

AGENDA



Board of Directors
Wednesday, 29th May 2024
9.45am – 1.00pm
In the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Item No	Agenda Item	Time	Purpose	Lead
PATIENT STORY				
BOD/2425/18	Patient Story	09:45	Information	Deputy Chief Executive
INTRODUCTION				
BOD/2425/19	Apologies for Absence	10:00	Information	Chair
BOD/2425/20	Declarations of Interest	10:00	Decision	Chair
BOD/2425/21	Minutes of the previous meetings held on 27 th March 2024 and 24 th April 2024	10:00	Decision	Chair
BOD/2425/22	Board Action Log	10:05	Assurance	Chair
BOD/2425/23	Committee Attendance	10:10	Information	Chair
BOD/2425/24	Register of Interest	10:10	Assurance	Chair
STRATEGY				
BOD/2425/25	Chair & Non-Executive Directors Update	10:15	Information	Chair
BOD/2425/26	Chief Executive's Report	10:20	Assurance	Chief Executive
BOD/2425/27	Trust Strategy Refresh	10:30	Decision	Deputy Chief Executive
BOD/2425/28	Trust Annual Plan 2024/25	10:40	Decision	Deputy Chief Executive
GOVERNANCE AND RISK MANAGEMENT				
BOD/2425/29	Common Seal Biannual Report	10:50	Assurance	Director of Corporate Affairs
BOD/2425/30	Freedom to Speak Up Annual Report 2023/24	11:00	Assurance	Freedom to Speak Up Guardian
BOD/2425/31	Fit & Proper Persons Requirements Annual Declaration	11:10	Assurance	Director of People
BOD/2425/32	Audit Committee 3A Report from the meetings held on 19 th April 2024 and 17 th May 2024	11:20	Decision	Mr D Whatley, Non-Executive Director
BOD/2425/33	Charitable Funds Committee 3A Report from the meeting held on 8 th May 2024	11:30	Assurance	Mr D Whatley, Non-Executive Director
BOD/2425/34	Trust Management Committee 3A Report from the meetings held on 17 th April and 15 th May 2024	11:40	Assurance	Chief Executive
QUALITY AND PERFORMANCE				



BOD/2425/35	Integrated Performance Report	11:50	Assurance	Director of Quality, Innovation, and Improvement
BOD/2425/36	Complaints Annual Report 2023/24	12:05	Assurance	Director of Corporate Affairs
BOD/2425/37	Quality and Performance Committee Chairs Assurance Report from the meeting held on 25 th March 2024 and 3A report from 22 nd April 2024	12:15	Assurance	Prof A Esmail, Non-Executive Director
BOD/2425/38	Resources Committee 3A Report from the meeting held on 24 th May 2024	12:25	Assurance	Mr D Whatley Non-Executive Director
WORKFORCE				
BOD/2425/39	Equality, Diversity, and Inclusion Annual Report 2023/24	12:35	Decision	Director of People
STRATEGY, PARTNERSHIPS AND TRANSFORMATION				
BOD/2425/40	Communications Q4 2023/24 update	12:45	Information	Deputy Chief Executive
CLOSING				
BOD/2425/41	Any other business notified prior to the meeting	12:55	Decision	Chair
BOD/2425/42	Risks Identified	13:00	Decision	Chair
DATE AND TIME OF NEXT MEETING				
9.45am on Wednesday, 31 st July 2024 in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton				
<p>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.</p>				



Minutes
Board of Directors

Details: 9.45am Wednesday, 27th March 2024
Oak Room, Ladybridge Hall, Trust Headquarters

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

In attendance:

Mrs P Harder Head of Corporate Governance (Minutes)

Minute Ref:

BOD/2324/133 Staff Story

Due to a technical issue, the Board agreed to reschedule the staff story.

BOD/2324/134 Apologies for Absence

There were no apologies for absence.

BOD/2324/135 Declarations of Interest

There were no declarations of interest to note.

BOD/2324/136 Minutes of the Previous Meeting

The minutes of the previous meeting, held on 31st January 2024 were accepted as true record.

The Board:

- Approved the minutes of the meeting held on 31st January 2024.

BOD/2324/137 Board Action Log

The Board noted the updates to the action log.

BOD/2324/138 Committee Attendance

The Board noted the Committee Attendance.

BOD/2324/139 Register of Interest

The Board noted the Register of Interest presented for information.

BOD/2324/140 Chair & Non-Executives' Update

The Chair reported the governance structure had been modernised and would be implemented from 1st April 2024. He noted the Trust Management Committee would ensure Executives have a formalised process for oversight of issues.

He advised the Board that Mr D Flory, Chair of Lancashire and South Cumbria Integrated Care Board was stepping down from his role and was an important stakeholder for the organisation. Interviews for his replacement are scheduled for 20th April 2024 and wished Mr D Flory well in his new role.

In terms of finance, he reported all ICBs remain challenged in terms of financial plans for the year ahead. He noted the planning guidance had not been released however efficiencies were being reviewed. In terms of urgent and emergency care (UEC), pressures relating to handover data had not been resolved and was one to watch.

The Chair advised he visited Preston Ambulance Station to speak with staff in relation to the leadership review and what it meant for them. Whilst there were differing opinions, the overriding message was it needed to be implemented.

He referred to the Board Development Session held on 28th February 2024 at Blackpool Ambulance Station and noted the sessions relating to strategy and planning for the year ahead. He complemented the executives and stated it was a good session.

Finally, he reported a meeting had been held with the Chair and Chief Executive of Blackpool NHS Foundation Trust together with the Trust's Chief Executive. Mrs C Butterworth acknowledged Mr P White's comments relating to the Board Development Session and noted it was a sign of an effective board and was a good day.

The Board:

- Noted the Chair and Non-Executives' Update.

BOD/2324/141 Chief Executive's Report

The Chief Executive presented the Chief Executive's report and updated the board members on activity since the last meeting. He noted the strong performance in relation to PES, with the Trust in the top quartile for 999 call pick up in the country despite the increase in call volume and thanked the teams involved. He referred to the improved position for 111 for February 2024 vs February 2023.

He advised the PTS contract award for 2025-2030 was under an extended standstill.

The Chief Executive referred to his recent station visits to Blackpool and Burnley and the long service celebration in Greater Manchester.

He advised plans continue to be implemented to manage demand and noted the challenges in terms of handover delays at acutes, with a huge amount of work with key partners to improve UEC performance and focus on staff health and wellbeing.

In terms of national issues and recent Sky News report relating to 'toxic culture of harassment' in the ambulance service and the work undertaken with student paramedics in relation to sexual safety. In terms of the NHS England culture review of ambulance services he referred to the recommendations within the report to address these issues.

He noted his attendance as AACE Chair to the Women and Equalities Committee evidence session and the key points made.

The Chief Executive referred to the David Fuller Case and noted the evidence he provided on behalf of the ambulance sector.

In honour of International Women's Day on 8th March 2024, the Women's Network held a celebratory event that brought together male and female colleagues from all areas of the Trust. He noted the event was partly funded by the NWAS Charity and opened by the CEO of the College of Paramedics.

The Chief Executive informed the Board of the Health and Safety Executive visit focussing on musculoskeletal injuries and violence and aggression before Christmas. He noted the HSE would revisit to speak to staff at station level in Bolton and Blackpool and noted the Trust awaited formal feedback.

Finally, he noted work continued on Right Care Right Person (RCRP) across the Police Forces to manage mental health patients in crisis. He noted the Health Select Committee requested he write in his capacity as AACE Chair regarding the views and feedback of RCRP from ambulance chiefs and 5

police forces across the North West and to lobby nationally. He noted the requirement to address local concerns and ensure we act in the best interests of patients and our staff.

Dr A Chambers noted the event to celebrate International Women's Day was a good event and testament to the Women's Network who were a tour de force in the organisation. The Director of Quality, Innovation and Improvement noted the Network had substantial leadership and to ensure there is energy and leadership across all the whole organisation to devolve to the areas.

Mrs C Butterworth referred the recent adverse publicity and noted she had spoken to the Director of People regarding the delivery of the staff survey. She noted her confidence as a non-executive director that the Trust was doing all it could to make the Trust a brilliant but safe place to work. She noted if the methodology is applied the Trust should be confident regarding internal processes and noted the good work being undertaken to test the cultural environment.

The Director of People noted the recent launch of the Sexual Safety Campaign and setting the tone regarding standards of behaviour. She advised the Trust were at the start of the journey with more engagement with managers in terms of inclusion, compassionate leadership and sexual safety. She highlighted the need to recognise the Trust were dealing with historic situations and noted the difficulties at station level for leaders to challenge behaviours.

Mr P White noted investigations should be carried out at local level. The Director of People advised there was a better grip of serious cases and staff had been dismissed for sexual safety issues. However, agreed culture would change with the ability to deal with low level issues locally which required leadership and development of first line leaders, through the operational management structure.

The Board:

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

BOD/2324/142 Board Assurance Framework Risks 2024/25

The Director of Corporate Affairs presented the proposed BAF Risks for 2024/25.

The Board:

- Approved the proposed 2024/25 BAF Risks.

BOD/2324/143 Trust Risk Appetite Statement 2024/25

The Director of Corporate Affairs presented the proposed 2024/25 Risk Appetite Statement for approval.

The Board:

- Approved the 2024/25 Risk Appetite Statement.

BOD/2324/144 Patient Safety Incident Response Updated Policy

The Director of Corporate Affairs presented the Patient Safety Incident Response Framework Policy which had been updated to reflect the change in executive accountability to the Director of Quality, Innovation and Improvement from 1 April 2024.

The Board:

- Approved the amended NWS Patient Safety Incident Response Policy.

BOD/2324/145 Modern Slavery Act 2015

The Director of Finance presented Modern Slavery Act 2015 statutory statement for publication on the Trust website and within the Annual Report 2023/24.

The Board:

- Approved the drafted Modern Slavery Act 2015 statutory statement for the year ended March 2024.

BOD/2324/146 Integrated Performance Report

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report and noted the changes/revisions to the report detailed within the Executive Summary.

The Director of Corporate Affairs noted the improvement regarding the closure of complaints within timescales and that the PALS process had been embedded for low level complaints. She noted NRLS had been replaced with PSI and were scored on a harm basis. The Board noted the Director of Corporate Affairs was responsible for non-patient safety and the Director of Quality, Innovation and Improvement was responsible for patient safety.

The Director of Quality, Innovation and Improvement reported further work had been undertaken around violence and aggression and that a team was currently being recruited. She noted that under the new Patient Safety Incident Response Framework (PSIRF) there were four patient safety incident investigations, with one referred externally and three that met the local requirements and reviewed by the Patient Safety Event Case Group.

Mr P White noted the continued good performance of the teams.

Dr A Chambers referred to violence and aggression against staff and work being undertaken and queried whether it had increased, decreased or

remained the same and that it would be useful to have a sense of the scale and trend. In response, the Director of Quality, Innovation and Improvement noted violence and aggression is reported in detail to the Health, Safety, Security and Fire Sub Committee and to the Quality and Performance Committee. She noted the requirement to review in year to understand and measure trends over time, particularly by speciality/area breakdown.

Dr A Chambers queried the correlation to initiatives or innovation to reduce incidents or whether if it was an open culture and encouraged reporting. The Director of People advised other measures within the staff survey such as bullying and harassment and abuse of patients remained stable. However there was a difference in protected groups such as LGBT staff which was higher than other staff.

Mr P White acknowledged it was complex however noted the importance of understanding the numbers. The Director of Quality, Innovation and Improvement noted a further deep dive could be provided to the Quality and Performance Committee. The Director of Corporate Affairs noted the route to report would be from the Health, Safety, Security and Fire Group to the Trust Management Committee and up to Board, in addition to finding a way to report to Resources Committee through the Director of People.

Mr P White commented on the requirement to identify reductions as a result of Body Worn Cameras.

The Deputy Chief Executive/Chief Operating Officer provided an overview of the patient experience data for PES, PTS and 111. He noted the plans to increase the number of patients who received a survey, across the service lines to increase returns. However, acknowledged this may not translate into increased returns.

He reported negative feedback was followed up and noted the negative feedback relating to PTS had been shared with the PTS management team to understand whether any further action could have been taken. Mr P White noted it was a nationally mandated process and was grateful to see the opportunity to improve and paid credit to the service and staff that continue to deliver the service.

Dr D Hanley queried whether comparative data from ambulance services was available. The Deputy Chief Executive/Chief Operating Officer advised the numbers across the sector were low however would review.

The Medical Director provided an update in relation to the Ambulance Clinical Quality indicators and noted the Trust remained above the national data sets, with work undertaken to focus on the effectiveness of care and referenced the stroke care bundle which indicated an improvement at 99.1%. Mr P White noted the improvement and congratulated the Medical Director on the improving indicators which were a credit to him and staff.

In terms of Activity/Outcome, the Medical Director reported hear and treat and see and treat performance was consistent. In terms of non-AE conveyance

he reported this took over 50% of work and highlighted there was more that could be done and would be subject to a piece of work to drive forward. Mr P White noted it was core to delivery going forward and could see the variation in performance and commented the improvement work was key.

The Director of People provided an overview of the sickness position within the Trust and noted whilst PES, 111 and EOC sickness remained stable, PTS remained challenged and noted a compliance plan had been developed to improve the sickness absence management.

In terms of 111 turnover, she noted there had been significant improvement over the last 2 years and noted the staff survey results were strong compared to other services lines. However, EOC turnover had worsened and the ICC team had identified improvements required and would take the learning from 111 to EOC. She noted it is likely turnover would remain high for a period of time however had confidence it would improve with sharing of best practice.

In terms of the vacancy position, she noted the PES position was strong and reflected changes from UEC recovery funding. She noted the green shoots for 111 which was a sign of the work undertaken by the team. She highlighted appraisal targets were slightly below target at the end of February and expected an increase by the end of March.

In terms of case management, she noted the increase in cases and pressure on capacity resulting in extended timescales to manage cases.

Mr P White referred to the the Resources Committee Chairs Assurance Report relating to workforce indicators that identified a consistent climb in EOC vacancies. However, he noted the good performance against call pick up which was a credit to the staff to maintain and noted the Resources Committee would continue to monitor.

Dr D Hanley advised the Director of People had highlighted the issues at Resources Committee and would monitor closely. He referred to the track record of improvement, particularly in 111 which would be applied to EOC. He advised the Resources Committee would keep abreast of issues over the next few months and should there be no improvement, request an in-depth review as a priority.

The Deputy Chief Executive/Chief Operating Officer noted staff were leaving after 12-24 months, with little geographical variation. He stated there was less pressure in calls waiting and had no bearing on individuals leaving and noted Wellbeing Champions were in place.

In terms of the leadership analysis, he stated it would take time to implement before there is any demonstrable shift. Dr A Chambers referred to the internal movement, the Director of People clarified this was not included in turnover however noted the Trust supported individuals to develop their careers.

Mr P White noted concerns were expressed at the last Board meeting and queried whether a deep dive would be undertaken by the Resources

Committee. The Director of People agreed a deep dive could be undertaken into the issues however advised that there were no challenges to recruitment in EOC.

The Deputy Chief Executive/Chief Operating Officer provided the Board with an overview of performance. He reported calls resulting in no outcome had decreased compared to the previous reporting period, with strong performance relating to call pick up as a result of maintained levels of 999 call handlers funded via UEC investment.

He referred to ARP performance for February 2024 and noted the Trust's ranking nationally with the exception of C4 90th. He added UEC funding had increased double crewed ambulance hours, with further work in relation to C3 and C4 in relation to inter-facility transfers and healthcare professional related calls. He advised of the variation in response across operational sectors and noted delays were not related to rurality but delays at acute sites.

Mr P White commented on the good picture however could not overlook the targets set and impact on long waits however it was good to see the extra hours coming through. The Deputy Chief Executive/Chief Operating Officer commented the trust can do better when the system is focussed on performance and with the UEC funding the Trust achieved 4 out of 7 standards.

In terms of 111, the Deputy Chief Executive/Chief Operating Officer reported calls answered within 60 seconds were stable at 46.5% and whilst significantly below the 95% target was an improvement. National support would continue into 2024/25 to recruit to vacancies at the end of Q2 2024/25.

Mr P White commented on the improvements within 111. The Deputy Chief Executive/Chief Operating Officer advised it was a combination of focussed leadership however noted the cycle of turnover and high demand were reasons for staff to leave.

The Deputy Chief Executive/Chief Operating Officer noted the delay in reporting for PTS however noted Greater Manchester was the busiest area and had the highest rate of aborted unplanned activity at 37% compared with the trust average (28%). He referred to performance in the areas and noted an improvement plan was being progressed.

The Director of Finance provided an update in relation to finance and noted a projected £5.3m surplus and noted the year to date expenditure on agency of £1.73m which is under the year to date ceiling of £3.70m. She added the Trust had delivered the year to date efficiency and productivity target and forecasted to remain on plan by year end.

The Deputy Chief Executive/Chief Operating Officer highlighted the following question from a member of the Public and Patient Panel:

*Why does NWS continue to use a different term to other organisations?
As I understand, EHRs is the accepted term, and this was confirmed recently by the person who deals with the system for the Wirral Community Trust. In*

addition, people in authority should be arguing for EHRs to be a national system, particularly Ambulance Services, as, it means, in emergency situations, the Paramedics would have immediate access to essential details and, in some cases, enable them to save lives. Paramedics can be blamed if something goes wrong but, without this information, this is unfair.

There are 3 types of EHR on the Wirral, rather than one shared system - which is half of the problem. Every trust has its own system, rather than one cohesive system together.

NWAS uses both phrases; (PHR) Patient Health Records and EPRs (Electronic Patient Records).

Should all services and trusts not be using the same one coined phrase, which avoids confusion of what is being talked about at a national level: EHR, EPR and PHR?

The Deputy Chief Executive/Chief Operating Officer responded as follows:

The two terms continue to be used interchangeably, occasionally incorrectly, across the NHS. It is worth pointing out that there is a subtle difference between the two terms: The next level up from the EPR is the Electronic Healthcare Record (EHR) which theoretically builds a patient's record. An EHR is a combination of systems (GP, community, mental, etc) that can communicate data with EPRs and vice versa. The Trust is not currently at the stage where our EPR is able to fully integrate with other systems and when we reach that point, we will switch to using the term EHR.

NHS England on their website continue to use the term Electronic Patient Record in their recent publication, as do many other NHS organisations, most probably for the reasons stated above.

Finally, he noted he was unable to comment on the types or number of health records on the Wirral or across the wider region for that matter, but the observation is correct and one for NHS organisations to carefully consider when reprocurring their systems over time, to ensure greater interoperability.

The Board:

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

BOD/2324/147 Learning from Deaths Q3 Report

The Medical Director presented the Q3 2023/24 summary dashboard of the Learning from Deaths review. He reported the quality of EPRs had improved with time and was highlighted within the infographic and noted the change in reviewing care in totality.

Prof A Esmail noted the critical point related to learning and noted the good process in place, particularly the infographic that provided the pertinent information and noted his confidence that the process worked well.

Mr P White stated it was an important report for the Trust, patients and public and added that the Board took great assurance from the report and thanked

the Medical Director for the work. He noted the importance of learning and the opportunity for conversations with paramedics. The Medical Director noted it would improve work on scene and was confident the new clinical supervision and imminent work would address the challenges.

The Board:

- Accepted the quarterly dashboard to be published on the Trust public account as evidence of the Trust's developing engagement with a formal process of learning from deaths.
- Acknowledged the impact of the SJR process in identifying opportunities for improving care.
- Acknowledged the identified good practice.

BOD/2324/148 Learning from Deaths Policy

The Medical Director presented the revised Learning from Deaths Policy following scheduled review and advised the policy had been updated to reflect the introduction of the Patient Safety Incident Response Framework (PSIRF) and changes to the Trust Governance Structure and process from 1st April 2024.

He added the methodology was being reviewed as an ambulance sector and that the ambulance sector proposed to move into the next phase of reporting.

The Board

- Approved the updated Learning from Deaths Policy.

BOD/2324/149 EPRR Annual Assurance Update

The Deputy Chief Executive/Chief Operating Officer presented the Board with an update of the findings from the self-assessment as required and described by NHS England 2023/24 Emergency Preparedness, Resilience and Response (EPRR) Annual assurance process, including the deep dive on EPRR training.

He referred to the substantial changes to the assessment methodology and the requirement to provide extensive evidence and noted the progress to date in s2.12.10 and s2.12.11.

Dr D Hanley advised he would meet with the Assistant Director of Resilience to monitor progress being made to ensure targets are achieved.

The Chief Executive reported NHS England had changed the assessment methodology part way through the year and advised he had received confirmation from the Deputy Chief Executive/Chief Operating that the team were working to achieve targets and would monitor closely with the Deputy Chief Executive/Chief Operating Officer.

Mr P White noted Dr D Hanley was the responsible NED for EPRR and would assist as part of the governance process however acknowledged the process had changed part way through the year.

The Deputy Chief Executive/Chief Operating Officer noted the EPRR Group would continue to monitor progress. Progress against the assessment would continue to be reported to Board and that detailed work would continue, with a six-monthly update against the self-assessment. He also noted the EPRR team had reviewed the National Risk Register within timescales to establish risks to the Trust.

Prof A Esmail queried whether the Trust Management Committee had oversight of EPRR. The Deputy Chief Executive/Chief Operating Officer advised progress would be reported via an Escalation and Assurance Report from the EPRR Group.

Mr P White noted it was core business due to the Civil Contingencies Act and was important for Dr D Hanley to follow up and looked forward to updates.

The Deputy Chief Executive/Chief Operating Officer referred to reference 5A within appendix 1 and noted the requirement for additional investment and to review in the context of where systems are financially and advised that realistically this may never be achieved. Mr P White noted the need to mitigate where possible within the finances.

The Board:

- Took assurance that the EPRR Annual Assurance process 2023/24 had been completed.
- Noted the compliance status against each of the core areas and the additional area 'interoperable capabilities following the assessment.
- Supported all action plans against the domains to ensure all elements moved to compliance prior to the next assessment.

BOD/2324/150

Quality and Performance Chairs Assurance Report from the meetings held on 29th January 2024 and 26th February 2024

Prof A Esmail presented the Chairs assurance reports from the meetings held on 29th January 2024 and 26th February 2024. In terms of the areas to highlight to Board from the January meeting, he referred to the performance variation in the Cheshire and Mersey area and noted a discussion would be held in the Part 2 meeting.

In terms of the February 2024 meeting, he highlighted the Committee continued to monitor the IPR and that a comprehensive mental health strategy was presented for assurance and noted the Committee would continue to monitor. He added work had been ongoing to rectify the extraction of data using apex tool to meet NHS England mandated audit data submission requirements.

Dr D Hanley noted issues relating to mental health were discussed at length and whilst the Trust was assured internally, the external environment was tenuous. He stated expectations of staff was more problematic and a growing risk despite all efforts and that the Board should be aware of the issues.

Mr P White noted the issue continued to test the system particularly 24/7 and that it was right to escalate to the Board.

Dr M Power provided the Board with an update provided to the March Quality and Performance Committee. She advised that the Mental Health Lead from NHSE NW had suggested the solution was to prioritise those patients in the greatest need. She added the commissioner had been informed and that a conversation would hopefully be held within the next 2 weeks. She highlighted there are green shoots as Greater Manchester had secured recurrent funding in control rooms to mobilise responses through mental health vehicles on the road. She noted disparities widen rather than narrow and the Trust continued to work with mental health partners.

The Board:

- Noted the assurance provided.

BOD/2324/151 Resources Committee Chairs Assurance Report, from the meeting held on 22nd March 2024

Dr D Hanley presented the Chairs Assurance Report from the meeting held on 22nd March 2024. He highlighted the challenges relating to achieving efficiency targets, with further assurance requested. In addition, he referred to workforce indicators and challenges in relation to staff turnover and retention of contact centre staff, particularly call handlers and care assistant roles.

He referred to the draft Annual Plan 2024/25 and noted the ambitious delivery and need for ongoing monitoring to achieve the actions.

The Board:

- Noted the assurance provided.

BOD/2324/152 Annual Staff Survey Results and Culture Review Presentation

The Director of People provided the Board with a presentation detailing the outcomes of a high-level review of culture and the annual staff survey results.

She provided some context around the presentation which compared the themes from the People Promise element of the national survey across the sectors. She reported the ambulance sector was below average however improving. The Board noted the key themes in relation to:

- Governance and Leadership
- Leadership and Management Behaviours
- Operational and Workforce Pressures

- Equality and Diversity
- Bullying and Harassment including sexual harassment
- HR Teams

The Director of People referred to NHS England and Lancashire and South Cumbria ICBs recommendations and provided an overview of the Trust's recommendations identified from the review.

She provided an overview of the improvements made by the Trust in relation to leadership and management culture, bullying and harassment, sexual safety and EDI priorities and the areas to prioritise, support and develop HR and OD functions. She referred to the recommendation for paramedic professional leadership that had been identified as a gap however noted the Consultant Paramedic was a member of the Trust Management Committee and met this requirement.

She advised the Board of the next steps and advised the national implementation group would meet mid-April and that a national metrics dashboard would be developed, with a task and finish group established. She noted EDI and sexual safety would be reported 6 monthly to the Minister and that there would be discussions regionally with ICBs who were keen to have some oversight nationally and locally.

The Director of People added mapping had been undertaken for the culture review, this had established an exemplar programme around how to embed the NHS People Plan and resolve the gaps highlighted within the culture review. She advised the Trust were looking nationally on where to collaborate and would continue to engage with Trade unions nationally and locally.

Mr P White commented the review was helpful and had been discussed for many years. The Director of People noted the 2023 staff survey results were the best results in the region however there were challenges to overcome before a step change can be made in the areas highlighted. She added this would commence with newly appointed operational managers, sector managers and first line leaders.

Mr P White acknowledged the challenges and the support in place for leaders and that there should no tension in performance managing staff or it would continue to be a problem. The Director of People noted the responsibility to articulate that connection to improve workforce indicators which has been evidenced through 111 investment. She noted the new governance arrangements would help and that the Trust Management Committee would help surface issues and hold to account.

Mrs C Butterworth queried whether the Trust would test the differences being made through asking the workforce key thematic areas mapped over time. The Director of People noted the staff survey was an important measure.

The Director of Quality, Innovation and Improvement noted it was the Board's responsibility and that the NHS Impact programme would identify how to make improvements around culture. She added the Trust had worked hard behind

the scenes and the programme linked to the work being undertaken by the Director of People. She noted the outstanding programme offered by the NHS Improvement Academy to ensure staff are valued and have autonomy with support from leaders and would take time.

Dr D Hanley noted the presentation highlighted a number of areas and that the Trust had to deal with negative behaviour and would seek assurance through the leadership model. He noted the Trust did not reflect how well staff are doing and it was harder to tell them what they're not doing. He noted the need to create a positive environment to deal with negative issues effectively and highlighted there would be a sea change when colleagues are positive about colleagues.

The Director of People provided the Board with an overview of the national and NWAS results of the NHS staff survey 2023. She reported the overall response rate of 48% and highlighted there had been a good response from all service lines and highlighted the areas that contributed towards its success.

She reported that overall across the NHS, there had positive improvement across most measures, particularly those linked to the pledges of the NHS People Promise.

Following an overview of the results, the Director of People referred to the next steps and advised the results had driven the annual plan and People Promise Exemplar areas of focus. She added the increased response rate had put the Trust in a good position and illustrates the work being undertaken is working.

The Board:

- Noted the Culture Review Briefing and NHS Staff Survey 2023.

BOD/2324/153 Estates & Fleet Strategic Plan

The Director of Finance presented the draft Estates and Fleet Strategic Plan 2024-25 for approval. She noted the strategic plan consisted of three parts, delivered over the next six years. She referred to s4 of the report which detailed the engagement undertaken to identify the priorities.

The Director of Finance noted the strategic plan had been reviewed by the Executive Leadership Committee and Resources Committee. She also highlighted that the Green Plan linked into the NHS Net Zero and was within the Trust's gift to profile fleet.

The Board:

- Approved the contents of the strategic plan.
- Supported the completion of strategic roadmaps in financial year 2024/25.

BOD/2324/154 Any Other Business Notified Prior to the meeting

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

BOD/2324/155 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, 24th April 2024 in the Oak Room, Ladybridge Hall, Trust HQ.

Signed _____

Date _____



Minutes
Board of Directors

Details: 9.45am Wednesday, 24th April 2024
Oak Room, Ladybridge Hall, Trust Headquarters

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

In attendance:

Ms D Earnshaw Corporate Governance and Assurance Manager (Minutes)

Minute Ref:

BOD/2425/01 Apologies for Absence

There were no apologies for absence.

BOD/2425/02 Declarations of Interest

There were no declarations of interest to note.

BOD/2425/03 Register of Interest

The Board:

- Approved the Register of Interest for 2023/24.

BOD/2425/04 Board Assurance Framework Q4 2023/24 Position

The Director of Corporate Affairs presented the Q4 Board Assurance Framework (BAF) 2023/24.

She advised of no proposed changes to the BAF risks scores, previously approved by the Audit Committee and the Trust Management Committee.

The Board:

- Approved the Q4 2023/24 position of the Board Assurance Framework.

BOD/2425/05 Board Assurance Framework Opening Position 2024/25

The Director of Corporate Affairs presented the 2024/25 opening position of the Board Assurance Framework.

She reported the proposed opening risk scores recommended by the Trust Management Committee (TMC) -

- SR01 opening risk score of 15
- SR02 opening risk score of 16
- SR03 opening risk score of 15
- SR04 opening risk score of 12
- SR05 opening risk score of 12
- SR06 opening risk score of 15
- SR07 opening risk score of 8
- SR08 opening risk score of 15
- SR09 opening risk score of 10

Dr D Hanley noted an amendment required in the cover report to the calculation of the risk score for SR02, to read 4 x 4 rather than 5 x 4.

The Board noted the escalation of the risk score from 12 to 16, which reflected the current uncertainties associated with financial plans. The Director of Finance advised of a challenging year for the trust.

The Board:

- Approved the opening position of the Board Assurance Framework 2024/25.

BOD/2425/06 Risk Management Review Policy

The Director of Corporate Affairs presented the Risk Management Policy.

She advised the Policy had undergone an annual refresh and included minor amendments to reflect governance structure changes, approved by the Audit Committee on 19th April 2024.

The Chair emphasised the significance of the Trust's Risk Management Policy and Mrs C Butterworth felt the trust had a strong approach to risk management.

The Board:

- Approved the updated Risk Management Policy for the trust.

BOD/2425/07 Annual Review of Core Governance Documents

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

She confirmed the suite of documents included the Standing Orders and Reservation of Powers to the Board, the Scheme of Delegation, and the Standing Financial Instructions, approved by the Audit Committee.

The Board:

- Approved the revised core governance documents.

BOD/2425/08 Standards of Business Conduct: Policy on Managing Conflicts of Interest, Gifts and Hospitality and Sponsorship

The Director of Corporate Affairs presented the Standards of Business Conduct: Policy on Managing Conflicts of Interest, Gifts and Hospitality and Sponsorship.

She advised that a new digital process for the register of interests recently trialled with board members would be introduced during 2024/25.

The Board:

- Approved the revised Standards of Business Conduct Policy.

BOD/2425/09 Code of Governance – Position of Compliance 2023/24

The Director of Corporate Affairs presented the Code of Governance Position of Compliance for 2023/24.

She advised that the position of compliance 2023/24 reflected the trust's compliance to the NHS England NHS Provider Code of Governance requirements.

The Chair welcomed the self-assessment compliance process and the useful information, particularly useful for non-executive members of the Board.

The Board:

- Noted the declaration of compliance with all of the Code's clauses.

BOD/2425/10 Non-Executive Terms of Office: Committee Membership 2024/25 and Non-Executive Champion Roles

The Director of Corporate Affairs presented the Non-Executive Terms of Office; Committee membership 2024/25 and Non-Executive Champion roles.

She confirmed the paper indicated the current position in respect of membership and terms of office, in line with the requirements of the Establishment Order 2006 and Membership and Procedure Regulations 1990 requirements. She noted the changes reflected the updates to memberships of trust committees and NED roles.

Dr A Chambers and Dr D Hanley noted they had been working together to deliver the Freedom to Speak Up (FTSU) NED champion role and Dr A Chambers would be responsible for carrying out the role during 2024/25.

The Chief Executive referred to the oversight of sexual safety.

The Director of Corporate Affairs confirmed the NED Champion for Security would encompass sexual safety and that the NHS England and Care Quality Commission requirements for NED Champions differed.

In the absence of a trust NED Champion for sustainability, as per NHSE requirements, the board discussed NED oversight arrangements. The Chair confirmed that the Resources Committee NED Chair would provide oversight of sustainability in the absence of a dedicated NED champion.

The Board:

- Noted that the trust remained compliant with the Establishment Order 2006 No 1662 and Membership and Procedure Regulations 1990 (as amended) and the NHS Code of Governance in respect to Non-Executive Directors Terms of Office.
- Noted the Non-Executive Directors Committee membership for 2024/25.
- Noted the Non-Executive Director Champion roles, including the amendment to FTSU NED champion arrangements for 2024/25 and arrangements for NED oversight of sustainability.

BOD/2425/11 Board of Directors Terms of Reference

The Director of Corporate Affairs presented the Board of Directors Terms of Reference.

She advised the terms of reference for the Board of Directors have been developed to comply with C.4.5 of the NHS Provider Code of Governance.

The Chair queried timelines for the Chair recruitment process.

The Director of Corporate Affairs confirmed the NHSE Chair recruitment process is due to commence in August 2024.

The Board:

- Approved the Board of Directors Terms of Reference.

BOD/2425/12 Board of Directors Cycle of Business 2024/25

The Director of Corporate Affairs presented the Board of Directors Cycle of Business 2024/25.

The Board:

- Approved the Board of Directors Cycle of Business 2024/25.

BOD/2425/13 Trust Governance Structure

The Director of Corporate Affairs presented the Trust Governance Structure.

She provided the rationale for the changes to the structure, which reflected the engagement sessions held in 2023/24.

The Chair requested feedback on the first meeting of the Trust Management Committee (TMC).

The Director of Corporate Affairs reported a good first meeting, with monitoring of effectiveness to be undertaken during the year.

The Medical Director supported the extended membership of the TMC, which included the trust's Area Directors and key deputies.

Mr D Whatley queried the reporting process from TMC to the Board of Directors.

The Director of Corporate Affairs confirmed a 3A Report by the Chair of TMC, would be presented to the Board of Directors following each meeting.

The Board noted the change to bimonthly meetings of the Quality and Performance Committee.

The Board:

- Approved the Trust Governance Structure.

BOD/2425/14 Board Assurance Committee Terms of Reference 2024/25

The Director of Corporate Affairs presented the Board Assurance Committee Terms of Reference 2024/25.

The terms of reference reflected the outcome of annual reviews conducted by the Committee Chairs and the Corporate Governance team.

The Director of People noted an amendment to the Resources Committee terms of reference, to read the People Strategy rather than the Workforce Strategy.

The Board:

- Approved the Terms of Reference for all Board Assurance Committees subject to the amendment to the Resources Committee Terms of Reference.

BOD/2425/15 Quality and Performance Committee Annual Report 2023/24

Prof A Esmail presented the Quality and Performance Committee Annual Report 2023/24.

He outlined the findings from the annual effectiveness review change in frequency of meetings from monthly to bi-monthly.

The Chair clarified the rationale for the change to the sequencing of the meetings and discussed PSIRF reporting arrangements.

The Director of Quality, Innovation and Improvement noted the work ongoing to confirm PSIRF reporting requirements and proposed a future assurance paper to the Board.

The Board:

- Noted the Quality and Performance Committee Annual Report 2023/24.
- Noted a future assurance report to the Board of Directors, outlining the bimonthly PSIRF reporting arrangements to the Quality and Performance Committee.

BOD/2425/16 Resources Committee Annual Report 2023/24

Dr D Hanley presented the Resources Committee Annual Report 2023/24.

He noted the key highlights, successes, and improvements for 2024/25 and thanked the digital team for the recent digital updates provided to the NEDs which were extremely helpful.

The Board:

- Noted the Resources Committee Annual Report 2023/24.

BOD/2425/17 Audit Committee Annual Report 2023/24

Mr D Whatley presented the Audit Committee Annual Report 2023/24

He acknowledged a successful year for the Committee and noted a future focus on digital reporting, in collaboration with the Chair of the Resources Committee, to avoid duplication.

He noted the areas of focus for the 2024/25 Audit Plan.

The Board:

- Noted the Audit Committee Annual Report 2023/24.

Date and time of the next meeting –

9.45am on Wednesday, 29th May 2024 in the Oak Room, Ladybridge Hall, Trust HQ.

Signed _____

Date _____

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Status:	
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
118	24.04.24	15	Quality and Performance Committee Annual Report 2023/24	To provide an assurance paper on the bi monthly PSIRF reporting arrangements to the Q&P Committee.	Director of Quality, Innovation & Improvement				

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

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

Resources Committee						
	24th May	26th July	20th September	22nd November	24th January	21st March
Salman Desai	✓					
Catherine Butterworth	✓					
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
Dr Alison Chambers	x					
Salman Desai	✓					
Prof Aneez Esmail (Chair)	✓					
Dr Chris Grant	✓					
Dr David Hanley	✓					
Dr Maxine Power	✓					
Angela Wetton	✓					

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

Nomination & Remuneration Committee							
	3rd May	29th May	31st July	25th September	27th November	29th January	26th March
Catherine Butterworth	x						
Dr Alison Chambers	x						
Prof Aneez Esmail	x						
Dr David Hanley	✓						
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	
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 NWAS. To withdraw from the meeting and any decision making process if the organisations listed within the declaration were involved.
Alison	Chambers	Non-Executive Director	Self Employed, A&A Chambers Consulting Ltd	√				Self employment	Jan-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Trustee at Pendle Education Trust		√			Position of Authority	Jan-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Non Executive Director Pennine Care Foundation Trust				√	Position of Authority	Jul-23		Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Salman	Desai	Deputy Chief Executive/Chief Operating Officer	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Aneez	Esmail	Non-Executive Director	Board member of Charity Dignity in Dying			√		Board member	May-22	Present	
Chris	Grant	Medical Director	NHS Consultant 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. NWAS does not sub-contract events nor does FMS operate any significant activity in the North West.				√		Non Financial Professional Interest.	Jul-22	Present
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	Present	N/A
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)		√			Position of Authority	Apr-19	Present	N/A
			Member of the NW Regional People Board		√			Position of Authority	Sep-20	Present	N/A

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 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	√				Non Executive Director	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 financil professional interest	Jun-23	Present	Declare an interest and withdraw from discussions as and when required.
			Daughter employed at DHSC as economic analyst			√		Non financial personal interest.	Sep-21	Sep-23	Declare an interest and withdraw from discussions as and when required.
Angela	Wetton	Director of Corporate Affairs	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
David	Whatley	Associate Non Executive Director	Trustee Pendle Education Trust		√				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	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict.



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Chief Executive’s Report to the Board of Director
PRESENTED BY	Daren Mochrie, Chief Executive
PURPOSE	Assurance

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

Risk Appetite Statement <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"/>

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Receive and note the contents of the report
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EXECUTIVE SUMMARY	<p>The purpose of this report is to provide members with information on a number of areas since the last CEO’s report to the Trust Board dated 27 March 2024.</p> <p>The highlights from this report are as follows:</p> <p>PES</p> <ul style="list-style-type: none"> Improvement in all ARP standards Operational resources increased within PES and EOC Long waits continue to be well managed Patient handover has improved compared to previous three months <p>111</p> <ul style="list-style-type: none"> Significant improvement in all KPIs On track to be fully established across all front-line roles by the end of Q2 The 15% national call handling support which has reduced inbound call demand will remain in place until at least the end of Q2. 111 ‘Press 2’ for those in mental health crisis, has been launched <p>PTS</p>
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	<ul style="list-style-type: none"> • Activity is 10% below contract baseline • Awaiting the outcome of the tender contract award • Improvement Plan will be completed at end May 	
PREVIOUSLY CONSIDERED BY	Not Applicable	



1. PURPOSE

This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 27 March 2024.

2. PERFORMANCE

2.1 Paramedic Emergency Service

April 2024 has seen improvements in Operational Ambulance Response Standards (ARP) when compared to previous months. Activity both from a call volume and incident perspective have increased when compared to April 2023 (calls for April 2024 113,882 represents an 8% increase and incidents 92,727 represents a 3% increase). All response standards have also improved compared to March 2024. These improvements are due to the increase in operational resources both within PES and EOC. In addition, patient handover has improved when compared to the previous three months (although handover remains on average 7 minutes longer than April 2023). C2 mean stands at 21:47 for April 2024 which places NWS first within the sector for C2 response and currently delivering on the interim UEC standard of 30 minutes mean. NWS remain towards the upper end for all response standards when compared to the sector.

Incidents have reduced when compared to March 2024 by 7,750 and the distribution of the reduction is equitable across all categories of response. From an EOC perspective 999 mean call pick-up continues to perform consistently well. Mean call pick-up for April was 1 second (which is consistent with previous months) The UEC standard for call pick-up is ten second mean and one of the best in the country. Hear & Treat has remained relatively stable at 13.9% vs 14.8% for March 2024. The Clinical HUB (CHUB) workforce is almost at full establishment and through capacity increases and a revised approach to C2 segmentation it is anticipated Hear & Treat will improve, specifically within the C2 cohort. See & Treat remains stable at 27% with conveyance to ED increasing by 1.5% when compared to March 2024. Long waits continue to be well managed and reflect the improved response standards. C1 long waits have reduced by 11% and C2 long waits have reduced by 31% compared to March 2024. Long waits are very similar in number compared to April 2023.

2.2 NHS 111

For April 2024, 111 has seen a significant improvement in all KPIs when compared to previous months and previous years. The percentage of calls answered within 60 seconds for April 2024 was 68% (vs 45.8% March 2024). Calls abandoned improved in April 2024 to 5.7% (vs 15.5% March 2024). The improvements are due to a reduction in vacancy gap across front line roles and continued national support via IUC arrangements. 111 are on track to be fully established across all front-line roles by the end of Q2 which will contribute to the sustained and improved KPI delivery. The IUC arrangements currently provide 15% national call handling support which has reduced inbound call demand. This arrangement will remain in place until at least the end of Q2. Further discussion nationally, dependant on NW 111 delivery of the IUC plan will commence in early Q2. In addition, NW 111 have seen the launch of '111 press 2' for patients presenting in mental health crisis. At this stage it is too early to draw any conclusions as to the impact and efficacy of this national programme.



2.3 Patient Transport Services

The PTS Contract tender award outcome is awaited at the time of writing. In year, as at Month 9 (Contract Year), cumulative PTS activity is -10% (-118,156) journeys below contracted baselines with an associated financial variance of -£3,634k at marginal rates. Cumbria and Lancashire remain below baseline at 23% and 28% respectively whilst Greater Manchester and Merseyside are above baseline at 3% and 1% respectively.

Planned arrivals varied by area with the best performance in Cumbria where we achieved 86% against the arrival KPI target of 90%. During Month 9 (March 2024) all areas saw an increase in Planned arrivals. Greater Manchester 2%, achieving 74%, Lancashire 1% achieving 82% and Merseyside saw an increase of 1% achieving 77%.

Enhanced Priority Service (EPS) achieved between 67%-91% against the arrival KPI target of 90%. An increase on the previous month. Hospital aborted journey activity remains high and, in March ranged from 5% (Cumbria) to 16% (Greater Manchester). Overall aborted activity is at 13%.

The Improvement Plan which commenced in July 2023 saw expenditure reductions from August 2023. The total third-party expenditure in 2022/23 across the four county areas was £26.897m. The comparable expenditure in 2023/24 financial year is £22.530m, a reduction of £4.367m. A review of the Improvement Plan is underway and a report will be available at the end of May 2024

3. ISSUES TO NOTE

3.1 Local Issues

Co-Op Live

Co-Op Live is the new £365m venue in Manchester which is set to be the biggest indoor arena in the UK. The emergency services and council partners have worked for some considerable time with the owners to ensure the stadium meets the needs of the public. The venue was scheduled to open on Tuesday 23 April, but the date was pushed back multiple times.

Public safety is everyone's top priority. From an NWAS perspective, several members of our Greater Manchester operations team and the Resilience Team continued to work closely with the venue along with colleagues from the police and fire services, to ensure the venue was complete and ready to welcome audiences' safely with the first live performance taking place on 14 May 2024.

Celebrating our CMI Learners

I had the privilege of meeting a number of CMI learners at a celebration event at Ladybridge Hall.



Over the last 12 months, our colleagues from across the trust have been working towards achieving either a level 3 Award in Principles of Management and Leadership, level 5 Certificate in Management and Leadership or a level 5 Award in Coaching and Mentoring.

As an organisation, we have a wide range of learning and development opportunities to support us, and to achieve these qualifications whilst balancing work and home lives is a fantastic achievement. It isn't only the individual who benefits from attaining these qualifications but their teams and the trust as a whole.

Well done to everyone who passed; a great way to celebrate national Learning at Work Week 2024.

Mobile Vehicle Data Solution (MDVS)

I recently visited Dukinfield station to meet the project team and observe the installation of the new Mobile Vehicle Data Solution (MDVS) and to see its capabilities.

The MDVS Team explained how, like any new system, there have been some issues but through staff feedback and by working closely with the national team, they have been able to roll out some improvements and will continue to see how it can be further developed.

My thanks go to the team for all their hard work on this project so far, the demonstration was very insightful.

3.2 Regional Issues

Estuary Point

During April, I joined Dan Ainsworth, Director of Integrated Contact Centres and Ian Moses, Area Director to host a meeting with Graham Urwin, CEO, Cheshire & Merseyside Integrated Care Board (ICB) at Estuary Point. I took the opportunity to visit various departments and spent some time listening to 999 calls with several members of our call handling teams

Station Visits

I was also able to get out and about to chat to staff and leaders in Rochdale, Dukinfield and Bury stations and heard their thoughts and ideas about how we can continually improve the trust.

Networking with the networks

I recently joined colleagues from our staff networks; Armed Forces, Disability, LGBT+ , Race Equality and the Women's Network, together with other colleagues and executive members at their development day and was invited to say a few words. The work these groups do is outstanding. As well as their to day-to-day roles, they find the time to work with each other to improve the working lives of colleagues, bring about better opportunities for potential new employees which in turn, improves the service we provide to our patients. It was great to see them all together exploring further opportunities for them to work together.



The day was the first of its kind and network members left with ideas for future developments and strategies they can use to ensure the networks benefit our staff members.

3.3 National Issues

CQC Inspections

NWAS' last rated inspection was in February 2020 and we received a rating of 'good' for both services inspected: urgent and emergency care and emergency operations centres (EOC). Patient transport services and NHS 111 were last inspected in 2016, and resilience was last inspected in November 2018. Other ambulance services have been inspected more recently and the trust's next CQC inspection could take place at any time.

The CQC is now following a new 'single assessment framework' which is slightly different to previous inspections; inspectors will gather evidence in a variety of ways and at different times, instead of basing a rating on evidence gathered during one on-site inspection. This means there are more opportunities to get a true picture of our service, rather than an impression based on a single visit.

The new framework still follows the five key themes to determine if our services are Safe, Effective, Caring, Responsive and Well-Led and there are new areas of assessment under each theme, known as quality statements. The new set of 34 quality statements replacement the previous 300+ key lines of enquiry and helps to reframe the inspection.

To support transparency and consistency, the CQC has introduced a scoring framework into their assessments. The total of the score will determine the overall rating of either Outstanding, Good, Requires Improvement or Inadequate.

4 General

REAP

At the end of April, the trust's REAP level changed from Level 3 (major pressure) to REAP Level 2 (moderate pressure).

The decision was taken due to a slight reduction in demand and improved performance both operationally and with hospital handovers. Resource levels had also increased.

The REAP level system is always in operation. It enables the trust to ensure that services and quality of patient care can be maintained when challenges occur in the local environment, such as increased activity, severe weather conditions, significant loss of staff and resources or pressures within the wider NHS. It will generally operate at lower levels when the service is operating within normal parameters and will escalate when pressures occur.

Eid al Fitr

Eid al-Fitr (also known as the 'festival of breaking the fast') marks the end of the month of Ramadan when Muslims abstain from food and drink from dawn to dusk and consider and support those less fortunate or struggling. The celebration takes place the day after the new moon is seen and signals the start of the tenth month of the Islamic calendar.



Usman Nawaz, Head of Inclusion and Engagement hosted the trust's first ever Iftar Dinner at the Bolton Excellency to celebrate the breaking of the fast. More than 100 colleagues and family members attended the event which was an opportunity to learn more about Ramadan and celebrate the holy month.

Many Muslims across the world will celebrate in different ways, starting with prayers at their local mosque, giving to charity, dressing in their finest clothes, and spending time with family and loved ones.

Freedom to Speak Up (FTSU)

We all have a responsibility to speak up about a risk, malpractice or wrongdoing at work that may affect patients, the public, other staff or the organisation. However, only 59% of staff feel safe to do so. Our FTSU team is already taking significant steps to increase engagement with staff across the trust and there will be a re-evaluation of the role of the champions over the coming months.

A confidential, anonymous online form has been installed on all frontline devices, such as iPads and trust phones which will help to share concerns discreetly and securely.

Stop. Speak. Support

To improve our commitment to improving sexual safety at NWAS the trust has launched a new campaign, Stop Speak Support and a statement setting out the expectations around sexual safety and sexual harm. We are committed to reviewing our approach to handling complaints related to sexual safety and the ways we support those involved. We need to change the acceptance of inappropriate behaviour and encourage everyone to challenge this behaviour when they see it.

The staff survey last year showed that around 8% of our staff have experienced unwanted behaviour of a sexual nature from colleagues which rises to more than 1 in 10 in the Paramedic Emergency Services and higher for females or LGBT+.

The Wellbeing Hub

During May the trust launched The Wellbeing Hub, as another avenue of support.

Recent NHS Staff Survey results showed improvement around wellbeing-focused questions. However, around three-quarters of respondents indicated they feel burnt out because of work, and less than half believe the organisation takes action on wellbeing. The Wellbeing Hub will enable staff to access information and services in a timely way to keep them well in work.

The Wellbeing Hub is the one-stop-shop for health and wellbeing in NWAS, providing a single point of contact for staff and managers to access information about the range of services available to support wellbeing, which will complement our existing wellbeing offer and make it easier to navigate.



The trust also has workforce wellbeing officers promoting our wellbeing services and campaigns, on sites.

Social Media Guidance

Social media communication channels allow users to interact with each other and share opinions and content. How these are used is crucial to how staff are viewed by colleagues, partner agencies and the public and the same standards should be applied as when communicating by other methods.

New guidance has recently been launched on the trust's intranet site.

NWAS Goes Greener

Last year the trust Sustainability Team's plans to improve our green spaces grew from strength to strength as we planted 30 more trees following the 50 trees that were planed the previous two years.

The new trees planted across our sites will not only benefit the environment and help contribute to better air quality, but also create better working areas for our staff, further supporting their wellbeing.

In our Thoughts

It is with great sadness that I write to inform you of the death of our friend and former colleague, Julie Lea

Julie worked in the West Sector of Greater Manchester from October 2011 until 2023 when her ill health resulted in her leaving the service.

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

5. 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

DATE	Wednesday, 29 May 2024
SUBJECT	Trust Strategy Refresh
PRESENTED BY	Salman Desai, Deputy Chief Executive
PURPOSE	Decision

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

Risk Appetite Statement <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"/>

ACTION REQUIRED	<p>The Board is asked to support the recommendations:</p> <ul style="list-style-type: none"> Emphasising “Urgent and emergency care recovery,” “Freedom to Speak up,” and “Ambulance Service Culture, with a particular focus on sexual safety” as key areas of focus in the Trust strategy for 24/25; Updating of the internal and external intranet pages to highlight the areas of focus on the “landing page” where the Trust Strategy document is available for download; Conducting a light-touch refresh of the supporting strategies to ensure continued alignment to the Trust Strategy.
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EXECUTIVE SUMMARY	<p>The Trust Strategy (2022-2025) was approved in May 2022.</p> <p>As the Trust Strategy is dated for three years, an annual review and refresh of the Trust Strategy is undertaken to:</p> <ul style="list-style-type: none"> Determine whether the strategy is still relevant within the context and having an impact; Identify key areas of focus for the following year. <p>The strategy refresh process has answered three questions:</p>
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1. Has the strategy had the impact intended?
2. Does the strategy fit within the current context?
3. Will the strategy continue to add value?

The summary of findings from these questions are;

1. The 23/24 annual plan translates the Trust Strategy in to in- year action. There are several deliverables within the 23/24 annual plan which have been completed and there are some areas which have slipped and will continue into 24/25. Although delivery, or non-delivery, of the annual plan is aligned to achieving strategic objectives, the quantifiable impact is not demonstrable due to the continued development of the Strategy dashboard. These are due to be complete and available for use by Planning Group as part of the continued strategy assurance process, as planned, at the end of Q1 24/25;
2. There have been several changes in the context yet the impact of most of these changes are already addressed within the Trust Strategy;
3. The Trust Strategy will continue to add value within the current context however there are some key areas of focus which have been emphasised in the 24/25 annual planning process, namely:
 - Urgent and emergency care recovery;
 - Freedom to speak up;
 - Ambulance Service Culture, with a particular focus on sexual safety.

It is important to note that there are several important themes within the external context such as health inequalities which are currently well addressed by our Trust Strategy however it is expected that 24/25 will bring more specific expectations of NWAS from both national and ICB perspectives.

The Board is asked to note the following points linked to the Trust Strategy refresh process:

- The development of the strategy dashboard is due to be complete by Q1 of 24/25 and this will be used to enable demonstration of the impact of strategic change and delivery against the Trust Strategy;
- An evaluation of the Trust Strategy will provide a recommended position as to the scale of the refresh required on the Trust Strategy with the recommendations being implemented in advance of

	the new, or refreshed, 2025-2028 Trust Strategy approval at the beginning of FY 25/26.	
PREVIOUSLY CONSIDERED BY	TMC	
	Date	Wednesday, 15 May 2024
	Outcome	Approved
PREVIOUSLY CONSIDERED BY	Resources Committee	
	Date	Friday, 24 May 2024
	Outcome	

1. Background

1.1 The Trust Strategy (2022-2025) has been in place since its approval in May 2022.

1.2 The Trust Strategy states the organisation’s vision “to deliver the right care, at the right time, in the right place, every time” and the three aims and nine objectives that outline how we will achieve our vision by 2025.

1.3 As the strategy is dated for three years, continual changes in the internal and external context are expected as well as new requests and drivers which NWAS must be able to plan for and respond to. With this, an annual review and refresh of the Trust Strategy is undertaken to:

1. Determine whether the strategy is still relevant within the context and having an impact;
2. Identify key areas of focus for the following year.

1.4 At the end of financial year 22/23 (year one of the Trust Strategy) the refresh of the Trust Strategy highlighted three key areas which were recommended as needing emphasis in the Trust Strategy due to changes in the organisation’s internal and external context. The key areas which were emphasised for inclusion in 23/24 (Year two of the Trust Strategy) were:

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

1.5 These recommendations were accepted and informed the development of the 23/24 Annual Plan. There were no fundamental changes to the Trust Strategy document to include these points however they were communicated via the intranet and external internet’s strategy pages.

2. Trust Strategy refresh

2.1 This Trust Strategy refresh will reflect on the impact of 2023-2024 (year two) of the Trust Strategy as well as considering the current context and any changes expected upon the horizon. The refresh process is structured around the following three questions:

Questions	Areas to analyse
1. Has the strategy had the impact intended?	<ul style="list-style-type: none">• Progress against year two of the strategy implementation.
2. Does the strategy fit within the current context?	<ul style="list-style-type: none">• Current context.• What is on the horizon.
3. Will the strategy continue to add value?	<ul style="list-style-type: none">• The strategy’s relevance within the current context.

2.2 To answer question 1, the annual planning assurance process has monitored the progress against delivery of the 23/24 annual plan which translates the Trust Strategy and Supporting Strategy

objectives into in-year deliverables. The assurance process has been overseen by Planning Group (formerly Planning Board) which is attended by leads from across NWS.

2.3 To answer question 2, internal and external contextual analysis exercises were completed with the trust Board of Directors at the development session in February 2024. The points highlighted in the analysis have then been considered in terms of their past, current or future impact on NWS' strategic direction.

2.4 Question 3 analyses the impacts highlighted in questions 1 and 2 and provides recommendations to make sure The Trust Strategy continues to add value within the context.

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

3. Has the strategy had the impact intended?

3.1 The progress against the deliverables in the 23/24 annual plan, which translates the Trust Strategy in to action, is outlined in Appendix A. Appendix A also shows the alignment of deliverables to the Trust Strategy and Supporting Strategy objectives and measures.

3.2 The progress against the 23/24 deliverables shows the following have been completed:

- PSIRF implementation;
- Internal Freedom To Speak Up (FTSU) plan developed;
- Migration to Ambulance Data Set (ADS);
- Implementation of well-being team;
- Implementation of sexual safety plan;
- Implementation of Manchester Arena Inquiry (MAI) recommendations.

3.3 There are several areas which have not been fully completed as expected in 23/24 and will continue in to 24/25:

- FTSU guardian and safety champion recruitment;
- Mental health crisis response model roll-out;
- Improving maternity experience, leadership skills and implementing ENEI recommendations;
- Delays to waste segregation programme due to change in location for the pilot.

3.4 There is one area which progress is limited whilst awaiting the outcome of the PTS tender;

- Plans to improve hospital discharge progress.

3.5 It is important to note that the successful delivery of the Service Development strategy and, subsequently, the Trust Strategy is, in part, dependent on the outcome of the PTS Tender. A change from our current PTS arrangements may require reconsideration of the direction outlined in the Service Delivery Strategy.

3.6 The impact of the delivery and non-delivery of the 23/24 deliverables will contribute to achievement or non-achievement of the Trust Strategy and Supporting Strategies which are aligned as shown in Appendix A. However, the scale of these impacts is not yet demonstrable as we are undertaking the development of Strategy dashboards which will allow for full analysis of the impact of any delivered or non-delivered strategic change. These dashboards will be available, as planned, by the end of Q1 of

24/25 and will support the Strategy assurance process which is owned by Planning Group and reported to Resources Committee and Trust Board bi-annually.

3.7 Areas which did not progress as planned in 23/24 have been considered as part of the 24/25 annual plan process.

4. Does the strategy fit within the current context?

4.1 There have been changes in the context which will, or have the potential to, impact staff, patients, service users and NWAS' ability to deliver against its strategy. The table in Appendix B outlines notable changes in the context and changes on the horizon which are likely to have an impact.

4.2 The analysis has highlighted several key points:

- "Urgent and Emergency Care (UEC) recovery" continues to be an important area of focus as UEC recovery is a more permanent feature of the current and future context as UEC ambitions are articulated through the Integrated Care Board (ICB) joint forward plans (JFPs);
- "FTSU" which was emphasised through 23/24 following externally published reviews and the failings in the "Lucy Letby" case continues to be important areas of focus as, although there have been improvements in FTSU reporting within NWAS, the staff survey has identified challenges in people feeling comfortable speaking up;
- The Melia review into Ambulance Service culture, several media reports of specific issues and multiple reviews into the conduct within blue-light services over the last 1-2 years (such as the Baroness Casey review) has highlighted the need for action to address sexual safety– AACE released guidance on action in October 2023. The theme of sexual safety was highlighted in the 2023 staff survey as an area to address;
- The challenging socio-economic context is continuing to affect the health of the population, particularly those from minority groups who face inequality in access, experience, and outcomes. It is expected that 24/25 will bring more specific around "prevention" and addressing health inequalities;
- Racism within the NHS and, Ambulance and blue-light services is highlighted within our Trust and People strategies. The BRAP "too hot to handle" report published in February 2024 highlighted that the NHS is falling short in tackling racial discrimination.

4.3 It is important to note that there are several important themes within the external context such as health inequalities which are currently well addressed by our Trust Strategy however it is expected that 24/25 will bring more specific expectations of NWAS from both national and ICB perspectives.

5. Will the strategy continue to add value?

5.1 With consideration of the progress against the 23/24 annual plan, the analysis of the current context and a scan of upcoming changes on the horizon, there have not been any significant changes in the context or upon the horizon that would suggest that the 2022-2025 Trust Strategy requires changes.

5.2 However the analysis has highlighted several key areas of focus for year 3, 24/25, which require emphasising for the Trust Strategy to continue to add value;

1. Urgent and emergency care recovery;
2. Freedom to speak up;

3. Ambulance Service Culture, with a particular focus on sexual safety.

5.3 These key areas of focus have informed the annual planning process and have influenced the development of the 24/25 annual plan.

6. Next Steps

6.1 To communicate the key areas of focus for year, 3, it is recommended that the internal and external intranet pages are updated to highlight the areas of focus on the “landing page” where the Trust Strategy document is available for download.

6.2 As our four supporting strategies align to the Trust Strategy and further articulate our ambitions, it is necessary that the approved key areas of focus resulting from the strategy refresh are fed into the refresh of the supporting strategies. As there are no significant changes to our Trust Strategy, a light-touch refresh of the supporting strategies is recommended to ensure continued alignment.

6.3 As noted in 3.5, there is a need to continue to develop and embed the strategy assurance process to enable the analysis of impact of strategic change. The development of the strategy dashboard is due to be complete by the end of Q1 of 24/25. The dashboards will be utilised by Planning Group to provide assurance to Resources Committee and Trust Board.

6.4 As 24/25 is the final year of the existing Trust Strategy, the Strategy, Planning and Transformation Team will be conducting an evaluation of the strategy and will providing a summary of the findings and a recommended position as to the scale of the refresh required on the Trust Strategy. The recommendations will be implemented in advance of the new, or refreshed, 2025-2028 Trust Strategy approval at the beginning of FY 25/26.

7. Risk consideration

The Trust strategy aims to result in change which has a positive impact on our people and our patients. Therefore, the links to the organisation’s strategic risks and risk appetite statements highlight the importance of alignment and delivery of The Trust Strategy and the supporting strategies in mitigating risk.

The Trust Strategy Refresh does not highlight any new risks but reminds us of the risk that non-delivery of the strategies could result in missed opportunity to positively improve care and conditions for our people and patients.

8. Equality/Sustainability impacts

As part of the strategy refresh, the Trust Strategy Equality Impact Assessment (EIA) has also been reviewed with consideration of the changes in the context. The analysis of the context has highlighted potential equality impacts but these are all already aligned with the impacts highlighted in the Trust Strategy EIA, therefore it is deemed that there is no need to conduct any new engagement with any groups.

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

9. Action required

The Board is asked to support the recommendations:

- Emphasising “Urgent and emergency care recovery,” “Freedom to Speak up,” and “Ambulance Service Culture, with a particular focus on sexual safety” as key areas of focus in the Trust strategy for 24/25;
- Updating of the internal and external intranet pages to highlight the areas of focus on the “landing page” where the Trust Strategy document is available for download;
- Conducting a light-touch refresh of the supporting strategies to ensure continued alignment to the Trust Strategy.

The Board is asked to note:

- The development of the strategy dashboard is due to be complete by the end of Q1 of 24/25 and this will be used to enable demonstration of the impact of strategic change and delivery against the Trust Strategy;
- An evaluation of the Trust Strategy will provide a recommended position as to the scale of the refresh required on the Trust Strategy with the recommendations being implemented in advance of the new, or refreshed, 2025-2028 Trust Strategy approval at the beginning of FY 25/26.

APPENDIX A

Trust Strategy Aim	Supporting strategy alignment and measures	Strategic objective and deliverables	23/24 (Year 2) progress
High quality, inclusive care <ul style="list-style-type: none"> Safe care 	Quality Strategy; <ul style="list-style-type: none"> Increase of 10% in the FTSU* index; Quality improvement plans for all service lines and teams; Evidence of listening and learning from when things go wrong; Productive partnerships for learning and improvement. 	Create the conditions for safety <ol style="list-style-type: none"> Scaling up safety culture surveys Safety training curriculum Developing learning mechanisms which enable patient safety insights to be generated from risks, audit, incidents, complaints, and staff concerns. Improving safety basics Listening and speaking up culture plan 	<ul style="list-style-type: none"> Baseline position established; PSIRF implementation training requirements completed by Q4; PSIRF implemented and incident review processes established; Improvements in patient and family engagement following adverse events, completed. Medicines management full business case not delivered; APEX phase 2 scope not completed; work is to take different direction; Internal listening/speaking up plan developed. Number of FTSU guardians and safety champions has not progressed as expected.
High quality, inclusive care <ul style="list-style-type: none"> Effective care Person centred care 	Quality Strategy <ul style="list-style-type: none"> Improved performance against ambulance clinical quality indicators (ACQIs) Reduce variation in patient treatment, outcomes, and experience for patients with maternity, mental health or frailty presentation. 	Embed the foundations which will support improved clinical practice and patient experience. <ol style="list-style-type: none"> Use ACQI data at a local level. Embed effective clinical audit and supervision into the clinical leadership structure. Implement foundational infrastructure that will support clinical practice. Improve parity of our response for mental health crisis' 	<ul style="list-style-type: none"> Migration to Ambulance data set; National Clinical Supervision Framework plan in progress but not completed in-year; Baseline data for mental health access and inequalities in the Northwest, completed; Mental Health response plan in place for Cumbria and Lancashire with a trial in place with partners in Greater Manchester for 12 hours per day; Shortage of Mental Health Practitioners means mental health crisis response model cannot be rolled out across NWAS.
Be a brilliant place to work. <ul style="list-style-type: none"> Looking after our people Investing in our people 	People Strategy <ul style="list-style-type: none"> Improved retention rates Improved attendance Improve staff views of career progression. 	Improve the health, wellbeing, and safety of our people. <ol style="list-style-type: none"> Enhancing the preventative approach health and wellbeing 	<ul style="list-style-type: none"> Implemented wellbeing co-ordination team; Increased HR advisory capacity; Sexual safety improvement plan; Just culture approach embedded in disciplinary process;

Trust Strategy Aim	Supporting strategy alignment and measures	Strategic objective and deliverables	23/24 (Year 2) progress
<ul style="list-style-type: none"> Leading people compassionately 	<ul style="list-style-type: none"> Improvement in key staff survey responses Improved diversity indicators and representation Improvement in quality of processes 	<ol style="list-style-type: none"> Flexible, responsive, and accessible people approach Safe environment free from discrimination Leadership skills programme Implementing ENEI recommendations 	<ul style="list-style-type: none"> Embedding of mental health continuum and Mental Health pledge priorities progressing but will continue in to 24/25; Improving maternity experience, leadership skills and implementing ENEI recommendations slipped in to 24/25 due to SDMR implementation.
<p>Work together to shape a better future.</p> <ul style="list-style-type: none"> One NWAS One North West 	<p>Service Development Strategy</p> <ul style="list-style-type: none"> Sustainable delivery our KPIs across all service lines, within agreed financial budgets. We will provide equitable access to our service lines for all our patients and service users. We will improve our ability to plan for, and respond to, surges in demand and incidents. 	<p>Design a sustainable operational model and commence implementation in line with UEC recovery priorities.</p> <ol style="list-style-type: none"> Agreeing optimal service delivery model that sustainably improves performance. Implementing leadership structures (999, 111 & PTS) Implementing UEC recovery plans Implementing Manchester Arena Inquiry (MAI) recommendations Developing Digital and EFFM strategic plans 	<ul style="list-style-type: none"> Clear performance improvement trajectories across all service lines have been established with defined models established for both ICC and PTS; Collaborative relationships with system partners established; Service performance dashboards for all contact centre functions in progress; Plans to improve hospital discharge progress postponed awaiting outcome of PTS tender; All MAI recommendations on track for completion.
<p>Work together to shape a better future.</p> <ul style="list-style-type: none"> One future 	<p>Sustainability Strategy</p> <ul style="list-style-type: none"> We will take positive steps to achieve Net Zero by 2040 We will agree “anchor. principles” within NWAS and align with system partners. We will work as an effective system partner to improve population health across the Northwest. We will maximise the use of NWAS financial resources to deliver safe, efficient, and sustainable patient care at every opportunity. 	<p>Improve sustainability, productivity, and efficiency.</p> <ol style="list-style-type: none"> Digitise corporate and mandatory processes. Deliver 2023/24 CIP Support staff to make environmentally sustainable changes and investing in greener buildings, vehicles, and energy supplies. 	<ul style="list-style-type: none"> Outline business case for optimised rostering tool approved at ELC; Digital time sheet tool, Aspirer, currently on hold due to technical issues; Sustainability champion recruitment progressing slower than expected; Carbon-literacy training provided but limited uptake from front-line staff; Delays to waste segregation programme due to change in location, work will move to 24/25.

APPENDIX B – Analysis of current context

Contextual factor		What is the potential impact on NWAS' strategic direction?
1. Political	<p>International conflicts: There are significant international conflicts such as in Ukraine and in Gaza impacting on the economic climate.</p>	<p>International conflict will influence government strategy and policy [specific impact to be determined, linked with seven. On the horizon].</p> <p>International conflict is likely to continue to have a socio-economic impact due to food and energy insecurity which affects the cost of living [cost of living impact addressed in more detail in four. Socio-economic impact].</p>
2. Health and social care context	<p>NHS priorities and operational planning guidance¹: The overall priority for 24/25 remains the recovery of core services and productivity following the COVID-19 pandemic.</p> <p>The following priorities and objectives are particularly relevant to NWAS:</p> <ul style="list-style-type: none"> • Reduce inequalities in line with Core 20 plus 5; • Improve ambulance response and A&E waiting times: Improve A&E wait times Improve Cat2 response; • Make it easier for people to access community and primary care services: Improve services to reduce long wait times; • Improve access to mental health services so that more people of all ages receive the treatment they need; • Improve staff experience, retention, and attendance; • Quality and patient safety; implement PSIRF. 	<p>All 24/25 NHS priorities listed are aligned to the Trust Strategy (2022-2025) aims and objectives.</p> <p>The specific objectives outlined within “improve ambulance response and A&E waiting times” are aligned to NWAS’ UEC recovery plan work which was highlighted as a key area of strategic focus in the 22/23 strategy refresh.</p> <p>The Trust Strategy outlines our organisation-wide safety ambitions, and our Quality Strategy (2023-2026) outlines our commitment to implement and utilise insight gained from the Patient Safety Incident Response Framework (PSIRF).</p>
	<p>ICB joint forward plans (JFPs)^{2,3,4,5,6}: The ICB JFPs have been published by each of the five ICBs within our area. Although there are area-specific differences in objectives and deliverables across the five ICBs, the priorities within the JFPs all include the following common themes:</p> <ul style="list-style-type: none"> • Tackling health inequalities in outcomes, experiences, and access; • Improving outcomes in population health and healthcare; • Enhancing productivity and value for money whilst supporting broader social and economic development; • Health and care services which are integrated and sustainable; • Transforming community services: improving access to Primary Care, improving access, and transforming mental health services. 	<p>The priorities within the JFPs were considered as part of our programme of supporting strategy development, therefore, all the listed common themes are aligned to our four supporting strategies: Quality, People, Service Delivery and, Sustainability.</p>

Contextual factor		What is the potential impact on NWAS' strategic direction?
	<ul style="list-style-type: none"> Improving access and redesigning specialist services for those with learning disabilities and autism. Urgent and emergency care recovery and development of alternative pathways/visiting services. 	
3. Regulatory	<p>CQC's new assessment single assessment framework (SAF)⁷: The CQC's SAF outlines 5 key themes:</p> <ul style="list-style-type: none"> Safe Effective Caring Responsive Well-led 	<p>Areas of improvement aligned to our previous CQC inspections have informed the contextual analysis when developing the Trust Strategy and our four Supporting Strategies.</p> <p>Any areas of improvement identified through future inspections will be important considerations for future strategy refreshes.</p>
4. Socio-Economic	<p>Cost of living (CoL): Although the rate of inflation appears to be falling from its high in 2022, it is still high in relation to pre-2022⁸. Staff and patients continue to be affected by the cost of living;</p> <ul style="list-style-type: none"> In response to the reduction in 'real' income, NHS staff have taken part in industrial action though 2023 and 2024 which had led to system pressure. Trade Unions continue to ballot members in a variety of roles across the NHS to decide on further action. The CoL "crisis" is having an impact on public health with the biggest risk to the young, elderly and those living with multiple co-morbidities and disabilities. The impact is resulting in increased hospital admissions, poorer mental health, more and worsening chronic physical health problems and an increase in service need⁹. 	<p>The Trust Strategy recognises the health of the population across the Northwest and outlined the organisation's ambition to reduce inequalities in access, outcome, and experience. The Sustainability Strategy substantiates this ambition under the "social value" and "population health" priorities. Although it is recognised that the socio-economic environment is resulting in greater inequalities and greater health need, the direction outlined in the Trust and Sustainability strategies are still relevant.</p>
5. Ethical	<p>Speaking up, misogyny and sexual safety in Ambulance Trusts:</p> <p>In addition to the reports and incidents within the external context through 2022/23 regarding issues with speaking up and the culture within the health-service and blue light services demonstrating institutionalised bullying, harassment, and misogyny, 2023/24 has seen several reviews and reports which have looked specifically at these issues from the perspective of</p>	<p>Although the Trust Strategy outlines NWAS' ambition to address "Freedom to speak up (FTSU)" and "Creating a safe working environment, free from discrimination" within the aim "be a brilliant place to work," this was highlighted as an area of focus following the 22/23 strategy refresh. The areas highlighted in the more recent reports highlight issues specific to ambulance services which has reinforced the need for Ambulance services to create a culture of speaking up as well as to focus more specifically on improving sexual safety at NWAS.</p>

Contextual factor	What is the potential impact on NWAS' strategic direction?
<p>Ambulance Trusts. These report findings are as follows:</p> <p>Amongst other operational recommendations, the "Culture review in Ambulance Trusts"¹⁰ conducted by Siobhan Melia and published in February 2024 recommended that the NHS equality, diversity, and inclusion improvement plan is translated into a bespoke plan for the sector and that bullying and harassment, including sexual harassment is targeted and that freedom to speak up is enabled.</p> <p>The National Guardian's Office's (NGO) speak up review of Ambulance Trusts in England¹¹ recommended broader review of cultural matters and making speaking up "business as usual".</p> <p>The findings from the discovery phase of the AACE reducing misogyny and improving sexual safety in the Ambulance Service¹² included documentation of the prevalence of sexual harassment with statistics such as women being found to be up to five times more likely to experience bullying and workplace violence. The AACE review makes recommendations to improve Ambulance Service sexual safety policy.</p>	
<p>BRAP "Too hot to handle"¹³: Highlights barriers to racially minoritised groups raising concerns of racial discrimination within the health service with unsatisfactory management of issues. The report calls for organisations and leaders to think critically and act in line with the evidence of what will create more impact in addressing racial discrimination.</p>	<p>The Trust Strategy outlines NWAS' EDI commitments which includes commitment to educate and develop leaders to improve understanding of racism, discrimination, and cultural competence.</p>
<p>6. Internal content</p> <p>Staff Survey:</p> <p>The 2023 NHS Staff survey showed an improvement on response rate and improvement in many key themes. However, there were some areas which still require further focus and improvement:</p> <ul style="list-style-type: none"> • 1 in 10 said they had experienced harassment, bullying or abuse in work. the results show that around 8% of staff have experienced unwanted behaviour of a sexual nature from colleagues - this rises to more than 1 in 10 if you work in PES and is higher if you are a woman or LGBT+. 	<p>All the improvement areas highlighted align to ambitions within our Trust Strategy and People Strategy. Action has already been taken within the People Directorate and the FTSU team to specifically respond to these improvement areas since the staff survey results have been published.</p>

Contextual factor		What is the potential impact on NWAS' strategic direction?
	<ul style="list-style-type: none"> • Around only half of respondents felt confident that speaking up will lead to any changes. • Around 35% of respondents indicated that they had not had any reasonable adjustments implemented to enable them to carry out their work. • Around three-quarters of respondents indicated they feel burnt out because of work, and less than half believe the organisation takes action on wellbeing. 	
	<p>PTS tender: We are still in an extended standstill period following the awaiting publishing of the outcome of the three tendered lots which was originally scheduled on 18 March.</p>	Impact to be determined, dependent on the outcome.
7. On the horizon	<p>Political; general election: There will be a general election in the UK before January 2025. This is likely to lead to a significant change in the political environment within the financial year.</p>	Impact to be determined, dependent on the outcome and subsequent impact on NHS priorities and funding.
	<p>Health inequalities: In January 2024, The Health and Social Care Committee published a report outlining their findings regarding the need for "healthy places", as part of the ongoing "prevention in health and social care" inquiry, the Government are yet to respond to the report which highlights failings in housing.</p>	As noted in the socio-economic context, NWAS' strategies already state our commitments to reduce inequalities in access, outcomes, and experience. Further outcomes of the inquiry through 2024 will bring more discussion and recommended actions to tackle health inequalities.

Contextual factor	What is the potential impact on NWS' strategic direction?
<p>References:</p> <p>¹Priorities and operational planning guidance: https://www.england.nhs.uk/wp-content/uploads/2024/03/2024-25-priorities-and-operational-planning-guidance-v1.1.pdf</p> <p>²North East and North Cumbria ICB: https://northeastnorthcumbria.nhs.uk/media/44njo3g4/joint-forward-plan-2324-final.pdf</p> <p>³Lancashire and South Cumbria ICB: LSC Integrated Care Board: NHS Joint Forward Plan (icb.nhs.uk)</p> <p>⁴Cheshire and Merseyside ICB: https://www.cheshireandmerseyside.nhs.uk/media/lutgitgu/cm-joint-forward-plan_v2-180723_ac.pdf</p> <p>⁵Greater Manchester ICB: https://gmintegratedcare.org.uk/greatermanchester-icp/icp-strategy/joint-forward-plan/#Our_Strategy</p> <p>⁶South Yorkshire ICB (Glossop): https://southyorkshire.icb.nhs.uk/about-us/our-structure/five-year-joint-forward-plan</p> <p>⁷CQC SAF: https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework</p> <p>⁸Cost of living: https://commonslibrary.parliament.uk/research-briefings/cbp-9428/</p> <p>⁹CoL health related outcomes: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-024-17940-0/tables/4</p> <p>¹⁰ Culture review of Ambulance Trusts February 2023: https://www.england.nhs.uk/long-read/culture-review-of-ambulance-trusts/</p> <p>¹¹ Speak up review of Ambulance Trusts in England February 2023: https://nationalguardian.org.uk/case-review/speak-up-review-of-ambulance-trusts-in-england/</p> <p>¹²AACE Reducing misogyny and improving sexual safety in the Ambulance Service October 2023: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Faace.org.uk%2Fwp-content%2Fuploads%2F2023%2F10%2F1_What-We-Know-_-Reducing-Misogyny-and-Improving-Sexual-Safety-_-FINAL.docx&wdOrigin=BROWSELINK</p> <p>¹³BRAP Too Hot to Handle January 2024: https://27aa994b-a128-4a85-b7e6-634fb830ed15.usfiles.com/ugd/27aa99_9a9468c5e4da43288da375a17092d685.pdf</p> <p>Staff survey</p> <p>Health inequalities</p>	



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Trust Annual Plan 2024-25
PRESENTED BY	Salman Desai, Deputy Chief Executive
PURPOSE	Decision

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

Risk Appetite Statement <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"/>

ACTION REQUIRED	Trust Board of Directors is asked to: <ul style="list-style-type: none"> Review and approve this draft of the Annual Plan 2024/25 	
EXECUTIVE SUMMARY	The Annual Plan for 24/25 has been drafted by the Strategy Planning and Transformation team working with colleagues across the trust. A draft of the annual plan was shared with ELC in March 2024 following which further work has been undertaken by ELC members and a focus group of senior staff to reduce the number of deliverables on the annual plan. The plan has been shared with Planning Group in April 2024 where further changes were recommended.	
PREVIOUSLY CONSIDERED BY	Trust Management Committee, Resources Committee	
	Date	Friday, 24 May 2024
	Outcome	Approved

1. Background

- 1.1. The annual plan details in year the activity across the trust to contribute to delivering the overall three-year trust strategy.
- 1.2. ‘Our Strategy 2022-2025’ outlines our organisation’s vision and aims between 2022 and 2025 and was approved by the trust Board of Directors in July 2022. This was then followed by the four supporting strategies for People, Quality, Service Development, and Sustainability, which were approved by the trust Board of Directors in July 2023. Together these documents form the ‘trust strategy’ suite of strategy documents.
- 1.3. The Strategy, Planning and Transformation team have collaborated with colleagues across the trust to draft the Annual Plan 2024/25, based on the roadmaps produced in November 2023. The development of the draft annual plan included consideration of the Board Assurance Framework (BAF) risks to ensure that the plan addresses the risks wherever possible. An earlier draft of the Annual Plan 2024/25 was shared with Planning Board and ELC in March 2024.

2. Annual Plan Development

- 2.1. The draft annual plan was updated to incorporate feedback from Planning Board before being shared with ELC.
- 2.2. ELC discussed the draft annual plan on 20th March 2024. ELC requested further work on the annual plan to reduce the number of deliverables down from 150. Members of ELC committed to reviewing the draft and working with their teams to reduce the number deliverables for their directorates.
- 2.3. A focus group was convened on 4th April to review the updated draft of the annual plan which incorporated the changes from ELC members. The group was composed of senior members of staff from across each directorate and met for an hour. Areas which needed further work following the focus group were captured on an action log and the draft annual plan was updated in the weeks that followed based on the input from the focus group meaning 65 deliverables now form the draft annual plan.
- 2.4. Planning Group reviewed the draft annual plan again on 29th April 2024 and recommended further changes which have been incorporated into this draft.
- 2.5. The latest draft, incorporating all of the feedback to date, is attached in Appendix 1.

3. Risk Consideration

- 3.1. The annual plan is aligned to the priorities identified in our supporting strategies which have a positive impact on each of the risk categories.

Risk appetite category	Implications
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Compliance / regulatory	The following priorities address our regulatory compliance; safety first, our people are safe, happy, and healthy, our people are diverse, valued and respected, environmental sustainability and financial sustainability.
Quality outcomes	The following priorities address our delivery of quality outcomes; highly effective care, person centred partnerships and improve our delivery model.
People	The following priorities address risks related to our people; people development and the 5 priorities in the people strategy.
Financial / value for money	The following priorities address our financial risks; Improve our delivery model and financial sustainability.
Reputation	The following priorities address reputational risks; person centred partnerships, our people are diverse, valued & respected, our leadership is compassionate, collaborative relationships, and social value & responsibility.
Innovation	The following priorities address our need to improve ways of working through innovation and technology; environmental sustainability, improve delivery model, and financial sustainability.

4. Equality/Sustainability Impact

- 4.1. The annual plan has been designed to have a positive impact on equality and sustainability. Individual workstreams in the annual plan will have their own impact assessments where they are required.

5. Action Required

- 5.1. Trust Board of Directors is asked to:
- Review and approve this draft of the Annual Plan 2024/25



NWAS Annual Plan 2024-25



NWAS 2024-25 Annual Plan on a Page

Our strategic aims and our 24/25 Annual Plan objectives are to...	Delivered through our Supporting Strategy	Exec Lead	And our priorities	Which will be supported by deliverables in the 24/25 Annual plan
Provide high quality, inclusive care	Quality strategy	Maxine Power	1. Safety first	In 2024/25 there will be particular focus on teams and departments developing local quality improvement plans focused on safety, effectiveness, patient experience and building improvement skills. The plans will include how teams will be developing their safety and learning cultures. There will be a review on patient triage tools to ensure patients receive the appropriate care at the right time in the right place.
			2. Highly effective care	
			3. Person centred partnerships	
Be a brilliant place to work for all	People strategy	Lisa Ward	4. Our people are safe, happy, and healthy	In 2024/25 we will support wellbeing and inclusion. We will act on sector findings and ensure sexual safety in the workplace. We will improve learning experiences and career progression opportunities. We will simplify and digitise processes and support increasing the flexibility of working hours.
			5. Our people approach is flexible, responsive, and accessible.	
			6. Our people are diverse, valued, and respected.	
			7. Our leadership is compassionate	
Work together to shape a better future	Service development strategy	Salman Desai	9. Improve our Delivery Model	In 2024/25 we will focus on the delivery of an Integrated Contact Centre (ICC) and mobilising of an improved PTS delivery model. We will complete the leadership structure reviews for all service lines.
			10. People Development	
			11. Collaborative Relationships	
	Sustainability strategy	Carolyn Wood	12. Environmental sustainability	In 2024/25 we will prioritise our environmental targets. We will improve how we use Ambulance Trust data in tackling health inequalities. We will embed Efficiency and Productivity into service lines to drive a change in Efficiency and Productivity ownership.
			13. Social value and responsibility	
		14. Population health		
		15. Financial sustainability		

**DELIVERING THE RIGHT CARE,
AT THE RIGHT TIME,
IN THE RIGHT PLACE;
EVERY TIME.**

Annual Plan aim: Provide high quality, inclusive care (Quality Strategy)

Planning Board Lead: Emma Orton, Jenny Wharton, Jon Price

Our Priority	Which will be supported by deliverables of the 24/45 Annual Plan	Owner
1. Safety first	1. All teams and departments will produce a local quality improvement plan focused on safety, effectiveness, patient experience improvement.	Ray Lunt
	2. We will launch the North West Ambulance Service (NWS) Improvement Academy, aligned to strategic priorities for 10 teams who will achieve graduation by February 2025.	Ray Lunt
	3. We will use the NHS Impact baseline Self-Assessment to work on building capability and capacity for improvement and creating the conditions for continuous improvement from the board to the front line.	Adele Markland
	4. All service lines and teams will review their learning forums to include integrated patient safety learning (incidents, complaints, claims), learning from deaths, FTSU and have themed improvement action plans based on local learning. Output from the learning forums will be channelled to and coordinated through the Regional Clinical Learning Improvement Group (RCLIG)	Carly Manning
	5. We will scope Pre-Hospital PROMPT training as part of a mandated cycle for specific staff groups	Steph Heys
	6. We will scope solutions and opportunities for development of digitisation of safeguarding referrals.	Helen Newton
	7. We will implement Datix Cloud IQ system (DCIQ) phase 2 modules: Safety Alerts, Safety Learnings, and Investigations.	Jonathan Taylor
	8. We will complete the implementation of the national guardian's office recommendations for Freedom to Speak Up.	Graham Pacey
	9. Submission of a Full Business Case for procurement of a new clinical audit functionality to meet mandated reporting requirements.	Jon Price
	10. Review the current H&S arrangements across the trust and develop a gap analysis for areas of improvement	Emma Shiner

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Annual Plan aim: Provide high quality, inclusive care (Quality Strategy)

Planning Board Lead: Emma Orton, Jenny Wharton

Our Priority	Which will be supported by deliverables of the 24/45 Annual Plan	Owner
2.Highly effective care	1. We will finalise mental health strategic plans, (including learning disability and autism (LD&A) plan and dementia plan) and deliver y1 objectives	Lesley Jones
	2. Maintain a 'Good' CQC rating and conduct a developmental 'Well Led' review and action plan to achieve outstanding within 3 years.	Emma Orton
	3. Continue to roll out digital innovations via SMART stations to improve the efficiency and effectiveness of operational delivery.	Jenny Wharton
	4. Outline Business Case (OBC) and Full Business Case (FBC) to be submitted for Medicines stock management and eCDR project (controlled drugs).	Rachael Fallon
	5. Undertake a full review of the integrated performance reporting (IPR) to ensure we optimise access and insight for assurance, operational management, and improvement.	Jenny Wharton

Annual Plan aim: Provide high quality, inclusive care (Quality Strategy)

Planning Board Lead: Emma Orton, Jenny Wharton

Our Priority	Which will be supported by deliverables of the 24/45 Annual Plan	Owner
3. Person centred partnerships	1. Establish patient safety partner policy and undertake second phase of recruitment	Carly Manning
	2. Evaluate the benefits of the electronic patient record, access to GP records and connection of information including the barriers to uptake.	Jenny Wharton
	3. Scale up electronic direct referrals into primary care from community.	Jay Bullock
	4. Ensure all information asset owners prioritise the inclusion of protected characteristics in their system configuration and work with the information team or analyst team to prioritise the review of data by characteristics/ deprivation.	Jenny Wharton
	5. Focus on improving learning from compliant, Patient Safety Incident Response Framework (PSIRF), and Learning from Deaths (Lfd) for patients from protected groups.	Emma Shiner / Ray Lunt / Jon Price

Annual Plan aim: Be a brilliant place to work for all (People Strategy)		
Planning Board Lead: Lorraine McConnell		
Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
4. Our people are safe, happy, and healthy	1. We will refresh and improve access to the health, wellbeing, and mental health support offer, ensuring it is fit for purpose and responsive to the needs of the workforce	Lorraine McConnell

Annual Plan aim: Be a brilliant place to work for all (People Strategy)		
Planning Board Lead: Lorraine McConnell		
Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
5. Our people approach is flexible, responsive and accessible.	1. We will progress changes to operational working practices which meet patient needs but improve the wellbeing and work life balance of staff	Vickie Camfield / Operational lead
	2. We will improve the accessibility and use of HR policies, processes, and digital systems to reduce errors, free up time and improve processes	Vickie Camfield / James Williams

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EVERY TIME.**

Annual Plan aim: Be a brilliant place to work for all (People Strategy)

Planning Board Lead: Lorraine McConnell

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
6. Our people are diverse, valued and respected.	1. We will increase representation of ethnic minority staff in the workforce and improve the experience of ethnic minority staff	Usman Nawaz
	2. We will reduce sexual harm experienced by our staff and learners.	Lorraine McConnell
	3. We will review recommendations from national ambulance culture review and implement agreed actions	Lorraine McConnell

Annual Plan aim: Be a brilliant place to work for all (People Strategy)

Planning Board Lead: Lorraine McConnell

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
7. Our leadership is Compassionate	1. We will embed core standards for effective compassionate leadership in NWAS through foundation training, induction and talent management	Danielle Soens-Hughes
	2. We will enhance the recruitment and development of commanders	Andrew Wood

Annual Plan aim: Be a brilliant place to work for all (People Strategy)

Planning Board Lead: Lorraine McConnell

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
8. Our people reach their potential	1. We will improve the learning journey for our people from preparations for employment, through inductions, career development and progression	Carol Offer
	2. We will deliver improvements in the quality of learning environments and learner experiences.	Carol Offer

Annual Plan aim: Work together to shape a better future (Service development strategy) 1 of 2

Planning Board Lead: Dan Ainsworth, Ian Moses, Steve Hynes, Jon Price, Matt Cooper

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
9. Improve our Delivery Model	1. Implement the National Load List for Urgent and Emergency Care (UEC) vehicles	Mike Jackson/Jon Price
	2. Implement a contact centre workforce management tool (UECRP)	Dan Ainsworth
	3. ICC Estate - Submission of FBC	Dan Ainsworth
	4. Deliver Year 1 of PES workforce model & re-design to fit revised operational model review	Ian Moses
	5. We will improve see and treat rates through local improvement plans, agreed trajectories, data review, reduction in variation and the adoption of improvement methodologies.	Mark Newton
	6. We will reduce conveyance to type 1 and 2 ED's through the improvement of see and treat, hear and treat and the use of alternative pathways.	Mark Newton
	7. Implement optimal patient flow for ICCs	Dan Ainsworth
	8. Training of National Interagency Liaison Officers (NILO)	Steve Hynes
	9. Review of PTS Estate to ensure it is fit for purpose for the next five years	Ian Moses
	10. Review PTS operational capacity and efficiency in preparation for a commissioning decision on longer term contract award.	Ian Moses
	11. To deliver the PTS Improvement Plan focused on a return to pre-covid utilisations	Ian Moses
	12. Deliver against the operational estate development plan for 24/25; Stockport station build and relocation, Cumbria workshops, Hazardous Area Response Team building project	Joy Hetherington
	13. Undertake a review of the volunteering activities in NWS, making sure that the model and delivery structure has the right roles in place to provide consistent and stable leadership, reduces variation across the NW footprint, delivers activity against the predicted demands (meeting the needs of diverse communities), and can provide appropriate clinical oversight.	Matt Cooper

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Annual Plan aim: Work together to shape a better future (Service development strategy) 2 of 2

Planning Board Lead: Ian Moses, Joy Hetherington

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
9. Improve our Delivery Model	14. In line with our PES workforce model, review the contribution CFRs make to our response and make sure we have fit for purpose dispatch processes and systems.	Matt Cooper
	15. Deliver on our aims of the 'Charities Together' project by increasing CPAD availability in local communities, supporting the roll out of the JRCALC app to CFRs, and supporting youth engagement with NWS.	Matt Cooper
	16. Review volunteer business continuity plans and make sure activities align with PTS/PES/ICC, both in relation to BC for volunteering activity, and how volunteers can support BC activity in other functions.	Matt Cooper

Annual Plan aim: Work together to shape a better future (Service development strategy)

Planning Board Lead: Dan Ainsworth, Ian Moses, Steve Hynes, Matt Cooper

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
10. People Development	1. Senior ICC leadership restructure (Phase 3 - frontline roles)	Dan Ainsworth
	2. Recruit, train and deploy 10 additional HART staff	Steve Hynes
	3. Identify and implement a digital solution that allows us to capture and interrogate recruitment and selection progress, EDI data, mandatory training compliance, employee relations issues, and activity profiles of our volunteers.	Matt Cooper

Annual Plan aim: Work together to shape a better future (Service development strategy)

Planning Board Lead: Dan Ainsworth, Ian Moses, Steve Hynes

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
11. Collaborative Relationships	1. Identify sub-group specific system challenge collaboration (Integrated Care System (ICS)) plans	Ian Stringer
	2. Agree Isle of Man Ambulance Service Memorandum of Understanding (MOU)	Steve Hynes

Annual Plan aim: Work together to shape a better future (Sustainability strategy)

Planning Board Lead: Anne El-Garidi

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
12. Environmental sustainability	1. Reduce trust vehicle emissions by 38% since baseline year of 2013 by delivering more Electric Vehicles (EV) to Ops and Fleet	Jon Byrne
	2. Reduce energy demand by 50% in 12% of buildings through energy efficiency measures	Jon Byrne
	3. Educate our workforce to be carbon literate, by delivering 4 courses per year, with a cohort of 25 staff per class (in line with Silver Carbon Literacy award)	Jon Byrne
	4. Reduce use of single-use plastics, packing on supplies by 5% and waste from our workshop activities by 10%.	Jon Byrne
	5. Increase segregation of clinical waste streams from 100% incineration to 80% incineration and 20% alternative treatment.	Jon Byrne
	6. Introduce sustainability champions	Jon Byrne

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Annual Plan aim: Work together to shape a better future (Sustainability strategy)

Planning Board Lead:

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
13. Social Value and Responsibility	1. Reviewing our current use of smaller, locally based suppliers to establish a baseline.	Daren Hopkinson
	2. Identifying opportunities to increase our use of smaller, locally based suppliers.	Daren Hopkinson
	3. Implement a programme to support staff to develop Maths & English skills.	Danielle Soens-Hughes / Lisa Hill
	4. Increase offer of pre-employment courses in support of improving ethnic minority representation	Danielle Soens-Hughes / Lisa Hill

Annual Plan aim: Work together to shape a better future (Sustainability strategy)

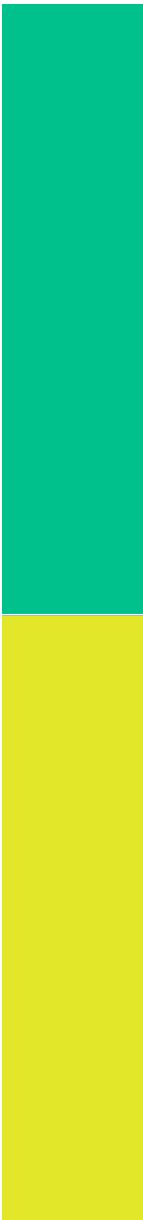
Planning Board Lead: Jon Price

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
14. Population health	1. We will increase research funding to support undertaking research on reducing health inequalities.	Steve Bell
	2. Develop a suite of training resources that staff can access to support development of public health interventions, awareness, and leadership	Claudia Soiland-Reyes
	3. Develop relationships with research partners to build the evidence base on the value of Ambulance Trust data and initiatives in prevention and tackling health inequalities.	Claudia Soiland-Reyes

Annual Plan aim: Work together to shape a better future (Sustainability strategy)

Planning Board Lead: Michelle Brooks, Shahid Ali

Our Priority	Which will be supported by deliverables of the 24/25 Annual Plan	Owner
15. Financial sustainability	1. A balanced financial plan for 2024/25 is presented and approved by the Trust Board. Financial control is maintained during the year to ensure achievement of the statutory financial duty to breakeven	Michelle Brooks
	2. We will embed Efficiency and Productivity into service lines to identify inefficiencies and drive innovation and drive a change in culture regarding Efficiency and Productivity ownership	Michelle Brooks
	3. Embed and improve Healthcare Financial Management Association (HFMA) best practice within the organisation	Michelle Brooks
	4. Ensure HM Treasury Green principles and 5 case model is embedded across the organisation, providing support and training to stakeholders to remain consistent and optimise key decision-making processes to provide best value to our patients, workforce, and the communities we serve.	Michelle Brooks
	5. We will gather evidence and assurance around operational involvement in each ICB area delivery plan and the impacts and risk to NWAS	Shahid Ali





REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Use of Common Seal Bi-Annual Report
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Assurance

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

Risk Appetite Statement <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"/>

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the occasion of use of the Common Seal as detailed in s2 of the report. Note compliance with s8 of the Standing Orders.
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EXECUTIVE SUMMARY	<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 29th November 2023.</p> <p>During the period 1st October 2023 to 31st March 2024, the Trust’s Common Seal was applied on 14 occasions, the details can be found in s2 of the report.</p>
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PREVIOUSLY CONSIDERED BY	Not Applicable	
	Date	Not Applicable
	Outcome	Not Applicable

1. BACKGROUND

The report details the use of the Common Seal to the Board of Directors between the period 1st October 2023 to 31st March 2024.

2. USE OF COMMON SEAL

Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis, with the previous report received by the Board on 29th November 2023.

During the period 1st October 2023 to 31st March 2024, the Trust's Common Seal was applied on 14 occasions:

Reg No	Date	Reason
164	25 October 2023	Exchange of Title - Macclesfield Ambulance Station
165	3 January 2024	S106 Planning Agreement – HART
166	10 January 2024	Deed of Surrender – Land at Elm House, Liverpool
167	10 January 2024	Lease Agreement – Fleetwood Ambulance Station
168	10 January 2024	Lease Agreement – Bristol Avenue, Blackpool
169	24 January 2024	Lease Agreement – Refurbishment Works Fleetwood
170	24 January 2024	Land Plans – Bristol Avenue, Blackpool
171	24 January 2024	Deed of Surrender – Grange Over Sands Ambulance station
172	14 February 2024	Licence to Occupy – Croxteth Fire Station
173	14 February 2024	Replacement Lease Agreement for Reg Nos 168 and 170
174	1 March 2024	Renewal Lease – Unit 1, Martland Park Wigan
175	1 March 2024	Lease Agreement – Blackpool Hub and Spoke (Fleetwood)
176	13 March 2024	Schedule of Contract Documents – HART
177	13 March 2024	Transfer Deed and Sale – Derwent Drive, Workington, Cumbria

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

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.

3. RISK CONSIDERATION

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

4. LEGAL CONSIDERATION

The requirement for a public body created by statute (including NHS Trusts and Foundation Trusts) to use a common seal to execute documents originates in the common law. The common law requirement for a deed to be executed under seal has been abolished for companies (by the Companies Act 2006). No similar abolition exists in relation to public bodies and so the common law requirement for NHS Trusts and Foundation Trusts to use a seal remains (NHS Act 2006).

In respect of NHS Trusts, paragraph 33(1) of Part 4, Schedule 4 of the NHS Act 2006 provides that:
*'The fixing of the seal of an NHS trust must be authenticated by the signature—
(a) of the chairman or of some other person authorised (whether generally or specifically) by the NHS trust for that purpose, and
(b) of one other director.'*

5. ACTION REQUIRED

The Board of Directors is asked to:

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



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Freedom to Speak Up Annual Assurance Report 2023-24
PRESENTED BY	Lead Freedom to Speak up Guardian
PURPOSE	For Assurance

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

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the content of this report and the assurance it provides in relation to speaking up arrangements within the trust.
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EXECUTIVE SUMMARY	<p>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, within the ambulance sector, speaking up around sexual safety and cultural issues has become prevalent.</p> <p>NHS England have this year completed their cultural review of English ambulance services which has again and correctly drawn more scrutiny to the cultures within the sector.</p> <p>This year the North West Ambulance Service staff survey results display a further 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. Which is a positive sign of our cultural shift into an organisation where ‘we all have a voice that counts’.</p>
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PREVIOUSLY CONSIDERED BY	Not Applicable	
	Date	Not Applicable
	Outcome	Not Applicable

1. PURPOSE

This paper is to assure the board of the activities undertaken by the Freedom to Speak Up Guardians over the last financial year and will include details surrounding 'Speaking Up' within NWAS, alongside the work undertaken to improve our speaking up culture.

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, within the ambulance sector, speaking up around sexual safety and cultural issues has become prevalent.

NHS England have this year completed their [cultural review](#) of English ambulance services which has again and correctly drawn more scrutiny to the cultures within the sector.

This year the North West Ambulance Service staff survey results display a further 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. Which is a positive sign of our cultural shift into an organisation where 'we all have a voice that counts'.

3. Analysis

Speaking Up

The Freedom to Speak Up team have seen an increase of 54% in the number of concerns raised on the previous year. In 2023/24 the Freedom to Speak Up Guardians received 154 concerns from our people across NWAS, again a positive sign that our people are beginning to feel confident in the mechanisms we are introducing. However we have seen a larger increase in the number of anonymous concerns from 18% to 29%, an increase in anonymous concerns could be seen as a worrying sign, however, within NWAS we have introduced a new online reporting system which has been pushed out to all mobile devices to make it easier to speak up anonymously, the online form has generated 38 concerns in the past year and 86% of those were anonymous.

This increase in concerns coincides with the increase in the staff survey results relating to feeling safe to speak up. This increase can be seen in fig 1. Whilst this is a positive it should be viewed with caution as some areas of the trust has scored significantly lower with some areas where around 50% of the staff feel safe to speak up.

Question Number	Question	2022	2023
q20a	Would feel secure raising concerns about unsafe clinical practice	66%	67%
q25e	Feel safe to speak up about anything that concerns me in this organisation	57%	61%

Fig 2 shows the number of concerns raised in the past year by the service line. The concerns are grouped by the themes set by the National Guardians Office (NGO) who collect the data on a quarterly basis from the FTSU team.

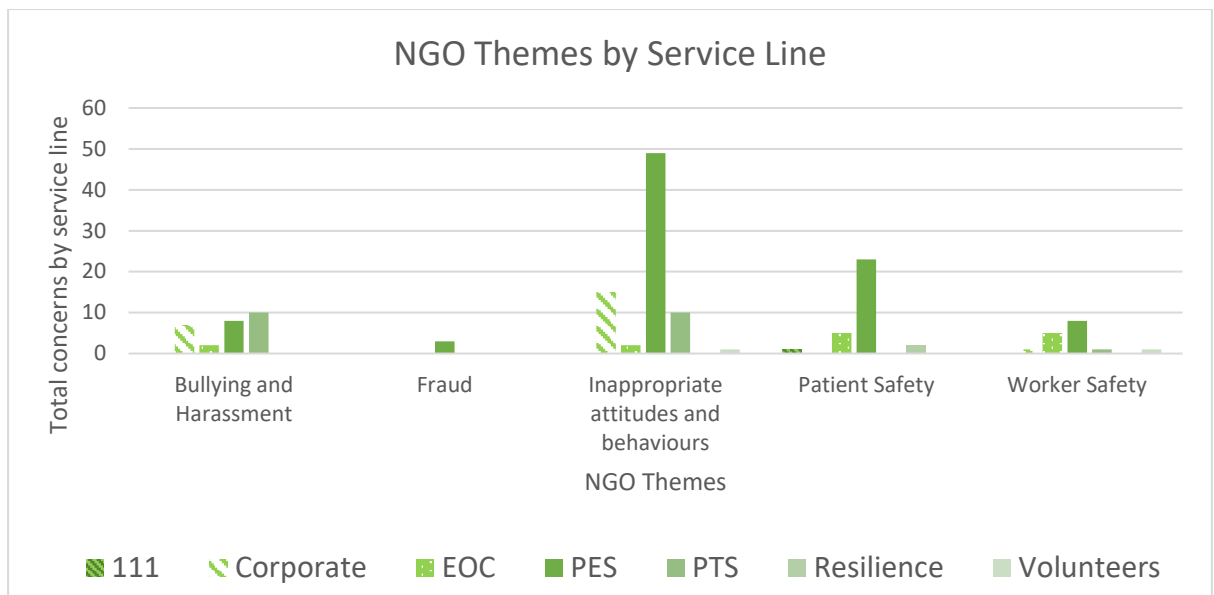


Fig 2

It should be noted that ‘inappropriate attitudes and behaviours’ remains the most seen 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

However, of note there has been a 6% increase in the number of patient safety concerns raised. This does not necessarily mean we are more unsafe but is again a positive sign of our cultural change in recognising what is unsafe and our staff having confidence to raise concerns.

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 top 15 subthemes reported to the FTSU Guardians. Incivility continues to be the main reason people speak up, and this year has seen the Service Delivery Model Review been raised as a concern, in total 17 managers spoke up regarding the leadership review with concerns over the way the review was being conducted, delays in the process and the communication from the organisation. Management practices is a subjective view, these concerns involve perceptions of misogyny and bullying, alongside perceived cliques and absent leadership teams as well as consistency of approach in implementing trust policies.

Sub Theme	% of Concerns
Incivility	16%
Leadership Review	11%
Management Practices	11%
Policies and Procedures	9%
Scope of Practice	6%
Sexual safety	4%
Hospital Handovers	4%
Bullying	4%
Fraud	3%
Disability Discrimination	3%
Estates	3%
Vehicle and equipment	3%
Recruitment	3%
Professional Standards	3%
Uniform Issues	3%

Fig 3

When reviewing ‘Speaking Up’ data it is important to remember the FTSU is not the only way for staff to speak up. 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.

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 year has seen some cases open for a significant amount of time with the longest being over 200 days. This has occurred for a number of reasons, some due to staff sickness and not being able to fully resolve through HR processes, some due to external proceedings and some have required a more significant amount of support to resolve which hasn’t always been available. These concerns have been flagged at the regular CEO Meetings and now have the attention warranted to find a speedy resolution.

We continue to mandate training for managers around the importance of listening to staff.

The Freedom to Speak Up team have identified areas of the trust where there have been a number of concerns raised surrounding a particular theme, namely hospital handovers and facilitated listening events bringing local staff and senior managers together to understand the views.

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. By working with stakeholders in ICC and

communications they were able to produce the WAIT mnemonic for contact staff to ensure we support both staff and patients with speech difficulties. Fig 4 is the WAIT poster created



Fig 4

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.

Although we can demonstrate our commitment to ensuring we learn, we can see from our staff survey results that we still have work to do to truly embed this commitment. Whilst the trust has seen a small improvement overall there are still some areas of the trust where less than a third of staff believe the organisation would address concerns about unsafe clinical practice. Fig 5 shows the trust wide answers to the staff survey questions relating to following up.

Question Number	Question	2022	2023
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	50%	53%
q25f	Feel organisation would address any concerns I raised	42%	47%

Fig 5

Next Steps

It appears the trust has refocussed FTSU, the increase in concerns is a positive sign, and coupled with the external audit conducted by MIAA 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 and sectors to 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 scope if there is a way we can use DatixIQ to securely record concerns but still allow visibility of themes to support wider trust learning.

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.

5. EQUALITY/ SUSTAINABILITY IMPACTS

It is important to recognise that all staff within the trust should be treated equally in relation to speaking up arrangements, although also noted that some groups of staff struggle to feel confident to access speaking up arrangements through several factors. The Freedom to Speak up team are working, and will continue to work with the established staff networks to ensure that all staff have access to, and feel confident to access speaking up processes.

There are no sustainability impacts to this report.

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 to increase transparency and accountability at all levels within the trust.



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Chairman’s Annual Fit and Proper Persons’ Declaration
PRESENTED BY	Lisa Ward, Director of People
PURPOSE	For Assurance

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

Risk Appetite Statement <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"/>

ACTION REQUIRED	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> Record that the Fit and Proper Persons Test has been conducted for the period 2023/2024 and that all Board members satisfy the FPPT requirements.
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EXECUTIVE SUMMARY	<p>The purpose of this paper is to provide annual assurance that all Board Directors meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In line with the Trust’s Fit and Proper Persons Procedure, the scope of the staff who are included are all executive and non-executive directors of the Board, including permanent, interim and associate positions, irrespective of their voting rights. It also applies to individuals who are acting up into Board level positions. The FPPT only applies to deputies who are required to act up for a period of six weeks or more.</p> <p>The paper sets out the requirement of the annual FPPT checks and confirms that the checks have been completed for each member of the Board, with the outcome recorded on ESR and placed on personal files.</p>
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	<p>During the year 2023/24, the Director of People has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.</p> <p>The Annual Chairman’s Declaration in Appendix A sets out how the Trust has met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>	
<p>PREVIOUSLY CONSIDERED BY</p>		
	Date	Click or tap to enter a date.
	Outcome	

1. PURPOSE

- 1.1 The purpose of this paper is to provide annual assurance that all Board Directors meet the requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

2. BACKGROUND

- 2.1 As a health provider, the Trust has an obligation to ensure that only individuals fit for their role are employed. Following the regulatory standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust must ensure that all Board directors meet the 'Fit and Proper Persons Test' (FPPT).

- 2.2 In line with the Trust's Fit and Proper Persons Procedure, the scope of the staff who are included are all executive and non-executive directors of the Board, including permanent, interim and associate positions, irrespective of their voting rights. It also applies to individuals who are acting up into Board level positions. The FPPT only applies to deputies who are required to act up for a period of six weeks or more.

- 2.3 In August 2023, the Fit and Proper Person's Test (FPPT) Framework was implemented in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. The Framework came into effect on 30 September 2023.

- 2.4 The aim of strengthening the FPPT is to prioritise patient safety and good leadership in NHS organisations. The framework seeks to help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations.

Alongside existing requirements of the Regulations the additional elements relating to the recommendations from the Kark review include:

- 2.5
- The NHS Leadership Competency Framework (LCF)
 - FPPT fields in NHS Electronic Staff Record (ESR)
 - A Board Member Reference
 - Clear statement of accountability of chairs in implementing the Framework in their organisations

3. FPPT Framework

- 3.1 Since the regulations were introduced in 2014 in the Trust has reported on its compliance in the form of an annual assurance report provided by the Chair. Prior to the introduction of the Framework in 2023, the annual confirmation from Board members of their fitness formed part of the annual appraisal process.

- 3.2 Under the Framework, Board members are now required to complete an annual self-attestation along with a social media check and a three yearly cycle of DBS checks. All aspects of the checks are also recorded on ESR in line with the criteria set out in the Framework.

- 3.3 The information held in ESR on the FPPT may also be used by the CQC if it is determined that a review is required to assess the data integrity and controls in place to hold the data in ESR. Once the annual checks have been completed and the data has been recorded in ESR, a

summary of the Board member's FPPT outcomes are recorded for onward review by the NHSE Regional Director.

4. ANNUAL ASSURANCE

In line with the revised annual assurance set out in the FPPT Framework, for the 2023/24 submission of FPPT outcomes, all Board members have completed the annual self-attestation.

4.1 The Trust also procured a specialised company to undertake the social media checks, with the outcome reports provided for the Trust to review.

4.2 Upon completion of the checks, a summary document of the outcome of the FPPT checks for the Board has been completed and signed off by the Chair. This will be sent to the NHS Regional Director ahead of the 30 June 2024 deadline.

4.3 The Chairman Annual declaration is outlined in Appendix A.

5. EQUALITY/ SUSTAINABILITY IMPACTS

5.1 The criteria is applied equally to all Directors and allowance is made in respect of reasonable adjustments to enable compliance with the regulations by disabled staff.

6. ACTION REQUIRED

The Trust Board is asked to:

- Record that the Fit and Proper Persons Test has been conducted for the period 2023/2024 and that all Board members satisfy the FPPT requirements.

FIT AND PROPER PERSONS REQUIREMENTS: DIRECTORS AND NON-EXECUTIVE DIRECTORS

CHAIRMAN'S ANNUAL DECLARATION

In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust is required to ensure that all individuals appointed to or holding the role of Executive Director (or equivalent) or Non-Executive Director meet the requirements of the Fit and Proper Persons Test (Regulation 5) and the additional checks and assurance set out in the FPPT Framework.

In line with the Trust's Fit and Proper Persons Procedure, the scope of the staff who are included are all executive and non-executive directors of the Board, including permanent, interim and associate positions, irrespective of their voting rights. It also applies to individuals who are acting up into Board level positions. The FPPT Framework only applies to deputies who are required to act up for a period of six weeks or more.

Regulation 5 states that a provider must not appoint or have in place an individual as a director who:

- is not of good character;
- does not have the necessary qualifications, competence, skills and experience;
- is not physically and mentally fit (after adjustments) to perform their duties.

Regulation 5 also decrees that directors cannot have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity.

These requirements play a major part in ensuring the accountability of Directors of NHS bodies and outline the requirements for robust recruitment and employment processes for Board level appointments. In exceptional circumstances, Trusts may allow an individual to continue as Director without having met the requirements following approval of the Chairman and following an assessment of all elements of risk.

As Chairman of North West Ambulance Service NHS Trust, I confirm that all existing Executive and Non-Executive Directors (both permanent and interim) meet the requirements of the Fit & Proper Persons Test.

My declaration has been informed by:

The application of the Board approved Procedure on Fit and Proper Persons Requirements including:

- Pre-employment checks for all new appointments undertaken in line with the NHS Employment Standards and are subject to a full FPPT that includes:
 - Standard employment checks as per the Trusts Recruitment and Selection Procedure
 - References, using the board member reference template that cover a six-year continuous employment history
 - A DBS check appropriate the role
 - Search of insolvency and bankruptcy register,
 - Search of Companies House register to ensure that no board member is disqualified as a Director
 - Search of the Charity Commission's Register of Removed Trustees
 - Social media check

- Satisfactory completion of the self-declaration.
- Confirmation from the Chair of appointment panels of compliance with the checks process
- All new appointments for Non-Executive Director positions are undertaken in conjunction with NHSE. The pre-employment checks undertaken by NHSE are shared with the Trust so there is a retained record in the Trust of the individual's fitness to undertake their role as Non-Executive Director.
- A review of checks by NHSE in circumstances of the reappointment of Non-Executive Directors to ensure that they remain 'fit and proper'.
- Assessment of the Ongoing Independence of Non-Executive Directors carried out by the Director of Corporate Affairs.
- Annual and on-going Declarations of Interest for all Board members.
- Annual Fit & Proper Persons Test assurance completed by all Executive and Non-Executive Directors and this includes:
 - Annual self attestation
 - DBS check every three years
 - Social Media check
 - Professional registration check
 - Insolvency check
 - Disqualified Directors Register check
 - Disqualification from being a charity trustee check
 - Employment Tribunal Judgement check
- Annual audit of the personal files has been undertaken to ensure that the files remain up to date and in line with the regulations.
- The Trust completed the MIAA Fit and Proper Persons considerations checklist in October 2023 to provide an additional layer of assurance of our processes. The checklist measures against a best practice approach and no areas of risk were identified. This was reported to Audit Committee.
- An MIAA audit of Fit and Proper Persons procedures and records was undertaken in June 2023. This provided High Assurance and included no recommendations.
- If there have been any individual concerns raised regarding Directors during the previous year, the outcome of any investigations is reviewed to provide continuing assurance that Directors remain 'Fit and Proper'. There have been no such concerns raised during 2023/24
- The retention of checks data on personal files.

Outcome of the Annual Fit and Proper Persons Checks

- In February 2024, all Board members completed the FPPT self attestation declaration

- The outcome of the FPPT's have been saved on each personal file and uploaded onto ESR.
- Between checks, each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and inform the Chair.
- In addition, during the year 2023/24, the Director of People has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.
- Board level competences have been incorporated into job descriptions and appraisal processes for assessment in the early part of 2024

PETER WHITE
CHAIR
May 2024



ESCALATION AND ASSURANCE REPORT

Report from the Audit Committee

Date of meeting	Friday, 19 April 2024		
Members present	Mr D Whatley, Non-Executive Director (Chair) Dr A Chambers, Non-Executive Director Mrs C Butterworth, Non-Executive Director Prof A Esmail, Non-Executive Director	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- Progress report received in relation to the Registration Authority (Shared Care Record Systems) and assurance that the Trust had adequate access controls. Further plans were in place to strengthen future surveillance of clinical records access with digital tools to allow for continuous monitoring.

ADVISE:

- 2024/25 Work Plans were approved by the Committee for Internal Audit and Anti-Fraud Services.
- External auditors provided an update in relation to the audit of the 2023/24 financial accounts.
- The Q4 2023/24 Board Assurance Framework position and 2024/25 Opening Position of the Board Assurance Framework were presented, prior to approval by the Board of Directors on 24th April 2024. Committee members considered the report within the context of their role as Audit Committee.
- The revised Risk Management Policy was presented for onward recommendation to the Board of Directors for approval.
- Losses and Compensation for Q4 2023/24 totalled £971k.
- The impact of the draft 2023/24 draft estates revaluation and subsequent impairments noted changes in the valuation of a number of properties.
- The outcomes of the annual reviews in relation to the Trust’s core governance documents were presented for consideration. The Committee recommended the documents to the Board of Directors on 24th April 2024 for approval.
- The revised Committee Terms of Reference were approved. The terms of reference had been updated to reflect the updated HFMA Audit Committee Handbook and reflected the NHS Provider Licence and other governance changes.
- The revised Standards of Business Conduct Policy was recommended to the Board of Directors for approval.

ASSURE:

- Internal Audit reported five reviews were completed during Q3 2023/24.
 - Board Assurance Framework – met NHS requirements.
 - Health, Safety & Security Policy – Substantial Assurance
 - Review of HFMA Improving NHS Financial Sustainability Checklist – High Assurance

- Duty of Candour – Moderate Assurance
- ESR/HR Payroll – High Assurance
- The Head of Internal Audit Opinion for the period 1st April 2023 to 31st March 2024 provided *“Substantial Assurance, that there is a good system of internal control designed to meet the organisation’s objectives and that controls are generally being applied consistently”*.
- The 2023/24 annual report relating to Declaration of Interests and Gifts and Hospitality noted there had been no breaches in relation to any declarations made during the year.
- Self-certification confirmed compliance against the NHS Provider Licence for 2023/24.
- The annual assessment against the NHS Provider Code of Governance confirmed compliance with the relevant provisions.
- Ten waivers had been approved during Q4 2023/24

RISKS

Risks discussed:

- None identified.

New risks identified:

- None identified.



ESCALATION AND ASSURANCE REPORT

Report from the Audit Committee

Date of meeting	Friday, 17 May 2024		
Members present	Mr D Whatley, Non-Executive Director (Chair) Dr A Chambers, Non-Executive Director Mrs C Butterworth, Non-Executive Director Prof A Esmail, Non-Executive Director	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- No areas to alert.

ADVISE:

- The draft Annual Governance Statement AGS was presented by the Chief Executive for review, by the Committee. The AGS had been prepared against the model template for inclusion within the Annual Report 2023/24. Minor amendments to the content of the AGS were recommended.

ASSURE:

- The draft unaudited annual accounts for 2023/24 were presented.

RISKS

Risks discussed:

- None identified

New risks identified:

- None identified



ESCALATION AND ASSURANCE REPORT

Report from the Charitable Funds Committee

Date of meeting	Wednesday, 08 May 2024		
Members present	Mr D Whatley, Non-Executive Director (Chair) Mrs C Butterworth, Non-Executive Director Mr S Desai, Deputy Chief Executive/Chief Operating Officer Dr D Hanley, Non-Executive Director Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- None identified.

ADVISE:

- Financial position of the NAWAS Charity to 31st March 2024 £918k; £413k general funds and £505k restricted funds.
- An overview of the Hardship Fund that operated between August 2022 and March 2024 highlighted 630 applications were approved at a total cost of £157,500.
- The revised 2024/25 Business Plan Year 2 budget for unrestricted funds was approved due to funds at the end of Year 1 of the business plan significantly higher than projected.
- The Committee considered and approved the appointment of a CRM supplier.

ASSURE:

- NWAS Charity risk register presented following quarterly review.
- Summary of the operational, strategic and charitable activity undertaken during Q4 2023/24 noted the use of restricted and unrestricted funds and updates in relation to the NHS Charities Together grants.
- A summary of the fundraising activities undertaken during Q4 2023/24 provided, together with fundraising plans scheduled for Q1 2024/25.

RISKS

Risks discussed:

- None identified.

New risks identified:

- None identified.



ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 17 April 2024		
Members present	Mr Salman Desai, Deputy Chief Executive (Chair) Mr Daren Mochrie, Chief Executive Dr C Grant, Medical Director Dr M Power, Director of Quality, Innovation, and Improvement Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance Mr M Cooper, Area Director, Lancashire & Cumbria Mrs J Clague, Area Director, Cheshire & Mersey Mr I Moses, Area Director, Greater Manchester Mr D Ainsworth, Director of Integrated CC Mrs E Orton, Asst Director of Nursing & DIPC Mr M Jackson, Chief Consultant Paramedic	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- **Item 14: Corporate Risk Register** - reviewed by the Committee with further actions identified including an action to qualify a newly identified risk related to Schiller defibrillators.
- **Item 21: Mental Health Annual Report** – received and noted 2023/24 activity and the ongoing risks related to 111 and 999 mental health calls. ICB partners aware of the challenges and ongoing risk. Acknowledged some disconnect in joint working across the system.

ADVISE:

- **Item 06: Trust Strategy Refresh and Annual Plan 2024/25 Update** – Noted the approach and monitoring arrangements against the trust’s strategic goals and the evolutionary process of the IPR.
- **Item 15: Non-Clinical Incident Reporting** - Received, discussed, and noted an infographic on Trust Non-Clinical Incidents and Near Misses. Noted Violence and Aggression remains the main factor of non-clinical recording with 126 cases recorded.
- **Item 17: Freedom to Speak Up Guardians** - further refinement needed to a proposal for additional Freedom to Speak Up resource.

- **Item 22: Appraisal and Mandatory Training Plan 2024/25** – approved the appraisal and mandatory training plan for 2024/25.

ASSURE:

- **The TMC discussed and approved the following:**
 - Financial update and noted a paper to be presented to the Board of Directors on 24th April 2024.
 - NWS Mast Sites at Billinge and Countess of Chester and Ramsbottom Ambulance Station site disposal proposals.
 - Proposal for extended hours of fleet workshop operations.
 - Penrith Ambulance Station Refurbishment Business Case and recommended to the Board of Director for approval on 24th April 2024.
 - A 2024/25 cost pressure for the over establishment of driving instructors to support effective succession planning.
 - Board Assurance Framework Q4 2023/24 and 2024/25 Opening Position.
 - Trust Management Committee and the Executive Groups Terms of Reference.
 - Digital Governance and NHSE InSites Funding proposals.

RISKS

Risks discussed:

- The TMC approved the Corporate Risk Register.

New risks identified:

- Action identified for Medical Director to further qualify the risk related to Schiller Defibrillators.



ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 15 May 2024		
Members present	Mr Daren Mochrie, Chief Executive (Chair) Mr D Ainsworth, Integrated Contact Centre Director Mr M Cooper, Area Director, Lancashire & Cumbria Mr Salman Desai, Deputy Chief Executive Dr C Grant, Medical Director Mr M Jackson, Chief Consultant Paramedic Mr I Moses, Area Director, Cheshire & Mersey Mr M Newton, Interim Area Director, GM Mrs E Orton, Asst Director of Nursing & DIPC Prof M Power, Director of Quality, Innovation, and Improvement Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- **Item 39: Corporate Risk Register** – noted that Risk 317 may increase in risk score.
- **Item 46: Schiller Defibrillator** – assurance is still required regarding the outstanding actions and before the rollout of the Schiller devices in Greater Manchester
- **Item 48: RIDDOR** – Compliance against external reporting timeframes has not improved during 2023-24. The new management team is looking at the reasons for this and developing an improvement plan.

ADVISE:

- **Item 42: Quality Account Update** – Noted the approach and revision required to the Quality Account which is to be submitted to the Lead Commissioner for comment on 23 May.
- **Item 43 -Digital Operational Governance** – identification and nomination of individuals to form part of the Clinical Operation & Design Authority, the Business Intelligence Priority Group, and the Digital Delivery Oversight Group

- **Item 44: Improvement Academy** - Received, discussed, and noted a revision to the commencement date i.e. September in line with annual planning dates and that the programme of works and team leads are still to be finalised.
- **Item 45 – CQC Well led Inspection**, noted the recommendations which will be implemented upon notification of any inspection

ASSURE:

- **The TMC discussed the following.**
 - 2023/24 Annual Plan – end of year closing position assurance.
 - 2024/25 Annual Plan
 - Finance Report Month 1 update
 - Contract extension for provision of iPad data sim - recommended to Resources Committee and Board of Directors for approval.
 - Appointment of supplier for Fuel Cards and Associated services - recommended to Resources Committee and Board of Directors for approval.
 - Complaints Annual Report 2023/24 – supported for onward reporting to Board
 - Received Escalation & Assurance reports:
 - Information & Cyber Governance Group
 - Health Safety, Security & Fire Group
 - Clinical & Quality Group
 - People & Culture Group

RISKS

Risks discussed:

- The TMC approved the Corporate Risk Register.

New risks identified:

- Home Office Licence renewal noted in the Clinical & Quality Group Escalation & Assurance Report.
- Ambitious recruitment plan noted in the People & Culture Group Escalation & Assurance Report.



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Integrated Performance Report
PRESENTED BY	Director of Quality, Innovation, and Improvement
PURPOSE	Assurance

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

Risk Appetite Statement <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"/>

ACTION REQUIRED	<p>The Board of Directors are requested to note:</p> <ul style="list-style-type: none"> The data provided within the IPR has been presented to Trust management committee (TMC) for comment. Their comments have been included in section 2 of the report and the content of the IPR amended accordingly. The contents of the report and take assurance against the core Integrated Performance Report (IPR) metrics. Identify risks for further exploration or inquiry by assurance committees of the board. Changes to the management of complaints have been introduced which have affected the categorisation of complaints and presentation of data in this IPR. The historical data have been removed and replaced with tables until a baseline has been established (after 12 data points)
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EXECUTIVE SUMMARY

The purpose of this report is to provide the Board with an overview of integrated performance to the month of **April 2024**. The report shows the historical and current performance on Quality, Effectiveness, Operational performance, Finance and Organisational Health. The key areas to highlight are:

Quality

Safety incident reporting shows:

- Violence and aggression towards staff is the most frequently reported non clinical incident.
- Care and treatment is the most frequently reported patient incident.

Effectiveness

Two key areas within effectiveness are highlighted.

- Trust level cardiac ACQI submission has now been re-established, following a gap in submissions. All metrics are stable; 5 of the 6 are above the national average.
- The H&T rate for April 24 was 13.9%, whilst the S&T rate was 27.5%, equating to a total non-conveyance rate of 41.4%. Nationally, the trust position is largely unchanged from the previous period, ranking 6th for H&T, 8th for S&C and 10th for S&T. The expected improvements with changes made have not materialised.

Operational Performance

- Within the 999 service there is an improved position, including:
 - 999 call pick up mean and 90th percentile of zero seconds.
 - First place nationally in C2 mean and C2 90th response times.
 - Maintaining third place nationally for C1 mean and C1 90th.
 - Improving our national position in C3 and C4 metrics.

Measure	Standard (hh:mm:ss)	Apr 24 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:40	3rd
C1 90th	00:15:00	00:13:01	3rd
C2 mean	00:18:00	00:21:48	1st
C2 90th	00:40:00	00:41:25	1st
C3 mean	01:00:00	01:35:36	5th
C3 90th	02:00:00	03:30:18	5th
C4 90th	03:00:00	03:52:53	5th

- Average turnaround time has improved to 39m:38s compared to the previous report of 45m:10s. However, performance is still above the national standard of 30 minutes and 4 minutes higher than the April 2023 position

(35m:19s). The trust attained the 23/24 UEC Recovery standard of 30 mins with 28m:44s.

- 111 performance is improving but remains short of national standards. The following metrics showed special cause in April data points
 - Calls answered in 60 sec has improved to 68.0% against a national standard of 95%.
 - Call-back within 20 mins has improved to 34.6% against a national standard of 90%.
 - Warm transfer to nurse has improved to 30.8% against a national standard of 75%.
- Overall PTS activity is stable, with total activity for March (reported one month in arrears) being 126,582 against a plan of 132,015.

Finance

- The year-to-date expenditure on agency is £0.134m which is under the year-to-date ceiling of £0.195m.
- The trust has delivered the expected £0.717m against the efficiency & productivity target.

Organisational Health

Improvement can be seen in workforce metrics, notably:

- Sickness absence continues to show recovery with the latest reported month (March 24) at 7.24%, displaying special cause.
- Turnover continues to improve at a trust level, particularly within 111. In contrast, EOC turnover has worsened to 22%. A deep dive will be conducted at Resources Committee in July.
- Vacancy gap reflects establishment changes increasing to -7.29%
- PTS workforce metrics remain challenging including recruitment (vacancy gap -12.98%), absence (9.90%), and appraisals (80.7%).

PREVIOUSLY CONSIDERED BY

NA	
Date	Click or tap to enter a date.
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 **April 2024**. The report shows the historical and current performance on Quality, Effectiveness, Operational performance, Finance and Organisational Health. Where possible it includes agreed regulatory and practice standards. It also includes information about the performance of peers to address three important assurance questions:

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

Data are presented over time using statistical process control charts (SPCs). Statistical rules are applied to determine whether something significant has happened which needs to be flagged to committee.

Within the narrative there will be reference to previous report, this refers to the Integrated Performance Report (IPR) presented in March 2024 and reflects the data up to end of February 2024 unless stated otherwise.

2. TRUST MANAGEMENT COMMITTEE REVIEW

With the establishment of the Trust Management Committee (TMC) it has created an opportunity for an initial review of the Integrated Performance Report (IPR) prior to the submission to the Board of Directors. The process is in its infancy, with the first review taking place this month, 15th May, as the process is embedded it will enable maturity in the review.

The data provided within the IPR to the May 2024 TMC excluded the financial data and patient experience data due to the timing of papers to be submitted to TMC.

TMC reviewed the data as provided within the charts, the key areas highlighted were

- **Complaints:** Complaints are now displayed in line with the team that action them. The Patient Advice and Liaison Service (PALS) team resolve complaints with relatively minor implications (classified as 'low' complexity) whereas the Resolution team investigate complaints with higher risk or complexity, classified as 'medium to high'. Due to the reset in the way the data is classified it was agreed to present it within a table until there is sufficient data to create a statistical processing control (SPC) chart.
- **Category 3 90th:** For Greater Manchester and Cheshire & Merseyside the actual for April for the 90th Percentile was 03:59 and 03:24 respectively, against a target of 02:00. The actual has remained within normal variation for a considerable period of time. Through the discussion at TMC it was considered that this may warrant further review through the learning review process.
- **Improvement Targets:** See & Treat and Hear & Treat have defined and agreed targets as set through the Urgent and Emergency Care recovery plan. These are not explicitly defined within the annual plan but will be added to the IPR data in future to provision readers with an understanding of what is being aimed for.

As part of a programme of improvement there will be continued developments to the IPR through the learnings from the review at TMC and demonstrating the correlation of the metrics to the Board Assurance Framework (BAF) and the Annual Plan.

3. PERFORMANCE SUMMARY

QUALITY

Complaints: This report displays complaints data in an updated format to reflect departmental changes (initially in a tabular format until there are sufficient data points for SPC). Previously, complaints were grouped as '1-3: low and medium' and '4-5: high'. The revised structure sees The Patient Advice and Liaison Service (PALS) team resolve complaints with relatively minor implications (classified as 'low' complexity) whereas the Resolution team investigate complaints with higher risk or complexity, classified as 'medium to high'.

In April n=187 PALS and n=18 Resolution complaints were received. Of those complaints, 96.7% PALS complaints were closed within the service level agreement (SLA) and 65.5% for Resolution complaints.

Incidents: Incidents opened with risk score 4-5 have decreased, representing recent changes associated with Patient Safety Incident Response Framework (PSIRF), i.e. legacy incidents scoring 4-5 involving patients are now reportable separately under PSIRF.

Closure within SLA for incidents with risk score 1-3 has stabilised, whilst incidents with risk score 4-5 are indicating improvement with 5 of the previous 6 data-points at the upper control limit.

In April, 12 patient incidents were classified as 'severe harm' (a decrease from 16 in the previous report) and 14 as 'fatal' (an increase from 10 in the previous report). Trends will be presented over time in the slides when the datapoints are sufficient.

Violence and aggression (n=150) is the most common theme for non-patient incidents and Care and treatment (n=120) is the most common theme for patient incidents. Communication incidents are present in the top 5 most common themes in both lists (n=92 and n=43 respectively).

<p>Most frequent safety incidents: Violence & Aggression (150) Communication (92) Medicines – all (73) Call Handling (50) Road Traffic Collision with Vehicle (47)</p>	<p>Most frequent patient safety incidents: Care and Treatment (120) Call Handling (68) Delays (47) Communication (43) Call Management (28)</p>
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Incidents referred to NHSE: There were 3 Patient Safety Incident Investigations (PSII); all were reported internally and identified through Patient Safety Event Case group (PSEC) to match local priorities. Two were identified under 'prevention of deterioration to a critically unwell patient with contributing harm' and one under 'errors on 999/111 call handling which led to a delay with contributing harm'.

Safety Alerts: One new applicable alert has been received (NATPSA/2024/004/MHRA), titled 'Reducing risks for transfusion-associated circulatory overload'. The alert has been acknowledged and is being assessed as to whether applicable to the trust, with a deadline of October 2024.

EFFECTIVENESS

Patient experience

PES. Responses for April (n=428) are 36.7% higher compared to the last reporting period (n=313), with supporting comments showing a 33.9% increase. The overall experience score for April (88.6%) was 1.4% higher than reported in February (87.2%).

PTS. Responses for April (n=1,232) are 11.2% higher than for the last reporting period (n=1,108), with supporting comments increased by 8.1%. The overall experience score for April of 91.2% is equal to the 91.2% reported for February.

NHS 111. The 112 responses are 13.8% lower than the 130 responses in the last reporting period of February. This difference in responses is attributed to lag time between the surveys being sent out (by week) and the IPR reporting window. To date, we see an 89.3% likelihood of the 111 service being recommended, an increase of 0.8% compared to 88.5% reported in February.

To support improved response rates, an additional 25% of PTS patients since February 2024 have been proactively offered the opportunity to provide feedback via a link to the online patient experience survey.

In addition to the mandated NHS 111 patient experience survey sent to patients by post, a new localised, shorter survey will start to be sent to patients in May 2024. This survey has been developed by the Patient Engagement Team with NHS 111 and will be sent to patients via a link.

Ambulance Clinical Quality Indicators (ACQI's)

Trust level cardiac ACQI submission has now been re-established, following a gap in submissions. All metrics are stable; 5 of the 6 are above the national average. Of note:

- Return of Spontaneous Circulation (ROSC) overall performance - last reported in December 23 (27.0%), above the national average of 26.6%.
- ROSC Utstein performance - last reported in December 23 (56.3%), above the national average of 51.9%.
- Survival at 30 days after discharge overall performance - last reported in December 23 (8.9%), above the national average of 7.9%.
- Survival at 30 days after discharge Utstein performance - last reported in December 23 (27.1%), below the national average of 27.6%.
- Stroke care bundle - last reported in November 23 (98.2%), above the national average of 97.6%.

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

The H&T rate for April 24 was 13.9%, whilst the S&T rate was 27.5%, equating to a total non-conveyance rate of 41.4%. Nationally, the trust position is largely unchanged from the previous period, ranking 6th for H&T, 8th for S&C and 10th for S&T.

H&T **capacity** has increased at the start of Q1 2024/25 and will continue through the rest of the quarter with the commencement of staff in the clinical hub. Although the H&T **rate** was expected to increase in line with capacity, this has not materialised as improvements in response standards has negated the opportunity for H&T.

The broadening of the C2 segmentation eligibility criteria, combined with system changes to improve the process came into effect on the 22nd April 2024. It is therefore expected that we will begin to see a further impact of C2 segmentation on H&T rates during the next reporting period.

Whilst H&T and S&T are stable, S&C to AE and S&C to Non-AE has shown significant variability. The causal factors have affected all areas, with South and East Lancashire seeing the biggest decrease in S&C to Non-AE rates. Less services being available over Easter is a likely factor, however this is not a historical trend. A further period of monitoring is required to understand whether this was a temporary instability, a change in process, or a data collection issue.

Paramedic Emergency Services (PES) Activity

Of the n=113,882 emergency calls received by the trust, 81.4% (n=92,727) became incidents. The high conversion rate is indicative of good performance as less patients have made secondary calls such as requesting updates or to arrange alternative transport. Accordingly, calls resulting in no outcome (n=12,685) have decreased 11.0% compared to the previous reporting period (n=14,240). In comparison to the previous year, calls have increased 8% and incidents have increased 3%.

Manchester Central (n=9,838), Mersey North (n=9,829), and Manchester South (9,671) have been the top three busiest sectors for the last four years. Greater Manchester ICB contains the most incidents (n=37,271), accounting for 40% of PES activity.

PES Call Pick Up

The trust has performed well for Call Pick Up (CPU). The mean, 90th, and 95th percentile were all zero seconds. A causal factor is the maintained levels of 999 call handlers funded via UEC investment. The reduction of follow up calls and other similar enquiries (No Outcome Contacts (E3.4)) also supports CPU.

999 Ambulance Response (ARP) Performance

Measure	Standard (hh:mm:ss)	Apr 24 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:40	3rd
C1 90th	00:15:00	00:13:01	3rd
C2 mean	00:18:00	00:21:48	1st
C2 90th	00:40:00	00:41:25	1st
C3 mean	01:00:00	01:35:36	5th
C3 90th	02:00:00	03:30:18	5th
C4 90th	03:00:00	03:52:53	5th

In April 24 the trust recorded the best C2 performance in sector. The trust also achieved the 30-minute UEC (Financial Year 23/24) recovery standard at 28m:44s. Improvements have been delivered through a mixture of initiatives (realised through UEC funding) including improved handover, increased double crewed ambulance (DCA) hours, and stratification of response including C2 segmentation and Urgent and Emergency Care Advanced Practitioner (UEC AP).

Lower acuity (C3 and C4) response metrics are signalling improvement with five or more data points below the mean. This improvement is also reflected with an improved national position. For April the C3 90th position (03:30:18) had decreased from the previous report of 05:24:13 but continues to be short of the 2 hour national target. A similar decrease was evidenced with the C4 90th position which reduced in April to 03:52:53 from the previous report of 06:04:30. Although the metrics are improving, both C3 and C4 90th are short of the national target, and have maintained a position significantly above the target line throughout (and following) the Covid-19 pandemic.

999 C1 & C2 long Waits

C1 long waits (n=507) decreased 21% compared to the previous report (n=641). The percentage of C1 long waits of all C1s is 5.7%, a reduction from the previous report (7.35%).

C2 long waits (n=1,761) decreased 64.6% compared to the previous report (n=4,975). The percentage of C2 long waits of all C2s is 3.6%, a reduction from the previous report (10.5%).

Long waits have decreased for five consecutive months in both categories. Extreme long waits were 1 for C1 (>1hr) and 2 for C2 (>4hr).

Hospital Handover

Average turnaround time has improved to 39m:38s compared to the previous report of 45m:10s. However, performance is still above the national standard of 30 minutes and 4 minutes higher than the April 2023 position (35m:19s).

The additional four minutes on average between April 2023 and April 2024 handover performance based on attends in April 2024 equates to 290 Double Crewed Ambulance (DCA) shifts over the month.

Of note, C&M is engaged in ICB-wide improvement work to increase the number of patients appropriately sent to non-ED alternatives. This includes a collaboration commissioned by Cheshire and Merseyside ICS, delivered by Advanced Quality Alliance (AQUA), to improve NWS referrals to 2-hour Urgent Community Response (UCR). The initiative will progress with a workshop in May 24, where stakeholders will collaborate to look at opportunities for increasing referrals and plan for future improvement work.

NHS 111

111 Measure	Standard	Apr 24	National ranking
Answered within 60s	95%	68.0%	28th /37
Average time to answer	--	2m 03s	--
Abandoned calls	<5%	5.7%	25th /37
Call-back within 20 min	90%	34.6%	--
Average call back	--	42m 50s	--
Warm transfer to nurse	75%	30.8%	--

Calls offered in April (n=163,990) were 14% lower than February 24 (n=191,548). April data-points have displayed special cause in three metrics:

- Calls answered in 60 sec has improved to 68.0% against a national standard of 95%.
- Call-back within 20 mins has improved to 34.6% against a national standard of 90%.
- Warm transfer to nurse has improved to 30.8% against a national standard of 75%.

Abandoned calls (5.7%) and average time to answer (02m:03s) displayed common cause.

A range of initiatives have contributed to recent improvements:

- National support currently in place will continue into 2024/2025 and has increased from 5-10% to 15% of offered activity.
- The Regional Call Management initiative for Interactive Voice Response (IVR) in which callers are streamlined more effectively has led to a reduction in service touchpoints.
- Call handlers and clinicians are on track to be fully established by June 2024.

PTS

Owing to a lag in PTS reporting, performance is reported one month in arrears. PTS activity for March 24 was stable. Unplanned activity has decreased, displaying special cause.

The PTS recovery plan is progressing whilst a standstill period prior to the award of contracts for the PTS bid has been extended by commissioners for an as yet undetermined period.

4. FINANCE

There are two key financial metrics currently included within the IPR focused on the management of agency spend and delivery of the efficiency and productivity targets.

The management of agency spend is monitored closely by NHS England and the trust must not exceed 0.5% of the total pay bill. For month 1 (April) the trust agency costs equated to 0.4% of the total bill or £0.134m. The year-to-date spend is under the year-to-date ceiling of £0.195m.

The recurrent productivity and efficiency target for 2024/25 is £15.059m, of which £0.717m was to be delivered in month 1 and was achieved.

5. ORGANISATIONAL HEALTH

Sickness

Trust absence levels have continued to show post winter recovery, with the latest reported month (March 24) at 7.24%, displaying special cause.

Whilst sickness has improved, levels remain highest in 111 service (12.17%). PTS are enacting a compliance plan to improve sickness absence management. In PTS, following consecutive special cause above the upper control limit, showing a decrease in performance in sickness, February and March datapoints have stabilised suggesting an improvement through the compliance plan.

The overall position is consistent with trends across the sector, and although we remain at the higher end, the gap is narrowing. In January 2024 NWAS sickness level was 1.65% higher than the national average and in February 2024 this gap had reduced to 0.96%.

The primary reasons for absence continue to be mental health, injury, musculoskeletal (MSK)/back problems and gastro-intestinal problems. 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 April (10.5%) continued a downward (improving) trend. This is driven by improvement in 111, approaching the lower control limit, however it remains the service with the highest turnover rate at 24.2%.

At 6.5%, PES turnover is stable and the best performing service line.

EOC turnover continues an upward (worsening) trend at 22.0%. This is the only service line showing a persistently worsening trend, starting in April 2023 at 15.95%. There is a focus in contact centres to support retention, and analysis is underway to understand emergency medical dispatcher (EMD) 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, £176k below cap.

Vacancy

The trust vacancy position is -7.29% for April 24, reflecting establishment changes from the UEC recovery funding and challenges in PTS and 111 recruitments.

The PTS vacancy position has worsened to -12.98%, reflecting relatively high turnover, including staff moving to PES. However, PTS have robust bank arrangements in place to bridge their vacancy position.

The EOC position has worsened to -6.69%, driven by increased turnover in the dispatch workforce. Recruitment plans are in place to maintain a stable position for the rest of the year.

PES show a slight under-establishment of -2.59%, 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 slowly improved to -11.8% with 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.

Plans for recruitment to an integrated call handler role (under the Integrated Contact Centre programme of work) have commenced with large scale advertising in Quarter 4 2024/24.

Appraisals

Overall appraisal completion has improved to 86% ahead of target. PTS have improved from 76% to 81%. The 111 service line is 83% showing s improvement. Both PES and EOC have exceeded the target at 88% and 86% respectively, with PES displaying special cause.

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 87% and all service lines are ahead of target apart from Corporate who are achieving 93% against a target of 95%. An additional 5 online modules were added to the programme, at the start of the year but underlying strong performance means that overall compliance has been maintained.

Case Management

Employee relations casework has increased from n=103 to n=109 between the reporting periods. The highest rate of live cases per staff (prevalence) occurs in 111 (1.9%) and this mirrors the prevalence rates over the last 12 months. Average case length has decreased slightly to 13.1 weeks since the last report although this had shown a prior increase due to high volume and increased complexity of cases.

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 NWAS systems is now completed and expected to go live in C3 (999) during this quarter. 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

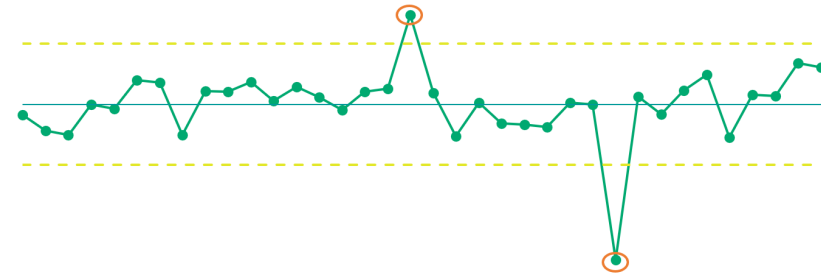
Board - May 2024



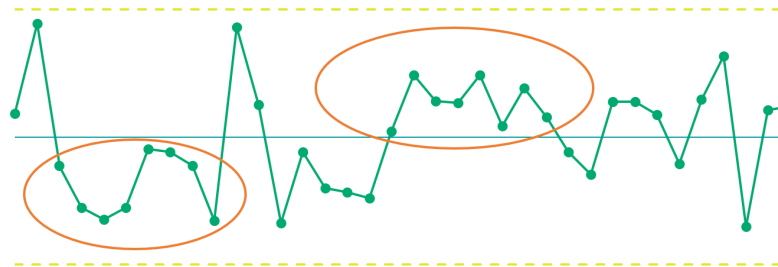
Rules for interpreting SPC Charts

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

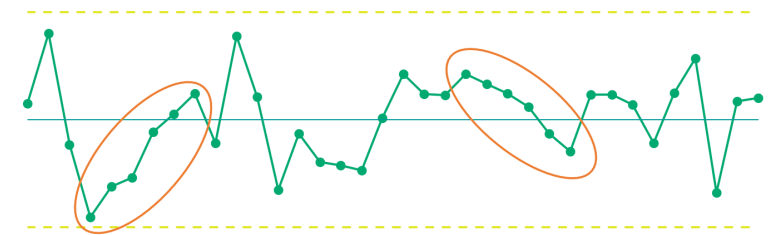
Rule 1: Single data point outside the control limits



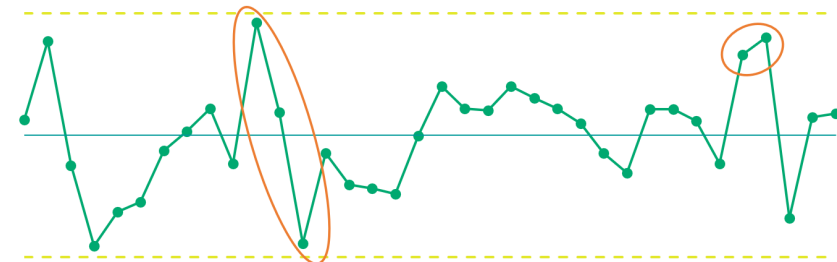
Rule 2: 8 or more consecutive data points above or below the centre line



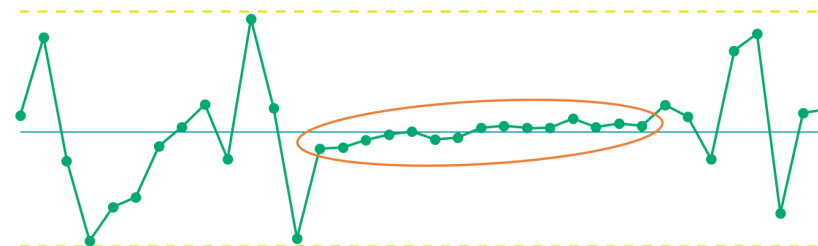
Rule 3: A trend of at least six consecutive points (up or down)



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)	Received	Closed	Closed in SLA (%)
1-2 (PALS)	187	193	96.7%
3-5 (Resolution)	18	34	65.5%

Figure Q1.2

Received by Service Line

Level (Team)	EOC	111	PTS	PES (GM)	PES (CAM)	PES (CAL)
1-2 (PALS)	26	30	102	17	13	16
3-5 (Resolution)	13	3	3	5	4	3

Q2 Incidents

Figure Q2.1

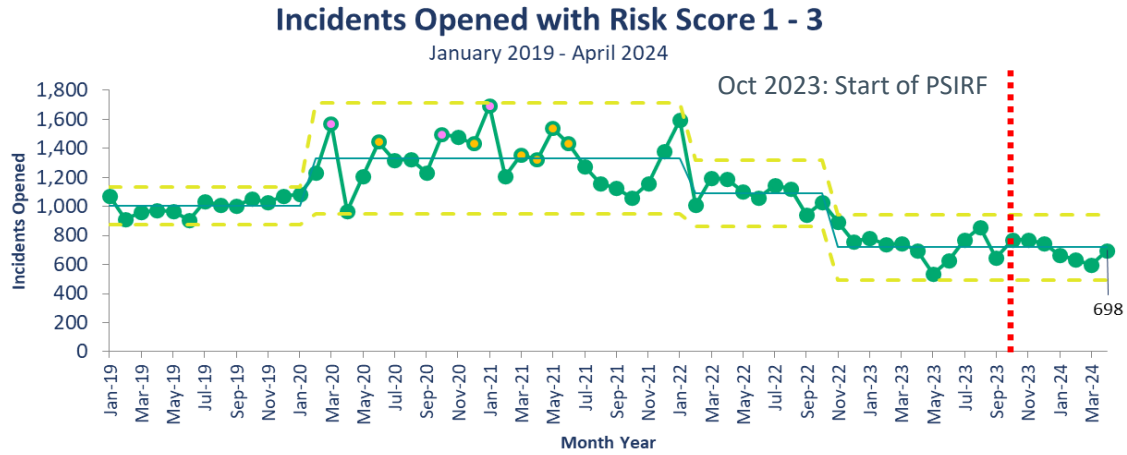


Figure Q2.2

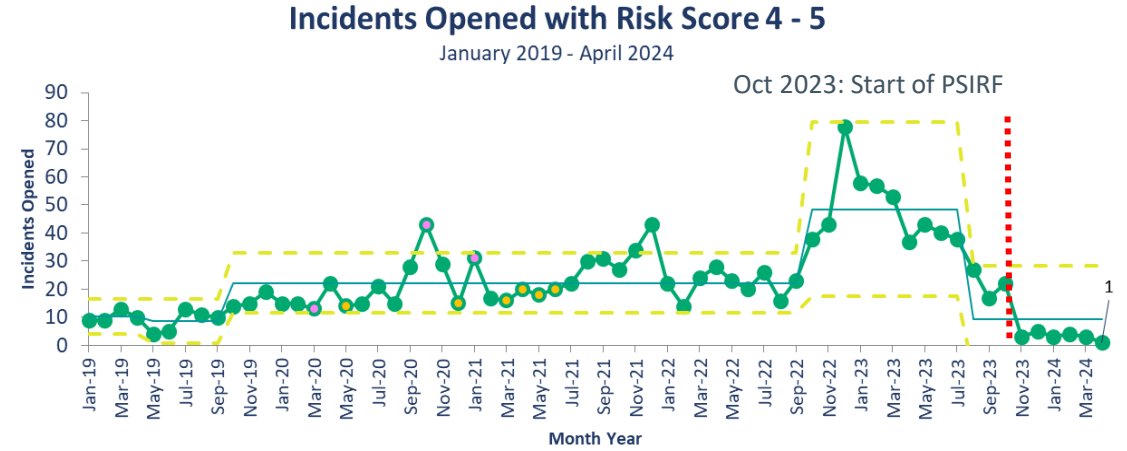
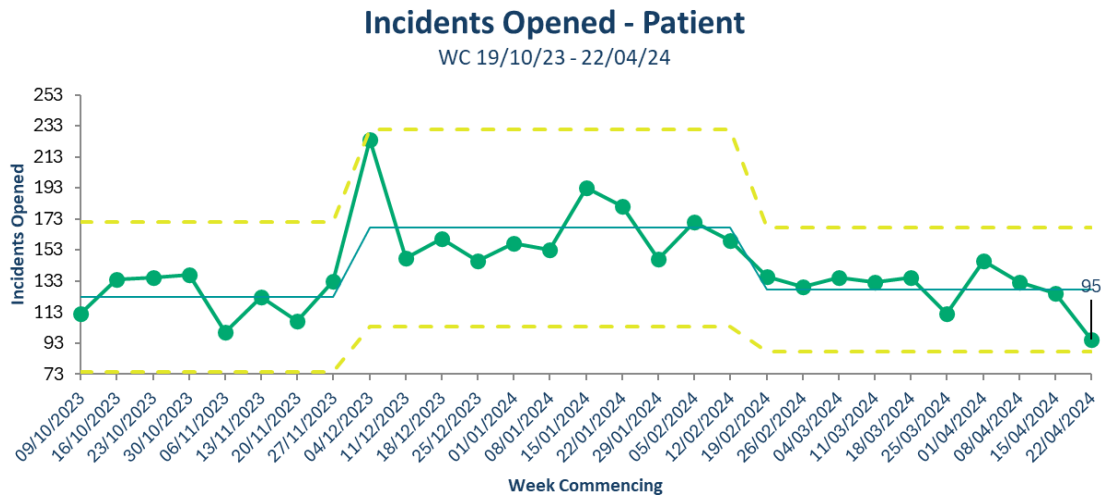


Figure Q2.3



PSIRF level of harm (April 24):

- None (n=445)
- Low (n=80)
- Moderate (n=52)
- Severe (n=12)
- Fatal (n=14)

*Data will be displayed monthly by SPC when datapoints are sufficient.

Figure Q2.4

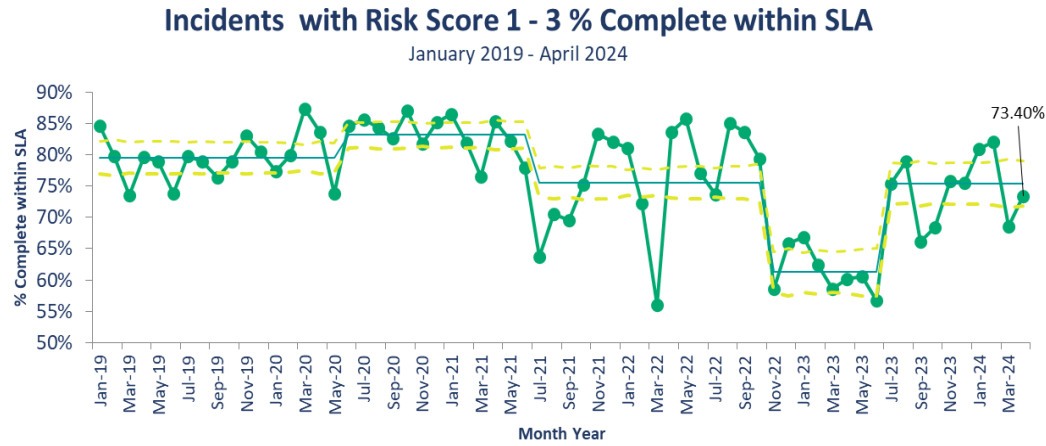


Figure Q2.5



Figure Q2.5

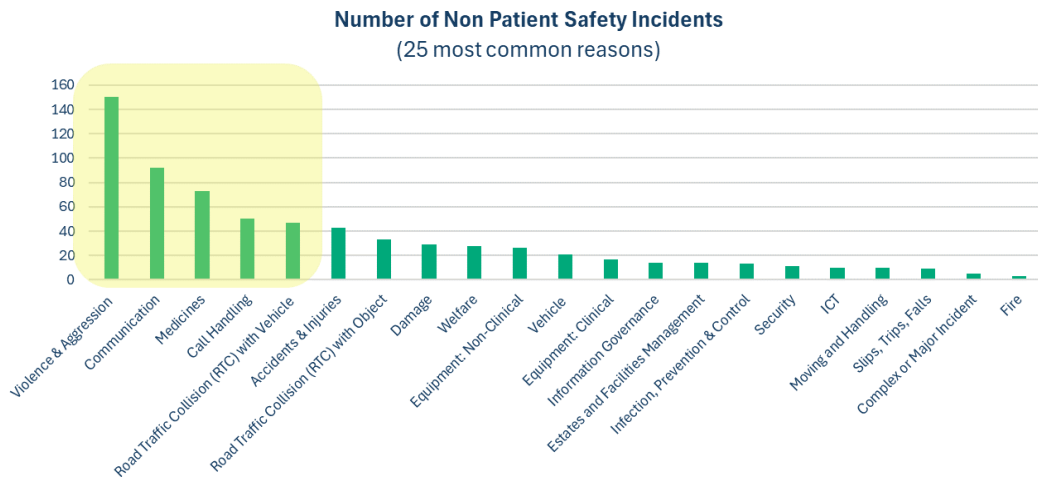
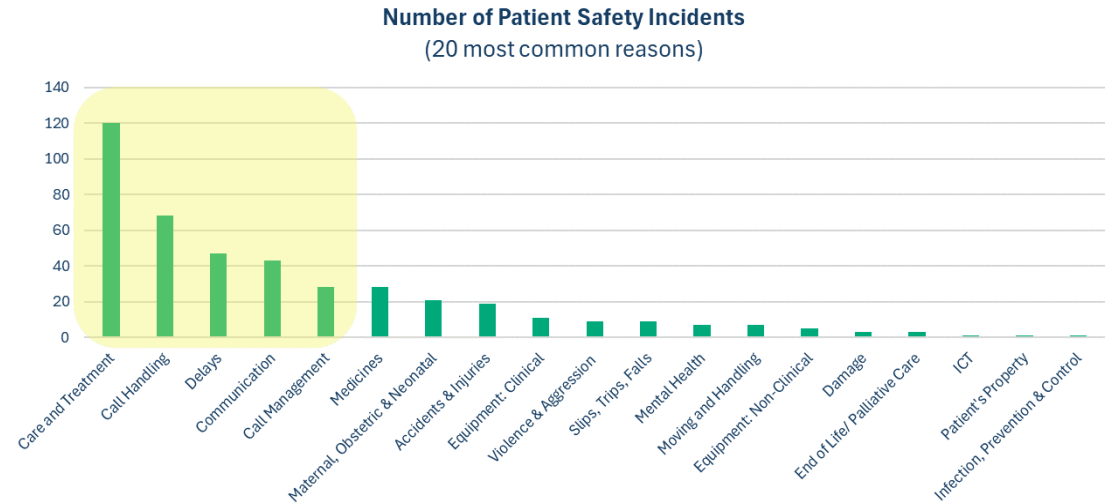


Figure Q2.6

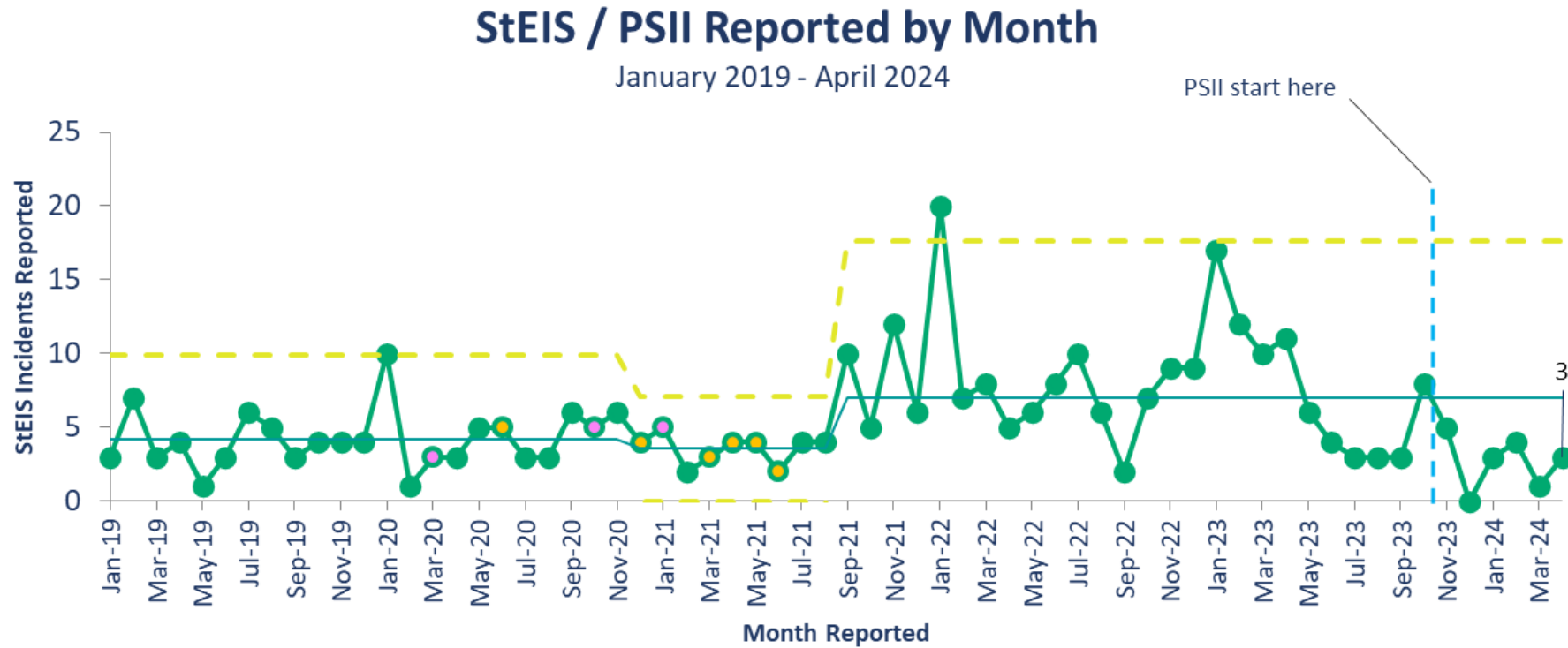


Incident SLA (no exceptions are taken into account):

Risk Score	Target to close from date received (days)
1-2	20
3-4	40
5	60

Q3 Patient Safety Incident Investigations (PSII)

Figure Q3.1



Q5 SAFETY ALERTS

Safety Alerts	Alerts Received (May 23 – Apr 24)	Alerts Applicable (May 23 - Apr 24)	Alerts Open	Notes
CAS Helpdesk Team	0	0	0	
Patient Safety Alert: UKHSA	1	0	0	
National Patient Safety Alert: NHS England	1	1	1	- NatPSA/2023/014/NHSPS. Identified safety risks with the Euroking maternity information system. Issued 07/12/23 Deadline 07/06/24. Acknowledged and with maternity lead for review.
National Patient Safety Alert: DHSC	7	1	0	- NatPSA/2024/003/DHSC_MVA. Shortage in Salbutamol Nebuliser. Bulletin C11023 gives guidance to clinicians in managing the risk. Issued 26/2/24. Deadline 8/3/24. Action Complete.
National Patient Safety Alert: OHID	1	1	0	NatPSA/2023/003/OHID. Patient synthetic opioids implicated in heroin overdose/deaths. Issued 26/7/23. Deadline 04/08/23. Bulletins issued by Medical Director. Action Complete
CMO Messaging	2	0	0	
National Patient Safety Alert: MHRA	6	2	1	- NATPSA/2023/010/MHRA. Medical Beds etc, risk of death from entrapment. Issued 31/8/23. Deadline 31/3/24. Reviewed at MDOG. Action Complete - NATPSA/2024/004/MHRA. Reducing risk for transfusion-associated circulatory overload (TACO) Issued 8/4/24. Deadline 4/10/24.
Medicine Alerts: MHRA	45	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

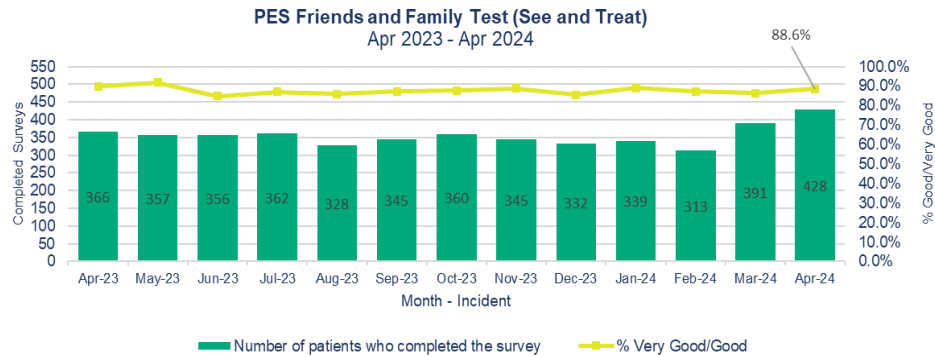
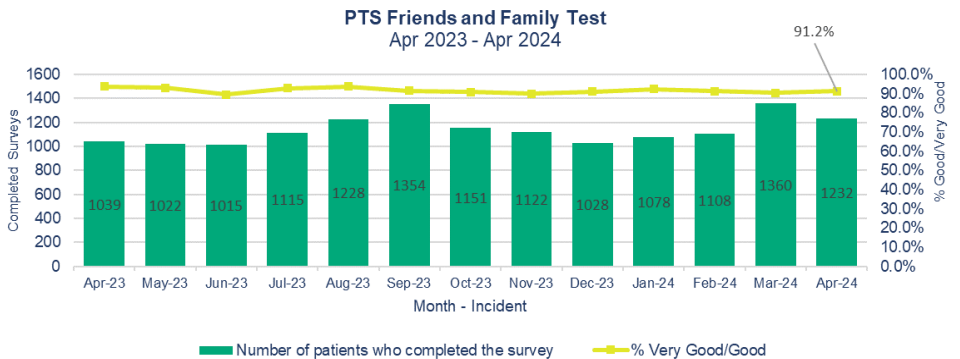


Figure E1.2



PES Positive

- *“The operator was very patient and understanding and took his time to assess the situation while help was already on the way. The EMT were brilliant and made sure to include me in every decision when I was conscious. They were also very respectful and empathetic.”*
- *“The female paramedic was excellent with my resident, who had a learning disability and health anxiety. She knew how to communicate with her and to keep her calm.”*

PES Negative

- *“Our three-year-old had an eye injury and the paramedics literally asked what we think they should do. The morning after we took ourselves to hospital to then get rushed to another hospital which should have been done the day we made the call.”*
- *“The crew did not have the correct information about my elderly mother and when I tried to tell them, one of the crew dismissed what I was saying stating that my mother had already seen a doctor and attended A&E, therefore she had been assessed properly. When I questioned this, he told me that I was getting aggressive which I certainly wasn't. My mother was later seen by rapid response who decided that she needed to go to hospital. The ambulance crew who came to transport her were concerned about her oxygen levels and the infection that she had and were very surprised that it had been recorded by the earlier crew at these levels, but they had not thought further action was needed”*

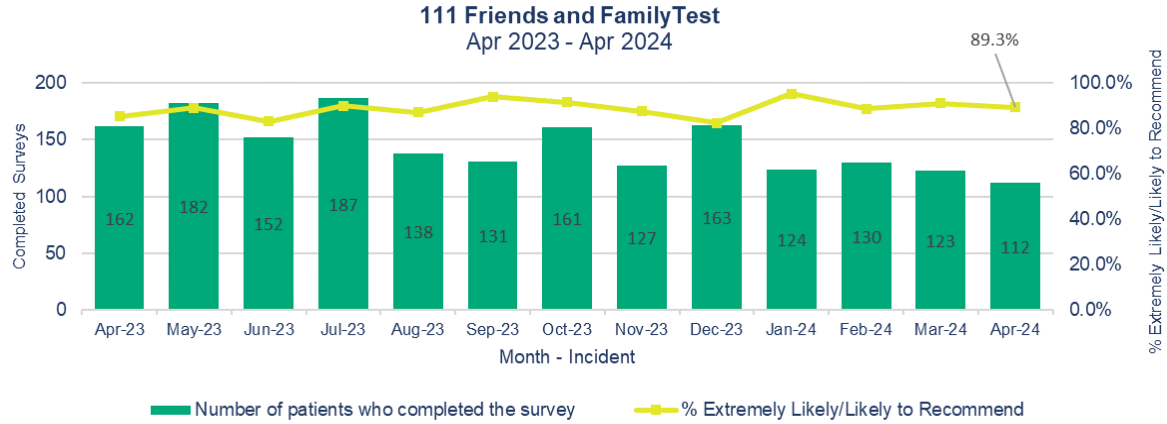
PTS Positive

- *“The politeness and consideration they showed me and my husband who has vascular dementia was amazing, and may I say when I rang to book transport the gentleman, I spoke was most helpful and couldn't do enough to make me feel at ease. He's an absolute star it was a pleasure to speak to him, very efficient as well.”*
- *“On all occasions, and bookings, the drivers were kind, patient, and assisted myself to mobilise onto the vehicle safely. I am currently struggling with severe vertigo - the drivers were very supportive, and drove the vehicles slowly, and with care. I am grateful for their support and their assistance. Thank you very much.”*

PTS Negative

- *“A small car was sent to pick us up when it should have been larger vehicle with also a wheelchair. Patient does not weight bear. Appointment had then to be cancelled through no fault of ours. Very unhappy because not only was I up early but also had to take a day of work.”*
- *“The reason I gave 'Very poor' was because every time I go to dialysis in the morning, it's great you get me on time for my appointment. But in the evening, it's just poor. For last 2 weeks I've made my own way home and when I've been home for a few hours, and I get a text from you saying you are coming for me. Am a disabled woman it's just not good enough.”*

Figure E1.3



NHS 111 Positive

- *"Explained clearly as to what to do next. Never used this service before but willing to do so again. Very friendly to talk to and respectful to me as an 85-year-old who sometimes has to have things explained clearly - which they were."*
- *"Satisfied. Comprehensive questioning to get the right help. Doctor whole attitude and approach was respectful, professional, friendly and supportive and thorough. It was a pleasure you are to be commended for the care and professionalism that I observed for my husband. Thank you."*
- *"Doctor rang us within 15 mins then she did a video call to see the ulcer on my daughter's ankle, rang back and said another person would ring with an appointment for on call doctor which we got an appointment 40 minutes later. Very satisfied with the service. First time I'd rang 111 and was a Sunday and extremely happy with the time scale and impressed with video call."*

NHS 111 Negative

- *"I felt my concerned were dismissed. My GP felt I had a mini stroke. The time limit between 111 - GP would have been longer than the emergency 72 hours to treat a stroke."*
- *"Why book appointments if they don't exist. The whole organisation of the NHS is a joke, and children could run it better."*
- *"The first caller handled the call well, nice and polite, the 2nd caller who is supposed to be a professional. Very rude, not compassionate in her role, sarcastic. People dealing with first time experiences shouldn't be made to feel like they are not important. I was told that in 6 months it wouldn't be my first experience. Who/which professional says these sorts of concerns. Very appalling, very dissatisfied."*
- *"I had to call 9 times just because I wasn't listened to carefully and mistakes several times for bad communication."*



E2 AMBULANCE CLINICAL QUALITY INDICATORS

Figure E2.1

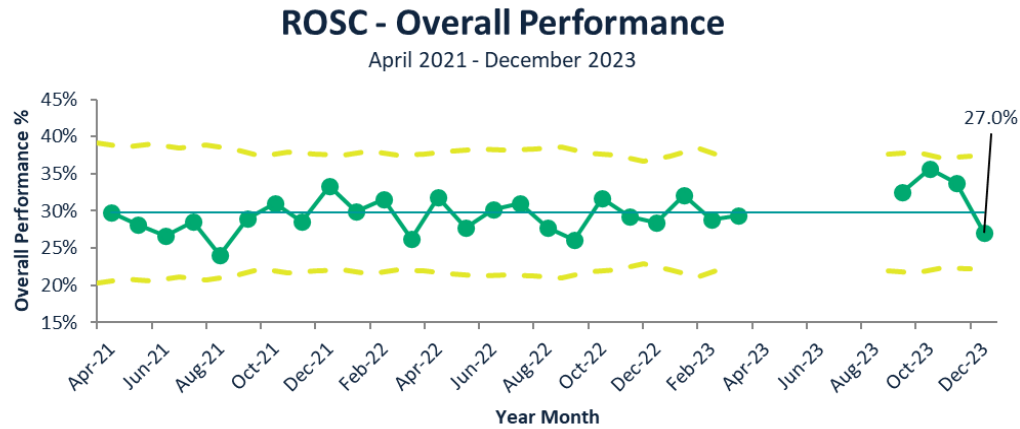


Figure E2.2

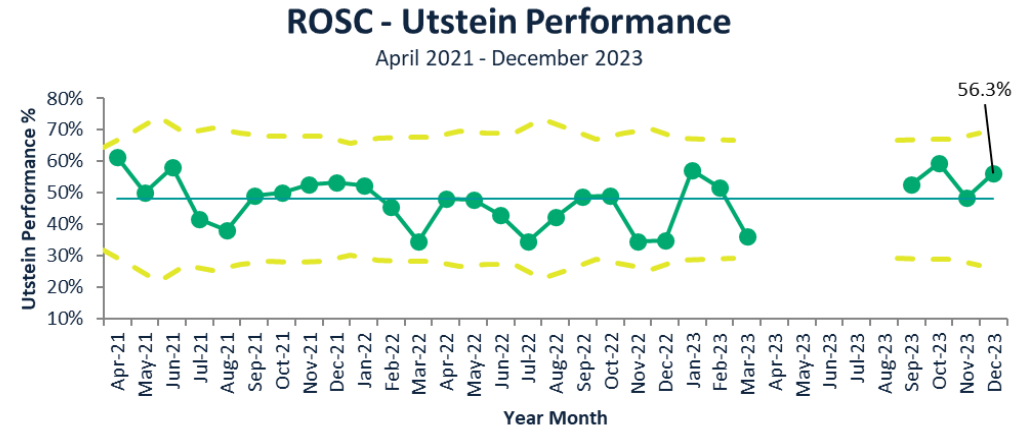


Table E2.3

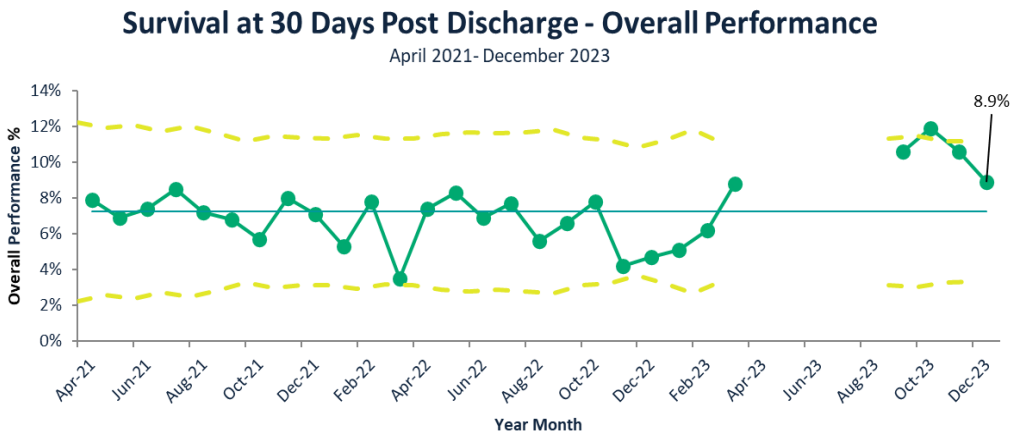


Figure E2.4

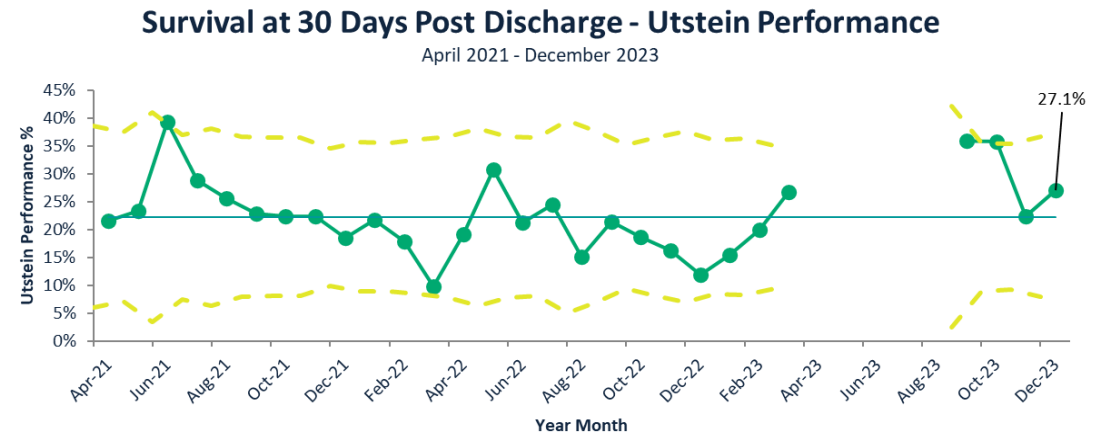


Figure E2.5

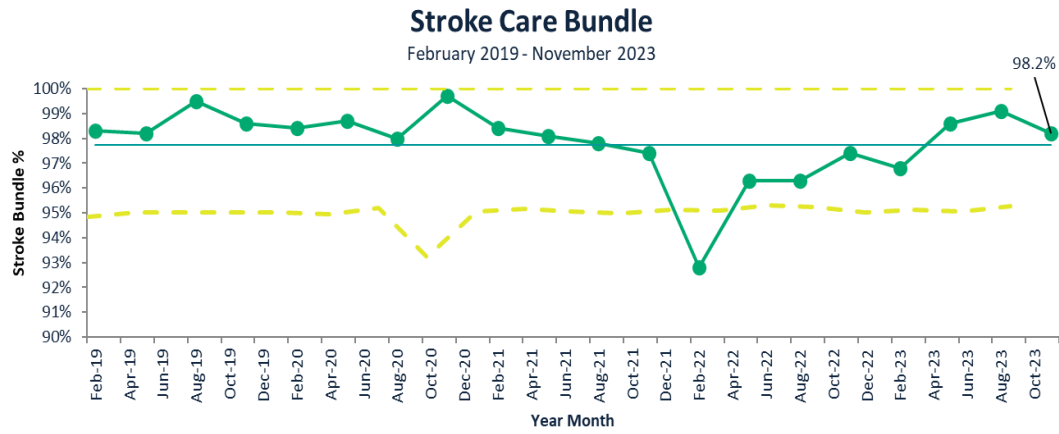


Figure E2.6

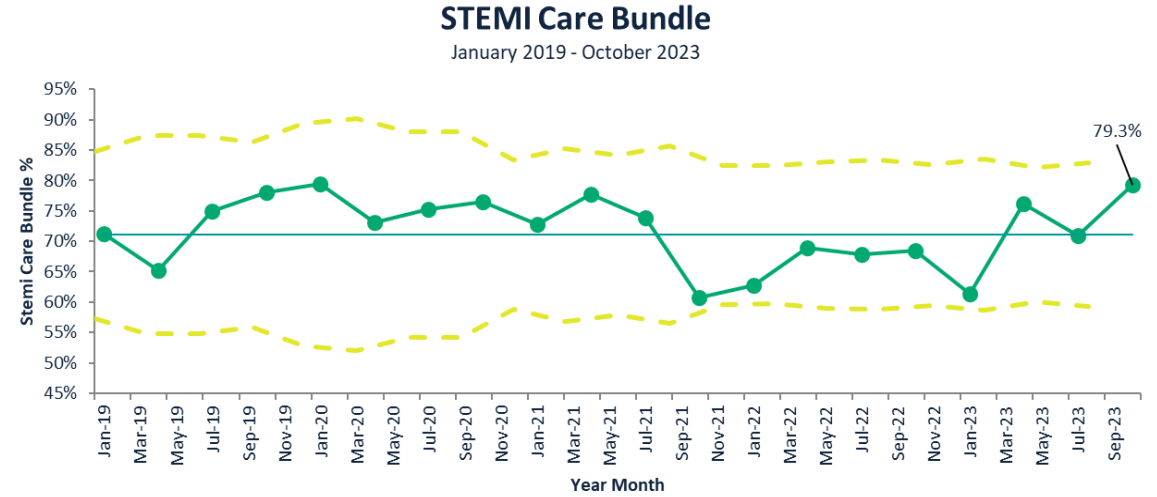


Figure E2.7

Month Year	Stroke Care Bundle Performance
Feb-19	98.3%
May-19	98.2%
Aug-19	99.5%
Nov-19	98.6%
Feb-20	98.4%
May-20	98.7%
Aug-20	98.0%
Nov-20	99.7%
Feb-21	98.4%
May-21	98.1%
Aug-21	97.8%
Nov-21	97.4%
Feb-22	92.8%
May-22	96.3%
Aug-22	96.3%
Nov-22	97.4%
Feb-23	96.8%
May-23	98.6%
Aug-23	99.1%
Nov-23	98.2%

Figure E2.8

Month Year	STEMI Care Bundle Performance
Jan-19	71.3%
Apr-19	65.2%
Jul-19	75.0%
Oct-19	78.1%
Jan-20	79.5%
Apr-20	73.1%
Jul-20	75.3%
Oct-20	76.5%
Jan-21	72.8%
Apr-21	77.7%
Jul-21	73.9%
Oct-21	60.7%
Jan-22	62.8%
Apr-22	68.9%
Jul-22	67.9%
Oct-22	68.5%
Jan-23	61.3%
Apr-23	76.2%
Jul-23	70.9%
Oct-23	79.3%

The axis for the Stroke Care Bundle starts at 90%, the axis for STEMI Care Bundle starts at 50%.

E3 ACTIVITY & OUTCOMES

Figure E3.1

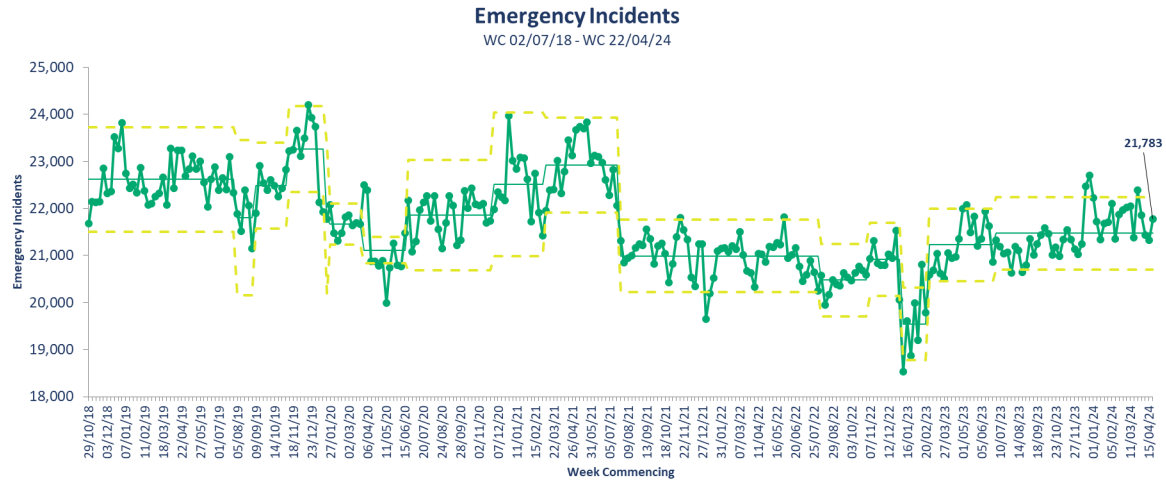


Figure E3.2

Emergency Incidents



Figure E3.3

Sector	No. of Emergency Incidents
G Central	9,838
M North	9,829
G South	9,671
G West	9,139
G East	8,623
M East	7,634
CL East Lancashire	7,054
M West	6,232
CL South Lancashire	5,920
M South	5,327
CL Fylde	4,713
CL North Cumbria	4,601
CL Morecambe Bay	4,051

ICB	No. of Emergency Incidents
Greater Manchester	37,271
Cheshire & Merseyside	29,022
Lancashire & South Cumbria	21,738
North East & North Cumbria	4,601

Figure E3.4

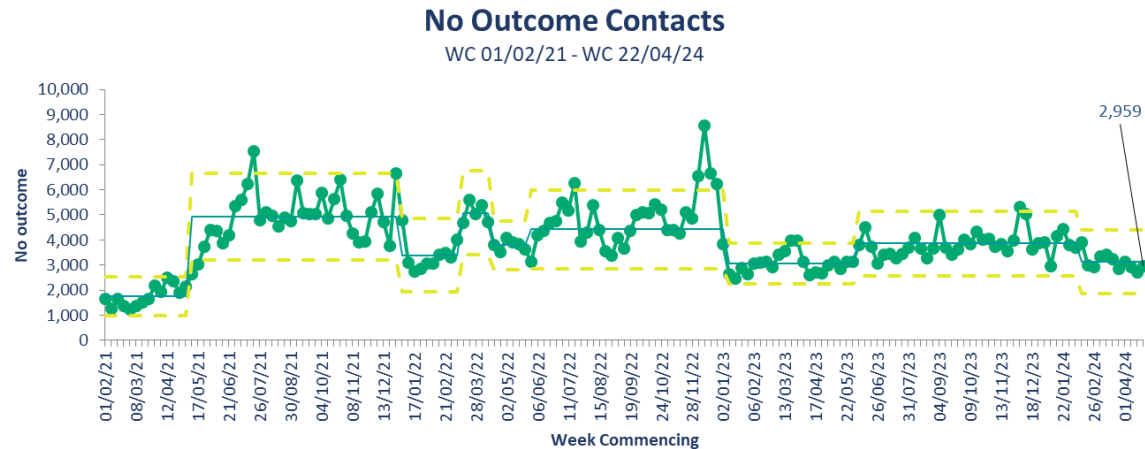


Figure E3.5

Apr	Calls	% Change from previous year	Incidents	% Change from previous year
2021	111,723		97,961	
2022	131,620	18%	89,260	-9%
2023	105,351	-20%	90,075	1%
2024	113,882	8%	92,727	3%

Figure E3.6

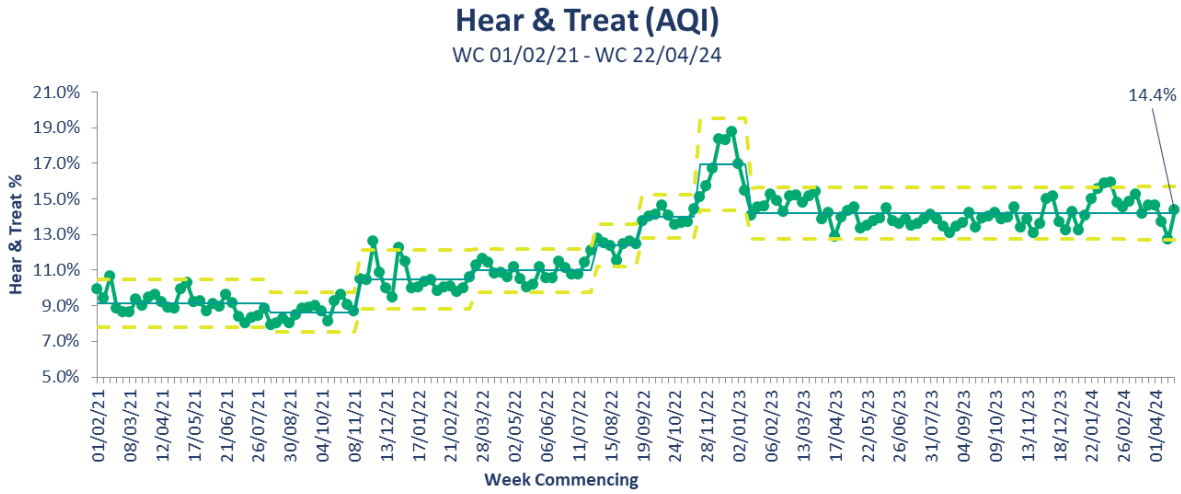


Figure E3.7

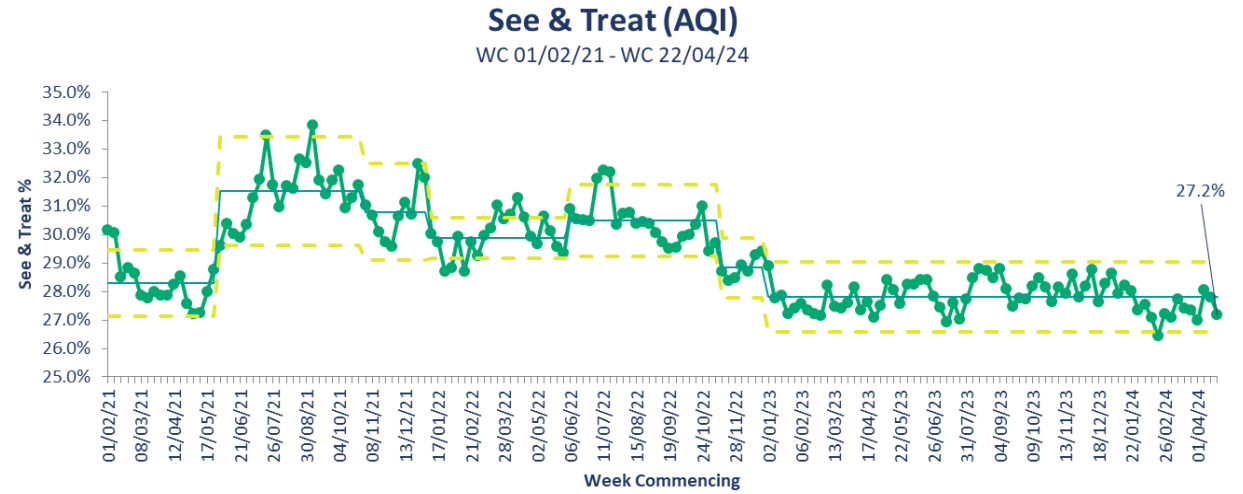


Figure E3.8

Sector	Monthly Hear & Treat	%
G Central		16.54%
G East		14.97%
CL Fylde		14.68%
G West		14.48%
CL East Lancashire		14.19%
M West		13.80%
CL South Lancashire		13.46%
M East		13.28%
M South		13.08%
G South		12.79%
M North		12.74%
CL North Cumbria		12.24%
CL Morecambe Bay		12.22%
ICB	Monthly Hear & Treat	%
Greater Manchester		14.74%
Lancashire & South Cumbria		13.72%
Cheshire & Merseyside		13.18%
North East & North Cumbria		12.25%

Figure E3.9

Sector	Monthly See & Treat	%
CL Morecambe Bay		30.44%
CL North Cumbria		30.36%
CL East Lancashire		30.04%
M South		29.72%
CL South Lancashire		28.82%
G West		27.97%
G South		27.83%
CL Fylde		27.67%
G East		27.52%
G Central		26.64%
M North		25.57%
M West		25.43%
M East		23.89%
ICB	Monthly See & Treat	%
North East & North Cumbria		30.32%
Cheshire & Merseyside		29.28%
Lancashire & South Cumbria		27.48%
Greater Manchester		25.86%

Figure E3.10

See & Convey to A&E % (AQI)

WC 01/02/21 - WC 22/04/24

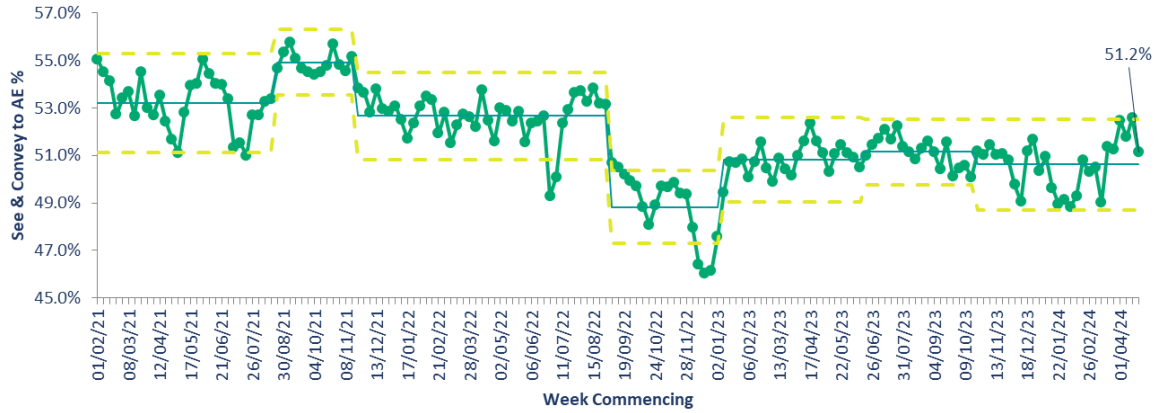


Figure E3.11

See & Convey to Non A&E % (AQI)

WC 01/02/21 - WC 22/04/24

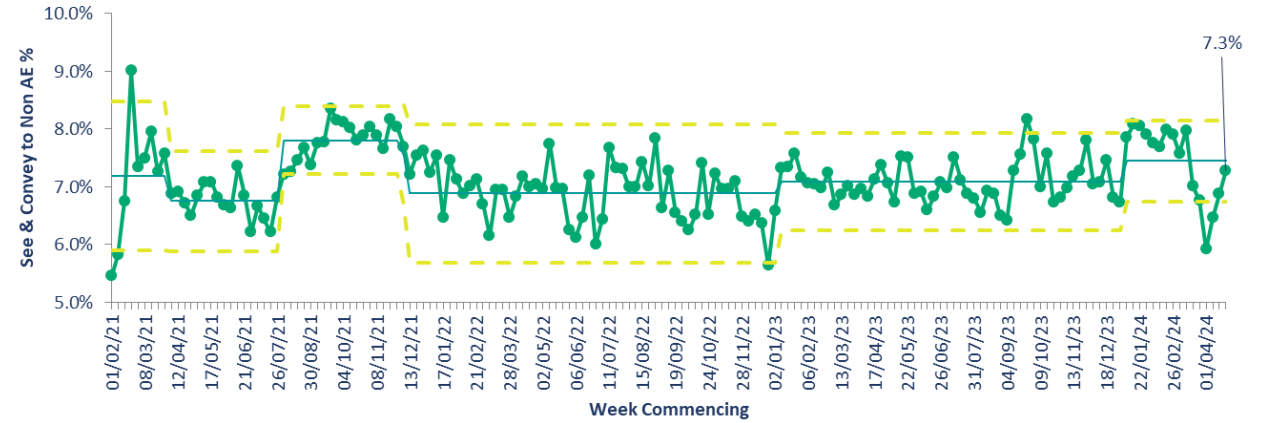


Figure E3.12

Sector	Monthly See & Convey	%
CL East Lancashire		55.77%
G Central		56.82%
M South		57.20%
CL Morecambe Bay		57.34%
CL North Cumbria		57.40%
G East		57.51%
G West		57.56%
CL Fylde		57.65%
CL South Lancashire		57.72%
G South		59.38%
M West		60.77%
M North		61.69%
M East		62.82%
ICB		
Lancashire & South Cumbria		57.00%
North East & North Cumbria		57.43%
Greater Manchester		57.78%
Cheshire & Merseyside		60.96%

Figure E3.13

Sector	Monthly See & Convey to AE	%
CL East Lancashire		44.12%
CL North Cumbria		48.25%
CL Fylde		50.50%
G East		50.97%
M South		51.06%
G Central		51.40%
CL South Lancashire		51.42%
CL Morecambe Bay		52.80%
M West		52.90%
G West		52.92%
M East		54.09%
M North		55.50%
G South		55.63%
ICB		
North East & North Cumbria		48.28%
Lancashire & South Cumbria		49.11%
Greater Manchester		52.72%
Cheshire & Merseyside		53.75%

Figure E3.14

Sector	Monthly See & Convey to Non AE	%
G South		3.75%
CL Morecambe Bay		4.54%
G West		4.64%
G Central		5.42%
M South		6.14%
M North		6.20%
CL South Lancashire		6.30%
G East		6.54%
CL Fylde		7.15%
M West		7.86%
M East		8.74%
CL North Cumbria		9.15%
CL East Lancashire		11.65%
ICB		
Greater Manchester		5.06%
Cheshire & Merseyside		7.21%
Lancashire & South Cumbria		7.89%
North East & North Cumbria		9.14%

Figure E3.15












Rank	Trust	Hear & Treat	%
1	London		19.6%
2	East Midlands		16.8%
3	West Midlands		15.7%
4	Yorkshire		14.6%
5	South Western		14.5%
6	North West		13.9%
7	South East Coast		13.6%
8	South Central		12.3%
9	East of England		9.5%
10	North East		6.8%
11	Isle of Wight		6.6%

Figure E3.16























Rank	Trust	See & Treat	%
1	South Western		36.3%
2	East of England		34.4%
3	South Central		33.4%
4	Isle of Wight		32.2%
5	South East Coast		30.6%
6	North East		30.1%
7	East Midlands		29.4%
8	West Midlands		28.8%
9	London		27.5%
10	North West		27.5%
11	Yorkshire		25.3%

Figure E3.17

Rank	Trust	See & Convey	%
1	South Western		49.2%
2	London		52.8%
3	East Midlands		53.9%
4	South Central		54.3%
5	West Midlands		55.5%
6	South East Coast		55.8%
7	East of England		56.1%
8	North West		58.6%
9	Yorkshire		60.1%
10	Isle of Wight		61.1%
11	North East		63.1%

Operational

O1 CALL PICK UP

Figure O1.1

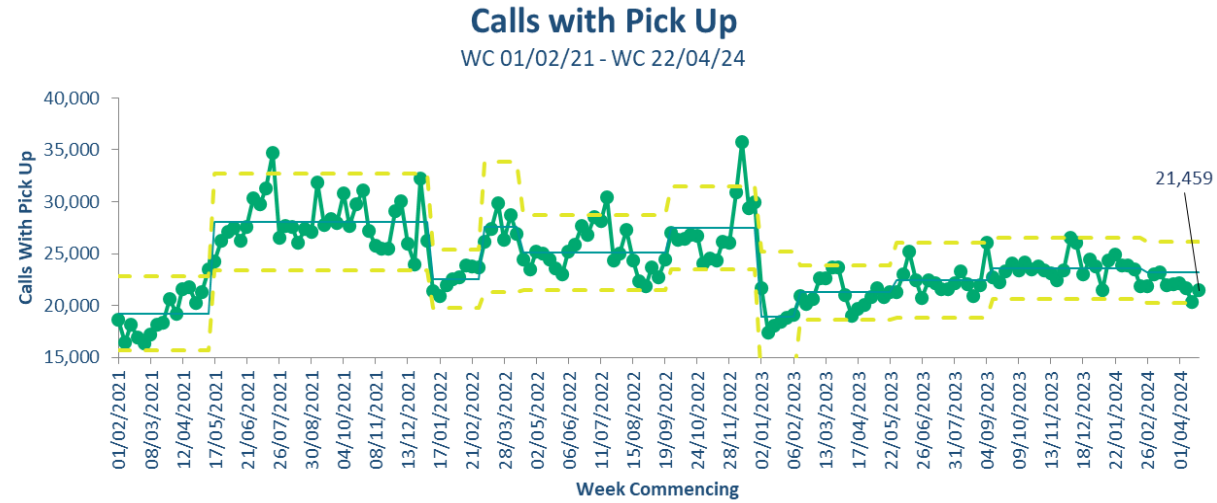
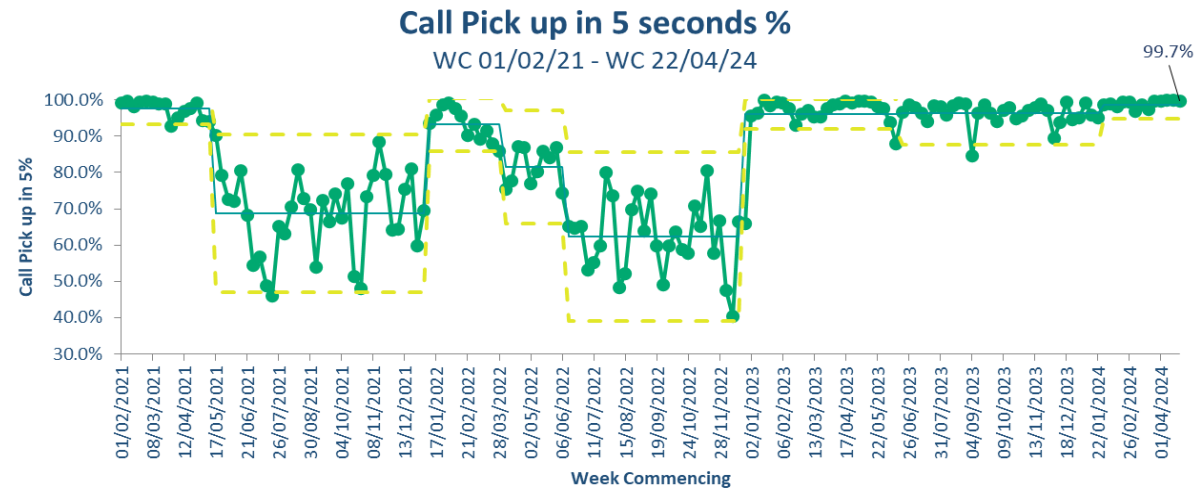


Figure O1.2



O2 A&E TURNAROUND

Figure O2.1

Average Turnaround Time
WC 01/02/21 - WC 22/04/24

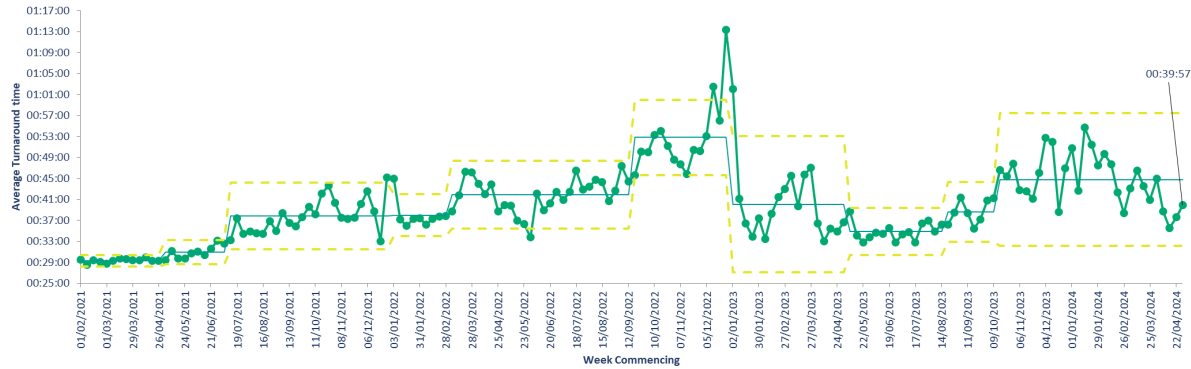


Table O2.1

Month	Hospital Attendances	Average Turnaround Time [mm:ss]	Average Arrival to Handover Time [mm:ss]	Average Handover to Clear Time [mm:ss]
Apr-23	46,435	0:35:20	0:22:55	11:28
May-23	49,233	0:35:33	0:23:17	11:35
Jun-23	46,866	0:34:17	0:22:25	11:29
Jul-23	48,412	0:34:46	0:22:55	11:28
Aug-23	47,374	0:36:21	0:24:43	11:23
Sep-23	46,282	0:37:56	0:26:05	11:24
Oct-23	47,585	0:43:51	0:32:40	11:28
Nov-23	46,594	0:43:32	0:31:28	11:03
Dec-23	48,733	0:47:03	0:35:21	11:06
Jan-24	47,951	0:50:04	0:38:36	11:14
Feb-24	44,937	0:45:10	0:34:40	10:31
Mar-24	49,091	0:42:52	0:32:27	10:25
Apr-24	48,748	0:39:38	0:29:33	10:06

Table O2.3

Month	No. of patients waiting outside A&E for handover
Jan-21	528
Feb-21	129
Mar-21	182
Apr-21	196
May-21	282
Jun-21	491
Jul-21	585
Aug-21	674
Sep-21	902
Oct-21	1156
Nov-21	739
Dec-21	824
Jan-22	708
Feb-22	590
Mar-22	936
Apr-22	1057
May-22	891
Jun-22	926
Jul-22	975
Aug-22	1099
Sep-22	1490
Oct-22	2319
Nov-22	1283
Dec-22	1775
Jan-23	862
Feb-23	514
Mar-23	1113
Apr-23	538
May-23	898
Jun-23	545
Jul-23	577
Aug-23	943
Sep-23	1004
Oct-23	1746
Nov-23	1414
Dec-23	2121
Jan-24	2397
Feb-24	1946
Mar-24	1524
Apr-24	1062

Figure O2.2

Lost Unit Hours (Turnaround >30m)
WC 01/02/21 - WC 29/04/24

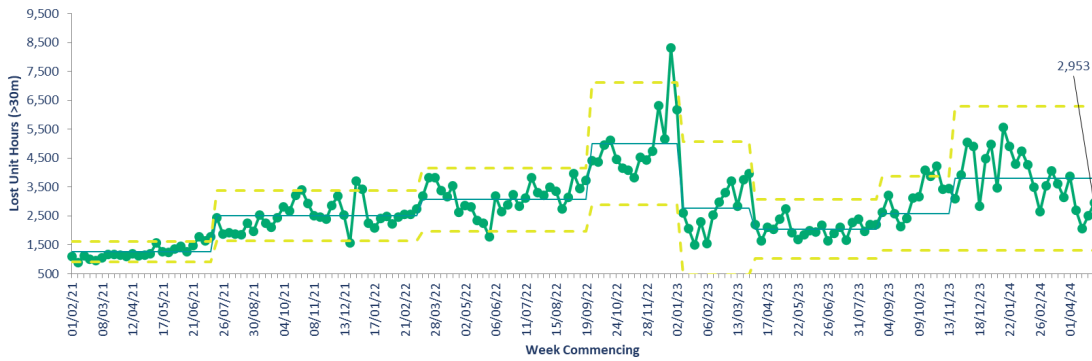


Table O2.2

Top 5 Trusts with most lost unit hours		
Trust	Area	Lost Unit Hours
Aintree University Hospital	Cheshire & Merseyside	1,233
Whiston Hospital	Cheshire & Merseyside	872
Royal Liverpool University Hospital	Cheshire & Merseyside	805
Royal Albert Edward Infirmary Hospital	Greater Manchester	786
Royal Blackburn Hospital	Cumbria & Lancashire	785

O3 ARP RESPONSE TIMES

Figure O3.1

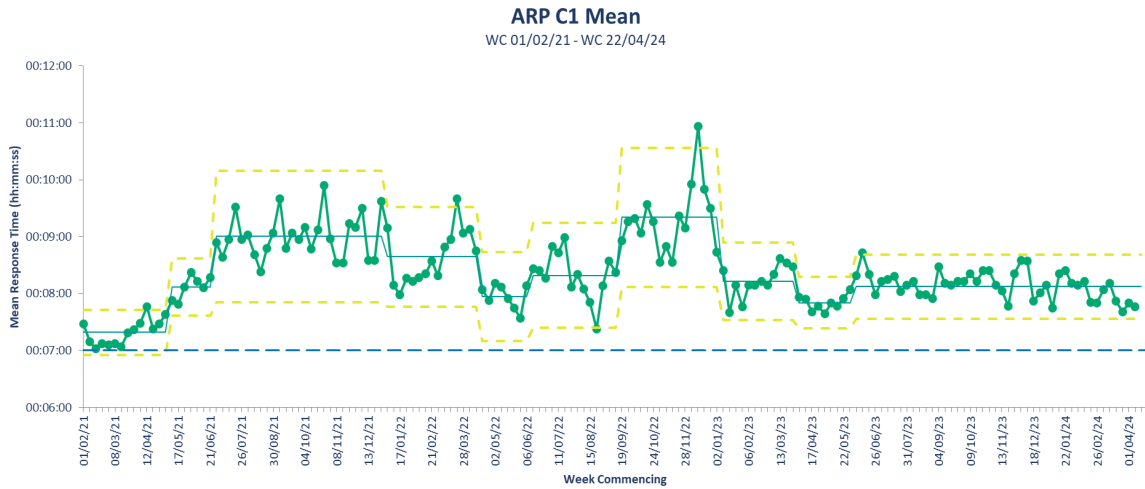


Figure O3.5

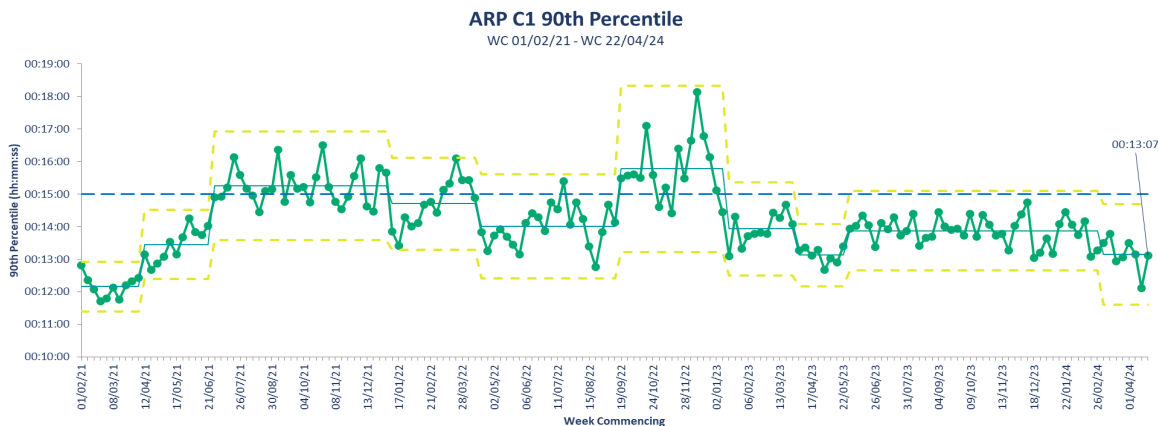


Figure O3.2

C1 Mean (Red => 7m)



Figure O3.6

C1 90th (Red => 15m)



April 2024

Figure O3.3

Sector	C1 Mean	Time
G Central		00:06:36
G South		00:06:56
G West		00:06:58
G East		00:07:16
M North		00:07:21
CL Fylde		00:07:32
M East		00:08:02
CL Morecambe Bay		00:08:09
M West		00:08:11
CL East Lancashire		00:08:20
CL South Lancashire		00:08:48
CL North Cumbria		00:09:07
M South		00:09:19
ICB		Time
Greater Manchester		00:06:54
Cheshire & Merseyside		00:08:00
Lancashire & South Cumbria		00:08:13
North East & North Cumbria		00:09:07

Figure O3.4

C1 Mean	
Target	7:00
Apr 2024	7:40
YTD	7:40
Ranking	3rd

Figure O3.7

Sector	C1 90th	Time
G Central		00:10:37
G South		00:11:07
G West		00:11:25
G East		00:11:30
M North		00:12:30
M East		00:13:00
CL Fylde		00:14:00
M West		00:14:07
CL East Lancashire		00:14:32
CL South Lancashire		00:15:10
CL Morecambe Bay		00:15:12
M South		00:16:13
CL North Cumbria		00:16:50
ICB		Time
Greater Manchester		00:11:10
Cheshire & Merseyside		00:13:31
Lancashire & South Cumbria		00:14:41
North East & North Cumbria		00:16:50

Figure O3.8

C1 90th	
Target	15:00
Apr 2024	13:01
YTD	13:01
Ranking	3rd

April 2024

Figure O3.9

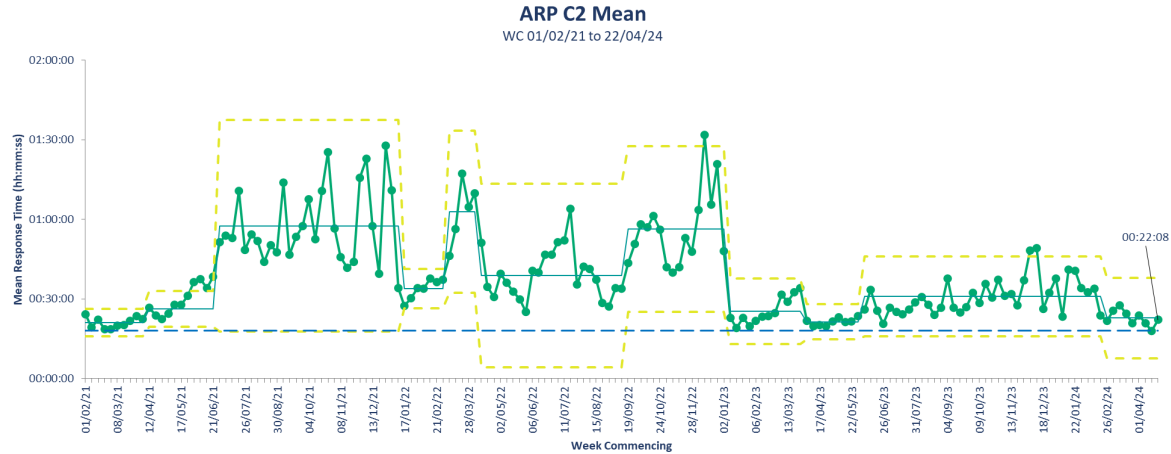


Figure O3.10

C2 Mean (Red => >18m)



Figure O3.11

Sector	C2 Mean	Time
G South		00:16:45
G Central		00:18:36
CL Morecambe Bay		00:19:02
G East		00:19:06
CL Fylde		00:19:56
CL North Cumbria		00:21:25
CL East Lancashire		00:22:25
G West		00:22:35
CL South Lancashire		00:24:49
M North		00:24:50
M South		00:25:04
M East		00:25:11
M West		00:25:16
ICB		Time
Greater Manchester		00:19:11
North East & North Cumbria		00:21:26
Lancashire & South Cumbria		00:21:54
Cheshire & Merseyside		00:25:04

Figure O3.12

C2 Mean	
Target	18:00
Apr 2024	21:48
YTD	21:48
Ranking	1st

Figure O3.13

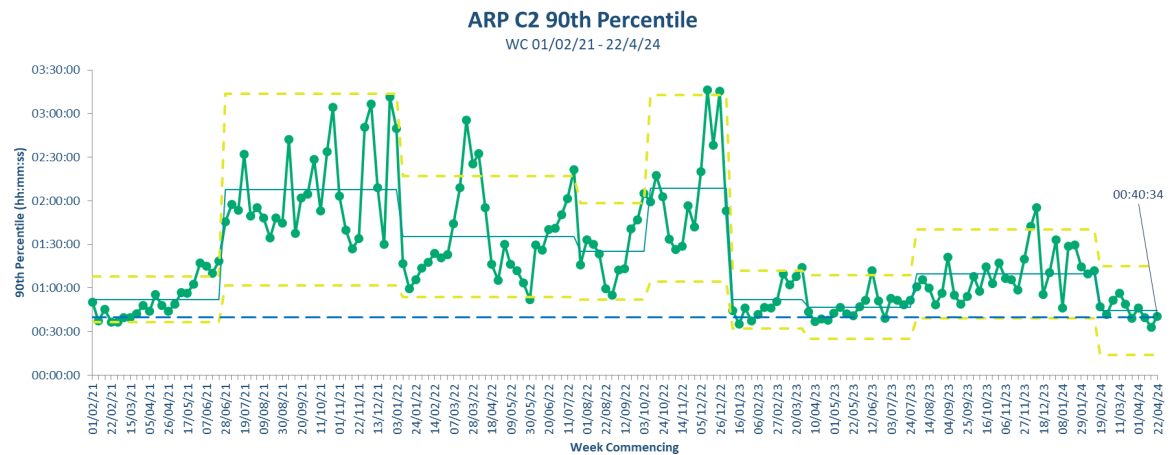


Figure O3.14

C2 90th (Red => >40m)



Figure O3.15

Sector	C2 90th	Time
G South		00:30:45
G Central		00:34:12
G East		00:34:51
CL Fylde		00:37:43
CL Morecambe Bay		00:38:25
CL North Cumbria		00:42:19
G West		00:42:27
CL East Lancashire		00:43:27
M South		00:46:36
M East		00:47:02
CL South Lancashire		00:47:08
M North		00:49:18
M West		00:49:43
ICB		Time
Greater Manchester		00:35:36
North East & North Cumbria		00:42:27
Lancashire & South Cumbria		00:42:43
Cheshire & Merseyside		00:48:15

Figure O3.16

C2 90th	
Target	40:00
Apr 2024	41:25
YTD	41:25
Ranking	1st

Figure O3.17

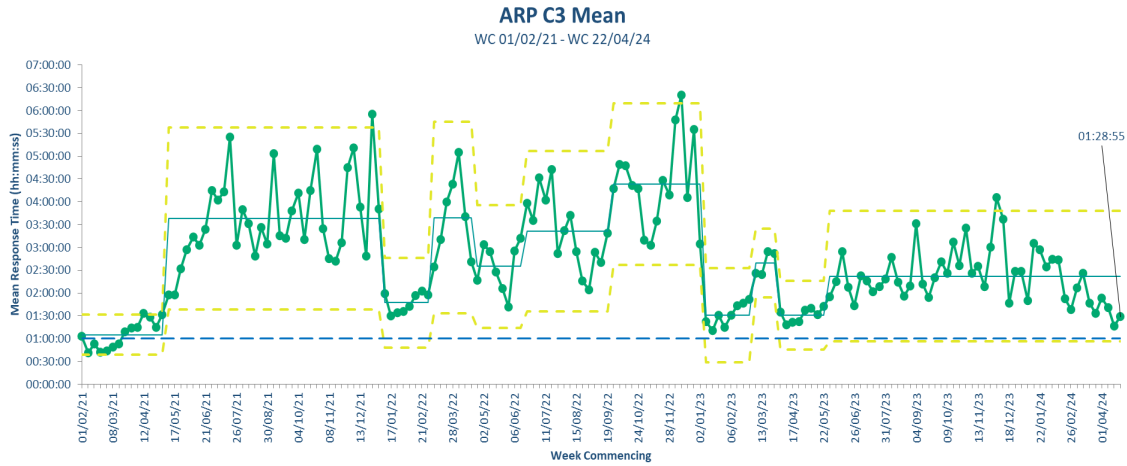


Figure O3.18

C3 Mean (Red => >60m)



Figure O3.19

Sector	C3 Mean	Time
CL Morecambe Bay		01:01:22
CL North Cumbria		01:06:50
CL Fylde		01:16:46
M South		01:25:48
M West		01:29:00
G South		01:29:52
CL East Lancashire		01:32:33
CL South Lancashire		01:36:17
M North		01:37:19
M East		01:40:09
G East		01:49:08
G Central		01:50:32
G West		02:00:21
ICB	C3 Mean	Time
North East & North Cumbria		01:06:54
Lancashire & South Cumbria		01:24:28
Cheshire & Merseyside		01:33:58
Greater Manchester		01:47:30

Figure O3.20

C3 Mean	
Target	1:00:00
Apr 2024	1:35:36
YTD	1:35:36
Ranking	5th

Figure O3.21

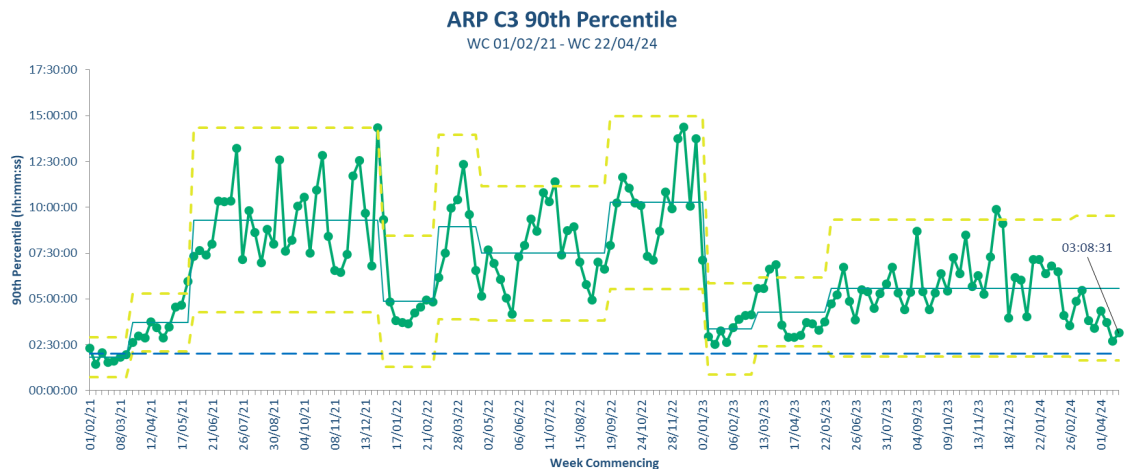


Figure O3.22

C3 90th (Red => >2h)



Figure O3.23

Sector	C3 90th	Time
CL Morecambe Bay		02:13:31
CL North Cumbria		02:21:07
CL Fylde		03:03:34
M South		03:05:37
M West		03:08:38
CL South Lancashire		03:21:22
CL East Lancashire		03:22:04
G South		03:27:03
M North		03:32:26
M East		03:44:19
G Central		04:09:01
G East		04:12:41
G West		04:21:52
ICB	C3 90th	Time
North East & North Cumbria		02:21:13
Lancashire & South Cumbria		03:09:46
Cheshire & Merseyside		03:24:54
Greater Manchester		03:59:20

Figure O3.24

C3 90th	
Target	2:00:00
Apr 2024	3:30:18
YTD	3:30:18
Ranking	5th

Figure O3.25

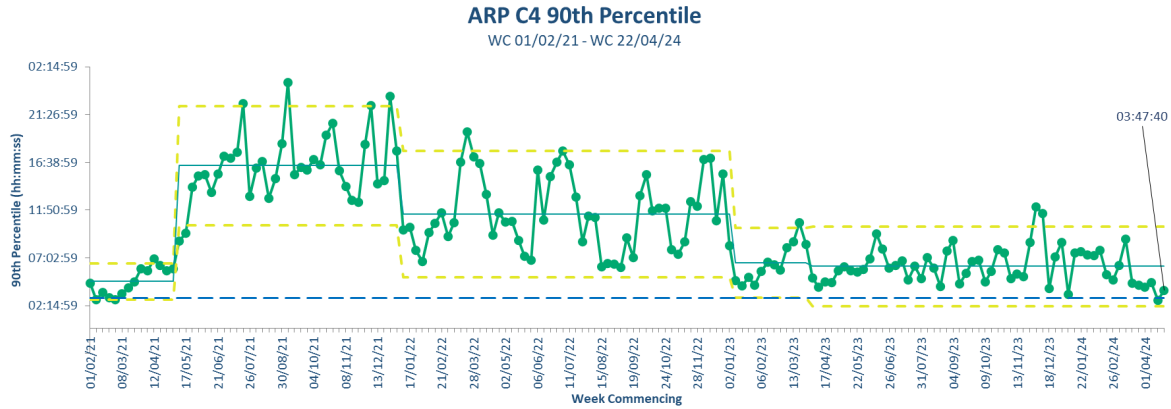


Figure O3.26

C4 90th (Red=>3h)



Figure O3.27

Sector	C4 90th	Time
CL Morecambe Bay		02:49:44
CL Fylde		02:53:30
G East		03:23:07
CL North Cumbria		03:31:49
CL East Lancashire		03:33:10
CL South Lancashire		03:53:15
M West		04:02:48
G West		04:04:31
M East		04:06:41
G South		04:09:25
M South		04:31:04
M North		04:33:07
G Central		09:29:20
ICB	C4 90th	Time
Lancashire & South Cumbria		03:10:34
North East & North Cumbria		03:31:49
Cheshire & Merseyside		04:13:30
Greater Manchester		04:18:05

Figure O3.28

C4 90th	
Target	3:00:00
Apr 2024	3:52:53
YTD	3:52:53
Ranking	5th

O3 ARP Provider Comparison

Figure O3.25

C1 Mean & 90th Percentile Over Time

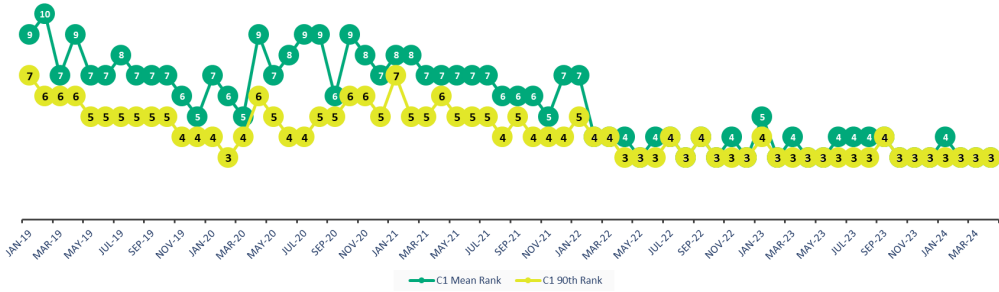


Figure O3.26

C2 Mean & 90th Percentile Over Time



Figure O3.27

C3 Mean & 90th Percentile Over Time

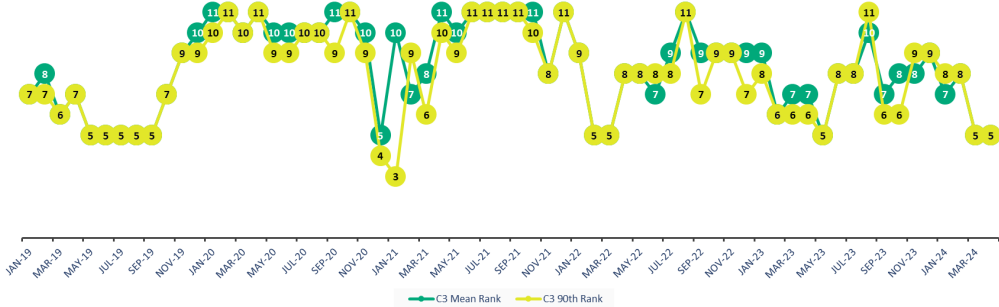
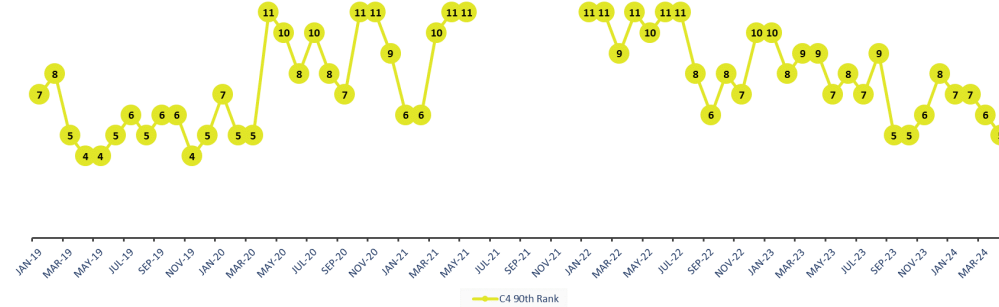


Figure O3.28

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		06:42	1	North East		11:46	1	North West		0:21:48	1	North West		0:41:25	1	North East		01:03:29	1	North East		02:29:57	1	Isle of Wight		02:17:49
2	London		07:17	2	London		12:19	2	Isle of Wight		0:23:07	2	Isle of Wight		0:45:14	2	Isle of Wight		01:07:43	2	London		02:42:10	2	North East		02:54:50
3	North West		07:40	3	North West		13:01	3	South East Coast		0:23:54	3	South East Coast		0:48:36	3	London		01:07:58	3	Yorkshire		02:47:59	3	Yorkshire		02:59:26
4	Yorkshire		07:44	4	Yorkshire		13:24	4	Yorkshire		0:26:03	4	Yorkshire		0:54:00	4	North East		01:14:13	4	Isle of Wight		02:52:00	4	East Midlands		03:43:05
5	South East Coast		07:59	5	South East Coast		14:44	5	North East		0:27:02	5	North Central		0:54:34	5	North West		01:35:36	5	North West		03:30:18	5	North West		03:53:52
6	West Midlands		08:24	6	West Midlands		15:02	6	South Central		0:27:40	6	Yorkshire		0:58:04	6	South Western		01:39:18	6	South East Coast		03:38:21	6	South Western		04:04:47
7	Isle of Wight		08:30	7	South Central		15:29	7	West Midlands		0:28:22	7	West Midlands		1:01:39	7	South East Coast		01:42:06	7	South Western		03:55:50	7	London		04:10:16
8	South Central		08:30	8	East Midlands		15:43	8	East Midlands		0:33:49	8	East Midlands		1:11:24	8	South Central		02:03:56	8	South Central		04:33:45	8	South East Coast		04:28:11
9	East Midlands		08:54	9	East of England		16:49	9	London		0:34:53	9	South Western		1:17:39	9	East of England		02:05:57	9	East Midlands		04:43:05	9	South Central		05:07:42
10	East of England		08:57	10	Isle of Wight		17:06	10	South Western		0:36:48	10	London		1:17:42	10	East Midlands		02:07:23	10	East of England		04:56:03	10	West Midlands		07:18:54
11	South Western		09:28	11	South Western		17:36	11	East of England		0:40:43	11	East of England		1:28:06	11	West Midlands		02:11:58	11	West Midlands		05:33:09	11	East of England		07:56:42

O3 LONG WAITS

Table O3.29

Year Month	Total No. of C1 long waits
Apr-20	329
May-20	186
Jun-20	196
Jul-20	274
Aug-20	437
Sep-20	394
Oct-20	586
Nov-20	447
Dec-20	455
Jan-21	663
Feb-21	340
Mar-21	358
Apr-21	489
May-21	734
Jun-21	971
Jul-21	1,534
Aug-21	1,226
Sep-21	1,501
Oct-21	1,650
Nov-21	1,329
Dec-21	1,590
Jan-22	1,109
Feb-22	985
Mar-22	1,609
Apr-22	1,145
May-22	869
Jun-22	940
Jul-22	1,207
Aug-22	653
Sep-22	804
Oct-22	1,186
Nov-22	959
Dec-22	1,619
Jan-23	694
Feb-23	543
Mar-23	708
Apr-23	509
May-23	505
Jun-23	693
Jul-23	706
Aug-23	643
Sep-23	713
Oct-23	761
Nov-23	665
Dec-23	785
Jan-24	748
Feb-24	641
Mar-24	565
Apr-24	507

Figure O3.29

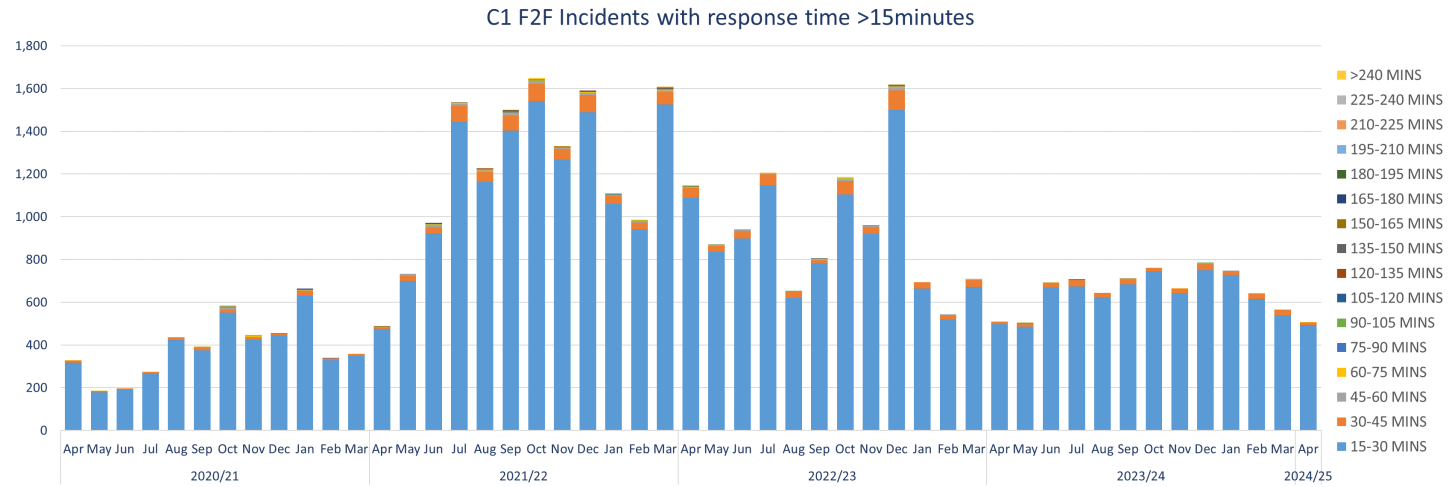


Figure O3.30

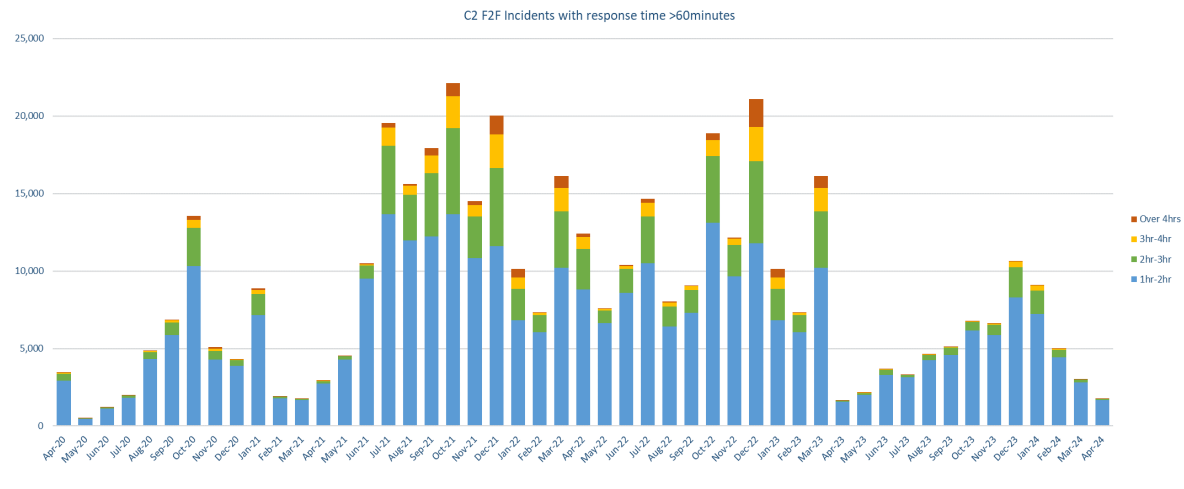
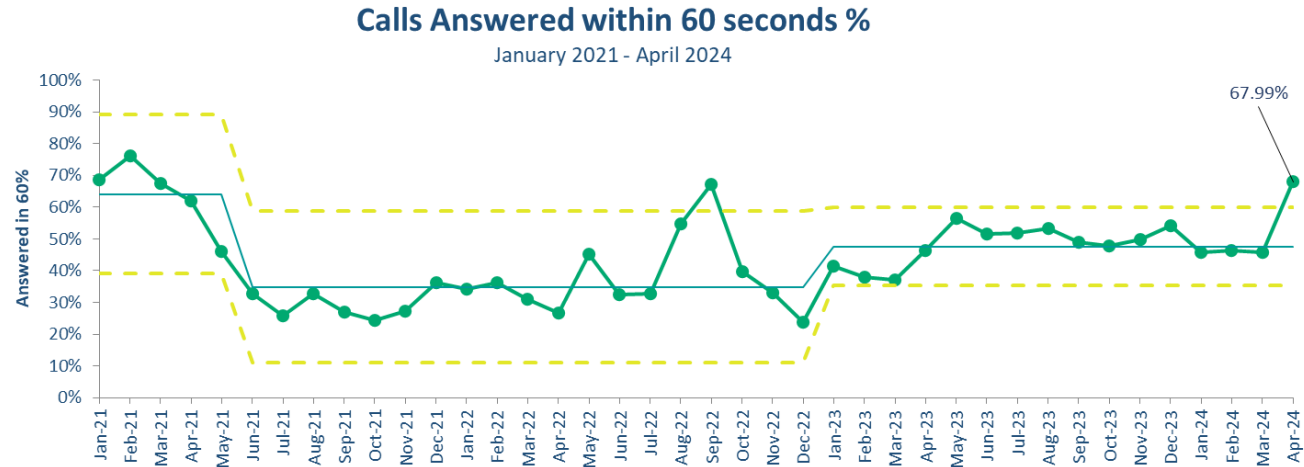


Table O3.30

Year Month	Total No. of C2 long waits
Apr-20	3,458
May-20	483
Jun-20	1,193
Jul-20	2,003
Aug-20	4,860
Sep-20	6,874
Oct-20	13,563
Nov-20	5,090
Dec-20	4,290
Jan-21	8,889
Feb-21	1,908
Mar-21	1,739
Apr-21	2,918
May-21	4,523
Jun-21	10,503
Jul-21	19,540
Aug-21	15,612
Sep-21	17,922
Oct-21	22,113
Nov-21	14,517
Dec-21	20,037
Jan-22	10,127
Feb-22	7,349
Mar-22	16,135
Apr-22	12,400
May-22	7,564
Jun-22	10,374
Jul-22	14,649
Aug-22	8,051
Sep-22	9,057
Oct-22	18,870
Nov-22	12,153
Dec-22	21,089
Jan-23	10,127
Feb-23	7,349
Mar-23	16,135
Apr-23	1,650
May-23	2,142
Jun-23	3,670
Jul-23	3,294
Aug-23	4,614
Sep-23	5,089
Oct-23	6,758
Nov-23	6,611
Dec-23	10,636
Jan-24	9,113
Feb-24	4,975
Mar-24	2,999
Apr-24	1,761

O4 111 PERFORMANCE

Figure O4.1



Calls Answered within 60 Seconds %	
Target	95%
Apr 2024	67.99%
YTD	51.26%
National	74.3%
Ranking	28th / 37

Figure O4.2

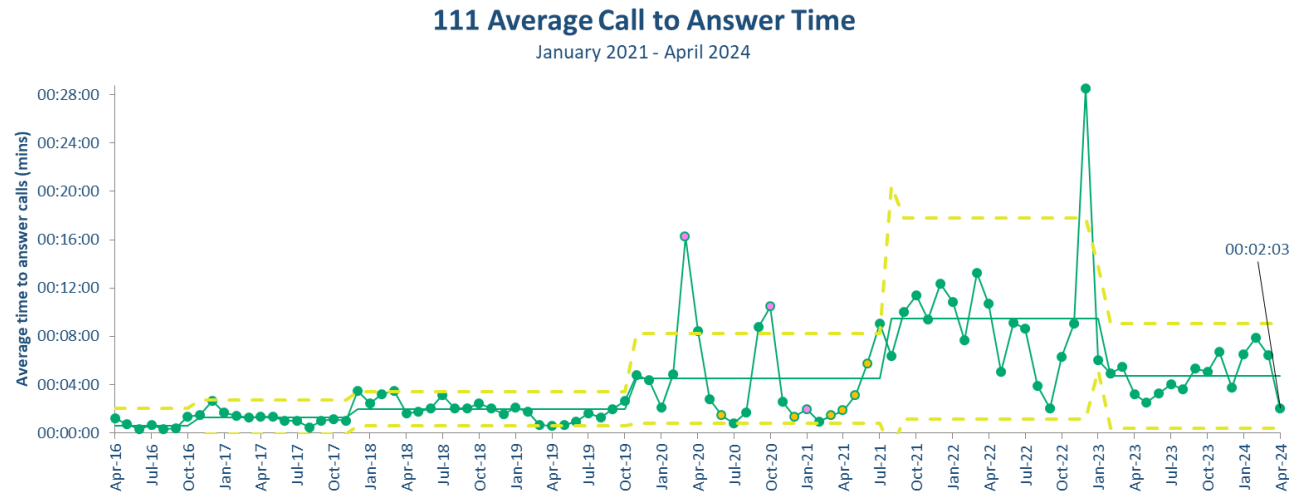
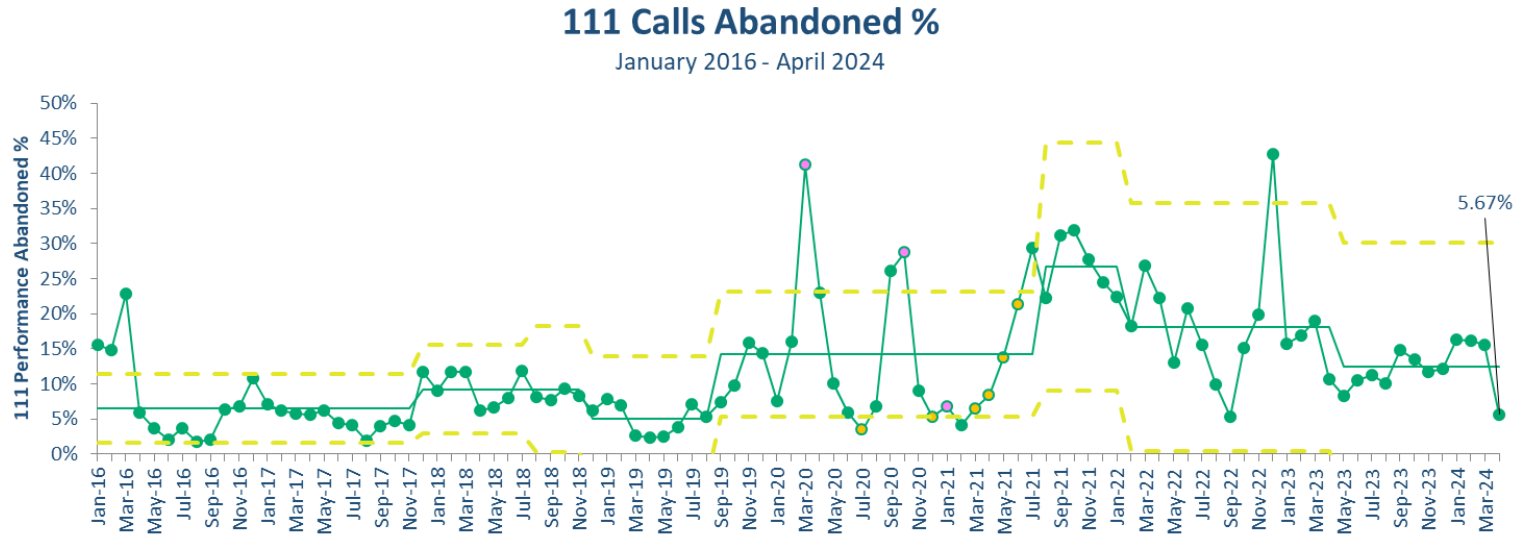
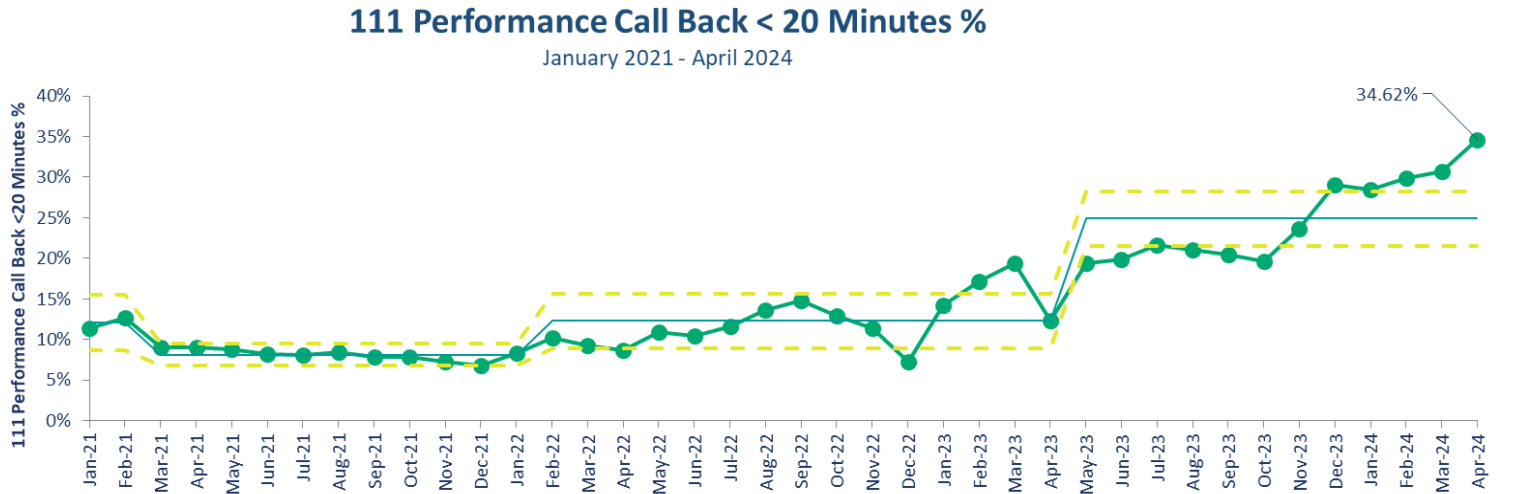


Figure O4.3



Calls Abandoned %	
Target	<5%
Apr 2024	5.67%
YTD	12.16%
National	6.3%
Ranking	25th / 37

Figure O4.4

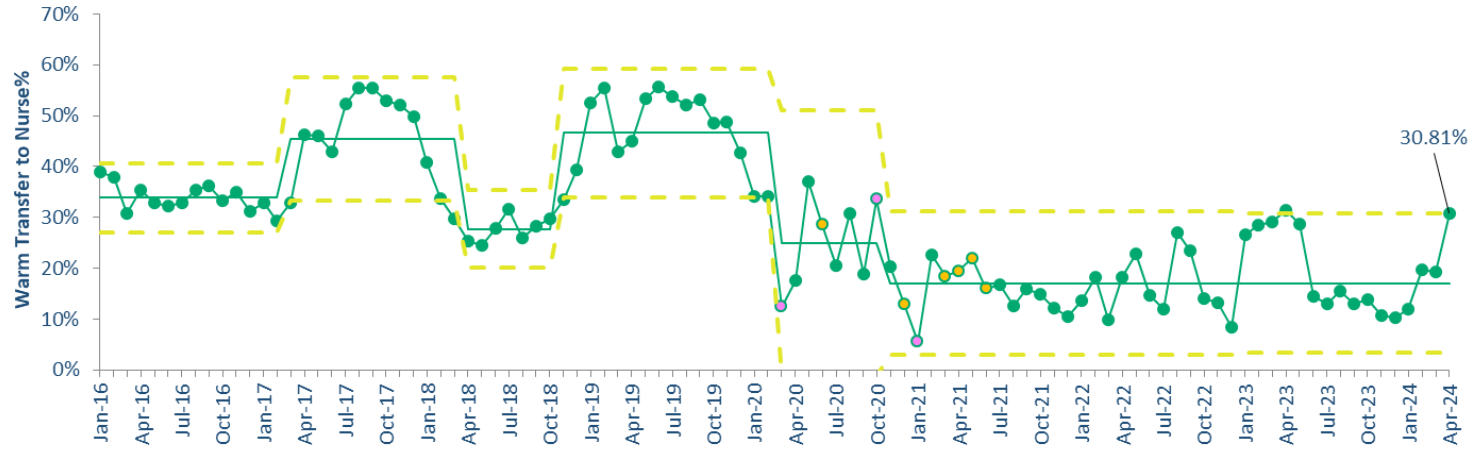


Calls Back <20 Mins	
Target	90%
Apr 2024	34.62%
YTD	23.92%

Figure O4.5

Warm Transfer to Nurse when Required %

January 2016 - April 2024

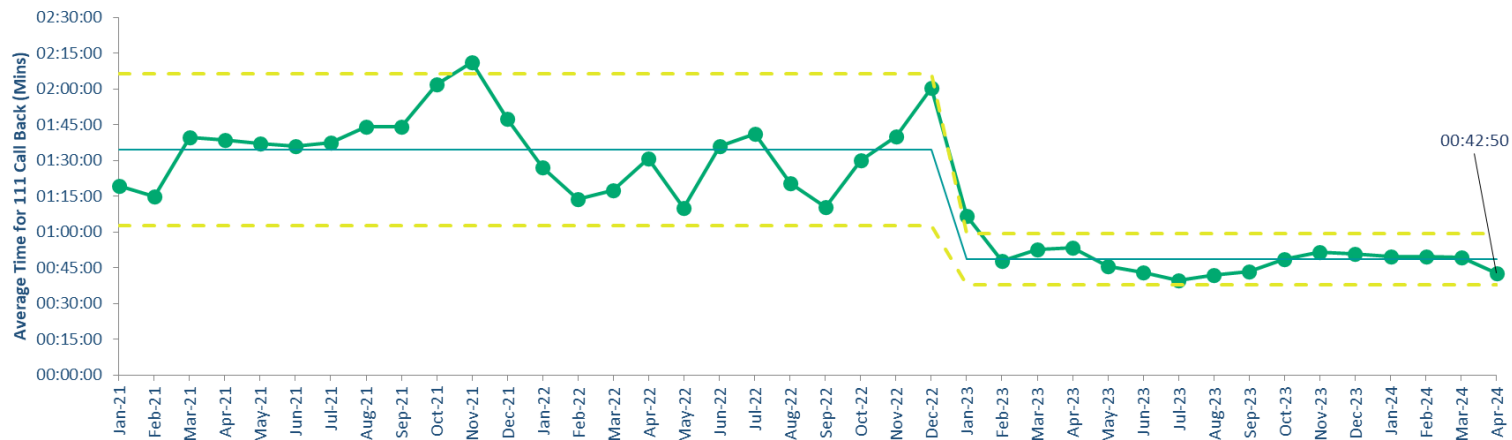


Warm Transfer %	
Target	75%
Apr 2024	30.81%
YTD	17.9%

Figure O4.6

111 Average Time for Call Back

January 2021 - April 2024



O5 PTS ACTIVITY & TARIFF

Figure O5.1

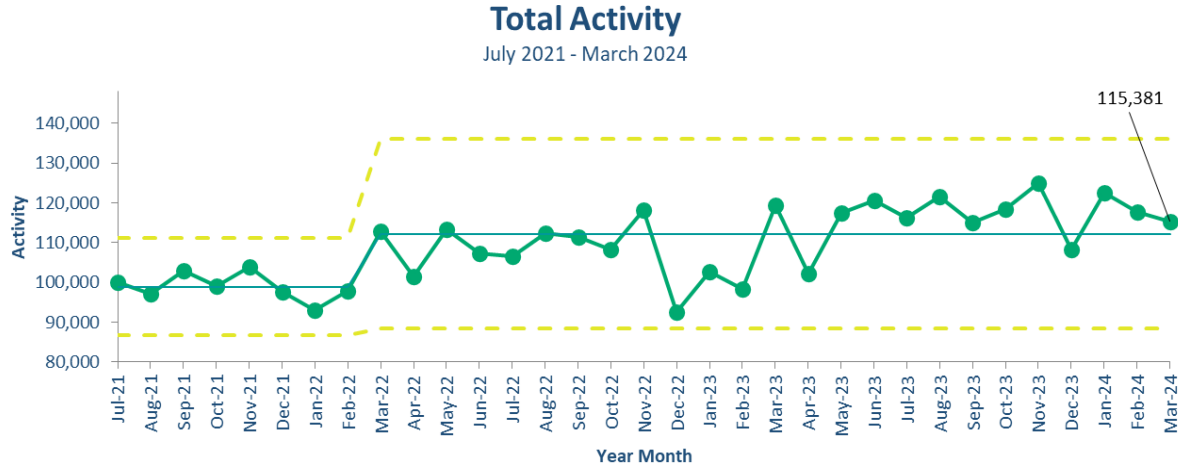


Figure O5.2

Contract	Total Activity
Greater Manchester	44,663
Lancashire	34,818
Merseyside	25,137
Cumbria	10,763

Total Activity	
Plan	132,015
Actual	126,582
YTD Plan	1,188,137
YTD Activity	1,069,980

Figure O5.3

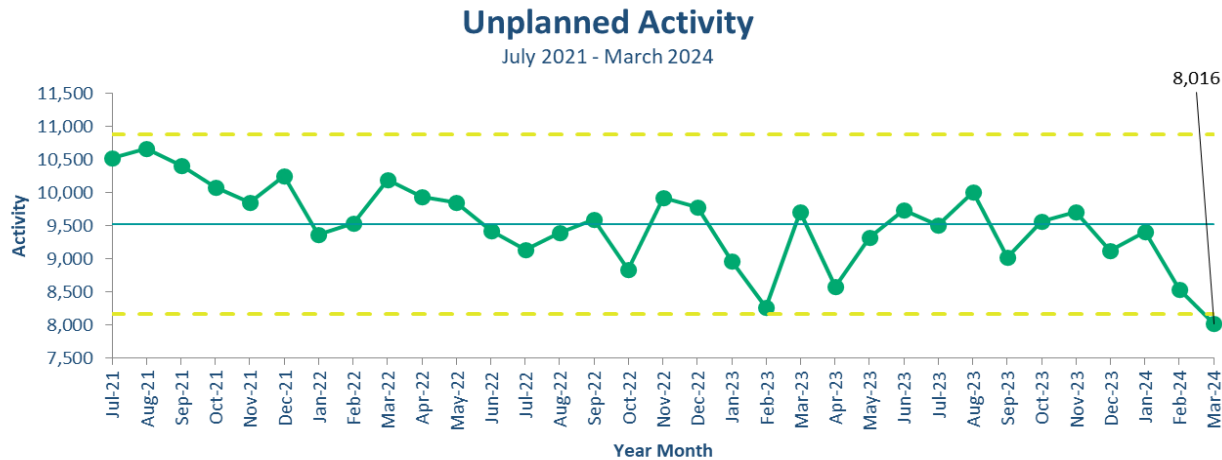


Figure O5.4

Contract	Unplanned Activity
Greater Manchester	3,390
Lancashire	2,517
Merseyside	1,727
Cumbria	382

Unplanned Activity	
Plan	12,107
Actual	8,285
YTD Plan	108,962
YTD Activity	83,481

Figure O5.5

Aborted Activity

July 2021 - March 2024

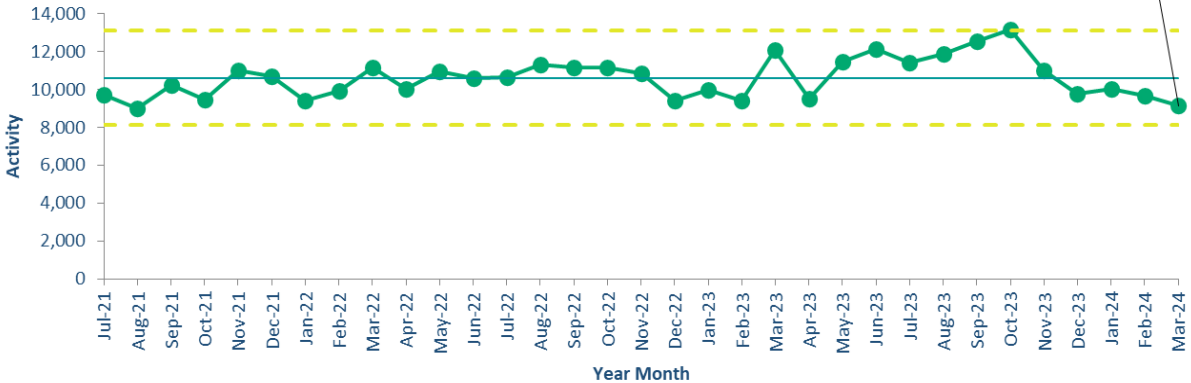


Figure O5.6

Contract	Aborted Activity
Greater Manchester	4,767
Lancashire	2,326
Merseyside	1,747
Cumbria	311

Finance

F1 – FINANCIAL SCORE

Figure F1.1

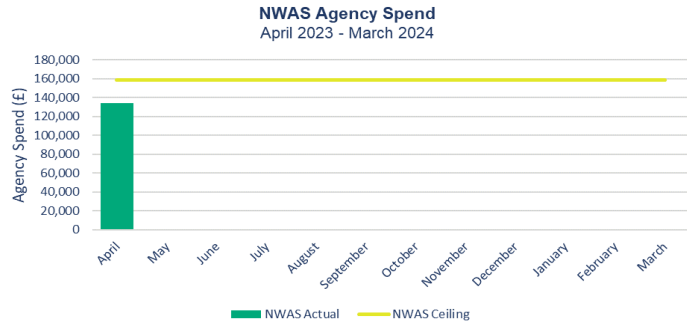


Figure F1.2

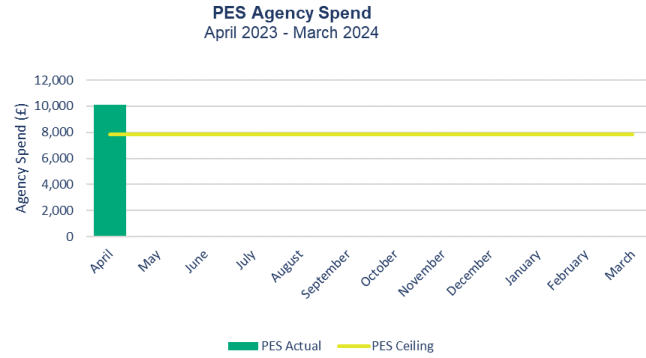


Figure F1.3

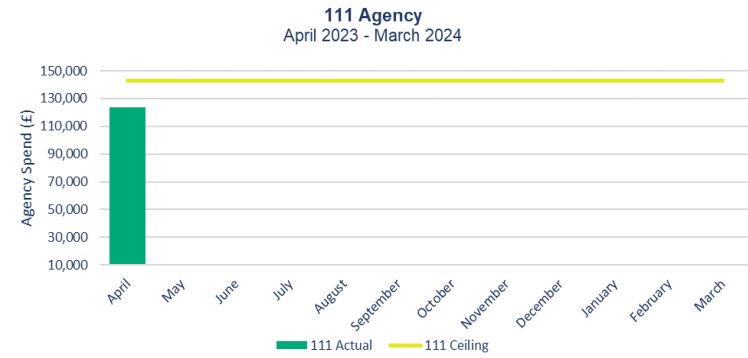


Figure F1.4

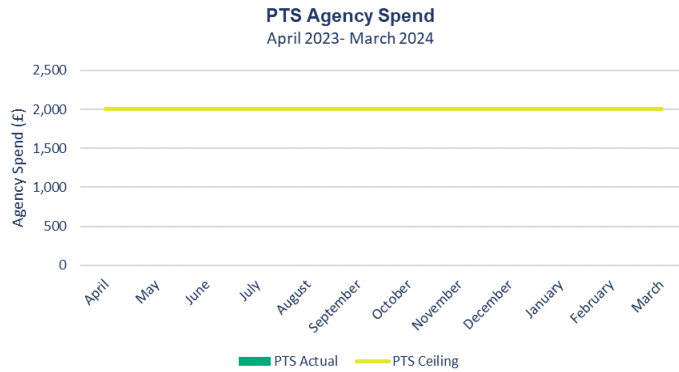


Figure F1.5

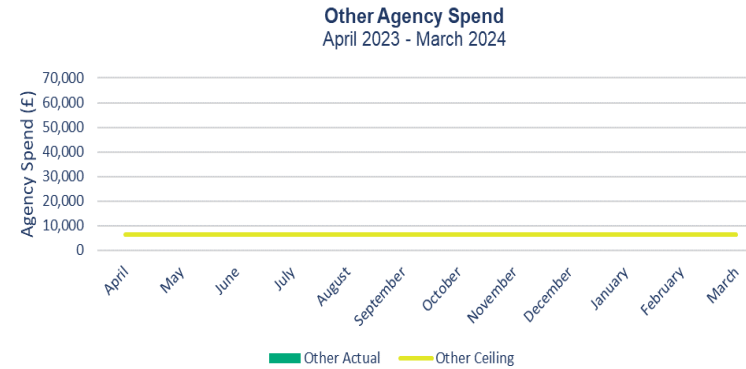


Figure F1.6

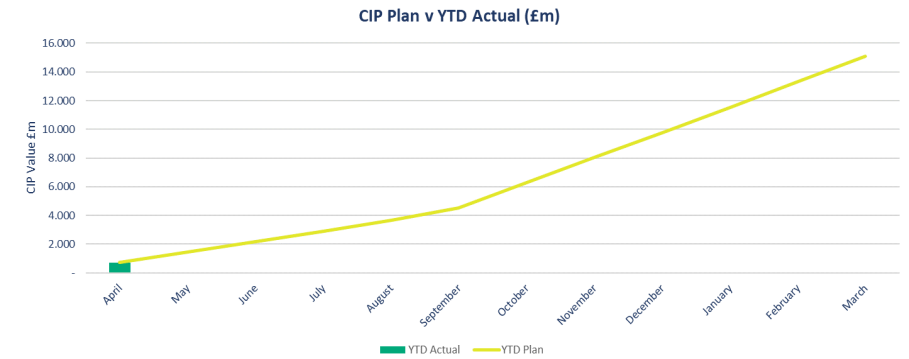


Figure F1.7

Agency spend as percentage of Total Pay

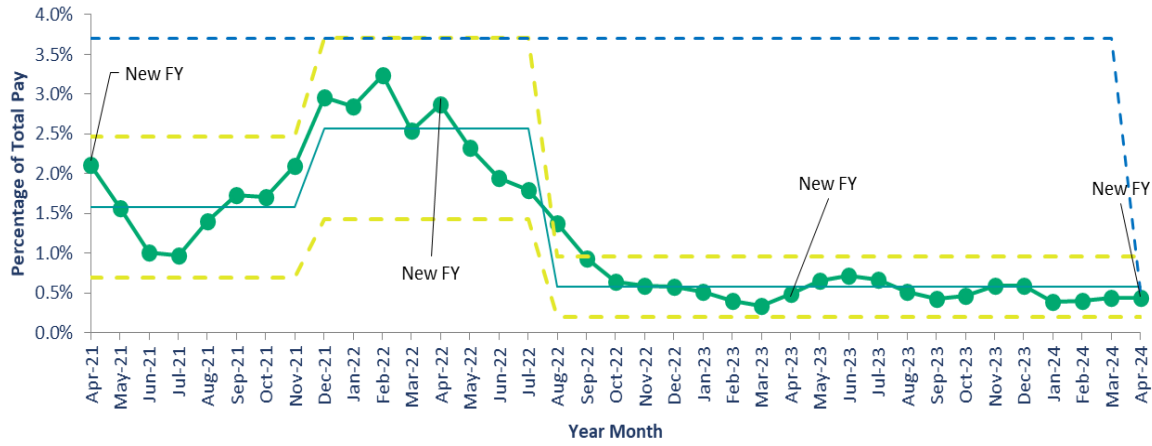


Figure F1.8

Agency variance to ceiling

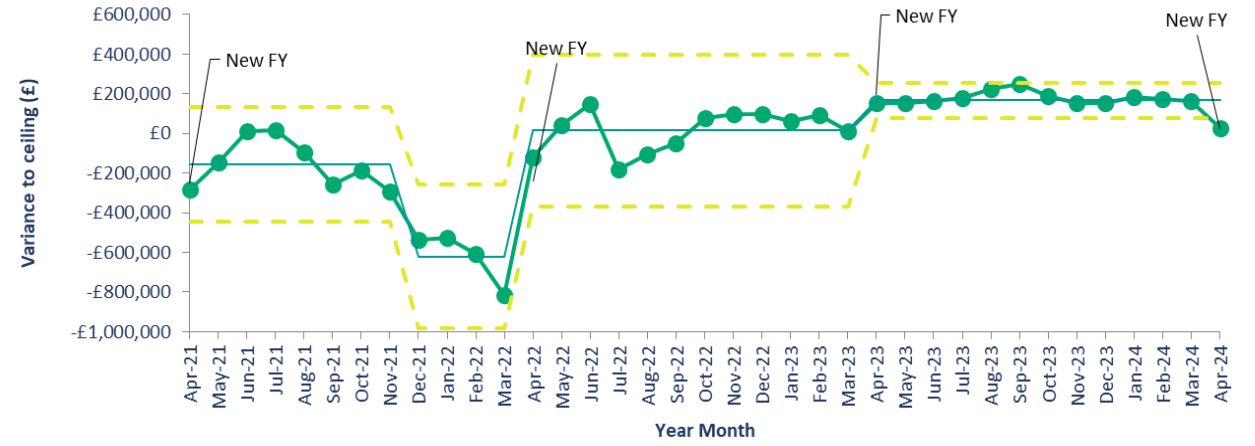
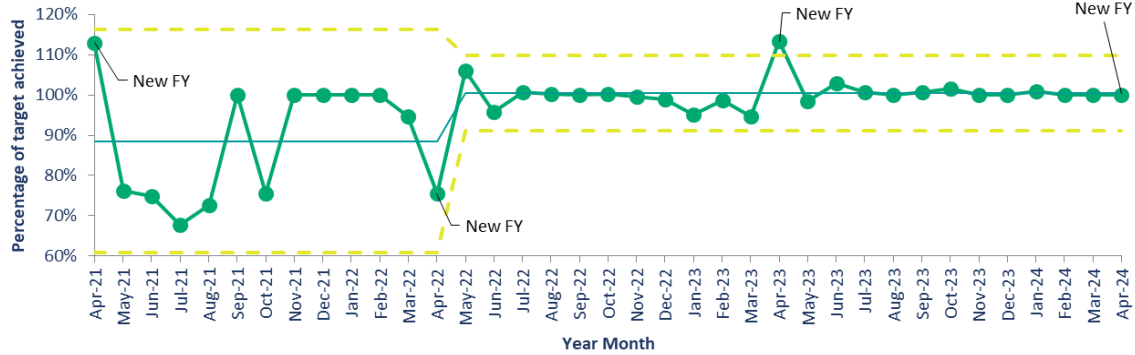


Figure F1.9

Productivity and Efficiency Savings Achieved as percentage of Target



Organisational Health

OH1 STAFF SICKNESS

Figure OH1.1

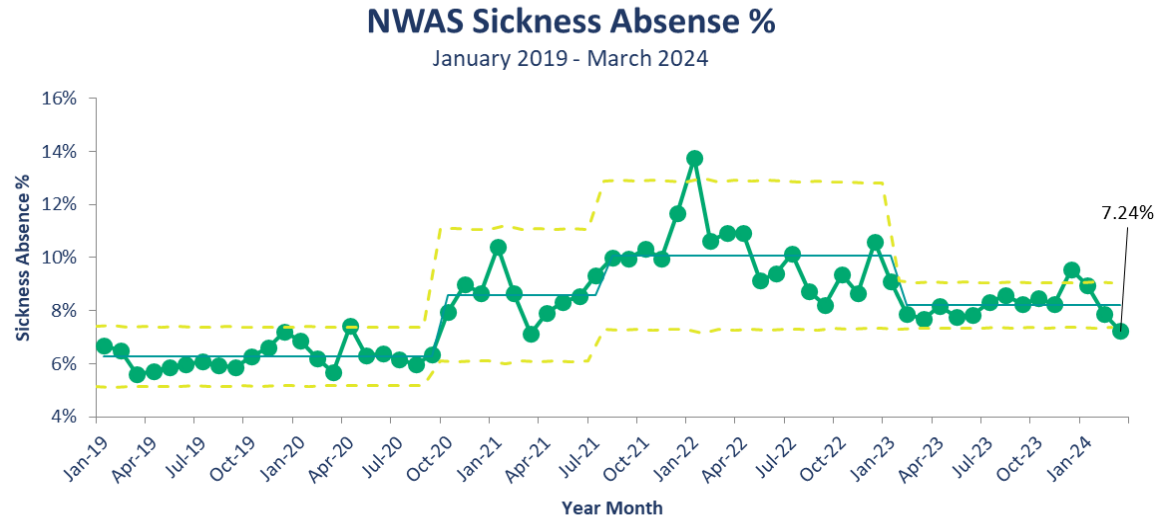


Table OH1.1

Sickness Absence	Apr-23	May-23	Jun-23	Ju-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NWAS	8.18%	7.77%	7.82%	8.33%	8.58%	8.26%	8.46%	8.24%	9.55%	8.95%	7.86%	7.24%
Amb. National Average	6.7%	6.3%	6.6%	6.8%	6.9%	6.6%	6.8%	6.8%	7.9%	7.3%	6.9%	

Figure OH1.2

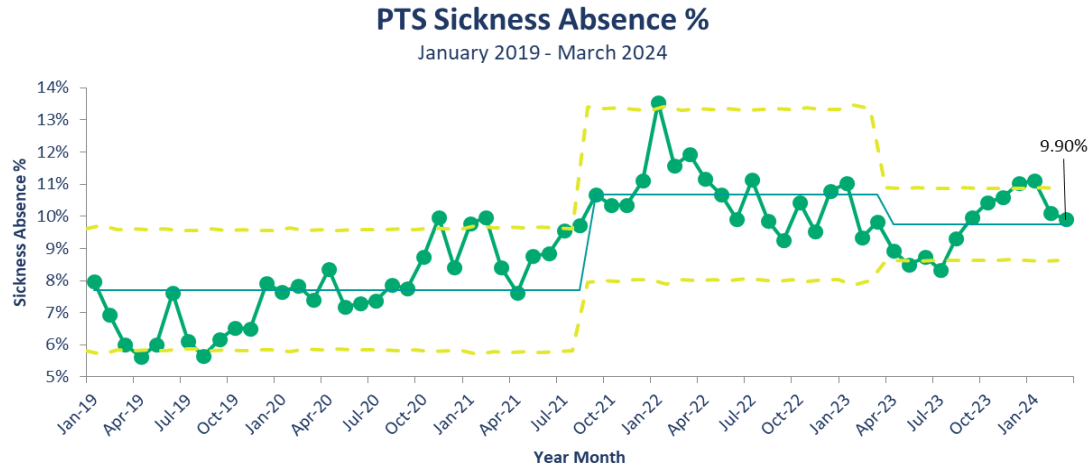


Figure OH1.3

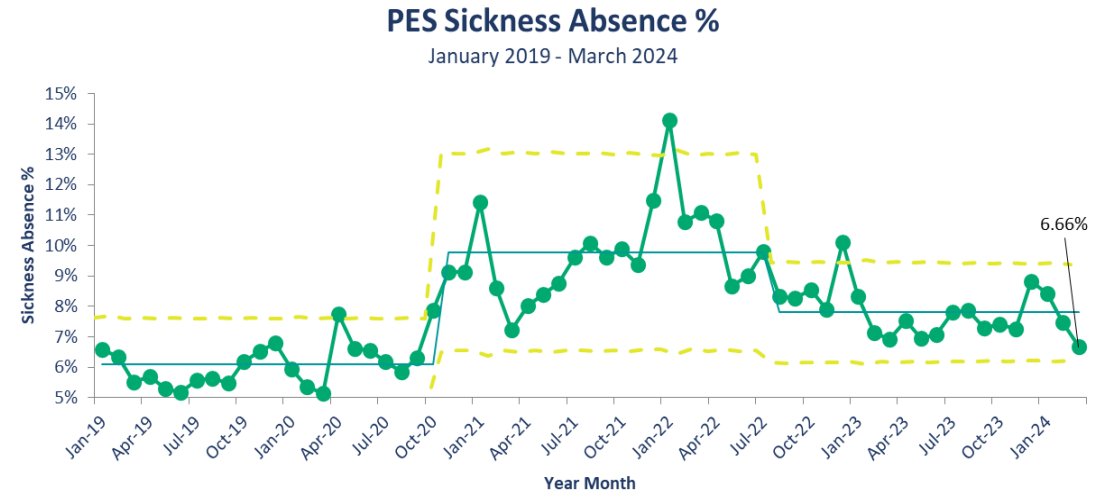


Figure OH1.4

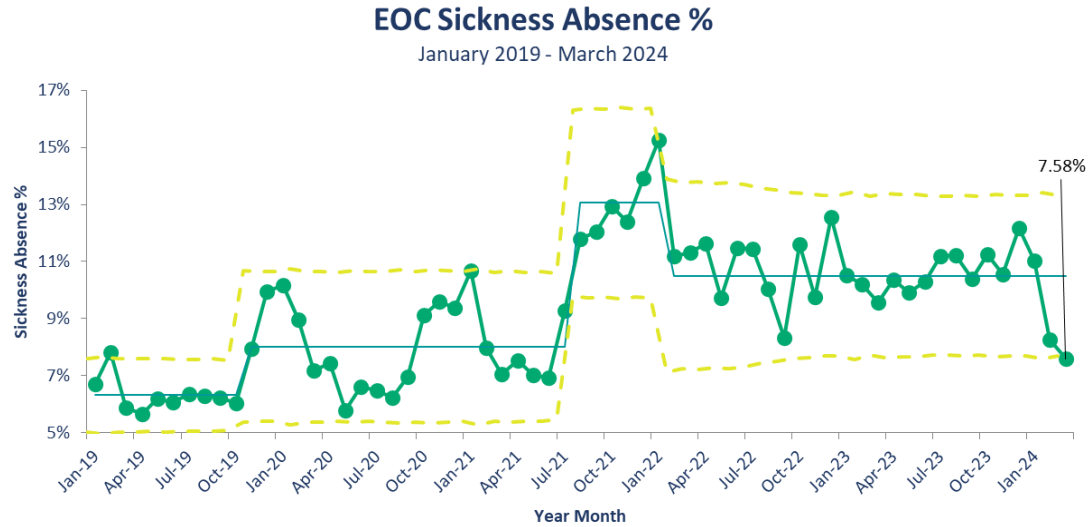
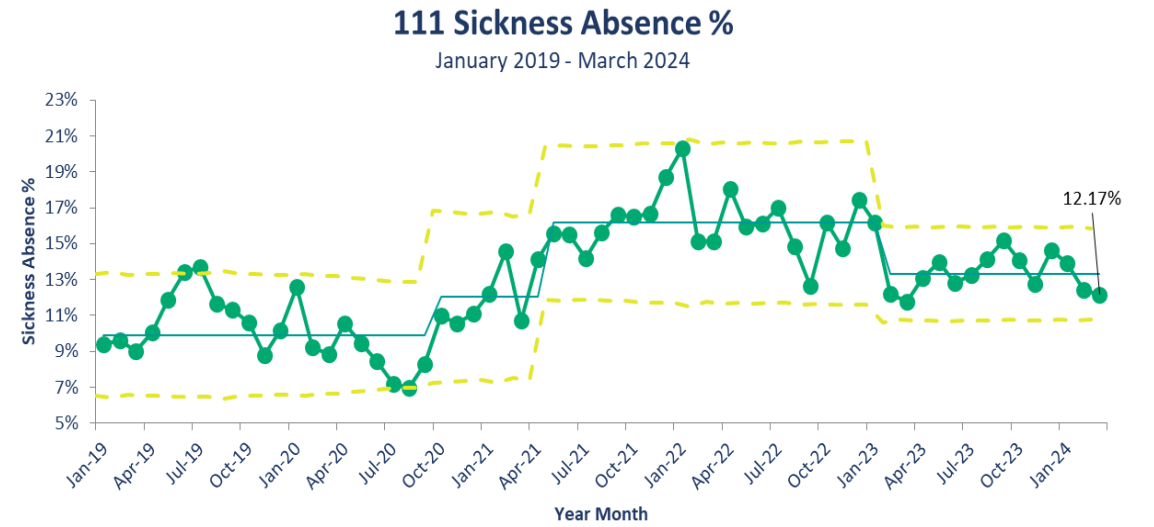


Figure OH1.5



OH2 STAFF TURNOVER

Figure OH2.1

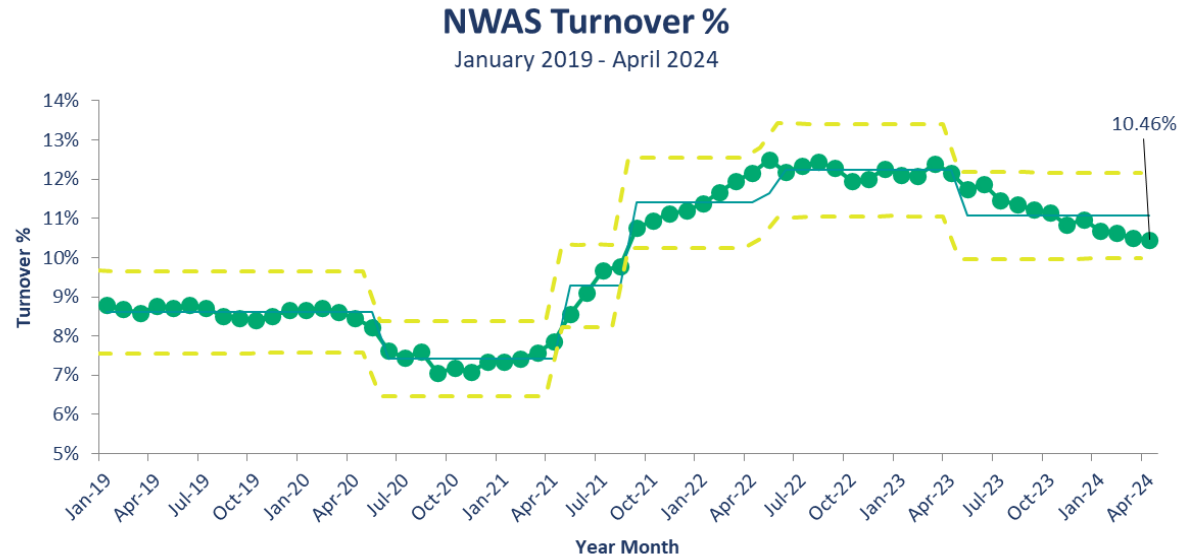


Table OH2.1

Turnover	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
NWAS	11.73 %	11.87 %	11.46 %	11.35 %	11.23 %	11.16 %	10.83 %	10.98 %	10.68 %	10.64 %	10.49 %	10.46 %
Amb. National Average	11.81 %	11.71 %	11.49 %	11.20 %	10.99 %	10.96 %	10.87 %	10.59 %	10.46 %			

Figure OH2.2

PTS Turnover %

January 2019 - April 2024

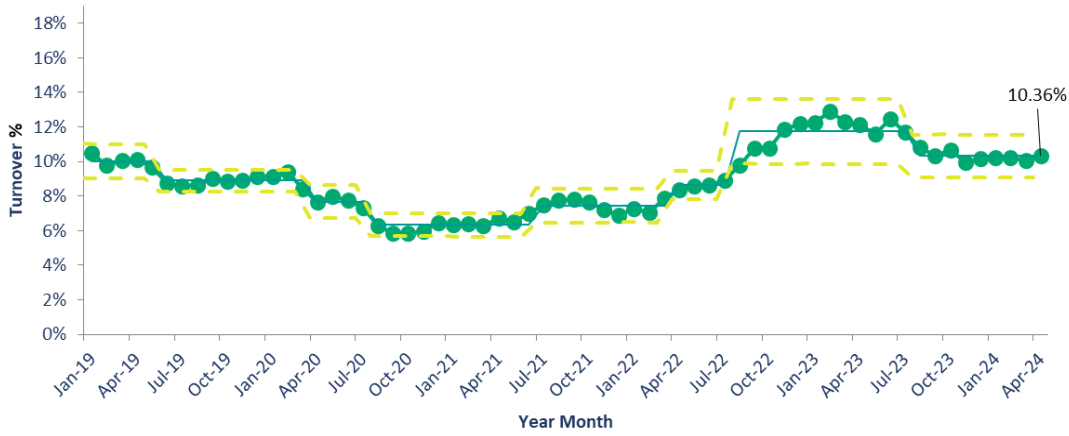


Figure OH2.3

PES Turnover %

January 2019 - April 2024



Figure OH2.4

EOC Turnover %

January 2019 - April 2024

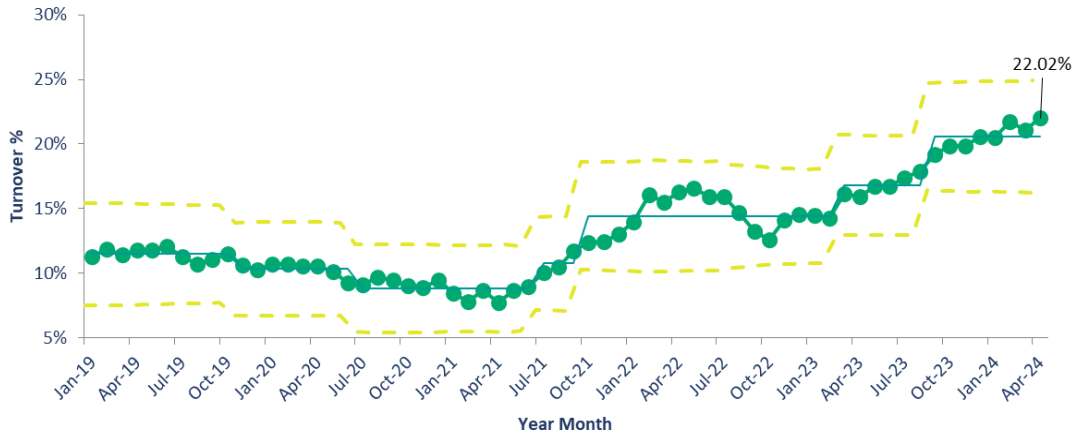
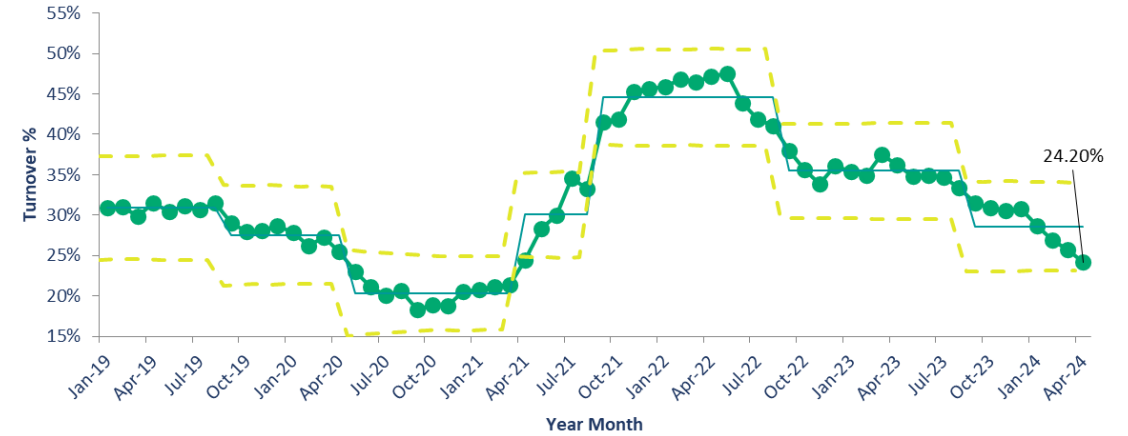


Figure OH2.5

111 Turnover %

January 2019 - April 2024



The scale on the 111 and EOC Turnover % is different to the others. 15%-55% for 111 , 5% to 25% for EOC and 5% to 19% for the others.

OH4 TEMPORARY STAFFING

Figure OH4.1

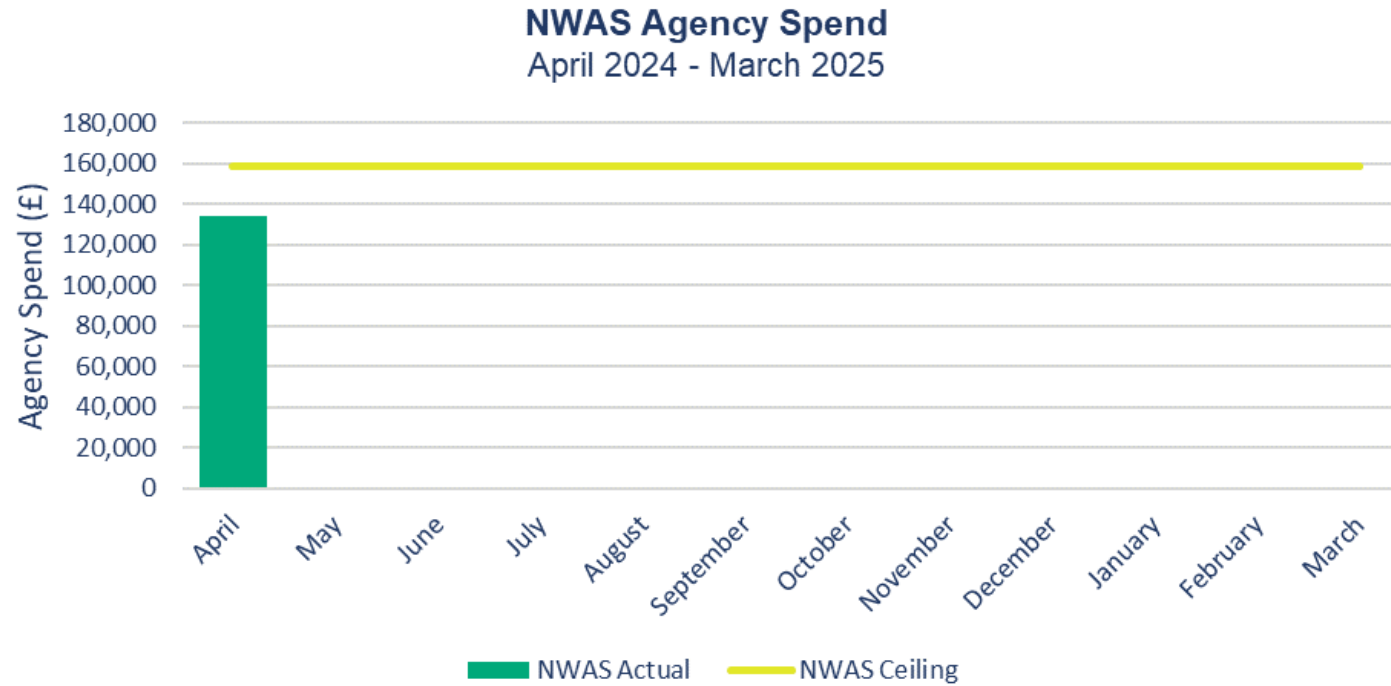


Table OH4.1

NWAS	May-23	Jun-23	Ju-23	Aug -23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Agency Staff Costs (£)	200,114	207,520	192,594	147,684	124,670	136,633	174,789	174,325	114,353	121,308	133,805	133,948
Total Staff Costs (£)	30,582,073	28,815,903	28,871,609	29,127,865	29,022,514	29,479,928	29,620,537	29,568,340	29,779,636	30,352,345	30,481,294	31,045,969
Proportion of Temporary Staff %	0.7%	0.7%	0.7%	0.5%	0.4%	0.5%	0.6%	0.6%	0.4%	0.4%	0.4%	0.4%

Figure OH4.3

PES Agency Spend
April 2024 - March 2025

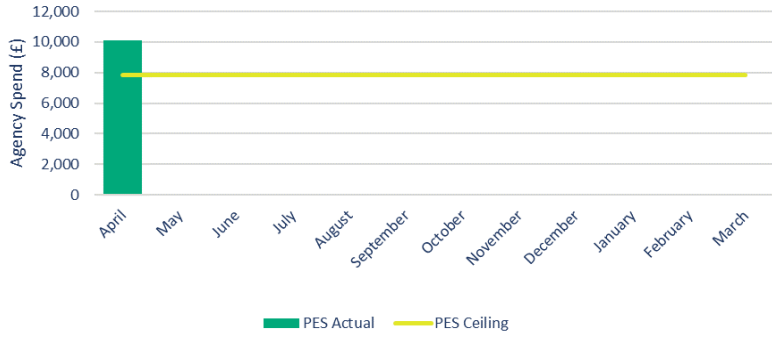


Figure OH4.4

111 Agency
April 2024 - March 2025

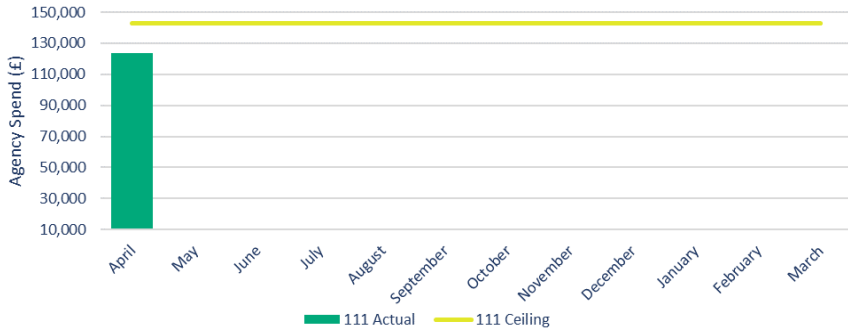


Figure OH4.5

PTS Agency Spend
April 2024 - March 2025

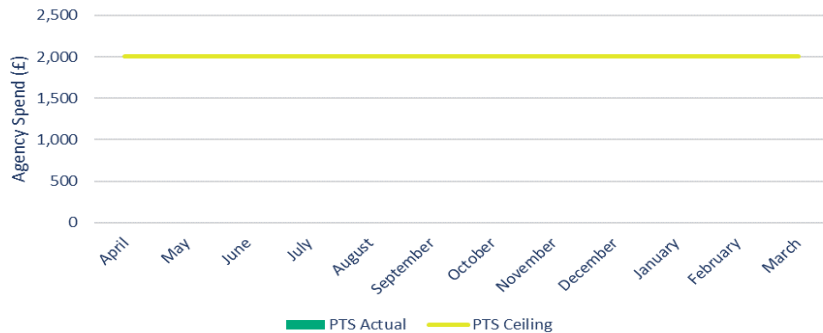
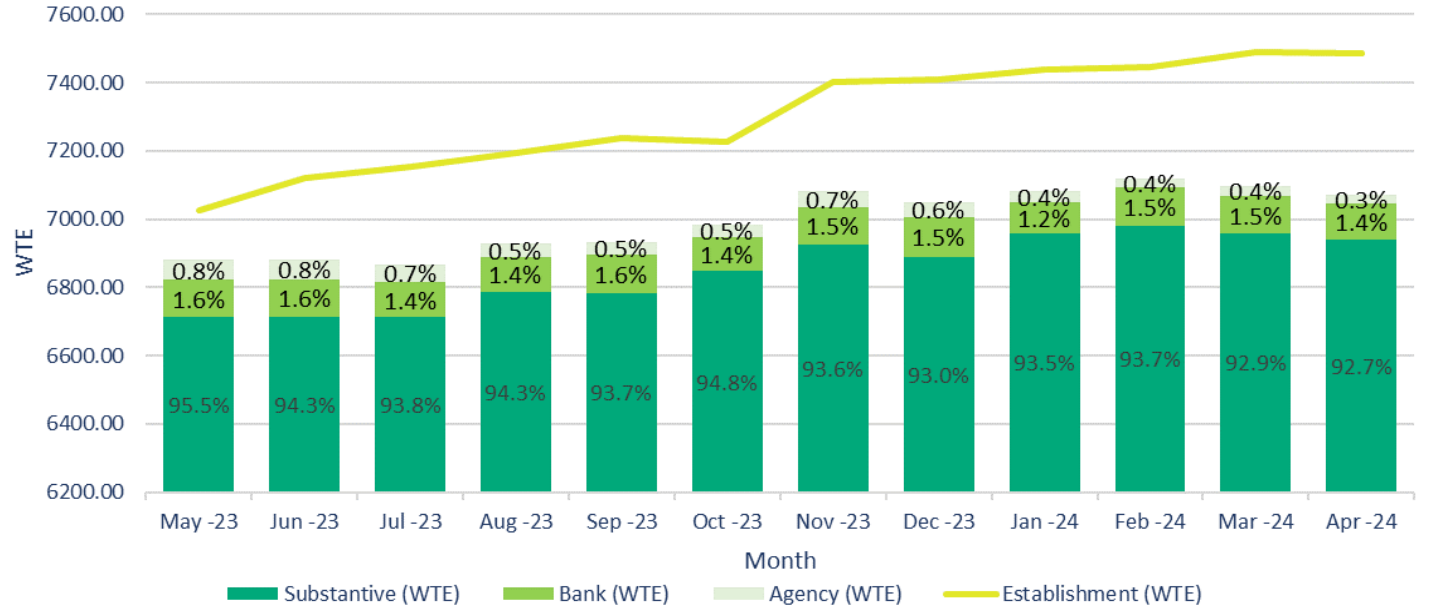


Figure OH4.2

NWAS - Substantive vs Establishment WTE
May 2023 - April 2024



OH5 VACANCY GAP

Figure OH5.1

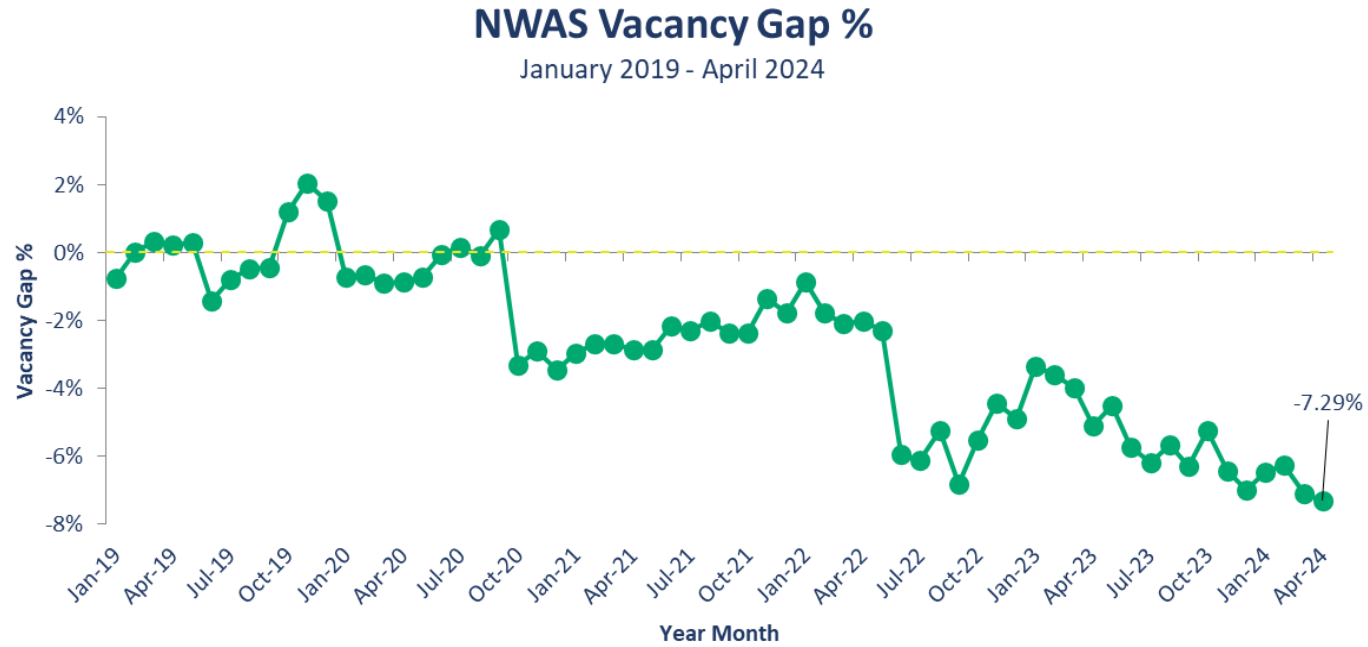


Table OH5.1

Vacancy Gap	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
NWAS	-4.49%	-5.72%	-6.18%	-5.67%	-6.30%	-5.23%	-6.44%	-7.00%	-6.47%	-6.26%	-7.10%	-7.29%

Figure OH5.2

PTS Vacancy Gap %
January 2019 - April 2024



Figure OH5.3

PES Vacancy Gap %
January 2019 - April 2024

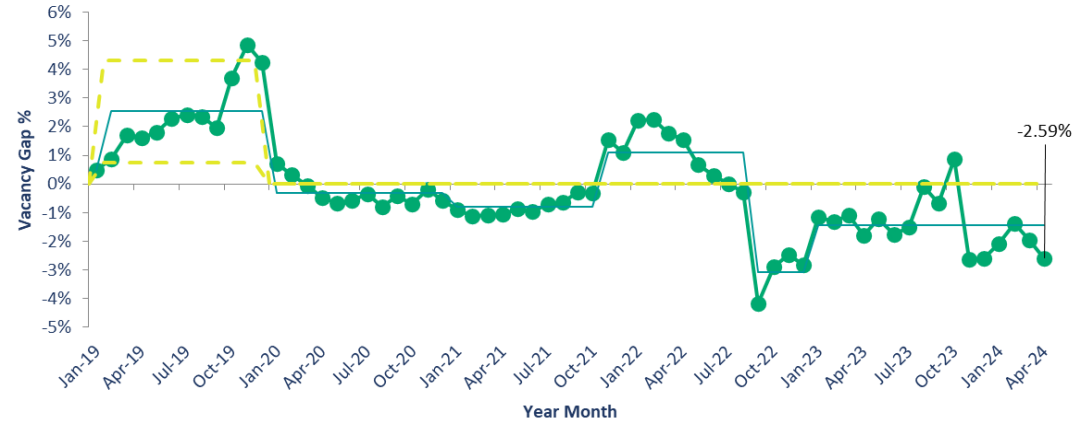


Figure OH5.4

EOC Vacancy Gap %
January 2019 - April 2024

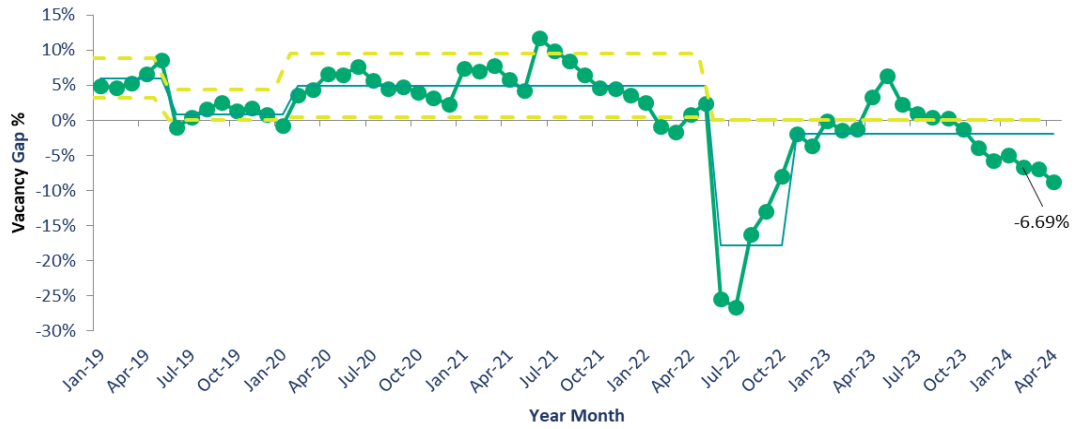
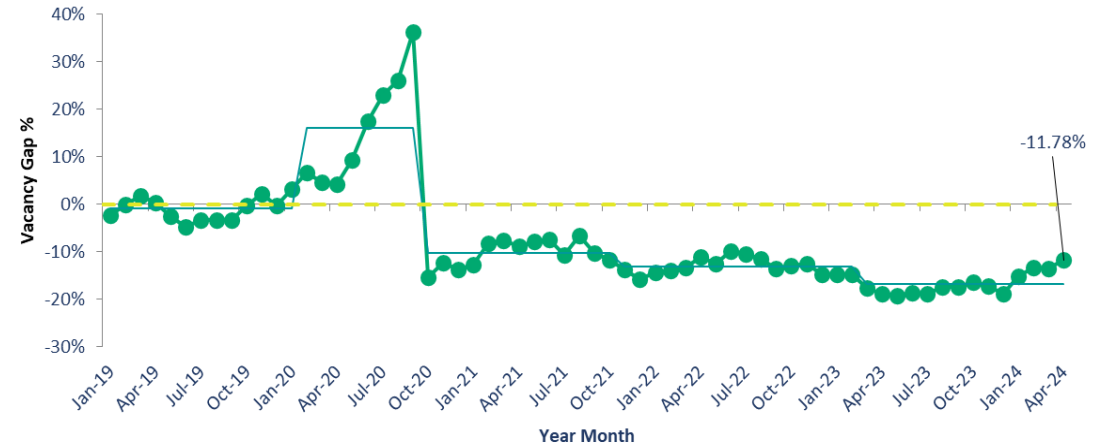


Figure OH5.5

111 Vacancy Gap %
January 2019 - April 2024



OH6 APPRAISALS

Figure OH6.1

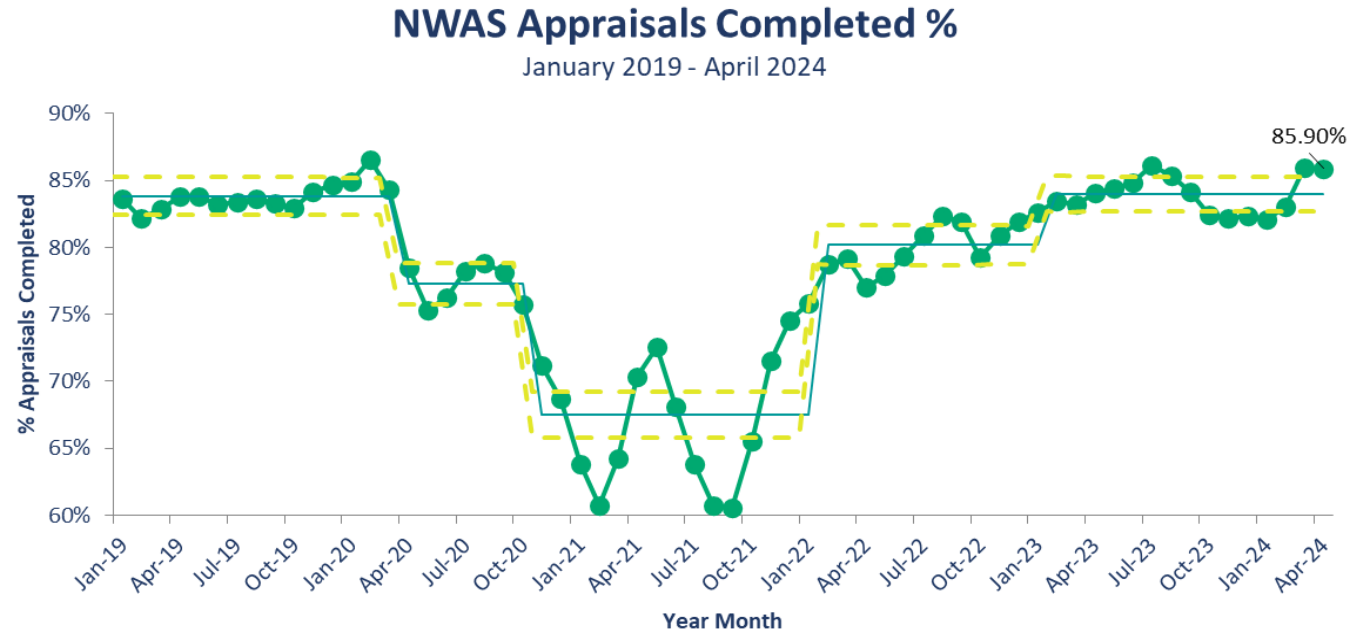


Table OH6.1

Appraisals	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
NWAS	84%	85%	86%	85%	84%	82%	82%	82%	82%	83%	86%	86%

Figure OH6.2

PTS Appraisals Completed %

January 2019 - April 2024

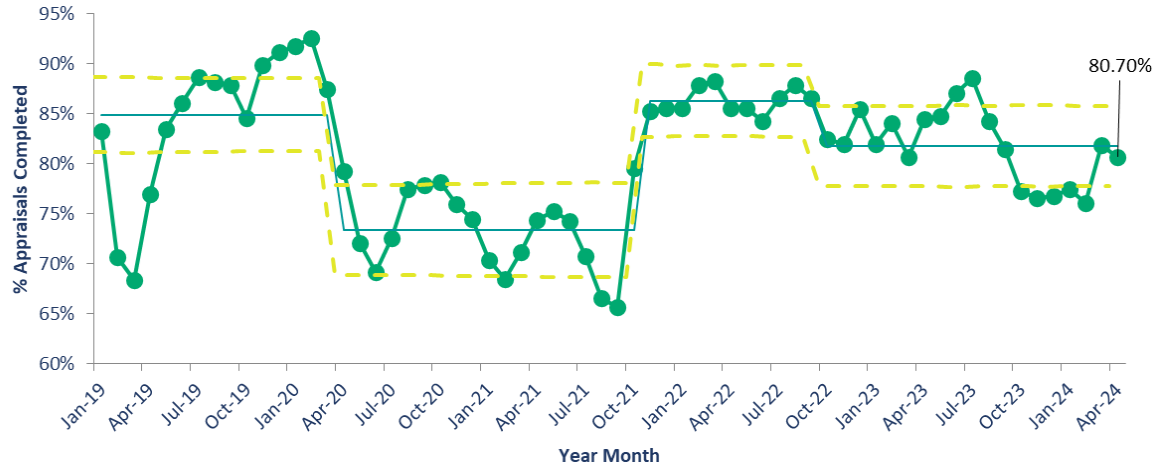


Figure OH6.3

PES Appraisals Completed %

January 2019 - April 2024



Figure OH6.4

EOC Appraisals Completed %

January 2019 - April 2024



Figure OH6.5

111 Appraisals Completed %

January 2019 - April 2024



OH7 MANDATORY TRAINING

Figure OH7.1

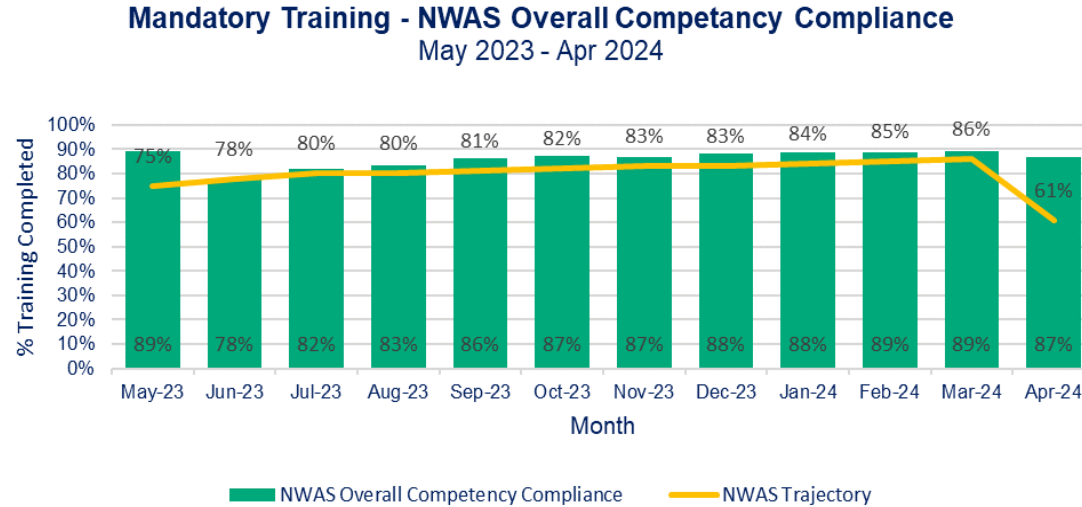


Figure OH7.2

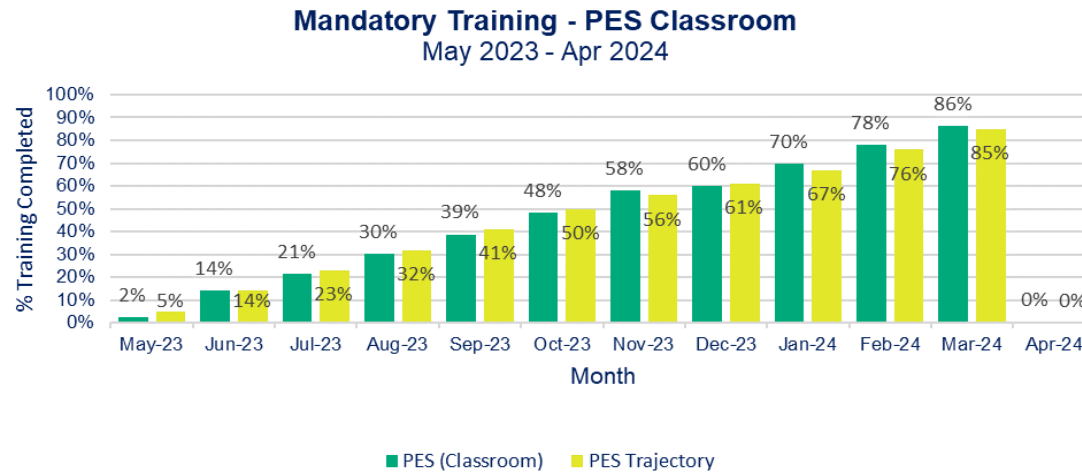


Figure OH7.3

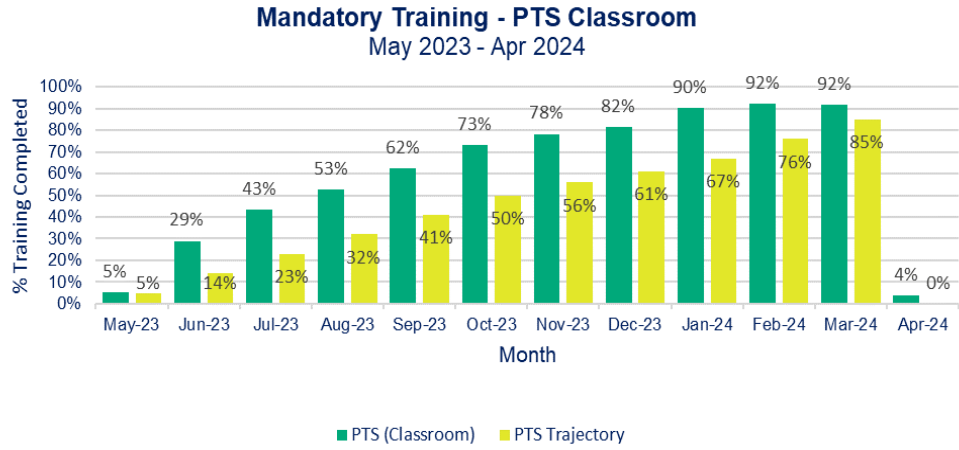


Figure OH7.4

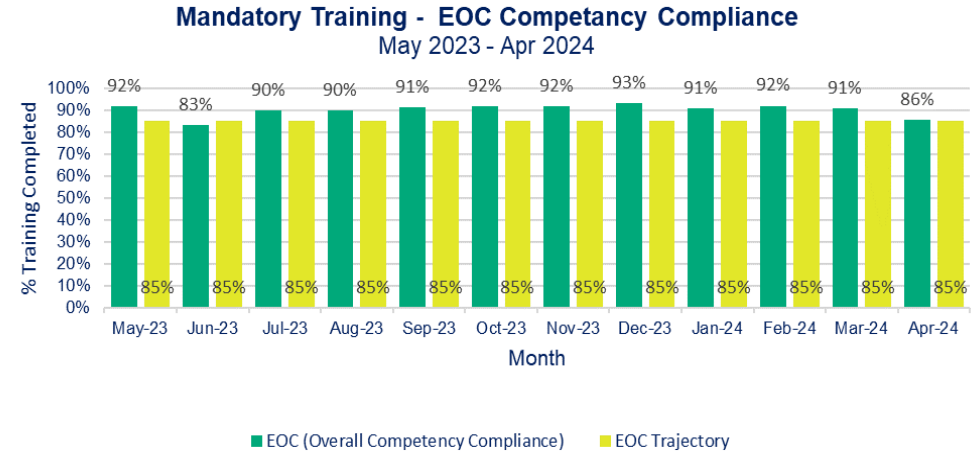


Figure OH7.5

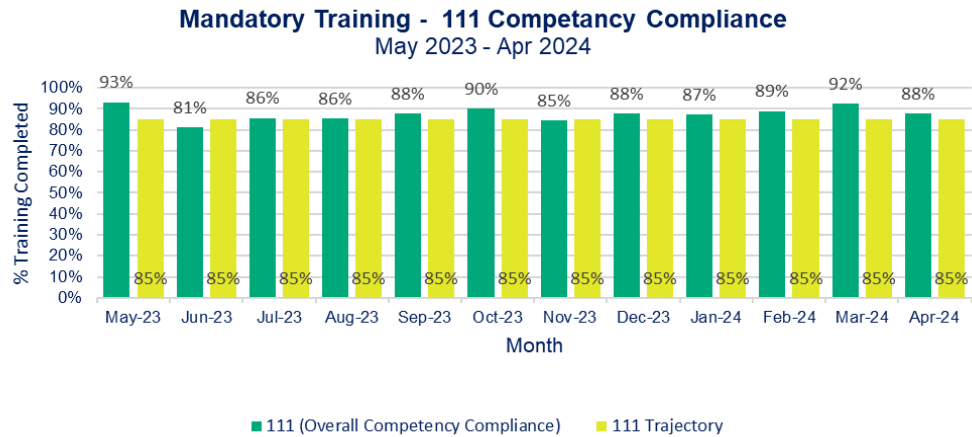
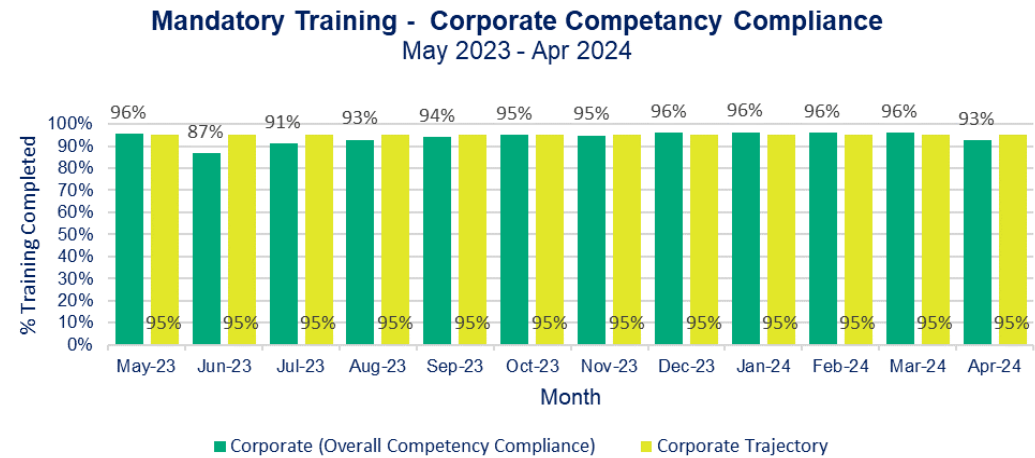


Figure OH7.6



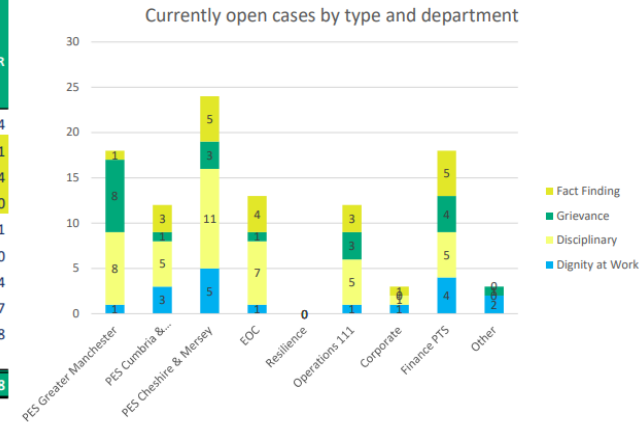
OH8 CASE MANAGEMENT

Figure OH8.1

Employee Relation Dashboard @3rd May 2024. All information related to Dignity at work, Disciplinary, Fact Finding and Grievance cases only

NWS 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	57.00	1.4	193.00	4.6	15.14
CAM PES	24.00	1.8	73.00	5.5	13.41
CAL PES	12.00	0.9	62.00	4.6	15.44
GM PES	18.00	1.2	58.00	4.0	17.00
Operations ~ EOC	13.00	1.1	64.00	5.5	12.81
Operations ~ 111	12.00	1.9	64.00	10.2	8.20
Operations ~ PTS	19.00	1.8	96.00	9.1	12.14
Operations ~ Resilience	0.00	0.0	2.00	1.4	2.07
Corporate	5.00	1.2	40.00	6.3	15.38
Other	3.00		0.00		
NWS Summary	109.00	1.4	459.00	5.9	13.18

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



Case Type Summary			
Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Dignity at Work	21	71	15.16
Disciplinary	43	103	29.02
Fact Finding	23	166	6.24
Grievance	22	119	7.99
Case Summary	109	459	13.18

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	13	4	4	0
Disciplinary	15	14	11	3
Fact Finding	19	2	2	0
Grievance	12	6	4	0
Case Total	59	26	21	3

Top 5 Reasons for opening Disciplinary cases in the past 12 months	
Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	15
Poor patient care	12
Any actions that bring the Trusts reputation into disrepute	9
Failure to follow reasonable management instructions/procedures	9
Lateness	8
NWS Summary	53

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

Opened Vs Closed cases in the last 12 months





REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Complaints Annual Report 2023-24
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Assurance

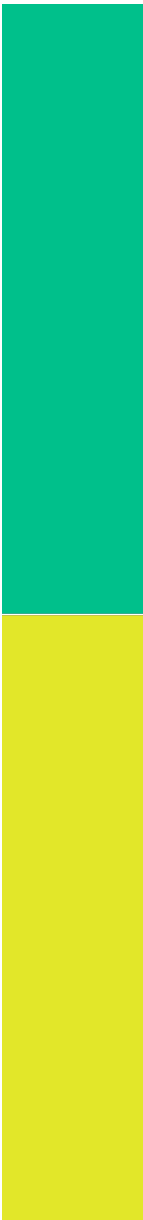
LINK TO STRATEGY	Quality Strategy									
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input type="checkbox"/>	SR03	<input type="checkbox"/>	SR04	<input type="checkbox"/>	SR05	<input type="checkbox"/>
	SR06	<input checked="" type="checkbox"/>	SR07	<input type="checkbox"/>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

Risk Appetite Statement <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"/>

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the assurances provided that Trust’s handling of complaints is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; the PHSO model complaint handling procedure and the expectations of the NHS Complaint Standards.
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EXECUTIVE SUMMARY	<p>2023-24 headlines:</p> <ul style="list-style-type: none"> 2,250 complaints received in total 2,033 (90%) of these complaints managed as low-level 82% of low-level complaints responded to and closed within agreed Trust timeframes Top 3 themes: <ul style="list-style-type: none"> o Care and treatment o Delays o Call handling 2,323 complaints were closed <ul style="list-style-type: none"> o 23% upheld - 52% not upheld - 25% partly upheld
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PREVIOUSLY CONSIDERED BY	Not Applicable	
	Date	Not Applicable
	Outcome	Not Applicable





Complaints Annual Report

2023-24

1. Management of complaints

NWAS is committed to providing high standards of care which is centred around our patients and service users. As part of this, we welcome all insights and feedback, including complaints, from our patients, patients' families and service users. Complaints provide the Trust with a valuable opportunity to review and reflect on our practices and, where necessary, identify and implement learning to continuously improve delivery of care and the experience of our patients and their families. Such learning can be at an individual and/or system wide level.

NWAS is committed to ensuring that those who raise a complaint feel that they have been listened to, that we have responded to their concerns and shown empathy and compassion within our response. Doing so remains one of our core priorities.

Complaints are handled by the newly named Patient Advice and Liaison Service (PALS) and Resolution team in a way which aims to transparently and compassionately investigate complaints to achieve a fair resolution in line with relevant legislation and in conjunction with the Model Complaint Handling procedure, as outlined by the Parliamentary and Health Service Ombudsman (PHSO).

There is robust oversight around the monitoring and management of complaints with the Board of Directors receiving information on complaints through a bi-monthly integrated performance report and this is supported by more detailed assurance reports submitted to the Quality and Performance Committee on a quarterly basis. Service Line Area Learning Forums monitor actions arising from complaints via associated action plans and the NHS 111 service complaints are overseen through the NHS 111 governance reporting procedure.

Data from previous years has shown that approximately 80% of the complaints received at NWAS were suitable for management as low-level complaints, which is consistent with other NHS Trusts across the UK.

Training and support have been provided by the PHSO on managing these types of complaints effectively and efficiently whilst ensuring the focus is on establishing trust and empathy with patients and families.

The introduction and recruitment into the PALS function in August 2023 has allowed for effective management of these low-level complaints with an emphasis on having everyday conversations with complainants.

Medium and high-level complaints are managed by the Resolution unit by way of a full and comprehensive review of the episode of patient care involved, as well as a review of PSIRF priorities to ascertain whether consideration under PSIRF has been met. Management of these complaints involves a collaborative approach with teams throughout the wider organisation to ensure the matter is addressed as fully as possible and with the statutory Duty of Candor being enacted where appropriate.

2. Complaint Figures

During 2023/2024 NWAS received 2,250 complaints in total. 2,033 (90%) of these complaints were managed as low-level complaints, incorporating the PHSO's guidance on early resolution and everyday conversations. This has enabled efficient management of cases and currently 82% of low-level complaints are being managed within the Trust's agreed timeframes.

The three most common themes of complaints received, across the range of low, medium and high levels, related to:

1. Care and treatment
2. Delays
3. Call handling

2.1 Care and Treatment

930 complaints were received within this category and a further breakdown into sub-categories can be seen below:

Sub-type	Number
Professional Standards	648
Clinical Disposition: Advice Given by NWS	135
Clinical Treatment: NWS	62
Blanks (i.e. no sub-category chosen)	47
Clinical Disposition: Referral	20
Other	18

Of these complaints, **29** were managed as high-level complaints, **97** were managed as medium level complaints and **804** were managed as low-level complaints / concerns.

A breakdown by service line and area, can be seen below:

NWS Service Line	Number of Complaints
Integrated Contact Centres	276
Paramedic Emergency Services (PES)	GM 192
	CAL 151
	CAM 145
	Total 488
Patient Transport Services (PTS)	284

n.b. a singular complaint, may involve multiple service lines so the totality of these numbers may differ to the overall number received.

2.2 Delays

824 complaints were received within this category and these largely relate to the **PES** and the **PTS** services, or on some occasions, both.

NWS Service Line	Number of Complaints
Paramedic Emergency Service (PES)	198
Patient Transport Services (PTS)	630

n.b. a singular complaint, may involve multiple service lines so the totality of these numbers may differ to the overall number received.

19 of these complaints were managed as high-level complaints, **52** were managed as medium level and **753** were managed as low-level complaints / concerns.

2.3 Call Handling

380 complaints were received within this category in 2023/2024 and a further breakdown into sub-categories can be seen below:

Sub-type	Number
Professional Standards	141
Process Compliance: Advice Given by NWAS	81
Process Compliance: Call Referral	51
Call Handling Timeframes	30
Eligibility Criteria	28
Blanks (no sub-category selected)	21
Information Gathering (Caller)	19
Other	9

6 of these complaints were managed as high-level complaints, 18 as medium level and 356 were managed as low-level complaints / concerns.

The complaints regarding call handling, can be broken down by contact centre, as follows:

NWAS Service Line	Number of Complaints
NHS 111 service	191
Emergency Operations Centre	120
Patient Transport Services	69

3. Complaint outcomes

We ensure that complaints are closed on our systems as 'upheld', 'not upheld' or 'partly upheld' having worked closely and in partnership with service lines to guide and assist with decisions on complaint outcomes and appropriate actions/learning.

During 2023/2024, 2,323 complaints were closed.

Outcome	Complaint level	Total	% of Total Number of Complaints Closed
Upheld	High = 20	541	23%
	Medium = 30		
	Low = 491		
Not Upheld	High = 12	1,217	52%
	Medium = 100		
	Low = 1,105		
Partly Upheld	High = 9	565	25%
	Medium = 37		
	Low = 519		

4. Parliamentary Health Service Ombudsman

During 2023/2024, we received 12 notifications of NWAS complaint reviews being conducted by PHSO.

6 of these reviews progressed to a 'detailed investigation', of which 4 remain 'open'. Of the cases that PHSO concluded during 2023/2024, 1 was 'Partly Upheld' and 1 was 'Not Upheld'.

The remaining 6 reviews were closed with no further action.



CHAIRS ASSURANCE REPORT

Quality & Performance Committee

Date of Meeting:	25 th March 2024	Chair:	Prof A Esmail, Non-Executive Director
Quorate:	Yes	Executive Lead:	C Grant, Medical Director M Power, Director of Quality, Innovation, and Improvement
Members Present:	Prof A Esmail Dr D Hanley Mr S Desai Mrs A Wetton Dr C Grant Dr M Power Dr A Chambers	Key Members Not Present:	None

Link to Board Assurance Framework (Strategic Risks):

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

Agenda Item	Assurance Points	Action(s) and Decision(s)	Assurance Rating
Committee Annual Effectiveness Review	<ul style="list-style-type: none"> Reviewed the feedback received and noted the focus areas identified for 2024/25. 	<ul style="list-style-type: none"> Noted the feedback and focus areas for 2024/25. 	
Board Assurance Framework (BAF)	<ul style="list-style-type: none"> Discussed risks aligned to the Committee, including SR03 and 	<ul style="list-style-type: none"> Gained assurance that BAF risks were being managed effectively. 	

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



	sought clarification on progress related to call segmentation.		
Integrated Performance Report	<ul style="list-style-type: none"> Acknowledged changes to the format of the report. Discussed the variation in ICB performance metrics and considered benchmarking data across the ambulance sector. Discussed aborted journeys, hear and treat activity, and monitoring of job cycle time. Received an update in relation to the variation in trust area performance and the ongoing challenges. Noted the level of violence and aggression incidents with further assurance to be reported to the Committee and monitored via the trust's Health, Safety, Security, and Fire group. 	<ul style="list-style-type: none"> Noted some stability in performance data. Noted the trust's ongoing variation in performance and the challenges. Further monitoring of violence and aggression incidents via the Health, Safety, Security and Fire Group during 2024/25. 	
Serious Incident Thematic Review Mental Health Themes and Actions	<ul style="list-style-type: none"> Noted the developments made by the trust, to improve patient safety for mental health 999 calls. Noted further collaborative work required to mitigate risk to patients and the progress made by the trust. Discussed current position in detail and noted the ongoing work within the wider health care system. 	<ul style="list-style-type: none"> Noted the developments made and the ongoing work of the trust, however recognised the risk and the mitigating actions required within the wider health care system to improve the position. 	

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



Quality Assurance Visits Annual Assurance Report	<ul style="list-style-type: none"> Acknowledged a very good report. Noted the work of the teams to improve the position of the action tracker and the themes related to health, safety, and security. 	<ul style="list-style-type: none"> Received and noted the assurances provided. 	
Quality Account Arrangements	<ul style="list-style-type: none"> Received and noted the Quality Account 2023/24 arrangements and improvement areas for 2024/25. 	<ul style="list-style-type: none"> Noted the Quality Account arrangements. 	
Learning from Deaths Q3 Report	<ul style="list-style-type: none"> Discussed the content of the report and the good practice and learning identified. 	<ul style="list-style-type: none"> Received and noted the assurances provided. 	
Research and Development Annual Report 2023/24	<ul style="list-style-type: none"> Reviewed the Research and Development Annual Report. Noted the hard work undertaken during the year. Accepted the assurances provided and congratulated the team on their achievements. 	<ul style="list-style-type: none"> Received and noted the assurances provided. Congratulated the team on their achievements during 2023/24. 	
Equality Delivery System	<ul style="list-style-type: none"> Noted the content of the report and the submission to the ICS. Received assurance that the trust has complied with its obligations. Recognised the further work required across the trust. 	<ul style="list-style-type: none"> Noted the content of the report provided. 	
Sub Committee Chairs Assurance Reports	<ul style="list-style-type: none"> Received the assurances provided. 	<ul style="list-style-type: none"> Received and noted the assurances provided. 	

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



ESCALATION AND ASSURANCE REPORT

Report from the Quality & Performance Committee

Date of meeting	Monday, 22 April 2024		
Members present	<ul style="list-style-type: none"> • Prof A Esmail, Chair • Dr D Hanley, Non-Executive Director • Mr S Desai, Chief Operating Officer & Deputy CEO • Dr M Power, Dir. of Quality, Innovation, and Improvement • Mrs A Wetton, Director of Corporate Affairs • Dr C Grant, Medical Director 	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

Item 2425/13: Mental Health Annual Report 2023/24 –

- Discussed the ongoing challenges and risks.
- Recognised the challenges and risks and the impacts on the organisation from the wider health care system.
- **Action:** Requested a version of the report to be presented to the May Board of Directors meeting for discussion.

ADVISE:

Item 2425/08: Q&P Dashboard –

- Noted the ongoing development of the format of the report, with reports to include executive director narrative in the future.
- Discussed Category 2 call segmentation and queried when benefits would be reported.
- Discussed benchmarking data and variation in methodology across the sector.

Item 2425/10: PSIRF Q4 2023/24 Report –

- Noted the update provided and clarified changes to the reporting definitions for fatal levels of harm.
- Reports continue to develop with some further detail regarding incidents and narrative to be included in future reports to the Committee.

Item 2425/11: Complaints Q4 2023/24 Report –

- Welcomed inclusion of examples of improvements made following complaints.
- Noted the data provided and the trends identified.

Item 2425/12: Legal Services Q4 2023/24 Report –

- Noted the work undertaken to improve outcomes for patients and welcomed the joint review undertaken of conveyance and non-conveyance cases.

ASSURE:

Item 2425/09: EPRR Chairs Assurance Report:

- Received assurance from the EPRR Sub Committee Chairs Assurance Report, from the meeting held on 11th March 2024.

RISKS

Risks discussed:

- Strategic Risks aligned to SR01, SR03, SR06 and the ongoing challenges related to mental health risk.

New risks identified:

- None identified.



ESCALATION AND ASSURANCE REPORT

Report from the Resources Committee

Date of meeting	Friday, 24 May 2024		
Members present	<ul style="list-style-type: none"> • Dr D Hanley, Chair • Mr D Whatley, Non-Executive Director • Mrs C Butterworth, Non-Executive Director • Mr S Desai, Deputy Chief Executive Officer • Mrs C Wood, Director of Finance • Mrs L Ward, Director of People 	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- Item 2425/010: Finance Report Month 01 2024/25–**
- Final clarification required on the plan and the potential impact on the Capital Programme.
- Item 2425/017: Workforce Indicators Report**
- Noted the contact centre retention challenges.
 - Deep dive to be presented to the next meeting of the Resources Committee.

ADVISE:

- Item 2425/007: Trust Strategy Refresh–**
- Discussed the Trust Strategy Refresh and the rationale for refreshed objectives and deliverables.
 - Recommended submission to the Board of Directors on 29th May 2024.
- Item 2425/009: Trust Annual Plan 2024/25–**
- Discussed the Trust Annual Plan in detail.
 - Approved the Trust Annual Plan 2024/25 and recommended approval by the Board of Directors on 29th May 2024.
- Item 2425/010: Finance Report Month 01 2024/25 -**
- Received a comprehensive financial report and provided an update.
 - Received a verbal update on the national position in terms of the submission of plans and work ongoing.
- Item 2425/012: PLICS Pre Submission 2023/24 -**
- Received the PLICS pre submission report.
 - Further assurance report scheduled to obtain assurance that the organisation has used PLICS data to improve productivity and make efficiencies.

Item 2425/016: Digital Update -

- Received a digital update.
- Received details of a recent cyber security threat and the effective action taken by the trust to avoid an attack and to resolve the issues identified.

Item 2425/020: Culture Review–

- Discussed and identified that further assurance required in terms of change in culture, to understand if actions have been effective.
- Further assurance required.

ASSURE:**Item 2425/008: Annual Plan 2023-24 End of Year Assurance –**

- Received assurance on the year end position of the annual plan.

Item 2425/011: Provision of Fuel Card and Associated Services –

- Approved contract award for onward approval by the Board of Directors.

Item 2425/013: Procurement Assurance Report –

- Received assurance on the management of procurement activity.
- Requested an overview of the procurement process to understand and evidence the consideration of quality.

Item 2425/014: Sustainability Update –

- Received assurance of the trust's work related to sustainability.
- Noted an operational pilot to improve clinical waste disposal processes.

Item 2425/015: Contract Extension Provision of iPad Data Sims –

- Approved the contract award for onward approval by the Board of Directors.

Item 2425/018: Health and Wellbeing Annual Report –

- Discussed the report and approved for publication.

Item 2425/019: EDI Annual Report –

- Discussed the report and recommended approval by the Board of Directors.

RISKS**Risks discussed:**

- SR02 – queried and discussed the target risk score.
- SR07 and SR10 – discussed and clarified the correlation between the target risk scores.
- SR08 – cyber security discussed as part of the digital update.

New risks identified:

- None identified.



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Equality, Diversity & Inclusion Annual Report 2023/24
PRESENTED BY	Lisa Ward, Director of People
PURPOSE	Decision

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

Risk Appetite Statement <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 type="checkbox"/>	Reputation	<input checked="" type="checkbox"/>	Innovation	<input type="checkbox"/>

ACTION REQUIRED	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Receive assurance from the contents of the EDI Annual Report 2023/24 Approve the publication of the Annual Report through internal and external communications channels.
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EXECUTIVE SUMMARY	<p>The Equality, Diversity and Inclusion Annual Report has been produced for the purpose of meeting the PSED requirements, as well as for showcasing to staff and communities the way in which NWAS operates as an inclusive employer and service provider.</p> <p>The Annual Report covers the following key areas:</p> <ul style="list-style-type: none"> Profile of the NWAS workforce Highlights relating to significant areas of work Progress against each of the EDI Pories (2021-24) Overview of community and patient engagement Staff Network annual updates Overview of regulatory reports (EDS22, WRES, WDES, GPG) High level priorities for 2024/25 <p>The Report has once again been produced in a colourful format, following the style adopted last year. Ahead of publication, the report will be checked and tested for accessibility with screen readers.</p>
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PREVIOUSLY CONSIDERED BY	Resources Committee	
	Date	Friday, 24 May 2024
	Outcome	Received assurance and recommended to Board for publication
	Diversity and Inclusion Group	
	Date	Friday, 10 May 2024
	Outcome	Recommended for assurance/approval to Resources Committee and Board
	People & Culture Group	
	Date	Wednesday, 08 May 2024
	Outcome	Minor amendments recommended but recommended for onward approval following changes

1. BACKGROUND

- 1.1. As a public authority, the trust is required to publish an annual appraisal setting how it has complied with the Public Sector Equality Duty – this requirement is part of the specific duties.
- 1.2. This Equality, Diversity and Inclusion Annual Report has been produced for this purpose, as well as for showcasing to staff and communities the way in which NWAS operates as an inclusive employer and service provider.
- 1.3 It should also be noted that the report will also provide evidence to support compliance with several aspects of the revised CQC framework in particular the following quality statement:

Workforce equality, diversity and inclusion (well led): We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

- 1.4 The CQC framework also has equality and diversity running through many of its quality statements in relation to the care delivered. For example, under Responsive - Equity in Access, Equity in experiences and outcomes.

2. CONTENTS

The Annual Report covers the following key areas:

- 2.1 **Profile of the NWAS workforce** – data shows there has been an increase in the representation of BME, disabled, female and LGBT+ staff in the trust in the last year.
- 2.2 **Significant areas of work undertaken in 2023/24** – this section sets out an overview of a range of programmes of work including the development of a new Procedure for Requesting and Managing Reasonable Adjustments, refresh of the Equality Impact Assessments process, campaign to improve sexual safety in the workplace and also references to various awards the trust has achieved.
- 2.3 **Progress against each of the EDI Priorities (2021-24)** – the first part of this section describes the work delivered in relation to improving inclusive recruitment in the organisation, and the activities of the Positive Action and Widening Access Teams in this regard. Information about EDI leadership and management development has been included as part of an appraisal of Priority 2, including a summary of the Reverse Mentoring programme. Priority 3 relates to improving health inequalities, and work programmes related to this area of work have been described here.
- 2.4 **Overview of community and patient engagement** – activities delivered by the Patient Engagement Team are summarised along with an update on representation of ethnicities in the Patient and Public Panel.
- 2.5 **Staff Network annual updates** – each of the Staff Networks provided an update encompassing their key highlights from last year.

- 2.6 **Overview of regulatory reports (EDS22, WRES, WDES, GPG)** – individual reports are produced and published on the trust website for each of the regulatory reporting requirements.

However, a brief summary of the data has been included in this annual report.

It is important to note that the WRES and WDES information in the annual report relates to data submitted in May 2023. Data for 2023/24 is being finalised ahead of submission to NHSE by 31 May 2024.

- 2.7 Other content covered in the annual report includes a reference to the first NWAS Iftar event, summary of the first six months of the Chaplain’s role and an overview of EDI related policies which were developed or refreshed in the last year.

3. **LOOKING AHEAD TO 2024/25**

The final section of the report lists a number of key priorities which the trust will be focusing on this year to improve the experiences of staff and patients:

- 3.1 Review and refresh organisational EDI Priorities
- 3.2 Develop a route-map for becoming an anti-racist organisation
- 3.3 Implement recommendations from the Inclusive Recruitment Audit – improving representation across the workforce at all levels.
- 3.4 Develop leaders as allies to support to the EDI agendas – promoting active bystanders, allyship and reverse mentoring.
- 3.5 Use demographic data to improve learning from patient feedback, complaints and incidents
- 3.6 Fully embed and further enhance the sexual safety campaign – Stop. Speak. Support

4. **STYLE AND LAYOUT**

- 4.1. The Report has once again been produced in a colourful format, following the style adopted last year. Font size of Arial 11 has been used for accessibility, and all images will have ‘Alt Text’ added on the final publication version, so that the document is fully compatible with screen readers.

5. **RISK CONSIDERATION**

- 5.1. In reaching the decision to approve Board should consider the risk appetite as follows:

Compliance/regulatory	Low	Publication of the EDI Annual Report will mitigate risk of regulatory scrutiny or enforcement as it will demonstrate the steps taken to comply with the Public Sector Equality Duty. It will also positively contribute to CQC Well Led by providing evidence against the EDI quality statement.
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Quality outcomes	Low	The report references steps taken in 23/24 to positively impact on health inequalities so there are no risks in relation to quality from publication.
People	Moderate	The report reference positive steps taken in 23/24 to improve staff experience and whilst it identifies continuing improvements to be required, it demonstrates progress which mitigates risks from publication.
Reputation	Moderate	Publication of the report should have a positive impact on reputation.

6. EQUALITY/ SUSTAINABILITY IMPACTS

6.1 This Annual Report demonstrates compliance with PSED, which is part of the Equality Act 2010.

7. ACTION REQUIRED

7.1 The Board is asked to:

- Receive assurance from the contents of the EDI Annual Report 2023/24
- Approve the publication of the Annual Report through internal and external communications channels.

NHS

North West
Ambulance Service
NHS Trust



Equality, Diversity & Inclusion Annual Report 2023 - 2024

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Foreword by Lisa Ward Director of People



It is my great pleasure to present the NWAS Equality, Diversity & Inclusion Annual Report for 2023/24.

Over the past year, we have continued to build on our solid EDI foundations in the trust – making recruitment more inclusive, supporting the growth and development of our Staff Networks, understanding our communities better and promoting a culture of speaking up for our staff.

We have remained committed to ensuring that EDI values and principles are embedded within our organisation, making it a great place to work and a great Service for our patients. This report sets out how we have delivered on this commitment, and highlights key programmes of work which have been undertaken over the last year relating to the EDI agenda.

I am proud of the breadth of work we have delivered, particularly in new areas such as improving sexual safety particularly for female and LGBT+ colleagues, working with North West universities to improve representation of BME students on Paramedicine courses, and hosting our first ever Iftar event in Ramadan. You can read more about these initiatives and others in this report.

Despite operational challenges which continue to persist, we have proactively sought to ensure that equality and inclusivity remains at the heart of everything we do in NWAS. This is evidenced by the EDI-related accolades we have achieved in 2023/24 including:

- Employers Network for Equality & Inclusion's Gold Standard for Talent Inclusion and Diversity Evaluation, for the second consecutive year
- Race Equality Matters (REM) Bronze Trailblazer Status
- Revalidation of the Veteran Aware accreditation

I am very grateful to everyone who has supported our EDI ambitions this year. I recognise however that we are not yet where we aspire to be and know that we need to do more. As a trust, we will continue to build on our achievements in 2024/25, to make this an even better place to work and receive care.

Public Sector Equality Duty (PSED)

The Equality Act 2010 says public authorities (such as NHS organisations) must comply with the public sector equality duty. The duty aims to make sure public authorities think about things like discrimination and the needs of people who are disadvantaged or suffer inequality when decisions are made about how services are provided, and how policies are implemented.

As a public authority, under the general duty we must have **due regard** for, or think about the need to:

- eliminate unlawful discrimination
- advance equality of opportunity between people who share a protected characteristic and those who don't
- foster or encourage good relations between people who share a protected characteristic and those who don't

Having due regard means we must consciously consider the need to do the three things set out above.

There are also **specific duties** under the PSED which we have to comply with:

- publish equality information at least once a year to show how the public authority has complied with the PSED
- prepare and publish equality objectives at least every 4 years



This Annual Report meets the requirements relating to the specific duties as it sets out information highlighting how we have undertaken our work in line with the PSED.

The Report also references our current three-year EDI objectives (which we refer to as Priorities) – these were agreed in 2021 and are being refreshed for 2024 – 2026.

Our NWAS

At the North West Ambulance Service NHS Trust (NWAS) our vision is to deliver the right care, at the right time, in the right place; every time.

We are the second largest ambulance trust in England serving more than seven million people across approximately 5,400 square miles in the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire, and Glossop in Derbyshire. This region is punctuated by several cities and towns; other parts of the footprint are sparsely populated and rural with significant distances to hospitals.

Around 7400 NWAS staff members work in over 300 different roles and are supported by over 1000 volunteers to deliver 999, NHS 111, patient transport and paramedic services.

The trust footprint is split into three main areas – Cheshire and Merseyside; Greater Manchester; Cumbria and Lancashire. Strategic capacity and support services are led centrally from the Trust Headquarters in Bolton.

The diversity in the region makes the North West a unique place to live, but also presents some challenges. In the North West, 32% of people live in the highest levels of deprivation and have significantly worse health outcomes, healthcare experiences and life expectancy than the general population. Through our work, we are committed to reducing health inequalities and improving access to services.

At NWAS, everyone is connected by a shared purpose; to help people when they need us most.

Our values



WORKING TOGETHER.



BEING AT OUR BEST.



MAKING A DIFFERENCE.



Our workforce

We regularly review and monitor our workforce numbers and demographics as we continue to make efforts to develop a workforce representative of the communities we serve. This section of the report provides an overview of the diversity within our workforce, and is based on data extracted from the NHS Employee Staff Record system as at 31 March 2024.

NWAS Headcount

At the end of March 2024, our total workforce headcount was 7415 – a significant increase from 7074 staff in March 2023.

Age

The largest age cohort in our workforce currently is the 25-34 age-range with 26.1% of staff in this category. This is followed by 24.1% of staff in the 45-54 age-group.

Disability

The number of staff declaring a having a disability/long-term condition has consistently been increasing year on year. 7.8% of staff have declared they have a disability (6.5%, 2023).

Similarly, the proportion of staff who have not declared their disability has reduced from 7.7% in 2023, to 5.9% in 2024 – equating to 437 staff members.

Ethnicity

Representation of Black and Minority Ethnic (BME) staff in the workforce has seen an increase to 6.0%, from 5.1% in 2023.

Declaration for ethnicity is 99%, which means only 1% of staff have not disclosed their ethnicity.

Sexual Orientation

The number of staff who identified themselves within the broad category of LGBT+ has increased from the previous year.

The Gay and Lesbian staff count has increased from 5.2% in 2023 to 5.7% in March 2024. The number of Bisexual staff has also increased from 1.5% to 1.8% over the year. Around 10% of staff have not declared their sexual orientation, however this is a significant improvement from 20% not declaring in 2017.

Gender

Representation of female staff in the workforce has increased to over 4000 / 54.9% (53.7%, 2023). Over 70% of staff in our contact centres are female, as are just over half of all staff in our Patient Transport Service.

In Paramedic Emergency Services, the gender split is nearly even with slightly more males, as is the case in Corporate Services too.

Note about other genders: at present, NHS workforce systems only record genders as 'male' and 'female'. While the trust does have staff who identify as non-binary/other genders, there are no accurate numbers which are currently collated in this regard. However, findings from the 2023 National Staff Survey showed that around 0.6% of respondents identified as non-binary/prefer to self-describe.

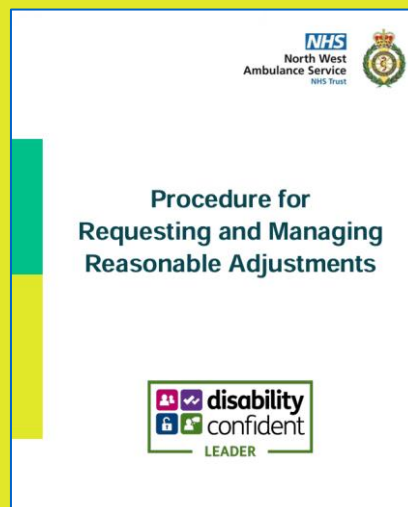
How we made an impact in 2023/24

Over the last year, we have delivered a number of impactful pieces of work related to the EDI agenda – aimed at making a difference to staff and patients, while also picking up some prestigious accolades too!



Reasonable Adjustments

At NWS, we're dedicated to creating inclusive work environments that help all staff realise their greatest potential. Nevertheless, the results of the NHS staff survey for 2022 revealed that 4 out of 10 NWS staff with a permanent medical condition or disability did not have any suitable adjustments in place to allow them to perform their jobs. We launched a project to create a guide for managers and employees as a solution to this, and it ultimately developed into a "Procedure for Requesting and Managing Reasonable Adjustments."



This landmark document was produced with the input of a range of internal stakeholders including operational and corporate staff, Disability Staff Network and Trade Union representatives. As well as setting out clear processes around reasonable adjustments, this work also introduced an application form to further support and simplify the reasonable adjustments journey for both staff and management.

The Procedure was fully signed off in December 2023 and was launched with trust-wide promotion in the New Year.

Hidden Disabilities Sunflower Scheme



We are proud to have joined the Hidden Disabilities Sunflower scheme during National Hidden Disabilities Week in 2023. The Sunflower Scheme aims to raise awareness of and assist individuals with hidden disabilities which are not immediately apparent to others. In addition to promoting the Sunflower lanyard and wristbands, we also rolled out an e-learning package for staff to increase their understanding of hidden disabilities and the scheme.

How we made an impact in 2023/24

Equality Impact Assessments (EIAs)

A review of Equality Impact Assessments was undertaken this year in order to improve the way in which we assess the potential impacts of proposals, projects and policies on staff, service users or both. Following this review, the existing EIA pro-forma was refreshed with an additional Stage 1 Screening Tool being introduced to streamline the process.

To help staff familiarise themselves with the new process after the launch, the ED&I Team designed and delivered a training package to teams across the trust, and remains a point of contact for queries and support.

Since the rollout of the refreshed EIA process, the feedback has been extremely positive, and there has been a considerable increase in the number of EIAs being undertaken across all Directorates within the trust.



Religion, Belief and Culture Guide

In the last year, we relaunched the **Religion, Belief and Culture Guide** (formerly Faith and Culture Guide), with the input of the Religion, Belief and Culture Forum membership.

The work on the refresh the Guide was led by our End of Life and Palliative Care Lead, Keiran Potts, and allows quick access to information relating to customs and processes in difference communities across our geographic footprint.

The Guide is intended to be used by front-line staff to help provide a culturally aware and competent service to our diverse communities.

Improving sexual safety in the workplace

Around 8% of respondents in the 2023 Staff Survey said they experienced unwanted behaviour of a sexual nature from colleagues. For those in PES, female or LGBT+, the figure was more than 1 in 10.

To improve sexual safety in the workplace, we launched a brand-new campaign in 2023/24 – Stop. Speak. Support.- along with our statement setting out the expectations around sexual safety and sexual harm.

We are committed to reviewing our approach to handling complaints related to sexual safety and the way we support those involved – this work is being undertaken by a dedicated working group.

We are working hard to change the acceptance of inappropriate behaviour, and encouraging everyone to challenge this behaviour when they see it.



How we made an impact in 2023/24

Race Equality Matters Bronze Trailblazer Status

In recognition of our work to address racial inequality within NWS, we were awarded the Race Equality Matters (REM) Bronze Trailblazer Status and recognised as a Solutions Trailblazer for the #MyNameIs campaign. The Trailblazer series spotlights forward-thinking organisations that are implementing impactful solutions to drive race equality. Organisations apply to be Trailblazers and their applications are assessed by an independent judging panel.



LGBT+ Pride-wrapped Ambulances



We added three new LGBT+ Pride-wrapped operational ambulances to the fleet in Summer 2023. The first of these arrived at Blackpool station with the other two vehicles operating in Merseyside and Manchester respectively. As well as being emergency vehicles, these vehicles are also symbols of inclusion and are also used at Pride events across the North West.

ENEI Gold TIDE Award

For the second consecutive year, we were pleased to have achieved the Employers Network for Equality & Inclusion's (enei) Gold Standard for Talent Inclusion and Diversity Evaluation (TIDE). This was an incredible achievement for the trust, as we were one of only 15 Gold Standard winners out of 171 global entries, from across 26 different sectors.



Our overall score was 95%, and this placed us as the 2nd highest ranked organisation out of all entries globally.

TIDE is a benchmarking tool which enei have developed to assess organisational performance and progress in relation to diversity and inclusion. It measures organisations against eight different areas of diversity and inclusion practice.

EDI Priorities 2021 - 2024

Over the last year, we have continued to deliver on our 2021 - 2024 EDI priorities. This section of the report sets out the work which has been undertaken in order to make a positive impact.

Priority 1

We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression. resulting in improved representation of diverse groups at all levels of the organisation, including Board.

This priority is focused around improving the diversity of our overall workforce, while also ensuring that our leadership and management staff cohorts are representative of our communities.

In the last year, a number of pieces of work have been delivered to help improve our recruitment processes, and to ensure they are as inclusive as possible. Our engagement and outreach work into communities across the North West has also grown over the last year, reaching new areas, groups and individuals.

We are proud to continue to be a Disability Confident Leader Employer and in December 2023, we also achieved revalidation of the Veteran Aware accreditation – recognition of being exemplars of the best care for, and support to, the Armed Forces Community. Logos representing our commitments to inclusive recruitment and being an inclusive employer have continued to be prominently listed on our job adverts and the careers page on the NWAS website.

Operating in a way which supports inclusivity in recruitment is a trust-wide responsibility which requires conscious efforts from individuals and teams across the organisation. In this section we highlight the work of some of these key internal stakeholders such as the HR Hub, Positive Action and Widening Access functions.



Priority 1

Inclusive Recruitment Audit

We commissioned our ED&I partner, enei, to undertake an Inclusive Recruitment Audit in early 2023, which was concluded in the summer. The purpose of the audit was to comprehensively review the Trust's recruitment approach, making recommendations for sustainable and positive change. The audit was commissioned following recognition of the challenges faced in improving our workforce representation.



The main driver behind the audit was a recognition that our recruitment approaches and processes needed to change in order to attract and retain a diverse workforce.

Since the conclusion of the audit, there has been a period of review and reflection on both the content and the recommendations in the feedback report.

The audit recognised that there is a demonstrable commitment across the organisation for creating a workplace that people want to join, and for NWAS to become an employer of choice.

However, a number of areas for improvement were highlighted which have been summarised into the following key themes, and are being delivered on through various internal programmes of work:

- Overhaul of recruitment processes
- Culture and accountability of leaders for ED&I
- Policy development
- Onboarding and induction
- Career progression/development



Priority 1

HR Hub

The HR Hub has continued to support inclusive recruitment and selection methods across the trust, and remains a key source of guidance for managers, staff and applicants around equality and inclusion issues relating to the recruitment. The HR Hub Team Manager is a key member of the trust's Inclusive Recruitment Group which was established this year following the ENEI audit.

Over the last year, the Hub has led improvements on the Recruitment and Selection Masterclass, with the input of staff side representatives, Race Equality and Disability Networks and past attendees, as well as facilitating a refresh of interview questions. Work has also been undertaken to increase the diversity on assessment and interview panels, but there is a recognition that there is still more to be done in this area.

Outreach and engagement

A core component of our recruitment strategy is to promote the organisation as an 'employer of choice' to groups and communities who traditionally may not have perceived the ambulance service to be a viable career choice. To highlight the organisation as an inclusive employer, the Positive Action and Widening Access teams in 2023/24 have continued to proactively engage with a range of diverse communities, reaching out to diverse ethnic groups, young people, and individuals from low socio-economic backgrounds. Guidance is provided to people who need additional support to apply for jobs in the Trust.

In the last year, both teams have attended and organised a variety of engagement and support events across the Trust footprint to promote NWAS and provided information, advice and guidance on the range of roles available – including operational, corporate and apprenticeship opportunities. The Widening Access Team with the support of NWAS Ambassadors (colleagues who volunteer to help promote the Trust) was represented at nearly **200** events this year, reaching close to **80,000** individuals. The Positive Action Team supported over **40** external face-to-face events including careers fairs and events organised by community and faith hubs, reaching over **15,000** people.

Priority 1

Positive Action

The Positive Action work has focused in spotlight areas in the North West, identified through data extrapolated from the 2021 Census. These are primarily areas with high rates of representation from ethnic minority communities such as Lancashire (Preston, Blackburn and Burnley areas), Greater Manchester, and Merseyside. Since we started delivering positive action initiatives in NWAS, we have engaged with over **300** community organisations across the North West footprint, with **50** of these relationships being formed in the last year to promote the opportunities in the trust.

With the support of community partners, the Positive Action Team organised 16 bespoke engagement sessions this year for local communities, attracting over **400** individuals from diverse backgrounds. The events included input from the NWAS Community Resuscitation Engagement Team and NWAS Ambassadors and we held both in-person and virtually (via MS Teams). They provided valuable insights into roles within the Trust, guidance on how to apply, and included basic life-saving skills delivered by the Community Resuscitation Engagement team.



Partnership working

The Positive Action and Widening Access Teams have both worked with a range of organisations to engage communities and individuals across the North West. In 2023/24, these organisations include:

- Department for Work and Pensions (Job Centres)
- Liverpool City Region Combined Authority
- Other NHS organisations
- Sahara in Preston
- One Manchester
- Kensington Community Centre
- Wirral Deen Multicultural Centre
- Rochdale Borough Council



Priority 1

Online Support

Collectively, the Widening Access and Positive Action Teams have arranged and delivered around **40** online support sessions this year via MS Teams and the NWAS website Live Chat function.

The purpose of these sessions has been to provide initial information, advice and guidance to individuals interested in applying for roles in the organisation. Those who expressed a desire for further support, were contacted directly after the sessions to follow-up and discuss the level of support required.



One to One Support

Through positive action and widening access initiatives, prospective applicants benefit from tailored one to one support to guide them through the recruitment process. They are coached through the application stage, and if shortlisted for interview, they can also access bespoke interview preparation support.

In 2023/24, over **70** prospective external applicants were provided with 1:1 support and coaching at the pre-application stage by the Positive Action Team. **50*** of these individuals subsequently applied for roles with **nine applicants being successful at the interview stage.**

The Widening Access Team provided support to more than **60** external applicants, of which **16%** identified as BME. The Team also supported over **30** internal staff members who were seeking to progress in NWAS – around **10%** were from ethnic minority backgrounds.

**Applicants who were supported in the January 2024 EMT campaign are yet to be assessed.*

Applicant Tracking

In order to better understand the recruitment stages at which BME applicants do not progress, we have continued to deliver our tracking initiative through which we monitor the recruitment journey of applicants from ethnic minority backgrounds. Those applicants who are unsuccessful at either shortlisting or interview / assessment stages are contacted with an offer of additional support to help with future applications for the same or different roles in the trust.

This year, over **15** individuals have accessed coaching and support for applications as a result of the tracking interventions, while many more were contacted.

From next year we will be embedding applicant tracking in to all large scale recruitment campaigns, not just EMT recruitment as has been the case to date.

Priority 1

Careers with Heart

To support the challenging recruitment plan this year, a brand new trust-wide recruitment campaign, 'Careers with Heart' was launched in early 2024. The campaign highlighted the range of roles within the trust, with images showcasing the diversity of our workforce on billboards, buses and in train stations. This was the first campaign of this nature and was aimed at attracting a broad and diverse mix of applicants to support filling vacancies during Q4 of 23/24 and during 24/25.



Recruitment of Former Armed Forces Personnel

Through our partnership with NHS Employers Step Into Health, we have continued to support veterans and service leavers into employment with Nwas. We attended four Armed Forces careers events last year, engaging with over 1000 service leavers and veterans and in June 2023, we organised our own Armed Forces Careers Insight Day at Trust HQ in Bolton. This was supported by the Armed Forces Network and teams across the trust to highlight both patient-facing opportunities and support roles.

Over 300 individuals with an Armed Forces background applied for roles in the trust last year, with more than 50 either having received a conditional offer or started in post by the end of March 2024. Over 40 prospective applicants potential candidates from the Armed Forces community were provided with information, advice and guidance regarding roles within the trust.

Priority 1

Engagement with Higher Education Institutes

Our biggest workforce group in the trust is the paramedic cohort. To become a paramedic, an individual can join the trust as Emergency Medical Technician (EMT) and then progress to undertaking a paramedic degree apprenticeship. Alternatively, college leavers or those wanting a career change can apply to enrol onto the Paramedic Sciences course at a university provider.

However, university data and our own workforce data shows that there is a significant and disproportionate underrepresentation of BME communities on Paramedic Science courses.

To address this, over the last year we have been working collaboratively with partners from the five Higher Education Institutes/Universities in the North West from which we host students for placement:



This programme of work has been facilitated by a Steering Group comprising of representatives from all the partners, and workstreams were established to identify and deliver interventions which will help achieve the programme's objectives. The workstreams have been exploring ways in which the Paramedic Science degree courses can be made more 'attractive' to ethnic minority communities, and importantly how the 'applicant to student' journey can be improved to ensure ethnic minority applicants are not at a disadvantage.

The programme is aiming to make an impact for university applications being made in 2024 for the academic year starting in 2025.

Priority 2

We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.

This priority seeks to develop the trust's approach to racism, discrimination, and cultural competence with an overarching aim to deliver a change in the experience of both our staff and patients.

The Learning & Development (L&D) Team has continued to support the roll-out of EDI-focused training and development programmes for staff. The Team has also been working with the Disability and Race Equality Networks to explore how the trust can support increased access to learning opportunities, particularly for staff with disabilities and those from ethnic minority backgrounds.

Beyond Bias

Since October 2022, Deep Insight (an external training provider), has been delivering 'Beyond Bias' as part of the NWS Making a Difference leadership programme. This module examines how bias, discrimination, and prejudice affect the workplace, was a significant accomplishment.

Nearly 600 leaders and managers completed the training by the end of March 2024, with the overwhelming majority providing exceptional feedback on the how the module challenged them to think differently. Around 800 individuals in total are expected to have participated in the module by the time it concludes in May 2024.

An updated training module developed internally with the input of Staff Networks will launch in mid-2024, titled Leading with Inclusivity, building on the solid foundations of Beyond Bias. The new iteration focuses on the lived experiences of range of workforce groups by using a facilitative approach.

Board Development

The Board continued to show commitment to EDI agendas through participation in development sessions and engagement with Staff Networks (Executive Directors operate as Network Sponsors). At the most recent ED&I development session in January 2024, the Board received an overview of ED&I work undertaken in the trust over the past year, considered the impacts of what had been achieved and outcomes, and explored the journey of becoming an anti-racist organisation.

The Board remains committed to supporting an inclusive organisational culture with a culturally competent workforce, operating with civility, respect and compassion.

Priority 2

Reverse Mentoring

In April 2023, we launched our first reverse mentoring programme - led by Collaborate Out Loud (an external partner) with the support of the Race Equality Network, EDI and L&D Teams.

In addition to BME staff, colleagues who were part of the Disability, LGBT+ and Women's Staff Networks were invited to join the programme as reverse mentors. The programme ensured appropriate support and guidance was provided to mentors and mentees, to enable valuable and meaningful engagement.

10 senior leaders were matched with 10 frontline staff members. Both groups took part in half day workshops to understand their roles and meet informally with their partner over lunch.

Each pair was asked to meet six times over an eight month period to work together on a topic that the senior leader brought to the table. This could be anything that they wanted to understand, and the reverse mentor through their 'lived experience' was able to provide their perspective, ask questions and challenge.

The programme evaluation shows that the initiative increased staff connections, improved cultural awareness of senior leaders, and created a pipeline for both large and small EDI improvement actions. The feedback suggests that despite the need for full equity, EDI is becoming more widely recognised and valued within the organisation. This indicates that recent efforts to combat racism and encourage allyship are beginning to take hold at senior levels.

The programme has been described as 'empowering' and 'enlightening', with new relationships formed which are likely to last. A second cohort of the programme will be launched in summer 2024.

Reverse mentoring:
senior leader mentored by someone who has experience of the organisation at a more frontline or junior position.

Reflections from reverse mentees

"Racism does exist, and we need spaces like this to understand it in order to change it."

"It has felt like a privilege to be a reverse mentor. It felt like we had good rapport."

It helped me to build my network further and has put me in a position I would never normally have been in."

Reflections from a reverse mentor

"It's been good to protect the time and concentrate on this for the meetings."

I want to continue to meet after the official programme ends."

Priority 3

We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.

This priority reflects the need to enhance our use of data to inform and influence improvement of services for all.

The Sustainability Strategy 2023-2026 sets out our commitment to work as an effective system partner to improve population health across the North West.

To achieve this, alongside improving the input, analysis and utilisation of NWS data to reduce health inequalities, we have also worked on improving staff capability and capacity, and on developing interventions to support prevention and provide holistic care.



Ethnicity data and Electronic Patient Records

The Clinical Audit team has been working over the last year to find solutions to improving the ethnicity data collation of patients in the EPR system.

There is a national drive exploring the possibility of accessing this data via the NHS Spine, and this will be closely monitored in 2024/25.

Undiagnosed hypertension

Over the past year we have been working with Primary Care partners to support identification and management of undiagnosed high blood pressure (hypertension).

We have been exploring if sharing blood pressure readings from patients not conveyed to hospital can identify patients with previously unknown hypertension. We have run two initial pilots in previous years, and are now assessing how we can replicate the process across NWS coverage.

Social Prescribing

A new single pathway for social prescribing referrals was developed this year and piloted in Wigan. We mapped existing social prescribing services in this area, and provided functionality for crews on the road to search and identify appropriate services in the locality. They could then select the service and, with consent from the patient, make direct referral.

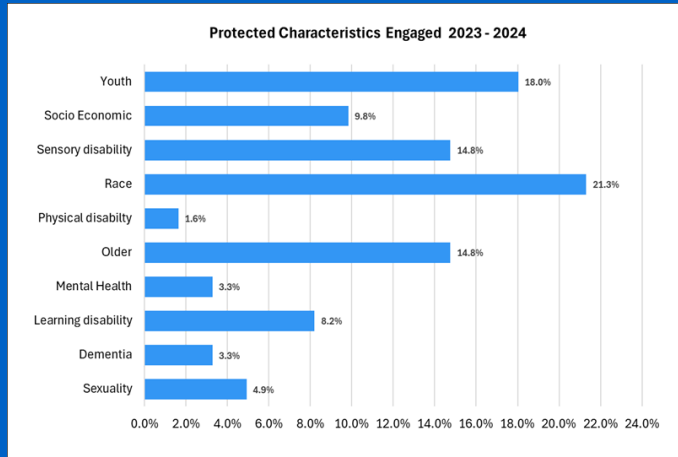
In the period November-December 2023, around 40 referrals had been made in Wigan area.

Community and patient engagement

In line with our Patient Engagement Implementation Plan and annual priority mapping exercise, we have continued to actively engage with communities and service users across the North West. Our engagement has been focused on understanding the experience of our diverse communities in accessing our services, as well as considering the impact of health inequalities on various patient groups.

In the last year, we attended community events such as:

- Oldham Volunteers Fair
- Winter Well-being event, Preston
- Preston Asian Cultural Mela
- Diverse City North Manchester
- Burnley East PCN Health and Wellbeing Mela
- Disability Awareness Day, Warrington
- Windrush
- Multicultural Culture Bazaar, Cumbria
- Pride events in Cheshire, Cumbria and Liverpool.

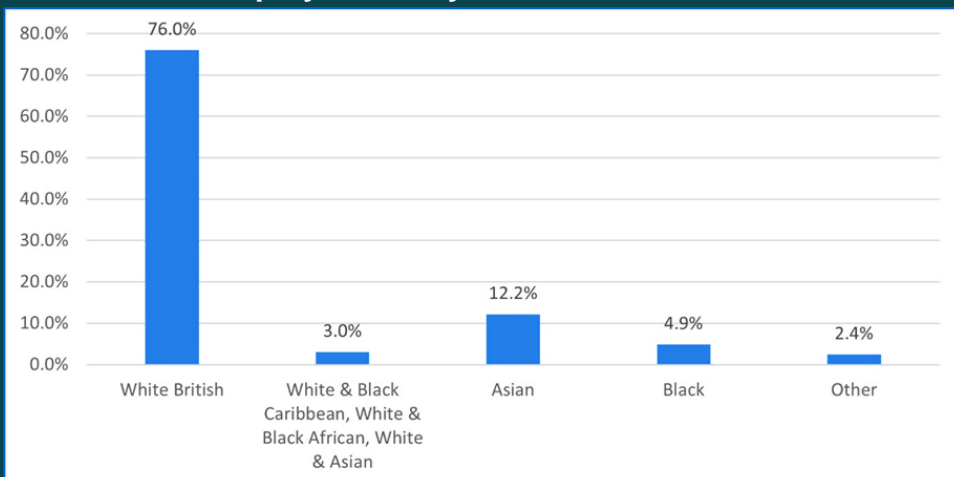


Our engagement data shows that in 2023/24, we heard from significant numbers of younger people, ethnic minority communities and people with disabilities.

Patient and Public Panel

This year has seen the continued growth and development of the PPP, now at 329 members. 2023/24 was the best year to-date for increasing the diversity of the Panel's membership, rising from 16% to 24% for cultural representation, 31% for youth representation and 20% for representation of patients with disabilities.

PPP Membership by Ethnicity



Staff Networks

Our five Staff Networks have continued to make a positive impact in the organisation – providing a space for their members to share experiences, while also contributing to key programmes of work. This section showcases the highlights of our Staff Networks in 2023/24.



ARMED FORCES NETWORK.

The Armed Forces Network maintained its strong form for the second year as a member led Network, continuing the rhythm of an event per quarter, as well as advocating for the armed forces community across the trust's footprint.

The first event in our calendar was a Network birthday celebration at Bolton Whites, where the Network was joined by charities representing support for veterans across the North-West. Following that, in June 2023, the Network took the Reserves Day roadshow to Estuary Point with a successful show-and-tell, raising the profile and awareness of Reservists to NWS colleagues.

During the summer months we marked the anniversary of the Battle of the Atlantic as well as supporting the NWS /service leavers career roadshow at Ladybridge Hall. Remembrance, the cornerstone of our calendar, was marked by NWS colleagues in over 30 locations as well as collecting donations in support of the Royal British Legion Poppy Appeal.

The year ahead contains a similar cadence, and the aim to not rest on our laurels, we will look to expand and improve on the events organised. We are looking forward to supporting Reserves Day with an expanded programme of events, as well as progress subjects close to our hearts such as supporting veterans in need in the community and consider ways we can increase our presence within the trust.





DISABILITY NETWORK.

The NWAS Disability Network continues to thrive and marked its 2nd anniversary in December 2023 which coincided with Disability History Month.

During this month, the Network worked with the Communications Team to share a number of short films featuring members talking about their disability and working at NWAS. The aim of this was to increase visibility of the Network and encourage more open conversations about managing disability in the workplace, as well as raise awareness of the prejudices people with disabilities face and what needs to change.

In 2023/24 the Network transitioned to hold more face-to-face meetings and events, while continuing with the option to join online for those unable to travel. This hybrid approach to meetings and events has helped maintained engagement by existing members and make it easily accessible for all staff.

The Network is pleased to have increased its visibility across more areas of the trust this year, and provided a number of opportunities for all NWAS staff to better understand the experiences of those with disabilities and long-term health conditions. This was undertaken through the Reasonable Adjustment forums, and also by contributing the development of the Procedure for Requesting and Managing Reasonable Adjustments.

The Network also supported the introduction of the Sunflower Scheme at NWAS. The launch event was attended Co-Chairs of the Network along with the Chair of the Board, Peter White and Network Executive Sponsor, Carolyn Wood.

Members of the Network have been invited to participate in interview panels, Trust Strategy ED&I Reference Group, Policy Group, and attend careers events with the Positive Action Team. Representatives of the Disability Network have also worked with the National Ambulance Disability Network.



Talking reasonable adjustments at NWAS

Posted 5th December 2023





The LGBT+ Network has continued to grow and thrive during the year. We adopted a hybrid meeting model this year in which allowed for face-to-face meetings rotating across sites, but also facilitated members to participate via Microsoft Teams. This has led to continued increased participation in Network meetings.

During LGBT+ History Month in February 2024, we worked with the Communications Team to promote the 'lived experience' and real-life stories of several senior NWAS leaders identifying as LGBT+. Network chair Adam Williams prepared a story about his experiences and on his LGBT+ hero Paul O'Grady, and produced a blog in June too on "what pride month means to me". We also ran a lived experience story of Sophie Rice for Lesbian Visibility Day.

Supporting Pride events has been a hallmark of Network activity with members representing the trust and network at Blackpool, Liverpool, Manchester and other local events..

We supported the fifth National Ambulance LGBT+ Conference, which was held at Manchester Metropolitan University on 15 and 16 June 2023. This was the first two-day event and combined a traditional conference format with a more informal learning day. The title of the 2023 conference was Intersectionality+, and considered how best the ambulance service can meet the needs of people with multiple protected characteristics, as well demystifying the *LGBTQQIAAP* acronym.





RACE EQUALITY NETWORK.

The Race Equality Network continued to focus on supporting staff, improving the culture within the organisation and highlighting health inequalities. This was done through a number of key events, roadshows and work programmes.

The Network played a key role in the facilitation of HART taster days for Women and BME staff. This helped to promote HART to underrepresented groups at a time when they were actively trying to diversify their workforce. This action had the desired effect with an increase in applications from each group.

We have explored new ways of engagement, including through podcasts, touring sites across our trust footprint and supporting positive action activities – with Network Chair Wes Proverbs making his radio debut to promote a positive action careers event in Liverpool in 2023.

We have been fortunate to have the support of the Strategy & Transformation Team to help focus on making an impact through effective work planning.

During Black History Month, we collaborated with the Women's Network to host a landmark event - spotlighting health inequalities faced by BME women in maternity care. External experts and colleagues from across the trust came together to raise awareness and consider better practices that can improve outcomes for this group. The event received lots of positive feedback and showed how effective collaborative working amongst Networks can be.

The REN also played a key role in securing the Race Equality Matters bronze trailblazer status.





WOMEN'S NETWORK.

The Women's Network has grown considerably in membership and scope within the last year, across the workforce within NWAS. In October 2023, we celebrated our 1st birthday as a formal Network.

Our campaign for 2023/24 focused on Fertility, Maternity, Paternity and Parenting (FMPP). We embarked on hosting many roundtables focusing on the campaign – with the participation of parents-to-be, grandparents and parents to celebrate the successes and discuss struggles of parenting. We are looking to keep some of these roundtable events as permanent fixtures to the Network calendar.

The Network has been heavily involved in a project to scope out emergency sanitary products for all staff across the Trust. The project is currently at the pilot and testing phase, which will then move into a scale-up. We have also been involved in the Sexual Safety Charter which has recently been published by NWAS.



The Network has collaborated throughout the year. The Miscarriage Association hosted an online session for staff which was highly educational and emotive, offering support where necessary. To mark Black History Month, the Network collaborated with the Race Equality Network (REN) to host an in-person event in Brockholes.

The Network has worked on improving policies such as the breastfeeding at work guidance alongside working with HR and the Wellbeing Team on improving the guidance and information relating to abortion, fertility, adoption, baby loss. The Green Room has now been developed with information where staff can go for support/signposting.

Our biggest event was International Women's Day 2024, held in-person on 8th March 2024 in Manchester. A major challenge has been engaging and reaching PES and Contact Centre staff, so we were delighted that the theme this year of 'Inspire Inclusion' enticed more PES and Contact Centre staff to join the event. We had the CEO of the College of Paramedics, Tracey Nicholls as our keynote speaker and ran two panels supported both by the EDI Advisor and Employee Engagement Manager.

We look forward to the 2024/25 and seeing what we can achieve as a Network. We have lots more planned and looking forward to finding opportunities to improve the lives of staff across the Trust.

Religion, Belief and Culture Forum

The Religion, Belief and Culture Forum continued to provide a 'safe space' to discuss important and pertinent topics related to these important areas on a quarterly basis. The Forum supports our trust priority to improve the cultural competency of our workforce through developing an understanding of our communities

Each session had a specific theme and faith spotlight:

	Theme	Spotlight
Q2, 2023/24	Staff Survey (Religion, Belief and Ethnicity)	Buddhism
Q3, 2023,24	Impact of Faith on Time	Bahai
Q4, 2023/24	Islamophobia and Anti Semitism	Sikhism

Commemorating Ramadan

Celebrating the diversity of communities and cultures represented in our trust is one of the ways in which we become a truly inclusive organisation. In this spirit, we hosted our first Iftar event during the Islamic month of Ramadan (March 2024), bringing together colleagues from across the organisations. 'Iftar' refers to breaking the fast.

Around 100 attendees including staff members from across the trust, student paramedics, volunteers, managers and senior leaders including Board members, as well as representatives from community organisations met at the Bolton Excellency to network, learn from each other and enjoy a delicious dinner.

We also published guidance at the start of the month for staff and managers relating to impact of Ramadan on the workforce, and steps they can take to support their positive wellbeing during the fasting period.

Guidance was also produced for frontline staff in relation to clinical interventions which may or may not invalidate a person's fast, while they receive care from us.



Chaplaincy

The Chaplain for Staff Wellbeing, Reverend Karen Jobson started in post in September 2023 to work across NWAS to provide confidential listening and support in times of change, challenge, and distress. The role also provides the opportunity to explore issues of faith and spirituality and how they impact both personally and in the workplace.



For many in our workforce, faith and/or spirituality are an important part of their identity - informing values, a sense of purpose, their overall wellbeing and support resilience. When challenges arise, faith or spirituality can be a protective factor in helping our staff to cope.

By offering pastoral care to people of all faiths and none, the Chaplain encourages and recognises the importance of faith in the workplace. The chaplain is working to develop cultural competency amongst all our staff to encourage everyone to understand the importance of belief to their colleagues and their patients.

In 2024/25, Karen will be developing a diverse team of volunteer chaplains to increase the spiritual and pastoral care offer throughout the trust. The chaplain will also be exploring ways to further enhance cultural competency through mediums that are accessible to staff in the many different contexts in which they work. The Religion, Belief and Forum will continue to play a role for this purpose alongside more targeted training and awareness raising.



Leading the two-minute silence on Armistice Day 2023 at Salkeld Hall, Carlisle.



Multifaith reflections on fasting at the NWAS Iftar event.

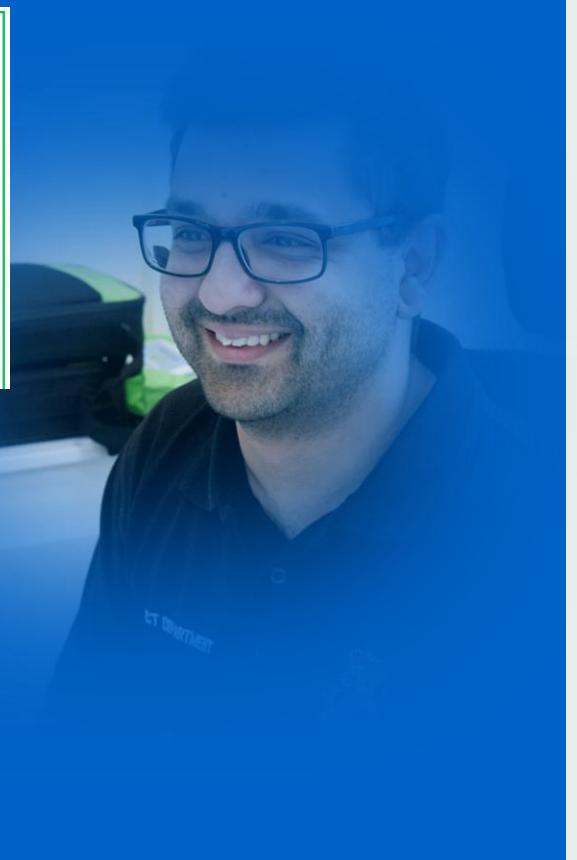
Policy Development

All new and existing policies, procedures and guidance are developed in partnership with the membership of Policy Group which comprises of Trade Union representatives, managers and Staff Networks. Where required, additional consultation on policies and procedures is undertaken with any staff group which may be impacted by the proposals.

All policies and procedures (new or revised) are equality impact assessed, with the Trust supporting continuous improvement for best practice, which is also a pre-requisite for any policy to be signed-off by the Executive Leadership Committee. The trust remains committed to support the development of best practice and learning from others in this regard.

Since April 2023, the following key EDI related policies, procedures and guidance have been approved with an EIA completed:

- Breastfeeding at Work Guidance
- Policy on Supporting Neurodiverse Employees
- Procedure for Requesting and Managing Reasonable Adjustments
- Procedure for Managing Disability in Employment



Reporting

This section provides an overview of the key regulatory and statutory reporting requirements on the trust which include:

Equality Delivery System (EDS)	Workforce Disability Equality Standard	Workforce Race Equality Standard	Gender Pay Gap
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EDS

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The refreshed EDS framework which we used for the first time this year, comprises of eleven outcomes spread across three Domains.

Domains 2 and 3 were assessed by a diverse internal stakeholder panel in December 2023, and Domain 1 assessed by panel of external stakeholders including PPP members in February 2024.

Across the three Domains, we received an overall score of 20 which is at the high end of the ‘Developing’ rating. While not directly comparable, this rating is not inconsistent with the overall position of the previous year’s EDS assessment. It does however indicate the fact that more can be done to understand the differential impact on protected characteristic groups, both in the workforce and in the communities we serve.

The full evidence pack used for the assessment can be seen on the NWAS website.

**Domain 1
Commissioned or provided services**

**Domain 2
Workforce health and well-being**

**Domain 3
Inclusive leadership**

Workforce Disability & Race Equality Standards

Key headlines from the WDES and WRES data submitted to NHS England in May 2023 are presented below. The full data sets and reports for each of the Standards was published on the NNAS website, along with an action plan.

WDES

Indicator 3 (Likelihood of entering the formal performance process)

Data in 2023 showed that disabled staff were nearly one-and-a-half times more likely to enter the performance process compared to non-disabled staff.

However, the overall number of staff in the formal performance remains low, and the actual number of disabled staff in the performance process is lower still. Therefore work is underway to understand the disproportionality.

WRES

Indicator 2 (relative likelihood of appointment from shortlisting)

White applicants were one-and-a-quarter times more likely to be appointed compared to BME applicants. This metric has however improved compared to the previous year and was at the lowest disparity rate since 2020.

Indicator 4, part 1 (% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months)

A much greater percentage of disabled colleagues reported these experiences (47.2% compared to 34.1% non-disabled), and this represents the biggest difference in experience between disabled and non-disabled staff since 2018.

Indicator 7 (% of staff believing that trust provides equal opportunities for career progression or promotion)

There was an increase for both BME staff (36.8%) and White staff (50.4%) on this indicator, however there was still a stark difference between the perceptions of both workforce groups.

Indicator 7 (Feeling Valued)

The percentage of staff who were satisfied with the extent to which the organisation values their work was 76.1%, which is an increase from year before at 72.5%. This was significantly higher than the experience of non-disabled staff (66.4%).

Indicator 9 (% difference in board voting membership and overall workforce)

The 9.1% BME representation on the trust Board was almost double compared to the BME representation within the workforce

Overall, both the WDES and WRES data sets presented a mixed picture with some positives and negatives. However, there were still clear areas of differential experience between staff with these protected characteristics, and those without.

GENDER PAY GAP

Closing it together

Gender Pay Gap

Our Gender Pay Gap data for the period of 1st April 2022 – 31 March 2023 was submitted in December 2023, in line with national guidance.

The data showed that for the first time, over 50% of the Upper Middle Quartile comprised of representation from female staff and this is expected to grow, as there is now greater (and growing) female representation in the trust compared to male staff.

However, the hourly mean (average) pay gap was 10.6% between male and female employees. The hourly median rate of pay reveals 10.5% difference in pay. Both are greater than the previous year (9.8% and 8.7% respectively).

Our Gender Pay Gap action plan focuses on recruitment, career progression and flexible working to enable progression of women within the organisation into the higher pay quartiles.

The trust applies the national NHS terms and conditions of service and uses the national job evaluation system to determine job bandings. These systems have been equality impact assessed and are jointly reviewed by trade unions and managers in partnership at a national level. The trust believes these systems provide a non-discriminatory set of conditions which meet the requirements of equal pay for work of equal value. We remain committed to working to close the gender pay gap through improvements in representation in the upper quartiles of pay.



Looking ahead to 2024/25

Going forward into 2024/25, we are excited to continue building on the progress that we have already made. There are a number of focus areas which we will be prioritising for delivery over the coming year.

We will...

Review and refresh organisational EDI Priorities

Develop a route-map for becoming an anti-racist organisation

Implement recommendations from the Inclusive Recruitment Audit – improving representation across the workforce at all levels.

Develop leaders as allies to support to the EDI agendas – promoting active bystanders, allyship and reverse mentoring.

Use demographic data to improve learning from patient feedback, complaints and incidents

Fully embed and further enhance the sexual safety campaign – Stop. Speak. Support



**Produced by the
Equality, Diversity & Inclusion Team**



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 29 May 2024
SUBJECT	Communications and Engagement Dashboard
PRESENTED BY	Salman Desai, Deputy Chief Executive
PURPOSE	Assurance

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

Risk Appetite Statement <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"/>

ACTION REQUIRED	The Board of Directors is asked to note the contents of this report and discuss the impact of its content.
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EXECUTIVE SUMMARY	<p>The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights.</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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PREVIOUSLY CONSIDERED BY	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 four of the financial year 2023/24 (January-March 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 1 – 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 Q4, this includes:

- Three community listening events delivered, with more than 100 attendees giving feedback on our services.
- 1,200 patient feedback surveys returned.
- Growing the Patient and Public Panel to 329 members, who contributed to 20 separate involvement opportunities.

Examples of the impact of this work are included in the report:

- Following feedback from the Deaf community about accessing 111, a visit to the Deaf Village community group was arranged with a representative from 111 to demonstrate the British Sign Language app.
- Members of the PPP contributed to the development of a pictorial eBook, designed to support staff when communicating with patients with a disability.

Aim 2 – 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 Q4, this includes:

- Network support – extensive comms activity in support of various network events including LGBT+ History month, International Women’s Day and more.
- Staff survey – after helping to achieve the highest ever staff survey return rate, comms activity has focused on promoting the results and encouraging responses to the smaller quarterly pulse survey.
- Body worn video cameras – thanks to comms activity, usage of BWVC continues to increase. There has also been an increase in staff coming forward to share their stories, demonstrating the effectiveness of comms messages so far.

- Better Health Better You newsletter – readership continues to steadily increase, reaching more than 3000 staff each month. In Q4, 560 people clicked on the links to access further support or information – this was particularly high for January’s edition about financial support.
- Sexual safety campaign – this was launched in Q4 and planning is underway for a Q1 2024/25 roadshow to take the conversation to staff at NWAS and hospital sites.

Aim 3 – Work together to shape a better future

Objectives – Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

Statistical content and narrative is provided to outline communications activity that meet this aim and objective.

For Q4, this includes:

- Winter demand campaign evaluation – highlights from our campaign evaluation include –
 - Social media content seen over 1.5m times
 - 25 pieces of positive media coverage, including a live interview with BBC Breakfast
 - 30k health information leaflets distributed, and translated into six languages
 - 6m pairs of ears hearing the radio adverts
 - A 25% reduction in NHS 111 calls for repeat prescriptions in December 2023 compared with December 2022, despite an overall increase of 2% in calls to 111
 - 17% decrease in 999 calls for falls from Nov 23-Feb 24
 - 10% decrease in 999 calls overall during October 2023, compared to October 2024
- Careers with Heart – launch of a new trust-wide recruitment campaign which led to a 104% increase in visits to the careers page on the NWAS website during its first month
- Press office – a busy quarter for the press office with an increase in positive proactive stories issued and interviews arranged, and reactive statements prepared.
- Social media activity – we continue to grow our online audience at a steady rate. This quarter saw our most successful ‘reel’ (Instagram video post) yet, with a teaser about BBC Ambulance reached 70,000 views.

The report also captures other areas of communications and engagement activity which cut across the three aims:

- Website and Green Room – we have seen an increase in visits to both the website and Green Room. On the website, the vacancies page was popular, which is a result of the Careers with Heart campaign launch. The Green Room has seen an increase in visitors with key areas, such as the managers on duty page, HR Portal and bulletins, being the most popular pages, suggesting it continues to be a useful resource for staff.
- Accessibility – work continues on improving accessibility of NWAS information. 220 publications were audited on the website with many being converted to the more accessible HTML format. Training has also been delivered to several trust departments to help make documents more accessible and this will continue in 2024/25.
- FOI figures – Q4 was busy with FOIs, with 62% more responded to than in Q3. We end the year achieving the 20-working day response target 98% of the time. FOI training is being delivered to trust departments to help with awareness and compliance, and the FOI policy was updated ready for 2024/25.
- Stakeholder communications – Q4 saw an increase in correspondence with MPs and key stakeholders. This is likely due to increased political activity with local and forthcoming general elections.

- Publications –Your Call magazine was released in January and has been read more than 4,000 times. This edition included an ‘A-Z of PTS’, following feedback gathered from the public at the recent community listening events which suggested there needed to be more awareness of the PTS service.

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.

An accessibility work plan is being actioned within the team currently, which aims to improve accessibility for all – this includes improvements to the website and Green Room, changes to the way all trust information (including policies and procedures) is presented, how events are organised and delivered, and more.

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.

Communications and Engagement Dashboard

Q4 2023/24 (January, February, March)



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 Q4 2023/2024, before summarising other highlights from our activity.

The 'making a difference' trust value icon is used throughout to highlight how our activity has a positive impact on staff, patients or partner organisations.



MAKING A DIFFERENCE.

Provide high quality, inclusive care

Objective:

Identify opportunities to improve clinical practice and patient experience

3 NWAS community listening events held

The last of five community listening events were held in Q4, in Greater Manchester, Cumbria and Cheshire.

More than **100** members of the public attended to learn more about our services and share their experiences.

Throughout the events, there was interest in:

- mental health - the care of patients and pathways available
- Stroke symptoms and awareness
- CPR training

Feedback from attendees was positive:

"We thoroughly enjoyed the event; it was incredibly informative and delivered at the correct pace."

A full evaluation report will be produced in Q1 2024/25 to inform plans for 2024/25. For example, we are already exploring CPR training at our next events, and incorporating feedback themes into our summer communications campaign planning.

3 other community events attended ▼ 5

We attended fewer events in Q4. This is partly due to the seasonal nature of events (with many more in spring and summer - in Q2 we attended 33 events), but also because we focused on the planning and delivery of NWAS-led sessions mentioned above. We will see an increase in Q1 and Q2 of 2024/25.

Patient experience surveys

13,089 surveys sent **1280** surveys returned ▲ **20%**

88% were likely to recommend the service to friends and family ▼ **2%**

88% were very or fairly satisfied with the overall service they received =

93% agreed they were cared for with dignity, compassion and respect ▲ **1%**

Patient and Public Panel (PPP)

36 new expressions of interest **34** new panel members

329 total panel members ▲ **11%**

Surpassing our target of 300 members!



5 new requests for panel involvement **20** involvement opportunities delivered

Areas of involvement included: attendance at learning forums, scoring at the Equality Delivery System (EDS)2 Grading Event, supporting production of the Mental Health and Dementia Strategic Plan and accessibility guides.



During Q4, the PPP supported with the pictorial eBook - an accessible guide for staff to use to communicate with patients with a disability.

Members reviewed the eBook to make sure it was accessible and included the key information. The feedback led to some information being added, such as explaining that observations (including blood and oxygen level tests) do not hurt, as some patients can be anxious. The eBook will soon be available on staff iPads ready for when they're interacting with patients.

Performance against objectives

Increasing youth representation

2023/24 TARGET

30%

Q4 POSITION

31%

Representing ethnically diverse communities

2023/24 TARGET

40%

Q4 POSITION

24%

We met our target for youth representation but despite reaching 29% for ethnically diverse representation towards the end of Q4, we finished the year at 24%. This is due to the Panel continuing to attract new members from all communities which has then reduced our diverse representation. 2024/25 will see us focussing on maintaining our membership level and investing in the development of our members.



Feedback from surveys and events is shared with senior managers to inform improvements. Following queries from the Deaf community about accessing 111, we arranged a visit to Deaf Village community group with a 111 representative to demonstrate the 111 BSL app. This received positive feedback and we're exploring more ways we can support the Deaf community and raise awareness of how to contact services.

Be a brilliant place to work for all

Objective:

Improve the health, wellbeing and safety of our people

Network support

LGBT+ History Month

- Created a Teams background with this year's LGBT HM logo for all staff to use.
- Asked network members to share who their LGBT icons are and why – shared internally and externally.
- Announced the new LGBT Pride wrapped ambulances.
- Shared a survey for members to understand how the network can be improved and what their priorities should be for the next two years.

International Women's Day

- Attended event in Manchester to take photos, create social media and web content for internal and external audiences.

Race Equality Network

- Announced the Race Equality Matters Trailblazer recognition and how the network has improved staff and patient experiences.
- Shared details of the reverse mentoring programme.
- Supported Race Equality Week with blogs from network members about what the week means to them, and a video from a colleague who talked about being subjected to racism from patients.
- Shared Ramadan guidance and promoted the Iftar dinner.

Disability Network

- For Neurodiversity Celebration Week, we shared a staff video about living with Dyslexia.

Body worn video cameras (BWVC)

- Continued sharing key messages and asking staff to share their experiences to highlight the importance of wearing a camera.
- BWVC operating pocket guides were created and printed for all staff. They have instructions on how to operate the camera and important info to remember.



With continued comms, usage of the BWVC continues to rise. Usage is currently at 42%.

In Q4 it has been encouraging to see an increase in staff coming forward to share their stories - this suggests the messages are getting across to staff. As well as realising the benefits of wearing a camera for their safety, they are willing to share their experiences to encourage others to wear them.

Staff survey

- Following the success of the communications activity in Q2-3, which helped achieve the highest ever response rate, support was given in Q4 to share the results.
- A dedicated HR bulletin was issued and a staff survey headlines infographic was produced.
- An action plan was created to support sharing the results over the next few months and how we will link to them in our other campaigns such as sexual safety, health and wellbeing topics and BWVCs.
- A big part of the plan is to link it with the Pulse survey that is currently live so that will be highlighted in Q2.

3 editions of 'Better Health, Better You'

a publication produced in collaboration with the staff wellbeing team. This quarter, editions covered financial support, cancer support and endometriosis awareness. All featured real staff experiences.

3,322 staff read the newsletter each month on average **▲ 3%**

560 people clicked on the links which take you to further support.



BHBY is consistently one of our most read email communications and the number of readers continues to steadily increase. January's edition about financial support received a higher than average amount of link clicks - showing staff are accessing extra information through the newsletter.

Sexual safety campaign

- Launched our sexual safety campaign with the sexual safety statement, details on our 'stop, speak, support' approach, and a video that gives the national picture and includes what our colleagues are saying about sexual safety and where staff can get support.
- Started planning for a roadshow for May – June in which members of the working group will tour emergency departments to hand out sexual safety merchandise and start the conversation of sexual safety at NWS with staff.
- To encourage staff to come forward and share their own experiences, content has been shared from Bron Biddle, Programme Lead at AACE. She recently featured on a TASC podcast that we shared in the bulletin in March. She has also shared anonymous ambulance staff quotes that will be shared in upcoming comms.

Welcoming new starters

- Contributed to the development of an improved induction process, including the filming of welcome messages from leaders, updating a welcome booklet and contributing to the content of an induction site.
- Presented to 12 cohorts of new starters to welcome them and explain the role of comms and engagement.

Film

11 underway **10** completed

Q2 and Q3 were very busy for film - with a large number of winter demand and seasonal messages. In Q4 this activity levelled out. The focus this quarter has been on the development of films to support the new induction process and welcome new starters to the trust.

Internal bulletins

During this quarter, we shared:

10 CEO bulletins **15** Clinical bulletins **23** Operational bulletins

Plus **48** others including weekly bulletins, HR, Leadership Review, and In Our Thoughts.

388 staff app downloads

Work together to shape a better future

Objectives: Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.

Winter campaign

Our winter communications plan concluded in Q4 and has been evaluated to measure success and learn lessons. The overall aim of the campaign was to support the delivery of a sustainable operational model by helping to reduce non-emergency 999 calls and avoidable 111 calls through an awareness raising campaign, with elements of health prevention and promotion. Research and insight informed our approach, which included a regional campaign about using 999 wisely ('every second counts') with localised elements based on call data - Greater Manchester focused on falls prevention, Cheshire and Merseyside on repeat prescription calls to 111, and Cumbria and Lancashire on mental health.

We worked with partner organisations to amplify our messaging and used an extensive selection of online and offline tactics. We planned for peaks in demand and adverse weather conditions; secured positive national, regional and local coverage, and engaged directly with communities.

Campaign highlights include:

Our social media content was seen over

1,500,000 times

25 positive pieces of media coverage were secured, including a national interview on BBC Breakfast

30,000 leaflets were printed and distributed, including 6 language translations

6,000,000 pairs of ears heard our radio adverts

During the campaign, NWAS saw:

25% reduction in NHS 111 calls for repeat prescriptions throughout December compared to the previous year, despite an overall increase of 2% in the number of calls we received to 111.

17% decrease in 999 calls for 'falls or faints without injury' from November 23 - February 24. A reduction of 1,421 calls, which would have saved the trust an estimated **£390,000** for see and treat response.

10% decrease in 999 calls during October 2023 compared to October 2024. Throughout winter overall there was a slight increase in 999 calls compared to winter 2022/23, however the 2022 industrial action resulted in fewer calls and incidents, affecting the comparison.



Careers with Heart

Our new trust-wide recruitment communications campaign launched in Q4. The approach focuses on awareness and encourages people to imagine themselves with a career at NWAS. The campaign features the real people behind the service, with a mixture of age, background and gender to highlight that we're inclusive to all.

Activity has included new marketing materials, social media content, and an advertising campaign including digital, billboard, bus, and national rail advertisements in target locations.

- In January, views to the careers page of the website were up **104%** from December.
- By the end of March, the digital adverts had reached **975,000** people.
- Between Jan - March 2024, we received over **4,900** job applications, 35% of which were from ethnic minority groups.

Press and public relations

Press office activity / output

169 incident checks handled **▲ 24%**

19 statements prepared in response to media enquiries **▲ 19%**

22 positive broadcast media opportunities secured **▲ 69%**

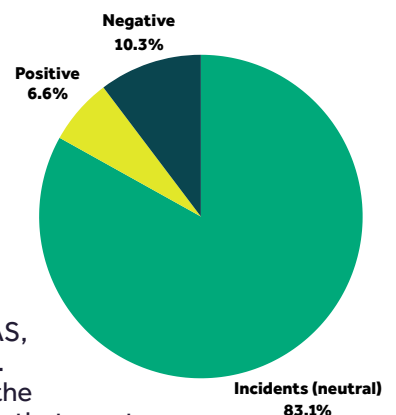
28 proactive stories issued, against our target of **16**

Resulting media coverage

To give us a picture of NWAS in the media, we log all news coverage available online. This will not include every mention in local press or broadcast media, but allows us to see the overall sentiment of reporting.

The majority is about incidents, including a mention of NWAS with details provided by our press office, 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 usually comes as a direct result of the proactive press activity carried out by our press office that quarter.



It was a busy quarter for our press office, with a good mix of reactive and proactive positive activity. All media activity is intended to increase awareness of the service and share public health messaging, in support of service delivery. Reactive activity also helps protect the reputation of the trust, and maintain public confidence in the service.

We received extensive media coverage after we brought together a man who survived a cardiac arrest and staff involved in his treatment. This highlighted the great work of the service and allowed staff to celebrate a success of their work.

We provided interviews in February warning the public about the spike in demand being experienced by the service.

Social media - Facebook, X (Twitter) and Instagram

Audience

f 83,900 Facebook followers
t 68,477 X (Twitter) followers
i 18,872 Instagram followers
in 8,633 LinkedIn followers

Engagement

749 posts published on all channels **▲ 24%**
5,906,848 impressions **▲ 20%**
299,529 engagements (comments, likes, retweets, shares etc) **▼ 23%**
3.9% engagement rate **▼ from 6.1% in Q3**

Audience growth ▲ 2%

TOP POST Say hello to our new EMT apprentices - **10,318** engagements

TOP REEL BBC Ambulance episode teaser reel - **70,300** views



We continue to spend time and effort building our online communities by engaging with all comments and questions sent to us and choosing our content carefully. Our platforms have a combined following of over 179k, making them our biggest external platform for getting our information across.

The social media landscape is constantly evolving, and we are keeping up with the trends such as making all our videos for Instagram and Facebook Reels, as people mostly watch vertically filmed, short form videos. A BBC Ambulance teaser Reel from Q4 was viewed more than 70,000 times - our most successful yet.

'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

Website

266,733 users **▲ 107%** **461,133** page views **▲ 21%**

Most viewed

★ ★ ★ Vacancies (125,145 views)
★ ★ ★ Apprenticeships (17,135 views)

Green Room

23,580 users **▲ 27%** **569,416** page views **▲ 10%**

Most viewed

★ ★ ★ Managers on duty (76,236 views), HR Portal (16,765 views) and bulletins (15,548 views)

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.

- We have seen a huge increase in visits to the website. The Careers with Heart campaign has contributed to this, with advertising driving traffic to the careers sections of the site.
- Development work has taken place on the website to enable us to create improved, more accessible page layouts.
- The Green Room has also been busier in Q4. The managers on duty page continues to be a useful tool to staff.
- We have made improvements to the HR portal and resources sections to make it easier for staff to find information.

Accessibility

- A full audit of all 220 publications on the website has been completed. In Q4, 30 were converted from PDF to HTML (in line with accessibility best practice) with 40 remaining for conversion in Q1 2024/25.
- A training presentation on 'making documents more accessible' has been delivered to several trust departments.
- Accessibility best practice guidance is available on the Green Room and has been promoted in the bulletin.

Publications

Your Call magazine was released in January. This edition:

- Included **10** stories covering Chinese New Year, Ramadan, careers with heart staff story, staff terminal cancer story, and staff stories on hidden disabilities and thyroid cancer. Following feedback from the community listening events, there was also a 'PTS A-Z' article to help increase understanding of the service.
- Has been read **4,313** times so far, with readers spending an average of **2 min 23 secs** browsing the edition.
- The most popular article to date has been the PTS A-Z article, which has been read nearly **700** times.

Freedom of Information (FOI)

117 responded to **▲ 62%**
98% compliance year-to-date against 20 day target

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%.

Topics included:

- Assaults on staff
- Fleet lists
- IT infrastructure

FOI training is being delivered to trust departments. It covers how FOIs work and the importance of responding. We hope this will encourage timely responses from all departments to ensure we continue to meet the targets.

The FOI policy was updated, ready for 2024/25.

Stakeholder communications

13 MP letters **▲ 44%** **3 Parliamentary Award entries**
3 stakeholder briefings **13 stakeholder letters**

- For the second consecutive quarter, we've seen an increase in MP letters responded to. This is likely due to increased political activity with local and forthcoming general elections.
- Other stakeholder letters included correspondence from the CEO and Deputy CEO on topics such as retirements, commendations and letters of condolence.
- Two stakeholder newsletters were issued with information about our services.