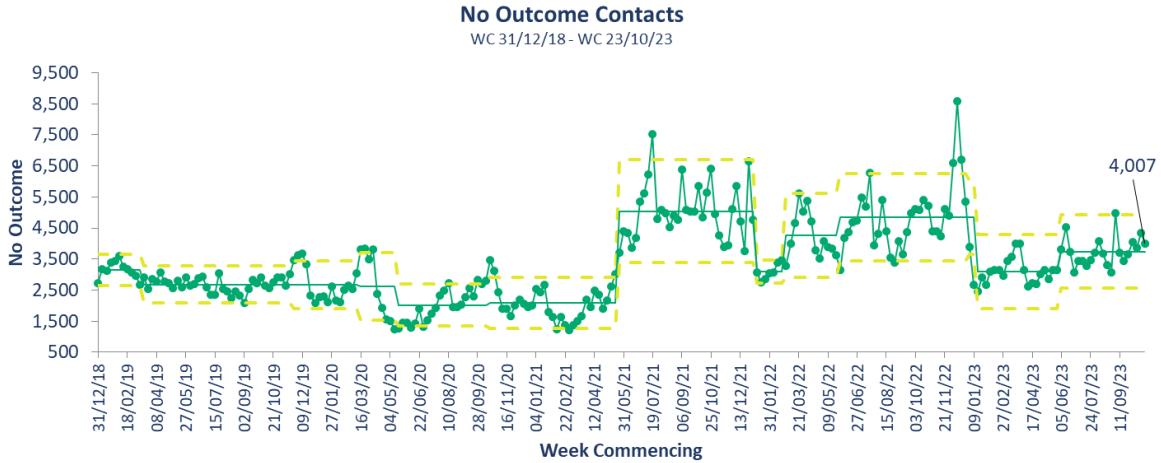


Figure E3.5

Oct	Calls	% Change from previous year	Incidents	% Change from previous year
2020	131,457		97,865	
2021	152,670	16%	92,899	-5%
2022	140,501	-8%	91,417	-2%
2023	127,220	-9%	94,304	3%

Figure E3.6

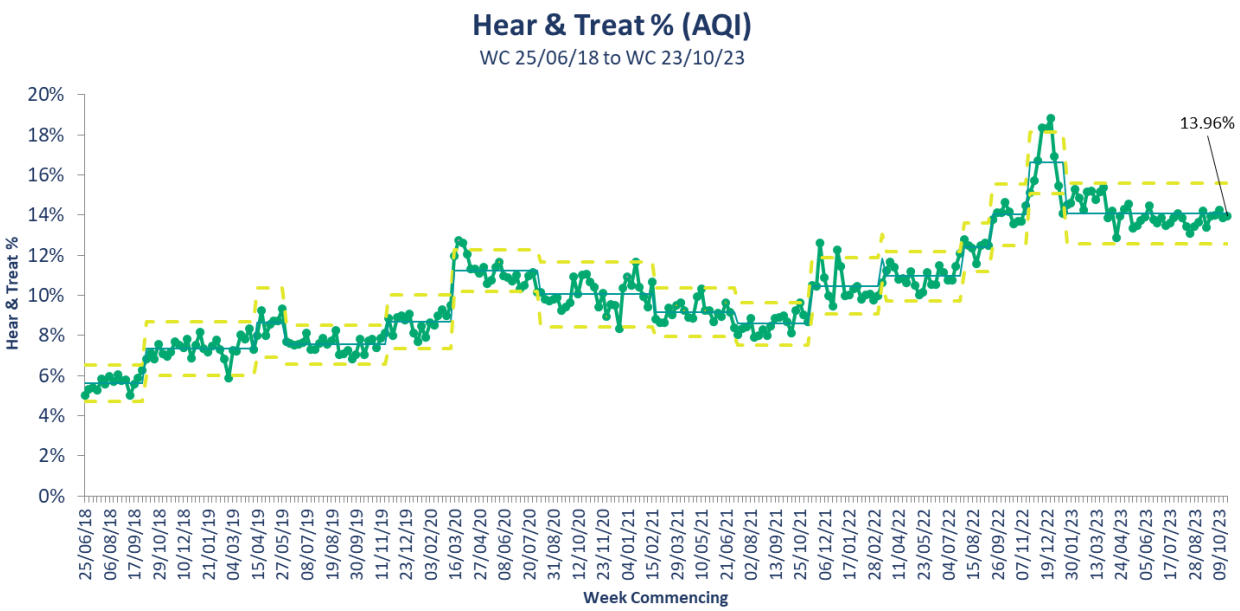


Figure E3.7

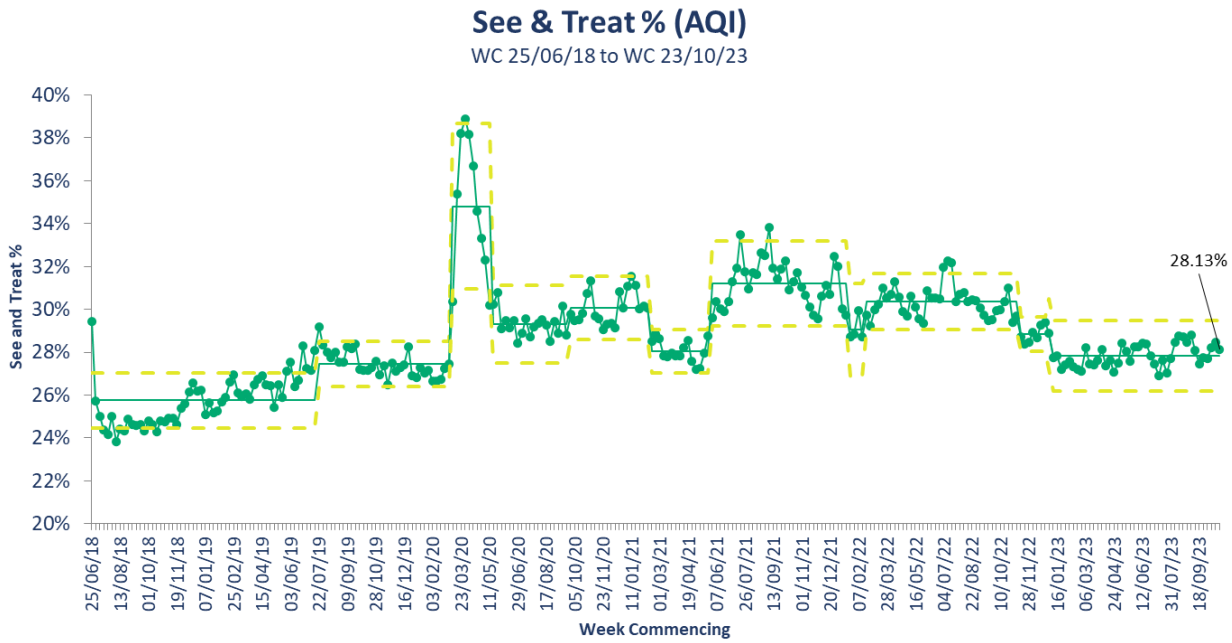


Figure E3.8

Sector	Monthly Hear & Treat %
CL Fylde	16.79%
G Central	16.31%
G East	14.85%
M East	14.46%
M West	14.41%
CL East Lancashire	14.25%
G West	14.09%
M North	13.81%
CL South Lancashire	13.42%
M South	13.02%
G South	12.87%
CL North Cumbria	11.41%
CL Morecambe Bay	10.95%

Figure E3.9

Sector	Monthly See & Treat %
CL North Cumbria	31.34%
CL South Lancashire	29.82%
CL Morecambe Bay	29.56%
CL Fylde	29.46%
G Central	29.10%
G West	28.87%
M South	28.46%
G East	28.21%
CL East Lancashire	27.95%
M West	27.76%
G South	27.73%
M North	26.59%
M East	23.55%

Figure E3.10

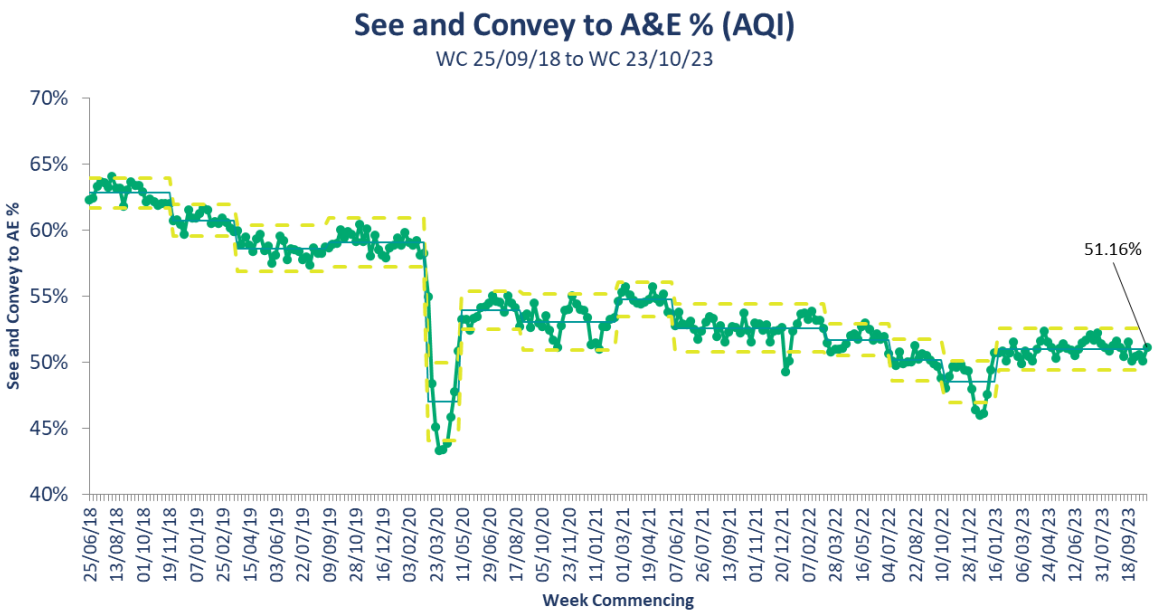


Figure E3.11

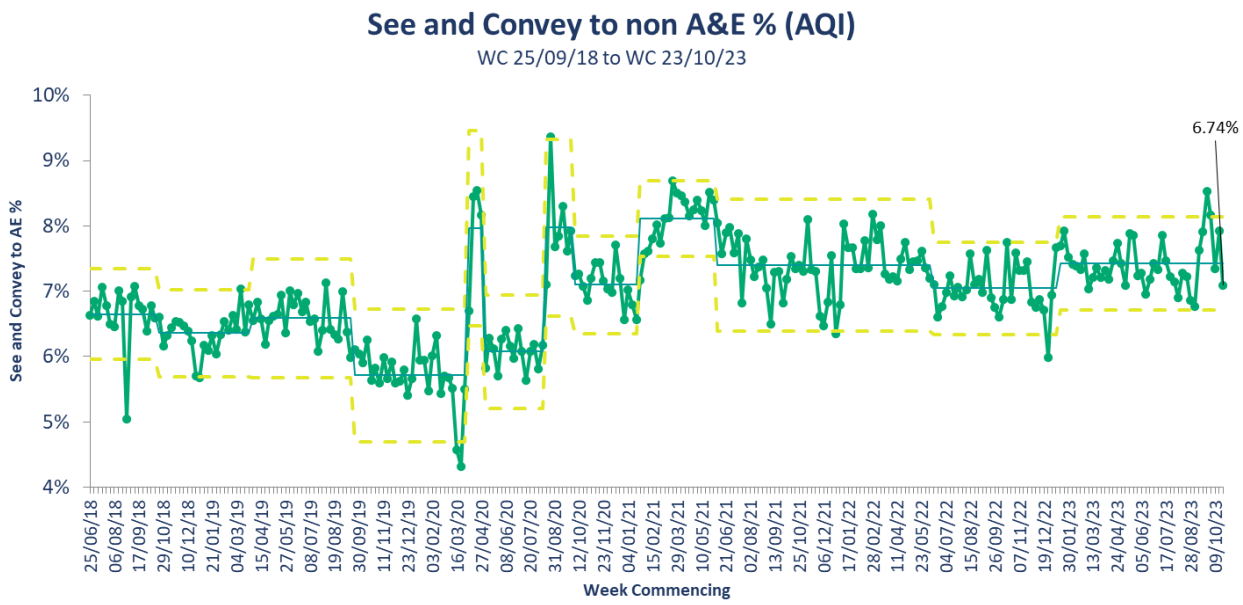


Figure E3.12

Sector	Monthly See & Convey	%
CL Fylde		53.76%
G Central		54.59%
CL South Lancashire		56.76%
G East		56.94%
G West		57.03%
CL North Cumbria		57.24%
CL East Lancashire		57.80%
M West		57.83%
M South		58.52%
G South		59.40%
CL Morecambe Bay		59.49%
M North		59.60%
M East		61.99%

Figure E3.13

Sector	Monthly See & Convey to AE	%
CL North Cumbria		46.84%
CL Fylde		47.76%
M West		47.87%
CL South Lancashire		47.99%
G Central		48.02%
CL East Lancashire		48.86%
G West		50.17%
G East		51.12%
M South		51.39%
M North		52.59%
G South		53.31%
M East		54.75%
CL Morecambe Bay		54.85%

Figure E3.14

Sector	Monthly See & Convey to Non AE	%
CL Morecambe Bay		4.65%
G East		5.82%
CL Fylde		6.00%
G South		6.09%
G Central		6.58%
G West		6.87%
M North		7.01%
M South		7.13%
M East		7.24%
CL South Lancashire		8.77%
CL East Lancashire		8.94%
M West		9.96%
CL North Cumbria		10.40%

Figure E3.15

Rank	Trust	Hear & Treat	%
1	West Midlands		18.9%
2	London		15.4%
3	East Midlands		14.1%
4	North West		14.1%
5	South East Coast		12.6%
6	South Western		12.4%
7	South Central		11.9%
8	East of England		9.9%
9	Yorkshire		8.2%
10	North East		7.8%
11	Isle of Wight		7.6%

Figure E3.16

Rank	Trust	See & Treat	%
1	South Western		37.5%
2	East of England		33.5%
3	South Central		33.2%
4	East Midlands		32.9%
5	Isle of Wight		32.4%
6	South East Coast		30.3%
7	London		28.8%
8	West Midlands		28.6%
9	North East		28.6%
10	North West		28.1%
11	Yorkshire		27.7%

Figure E3.17

Rank	Trust	See & Convey	%
1	South Western		50.1%
2	West Midlands		52.6%
3	East Midlands		53.0%
4	South Central		54.9%
5	London		55.9%
6	East of England		56.5%
7	South East Coast		57.2%
8	North West		57.8%
9	Isle of Wight		60.0%
10	North East		63.6%
11	Yorkshire		64.1%

O1 CALL PICK UP

Figure O1.1

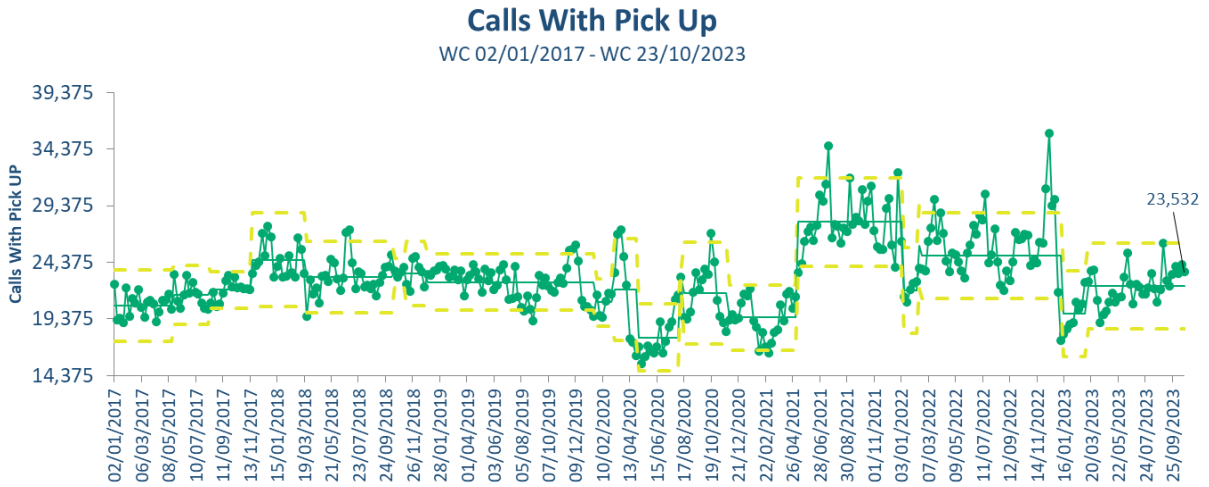
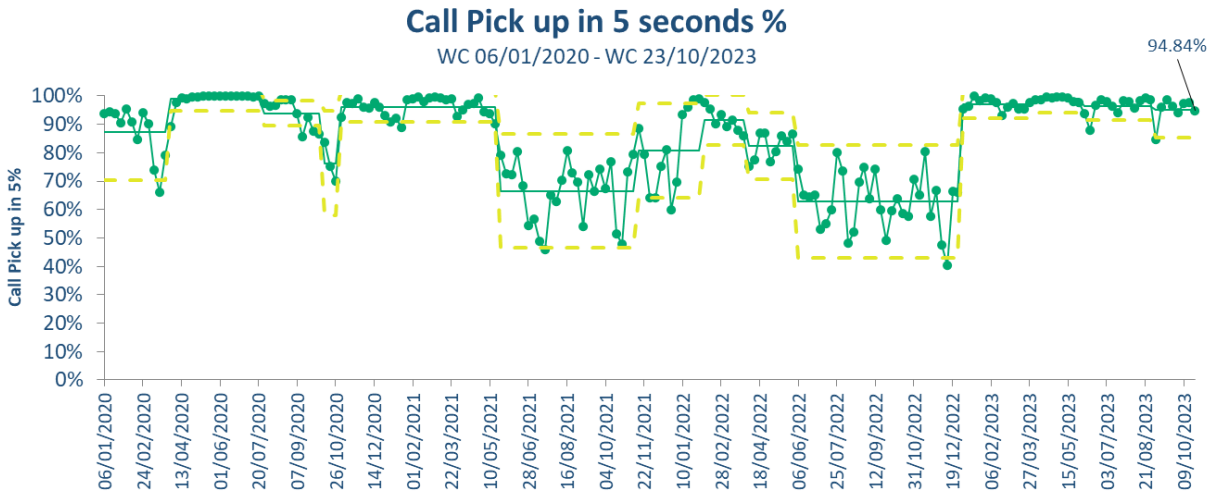


Figure O1.2



Operational

O2 A&E TURNAROUND

Figure O2.1

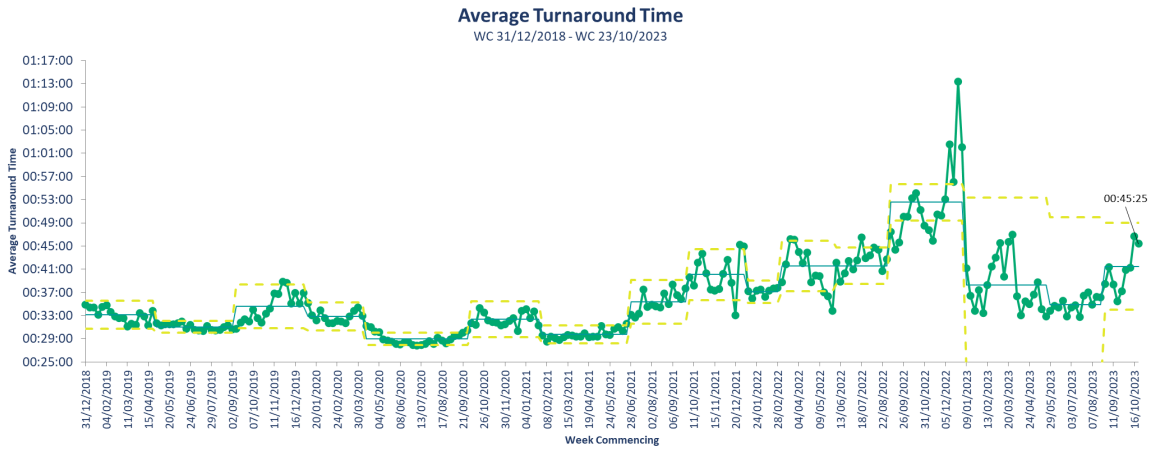


Figure O2.2

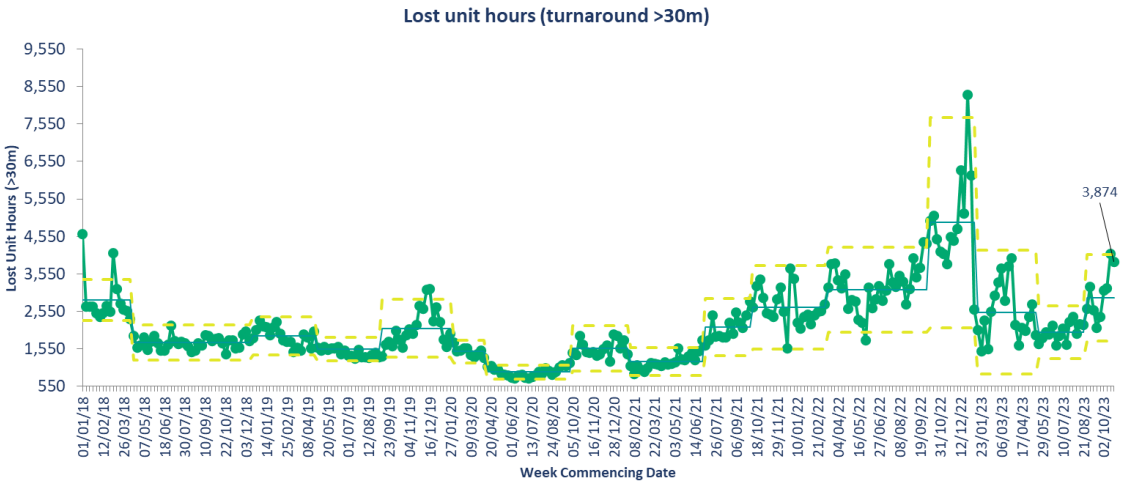


Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
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
May-23	49,233	0:35:33	0:23:17	11:35
Jun-23	46,866	0:34:17	0:22:25	11:29
Jul-23	48,412	0:34:46	0:22:55	11:28
Aug-23	47,374	0:36:21	0:24:43	11:23
Sep-23	46,282	0:37:56	0:26:05	11:24
Oct-23	47,585	0:43:51	0:32:40	11:28

Table O2.2

Top 5 Trusts with most lost unit hours	
Trust	**Lost Unit Hours**
Blackpool Victoria Hospital	2,002
Arrowe Park Hospital	1,769
Countess of Chester Hospital	1,317
Whiston Hospital	1,160
Royal Oldham Hospital	896

Table O2.3

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
May-23	898
Jun-23	545
Jul-23	577
Aug-23	943
Sep-23	1004
Oct-23	1746

O3 ARP RESPONSE TIMES

October 2023

Figure O3.1

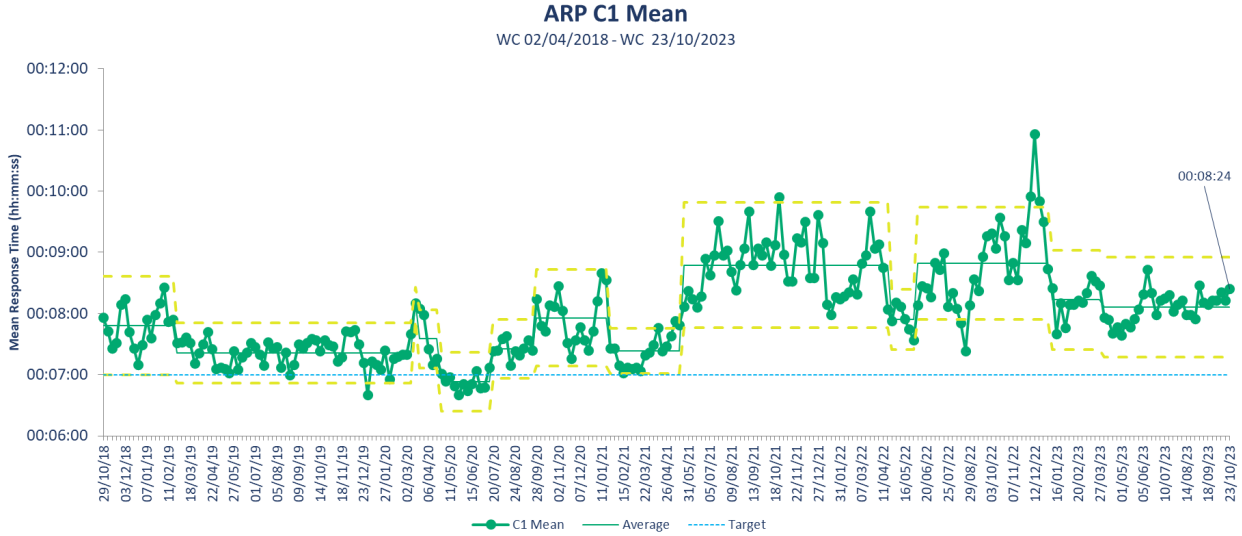


Figure O3.2

Figure O3.3

Sector	C1 Mean	Time
G Central		00:07:14
G South		00:07:14
G West		00:07:40
M North		00:07:48
G East		00:07:49
M East		00:08:24
CL Fylde		00:08:53
CL East Lancashire		00:08:54
CL Morecambe Bay		00:08:57
CL South Lancashire		00:09:10
M West		00:09:14
CL North Cumbria		00:10:14
M South		00:10:23

Figure O3.4

C1 Mean	
Target	7:00
Oct 2023	8:20
YTD	8:10
Ranking	3rd

Figure O3.5

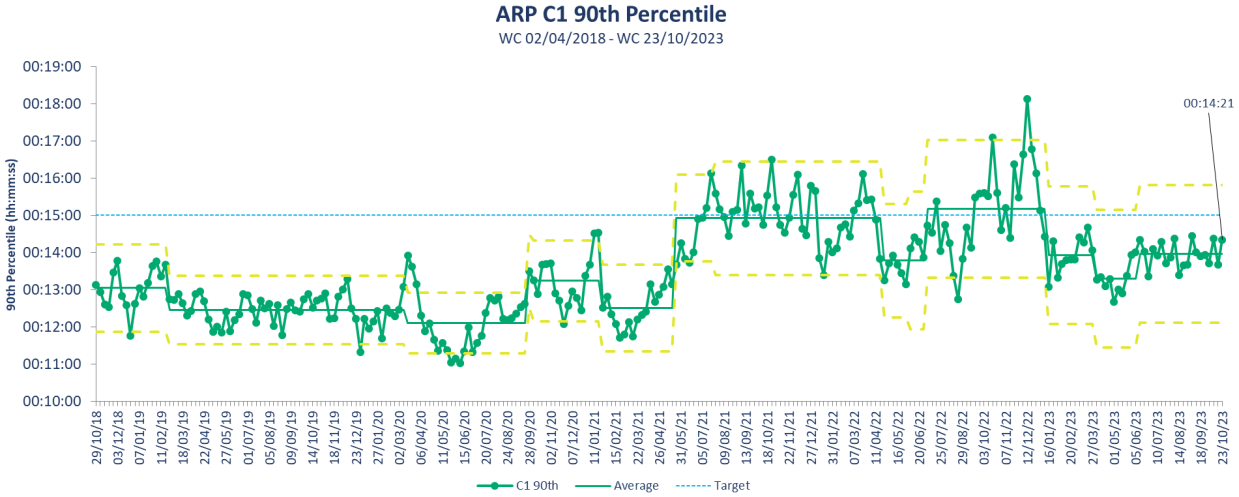


Figure O3.6

Figure O3.7

Sector	C1 90th	Time
G South		00:11:30
G Central		00:11:40
G East		00:12:25
G West		00:12:44
M North		00:13:01
M East		00:13:25
CL Fylde		00:15:28
CL East Lancashire		00:15:32
CL South Lancashire		00:15:34
M West		00:15:44
M South		00:17:08
CL Morecambe Bay		00:17:30
CL North Cumbria		00:19:12

Figure O3.8

C1 90th	
Target	15:00
Oct 2023	14:06
YTD	13:51
Ranking	3rd

October 2023

Figure O3.9

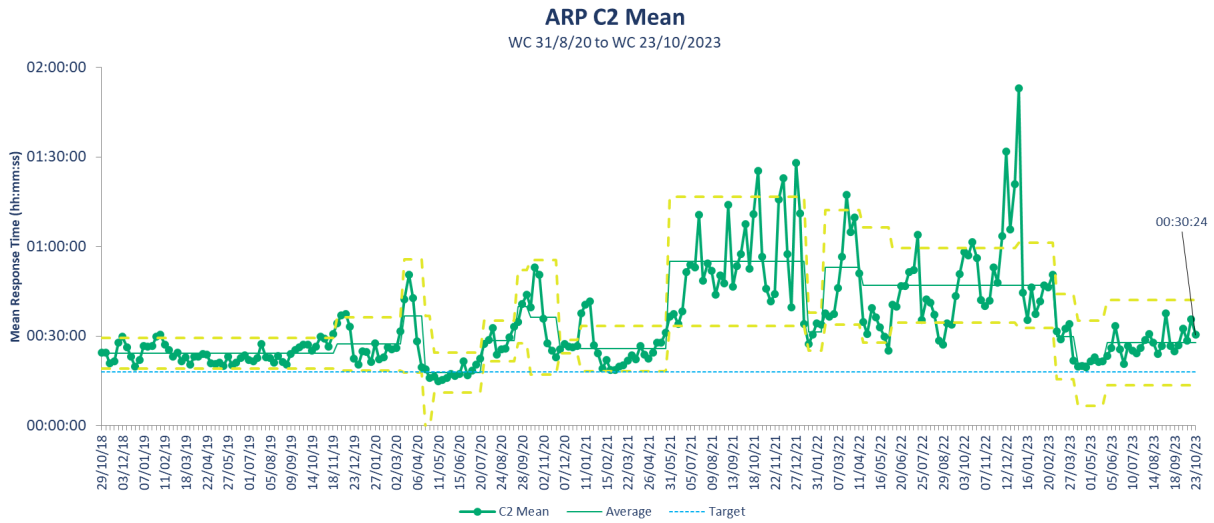


Figure O3.10

Figure O3.11

Sector	C2 Mean	Time
G South		00:22:37
G Central		00:24:24
CL North Cumbria		00:24:39
G East		00:26:23
CL Morecambe Bay		00:26:41
CL East Lancashire		00:30:35
G West		00:31:12
M South		00:33:24
CL South Lancashire		00:37:53
M North		00:40:34
CL Fylde		00:41:13
M East		00:41:28
M West		00:43:19

Figure O3.12

C2 Mean	
Target	18:00
Oct 2023	32:12
YTD	26:49
Ranking	3rd

Figure O3.13

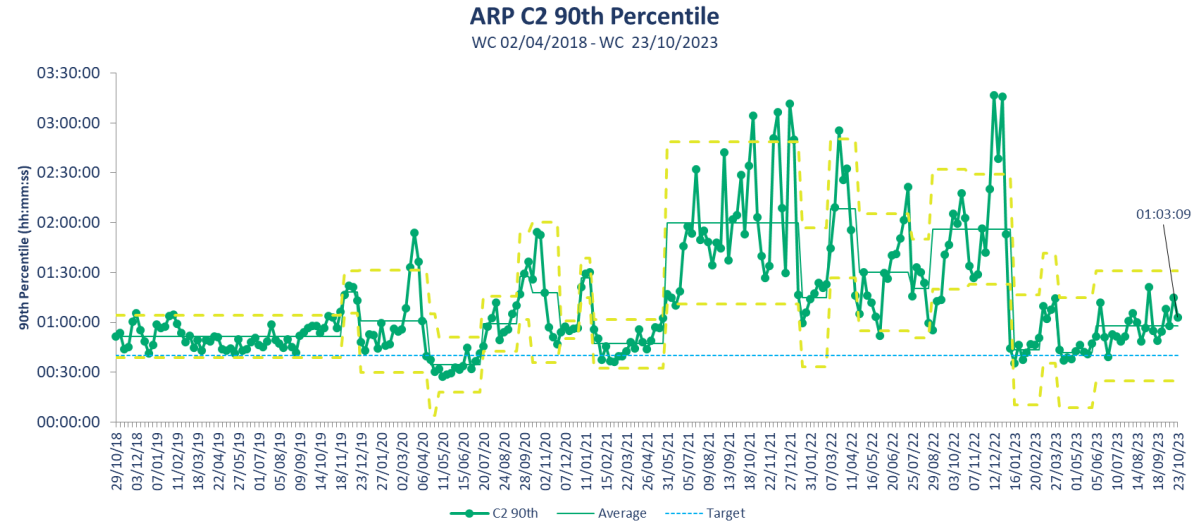


Figure O3.14

Figure O3.15

Sector	C2 90th	Time
G South		00:45:37
G Central		00:48:36
CL North Cumbria		00:50:38
G East		00:52:08
CL Morecambe Bay		00:58:15
G West		01:00:59
CL East Lancashire		01:02:06
M South		01:09:20
CL South Lancashire		01:17:33
M East		01:20:34
M North		01:20:37
M West		01:25:30
CL Fylde		01:31:01

Figure O3.16

C2 90th	
Target	40:00
Oct 2023	01:06:54
YTD	55:11
Ranking	3rd

October 2023

Figure O3.17

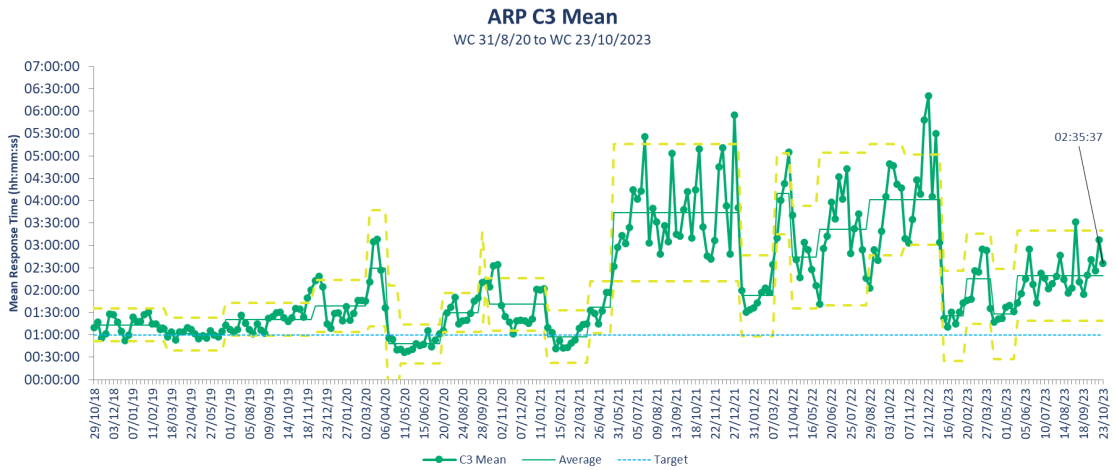


Figure O3.18

Figure O3.19

Sector	C3 Mean	Time
CL North Cumbria		01:12:59
CL Morecambe Bay		01:27:37
M South		02:15:04
CL East Lancashire		02:19:38
G South		02:33:00
CL South Lancashire		02:38:43
CL Fylde		02:45:08
G East		02:58:11
G Central		03:07:20
M West		03:09:46
M North		03:12:27
G West		03:22:17
M East		03:31:02

Figure O3.20

C3 Mean	
Target	1:00:00
Oct 2023	2:44:56
YTD	2:09:33
Ranking	8th

Figure O3.21

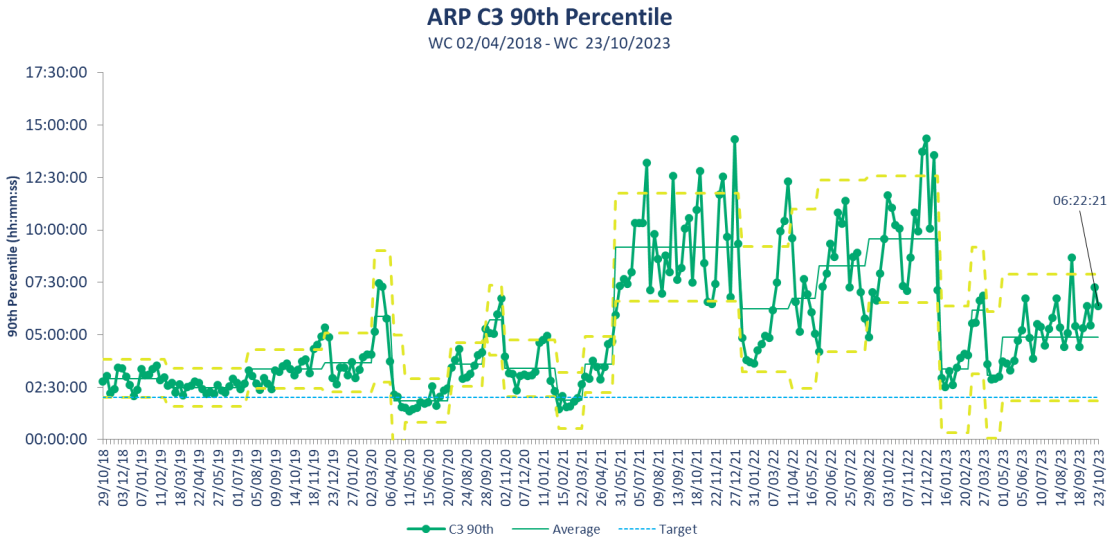


Figure O3.22

Figure O3.23

Sector	C3 90th	Time
CL North Cumbria		02:46:40
CL Morecambe Bay		03:32:17
M South		05:06:12
CL East Lancashire		05:36:03
G South		05:36:30
CL South Lancashire		05:53:28
CL Fylde		06:27:58
G East		06:55:03
G Central		07:13:29
G West		07:24:23
M North		07:44:10
M West		08:13:55
M East		08:36:18

Figure O3.24

C3 90th	
Target	2:00:00
Oct 2023	6:28:50
YTD	5:01:54
Ranking	6th

October 2023

Figure O3.25

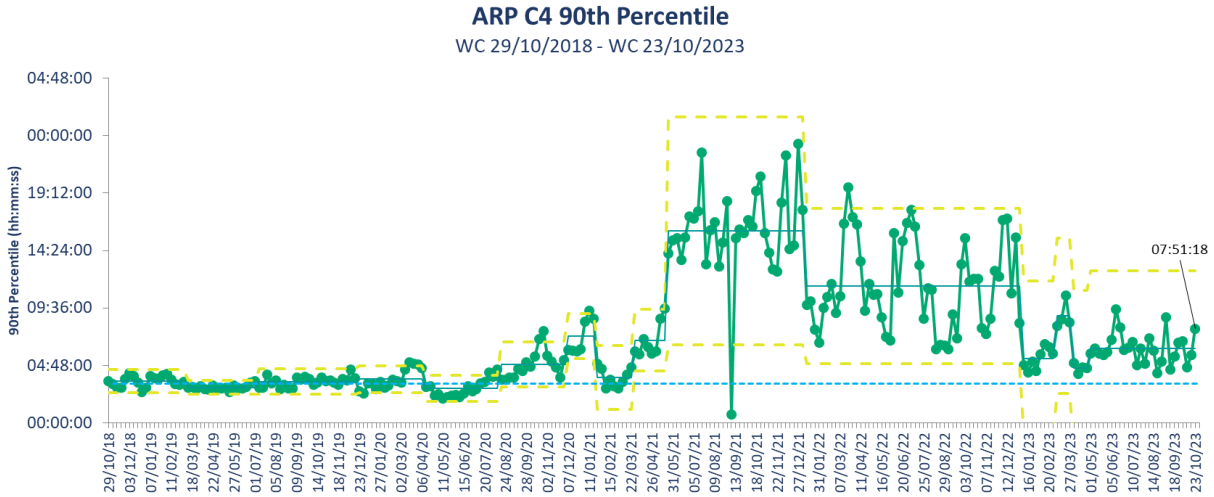


Figure O3.26

Figure O3.27

Sector	C4 90th	Time
CL Morecambe Bay		03:22:40
CL North Cumbria		03:37:13
G South		04:33:56
G East		04:43:40
M South		05:06:03
CL East Lancashire		05:09:29
G West		05:44:26
M West		05:59:39
CL Fylde		06:04:24
CL South Lancashire		07:52:28
M North		09:15:00
G Central		11:01:33
M East		14:15:54

Figure O3.28

C4 90th	
Target	3:00:00
Oct 2023	5:49:48
YTD	6:07:26
Ranking	5th

O3 ARP Provider Comparison

Figure O3.25

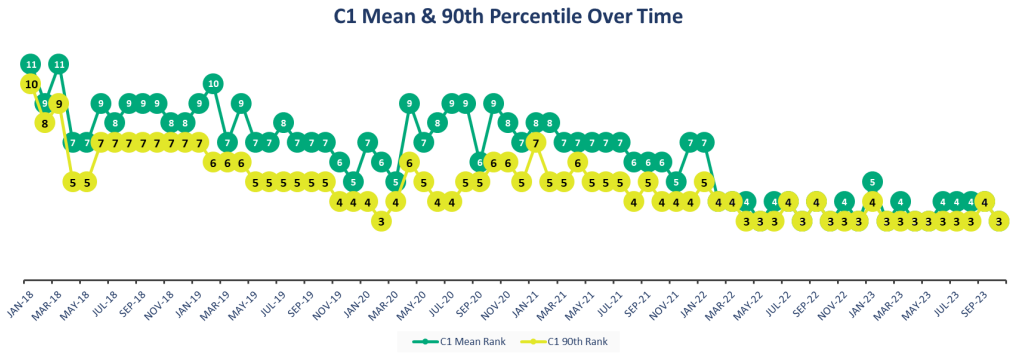


Figure O3.26

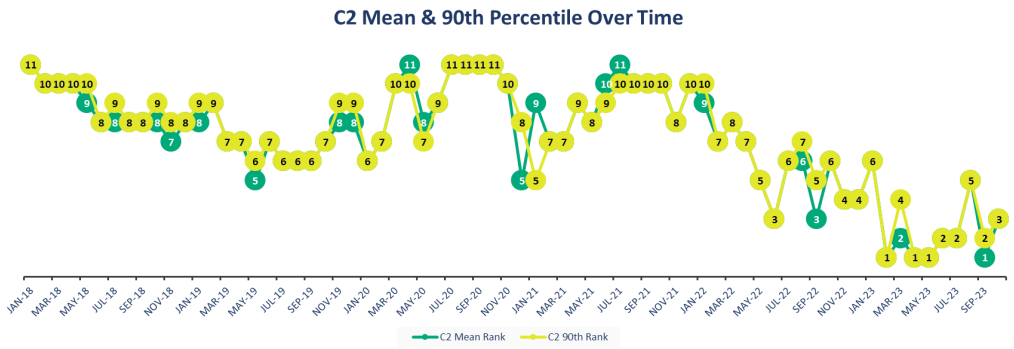


Figure O3.27

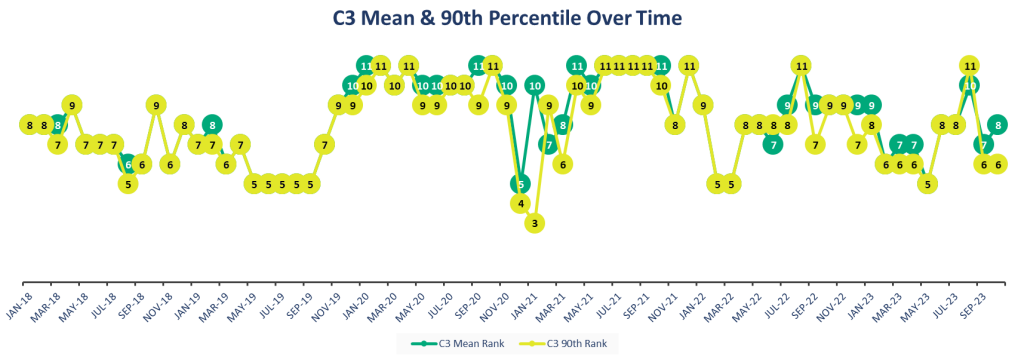
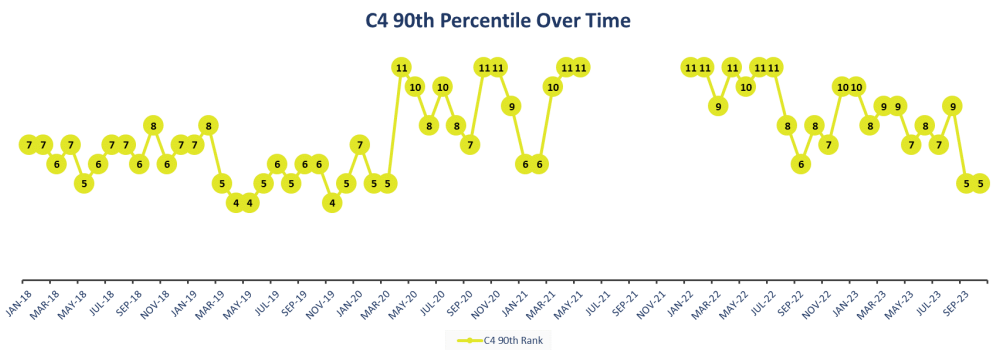


Figure O3.28



Rank	Trust	C1 Mean	Time
1	North East		07:09
2	London		07:22
3	North West		08:20
4	West Midlands		08:28
5	South East Coast		08:30
6	Yorkshire		08:44
7	South Central		09:03
8	East Midlands		09:11
9	East of England		09:21
10	South Western		10:02
11	Isle of Wight		11:00

Rank	Trust	C1 90th	Time
1	London		12:27
2	North East		12:50
3	North West		14:06
4	West Midlands		14:56
5	South East Coast		15:12
6	Yorkshire		15:15
7	South Central		16:35
8	East Midlands		16:47
9	East of England		17:27
10	South Western		18:44
11	Isle of Wight		19:43

Rank	Trust	C2 Mean	Time
1	South East Coast		0:28:02
2	Isle of Wight		0:29:52
3	North West		0:32:12
4	North East		0:34:54
5	Yorkshire		0:36:11
6	London		0:37:59
7	South Central		0:39:55
8	West Midlands		0:46:53
9	East of England		0:52:35
10	East Midlands		0:52:44
11	South Western		0:54:58

Rank	Trust	C2 90th	Time
1	South East Coast		0:55:26
2	Isle of Wight		1:01:35
3	North West		1:06:54
4	North East		1:10:57
5	South Central		1:20:28
6	Yorkshire		1:21:05
7	London		1:23:46
8	West Midlands		1:48:55
9	East of England		1:53:22
10	East Midlands		1:56:37
11	South Western		1:57:29

Rank	Trust	C3 Mean	Time
1	London		01:18:09
2	Isle of Wight		01:21:09
3	North East		01:32:42
4	Yorkshire		01:51:41
5	South East Coast		02:12:50
6	South Western		02:25:58
7	East of England		02:42:46
8	North West		02:44:56
9	South Central		03:04:07
10	East Midlands		03:32:10
11	West Midlands		03:47:50

Rank	Trust	C3 90th	Time
1	London		03:12:55
2	Isle of Wight		03:22:54
3	North East		03:36:19
4	Yorkshire		04:09:08
5	South East Coast		04:51:58
6	North West		06:28:50
7	East of England		06:32:07
8	South Western		06:32:50
9	South Central		06:58:38
10	East Midlands		08:48:37
11	West Midlands		09:57:13

Rank	Trust	C4 90th	Time
1	North East		04:30:46
2	London		04:32:08
3	Isle of Wight		04:35:35
4	Yorkshire		04:58:10
5	North West		05:49:48
6	South East Coast		06:49:36
7	East Midlands		07:30:05
8	South Western		08:00:10
9	East of England		09:26:17
10	South Central		09:54:03
11	West Midlands		10:34:16

O3 LONG WAITS

Table O3.29

Year Month	Total No. of C1 long waits
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
May-23	505
Jun-23	693
Jul-23	706
Aug-23	643
Sep-23	713
Oct-23	761

Figure O3.29

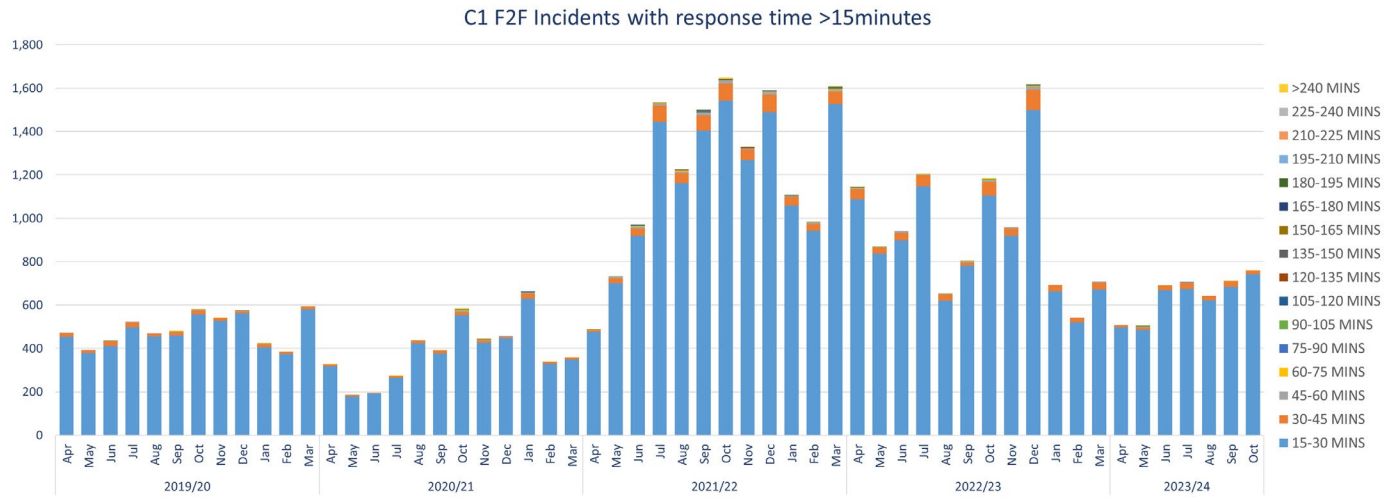


Figure O3.30

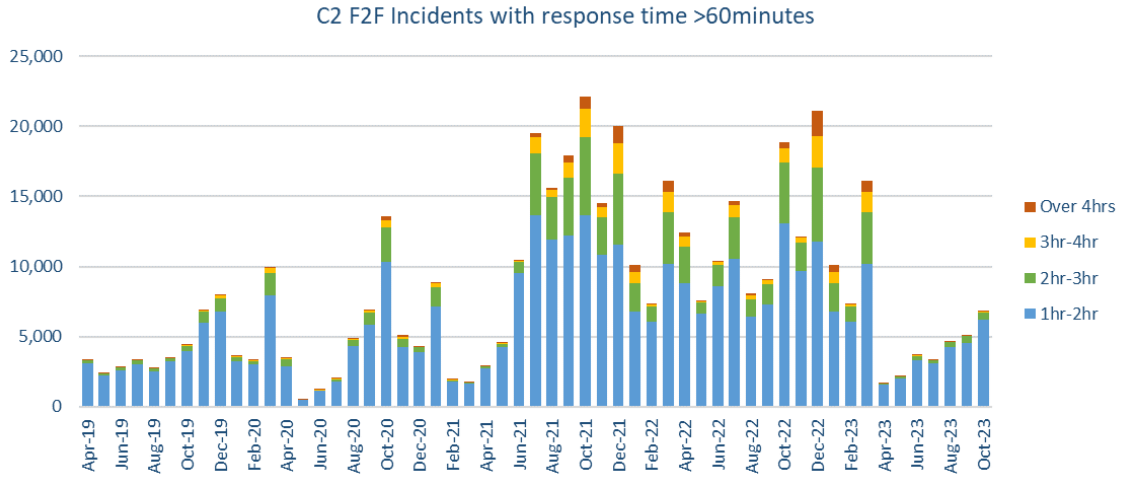
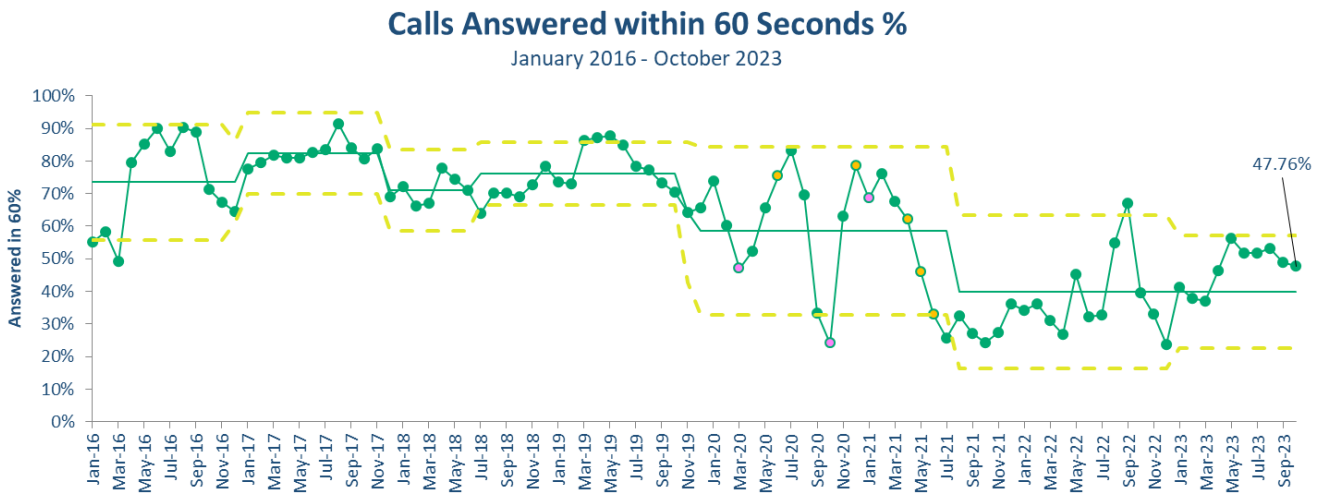


Table O3.30

Year Month	Total No. of C2 long waits
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	8,889
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
May-23	2142
Jun-23	3670
Jul-23	3294
Aug-23	4614
Sep-23	5089
Oct-23	6758

O4 111 PERFORMANCE

Figure O4.1



Calls Answered within 60 Seconds %	
Target	95%
Oct 2023	47.76%
YTD	50.87%
National	66.7%
Ranking	36th / 37

Figure O4.2

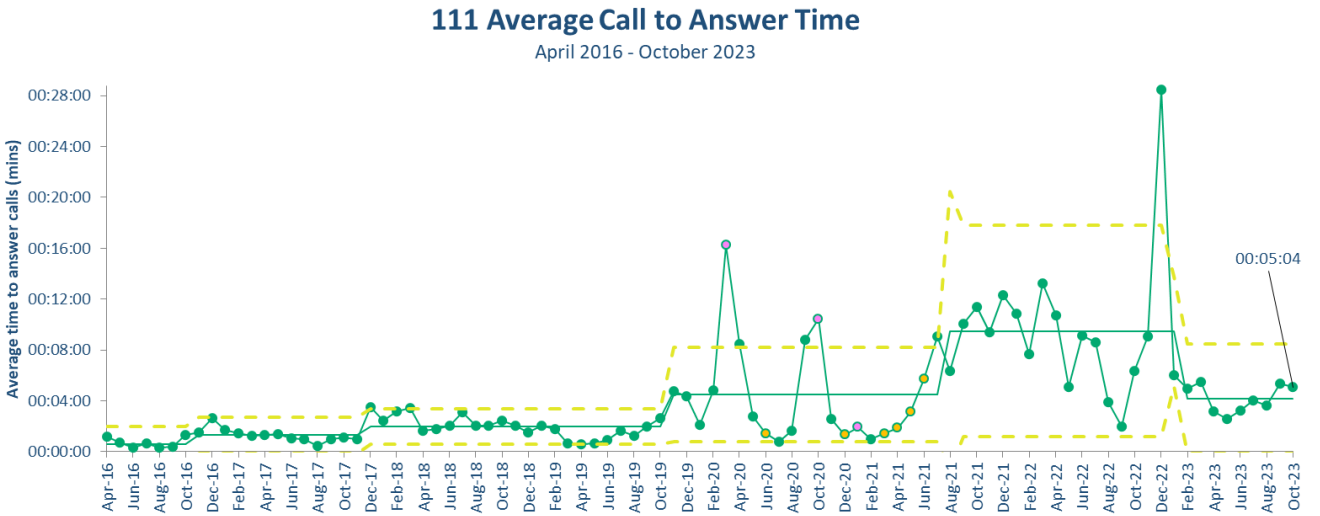
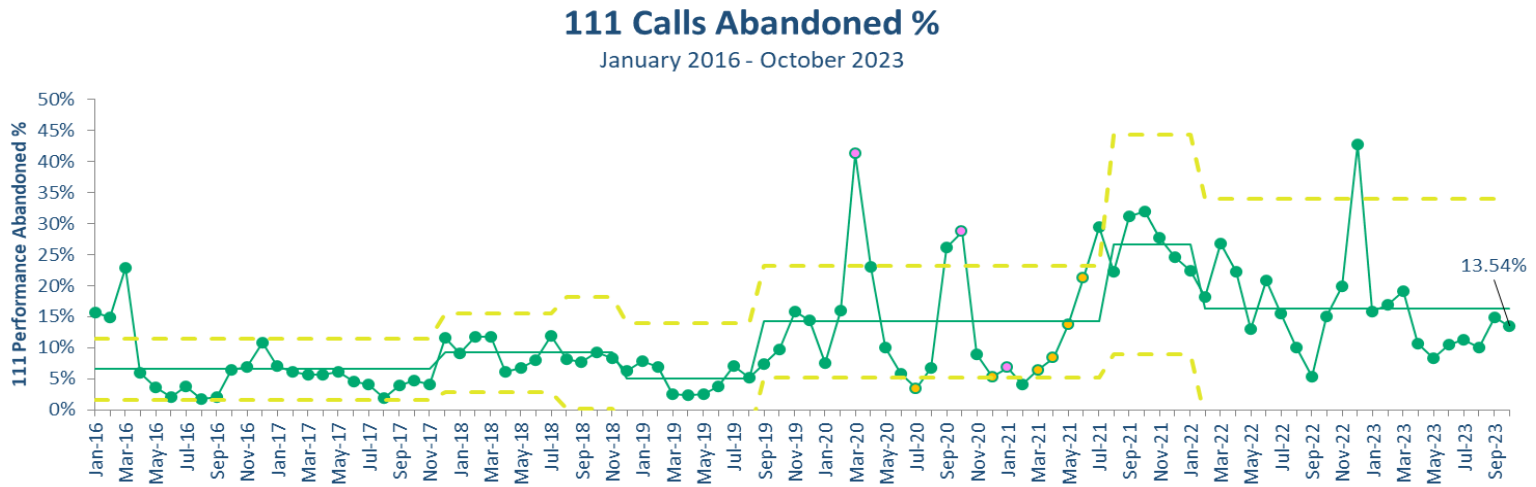
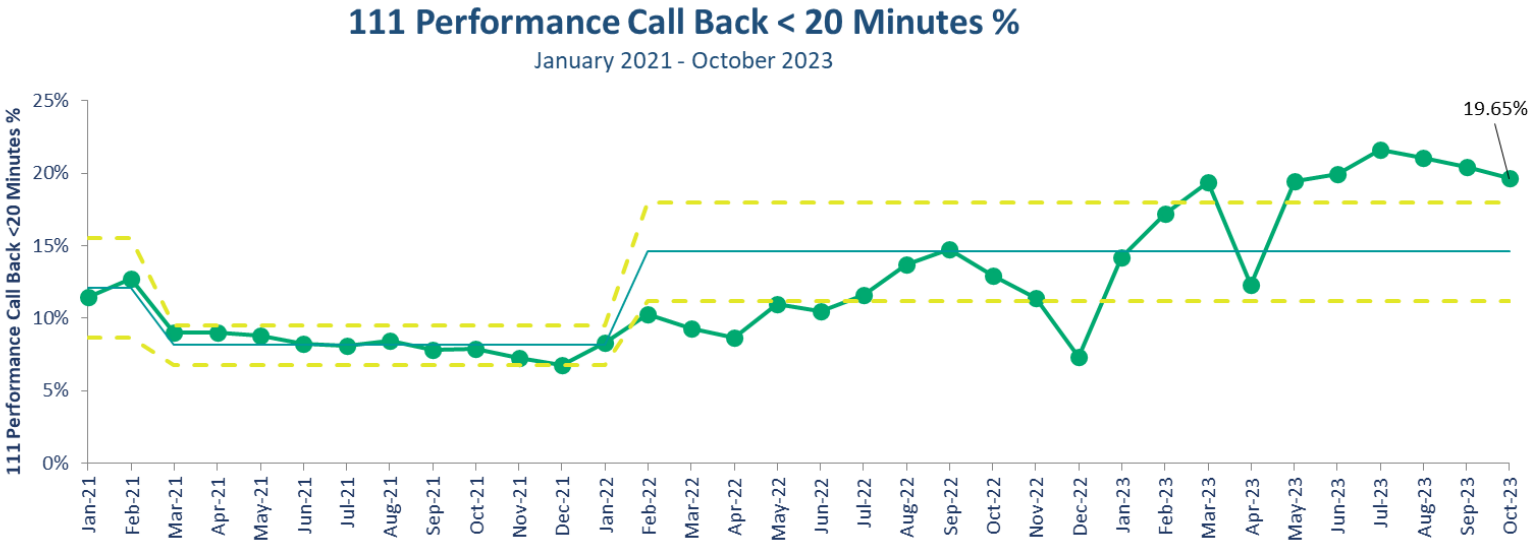


Figure O4.3



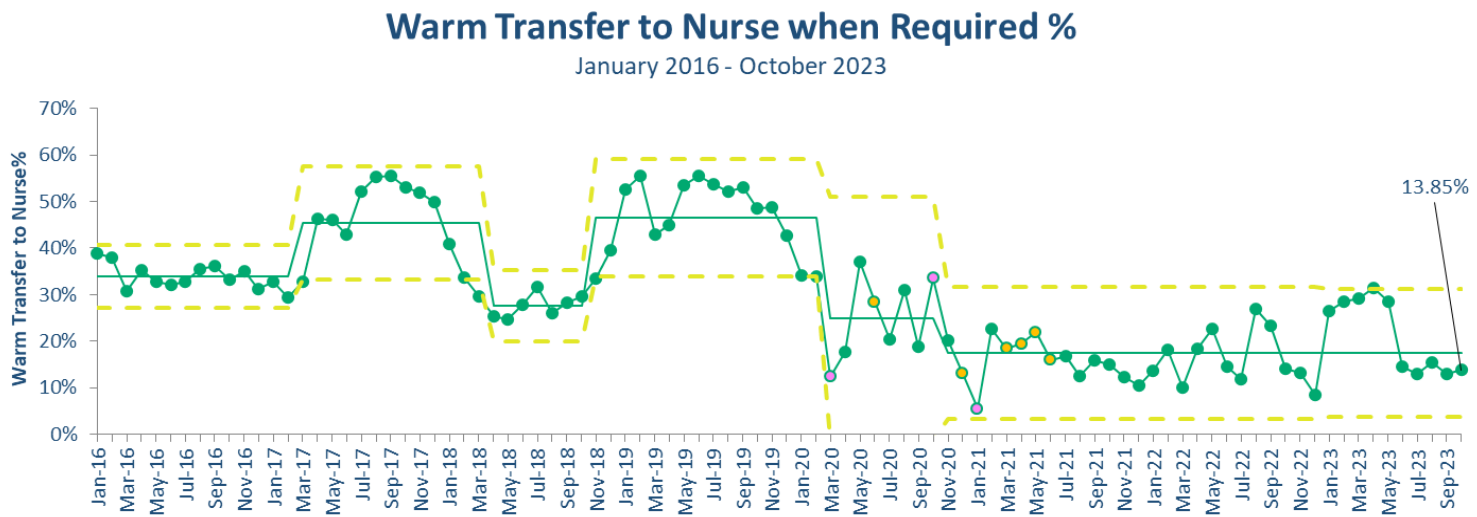
Calls Abandoned %	
Target	<5%
Oct 2023	13.54%
YTD	11.32%
National	8.1%
Ranking	34th / 37

Figure O4.4



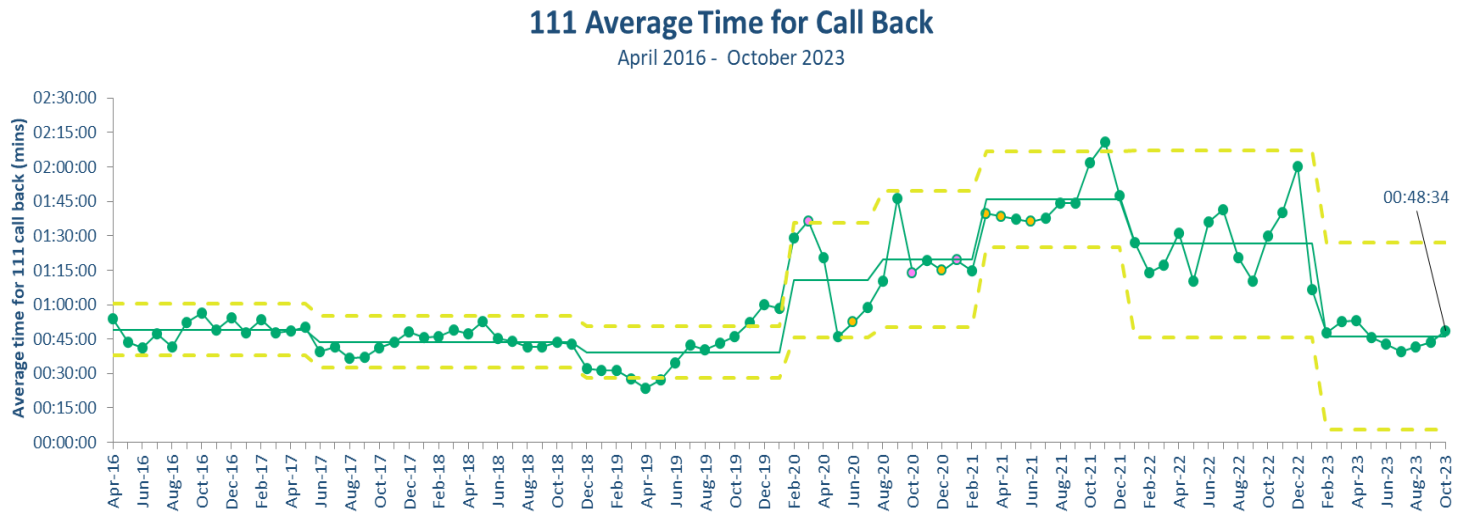
Calls Back <20 Mins	
Target	90%
Oct 2023	19.65%
YTD	20.03%

Figure O4.5



Warm Transfer %	
Target	75%
Oct 2023	13.85%
YTD	18.55%

Figure O4.6



O5 PTS ACTIVITY & TARIFF

Figure O5.1

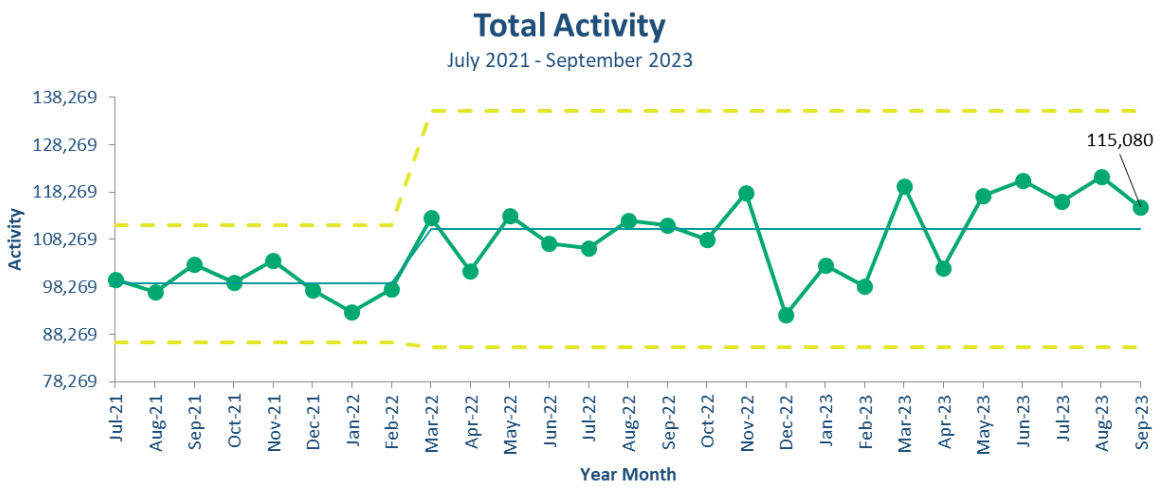


Figure O5.2

Contract	Total Activity
Greater Manchester	47,369
Lancashire	37,677
Merseyside	22,912
Cumbria	10,490

Total Activity	
Plan	132,015
Actual	115,080
YTD Plan	396,046
YTD Activity	358,626

Figure O5.3

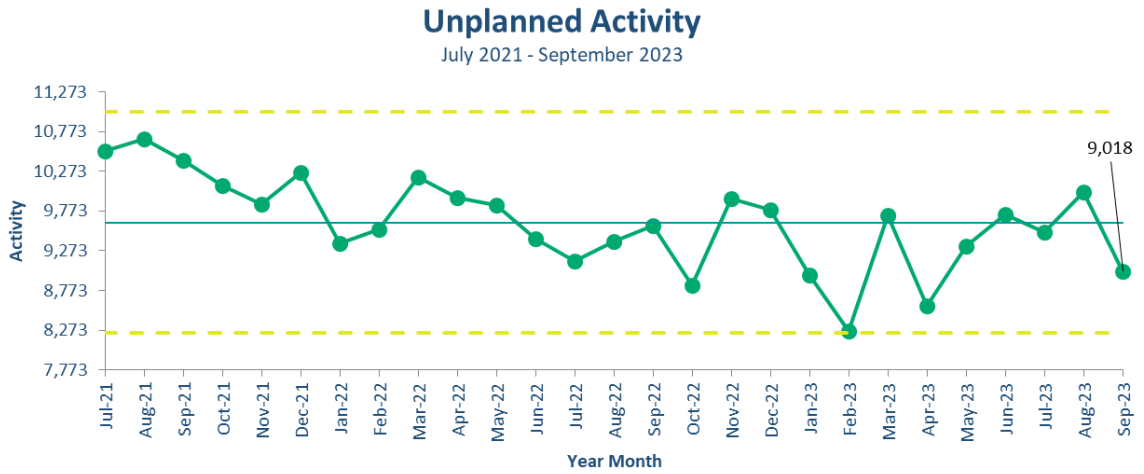


Figure O5.4

Contract	Unplanned Activity
Greater Manchester	4,109
Lancashire	3,074
Merseyside	1,947
Cumbria	431

Unplanned Activity	
Plan	12,107
Actual	9,018
YTD Plan	396,046
YTD Activity	358,626

Figure O5.5

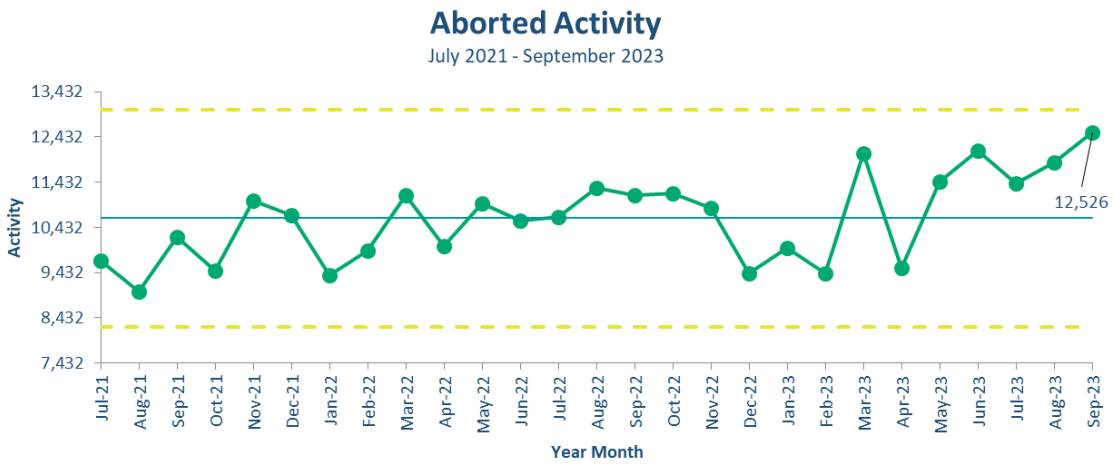


Figure O5.6

Contract	Aborted Activity
Greater Manchester	6,214
Lancashire	3,423
Merseyside	2,874
Cumbria	629

Finance

F1 – FINANCIAL SCORE

Figure F1.1

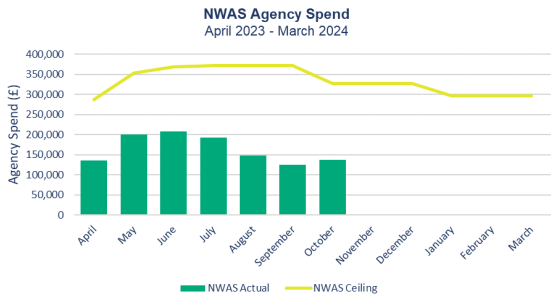


Figure F1.2

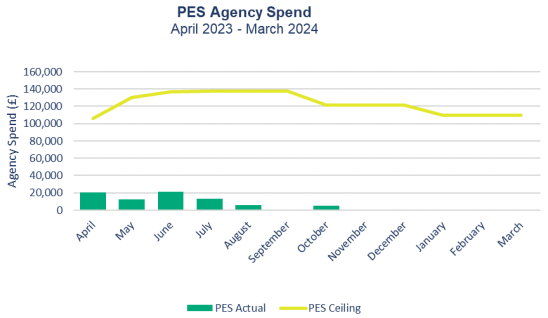


Figure F1.3

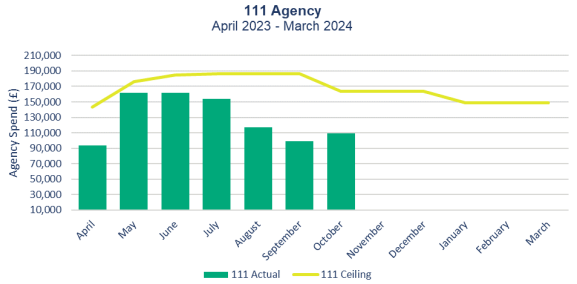


Figure F1.4

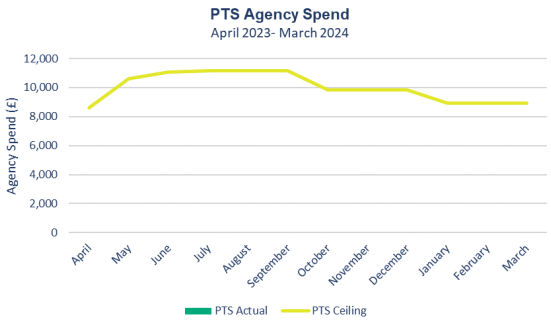


Figure F1.5

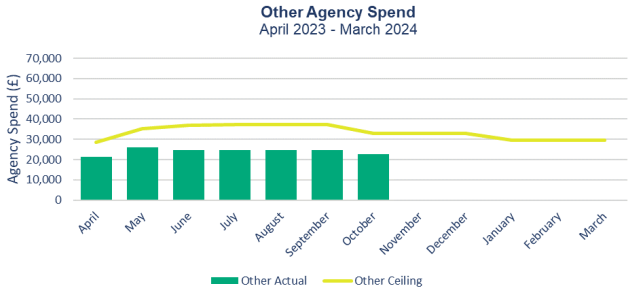


Figure F1.6

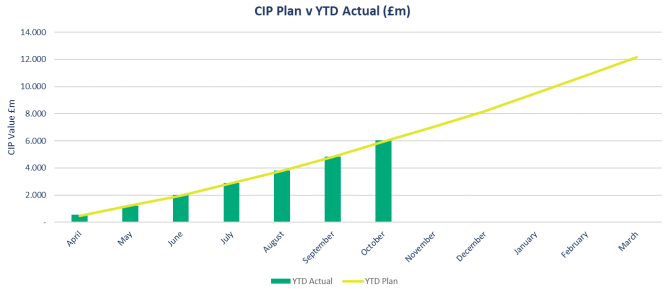


Figure F1.7

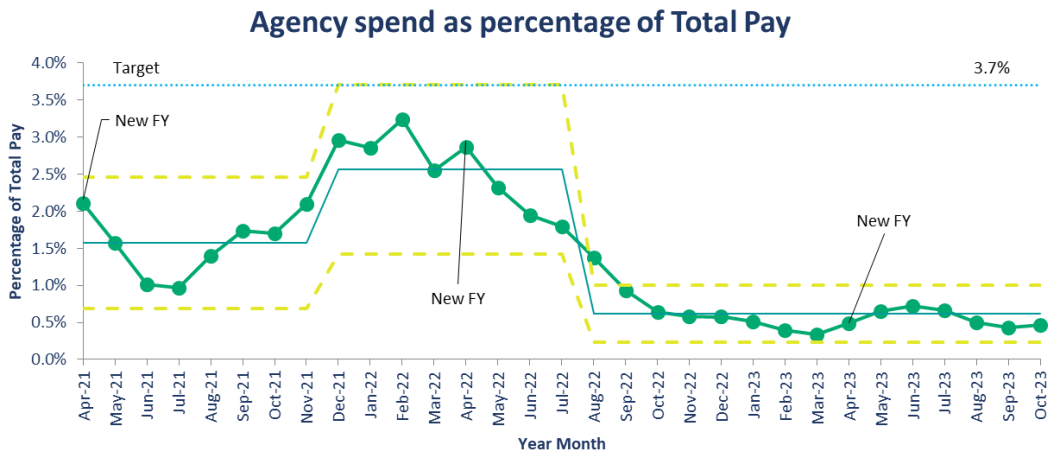


Figure F1.8

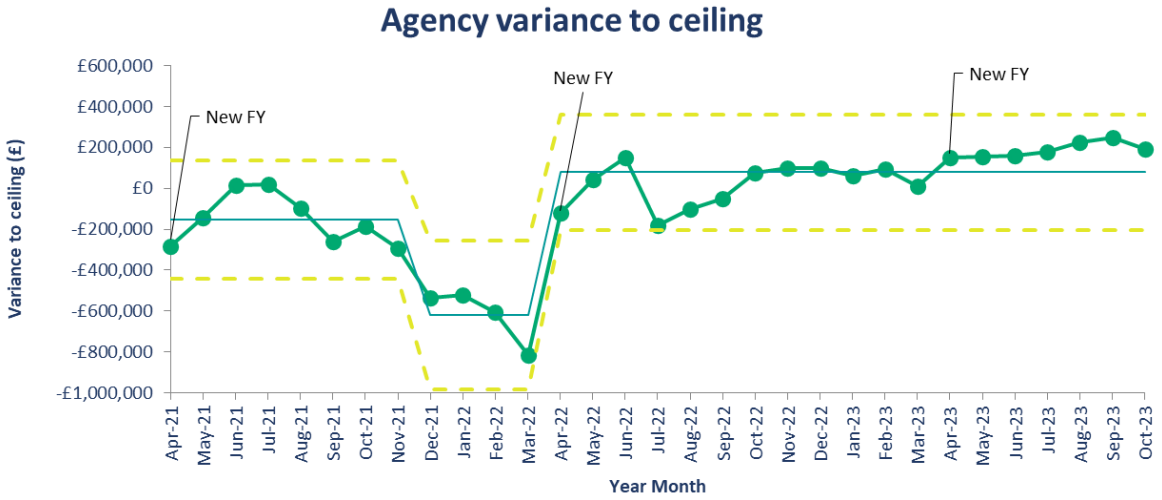
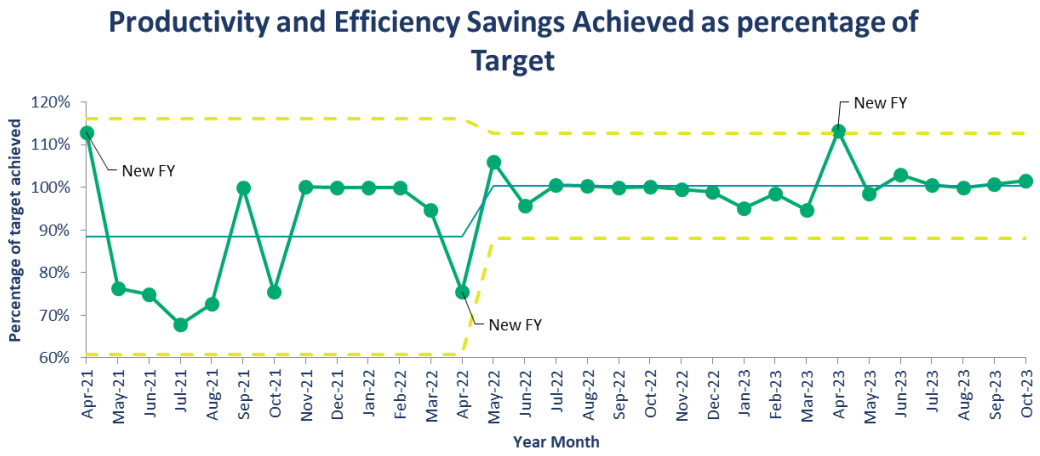


Figure F1.9



Organisational Health

OH1 STAFF SICKNESS

Figure OH1.1

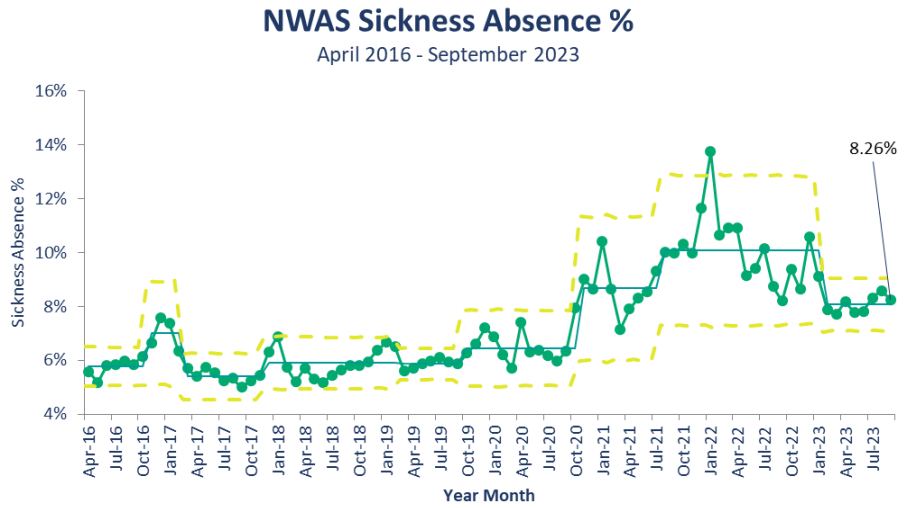


Table OH1.1

Sickness Absence	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Ju-23	Aug-23	Sep-23
NWAS	9.38%	8.64%	10.60%	9.11%	7.88%	7.71%	8.18%	7.77%	7.82%	8.33%	8.58%	8.26%
Amb. National Average	7.99%	7.66%	9.15%	7.71%	7.06%	6.82%	6.62%	6.33%	6.46%			

Figure OH1.2

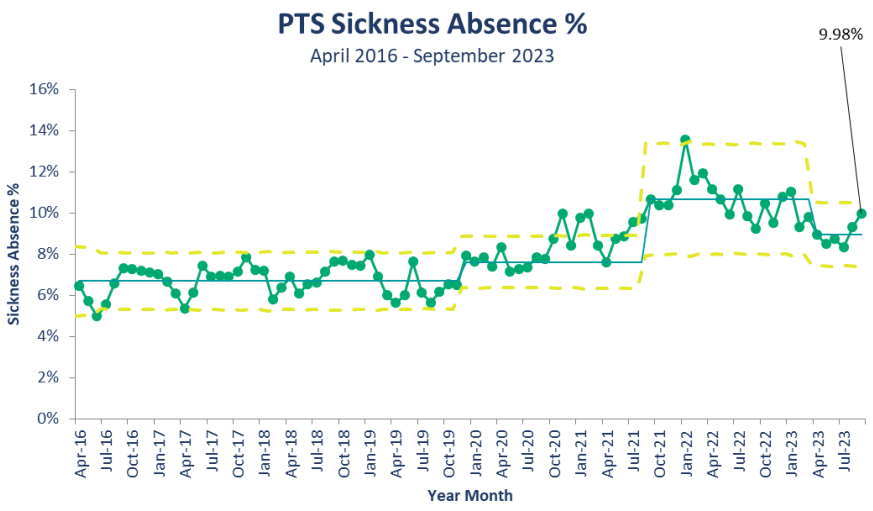


Figure OH1.3

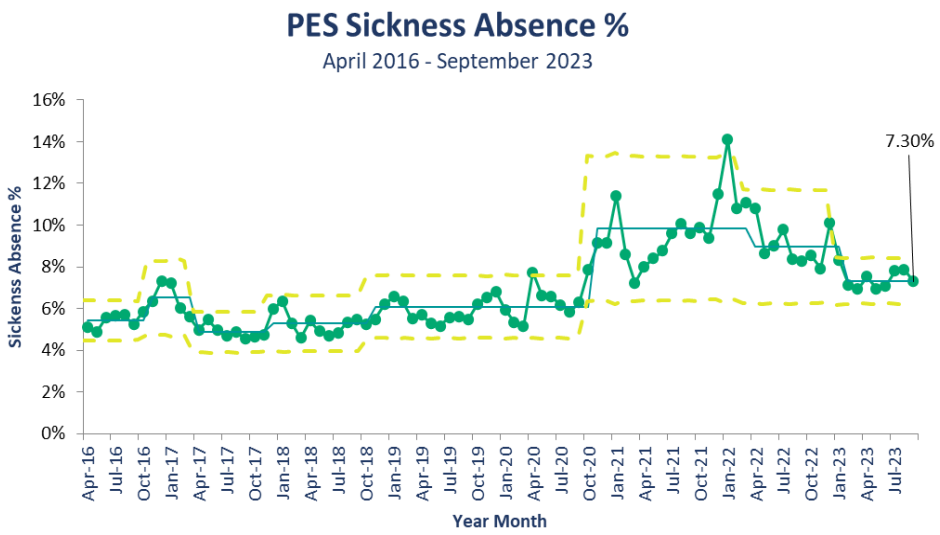


Figure OH1.4

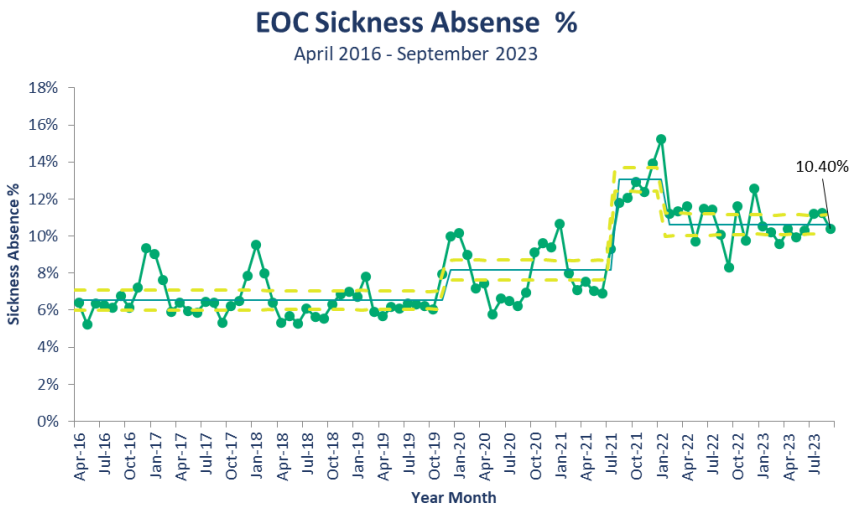
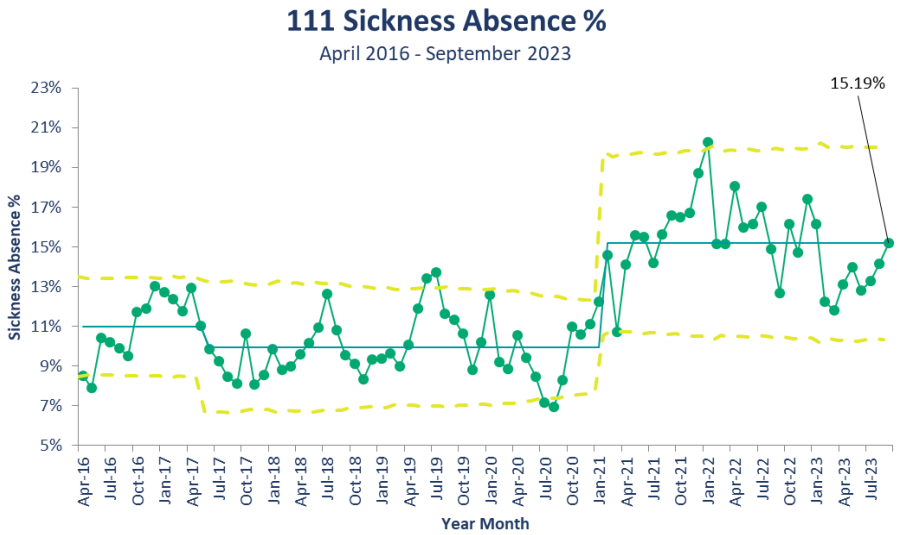


Figure OH1.5



OH2 STAFF TURNOVER

Figure OH2.1

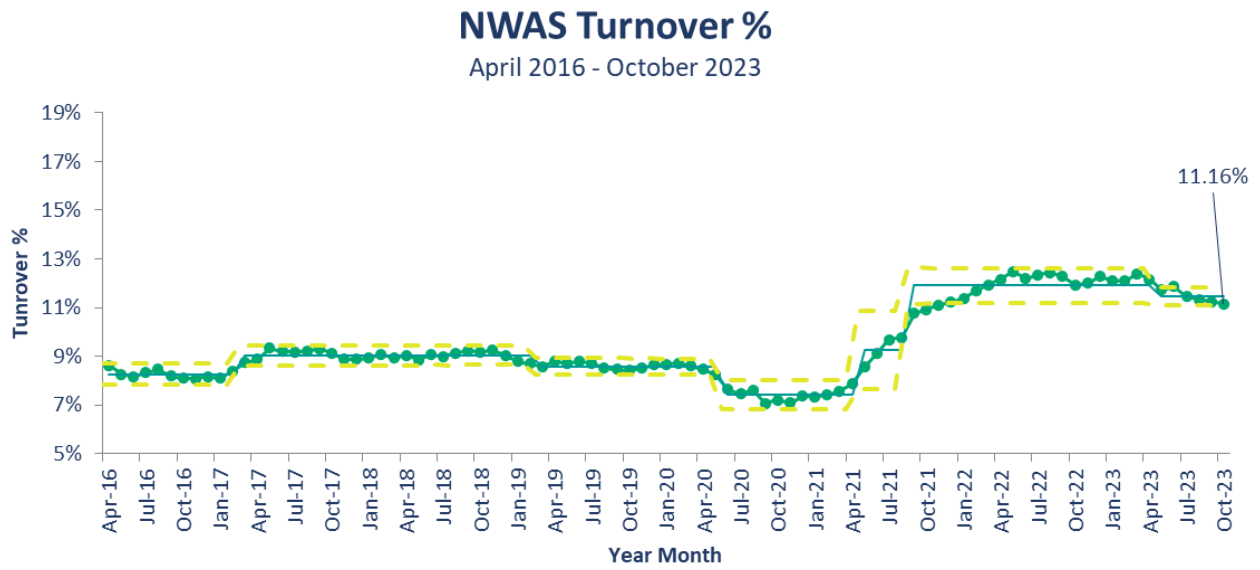


Table OH2.1

Turnover	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
NWAS	12.01%	12.28%	12.11%	12.09%	12.38%	12.15%	11.73%	11.87%	11.46%	11.35%	11.23%	11.16%
Amb. National Average	12.15%	12.16%	12.19%	12.21%	12.60%	12.17%	11.81%	11.71%	11.49%			

Figure OH2.2

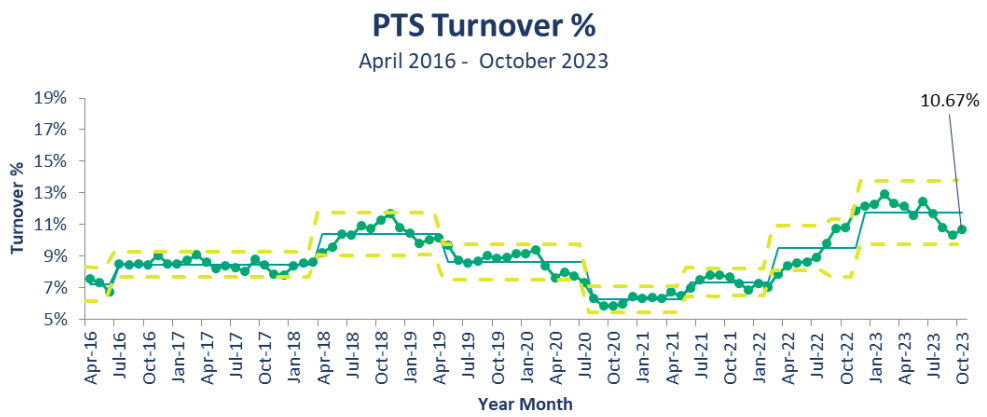


Figure OH2.3

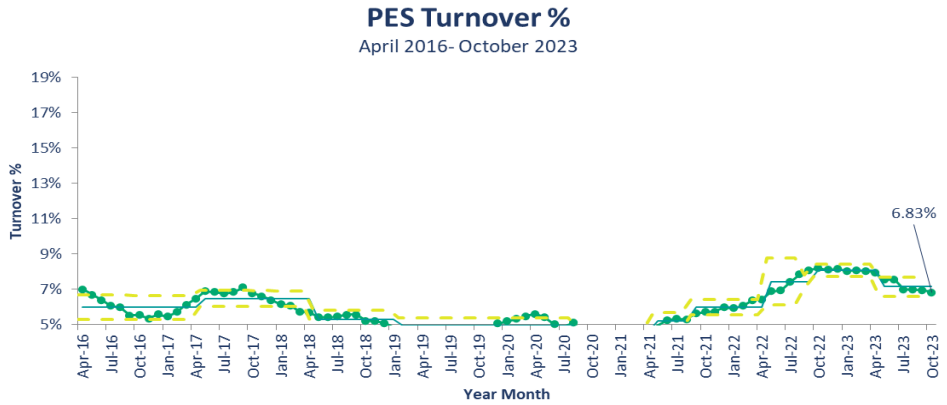


Figure OH2.4

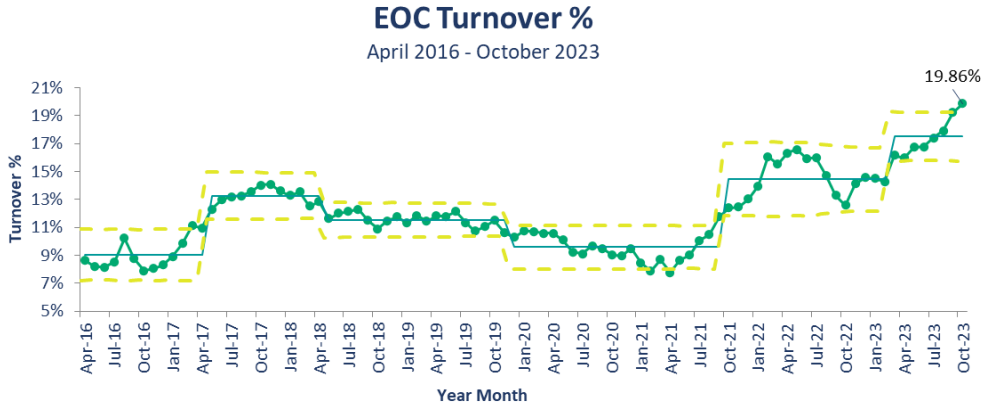
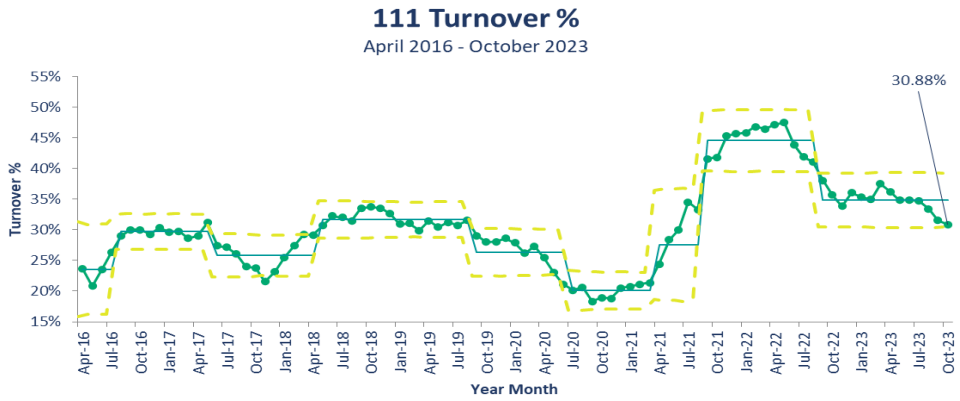


Figure OH2.5



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

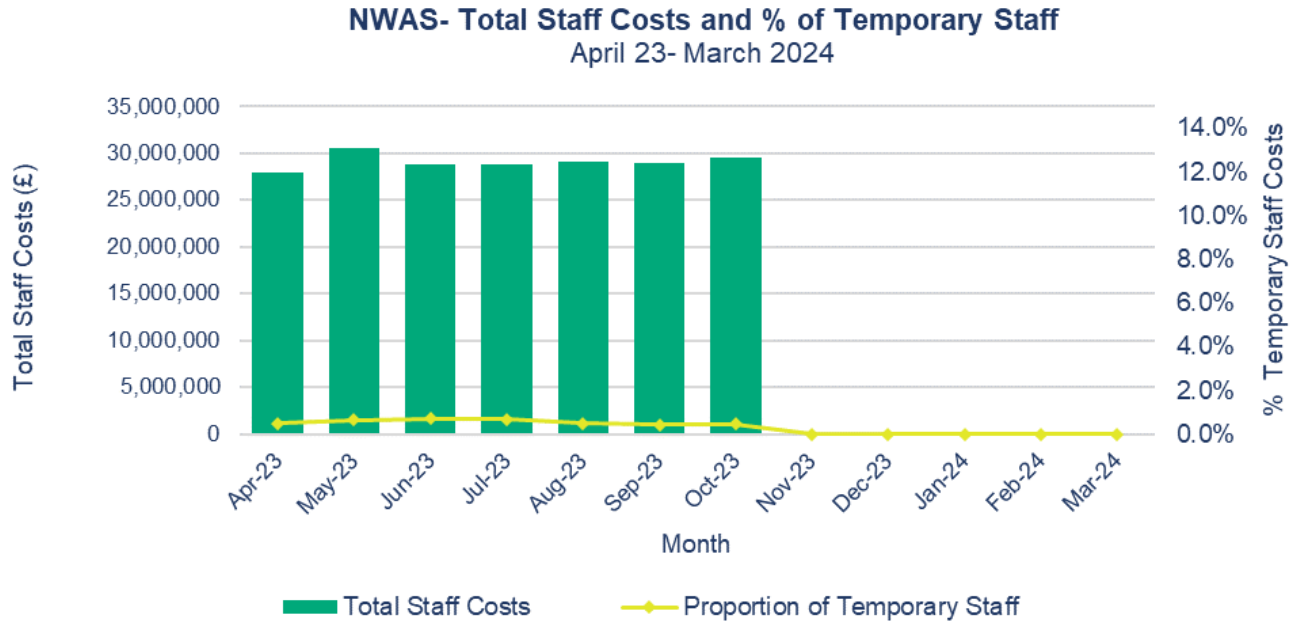


Table OH4.1

NWAS	Nov- 22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug -23	Sep-23	Oct-23
Agency Staff Costs (£)	159,947	157,417	140,004	107,701	191,258	135,492	200,114	207,520	192,594	147,684	124,670	136,633
Total Staff Costs (£)	27,494,954	27,204,469	27,041,860	26,856,025	56,312,765	27,882,122	30,582,073	28,815,903	28,871,609	29,127,865	29,022,514	29,479,928
Proportion of Temporary Staff %	0.6%	0.6%	0.5%	0.4%	0.3%	0.5%	0.7%	0.7%	0.7%	0.5%	0.4%	0.5%

Figure OH4.3

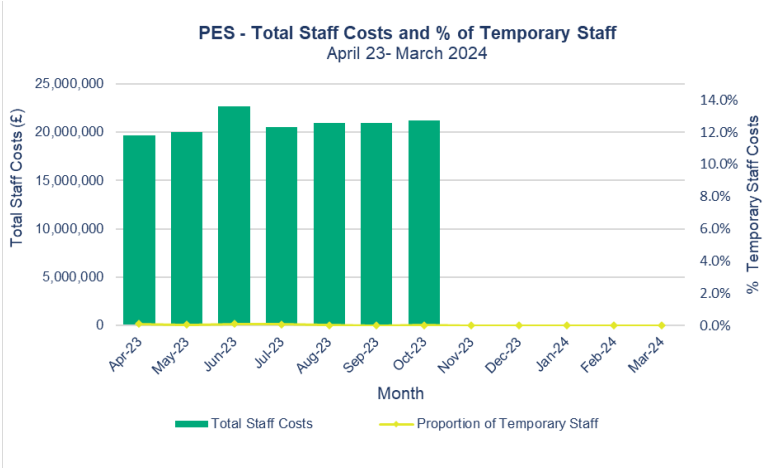


Figure OH4.4

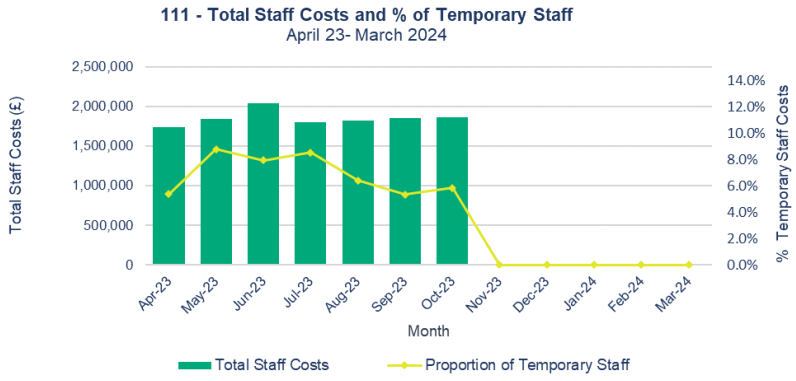


Figure OH4.5

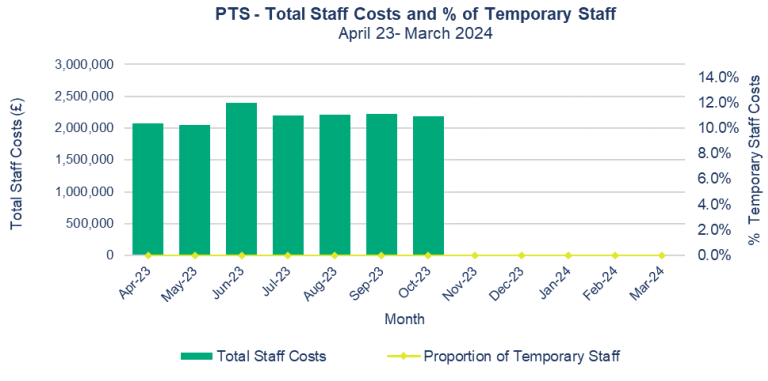
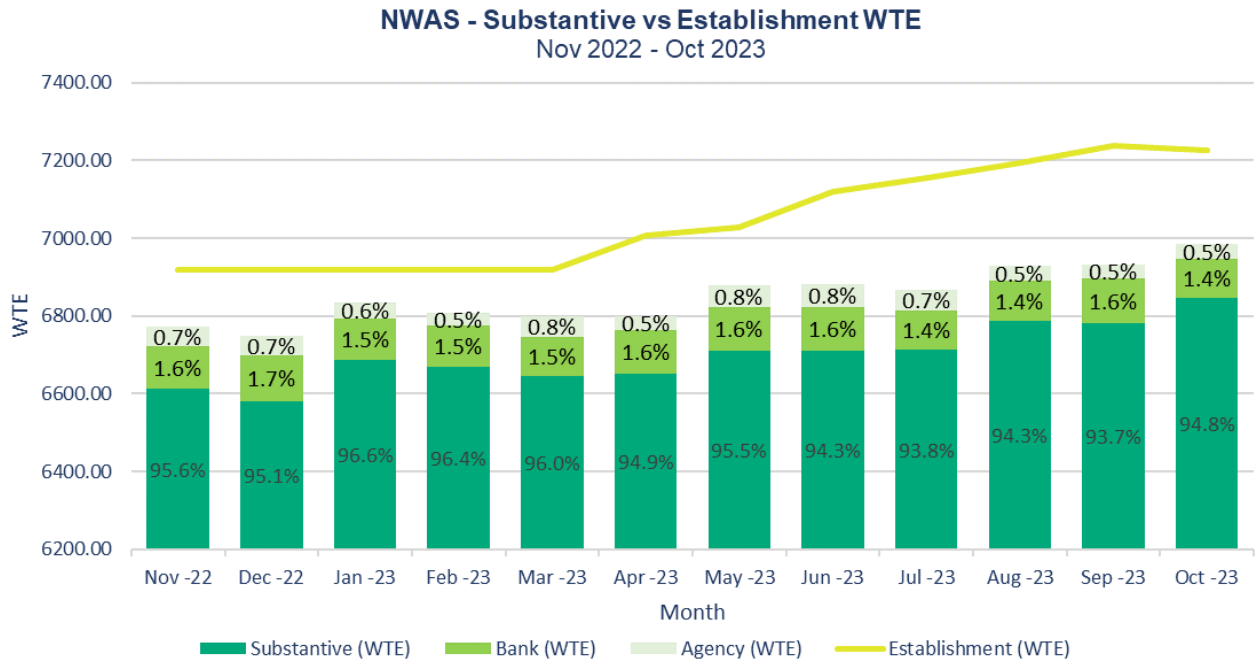


Figure OH4.2



OH5 VACANCY GAP

Figure OH5.1

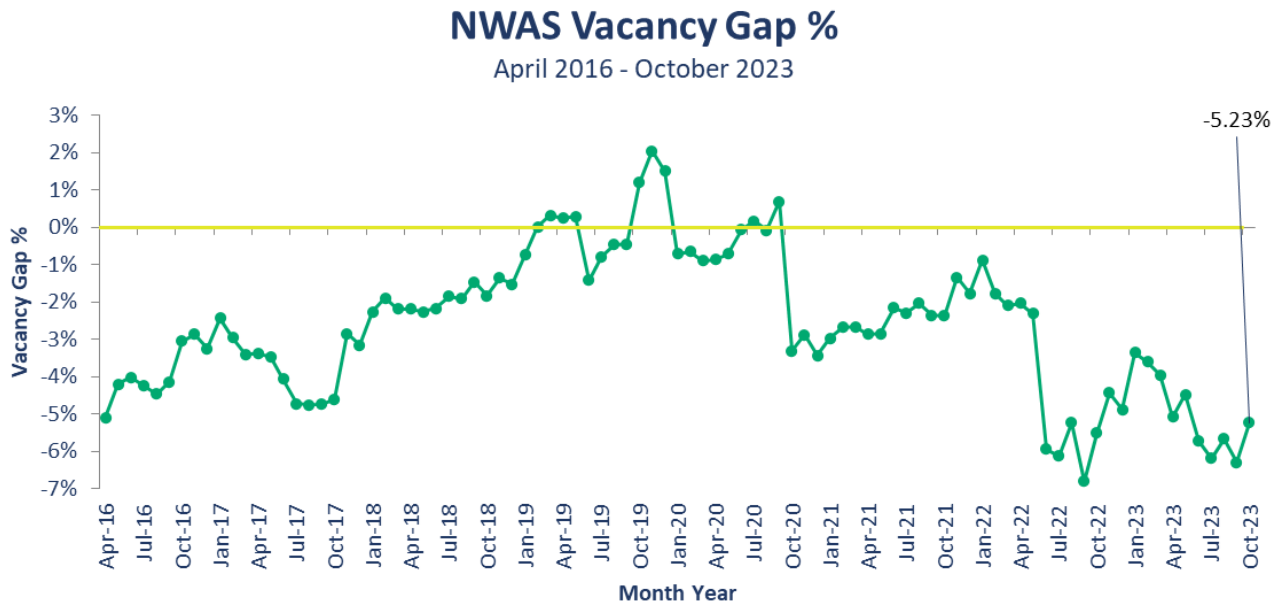


Table OH5.1

Vacancy Gap	N0v-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
NWAS	-4.44%	-4.88%	-3.35%	-3.61%	-3.96%	-5.08%	-4.49%	-5.72%	-6.18%	-5.67%	-6.30%	-5.23%

Figure OH5.2

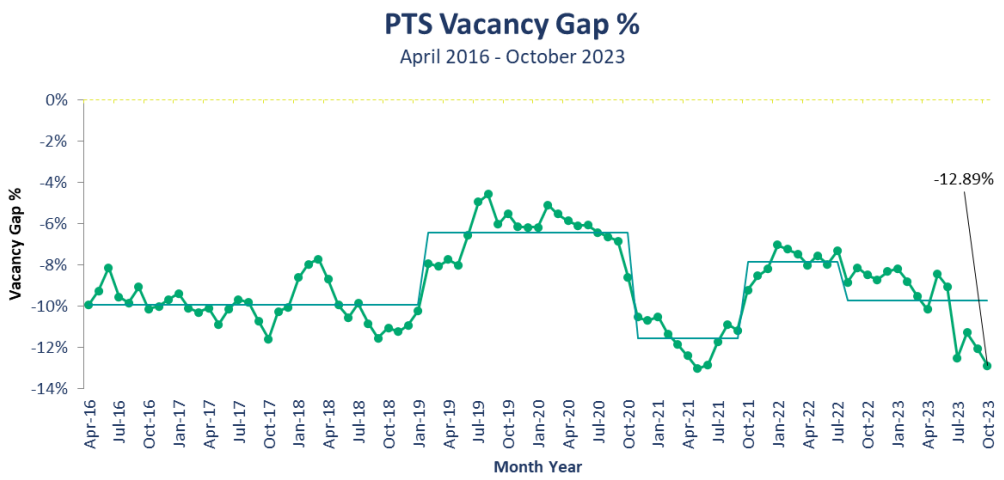


Figure OH5.3

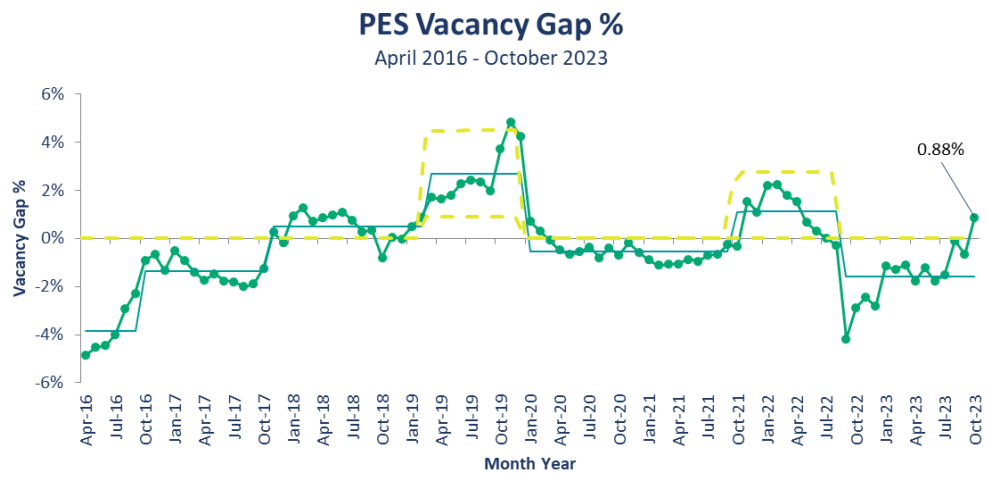


Figure OH5.4

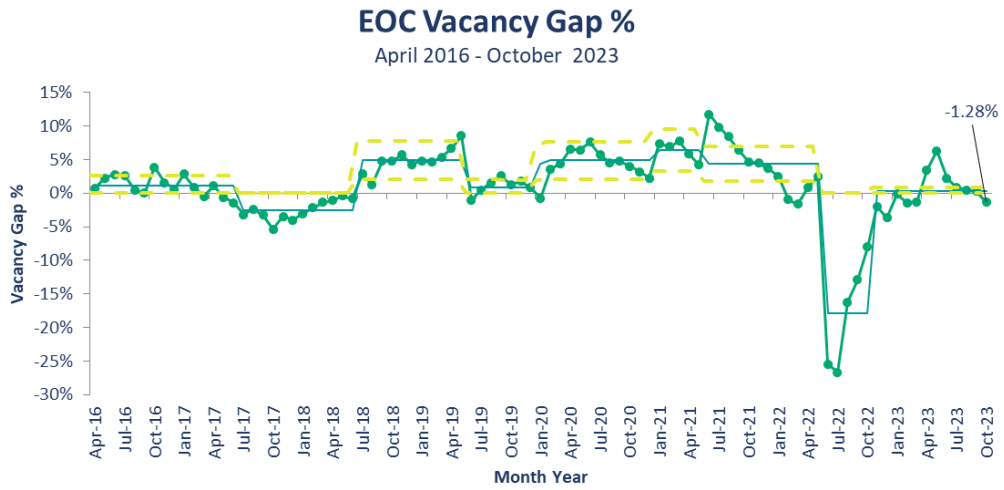
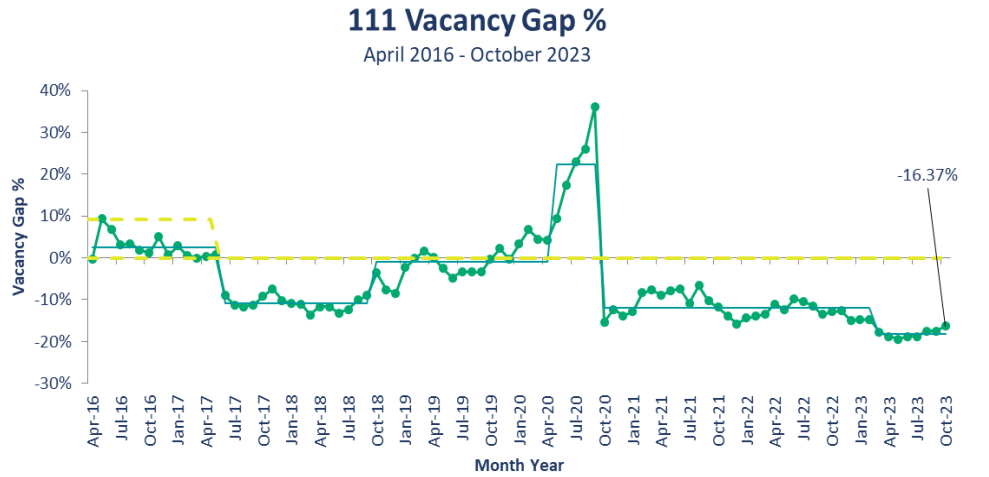


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1

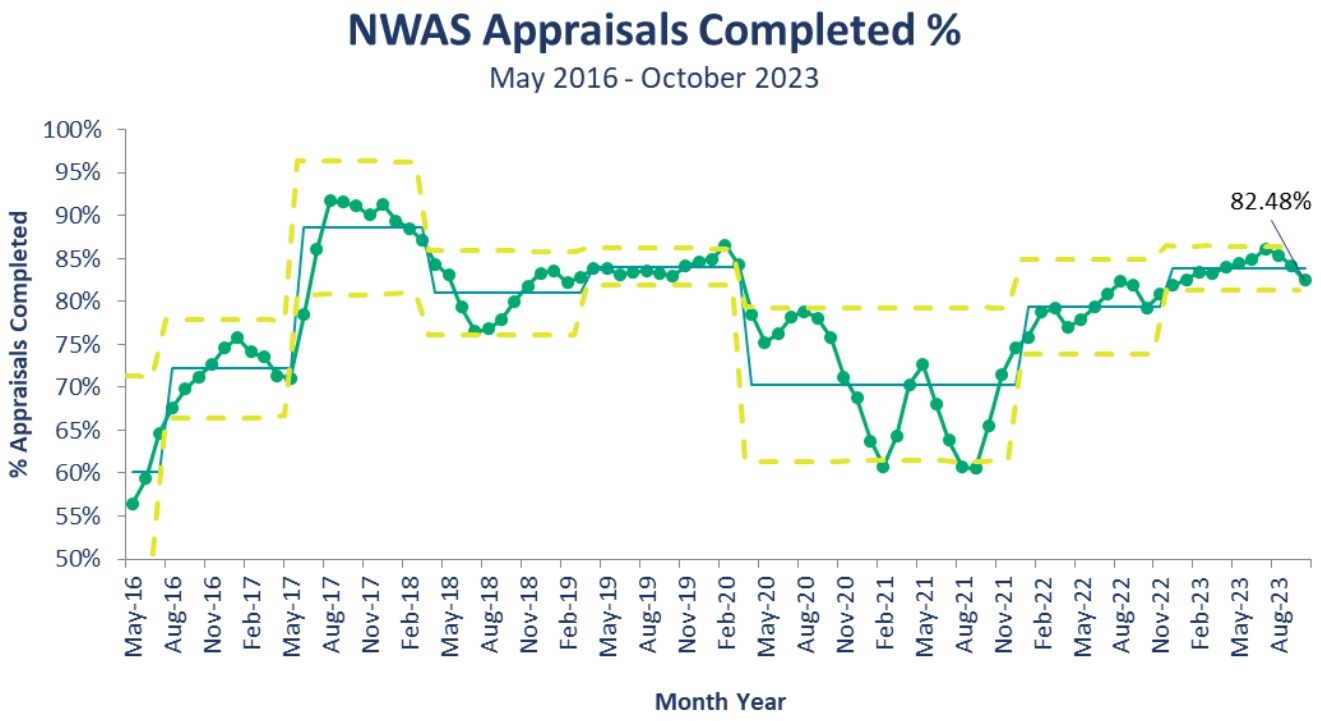


Table OH6.1

Appraisals	Nov-22	Dec-22	Jan-22	Feb-22	Mar-22	Apr-22	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
NWAS	81%	82%	82%	83%	83%	84%	84%	85%	86%	85%	84%	82%

Figure OH6.2

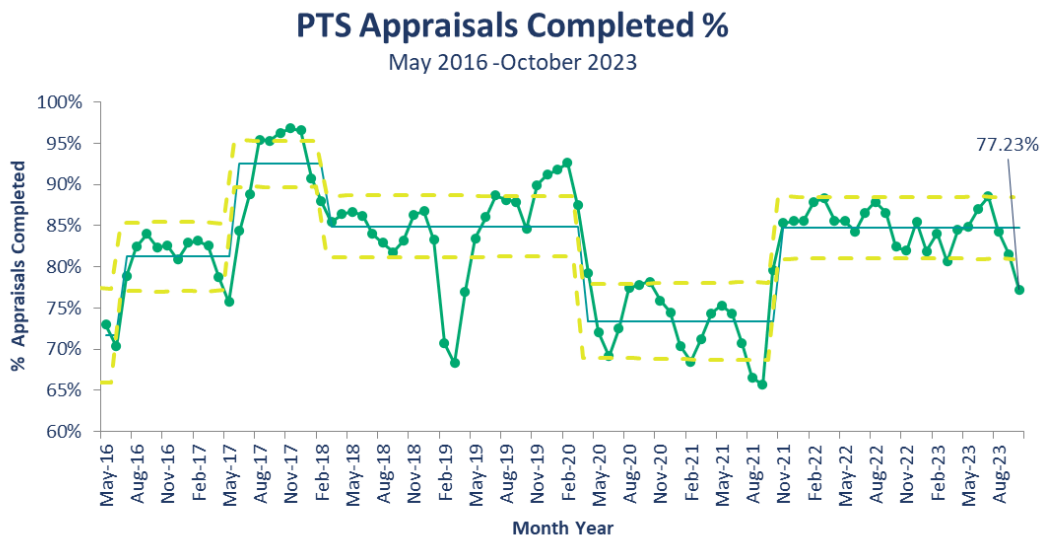


Figure OH6.3

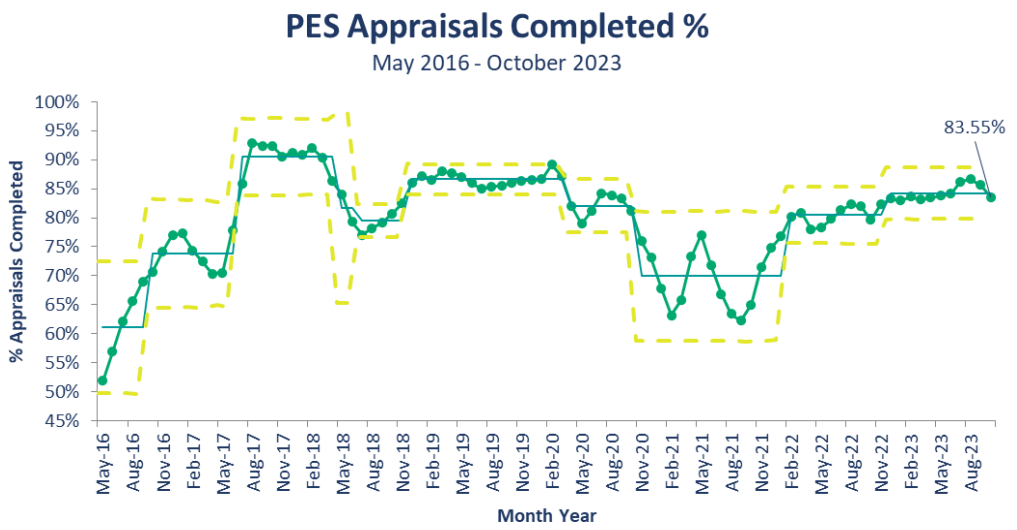


Figure OH6.4

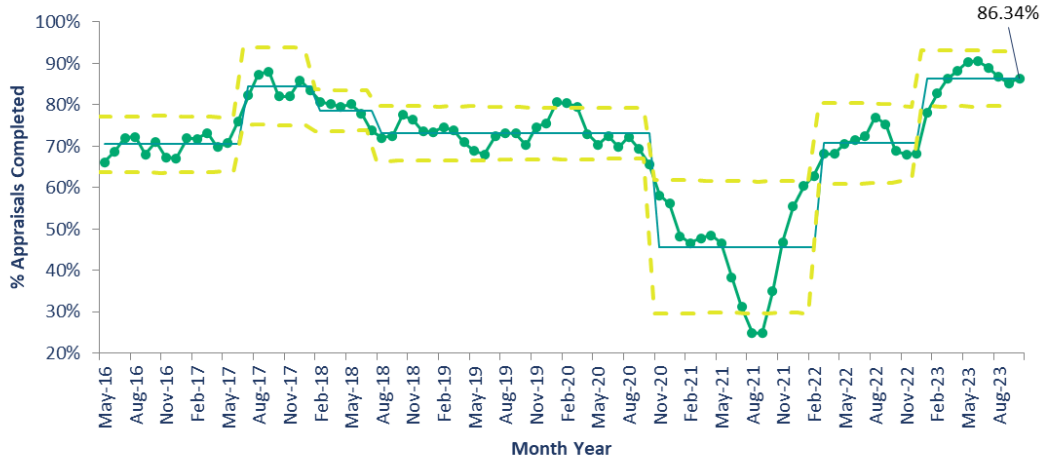
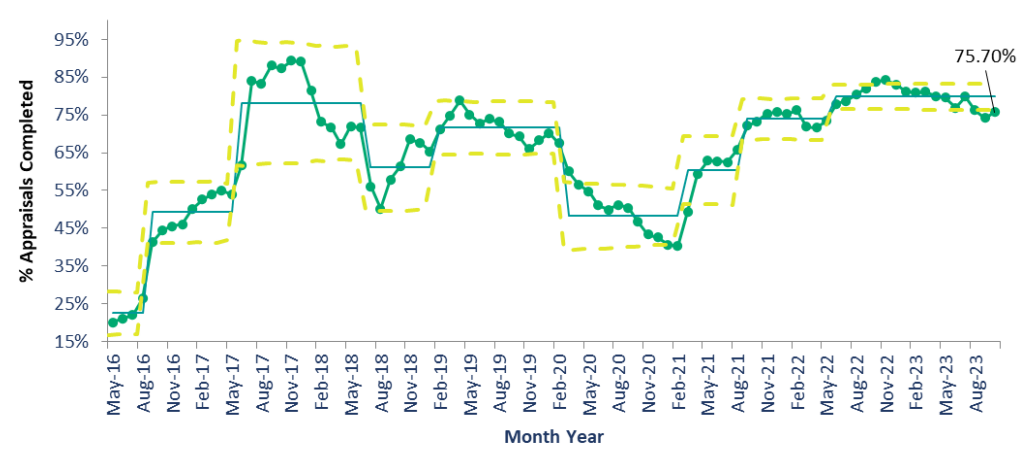


Figure OH6.5



OH7 MANDATORY TRAINING

Figure OH7.1

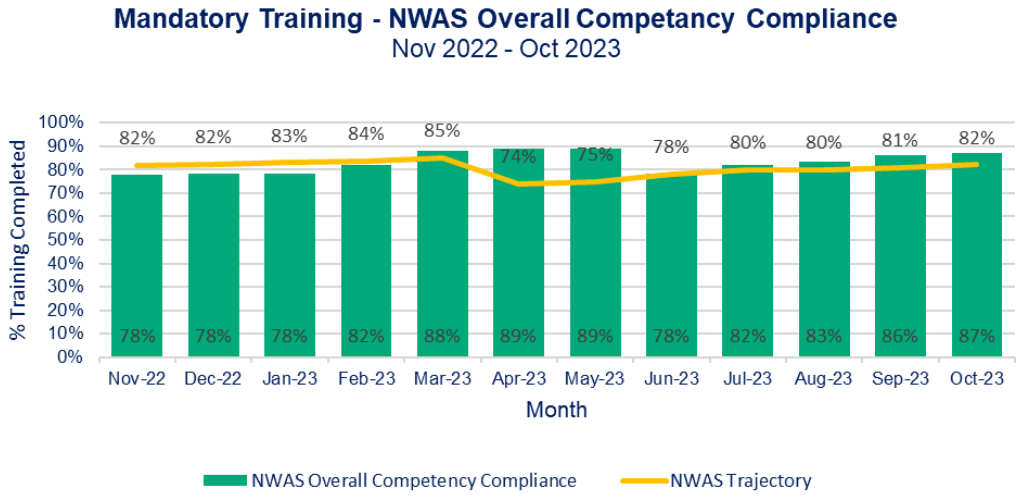


Figure OH7.2

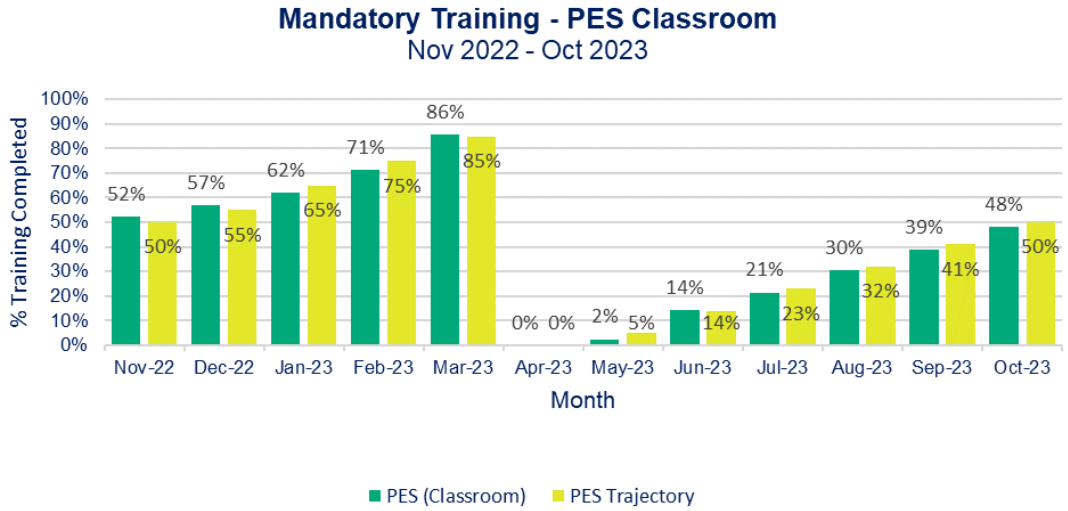


Figure OH7.3

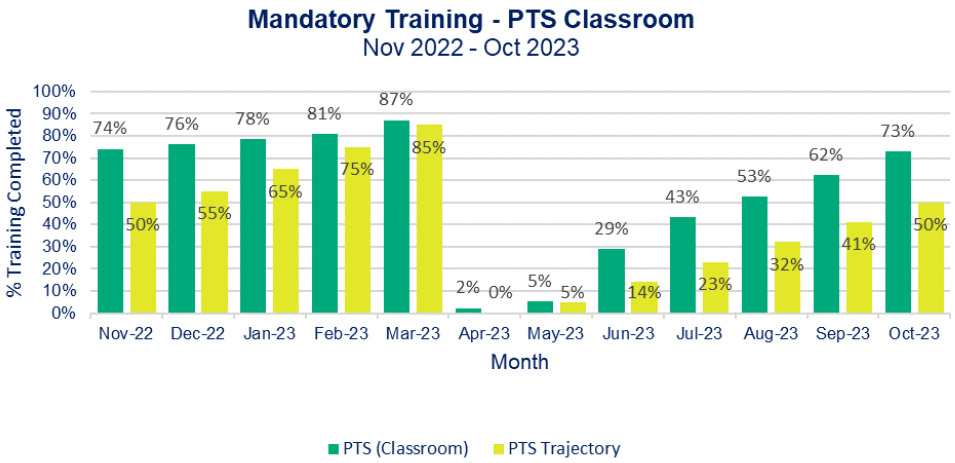


Figure OH7.4

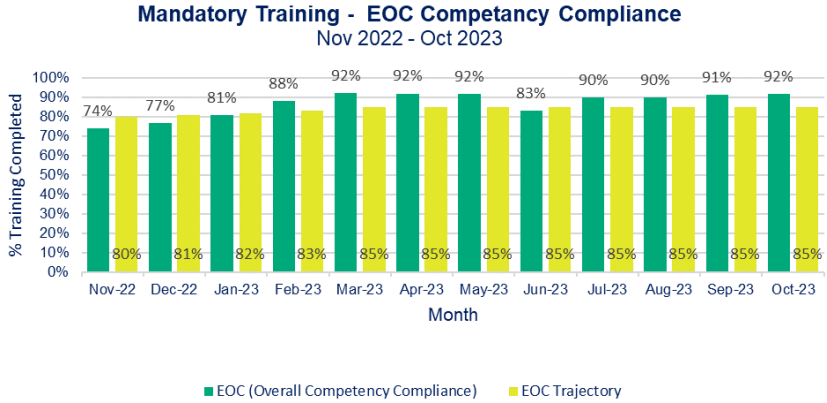


Figure OH7.5

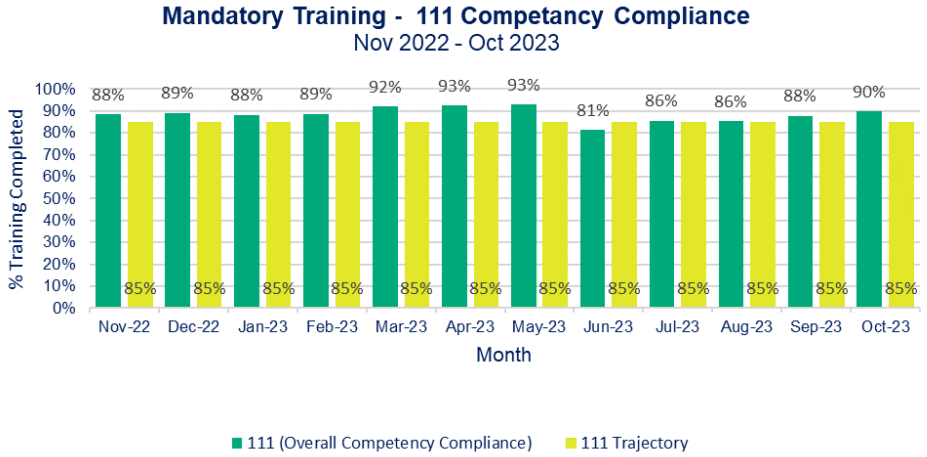
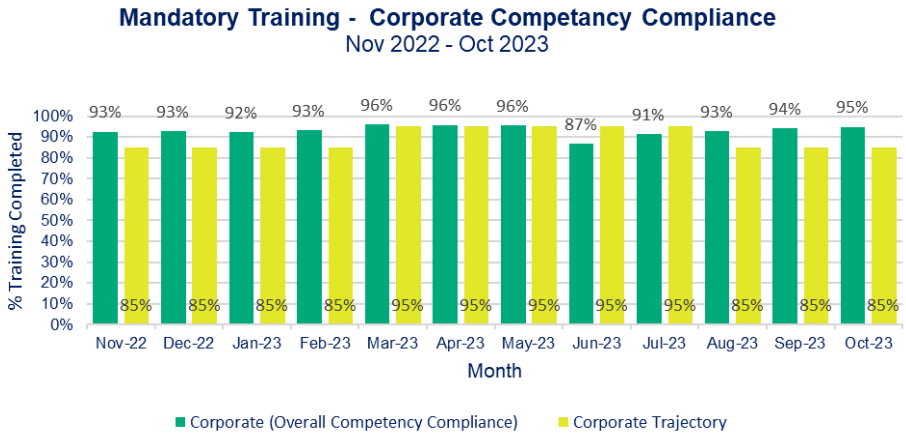


Figure OH7.6



OH8 CASE MANAGEMENT

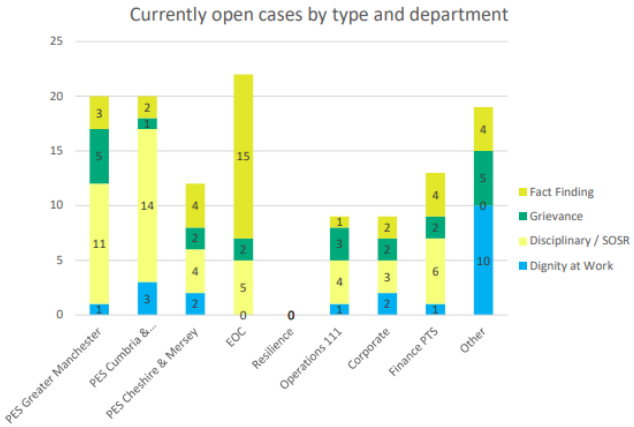
Figure OH8.1

Employee Relation Dashboard @ 07 November 2023. All information related to Dignity at work, Disciplinary, Fact Finding and Grievance cases only

NWAS Summary split by service line and sector

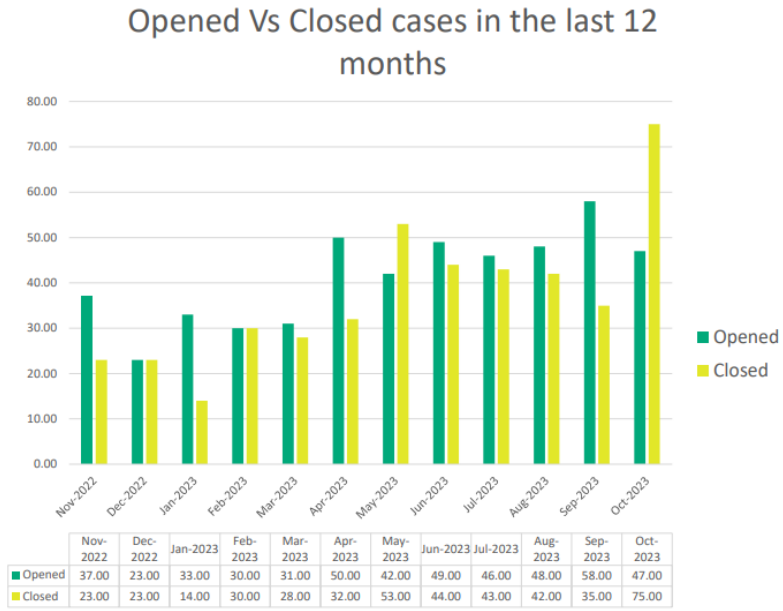
Service Line	Number of Live cases	Prevalence Live cases (numbers per hundred staff)	Number of cases closed in last 12 months	Prevalence closed cases in last 12 months (numbers per hundred staff)	Average length of time (weeks) taken to close ER cases in last 12 months
Operations ~ PES	54.00	1.3	189.00	4.6	13.09
CAM PES	12.00	0.9	65.00	5.0	17.28
CAL PES	20.00	1.5	55.00	4.2	10.46
GM PES	20.00	1.4	69.00	4.8	11.25
Operations ~ EOC	22.00	1.8	64.00	5.3	6.85
Operations ~ 111	9.00	1.4	53.00	8.4	6.83
Operations ~ PTS	13.00	1.3	67.00	6.7	10.03
Operations ~ Resilience	0.00	0.0	1.00	0.7	0.00
Corporate	9.00	1.6	21.00	3.7	15.90
Other	19.00		47.00		14.46
NWAS Summary	126.00	1.6	442.00	5.8	11.47

Other * - This included a number of incidents with several staff members involved, making it impossible to attribute them to a certain sector.



Case Type Summary

Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Dignity at Work	21	61	20.48
Disciplinary	47	90	21.11
Fact Finding	36	196	5.01
Grievance	22	95	13.48
Case Summary	126	442	11.47



	Nov-2022	Dec-2022	Jan-2023	Feb-2023	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023
Opened	37.00	23.00	33.00	30.00	31.00	50.00	42.00	49.00	46.00	48.00	58.00	47.00
Closed	23.00	23.00	14.00	30.00	28.00	32.00	53.00	44.00	43.00	42.00	35.00	75.00

Length of current live cases by case type

Case Type	less than 3 months	more than 3 months	more than 6 months	more than 12 months
Dignity at Work	10	7	4	0
Grievance	15	4	3	0
Fact Finding	27	6	3	0
Disciplinary / SOSR	22	15	9	1
Case Total	74	32	19	1

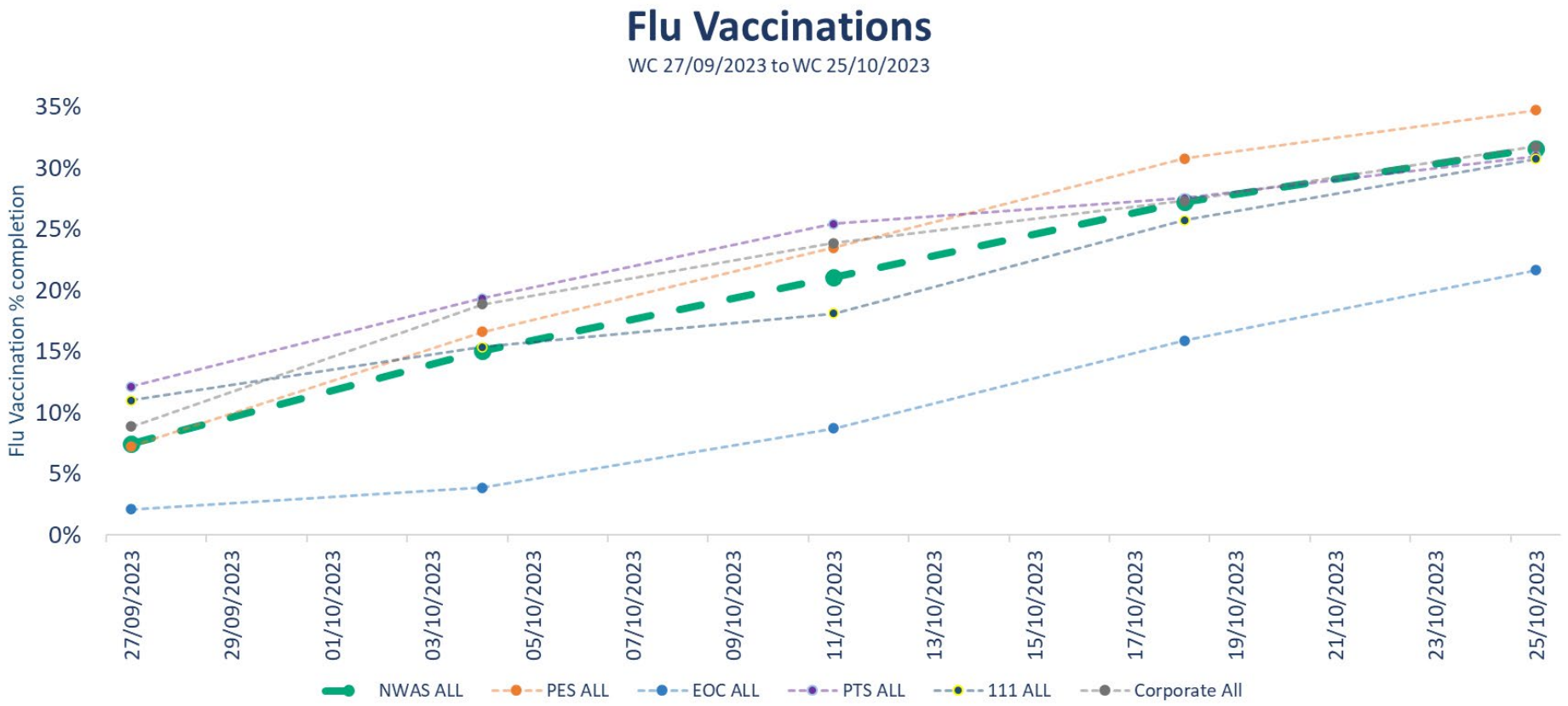
Top 5 Reasons for opening Disciplinary cases in the past 12 months

Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	14
SOSR	8
Police Investigation	6
Victimisation/Bullying and Harassment	6
DIS - Appeal received ref: Dismissal	6
NWAS Summary	40

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

OH9 Flu Vaccination

Figure OH9.1



North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29th November 2023				
SUBJECT:	Infection Prevention and Control Bi-Annual IPC BAF				
PRESENTED BY:	Emma Orton, Assistant Director of Nursing and Quality				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☒	☐	☐	☐	☐
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☒	☐	☐	☐	☐
PURPOSE OF PAPER:	For Assurance				
EXECUTIVE SUMMARY:	This paper provides the Quality and Performance Committee with the updated Infection Prevention and Control Board Assurance Framework (IPC BAF) (v1.1). The IPC BAF provides assurance that policies, procedures, systems, processes, and training are in place to minimise the risk of transmission of respiratory infection to service users, patients and staff. It also identifies gaps in assurance, IPC risks and mitigations. The Framework is organised under 10 Key lines of enquiry, each with a series of questions which need to be addressed. In October 2022 NHS England and Improvement provided an updated IPC BAF (V1.11) in which the Trust has now developed in line with the overarching Trust BAF. It is to be noted by Board that there have been significant steps in improving IPC within the Trust and that at present, we have no red rag rated areas and 9 amber rated areas. We now receive Occupational Health reports to the Infection Prevention and Control Sub Committee (IPCSC), along with regular attendance and representation from the UK Health Security Agency (UKSHA). Gaps in Control are clearly articulated and a timeline to improve declared throughout the BAF. There are no new risks identified. 3 risks remain on the risk register – one has increased in score from an 8 to a 12. This is risk ID 322 and relates to data from Safecheck. The recent update of the SafeCheck system has unfortunately caused unforeseen issues with the data flowing into the IPC Power BI dashboard, requiring further development work by the digital innovation team which has now been completed. Whilst the data is now flowing back out of SafeCheck again, there is now some work required				

	by the BI (reporting) team to get the dashboard live again. This is expected to be completed within the next 2 weeks. The other risk scoring a 12 is - risk ID 236. This relates to fit testing. This risk has reduced from its previous score of 15. We expect this risk to reduce again at the next quarter, as 3 fit testers have now been employed and are completing fit testing in all 3 areas. Risk ID 255 is scored as an 8. This is in relation to sharps injuries. There is currently a specific piece of work underway in relation to the design of a sharps box which will be unique to the Ambulance service. Risks are regularly reviewed and managed, and action undertaken. The updated IPC BAF will be monitored by the IPC Sub Committee.
RECOMMENDATIONS:	The Trust Board is asked to: • Note and acknowledge the significant steps of improvement in relation to IPC within the Trust • Note the gaps in control and the measures being taken to improve performance and provide further assurance
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 ☐ People

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:	Infection Prevention and Control Sub Committee	
	Date:	Tuesday 14th November 2023
	Outcome:	Approved for onward submission to the Quality and Performance Committee
	Quality and Performance Committee	
	Date:	27th November 2023
	Outcome:	Recommendation will not be known as paper submitted prior to Quality and Performance Meeting

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1. PURPOSE

1.1 The purpose of this paper is to introduce the updated Infection Prevention and Control Board Assurance Framework (IPC BAF). The IPC BAF provides the Board of Directors with the NWAS response against the revised 10 KLOEs. This report summarises the assurance given, and any outstanding risks associated with mitigations.

2. BACKGROUND

2.1 NWAS Infection Prevention and Control (IPC) Board Assurance Framework (BAF) provides assurance that policies, procedures, system, processes, and training are in place to minimise the risk of transmission of respiratory infection to service users, patients and staff. It also identifies gaps in assurance, IPC risks and mitigations. It also demonstrates the significant progress and achievements that have been made in delivering effective staff and patient safety.

2.2 The BAF is presented bi-annually to IPC Sub Committee, Quality and Performance Committee prior to the Board of Directors. The BAF has been discussed at IPC Sub Committee and has been circulated to all IPC Sub Committee members for comments and these have been considered.

2.3 This BAF is a revised publication, circulated for use from April 2023. This revised version, lends itself more closely to the ambulance service. There are still a number of indicators that are not relevant to the ambulance service as these are focused on acute care in hospitals. This are noted within the document itself. This is an update from the initial version presented at the July QPC.

2.4 It is of note that 3 face fit testers have now been recruited and have commenced independent fit testing across the organisation. All members of the IPC team have also undertaken face fit testing training along with some members of the education team.

2.5 The IPC team have been extremely responsive in communicating information out to staff in response to revised national guidance on emerging infectious diseases - they have been a specialist resource and have improved visibility to ensure that staff are supported in the workplace. The IPC team have also spent a significant amount of time revising and streamlining policies and procedures and producing action cards to provide a quick reference for staff. QR codes have been produced for all documents to enable staff to access the necessary information in a timely manner and from any location.

2.6 Most IPC audits continue to be inputted via Safecheck – however, since Version 2 of safecheck has been in place there have been issues with the extraction of data to the Power BI dashboard and so little assurance can be presented at the IPCSC that there is compliance with IPC policies and procedures. Integrated Contact Centre audits have been developed by the IPCT and results are captured on a Teams questionnaire.

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

3.1 This report and the associated work plan have been assessed against the trusts risk appetite statement. Two areas are of particular relevance:

- Regulatory Compliance for which we have a low-risk appetite to accept any risk that could result in staff being non-compliant with legislation or any frameworks provided by professional bodies. This BAF and the associated work plan ensure we meet our regulatory compliance requirements
- Safety for which we have a low appetite to accept risks that could materially provide a negative impact on quality. This report and the associated work plan ensure we are providing a safe environment for staff and patients

3.2 It is to be noted by the Board that there have been significant steps in improving IPC within the Trust and that at present we have no red rag rated areas and 9 amber rated areas. Gaps in Control are clearly articulated and a timeline to improve declared throughout the BAF.

3.3 No new risks identified during the reporting period; 3 risks remain on risk register – one score has been increased from an 8 to a 12. Risks regularly reviewed and managed, and action undertaken.

4. EQUALITY OR SUSTAINABILITY IMPACTS

4.1 There are no equality or sustainability impacts.

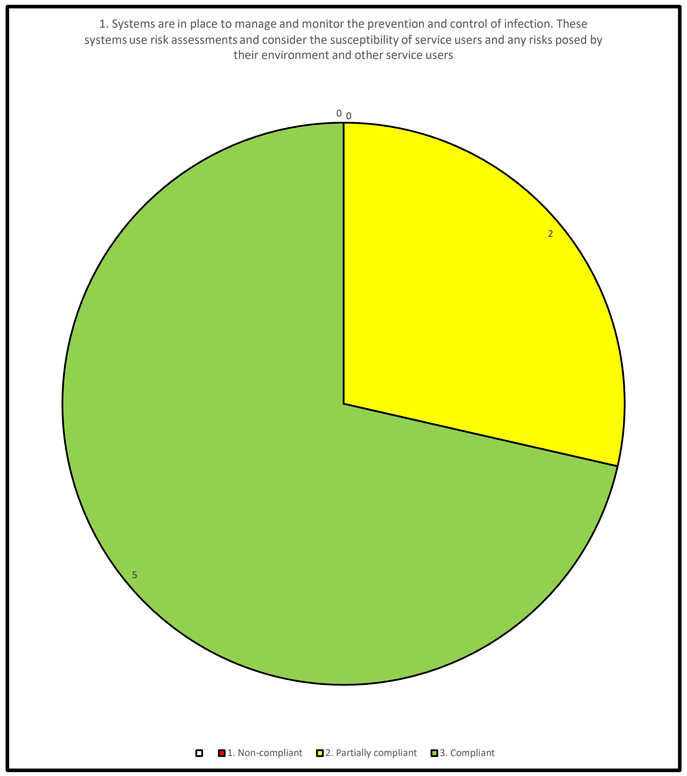
5. RECOMMENDATIONS

5.1 The Trust Board is asked to:

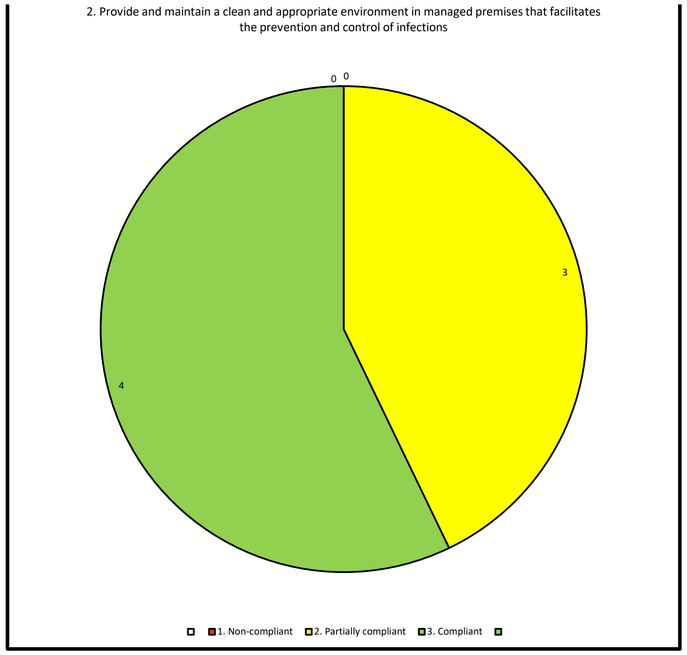
- Note and acknowledge the significant steps of improvement in relation to IPC within the Trust
- Note the gaps in control and the measures being taken to improve performance and provide further assurance

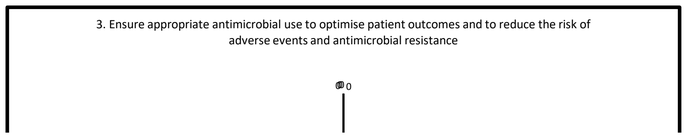
Infection Prevention and Control board assurance framework v0.1

	Key Lines of Enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Comments	Compliance rating
1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them						
Organisational or board systems and process should be in place to ensure that:						
1.1	There is a governance structure, which as a minimum should include an IPC committee or equivalent, including a Director of Infection Prevention and Control (DIPC) and an IPC lead, ensuring roles and responsibilities are clearly defined with clear lines of accountability to the IPC team.	- DIPC (Chief Nurse), bi-monthly IPSC reporting to Q+P, IPC Specialist Lead in post, IPC policy, functioning IPCT. Annual IPC report presented to Board. IPC cell functions as a working group reporting to IPCSC.				3. Compliant
1.2	There is monitoring and reporting of infections with appropriate governance structures to mitigate the risk of infection transmission.	Staff infections reported through OH. Outbreaks reported to IPCT (various sources - Carlisle Support centre/direct from Managers/HR reports). IPCT responsible for managing outbreaks and reporting, as required, to NHSE. Will work with partners if any patient infections as part of a PIR. OH & UKHSA providing reports to bi-monthly IPCSC.				3. Compliant
1.3	That there is a culture that promotes incident reporting, including near misses, while focusing on improving systemic failures and encouraging safe working practices, that is, that any workplace risk(s) are mitigated maximally for everyone.	Incident reporting widely promoted at NWAS. IPC incidents form part of area assurance reports that are presented at IPCSC. Key themes analysed by IPCT and any necessary mitigating actions are put in place. FTSU guardian widely promoted in the Trust. IPC present at Area learning forums. Lessons learned from incidents incorporated into IPC training and comms bulletins. Some joint audits being completed now with H+S - not consistent across NWAS	Work alongside other specialities (eg H+S) to ensure effective working in relation to incidents, key themes & actions taken as a result.	Plans to work closer with H+S to complete audits and prepare joint reports. Discussions being held to consider links between IPC & PSIRF.		2. Partially compliant
1.4	They implement, monitor, and report adherence to the NIPCM.	IPC station + vehcile audits completed 6 monthly by practitioners to capture adherence to NIPCM. Ops managers carry out monthly audits. HH and clinical practice monitored on contact shifts. All audits inputted onto safecheck & presented on dashboard. Link to NWAS policies & procedures are included in IPC manual.	Full assurance not received in last 2 IPCSC since new version of Safecheck been in place - some technical issues resulting in inaccurate data being fed into dashboard	Audits continue to be inputted onto safecheck & any issues identified through audit process should be rectified. IPCT working closely with Innovation to ensure swift resolution		2. Partially compliant
1.5	They undertake surveillance (mandatory infectious agents as a minimum) to ensure identification, monitoring, and reporting of incidents/outbreaks with an associated action plan agreed at or with oversight at board level.	Mandatory surveillance for infectious agents not required for Ambulance Services. Mandatory reporting of COVID staff outbreaks reporting to NHSEI and summary of outbreaks presented at IPC sub-committee	N/A	N/A	N/A	0. Not applicable
1.6	Systems and resources are available to implement and monitor compliance with infection prevention and control as outlined in the responsibilities section of the NIPCM.	IPC station + vehcile audits completed 6 monthly by practitioners to capture adherence to NIPCM. Ops managers carry out monthly audits. HH and clinical practice monitored on contact shifts. All audits inputted onto safecheck & presented on dashboard. Fit testing team recruited to NWAS to carry out fit testing in line with HSE guidelines.				3. Compliant
1.7	All staff receive the required training commensurate with their duties to minimise the risks of infection transmission.	All Trust staff, including those employed via temporary staffing and contractors receive IPC induction. All clinical staff require annual IPC training, non-clinical staff have bi-annual training. IPCT are also available to provide ad-hoc training as required. All training packages are updated annually to reflect best practice. The IPCT has its own Trust intranet/public facing webpage where staff can access information, policies, leaflets, hand decontamination posters, and other helpful resources.				3. Compliant
1.8	There is support in clinical areas to undertake a local dynamic risk assessment based on the hierarchy of controls to prevent/reduce or control infection transmission and provide mitigations. (primary care, community care and outpatient settings, acute inpatient areas, and primary and community care dental settings)	staff can contact IPC during office hours via email, teams or mobile numbers. Outside of these hours staff can contact their managers/ operational managers for IPC support. ONcall tactical advisors are also available to provide necessary IPC guidance. EOC have access to A-Z of communicable diseases. Advacnced paramedics are contactable out of hours for advice. There are policies, procedures and guidance on the Green Room page which all trust staff have access to.				3. Compliant
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections						
System and process are in place to ensure that:						

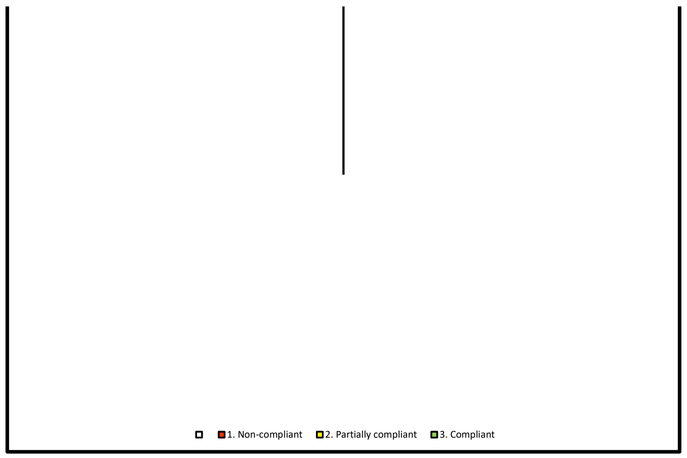


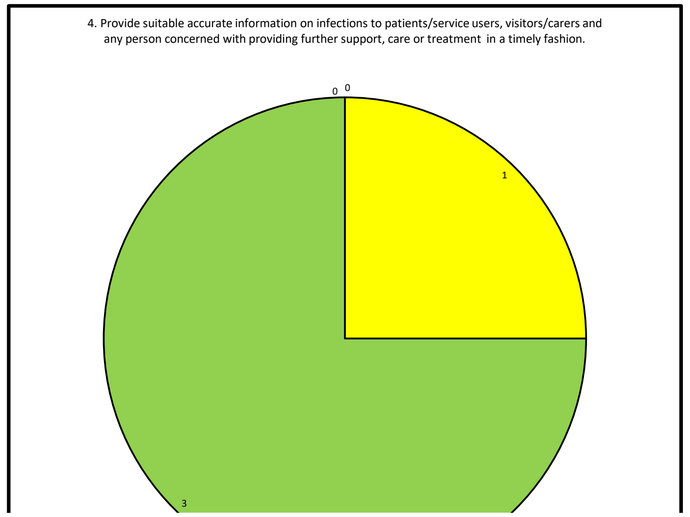
2.1	There is evidence of compliance with National cleanliness standards including monitoring and mitigations (**excludes some settings e.g. ambulance, primary care/dental unless part of the NHS standard contract** these setting will have locally agreed processes in place).	Awaiting National Standards of cleanliness for ambulance service. Cleanliness is monitored and audited with locally agreed protocols and via IPC audits. NWAS have a cleaning contractor who is monitored by the facilities manager. Audits are carried out by the contractor, NWAS staff and IPC team for assurance of standards on stations.	NSoC for ambulance service are out in draft format to comment on - will need final versions in order to benchmark. National Standards of cleanliness for ambulance service still not published - Nov 23	IPC specialist Lead working with Facilties Manager to scope provision of cleaning stores and storage facilities. Scoping exercise to be completed by end of Q4. Business case to be developed to ensure all meet required standard - to be completed by end of Q1. Progress to be monitored via the IPCSC		2. Partially compliant
2.2	There is an annual programme of Patient-Led Assessments of the Care Environment (PLACE) visits and completion of action plans monitored by the board.	N/A	N/A	N/A	N/A	0. Not applicable
2.3	There are clear guidelines to identify roles and responsibilities for maintaining a clean environment (including patient care equipment) in line with the national cleanliness standards.	Policies and procedures are in place to inform staff of responsibilities in relation to cleaning and decontamination. National cleaning standards are still not published for ambulance services. Where applicable the National cleaning standards are being applied to NWAS.Reusable equipment is cleaned after patient use Vehicle audits provide evidence of cleaning - these are reported though the IPC SC. IPC do unannounced audits on the 6 weeekly deep clean of vehicles completed by a private provider.	Difficulty completing required number of audits after deep clean due to operational demands. Still awaiting final publication of National Standards of Cleanliness for Ambulance Service.	Increase freqeuncy of audits to try & capture more vehicles. IPC to work closely with new provider of deep clean services to ensure standards of cleanliness are mainatined. Joint audits to be completed		2. Partially compliant
2.4	There is monitoring and reporting of water and ventilation safety, this must include a water and ventilation safety group and plan. **2.4.1** Ventilation systems are appropriate and evidence of regular ventilation assessments in compliance with the regulations set out in HTM:03-01. **2.4.2** Water safety plans are in place for addressing all actions highlighted from water safety risk assessments in compliance with the regulations set out in HTM:04-01.	Water Safety Group meets every 6 months and provides assurance to the health,safety and security sub committee via the Estates, Fleet + Facilities management health, safety and security committee. Ventialtion testing is carried ut in line with national guidance. The Water Safety Group receives reports of anomolies of any water testing carried out at NWAS sites completed by the contractor. Policies and procedures are in place in relation to water safety and ventilation systems.				2. Partially compliant
2.5	There is evidence of a programme of planned preventative maintenance for buildings and care environments and IPC involvement in the development new builds or refurbishments to ensure the estate is fit for purpose in compliance with the recommendations set out in HBN:00-09	IPCT are involved from the planning stage of new builds and refurbishments. IPCT are invited to meetings and site walkablouts throughout the refurbishment period and IPC have to sign off works prior to staff working from the premises.				3. Compliant
2.6	The storage, supply and provision of linen and laundry are appropriate for the level and type of care delivered and compliant with the recommendations set out in HTM:01-04 and the NIPCM.	Minimal linen is stored on vehicles, used linen is disposed of at hospital sites when conveying a patient. Linen which is on the vehicle at the time of service/ scheduled deep clean is removed, bagged and put into carts to be disposed of by local agreement at a local trust.				3. Compliant
2.7	The classification, segregation, storage etc of healthcare waste is consistent with HTM:07:01 which contains the regulatory waste management guidance for all health and care settings (NHS and non-NHS) in England and Wales including waste classification, segregation, storage, packaging, transport, treatment, and disposal.	Policies and procedures are in place in line with national guidance. Waste management overseen by facilities. IPC monitor compliance through audit. Correct waste disposal is included in all teaching sesssions and resources are also available on the Green Room.Waste collection carried out by a private contractor.				3. Compliant
2.8	There is evidence of compliance and monitoring of decontamination processes for reusable devices/surgical instruments as set out in HTM:01-01, HTM:01-05, and HTM:01-06.	All reusable equipment is decontaminated between use. Any surgical instruments are single use. Decontamination certificates are used when equipment sent for servicing/repair.				3. Compliant
2.9	Food hygiene training is commensurate with the duties of staff **as per food hygiene regulations**. If food is brought into the care setting by a patient/service user, family/carer or staff this must be stored in line with food hygiene regulations.	N/A - there is no food provision for patients within NWAS	N/A	N/A	N/A	0. Not applicable
3. Ensure appropriate antimicrobial stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance						
Systems and process are in place to ensure that:						
3.1	If antimicrobial prescribing is indicated, arrangements for antimicrobial stewardship (AMS) are maintained and where appropriate a formal lead for AMS is nominated.	No antibiotics are prescribed - administered under PGD and in line with JRCALC. Only 2 antibiotics are used within the Trust. They are for emergency use and are a one off dose. Paramedics follow PGD for antibiotic use. AMS lead is in the DIPC role supported by the Chief Pharmacist	N/A	N/A	N/A	0. Not applicable



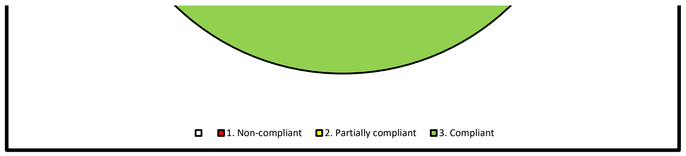


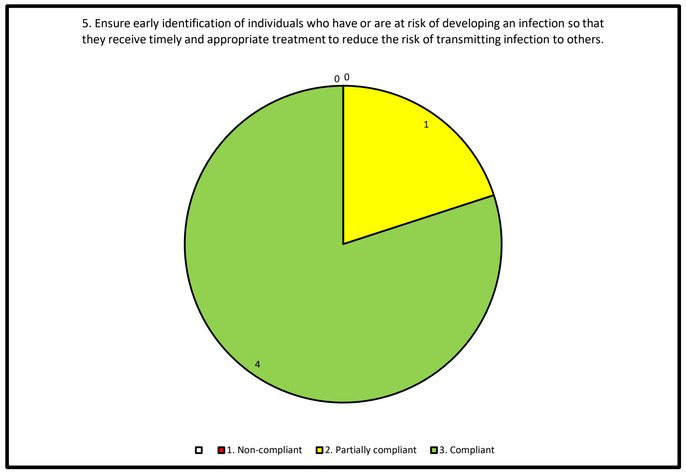
3.2	The board receives a formal report on antimicrobial stewardship activities annually which includes the organisation's progress with achieving the UK AMR National Action Plan goals.	PGD compliance monitoring as part of audit plan - reported into Medicines Optimisation Group which feeds into Clinical Effecftiveness Sub Committee. Audit includes frequency of administration, if compliant with guidance & any related incidents.	N/A	N/A	N/A	0. Not applicable
3.3	There is an executive on the board with responsibility for antimicrobial stewardship (AMS), as set out in the UK AMR National Action Plan.	Director of quality, innovation and improvement - delegates responsibility to the DIPC	NA	NA	NA	0. Not applicable
3.4	NICE Guideline NG15 'Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use' or Treat Antibiotics Responsibly, Guidance, Education, Tools [TARGET] are implemented and adherence to the use of antimicrobials is managed and monitored: •to optimise patient outcomes. •to minimise inappropriate prescribing. •to ensure the principles of Start Smart, Then Focus are followed.					0. Not applicable
3.5	Contractual reporting requirements are adhered to, progress with incentive and performance improvement schemes relating to AMR are reported to the board where relevant, and boards continue to maintain oversight of key performance indicators for prescribing, including: •total antimicrobial prescribing. •broad-spectrum prescribing. •intravenous route prescribing. •treatment course length.					0. Not applicable
3.6	Resources are in place to support and measure adherence to good practice and quality improvement in AMS. This must include all care areas and staff (permanent, flexible, agency, and external contractors)					0. Not applicable
4. Provide suitable accurate information on infections to patients/service users, visitors/carers and any person concerned with providing further support, care or treatment nursing/medical in a timely fashion						
Systems and processes are in place to ensure that:						
4.1	Information is developed with local service-user representative organisations, which should recognise and reflect local population demographics, diversity, inclusion, and health and care needs.	Service user input for the trust is obtained from the engagement team. All information which is in the public domain on the Trust website/ available to the public will be checked by comms. Staff have access to language line to promote communication with patients. Information about minimising risk of infection for patients (PPE etc) is available on vehicles. Engaged with religious partners via EDI team with respect to PPE/RPE. UKHSA attend IPC SC to present local demographic reports for infectious diseases.	Not clear defined relationships with PPIG. Liaise with medical director to identify any further actions in relation to public health and IPC.			2. Partially compliant
4.2	Information is appropriate to the target audience, remains accurate and up to date, is provided in a timely manner and is easily accessible in a range of formats (eg digital and paper) and platforms, taking account of the communication needs of the patient/service user/care giver/visitor/advocate.	Service user input for the trust is obtained from the engagement team. All information which is in the public domain on the Trust website/ available to the public will be checked by comms. Staff have access to language line to promote communication with patients. Information about minimising risk of infection. Posters displayed if outbreak on any site to inform visitors for patients (PPE etc) is available on vehicles.				3. Compliant
4.3	The provision of information includes and supports general principles on the prevention and control of infection and antimicrobial resistance, setting out expectations and key aspects of the registered provider's policies on IPC and AMR.	All information which is on Trust website is reviewed reguarly and updated in line with local and national guidelines. Information is available digitally.				3. Compliant

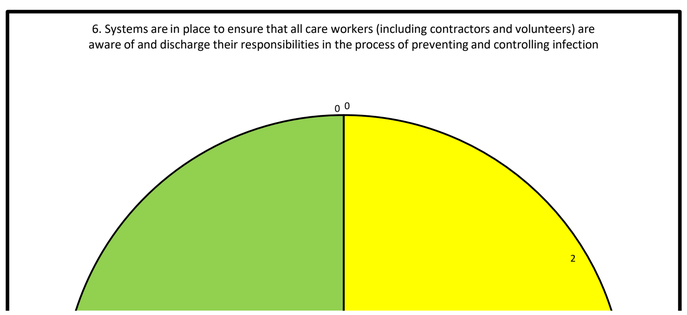




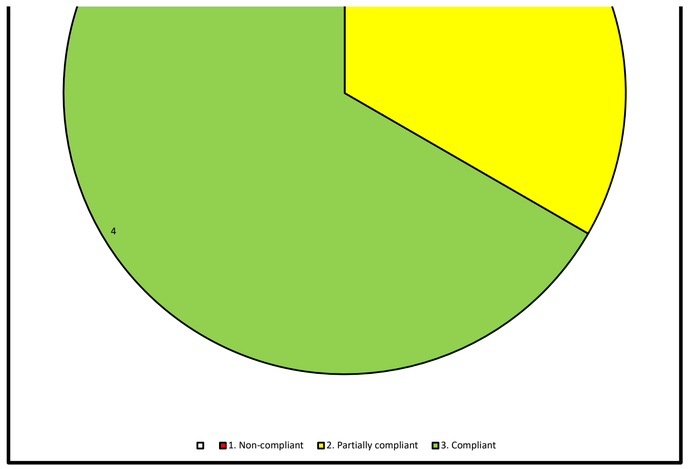
4.4	Roles and responsibilities of specific individuals, carers, visitors, and advocates when attending with or visiting patients/service users in care settings, are clearly outlined to support good standards of IPC and AMR and include: • Hand hygiene, respiratory hygiene, PPE (mask use if applicable) • Supporting patients/service users' awareness and involvement in the safe provision of care in relation to IPC (eg cleanliness) • Explanations of infections such as incident/outbreak management and action taken to prevent recurrence. • Provide published materials from national/local public health campaigns (eg AMR awareness/vaccination programmes/seasonal and respiratory infections) should be utilised to inform and improve the knowledge of patients/service users, care givers, visitors and advocates to minimise the risk of transmission of infections.	Patients and escorts will be asked to wear a mask if it has been risk assessed it is appropriate to do so by the crew or if local/national guidance states so. Outbreak management is undertaken by the IPC team in liaison with ops managers, risk assessments to be carried out to identify necessary actions and implement mitigations - information to be communicated to relevant staff within NWAS. vaccination programme is co ordianted by occupational health. Flu Vaccinations offered to staff - other necessary vaccinations provided by OH. Hand hygiene wipes available on vehicles.				3. Compliant
4.5	Relevant information, including infectious status, invasive device passports/care plans, is provided across organisation boundaries to support safe and appropriate management of patients/service users. This is N/A for NWAS however please see information in columns for mitigating actions taken	NWAS rely on information from patient/person reporting incident and also accurate handover for transfers from hospital staff when conveying a patient in terms of infection status. PTS have booking system available which will assess risk of infection status and also identify those patients at risk of infection. Infectious status (if known) would be recorded on PRF.	Invasive device passports not always used/ used in all trusts. Infectious status of the patient not always communicated	Staff are aware of implementation of SICPS and how to risk assess for appropriate PPE and decontamination. This is also on mandatory training and e learning packages		0. Not applicable
5. Ensure early identification of individuals who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.						
Systems and processes are in place to ensure that patient placement decisions are in line with the NIPCM:						
5.1	All patients/individuals are promptly assessed for infection and/or colonisation risk on arrival/transfer at the care area. Those who have, or are at risk of developing, an infection receive timely and appropriate treatment to reduce the risk of infection transmission.	NWAS do not have any inpatient areas. Staff are aware of IPC measures to put in place to reduce the risk of picking up an infection from a patient. Crews will alert receiving ED/ID unit to ensure patient is placed in an approriate facility to minimise risk of onward transmission.				3. Compliant
5.2	Patients' infectious status should be continuously reviewed throughout their **stay/period of care**. This assessment should influence placement decisions in accordance with clinical/care need(s). If required, the patient is placed /isolated or cohorted accordingly whilst awaiting test results and documented in the patient's notes.	Crews will identify if patient potentially has infection and will pass this information on to receiving care facility to ensure patient is cared for in an environment that minimisies risk of onward transmission of infection.				3. Compliant
5.3	The infection status of the patient is communicated prior to transfer to the receiving organisation, department, or transferring services ensuring correct management/placement.	Crews will inform receiving department if infectious status known & will be documented on PRF.				3. Compliant
5.4	Signage is displayed prior to and on entry to all health and care settings instructing patients with respiratory symptoms to inform receiving reception staff, immediately on their arrival.	NWAS do not have any settings where patients are in-situ. Safety stations (masks, wipes & alcohol hand gel) remain in place at the entrance to all buidings.				3. Compliant
5.5	Two or more infection cases (or a single case of serious infection) linked by time, place, and person triggers an incident/outbreak investigation and this must be reported via governance reporting structures.	NWAS outbreak policy identifes 2 or more staff will trigger an outbreak - these are reported externally to NHSE. Outbreaks are investigated by the IPCT and managers, extra IPC measures are implemented in the setting. Outbreaks are reported weekly to ELC and also to IPCSC. Safety stations remain in place at entrance to all NWAS premises.	Reliant on managers informing IPCT that they have staff off sick. No longer asymptomatic testing in place so uncertain if cases of illness are caused by same pathogen.	Regular visists to all settings from IPCT to raise awareness. IPC have implemented weekly audits to be completed by Ops managers within EOC's and have started to attend their regular Quality Business Group meetings to update on new guidance/rates of community prevalence of infection		2. Partially compliant
6. Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection					
Systems and processes are in place to ensure:						
6.1	Induction and mandatory training on IPC includes the key criteria (SICPs/TBPs) for preventing and controlling infection within the context of the care setting.	All training reviewed annually and updated and is in line with the National IPCM. Staff responsibilities documented in the IPC policy. Any new national guidance in incorporated into training packages.				3. Compliant
6.2	The workforce is competent in IPC commensurate with roles and responsibilities.	Training needs analysis completed by the Education Department to ensure staff receive appropriate training for their role. Staff responsibilities documented in the IPC policy.				3. Compliant
6.3	Monitoring compliance and update IPC training programs as required.	IPC training programmes are reviewed regularly and are updated with any changes in national guidance. Compliance with Mandatory Training is monitored closely by the Education Department. IPC monitor MT compliance as part of assurance reports presented at IPCSC.				3. Compliant

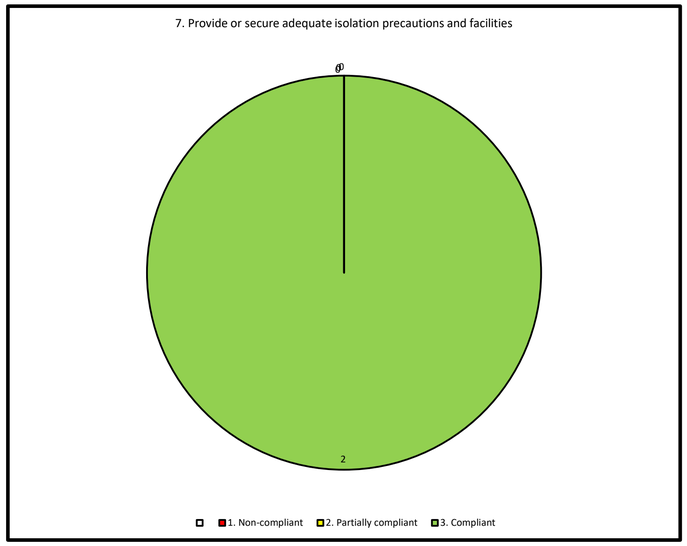


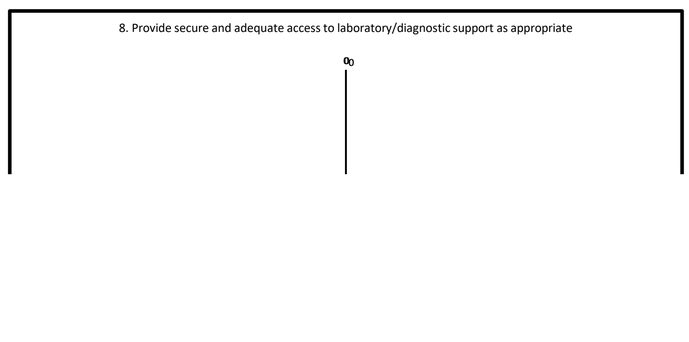




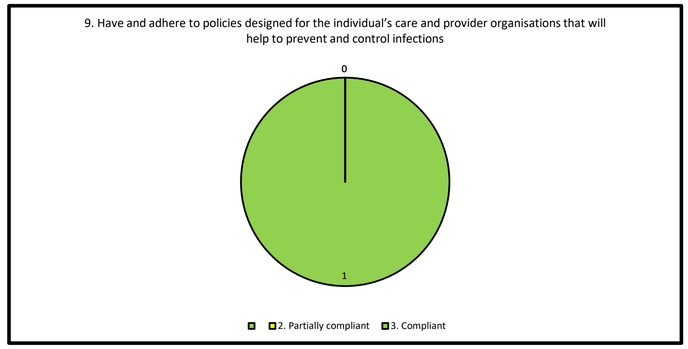
6.4	All identified staff are trained in the selection and use of personal protective equipment / respiratory protective equipment (PPE/RPE) appropriate for their place of work including how to safely put on and remove (donning and doffing) PPE and RPE.	All covered in mandatory training. Resources also available on the Green Room - this includes flow charts and videos showing staff how to correctly don + Doff PPE. Training videos on use of RPE and all new starters on their induction are shown how to use the equipment correctly.				3. Compliant
6.5	That all identified staff are fit-tested as per Health and Safety Executive requirements and that a record is kept.	Staff are fit tested to 2 masks as per requirements. Quantitative fit testing method being used within NWAS. All staff are also provided with a respiratory powered hood on commencing with NWAS. Training is delivered on how to use the hood correctly. Fit testing recorded centrally on ESR.	Currently have approx 1800 staff who are out of date for fit testing (has been over 2 years). CEPs fit testing new starters and IPCT also offering fit testing once a week across the Trust. Lack of assurance that individual hoods are being visually inspected by user on a monthly basis and recorded as per per COSHH requirement. Not all power units are being serviced as per manufactureres guidance	3 fit testers to be in post by end of Q2. IPCT have been trained to be able to fit test. Nov 23 - fit testers now in post and working in sectors to improve compliance. Fit testers have been trained to instruct staff how to perform a visual inspection. Requested this visual inspection to be recorded on safecheck. Sector audit to be completed to identify where all motor units are and check if have been serviced.		2. Partially compliant
6.6	If clinical staff undertake procedures that require additional clinical skills, for example, medical device insertion, there is evidence staff are trained to an agreed standard and the staff member has completed a competency assessment which is recorded in their records before being allowed to undertake the procedures independently.	NWAS staff are trained in aseptic technique and medical device insertion whilst in training at University. Staff are monitored for clinical competencies during contact shifts. Policies in place to support aseptice technique.	No further aseptic technique competency checking completed.	Included in IPC annual workplan to roll out ANTT training. Resources have been developed and to discuss with ops staff as to how this can be delivered effectively.		2. Partially compliant
7. Provide or secure adequate isolation precautions and facilities						
Systems and processes are in place in line with the NIPCM to ensure that:						
7.1	Patients that are known or suspected to be infectious as per criterion 5 are individually clinically risk assessed for infectious status when entering a care facility. The result of individual clinical assessments should determine patient placement decisions and the required IPC precautions. Clinical care should not be delayed based on infectious status.	Staff are trained in line with the national IPC manual and will wear appropriate PPE/put in place IPC measures. PTS also risk assess patients when booking which will determine how they are transported. PPE available for both staff and patients on vehicles.				3. Compliant
7.2	Isolation facilities are prioritised, depending on the known or suspected infectious agent and all decisions made are clearly documented in the patient's notes. Patients can be cohorted together if: •Single rooms are in short supply and if there are two or more patients with the same confirmed infection. •There are situations of service pressure, for example, winter, and patients may have different or multiple infections. In these situations, a preparedness plan must be in place ensuring that organisation/board level assurance on IPC systems and processes are in place to mitigate risk.	N/A - NWAS do have processes in place to ensure admitting units are pre -alerted to patients who are suspected/known to have a transmissable infection to ensure that patients are able to be suitably placed. This will also be documented on the PRF. PTS carry out risk assesments on patients when booking transport and will transport patienst on their own if necessary. HART have access to epishuttle for transfer of patients with HCID	N/A	N/A	N/A	0. Not applicable
7.3	Transmission based precautions (TBPs) in conjunction with SICPs are applied and monitored and there is clear signage where isolation is in progress, outlining the precautions required.	Staff are trained in line with the national IPC manual and will wear appropriate PPE/put in place IPC measures. PTS also risk assess patients when booking . Signage N/A.				3. Compliant
7.4	Infectious patients should only be transferred if clinically necessary. The receiving area (ward, hospital, care home etc.) must be made aware of the required precautions.	N/A - NWAS do have processes in place to ensure admitting units are pre -alerted to patients who are suspected/known to have a transmissable infection to ensure that patients are able to be suitably placed. This will also be documented on the PRF. PTS carry out risk assesments on patients when booking transport and will transport patienst on their own if necessary. HART have access to epishuttle for transfer of patients with HCID	N/A	N/A	N/A	0. Not applicable
8. Provide secure and adequate access to laboratory/diagnostic support as appropriate						
Systems and processes to ensure that pathogen-specific guidance and testing in line with UKHSA are in place:						
8.1	Patient/service user testing for infectious agents is undertaken by competent and trained individuals and meet the standards required within a nationally recognised accreditation system.	N/A NWAS do have access to a microbiologist if required via OH. OH also able to advise for staff with infections. IPCT work closely wwith UKHSA & health protection teams as necessary for contact tracing and any necessary prophylactic treatment of staff	N/A	N/A	N/A	0. Not applicable
8.2	Early identification and reporting of the infectious agent using the relevant test is required with reporting structures in place to escalate the result if necessary.	N/A	N/A	N/A	N/A	0. Not applicable

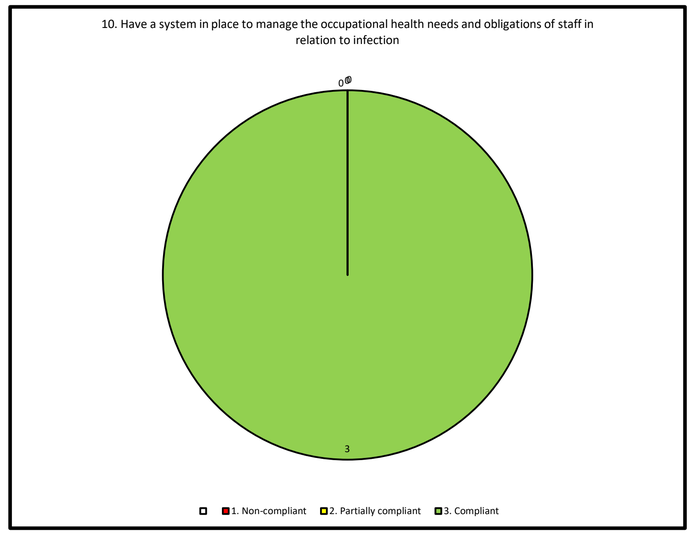






8.3	Protocols/service contracts for testing and reporting laboratory/pathology results, including turnaround times, should be in place. These should be agreed and monitored with relevant service users as part of contract monitoring and laboratory accreditation systems.	N/A	N/A	N/A	N/A	0. Not applicable
8.4	Patient/service user testing on admission, transfer, and discharge should be in line with national guidance, local protocols and results should be communicated to the relevant organisation.	N/A	N/A	N/A	N/A	0. Not applicable
8.6	There should be protocols agreed between laboratory services and the service user organisations for laboratory support during outbreak investigation and management of known/ emerging/novel and high-risk pathogens.	N/A	N/A	N/A	N/A	0. Not applicable
8.7	There should be protocols agreed between laboratory services and service user organisations for the transportation of specimens including routine/ novel/ emerging/high risk pathogens. This protocol should be regularly tested to ensure compliance.	N/A	N/A	N/A	N/A	0. Not applicable
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections						
9.1	Systems and processes are in place to ensure that guidance for the management of specific infectious agents is followed (as per UKHSA, A to Z pathogen resource, and the NIPCM). Policies and procedures are in place for the identification of and management of outbreaks/incidence of infection. This includes monitoring, recording, escalation and reporting of an outbreak/incident by the registered provider.	Training provided to all staff in line with the national IPC manual. IPC resources are available on the Trust intranet site. Staff can readily contact IPC for advice via phone, email or microsoft teams. Policies are in place and accessible on the intranet site. Safety stations remain in place at all sites, signage and the implementation of IPC measures available in event of an outbreak. Spcific outbreak policy in place. Outbreak reporting to NHSE is in place and all outbreaks are internally monitored by the IPCT and reported to the IPC sub-committee. Communcations sent out via bulletins to inform staff of any local outbreaks.				3. Compliant
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection						
Systems and processes are in place to ensure that any workplace risk(s) are mitigated maximally for everyone. This includes access to an occupational health or an equivalent service to ensure:						
10.1	Staff who may be at high risk of complications from infection (including pregnancy) have an individual risk assessment.	Staff are referred to OH and are also risk assessed by their line mananger to ensure are not put at risk in the workplace. Risk assessment in place for staff who are pregnant. Managers responsibility to complete risk assessments. Alternative duties available for				3. Compliant
10.2	Staff who have had an occupational exposure are referred promptly to the relevant agency, for example, GP, occupational health, or accident and emergency, and understand immediate actions, for example, first aid, following an occupational exposure including process for reporting.	Staff are to contact OH for advice & necessary follow up following exposure. Information is available on the Trust intranet and policies and procedures. Close liaison with UKHSA as appropriate.				3. Compliant
10.3	Staff have had the required health checks, immunisations and clearance undertaken by a competent advisor (including those undertaking exposure prone procedures (EPPs).	This is completed by OH pre employment and as necessary dependant on risk assessment. GP's also provide some vaccinations. Vaccinations are recorded on NIVS.				3. Compliant





North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29 November 2023
SUBJECT:	Emergency Preparedness Resilience & Response (EPRR) Annual Assurance 2023/34 Update
PRESENTED BY:	Salman Desai, Deputy Chief Executive and Chief Operating Officer

LINK TO BOARD ASSURANCE FRAMEWORK:

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

PURPOSE OF PAPER:	For Assurance
EXECUTIVE SUMMARY:	The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber-security incident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004, the NHS Act 2006 and the Health and Care Act 2022. The Emergency Preparedness Resilience and Response (EPRR) Annual Assurance process is there to assess the preparedness of the NHS both commissioners and providers, against the common EPRR Core Standards. On the 27 September 2023 a report was presented to Board following a self-assessment in line with the EPRR annual assurance process prior to its submission to Lancashire & South Cumbria ICB. Following Board approval (27-09-2023), the self-assessment was submitted and feedback and challenge was received on the 30 October 2023 in line with the process. The trust was given 5 working days to respond and provide any supplementary evidence. On the 3 November 2023 NHS organisations in the North East & Yorkshire and North West received notification from NHS England of changes to the EPRR core standards assurance process which were to be applied to the 2023/24 assurance cycle. Accepting the short notice changes to the process the trust reviewed the standards submitted our return on the 6 November 2023, and a further 'Check & Challenge' from NHSE North West took place on the on the 10 November

2023. The trust was given a deadline of 20 November 2023 for final submission of the self-assessment and annual statement of compliance in addition to any final residual challenge against the 'check and challenge'. NWAS submitted what we understand is the final challenge against the six residual core standards to NHSE NW on the 20 November 2023.

The submission on the 20 November 2023 of the trusts EPRR Annual Assurance and compliance stated:

Self-assessment assurance rating	**Non-Compliant**	Percentage compliance	**41%**
Core standards position after final assessment			
Number of standards applicable	Fully compliant	Partially compliant	Non-compliant
58	**24**	**34**	**0**

This is subject to final confirmation from NHS England NW EPRR.

RECOMMENDATIONS:

The Board of Directors are asked to:

- Note the NWAS EPRR Annual Assurance self-assessment process 2023/2024 has been completed and submitted.
- Note the overall compliance status has changed from compliant to non-compliant.
- Note NWAS will work with Lancashire & South Cumbria ICB and across the Local Health Resilience Partnership (LHRPs) to address the areas of partial compliance with a supporting action plan.
- Note NWAS will take up the offer from NHS England North West to be involved in a debrief session aligned to the 2023/24 EPRR Annual Assurance process.

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 and Board of Directors			
	Date:	27 September 2023		
	Outcome:	Approved for submission to ICB		

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1. PURPOSE

This report provides the Board with an update following submission of the trusts self-assessment as required and described in the May 2023 process in the NHS England 2023/2024 Emergency Preparedness, Resilience and Response (EPRR) Annual Assurance process. The report also includes the current NWAS positions of compliance. The report describes the 'check and challenge' presented by NHS England North West, the change in the EPRR Annual Assurance process announced on the 3 November 2023 and the trust's final submission.

2. BACKGROUND

2.1 The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber-security incident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004, the NHS Act 2006 and the Health and Care Act 2022.

2.1.1 NHS England is responsible for gaining assurance on the preparedness of the NHS to respond to incidents and emergencies, while maintaining the ability to remain resilient and continue to deliver critical services. This is achieved through the EPRR Annual Assurance process.

2.1.2 The NHS Core Standards for EPRR (the 'Core Standards') are the basis for the assurance process and are the minimum requirements commissioners and providers of NHS-funded services must meet. They are based on robust delivery of duties under the Civil Contingencies Act (2004).

2.1.3 On the 3 November 2023 the trust received guidance from NHS England which provided further additions to the EPRR Annual Assurance process for providers in the North East & Yorkshire and North West. This document was received post the initial self-assessment submission, and the subsequent check and challenge from NHS England North West.

For the 2023/24 period, we submitted a provisional self-assessment of:

Self-Assessment assurance rating	Substantially	Percentage compliance	93%
Core standard position after organisation self-assessment			
Number of core standards applicable	Fully compliant	Partially compliant	Non-compliant
58	54	4	

2.2 Following the trust submission of its self-assessment against the core standards on the 30 September 2023 the trust Accountable Emergency Officer received an update from NHSE on the 30 October 2023 detailing where a number of the core standards had been 'challenged'. Out of the 58 applicable EPRR core standards 33 had been 'challenged' which changed the overall assurance rating to non-compliance (see table below).

Core standard position recommendation after check and challenge process			
Number of core standards applicable	Fully compliant	Partially compliant	Non-compliant
58	19	39	

2.2.1 The resilience team reviewed the challenges received and responded within on the 6 November 2023. Out of the 33 standards challenged NWAS provided clarity and additional evidence to address the challenges. This prompted a further correspondence from NHS England North West with a final position unless residual challenge, & evidence were to be presented. NWAS were given a deadline of the 20 November 2023 for final submission with any residual evidence.

2.2.2 The final submission was made with supporting evidence to NHSE NW and the Lancashire & South Cumbria ICB reporting a non-compliance position against the trusts EPRR Core Standards. The summary below shows the headline position against the trust EPRR Core Standards:

Self-assessment assurance rating	Non-Compliant	Percentage compliance	41%
Core standards position after final assessment			
Number of standards applicable	Fully compliant	Partially compliant	Non-compliant
58	24	34	0

2.3 Continuous Improvement Cycle - Governance

As reiterated in our correspondence to NHS England North West, the trust will make the necessary arrangements to provide updates against the EPRR work in partnership with the Lancashire & South Cumbria ICB, and through the Regional Local Health Resilience Partnerships (LHRP).

2.3.1 To support NHS England EPRR and to enhance the current process for EPRR assurance, the AEO and the senior resilience team will be engaged with any debrief sessions to:

- Identify what elements worked well and could be used in future assurance processes or as part of continuous improvement throughout the year.

- Identify what elements need improvement and require further review and amendment ahead of next year's assurance cycle.

- Identify areas of good practice which can be shared across the system to improve our collective resilience and

- Identify where there are consistent themes and trends across domains and services to explore opportunities for collaborative work to enhance collective resilience and reduce burdens on individual agencies.

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

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies which could affect health or patient care. These could be anything from extreme weather conditions, an infectious disease outbreak, a major transport accident, a cyber-security incident or a terrorist act. This is underpinned by legislation contained in the Civil Contingencies Act 2004, the NHS Act 2006 and the Health and Care Act 2022. NHS England is responsible for gaining assurance on the preparedness of the NHS to respond to incidents and emergencies, while maintaining the ability to remain resilient and continue to deliver critical services. This is achieved through the EPRR Annual Assurance process.

4. EQUALITY OR SUSTAINABILITY IMPACTS

There are no equality or sustainability impacts associated with the contents of this paper.

5. RECOMMENDATIONS

The Board of Directors are asked to:

- Note the NWAS EPRR Annual Assurance self-assessment process 2023/2024 has been completed and submitted.
- Note the overall compliance status has changed from compliant to non-compliant.
- Note NWAS will work with Lancashire & South Cumbria ICB and across the Local Health Resilience Partnership (LHRPs) to address the areas of partial compliance with a supporting action plan.
- Note NWAS will take up the offer from NHS England North West to be involved in a debrief session aligned to the 2023/24 EPRR Annual Assurance process.

North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Quality & Performance Committee

Date of Meeting:	25th September 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 G Blezard, Director of Operations
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 E Orton, Assistant Director of Quality

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 (BAF)	• Considered the Q1 approved position of the Board Assurance Framework.		

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

	• Highlighted the need to qualify the actions with a completion date of March 2024, with a view to those that would roll over into 2024/5. • Requested further detail in relation to the current regulatory position and development of the Apex tool, and noted reports included in the agenda would provide further detail.	• Gained assurance that BAF risks were being managed effectively.	
Integrated Performance Report – July-August 2023	• Complaints data indicated increase in lower risk complaints received during the period. • Queried whether the team had sufficient resource to fulfil requirements and future structure and recruitment plans outlined. • Considered effectiveness of services and feedback received related to vulnerable patients. Discussed mental health resource and capacity. • Noted the additional risk of the police withdrawing resource to attend mental health emergency calls. • Advised that risk monitoring systems were in place, including risk associated to an increase in demand on trust resource. Noted specialist expertise in the clinical hub was critical to providing required provision.	• Noted the performance reporting for period July to August. • Acknowledged the work required to improve rate of closure of low-level complaints. • Further discussion to be held regarding C3 performance. • Ongoing monitoring required of risks and contributory factors associated with mental health capacity and resource. • Further discussion required by the Committee to understand the performance position within the C&M area, including the impact of ICB variations. • Noted ongoing challenges for resource in 111 service.	

Key		
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	Moderate Assurance	Potential moderate impact on quality, operational, workforce or financial performance
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	• Noted the challenges attributed to recruitment of a specialist workforce, across the sector, not only for the trust. • Received assurance related to ambulance quality indicators, and specific focus on stemi care bundle performance, related to recording of the second pain score by crews in the electronic patient record. • In terms of 999, noted a maintained performance for C1 and C2 calls with challenges for C3 and C4 categories. • Observed the need to ensure the committee monitored C3 performance as well as C2 waits. • Noted C2 continued to be a shared priority across the system, as this carried the greater risk to patients. • Further discussion to be held at the next meeting on the contributory factors to C3 long waits and monitoring of performance. • Noted variation across the ICS in relation to hospital handovers and longer waits in the Cheshire and Mersey area. • Factors for variation in trust's performance across the three areas including the factors associated with		

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	ICBs to be discussed further at the next meeting. • 111, improvements made however not achieving performance target, and the impact of financial gaps in resource acknowledged. • PTS, inter relations with provider partners continued.		
PSIRF Governance Arrangements and Terms of Reference	• Noted the trust's PSIRF governance arrangements and terms of reference to support governance reporting against the required Patient Safety Incident Response Framework (PSIRF). • Noted the hard work undertaken by the team.	• Noted the PSIRF Governance arrangements including the Terms of Reference.	
Learning from Deaths Report Q1 2023/24.	• New format of reporting to be introduced following review of the Trust's Learning from Deaths Policy in Q3, which would provide further assurance in response to the so what question and triangulation of learning. • Discussed effectiveness of triage which related to some cases of inappropriate care. • Noted that future reports would provide the required detail and the intended areas of learning identified, with alignment to the trust's PSIRF process.	• Noted the assurance provided. • Welcomed future format of reporting to provide more of a focus on learning and outcomes than the methodology applied.	

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	• He noted the process had a strict definition of terminology and methodology, determined nationally, which was due for review.		
Clinical Audit Report Q1 2023/24	• Noted the trust's submission against mandatory National Ambulance Quality Indicators and Clinical outcomes. • Noted the issue associated with measuring performance against the ambulance quality indicators (AQIs), which was due to the trust's ability to complete the reporting required by the national team and associated with technicalities regarding the electronic patient record. • Highlighted that the mitigating actions to address the challenges had not been detailed in the paper, particularly to improve falls performance and data.	• Noted the content of the report. • Highlighted the absence of mitigating actions in the report. • Future reports to provide detail of the actions identified and progress made, particularly in relation to improvement of falls data.	
IPC Annual Report 2022/23	• Received assurance from the Infection Prevention and Control (IPC) Annual Report 2022/23.	• Noted the assurance provided.	
Quality Assurance Visits Biannual Report	• Received activity in relation to the Quality Assurance Visits (QAVs). • 99% of operational sites received a QAV visit in the past 12 months.		

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	• 65% compliance of actions completed on the Integrated Action Tracker, with some long-standing actions to resolve. • Requested further assurance on plans to improve compliance rate and the further work required to identify action required to resolve and close the short-term actions. • Assurance to be provided at the November meeting, via the Health Safety, Security and Fire Chairs Assurance Report.	• Requested further assurance in relation to actions identified to improve compliance. • Also, clarity on the progress made on long standing lower-level actions, on the trust's QAV integrated action tracker.	
HSE Inspection	• Received an update on the trust's forthcoming HSE inspection.	• Noted the update provided.	
NHSE Impact Baseline Improvement and Self-Assessment	• Received detail of the proposed process to complete the NHSE NHS IMPACT (Improving Patient Care Together) self-assessment. • To be further discussed by the Board of Directors.	• Noted the content provided and supported further discussion by the Board of Directors.	
EPRR Policy	• Welcomed and discussed the Trust's EPRR Policy.	• Approved the EPRR Policy for onward approval by the Board of Directors.	
EPRR Annual Assurance 2023/24	• Noted the assurance provided and welcomed a further update on the actions identified in 6 months – March 2024.	• Noted the assurances provided. • A further update to be provided to the Committee in March 2024.	
NWAS Strategic Winter Plan 2023/24	• Received and approved the content of the NWAS Winter Plan.	• Noted the content and assurance provided in the NWAS Strategic Winter Plan 20232/24	

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NWAS Isle of Man Ambulance Service Mutual Aid	• Received details of the trust's plans in place to provide mutual support to the Isle of Man in the event of a marauding attack.	• Noted the assurance provided.	
Business Continuity Compliance	• Received detail of the work undertaken to establish business continuity plans across the organisation. • Departmental plans created, however testing and exercises to be conducted to ensure plans are fit for purpose.	• Received assurance that business continuity plans had been established. • However, departmental plans to be tested and exercises held, to ensure plans are fit for purpose across the organisation.	
Sub Committee Chairs Assurance Reports	• Received assurance reports from the Health, Safety, Security and Fire Sub Committee, IPC Sub Committee, Clinical Effectiveness Sub Committee and Diversity and Inclusion Sub Committee. • The Director of Corporate Affairs highlighted the need to validate the green assurances provided in the reports.	• Noted the assurances provided.	

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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North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Quality & Performance Committee

Date of Meeting:	23rd October 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 S Desai, Chief Operating Officer
Members Present:	Prof A Esmail Dr A Chambers Dr D Hanley Mr S Desai Mrs A Wetton Dr C Grant Dr M Power	**Key Members Not Present:**	Dr A Chambers, Non-Executive Director Dr C Grant, Medical Director E Orton, Assistant Director of Quality

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
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Board Assurance Framework (BAF)	• Considered the proposed Q2 position of the Board Assurance Framework, for approval by the Board of Directors on 29th November 2023. • Held detailed discussion regarding risk scores and mitigating actions associated to SR01 and SR03, and duty of candour compliance position related to SR06. • To monitor the Duty of Candour compliance position, with outcomes of actions taken in Q1 and Q2 to be reported in the Q3 position of the BAF.	• Gained assurance that BAF risks were being managed effectively. • However, Committee to monitor the compliance position of the Duty of Candour compliance position and consider the outcomes, from the identified actions, in Q3.	
Quality and Performance Dashboard	• Received performance dashboard. • Discussed C3 performance and further discussion to held in November, when IPR presented prior to Board. • Performance variation across the three areas to be further discussed in November, when more information available in relation to Cheshire and Mersey performance. • Area Director to attend the meeting to allow for a full discussion on the issues. • Assurance in relation to 111 and primary care performance to be presented to the Committee in March 2024, included on the Committee Work Plan.	• Noted the interim dashboard, prior to presentation and consideration of the IPR at the next Committee meeting. • Further discussions on C3 performance and variations in performance across the three areas of the trust, to be held at the next meeting. • A future report to understand 111 and primary care performance scheduled on the Committee Work Plan, for March 2024.	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
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Complaints Report Q2 2023/24	• Increase in the number of complaints pending closure, following a sustained period of a reduction in the figures. • Additional resource built into the team to assist with capacity. • Committee to monitor improvements made. • Noted the ongoing hard work of the team. • Complaints related to non-conveyance to hospital to be explored further and future assurance report requested. • To be presented by Medical Director and Assistant Director of Legal, Resolution and PALS.	• Noted the ongoing hard work of the complaints team. • Noted the increase in number of complaints pending closure within the required timeframe and Committee to monitor the position, following additional capacity into the team. • Further assurance requested related to complaints associated with non-conveyance of patients, to be presented to a future Committee meeting.	
Incidents and Serious Incidents Report Q2 2023/24	• New format of report and assurance ratings, clarified and noted by the Committee. • During the Q2 period - 45 high risk cases reviewed at ROSE, and 10 cases met the Serious Incident Framework. • Discussed the number of outstanding actions on the DCIQ system against reported incidents. • Clarified the issues related to the backlog and questioned the scale of risk in terms of external regulation. • Noted the challenges and action being taken by teams, however Committee to	• Noted the incidents and serious incidents Q2 activity. • To monitor the number of open outstanding actions on the Datix IQ system, and associated risks identified.	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
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	monitor the position and associated risk.		
Legal Services Report Q2 2023/24	• Noted the activity within the period. • Noted the Regulation 28 reported and the actions required of the trust, which related to the response to a mental health emergency. • The story to be presented to the next Committee meeting for learning and further assurance.	• Noted the Q2 activity and assurances provided.	
Medicines Management Report Q2 2023/24	• Received an overview of activity during the quarter. • Noted outstanding actions related to controlled drugs which were attributed partly to the transition from paper to digitised systems. • Committee to monitor the position, via the next update to the Committee.	• Noted the assurance provided, however recognised outstanding actions to be completed, related to controlled drugs processes.	
Emergency Preparedness Resilience and Response (EPRR) Sub Committee Chairs Assurance Report from the meeting held on 9th October 2023	• Received a detailed update from the Chief Operating Officer, Chair of the EPRR Sub Committee. • Noted the comprehensive narrative in the report and the progress made against EPRR statutory requirements, Manchester Arena Enquiry actions and trust local arrangements. • Amber assurances supported by clear rationale.	• Received assurance that the Chair of the Sub Committee had oversight of the work being undertaken by the trust, to meet the statutory, and regulatory EPRR requirements, including the recommendations identified by the Manchester Arena Enquiry. • Moderate assurance ratings provided were supported by comprehensive narrative and clear rationale.	

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North West Ambulance Service NHS Trust

CHAIRS ASSURANCE REPORT

Resources Committee			
Date of Meeting:	26th September 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 Mr D Whatley Ms L Ward Mr S Desai Mrs C Wood **In attendance:** Dr M Power, Director of Quality, Innovation and Improvement	**Key Members Not Present:**	Mrs C Butterworth, Non-Executive Director 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
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Board Assurance Framework	• Discussed the strategic risks aligned to the Committee. • Noted the bimonthly commentary and qualified the actions aligned to SR02, SR04, SR07 and SR08.	• Gained assurance that BAF risks were being managed effectively.	
Finance Report	• Received detailed update on the trust's financial position at 31st August 2023 Month 05 2023/24. • Noted the position in relation to the funding received for Urgent and Emergency Care and the annual efficiency and productivity performance against target. • Acknowledged the current financial position within the wider ICS.	• Received assurance from the finance report for Month 05 2023/24.	
Patient Level Costing 2022/23 Submission	• Noted the content of the PLICS submission and approved the unit costs produced. • Requested further assurance on how the data has been used to influence efficiencies and make improvements	• Authorised PLICS submission for final approval by the Director of Finance. • Requested a further assurance feedback report on how the data has been used to influence efficiencies and make improvements	
PES Vehicle Replacement Programme 2024/25	• Received detailed proposals for replacement of vehicles in 2024/25. • Noted the preferred option and the risk associated with the financial commitment required. • Further discussion to be held at the September Board meeting.	• Recommended the preferred proposal to the Board of Directors for approval. • A trust 3-year road map to assist with future decision making on competing resource demands to be presented to the next meeting by the Deputy Chief Executive.	

Key		
	Not Assured/ Limited Assurance	Could have a significant impact on quality, operational, workforce or financial performance
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	• Requested further discussion the next meeting on the Trust's 3-year road map, to assist with future decision making by the Committee on the competing resource demands.		
Reinforced Autoclaved Aerated Concrete (RAAC) Update	• Received an update on action taken in response to inspections undertaken by the trust, which included a further inspection of one trust site. • Conclusion of the inspection revealed no RAAC present.	• Received assurance from the update provided.	
Interpreting Services Contract Renewal	• Received a proposal for renewal of the interpreting services.	• Supported the contract renewal proposal. • Recommended approval to the Board of Directors.	
Ambulance Vehicle Preparation Contract Award	• Received a contract award proposal for ambulance vehicle preparation (make ready and deep clean).	• Supported the contract award proposal. • Recommended approval to the Board of Directors.	
Workforce Indicators Report	• Acknowledged some stability in performance against workforce indicators, in relation to staff turnover, however sickness remains high. • Vacancy position in PTS and 111 causing challenges in terms of attraction. • Good compliance in line with mandatory training and appraisal targets. • HR cases increased in recent months, with focus maintained by the team.	• Noted some stability in performance against the workforce indicators, particularly in relation to staff turnover. • Recruitment challenges remain in relation to 111 and PTS with an increase in HR cases. • Committee to remain vigilant on performance to ensure improvement gained.	

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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	• Noted the stability in some aspects of performance, however Committee acknowledged the need to remain vigilant to ensure the trust gained a more improved position.		
Flu Campaign 2023/24	• Presented with the plans in place to conduct 2023/24 flu campaign across the organisation. • Discussed availability of vaccines and process in terms of offer.	• Received assurance from the report.	
Strategic Workforce Sub Committee Chairs Assurance Report	• Received a comprehensive update from the Director of People and noted the assurances received.	• Noted the assurances provided.	
Diversity and Inclusion Sub Committee Chairs Assurance Report	• Received a comprehensive update from the Deputy Chief Executive and noted the assurances provided. • Overall, noted the good work being undertaken corporately, however recognised the need for the subcommittee to focus on operational assurance and outcomes across the service lines, in terms of EDI. • Some improvement required in terms of subcommittee attendance.	• Noted the assurances provided. • However, improvement required in terms of subcommittee attendance and further assurances required from service lines in terms of action undertaken and priorities related to EDI.	
Digital Update	• Good progress noted in terms of the digital health report. • Acknowledged performance achieved in relation to patching, penetration testing and work to reduce the risk of	• Noted the digital update and work undertaken to implement digital projects and work streams.	

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

	cyber-attacks, with malware working well. • Discussed migration work being undertaken in relation to corporate records and that an artificial intelligence group had been established, with discussions held across the ambulance sector on innovative related projects. • Requested current compliance levels in relation to information governance mandatory training. • Reported as 83% against 95% target, with improvement required by end of 2023/24. • Future reports to include compliance rates for oversight by the Committee. • Discussed the current position in relation to implementation of the wide area network, and actions undertaken with management and operational teams, overseen by the senior risk officer on the project. • Noted the ongoing challenges and pressures on resources, and the need for ongoing monitoring by the Committee.	• Requested future reports include information governance training compliance rates. • Continue to acknowledge the scale of the trust's digital projects and the need for ongoing monitoring of the challenges, and risks.	

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

Resources Committee			
Date of Meeting:	24th November 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 Mr D Whatley Ms L Ward Mr S Desai Mrs C Wood	**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
Board Assurance Framework	• Discussed the strategic risks aligned to the Committee.	• Gained assurance that BAF risks were being managed effectively.	

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

Trust Strategy Biannual Progress Report including Trust's 3 Year Road Map	• Received an update on the progress made to provide assurance on the delivery of trust strategies. • Presented with a draft of the trust strategy roadmap. • Acknowledged the early outcomes of the development of the road map and strategy measurement dashboard will be apparent in Q3 reporting to the Committee.	• Noted the update and acknowledged the early outcomes of the development of the monitoring tools will be available in Q3 reporting to the Committee.	
2023/24 Annual Plan Q2 Assurance Report	• Received an update on Q2 2023/24 progress made on the deliverables within the trust's annual plan. • Noted the assurances provided and welcomed further updates in Q3.	• Received assurance from the assurance report.	
Finance Report	• Received detailed update on the trust's financial position for the period Month 07 2023/24 up to 31st October 2023. • Acknowledged the current financial position within the wider ICS and recent increased focus by the NHSE on ICB provider forecast positions.	• Received assurance from the finance report for Month 07 2023/24. • Received and noted the updates in relation to the wider ICS.	
Capital Programme Update	• Received an update on the 2023/24 capital programme. • Noted the improved position in relation to the 2024/25 project capital requirement.	• Noted the Capital Programme update, and the improvements made. • However, noted challenges remained for the trust, in relation to the programme for 2024/25.	

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	• Noted capital allocation increase for mental health response vehicles. • Discussed the impact of slippage would impact on 2024/25 programme and uncertainties that remained.		
Agency Performance Report	• Noted the update on the trust's level of expenditure across the trust on agency spending. • Acknowledged the financial position at Quarter 2 up to 30th September 2023. • Noted that all agency staff had been procured at or below the price caps and in line with the approved framework agreements.	• Noted the update and the current position of the trust's agency spend at end of Q2, 30th September 2023.	
Private Ambulance Expenditure 2022/23 (PES)	• Received an update on the annual expenditure on private ambulances in the Paramedic Emergency Services. Directorate. • Update recommended in line with the Lord Carter review. • Report analysed expenditure compared to key metrics.	• Noted the position of private ambulance expenditure in 2022/23 for the Paramedic Emergency Services Directorate.	
PTS Vehicle Replacement Programme	• Received a business case for the vehicle replacement programme for 2024/25, as per the Trust's Fleet Strategy. • Details of the option appraisal discussed and preferred options identified.	• Supported the proposal for onward approval by the Board of Directors.	

Key		
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HART Full Business Case	• Made decision put forward plan and well thought through business case.	• Supported the proposal for onward approval by the Board of Directors.	
NWAS Integrated Contact Centre Workforce Management Tool – Full business case	• Received a business case for the integrated contact centre workforce management tool. • Details of the option appraisal discussed and preferred option identified.	• Supported the proposal for onward approval by the Board of Directors.	
Payroll Services Contract Award	• Approved the contract award for onward approval by the Board of Directors.	• Approved for onward approval by the Board of Directors.	
MIS Nexus Annual Support and Maintenance Contract Award	• Deferred to the January meeting with further clarification.	• To be considered at the next meeting.	
Procurement Report	• Received an update on the key activities of the Trust's procurement function. • Received details of the deep dive analysis into how procurement processes ensure that efficiencies are maximised, including sustainability and social value. • Committee acknowledged an excellent report and welcomed the analysis of the findings of the deep dive.	• Noted the assurances provided.	
Estates, fleet, and facilities management assurance report	• Noted the highlights of the areas of development. • Noted the progress made to attain desired outcomes.	• Noted the assurances provided.	

Key		
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Corporate Benchmarking Assurance 2022/23	• Discussed the outcome of the corporate benchmarking exercise. • Emphasised the need for the directorates/service lines to use the findings to make improvements and identify future actions. • Assurance requested in the next annual assurance update to the Committee.	• Received the outcome of the 2022/23 corporate benchmarking exercise. • However, requested further detail in the 2024/25 assurance report to the Committee, to evidence how the report has been used by the services to make improvements.	
Workforce Indicators Report	• Noted the position of the workforce indicators. • Discussed in detail the position and associated risks. • Challenges remain in terms of sickness absence levels and received assurance on the work being progressed an areas of focus for the trust's Attendance Improvement Teams. • Good progress made in relation to mandatory training and some shortfall in compliance rates for appraisals in some service lines. • Noted turn over levels increases in trend seen in call centre environments. • The risk associated to 111 discussed in detail and the challenges in the market noted.	• Noted some improvement in the workforce indicator performance and the work of the trust's attendance improvement teams. • However, overall, significant challenges remain for the recruitment, sickness absence and vacancy gaps in the workforce.	

Key		
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	• Noted the vacancy gap in PTS and that PTS have robust bank arrangements in place to bridge their vacancy position. • The overall position discussed, and particularly the impact of the winter pressures on the workforce position.		
Absence and Health and Wellbeing assurance report	• Noted a comprehensive report which corelated to the workforce indicator position reported. • Received assurance that action and work streams in place to address the challenges with next steps identified.	• Received assurance from the plans in place to address the current challenges.	
Chairs Assurance Report from the Diversity and Inclusion Sub Committee	• Received a comprehensive update from the Deputy Chief Executive, Chair of the subcommittee and noted the assurances received. • Noted work to be continued and monitored in relation to EDI data and operational service line assurances.	• Noted the assurances received by the subcommittee. • Noted the continued work and monitoring of the subcommittee in relation to EDI data and operational assurances.	
Digital Update	• Received assurance from the digital update. • Discussed and requested further detail on the trust's plans in relation to unsupported servers. • Requested a trajectory of timings and numbers of unsupported servers, to be included in future digital updates.	• Received assurance from the report, however requested further information in future digital updates in relation to plans for unsupported servers.	

Key		
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North West Ambulance Service NHS Trust

REPORT TO BOARD OF DIRECTORS

DATE:	29 November 2023				
SUBJECT:	Communications and Engagement Team Dashboard Report – Q2 (July-Sept) 2023/24				
PRESENTED BY:	Salman Desai, Deputy Chief Executive and Chief Operating Officer				
LINK TO BOARD ASSURANCE FRAMEWORK:	**SR01**	**SR02**	**SR03**	**SR04**	**SR05**
	☐	☐	☐	☐	☐
	SR06	**SR07**	**SR08**	**SR09**	**SR10**
	☐	☐	☐	☐	☒
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. The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy. **Aim 1 – Provide high quality, inclusive care** **Objective – Identify opportunities to improve clinical practice and patient experience.** Statistical content and narrative provided to outline activity highlights that meet this aim and objective, including: • Community events attended and feedback themes, including queries about mental health support, and careers, and comments on our work to improve services for the deaf community. • Patient experience surveys – showing a continued improvement against the 'recommend service to friends and family' metric. • Improving accessibility – an update on an action plan. • Communications activity to support the Patient Safety Incident Response Framework (PSIRF). • Patient stories – how these are gathered and how learning is shared. • Patient and Public Panel – latest panel membership figures and update on performance against objectives and examples of meaningful involvement. For Q2 this includes how the panel has contributed to research proposals and shaping communication with patients.				

Aim 2 – Be a brilliant place to work for all
Objective – Improve the health, wellbeing and safety of our people

Statistical content and narrative provided to outline internal communications activity highlights that meet this aim and objective, including:

- Delivery of a successful Star Awards celebration for over 400 guests.
- Communications activity to promote both the flu vaccination and NHS staff survey – which has had improved response rates when compared to recent years.
- Film – the delivery of more than 30 films in-house this quarter to help tell the stories of our staff and patients.
- 3 editions of Better Health, Better You newsletter and an update on how many people it is reaching with important health and wellbeing support messages.
- Delivery of two significant events – NHS 75 celebrations and the Annual General Meeting.

Aim 3 – Work together to shape a better future
Objectives – Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

Statistical content and narrative provided to outline communications activity highlights that meet this aim and objectives, including:

- The winter campaign, which aims to support the delivery of a sustainable operational model by helping to reduce non-emergency calls.
- BBC Ambulance and social media activity, which helps raise awareness among the public of appropriate use of the service.
- Press and public relations - proactive and reactive media activity to increase public awareness of the service and share public health messaging, in support of service delivery. In Q2 fewer proactive news stories we released and instead focus was given on arranging broadcast media opportunities – which tend to reach more people than print media coverage - with each Area Director.
- Social media activity – we continue to perform well in terms of engagement rates across social media channels, which have a combined audience of 175,966 followers (including 1.6% audience growth in Q2).

The report also captures other areas of communications and engagement activity which cut across the three aims:

	• Website and Green Room – due to changes in the Google tool we use for our analytics, we are unable to draw comparisons between Q1 and Q2, however, both platforms continue to perform well and have seen further improvements to accessibility this quarter. • FOI figures – for Q2 we hit the 20-working day response target 100% of the time. • Stakeholder communications – correspondence with MPs and key stakeholders on priority topics including estates updates and the handling of public inquiries. • Publications – the latest figures on our Your Call magazine, which features inspirational staff and patient stories. Team news – an update on team recruitment, training, and development, including a major incident debrief following the M53 coach crash.
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: ☐ 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:				
	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 two of the financial year 2023/24 (July-September 2023). It demonstrates how the activity of the team contributes to the strategic aims and objectives of the trust strategy.

2. BACKGROUND

The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy.

Aim 1 – Provide high quality, inclusive care
Objective – Identify opportunities to improve clinical practice and patient experience.

A summary of activity that meets this objective, including:

- 33 community events attended and themes of engagement and feedback, such as mental health support, careers, positive comments on BBC's Ambulance documentary and translation services for 999 callers.
- Patient experience surveys – more than 13,000 surveys were sent and 1,000 returned, an increase compared to Q1. Work has continued with 111 on the development of a new localised survey (an improvement on the national survey) and on breaking data down based on patient demographics. The surveys showed:
  - 89% of respondents were likely to recommend the service to friends and family (a 1% increase from Q1).
  - 88% were very or fairly satisfied with the overall service they received (a 1% decrease from Q1).
  - 93% agreed they were cared for with dignity, compassion and respect (a 1% decrease from Q1).
- Improving accessibility – details of how we have progressed our accessibility action plan, which includes making improvements to the Green Room and website, the roll-out of the Language Line app to operational staff, and the creation of an equipment kit for events.
- Communications activity to support the Patient Safety Incident Response Framework (PSIRF) – details of how the new patient safety framework has been promoted to staff.
- Patient and Public Panel – latest panel membership figures and update on performance against objectives and examples of meaningful patient involvement. For Q2 this includes how the panel has contributed to research proposals and shaping communication with patients. The panel is currently made up of 28% youth representatives, against a target of 30% for 2023/24, and at 17% against a target of 40% for representing ethnically diverse communities. The report expands on how the team is working on these targets, for example, by planning bespoke engagement sessions in different communities.

- Patient Stories – an update on the patient stories produced for Q2 and how these were shared with Board and the Diversity and Inclusion Sub Committee.

Aim 2 – Be a brilliant place to work for all

Objective – Improve the health, wellbeing and safety of our people.

A summary of communications activity that meets this aim and objective, including:

- Delivery of a successful Star Awards celebration for over 400 guests, and some of the positive feedback received.
- Communications support given to priority pieces of work which support staff health and wellbeing, including the flu vaccine and the NHS staff survey, which, as of Q2, had a higher response rate than the previous two years.
- Our Better Health, Better You newsletter – produced in collaboration with the wellbeing team to cover important health topics. On average, more than 3000 staff read each edition and 245 click on the links to access further support.
- Delivery of two significant events – NHS 75, which accommodated 150 colleagues for a celebratory event, and the Annual General Meeting, which was supported with a filmed version for those unable to attend in person.
- 81 bulletins issued to support staff in their duties covering the NHS staff survey and OneDrive.
- 31 films completed and 12 underway to support various trust projects and the sharing of staff and patient stories.

Aim 3 – Work together to shape a better future

Objectives – Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

A summary of communications activity that meets this aim and objectives, including:

- Our winter campaign, which aims to support the delivery of a sustainable operational model by helping to reduce non-emergency calls. Using data and insight, a regional approach to our winter campaign has been developed. In Greater Manchester, we are focusing on falls prevention, Cheshire and Merseyside on repeat prescriptions, and Cumbria and Lancashire on mental health.
- BBC Ambulance and social media activity, which helps raise awareness among the public of appropriate use of the service. Each episode reaches an audience of more than 2 million people and, in Q2, the supporting social media activity resulted in more than 10,000 clicks on links to information we wanted to share, such as job adverts or health information.
- Press and public relations - proactive and reactive media activity to increase public awareness of the service and share public health messaging, in

support of service delivery. In Q2 we released fewer proactive news stories and instead focused our time on arranging broadcast media opportunities with each Area Director.

- Social media activity – favouring a 'quality over quantity' approach, we continue to perform well in terms of engagement rates across our social media channels, which have a combined audience of 175,966 followers (including 1.6% audience growth in Q2). Our average engagement rate in Q2 was 6% - social media experts advise average engagement rates of up to 2.5% across platforms, making our engagement rate very high in comparison.

The report also captures other areas of communications and engagement activity which cut across the three aims:

- Website and Green Room – due to changes in the Google tool we use for our analytics, we are unable to draw comparisons between Q1 and Q2, however, both platforms continue to perform well and have seen further improvements to accessibility this quarter. Current vacancies is the most popular page on the website and the 'managers on duty' information page received the most views on the Green Room in Q2. We saw a shift in how people accessed the Green Room in Q2 with further roll out of the iPads.
- FOI figures – for Q2 we responded to 93 FOIs and hit the 20-working day response target 100% of the time. A summary of the FOI request themes is included in the dashboard report, such as 'calls relating to mental health' and 'use of private providers'.
- Stakeholder communications – a summary of correspondence with MPs and key stakeholders on priority topics including estates updates and the handling of public inquiries – including 4 MP letters and 1 stakeholder briefing in Q2.
- Publications – the latest figures on our Your Call magazine, which features inspirational staff and patient stories. This edition was read more than 4,000 times in Q2.

Team news – an update on team recruitment, training and development, including a major incident debrief following the M53 coach crash.

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.

An accessibility work plan is being actioned within the team currently, which aims to improve accessibility for all – this includes improvements to the website and Green Room, changes to the way all trust information (including policies and procedures) is presented, how events are organised and delivered, and more.

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

Q2 2023/24 (July, August, September)

NHS North West Ambulance Service NHS Trust

All communications and engagement activity is planned and undertaken to support the aims of the trust strategy, and the accompanying strategic objectives. Our dashboard begins by detailing examples of how we've achieved this in Q2 2023/2024, before summarising the rest of our activity.

Provide high quality, inclusive care

Objective: Identify opportunities to improve clinical practice and patient experience

33 community events attended ▲ 175%

Queries about mental health support, vacancies and careers. Positive feedback about BBC's Ambulance documentary, the translation services for 999 callers, and the work to improve services for the deaf community.

Patient experience surveys

13,328 surveys sent ▲ 4%

1,221 surveys returned ▲ 3%

89% were likely to recommend the service to friends and family ▲ 1%

88% were very or fairly satisfied with the overall service they received ▼ 1%

93% agreed they were cared for with dignity, compassion and respect ▼ 1%

Progress continues to be made with the development of a localised NHS 111 survey. Work is also underway to bring together the way we collect data across different services and systems to help us better understand patient experience data broken down demographics.

Significant contributions - including survey data and information about patient engagement activity - were made to the Patient Transport Service contract bid.

Improving accessibility

Progressed our accessibility action plan, which included:

- making improvements to website and Green Room.
- securing funding for a dedicated temporary job role to assist in improving the accessibility of all content (policies, procedures, public info).
- Roll-out of the Language Line Insight app, to give staff access to translation services on scene.
- development of a process to support the production of information in alternative languages and formats, such as Easy Read.
- Creation of an accessibility equipment kit for events.

Patient Safety Incident Response Framework (PSIRF)

The introduction of PSIRF, which is designed to improve patient safety and the learning from incidents, was supported with a communications plan, which included:

- staff sharing thoughts on the benefits it will bring.
- promotion of the new patient engagement leads.
- creation of guides for staff and patients.

Patient and Public Panel (PPP)

30 new expressions of interest ▲ 30%

7 new panel members **272** total panel members

10 new requests for panel involvement **23** involvement opportunities delivered

Examples include: a review of trust privacy policy to get a patient view on accessing records. PPP involvement helped shape how patients are communicated with regarding this topic. The PPP was also involved in an End of Life care research study and gave feedback on another research proposal to ensure a patient view was reflected to strengthen the bid.

Performance against objectives

Increasing youth representation

2023/24 TARGET	Q2 POSITION
30%	28%

Representing ethnically diverse communities

2023/24 TARGET	Q2 POSITION
40%	17%

We have been attending fresher fairs and volunteer events promoting our PPP with university students. We've had interest from students from ethnic minority communities.

To get back on target for our representation of ethnically diverse communities, we have more volunteer events planned and are arranging engagement sessions with specific patient groups and communities.

A PPP highlight in Q2 was being a finalist in the 'Engaging and Championing the Public' category at the Patient Experience Network National Awards (PENNA).

Patient stories

Patient stories are shared with Board and used for learning. In Q2, Simon Derbyshire shared his experience as a deaf person who has found it difficult to access care. The introduction of the British Sign Language 999 app in June 2022 has increased his confidence to call for an ambulance.

A story about the lived-experience of a patient transport service (PTS) user was also produced for the Diversity and Inclusion Sub Committee.

Be a brilliant place to work for all

Objective:
Improve the health, wellbeing and safety of our people

Star Awards

- Successfully delivered the Star Awards with **400** guests in attendance.
- Following positive anecdotal feedback, a survey was sent out to all attendees to help gather more comprehensive feedback. We will use this to plan the next awards scheme.
- Each week, a winner has featured in the bulletin and on social media to make the most of their amazing stories and congratulate their success.

"I just wanted to say how brilliant I thought the Star Awards set-up was! It was my first time attending and I was shocked at how professional it all looked, functioned, and felt just like something you would see on TV! I also loved all of the pre-award videos of the nominees - was great to showcase everyone."

NHS Staff Survey

- A comms plan has been delivered to promote the survey across all channels.
- Staff stories which demonstrate how action has been taken since last year's survey are the main message, as well as the £5 voucher incentive.
- We've seen good results - the response rate is higher than it has been for the last two years, with a few weeks left to go!

Film

12 underway **31** completed ▲ **244%**

These included:

- 10 x Star Awards ceremony nominee films
- 6 x NHS Staff Survey messages
- 2 x PTS Social Prescribing films
- Listening to our Deaf Communities – a patient story
- Introducing time saving Visual IVR within NHS 111 – a staff story
- AGM 2023
- Our Year in Action
- PPP Volunteer film
- L&OD Booking System
- Keeping us compliant with the Road Traffic Act
- Our new and improved EPR
- CPD Hub Launch

A huge number of films were completed in Q2. This is due to high-priority activites including the Star Awards, AGM and staff survey promotion.

3 editions of 'Better Health, Better You'

a publication produced in collaboration with the staff wellbeing team. This quarter, editions covered PTSD, addiction and suicide prevention, and all featured real staff experiences.

On average, each month:

3,124 staff read the newsletter ▲ **13%**

245 people clicked on the links which take you to further support.

Staff story for Board

This quarter, we produced a staff story focused on the improvements made when patients call 111 and how this also helps to improve the wellbeing of staff. The innovations have had positive feedback from 111 staff, as many have said it has helped to prevent burnout of answering call after call during peak times.

NHS 75

- Hosted an NHS 75 garden party for 150 colleagues, including the trust's longest serving colleagues, those who share their birthday with the NHS and who joined in the NHS' 75th year.
- The event included a marquee with sandwiches, cake and music of the era, with an opening from Deputy Chief Executive Salman Desai.
- Arranged an opportunity to browse memorabilia from the NWAS museum collection.
- Gave media interviews with local BBC.

Flu vaccine

- A comms plan has been delivered to encourage uptake.
- Promotion of the flu leads to ensure staff know who to contact to get vaccinated is a big push this year.
- Using staff real-time feedback to form our key messages, as concerns and questions are raised.

Annual General Meeting (AGM)

- Supported the delivery of the AGM - including arranging the logistics, the presentation, issuing invitations and promoting the event.
- Attended to capture film footage to share after the event for those unable to attend in person.

Internal bulletins

During this quarter, we shared:

10 CEO bulletins **11** Clinical bulletins **27** Operational bulletins

Plus **33** others including weekly bulletins, HR, and In Our Thoughts. Topics included:

695 staff app downloads

- NHS Staff Survey
- Attempted access to inappropriate websites via trust devices
- One Drive

Work together to shape a better future

Objectives: Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

Winter campaign

Planning for our winter campaign progressed in Q2 (ready for a Q3 launch). The overall aim is to support the delivery of a sustainable operational model by helping to reduce non-emergency 999 calls through an awareness raising campaign, with elements of health prevention and promotion.

Research and insight informed our approach for 2023/24, which will see a regional campaign with localised elements based on call data - Greater Manchester will have a focus on falls prevention, Cheshire and Merseyside on repeat prescriptions, and Cumbria and Lancashire on mental health. More about our activity will be shared in the Q3 dashboard.

BBC Ambulance documentary and social media

Six episodes of BBC Ambulance documentary aired during Q2. With an audience of over 2 million viewers per episode, it helps demonstrate the challenges we face and how staff work hard to be there for people when they need us most. We accompany each episode with social media posts to give insight and key messages. These posts get high levels of engagement, such as 'likes' and 'shares', and are also useful for directing people to additional information we'd like to promote (such as job adverts or health information). In Q2 we had: **238** published posts, **149,352** engagements, and **10,525** link clicks - to job adverts, for example.

Press and public relations

Press office activity / output

All media activity is intended to increase awareness of the service and share public health messaging, in support of service delivery. Reactive activity also helps protect the reputation of the trust, and maintain public confidence in the service.

183 incident checks handled — ▲ 54%

7 statements prepared in response to media enquiries — ▼ 12%

8 positive broadcast media opportunities secured — =

16 proactive stories issued, against our internal target of 16 — ▼ 52%

After a very busy Q1, we have seen a drop in the number of proactive stories issued to the press, but still continue to meet our target. Effort was focused on arranging broadcast media days at EOCs with Area Directors.

Reactively, we commented on two separate stories involving criminal allegations against staff. We also managed communications during the M53 bus crash major incident, providing media statements and taking part in a joint emergency services press conference.

Resulting media coverage

166 pieces of media coverage - this is coverage available online and may not include every mention of NWAS in local publications or broadcast media. ▼ 24%

145 were reports of incidents, including a mention of NWAS with details provided by our press office. This is considered neutral as the story itself may be considered positive or negative, but the information about NWAS is factual and neutral in tone. =

5 pieces were considered negative. These are stories which overall, reflect negatively on NWAS, but include a statement from us in response to a situation. ▼ 54%

16 pieces were considered positive, and include coverage of the proactive press stories issued and interviews arranged. ▼ 70%

We were pleased to see a decline in negative coverage for the second consecutive quarter. There was also a drop in positive coverage - this reflects the lower number of proactive news stories issued. We saw an unusually high amount of proactive work in Q1 which has levelled out in Q2, as we've focused on arranging broadcast media days in the EOCs. These opportunities result in fewer pieces of better quality coverage with a bigger audience (ie. one piece on a radio or television station, versus multiple articles in local newspapers)

Social media - Facebook, Twitter and Instagram

Audience

83,227 Facebook likes

67,141 Twitter followers

17,717 Instagram followers

7,881 LinkedIn followers

Audience growth ▲ 1.6%

Engagement

728 posts published on all channels — ▲ 60%

5,979,627 impressions

356,764 engagements (comments, likes, retweets, shares etc)

6% engagement rate

TOP POST BBC Ambulance is back - **77,995** engagements

TOP REEL A primary school child demonstrating CPR to other children **10,874** plays and **9,854** people reached

Our post frequency increased this quarter due to the BBC Ambulance posting, in addition to our business-as-usual content. Our engagement rate has stayed steady at 6% from Q1, meaning our quality of content remains strong, For context, Facebook's engagement rate benchmark in healthcare is 1.28% (according to Hootsuite).

'Impressions' 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, entertaining videos with audio tracks.

WEBSITE

NOTES: The way we measure activity on the website and Green Room changed in Q2 with the launch of Google Analytics 4 (GA4), so it is not possible to compare data for Q1 and Q2. GA4 now measures 'users' instead of 'visits' - 'user' is defined as a person who has an engaged session. An 'engaged session' is a period during which a user is engaged with the site for longer than 10 seconds, performs an action, or views at least 2 pages. This is a more meaningful way of measuring web and Green Room activity, as it discounts visits where users immediately move onto another site.

140,160 users in Q2

435,552 page views - meaning every person who visits our site views on average 3 pages

Most viewed

Vacancies (124,076 views), Apprenticeships (22,789 views), Patient Transport Service (22,758 views), our locations (22,635 views)

Device

32% Desktop

65% Mobile

3% Tablet

How they found us

1) Search (e.g. Google) = 88,449 visits – 66.6%
2) Direct (typing URL) = 27,280 – 19%
3) Social (i.e. clicking link from Facebook) = 19,115 – 13.3%
4) Email (i.e. directly from our email) = 1,323 – 0.9%
5) Other = 7,250 – 5% (includes anything else, e.g. if people have selected 'ask app not to track' on their phones).

GREEN ROOM

17,161 users in Q2

237,624 page views - meaning every person who visits our site views on average 10.6 pages

Most viewed

managers on duty (17,920 views), library (14,477 views) and HR Portal (13,627 views).

Device

73% Desktop

15% Mobile

11% Tablet

We have seen a shift in how people are accessing the Green Room - desktop is down 14% but mobile and tablet has increased, which reflects the increased use of trust iPads.

Web and Green Room improvements this quarter:

- Single sign on feature is now live on the Green Room, so access is easier for everyone with trust devices.
- Accessibility - progressed with our accessibility review. We are in the process of hiring to a dedicated job role to improve the accessibility of documents and PDFs for both sites.

FREEDOM OF INFORMATION (FOI)

93 responded to ▲ **2%**

100% within 20 working days

100% YTD 20 working days

Topics included:

- Calls relating to mental health
- Private providers in the trust
- International recruitment
- AED equipment
- Racial discrimination by staff
- Fleet list
- Use of sharp bins and plastic aprons
- Gender identity training for staff

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

1 stakeholder briefing

Subjects include: Access to specific addresses, back pay for an employee, PTS eligibility criteria, Stockport station updates.

Other stakeholder work includes:

- Letter to former Lord Lieutenant, Lord Shuttleworth re: donating ambulances to Ukraine
- Presentation for Blackpool OSC attended by Matt Cooper
- Arranged visit to Parkway for Salford Mayor taking place in December
- Briefed NHS comms colleagues re: Ambulance broadcast
- Met with Countess of Chester communications colleagues to discuss handling of public enquiries

PUBLICATIONS

Your Call magazine was released in July. This edition:

- Included **13** stories covering hospital handover work, personal stories, building connections with our deaf community, and summer specials.
- was read **4,235** times, with readers spending an average of **2 min 51 secs** browsing the edition.
- The most popular article was about Senior Paramedic Team Leader Iain Duffy, who was unexpectedly diagnosed with bowel cancer. It was read **1,325** times.

TEAM NEWS

- Recruitment completed for a Digital Communications Officer (maternity cover), Internal Communications Officer, FOI Officer and Patient Engagement Apprentice was completed - all new starters due to join in Q3.
- A major incident exercise and business continuity exercise were held to test team plans. Both led to changes and improvements to the team protocols and identified training needs. The desktop major incident exercise will be followed in Q3 with a real-time exercise.
- Team development in Q1 included: plain English and Easy Read training, a visit to North West Air Ambulance, and evaluation sessions / debriefs for the Star Awards, AGM and major incident (bus crash on M53).

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