

NHS

North West
Ambulance Service
NHS Trust



PATIENT ENGAGEMENT ANNUAL REPORT.

2022/23

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FOREWORD.

I am delighted to present the trust's Patient Engagement Annual Report for 2022/23. Patients are at the heart of everything that we do, and we are committed to listening to and engaging with our patients, the public and all our key stakeholders to improve our services. This report highlights all the innovative ways in which we do this as well as providing examples of learning improvements and changes introduced.

This report also showcases the positive recruitment and engagement work that has been undertaken to further develop our Patient and Public Panel (PPP) which has continued to grow in number but more particularly to better represent younger people as well as diversity of membership.

In the last year, we completed our review of our patient engagement surveys moving predominantly to digital feedback and started to develop our understanding of the demographic breakdown of respondents. We successfully moved patient surveys for the Paramedic Emergency Service (PES) and Patient Transport Service (PTS) from a paper-based postal channel to an SMS text link on mobile phones. We provide NHS 111 services for the region, and we continued to receive feedback from our patients' experience of calling NHS 111 via the national 111 postal survey.

2022/23 has been another challenging year for us as an ambulance service and the NHS as a whole. We have continued to face huge demand on our services and a scale of industrial action not seen by the service in over three decades. Reflecting the changing landscape of the healthcare sector and how we as both an ambulance service and an NHS trust must adapt and evolve, we also launched our 2022-2025 trust strategy, taking on board comments from our patients, the PPP and wider stakeholders. Our strategy sets out our vision, aims, values and objectives and how we will improve.

2022/23 also saw the publication of the emergency services report following the conclusion of the Manchester Arena Inquiry. We will never forget the 22 victims that sadly lost their lives and we fully accepted the findings of the Inquiry Chair, Sir John Saunders. Learning from that tragic night in 2017 will help us improve our services for everyone and ensure we are better prepared, should we ever need to respond to such a devastating incident again.

Positively, I hope you agree that we have risen to these challenges and continued to communicate, engage, and involve our communities in the work of the trust. This was further supported by the return of five face-to-face 'Back to Basics' community listening events, first introduced in 2019 but put on hold during the pandemic years. We also continue to embrace good practice by offering a mix of face-to-face and virtual meetings via Microsoft Teams and Zoom.

This dual approach enables us to maximise the involvement of our PPP volunteers and continue to gather patient experience on which to base improvements.

I hope you enjoy reading the report and would welcome your feedback which can be sent to talk.tous@nwas.nhs.uk.

Salman Desai KAM

DEPUTY CHIEF EXECUTIVE AND
CHIEF OPERATING OFFICER



INTRODUCTION.

Each year the trust's Patient Engagement Team delivers an extensive patient engagement programme in line with the trust's Equality, Diversity and Inclusion goals, our Patient Public and Community Engagement Framework and overarching Communications and Engagement Strategic Plan.

An annual action plan sets out the ways we propose to engage with and obtain feedback from our patients across all service areas including PES, PTS, NHS 111 and our Urgent Care Service (UCS).

Just as importantly, our work plans provide a structure to share and learn from what patients tell us. This includes the production of service line dashboards to discuss bi monthly with senior management, a monthly patient or staff story which is filmed and shared with Board, regular reports to the Equality, Diversity and Inclusion Sub Committee, a quarterly report to Board and both satisfaction scores and commentaries through our internal integrated performance report and an external national report to NHS England.

The following pages detail the ways we listen to patients and use what we are told to learn and improve patient experience.



PATIENT, PUBLIC AND COMMUNITY ENGAGEMENT FRAMEWORK AND TRUST EDI PRIORITIES.

The trust strategic Equality, Diversity and Inclusion (EDI) priorities are:

1. We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.
2. We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step change in the experience of our staff and patients.
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.

Our annual Patient, Public and Community Engagement Plan supports the aims set out in our Patient, Public and Community Engagement Framework, as approved by the trust's Executive Leadership Committee.

AIMS

The five aims as set out in the Patient, Public and Community Engagement Framework include:

1. Educate our patient, public and community groups on what to expect from and how to access ambulance services.
2. Work in partnership with our patient, public and community groups, stakeholders and Patient and Public Panel (PPP) members to co-design services.
3. Capture and share changes which have been made as a result of patient, public and community group feedback.
4. Enhance patient, public and community groups access to ambulance employment to improve diversity within the trust.
5. Ensure that engagement is embedded throughout the organisation and that priority messages are shared with our patients, public and community groups.

All our patient engagement aims lend support to achieving the trust's strategic EDI priorities. However, the strongest links are between EDI priority 1 with aim 4 and EDI priority 3, using patient engagement feedback activities to drive improvements in access and health inequalities supported by aims 2, 3 and 5.

AIM 1: EDUCATE OUR PATIENT, PUBLIC AND COMMUNITY GROUPS ON WHAT TO EXPECT FROM AND HOW TO ACCESS AMBULANCE SERVICES.

Additional activities with engaging and sharing information with our diverse communities is supported by the Patient, Public and Community Engagement Framework aim 1 and our attendance at high footfall community engagement events.

- An Engagement Activity Plan for 2022/23 was developed for population with high footfall events e.g. PRIDE events, health fairs and Disability Awareness Day events.
- We have attended 11 face-to-face community engagement events in high-level ethnic minority communities. Examples of events we attended include Greater Manchester Windrush Day, careers event with Wai Yin Manchester, Preston Health Mela, Burnley Health Mela and Bolton University Fresher Fair.
This is much lower than in pre-pandemic years but is expected to rise again in 2023/24.

AIM 2: WORK IN PARTNERSHIP WITH OUR PATIENT, PUBLIC AND COMMUNITY GROUPS, STAKEHOLDERS AND PATIENT AND PUBLIC PANEL (PPP) MEMBERS TO CO-DESIGN SERVICES.

A minimum of 1% of our PTS and PES patients, and at least 1,200 NHS 111 patients, receive the opportunity to provide Friends and Family Test (FFT) feedback monthly. In addition to our NHS 111 postal survey offer and FFT comment cards on vehicles, we continued to develop our digital offer by inviting patient feedback via an SMS text weblink and our website.

Each year we meet patient, health practitioner networks, forums and community groups to gather real insights into the care and treatment that specialist patient and community groups receive. As mentioned above, in 2022/23 this has been achieved through both face-to-face and virtual channels.

Our PPP continues to be a rich source of feedback and lived experience and we use our interactions with the membership to better understand patient experience, produce stories, analysis and themed findings to inform service development.

Particularly during the summer months, we attend high footfall health, diversity and local events across the North West. These include events such as health melas, PRIDE celebrations and county shows/country fairs. Later in the year we attend freshers fayres and careers events to engage with students and profile the ambulance service. All of these events offer opportunities for us to speak to and listen to patients and the public.

Lastly, we host our own trust community listening events in Cumbria, Cheshire, Lancashire, Merseyside and Greater Manchester. A key focus for this type of engagement is to listen to and get feedback from our North West communities on both perceptions and use of our PES, PTS and NHS 111 services.

PATIENT SURVEYS

A minimum 1% of PTS, PES, UCS, NHS 111 patients receive the opportunity to provide survey feedback monthly either through an SMS message or manual posting of NHS 111 surveys.

During 2022/23 we had an 8.1% cumulative return rate for PES, PTS and NHS 111 patient surveys, with the most returns received from our postal NHS 111 surveys, at 11.2%. A significant number of patients have provided feedback using varying channels, with over 25,000 completed returns. See Figure 1 below.

PATIENT ENGAGEMENT SURVEYS - SURVEY CHANNELS (1 APRIL 2022 - 31 MARCH 2023)		COMPLETED RETURNS	% OF TOTAL
Patient Transport Service PE Survey	(Via SMS delivery - On-line completion)	1,630	6.49%%
Patient Transport Service - Friend and Family Test (FFT)	(SMS Text completion)	14,843	59.06%
Patient Transport Service - Friend and Family Test (FFT)	(Post cards)	3	0.01%
Paramedic Emergency Service PE Survey	(Via SMS delivery - On-line completion)	1,236	4.92%
Paramedic Emergency Service - Friend and Family Test (FFT) - (See and Treat)	(SMS Text completion)	3,752	14.93%
Paramedic Emergency Service - Friend and Family Test (FFT) - (See and Treat)	(Post cards)	8	0.03%
Urgent Care Service PE Survey	(Via SMS delivery - On-line completion)	512	2.04%
NHS 111 Service PE Survey	(Postal)	1,740	6.92%
NHS 111 First Service PE Survey	(Postal / On-line)	1,407	5.60%
Total		25,131	

Figure 1 - 2022-2023 PE Survey Channel Table (Please Note: All data as at 31 March 2023)

PATIENT EXPERIENCE SURVEYS SMS Text Delivery / Postal / On-line (1 APRIL 2022 - 31 MARCH 2023)		PATIENT TRANSPORT SERVICE	PARAMEDIC EMERGENCY SERVICE	URGENT CARE DESK SERVICE	NHS 111 SERVICE	NHS 111 FIRST SERVICE
Cared for appropriately with Dignity, Compassion and Respect (Strongly Agree / Agree)	Q1	97.2%	92.6%	73.8%	n/a	n/a
	Q2	92.7%	94.7%	78.4%	n/a	n/a
	Q3	94.1%	92.6%	89.5%	n/a	n/a
	Q4	95.5%	97.2%	84.5%	n/a	n/a
	YTD	94.9%	94.3%	83.8%	n/a	n/a
Overall Service Received (Very Satisfied / Fairly Satisfied)	Q1	n/a	n/a	n/a	89.5%	91.9%
	Q2	n/a	n/a	n/a	90.5%	88.7%
	Q3	n/a	n/a	n/a	89.2%	92.0%
	Q4	n/a	n/a	n/a	86.6%	93.1%
	YTD	n/a	n/a	n/a	88.8%	91.7%
Overall Experience of Service / Recommend Ambulance Service to Friends and Family (Very Good / Good - Extremely Likely / Likely)	Q1	94.1%	88.8%	52.4%	90.9%	85.2%
	Q2	91.1%	89.5%	53.0%	90.5%	84.4%
	Q3	92.7%	85.8%	63.0%	90.3%	87.2%
	Q4	93.7%	96.1%	71.6%	87.0%	91.7%
	YTD	92.8%	90.1%	62.1%	89.6%	87.9%

Figure 2: PE Survey Response Feedback data by Quarter for 2022-2023

Feedback received during 2022/23 shows a high regard for ambulance services and in particular the care and treatment provided by staff.

A high 94.9% (+0.5% from 2021/22) of PTS, 94.3% (+1.4% from 2021/22) of PES and 83.8% (+1.6% from 2021/22) of UCS patients stated they were 'cared for appropriately with dignity, respect, kindness and compassion'.

"Excellent service from operator on the phone to the ambulance staff. My son was treated with care and dignity the whole time."
PES

"I have used PTS more than once. I have always felt safe and looked after. The drivers are really courteous and kind. If not for the PTS I would not be able to make my appointments as I am in a wheelchair. Thank you."
PTS

"Crew was efficient and followed protocol to the letter. They were polite and informative, and credit to the service."
PES

87.9% (-1.1% from 2021/22) of NHS 111 First patients, 90.1% of PES patients and 92.8% of PTS patients also found their overall experience of the respective services either good or very good. Satisfaction with NHS 111 services dipped slightly from 89.0% in 2021/22 to 88.8% in 2022/23. This decrease can be related to the unbroken upsurge in demand for NHS 111 services during 2022/23.

"I have attended numerous appointments and discharge using patient transport and always feel confident of being looked after and made to feel safe. Cannot praise staff enough."
PTS

"First time calling an emergency ambulance and service provided was up and above what I expected."
PES

"Professional, sympathetic, caring, listening advisors, at a time of anxiety this service provided reassurance, thank you."
NHS 111 FIRST

FRIENDS AND FAMILY TEST (FFT)

PTS and PES patients receive the opportunity to provide FFT feedback monthly through an SMS message. Monthly FFT data is shared via an Integrated Performance Report (IPR) at Board, Quality Committee and nationally with NHSE for UNIFY 2 submission.

A thematic analysis of the FFT qualitative feedback continues to show a high regard for the care and compassion shown by our staff. Areas of learning include waiting times, delays, and where there could be expectations for some of our more vulnerable PTS patients using third party or bariatric services and wheelchair support.

“Excellent service when calling the transport service. Good customer skills and polite and generally really helpful the past two times I’ve had to arrange transport.”

“From the first call to NHS 111 I was dealt with quickly went to A and E Warrington. From arriving to being seen, was very good. Completely cured all my problems. Came away with a happy smile on my face as it is the first time it has been sorted. Thank you to all at NHS 111.”

“I cannot praise these angels high enough. They are professional, caring, clever, genuine, lovely, patient, thorough, determined. They showed compassion and empathy and fully understood the upsetting and difficult situation. They went well above and beyond their call of duty and did not rush the situation and made extensive notes. I really appreciated their assistance. The person in question is now in hospital getting the help they desperately need. Please tell them a big thank you from me.”

At Figure 2, where FFT respondents have rated their overall experience of our services as ‘Very Good/Good’:

- Trust wide – **91.45%** (+3.85% from previous year) i.e. PTS and PES combined
- PTS – **92.8%** (+4.3% from previous year)
- PES – **90.1%** (+3.4% from previous year)



Figure 3: Summary of FFT response feedback data

DEMOGRAPHIC DATA OF SURVEY AND SMS FFT RESPONDENTS RESPECTIVELY

Figure 4 below shows the percentage breakdown of survey respondents by demographics for our PES, PTS, NHS 111 and NHS 111 First surveys as well as where we have received FFT feedback via SMS on our PES and PTS service lines. Some key headlines show:

- As expected, 94.1% of PTS respondents are over 45 years of age.
- 60.5% of NHS 111 respondents are female suggesting primary childcare concerns.
- Over 80% of PTS respondents declared a disability on the booking criteria.
- An average of 5.58% of all service line respondents were from ethnic minority communities which is representative of the ethnic diversity in the North West.
- On average, 2.0% of all service line respondents preferred not to declare their ethnicity.

PATIENT ENGAGEMENT SURVEYS Summary of Key Demographic Data (1 APRIL 2022 - 31 MARCH 2023)		PTS (URL Link)*	PES (URL Link)*	UCD (URL Link)*	PTS FFT (SMS Text)	PES FFT (SMS Text)	111 (Postal)	111 FIRST (Postal)
Patient Age	Under 16 yrs	1.0%	0.4%	0.2%	1.2%	1.2%	3.8%	15.9%
	Over 45+ yrs	94.1%	79.3%	67.6%	93.1%	70.1%	72.1%	63.5%
	Over 75+ yrs	27.6%	30.8%	24.4%	34.1%	17.4%	24.3%	16.9%
	Over 85+ yrs	7.6%	10.8%	9.8%	9.1%	5.6%	No data	4.4%
Patient Gender	Female	53.3%	50.7%	53.3%	54.0%	62.0%	60.5%	58.8%
	Male	46.1%	48.7%	46.3%	46.0%	35.5%	38.1%	40.2%
	Prefer not to say	0.6%	0.6%	0.4%	0.0%	3.5%	1.4%	1.0%
Patient Impairment	Limiting illness	n/a	n/a	n/a	n/a	n/a	43.9%	n/a
	None	18.9%	38.5%	46.7%	7.7%	43.2%	51.9%	46.1%
	More than one	n/a	n/a	n/a	22.8%	13.1%	n/a	n/a
	Mobility	65.6%	35.9%	20.7%	53.3%	18.1%	n/a	11.0%
	Hearing	13.5%	15.9%	9.5%	1.0%	1.6%	n/a	7.7%
	Visual	9.0%	5.2%	2.7%	4.3%	0.8%	n/a	2.5%
	Mental Health	10.7%	16.7%	25.2%	1.8%	10.0%	n/a	5.7%
Patient Ethnicity	Dementia	n/a	n/a	n/a	0.4%	2.6%	n/a	1.1%
	Learning	1.9%	3.4%	5.6%	0.6%	1.1%	n/a	2.4%
	(Black & Minority Ethnic Communities)	3.4%	3.2%	5.3%	5.0%	8.7%	7.0%	6.5%
	Prefer not to say	1.8%	1.1%	3.5%	3.0%	3.3%	0.0%	1.3%
Demographic Data Request	No response provided	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%

Figure 4: Percentage data breakdown of respondents by demographics

PATIENT, PUBLIC AND COMMUNITY ENGAGEMENT

Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method we use to gain qualitative feedback is engagement with community and patient groups within our region – as mentioned above this has continued to take place virtually during most of the last year.

Our focus has been to reassure communities that they are safe using ambulance services and reaffirm the basics of what we offer across each of our three main service lines.

In excess of 43 virtual engagement events were attended by the trust as either principal speakers, advisories, or facilitators. Some examples include: Lancashire Learning Disability Partnership Board, CLP Patients, Public and Carers Voice Forum Meeting, Cumbria Deaf Association, Healthwatch Wirral, Healthwatch Sefton, NCompass, Insight Healthcare and Caribbean and African Health Network.

Thank you message from Healthwatch Wirral following engagement session with BRIDGE Forum. "Thanks for today Yunus - already had some good responses around what you shared – important."

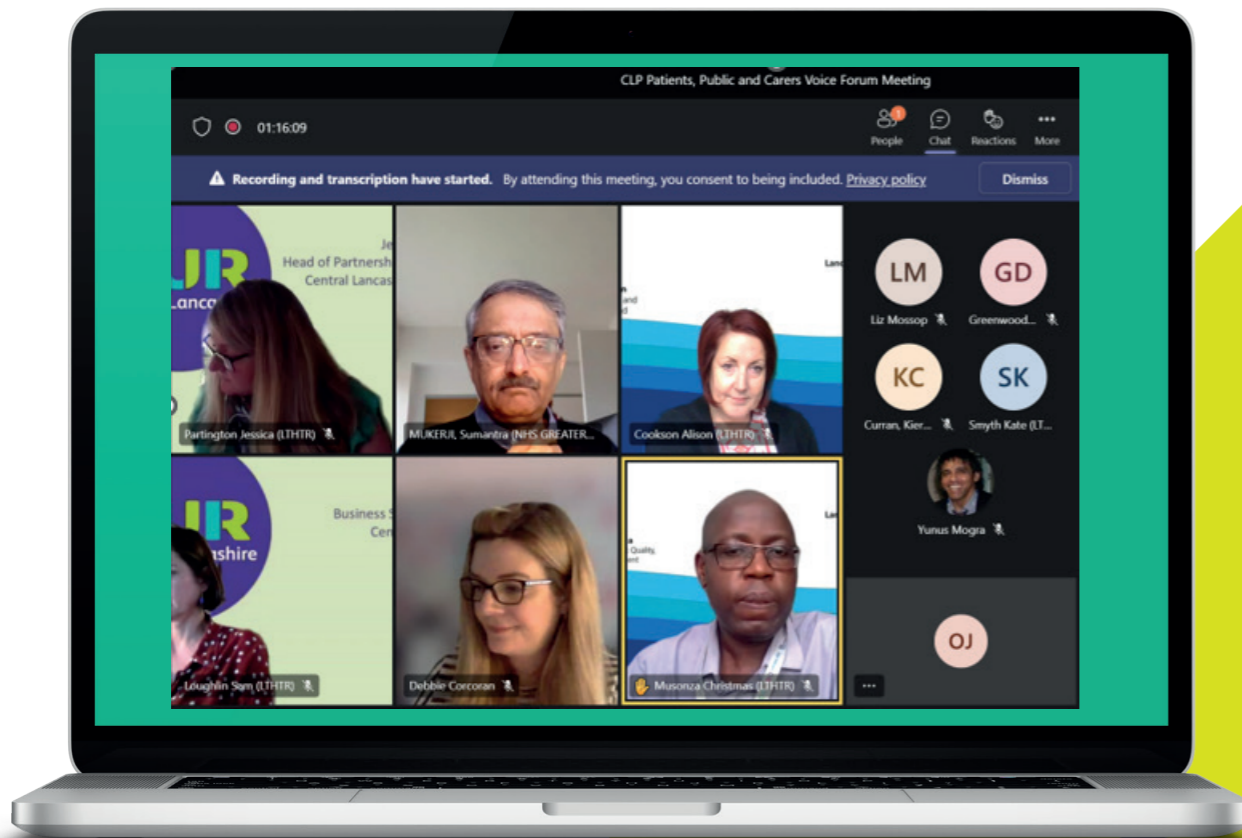
"Many thanks for joining us at Preston Health Mela on Saturday. It was great having your support talking with attendees about your services and careers within the ambulance service."

FEEDBACK THEMES

Feedback has fluctuated over the year but has consistently demonstrated a general high regard for the ambulance service and in particular the high percentages of patients feeling they were treated with dignity, compassion and respect.

Themes during this period have included:

- Constraints and pressures that we have continued to work under – both as an ambulance service and part of the wider healthcare sector. The public recognise that it is not always the ambulance service's fault when we are delayed getting to patients.
- The impact of the cost-of-living and energy costs with mental health related calls, and secondly whether that will impact on us being able to run ambulances.
- Job roles within the ambulance service.
- Ambulance service understanding of young onset dementia and the opportunity to hear more on this from an expert speaker at one of our patient engagement team meetings.
- PTS criteria including use of escorts and whether PTS staff/volunteers are still required to wear personal protective equipment (PPE).
- Accessing services for both ethnic minority and deaf communities.
- Lack of awareness of NHS 111 online, mental health support provision, safeguarding and referral processes.
- Reassurance that we can still provide cover on industrial action days.



Positively we are now also seeing the return of large-scale face-to-face community events and have been able to attend 12 in 2022/23. Face-to-face engagement with students and others at freshers fayres has particularly helped with the recruitment of more young people to our Patient and Public Panel as well as help inform the development of the newly introduced online resource: Ambulance Academy.

We will continue to build on our face-to-face attendance during 2023/24 as health melas, PRIDE and other high footfall events are back on the events calendar.

During 2022/23, we have also delivered five county-based face-to-face community listening events of our own.

These were successfully first introduced in 2019 but were then paused during the pandemic. Events have been well attended with attendees from a range of public, patients and communities. A key focus for this type of engagement was to listen to, get feedback from, reassure and answer questions or concerns raised by our North West communities on our PES, PTS and NHS 111 services. Attendees hear from service lines 'lightning speakers' before taking part in short interactive table exercises that help us identify what we are doing well as well as what needs to be improved. A summary of feedback and what is to be changed as a result is produced and shared with attendees as well as community and specialist patient groups across our North West footprint.



"I could not think of any improvement as everything was well organised."

CHESHIRE ATTENDEE

"Hearing about different areas of fields how they work within their department. Finding what service is available to use according to eligibility e.g., PTS. Enjoyed how 111 and 999 fits and regarding how urgent the matter is."

GREATER MANCHESTER ATTENDEE

"The table activities and the main speaker was excellent. Networking with others, learning about NWAS overview - friendly staff."

LANCASHIRE ATTENDEE

"Really positive event - THANK YOU! Engaging throughout and appropriate activities. Great staff!"

CUMBRIA ATTENDEE

"Thank you so much for inviting me to the community conversation event. I really enjoyed it and understood the services around us. Very useful information. The workshops were fantastic thank you again."

MERSEYSIDE ATTENDEE

"I really enjoyed meeting other service users and sharing experiences of using NWAS service."

MERSEYSIDE ATTENDEE

PROTECTED CHARACTERISTICS

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. These are cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

Figure 5 below shows protected characteristic groups' engagement in 2022/23.

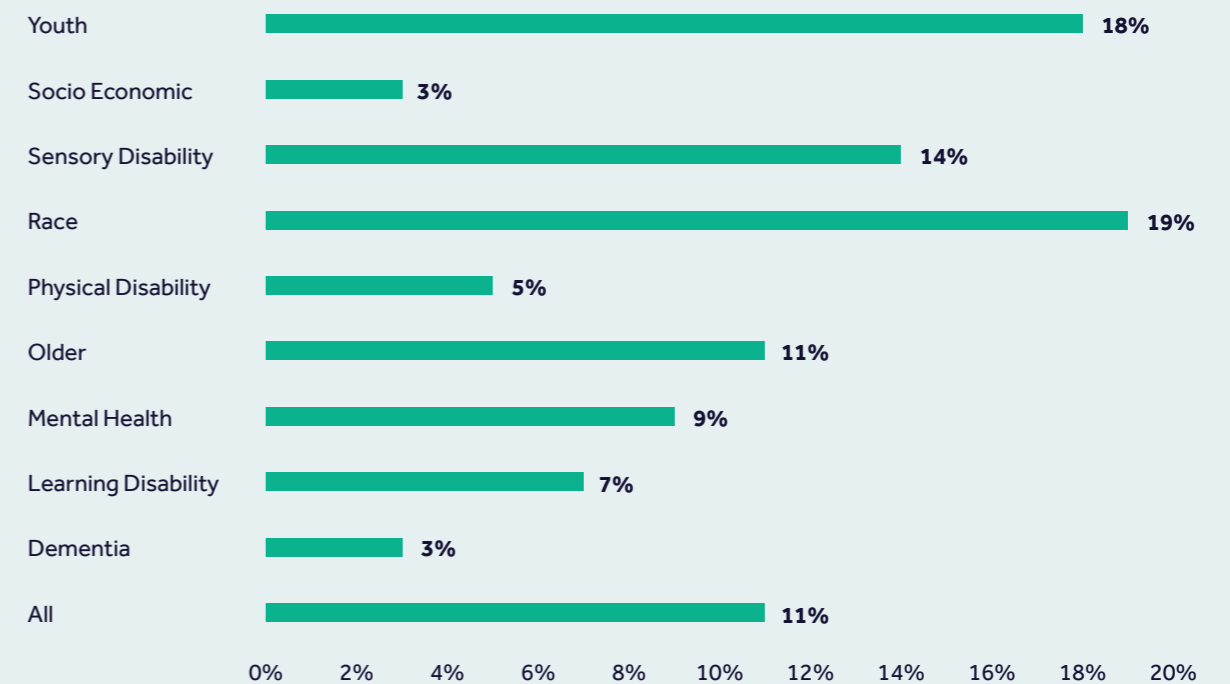


Figure 5: Protected characteristics of patient groups engaged during 22.23.



PATIENT AND PUBLIC PANEL.

Our volunteer PPP, established in 2019, is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations. It offers meaningful opportunities for members to influence decisions and identify improvements in our urgent and emergency care, patient transport, NHS 111 and back-office services in a way that suits their lifestyle and the time and commitment they are able to give.

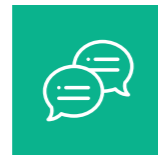
Panel members bring expert lived experience and knowledge of our services and offer valuable insights into numerous projects, initiatives, policies, systems and campaigns. During 2022/23 almost all involvement was undertaken virtually but this is expected to change in 2023/24.

The PPP has a flexible infrastructure to enable patients and the public to become involved at one or more levels that best suit them. All levels are equally important and consist of:



CONSULT.

'Consult' is virtual, making the most of digital channels to interact with members who can get involved whenever or wherever they choose.



CO-PRODUCE.

'Co-produce' panel members work together on short-term projects using co-production techniques.



INFLUENCE.

'Influence' members take an ongoing, active role in high-level meetings to enhance decision making and discussions.

Our PPP has continued to grow, and we have actively engaged the membership via virtual platforms throughout the past 12 months. We now have 268 PPP members fully inducted, with most already involved in the work of the trust. We have reached our target for disability (20%) with 29% (77) of the 268 PPP members declaring they have a disability. We also hit our 2022/23 youth target of 25%, with 68 youth members signed up to our PPP membership. Ethnic minority representation at the end of March 2023 was 16% against a target of 30% and we recognise more work needs to be done to continue to engage with diverse communities across the North West. This will be a focus area for us in 2023/24.



From April 2022 to March 2023, PPP members have been invited to get involved in 85 opportunities with 33 requests for panel involvement from staff across the trust.

Areas the PPP have been involved in include regular attendance at high-level meetings such as area learning forums, attendance at Board and learning from deaths. PPP members have been involved in various projects at the trust, including hospital handover improvement collaborative events, taxi in 5 project, cardiac arrest project research, palliative care research, PTS public health awareness project along with providing comments and feedback on the introduction of NHS Pathways into our Emergency Operations Centres. The PPP was a national awards finalist in Engaging and Championing the Public at the Patient Experience National Network Awards (PENNA) 2022.

The panel membership receives regular information via a weekly roundup newsletter and quarterly bulletin. Members can engage with each other on a dedicated area of the NWS website, and access the Ambulance Academy for young persons. There have also been virtual development sessions including CPR, mental health and safeguarding. Members have also had the opportunity to provide feedback on key documents and publications such as the materials and assets for the trust's winter campaign.

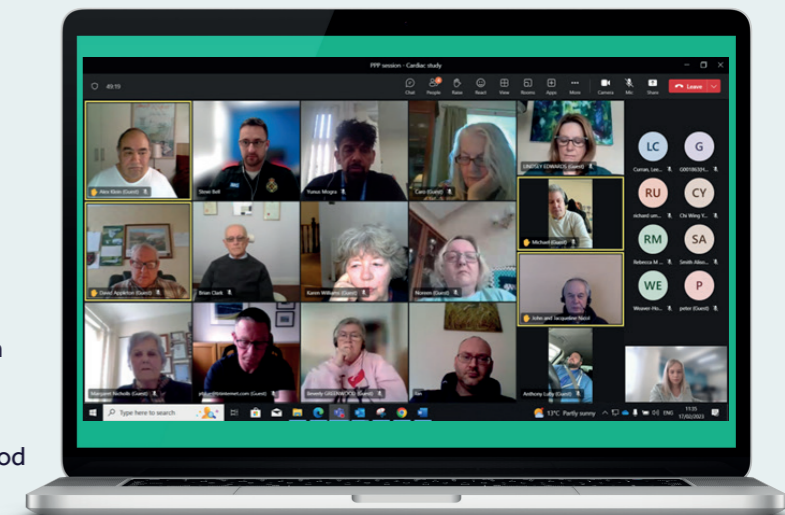
PPP INVOLVEMENT.

Below are a few examples of the invaluable support PPP members bring to trust services.

CARDIAC ARREST RESEARCH STUDY

PPP members supported with a research study led by North West Ambulance Service and North West Air Ambulance on invasive blood pressure measurement during cardiac arrest. This was a formal research study governed under national and internal research governance processes.

We currently do not know what a patient's blood pressure is when they are in cardiac arrest or what the effect on blood pressure is during many of the medical interventions that we currently undertake when treating a cardiac arrest. The study aimed to accurately undertake measurements of and describe blood pressure in patients suffering a cardiac arrest in the community.



PPP members provided consultation on the overall design of the study, particularly the proposed consent model necessary and will later review the proposed study 'Participant Information Sheets' which will inform the finalised design and ensure accessibility.

PALLIATIVE CARE RESEARCH PROJECT

PPP members were invited to join an online session led by our End of Life (EOL) Care Lead in partnership with the End of Life Care Team at Lancaster University to develop a research project looking at how ambulance services respond to patients with palliative care needs. Feedback from PPP members was collated to shape the aims of the research project and the approach needed to understand confidentiality when contacting EOL users of the ambulance services.

HOSPITAL HANDOVER COLLABORATIVE IMPROVEMENT EVENTS

Hospital Handover Collaborative Improvement events were set up by NWAS and Advancing Quality Alliance NHS (AQUA) following the decision made by the North West Regional Handover Board to address the matter of worsening ambulance handover times. This was an urgent approach, requiring the health care system to work together, learn from each other and together, tackle this complex issue. The aim of this work, which is ongoing, is to improve patient safety by reducing the plus 60-minute handover breaches by 50%.

Various PPP members attended the collaborative events in their county area and worked with their local hospital to share their feedback from a patient and public point of view as to how we can reduce demand on 999 services, improve the resilience and use of Same Day Emergency Care (SDEC) within Integrated Care Boards (ICBs), improve handover at the ambulance / Emergency Department (ED) interface and review system flow plans to ensure increased bed availability to pull from ED and reduce ambulance queuing.

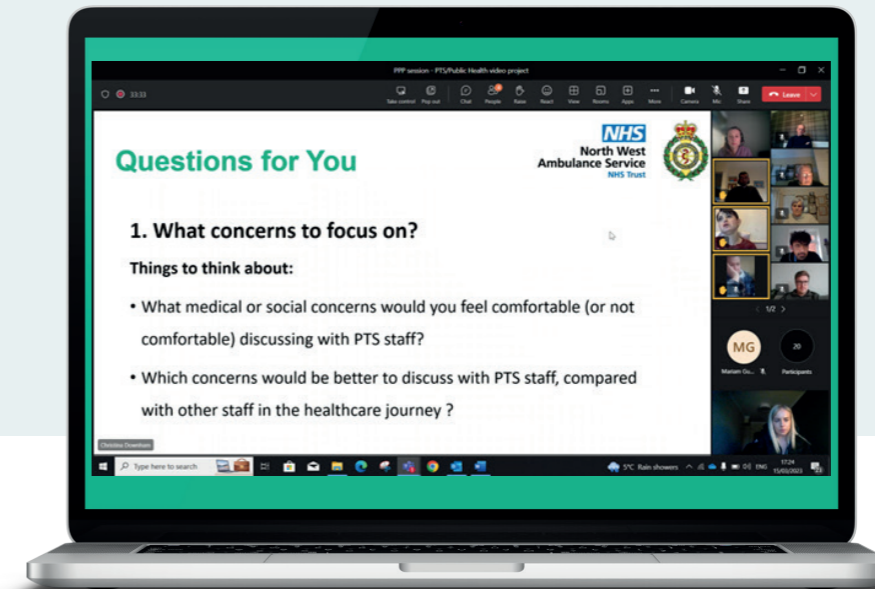


“Absolutely blown away by our fantastic PPP colleagues – thank you for putting this together and thank you for your continued support.”
NWAS END OF LIFE CARE LEAD

“The NWAS Patient and Public Panel are an amazing asset to the organisation. They have a wealth of lived experience, drive and passion to make a difference to patient care in their communities and across NWAS. The NWAS Quality Improvement team has worked with PPP members to design and deliver successful sessions to both clinicians and other PPP members. The PPP has helped to shape the trust and Quality strategies through their experiences and describing what matters to patients and carers. They have also been involved in developing case studies and videos as part of educational training material on hospital handover. I would personally advocate the benefit of working with PPP members and having them as an integral part of your project delivery team.”
Adele Markland
SENIOR IMPROVEMENT MANAGER

PTS VIDEO PROJECT

Our PTS had a unique opportunity to identify risks and concerns in patient's homes and our Public Health Department decided to produce an educational awareness video just for our PTS crews. It was about how to increase staff confidence in identifying health and socio-economic challenges that a patient may be experiencing and provide crews with tools on how to act on these concerns. PPP members feedback on concerns to focus on, how to approach these conversations and overall thoughts on the project.



“Just want to say thank you so much to you both for arranging this! What a brilliant panel, they are so engaging and brought so many fantastic ideas.”
NWAS PUBLIC HEALTH REGISTRAR

USE OF GENDER AND NON-GENDER SPECIFIC PRONOUNS

Gender and non-gender specific pronouns started to be used by parts of the NHS and other organisations. Pronouns are frequently used to refer to someone, often when speaking about an individual in the third person. Pronouns are usually gender implied e.g., he/him/his to refer to a boy/man or she/her/hers to refer to a girl/woman. However, sometimes pronouns can be used incorrectly by assuming a person's gender through their appearance.

This can potentially provoke upset as it indicates that people need to look a certain way to be classed as a specific gender. We surveyed our PPP members to gather their thoughts on their awareness of use of pronouns by the NHS or other organisations, their understanding as to why they are used in communications and how they find the use of pronouns as a patient. Preferred pronouns can now be found on NWAS ID badges and staff signatures on emails.

EDS2 GRADING EVENT

Each year, the trust holds an annual NHS Equality Delivery System 2(EDS2) grading event to see how each directorate is ensuring all communities, no matter their background, have the opportunity to access the services we provide and an equal chance to influence the way we deliver these services. PPP members attended to score the work/evidence shared with our achievements on the national EDS2 requirements which was then reported back to NHS England.

“The voice and experience the PPP brought to the EDS2 grading event was and remains invaluable and adds the perspective of a ‘critical friend’ in governance terms. I would like to take this opportunity to say thank you to the panellists who attended and helped the trusts assess its position not just from an internal perspective but our key patient and public viewpoint.”

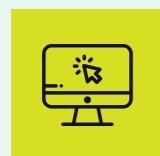
Wasim Mir
EQUALITY, DIVERSITY & INCLUSION (ED&I) ADVISOR

An event to celebrate and recognise the amazing achievements of our volunteers is planned for 2023.

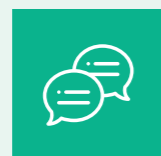
“The achievements book is incredibly impressive and a wonderful reflection of the expertise of NWAS. It’s such a privilege to work with NWAS. I also really like and value that these achievements have been captured for all to see. Often, we are all so busy ‘doing the job’ that we simply don’t take the time to capture all the excellent work and put it down on paper. Well done again to NWAS for doing this.”

PPP MEMBER

A BREAKDOWN OF PPP MEMBERS’ INVOLVEMENT BY LEVEL



CONSULT.
60.8%



CO-PRODUCE.
21.6%



INFLUENCE.
17.5%

Figure 5: Breakdown of PPP member’s involvement by level

FURTHER EXAMPLES OF STAFF APPRECIATION OF THE SUPPORT PROVIDED TO THEM BY THE PPP

“The lived experiences brought to Religion, Belief and Culture Forum have been very well engaged with and listened to by our NWAS staff, both those who can make the forum at the time and those that watch the session back afterward, which has been key to developing lived experiences being shared. The PPP has also supported through the Forum the review of what was the previous Faith and Culture Card containing information on the NWAS Directory of Services into its revised name of the Religion, Belief and Culture Card. The feedback and insights on the forum help NWAS staff to better interact and work with the communities we serve to provide the best patient outcomes possible.”

Wasim Mir
EQUALITY, DIVERSITY & INCLUSION (ED&I) ADVISOR

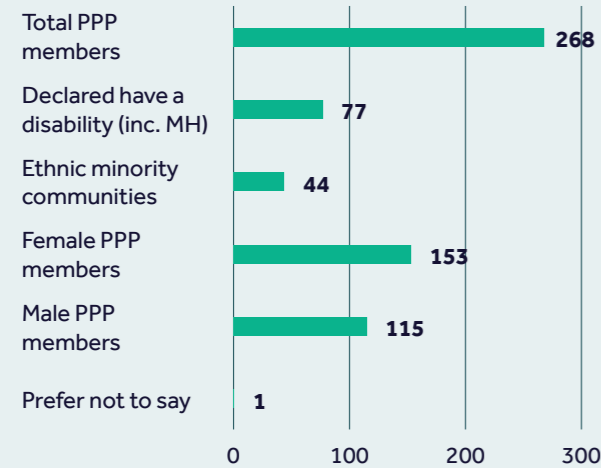
“Joseph Rawsthorne, a young PPP member attends our Greater Manchester (GM) Area Learning Forum, and his opinions and thoughts are really beneficial. Too often when we seek answers, we only have an ambulance or ‘green’ view. As a member of the PPP, Joseph frequently offers an alternative perspective, and often one that generates debate. For me that’s the tangible value in PPP inclusion in our forums – that different opinion, respectful challenge, and non-green view of the world.”

Martin Rolls
ADVANCED PARAMEDIC AND CHAIR OF GM AREA LEARNING FORUM

“Through the development of the trust strategy and supporting strategies, the panel members were invited to contribute to our strategic direction and objectives through several focussed virtual sessions. Panel members have made an immeasurable contribution by providing challenge, scrutiny, and innovative ideas about what the future of NWAS should look like for our patients and service users. In our most recent Sustainability Strategy session, I was taken aback by the knowledge our PPP members had on NWAS and the wider health and social care system and we made changes to our content to reflect the important points raised by the PPP. Their input is vital to making sure NWAS continues to develop the right strategies for our patients and service users, and I look forward to continuing to work with them as we refresh our strategies next year.”

Jude Cartwright
STRATEGY DEVELOPMENT PROGRAMME MANAGER

TOTAL PPP MEMBERS - 268



TOTAL YOUTH MEMBERS - 68

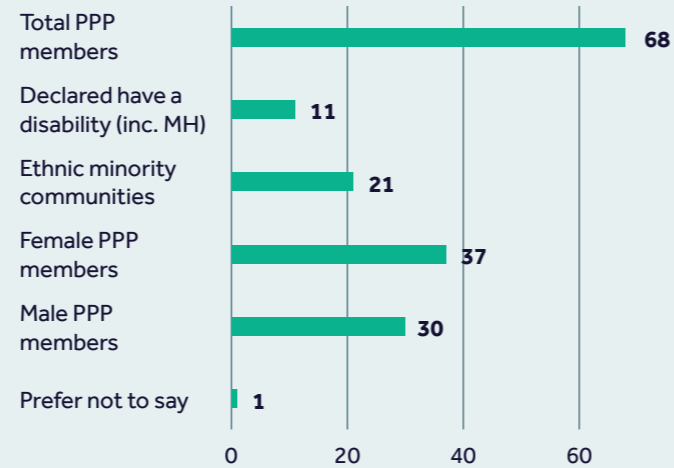


Figure 6: PPP membership breakdown

The demographics of PPP members (see figure 7) continues to show that membership from the Cheshire and Cumbria regions is currently slightly below the target representation compared to the other areas we cover across the North West.

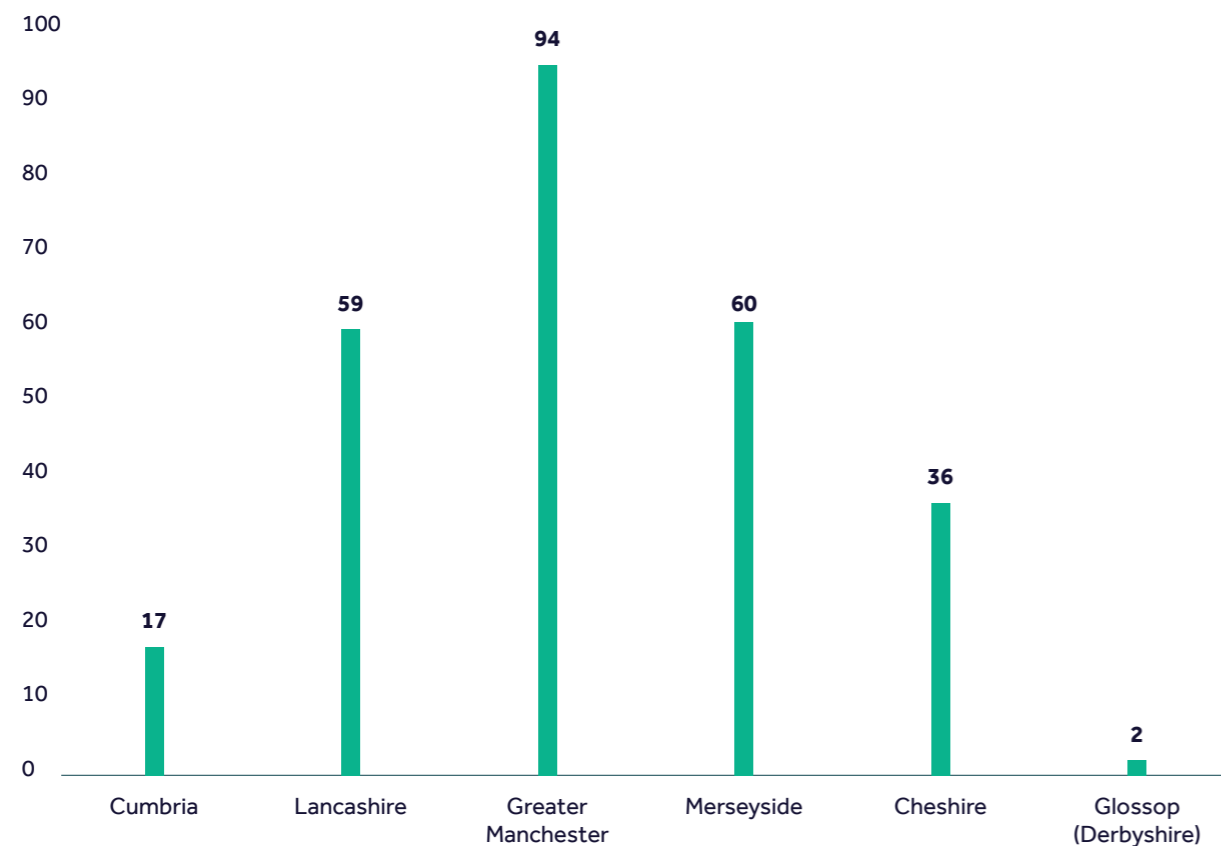


Figure 7 – Demographics of PPP members by county area

AIM 3: CAPTURE AND SHARE CHANGES WHICH HAVE BEEN MADE AS A RESULT OF PATIENT, PUBLIC AND COMMUNITY GROUP FEEDBACK.

- FFT monthly data and quarterly patient experience dashboard information is shared with trust Board and Quality Committee members.
- Patient Stories feature diverse learning and changes shared bi-monthly at Board.
- PTS, PES and NHS 111 patient experience dashboards with themes and potential opportunities for service improvement are shared with respective service lines to discuss what is working well and what might be improved.

AIM 4: ENHANCE PATIENT, PUBLIC AND COMMUNITY GROUPS ACCESS TO AMBULANCE EMPLOYMENT TO IMPROVE DIVERSITY WITHIN THE TRUST.

- Members of the Patient Engagement Team lend support with regular attendance as committee members with the trust’s Race Equality Network.
- Assistance is provided to Communications Team colleagues in the identification of channels and messaging likely to have impact in community settings when developing recruitment campaigns.
- Employment opportunities on recruitment are shared via an info-burst with our community contacts database.
- We continue to work with the trust’s Positive Action Officer to attend jobs fairs and community events in diverse areas of the North West to promote PPP ethnic minority representation. This will increase in 2023/24 as more face-to-face opportunities take place.

AIM 5: ENSURE THAT ENGAGEMENT IS EMBEDDED THROUGHOUT THE ORGANISATION AND THAT PRIORITY MESSAGES ARE SHARED WITH OUR PATIENTS, PUBLIC AND COMMUNITY GROUPS.

- Attendance at high footfall community engagement events is centrally coordinated by the Patient Engagement Team.
- Patient engagement learning dashboards enable us to regularly share patient feedback with service leads from PES, PTS and NHS 111, look at what we are doing well as well as identify areas for improvement. PES, PTS and NHS 111 leads that can lend support to specific patient or public engagement queries received from community engagement or via surveys have been identified with senior management teams for each service line.
- Key trust service change information and public health info bursts are regularly sent to our community contacts. During 2022/23 we have sent two quarterly Stakeholder News and 11 sets of info-burst newsletters, examples including: Myth busting NHS 111, Make the Right Call, mental health well-being and support and self-care information.
- Also, monitoring of our trust ‘Talk to Us’ Inbox and the national web platform; ‘Patient Opinion’ for patient feedback.

REPORTING.

Board receives a monthly dashboard of FFT patient feedback results via the Integrated Performance Report. A quarterly update is also provided via the Communications and Engagement dashboard report. Quarterly data patient engagement initiatives, themes and feedback are also shared with Quality Committee and EDI progress to the EDI Sub Committee.

The PPP members receive weekly trust briefings and a quarterly Panel newsletter. During the past year we also sent out 11 sets of public health info bursts to our patient and community groups and our patient and public panel members. These have contained a wide range of information including ambulance service condolences at the passing of Her Majesty the Queen, support in localities where families may be struggling with cost of living, Winter Watch newsletter, mental health support, and NHS resources such as pharmacy services by county area. This is a key area of trust activity that will be maintained throughout 2023/24. Recommendations for service improvements are being introduced monthly via PTS level 2 meetings, NHS 111, and PES service improvement champions respectively.

BOARD STORIES.

Patient and staff stories continue to be a powerful tool to describe patients' experiences and any learning outcomes that have been achieved. These are presented bi-monthly to the Board of Directors, Quality and Performance Committee, to staff as part of their mandatory training, and are part of education and awareness campaigns. In 2022/2023, six patient stories were produced highlighting issues of ethnic minority language translation support at patient side, impact of high demand, frequent caller due to a medical condition, learning disability access, use of defibrillation, and a patient with breathing difficulties waiting for an emergency ambulance.



IMPROVEMENTS.

Trust engagement activities with our patient, public, panel and communities allow us to gather considerable feedback across all our service lines and identify specific themes.

These are analysed in detail and articulated as recommendations for improvements. Some of these include:

- Feedback from our deaf community has highlighted the increased barriers to accessing 999 services. As a result, we launched the 999 BSL Video Relay service in June 2022. We also piloted an 'Insight' language communication app for operational staff to download on their trust iPad.
- We provided reassurance to our patient, public and community groups post pandemic regarding resources, safety of our services, availability and our overall response via regular stakeholder updates, patient engagement events and information bursts. We also kept them informed on an area-based perspective of the availability of local services to support their self-care, with mental health as well as physical health and well-being respectively.
- Feedback from learning dashboards shared at PTS Level 2 Senior Management Team bi-monthly lent support to purchasing bariatric wheelchairs for our PTS ambulances as well as a review of hospital site maps for patients and third parties to navigate and access hospitals easier.
- Further to feedback at the Lancashire community listening event, we developed posters PPP information specifically for use at mosques and translated our winter watch leaflets into different languages.
- Following PPP review of the trust's 'Faith and Culture Card' a 'new' version will be made available electronically as part of the Directory of Services information available to operational crews. This will support the needs of differing communities at the time of a death.
- We are co-producing a new digital version pictorial communication handbook for staff to upload on to their iPad with our PPP. Consideration will also be given to developing a digital version of the trust's multilingual phrasebook to further enhance communication with ethnic minority communities in the region.
- FFT data and thematic dashboards have been co-designed improvements with PTS, PES and NHS 111 ambassadors to support regular discussion of service improvement based on patient feedback.
- Following feedback that we need to make our PPP sessions more accessible to younger people we now host them virtually at different times of the day and evening. This supports our younger panel members that may have enrolled classes at colleges and universities during the day and for those panel members that work at different times.
- A recite me function on the trust website ensures publications such as the Ramadan Guide 2023 is more accessible for disability and language needs.
- The PPP weekly round-up and monthly info burst newsletters are now provided in an accessible format for our visually impaired members and those who require their information in high contrast.

APPENDIX – PATIENT EXPERIENCE SURVEY DEMOGRAPHICS

- Our recent review of the patient engagement reporting platform we use to store and analyse patient feedback supports North West areas, towns and cities based understanding with patients survey feedback and well as by demographics so we can identify gaps and issues and look for ways to improve.

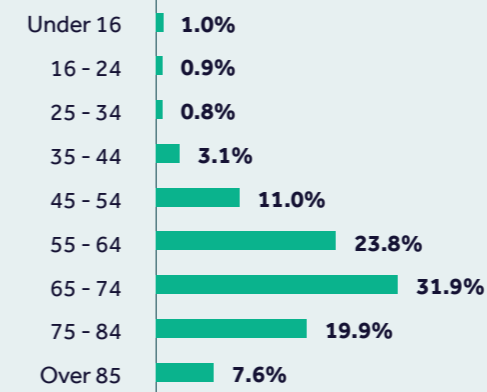
FOCUS AREAS FOR 2023/24.

Focus areas for 2023/24 will include:

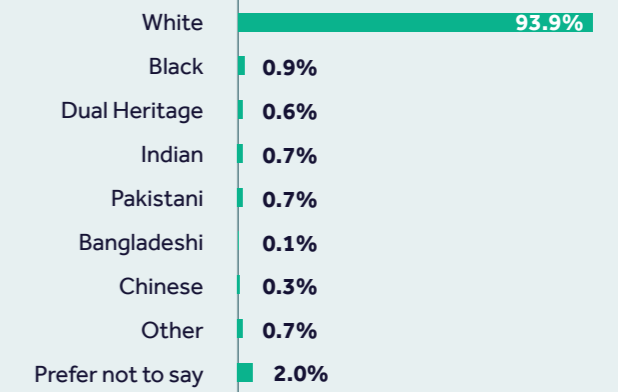
- Review PTS, PES and NHS 111 surveys – send to a minimum 1% patients.
- Share the 2022/23 patient experience and engagement annual report with North West communities.
- Finalise a learning report from the 'Back to Basics' community conversation events in each of the five counties and share with attendees.
- Enhance opportunities for patients to provide real time feedback with easy read comment cards for both PES and PTS.
- Develop an annual community engagement work plan for 2023/24 based on previous learning and trust priorities. To include engagement with a minimum of 15 priority patient groups and 10 community groups.
- Deliver five 'Community Conversation' events, one in each county area across our North West footprint.
- Implement actions from the accessibility improvement plan: provision of accessibility aids for use at trust events and public information on access tools at NWAS.
- Host a celebratory event for the panel to recognise contributions and achievements throughout the past year. To combine recognition with other volunteers at the trust.
- Co-produce the annual PPP work plan including accessible opportunities for involvement, information sharing and development sessions. Minimum targets of 15 influence and 10 co-produce and consult sessions to be available to members.
- Establish a plan to increase our PPP membership to 300 this year, including ethnic minority representation with 40% of the membership.

■ PTS 2022/2023 PE SURVEY

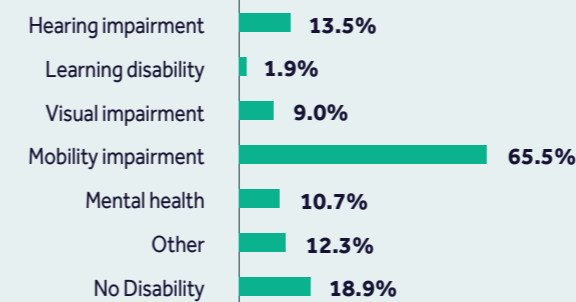
PATIENT AGE RANGE



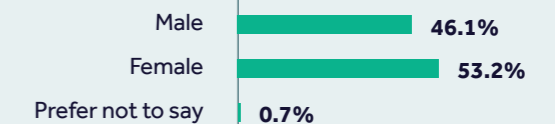
PATIENT ETHNICITY



PATIENT IMPAIRMENT

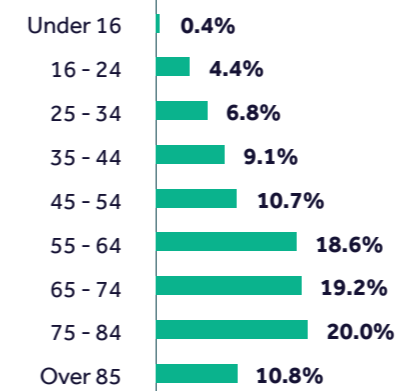


PATIENT GENDER

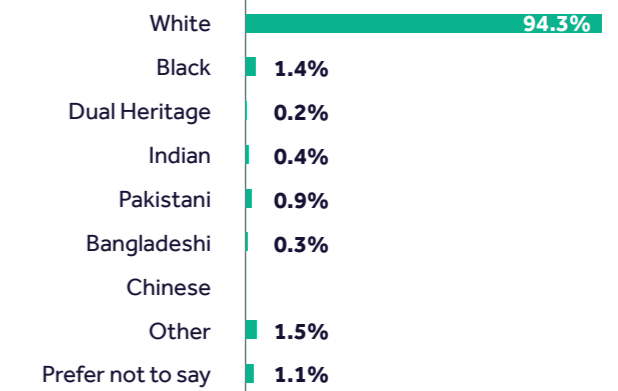


■ PES 2022/2023 PE SURVEY

PATIENT AGE RANGE

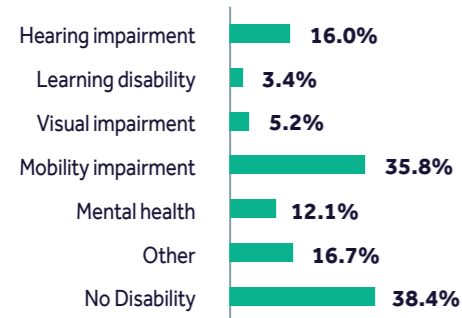


PATIENT ETHNICITY

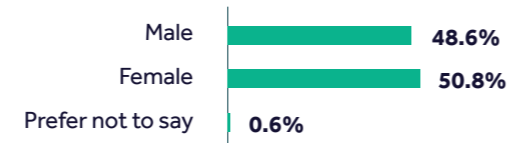


APPENDIX – PATIENT EXPERIENCE SURVEY DEMOGRAPHICS

PATIENT IMPAIRMENT

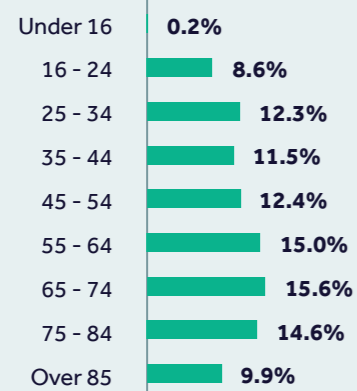


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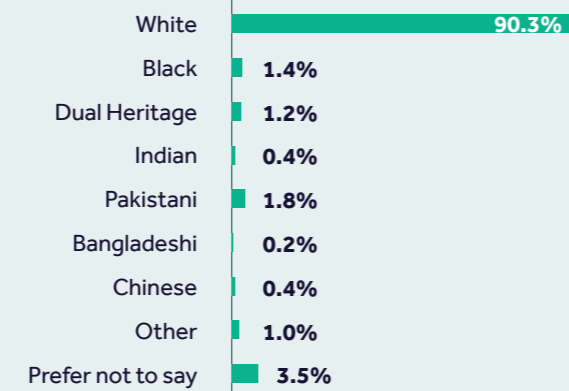


■ UCS 2022/2023 PE SURVEY

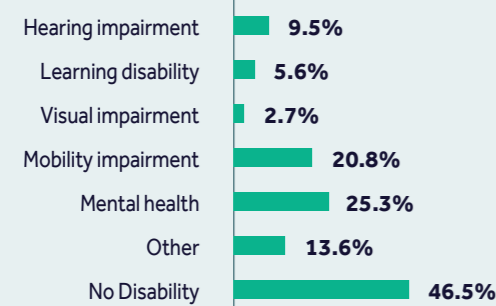
PATIENT AGE RANGE



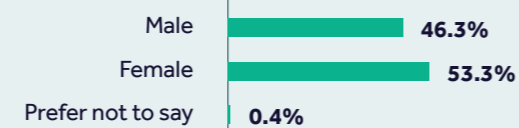
PATIENT ETHNICITY



PATIENT IMPAIRMENT



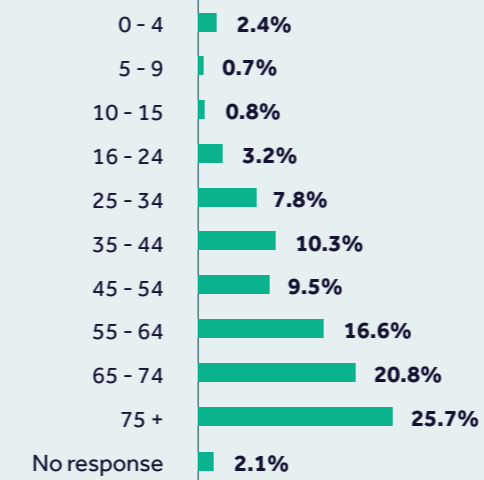
PATIENT GENDER



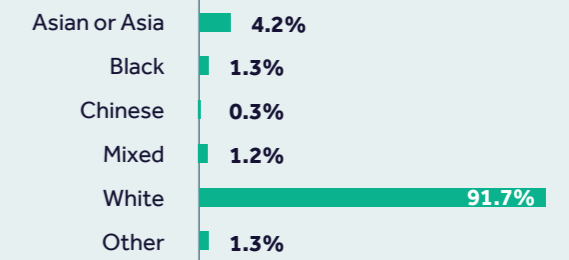
APPENDIX – PATIENT EXPERIENCE SURVEY DEMOGRAPHICS

■ NHS 111 2022/2023 PE SURVEY

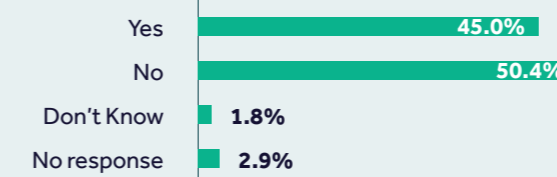
PATIENT AGE RANGE



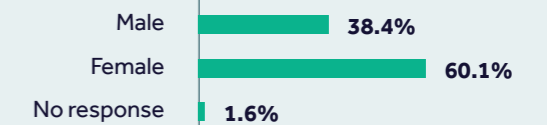
PATIENT ETHNICITY



PATIENT HAS A LONG-TERM ILLNESS, HEALTH PROBLEMS OR DISABILITY THAT IMPACTS DAILY ACTIVITIES OR WORK

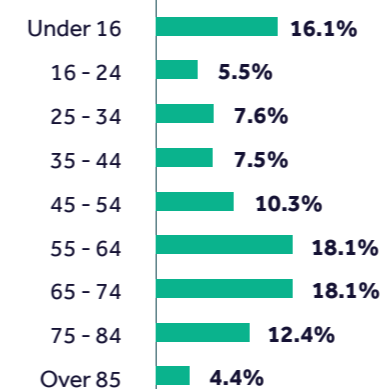


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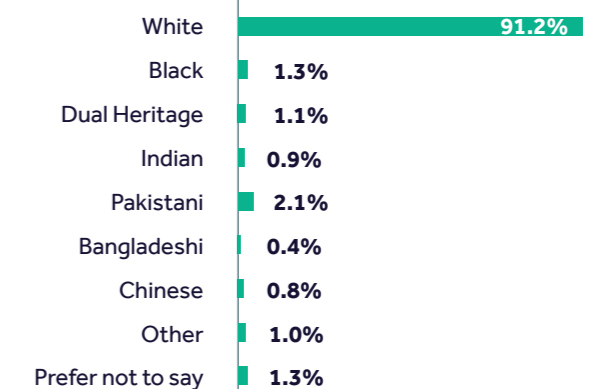


■ NHS 111 FIRST 2022/2023 PE SURVEY

PATIENT AGE RANGE

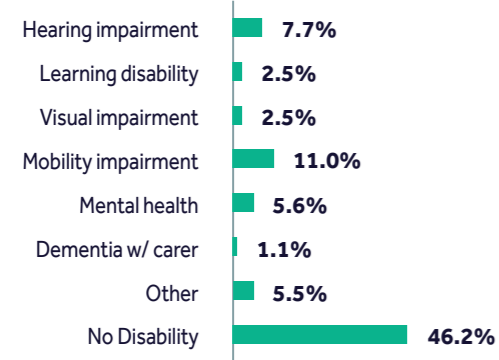


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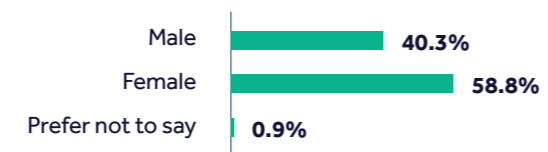


APPENDIX – PATIENT EXPERIENCE SURVEY DEMOGRAPHICS

PATIENT HAS A LONG-TERM ILLNESS, HEALTH PROBLEMS OR DISABILITY THAT IMPACTS DAILY ACTIVITIES OR WORK



PATIENT GENDER





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