

# AGENDA



**Board of Directors**  
**Wednesday, 27<sup>th</sup> November 2024**  
**9:45am – 12:40pm**  
**In the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton**

Item No	Agenda Item	Time	Purpose	Lead
<b>STAFF STORY</b>				
BOD/2425/93	Staff Story	09:45	Information	Acting Chief Executive
<b>INTRODUCTION</b>				
BOD/2425/94	Apologies for Absence	10:00	Information	Chair
BOD/2425/95	Declarations of Interest	10:00	Decision	Chair
BOD/2425/96	Minutes of the previous meeting held on 25 <sup>th</sup> September 2024	10:00	Decision	Chair
BOD/2425/97	Board Action Log	10:05	Assurance	Chair
BOD/2425/98	Committee Attendance	10:10	Information	Chair
BOD/2425/99	Register of Interest	10:10	Assurance	Chair
<b>STRATEGY</b>				
BOD/2425/100	Chair & Non-Executive Directors Update	10:15	Information	Chair
BOD/2425/101	Chief Executive's Report	10:20	Assurance	Chief Executive
<b>GOVERNANCE AND RISK MANAGEMENT</b>				
BOD/2425/102	Board Assurance Framework Q2 2024/25	10:30	Decision	Director of Corporate Affairs
BOD/2425/103	Bi-Annual Common Seal Report	10:40	Assurance	Director of Corporate Affairs
BOD/2425/104	Freedom to Speak Up Report	10:50	Assurance	Freedom to Speak Up Guardian
BOD/2425/105	Audit Committee 3A Report from the meeting held on 18 <sup>th</sup> October 2024	11:00	Assurance	Mr D Whatley, Non-Executive Director
BOD/2425/106	Resources Committee 3A Report from the meeting held on 22 <sup>nd</sup> November 2024	11:10	Assurance	Dr D Hanley, Non-Executive Director
BOD/2425/107	Trust Management Committee 3A Report from the meetings held on 16 <sup>th</sup> October 2024 and 20 <sup>th</sup> November 2024	11:20	Assurance	Acting Chief Executive

**QUALITY AND PERFORMANCE**

BOD/2425/108	Integrated Performance Report	11:30	Assurance	Director of Quality, Innovation, and Improvement
BOD/2425/109	IPC Board Assurance Framework	11:50	Assurance	Director of Quality, Innovation, and Improvement
BOD/2425/110	NWAS Winter Assurance 2024/25	12:00	Decision	Director of Operations
BOD/2425/111	Quality & Performance Committee 3A reports from the meetings held on 23 <sup>rd</sup> September 2024 and 28 <sup>th</sup> October 2024	12:10	Assurance	Prof A Esmail, Non-Executive Director

**STRATEGY, PARTNERSHIPS AND TRANSFORMATION**

BOD/2425/112	Strategy Development Options	12:20	Decision	Acting Chief Executive
BOD/2425/113	Communications and Engagement Q2 2024/25 Report	12:30	Assurance	Acting Chief Executive

**CLOSING**

BOD/2425/114	Any other business notified prior to the meeting	12:35	Decision	Chair
BOD/2425/115	Risks Identified	12:40	Decision	Chair

**DATE AND TIME OF NEXT MEETING**

9.45am on Wednesday, 29<sup>th</sup> January 2025 in the Oak Room, Ladybridge Hall, Trust Headquarters, 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.



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**Minutes**  
**Board of Directors**

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**Details:** 9.45am Wednesday, 25<sup>th</sup> September 2024  
Oak Room, Ladybridge Hall, Trust Headquarters

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Mr P White	Chair
Dr A Chambers	Non-Executive Director / Deputy Chair
Mr S Desai	Deputy Chief Executive
Mr D Ainsworth	Director of Operations
Mrs C Butterworth	Non-Executive Director
Prof A Esmail	Non-Executive Director (via MS Teams)
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Dr M Power	Director of Quality, Innovation, and Improvement
Mrs L Ward	Director of People
Mrs A Wetton	Director of Corporate Affairs
Mr D Whatley	Non-Executive Director
Mrs C Wood	Director of Finance

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**In attendance:**

Mrs P Harder                      Head of Corporate Governance (Minutes)

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**Minute Ref:**

**BOD/2425/72**

**Patient Story**

The Deputy Chief Executive introduced a film regarding a patient's wife Maureen, speaking about her husband's experience of using PES, after experiencing pain in the right side of his chest. The Board noted the first attending crew felt he did not need to attend hospital despite an ECG however was admitted in the evening by a second attending crew where he went into cardiogenic shock and suffered an NSTEMI.

Following their assessment of Jonathan's symptoms, the crew correctly recorded that the pain experienced was right sided, sharp in nature and worse on inspiration. They concluded that the most likely cause of Jonathan's pain, was muscle injury to the chest wall as the presentation was more aligned to this, according to JRCALC guidelines.

Maureen acknowledged ambulance crews who attended her husband may not have in depth knowledge regarding the symptoms that are impacted by the history of her husband's heart condition. However, as she used to be a nurse was able to read the ECG copy left by the first crew and identified something had been missed. It was noted the crew were more focused on the chest pain and believed it to be a chest infection and whilst his observations did not give cause for alarm on their own, when combined with knowledge of his history of heart issues, a different decision may have been reached.

Through sharing this experience, Maureen wanted to raise awareness and help provide further education and learning. Additionally, all ECGS performed by crews should be further checked by medical professionals

The Deputy Chief Executive advised reviews of policies and processes had been undertaken as a result. The Director of People also referred to recognising conditions which would feature in mandatory training this year, in addition to looking at trends from complaints/incidents and where this feeds in.

Prof A Esmail noted the change to seek a senior opinion regarding the ECG, the Medical Director advised it would be more integrated as the Trust moved away from paper. He noted the practice to take a photo provides the ability to share ECGs more readily.

Prof A Esmail referred to the history of the patient and was important in this scenario however this wasn't taken into account and queried how paramedics are supported to look at cases in context.

The Medical Director advised this is undertaken through training and identifying the diagnostic and whether it meets criteria. He noted probing would be undertaken within clinical hub teams, with the clinical practitioner listening to the patient and whether it raised more concern to try and avoid unwarranted conveyance. He noted escalation to an advanced practitioner or conveyance to ED did not happen in this case.

The Board:

- Noted the content of the story.

**BOD/2425/73      Apologies for Absence**

Apologies for absence were received from Mr D Mochrie, Chief Executive.

**BOD/2425/74      Declarations of Interest**

There were no declarations of interest to note.

**BOD/2425/75      Minutes of the Previous Meeting**

The minutes of the previous meeting, held on 31<sup>st</sup> July 2024 were agreed as a true and accurate record of the meeting.

The Board:

- Approved the minutes of the meeting held on 31<sup>st</sup> July 2024

**BOD/2425/76 Board Action Log**

The Board noted the updates to the action log.

**BOD/2425/77 Committee Attendance**

The Board noted the Committee Attendance.

**BOD/2425/78 Register of Interest**

The Board noted the Register of Interest presented for information.

**BOD/2425/79 Chair & Non-Executives' Update**

The Chair advised he had met with the staff involved in the tragic incident in Southport, who had also received subsequent visits from the Royal Family. He added whilst the trauma is evident for the staff he commended staff for their professionalism.

He advised of his attendance at an event at Edge Hill University, which was successful and provided taster sessions for people interested in a career in the ambulance service and was run in conjunction with the College of Paramedics and Liverpool St John University.

The Chair advised he had attended the long service awards in Cumbria and Lancashire and Cheshire and Mersey which were great events and well attended.

He advised the Chief Executive had tendered his resignation during August and would address this further in the Deputy Chief Executive's report.

The Chair noted the conversation in relation to finances continued and the Trust's requirement to support the deficit position within the system.

Mr D Whatley reported he attended the national ambulance memorial service. Mrs C Butterworth referred to the Chair's concerns raised regarding inclusivity of the previous year's event and queried whether it was better represented. Mr D Whatley confirmed representatives from other denominations were present which addressed the Chair's concerns.

The Board:

- Noted the Chair and Non-Executives' Update.

**Deputy Chief Executive's Report**

The Deputy Chief Executive presented a report providing information on a number of areas and activity undertaken since the last meeting.

Whilst performance would be discussed within the Integrated Performance Report, he noted there was significant variation in relation to handover and the widening impact of performance across the region and would be monitored over the winter period.

In terms of 111, he noted the improvement in call pick up and calls answered in 60 seconds which placed the NHS 111 as the third best performing service nationally. PTS continued to have challenges with the PTS Improvement Group to launch in the first week of October.

The Deputy Chief Executive referred to the major incident declared in Southport in July. He advised staff had been supported through decompression training and the offer of counselling and that staff had benefitted from decompression training.

He referred to s4 relating to Trust Leadership and Chair's announcement regarding the resignation of the Chief Executive. The Chair advised the Chief Executive had been unwell following his resignation however was making a good recovery and would leave the organisation at the end of November. He advised the Trust would commence the Chief Executive recruitment process and wished the Chief Executive well.

As a result of the Chief Executive's resignation, he advised his term of office had been extended to the end of July 2025.

The Deputy Chief Executive provided an overview of the positive achievements made by the Trust since the last meeting.

Mr D Whatley referred to the Southport major incident and queried if there would be a review of the incident. The Director of Operations advised three reviews were ongoing: 1) related to the Trust's internal hot and cold debrief to identify any learning and good practice 2) NHS England North West EPRR report would report on the incident and 3) a rapid clinical review would be undertaken.

Prof A Esmail queried whether there was any feedback regarding the issues in Cheshire and Mersey. The Chair advised there had been little response however the Area Director for Cheshire and Mersey had been requested to attend the Cheshire and Mersey Chairs meeting, to present the current situation regarding handover to ensure it received sufficient scrutiny at Board level. The Chair noted he would follow this up in October.

The Deputy Chief Executive advised it remained on NHS England's radar and noted the follow up work and regional winter event attended by the Director of Operations and Medical Director in terms of delays and harm to those in the community.

Mrs C Butterworth referred to the Darzi review and silence regarding the ICB role and whether this was a risk for the organisation. The Chair advised concerns relating to the varying performance across the ICBs would not change structures and noted the focus was on patient facing matters.

The Deputy Chief Executive stated ICBs were operating with two hats; collaborative and performance management and noted the system did not encourage engagement and collaboration to happen and advised 10-year plan would make this clearer.

Finally, the Deputy Chief Executive referred to Manchester Pride and the homophobic comments received which had been dealt with by the Director of People. The Director of People reported a letter had been received regarding the Trust's participation in Manchester Pride which resulted in them being able to come out to the rest of their family and becoming a paramedic. She added the Trust were recognised as a welcoming organisation.

The Board:

- Noted the content of the Chief Executive's Update.

#### **BOD/2425/81 Digital Strategic Plan 2024-2026**

The Director of Quality, Innovation and Improvement presented the Digital Strategic Plan 2024-2026 for approval.

She advised following review of the strategy during Q3 2023/24 to develop a replacement Digital Strategy, it was identified the Trust's requirements were met through the existing strategy. The strategic themes had therefore been refreshed and included in the Digital Strategy Plan 2024-2026 and extended for further two years to allow a longer term digital strategic plan to be developed.

The Deputy Chief Executive referred to the NHS 10-year plan and highlighted digital would be a feature of the plan.

Dr A Chambers queried whether there were any risks in relation to CIP. The Director of Finance advised there were significant risks around the plans for next year and noted the requirement to focus on delivery of recurrent CIP before investing further and adding to the pay bill.

Mr D Whatley referred to the roadmap and timescales for outcomes. The Director of Quality, Innovation and Improvement advised this is undertaken on an annual basis by the Planning Group. The Deputy Chief Executive added the annual planning process would match the operational and financial plans to determine the roadmap within the next 2 months.

The Board:

- Approved the Digital Strategic Plan 2024-2026.
- Supported the development of a long-term Digital Strategic Plan to commence from 2026.

**BOD/2425/82 Charitable Funds Committee 3A Report from the meeting held on 11<sup>th</sup> September 2024**

Mr D Whatley presented the Charitable Funds 3A Report from the meeting held on 11<sup>th</sup> September 2024. He highlighted the financial position of the Charity was ahead of the targets set within the business plan in terms of income.

The Director of Corporate Affairs acknowledged the good financial position however noted improvement in relation to expenditure was required, this was being monitored by the Director of Finance.

The Board:

- Noted the contents of the report, the assurance provided and actions identified.

**BOD/2425/83 Resources Committee 3A Report from the meeting held on 20<sup>th</sup> September 2024**

Dr D Hanley presented the Resources Committee 3A Report from the meeting held on 20<sup>th</sup> September 2024. He referred to EOC attrition and advised the Committee received a deep dive on the issues and were assured a clear evidence-based action plan is in place to increase attrition.

He referred to the finance report and noted the excellent financial position however highlighted recurrent savings still need identifying. The Director of Finance commented that to date £9.5m had been delivered and the Trust were on track to make overall savings.

He commented on the quality of reports and referred to the digital report and complemented the work undertaken. The Chair advised he had requested Dr D Hanley to seek further assurance around digital and was grateful to the team for the support provided to the non-executive directors.

The Board:

- Noted the contents of the report, the assurance provided and actions identified.

**BOD/2425/84 Trust Management Committee 3A Report from the meeting held on 18<sup>th</sup> September 2024**

The Deputy Chief Executive presented the Trust Management Committee 3A report from the meeting held on 18<sup>th</sup> September 2024.

He reported the existing Trust Strategy would be extended for a further year to allow review of the NHS 10-year plan and for work to be undertaken during 2025/26 which would align with the supporting strategies.

The Board:

- Noted the contents of the report, the assurance provided and actions identified.

## **BOD/2425/85 Integrated Performance Report**

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report. She provided an overview of the report and referred to the presentation of data for complaints and incidents and noted data would be displayed monthly by SPC charts when there were sufficient datapoints.

The Director of Corporate Affairs reported the closure rate for level 3-5 complaints had improved in July.

The Board noted the improvement to the STEMI care bundle.

The Director of Operations referred to the performance in August for hear & treat, see & treat and see & convey and the Trust's position nationally and reported the expected improvement in hear & treat from C2 segmentation had not delivered the benefits nationally.

The Chair referred to the variation of performance across the areas for see & treat and hear & treat. The Director of Operations noted the opportunity to convey to non ED related to a programme of hybrid working and had potential across the footprint. He added hear & treat was a primarily a by product of locality, investment and variance. Prof A Esmail confirmed this was discussed at length by the Quality and Performance Committee where the Director of Operations detailed the work being undertaken to focus on areas.

The Director of Operations referred to good performance relating to call pick and highlighted the Trust were ranked the best performing trust with strong ARP performance for C1 and C2 standards.

The Chair referred to the change in performance for call pick up at the beginning of 2023 which signalled the start of the EOC retention issues. The Director of Finance referred to the significant investment in 2022/23 in call handling staff nationally and related to the retention of call handlers.

The Director of Operations highlighted the correlation in C2/C3 drop in activity and recognised the scale of recruitment was at the point of funding. He added the broader point around the improvement in 111 performance and learning from the 111 model which would be embedded into the future model.

The Director of People noted the rapid recruitment was undertaken through agency and that learning highlighted they were not the right people for the role, in addition to other contributing factors. The Director of Quality, Innovation

and Improvement highlighted an important point around the safety indicator and the fact the team were performing was a credit to the team.

In terms of safety, the Director of Operations referred to the improvement in C1 and C2 long waits which were at the lowest levels in 3 years.

His noted his concern in relation to the variance in hospital handover times and response standards and the disparity of hospital handover points, particularly within Cheshire and Mersey.

In terms of 111 he referred to the improvements outlined within the report and noted the feedback that NHS 111 had made the largest improvements of any 111 provider, as a result of leadership and digital innovation. The Chair acknowledged the achievement which had sustained performance.

Discussion followed regarding Cheshire and Mersey as the area that affected the organisation, Prof A Esmail commented that staff waiting outside hospitals were despondent following visits to hospitals within Cheshire and Mersey.

The Chair acknowledged this was the same feedback within Greater Manchester and Cumbria and Lancashire.

The Director of Operations noted PTS activity remained stable and referred to the programme of work to identify opportunities to reduce spend.

The Director of Finance referred to the agency spend which remained under the agency ceiling.

In terms of workforce, the Director of People referred to the vacancy gap within EOC and whilst it was high was not having an impact on performance. She noted the vacancies within the clinical hub and call handlers and the intention to re baseline to establishment and would narrow through the work being undertaken.

The Chair commented on the fantastic set of results, particularly around long waits and previous concerns of the Board and work undertaken within 111 and congratulated everybody involved.

The Board:

- Noted the contents of the report, the assurance provided and actions identified.

## **BOD/2425/86 EPRR Annual Assurance Self-Assessment**

The Director of Operations presented the EPRR Annual Assurance self-assessment.

He referred to s4 of the report noting the compliance against the EPRR Core standards for 2024/25, areas of non-compliance and current compliance of 85%, partially compliant. However he referred the Board to the pieces of work

nearing completion where it was anticipated compliance would increase to 93%; substantial compliance.

Mr D Whatley referred to the deep dive outlined within the report and queried whether this was a new requirement. The Director of Operations advised this was an area of focus through EPRR and was on the risk register. He noted a tabletop exercise would be undertaken in relation to cyber and business continuity which would inform learning in the event of a cyber incident.

The Chair referred to the team working on the submission and queried whether this would undermine their confidence should there be any come back. The Director of Operations advised the team had learnt from previous submissions and noted a higher level of assurance was required to be fully compliant, however the assurance was better than previous years.

Mrs C Butterworth queried where the Trust sat in context with others. The Director of Operations advised there was a significant variance and noted some had assessed compliance at 100%. He noted he was comfortable with the standard and work being undertaken with northern ambulance teams to work to the same methodology.

The Board:

- Noted the areas of action outlined within the report.
- Noted the assurance received from the Accountable Emergency Officer (AEO) discharging their responsibilities against the EPRR work programme in line with its duties under the NHS Standard Contract 30, and as required in line with its EPRR Annual Assurance Core Standard 3.

**BOD/2425/87**

### **IPC Annual Report & Board Assurance Framework 2023/24**

The Director of Quality, Innovation and Improvement presented the IPC Annual Report 2023/24 and IPC Board Assurance Framework up to June 2024.

She advised the report provided an overview of the IPC activity throughout 2023/24 and assurance that policies, procedures, system, processes and training were in place to minimise the risk of transmission of infection to service users, patients and staff. The report also highlighted the gaps in assurance, IPC risks and mitigations.

The Assistant Director of Quality and Nursing advised compliance against fit testing had substantially improved however noted there were still pockets of work to be undertaken.

Mrs C Butterworth queried how embedded IPC was within the culture of the organisation. The Director of Quality, Innovation and Improvement advised the IPC Sub Group had cross representation including trade union representatives and noted the IPC Lead was a member of the Health, Safety

Security and Fire Group and highlighted the assurance in place was reflected in the report.

Mr D Whatley welcomed the redesign of the QAV framework in line with the CQCs single assessment framework and referred to the peer review undertaken by Yorkshire Ambulance Service and positive comments. In terms of fit testing, he noted performance within Cheshire and Mersey was lower than other areas.

The Assistant Director of Quality and Nursing advised the current figure within Cheshire and Mersey was 72% and stated there had been focus to improve the figures and month on month progress.

The Director of Quality, Innovation and Improvement advised the other areas were now 90% compliant due to the Trust investing in fit testing staff and noted the focus within the Cheshire and Mersey area.

The Chair noted Area Directors were accountable for the local leadership in relation to fit testing and station audits. He referred to risk number 255 relating sharp boxes found in sharp bins not being correctly labelled and queried whether this had been resolved. The Assistant Director of Quality and Nursing advised the issue was a focus of the IPC team to provide training and work on educating and training the sector leads and would be included as an area for the Quality Improvement Academy. In terms of the sharps boxes, she advised work was being undertaken to patent boxes and highlighted the problem was not unique to the Trust.

The Board:

- Noted the content of the reports and assurances provided.
- Noted the arrangements for ongoing monitoring via the IPC BAF.
- Noted the key risks and mitigations.

## **BOD/2425/88      Controlled Drugs Annual Report 2023/24**

The Medical Director presented the Controlled Drugs Annual Report 2023/24 and noted the report provided assurance around the management of controlled drugs across the Trust.

He referred to the Home Office licence update within the report and work being undertaken to resolve the issue and reported the challenges are understood by the CQC and NHSE and has been escalated via the AACE governance route. He noted caution regarding the Trust's operating model vs the Home Office legislative requirements and that the Home Office had not written back to the Trust to confirm actions as complete.

Prof A Esmail advised the challenges were discussed at length by the Quality and Performance Committee however the issues relating to the Home Office was a national problem. He added the Committee discussed a Plan B and buying from another supplier however hoped for a regulatory resolution. In

terms of improvements, he referred to the focus on improving audit compliance and that the Committee understood the complexity of the issue.

The Director of Corporate Affairs noted the requirement for a Plan B should the Home Office stop supplying the Trust. The Medical Director advised if the Trust did not have controlled drugs in the organisation it would rapidly force parties to look at other options which would be a huge step back. He noted the importance on driving up the audits, ensure strong governance around the pharmacy stock to ensure it is well governed.

It was agreed the issue would continue to be monitored by the Quality and Performance Committee.

The Board:

- Noted the assurance provided and achievements and improvements made in 2023/24.
- Noted the work planned to address challenges and risks.

#### **BOD/2425/89      Learning from Deaths Q1 2024/25**

The Medical Director presented the Learning from Deaths Q1 2024/25 report.

He referred to the challenges due to changes in the way incidents are raised in DCIQ however these had been resolved. He added the challenges relating to availability of panel members as a result of the SDMR re-structure process however is nearing completion and would be fully addressed in due course.

The Medical Director referred to the learning detailed in s3.3.2 and within the dashboard.

Mrs C Butterworth noted she had to read in detail the learning benefits and felt these should be clearer within the report. The Medical Director acknowledged this and future reports would include higher level themes.

The Board:

- Noted the content provided.

#### **BOD/2425/90      Flu Campaign 2024/25**

The Director of People presented a report detailing the approach in relation to delivering the Flu Campaign for 2024/25.

She reported the 24/25 Flu Vaccination letter issued by NHS England expected providers to deliver a 100% offer to frontline staff and improve on 2023/24 uptake rates.

In terms of the model of delivery she noted the Infection, Prevention and Control Specialist lead would work with the Medicines Management Team and

Chief Pharmacist to support overall leadership and governance of the project and would commence on 1<sup>st</sup> October 2024.

The Director of People added that frontline healthcare workers were also eligible for a COVID booster and information on how to access the vaccination through GPs or pharmacies would be made available. She referred to the inability to offer in house as a result of the Trust not having detailing oversight of the uptake of the COVID booster until regional statistics are published.

She referred to the checklist which demonstrated the Trust had clear senior commitment in place and robust campaign management arrangements through the cross functional flu team and comprehensive communications plan.

The Board:

- Noted the approach to the Flu campaign for 2023/24
- Provided senior commitment to offer all frontline staff a flu vaccination
- Approved the Board checklist

**BOD/2425/91      Any Other Business Notified Prior to the meeting**

There were no other items of business notified prior to the meeting.

**BOD/2425/92      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, 27<sup>th</sup> November 2024 in the Oak Room, Ladybridge Hall, Trust HQ.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG**

<b>Status:</b>	
Complete & for removal	
In progress	
Overdue	
Included in meeting agenda	

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
121	29.05.24	30	Freedom to Speak Up Annual Report	Future annual reports to include - * feedback from trade unions and staff networks * triangulation of learning	FTSU Guardian	26.3.25			
122	29.05.24	30	Freedom to Speak Up Annual Report	Future assurance report for Board to understand the supervision, oversight and scrutiny of clinical practice that's in place in the trust	Medical Director	26.3.25			
124	31.07.24	58	Health, Safety, Security and Fire Annual Report 2023/24	Assurance report to Resources Committee in relation to violence reduction and prevention standards.	Director of QII	27.11.24		Refer to Resources Committee 3A Report.	
129	31.07.24	68	EDI priorities and EDI Annual Plan	Assurance to be provided to the Quality and Performance committee on EDI Priority 3.	Medical Director			Action transferred to Quality and Performance Committee for reporting end Q4.	

**NWAS Board and Committee Attendance 2024/25**

Board of Directors								
	24th April	29th May	19th June	31st July	25th September	27th November	29th January	26th March
Daniel Ainsworth				X	✓			
Dr Alison Chambers	✓	✓	✓	✓	✓			
Salman Desai	✓	✓	✓	✓	✓			
Prof Aneez Esmail	✓	✓	X	✓	✓			
Dr Chris Grant	✓	✓	X	X	✓			
Dr David Hanley	✓	X	✓	✓	✓			
Daren Mochrie	✓	✓	X	✓	X			
Dr Maxine Power	✓	✓	✓	✓	✓			
Catherine Butterworth	✓	✓	✓	X	✓			
Lisa Ward	✓	✓	✓	✓	✓			
Angela Wetton	✓	X	X	✓	✓			
David Whatley	✓	✓	✓	✓	✓			
Peter White (Chair)	✓	✓	✓	✓	✓			
Carolyn Wood	✓	✓	✓	✓	✓			

Audit Committee						
	19th April	17th May	19th June	19th July	18th October	17th January
Dr Alison Chambers	✓	✓	✓	X	✓	
Dr Aneez Esmail	✓	✓	✓	✓	X	
David Whatley (Chair)	✓	✓	✓	✓	✓	
Catherine Butterworth	✓	✓	✓	✓	✓	

Resources Committee						
	24th May	26th July	20th September	22nd November	24th January	21st March
Daniel Ainsworth			✓	✓		
Salman Desai	✓		✓	✓		
Catherine Butterworth	✓		X	✓		
Dr David Hanley (Chair)	✓		✓	✓		
Lisa Ward	✓		✓	✓		
David Whatley	✓		✓	✓		
Carolyn Wood	✓		✓	✓		

Quality and Performance Committee						
	22nd April	24th June	23rd September	28th October	27th January	24th February
Daniel Ainsworth			✓	✓		
Dr Alison Chambers	X	✓	✓	✓		
Salman Desai	✓	✓				
Prof Aneez Esmail (Chair)	✓	✓	✓	✓		
Dr Chris Grant	✓	✓	✓	X		
Dr David Hanley	✓	✓	✓	✓		
Dr Maxine Power	✓	✓	✓	✓		
Angela Wetton	✓	✓	✓	✓		

Charitable Funds Committee				
	8th May	11th September	13th November	12th February
Daniel Ainsworth		✓	X	
Salman Desai	✓	✓	✓	
Catherine Butterworth	✓	✓	✓	
Dr David Hanley	X	✓	X	
Lisa Ward	✓	X	✓	
Angela Wetton	✓	✓	X	
David Whatley	✓	✓	✓	
Carolyn Wood	✓	✓	✓	

Nomination & Remuneration Committee							
	3rd May	29th May	31st July	25th September	27th November	29th January	26th March
Catherine Butterworth	X	✓	X	✓			
Dr Alison Chambers	X	✓	✓	✓			
Prof Aneez Esmail	X	✓	✓	✓			
Dr David Hanley	✓	X	✓	✓			
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	
Daniel	Ainsworth	Director of Operations	Partner is a Team Manager at NWS in 111 service	N/A	N/A	√	N/A	Personal interest	Jul-24	Present	N/A
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 Council				√	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 NWS.  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	Present	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	Present	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	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Salman	Desai	Deputy Chief Executive	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 in 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. NWS 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 NWS command functions and EPRR planning and I would remove myself from any interactions and engage with the NWS Deputy Director should involvement be required from the Medical Directorate.
David	Hanley	Non-Executive Director	Lay Representative Royal College of Physicians			√		Non Financial Professional Interest.	May-24	Present	No conflict.
			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	Aug-24	N/A

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 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	Non Executive Director at AQUA - Improvement Agency based in the North West	√				Position of Authority	May-24	Present	All interactions will be discussed at one to ones and any conflicts or hospitality declared as appropriate.
			Daughter employed at NWAS as Service Delivery Programme Assurance Manager in PES.				√	Non financial personal interest.	Sep-23	Present	Declare an interest and withdraw from discussions as and when required.
			Advisor (Associate Specialist) to The Value Circle - a specialist agency providing advice to NHS organisations			√		Advisory role	Dec-23	Present	All advice provided out of working hours and not linked to my role at NWAS. Benefits to be declared if applicable.
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 financial 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-24		Declare an interest and withdraw from discussions as and when required.
			Son employed on NWAS admin bank contract			√		Non financial personal interest.	Aug-24	Sep-24	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	Non Executive Director	Trustee Pendle Education Trust		√				Mar-23	Present	Withdrawal from the decision making process if the organisations listed within the declarations were involved.
			Governor, Nelson and Colne College Group		√				Mar-23	Present	
			Independent Member of Audit Committee, Pendle Borough Council		√				Mar-23	Present	
			Wife is employed at Manchester Teaching Hospitals NHS FT as a Biochemist				√		Mar-23	Present	
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
Carolyn	Wood	Director of Finance	Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Sep-24	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict.



## REPORT TO THE BOARD OF DIRECTORS

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Acting Chief Executive's Report to the Board of Directors
<b>PRESENTED BY</b>	Salman Desai
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	Choose an item.									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input checked="" type="checkbox"/>	<b>SR03</b>	<input checked="" type="checkbox"/>	<b>SR04</b>	<input checked="" type="checkbox"/>	<b>SR05</b>	<input checked="" type="checkbox"/>
	<b>SR06</b>	<input checked="" type="checkbox"/>	<b>SR07</b>	<input checked="" type="checkbox"/>	<b>SR08</b>	<input checked="" type="checkbox"/>	<b>SR09</b>	<input checked="" type="checkbox"/>	<b>SR10</b>	<input checked="" type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input type="checkbox"/>	Quality Outcomes	<input type="checkbox"/>	People	<input type="checkbox"/>
	Financial/ Value for Money	<input type="checkbox"/>	Reputation	<input type="checkbox"/>	Innovation	<input type="checkbox"/>

<b>ACTION REQUIRED</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Receive and note the contents of the report</li> </ul>
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<b>EXECUTIVE SUMMARY</b>	<p>The purpose of this report is to provide members with information on a number of areas since the last report to the Trust Board dated 25 September 2024</p> <p>The highlights from this report are as follows:</p> <p><b>PES</b></p> <ul style="list-style-type: none"> <li>Demand and incident volume remains stable</li> <li>Work underway to establish handover collaboratives in all three areas</li> <li>Leadership review recruited into all frontline leadership posts</li> </ul> <p><b>NHS 111</b></p> <ul style="list-style-type: none"> <li>Performance remains strong</li> <li>Absence less than 10%</li> <li>Additional call taking support will remain in place until February 2025</li> </ul> <p><b>PTS</b></p> <ul style="list-style-type: none"> <li>Activity is broadly consistent with previous months</li> <li>Financial overspend of £301k</li> </ul>
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	<ul style="list-style-type: none"> <li>Engagement with acute trusts required to improve the number of aborted journeys</li> </ul>
<b>PREVIOUSLY          CONSIDERED BY</b>	Not applicable



## 1. PURPOSE

This report seeks to provide a summary of the key activities undertaken and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 24 September 2024

## 2. PERFORMANCE

### 2.1 Paramedic Emergency Service

Year to date, overall demand and incident volume for the 999 service has remained relatively stable in respect to emergency incidents in comparison to the same period in 2023. October 2024 saw similar numbers of emergency calls and incidents to October 2023. The presenting acuity of patients has reduced when compared to the same periods in 2023, with reduction in the percentage of incidents within the C1 cohort and a slight increase in the percentage in the C2 cohort. Handover remains a significant challenge with the year-to-date average handover being nearly 8 minutes higher than the same period the previous year. There is disparity in this increase across the three areas with Cumbria & Lancashire having a 4 minute 30 second increase, Greater Manchester having a 4 minute and 30 second increase, and Cheshire & Mersey seeing an increase of over 13 minutes. Work is underway in all three areas to establish handover collaboratives with the acute trusts and the ICBs, and the NHSE regional team are supporting work around a review of the handover escalation process. Engagement with the Cheshire & Mersey system continues and is widespread at all levels. ECIST are engaged in all the acute trusts in that system and are developing 'call before you convey' tests of change. NWAS has been clear that benefits of these schemes are likely to be marginal, but that any assistance in reducing see and treat variation is welcome.

ARP response performance has seen some deterioration as we move towards winter. C1 mean response YTD stands at 07:43 and is 07:53 for October 2024. C2 mean response stands at 26:50 and is 35:06 for October 2024. Although NWAS continue to deliver against the year-to-date C2 UEC standard of 30 minutes, and response standards are currently ahead of trajectory, October was the first month of the year where C2 was more than 30 minutes. C3 and C4 responses have also increased during October 2024. NWAS are currently only delivering C1 90<sup>th</sup> ARP standard for the year-to-date position. Placing this into context NWAS performance against all ARP standards remain within the top 4 of all Ambulance Services, ranking especially well for C2 mean. Long waits increased in October for C1 and C2 calls. As an illustration C2 long waits slightly increased in October 2024 vs October 2023 (7,748 vs 6,754) and this was 3000 more than September 2024.

Call pick-up continues to perform exceptionally well with a mean call answer of 0 seconds for October and 1 second YTD. NWAS rank first nationally for all call pick up metrics. Hear & Treat rates remain stable but have not improved in line with UEC trajectories. See & Treat also remains stable but again is not improving at the anticipated rates.

It should be noted that due to the significant variation in average handover across our ICB footprint, there is increasing variation in ARP response standards. As an illustration C2 mean YTD for Greater Manchester ICB stands at 21:49 vs Cheshire & Mersey ICB at 35:58. Both areas have seen a deterioration in C2 performance since August, but this is more pronounced in Cheshire & Mersey where it is nearly 5 minutes. In October Cheshire &



Mersey had a C2 mean of over 56 minutes and saw 74% of the long waits for C2 calls across the NWS footprint.

The leadership review has now recruited into all frontline leadership posts, including a significant number of vacancies, with the roles of Senior Paramedic, Duty Officer, and Advanced Paramedic Practitioner going live in January 2025. The final element of this work will be to realign Paramedics to the response vehicles that were previously being used by the Senior Paramedic Team Leaders, and it is hope that this will have a positive effect on our C1 performance.

## 2.2 NHS NW 111

Performance in the 111-service line has remained strong since the start of the financial year and October was no exception to this. For October calls answered in 60 seconds was 92.6% with an average call pick of 14 seconds and an abandonment rate of 1%. It is also worthy of note that we now receive only very minimal support from agency staff.

For context, the below is a comparison with October 2023 which clearly demonstrates the significant improvement in these metrics.

	Oct-23	Oct-24
Number of abandoned calls	21187	1520
Abandoned calls as a %	13.5%	1.0%
Total number of calls answered in a 24-hour period	135240	150308
Total number of calls answered within 60 seconds	64595	139153
Total number of calls answered within 60seconds as a %	47.8%	92.6%
Average time to answer	00:05:04	00:00:14
Longest wait for an answer	00:41:26	00:11:55

Continuation and review of recruitment processes to support a resilient workforce, review of mentoring process to provide additional support for new Call Handlers which is linked to attrition reduction in first 6 months of employment.

NHSE visited 111 at Middlebrook in October to look at the positive work that had been done on culture and workforce. The Team gave a presentation on the work achieved and the next steps to maintain the strong position. Feedback was very positive.

October's position for sickness is still less than 10% and we did see a very slight increase in the Vacancy Gap from September's figure of -1.46% to -2.16%. (September was the most positive position since the start of the contract).

FCMS have continued to provide a good level of support with their call handling provision, and we are now seeing provision of 90%+ month on month.



Support from Vocare will remain in place until February 2025 and the support ranges between 10-15% of total call volume.

## 2.3 Patient Transport Service

Cumulatively, Cumbria is -16% below baseline. Greater Manchester is 13% above baseline. Lancashire is -24% below baseline and Merseyside is 10% above baseline. This is broadly consistent with previous months, and indicative of very low unplanned activity in Cumbria and lower planned activity in Lancashire.

The financial position at M02 is an overspend of £301k. Projected forward this is an overspend of £2.5m by end June 2025.

Cumbria - Planned arrivals achieved 84% against the Arrival KPI target of 90%. EPS achieved 86% against the Arrival KPI target of 90% (no change).

Lancashire - Planned arrivals achieved 82% against the Arrival KPI target of 90%. EPS achieved 83% against the Arrival KPI target of 90%. (improving).

Greater Manchester - Planned arrivals achieved 75% against the Arrival KPI target of 90%. EPS achieved 71% against the Arrival KPI target of 90%. (Improving).

Merseyside - Planned arrivals achieved 78% against the Arrival KPI target of 90%. EPS achieved 80% against the Arrival KPI target of 90%. (slight deterioration).

There is a need to engage further with acute trusts to improve the number of aborted journeys for same-day discharges, which are inefficient and negatively affect other performance standards. Work is underway to strengthen the PTS senior leadership team in the areas of operational delivery and clinical governance and assurance. Overall activity during Month 5 (financial year) was -10% (-13,000 Journeys) below contract baseline whilst the cumulative position is -5% (-12,510 Journeys) below baseline.

## 3. ISSUES TO NOTE

### 3.1 Local Issues

#### **Restart a Heart Day**

This important day is observed annually on 16 October and our Community Resuscitation Team and Community First Responder volunteers were at the Trafford Centre showing people how to perform CPR and use a defibrillator.

Over 600 people took part, meaning there are now more people in the north west who can perform such a life-saving skill, and so many had their own stories how CPR and defibrillators have changed their lives and the lives of friends, loved ones and family.

#### **Chest Pain Diagnosis Project**

At the end of October I joined Phil Jones, Advanced Practitioner, on a clinical shift in Manchester to learn more about our 'chest pain diagnosis' project. The aim of the project



is to improve care for patients with chest pain, by enabling us to do a point-of-care blood test for troponin.

The results help us determine whether the patient is having, or is at risk of having, a heart attack. This means we can tailor our treatment, ensuring the right care is commenced quickly when they arrive at hospital. The testing gives clinicians additional information to aid decision making. It has the potential to help identify patients who could be safely left at home, freeing up resources to attend other incidents. Phil was very knowledgeable on the topic, and it was great to hear his thoughts on how the pilot is going, and what impact it could eventually have.

The trial is an exciting opportunity for NWAS, and the ambulance sector as a whole. We will play a vital role in establishing how effective the testing is, and whether it could deliver tangible benefits for patients and ambulance services across the country.

The trial is a partnership with Health Innovation Manchester and Manchester University NHS Foundation Trust and is currently taking place in a small area of Manchester.

## **3.2 Regional Issues**

### **Southport Incident**

The trust received a letter from Rt Hon West Streeting MP, Secretary of State for Health and Social Care who had visited Southport in the aftermath, offering his thanks for the trust's response to the tragic events that unfolded that day and to reinforce the ongoing responsibility that he, and the Prime Minister, feel towards our staff and was really pleased to hear positive feedback from staff about the support they received.

### **Major Incident**

In the early hours of Tuesday 30 October, at 01:32am, the trust declared a major incident in response to a fire at the BAE Systems site in Barrow-in-Furness, attending alongside the fire and police services. A large number of resources were sent to the scene, as per the pre-determined attendance for major incidents. This included several double-crewed ambulances, SORT and HART resources, MERIT doctors, senior clinicians and operational commanders, amongst others.

The fire was brought under control, and it was quickly established there was no nuclear risk or danger to the wider community. Two casualties required hospital treatment. The major incident was stood down at 05:24am, but some of our resources remained on-scene until the middle of the morning to continue to support the fire service operation.

### **Ambulance Community Day & AGM**

The trust held this year's AGM on 30 September in conjunction with an Ambulance Community Day at the Werneth Suite in Oldham and were joined by more than 200 members of the public, including students from Oldham College as well as other local schools, community group representatives and members of the public with an interest in health care.



The event featured information stands from various NWAS departments and partner organisations including Greater Manchester Police and other local health services. Feedback has been extremely positive from everyone who attended and took part.

### **New HART Fleet**

A new fleet of vehicles for the Area Hazardous Response Team (HART) have been deployed for use by the teams in Greater Manchester and Merseyside. This new generation of vehicles is the new, nationally agreed, fleet which will be adopted by all ambulance trusts, with NWAS being the first in the country to introduce them. These vehicles will allow easier and quicker access to equipment from the exterior, with fire engine-style shutters.

### **Lancashire Violent Reduction Network (LVRN)**

NWAS joined the Lancashire Violence Reduction Network to make a stand against violence and aggression towards ambulance staff.

The network, which consists of specialists from health, education, police, youth offending, probation, local government and social care, had a presence in Blackpool town centre. Historically, Blackpool is a known hot spot for violence and aggression against staff. The intention was to be visible in the town, sharing information about violence against emergency service workers, with a clear message that it is not tolerated. Our staff deserve to work without fear.

This was the first of a series of events and initiatives which will be running in relation to violence prevention and reduction.

### **Integrated Contact Centres**

The third week of October was International Control Room Week which recognises the invaluable contribution of everyone working in control rooms, which are often described as the 'nerve centre' of an organisation's operation.

Our ICC team include staff who work across 999, 111, patient transport service, support centre and the Regional Operational Control Centre (ROCC) and are the reassuring voice at the end of the phone. From delivering life-saving instructions, signposting someone to the right care for their needs, or arranging transport to an important hospital appointment they are there to help people when they need it the most.

Until recently our service lines operated separately as 999, 111, and PTS Control but significant progress has been made to bring the services closer together as an integrated contact centre team and the trust has systems, processes and ways of working which all align.

### **Showcasing our work to NHS England (NHSE)**

NWAS was selected as an NHS People Promise Exemplar, meaning that NHSE is working with us to deliver some of the ideas and interventions set out in the national People Promise, to make the organisation a brilliant place to work for all.



As part of the programme, a small team of senior NHSE representatives visited to hear about the work we are doing, and met with our Director of People, Lisa Ward, and People Promise Manager, Lauren Sutcliffe.

The NHSE team were impressed by the insight gathered during engagement with staff across the service and how we are using that insight to prioritise actions around three of the seven People Promise themes: Working Flexibly; Having a Voice that Counts and Reward & Recognition.

Whilst visiting the contact centre at Middlebrook, we showcased the significant improvements NHS 111 had made in relation to culture, staff experience and health & wellbeing and commented on the environment of trust that has been fostered to create the conditions for innovation and improvement. They also took the opportunity to listen to NHS 111 calls, which they regarded as a 'humbling experience'.

### **Winter Preparations**

At the beginning of November, Dr Chris Grant, Medical Director, hosted an NHS England visit to Estuary Point. The Regional Medical Director for NHSE Northwest, Dr Michael Gregory, visited to find out more about how we have prepared for the winter demand and was particularly interested in handover delays at hospitals. Whilst at Estuary Point he listened to 999 calls, and spent time with the dispatch team. He also spoke with the Advanced Practitioners in Urgent & Emergency Care, about the extensive work they are doing to help as many patients as possible on the phone, and with home visits, to keep them out of hospital, where clinically appropriate.

Director of Operations, Dan Ainsworth, was interviewed by BBC Radio Manchester about the measures we are putting in place to support staff and patients throughout winter. The aim of this is to reassure the public that we will continue to be there for them whilst asking for their support in using services appropriately this winter.

### **Digital Maturity Assessment Brief**

NWAS Chief Information Officer (CIO) has recently received information on the latest Digital Maturity Assessment (DMA) from NHS England. The CIO will be liaising with NHS England to receive a draft of the publication with the intention to share with the Executive team before the formal publication in January. A formal paper and review of the DMA results against our digital strategic plan will be undertaken and reviewed through Resources Committee in January 2025.

### **Disability Confident**

We're proud to say that NWAS has recently been re-accredited by the Department of Work and Pensions as a disability confident leader. We apply for the accreditation every three years. This is the second time we have received leader status - the highest level of accreditation.

As a disability confident leader, we have demonstrated how we are taking action to ensure we are a disability-inclusive organisation and a great place to work, where disabled



colleagues feel they belong. The disability confident badge shows that we recognise the value that disabled people can bring to our organisation. This helps us recruit and retain the right people.

### **3.3 National Issues**

#### **National Ambulance Memorial Service**

At the end of September, trust representatives had the privilege of attending the eleventh National Ambulance Memorial Service at the National Memorial Arboretum in Stafford, run by TASC, the Ambulance Staff Charity.

The Roll of Honour plays a very important part of the memorial service, as the names of those who have passed away since the last service were read out in the memorial garden. The online TASC Roll of Honour is open to remember those who have lost their lives while in service with the UK's ambulance sector, and it's a place where people can share special tributes, stories, photos and videos in memory of ambulance colleagues and loved ones who have passed away.

#### **Leadership Culture Event**

The culture reviews into the Metropolitan Police and London Fire Brigade uncovered widespread misogyny, racism and bullying. Similarly, an independent culture review of ambulance trusts revealed a deeply troubling workplace culture. Female staff reported sexual harassment, inappropriate behaviour, and sexist comments from male colleagues. Minority staff members experienced racial discrimination and exclusion.

Within NWAS, our last set of staff survey results showed a worrying number of people reporting abuse, bullying, harassment, or unwanted sexual behaviour.

At the beginning of October, I joined more than 100 of our senior leaders at an event which looked at these issues in more detail and explored how we can help drive positive change and create an inclusive work environment, where everyone feels safe and supported.

I opened the event and shared a quote – “culture is a combination of what we create, and what we allow”. It's important to acknowledge that, whilst culture can't be changed overnight, we can make small steps that will have a positive impact. I also shared some information about a movement called Civility Saves Lives. An A&E consultant started it to highlight how incivility – rude or unsociable speech or behaviour – has an impact on staff which then ultimately has a negative impact on patient care.

There were several other guest speakers at the event and covered topics including: generational differences; sexual safety; and how we can become 'active bystanders' – people who witness inappropriate behaviour and choose to challenge it to help someone in that moment.



## **World Mental Health Day**

The theme for this year's World Mental Health Day on 11 October was 'mental health in the workplace'. The Prince & Princess of Wales chose this date to visit Southport and chat to staff to see how they have been feeling, and how they have been supported, in the aftermath of the tragic Southport incident.

A key area of focus for the Royal Foundation, which is led by their Royal Highnesses is the mental health and wellbeing of emergency responders. We were represented by two colleagues who were very open and honest about the challenges they faced after being part of the team of NWS colleagues who responded to the incident. The afternoon served as a stark reminder that in our role as emergency responders we witness things that most other people will never have to witness. We are exposed to stressful, emotional and often traumatic situations as part of our job, but that does not mean we are immune to the consequences. We are at higher risk of developing mental health issues like anxiety, depression and post-traumatic stress disorder. Alarmingly one in four emergency service workers and volunteers have experienced thoughts of suicide due to work-related stress or poor mental health.

## **Black History Month & World Menopause Day**

This took place on 18 October at the Hilton Hotel in Liverpool City Centre, when the trust's Race Equality Network and Women's Network joined forces to host an important event aimed at raising awareness about menopause, particular the experiences of ethnic, minority women.

The theme for this year's Black History month is reclaiming narratives and is a movement towards acknowledging and appreciating the myriads of contributions that black individuals have made throughout history, from the nurses who came from the Caribbean to help set up the NHS, to their descendants, the scientists, mathematicians, allied health professionals and leaders, whose actions and ideas help shape the NHS.

The NHS workforce is now the most diverse in its history with black and ethnic minority colleagues representing 6% of NWS staff and 8.5% of NHS staff overall.

## **Diwali**

Diwali, also known as the Festival of Light, falls between October and November, the exact date varies each year depending on the Hindu calendar and symbolises the victory of light over darkness, good over evil and right over wrong and is celebrated primarily by Hindus, Sikhs, Jains and some Buddhists.

## **Remembrance Day**

Remembrance Day, 11 November, marks the end of World War One in 1918. It is an opportunity for us to remember those who have served in our armed forces, and their families, many of whom made the ultimate sacrifice for the freedoms we enjoy today. It is also a time to reflect on the vital role played by the emergency services and honour those who have lost their lives because of conflict or terrorism.



The trust was represented at many remembrance events across the region over the weekend and observed the 2-minute silence across several trust sites.

### **Allied Health Professionals Day (AHP)**

14 October was Allied Health Professionals Day which was started to recognise that AHPs are often the unsung heroes of healthcare. The day celebrates how AHPs improve the quality of life for many and offer life-changing support at crucial moments.

Quality & Safety was the key theme this year. The AHP strategy for 2022-27 emphasises the importance of providing exceptional care to the people and communities we work alongside, helping to address health and care inequalities.

### **Changes to Long Service Recognition**

The Department for Health & Social Care have confirmed that the national eligibility criteria for the long service medal have been expanded to recognise emergency operational control room staff, including 999 call handlers and ambulance dispatchers. It also now includes 30 and 40 years of service.

Since 1995, the Royal Warrant for the Ambulance Service (Emergency Duties) Long Service and Good Conduct Medal (known formerly as the Queen's, and now the King's medal) has been awarded to paramedics and technicians who serve on frontline emergency duties for 20 years and demonstrate good conduct throughout their career. This change now means that those who reach 30 and 40 years of service will be eligible to receive clasps to add to their medals to recognise these impressive milestones and brings the awards for ambulance services in line with those for police and fire.

The ambulance sector has been lobbying many years for all ambulance staff to be recognised, so this is a really positive step forward.

## **4 General**

### **Trust Leadership**

As previously mentioned, Chief Executive, Daren Mochrie, steps down from his role at the end of November to take up an exciting new opportunity.

Since joining NWAS in April 2019 he has demonstrated strong leadership and unwavering commitment to enhancing the quality of our services and we have seen significant advancements in patient care, staff welfare and operational efficiency. His strategic vision and dedication to fostering a culture of collaboration and innovation have left a lasting mark on our organisation and the wider ambulance sector.

We take this opportunity to thank Daren for his commitment and contribution over the last 5 years and wish him every success in his new role.

In addition to the departure of Daren at the end of November, Maxine Power, Director of Quality, Innovation & Improvement will be stepping down from her role at the end of March 2025. Maxine has been an invaluable part of the team for nearly eight years during which



her leadership has significantly shaped patient care and quality improvement. Her vision and dedication have transformed how we apply quality improvement methodologies, most notably through her work on the hospital handover collaborative. With her commitment to improving outcomes for mental health patients, she has worked tirelessly with partners to ensure parity of esteem is not just an ambition, but a reality for those that call 999 seeking help or in crisis.

## **REAP**

On 9 October the trust escalated to REAP Level 3, from moderate pressure to major pressure as a result of the increasing handover times at hospital which resulted in increased response times and delays.

## **Ideas to Change the NHS**

The Prime Minister and Health Secretary have launched a national conversation about the future of the NHS, ahead of a 10-Year Health Plan due to be published in Spring 2025.

Sir Kier Starmer and Wes Streeting set out how they aim to deliver an NHS fit for the future and invited everyone in the country to have their say. This was launched at a London Ambulance Service Training Centre, alongside Chief Paramedic, Pauline Crammer, which should be viewed positively for the ambulance sector.

The change.nhs.uk consultation will help design the new decade-long plan, focusing on three main shifts in healthcare:

- hospital to community,
- analogue to digital,
- sickness to prevention.

One of the questions being asked is 'what's the biggest challenge you face in your job today?' and 'what's your best idea to fix it?'. The MS Teams event is open to all NHS Staff, it is their experience, good, bad and sometimes frustrating that will help shape this opportunity.

In a similar vein, we have recently started to look for opportunities within NWS to change and improve our service. This work is in its early days and getting ideas from staff will be vital in order to ensure NWS is fit for the future.

## **In our Thoughts**

It is with great sadness that I write to inform you of the death of former colleague, Pete Greenwood who passed away following an illness, aged 63. Pete had dedicated 34 years to our service before retiring in 2019 and worked for both PES and PTS

The trust sends sincere condolences to the family, colleagues and friends of Pete.

## **5. EQUALITY/ SUSTAINABILITY IMPACTS**

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



**6. ACTION REQUIRED**

The Board is recommended to:

- Receive and note the contents of this report



**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Board Assurance Framework Q2 2024/25 Position
<b>PRESENTED BY</b>	Angela Wetton, Director of Corporate Affairs
<b>PURPOSE</b>	Decision

<b>LINK TO STRATEGY</b>	All Strategies									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input checked="" type="checkbox"/>	<b>SR03</b>	<input checked="" type="checkbox"/>	<b>SR04</b>	<input checked="" type="checkbox"/>	<b>SR05</b>	<input checked="" type="checkbox"/>
	<b>SR06</b>	<input checked="" type="checkbox"/>	<b>SR07</b>	<input checked="" type="checkbox"/>	<b>SR08</b>	<input checked="" type="checkbox"/>	<b>SR09</b>	<input checked="" type="checkbox"/>	<b>SR10</b>	<input checked="" type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" type="checkbox"/>	Quality Outcomes	<input checked="" type="checkbox"/>	People	<input checked="" type="checkbox"/>
	Financial/ Value for Money	<input checked="" type="checkbox"/>	Reputation	<input checked="" type="checkbox"/>	Innovation	<input checked="" type="checkbox"/>

<b>ACTION REQUIRED</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Approve the Q2 2024/25 position of the Board Assurance Framework.</li> </ul>
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<b>EXECUTIVE SUMMARY</b>	<p>The proposed 2024/25 Q2 position of the BAF risks with associated CRR risks scored <math>\geq 15</math> can be viewed in Appendix 1. The BAF Heat Maps for 2024/25 year to date can be viewed in Appendix 2.</p> <p>As part of the Q2 review, the Trust Management Committee (TMC) recommend the following changes:</p> <ul style="list-style-type: none"> <li>SR04 has decreased in risk score from 12 to 8.</li> </ul>
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<b>PREVIOUSLY CONSIDERED BY</b>	Trust Management Committee & Audit Committee	
	Date	Wednesday, 16 <sup>th</sup> October 2024 and Friday, 18 <sup>th</sup> October 2024
	Outcome	TMC recommended to Board for approval

## 1. BOARD ASSURANCE FRAMEWORK

The Board Assurance Framework (BAF) identifies the strategic risks which may threaten the achievement of the Trust's strategic objectives/aims.

## 2. RISK ASSURANCE PROCESS

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 Q2 POSITION

Following a full review of the Board Assurance Framework, the following change is proposed:

- Change in current risk score SR04 for Q2 from 12 to 8

### 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

Opening Score 01.04.2024	Q1 Risk Score	Q2 Risk Score	Exec Lead
12 4x3 CxL	12 4x3 CxL	8 4x2 CxL	Lisa Ward

The risk has decreased in risk score because of the following rationale applied by the Executive Lead:

- Vacancy gaps closing with significant improvements in 111 and PES.
- The vacancy gaps within EOC and PTS have not impacted on the safety of service provision.
- Sickness absence remains above sector average.
- Turnover improving across all services lines except for EOC, however plans are in place to improve the position.
- The performance position at the end of Q2 indicates safe levels of staffing is being maintained.

## 4. RISK CONSIDERATION

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.

The Board Assurance Framework contains the application of the Trust's Risk Appetite Statement and has been reviewed as part of the Q2 BAF Review process.

**5. ACTION REQUIRED**

The Board of Directors is asked to:

- Approve the Q2 2024/25 position of the Board Assurance Framework.



# BOARD ASSURANCE FRAMEWORK 2024/25

Board of Directors - Part 1

27<sup>th</sup> November 2024

Q2 Position

**Q3 Position Reporting Timescales:**

Trust Management Cttee:	15/01/2025
Audit Cttee:	17/01/2025
Resources Cttee:	24/01/2025
Quality & Performance Cttee:	27/01/2025
Board of Directors:	29/01/2025



## BOARD ASSURANCE FRAMEWORK KEY

Risk Rating Matrix (Likelihood x Consequence)					
Consequence ↓	Likelihood →				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
<b>Catastrophic 5</b>	5 Low	10 Moderate	15 High	20 High	25 High
<b>Major 4</b>	4 Low	8 Moderate	12 Moderate	16 High	20 High
<b>Moderate 3</b>	3 Low	6 Moderate	9 Moderate	12 Moderate	15 High
<b>Minor 2</b>	2 Low	4 Low	6 Moderate	8 Moderate	10 Moderate
<b>Negligible 1</b>	1 Low	2 Low	3 Low	4 Low	5 Low

Director Lead:	
<b>CEO</b>	Chief Executive
<b>DoQII</b>	Director of Quality, Innovation & Improvement
<b>MD</b>	Medical Director
<b>DoF</b>	Director of Finance
<b>DoOps</b>	Director of Operations
<b>DoP</b>	Director of People
<b>DoSPT</b>	Director of Strategy, Partnerships & Transformation
<b>DoCA</b>	Director of Corporate Affairs

### Board Assurance Framework Legend

<b>BAF Risk</b>	The title of the strategic risk that threatens the achievement of the aligned strategic priority				
<b>Rationale for Current Risk Score</b>	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk				
<b>Risk Appetite</b>	The total amount of risk an organisation is prepared to accept in pursuit of its strategic objectives				
<b>Controls</b>	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority				
<b>Assurances</b>	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk				
<b>Evidence</b>	This is the platform that reports the assurance				
<b>Gaps in Controls</b>	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk				
<b>Gaps in Assurance</b>	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk				
<b>Required Action</b>	Actions required to close the gap in control(s)/ assurance(s)				
<b>Action Lead</b>	The person responsible for completing the required action				
<b>Target Completion</b>	Deadline for completing the required action				
<b>Progress</b>	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



## BOARD ASSURANCE FRAMEWORK DASHBOARD 2024/25

BAF Risk	Committee	Exec Lead	01.04.24	Q1	Q2	Q3	Q4	2024/25 Target	Risk Appetite Tolerance
<b>SR01:</b> 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	<b>Quality &amp; Performance</b>	<b>MD</b>	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL			15 5x3 CxL	1-5
<b>SR02:</b> There is a risk that the Trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services	<b>Resources</b>	<b>DoF</b>	16 4x4 CxL	16 4x4 CxL	16 4x4 CxL			12 4x3 CxL	6-12
<b>SR03:</b> There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care and/or harm	<b>Quality &amp; Performance</b>	<b>DoOps</b>	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL			15 5x3 CxL	1-5
<b>SR04:</b> 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	<b>Resources</b>	<b>DoP</b>	12 4x3 CxL	12 4x3 CxL	8 4x2 CxL			8 4x2 CxL	6-12
<b>SR05:</b> There is a risk that the Trust does not improve its culture and staff engagement and this impacts adversely on retention and staff experience.	<b>Resources</b>	<b>DoP</b>	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL			12 4x3 CxL	6-12
<b>SR06:</b> There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action	<b>Quality &amp; Performance</b>	<b>DoQII</b>	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL			10 5x2 CxL	1-5
<b>SR07:</b> 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	<b>Resources</b>	<b>DoSPT</b>	8 4x2 CxL	8 4x2 CxL	8 4x2 CxL			4 4x1 CxL	6-12
<b>SR08:</b> 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	<b>Resources</b>	<b>DoQII</b>	15 5x3 CxL	20 5x4 CxL	20 5x4 CxL			15 5x3 CxL	1-5
<b>SR09:</b> There is a risk that the Trust attracts negative media attention arising from long delays and harm leading to significant loss of public confidence	<b>Resources</b>	<b>DoSPT</b>	10 5x2 CxL	10 5x2 CxL	10 5x2 CxL			10 5x2 CxL	6-12
<b>SR10: (Sensitive Risk):</b>	<b>Resources</b>	<b>DoSPT</b>	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL			12 4x3 CxL	6-12

# BOARD ASSURANCE FRAMEWORK 2024/25

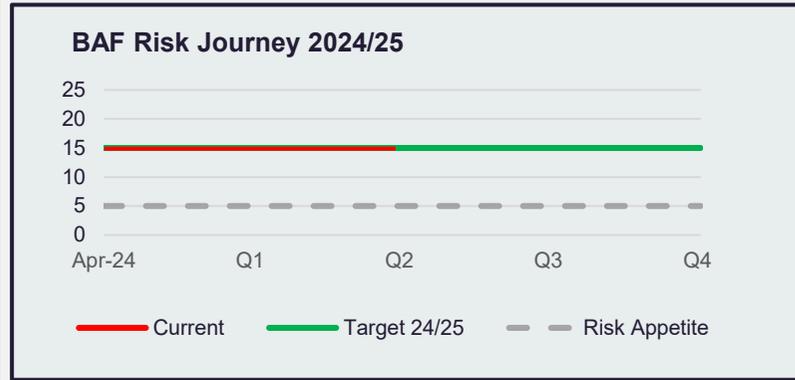
**BAF RISK SR01:**

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:**

	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
Score	15	15	15			15	1-5
Performance	5x3	5x3	5x3			5x3	
Category	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Exceeded	Exceeded	Exceeded			Exceeded	

**RATIONALE FOR RISK SCORE:** The risk score for the Q2 position of this BAF risk remains at a score of 15 with sustained high performance in both C2 performance and a sustained decrease in long waits. High performance within 111, with achievement of two of the national standards, with significant improvements in 111 staff retention and sickness levels. Significant challenges remain within the Cheshire and Mersey PES area; C2 mean and long waits within the area are significant outliers and contribute to unavoidable harm and poorer patient outcomes. All ACQIs are now consistently above national average however newly developed falls measure will require enhanced clinical and operational oversight throughout the remaining reporting periods. The delivery of Duty of Candour and patient safety syllabus training continues to progress across the organisation. The first cohort of the Improvement Academy commenced in September 2024. The recruitment process commenced for Freedom to Speak Up Guardian roles.

**Projected Forecast Q3:** Deteriorating  
Stable  
Improving

**Rationale:** Stable

The Trust will be moving into winter with associated seasonal pressures and expectation of increased demand and increase in hospital handover delays.

<b>CONTROLS</b>	➔	<b>ASSURANCES</b>	➔	<b>EVIDENCE</b>
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<b>QUALITY</b>
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Progressing maturity of NHS Impact	<b>Level 2:</b> Improvement Academy <b>Level 2:</b> Trust Management Cttee Escalation and Assurance Report	Reported to Trust Management Cttee TMC/2425/044 Reported to Board of Directors BoD/2425/34
Patient Safety Strategy	<b>Level 2:</b> PSIRF Report Q1 24/25	Reported to Quality & Performance Cttee QPC/2425/046
Delays in responding to patients in mental health crisis	<b>Level 2:</b> Strategic Mental Health Plan 2024-2027	Reported to Trust Management Cttee TMC/2425/131
Safety Culture	<b>Level 2:</b> Freedom to Speak Up Guardians	Reported to Trust Management Cttee TMC/2425/17
Insight and Intelligence	<b>Level 2:</b> Data Insights and Intelligence Reporting Priorities (July - December 2024)	Reported to Trust Management Cttee TMC/2425/093

<b>DIGITAL</b>
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Digital Strategic Plan	<b>Level 2:</b> Digital Strategic Plan 2024-2026	Reported to Board of Directors BoD/2425/81
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Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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<b>CLINICAL</b>
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Clinical Audit	Implement next generation of Clinical Audit Tool	Dr C Grant	March 2025	Q&P Cttee	In Progress
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QUALITY					
Patient Safety Strategy	Further training required following service delivery model review (SDMR) to ensure specific roles are trained in PSIRF learning responses.	Dr M Power	March 2025	Q&P Cttee	In Progress
	Patient Safety Partner Policy approval <a href="#">awaiting approval</a>	Dr M Power	<a href="#">October 2024</a>	Q&P Cttee	In Progress
Implementation of the quality strategy	Service line plans for improvement of safety, effectiveness and experience	Dr M Power / Mr D Ainsworth	<a href="#">December 2024</a>	Q&P Cttee	In Progress
Progressing maturity of NHS Impact	Deliver Programme of Improvement Academy (10 teams)	Dr M Power	<a href="#">March 2025</a>	Q&P Cttee	In Progress
Insight and intelligence	Integrated quality and performance reporting for service lines and sectors	Ms J Wharton	October 2024	TM Cttee	In Progress
Delays in responding to patients in mental health crisis	Mental health strategic plan implementation	Ms E Orton / Mr D Ainsworth	<a href="#">March 2025</a>	TM Cttee	In Progress
	RCRP task and finish group				
Avoidable conveyance to hospital & long waits at ED impacting resource availability and response	See and Treat Improvement Programme	Mr D Ainsworth	March 2025	TM Cttee	In Progress
Freedom to Speak Up	Scope plan to improve performance on FTSU	Dr C Grant	<a href="#">October 2024</a>	TM Cttee	In Progress
Safety Education	Training needs analysis for safety training	Dr M Power / Ms L Ward	December 2024	Q&P Cttee	In Progress
Variation in handover delays and process impacting patient safety	Specific work with the Cheshire and Mersey partnership to focus on excess delays	Mr D Ainsworth / Dr C Grant	March 2025	TM 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
412	Operational/ Emergency Preparedness	There is a risk that, due to a lack of EPRR national occupational standards, training, exercising, and subsequent competency assurance, the EOC/ICC 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
490	Operational/ Operational Performance	There is a risk that due to the roll-out speed of the of the UK Government's National Framework Agreement: Right Care, Right Person (RCRP), the necessary alternative services will not be available or lack sufficient capacity, leading to NWS becoming the default organisation for all incidents involving people with mental health needs, resulting in pressure on NWS capacity and NWS receiving patients with needs that are not within our remit or skill set.	15 High	15 High		3 Low
575	Operational/ Patient Safety	There is a risk that patients ringing 999 with a Mental Health need will experience a disparity in triage/assessment/response due to high call volume and lack of mental health practitioner expertise in EOC, which could result in long waits, patient deterioration and self harm which may lead to serious injury or death.	20 High	20 High		5 Low

# BOARD ASSURANCE FRAMEWORK 2024/25

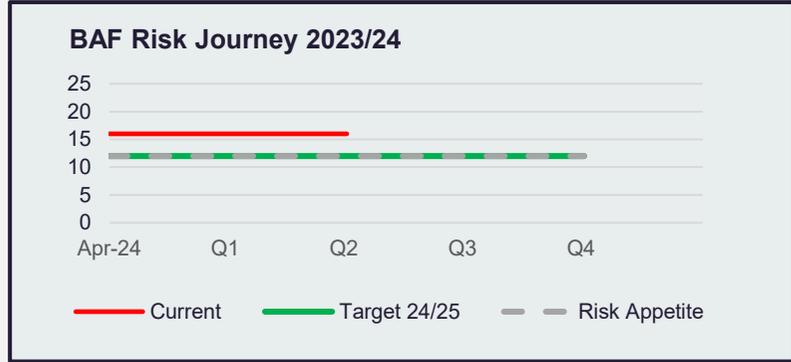
**BAF RISK SR02:**

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:**

	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
	16	16	16			12	6-12
	4x4	4x4	4x4			4x3	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Exceeded	Exceeded	Exceeded			Within	

**RATIONALE FOR CURRENT RISK SCORE:**

The risk score for the Q2 position of the BAF risk remains at a score of 16. Final income values have been agreed and contract variations have been signed. The final plan approved did result in a further reduction in the contract income, linked to convergence, with a final efficiency requirement of £15.5m. Whilst overall the actual month 6 financial position is better than the year to date plan, a significant proportion of the efficiency identified to date and projected, against the £15.5m target, is non-recurrent. Whilst the shortfall on the delivery of recurrent efficiency has reduced during the first two quarters, there remains a gap to be identified.

Projected Forecast Q3:

**Deteriorating**  
**Stable**  
**Improving**

**Rationale: Stable**

The risk score will remain stable whilst the recurrent CIP schemes continue to be developed.

CONTROLS	→	ASSURANCES	→	EVIDENCE
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2024/25 Financial Planning	<b>Level 2:</b> 2024/25 Financial Planning and Opening Budgets <b>Level 2:</b> Final 2024/25 Financial Plans	Reported to Board of Directors BoD/2324/082 Reported to Board of Directors PBM/2425/04
Financial Performance	<b>Level 2:</b> Finance Report Month 1 24/25 <b>Level 2:</b> Finance Report Month 2 24/25 <b>Level 2:</b> Integrated Performance Report <b>Level 2:</b> Finance Report Month 3 24/25  <b>Level 3:</b> Auditor's Annual Report 2023/24 <b>Level 2:</b> Finance Report Month 5 24/25 <b>Level 2:</b> NHSE System Financial Recovery	Reported to Resources Cttee RC/2425/010 Reported to Trust Management Cttee TMC/2425/061 Reported to Board of Directors BoD/2425/85 Reported to Trust Management Cttee TMC/2425/84 & Board of Directors PBM/2425/34 Reported to Audit Cttee AC/2425/65 Reported to Resources Cttee RC/2425/33 Reported to Board of Directors PBM/2425/44

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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FINANCE					
2025/26 Financial Planning	Receipt of 2025/26 planning guidance from NHSE	Ms C Wood	January 2025	Resources Cttee	Not Commenced
	Draft 2025/26 Financial Plan (Revenue & Capital)	Ms C Wood	March 2025	Resources Cttee / BoD	Not Commenced
	Approval of 2025/26 Financial Plans by Resources Cttee & BoD	Ms C Wood	March 2025	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
652	Financial/ Value for Money/ Efficiency	There is a risk that due to the application of national savings targets and system convergence, the Trust will not achieve its recurrent efficiency target of £15m, this saving equates to 2.8% of our operating expenditure and is required to be delivered to achieve financial balance, one of our statutory financial duties.	20 High	15 High		5 Low

# BOARD ASSURANCE FRAMEWORK 2024/25

**BAF RISK SR03:**

There is a risk that the Trust does not deliver improved national and local operational performance standards resulting in delayed care and/or harm

Executive Director Lead:

DoOps

**Risk Appetite Category:** Quality Outcomes – Low

**BAF RISK SCORE JOURNEY:**

	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
	15	15	15			15	1-5
	5x3	5x3	5x3			15x3	
	CxL	CxL	CxL	CxL	CxL	CxL	
<b>Risk Appetite</b>	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 primarily because delivery of the national ARP standards remains challenged with only one of the seven standards currently being met. Hospital handover remains above the system UEC agreed standards and there are challenges regarding vehicles being held outside EDs, particularly in Cheshire & Mersey which impacts on NWAS' ability to mitigate delay. The PTS contract award is still under extended standstill period, however further improvement is required against the planned arrivals and enhanced priority service KPIs. In 111, KPIs continue to deliver the IUC trajectories with significant improvement in all performance standards for Q2.

**Projected Forecast Q3:** Deteriorating  
Stable  
Improving

**Rationale:** Stable

There will be increasing pressures moving in the winter period as a result of increases in demand that will result in challenges around hospital handover and vehicles waiting outside EDs and will be an area of focus during the winter period. We anticipate the ongoing financial pressures across ICB and providers will begin to impact NWAS as service capacity is likely to reduce leading to impact on hospital flow.

CONTROLS	ASSURANCES	EVIDENCE			
Improve Hear and Treat Performance	<b>Level 2:</b> Integrated Performance Report	Reported to Quality & Performance Cttee QPC/2425/44 Reported to Board of Directors BOD/2425/85			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Improve Hear and Treat Performance	Improve Hear and Treat Performance from 15% to 16.4%	Mr D Ainsworth	March 2025	Q&P Cttee	In Progress
Recruitment Plan Clinical Hub and Operational Staff (SR09)	Robust recruitment plan to be delivered to maximise resources to the most efficient level	Mr D Ainsworth/ Mrs L Ward	November 2024	Q&P Cttee	In Progress
Service Delivery Leadership Review (SR09)	Delivery of SDLR to improve working practices	Mr D Ainsworth	March 2025	Q&P Cttee	In Progress
ICC Integration and Restructure	Delivery of Phase 2 and 3 of ICC Restructure	Mr D Ainsworth	March 2025	Q&P Cttee/Resources 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
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There are no operational risks scored 15+ aligned to this BAF risk.

## BOARD ASSURANCE FRAMEWORK 2024/25

**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:**

	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
	12	12	8			8	6-12
	4x3	4x3	4x2			4x2	
	CxL	CxL	CxL	CxL	CxL	CxL	
<b>Risk Appetite</b>	Within	Within	Within			Below	Within

**RATIONALE FOR CURRENT RISK SCORE:** The Q2 position of this BAF risk has reduced to a risk score of 8. Vacancy gaps are closing with significant improvements in both PES and 111. Sickness absence remains above sector average, although an improving position and continues to impact on resource availability. Where vacancy gaps remain in EOC and PTS these are not impacting on the safety of service provision. Turnover is improving across all service lines except EOC but plans are in place to improve this position and it is not impacting on safe staffing. The improved score of 8 reflects the overall good position combined with the performance position seen at the end of Q2 which indicates that safe staffing is being maintained.

**Projected Forecast Q3:**  
Deteriorating  
Stable  
Improving

**Rationale: Stable**  
 The deployment position in Operations is expected to continue to improve across Q3, with continued progress to be made in closing vacancy gaps. Continued improvement in attendance anticipated.

CONTROLS	➔	ASSURANCES	➔	EVIDENCE
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Recruitment Plans	<b>Level 2:</b> Workforce Indicators Assurance Report <b>Level 2:</b> People and Culture Group 3A Report <b>Level 2:</b> Recruitment – Positive Action and Target Setting	Reported to Resources Cttee RC/2425/048 Reported to Trust Management Committee TMC/2425/137 Reported to Resources Cttee RC/2425/049
Retention Plans	<b>Level 2:</b> Workforce Indicators Assurance Report <b>Level 2:</b> People and Culture Group 3A Report <b>Level 2:</b> Deep Dive: ICC Retention	Reported to Resources Cttee RC/2425/048 Reported to Trust Management Committee TMC/2425/137 Reported to Resources Cttee RC/2425/047
Attendance Improvement Teams – Improvement Plans	<b>Level 2:</b> Workforce Indicators Assurance Report <b>Level 2:</b> People and Culture Group 3A Report	Reported to Resources Cttee RC/2425/048 Reported to Trust Management Cttee TMC/2425/137
Flu Vaccination Programme	<b>Level 2:</b> 2024/25 Flu Campaign	Reported to Resources Cttee RC/2425/50 Reported to Board of Directors BoD/2425/90

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recruitment Plans	Delivery of recruitment plans	Ms L Ward	March 2025	Resources Cttee	In Progress
Retention Plans	Delivery of EOC Retention Plans	Ms L Ward	March 2025	Resources Cttee	In Progress
Flu Vaccination Programme	Delivery of 2024/25 Campaign	Ms L Ward	February 2025	Resources Cttee	In Progress
Attendance Improvement Teams – Improvement Plans	Continued implementation of improvement plans	Ms L Ward	March 2025	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
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There are no operational risks scored 15+ aligned to this BAF risk

# BOARD ASSURANCE FRAMEWORK 2024/25

**BAF RISK SR05:**

There is a risk that the Trust does not improve its culture and staff engagement, and this impacts adversely on retention and staff experience

**Executive Director Lead:**

DoP

**Risk Appetite Category:** People - Moderate



**BAF RISK SCORE JOURNEY:**

	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
	12	12	12			12	6-12
	4x3	4x3	4x3			4x3	
	CxL	CxL	CxL	CxL	CxL	CxL	
<b>Risk Appetite</b>	Within	Within	Within			Within	Within

**RATIONALE FOR CURRENT RISK SCORE:** The risk score for the Q2 position of this BAF risk remains at a score of 12. Whilst 2023 staff survey results indicate continued 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, there are a range of challenges to staff experience identified through data and through the Ambulance Culture Review. Progress continues to be made in delivering planned improvements set out in the People Strategy and Annual Plans but these will take some time to deliver the changes required. Work is progressing to implement the leadership review and deliver planned leadership induction; People Promise Manager has started in post and completed listening exercises; Disciplinary Policy evaluation and review complete; sexual safety campaign, partnership review and refresh of EDI priorities continuing. Wellbeing Hub launched and revised induction in due to launch. Culture focused leadership event held. The current score of 12 reflects that retention and staff experience feedback is in an improving position.

**Projected Forecast Q3:** Deteriorating  
Stable  
Improving

**Rationale:** Stable

There are clear plans in place to progress improvements in culture and staff experience but these are expected to take time to achieve a step change in experience so the position is expected to remain stable.

CONTROLS	→	ASSURANCES	→	EVIDENCE
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Culture Review	Level 2: Culture Review Assurance Report	Reported to Resources Cttee RC/2425/020
Fully Embedding Just Culture Principles	Level 2: Culture Review Assurance Report	Reported to Resources Cttee RC/2425/020
People Promise Exemplar Programme	Level 2: People and Culture Group 3A Report	Reported to Trust Management Cttee TMC/2425/137
EDI	Level 2: Equality, Diversity and Inclusion Annual Report 2023/24 Level 2: Diversity & Inclusion 3A Report Level 2: Recruitment – Positive Action and Target Setting	Reported to Resources Cttee RC/2425/019 Reported to Trust Management Cttee TMC/2425/139 Reported to Resources Cttee RC/2425/049
EDI Priorities	Level 2: Equality, Diversity and Inclusion Priorities 2024-26 and Annual Plan	Reported to Board of Directors BoD/2425/68
Wellbeing	Level 2: Health and Wellbeing Annual Report	Reported to Resources Cttee RC/2425/018
Staff Survey Plan	Level 2: People and Culture Group 3A Report Level 2: Staff Survey 2024 Plans	Reported to Trust Management Cttee TMC/2425/137 Reported to Trust Management Cttee TMC/2425/098
Sexual Safety Campaign	Level 2: Diversity and Inclusion Group 3A Report	Reported to Trust Management Committee TMC/2425/139

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Service Delivery Leadership Review	Implementation of Operational & Clinical Management Restructure	Mr D Ainsworth	March 2025	Resources Cttee	In Progress
EDI Priorities	Delivery of year 1 action of plan	Ms L Ward	2024/25	Resources Cttee	In Progress
Partnership Agreement	Implementation of revised Partnership Agreement	Ms L Ward	March 2025	Resources Cttee	In Progress
Wellbeing	Implementation of mental health improvement plans	Ms L Ward	March 2025	Resources Cttee	In Progress

Leadership	Delivery of full Making a Difference Programme	Ms L Ward	March 2025	Resources Cttee	In Progress
Sexual Safety	Process to support learner safety	Ms L Ward	March 2025	Resources Cttee	In Progress
Staff Survey	Delivery of Staff Survey 2024	Ms L Ward	December 2024	Resources Cttee	In Progress
Culture Review	Deliver identified actions and support national work programme	Ms L Ward	2024/25	Resources Cttee	In Progress
People Promise Exemplar Programme	Deliver improvements in identified priority areas: flexible working; staff engagement	Ms L Ward	2024/25	Resources Cttee	In Progress
Induction	Implement revised onboarding and induction	Ms L Ward	2024/25	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
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There are no operational risks scored 15+ aligned to this BAF risk

# BOARD ASSURANCE FRAMEWORK 2024/25

**BAF RISK SR06:**

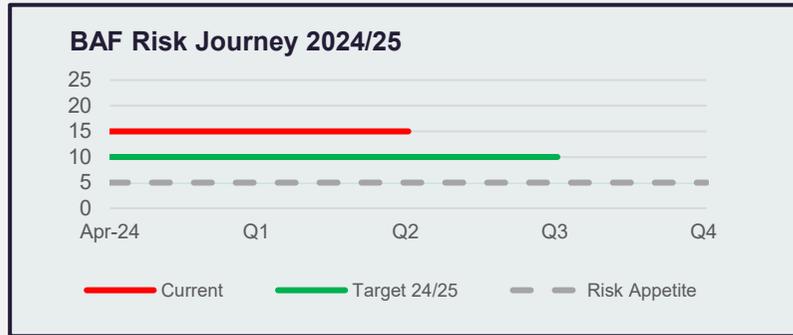
There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action

**Executive Director Lead:**

DoQII

**Risk Appetite Category:** Compliance & Regulatory – Low

**BAF RISK SCORE JOURNEY:**



	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
	15	15	15			10	1-5
	5x3	5x3	5x3			5x2	
	CxL	CxL	CxL	CxL	CxL	CxL	
<b>Risk Appetite</b>	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. Robust plans are in place to ensure regular engagement meetings with CQC relationship manager continue now we have transitioned to the CQC single assessment framework. Changes have been made to the NWS quality assurance visit assurance processes. The Stage 2 HSE inspectorate visit was positive, with no sanctions. Duty of Candour training is scheduled for October for Sector Clinical Leads. Quality audits now being undertaken with area assurance meetings in place. Work ongoing to improve quality of enactment and ensure learning is captured. The risk associated with controlled drugs licensing remains. Mandatory training and appraisal compliance on track.

**Projected Forecast Q3:**

**Deteriorating**  
**Stable**  
**Improving**

**Rationale: Improving**

Increased compliance of Duty of Candour due to training being delivered to new Sector Clinical Leads during Q3. Work will continue to address the gaps in controls and actions during Q3.

**CONTROLS** → **ASSURANCES** → **EVIDENCE**

**PEOPLE**

Appraisal and Mandatory Training Compliance 2024/25	<p><b>Level 2:</b> 2024/25 Appraisal and Mandatory Training Plans</p> <p><b>Level 2:</b> Integrated Performance Report</p> <p><b>Level 2:</b> People and Culture Group 3A report</p> <p><b>Level 2:</b> Workforce Indicators Report</p>	<p>Reported to Trust Management Cttee TMC/2425/22</p> <p>Reported Board of Directors BoD/2425/85</p> <p>Reported to Trust Management Cttee TMC/2425/137</p> <p>Reported to Resources Cttee RC/2425/48</p>
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**QUALITY & SAFETY IMPROVEMENTS**

Duty of Candour	<p><b>Level 2:</b> MIAA Progress Report</p> <p><b>Level 2:</b> Internal Audit Follow Up Report</p>	<p>Reported to Audit Cttee AC/2425/12</p> <p>Reported to Audit Cttee AC/2425/61</p>
Medicines Management	<p><b>Level 2:</b> Medicines Management OBC Update</p> <p><b>Level 2:</b> Controlled Drugs Annual Report 23/24</p> <p><b>Level 2:</b> Medicines Management Report Q1 24/25</p>	<p>Reported to Corporate Programme Board: CPB/2425/059</p> <p>Reported to Board of Directors BoD/2425/88</p> <p>Reported to Quality &amp; Performance Cttee QPC/2425/48</p>
Information Governance	<b>Level 2:</b> Digital Strategy Update	Reported to Resources Cttee RC/2425/45

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
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**QUALITY & SAFETY IMPROVEMENTS**

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Duty of Candour	Ongoing compliance monitoring and action plan to strengthen position with associated reporting for assurance transferred to service lines	Dr M Power/Mr D Ainsworth	March 2025	Q&P Cttee	In Progress
Essential Checks	Improve compliance of vehicle and equipment checks	Dr M Power / Mr D Ainsworth	March 2025	Q&P Cttee	In Progress
Medicines management	Business case and procurement of dedicated medicines management system	Dr C Grant	November 2024	Q&P Cttee	In Progress
Digital Clinical Safety	Creation and implementation of digital clinical safety procedures	Ms J Wharton	December 2024	Q&P Cttee	In Progress
	Completion of digital clinical safety process on Electronic Patient Record	Ms J Wharton	December 2024	Q&P Cttee	In Progress

	Assessment of all systems to determine systems requiring application of digital clinical safety	Ms J Wharton	December 2024	Q&P Cttee	In Progress
Information Governance	Compliance on mandatory training to 95%	Dr M Power / Ms L Ward	March 2025	Resources Cttee	In Progress
<b>PEOPLE</b>					
Appraisal Compliance 2024/25	Achieve 85% compliance	Ms L Ward	March 2025	Resources Cttee	In Progress
Mandatory Training Compliance 2024/25	Achieve 85% compliance	Ms L Ward	March 2025	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	↔	5 Low
329	Operational/Patient Safety	There is a risk that NWAS will face regulatory enforcement, potential financial penalties and loss of public confidence due to not meeting the statutory requirement for duty of candour	20 High	16 High	↓	4 Low

# BOARD ASSURANCE FRAMEWORK 2024/25

**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:

DoSPT

**Risk Appetite Category:** Reputation – Moderate



**BAF RISK SCORE JOURNEY:**

	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
	8	8	8			4	6-12
	4x2	4x2	4x2			4x1	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Within	Within	Within			Below	Within

**RATIONALE FOR CURRENT RISK SCORE:** The risk score for Q2 position of this BAF risk remains at a score of 8. Work is continuing with the incoming Director of Operations including Area Directors regarding external engagement from the three areas. A mapping exercise has been completed across the three areas and the Partnerships and Integration team will work with areas to ensure that external engagement is documented and assured. A process has been agreed regarding mapping and attendance at meetings, which will lead onto monitoring of engagement uploads onto the Knowledge Vault and is supported by the Director of Operations. All areas including the Director of Operations have been provided with refresher training on the Knowledge Vault.

**Projected Forecast Q3:** Deteriorating  
Stable  
Improving

**Rationale: Improving**  
Renewed focus on external engagement and relationship management will continue to improve in all areas, particularly as the management structure is now in place within service delivery.

CONTROLS	ASSURANCES	EVIDENCE			
<b>Gaps in Controls/ Assurances</b>	<b>Required Action</b>	<b>Action Lead</b>	<b>Target Completion</b>	<b>Monitoring</b>	<b>Progress</b>
Knowledge Vault	Ongoing improvement for utilisation of the KV by all three areas of the Trust	Mr S Desai	Q3 – Q4	Resources Cttee	In Progress
External Engagement Assurance	Service Delivery areas to provide evidence that important external meetings are being attended	Mr S Desai	Q1 – Q4	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
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There are no operational risks scored 15+ aligned to this BAF risk

# BOARD ASSURANCE FRAMEWORK 2024/25

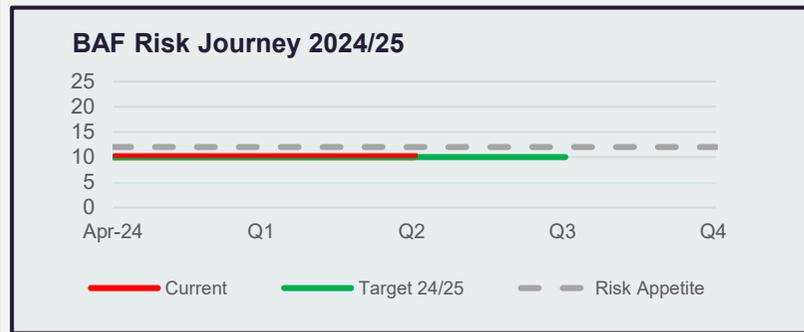
**BAF RISK SR09:**

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:**

DoSPT

**Risk Appetite Category:** Reputation – Moderate



**BAF RISK SCORE JOURNEY:**

	01.04.24	Q1	Q2	Q3	Q4	24/25 Target	Risk Appetite
	10	10	10			10	6-12
	5x2	5x2	5x2			5x2	
	CxL	CxL	CxL	CxL	CxL	CxL	
<b>Risk Appetite</b>	Below	Below	Below			Below	Within

**RATIONALE FOR CURRENT RISK SCORE:** The risk score for the Q2 position of this BAF risk remains at a score of 10 due to industrial action and hospital handover delays that continued to attract negative media attention. The negativity 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**

Whilst delays at hospitals impacts on our ability to respond to 999 calls, resources and demand has remained stable. However this could change at any time due to seasonal spikes, industrial action and harm to patients, which may lead to greater media interest and adverse coverage.

CONTROLS	ASSURANCES	EVIDENCE			
→	→	→			
Communications and Engagement Dashboard	Level 2: Q1 2024-25 Assurance	Reported to Board of Directors BoD/2425/69			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Service Delivery Leadership Review	Delivery of SDLR to improve working practices	Mr D Ainsworth	March 2025	Resources Cttee	In Progress
	Maximise resources to the most efficient level	Mr D Ainsworth	March 2025	Resources Cttee	In Progress
Recruitment Plan Clinical Hub and Operational Staff	Robust recruitment plan to be delivered	Mr D Ainsworth/ Mrs L Ward	November 2024	Resources 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
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There are no operational risks scored 15+ aligned to this BAF risk

Appendix 2:  
 2024/25 Board Assurance Framework (BAF) Heat Maps  
 Q2 Position

2024/25 Opening BAF Risk Scores						
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Insignificant	1	2	3	4	5
Populated: 11 April 2024	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

Q1 BAF Risk Scores						
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Insignificant	1	2	3	4	5
Populated: 9 July 2024	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

Q2 BAF Risk Scores						
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Insignificant	1	2	3	4	5
Populated: 8 October 2024	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

Q3 BAF Risk Scores						
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Insignificant	1	2	3	4	5
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

Q4 BAF Risk Scores						
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Insignificant	1	2	3	4	5
Populated:	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

2024/25 Target BAF Risk Scores						
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Insignificant	1	2	3	4	5
Populated: 14 April 2024	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

Risk Appetite Tolerance						
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Insignificant	1	2	3	4	5
Populated: 11 April 2024	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	
Likelihood						

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**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Use of Common Seal Bi-Annual Report
<b>PRESENTED BY</b>	Angela Wetton, Director of Corporate Affairs
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	All Strategies									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input type="checkbox"/>	<b>SR02</b>	<input checked="" type="checkbox"/>	<b>SR03</b>	<input type="checkbox"/>	<b>SR04</b>	<input type="checkbox"/>	<b>SR05</b>	<input type="checkbox"/>
	<b>SR06</b>	<input type="checkbox"/>	<b>SR07</b>	<input type="checkbox"/>	<b>SR08</b>	<input type="checkbox"/>	<b>SR09</b>	<input type="checkbox"/>	<b>SR10</b>	<input type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input type="checkbox"/>	Quality Outcomes	<input type="checkbox"/>	People	<input type="checkbox"/>
	Financial/ Value for Money	<input type="checkbox"/>	Reputation	<input type="checkbox"/>	Innovation	<input type="checkbox"/>

<b>ACTION REQUIRED</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the occasions of use of the Common Seal as detailed in s2 of the report.</li> <li>Note compliance with s8 of the Standing Orders.</li> </ul>
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<b>EXECUTIVE SUMMARY</b>	<p>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 biannual basis, with the previous report received by the Board on 25<sup>th</sup> May 2024.</p> <p>During the period 1st April 2024 to 30<sup>th</sup> September 2024, the Trust’s Common Seal was applied on 2 occasions, the details can be found in s2 of the report.</p>
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<b>PREVIOUSLY CONSIDERED BY</b>	Not Applicable	
	Date	Not Applicable
	Outcome	Not Applicable

<b>1. BACKGROUND</b>									
The report details the use of the Common Seal to the Board of Directors between the period 1st April 2024 to 30 <sup>th</sup> September 2024.									
<b>2. USE OF COMMON SEAL</b>									
<p>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 29<sup>th</sup> November 2023.</p> <p>During the period 1st April 2024 to 30<sup>th</sup> September 2024, the Trust’s Common Seal was applied on 2 occasions:</p> <table border="1"> <thead> <tr> <th>Reg No</th> <th>Date</th> <th>Reason</th> </tr> </thead> <tbody> <tr> <td>178</td> <td>24 April 2024</td> <td>Sale of former Lytham Ambulance Station</td> </tr> <tr> <td>179</td> <td>1 May 2024</td> <td>Overage Deed: relating to Former Ambulance Station, Ansdell Road South, Lytham St Annes</td> </tr> </tbody> </table> <p>A Register of Use of the Common Seal is held 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 two senior managers.</p> <p>Authorisation and witness signatures are incorporated in the Trust’s Register of Sealings. Compliance with the requirements of Section 8 of the Standing Orders is being maintained.</p>	Reg No	Date	Reason	178	24 April 2024	Sale of former Lytham Ambulance Station	179	1 May 2024	Overage Deed: relating to Former Ambulance Station, Ansdell Road South, Lytham St Annes
Reg No	Date	Reason							
178	24 April 2024	Sale of former Lytham Ambulance Station							
179	1 May 2024	Overage Deed: relating to Former Ambulance Station, Ansdell Road South, Lytham St Annes							
<b>3. ACTION REQUIRED</b>									
<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the occasion of use of the Common Seal as detailed in s2 of the report.</li> <li>Note compliance with s8 of the Standing Orders.</li> </ul>									



**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Freedom to Speak Up Assurance Report
<b>PRESENTED BY</b>	Freedom to Speak Up Guardian/Clinical Effectiveness Lead
<b>PURPOSE</b>	For Assurance

<b>LINK TO STRATEGY</b>	People Strategy									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input type="checkbox"/>	<b>SR02</b>	<input type="checkbox"/>	<b>SR03</b>	<input type="checkbox"/>	<b>SR04</b>	<input type="checkbox"/>	<b>SR05</b>	<input type="checkbox"/>
	<b>SR06</b>	<input type="checkbox"/>	<b>SR07</b>	<input type="checkbox"/>	<b>SR08</b>	<input type="checkbox"/>	<b>SR09</b>	<input type="checkbox"/>	<b>SR10</b>	<input type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input type="checkbox"/>	Quality Outcomes	<input type="checkbox"/>	People	<input type="checkbox"/>
	Financial/Value for Money	<input type="checkbox"/>	Reputation	<input type="checkbox"/>	Innovation	<input type="checkbox"/>

<b>ACTION REQUIRED</b>	<ul style="list-style-type: none"> <li>Note the content of the report, sighting the assurance provided that FTSU systems and processes are working as intended.</li> <li>Note the change in accountability of concerns and the routes of escalation to service line or area directors.</li> <li>Note the plans for the forthcoming quarter</li> </ul>
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<b>EXECUTIVE SUMMARY</b>	<p>FTSU systems and processes continue to function well, with continued growth in the volume of concerns being raised through this system of communication.</p> <p>Several metrics in order to review concerns have recently been introduced, including the tracking of anonymous concerns, mean time to closure and concerns being raised from staff with protected characteristics.</p> <p>While we have completed recruitment, we are in the lead time for the new guardians to commence their role, so proactive work in Q3 has reduced, but will increase again as we enter and progress through Q4.</p>
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<b>PREVIOUSLY CONSIDERED BY</b>		
	Date	Click or tap to enter a date.
	Outcome	

## 1. PURPOSE

This paper is to inform the board of the activities undertaken by the Freedom to Speak Up Guardians over quarter 1 & 2 of the current financial year (2023/24) and includes details surrounding 'Speaking Up' within NWAS, alongside the work undertaken to improve our speaking up culture, and future plans.

## 2. Background

In the last year, 'speaking up' within the NHS has again been in the headlines with the local case of Lucy Letby attracting a huge media attention. Specifically within the ambulance sector, speaking up around sexual safety and cultural issues has become an area of considerable focus.

NHS England have completed their [cultural review](#) of English ambulance services which again, correctly invited more scrutiny to the cultures within the sector, making key recommendations to NHS England, Integrated Care Boards and ambulance trusts to drive improvement.

Last year the North West Ambulance Service staff survey results displayed an increase in the confidence of our staff in speaking up, more over there is a greater confidence that the organisation will act on both clinical and non-clinical concerns. This is a positive sign of our cultural shift into an organisation where 'we all have a voice that counts'. Results from the 2024 survey will be analysed and reported as soon as available.

## 3. Analysis

### Speaking Up

The Freedom to Speak Up team have seen a plateau in the volume of cases raised during the reporting period. In Q1 & Q2 2023/24 there were 64 cases raised and in Q1 & Q2 2024/25 there were 63 cases raised. This represents a stable picture of staff raising concerns following a spike in the previous reporting period. Initial reflection on the rise could be attributed to ongoing organisational change in the form of Service Delivery Model Review. This caused several concerns to be raised during the previous period.

We continue to see a percentage of concerns being reported anonymously. We have started to track this metric to discover trends or to follow changes in the level of reporting. This can be seen over the past 12 months in Fig 1. There appears to be a baseline level of anonymity to concerns being raised, and they appear static, but there appears to be no correlation between the numbers of concerns, and the number of anonymous concerns that are being reported. We will continue to monitor this for changes in trend analysis.

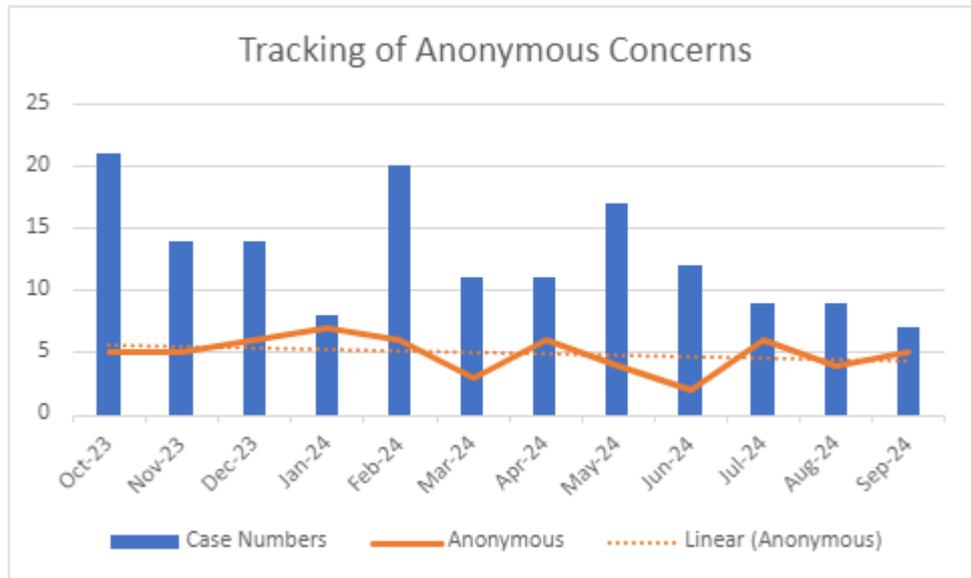


Fig. 1

Methods of reporting are also changing. When compared to the same period of the previous year, we have seen an increase in use of the online form, the link for which is placed on every trust issued iPad. Reports via the online form have risen from 39% to 60%. We believe this is a positive sign that access to the ability to speak up easily, and within work time is encouraging people to speak up in ways that suit their working needs and operating environments.

Fig 2 & Fig 3 shows the number of concerns raised in the past year by the service line. We have grouped EOC and 111 service lines together under Integrated Contact Centres (ICC). The concerns are grouped by the themes as defined by the National Guardians Office (NGO) who collect the data on a quarterly basis from the FTSU team.

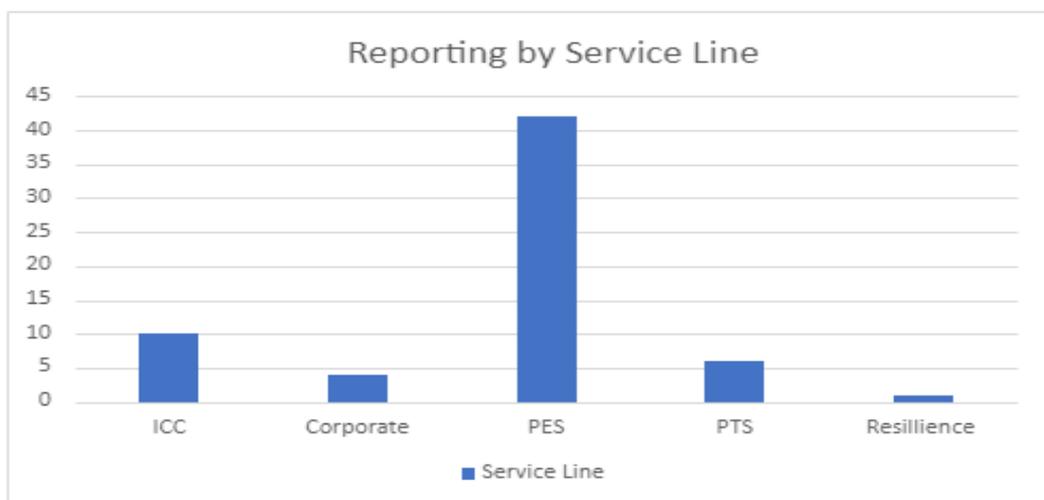


Fig. 2

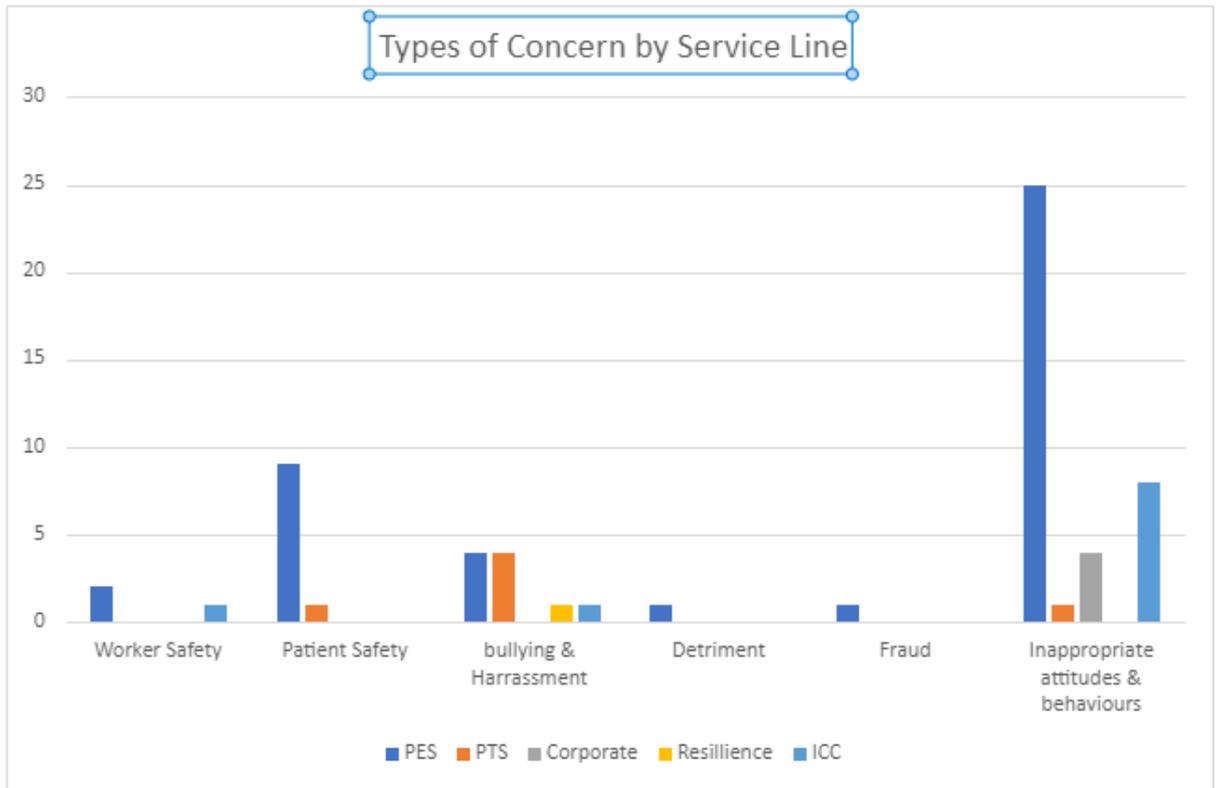


Fig. 3

It should be noted that ‘inappropriate attitudes and behaviours’ remains the most common theme, the NGO suggest this theme includes; -

- Actions contrary to an organisation's values
- Incivility
- Microaggressions.

But falls short of unwanted behaviour, that is:

- intended to harm, hurt or humiliate another person.
- repeated (or has the potential to be repeated) over time.
- abuse or misuse of power in practice or perception

It is noteworthy to report that patient safety remains at around 15% of cases received, and this is in line with the same reporting period in the year before (17%). Whilst this suggests that cases relating to patient safety have not significantly changed, focus will remain on this area into Q3 & Q4.

The FTSU team have attempted this year to break down the themes to more granular level allowing us to triangulate with more local data. Fig 3 demonstrates the subthemes reported to the FTSU Guardians. “Management Practices” is the most common reason for a concern to be raised with incivility and sexual safety becoming more prominent within cases. We intend to continue to review these, and if required can provide a more granular service line or area-based analysis of cases for leadership teams to address.

Subset	Count of Subset2
Management Practices	17.46%
Working Practices	15.87%
Incivility	14.29%
Sexual Safety	4.76%
Scope of practice	4.76%
Driving standards	4.76%
Bullying	4.76%
Recruitment Processes	3.17%
Racism	3.17%
Clinical Competence	3.17%
Investigations	3.17%
Equality and Diversity	3.17%
Detriment	1.59%
Disability discrimination	1.59%
Hospital Handover	1.59%
Unfair treatment compared to others	1.59%
Security Concerns	1.59%
Fraud	1.59%
Offensive comments	1.59%
Vehicle Maintenance	1.59%
Policies/Procedures	1.59%
Professional Standards/Social Media use.	1.59%
Breach of confidentiality.	1.59%
<b>Grand Total</b>	<b>100.00%</b>

**Fig 3**

When reviewing ‘Speaking Up’ data it is important to remember the FTSU isn’t the only way for staff to raise concerns. In the last year, staff spoke up 13247 times using the DATIX system and 184 times using HR Processes such as dignity at work and grievances. It should be noted that there is no current way of cross-referencing concerns raised by Datix or HR process to triangulate concerns across the organisation.

All staff are mandated to complete ESR training on speaking up arrangements in the trust, and data from 31/10/24 indicate that **92.30%** of staff are compliant with this training.

### **Listening Up**

When our staff speak up, we promise them we will listen and attempt to find a sufficient resolution. In most cases this does happen, and cases are closed in a timely manner. However, this reporting period has seen a number of cases open for a prolonged period of time until resolution is reached. The longest during this period is **94 days** but with an average for resolution being **29 days**. The average time to closure by service line is seen in Fig. 4. This occurs for a range of reasons, some due to extenuating circumstances such as staff absence, external proceedings or HR process. All cases are now discussed at executive level at monthly executive assurance meetings with the Chief Executive, Medical Director, Director of People and Director of Operations. It is hoped that this will enable timely resolution where no obvious external causation is found.

Service Line	Average Days to Resolution
Integrated Contact Centre	34
Corporate	9
Paramedic Emergency Service	28
Patient Transport Service	45
Resilience	4
Overall	29

**Fig 4**

We continue to mandate training for managers around the importance of listening to staff and data on compliance is shown further through the report.

### **Follow Up**

The final part of the speaking up chain is to ensure that we provide feedback and learning to people who speak up.

This year has seen the trust issue bulletins with regards to uniform standards as a result of speaking up, as well as supporting staff to be innovative in new ways of working. The Freedom to Speak Up team supported a member of staff with a disability who felt they were being treated differently due to a speech difficulty by their colleagues in the contact centre. The FTSU team is also now a core member of the Regional Clinical Learning & Improvement Group, and attendance at this forum is intended to bring learning and themes from FTSU to regional learning leads for patient safety to help identify and embed learning from speaking up.

We have continued to work closely with learning and organisation development to understand some of the themes seen from FTSU and this has continued to drive the implementation of 'civility saves lives' training on all new inductions.

### **Staff Training**

Training is mandated for all staff on FTSU arrangements, and for those with people leadership responsibilities and senior leaders are mandated to undertake listen up and follow up modules of training.

Compliance with those modules can be seen in Fig 5:

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS MAND Freedom to Speak Up - All Workers - No Specified Renewal	7623	7623	7036	92.30%
NHS MAND Freedom to Speak Up - Managers - No Specified Renewal	1041	1041	923	88.66%
NHS MAND Freedom to Speak Up - Senior Managers - No Specified Renewal	79	79	68	86.08%

**Fig 5**

While there is no specified target for compliance, and the training data is for information, consideration could be given to implementing a target compliance for these modules in line with other training across the organisation.

## **Next Steps**

Over the last 2 years the trust has refocussed FTSU, the increase in concerns is a positive sign, and coupled with the external audit conducted by MIAA in 2023 which gave a substantial assurance to the processes offer assurance that our staff can speak up safely and they will be heard.

Over the next year the FTSU team will continue to enable and support staff who speak up.

We will continuously review our processes and learn from other trusts through regional and national networks, regulators and the National Guardians Office. We will, where required, adjust processes to increase accountability and ensure we can empower managers to listen and make changes when required.

We will work with stakeholders to ensure as an organisation we understand what a good 'speaking up' culture looks like, and we will create a consensus statement using both the quantitative data sources and qualitative sources available.

We will complete the implementation of the 2023 'Listening to Workers' NGO Report. This will allow us to offer more local support to managers and staff. With the recently completed recruitment of additional guardians, the remaining recommendations for the trust is around a network of champions / ambassadors for our organisation. We intend to review that in Q4 of the current year with a view to make recommendations to the Trust Management Committee on that during that period.

## **5. EQUALITY/ SUSTAINABILITY IMPACTS**

There are no sustainability impacts related to the content of this report.

In terms of equality, we continue to see a reduced % of speaking up concerns relative to protected characteristics within the trust. A summary table is below:

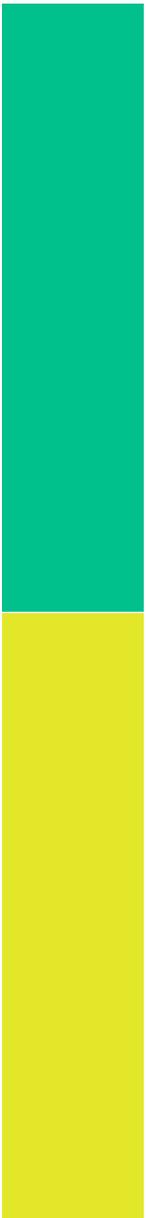
Characteristic	NWAS	FTSU
Disability	6.46%	3.80%
Ethnicity	5.16%	2.53%
Gender (Female)	54%	16.46%
Sexual Orientation	5.24%	1.27%

This is something that should be noted by the board and the FTSU team will continue to work alongside staff networks and executive leads to identify and overcome any barriers to speaking up that exist for staff groups with protected characteristics.

## **6. ACTION REQUIRED**

The board is asked to:

- Recognise the improvement that has been made to speaking up processes
- Continue to role model speaking up, listening up and following up by ensuring there is regular documented discussion at senior management team meetings.
- Support the FTSU Guardians to continue the refresh of FTSU moving forward with the next steps.





**ESCALATION AND ASSURANCE REPORT**

**Report from the Audit Committee**

<b>Date of meeting</b>	Friday, 18 October 2024		
<b>Members present</b>	Mr D Whatley, Non-Executive Director (Chair) Mrs C Butterworth, Non-Executive Director Dr A Chambers, Non-Executive Director	<b>Quorate</b>	Yes

**Key escalation and discussion points from the meeting**

**ALERT:**

- None identified.

**ADVISE:**

- The Anti-Fraud progress report detailed the work undertaken during Q2 24/25.
- The External Auditors progress report was noted by the Committee.
- Losses and Compensation for Q2 2024/25 totalled £539k.
- Six waivers were approved during Q1 24/25.
- The action plan developed in response to the outcome of the Committee self-assessment was noted.

**ASSURE:**

- Internal Audit reported three reviews were completed during Q2 24/25.
  - Access to Health Records - Substantial Assurance
  - Key Financial Controls - High Assurance
  - Cyber Assessment Framework (CAF) / Gap Analysis - Moderate Assurance
 The Committee noted the CAF review had identified the required actions to develop an improvement plan in readiness for the final submission in June 2025. Future financial and business planning cycles for 25/26 will consider associated capital requirements.
- The Q2 24/25 Board Assurance Framework position was presented, prior to approval by the Board of Directors on 27<sup>th</sup> November 2024. Committee members considered the report within the context of their role as Audit Committee.
- The Annual Risk Management Report 23/24 was presented to provide assurance on the adequacy and effectiveness of the risk management arrangements in place during 23/24.
- Bi-annual assurance was received in relation to the Trust’s compliance with the NHS Provider Licence.
- 3A Reports were received from the Quality and Performance Committee from the meeting held on 24<sup>th</sup> June 2024 and the Resources Committee from the meeting held on 20<sup>th</sup> September 2024.

## RISKS

### Risks discussed:

- Discussion in relation to the BAF risk SR08 relating to the trust suffering a major cyber incident and whether implementation of the actions identified in the CAF would mitigate the current risk rating. It was confirmed that such measures would not reduce the risk score as it reflected the global environment rather than the Trust's security prevention measures and related to the impact rather than the likelihood.

### New risks identified:

- None identified.



**ESCALATION AND ASSURANCE REPORT**

**Report from the Resources Committee**

<b>Date of meeting</b>	Friday, 22 November 2024		
<b>Members present</b>	Dr D Hanley, Chair Ms C Butterworth, Non-Executive Director Mr D Whatley, Non-Executive Director Mr D Ainsworth, Director of Operations Mrs C Wood, Director of Finance Mrs L Ward, Director of People	<b>Quorate</b>	Yes

**Key escalation and discussion points from the meeting**

**ALERT:**

- Workforce Indicators Report**
- Received assurance and alerts relating to Workforce Indicators
  - Noted EOC turnover issue remains, however the situation is stabilising and performance remains unaffected.
- Finance Report Month 07 2024/25**
- Received assurance in relation to the financial performance indicators.
  - Noted that recurrent CIP targets have not fully been achieved, but good progress is being made.
- Deep dive: BME staff informal disciplinary processes**
- Received assurance that formal disciplinary processes were being undertaken appropriately.
  - Noted further work is required as significant discrepancies continue around BME staff entering formal disciplinary process.

**ADVISE:**

- Annual Planning Report Q2 24/25**
- Received assurance on progress made against the delivery of the Annual Plan 2024/25 for Quarter 2 however noted that a small number of deliverables were off track with mitigations in place.
- Strategy Development Options**
- Supported extension of the Trust strategy until the end of March 2026 and recommend it to the Board of Directors for approval.
- Cumbria Workshops Full Business Case**
- Discussed the report and recommended to the Board of Directors for approval.
- 111 CAD - Single Patient Management System (SPMS) Contract Renewal**
- Discussed the report and recommended to the Board of Directors for approval.

#### **DCA Conversion Contract Award**

- Discussed the report and recommended option 2 to the Board of Directors for approval.

#### **Capital Programme Update**

- Noted the Capital Programme revisions and slippage on some capital programmes which are being mitigated by some of 2025/26 spend being brought forward.

#### **Digital Strategy Update**

- Received a verbal update on the Digital Maturity Assessment (DMA).
- Received assurance on delivery of the digital strategy.

#### **International Recruitment Learning Review**

- Received assurance on the completion of the review and learning gained.

#### **Violence Prevention and Reduction Standards**

- Received assurance self-assessment against the NHS Violence, Prevention, and Reduction (VPR) standards had been completed however the Trust was not compliant with all of the standards. Action plan was underway and the overall compliance had risen since the last report.

### **ASSURE:**

#### **Procurement Report**

- Noted the key activities of the Trust's procurement function for the period May 2024 to October 2024.
- Noted the introduction of two new Procurement Assurance Dashboards.

#### **Procurement Decision Review**

- Received assurance on the assessment of quality through the procurement process.

#### **Estates, Fleet and Facilities Management Assurance Report**

- Received assurance on the management of estates, fleet and facilities management activity.

#### **iPad Data Sims – Outcome of NWS Audit**

- Received assurance that the review following audit was ongoing.

#### **Wellbeing and Absence Assurance Report**

- Received assurance on the continuous improvement in sickness absence level and benefits from this reduction.
- Noted implementation of the new Occupational Health provider Optima Health and the initial evaluation of improvements resulting from it.

### **RISKS**

#### **Risks discussed:**

- None identified.

#### **New risks identified:**

- None identified.



## ESCALATION AND ASSURANCE REPORT

### Report from the Trust Management Committee

<b>Date of meeting</b>	Wednesday, 16 October 2024		
<b>Members present</b>	Mr S Desai, Acting CEO (Chair) Mr D Ainsworth, Director of Operations Mrs M Brooks, Deputy Director of Finance Mr M Cooper, Area Director, Lancashire & Cumbria Dr C Grant, Medical Director (virtual) Mr I Moses, Area Director, Cheshire & Mersey Mrs E Orton, Asst Director of Nursing & DIPC Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs J Wharton, Chief Information Officer Ms S Wimbury, Area Director, Greater Manchester Mrs A Ormerod, Deputy Director, Strategy, Partnerships & Transformation	<b>Quorate</b>	Ye s

### Key escalation and discussion points from the meeting

#### ALERT:

- There is considerable amount of pressure and challenges relating to finance across the system.
- GM Mayor and co-chair of the Integrated Care Partnership has expressed his ambition for GM Fire Rescue Service to provide assistance to NWS. The Chief Fire officer will consult a range of stakeholders including staff and FBU and report back to Deputy Mayor by the end of the year.

#### ADVISE:

- Report into the operational effectiveness of the CQC includes the abandoning of the newly introduced single assessment framework
- Full review of the recurrent costs compared to the original business case required for Phase Two of the Defibrillator replacement programme
- The BI team are working on a prototype to ensure the PLICS (Patient Level Costing) data becomes a useful management tool and not just a mandated annual data submission
- Wesham ambulance station approved for disposal without impacting performance
- Preparatory work underway for the Strategic Winter Plan

#### ASSURE:

- **The TMC discussed the following.**
  - **Item 149** – Month 6 Finance Report
  - **Item 154** – Executive Group Interim Effectiveness Reviews to continue in H2
  - **Item 155** – Integrated Performance Report
  - **Item 158** – HR Case Management
  - **Item 159** – Job Evaluation Oversight
- Received the following Escalation & Assurance reports:
  - Health, Safety, Security & Fire

## RISKS

### Risks discussed:

- The TMC approved the Corporate Risk Register as noted

### New risks identified:

- No new risks identified



## ESCALATION AND ASSURANCE REPORT

### Report from the Trust Management Committee

<b>Date of meeting</b>	Wednesday, 20 November 2024		
<b>Members present</b>	Mr S Desai, Acting CEO (Chair) Mr D Ainsworth, Director of Operations Mr M Cooper, Area Director, Lancashire & Cumbria Dr C Grant, Medical Director Mr I Moses, Area Director, Cheshire & Mersey Ms A Ormerod, Interim Deputy Director of Strategy, Planning & Transformation Mrs E Orton, Assistant Director of Quality & Nursing Prof M Power, Director of Quality, Innovation & Improvement Ms S Rose, Interim Director of Integrated Contact Centres Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs J Wharton, Chief Information Officer Ms S Wimbury, Area Director, Greater Manchester Mrs C Wood, Director of Finance	<b>Quorate</b>	Yes s

### Key escalation and discussion points from the meeting

#### ALERT:

- The Phishing exercise has been completed

#### ADVISE:

- Information on the latest Digital Maturity Assessment received from NHSE. Copy of the draft publication will be requested to enable a review of the results against the trust's digital strategic plan
- The capital programme to be reviewed to ascertain whether any rescheduling could be done within the financial year.
- Tender process for Developmental Well Led Review to be recommenced
- Interdependence between the 111 CAD and EPR, need to ensure the trust's digital patient management systems align
- All the outstanding issues with the first phase roll out of the new defibrillators had been addressed by the manufacturer

#### ASSURE:

- **The TMC discussed the following:**
  - 2425/171 Annual Planning Assurance Q2
  - 2425/173 Northern Ambulance Alliance
  - 2425/174 Finance Report Month 7
  - 2425/183 Well Led Developmental Review
  - 2425/185 Quality Assurance Visits
  - 2425/187 NWAS Winter Assurance Plan 2024-2025
  - 2425/188 Defibrillator Replacement Update
- **Received the following Escalation & Assurance reports:**
  - IG & Cyber Group
  - Diversity & Inclusion Group
  - EPRR Group
  - People & Culture Group
  - Clinical & Quality Group
  - Service Delivery Assurance Group
  - Planning Group

## RISKS

### Risks discussed:

- The TMC approved the Corporate Risk Register as noted

### New risks identified:

- Work continuing to ensure local area UEC system risks are correctly captured, articulated and scored



**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Integrated Performance Report
<b>PRESENTED BY</b>	Director of Quality, Innovation, and Improvement
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	All Strategies									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input checked="" type="checkbox"/>	<b>SR03</b>	<input checked="" type="checkbox"/>	<b>SR04</b>	<input checked="" type="checkbox"/>	<b>SR05</b>	<input checked="" type="checkbox"/>
	<b>SR06</b>	<input checked="" type="checkbox"/>	<b>SR07</b>	<input checked="" type="checkbox"/>	<b>SR08</b>	<input checked="" type="checkbox"/>	<b>SR09</b>	<input checked="" type="checkbox"/>	<b>SR10</b>	<input checked="" type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input type="checkbox"/>	Quality Outcomes	<input type="checkbox"/>	People	<input type="checkbox"/>
	Financial/ Value for Money	<input type="checkbox"/>	Reputation	<input type="checkbox"/>	Innovation	<input type="checkbox"/>

<b>ACTION REQUIRED</b>	<p>The Board of Directors are requested to note:</p> <ul style="list-style-type: none"> <li>The contents of the report and assurance against the core Single Oversight Framework metrics.</li> <li>Identify risks for further exploration or inquiry by assurance committees of the board.</li> </ul>
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<b>EXECUTIVE SUMMARY</b>	<p>The purpose of this report is to provide the Board with an overview of integrated performance to the month of <b>October 2024</b>. The report shows the historical and current performance on Quality, Effectiveness, Operational Performance, Finance and Organisational Health. The key areas to highlight by exception are:</p> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>One Patient Safety Incident Investigations (PSII) was submitted under the national priority for 'Deaths thought more likely than not due to problems in care.'</li> <li>All safety alerts have been actioned and closed within the stipulated timeframe.</li> <li>Friends and family test response rates have steadily increased in number in 999 service (PES) with 92% satisfied or highly satisfied. Satisfaction rates are lowest in 111 (74%) with patients commenting that pathways triage requires redundant and duplicate information. The outcomes aren't always right for patients and may lead to re-direction and further delays.</li> </ul>
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## Effectiveness

- STEMI care bundle compliance has increased for the fourth quarter to 92.6%, the highest compliance to date.
- Hear and Treat (H&T) rate was 15% and See and Treat (S&T) rate was 27.3%, total non-conveyance rate was 42.3%.
- H&T was highest since March 2024, and displayed special cause (one data point outside the upper control limit), likely attributable to a focus on clinical hub productivity.
- Nationally, the trust position is largely unchanged from the previous period, ranking 5th for H&T, 8th for S&T and 9th for S&C.

## Operational Performance

### PES (999)

- We answered 125,776 calls and responded to 95,148 incidents, an increase of 1% in incidents compared with October 2023. Greater Manchester has proportionately the highest number of incidents.
- Call pick up mean was 1 second, and 90<sup>th</sup>, and 95<sup>th</sup> percentile were zero seconds for 999 calls.
- Ambulance Response Programme (ARP) standards were met for C1 90<sup>th</sup>, the remaining standards were not met. The C2 mean(\*) has a Urgent & Emergency Care (UEC) recovery standard to achieve of 30 minutes.

Measure	ARP Standard (hh:mm:ss)	October 24 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:53	3 <sup>rd</sup>
C1 90 <sup>th</sup>	00:15:00	00:13:31	3 <sup>rd</sup>
C2 mean*	00:18:00	00:35:06	5 <sup>th</sup>
C2 90 <sup>th</sup>	00:40:00	01:15:35	4 <sup>th</sup>
C3 mean	01:00:00	02:17:06	5 <sup>th</sup>
C3 90 <sup>th</sup>	02:00:00	04:53:33	5 <sup>th</sup>
C4 90 <sup>th</sup>	03:00:00	04:57:50	3 <sup>rd</sup>

- Variation is evident in all ARP response times between Integrated care systems. This has been discussed in assurance meetings.
- C2 long waits have also increased (7,752 people) and are higher than October 2023 (6,754) with an indication that more patients are waiting 2-3 hours for a response.
- Hospital handover continues to exceed the 30 minute standard. Average turnaround time has increased in October to 47m:07s compared to previous reporting period (35m:06s) despite significant collaboration with urgent and emergency care systems and the regional leadership team (NHSE).

Delays in handover are causally linked to category two performance (correlation coefficient circa  $r=0.8$ ) and long waits. This is demonstrated by the table below.

Integrated Care Board (ICB)	Oct-24	
	C2 mean (hh:mm:ss)	Average Turnaround (hh:mm:ss)
Cheshire & Merseyside	00:56:02	01:07:33
Lancashire & South Cumbria	00:26:39	00:41:14
Greater Manchester	00:25:19	00:34:54

- Four trusts had an average hospital handover time of over 1 hour. This performance is subject to scrutiny and executive oversight with plans in place to work with the senior leadership teams as part of their urgent and emergency care recovery.

### 111

- There is sustained improvement in 111 performance metrics associated with calls answered, average time to answer and abandoned calls, despite the reduction in national contingency from July 2024.

Measure	Standard	October 24	National Ranking
Answered within 60s	95%	92.6%	3rd/31
Average time to answer	<20s	15s	3rd/31
Abandoned calls	<5%	0.9%	3rd/31
Call-back within 20 min	90%	39.5%	--
Average call back	--	38m 20s	--
Warm transfer to nurse	75%	23.32%	--

### Patient Transport Services (PTS)

- PTS activity metrics are stable. Operational and workforce improvement plans are in progress to address aborted activity, collection after treatment (planned and unplanned) which are currently below the 90% contract standard.

### Finance

- The trust has a surplus position attributable to additional bank interest received and a one off benefit from a property sale.
- Efficiency targets are ahead of plan and it is expected that the full year efficiency target will be met.

### Organisational Health

- Sickness absence shows continuing improvement, with rates across EoC, 111 and PTS reducing from February 2024.
- Turnover is reducing particularly driven by 111 and PES. improvements. EOC turnover remains high but within control limits.
- Vacancy gap has continued to improve, plans remain ambitious but are being closely monitored. Improvements have been seen across all service lines apart from EoC, but some vacancies are being held in the anticipation of delivering the efficiencies from the Pathways business case.
- Appraisal compliance has increased to 86.7%. The trust position has been improved due to the significant improvement in patient transport services.
- Mandatory training compliance is exceeding trajectory across all service lines.
- The human resources casework rate remains at 1.6 cases per 100 staff, the same as the previous reporting period. The average case times have reduced to 11.81 weeks.
- Eleven staff were dismissed the primary reason being long term sickness (LTS).

**PREVIOUSLY CONSIDERED  
BY**

Trust Management Committee

Date

Wednesday, 20 November 2024

Outcome

## 1. BACKGROUND

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 2024**. The report shows the historical and current performance on Quality, Effectiveness, Operational performance, Finance and Organisational Health. It also includes information about sector performance 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 (SPCs). Statistical rules are applied to determine whether something significant has happened which needs to be flagged to committee.

## 2. TRUST MANAGEMENT COMMITTEE REVIEW

The Trust Management Committee (TMC) receive the Integrated Performance Report (IPR) monthly to review and understand performance prior to the submission to the Board of Directors.

The review at TMC identified the following areas:

- Overall performance - There is a risk to the annual performance for the trust based on the deterioration in performance across September and October. There will be work across the systems to agree targets to which they need to support to enable achievement of the core performance targets. There was continued acknowledgement of the challenges within C&M across key metrics which are impacting on the overall performance of the trust.
- Long Waits - There was a discussion on the link between handover delays and the increase in long waits for C1 and C2.

## 3. PERFORMANCE SUMMARY

### QUALITY

Owing to departmental changes this report displays complaints and incident data in tabular form until January 2025 when sufficient data points for SPC will be attained.

**Complaints:** In October n=201 PALS and n=13 Resolution complaints were received. Closure rates within service level agreement (SLA) for complaints were 91.4% for PALS complaints and 57.9% for Resolution complaints, a decrease from 67.9% in the previous report. The decrease in Resolution complaints closure within SLA is owing to the new structures in Operations (e.g. Sector Clinical Leads) and Integrated Contact Centres, familiarising themselves with the review process. The Resolution Team are working closely with clinicians to expediate the process whilst embedding their own rapid review system and the decrease in SLA performance is expected to be temporary.

**Incidents:** Categories and sub-categories within DCIQ for reporting patient and non-patient incidents were revised from 1<sup>st</sup> October 2024 therefore historical comparison is not possible. Level of harm for patient incidents is unchanged.

Violence and aggression (n=186) is the most common theme for non-patient incidents. Care and treatment (n=334) is the most common theme for patient incidents. Sixteen patient incidents were classified as ‘severe harm’ (an increase from 13 in the previous report) and 19 as ‘fatal’ (an increase from 10 in the previous report).

<b>Most frequent non-patient incidents:</b>	<b>Most frequent patient incidents:</b>
Violence & Aggression (186)	Care and Treatment (334)
Medicines (84)	Call Handling (130)
Equipment (57)	Dispatch (70)
Road Traffic Incident (vehicle) (53)	Medicines (25)
Road Traffic Incident (object) (48)	Accidents and Injuries (20)

**Incidents referred to NHSE:** One Patient Safety Incident Investigations (PSII) (2024/8916) was reported under the national priority for ‘Deaths thought more likely than not due to problems in care.’

**Safety Alerts:** All safety alerts have been actioned and closed within the stipulated timeframe. No new safety alerts were received in October 2024.

## EFFECTIVENESS

### Patient experience

**PES.** The 669 responses for October are **21.63%** higher when compared to the last reporting period of 550, with comments also showing an increase, of **25.11%** (543 for October compared to 434 from August).

The overall experience score for October of 91.9% is **0.4%** higher than the 91.5% reported in August.

**PTS.** The 1,308 responses from October are **2.67%** lower than the last reporting period of 1,344, with supporting comments also lower, by **2.79%**, (1,080 for October compared to 1,111 from August).

The overall experience score for October of 93.0% is **0.2%** less than the 93.2% reported for August.

**NHS 111.** At the time of reporting, we have 158 returns so far in October, which is drop of **3.65%** compared to the updated 164 returns for the last reporting period. This reduction in returns is attributed to the time lag in returned surveys and the reporting timeframe.

Satisfaction rates are lowest in 111. From returns so far for October, we see an 73.9% likelihood of the 111 service being recommended, a difference of **16.3%** compared to the updated 90.2% reported for August. Patients comment that pathways triage requires redundant and duplicate information and that the outcomes aren’t always right for patients which may lead to re-direction and further delays.

Both above return levels show the combined return levels for the national and localised NHS 111 surveys.

### **Ambulance Clinical Quality Indicators (ACQI's)**

The STEMI care bundle has increased for the fourth quarter to 92.6%, the highest compliance to date. All other metrics are stable. The stroke care bundle is no longer collected and will no longer appear in the report. In future months this will be replaced by the Falls bundle.

Three of the 5 metrics are equal to or above the national average:

- Return of Spontaneous Circulation (ROSC) overall performance - last reported in June 24 (27.5%), below the national average of 27.9%.
- ROSC Utstein performance - last reported in June 24 (48.3%), below the national average of 51.7%.
- Survival at 30 days after discharge overall performance - last reported in June 24 (10.9%), above the national average of 10.2%.
- Survival at 30 days after discharge Utstein performance - last reported in June 24 (33.9%), above the national average of 30.8%.
- STEMI care bundle – last reported in April 24 (92.6%), above the national average of 80.2%.

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

The H&T rate for October 24 was 15.0%, whilst the S&T rate was 27.3%, equating to a total non-conveyance rate of 42.3%. Nationally, the trust position is largely unchanged from the previous period, ranking 5th for H&T, 8th for S&T and 9th for S&C.

H&T was the highest since March 2024 and displayed special cause (one data point outside the upper control limit), owing to a focus on improving productivity in Clinical Hub. Initiatives include the implementation of adherence managers (October 9<sup>th</sup>) and a focus on Advanced Practitioner (UEC AP) productivity. For the UEC AP cohort, this has resulted in an 15% increase of H&T outcomes per day to an average of 75.

## **OPERATIONAL PERFORMANCE**

### **Paramedic Emergency Services (PES) Activity**

Of the n=125,776 emergency calls received by the trust, 75.6% (n=95,148) became incidents. In comparison to the previous year, there are 1.2% fewer calls, and incidents have increased 1%.

Manchester South (10,125), Manchester Central (n=10,090), and Mersey North (n=9,779) were the busiest sectors. Greater Manchester ICB contains the most incidents (n=37,952), accounting for 39.9% of PES activity.

### **PES Call Pick Up**

The trust performed well for Call Pick Up (CPU). The mean was 1 second, while both the 90<sup>th</sup>, and 95<sup>th</sup> percentile were zero seconds. Strong performance has been maintained through increased levels of 999 call handlers funded via UEC investment.

### 999 Ambulance Response (ARP) Performance

Measure	ARP Standard (hh:mm:ss)	October 24 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:53	3rd
C1 90th	00:15:00	00:13:31	3rd
C2 mean*	00:18:00	00:35:06	5th
C2 90th	00:40:00	01:15:35	4th
C3 mean	01:00:00	02:17:06	5th
C3 90th	02:00:00	04:53:33	5th
C4 90th	03:00:00	04:57:50	3rd

\*UEC Recovery Standard is 30mins over the year.

C1 and C2 ARP standards displayed special cause variation in the first (and in some standards, second) week of October, attributable to a deterioration in average turnaround time in the same period. However, the trust is achieving the UEC Recovery standard for Category 2 of 30-minute average (annualised), with the year-to-date position of 26m:50s (2023/24 year-to-date comparative: 26m:14s).

Variation is evident in all ARP response times between ICBs. Cheshire and Merseyside ICB (C&M), experienced a 117.5% higher response time for C2 (56m02s) than the rest of the trust (25m44s), causally linked to hospital turnaround time in the C&M area.

The Trust placed third for both C1 mean and C1 90<sup>th</sup> nationally, fifth for C2 mean and 4<sup>th</sup> for C2 90<sup>th</sup>.

Response to lower acuity incidents (C3 and C4) were stable although displayed a similar trend to C1 and C2. C&M was the area with poorest performance. The Trust placed 5<sup>th</sup> for C3 mean and C3 90<sup>th</sup> and 3<sup>rd</sup> for C4 90<sup>th</sup>.

Ongoing reviews of the response model are supporting further improvements such as a review of inter-facility transfers and healthcare professional (IFT/HCP) calls and a refreshed pre-alert process, results of both are expected in Q4

### 999 C1 & C2 long Waits

C1 long waits (n=682) increased compared to the previous report (n=450). The percentage of C1 long waits of all C1s has increased from 5.1% to 6.9%.

C2 long waits (n=7,752) increased compared to the previous report (n=1,473). The percentage of C2 long waits of all C2s has increased from 3.2% to 15.5%.

Long waits for C1 and C2 are at the highest levels since January 2024, with an indication that more patients are waiting 2-3 hours for a response

### Hospital Handover

Average turnaround time (47m:07s) has increased compared to previous report (35m:06s), and continues to exceed the 30 minute standard, despite significant collaboration with urgent and emergency care systems and the regional leadership team (NHSE).

Delays in handover are causally linked to category two performance (correlation coefficient circa  $r=0.8$ ) and long waits. This is demonstrated by the table below:

Integrated Care Board (ICB)	Oct-24	
	C2 mean (hh:mm:ss)	Average Turnaround (hh:mm:ss)
Cheshire & Merseyside	00:56:02	01:07:33
Lancashire & South Cumbria	00:26:39	00:41:14
Greater Manchester	00:25:19	00:34:54

Cheshire and Merseyside ICB (C&M) continue to record longer turnaround times; in October C&M turnaround (1h:07m:33s) was almost 30 minutes longer than other areas (37m:50s).

Four trusts had an average hospital handover time of over 1 hour. This performance is subject to scrutiny and executive oversight with plans in place to work with the senior leadership teams as part of their urgent and emergency care recovery.

The Cheshire and Merseyside Mental Health, Learning Disabilities and Community Services (MHLDC) provider collaborative have completed a pilot for UCR (Urgent Community Response) Navigator, with a decision not to progress. The focus of the collaborative is now to establish an electronic referral system, similar to the successful C&L pilot, into the C&M UCR to divert patients from ED in the region. C&M ICB has increased focus on handover improvement, with NWAS' C&M Area Director being tasked with SRO for the work. Additionally, an executive level meeting was held with Countess of Chester Hospital to discuss handover performance, with further actions to be determined.

### NHS 111

Calls offered (n=151,828) were 12.5% higher than September 24 (n=134,959). There is sustained improvement in 111 performance metrics associated with calls answered, average time to answer and abandoned calls, despite the reduction in national contingency from July 2024:

- Calls answered in 60 seconds is 92.6%, and continues to display special cause, although has fallen below the national standard of 95%.
- Average call to answer time is 15 seconds, meeting the national target of 20 seconds and displaying special cause.
- Calls abandoned is displaying special cause at 0.9% and meeting the national standard of 5%.

111 Measure	Standard	October 24	National Ranking
Answered within 60s	95%	92.6%	3rd/31
Average time to answer	<20s	15s	3rd/31
Abandoned calls	<5%	0.9%	3rd/31
Call-back within 20 min	90%	39.5%	--
Average call back	--	38m 20s	--
Warm transfer to nurse	75%	23.32%	--

Current initiatives working towards improvements include:

- Maintaining WTE for the region.
- Introducing new processes to reduce average handling time for Health Advisors.
- Continuing recruitment process.
- Transitioning to new work force manager tool.

PTS activity metrics are stable. Operational and workforce improvement plans are in progress to address aborted activity, collection after treatment (planned and unplanned) which are currently below the 90% contract standard.

#### 4. FINANCE

##### Agency Expenditure

The year to date expenditure on agency is £0.498m which is under the year to date ceiling of £1.403m, with each area of NWAS coming in under its agency ceiling.

##### Financial Risk Rating

Overall performance for NWAS shows a surplus position primarily driven by additional bank interest received and a one-off benefit from a property sale in the year. Efficiency targets are ahead of plan and it is expected that the full year efficiency target will be met.

#### 5. ORGANISATIONAL HEALTH

##### Sickness

Trust absence levels have continued to recover, with sickness absence across the integrated contact centre (ICC) and PTS service line reducing from February 2024.

The overall position is consistent with trends across the sector, and we are closer to the sector average than we have been in previous years. Current rates show we maintain within 0.5% percentage points from the average, compared to previous years being 1.5-2%. The Attendance Improvement Team (AIT) continues to support management of attendance.

The UEC recovery funding has delivered 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.

### **Turnover**

Turnover for October (9.45%) continued a downward (improving) trend with September and October displaying special cause (two points below the lower control limits). This is driven by improvements in 111 and PES. ICC turnover remains high but is within control limits. There is a focus in contact centres to support retention, and analysis is underway to understand emergency medical advisor (EMA) turnover. Initial indications show that internal movement (e.g. career change to start EMT course) and available external opportunities are causal factors.

### **Temporary Staffing**

The position for temporary staffing shows continuing agency usage at a similar rate to previous months at a level equivalent to 0.4% pay bill, £150k below cap.

### **Vacancy**

The trust vacancy position is -4.42% for October 24, displaying an improved position, and special cause (one data point above the upper control limit). This reflects some establishment changes and improvements resulting from recruitment.

The PTS vacancy position has improved to -6.53%, again displaying special cause (one data point above the upper control limit) but remains a challenge reflecting relatively high turnover, including staff moving to PES and retirements. However, PTS have robust bank arrangements in place to bridge their vacancy position.

The EOC vacancy gap has increased to -11.16% and is displaying special cause (one data point below the lower control limit). Recruitment plans are in place to maintain a stable position for the rest of the year. Some vacancies are being held to take account of expected efficiencies arising from the pathways business cases.

PES show an under-establishment of -2.05%, primarily owing to an under-establishment within the EMT1 workforce. Recruitment plans are being delivered, with interventions to ensure that the EMT1 courses are fully populated.

The current 111 vacancy position has improved to -2.16%, displaying special cause, with continuing vacancies in the Health Advisor and Clinical Advisor roles. Whilst turnover is improving, the recruitment market is proving challenging for call handler positions. The trust is also engaging in an international recruitment pilot for Clinical Advisors.

### **Appraisals**

Appraisal compliance has increased to 86.7%. The trust position has been improved due to the significant improvement in patient transport services. The 111 service line has improved to 83%. Both PES and EOC have exceeded the target at 87% and 84% respectively.

The targets for 2024/25 are:

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

### **Mandatory Training**

Overall compliance is ahead of the target (85%) at 90%, with all operational service lines meeting their targets. Corporate is achieving 96% against a target of 95%, despite an additional 5 online modules being added to the programme at the start of the year.

### **Case Management**

Employee relations casework has increased from n=123 to n=125 between the reporting periods. The highest rate of live cases per staff (prevalence) occurs currently in PES and Corporate (1.8 cases per 100). Highest prevalence over the last 12 months has been in PTS and 111. Average case length has maintained at 11.81 weeks. Current levels of suspensions reflect the higher caseload as there has been an increase seen in the complexity and seriousness of cases, partly reflective of the impact of the Trust sexual safety campaign.

## **6. RISK CONSIDERATION**

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

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.

## **7. EQUALITY/ SUSTAINABILITY IMPACTS**

The Diversity and Inclusion sub-committee are reviewing the trust's protected characteristics data to understand and improve patient experience. Formerly, patient experience data was presented demographically, however challenges in reporting ethnicity preclude our ability to draw conclusions. With a much higher proportion of ethnicity data completion in 111, a development to enable data sharing across NWS is set to go live in C3 (999) upon completion of the patient marker update and governance work. Updates on this development are reported into the Diversity and Inclusion sub-committee.

## **8. ACTION REQUIRED**

The Board of Directors are requested to note:

- The contents of the report and take assurance against the core Integrated Performance Report (IPR) metrics

- Identify incidents for further exploration or inquiry by assurance committees of the board.



North West  
Ambulance Service  
NHS Trust



# Integrated Performance Report

Board- November 2024



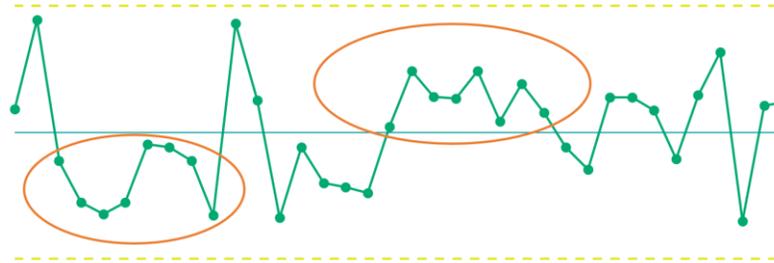
# Rules for interpreting SPC Charts

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

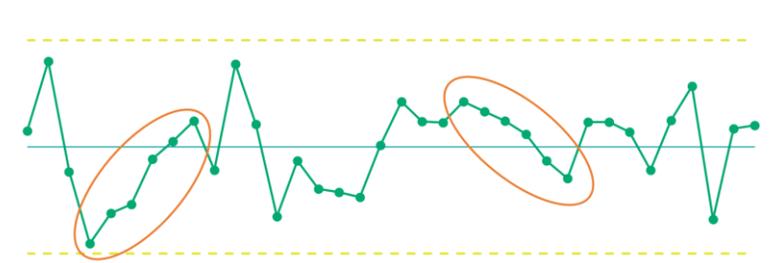
**Rule 1: Single data point outside the control limits**



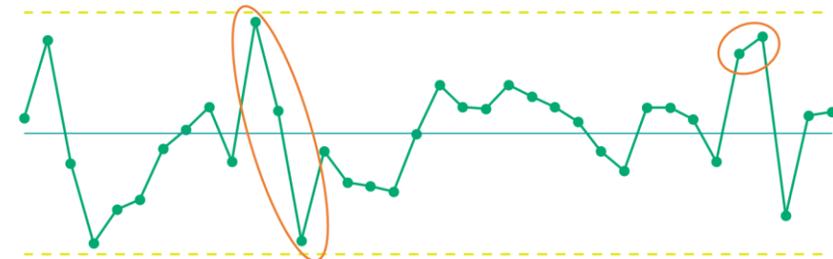
**Rule 2: 8 or more consecutive data points above or below the centre line**



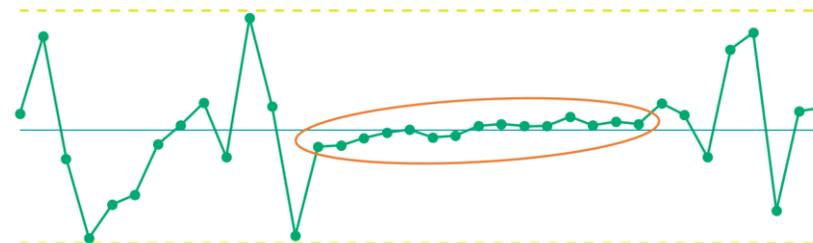
**Rule 3: A trend of at least six consecutive points (up or down)**



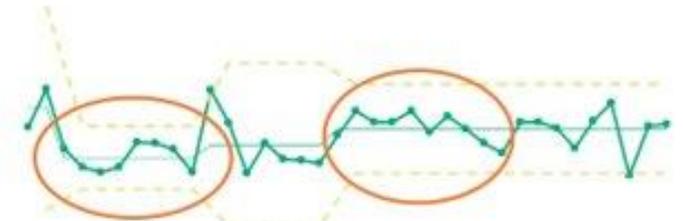
**Rule 4: 2 out of 3 consecutive data points near a control limit (outer third)**



**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

## Overview

Level (Team)	Recieved	Complaints Closed	Closed In SLA %
1-2 (PALS)	201	186	91.4%
3-5 (Resolution)	13	19	57.9%

Figure Q1.2

## Received by Service Line

Level (Team)	EOC	111	PTS	PES (GM)	PES (CAM)	PES (CAL)
1-2 (PALS)	33	24	94	17	21	11
3-5 (Resolution)	7	1	1	2	2	

Data will be displayed monthly by SPC from January 2025 when datapoints are sufficient

# Q2 Incidents

Figure Q2.1

## Overview (September)

Incident Type	Received	Closed	Closed in SLA (%)
Non-Patient (1-3)	720	761	60.3%
Non-Patient (4-5)	7	5	60%
Patient (PSIRF)	688	758	N/A

### PSIRF level of harm (October 24)

None	545
Low	68
Moderate	61
Severe	16
Fatal	20

Data will be displayed monthly by SPC from January 2025 when datapoints are sufficient

Figure Q2.2

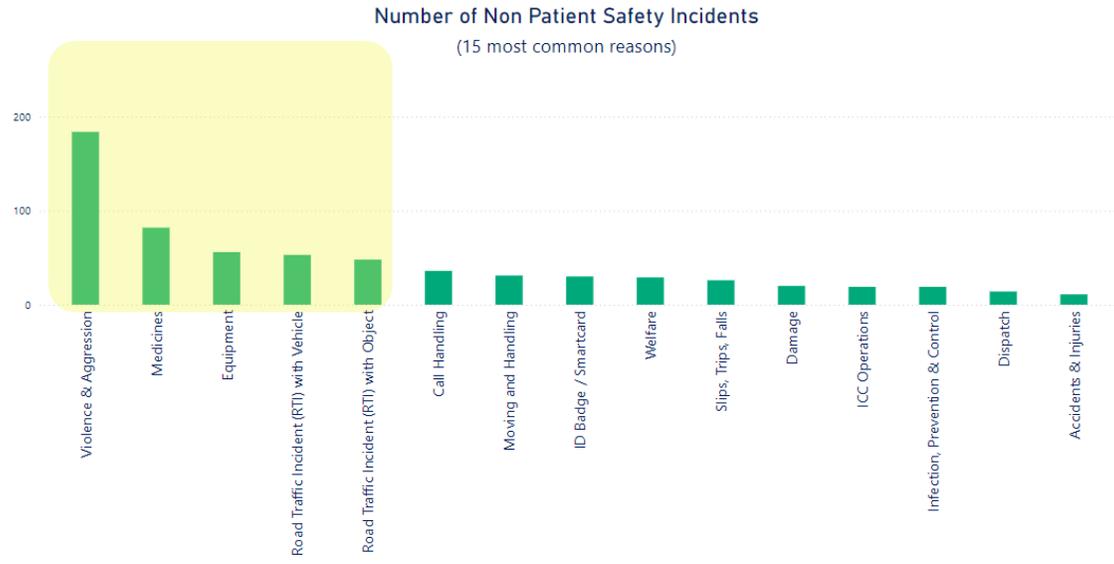
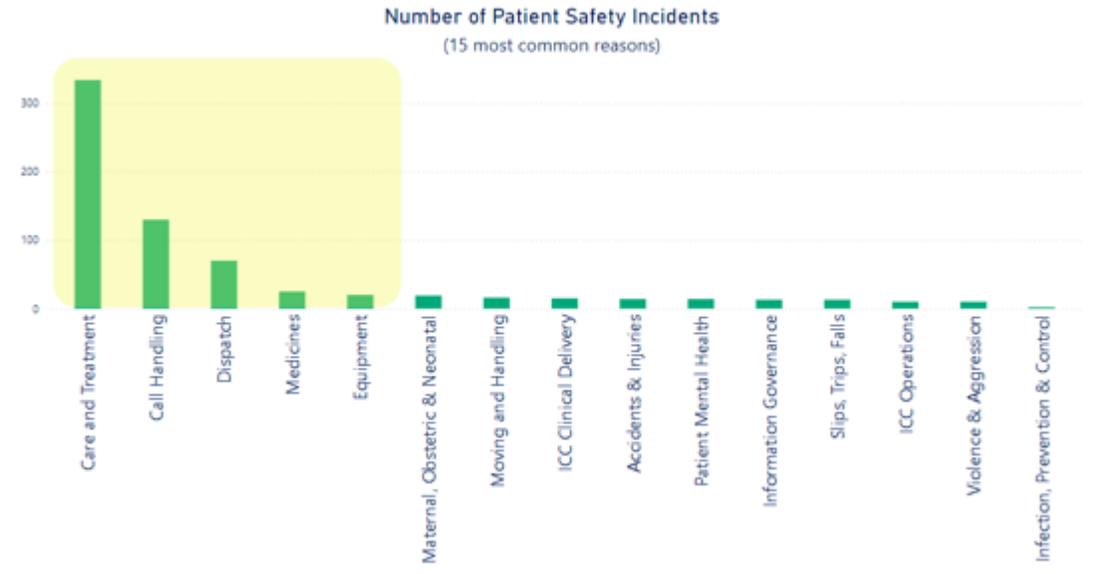


Figure Q2.3



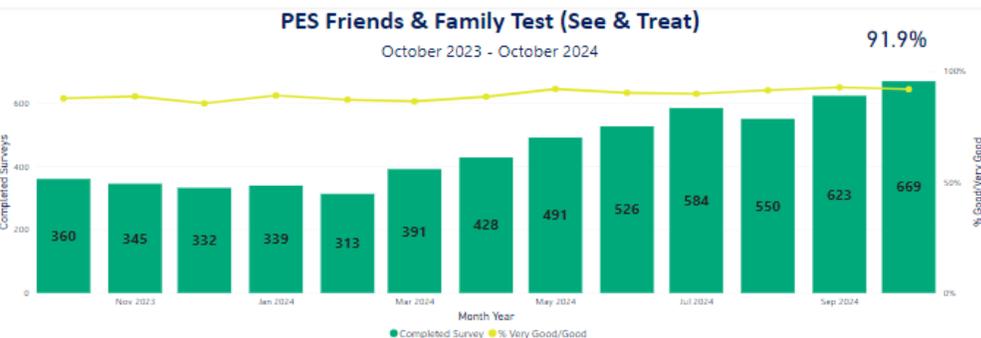
# Q5 SAFETY ALERTS

Table Q5.1

Safety Alerts	Alerts Received (Nov 23 – Oct 24)	Alerts Applicable (Nov 23 - Oct 24)	Alerts Open	Notes
CAS Helpdesk Team	0	0	0	
Patient Safety Alert: UKHSA	1	0	0	
National Patient Safety Alert: NHS England	2	0	0	
National Patient Safety Alert: DHSC	10	1	0	- NatPSA/2024/003/DHSC_MVA. Shortage in Salbutamol Nebuliser. Bulletin CI1023 gives guidance to clinicians in managing the risk. Issued 26/2/24. Deadline 8/3/24. <b>Action Complete.</b>
National Patient Safety Alert: OHID	0	0	0	
CMO Messaging	3	0	0	
National Patient Safety Alert: MHRA	2	0	0	- NATPSA/2024/004/MHRA. Reducing risk for transfusion-associated circulatory overload (TACO) Issued 8/4/24. Deadline 4/10/24. <b>Action Complete</b>
Medicine Alerts: MHRA	57	0	0	MHRA alerts have been checked to ensure they are not applicable to the trust.
IPC	0	0	0	
National Patient Safety Alert: NHS England Patient Safety	1	0	0	

# E1 PATIENT EXPERIENCE

Figure E1.1



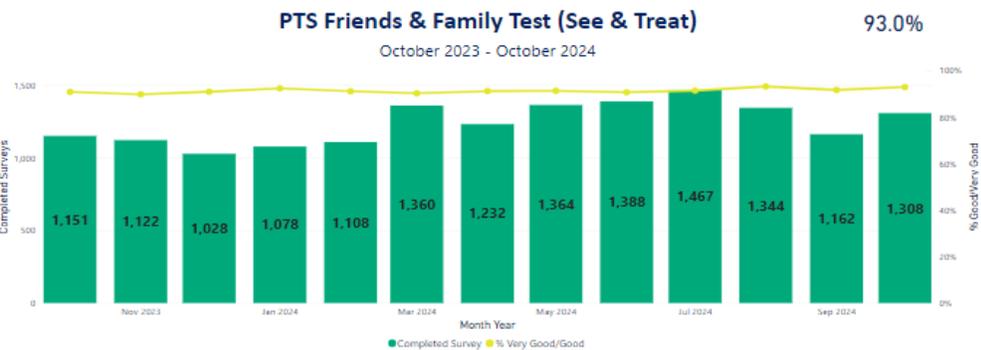
## PES Positive

- *“The response was quicker than expected. The two crew members worked well together and were joined by a third Paramedic who again was excellent in his approach. My wife died two weeks later but I wouldn't have been able to be with her for those two weeks, if not for the initial care and support given by the Ambulance Crew and the Paramedic. If possible, the please give them my heartfelt thanks for doing a splendid job.”*
- *“The time from my 999 call and arrival of the paramedics was around 10 mins. Which in my opinion is excellent. On arrival the two paramedics immediately got down to the task at hand at the same time making us feel reassured. They were both very professional.”*
- *“Crew who attended for my sister who has mental health problems were fantastic and helped us keep her calm whilst we waited for the mental health team to attend. It did take a while for the ambulance to come, but the paramedics were excellent and helped take some of the strain off us as a family.”*

## PES Negative

- *“Because they didn't listen as they treated me with contempt to be quite frank, absolute garbage, argued about everything, didn't help, just upset me more.”*
- *They leave mental health patients at home and refuse to take him without his consent even though the patient was not able to answer a single question correctly.”*
- *“Felt like I was being judged and felt worse after. They didn't seem to care. Made me so upset and angry. Especially when I've just lost my dad recently. It wasn't a nice experience at all.”*

Figure E1.2



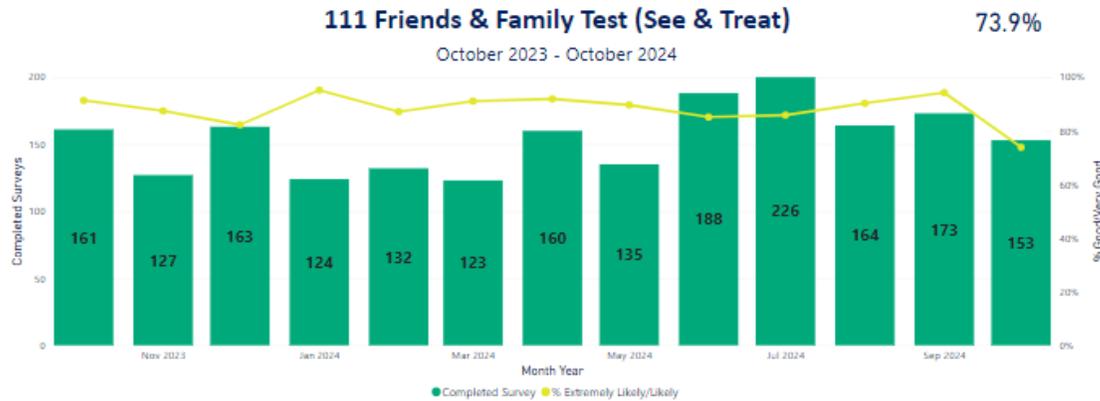
## PTS Positive

- *“I gave this a 1 (Very good) because from the first telephone call the staff treat you with respect and they are polite and helpful and also very easy to talk to I felt relaxed and safe in their hands and also got me to my appointment early. I don't have any faults so far.”*
- *“Ambulance staff were very kind considerate when moving my brother who is immobile. Very friendly also one member was the same who brought him home a couple of weeks ago after 10 months in hospital - credit to NWS.”*
- *“I found it so helpful to be picked up at my home and brought back as I have had three fractures in my back and very painful. Drivers were polite and efficient. I have never had hospital transport before, a very good service, also booking was straightforward over the phone, thanks.”*

## PTS Negative

- *“I waited over 4 hours for transport. I was told to wait at audiology, which I did. After 2 hours, I asked the reception to phone and enquire where the transport was. I was told transport said they had already been but couldn't find me, so they left. I hadn't gone anywhere, I was waiting in audiology like I was told to. The reception then had to re book and I had to wait again. In the meantime, I got a text to say transport would be picking me up from my house and taking me to hospital for 6pm. I was already at the hospital. The whole thing was a shambles from start to finish. I got home over 4 hours later absolutely exhausted.”*
- *“Because ambulance did not arrive to pick me up, there was an issue with it. I was phoned and told this 15 minutes before my scheduled appointment. A taxi was sent to take me instead. When I arrived at hospital I wasn't allowed to see specialist as I'd already been marked down as a no show for appointment. I then had to sit around for a couple of hours until the hospital staff decided they would provide a taxi service to get me home. This experience was a complete shambles and your service on this occasion was absolutely rubbish.”*
- *“There were people in the taxi going to different appointments. This was problematic for me as I struggle with mental illness and didn't want to be going to Preston hospital each day. On the last day my taxi also left without me.”*

Figure E1.3



## NHS 111 Positive

- *“I was very happy with the service. I was given clear advice and help was given very quickly. It was a great relief to me as feeling very unwell and was unable to get any help from my Drs which causes me great anxiety. I cannot fault the service I received and I'm very grateful. Thank you.”*
- *“Despite not being able to offer immediate help, I was happy that the lady I spoke to took extra time to look into any possible out-of-hours services that were available and when there weren't any she offered multiple ways to help relieve my pain until an NHS dentist opened in the morning.”*
- *“The phone conversation was very helpful and put me at ease. They arranged ambulance to take me to hospital where I was seen by doctor.”*

## NHS 111 - Negative

- *“They have to stick to a script even when obvious that those questions are not applicable. If feeling poorly you don't want to answer loads of unrelated questions.”*
- *“111 advised me to go to Cohen's chemist to speak to the pharmacist. This I did but she was only able to offer me over the counter pain relief so as I needed much stronger medication it was a wasted journey. What was needed was a face to face consultation with a GP so as to prescribe the stronger medication.”*
- *“When I went to see the out of hours GP they told me I should have been sent straight to A&E due to the severity of my condition. Despite this, the GP did as many physical checks as they could, took a detailed history and ensured that I got to the A&E quickly and safely.”*

# E2 AMBULANCE CLINICAL QUALITY INDICATORS

Figure E2.1

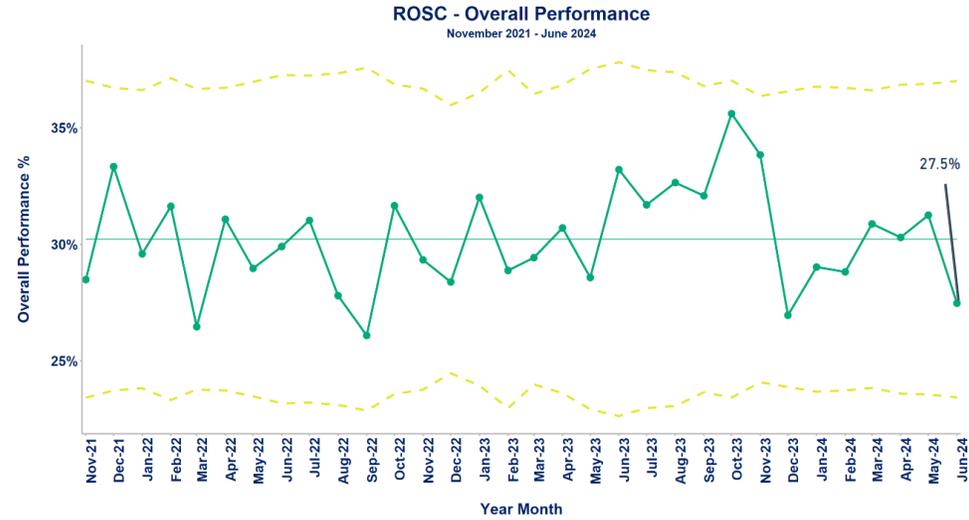


Figure E2.2

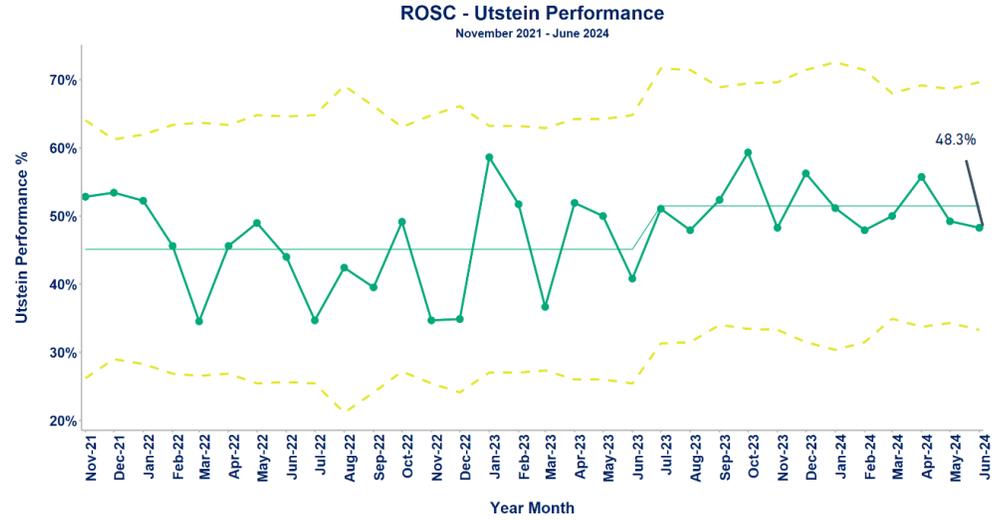


Figure E2.3

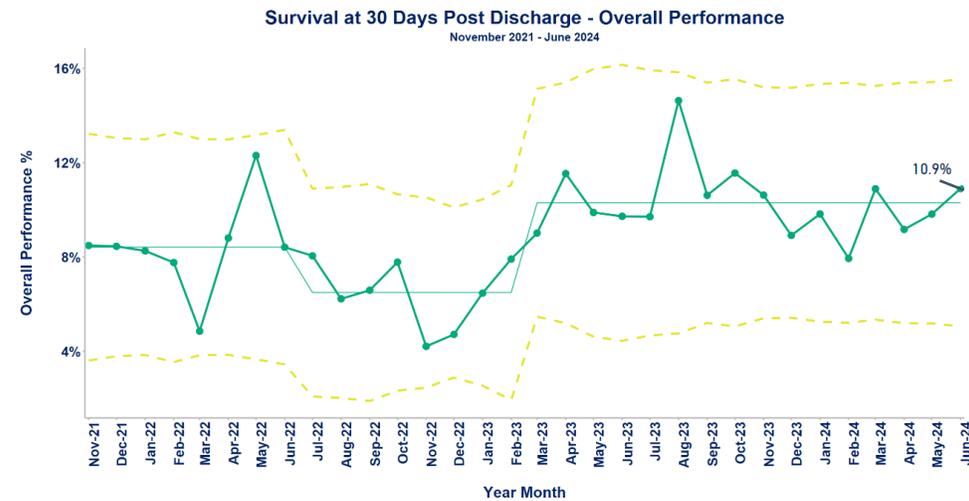


Figure E2.4

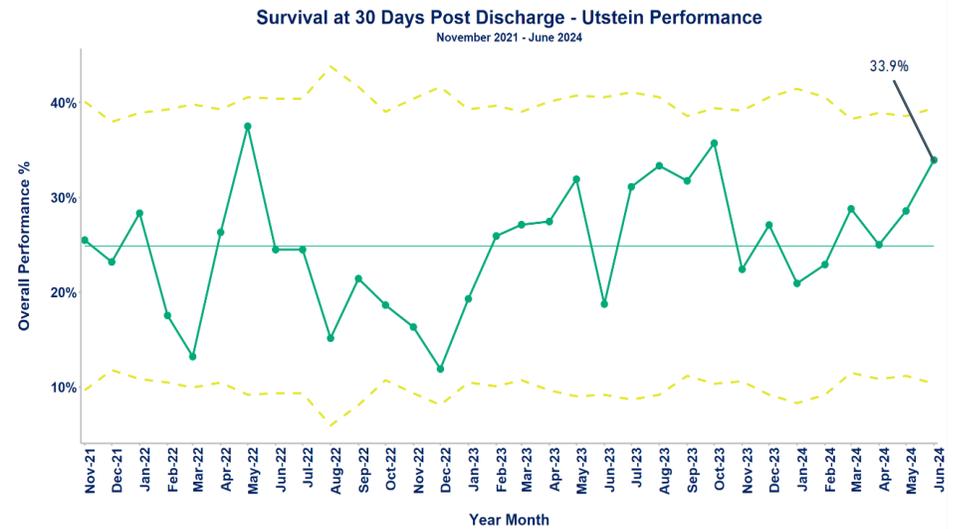


Figure E2.5

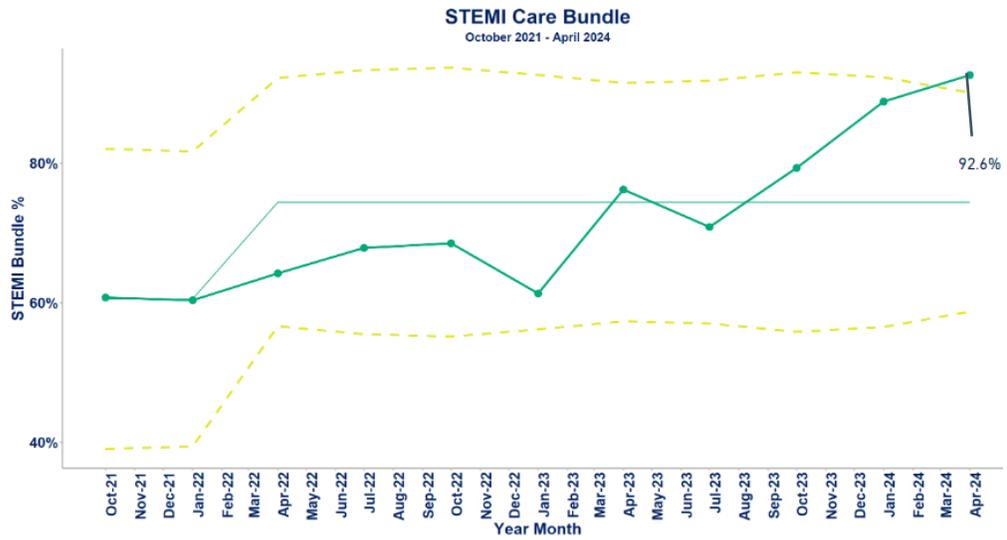


Figure E2.6

Month Year	STEMI Care Bundle Performance
Oct 2021	60.7%
Jan 2022	60.4%
Apr 2022	64.2%
Jul 2022	67.9%
Oct 2022	68.5%
Jan 2023	61.3%
Apr 2023	76.2%
Jul 2023	70.9%
Oct 2023	79.3%
Jan 2024	88.8%
Apr 2024	92.6%

# E3 ACTIVITY & OUTCOMES

Figure E3.1

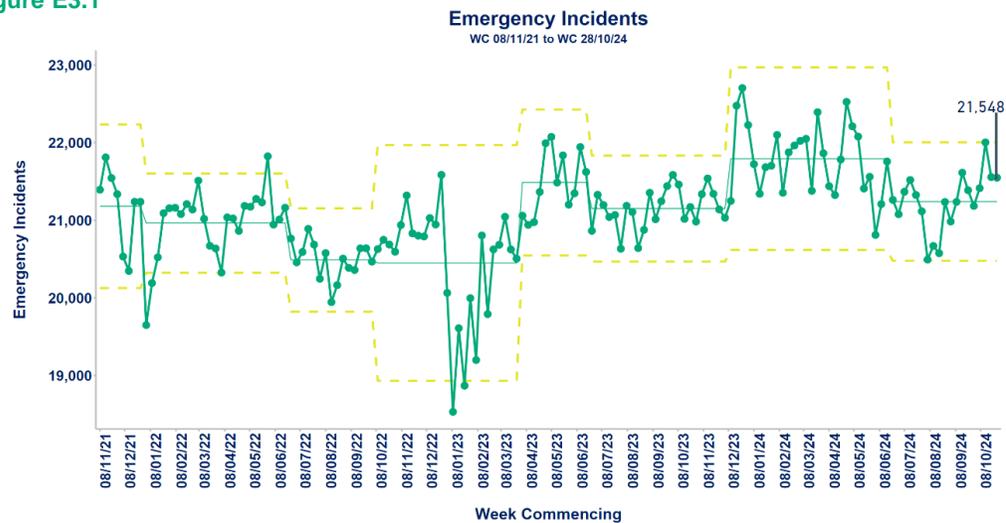


Figure E3.2  
Emergency Incidents



Figure E3.3

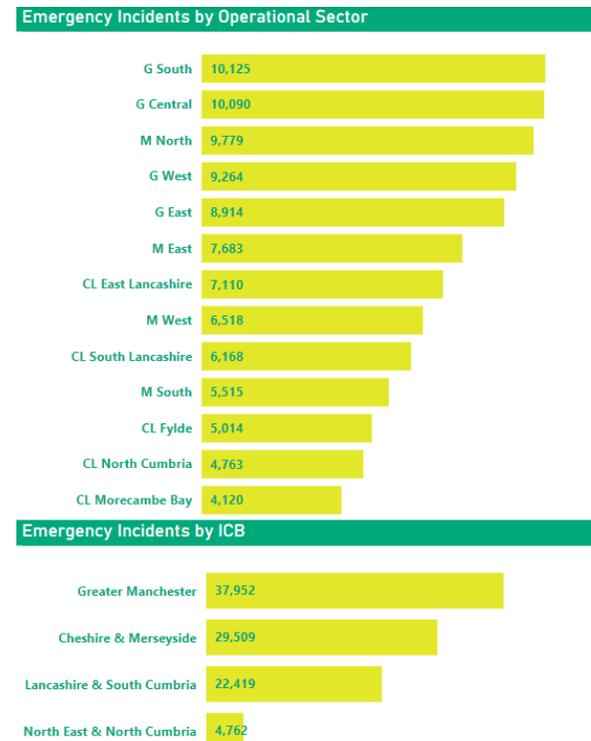


Figure E3.4

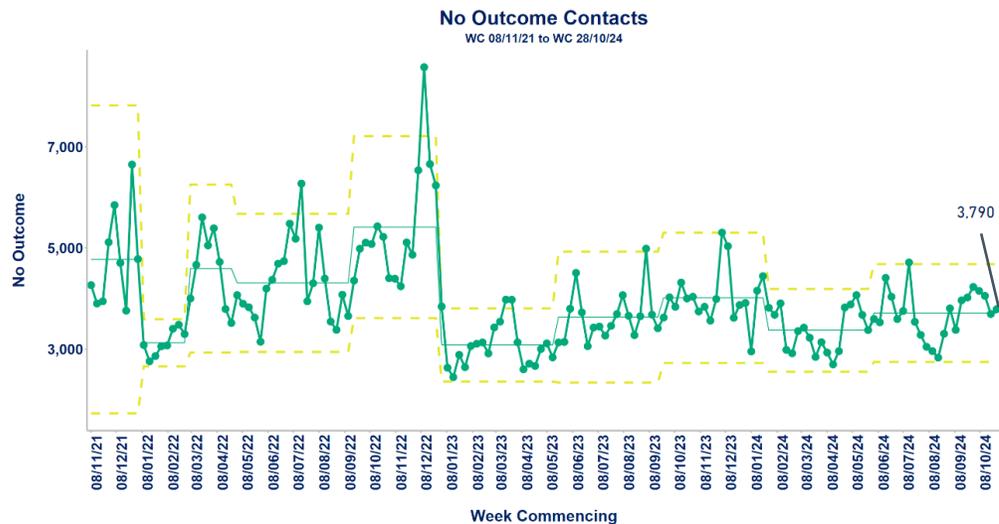


Figure E3.5

Calendar Year	Month	Calls	% Change from Previous Year	Incidents	% Change from Previous Year
2021	Oct	152,670	+16.0%	92,899	-5.5%
2022	Oct	140,501	-8.0%	91,417	-1.6%
2023	Oct	127,219	-8.9%	94,304	+3.3%
2024	Oct	125,776	-1.2%	95,148	+1.0%

Figure E3.6

Hear & Treat (AQI)  
WC 08/11/21 to WC 28/10/24

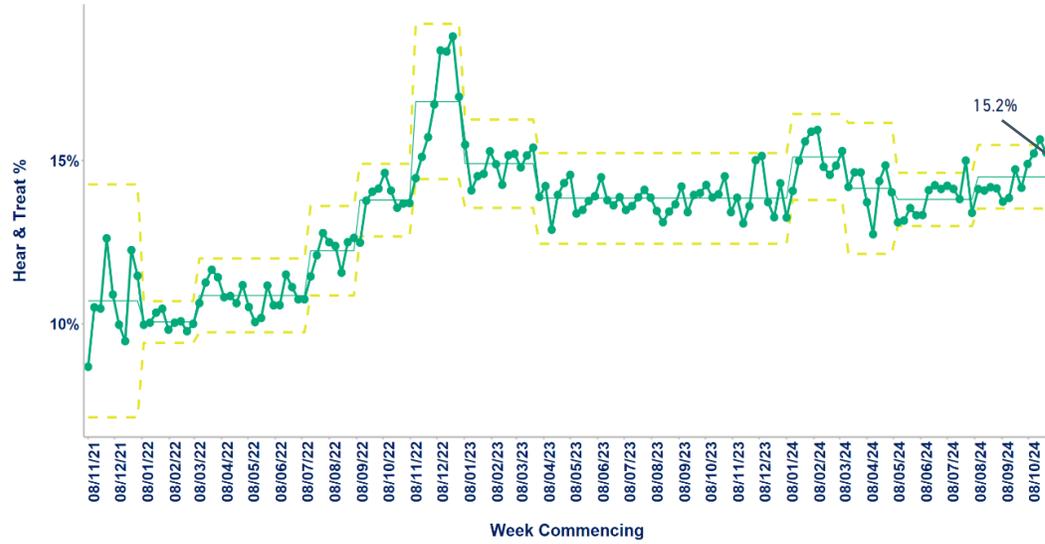


Figure E3.7

See & Treat (AQI)  
WC 08/11/21 to WC 28/10/24

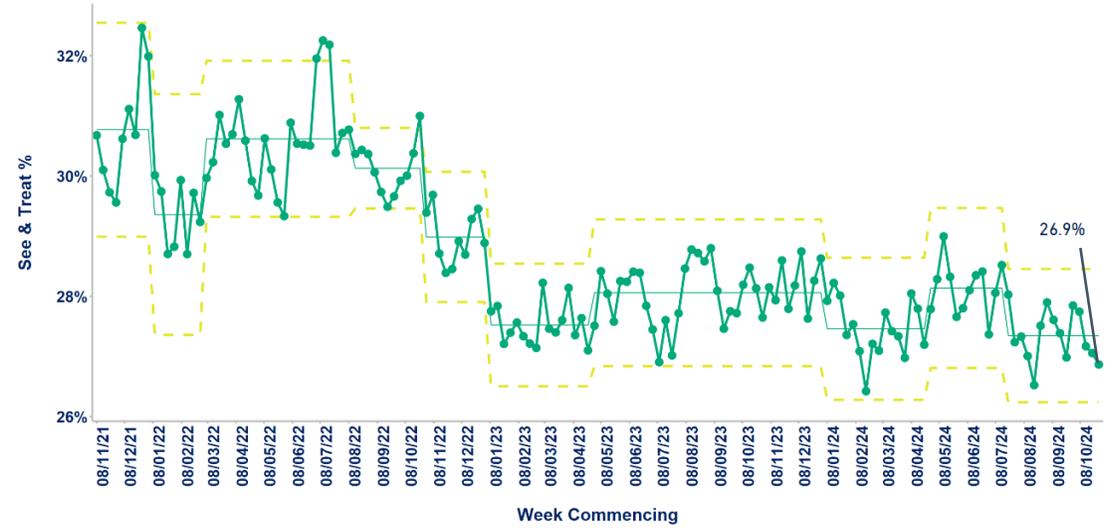


Figure E3.8

Month Hear & Treat by Sector

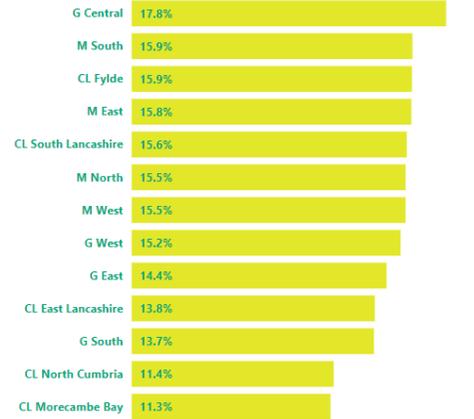
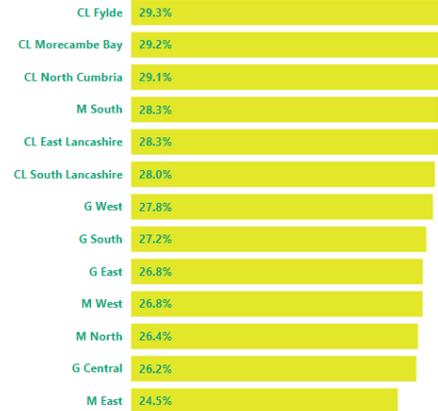
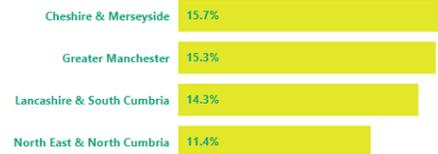


Figure E3.9

Month See & Treat by Sector



Month Hear & Treat by ICB



Month See & Treat by ICB

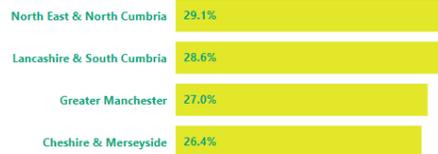


Figure E3.10

See & Convey to A&E % (AQI)  
WC 08/11/21 to WC 28/10/24

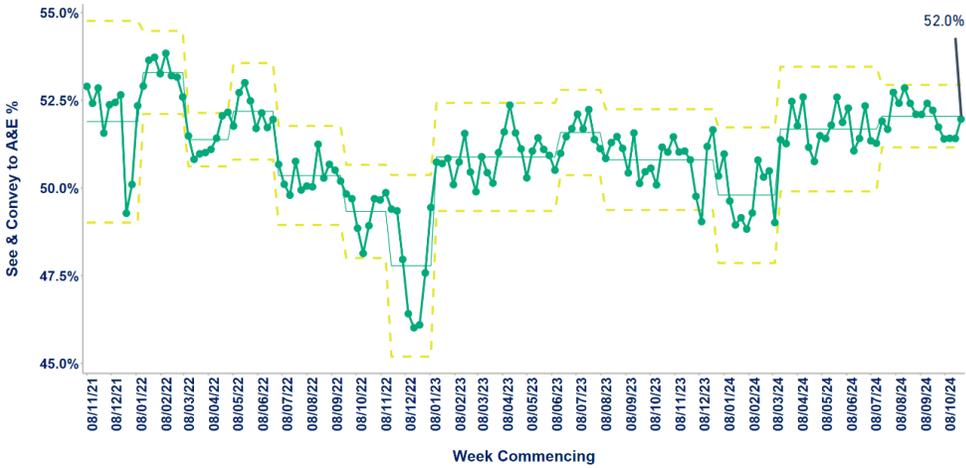


Figure E3.11

See & Convey to Non A&E % (AQI)  
WC 08/11/21 to WC 28/10/24

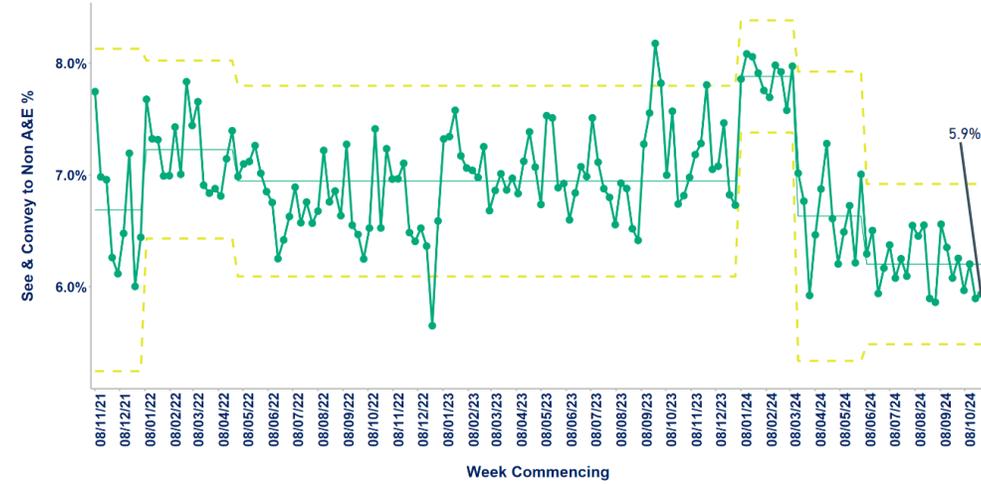


Figure E3.12

Month See & Convey by Sector

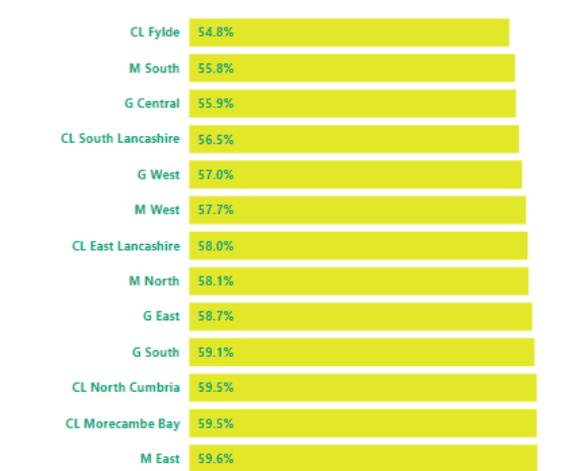


Figure E3.13

Month See & Convey to A&E by Sector

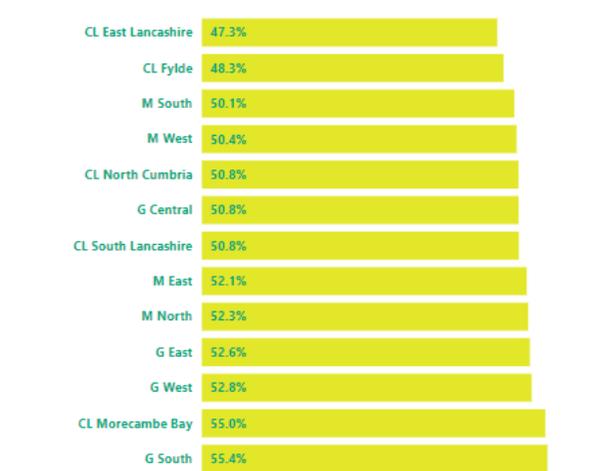
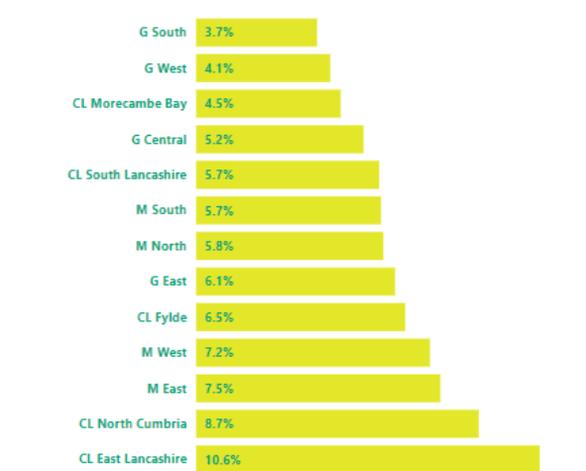
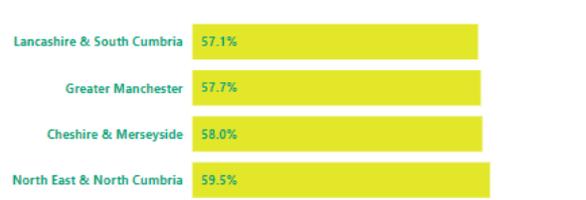


Figure E3.14

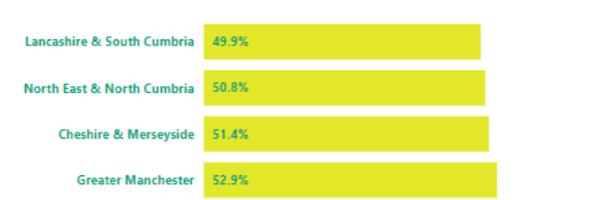
Month See & Convey to Non A&E by Sector



Month See & Convey by ICB



Month See & Convey to A&E by ICB



Month See & Convey to Non A&E by ICB



Figure E3.15

Rank	Trust	Hear & Treat	%
1	West Midlands		23.3%
2	London		20.0%
3	East Midlands		19.5%
4	Yorkshire		16.1%
5	North West		15.0%
6	South Western		14.7%
7	South Central		14.5%
8	South East Coast		14.1%
9	East of England		11.1%
10	Isle of Wight		9.0%
11	North East		8.2%

Figure E3.16

Rank	Trust	See & Treat	%
1	South Western		36.4%
2	Isle of Wight		36.0%
3	East of England		34.3%
4	South Central		31.9%
5	South East Coast		30.5%
6	North East		29.6%
7	East Midlands		29.2%
8	North West		27.3%
9	London		26.3%
10	Yorkshire		25.2%
11	West Midlands		24.9%

Figure E3.17

Rank	Trust	See & Convey	%
1	South Western		49.0%
2	East Midlands		51.2%
3	West Midlands		51.9%
4	South Central		53.6%
5	London		53.7%
6	East of England		54.6%
7	Isle of Wight		55.0%
8	South East Coast		55.5%
9	North West		57.7%
10	Yorkshire		58.7%
11	North East		62.3%

Figure E3.18

Rank	Trust	See & Convey Non AE	%
1	North East		7.3%
2	East Midlands		7.0%
3	Yorkshire		6.4%
4	North West		6.1%
5	West Midlands		5.7%
6	South Western		4.3%
7	East of England		3.0%
8	South Central		2.8%
9	London		2.6%
10	South East Coast		2.1%
11	Isle of Wight		1.0%

# Operational

# O1 CALL PICK UP

Figure O1.1

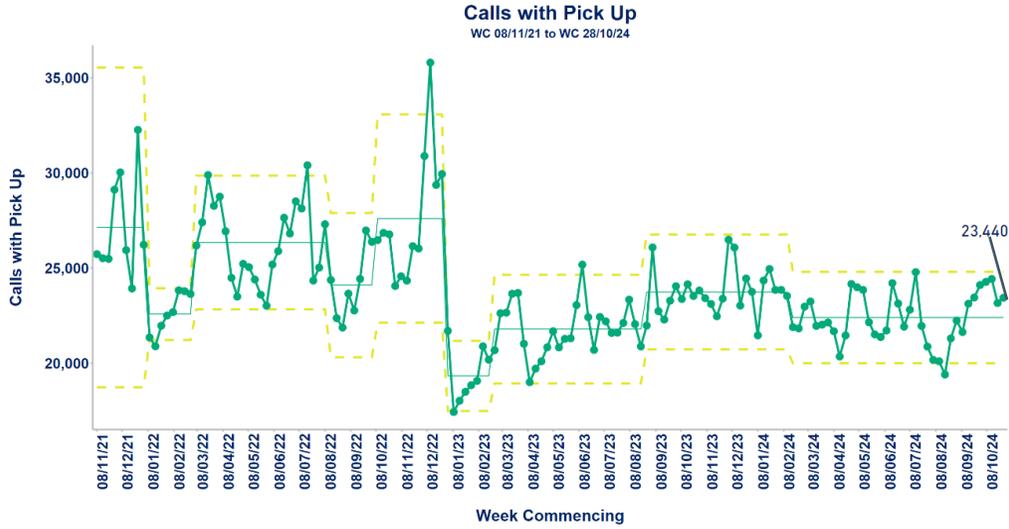


Figure O1.2

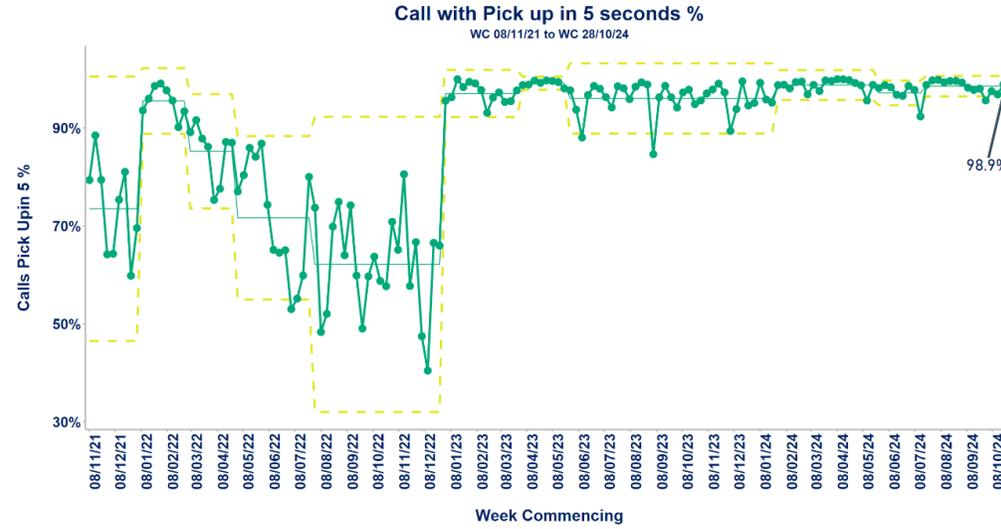


Figure O1.5

Call Pick Up Mean	
Oct 2024	1
YTD	1
Ranking	Joint 1st

Figure O1.6

Call Pick Up 90 <sup>th</sup> Percentile	
Oct 2024	0
YTD	0
Ranking	Joint 1st

Figure O1.3

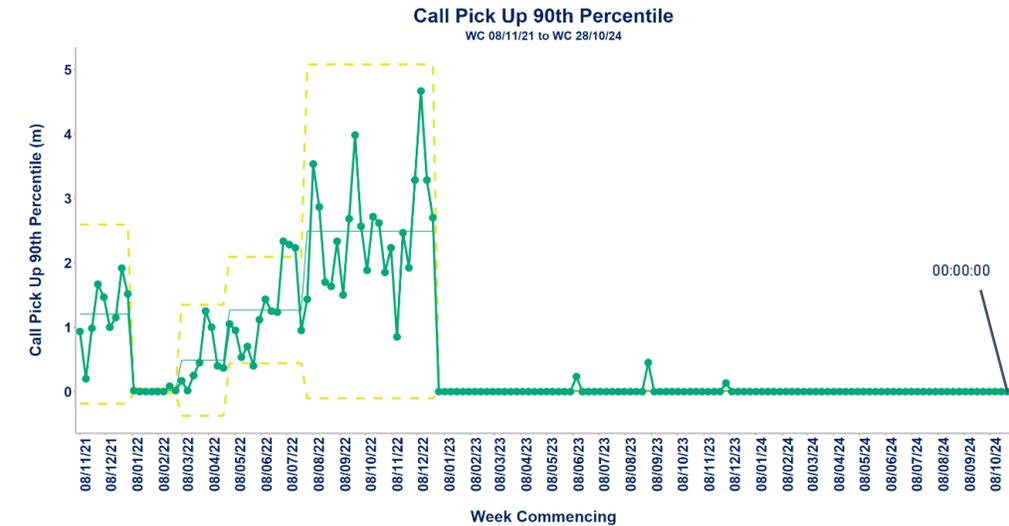


Figure O1.4

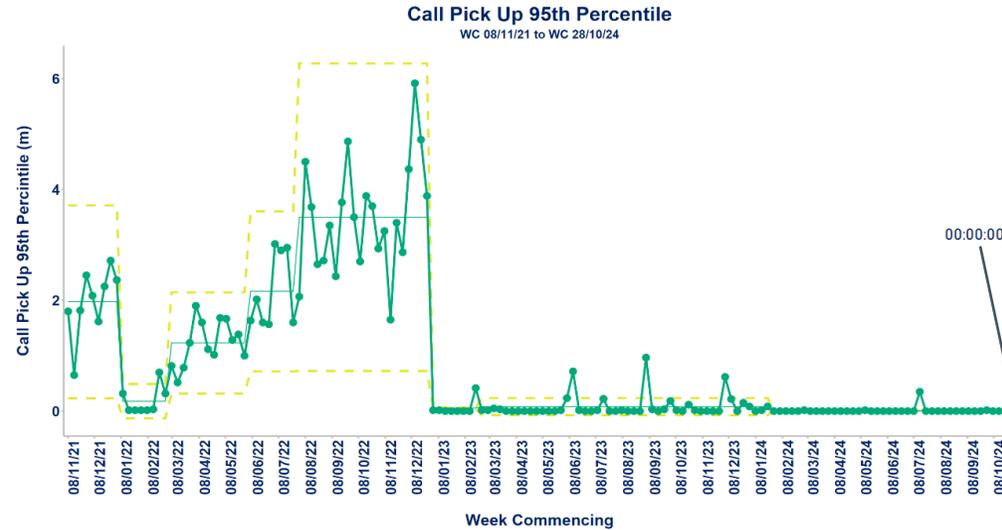


Figure O1.7

Call Pick Up 95 <sup>th</sup> Percentile	
Oct 2024	0
YTD	0
Ranking	1st

# O3 ARP RESPONSE TIMES

## October 2024

Figure O3.1

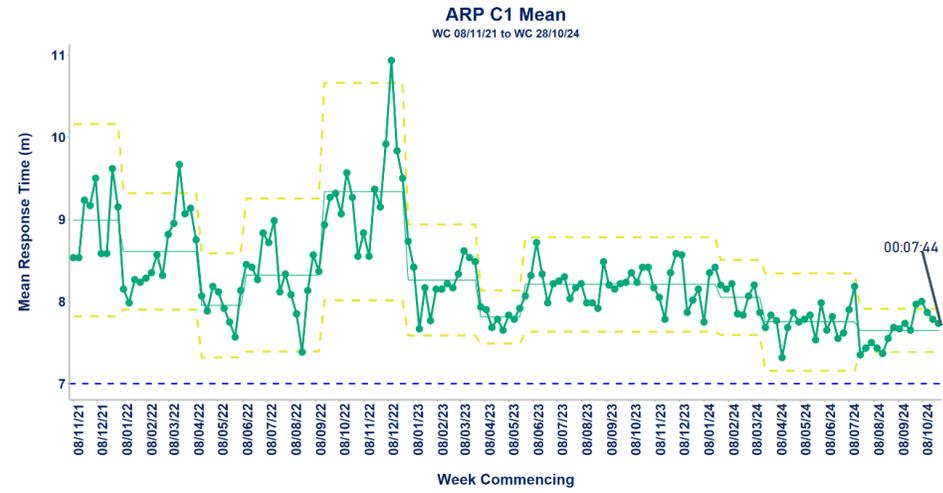


Figure O3.2

C1 Mean (Red => 7min)



Figure O3.3

### C1 Mean by Sector



Figure O3.4

C1 Mean	
Target	7:00
Oct 2024	7:53
YTD	7:43
Ranking	3rd

### C1 Mean by ICB

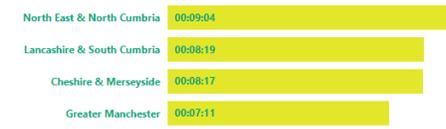


Figure O3.5

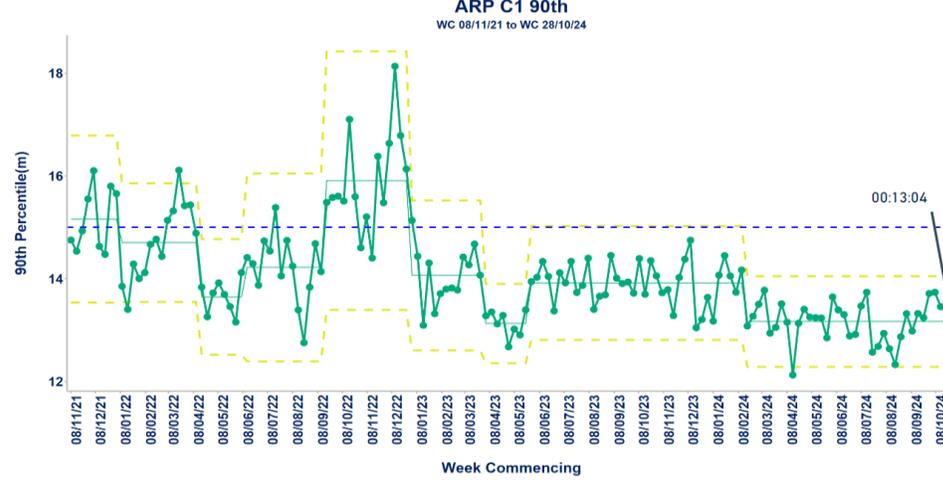


Figure O3.6

C1 90th (Red => 15m)



Figure O3.7

### C1 90th by Sector

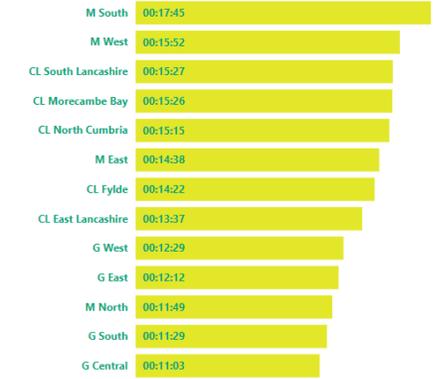
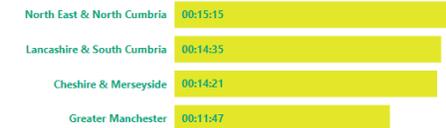


Figure O3.8

C1 90th	
Target	15:00
Oct 2024	13:31
YTD	13:09
Ranking	3rd

### C1 90th by ICB



# October 2024

Figure O3.9

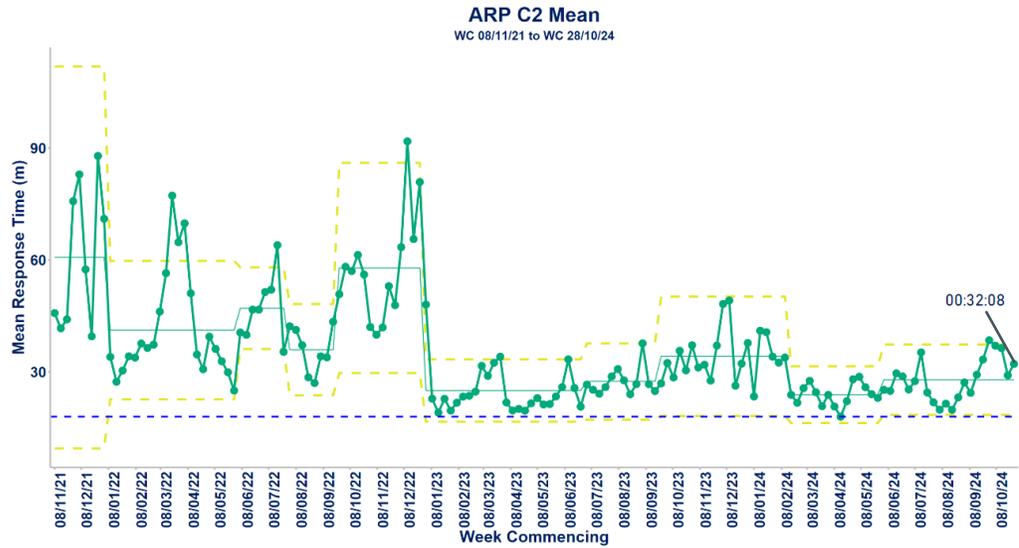


Figure O3.10  
C2 Mean (Red => 18m)



Figure O3.11  
C2 Mean by Sector

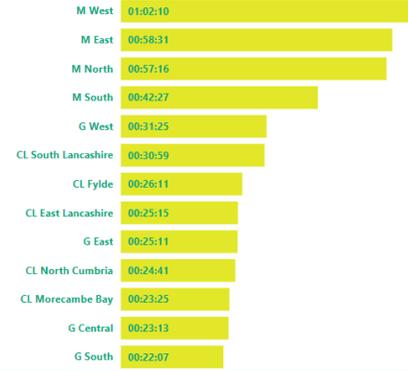


Figure O3.12

C2 Mean	
Target(ARP)	18:00
Target(UEC)	30:00
Oct 2024	35:06
YTD	26:50
Ranking	5th

C2 Mean by ICB

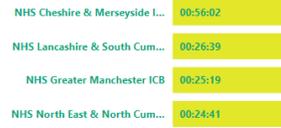


Figure O3.13

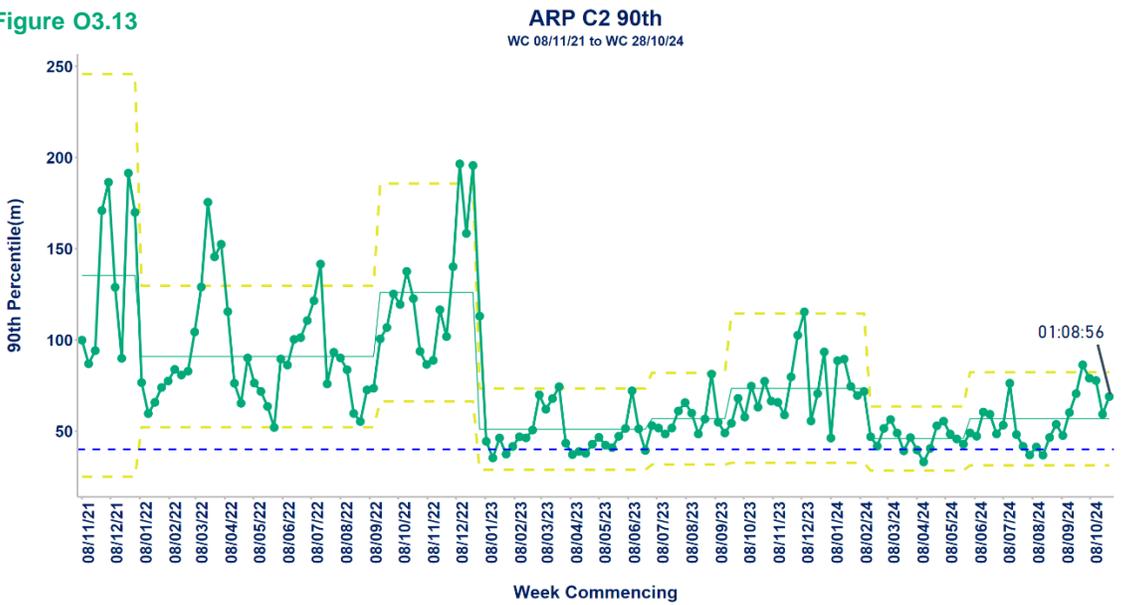


Figure O3.14  
C2 90th (Red => 40m)



Figure O3.15  
C2 90th by Sector

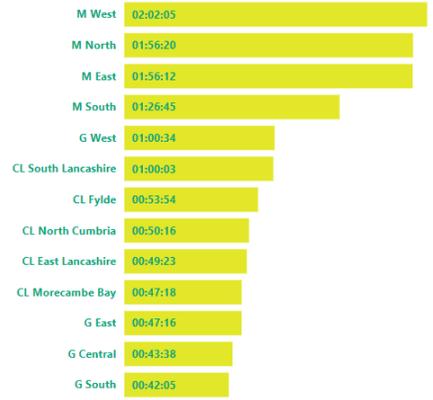
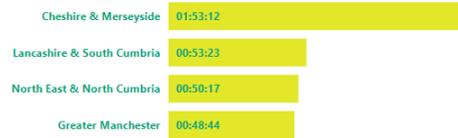


Figure O3.16

C2 90th	
Target	40:00
Oct 2024	1:15:35
YTD	53:34
Ranking	4th

C2 90th by ICB



# October 2024

Figure O3.17

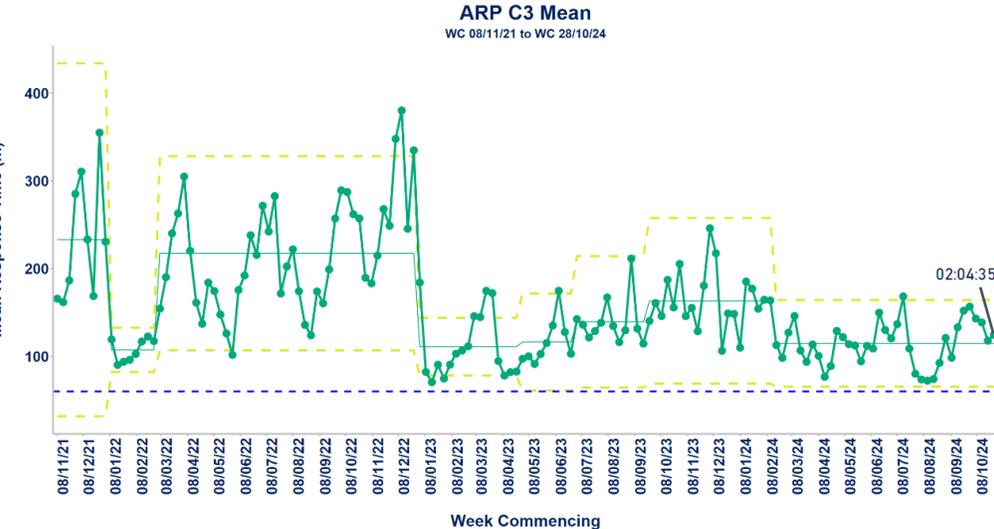


Figure O3.18

C3 Mean (Red => 60min)



Figure O3.19

**C3 Mean by Sector**



**C3 Mean by ICB**



Figure O3.20

C3 Mean	
Target	1:00:00
Oct 2024	2:17:06
YTD	1:53:25
Ranking	5th

Figure O3.21

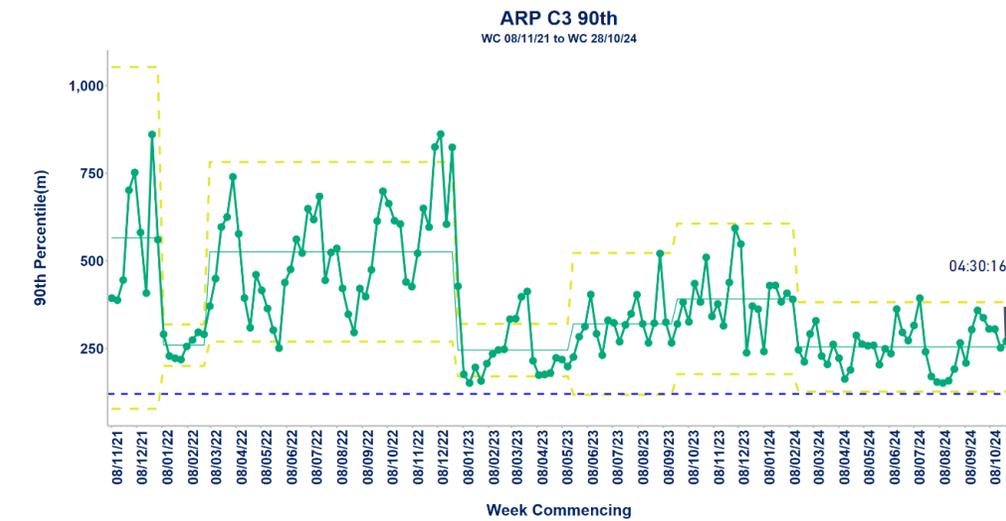


Figure O3.22

C3 90th (Red => 2h)



Figure O3.23

**C3 90th by Sector**



**C3 90th by ICB**



Figure O3.24

C3 90th	
Target	2:00:00
Oct 2024	4:53:33
YTD	4:12:26
Ranking	5th

October 2024

Figure O3.25

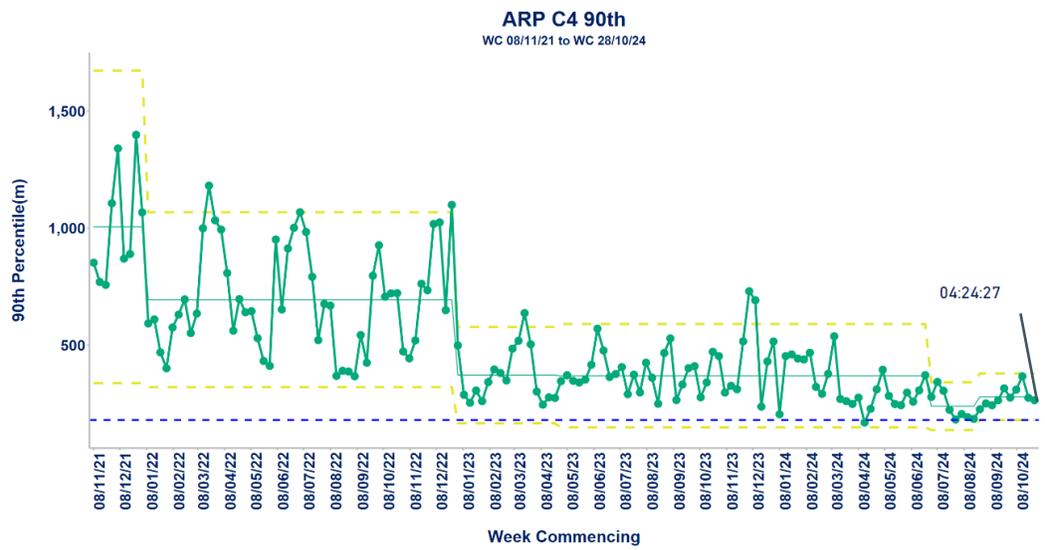


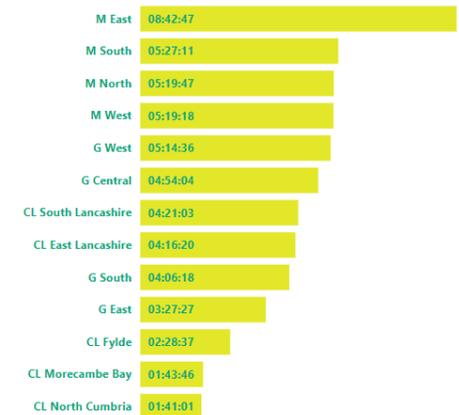
Figure O3.26

C4 90th (Red => >3h)



Figure O3.27

C4 90th by Sector



C4 90th by ICB

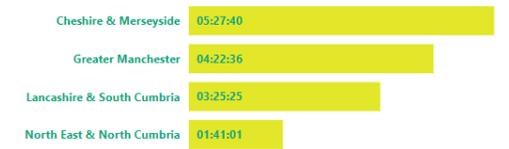


Figure O3.28

C4 90th	
Target	3:00:00
Oct 2024	4:57:50
YTD	4:22:21
Ranking	3rd

# O3 ARP Provider Comparison

Figure O3.25

C1 Mean & 90th Percentile Over Time

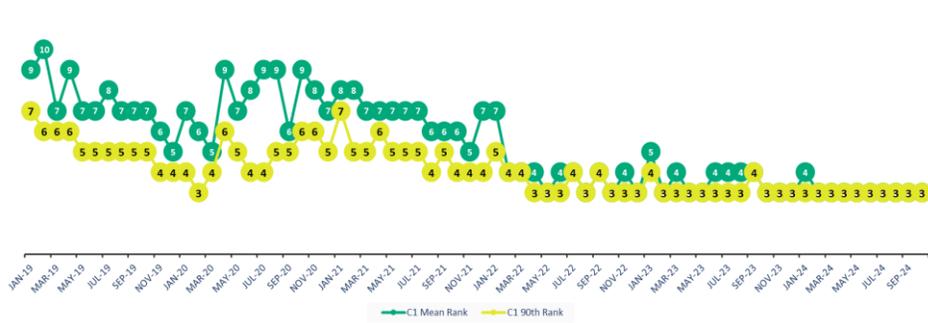


Figure O3.26

C2 Mean & 90th Percentile Over Time



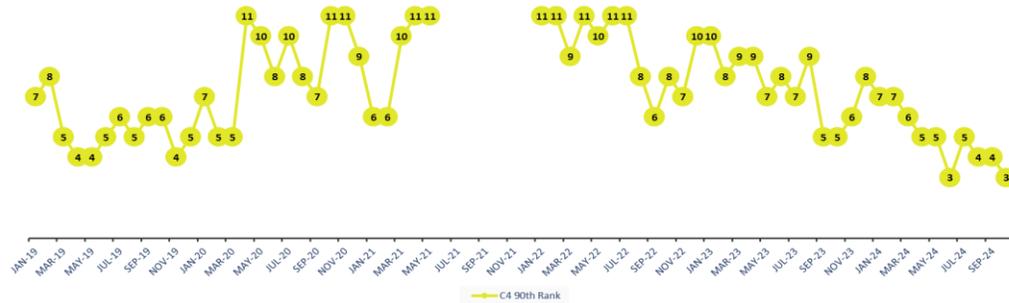
Figure O3.27

C3 Mean & 90th Percentile Over Time



Figure O3.28

C4 90th Percentile Over Time



Rank	Trust	C1 Mean	Time	Rank	Trust	C1 90th	Time	Rank	Trust	C2 Mean	Time	Rank	Trust	C2 90th	Time	Rank	Trust	C3 Mean	Time	Rank	Trust	C3 90th	Time	Rank	Trust	C4 90th	Time
1	North East	06:51	1	North East	11:57	1	Isle of Wight	0:30:09	1	Isle of Wight	1:01:05	1	Isle of Wight	01:18:54	1	Isle of Wight	03:33:11	1	Isle of Wight	03:33:11	1	Yorkshire	04:23:48				
2	London	07:31	2	London	12:54	2	South East Coast	0:30:31	2	South East Coast	1:02:42	2	London	01:40:48	2	North East	03:50:26	2	North East	03:50:26	2	North East	04:50:47				
3	North West	07:54	3	North West	13:31	3	North East	0:31:08	3	North East	1:02:48	3	North East	01:41:18	3	London	04:01:01	3	North West	04:51:19	3	North West	04:51:19				
4	Yorkshire	08:20	4	Yorkshire	14:38	4	West Midlands	0:34:44	4	North West	1:15:35	4	Yorkshire	01:56:50	4	Yorkshire	04:25:45	4	South East Coast	05:19:25	4	South East Coast	05:19:25				
5	West Midlands	08:26	5	West Midlands	14:59	5	North West	0:35:06	5	South Central	1:17:11	5	North West	02:16:32	5	North West	04:53:08	5	Isle of Wight	05:23:35	5	Isle of Wight	05:23:35				
6	South East Coast	08:30	6	South East Coast	15:32	6	Yorkshire	0:38:28	6	West Midlands	1:18:07	6	West Midlands	02:27:59	6	South East Coast	05:45:01	6	London	05:43:14	6	London	05:43:14				
7	South Central	09:11	7	South Central	16:35	7	South Central	0:38:30	7	South Central	1:27:22	7	East of England	03:03:31	7	East of England	07:24:43	7	South Central	07:58:55	7	South Central	07:58:55				
8	East Midlands	09:40	8	East Midlands	16:59	8	London	0:41:33	8	London	1:30:29	8	West Midlands	03:19:00	8	West Midlands	07:52:44	8	West Midlands	09:12:05	8	West Midlands	09:12:05				
9	East of England	09:42	9	East of England	18:03	9	East of England	0:51:32	9	East of England	1:51:41	9	South Central	03:25:18	9	South Central	08:57:29	9	East of England	10:39:22	9	East of England	10:39:22				
10	Isle of Wight	10:15	10	Isle of Wight	18:17	10	South Western	0:57:38	10	South Western	1:59:09	10	South Western	03:46:45	10	East Midlands	09:27:18	10	South Western	11:13:14	10	South Western	11:13:14				
11	South Western	10:27	11	South Western	19:31	11	East Midlands	0:58:01	11	East Midlands	2:02:35	11	South Western	03:48:29	11	South Western	09:30:45	11	East Midlands	11:20:17	11	East Midlands	11:20:17				

# O3 LONG WAITS

Table O3.29

Year Month	Total No. of C1 long waits
Nov 2021	1,329
Dec 2021	1,590
Jan 2022	1,109
Feb 2022	985
Mar 2022	1,609
Apr 2022	1,145
May 2022	869
Jun 2022	940
Jul 2022	1,207
Aug 2022	653
Sep 2022	804
Oct 2022	1,186
Nov 2022	959
Dec 2022	1,619
Jan 2023	694
Feb 2023	543
Mar 2023	708
Apr 2023	509
May 2023	504
Jun 2023	693
Jul 2023	707
Aug 2023	643
Sep 2023	712
Oct 2023	760
Nov 2023	665
Dec 2023	785
Jan 2024	748
Feb 2024	641
Mar 2024	565
Apr 2024	507
May 2024	604
Jun 2024	595
Jul 2024	582
Aug 2024	450
Sep 2024	566
Oct 2024	682

Figure O3.29

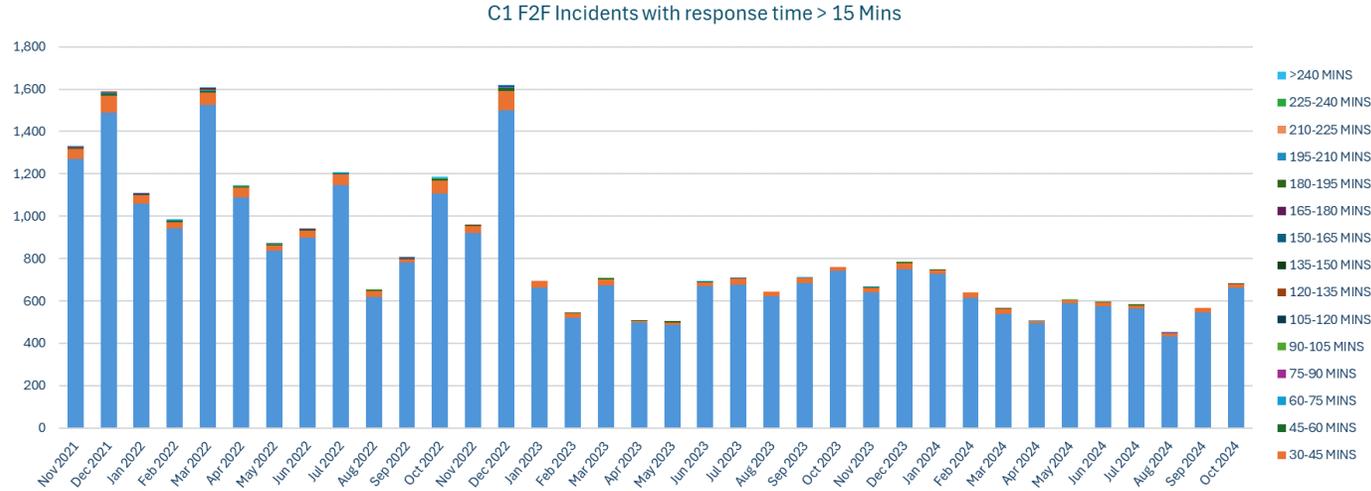


Figure O3.30

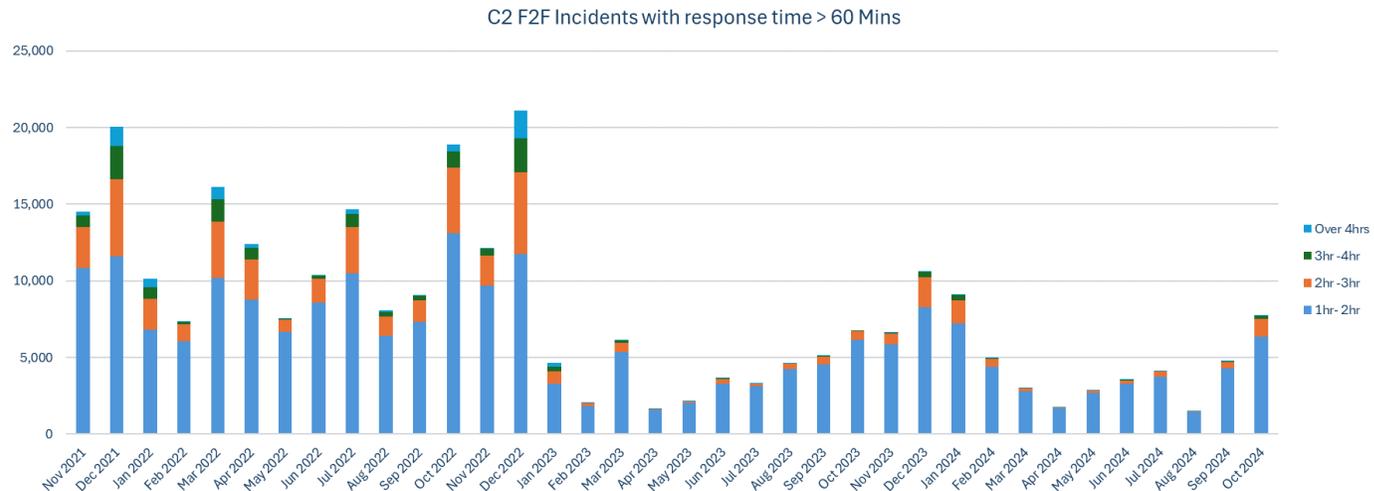


Table O3.30

Year Month	Total No. of C2 long waits
Nov 2021	14,517
Dec 2021	20,037
Jan 2022	10,127
Feb 2022	7,349
Mar 2022	16,135
Apr 2022	12,400
May 2022	7,564
Jun 2022	10,374
Jul 2022	14,649
Aug 2022	8,051
Sep 2022	9,057
Oct 2022	18,870
Nov 2022	12,153
Dec 2022	21,089
Jan 2023	4,631
Feb 2023	2,048
Mar 2023	6,132
Apr 2023	1,649
May 2023	2,141
Jun 2023	3,667
Jul 2023	3,294
Aug 2023	4,613
Sep 2023	5,088
Oct 2023	6,754
Nov 2023	6,608
Dec 2023	10,636
Jan 2024	9,112
Feb 2024	4,975
Mar 2024	2,998
Apr 2024	1,761
May 2024	2,860
Jun 2024	3,526
Jul 2024	4,121
Aug 2024	1,473
Sep 2024	4,741
Oct 2024	7,752

# O3 A&E TURNAROUND

Figure O3.1

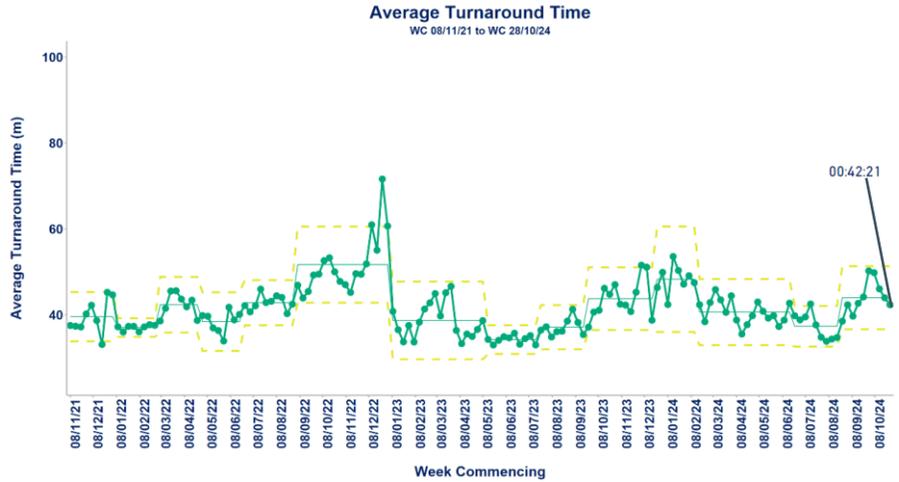


Figure O3.2

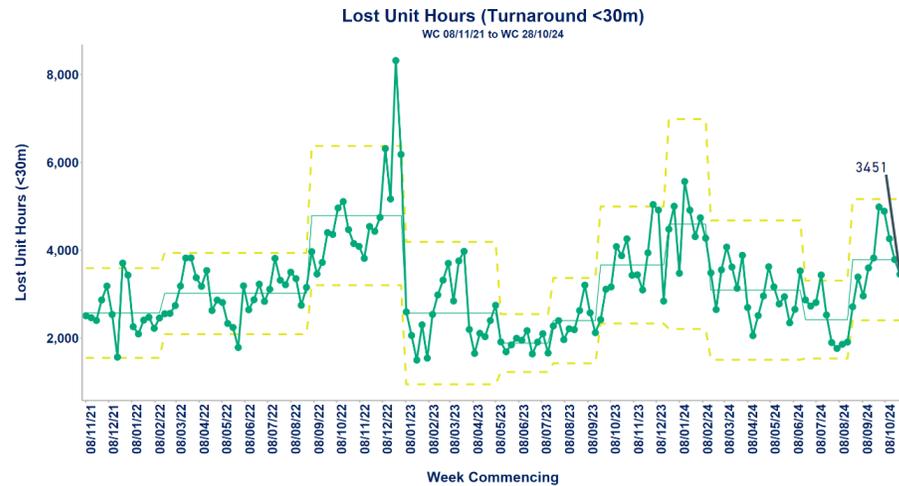


Table O3.1

Month	Hospital Attendances	Average Turnaround Time(hh:mm:ss)	Average Arrival to Handover Time (hh:mm:ss)	Average Handover to Clear Time(hh:mm:ss)
Oct 2023	47,591	00:43:24	00:32:47	00:11:28
Nov 2023	46,613	00:43:05	00:31:40	00:11:00
Dec 2023	48,751	00:46:25	00:35:22	00:10:59
Jan 2024	47,972	00:49:13	00:38:36	00:11:03
Feb 2024	44,943	00:44:53	00:34:59	00:10:21
Mar 2024	49,092	00:42:39	00:32:50	00:10:15
Apr 2024	48,305	00:39:29	00:29:57	00:09:46
May 2024	50,238	00:40:33	00:31:29	00:09:18
Jun 2024	47,255	00:39:22	00:30:34	00:09:01
Jul 2024	48,915	00:39:19	00:30:34	00:08:57
Aug 2024	48,434	00:35:06	00:26:24	00:08:53
Sep 2024	47,618	00:42:19	00:33:27	00:09:04
Oct 2024	49,288	00:47:07	00:38:23	00:08:58

Table O3.2

Top 5 Trusts with most lost unit hours

Destination Short Name	Operational Area Name	Hospital Attendances to AE	Lost Time Turnaround >30m (h)	Mean at Hospital to Clear Time(hh:mm:ss)	Mean at Hospital to Handover Time(hh:mm:ss)	Mean Handover to Clear Time(hh:mm:ss)
Whiston	Cheshire & Merseyside	2,152	2901.38	01:40:37	01:26:44	00:12:48
Arrowe Park	Cheshire & Merseyside	1,914	1946.56	01:20:46	01:12:31	00:09:55
Aintree University	Cheshire & Merseyside	2,142	1856.56	01:14:57	01:03:32	00:12:39
Countess of Chester	Cheshire & Merseyside	1,276	1624.14	01:41:01	01:34:01	00:08:43
Blackpool Victoria	Cumbria & Lancashire	2,379	1222.99	00:53:30	00:44:00	00:09:34

Table O3.3

	No. of patients waiting outside A&E for handover
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
Nov-23	1414
Dec-23	2121
Jan-24	2397
Feb-24	1946
Mar-24	1524
Apr-24	1062
May-24	1579
Jun-24	1594
Jul-24	1851
Aug-24	989
Sep-24	1877
Oct-24	2681

# O3 A&E TURNAROUND ICB

Figure O3.4

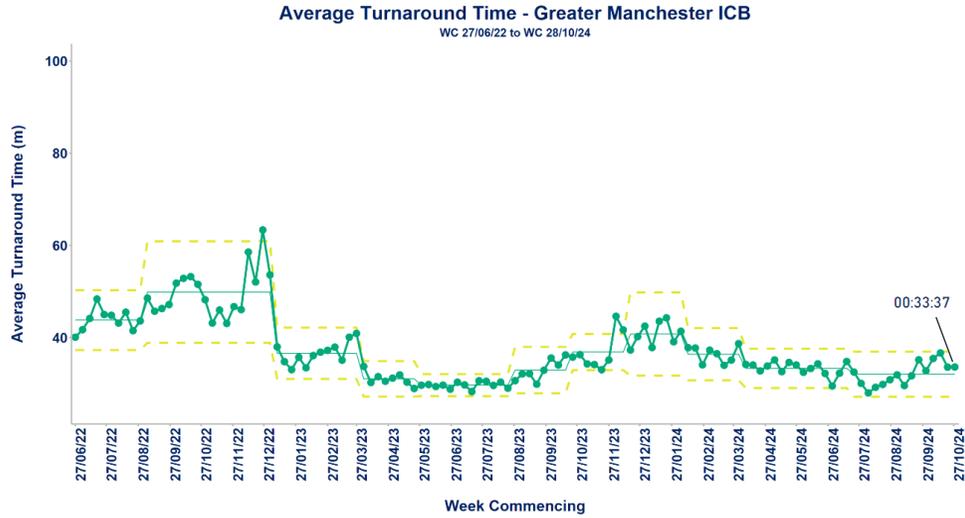


Table O3.5

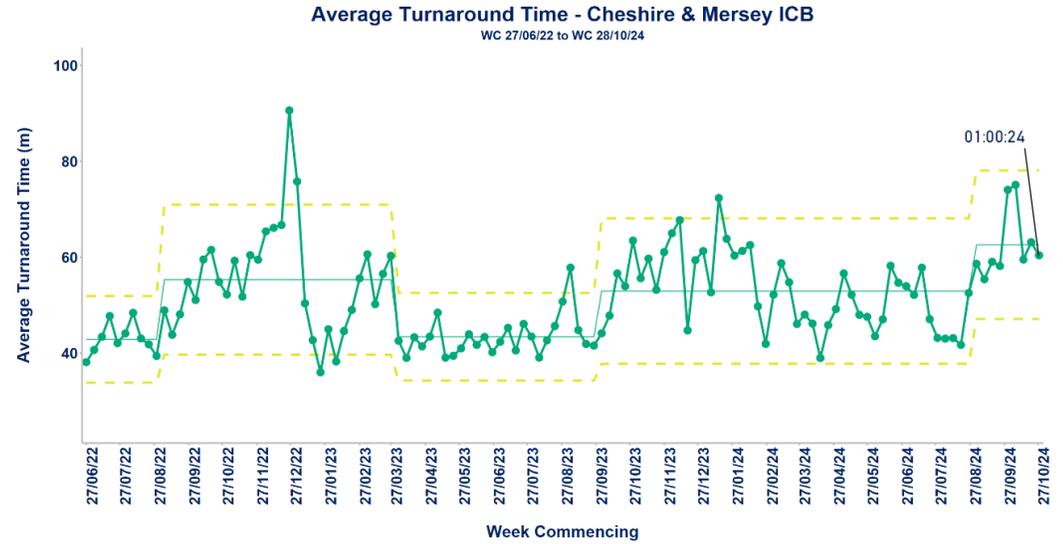
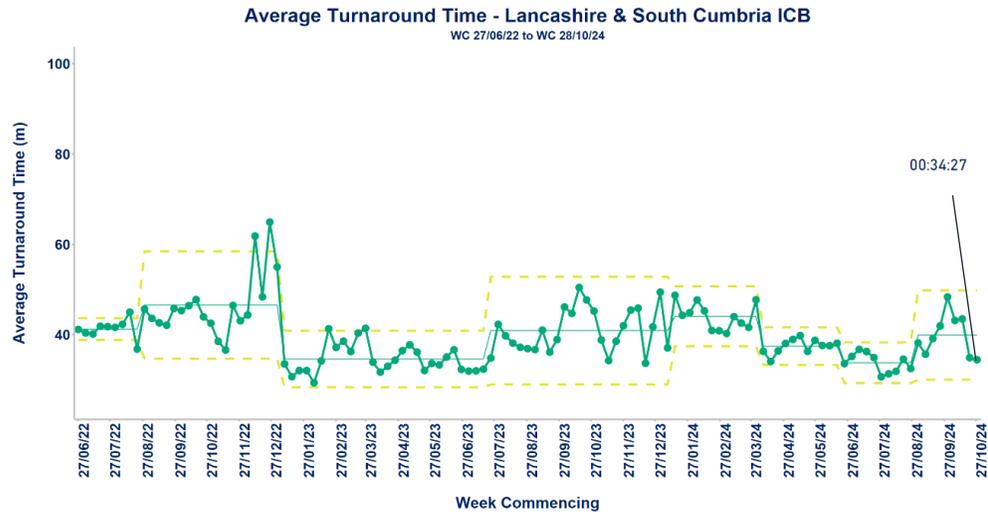
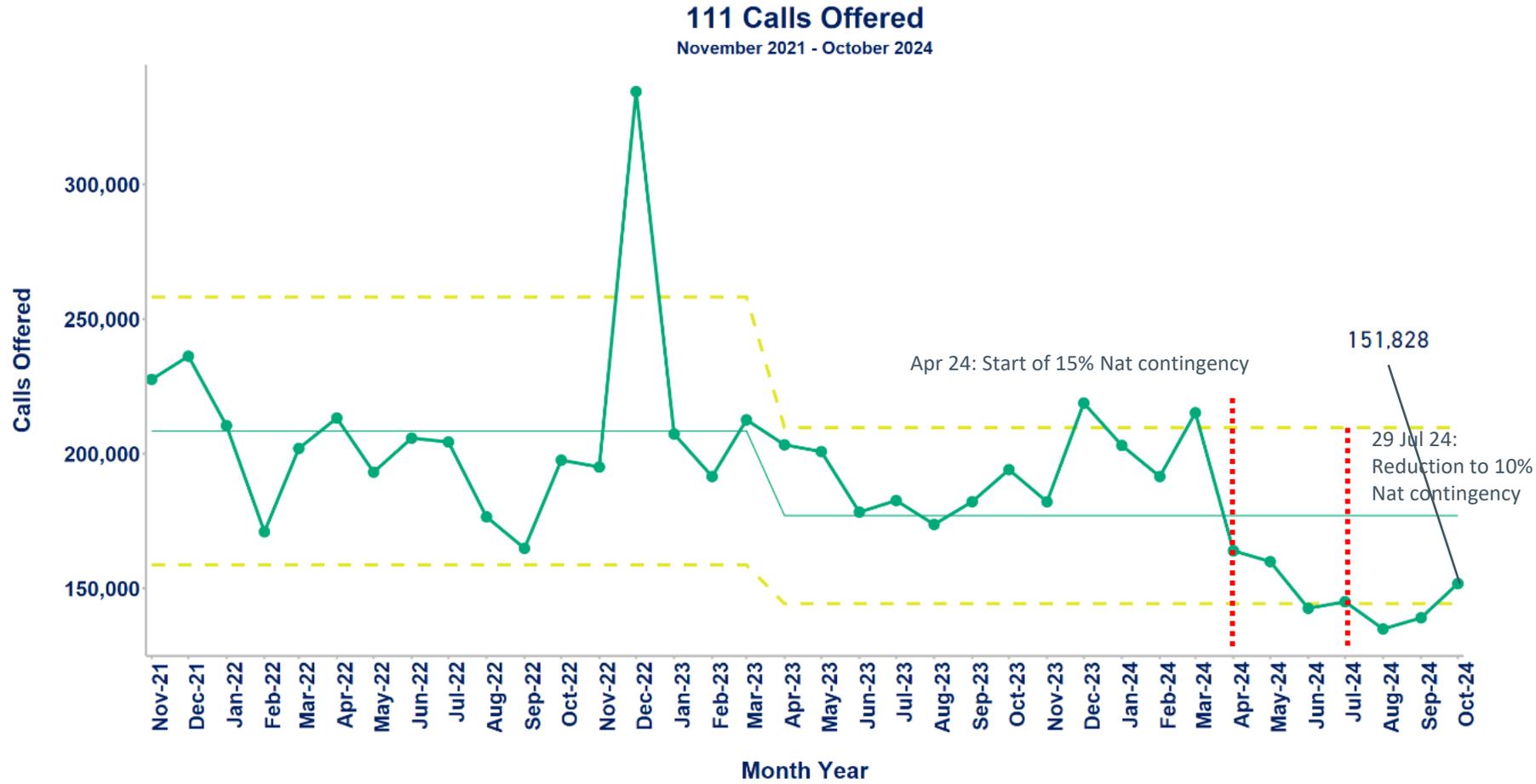


Figure O3.6



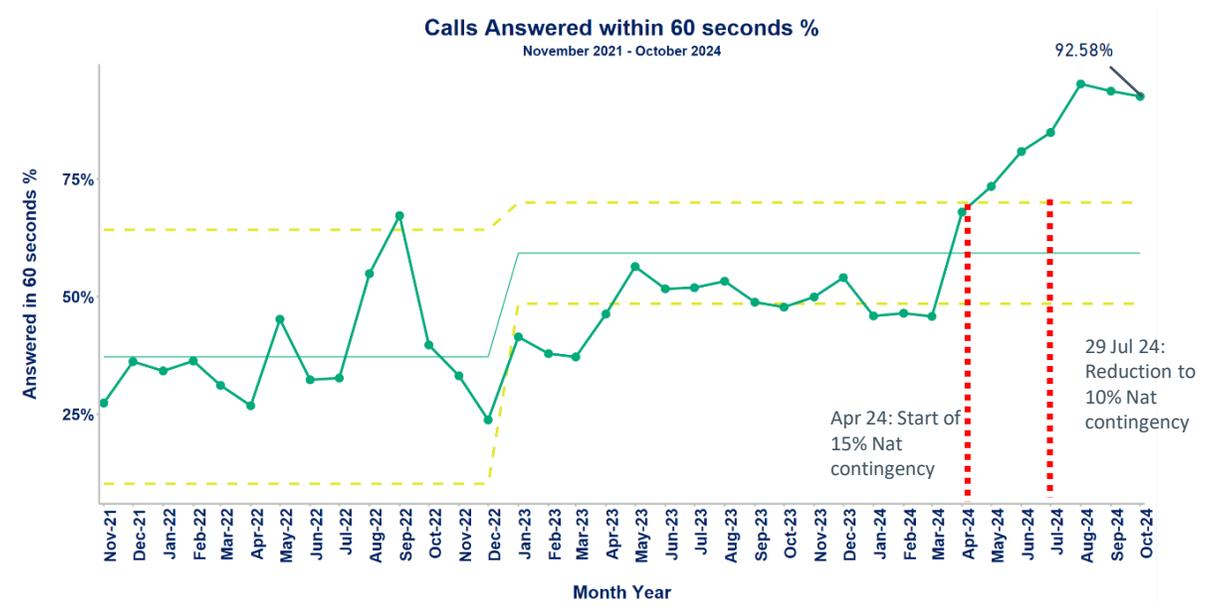
# O4 111 ACTIVITY & PERFORMANCE

Figure O4.1



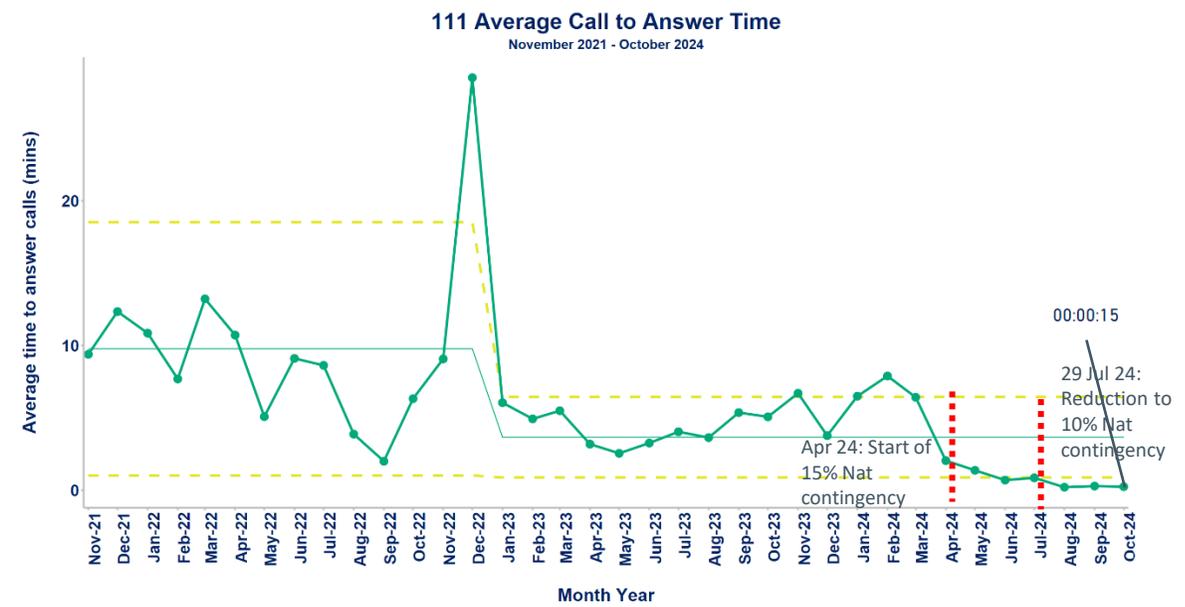
Calls Offered	
Oct 2024	151,828
YTD	1,037,539

Figure O4.2



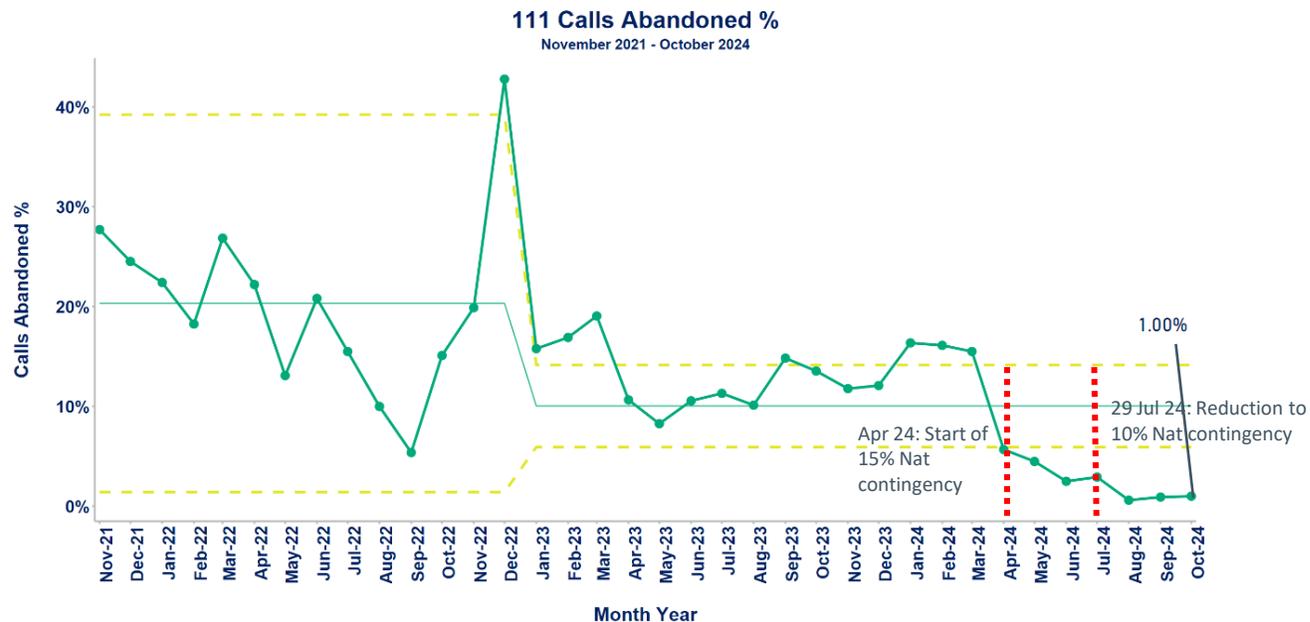
Calls Answered within 60 Seconds %	
Target	95%
Oct 2024	92.6%
YTD	83.9%
National	81.2%
Ranking	3rd/31

Figure O4.3



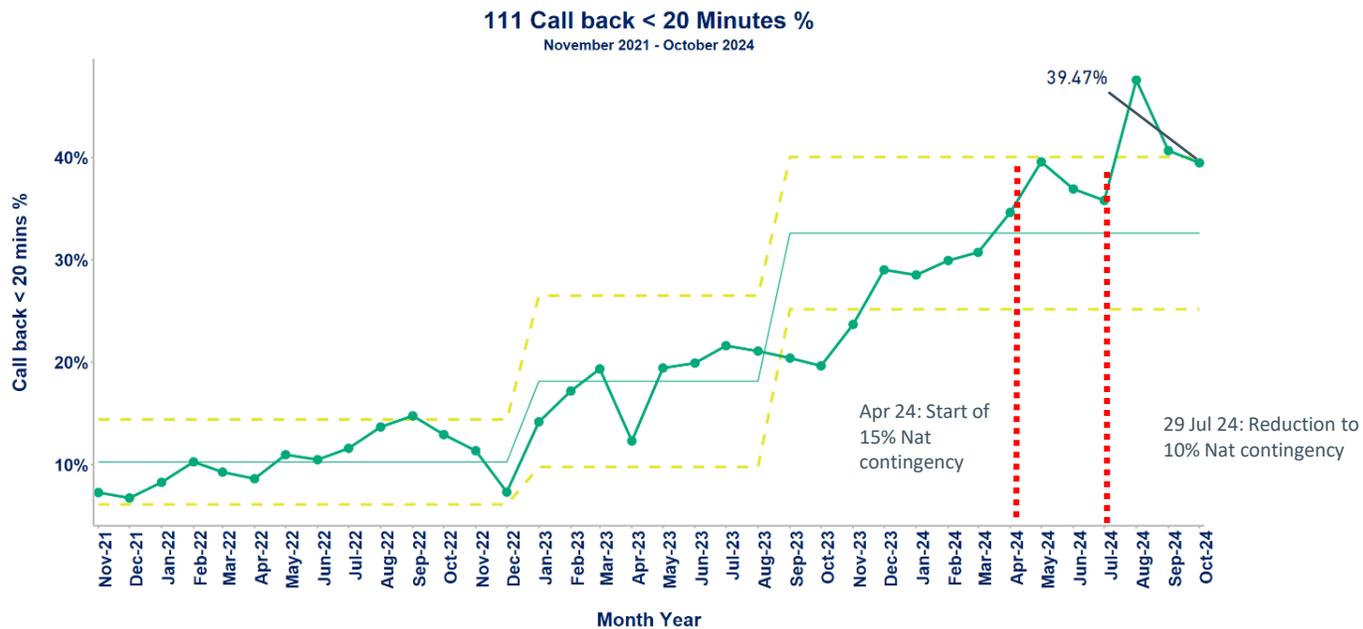
Average Call to Answer time (seconds)	
Target	<20
Oct 2024	15
YTD	50
National	47
Ranking	3rd/31

Figure O4.4



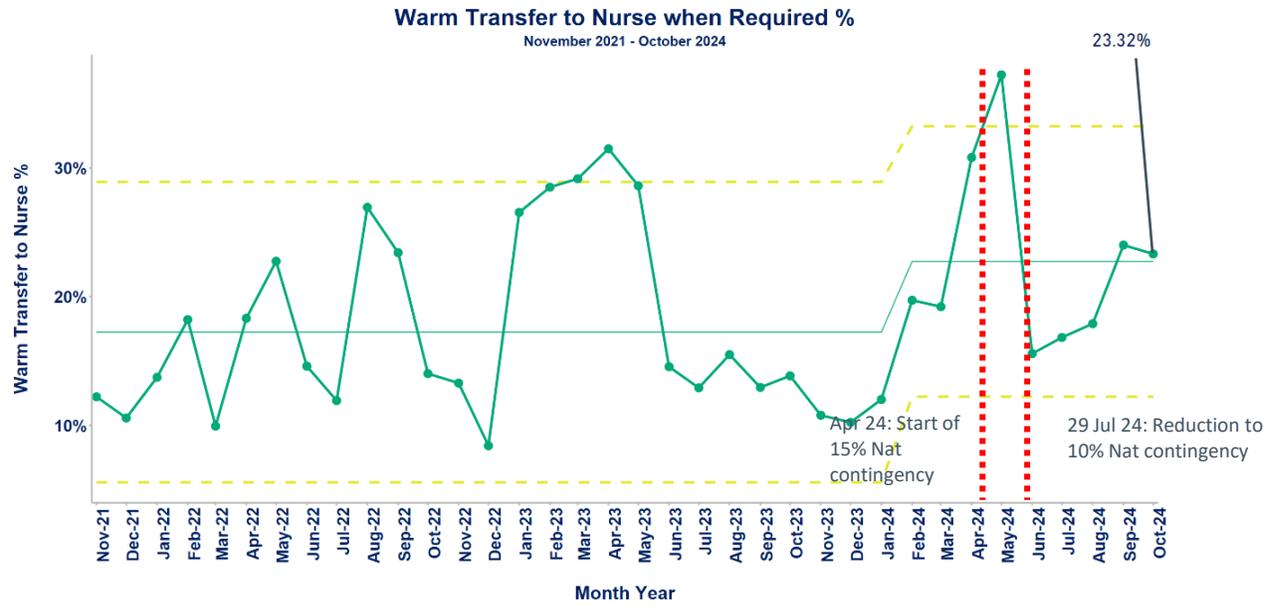
Calls Abandoned %	
Target	<5%
Oct 2024	0.9%
YTD	2.7%
National	2.8%
Ranking	3rd/31

Figure O4.5



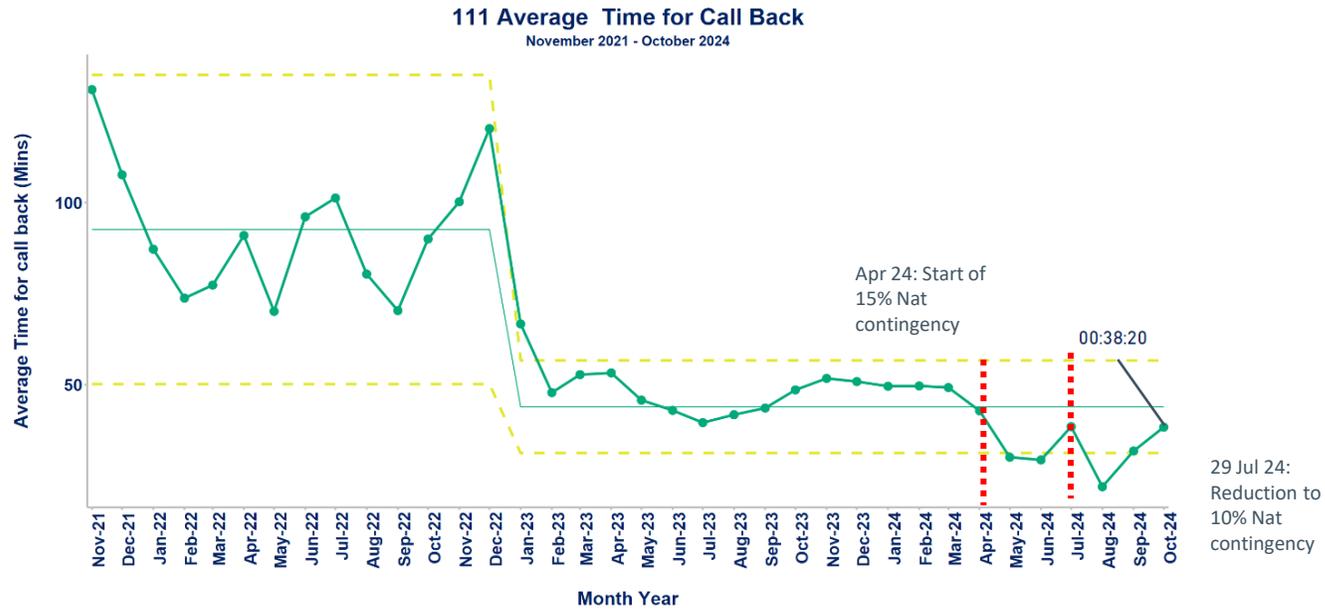
Calls Back <20 Mins	
Target	90%
Oct 2024	39.5%
YTD	39.1%

Figure O4.6



Warm Transfer %	
Target	75%
Oct 2024	23.32%
YTD	23.8%

Figure O4.7



# O5 PTS ACTIVITY & TARIFF

Figure O5.1

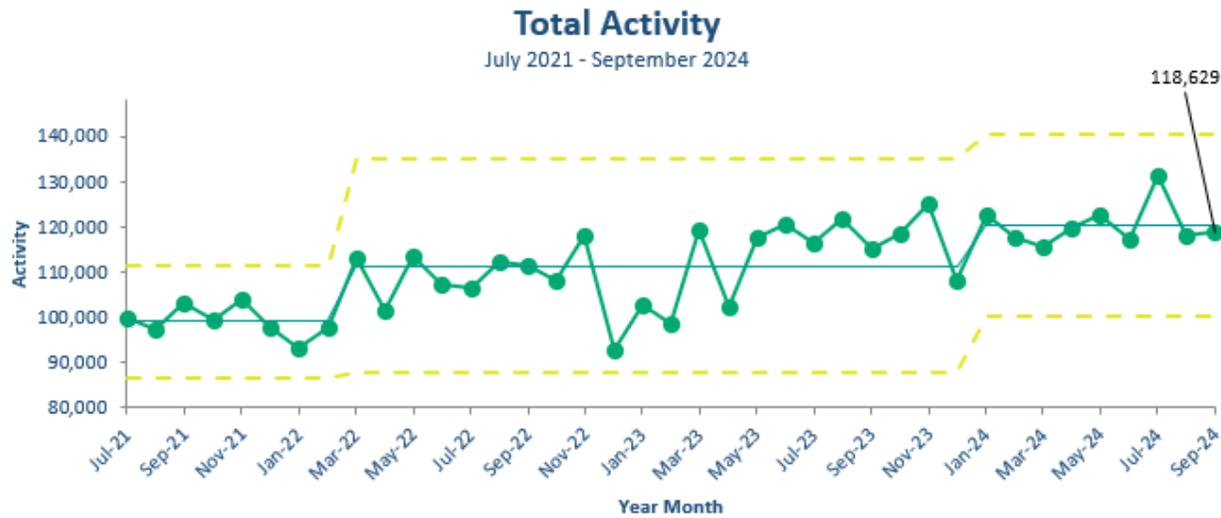


Figure O5.2

Contract	Total Activity
Greater Manchester	45,562
Lancashire	36,067
Merseyside	26,150
Cumbria	10,850

Total Activity	
Plan	132,015
Actual	118,629
YTD Plan	396,046
YTD Activity	271,272

Figure O5.3

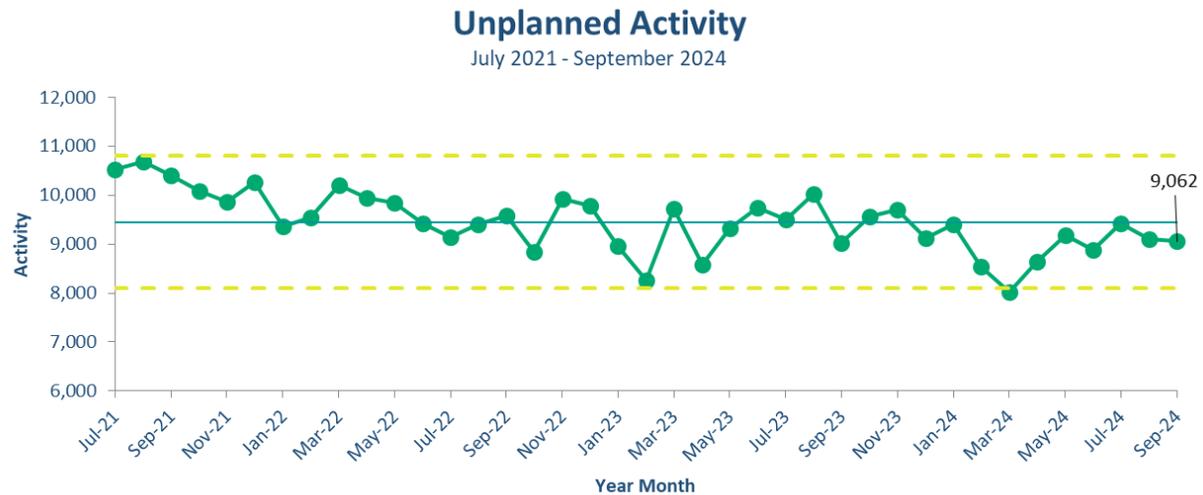


Figure O5.4

Contract	Unplanned Activity
Greater Manchester	3,538
Lancashire	3,401
Merseyside	1,753
Cumbria	370

Unplanned Activity	
Plan	12,107
Actual	9,062
YTD Plan	36,321
YTD Activity	28,503

Figure O5.5

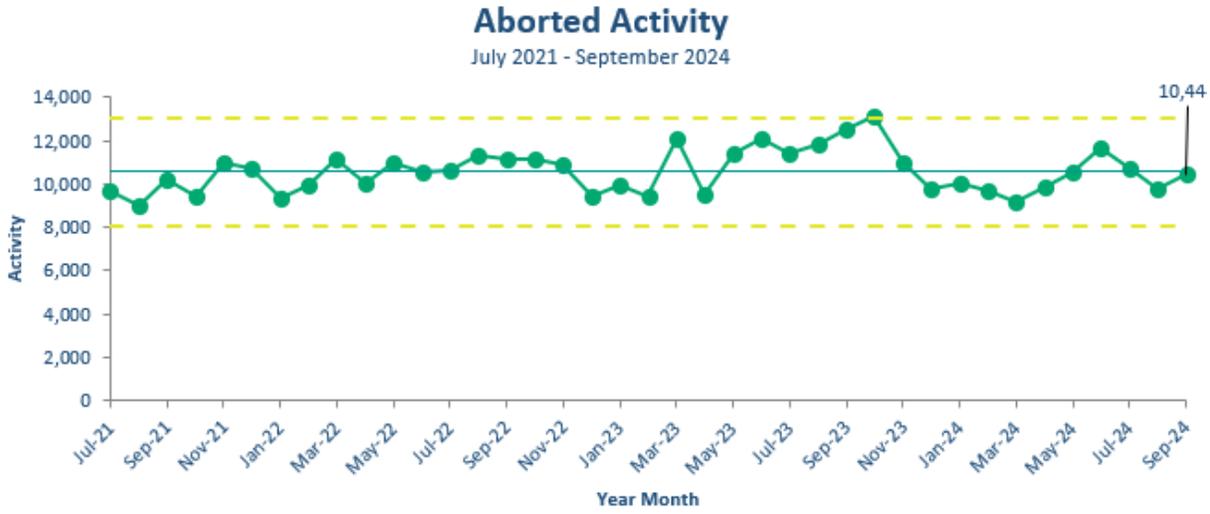


Figure O5.6



Figure O5.7

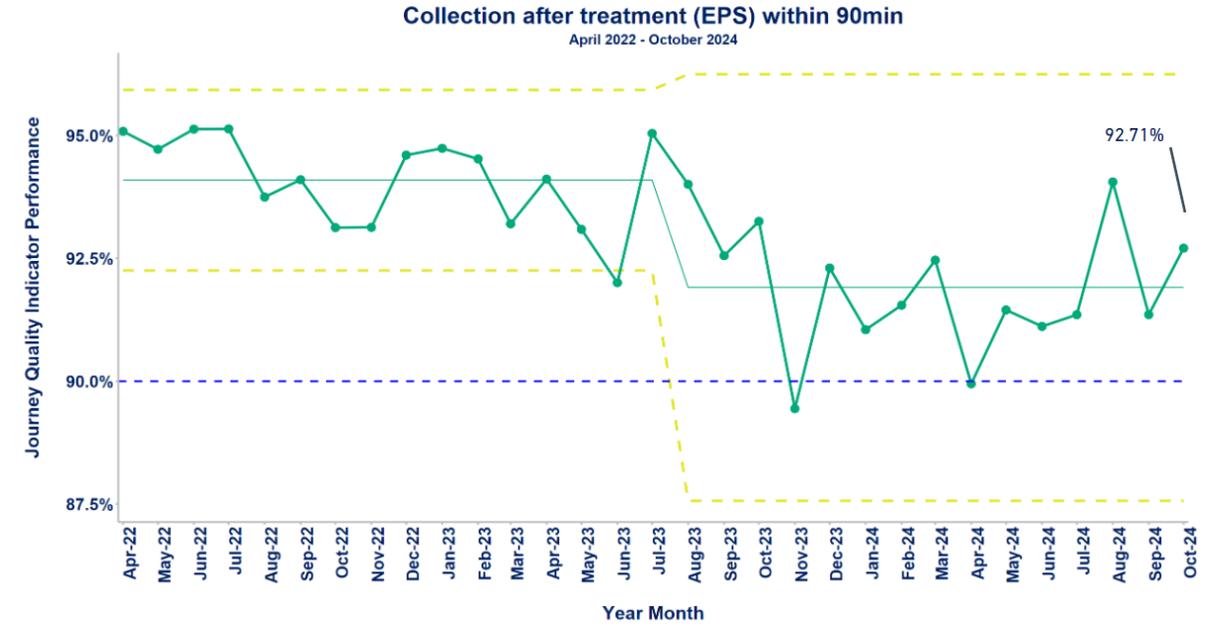


Figure O5.8

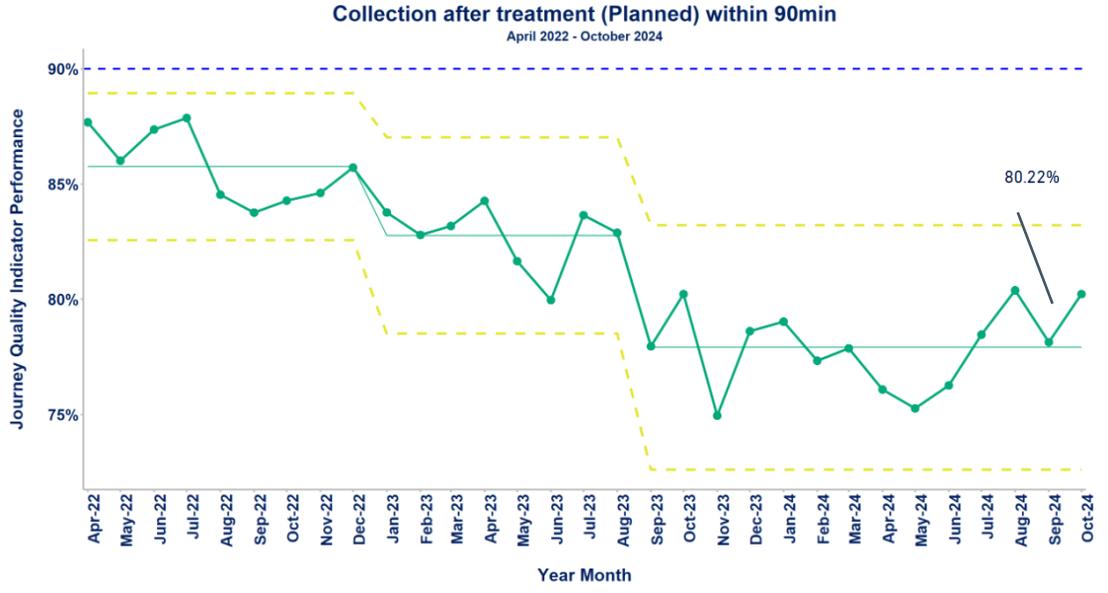
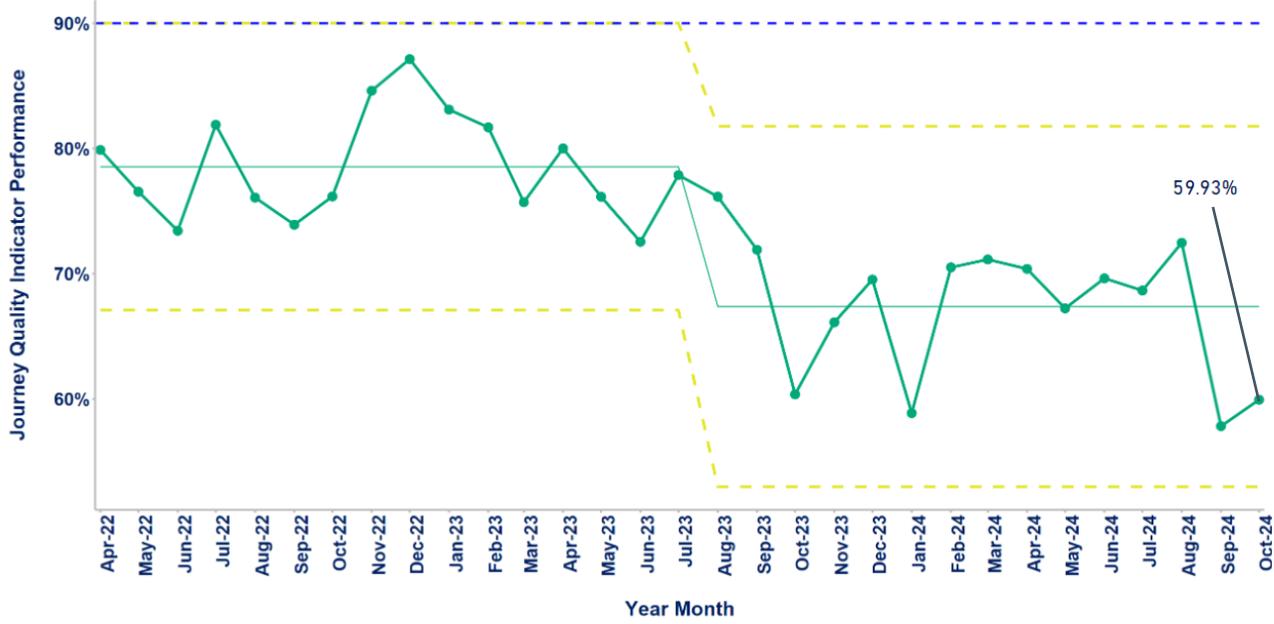


Figure O5.9

### Collection after treatment (Unplanned) within 90min

April 2022 - October 2024



# Finance

# F1 – FINANCIAL SCORE

Figure F1.1

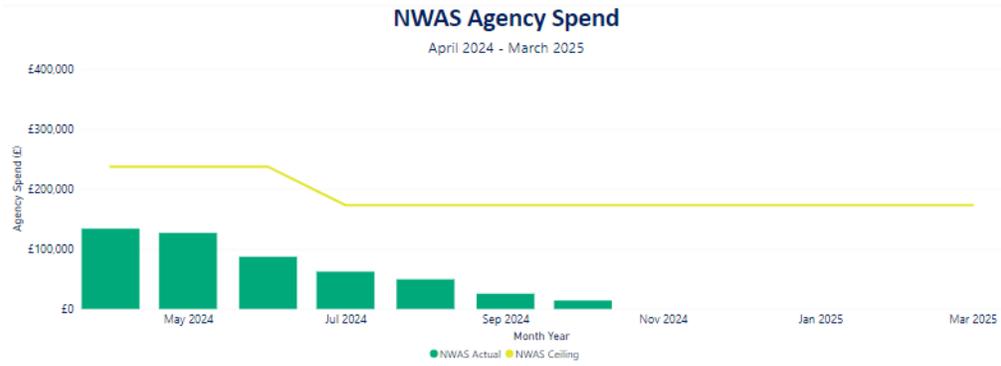


Figure F1.2

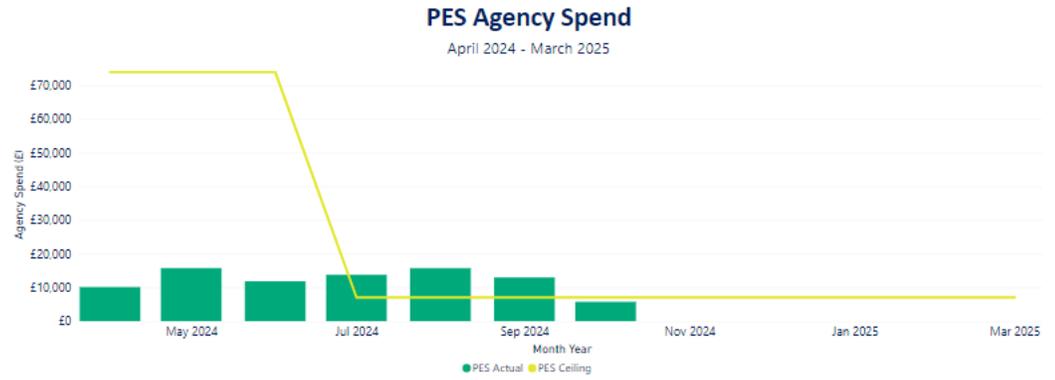


Figure F1.3

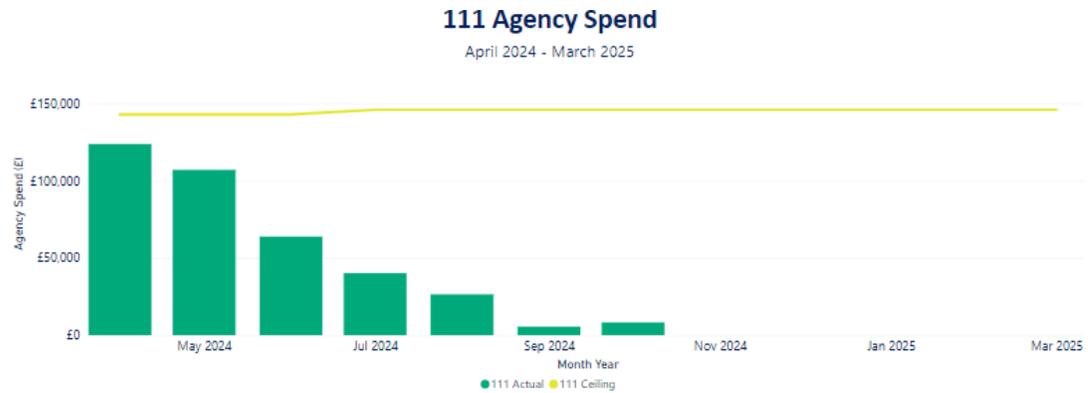


Figure F1.4

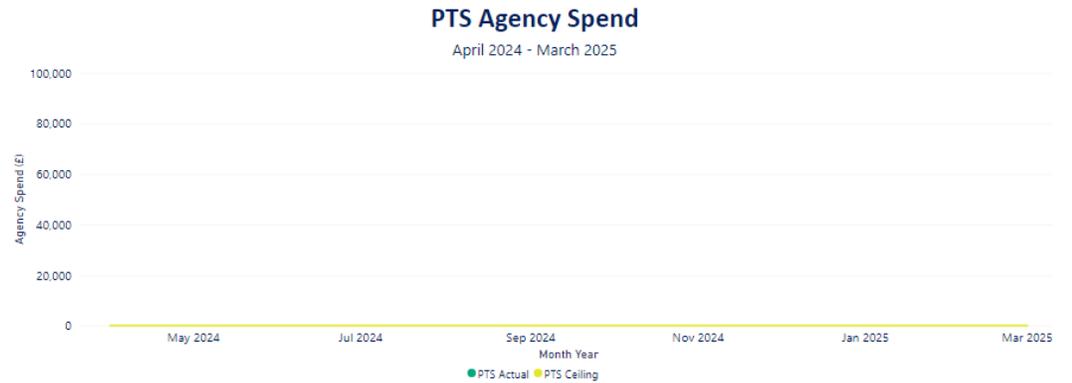


Figure F1.5

### Other Agency Spend

April 2024 - March 2025



### CIPD Plan V YTD Actual (£m)



Figure F1.7

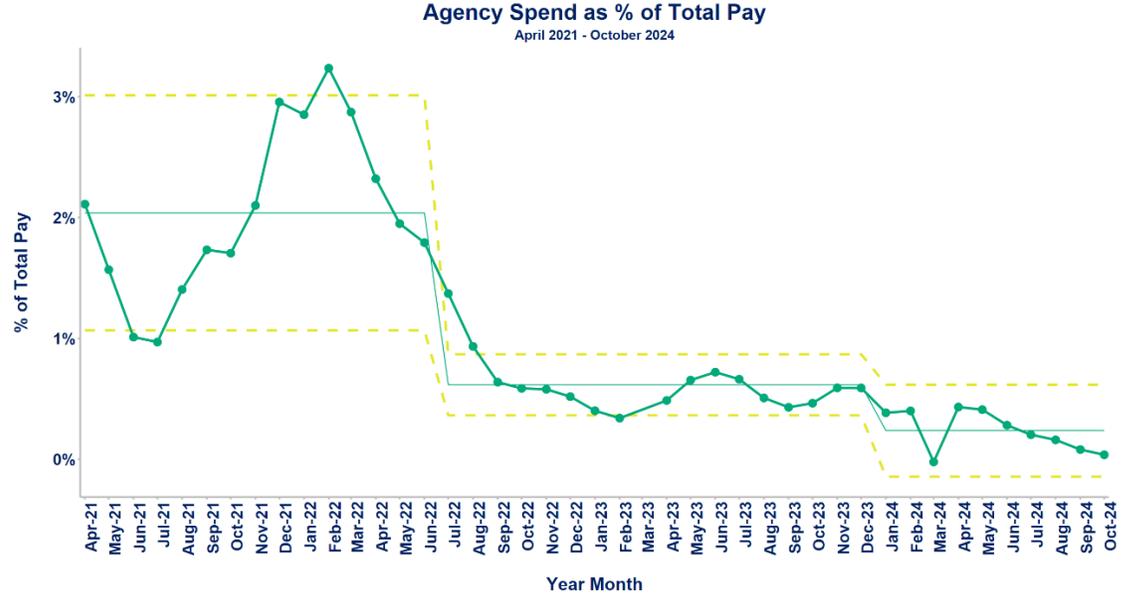


Figure F1.8

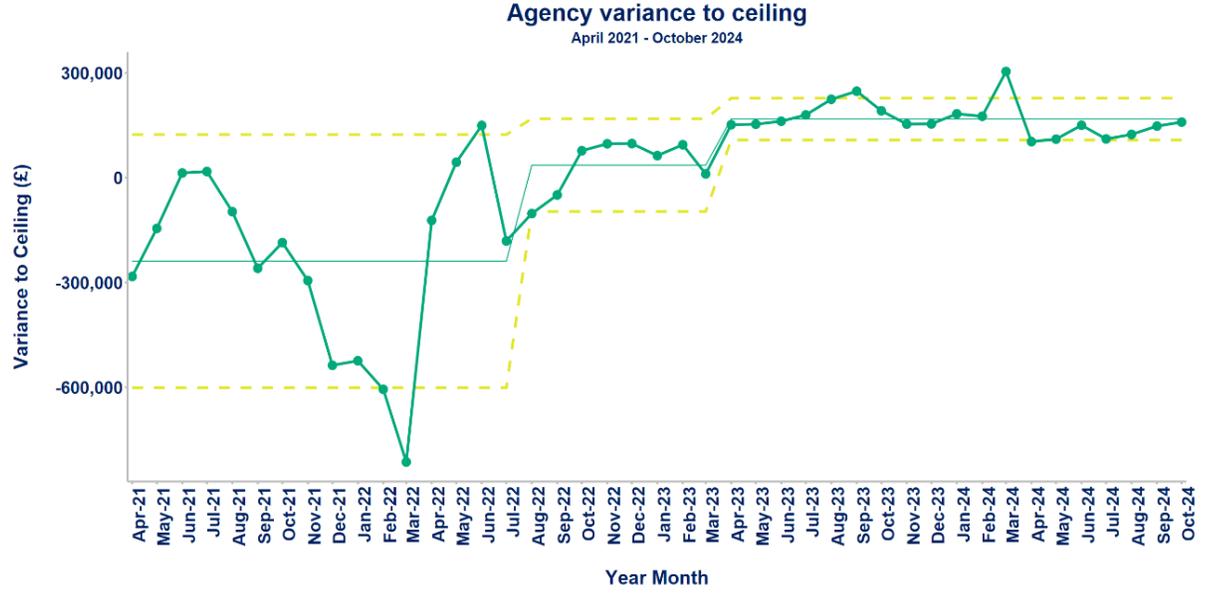
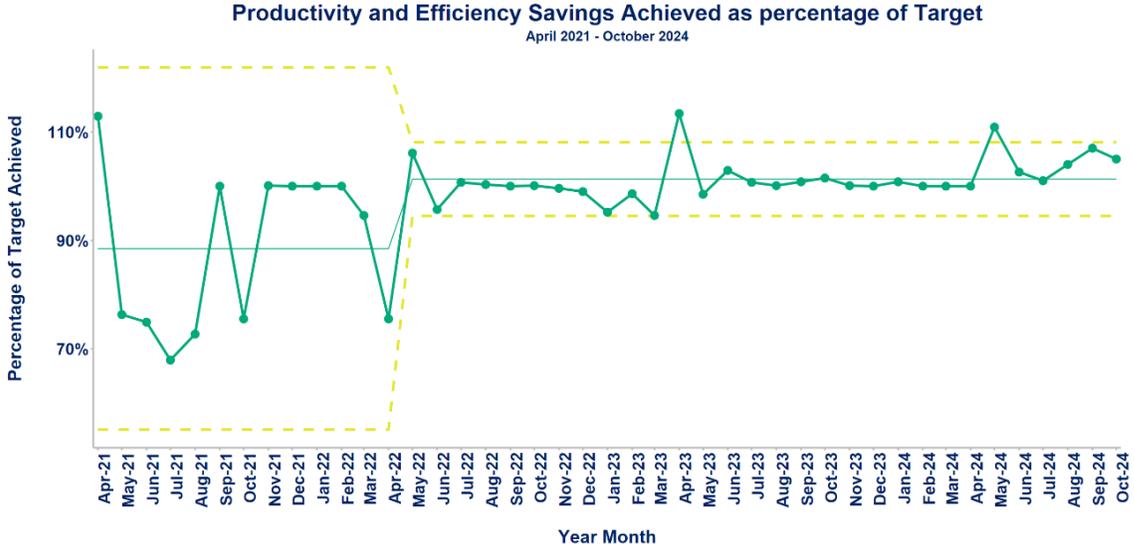


Figure F1.9



# Organisational Health

# OH1 STAFF SICKNESS

Figure OH1.1

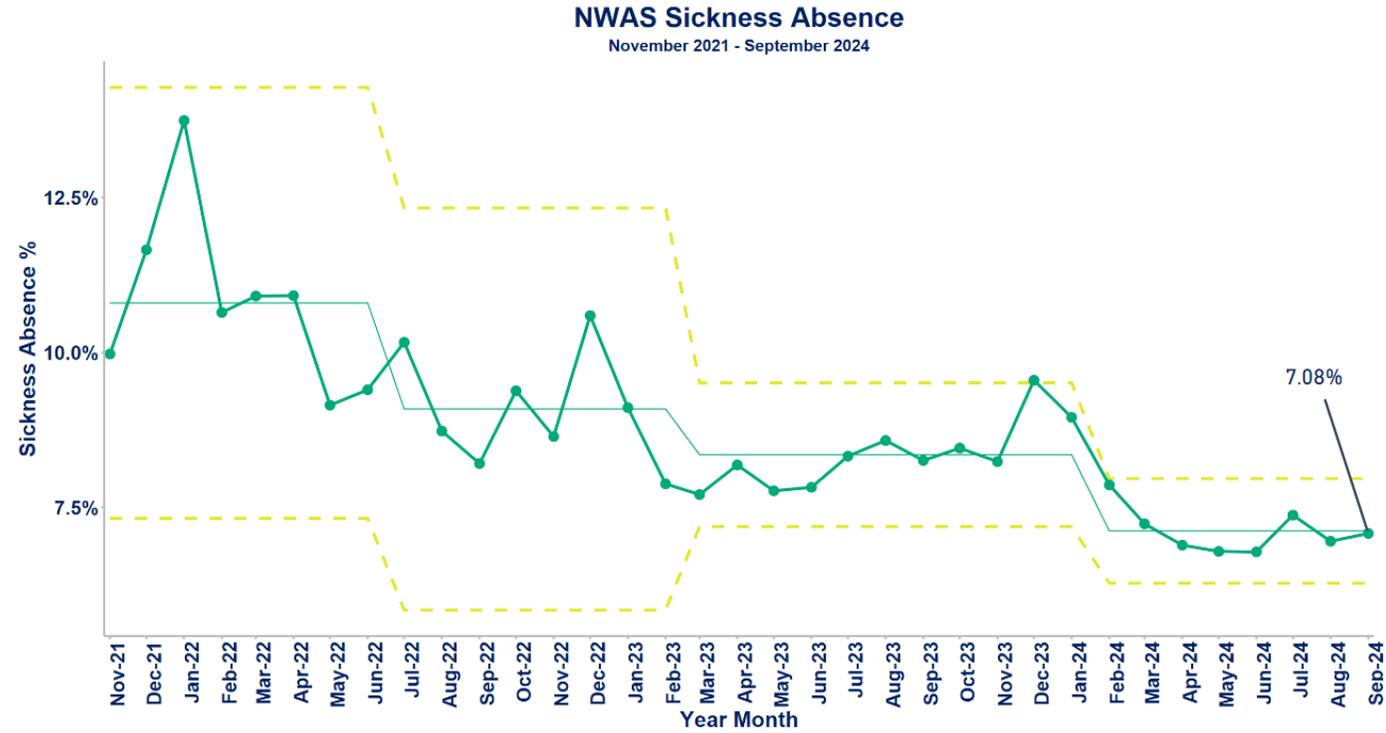


Table OH1.1

Month	NWAS	Amb. National Average
Oct 2023	8.46%	6.80%
Nov 2023	8.24%	6.80%
Dec 2023	9.55%	7.90%
Jan 2024	8.95%	7.30%
Feb 2024	7.86%	6.90%
Mar 2024	7.24%	6.60%
Apr 2024	6.89%	6.30%
May 2024	6.79%	6.20%
Jun 2024	6.78%	6.30%
Jul 2024	7.38%	6.80%
Aug 2024	6.95%	6.40%
Sep 2024	7.08%	

Figure OH1.2

**PTS Sickness Absence**  
November 2021 - September 2024



Figure OH1.3

**PES Sickness Absence**  
November 2021 - September 2024

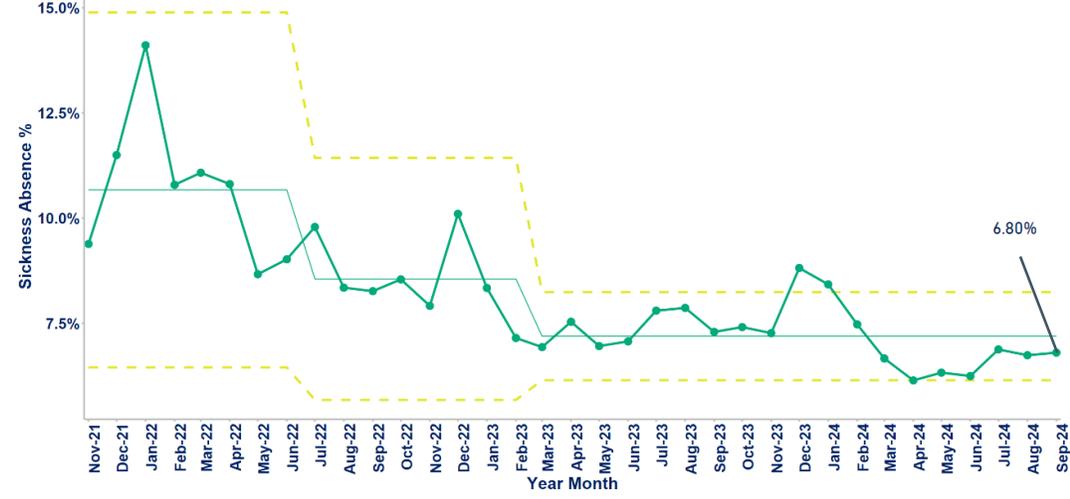


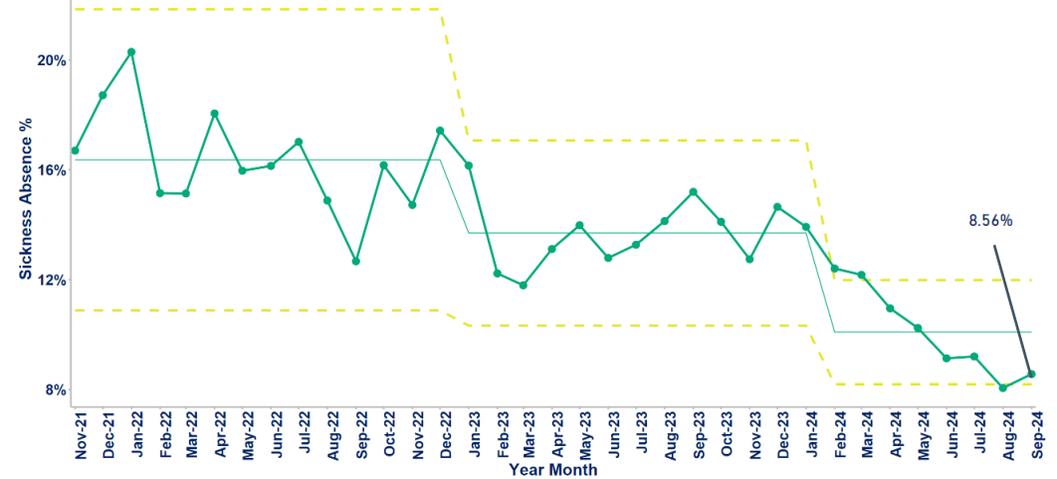
Figure OH1.4

**EOC Sickness Absence**  
November 2021 - September 2024



Figure OH1.5

**111 Sickness Absence**  
November 2021 - September 2024



# OH2 STAFF TURNOVER

Figure OH2.1

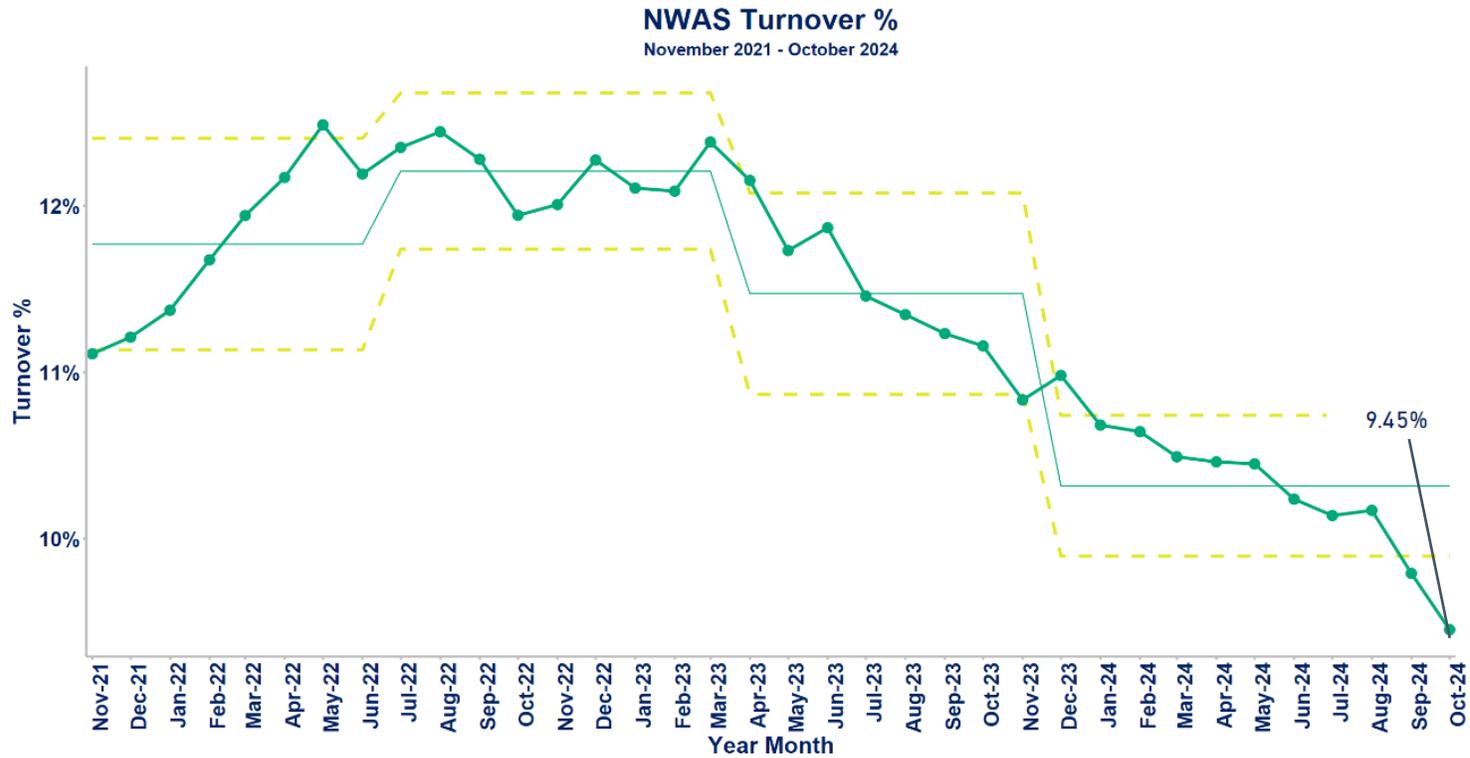


Table OH2.1

Month	NWAS	Amb. National Average
Nov 2023	10.83%	10.87%
Dec 2023	10.98%	10.59%
Jan 2024	10.68%	10.46%
Feb 2024	10.64%	10.27%
Mar 2024	10.49%	9.50%
Apr 2024	10.46%	9.50%
May 2024	10.45%	9.40%
Jun 2024	10.24%	9.24%
Jul 2024	10.14%	9.13%
Aug 2024	10.17%	
Sep 2024	9.79%	
Oct 2024	9.45%	

Figure OH2.2

PTS Turnover %  
November 2021 - October 2024

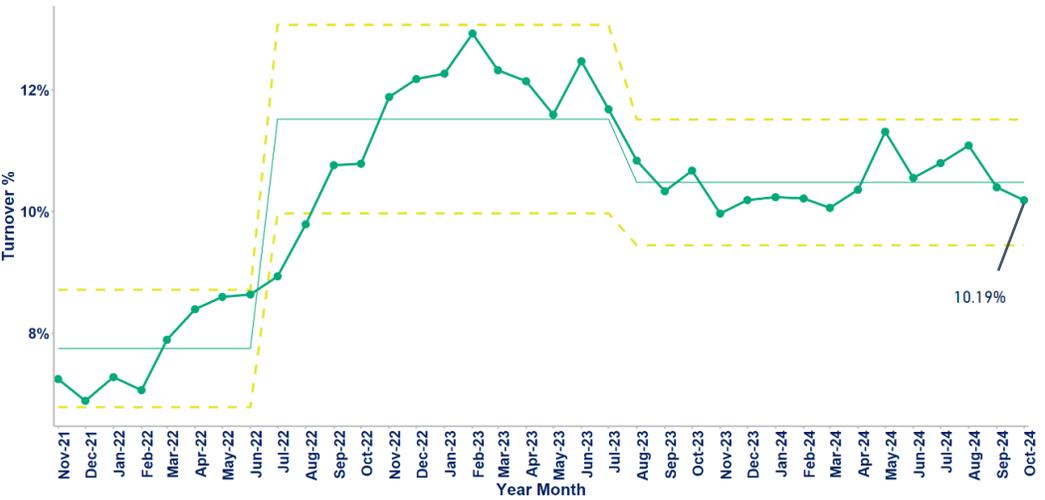


Figure OH2.3

PES Turnover %  
November 2021 - October 2024



Figure OH2.4

EOC Turnover %  
November 2021 - October 2024

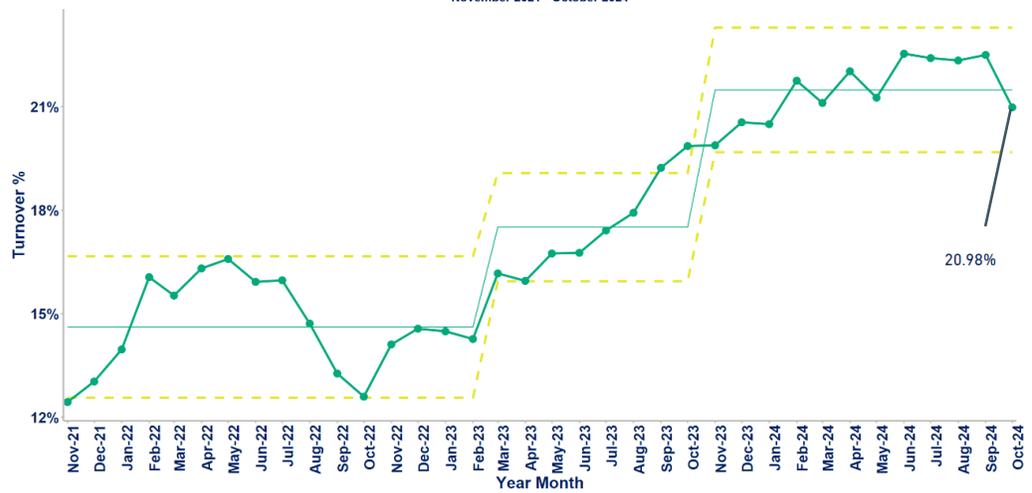
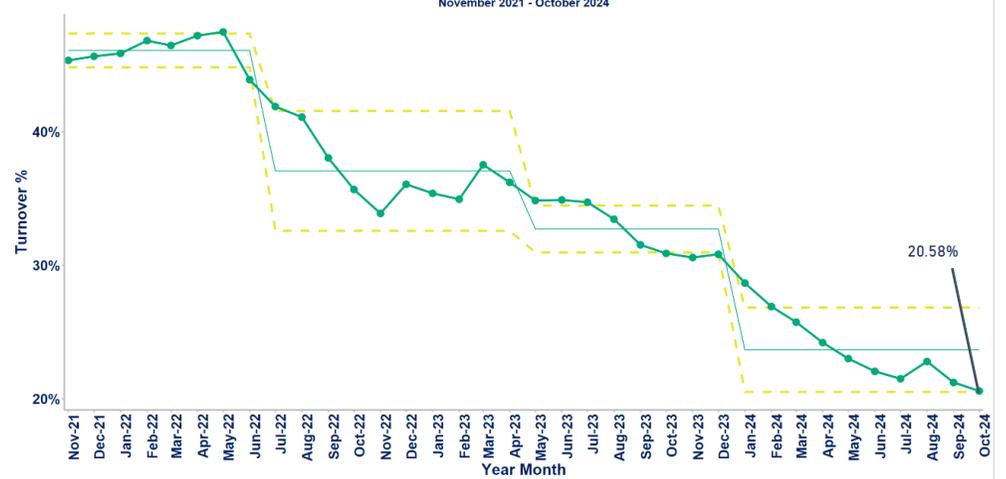


Figure OH2.5

111 Turnover %  
November 2021 - October 2024



# OH4 TEMPORARY STAFFING

Figure OH4.1

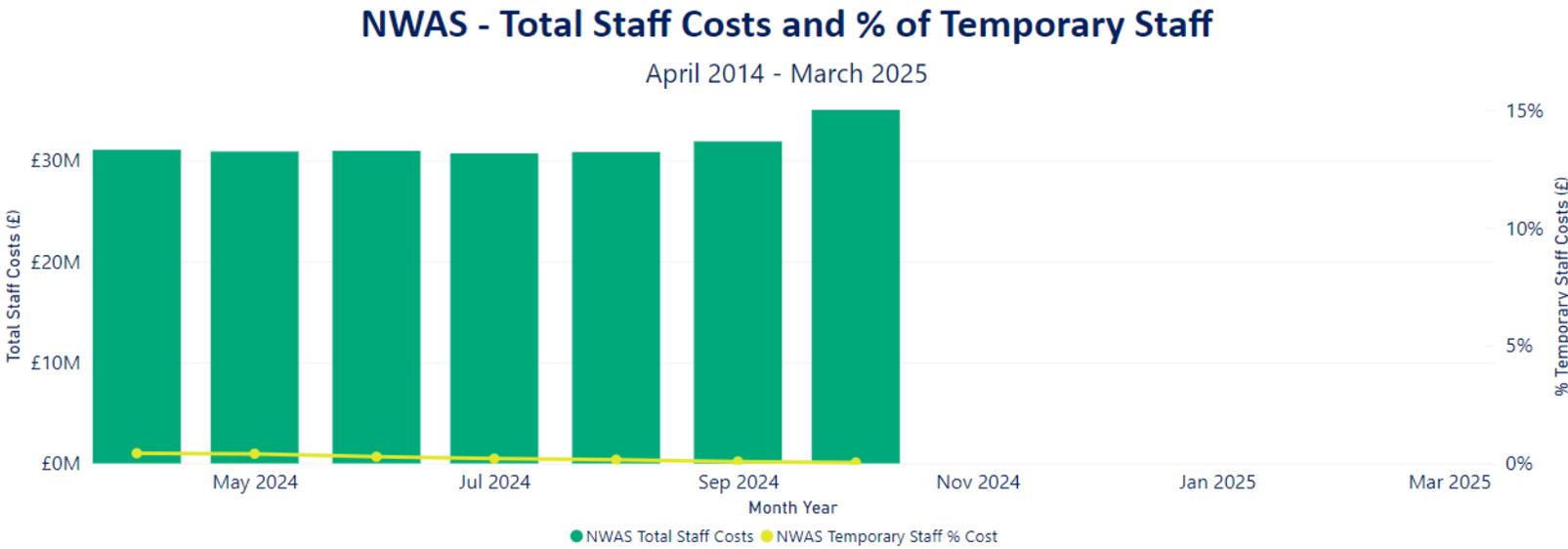


Table OH4.1

Month	NWAS Agency Staff Costs	NWAS Total Staff Costs	NWAS Temporary Staff % Cost
Nov 2023	£174,789	£29,620,537	0.59%
Dec 2023	£174,325	£29,568,340	0.59%
Jan 2024	£114,353	£29,779,636	0.38%
Feb 2024	£121,308	£30,352,345	0.40%
Mar 2024	£-6,855	£30,481,294	-0.02%
Apr 2024	£133,948	£31,045,969	0.43%
May 2024	£126,729	£30,884,497	0.41%
Jun 2024	£87,010	£30,946,651	0.28%
Jul 2024	£62,166	£30,692,369	0.20%
Aug 2024	£49,243	£30,829,513	0.16%
Sep 2024	£25,394	£31,878,937	0.08%
Oct 2024	£14,004	£38,393,469	0.04%

Figure OH4.3

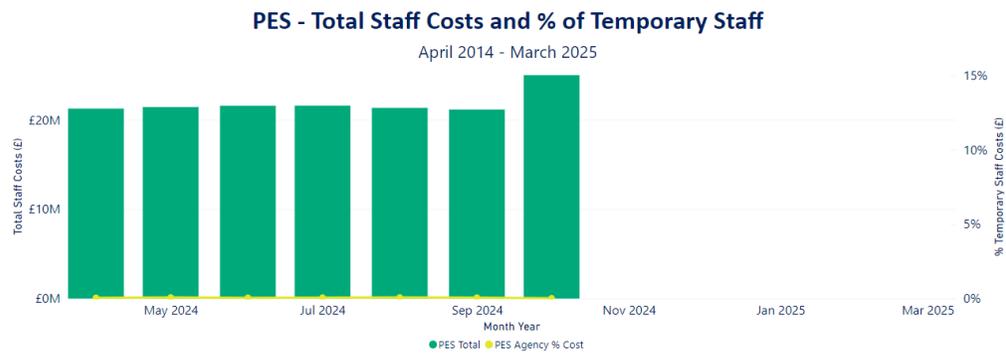


Figure OH4.2

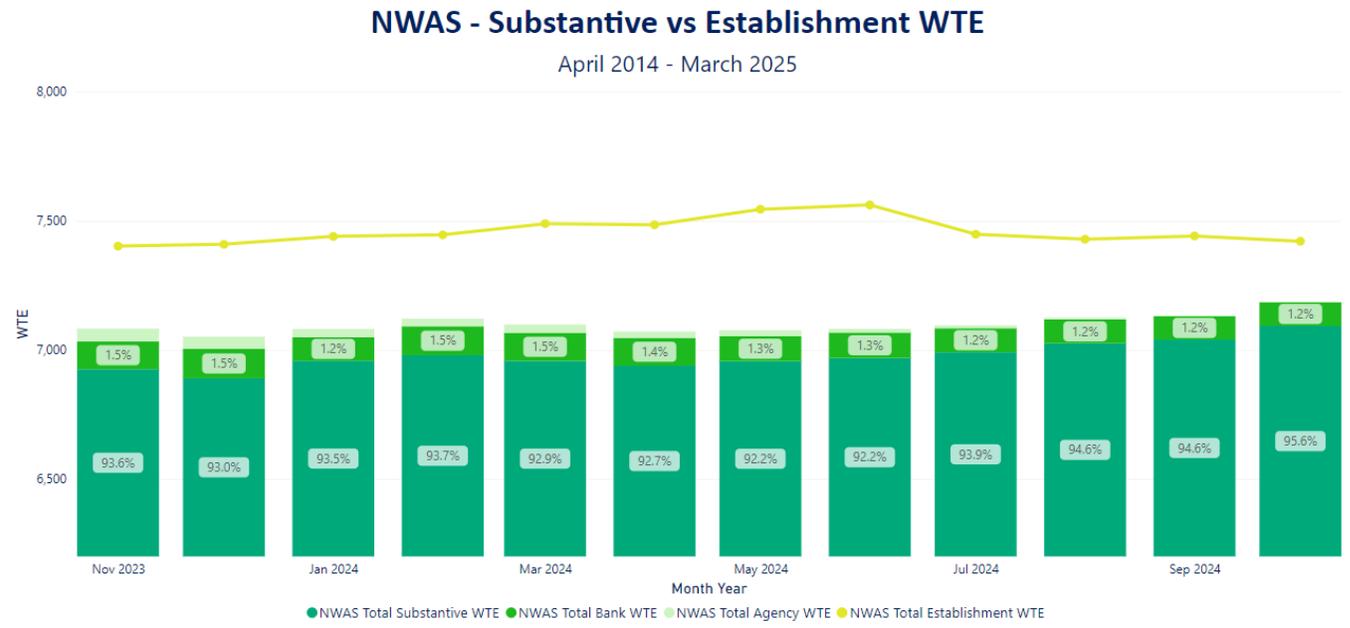


Figure OH4.4

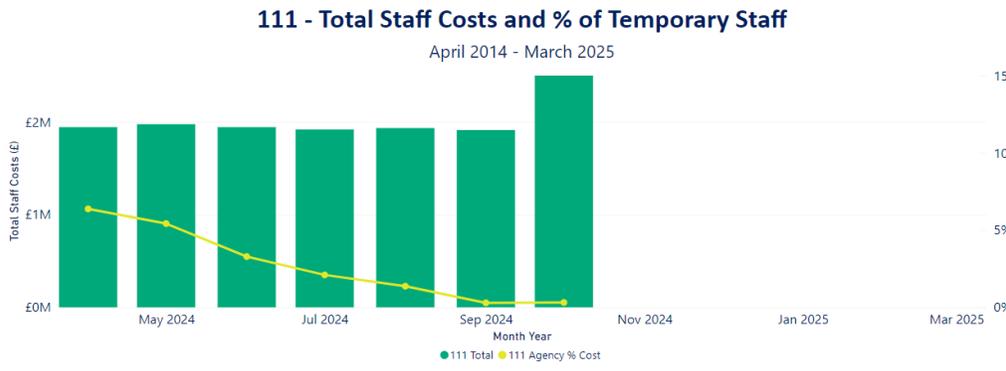
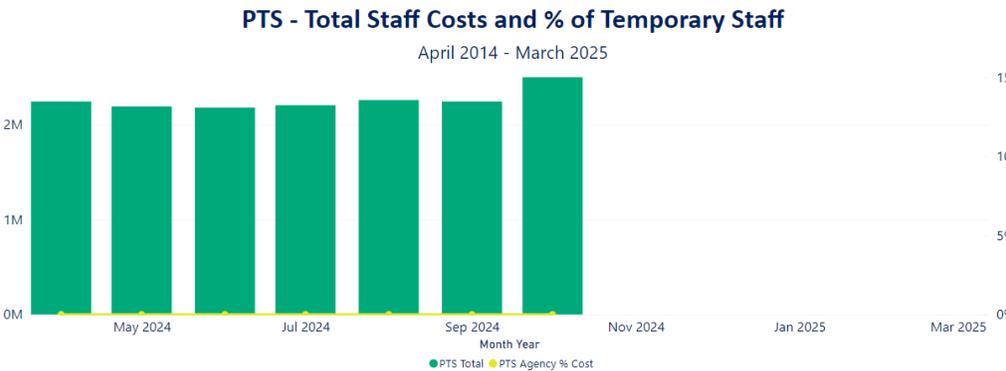


Figure OH4.5



# OH5 VACANCY GAP

Figure OH5.1

**NWAS Vacancy Gap %**  
November 2021 - October 2024

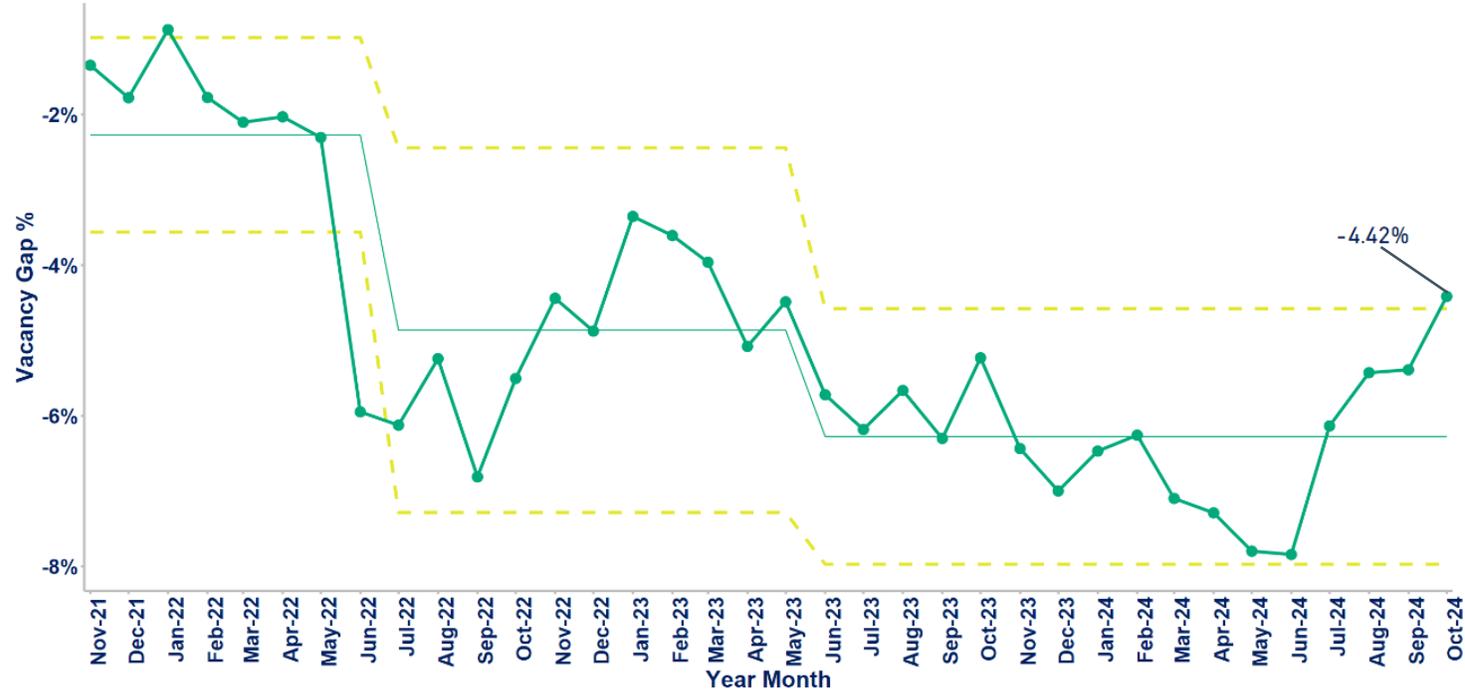


Table OH5.1

Month	NWAS
Nov 2023	-6.44%
Dec 2023	-7.00%
Jan 2024	-6.47%
Feb 2024	-6.26%
Mar 2024	-7.10%
Apr 2024	-7.29%
May 2024	-7.80%
Jun 2024	-7.84%
Jul 2024	-6.14%
Aug 2024	-5.43%
Sep 2024	-5.39%
Oct 2024	-4.42%

Figure OH5.2

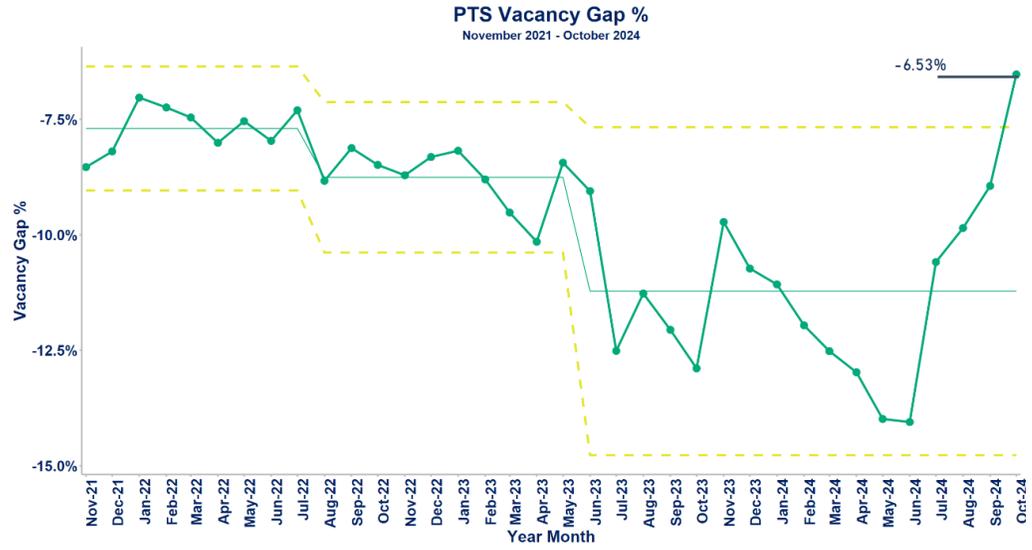


Figure OH5.3

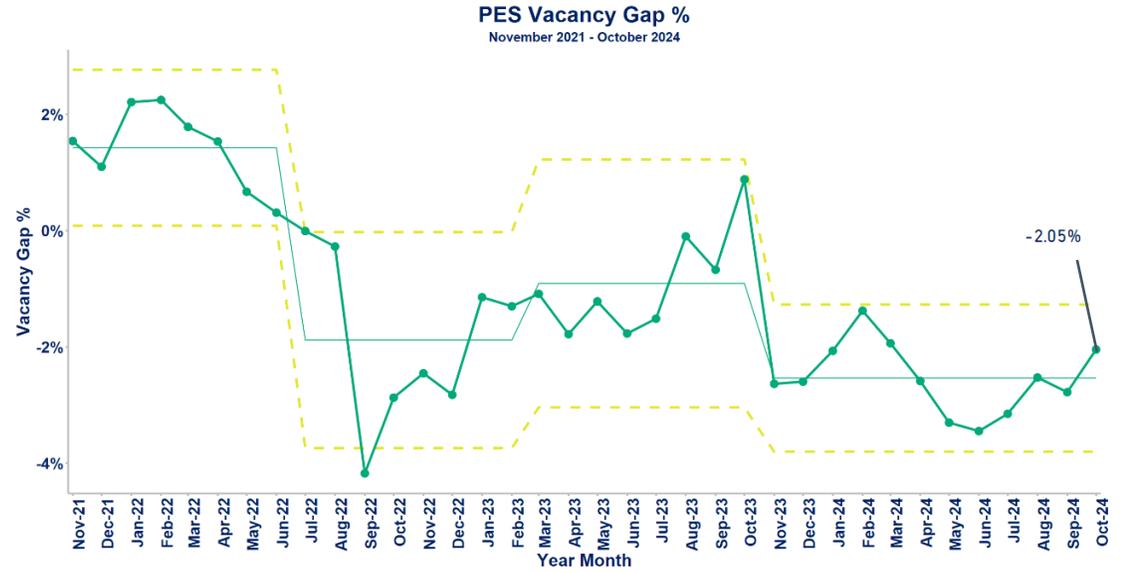


Figure OH5.4

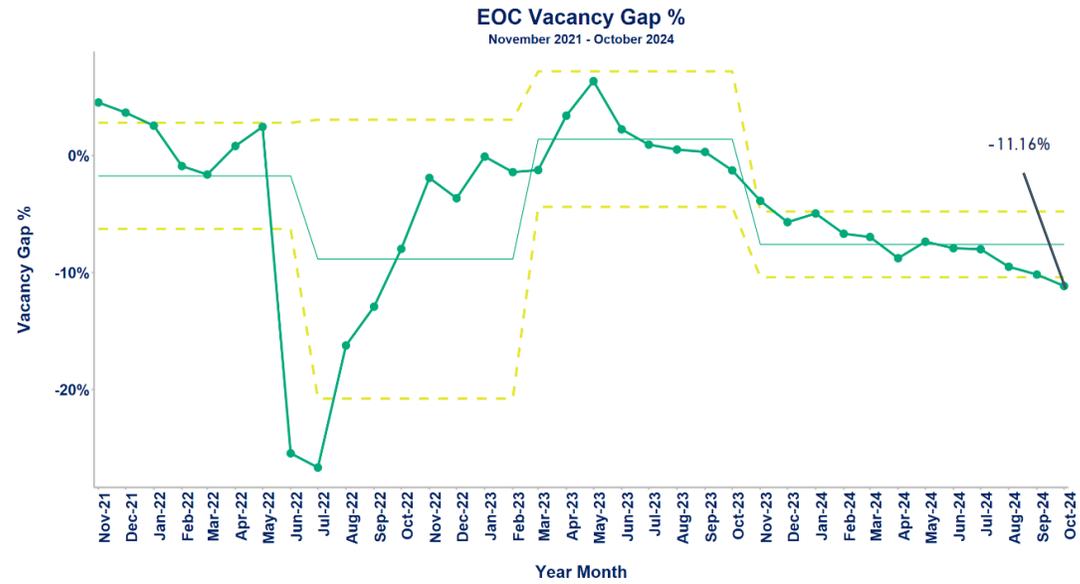
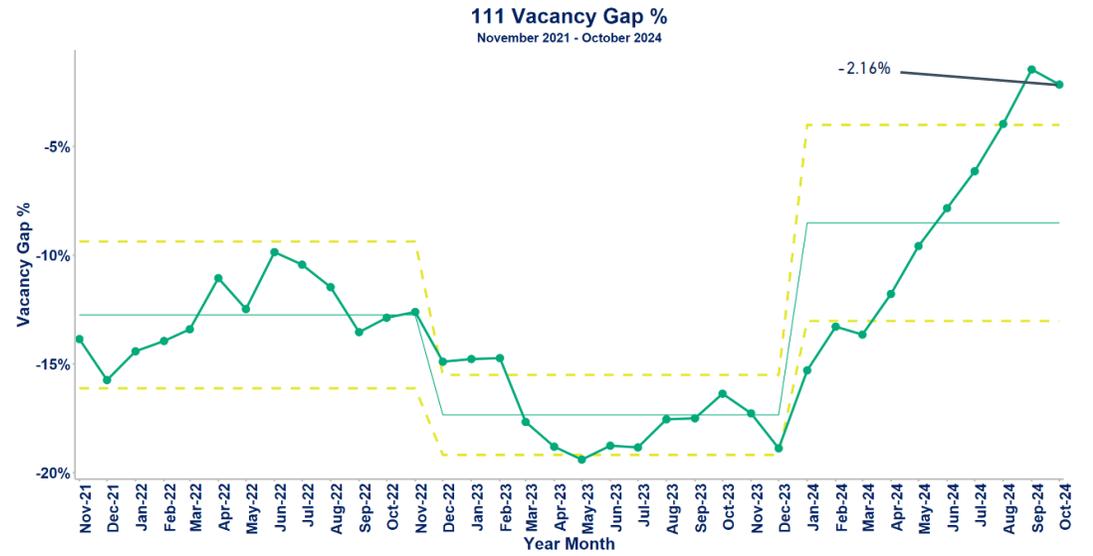


Figure OH5.5



# OH6 APPRAISALS

Figure OH6.1

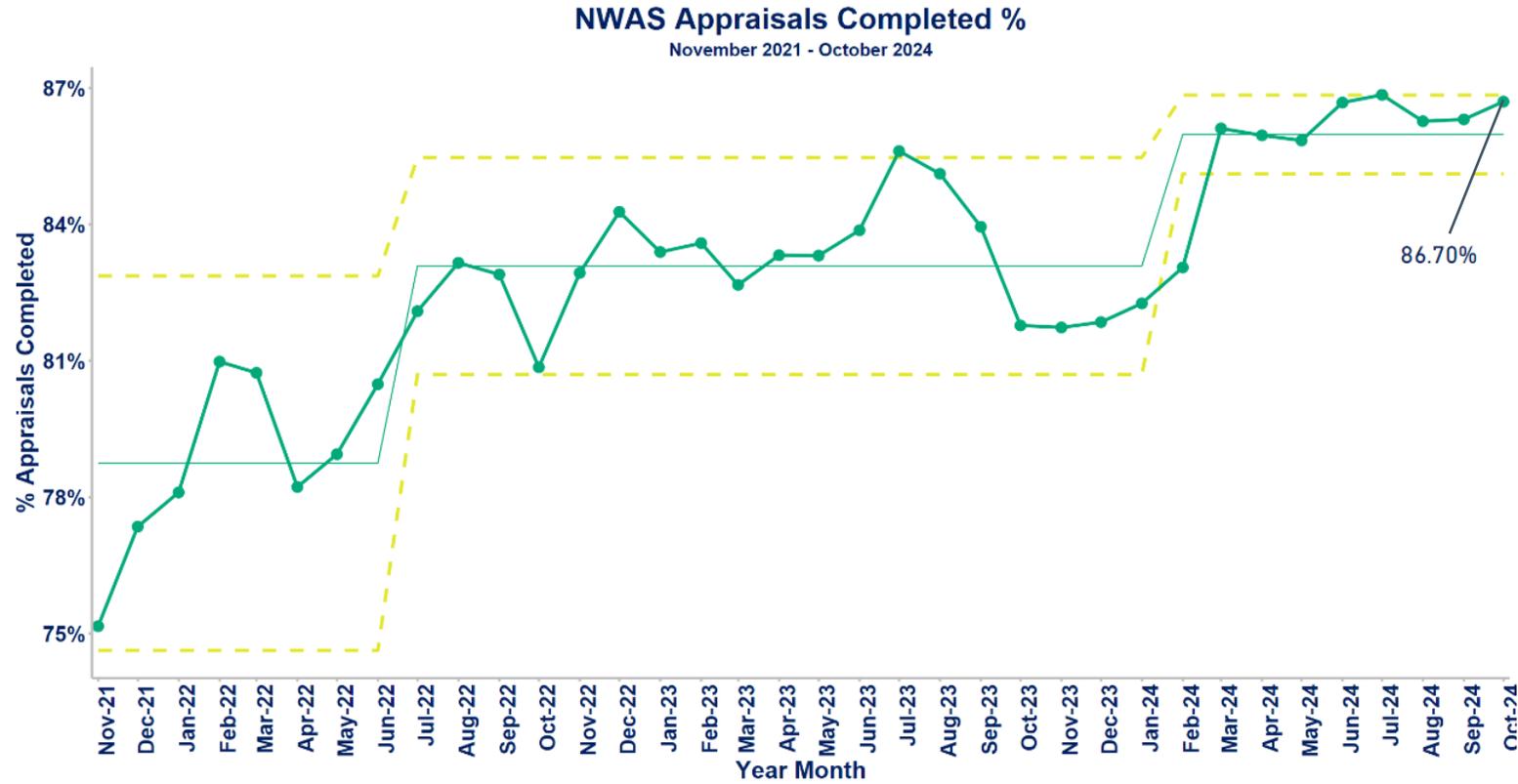


Table OH6.1

Month	NWAS
Nov 2023	81.73%
Dec 2023	81.85%
Jan 2024	82.26%
Feb 2024	83.05%
Mar 2024	86.11%
Apr 2024	85.96%
May 2024	85.84%
Jun 2024	86.68%
Jul 2024	86.85%
Aug 2024	86.27%
Sep 2024	86.31%
Oct 2024	86.70%

Figure OH6.2

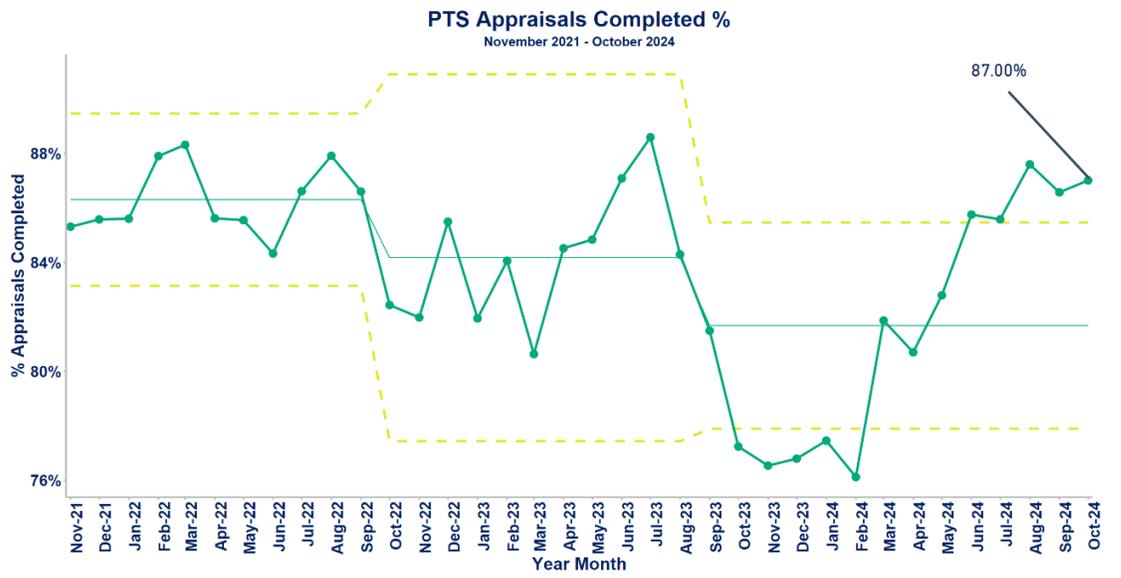


Figure OH6.3

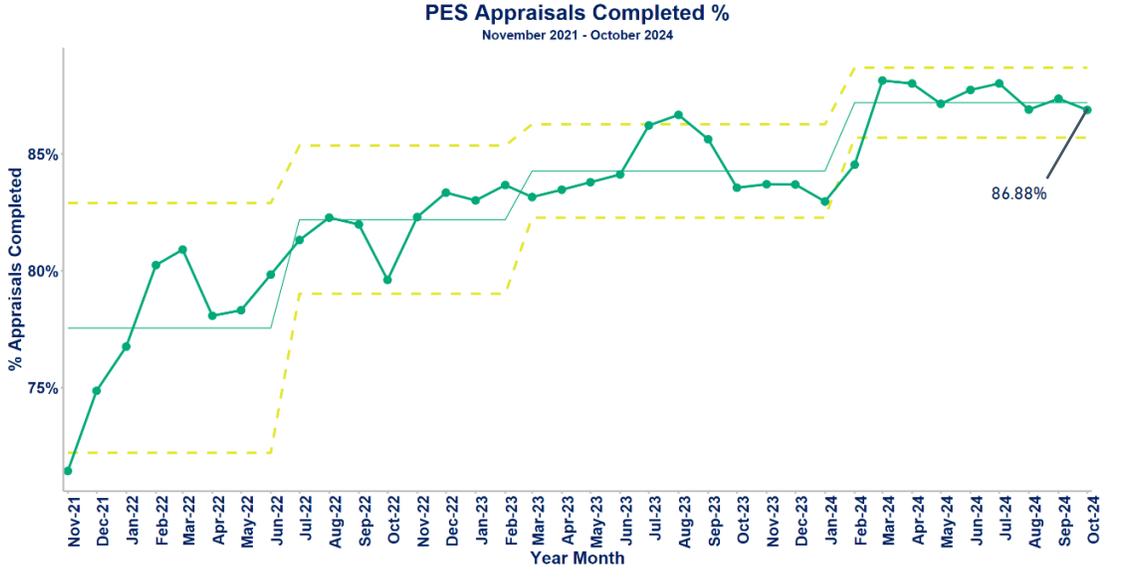


Figure OH6.4

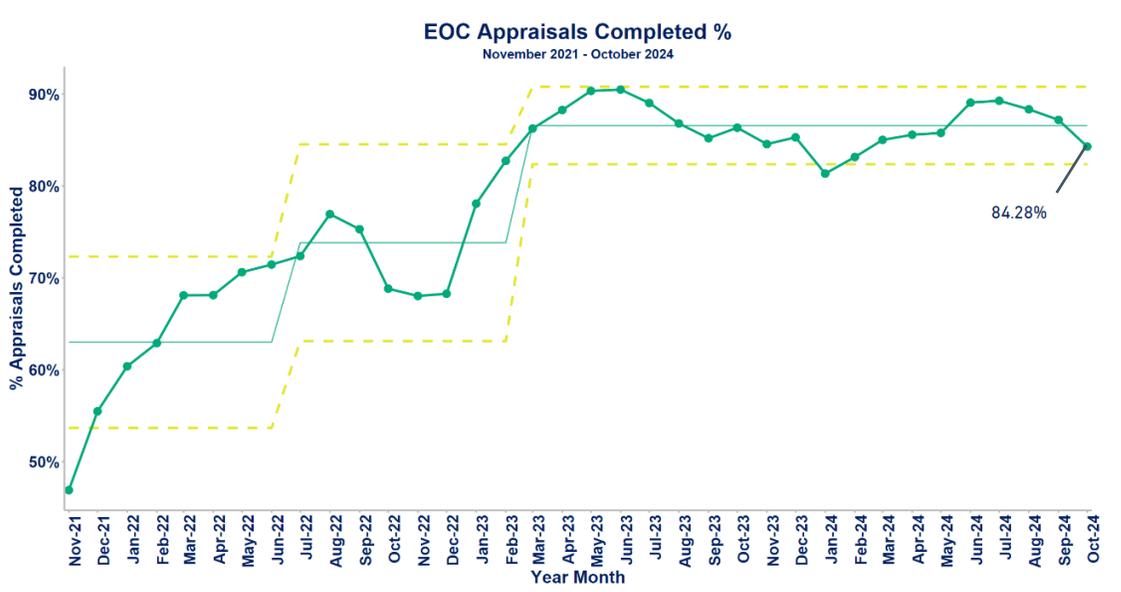
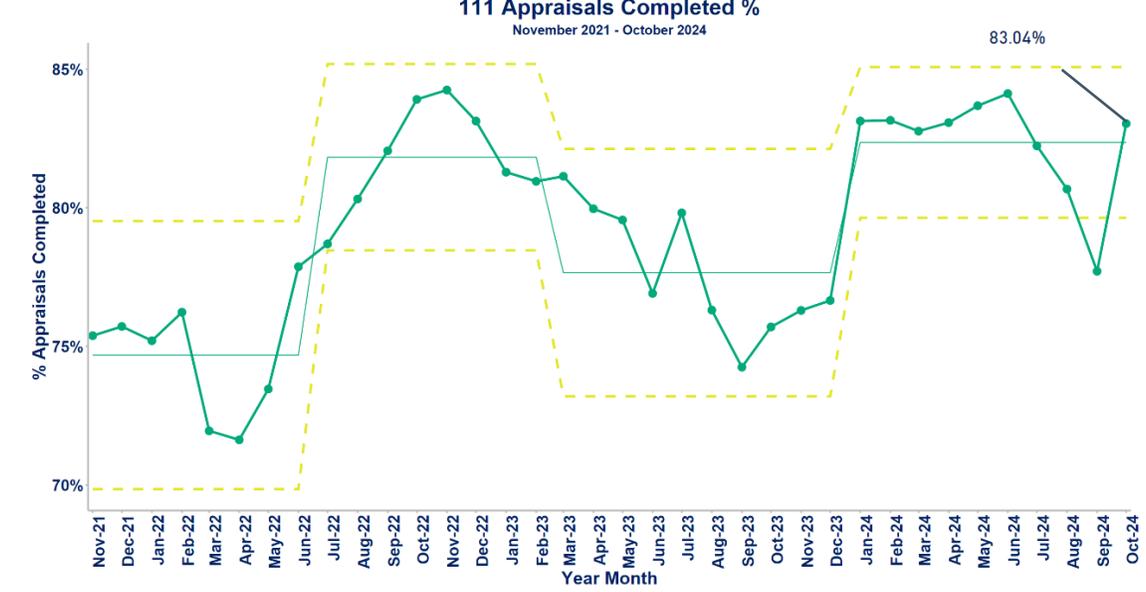


Figure OH6.5



# OH7 MANDATORY TRAINING

Figure OH7.1

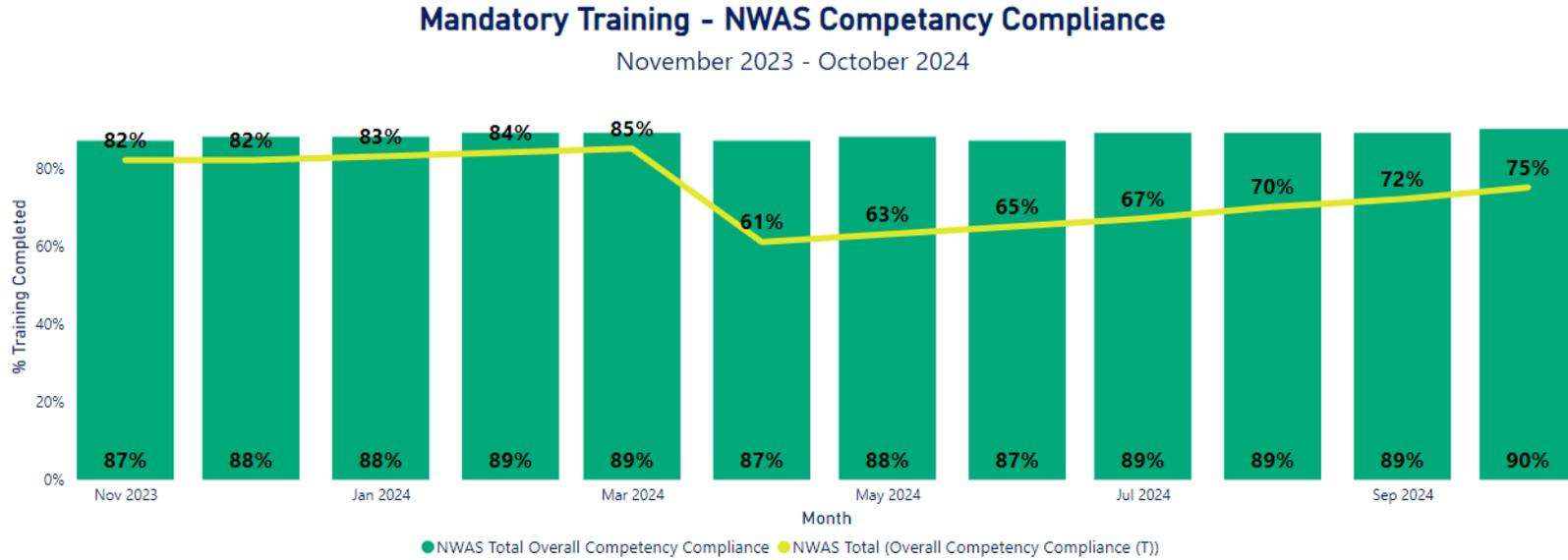


Figure OH7.2

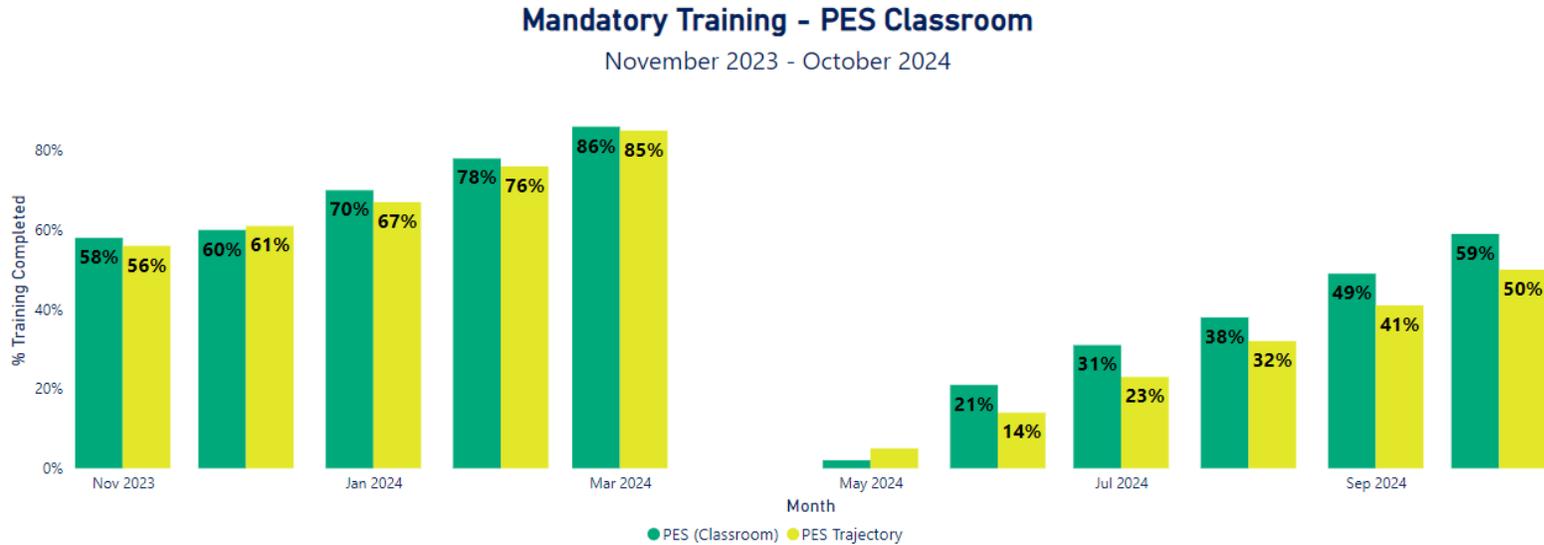


Figure OH7.3

**Mandatory Training - PTS Classroom**

November 2023 - October 2024

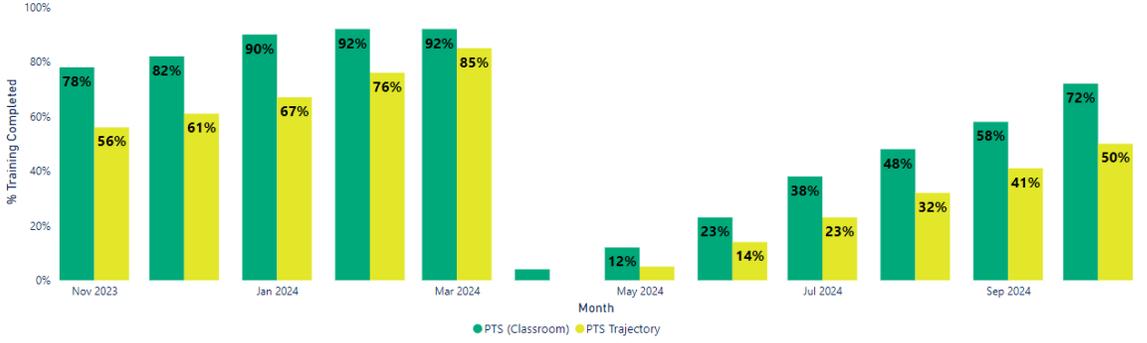


Figure OH7.4

**Mandatory Training - EOC Competency Compliance**

November 2023 - October 2024

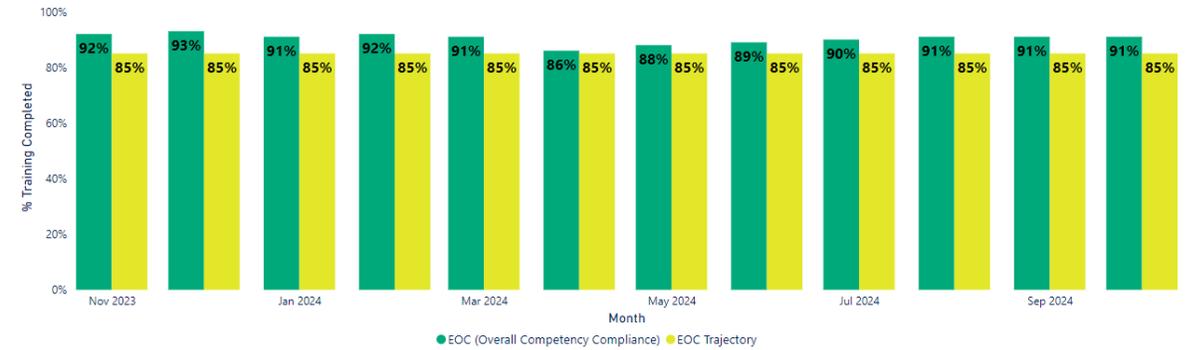


Figure OH7.5

**Mandatory Training - 111 Competency Compliance**

November 2023 - October 2024

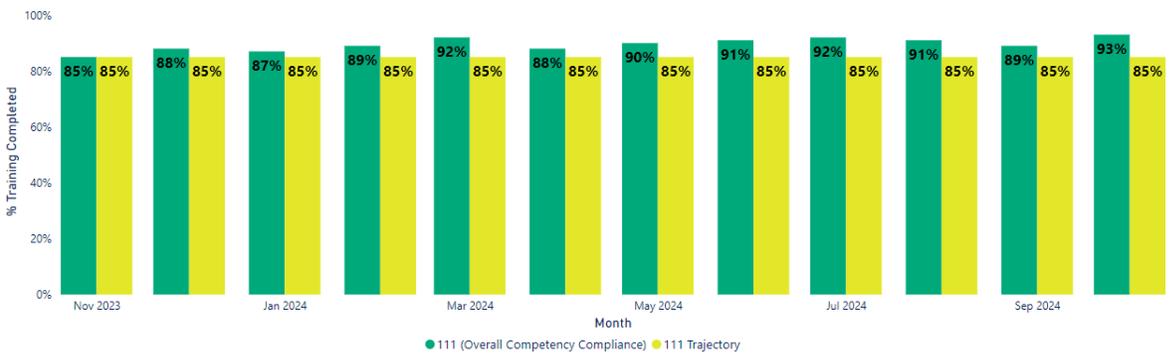
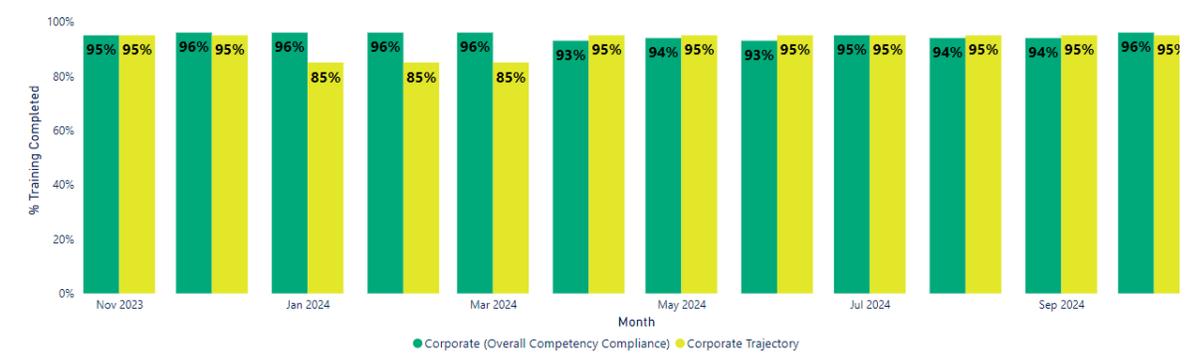


Figure OH7.6

**Mandatory Training - Corporate Competency Compliance**

November 2023 - October 2024



# OH8 CASE MANAGEMENT

Figure OH8.1

## Board Reportable Events relating to Employee Relations as @6th October 2024

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	74.00	1.8	215.00	5.2	13.89
CAM PES	21.00	1.6	80.00	5.9	11.63
CAL PES	25.00	1.9	74.00	5.6	14.69
GM PES	25.00	1.7	58.00	4.0	15.05
Operations ~ EOC	16.00	1.4	56.00	4.9	16.06
Operations ~ 111	9.00	1.3	80.00	11.2	6.05
Operations ~ PTS	16.00	1.6	100.00	9.9	9.73
Operations ~ Resilience	0.00	0.0	2.00	1.3	8.29
Corporate	8.00	1.8	38.00	5.8	11.59
Other	2.00		0.00		
<b>NWAS Summary</b>	<b>125.00</b>	<b>1.6</b>	<b>491.00</b>	<b>6.3</b>	<b>11.81</b>

Other \* - This included a number of incidents with several staff members involved, making it impossible to attribute them to a certain sector.

Figure OH8.2

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	19	68	13.10
Disciplinary	50	141	21.57
Fact Finding	40	177	5.90
Grievance	16	105	7.84
<b>Case Summary</b>	<b>125</b>	<b>491</b>	<b>11.81</b>

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	11	6	1	1
Disciplinary	20	20	9	1
Fact Finding	34	5	0	1
Grievance	11	3	2	0
<b>Case Total</b>	<b>76</b>	<b>34</b>	<b>12</b>	<b>3</b>

Top 5 Reasons for opening Disciplinary cases in the past 12 months	
Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	21
Failure to follow reasonable management instructions/procedures	11
Lateness	11
Sexual misconduct	8
Assault/threatening behaviour	8
<b>NWAS Summary</b>	<b>59</b>

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

Case Dismissals October 2024			
Service Line	Case Type	Case Sub Type	Information Category
111	Probation	Conduct	
GM PTS	Performance	Stage 3 truncated	Serious poor performance
Estates & Fleet PES	Disciplinary	Non NWAS related issue	Police Investigation
GMPTS	Disciplinary	Gross misconduct	Incapacity through alcohol/substance misu
CAM Control PES	ABS LTS	Non work related	Anxiety/ stress/ depression/other psychiatr
PES CAM	ABS LTS	Non work related	Back problems
GM Control PES	ABS LTS	Non work related	Anxiety/ stress/ depression/other psychiatr
111	ABS LTS	Non work related	Anxiety/ stress/ depression/other psychiatr
GM PTS	ABS LTS	Non work related	
PES CAM	ABS LTS	Work related	Other musculoskeletal problems ( exclude t
GM PTS	ABS LTS	Non work related	

New Litigation cases September 2024				
Service Line	Case Type	Case Sub Type	Information Category	Received Date
No new litigation cases				
	Suspended	Alternate Duties		
	10	1		



**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Infection Prevention & Control Board Assurance Framework
<b>PRESENTED BY</b>	Emma Orton - Assistant Director of Quality Chief Nurse, Director of Infection, Prevention & Control (DIPC)
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	Choose an item.									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input type="checkbox"/>	<b>SR03</b>	<input type="checkbox"/>	<b>SR04</b>	<input type="checkbox"/>	<b>SR05</b>	<input type="checkbox"/>
	<b>SR06</b>	<input type="checkbox"/>	<b>SR07</b>	<input type="checkbox"/>	<b>SR08</b>	<input type="checkbox"/>	<b>SR09</b>	<input type="checkbox"/>	<b>SR10</b>	<input type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" type="checkbox"/>	Quality Outcomes	<input type="checkbox"/>	People	<input type="checkbox"/>
	Financial/ Value for Money	<input type="checkbox"/>	Reputation	<input type="checkbox"/>	Innovation	<input type="checkbox"/>

<b>ACTION REQUIRED</b>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of the report.</li> <li>Note the assurances it provides.</li> <li>Note the arrangements for ongoing monitoring via the IPC BAF.</li> <li>Note the key risks and mitigations.</li> </ul>
------------------------	---

<b>EXECUTIVE SUMMARY</b>	<p>This paper provides the Trust Board with the updated Infection Prevention and Control Board Assurance Framework (IPC BAF).</p> <p>The IPC BAF provides assurance that policies, procedures, systems, processes, and training are in place to minimise the risk of transmission 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.</p> <p>The IPC BAF has 7 amber rated areas and no red rated areas. There are a number of areas that are aimed at acute trust providers and are clearly marked as Not Applicable for the ambulance service in this document. Gaps in Control and mitigating actions are clearly articulated and a timeline to improve declared throughout the BAF.</p>
--------------------------	--

	<p>One new risk has been identified. 3 other risks remain on the risk register.</p> <p>The new risk which has been placed on the risk register and scoring a 9 is in relation to the World Health Organisation declaration of a public health emergency of international concern in relation to a large outbreak of Mpox (Clade 1) in central Africa. This has been declared as a High Consequence Infectious Disease (HCID).</p> <p>Risks are regularly reviewed and managed, and action undertaken.</p> <p>The updated IPC BAF will be monitored by the IPC Working Group.</p>	
PREVIOUSLY CONSIDERED BY	Clinical & Quality Meeting	
	Date	Tuesday, 05 November 2024
	Outcome	Approved
	Quality and Performance Committee	
	Date	Monday 28 <sup>th</sup> October
	Outcome	Approved

## 1. BACKGROUND

1.1 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 infections to service users, patients and staff. The BAF identifies gaps in assurance, IPC risks and mitigations. It also demonstrates the significant progress and achievements in relation to IPC that have been made in delivering effective staff and patient safety.

1.2 The BAF is presented bi-annually to IPC Working Group, the Clinical and Quality Group and the Quality and Performance Committee prior to the Board of Directors.

1.3 This BAF is a revised publication, circulated for use from April 2023. There are still a number of indicators that are not relevant to the ambulance service as these are focused on acute care in hospitals. These are noted within the document itself. This paper is an update from the version in June.

1.4 Ongoing face fit testing has meant that the Trust now has a compliance of 86% (for those staff who require fit testing). This is the highest it has been since the fit testing has been recorded centrally on ESR. A significant number of staff will become non-compliant over the next few months as it is 2 years since the nationally funded fit testing programme commenced with NWAS. Mitigations have been put in place and the Area Director has been informed.

1.5 The IPC team have been extremely responsive in communicating information out to staff in response to revised national guidance on emerging infectious diseases – in recent months this has included both Measles, Pertussis (Whooping Cough) and Mpox. The team have been a specialist resource and have improved visibility to ensure that staff are supported in the workplace.

1.6 The IPC Specialist Lead is a member of the National Ambulance Service Infection Prevention & Control Group (NASIPCG) and ensures IPC position statements approved by AACE are distributed and adopted within NWAS.

## 2. RISK CONSIDERATION

2.1 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

2.2 It is to be noted by the Quality and Performance Committee that the significant improvements that have been made in IPC over the last few years have been maintained and at present there are no red rated areas and just 7 amber areas. Any gaps in control are clearly articulated and mitigating actions documented.

2.3 One new risk has been placed on the risk register in relation to Mpox and is currently scoring a 9. Three other risks remain on the risk register – the risk related to measles is scoring a 9, the risks in relation to fit testing and sharps containers are both scoring at an 8. Risks are reviewed regular and updated to reflect the current position.

### **3. EQUALITY/ SUSTAINABILITY IMPACTS**

There are no equality or sustainability impact

### **4. ACTION REQUIRED**

The Trust Board is asked to:

- Note the content of the report and the assurances that it provides
- Note the ongoing arrangements for monitoring via the IPC BAF
- Note the key risks and mitigations

## Infection Prevention and Control board assurance framework v0.1

	Key Lines of Enquiry	Evidence	Gaps in Assurance	Mitigating Actions	Comments	Compliance rating
<b>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</b>						
<b>Organisational or board systems and process should be in place to ensure that:</b>						
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 IP Working Group reporting to Q+P, IPC Specialist Lead in post, IPC practitioners, IPC policy reviewed and updated, functioning IPCT. Annual IPC report presented to and approved by Board. IPC task & finish groups developed from gaps in assurance report to IPC Working Group.				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. Safety stations remain in place at entrance to all buildings. Work with partners if any patient infections as part of a PIR. OH & UKHSA providing reports to bi-monthly IPC Working Group.				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 NWS. IPC incidents form part of area assurance reports that are presented at IPC Working Group. 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. Developing links with patient safety with respect to IPC & PSIRF	Work alongside other specialities (eg H+S) to ensure effective working in relation to incidents, key themes & actions taken as a result. Further work needed to ensure good collaboration between specialities to promote safe working for staff			2. Partially compliant
1.4	They implement, monitor, and report adherence to the <a href="#">NIPCM</a> .	IPC station completed 12 monthly by practitioners to capture adherence to NIPCM. Target of 10 vehicle audits per month per area. Ops managers carry out monthly audits. HH and clinical practice monitored on contact shifts. All audits inputted onto safecheck & presented on dashboard. Link to NWS policies & procedures are included in IPC manual.				3. 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 <a href="#">NIPCM</a> .	IPC station completed 12 monthly by practitioners to capture adherence to NIPCM. Target of 10 vehicle audits per month per area. 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. Face Fit Testers ensure compliance with health & safety executive for face fit testing. Assurance presented by areas at the IPC Working Group				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 or as required with changes in guidance 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. ( <a href="#">primary care, community care and outpatient settings</a> , <a href="#">acute inpatient areas</a> , and <a href="#">primary and community care dental settings</a> )	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. ICC have access to A-Z of communicable diseases which has recently been updated in line with national guidance. Advanced paramedics are contactable out of hours for advice. Policies, procedures and guidance are on the Green Room page which all trust staff have access to.				3. Compliant
<b>2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</b>						
<b>System and process are in place to ensure that:</b>						
2.1	There is evidence of compliance with <a href="#">National cleanliness standards</a> 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. IPC are involved in any contract tenders related to station/vehicle cleaning	National Standards of cleanliness for ambulance service still not published Awaiting implementation date from NHSE.	IPC specialist Lead working with Facilities 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 IPC Working Group. Sslight delay due to change of cleaning provider - awaiting their feedback to support the case to update provisions		2. Partially compliant
2.2	There is an annual programme of <a href="#">Patient-Led Assessments of the Care Environment (PLACE)</a> 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 through the IPC SC. IPC do unannounced audits on the 6 weekly 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 frequency of audits to try & capture more vehicles. IPC to work closely with new provider of deep clean services to ensure standards of cleanliness are maintained. Joint audits to be completed Nov update - new provider of deep clean service in place - IPCT to meet to discuss audit process	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 <a href="#">HTM:03-01</a> . 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 <a href="#">HTM:04-01</a> .	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. Ventilation testing is carried out in line with national guidance. The Water Safety Group receives reports of anomalies 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.			3. 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 <a href="#">HBN:00-09</a>	IPCT are involved from the planning stage of new builds and refurbishments. IPCT are invited to meetings and site walkabouts 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 <a href="#">HTM:01-04</a> and the <a href="#">NIPCM</a> .	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. Linen policy has been reviewed			3. Compliant
2.7	The classification, segregation, storage etc of healthcare waste is consistent with <a href="#">HTM:07-01</a> 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 sessions and resources are also available on the Green Room. Waste collection carried out by a private contractor. Waste contract up for tender - IPC involved in tender process			3. Compliant
2.8	There is evidence of compliance and monitoring of decontamination processes for reusable devices/surgical instruments as set out in <a href="#">HTM:01-01</a> , <a href="#">HTM:01-05</a> , and <a href="#">HTM:01-06</a> .	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
<b>3. Ensure appropriate antimicrobial stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance</b>						
<b>Systems and process are in place to ensure that:</b>						
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 <a href="#">UK AMR National Action Plan</a> goals.	PGD compliance monitoring as part of audit plan - reported into Medicines Optimisation Group which feeds into Clinical Effectiveness 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 <a href="#">UK AMR National Action Plan</a> .	Director of quality, innovation and improvement - delegates responsibility to the DIPC	NA	NA	NA	0. Not applicable
3.4	<a href="#">NICE Guideline NG15</a> 'Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use' or Treat Antibiotics Responsibly, Guidance, Education, Tools ( <a href="#">TARGET</a> ) are implemented and adherence to the use of antimicrobials is managed and monitored: <ul style="list-style-type: none"> <li>• <input type="checkbox"/> optimise patient outcomes.</li> <li>• <input type="checkbox"/> minimise inappropriate prescribing.</li> <li>• <input type="checkbox"/> ensure the principles of <a href="#">Start Smart, Then Focus</a> are followed.</li> </ul>					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: <ul style="list-style-type: none"> <li>• <input type="checkbox"/> total antimicrobial prescribing.</li> <li>• <input type="checkbox"/> broad-spectrum prescribing.</li> <li>• <input type="checkbox"/> intravenous route prescribing.</li> <li>• <input type="checkbox"/> treatment course length.</li> </ul>					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
<b>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</b>						

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. Representative from UKHSA attends IPC Working Group to present local demographic reports for infectious diseases. Patient representative working with IPCT on Improvement academy project	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 regularly 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: <ul style="list-style-type: none"> <li>•Hand hygiene, respiratory hygiene, PPE (mask use if applicable)</li> <li>•Supporting patients/service users' awareness and involvement in the safe provision of care in relation to IPC (eg cleanliness)</li> <li>•Explanations of infections such as incident/outbreak management and action taken to prevent recurrence.</li> <li>•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.</li> </ul>	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 coordinated by occupational health. Flu Vaccinations offered to staff - other necessary vaccinations provided by OH. Hand hygiene wipes available on vehicles. New national guidance on emerging infectious diseases cascaded to staff via different communications channels				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. <b>This is N/A for NAWAS however please see information in columns for mitigating actions taken</b>	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
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**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 appropriate 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 minimises 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 buildings.				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 identifies 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 monthly to TMC and also to IPC working group. 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 visits to all settings from IPCT to raise awareness. IPC have implemented weekly audits to be completed by Ops managers within ICC's and have started to attend their regular Quality Business Group meetings to update on new guidance/rates of community prevalence of infection. IPC Specialist lead working with ICC managers to ensure facilities available for staff who feel vulnerable - assurance to be fed back via IPC working group		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
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6.2	The workforce is competent in IPC commensurate with <a href="#">roles and responsibilities</a> .	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 IPC working group.				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 in line with health & safety executive guidance. 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. Fit testers have now been in post since September 2023 & overall fit testing compliance is at 86% for the Trust	Not all power units are being serviced as per manufactureres guidance.	IPCT liaising with fleet to ensure that powered motor units are being serviced as per manufactureres recommendations service intervals have been amended and list of serviced motor units is available from oxylitre. Proposal being developed by IPCT to ensure more effective use of motor units within the service		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 aseptic 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
<b>7. Provide or secure adequate isolation precautions and facilities</b>						
<b>Systems and processes are in place in line with the <a href="#">NIPCM</a> to ensure that:</b>						
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: <ul style="list-style-type: none"> <li>Single rooms are in short supply and if there are two or more patients with the same confirmed infection.</li> <li>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.</li> </ul>	N/A - NWAS do have processes in place to ensure admitting units are pre -alerted to patients who are suspected/known to have a transmissible infection to ensure that patients are able to be suitably placed. This will also be documented on the PRF. PTS carry out risk assessments on patients when booking transport and will transport patientst 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 transmissible infection to ensure that patients are able to be suitably placed. This will also be documented on the PRF. PTS carry out risk assessments on patients when booking transport and will transport patientst 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
<b>8. Provide secure and adequate access to laboratory/diagnostic support as appropriate</b>						
<b>Systems and processes to ensure that pathogen-specific guidance and testing in line with UKHSA are in place:</b>						
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 <a href="#">UKHSA, A to Z pathogen resource</a> , and the <a href="#">NIPCM</a> ). 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 as required and all outbreaks are internally monitored by the IPCT and reported to the IPC working group. Communcations sent out via bulletins to inform staff of any local outbreaks.				3. Compliant
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**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 manager 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 staff at risk				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 referred to OH and are also risk assessed by their line manager 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 staff at risk				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. IPC liaised closely with new OH provider to ensure have an up to date record of vaccinations. Discussions held over whooping cough vaccine in light of national outbreak & agreement made in terms of priority group for NWAS staff.				3. Compliant
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**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	NWAS Winter Assurance 2024-2025
<b>PRESENTED BY</b>	Executive Director of Operations
<b>PURPOSE</b>	Decision

<b>LINK TO STRATEGY</b>	Service Development Strategy									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input type="checkbox"/>	<b>SR03</b>	<input checked="" type="checkbox"/>	<b>SR04</b>	<input type="checkbox"/>	<b>SR05</b>	<input type="checkbox"/>
	<b>SR06</b>	<input checked="" type="checkbox"/>	<b>SR07</b>	<input checked="" type="checkbox"/>	<b>SR08</b>	<input type="checkbox"/>	<b>SR09</b>	<input type="checkbox"/>	<b>SR10</b>	<input type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input type="checkbox"/>	Quality Outcomes	<input type="checkbox"/>	People	<input type="checkbox"/>
	Financial/ Value for Money	<input type="checkbox"/>	Reputation	<input type="checkbox"/>	Innovation	<input type="checkbox"/>

<b>ACTION REQUIRED</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the work undertaken with all relevant stakeholders in preparedness to establish the NWAS Winter Assurance 2024-2025.</li> <li>Approve the NWAS Winter Assurance 2024-2025.</li> </ul>
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<b>EXECUTIVE SUMMARY</b>	<p>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.</p> <p>The intention of this report is to introduce the Board to the NWAS Winter Assurance 2024-2025 following the annual review and revision. The document describes the establishment of winter planning arrangements across the Service Delivery directorate including mitigations to meet predicted demand.</p> <p>Included within the plan are detailed forecast summaries which use several years historical data combined with current influencing factors to provide forecasting data to support operational planning.</p>
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	<p>The Winter Assurance also places into context the challenges NWAS and the whole health system faces during this winter period creating potential disruptive impacts such as activity increase through winter demand, adverse weather conditions, and the seasonal influenza season.</p>	
<p><b>PREVIOUSLY CONSIDERED BY</b></p>	<p>EPRR Group – 14<sup>th</sup> October 2024  Quality &amp; Performance Committee – 28<sup>th</sup> October 2024  Trust Management Committee – 20<sup>th</sup> November 2024</p>	
	<p>Date</p>	<p>As noted above.</p>
	<p>Outcome</p>	<p>Assurance received and recommended the NWAS Winter Assurance 2024-2025 progress to Trust Board for approval.</p>

## 1. BACKGROUND

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. ALERT

### NHS England

The annual 'Winter Letter' from the NHS with a publication date of 16<sup>th</sup> September 2024 was received via the lead commissioners on 24<sup>th</sup> September 2024, setting out NHS England's expectations for planning and managing the winter period. This communication has been pivotal in ensuring the whole system is focused and working together. It also provides key messages and areas of focus to assist with whole system integration and risk mitigation.

NHS England have set out four key areas for systems to focus on in preparation for Winter:

- Planning and financial framework
- Providing safe care over winter
- Supporting people to stay well
- Maintaining patient safety and experience

(NHS England, Winter and H2 Priorities, 16/09/2024 – see attached)

## 3. ADVISE

NWAS established a strategic Winter Planning group reporting through the Service Delivery Assurance Group and the EPRR Group both chaired by the Executive Director of Operations (Accountable Emergency Officer). This group has included all internal stakeholders, and engagement has also taken place direct with leads from the lead commissioners.

In addition to the four key areas identified by NHS England, the NWAS Winter Planning Group have focussed on the following areas to support the strategic winter plan, and they are as follows:

- **Admission Avoidance**
  - By increasing both Hear & Treat and See & Treat.
  - Engaging with and publicising alternative pathways in association with NHS England and ICBS
- **UEC Recovery Funding**
  - Further increases to our clinical staffing with ICC to improve H&T.
  - Increased operational resources.
- **Handover Times**
  - Continued focus on reducing the length of time ambulances are delayed due to clinical handover at hospital.

- **Supporting People**

- Proactively encouraging staff to engage with vaccination programmes and healthy lifestyles
- Engagement with ICBs and Stakeholders to inform the public on ways to keep safe and healthy this winter.

It must be noted that The Ministry of Housing, Communities and Local Government (MHCLG) have requested all Local Resilience Forums (LRFs) are to complete a winter preparedness survey. This is dealt with through our members of the LRFs, namely the Area Directors on behalf of our AEO.

#### **4. ASSURE**

The NWS Winter Assurance 2024-2025 was received at the EPRR Group on the 14<sup>th</sup> October 2024. The plan was reviewed, and assurance received in line with the requirements set by NHS England.

The NWS Winter Strategic Planning group will continue to operate to receive assurance against the NWS Winter Assurance, and further work will continue across all service lines in particular across the Service Delivery Directorate to formulate tactical plans and to enact delivery throughout the period of the plan.

#### **5. RISK CONSIDERATION**

The Trust's contingency planning arrangements, capabilities, and training and education resources assist in providing evidence of compliance with our duties under the CCA (2004), the Health and Care Act 2022 and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework together with other legislation such as the Corporate Manslaughter and Corporate Homicide Act 2007 and the Human Rights Act 1998.

NWS Resilience is also a key component of the NHS Ambulance Standard Contract and is governed by the NHS England & Improvement Emergency Preparedness, Resilience and Response (EPRR) Core Standards which are revised annually.

#### **6. EQUALITY/ SUSTAINABILITY IMPACTS**

None identified at the time of writing this report

#### **7. ACTION REQUIRED**

The Board of Directors is asked to:

- Be assured on the work undertaken with all relevant stakeholders in preparedness to establish the NWS Winter Assurance 2024-2025.
- Approve the NWS Winter Assurance 2024-2025.

- To:
- Integrated care board:
    - chairs
    - chief executive officers
    - chief operating officers
    - medical directors
    - chief nurses/directors of nursing
    - chief people officers
    - chief financial officers
  - Integrated care partnership chairs
  - All NHS trust and foundation trust:
    - chairs
    - chief executive officers
    - chief operating officers
    - medical directors
    - chief nurses/directors of nursing
    - chief people officers
    - chief financial officers
  - Regional directors
- cc.
- Local authority:
    - chief executive officers

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

16 September 2024

Dear colleagues

## Winter and H2 priorities

Further to the meeting with ICB and provider chief executives on 3 September, we are now confirming operating assumptions for the remainder of this financial year.

This letter outlines the steps NHS England is going to take, as well as those ICBs and providers are asked to take, to support the delivery of safe, dignified and high-quality care for patients this winter.

## **Planning and financial framework**

You are all aware of the tight financial environment both across the NHS and for the government more widely; it remains essential in H2 that systems continue their work to return to their agreed 2024/25 plans.

## **Providing safe care over winter**

As set out in [our letter of 16 May](#), we are in the second year of the [delivery plan for recovering urgent and emergency care \(UECRP\)](#).

Colleagues across the country have worked incredibly hard to implement the priority interventions identified in the UECRP. This has delivered improvements in performance on the 4-hour emergency department (ED) and Category 2 ambulance response time ambitions, against an extremely challenging backdrop.

**The delivery priorities for this winter remain unchanged from those agreed in system plans.**

We all recognise, however, that despite these improvements, far too many patients will face longer waits at certain points in the pathway than are acceptable.

Given demand is running above expected levels across the UEC pathway, ahead of winter we collectively need to ensure all systems are re-confirming that the demand and capacity plans are appropriate and, importantly, are taking all possible steps to maintain and improve patient safety and experience as an overriding priority.

## **Supporting people to stay well**

As a vital part of preventing illness and improving system resilience, it will be important to maximise the winter vaccination campaign.

As well as eligible population groups, it is imperative that employers make every possible effort to maximise uptake in patient-facing staff – for their own health and wellbeing, for the resilience of services, and crucially for the safety of the patients they are caring for.

More detail on eligible flu cohorts is on gov.uk:

- [National flu immunisation programme 2024 to 2025](#)
- [COVID-19 autumn/winter eligible groups](#)

We confirmed campaign timings for both vaccines in our [system letter on 15 August](#).

This year for the first time, [the NHS is offering the RSV vaccine](#) to those aged 75 to 79 and pregnant women. This is a year-round offer but its promotion ahead of winter by health professionals is vital, particularly to those at highest risk.

To support vaccination efforts, NHS England will:

- ensure all relevant organisations receive information as quickly as possible for flu, COVID-19 and RSV
- maintain the National Booking Service, online and through the NHS 119 service for COVID and flu (in community pharmacy settings)
- continue to share communication materials to support local campaigns

ICBs are asked to work with:

- local partners to promote population uptake with a focus on underserved communities and pregnant women
- primary care providers to ensure good levels of access to vaccinations, ensuring that plans reflect the needs of all age groups, including services for children and young people and those who are immunocompromised
- primary care and other providers, including social care, to maximise uptake in eligible health and care staff

NHS trusts are asked to:

- ensure their eligible staff groups have easy access to relevant vaccinations from Thursday 3 October, and are actively encouraged to take them up, particularly by local clinical leaders
- record vaccination events in a timely and accurate way, as in previous campaigns
- monitor staff uptake rates and take action accordingly to improve access and confidence
- ensure staff likely to have contact with eligible members of the public are promoting vaccination uptake routinely

### **Maintaining patient safety and experience**

We recognise this winter is likely to see UEC services come under significant strain, and many patients will face longer waits at certain points in the pathway than acceptable.

It is vital in this context to ensure basic standards are in place in all care settings and patients are treated with kindness, dignity and respect.

This means focusing on ensuring patients are cared for in the safest possible place for them, as quickly as possible, which requires a whole-system approach to managing winter demand and a shared understanding of risk across different health and care settings.

Evidence and experience shows the measures set out in the UECRP are the right ones, and systems and providers should continue to make progress on them in line with their local plans, with assurance by regional teams.

In addition, NHS England will continue to support patient safety and quality of care by:

- standing-up the winter operating function from 1 November:
  - providing capabilities 7 days a week, including situational reporting to respond to pressures in live time
  - this will be supported by a senior national clinical on-call rota to support local escalations
- completing a Getting It Right First Time (GIRFT) data-led review of support needs of all acute sites:
  - across all systems, and deploying improvement resources as appropriate, to support implementation of key actions within the UECRP, with a dedicated focus on ensuring patient safety
- convening risk-focused meetings with systems:
  - to bring together all system partners to share and discuss key risks and work together to agree how these can be mitigated
- expanding the Operational Pressures Escalation Levels (OPEL) framework:
  - to mental health, community and 111, and providing a more comprehensive, system-level understanding of pressures

NHS England will continue to support operational excellence by:

- co-ordinating an exercise to re-confirm capacity plans for this winter, which will be regularly monitored
- running an exercise in September to test the preparedness of system co-ordination centres (SCCs) and clinical oversight for winter, including issuing a new specification to support systems to assess and develop the maturity of SCCs

NHS England will continue to support transformation and improvement by:

- continuing the UEC tiering programme to support those systems struggling most to help them to enact their plans
- reviewing updated maturity scores for UEC high-impact interventions with regions and ICBs, to identify further areas for improvement
- as part of NHS IMPACT, launching a clinical and operational productivity improvement programme in September:
  - this will include materials and data for organisations to use, as well as a set of provider-led learning and improvement networks, to implement and embed a focused set of actions

ICBs are asked to:

- ensure the proactive identification and management of people with complex needs and long-term conditions so care is optimised ahead of winter:
  - primary care and community services should be working with these patients to actively avoid hospital admissions
- provide alternatives to hospital attendance and admission:
  - especially for people with complex needs, frail older people, children and young people and patients with mental health issues, who are better served with a community response outside of a hospital setting
  - this should include ensuring all mental health response vehicles available for use are staffed and on the road ahead of winter
- work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow
- assure at board level that a robust winter plan is in place:
  - the plan should include surge plans, and co-ordinate action across all system partners in real time, both in and out of hours
  - it should also ensure long patient delays and patient safety issues are reported, including to board level, and actions are taken appropriately, including involving senior clinical decision makers
- make arrangements through SCCs to ensure senior clinical leadership is available to support risk mitigation across the system
- review the [10 high-impact interventions for UEC](#) published last year to ensure progress has been made:
  - systems have been asked to repeat the self-assessment exercise undertaken last year, review the output, consider any further actions required, and report these back through regions

NHS trusts are asked to:

- review general and acute core and escalation bed capacity plans:
  - with board assurance on delivery by the peak winter period
- review and test full capacity plans:
  - this should be in advance of winter
  - in line with our letter of 24 June 2024, this should include ensuring care outside of a normal cubical or ward environment is not normalised; it is only used in periods of elevated pressure; it is always escalated to an appropriate member

of the executive and at system level; and it is used for the minimum amount of time possible

- ensure the [fundamental standards of care](#) are in place in all settings at all times:
  - particularly in periods of full capacity when patients might be in the wrong place for their care
  - if caring for patients in temporary escalation spaces, do so in accordance with the [principles for providing safe and good quality care in temporary escalation spaces](#)
- ensure appropriate senior clinical decision-makers are able to make decisions in live time to manage flow:
  - including taking risk-based decisions to ensure ED crowding is minimised and ambulances are released in a timely way
- ensure plans are in place to maximise patient flow throughout the hospital, 7 days per week:
  - with appropriate front door streaming, senior decision-making, regular board and ward rounds throughout the day, and timely discharge, regardless of the pathway through which a patient is leaving hospital or a community bedded facility

### **Next steps**

In addition to existing guidance [in the UECRP Year 2 letter](#) and elsewhere, we have recently published further evidence-based guidance in the following areas to support further optimisation of winter plans:

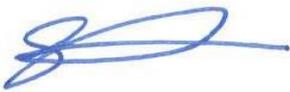
- [Same day emergency care service specification](#)
- [Single Point of Access hubs](#)
- [Virtual wards operational framework](#)

As set out above, system risk discussions will follow during September.

We want to thank you and everyone across the NHS for your continued hard work this year.

Together, we are committed to doing everything we can to support the provision of safe and effective care for patients this winter, as well as continuing to improve services for the longer term.

Yours sincerely,



**Sarah-Jane Marsh**

National Director for Urgent and Emergency  
Care and Deputy Chief Operating Officer



**Dr Emily Lawson DBE**

Chief Operating Officer



**Professor Sir Stephen Powis**

National Medical Director



**Duncan Burton**

Chief Nursing Officer for England



Ministry of Housing,  
Communities &  
Local Government

## **LRF Winter Commission 2024**

September 2024



## **Summary**

This guidance has been produced to help local resilience forums (LRFs) complete the Ministry of Housing, Communities and Local Government (MHCLG) LRF Winter Resilience Preparedness Survey (Element 1) and a joint MHCLG and Cabinet Office Local Capabilities Survey Pilot (Element 2).

We ask that surveys are completed with accurate and up to date information and returned by the respective closing dates listed below.

## **How will we use the data and information we receive from LRFs?**

The MHCLG will use the data and information you provide via these surveys to inform our understanding of LRF preparedness and LRF capacity and capability to respond to civil risks.

We will synthesise and analyse the information we receive and use it to form an evidence base that will be considered by relevant resilience teams across MHCLG and HMG. This evidence base will be used by MHCLG to brief central government department officials and Ministers on the status of LRF preparedness and to inform national resilience decision making. We may also share the data you provide to us directly with central government departments. We will also use this information to brief LRF categorised responders and partners via Resilience Direct and, for example, at LRF Chairs Calls.

It is for this reason we ask that you ensure the information you share with us has been given appropriate consideration and integrated within LRF scrutiny arrangements where possible. Data will be protected in line with MHCLG information and security policies and procedures.

A list of your rights under the General Data Protection Regulation, the Data Protection Act 2018 (DPA 2018), is accessible at: [DPA 2018](#).

## **Who to contact if you need help completing the surveys**

We hope we have explained how important your LRF response is to us and thank you again for your participation.

If you need further help to complete the surveys or would like to provide any feedback, please contact your RED Resilience Advisor or [REDcontrol@levellingup.gov.uk](mailto:REDcontrol@levellingup.gov.uk).

## **Element 1: LRF Winter Preparedness Survey 2024**

### **Background**

MHCLG established a focus group of LRF representatives in March 2024 to improve the two-way flow of resilience data and information between national and local levels. As part of this work, we explored developing a mutually beneficial preparedness survey that could be integrated into both LRF and MHCLG's scrutiny arrangements. The survey is designed so that MHCLG is only asking for what we need, and we will continue to be clear on why and when we need data and information from LRFs.

This approach, together with Section 9 of the Civil Contingencies Act 2004, is the basis for MHCLG collecting resilience data and information.

### **This Survey**

The purpose of the survey is to obtain an LRF self-assessment of preparedness ahead of the coming winter period.

The information you provide will be considered along with other information, such as the recent Flood Resilience Taskforce survey, alongside insight from your Resilience Adviser to identify further action to support LRFs and local partners to prepare for winter and protect local communities. The survey is intended to encourage LRFs to take a forward look, asking questions pertinent to the period covering September 2024 to April 2025.

The questions contained in this survey have been jointly developed with LRF representative members of the LRF Two Way Information Flow Focus Group and can be found at **Annex B**. They have been selected as the most relevant questions for the resilience landscape and season ahead, to help us build a picture of UK resilience. The questions for this Winter Preparedness Survey cover the following six themes:

- Co-operation
- Risk
- Emergency plans
- Readiness to respond / recover
- Learning lessons
- Capability

## How to complete the survey

We recommend you consider your answers to these questions within your wider multi-agency winter preparedness activity and arrangements, and that where possible you include your RED Resilience Adviser within these discussions. We also ask that your response is endorsed and supported at the LRF Executive, or by the LRF Chair.

In most cases, you will be asked to provide a self-assessed 'confidence' or 'preparedness' rating, ranging from '1 – Don't Know' to '5 - Very Confident' or '1 – Don't Know' to '5 – Very Prepared'.

The 'Preparedness and Confidence Likert Scale' guidance at **Annex A** provides a definition for each of these scales and should be followed when providing your answer.

Free text boxes have been provided for each question. Please use these to provide further context or to expand on your answer, provide details of specific concerns or share notable practice. Completion of the free text boxes is optional.

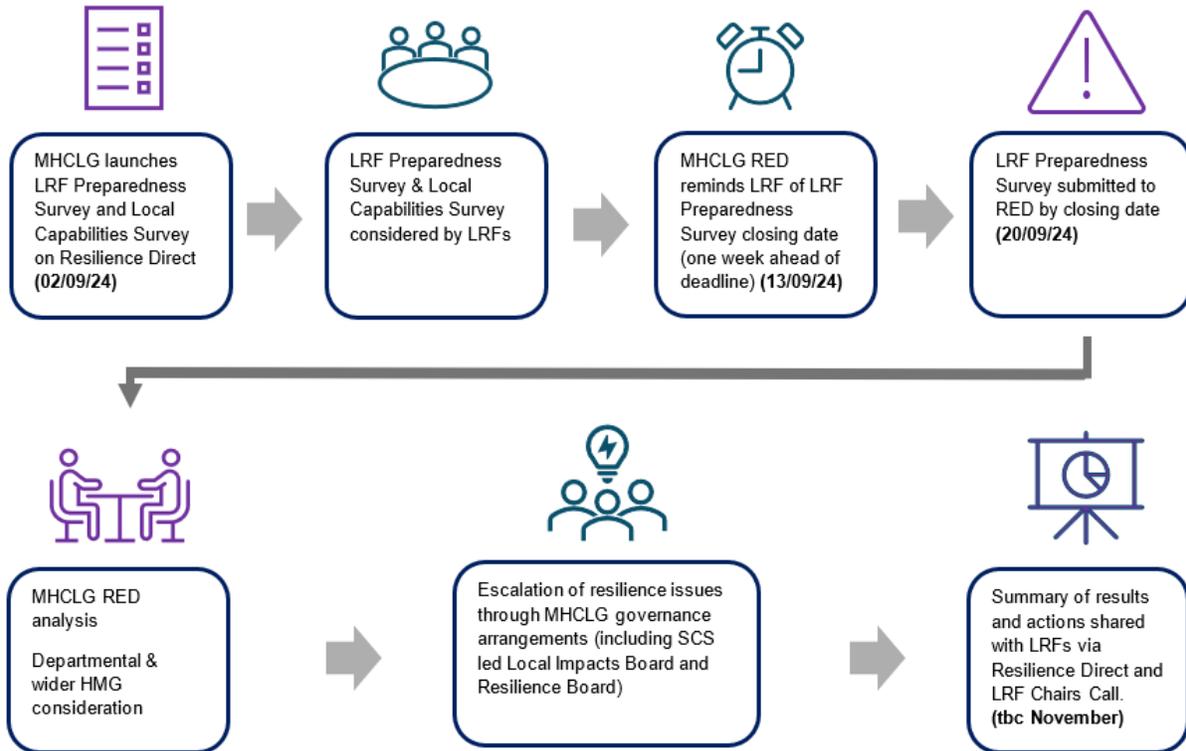
Please note:

- The MS Form must be completed in one sitting. There is no opportunity to save answers part way through the form or finish answering at a later time or date.
- You must complete the form for your responses to be saved and submitted.
- The form can be completed on a laptop, tablet or smartphone.
- Please do not forward the MS Form link. We have provided a word and PDF version of the full question set at Annex B to support consultation and engagement between LRF partner agencies.

Please use this MS Form to complete the survey: [MS Form Link](#)

**Please complete the survey by 17:00 on Friday 20th September 2024. We will issue a reminder one week before the deadline.**

**LRF Winter Preparedness Survey – Key Dates.**



**Element 2: Local Capabilities Survey 2024 (Pilot)**

## Background

In December 2023 it was agreed that Government should undertake a local capabilities assessment, to understand the local preparedness in the context of national emergency response capabilities.

This follows the Resilience Capabilities Survey (RCS) that was launched by CCS in 2007 and ran through to 2017, providing central government and local responders with a biannual insight into local tier capability preparedness.

The purpose of the Local Capabilities Survey is to:

- Provide an overview of local tier preparedness
- Help central government departments identify where national level assistance may be required and to understand gaps between local and national level capability preparedness
- Inform specific areas of improvement / additional work programmes for lead government departments
- Provide evidence to conduct further assessment / deep dives
- Highlight and promote good practice amongst local responders
- Provide a baseline for longitudinal comparison of capabilities
- Help to identify local level barriers

## This survey

This survey has been commissioned to pilot a new approach to delivering a Local Capability Survey. The learning from this pilot will be used to test and refine an approach to conducting a future Local Capability Survey, starting in 2025.

This pilot survey asks local resilience forums to complete questions covering two themes:

1. **Evacuation and Shelter.** One of the identified 21 national capabilities and a common consequence of a range of risks identified within the National Security Risk Assessment (NRSA). Further information about this capability has been provided at **Annex C**.
2. **Community Resilience.** Community Resilience is not defined by the national capabilities assessment as a capability to respond to the common consequences of emergencies. However, it is a mitigating factor to the overall impact of an emergency. Further information about this capability has been provided at **Annex D**.

The questions have been designed to ensure HMG has a good overall understanding of how LRF's develop local capability, the existing arrangements in place to support capability and the barriers that hinder effective planning and response. The outputs from the assessment will be used by Lead Government Departments, as national risk owners, to better understand the

boundaries between local and national tier planning, identifying where further national level to local level support and planning may be required.

### **How to complete the survey**

Unlike the previous Resilience Capability Survey, LRFs are asked to submit a single return on behalf of the LRF, with input from all relevant partners and stakeholders. Where possible we ask you include your RED Resilience Adviser within these discussions. We also ask that your response is endorsed and supported at the LRF Executive, or by the LRF Chair.

Please note:

- The MS Form must be completed in one sitting. There is no opportunity to save answers part way through the form or finish answering at a later time or date.
- You must complete the form for your responses to be saved and submitted.
- The form can be completed on a laptop, tablet or smartphone.
- Please do not forward the MS Form link. We have provided a word and PDF version of the full question to support consultation and engagement between LRF partner agencies.

Please use this MS Form to complete the survey: [MS Form Link](#)

**Please complete the survey by 17:00 on Friday 4th October 2024. We will issue a reminder one week before the deadline.**

## Annex A: 'Preparedness' and 'Confidence' Likert Scales

The Likert scales below should be used to inform responses to the survey.

	<b>Confidence Levels</b>
<b>1 – Don't Know</b>	We currently do not know. The LRF does not have a good understanding of planning and/or preparation arrangements.
<b>2 – Not Confident</b>	There are very low levels of confidence in the preparedness activity we've completed to date.
<b>3 – Somewhat Confident</b>	There are low levels of confidence in the preparedness activity we've completed to date.
<b>4 – Mostly Confident</b>	There are good levels of confidence in the preparedness activity we've completed to date.
<b>5 – Very Confident</b>	There are very high levels of confidence in the preparedness activity we've completed to date.

	<b>Preparedness Levels</b>
<b>1 – Don't know</b>	We currently do not know. The LRF does not have a good understanding of planning and/or preparation arrangements, or how much preparedness activity remains to be completed
<b>2 – Not Prepared</b>	There is some level of preparation, but it is minimal and insufficient for effectively handling the situation or event.
<b>3 – Somewhat Prepared</b>	There is a reasonable level of preparation, but there are still some gaps or areas that need improvement.
<b>4 – Mostly Prepared</b>	LRF is prepared for the given situation or event. Most aspects of preparedness have been addressed.
<b>5 – Very Prepared</b>	All necessary precautions and preparations have been taken.

## Annex B: LRF Winter Preparedness Survey Question Set

MS Form Reference	Theme	Question	Survey Response Option
1	Administrative	Please select your LRF	Drop down option
2	Administrative	Please provide the name of the LRF chair or a senior LRF representative that has cleared this submission to MHCLG on behalf of the LRF?	Free text
3	Administrative	Please provide an email address in the event we need to contact you regarding the content of this form	Free text
4	Co-operation	How confident is the LRF that all Category 1 and Category 2 responders are appropriately cooperating and coordinating with one another?	<ol style="list-style-type: none"> <li>1. Don't know</li> <li>2. Not confident</li> <li>3. Somewhat confident</li> <li>4. Mostly confident</li> <li>5. Very confident</li> </ol>
5	Co-operation	Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.	Free text

6	Risk	<p>How confident is the LRF Executive that the LRF has a robust and collectively understood assessment of the most significant risks to the local area?</p> <p>Please refer to National Resilience Standard for Local Resilience Forums #2 to support your assessment.</p>	<ol style="list-style-type: none"> <li>1. Don't know</li> <li>2. Not confident</li> <li>3. Somewhat confident</li> <li>4. Mostly confident</li> <li>5. Very confident</li> </ol>
7	Risk	<p>Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.</p>	Free text
8	Emergency plans	<p>How confident is the LRF Executive that the LRF and its responder organisations have risk-based emergency plans in place that reflect the local risk assessment?</p> <p>Please refer to National Resilience Standard for Local Resilience Forums #4 to support your assessment.</p>	<ol style="list-style-type: none"> <li>1. Don't know</li> <li>2. Not confident</li> <li>3. Somewhat confident</li> <li>4. Mostly confident</li> <li>5. Very confident</li> </ol>
9	Emergency plans	<p>Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.</p>	Free text
10	Ready to respond / recover (concurrency)	<p>How confident is the LRF in its ability to activate and maintain local response and/or recovery structures addressing concurrent events?</p>	<ol style="list-style-type: none"> <li>1. Don't know</li> <li>2. Not confident</li> <li>3. Somewhat confident</li> </ol>

		Please refer to National Resilience Standard for Local Resilience Forums #11 and #12 to support your assessment.	4. Mostly confident 5. Very confident
11	Ready to respond / recover (concurrency)	Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.	Free text
12	Ready to respond / recover (warning and informing)	How confident is the LRF that it has agreed and well understood plans and procedures for warning and informing the public before, during and after an emergency, should it need to?	1. Don't know 2. Not confident 3. Somewhat confident 4. Mostly confident 5. Very confident
13	Ready to respond / recover (warning and informing)	Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.	Free text
14	Ready to respond / recover (vulnerable groups)	How confident is the LRF that it has agreed and well understood multi-agency or responder plans to identify, locate, support and protect vulnerable groups/people during an emergency?	1. Don't know 2. Not confident 3. Somewhat confident

			<p>4. Mostly confident</p> <p>5. Very confident</p>
15	Ready to respond / recover (vulnerable groups)	Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.	Free text
16	Ready to respond / recover (MAIC)	How confident is the LRF in its ability to activate an Multi Agency Information Cell to collate, assess and disseminate information during a response and recovery?	<p>1. Don't know</p> <p>2. Not confident</p> <p>3. Somewhat confident</p> <p>4. Mostly confident</p> <p>5. Very confident</p>
17	Ready to respond / recover (MAIC)	Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.	Free text
18	Learning Lessons and taking corrective action	How confident is the LRF that it has agreed and well understood plans and procedures in place to collectively identify learning from exercising, incidents and inquiries, and to take corrective action?	<p>1. Don't know</p> <p>2. Not confident</p> <p>3. Somewhat confident</p> <p>4. Mostly confident</p>

			5. Very confident
19	Learning Lessons and taking corrective action	Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.	Free text
20	Capability	What capability gaps is the LRF most concerned about over the next six months and why?	Multiple choice option. We have provided a list of the 21 national capabilities for you to select. For each you select, please use the free text box to provide more information about any capability gaps and refer to elements of capability in your answer (Plans and Procedures, Personnel, Training and Exercising, Legislation and Doctrine, Information, Infrastructure, and Equipment and Supplies).
21	Ready to respond / recover	Overall, what is the LRF's current level of preparedness for the winter period ahead?	1. Don't know 2. Not prepared

	(overall level of preparedness)		3. Somewhat prepared 4. Mostly prepared 5. Very prepared
22	Ready to respond / recover (overall level of preparedness)	Please use this free text box to provide further context relevant to the LRFs confidence rating - including any specific concerns and/or notable practice you would like to share.	Free text

## Annex C – Evacuation and Shelter Question Set

### Background

Evacuation and shelter is a common consequence of a range of risks identified within the National Security Risk Assessment (NRSA) and those identified more locally. Planning for this response capability should be proportionate to the risk identified locally. Multi-agency plans should be developed and validated through exercise and live incidents, as a means of continuous improvement.

Locally, evacuation and shelter is a frequently utilised response capability ranging from small scale incidents such as house fires, to much larger wide scale incidents such as flooding. Each presents their varying challenges, whether that is provision of personnel to staff rest centres or support in the physical evacuation of individuals.

### Definition of Evacuation and Shelter:

As defined in the HMG Evacuation and Shelter Guidance 2014, the purpose of evacuation is to move people and (where appropriate) other living creatures away from an actual or potential danger to a place that is safer for them. Shelter is a place where evacuees can stay and receive support. Shelter is defined in three phases: short term (up to 72 hours), Medium-term (weeks or months) and Long-term (over a year).

### Risk Drivers

Based on the National Risk Planning Assumptions (NRPA) the 'immediate evacuation and displacement of people within the UK (H)' capability is driven by the following risks:

#### Focal Planning Assumption (The risk in the NSRA that has the largest impact)

- Fluvial Flooding (R75b) 363,000 residents affected, 68,000 would require assistance with evacuation, with 8000 of these being priority evacuees.

#### Variation 1 (the risks in the NSRA that have the second largest impacts)

- Malicious Rail Incident (R7) Up to 500,000 people displaced in London for up to 48 hours

#### Variation 2 (the risks in the NSRA that have the third largest impacts)

- Surface Water Flooding (R75c) 443,000 people displaced, with 94,000 displaced for a period of 2 months and 35,000 displaced for over 2 months

These planning assumptions are provided to inform local planning assumptions, contingency plans and the development of capabilities. They should be interpreted and applied to the local context to determine the scale, and adequacy, of the capability that is required for the risks presented locally.

## Annex D - Community Resilience Question Set

### Background

Resilience is a 'whole of society' endeavour, so we must be more transparent and empower everyone to contribute. We need to prepare and respond to emergencies on a whole of system, whole of society scale. This means organising society in a coherent, resilience-focused way, but also taking a much broader focus on resilience. This includes how we structure the centre of the UK Government, what we expect of businesses, the local tier, voluntary organisations, community groups, and the public.

Individuals, households, businesses, community networks, faith groups and the voluntary and community sector all have a part to play in building resilience to emergencies. Community resilience is enabled when these groups are empowered to harness local resources and expertise to help themselves and their communities to understand risks, prepare, respond and recover from disruptive challenges, in a way that complements the activity of Category 1 and 2 emergency responders. To support this, responders should be sharing knowledge, enabling independent and collective action, and utilising public knowledge and capabilities.

While no universally agreed definition for community resilience exists within UK resilience, it was an area of high importance in the UK Government [Resilience Framework](#) (2022), including a commitment to consider ways of measuring and evaluating statutory responder engagement with the Voluntary Community Sector (VCS) and wider community.

The majority of activity to build community resilience is delivered at the local level, but national government has a role to play in supporting the conditions to strengthen community resilience approaches.

### Rationale

Community Resilience is not defined by the national capabilities assessment as a capability to respond to the common consequences of emergencies. However, it is a mitigating factor to the overall impact of an emergency.

This local capability assessment will provide an invaluable source of information of community resilience elements, to support the Government's understanding of local activity, trends and capability gaps and examples of leading practice, which could be used as the basis for future policy and guidance interventions.

Questions have been framed around the three outcomes for community resilience development, described in the [Community Resilience Development Framework](#) and information contained within the [National Resilience Standard for LRFs on Community Resilience Development](#):

- enabling resilient behaviours;
- enabling community-led social action; and
- deepening partnerships with voluntary capabilities.

### Definition of Community resilience

Community resilience<sup>1</sup> is enabled when the public are empowered to harness local resources and expertise (capacities and capabilities) to help themselves and their communities to prepare, respond and recover from disruptive challenges, in a way that complements the activity of Category 1 and 2 emergency responders; and plan and adapt to long term social and environmental changes to ensure their future prosperity and resilience.

Community resilience requires a participatory approach to emergency management. Activity to support community resilience aims to reduce the impact of emergencies by ensuring that:

- Individuals, businesses, community networks and voluntary organisations are empowered to prepare, respond to, and recover from emergencies and disasters.
- Emergency responders understand, enable and integrate the capabilities of the public into emergency planning, response and recovery activity.

Desired Community Resilience outcome: The LRF and partner organisations have a strategic and coordinated approach to activity that enable community and voluntary networks (which includes individuals, businesses, community groups and voluntary organisations) to behave in a resilient way<sup>2</sup> and take action to support one another and members of the public.

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<sup>1</sup> Taken from the [Community Resilience Development Framework](#) (2019) *The strategic and policy context for community resilience development*. Cabinet Office

<sup>2</sup> being aware of risks that might impact them, or the continuity of their business, and taking action to plan and prepare, respond and recover from these emergencies. Examples of resilient behaviours set out in the [Resilience Website - Get Prepared for Emergencies](#)



# NWAS

## Winter Assurance

### 2024-2025

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Recommended by	Assistant Director of EPRR Steve Hynes
Approved by	
Approval date	
Version number	0.1
Review date	
Responsible Director	Dan Ainsworth – Executive Director of Operations
Responsible Manager (Sponsor)	Joanne Hodson Head of Contingency Planning
Responsible Manager (Author)	Andy Jackson Business Continuity Manager
For use by	All departments

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

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## Change record form

Version	Date of change	Date of release	Changed by	Reason for change
0.1	21/08/2023		A Jackson	Document creation
0.2	25/09/2024		C. O'Neill	Commissioner Comments/Review following discussion with NWS colleagues on 24/09/2024
0.3	29/09/2024		J Hodson	Amendment of wording in line with the aim of provision of assurance.
0.4	07/10/2024		A Jackson	Amended to reflect above reviews.

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# NWAS Winter Assurance 2024-2025

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## 1. Introduction

1.1. The North West Ambulance Service (NWS) NHS Trust remains one of the busiest UK Ambulance Services, spanning a large geographical area, and covering over seven million people. As such, there is a responsibility on the Trust to ensure it has robust business continuity arrangements in place to respond to immediate or emerging disruptions and comply with legislation (Civil Contingencies Act, 2004) and guidance (NHS England, 2022) which sets out our responsibilities.

1.2. This winter a letter has been circulated by NHS England, dated 16<sup>th</sup> September, which sets out similar expectations to previous years. All systems are to re-confirm that demand and capacity plans are appropriate and take all possible steps to maintain and improve patient safety and experience as a priority. The delivery priorities remain unchanged from those agreed in UEC system recovery plans.

1.3. NWS will continue to apply specific focus in the following areas:

### 1.3.1. Admission Avoidance –

- by increasing both Hear & Treat and See & Treat.
- Engaging with and publicising alternative pathways in association with NHS England and ICBs

### 1.3.2. UEC Recovery Funding –

- Further increases to our clinical staffing with ICC to improve H&T.
- Increased operational resources.

### 1.3.3. Handover Times –

- continued focus on reducing the length of time ambulances are delayed due to clinical handover at hospital.

### 1.3.4. Supporting people to stay well –

- Proactively encouraging staff to engage with vaccination programmes and healthy lifestyles
- Engagement with ICBs and Stakeholders to inform the public on ways to keep safe and healthy this winter

## 2. Purpose

2.1. The purpose of this NWS Winter Assurance document is to provide ICBs and system partners with assurance that the Trust is fully prepared to meet the expected increases in demand and the challenges that arise during the winter months. This document outlines, at a high level, the measures being taken by the Trust to maintain operational resilience, patient safety, and quality of care under expected additional pressures arising from (for example) seasonal increases in patient acuity, adverse weather conditions, and increased hospital admissions.

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- 2.2. The sections outlined in the document include an overview of the high level risks for the Trust across the winter period, how NWS will engage with the regional reporting and escalation processes in place across the system and the forecasting of expected additional demand over winter. The document also sets out the Trust’s response to mitigating additional demand through its response to resource allocation, workforce planning, and collaboration with partners (including hospitals, Integrated Care Boards (ICBs) and other system healthcare providers).
- 2.3. The winter plans developed by the Trust, on which this assurance document is based, focuses on delivering services over the winter period against a background of expected surges in emergency calls and actions that can be taken by the Trust to reduce, where possible, ambulance handover delays at hospitals. The winter plan aims to maintain increased staff availability to mitigate the effects of potential disruptions arising from increased staff sickness levels, attrition or inability of staff to attend work due to severe weather conditions.
- 2.4. The Trust is committed to the principles of accountability and transparency, of working with system partners and providing assurance to NHS England, ICBs, and other stakeholders that the ambulance service is being proactive in its winter preparedness and aware of national policies and guidance that protect patients and staff over winter through efficient and effective operational delivery.

**3. Risks**

- 3.1. During the winter period, NWS faces a range of heightened risks that can affect its ability to deliver timely and effective care. These risks are primarily driven by increased demand, environmental factors, and operational challenges. Key risks include:
  - 3.1.1. Increased Demand for Services:** Winter typically brings a surge in urgent and emergency calls due to seasonal illnesses such as influenza, respiratory infections, and complications from chronic conditions like asthma or heart disease. Additionally, cold weather can lead to an increase in slips, trips and falls, and other accidents, further straining resources.
  - 3.1.2. Adverse Weather Conditions:** Snow, ice, and heavy rain can slow ambulance response times across much of the region, both urban and rural road networks; in particular access to more remote or rural areas.
  - 3.1.3. Staffing Shortages and Fatigue:** Winter illnesses can affect all staff, leading to shortages and reduced availability. Coupled with increased demand, this can lead to staff fatigue and burnout, reducing overall service efficiency and safety.
  - 3.1.4. Hospital Delays and Capacity Issues:** As hospitals experience higher patient admissions during winter, ambulance crews may face delays when transferring patients. These handover delays can result in longer waiting times for ambulances to become available for new emergency calls in the community.
  - 3.1.5. Supply Chain Disruptions:** Adverse weather conditions may also affect the supply of critical medical equipment, medications, and vehicle maintenance services. This can limit the availability of necessary tools for ambulance crews to provide effective care in emergencies.
  - 3.1.6. Vulnerable Patient Populations:** Elderly patients, those with chronic illnesses, and individuals with respiratory conditions are particularly vulnerable during winter. A failure to reach these patients quickly can result in severe health consequences, placing additional pressure on services.

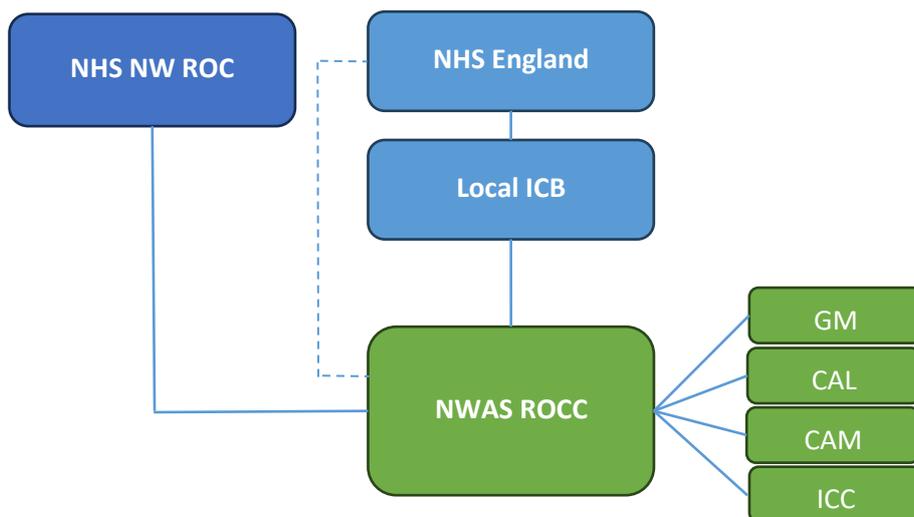
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- 3.2. Based on previous experience and from identifying and preparing for these risks, NWAS are able to implement strategies to mitigate disruptions and ensure that patients continue to receive timely and effective care through winter.
- 3.3. As part of its normal business, internal NWAS departments have business continuity plans to mitigate staff shortages and supply chain disruptions. The Trust has an Adverse Weather plan which is aligned to Estates and Fleet plans, Clinical Safety, Divert and Deflection, Escalation, and REAP to support management of demand surges.

## 4. Reporting & Escalation

### 4.1. Winter Reporting structure:

- 4.1.1. Through the summer period, NWAS and other providers have had the option to escalate UEC pressures through to the North West Regional Operations Centre (NWROC) – which operates five days a week from 0800-1800hrs.
- 4.1.2. NHSE have confirmed that their NWROC will move to seven days a week operating 0800-1800hrs from October in recognition of NHSE moving to their winter operating model. The NWROC will meet daily (virtually) with NWAS (via NWAS ROCC) and NW ICB SCCs.



### 4.2. Expectation of Support from ICBs

- 4.2.1. During the winter period, NWAS expect on-going collaborative support from Integrated Care Boards (ICBs) to manage the seasonal surge in demand and ensure coordination across the healthcare system. Key expectations include:
  - a. **Effective System-Wide Coordination:** ICBs are expected to engage with and support collaboration between NWAS, hospitals, social care, and community health services to ensure efficient patient flow and reduce hospital handover delays.

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b. **Capacity Management:** ICBs should help manage capacity by ensuring alternative care pathways are available, directing non-urgent cases away from emergency services, and coordinating with primary care and community services to alleviate pressure on ambulance crews. Through the provision of alternatives to hospital admissions this will focus on people who are better served with a community response including complex needs, frailty, mental health.

c. **Data Sharing and Communication:** ICBs will provide real-time data sharing platforms that help monitor demand, track resource availability, and support decision-making during high-pressure periods. This includes clear communication of capacity updates.

d. **Proactive identification of patients:** ICBs should proactively identify and manage people with complex needs and long-term conditions so care is optimised through primary and community services working with patients to avoid hospital admissions.

f. **Support to NHS Trusts to meet their requirements:** This includes review and testing of core and escalation bed capacity plans, escalation notification to a senior level and engagement with stakeholders including NWAS to address issues from a system perspective, availability of senior clinical decision makers in live time to manage flow (risk-based decision making to ensure ED crowding is minimised and ambulances released in a timely way), and plan in place to maximise patient flow 7 days a week.

4.2.2. By receiving this support from ICBs, NWAS can maintain focus on providing operational resilience and deliver high-quality patient care during the winter period.

## 5. Service Resilience

5.1. The NWAS strategy for the winter period is supported by area and department tactical plans that address specific operational areas. These tactical plans ensure that the service is well-prepared to manage increased demand, adverse conditions, and staffing challenges. Each tactical plan contributes to the broader goal of maintaining service resilience and patient safety. The main plan areas are:

### 5.1.1. Demand and Surge Management

Tactics based on predicting and managing the expected increase in demand for NWAS during winter include mechanisms for surge capacity, such as increasing the number of available vehicles and staff, deploying temporary resources, and using dynamic dispatch models to prioritise high-risk cases. The plans also outline coordination with other healthcare providers to ensure that patients with non-urgent needs are directed to appropriate care settings, reducing pressure on emergency services.

Demand modelling is undertaken by the NWAS Regional Planning Team, who use numerous datasets to evaluate the likely demand across the winter and festive period. The methodology used includes the following:

- Modelling of the last nine years of data – excluding the two COVID years.
- The methodology considers;
  - day of the week and likelihood of contacting NWAS
  - human factors around behaviour during Bank Holiday periods.

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Interpreting data from these datasets requires a skew to be applied to factor in the many variables and provide meaningful information.

The Regional Planning Team also undertake a full review of their predictions against actual demand following the winter period. Enabling a degree of confidence to be applied to any publish information.

### 5.1.2. Logistics and Resource

This ensures that ambulances and medical equipment are properly maintained and available throughout the winter. It covers vehicle maintenance schedules to prevent breakdowns during adverse weather, as well as supply chain planning to ensure that essential medical supplies, such as oxygen, medications, and PPE (Personal Protective Equipment) are readily accessible. Provisions for adverse weather conditions include access to 'all weather' tyres.

### 5.1.3. Collaboration with Hospitals and Health Systems

Coordination with hospitals and other healthcare facilities is critical during winter requiring methods for reducing ambulance handover delays at emergency departments, improving patient flow, and ensuring that emergency care pathways are well-aligned with hospital capacity. Collaboration with community health services and primary care networks helps divert non-emergency patients away from ambulance services, easing system pressures.

### 5.1.4. Workforce and Staffing

During the winter period, NWAS implements a number of staff well-being initiatives to support its workforce, recognising the increased demand and pressures of the season. These initiatives focus on reducing stress, preventing burnout, and promoting both physical and mental health. Key measures include flexible shift patterns to manage workload, access to counselling services and mental health support.

Additionally, to support people to stay well, physical health programs such as flu vaccinations and initiatives to promote good nutrition and hydration are made available to protect staff from illness and maximise vaccination uptake in patient-facing staff. Leadership teams also prioritise open communication, offering check-ins and support channels to ensure staff feel valued and heard. These efforts help maintain staff morale, resilience, and the overall effectiveness of NWAS throughout the challenging winter period.

### 5.1.5. Communications and Public Awareness

Effective communication with the public and healthcare professionals is essential for managing demand during winter. The tactical plans cover public messaging campaigns to educate the community on when to call 999 and 111, how to stay safe during winter, and alternative care options. This is to promote the 'Supporting People to Stay Well' initiative where NWAS will work with NHS England and ICBs to deliver community and staff messaging. Internally, it ensures that ambulance staff and other healthcare providers are informed about operational changes, weather alerts, and capacity updates to facilitate coordinated responses.

5.2. By integrating these tactical plans into the overall winter assurance strategy, NWAS can mitigate the seasonal pressures it faces, maintaining high levels of care and operational effectiveness.

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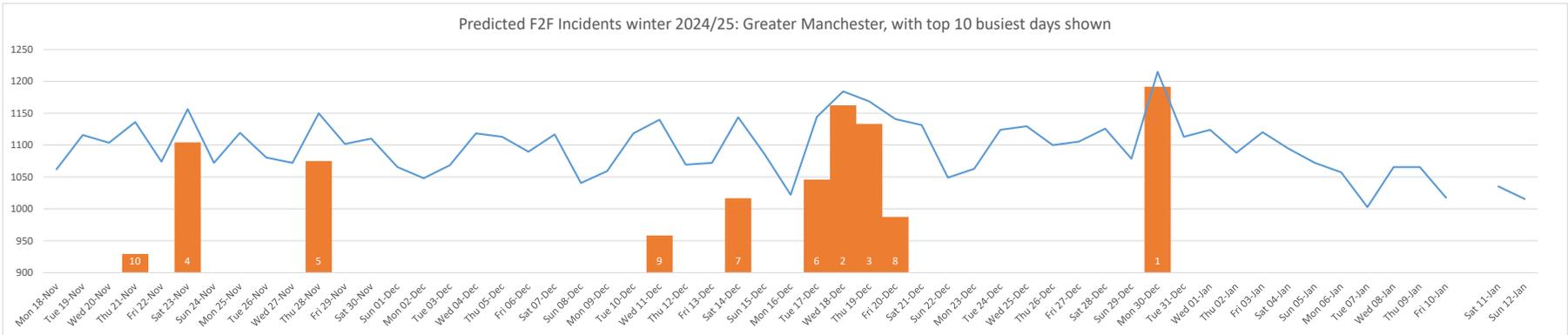
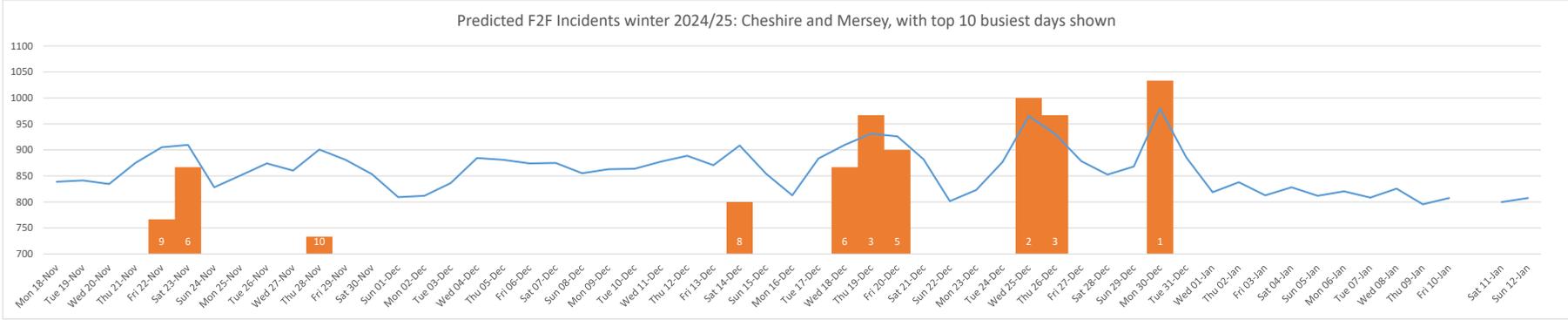
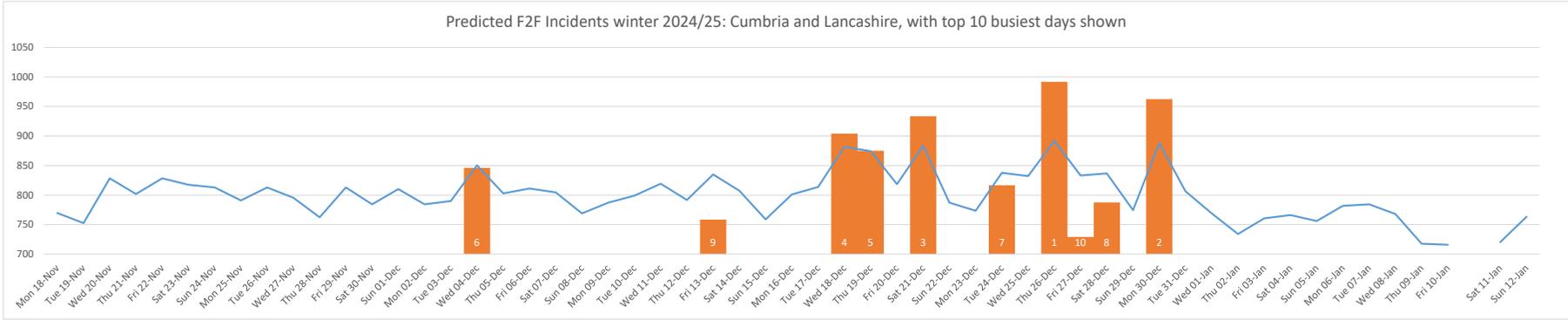
## 6. Review

- 6.1. The strategy will be reviewed following the winter period, to ensure it is still fit for purpose but is likely to remain unchanged as it is in line with the requirements set out by NHS England.
- 6.2. The Tactical plans will be reviewed to ensure that the tactics being applied to meet the strategy are effective.
- 6.3. Normal BAU methodology will apply on an ongoing basis and should be reviewed to ensure standardised practices are fit for purpose. Should a business continuity or critical incident occur which is associated with surge or other capacity planning, a hot debrief will be performed to identify if anything needs to change. This change will be affected with stakeholder engagement.
- 6.4. NWAS will participate in exercises run by NHS England and/or ICBs to re-confirm capacity plans.

When the Winter period finishes, NWAS will complete an internal structured debrief and engage with stakeholders in external debriefs to share wider learning.

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# Appendix 1 – Winter Forecast 2024-2025



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**ESCALATION AND ASSURANCE REPORT**

**Report from the Quality & Performance Committee**

<b>Date of meeting</b>	Monday, 23 September 2024		
<b>Members present</b>	Prof A Esmail, Chair Dr D Hanley, Non-Executive Director Dr A Chambers, Non-Executive Director Mr D Ainsworth, Director of Operations Dr M Power, Director of Quality, Innovation & Improvement Mrs A Wetton, Director of Corporate Affairs Dr C Grant, Medical Director	<b>Quorate</b>	Yes

**Key escalation and discussion points from the meeting**

**ALERT:**

**Medicines Management Q1 24/25**

- Noted the work undertaken in line with the Medicines Optimisation Strategy during Q1 24/25.
- Discussed the Home Office Licence for Controlled Drugs.

**ADVISE:**

**Q&P Dashboard**

- Noted overall good AQI performance
- Discussed hear and treat and see and treat activity and noted a programme of improvement was underway to improve performance.
- Noted the improved workforce indicators within 111 relating to sickness.
- Noted the work being undertaken within the system to improve performance.

**IPC Annual Report and Board Assurance Framework 23/24**

- Noted the assurance provided within the annual report and Board Assurance Framework in relation to the achievements and challenges of the IPC Team during 23/24.

**Clinical Audit Report Q4 23/24**

- Discussed and noted the new falls assessment data.
- Noted the work undertaken during Q4 23/24.

**EPRR Annual Assurance Report**

- Discussed the outcome of the self-assessment against the NHS Core Standards.
- Noted the further work required to improve compliance levels prior to submission on 31<sup>st</sup> October 2024.

**ASSURE:**

**Board Assurance Framework:**

- Received assurance from the report and discussed the progress of key outstanding mitigating actions.

**Complaints Assurance Report Q1 24/25**

- Received a comprehensive report detailing the volume, themes and learning of complaints received during Q1 24/25.

**PSIRF Q1 24/25**

- Received assurance in relation to the operational position of the PSIRF, Duty of Candour assurance and learning identified during Q1 24/25.

**Clinical Audit Report Q1 24/25**

- Received assurance in relation to the clinical audit activity undertaken during Q1.

**Learning from Deaths Q1 24/25**

- Received assurance in relation to the good practice and learning identified.

**RISKS****Risks discussed:**

- Strategic Risks aligned to the Committee SR01, SR03, SR06.

**New risks identified:**

- None identified.



**ESCALATION AND ASSURANCE REPORT**

**Report from the Quality & Performance Committee**

<b>Date of meeting</b>	Monday, 28 October 2024		
<b>Members present</b>	Prof A Esmail (Chair), Non-Executive Director Dr A Chambers, Non-Executive Director Dr D Hanley, Non-Executive Director Ms A Wetton, Director of Corporate Affairs Dr M Power, Director of Quality, Innovation, and Improvement Mr D Ainsworth, Director of Operations	<b>Quorate</b>	Yes

**Key escalation and discussion points from the meeting**

**ALERT:**

**Q&P Dashboard**

- Noted the data for Complaints, Incidents, safety alerts and patient experience with no significant variations.
- Discussed the exceeding handover times and disparity of handover times between areas.

**IPC Board Assurance Framework**

- Noted one new risk (score 9) in relation to the World Health Organisation declaration of a public health emergency of international concern in relation to a large outbreak of Mpox (Clade 1) in central Africa. This has been declared as a High Consequence Infectious Disease (HCID).

**ADVISE:**

**Complaints Assurance Report Q2 24/25**

- Received a comprehensive report detailing the volume, themes and learning of complaints received during Q2 24/25.
- Noted the positive addition of EDI data.

**Strategic Winter Plan 24/25**

- Received assurance that work had been undertaken with all relevant stakeholders in preparedness to establish the plan.
- Noted the NWS Winter Strategic Planning Group would continue to receive assurance against the NWS Winter Assurance, and further work would continue across all service lines to enact delivery throughout the period of the plan.

**ASSURE:**

**Board Assurance Framework:**

- Received assurance from the report and noted the proposed Q2 position of the BAF, including monthly commentary provided by the Executive lead for the BAF risks aligned to the Committee.

**IPC Board Assurance Framework**

- Received assurance and noted the Trust achieved compliance of 86% for those staff who require fit testing, which was the highest result since the fit testing has been recorded centrally on ESR.

**Learning Disability and Autism (LD&A) Assurance Report**

- Received assurance from the progress report on the three-year LD&A plan, which was launched. A summary of project progression to date against each of the 6 strategic aims was received and progress was noted.
- It was noted a NED Champion should be nominated for this area.

**RISKS****Risks discussed:**

- Strategic Risks aligned to the Committee SR01, SR03, SR06.

**New risks identified:**

- None identified.



**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Strategy development options paper
<b>PRESENTED BY</b>	Acting Chief Executive
<b>PURPOSE</b>	Decision

<b>LINK TO STRATEGY</b>	Trust Strategy									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input checked="" type="checkbox"/>	<b>SR03</b>	<input checked="" type="checkbox"/>	<b>SR04</b>	<input checked="" type="checkbox"/>	<b>SR05</b>	<input checked="" type="checkbox"/>
	<b>SR06</b>	<input checked="" type="checkbox"/>	<b>SR07</b>	<input checked="" type="checkbox"/>	<b>SR08</b>	<input checked="" type="checkbox"/>	<b>SR09</b>	<input checked="" type="checkbox"/>	<b>SR10</b>	<input checked="" type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" type="checkbox"/>	Quality Outcomes	<input checked="" type="checkbox"/>	People	<input checked="" type="checkbox"/>
	Financial/ Vale for Money	<input checked="" type="checkbox"/>	Reputation	<input checked="" type="checkbox"/>	Innovation	<input checked="" type="checkbox"/>

<b>ACTION REQUIRED</b>	Trust Board of Directors are asked to:
	<ul style="list-style-type: none"> <li>Review the SWOT and PESTLE analyses and note the assurance provided that our existing strategy remains relevant in the current strategic context,</li> <li>Note the key themes emerging from initial stakeholder engagement which will help inform the scope of the redevelopment work required,</li> <li>Approve option 2 to extend the existing strategy for a further year in line with the decision from Trust Management Committee on 20th November, and</li> <li>Review and approve the scope, design principles and timescales for the strategy redevelopment programme so that the work can proceed.</li> </ul>

**EXECUTIVE SUMMARY**

In September 2024 TMC received a paper which set out two options for developing the next trust strategy. The options were to either develop a refreshed strategy for approval in March 2025 or to extend the current strategy by one year and implement a new strategy in 2026.

TMC requested that an appraisal of the options be completed following a detailed diagnostic review. SWOT and PESTLE analyses have been completed to understand whether the current strategy is still relevant and aligned with the external and internal context.

The analyses indicate that our current strategy remains aligned with the external context and that with significant changes anticipated externally and internally, it is prudent to delay the development of a new strategy.

We have undertaken stakeholder engagement with patients and staff groups to inform the scope of the work required to develop the next strategy.

The areas highlighted for further development are

- Population health,
- Equality, diversity and inclusion,
- Developing more specific objectives for working together to build a better future,
- How we measure the achievement of our strategy and,
- How we embed our strategy within the organisation.

If the extension to the current strategy is agreed by Trust Board, the Strategy, Planning and Transformation Team will develop the new trust strategy and supporting strategies during the rest of this year and 2025/26 for approval in March 2026.

**PREVIOUSLY CONSIDERED BY**

Trust Management Committee	
Date	Wednesday, 20 November 2024
Outcome	Recommended option 2 for the development of the next strategy and the extension of the current strategy until March 2026.

## 1. Background

- 1.1. The current Trust Strategy was launched in 2022 and is due to expire in 2025. Four supporting strategies were launched in 2023 to set out how we will deliver the aims of our strategy. These supporting strategies will continue to run until 2026.
- 1.2. We have undertaken a table-top review of our Trust Strategy each year since 2022 to ensure that it remains relevant within the current strategic context and amends/additions are made where necessary.
- 1.3. The main challenge we face with the current approach, is that the timelines of the Trust strategy and supporting strategies are misaligned. The Trust strategy outlines what we want to achieve and expires at the end of 2024/25. The supporting strategies outline how we intend to achieve our strategic aims and objectives and inform the annual planning process, but they don't expire until the end of 2025/26.
- 1.4. In September 2024 a paper was presented to Trust Management Committee (TMC) which outlined two options for developing the next iteration of our Trust Strategy which were:
  - Option 1 – develop a new Trust Strategy 2025 – 2028 for approval in March 2025. This is the existing schedule for refreshing the strategy.
  - Option 2 – extend the existing strategy to the end of financial year 2025-26 to re-baseline timescales across all strategies.
- 1.5. A summary of this options appraisal is provided in [Appendix A](#).
- 1.6. TMC indicated a preference for option 2 due to several key factors including:
  - I. There are several uncertainties internally, regionally and nationally which will impact our future strategic aims and priorities (linked to BAF SR10) which may not be fully resolved by March 2025. For instance, the next steps following the Darzi review including consultation on the 10-year NHS plan and other national priorities which we will need to fully appraise.
  - II. This option would resolve the existing challenges associated with measuring strategy delivery one-year in arrears, by re-baselining the Trust Strategy and supporting strategies on the same delivery timeline.
  - III. Oversight and accountability for the development and delivery of strategy sits with NWAS' Trust Board of Directors. There are several leadership changes taking place within our trust board throughout 2024-25. An extension to our trust strategy would allow these leadership changes to be finalised and alternative appointments to be made. This will also allow any new members of the trust board to actively participate in the strategy redevelopment process and influence the future direction of travel.

1.7. TMC did not make a formal decision in September, but agreed a more detailed diagnostic review of our existing strategy should be completed and presented in November which would assess two elements:

- I. Does our existing strategy remain relevant within the wider strategic context (as currently known) if we were to extend? This would be assessed using a SWOT and PESTLE analysis and help provide mitigation against BAF risk SR10.
- II. What is the understanding and perception of our existing strategy by key stakeholders, and how do we get them involved early in the redevelopment programme to help inform the scope and content?

1.8. The outputs of the diagnostic review were presented to TMC in November to inform a decision on next steps. TMC agreed option 2 for onward approval to Trust Board of Directors.

1.9. This paper presents the outputs of this review alongside the revised next steps and timescales for the strategy redevelopment programme.

## **2. SWOT & PESTLE analyses**

2.1. The purpose of the PESTLE analysis was to provide assurance that we have fully appraised the wider external context to understand whether the Trust Strategy 2022-2025 remains aligned and relevant within that context.

2.2. The SWOT analysis provides a strategic assessment of our internal context and will be used alongside the PESTLE to shape the content of our refreshed trust strategy. A detailed summary of the PESTLE and SWOT analyses are attached as Appendix B and C.

2.3. Both will be iteratively reviewed and updated throughout the programme through wider stakeholder engagement to shape our future direction of travel.

2.4. The key themes which are pertinent to the strategy extension decision are summarised below:

### **2.5. External context**

2.6. Following the general election in July 2024, the new prime minister and Labour government have pledged to reform the NHS to ensure it is fit for the future. Work is ongoing to develop a 10-year plan which is due in April 2025 which will address the themes within Lord Darzi's independent review.

2.7. The current NWS trust strategy has been reviewed in the context of the evolving political direction and would advise trust Board of Directors that it remains relevant for 2025-26. Our strategic aims and objectives focus on ensuring improved outcomes and experience for patients, reducing response times, increasing care closer to home, supporting the health, wellbeing and development of our staff and improving organisational sustainability. The strategy also acknowledges the role of digital as a

critical enabler to better integration, intelligent decision making and greater productivity and efficiency. Appendix C provides a more thorough analysis of our current strategy against the external context using the PESTLE.

2.8. Throughout 2025-26, we expect to see the 10-year plan be translated into more specific policy changes, national directives and improvement targets which will help inform our internal strategic aims and objectives for the next three years.

2.9. It is therefore timely to extend the existing trust strategy until the end of FY 2025-26 to ensure our strategy redevelopment programme aligns with the aims and objectives outlined within the 10-year plan. In the meantime, the SWOT and PESTLE provide assurance that our existing strategy is well aligned to the new government's mission and areas of improvement highlighted by Lord Darzi.

2.10. Additionally, the financial position within ICBs and North West providers is under significant scrutiny, including increased grip and control over all aspects of NHS spending. Our existing trust strategy acknowledges the need for improved financial sustainability but was written before the extent of the system deficit was known. However, our Sustainability Strategy outlines clear objectives to improve productivity and efficiency, strengthen financial management and contribute to improving the financial position of the wider healthcare system. Through our annual planning process for 2025-26 we will be able to assess the relative affordability and financial impact of our strategic aims and objectives, so we do not believe there is a gap.

#### 2.11. **Internal context**

2.12. Oversight and accountability for the development and delivery of strategy sits with NWAS' Trust Board of Directors. There are several leadership changes taking place within our trust board throughout 2024-25. An extension to our trust strategy would allow these leadership changes to be finalised and alternative appointments to be made. This will also allow any new members of the trust board to actively participate in the strategy redevelopment process and influence the future direction of travel.

2.13. In isolation, leadership changes may not constitute the need to delay the strategy refresh process, however when combined with the external factors it seems prudent to recommend an extension at this time.

### **3. Stakeholder engagement**

3.1. It is essential that organisational strategies are codesigned and developed alongside key stakeholders. The purpose of commencing engagement activities at this early stage of the strategy redevelopment programme was to inform the scope of the work required.

3.2. If stakeholders thought the exiting strategy was clear, relevant and required minimal changes then it is likely the overarching purpose, vision and aims would remain the

same and further engagement would focus on developing our strategic objectives, deliverables and measures for the next three-years.

3.3. If stakeholders identified gaps or areas for improvement at a more fundamental level, then further work will be undertaken to review and refresh additional elements of our strategy.

3.4. Our approach to engagement concentrated on:

- Our patients - using the Patient and Public Panel to have focused discussions
- Our staff networks – through facilitated round-table discussions with network chairs and their members
- Our workforce - via ‘roadshows’ to connect with staff across the organisation including:
  - Paramedic Emergency Services
  - Integrated Contact Centres
  - Patient Transport Service
  - Corporate staff

3.5. Our engagement was structured around three components:

- Looking backward: what does our current strategy mean to you, do you have reasonable awareness and understanding of it and can you see how it impacts you?
- Areas for improvement: when considering our existing aims and objectives, where do you think we could improve the clarity and focus of our strategy? Do these aims and objectives still feel relevant today?
- Looking forward: what matters most to you and how would you expect to see that translated within our future strategy?

3.6. A summary of the themes which emerged from this engagement are outlined in Appendix D. These will be used to develop a more detailed communication and engagement plan which will underpin the strategy redevelopment work.

3.7. Some of the themes which emerged highlight areas for improvement within the strategy content and gaps in stakeholder knowledge and understanding which will be considered moving forwards as part of the strategy content design, these include:

**Aim 1 – Delivering high quality care**

3.8. We received a wealth of feedback regarding a fundamental lack of understanding and clarity around what health inequalities were and how we are working to tackle them through the delivery of our strategy. This also mirrored feedback received regarding our role in population health (under aim 3) and a need to articulate more clearly what our ‘offer’ is to the population health agenda. Trust Board of Directors are advised that

these two topics may require more of a deep dive, including further exec and board level discussions to address the gaps identified.

### **Aim 2 – Be a brilliant place to work**

3.9. There was a strong collective view from frontline staff in particular, echoed by the staff networks, that our existing objectives relating to workforce development, equality diversity and inclusion, and leadership capability remain highly relevant and the perception was that our next strategy should provide more specific objectives which can be more easily communicated to staff in terms of ‘what does this mean for me’?

### **Aim 3 – ‘Working together to build a better future’**

3.10. Recurrent feedback was a lack of clarity and ambiguity around what we meant by this aim, it was perceived to be too broad to generate meaningful engagement around delivery. Some suggestions were made that splitting into two clearer aims might be beneficial to separate out the sustainability objectives from a more specific aim around integration.

3.11. All stakeholder groups referenced that our strategy should place greater emphasis on what integration means, both in the context of ‘One NWAS’ and ‘One North West’. For example, several people flagged the need for more specific objectives around integrating roles, working practices, service lines and geography (as a wider system). Many of our staff felt that limited progress had been made to deliver the ‘One NWAS’ objective and still experienced siloed working.

3.12. It was identified that the ‘One North West’ objective was not specific enough as it was developed before the formal introduction of ICS’. Work is already ongoing within the Partnerships & Integration team to refresh the ‘partnership principles’ and develop the capability of leaders. This work will be critical to inform the next iteration of our strategy.

### **Embedding the trust strategy**

3.13. Several stakeholders fed back that they felt the trust strategy had not been well embedded within the organisation. Staff referenced not understanding the relevance or impact on them day-to-day and a disconnect between senior leaders and frontline staff on what the priorities were. Fundamentally, they felt insufficient emphasis had been given to ‘getting the basics right’ as this was the bit of the strategy that they felt most connected to.

3.14. There was a general lack of awareness of our trust strategy, with few people from the staff and patient cohorts able to articulate our vision, aims and objectives. They believed this stemmed from a lack of accessibility and clear communication, ownership and dissemination of key messages, along with celebrating achievements and benefits when they have been realised. All stakeholders expressed a desire for more frequent engagement in strategic discussions.

## **Measuring our strategy**

3.15. The final theme which emerged consistently was a gap in clear, measurable outcomes against each of our strategic aims and objectives that could be used to aid communication and engagement and demonstrate progress. This is an area where significant work will be required throughout the strategy redevelopment process as it has also impacted our ability to provide meaningful assurance on strategy delivery to TMC and Resources Committee.

## **4. Next steps for strategy redevelopment**

### **4.1. Formalising the strategy extension decision**

4.2. Based on the information and assurance provided in this paper regarding the continued relevance and alignment of our existing trust strategy within the wider strategic context, we would ask trust Board of Directors to discuss and agree the formal decision to extend until the end of March 2026.

### **4.3. Confirming the scope and design principles**

4.4. Based on feedback from the initial engagement work undertaken, and in line with learning from previous strategy development exercises and best practice, we would advise the board that the scope and design principles of the strategy redevelopment programme are as follows:

- The strategy redevelopment programme will incorporate the collective review and refresh of our trust strategy, supporting strategies and strategic plans in order to align timescales for sign off by March 2026.
- The programme will be underpinned by a robust communication and engagement plan to ensure it is co-developed and designed alongside key stakeholders.
- The programme will consider all elements of strategy content development, strategy implementation and communication, strategy measurement and multi-year strategic planning (i.e. roadmap development).
- The purpose, vision and values outlined in our existing trust strategy will be out of scope for review.
- The strategic aims, objectives and measures of success will be in scope for review.
- A detailed programme plan will be developed and monitored through Planning Group with onward assurance on delivery provided via the 3A's report into TMC.
- NWAS' Trust Board of Directors will take overall responsibility for the redevelopment of our strategies and will provide visible leadership and contribution to the process.

- The strategy term is currently three years, this will be reviewed and a recommendation provided to TMC and trust Board of Directors for consideration based on the outcome of the review process.

### **Timescales**

4.5. At Planning Group in October, a proposed strategy redevelopment roadmap was presented which assumed trust Board of Directors’ decision to formally approve option 2. The roadmap can be found attached as Appendix E. The key points to note from the roadmap are:

- Despite an extension to the term of the strategy, work to redevelop the key messages for the new strategy will still need to commence in 2024-25 to allow sufficient time to review the supporting strategies in 2025-26. However, the trust strategy and supporting strategy content will be simultaneously developed throughout next FY.
- The key priorities and objectives for the strategies will need to be sufficiently considered by the end of Q2 2025-26 to enable the 2026-27 annual planning cycle to commence in October 2025.

### **5. Risk consideration**

<b>Risk appetite category</b>	<b>Implications</b>
Compliance / regulatory	The strategy development process may identify risks in regulatory compliance and ensure that these are factored into priority setting.
Quality outcomes	The current strategy includes an aim relating to quality outcomes. The development of the next strategy will continue to include quality as a theme and provide the opportunity to set out how further progress against providing quality outcomes will be made.
People	The current strategy includes an aim relating to People. The engagement approach in the strategy development will ensure that our approach to delivering an excellent place to work is informed by staff views and is able to set out priorities that have a positive impact on staff.
Financial / value for money	Aims and priorities which are developed as part of the strategy development will be discussed with stakeholders to ensure that they are realistic, which will include consideration of the likely costs to deliver the strategic aims.
Reputation	Our strategy will be publicly available. Consideration of the equality impact of our strategy, the accessibility of the strategy document and the transparent, inclusive engagement used to develop the strategy will contribute to a positive impact on our reputation.
Innovation	The development of the strategy will ensure that we have clear direction and specific organisational goals. The delivery against these goals may require innovation. The clear direction set out in the strategy

	will support the assessment of innovations to ensure that they meet the needs of our organisation.
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## 6. Equality/sustainability impact

- 6.1. We are currently working with our Culture and Staff Experience Team to ensure that equality, diversity and inclusion is considered throughout the development of the strategy and an equality impact assessment will be produced prior to board approval. To ensure we meet the impact assessment, we have ensured that our engagement as inclusive as possible. It is expected that the strategic aims and priorities in the final strategy will produce a positive impact on equality, diversity and inclusion.
- 6.2. Sustainability will be a theme within the development of the strategy. The strategy will aim to have a positive impact on sustainability.

## 7. Action required

- 7.1. Trust Board of Directors are asked to:
  - I. Review the SWOT and PESTLE analyses and note the assurance provided that our existing strategy remains relevant in the current strategic context,
  - II. Note the key themes emerging from initial stakeholder engagement which will help inform the scope of the redevelopment work required,
  - III. Approve option 2 to extend the existing strategy for a further year in line with the decision from Trust Management Committee on 20<sup>th</sup> November, and
  - IV. Review and approve the scope, design principles and timescales for the strategy redevelopment programme so that the work can proceed.

Appendix A: Summary of options appraisal (presented to TMC in September)				
Option	Description	Advantages	Disadvantages	Risks
<b>Continue as is and refresh strategy for 2025-2028</b>	Produce a refreshed trust strategy by March 2025.	<ul style="list-style-type: none"> <li>• Would be a light touch refresh</li> <li>• Aims and values would remain the same</li> <li>• Minimum changes made to strategic objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Does not provide opportunity to provide assurance on delivery of current strategy</li> <li>• Misalignment of our wider strategic planning framework</li> <li>• New strategy would remain out of sync with supporting strategies and not resolve the challenges of measuring strategy delivery one-year in arrears.</li> </ul>	<ul style="list-style-type: none"> <li>• Current strategy not SMART hence cannot measure performance</li> <li>• May not align to national policy direction</li> <li>• Not deliver robust Strategy &amp; Planning process</li> <li>• Change in leadership may cause uncertainties. This leadership may also want to define alternative future direction of travel.</li> </ul>
<b>Extend existing strategy to the end of FY 2025 -26</b>	Timelines extended to give opportunity to align timescales of all strategies	<ul style="list-style-type: none"> <li>• Align and sync all timelines to enable a full suite of strategy documents that would cover 2026-2029</li> <li>• Little impact on timescales for delivery as supporting strategies drive implementation and do not need review until 2025-26.</li> <li>• Opportunity to ensure alignment to national policy</li> <li>• Enable further detailed work and deep dives to inform our strategic priorities</li> <li>• A more robust bottom-up approach implemented</li> <li>• Opportunity to ensure our objectives are linked with our external stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Delay in launch of our Trust strategy to April 2026</li> </ul>	<ul style="list-style-type: none"> <li>• Confidence in our strategy and planning process diminished, however with robust coms plan these could be mitigated.</li> </ul>

Appendix B: Summary of the PESTLE Analysis		
	Themes from the analysis	Areas for consideration within strategy redevelopment programme
<b>Political</b>	<p>Following the general election in July 2024, the new prime minister and Labour government have pledged to reform the NHS to ensure it is fit for the future and achieves three 'shifts' from:</p> <ul style="list-style-type: none"> <li>• Hospital to community</li> <li>• Analogue to digital</li> <li>• Treatment to prevention</li> </ul> <p>The government have also made plans to reform employment and trade union rights.</p> <p>The Lord Darzi review identified significant performance issues across the NHS, alongside 10 themes which will be further explored within the 10-year plan which is due in April 2025. The points which are relevant to NWAS are:</p> <ul style="list-style-type: none"> <li>• Re-engaging staff and re-empower patients</li> <li>• Shift to care closer to home with appropriate financial flows</li> <li>• Simplify and innovate neighbourhood NHS care</li> <li>• Drive productivity in hospitals</li> <li>• Tilt towards technology</li> <li>• Contribute to nation's prosperity - get people back to work by improving waiting lists</li> <li>• Review NHS England (NHSE) and ICB roles and responsibilities to ensure the right balance of management in the right places</li> </ul>	<p>We are aware of the new government national policy and the headlines, however there is lack of clarity on the detail. This is critical to inform NWAS future priorities.</p> <p>The extension of workers' rights proposed by the government will impact on current resourcing models and could increase costs.</p> <p>It is timely to extend the existing Trust Strategy until the end of FY 2025-26 to ensure our strategy redevelopment programme aligns with the aims and objectives outlined within the 10-year plan.</p> <p>Throughout 2025-26, we expect to see the 10-year plan be translated into more specific policy changes, national directives and improvement targets which will help inform our internal strategic aims and objectives for the next three years.</p>
<b>Economic</b>	<p>Financial position within ICBs and North West providers is under significant scrutiny, including increased grip and control over all aspects of NHS spending. The North West ICB's are some of the worst performing in the country.</p> <p>The Lord Darzi review reports a £37 billion shortfall in capital investment in the NHS. This shortfall has impacted productivity, maintenance backlogs and estate issues across the NHS.</p> <p>The Autumn Budget saw the government announce a £22.6 billion investment in the NHS over the next two years.</p>	<p>The strategy redevelopment programme must consider how our strategy will support the organisation to become more sustainable through a focus on operational and financial productivity and efficiency.</p> <p>It should also provide a focus on how/where additional investment should be made.</p> <p>Our strategy must also outline our contribution to the financial sustainability of the wider healthcare system through increased partnership working.</p>
<b>Social</b>	<p>Strengthening the role that the Trust has in reducing health inequalities.</p>	<p>The strategy redevelopment process gives NWAS an</p>

	<p>Aging population, changing health trends, demographic changes and health inequalities will have significant impact on the way services are provided.</p> <p>Changing generational expectations of work, such as the rise in portfolio careers, flexibility and work-life balance.</p>	<p>opportunity to be more specific in our commitments towards improving health inequalities and population health.</p> <p>Adapting to the changing expectations of our workforce will require attention.</p>
<b>Technological</b>	<p>There is a call for technology to unlock productivity, particularly in out of hospital services that urgently need the benefits of digital systems to care for patients closer to home. This includes the use of artificial intelligence technologies to enable preventative care in tandem with curative care.</p> <p>Cyber threats are constantly evolving and always present, so digital health and care organisations must remain prepared and ready to respond.</p>	<p>Our strategy should inform the key priorities for digital transformation. Our Digital strategic plan will be updated in 2025-26 to reflect the aims and objectives for the next three years.</p>
<b>Legislative</b>	<p>Ambulance Services are seeing an increasing number of Prevention of Future Death (PFD) reports from coroners that relate to delays in Ambulance response, handover times or overdoses.</p> <p>The COVID-19 Inquiry has been established under the Inquiries Act (2005). The purpose is to examine the UK's response to and impact of the Covid-19 pandemic and learn lessons for the future.</p> <p>Three Ambulance Services have been rated 'requires improvement' by the Care Quality Commission (CQC) and one has been rated as inadequate. The CQC themselves are under extensive scrutiny regarding the effectiveness of their systems and processes.</p>	<p>Our strategy must provide sufficient consideration of our statutory and legislative duties as a healthcare provider. The strategic focus across all of our statutory and legislative requirements will continue to be 'getting the basics right' whilst always 'striving for excellence'.</p>
<b>Ethical</b>	<p>Baroness Casey's review (2023) identified concerns regarding the culture of Blue Light and uniformed services relating to 'institutional racism, sexism and homophobia'.</p> <p>NHS England Culture Review of Ambulance Trusts (2024) made several recommendations regarding leadership, culture, EDI, and workforce health and wellbeing which need to be addressed.</p> <p>The NHS Green Plan provides a mandate against which we develop our environmental sustainability objectives. The target is 51% reduction in carbon by 2025 (1990 baseline).</p>	<p>These are all still areas which our strategy is aiming to address.</p> <p>In refreshing our strategy, we intend to make our aims and objectives more specific and measurable.</p> <p>Improving culture will impact on our retention and productivity which means that a failure to achieve an improved culture will have an economic impact and also impact our delivery of services.</p>

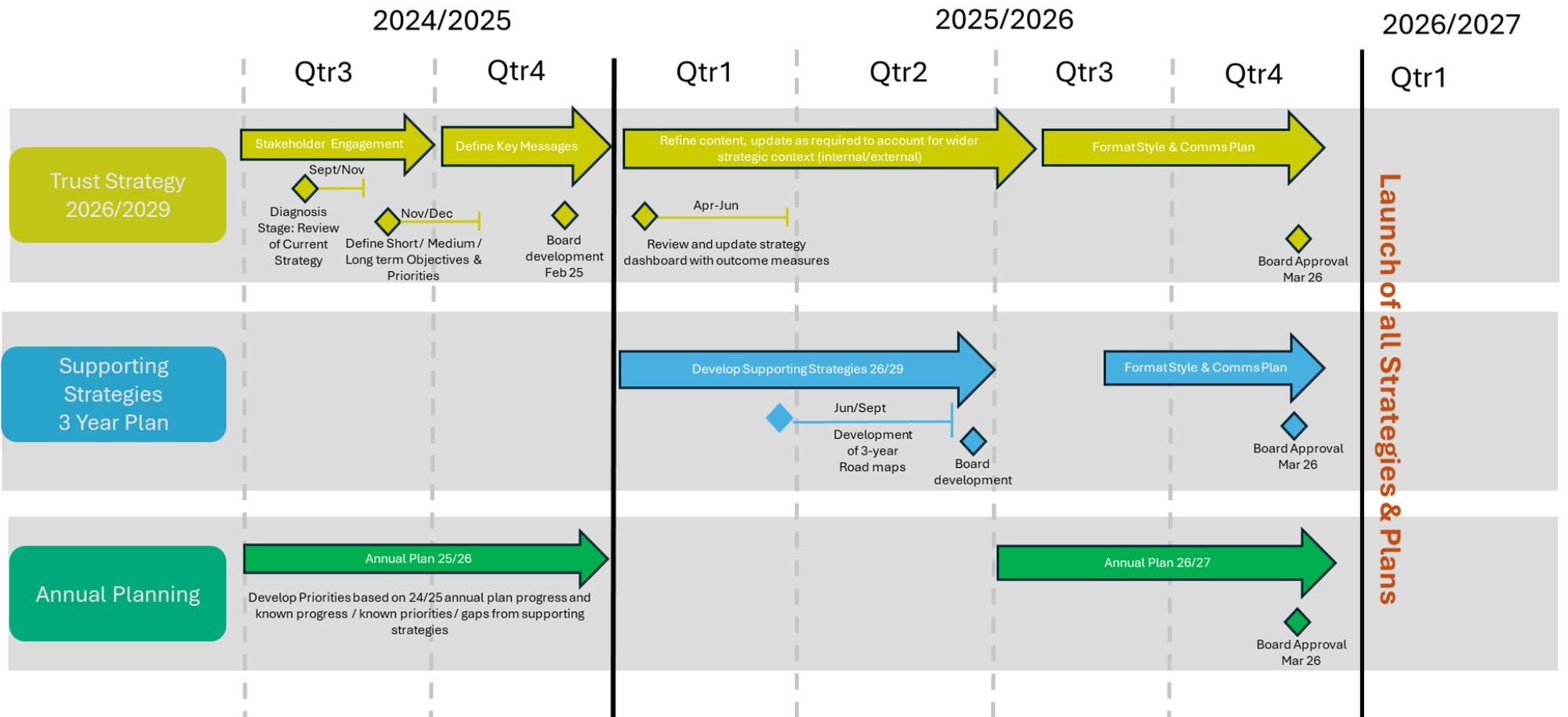
## Appendix C: Summary from the SWOT Analysis

Strengths	Weakness
<ul style="list-style-type: none"> <li>• Our existing strategic aims and objectives align with current emerging policy</li> <li>• Our internal financial position is strong</li> <li>• Partner relationships are maturing</li> <li>• Strong sense of NWAS identify</li> <li>• Public trust and engagement</li> <li>• Demonstrable improvements in digital maturity</li> <li>• Improvements across several workforce metrics</li> <li>• Sustained improvements across several key performance indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Silo working still exists internally</li> <li>• Regional variations of performance and quality of service delivery</li> <li>• Data and measurement not maturely used to drive improvement and measure impact</li> <li>• Evidential problems with culture remain</li> <li>• Capital funding creating constraints</li> <li>• Challenges around career progression</li> <li>• Expectation of flexibility in working patterns</li> <li>• Resistance to changes to working practices</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• NWAS role to help deliver shift from hospital to community though 'care closer to home'</li> <li>• Improved working with partners to support greater community-based care and reducing pressure on the urgent care system</li> <li>• Labour manifesto commits to deliver the NHS long term workforce plan addressing recruitment and retention issues</li> <li>• Integrated workforce opportunities from Primary care reform and community care investment</li> <li>• National focus on productivity and efficiency may support further opportunities to identify ways to create greatest value for ambulance services</li> <li>• Addressing inequalities (staff and patients)</li> <li>• Development of alternative care pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Primary care reform creates a risk to NWAS workforce</li> <li>• Financial constraints at an ICB-level seeing greater grip and control</li> <li>• Growth in private sector provision</li> <li>• Loss of public trust and public value of NWAS services i.e. NHS 111</li> <li>• Deprivation, health inequalities and meeting population needs</li> </ul>

Appendix D: Highlights from engagement work for further exploration			
	Our Patients	Our Staff Networks	Our Workforce
Looking backward	<p>Structure &amp; Format</p> <ul style="list-style-type: none"> <li>Want clearer, more accessible language &amp; an easier to read / accessible version which is relevant to the audience</li> </ul> <p>Impact &amp; success</p> <ul style="list-style-type: none"> <li>Need to understand what this good looks like</li> <li>Continual communication with evidence on what has been achieved</li> </ul> <p>Dialogue &amp; Continuous engagement</p> <ul style="list-style-type: none"> <li>Want to be engaged though out the process of implementation not just one-off during development</li> </ul>	<p>Structure &amp; Format</p> <ul style="list-style-type: none"> <li>Relevant &amp; relatable to different audiences</li> <li>Language &amp; presentation still a bit too corporate but an improvement on previous versions</li> </ul> <p>Connectivity &amp; Joining Up</p> <ul style="list-style-type: none"> <li>Strategy &amp; planning processes feels disjointed and fragmented</li> <li>Outcomes/ impact need to be communicated</li> </ul> <p>Communication &amp; Updates</p> <ul style="list-style-type: none"> <li>Should not be a one off &amp; needs to be continuous</li> </ul> <p>Current EDI Priorities</p> <ul style="list-style-type: none"> <li>Not specific enough, nor measurable</li> <li>Role and value of the networks in both designing and delivering strategy not fully understood – currently perceived as tokenistic rather than driving meaningful change</li> </ul>	<p>Awareness of Trust strategy:</p> <ul style="list-style-type: none"> <li>There is little awareness of the Trust strategy amongst the workforce including the vision, values and aims.</li> <li>Understanding how this relates to and impact on their work is low</li> </ul> <p>What makes NWS a brilliant place to work:</p> <ul style="list-style-type: none"> <li>There is consensus that NWS is a great place to work and is made so by its staff, and being a friendly, respectful and caring place to work</li> <li>When delving in deeper there are discrepancies in the concept of one NWS, in terms of geographical variances, service line variances and concept of one team.</li> </ul> <p>Patient care focus</p> <ul style="list-style-type: none"> <li>The roadshow demonstrated a high commitment to providing care at the right place and promptly and a recognition of using new technology to enhance services.</li> </ul>

<p><b>Areas of improvement</b></p>	<p>Accessibility</p> <ul style="list-style-type: none"> <li>Using the strategy to manage public expectations</li> </ul> <p>Awareness of services</p> <ul style="list-style-type: none"> <li>Greater public awareness of what services we offer</li> <li>Manage expectations during winter pressures</li> <li>Understanding of what NWAS does and clarity of core business</li> </ul> <p>Standardisation v Variations</p> <ul style="list-style-type: none"> <li>Understand requirements for standardisation &amp; align ways of working: consider differing geographical and population needs</li> </ul> <p>Limit numbers of priorities</p> <ul style="list-style-type: none"> <li>Focus on small areas of improvement with clear measures</li> </ul>	<p>Standardisation Vs variation</p> <ul style="list-style-type: none"> <li>Understand requirements for standardisation &amp; align ways of working: consider geographical and population needs</li> </ul> <p>Recruitment &amp; Retention</p> <ul style="list-style-type: none"> <li>Maximise the use of the workforce in responding to emergencies by using blended workforce.</li> <li>Focus on aspiring Leaders using mentoring and coaching</li> </ul> <p>Training</p> <ul style="list-style-type: none"> <li>Training opportunities relevant for the role</li> <li>Mandatory training should be fit for role</li> </ul> <p>Policies &amp; National Directives</p> <ul style="list-style-type: none"> <li>Ensure localised and relevant for NWAS, don't just lift and shift national policies</li> </ul>	<p>Working Conditions:</p> <ul style="list-style-type: none"> <li>More family friendly working conditions</li> <li>Rota reviews and shift patters</li> </ul> <p>Senior Manager Engagement:</p> <ul style="list-style-type: none"> <li>Visibility and better communication from of senior managers</li> </ul> <p>Right equipment</p> <ul style="list-style-type: none"> <li>Ensuring that all equipment provided are fit for purpose this range from vehicles to clinical equipment. Front line staff not engaged in procurement and testing of new equipment</li> </ul> <p>A&amp;E Handovers and waiting times</p> <ul style="list-style-type: none"> <li>Preparing for winter pressures and avoiding long handover times</li> </ul>
<p><b>Looking forward</b></p>	<p>Bridge gap between call &amp; responding</p> <ul style="list-style-type: none"> <li>Use of volunteers and community to support and use as first responders</li> </ul> <p>Generalist V Specialists</p> <ul style="list-style-type: none"> <li>Maximise the use of the workforce in responding to emergencies by using blended workforce</li> </ul> <p>Understand Health Inequalities</p> <ul style="list-style-type: none"> <li>Understand population demographics and differing needs of disadvantaged groups</li> </ul> <p>Data &amp; Intelligence</p> <ul style="list-style-type: none"> <li>Use intelligence and evidence to determine priorities and measure quality</li> <li>Use our patient data smarter</li> </ul>	<p>Maximising community assets</p> <ul style="list-style-type: none"> <li>Use of volunteers and community to support and use as first responders</li> </ul> <p>Health Inequalities</p> <ul style="list-style-type: none"> <li>Understand disparities to access to services in terms of: <ul style="list-style-type: none"> <li>Triage</li> <li>Treatment</li> <li>Outcomes</li> </ul> </li> </ul> <p>Data &amp; Intelligence</p> <ul style="list-style-type: none"> <li>Maximise use of data to direct change, improvement and inform decision making</li> </ul>	<p>Training and progression</p> <ul style="list-style-type: none"> <li>Ensure that training is fit for purpose</li> <li>Enhance internal training which avoids external provision</li> </ul> <p>Awareness of the population served</p> <ul style="list-style-type: none"> <li>Understanding differing population needs</li> </ul> <p>Pathway development and improvement</p> <ul style="list-style-type: none"> <li>Pathways not 24hrs and often</li> </ul> <p>Communication</p> <ul style="list-style-type: none"> <li>With patients around appropriate service use</li> <li>With staff on direction of travel and priorities</li> </ul> <p>One NWAS</p> <ul style="list-style-type: none"> <li>Due to changes, lack of staff cohesion and feeling not valued</li> </ul>

Appendix E – Strategy development roadmap (option 2)





**REPORT TO THE BOARD OF DIRECTORS**

<b>DATE</b>	Wednesday, 27 November 2024
<b>SUBJECT</b>	Communications and Engagement Dashboard
<b>PRESENTED BY</b>	Salman Desai, Acting Chief Executive
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	All Strategies									
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input type="checkbox"/>	<b>SR02</b>	<input type="checkbox"/>	<b>SR03</b>	<input type="checkbox"/>	<b>SR04</b>	<input type="checkbox"/>	<b>SR05</b>	<input type="checkbox"/>
	<b>SR06</b>	<input type="checkbox"/>	<b>SR07</b>	<input type="checkbox"/>	<b>SR08</b>	<input type="checkbox"/>	<b>SR09</b>	<input type="checkbox"/>	<b>SR10</b>	<input checked="" type="checkbox"/>

<b>Risk Appetite Statement</b> <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input type="checkbox"/>	Quality Outcomes	<input type="checkbox"/>	People	<input type="checkbox"/>
	Financial/ Value for Money	<input type="checkbox"/>	Reputation	<input type="checkbox"/>	Innovation	<input type="checkbox"/>

<b>ACTION REQUIRED</b>	The Board of Directors is asked to note the contents of this report and discuss the impact of its content.
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<b>EXECUTIVE SUMMARY</b>	<p>The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights.</p> <p>The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy, and the positive impact it has on staff, patients, and partners.</p>
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<b>PREVIOUSLY CONSIDERED BY</b>	Not Applicable	
	Date	Click or tap to enter a date.
	Outcome	

## 1. BACKGROUND

This report provides 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 2024/25 (July - September 2024).

It demonstrates how the activity of the team contributes to the strategic aims and objectives of the trust strategy.

## 2. REPORT

The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy, and the positive impact it has on staff, patients, and partners.

Key points to note are:

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

**Objective – Improve the health, wellbeing and safety of our people**

Statistical content and narrative is provided to outline communications activity that meet this aim and objective.

For example, for Q2, this includes:

- Leadership review – ongoing support to communicate progress of the paramedic emergency service leadership review, including a new Green Room page with video introductions to each role and tailored area-level newsletters.
- The launch of two communications plans to cover significant pieces of work – the NHS Staff Survey and flu vaccination campaign.
- Support for the development of the new induction process to welcome new starters – finalised a staff welcome book, templates and executive presentation.

Examples of the impact of this work are included in the report:

- Better Health, Better You – our health and wellbeing e-newsletter – continues to be one of our best-read e-publications. Interactions continue to increase, with 13% more people clicking on the links to further support, and staff coming forward to volunteer their stories and experiences for inclusion, demonstrating the content is relevant, impactful and useful.

**Aim – Provide high quality, inclusive care**

**Objective – Identify opportunities to improve clinical practice and patient experience.**

Statistical content and narrative is provided to outline patient engagement activity that meet this aim and objective.

For Q2, this includes:

- Growing the Patient and Public Panel to 346 members, with 32% youth representation within our membership, and 25% representation from diverse communities. In Q2, members were actively involved in reviewing the equality, diversity and inclusion priorities.
- 14 community events attended, with a focus on university freshers' fairs and PRIDE events.
- 10 targeted engagement opportunities held with priority patient groups, including Merseyside Jewish Community Care and Wai Yin Society.

- 2 NWAS community events held – an awareness day in Cheshire with 65 attendees, and the AGM and open day in Oldham with more than 200 attendees.
- 1,285 patient feedback surveys returned with 93% agreeing they were cared for with dignity, compassion and respect.

Examples of the impact of this work are included in the report:

- Our panel members provided feedback during the development of the equality, diversity and inclusion (EDI) priorities. They highlighted the need to include neurodivergance in the strategy, how NWAS makes reasonable adjustments for staff with disabilities, and how we will gather the data and feedback from patients.
- Following feedback from staff and patients, in Q2, we have updated the information available to staff to help make our services accessible to all and improve patient experience. A 'communication and translation aids' guide has been developed, shaped by feedback from our patient engagement, to ensure frontline staff have access to information to help them communicate with patients with additional needs or whose first language is not English. The guide is available on the Green Room and via the iPads.

**Aim – 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 is provided to outline communications activity that meet this aim and objective.

For Q2, this includes:

- The conclusion of our summer campaign. Highlights included a media opportunity with a former footballer, social media content about the hot weather being viewed more than 66,000 times, a radio advertisement reaching 1.4 million listeners, and a 111 leaflet reproduced in 11 different languages.
- Planning for the winter campaign, which will focus on self-help messaging, falls prevention and general service awareness.
- 22 positive, proactive media stories released, including several patient reunion stories.
- 2 major incidents responded to.
- Stakeholder communications, including letters to new MPs and 2 presentations for overview and scrutiny committees (OSC).

**The report also captures other areas of communications and engagement activity which cut across the three aims:**

- Social media – in Q2 we saw our audience grow by 2.5%.

Despite a 7% decrease in the number of posts shared on our channels, we saw huge increases in engagement (224%) and impressions (106%). This is mostly attributable to the Southport major incident, when the public turned to our social feeds to find out more information.

Our engagement across all platforms increased, with the biggest increase seen on X. While X is a platform in decline, with some organisations choosing not to use it, this demonstrates that people still turn to X for information when there is a major incident and it's important to have facts from trusted sources to combat misinformation. This is why we are keeping the platform at present but reviewing it regularly.

Our social media platforms have an audience of over 187k and continue to be our biggest external channel to drive appropriate messaging. We are continuing to keep up with evolving trends which feed into the platform's algorithms to optimise engagement, as well as making sure our posts are accessible.

- Website and Green Room – we have seen an increase for the 3<sup>rd</sup> consecutive quarter in visits to the website because of the continuing work on the Careers with Heart campaign. The Green Room's most popular pages were managers on duty, HR Portal and our locations where staff can get addresses for our various sites.
- FOI figures – we received 3% more FOIs in Q2 than Q1 and completed 55% more than in Q1. This increase is attributable to many of Q1's FOIs coming towards the end of the quarter, meaning they were completed and submitted in Q2. Our 20-working day response target of 90% sits at 99%.

### **3. EQUALITY/ SUSTAINABILITY IMPACTS**

All of the trust's communications and engagement activities seek to promote equality and diversity and ensure information is accessible to all.

### **4. ACTION REQUIRED**

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.

All communications and engagement activity is planned and undertaken to support the aims of the trust strategy, and the accompanying strategic objectives. Our dashboard details examples of how we've achieved this in Q2 2024/25, before summarising other highlights from our activity.



The 'making a difference' value icon is used to highlight how our activity has a positive impact on staff, patients or partner organisations.



**North West Ambulance Service**  
NHS Trust



## Be a brilliant place to work for all

**Objective:** Improve the health, wellbeing and safety of our people

### Internal bulletins

During this quarter, we shared:

**11** CEO bulletins   **11** Clinical bulletins   **23** Operational bulletins

Plus **24** others including weekly bulletins, PTS, ICT, resilience and In Our Thoughts.

Topics included:

- Pay uplift
- VIP visits
- Major incident

### **3** editions of 'Better Health, Better You'

covering disability awareness, dementia awareness and eye health. All featured real staff experiences.

**3,313** staff read the newsletter each month on average   **430** interactions (link clicks)   **▲ 13%**

### Film

**4** underway   **19** completed   **▲ 9**

This quarter, we captured several staff films to explain the new roles from the PES leadership review. We also supported various projects, with films on topics including hospital handover, patient safety learning and staff survey. A 'year in summary' film was produced for the AGM.

## Staff communications campaigns and project support

### New induction

- Continued to support the introduction of new trust induction materials. Finalised the templates, executive presentation and staff welcome book.

### Long Service Awards

- Supported the Cheshire and Mersey and Cumbria and Lancashire long service awards with the design of brochures and creation of milestone videos.
- Drafted notes for CEO and Chair speeches.
- Attended to provide digital support on-the-day.

### Staff survey

- The staff survey comms campaign was launched. In Q2 this included a video from the People Promise Manager, and positive quotes from staff who have completed their survey.

### Flu campaign

- Launched the flu vaccination comms campaign with posters on the digital wallboards and bulletin articles to promote vaccinators and increase uptake.

### Network support

- Worked with Armed Forces Network to produce remembrance vinyl for three dedicated vehicles, to be in situ throughout November.

### Sleep, Fatigue and Recovery pilot

- Promoted the online app with resources to support better sleep, as part of the wellbeing agenda.

### Leadership Review

- New Green Room page created to profile the new roles, with videos of each.
- Area newsletters created to officially communicate the structure in each area. For distribution in Q3.

### Integrated Contact Centres (ICCs)

- Published two editions of a new 'Contact Centre News' newsletter.
- Supported planning for 'phase 3' of restructure.

### Star Awards

- Preparations continued for event in March 2025.
- Opened online nominations - 80 received so far.
- Began to secure sponsorship - over £10k raised.

### CQC preparation

- Ongoing creation and promotion of '5 minute briefings' to cover 26 topics of importance ahead of any potential CQC visit in the future.

## Making a difference



Better Health, Better You continues to be one of our best read e-newsletters. The interactions have increased this quarter, with 13% more people clicking on the links to further support, demonstrating the content is relevant and useful to staff.



The format of the CQC 5-minute briefings was created around the time of the last inspection, based on feedback from staff who needed quick, easy-to-digest information to help them get through the large amount of information being shared.



Film has been used as a tool to help promote the new PES leadership roles, based on staff feedback and project group discussion, to make the communications more personal and understandable. These will be shared widely in Q3.

## Provide high quality, inclusive care

**Objective:** Identify opportunities to improve clinical practice and patient experience

### Patient and Public Panel (PPP)

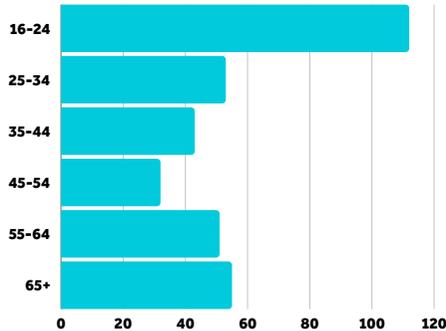
**20** new expressions of interest      **6** new panel members

**346** total panel members **▲2%**  
**Maintaining our target of 300 members**

**5** new requests for panel involvement      **17** involvement opportunities delivered

- In Q2, the PPP was shortlisted for a PENNA Award for 'patient participation'.
- Areas of panel involvement in Q2 included contributing to the equality, diversity and inclusion priorities.
- Due to maintenance of the membership target, we continue to focus on developing our existing PPP membership.

• Youth representation is at 32% against a stretch target of 40%.



- Representation from diverse communities is at 25% and it is our aim to maintain or exceed this figure. Our top three ethnic groups currently are:

- 1) White
- 2) Asian / Asian British
- 3) Black African / Caribbean

We also have members from the Chinese, Indian and Polish communities.

We continue to target our engagement with ethnic community groups to ensure opportunities to join the panel are promoted.

## Community engagement and events

**14** community events attended **▲2**

Examples of these include:

- Liverpool and Chester Pride
- Freshers events at UCLan, Bolton, Salford and Liverpool John Moores Universities.

**10** engagement opportunities **▲4**

with priority patient/community groups including:

- Merseyside Jewish Community Care
- Wai Yin society
- Liverpool Chinese Students and Scholars Association

**2** NWAS community events held

### Ambulance Awareness Day, Cheshire, July.

- Following feedback, we changed the focus of the event to target a younger audience, with information about career opportunities and first aid awareness.
- We attracted **65** attendees, including students and learning disability groups.
- Shared information about 111 and 999 and how to get into a career or volunteer with us.
- Feedback gathered showed interest in knife crime (and what to do in the event of a knife injury), drugs, acid attacks and mental health - this feedback shaped the agenda for the Cumbria community event in Q3.

### AGM and Community Day, Oldham, September.

- More than **200** attendees, including students, community groups and members of the public.
- **19** marketplace stalls with interactive activities including a vehicle display, our Widening Access and Positive Action teams talking about careers, HART showing equipment, the ambulance museum, our 999, 111 and PTS services, as well as staff networks.
- We were also joined by Greater Manchester Police, Pennine Care NHS Foundation Trust, Northern Care Alliance, Park House Dentist and Safer Roads Partnership who also each had interactive activities.
- Feedback from guests suggests they liked the range of stalls and services to browse, the friendliness of NWAS staff, the CPR demonstrations and the venue.

### Elm Point community school engagement

- Worked with more than **100** children across two Liverpool schools, including one for special educational needs, on two activities related to the construction of the new HART base in Anfield.
- The first activity was planting time capsules at the new site, the second was arranging a talk on water safety before they broke up for the summer holidays.

## Patient experience surveys

☆☆☆ **16,826** surveys sent      ↻ **1,285** surveys returned **▲1%**

**89%** were likely to recommend the service to friends and family **▼1%**

**88%** were very or fairly satisfied with the overall service they received **=**

**93%** agreed they were cared for with dignity, compassion and respect **=**

In Q2, we also produced a report of patient experience from a residents' survey of the Alston pilot response model, working closely with Healthwatch Westmorland and Furness.

## Making a difference



The NWAS community events provided opportunities for quality patient and public engagement with a wide audience. Feedback from these events is shared with service lines and informs our annual engagement report and recommendations.



This quarter, we have updated the information available to staff to help make our services accessible to all and improve patient experience. A 'communication and translation aids' guide has been developed, shaped by feedback from our patient engagement, to ensure frontline staff have access to information to help them communicate with patients with additional needs or whose first language is not English. The guide is available on the Green Room and via the iPads.



Our PPP members provided feedback during the development of the equality, diversity and inclusion (EDI) priorities. They highlighted the need to include neurodivergance in the strategy, how NWAS makes reasonable adjustments for staff with disabilities, and how we will gather the data and feedback from patients.



Feedback from the Elm Point school children was positive: "The children were delighted with their visit to the site. They talked about it the whole way home and showed their friends in class the photos we had taken."

## 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.

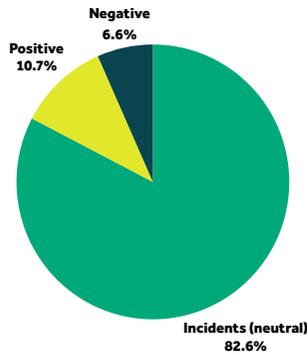
### Press and public relations

#### Press office activity / output

- 159** incident checks handled ▼ **9**
- 8** statements prepared in response to media enquiries ▼ **13**
- 4** positive broadcast media opportunities secured ▼ **5**
- 22** proactive stories issued, against our target of **16**
- 2** major incidents responded to

Proactively we continued a series of patient reunion stories, including a media opportunity to speak to former Premier League footballer Iain Dowie about cardiac arrest survival. This secured coverage with local print press and radio, and Sky Sport News, promoting live savings skills, including CPR.

While less reactive media handling was required this quarter, we responded to several sensitive and time-consuming enquiries, including one about former international staff and a CFR disputing the decision to stop him driving on blue lights. We also provided press and communications support during two major incidents this quarter (the Southport attack and subsequent community disorder).



#### Resulting media coverage

To give a picture of NWAS in the media, we log all news coverage available online. This will not include every mention in print or broadcast media, but allows us to see the overall sentiment of reporting. In Q2, the percentage of negative coverage has gone down and positive coverage has increased.

- The majority is about incidents, including an NWAS mention, which is factual and neutral in tone.
- Negative coverage overall reflects negatively on NWAS, but usually includes a statement from us in response.
- Positive coverage is usually a result of the proactive activity carried out by our press office that quarter.

### Summer campaign

Our summer campaign ended during Q2. It focused on promoting CPR, with links to the Euros, and raising awareness of NHS 111 and summer-related health messaging.

Highlights include:

- Media opportunity with former footballer Iain Dowie.
- CPR postcards created and distributed at engagement sessions and via the Community Resuscitation Team.
- Hot weather Reel for the August heatwave viewed **66,000** times.
- Produced a A-Z guide about what 111 can help with.
- A series of 111-themed Reels featuring staff attracted **30,056** views in total.
- A campaign on Heritage Radio, focusing on 111 and repeat prescription messaging for the bank holiday, reached approx. **1.4 million** listeners.
- 111 service leaflets developed in **11 languages**.

### Winter campaign

In Q2, preparation began for our Oct-Feb winter campaign, devised to warn the public about the impact of increased demand on the service and inform them of how to use services wisely.

Based on data, there are two topics identified for targeted campaign activity:

- Self-help – aimed at 18-30 year olds and ethnic minority communities in Greater Manchester.
- Falls prevention – targeting individuals aged 70 and over in Preston.

We will also raise awareness of 111, 999, and PTS, showcasing staff and volunteers, incorporating demand and repeat prescription messaging and aligning with key awareness days. An update will be included in the Q3 dashboard.

### Publications

Your Call magazine was released in September. This edition:

- included stories on Mark, who qualified as a paramedic at 64, NHS 111 Health Advisor Rachel raising awareness of autism, our driving instructors, and an A-Z of using 999.
- has been read **2,019** times so far, with readers spending an average of **3 mins 49 seconds** browsing the edition.

### Stakeholder communications

**1** briefing was issued to stakeholders with general NWAS news and updates.

**1** briefing was issued to new MPs following the election, welcoming them to their role and giving our contact details.

**3** VIP visits arranged, including The King to Southport, Health Minister Wes Streeting MP to Southport, and Chris Webb MP to Blackpool Station.

**5** letters to MPs on topics including resources in Southport, medical markers and volunteers using blue lights.

**9** other letters, including condolences to WMAS on death of a serving paramedic, thank you letters to those involved in VIP visits, and to a patient group about private providers.

**2** presentations prepared and attendance arranged for Overview and Scrutiny Committees (OSCs).

### Freedom of Information (FOI)

- 132** received ▲ **3%**
- 126** completed ▲ **55%**
- 99%** compliance year-to-date against 20 day target

Topics included:

- Agency spend
- Private provider use
- Assaults against staff

#### NOTES

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%.

The percentage of FOIs completed in Q2 is up due to the number received later in Q1 which were then completed in Q2.

### Making a difference



Media coverage this quarter was dominated by the tragic attack in Southport and the aftermath. Following lessons learned in the Manchester Arena Inquiry, for now we've declined to participate in any media interview opportunities. However, we have facilitated involvement in several community events, royal visits, and a patient meeting. During the subsequent public disorder, we supported the Strategic Commander, and participated in ongoing comms cells with community and blue light partners to widen the reach of official updates to tackle misinformation and highlight warning and informing messaging.

## Social media - Facebook, X (Twitter) and Instagram

### Audience

 <b>88,595</b>	Facebook followers
 <b>69,212</b>	X (Twitter) followers
 <b>19,909</b>	Instagram followers
 <b>9,704</b>	LinkedIn followers

**Audience growth**  
▲ 2.5%

### Engagement

<b>418</b>	posts published on all channels	▼ 7%
<b>7,087,018</b>	impressions	▲ 106%
<b>487,872</b>	engagements (comments, likes, retweets, shares etc)	▲ 224%
<b>6.9%</b>	engagement rate	▲ 58%
<b>819,447</b>	video views	▲ 146%

#### TOP POST

**Major incident update**  
**97,634 engagements**

North West Ambulance Service (NWAS) is responding to a major incident following a call at 11:48am to Hart...



#### TOP REEL

**When NWAS met Corrie**  
**97,632 views**



When NWAS meets Corrie!



'**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 industry experts, the average engagement rate is less than 0.5% for Facebook, 2.5% for X and 1.5% for Instagram, making our engagement extremely high.

'**Reels**' are short, entertaining videos with audio tracks.

### NOTES

A 'user' is a person who has an engaged session. An 'engaged session' is when a user is engaged for longer than 10 seconds, performs an action, or views at least 2 pages. This discounts visits where users immediately move onto another site.

### Website

**341,428** users ▲ 8%  
**479,312** page views ▲ 7%

### Most viewed

Vacancies (137,632 views)  
Our locations (22,048 views) ★★  
Apprenticeships (19,081 views) ★★

### Green Room

**20,935** users ▼ 5%  
**631,663** page views =

### Most viewed

Managers on duty (98,862 views) ★★  
HR Portal (17,209 views) ★★  
Our locations (16,358 views) ★★

### How did visitors find our website?

Direct (searched/typed NWAS web address)  
- 174,035 users - 51%  
Organic (searched on Google or other)  
- 132,104 users - 39%  
Social media  
- 35,289 users - 10%



### Developments

Due to feedback, an 'individual rights' area on the website has been improved, with a form for the public to complete. This streamlines the process and ensures the right team deals with each request.

The website's contact us page was updated to ensure all general enquiries are directed to the more suitable general enquiries email rather than the communications email. Both of these developments improve user experience.

On the Green Room, we continued to liaise with the Resilience Team to review and amend the 'managers on duty' page, mainly to differentiate between managers on duty and those on call. The changes make more information available, making contact details easier to find.

We sought feedback from staff about user experience on the Green Room via our Facebook Group and will use insight to inform improvements over the next few months.

## Making a difference



It was a bumper quarter for social media stats, despite a lower number of posts. This is mostly attributable to the Southport major incident, when the public turned to our social feeds to find out more information.

Our engagement across all platforms increased, with the biggest increase seen on X. While X is a platform in decline, with some organisations choosing not to use it, this demonstrates that people still turn to X for information when there is a major incident and it's important to have facts from trusted sources to combat misinformation. This is why we are keeping the platform at present, but reviewing it regularly.



Our social media platforms have an audience of over 187k and continue to be our biggest external channel to drive appropriate messaging. We are continuing to keep up with evolving trends which feed into the platform's algorithms to optimise engagement, as well as making sure our posts are accessible.



Web users increased for a 3rd consecutive Q. Our Careers With Heart campaign and regular vacancy posts on social media are the main factors influencing the consistent growth.

While there has been a small decline in the number of users to the Green Room, staff are viewing more pages and staying on the site for longer, browsing the information to find what they need.

## Communications and engagement plans for Q3

- Delivery of the winter plan for 2024/25.
- An options appraisal for future Green Room development.
- Continued support of key projects, including sexual safety, leadership review, staff survey, Best Value Group and Integrated Contact Centre phase three restructure.
- Delivery of three further NWAS community awareness days - Cumbria on 14 November.
- Support of the NASPEG patient experience of hospital handover delays project.
- Continue to prepare for migration of team files to 365.