AGENDA

NHS
North West Ambulance Service
NHS Trust

Board of Directors
Wednesday, 26th March 2025
9:45am – 12:40pm
In the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Item No	Agenda Item	Time	Purpose	Lead
STAFF STORY				
BOD/2425/138	Staff Story	09:45	Information	Chief Executive
INTRODUCTION				
BOD/2425/139	Apologies for Absence	10:00	Information	Chair
BOD/2425/140	Declarations of Interest	10:00	Decision	Chair
BOD/2425/141	Minutes of the previous meeting held on 29th January 2025	10:00	Decision	Chair
BOD/2425/142	Board Action Log	10:05	Assurance	Chair
BOD/2425/143	Committee Attendance	10:10	Information	Chair
BOD/2425/144	Register of Interest	10:10	Assurance	Chair
STRATEGY				
BOD/2425/145	Chair & Non-Executive Directors Update	10:15	Information	Chair
BOD/2425/146	Chief Executive's Report	10:20	Assurance	Chief Executive
BOD/2425/147	Estates and Fleet Strategic Plan Roadmap	10:30	Decision	Director of Finance
GOVERNANCE AND RISK MANAGEMENT				
BOD/2425/148	Risk Appetite Statement 25-26	10:40	Decision	Director of Corporate Affairs
BOD/2425/149	Proposed Strategic Risks 25-26	10:50	Decision	Director of Corporate Affairs
BOD/2425/150	Charitable Funds Committee 3A Report from the meeting held on 12th February 2025	11:00	Assurance	Mr D Whatley, Non-Executive Director
BOD/2425/151	Trust Management Committee 3A reports from the meetings held on 19th February 2025 & 19th March 2025	11:05	Assurance	Chief Executive

PEOPLE				
BOD/2425/152	Annual Staff Survey Results	11:15	Assurance	Director of People
BOD/2425/153	Anti-Racism Statement	11:25	Decision	Director of People
QUALITY AND PERFORMANCE				
BOD/2425/154	Integrated Performance Report	11:35	Assurance	Director of Quality, Innovation, and Improvement
BOD/2425/155	Self-Assessment and Designated Body CDAO Improvement Framework for 2025	11:50	Assurance	Medical Director
BOD/2425/156	Quality & Performance Committee 3A Report from the meetings held on 27th January 2025 & 24th February 2025	12:00	Assurance	Prof A Esmail, Non-Executive Director
BOD/2425/157	Resources Committee 3A Report from the meeting held on 21st March 2025	12:10	Assurance	Dr D Hanley, Non-Executive Director
STRATEGY, PARTNERSHIPS AND TRANSFORMATION				
BOD/2425/158	Trust Annual Plan 2025-26	12:15	Decision	Interim Deputy Director of Strategy, Partnerships & Transformation
BOD/2425/159	Stakeholder Engagement Assurance Report	12:25	Assurance	Interim Deputy Director of Strategy, Partnerships & Transformation
CLOSING				
BOD/2425/160	Any other business notified prior to the meeting	12:35	Decision	Chair
BOD/2425/161	Risks Identified	12:40	Decision	Chair
DATE AND TIME OF NEXT MEETING				
30th April 2025 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton				
Exclusion of Press and Public: In accordance with Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				

NHS
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NHS Trust

Minutes
Board of Directors

Details: 9.45am Wednesday, 29th January 2025
Oak Room, Ladybridge Hall, Trust Headquarters

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

In attendance:

Ms A Ormerod	Interim Deputy Director of Strategy, Partnerships and Transformation
Ms M Asfar	NeXT Programme Director
Mr A Makda	NeXT Programme Director
Mrs A Cunliffe	Corporate Governance Manager (Minutes)

Observers:

Ms J Hodson	Head of Contingency Planning / NILO
Mr T Roberts	

Minute Ref:

BOD/2425/116 Patient Story

The Chief Executive introduced a film regarding a patient's daughter Stella, speaking of her experience with 111 and the ambulance service when her elderly mother was feeling ill and had all the signs of a chest infection. Stella, who was a retired nurse, called NHS 111 to speak to a doctor for a prescription to receive antibiotics to help reverse the symptoms to avoid sending an ambulance and attending the Emergency Department. However, 111 deemed that ambulance would be required as there was a risk of the patient developing sepsis.

As it was a Sunday afternoon, a delay in the ambulance attending would likely mean that pharmacies would be closed, and her mother would need to go to hospital.

Despite much back-and-forth, Stella was told that an ambulance was coming. In the meantime, she also contacted the nearby out-of-hours GP service in the area to speak to a doctor. From this ensued much confusion in which a GP working on behalf of NWAS called her back and upgraded the ambulance to a category 2. Meanwhile another GP from the out-of-hours service provided the prescription for her mother which eventually alleviated her symptoms and avoided a hospital admission.

The Board noted points of learning from the Patient Story. Despite Stella's experience as a retired nurse, and her request for antibiotics for her mother's chest infection, the algorithm from the triage tool put this presentation to mean that there was a risk of sepsis and so triggered an ambulance response instead of the antibiotic prescription which she wanted. Stella felt that her experience and knowledge should have been considered by the call taker and by speaking to a fellow health professional she could explain the rationale behind needing the prescription and to avoid a hospital attendance, which she thought would be detrimental to her mother's condition. As NWAS and the out-of-hours don't work together, there was confusion when the out-of-hours doctor called Stella and had a different clinical opinion to the NWAS GP and so provided the prescription. Stella believed that the ambulance would also then be cancelled by the out-of-hours service, which they are unable to do, so the ambulance also arrived to tend to her mother.

Following Stella's complaint, she met with the investigating team who reassured her that learning had been taken from her experience, particularly around listening and communication.

The Board discussed the lessons and challenges arising from the Patient Story. The Chief Executive observed, the story was brought to the Board to reflect on the challenges of the complex NHS system, which is not always joined up, as well as various expectations from those involved in care. The Trust would continue to work with partners to navigate the challenges of the system and to strive towards integrated care for the patients.

The Chair referred to a discussion point arising from the story. He invited reflections on whether Stella should have been prescribed the antibiotics by 111 on the basis of her description of her elderly's mother chest infection.

The Medical Director advised Stella should have been listened to more noting in this situation the patient recovered well and had a safety net of family care and nurse experience around her. He reflected this story also highlighted that an experienced and well-versed person struggled to receive the right answer from the fragmented NHS system. This caused stress, confusion, delays and also wasted resources.

The Chief Executive reflected on a difficult balance in decision making. This was an elderly patient with a developing chest infection, which could have had a less favourable outcome. The NHS needs to provide that safety net for all patients.

Dr A Chambers observed it was difficult to gauge the right answer in this situation as the details of the conversation between the patient's mother and the NWAS doctor were unknown.

Ms C Butterworth referred to the accountability of the call handler to follow the algorithm and the risks involved in the situation, should the patient deteriorate.

The Director of Operations acknowledged there was further work needed on improving the communication mechanisms in localised pathways to make sure all steps were clear for the patients.

Dr D Hanley observed that the language from the NHS was inflammatory; the patient was described as refusing an ambulance, which should have been described as the preferred choice of the patient.

The Chair reflected on the patient's mother comments describing her reluctance to attend A&E. He observed the aversion to A&E was a risk to NWAS and patients and should not inflict the judgement of whether a patient needs an ambulance or not. This complicated situation, which thankfully ended well, carried multiple risks for the patient, but also highlighted variance in clinical decision making. Whilst there were clear learning points, which were acknowledged, it was also noted there was no fault in NHS providing care to this patient.

The Board:

- Noted the content of the story.

BOD/2425/117 Apologies for Absence

Apologies were received from Prof A Esmail, Non-Executive Director

BOD/2425/118 Declarations of Interest

There were no declarations of interest to note.

BOD/2425/119 Minutes of the Previous Meeting

The minutes of the previous meeting, held on 27th November 2024 were agreed as a true and accurate record of the meeting.

The Board:

- Approved the minutes of the meeting held on 27th November 2024

BOD/2425/120 Board Action Log

The Board noted there were two points of action due at the next meeting in March in relation to Freedom to Speak Up Annual Report.

BOD/2425/121 Committee Attendance

The Board noted the Committee Attendance.

BOD/2425122 Register of Interest

The Board noted the Register of Interest presented for information.

The Chair advised his role as Chair of Lancashire Teaching Hospitals NHS FT ceased in December 2024.

BOD/2425/123 Chair & Non-Executives' Update

The Chair formally congratulated Mr Salman Desai, on his appointment to the role of Chief Executive Officer.

The Chair reported on his recent meeting with Emma Woollett, the Chair of Lancashire and South Cumbria ICB. The meeting was positive, and Ms Woollett was very complimentary of the NWAS services.

He advised of his participation in NHS CEO and Secretary of State planning guidance webinars, one of which was scheduled also for the following day.

The Chair advised of meetings with PwC, who are assisting the local NHS in system deficit reduction.

He noted the acute trusts were under significant pressures and as they cut resources, there would be further impact on NWAS specifically around handover times.

The Chair reported he attended regular meetings with Provider Chairs of Integrated Care Systems. He highlighted robust conversations with the Chairs of Cheshire & Merseyside trusts regarding handover times. There was general awareness of the issues and ongoing focus on improvement.

The Chair advised apologies from Prof A Esmail were due to him being invited to give evidence to the Parliamentary Committee on assisted dying.

The Chair extended a warm welcome to the Ms M Asfar and Mr A Makda, NeXT Programme Directors, who will shadow the Non – Executive Directors in 2025.

The Board:

- Noted the Chair and Non-Executives' Update.

BOD/2425/124 Chief Executive's Report

The Chief Executive presented a report, which covered activity undertaken since the previous Board meeting on 27th November including information on a number of areas, such as performance, regional issues, national issues and other general information.

The Chief Executive reported on performance, which included improvements as well as challenges and would be covered in detail within the Integrated Performance Report.

He highlighted that variation in handover times across sectors continued to present a challenge to the Trust Paramedic Emergency Service (PES) performance. However overall demand and incident volume remained relatively stable.

In terms of 111, the Chief Executive reported performance remained strong and workforce was fully established. He noted however the national support would end at the end of February.

Referring to Patient Transport Service (PTS) he reported activity below contract baseline and the pending outcome of procurement exercise. The result was to be known at the end of the week, followed by 10 days of standstill period.

Moving on to local issues in section 3.1 of the report, the Chief Executive referred to the campaign against violence and staff abuse. The Parkway and Blackpool teams assisted the communications team with the production of a BBC news feature focussing on the violence and aggression our staff face on the phones, and out on the road. The programme was broadcasted in December and was very well received by Trust staff and partner agencies. The Trust Violence Prevention Reduction and Security Lead works closely with other agencies on this issue.

Referring to the Southport Incident, the Chief Executive acknowledged the trial of the accused was due to commence on 21 January, however had pleaded guilty and there would no longer be a trial. The sentencing was due the following week. The Chief Executive paid his heartfelt tribute to the victims and advised his thoughts and the thoughts of all staff at NWAS continued to be with the families of Alice Dasilva Aguiar, Bebe King and Elsie Dot Stancombe.

In terms of national updates, the Chief Executive highlighted the Prince of Wales had become Patron of the College of Paramedics.

The Chief Executive advised that Lisa Ward, Director of People, had been recognised in the 2024 King’s New Year Honours list and would be awarded the prestigious King’s Ambulance Medal. It was a much deserved recognition of her distinguished service, contributions to inclusion and representation as well as exemplary performance over 23 years of service. The Chief Executive also informed that another NWAS colleague, Steve Mannion, MERIT doctor, had been recognised for his voluntary overseas work with the Feet First Foundation and received the very prestigious Companions in the Order of St Michael and St George (CMG) honour.

The Director of People thanked the Trust for the recognition and expressed how touched and proud she was of this achievement.

In terms of general updates, the Chief Executive informed the results of the annual Staff Survey would be publicised in March 2025 and an action plan would follow.

As for the Trust Strategy, he advised it was extended until March 2026 to allow the Trust to maintain focus on preparation for the leadership changes and align with the NHS 10-year Plan which was due to be published in the spring.

Ms C Butterworth referred to the pending result of the PTS contract procurement and enquired when the Board would be informed of the outcome. The Chief Executive advised the Board would be advised when the information arrives, however there would be no other communication for a required 10 days' standstill.

Ms C Butterworth welcomed the style of the new Chief Executive's report and appreciated the degree of focus on the workforce in the report as well as the Chief Executive's personal comments and enthusiasm.

Mr D Whatley referred to the Southport Incident and enquired about the scope of the inquiry which would ensue. The Chief Executive advised the Terms of Reference had not been published and it was assumed the inquiry would focus on aspects leading to the incident. In terms of NWAS, it was unknown whether the response element would be covered in the inquiry and to what extent if so.

Dr A Chambers referred to the Staff Survey results and enquired whether there were early indicators to consider. The Director of People advised the results were under embargo and would be shared in due time.

The Chair referred to work undertaken to reduce and prevent violence against staff and reaffirmed the Trust would not stand for any form of abuse against staff.

The Chair also expressed that his thoughts were with the families of the victims of the Southport attack.

Referring to the update on 111 and the expected cessation of national support, the Chair enquired about any anticipatory actions undertaken by the Trust.

The Director of Operations advised that inevitably there would be more pressure and demand on our staff when the support stopped however the risk had been highlighted to the partners in the system. Internally, the efficiencies already exist in the 111 model and improvement in workforce had been undertaken to optimise our service.

The Board:

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

BOD/2425/125 Board Assurance Framework Q3 2024/2025

The Director of Corporate Affairs presented the proposed Q3 24/25 position of the Board Assurance Framework for approval.

She highlighted the following changes to the risk scores, which had been discussed and recommended by the Trust Management Committee as a part of Q3 review: SR01 increase in risk score from 15 to 20, SR02 decrease in risk score from 16 to 12, SR06 decrease in risk score from 15 to 10. The rationale for the updated risk scores was detailed in the report.

The Director of Corporate Affairs advised the 2025-26 position would be discussed in the coming weeks and brought back to the Board in March for approval.

Ms C Butterworth referred to SRO7 and suggested that the current target might need to be reviewed for the next year in the context of system pressures.

A discussion took place regarding increased risk in SRO1.

The Medical Director advised of a number of mitigations such as better oversight and improvement in leadership, as well as increased operational hours and strategic change of model.

The Director of Operations added the increased REAP level allowed the Trust to focus operational resources. He also advised of partnership working and daily system escalation calls, as well as development of clinical safety plan.

The Director of Quality, Innovation and Improvement reflected on the BAF risk SRO1 description, which referred to avoidable harm, poorer patient outcomes and reduction in patient satisfaction and observed the harm in the system was higher than before and the impact of the current delays would surface in Q4.

The Board:

- Approved the Q3 2024/25 position of the Board Assurance Framework.

BOD/2425/126 Corporate Calendar 2025-26

The Director of Corporate Affairs presented the draft Corporate Calendar and pointed to section 2 of the report outlining the proposed meeting dates for the Board of Directors and its Committees. The meetings broadly followed the same pattern, with the exception of Resources Committee which had been moved to a Thursday in order not to coincide with the submission, collation and distribution of agendas and papers for the Board of Director meetings.

The Board:

- Approved the Corporate Calendar for 2025-26.

BOD/2425/127 Audit Committee 3A Report from the meeting held on 17th January 2025

Mr D Whatley presented the Audit Committee 3A Report from the meeting held on the 17th January 2025. The Committee received a number of reports, and no alerts were raised on this occasion.

He highlighted a number of recent audits completed with substantial and high assurance and commended the relevant teams for the high scores.

In terms of the EPPR audit, which achieved moderate assurance, he thanked the Director of Operations for attending the Audit Committee to provide an update on progress against the recommendations.

The Chair enquired whether the Audit Committee considered the external examination by PwC.

Mr D Whatley advised the Resources Committee discussed recommendations from the NHSE Recovery Lead Review and considered inclusion of recurrent efficiency review into the next year's audit plan.

The Director of Finance added the Trust took the recommendations relevant to NWAS on board; for example, the vacancy control process was strengthened as a result.

The Board:

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

BOD/2425/128 Trust Management Committee 3A Report from the meetings held on 18th December 2024 and 15th January 2025

The Chief Executive presented the Trust Management Committee (TMC) 3A report from the meeting held in December and advised there were no alerts, and that the TMC had held discussions regarding structure changes within digital and violence reduction.

In terms of report from the meeting of TMC held in January, the Chief Executive reported three alerts raised for the Board attention. These were regarding: additional scrutiny and reconciliation required on increased taxi spend, outcome of the PTS tender being pushed back to 31 January 2025 and a potential further investment in Body Worn Video Cameras in 2026-27. The Chief Executive also reported on a number of advisory items as detailed in the January TMC report.

Dr D Hanley referred to the Body Worn Video Cameras and enquired whether there was any evidence from other trusts whether they were successful. The Director of People advised the trial had not produced any evidence and it was a challenge across the sector as well as a cultural challenge. The ambulance trusts were in a difficult situation in terms of evidencing VFM.

The Chair referred to violence and aggression against staff and observed that common sense would dictate that Body Worn Cameras would be a great

deterrent as well as evidence in such cases. The Director of People confirmed there was intention to look into the matter in-depth over the next year and address any barriers, as well as scope the market.

The Board:

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

BOD/2425/129 Health & Safety Policy

The Director of Corporate Affairs presented the new Health & Safety Policy for approval. She advised the draft had been previously reviewed and recommended to Board by the Trust Management Committee and the Health, Safety, Security & Fire Group.

The Board noted the policy had been rewritten following transfer of health and safety to the Corporate Affairs Directorate.

The Board:

- Approved the Health & Safety Policy

BOD/2425/130 Integrated Performance Report

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report with an overview of integrated performance to the month of December 2024. She provided an overview of the report, with the executive summary drawing out the main points in terms of quality, effectiveness, operational performance, finance and organisational health.

In terms of additional changes to the IPR, she highlighted the new PALS and complaints data and highlighted flu vaccination uptake data, which was at 42.23% across the Trust. Although it was lower than the same time last year, the data from November indicated uptake at NWAS was in the upper quartile for the North-West region and average for the ambulance sector.

The Director of Quality, Innovation and Improvement noted an amendment to PES (999) section on page 2, which should read ‘increased demand’ rather than ‘increased capacity’.

The Director of Corporate Affairs presented an overview of complaints and incidents data noting a stable position. Referring to PALS and complaints data she advised it had been presented in SPC format as enough data-points had been accumulated since the last revision.

The Interim Deputy Director of Strategy, Partnerships and Transformation referred to the patient experience data and reported stable position for PES and PTS. In terms of NHS111, there was a time lag in return of surveys due to festive period and data thus far were at 83.7%.

The Chair referred to Incidents data and asked for correlation to serious incidents recorded through Patient Safety Incident Response Framework (PSIRF). The Director of Quality, Innovation and Improvement advised that all incidents raised by staff were recorded, and PSIRF described the process for the management of all patient safety events (incidents and near misses). The incidents are reviewed and categorised according to level of harm.

The Medical Director referred to Ambulance Clinical Quality Indicators (ACQI's) on cardiac arrest data and observed the metric was stable and positive for NWAS, placing the Trust above the national average, however he advised caution as the national data was last reported in August 2024.

The Director of Quality, Innovation and Improvement pointed to linkage with the new local PSIRF priorities, which feature the management of cardiac arrest.

The Director of Operations took the Board through the data referring to Hear & Treat (H&T), See & Treat (S&T), See & Convey (S&C). The total non-conveyance rate of 43.6%. Nationally, the position of NWAS remained mostly unchanged from the previous period, ranking 5th for H&T, 8th for S&T and 7th for S&C. The Director of Operations added H&T was likely to continue to be a significant area of system improvement. The Trust endeavours to increase H&T and S&T and continues to support the locality models of delivery.

The Director of Operations reported on the operational performance data in relation to Paramedic Emergency Services (PES) Activity, PES Call Pick Up and 999 Ambulance Response Performance highlighting significant variation between ICBs in all ARP response times. In terms of PES the Trust continues to increase capacity and data reflected the narrowing gap of call to incidents ratio.

Dr D Hanley enquired whether the low rates of S&C to non-ED were significant. The Director of Operations advised there were regional variations in the non-ED provision offer and the Trust worked with the regions to feedback on where it worked well. The Chief Executive added there were local differences in terms of acceptance of referrals from paramedics and the Trust worked on those as well. The Director of Quality, Innovation and Improvement advised of the complexity of the service provision in the NHS; the services directory contained over 20,000 services.

The Chair acknowledged consistency in systems would bring better results and reaffirmed the Trust was working with partners on reducing variations. He referred to the 10 Year Plan, expected to be issued soon, which would give further direction.

The Director of Operations presented the highlights from the metrics for 999, 111 and Patient Transport Services PTS, pointing to Trust over-delivery around resources deployment and variations around handover times, with highest turnaround time in Cheshire & Merseyside. The Trust works closely with ICB and the region in response to current trajectories.

In terms of 111, the Director of Operations highlighted continued improved level of performance. Despite the expected national support cessation, the Trust was

in a strong position. The Chief Executive observed the lack of national support would be impactful on staff in terms of pressure, therefore wellbeing support would be crucial. The Medical Director noted there need to be also focus on non-clinical staff without whom the front line could not work.

The Chair acknowledged the fantastic work of 111 and commended the operational and workforce teams for work to the establishment.

Referring to PTS, the Director of Operations reported stable metrics and progress on operational and workforce improvement plans.

The Director of Finance took the Board through the Finance metrics of the IPR, highlighting reduced spend on agency, surplus position and improving position on the delivery of recurrent savings.

The Director of People reported on the Workforce metrics, highlighting seasonal variation in sickness absence level, which was reflected across the sector, noting however that the position was lower than this time last year. She reassured the Attendance Improvement Team, operational teams and Occupational Health worked on improving attendance rates. The Resources Committee had recently received a detailed assurance report on Wellbeing and Absence improvements. In terms of Flu Campaign, the Director of People reported the current uptake was lower than uptake rate at the same period last year and added this was experienced in the whole region.

The Chair acknowledged that there were ongoing actions in order to improve attendance rates and the constant challenge around this. He enquired about the targets for improvement. The Director of People advised the targets for improvements had been set as well as the strive for culture change in how to manage absence and shift into the preventative space. Despite improvements, there were still variations in service lines, such as PTS, which was linked to new leadership roles within the service embedding the sickness management.

The Director of Operations added the workforce team had provided his team with support and tools leading to improvements.

Ms C Butterworth referred to discussion held at Resources Committee around the need for constant improvement and application of innovative approaches. The Director of People provided reassurances regarding improvement programmes and actions undertaken in the Trust addressing the workforce issues.

The Chair thanked the teams for their work and maintaining the strong position of the Trust, which was crucial to be continued.

The Board:

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

BOD/2425/131 Proposed PSIRF Priorities and Plan

The Director of Quality, Innovation and Improvement presented the report and outlined the background to the Patient Safety Incident Response Framework (PSIRF) as a learning and improvement framework, under which each organisation internally determines the types of events that will require exploration based upon risks, trends and priorities for highest impact.

The Director of Quality, Innovation and Improvement advised in addition to a number of fixed national priorities, the NWAS team developed local priorities based on robust methodology of review of data, review of safety risks across the organisation and a series of collaborative workshops with internal and external stakeholders.

In summary, the proposed refreshed local priorities were:

- Management of cardiac arrest to include: Airway management, Medicines administration during advanced life support, Issues occurring during defibrillation (including equipment), Cardiopulmonary resuscitation is not commenced where it is indicated to do so
- Clinical assessment and treatment which is managed outside of JRCALC guidelines/policy during maternity care
- Likely Harm relating to patient refusal where there is an absence of documented informed consent/refusal/mental capacity assessment.

The Board noted the proposed priorities had been reviewed and recommended for approval by the Trust Management Committee and the Quality and Performance Committee.

The Board:

- Approved the proposed local priorities and mechanisms for learning response.

BOD/2425/132 Learning from Deaths Q2

The Medical Director presented the report and pointed to Appendix B, which contained an infogram of Learning from Deaths Q2.

Referring to incidents linked to the quality of Electronic Patient Record theme, the Medical Director advised, these were linked to the quality and quantity of information contained in clinical notes, regarding assessment and rationalisation of actions undertaken for patients who were treated at home and not conveyed to A&E. Areas for improvements had been recognised and work continued to address the issues.

The Board noted the themes and challenges had been discussed in depth at the Quality and Performance Committee, including embedding of learning.

Ms C Butterworth referred to the last paragraph of the executive summary, which mentioned SDMR panels members had been affected by SDMR process and asked for clarification. The Medical Director advised the SDMR re-structure

process was nearing completion and the issues related to logistical challenges and panel members availability, which should be resolved in the coming months.

The Chair thanked for the report and acknowledged the issues around clinical variability in recording were recognised and addressed.

The Board:

- Noted the assurance provided

BOD/2425/133 EPRR Annual Assurance (Core Standards)

The Director of Operations presented the report and highlighted the report had been previously received at the Quality and Performance Committee and the Board and Committee need to be sighted on the anticipated scores as well as assurances received.

Referring to the final NWAS scores submitted to the Lancashire and South Cumbria ICB in October, the Director of Operations reported that the Trust assessment against Core Standards was 90% for ambulance provider, 94% for interoperability. These were much improved scores from 2023.

In terms of the deep dive, the Director of Operations highlighted this assessment focused on cyber resilience and the Trust was only partially compliant.

The Board noted the deep dive did not form a part of the core standards and did not contribute to the overall organisational EPRR assurance rating. This explorative assessment demonstrated it was likely that cyber security would be a part of the next iteration of core standards. The Director of Operations reassured work on cyber security was underway in the Trust and the Resources Committee received a report from a recent multi-departmental exercise MIMAS.

The Director of Operations highlighted challenges in terms of commanders attendance at training and participation in exercises and reassured an action plan was in place, which would be monitored through EPRR Group and area assurance meetings.

The Chair queried whether a commander would be removed from the rota if they were non-compliant with Command course. The Director of Operations advised this would be reviewed on a case-to-case basis. If at any point a commander was non-compliant, there was an escalation process to manage this through an individual Action Plan.

Mr D Whatley referred to the cyber security and enquired about plans to become compliant with this indicative future core standard. The Director of Operations reassured actions from the deep dive and exercise MIMAS were being addressed by the digital and resilience teams however it also required a wider cultural change organisation-wide in terms of business continuity.

The Chair thanked the Director of Operations for the report and commended the work of teams for achieving high scores against the core standards, whilst recognising the ongoing work on cyber security and general business continuity.

The Board:

- Noted the assurance provided

BOD/2425/134 Resources Committee 3A Report from the meeting held on 24th January 2025

Dr David Hanley introduced the report and reported one alert from the Resources Committee regarding the final CIP recurrent savings not being yet agreed, noting however the position was improving.

He highlighted there were several items of business on the Board of Directors Part 2 agenda, which had been previously discussed at the Resources Committee.

The Board:

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

BOD/2425/135 Communications and Engagement Q3 2024/25 Report

The Interim Deputy Director of Strategy Planning & Transformation took the Board through the key headlines from the report and provided an overview of the dashboard a quarterly summary of key outputs. She pointed to Appendix A which contained the dashboard demonstrating the alignment of activity with the aims and objectives of the Trust strategy and the positive impact on staff, patients and partners.

Referring to Patient and Public Panel, the Interim Deputy Director of Strategy Planning & Transformation advised the membership maintained the position of diversity in terms of age and ethnic groups.

In terms of National Ambulance Service Patient Experience Group (NASPEG) initiative to survey patients who had a hospital handover delay longer than 30 minutes, she highlighted the Trust Patient Engagement Team was involved and surveys were carried out in Blackpool, Bolton and Aintree hospitals. All feedback was submitted for national analysis; it suggested there was an understanding of winter pressures, as well being happy with the care patients received while waiting to be handed over at ED.

Referring to public education around use of 111 service, the Interim Deputy Director of Strategy Planning & Transformation reported in October the team focused on messages to public around managing common illnesses, which resulted in reduction in 111 calls for sore throats, earaches and rashes.

In terms of Freedom of Information requests, the Board noted a strong position of 99% compliance against the 20-working day response time, exceeding the Trust target of 95% compliance.

The Board:

- Noted the content of the report and dashboard and assurances provided.

BOD/2425/136 Any Other Business Notified Prior to the meeting

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

BOD/2425/137 Risks identified

The Chair summarised the discussions and outcomes of the meeting and confirmed there was no additional risk identified for BAF.

Date and time of the next meeting –

9.45am on Wednesday, 26th March 2025 in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Signed _____

Date _____

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

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
121	29.05.24	30	Freedom to Speak Up Annual Report	Future annual reports to include - * feedback from trade unions and staff networks * triangulation of learning	FTSU Guardian	26.3.25	28.5.25	FTSU Annual Report due on Board agenda May 2025. Updated Annual F2SU report will contain agreed actions.	
122	29.05.24	30	Freedom to Speak Up Annual Report	Future assurance report for Board to understand the supervision, oversight and scrutiny of clinical practice that's in place in the trust	Medical Director	26.3.25	26.3.25	Update from Medical Director 27.02.25: Clinical Supervision is now a part of 2025/26 Work Plan. Item closed as reporting against that will follow usual internal governance reporting.	

NWAS Board and Committee Attendance 2024/25

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

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

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

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

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

Nomination & Remuneration Committee								
	3rd May	29th May	31st July	25th September	27th November	10th December	29th January	26th March
Catherine Butterworth	x	✔	x	✔	✔	x	✔	
Dr Alison Chambers	x	✔	✔	✔	x	✔	✔	
Prof Aneez Esmail	x	✔	✔	✔	✔	✔	x	
Dr David Hanley	✔	x	✔	✔	✔	x	✔	
David Whatley	✔	✔	✔	✔	✔	✔	✔	
Peter White (Chair)	✔	✔	✔	✔	✔	✔	✔	

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

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Daniel	Ainsworth	Director of Operations	Partner is a Team Manager at NWAS in 111 service	N/A	N/A	√	N/A	Personal interest	Jul-24	Present	N/A
Catherine	Butterworth	Non-Executive Director	HR Consultant (no live commissions) for NLaG Acture Trust and Beacon GP Care Group				√	Position of Authority	Apr-22	Present	Agreed with Chairman not to accept or start any NHS HR contracts without his prior approval and support.
			Non Executive Director - 3 x Adult Health and Social Care Companies owned by Oldham Countil				√	Position of Authority	Apr-22	Present	Withdraw from decision making process if the organisations listed within the declaration were involved.
			Director / Shareholder for 4 Seasons Garden Companies: 4 Seasons Garden Maintenance Ltd 4 Seasons Gardens (Norden) Ltd 4 Seasons Design and Build Ltd 4 Seasons lawn treatments Ltd CFR HR Ltd (not currently operating) - removed 25th May 2022				√	Position of Authority	Apr-22	Present	4 Seasons garden maintenance Ltd has secured and operates NHS Contracts for grounds maintenance and improvement works at other NW NHS Acute Trusts but these pre date and are disassociated with my NED appointment at NWAS. To withdraw from the meeting and any decision making process if the organisations listed within the declaration were involved.
Alison	Chambers	Non-Executive Director	Self Employed, A&A Chambers Consulting Ltd	√				Self employment	Jan-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Trustee at Pendle Education Trust		√			Position of Authority	Jan-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Non Executive Director Pennine Care Foundation Trust				√	Position of Authority	Jul-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Salman	Desai	Chief Executive	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Aneez	Esmail	Non-Executive Director	Board member of Charity Dignity in Dying			√		Board member	May-22	Present	
Chris	Grant	Medical Director	NHS Consultant in Critical Care Medicine - Liverpool University Hospitals NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			A member of Festival Medical Services, a 'not for profit' registered charity staffed by volunteers, delivering professional medical services at events throughout the country. NWAS does not sub-contract events nor does FMS operate any significant activity in the North West.		√			Non Financial Professional Interest.	Jul-22	Present	If FMS run events in the North West, these would be undertaken via usual NWAS command functions and EPRR planning and I would remove myself from any interactions and engage with the NWAS Deputy Director should involvement be required from the Medical Directorate.
David	Hanley	Non-Executive Director	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

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	
Maxine	Power	Director of Quality, Innovation and Improvement	Non Executive Director at AQUA - Improvement Agency based in the North West	√				Position of Authority	May-24	Present	All interactions will be discussed at one to ones and any conflicts or hospitality declared as appropriate.
			Daughter employed at NWAS as Service Delivery Programme Assurance Manager in PES.			√		Non financial personal interest.	Sep-23	Present	Declare an interest and withdraw from discussions as and when required.
			Advisor (Associate Specialist) to The Value Circle - a specialist agency providing advice to NHS organisations		√			Advisory role	Dec-23	Present	All advice provided out of working hours and not linked to my role at NWAS. Benefits to be declared if applicable.
Lisa	Ward	Director of People	Member of the Labour Party			√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.
			Member of Chartered Institute of Personnel and Development		√			Non 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-24		Declare an interest and withdraw from discussions as and when required.
			Son employed on NWAS admin bank contract			√		Non financial personal interest.	Aug-24	Sep-24	Declare an interest and withdraw from discussions as and when required.
Angela	Wetton	Director of Corporate Affairs	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
David	Whatley	Non Executive Director	Trustee Pendle Education Trust		√				Mar-23	Present	Withdrawal from the decision making process if the organisations listed within the declarations were involved.
			Governor, Nelson and Colne College Group		√				Mar-23	Present	
			Independent Member of Audit Committee, Pendle Borough Council		√				Mar-23	Present	
			Wife is employed at Manchester Teaching Hospitals NHS FT as a Biochemist				√		Mar-23	Present	
Peter	White	Chairman	Chair of Lancashire Teaching Hospitals NHS Foundation Trust	√				Second Trust Chair Position in another NHS organisation	Aug-23	31-Dec-24	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			Director – Bradley Court Thornley Ltd	√				Position of Authority	Apr-19	Present	No Conflict
Carolyn	Wood	Director of Finance	Husband is Director of Finance/Deputy Chief Executive at Lancashire Teaching Hospitals NHS Foundation Trust				√	Other Interest	Aug-19	Sep-24	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved.
			Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict.
Elaine	Strachan-Hall	Interim Director of Quality and Improvement	Director of a family business Strachan Hall Associates Ltd set up to enable delivery of consultancy-like support to Healthcare organisations	√				Directorships, including non-executive directorships held in private companies or plc (with the exception of dormant companies);	Sep-13	Present	Informed and added to declaration of interest. No business with NWAS to be transacted through Strachan Hall Associates during employment
			Member of the Independent Reconfiguration Panel for the NHS and attend meetings every other month for which I am paid between £150 and £300 per meeting. Currently there have been no call in requests requiring additional work for some time	√				Any other relevant secondary employment	Jul-22	Present	Noted on CV and declared my employment with NWAS and will not take part in any work or discussion regarding services provided within the NWAS footprint
			Clinical associate (part time contractor) with KPMG since 2013 through which I support continuous improvement in healthcare	√				Any other relevant secondary employment	Mar-20	Present	Some ongoing activity to support clients may continue my agreed working hours with NWAS.
Daren	Mochrie	Chief Executive	Member of the JESIP Ministerial Board, HM Government		√			Position of Authority	Jan-22	Present	No conflict.
			Board Member/Director - Association of Ambulance Chief Executive's		√			Position of Authority	Sep-19	Aug-20	No conflict.
			Registered with the Health Care Professional Council as Registered Paramedic		√			Position of Authority	Apr-19	Present	N/A
			Member of the College of Paramedics		√			Position of Authority	Apr-19	Present	N/A
			Chair of Association of Ambulance Chief Executives (AACE)		√			Position of Authority	Aug-20	Aug-24	N/A
			Member of the Royal College of Surgeons Edinburgh (Immediate Medical Care)		√			Position of Authority	Apr-19	Present	N/A
			Member of the NW Regional People Board		√			Position of Authority	Sep-20	Present	N/A
			Member of Joint Emergency Responder Senior Leaders Board		√			Position of Authority	Sep-20	Present	N/A

NHS
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Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	Chief Executive's Report to the Board of Directors
PRESENTED BY	Salman Desai
PURPOSE	Assurance

LINK TO STRATEGY	Choose an item.									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒	**SR05**	☒
	SR06	☒	**SR07**	☒	**SR08**	☒	**SR09**	☒	**SR10**	☒

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☐	Quality Outcomes	☐	People	☐
	Financial/ Value for Money	☐	Reputation	☐	Innovation	☐

ACTION REQUIRED	The Board of Directors is asked to: • Receive and note the contents of the report
EXECUTIVE SUMMARY	The purpose of this report is to provide members with information on several areas since the last report to the Trust Board dated 29 January 2025 The highlights from this report are as follows: PES • Demand and volume remain relatively stable • General improvement in handover • Call before convey models in place across the north west NHS 111 • Removal of National 111 support impacts performance • Monitoring staff wellbeing due to increased activity/calls queuing • Recruitment plans in place for Agile Call Handlers PTS • Engagement with acute trusts and ICB leads to review and improve performance • Recruitment to the PTS Operational Senior Leadership team is ongoing

PREVIOUSLY CONSIDERED BY	Not applicable	

1. PURPOSE

This report seeks to provide a summary of the key activities undertaken and the local, regional and national issues of note in relation to the trust since the last report to the Trust Board on 29 January 2025.

2. PERFORMANCE

2.1 Paramedic Emergency Service

Year to date, overall demand and incident volume for the 999 service has remained relatively stable in respect to emergency incidents in comparison to the same period in 2023/24. January and February 2025 saw a slightly lower number of emergency calls and incidents to the same period in 2024 (adjusted for the extra day in February 2024). C1 demand was up across January (3.9%) and February (0.2%) when compared to the same period last year, but C2 demand fell 6.1% in January and 7% in February.

After a challenging December and early January, there has been a general improvement in handover from mid-January onwards. Patient handover is over 2 minutes lower than the same period in 2024, in contrast to it being 8 minutes higher for November/December in the last board report. This improvement is across all three areas, although vehicle handover is still 20 minutes longer on average in Cheshire & Mersey than it is in Greater Manchester, with Cumbria & Lancashire sitting between these two. NHSE, working with the three ICBs, set handover improvement trajectories for the acute hospitals for Q4 of this financial year – this has resulted in most emergency departments having reduced their average handover compared to the levels we saw in November and December 2024. Work continues in all three areas to embed handover collaboratives with the acute trusts and the ICBs. We are also deploying Ambulance Liaison Officers (ALO) at the most challenged sites across the region to support with flow into the departments, the process of cohorting, and assisting crews to clear once they have handed over. It is expected that these ALO roles will continue into the new financial year although they have been funded as a cost pressure this financial year and there is currently no funding confirmed for them in the next financial year.

We now have 'call before convey' models in place across all areas of the North West region, although there is currently some variation in the acceptance criteria and working hours of these services. ICBs are being pushed to evolve these models into care co-ordination in line with the specification from NHSE – this will see more consistence around acceptance criteria, access, and hours of delivery. ICBs have been asked to commit to delivering these models of care co-ordination in order to support an increase in See & Treat from NWAS in 2025/26. YTD Hear & Treat is at 14.6% YTD, an improvement of 0.5% on 2023/24 year end position, and See & Treat at 27.6% which 0.3% lower than the 2023/34 year end position suggesting some activity has been converted from a face-to-face response to being managed over the telephone.

ARP response performance continues to be challenged as we move through the winter. C1 mean response YTD stands at 07:47, and is 07:31 for February 2025. C2 mean response stands at 30:12, and is 28:39 for February 2025. NWAS is now behind the agreed year-to-date C2 UEC target of 29:23 and the revised C2 standard of 30 minutes. Early March has shown improvement and a recovery to a YTD C2 below 30 mins and work continues to

maintain a sub-30 min C2 for the year end. C3 and C4 responses have improved during this reporting period and are significantly better than the same period last year. NWAS are currently only delivering C1 90th ARP standard for the year-to-date position at 13:16 against a performance standard of 15 mins. Call pick-up continues to perform well with a mean call answer for January 2025 of 1 second and a mean call answer of 1 second for February. At the end of February YTD call answer is 1 second. Hear & Treat rates for January 2025 15.24% and February 2025 15.15% with a YTD of 14.58

2.2 NHS NW 111

111 service line has remained strong throughout January 2025 and for the first 2 weeks of February 2025. Calls answered in 60 seconds for January 2025 was 89.6% and 67% for February 2025. Performance has been impacted by the removal of National 111 support on 14 February 2025, which continued from summer at a rate of 10% during January into February.

Below is the comparison with January and February 2024

	Jan-24	Jan-25
Number of abandoned calls	28993	14560
Abandoned calls as a %	16%	8%
Total number of calls answered in a 24-hour period	148211	157174
Total number of calls answered within 60 seconds	68009	140869
Total number of calls answered within 60seconds as a %	46%	90%

	Feb-24	Feb-25
Number of abandoned calls	26691	19400
Abandoned calls as a %	16%	12%
Total number of calls answered in a 24-hour period	138959	147727
Total number of calls answered within 60 seconds	64564	111947
Total number of calls answered within 60seconds as a %	39%	67%

Recruitment plans are set for 2025 / 2026 for Agile Call Handlers with an improved recruitment process and increasing understanding of attrition to better support planning. However, we are closely monitoring the impact of National support removal on performance and staff wellbeing due to increased activity and calls queuing.

2.3 Patient Transport Service

Report Date – January 2025, Contract Month 7

Cumulatively, Cumbria is -19% below baseline. Greater Manchester is 9% above baseline. Lancashire is -25% below baseline and Merseyside is 6% above baseline. This is broadly consistent with previous months, and indicative of low unplanned activity in Cumbria and lower planned activity in Lancashire.

PTS continue to operate under a block contract arrangement, and continue to await communication from commissioners with regards to next steps following the outcome from the previous procurement process.

Cumbria -Planned achieved 87% against the Arrival KPI target of 90% (Improved). EPS achieved 88% against the Arrival KPI target of 90%. (Consistent)

Lancashire - Planned arrivals achieved 79% against the Arrival KPI target of 90%. (Reduced). EPS achieved 82% against the Arrival KPI target of 90%. (Reduced).

Greater Manchester - Planned arrivals achieved 68% against the Arrival KPI target of 90%. (Reduced). EPS achieved 82% against the Arrival KPI target of 90%. (Reduced).

Merseyside - Planned arrivals achieved 73% against the Arrival KPI target of 90%. (Reduced). EPS achieved 75% against the Arrival KPI target of 90%. (Reduced).

Overall activity during Month 7 (financial year) was -6% (-7,443 Journeys) below contract baseline whilst the cumulative position is -7% (-65,191 Journeys) below baseline

Engagement with acute trusts and ICB leads is ongoing to review and improve performance particularly the Unplanned specification with some focus on aborted activity, tripartite meetings have begun to be reestablished. Recruitment to the PTS Operational Senior Leadership team is ongoing and the Assessment Centre for the Deputy Head of Operations and Deputy Head Clinical and Governance is planned for May 2025. This will significantly strengthen the senior leadership team to enable more focus on the workforce and operational delivery.

3. ISSUES TO NOTE

3.1 Local Issues

Elm Point

The construction programme for the new dedicated base for Liverpool's Hazardous Area Response Team (HART) has been extended slightly due to unexpected works required to the boundary walls and some unfavourable weather conditions in early January. However, despite this, we remain on target to take possession of the site from building contractors and are planning a move-in date for HART staff in late June 2025.

3.2 Regional Issues

REAP

After reviewing current operating pressures, on 17 March the trust de-escalated from REAP Level 3 (major pressure) to REAP Level 2 (moderate pressure). The decision considers several factors including stabilisation of ARP response times, improved operational resource levels, excellent 999 call answering times and general improvement to hospital handover.

We are still operating under challenging circumstances, or 'moderate pressure' as indicated by REAP Level 2 and continue to dynamically review our REAP Level. Across the North West we are observing significant variation in ARP response times with hospital handover being a significant contributor. Some areas and parts of the NHS remain under major pressure. For NWAS overall there has been an improving trend.

The REAP Level system is in operation at all times. It enables us 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.

#WorkWithoutFear

A Congleton man who strangled and repeatedly punched an NWAS paramedic just before Christmas has been handed a 52-week suspended sentence, 100 hours of community service and rehabilitation activity requirements. He must also pay £1,500 in compensation.

NHS Staff Survey: Results show increased satisfaction

48% of staff responded to the 2024 NHS Staff Survey. This survey is one of the largest workforce surveys in the world and gives a real-time snapshot of how our staff feel about working for the trust.

Compared to average scores from other ambulance services:

- More staff would recommend NWAS as a great place to work.
- More staff feel confident in the care we provide to patients.
- Less staff feel burnt out compared to our colleagues from all other ambulance trusts.

We've seen improvements in questions around morale, satisfaction with flexible working, access to development opportunities, access to reasonable adjustments, and work-life balance when compared with our results from the previous year. One of our core strategic aims is to make NWAS a brilliant place to work.

Sadly, we've seen an increase in violence, harassment or abuse from patients and the public, which is completely unacceptable. Staff safety and wellbeing are a priority, and it is encouraging that more staff are reporting these incidents so the perpetrators can be held to account.

In some parts of the trust, we've seen worsening results in relation to how some teams treat each other. I recognise that the changes we've made to our structures, particularly in service delivery, have been unsettling and this could be a contributory factor. Change is never easy. As more changes happen across the trust, and we settle into new ways of working, we must focus on strengthening relationships within our teams and being mindful

of how our behaviour impacts others. When we work in an environment where we feel valued, supported, and respected we can achieve incredible things.

The Staff Experience Team, part of Lisa Ward's People Directorate, will now look into the results further, working with local teams to turn feedback into action, and work will continue to shape NWAS into the workplace we all want it to be.

3.3 National Issues

What the NHS planning guidance means for ambulance trusts

The new NHS England operational planning and contracting guidance has been published and Centres on a small number of national priorities for 2025/26. These include:reducing the time people wait for planned care, improving long A&E waiting times and ambulance response times, and improving access to mental health services, particularly for children and young people.

In the longer term, the government remains committed to transforming the health service by delivering on its three shifts - from hospital to community, sickness to prevention, and analogue to digital.

This guidance, and these priorities, will be a major driver, influencing the areas of focus for Integrated Care Boards (ICBs) and provider organisations. From an ambulance service perspective, there are several key highlights in the guidance.

The first priority refers to improving ambulance response times. It states that category 2 response times should average no more than 30 minutes for 2025/2026. The 30-minute average is something that we, and ambulance trusts across the country, continue to aim for and improve upon. However, pressures on the service, local variation, and external factors often impact our ability to consistently achieve this.

One very welcome inclusion is a maximum 45-minute hospital handover time. Hospital handover delays have continued to be a significant issue for us here in the North West. We would expect to see handover times fall far below that figure, reaching the 15-minute target, but having a maximum specified in the guidance is vital. It shows the issue is recognised across the system and there is focus on addressing those long handover delays.

There is also focus on improving access to urgent care services in the community and increasing the flow of patients through same day emergency care (SDEC) services. This is fundamental in enabling us to improve ambulance availability and response times. Finally, under this priority, there is reference to improving 'hear & treat' rates. NWAS has done huge amounts of work over recent years to improve hear & treat and see & treat rates. It is part of our vision to ensure patients get the right care, at the right time, in the right place and therefore support NHS England's continued emphasis on this.

A lot of what is described in the guidance is not necessarily new, but it is good to have renewed focus on these key areas. It's encouraging that much of it aligns with our existing strategic direction. This guidance will now continue to influence our areas of focus.

NHS England commits to support providers to achieve the priorities. It will soon publish further guidance and a new ambulance commissioning specification.

Change NHS: a health service fit for the future

As part of the 10-Year Health Plan engagement, the Department of Health and Social Care and NHS England hosted a series of in-person staff events across the seven NHS regions between 11 February and 4 March when hundreds of staff took an active part in shaping the future of the NHS.

Up to 130 health and care staff per region were drawn from a wide range of professions, pay bands, healthcare settings and organisations to join nationwide deliberations and share their ideas, experiences, and priorities with NHS leaders. The NHS is built on a strong set of principles of everyone counts, and all NHS staff were invited to engage in the process by talking about personal experiences to help prioritise key challenges facing health and care or to suggest an idea for improving the NHS.

Integration of NHS England

Earlier this month the government has announced the integration of NHS England, phased over two years. This will involve merging some functions and staff from NHS England into the Department for Health and Social Care (DHSC). As part of the change, the government has stated that it expects to reduce duplication and save money. Headcount across both NHS England and the DHSC is expected to be cut by around 50 per cent.

The Secretary of State has asked NHS England 'transition' chief executive, Sir Jim Mackey, to convene a transformation team to guide the process.

Alongside this, integrated care boards (ICBs) and provider trusts, have been told to make further cuts, with ICBs asked to make 50 per cent reductions in their running costs by Q3 2025/26.

TASC launch national SafeSpace sexual safety support service

The Ambulance Service Charity (TASC) recently launched SafeSpace – a new support service for all ambulance staff and student paramedics who have been impacted by any sexual safety issues, such as harassment, assault, coercion, and more.

The service provides a confidential and safe space for ambulance colleagues to talk about their experience with experienced TASC staff, feel listened to, and to signpost to other support where appropriate.

Modern Slavery Act 2015

In previous years the Trust has approved and published its Modern Slavery Act 2015 statement in accordance with reporting requirements. This year to help and support ICBs and providers, NHS England (NHSE) has drafted a Modern Slavery Statement as a 'group statement' for NHS organisations to refer to, to reduce administrative burden, prevent

duplication and increase consistency with organisations strongly encouraged to defer to this 'group statement'.

The statement will cover the actions taken by NHSE to support the wider NHS to address the risk of modern slavery in the health service and point to actions best delivered nationally and locally. Once approved, the statement for 2024/25 will be published on the NHSE website and will be referred to in the trust's annual report and on the external website.

4 General

Multi-agency exercise success in Cumbria

On 12 February staff from North Cumbria, alongside a NILO, commander, and facilitators from the Resilience Team, attended a live multi-agency exercise, with responders from Cumbria Police and Cumbria Fire and Rescue. This tested our response to a marauding terror attack (MTA) incident.

This took place at the Convention Centre and Pencil Museum complex in Keswick, with over 50 members of the public acting as casualties and bystanders in conjunction with special effects and vehicles to make the incident as real as possible for the participants.

The exercise was a big success enabling our staff to demonstrate working together with partners using JESIP and the new Ten Second Triage (TST) system to effectively manage the incident.

National Apprenticeship Week

National Apprenticeship Week (10-16 February) was the perfect time to celebrate the hundreds of apprentices working and learning with NWAS. We currently have 675 apprentices on a range of different programmes, with over 250 EMTs and paramedics starting courses in 2025.

Apprenticeships are an essential recruitment tool at NWAS and provide the opportunity to upskill and develop a career path within the service. An apprenticeship is a first step towards becoming a paramedic, but our apprenticeships also raise the ambitions of existing staff.

In May, we will host another apprentice celebration event at the Bolton Whites Hotel to reward their contributions and achievements

LGBT+ History Month

February was LGBT+ History Month, this year's theme was 'activism and social change,' which highlights people both past and present that have helped shape and create social change, advancing society for everyone.

Adam Williams, LGBT+ Network Chair and Paramedic, spoke about the work of activist Dr Michael Farquhar and who designed an LGBTQ+ rainbow badge that is now worn by hundreds of thousands of NHS workers up and down the country. The badge aims to be an

instantly recognisable symbol, which tells staff and service users that the person wearing this badge is someone who can provide a safe space, empathy, compassion, respect and understanding.

NWAS joined the badge scheme in February 2020 and after an initial flurry of requests for the badges from LGBT+ members of staff, most requests for the badges are from allies, which shows how NWAS is an inclusive workplace.

International Women's Day

The Women's Network hosted an in-person event for International Women's Day on Friday 14 March at the North Lakes Hotel and Spa in Penrith, Cumbria, for all staff across all service lines, with the theme of Accelerate Action.

The event featured talks and workshops, including from our Head of Learning and Leadership Development, Danielle Soens-Hughes, on her personal learning around leadership and leadership programmes available for NWAS staff.

She was also joined by Director of Quality, Innovation & Improvement, Maxine Power, who discussed how the ambulance service has changed for women in the last 50 years and its vision for the future. Members of the Resilience Team, covered their experiences and what has changed while working in a traditionally male-dominated area of the emergency services.

Ramadan 2025

To commemorate the holy month of Ramadan, which is observed by Muslims across the globe, the Staff Experience Team once again arranged an Iftar dinner held on Wednesday 19 March in Bolton.. 'Iftar' refers to breaking the fast, and was an opportunity to come together with colleagues from across the trust to network, learn and enjoy a delicious meal.

Ramadan is traditionally marked with fasting, prayer, charity, reflection and community.

Ambulance Community Day Events

The Patient Engagement team organise several community engagement events every year, one in each county. This is an opportunity for the public to come and learn more about their local ambulance service, professions, volunteer opportunities, and more.

Changes to the Executive leadership team

We say farewell to the formidable Dr Maxine Power, Director of Quality, Innovation and Improvement, who is leaving the trust after 37 years of dedicated service and unwavering commitment to the NHS. To ensure there is continuity of support for the team and organisation, I have appointed Dr Elaine Strachan-Hall who will be with us for six months.

Recruitment is currently underway for the Director of Quality and Improvement along with my previous role of Director of Strategy and Partnerships. This means we will soon be welcoming some new members to the Board of Directors. I look forward to being able to introduce our new team members once those recruitment processes are complete.

In the meantime, we've had a few changes to director portfolios. Our digital team (including innovation) has moved into the finance directorate. This move brings together infrastructure teams such as estates, fleet, and digital, under the leadership of Director of Finance, Carolyn Wood

In our Thoughts

It is with great sadness that I write to inform you of the death of our friends and colleagues Simon Cox and Kim Yates.

Simon passed away suddenly at the end of January. His career within the ambulance service spanned two decades; starting in 2003 in GMAS working in the Greater Manchester west sector and last year took up the role of community resuscitation engagement officer for Cheshire and Merseyside.

Kim passed away at the beginning of February following a long battle with illness. She joined the trust in 2017 and worked within the patient safety team as a co-ordinator.

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

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

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	Estates and Fleet Strategic Plan Roadmap
PRESENTED BY	Executive Director of Finance
PURPOSE	Decision

LINK TO STRATEGY	Sustainability Strategy									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☐	**SR02**	☒	**SR03**	☐	**SR04**	☐	**SR05**	☐
	SR06	☐	**SR07**	☐	**SR08**	☐	**SR09**	☐	**SR10**	☐

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☒	Quality Outcomes	☒	People	☒
	Financial/ Vale for Money	☒	Reputation	☒	Innovation	☒

ACTION REQUIRED	The Board of Directors is asked to: • Review the content of the Estates and Fleet Roadmap attached as Appendix A; and • Approve the Estates and Fleet Roadmap for inclusion as part of the Estates and Fleet Strategic Plan.
EXECUTIVE SUMMARY	In March 2024, the Board of Directors approved the Estates and Fleet Strategic Plan 2024-30 which set out the principles which will guide our decisions around estates and fleet and the approach we will take to key strategic decisions in estates and fleet. The final element of the approved strategic plan was the commitment to develop the roadmap during 2024-25. The roadmap captures the larger programmes of work which will support delivery of the strategic plan and can be seen at appendix A. The Facilities Management Roadmap sets out how we will deliver single standards across our estates which will promote a consistent and professional environment and reduce maintenance costs through standardisation. It also outlines our approach to improving space utilisation by making the best use of our internal facilities and ensuring that we make the most effective use of external facilities. The Fleet Roadmap sets out how we will deliver wider NHS targets of reducing the carbon output of our fleet through a transition to a zero-

	emission fleet by 2040 alongside delivering our fleet replacement programme and reviewing our workshop infrastructure. The Estates Roadmap has been developed in collaboration with area directors and local area teams and identifies the highest priority estates for redevelopment over the next six years. The prioritisation was based on data from site surveys and with consideration for the operational impact of our estates. The roadmap sets out those priorities and the timelines along which we will develop options appraisals to begin to address the challenges in those sites. These are set alongside our existing live projects and projects which are currently under development. The next steps will be the implementation of the programmes of work outlined in the roadmap through development of strategic outline cases and outline business cases. The roadmaps will be reviewed at least annually to ensure that they remain current and to ensure that we maintain a forward view of our estates and fleet. Sustainability and Equality Impact Assessments will be completed for the projects outlined in the roadmap as required.	
PREVIOUSLY CONSIDERED BY	Trust Management Committee / Resources Committee	
	Date	Wednesday, 19 March 2025 / Friday, 21 March 2025
	Outcome	Pending

1. Background

1.1. In June 2022, the Board of Directors approved Our Strategy 2022-2025 and in July 2023 the four supporting strategies, including the Sustainability Strategy were approved.

1.2. In March 2024, the Board of Directors approved the Estates and Fleet Strategic Plan 2024-30 which set out the principles which guide our approach to decisions around estates and fleet. The strategic plan was developed with engagement from our Service Delivery directorate to ensure that the principles reflect the needs of our services.

1.3. The Estates and Fleet Strategic Plan 2024-30 sets out three principles which set the direction for our estates, fleet and facilities management functions. These principles are as follows:

- Our estates and fleet support the delivery of high-quality patient care and a positive patient experience;
- Our estates and fleet will offer modern work environments that everyone can be proud of; and
- Our estates and fleet will be economically efficient and have a positive impact on the environment and our local communities.

1.4. The final element of the approved strategic plan was the commitment to develop the roadmap during 2024/25, using the principles in the strategic plan, to set out how we will deliver our estates, fleet and facilities management portfolios over the next six years. The roadmap captures the large, transformative programmes of work which will support delivery of the strategic plan. Business as usual maintenance and smaller scale works are not included in the roadmap but will continue throughout the life of the strategic plan.

1.5. Roadmaps have been developed for Facilities Management, Fleet and Estates and collectively are the Estates and Fleet Roadmap and form the final part of the Estates and Fleet Strategic Plan. The roadmaps are attached in Appendix A.

2. Development of the Facilities Management Roadmap

2.1. The Facilities Management roadmap primarily addresses the second principle in the strategic plan, '*Our estates and fleet will offer modern work environments that everyone can be proud of*' and was developed by the Facilities Management team who identified the initiatives which would be delivered through the roadmap. These were single standards and space utilisation.

2.2. **Single Standards –** This initiative aims to produce and maintain a single set of standards which will be met by all our estates. These standards will promote our brand identity to give our estates a consistent and professional feel and ensure that we support the diverse needs of our workforce. They will also address our furniture and mechanical and electrical installations to ensure consistency and reduce the costs of maintenance.

2.3. **Space Utilisation –** This initiative will develop mechanisms to improve space allocation and utilisation across the trust which will further improve equitable facilities for stations and premises. Internal meeting space will be explored and a centralised booking system will be introduced to ensure that we optimise our estates, minimise the use of external venues and increase facilities for collaborative working and wellbeing areas.

2.4. The Facilities Management Roadmap lays out the timelines and milestones for delivering these two initiatives over four years to 2027-28.

3. Development of the Fleet Roadmap

3.1. The Fleet Roadmap is largely driven by external drivers, primarily the NHS net zero travel and transport roadmap, which aims for the full fleet, including ambulances, to be decarbonised by 2040.

3.2. There are several key steps that will mark the transition to full fleet decarbonisation by 2040. These are as follows and have been incorporated into the roadmap.

- From 2027, all new vehicles (excluding ambulances) will be zero-emission vehicles
- From 2030, all new ambulances will be zero-emission vehicles
- Development and roll out of sustainable travel strategies
- Transition our leased and owned cars to zero emission so that by 2035 all vehicles (excluding ambulances) will be zero emissions.

3.3. Alongside the transition to a decarbonised fleet, our Fleet Roadmap also illustrates the annual fleet replacement scheme which ensures that we maintain a modern fleet which is reliable and fit for purpose using the latest engineering technologies supporting move to net zero.

3.4. The roadmap also includes a review of the workshops estate which supports our fleet. This infrastructure is critical to ensuring that vehicles are well maintained and that we maximise the availability of the fleet for service delivery.

4. Development of the Estates Roadmap

4.1. The Estates Roadmap has been the most complex to develop. The Estates team have worked closely with the Strategy, Planning and Transformation team to identify the high-priority sites for development over the next six years.

4.2. **Data collection –** The first step in identifying the high-priority sites to include on the roadmap was understanding the current state of our estates. The facet survey, undertaken on each of our owned sites, provides an assessment of the physical condition of the estate and indicates the value of the back log maintenance required to address high, significant, moderate and low risk areas. In addition to the facet survey, a station survey was also undertaken which asked staff at each station to rate the facilities at their estates such as locker space, car parking, security and overall condition.

4.3. The results from the surveys were shared with the area directors in a workshop in December 2024. Prior to the workshop, the area directors provided their own views as to which estates should be prioritised and highlighted the operational challenges at each site.

4.4. **Identification of high-priority estates –** The workshop in December 2024 was attended by the area directors and members of the Estates team. The purpose of the workshop was to describe the purpose of the Estates Roadmap, present the information gathered by our surveys and to discuss and understand the priorities in each of our areas. The workshop succeeded in giving all participants an understanding of the challenges which need to be addressed and generated a set of priorities for each area.

4.5. **Refining the priorities –** The next step in the development of the roadmap was to undertake area meetings which allowed the Estates team to discuss the priorities in each area in more detail and further discuss the findings from the data collection. The area meetings were attended by area directors and their service leads and were an opportunity to engage with those local leaders to promote a collaborative relationship. Each of the priority estates were

discussed in detail to fully understand the challenges in those locations from the perspective of the local leadership.

4.6. **Finalising the priorities –** After the area meetings, we held a final workshop to bring together the priorities for each area to form our trust-wide set of priorities. The workshop was held in February 2025 and attended by the area directors and members of the Estates team. The output of the workshop was the seven ranked priorities included in the Estates Roadmap in appendix A.

4.7. The roadmap itself was developed by the Estates team to set out the expected timelines for commencing work on each of the identified priorities. It includes the live projects which have already been approved by the board of directors and the pipeline work which is currently under development. Detailed options appraisals will be undertaken by the Estates team for each of the priorities which have been identified. These options appraisals will continue to inform the timelines set out in the roadmap.

5. Next steps

5.1. The Estates and Fleet Roadmap sets out the transformative work which will be undertaken to deliver the strategic plan. Work is already underway to implement much of what is captured in the first year of the roadmap and to plan the future projects in more detail.

5.2. Where projects require business cases, PMO support or capital funding, the usual governance routes will be followed. It is not the intention for the roadmap to circumvent any governance structures or pre-empt formal decision-making processes, but it is to support the planning of a long-term portfolio.

5.3. The roadmap will be reviewed at least annually to ensure that we have captured up to date information regarding our plans and to ensure that we continue to maintain a forward view for how we will manage our estates and fleet.

6. Risk consideration

6.1. The Estates and Fleet Roadmap will support the delivery of our strategic plan and aims to reduce our organisational risks.

Risk appetite category	Implications
Compliance / regulatory	The facet survey conducted as part of the development of the Estates Roadmap considered the compliance of our buildings. All our estates are found to be compliant with regulations. Business as usual maintenance and the implementation of single standards will ensure that we continue to be compliant
Quality outcome	Our approach to identifying the priorities for our Estates Roadmap included consideration of the impact of our sites on the quality of outcomes. This was gained via the area directors and through engagement in local area meetings.
People	Our single standards which will be rolled out across our estates will ensure that we promote staff wellbeing and ensure that our estates meet the needs of our diverse workforce.
Financial / value for money	The integrated approach to forward planning in our Estates Roadmap will ensure that decisions are made proactively and with

	consideration for value for money and will support a well-planned capital programme.
Reputation	Our single standards will ensure that our estates have a consistent professional feel which will enhance our reputation. Our fleet replacement programme and move to a zero-emission fleet will provide us with a high-quality, modern work environment for our staff on the road and for our patients.
Innovation	The delivery of our future building projects which are identified in the roadmap will give us the opportunity to innovate to reduce energy costs and increase the energy efficiency of our estates. We will also be at the forefront of testing new electric ambulances as we move towards a zero-emission fleet.

7. Equality/sustainability impact

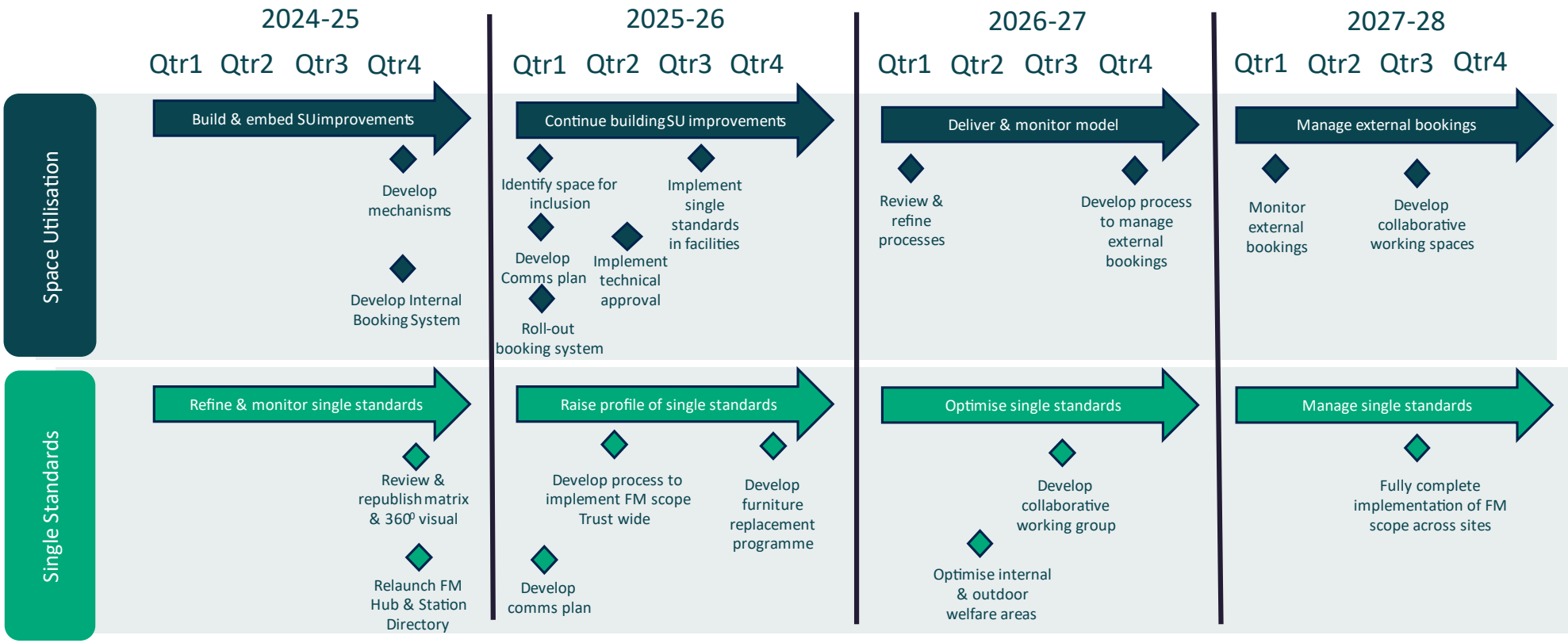
7.1. The Estates and Fleet Roadmap has been designed to have a positive impact on equality and sustainability, with specific workstreams which aim to improve in both areas. Individual workstreams in the roadmap will have their own impact assessments, where they are required, to ensure that the full impacts on equality and sustainability are understood.

8. Action required

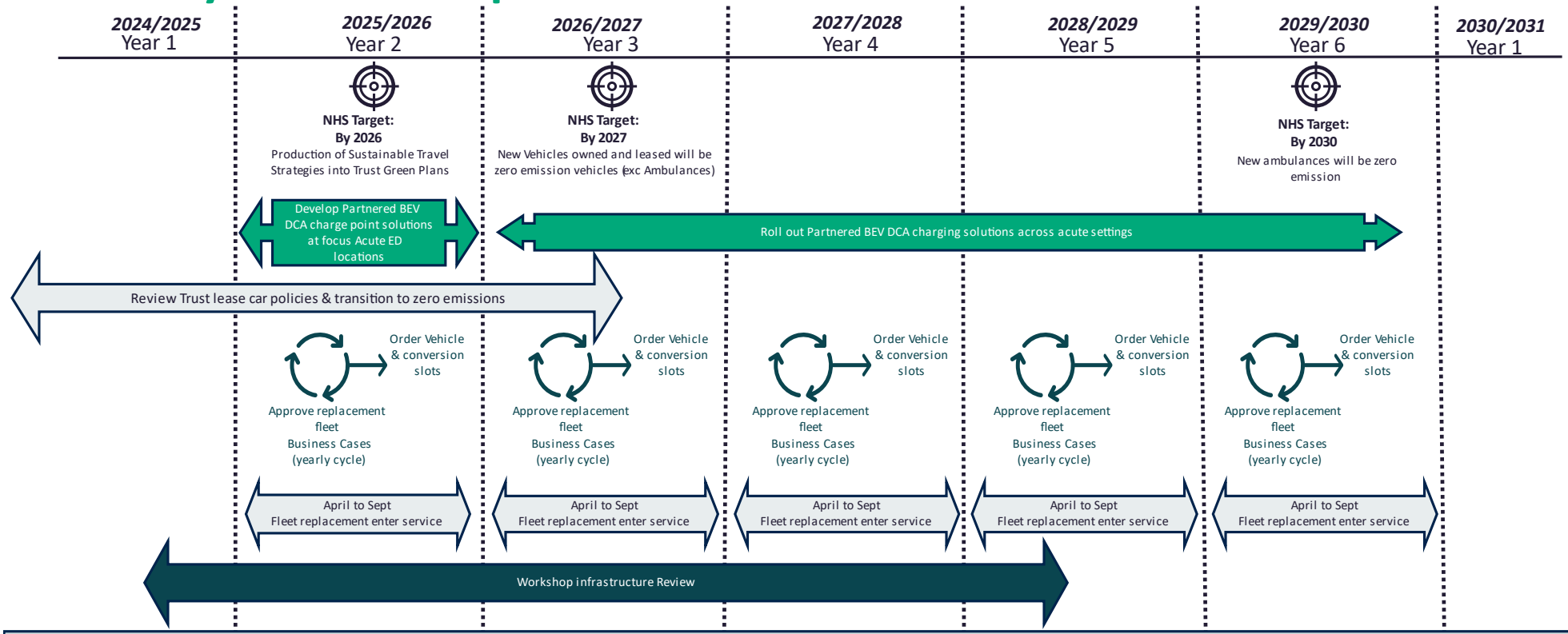
8.1. The Board of Directors is asked to:

- Review the content of the Estates and Fleet Roadmap attached as Appendix A; and
- Approve the Estates and Fleet Roadmap for inclusion as part of the Estates and Fleet Strategic Plan.

Facilities Management Roadmap



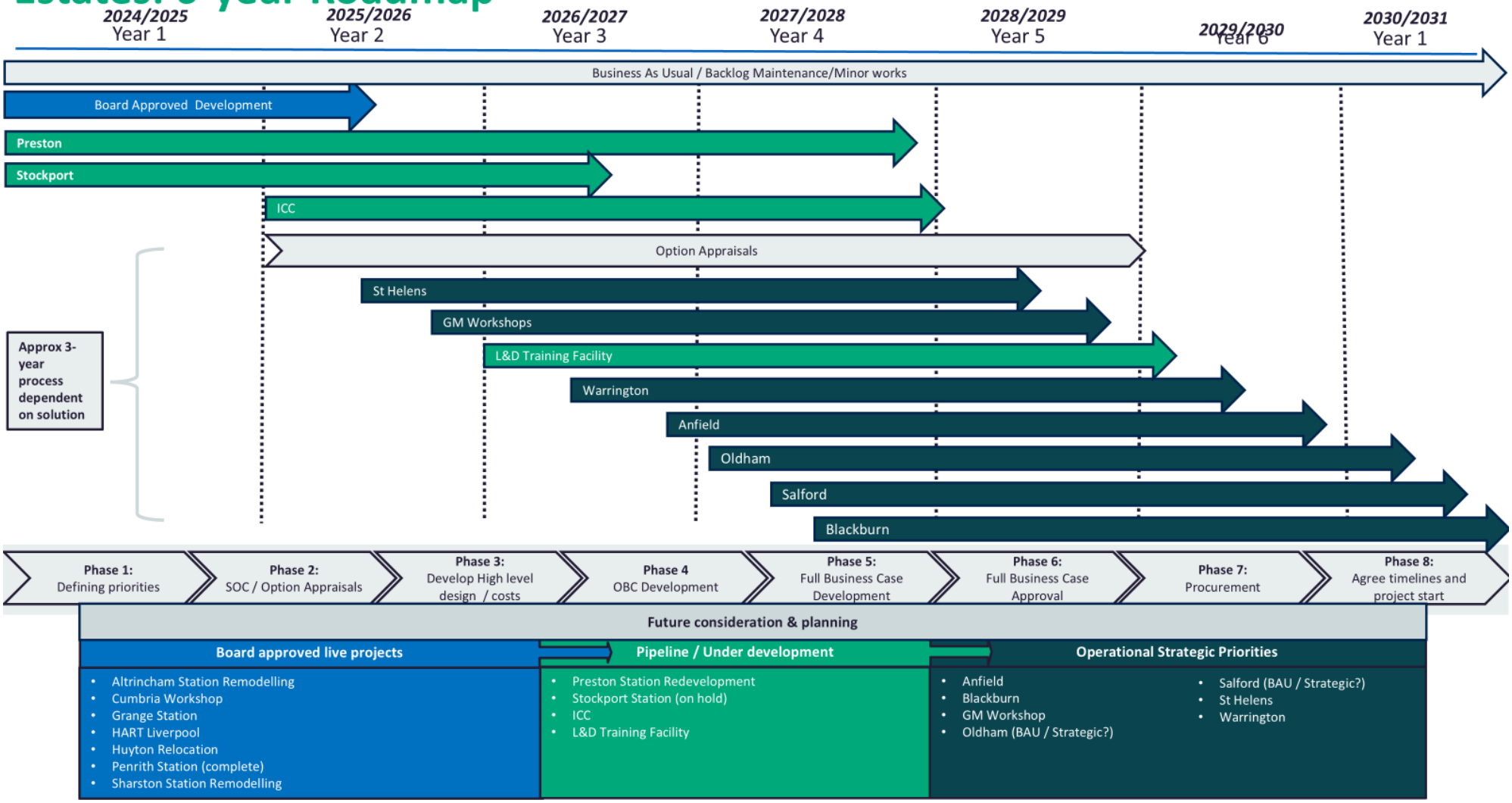
Fleet: 6-year Roadmap



Future consideration & planning

NHS Net Zero Target Future Roadmap	Partnership Consideration	Workshop Estates
• By 2033, staff travel emissions reduced by 50% through shifts to more sustainable forms of travel and electrification of personal vehicles. • By 2035, all vehicles owned and leased by the NHS will be zero emission vehicles (excluding ambulances) and PTS will be undertaken in zero emission vehicles. • In 2040, the full fleet will be decarbonised. All owned, leased, and commissioned vehicles will be zero emission.	Future NWAS Fleet Partnership From 2025 to 2026 through to 2023 inform Acute Partnership Infrastructure	Ensure the correct infrastructure to support NWAS fleet by considering the placements of workshops to increase the availability of vehicles across the Trust

Estates: 6-year Roadmap



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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	Proposed Risk Appetite Statement 2025/26
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Decision

LINK TO STRATEGY	All Strategies									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒	**SR05**	☒
	SR06	☒	**SR07**	☒	**SR08**	☒	**SR09**	☒	**SR10**	☒

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☒	Quality Outcomes	☒	People	☒
	Financial/ Value for Money	☒	Reputation	☒	Innovation	☒

ACTION REQUIRED	The Board of Directors is asked to: • Approve the risk appetite levels for each of the key risk categories • Approve the contents of the Risk Appetite Statement (RAS) for 2025/26
EXECUTIVE SUMMARY	The Trust's Risk Appetite Statement (RAS) underwent a full review in Q4 2024/25 during development sessions with executives and non-executives and the proposed 2025/26 Risk Appetite Statement can be viewed in **Appendix 1**. The key risk categories and risk appetite levels are:

Compliance/ Regulatory	Low
Quality Outcomes: ▪ Safety ▪ Effectiveness ▪ Experience	Low
Cyber Security	Low
People	Moderate
Financial/ Value for Money (VfM)	Moderate
Reputation	Moderate
Innovation	High

PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	Wednesday, 19 March 2025
	Outcome	Recommended to Board of Directors for approval

1. BACKGROUND

The Trust's Risk Appetite Statement (RAS) is reviewed on an annual basis during Q4, and forms part of the trust's risk management arrangements.

2. RISK APPETITE STATEMENT (RAS) 2025/26

The proposed Risk Appetite Statement for 2025/26 can be viewed in **Appendix 1**.

During the review and development sessions in Q4 held with executives and non-executives, feedback was provided, and two further categories were suggested. Advice was sought from MIAA, the trust's internal auditors, around the two categories:

Improvement

MIAA have advised that pursuing improvement should be seen as part of opportunity risk management and as such, organisations should consistently challenge current working practices to drive improvement. The trust should have operational processes in place to determine the prioritisation of quality improvement programmes that support the trust in pursuit of their strategic objectives.

Sustainability

MIAA advised that they have never seen sustainability feature on a Risk Appetite Statement (RAS). Sustainability should be considered in its widest sense as part of multiple categories within the RAS, including compliance/ regulatory, and finance/ value for money, as opposed to a single risk appetite category.

Based on the above advice, improvement and sustainability have not been included as separate key risk categories on the RAS.

Proposed Key Risk Categories and Risk Appetite Levels

The key risk categories and the risk appetite levels can be seen in the table below with further details in appendix 1 of this report:

Compliance/ Regulatory	Low
Quality Outcomes: ▪ Safety ▪ Effectiveness ▪ Experience	Low
Cyber Security	Low
People	Moderate
Financial/ Value for Money (VfM)	Moderate
Reputation	Moderate
Innovation	High

3. RISK CONSIDERATION

The Risk Appetite Statement (RAS) forms part of the trust's risk management arrangements and supports the Board in meetings its statutory duties.

4. EQUALITY/SUSTAINABILITY IMPACTS

None identified.

5. ACTION REQUIRED

The Board of Directors is asked to:

- Approve the risk appetite levels for each of the key risk categories
- Approve the contents of the Risk Appetite Statement (RAS) for 2025/26

Appendix 1 - Proposed BAF Strategic Risks 2025-26

	Risk Description	Exec Director Lead	Strategic Aim	Supporting Strategies
SR01	There is a risk that if the Trust does not provide the right care, at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for patients	Medical Director	Provide high quality inclusive care	Quality Strategy
SR02	There is a risk that if the Trust does not achieve financial sustainability, its ability to deliver high quality (safe and effective) services will be affected	Director of Finance	Work together to shape a better future	Sustainability Strategy
SR03	There is a risk that if the Trust does not deliver against NHS net zero targets, it will impact on the Trust's ability to contribute towards environmental improvements and delivery of its Green Plan	Director of Finance	Work together to shape a better future	Sustainability Strategy
SR04	There is a risk that if the Trust does not deliver improved sustained national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm	Director of Operations	Provide high quality inclusive care	Service Development Strategy
SR05	There is a risk that if the Trust does not create an inclusive environment and look after its people's wellbeing, safety and development, then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.	Director of People	Be a brilliant place to work for all	People Strategy
SR06	There is a risk that a breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action	Director of Quality / Director of Corporate Affairs	Provide high quality inclusive care Be a brilliant place to work for all Work together to shape a better future	Quality Strategy
SR07	There is a risk that due to the geographical size of the Trust it will be unable to effectively engage with its numerous system partners which may impact on its ability to achieve the medium-long-term plan	Director of Strategy & Planning	Work together to shape a better future	All strategies
SR08	There is a risk that if the Trust suffers a cyber incident, it could result in an inability to deliver a service and associated harm.	Director of Finance	Provide high quality inclusive care Be a brilliant place to work for all Work together to shape a better future	Digital Strategy/Plan
SR09	There is a risk that the recent planned changes around the Board over the next 12 months could destabilise the organisation and impact delivery of strategic plans.	Chief Executive / Director of Corporate Affairs	Provide high quality inclusive care Be a brilliant place to work for all Work together to shape a better future	
SR10	**Sensitive Risk**			
SR11	**Sensitive Risk**			

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RISK APPETITE STATEMENT (RAS) 2025/26

North West Ambulance Service (NWAS) NHS Trust recognises as a healthcare provider that risks will inevitably occur while providing high quality and inclusive care and treatment to patients, recruiting and retaining, and the health and wellbeing of our people, owning, leasing, and maintaining premises and equipment, and managing finances.

As a result, NWAS endeavours to establish a positive risk culture within the organisation, where unsafe practice is not tolerated and where everyone of our people feels committed and empowered to identify and correct and/or escalate system weakness.

The Board of Directors is committed to ensuring an effective risk management system is in place to manage risks from operational to Board level and where is identified, robust mitigating action plans are put in place. NWAS recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, our people, including volunteers, members of the public and strategic partners.

As such:

- NWAS has a low appetite to accept risks that could materially provide a negative impact on quality, including poor quality care, treatment or unacceptable clinical risk, non-compliance with standards of poor clinical or professional practice
- NWAS has a low appetite to accept any risk that could result in our people being non-compliant with legislation, or any frameworks provided by professional bodies
- NWAS has a low appetite and will take measured and considered actions that does not compromise our cyber security position.
- NWAS has a moderate appetite and will take measured and considered risks that does not compromise the safety of our people.

However, NWAS has a greater appetite to take considered risks in terms of their impact on organisational issues. As such:

- NWAS has a moderate appetite for taking risks that may impact on some or all of our people.
- NWAS has a moderate appetite to accept risks that may impact on finance/ value for money. However, budgetary constraints may be exceeded when required to mitigate risks to patient, our people's safety, or quality of care
- NWAS has a moderate appetite regarding pursuit of commercial development, collaboration, and partnerships. Although, the preference is for safe delivery options that have a low degree of inherent risk and may only have limited potential reward
- NWAS has a high appetite for innovation and will take measured risks to maximise technological innovation and commercial opportunities.

NWAS commits to actively utilise the Risk Appetite Statement during any decision-making process and to review its Risk Appetite Statement on an annual basis and/or following any significant changes or events.

PETER WHITE
Chair

SALMAN DESAI KAM
Chief Executive

North West Ambulance Service NHS Trust (NWAS) Risk Appetite			
Key Risk Category	**Risk Appetite Level**	**Risk Tolerance Score**	**Risk Appetite Statement**
Compliance/ Regulatory	Low	1-5	We have a **LOW** appetite, and we will not take any risks which will impact on our ability to meet our legislative requirements.
Quality Outcomes: ▪ Safety ▪ Effectiveness ▪ Experience	Low	1-5	We have a **LOW** appetite for risk taking in relation to quality outcomes. We will take measured and considered risks to improve the delivery of quality outcomes where there is potential for long term benefit, however, we will not compromise the quality of care we provide or the safety of our staff, volunteers, or patients in our care.
Cyber Security	Low	1-5	We have a **LOW** appetite for risk taking in relation to cyber security. We will take measured and considered actions to enable us to operate effectively and efficiently across the system but does not compromise our cyber security position.
People	Moderate	6-12	We have a **MODERATE** appetite for risk taking that may impact on some or all of our people. We will take measured and considered risk that does not compromise the safety and wellbeing of our people; aims to liberate the potential of our people or aims to shape the culture of the organisation to enhance inclusion, staff safety and create a healthy workplace.
Financial/ Value for Money (VfM)	Moderate	6-12	We have a **MODERATE** appetite for measured risk taking to support growth whilst making best use of resources, delivering value for money whilst minimising the possibility of financial loss allowing the Trust to develop and provide highest standards of healthcare. We will not take any financial risks which will have a negative impact on the overall sustainability of the Trust.
Reputation	Moderate	6-12	We have a **MODERATE** appetite for risk taking that will enhance to be an 'outstanding' organisation. We will not take any risks that will have a negative impact on the reputation of the Trust.
Innovation	High	15-25	We have a **HIGH** appetite for innovation and will take measured risks to maximise technological innovation and commercial opportunities to improve patient outcomes, transform services and ensure value for money.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	Board Assurance Framework: Strategic Risks 2025/26
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Decision

LINK TO STRATEGY	All Strategies									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒	**SR05**	☒
	SR06	☒	**SR07**	☒	**SR08**	☒	**SR09**	☒	**SR10**	☒

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☒	Quality Outcomes	☒	People	☒
	Financial/ Value for Money	☒	Reputation	☒	Innovation	☒

ACTION REQUIRED	The Board of Directors is asked to: • Approve the proposed strategic risks 2025/26.	
EXECUTIVE SUMMARY	The Board of Directors are presented with the proposed Board Assurance Framework strategic risks for 2025/26. Following engagement with both Executive and Non-Executive Directors, the nine proposed strategic risks for 2025/26 can be viewed in **Appendix 1**. The risks are: • Aligned to an executive lead • Linked to one or more strategic aims • Linked to either the Trust Corporate Strategy or one of the key supporting strategy	
PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	Wednesday, 19 March 2025
	Outcome	Recommended to Board of Directors for approval

1. BACKGROUND

The Board of Directors are presented with the proposed Board Assurance Framework (BAF) strategic risks for 2025/26.

2. PROPOSED BAF STRATEGIC RISKS

The Board of Directors has overall responsibility for ensuring that the systems and controls in place are adequate to mitigate any significant risks which may threaten the achievement of strategic objectives.

Following engagement with both Executive and Non-Executive Directors, the proposed Board Assurance Framework strategic risks for 2025/26 can be viewed in **Appendix 1**.

As always, the proposed risks are benchmarked using MIAA (the Trust's internal auditors) insight reports and guidance and engagement externally with other Trusts.

The risks are:

- Aligned to an executive lead
- Linked to one or more strategic aims
- Linked to either the Trust Corporate Strategy or one of the key supporting strategy

Within the Q1 opening position which will be presented to Board in April, the BAF will also contain opening risk scores, and each risk will be aligned to a Board level assurance committee e.g. SR01 will be aligned to Quality & Performance Committee.

3. RISK CONSIDERATION

The purpose of the BAF is to bring together in one framework, all the relevant information ie mitigation and assurance, on the risks to delivering the Trust's strategic aims/objectives. It forms part of the overall approach to risk management within the Trust.

4. EQUALITY/SUSTAINABILITY IMPACTS

None identified.

5. ACTION REQUIRED

The Board of Directors is asked to:

- Approve the proposed strategic risks 2025/26.

Appendix 1 - Proposed BAF Strategic Risks 2025-26

	Risk Description	Exec Director Lead	Strategic Aim	Supporting Strategies
SR01	There is a risk that if the Trust does not provide the right care, at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for patients	Medical Director	Provide high quality inclusive care	Quality Strategy
SR02	There is a risk that if the Trust does not achieve financial sustainability, its ability to deliver high quality (safe and effective) services will be affected	Director of Finance	Work together to shape a better future	Sustainability Strategy
SR03	There is a risk that if the Trust does not deliver against NHS net zero targets, it will impact on the Trust's ability to contribute towards environmental improvements and delivery of its Green Plan	Director of Finance	Work together to shape a better future	Sustainability Strategy
SR04	There is a risk that if the Trust does not deliver improved sustained national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm	Director of Operations	Provide high quality inclusive care	Service Development Strategy
SR05	There is a risk that if the Trust does not create an inclusive environment and look after its people's wellbeing, safety and development, then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.	Director of People	Be a brilliant place to work for all	People Strategy
SR06	There is a risk that a breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action	Director of Quality / Director of Corporate Affairs	Provide high quality inclusive care Be a brilliant place to work for all Work together to shape a better future	Quality Strategy
SR07	There is a risk that due to the geographical size of the Trust it will be unable to effectively engage with its numerous system partners which may impact on its ability to achieve the medium-long-term plan	Director of Strategy & Planning	Work together to shape a better future	All strategies
SR08	There is a risk that if the Trust suffers a cyber incident, it could result in an inability to deliver a service and associated harm.	Director of Finance	Provide high quality inclusive care Be a brilliant place to work for all Work together to shape a better future	Digital Strategy/Plan
SR09	There is a risk that the recent planned changes around the Board over the next 12 months could destabilise the organisation and impact delivery of strategic plans.	Chief Executive / Director of Corporate Affairs	Provide high quality inclusive care Be a brilliant place to work for all Work together to shape a better future	
SR10	**Sensitive Risk**			
SR11	**Sensitive Risk**			

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ESCALATION AND ASSURANCE REPORT

Report from the Charitable Funds Committee

Date of meeting	Wednesday, 12 February 2025		
Members present	Mr D Whatley, Non-Executive Director (Chair) Mr D Hanley, Non-Executive Director Mr D Ainsworth, Director of Operations 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:

- None identified.

ADVISE:

- The Q3 financial position of the NWAS Charity was overall funds of £768k: general funds £363k and restricted funds 405k.
- The Committee approved the request to remove previous employees from the bank mandate and addition of three current employees of the Trust.
- Following annual review, the Committee agreed to recommend the revised terms of reference to the Board of Directors for approval.

ASSURE:

- NWAS Charity risk register was presented following quarterly review.
- Summary of the operational, strategic and charitable activity undertaken during Q3 2024/25 and 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 Q3 2024/25 provided, together with fundraising plans scheduled for Q4 2024/25.

RISKS

Risks discussed:

- None identified.

New risks identified:

- None identified.

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ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 19 February 2025		
Members present	Mr S Desai, CEO (Chair) Mr M Cooper, Area Director, Lancs & Cumbria Dr C Grant, Medical Director Mr M Jackson, Chief Consultant Paramedic Mr I Moses, Area Director, Cheshire & Mersey Mrs A Ormerod, Interim Deputy Director of Strategy, Partnerships & Transformation Prof M Power, Director of Quality, Innovation & Improvement Ms S Rose, Director of Integrated Contact Centres Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs J Wharton, Chief Information Officer	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- The EDS Report is under scored for Domain 3 which is Inclusive Leadership , the narrative requires more detail.

ADVISE:

- The Interim Director of Quality will commence mid-March

ASSURE:

- **The TMC discussed the following reports:**
  - 2425/258 - Finance Report Month 10
  - 2425/260 - 2024/25 UEC Recovery Funding
  - 2425/263 - Annual Plan Assurance
  - 2425/266 – PTS Update
  - 2425/267 - Self Assessment & Designated Body CD AO Improvement Framework 2025
  - 2425/269 – Job Evaluation Oversight

- **Received the following Escalation & Assurance reports**:
  - Diversity & Inclusion Group
  - Emergency Preparedness Resilient & Response Group

- Clinical & Quality Group
- Planning Group

RISKS

Risks discussed:

- None

New risks identified:

- Risks around the production timelines for the Quality Account as new Interim Director will be joining the trust
- Risk around the assumption that the ICB will be able to recommence the PTS tender process by March 2026

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ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 19 March 2025			
Members present	Mr S Desai,	CEO (Chair)	**Quorate**	Yes
	Mr D Ainsworth	Director of Operations		
	Mr M Cooper	Area Director, Lancs & Cumbria		
	Dr C Grant	Medical Director		
	Mr M Jackson	Chief Consultant Paramedic		
	Mr I Moses	Area Director, Cheshire & Mersey		
	Mrs E Orton	Assistant Director of Nursing & Quality		
	Prof M Power	Director of Quality, Innovation & Improvement		
	Ms E Strachan-Hall	Interim Director of Quality		
	Mrs L Ward	Director of People		
	Mrs A Wetton	Director of Corporate Affairs		
	Mrs J Wharton	Chief Information Officer		
	Ms S Wimbury,	Area Director, Greater Manchester		
	Mrs C Wood	Director of Finance		

Key escalation and discussion points from the meeting

ALERT:

- CQC enquiry received

ADVISE:

- The Interim Director of Quality joined the trust on 17 March 2025
- Announcement by the Government of the integration of NHSE/DHSC phased over two years
- Overall, a good set of results from the staff survey, above sector average

ASSURE:

- **The TMC discussed the following reports:**
  - 2425/285 - Finance Report Month 11
  - 2425/295 – North West Air Ambulance Report
  - 2425/299 – Annual Staff Survey Results
  - 2425/300 – ET Outcome – Acting Up Arrangements

- **Received the following Escalation & Assurance reports:**
  - Planning Group
  - Health Safety Security & Fire Group
  - Information Governance & Cyber Security
  - Sustainability Group
  - People and Culture Group
  - Clinical & Quality Group

RISKS

Risks discussed:

- **Achievability of the Trust Annual plan due to capacity, gaps in funding, impact of external priorities**

New risks identified:

-

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	NHS Staff Survey 2024 Results
PRESENTED BY	Lisa Ward, Director of People
PURPOSE	Assurance

LINK TO STRATEGY	All Strategies									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☐	**SR02**	☐	**SR03**	☐	**SR04**	☒	**SR05**	☒
	SR06	☒	**SR07**	☐	**SR08**	☐	**SR09**	☐	**SR10**	☐

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☐	Quality Outcomes	☐	People	☐
	Financial/ Value for Money	☐	Reputation	☐	Innovation	☐

ACTION REQUIRED	The Board of Directors is asked to: • Receive assurance from the results from the 2024 NHS Staff Survey and overall progress to improve staff experience • Note the plans to support operational and corporate teams trust-wide with local data from the Staff Survey to inform the refresh of Local People Plans.
EXECUTIVE SUMMARY	The purpose of this report is to provide the Board of Directors with an overview of the NHS Staff Survey 2024 results for NWAS. The fieldwork for Survey took place for around ten weeks between September – November 2024. Results from the Staff Survey were under embargo until 13 March 2025, and have since been released publicly. **Response rate** In 2024, around 130 more staff participated in the Survey compared to 2023, leading to over 3550 responses which equates to a 48% response rate. This was the highest ever number of responses received in the trust. The median response rate in the ambulance sector was 49% this year. There were increases in actual numbers of responses across all Directorates and operational service lines with the exception of EOC

(-14) and PTS (-24). Responses in Strategy, Partnerships and Transformation were down by 3.

There was an increase in the actual number of responses from all equality groups, with a third of all respondents declaring that they had a disability or long-term condition. 7% of respondents identified as Black Minority Ethnic (BME), and 10% declared the sexual orientation LGBT+.

Key findings

Overall results in the 2024 survey have been broadly stable, or have improved compared to 2023 and preceding years. Trust responses in several key sections have remained better than the ambulance sector in areas such as wellbeing, relationships with managers and satisfaction with job.

The People Promise data for 2024 shows that most scores have increased from 2023, and this year the trust scored above ambulance sector average for all areas, except 'We are a Team' where we are slightly below average. We have the best score in the sector for 'We are safe and healthy' and are very close to the best in 'Morale'.

There are significant positive results throughout the Staff Survey which the trust should be proud of. However, there has been a decline in positive responses from PTS respondents across all areas in the survey with some of the shifts being considered significant. This is a concern and has in some cases impacted overall trust performance. Whilst the uncertainty over the tender has undoubtedly impacted on results we recognise that this is not the only factor. Work is already underway to stabilise and enhance leadership capacity which will be supported by development plans. There will be a specific focus on actions to address cultural issues within PTS over 25/26.

There exists a gap between the experiences of disabled staff and the rest of the organisation which requires more exploration and concerted action.

Additionally, some of the decline in PES results could be attributed to the leadership review and staff sentiment around it, as well as operational pressures – noting that the fieldwork takes place during some of the busiest times of the year for operations. It will therefore be important to see how the results shift in 2025 survey.

Noteworthy responses

1. In 2024, 46% of respondents said there were *Enough staff at organisation to do my job properly* which is a substantial increase compared to 2023, and significantly better than ambulance sector average (35%). Responses from PES are close to the trust average, but PTS was however less positive, with only a quarter of respondents agreeing with this statement.

2. For the first time, more than 40% of respondents said they were satisfied with flexible working opportunities. This response is aligned to the sector average, and narrows the gap with the best in sector. Responses from all corporate teams, 111 and EOC are above the average, but only around 30% of PTS and PES colleagues have responded positively.

3. For Q9a *(immediate manager encourage me at work)*, 64% of respondents overall agreed with the statement, with an even higher % for BME and LGBT+ staff (70%+). Responses from PES and PTS (significantly) in the immediate managers section were below trust average, and in particular on this question, less than half of PTS respondents agreed. 111 responses on the other hand were around 80%.

4. 48% of respondents agreed that the *organisation take positive action on wellbeing*, which is an improvement on 2023, and the result is even higher in ICCs at 62%. However, in PTS and PES the average is closer to 40%.

5. Around half of the organisation continues to have confidence that the *organisation acts fairly in respect of career progression*. A 5.5% increase in positive responses can be seen from BME staff (Workforce Race Equality Standard metric) in 2024 from 2023, representing the highest ever number of this staff group having confidence in career progression opportunities in the trust.

6. Less than 1 in 10 respondents overall said they had experienced *unwanted behaviour of sexual nature in work from colleagues*, which is similar to the response in 2023 when the question was introduced for the first time. Q17a asks about experiencing this behaviour from members of the public, and in response, around 1 in 4 female staff and 30% of LGBT+ colleagues said had been victims.

7. Responses to the question of feeling safe to speak up remained stable from 2023 to 2024, with around 60% of respondents stating they were confident in speaking up. It is noteworthy that responses from BME staff went from 51% in 2023, to 62% in 2024, but PES and PTS respondents were however less likely to speak up only 48% of PTS and 55% of PES feeling safe to do so.

8. 71% of respondents who identified as disabled/having a long-term condition indicated reasonable adjustments had been made for them, and this is improvement on 65% in 2023.

Next steps

It is essential that outcomes from the Staff Survey are seen by staff to be informing actions and plans to improve the experiences of

	colleagues. This is particularly vital as confidence in the survey and participation grows as a result of staff seeing that their voice makes positive difference. The Staff Experience Team are producing local data packs for management teams, which will help inform the refresh of Local People Plans. In reviewing the local data, each Directorate should consider the issues which emerge most strongly and seek to put in place relevant actions to deliver improvements. In addition to the local plans emerging from the results, a trust-wide action plan will be developed by a newly established Staff Survey Action Group. This will help identify and focus on areas of work on a trust-level which will complement existing annual plans, thus helping ensure that action is being taken locally and centrally to improve staff experiences. From an Operational perspective, trust wide priorities for local plans have been established in the following areas with each area/service line expected to show progress. The ability to add local initiatives remains: • Improve flexible and part time working opportunities across your teams • Improve staff engagement and recognition. In particular, increase quality and frequency of feedback to incidents and issues • Support the Developing leaders programme and ensure fair and transparent arrangements for local career development/acting up	
PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	Wednesday, 19 March 2025
	Outcome	Improvement areas noted. Commitment from all Directors to develop and deliver local action plans. Support for the key areas of Operational focus. Issues with PTS results noted. Assurance on plans, including specifically for PTS, to be reported to TMC through the People and Culture Group workplan.
	Resources Committee	
	Date	Friday, 21 March 2025
	Outcome	Overview of the results was well received with areas to celebrate noted. Assurance provided on plans including the commitment of Operations to focus of three key areas in their People Plans. Request to ensure that there are ongoing temperature checks with staff throughout the year and this will be measure through a

		variety of methods including the National Quarterly Staff Survey and staff forums. Request for a detailed presentation of the results to be arranged for the NEDs.

1. PURPOSE

1.1. The purpose of this report is to provide the Board of Directors with an overview of the NHS Staff Survey 2024 results for NWAS.

1.2. The report presents a series of highlights and headlines from a range of questions taken from the Survey but is not a detailed analysis of all areas.

2. BACKGROUND

2.1. The NSS is one of the largest workforce surveys in the world and is undertaken annually to improve staff experiences across the NHS. Since 2021, the Survey has continued to be aligned to the NHS People Promise.

2.2. The fieldwork for Survey took place for around ten weeks between September – November 2024.

2.3. Results from the Staff Survey were under embargo until 13 March 2025, and have since been released publicly.

3. RESPONSE RATE

3.1. In 2024, around 130 more staff participated in the Survey compared to 2023, leading to over 3550 responses, which equates to a 48% response rate. This was the highest ever number of responses received in the trust, but the % remains consistent with the 2023 response rate, due to the increase in the staff list in 2024. The median response rate in the ambulance sector was 49% this year.

3.2. There was an increase in the actual number of responses from all equality groups, with a third of all respondents declaring that they had a disability or long-term condition. This is significantly higher than the approximately 9% of staff who declare on ESR.

3.3. 7% of respondents identified as Black Minority Ethnic (BME), and 10% declared the sexual orientation LGBT+. 57% of respondents were female, and 35% said they had caring responsibilities as a result of a long term physical or mental ill health / disability, or problems related to old age.

3.4. There were increases in actual numbers of responses across all Directorates and operational service lines with the exception of EOC (-14) and PTS (-24). Responses in Strategy, Partnerships and Transformation were down by 3. Breakdown of response numbers trust-wide can be seen in the table below.

Directorate/Team	2023 respondents	2024 respondents	Progress
NWAS overall	3427 (out of 7190)	3555 (out of 7418)	↑
Corporate Affairs	34 (37)	43 (45)	↑
Finance	128 (199)	139 (206)	↑
Medical	41 (45)	47 (60)	↑
Operations overall	2903 (6504)	2977 (6651)	↑
111	422 (585)	497 (653)	↑
EOC	684 (1120)	670 (1086)	↓
PES	1440 (3843)	1453 (3954)	↑
PTS	280 (849)	256 (838)	↓
Resilience	77 (107)	101 (120)	↑
People	148 (181)	171 (211)	↑
Quality	105 (151)	111 (165)	↑
Strategy & Planning	55 (59)	53 (66)	↓

4. KEY FINDINGS

Overall results in the 2024 survey have been broadly stable, or have improved compared to 2023 and preceding years. Trust responses in a number of key areas have remained better than the ambulance sector in areas such as wellbeing, relationships with managers and satisfaction with job.

4.1. People Promise

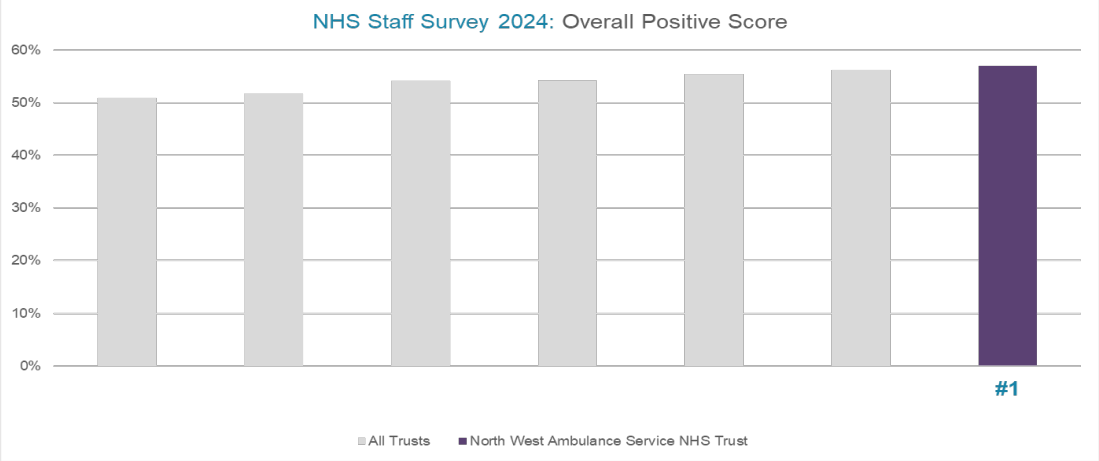
The People Promise data for 2024 shows that most scores have increased from 2023, and this year the trust scored above ambulance sector average for all areas, except 'We are a Team' where we are slightly below average. We have the best score in the sector for 'We are safe and healthy' and are very close to the best in 'Morale'.

The positive increases in scores for 'we work flexibly' and 'morale' are considered statistically significant changes as can be seen the table below:

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change?
We are compassionate and inclusive	6.92	3423	6.88	3551	Not significant
We are recognised and rewarded	5.47	3419	5.49	3552	Not significant
We each have a voice that counts	6.02	3412	6.01	3539	Not significant
We are safe and healthy	5.78	3109	5.84	3542	Not significant
We are always learning	5.05	3139	5.08	3274	Not significant
We work flexibly	5.21	3404	5.46	3532	Significantly higher
We are a team	6.23	3419	6.20	3548	Not significant
Themes					
Staff Engagement	6.14	3423	6.13	3554	Not significant
Morale	5.66	3424	5.85	3553	Significantly higher

4.2. Picker Positive Score

The survey provider, Picker, positively score the vast majority of the questions in order to build a picture of positive experiences. The league table shows that NWAS ranked highest for the overall positive score is ranked in comparison to the overall positive score of every other trust that ran the NHS Staff Survey 2024 with Picker. The overall positive score is the average positive score for all positively scored questions in the survey.

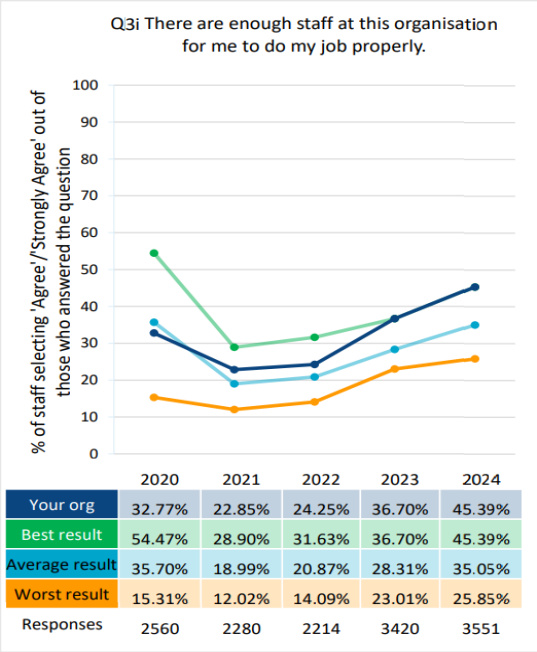


4.3. Noteworthy responses

Q3i: Enough staff at organisation to do my job properly *(People Promise theme: We are safe and healthy)*

In 2023, 37% of respondents agreed, which was a significant jump from 24% in the year before. In 2024, this has gone up to 46% which is as substantial increase compared to 2023, and significantly better than ambulance sector average (35%).

Responses from PES are close the trust average, but PTS was however less positive, with only a quarter of respondents agreeing with this statement.



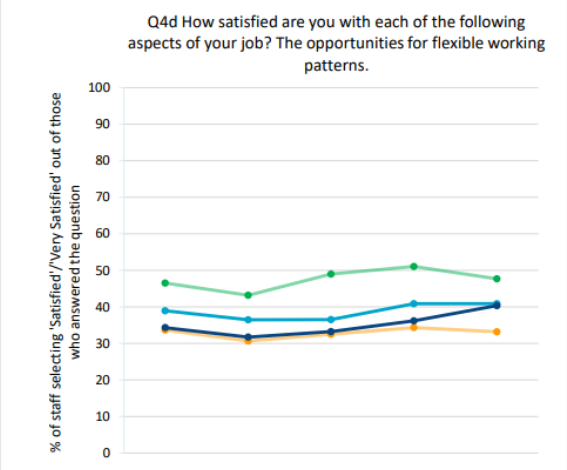
	2020	2021	2022	2023	2024
Your org	32.77%	22.85%	24.25%	36.70%	45.39%
Best result	54.47%	28.90%	31.63%	36.70%	45.39%
Average result	35.70%	18.99%	20.87%	28.31%	35.05%
Worst result	15.31%	12.02%	14.09%	23.01%	25.85%
Responses	2560	2280	2214	3420	3551

Q4d: Satisfied with opportunities for flexible working patterns *(People Promise theme: We work flexibly)*

For the first time, more than 40% of respondents said they were satisfied with flexible working opportunities. This response is aligned to the sector average and narrows the gap with the best in sector. Responses from all corporate teams, 111 and EOC are above the average, but only around 30% of PTS and PES colleagues have responded positively.

Work to improve flexible working in the trust is has been taking place over the last year and involves a focus on how managers receive and record requests, through positive communications with a mindset of 'how do we make this work?' rather than it won't work. People Promise Manager, Lauren Sutcliffe is leading this work and has drafted a flexible working request form via Microsoft Forms to move to digital to help capture both formal and informal requests centrally and monitor those being accepted and rejected. A flexible working focus group supported by Area Director Matt Cooper has been set up and is considering:

- Establishing barriers to success in current flexible working processes
- Explore the review of existing flexible working agreements across the Trust
- Determine how regular reviews of flexible working agreements will be carried out
- Identify opportunities to pilot self-rostering
- Recommend amendments to the Flexible Working Procedure related to these areas of concern



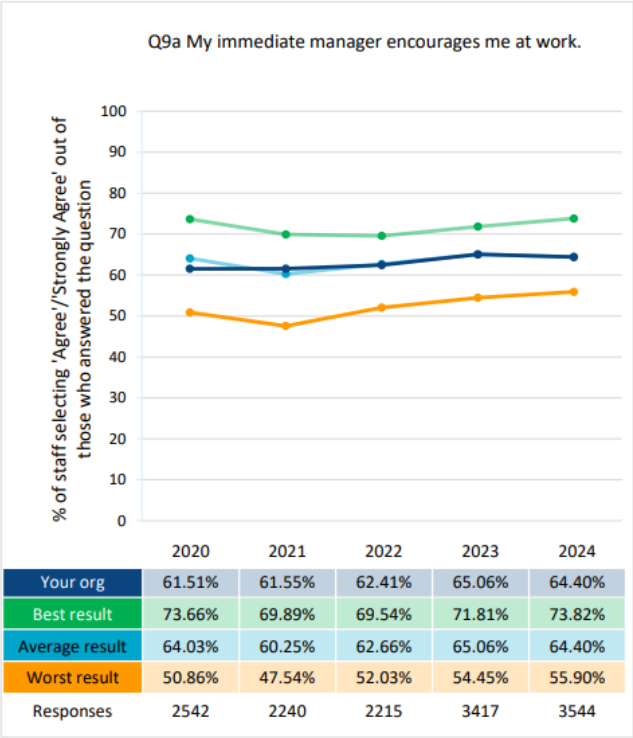
	2020	2021	2022	2023	2024
Your org	34.32%	31.72%	33.23%	36.20%	40.35%
Best result	46.55%	43.17%	48.98%	51.06%	47.68%
Average result	38.96%	36.47%	36.54%	40.88%	40.89%
Worst result	33.69%	30.66%	32.53%	34.34%	33.18%
Responses	2559	2275	2211	3408	3537

Q9a: Immediate manager encourages me at work *(People Promise theme: We are a team)*

Positive responses in the 'your managers' section of the Survey largely plateaued for the first time since 2020 but remain above or close to the ambulance sector average. This may be due to organisational change and new ways of working but is also impacted by a

worsening of the PTS scores, and it will be important to monitor this section in 2025 for improvements.

For Q9a, 64% of respondents overall agreed with the statement, with an even higher % for BME and LGBT+ staff (70%+). Responses from PES and PTS (significantly) in this section were below trust average, and in particular on this question, less than half of PTS respondents agreed. 111 responses on the other hand were around 80%.



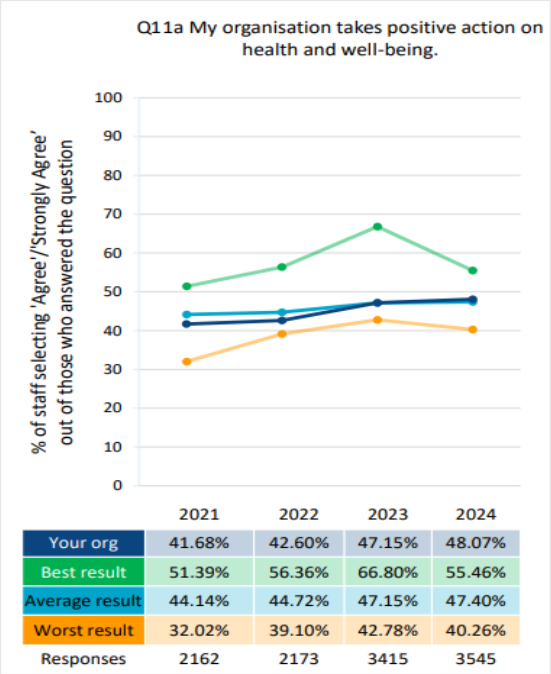
	2020	2021	2022	2023	2024
Your org	61.51%	61.55%	62.41%	65.06%	64.40%
Best result	73.66%	69.89%	69.54%	71.81%	73.82%
Average result	64.03%	60.25%	62.66%	65.06%	64.40%
Worst result	50.86%	47.54%	52.03%	54.45%	55.90%
Responses	2542	2240	2215	3417	3544

Q11a: Organisation takes positive action on health and well-being *(People Promise theme: We are safe and healthy)*

48% of respondents agreed which is an improvement in 2023, and the result is even higher in ICCs at 62%. However, in PTS and PES the average is closer to 40%.

It was hoped that the introduction of the Wellbeing Hub, Chaplain for Staff Wellbeing and greater promotion of wellbeing activities could shift the dial more significantly on this question for operational staff. However, based on feedback primarily from frontline colleagues, their wellbeing is impacted by wider factors such as finishing on time, waiting times outside EDs and meal breaks as well as organisational change, which the Wellbeing Team is not able to address. Work continues within operations to try to focus on improving on time finishes and this will be a key piece of work in 25/26 which could impact on these scores.

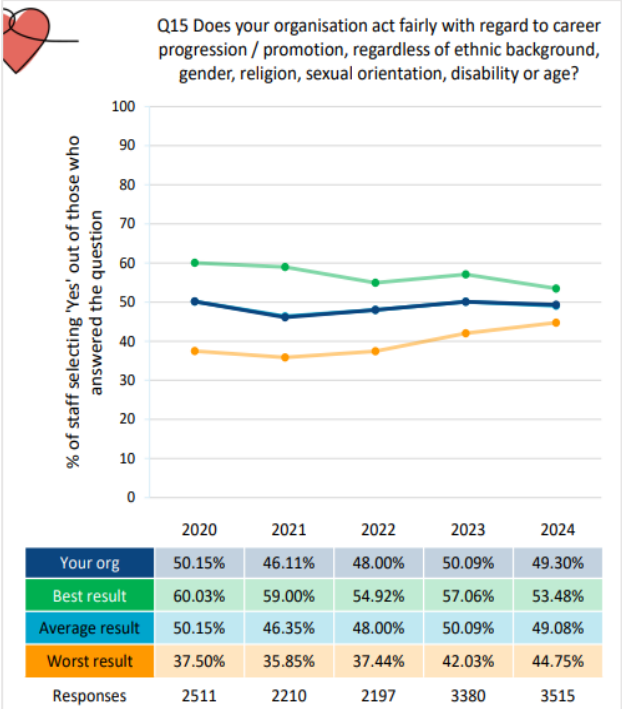
In 2025/26 however, the Team will be looking at how to improve the flow of feedback and information to management teams in operations, gathered through staff engagement activities. The aim is for this feedback to be used by managers to help improve staff experiences and overall wellbeing.



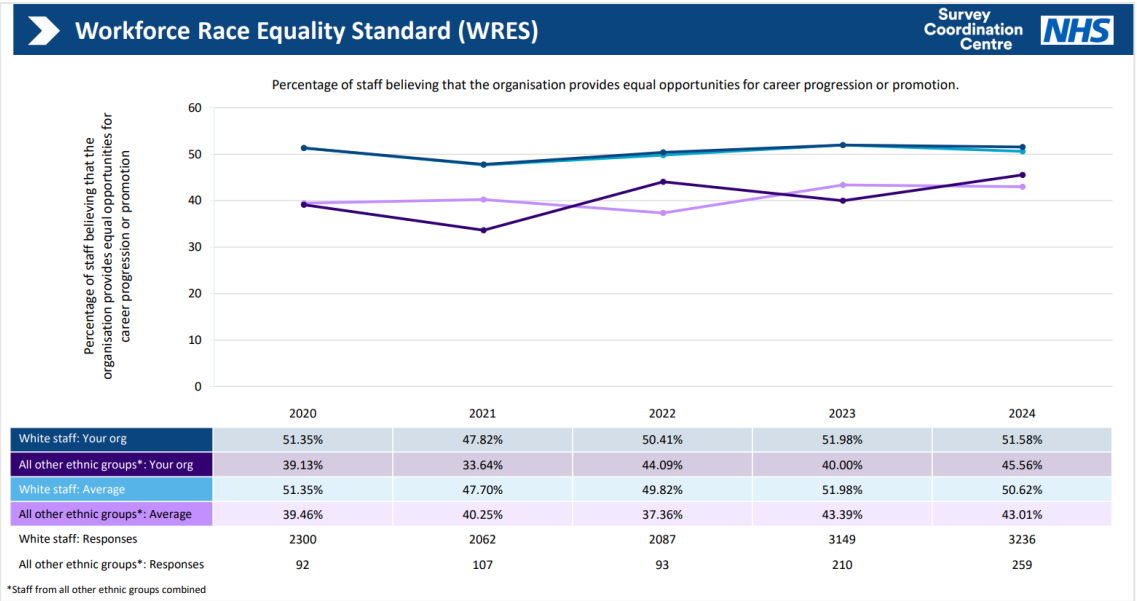
	2021	2022	2023	2024
Your org	41.68%	42.60%	47.15%	48.07%
Best result	51.39%	56.36%	66.80%	55.46%
Average result	44.14%	44.72%	47.15%	47.40%
Worst result	32.02%	39.10%	42.78%	40.26%
Responses	2162	2173	3415	3545

Q15: Organisation acts fairly: career progression *(People Promise theme: We are compassionate and inclusive)*

Around half of the organisation continues to have confidence that the organisation acts fairly in respect of career progression. A 5.5% increase in positive responses can be seen from BME staff (Workforce Race Equality Standard metric) in 2024 from 2023, representing the highest ever number of this staff group having confidence in career progression opportunities in the trust.



	2020	2021	2022	2023	2024
Your org	50.15%	46.11%	48.00%	50.09%	49.30%
Best result	60.03%	59.00%	54.92%	57.06%	53.48%
Average result	50.15%	46.35%	48.00%	50.09%	49.08%
Worst result	37.50%	35.85%	37.44%	42.03%	44.75%
Responses	2511	2210	2197	3380	3515



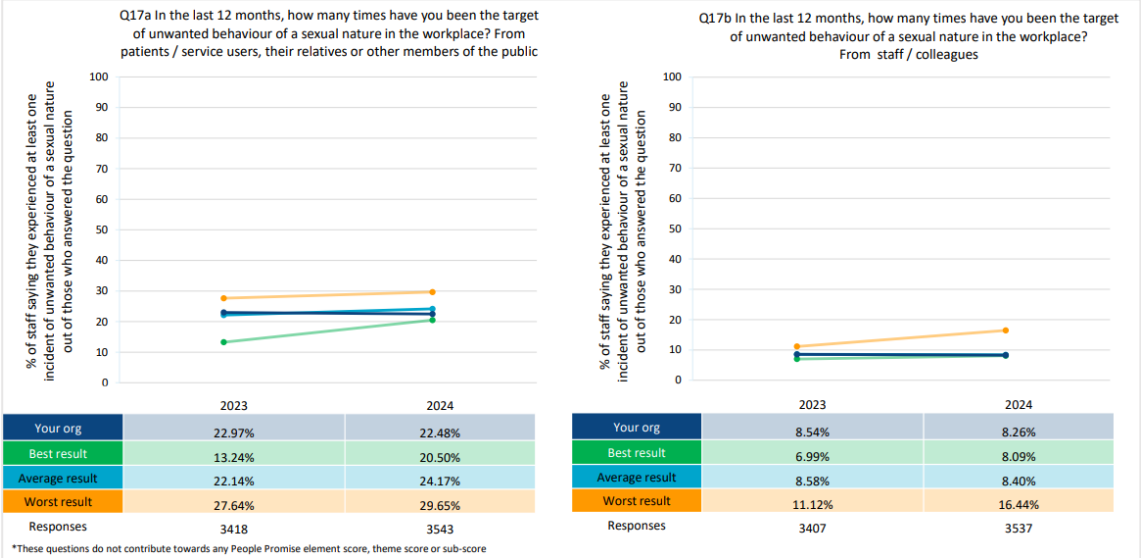
	2020	2021	2022	2023	2024
White staff: Your org	51.35%	47.82%	50.41%	51.98%	51.58%
All other ethnic groups*: Your org	39.13%	33.64%	44.09%	40.00%	45.56%
White staff: Average	51.35%	47.70%	49.82%	51.98%	50.62%
All other ethnic groups*: Average	39.46%	40.25%	37.36%	43.39%	43.01%
White staff: Responses	2300	2062	2087	3149	3236
All other ethnic groups*: Responses	92	107	93	210	259

*Staff from all other ethnic groups combined

Q17b: Not experienced unwanted behaviour of a sexual nature from other colleagues (We are safe and healthy)

Less than 1 in 10 respondents overall said they had experienced this behaviour work, which is similar to response in 2023 when the question was introduced for the first time. Q17a asks about experiencing this behaviour from members of the public, and in response, around 1 in 4 female staff and 30% of LGBT+ colleagues said had been victims.

Over the last year, the trust has actively promoted sexual safety in the workplace, and this has been an important feature of the culture events which have taken place since October 2024, aimed at managers.



	2023	2024
Your org	22.97%	22.48%
Best result	13.24%	20.50%
Average result	22.14%	24.17%
Worst result	27.64%	29.65%
Responses	3418	3543

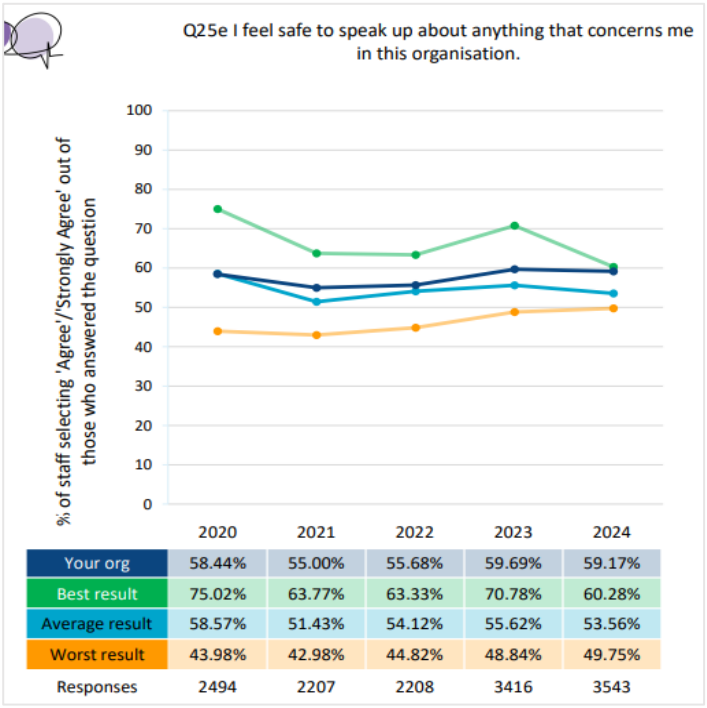
	2023	2024
Your org	8.54%	8.26%
Best result	6.99%	8.09%
Average result	8.58%	8.40%
Worst result	11.12%	16.44%
Responses	3407	3537

*These questions do not contribute towards any People Promise element score, theme score or sub-score

In terms of reporting negative experiences, particularly bullying and abuse (Q14d), responses from PES, PTS and 111 respondents were more positive than the trust average (53%), however less than 40% of EOC said they reported. The responses to this question have however, shown a 5% improvement since 2023 which may be the impact of the focus on speaking up around sexual safety.

Q25e: Feel safe to speak up about anything that concerns me in this organisation *(People Promise theme: We each have a voice that counts)*

Responses to this question remained stable from 2023 to 2024, with around 60% of respondents stating they were confident in speaking up. It is noteworthy that responses from BME staff went from 51% in 2023, to 62% in 2024 – further work is required to understand the causes for this positive shift. PES and PTS respondents were however less likely to speak up only 48% of PTS and 55% of PES feeling safe to do so.

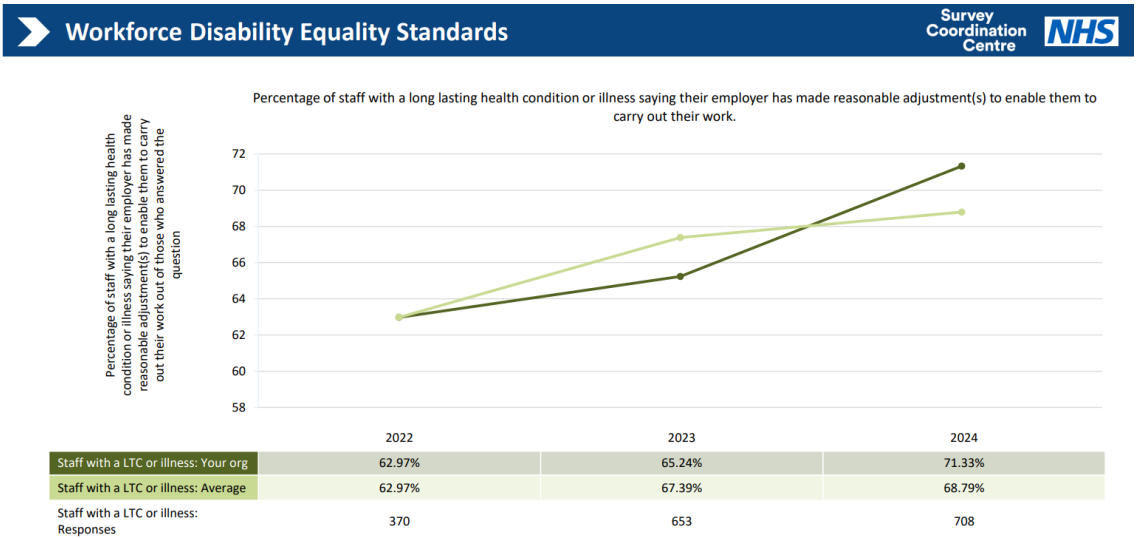


	2020	2021	2022	2023	2024
Your org	58.44%	55.00%	55.68%	59.69%	59.17%
Best result	75.02%	63.77%	63.33%	70.78%	60.28%
Average result	58.57%	51.43%	54.12%	55.62%	53.56%
Worst result	43.98%	42.98%	44.82%	48.84%	49.75%
Responses	2494	2207	2208	3416	3543

Q31b: Organisation made reasonable adjustment(s) to enable me to carry out work *(Workforce Disability Equality Standard)*

71% of respondents who identified as disabled/having a long-term condition indicated reasonable adjustments had been made for them, and this is improvement on 65% in 2023.

The trust approved the Procedure for Requesting and Managing Reasonable Adjustments in December 2023 and, since then it has been heavily promoted trust-wide, through communications and bitesize training for managers (on how to use the policy) delivered by the Staff Exp Team.



4.4. There are significant positive results throughout the Staff Survey which the trust should be proud of. The most significant area of concern is the decline in positive responses from PTS respondents across all areas in the survey. In a number of cases the decline in positive responses is considered significant and has impacted on the overall trust position. Whilst the uncertainty over the future contract will have impacted on staff experience, we recognise that this is not the only factor. The PTS position is of concern and will require considerable focus during 25/26 to deliver improvements. There also exists a continuing gap between the experiences of disabled staff and the rest of the organisation which requires more exploration and concerted action.

4.5. Some of the decline in PES results could be attributed to the leadership review and staff sentiment around it, as well as operational pressures – noting that the fieldwork takes place during some of the busiest times of the year for operations. In the main however, shifts have been small. It will therefore be important to see how the results shift in 2025 survey.

5. NEXT STEPS

5.1. It is essential that outcomes from the Staff Survey are seen by staff to be informing actions and plans to improve the experiences of colleagues. This is particularly vital as confidence in the survey and participation grows as a result of staff seeing that their voice makes positive difference.

5.2. The Staff Experience Team are producing local data packs for management teams, which will help inform the refresh of Local People Plans. In reviewing the local data, each Directorate should consider the issues which emerge most strongly and seek to put in place relevant actions to deliver improvements.

5.3. For example, in Operations, Dan Ainsworth, Director, has identified three key areas of focus which will be standard across all operational teams, with the ability for local teams to add additional areas based on the data:

1. Improve flexible and part time working opportunities across your teams
2. Improve staff engagement and recognition. In particular, increase quality and frequency of feedback to incidents and issues

3. Support the Developing leaders programme and ensure fair and transparent arrangements for local career development/acting up

5.4 Specific work has already commenced in PTS to strengthen leadership through investment in additional capacity. This will be supported by leadership development to enhance capability and support culture change. Dialogue has already commenced to identify areas for priority areas over the next 12 months with a focus on a getting the basics right for staff.

5.5 In addition to the local plans emerging from the results, a trust-wide action plan will be developed by a newly established Staff Survey Action Group. This will help identify and focus on areas of work on a trust-level, thus helping ensure that action is being taken locally and centrally to improve staff experiences.

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

6.1. All NHS trusts are required to participate in the NHS Staff Survey.

7. EQUALITY OR SUSTAINABILITY IMPACTS

7.1. The Staff Survey provides a breakdown of responses by various protected characteristics, which helps the Trust understand the experiences of staff across a range of cohorts, i.e., age, gender, disability, ethnicity. These are being analysed and shared with the staff networks and their feedback will support corporate action planning. Further data on differing diversity experiences has already been shared through the Diversity and Inclusion Group.

8. RECOMMENDATIONS

8.1 The Board of Directors are asked to:

- Receive assurance from the results from the 2024 NHS Staff Survey and overall progress to improve staff experience
- Note the plans to support operational and corporate teams trust-wide with local data from the Staff Survey to inform the refresh of Local People Plans.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	NWAS Anti-racism Statement
PRESENTED BY	Lisa Ward, Director of People
PURPOSE	Decision

LINK TO STRATEGY	People Strategy									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☐	**SR03**	☐	**SR04**	☒	**SR05**	☒
	SR06	☒	**SR07**	☐	**SR08**	☐	**SR09**	☐	**SR10**	☐

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☐	Quality Outcomes	☐	People	☐
	Financial/ Value for Money	☐	Reputation	☐	Innovation	☐

ACTION REQUIRED	The Board of Directors are asked to: • Endorse and approve the publication of the NWAS Anti-racism Statement.
EXECUTIVE SUMMARY	The purpose of this cover paper is to introduce the Trust's Anti-racism Statement (Appendix 1), which has been previously endorsed the Diversity & Inclusion Group, Trust Management Committee and Resources Committee. **Background** The Anti-racism Statement has been developed to set out in clear terms the trust's commitment to becoming an 'anti-racist organisation' – which has been committed to in the EDI Priorities approved in 2024 following earlier discussions with Board through a Development Session. Being anti-racist requires a shift in mindset from simply not tolerating racism, to actively working to ensure that elements which may facilitate racism, bias or prejudice (policies, systems, behaviours, attitudes, beliefs) are proactively challenged and addressed. The Statement is based on a review of a significant number of similar statements from other trusts in the ambulance sector, as well as wider NHS and non-NHS organisations.

Having an Anti-racist Statement is also a requirement of the accreditation criteria for the NW BAME Assembly Anti-racism Framework.

Consultation and feedback

Extensive consultation has been undertaken in the development and refinement of the statement. This includes seeking feedback from the D&I Group, senior Ops leaders, Staff Networks, HR, L&D, and Patient & Public Panel (more than 20 contributions from PPP).

Resources Committee queried how a standalone Anti-racism Statement may be able to support other protected characteristics groups. Committee was advised that the Trust previously published a standalone a Sexual Safety Statement, and the principles underpinning both the anti-racism and sexual safety statements are applicable to creating a better working environment for all equality groups. For example, taking positive action to not tolerate prejudice, developing allyship, nurturing a culture of 'active bystanding' are all things which will support disabled staff, LGBT+ colleagues as well as victims of racism or sexual abuse.

Communications

The Staff Experience Team are working with the Communications Team to develop a comprehensive communications plan.

A key consideration which has emerged from discussions with stakeholders and from the feedback, is that there may be a risk of lack of engagement at the very least from some staff groups with the anti-racism agenda, or in some cases, stronger resistance. In order to address this, communications will need to be sensitive yet clear in the purpose of the Statements, and the wider trust EDI and anti-racism approach.

A guidance document/infographic is being prepared which will help set out the expectations of staff and managers in respect of EDI in general, but specifically in relation to anti-racism. An Anti-racism Steering Group is also being established, along a similar vein to the Sexual Safety Steering Group to ensure that there is trust-wide involvement in the development of anti-racism work. This will set out a fuller plan for developing understanding and identifying interventions to support improvements in the experience of BME staff and patients.

Next steps

Following endorsement by the D&I Group, TMC, and Resources Committee, the Anti-racism Statement is presented to Board for final approval and sign-off, with an aim for the communications plan to come into effect from April 2025 onwards.

PREVIOUSLY CONSIDERED BY	Diversity & Inclusion Group	
	Date	Friday, 17 January 2025
	Outcome	Endorsed and recommended to TMC for approval.
PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	Wednesday, 19 February 2025
	Outcome	Endorsed and recommended to Resources Committee for approval.
PREVIOUSLY CONSIDERED BY	Resources Committee	
	Date	Friday, 21 March 2025
	Outcomes	Endorsed and recommended to Board of Directors for final approval.

North West Ambulance Service NHS Trust

Anti-racism Statement

DRAFT

At North West Ambulance Service NHS Trust, we are wholly committed to ensuring racial equality, celebrating diversity and promoting inclusion.

We believe all forms of racism, discrimination and prejudice are unacceptable, and must not be tolerated.

By becoming an anti-racist organisation, we are determined to confront racism in any form in NWAS. We will actively work to identify, challenge and change policies, systems and processes, behaviours, attitudes and beliefs that perpetuate racist ideas and actions.

To achieve this, we will set measurable objectives to deliver real change, and be open and honest about the progress we make.

Racism is real. There are numerous examples that show inequality, racism and discrimination is still experienced by Black and Minority Ethnic (BME*) groups and individuals across the country. For many staff and patients in the NHS, sadly it is part of everyday life.

For example:

- Patients from ethnic minority backgrounds are consistently less likely to rate highly their overall experience of NHS services than people from White groups.[1]
- Black adults are more likely to be detained under a section of the Mental Health Act.[2]
- NHS staff from BME backgrounds are:[3]
    - More likely to be subject to disciplinary processes.
    - Less like to be able to access to career development, or be promoted into senior positions.
    - More likely to suffer and report violence, aggression and abuse from patients and service users.

Findings from the NHS Staff Survey 2024 show that around 1 in 5 staff from ethnic minority backgrounds in NWAS have experienced discrimination in work, either from patients or colleagues (or both). At a staff roundtable event in 2021, many colleagues shared their lived experiences of racism in the organisation. The event highlighted that the organisation needed to do more to address racism, and becoming more culturally aware was key to this.

In recent times, the disproportional impact of the Covid-19 pandemic on BME people[4], as well as the emergence of the Black Lives Matter [5]movement laid bare some of the challenges around racial inequality, social injustice and systemic discrimination in society. Furthermore, the rioting and unrest witnessed in August 2024[6] across the UK also brought these issues into sharp focus. Many NHS colleagues were directly affected by the riots with some even being assaulted on the way to and from work, and others verbally abused by patients in their attempts to care for them.

Racism is a serious public health threat and directly affects the wellbeing of millions[7] and we know that the impacts of racism, discrimination and bias (unconscious or otherwise) on staff and patients can be devastating. Studies have found that the effects of racism on staff in the NHS include being silenced, feeling undervalued and underappreciated by patients and other staff at all levels, exclusion from training and career development opportunities, feeling physically and mentally unwell and needing to take time away from work[8].

Merely recognising the impacts of racism and prejudice and condemning them is not enough. We have to be actively anti-racist in the way we operate and be clear in our resolve to challenge racism in whichever form it exists. We must provide support to victims, and create a psychologically safe environment in which people can speak up without fear.

We will support and empower staff and patients to challenge racism when they experience it. However, the burden of raising issues and tackling racism should not solely fall on those who experience it. We expect that staff at all levels, in particular our leaders, recognise their responsibilities as proactive allies for inclusion and active bystanders to call out injustice, and use their position, privilege and influence to help to remedy it.

In developing an anti-racist organisational environment, we commit to:

1. Improving the cultural competency of our staff at all levels.

2. Making clear our expectations of our leaders to improve their awareness, understanding and knowledge on the issues that BME people face, not just at work or in health and care settings, but in society in general.

3. Encouraging and empowering our staff to positively challenge when they see a lack of diversity, and call out inappropriate behaviour, biases, or discrimination, even when it may be uncomfortable to do so. We commit to providing the right support to staff who choose to speak up, and ensure they can do so without repercussions.

4. Taking steps to better understand data relating to our workforce (i.e. staff surveys, speaking up, complaints/compliments and others) and use this to improve the experience of BME colleagues, particularly in areas of continuing professional development, addressing negative experience, retention and improving career progression opportunities.

5. Working together across the trust to ensure that patients from BME communities receive the same quality of care as others. No one should be disadvantaged because of their race/ethnicity or any other protected characteristic as defined in the Equality Act 2010.

6. Reviewing the application of our recruitment practices as part of concerted efforts to reduce the gap between appointment of BME staff following shortlisting compared to White colleagues, as well as reduce the disproportionate likelihood of BME staff to enter formal disciplinary processes. For more information see Indicators 2 and 3 in the NWAS Workforce Race Equality Standard 2023/24 report.

7. Continuously learning from the experiences of ethnic minority colleagues and patients to ensure we are meeting the needs of our diverse communities.

8. Actively engaging with and involve ethnic minority communities in our work through our Patient Experience Team, ensuring we include and listen to people from marginalised and seldom-heard groups.

9. Continuing to develop and adapt our approach to anti-racism and addressing discrimination through ongoing engagement with all our Staff Networks and external partners, such as other ambulance trusts, Integrated Care Boards, Police, Fire and the wider public sector.

**** We recognise there is not universal agreement in the NHS around the use of BME / BAME / Global Majority / Ethnic Minority Communities terminology. At NWAS, we have decided to use the 'BME' acronym in line with the rationale outlined in the NHS EDI Improvement Plan.***

References

[1] Magadi JP, Magadi MA. Ethnic inequalities in patient satisfaction with primary health care in England: Evidence from recent General Practitioner Patient Surveys (GPPS). PLoS One. 2022 Dec 21;17(12):e0270775. doi: 10.1371/journal.pone.0270775. PMID: 36542601; PMCID: PMC9770381.

Pinder RJ, Ferguson J, Møller HMinority ethnicity patient satisfaction and experience: results of the National Cancer Patient Experience Survey in EnglandBMJ Open 2016;6:e011938. doi: 10.1136/bmjopen-2016-011938

[2] Detentions under the Mental Health Act, Published 16 August 2024

[3] NHS Workforce Race Equality Standard (WRES), 2023 data analysis report for NHS trusts, Published March 2024

[4] The unequal impact of COVID-19, Care Quality Commission, May 2022

[5] Personal message from Sir Simon Stevens on Black Lives Matter and health inequalities, June 2020

[6] Nursing and Midwifery Council statement on UK riots, August 2024

[7] Racism and Health, U.S. Centers for Disease Control and Prevention, June 2024

[8] Developing anti-racist practice to support black and other racially minoritised nurses and midwives within the NHS: A rapid qualitative evidence synthesis.

Document Control	
Title	ANTI-RACISM STATEMENT
Version number	DRAFT 4.0 (10-1-2025)
Approval date	
Approved by	
Date of review	
Executive Sponsor	Director of People
Author	Head of Culture & Staff Experience
For use by	Published internally (Green Room) and externally (website)

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	Integrated Performance Report
PRESENTED BY	Director of Quality, Innovation, and Improvement
PURPOSE	Assurance

LINK TO STRATEGY	All Strategies									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☒	**SR03**	☒	**SR04**	☒	**SR05**	☒
	SR06	☒	**SR07**	☒	**SR08**	☒	**SR09**	☒	**SR10**	☒

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☐	Quality Outcomes	☐	People	☐
	Financial/ Value for Money	☐	Reputation	☐	Innovation	☐

ACTION REQUIRED	The Board of Directors are requested to note: • The contents of the report and assurance against the core Single Oversight Framework metrics. • Identify risks for further exploration or inquiry by assurance committees of the board.
EXECUTIVE SUMMARY	The purpose of this report is to provide the Board with an overview of integrated performance to the month of **February 2025**. Where appropriate the figures have been adjusted for the leap year in 2024. The report shows the historical and current performance on Quality, Effectiveness, Operational Performance, Finance and Organisational Health. The key areas to highlight by exception are: **Quality** • Care and treatment (n=193) is the most common theme for patient incidents and the highest overall reported incident. • Violence and Aggression (n=131) is the most common theme reported for non-patient related incidents. **Effectiveness** • STEMI care bundle compliance (89.5%) is 11.2 percentage points above the sector average (78.3%).

- Hear and Treat (H&T) rate was 15.1% and See and Treat (S&T) rate was 27.2%, total non-conveyance rate was 42.3%.
- The 15% H&T rate is indicative of an improvement in Q3/4; further increases are expected post Phase 3 of the Integrated Contact Centre (ICC) implementation.
- Nationally, the trust ranked 6th for H&T, 8th for S&T and 9th for See and Convey (S&C) to ED.

Operational Performance

PES (999)

- We answered 106,619 calls and responded to 85,031 incidents. Compared to February 2024 we received 8.8% fewer calls, whilst incidents decreased 6.0%. Adjusted for the 2024 leap year this equates to 5.5% and 2.6% fewer respectively.
- Average call pick up, 90th, and 95th percentile were zero seconds.
- Ambulance Response Programme (ARP) standards were met for C1 90th, the remaining standards were not met.
- The C2 mean Urgent & Emergency Care (UEC) recovery target of 30 minutes was met for February (28:39), however with only March remaining, the year to date C2 performance of 30m:12s indicates it is possible that the standard may be missed. The metric is being monitored carefully with executive oversight.

Measure	ARP Standard (hh:mm:ss)	February 25 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:31	3rd
C1 90th	00:15:00	00:12:48	3rd
C2 mean/ UEC C2 mean	00:18:00/ 00:30:00	00:28:39	5th
C2 90th	00:40:00	00:56:49	5th
C3 mean	01:00:00	01:47:16	5th
C3 90th	02:00:00	03:49:24	5th
C4 90th	03:00:00	04:24:04	5th

- Year on year, C1 and C2 long waits have decreased 24.8% and 20.0% compared February 2024 (adjusted for leap year).
- Hospital turnaround continues to exceed the 30 minute standard, however has decreased by 9m:57s compared to the previous report (51m:07s) to 41m:10s.
- The turnaround improvement equates to releasing a further 22 ambulance shifts per day across the trust.

111

- Calls offered (n=153,255) and performance standards (below table) were stable. Although the performance of the service line

has improved through 24/25, the trust remains short of some standards.

111 Measure	Standard	February 25	National Ranking
Answered within 60s	95%	75.8%	23rd/29
Average time to answer	<20s	72s	22nd/29
Abandoned calls	<5%	3.6%	23rd/29
Call-back within 20 min	90%	33.5%	--
Average call back	--	56m:10s	--
Warm transfer to nurse	75%	7.9%	--

Patient Transport Services (PTS)

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

Finance

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

Organisational Health

- Sickness absence is stable at 7.88%. Recent increases have been in line with expected seasonal variation and is lower than January 24 by 1.1%.
- Turnover is reducing with most service lines (except PTS) indicating improvement and below last year's rates.
- The trust vacancy position is -3.94%, after a 6 month period of sustained improvement from June 24 (-7.84%) which reflects establishment changes and improvements resulting from recruitment.
- Appraisal compliance has dropped to 83.6%, from 85.7% in the previous reporting period. Action is required for PES and PTS to achieve end of year targets.
- Mandatory training compliance is exceeding target (90%) at 91% across all service lines.
- The human resources casework has increased to 1.9 cases per 100 staff. The average case time is 12 weeks.
- Four staff were dismissed during February: three gross misconduct cases and one capability (performance).

PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	Wednesday, 15 January 2025
	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 **February 2025**. The report shows the historical and current performance on Quality, Effectiveness, Operational performance, Finance and Organisational Health. It also includes information about sector performance to address three important assurance questions:

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

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

2. PERFORMANCE SUMMARY

QUALITY

Complaints: Opened, closed, and service level agreement (SLA) performance are all stable.

Incidents: Categories and sub-categories within DCIQ for reporting patient and non-patient incidents were revised from October 2024 therefore historical comparison is not possible. Delays have been retrospectively re-instated.

Care and treatment (n=193) is the most common theme for patient incidents and the highest overall reported incident. Violence and aggression (n=131) is the most common theme for non-patient incidents. Sixteen patient incidents were classified as 'severe harm' (a decrease from 24 in the previous report) and 11 as 'fatal' (a decrease from 18 in the previous report).

Most frequent non-patient incidents:	Most frequent patient incidents:
Violence & Aggression (131)	Care and Treatment (193)
Medicines (88)	Call Handling (97)
Road Traffic Incident (RTI) (77)	Delays (44)
Equipment (40)	Maternal, Obstetric & Neonatal (26)
Welfare (38)	Accidents and Injuries (23)

Incidents referred to NHSE: Three PSII were declared:

- 2025/1169. The incident met a **trust local priority** under the 'prevention of deterioration to critically unwell patients with contributing harm' criteria.
- 2025/1168. The incident met a **national priority** under the 'maternity and neonatal incidents' criteria.
- 2025/891. The incident met a **trust local priority** under the 'errors 999/111 Call handling which led to a delay with contributing harm' criteria.

Safety Alerts: Safety alerts have been actioned and closed within the stipulated timeframe. No applicable safety alerts were received in February 2025.

EFFECTIVENESS

Patient experience

PES. The 643 responses for February are 105% higher compared to February 2024 (n=313). The overall experience score was stable at 89.4%.

PTS. The 1,132 responses for February are 2.1**%** lower than February 2024. The overall experience score was stable at 91.7%.

NHS 111. At the time of reporting, we have 73 returns for February, although this is expected to increase as lag due to postal delivery affects the metric. The likeliness of the service being recommended is at a 12-month high of 93.2%.

Ambulance Clinical Quality Indicators (ACQI's)

Metrics are stable and above the sector average. The STEMI care bundle is 11.3 percentage points above the sector average. In summary:

- Return of Spontaneous Circulation (ROSC) overall performance - last reported in October 24 (31.0%), above the national average of 28.1%.
- ROSC Utstein performance - last reported in October 24 (58.5%), above the national average of 51.6%.
- Survival at 30 days after discharge overall performance - last reported in October 24 (11.7%), above the national average of 10.5%.
- Survival at 30 days after discharge Utstein performance - last reported in October 24 (33.3%), below the national average of 30.8%.
- STEMI bundle - last reported in October 24 (89.5%), above the national average of 78.2%.

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

The H&T rate for was 15.1%, whilst the S&T rate was 27.2%, equating to a total non-conveyance rate of 42.3%. Nationally, the trust position is ranking 6th for H&T, 8th for S&T and 9th for S&C.

The imminent next phase of the Integrated Contact Centre (ICC) programme is expected to deliver further increases in H&T through new roles to manage patient flow, improved clinical skillsets, and a more concentrated approach to the UEC AP cohort.

OPERATIONAL PERFORMANCE

Paramedic Emergency Services (PES) Activity

Of the n=106,619 emergency calls received by the trust, 79.8% (n=85,031) became incidents. In comparison to the previous year, there are -8.88% less calls, and incidents decreased by 6.0%.

Manchester Central (10,005), Manchester South (n=9,921), and Mersey North (n=9,402) were the busiest sectors. Greater Manchester ICB contains the most incidents (n=37,378), accounting for 44% of PES activity.

PES Call Pick Up

The trust performed well for Call Pick Up (CPU); the mean, 90th, and 95th percentile were zero seconds. Strong performance has been maintained through increased levels of 999 call handlers funded via UEC investment.

999 Ambulance Response (ARP) Performance

Measure	ARP Standard (hh:mm:ss)	February 25 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:31	3rd
C1 90th	00:15:00	00:12:48	3rd
C2 mean*	00:18:00	00:28:39	5th
C2 90th	00:40:00	00:56:49	5th
C3 mean	01:00:00	01:47:16	5th
C3 90th	02:00:00	03:49:24	5th
C4 90th	03:00:00	04:24:04	5th

*UEC Recovery Standard is 30mins over the year.

C1 mean and 90th were stable, although C1 90th is the only ARP standard that was achieved. C2 mean and 90th are signalling improvement post winter pressures. The C2 mean Urgent & Emergency Care (UEC) recovery target of 30 minutes was met for February (28:39), however with only March remaining, the year-to-date C2 performance of 30m:12s indicates it is possible that the standard may be missed. In comparison the 2023/24 year-to-date position was 29m:08s.

Variation between ICBs is evident in all ARP response times. Cheshire and Merseyside ICB experienced a 53% higher response time for C2 (38m:10s) than the rest of the trust (24m:54s), causally linked to hospital turnaround time in the region.

The Trust placed third for both C1 mean and C1 90th nationally, 5th for C2 mean and 5th for C2 90th. Response to lower acuity incidents (C3 and C4) were stable. The Trust's national position for C3 mean and C3 90th was unchanged at 5th. For C4 90th the Trust placed 5th.

Ongoing reviews of the response model are supporting further improvements, including the Right Care programme of work, a review of inter-facility transfers and healthcare professional (IFT/HCP) calls, and a refreshed pre-alert process.

999 C1 & C2 long Waits

Long waits were consistent with the pattern observed in 2023/24:

C1 long waits (n=465) decreased compared to the previous report (n=736) and displayed a 24.8% decrease from February 24 (adjusted for leap year).

C2 long waits (n=3,844) decreased compared to the previous report (n=11,019),and displayed a 20.0% decrease from February 2024 (adjusted for leap year).

Hospital Handover

Average turnaround time has improved (new phase) to 41m:10s compared to previous report (51m:07s) and is 3m:43s less than February 2024 (44m:53s). The average improvement of 10-minute between reports equates an additional 22 ambulance shifts per day, highlighting the effect handover performance has on the trust's capacity to respond.

The metric continues to exceed the 30-minute standard despite significant collaboration with urgent and emergency care systems and the regional leadership team (NHSE).

NHS 111

Calls offered (n=153,255) and performance standards (below table) were stable. Although the performance of the service line has improved through 24/25, the trust remains far short of some national standards, notably 'call back within 20 minutes' and 'warm transfer to nurse'.

111 Measure	Standard	February 25	National Ranking
Answered within 60s	95%	75.8%	23rd/29
Average time to answer	<20s	72s	22nd/29
Abandoned calls	<5%	3.6%	23rd/29
Call-back within 20 min	90%	33.5%	--
Average call back	--	56m:10s	--
Warm transfer to nurse	75%	7.95%	--

PTS

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

3. FINANCE

Agency Expenditure

Agency costs in Month 11 are within the ceiling of 0.5% of the total pay bill. Costs have reduced considerably in recent months due to additional governance implemented.

Financial Risk Rating

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

4. ORGANISATIONAL HEALTH

Sickness

Trust absence rate (7.88%) was stable in January, after December displayed special cause (above the upper confidence limit).

The overall position is consistent with seasonal trends across the sector, and are closer to the sector average than we have been in previous years. Current rates show the trust is within 1.0% percentage point (pp) of the sector average, compared to previous years being 1.5-2.0% pp. The Attendance Improvement Team (AIT) continues to support management of attendance.

Turnover

Turnover for February 2025 was 9.03%, reducing steadily over the last 12 months and displaying special cause. Most service lines (except PTS) are strongly signalling improvement and are below last year's rates.

Temporary Staffing

The position for temporary staffing shows agency usage at a similar rate to previous months. Given the low level of agency use, temporary staffing costs equated to 0% of the overall pay cost in month.

Vacancy

The trust vacancy position (-3.94%) has seen a period of sustained improvement (new phase from June 2024), driven by improvements in PTS and 111. This reflects some establishment changes and improvements resulting from recruitment.

The EOC vacancy gap has worsened (new phase from June 2024) and is at -10.14% in February. Recruitment plans are in place to ensure stability for the remainder of the year. Some vacancies are being held to take account of expected efficiencies arising from the pathways business cases.

PES show a slight under-establishment of –0.19%, displaying special cause in February (above the upper confidence limit). Recruitment plans are being delivered, with interventions to ensure that the EMT1 courses are fully populated.

The current 111 vacancy position is indicating improvement (–1.86%), displaying special cause (two points above the upper confidence limit). Vacancies remain in the Health Advisor and Clinical Advisor roles. Whilst turnover is improving, the recruitment market is proving challenging for call handler positions.

Appraisals

Appraisal compliance has dropped to 83.6%, displaying special cause (two points below the lower confidence limit). Both PES and PTS are behind target at 81.9% and 82.7% respectively. The 111 rate has improved to 89.3%, displaying special cause (one point above the upper confidence limit). The EOC appraisal rate has remained stable at 84.4% but is slightly behind target.

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 at 91%, with all operational service lines meeting their targets. Corporate is achieving 96% against a target of 95%, despite an additional 5 online modules being added to the programme at the start of the year.

Case Management

Employee relations casework has increased to 1.9 cases per 100 staff. The highest rate of live cases per staff (prevalence) occurs currently in PES CAM (2.5) and PTS and 111 (2.2). Average case length has maintained at just below 12 weeks.

Current levels of suspensions reflect the higher caseload as there has been an increase seen in the complexity and seriousness of cases, partly reflective of the impact of the Trust sexual safety campaign. Four staff were dismissed during February: three gross misconduct cases and one capability (performance).

5. 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.

6. 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 is set to go live in C3 (999) upon completion of the patient marker update and governance work. Updates on this development are reported into the Diversity and Inclusion sub-committee.

7. 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

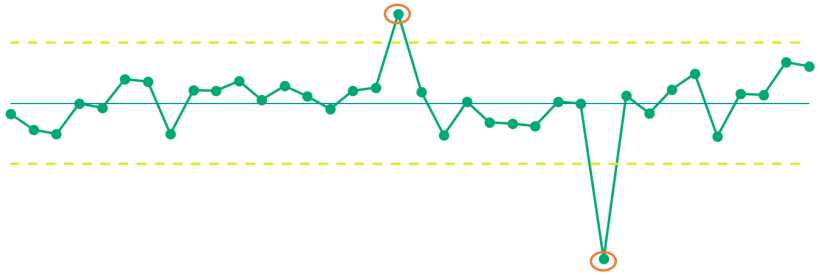
Integrated Performance Report

Board of Directors - March 2025

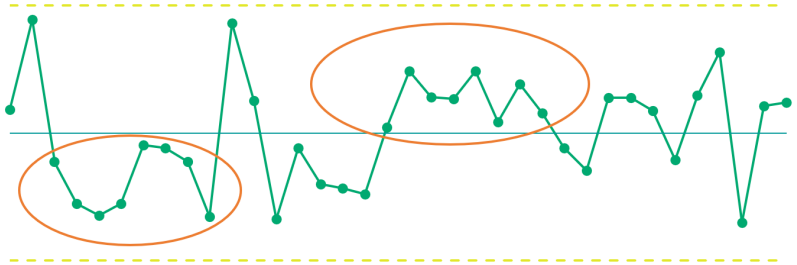
Rules for interpreting SPC Charts

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

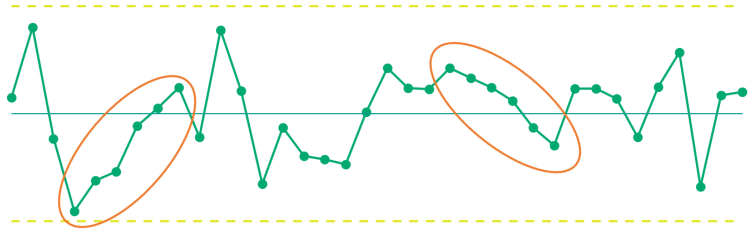
Rule 1: Single data point outside the control limits



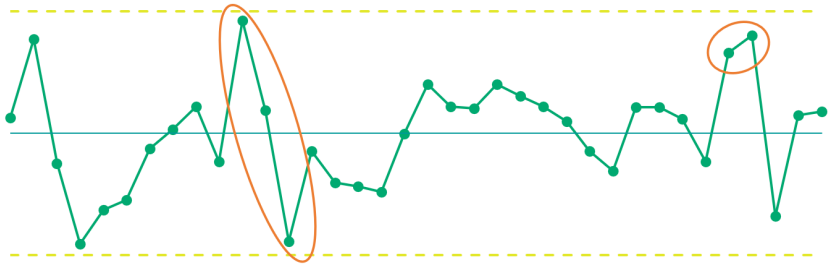
Rule 2: 8 or more consecutive data points above or below the centre line



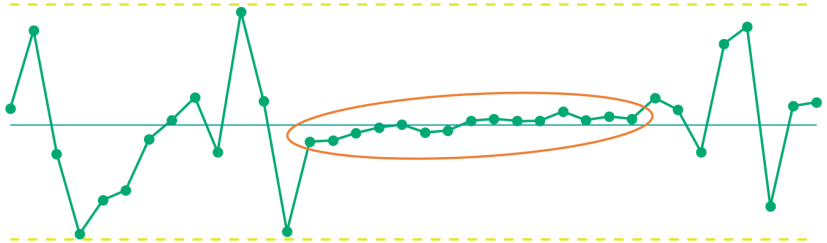
Rule 3: A trend of at least six consecutive points (up or down)



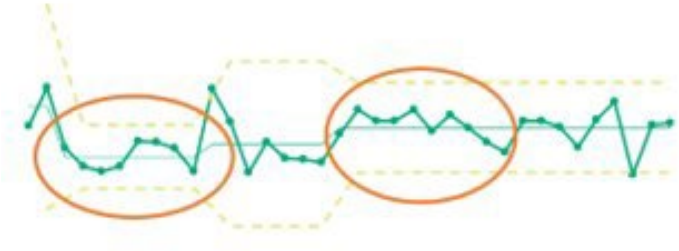
Rule 4: 2 out of 3 consecutive data points near a control limit (outer third)



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



Example of Limits reset following special cause



Quality & Effectiveness

Q1 COMPLAINTS

Figure Q1.1

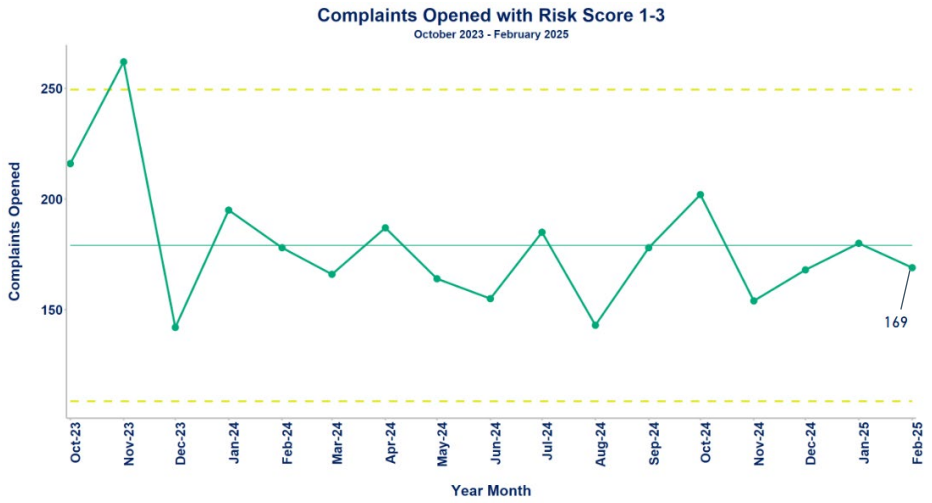


Figure Q1.2

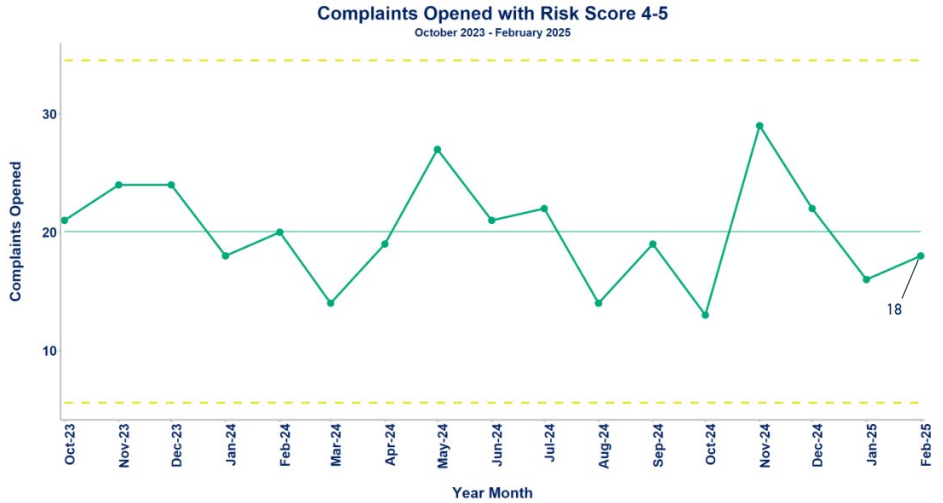


Figure Q1.3

Figure Q1.4

Figure Q1.5

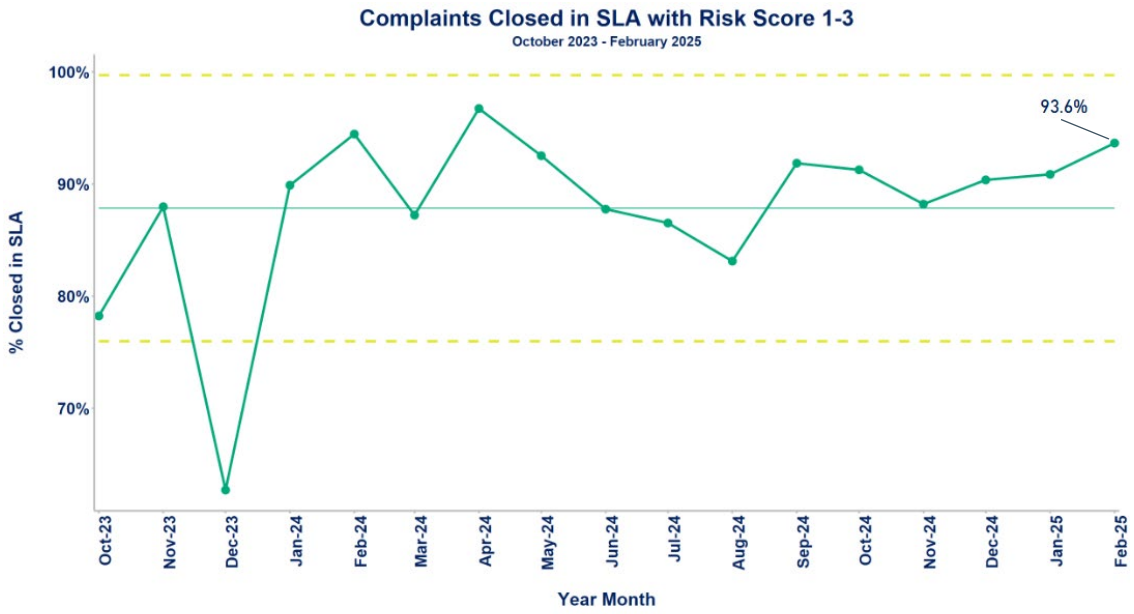


Figure Q1.6

Q2 Incidents

Figure Q2.1

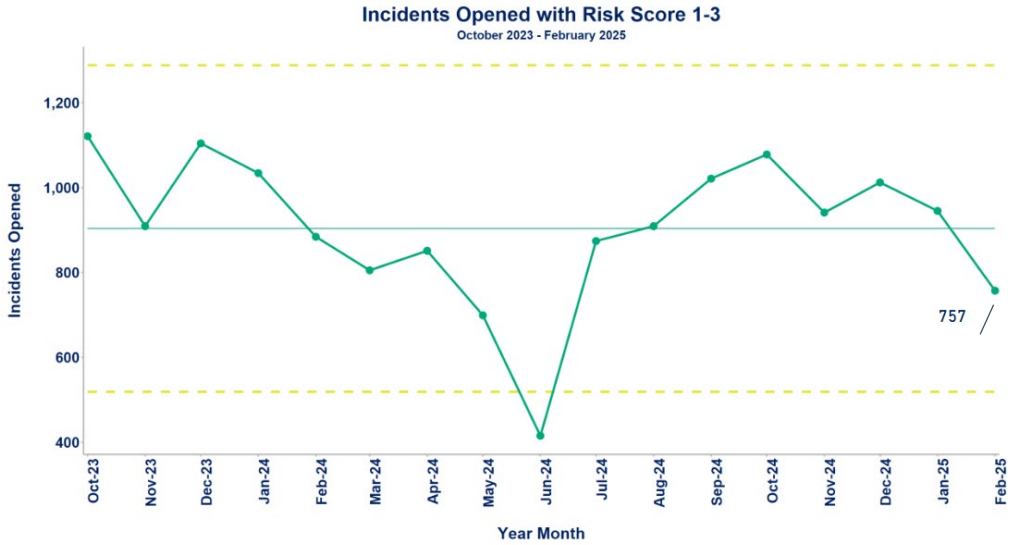


Figure Q2.2

Figure Q2.3

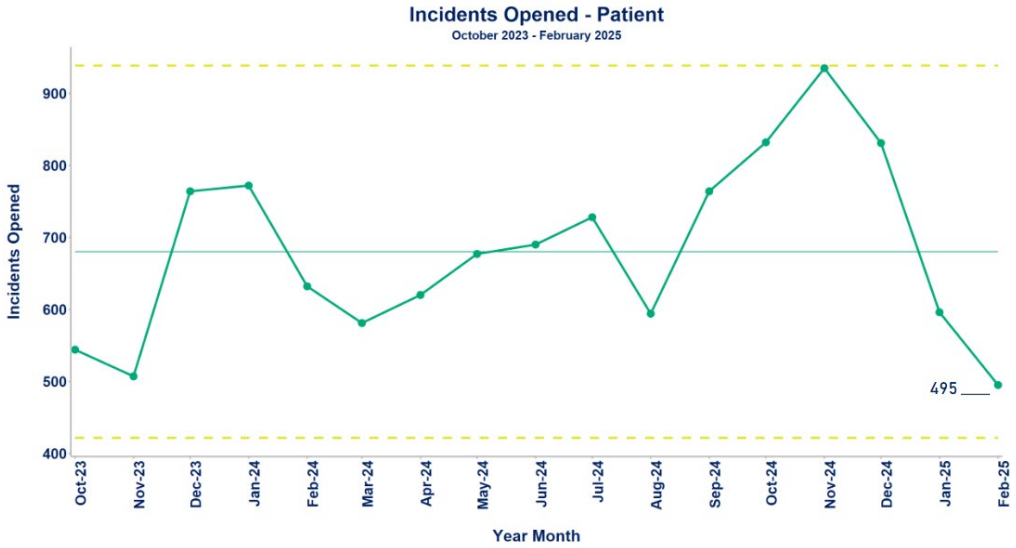


Figure Q2.4

PSIRF level of harm (February 25)	
None	374
Low	49
Moderate	45
Severe	16
Fatal	11

Figure Q2.5

Figure Q2.6

Figure Q2.7

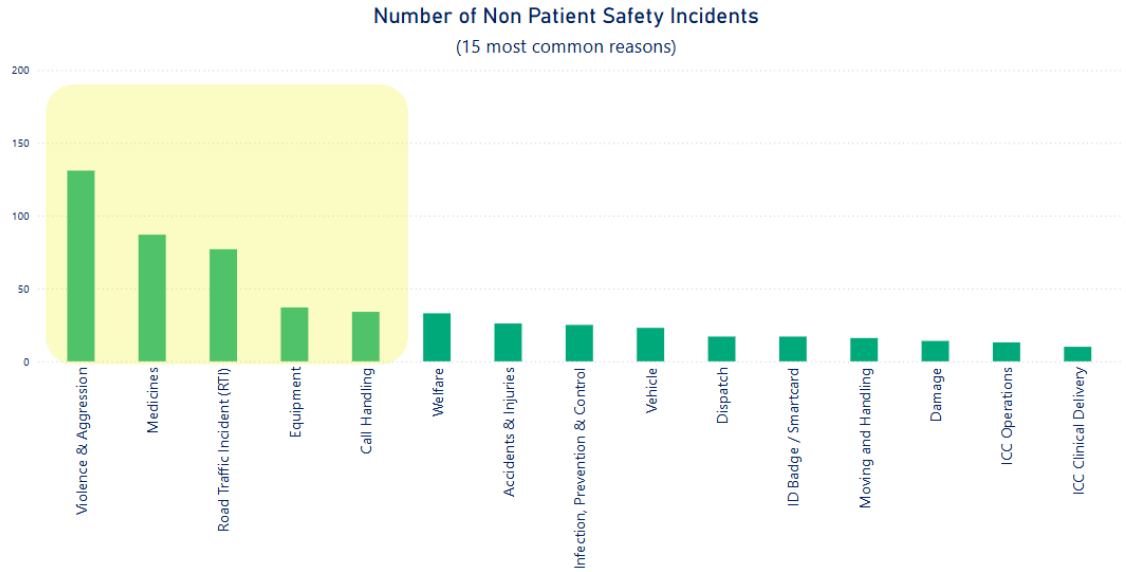


Figure Q2.8

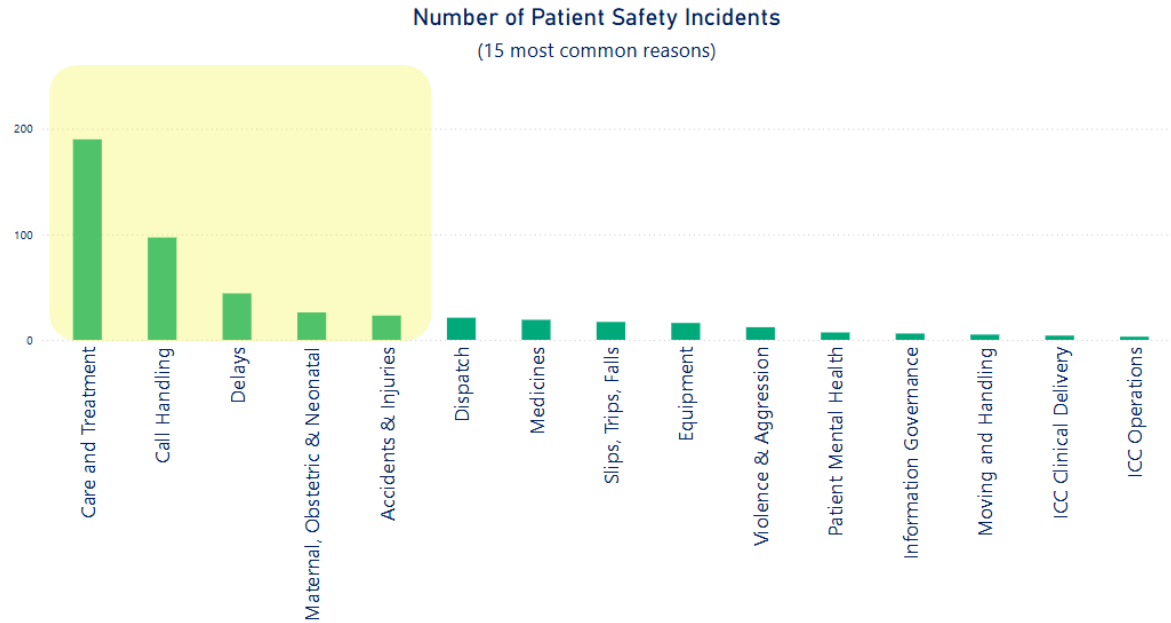
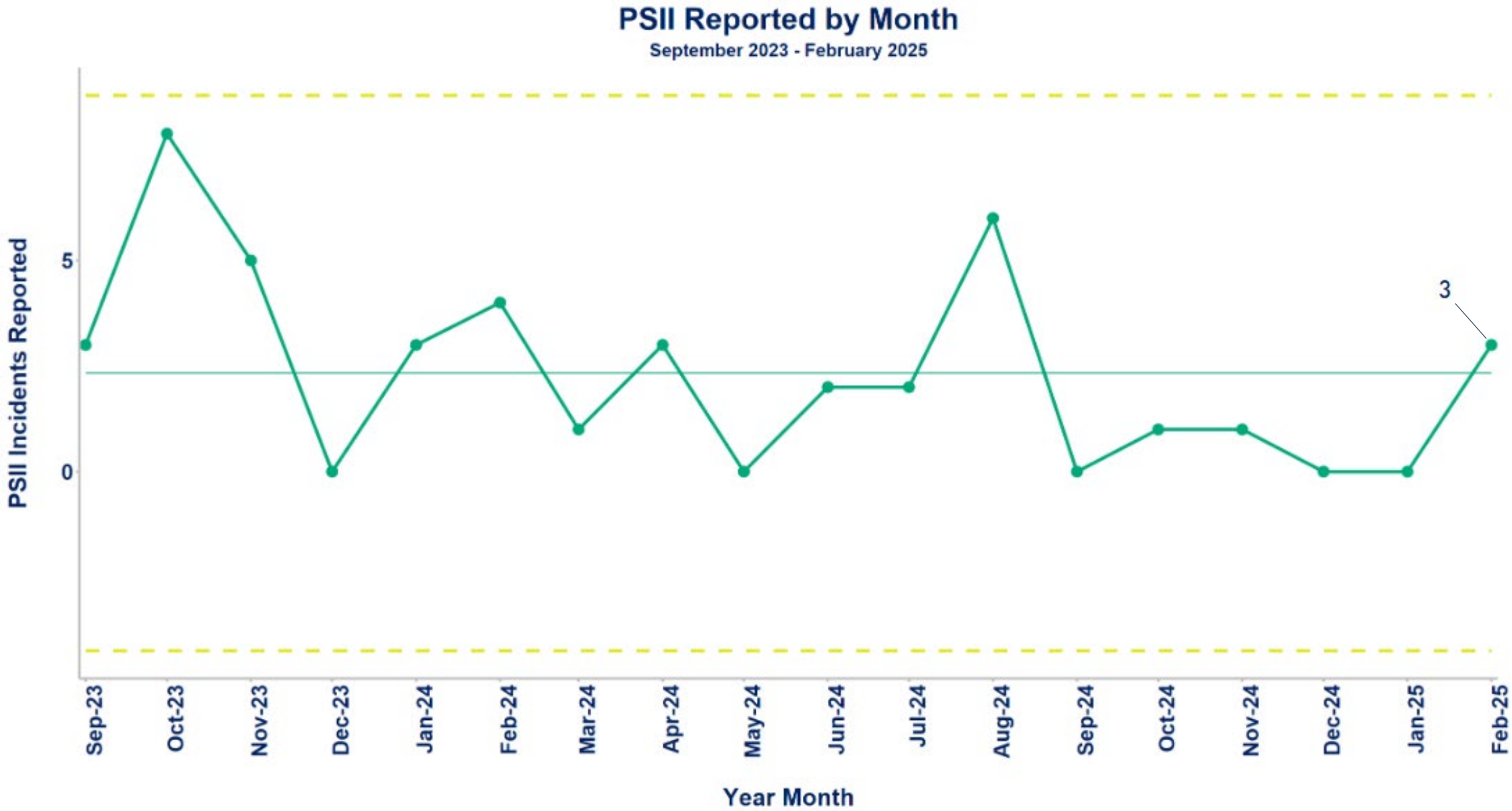


Figure Q2.9


PSII Reported by Month
September 2023 - February 2025
PSII Incidents Reported
5
0
3
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Year Month

Q5 SAFETY ALERTS

Table Q5.1

Safety Alerts	Alerts Received (Mar 24 – Feb 25)	Alerts Applicable (Mar 24 – Feb 25)	Alerts Open	Notes
CAS Helpdesk Team	0	0	0	
Patient Safety Alert: UKHSA	0	0	0	
National Patient Safety Alert: NHS England	1	0	0	
National Patient Safety Alert: DHSC	8	0	0	
National Patient Safety Alert: OHID	0	0	0	
CMO Messaging	2	0	0	
National Patient Safety Alert: MHRA	1	0	0	
Medicine Alerts: MHRA	64	0	0	
IPC	0	0	0	
National Patient Safety Alert: NHS England Patient Safety	0	0	0	

E1 PATIENT EXPERIENCE

BAF

Figure E1.1

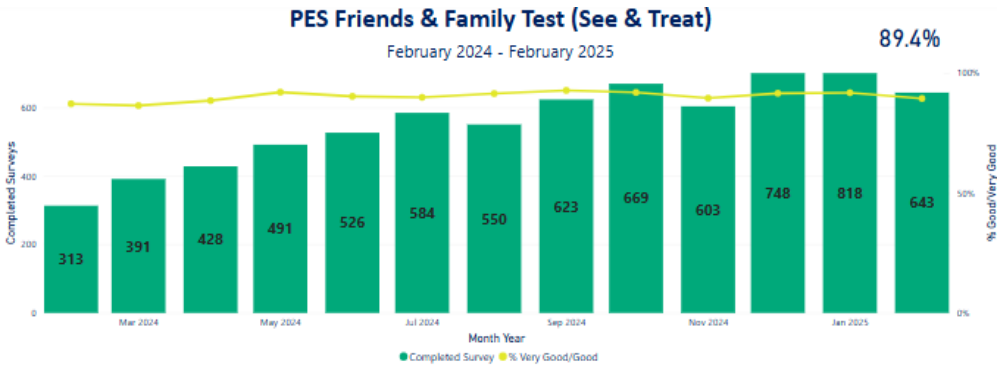
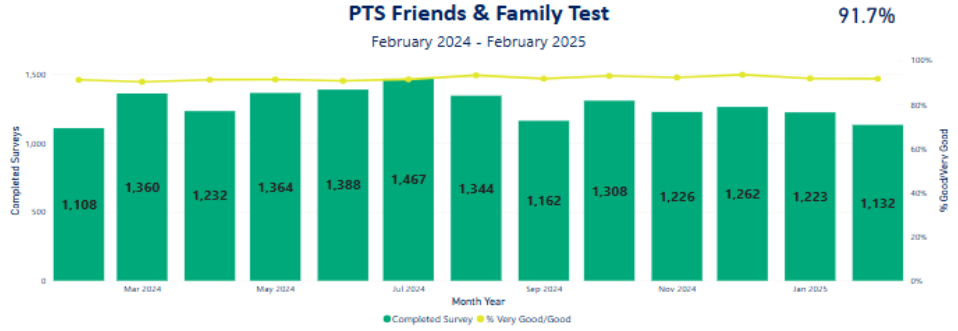


Figure E1.2



PES Positive

- *"Excellent, amazing service. Extremely professional. My son is autistic and the two paramedics went the extra mile to make sure reasonable adjustments were made to aid his recovery, kind understanding and valued my input so to get full picture of events and past history. Couldn't have asked for more in an already stretched area of the NHS. Excellent."*
- *"Because I was having a mental health breakdown and they made me feel better enough to continue living. They were very caring and kind."*
- *"Phone answered quickly. Asked a lot of questions but I understood why needed. Ambulance there within reasonable time. Crew efficient and very kind. Did everything necessary."*

PES Negative

- *"20 hour wait with my husband who could not walk, talk, swallow properly or respond to me on my own. I have other caring responsibilities too. It was just assumed I could cope and keep him safe."*
- *"Because I had to wait 5 hours for an ambulance while being in excruciating pain. Turns out I have an infection within my blood stream."*
- *"My colleague called 999 for a community member who had made remarks about ending life. 999 told us to call 111. Did so and they said to call 999. In the case of someone who is potentially suicidal. Very unclear about whose responsibility it is to pick this up while the clock is ticking."*

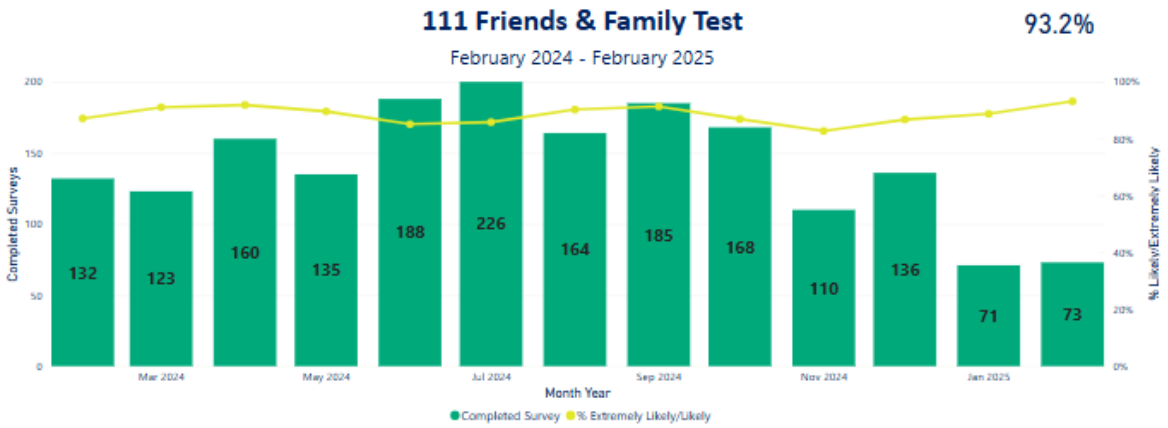
PTS Positive

- *"Get to my appointments safely. Good driver and very comfortable car. Really appreciate the service you provide as I have multiple health conditions."*
- *"Transport bang on time. All vehicles are spotlessly clean. Drivers and ambulance crews extremely polite, attentive, respectful and helpful. Your service is brilliant."*
- *"Excellent staff very caring and kind. Just what you need after outpatients' treatment. I truly appreciate this vital service. Thank you all. Ps. Also the lady on the phone taking the booking was kind and caring and made it so easy for me. That too was greatly appreciated."*

PTS Negative

- *"My transport never turned up and I have missed the second appointment in two weeks."*
- *"Told to be ready at 08.10 for appt at 10.10. Car finally arrived 09.04. Was 1hr 30 mins late for appt. Can't get from Blackpool to Liverpool in under an hour at rush hour. No chaperone as promised. Couldn't have treatment in right eye without chaperone. Waited 2.5 hrs for return journey. Dreadful."*
- *"When you use ComputeCab taxis, they often stop to pick passengers up after been assigned hospital. The drivers have told me this. They don't want the trouble of pushing wheelchair up ramps if they can just take roadside fares. This results in long waiting times for our transport to come."*
- *"All 3 of recent appointments, the return taxi from hospital to home, 2 didn't come at all, and the other until 6-45, in the evening, I no longer trust the taxi service."*

Figure E1.3



NHS 111 Positive

- *"Very satisfied. I didn't want to use A&E as a first port of call if advice given was able to help. 10/10."*
- *"I think 111 is a great service that we are so lucky to have in an emergency service when you don't know what to do. As a parent, you panic and need professional medical help, staff at 111 are always calm, empathetic and fantastic. We are so lucky to have this service and our NHS."*
- *"I was scared, on my own and wasn't sure what to do. Didn't want to waste anyone's time. The call handler reassured me and made me feel better. I took her advice and went to hospital."*
- *"They reassured us and transferred us to a medical person who agreed with 111 that an ambulance was needed to assess my husband. A second call last week was even more efficient when a medical person phoned back very quickly and after showing me how to send photos, diagnosed shingles and sent a prescription to our local chemist - all within 3 hours."*

- **NHS 111 - Negative**
- *"It is awful, gives you a time frame that you will receive a call. Mine was within 2 hours more like 24."*
- *"Call back from clinician wasn't within the hour. After waiting 2.5 hours symptoms got worse so went to A&E. Service not joined up. Alternative contact number should have been requested as I was unable to answer the call back."*
- *"I was appalled with the gentleman on the phone. My daughter was poorly with a high temp. They wouldn't make an appointment at my local surgery. Said for me to deal with it. I would have gone to A&E but due to advice not to go I couldn't."*
- *"Felt very let down. Wasn't listened to when trying to give heads up that my symptoms were following the same recent pattern where it went to sepsis. 1st call handler wouldn't derail from flow chart and wouldn't hear what I was trying to explain. 2nd call handler more receptive but system wasn't showing my previous call. Had to go through it all again. 3rd call was a lot better and took action. When GP finally called, all he said in terms of notes that he had was "ill" - where were the notes for him? It was a disaster - I ended up with sepsis again and admitted to hospital became very poorly. Could have been avoided."*

E2 AMBULANCE CLINICAL QUALITY INDICATORS

Figure E2.1

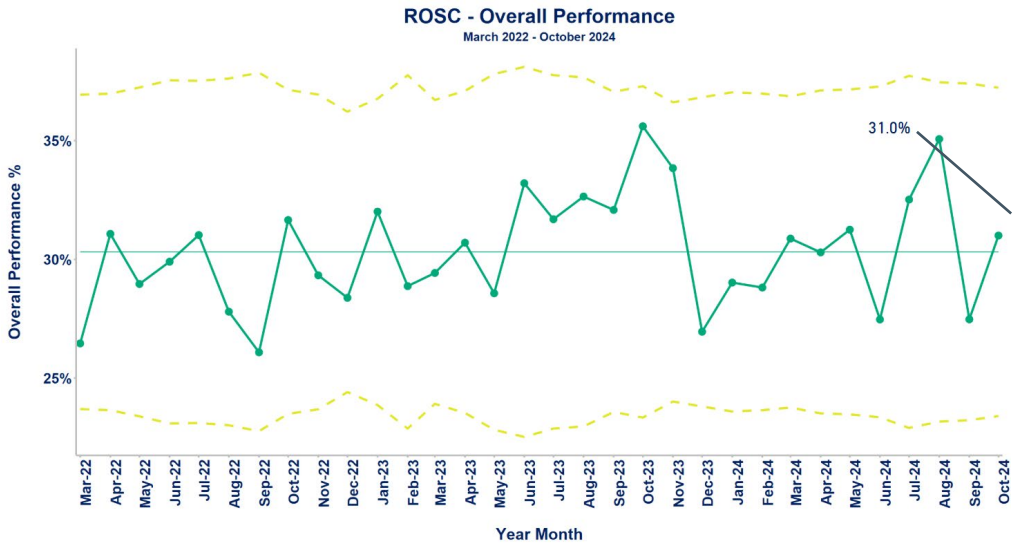


Figure E2.2

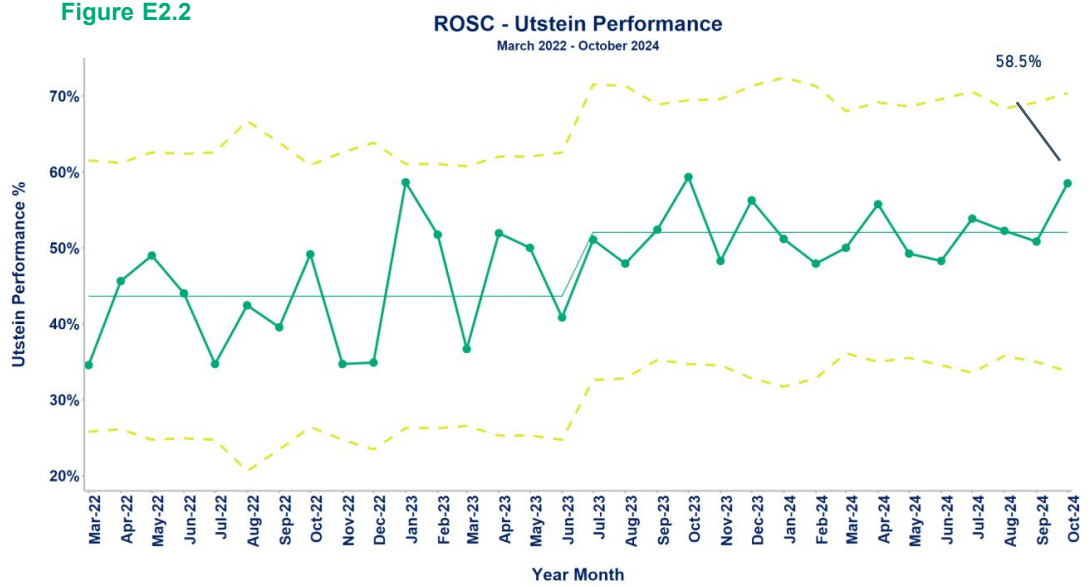


Figure E2.3

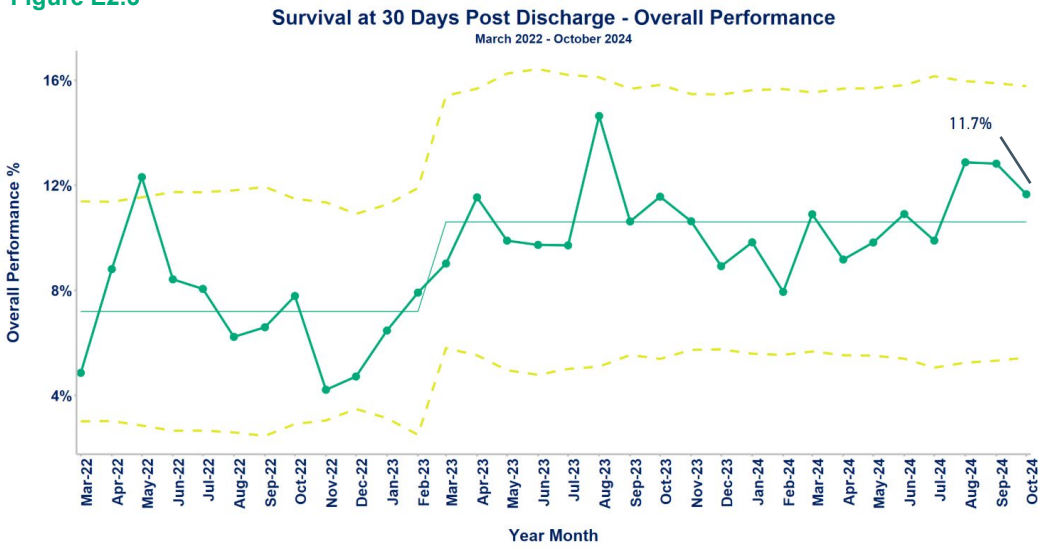


Figure E2.4

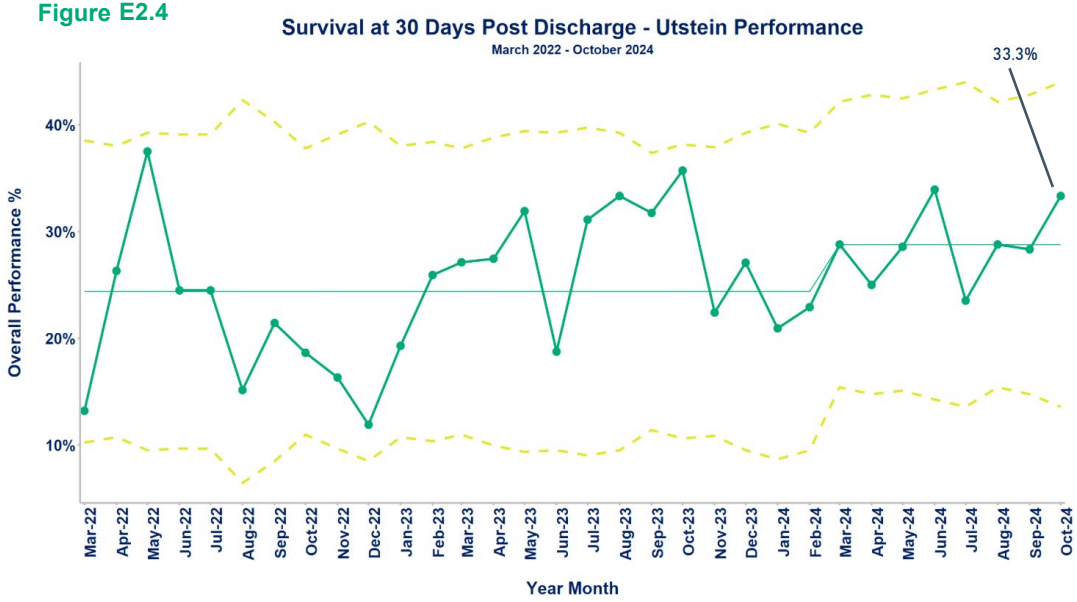


Figure E2.5

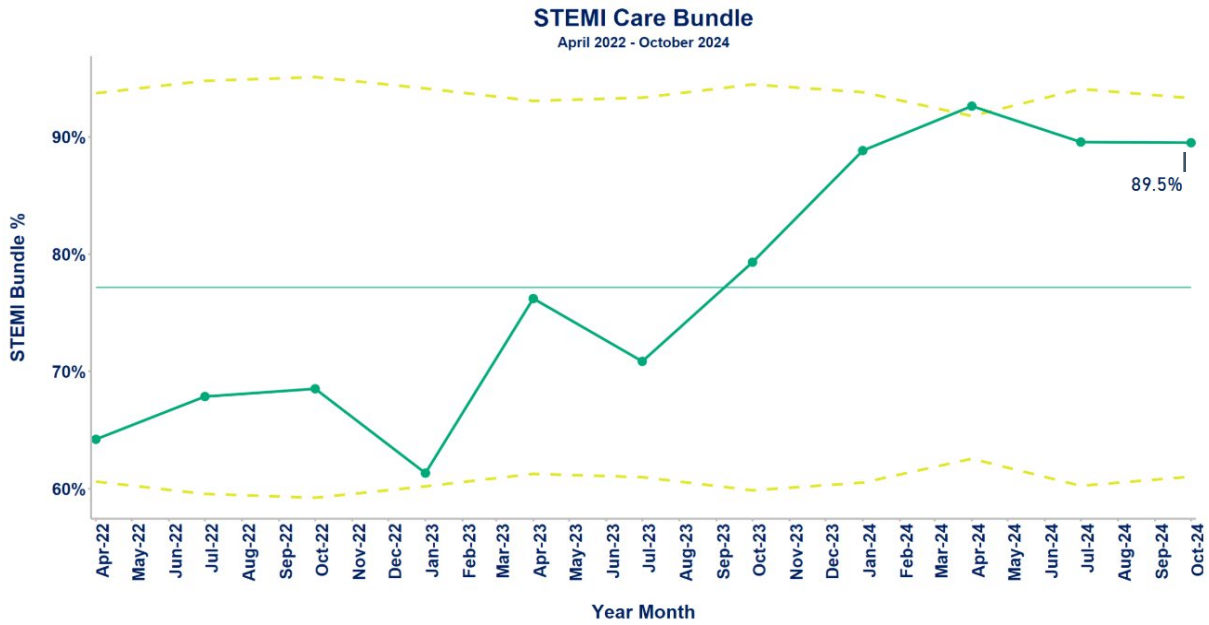


Figure E2.6

Month Year	STEMI Care Bundle Performance
Apr 2022	64.2%
Jul 2022	67.9%
Oct 2022	68.5%
Jan 2023	61.3%
Apr 2023	76.2%
Jul 2023	70.9%
Oct 2023	79.3%
Jan 2024	88.8%
Apr 2024	92.6%
Jul 2024	89.6%
Oct 2024	89.5%

E3 ACTIVITY & OUTCOMES

Figure E3.1

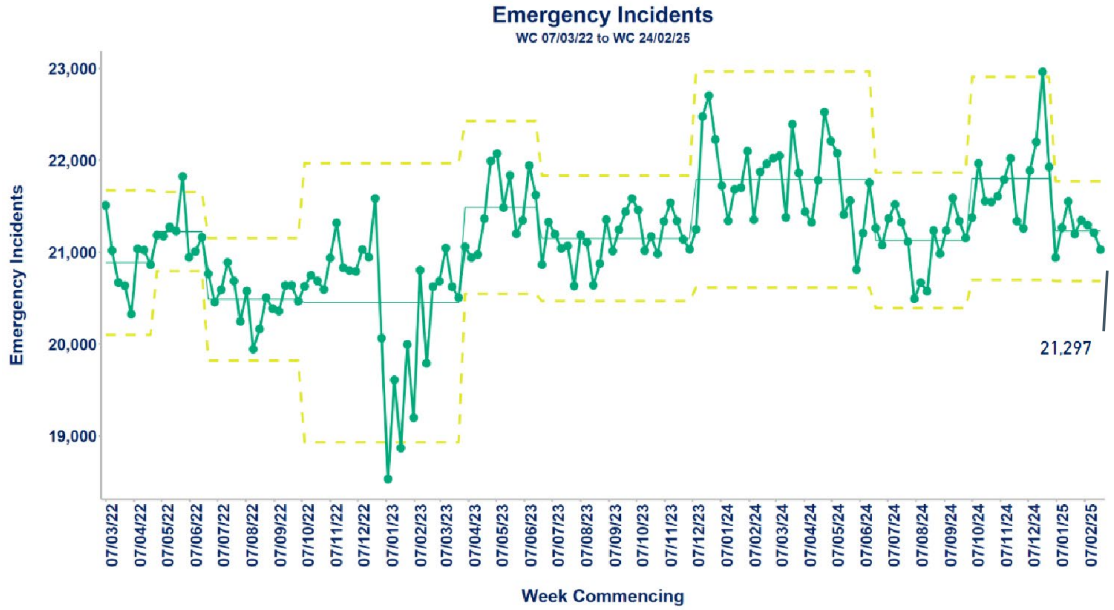


Figure E3.2

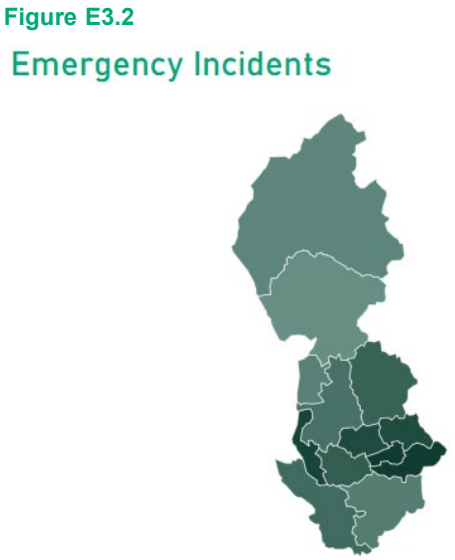


Figure E3.3

Figure E3.4

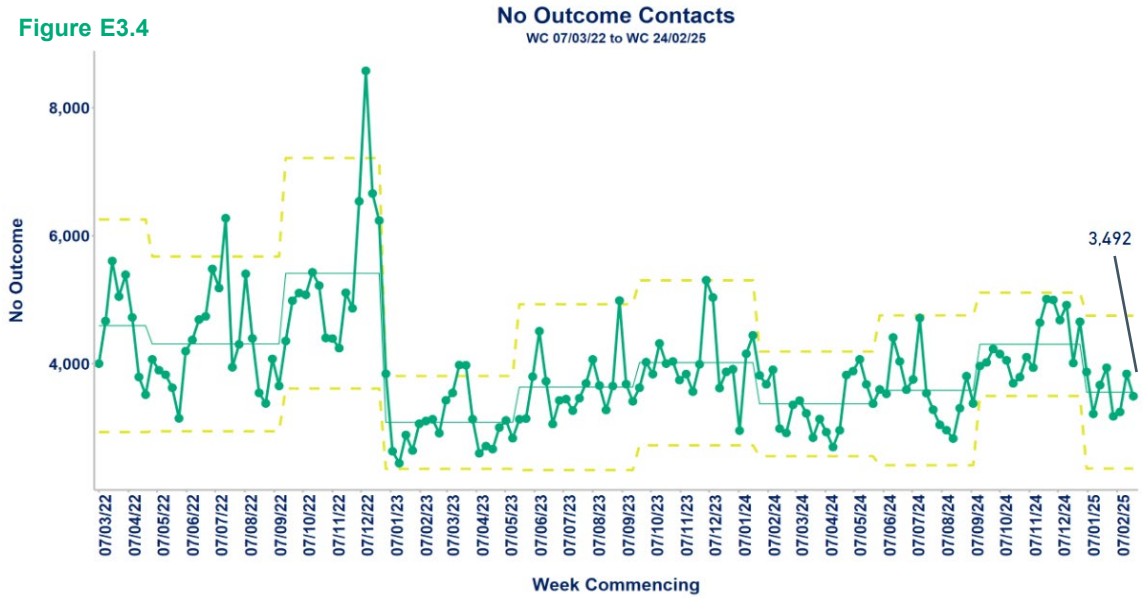


Figure E3.5

Calendar Year	Month	Calls	% Change from previous year	Incidents	% Change from previous year
2021	Feb	110,736		84,651	
2023	Feb	97,181	-12.2%	79,935	-5.6%
2024	Feb	116,879	20.3%	90,442	13.1%
2025	Feb	106,619	-8.8%	85,031	-6.0%

Figure E3.6

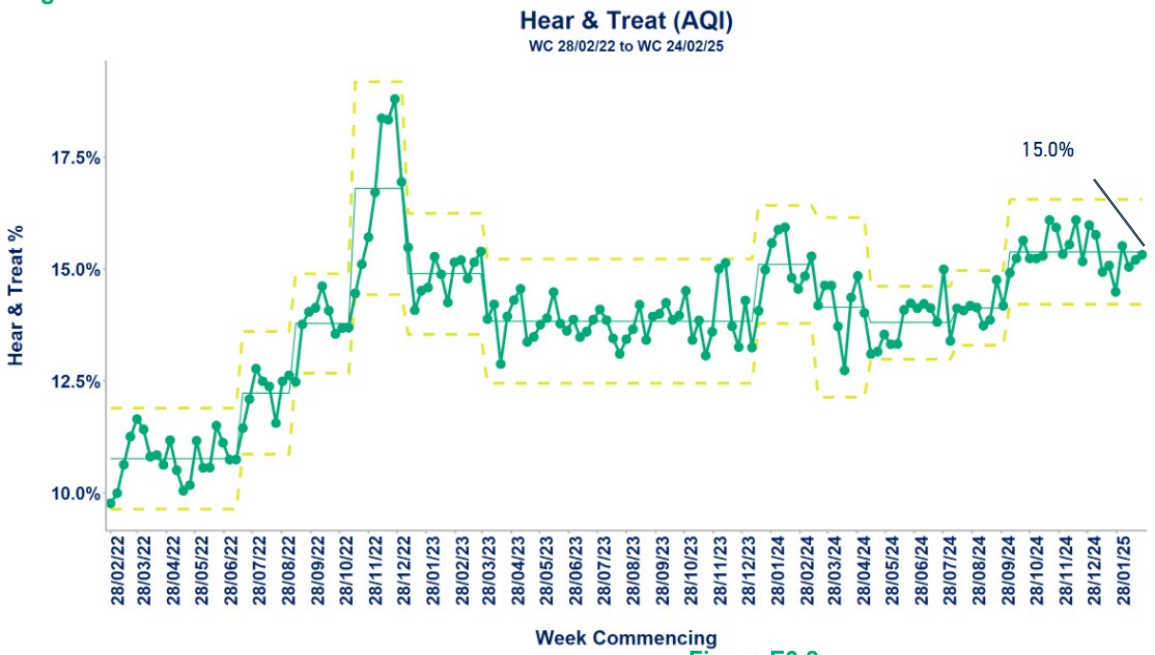


Figure E3.7

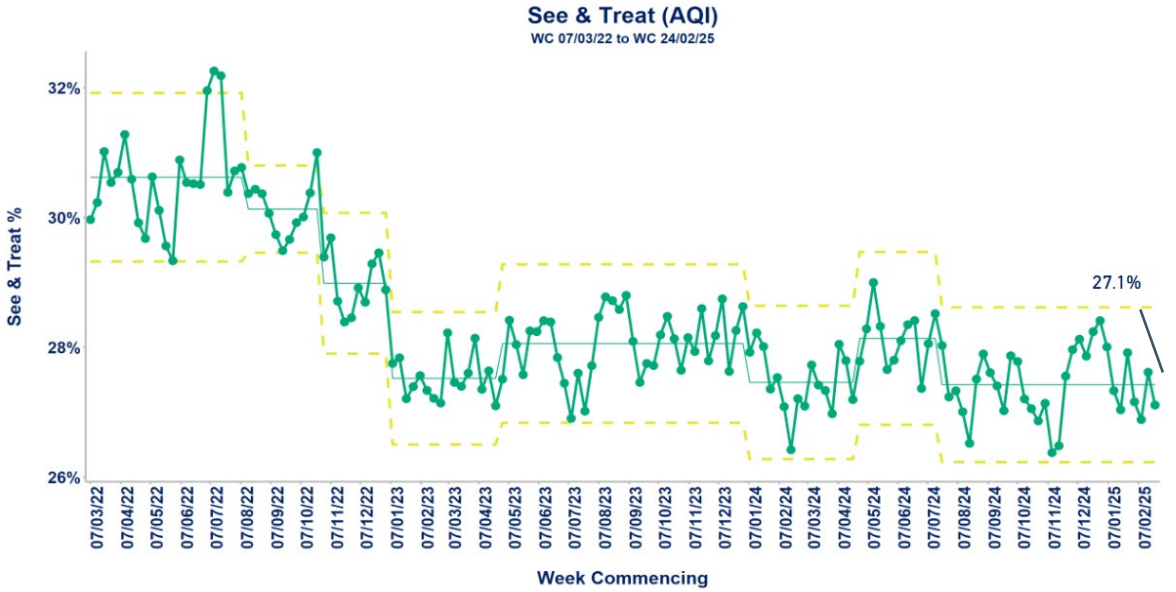


Figure E3.8

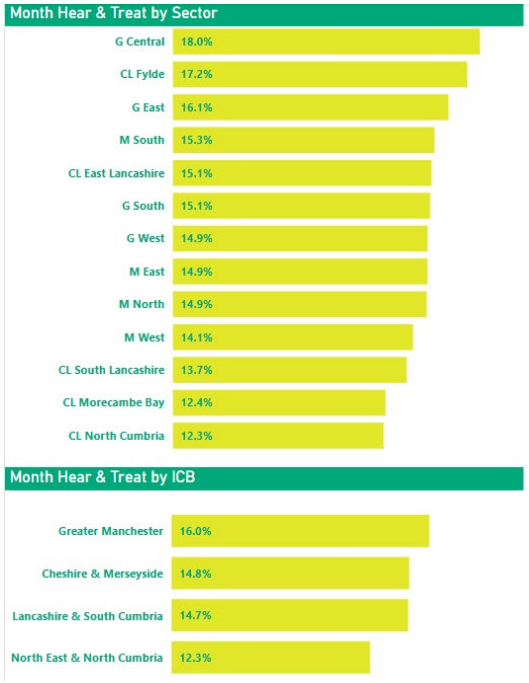


Figure E3.9

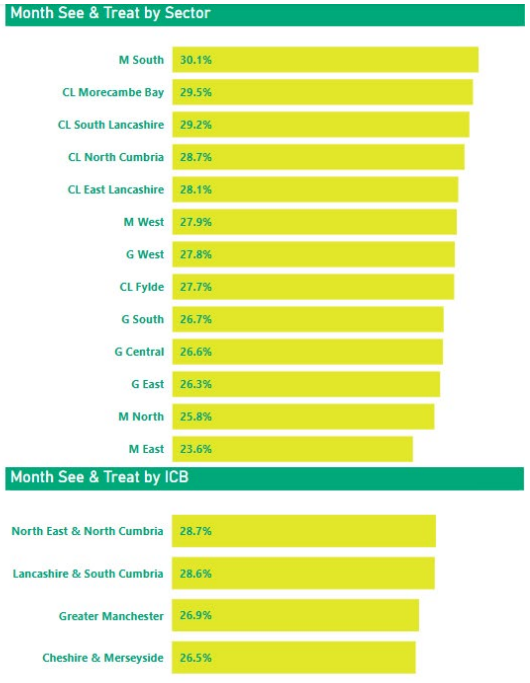


Figure E3.10

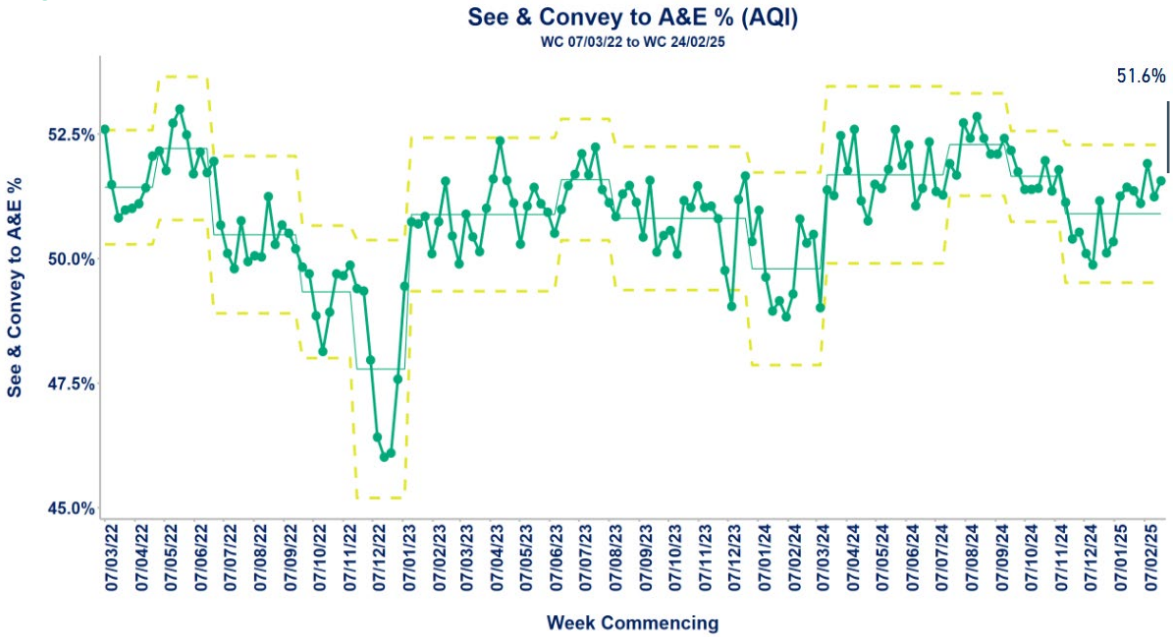
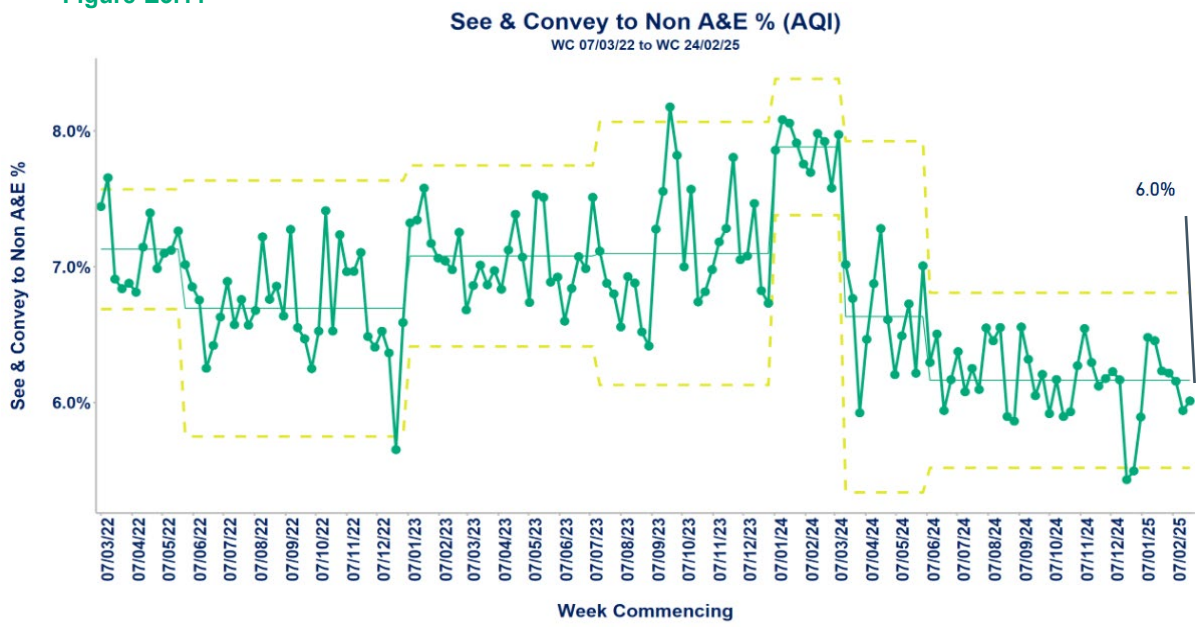


Figure E3.11



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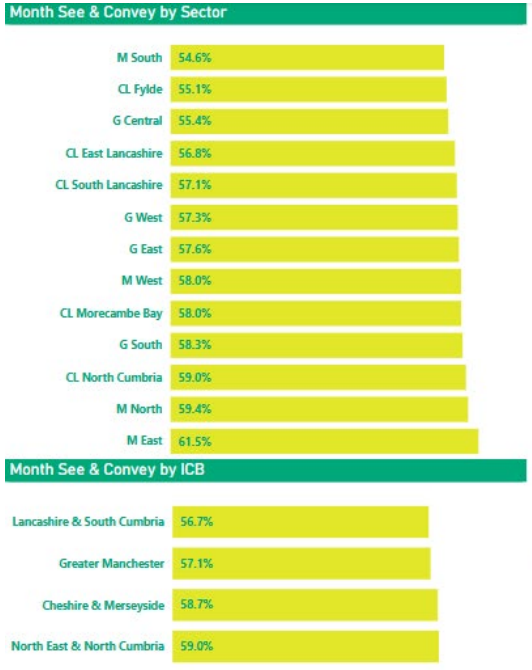


Figure E3.13

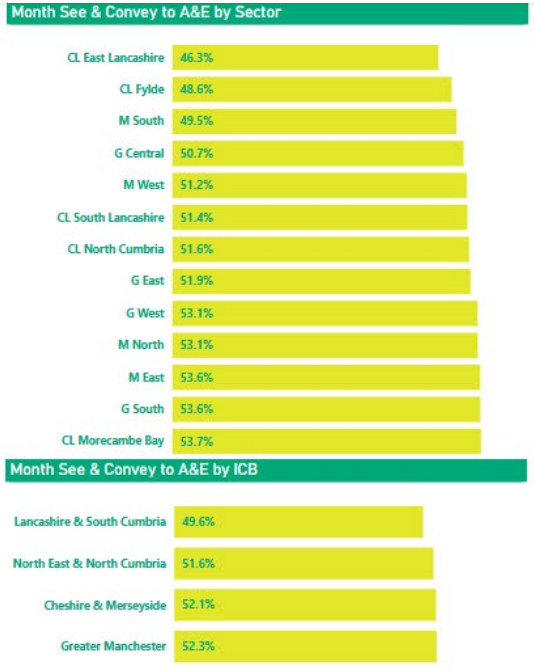


Figure E3.14

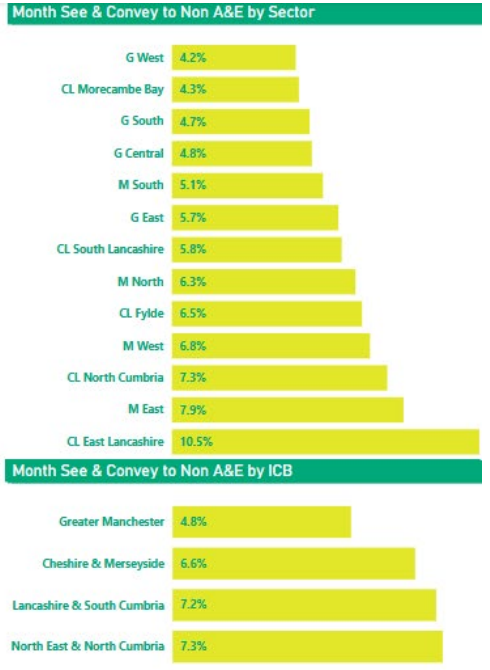


Figure E3.15

Rank	Trust	Hear & Treat	%
1	London		20.6%
2	West Midlands		20.6%
3	East Midlands		19.4%
4	Yorkshire		16.3%
5	South East Coast		15.6%
6	North West		15.1%
7	South Central		14.0%
8	East of England		13.2%
9	South Western		12.9%
10	North East		9.4%
11	Isle of Wight		8.8%

Figure E3.16

Rank	Trust	See & Treat	%
1	South Western		37.3%
2	Isle of Wight		36.1%
3	East of England		34.8%
4	South Central		32.7%
5	South East Coast		30.5%
6	North East		29.5%
7	East Midlands		28.5%
8	North West		27.2%
9	West Midlands		26.6%
10	London		26.2%
11	Yorkshire		26.1%

Figure E3.17

Rank	Trust	See & Convey	%
1	South Western		49.8%
2	East of England		52.0%
3	East Midlands		52.1%
4	West Midlands		52.8%
5	London		53.2%
6	South Central		53.3%
7	South East Coast		53.9%
8	Isle of Wight		55.1%
9	North West		57.6%
10	Yorkshire		57.6%
11	North East		61.1%

Figure E3.18

Rank	Trust	See & Convey Non AE	%
1	East Midlands		6.8%
2	North East		6.7%
3	Yorkshire		6.5%
4	North West		6.1%
5	West Midlands		6.1%
6	South Western		4.7%
7	South Central		4.0%
8	East of England		2.9%
9	London		2.8%
10	South East Coast		2.0%
11	Isle of Wight		1.3%

Operational

O1 CALL PICK UP

BAF

Figure O1.1

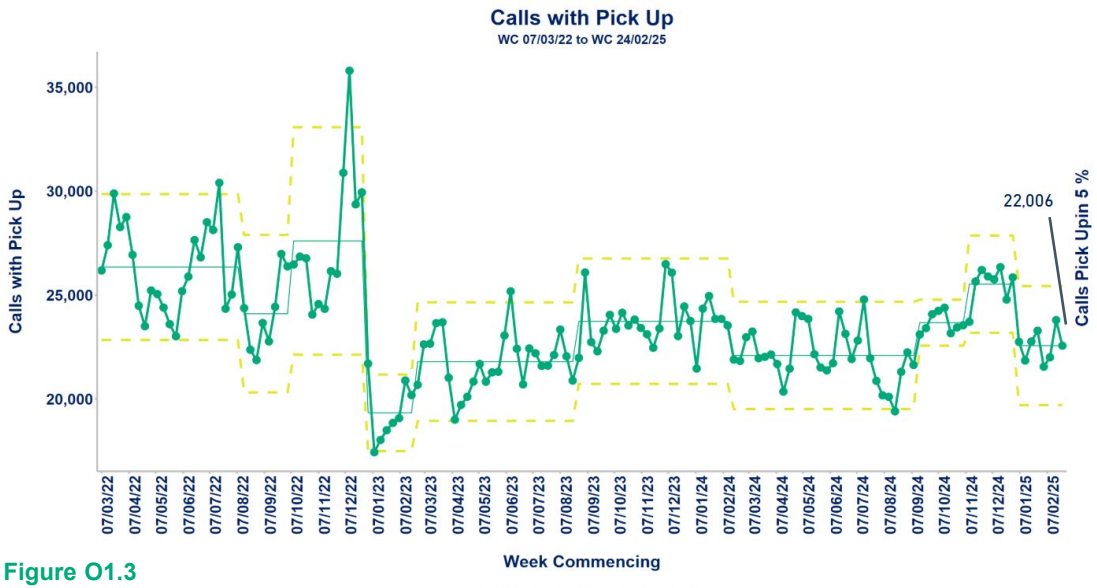


Figure O1.2

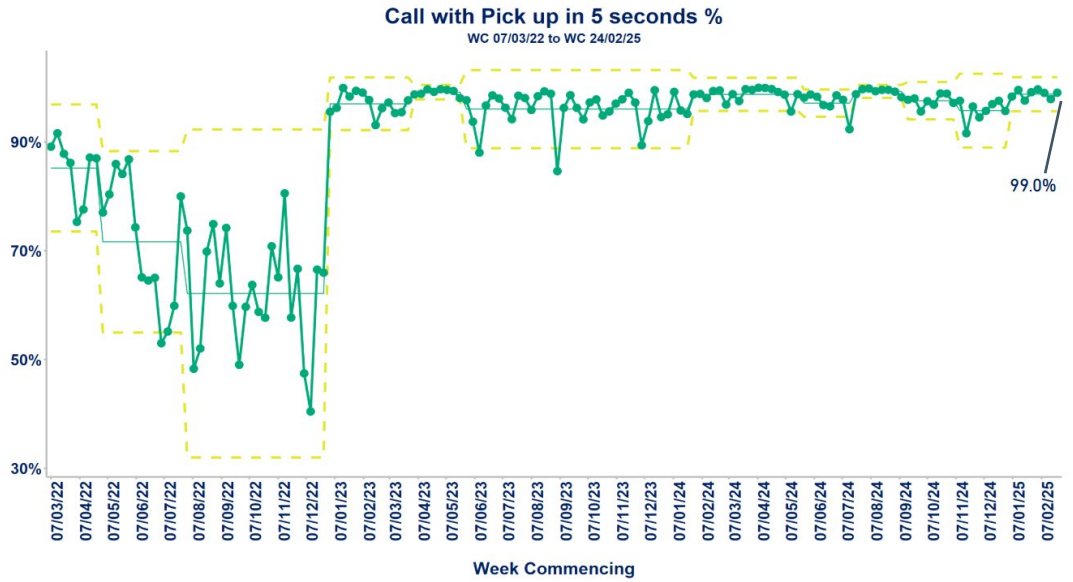


Figure O1.3

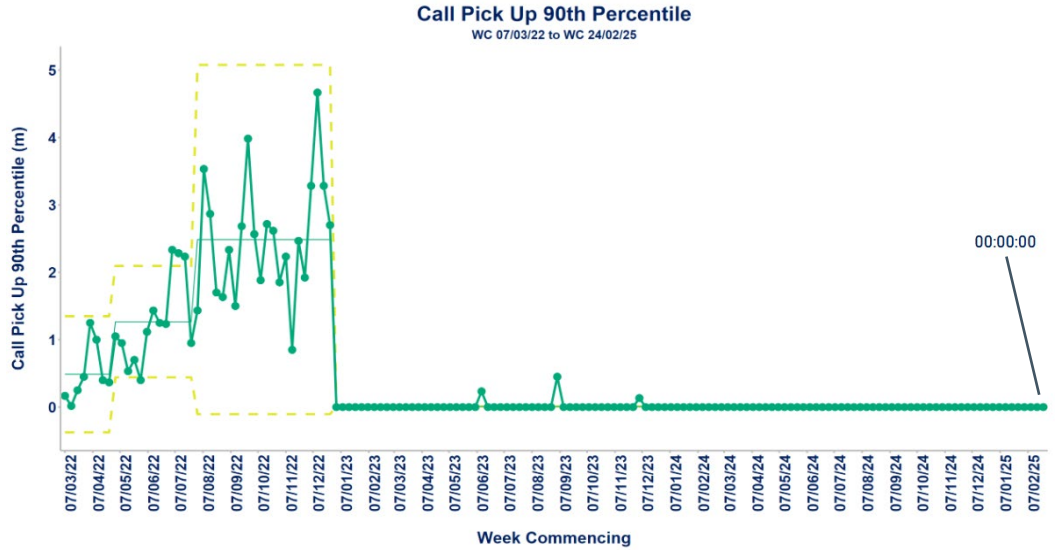


Figure O1.4

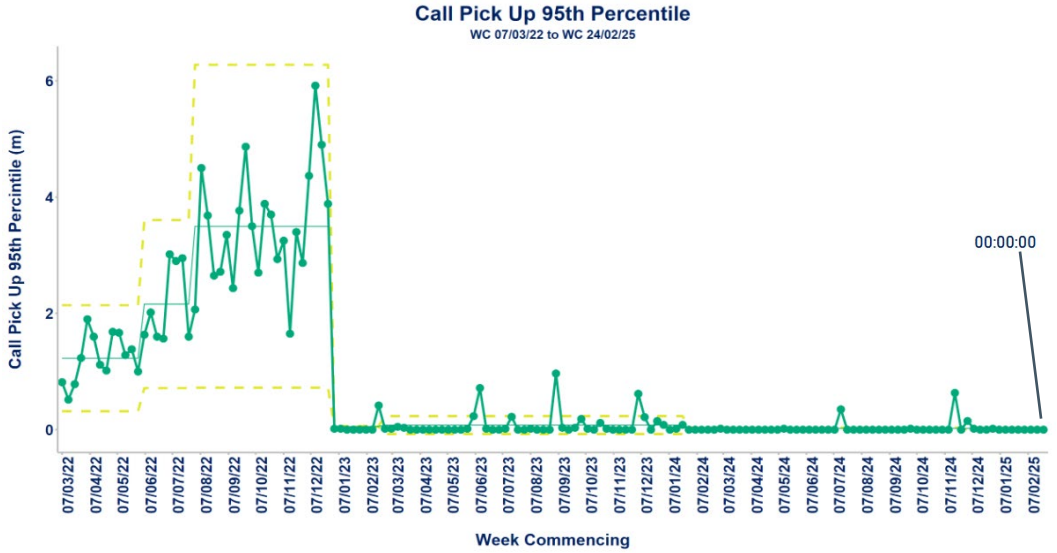


Figure O1.5

Call Pick Up Mean	
Feb 2025	0
YTD	1
Ranking	Joint 1st

Figure O1.6

Call Pick Up 90th Percentile	
Feb 2025	0
YTD	0
Ranking	Joint 1st

Figure O1.7

Call Pick Up 95th Percentile	
Feb 2025	0
YTD	0
Ranking	Joint 1st

O3 ARP RESPONSE TIMES

BAF

February 2025

Figure O3.1

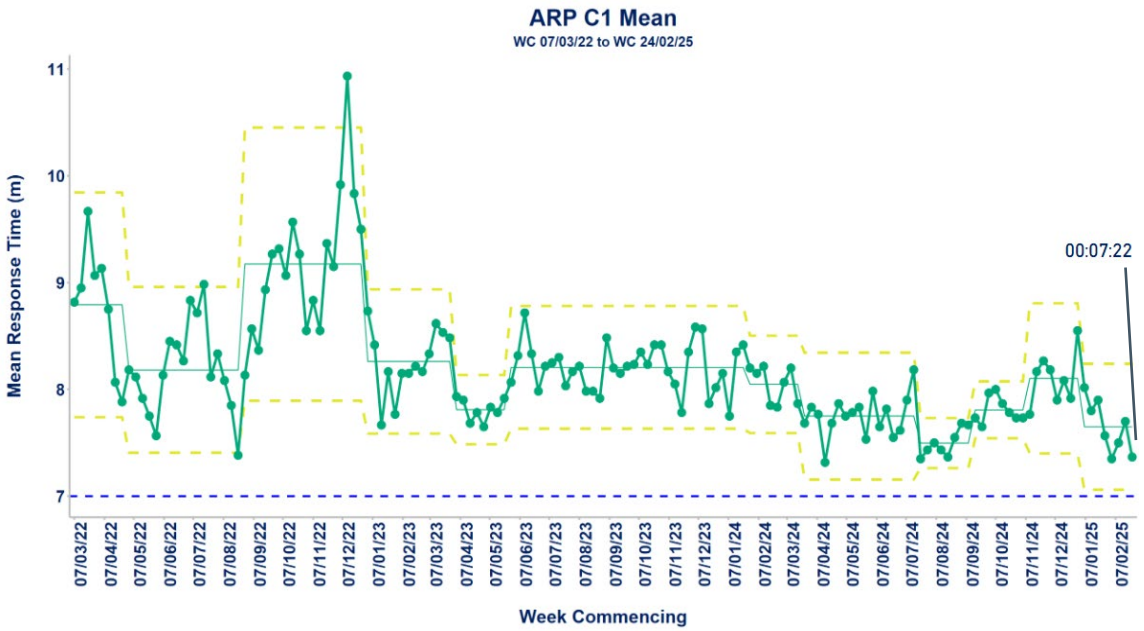


Figure O3.2

C1 Mean (Red =>7min)

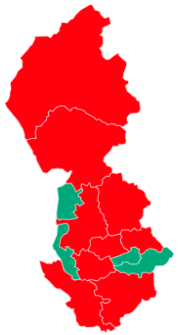


Figure O3.3

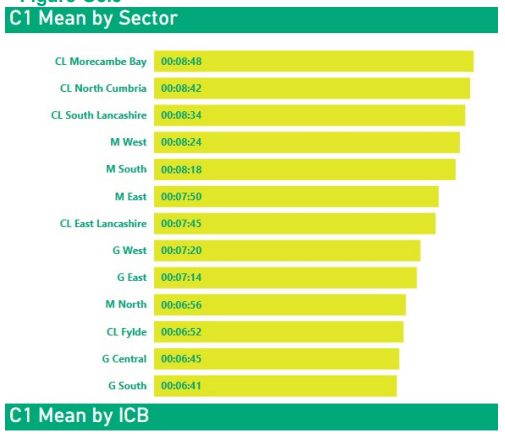


Figure O3.4

C1 Mean	
Target	7:00
Feb 2025	7:31
YTD	7:47
Ranking	3rd

Figure O3.5

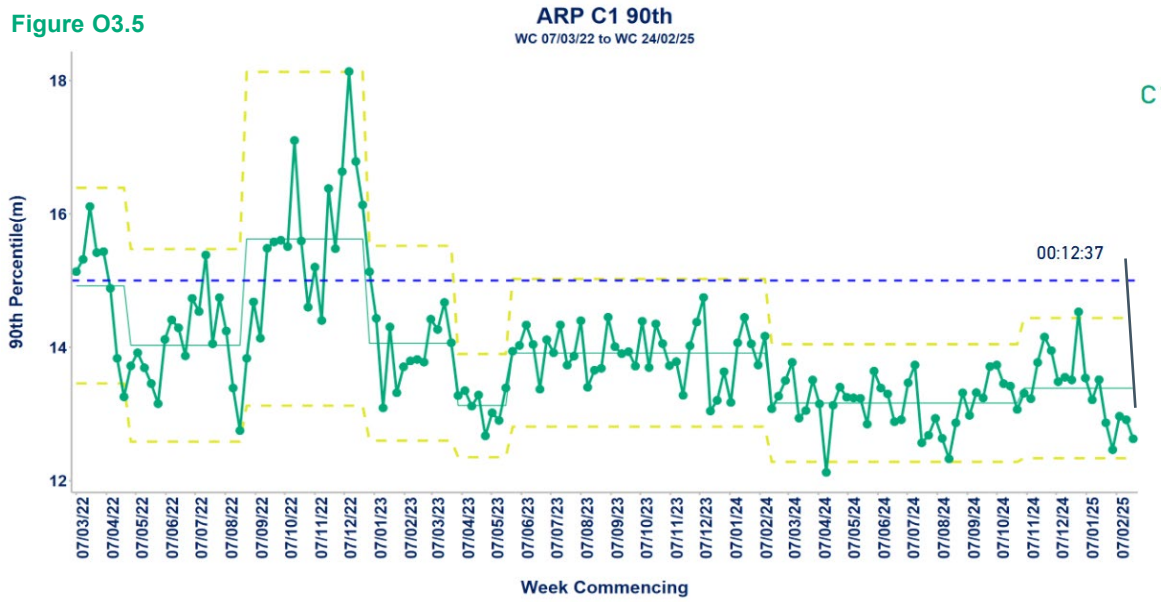


Figure O3.6

C1 90th (Red =>15m)

Figure O3.7

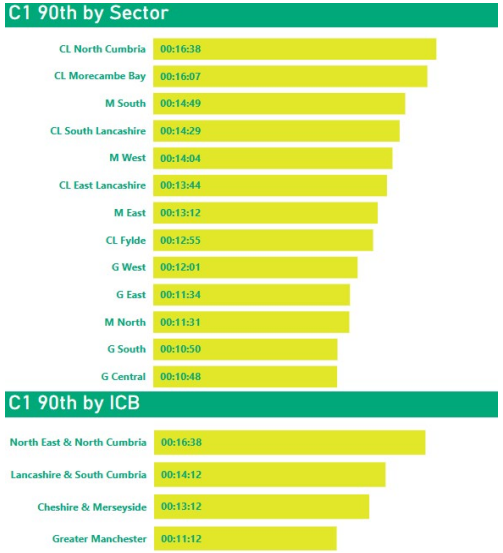


Figure O3.8

C1 90th	
Target	15:00
Feb 2025	12:48
YTD	13:16
Ranking	3rd

Figure O3.9

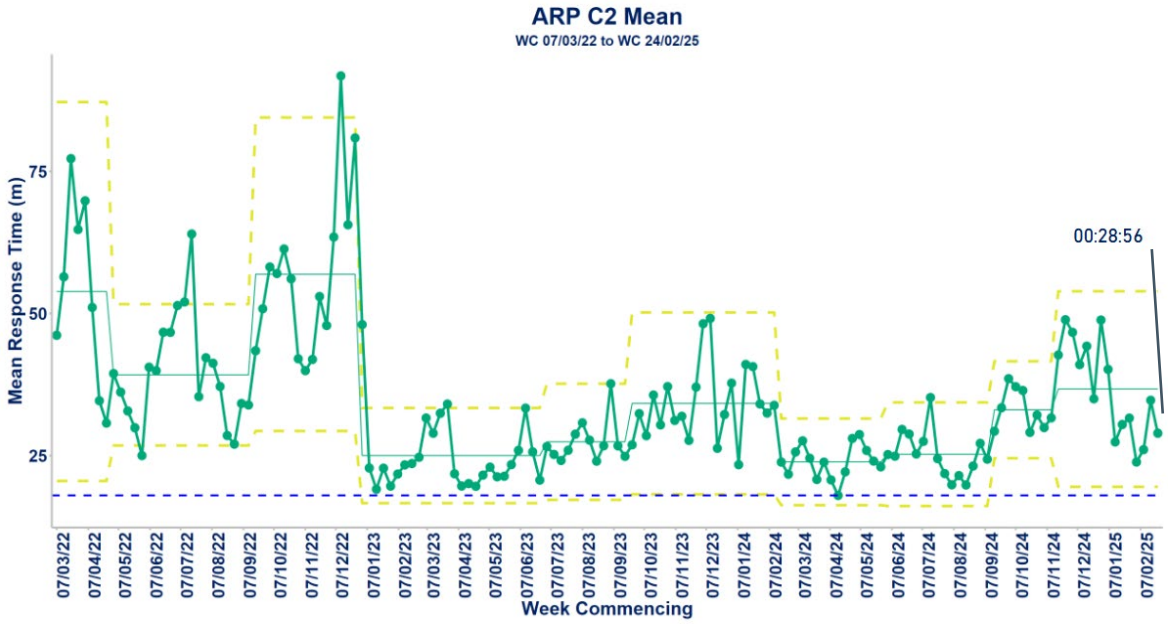


Figure O3.10

C2 Mean (Red =>18m)

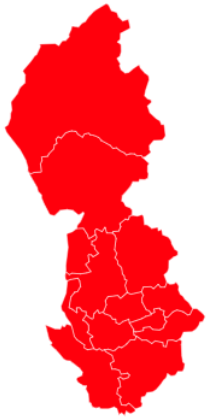


Figure O3.11

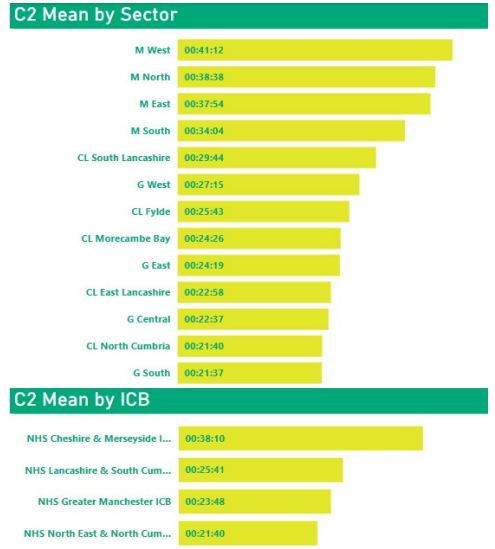


Figure O3.12

C2 Mean	
Target(ARP)	18:00
Target(UEC)	30:00
Feb 2025	28:39
YTD	30:12
Ranking	5th

Figure O3.13

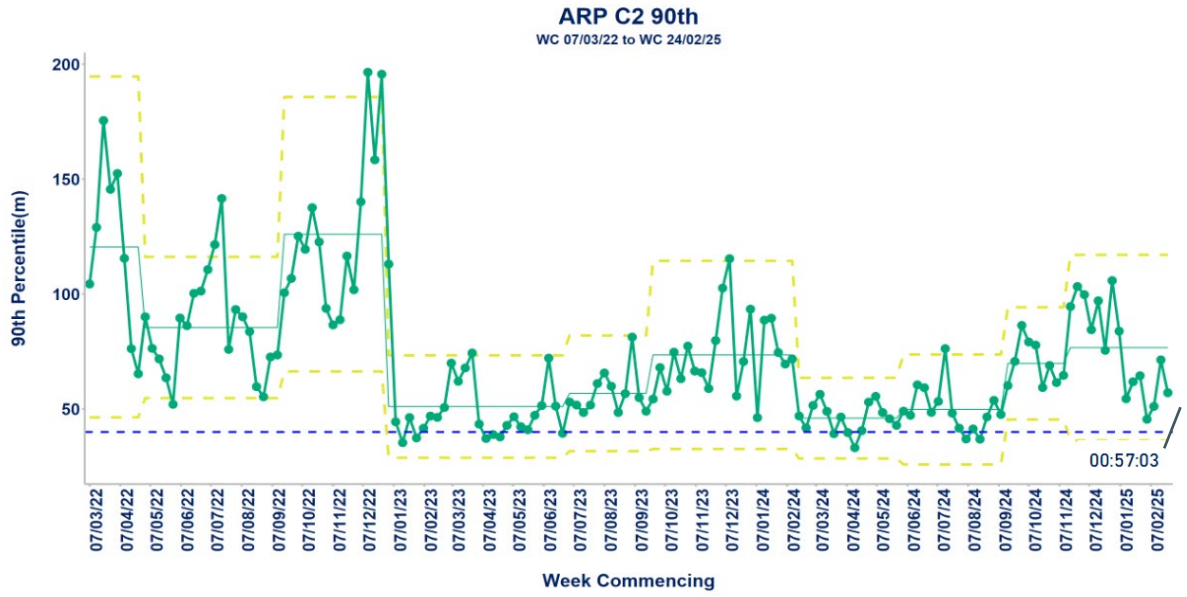


Figure O3.14

C2 90th (Red =>40m)

Figure O3.15

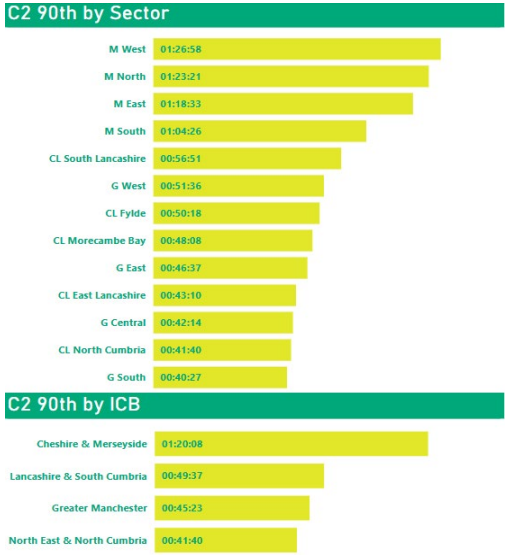


Figure O3.16

C2 90th	
Target	40:00
Feb 2025	00:56.49
YTD	1:01:38
Ranking	5th

February 2025

Figure O3.17

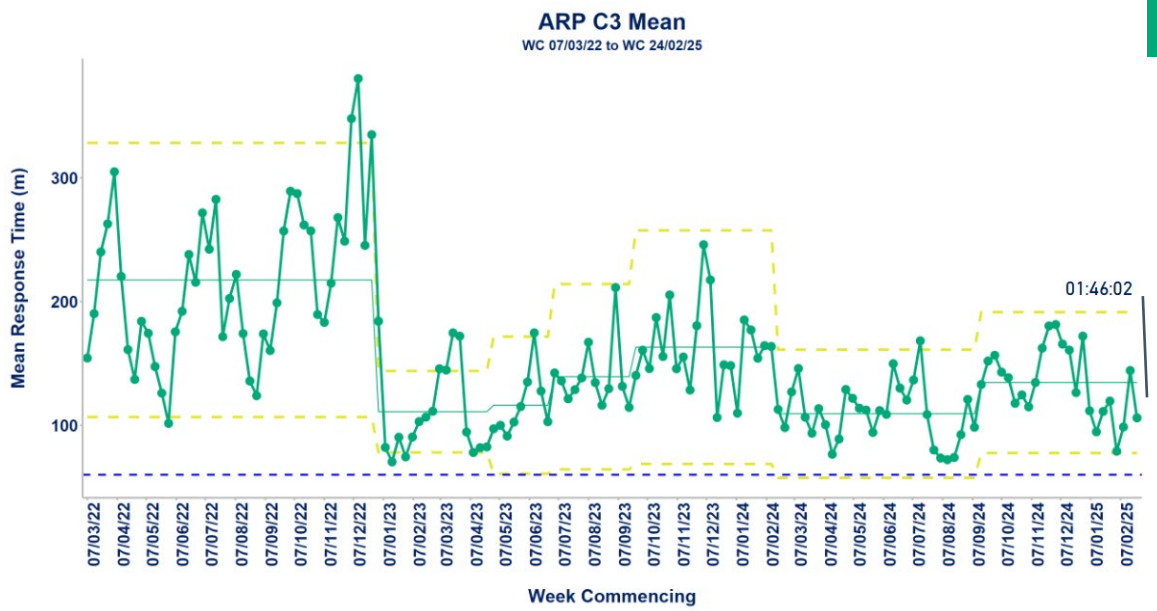


Figure O3.18

C3 Mean (Red =>60min)

Figure O3.19

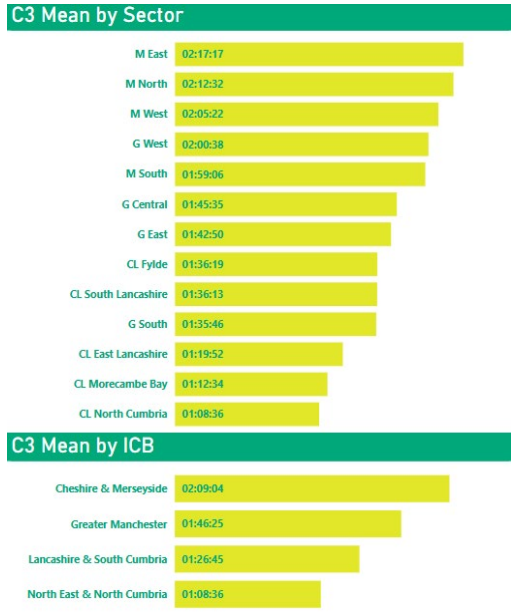


Figure O3.20

C3 Mean	
Target	1:00:00
Feb 2025	1:47:16
YTD	1:59:39
Ranking	5th

Figure O3.21

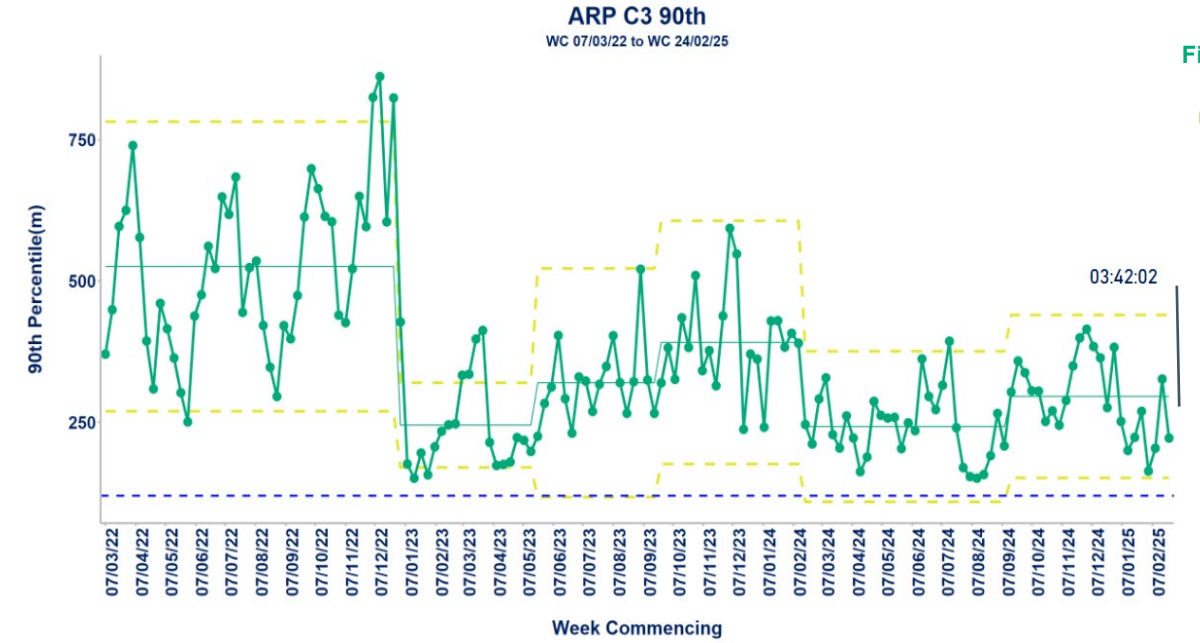


Figure O3.22

C3 90th (Red =>2h)

Figure O3.23

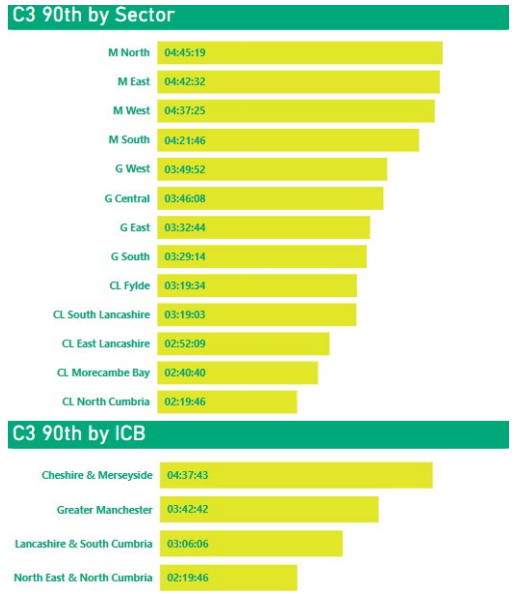


Figure O3.24

C3 90th	
Target	2:00:00
Feb 2025	3:49:24
YTD	4:24:44
Ranking	5th

February 2025

Figure O3.25

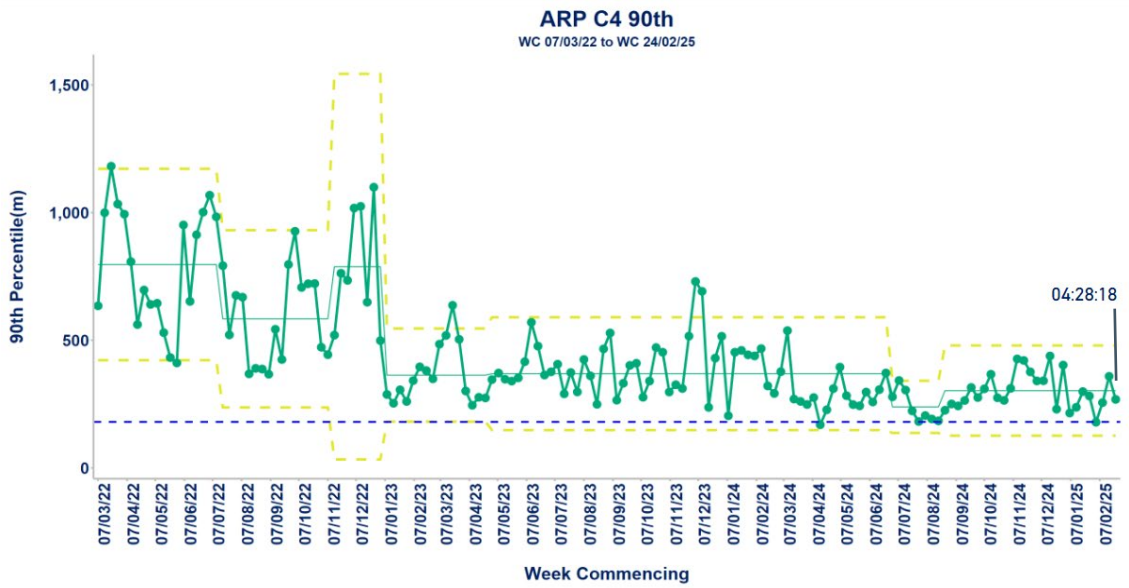


Figure O3.26

C4 90th (Red =>3h)

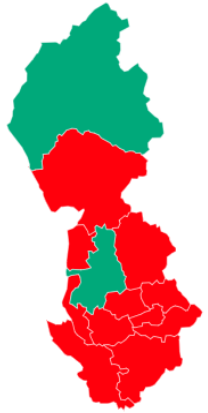


Figure O3.27

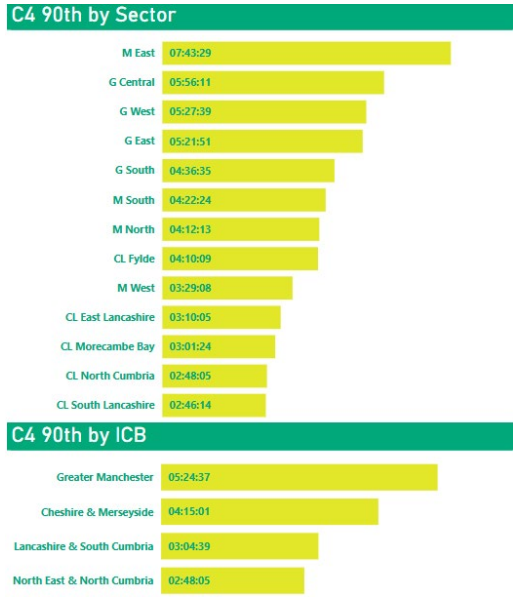


Figure O3.28

C4 90th	
Target	3:00:00
Feb 2025	4:24:04
YTD	4:35:35
Ranking	5th

O3 ARP Provider Comparison

Figure O3.25

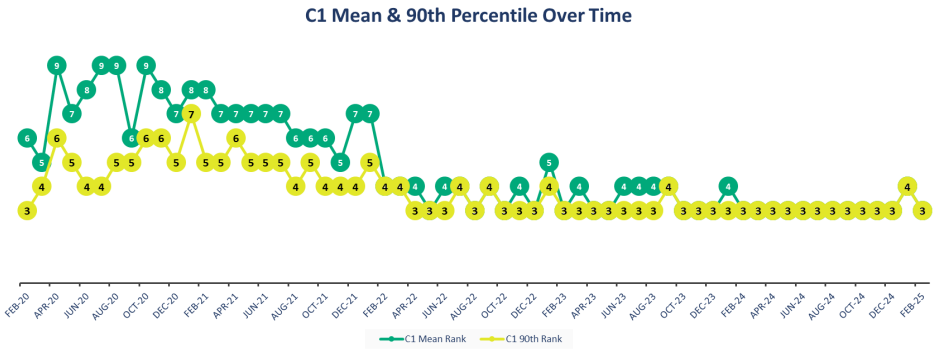


Figure O3.26

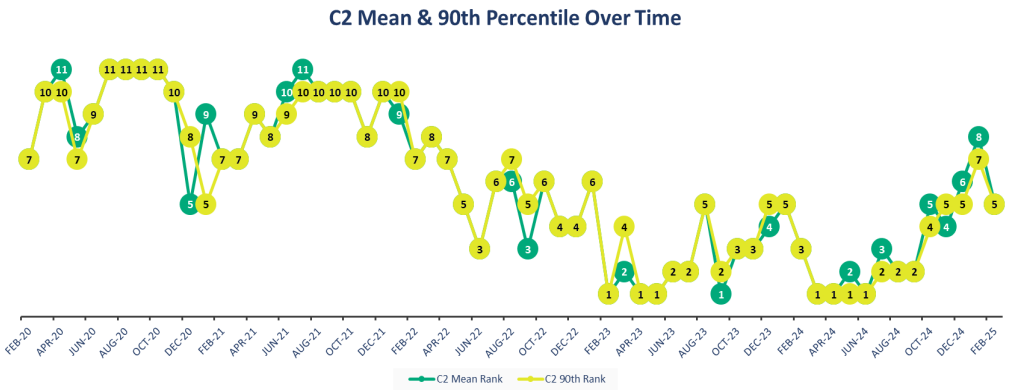


Figure O3.27

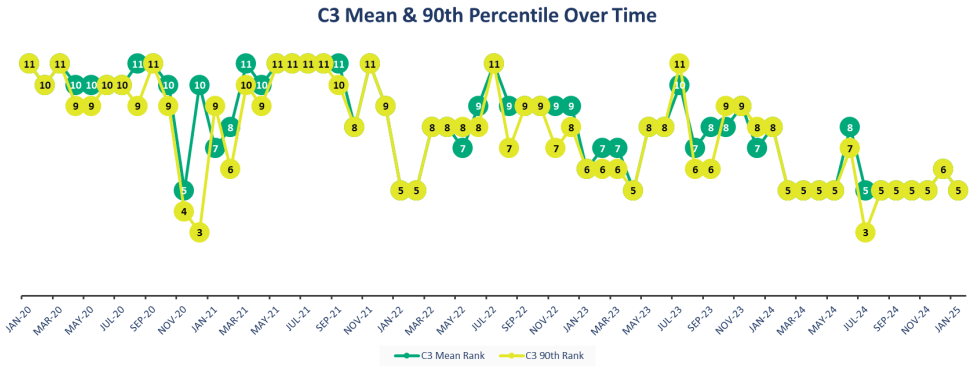
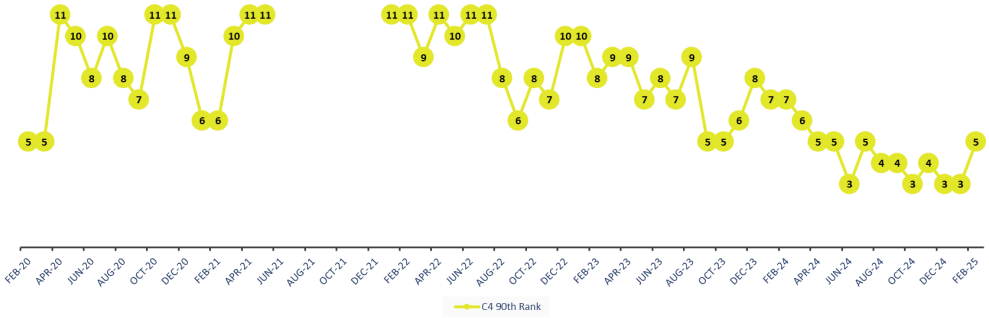


Figure O3.28



Rank	Trust	C1 Mean	Time
1	North East		06:31
2	London		07:14
3	North West		07:31
4	Yorkshire		08:00
5	West Midlands		08:02
6	South East Coast		08:20
7	Isle of Wight		08:23
8	South Central		08:24
9	East of England		08:45
10	East Midlands		08:56
11	South Western		09:10

Rank	Trust	C1 90th	Time
1	North East		11:06
2	London		12:25
3	North West		12:48
4	Yorkshire		13:52
5	West Midlands		14:03
6	Isle of Wight		14:15
7	South Central		15:16
8	South East Coast		15:26
9	East Midlands		15:36
10	East of England		16:21
11	South Western		16:58

Rank	Trust	C2 Mean	Time
1	North East		0:22:11
2	Isle of Wight		0:22:28
3	South Central		0:24:14
4	West Midlands		0:25:59
5	North West		0:28:40
6	Yorkshire		0:29:50
7	South East Coast		0:30:12
8	London		0:31:19
9	East of England		0:36:55
10	East Midlands		0:37:34
11	South Western		0:40:28

Rank	Trust	C2 90th	Time
1	Isle of Wight		0:44:03
2	North East		0:45:24
3	South Central		0:45:48
4	West Midlands		0:56:27
5	North West		0:56:49
6	South East Coast		1:00:13
7	Yorkshire		1:05:27
8	London		1:05:41
9	East Midlands		1:17:09
10	East of England		1:18:44
11	South Western		1:24:56

Rank	Trust	C3 Mean	Time
1	North East		00:57:49
2	Isle of Wight		01:01:31
3	London		01:21:31
4	Yorkshire		01:24:52
5	North West		01:47:16
6	West Midlands		01:51:46
7	South Central		01:56:28
8	East of England		02:02:55
9	South Western		02:14:13
10	South East Coast		02:15:29
11	East Midlands		02:28:33

Rank	Trust	C3 90th	Time
1	North East		02:11:41
2	Isle of Wight		02:20:39
3	London		03:11:21
4	Yorkshire		03:12:46
5	North West		03:49:21
6	South East Coast		04:02:50
7	West Midlands		04:31:31
8	East of England		04:55:29
9	South East Coast		05:03:23
10	South Western		05:25:14
11	East Midlands		05:59:30

Rank	Trust	C4 90th	Time
1	North East		02:19:47
2	Isle of Wight		02:42:48
3	Yorkshire		03:17:08
4	London		04:15:51
5	North West		04:22:43
6	South East Coast		04:33:03
7	West Midlands		05:08:13
8	South Central		05:20:16
9	East Midlands		06:57:15
10	South Western		07:15:59
11	East of England		08:19:23

O3 LONG WAITS

BAF

Table O3.29

Year Month	Total No. of C1 long waits
Mar 2022	1,609
Apr 2022	1,145
May 2022	869
Jun 2022	940
Jul 2022	1,207
Aug 2022	653
Sep 2022	804
Oct 2022	1,186
Nov 2022	959
Dec 2022	1,619
Jan 2023	694
Feb 2023	543
Mar 2023	708
Apr 2023	509
May 2023	504
Jun 2023	693
Jul 2023	707
Aug 2023	643
Sep 2023	712
Oct 2023	760
Nov 2023	665
Dec 2023	785
Jan 2024	748
Feb 2024	641
Mar 2024	565
Apr 2024	507
May 2024	604
Jun 2024	595
Jul 2024	582
Aug 2024	450
Sep 2024	566
Oct 2024	682
Nov 2024	692
Dec 2024	736
Jan 2025	729
Feb 2025	465

Figure O3.29

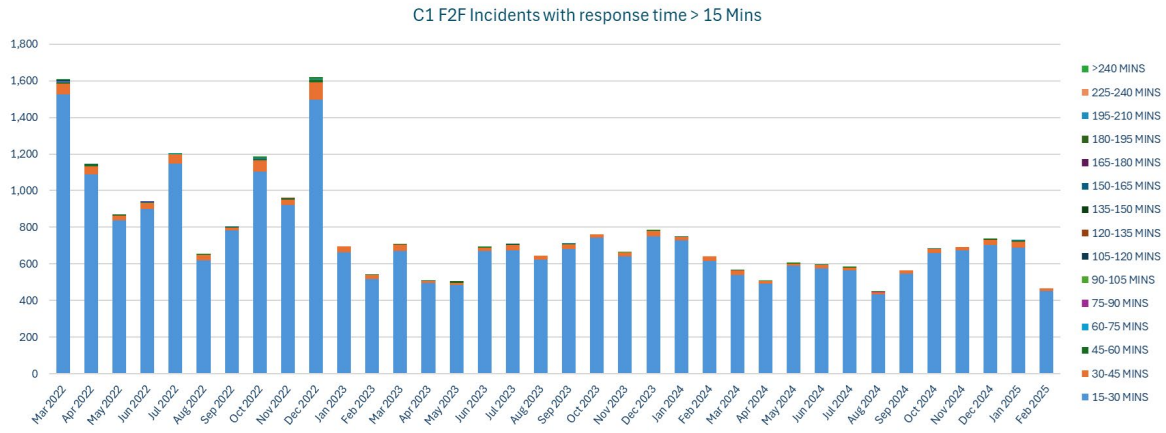


Figure O3.30

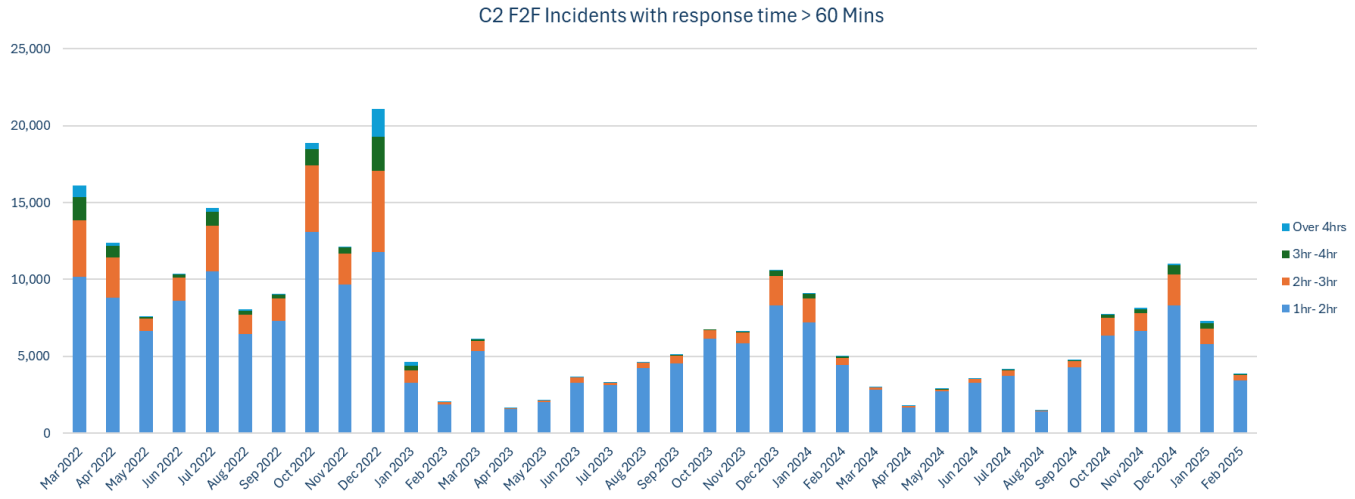


Table O3.30

Year Month	Total No. of C2 long waits
Mar 2022	16,135
Apr 2022	12,400
May 2022	7,564
Jun 2022	10,374
Jul 2022	14,649
Aug 2022	8,051
Sep 2022	9,057
Oct 2022	18,870
Nov 2022	12,153
Dec 2022	21,089
Jan 2023	4,631
Feb 2023	2,048
Mar 2023	6,132
Apr 2023	1,649
May 2023	2,141
Jun 2023	3,667
Jul 2023	3,294
Aug 2023	4,613
Sep 2023	5,088
Oct 2023	6,754
Nov 2023	6,608
Dec 2023	10,636
Jan 2024	9,112
Feb 2024	4,975
Mar 2024	2,998
Apr 2024	1,761
May 2024	2,860
Jun 2024	3,526
Jul 2024	4,121
Aug 2024	1,473
Sep 2024	4,740
Oct 2024	7,748
Nov 2024	8,162
Dec 2024	11,019
Jan 2025	7,327
Feb 2025	3,844

O3 A&E TURNAROUND

BAF

Figure O3.1

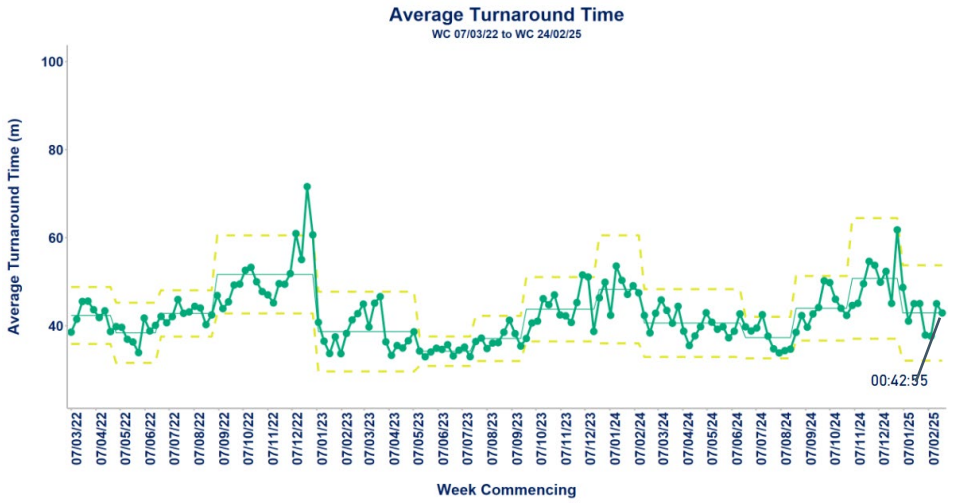


Figure O3.2

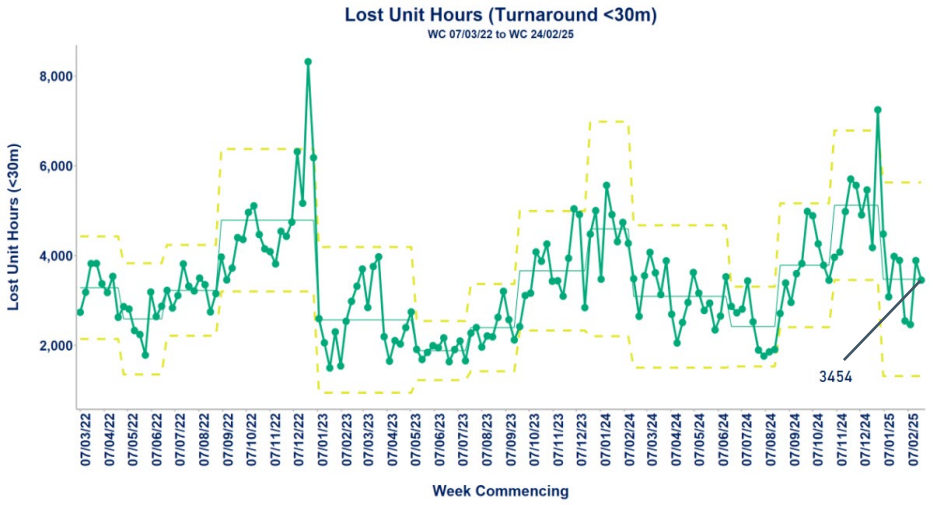


Table O3.1

Month	Hospital Attendances	Average Turnaround Time(hh:mm:ss)	Average Arrival to Handover Time (hh:mm:ss)	Average Handover to Clear Time(hh:mm:ss)
Feb 2024	44,943	00:44:53	00:34:59	00:10:21
Mar 2024	49,092	00:42:39	00:32:50	00:10:15
Apr 2024	48,305	00:39:29	00:29:57	00:09:46
May 2024	50,238	00:40:33	00:31:29	00:09:18
Jun 2024	47,255	00:39:22	00:30:34	00:09:01
Jul 2024	48,915	00:39:19	00:30:34	00:08:57
Aug 2024	48,434	00:35:06	00:26:24	00:08:53
Sep 2024	47,618	00:42:19	00:33:27	00:09:04
Oct 2024	49,288	00:47:07	00:38:23	00:08:58
Nov 2024	47,834	00:47:13	00:38:39	00:08:55
Dec 2024	49,453	00:51:07	00:42:22	00:08:59
Jan 2025	48,272	00:47:54	00:39:25	00:08:46
Feb 2025	44,059	00:41:10	00:32:25	00:08:53

Table O3.2

Top 5 Trusts with most lost unit hours

Destination Short Name	Operational Area Name	Hospital Attendances to AE	Lost Time Turnaround >30m (h)	Mean at Hospital to Clear Time(hh:mm:ss)	Mean at Hospital to Handover Time(hh:mm:ss)	Mean Handover to Clear Time(hh:mm:ss)
Whiston	Cheshire & Merseyside	2,059	1532.47	01:08:20	00:56:20	00:11:06
Arrowe Park	Cheshire & Merseyside	1,835	1094.54	00:59:47	00:49:38	00:10:02
Aintree University	Cheshire & Merseyside	2,009	951.60	00:53:00	00:41:13	00:12:28
Royal Liverpool University	Cheshire & Merseyside	2,024	896.18	00:53:15	00:42:38	00:10:54
Royal Preston	Cumbria & Lancashire	1,910	797.20	00:48:10	00:40:18	00:08:05

Table O3.3

Month	No. of patients waiting outside A&E for handover
Mar-22	936
Apr-22	1057
May-22	891
Jun-22	926
Jul-22	975
Aug-22	1099
Sep-22	1490
Oct-22	2319
Nov-22	1283
Dec-22	1775
Jan-23	862
Feb-23	514
Mar-23	1113
Apr-23	538
May-23	898
Jun-23	545
Jul-23	577
Aug-23	943
Sep-23	1004
Oct-23	1746
Nov-23	1414
Dec-23	2121
Jan-24	2397
Feb-24	1946
Mar-24	1524
Apr-24	1062
May-24	1579
Jun-24	1594
Jul-24	1851
Aug-24	989
Sep-24	1877
Oct-24	2681
Nov-24	2432
Dec-24	2392
Jan-25	1600
Feb-25	1179

O3 A&E TURNAROUND ICB

Figure O3.4

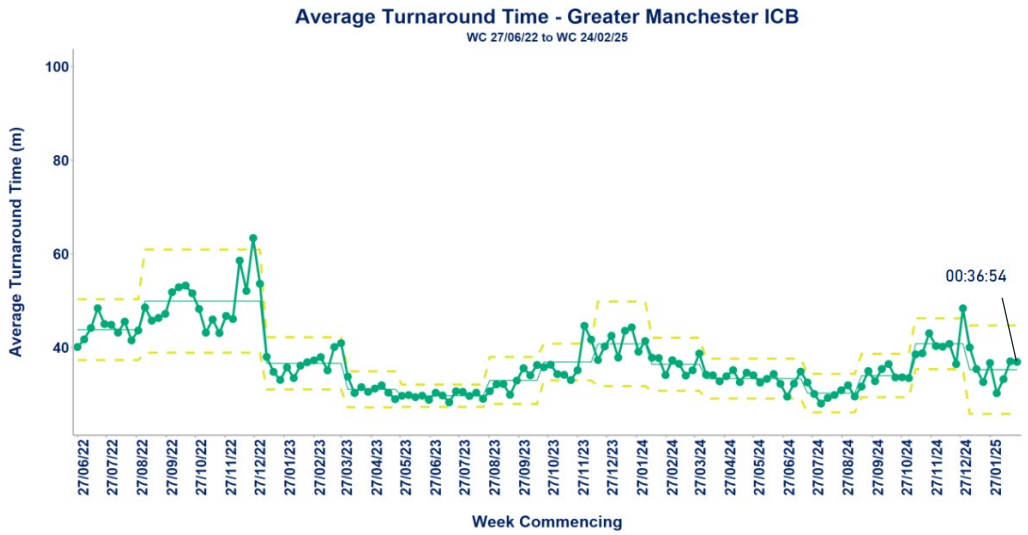


Figure O3.5

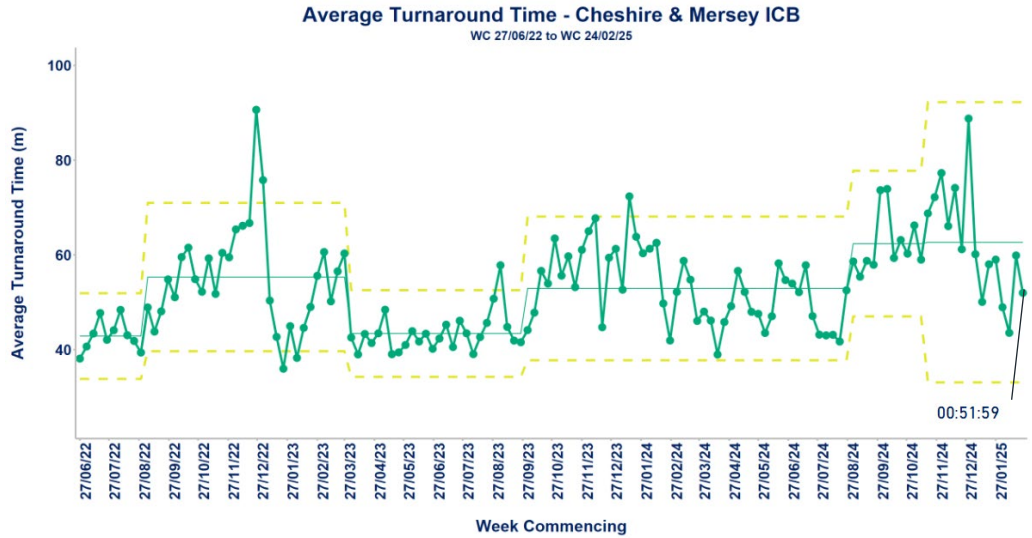
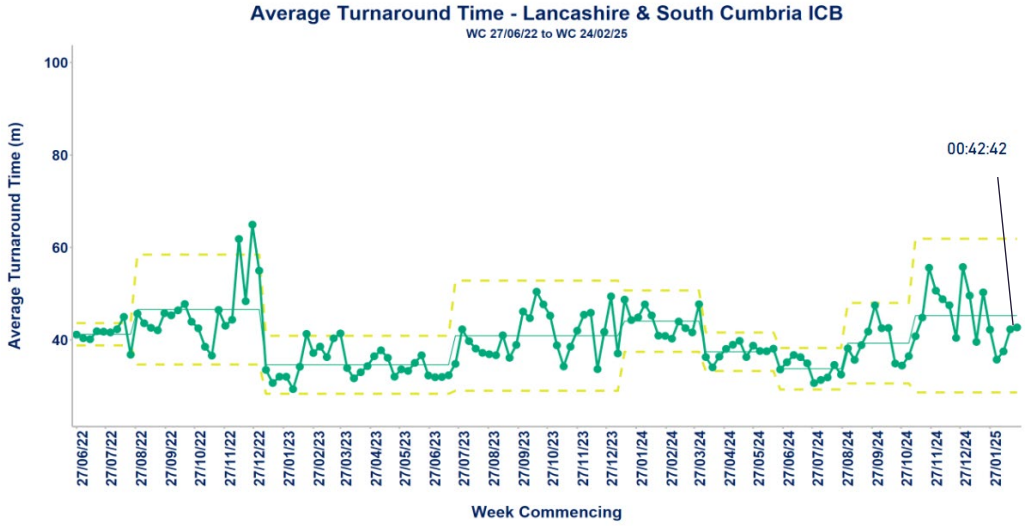
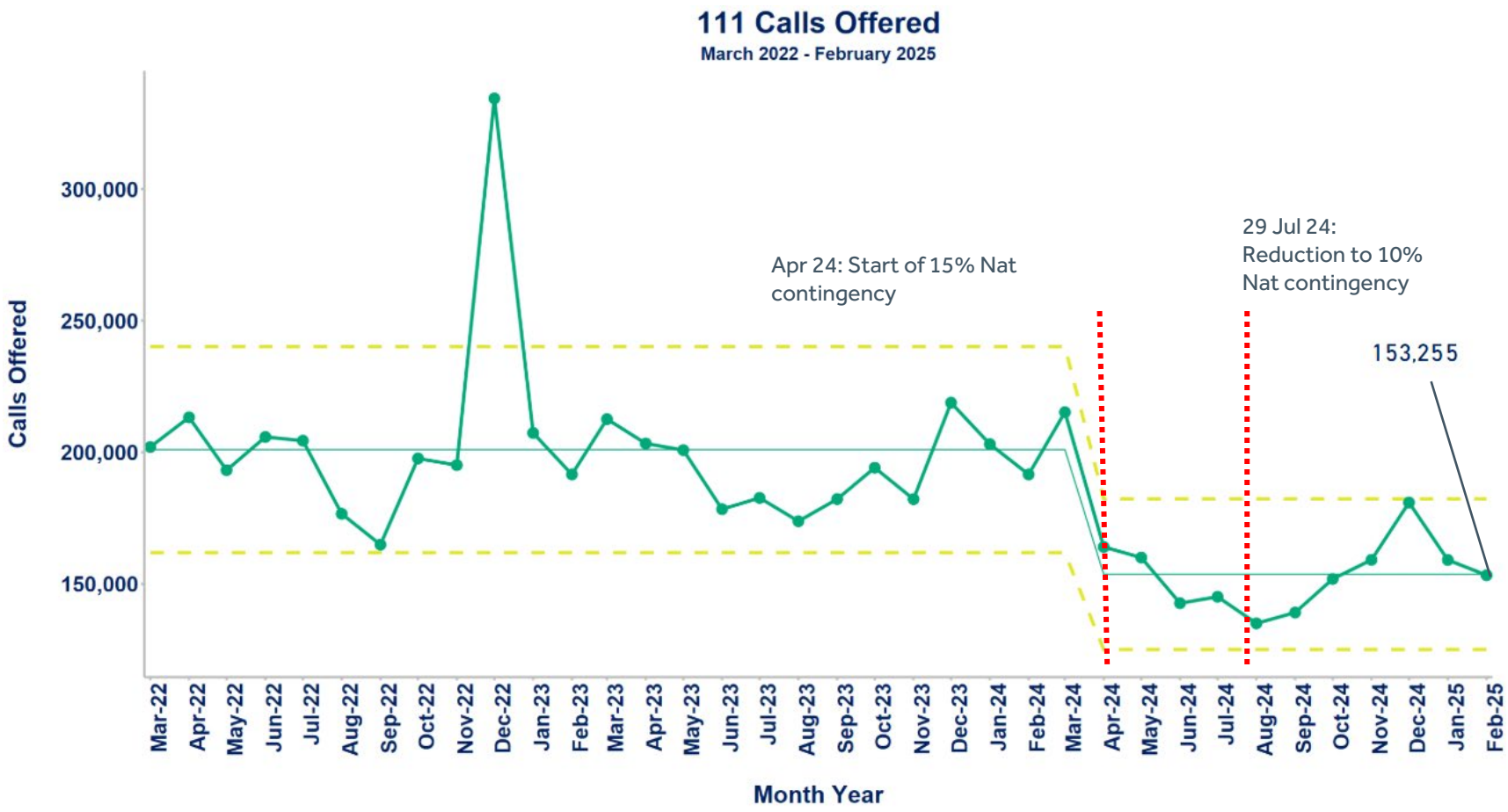


Figure O3.6



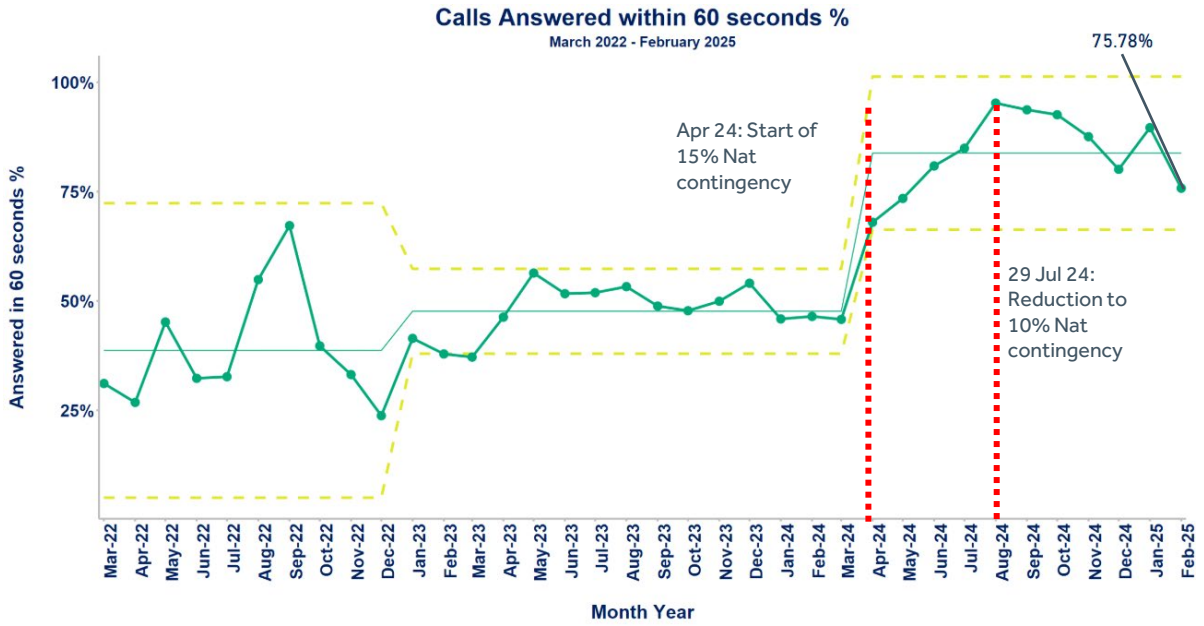
O4 111 ACTIVITY & PERFORMANCE

Figure O4.1



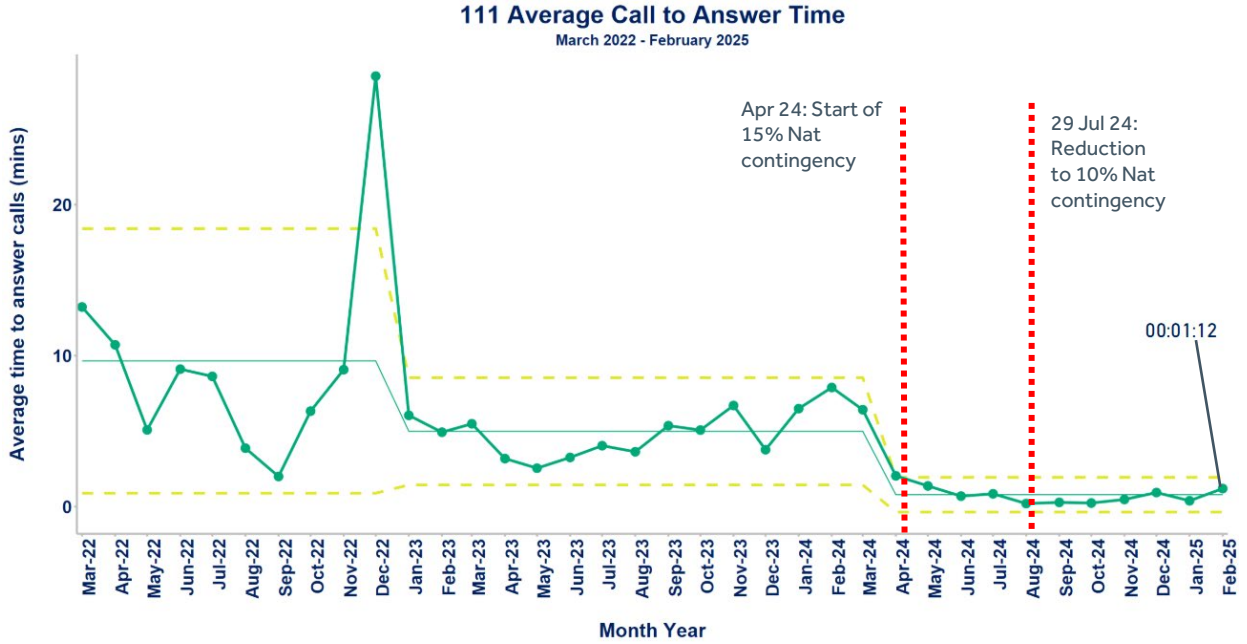
Calls Offered	
Feb 2025	153,255
YTD	1,689,868

Figure O4.2



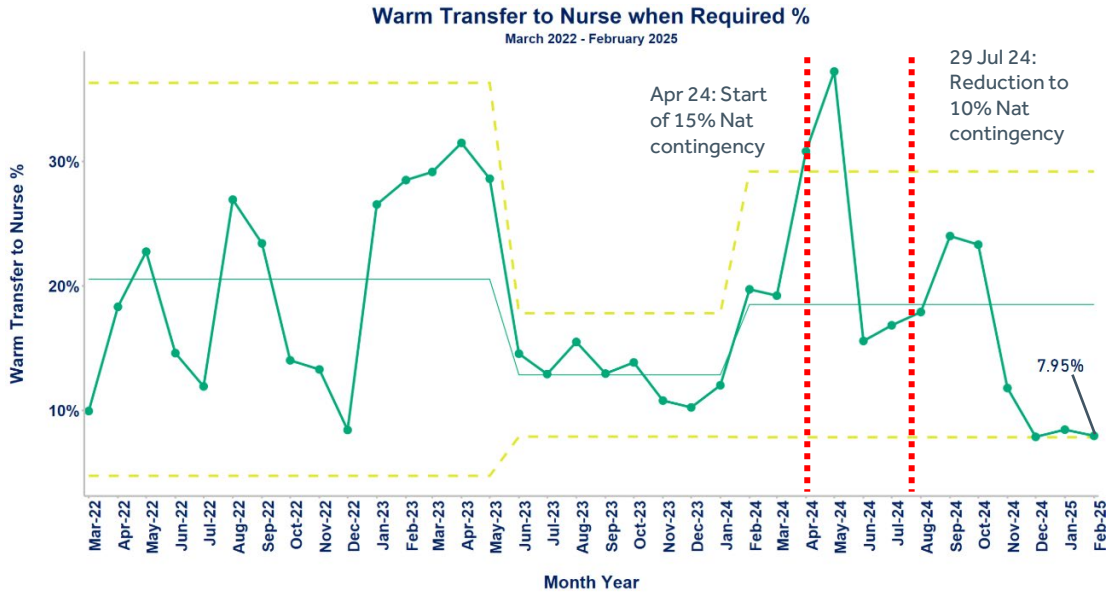
Calls Answered within 60 Seconds %	
Target	95%
Feb 2025	75.78%
YTD	83.66%
National	82.1%
Ranking	23rd/29

Figure O4.3



Average Call to Answer time (seconds)	
Target	<20
Feb 2025	72
YTD	48
National	57
Ranking	22nd/29

Figure O4.6



Warm Transfer %	
Target	75%
Jan 2025	7.95%
YTD	18.34%

Figure O4.7

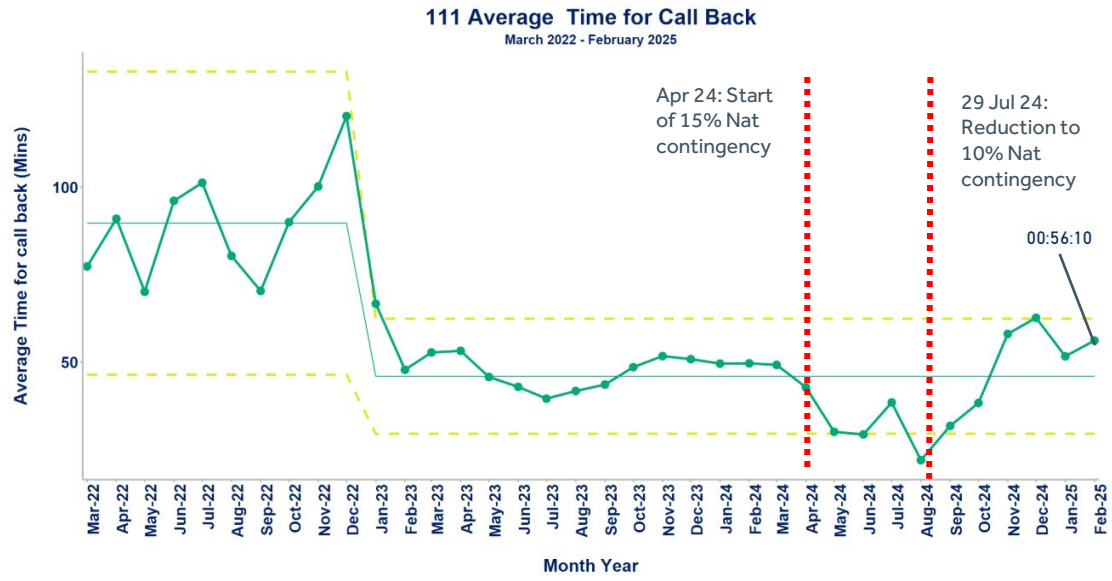
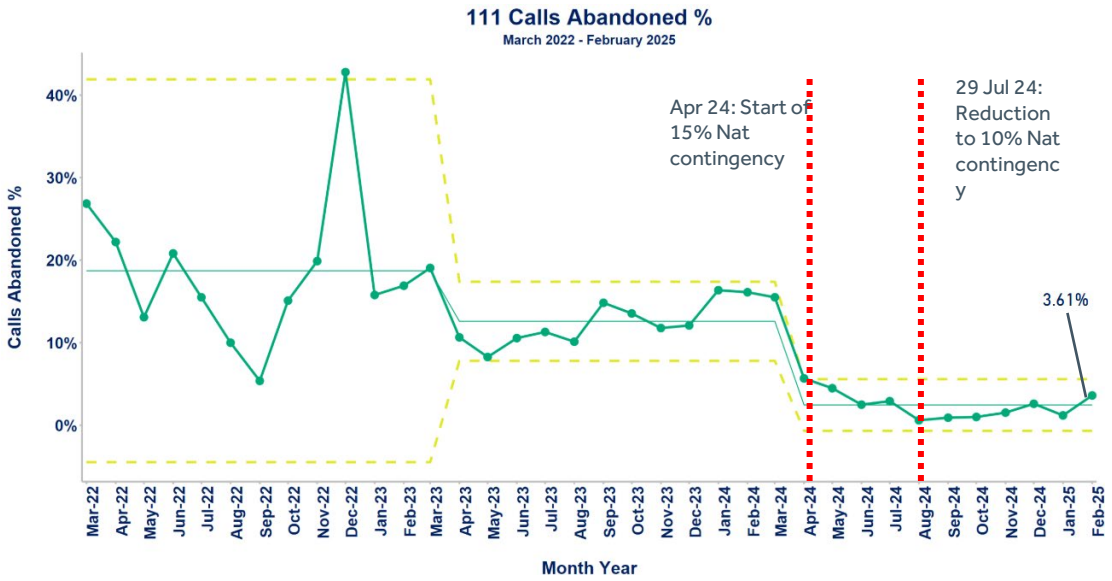
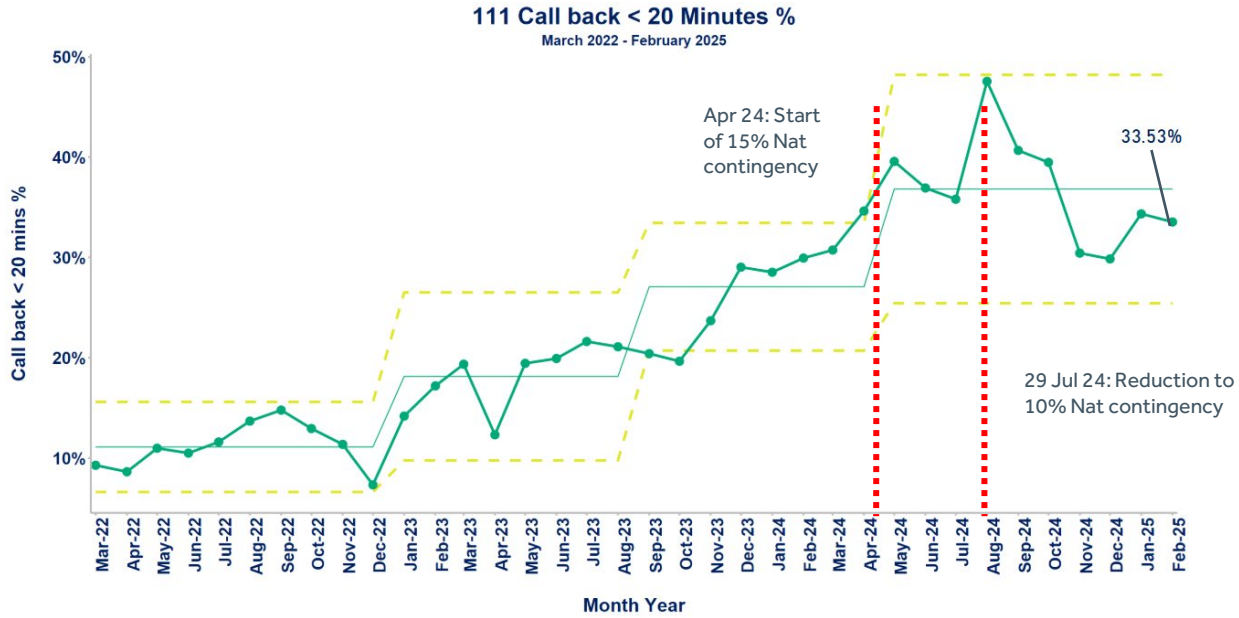


Figure O4.4



Calls Abandoned %	
Target	<5%
Feb 2025	3.61%
YTD	2.51%
National	3.0%
Ranking	23rd/29

Figure O4.5



Calls Back <20 Mins	
Target	90%
Feb 2025	33.53%
YTD	33.53%

O5 PTS ACTIVITY & TARIFF

Figure O5.1

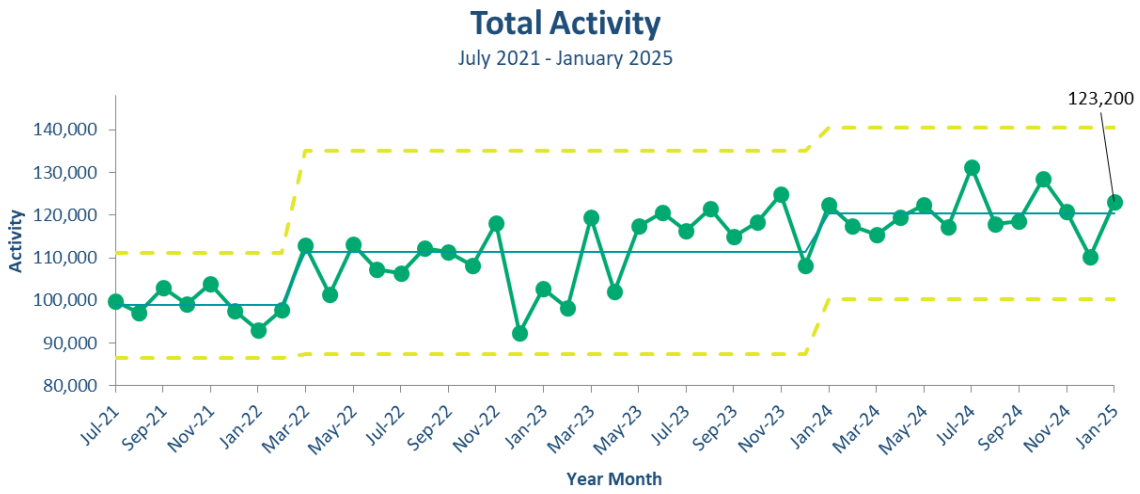


Figure O5.2

Contract	Total Activity
Greater Manchester	48,066
Lancashire	37,787
Merseyside	26,025
Cumbria	11,322

Total Activity	
Plan	132,015
Actual	123,200
YTD Plan	924,106
YTD Activity	858,915

Figure O5.3

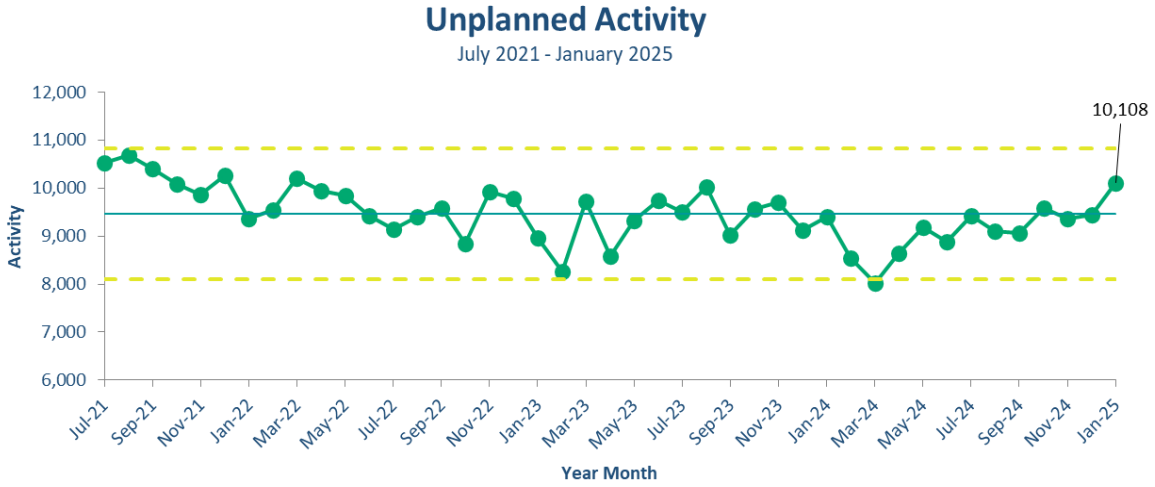


Figure O5.4

Contract	Unplanned Activity
Greater Manchester	4,024
Lancashire	3,624
Merseyside	2,019
Cumbria	441

Unplanned Activity	
Plan	12,107
Actual	10,108
YTD Plan	84,748
YTD Activity	68,110

Figure O5.5

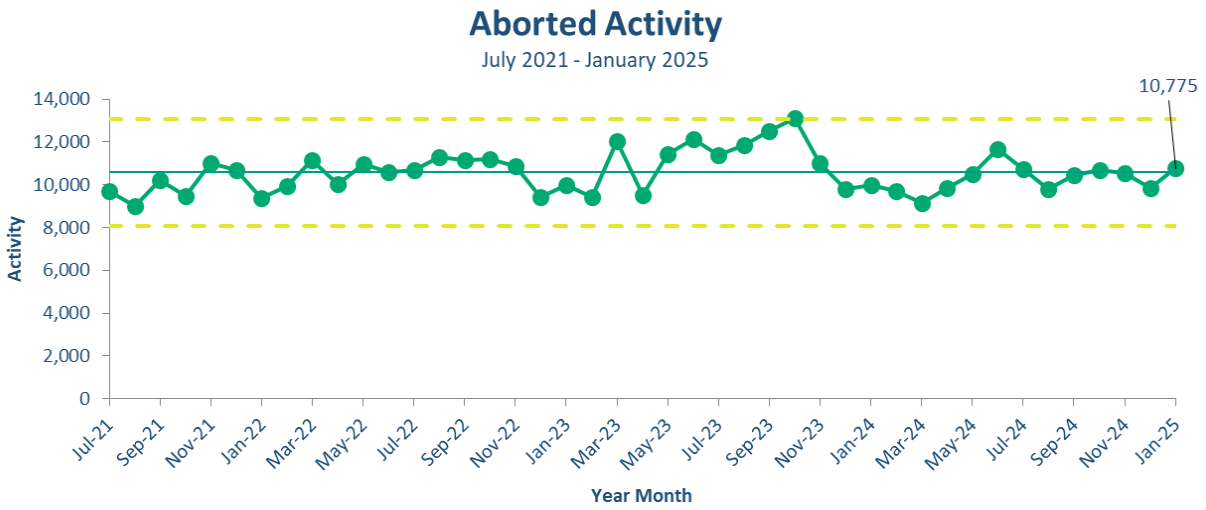


Figure O5.6

Contract	Aborted Activity
Greater Manchester	5,663
Lancashire	2,597
Merseyside	2,100
Cumbria	415

Figure O5.7

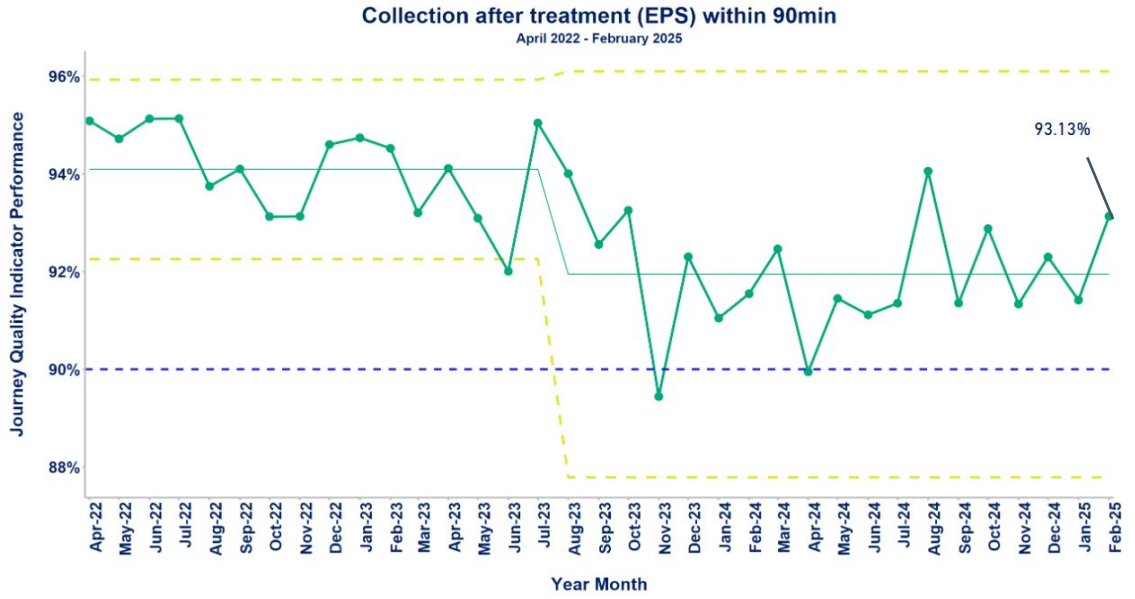


Figure O5.8

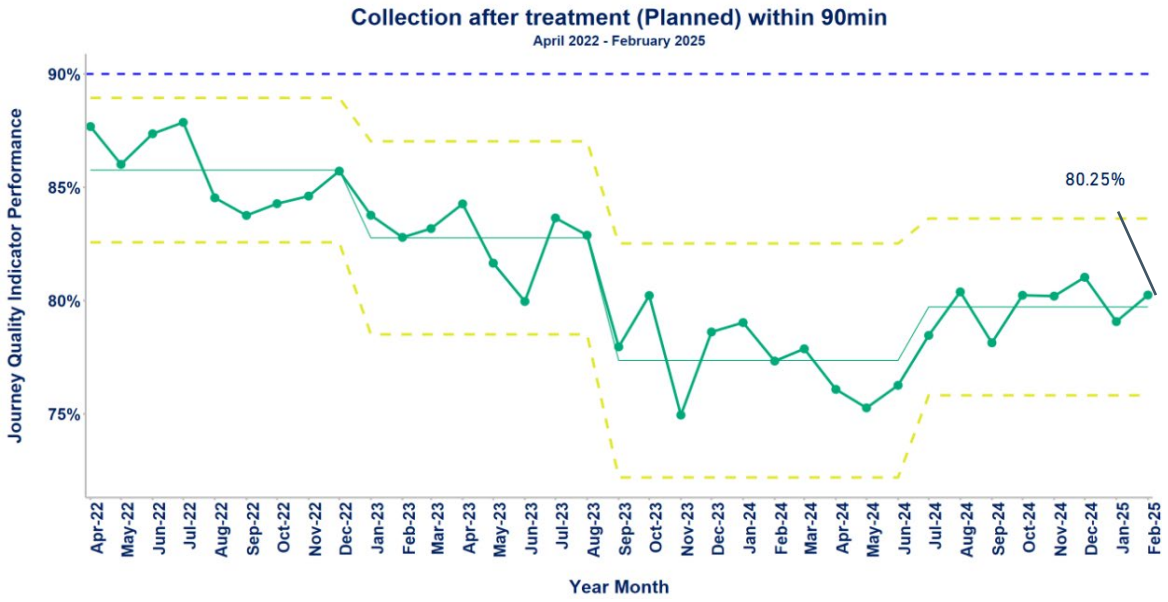
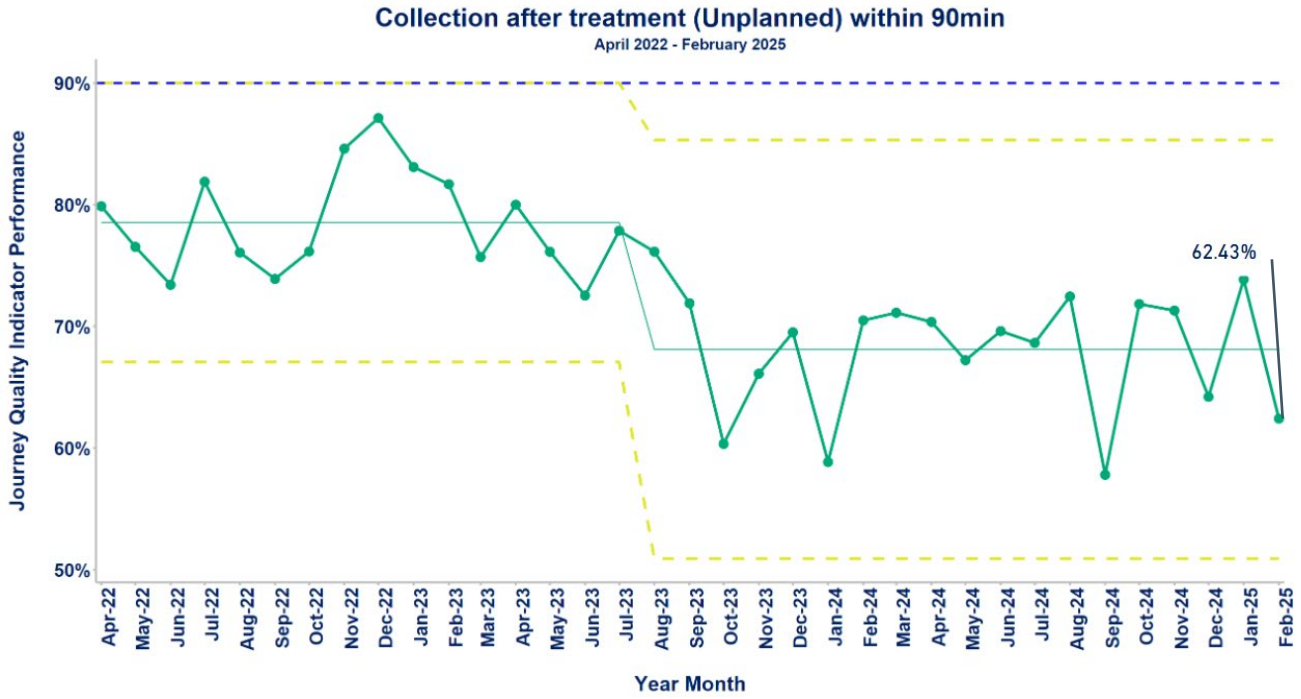


Figure O5.9


Collection after treatment (Unplanned) within 90min
April 2022 - February 2025
Journey Quality Indicator Performance
90%
80%
70%
60%
50%
62.43%
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
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Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
Jul-24
Aug-24
Sep-24
Oct-24
Nov-24
Dec-24
Jan-25
Feb-25
Year Month

Finance

F1 – FINANCIAL SCORE

Figure F1.1

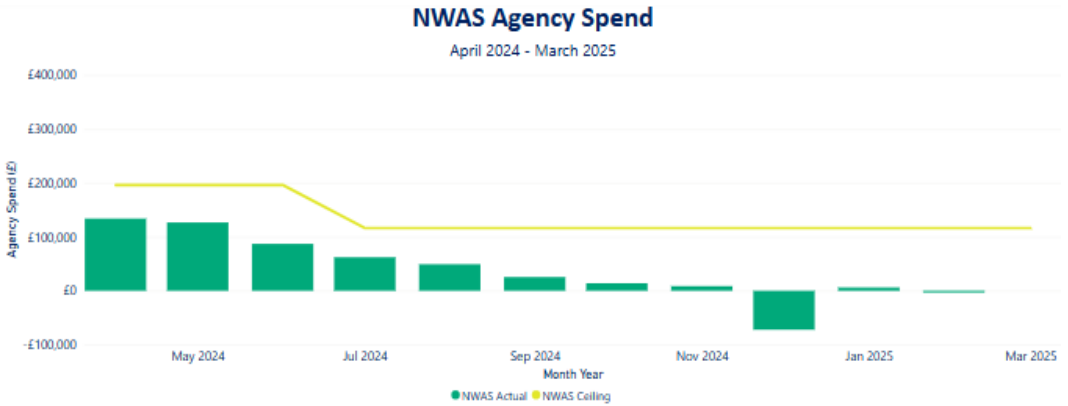


Figure F1.2

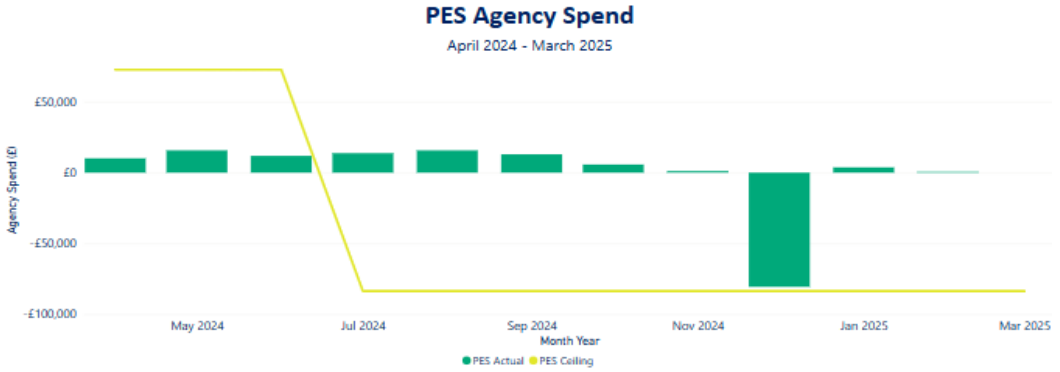


Figure F1.3

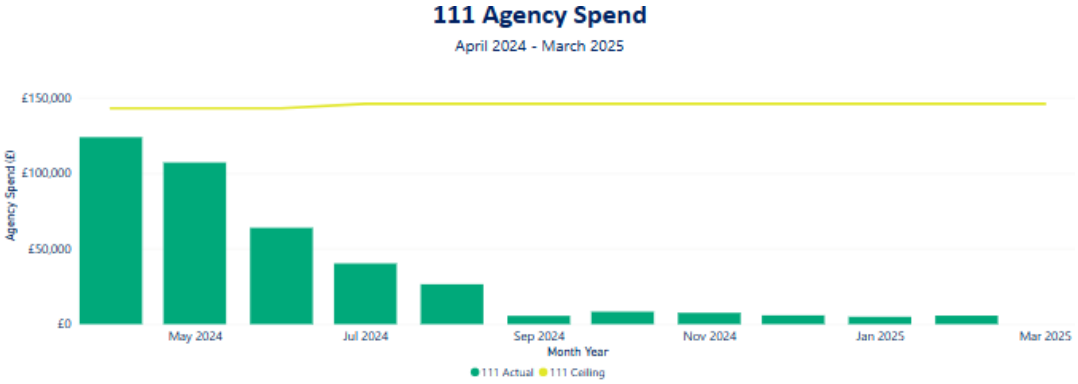


Figure F1.4

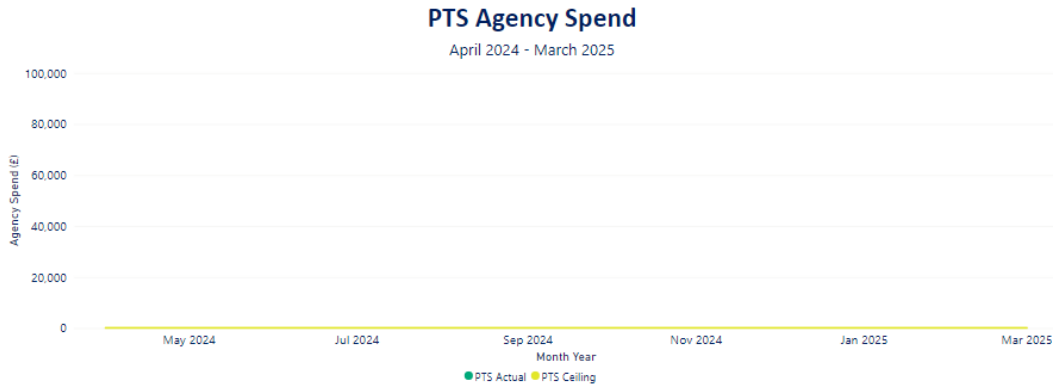


Figure F1.5

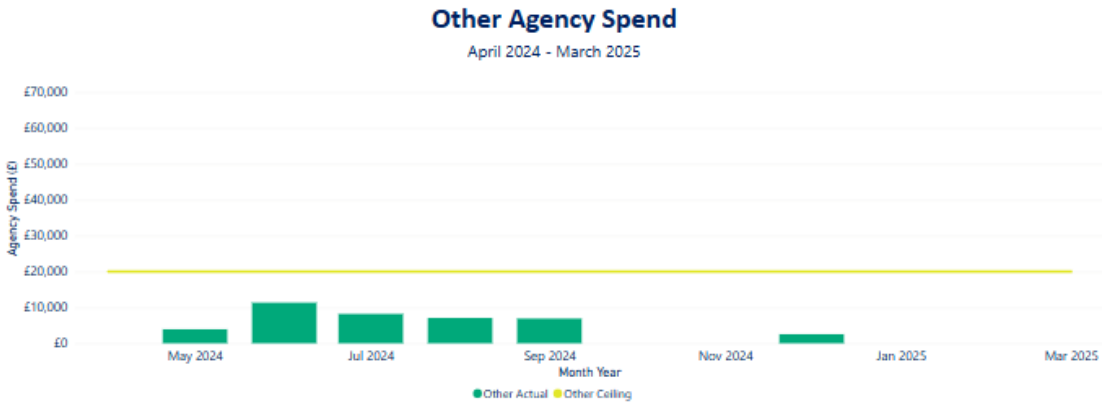


Figure F1.6

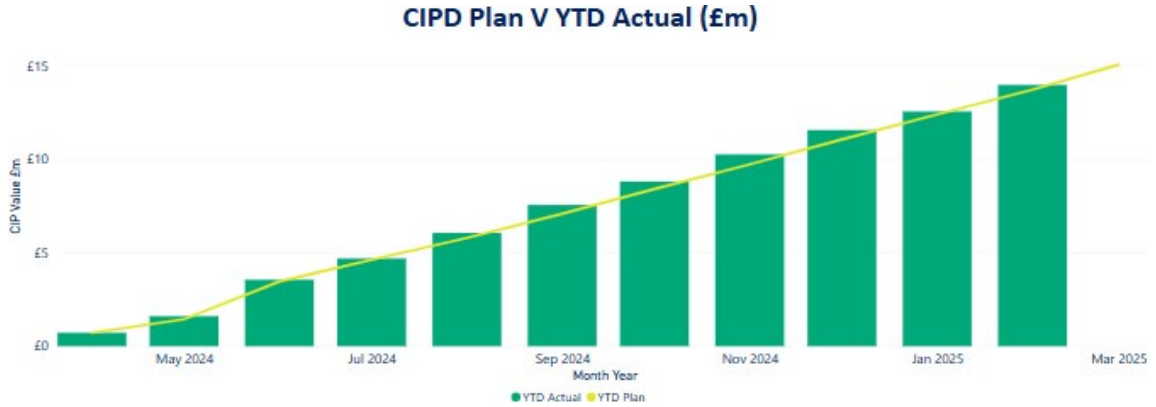


Figure F1.7

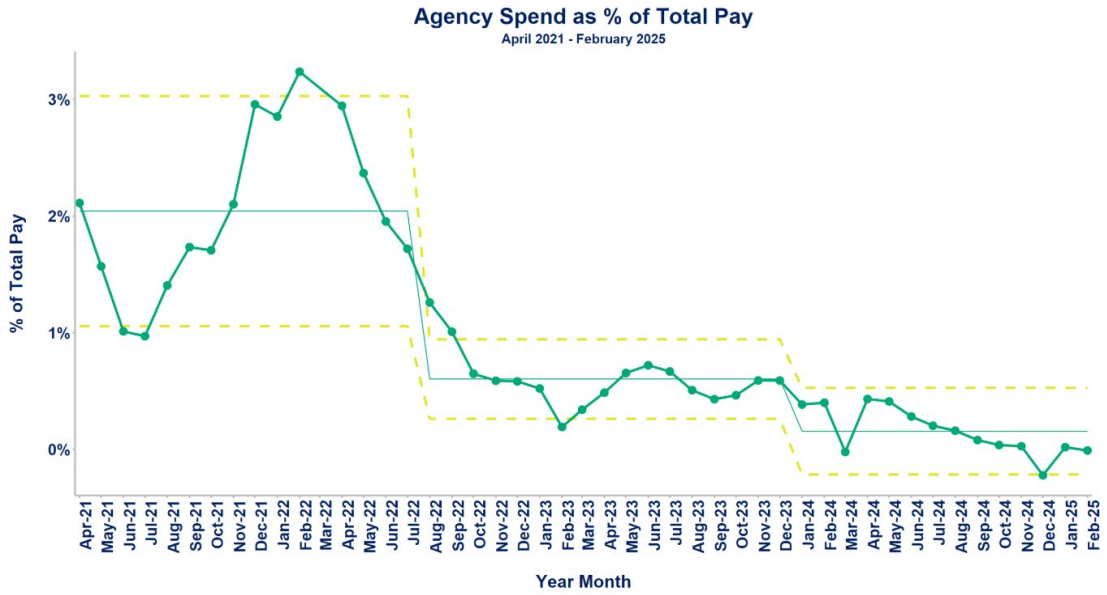


Figure F1.8

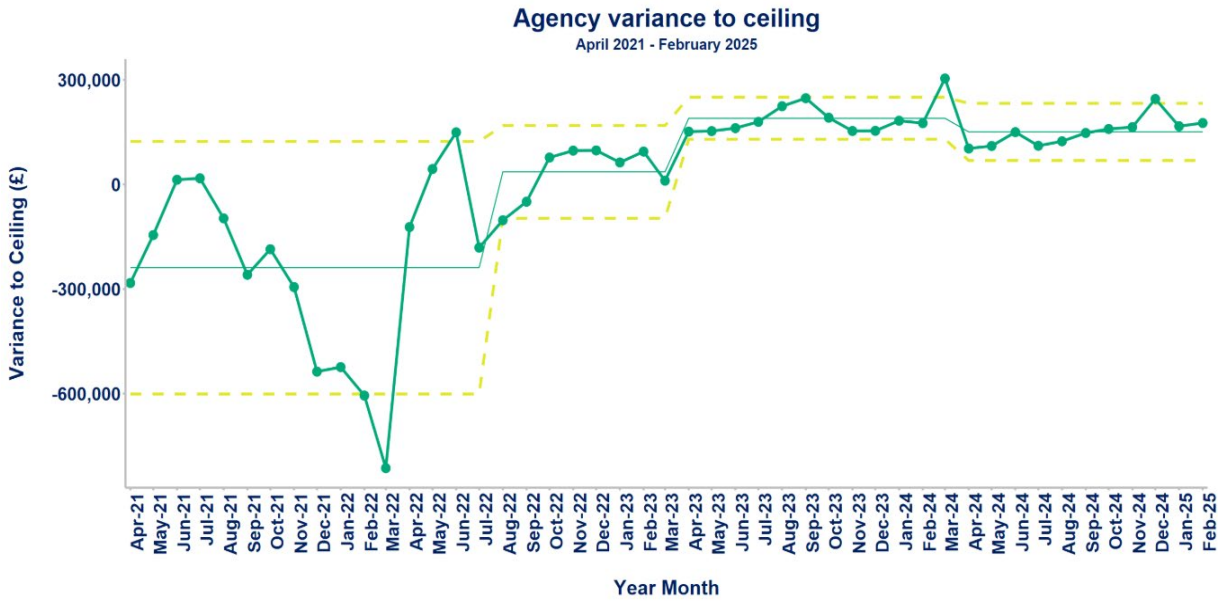
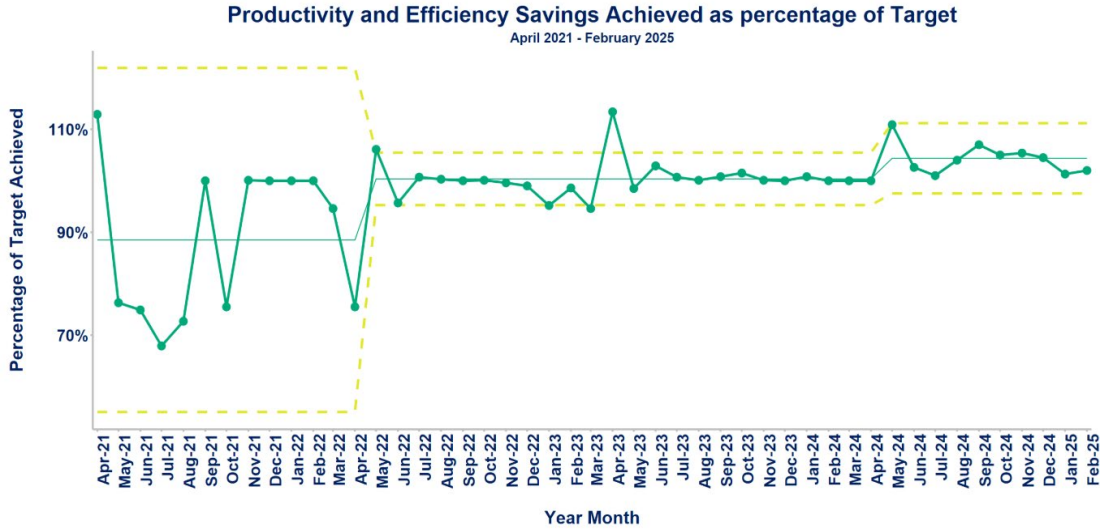


Figure F1.9



Organisational Health

OH1 STAFF SICKNESS

Figure OH1.1

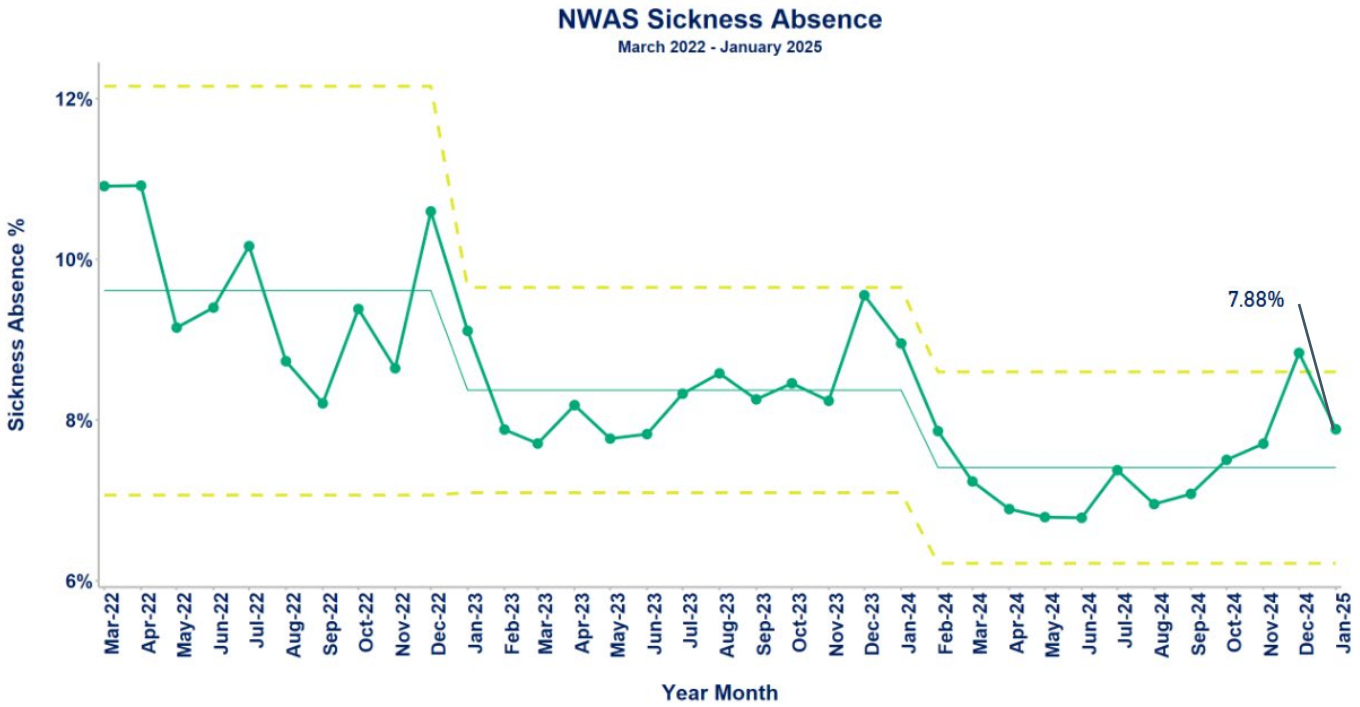


Table OH1.1

Month	NWAS	Amb. National Average
Feb 2024	7.86%	6.90%
Mar 2024	7.24%	6.60%
Apr 2024	6.89%	6.30%
May 2024	6.79%	6.20%
Jun 2024	6.78%	6.30%
Jul 2024	7.38%	6.80%
Aug 2024	6.95%	6.40%
Sep 2024	7.08%	6.50%
Oct 2024	7.50%	6.80%
Nov 2024	7.71%	7.20%
Dec 2024	8.83%	8.30%
Jan 2025	7.88%	

Figure OH1.2

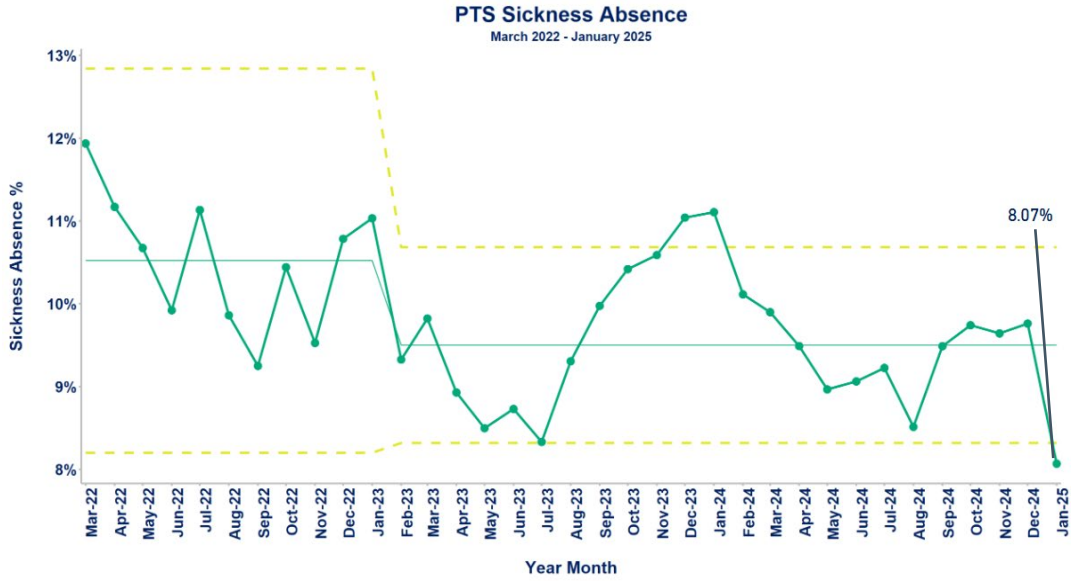


Figure OH1.3

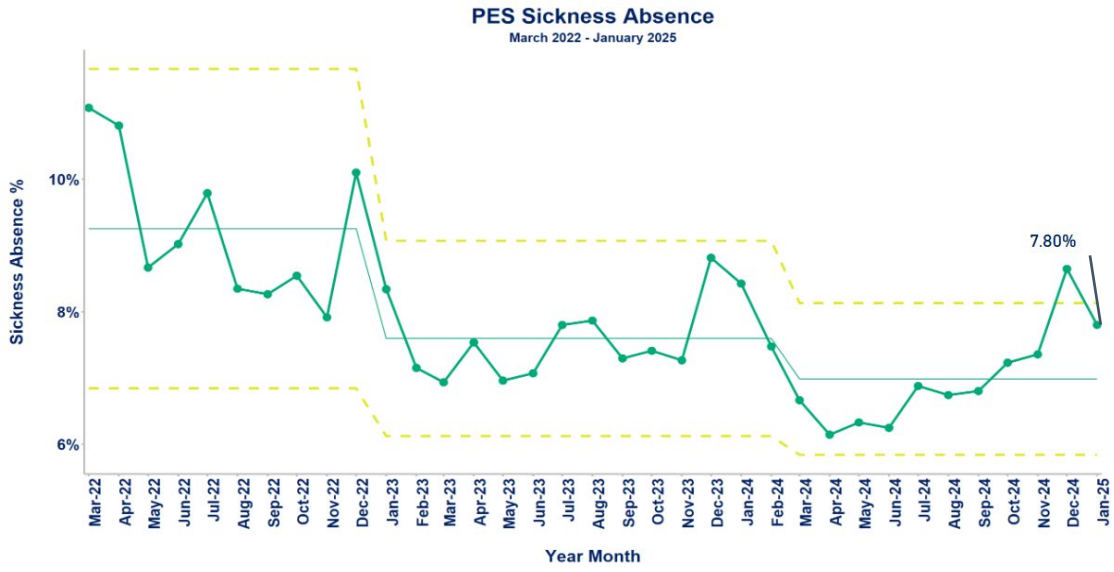


Figure OH1.4

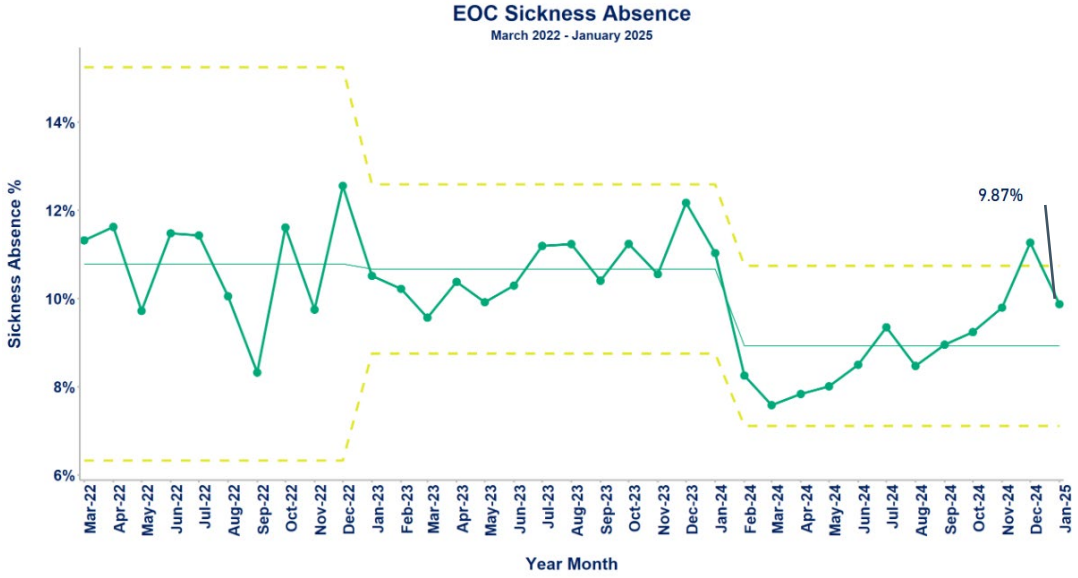
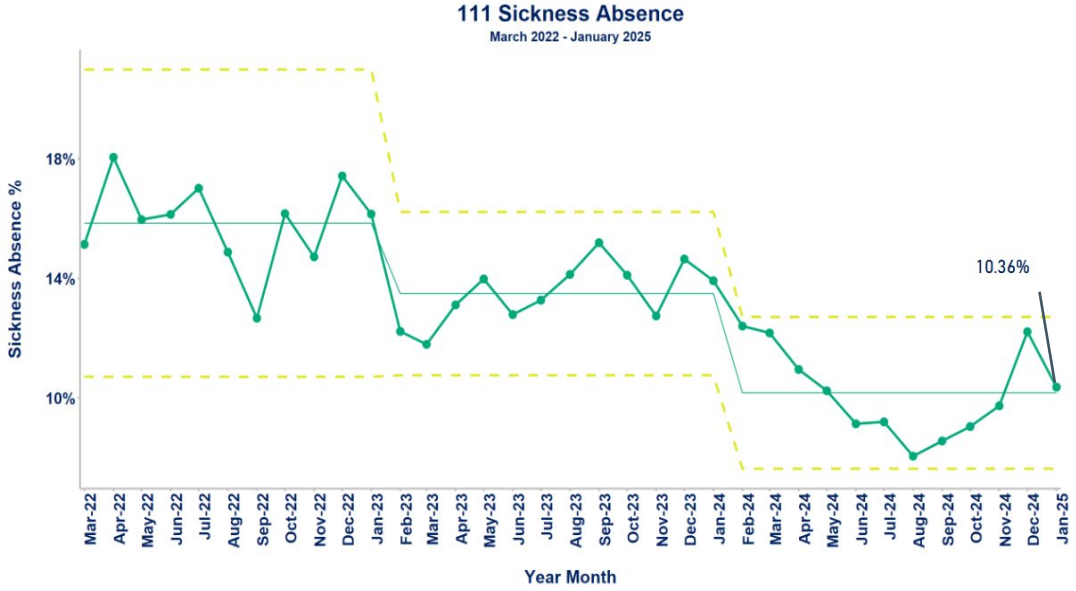


Figure OH1.5



OH2 STAFF TURNOVER

Figure OH2.1

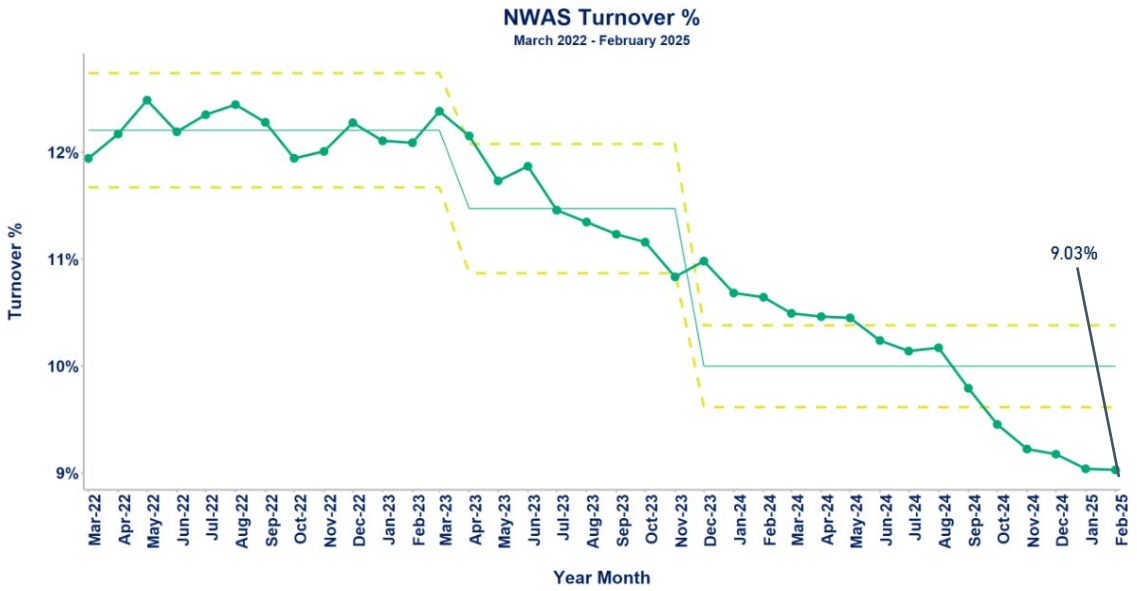


Table OH2.1

Month	NWAS	Amb. National Average
Mar 2024	10.49%	9.50%
Apr 2024	10.46%	9.50%
May 2024	10.45%	9.40%
Jun 2024	10.24%	9.24%
Jul 2024	10.14%	9.13%
Aug 2024	10.17%	9.13%
Sep 2024	9.79%	8.92%
Oct 2024	9.45%	9.03%
Nov 2024	9.22%	9.03%
Dec 2024	9.17%	
Jan 2025	9.04%	
Feb 2025	9.03%	

Figure OH2.2

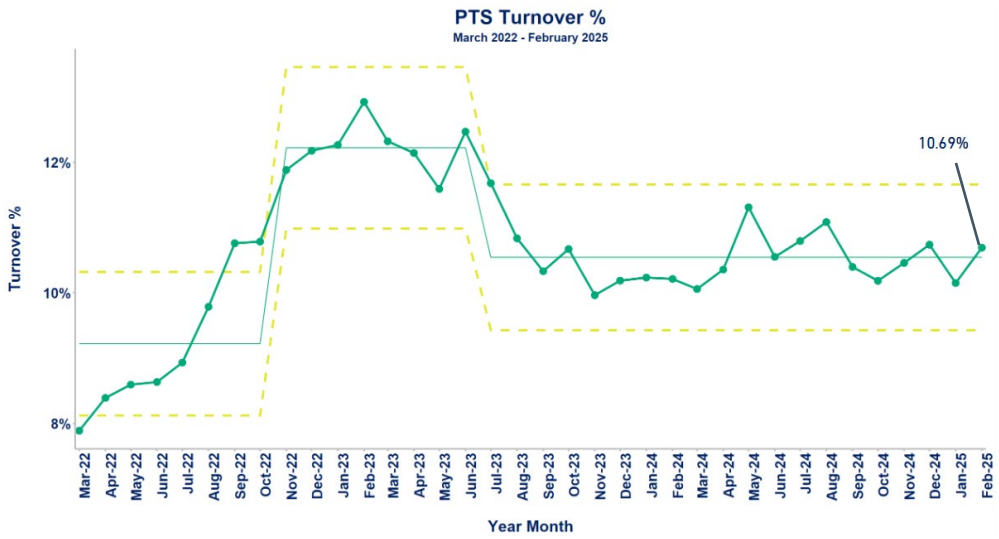


Figure OH2.3

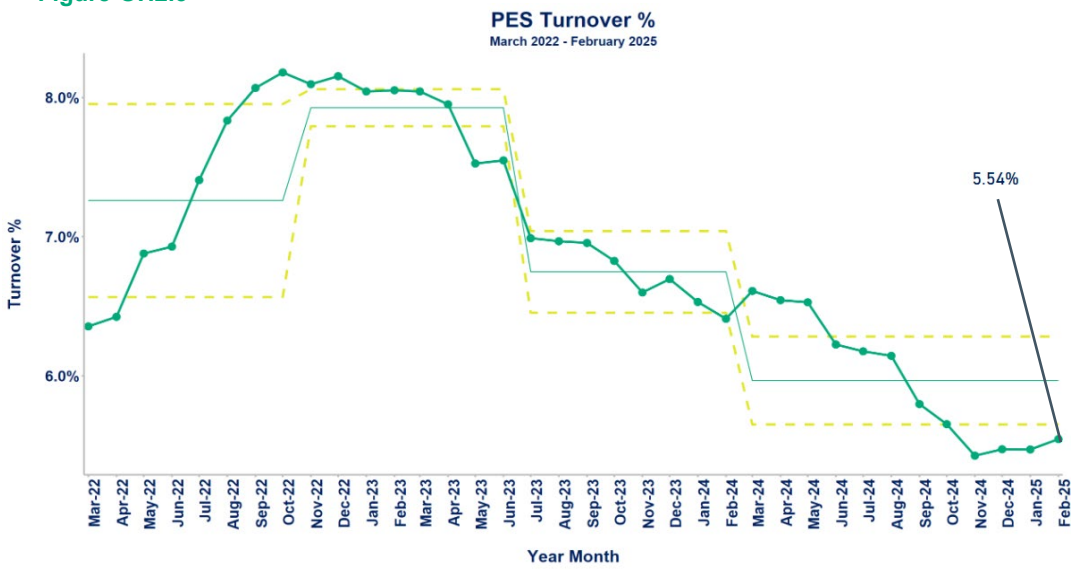


Figure OH2.4

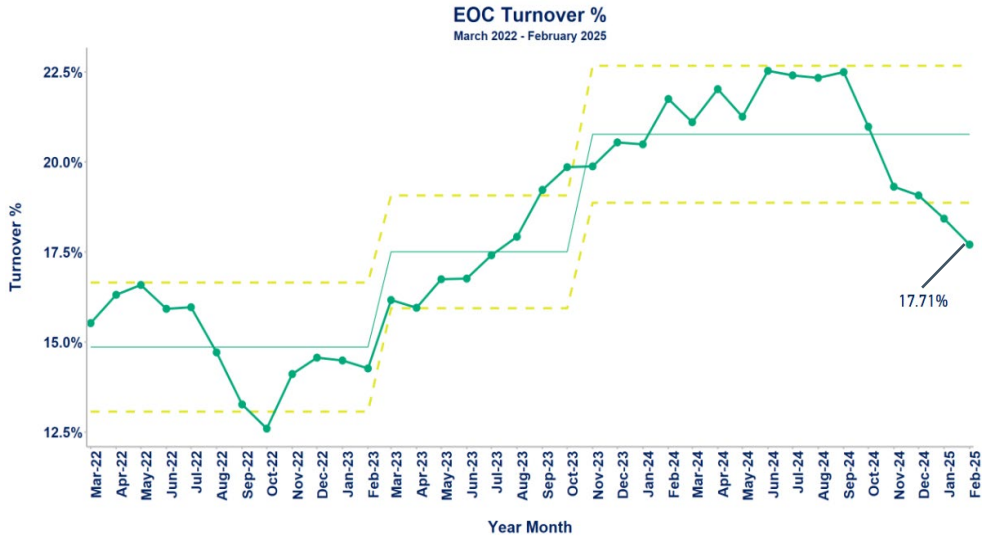
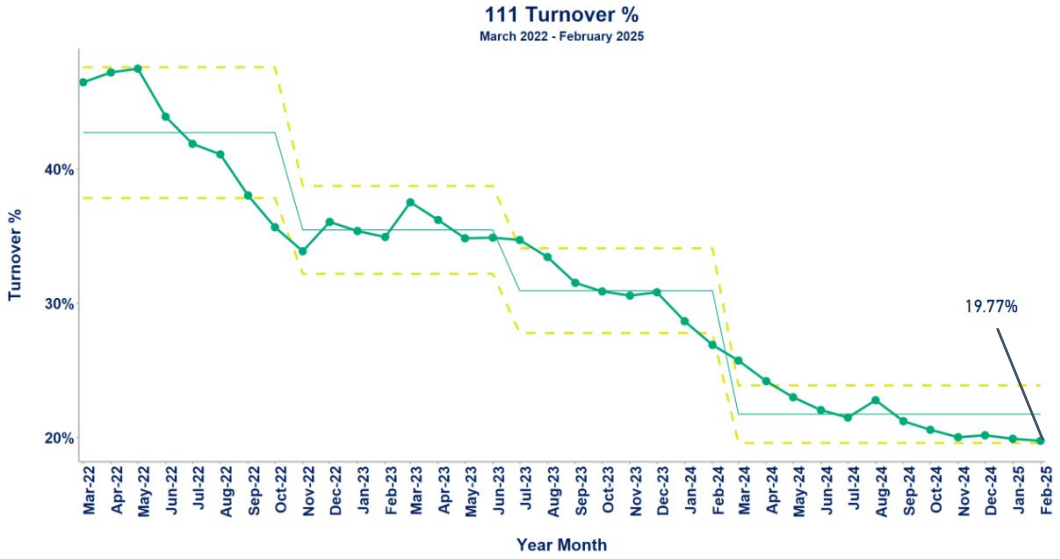


Figure OH2.5



OH4 TEMPORARY STAFFING

BAF

Figure OH4.1

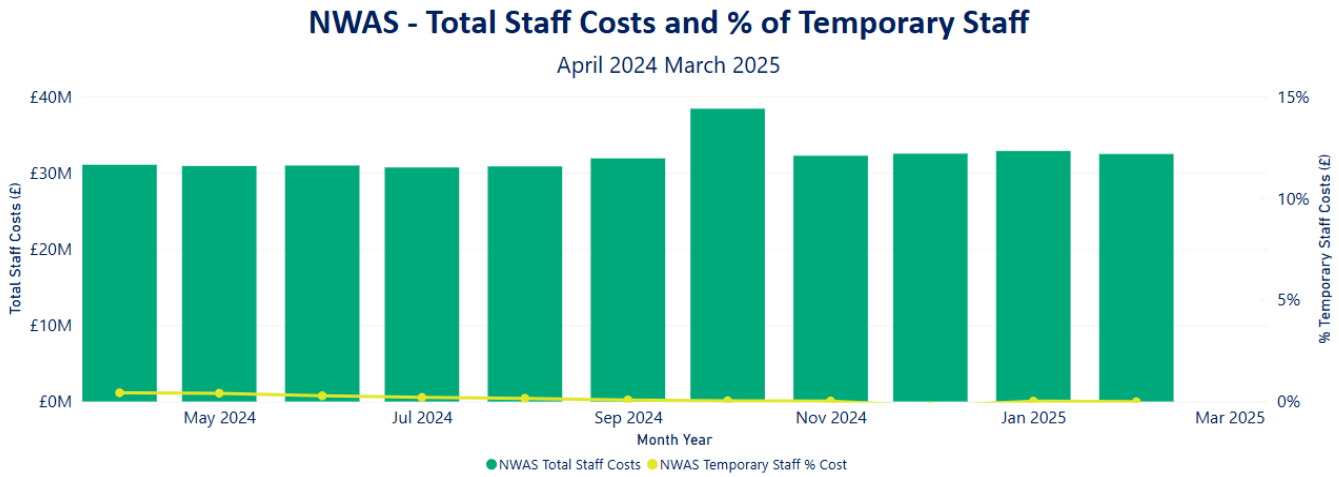


Table OH4.1

Month	NWAS Agency Staff Costs	NWAS Total Staff Costs	NWAS Temporary Staff % Cost
Mar 2024	-£6,855	£30,481,294	-0.02%
Apr 2024	£133,948	£31,045,969	0.43%
May 2024	£126,729	£30,884,497	0.41%
Jun 2024	£87,010	£30,946,651	0.28%
Jul 2024	£62,166	£30,692,369	0.20%
Aug 2024	£49,243	£30,829,513	0.16%
Sep 2024	£25,394	£31,878,937	0.08%
Oct 2024	£14,004	£38,393,469	0.04%
Nov 2024	£8,611	£32,227,169	0.03%
Dec 2024	-£72,234	£32,498,419	-0.22%
Jan 2025	£6,070	£32,851,721	0.02%
Feb 2025	-£3,200	£32,454,865	-0.01%

Figure OH4.3

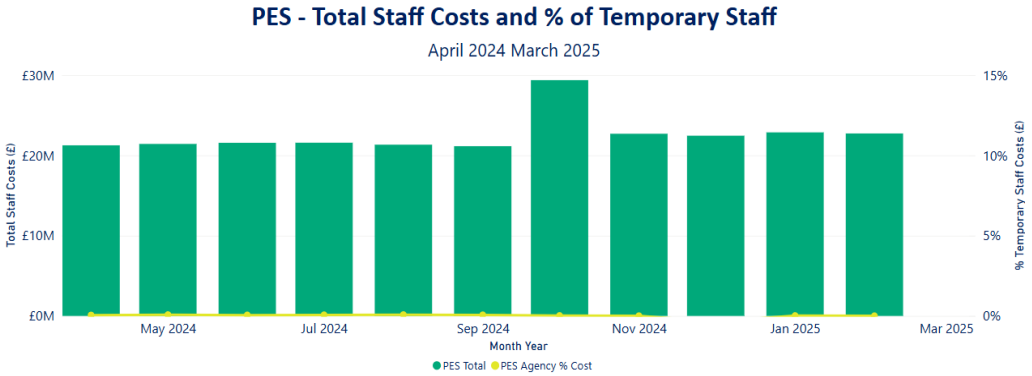


Figure OH4.2

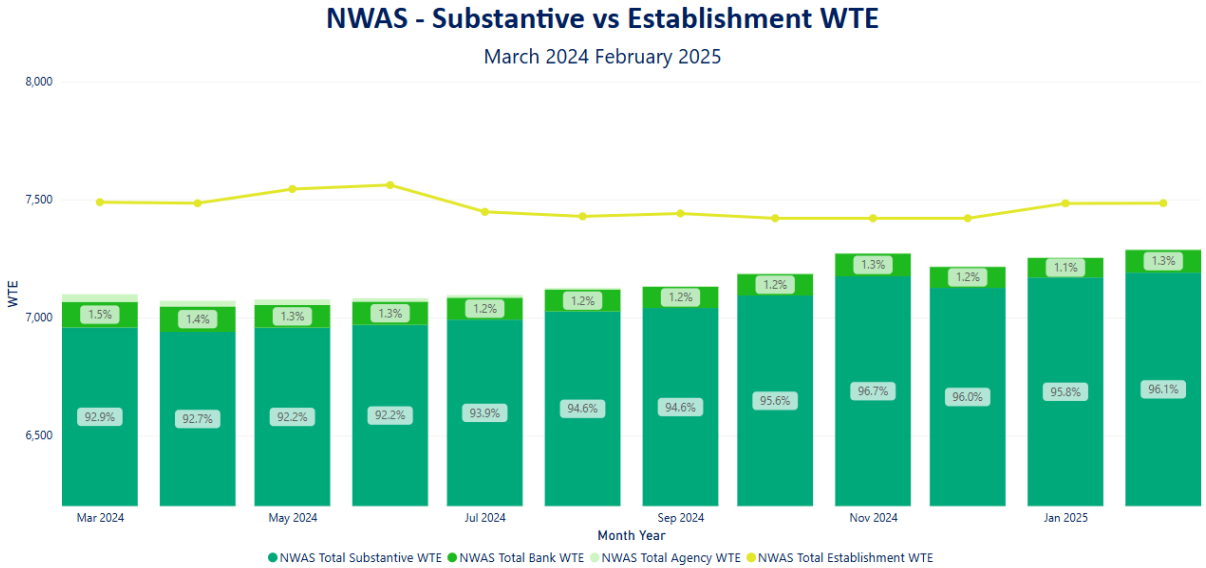


Figure OH4.4

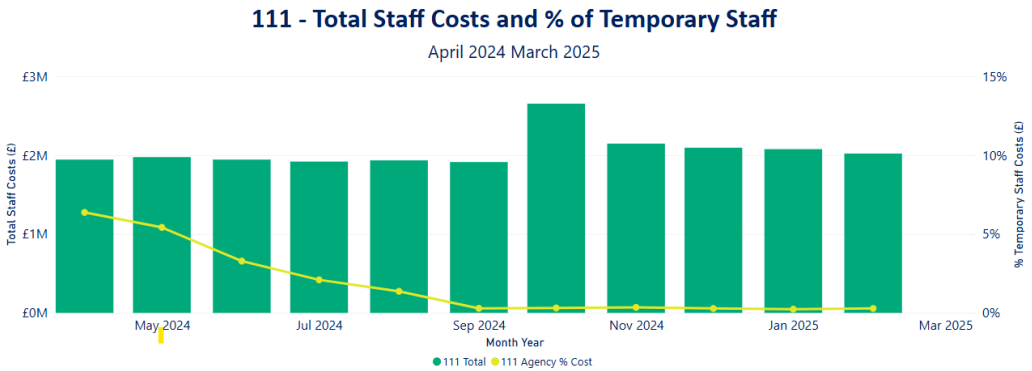
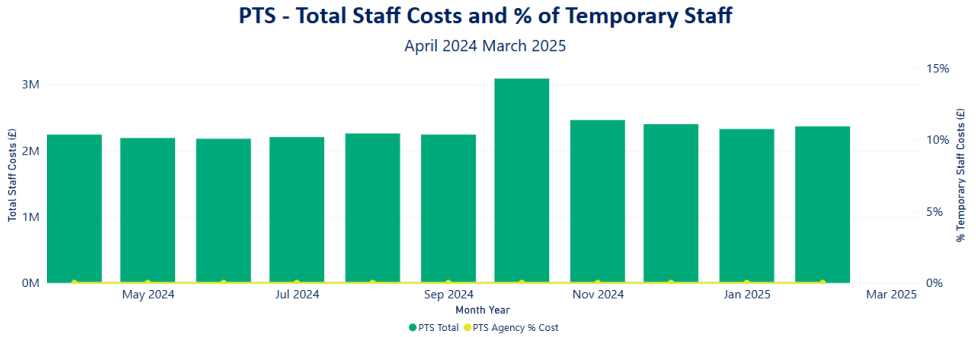


Figure OH4.5



OH5 VACANCY GAP

Figure OH5.1

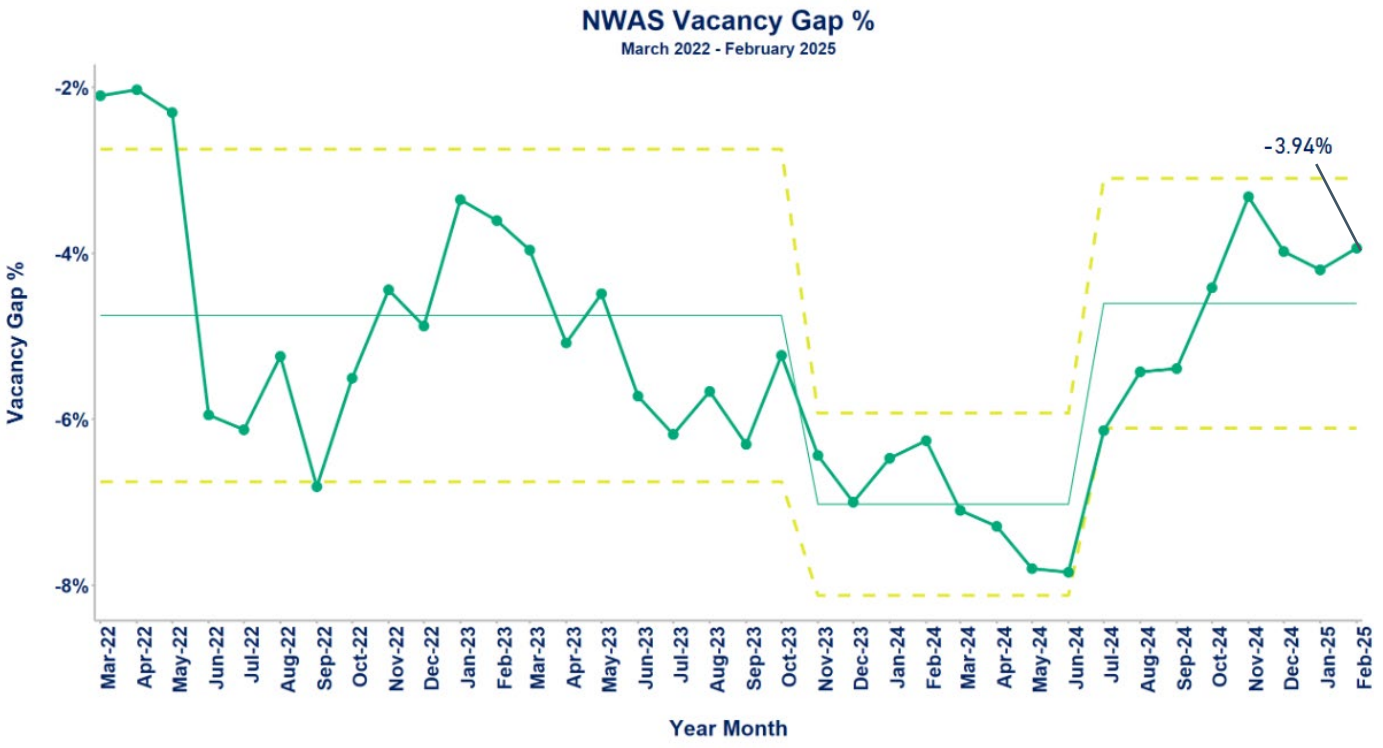


Table OH5.1

Month	NWAS Total % Vacancy Gap
Mar 2024	-7.10%
Apr 2024	-7.29%
May 2024	-7.80%
Jun 2024	-7.84%
Jul 2024	-6.14%
Aug 2024	-5.43%
Sep 2024	-5.39%
Oct 2024	-4.42%
Nov 2024	-3.32%
Dec 2024	-3.98%
Jan 2025	-4.20%
Feb 2025	-3.94%

Figure OH5.2

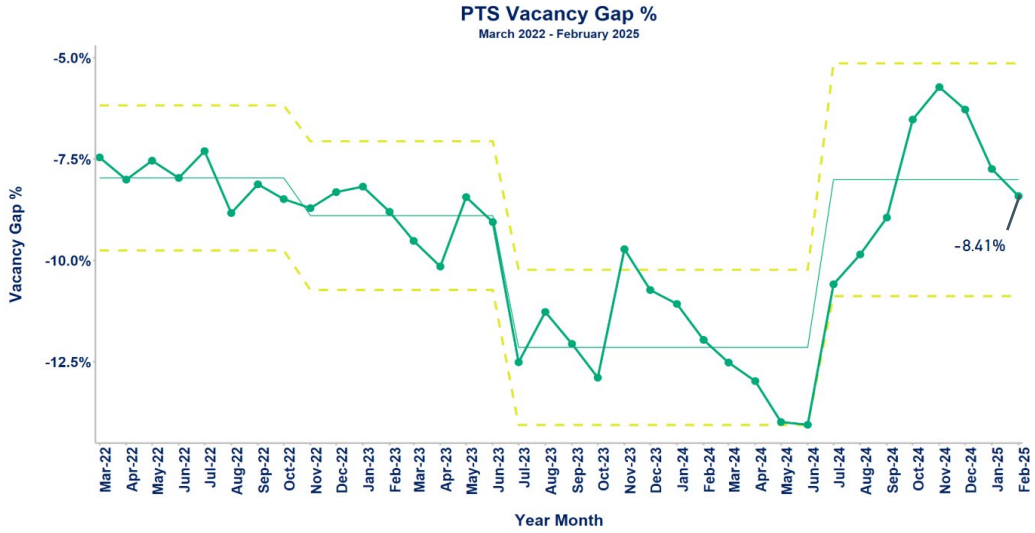


Figure OH5.3

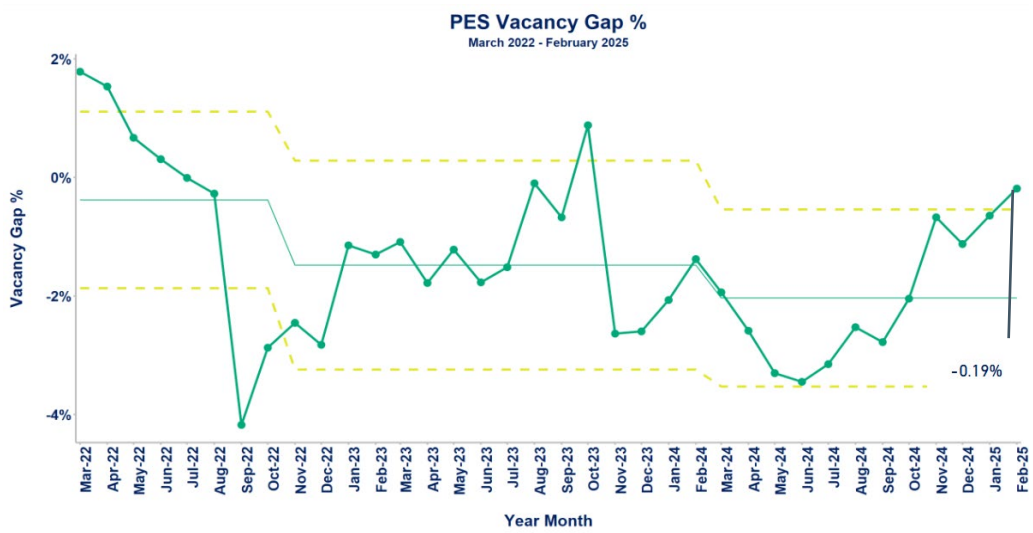


Figure OH5.4

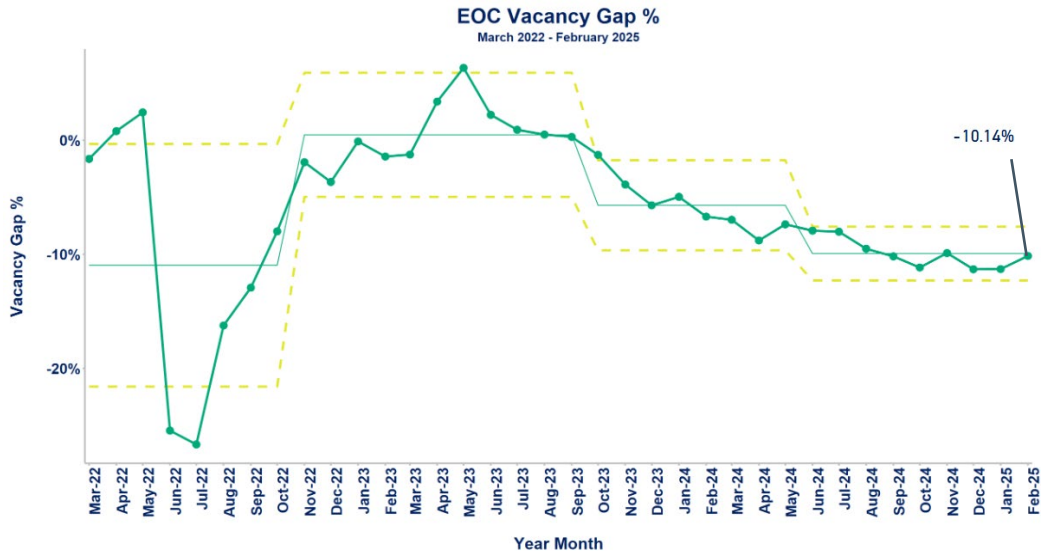
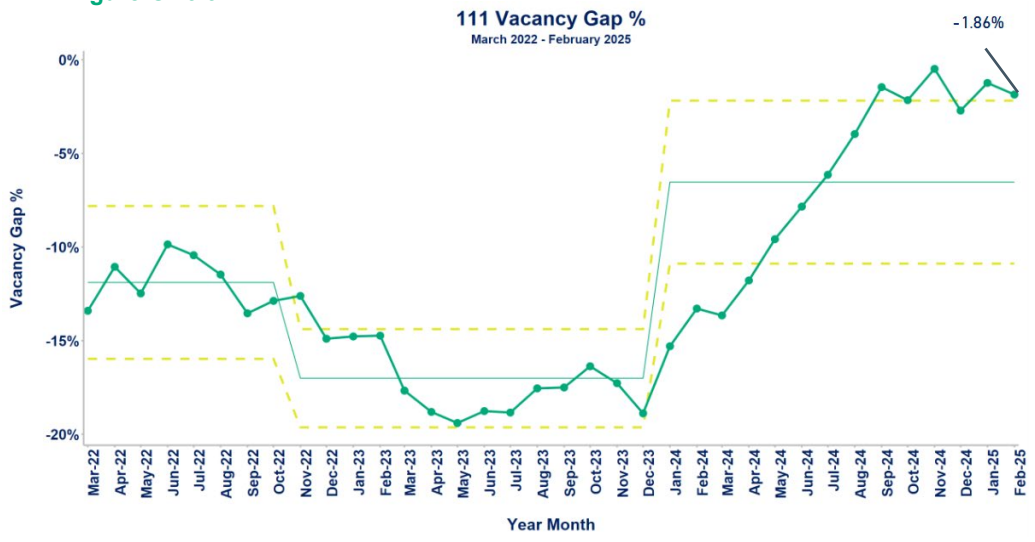


Figure OH5.5



OH6 APPRAISALS

Figure OH6.1

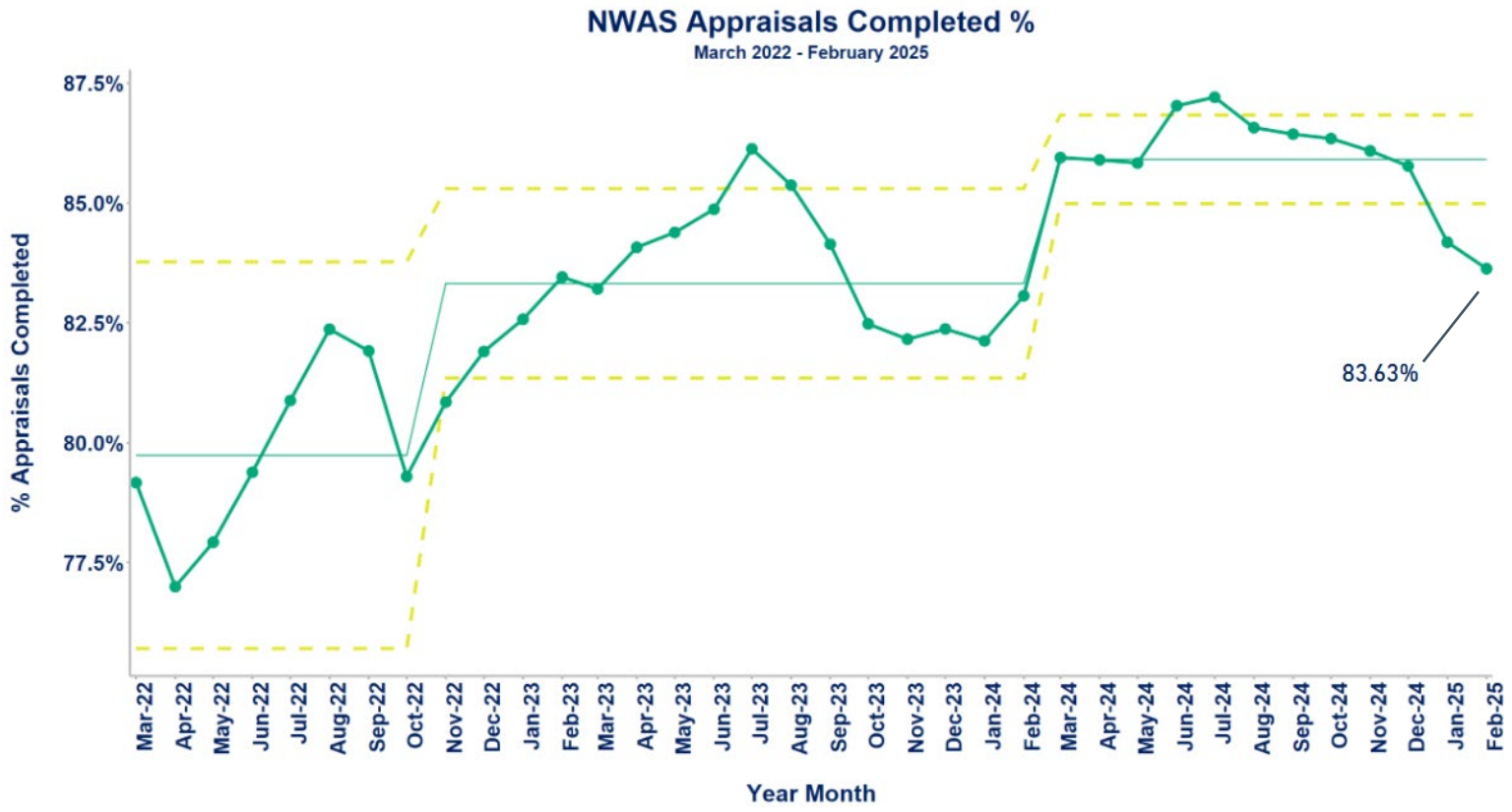


Table OH6.1

Month	NWAS
Mar 2024	85.95%
Apr 2024	85.90%
May 2024	85.83%
Jun 2024	87.03%
Jul 2024	87.21%
Aug 2024	86.57%
Sep 2024	86.44%
Oct 2024	86.34%
Nov 2024	86.09%
Dec 2024	85.77%
Jan 2025	84.18%
Feb 2025	83.63%

Figure OH6.2

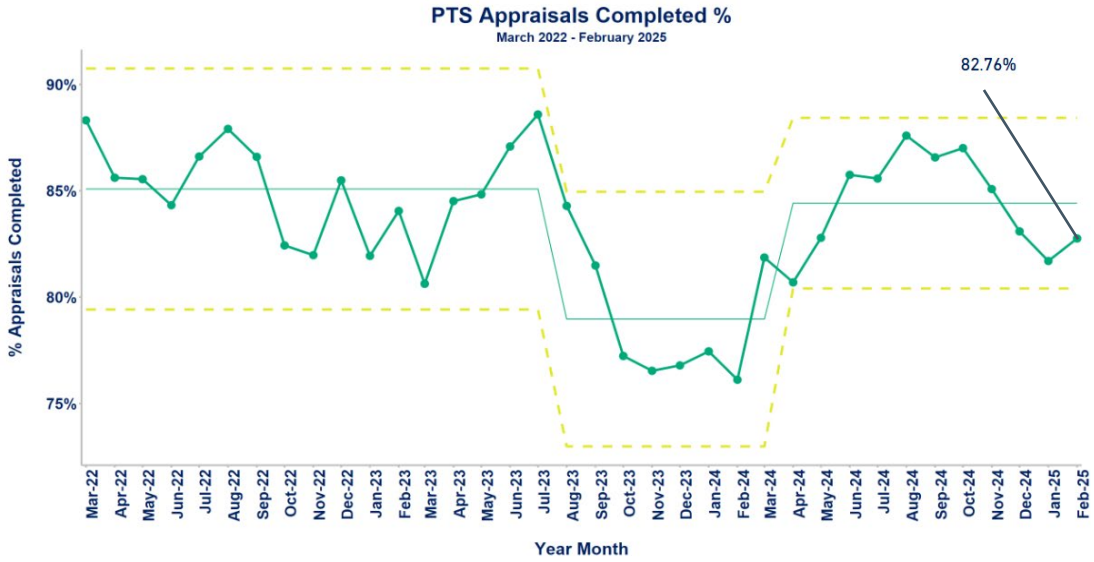


Figure OH6.3

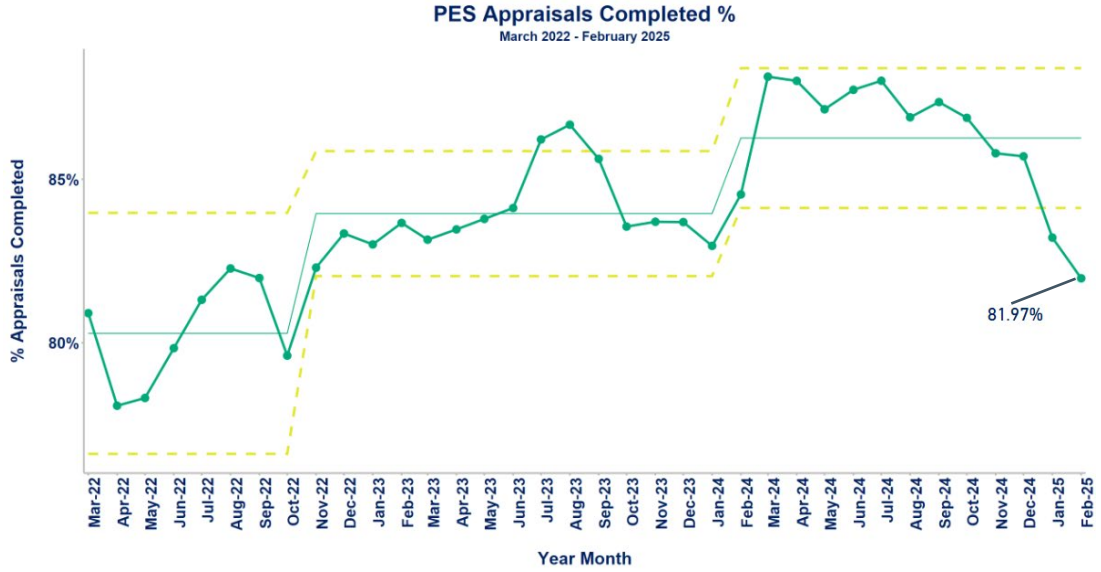


Figure OH6.4

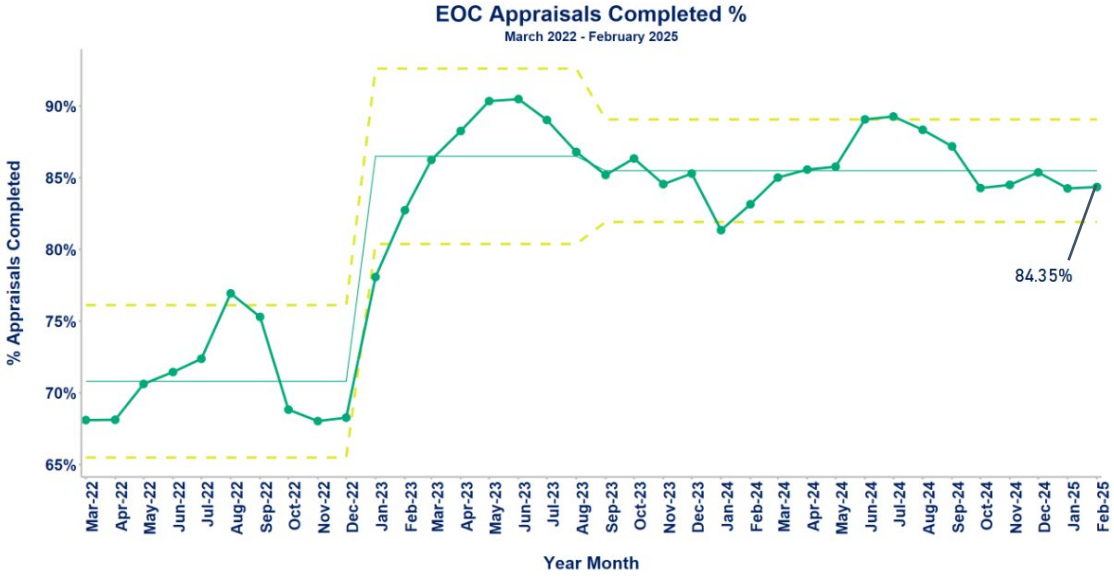
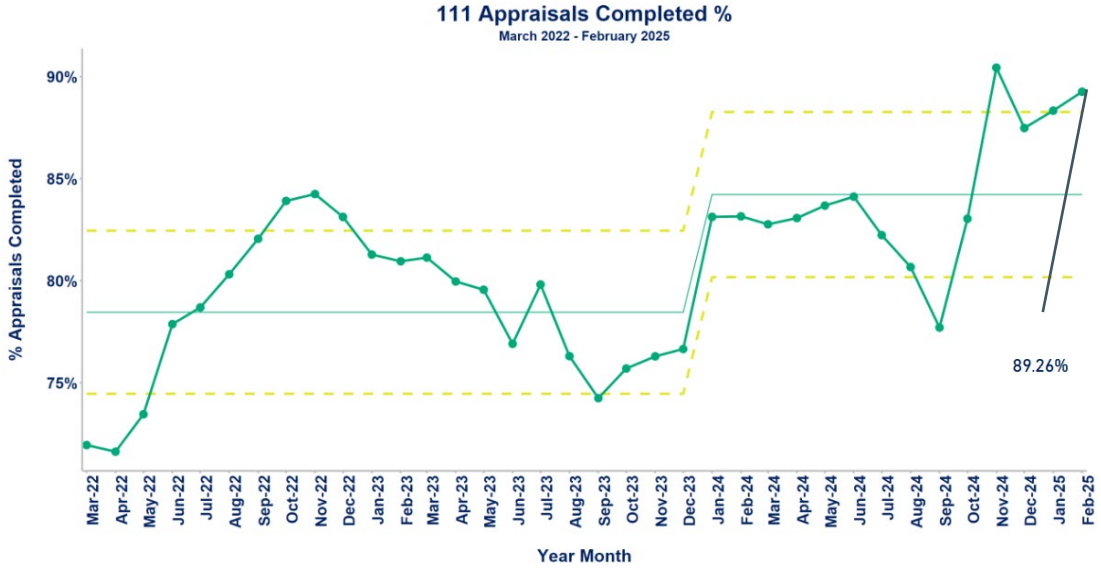


Figure OH6.5



OH7 MANDATORY TRAINING

Figure OH7.1

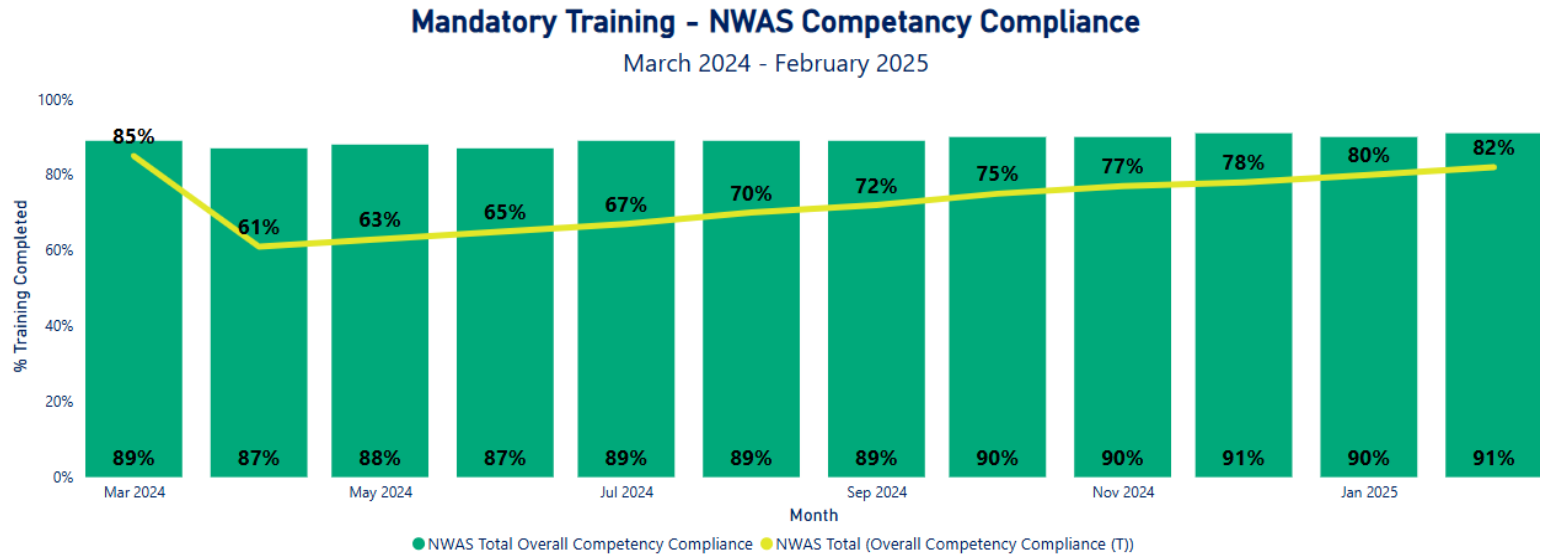


Figure OH7.2

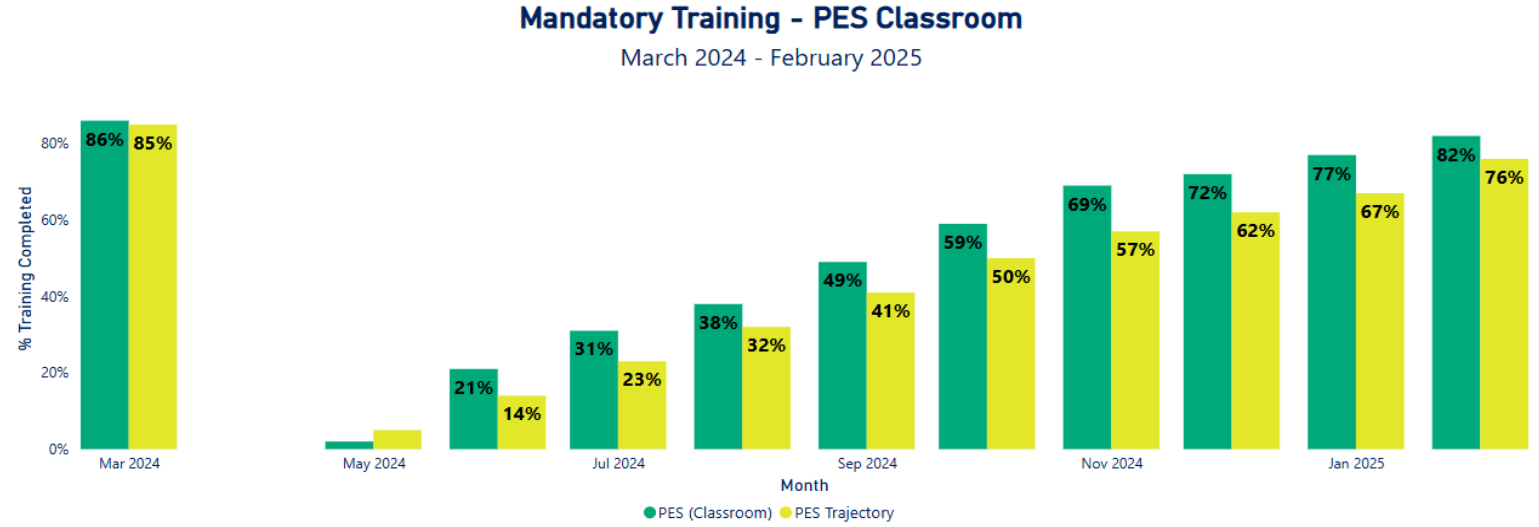


Figure OH7.3

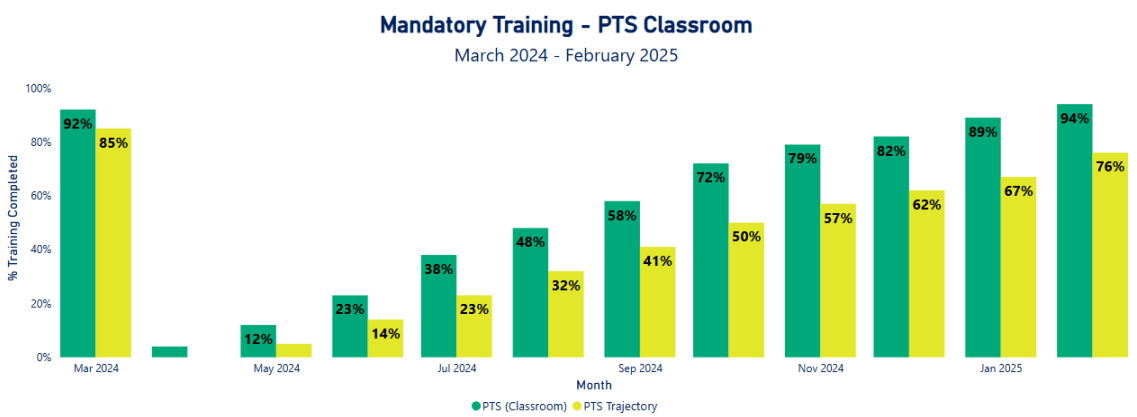


Figure OH7.4

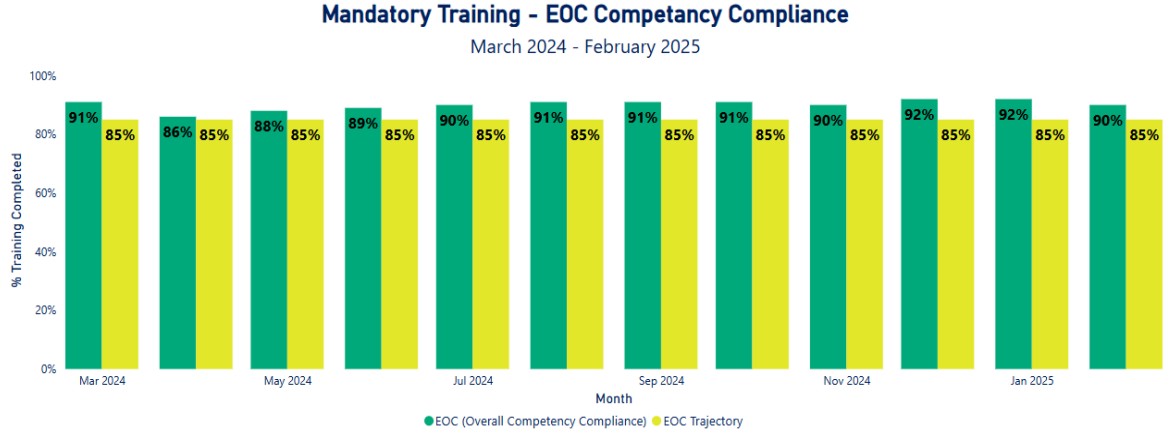


Figure OH7.5

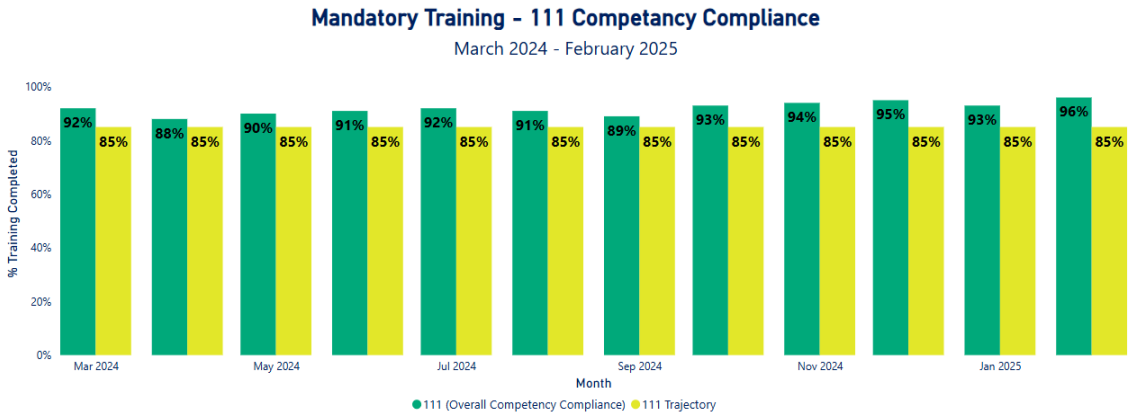
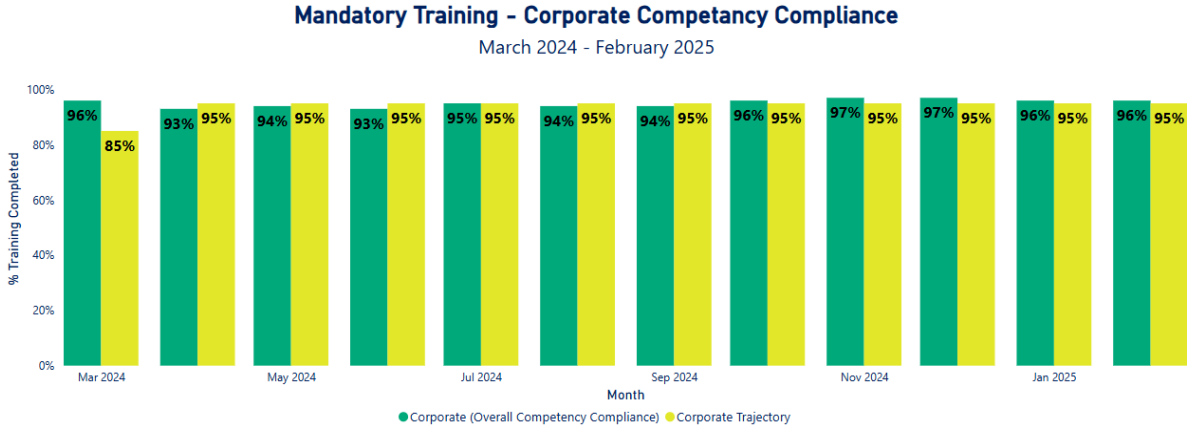


Figure OH7.6



OH8 CASE MANAGEMENT

Figure OH8.1

Board Reportable Events relating to Employee Relations March 2025

Data correct to 5th March 2025

NWAS Summary split by service line and sector

Service Line	Number of Live cases	Prevalence Live cases (numbers per hundred staff)	Number of cases closed in last 12 months	Prevalence closed cases in last 12 months (numbers per hundred staff)	Average length of time (weeks) taken to close ER cases in last 12 months
Operations ~ PES	78.00	1.9	233.00	5.8	14.17
CAM PES	33.00	2.5	90.00	6.8	12.21
CAL PES	24.00	1.9	69.00	5.4	13.28
GM PES	19.00	1.3	69.00	4.9	16.42
Operations ~ EOC	15.00	1.3	58.00	5.2	15.47
Operations ~ 111	15.00	2.2	90.00	13.2	6.25
Operations ~ PTS	19.00	2.2	86.00	10.1	10.04
Operations ~ Resilience	3.00	2.4	2.00	1.6	7.86
Corporate	8.00	1.4	28.00	4.9	9.93
Other	1.00		0.00		
NWAS Summary	**139.00**	**1.9**	**497.00**	**6.7**	**11.91**

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

Figure OH8.2

Case Type Summary

Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Dignity at Work	11	63	13.54
Disciplinary	76	147	22.56
Fast Track	1	35	11.7
Fact Finding	31	185	5.37
Grievance	21	102	7.41
Case Summary	**139**	**497**	**11.91**

Case Dismissals in February 2025

Service Line	Case Sub Type	Information Category
242 PES CAM	Gross misconduct	Sexual misconduct
242 PES CAM	Gross misconduct	Misrepresentation/Deception
242 PES GMA	Gross misconduct	Inappropriate / Unprofessional Behaviour
242 111 Area	Stage 3 truncated	Training / assessment failure

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	7	3	1	0
Disciplinary	27	34	14	1
Fact Finding	26	4	1	0
Grievance	16	3	2	0
Case Total	**76**	**44**	**18**	**1**

New Litigation cases in February 2025

Service Line	Case Type	Case Sub Type	Information Category	Received Date
No new Litigation cases in Feb				

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

Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	36
Failure to follow reasonable management instructions/procedures	13
Lateness	11
Sexual misconduct	11
Assault/threatening behaviour	9
NWAS Summary	**80**

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

Suspended	Alternate Duties
17	7

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	Designated Body Controlled Drugs Accountable Officer (CDAO) Improvement Framework – Self-Assessment Submission
PRESENTED BY	Dr Chris Grant, Executive Medical Director
PURPOSE	Decision

LINK TO STRATEGY	Choose an item.									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☒	**SR02**	☐	**SR03**	☐	**SR04**	☐	**SR05**	☐
	SR06	☐	**SR07**	☐	**SR08**	☐	**SR09**	☐	**SR10**	☐

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☐	Quality Outcomes	☐	People	☐
	Financial/ Value for Money	☐	Reputation	☐	Innovation	☐

ACTION REQUIRED	The Board of Directors is asked to: • Note the legislation and regulatory compliance requirements that support the use of Controlled Drugs in NWAS. • Note that as a Designated Body, NWAS Controlled Drugs Accountable Officer has been submitting an annual self- assessment against the Improvement Framework • Review this year's submission (with Evidence Notes as underlying rationale) with CDAO recommended scoring position, as in 2025, this now requires Board approval.
EXECUTIVE SUMMARY	North West Ambulance Service operates under Controlled Drugs (Supervision of management and use) Regulations 2013. This sets out the governance requirements which includes the appointment of a Controlled Drugs Accountable Officer (CDAO) and how to operate as a Designated Body. The CDAO must: • Ensure compliance with the Misuse of Drugs legislation. • Deploy systems for recording and reporting concerns or untoward incidents about CD use. • Develop a range of up-to-date standard operating procedures to support governance arrangements. As part of annual compliance monitoring, Designated Bodies are required to self-assess against an Improvement Framework. This submission is required by NHSE CDAO. In 2025, the CQC and NHSE requested the submission receive Board oversight. The Framework only requires a score, with no supporting rational/evidence forming part of the declaration. Internally, the Controlled Drugs Sub Group is the assurance group that is charged with CD oversight and management

	across NWAS. To aid the submission, NWAS Evidence Notes are detailed. These show a timeline of developments that track against the sections of the Improvement Framework. They do not form part of the final submission but support both the self-assessment rationale and aid any subsequent clarification queries.	
PREVIOUSLY CONSIDERED BY	Trust Management Committee (TMC) 19 February 2025	
	Date	Click or tap to enter a date.
	Outcome	Supported

1. BACKGROUND

Historically, NHS England Controlled Drugs Accountable Officers (CDAOs) have sought assurance from Designated Bodies that they have systems and processes in place for the management and use of Controlled Drugs.

In 2007, The Controlled Drugs (Supervision of Management and Use) Regulations 2006 were introduced as part of the Government's response to the Shipman Inquiry's Fourth report in 2004. The aim of these regulations was to strengthen the governance arrangements for the use and management of Controlled Drugs (CDs).

CDs are essential to modern clinical care. As such, it is essential that NHS England enforces robust arrangements for the management and use of CDs to minimise patient harm, misuse and criminality. Due to the passing of the Health and Social Care Act in 2012, the 2006 regulations were revised to reflect the new architecture in the NHS. The Controlled Drugs (Supervision of Management and Use) Regulations 2013 came into force in England on 1 April 2013. These were revised in 2020 to reflect the need for the Secretary of State to undertake a review of the regulations with 5 years.

The NHS England Single Operating Model guidance (2013) sets out the requirements for sending quarterly occurrence reports from Designated Bodies to the lead regional CDAO. Since September 2020, NHSE North West CDAO has been encouraging Designated Bodies to report incidents via the CD reporting tool (a digital portal) rather than the quarterly occurrence reporting route. To provide further rigour with the process, the NW lead CDAO developed an assurance process for Designated Bodies to self-assess and complete on an annual basis (or more frequently if circumstances warrant). The assurance process also incorporates elements from the 'Gosport declaration' assurance process.

NWAS is classed as a Designated Body and as such is required to complete the self-assessment. The Designated Body Framework supports DB Boards to meet their duties under the Controlled Drugs Regulations 2013 & 2020 (as amended) and provide evidence for CQC "well-led" and "safe" domains. The Framework was designed by the North West Controlled Drugs Team (part of NHSE). NWAS Chief Pharmacist was part of a North West Task and Finish Group to develop the tool. This means the terminology used is inclusive of the ambulance sector but also resulted in NWAS being fully compliant with submissions since creation.

In addition to the self-assessment, NWAS also reports relevant concerns via the CD reporting tool on a quarterly basis and also on an ad hoc basis when required. This is completed by the Medicines Team.

The Designated Body Framework

Each of the questions in the DB Framework has come from the CD Regulations or guidance. This year (20024/25), CQC and NHSE have instructed that Boards are to "sign off the submission alongside the CDAO". It should be noted that NWAS CDAO is a Board member, which is not often the case in NHS Trusts.

Following last years submissions (2023/24), the NW NHSE CD Team identified three most notable findings:

- Identification and acting on staff diversion of Controlled Drugs.
- The requirement for the Designated Body Controlled Drug Accountable Officer to share concerns and personal identifiable information with other organisations, such as the Police, Counter Fraud and NHS England Controlled Drug Accountable Officer.
- Identifying and acting on unusual prescribing.

2. NWAS Self-Assessment

Appendix 1 provides a copy of the DB framework with the responses NWAS will provide. Also in Appendix 1, are “NWAS Evidence Notes” providing narrative information. This is not part of the final submission but is aimed to support both the self-assessment rationale and aid any subsequent clarification queries.

This is the fifth submission of the DB framework but the first requiring Board oversight. The DB response has been reviewed at the CD Subgroup. This has NWAS CDAO (Executive Medical Director), Chief Pharmacist and Chief Consultant Paramedic as core members.

Some of the focus of improvement work to date is ensuring clarity on the need for the CDAO (with support from the Medicines Team) to be made aware of all incidents involving CDs or drugs of abuse. This has been strengthened by:

- Updates to the NWAS Drug and Alcohol Policy regarding role and requirements of the CDAO.
- Updates to the NWAS CD Policy to reflect our duty to share information.
- Collaboration/links with HR Business Managers, including a joint meeting held with NWAS HR and Chief Pharmacist along with two experienced colleagues from the NW CD Team – a pharmacist and CD Liaison Officer (Police).

Furthermore, since NWAS has moved to use of an electronic patient record, the analysis of our use of CDs/drugs of abuse has been significantly enhanced. A business intelligence dashboard was developed, and the CD Sub Group receives a quarterly report of CD usage. Outliers are identified in this data and relevant further exploratory measures determined. This data provides significant assurance around the safe use of CDs within NWAS. The next assurance step is the electronic recording into the CD register.

4. RISK CONSIDERATION

It is a legal requirement to ensure that NWAS, as a Designated Body, complies with the relevant legislation and guidance. This report provides evidence to support the safe and effective use of CDs in NWAS.

5. EQUALITY/ SUSTAINABILITY IMPACTS

Nil

6. ACTION REQUIRED

The Board of Directors is asked to:

- Note the legislation and regulatory compliance requirements that support the use of Controlled Drugs in NWAS.
- Note that as a Designated Body, NWAS Controlled Drugs Accountable Officer has been submitting an annual self-assessment against the Improvement Framework
- Review this years submission (with Evidence Notes as underlying rationale) with CDAO recommended scoring position, as in 2025, this now requires Board approval.

Appendix 1: Self-Assessment and Designated Body CDAO Improvement Framework for 2025
This Framework supports Designated Body (DB) Boards to meet their duties under the Controlled Drugs Regulations 2013 & 2020 (as amended) and provide evidence for CQC "well-led" and "safe" domains.

Systems and processes to handle concerns.

1. How confident is the DB CDAO that all relevant areas* know how to report CD-related concerns, including suspected diversion and misuse of CDs by colleagues?

(*The designated body will define the relevant areas, and these may include clinical areas where CDs are stored and used, and where CDs are prescribed, administered or denatured. It may also include nonclinical departments which should identify concerns such as HR, estates, security services)

(1= not confident to 5 = fully confident) *

1 2 (3) 4 5

NWAS Evidence Notes:

1. CD concerns poster: designed, issued and in place for all ambulance stations (including those holding CDs). The CD audit of ambulance stations carried out by the Medicines Team checks the poster is in situ.

2. Standard Operating Procedures (SOPs) in place for PES, Senior Managers & Medicines Supply Hub detailing requirements to report CD incidents (including CD keys).

3. Sector Managers: Provide oversight for staff adhering to SOPs within their sectors. Update session provided from the Meds Team 2021. Comms issued to Sector Managers Nov 2023 with focus on daily and weekly CD checks.

4. Training clinicians: Key clinical staff made aware of who the CDAO is during training sessions for new Ambulance Station Books (2020) and new order books (2021) and other ad hoc sessions and from 2023 mandatory training. Medicines Management Mandatory Training includes CDs and how to raise concerns. There is full compliance with the completion of this e-learning module by clinicians. The update for 2025 continues to reinforce this.

5. Drug and Alcohol policy: Updated and references notifying the Medicines Team/CDAO. Complete Oct 2023.

6. Authorised CD Witnesses training: reviewed to incorporate raising concerns. Complete Oct 2023.

7. HR links: HR Lead Business Manager and Chief Pharmacist meet to discuss sharing of information and specific cases. Complete Dec 2023 and ongoing as needed. NW CD pharmacist and CD Liaison Officer and Chief Pharmacist meeting with the HR Business Managers to explain why working together helps and duty to share information. Jan 2025.

8. QAV process: New framework due to be published 2025 and has the questions: "Are you aware that any concerns about colleagues potentially diverting or mis-using controlled drugs must be reported? Would you recognise this? How would you report it?"

2. How confident is the DB CDAO that all relevant areas* of the organisation are reporting CD concerns including suspected diversion and misuse of medicines by colleagues?

(*The designated body will define the relevant areas, and these may include clinical areas where CDs are stored and used, and where CDs are prescribed, administered or denatured. It may also include nonclinical departments which should identify concerns such as HR, estates, security services)

(1= not confident to 5 = fully confident) *

1 2 3 4 5

NWAS Evidence Notes:

1. Incident reports received. The Medicines Team have oversight of all incidents reported on DATIX that involve CDs. A report is provided to the Medicines Optimisation Group and the CD Sub Group. Concerns are reported to NHSE as appropriate.

2. The Medicines Team are alerted if there is a suspicion regarding stock being diverted and work as a team with operations and security lead to investigate concerns. Concerns have been received from a variety of staff and sectors.

3. Medicines Team have links with designated HR Business Manager Lead.

4. Medicines Team well known to senior paramedic/operations leads due to multiple station visits and attendance at away/development days.

Area to improve:

- Medicines Team/CDAO need to enhance shared understanding with operational/HR teams where investigative processes may have overlapping responsibilities.
- Medicines Team/CDAO to build links with new lead for security.

3. Workforce Knowledge and Skills –

(*the designated body will define relevant staff, and this could include agency staff. The designated body will also define the SOPs for handling CDs and for identifying and reporting concerns) *

	Yes	Somewhat	No	Don't know	No recruitment in past 24 months
A. Can the DB provide evidence (in past 24 months) that relevant* staff are trained on induction about vigilance and reporting concerns about unsafe behaviour and systems?	X				
B. Can the DB provide evidence that relevant* staff receive training on SOPs for handling CDs and reporting concerns?	X				
C. Can the DB provide evidence that relevant*staff are updated following SOP/policy reviews for reporting concerns and handling CDs?	X				
D. Can the DB provide evidence that relevant* staff are updated on learning from incidents related to CDs?	X				

NWAS Evidence Notes:

A: Clinical induction pack reviewed by Medicines Team and implemented for all new clinical staff. April 2023. This includes how to raise concerns.

B: Mandatory Training includes Medicines Management and specifically CDs from July 2023 with excellent compliance on completion.

C:

- Clinical bulletin issued to staff.
- Updated SOPs affecting operational staff receive online update presentations, videos and email/bulletin comms to raise awareness.
- Morphine orodispersible tablets elearning package launched July 2023 covers general CD training as well including raising concerns.

D: Mandatory Training includes Medicines Management and specifically CDs from July 2023 with excellent compliance on completion.

4. System in place to investigate CD related incidents *

	Yes	Somewhat	No	Don't know	No incidents in past 24 months	Agree	Strongly agree
A. Can the DB provide evidence (from the past 24 months), that a system improvement methodology is used to examine the cause of CD-related incidents?	X						
B. Can the DB provide evidence (from the past 24 months), that lessons from CD-related incidents are implemented?	X						

NWAS Evidence Notes:

A: No serious incident has occurred in the last 24 months. All grades of incidents are reviewed by Meds Teams. Themes and issues discussed in the quarterly patient events report reviewed at the Medicines Optimisation Group and CD Sub Group. Methods to reduce incidents are discussed and implemented as appropriate.

B: Liaised with NHSE/NARU re the removal of midazolam high strength from mass casualty vehicles due to high risk of a product mix up which would be classed as a never event.
Midazolam lost in the rapid sequence induction medicines pouch for Air Ambulance - led to new sealed rapid sequence induction kits purchased.
Fentanyl and ketamine syringe mix – led to new syringes purchased with improved labelling to make product selection safer.
Theft of NWAS CDs led to an investigation with police involvement and referral to the professional regulator. The investigation led to increased security measures put in place:

- Implementation of 3Ws (Words/Witness/Waste)
- CCTV
- Business case for eCD register, OBC approved January 2025

Challenges with access to CDs in a major incident has led to the introduction of paramedic possession digital CD keys.

5. How frequently are low impact incidents involving controlled drugs reviewed to identify themes*?

- Never
- Annually
- Twice yearly
- Quarterly
- More frequently than quarterly
- This Organisation has not had any incidents in the past 24 months.

NWAS Evidence Notes:

Quarterly incident report presented to the CD Subgroup and Medicines Optimisation Group. Themes and trends are identified and discussed. Incident reports are checked and reviewed in a timely manner by the Medicines Team.

6. Information sharing with responsible bodies *

Is there a policy that makes clear the requirement for the CDAO to share personal identifiable information with police, professional regulators, NHS England CDAO?

- Yes
- Somewhat
- No
- Don't know

NWAS Evidence Notes:

NWAS: CD policy update Feb 2025 includes this.

7. Can the designated body provide evidence of sharing concerns and information related to controlled drugs with any of the following in the past 24 months

Select all that apply

- Medical Director
- Director of Nursing
- Human Resources/Organisational Development
- Pharmacist(s)
- Medicines Safety Officer
- Medical Examiner
- Safeguarding
- Security/Fraud
- Estates
- Commissioner (CCG medicines optimisation or quality and safety)
- Professional regulator (e.g. GPhC, NMC, GMC, HCPC)
- CQC
- Police
- Organisation has not had concerns/incidents in past 24 months

8. Prescribing, clinical monitoring and taking action

Prescribing includes supplying under PGDs and exemptions such as for paramedics and midwives.
Unusual prescribing is outside of clinical guidelines/ formulary*

	Yes	Somewhat	No	Don't known	Not applicable
A: The designated body has systems in place for identifying unusual prescribing* of CDs (Schedules 2-5) in relevant areas	X				
B: Evidence (from the past 24 months) can be provided that all unusual prescribing* of Sch 2-5 CDs in relevant clinical areas has been/is being investigated.	X				

NWAS Evidence Notes:

A: Medicines Dashboard now available to the Medicines Team and can provide data along with the access to electronic patient records.

Area for improvement:

- Access for the Medicines Team to the senior clinical intervention log that provides data on use of ketamine and midazolam.

B: Report provided to the CD Subgroup and outliers followed up accordingly.

9. Does the DB have any evidence (from the past 24 months) that there have been changes in process(es) from the outcome of a CD investigation? *

	Yes	No	Don't know how / no capacity
A: The designated body has support available for staff well-being including substance misuse support	X		
B: Evidence (from the past 24 months) can be provided that all identified alleged diversion of drugs liable to misuse (including CDs), have been investigated.	X		

NWAS Evidence Notes:

A: HR/Comms/Meds Team/Mental Health Team collaborated in Jan 2024 to focus on drug and alcohol misuse. Multi-channel comms produced and intranet with signposting all updated. Drug, Alcohol and Substance Misuse Policy and Procedure produced. Signposting on internal internet for support services including Occupational Health services.

B: CD Sub Group discusses concerns and investigations.

The CDAO is set up for success: suitably experienced and resourced

10. Does the Designated Body CDAO either sit on the Board, or report directly to a Board member?

Please select at most 2 options.

- the CDAO is a Board member
- the CDAO has regular "catch-ups" with a Board member to discuss CDAO specific risks and mitigations
- the CDAO reports to the Board via written reports that are distinct from Pharmacy/ Medicines management reports
- the CDAO does not report into the Board
- Other (provide further information)

11. Is the DB CDAO adequately resourced to carry out responsibilities on behalf of the Board?

- Yes
- Somewhat
- No
- Don't know

12. Have you or your organisation contributed to the North West Controlled Drug LIN in the past 24 months through one or more of the following:

- Attended a LIN meeting
- Led a break-out room discussion at a LIN meeting
- Provided feedback from a break-out room discussion
- Participated in an Action Learning Set related to safe use of CDs
- Presented case study related to safe use of CDs (for example at the LIN meeting or to your organisation)
- Buddying with another CDAO
- Short Life Working Group member
- Other (provide further information):
  Attended webinar

Supplementary Information

13. Name of organisation *
    North West Ambulance Service

14. ODS Code (this can be found on your CQC inspection report) *
    RX7

15. Type of organisation
- Acute NHS Trust
- Community NHS Trust
- Mental Health NHS Trust
- Independent Hospital
- Hospice
- Prison Healthcare Service
- Ambulance NHS Trust
- Other (provide further information)

16. Integrated Care System (ICS) linked to *
    - Cheshire & Merseyside
    - Greater Manchester Health & Social Care Partnership
    - Lancashire & South Cumbria
    - Work across multiple ICS areas

17. Name of person completing form *
    Rachael Fallon

18. Are you the CDAO?
    - Yes
    - No
    - Other (provide further information) ***Chief Pharmacist on behalf of CDAO***

19. Email of person completing form
    Rachael.fallon@nwas.nhs.uk

20. How long did the self-assessment take to complete *
    - 0-10 minutes
    - 10-20 minutes
    - 30 minutes or more

21. Do any of the statements in this self-assessment need to be revised? please provide details
    No

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ESCALATION AND ASSURANCE REPORT

Report from the Quality & Performance Committee

Date of meeting	Monday, 27 January 2025		
Members present	• Prof A Esmail (Chair), Non-Executive Director • Dr A Chambers, Non-Executive Director • Ms A Wetton, Director of Corporate Affairs • Dr M Power, Director of Quality, Innovation, and Improvement • Dr C Grant, Medical Director • Mr D Ainsworth, Director of Operations	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- The Committee received the Q&P Dashboard and noted the exceeding handover times and disparity of handover times between sectors, particularly within Cheshire & Merseyside which impacted on the Category 2 response times.

ADVISE:

- The Q&P Dashboard highlighted:
  - the gradual improvement within the Hear & Treat metric, 999 call answering data was stable, 111 had sustained its improvement in performance despite an increase in calls and that national support for 111 would end at the end of February 2025
  - PTS activity metrics were stable, with results awaited for outcome of the PTS contract award.
- The Committee approved proposed PSIRF priorities and plan and mechanisms for learning response for onward consideration by Board of Directors.
- The Committee discussed the Learning from Deaths Q2 2024-25 report and supported the quarterly dashboard as the report to be published on the Trust public account as evidence of the Trust's developing engagement with a formal process of learning from deaths.
- The Committee received the draft Public Health Strategic Plan 2024-27 and noted feedback would be taken by Medical Director into the revised Public Health Strategic Plan objectives.

ASSURE:

The Q&P Committee received the following reports for assurance:

- Board Assurance Framework

- Patient Safety Incident Response Framework Update (Q2 2024/25)
- Bi-Annual Safeguarding Report
- Medicines Management including Controlled Drugs Q2
- Clinical Audit Plan Q2
- Defibrillator Replacement
- Third Party Provider Assurance
- EPRR Annual Assurance (Core Standards)

RISKS

Risks discussed:

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

New risks identified:

- None identified.

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ESCALATION AND ASSURANCE REPORT

Report from the Quality & Performance Committee

Date of meeting	Monday, 24 February 2025		
Members present	• Prof A Esmail (Chair), Non-Executive Director • Dr David Hanley, Non-Executive Director • Dr A Chambers, Non-Executive Director • Ms A Wetton, Director of Corporate Affairs • Dr C Grant, Medical Director • Mr D Ainsworth, Director of Operations	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

- The Committee received the Q&P Dashboard and noted the target for C2 performance may not be achieved, which was linked to handover delays in Cheshire & Merseyside.

ADVISE:

- The Q&P Dashboard highlighted:
  - 999 call answering data was stable
  - 111 had sustained its performance
  - PTS activity metrics were stable

- The Committee reviewed and recommended Self-Assessment and Designated Body CDAO Improvement Framework submission for 2025 for approval to the Board

- The Committee received the proposed Q3 position of the Board Assurance Framework and discussed the risks linked to Quality and received updates on overdue actions and noted the amount due for completion at the end of the financial year.

ASSURE:

The Q&P Committee received the following reports for assurance:

- Complaints Report Q3
- Patient Safety Activity Report Q3
- NHS Patient Safety Strategy Progress Update
- Infection, Prevention and Control (IPC) Assurance Report
- Medicines Management including Controlled Drugs Q3

RISKS

Risks discussed:

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

New risks identified:

- None identified.

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ESCALATION AND ASSURANCE REPORT

Report from the Resources Committee

Date of meeting	Friday, 21 March 2025		
Members present	Dr D Hanley, Chair Ms C Butterworth, Non-Executive Director Mr D Whatley, Non-Executive Director Mr D Ainsworth, Director of Operations Mrs C Wood, Director of Finance	**Quorate**	Yes

Key escalation and discussion points from the meeting

ALERT:

None to report.

ADVISE:

Finance Report Month 11 2024/25

- Received assurance in relation to the financial performance indicators.

Workforce Indicators Report

- Received assurance and alerts relating to Workforce Indicators
- Noted the overall position remains stable.

Annual Staff Survey

- Received assurance in relation to the Staff Survey results and noted the next steps.

Discussed the following items and recommended to the Board of Directors approval:

- Reviewed Terms of Reference 2025-26 of the Resources Committee (April 25)
- Financial Plan for 2025/26
- Estates and Fleet Strategic Plan Roadmap
- Private Ambulance Recommendation Report
- Global Rostering System (GRS) Business Case
- Trust Annual Plan 2025-26
- Anti-Racism Statement

ASSURE:

Received the following reports for assurance:

- Board Assurance Framework
- Committee Self-Assessment Review
- Equality Delivery System Assessment 2024/25
- Estates, Fleet and Facilities Management Assurance Report
- Procurement Report
- Bi-Annual Sustainability Update
- Digital Plan Update
- Culture Review – End of Year Update

RISKS
Risks discussed: • None identified. **New risks identified:** • None identified.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Tuesday, 19 March 2024
SUBJECT	Annual Plan 2025-26
PRESENTED BY	Alison Ormerod - Deputy Director of Strategy, Partnership and Transformation
PURPOSE	Decision

LINK TO STRATEGY	All Strategies									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☐	**SR02**	☐	**SR03**	☐	**SR04**	☐	**SR05**	☐
	SR06	☐	**SR07**	☐	**SR08**	☐	**SR09**	☐	**SR10**	☒

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☒	Quality Outcomes	☒	People	☒
	Financial/ Value for Money	☒	Reputation	☒	Innovation	☒

ACTION REQUIRED	The Board of Directors is asked to • Review the content of the Annual Plan 2025-26 document attached as Appendix A and specifically note the amendments made following board development discussions in February 2025 (see section 2), • Note the key changes to the annual plan assurance process which will move 'ownership' of each objective from a named individual to a supporting governance meeting/ group, (see section 3), • Review the risks to delivery (see section 4) identified through the achievability assessment process and agree whether these can be tolerated whilst further work to understand and mitigate the risks is undertaken during quarter one, and • Approve the Annual Plan 2025-26.

EXECUTIVE SUMMARY	The Annual Plan 2025-26 (Appendix A) has been developed in line with the 'Planning Framework' which was approved by Planning Group in October 2024. The planning process has identified 20 'must-do' strategic objectives which are included in the annual plan, and which will be the priority for delivery in 25/26. The annual plan also outlines 7 objectives which are considered 'should-do's' as they will support delivery of our strategic aims however, these will be considered a lower priority than the 'must-do's'. The release of the NHS England Planning Guidance for 2025/26 in January 2025 has led to additional operational, financial and workforce planning to inform our regional planning submission. Once the full impact of these plans has been modelled and agreed with system partners, we will need to review and update the Annual Plan 2025-26 to incorporate additional detail if required. The annual plan document summarises how the plan will be governed and how Planning Group will seek assurance against the delivery of the plan throughout 2025-26. The key change to the governance and assurance process will be for Planning Group to seek assurance from other corporate groups which will have ownership of their own elements in the annual plan, rather than from individual SROs for each deliverable. Three risks have been identified by the achievability assessment process. These are: • Financial risks, where elements of the plan have not yet been fully costed, • Capacity risks, where there are elements of the plan where resources for delivery have not yet been identified, and • Turbulence from external drivers, where developments from regulators and commissioners may mean we have to adjust our priorities in-year. Planning Group will maintain a risk log to monitor and mitigate against these risks. The next steps will be to produce a foreword from the chief executive after the annual plan has been approved, develop the detail which will sit behind the annual plan such as quarterly milestones and outcome measures, and to establish a risk log and monitoring process for Planning Group. We will also implement the improvements to the annual plan assurance process.	
PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	Wednesday, 19 March 2025
	Outcome	Approved

1. BACKGROUND

1.1 Each year we develop an annual plan which sets out how we will deliver the trust's strategic objectives over the coming year. Annual planning for 2025-26 commenced in September 2024 and has since followed the process and timelines outlined within the 'NWAS Planning Framework' which was approved by Planning Group in October 2024.

1.2 The draft Annual Plan 2025-26 reflects the outputs of the following activities:

Stage 1 – Diagnose (Sept – Oct 2024)

- Assess current strategic context using SWOT/PESTLE tools to identify local, regional and national priorities.
- Review assurance against existing annual plan (FY 24/25).
-

Stage 2 – Design (Oct – Dec 2024)

- Develop and circulate planning templates.
- Stakeholder engagement to develop longlist of objectives.
- Prioritisation workshop (Nov 2024) to shortlist objectives using MoSCoW criteria and remove work which was considered 'business as usual'.
-

Stage 3 – Develop (Dec 2024 – Mar 2025)

- Refine the shortlisted objectives to include specific and measurable deliverables.
- Capture further detail regarding interdependencies, governance risks and quarterly milestones.
- Undertake achievability assessment to identify risks to delivery of the plan.
- Produce final Annual Plan 2025-26 for approval at Trust Management Committee (TMC), Resources Committee and trust Board of Directors in March 2025.
-

1.3 The approach to planning for 2025-26 has centred around collaboration and co-design and has built upon lessons learned from previous years and best practice from other organisations.

1.4 Alongside our internal planning process, we are required to submit regional planning returns to the ICB and NHS England. NHS England released the Operational Planning Guidance for 2025-26 at the end of January, followed by the Ambulance Commissioning Framework in February. We are in the process of completing the relevant workforce, operational and financial planning templates as part of the ICS planning return which is due by the end of March.

1.5 Based on our current assessment of the regional and national planning priorities for 2025-26, we do not anticipate that the operational planning submission will substantially change our plans for next year. However, following agreement with commissioners and ICBs on the improvement priorities, potential UEC financial

allocations and associated metrics, we may need to adjust or re-prioritise elements of the annual plan in quarter 1.

2. ANNUAL PLAN 2025-26

2.1 The Annual Plan 2025-26 is attached to this paper for review and approval by trust Board of Directors. The current version includes the latest wording for each objective and deliverable and sets out how we propose to display the plan next year.

2.2 The plan is divided into the following sections:

Introduction & context – the plan will be introduced through a foreword from the chief executive. This will acknowledge the strategic context and the work which is currently in progress to model a return to our constitutional standards and will set the tone for what the plan will be measured against. The content of this foreword will be developed after the annual plan contents has been approved by trust Board of Directors. A summary of the annual plan development process is also included in the introduction.

This section also includes a summary of how we are responding to the NHS England Operational Planning Guidance for 2025-26. After the 2025-26 operational planning guidance was published, NWAS received additional guidance relating to improvements required across urgent and emergency care standards which had an associated uplift in funding for ambulance trusts. As part of the regional planning returns, we are working with the ICB and NHS England to agree a plan for how this additional funding would be spent to deliver the required performance improvements. A headline submission outlining indicative delivery schemes was submitted to the ICB in February, however the final schemes and associated funding allocation will not be agreed until the end of March.

Plan on a page – this is included to give a summary view of how the must-do strategic objectives in the plan link back to the aims within our trust strategy. Further work will be undertaken with the Communications team to consider the design, accessibility and audience of this summary page.

Our 'must do' objectives – the main body of the plan outlines 21 objectives which were prioritised as 'must do's' for 2025-26. The objectives are clearly aligned back to the strategic aims in Our Strategy 2022-2025 (extended to March 2026) and a short narrative summary has been included under each heading to aid communication.

Each 'must do' objective has been refined to include SMART deliverables and the assurance group which is proposed for the ownership of each deliverable. The Strategy, Planning and Transformation team will work with senior responsible officers (SROs) for each deliverable in quarter one to develop a more detailed spreadsheet which captures the quarterly milestones, risks and supporting governance for each 'must do' objective to aid assurance reporting.

Following discussion at Trust Management Committee in March 2025, the finance objective relating to achieving our statutory financial duties has been removed from the plan. The view of TMC was that assurance for these statutory duties will come through other existing routes.

The draft Annual Plan 2025-26 has been reviewed by Planning Group and at a board development session in February 2025. Following discussion at the board development session, the following updates have been made to the 'must do' objectives within the plan:

- Each 'must do' had been linked indicatively to one of the draft 2025-26 BAF risks - once the BAF has been approved by trust Board of Directors we will review and amend these if required.
- The wording of the PSIRF objective (number 1) has been updated so it is more specific and directly links to national PSIRF priorities.
- A third deliverable has been included under the population health objective (number 13) to incorporate the request from the board to identify more specific improvement initiatives that will improve equity of access, experience and outcomes. As we develop the milestones and measures under this deliverable, we will work with clinical and quality leads to narrow down our areas of focus.

The wider delivery portfolio – the annual plan also outlines seven objectives which are considered 'should-do's' as they support ongoing delivery of our strategic aims. These were categorised as lower priority than the 'must-do's'. Our intention is to include the 'should do' objectives in our delivery portfolio but we will take a light-touch approach to assurance against these objectives. This section also includes a list of the Corporate Programme Board delivery portfolio for 2025-26 which captures a combination of strategic and BAU projects in delivery and emergent work on the horizon. This is included to give a more comprehensive view of NWAS' delivery portfolio for 2025-26.

If, during 2025/26 we receive insufficient quarterly assurance that the 'must do' objectives can be delivered, then Planning Group will be required to review and potentially reprioritise the wider delivery portfolio. This may involve a 'stop, start, continue' decision to be made against the 'should do' objectives.

Governance of the annual plan – this section provides a summary of the revised assurance processes being adopted in 2025-26 which have been informed by the effectiveness review of our existing quarterly assurance process.

This section also includes a diagram of the NWAS governance structure to illustrate how the annual plan will be governed in 2025/26.

3. ASSURANCE OF THE ANNUAL PLAN

3.1 Planning Group will oversee the delivery of the Annual Plan 2025-26. Assurance will be gathered quarterly and reported through Planning Group, to TMC with a highlight report to then be shared with Resources Committee.

3.2 In 2024/25, we undertook a review into our annual plan assurance process with the aim of identifying how Planning Group can provide more effective assurance of the delivery of our annual plans. The findings of the review have been presented to Planning Group in January and February 2025 and have informed the assurance process for the Annual Plan 2025-26.

3.3 TMC have discussed and approved the following improvements to the assurance process in March 2025:

- The route of assurance will shift away from the named lead/SRO for each objective and will be sourced directly from relevant management/assurance groups within NWAS' corporate governance structure.
- The relevant management/assurance groups must include assurance of the relevant objectives from the annual plan, within their workplans.
- Planning Group's role will be to collate the assurance from each group and scrutinise/challenge delivery of the annual plan each quarter.
- Where progress is considered off track, Planning Group should identify the measurable impact of delays alongside mitigations to any risks and include these in the onward assurance report to TMC.

3.4 During quarter 1, the Strategy, Planning & Transformation team will work alongside chairs for the relevant governance meetings to agree the process for gathering and presenting assurance.

4. RISKS TO DELIVERY

4.1 At this stage of the planning cycle, we fully expect an element of uncontrolled risk. Developing the trust's annual plan has identified three risks associated with delivery in 2025-26, these are as follows:

4.1.1 Financial risk. We know that not all deliverables included in the annual plan have been costed in full and action is underway with owners to ensure these costs are fully identified.

4.1.2 Capacity risk. At this stage of the planning cycle, there are several deliverables with unaligned resource. Work is underway with leads to understand gaps around capacity and capability to deliver the work and agree proposed mitigations and controls.

4.1.3 Turbulence from external drivers may impact our ability to deliver our annual plan. This will remain an uncontrolled risk throughout the duration of the plan. A horizon scanning function to detect early signs of important developments and potential threats and opportunities is in place at Planning Group and will form a key control measure.

4.2 During quarter one of 2025/26 we will review the control measures in place for the risks identified and determine any gaps in control. A Planning Group risk log will be established and in place by April 2025. All identified risks will be added to DCIQ and presented at each Planning Group meeting. The risk update at Planning Group, delivered by the Head of Integrated Governance Risk and Assurance will include a thematic review to ensure risks are reported in full and effectively managed.

5. NEXT STEPS

5.1 Following trust Board of Directors approval of the annual plan, we will develop a foreword from the chief executive which will introduce the document and set the strategic context.

5.2 The Strategy, Planning and Transformation (SPT) team will work with named leads/SROs to develop the detail which will sit behind the objectives in the annual plan. This detail will include a set of quarterly milestones, governance route and any risks. TMC have reviewed the proposed governance routes for the assurance against the annual plan. TMC have requested that we also develop an additional objective when the final UEC plan has been agreed to incorporate the core deliverables and milestones in the annual plan.

5.3 Further work will be undertaken from quarter 1 onwards to implement the recommendations of the assurance effectiveness review into the annual plan measurement and assurance process for 2025-26. We will set up the processes for receiving assurance from the named governance groups and identify any outcome measures which can support the annual plan assurance. TMC have reviewed the list of assurance groups in the annual plan and recommended that we refine the list SPT will work with the chairs of the governance groups to incorporate the assurance process into the groups' workplans.

5.4 Planning Group will set up and maintain risk log and risk management process to assure the delivery of the annual plan.

6. RISK CONSIDERATION

6.1 The Annual Plan 2025/26 is aligned with our supporting strategies and will have a positive impact on our organisational risks.

Risk appetite category	Implications
Compliance / regulatory	We have reviewed the 2025/26 NHS Priorities and Operational Planning Guidance published in January 2025. We are assured that our annual plan is well aligned with the objectives set out in the operational planning guidance.
Quality outcomes	The annual plan includes 3 must-do objectives, aligned with our Quality Strategy, which will improve the quality outcomes of our services. These are to deliver priorities in line with PSIRF, strengthen our delivery against the CQC assessment framework, and improve our processes associated with medicines management. We also have

	a 'should do' to continue to embed quality improvement through capability building and delivery of improvement projects.
People	The annual plan includes 3 must-do objectives which are aligned with our People Strategy. These will deliver our EDI priorities, continue progress in improving culture and improve our learning environments. The annual plan also includes 2 objectives which are aligned with our Service Development Strategy which will scope the use of balanced scorecards to support clinical and operational staff and continue to embed our new operational leadership structures.
Financial / value for money	The annual plan includes 2 must do objectives which are aligned with our Sustainability Strategy and our Service Development Strategy which will support the delivery of our statutory financial responsibilities. These are to improve the capability, ownership and accountability for productivity and financial efficiency in the trust and to reduce inefficiencies and waste to achieve our local and national efficiency targets.
Reputation	Each of the objectives in the annual plan will improve our reputation by ensuring that we continue to deliver high-quality care with an efficient service model and in an environment which is supportive for our people. The achievability assessment has identified risks to the plan which can be mitigated, and Planning Group will maintain a risk log. This ensures that we will cultivate a reputation for delivering against our objectives.
Innovation	The annual plan supports innovation with objectives focused on developing our future care delivery model and delivering the Right Care programme. We will also improve the use of data to support population health and to enable smarter decisions to be made to improve our operational performance and patient experience.

7. EQUALITY/ SUSTAINABILITY IMPACTS

7.1 The annual plan has been designed to have a positive impact on equality and sustainability, with specific objectives designed to improve in both of these areas. Individual workstreams in the annual plan will have their own impact assessments, where they are required, to ensure that the full impacts on equality and sustainability are understood.

8. ACTION REQUIRED

The Board of Directors is asked to

- Review the content of the Annual Plan 2025-26 document attached as Appendix A and specifically note the amendments made following board development discussions in February 2025 (see section 2),

- Note the key changes to the annual plan assurance process which will move 'ownership' of each objective from a named individual to a supporting governance meeting/ group (see section 3),
- Review the risks to delivery (see section 4) identified through the achievability assessment process and agree whether these can be tolerated whilst further work to understand and mitigate the risks is undertaken during quarter 1, and
- Approve the Annual Plan 2025-26.

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Annual Plan 2025-2026

Table of Contents

Introduction & context

Foreword from the chief executive

[To be added following approval at trust Board of Directors]

Annual plan development process

Our process for developing the annual plan each year is set out in the North West Ambulance Service (NWAS) Planning Framework. This framework has been developed in 2024 and will be continually updated to ensure that we are using best practice, learning lessons from each planning round and delivering annual plans which support us to deliver our vision.

We began the development of the Annual Plan 2025/26 in September 2024 with a review of our strategy documents, consideration of national and regional priorities and by looking at what we need to achieve in 2025/26.

The Strategy, Planning and Transformation (SPT) Team worked with teams from across the trust to generate a long list of priorities for the coming year that would address the national and regional priorities, our remaining strategic priorities from Our Strategy 2022-2025 and any other emergent priorities. This long-list was collated and brought to a prioritisation workshop in November 2024 which worked collaboratively to identify the must-do priorities from the long-list and to remove from the list work which was considered business as usual.

From November 2024 to January 2025, SPT worked with the strategy leads and senior responsible officers (SROs) for each of the priorities to refine the long list into a set of objectives and deliverables which are specific and measurable. These objectives and deliverables form this Annual Plan 2025/26.

In January and February 2025, we undertook an achievability assessment to identify risks to the delivery of the annual plan. We looked at each deliverable in the plan through the lenses of their complexity, our capability and capacity to deliver and the accountability in place to support the completion of the work. We used our trust risk scoring matrix to look at each of these areas and identify where there were risks to delivery. We then identified actions which would mitigate the risks. These risks and mitigations were discussed in Planning Group in February 2025. This achievability assessment process has allowed us to refine our plan still further and to implement some actions to mitigate the risks to delivery.

For each of the objectives and deliverables in the plan, we have identified milestones for delivery, the routes for governance and key interdependencies. This additional detail will be held by Planning Group and will be used to inform the assurance process throughout 2025/26.

Our response to the national planning guidance

The 2025/26 NHS Priorities and Operational Planning Guidance was published in January 2025 and outlines key objectives aimed at enhancing patient care, improving system efficiency, and ensuring financial sustainability. There is significant focus within the guidance on improving against key urgent and emergency care performance standards, including a specific target for the ambulance sector to meet 30-minute Category 2 response times. There is also emphasis on NHS organisations being more productive with the resources available, to improve both operational and financial efficiency. Overall, the guidance aims to balance immediate performance recovery with long-term reform, ensuring the NHS can sustainably meet the evolving needs of the population.

Since the guidance was published, we have reviewed our 2025/26 annual plan to assess whether our objectives required substantial change to align with regional and national priorities. We are assured that our plan is well aligned and remains focused on the core areas of improvement which we see mirrored in external regional plans, including increasing 'hear & treat' and 'see & treat', maintaining resource availability, improving productivity, and working with system partners to improve access to alternative care pathways and reduce hospital handover delays.

Our annual plan does not provide detail on our operational delivery plans or performance improvement trajectories for 2025/26 as we monitor these through our existing business as usual processes.

Our annual plan on a page

Provide high quality inclusive care

- Focus on delivering national and local priorities in line with PSIRF.
- Continue to strengthen our delivery against the CQC assessment framework.
- Continue building capability and application of improvement methodology.
- Improve the processes associated with medicines management.

Be a brilliant place to work for all

- Deliver EDI Priorities year 2 action Plan.
- Deliver continued progress delivering requirements of national culture review.
- Deliver project to improve quality of learning environments for core induction, leadership development, apprenticeship and commander education.

Digital Priorities

- Improve the availability of patient outcome data to enable smarter decisions to be made.
- Improve the education of staff on how to utilise data to make smarter decisions.
- Implementation of the cyber improvement programme.
- Simplify systems to ensure the right information is available to make the right decision.

Work together to shape a better future

- Understand our current care delivery model, highlighting opportunities to shape our future care delivery model and establishing a plan for implementation.
- Deliver the Right Care programme to ensure that all patients receive the right care, in the right place, first time.
- Review and improve ICC infrastructure requirements to optimise our care delivery model.
- Deliver PTS improvement programme.
- Scope the feasibility of developing a balanced scorecard.
- Embed new operational leadership structures.

Work together to shape a better future

- Improve the input, analysis and utilisation of data which provides intelligence on population health and health inequalities.
- Develop our role in understanding and addressing health inequalities and agree key areas of focus.
- Improve ownership and accountability for delivery of local and national productivity and efficiency targets and reducing inefficiencies and waste.
- Reduce inefficiencies and waste, achieving local and national efficiency targets.
- We will support the delivery of statutory financial duties in 2025/26.

Our ‘must do’ objectives

Our Trust Strategy 2022-2025 has been extended to run until March 2026 and our existing supporting strategies will also expire by March 2026. Our annual plan for 2025/26 must therefore ensure we continue to deliver against our existing strategic aims whilst responding to emergent national and regional drivers.

The following were prioritised as our must-do objectives for 2025/26.

Provide high quality inclusive care

The Patient Safety Incident Response Framework (PSIRF) is a safety insight system that was implemented at NWAS in September 2023. In 2025/26 we will continue to deliver improvements against the national safety priorities whilst incorporating locally identified priorities into our quality improvement work.

In 2025/26 we will continue work to achieve an outstanding rating with the Care Quality Commission (CQC) at our next inspection. Our objective for 2025/26 will be delivered through capability building with our senior leaders to understand the CQC assessment framework and the delivery of internal reviews and mock inspections which will inform improvement plans. We will also undertake work to improve our processes for medicines management through the development of a business case for a digitised stock management system.

2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
1. Focus on delivering national and local priorities in line with PSIRF.	Develop improvement plan which is aligned with known national PSIRF priorities, and new local priorities. Priorities include: Management of cardiac arrest, Clinical assessment and treatment of maternity care, Harm relating to absence of consent/refusal/mental capacity assessment, and Develop an implementation plan which considers the skills and resources required to deliver the improvements. Establish a measurement approach which will demonstrate improvements.	Clinical & Quality Group
2. Continue to strengthen our delivery against the CQC assessment framework for safety, effectiveness, patient centeredness, responsiveness and well led in readiness for future inspection.	A. Developmental well-led review	Trust Management Committee
	B. Development programme for new board and senior leaders to familiarise with CQC assessment framework	Trust Management Committee
	C. Desktop exercises for mock CQC inspection for senior leaders & leadership teams	Clinical & Quality Group
	D. Review and amend quality assurance visits aligned with new Chief Executive Officer (CEO) accountability reviews	Clinical & Quality Group

3. Improve the processes associated with medicines management including controlled drugs.	Mitigate the risks associated with the Trusts current management of medicines and controlled drugs by procuring and implementing a digital pharmacy stock management system. Complete and submit a full business case to procure an electronic controlled drug register.	Corporate Programme Board

Be a brilliant place to work for all

In 2025/26 we will continue to deliver our action plan to improve equality, diversity and inclusion (EDI) and our actions to improve culture in response to the independent culture review of ambulance trusts published by Siobhan Melia in February 2024. We will also develop our training offer through the development of a business case for a dedicated training hub which will increase our capacity for delivering in-house training.

2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
4. Deliver EDI Priorities year 2 action Plan	A. Mapping of EDI Improvement Plan for the Ambulance Sector to workstreams/priorities.	Diversity and Inclusion Group
	B. Launch anti-racist statement and develop an action plan for delivery.	Diversity and Inclusion Group
	C. Undertake deep dive into retention of black and minority ethnic (BME) staff and co-develop plans across directorates to improve experiences.	Diversity and Inclusion Group
	D. Completion of equality impact assessment and make appropriate changes to apprenticeship content.	Diversity and Inclusion Group
	E. Improve the diversity of the leadership community (permanent, acting up and developing) through review of recent activities and refining/redesigning processes.	People and Culture Group
	F. Deliver area-based ParaMEdic summer school programmes for individuals from ethnic minority communities to experience ambulance service roles.	Diversity and Inclusion Group

5. Deliver continued progress in improving culture and delivering requirements of national culture review	A. Trust wide implementation of sexual safety recommendations from national culture review.	People and Culture Group
	B. Supporting leadership teams to continue to embed culture improvements through delivery of leadership interventions.	People and Culture Group
	C. Implementation of People Professions Map.	People and Culture Group
	D. Implement Safe Learning Environment Charter to improve learner voice and learner safety.	People and Culture Group
6. Deliver project to improve quality of learning environments for core induction, leadership development, apprenticeship and commander education	Develop a specification for learning venue needs and progress processes to secure suitable facilities.	People and Culture Group

Work together to shape a better future

Our third strategic aim is broad; therefore our 2025-26 objectives have been aligned to the priorities outlined within the Service Development and Sustainability supporting strategies.

➢ Improve our delivery model

In 2025/26, we will work to ensure that we have an efficient and effective delivery model which provides the right care for our patients and is sustainable for the future. We will undertake a review of our existing delivery model which will highlight opportunities to improve the way we deliver our services and establish how we will begin to implement those improvements over the coming years. Alongside the review of our existing model, we will continue our work to ensure that we provide the right care to patients through reducing variation in see & treat and reducing avoidable conveyance to emergency departments. We will also review our integrated contact centre (ICC) model to support our optimised care delivery model.

Our patient transport service (PTS) will undergo an improvement programme which will aim to make the service more cost-effective and improve the service we deliver to our patients.

2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
7. Understand our current care delivery model through the eyes of the patient, highlighting opportunities to shape our future care delivery model and establishing a plan for implementing those changes in the next 3-5 years.	A. In Q1 & 2 we will create a current state map of flow through the organisation from the patient perspective.	Service Delivery Assurance Group
	B. Using data to drive our decisions in Q3 we will perform a gap analysis of the current state. The focus will be on improving patient outcomes and experience across each area of our services and clinical specialties. In Q3 we aim to generate ideas for change utilising best practice and national learning/priorities.	Service Delivery Assurance Group

	C.	Highlight any short-term initiatives that can be delivered within 2025/26 alongside the development of the long-term roadmap in Q4. In Q4 we will create a plan and understand that plans feasibility and availability.	Service Delivery Assurance Group
8. Deliver the Right Care programme to ensure that all patients receive the right care, in the right place, first time. We will do this by improving Hear & Treat output, whilst ensuring that all patients receiving a face-to-face response receive care as close to home as possible.	A.	We will complete the Quality Improvement Academy Cohort 1 at the beginning of quarter 1. We will conduct a full evaluation of the outcomes, ensuring that we can adopt the learning across the wider North West footprint.	Service Delivery Assurance Group
	B.	We will continue to implement the workstreams within the 'Right Care' programme of work. These include: Implementation and embedding of the Clinical Leadership Structure, Implementation of the E-EQUIP model of Clinical Supervision, Development and Optimise Utilisation of DoS and Service Finder, MTS Review, EPR Referrals, Conveyance Champions, Care Coordination and Call Before Convey, Specific Pathway Development, Cultural and Psychological Safety programmes.	Service Delivery Assurance Group
	C.	We will support external workstreams, now and as they emerge throughout the year, specifically relating to Single Point of Access, Integrated Care Coordination, Missed Opportunities Analysis, and Acuity Scoring.	Service Delivery Assurance Group

9. Review and improve ICC infrastructure requirements to optimise our care delivery model (including estates and digital).	A. Commence implementation of integrated contact centre estate programme (dependent on OBC outcome in 2024/25).	Service Delivery Assurance Group
	B. Complete review of digital infrastructure capability to understand current Vs future optimum configuration (aligned to care delivery model). Utilise outputs to inform Digital strategic plan and implementation roadmap.	Service Delivery Assurance Group
10. Deliver PTS improvement programme which includes workstreams on cost efficiency, workforce, operational delivery and digital.	Deliver workstreams within PTS improvement programme (including culture, workforce, operational delivery, digital and leadership etc); including recruitment to key posts.	Service Delivery Assurance Group

➢ People development

We will evaluate the output of our recent clinical leadership restructure and deliver a leadership development programme for our senior operational leadership. We will also embed clinical supervision to help our clinicians to improve their clinical practice and begin the development of a balanced scorecard which will give leaders local-level data which will support improvements to operational effectiveness.

2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
11. Scope the feasibility of developing a balanced scorecard which helps display 'what good looks like' for clinical and operational staff.	A. Understand and articulate current process and data streams for clinical supervision. Utilise staff feedback and learning structure to help understand requirements of a scorecard. Explore and articulate what a 'good' working process looks like for specific roles, using data and intelligence to inform the vision. Choosing key metrics to test the concept. Working with the relevant trade union leads to help design the process.	Service Delivery Assurance Group
	B. Testing and implementing balanced scorecard key metrics with sector clinical leads from chosen pilot areas.	Service Delivery Assurance Group
	C. Getting the basics right - clinical supervision to a minimum frequency and standard to enable balanced scorecard.	Service Delivery Assurance Group

12. Embed new operational leadership structures and ensure leaders have the skills to deliver their roles effectively.	A. Design and deliver a leadership development programme for heads of service (and equivalent level leaders within Service Delivery).	People and Culture Group
	B. Evaluate the leadership review (senior ops, Service Delivery Model Review (SDMR) and PTS) restructure post-implementation and provide leadership development support where it's required.	Service Delivery Assurance Group
	C. Embed clinical supervision as part of the new operational and clinical leadership structures to create an environment where staff can reflect and learn to improve clinical practice.	Trust Management Committee

➢ Population health

Population health has been identified as a key priority across the NHS for future years. In 2025/26 we will work to improve our utilisation of the wealth of data we hold to support improvements to the health of our population and to identify and reduce health inequalities. As well as utilising our data more effectively, we will build out relationships and collaboration with external partners to inform our priorities for population health and health inequalities.

2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
13. Improve the input, analysis and utilisation of data which provides intelligence on population health and health inequalities.	A. We will develop Phase 2 of the population health dashboard. This will continue to enhance our understanding of variation in patient access, outcomes and demand across service lines and will present our data broken down across patient characteristics (age, sex, ethnicity), and across population health characteristics (location and deprivation).	Clinical & Quality Group
	B. We will use the data already available to identify specific improvement initiatives that will improve equity of access, experience and outcomes for patients.	Clinical & Quality Group
	C. We will produce a stakeholder engagement map of the current public health, population health, and anchor groups/networks across our region. The map will demonstrate where engagement is in place, either through NWAS participation in these groups/networks, or through active data sharing for population health or health inequalities purposes and highlight any gaps.	Clinical & Quality Group

14.	Develop and confirm organisational recognition of our role in understanding and addressing health inequalities and agree key areas of focus. This will be delivered through collaboration with internal and external partners and delivery of a consensus workshop.	A.	Continuing development and collaboration with internal and external partners of training opportunities to improve our understanding of health inequalities and public health approaches to address these.	Clinical & Quality Group
		B.	Develop organisational recognition of our role in understanding and addressing health inequalities and agree our organisational approach to prevention, using the Core20PLUS5 framework to identify and agree key areas of focus for NWAS.	Clinical & Quality Group

➢ Financial sustainability

We must achieve our statutory financial duties each year. This means maintaining a balanced budget and contributing to the financial stability of our region. We will work in 2025/26 to improve the culture, capability and ownership of our financial position for leaders across the organisation. This is a crucial enabler to ensuring that we can meet our financial duties in future years by making informed business decisions. We will also work to address inefficiencies and waste within the organisation to ensure that we are able to deliver against our agreed budget for 2025/26 and for future years.

2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
15. Improve ownership and accountability for delivery of local and national productivity and efficiency targets and reducing inefficiencies and waste through culture change, capability building and provision of financial skills and business insights.	A. Provide support and improved financial information and reporting using Power BI, model health, Patient Level Information and Costing Systems (PLICs) and corporate benchmarking opportunities to Best Value Group, Senior Management Teams (SMT), Performance Improvement Group and to budget holders.	Resources Committee - TBC
	B. Provide strategic financial skills and business insight to service lines with the review of service delivery models, contract renewals, tenders, and internal and external transformation, supporting transformation across wider Urgent and Emergency Care (UEC) system partners.	Resources Committee - TBC
	C. Develop framework to enable leaders to be held to account over their operational decisions regarding finance. Supporting teams to develop efficient financial reporting at an area level in year. Building capability within the teams regarding financial management.	Service Delivery Assurance Group

	D.	Ensure all investment decisions optimise public value for money by providing training and guidance across NWAS, ensuring consistent application and embed the revised Green Book principles and Comprehensive Investment Appraisal techniques as standard across the Trust, including identification and realistic measurement of cash releasing, non-cash releasing benefits, and realisation of planned benefits.	Resources Committee - TBC
16. Reduce inefficiencies and waste, achieving local and national efficiency targets.	A.	Best Value Group to set out measurable benefits and measure the effectiveness of initiatives throughout the year to implement productivity and efficiency benefits.	Service Delivery Assurance Group
	B.	Performance Delivery Group to be well embedded and realising measurable benefits through delivery of performance and operational productivity and efficiency initiatives.	Service Delivery Assurance Group
	C.	Develop a commercial/income generation strategy that ensures all costs, patient benefits and income streams are evaluated effectively and holistically to avoid ineffective use of resources that incur financial deficits, service inefficiencies or deflect resources away from patient care.	Resources Committee - TBC

Digital Strategic Plan – smarter decisions, solving everyday problems, secure and joined up systems, digital journey

The future developments in our services are reliant on our digital infrastructure and the availability of data to support decision-making. Our Digital Strategic Plan details how our digital services will support the delivery of our strategic priorities. In 2025/26 we will improve the availability of information to inform decision making and ensure that our staff have the skills to use this data. We will also deliver the Cyber Improvement Plan which will help us to maintain our cyber security and ensure the resilience of our critical digital infrastructure.

2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
17. Improve the availability of patient outcome data to enable smarter decisions to be made to improve operational performance and patient experience.	A. Develop a plan to obtain patient outcome data from external stakeholders to incorporate into the data warehouse.	Resources Committee
	B. Investigate and deliver better outcome insights from existing data sources.	Resources Committee
18. Improve the education of staff on how to utilise data to make smarter decisions.	A. Implement a training programme for relevant staff on how to read and interpret data using external resource.	Resources Committee
	B. Implement a training programme for relevant staff on how to read and interpret data using internal resource.	Resources Committee
19. Implementation of the cyber improvement programme to maintain a secure cyber security position.	Deliver the cyber improvement plan.	Information and Cyber Governance Group

20. Simplify systems to ensure the right information is available at the right time to make the right decision.	Develop a vision for the future of application architecture across NWAS and with other health & social care providers.	Information and Cyber Governance Group

The wider delivery portfolio

'Should do' objectives

The following objectives are considered 'should-do's' as they support ongoing delivery of our strategic aims however, these were categorised as lower priority than the 'must-do's'.

Supporting Strategy	2025/26 Objectives	2025/26 Deliverables	Assurance Pathway
People strategy	Deliver process improvements and efficiencies in human resource (HR) processes through digital developments.	Electronic staff record (ESR) Management self-service & global rostering system (GRS) integration.	People and Culture group
		Launch of the digital portfolio solution for the newly qualified paramedic (NQP) consolidation of learning / preceptorship period.	People and Culture group
		Deliver (digital) solution to sickness management.	Information and Cyber Governance group - TBC
		Review efficacy of Aspirer developments to support manager and staff conversations.	People and Culture group - TBC
	Enhance health and wellbeing of the	Improve flexible working opportunities.	People and Culture group

workforce to improve retention and employee satisfaction.	Embedding deliverables from Mental Health Continuum work plan.	People and Culture group
	Implement recognition framework to improve employee satisfaction (people promise).	People and Culture group
	Improve employee engagement and listening processes (people promise).	People and Culture group
	Implement changes to management of maternity to improve productivity and retention.	People and Culture group
Getting the basics right – improving access to People Services	Feedback mechanisms on people services to make the service more accessible.	People and Culture group - TBC
	Simplification of policies to drive innovation bring consistency and support improvements. Aligned to Peoples Promise work.	People and Culture group
	Improving query resolution and access to HR services to improve accessibility to staff.	People and Culture group - TBC
	Improving access to people data through the development of business intelligence (BI) dashboards.	People and Culture group

Quality strategy	Continue building capability and application of improvement methodology from Board to frontline to strengthen delivery of strategic objectives	Deliver improvement training in line with NHS Impact recommendations. Build and establish NWAS Improvement science dosing model setting out expectations of required numbers of colleagues to be trained in various levels of Improvement science (e.g. 'foundation' through to 'expert') Deliver improvement training at scale to achieve agreed numbers Evaluate and grow improvement academy and evidence how projects have contributed to Trust's strategic objectives Establish robust mechanism for recording individual's training in improvement science	Trust Management Committee
Sustainability strategy	Reducing general waste tonnages	Develop a plan to reduce general waste tonnages using the principles of prevent, reduce, reuse and recycle, which can be used to influence those with purchasing power within the Trust. For the general waste we inevitably produce, avenues for disposal need to be examined to ensure waste is recovered at a minimum.	Sustainability Group

Increasing segregation of clinical waste streams	Continue with roll-out of pilot scheme to introduce offensive waste streams to all vehicles and stations for clinical waste disposal. More opportunities can be uncovered through the annual auditing of clinical waste streams.	Sustainability Group
Reducing waste from single use plastics, packaging on supplies, and hazardous wastes from our workshop activities	Engage with Supply Chain and other supply partners with to reduce materials (and carbon footprint) of packaging for products delivered to NWAS.	Sustainability Group

Corporate Programme Board workplan

In 2025/26 the Corporate Programme Board will oversee the delivery of projects supported by our Programme Management Office (PMO). These projects form part of our wider delivery portfolio and include a combination of strategic and business as usual projects. The PMO delivery portfolio is included here to give a more comprehensive view of what we will deliver in 2025-26.

➢ PMO delivery portfolio

Project	Deliverable
Defibrillator Replacement	Defibrillator replacement programme
Cumbria Workshops	Cumbria Workshops replacement
Stockport Relocation	Hub and Spoke Models
Project 365	Improved records management
HART (Hazardous Area Response Team)	Re-location of HART Liverpool
ICC Workforce Management Tool	New ICC Workforce Management Tool
NHSE/I PRISM (Pan Regional Information Sharing Mechanism)	NHSE/I Region Wide Information Sharing
Datix Cloud IQ Phase 2	New DCIQ modules
EPR (electronic patient record) Private Providers	EPR provision to private providers
Medicines Management	New Medicines Management System
Clinical Audit Tool	Clinical Audit Functionality
GRS Replacement	New Global Rostering System

Governance of the annual plan

Assurance process

Planning Group will oversee the delivery of the Annual Plan 2025-26. Assurance will be gathered quarterly and reported through Planning Group, to Trust Management Committee (TMC) with a highlight report to then be shared with Resources Committee.

For each deliverable in the annual plan, we have identified governance routes to corporate groups which will provide oversight on delivery. We have also identified an SRO and quarterly milestones which we can be used to measure progress for each deliverable throughout the year.

Each quarter, SROs will provide a progress and assurance update against the quarterly milestones for their deliverable and highlight risks and issues which have emerged. These updates will be made to the corporate groups which have been identified in the annual plan whose role will be to challenge and scrutinise these updates.

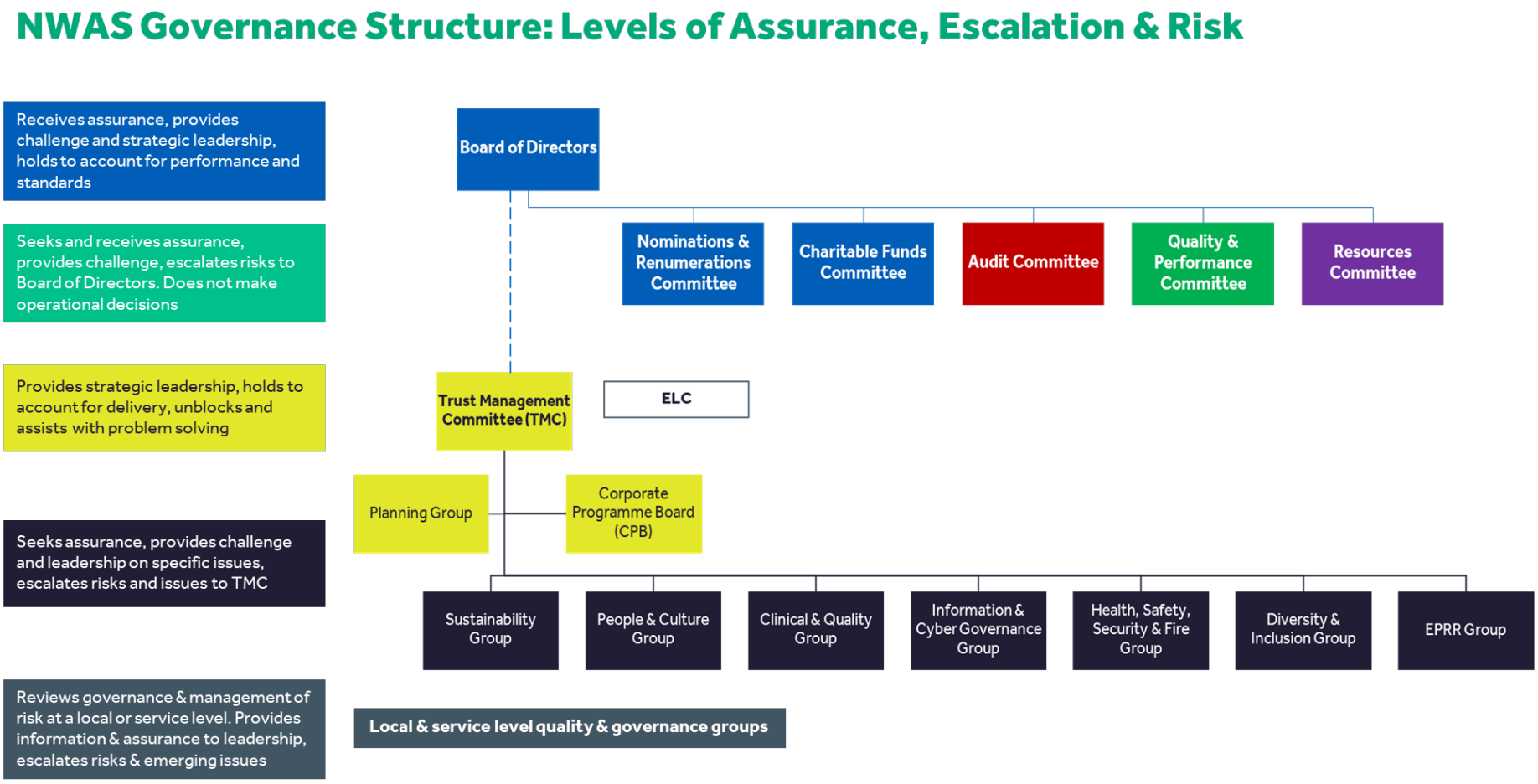
The Strategy, Planning and Transformation team will work with Corporate Services and the SROs to collate the updates shared with each corporate group into an assurance report which will be reported to Planning Group for further check and challenge. The role of Planning Group is to understand the issues which are impacting the delivery of the annual plan and to set out the impact of any deliverables which are off-track.

An assurance report from Planning Group will be shared with TMC and Resources Committee to provide board-level assurance against the delivery of the annual plan.

Planning Group will also maintain a risk log to capture, monitor and address any risks associated with the delivery of the annual plan to ensure that these risks can be properly managed.

Governance structure

Figure 1 - NWAS Governance Structure



NHS
North West
Ambulance Service
NHS Trust

REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 26 March 2025
SUBJECT	Bi-Annual Assurance Report – Stakeholder Engagement
PRESENTED BY	Interim Deputy Director Strategy, Partnerships and Transformation
PURPOSE	Assurance

LINK TO STRATEGY	Service Development Strategy									
BOARD ASSURANCE FRAMEWORK (BAF)	**SR01**	☐	**SR02**	☐	**SR03**	☐	**SR04**	☐	**SR05**	☐
	SR06	☐	**SR07**	☒	**SR08**	☐	**SR09**	☐	**SR10**	☐

Risk Appetite Statement *(Decision Papers Only)*	Compliance/ Regulatory	☐	Quality Outcomes	☐	People	☐
	Financial/ Value for Money	☐	Reputation	☒	Innovation	☐

ACTION REQUIRED	The Board of Directors is asked to: • Note the content of this report	
EXECUTIVE SUMMARY	This report highlights the progress made by the Partnerships and Integration team. It provides a summary of: • Key areas of focus • Engagement activities across the areas • Stakeholder engagement mapping • Knowledge Vault progress Progress is being made across all areas with stakeholder partnership working and ensuring teams, directorates and the trust are working closely with external partners.	
PREVIOUSLY CONSIDERED BY	n/a	
	Date	Click or tap to enter a date.
	Outcome	

1. BACKGROUND

Partnership working continues to evolve within the trust, with the team being proactive across the three areas to provide support, guidance and expertise with external engagement. Working closely with our Integrated Care Board (ICB) colleagues we are continuing to ensure the trust has an active and collaborative part to play in external engagement.

Around the three key areas of focus we have continued to make progress.

Systems Thinking and Governance

- Strengthening of information flows and accountability.
- Stakeholder mapping has allowed us to invest our time with key stakeholders for the maximum impact.
- Partnership efforts are aligned with both local and regional priorities.

Relationship Management

Strong relationships are at the heart of our success. To build and sustain these, we are focusing on:

- **Being aware**: Staying informed of national, regional, and organisational strategies to anticipate changes and align priorities.
- **System drivers**: Understanding influences such as data, performance, finance, quality, and policy to shape meaningful partnerships.
- **Communication**: Effectively communicating to maintain trust and focus on shared goals.
- **Being proactive**: Recognising potential challenges and addressing them while seizing opportunities to innovate and improve.

Information Exchange

We have continued to work to improve how information is shared and used across the system, including:

- Ensuring all teams operate with a clear understanding of the wider system context.
- Encouraging a shift from isolated team thinking to a more integrated organisational and system-wide perspective.
- Opportunities to share data and insights that can drive improvements in areas such as population health.

Progress and Focus Areas

The team has made significant impact in improving partnership working, with key achievements including:

- Building stronger connections with partners and stakeholders.
- Supporting strategic decision-making through improved information flow and governance.
- Assisting with initiatives to address population health priorities.

Looking ahead, our focus remains on ensuring that the trust is well-positioned to work effectively with its partners, in a working together approach to deliver better outcomes for partners, patients and communities.

2. Engagement Activities across the Areas

The team have been actively engaged in key initiatives shown below:

Area	Work
Call Before Convey (Right Care)	Supporting the implementation of Call Before Convey Working closely with clinical hubs and system partners to align with local pathways and improve patient outcomes. Internal engagement with wider NWAS teams to support a coordinated approach to implementation.
Falls Response Model	Actively contribute to the evaluation and refinement of the GM falls response model to align with local needs.
Care Coordination	Collaborate in the development and implementation of a care coordination model to improve system-wide efficiency.
Ambulance Handover Improvement	Working with the Integrated Care Boards to address ambulance handover delays across North West hospitals. Assisting with best practices for streamlining hospital handovers, improving patient flow, and reducing delays specific to GM's operational environment. Working to eliminate handover delays over 45 minutes.
Admission avoidance	Ease of access and consistency of response to mental health, community care and primary care services, and the establishment of 'call before convey' services
System oversight and resilience	Work to address data sharing, system wide escalation processes, and mitigation of risks.
Public Health/prevention pledge	Framework of 14 core commitments to address Public Health.
Governance Engagement	Ensure NWAS representation in GM governance groups, such as the GM UEC System Group, to drive forward regional priorities.
Urgent Care Delivery Boards	Engagement with Urgent Care Delivery Boards to support service delivery managers. Contribution to discussions and planning for UEC improvements tailored to the specific needs of GM communities.

Stakeholder engagement mapping

The stakeholder engagement mapping exercise is continuously repeated to keep it current. It is important to ensure that we have the right representation, at the right level at the right meeting.

The latest mapping has provided a detailed overview of NWAS' external engagements, helping us understand where we are well-represented and where improvements are needed. The mapping followed three key areas.

Engagement Overview	The mapping highlighted the number and types of external engagements, the directorates involved, and whether these occur at ICS or local levels.
Team Contributions	Service Delivery teams continue to account for most external engagements, with significant support from the Medical, Quality and SPT directorates.
Addressing Gaps	While identifying where there is active involvement, there remain some gaps in representation and the sharing of feedback and intelligence from these engagements.

To address these findings, several steps have been taken including:

Improving Representation	Areas with limited NWAS presence are being prioritised to ensure consistent engagement across all levels.
Strengthening Feedback	Improving processes for sharing intelligence and feedback from meetings.
Integrating New Roles	The updated mapping now includes newly recruited roles, ensuring a comprehensive view of NWAS' current capabilities and activities.

Repeating this exercise ensures that the trust is effectively represented at all levels and continues to add value to the wider system.

As part of this the team is looking at new ways to streamline and standardise stakeholder engagement activities. Focussing on improving how information is recorded, shared, and used, making it easier to maintain up-to-date intelligence and ensure consistent representation.

As we progress, the intention is to expand this to include mapping of data shared externally to further support transparency and assurance. This will involve a more integrated approach to service delivery, strengthening coordination and overall effectiveness.

With these improvements, we aim to enhance the efficiency and effectiveness of our stakeholder engagement in the future.

Service Reconfigurations

For service reconfigurations we are closely working with colleagues to support and coordinate any changes, through early involvement and dialogue. This includes:

- Working with hospitals and community services to ensure a seamless transition during the changes
- Sharing insights and feedback to ensure any changes are well-planned and patient-centred
- Supporting teams with the tools and information needed to adapt to new service models

Alternative Pathways to Emergency Departments (ED)

Assisting on implementing alternative pathways to ED, ensuring patients can access the most appropriate care for their needs.

- **Call Before Convey**: This initiative supports crews in contacting clinical hubs before conveying certain patients to ED. The aim is to identify alternative pathways better suited to the patient's condition, such as community services, same-day emergency care, or, when appropriate, supporting the patient to remain at home.
- **Never Say No**: In East Lancashire, we are piloting this initiative to improve access to care pathways. The principle is to ensure patients are never turned away from appropriate support and that every effort is made to find the right care option, reducing unnecessary hospital visits.

Partnership Principles refresh

The Partnership Principles have been refreshed as part of the ongoing strategy update to ensure they remain relevant, practical, and aligned with the current needs of NWAS and our partners.

The refresh reflects feedback from the Strategy Development Group, which has reviewed and agreed on the updated principles. They align with our organisational goals of improving outcomes, reducing inequalities, and delivering high-quality, patient-centred care.

The refreshed Partnership Principles, shown below, build on the foundation of our previous approach:

Shared Purpose	Strengthened focus on shared goals to improve timely, appropriate care and enhance health outcomes across the North West.
Inclusivity	Greater emphasis on bringing diverse perspectives together to tackle health inequalities and improve patient experiences.
Collaboration and Integration	Renewed commitment to integrating services across sectors to prevent delays and improve outcomes.

Transparency and Accountability	Enhanced focus on transparent decision-making and holding ourselves accountable for commitments
Data-Driven Insight	Expanded use of data to guide decisions, identify inequalities, and measure progress.
Consistency in Communication	Focus on clear, regular communication to maintain engagement and solve challenges effectively.

The refreshed principles will strengthen our partnerships, enabling us to work more effectively with stakeholders to deliver the best possible outcomes for patients and communities.

The Partnerships and Integration Managers (PIMs) are involved in strengthening communication internally across NWAS:

- **Regular Local Catchups**: The PIMs meet regularly with the Service Delivery Senior Management Team and Consultant Paramedics to share updates, information and intelligence, gather feedback, and ensure alignment on priorities.

- **NWAS Link Distribution**: The team distributes the NWAS Link, a key resource for managers that provides updates on local and regional initiatives. This ensures a consistent message is delivered across all areas, regardless of regional differences. Recent feedback on the NWAS Link has been very positive, with managers finding the document useful.

- **National Updates and Guidance Summaries**: The PIMs summarise regional & national updates and guidance for internal use. Recent examples include the Lord Darzi Review and the AACE Vision for the Ambulance Service, this ensures managers are well-informed on key developments affecting the organisation.

- **Executive Information Sharing Meetings**: These meetings are currently being reviewed, with a view to determine their future direction.

Knowledge Vault (KV)

The CQC has highlighted that trusts should have effective governance and assurance systems in place to manage external partnerships and engagement, ensuring transparency and accessibility.

The CQC emphasises meaningful engagement with external partners and robust recording and assurance mechanisms are vital for trusts to deliver high-quality, sustainable services that meet the needs of their communities.

The KV is our recording, monitoring and assurance system for external engagement. The KV was implemented in 2021 and allows:

- **Access to Information -** Managers can access intelligence and information to ensure consistent messaging across all areas, regardless of local focus.

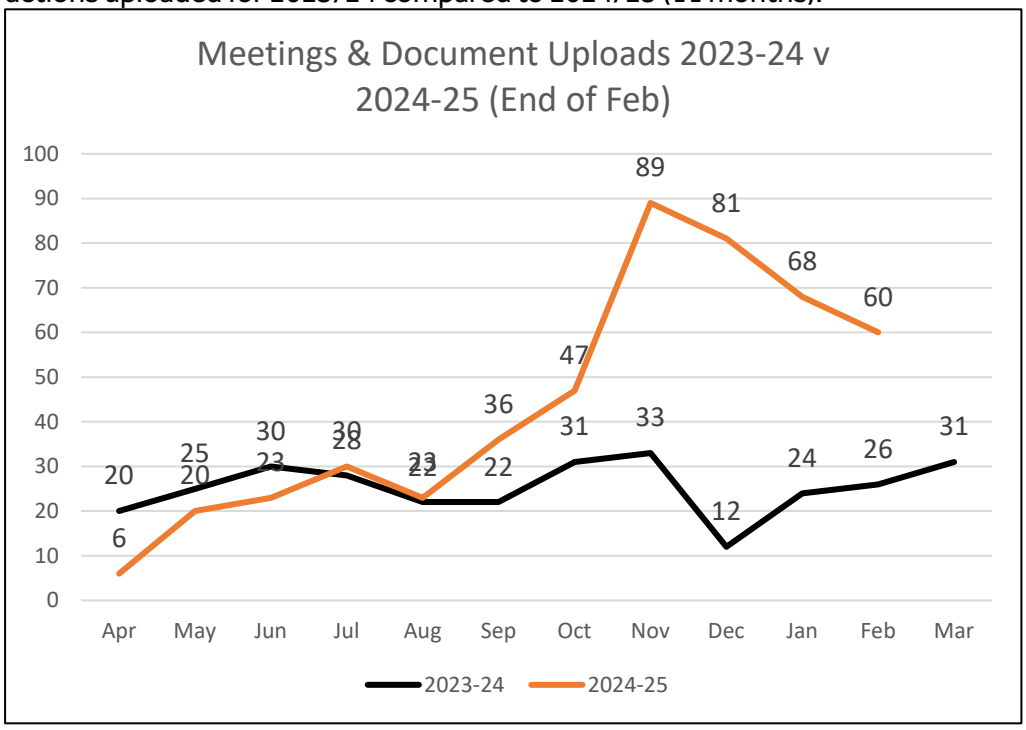
- **Tracking Progress -** Ensuring actions agreed upon with external partners are tracked and effectively progressed.

- **Centralised Repository -** local, regional, and national information and documents in one secure location

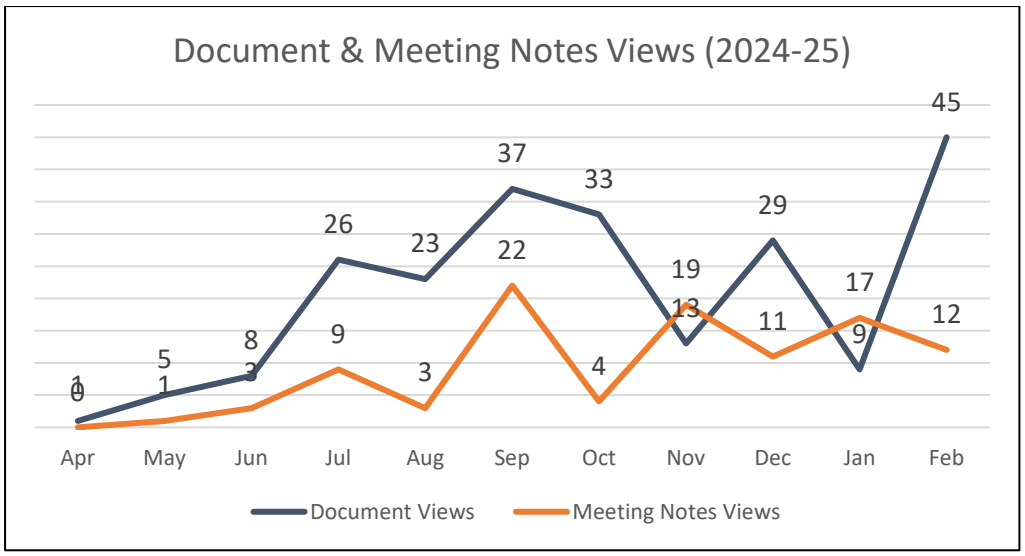
- **Regulatory Compliance -** Maintaining records of external engagement to meet regulatory requirements.
- **Meeting Follow-Up -** Allowing managers to review meeting notes and track follow-up actions.

We have seen increasing usage of the KV since April 2024 across all areas, allowing for better, more informed engagement. Meeting actions and documents are uploaded to the KV, providing evidence of external engagement. Data shows that the usage is increasing month on month with year-on-year improvement also.

The PIMs have worked closely with the Area Directors to ensure the take up is further strengthened. Below is a snapshot of the improved usage in terms of meeting notes / actions uploaded for 2023/24 compared to 2024/25 (11 months).



The graph below shows the document and meeting notes being accessed (for the period April 2024 to Feb 2025) highlighting managers actively viewing / accessing information.



In terms of developing the KV, there have recently been significant improvements made in response to feedback from users, these include:

- **Load times**: Improved website loading times and a more user-friendly appearance.
- **Notification Icon**: A homepage feature to alert users of meetings they are tagged in and actions assigned to them.
- **Automated Emails**: Notifications for users tagged in meetings, ensuring prompt follow-up.

These changes will enable an improved user experience and ensure the KV remains a valuable tool for assurance and accountability, allowing consistent and effective communication across all areas.

3. RISK CONSIDERATION

Our external engagement work is part of our strategic risk SR07 and reported through the Board Assurance Framework.

4. EQUALITY/ SUSTAINABILITY IMPACTS

There are no equality / sustainability impacts

5. ACTION REQUIRED

The Board of Directors is asked to:

- Note the contents of this report.