

# AGENDA



**Board of Directors**  
**Wednesday, 28<sup>th</sup> May 2025**  
**09:00 – 12:50**  
**Oak Room, Ladybridge Hall, Trust Headquarters, Bolton**

Item No	Agenda Item	Time	Purpose	Lead
<b>STAFF STORY</b>				
BOD/2526/014	Patient Story	09:00	Information	Chief Executive
<b>INTRODUCTION</b>				
BOD/2526/015	Apologies for Absence	09:15	Information	Chair
BOD/2526/016	Declarations of Interest	09:15	Decision	Chair
BOD/2526/017	Minutes of the previous meetings held on: <ul style="list-style-type: none"> <li>26<sup>th</sup> March 2025</li> <li>30<sup>th</sup> April 2025</li> </ul>	09:15	Decision	Chair
BOD/2526/018	Board Action Log	09:20	Assurance	Chair
BOD/2526/019	Committee Attendance	09:25	Information	Chair
BOD/2526/020	Register of Interest	09:30	Assurance	Chair
<b>STRATEGY</b>				
BOD/2526/021	Chair & Non-Executive Directors Update	09:35	Information	Chair
BOD/2526/022	Chief Executive's Report	09:40	Assurance	Chief Executive
<b>GOVERNANCE AND RISK MANAGEMENT</b>				
BOD/2526/023	Common Seal Bi-annual Report	09:55	Assurance	Director of Corporate Affairs
BOD/2526/024	Continuity of Services 7 (CoS7): Availability of Resources Declaration	10:00	Decision	Director of Corporate Affairs
BOD/2526/025	Freedom to Speak Up Annual Report 2024/25	10:10	Assurance	Freedom to Speak Up Guardian
BOD/2526/026	Fit & Proper Persons Requirements Annual Declaration	10:20	Assurance	Director of People
BOD/2526/027	Annual Health, Safety, Security and Fire Report 2024/25	10:30	Assurance	Director of Corporate Affairs

BOD/2526/028	Audit Committee 3A report from the meetings held on 25 <sup>th</sup> April 2025 & 23 <sup>rd</sup> May 2025	10:40	Assurance	Mr D Whatley, Non-Executive Director
BOD/2526/029	Charitable Funds Committee 3A report from the meeting held on 14 <sup>th</sup> May 2025	10:50	Assurance	Mr D Whatley, Non-Executive Director
BOD/2526/030	Trust Management Committee 3A reports from the meetings held on 23 <sup>rd</sup> April 2025 & 21 <sup>st</sup> May 2025	10:55	Assurance	Chief Executive
<b>11:05 BREAK 10 MINUTES</b>				
<b>PEOPLE</b>				
BOD/2526/031	Equality, Diversity, and Inclusion Annual Report 2024/25	11:15	Decision	Director of People
<b>RESOURCES</b>				
BOD/2526/032	Green Plan	11:25	Decision	Director of Finance
BOD /2526/033	Resources Committee 3A Report from the meeting held on 22 <sup>nd</sup> May 2025	11:35	Assurance	Dr D Hanley, Non-Executive Director
<b>QUALITY AND PERFORMANCE</b>				
BOD/2526/034	Integrated Performance Report	11:40	Assurance	Director of Quality and Improvement
BOD/2526/035	Learning from Deaths Q3 2024/25	12:00	Decision	Medical Director
BOD/2526/036	Complaints Annual Report 2024/25	12:10	Assurance	Director of Corporate Affairs
BOD/2526/037	Quality and Performance Committee 3A report from the meeting held on 28 <sup>th</sup> April 2025	12:20	Assurance	Prof A Esmail, Non-Executive Director
<b>STRATEGY, PARTNERSHIPS AND TRANSFORMATION</b>				
BOD/2526/038	Trust Strategy 2024-25 year-end report	12:25	Assurance	Interim Deputy Director of Strategy, Partnerships and Transformation
BOD/2526/039	Communications and Engagement Q4 2024/25 Report	12:35	Assurance	Interim Deputy Director of Strategy, Partnerships and Transformation
<b>CLOSING</b>				

BOD/2526/040	Any other business notified prior to the meeting	12:45	Decision	Chair
BOD/2526/041	Risks Identified	12:50	Decision	Chair
<b>DATE AND TIME OF NEXT MEETING</b>				
18 <sup>th</sup> June 2025 at 10:45 am via MS Teams – Extraordinary meeting 30 <sup>th</sup> July 2025 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton				
<b>Exclusion of Press and Public:</b> In accordance with Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				



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

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**Details:** 9.45am Wednesday, 26<sup>th</sup> March 2025  
Oak Room, Ladybridge Hall, Trust Headquarters

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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
Prof A Esmail	Non-Executive Director
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Dr M Power	Director of Quality, Innovation, and Improvement
Dr E Strachan-Hall	Interim Director of Quality
Mrs L Ward	Director of People
Mrs A Wetton	Director of Corporate Affairs
Mr D Whatley	Non-Executive Director
Mrs C Wood	Director of Finance

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**In attendance:**

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

**Observers:**

None

**Minute Ref:**

**BOD/2425/138 Staff Story**

The Chief Executive introduced a film regarding a new digital module 'supporting our colleagues' (SOC), which sits on Aspirer, the Trust's digital shift platform. The module was trialled across Lancashire last summer.

Within the film, Sector Manager, Dave, explained why it was important to set up a more streamlined referral system to identify and check in with staff who may show signs of struggling, particularly following a traumatic incident.

The Board was well aware, by the nature of attending emergency incidents, it was inevitable that staff would come across distressing situations which might

have a profound impact on their health and wellbeing and could lead to staff having a long period of sickness or even leaving their role altogether.

Group Manager, Craig, explained within the film, the benefits of using SOC as a manager, to ensure that staff don't fall through the net and how it can create meaningful conversations to signpost and document the support staff require, whilst Paramedic, Andrew, described how he was supported and got the help he needed following attending a distressing incident.

The Board noted the key learning points from the Staff Story on how SOC improved the efficiency of the referral system so that staff promptly get the right information and help they need post-incident. This support can be put in place straightaway or months following, depending on the member of staff, as it is tailored to them as to what they need if they are struggling.

The Board was advised that pilot of SOC was still ongoing and in March 2025 there had been over 500 referrals made to support and signpost staff following difficult incidents. There were plans to roll out SOC into Cumbria with the long-term aim to make this available across all of NWAS.

The Director of People added that the Trust had always had a referral process in place for staff who experienced distressing situations, however this module further enhanced the process to make it slicker and more robust. The module was still being developed but it was a good step forward.

Ms C Butterworth enquired about the data protection built into the system for staff to be assured their sensitive data was secured. She also queried whether the mechanism of the systems could be broadened in the future to include self-referral.

The Director of People advised Aspirer was developed from innovation work and a lot of work had been undertaken in the background, including audits, to ensure it was a secure platform. Currently the system provides a robust referral platform to management team, but there was potential to extend that scope in the future.

Dr D Whatley confirmed that following attendance to observe a shift when a distressing incident occurred, he received a referral from the system.

The Chair observed that safety nets for staff were critical and was pleased there was a new system in addition to current processes.

The Board:

- Noted the content of the story.

## **BOD/2425/139 Apologies for Absence**

The Chair noted it was the last Board meeting for Dr Maxine Power, Director of Quality, Innovation, and Improvement, who would retire at the end of the month.

On behalf of the Board, he thanked the Director of Quality, Innovation, and Improvement for her significant contribution to Trust quality and improvement work. A detailed presentation would take place after the Board meeting.

The Chair welcomed to the Board, the Interim Director of Quality, Dr Elaine Strachan-Hall.

Apologies were received from Ms M Asfar, NeXT Programme Director.

**BOD/2425/140 Declarations of Interest**

There were no declarations of interest to note.

**BOD/2425/141 Minutes of the Previous Meeting**

The minutes of the previous meeting, held on 29<sup>th</sup> January 2025 were agreed as a true and accurate record of the meeting.

The Board:

- Approved the minutes of the meeting held on 29<sup>th</sup> January 2025.

**BOD/2425/142 Board Action Log**

The Board noted there were two points of action in relation to Freedom to Speak Up Annual Report. Action point number 121 (i) was due on May Board agenda. Action point 121 (ii) contained an update from the Medical Director with recommendation for closure. The Board closed off action point 121 (ii).

**BOD/2425/143 Committee Attendance**

The Board noted the Committee Attendance,

**BOD/2425/144 Register of Interest**

The Board noted the Register of Interest presented for information.

**BOD/2425/145 Chair & Non-Executives' Update**

The Chair reported on a number of his recent meetings.

He advised of his meeting with Emma Woollett, the Chair of Lancashire and South Cumbria ICB and Louise Shepherd CBE, Regional Director NHSE to discuss the financial review and NHS strategic direction.

The Chair reported he attended regular meetings with Provider Chairs of Integrated Care Systems.

He advised of his visit to Blackpool Ambulance Station, where he met the Area Director and the staff, who were in good spirits. The staff provided some feedback, which was relayed to the Executive Director.

The Chair also reported on his attendance at the Association of Ambulance Chair & Council meetings, where the challenges of the NHS financial situation were discussed.

He advised the interviews for Director of Quality took place the day before, but the substantive appointment was not made.

Mr D Whatley noted his attendance at the Culture Event at Haydock and advised it was a very well organised event, with excellent speakers and thought provoking, interactive sessions. He thanked the Director of People and the team for organising it.

Prof A Esmail echoed the comment and added the Culture Events were credit to the Trust, he also suggested the Trust should follow on from this rolling programme to what the next stage would look like.

Ms C Butterworth seconded the comments regarding Culture Events and described them as impactful and observed it was also important for the Board to follow on from them.

The Director of Quality, Innovation, and Improvement thanked Mr D Whatley for his active participation and leadership at the Ambulance Awareness Day. It was an impactful event, attended by over a hundred young people, which was superbly organised. She thanked the Communications Team for organising this event.

Mr D Whatley confirmed the feedback he received from participants regarding the session was very positive.

The Board:

- Noted the Chair and Non-Executives' Update.

## **BOD/2425/146 Chief Executive's Report**

The Chief Executive presented a report, which covered activity undertaken since the previous Board meeting on 29<sup>th</sup> January including information on a number of areas, such as performance, regional issues, national issues and other general information. He highlighted that Performance and Staff Survey results would be discussed in-depth further on the agenda.

The Chief Executive took the Board through the main points from the Performance section of the report, noting overall demand and incident volume for the 999 service remained relatively stable in respect to emergency incidents in comparison to the same period in 2023/24.

In terms of handover times, the Board noted a general improvement from mid-January onwards. This improvement was across all three areas, although vehicle handover was still 20 minutes longer on average in Cheshire & Mersey than in Greater Manchester, with Cumbria & Lancashire sitting between. Work

continued in all three areas to embed handover collaboratives with the acute trusts and the ICBs.

Referring to 'Call before Convey', the Chief Executive reported models were in place across all areas of the North-West, although there was variation in the acceptance criteria and working hours of these services.

ICBs were encouraged to evolve these models into care co-ordination in line with the specification from NHSE, which will ensure more consistency around acceptance criteria, access, and hours of delivery.

In terms of NHS 111, the Chief Executive reported performance had been impacted by the removal of National 111 support on 14 February 2025. The Trust was closely monitoring the impact of national support removal on performance and staff wellbeing due to increased activity and calls queuing.

Referring to Patient Transport Services, the Chief Executive highlighted activity was broadly consistent with previous months, however lower in some areas. He reported PTS continued to operate under a block contract arrangement and awaited communication from commissioners with regards to next steps following the outcome from the previous procurement process.

The Chief Executive reported de-escalation from REAP Level 3 (major pressure) to REAP Level 2 (moderate pressure). He advised the Trust was still operating under challenging circumstances and continued to dynamically review our REAP Level.

Referring to #WorkWithoutFear, the Chief Executive highlighted the significance of the latest sentence given to an offender who attacked a staff member. The Trust would not tolerate any form of abuse towards staff and continues to work with internal team and other agencies to prevent and follow up on any incidents.

The Chief Executive reported 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.

Reporting on national updates, the Chief Executive highlighted the new NHS England operational planning and contracting guidance had been published and the focus was on a small number of national priorities for 2025/26. From an ambulance service perspective, there were several key highlights in the guidance, as detailed in the report, including a welcome inclusion of a maximum 45-minute hospital handover time. There was also a reference to improving 'hear & treat' rates, for which NWS had done significant improvement work over recent years.

The Chief Executive referred to the government announcement on the integration of NHS England, which would involve merging some functions and staff from NHS England into the Department for Health and Social Care (DHSC). Additionally, 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.

The Chief Executive also reported on the latest national events, celebrated at NWAS: National Apprenticeship Week, LGBT+ History Month and International Women's Day.

The Board sent sincere condolences to the family and friends of two colleagues Simon and Kim, who sadly passed away in the recent months.

Dr A Chambers referred to the International Women's Day event she attended on Friday 14 March in Penrith, Cumbria. She reported the event was well organised and very dynamic and it was good to see how the Women's Network had developed. She also advised she attended the most recent Chairs & CEO meeting in London, on behalf of the Trust, and reported the financial messages from the centre were very clear and challenging.

Ms C Butterworth referred to the national 111 support that had recently been withdrawn and enquired whether the planned integration of contact centres and improved agility would mitigate the impact? The Director of Operations advised integration would help to mitigate the impact however it was not a solution or substitute to commissioning of 111 which required sufficient funding levels.

The Director of Quality, Innovation, and Improvement referred to the International Women's Day event and was encouraged by the positivity in the room, however also relayed the responsibility resting on the Board to ensure the Trust culturally supports flexible working and supports the mindset around maternity and family life as a whole organisation. She noted the Gender Pay Gap was still there and it should be at the core of the Trust to work to eradicate it.

Prof A Esmail advised the new GP contract should assist with releasing some of the pressure from 111 as people will be able to contact GP within longer hours.

The Chair thanked the Chief Executive for the comprehensive round-up of the latest local, regional and national events and added the AACE Council also took presentation on sexual safety noting the further work required.

The Chair wished all the best to colleagues who will celebrate the Eid of Ramadan.

The Board:

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

## **BOD/2425/147 Estates and Fleet Strategic Plan Roadmap**

The Director of Finance presented the report highlighting the roadmap captured the larger programmes of work which will support delivery of the strategic plan and set out how the Trust delivers single standards across estates promoting a consistent and professional environment and reducing maintenance costs through standardisation.

The Director of Finance advised the Estates Roadmap had been developed in collaboration with Area Directors and local area teams to identify the highest priority estates for redevelopment over the next six years. She referred to s 2,3 and 4 of the report detailing the development of the Estates Roadmap.

The Board noted that the Estates and Fleet Strategic Plan Roadmap had been reviewed and discussed at the Trust Management Committee and Resources Committee, with recommendation from both groups for the Board to approve the document, with annual review going forward. Dr D Hanley confirmed the Resources Committee reviewed the document and were satisfied that it clearly lays out the strategic estates and fleet plan.

A discussion took place regarding communication to staff about the estates & fleet plans. The Director of Finance advised the Area Directors participated in developing priorities and would be key to share all messages through their local meetings. The Director of Operations advised feedback on engagement in the process from Area Directors was positive and Area Directors would play a critical role in relaying the estates priorities to their teams.

The Board:

- Approved the Estates and Fleet Roadmap for inclusion as part of the Estates and Fleet Strategic Plan.

#### **BOD/2425/148 Risk Appetite Statement 2025-26**

The Director of Corporate Affairs presented the proposed Risk Appetite Statement (RAS). She thanked the Board colleagues for extensive engagement and feedback provided during the development sessions. She reported advice was also sought from MIAA, the Trust's internal auditors around the two categories: improvement and sustainability, and those have not been included as separate key risk categories on the RAS, as per advice from MIAA. The key risk categories and the risk appetite levels were listed in the table in s 2 of the report and detailed in appendix 1.

The Board discussed the Innovation key risk category, marked as high-risk appetite. The Chief Executive advised the Trust Management Committee discussed this extensively and the need to be mindful of that high appetite category in decision making process. The Director of Finance added innovation needs to be taken in balance with return on any investment. The Director of Quality, Innovation, and Improvement reflected on the decision-making process and financial restraints going forward which may need to lower that appetite statement for innovation.

The Chair acknowledged that the RAS reflected ambition which will be checked against practicalities of reality and the RAS will be kept under review.

The Board:

- Approved the risk appetite levels for each of the key risk categories

- Approved the contents of the Risk Appetite Statement (RAS) for 2025/26.

#### **BOD/2425/149 Proposed Strategic Risks 2025-26**

The Director of Corporate Affairs presented a report outlining the proposed Board Assurance Framework (BAF) Strategic Risks. She advised the risks were developed following extensive engagement with both Executive and non-Executive Directors as well as benchmarking using Trust internal auditors' insights, guidance and engagement with other Trusts. The Board noted the Q1 opening position would be presented to Board in April and the BAF will also contain opening risk scores, with each risk aligned to a Board level assurance committee. The proposed strategic risks were detailed in Appendix 1.

Mrs C Butterworth supported the risks as described in the report; she queried however whether the Board should be looking at changes taking place nationally to consider external risks. She also felt the cyber risks should have a higher score, which would be for Trust Management Committee to consider.

The Director of Corporate Affairs confirmed this would be discussed in Part 2 of the Board.

In terms of external factors, the Director of Finance advised, these would come to fore and materialise through other risks, where the external factors have an impact, for example through finance or performance risks.

The Chief Executive Officer added that should there be risks regarding greater demand or change of contract from ICS, then the Board would carefully consider those in strategic risks. As a recipient of demand of emergency services, the Trust cannot cease services such as 999 and 111.

The Medical Director made a point regarding quality and safety of services being at the forefront when making difficult financial decisions.

The Chair summarised the risks were presented at a point in time and would remain under review.

The Board:

- Approved the Proposed Strategic Risks 2025-26.

#### **BOD/2425/150 Charitable Funds Committee 3A Report from the meeting held on 12<sup>th</sup> February 2025**

Mr D Whatley presented the Charitable Funds Committee 3A Report from the meeting held on the 12<sup>th</sup> February 2025. The Committee received a number of reports, and no alerts were raised on this occasion.

The Board noted that with the planned retirement of the current Head of Charity, the Trust appointed the new Head of Charity.

The Board relayed their gratitude to Mr Ian Savage, the Head of Charity, for a great strategic contribution to the development of Trust Charity during his time at NWAS.

The Director of Quality, Innovation, and Improvement observed that Board members visibility at the charity events was key to further success of the charity.

The Board:

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

**BOD/2425/151 Trust Management Committee 3A Report from the meetings held on 19th February 2025 & 19th March 2025**

The Chief Executive presented the Trust Management Committee (TMC) 3A report from the meeting held on 19<sup>th</sup> February 2025 and advised there was one alert and a number of assurance reports, as listed within the report.

The Board noted the TMC received the Equality Delivery System report and acknowledged the Trust was under scored for Domain 3, noting a detailed discussion would take place at the Resources Committee.

In terms of the report from the meeting held on 19<sup>th</sup> March 2025, the Chief Executive reported one alert and a number of assurance reports, as listed within the report.

The TMC also discussed the risk associated with the achievability of the Trust Annual plan due to capacity, gaps in funding and impact of external priorities.

The Chair requested more clarity regarding the discussion about the delivery of Annual Plan and which programmes would potentially not be delivered.

The Chief Executive advised the Annual Plan had been collated collaboratively and some areas would require more resource and capacity. It was meant to be kept as a live document for ongoing review regarding priorities and it was currently too early to state which programmes were under risk of not being delivered. However, TMC felt it important for the Board to be sighted on this risk.

Dr D Hanley advised the Resources Committee supported the Annual Plan approach with a view that it is better to do some things well, rather than focus on all by default.

Further discussion would follow later on agenda at the Annual Plan item.

The Board:

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

## **BOD/2425/152   Annual Staff Survey Results**

The Director of People presented the headlines of the NHS Staff Survey 2024 Results and advised the results contained a wealth of knowledge and data which would inform actions and plans to improve the experiences of staff.

The Director of People highlighted the overall results in the 2024 survey were broadly stable or improved as compared to 2023 and preceding years. The Trust responses in several key sections remained above average than the ambulance sector in areas such as wellbeing, relationships with managers and satisfaction with job.

The Board noted positive and improved results throughout the Staff Survey. However, there had been a decline in positive responses from PTS respondents across all areas, which has in some cases impacted overall Trust performance. The Director of People reported work was underway to stabilise and enhance leadership capacity in PTS and there would be a specific focus on actions to address cultural issues within PTS over the coming year, with a view to see much improved results next year.

Referring to response rates, the Director of People highlighted 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. The results identified a gap between the experiences of disabled staff and the rest of the organisation, which requires more understanding and focused work.

In terms of next steps, the Director of People advised staff engagement would follow and the Staff Experience Team were producing local data packs for management teams, to inform the refresh of Local People Plans. In addition to the local plans, a trust-wide action plan will be developed by a newly established Staff Survey Action Group to identify and focus on areas of work on a trust-level.

The Board noted that in-depth presentation on the staff survey results had been received by the Resources Committee. Further assurance would come through TMC and Resources Committee and a dedicated bespoke session would be arranged for the Non-Executive Directors.

The Chair advised the Trust received a congratulatory letter from NHSE Regional Director on the improved staff survey results. The Board acknowledged the improved staff survey results also follow from year of challenge and restructure and this needs to be taken into consideration with the fantastic results.

Dr D Hanley reported the Resources Committee made a point on the number of people identifying as having a long-term condition or disability, which does not correspond to the official ESR data.

Ms C Butterworth welcomed the general good results however was concerned that the experience of disabled staff had not improved. The Director of People reassured the experience of staff with long-term condition or disability would be an area of focus to understand and address any underlying issues.

The Director of Quality, Innovation, and Improvement referred to question: Organisation acts fairly: career progression. Whilst the Trust result was above average and there was a 5.5% increase in positive responses from BME staff, it was worrying that some staff felt they could not answer positively to this. She wondered whether this data could be further split by gender and entry level in the organisation. The Director of People reassured work continued to analyse the data in-depth.

The Chair welcomed the good results of the Staff Survey 2024 and noted the areas of focus for the upcoming year.

The Board:

- Received assurance from the results from the 2024 NHS Staff Survey and overall progress to improve staff experience.
- Noted 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.

### **BOD/2425/153 Anti Racism Statement**

The Director of People presented the proposed statement and advised it had been extensively consulted and refined and also previously endorsed by the Diversity & Inclusion Group, Trust Management Committee and Resources Committee.

She advised the statement had been developed to provide a visible commitment and set out in clear terms the Trust's commitment to become an anti-racist organisation, by a shift in mindset from not tolerating racism to actively working against it.

The Director of People highlighted the Staff Experience Team were working with the Communications team to develop a comprehensive communications plan.

Prof A Esmail endorsed the Anti-racism Statement content and observed it aligned to People Strategy. The Chief Executive also endorsed the commitment and referred to the Southport incident, following which large number of staff did not feel safe. The Medical Director observed the Anti-racism Statement needs to be seen and followed through for staff to be fully assured of the Trust commitment.

The Chair whole heartedly supported the statement and the Trust commitment to become an anti-racism organisation. He observed that harmful political rhetoric, which sometimes arises around EDI work, will not waiver the Trust on its position and moral compass.

The Board:

- Endorsed and approved the publication of the NWS Anti-racism Statement.

The Director of Quality, Innovation and Improvement presented the Integrated Performance Report (IPR) with an overview of integrated performance to the month of February 2025. 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.

The Board noted, the IPR was under review in line with new guidance received in December 2024 and a refreshed version would be presented to the next Board meeting.

The Director of Quality, Innovation and Improvement advised that the Trust Management Committee reviewed the IPR prior to Board submission and the relevant sections were reviewed by the Quality & Performance Committee and the Resources Committee. She highlighted the TMC discussed C2 performance slippage, noted the 111 report would be annotated with the final date of removal of national support and low numbers in returns of 111 survey.

The Director of Corporate Affairs presented an overview of complaints and incidents data noting a stable position. The Board noted violence and aggression remained the most frequent non-patient safety incident and care & treatment remained the most frequent patient safety incident.

The Director of Corporate Affairs reported a deteriorated position with regards to closure of complex complaints and advised this was due to joint responses required for multiple-issue complaints. The complaints team work closely with service lines and liaise with colleagues to provide comprehensive responses; however they would look into streamlining the responses in order to avoid delays. Staff were also still embedding to new leadership roles and as the structure matured the process would speed up.

The Chief Executive Officer referred to the patient experience data and reported a stable position for PES and PTS. The Board noted the return rate for 111 was low but was expected to increase as lag due to postal delivery affected the metric. The likeliness of the service being recommended was at a 12-month high of 93.2%. The high score was a testament to staff who maintain the compassionate care in challenging time.

Mr D Whatley queried whether negative comments from service users were followed up. The Chief Executive advised responses were often anonymous, therefore could not be followed up on individual cases, however they would be followed up with operational colleagues.

Prof A Esmail referred to PSIRF data and the table listing the 'fatal' number. He referred to discussion held at the Quality and Performance Committee where it was requested that narrative and explanation of the context should be included in the report regarding level of harm figures, especially in relation to 'fatal' ones. The Director of Quality, Innovation and Improvement advised this was being addressed under the review and key themes would be included in the revised IPR.

The Medical Director referred to Ambulance Clinical Quality Indicators (ACQI's) and reported data was stable and above average, which was credit to the operational team and a significant achievement.

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 pointing to reduced call volume and improved handover times.

In terms of Hear and Treat (H&T) and See and Treat (S&T), the Board noted the rates were static. The Director of Operations advised Hear and Treat (H&T) will be one of the new focus areas as per the new operational planning and contracting guidance.

The Director of Operations reported on Ambulance Response Programme (ARP) standards, which were met for C1 90<sup>th</sup>. He then referred to the C2 mean Urgent & Emergency Care (UEC) recovery target of 30 minutes and reported the target was met in February however year to date C2 performance was at 30m:12s. The metric was being monitored carefully with executive oversight.

In terms of 111, the Director of Operations advised the performance dropped as expected with the removal of national support. However so far the abandoned calls rate drop was not as severe as expected.

In reference to Patient Transport Services (PTS), the Board noted a stable metric.

The Chair was pleased to see improved results in C1. The Medical Director noted C1 needed to be closely monitored so that the Trust is never in a position to struggle to deliver basic emergency care. The Director of Quality, Innovation and Improvement was cautiously optimistic about C1 results and noted there was still variation in data, hence the data was presented in various formats, and the Trust needs to strive to see a consistent shift downwards.

Prof A Esmail referred to Call before Convey and queried whether it supported the improvements in other areas. The Director of Operations advised those schemes were evolving and had potential of benefiting the performance results for See & Treat. In terms of Hear & Treat, improvement was driven by hub productivity.

Dr D Hanley referred to C2 mean standard of 18 minutes and queried whether it would be achievable should the hospital handovers be quicker. The Director of Operations advised that handover times in isolation would not impact it enough to achieve 18 minutes as it was a more complex system issue regarding, amongst other, resources.

The Director of Finance took the Board through the Finance metrics of the IPR advising the detailed report had been received by the Resources Committee. She highlighted the Trust had a surplus position attributable to additional bank

interest received and a one off benefit from a property sale and efficiency targets were ahead of plan and targets expected to be met by year end.

The Director of Finance also advised that following the conclusion of the external governance reviews with PricewaterhouseCoopers (PwC), the projected year-end surplus had increased slightly to £6.2m and non-recurrent items had been validated by NHSE regional financial lead. The Board noted the Trust would start the new financial year at breakeven position.

The Director of People reported on the Workforce metrics, highlighting a stable and improving position. She advised sickness absence was stable at 7.88% with seasonal variation as expected. Mandatory training compliance was consistently above the target of 85% and the Trust Management Committee agreed to raise the target to 90% to maintain that focus. The Board noted that appraisals compliance dropped in the reporting period with actions required for PES and PTS services.

The Chair enquired about the timescales expected for the appraisals to be back on track. The Director of People advised the position was expected to recover by the end of March. She advised the results had been affected by the winter pressures and new appointments to teams, which interrupted scheduled appraisals.

The Director of Quality, Innovation and Improvement thanked the Cjhi9ef Information Officer and her team for the comprehensive report and noted the metrics were becoming ever more sophisticated.

The Board:

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

#### **BOD/2425/155 Self-Assessment and Designated Body CDAO Improvement Framework for 2025**

The Medical Director presented the report and advised this was the first time the Board had received this regulatory report. The Board noted that as a part of annual compliance monitoring, Designated Bodies were required to self-assess against an Improvement Framework. The submission was required by NHSE CDAO. This was the fifth Trust submission of the DB framework but the first requiring Board oversight.

The Medical Director highlighted the self-assessment contained a number of components including references to legislation, finance and staff welfare.

The Chair referred to s1 of the report where three most notable findings from last year's submission were detailed and asked for clarification regarding the point: Identification and acting on staff diversion of Controlled Drugs.

The Medical Director explained this referred to theft and a number of monitoring controls were in place as detailed in the self-assessment form.

The Board noted the submission had been previously reviewed and approved by the Quality and Performance Committee.

The Board:

- Noted the legislation and regulatory compliance requirements that support the use of Controlled Drugs in NWAS.
- Noted that as a Designated Body, NWAS Controlled Drugs Accountable Officer has been submitting an annual self- assessment against the Improvement Framework
- Reviewed this year's submission, with evidence notes, and approved the CDAO recommended scoring position as in 2025.

**BOD/2425/156 Quality and Performance Committee 3A Report from the meetings held on 27<sup>th</sup> January 2025 and 24<sup>th</sup> February 2025.**

Prof A Esmail introduced both reports, which contained one alert and a number of assurances. The alert from both reports referred to handover times and was discussed within the IPR discussion.

The Board:

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

**BOD/2425/157 Resources Committee 3A Report from the meeting held on 21<sup>st</sup> March 2025**

Dr David Hanley introduced the report and advised there were no alerts and there was a number of assurances taken by the Resources Committee, with many items covered on Board agenda as well.

The Board:

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

**BOD/2425/158 Trust Annual Plan 2025-26**

The Interim Deputy Director of Strategy Planning & Transformation presented the Trust Annual Plan 2025-26 highlighting the plan had been co-designed with multiple stakeholders and extensive engagement over a period of time.

The Board noted the planning process identified 20 'must-do' strategic objectives included in the annual plan, which would be the priority for delivery in 25/26. The annual plan also outlined 7 objectives which were considered 'should-do's' supporting delivery of Trust strategic aims however, these would be considered a lower priority than the 'must-do's'.

The Interim Deputy Director of Strategy Planning & Transformation reported the draft Annual Plan had been discussed and endorsed at the Trust Management Committee (TMC) and the Resources Committee. She advised the TMC requested an additional objective when the final national Urgent and Emergency

Plan has been agreed to incorporate the core deliverables and milestones in the annual plan. Updates had also been introduced to assurance process to shift away the route of assurance from the named lead for each objective to a relevant management group within existing corporate governance structure.

In terms of risk to delivery, the Interim Deputy Director of Strategy Planning & Transformation pointed to s4 of the report and highlighted the financial and capacity risks as well as potential turbulence from external drivers that may impact the Trust ability to deliver the annual plan.

The Chair referred to the risk section and observed the Board needs to be fully sighted on the risks to delivery. He brought an example of a potential question which may arise from a future CQC inspection around the Board understanding of risks to delivery.

Dr D Hanley reassured the plan had been discussed at the Resources Committee, which took an understanding that the plans were intended to be delivered and despite the risks the Committee felt the process should not be delayed. Dr D Hanley observed this seemed to be a sensible approach, notwithstanding the risk and resources implications. It was expected that some plans would be potentially delayed or withdrawn in the future because of unexpected factors.

The Interim Deputy Director of Strategy Planning & Transformation reassured that all risks and mitigations would be robustly documented through the Planning Group.

The Board:

- Noted 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,
- Reviewed the risks to delivery identified through the achievability assessment process whilst further work to understand and mitigate the risks was undertaken during quarter 1, and
- Approved the Annual Plan 2025-26.

## **BOD/2425/159 Stakeholder Engagement Assurance Report**

The Interim Deputy Director of Strategy Planning & Transformation took the Board through the key headlines from the report and provided an overview of key focus areas, engagement activities, stakeholder engagement mapping and Knowledge Vault process. She highlighted progress was made across all areas with stakeholder partnership working by building stronger connections with partners and stakeholders, supporting strategic decision-making through improved information flow and governance and assisting with initiatives to address population health priorities.

In terms of specific engagement activities across areas, the Interim Deputy Director of Strategy Planning & Transformation pointed to s2 of the report.

The Board noted an update on the Knowledge Vault (KV), which is the Trust recording, monitoring and assurance system for external engagement. There has been an increase in usage of the KV since April 2024 across all areas, allowing for a more informed engagement. The Partnerships and Integration Managers (PIMs) continued to work closely with the Area Directors to ensure the take up is further strengthened.

Ms C Butterworth welcomed the report and acknowledged there was lots of ongoing activity. She queried about the tangible value added to NWAS finance, performance and staff.

The Director of Operations advised the PIMs work closely with leadership teams serving as a critical cog in the NWAS machine to bring to attention areas of need to know, areas of focus and aid locality pathways, which was very helpful given the size of the Trust footprint.

The Chief Executive observed the Stakeholder Engagement team were a conduit link across all areas and decipher the priorities, as the management team would not be able to service all meetings across the footprint to gather this intelligence.

The Medical Director stated the Trust could not engage at all levels, and the intelligence from the engagement team informed the decisions on where NWAS presence was appropriate.

Ms C Butterworth acknowledged all points made and suggested the future reports should include a section on the added value.

The Chair observed the intelligence coming from the team was valuable and necessary, however he supported Ms Butterworth's suggestion, especially in the light of the continued financial discussions, and added the return on investment needs to be clear in the future report.

The Board:

- Noted the content of the report.

#### **BOD/2425/160 Any Other Business Notified Prior to the meeting**

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

#### **BOD/2425/161 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 –**

30th April 2025 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Signed \_\_\_\_\_

Date \_\_\_\_\_



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## Minutes Board of Directors

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**Details:** 9.45am Wednesday, 30<sup>th</sup> April 2025  
Oak Room, Ladybridge Hall, Trust Headquarters

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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
Prof A Esmail	Non-Executive Director
Dr C Grant	Medical Director
Dr D Hanley	Non-Executive Director
Dr E Strachan-Hall	Interim Director of Quality and Improvement
Mrs L Ward	Director of People
Mrs A Wetton	Director of Corporate Affairs
Mr D Whatley	Non-Executive Director
Mrs C Wood	Director of Finance

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### In attendance:

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

### Observers:

Mrs E Shiner	Deputy Director of Corporate Affairs
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### Minute Ref:

#### **BOD/2526/001 Apologies for Absence**

Apologies were received from Ms M Asfar, NeXT Programme Director.

#### **BOD/2526/002 Declarations of Interest**

There were no declarations of interest to note.

#### **BOD/2526/003 Register of Interest**

The Board noted the Register of Interest presented for information.

#### **BOD/2526/004 Board Assurance Framework Q4 2024/25 Position**

The Director of Corporate Affairs thanked the Corporate Governance Team for diligent review and collation of the governance documents for this agenda.

The Director of Corporate Affairs presented the proposed Q4 2024/25 position. She reported Q4 position had been reviewed by the Trust Management Committee and recommended to Board for approval. Referring to Appendix 1, the Director of Corporate Affairs noted the updates to the BAF which were highlighted in purple and actions to be carried forward into the BAF 2025/26 Opening Position were shown in italics.

The Board noted two proposed changes to the BAF with rationale detailed in the report:

- SR01 decrease in risk score from 20 to 15.
- SR06 increase in risk score from 10 to 15.

Dr D Hanley noted a discrepancy in Appendix 1, which stated SR07 risk at 4 and then SR07 risk at 8 in the table within the Appendix.

The Interim Director of Strategy, Partnerships and Transformation confirmed the risk score for SR07 was 8.

The Board:

- Agreed the decrease in score of SR01 from 20 to 15
- Agreed the increase in score of SR06 from 10 to 15
- Approved the 2024/25 Q4 position of the Board Assurance Framework.

#### **BOD/2526/005 Opening Position of the Board Assurance Framework 2025/26**

The Director of Corporate Affairs presented the proposed 2025/26 Opening Position of the BAF risks with associated CRR risks scored >15 detailed in Appendix 1.

The Board noted 9 risks with detail and rationale provided in s3 of the report.

The Director of Corporate Affairs advised the BAF had been reviewed at the Audit Committee and relayed the comment on the similarities between the rationale given for SR01 and SR04. The Director of Corporate Affairs explained the risks were different with SR01 focusing on patient safety and quality and equity of service and experience and SR04 focusing on delivery of national ARP targets. The Board noted the mitigating actions shown in Appendix 1 for SR01 focused on patient safety and quality and equity of experience.

The Director of Corporate Affairs advised that together with the Medical Director the articulation of the wording would be reviewed to enhance clarity.

Ms C Butterworth referred to risk SR07 and queried whether the wording should be strengthened by inclusion of reference to fiscal pressures.

The Trust Chair observed this was an important remark as the financial system pressures would have an impact on the engagement with partners.

The Director of Corporate Affairs advised the reference to fiscal pressures would be included in the sensitive risks section of Board Part 2 and would reflect the reference of impact on the engagement with system partners.  
The Board:

- Approved the opening position of the Board Assurance Framework 2025/26.

**BOD/2526/006    Annual Review of Core Governance Documents:  
Standing Orders and Reservation of Powers  
Scheme of Delegation Review  
Standing Financial Instructions**

The Director of Corporate Affairs presented the revised core governance documents which had been subject to annual review and updated accordingly, with tracked changes included for transparency. The documents had been previously reviewed and approved at the Audit Committee.

Referring to Standing Orders and Reservation of Powers, presented in Appendix 1. The Board noted two key amendments: in s2.1.1 the Executive Director of People now held voting rights and in section 5.2 which clarifies the procedure for making decisions outside a formal Board meeting in an emergency or time critical situation.

In terms of Powers Delegated in Standing Orders, presented in Appendix 2, the Board noted a refined document.

The Director of Finance referred to updated Standing Financial Instructions, presented in Appendix 3, and highlighted main changes in reference to Procurement Act and Cabinet Office Spend Control for + £20m Projects. The amendments were made to ensure the Trust meets the new regulations.

The Board:

- Approved the revised core governance documents.

**BOD/2526/007    Code of Governance – Position of Compliance 2024/25**

The Director of Corporate Affairs presented the Trust position of compliance against the relevant clauses of the NHS Code of Governance as detailed in Appendix 1, previously reviewed by the Audit Committee and recommended for approval to the Board.

The Board noted two actions required in 2025/26 as identified during the review regarding update of Statement of Responsibilities to reflect new Chair and Chief Executive and formal evaluation of the Board of Directors to be undertaken during Q1 2025/26.

The Board:

- Noted and agreed the declaration of compliance
- Noted the two actions required during Q1 2025/26

**BOD/2526/008 Non-Executive Terms of Office; Committee Membership 2025/26 and Non-Executive Champion roles**

The Director of Corporate Affairs presented the report detailing the Non-Executive Directors Terms of Office, detailed in s2, Committee membership for 2025/26 as detailed in s3, and statutory and recommended Champion Roles as detailed in s4.

The Board noted:

- That it remains compliant with Establishment Order 2006 No 1662 and Membership and Procedure Regulations 1990 (as amended) and the NHS Code of Governance in respect to Non-Executive Directors Terms of Office.
- The Non-Executive Directors Committee membership for 2025/6.
- The Non-Executive Director Champion Roles.

**BOD/2526/009 Board of Directors Cycle of Business 2025/26**

The Director of Corporate Affairs presented the proposed Cycle of Business. She advised it was reviewed with a consideration of BAF risks, the regulatory or legal requirements and any other matters that are reserved to Board.

The Board noted there might be additional reports required throughout the year on areas of emerging risks and the Business Cycle was kept under regular review to ensure the Board of Directors receive relevant and timely reports.

The Board:

- Approved the Annual Cycle of Business for 2025/26 outlined within Appendix 1.

**BOD/2526/010 Board Assurance Committees Terms of Reference 2025/26**

The Director of Corporate Affairs presented the revised Terms of Reference, with track changes included, for the Assurance Committees of the Board:

- Audit Committee
- Charitable Funds Committee
- Nominations and Remuneration Committee
- Quality and Performance Committee
- Resources Committee
- Trust Management Committee

The Board noted the Terms of Reference had been reviewed in conjunction with Executive Leads and Non-Executive Committee Chairs.

The Director of Corporate Affairs highlighted the amendments to Audit Committee which were in line with the latest HFMA Audit Committee guide.

The Trust Chair commented on the significance of the robust governance documentation which was crucial in providing a sound foundation to all the decisions taken in the Trust.

The Board:

- Approved the Terms of Reference for all Board Assurance Committees.

#### **BOD/2526/011 Quality and Performance Committee Annual Report 2024/25**

Prof A Esmail, Chair of the Quality and Performance Committee presented the report which was taken as read.

He highlighted the Committee reviewed its effectiveness and addressed the recommendations from the review. He felt the Committee had become more effective with robust discussions and balanced time on the agendas.

The Trust Chair observed the quality of reports had generally improved significantly across the meetings, which was reflected in the quality of Board reports, most of which had previously been received at the Committees.

The Trust Chair referred to the financial and operational pressures for the upcoming year and encouraged the Committee to continue to closely monitor the impact of those pressures on the quality and performance.

The Trust Chair noted the significant portfolio of the Quality and Performance Committee and thanked Prof A Esmail for his leadership and effective functioning of the Committee.

The Board:

- Reviewed the Quality and Performance Committee Annual Report for 2024/25.
- Noted the amendments to the Committee Terms of Reference for 2025/26 presented under separate cover for Board approval.

#### **BOD/2526/012 Resources Committee Annual Report 2024/25**

Dr D Hanley, Chair of the Resources Committee presented the report which was taken as read.

Dr D Hanley highlighted improvements made throughout the year in reference to enhanced digital updates and effective deep dives. He stated the Committee would maintain a sharp focus around the financial issues with links to performance. Dr D Hanley advised additional meetings of the Committee may be required in-year due to the vast portfolio of agenda including strategy development as well as CIP monitoring.

The Trust Chair noted the extensive portfolio of the Resources Committee and thanked Dr D Hanley for his effective leadership of the Committee. He acknowledged the need may arise for additional meetings due to the volume of

items arising. The Director of Corporate Affairs added options would be considered, including an additional financial meeting.

The Chief Executive observed the Board collectively needs to ensure that quality, safety and people are at the forefront of all decisions, even during time of financial pressures.

The Board:

- Reviewed the Resources Committee Annual Report for 2024/25.
- Noted the amendments to the Committee Terms of Reference for 2025/26 presented under separate cover for Board approval.

### **BOD/2526/013 Audit Committee Annual Report 2024/25**

Mr D Whatley, Chair of Audit Committee presented the report taken as read.

Mr D Whatley confirmed the Audit Committee delivered against its Terms of Reference and assurance was also reflected in feedback from External and Internal Auditors. The Internal Audit Plan had been used constructively by the management for insight into areas of concern.

The Board noted the Committee undertook a review of its effectiveness Q1 2024/25 against two checklists provided within the HFMA Audit Committee handbook, facilitated by MIAA and was due to undertake annual review shortly.

The Trust Chair thanked Mr D Whatley for his effective leadership of the Committee in the first 12 months of his role as the Committee Chair. He noted assurance from the report and reflected on the critical role of the Audit Committee in providing assurance to the Board on the oversight of BAF and overall level of assurance regarding internal controls.

The Trust Chair reflected on the importance of the Board remaining a unitary body and balancing of all areas to ensure not one item dominates during times of pressure.

The Medical Director observed the good relationships between Executive Team and Non-Executive Directors were crucial and a fresh look into Board Development would be needed with a view of the significant changes in Board membership on the horizon. Ms C Butterworth referred to a successful Board development programme on Board relationships undertaken a few years ago and suggested a similar exercise would be useful with a view of the upcoming membership changes.

The Board:

- Noted the Audit Committee Annual Report 2024/25.

### **Date and time of the next meeting –**

9.45am on Wednesday, 28th May 2025 in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Signed \_\_\_\_\_  
Date \_\_\_\_\_

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

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

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
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.	

## 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	✓	✓	✓	✓	✓	✓	✓	✓
Dr Elaine Strachan-Hall								✓

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	✓	No meeting
Dr Alison Chambers	x	✓	✓	✓	x	✓	✓	
Prof Aneez Esmail	x	✓	✓	✓	✓	✓	x	
Dr David Hanley	✓	x	✓	✓	✓	x	✓	
David Whatley	✓	✓	✓	✓	✓	✓	✓	
Peter White (Chair)	✓	✓	✓	✓	✓	✓	✓	

NWAS Board and Committee Attendance 2025/26

Board of Directors								
	30th April	28th May	18th June	30tht July	24th September	26th November	28th January	25th March
Daniel Ainsworth	✓							
Dr Alison Chambers	✓							
Salman Desai	✓							
Prof Aneez Esmail	✓							
Dr Chris Grant	✓							
Dr David Hanley	✓							
Catherine Butterworth	✓							
Lisa Ward	✓							
Angela Wetton	✓							
David Whatley	✓							
Peter White (Chair)	✓							
Carolyn Wood	✓							
Dr Elaine Strachan-Hall	✓							

Audit Committee						
	25th April	23rd May	18th June	18th July	24th October	16th January
Dr Alison Chambers	✓	✓				
Dr Aneez Esmail	✓	✓				
David Whatley (Chair)	✓	✓				
Catherine Butterworth	✓	x				

Resources Committee						
	22nd May	24th July	18th September	20th November	22nd January	19th March
Daniel Ainsworth	✓					
Catherine Butterworth	x					
Dr David Hanley (Chair)	✓					
Lisa Ward	✓					
David Whatley	✓					
Carolyn Wood	✓					

Quality and Performance Committee						
	28th April	30th June	1st September	27th October	15th December	23rd February
Daniel Ainsworth	✓					
Dr Alison Chambers	✓					
Prof Aneez Esmail (Chair)	✓					
Dr Chris Grant	✓					
Dr David Hanley	✓					
Dr Elaine Strachan-Hall	✓					
Angela Wetton	✓					

Charitable Funds Committee				
	14th May	23rd July	22nd October	18th February
Daniel Ainsworth	x			
Catherine Butterworth	✓			
Dr David Hanley	x			
Lisa Ward	✓			
Angela Wetton	✓			
David Whatley	✓			
Carolyn Wood	✓			

Nomination & Remuneration Committee							
	30th April	28th May	30th July	24th September	26th November	28th January	25th March
Catherine Butterworth	✓						
Dr Alison Chambers	✓						
Prof Aneez Esmail	✓						
Dr David Hanley	✓						
David Whatley	✓						
Peter White (Chair)	✓						

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

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
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	<b>Closed</b>	Agreed with Chairman not to accept or start any NHS HR contracts without his prior approval and support.
			Non Executive Director - 3 x Adult Health and Social Care Companies owned by Oldham Council				√	Position of Authority	Apr-22	<b>Closed</b>	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.
			Interim Board Chair of MioCare which comprises a group of not for profit health and social care companies which are owned by Oldham Metropolitan Borough Council. I have held this position since mid 2024.		√			Position of Authority	Mid-2024	Present	
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	<b>Closed April 2025</b>	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
			Chair, Gloucester Safeguarding Adults Board	√					Jun-25		

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	
Lisa	Ward	Director of People	Member of the Labour Party			√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.
			Member of Chartered Institute of Personnel and Development		√		Non financial professional interest	Jun-23	Present	Declare an interest and withdraw from discussions as and when required.	
			Daughter employed at DHSC as economic analyst			√	Non financial personal interest.	Sep-24	Feb-25	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	Closed 31/12/2024	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	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.



## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	Chief Executive's Report
PRESENTED BY	Salman Desai
PURPOSE	Assurance

LINK TO STRATEGY	All Strategies											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input checked="" type="checkbox"/>	SR03	<input checked="" type="checkbox"/>	SR04	<input checked="" type="checkbox"/>	SR05	<input checked="" type="checkbox"/>		
	SR06	<input checked="" type="checkbox"/>	SR07	<input checked="" type="checkbox"/>	SR08	<input checked="" type="checkbox"/>	SR09	<input checked="" type="checkbox"/>	SR10	<input checked="" type="checkbox"/>	SR11	<input checked="" type="checkbox"/>

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Receive and note the contents of the report</li> </ul>
EXECUTIVE SUMMARY	<p>The purpose of this report is to provide members with information on several areas since the last report to the Trust Board dated 26 March 2025</p> <p>The highlights from this report are as follows:</p> <p><b>PES</b> Demand and incident volume continues to remain relatively stable for the period 1 January – 30 April 2025 in comparison to the same period in 2024. C1 demand continues to be higher (7.6% up in April) when compared to the same period in 2024, with C2 demand falling (5% down in April).</p> <p>Handover across the three areas continues to show improvement.</p> <p>Work continues to develop 'call before convey' models across all areas of the NW region.</p> <p><b>NHS 111</b> Call pick up in 60 seconds was 73% for both March and April 2025. April has been impacted by significant key dates such as Easter and both months have seen an improvement on performance compared</p>

	<p>to February, which was 12% abandoned and 67% calls answered in 60 seconds.</p> <p><b>PTS</b></p> <p>We continue to operate under a block contract arrangement, however the current contractual position across PTS sees an extension of the NEPTS contract in the Lancashire ICB area awarded for a period of 12 months announced via the portal on 11 April 2025 (01 April 25 – 31 March 26). No further information has been made available regarding the remaining contracts.</p>	
PREVIOUSLY CONSIDERED BY	Not applicable	
	Date	Click or tap to enter a date.
	Outcome	

## 1. BACKGROUND

This report seeks to provide a summary of the key activities undertaken and the national, regional and organisational issues to note in relation to the trust since the last report to the Board of Directors on 26 March 2025.

## 2. PERFORMANCE

### 2.1 Paramedic Emergency Service

Demand and incident volume for the 999 service has continued to remain relatively stable for the first four months of 2025 in comparison to the same period in 2024. There were slightly fewer incidents in March and April 2025 than in comparison with the same period last year, although this is more likely due to the same period in 2023/24 being busier than previous years. C1 demand continues to be up when compared to the same period last year (7.6% up in April), with C2 demand falling (5% down in April).

Cat 2 performance continues to be below the revised NHSE target of 30 minutes. Although we were behind the agreed YTD Cat 2 UEC target of 30 minutes at the end of February 2025, strong performance in March 2025 meant we ended the 2024/25 year at 29 minutes and 49 seconds for Cat 2 mean. Cat 2 mean in April 2025 was 23 minutes and 52 seconds which is in line with the UEC modelling completed as part of our growth funding submission. Cat 1 mean performance in April improved by 30 second from the same period in 2024, to 7 minutes and 6 seconds (only 6 seconds above the target). This improvement in Cat 1 mean has been sustained for the last 15 months. C3 and C4 responses (mean and 90<sup>th</sup> percentile) have improved during this reporting period and are significantly better than the same period last year.

Handover across the three areas continues to show signs of improvement in 2025. March 2025 average vehicle handover was 3 minutes lower than March 2024, although in April 2025 average vehicle handover was just over 30 seconds longer. Across March and April combined, patient handover is still just over two minutes lower than the same period in 2024, with only Greater Manchester having a deterioration on last years position by just four seconds. Cheshire and Mersey are two and a half minutes lower, and Cumbria and Lancashire are five and a half minutes lower. This improvement is, in part, due to the work being done by ambulance improvement groups set up by each of the ICBs and supported by NWAS. These groups are now focused on the implementation of the 45-minute rapid release process that has been mandated by NHSE.

The deployment of Ambulance Liaison Officers across the most challenged sites across the region continues. They support with flow into the departments, the process of cohorting, and assisting crews to clear once they have handed over. These were funded last year as a cost pressure to service delivery, but this year have been funded from the UEC growth money. Across March and April, nearly 4000 hours were released due to ambulance staff cohorting patients waiting for a handover in the emergency departments across the regions. This is 20% less than the same period last year (a reduction in around 800 hours). It is hoped that with the implementation of the 45-

minute rapid release process that the need for NWAS staff to care for patients inside emergency departments will reduce.

Work continues to further develop 'call before convey' models which are in place across the North West region. There is still some variation in the acceptance criteria and working hours of these services, driven by the delivery of these services at place level. ICBs work to evolve these models into care co-ordination in line with the specification from NHSE – and this will insure 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. This is connected to the UEC growth funding for the ambulance service, and the UEC plans submitted by place teams in the ICB. Focus has been placed on these care coordination models supporting the management of frailty, end of life care, and high intensity service users. Although NWAS are pushing for single phone numbers across each of the ICB footprints for access to the care coordination services. There is a strong ICB-led push for a single point of contact across all of Merseyside for ambulance conveyance avoidance, which NWAS is supporting. Services in Cheshire are not as joined up but could develop a similar service learning from the Merseyside work this year.

Hear & Treat in April 2025 is at 15.6% (up from 13.9% in April 2024) and See & Treat at 27% (down from 27.5% in April 2024). This is in line with the trajectories set as part of our UEC growth funding submission. See and Convey is at 57.4% (down from 58.6% in April 2024). This suggests some activity has been converted from a face-to-face response (See & Treat, and some See and Convey) to being managed over the telephone.

Call pick-up continues to perform well with a mean call answer for March 2025 of 1 second and a mean call answer of 1 second for April 2025. At the end of April 2025 YTD call answer is 1 second

NWAS are currently supporting Yorkshire Ambulance Service as they prepare for and go live with NHS Pathways. An enabler for this support has been the improvement in attrition across ICC call handling and the acceleration of dual call handler 111 / 999 numbers to deliver capacity required.

## 2.2 NHS NW 111

Below is the comparison with March and April 2024

	Mar-24	Mar-25
Number of abandoned calls	29,218	8,002
Abandoned calls as a %	16%	4%
Total number of calls answered in a 24-hour period	159,281	170,223
Total number of calls answered within 60 seconds	72,934	123,432

Total number of calls answered within 60seconds as a %	46%	73%
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	Apr-24	Apr-25
Number of abandoned calls	9,318	7,739
Abandoned calls as a %	6%	4%
Total number of calls answered in a 24-hour period	145,162	170,542
Total number of calls answered within 60 seconds	98,703	124,578
Total number of calls answered within 60seconds as a %	68%	73%

### 2.3 Patient Transport Service

Report dated March 2025, Contract Month 9

Cumulatively, Cumbria is -20% below baseline. Greater Manchester is 8% above baseline. Lancashire is -25% below baseline and Merseyside is 5% above baseline. This is broadly consistent with previous months, and indicative of low unplanned activity in Cumbria and lower planned activity in Lancashire.

Cumbria -Planned achieved 98% against the Arrival KPI target of 90% (Improved). EPS achieved 97% against the Arrival KPI target of 90%. (Consistent)

Lancashire - Planned arrivals achieved 84% against the Arrival KPI target of 90%. (Improved). EPS achieved 95% against the Arrival KPI target of 90%. (Improved).

Greater Manchester - Planned arrivals achieved 78% against the Arrival KPI target of 90%. (Reduced). EPS achieved 89% against the Arrival KPI target of 90%. (Improved).

Merseyside - Planned arrivals achieved 73% against the Arrival KPI target of 90%. (Reduced). EPS achieved 95% against the Arrival KPI target of 90%. (Improved).

Overall activity during Month 7 (financial year) was -7% (-9,869 Journeys) below contract baseline whilst the cumulative position is -8% (-92,937 Journeys) below baseline

Engagement with acute trusts and ICB leads is improving and has started to review and improve performance particularly the unplanned specification with some focus on aborted activity. Tripartite meetings have continued and particularly for Lancashire & South Cumbria (L&SC) have gathered some momentum. A suite of reporting has been agreed with commissioners and is shared daily with L&SC to inform operational meetings internally at the acutes and to identify priority areas to target aborted activity. Recruitment to the PTS Operational Senior Leadership team is complete and successful candidates are now in post as of 19 May 2025. This will significantly strengthen the

senior leadership team to enable more focus on the workforce and operational delivery. Additionally, the Team Leader recruitment has been concluded and has successfully offered 6 candidates permanent team leader position. This leaves only 2 vacancies in the first line of supervision and sees an end to secondments that have been in place for some time.

### **3. ISSUES TO NOTE**

#### **3.1 National Meetings**

I was able to attend the following national meetings during April and May.

- NHS Providers Chairs and Chief Executives Network – 1 April.
- AACE ACEG strategy meeting – 15 April.
- NHS Leadership event – 29 April.
- Transforming Tomorrow through Leadership Today – 2 May.

#### **Martyn's Law**

Martyn's Law received Royal Assent in April 2025 after many years of campaigning by his mother, Figen Murray. Martyn was killed in the Manchester Arena attack in 2017. We know first-hand about the devastating impact of terrorism and just how necessary preparation is. The incident stays with us as responders and members of the affected community. Whilst it will take a couple of years for the act to come into force, it will ultimately make our public spaces safer. Venues and event organisers will be required to take practical actions to reduce the risk of physical harm and the impact of a terrorist attack. For the first time, venues and events will have a legal duty to consider the threat from terrorism and plan how to respond.

#### **NHS Finances**

Further to a letter received from Sir James Mackey, Chief Executive of NHS England setting out his ambitions for the year ahead. The trust continues to look at how it can be more productive and efficient with existing resources, reducing corporate budgets and scrutinising vacancies. Integrated Care boards have been tasked with halving their running costs and trusts that provide NHS services with reducing corporate costs. The required reduction in corporate spending is based on growth since 2019 and trusts are asked to reduce growth costs by 50% before the end of 2025.

#### **Ambulance commissioning in the future**

In anticipation of the national review of ambulance commissioning expected later this year, the ambulance sector has worked together to produce a paper to inform the future of commissioning. The paper outlines the current challenges of local arrangements and offers a clear perspective on how things could be improved. We're hoping for approaches that better reflect the evolving role of ambulance services within integrated healthcare systems that recognise our contribution beyond emergency responses, including urgent care, prevention and system navigation.

#### **3.2 Regional**

#### **3.3 Organisational**

## **Trust engagement**

During April and May we held engagement with managers and staff as follows.

- Senior Managers briefing – 2 April.
- Improvement Academy Summit – 4 April.
- Annual celebration of learning event – 20 May.
- International HR day – 20 May.

## **Director of Strategy and Partnerships**

The Trust has appointed Mike Gibbs to the role of Director of Strategy and Partnerships. Mike will take up his new role on 28 July 2025.

## **Star Awards**

On 28 March, I had the pleasure of attending our annual staff awards celebration at Ribby Hall Village In Lancashire which was fully funded by sponsorship. Almost 300 people attended the awards night after colleagues nominated each other in various categories. A special commendation was presented by Peter White, in recognition of the Southport incident response – a standing ovation was given whilst applause and appreciation was given. I closed the event with a few words about the importance of kindness and compassion with each other because its not just what we do, but how we do it, that leaves a lasting impact on others.

## **New qualification for volunteers**

Congratulations to our first cohort of community first responders (CFRs) to receive the new formal qualification – FAQ level 3 award for First Responders on Scene. The new qualification sets a clear national standard and brings us in line with other ambulance trusts across the country. It's great to see their skills and dedication formally recognised.

## **Merseyside community awareness event**

The trust held the last of the 2024/25 community awareness events in Liverpool on 3 April. The event was extremely well attended and feedback very positive. The trust is working on the 2025/26 programme which will see a refresh of the current format.

## **Mental Health Awareness Week (week commencing 12 May)**

This year's theme for Mental Health Awareness week was 'community'. It is important to feel part of something – to feel seen, accepted and supported which can do wonders for wellbeing. Sadly, ambulance staff are more likely to face challenges with mental health and this was highlighted in my communication with staff with an ask to check in on someone, take time out for self or reconnect with a colleague. The smallest gestures can sometimes make the biggest difference.

In celebration of national walking month and to support health and wellbeing, the wellbeing team have launched a virtual Carlisle to Crewe walking challenge. The ask is to complete 300,000 steps during the month of May. Staff who have signed up can track their virtual journey and see where in the Trust they are based on the steps undertaken.

## **3.4 Out and About**

### **CFR shift with John Clucas**

I was invited to spend some time with John Clucas, a volunteer community first responder from East Lancashire. We responded to patients in the area, providing help before the ambulance crews arrived and chatted about how we might be able to improve support to our invaluable volunteer network.

#### **National Learning at Work week (wc 12 May)**

The trust promoted national learning at work week with a series of learning events. The theme for 2025 was 'Get Connected', coming together to connect and grow, connect and inspire and connect and explore.

I was privileged to be able to congratulate and celebrate our staff at the Annual Celebration of learning event at Bolton Whites on 20 May. The celebration organised by the L&OD team brought together staff who have invested in themselves and in the future of the ambulance service as they completed their learning journey in 2024 whilst balancing work and study. Staff recognised at the celebration had completed a range of professional qualifications from the EMT1 and Paramedic apprenticeships to the Paramedic top up degree, CMI qualifications and teaching and assessing qualifications.

#### **4. RISK CONSIDERATION**

There are no risks directly emerging from the content of this report.

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

There is no equality implications associated with the contents of this report.

#### **6. ACTION REQUIRED**

The Board of Directors is asked to:

- Receive and note the contents of this report.



## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	Use of Common Seal Bi-Annual Report
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Assurance

LINK TO STRATEGY	All Strategies											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input checked="" type="checkbox"/>	SR03	<input checked="" type="checkbox"/>	SR04	<input checked="" type="checkbox"/>	SR05	<input checked="" type="checkbox"/>		
	SR06	<input checked="" type="checkbox"/>	SR07	<input checked="" type="checkbox"/>	SR08	<input checked="" type="checkbox"/>	SR09	<input checked="" type="checkbox"/>	SR10	<input checked="" type="checkbox"/>	SR11	<input checked="" type="checkbox"/>

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the occasions of use of the Common Seal as detailed in s2 of the report.</li> <li>Note compliance with s8 of the Standing Orders.</li> </ul>	
EXECUTIVE SUMMARY	<p>Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a biannual basis, with the previous report received by the Board on 27<sup>th</sup> November 2024.</p> <p>During the period 1<sup>st</sup> October 2024 to 31<sup>st</sup> March 2025, the Trust's Common Seal was applied on five (5) occasions, the details can be found in s2 of the report.</p>	
PREVIOUSLY CONSIDERED BY	Not Applicable	
	Date	Not Applicable
	Outcome	Not Applicable

## 1. BACKGROUND

The report details the use of the Common Seal to the Board of Directors between the period 1<sup>st</sup> October 2024 to 31<sup>st</sup> March 2025.

## 2. USE OF COMMON SEAL

Use of the Common Seal is determined by Section 8 of the Trust's Standing Orders. Clause 8.4 of Section 8 requires the occasions of use to be reported to the Board on a bi-annual basis, with the previous report received by the Board on 27<sup>th</sup> November 2024.

During the period 1<sup>st</sup> October 2024 to 31<sup>st</sup> March 2025, the Trust's Common Seal was applied on five (5) occasions:

Reg No	Date	Reason
180	9 <sup>th</sup> October 2024	Deed of Rectification: His Majesty the King, Crown Estate Commissioners, NWAS and British Red Cross Society
181	18th December 2024	Lease - Blackpool Telecoms Tower. Parkinson Way, Blackpool, FY4 2AZ
182	18th December 2024	Parkway 4 - Lease Renewal
183	5th February 2025	Engrossment Transfer - Electrical substation site, Belmont Road, Liverpool
184	19th March 2025	Grange over Sands Lease/Licence

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

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

## 3. ACTION REQUIRED

The Board of Directors is asked to:

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



## REPORT TO THE BOARD OF DIRECTORS

<b>DATE</b>	Wednesday, 28 May 2025
<b>SUBJECT</b>	Continuity of Services 7 (CoS7): Availability of Resources Declaration 2025-26
<b>PRESENTED BY</b>	Angela Wetton, Director of Corporate Affairs
<b>PURPOSE</b>	Decision

<b>LINK TO STRATEGY</b>	All Strategies											
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input checked="" type="checkbox"/>	<b>SR03</b>	<input checked="" type="checkbox"/>	<b>SR04</b>	<input checked="" type="checkbox"/>	<b>SR05</b>	<input checked="" type="checkbox"/>		
	<b>SR06</b>	<input checked="" type="checkbox"/>	<b>SR07</b>	<input checked="" type="checkbox"/>	<b>SR08</b>	<input checked="" type="checkbox"/>	<b>SR09</b>	<input checked="" type="checkbox"/>	<b>SR10</b>	<input checked="" type="checkbox"/>	<b>SR11</b>	<input checked="" type="checkbox"/>

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

<b>ACTION REQUIRED</b>	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Review and confirm the declaration of compliance against CoS7 for publication on the Trust's website.</li> </ul>	
<b>EXECUTIVE SUMMARY</b>	<p>The NHS Provider Licence requires Trusts to make an annual declaration, no later than two months from the end of each financial year, as per Section 6 – Continuity of Services of the Provider Licence and CoS7 – Availability of Resources (s2 of the report).</p> <p>The considerations in drafting the proposed declaration for the period 1<sup>st</sup> April 2025 – 31<sup>st</sup> March 2026 can be seen in s3 of the report, with the proposed positive declaration articulated in s4.</p> <p>The Certificate, for publication on the Trust's website, can be seen in Appendix 1.</p>	
<b>PREVIOUSLY CONSIDERED BY</b>	Not Applicable.	
	Date	Not Applicable
	Outcome	Not Applicable

## 1. BACKGROUND

The NHS provider licence forms part of the oversight arrangements for the NHS. It sets out conditions that providers of NHS-funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future. The requirement to hold a Provider Licence was extended to NHS trusts from April 2023.

Section 6 – Continuity of Services of the Provider Licence contains CoS7 – Availability of Resources that requires NHS Providers not later than two months from the end of each Financial Year, to submit to NHS England a certificate as to the availability of the required resources for the period of 12 months commencing on the date of the certificate (1 April 2025 – 31 March 2026 in this case), as per s2, point 3, below.

## 2. CONTINUITY OF SERVICES (CoS7): AVAILABILITY OF RESOURCES

1. The Licensee shall at all times act in a manner calculated to secure that it has, or has access to, the Required Resources.
2. The Licensee shall not enter into any agreement or undertake any activity which creates a material risk that the Required Resources will not be available to the Licensee.
3. The Licensee, not later than two months from the end of each Financial Year, shall submit to NHS England a certificate as to the availability of the Required Resources for the period of 12 months commencing on the date of the certificate, in one of the following forms:
  - a. "After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate."
  - b. "After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to have access to the required resources".
  - c. "In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate".
4. The Licensee shall submit to NHS England with that certificate a statement of the main factors which the Directors of the Licensee have taken into account in issuing that certificate.
5. The statement submitted to NHS England in accordance with paragraph 4 shall be approved by a resolution of the board of Directors of the Licensee and signed by a Director of the Licensee pursuant to that resolution.
6. The Licensee shall inform NHS England immediately if the Directors of the Licensee become aware of any circumstance that causes them to no longer

have the reasonable expectation referred to in the most recent certificate given under paragraph 3.

7. The Licensee shall publish each certificate provided for in paragraph 3 in such a manner as will enable any person having an interest in it to have ready access to it.
8. In this Condition: "distribution" includes the payment of dividends or similar payments on share capital and the payment of interest or similar payments on public dividend capital and the repayment of capital;  
"Financial Year" means the period of twelve months over which the Licensee normally prepares its accounts;  
"Required Resources" means such:
  - a. management resources including clinical leadership,
  - b. appropriate and accurate information pertinent to the governance of quality
  - c. financial resources and financial facilities,
  - d. personnel,
  - e. physical and other assets including rights, licences and consents relating to their use,
  - f. subcontracts , and
  - g. working capital as reasonably would be regarded as sufficient for a Hard to Replace Provider and/or to enable the Licensee at all times to provide the Commissioner Requested Services

### 3. CONSIDERATIONS

In considering the proposed declaration in s4, the following main factors that have been taken into consideration:

- The Trust is in a strong position in respect of its workforce with manageable vacancy gaps, reducing turnover and strong cover arrangements ensuring safe staffing. Recruitment market conditions have improved within the paramedic /ambulance sector.
- The Trust recognises that 2025/26 will see a number of planned changes around the Board table in both executive and non-executive roles and consequently a strategic risk has been escalated onto the Board Assurance Framework, however, there are several mitigating arrangements in place to ensure a smooth transition and minimal disruption to strategic plans during the year.
- Income values for financial year 2025/26 have been agreed along with a balanced financial plan, that incorporates an efficiency target equating to 2.7% of operating expenditure;
- There is an Urgent and Emergency Care (UEC) recovery plan, agreed with NHSE, in place, to ensure that we continue to provide safe and high quality care for our patients across the North West;
- The clinical leadership structure within the organisation;
- Quality performance data and assurance on quality governance matters is seen on a monthly basis at the Trust Management Committee (a Board sub-committee) and on an alternating bi-monthly basis at either the Board of Directors or the Quality & Performance Committee (a sub-committee of Board);
- Considerations when assessing the accounts to be prepared on a going concern basis; and
- Contractual arrangements for premises, assets and subcontracts.

#### 4. PROPOSED DECLARATION

The proposal is that the North West Ambulance Service NHS Trust therefore declares that:

*After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.*

Once the declaration of compliance has been confirmed by the Board of Directors, the signed certificate (as seen in Appendix 1) will be published on the Trust's website.

#### 5. RISK CONSIDERATION

NHS England can take action against healthcare providers who hold an NHS Provider Licence if:

- NHS England has reasonable grounds to suspect a breach of the Licence;
- There has been a breach of the Licence; and/or
- The provider has failed to comply with a requirement to provide documents or information.

#### 6. ACTION REQUIRED

The Board of Directors is asked to:

- Review and confirm the declaration of compliance against CoS7 for publication on the Trust's website.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.  
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

## Self-Certification Template - Conditions CoS7

*Insert name of organisation*



Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

*Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (designated CRS providers only)*

These self-certifications are set out in this template.

### **How to use this template**

- 1) Save this file to your Local Network or Computer.
- 2) Enter responses and information into the yellow data-entry cells as appropriate.
- 3) Once the data has been entered, add signatures to the document.

## Declarations required by Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

## 1 Continuity of services condition 7 - Availability of Resources (designated CRS only)

EITHER:

- 1a After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.

Confirmed

Please fill details in cell E22

OR

- 1b After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.

Please Respond

OR

- 1c In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.

Please Respond

## Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

•The Trust is in a strong position in respect of its workforce with manageable vacancy gaps, reducing turnover and strong cover arrangements ensuring safe staffing. Recruitment market conditions have improved within the paramedic /ambulance sector.

•The Trust recognises that 2025/26 will see a number of planned changes around the Board table in both executive and non-executive roles and consequently a strategic risk has been escalated onto the Board Assurance Framework, however, there are several mitigating arrangements in place to ensure a smooth transition and minimal disruption to strategic plans during the year.

•Income values for financial year 2025/26 have been agreed along with a balanced financial plan, that incorporates an efficiency target equating to 2.7% of operating expenditure;

•There is an Urgent and Emergency Care (UEC) recovery plan, agreed with NHSE, in place, to ensure that we continue to provide safe and high quality care for our patients across the North West;

•The clinical leadership structure within the organisation;

•Quality performance data and assurance on quality governance matters is seen on a monthly basis at the Trust Management Committee (a Board sub-committee) and on an alternating bi-monthly basis at either the Board of Directors or the Quality & Performance Committee (a sub-committee of Board);

•Considerations when assessing the accounts to be prepared on a going concern basis; and

•Contractual arrangements for premises, assets and subcontracts.

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature

Signature

Name Peter White

Name Salman Desai

Capacity Chair

Capacity Chief Executive

Date 28 May 2025

Date 28 May 2025

Further explanatory information should be provided below where the Board has been unable to confirm declarations.



## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	Freedom To Speak Up - Assurance Report
PRESENTED BY	Freedom To Speak Up Guardians
PURPOSE	Assurance

LINK TO STRATEGY	People Strategy											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input type="checkbox"/>	SR03	<input type="checkbox"/>	SR04	<input type="checkbox"/>	SR05	<input type="checkbox"/>		
	SR06	<input checked="" type="checkbox"/>	SR07	<input type="checkbox"/>	SR08	<input type="checkbox"/>	SR09	<input type="checkbox"/>	SR10	<input type="checkbox"/>	SR11	<input type="checkbox"/>

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

ACTION REQUIRED	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of the report and receive the assurance that the trust has completed the recommendations of the Speaking up, Listening to Workers Report from the NGO</li> <li>Note the assurance received relating to the ongoing efficacy of speaking up arrangements within the trust</li> <li>Continue its ongoing commitment to FTSU across NWS in order to meet its strategic aims of high-quality inclusive care and being a great place to work.</li> </ul>	
EXECUTIVE SUMMARY	<p>This report is designed to provide assurance to the Board of Directors in relation to current Freedom to Speak Up (FTSU) arrangements within the trust, their efficacy, and that systems and processes around speaking up arrangements remain viable and functional. It is also to provide assurance to the Board of the work undertaken to complete the recommendations of the National Guardians Office Listening up to Worker's review, published in 2023.</p>	
PREVIOUSLY CONSIDERED BY	Date:	Click or tap to enter a date.
	Outcome	N/A

## 1. BACKGROUND

Embedding a speaking up culture into normal trust business has been a key aim of the trust throughout the year, continuing the iterative cultural work allowing our people to feel their voice counts. The national staff survey results shows a picture of worsening of metrics for our sector although the mean results remain static. NWS has seen a small increase in staff confidence to speak up about clinical issues, but a static result in their belief that the organisation would address any general or clinical concerns raised.

NHS England completed its cultural review of Ambulance services in February 2024, and we have a programme of work with governance and assurance through the Resources Committee. Speaking up and psychological safety for our people remain key themes of both strands, and the Freedom to Speak Up (FTSU) team is central to those processes and workstreams

## 2. SPEAKING UP

During the 2024/25 financial year, we saw a slight drop in the overall number of concerns raised. In 2023/24, we received 154 concerns and 120 in 2024/25. It should be noted, however, that the trust has completed its Service Delivery Model Review, which raised several concerns during the previous year. Overall, this represents a stable position of speaking up within the trust.

We continue to track the classification of concerns under "open", "confidential" and "anonymous". During previous reports to the Board, due to a data collection error, we have incorrectly reported both "confidential" and "anonymous" together as "anonymous". In the data contained within this report, we have split those out to provide greater clarity to the Board on the range of ways people wish for their concerns to be handled. This can be seen in Fig. 1 below.

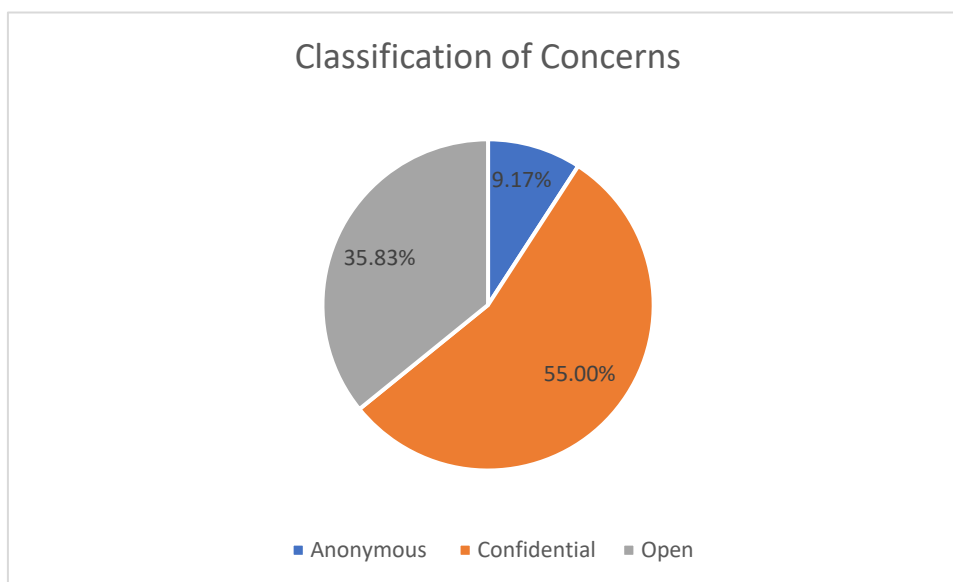


Fig. 1 Classification of Speaking Up Concerns 2024/15

We continue to see changing trends in the methods people use to speak up with 93% of concerns now being received and dealt with electronically via the online form, or email. This represents a continuing theme of a shift to more convenient ways for our people to access the speaking up team at any time without the need to write or call. These methods are used in a small number of cases, but the overwhelming proportion are received electronically with email, phone call, or meeting follow up.

PES continues to be the service line where most concerns are raised from, although it is by far the largest service line by staff numbers. Figure 2 shows the source of concerns by service line.

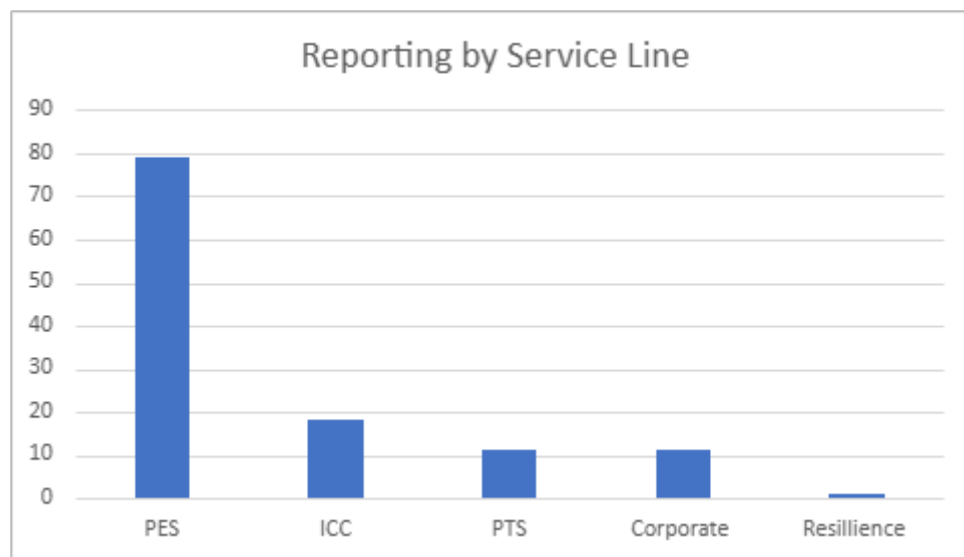


Fig. 2 Reporting by Service Line

We continue to see the largest proportion of concerns raised relating to inappropriate attitudes and behaviours, and a stable number of concerns relating to patient safety. This can be seen below in Figure 3.

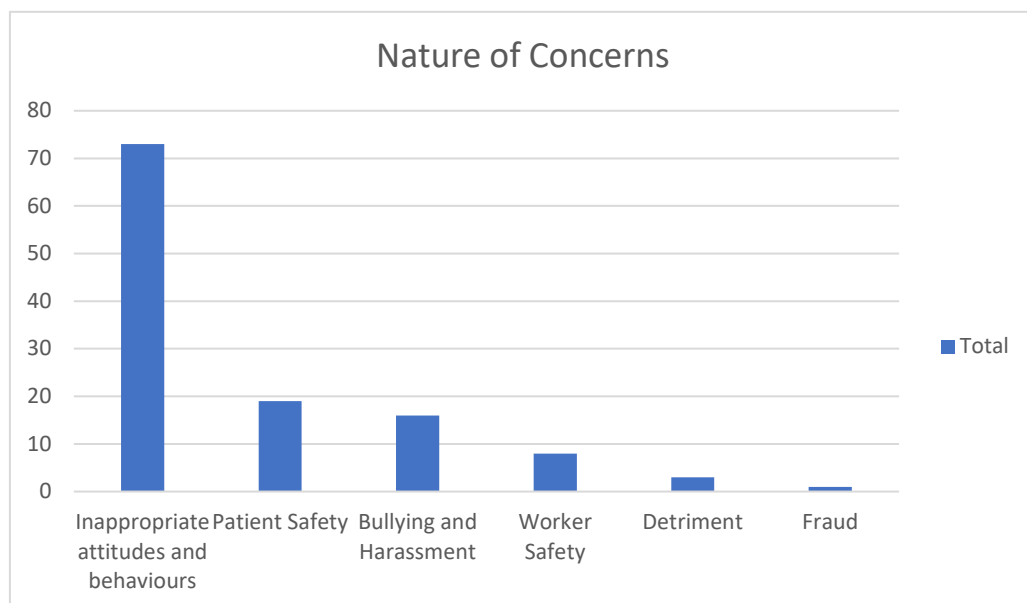


Fig. 3 Nature of Concerns being raised

It should be noted that 'inappropriate attitudes and behaviours' remains the most seen theme, the NGO suggest this theme includes:

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

But falls short of unwanted behaviour, that is:

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

When reviewing speaking up data, it is important to remember that FTSU is not the only way our people speak to us as an organisation. Staff have many routes open to them to raise concerns, as outlined in our trust policies. There are many formal HR routes for concerns to be handled, and staff can also report concerns via the DCIQ system to notify their leadership teams of both positive and negative experiences, or events. There remains no way to triangulate concerns across the organisation by service line or geography, so caution is advised when reviewing the FTSU data in isolation.

### 3. LISTENING UP

When our people speak up, we promise we will listen and attempt to find a sufficient resolution. In most cases, this does happen, and concerns are dealt with promptly. However, there have been a small number of concerns that have remained open for a prolonged time. Often, this is due to the complex nature of the concern and competing demands upon people's time. Again, caution is advised when reviewing this information in isolation, as no triangulation on any other formal processes is available for comparison.

The longest time for resolution during this year has been **152 days** but with an overall mean time to closure of **30 days**. The mean time to closure by service line can be seen in Figure 4 below. All cases are reviewed monthly at our executive assurance meeting with the Chief Executive, Medical Director, Director of People, and Director of Operations. Recently, a new process for more timely resolution by escalation through senior leadership teams has been agreed by the executive team. F2SU Guardians will continue to monitor the impact of that new process.

Service Line	Average days to resolution
Integrated Contact Centre	37
Patient Transport	34
Corporate	34
Paramedic Emergency Service	28
Resilience	4
<b>Trust</b>	<b>30</b>

Fig. 4 – Mean time to closure by Service Line

### 4. FOLLOWING UP

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

This year has seen the trust issue bulletins regarding uniform standards as a result of speaking up, as well as supporting staff to be innovative in new ways of working. The Freedom to Speak Up team supported a member of staff with a disability who felt they were being treated differently due to a speech impairment by colleagues in the contact centre. The FTSU team are now core members of the Regional Clinical Learning & Improvement Group. Attendance at this forum is

intended to bring learning and themes from FTSU to regional learning leads to help identify and embed learning from speaking up.

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

The FTSU team is also now able to attend staff forums, staff engagement events across all service lines and this is part of a proactive action plan. We are also engaged in the NW regional FTSU network, and National Ambulance Network, ensuring that we are learning from others, and sharing any practice from within the trust that could help others improve.

### Staff Training

Staff training is mandated for all FTSU modules within ESR for those with leadership responsibilities. For those in senior leadership positions, we mandate the listen up and follow up modules. Figure 5 shows the current staff compliance with these training requirements.

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS MAND Freedom to Speak Up - All Workers - No Specified Renewal	7841	7841	7285	92.91%
NHS MAND Freedom to Speak Up - Managers - No Specified Renewal	1054	1054	957	90.80%
NHS MAND Freedom to Speak Up - Senior Managers - No Specified Renewal	83	83	75	90.36%

### National Guardians Office Recommendations

In February 2023, the National Guardians' Office released its 'Listening up to workers, a speaking up review' into Ambulance Trusts in England. It made a number of recommendations, which are listed below, with associated trust level actions to provide assurance against the completion of those recommendations.

Recommendation 2: Making speaking up in Ambulance trusts business as usual	Comments	RAG
<ul style="list-style-type: none"> <li>Mandate training for all staff</li> </ul>	See above, training mandated	
<ul style="list-style-type: none"> <li>Full engagement with FTSU, including at board</li> </ul>	Board development session undertaken June 2023, exec oversight of all concerns, resolution of lowest possible level of leadership	
<ul style="list-style-type: none"> <li>Embed FTSU into all aspects of trust work by proactive engagement by leadership, management, and guardians</li> </ul>	Attendance at regional learning forums, local leadership meetings, staff network engagement, staff inductions, staff forums	
<ul style="list-style-type: none"> <li>Annual evaluation of effectiveness of speaking up arrangements</li> </ul>	Annual Board Report, continuous review of speaking up arrangements, recruitment of guardian team and administrative support	
Recommendation 4: Implement the FTSU guardian role in accordance with national guidance to meet the needs of workers	Comments	RAG
<ul style="list-style-type: none"> <li>Meaningfully invest in the FTSU guardian role, identifying the time and resources to meet the needs of the organisation</li> </ul>	2 x WTE guardians in post, strategic and exec oversight with NED support. No issues identified in relation to resources or capacity.	
<ul style="list-style-type: none"> <li>The NGO recommends the equivalent of 3 FTSU guardians</li> </ul>	2 x WTE guardians in post, 0.2WTE strategic oversight, 0.2 WTE administrative support. No capacity issues identified	
<ul style="list-style-type: none"> <li>Recruitment process used for guardian posts to be fair, open, and transparent.</li> </ul>	Recruitment of guardians has followed existing processes for recruitment across NAWAS and is done via existing policy and procedure through the HR hub	

<ul style="list-style-type: none"> <li>Create, if not already in place a network of champions.</li> </ul>	Champion role to be taken on by wellbeing champions as part of a wider review of champion roles in the trust. No further actions required on this item.	
<ul style="list-style-type: none"> <li>Provide emotional support and well-being support to guardians</li> </ul>	1:1 meetings with each guardian, weekly team case huddles in place, access to staff wellbeing offer, support processes believed to be sufficient to the need. No further actions required for this item.	

### **Next Steps**

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

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

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

## **5. RISK CONSIDERATION**

There are no identified risks associated with the content of this report.

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

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

We continue to see a reduced % of speaking up concerns relative to protected characteristics within the trust. A summary table is below:

Characteristic	NWAS	FTSU
Disability	9%	3.3%
Ethnicity	7%	1.6%
Gender (Female)	56%	11.7%%
Sexual Orientation	6%	1.7%

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

### **ACTIONS**

- The Board is asked to:
  - Note the content of the report and receive the assurance that the trust has completed the recommendations of the Speaking up, Listening to Workers Report from the NGO

- Note the assurance received relating to the ongoing efficacy of speaking up arrangements within the trust
- Continue its ongoing commitment to FTSU across NWAS in order to meet its strategic aims of high-quality inclusive care and being a great place to work.



## REPORT TO THE BOARD OF DIRECTORS

<b>DATE</b>	Wednesday, 28 May 2025
<b>SUBJECT</b>	<b>Chairman's Annual Fit and Proper Persons' Declaration</b>
<b>PRESENTED BY</b>	Lisa Ward, Director of People
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	People Strategy											
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input type="checkbox"/>	<b>SR02</b>	<input type="checkbox"/>	<b>SR03</b>	<input type="checkbox"/>	<b>SR04</b>	<input type="checkbox"/>	<b>SR05</b>	<input checked="" type="checkbox"/>		
	<b>SR06</b>	<input checked="" type="checkbox"/>	<b>SR07</b>	<input type="checkbox"/>	<b>SR08</b>	<input type="checkbox"/>	<b>SR09</b>	<input type="checkbox"/>	<b>SR10</b>	<input type="checkbox"/>	<b>SR11</b>	<input type="checkbox"/>

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

<b>ACTION REQUIRED</b>	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> <li>Record that the Fit and Proper Persons Test has been conducted for the period 2024/2025 and that all Board members satisfy the FPPT requirements.</li> <li>Note the new Board appraisal framework.</li> </ul>
<b>EXECUTIVE SUMMARY</b>	<p>The purpose of this paper is to provide annual assurance that all Board Directors meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In line with the Trust's Fit and Proper Persons Procedure, the scope of the staff who are included are all executive and non-executive directors of the Board, including permanent, interim and associate positions, irrespective of their voting rights. It also applies to individuals who are acting up into Board level positions. The FPPT only applies to deputies who are required to act up for a period of six weeks or more.</p> <p>The paper sets out the requirement of the annual FPPT checks and confirms that the checks have been completed for each member of the Board, with the outcome recorded on ESR and placed on personal files.</p>

PREVIOUSLY CONSIDERED BY	During the year 2024/25, the Director of People has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.	
	The paper also provides an overview of the new Board appraisal framework launched by NHSE in April 2025. The paper sets out how the Trust has managed Board appraisals this year in light of the new framework. Current processes are compliant with the framework but consideration will be given to any further enhancements required in 2025/26.	
	The Annual Chairman's Declaration in Appendix A sets out how the Trust has met the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	
PREVIOUSLY CONSIDERED BY	Date	Click or tap to enter a date.
	Outcome	

## 1. PURPOSE

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

## 2. BACKGROUND

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

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

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

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

### FPPT Framework

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

- 3.2 The information held in ESR on the FPPT may also be used by the CQC if it is determined that a review is required to assess the data integrity and controls in place to hold the data in ESR. Once the annual checks have been completed and the data has been recorded in ESR, a summary of the Board member's FPPT outcomes are recorded on the NHSE FPPT template for onward review by the NHSE Regional Director.

- 3.4 The Trust's compliance with the FPPT framework was audited by MIAA in June 2024 with the final report published in July 2024 with an outcome of 'High Assurance'. The final audit report noted that the Trust had a system of internal control in relation to the administration of Fit and Proper Persons outlining that there is evidence that Trust controls were operating effectively, and numerous areas of good practice were identified.

## 4. ANNUAL ASSURANCE

- 4.1 In line with the revised annual assurance set out in the FPPT Framework, for the 2024/25 submission of FPPT outcomes, all Board members have completed the annual self-attestation. The Trust utilises a third party provider the social media checks, with the outcome reports provided for the Trust to review.

4.2 The NHSE summary template of the outcome of the FPPT checks for the Board has been completed and signed off by the Chair. This will be sent to the NHS Regional Director ahead of the 30 June 2025 deadline.

4.3 The Chairman's Annual declaration is outlined in Appendix A.

## 5. Revised Appraisal Framework

5.1 In April this year, NHSE launched a new Board member appraisal framework which applies to all Board members and also replaces the Chair appraisal framework. The framework incorporates the 6 domains of the leadership competency framework (LCF) into a single approach for all executive and non-executive roles and aligns with the FPPT framework.

The framework allows a level of flexibility for trusts to implement, including the ability to adapt the process depending on whether the appraisee is an executive or non-executive director and enables integration into local policies. Whilst NHSE have produced appraisal templates, the Trust can adapt to meet our own requirements or amend our existing templates, as long as the core principles set out in the national guidance are incorporated into the appraisal process. These principles are:

- 5.2
- review of performance against leadership competence framework
  - review of previous year objectives
  - setting objectives (including EDI) for next year
  - agreement of development plan
  - assessment of declaration under FPPT

The above principles are already in the Trust's Board appraisal but adjustments can be made to enhance multi-source feedback to support the LCF assessment. In addition, the appraiser is also asked to consider applying a rating of the individual appraisee based on the following:

### Improvement needed

**Rating descriptor:** Partially meets performance standards

**Rating guidance:** Board member has met some of their personal SMART objectives throughout the performance year

### Satisfactory

**Rating descriptor:** Meets performance standards

5.3 **Rating guidance:** Board member has consistently met most or all of their personal SMART objectives throughout the performance year

### Good

**Rating descriptor:** Partially exceeds performance standards

**Rating guidance:** Board member has exceeded over and above some of their personal SMART objectives throughout the performance year

### Outstanding

**Rating descriptor:** Exceeds performance standards

**Rating guidance:** Board member has consistently exceeded over and above most or all their personal SMART objectives throughout the performance year

5.4 The implementation guidance published in April 2025 was clear that those trusts who have already started their appraisals were not expected to redo the process, but should use the framework for future appraisals. As the Trust had already started their Board appraisals at this point, the current paperwork has been used and any further refinement of the appraisal

paperwork to enhance compliance with the new framework will be considered ahead of next year's appraisals.

- 5.5 The guidance confirms that appraisals for Chairs must be shared with NHSE by 30 June 2025 and NED appraisals must be shared by 30 September 2025. All CEO and Executive Director appraisals paperwork does not need to be shared with NHSE but should be retained locally.

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

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

## 7. **ACTION REQUIRED**

The Trust Board is asked to:

- Record that the Fit and Proper Persons Test has been conducted for the period 2024/2025 and that all Board members satisfy the FPPT requirements.
- Note the new Board appraisal framework.

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

### **CHAIRMAN'S ANNUAL DECLARATION**

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

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

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

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

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

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

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

***My declaration has been informed by:***

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

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

- Satisfactory completion of the self-declaration.
- Confirmation from the Chair of appointment panels of compliance with the checks process
- All new appointments for Non-Executive Director positions are undertaken in conjunction with NHSE. The pre-employment checks undertaken by NHSE are shared with the Trust so there is a retained record in the Trust of the individual's fitness to undertake their role as Non-Executive Director.
- A review of checks by NHSE in circumstances of the reappointment of Non-Executive Directors to ensure that they remain 'fit and proper'.
- Assessment of the Ongoing Independence of Non-Executive Directors carried out by the Director of Corporate Affairs.
- Annual and on-going Declarations of Interest for all Board members.
- Annual Fit & Proper Persons Test assurance completed by all Executive and Non-Executive Directors and this includes:
  - Annual self attestation
  - DBS check every three years
  - Social Media check
  - Professional registration check
  - Insolvency check
  - Disqualified Directors Register check
  - Disqualification from being a charity trustee check
  - Employment Tribunal Judgement check
- Annual audit of the personal files has been undertaken to ensure that the files remain up to date and in line with the regulations.
- An MIAA audit of Fit and Proper Persons procedures and records was undertaken in June 2024. This provided High Assurance and included no recommendations.
- Where individual concerns are raised in relation to Directors, appropriate processes are followed in order to manage them in line with Trust policy. The outcome of any processes and/or formal investigations are reviewed as part of the annual reassessment of Directors to provide continuing assurance that Directors remain 'Fit and Proper'.
- The retention of checks data on personal files.

### **Outcome of the Annual Fit and Proper Persons Checks**

- In March 2025, all Board members completed the FPPT self attestation declaration
- The outcome of the FPPT's have been saved on each personal file and uploaded onto ESR.

- Between checks, each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and inform the Chair.
- In addition, during the year 2024/25, the Director of People has overseen the completion of pre-employment checks for new appointments and confirms that all checks meet the FPPT Framework.

**PETER WHITE**  
**CHAIR**  
**May 2025**



## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	2024/25 Annual Health, Safety, Security and Fire Report
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Assurance

LINK TO STRATEGY	Quality Strategy											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input type="checkbox"/>	SR03	<input type="checkbox"/>	SR04	<input type="checkbox"/>	SR05	<input type="checkbox"/>		
	SR06	<input checked="" type="checkbox"/>	SR07	<input type="checkbox"/>	SR08	<input type="checkbox"/>	SR09	<input type="checkbox"/>	SR10	<input type="checkbox"/>	SR11	<input type="checkbox"/>

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the 2024/25 Health and Safety Annual Report, the improvements made throughout the reporting period and the focus of the team during 2025/26</li> </ul>
EXECUTIVE SUMMARY	<p>The 2024/25 Annual Health and Safety provides detail of the Health, Safety, Security &amp; Fire team's operational performance, overview of its achievements and challenges faced during the reporting period, and a look forward to the ambitions for 2025/26.</p> <p>Governance arrangements can be seen in s2 of the report, and these have been designed to provide a comprehensive oversight and support proactive management and continuous improvements in all areas of health and safety.</p> <p>The Health, Safety, Security, and Fire (HSSF) team transferred to the Corporate Affairs Directorate on 01 April 2024, and detailed within s4 of the report are some of the changes made.</p> <p>Incidents and near-miss activity (including health and safety) reported on Datix Cloud IQ (DCIQ) can be viewed in s6.</p> <p>RIDDOR - 135 incidents reported to the Health and Safety Executive under the RIDDOR regulations (s7). 6,494 working days were lost because of these reportable incidents. Key themes arising from</p>

PREVIOUSLY CONSIDERED BY	RIDDOR reportable incidents include moving and handling and slips, trips and falls.	
	Training compliance is reported to the Health, Safety, Security and Fire Group, bi-annually and compliance levels are detailed within s8 of the report. There is further work to do with reference to bank staff compliance.	
	Workplace inspections (s9) - across the NWS footprint, there are 132 freehold and leasehold locations that require a health and safety workplace inspection. As of 30 April 2025, 132 (100%) locations have received a workplace inspection.	
	The violence prevention and reduction activity is detailed in s10.	
	The Estates Statutory Compliance Audit shows overall compliance at 96% and the Fleet & Logistics Statutory Compliance Audit is at 99%. Areas of improvement within year, and future focuses for 2025/26 can be seen in s12.	
PREVIOUSLY CONSIDERED BY	Progress against the 24/25 Health and Safety Plan can be seen in s13 and out of the 20 objectives set, 14 were completed and 6 remain in-progress with a forecasted completion of end Q1 2025/26.	
	Trust Management Committee (TMC)	
	Date	Wednesday, 21 May 2025
PREVIOUSLY CONSIDERED BY	Outcome	Assurance & onward reporting to Board

## 1. BACKGROUND

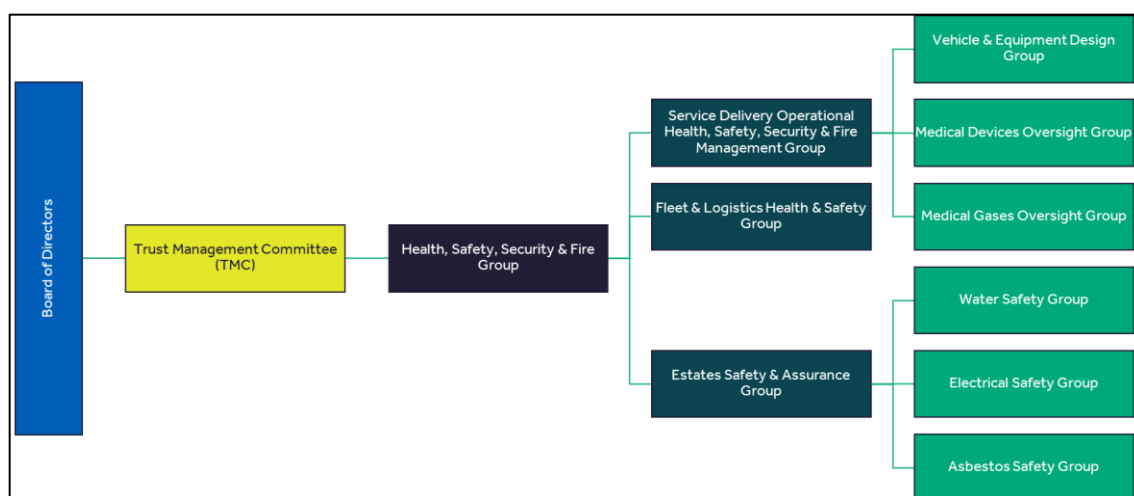
This report provides detail of the Health, Safety, Security & Fire team's operational performance, overview of its achievements and challenges faced during the reporting period, and a look forward to the ambitions for 2025/26.

The report outlines the local governance arrangements that underpin health and safety management within the trust and provides an analysis of standards of health and safety management throughout the trust for 2024/25. The Health and Safety at Work Act 1974, provides a legislative framework to promote, stimulate and encourage excellent health and safety at work standards with delegated responsibility through the Chief Executive Officer (CEO) to the Director of Corporate Affairs to implement systems that ensure our people work in a safe and compliant manner to protect both themselves and others engaging in activities of the trust from significant or avoidable harm.

The focus throughout 2024/25 has been getting the basics right. This refers to the foundations of health and safety. The implementation of good health and safety management is not just a legal responsibility, it also reduces costs associated with accidents and incidents.

## 2. HEALTH & SAFETY GOVERNANCE STRUCTURE

The Health and Safety governance structure for 2024/25 can be viewed in the image below.



**Image 1:** Health and Safety Governance Structure

This governance structure and arrangements are central to maintaining core health and safety standards across the trust. This robust framework is designed to provide a comprehensive oversight, proactive management, and continuous improvement in all areas of health and safety.

Our Health and Safety Trade Union Representatives play a fundamental role with attendance, contribution and participation in our health and safety governance arrangements. Within our local service lines, Paramedic Emergency Services, Patient Transport Services, and Integrated Contact Centres (ICCs) hold assurance group meetings which seek assurance against core health and safety matters. In addition to these meetings, they are a series of local consultative meetings where local senior management teams, together, in partnership with our Trade Union representatives come together and discuss local health, safety, security and fire matters.

### 3. HEALTH, SAFETY, SECURITY & FIRE GROUP

The trust's Health, Safety, Security and Fire Group is chaired by the Director of Corporate Affairs, as Executive lead. The Group meets bi-monthly and reports into the Trust Management Committee (TMC), with escalation to the Board of Directors.

The Group is tasked with seeking and providing assurance to all health, safety, security and fire matters. The Group also tasked with the monitoring the development, implementation, and delivery of health and safety organisational management throughout the trust.

Assurance reports are received from the following areas:

- Health, Safety, Security, and Fire thematic risk report
- Assurance against the in-year health and safety annual plan
- Health, Safety, Security, and Fire incident and near-miss dashboard
- Reporting of Injuries, Diseases, & Dangerous Occurrences (RIDDOR) reporting
- Estates & Fleet & Logistics Statutory Audit Tool for H&S compliance
- Assurance against the national Violence, Prevention & Reduction Standards
- Assurances pertaining to Infection, Prevention & Control (IPC)
- Health, Safety, Security and Fire mandatory training compliance

The Group receives an Escalation and Assurance Report (3A report) from the Service Delivery Health, Safety, Security and Fire Group.

In addition, the Group will receive ad-hoc assurances from internal and external audit reports, accident investigation outcomes and emergency and national risks with a health, safety, security and fire implication.

### 4. HEALTH, SAFETY, SECURITY & FIRE TEAM

The Health, Safety, Security, and Fire (HSSF) team transferred to the Corporate Affairs Directorate on 01 April 2024, and several changes in terms of team responsibilities have occurred.

During 2024/25, a separate team overseeing violence, prevention and reduction was established within the Quality directorate and consequently, all the violence and aggression work moved into that team from October 2024. The new Head of VPR and Security carries the role of the Local Security Management Specialist (LSMS).

Following consideration of the fire risk carried within the trust, it became clearer that whilst there are some areas where there is a concentration of staff on a regular basis, for example contact centres, most fire risk relates to building or fleet. It was agreed that from 01 January 2025, the responsibility for oversight of fire safety would move and sit within the estate portfolio, under the Head of Estates and the Director of Finance would be the new executive lead for fire safety.

These changes have provided the opportunity to redefine the role and function of health and safety at NWAS. As such, the legacy HSSF team have been launched a new identity and been branded as the new Health and Safety (H&S) team at NWAS.

The H&S team will support the trust by:

- Ensuring that a safe workplace/ environment is provided for staff and patients.
- Embedding health and safety principles throughout the trust to deliver continuous safety improvements for staff and patients.

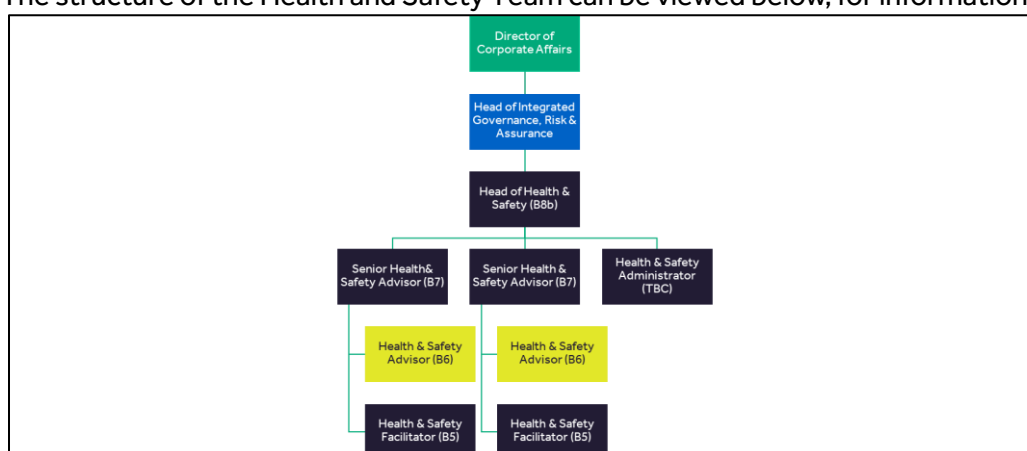
- Ensuring the trust learns from health and safety incidents and learning that can be shared with wider organisations.
- Contributing to good financial management by reducing a wide range of costs associated with accidents and incidents.

As such, the H&S team will be responsible for:

- Interpreting health and safety legislation and providing specialist advice to colleagues.
- Development of policies and procedures in line with regulatory or legislative requirements, and best practice.
- Development of risk assessments to ensure they are suitable and sufficient, and that action plans are in place to reduce the risk so far as reasonably practicable.
- Ensuring activities undertaken by the trust are carried out in accordance with relevant health and safety laws and regulations.
- Undertake detailed and comprehensive health and safety incident reviews and investigations, championing opportunities for learning and improvement.
- Objectively undertake health and safety audits and inspections, to assure compliance with health and safety laws and regulations.
- Promote a culture of safety and ensuring this is embedded within the trust.

The primary focus has been building the NWS Health and Safety team. Following a successful recruitment process, a new Head of Health and Safety has been appointed and will commence employment with the organisation on 01 April 2025. The new B6 Health and Safety Advisor positions has generated significant interest from health and safety professionals, and recruitment process for the H&S Advisor posts will take place in March 2025.

The structure of the Health and Safety Team can be viewed below, for information.



**Image 2:** Health and Safety Team Structure

Due to the several changes made in terms of the responsibilities of the Health and Safety team, job descriptions have been reviewed and updated. As a result of the refreshed job descriptions, the Head of Integrated Governance, Risk and Assurance has overseen the role essential development requirements. Professional development conversations have been held with members of the team to identify any essential skills, competencies, qualifications, knowledge, and experience needed to perform in their new roles. These gaps in professional and leadership skills have been formulated as part of their Personal Development Plan (PDP) via the trust's appraisal process.

## 5. TRADE UNION HEALTH & SAFETY REPRESENTATIVES

Our Trade Union Health and Safety Representatives continue to work together highlighting local issues within the trust with follow up meetings with Senior Management Teams.

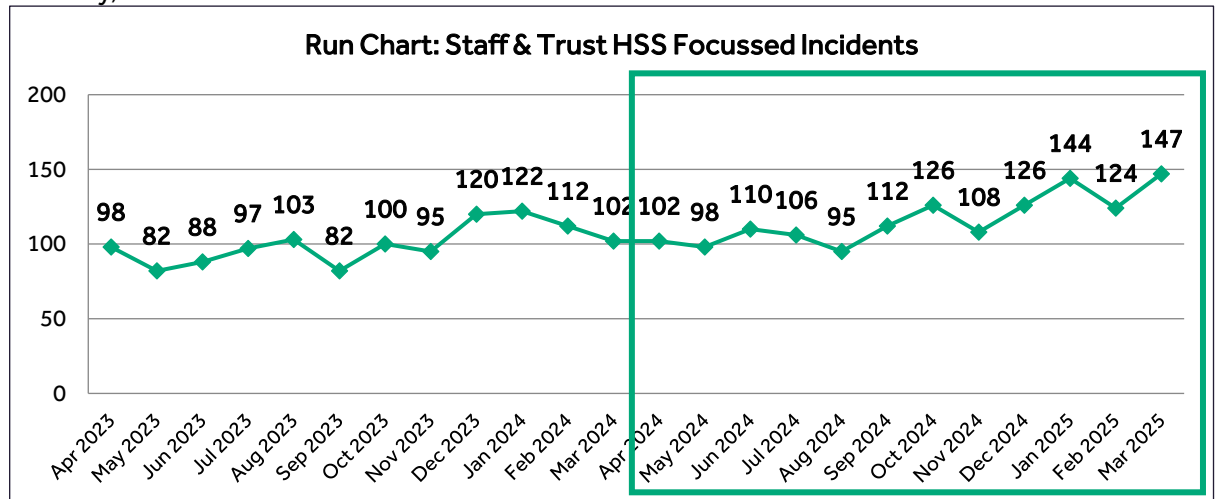
## 6. HEALTH, SAFETY, SECURITY & FIRE INCIDENTS & NEAR-MISSES

All incidents and near-misses (including health and safety) are reported on the trust's Datix Cloud IQ (DCIQ) system.

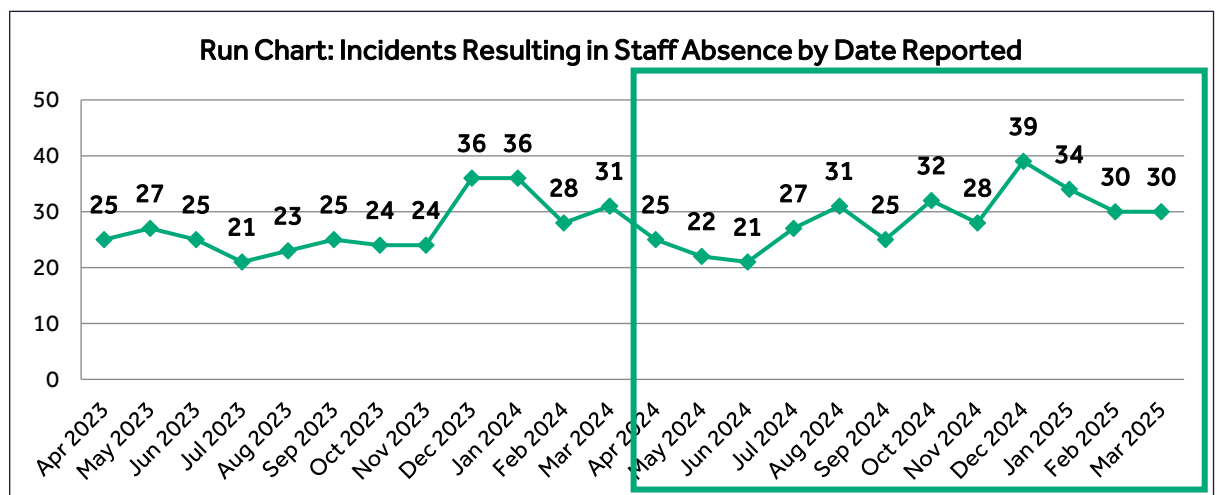
### Staff and Trust Incidents (non-patient safety)

Our data run charts provide 23 data points, with incidents reported in 2024/25 contained within the box.

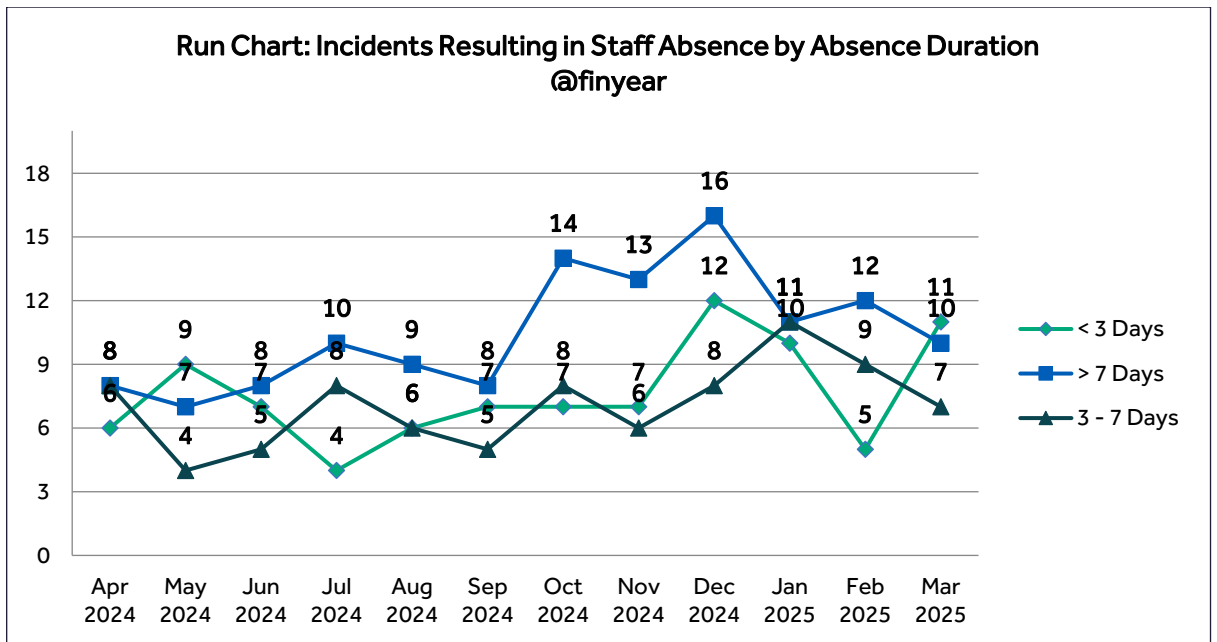
The DCIQ categories utilised to populate this data set, for health, safety and security focussed incidents include accident and injuries, equipment, moving and handling, slips, trips and falls, security, and welfare.



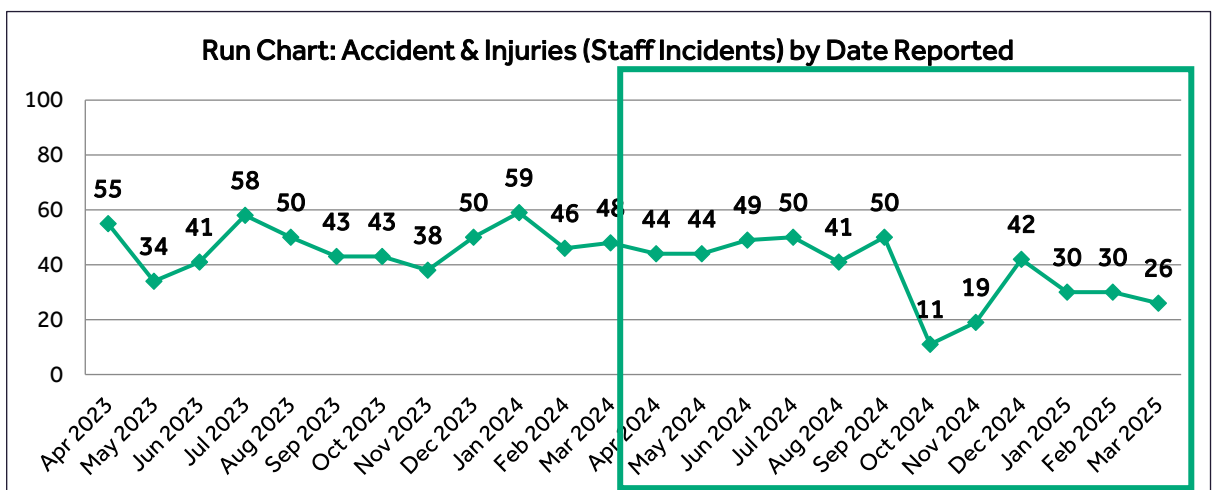
**Chart 1: Staff & Trust Health, Safety, Security Focussed Incidents**



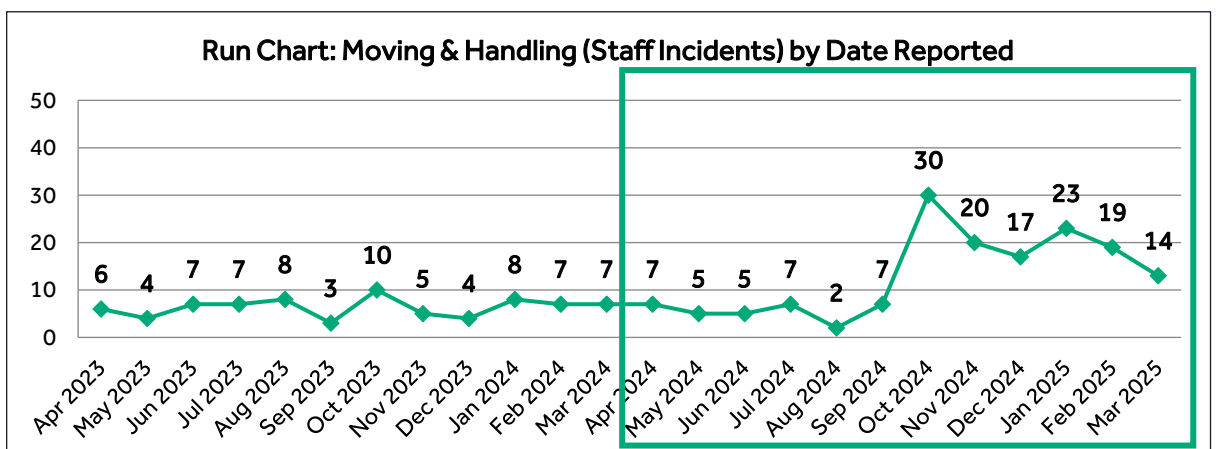
**Chart 2: Health, Safety, Security Focussed Incidents Resulting in Staff Absence**



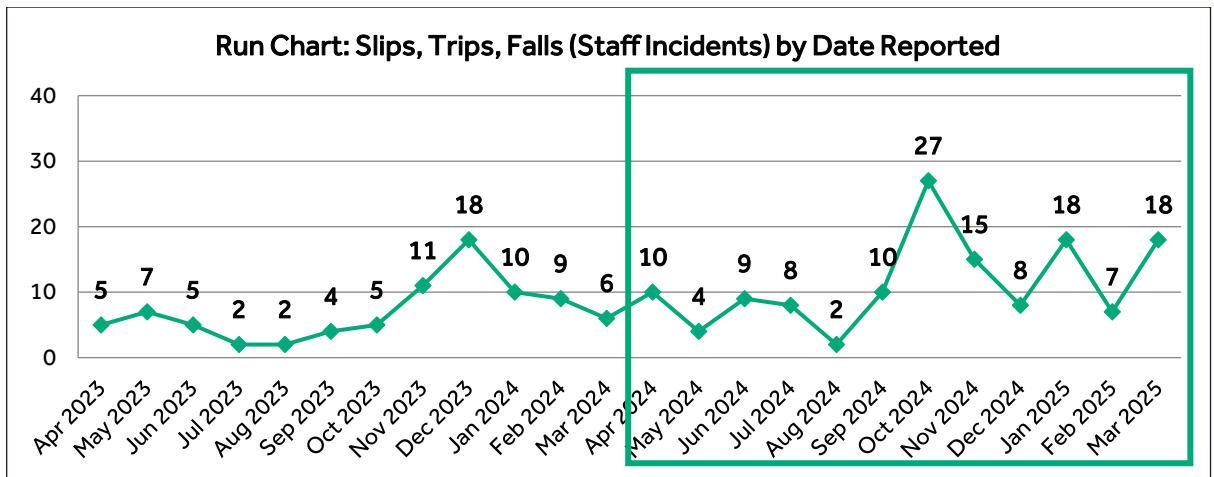
**Chart 3:** Health, Safety, Security Focused Incidents (2024/25) Resulting in Staff Absence by Absence Duration



**Chart 4:** Accident & Injuries (Staff Incidents)



**Chart 5:** Moving & Handling (Staff Incidents)



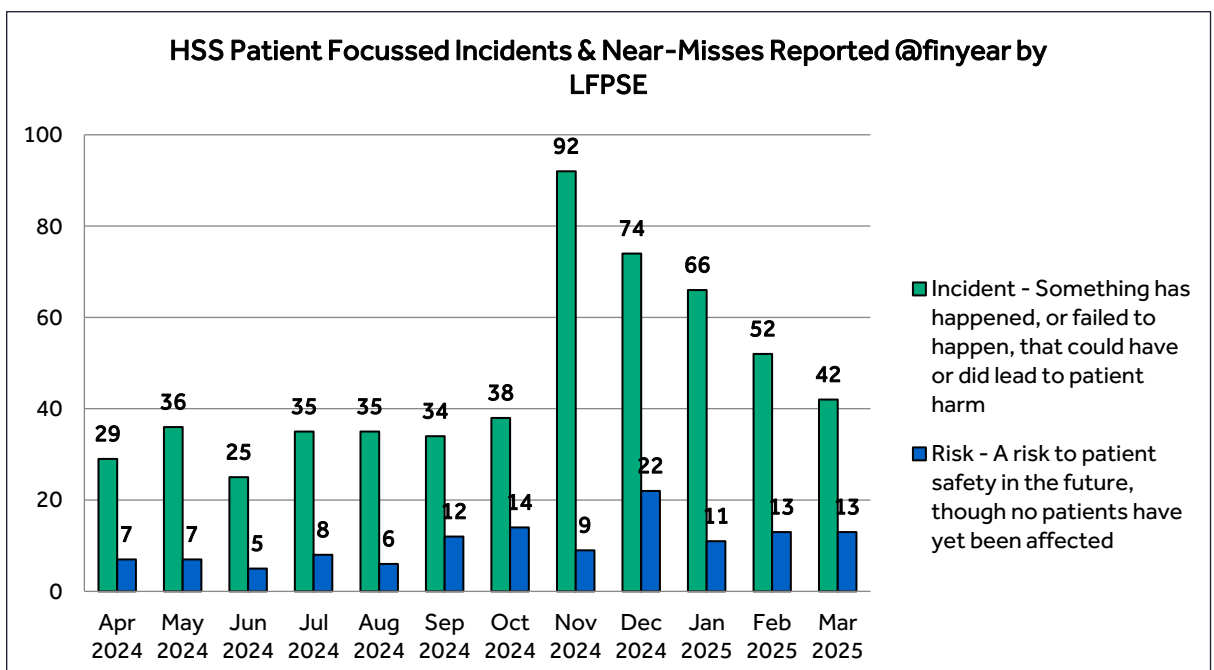
**Chart 6:** Slips, Trips, Falls (Staff Incidents)

### Patient Incidents & Near-Misses

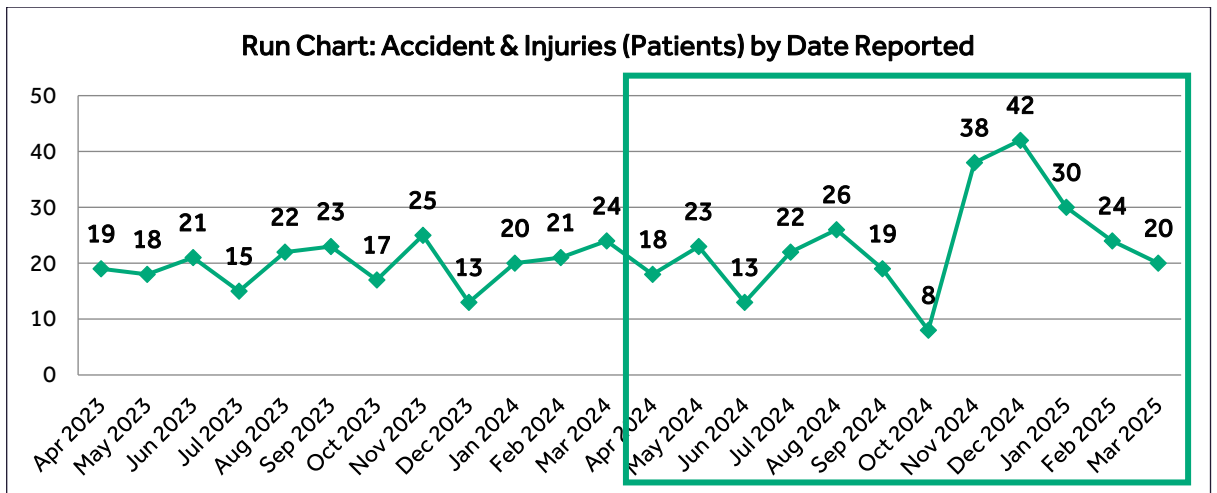
Health, Safety and Security focussed patient incidents are recorded on the DCIQ system, and are reported to the NHS England, Learning from Patient Safety Events (LFPSE) system. Focussed health, safety and security incidents include accident and injuries, equipment, moving and handling, and slips, trips and falls.

All patient safety incidents are managed under the Patient Safety Incident Response Framework (PSIRF). PSIRF will focus on understanding how the incident happened, including the factors which contribute to them. Whilst the PSIRF approach is flexible and adapts as the trust learns and improves the process will determine what a proportionate response will be to these patient safety incidents.

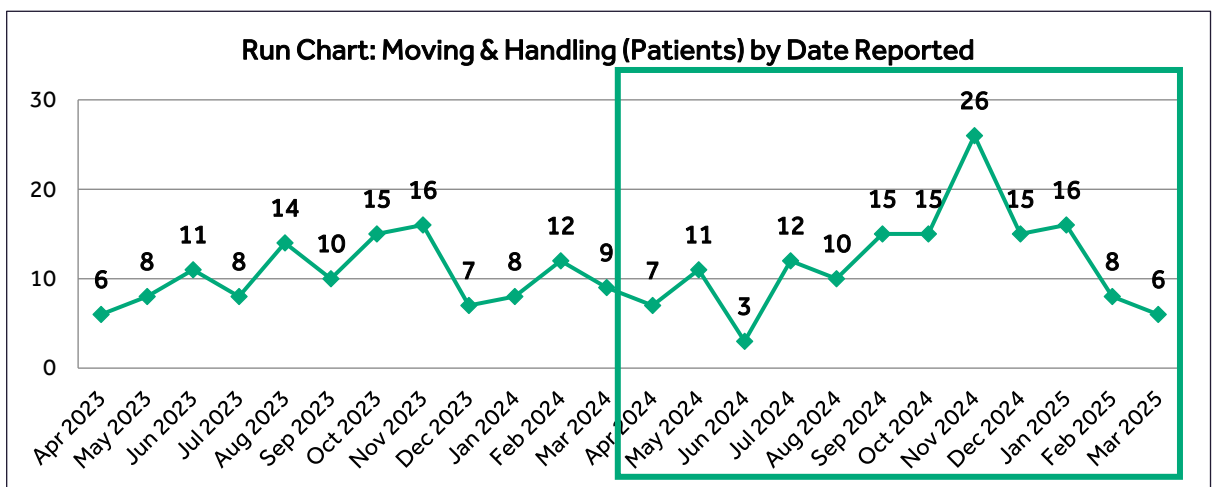
The Health and Safety team review all patient associated health and safety incidents to assess whether they are reportable to the Health and Safety Executive (HSE) under the RIDDOR regulations.



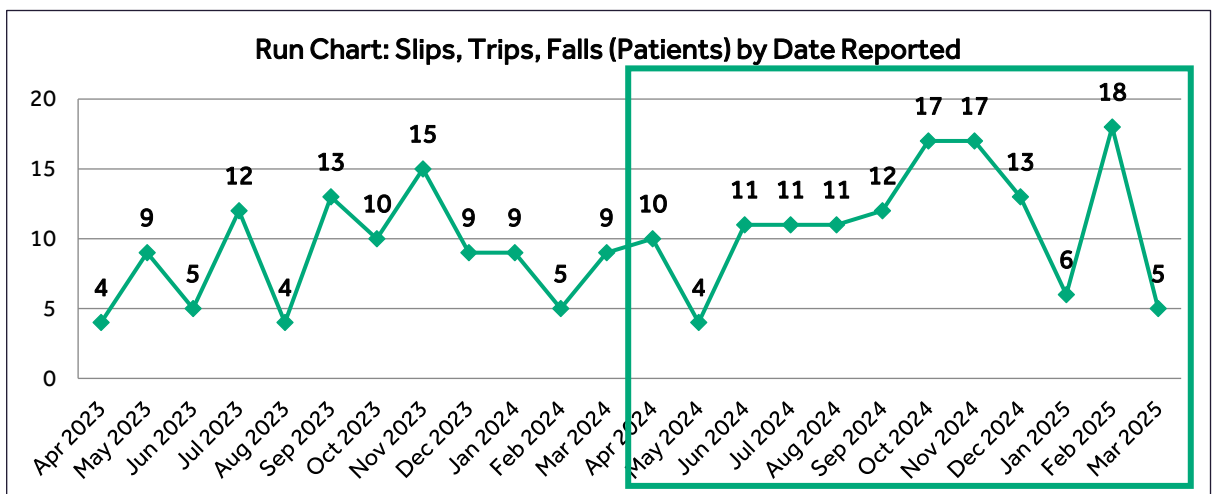
**Chart 7:** Patient Health, Safety, Security Focussed Incidents



**Chart 8:** Accident & Injuries (Patient Incidents)



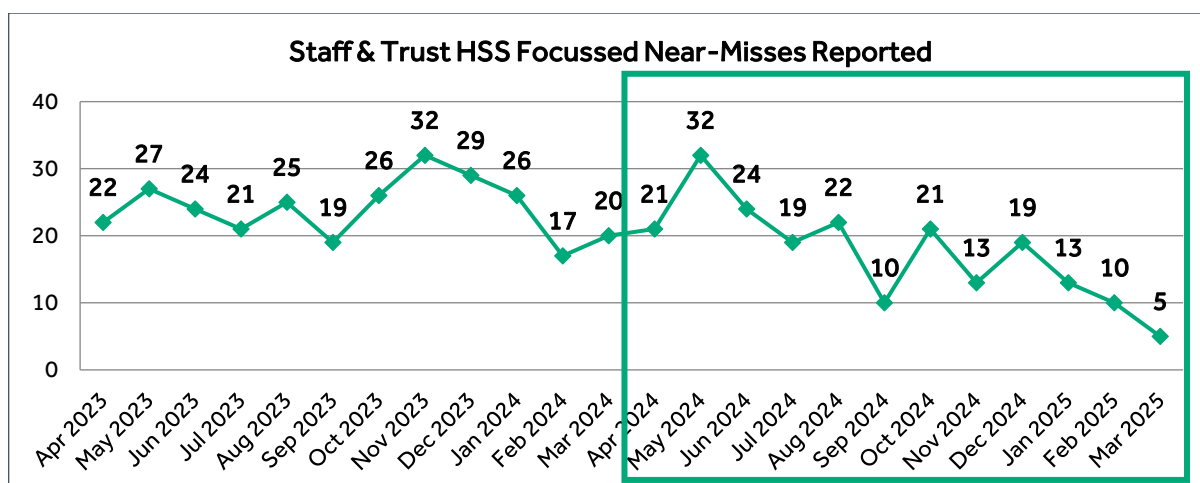
**Chart 9:** Moving & Handling (Patient Incidents)



**Chart 10:** Slips, Trips & Falls (Patient Incidents)

### Staff and Trust Near-Misses

Our data run charts provide 23 data points, with incidents reported in 2024/25 contained within the box.



**Chart 11:** Staff & Trust Near-Misses

## 7. RIDDOR INCIDENTS

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013, requires employers, and other people who are in control of work premises to report and keep records of:

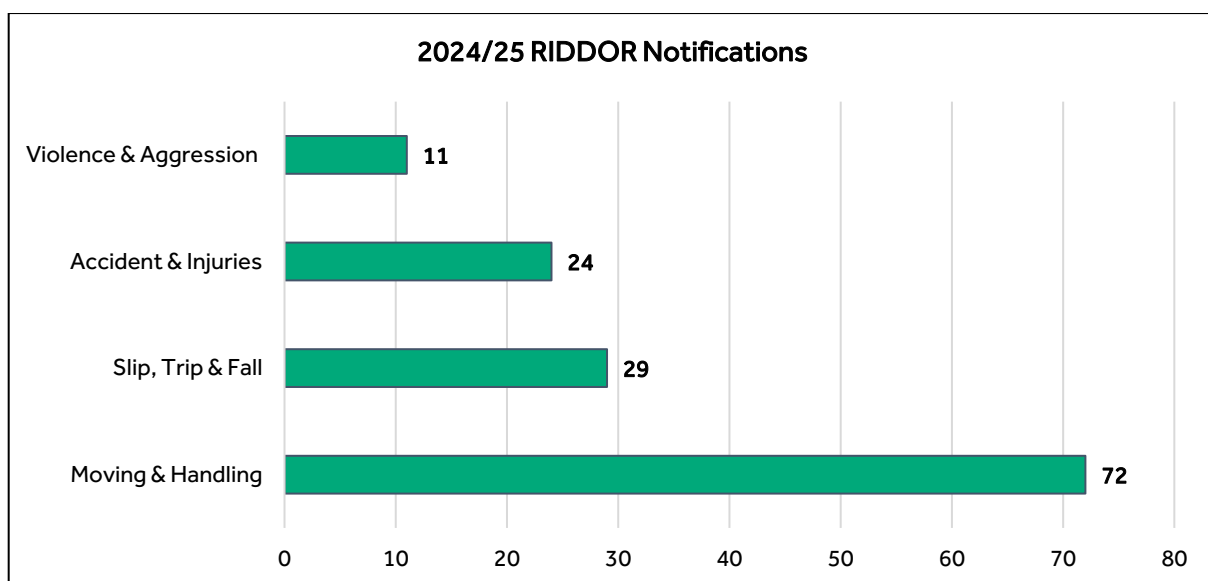
- Work related fatalities
- Work related injuries
- Diagnosed cases of reportable occupational diseases; and
- Certain dangerous occurrences (incidents with the potential to cause harm).

The purpose of RIDDOR is to inform the relevant enforcing authority that a work-related accident or incident has happened. This allows the Health and Safety Executive (HSE) or local authority to respond to ensure compliance with health and safety laws.

Within 2024/25, the trust reported 135 incidents to the Health and Safety Executive under the RIDDOR regulations.

Year	Q1	Q2	Q3	Q4	Total
24/25	29	34	35	37	135

**Table 1:** Incidents reported to the HSE per quarter 24/25



**Chart 12:** RIDDOR Reportable Incidents to the HSE by DCIQ Incident Category

During 2024/25, 135 incidents were reported to the HSE under RIDDOR. These incidents are translated into:

- 5,302 lost working days for our Paramedic Emergency Service (PES)
- 1,192 lost working days for our Patient Transport Service (PTS).

A thematic review of reported RIDDOR incidents has identified the following learning themes:

#### Moving and Handling

- Moving and handling techniques used when entering and exiting vehicles
- Moving and handling activities performed whilst vehicles are in motion (emergency ambulances)
- Moving and handling of patients, including assisting with walking, sitting, standing and breaking falls
- Moving and handling of bariatric patients
- Moving and handling of time critical patients and the extrication of these patients.

#### Slips, Trips and Falls

- Environmental factors, for example the time of day (darkness) and during adverse weather

#### Violence and Aggression

- Physical assaults on our people.

## 8. HEALTH, SAFETY, SECURITY & FIRE EDUCATION AND TRAINING

Compliance of Health, Safety, Security and Fire competencies are shown below, this includes fixed term and permanent employees and, separately for bank staff. Compliance data is accurate as of 28 February 2025 and measured against a target of 85%.

Competency	Achieved/ Assignment Count	Fixed Term & Permanent Employees Compliance %	Achieved/ Assignment Count	Bank Staff Compliance%
NHS (CSTF) Fire Safety 2 years	6868/ 7696	89.24%	323/ 436	74.08%

NHS (CSTF) Health, Safety and Welfare 3 years	7162/ 7696	93.06%	364/ 436	83.49%
NHS (CSTF) Moving and Handing Level 1 2 years	4574/ 5062	90.36%	291/ 354	82.20%
NHS (CSTF) Moving and Handing Level 1 3 years	2521/ 2633	95.75%	62/ 82	75.61%
NHS (CSTF) Moving and Handing Level 2 1 year	4250/ 4900	86.76%	271/ 354	76.55%
NHS (CSTF) NHS Conflict Resolution (England) 3 years	7303/ 7696	94.89%	381/ 436	87.39%
NHS (Mand) Risk Awareness 3 years	6129/ 7696	79.64%	273/ 436	62.61%

Training compliance is reported to the Health, Safety, Security and Fire Group, bi-annually. A low-level risk has been identified surrounding mandatory training compliance with associated health, safety, security and fire. A mitigating action plan is in place to focus on improving compliance.

## 9. HEALTH & SAFETY WORKPLACE INSPECTIONS

Across the NWS footprint, there are 132 freehold and leasehold locations that require a health and safety workplace inspection. At the last Group meeting in March 2025, 95 (72%) locations had been inspected, however, at 30 April 2025, 132 (100%) locations had received a workplace inspection.

### Cheshire & Merseyside Area

There are 41 freehold and leasehold locations in the area that requires a H&S workplace inspection. As of 30 April 2025, all 41 locations have been inspected.

### Cumbria & Lancashire Area

There are 48 freehold and leasehold locations in the areas that require a H&S workplace inspection. As of 30 April 2025, 48 locations have been inspected.

### Greater Manchester Area

There are 43 freehold and leasehold locations in the area that require a H&S workplace inspection. As of 30 April 2025, 43 locations have been inspected.

In year, the Health and Safety team have undertaken a review of the consistent themes arising from health and safety workplace inspections. The themes have been reported through the Health, Safety, Security and Fire Group and the Health and Safety team are working with relevant stakeholders to complete remedial actions.

## 10. VIOLENCE, PREVENTION & REDUCTION (VPR)

The NHS Violence, Prevention and Reduction Standard provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

All NHS organisations operating under the NHS Standard Contract should have regard to the violence, prevention and reduction standard, and are required to review their status against it and provide board assurance that they have been met.

The standard supports NHS organisations to complete a self-assessment against a series of evidence-based indicators spanning the following seven domains:

1. Leadership and accountability
2. Governance and assurance
3. Collaboration
4. Data
5. Workforce
6. Interventions
7. Evaluation

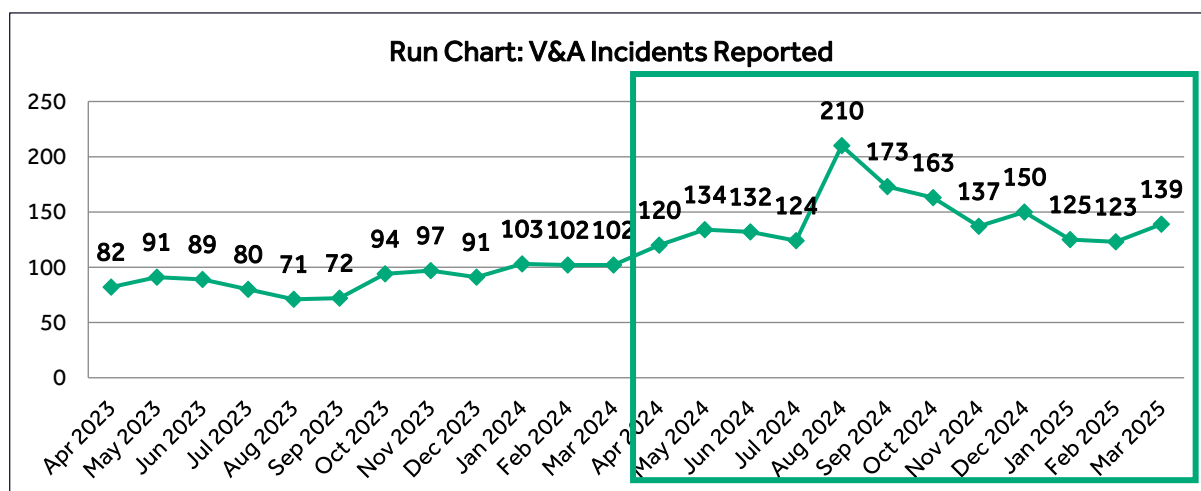
It can be evidenced that the trust is compliant with 4 out of the 7 standards. The areas of focus for 2025/26 include:

- **Data**  
We will work to improve our incident and near-miss reporting culture, this will enable our people to report violence and aggression related incidents accurately and in a timely manner. We will ensure that emerging risks are captured, and actions plans are put in place to mitigate risks.
- **Interventions**  
We will work to improve our data quality. This is crucial to ensure understanding of the themes and trends from both current and emerging risks for the trust. We will take a public health approach and implement prevention strategies to be less reactive. By improving our data quality, this will inform our frequent review of associated violence and aggression procedures and risk assessments.
- **Evaluation**  
We will work with an external organisation to undertake an independent evaluation on our violence, prevention and reduction agenda. This will provide opportunity for feedback and associated improvements.

We want NWS to be a brilliant place to work for all. The VPR team will aim to create an environment where our people feel happy and safe, have access to equal opportunities and are supported to be at their best.

### Violence & Aggression Incident Management

All violence and aggression incidents are reported on the trust's Datix Cloud IQ (DCIQ) system. Our data run charts provide 23 data points, with incidents reported in 2024/25 contained within the box. 1,730 violence and aggression incidents were reported during 2024/25.



**Chart 13:** Violence & Aggression Incidents Reported

Aggravating factors to all violence and aggression incidents are captured at reporting. During 2024/25, these factors are:

- Motivated by service user under the influence of alcohol = 638
- Mental health presentation of service user = 607
- Motivated by service user under the influence of drugs or requesting drugs = 292
- Sexually motivated = 113
- Weapons were used during incident = 89
- Racially motivated = 67
- Motivated by staff gender = 46
- Result of a medical issue = 40
- Motivated by age = 15
- Motivated by disability of staff member = 8
- Motivated by homophobia/ transgender identify hate = 7
- Religiously motivated = 5

**Please note** multiple aggravating factors can be selected at the point of reporting.

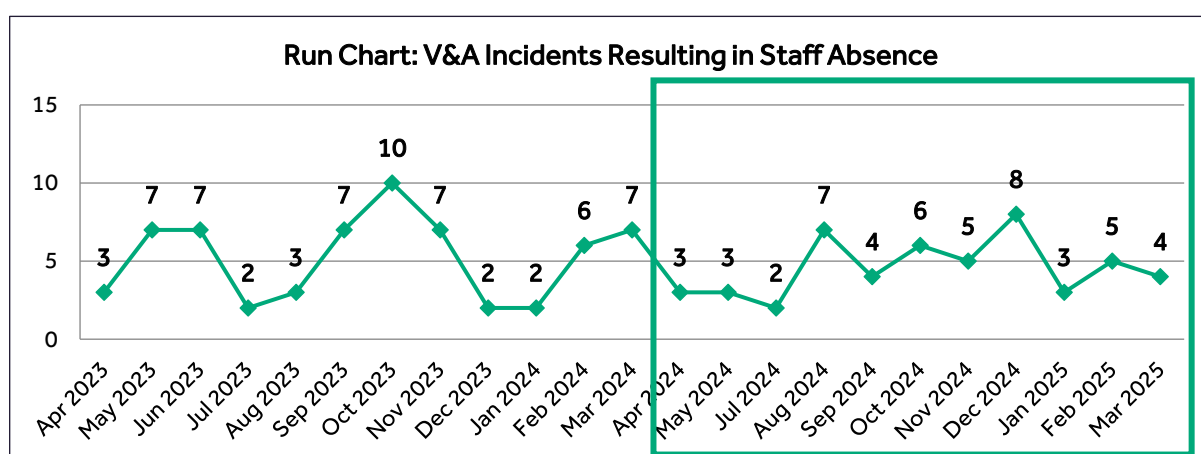
A thematic review of reported violence and aggression incidents has identified the following learning themes:

- The largest number of violence and aggression is verbal aggression towards our call handlers within our Integrated Contact Centres (ICCs)
- Blackpool and Central Manchester are the highest reporting areas of violence and aggression geographically
- There has been a significant increase in the use of Body Worn Video Camera (BWVC) starting the 2024 calendar year at 28% and finishing the calendar year in December at 58% in usage. There is further work required to improve usage for violence and aggression incidents.

### 2024/25 Improvements

- There is further work required to improve usage for violence and aggression incidents
- The DCIQ system has been improved to make it easier for our people to report violence and aggression incidents, as a result, the trust has seen an increase in incident reporting

- The improvements to the DCIQ system have improved data mapping of themes and trends to identify areas of risk and to implement prevention strategies
- The use of violence and aggression markers have improved by ensuring these markers are reviewed timely and relevant
- National and local violence and aggression campaigns have been rolled out to raise our people and public awareness
- External partnership working is forming and adoption of a public health approach
- All members of the VPR team are trauma informed trained through the Lancashire Violence Reduction Network
- The VPR team have been part of the NWAS Improvement Academy and focussed on assaults on our people and how to reduce these.



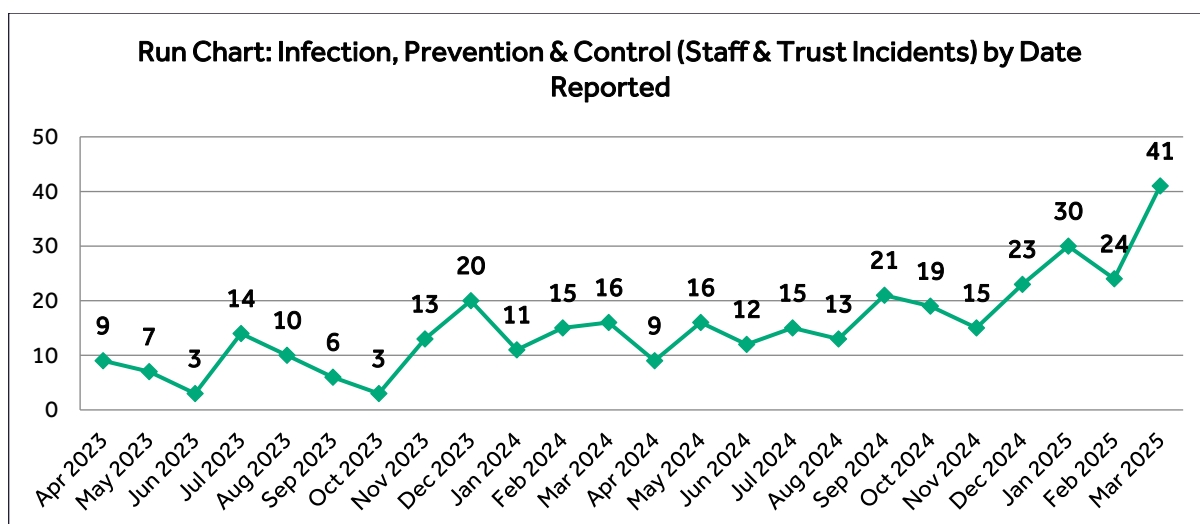
**Chart 14:** Violence & Aggression Incidents Resulting in Staff Absence

## 11. INFECTION, PREVENTION & CONTROL (IPC)

The Infection, Prevention and Control (IPC) teams sits within our Quality Directorate, under the leadership of the Assistant Director of Nursing and Quality (Director of Infection, Prevention & Control).

### IPC Incident Management

All infection, prevention and control (IPC) incidents are reported on the trust's Datix Cloud IQ (DCIQ) system. Our data run charts provide 23 data points, with incidents reported in 2024/25 contained within the box.



**Chart 15:** Infection, Prevention & Control (IPC) Incidents Reported

A thematic review of IPC incidents has identified:

- Increased contacts with notifiable diseases
- Increased contacts with patients with possible High Consequence Infectious Diseases (HCID)
- Sharp injuries.

#### 2024/25 Improvements

- Improved and updated guidance on the A-Z Communicable Diseases, located on the trust's green room, this informs our people on the precautions that should be taken if they are in contact with patients suspected or confirmed infectious diseases
- The IPC team have worked closely with the trust's Resilience team and the United Kingdom Health and Security Agency (UKHSA) to develop a trust wide flow chart for the transfer of patients with possible and probable High Consequence Infectious Diseases (HCIDs)
- The IPC team have worked with a sharps bin manufacturer with the aim of manufacturing a sharps bin that is unique to the ambulance service. Due to the increased number of sharps injuries sustained by our people, the current sharp bins available are not suitable. This is due to sharps have fallen out of the sharps bin into the response bags, due to the unpredictable nature of the incidents that our crews attend.

#### Respiratory Protection Equipment (RPE) & Face Fit Testing

The trust has a dedicated team of Face Fit Testers that work autonomously in each of the three geographical areas (Cumbria and Lancashire, Cheshire and Merseyside, and Greater Manchester) to improve compliance.

The IPC Practitioners and some colleagues within the Education and Learning team have also been trained to ensure resilience around the trust fit testing programme. Face Fit testers are also trained to demonstrate to our people on how to check their respiratory powered equipment and provide our people advice on when they should be retested.

Face Fit Testing (FFT) compliance is centrally recorded on MyESR which enables trust-wide oversight of compliance and centralised repository of which FFP3 masks our people have been fit tested to. All our frontline people should be fit tested every two years or after a significant change in facial shape due to weight loss/gain or surgery.

Compliance rates are reviewed and discussed at the IPC Working Group, chaired by the Assistant Director of Nursing and Quality/ Director of Infection, Prevention and Control. The fit testing team work very closely with Operations to ensure areas of low compliance are targeted and that those people are prioritised.

<b>Cheshire &amp; Merseyside (C&amp;M)</b>	87%
<b>Cumbria &amp; Lancashire (C&amp;L)</b>	91%
<b>Greater Manchester (GM)</b>	81%

*Table 2: FFT Compliance per NWAS geographical area*

### **UK Health Security Agency (UKSHA) & NHS England Updates**

The UK Health Security Agency (UKHSA) prevents, prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe, save lives, and protect livelihoods. The UKHSA provides scientific and operational leadership, working with local, national, and international partners to protect the public's health and build the nation's health security capability.

During 2024/25, the trust has received the following updates:

- New National Standards of Cleanliness
- NHS England Flu and COVID-19 Vaccination Guidance for healthcare workers
- National incident declared for the measles outbreak in England
- Whooping Cough guidance
- Safety measures for those returning from Hajj and Umrah
- Mpox outbreak.

## **12. ESTATES, FLEET & LOGISTICS**

The occupation and maintenance of property and land is governed by a range of statutory legislation of which the trust must comply to protect the building fabric, systems, equipment, and the health and wellbeing of our staff and visitors.

The Statutory Compliance Audit tool has been in place for several years and was designed internally by the trust. The aim of the tool is to manage the level of compliance against each area of health, safety, security, and fire legislation (specialism), details of the responsible person, compliance score, and areas of assurance.

### **Estates**

The Estates Statutory Compliance Audit is updated monthly and led by the Head of Estates. Overall compliance is 96%, the following areas did not achieve 100% compliance:

- Dangerous Substances and Explosive Atmospheres Regulations 2002 = 38%
- Fire Code: General (incorporating HTM 05-01) = 63%
- Fire regulatory order 2005 = 64%

### **Area of focus for 2025/26**

- The completion of fire risk assessments by the newly appointed Fire Safety Advisor, including the completion of the Dangerous Substances and Explosive Atmosphere Regulations (DSEAR) assessments. The Estates Department will work with the trust's procurement team to determine the best route for the appointment of a qualified specialist who can complete DSEAR assessments
- The maintenance of fire doors will be improved, following the completion of a fire door survey across the trust

- The trust has a Fire Safety Procedure. The new Fire Safety Advisor will create a new Fire Safety Policy
- Establishment of the Ventilation Safety Group.

### 2024/25 Improvements

- Several large-scale asbestos removal schemes have taken place throughout the year, resulting in improved compliance with The Control of Asbestos at Work Regulations
- Specialist training has been delivered to several Estate Managers pertaining to electrical safety. This has resulted in the appointment of a Competent Person in accordance with HTS06-02 (Electrical at Work Regulations).
- New groups have been established by the Estates team these include, Water Safety Group, Electrical Safety Group and Asbestos Safety Group, exceptions and risks identified from these groups will report into the Health, Safety, Security and Fire Group, chaired by the Director of Corporate Affairs.

### Fleet & Logistics

The Fleet & Logistics Statutory Compliance Audit is updated quarterly and led by the Fleet Compliance Officer and Health and Safety Trade Union Representatives, across the six fleet workshops. Overall compliance is 99%, the following areas did not achieve 100% compliance:

- Fire Code, Alarm and Detection Systems = 75%
- Decontamination of Equipment = 88%
- Health and Safety at Work Act 1974 = 96%

### Areas of focus for 2025/26

- The new Cumbria Workshop, which is scheduled to open in July 2025, the fire alarm will have remote monitoring and will therefore improve compliance with Fire Code, Alarm and Detection Systems
- Continuation of the new permit system which ensures decontamination of equipment prior to maintenance or disposal
- Temperature monitoring at the Bury Workshop. Mitigations have been introduced; these include a review of the heating system and has been improved to ensure it is providing adequate heating within the environment during cold weather. This will continue to be monitored, with no further improvements until a new workshop location is found and approved by the trust.

### 2024/25 Improvements

- Assurances received following the change in the trust's Occupational Health provider that all Motor Vehicle Technicians are in date with HAV – Noise and Vibration testing and annual checks commencing in January 2025, have been completed.

## 13. 2024/25 ANNUAL HEALTH & SAFETY PLAN

The below details the progress made against the 2024/25 strategic intentions for the health and safety portfolio at NWAS. Very good progress has been made to complete most of these objectives; however, not all objectives have been completed in year. The objectives identified as being in progress are forecasted to be completed by the end of Q1 2025/26.

Health & Safety Team	
Objective	Progress

Recruitment to an interim professional Head of Health & Safety and formulate a focused plan for 2024/25.	<b>Completed.</b> An interim Head of Health & Safety was appointed on a fixed terms contract until the substantive Head of Health & Safety recruitment was completed.
Refresh and relaunch our identity, creating a vision and professional standards.	<b>Completed.</b> The Health and Safety team have refreshed and relaunched their identity. A vision for the team was created with a set of professional standards.
Complete a professional and leadership skill gap analysis and formulate a continuous professional development (CPD) plan.	<b>Completed.</b> A professional and leadership gap analysis has been completed, following the alignment to refreshed job descriptions. These gaps have been addressed via the trust's appraisal process and a professional development plan mutually agreed/

Health & Safety Governance	
Objective	Progress
Undertake a rapid review of the current health & safety position and review/update the health & safety risk register.	<b>Completed.</b> A full review of all health and safety risks was completed. New risks have been added to the risk register with thematic risk reports being presented to the Health, Safety, Security and Fire Group.
Undertake a gap analysis of our existing policy, procedures, risk assessment template and A-Z toolkit.	<b>Completed.</b> A gap analysis of our existing health and safety governance was completed. The actions arising from this analysis have been allocated to members of the Health and Safety team for completion.
Undertake a review of all generic and operational risk assessments.	<b>In progress.</b> The review and updating our suite of generic risk assessments are in progress. It is forecasted these will be completed by the end of Q1 2025/26.
Formulate a 2024/25 Annual Health & Safety Plan.	<b>Completed.</b> The 2024/25 Annual Health & Safety Plan was verbally presented to the Health, Safety, Security and Fire Group in July 2024. Assurance reporting against the annual plan commenced in Q3 2024/25.
Engage and consult with our Health & Safety Trade Union representatives on our revised policy and procedures and ensure these statutory documents are approved via the NWS Governance Structure.	<b>In Progress.</b> The Health and Safety Policy was reviewed in Q3, with consultation and engagement with Health and Safety Trade Union representatives. The Policy was approved by the Board of Directors in January 2025. Wider Health and Safety

	Procedures are in progress. It is forecasted these will be completed by the end of Q1 2025/26.
Aim to complete redrafting all our health and safety policies, procedures and risk assessment.	<b>In Progress.</b> The Health and Safety Policy has been approved by the Board of Directors. All Health and Safety Procedures are in draft format, they await review and feedback from subject matter experts, prior to formal approval. Some of the generic risk assessments are in draft format.
Launch the new health and safety A-Z toolkit that is aligned to statutory requirements.	<b>In Progress.</b> The Health and Safety team have worked with the NWS Communications team to review, refresh, rebrand and launch the new Health and Safety A-Z Toolkit. The design work has been completed, with the launch planned for the end of Q1 2025/26.

RIDDOR	
Objective	Progress
Our H&S team will have trust-wide oversight of all RIDDOR incidents.	<b>Completed.</b> The Health and Safety team have trust-wide oversight all RIDDOR reportable incidents. Decision making for RIDDOR reportable incidents are made by the Senior Health and Safety Advisors.
Review our processes to ensure they are effective and support timely reporting to the Health and Safety Executive (HSE).	<b>Completed.</b> Internal processes have been reviewed, constraints/ weaknesses identified, and improvements made. A new way of working has been implemented within the Health and Safety team, with increased oversight of incidents, early triage and review has improved reporting to the HSE within reporting timescales.
Improve the data capture within the DCIQ system.	<b>Completed.</b> Significant improvements have been made within the DCIQ system to support timely reporting of incidents and near-misses. A redesign of the work completed by the Health and Safety team has been implemented which has improved the ability to triangulate data and using consistent terminology used by the HSE.
Undertake a benefits realisation model for incidents that are RIDDOR reportable and to identify the added value of a supplementary review by our H&S team.	<b>Completed.</b> A benefits realisation model has been utilised to assess the value added to the Health and Safety team undertaking a

	review of RIDDOR reportable incidents. The review identified improved timescales to commence fact-finding to support with the incident investigation, preservation of evidence, such as CCTV, pictures, risk assessments, policies, procedures and education & training records. In addition, there has been benefits with other parallel processes, such as health and safety incidents involving a patient, and the improved collaboration with the Patient Safety Incident Response Framework (PSIRF) processes.
Undertake a thematic review of RIDDOR reportable events to support the identification of lessons and remedial actions.	<b>Completed.</b> The thematic review of RIDDOR reportable incidents include, violence and aggression, accidents and injuries, slips, trips and falls, and moving and handling.

Risk Profiling/ Health & Safety Workplace Inspections	
Objective	Progress
Produce a schedule of risk profiling across our locations.	<b>Completed.</b> A schedule for the risk profiling work completed by the interim Head of Health & Safety was completed.
Undertake a risk-based approach to site risk assessments and undertake a redesign of site and workplace health and safety inspections.	<b>In Progress.</b> Following completion of health and safety workplace inspections during 2024/25, this will provide an insight to the level of risk at each site. By utilising this information will help inform the new risk-based approach to future workplace inspections for the coming years.
Commence a scheme of inspections across our locations.	<b>Completed.</b> Leasehold and freehold locations used by NWAS have received a workplace inspection.
Implement a new methodology for health and safety inspections.	<b>Completed.</b> A new methodology for future workplace inspections has been created and remains in draft format. This will align inspections elements to relevant health and safety legislation. Inspections will document areas of improvement and areas of good practice.
Finalise all the site risk profiling inspections across the trust, with the outcome forming the new schedule of	<b>In Progress.</b> Following the completion of workplace inspection during 2024/25, together with

health and safety workplace inspections through 2025/26, using a risk-based methodology for scheduling.	the findings from the risk profiling work completed by the interim Head of Health and Safety will be used to form the new scheduling of workplace inspection utilising a risk-based approach, and frequency.
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#### 14. 2025/26 ANNUAL HEALTH & SAFETY PLAN

The below areas are the 2025/26 strategic health and safety intentions. These intentions have been presented to the Health, Safety, Security and Fire Group in March 2025. Our Health and Safety Trade Union Representatives have consulted with and in agreement.

##### H&S Team

- Induction of the Head of Health and Safety
- Induction of the new Health and Safety Advisors
- Annual CPD plan for the health and safety team.

##### RIDDOR

- Introduce and commence accident investigations
- Triangulation of employer and public liability claims, against RIDDOR reportable incidents (accident & injuries, slips, trips, and falls, manual handling resulting in staff harm)
- Thematic analysis of incident and claims data, crossed referenced against lost operational hours, and staff harm to identify learning and improvements
- Outcome of the thematic analysis, to jointly develop a safety action plan and lead a joint improvement programme.

##### H&S A-Z Toolkit

- Complete the joint working with Comms to launch the new look of the A-Z Toolkit
- Complete the review and publish the newly revised suite of H&S procedures
- Complete the review and publish the newly revised suite of generic risk assessments
- Complete the review and publish the newly revised suite of supporting documents as part of the A-Z Toolkit.

##### COSHH

- Undertake a gap analysis of existing substances (under COSHH) used across NWS
- Obtain Safety Data Sheets, complete and publish COSHH risk assessments for substances used across the trust
- Joint work with procurement to strengthen processes for new substances, and substances outside of the approved list.

##### Risk Assessments

- Plan the transition of moving from generic risk assessments to local/ specific risk assessments
- Plan a risk assessment training package to support local leadership teams to complete health and safety risk assessments.

##### H&S Workplace Inspections

- Devise a new risk-based methodology for the completion of workplace inspections
- Devise a new and refreshed approach to workplace inspections

- Utilising the findings from the risk profiling work completed in 2024/25, undertake an analysis to identify 'quick wins' and deliver in year
- Develop a snapshot workplace inspection tool for completion post-incidents on freehold and leasehold sites
- Themes arising from workplace inspections are jointly reviewed and improvement plans devised.

Assurance against the delivery of 2025/26 Annual Health and Safety Plan will be reported via the Health, Safety, Security & Fire Group.

## **15. RISK CONSIDERATION**

Health and Safety forms part of the trust's integrated governance and risk management arrangements and supports the Board of Directors in meeting its statutory duties.

## **16. ACTION REQUIRED**

The Board of Directors is asked to:

- Note the 2024/25 Health and Safety Annual Report, the improvements made throughout the reporting period and the focus of the team during 2025/26.



## ESCALATION AND ASSURANCE REPORT

### Report from the Audit Committee

<b>Date of meeting</b>	Friday, 25 April 2025		
<b>Members present</b>	Mr D Whatley, Non-Executive Director (Chair) Dr A Chambers, Non-Executive Director Mrs C Butterworth, Non-Executive Director Prof A Esmail, Non-Executive Director	<b>Quorate</b>	Yes

### Key escalation and discussion points from the meeting

#### ALERT:

- No items

#### ADVISE:

- Approval of 2025/26 Audit Plans for Internal Audit and Anti-Fraud Services.
- External auditors provided an update in relation to the audit of the 24/25 financial accounts.
- Losses and Compensation for Q4 2024/25 totalled £269k.
- The outcome of the full estates valuation exercise was presented, the full breakdown of increases and loss in value of estates was noted.
- The outcomes of the annual reviews of the Trust's core governance documents were presented for consideration. The Committee recommended the documents to the Board of Directors on 30<sup>th</sup> April 2025 for approval.
- The revised Committee Terms of Reference were recommended to the Board of Directors for approval.

#### ASSURE:

- Internal Audit reported five reviews were completed during Q4 2024/25.
  - Assurance Framework – met NHS requirements.
  - Equality, Diversity and Inclusion – Substantial Assurance
  - Environmental Sustainability – Substantial Assurance
  - PSIRF – Substantial Assurance

It was noted the E-Timesheets review was in draft however would be included within the Head of Internal Audit Opinion once complete.
- The Head of Internal Audit Opinion for the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025 provided *"Substantial Assurance, that there is a good system of internal control designed to meet the organisation's objectives and that controls are generally being applied consistently"*.
- The Q4 2024/25 Board Assurance Framework and 2025/26 Opening Position of the Board Assurance Framework were presented, prior to approval by the Board of Directors on 30<sup>th</sup> April 2025. Committee members considered the report within the context of their role as Audit Committee.
- The 2024/25 annual report relating to Declaration of Interests and Gifts and Hospitality noted there had been no breaches in relation to any declarations made during the year.
- Self-certification confirmed compliance against the NHS Provider Licence for 2024/25.

- The annual assessment against the NHS Provider Code of Governance confirmed compliance with the relevant provisions. Two actions require completion during Q1 2025/26.
- Eight waivers were approved during Q4 2024/25.
- The Audit Committee considered its annual report, approved it and recommended it be submitted to the Board for approval

## RISKS

### Risks discussed:

- None identified.

### New risks identified:

- None identified.



## ESCALATION AND ASSURANCE REPORT

### Report from the Audit Committee

<b>Date of meeting</b>	Friday, 23 May 2025		
<b>Members present</b>	Mr D Whatley, Non-Executive Director (Chair) Dr A Chambers, Non-Executive Director Prof A Esmail, Non-Executive Director	<b>Quorate</b>	Yes

### Key escalation and discussion points from the meeting

#### ALERT:

- No items

#### ADVISE:

- The draft Annual Governance Statement AGS was presented by the Chief Executive for review, by the Committee. The AGS had been prepared against the model template for inclusion within the Annual Report 2024/25.

#### ASSURE:

- The Committee received the draft unaudited annual accounts 2024/25 and draft Annual Report 2024/25.

### RISKS

#### Risks discussed:

- None identified.

#### New risks identified:

- None identified.



## ESCALATION AND ASSURANCE REPORT

### Report from the Charitable Funds Committee

<b>Date of meeting</b>	Wednesday, 14 May 2025		
<b>Members present</b>	Mr D Whatley, Non-Executive Director (Chair) Mrs C Butterworth, Non-Executive Director Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Mrs C Wood, Director of Finance	<b>Quorate</b>	Yes

### Key escalation and discussion points from the meeting

#### ALERT:

- None identified.

#### ADVISE:

- The Q4 financial position of the NWS Charity was overall funds of £683k: general funds £275k and restricted funds £308k.
- The three year Business Plan 2025-2028 was approved by the Committee.
- The Committee reviewed the proposed project application for the NHS Charities Together Community Resilience Programme and agreed the preferred option for the project.

#### ASSURE:

- NWS Charity risk register was presented following quarterly review.
- Summary of the operational, strategic and charitable activity undertaken during Q4 2024/25 and noted the use of restricted and unrestricted funds and updates in relation to the NHS Charities Together grants.
- The Chain of Survival Lead attended the meeting to present the Community Resuscitation Engagement Officer (CREO) Annual Report for 2024/25. The Committee recognised the success of the work undertaken by CREOs within communities across the north west.
- A summary of the fundraising activities undertaken during Q4 2024/25 was provided, together with fundraising plans scheduled for Q1 2025/26.

### RISKS

#### Risks discussed:

- None identified.

#### New risks identified:

- None identified.



## ESCALATION AND ASSURANCE REPORT

### Report from the Trust Management Committee

<b>Date of meeting</b>	Wednesday, 23 April 2025		
<b>Members present</b>	Mr S Desai, Chief Executive (Chair) Mr D Ainsworth, Director of Operations Mr M Cooper, Area Director – Cumbria & Lancs Dr C Grant, Medical Director Mr I Moses, Area Director – Cheshire & Mersey Mrs E Orton, Assistant Director of Nursing & Quality Ms E Strachan-Hall, Interim Director of Quality Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Ms S Wimbury, Area Director – Greater Manchester Mrs C Wood, Director of Finance Ms S Rose, Director of Integrated Contact Centres Mrs A Ormerod, Interim Deputy Director of Strategy, Partnerships & Transformation Mrs J Wharton, Chief Information Officer	<b>Quorate</b>	Yes

### Key escalation and discussion points from the meeting

#### ALERT:

- The Trust has received the initial six month's UEC growth funding monies and will receive the rest of the first year monies only when the initial deliverables have been met. The TMC are seeking further assurance on the planned deliverables.
- The PTS service continues to operate in a complex and uncertain operating environment due to delays with the procurement process.
- An interim update was received on the Southport Inquiry debrief process.

#### ADVISE:

- The TMC effectiveness survey results were discussed and the Terms of Reference approved.
- The Cleanliness standards and charter were approved for display on all trust sites.
- The Trust's finances continue to be scrutinised at regular meetings with PWC.

#### ASSURE:

- The TMC received and discussed the following reports:
  - 2526/007 Finance report – month 12
  - 2526/008 National Standards of healthcare cleanliness

- 2526/009 Green Plan
- 2526/010 UEC Growth Funding Plan
- 2526/011 Event pay
- 2526/012 Board Assurance Framework 2024/25 Q4
- 2526/013 Board Assurance Framework 2025/26 opening position
- 2526/014 Corporate Risk Register
- 2526/015 Executive Groups – Terms of Reference 2025/26
- 2526/016 Integrated Performance Report
- 2526/017 Southport Inquiry Debrief
- 2526/018 PTS update
- 2526/019 HR casework report
- Received the following Escalation & Assurance reports:
  - Health, Safety, Security & Fire Group – 18 March 2025
  - Diversity & Inclusion Group – 7 March 2025
  - Information & Cyber Group – 8 April 2025

## RISKS

### Risks discussed:

- The position the Trust finds itself in with regard to the PTS contract tender because of unsuccessful procurement processes and with no timescales confirmed to work to.
- Aging PTS fleet and existing vehicle lease arrangements.

### New risks identified:

-



## ESCALATION AND ASSURANCE REPORT

### Report from the Trust Management Committee

Date of meeting	Wednesday, 21 May 2025		
Members present	Mr S Desai, Chief Executive (Chair) Mr D Ainsworth, Director of Operations Mr M Cooper, Area Director – Cumbria & Lancs Dr C Grant, Medical Director Mr I Moses, Area Director – Cheshire & Mersey Mrs E Orton, Assistant Director of Nursing & Quality Ms E Strachan-Hall, Interim Director of Quality Mrs L Ward, Director of People Mrs A Wetton, Director of Corporate Affairs Ms S Rose, Director of Integrated Contact Centres Mrs A Ormerod, Interim Deputy Director of Strategy, Partnerships & Transformation Mrs J Wharton, Chief Information Officer Mr M Jackson, Chief Consultant Paramedic  In attendance Mrs M Brookes, Deputy Director of Finance	Quorate	Yes

### Key escalation and discussion points from the meeting

#### ALERT:

- **Pathway solo:** The fallback system 'pathway solo' is being withdrawn by NHS Digital. Plans were in place to mitigate the impact of this.
- **Strike action:** The Trust has received notice from UNISON of further discontinuous strike action from 00:00 on 2 June 2025 – 23:59 on 6 June 2025 for members within the ICC Education Team – call taking and dispatch.
- **CAM events:** A number of large-scale events – open top bus parade, Radio One Big Weekend and Liverpool FC's final game of the season were to take place in Liverpool over the weekend 24 May – 26 May, which will require multi-agency co-ordination and mutual aid support due to the size and scale. Other providers in the area are expected to be impacted and engagement with stakeholders has taken place.

## ADVISE:

- Weekly returns to the ICB and PwC continue to monitor the progress of savings plans and delivery of savings.
- The TMC have agreed the approach to ensuring ongoing assurance for incomplete deliverables arising from the 2024/25 annual plan.
- Action plans were being developed and learning identified arising from the Southport Inquiry debrief.
- Trajectories have been agreed with NHSE and the deliverable position at the end of Q2 in order to release the second 6 months of funding.

## ASSURE:

- The TMC received and discussed the following reports for assurance:
  - 2526/032 Finance report M01
  - 2025/26 Efficiency and Productivity
  - 2526/043 Annual Plan Q4 Assurance
  - 2526/044 Integrated Performance Report
  - 2526/047 UEC Growth funding update
  - 2526/050 Mental health annual report 2024/25
  - 2526/051 Safeguarding annual report 2024/25
  - 2526/052 IPC annual report 2024/25
  - 2526/053 Complaints annual report 2024/25
  - 2526/054 HSS&F annual report 2024/25
- Received the following Escalation & Assurance reports:
  - 2526/057 Service Delivery Assurance Group – held on 22 April 2025
  - 2526/058 Planning Group – held on 1 May 2025
  - 2526/059 Clinical and Quality Group – held on 6 May 2025
  - 2526/060 Diversity and Inclusion Group – held on 9 May 2025
  - 2526/061 People and Culture Group – held on 14 May 2025

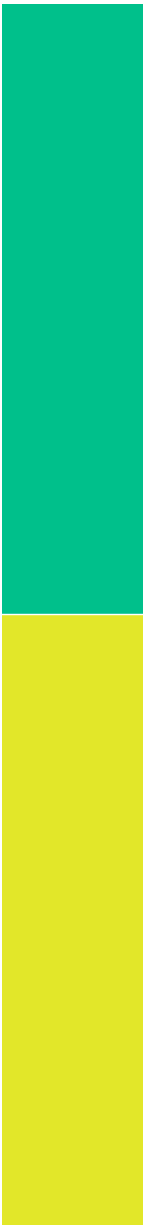
## RISKS

### Risks discussed:

- The 9 sensitive risks were reviewed and agreed as correctly tagged in DCIQ risk module.

### New risks identified:

- **UEC Growth Funding:** An overarching risk has been added to the service delivery risk register to manage the risk of non-delivery of Q1/2 targets of the UEC plan which would result in the Trust not receiving the second part of the funding for 2025/26. Mitigation against this risk is being developed as part of the planning and will include options to limit the commitment to Q3/4 spend until the money is confirmed. Risk ID 718 – score 15.





## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	Equality, Diversity & Inclusion Annual Report 2024-25
PRESENTED BY	Lisa Ward, Director of People
PURPOSE	Decision

LINK TO STRATEGY	All Strategies											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input type="checkbox"/>	SR03	<input type="checkbox"/>	SR04	<input type="checkbox"/>	SR05	<input checked="" type="checkbox"/>		
	SR06	<input checked="" type="checkbox"/>	SR07	<input type="checkbox"/>	SR08	<input type="checkbox"/>	SR09	<input type="checkbox"/>	SR10	<input type="checkbox"/>	SR11	<input type="checkbox"/>

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

ACTION REQUIRED	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Review and note the contents of the EDI Annual Report 2024-25</li> <li>Receive assurance that the trust has complied Public Sector Equality Duty (specific duty) in producing an EDI Annual Report</li> <li>Approve publication of the report via internal and external communications</li> </ul>
EXECUTIVE SUMMARY	<p>This paper introduces the 2024–25 Equality, Diversity and Inclusion (EDI) Annual Report, compiled by the Staff Experience Team. The report fulfils the Trust’s statutory obligation under the Public Sector Equality Duty and also serves to demonstrate Trust’s commitment to being an inclusive employer and service provider. The report contributes to assurance against several aspects of the Care Quality Commission framework.</p> <p>Key highlights from the report:</p> <p><b>Workforce Overview:</b> As of 31 March 2025, the workforce headcount increased to 7,775. Female representation rose to 56%, with 9% of staff identifying as disabled and 7% from Black and Minority Ethnic (BME) backgrounds.</p>

**Notable EDI initiatives:** These included the publication of the Trust's EDI and Anti-racism Statements, the expansion of the free sanitary products initiative to support staff wellbeing, and the delivery of the ParaMEDic Residential programme aimed at broadening awareness of careers in the ambulance sector. The Trust also received external recognition for its efforts, achieving awards such as Disability Confident Leader status and the TiDE Gold Award.

#### Progress against refreshed EDI Priorities

**Priority 1 – Inclusive recruitment and progression:** Over 17,500 applications were received in 2024/25, resulting in 620 new starters (60% women, 10% BME, 11% disabled). Targeted efforts included support for service leavers and outreach in communities via Positive Action and Widening Participation Teams.

**Priority 2 – Embedding inclusion through leadership and culture:** Initiatives included a series of leadership and culture events, new induction programme, EDI training, Reverse Mentoring programme, and celebration of cultural festivals such as Ramadan. Progress was also made on workplace sexual safety and a focus on staff wellbeing during the 2024 summer riots.

**Priority 3 – Tackling health Inequalities:** The Public Health and Communications Teams led work to reduce health disparities and enhance community engagement, ensuring services remain responsive to diverse needs.

**Staff Networks and Additional Support:** All five staff networks shared annual highlights. The report also includes a summary of the Chaplain's work and, for the first time, the NWAS Charity's contributions to EDI work.

**Regulatory Monitoring and Reporting:** The report includes summaries of the EDS, WDES, WRES, and Gender Pay Gap. The latest WRES and WDES submissions are due by 31 May 2025, and the GPG report will be submitted in line with national timelines.

In conclusion, the annual report underscores the Trust's strategic and operational progress in advancing equality, diversity, and inclusion for staff and communities across the North West.

#### PREVIOUSLY CONSIDERED BY

Resources Committee

Date

Thursday, 22 May 2025

Outcome

Approved and recommended to Board for approval and publication

#### PREVIOUSLY CONSIDERED BY

Trust Management Committee

Date

Wednesday, 21 May 2025

Outcome

Approved and recommended to Resources Committee for onward approval

Diversity & Inclusion Group

PREVIOUSLY CONSIDERED BY	Date	Friday, 09 May 2025
	Outcome	Recommended to TMC for onward approval

## 1. BACKGROUND

- 1.1 The purpose of this paper is to introduce the Trust's Equality, Diversity and Inclusion Annual Report 2024-25, which has been compiled by the Staff Experience Team.
- 1.2 As a public authority, the trust is required to publish an annual appraisal setting how it has complied with the Public Sector Equality Duty – this requirement is part of the specific duties.
- 1.3 The EDI Annual Report has been produced for this purpose, as well as for showcasing to staff and communities the way in which NWS operates as an inclusive employer and service provider.
- 1.4 It should also be noted that the report will provides evidence to support compliance with several aspects of the CQC framework, in particular the following quality statement:  
***Workforce equality, diversity and inclusion (well led):** We value diversity in our workforce. We work towards and inclusive and fair culture by improving equality and equity for people who work for us.*
- 1.5 The CQC framework also has EDI considerations running through many of its quality statements in relation to the care delivered. For example, under Responsive - Equity in Access, Equity in experiences and outcomes.

## 2. CONTENTS

The Annual Reports covers the following key areas:

- 2.1
  - **Overview of the NWS workforce:** As of 31 March 2025, data from the NHS Electronic Staff Record shows that the total NWS workforce headcount has increased to 7,775, up from 7,415 in March 2024. Female representation has risen to 56%, while the proportion of staff identifying as disabled and those from Black and Minority Ethnic (BME) backgrounds has increased to 9% and 7%, respectively.
- 2.2
  - **EDI impact in 2024-25:** this section highlights some of the significant areas of EDI related work which have been delivered, in addition to work under the EDI Priorities. Examples include:
    - EDI and Anti-racism Statements
    - ParaMEDic Residential
    - Scaling up of the free sanitary products initiative
    - Equality Impact Assessments and Reasonable Adjustments awareness
    - Awards – Disability Confident Leader, TiDE Gold Award
- 2.3
  - **EDI Priorities – Refresh and Progress:** This section provides an overview of the refreshed Equality, Diversity and Inclusion (EDI) Priorities and highlights key initiatives delivered under each of the three strategic priorities.  
  
**Priority 1: Inclusive Recruitment and Progression**  
  
 Priority 1 focuses on ensuring that recruitment and progression processes across the Trust are inclusive, consistently applied, and free from bias.

Significant work has been undertaken this year to advance this aim. For the first time, the report includes detailed recruitment data, revealing that, of more than 17,500 applications received in 2024/25, just over 620 candidates were successfully appointed. Of these new starters, approximately 60% were women, 10% identified as Black and Minority Ethnic (BME), and 11% declared a disability.

This section also showcases the continued efforts of the Positive Action and Widening Participation Teams in promoting NWAS as an employer of choice across the North West. Additionally, it highlights collaborative work with the armed forces community to support service leavers in transitioning to careers within NWAS.

## 2.4 **Priority 2: Embedding inclusion through leadership and culture**

Priority 2 emphasises the collective responsibility of all staff—particularly managers and leaders—to foster an inclusive, respectful, and supportive working environment across NWAS. This section outlines several key initiatives undertaken to embed inclusion in the organisational culture.

Highlights include the delivery of EDI-focused training programmes and the new staff induction process, ensuring all employees are equipped with a strong foundation in inclusion from the outset. The Trust also launched the second cohort of its Reverse Mentoring programme, aimed at building understanding and empathy between senior leaders and underrepresented staff. Further cultural initiatives included an Iftar event to mark Ramadan, reflecting NWAS's commitment to celebrating religious diversity.

In addition, progress was made to improve sexual safety in the workplace, and measures were introduced to support staff wellbeing during the 2024 summer riots.

## 2.5 **Priority 3: Tackling health inequalities**

Priority 3 is centred on ensuring that the Trust delivers its services in an inclusive manner while actively addressing the underlying causes of health inequalities affecting patients.

This section of the report highlights the impactful work led by the NWAS Public Health Team, aimed at identifying and responding to disparities in health outcomes. It also showcases the community engagement initiatives undertaken by the Communications and Patient Engagement Team, which have strengthened relationships with diverse communities and ensured that patient voices continue to inform and shape service design and delivery.

- 2.6
  - **Staff Network updates:** Each of the five networks have provided an update with their key highlights from the last year.
- 2.7
  - An overview of the **Chaplain for Staff Wellbeing's work** has also been covered in the report, along with for the first time, a section on how the **NWAS Charity** has supported EDI initiatives in the last year.
- 2.8
  - **Workforce Equalities Monitoring and Reporting:** The report concludes with a summary of the key regulatory equality reports that the Trust is required to produce: the Equality Delivery System (EDS), Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), and Gender Pay Gap (GPG) report.

It is important to note that the WRES, WDES, and GPG data presented in this report reflects submissions made in May 2024. Updated WRES and WDES data for 2024/25 is currently being finalised for submission to NHS England by 31 May 2025, while the GPG report will be submitted via the Gov.UK portal in accordance with national reporting requirements.

### **3. COMMUNICATIONS**

- 3.1 Following approval, the report will be published on the external NWAS website and will be promoted internally via the Green Room and staff bulletins.
- 3.2 In addition, the report will be circulated to key stakeholders such as ICBs, Patient and Public Panel, organisations and groups which support our inclusive recruitment work, and EDI colleagues in the ambulance sector.

### **4. RISK CONSIDERATION**

- 4.1 The Trust has a low risk appetite in respect of Regulatory compliance and this report once published will support the Trust to demonstrate compliance with the requirements of the public sector equality duty and with elements of the CQC Well Led framework.

The areas of work articulated should also have a positive impact on Quality outcomes (low risk appetite) and People (moderate risk appetite).

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

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

### **6. ACTION REQUIRED**

- 6.1 The Board is asked to:
  - Review and note the contents of the EDI Annual Report 2024-25
  - Receive assurance that the trust has complied Public Sector Equality Duty (specific duty) in producing an EDI Annual Report
  - Approve publication of the report via internal and external communications



# Equality, Diversity & Inclusion Annual Report 2024-25

Welcome from  
Salman Desai

WOMEN'S  
NETWORK

WE ARE THE  
ARMED  
FORCES  
NETWORK.

North West Ambulance Service  
LGBT  
Network  
WE ARE ONE!

WE ARE  
RACE  
EQUALITY  
NETWORK.

AMBULANCE

AMBULANCE

AMBULANCE

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## A NOTE ON THE PUBLIC SECTOR EQUALITY DUTY

The Public Sector Equality Duty (PSED), established under Section 149 of the Equality Act 2010, requires public bodies, including NHS organisations, to consider how their policies, services, and decision-making processes impact people who are disadvantaged or face inequality. It encourages active engagement with diverse communities to ensure services are accessible, inclusive, and responsive to the needs of all individuals.

The general duty obliges us to have due regard to three key aims:

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

In addition to the general duty, the PSED sets out specific duties that require public bodies to publish equality information annually and to set and publish equality objectives at least every four years.

This annual report serves as evidence of our compliance with the PSED for the reporting period 2024–2025. It outlines the actions we have taken to meet our legal obligations and illustrates how equality, diversity, and inclusion are embedded in our work. Furthermore, it reflects progress against our current three-year EDI objectives — referred to as our Priorities.

# FOREWORD BY LISA WARD KAM, DIRECTOR OF PEOPLE

Thank you for taking the time to read our Equality, Diversity and Inclusion (EDI) Annual Report for 2024–25. Building an inclusive culture is a collective responsibility, and I am sincerely grateful to all colleagues, partners, and stakeholders who continue to champion this essential work across North West Ambulance Service (NWAS).

Our commitment to equality, diversity and inclusion remains central to who we are and how we serve. Over the past year, we have made significant progress embedding inclusive practices throughout our organisation — not only to fulfil our Public Sector Equality Duty, but to create a workplace where every colleague feels respected, heard and valued.

This year brought a particularly proud milestone for us with the appointment of Salman Desai KAM as our new Chief Executive Officer — the first leader from an ethnic minority background to head an ambulance service in the UK. His appointment brings renewed perspective, experience and energy to our collective mission of delivering inclusive, compassionate care while advancing equality across every area of the Trust.

I am also proud that our progress has been recognised externally. We maintained our status as a Disability Confident Leader (Level 3) and were again named a Gold Standard organisation by the Employers Network for Equality & Inclusion (enei), ranking third globally in the TiDE (Talent Inclusion and Diversity Evaluation) accreditation. We also retained our Veteran Aware status, underlining our ongoing support for the Armed Forces community.

However, 2024–25 also brought significant challenges. The riots and civil disorder that unfolded across the UK during the summer left many in our workforce and the communities we serve feeling anxious and unsafe. These events starkly reminded us of the ongoing presence of hate, prejudice, and inequality in our society. In response, we reaffirmed our values through the launch of two cornerstone declarations: a new EDI Statement to replace our former policy, and our first-ever Anti-Racism Statement. These declarations clearly signal our ambition to be a truly inclusive and anti-racist organisation.

Our five Staff Networks — Armed Forces, Disability, LGBT+, Race Equality and Women's — continue to play a vital role in shaping our inclusion agenda. Each supported by an Executive Sponsor and dedicated budget, they have led impactful initiatives throughout the year — from Armed Forces Week celebrations and awareness campaigns on reasonable adjustments, to powerful storytelling during LGBT+ History Month. Their work remains instrumental in creating a more open, respectful and supportive workplace.

As I reflect on this past year, I do so with pride and optimism — while recognising that our journey is far from complete. We will not be complacent, and will continue to address inequalities in the workforce and for our patients, to help everyone be at their best.



# NORTH WEST AMBULANCE SERVICE NHS TRUST

North West Ambulance Service NHS Trust (NWAS) covers a vast area of around 5,400 square miles, serving over seven million people in Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire, and Glossop. With a team of approximately 7700 employees in diverse roles, supported by 1000 volunteers, NWAS provides 999, NHS 111, and patient transport services.

Our vision is to deliver the **right care, at the right time, in the right place, every time**. Our Strategy 2022-2025 and our supporting strategies set out how we will deliver our vision and our EDI priorities through the delivery of our three aims:

- **Provide high-quality, inclusive care**
- **Be a brilliant place to work for all**
- **Work together to shape a better future**

## Approach in 2025/26

Our Strategy 2022-2025 has been extended for a further year to cover 2025/26.

During the next year we will redevelop the Trust strategy and supporting strategies. The new strategies will be co-produced through engagement with staff and patient groups. The project will also set up an equality reference group to take an active role in strategy development and to undertake the equality impact assessment. This will ensure that our EDI priorities and considerations are woven through the new and refreshed strategies.

## Our values



**WORKING  
TOGETHER.**



**BEING AT  
OUR BEST.**



**MAKING A  
DIFFERENCE.**



# OUR WORKFORCE

This section of the report presents an overview of our workforce demographics, based on data extracted from the NHS Electronic Staff Record system as of 31 March 2025.

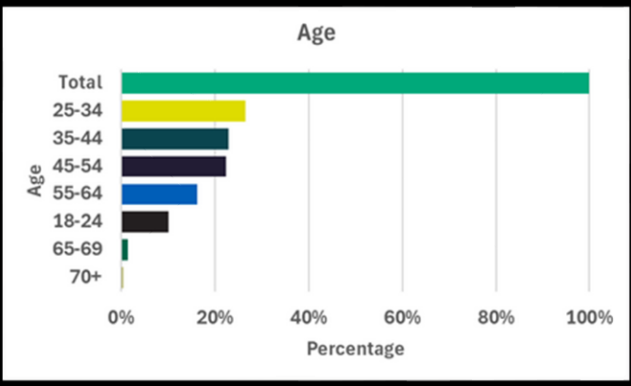


## Headcount

Our total workforce headcount increased to 7775, from 7415 in March 2024.

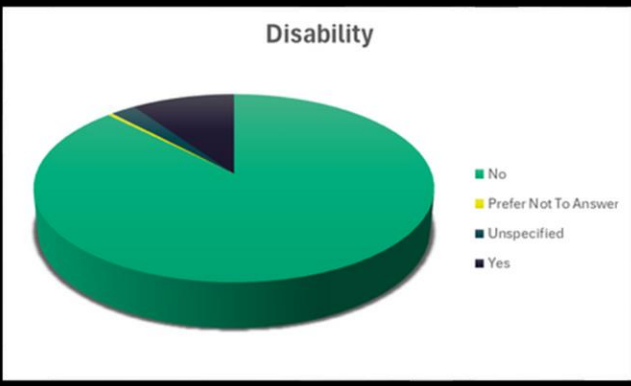
### Age

The majority of staff are aged between 25 and 54, accounting for 72% of the workforce. Younger staff aged 18–24 made up 10%, while those aged 55–64 comprised 16%. Representation from individuals aged 65 and over remains low, at just 1.5%.



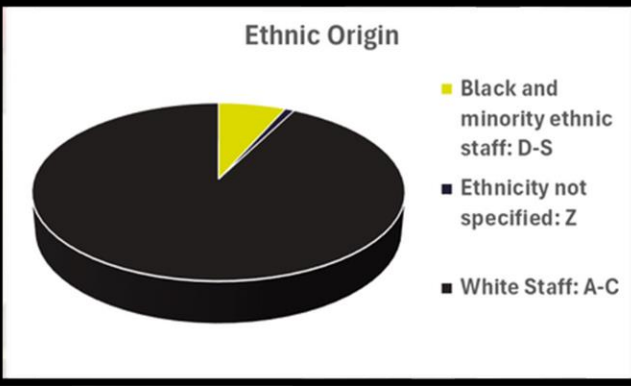
### Disability

85% of staff declared they do not have a disability, while 9% identify as having a disability, increasing from 7.8% in 2024. The proportion of staff who have not declared their disability status has halved to 3%.



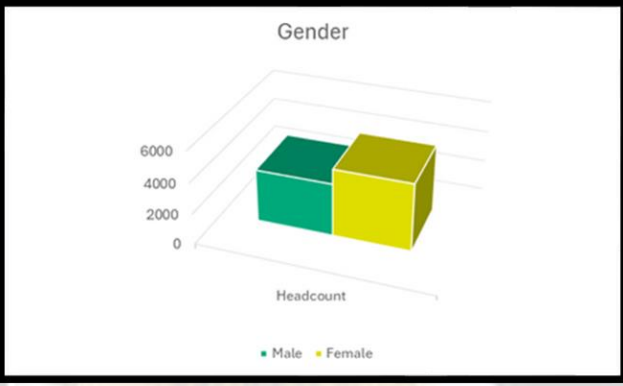
### Ethnicity

92% of staff identify as White, 7% as Black and Minority Ethnic (BME) which is an increase of 1% from 2024. Declaration for ethnicity is 99%, which means that only 1% have not specified their ethnic origin.



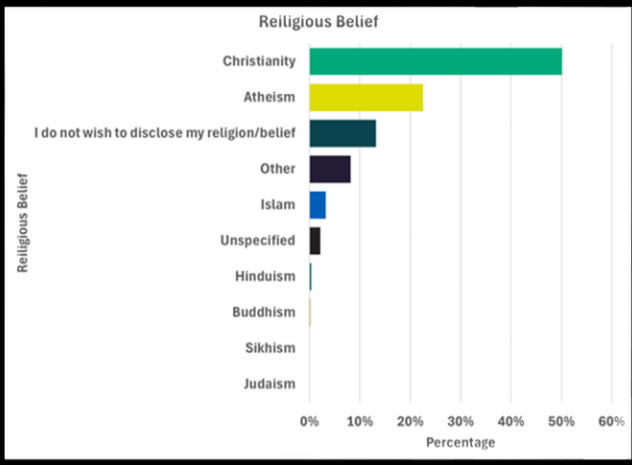
### Gender

The proportion of women in the NWS workforce has increased to 56%, up from 55% in 2024. Representation of female staff in all operational areas has also increased this year.



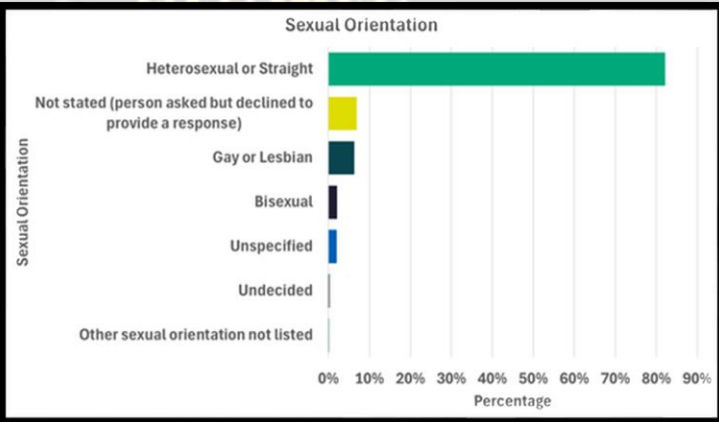
### Religion and belief

Just over half of staff identify as Christian, while 23% state they have no religious belief with around 13% choosing not to disclose their religion. Smaller proportions identify as Muslim (3%), Hindu (0.3%), Buddhist (0.2%), Sikh (0.1%), or Jewish (0.1%).



### Sexual orientation

The proportion of staff identifying as gay or lesbian has remained consistent with the 2024 figure at 6%. Staff identifying as bisexual represent 2%, also in line with the previous year. Approximately 7% of staff have not disclosed their sexual orientation, reflecting a decrease from 10% in 2024.



We regularly review and monitor our staff profile as we continue to make efforts to develop a workforce representative of the communities we serve.

# HOW WE MADE AN IMPACT IN 2024/25

Throughout the year, we have remained committed to embedding equality, diversity, and inclusion at the core of our work at NWAS.

This section outlines key areas where we have made progress and achieved positive outcomes, with notable examples highlighted here.

## Equality Impact Assessments (EIAs)

A year after the EIA process was refreshed with the introduction of Stage 1 and Stage 2 pro-formas, the updated approach has significantly strengthened the Trust's ability to consider equality issues in its decision-making. Whether shaping policies, procedures, strategies, projects, or programmes, the revised EIA framework ensures that equality considerations are meaningfully integrated at every stage.

Over the past year, more than 60 EIAs have been undertaken across a wide range of initiatives, with the assessments playing a critical role in supporting inclusive and equitable outcomes in areas such as:

- Armed Forces, Reserve & Cadet Forces Policy
- Bank Worker Procedure
- Career Break Procedure
- Digital Governance
- Dress Code Policy
- Maternity & Neonatal Care Policy
- Maternity Procedure
- New Parent Support Leave Procedure
- Secondary Employment and Volunteering Policy
- Strategic Mental Health Plan

## Commitment to EDI and developing an anti-racist organisation

We introduced a new Equality, Diversity and Inclusion Statement as well as an Anti-racism Statement. The EDI Statement was developed to replace the EDI Policy, as the latter reached its term limit in summer 2024. The Anti-racism Statement was produced to set out in clear terms the trust's commitment to becoming an 'anti-racist organisation'.



## Free sanitary products launch

The Women's Network, working in partnership with the Staff Experience Team, NWAS Charity, Facilities Management, and Infection Prevention Control team successfully scaled up the availability of free sanitary products trust-wide, to fight against 'period poverty'. The initiative was initially piloted at 40 sites, with funding secured for coverage across the whole trust, with products being available at over 120 sites now.



## Training for managers on reasonable adjustments

This year, over 80 managers from across the Trust took part in dedicated online training sessions designed to enhance understanding around effectively supporting staff requiring reasonable adjustments, due to disability or health condition. This bite-sized training was introduced following the launch of the new Procedure for Requesting and Managing Reasonable Adjustments in early 2024.

The training has been exceptionally well received — with all participants rating it as good or excellent — and is already making a meaningful impact. This progress is reflected in the 2024 NHS Staff Survey, where 71% of NWAS respondents who identified as disabled or having a long-term condition reported that the Trust had made reasonable adjustments for them, up from 65% the previous year. This marks our highest-ever response to this question and highlights the positive effect of both the policy and the accompanying training.

## ParaMedic Residential



In August 2024, we co-delivered an interactive and engaging ParaMedic Residential Programme in partnership with the College of Paramedics and Edge Hill University. Over 40 young people from diverse backgrounds from across the country participated in the three-day residential, gaining firsthand insight into careers within the ambulance service. The programme included practical exercises supported by Paramedic Practice students at Edge Hill, visits to NWAS contact centres, and an immersive session with our Special Operations team.

Originally developed by the College of Paramedics, this marked the second year of the initiative and the first time NWAS hosted the residential. Feedback from participants was overwhelmingly positive, with many expressing a strong interest in pursuing a career in the ambulance service. Building on this success, we plan to deliver the programme in-house in the future, expanding its reach by hosting local versions across key areas within our region.

# HOW WE MADE AN IMPACT IN 2024/25

## Armed Forces 'Lest we forget' wrapped ambulances

To commemorate the service and sacrifice of Armed Forces personnel, we launched three permanently wrapped ambulances with the phrase 'Lest we forget' and Remembrance Day imagery. These special ambulances are based in Preston, Rochdale, and Fazakerley, and respond to patient calls on daily basis.

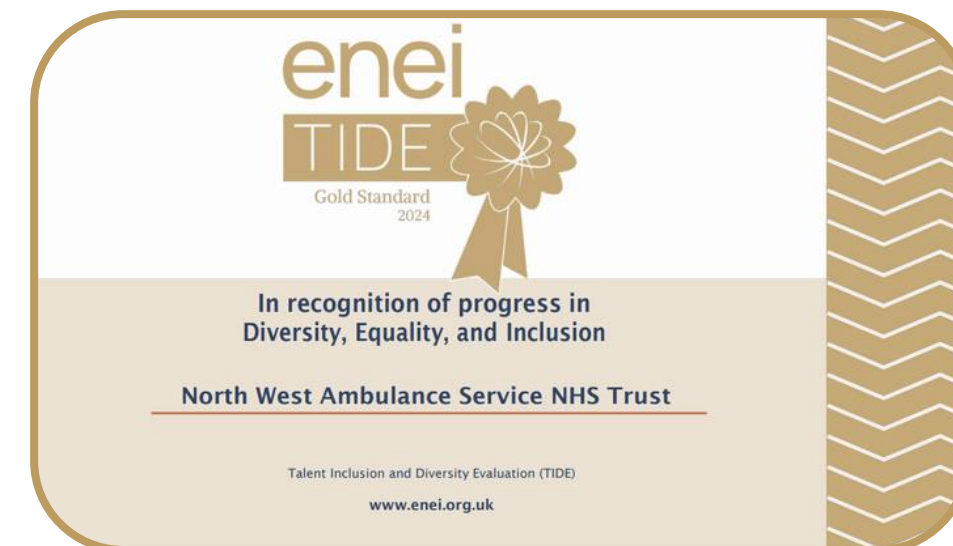


## Talent Inclusion and Diversity Evaluation (TiDE) Gold Award

For the third year in a row, we were proud to have been awarded the Gold Standard in the Employers Network for Equality & Inclusion's (enei) Talent Inclusion and Diversity Evaluation (TiDE) accreditation. Out of 185 global submissions spanning 26 sectors, we were one of just 25 organisations to receive this prestigious recognition — and with an outstanding overall score of 94%, we ranked third highest amongst all entrants.

## Re-accreditation of Disability Confident Leader Level 3 status

We were pleased to be re-accredited as a Disability Confident Leader (Level 3) by the Department for Work and Pensions for another three years, having initially achieved this status in 2022. This demonstrates our commitment to an inclusive work environment for disabled colleagues.



# EQUALITY, DIVERSITY & INCLUSION PRIORITIES

## How we delivered on our EDI Priorities in 2024/25

In 2024/25, we refreshed our EDI Priorities which were agreed by the Board in July, and are now in place until March 2027. Our priorities reflect our commitments to creating a more equitable working environment for colleagues and delivering patient services more inclusively.

**Priority 1: We will embed fair and inclusive recruitment and progression processes to improve the diversity of the workforce at all levels.**

**Priority 2: We will educate and empower our workforce and leaders to promote a positive psychologically safe culture, to support a reduction in the experience of bullying, harassment, discrimination and an improvement in retention.**

**Priority 3: We will reduce health inequalities for our patients.**

Progress against each of the EDI Priorities continues to be monitored through the Diversity & Inclusion Group led by the Deputy Chief Executive, with oversight by the Trust Management Committee and Board.



# PRIORITY 1: WE WILL EMBED FAIR AND INCLUSIVE RECRUITMENT AND PROGRESSION PROCESSES TO IMPROVE THE DIVERSITY OF THE WORKFORCE AT ALL LEVELS

Priority 1 is centered on taking the necessary steps to ensure that our recruitment and progression processes are inclusive, consistently applied, and free from bias by all individuals involved in recruitment across the Trust. This section of the report provides an overview of the activities undertaken this year aligned to this Priority.

## 1.1 EDI monitoring of 2024/25 recruitment data

This year, the Trust received more than 17500 applications for roles advertised across the organisation, with around 5500 being shortlisted for assessment/interview, and just over 620 candidates were appointed.

**Gender:** Female applicants represented the majority at each stage of the recruitment process, making up 52% of applicants, 58% of those shortlisted, and 59% of new starters. Male representation decreased across the stages, from 47% of applicants to 41% shortlisted, and 40% of new starters. The proportion of candidates who did not disclose their gender remained consistent at 1% throughout all stages.

**Ethnicity:** White applicant represented 52% of all applicants, increasing to 70% at the shortlisting stage and 84% of those appointed. In comparison, BME applicants made up 46% of applicants but were underrepresented in later stages, accounting for 27% of shortlisted candidates and just 10% of new starters. The proportion of individuals who chose not to disclose their ethnicity remained low, rising slightly from 2% at application to 6% at the point of appointment.

**Disability:** A majority of applicants (87%) declared no disability, with representation declining slightly to 83% at the shortlisting stage and 81% among new starters. 10% of applicants identified as disabled, increasing to 13% at shortlisting and 11% at appointment. The proportion of individuals who did not disclose their disability status rose incrementally, from 2% at the application stage to 4% at shortlisting and 8% at appointment.

## 1.2 Recruitment processes

Recruitment in NWAS is facilitated by the HR Hub, working closely with managers to ensure that EDI is woven into the recruitment and selection processes for all posts within the Trust.

Building on the findings from the 2023 Recruitment Audit conducted by the Employer's Network for Equality and Inclusion (enei), this year we continued to make meaningful progress in refining our recruitment practices. Some of these improvements include reviewing and updating our Recruitment and Selection Policy and Procedure, and evaluating our approaches for large-scale campaigns to ensure that applicant-facing information is both inclusive and accessible.

The Job Description template for Trust roles was revised to support the use of concise, accessible language, with an emphasis on listing only the essential criteria for each role. In addition, the Recruitment and Selection training course for managers was redeveloped to embed inclusive principles at every stage of the hiring process. Work also continued to improve the diversity of shortlisting and interview panels to support balanced and objective decision-making. For leadership roles, recruitment methods were enhanced to assess candidates' understanding and capability in relation to EDI.

**Looking ahead:** In 2025/26, we are planning to continue to further develop and evolve our recruitment approaches. For example, we will be looking to implement specific recruitment targets for some of our operational service lines, helping to address underrepresentation of certain groups while also strengthening accountability around inclusive recruitment. Bite-sized training sessions for managers will also be launched, designed to improve interview skills, with a particular emphasis on assessing understanding around equality and inclusion.

The Inclusive Recruitment Working Group will be re-launched with membership from both operational and corporate teams, providing a collaborative forum to drive continued enhancements in recruitment and selection practices. Insights and themes emerging from exit interviews and new starter surveys will be analysed and used to inform ongoing improvements, helping to support a more inclusive experience for both current employees and prospective candidates.

## 1.3 Delivery of careers support initiatives

The Positive Action and Widening Access Teams, when working both collaboratively and independently, play a key role in promoting awareness of career opportunities at NWAS across communities throughout the North West.

The Positive Action Team focuses primarily on addressing underrepresentation within the workforce, with current efforts concentrated on improving the representation of individuals from ethnic minority backgrounds. In contrast, the Widening Access Team support a broader range of disadvantaged groups and individuals, including long-term unemployed, social and economic deprivation, etc, where lack of employment can adversely affect health and wellbeing. The team deliver pre-employment programmes, support for young people and also support existing NWAS staff to progress their careers.

The two teams often work in partnership to ensure the Trust is represented at key careers events and regularly collaborate to facilitate online engagement with members of the public interested in joining NWAS. For example, the teams continued to jointly host virtual support sessions during recruitment campaigns — to assist applicants, and provide insights into specific roles, and offer guidance on producing effective applications. These sessions covered job overviews, day-to-day responsibilities, and practical application tips, while giving attendees the opportunity to ask questions in real time.

By working together, the teams delivered around 30 virtual information sessions via Microsoft Teams and the NWAS Live Chat platform, engaging nearly 750 people across the year. These events were widely promoted through community organisations, public sector partners, and the Trust's own social media channels, helping to ensure an inclusive and far-reaching approach.

# Priority 1

## 1.4 Positive Action in 2024/25

This year, the Positive Action programme was refocused to prioritise specific geographic areas identified in the 2021 Census as having higher concentrations of ethnic minority communities. Rather than maintaining a broad approach across the entire North West, efforts were concentrated in targeted locations including Lancashire (particularly Preston, Blackburn, and Burnley), Greater Manchester, and Merseyside. This shift enabled a more effective allocation of limited resources, allowing for deeper, more meaningful engagement in areas where the potential for impact was greatest.

With the Trust’s commitment to supporting inclusive recruitment, the Positive Action Team was expanded this year with the introduction of two Positive Action Engagement Officer positions. We successfully recruited to one of these positions in August 2024, with the role being anchored in Lancashire and Greater Manchester and focusing on building strong relationships with local organisations working with ethnic minority communities, promoting our careers through events and pop-ups, and offering initial advice and guidance on career opportunities. Recruitment for the second position focusing on Merseyside will take place in 2025/26.

**Support for prospective applicants:** Over the course of the year, we provided information, advice, and guidance to over 200 individuals who contacted the Positive Action Team to learn more about careers within the ambulance service. Our support covered a range of topics, including role eligibility, the application process, and available career pathways across NWAS.

Through our events and engagement activities, approximately 200 individuals joined our mailing list to stay informed about job opportunities within the Trust. We shared regular updates on vacancies, signposted new job adverts, and offered guidance on how to access one-to-one support. The majority of interest focused on roles such as Ambulance Care Assistant, ICC Call Handler, and Emergency Medical Technician (EMT) apprenticeships.

A key feature of the Positive Action work has continued to be tailored one-to-one coaching which prospective applicants can access to develop their applications. If shortlisted, applicants are then offered support and guidance at the assessment and interview stages.

In 2024/25, 41 applicants from ethnic minority backgrounds received in-depth support for their applications (across all roles). At the time of reporting, 19 applicants had been appointed, while around 15 chose not to apply or were not successful, and a further six have readied their applications to submit in the 2025 EMT Apprenticeship recruitment campaign.

**Community engagement:** For our Positive Action (PA) work, we engaged with more than 30 new organisations in our target areas this year, taking our total number of PA organisational partners to around 350. Additionally, by collaborating with local organisations and groups, we delivered a presence at more than 80 careers focused events, reaching over 9000 people across a range of settings and formats.

We supported around 30 in-person events, including participation in career fairs and community-led events hosted by local organisations and faith-based groups. These opportunities were valuable in connecting directly with individuals from diverse backgrounds, and to promote the wide range of roles available within the organisation.

We held 15 bespoke careers sessions, both online and in-person in our focus areas, offering tailored insights into career pathways at NWAS. These sessions, which engaged over 300 people, were supported by Trust Ambassadors (Operational staff members) representing all patient-facing teams. Notable events included those hosted at Bangor Street Community Centre in Blackburn, the Kashmir Youth Project in Rochdale, Women with Wings in Salford, Blackburne House in Liverpool, and Refugee Women’s Connect in Toxteth, Liverpool.

To further enhance community outreach, the team piloted three "pop-up" stands at community hubs in Bolton and Preston. These informal, accessible engagement points were designed to bring NWAS careers information directly into the heart of local communities.

**Tracking ethnic minority applicants:** This year, we continued our tracking initiative which monitors the stages of the recruitment process where ethnic minority applicants are most likely to exit. Unsuccessful applicants are then contacted by the Positive Action Team with an offer to provide support should they want to reapply for the same or different role. Of the 41 applicants referenced above, around 50% came from the tracking pool.

For the EMT Apprenticeship recruitment campaign in July 2024, 28 eligible individuals identified through tracking were offered support. 11 individuals took up the offer, 4 of whom subsequently applied and were successfully shortlisted for interview, resulting in 3 role offers. For the ICC Call Handler positions in April and September 2024, just over 200 prospective applicants were offered support, with 7 applying, all progressing to interview, and 5 receiving offers. In the case of the Patient Transport Service Ambulance Care Assistant role in January 2025, 17 previously unsuccessful applicants were offered support, leading to 3 applications, 3 interviews, and 2 offers.

**2025/26 plans:** In the coming year we plan to significantly expand our engagement and outreach activity across all priority areas, deepening our connections with both communities, and key stakeholders. As part of this, we will deliver eight bespoke careers events, complemented by our participation in wider community events, careers fairs, and workshops.

To strengthen our community presence, we aim to host over 24 pop-up stands at local community hubs throughout the year, creating accessible opportunities for individuals to learn about careers within NWAS. We will also launch a Positive Action Careers Roadshow, taking our messaging directly into communities to raise awareness and provide practical guidance on recruitment. In addition, we will continue to offer bespoke online support sessions, tailored to specific roles and focused on helping candidates apply more effectively.

We will also continue to strengthen our Applicant Tracking Programme by embedding it across all recruitment campaigns where we anticipate a high volume of applications. Particularly for the ICC Call Handler role — where a significant number of applicants have historically been unsuccessful — we plan to introduce "Effective Applications" support sessions to improve applicant outcomes and reduce attrition in the early stages of the recruitment process.

“Just a message to say thank you for being part of my journey to a rewarding career. I very much look forward to starting my course. It’s been a tough application, and I don’t think I could have done it without your help and support.”

**Leya, EMT Apprenticeship applicant**

# Priority 1

## 1.5 Widening Access in 2024/25

This year, the Widening Access Team continued to deliver a comprehensive programme of community outreach activities aimed at promoting careers within NWAS. In addition to managing the rollout of pre-employment programmes, the team facilitated engagement with young people and supported internal staff in their career progression within the organisation.

Externally, the Team worked extensively with regional partners to promote careers in the ambulance service and broaden access to NHS opportunities. This included collaboration with local DWP offices and housing associations, supporting job fairs, and offering tailored support to individuals referred through these channels.

Strategic partnerships were also developed with key regional bodies such as the Liverpool City Region Combined Authority, Lancashire and South Cumbria Careers Team, and the Lancashire Skills and Employment Hub, where NWAS is a registered Pledge Partner. These collaborations enabled wider promotion of vacancies and events, supported regional career initiatives, and aligned activity with shared goals around inclusive workforce development.

The team continued to liaise with other NHS organisations, sharing best practices and participating in joint events to support the workforce, and also engaged with organisations such as the King’s Trust, Back on Track, and emergency services in Greater Manchester. This engagement focused on projects aimed at supporting disadvantaged adults and inspiring young people to explore future careers in health and social care.

**Supporting applicants:** More than 30 internal staff were supported by the Widening Access Team around career progression within the Trust. This included accessing information, advice and guidance around development opportunities, as well as application support, interview techniques and confidence boosting. We also supported nearly 90 external individuals with their recruitment journey for a position in the Trust.

Since May 2024, the Widening Access and Learning & Development Teams have jointly hosted workshops for internal staff wanting to apply for a new role in the Trust. These sessions, which were attended by nearly 500 staff members this year focused on understanding the application process, developing interview skills, and provided opportunities for participants to seek further guidance and support through interactive Q&A.

**Engagement with young people:** At NWAS we provide structured placements for Healthcare Cadets across the North West, facilitated by the Widening Access Team. The Cadets, aged 16-20 remain on placement with the Trust from January- May, and the scheme provides a valuable experience of the ambulance service environment to help young people make informed career choices. Participants often progress on to studying or working in the health and care sector. In January 2025, we welcomed our latest cohort of cadets comprising of just under 50 young people from a range of colleges and areas. 90% of participants in this cohort are female with 15% from an ethnic minority background, and around 10% have identified as disabled.

This year, the team represented the Trust at the Liverpool City Region Creating Careers Live event—a week-long initiative aimed at inspiring future careers in health and care. Around 250 Year 10 students from across Liverpool participated, engaging with a wide range of health and care providers. The event provided a valuable platform to promote NHS careers and raise awareness of opportunities within the ambulance service among young people.

**Careers engagement and outreach:** The Widening Access Team attended over 100 career events, supported by NWAS Ambassadors, reaching around 40,000 individuals across the North West. We have continued to prioritise events where there is potentially a diverse group of attendees, or attendance from a group that is underrepresented in our workforce currently.

**Pre-employment programmes:** Pre-employment programmes provide the opportunity to make a real positive difference in someone’s life and can act as a stepping stone, out of unemployment, by introducing them to entry level roles in NWAS, providing bespoke training/exposure to the real work environment with a work experience and support to work towards an application for the targeted role in the trust. The Widening Access Team work collaboratively with recruiting managers and the recruitment team to scope potential recruitment campaigns which could support pre-employment programmes.

This year, the focus of pre-employment programmes was on the Integrated Contact Centre Call Handler role, with around 50 people enrolling on to courses. Across the cohorts in 24/25, 60% of participants were female and 35% of were from an ethnic minority background. Just over 10% identified as having a disability and the age profile was broadly distributed, with the largest group falling within the 21–30 (30%) age range. 22 participants successfully secured a role in the trust, with a further 11 people applying but unsuccessful at assessment or interview stages.

### Feedback from participants

“I can’t thank you enough for giving me this experience!! You have helped me so much and have now got me a job. “

“Thank you so much for the opportunity. I loved every minute of it and you have got me the job!!!”

**Apprenticeships:** The Widening Access Team have continued to play an important role in the provision of internal and external apprenticeships in the Trust. Internally, we deliver the Emergency Medical Technician Apprenticeship in-house in NWAS, which saw nearly 200 new starters join in 2024/25. Almost 70% of EMT apprentices joining this year were female and more than 50% were aged between 21 – 30.

The team also oversees the external apprenticeship provision which staff may access for their own development. Around 100 staff members completed their apprenticeship this year, with 60% of them being female and 5% identifying from an ethnic minority background.



# Priority 1

## 1.6 Supporting Armed Forces Veterans into employment

We are a forces-friendly employer, and work with key organisations across the region to support the Armed Forces Community. We are committed to demonstrating and advocating support for the defence and the armed forces communities, as signatory of the Armed Forces Covenant and recipient of the Employer Recognition Scheme Gold award.

In February 2025, we were proud to have achieved reaccreditation of the Veteran Aware status, being recognised as exemplars of the best care for, and support to, the Armed Forces Community. At NWAS we have continued to support our staff who are members of the Armed Forces community, including veterans, service spouses and partners, and members of the Reserve and Cadet Forces.



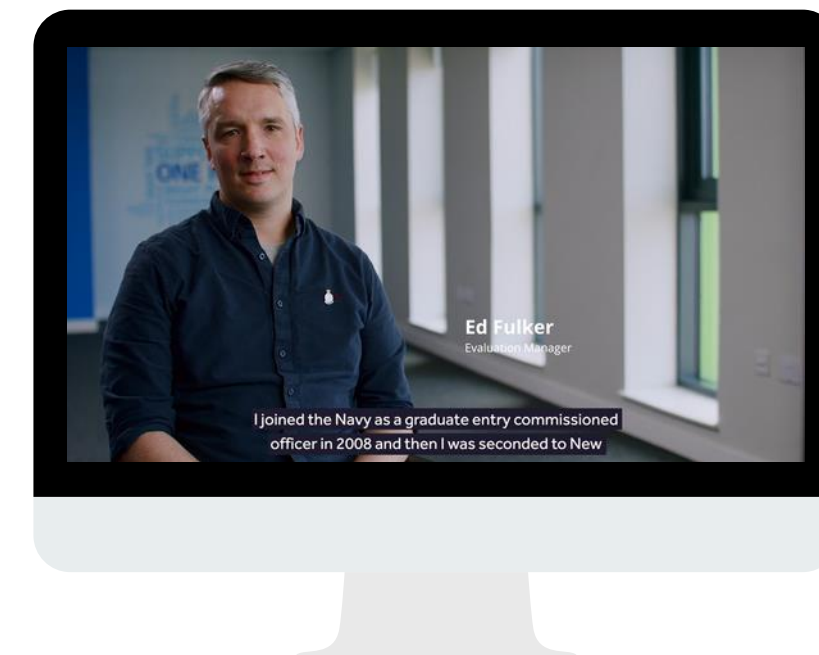
This year, we continued to actively welcome veterans and service leavers into the Trust, recognising their military experience and qualifications within our recruitment and selection processes. Through our partnership with NHS Employers Step into Health programme, we supported 39 individuals with tailored information, advice, and guidance on careers at NWAS.

In 2024-25, the Trust was represented at two Armed Forces careers events engaging over 500 service leavers and veterans. Additionally, we worked with the national Ambulance Armed Forces Network and Step Into Health to deliver a webinar on careers in the ambulance service. To further support with the promotion of Trust roles, a new short film was produced this year featuring current NWAS staff who had joined from the Armed Forces - *Armed Forces Insight: Careers with North West Ambulance Service*. The film sees members of the Armed Forces Network sharing their experiences of transitioning from the military to NWAS.

Around 30 prospective applicants with an Armed Forces background were provided with information, advice and guidance on NWAS careers. 6 individuals accessed in-depth one-to-one support for their application, resulting in three service leavers receiving offers of employment from the Trust. Some who accessed support this year are planning to submit their applications in the 2025 EMT apprenticeship recruitment campaign.

**Collaborative Working:** We continue to have representation on regional NHS Armed Forces Networks, the national Ambulance Armed Forces Network, Covenant Partnership Hubs, and the Employer Recognition Scheme North West Gold Award Association. Where possible, we share good practice, promote collaborative working and learn from one another from across the ambulance sector, wider NHS and private sector.

**Future work:** In the coming year, we will launch the Armed Forces Insight film across our social media channels to highlight career opportunities and the value of military experience within NWAS. We will also begin preparations for our Veteran Aware reaccreditation to reaffirm our commitment to supporting the Armed Forces community. Additionally, we plan to host an NWAS Armed Forces Insight Day and take part in a range of careers and community events to further engage with veterans, service leavers, and their families.



## PRIORITY 2: WE WILL EDUCATE AND EMPOWER OUR WORKFORCE AND LEADERS TO PROMOTE A POSITIVE PSYCHOLOGICALLY SAFE CULTURE, TO SUPPORT A REDUCTION IN THE EXPERIENCE OF BULLYING, HARASSMENT, DISCRIMINATION AND AN IMPROVEMENT IN RETENTION

This priority focuses on the responsibility that everyone in NWAS has, particularly managers and leaders, to help nurture an inclusive and supportive working environment for all.

### 2.1 Improving cultural competency

**EDI staff training:** Throughout 2024/25, our EDI training has been aligned to our EDI Priorities, and has focussed on embedding inclusive practices and fostering cultural change. This year we launched the Leadership for Diversity and Inclusion (LfD&I) training programme, which evolved from the Beyond Bias module and the Reverse Mentoring initiative.

The Beyond Bias training was concluded in May 2024, which close to 750 managers participated since October 2022. Nearly 60 leaders have attended the new LfD&I module with feedback highlighting improved awareness of underrepresented groups and confidence in addressing EDI challenges. Staff have reported valuing the interactive discussions, lived experiences, and practical tools to challenge bias.

**Staff inductions:** This year, we delivered induction sessions to over 400 PES leaders at various levels as they transitioned into their new roles. EDI was embedded throughout the programme, with dedicated sessions on behaviours and values, civility and respect — featuring relevant scenarios and case studies — and on support for neurodiverse colleagues. The induction also highlighted our approach to staff wellbeing, including guidance on supervision, supportive conversations, and the wide range of resources available to help leaders foster inclusive and effective working environments.

Additionally, we launched our new Welcome Presentation as part of the refreshed NWAS induction, reaching more than 700 staff members. Delivered by a senior leader, the presentation offers an overview of the Trust and serves as a key opportunity to reinforce EDI priorities and expectations from the outset of the employee journey.

**Reverse Mentoring Cohort 2:** In September 2024, we launched Cohort 2 of the Reverse Mentoring Programme. We started with 18 matched pairs with mentees coming from a variety of operational and corporate roles, and mentors being either part of or affiliated with one of the five staff networks within the Trust.

This year, we refined our approach for the reverse mentoring programme based on insights from Cohort 1. Some of the key changes we made included expanding the number of mentoring pairs and extending the programme duration from six to nine months to allow more time for relationship-building. We encouraged early shadowing between mentors and mentees to promote mutual learning, following positive feedback about informal shadowing in the first cohort. Additionally, we explicitly acknowledged this year that there is expected to be a reciprocal element to each mentoring relationship. While we wanted to retain the programme as reverse mentoring to support the power balance that we wanted, it was essential that the mentors also benefit from the reciprocal support they receive i.e. for their career development.

Feedback received from Cohort 2 was overwhelmingly positive, with mentors feeling empowered and heard, and noting that their input is already influencing change. Mentees report gaining valuable insights into different perspectives and identifying practical actions they can take. Both mentors and mentees valued the mutual support and human connection the programme fosters.

**Commemorating Ramadan 2025:** To mark the holy month of Ramadan, observed by many Muslims globally and within NWAS, we hosted our second annual Iftar event—'Iftar' being the meal to break the fast. Held on Wednesday 19 March in Bolton, the event was open to all NWAS staff, regardless of role or location within the Trust.

Around 180 attendees joined the evening, including senior leaders, staff, volunteers, family members, and external stakeholders. The programme included reflections from the Chief Executive and Director of People, as well as an interfaith panel discussion featuring an Imam and Reverend Karen Jobson, NWAS Chaplain for Staff Wellbeing. The fast was broken at sunset following the call to prayer, after which guests shared a meal and engaged in further dialogue and connection.

To support understanding and inclusivity during Ramadan, we also updated the HR Ramadan Guidance and refreshed the Clinical Ramadan Factsheet to assist staff, particularly those in patient-facing roles, with considerations relating to the fasting period.



# Priority 2

## 2.2 Speaking up

Freedom to Speak Up Guardians: We are committed to a robust and accessible Freedom to Speak Up (FTSU) function to support our staff and volunteers. In recognition of this we expanded the team with the introduction of two additional

FTSU Guardians, as recommended by the National Guardian’s Office report. This year, the

FTSU team has enhanced the process for raising concerns by allowing staff to do so openly, anonymously, or confidentially through various channels. Improvements have been made to the online form, which is accessible on Trust-issued mobile devices, and is intended to help those who want to speak up about anything which concerns them.

Just over 120 FTSU concerns were logged this year. The number of concerns about bullying and harassment, including sexual harassment, increased by 40% from 25 to 35 in 2024/25 – showing improved staff confidence in utilising the FTSU function. Predominant themes in these concerns were general incivility, bullying leading to feelings of belittlement, and experiences of sexualised behaviour/language.

Some concerns have been signposted by the FTSU guardians to the Dignity at Work or grievance processes. In cases involving bullying or harassment where reporters disengage from the process, relevant information is shared with the appropriate management team before closure.

## 2.5 Leadership and Culture Events

A series of Leadership and Culture events were delivered between October 2024 – March 2025, successfully bringing together leaders from across the Trust to engage in conversations about the culture review of the ambulance sector which was published in February 2024.

Asking ourselves ‘what needs to change?’ enabled us to create objectives that centered around inclusivity. Leaders actively participated in the events and were encouraged to model inclusive leadership and an understanding of the importance of civility and respect. Participants didn’t just talk about inclusivity; they were invited to share their stories, challenges, and successes and the post event toolkit embedded ongoing reflection and action. The events covered a range of topic areas such as generational differences, sexual safety, and the important of being allyship and being an active bystander.

All participants rated the events as ‘good’ or ‘excellent’, and post-event feedback tells us that people are actively calling out poor behaviours and ‘calling in’ people to educate them, with a strong belief in ‘what you permit, you promote’, and a collective stance to improve culture at NWS.

## 2.3 Improving sexual safety

We have continued to deliver thematic learning sessions on sexual safety and hate crime this year, with the Sexual Safety Steering Group reviewing incident data, identifying trends, and implementing targeted interventions and educational initiatives to improve sexual safety in the Trust.

Key initiatives undertaken this year include Sexual Safety Roadshows to raise awareness of reporting processes and available support, and collaboration with staff networks to emphasise the importance of incident reporting. Body Worn Video Cameras continue to serve as valuable tools for capturing evidence. In partnership with external agencies, we have also held awareness evening town centres to promote staff safety and public understanding of these issues.

Looking ahead, any incident relating to unwanted behaviour of a sexual nature which is reported will have a Violence Prevention Reduction Specialist Practitioner assigned to support and implement any relevant interventions.

## 2.4 2024 summer riots

During the civil disorder that took place across the UK in July and August 2024, many communities and individuals were placed in vulnerable and potentially unsafe situations. As an employer, we prioritised the safety and wellbeing of our staff—particularly those in patient-facing roles—by taking proactive measures to support and protect them during this period.

Managers were encouraged to check in directly with team members who may have been affected, specially those commuting to or from work in impacted areas. Guidance was issued to support wellbeing conversations and ensure individual needs were recognised and addressed.

At a national level, we engaged with other ambulance trusts and the wider NHS to consider appropriate responses in cases where safety concerns may have influenced the ability to deliver care, both in person and via contact centres. The events highlighted ongoing societal challenges related to racism and prejudice, reinforcing the importance of our continued commitment to equality, diversity, and inclusion.



# PRIORITY 3: WE WILL REDUCE HEALTH INEQUALITIES FOR OUR PATIENTS

Health inequalities result in poorer outcomes for disadvantaged populations. This priority focuses on ensuring that not only are we delivering our services inclusively, but that we are working to address the root causes of inequality.

## 3.1 Health and Equality (Public Health)

The Sustainability Strategy 2023-2026 sets out our commitment to work as an effective system partner to improve population health across the North West. In 2023, the Association of Ambulance Chief Executives (AACE) issued a national statement on reducing health inequalities in the ambulance sector and shared an assessment tool to evaluate our maturity in four key domains:

- Building public health capacity and capability,
- Data insight, evidence and evaluation,
- Strategic leadership and accountability, and
- System partnerships

Our baseline assessment was completed in March 2024 and indicated our maturity as an organisation is ‘Developing - building good practice’.

We have analysed our maturity assessment gaps, integrated previous Sustainability Strategy goals, and aligned with recent national health inequality policies and guidance to develop our improvement goals, which are:

- To improve the collection, analysis, and utilisation of our data to support population health improvement and reduction of health inequalities
- To develop core clinical education and training which is culturally aware

**Delivery of NWAS’ first population health dashboard:** To align with our data improvement objective, the Public Health and Business Intelligence teams created a population health dashboard to enhance data collection and analysis. A series of reports on 999 calls and incidents will provide detailed breakdowns by patient characteristics (age, sex, and ethnicity) and population health data. This information, visible to all in the Trust, aims to enhance our understanding of access and outcomes disparities among patient groups, as well as identify demand from vulnerable populations.



NWAS Public Health Team

**Development and rollout of Health Inequalities and Making Every Contact Count training:** As part of the NHS’ Long Term Workforce Plan, priorities include reforming the workforce to enhance skills for prevention and early intervention. To boost capacity and clinical education, the Public Health, Strategy and L&OD teams created modules on Health Inequalities and Making Every Contact Count. These modules will form part of the mandatory training cycle in 2025-26. This work was supported by a small grant from NHS England North West Workforce Training & Education department.

**Leveraging ambulance data to improve hypertension management and prevent cardiovascular disease:** In England, hypertension is the top risk factor for cardiovascular disease (CVD), leading to heart attacks, strokes, and other complications. Living in deprived areas increases the likelihood of a stroke. Despite hypertension affecting over a third of adults, more than 40% are unaware of their condition. Identifying hypertension early is crucial for lifestyle changes or treatment. We collaborate with GPs to establish a data sharing pathway to help identify undiagnosed or unmanaged hypertension.

This year we completed a new pilot with a group of six GPs in Cheshire and Merseyside, highlighting the potential for ambulance services to contribute meaningfully to preventative care. It also helped foster collaboration between NWAS, GPs, and other healthcare partners.

**Future work:** in 2025/26, our work will focus on advancing our approach to addressing health inequalities through several key initiatives. We will disseminate the new population health dashboard across the organisation and integrate health inequalities data into Board reports to inform strategic decision-making. Additionally, we will develop Phase 2 of the population health dashboard to enhance its functionality and reach. As part of our ongoing commitment to education, we will also design follow-up training on health inequalities and the Making Every Contact Count (MECC) framework to further equip staff with the knowledge and tools needed to support equitable care.

# Priority 3

## 3.2 Communications & Patient Engagement

Each year, the Trust's Patient Engagement Team implements a programme aligned with the Patient, Public and Community engagement Implementation Plan. This plan aids the Trust's strategic EDI priorities by engaging patients and gathering feedback across all service areas, including Paramedic Emergency Services (PES), Patient Transport Service (PTS), NHS 111, and Urgent Care Desk.

**Family and Friends Test (FFT):** Patients who access PTS and PES services are offered the chance to provide feedback via the FFT. With our PES surveys this year, 5% of respondents were from ethnic minority communities. Of this group, 82% rated their overall experience of the service as 'very good/good' and 80% indicated that they were 'cared for appropriately, with dignity, compassion, and respect'.

**Community engagement:** We successfully delivered four county-based community awareness events with a target audience of young people, those with learning disabilities, and members of ethnic minority groups including Chinese and Jewish communities. More than 320 people from diverse communities participated in the events, with young people accounting for around three-quarters of overall attendance at the events.

During 2024/25, we undertook 31 patient focus groups working with organisations such as Kashmir Youth Project and the Chinese Wellbeing group. We also participated in 29 community engagement events across the North West, such as Chester PRIDE and Bolton Health Mela.

**Patient and Public Panel:** Our Patient and Public Panel membership increased to 344 members at the end of March 2025. More than a quarter of members identify as BME or disabled, and nearly a third are young people. The valuable lived experiences within the diverse Panel inform service development to benefit the Trust.

**Areas of focus for 2025/26:** Looking ahead to the coming year, our focus will be on enhancing accessibility and inclusion across key service areas. Priorities include improving demographic reporting to better understand and respond to the needs of diverse communities, and launching a 'Help save a life' card featuring a QR code that links to life-saving information in multiple languages.

We also plan to produce an 'Insight App' film for operational staff, offering guidance on inclusive communication, including appropriate language use and British Sign Language interpreters at the patient's side. Additionally, a health literacy project will support the development of more effective and inclusive communications within our Patient Transport Service (PTS).



# Staff Networks

The Trust proudly supports five staff networks that play an important role in fostering inclusion and celebrating the diversity of our workforce. These networks offer members a platform to share experiences and contribute to shaping organisational culture and priorities.

Each network benefits from dedicated funding and the guidance of an Executive Sponsor to enhance their reach and influence.

In May 2024, a Staff Networks Development Day was held, bringing together network members and committees alongside the full Executive Team. The event served as a platform to highlight progress, promote intersectional collaboration, and strengthen the impact of the networks.

One key outcome was the agreement between networks that they would set up 'Network of Networks' sessions, designed to promote shared learning and ongoing collaborative development.



**ARMED FORCES  
NETWORK.**



**DISABILITY  
NETWORK.**



**LGBT  
NETWORK.**



**RACE EQUALITY  
NETWORK.**



**WOMEN'S  
NETWORK.**



## Armed Forces Network

The Armed Forces Network (AFN) sustained its third-year success as a member-driven network, organising quarterly events and championing the Armed Forces Community across the Trust's areas. The first event of the year was at Bolton Whites in April 2024 – a birthday celebration with charities supporting veterans in the North West.

In honour of Armed Forces Week, the network held an event at Estuary Point on Armed Forces Reserve Day, 26 June 2024. The event featured a British Army Medical Regiment led by a serving NWS Paramedic who is also a Sergeant Major. They showcased their medical equipment, shared insights into the challenges of being a combat medical technician, and informed NWS colleagues about career opportunities as an Army Reservist.

In September 2024, the AFN committee held a joint meeting at Bancroft House in Burnley with Healthier Heroes CIC, supporting veterans. The focus was on raising mental health awareness among veterans and observed the charity's direct impact on local veterans in crisis.

The cornerstone of the AFN calendar is Remembrance Day on 11 November, commemorated in over 30 locations by NWS colleagues. Donations are collected for the Royal British Legion Poppy Appeal in the weeks leading up to the event at various dates and sites.

In the short term, the main focus for the AFN for 2025/26 is the VE Day 80th anniversary celebration on 8 May 2025, which will comprise of several activities at varying locations to commemorate the occasion. In the medium to longer term, the committee and wider network will continue to support the established key dates throughout the year along with increasing and promoting the AFN presence within the Trust.



## Disability Network

The NWS Disability Network continues to thrive by working strategically to influence the Trust's EDI agenda and culture. The network celebrated its third anniversary in December 2024 with an in-person event at Estuary Point during Disability History Month.

In 2024, the network set clear objectives based on member feedback, aligned with Workforce Disability Equality Standard (WDES) metrics and the Trust's EDI agenda. This involved boosting awareness of the Access to Work scheme through webinars with assistance from the Trust's ED&I Advisor and HR Attendance Improvement team to support disabled staff to remain in work. The network is striving to increase ESR declaration rates for a clearer understanding of disabled staff needs. Efforts focused on raising staff awareness through initiatives like the 'Count Me In Census' campaign, and also reminders shared through videos and messages to prompt staff to update their ESR disability details.

During Disability History Month 2024, the network collaborated with the Communications team to film various colleagues, such as an Director, HR managers, Sector managers, and an Emergency Medical Advisor. This highlighted the significance of reasonable adjustments to enhance workforce diversity at all levels. The initiative was unveiled at the network's third anniversary celebration event themed 'Disability Livelihood and Employment'. The event included a 'reasonable adjustments display' where network members showcased specialised equipment used in their roles.

The network values teams within the Trust which actively engage in projects enhanced by network members to improve inclusive care. New committee members have increased the network's purpose and visibility in all service areas.

The network aims to support the Trust in creating a safe, inclusive culture for disabled staff. Collaboration with teams will improve accessibility for all, including patients. This involves enhancing the user interface through work with the Digital Team.



# LGBT+ NETWORK

The LGBT+ Network continues its ongoing growth this year with around eight new members joining each month. New staff who become members are often introduced to the network during their induction training. The network maintains a hybrid meeting model, enabling members to attend in person or via Microsoft Teams. In-person meetings rotate across the Trust, ensuring broader participation.

In February 2025, during LGBT+ History Month, network members shared testimonials about inspiring figures in LGBT+ healthcare, for example, Dr. Michael Farquhar who created the NHS rainbow badge for LGBT+ service users. The Network also organised a visit to Manchester's People's History Museum, where attendees explored the newly opened LGBT+ archives in celebration of LGBT+ History Month.

Pride events are a key part of our activities, with members attending local events in Blackpool, Liverpool, and Manchester. This year, the network will look to expand its presence at more Pride events. The Pride events attended are made more special with the introduction of the Trust's three Pride-wrapped ambulances, which are also used for frontline duties, and reinforce the organisation's commitment and visibility to equality and inclusion.



# RACE EQUALITY NETWORK

The Race Equality Network (REN) has actively continued to help improve recruitment practices by advocating for diverse interview panels, better questions, and emphasising EDI goals during recruitment efforts. Members have learned from conferences like the Asian Professionals National Alliance and shared best practices on international recruitment and onboarding for better retention rates. These insights have been communicated within our organisation. The network also supported a cadet program at Edge Hill University where members shared their experiences with ethnically diverse students interested in healthcare careers.

Chair of the REN, Wes Proverbs sits on the oversight group for the second cohort of staff in the reverse mentoring programme, providing guidance to ensure a meaningful experience. The programme aids senior colleagues in enhancing cultural competency and fostering curiosity. The impact was evident at the NWAS Iftar on 19th March 2025.

The network continues to be represented in the Diversity and Inclusion Group meetings, advocating for staff and influencing senior managers to understand lived experience.

To commemorate Black History Month in October 2024, the network organised an event at Hilton Liverpool shedding light on challenges faced by menopausal women. The event explored health disparities for women from BME backgrounds, advocating for improved care. Additionally, we collaborated with public health partners to create an informative poster on sickle cell anaemia, aiming to raise awareness of the illness, its impact, and the need for better pain management. We plan to continue raising awareness about sickle cell in a bid to enhance patient care and staff education.



# WOMEN'S NETWORK

The Women's Network has continued to grow considerably in membership and scope within the last year, with 242 members across the NWAS workforce as of March 2025.

The network's main focus remains on improving maternity experiences by researching within the organisation, collaborating with HR to improve internal policies, and working with the national ambulance sector workstream to improve maternity processes and policies.

The network is active in various collaborations, including supporting the Sexual Safety Steering Group and the 'Network of Networks'. In 2024, we partnered with the Race Equality Network on Menopause, highlighting its diverse impacts on women of different ethnicities.

In 2024/25, the Women's Network committee saw significant changes as many members departed, including our Executive Sponsor, Maxine Power. Dan Ainsworth, the Director of Operations, now serves as the new Executive Sponsor. The Committee underwent a major restructure and membership expanded from 4 to 12 members by optimising the allocated release time for committee members.

Our biggest event was International Women's Day (IWD) 2025. The event was held in-person on the 14th March 2024 in Penrith on the theme of 'Accelerate Action'. This was very well attended and well received by all who could make it.

**Looking ahead:** In 2025, the network will propose recommendations to improve maternity experiences for staff based on data gathered. Feedback for the sanitary product initiative is being collected for a 2025 paper with project recommendations. The new committee will start outlining annual plans and strategies for 2025/26 from April.

The network will host a roundtable in 2025 focusing on addressing violence against women and improving staff safety at work and in 2026, will host the IWD event while aiming to partner and collaborate with other networks.



# CHAPLAINCY

The Chaplain for Staff Wellbeing, Reverend Karen Jobson had a busy year with over 3,700 staff contacts, often improving morale through giving out treats. The Chaplain has established a strong presence in contact centres, emergency departments, and on stations across the North West. Karen continued to offer confidential support to all NWS staff regardless of faith and/or belief, and this year conducted 152 one-on-one sessions assisting with bereavement, family, mental health, work stress, and other concerns including, support requested at major incidents.

The major incident in Southport during the summer posed unique challenges for NWS staff. The Chaplain provided pastoral support during debriefs and meetings, conducted observation shifts from Southport station, and offered informal support. Following the incident, Karen was also present at hospital emergency departments and contact centres to ensure support was available, even on the day the perpetrator was sentenced.

Karen has supported staff wellbeing with mindfulness sessions at the People Directorate Team Brief, represented the Trust at the TASC Memorial Service and joined a reflective discussion during the Trust's Iftar event. Additionally, she led a remembrance service at Estuary Point on Remembrance Day, and organised two carol services in December.

Karen consistently provides bereavement support and palliative care to staff with terminal conditions, and in February, conducted a staff member's funeral and supported his colleagues and others grieving. In addition to pastoral support which Karen provides trust-wide, including at training exercises, she has also been working with the Command and Resilience Education Team to improve pastoral care within the Death in Service Policy and related action cards.

During the coming year, we are looking forward to onboarding a team of volunteer chaplains who will increase the reach and impact of the chaplain for staff wellbeing service. Karen's dedication and extensive efforts continue to make a significant impact on the wellbeing of NWS staff, fostering an environment of support, inclusivity, and care.



## RELIGION, BELIEF & CULTURE FORUM

Enhancing the cultural competency of staff remains a key priority for the Trust Chaplain. However, engaging staff in the Religion, Belief and Culture Forum has proven challenging due to ongoing operational pressures.

Following a successful in-person session in summer 2024 focused on the customs and health-related practices of Jehovah's Witnesses, further sessions of the Forum have not yet been scheduled. Looking ahead to 2025, the Chaplain will work in collaboration with the Learning and Development Team to explore training opportunities to build staff understanding and improve cultural competency.

# NWAS CHARITY AND EDI



The Charitable Funds Committee meets quarterly, with reports that all include an equality section. This section highlights NWAS Charity's efforts to prevent the unintentional exclusion of colleagues with protected characteristics from the charity's work, fundraising, or in benefiting from the support provided by NWAS Charity.

The Charity team has regularly collaborated with EDI colleagues and Staff Networks this year to find new funding opportunities that may support the wellbeing and needs of staff with protected characteristics.

NWAS Charity exists to support the work of the Trust both externally and internally.

Externally, the Charity supports the communities that NWAS serves, aiming to improve health outcomes, and addressing some of the health inequalities that exist in the region. Internally, they provide support over and above what the Trust may be able to facilitate for the health and wellbeing of our staff and volunteers.

In terms of EDI, this year NWAS Charity supported the staff networks and gave grants for their initiatives. For example, the Charity was able to provide funds for additional spaces at Women's and Racial Equality Network events, which were oversubscribed. The Charity also funded the scaling up of the sanitary products initiative, supported the Menopause Champion volunteers, and co-funded the NWAS Iftar 2025.

The external work of the Charity has focused on providing public-access defibrillators and funding Community Resuscitation Engagement Officers. These officers target areas with high out-of-hospital cardiac arrest rates, often found in communities with a high proportion of ethnic minorities or high deprivation. NWAS Charity's "Saving Lives" remit aims to address health inequalities related to cardiac arrests in these communities.

The NWAS Charity's work aligns with the Trust's strategy, focusing on addressing health inequalities. This involves collaboration with the Trust's Community Resuscitation Team, which targets areas with high out-of-hospital cardiac arrest rates to improve survival outcomes.



# POLICY DEVELOPMENT

All new and existing policies, procedures and guidance are developed in partnership through our Policy Group which includes trade union representatives, managers and Staff Network members to ensure that they are representative of our diverse workforce.

To support us in developing effective policies and procedures (new or revised), equality impact assessments are mandatory for each policy or procedure, and are a prerequisite for any policy or procedure being signed off by the Executive Leadership Committee. The Trust remains committed to supporting the development of best practice and learning from others in this regard. We have various policies or procedures in place to ensure we are delivering on our EDI commitment, and we continue to review and update these in line with legislation and best practices.

Since April 2024, the following key EDI related policies, procedures and guidance have been approved with an EIA completed:

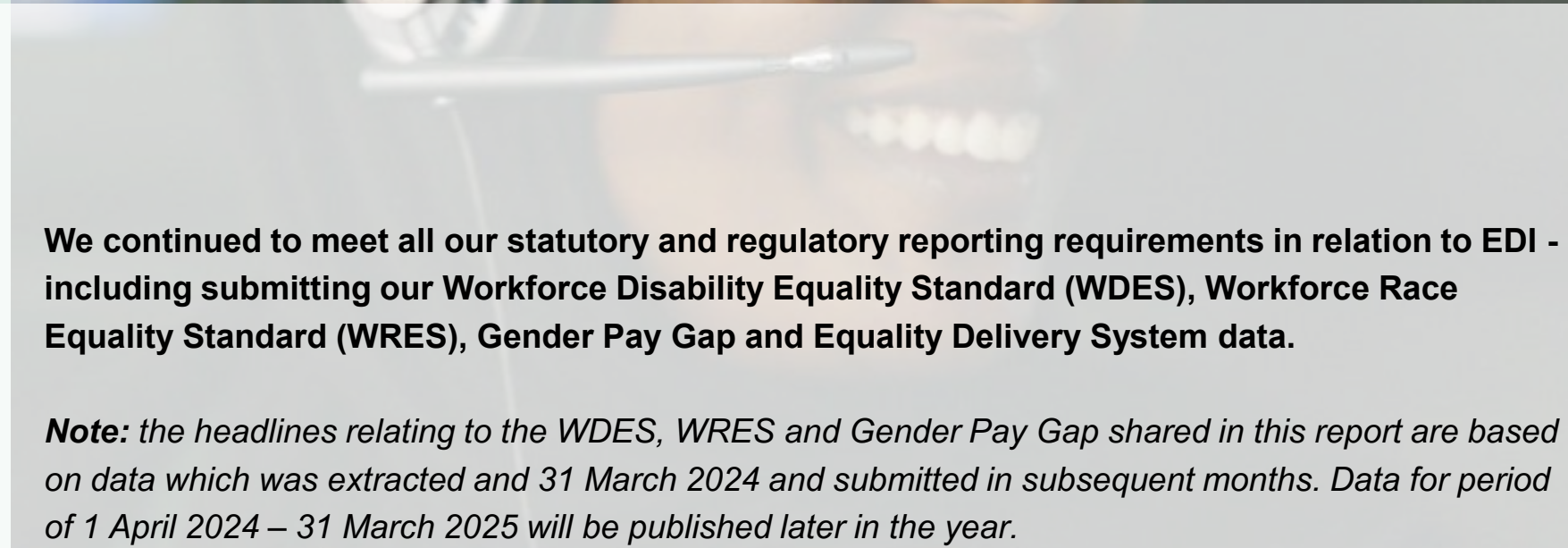
- Supporting Trans, Non-Binary, Gender Fluid and Cisgender Staff Policy
- Recruitment and Selection Policy and Procedure
- Occupational Health Procedure
- Adoption Leave Procedure
- Maternity Leave Procedure
- Menopause Policy



# WORKFORCE EQUALITIES MONITORING REPORTING

We continued to meet all our statutory and regulatory reporting requirements in relation to EDI - including submitting our Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), Gender Pay Gap and Equality Delivery System data.

***Note:** the headlines relating to the WDES, WRES and Gender Pay Gap shared in this report are based on data which was extracted and 31 March 2024 and submitted in subsequent months. Data for period of 1 April 2024 – 31 March 2025 will be published later in the year.*



# NHS Equality Delivery System

The EDS is an NHS England framework that helps NHS organisations improve the services they provide for their local communities, and create better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

There are three main areas that EDS focuses on, with evidence for each area assessed by a panel of stakeholders:

- Domain 1 - Commissioned or provided services
- Domain 2 - Workforce health and well-being
- Domain 3 - Inclusive leadership

The assessment was undertaken between December 2024 – January 2025, with the findings submitted to NHS England ahead of the 28 February deadline.

This year, our organisational rating was 18, placing the trust at ‘developing’ – sustaining last year’s position. Further efforts around the recording and utilisation of EDI monitoring to drive improvements could help increase the organisational rating in future assessments.

# Workforce Disability Equality Standard

We continued to see an increase in the numbers of staff declaring that they have a disability or long-term condition. At the end of March 2024, 7.8% of all staff had declared they had a disability – an increase from 6.5% in 2023 and 5.0% in 2022.

Figures around the relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process further deteriorated from the previous year’s score, meaning that disabled staff were over one-and-a-half times more likely to enter the capability process compared to non-disabled staff. However, the total number of affected staff remained in single figures.

Whilst the actual experience of negative behaviours decreased for disabled staff, there was a notable increase in the proportion of disabled staff reporting negative experiences when they occur. On the whole, NHS Staff Survey results since 2018 consistently show that a greater percentage of disabled staff report their experiences of bullying, harassment or abuse compared to non-disabled staff.

Around 1 in 3 disabled staff reported feeling satisfied with how the organisation values their work, and this is the highest positive response since reporting on this metric started in 2018. Additionally, the difference between disabled and non-disabled staff has significantly narrowed on this question in comparison to the previous year.

# Workforce Race Equality Standard

The WRES figures showed a consistent increase in the number of BME staff in the organisation since 2019. There were 100 more BME staff in the organisation on 31 March 2024, compared to the same date in March 2023.

Overall, the experiences of BME staff as seen through the WRES indicators showed improvements. This was particularly apparent through the data extracted from the NHS Staff Survey which saw considerably more responses from BME staff in 2023 compared to 2022.

Figures in Indicator 5 -7 showed fewer BME staff experiencing bullying, harassment or abuse from the public or colleagues, and more BME staff feeling that organisation acts fairly in terms of career progression. It was also encouraging to see that improvements in figures are helping narrow the gap in experience between BME and White staff.

However, recruitment data showed that White staff are more than one-and-a-half times more likely to be appointed compared to BME applicants – which is a worsening of the previous year’s position. This is despite significantly more BME applicants being shortlisted, and an increase in the number of BME staff being appointed.

Indicator 3 (relative likelihood of BME staff entering the formal disciplinary process compared to White staff) identified an area of significant concern. The data in this Indicator showed that BME staff are over two-and-a-half times more likely to enter the formal disciplinary process compared to their White colleagues.

An exploration of the disciplinary data found that out of less than 100 formal disciplinary cases in 2023/24, around 15 related to BME staff and are largely concerned with lower-level incidents. While these numbers were low when compared to the overall BME and White staff total, the BME cases equated to 16% - when the proportion of BME staff in the organisation is only 6%. Further work will continue in our Contact Centres in 2025 as we seek to address these disparities.

# Gender Pay Gap

Female representation in the NWAS workforce has consistently increased over a number of years. As of 31 March 2024, 53.13% of staff were female (52.14% in 2023, 51.60% in 2022). Additionally, the majority of the workforce (55.43%) in the Operations directorate were female, and women accounted for half of all staff across the corporate directorates.

The percentage of women in the lower and lower middle quartiles fell for the first time, while increasing in the upper middle and upper quartiles. The most sizable increase was in the upper quartile, where female representation stood at 44.06% - an increase of 5% on the previous year.

The hourly mean/average pay gap continued to narrow and was at 7.27%. While still a significant gap, this was, however, the lowest average figure since we started reporting. This reflected the increasing representation in the higher pay quartiles and the impact of work around progression.

On the other hand, the median hourly gap increased to 11.17%. In contrast to the average gap, this figure represented the largest gap since reporting started. This is largely because of the higher proportion of female than male staff in the entry pay bands.

**The WRES, WDES and GPG data reflects the ongoing work to support all our staff groups and address inequalities in the workplace. While there have been some improvements across a number of key areas, we recognise that notable disparities remains in the experiences of BME, disabled and female staff in the organisation.**



Produced by the Staff Experience Team  
May 2025



## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	Green Plan 2025-2028
PRESENTED BY	Executive Director of Finance
PURPOSE	Decision

LINK TO STRATEGY	Sustainability Strategy											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input type="checkbox"/>	SR02	<input checked="" type="checkbox"/>	SR03	<input checked="" type="checkbox"/>	SR04	<input type="checkbox"/>	SR05	<input type="checkbox"/>		
	SR06	<input type="checkbox"/>	SR07	<input type="checkbox"/>	SR08	<input type="checkbox"/>	SR09	<input type="checkbox"/>	SR10	<input type="checkbox"/>	SR11	<input type="checkbox"/>

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Review the content of the Green Plan attached as Appendix A; and</li> <li>Approve this 3-year Green Plan for publication, <b>noting that this version is subject to change by Comms to meet readability and accessibility guidance.</b></li> </ul>
EXECUTIVE SUMMARY	<p>To support the co-ordination of carbon reduction efforts across the NHS and the translation of this national strategy to the local level, the 2021/22 NHS Standard Contract set out the requirement for trusts to develop a Green Plan to detail their approaches to reducing their emissions in line with the national trajectories. Given the pivotal role that integrated care systems play, this has been expanded to include the expectation that each system develops its own Green Plan, based on the strategies of its member organisations.</p> <p>The current NWS Green Plan is due to expire this year and steps have been taken to completely refresh the plan, and also take account for updated NHSE guidance (published Feb 2025), to help Trusts develop more robust plans to support world-leading patient care, save money and minimise waste – continuing the NHS’s journey to achieving net zero by 2040.</p> <p>This Green Plan sets out the key actions each area of the Trust will take to deliver emissions reductions and support resilience to climate impacts</p>

	<p>over the next three years. This timeframe is considered a minimum and should allow the plan to strike an appropriate balance between immediate emissions reductions in some areas, alongside strategic development of capability in others.</p> <p>In developing the latest Green Plan, the Trust has:</p> <ul style="list-style-type: none"> <li>• Reviewed progress since the organisation’s last Green Plan to determine what facets have worked well and which need renewed focus or a different approach.</li> <li>• Taken into account the national targets (and interim 80% carbon reduction goals) for the NHS carbon footprint and carbon footprint plus, as well as learning from Trusts which are already aiming to exceed these ambitions.</li> <li>• Engaged widely with internal stakeholders and key partner organisations to inform sustainability priorities and identify areas for productive collaboration.</li> <li>• Reviewed developments of the ICS Green Plan</li> <li>• Linked, developed and refined SMART actions focused on early efforts to directly reduce carbon emissions, linked to the Trust Sustainability Strategy.</li> <li>• Developed and improved systems and processes to measure and report on progress against plans and commitments annually.</li> </ul> <p>The Green Plan will be reviewed at least annually to ensure that it remains current and report against trajectories and actions to reach net zero carbon emissions by 2040.</p>	
	Trust Management Committee / Resources Committee	
	Date	Wednesday, 25 April / Thursday, 22 May 2025
	Outcome	Approved / Recommend for Approval
PREVIOUSLY CONSIDERED BY		

## **1. Background**

- 1.1. In July 2023 Sustainability Strategy was approved, which details the way NWAS looks at sustainability through Social Value, Population Health, Financial Sustainability and Environmental Sustainability. The environmental segment sets out the principles which guide our approach to aligning NHS targets to be the first net zero healthcare system by 2040.
- 1.2. This preceding strategy facilitated the development of a new Trust Green Plan but also allowed for a short period to identify a route to net zero emissions for NWAS, taking consideration for all the latest NHSE and Greener NHS guidance documents.
- 1.3. The Green Plan sets out the key actions NWAS will take to deliver emissions reductions and support resilience to climate impacts over the next three years of the journey. This timeframe is considered a minimum and should allow our plan to strike an appropriate balance between immediate emissions reductions in some areas, alongside strategic development of capability in others.
- 1.4. In order to ensure the delivery of this plan and continual improvements in sustainability performance, collective action within the Trust community is essential. Therefore, links to specific drivers for change, other NWAS strategies and plans have all been identified within this plan.

## **2. Development of the Green Plan**

- 2.1. To support the net zero ambition, new data collection methods were developed to enable more granular calculation of carbon footprints for NWAS, regional and ICS levels. The Greener NHS Data Collection was launched in April 2022 to understand what actions are taking place and provide a baseline from which progress can be understood. Since then, many other NWAS strategies have included net zero targets to deliver carbon reductions through the actions now formalised in this plan.
- 2.2. Several technical tools and frameworks have been developed, and documents such as:
  - Delivering a net zero National Health Service
  - Greener NHS Dashboard
  - Greener NHS Quarterly Data Collection
  - Health Outcomes of Travel Tool (HOTT)
- 2.3. In addition, several tools and national guidance are currently still in development, including national delivery plans for key carbon emission sources (medicines, supply chain, digital care), therefore, 'How to Produce a Green Plan' guidance has been used to ensure we can include, build and report on those chapters in the future.

## **3. Development of the Green Plan**

- 3.1. The Trust is taking action to respond to the net zero carbon by 2040 target, as well as engaging with the Greener NHS Campaign. Developing and implementing this updated 3-year strategy will help the Trust keep on track to hit local and national targets.
- 3.2. We continue to work towards the two main net zero targets:

- by 2040 for the NHS Carbon Footprint, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2028 to 2032; and
- by 2045 for the NHS Carbon Footprint Plus, with an ambition for an 80% reduction (compared with a 1990 baseline) by 2036 to 2039.

3.3 Our action plan is aligned with the latest NHSE Green Plan Guidance as well as the NHSE Carbon Footprinting tool for calculating the impacts and is structured around ten key areas of focus:

1. Corporate Approach
2. Fleet Travel and Logistics
3. Asset Management and Utilities
4. Climate Adaptation
5. Capital Projects
6. Green Space and Biodiversity
7. Our People and Culture
8. Sustainable use of Resources
9. Digital Transformation
10. Carbon Emissions and Green House Gases (GHG)

3.4 Within each key area, we will outline our current progress, aims, objectives and required actions for the next 3 years. Achieving these actions will allow the Trust to reach the reduction targets set out in the plan, as well as meet legislative and organisational requirements.

3.5 In order to achieve net zero by 2040, measurable targets have been set for each of the overarching Trust activities in line with guidance.

#### 4. Risk Consideration

4.1. The Green Plan will support the delivery of our strategic plan and aims to reduce our environmental and sustainability risks.

Risk appetite category	Implications
Compliance / regulatory	These drivers underpin the delivery of our Green Plan, as well as guide our actions to help contribute to wider NHS, national and international change. Continued Board support, capital investment and targeted funding will ensure that we continue to be compliant.
Quality outcome	Our approach to identifying the priorities for our Green Plan included consideration of the impact on 10 focus areas, ensuring consideration is paid to each and linked to the appropriate workstream.
People	Work in collaboration with key partners to ensure sustainability of staff across our organisations with the right skills, values, knowledge and behaviours to work within NHS posts and promoting a sustainable workforce through succession planning and progression.

Financial / value for money	The integrated approach to forward planning for our Green Plan will ensure that decisions are made proactively and with consideration for value for money and will support a well-planned capital programme.
Reputation	Our estate will ensure that our buildings maintain a consistent approach to a sustainable staff environment and 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 Estates Roadmap will give us the opportunity to innovate and reduce carbon 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.

## 5. Equality / Sustainability Impacts

- 5.1. The Green Plan has been designed to have a positive impact on equality and sustainability, with specific workstreams which aim to improve both matters. Individual workstreams within the Green Plan will have their own impact assessments, where they are required, to ensure that the full impacts on equality and sustainability are understood

## 6. Action Required

- 6.1 The Trust Board of Directors is asked to:

- Review the content of the Green Plan attached as Appendix A; and
- Approve the Green Plan for publication.



# Green Plan

2025 – 2028



**Green  
Plan** 

# About us

North West Ambulance Trust serves a population of more than 7 million people across approximately 5,400 square miles – the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire and Glossop (Derbyshire).

Our services are provided by over 7,415 staff across 100+ sites within the North West. Our headquarters is based in Greater Manchester but spread all over the region with 3 emergency operations centres, 3 area offices, 5 NHS 111 sites, 1 support centre, 2 patient control rooms, 2 hazardous area response team (HART) buildings and more than 100 ambulance stations.

North West Ambulance Trust’s vision is to be the best ambulance service in the UK by delivering the right care, at the right time, in the right place; every time. Our values form the foundation of and drive the whole organisation, ensuring we lead by example and create the right culture and conditions for patients to receive safe care.

We understand the impact of the environment on health and wellbeing, and believe sustainable healthcare can drive significant social, environmental and financial improvements.



# Contents

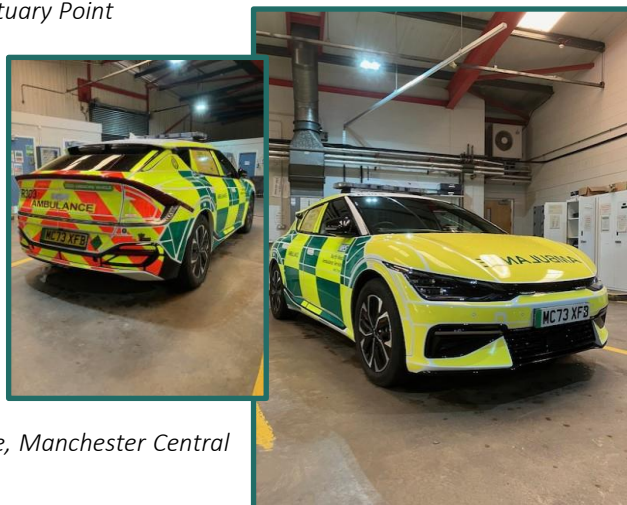
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# Foreword

## 1. Introduction



*Solar panels on the roof of Estuary Point*



*Electric rapid response vehicle, Manchester Central*

### **Delivering a net zero NHS: better health and better care**

Action to tackle climate change brings direct benefits for public health, health equity and taxpayers. Reducing the NHS's environmental impact will help to build an NHS fit for the future that provides world-leading healthcare and supports the government's mission to make Britain a clean energy superpower.

North West Ambulance Service Trust is committed to low carbon, sustainable healthcare. We recognise the relationship between our impact on the environment and the impact of climate change on public health and the services we provide.

As a large organisation, the Trust has a responsibility to undertake the actions and investments needed to provide sustainable healthcare, both now and in the future.

Climate change is “the defining issue of our time and we are at a defining moment... without drastic action today, adapting to these impacts in the future will be more difficult and costly”.

This Green Plan is a Board approved strategy for sustainable development at the Trust over the next three years and is an updated addition to the 2019-2025 version.

The Trust is taking action to respond to the net zero carbon by 2040 target, as well as engaging with the Greener NHS Campaign, launched in 2020. Developing and implementing an updated 3-year strategy will help the Trust keep on track to hit local and national targets.

In order to ensure the delivery of this plan and continual improvements in sustainability performance, collective action within the Trust community is essential.

## 2. Drivers for change

A combination of factors are driving sustainability within the NHS. These have been categorised in the table on the right.

These drivers underpin the delivery of our sustainability strategy, as well as guide our actions to help contribute to wider NHS, national and international change.

Alongside these guidelines and legislative requirements, sustainability at the Trust is also driven by associated environmental, financial and social benefits. This includes generating cost and carbon savings by reducing energy and resource use which in turn will improve the resilience of the Trust against extreme weather events, as well as promote sustainable and perfect healthcare.

As indicated in Table 1, NHS requirements drive us to make change. In early 2020, NHS Chief Sir Simon Stevens announced the NHS will be taking immediate action to work towards net zero through the Greener NHS Campaign.

Collectively, NHS organisations have an opportunity to lead the way in taking action on climate change, whilst simultaneously improving public health.

The table on the right sets out the main drivers for change but is not an exhaustive list all requirements and guidance available.

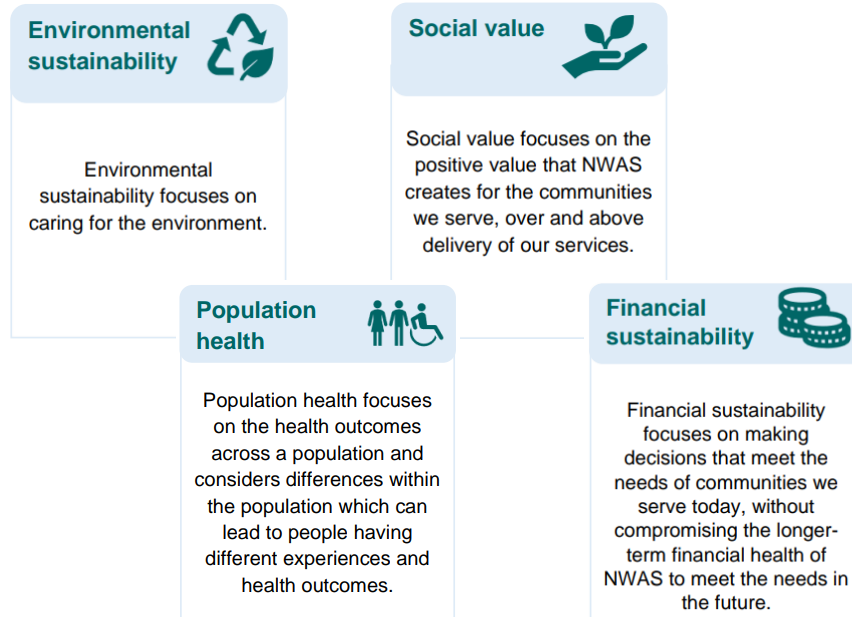
Key category	Drivers for change	Table 1
Legislative requirements	Climate Change Act 2008	
	Public Services (Social Value) Act 2012	
	UK Government – Health and Care Act 2022	
Mandatory requirements	NHS Standard Contract	
	Public Health Outcomes Framework	
	HM Treasury’s Sustainability Reporting Framework	
UK guidance	Department of Environment, Food and Rural Affairs (DEFRA)	
	UK Government – UK Climate Change Risk Assessment	
Health-specific guidance	Greener NHS Campaign	
	NHS Long Term Plan	
	NHS England - Delivering a ‘Net Zero National Health Service’ (2022)	
	Net Zero Travel & Transport Strategy (2023)	
International guidance	UN Sustainable Development Goals (SDGs)	
	The World Health Organisation (WHO)	
	Intergovernmental Panel on Climate Change (IPCC)	

### 3. Trust vision

Our vision is to be the best ambulance service in the UK – including minimising our impact on the environment and embedding sustainability into the services we provide.

To achieve this vision, we have three aims: provide high-quality, inclusive care, be a brilliant place to work for all, and work together to shape a better future. The Trust Sustainability Strategy is one of four supporting strategies which outlines what we will prioritise over the next three years to achieve our aims and ultimately, our vision and is a key driver for this Green Plan.

At NWAS, we look at sustainability in four different ways:



The plan for the delivery of this strategy is described in detail in our [Integrated Business Plan](#). It details how we will achieve the vision, setting milestones to reach each year in order to stay on track, and also brings together a number of other supporting strategies:

- [Urgent and Emergency Care Strategy](#)
- [Quality \(Right Care\) Strategy](#)
- [Digital Strategy](#)
- Finance plan – long term financial model
- [People Strategy](#)
- [Communications and Engagement Strategy](#)
- [Estates](#) and Fleet strategies

## 4. Communication and engagement

The Trust engages with patients, Board members, NHS partners, staff and the wider community through a variety of communications platforms. North West Ambulance Trust aims to increasingly embed sustainability within our communications.

The Communications Team will lead on communications supporting the Green Plan. A breakdown of tasks and responsibilities is provided in the Trust's Communication and Strategic Plan.

All sustainability communications will be measured, monitored and governed via the Sustainability Group, which will provide assurance to the Board of Directors.

Monitoring sustainability communications will include energy consumption and carbon reductions, staff engagement survey feedback, social media activity analysis and participation/attendance of sustainability initiatives.

### Communicating sustainability with staff



Provide information on sustainability and **Green Plan progress updates** in 'The Bulletin' and informal comms to staff and stakeholders from the Chief Executive



Host a **sustainability platform** on Green Room (intranet) – to circulate sustainability issues, initiatives and progress to all staff



Display **sustainability posters, leaflets and awareness campaigns** in relevant staff areas and strategic locations e.g. waste segregation posters above bins



Travel to work **survey** 2023/24

### Communicating sustainability with stakeholders



Provide **guidance materials** and progress reports on the Trust's website



**Social media** – The Trust will provide key sustainability updates, engage with awareness days and celebrate sustainability initiatives



**In-house design** – continue to design and deliver sustainability posters, leaflets, banners and other engaging materials

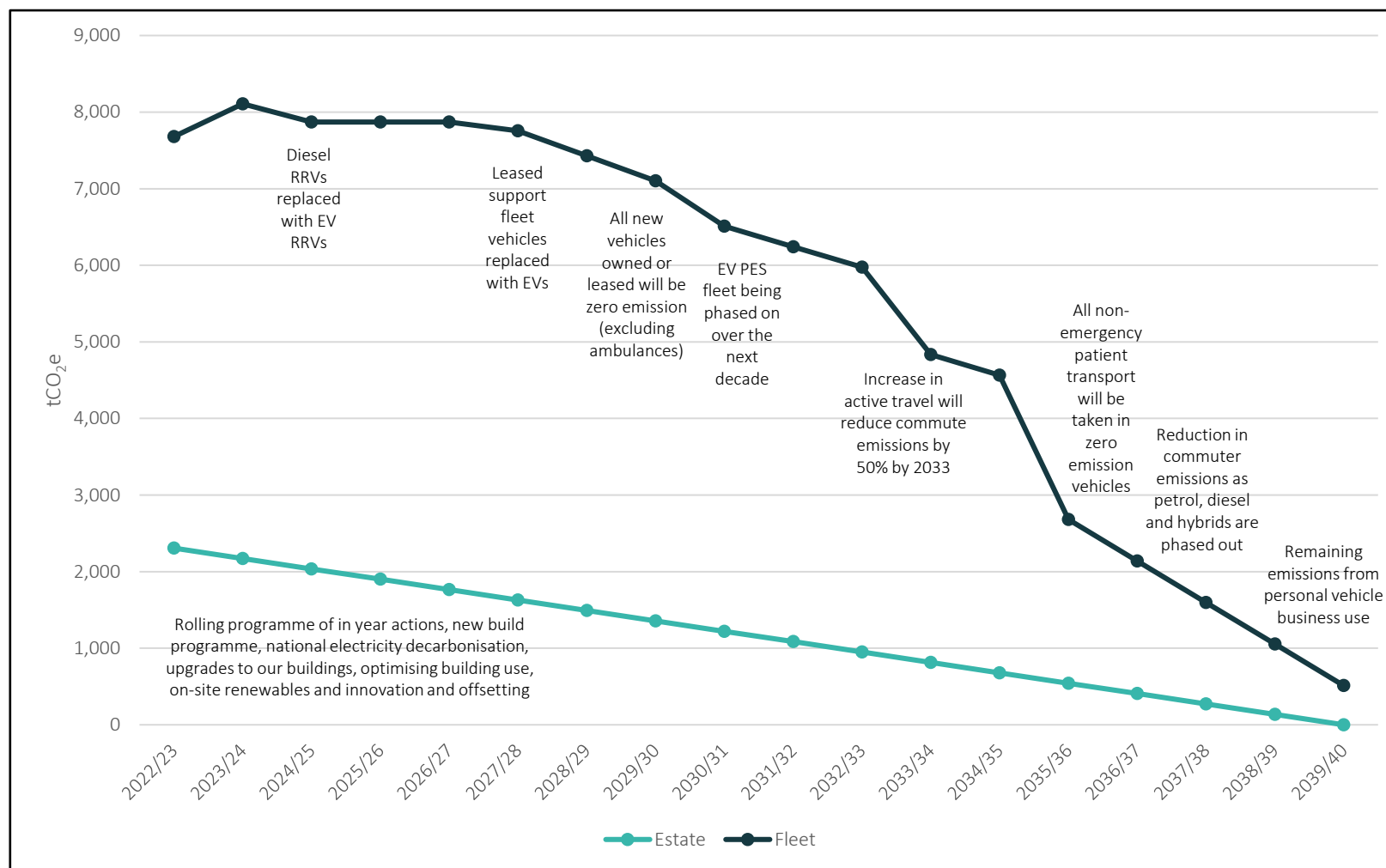


**Your Call Magazine** – inform patients, staff, volunteers, stakeholders and the public of sustainability targets and initiatives



Introduce sustainability at **patient and public panels** and general Q&A sessions with **Sustainability Champions**

## 5. What we want to achieve



NWAS carbon reductions to 2040

## 5. What we want to achieve

Year	Gas reduction target (kWh per m <sub>2</sub> )	Water reduction target (m <sub>3</sub> per m <sub>2</sub> )	Trust recycling rate (%)	Procurement emission reduction target (%)	Transport emission reduction target (%)
2024/25	130	0.63	35%	5%	35%
2025/26	122	0.61	41%	10%	41%
2026/27	114	0.59	47%	15%	47%
2027/28	106	0.57	53%	20%	53%
2028/29	98	0.55	60%	25%	60%

In order to achieve net zero by 2040, measurable targets have been set for each of the overarching Trust activities in line with guidance provided by the Health Technical Memorandum 07-02 EnCO2de 2015 – making energy work in healthcare.

We have outlined our prioritised actions below which are areas the Trust has real opportunity to develop sustainability further. All targets and priorities will be reviewed annually to ensure progress and alignment with potential developments.



Reduce air pollution:  
sustainable travel, electrifying fleet



Transitioning to a circular economy:  
re-use, recycling, eliminating single use plastics



Energy efficiency



Quantifying environmental impacts and annual carbon emissions (in tonnes)

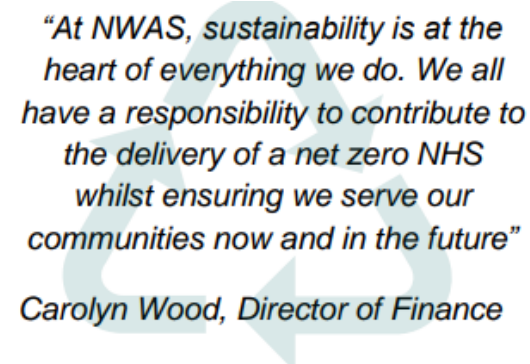
## 6. Progress to date

In recent years, external factors have influenced the Trust's carbon footprint, including:

Factor	Change at the Trust
Changes to our Estate	Priorities for the estate is to have fewer but larger operational sites, hence having a planned strategic development rather than an opportunity driven one. Recently completed projects include Blackpool Hub with current projects including Cumbria Workshop relocation and Liverpool HART
Population growth	The population of North West England has grown by 4.6% from 7.08 million in 2013 to 7.42 million in 2023
Number of 999 calls	Increased alongside the Trust's growth, from 1,041,230 calls in 2013/14 to 1,446,701 calls in 2023/24 (+32%)
Number of staff	Increase from 5,100 staff in 2013 to 7,415 WTE employees in 2023/24
Carbon conversion factors	Set by the UK Government, change annually respective to the decarbonisation of the National Grid
Climate change	The latest State of the UK Climate Report indicates the UK has become wetter over the last few decades, although with significant annual variation. 2011-2020 was 9% wetter than 1961-1990

Since our Green Plan of 2019-2025, the Trust has made progress in integrating sustainability into the responsibilities and actions of Trust members. Particular progress has been made in the sustainability of fleet vehicles and new and existing buildings around the management of waste, water, energy and carbon.

The Trust aims to continue delivering high quality, sustainable care whilst minimising our impact on the environment and maximising our ability to improve health and wellbeing through the services we provide.



***"At NWAS, sustainability is at the heart of everything we do. We all have a responsibility to contribute to the delivery of a net zero NHS whilst ensuring we serve our communities now and in the future"***

***Carolyn Wood, Director of Finance***

# 6. Progress to date

## Fleet, Travel and Transport

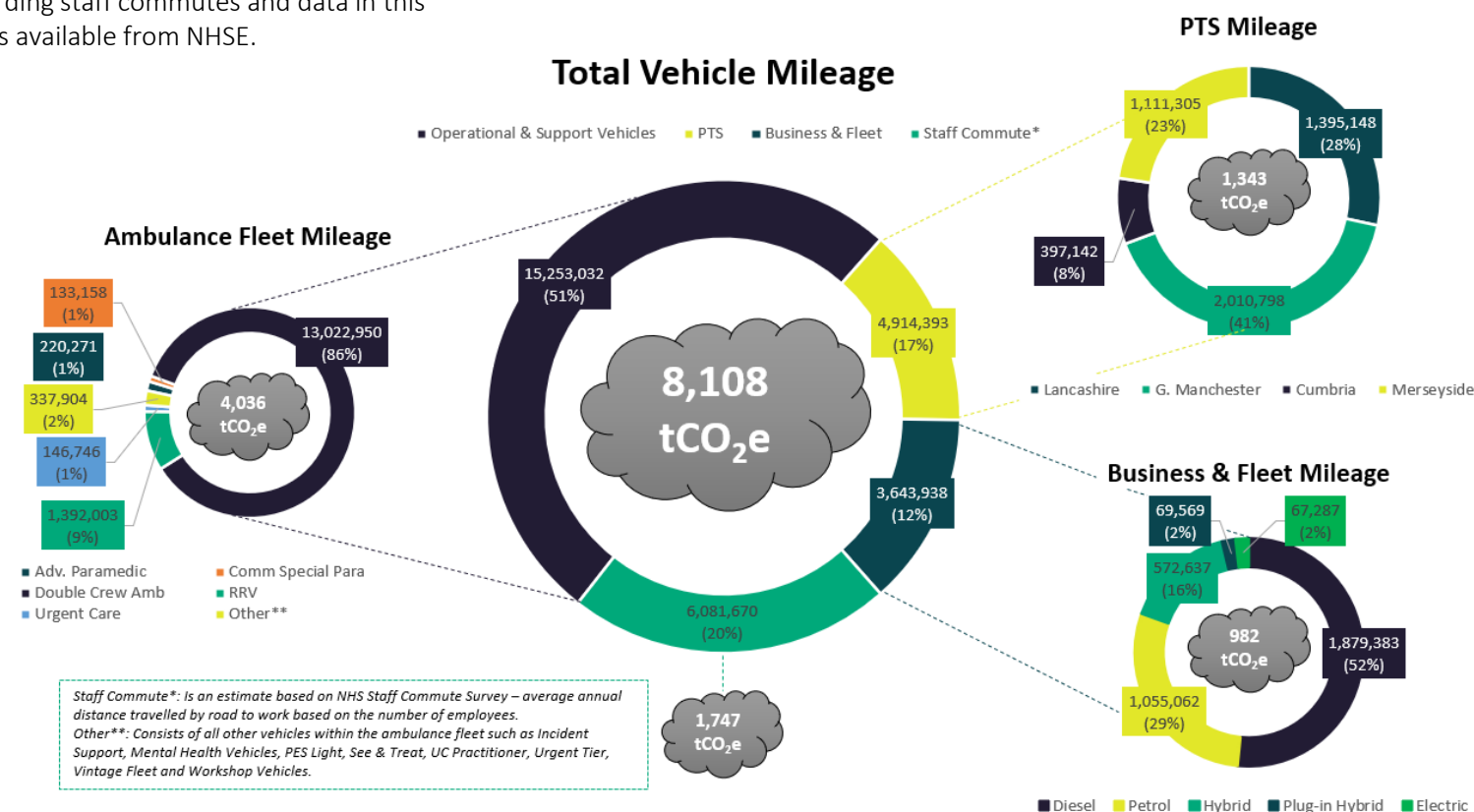
In 2023/24, almost 1,684,392 million miles were travelled for fleet and business travel. This contributed to a travel carbon footprint of 8,108 tCO<sub>2</sub>e, accounting for 79% of the Trust's carbon footprint. Road travel accounts for the majority of business travel mileage and the resulting carbon emissions.

Currently, the Trust has limited data regarding staff commutes and data in this area is based on travel surveying and tools available from NHSE.

Breakdown of mileage and carbon emissions from fleet, business travel and transport



Double-crew ambulances,  
Manchester Central



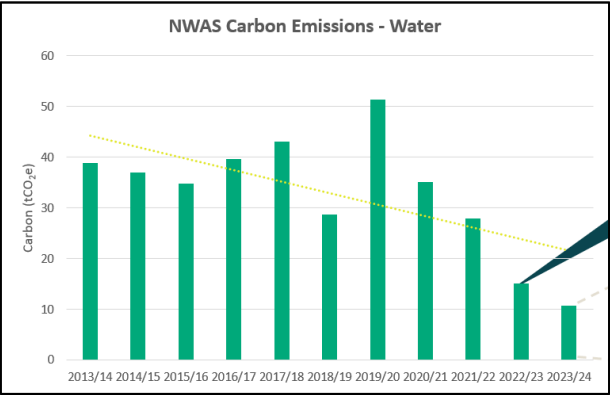
# 6. Progress to date

## Utilities

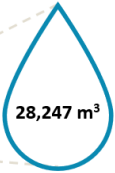
The Trust consumes a significant amount of energy. The Trust’s carbon emissions from electricity and gas has reduced by 63.4%, from 7,449 tonnes in 2013/14 to 2,307 tonnes in 2023/24. This is largely a result of the decarbonisation of services provided by the National Grid.

Despite the demands from our growing population and services, we must continue to drive reductions and use our resources effectively.

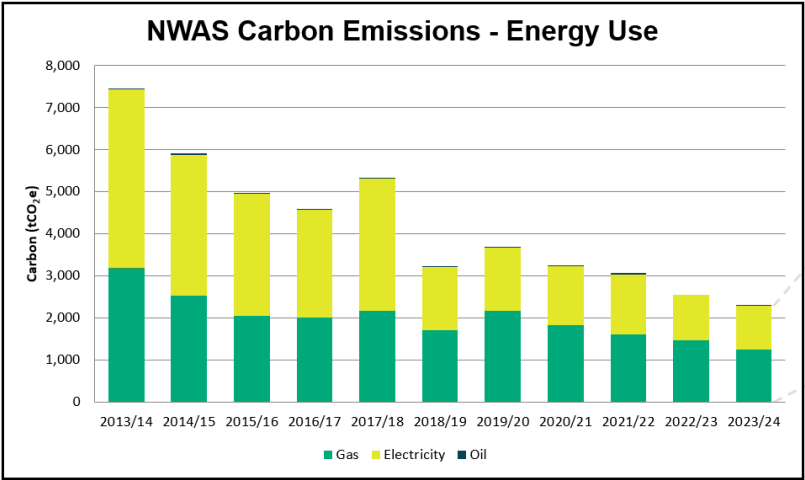
Since 2013/14, water consumption per metre-squared has seen a reduction through continual management and monitoring across all Trust sites, including improved metering and grey water reuse at our HQ location, Estuary Point.



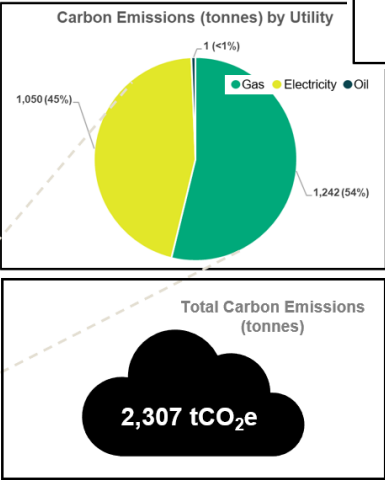
Since 2022, carbon emissions from water use and treatment have reduced by 57% nationally



Water carbon emissions from 2013 to 2023/24



Carbon emissions from gas and electricity from 2013 to 2023/24



# 6. Progress to date

## Waste

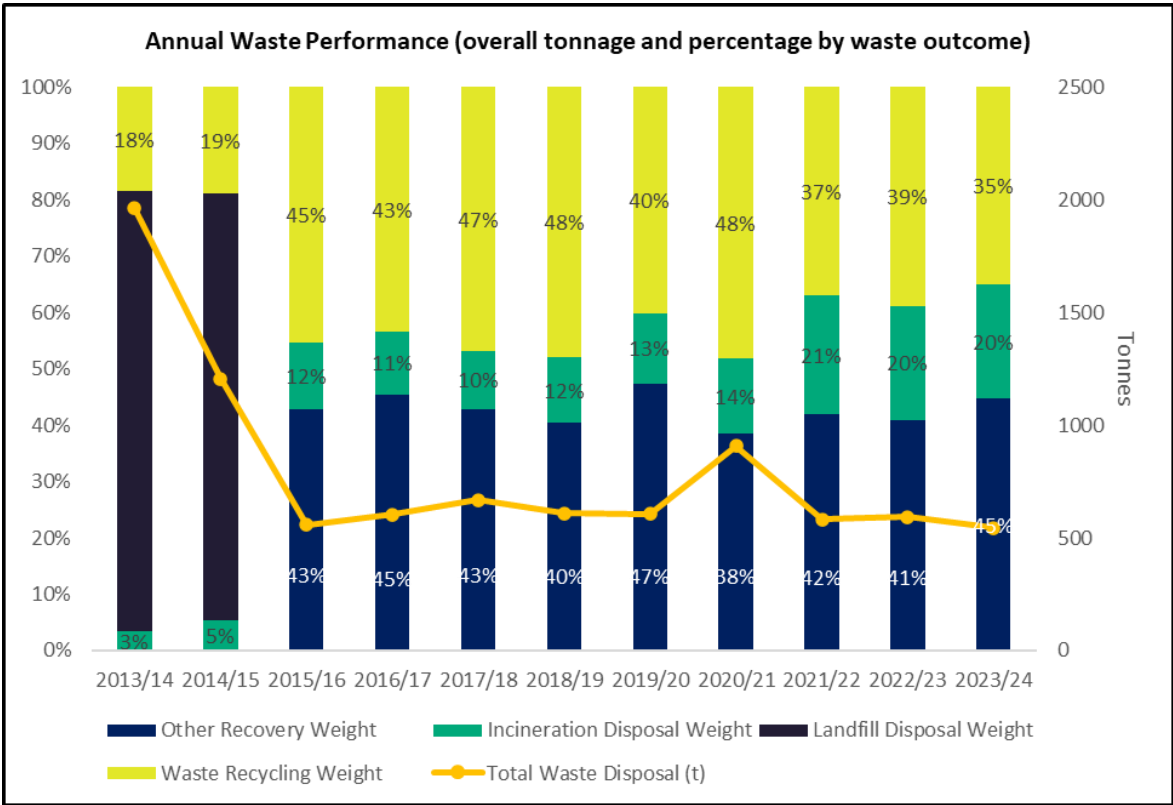
North West Ambulance Service NHS Trust has made good progress in sustainable waste disposal; no waste has been sent to landfill since 2015 and 35% of waste is currently recycled.

As well as managing how our waste is disposed, the Trust will work to minimise our production of waste and increase reuse and recycling, where possible. By using these more sustainable alternatives and methods of waste disposal, the Trust will continue to reduce costs and carbon emissions.



NWAS clinical waste being processed at The Royal Oldham Hospital

Tonnage, type and disposal route for waste 2013 to 2023/24



# 8. Action plan

Our action plan is aligned with the latest NHS Green Plan Guidance as well as the NHSE Carbon Footprinting tool for calculating the impacts. It is structured around ten key areas of focus:

- 1. Corporate Approach
- 2. Fleet Travel and Logistics
- 3. Asset Management and Utilities
- 4. Climate Adaptation
- 5. Capital Projects
- 6. Green Space and Biodiversity
- 7. Our People and Culture
- 8. Sustainable use of Resources
- 9. Digital Transformation
- 10. Carbon Emissions and Green House Gases (GHG)

Within each key area, we will outline our current progress, aims, objectives and required actions for the next 3 years. Achieving these actions will allow the Trust to achieve the reduction targets set out in this plan, as well as meet legislative and organisational requirements.



NHSE Carbon Footprinting Tool

Trust & Sites

Select ICB & Trust

LANCASHIRE AND SOUTH CUMBRIA

North West Ambulance Service NHS Trust

Input Sites

Site
Full Trust

Normalisation

Normalisation (full trust by year)	2019/20	2
FTE Staff		
Patient Contacts		
Internal Floor area (m2)		
Heated Volume		

Normalisation (by site)

	FTE Staff	P

Sites Energy Cooling Waste Water Anaesthetics Inhalers Business Travel Fleet Staff

# 8.1 Corporate approach

North West Ambulance Service Trust's approach to sustainable development should be clearly evidenced within our corporate strategy, management and policies, including our organisational vision and values. This will help communicate sustainable practice to staff, stakeholders and people we serve.

**Aim: To embed sustainability within Trust policies and strategies, ensuring we monitor and report on our progress to the Sustainability Group.**

## PROGRESS

- The Sustainability Group is accountable for implementing actions within this Green Plan
- We report on sustainability key performance indicators to the Board on a regular basis (at least 6 monthly)
- CO<sub>2</sub>e and/or NO<sub>x</sub> reduction targets are included in contracts for the logistics associated with goods and services
- We communicate our Green Plan targets with our stakeholders through the Capital Investment arm of Estates
- Sustainability is included as an action and objective in the Trust procurement strategy and tender documents, including whole life costing and value for money, from 2028
- Business cases for all schemes are well informed by our staff, patient panel and local community

## PLAN OF ACTION

- Annual report to Board on the progress of the Green Plan
- Measure progress through annual NHS Carbon Footprinting tool and benchmark against similar NHS organisations (within NAA)
- Set annual targets to reduce our carbon footprint year on year and prioritise hotspots.
- Review the People Policy annually e.g. travel, to ensure they promote sustainable development
- Review current community and stakeholder engagement mechanisms and policies and explore options to increasing sustainability to progress the Green Plan
- Undertake an Annual Sustainability Survey
- The monitoring of compliance with, and the effectiveness of, the Trust's Sustainability Plan will be achieved through the programming of quarterly systematic and documented internal progress reports by the Sustainability Manager

## RELEVANT POLICIES

- Sustainability Plan (maintained by the Sustainability Manager)
- Fleet Policy and Travel and Subsistence Policy (maintained by Fleet and HR)

## 8.2 Fleet, travel and logistics

As an NHS organisation, the Trust produces significant carbon emissions from staff travel and the logistics associated with our activities and service provision.

**Aim: to reduce emissions from staff, business, patient and non-patient travel.**

### PROGRESS

- Annual assessment and carbon footprint calculations of our business travel (all road, rail and air) and patient transport services
- Developing a Trust-wide Sustainable Travel Plan
- Senior level approval is required for all high carbon business travel (e.g. flights or high gCO<sub>2</sub>/km hire cars)
- Trust Car Lease policy promotes the use of low carbon cars to essential users within the Trust
- All Trust sites are accessible by public transport and active travel facilities are provided on Trust sites, including secure cycle parking, showers and lockers



Travel and Subsistence Policy is reviewed regularly



Electrifying Fleet programme



Electric vehicle charging points

### PLAN OF ACTION

- Develop and implement sustainability within the Fleet Policy
- Cut carbon from business mileages, 30%, and fleet emissions, 20%, by 2028
- Convert non-ambulance fleet to low or ultra-low emission vehicles by 2028
- Reduce the number of single occupancy vehicle journeys made to sites by staff by 20% by encouraging car sharing, active and public transport
- Undertake an annual Staff Travel Survey
- Implement annual monitoring and reporting of carbon emissions from business travel, fleet & patient transport
- Introduce electric pool cars and convert all fleet support to electric vehicles
- Encourage staff to use teleconferencing and avoid travel where possible
- Allocate responsibility and resources for implementing and monitoring the Fleet Policy and Travel and Subsistence Procedure
- Monitor the environmental impacts associated with our suppliers' transport and logistics and work with our suppliers to find ways to minimise their traffic burden
- Actively encourage staff and visitors to use sustainable modes of transport by providing information and promoting public and active transport

### RELEVANT POLICIES

- Travel and Subsistence Procedure
- Fleet Policy
- Fleet Maintenance Plan

## 8.3 Asset management and utilities

Large assets of the Trust, mainly buildings, represent a large part of our costs, resource use and environmental impact. We must monitor and evaluate the efficiency of our assets and generate savings where we can.

**Aim: to reduce operational resource use and costs, replacing existing assets with more energy efficient alternatives.**

### PROGRESS

- HH-metering for water and electricity across main sites to improve the management of demand and detect leaks
- Utility meters are monitored on a monthly basis as a minimum across all our sites
- Assess the energy and carbon performance of new buildings to measure energy efficiency (through Sigma) and work with the contractor to rectify any areas of poor performance (via Concerto)
- Developed plans to reduce our energy and water demand in order to improve our water and energy efficiency
- All staff are provided with information on energy saving



All electrical products are procured to A+ standards



Purchase green energy



Wood products are sustainably sourced and FSC certified

### PLAN OF ACTION

- Undertake a feasibility study for on-site renewable energy generation across Trust sites
- Explore opportunities for asset sharing to improve efficiencies
- Run awareness campaigns to encourage efficient use of utilities
- Monitor water consumption monthly on site-by-site basis and review for trends, leaks and opportunities for savings
- Use data management systems to regularly monitor energy consumption data on a site-by-site basis to identify opportunities for improvements e.g. encourage competitions between sites on energy use
- Take advantage of funding schemes which support investment in energy efficiency initiatives
- Consider the feasibility of installing automated meter reading (AMR) devices throughout the Trust to provide real-time monitoring of energy usage and control costs
- Employees will be surveyed about temperature, humidity and air movement in order to ensure building energy efficiency
- Maintain appropriate internal temperatures respective of room types using CIBSE, Heating Guide, B1
- Introduce a 'Switch off' policy to reduce energy wastage

## 8.4 Adaptation

Climate adaptation involves making changes to reduce the risks of climate change on the services we provide and the population we serve.

**Aim: to be prepared and resilient to climate change, particularly extreme weather events, by assessing current and future risks and responding through adaptation and mitigation strategies.**

### PROGRESS

- Attend the Resilience Team meetings and input where all new policy/legalisation is discussed and action plans formulated
- New builds consider green space and projected climatic risks
- Planned exercises in place to test Business Continuity Plans



Climate change risk assessment – reviewed annually



Climate change included within the risk register



Board approved Adaptation Strategy

### PLAN OF ACTION

- Designated Adaptation Lead
- Continually identify the key risks related to climate change through the risk assessment and register in terms of both impact on health and wellbeing of local population, operational delivery and infrastructure of the Trust
- Undertake an annual drill of the adaptation strategy
- Provide staff with guidelines for temperature control of Trust buildings
- Explore opportunities for climate change mitigation strategies around the Trust
- Annually review the Trust's Climate Change Risk Assessment

### RELEVANT POLICIES

- Adaptation Strategy
- Major Incidents Plan
- Climate Change Risk Assessment
- Business Continuity Plans
- National Adaptation Programme

## 8.5 Capital projects

In order to generate continuous improvement at the Trust, sustainability must be incorporated into the planning, design and construction of our Estate.

**Aim: to embed sustainability into every aspect of capital projects, considering whole life costing where possible, to support the delivery of sustainable models of care.**

### PROGRESS

- A sustainable capital projects process to ensure all potential opportunities in new builds and major refurbishments consider sustainability
- Efficiency improvement measures undertaken across Trust sites, including boiler replacements, LED lighting upgrades, insulation upgrades, BMS optimisation and electrification schemes
- Where possible, the Trust uses recycled/reused materials, low embodied carbon products for new builds and major refurbishments



Undertake lessons learnt exercise which shapes future plans on major projects



Fully engage with all stakeholders to improve our performance



Design briefs ask for low carbon, low environmental impact solutions from suppliers and partners

### PLAN OF ACTION

- Require that all major refurbishments meet the current Building Regulations Part L
- All Government requirements to achieve an *excellent* BREEAM Healthcare rating in new buildings and a *very good* rating in refurbished buildings will be met through the Estates Framework Strategy
- Engage with supply chain through contract requirements and policies to reduce the impact of our capital projects on the environment
- Undertake building fabric improvements e.g. insulation and glazing upgrades
- Continue to engage with the local community in designing capital projects through public panel Q&A sessions
- Utilise the BSRIA Soft Landings Framework<sup>11</sup>
- Develop and implement a Sustainability New Build & Retrofit Guide to reduce carbon and energy

### RELEVANT POLICIES

- Health and sustainability considerations guide our building and refurbishments projects through the Estates Roadmap

11. [BSRIA Soft Landings](#)

## 8.6 Greenspace and biodiversity

Greenspace and biodiversity play an important role in the wellbeing and mental health of our staff. Therefore, it is a priority of the Trust to incorporate greenspace into the design of new buildings and refurbishments around the Trust.

**Aim: provide areas of greenspace and incorporate greenspace into existing Trust Estate where possible, to promote wellbeing among our staff, patients and wider community.**

### PROGRESS

- All new builds incorporate green space and outdoor spaces to be enjoyed by our staff
- Gardens and other natural features are included in the design to improve wellbeing, improve biodiversity, protect habitats and act as carbon stores.
- Plan to provide greenspace for leisure activities too.

### PLAN OF ACTION

- Annual air quality audit
- Develop and promote walking maps specific to each Trust site
- Encourage wildlife within greenspace through insect hotels, bee bricks, bat and bird boxes etc.
- Integrate greenspace within capital developments, such as green roofs, green walls and wildflowers
- Integrate greenspace into our Estates Strategy
- Provide space offsite for the cultivation of food through allotments, providing opportunities for staff, volunteers and the local community to be involved in growing produce
- Undertake an ecological survey across Trust sites

## 8.7 Our people

Through behavioural change and development of our workforce, staff engagement with sustainability will play a large part in driving the delivery of sustainable healthcare across the Trust.

**Aim: to enhance and develop our relationships with staff, patients and wider stakeholders and embed a sustainable culture across the organisation.**

### PROGRESS

- Work in collaboration with key partners to ensure sustainability of staff across our organisations with the right skills, values, knowledge and behaviours to work within NHS posts.
- Promoting a sustainable workforce through succession planning and progression
- The Trust works with partnering organisations to source, mentor, train and engage staff
- Carbon Literacy training and certification offered to all staff
- Include local communities in Trust developments



Annual Staff Survey,  
reported to Trust  
Board



Friends and Family  
welcome days



Volunteers from the  
patient population

### PLAN OF ACTION

- Develop and implement a Sustainable Communications Plan
- Introduce sustainability into staff job descriptions, induction and annual training
- Host sustainability awards annually to acknowledge outstanding individuals
- Introduce Green Champions at the Trust
- Promote and inform staff on flexible work policies
- Incorporate sustainability awareness campaigns into our annual awareness calendar available on Trust website
- As we develop new builds we will include clear objectives and benefits to staff as part of our engagement
- Involve staff, volunteers and other stakeholders in all governance arrangements across the Trust, including sitting on various project teams and committees
- Offer up discounts and incentives for active travel

### RELEVANT POLICIES

- Public Health Plan
- Flexible Working Policy for a range of roles and contexts

## 8.8 Sustainable use of resources

To reduce the environmental impact of the goods and services we use, we must move towards a circular economy approach and maximise sustainable use of resources such as water, waste and high carbon materials.

**Aim: to deliver year on year reductions of energy, water and single-use plastic by managing our resources more effectively.**

### PROGRESS

- Assets are considered for re-use prior to disposal
- Introduced Multi-Functional Devices (MFDs) which can print, scan, copy and fax – reducing consumables, maintenance and running costs through energy efficiency
- Recycling and packaging removal included in supplier contracts
- All timber products are sustainably sourced, FSC compliant
- We raise awareness of waste minimisation through clinical waste audits and induction training
- Digitising records and staff related records to be entirely online

### PLAN OF ACTION

- Undertake waste audits at key sites to identify potential for further waste reduction / recycling initiatives
- Establish annual waste targets and communicate these with our supply chain and partners
- Maintain zero to landfill
- Commit to NHS Plastics Pledge and run an annual plastic reduction campaign
- Drive sustainability within food e.g. encourage staff to have meat-free days, utilise reusable cutlery and packaging
- Run repair and reuse schemes
- Install water refill stations around Trust sites to reduce plastic bottle use
- Source goods and services locally to reduce emissions from deliveries
- Launch a recycling campaign to increase awareness and work towards recycling targets
- Review Waste Policy every 3 years

### RELEVANT POLICIES

- Waste Management Policy
- NHSSC Standardisation Programme

## 8.9 Digital transformation

To progress toward our sustainability goals we will utilise technology, allowing us to reduce emissions by preventing unnecessary vehicle journeys and reducing our paper use. We aim to ensure our care models make the best possible use of new technology to improve patient experience and support sustainable models of care (including workforce, financial and environmental sustainability). ICS priorities focus on reducing printing and paper as well as promoting use of software to improve efficiency within the system. Strong digital foundations are essential for transforming care by improving access, quality, productivity and reducing emissions.

### PROGRESS

The pandemic accelerated much of what was already underway in the sector: closer working between ambulance and other health and care partners, a streamlining of priorities and empowering of frontline teams to get on and deliver innovations, such as:

- Paper-light Programme – a reduction in printing across all levels of the Trust
- Electronic patient record keeping
- Information sharing and the ability to pass calls electronically to all other ambulance Trusts
- Remote working
- Digital confidence and satisfaction – to assess the confidence, capability and satisfaction of staff to provide better support as we implement new technologies
- Data warehousing solutions
- An 'innovation lab' for all to use

### PLAN OF ACTION

- Reduce printing by 80% by 2028
- Increase time and resource efficiency through the digitisation of workstreams, files and communications
- Become 'Paperlight' then 'Paperless'
- Embrace digital advances and technologies for interoperability, telemedicine and emergency patient flow.
- Recruit more digital champions

### RELEVANT POLICIES

- 5 Year Digital Strategy
- Clinical and Digital Innovation Programme

## 8.10 Carbon and greenhouse gases

All Trust activities result in carbon emissions. The Trust will continue to measure and monitor our emissions. In order to reach net zero by 2040, we must set targets and engage with staff and stakeholders.

**Aim: to reduce emissions from targeted sources of carbon hotspots and reduce our total carbon footprint by setting measurable reduction targets.**

### PROGRESS

- We have set SMART carbon targets in relation to various carbon hotspots (e.g. energy, travel, goods), with a baseline year and clear target date
- Our carbon emissions and trend data are reported to staff and the public annually through our Annual Report
- We are working towards reducing our carbon emissions from travel and transport
- Annually we measure our carbon impact and analyse trends over time to help validate performance and ensure lessons are learnt
- We regularly benchmark our performance/approach to sustainable development and social value with similar organisations (e.g. on carbon reduction, resource use, and ERIC data)

### PLAN OF ACTION

- Perform an annual assessment of total carbon footprint of the Trust
- Annual report on carbon emissions made to the Trust Board, staff and public, benchmarking progress towards net zero by 2040
- Undertake monthly monitoring for gas, electricity and water
- Develop and implement a no idling campaign through use of posters and security
- Set year on year carbon reduction targets
- Undertake annual assessment to identify carbon hotspots around the Trust by calculating the carbon intensity of Trust activities outlined in this plan (kgCO<sub>2</sub>e/£000 or kgCO<sub>2</sub>e/person or kgCO<sub>2</sub>e/m<sup>2</sup> )

## 9. Governance and reporting

### Board of Directors

The Trust Board will ensure the alignment of sustainability with Trust vision, values and strategic objectives, as well as oversee the delivery of this Green Plan.

### Sustainability Group (SG)

The SG is responsible for driving the Green Plan and monitoring and reporting the Trust's progress against agreed targets. The group will provide ongoing guidance to the Executive Director of Finance and Performance on priorities regarding the sustainability strategy, policy and investment.

The SG will be comprised of Senior Management representatives with authority to establish, coordinate and implement sustainability objectives in each of the key areas within our action plan:

Energy and Carbon, Procurement and Food, Transport and Travel, Utilities, Estates, Communications, HR

### Green Champions

We will establish a network of Green Champions to assist in the delivery of the plan and drive awareness across Trust sites and departments. Green Champions will identify opportunities for reducing the Trust's environmental impact within their department, promote and educate other staff on sustainability initiatives and information.

### Communications Team

The Communications Team are responsible for undertaking engagement and awareness exercises around Trust sites targeting staff, partners and the wider community.



#### Monthly

- Ongoing reporting of Trust activities, including quantities, costs and carbon emissions



#### Quarterly

- The Sustainability Group (SG) will meet quarterly to review progress against sustainability objectives. This will include ongoing feedback from the Green Champions network



#### Annually

- Progress reported to the Integrated Governance Committee and the Trust Board
- Sustainability section published within the Trust's Annual Report, developed by the SG to ensure the Trust meets legal, reputational and policy requirements
- The Green Plan will be reviewed and assessed using NHSE Carbon Footprint tool as a proxy for overall sustainability performance
- Report carbon emissions and reductions against Trust targets

## 10. Risks

There are significant risks associated with the delivery of this programme that must be recognised and mitigated to ensure successful delivery of the plan.



Owing to the growing size and scale of our organisation, there is a risk we will **fail to comply with legislation**. The Trust will address carbon reduction through implementing the actions, engagement and training to integrate sustainability into all Trust services.



The difficulties faced by NHS organisations involve many potentially **conflicting demands from stakeholders**. The Trust will seek ways to manage satisfying stakeholders whilst reducing our carbon emissions and impact on the environment.



In order to implement all actions outlined within this plan, the Trust must source adequate **funding and resources** to deliver each action. It is the responsibility of the SG and the Executive team to drive the sustainability agenda and inform stakeholders of long-term benefits and value for money, alongside environmental benefits.



**Climate change** poses significant threats to buildings, businesses and livelihoods which in turn may generate increased demand for healthcare services. Therefore, sustainable development and risk management needs to be updated and accounted for on an ongoing basis to increase our resilience against future challenges.

## 11. Conclusion

Through completing the actions stated in this plan, NWAS NHS Trust will make significant progress towards the overarching Greener NHS target of net zero by 2040.

As a large and growing organisation, we have an important role to play in carbon reduction within the NHS. The Trust will review this plan annually, working alongside staff and service users to support the development of greener estate and ways of working.

We must take action now, to prepare for future challenges and further changes in legislation. We are all responsible for making changes in the way we work and in our personal lives, in order to reduce our carbon footprint and generate positive impacts on the environment.



## ESCALATION AND ASSURANCE REPORT

### Report from the Resources Committee

<b>Date of meeting</b>	Thursday, 22 May 2025		
<b>Members present</b>	Dr D Hanley, Chair Mr D Whatley, Non-Executive Director Mr D Ainsworth, Director of Operations Mrs C Wood, Director of Finance Mrs L Ward, Director of People	<b>Quorate</b>	Yes

### Key escalation and discussion points from the meeting

#### ALERT:

- None raised.

#### ADVISE:

##### Finance Report Month 01 2025/26

- Received assurance in relation to the financial performance indicators.

##### 2025/26 Efficiency and Productivity Update

- Received assurance on current status and noted the challenging timescales involved.

##### Workforce Indicators Report

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

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

- EDI Annual Report 2024/25
- Capital Plan 2025-26 update
- Venue Hire Contract Renewal Recommendation
- Travel Contract Renewal Recommendation
- PTS Conversion Services
- RV & Covert Conversion Recommendation
- Medical Gas Contract Renewal Recommendation
- FCMS Contract Award
- Green Plan

#### ASSURE:

##### Received the following reports for assurance:

- Board Assurance Framework
- Procurement Report
- Patient Level Costing 2024/2025 Pre-Submission Assurance Report
- Annual Plan Assurance Q4 24/25
- Digital Plan Update
- Annual Report on Staff Incidents Resulting in Harm



## RISKS

### Risks discussed:

- None identified.

### New risks identified:

- None identified.



## REPORT TO THE BOARD OF DIRECTORS

<b>DATE</b>	Thursday, 29 May 2025
<b>SUBJECT</b>	Integrated Performance Report
<b>PRESENTED BY</b>	Elaine Strachan-Hall, Interim Director of Quality
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	All Strategies											
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	SR01	<input checked="" type="checkbox"/>	SR02	<input checked="" type="checkbox"/>	SR03	<input checked="" type="checkbox"/>	SR04	<input checked="" type="checkbox"/>	SR05	<input checked="" type="checkbox"/>		
	SR06	<input checked="" type="checkbox"/>	SR07	<input checked="" type="checkbox"/>	SR08	<input checked="" type="checkbox"/>	SR09	<input checked="" type="checkbox"/>	SR10	<input checked="" type="checkbox"/>	SR11	<input checked="" type="checkbox"/>

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

<b>ACTION REQUIRED</b>	<p>The Board of Directors are requested to note:</p> <ul style="list-style-type: none"> <li>The contents of the report and assurance against the core Single Oversight Framework metrics.</li> <li>Identify risks for further exploration or inquiry by assurance committees of the board.</li> </ul>
<b>EXECUTIVE SUMMARY</b>	<p><b>Background</b></p> <p>This report provides an executive summary of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of <b>April 2025</b>. Further narrative is embedded within the accompanying data pack.</p> <p>Data are presented over time using statistical process control charts (SPCs), aligned to the NHS England's Making Data Count initiative, which aims to support informed decision making by identifying genuine trends, variations and patterns in the data.</p> <p>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.</p> <ul style="list-style-type: none"> <li>How are we performing over time? (As a continuously improving organisation)</li> <li>How are we performing with respect to strategic goals?</li> </ul>

- How are we performing compared to our peers and the national comparators?

### Quality

- **Complaints:** have been updated to show level 1-2 and 3-5 to match with Patient Advice and Liaison Service (PALS) and Resolution team structures. Metrics are stable. Closure rate has slowed due to a delay from service lines, and there has been a recent reduction in open complaints, consistent with the easing of operational demand.
- **Incidents:** Care and treatment remains the most common theme for patient incidents and Violence and aggression the most common theme for non-patient incidents. PSIRF priorities have been reviewed and mapped to improvement programmes.

### Effectiveness

- The patient experience team are piloting an initiative to increase return response rates.
- The Trust is performing above the sector average for all Ambulance Care Quality Indicators (ACQI's). Falls care bundle performance has improved following the introduction of a Falls 'tile' within the Electronic Patient Record (EPR) system.
- An increase in the H&T rate to 15.6% is indicative of the Phase 3 Integrated Contact Centre (ICC) implementation.
- Nationally, the trust ranked 5th for H&T, 8th for S&T and 4th for S&C.

### Operational Performance

#### PES (999)

Measure	ARP Standard (hh:mm:ss)	April 25 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:06	3 <sup>rd</sup>
C1 90 <sup>th</sup>	00:15:00	00:12:01	3 <sup>rd</sup>
C2 mean	00:18:00	00:23:52	4 <sup>th</sup>
C2 90 <sup>th</sup>	00:40:00	00:45:52	4 <sup>th</sup>
C3 mean	01:00:00	01:26:21	5 <sup>th</sup>
C3 90 <sup>th</sup>	02:00:00	03:02:48	5 <sup>th</sup>
C4 90 <sup>th</sup>	03:00:00	03:42:00	5 <sup>th</sup>

- Hospital turnaround continues to exceed the 30-minute standard at 39m:14s. The NHSE led 45 minute rapid release system is now in operation across the ICBs. During April, 15% of patient handovers were over 45 minutes equating to approximately 210 a day.

111

- All national contingency support for 111 has now ceased. Call volume (n=178,281) and most performance metrics are stable, albeit above national targets.
- The trust only met one performance target (abandoned call rate) with some (in **bold** below) far short.

111 Measure	Standard	April 25	National Ranking
Answered within 60s	95%	73.1%	28 <sup>th</sup> /28
Average time to answer	<20s	105s	25 <sup>th</sup> /28
Abandoned calls	<5%	4.3%	25 <sup>th</sup> /28
<b>Call-back within 20m</b>	<b>90%</b>	<b>30.2%</b>	--
Average call back	--	42min	--
<b>Warm transfer to nurse</b>	<b>75%</b>	<b>10.6%</b>	--

### Patient Transport Services (PTS)

- PTS activity metrics are stable. Operational and workforce improvement plans are in place.

### Finance

- The financial position to 30 April 2025 (Month 01) is a surplus of £0.018m, against a planned deficit of £0.448m, due in part to pay costs and non-pay inflation below the level planned.
- The agency target for 2025/26 is to reduce agency spending by 30% based on the 2024/25 projected spend (as at month 08).

### Organisational Health

- Overall sickness absence is stable at 6.81% and closer to the sector average than previous years.
- Turnover is at 8.18%, the lowest in 3 years and improving across all service lines with the exception of PTS, where improvement plans are in place.
- PES and 111 vacancy gap is positive (i.e. fully established). Recruitment plans are in place to deliver UEC growth.
- Appraisal compliance is 85.6%, above the trust target of 85%, with a continued focus on compliance.
- The introduction of 5 new mandatory training modules for 2025/26 has seen compliance drop below the revised target of 90% (n=83%).
- Three staff were dismissed during April: two capability (health) and one conduct.

### Risk Consideration

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.

	<b>Equality/Sustainability Impacts</b>	
	The Diversity and Inclusion sub-committee are reviewing the trust's protected characteristics data to understand and improve patient experience. Updates are reported into the Diversity and Inclusion sub-committee.	
	<b>Action Required</b>	
	<p>The Board of Directors are requested to note:</p> <ul style="list-style-type: none"> <li>• The contents of the report and take assurance against the core Integrated Performance Report (IPR) metrics</li> <li>• Identify incidents for further exploration or inquiry by assurance committees of the board.</li> </ul>	
<b>PREVIOUSLY CONSIDERED BY</b>	Trust Management Committee	
	Date	Wednesday, 21 May 2025
	Outcome	



North West  
Ambulance Service  
NHS Trust



# Integrated Performance Report

Board of Directors - May 2025

# SPC format: Making Data Count

**NHSE Making Data Count** is an NHS England initiative aimed at improving data literacy across healthcare organisations. It focuses on enabling NHS staff to make better-informed decisions by understanding and using data effectively. The key aspects of this initiative include:

- **Encouraging Data-Driven Decision-Making:** Helping NHS teams move away from reactive decision-making based on single data points or short-term trends.
- **Statistical Process Control (SPC):** Teaching NHS staff how to use SPC charts to identify genuine trends, variations, and patterns in data.
- **Avoiding Misinterpretation:** Emphasising the importance of avoiding common pitfalls, such as reacting to random fluctuations rather than meaningful trends.
- **Training and Resources:** Providing tools, workshops, and e-learning resources to improve data literacy at all levels of the NHS.
- **Supporting Continuous Improvement:** Enabling NHS teams to use data to drive service improvements and enhance patient outcomes.

# Interpreting the variation.

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

**Variation icons:** **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

**Assurance icons:** **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

N.B. purple indicates non performance related indicator with arrow indicating direction of travel

# Quality & Effectiveness

Q1 Complaints

Q2 Incidents

Q3 Safety Alerts

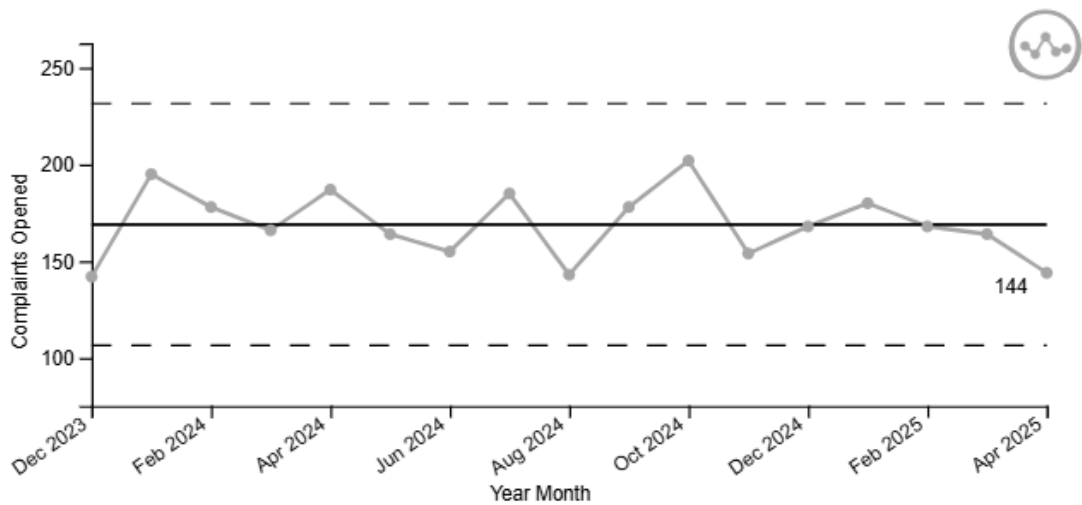
E1 Patient Experience

E2 Ambulance Clinical Quality Indicators (ACQI)

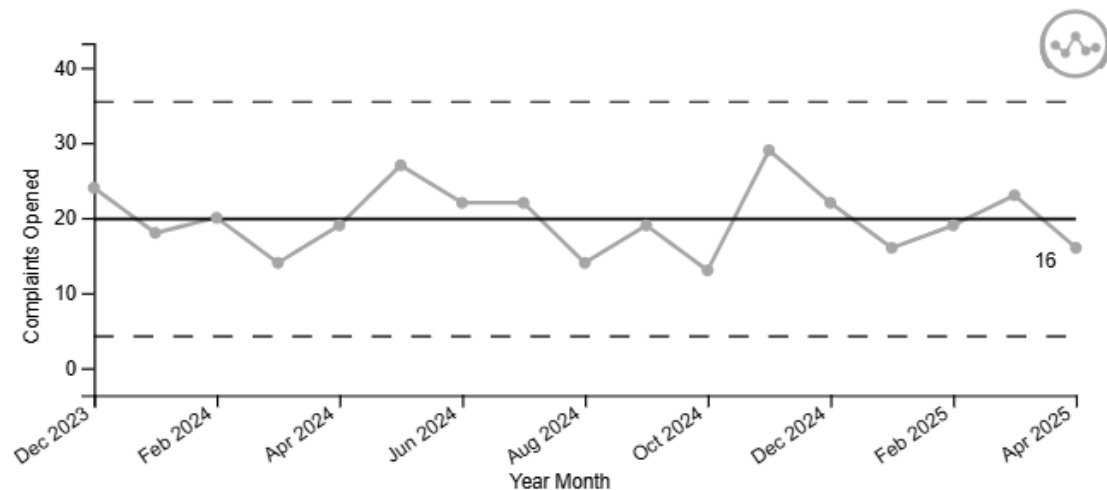
E3 Activities and Outcomes

# Q1 Complaints

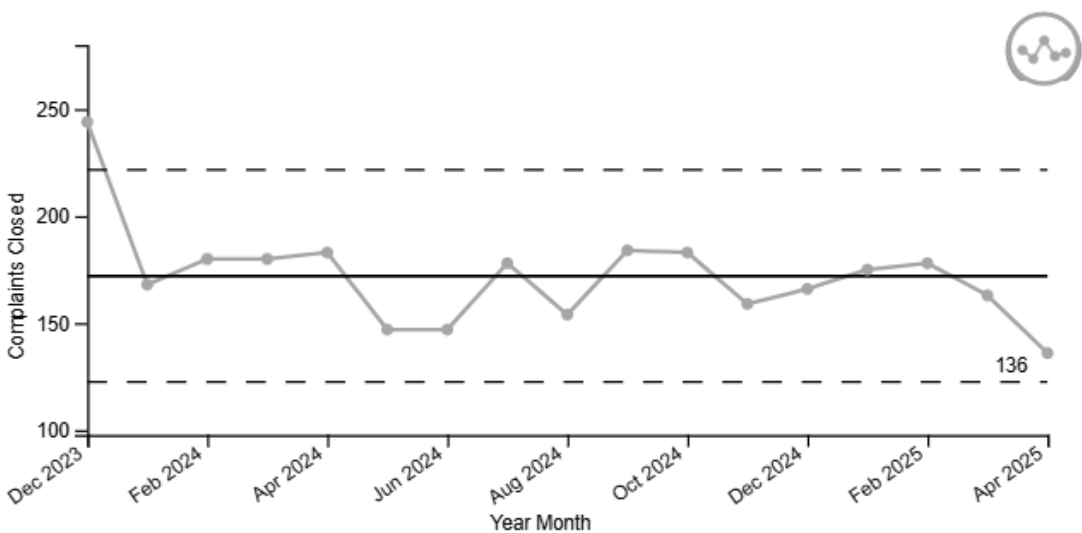
Complaints Opened with Risk Score 1-2



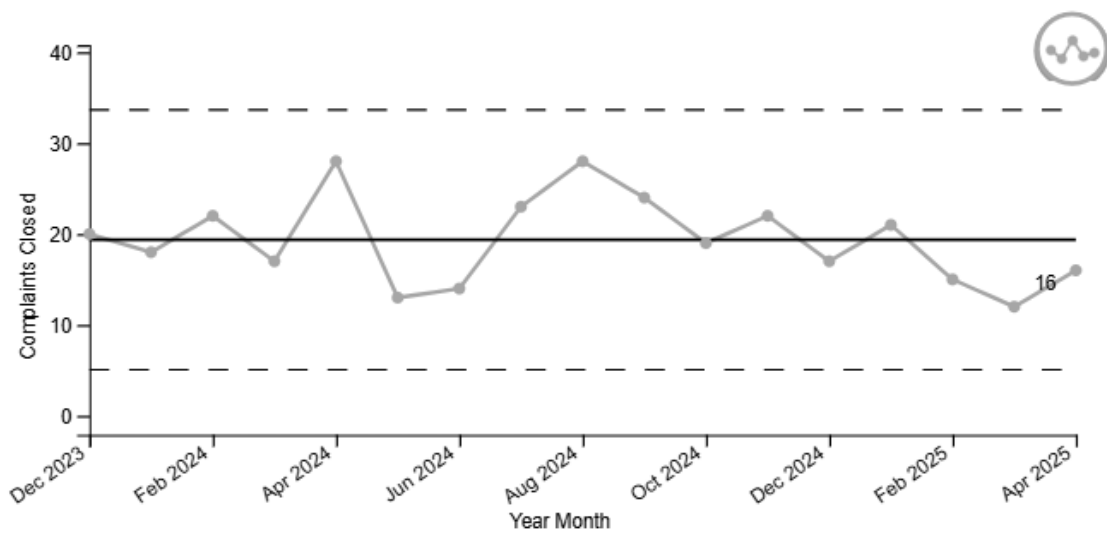
Complaints Opened with Risk Score 3-5



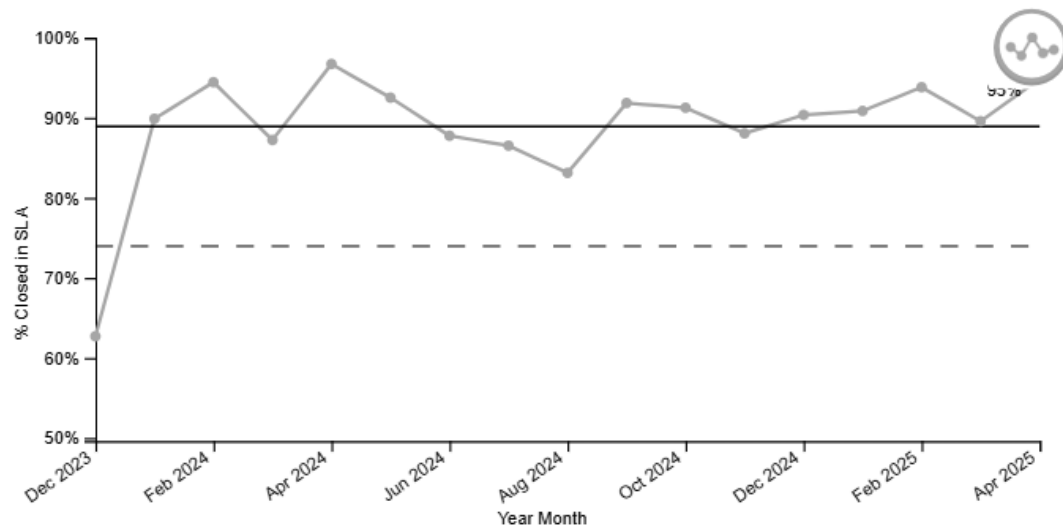
Complaints Closed with Risk Score 1-2



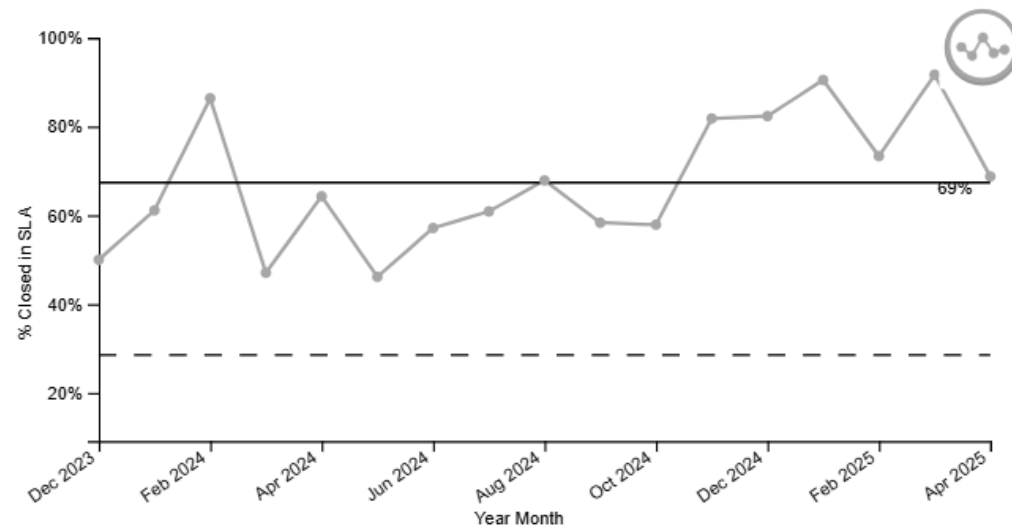
Complaints Closed with Risk Score 3-5



Complaints Closed in SLA with Risk Score 1-2



Complaints Closed in SLA with Risk Score 3-5

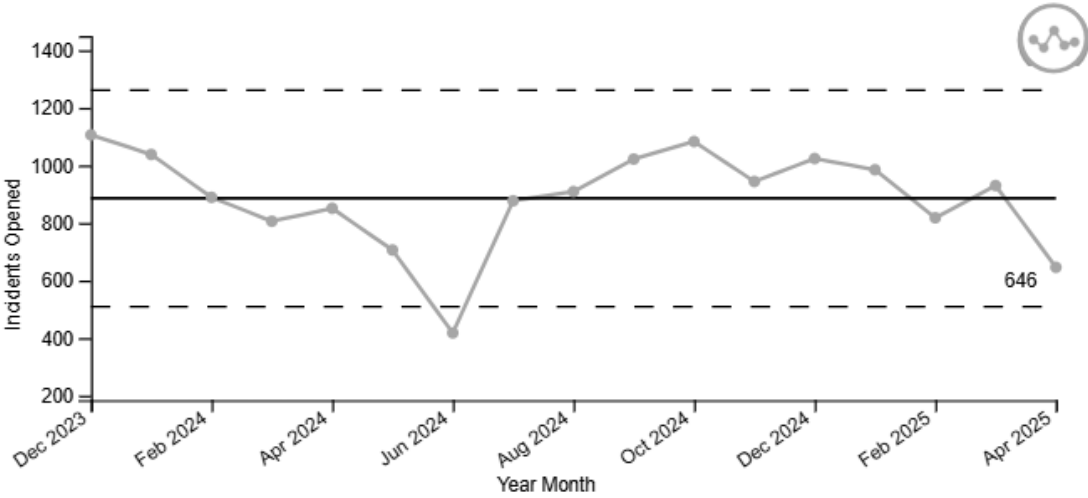


**Summary:** Complaints are shown in risk score 1-2 and 3-5 to better reflect the PALs and Resolution teams. Metrics are stable.

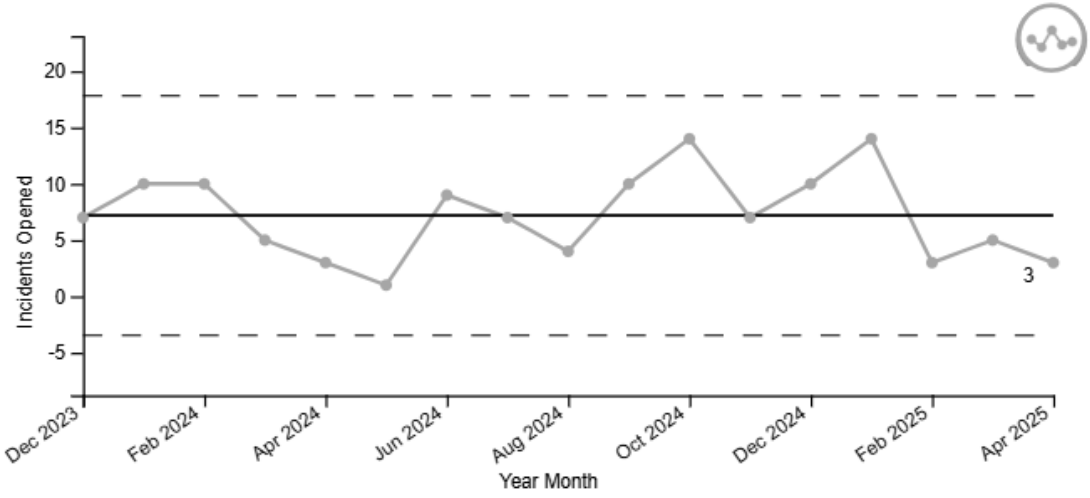
**Actions:** Nil required

# Q2 Incidents

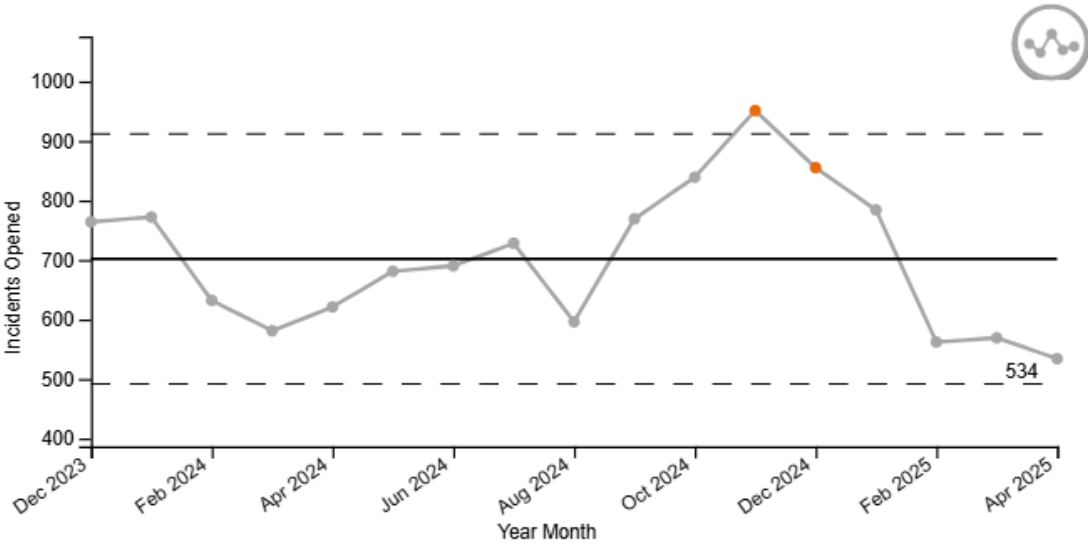
Incidents Opened with Risk Score 1-3



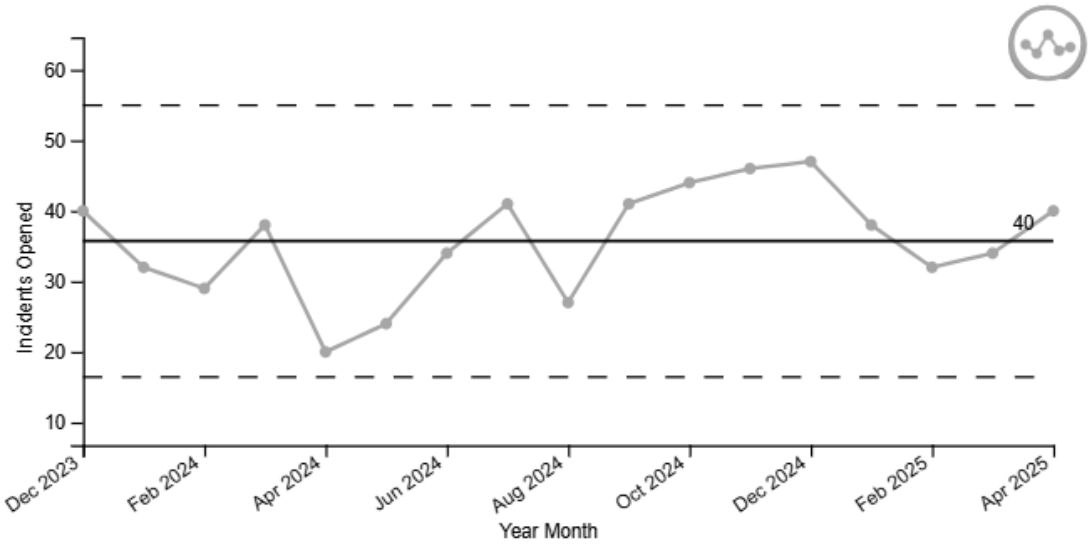
Incidents Opened with Risk Score 4-5



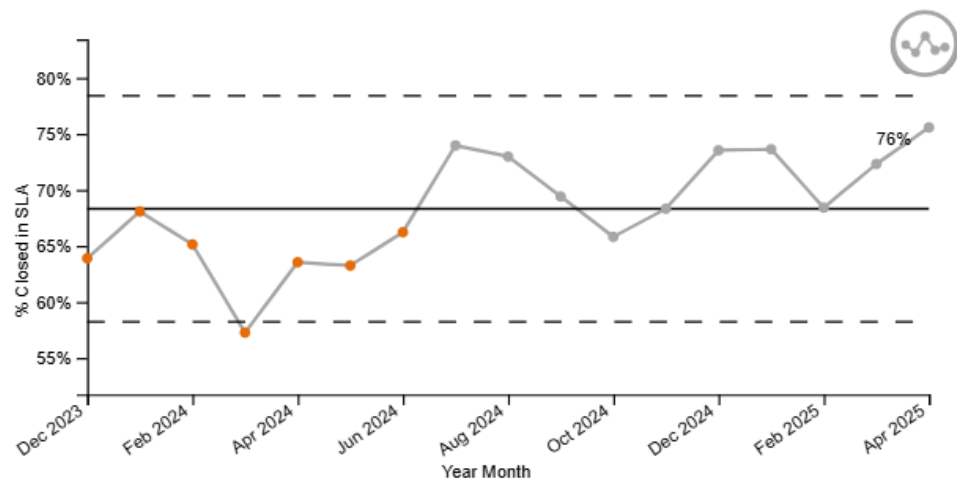
Incidents Opened - Patient



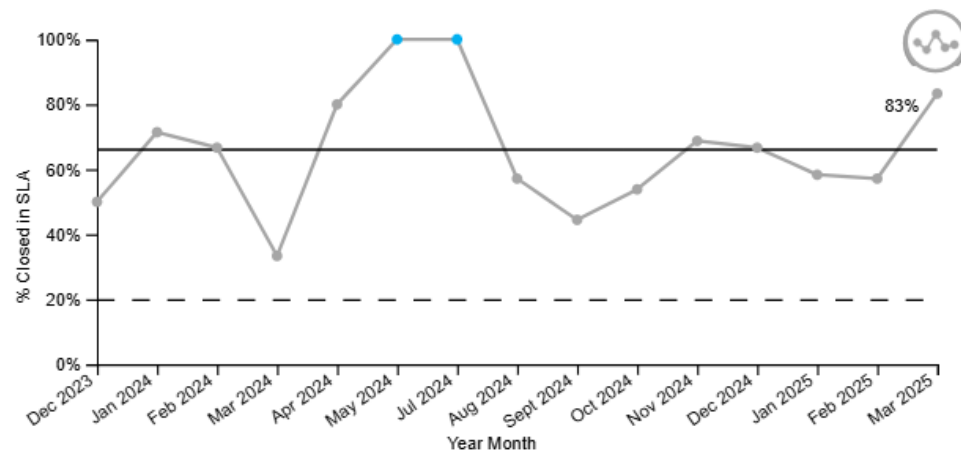
Reported Level of Harm (Severe & Fatal)



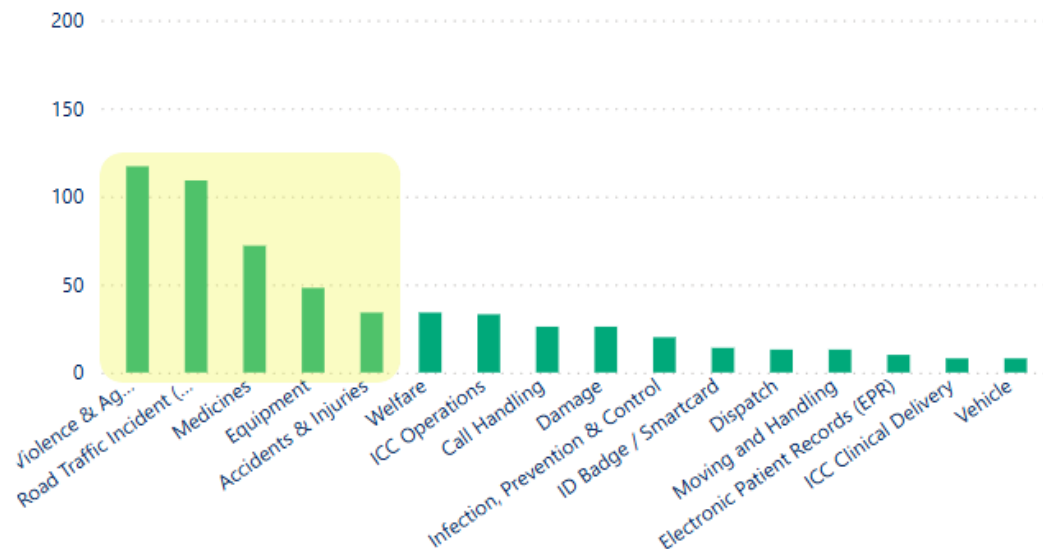
Incidents with Risk Score 1-3 % Complete within SLA



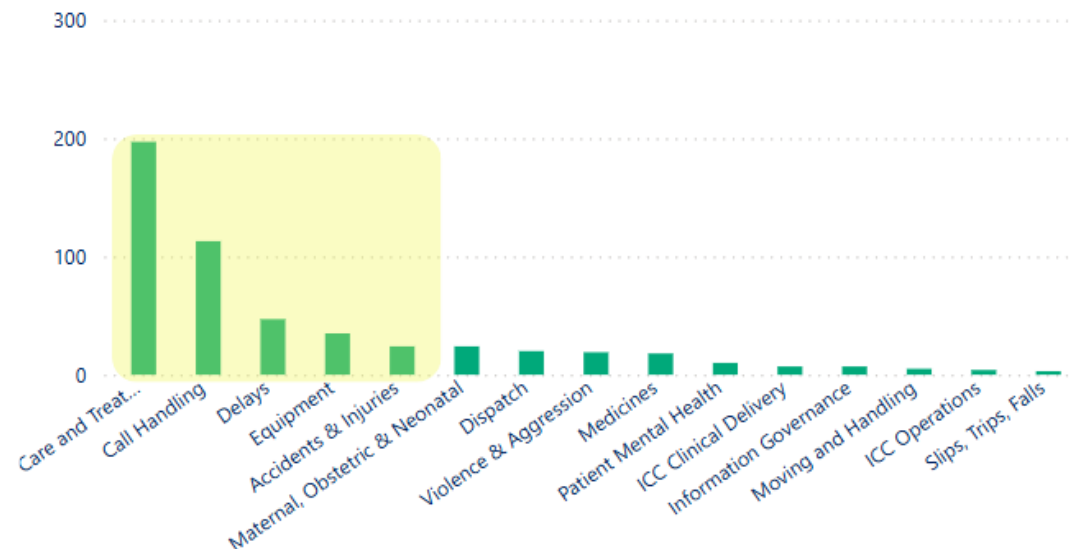
Incidents with Risk Score 4-5 % Complete within SLA



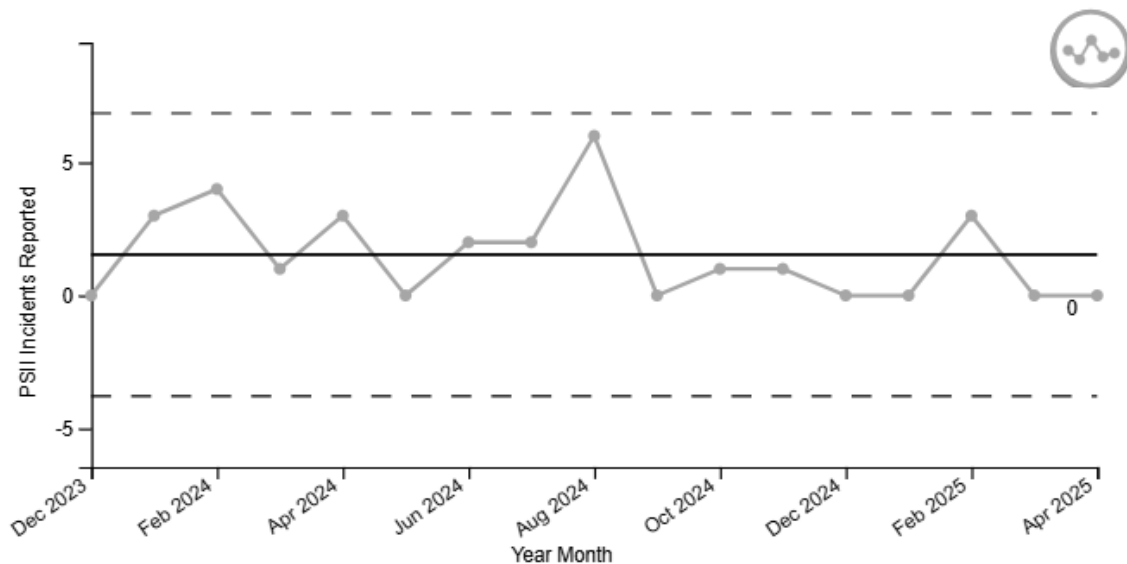
Number of Non Patient Safety Incidents  
(15 most common reasons)



Number of Patient Safety Incidents  
(15 most common reasons)



PSII Reported by Month



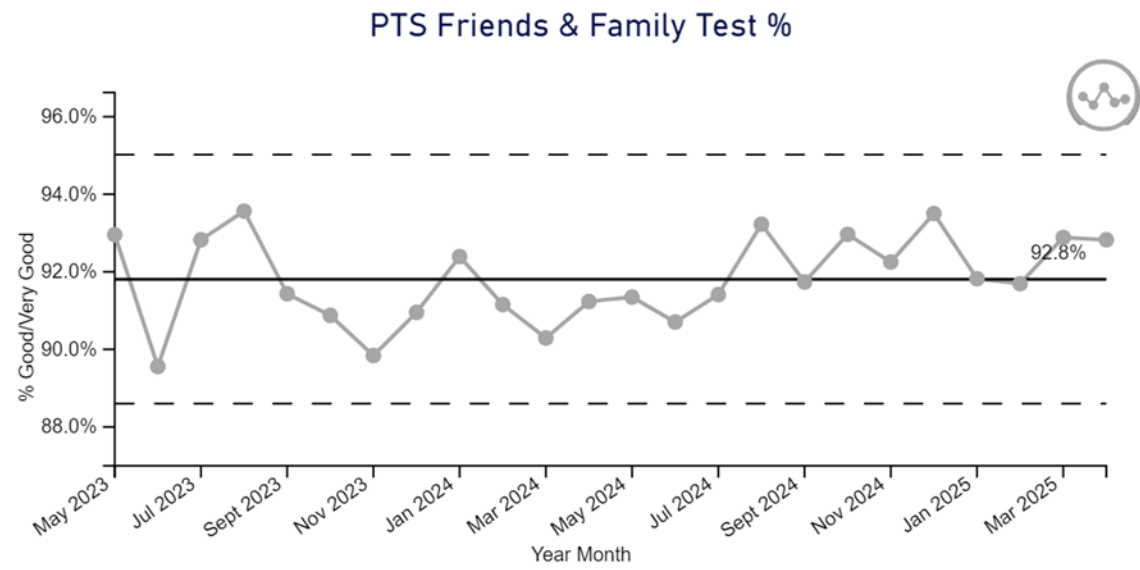
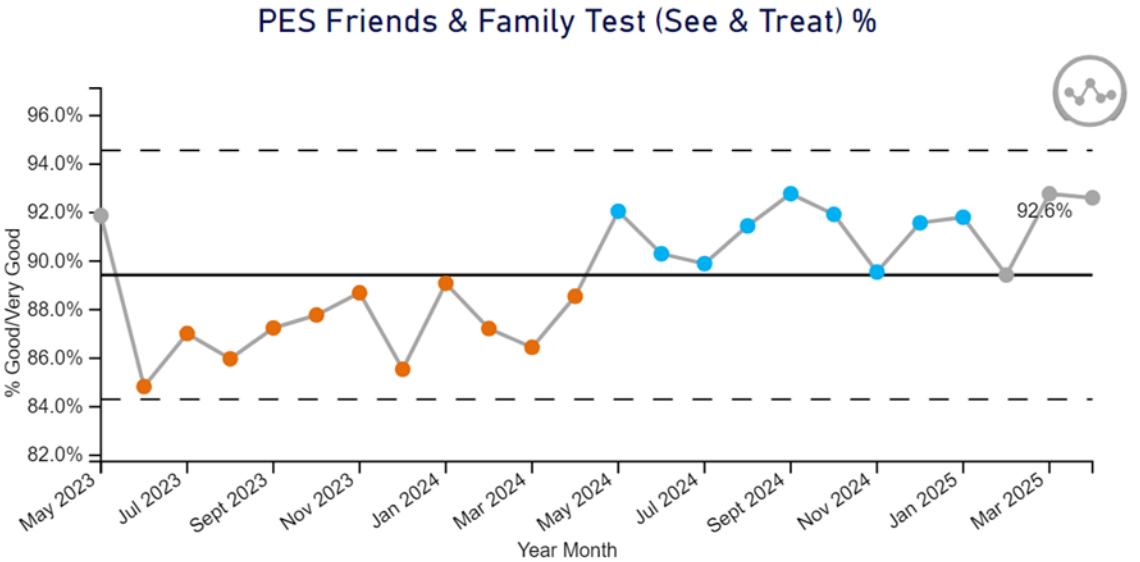
**Summary:** Reported level of harm 'severe' and 'fatal' incidents are stable (n=40). Care and treatment (n=203) is the most common theme for patient incidents and the highest overall reported incident. Violence and aggression (V&A) (n=118) is the most common theme for non-patient incidents.

**Action:** The Trust have requested to be part of the national Learning from Patient Safety Events national taxonomy review which aims to improve data collection and reporting. Safety improvement plans are in place for maternity care, informed consent and refusal and management of cardiac arrest and will be supported through the Trust's improvement academy. There is continued work by the Trust's V&A team to encourage a healthy reporting culture across the Trust, with specialist practitioners assigned to each incident to provide support.

# Q3 Safety Alerts

Safety Alerts	Alerts Received (May 24 – Apr 25)	Alerts Applicable (May 24 – Apr 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	9	0	0	
National Patient Safety Alert: OHID	0	0	0	
CMO Messaging	1	0	0	
National Patient Safety Alert: MHRA	0	0	0	
Medicine Alerts: MHRA	69	0	0	
IPC	0	0	0	
National Patient Safety Alert: NHS England Patient Safety	0	0	0	

# E1 Patient Experience



PES positive comments:

- “The team arrived within 1 hour. They were excellent, treated my mum with respect and care whilst respecting her wish to remain at home. Were thorough in their examination and sought medication via a doctor. Only left when they were assured treatment was in place. Polite and approachable and explained matters in an understandable way.”
- “The Paramedic arrived within the estimated time. She was professional and treated my mother with kindness and respect. She also made my sister and myself feel reassured and that we had done the right thing to call for the service. We were all very grateful.”

PES negative comments:

- “Because I called at 9 am and they didn't come out until 3.30 pm my friend really needs help mentally and the paramedics said that she would get a call back from someone who could assess her mentally and never heard anything back the paramedics were lovely and I'm sure they tried to help as best as they could but they couldn't get through to the mental health team to speak to a doctor to this day she needs help and she needs sectioned.”
- “Telling the patient with breathing problems to try breathing techniques on YouTube and saying their ECG isn't working properly - giving unusual reading - not what an ill person (and family) want to hear.”

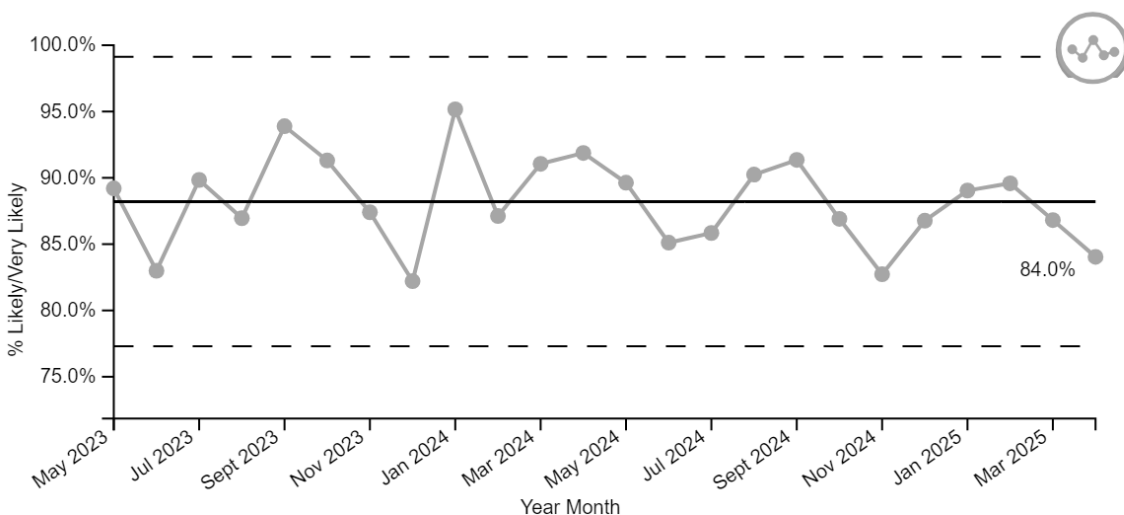
PTS positive comments:

- “Staff were so helpful when arrangements were being made. Good admin back up. Taxis on time, clean vehicles and very polite drivers.”
- “Staff were professional, friendly, well trained, taking excellent care of patients both in transferring and caring for them on the journey.”

PTS negative comments:

- “On arrival we arrived late (having been collected later than expected) and were dropped off at the wrong side of the hospital. I struggled to pull my husband in a backwards-facing wheelchair.
- “Appointment 1.30, ambulance arrived my address 1.35, arrived hospital 2.05. Consultant refused to see me due to lateness, had to wait another hour for an ambulance back.”

111 Friends & Family Test %



#### NHS 111 positive comments:

- *"I was extremely impressed by the NHS 111 call handler. I phoned on a Sunday morning and within the hour I was sitting in the waiting room of the out of hours doctor who was also excellent. I believe that the speed of the experience nipped my problem in the bud. NHS 111 is an excellent service."*
- *"Replied to phone call after approx. 4 rings. Calm, clear questions. As promised paramedics came in the time that estimated."*
- *"Friendly caring professional clear communication good management plan."*
- *"The process was quick and concise all outcomes were explained clearly."*

#### NHS 111 negative comments:

- *"After call back from 111 operator advising that the doctor would ring me within a couple of hours it was 5 hours."*
- *"When called, they did an assessment, put it through 999 ambulance service. After breathing difficulty, waited 2 hours for ambulance. Then got a triage again, was told ambulance couldn't help me. To then rearranged a taxi to go to A&E where I fell ill. Worse when was on the way to the hospital, so he had to rush."*

#### Summary:

PES FFT: The 636 responses for April are 4.4% lower when compared to March's of 664, with comments also lower, at 7.7% (479 for April compared to 519 from March). The overall experience score for April of 92.6% is 0.2% lower than the 92.8% reported in March.

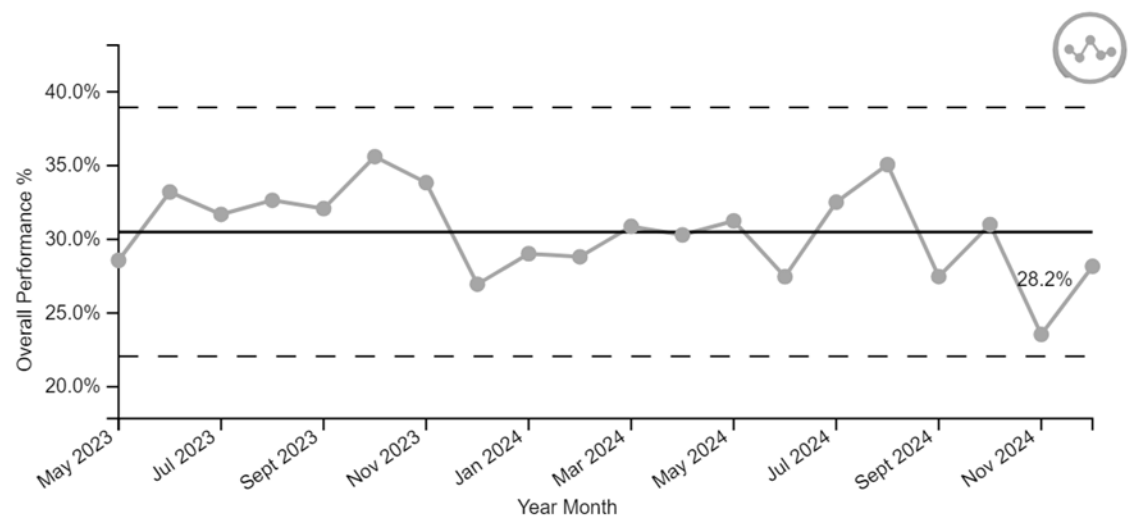
PTS FFT: The 1,087 responses from April are 8.9% higher than for March's 998, with supporting comments also higher, by 7.99%, (878 for April compared to 813 from March). The overall experience score for April of 92.8% is 0.1% lower than the 92.9% reported for March.

NHS 111 Recommend: There are 94 returns so far for April, compared to the 88 returns updated for March. These differences are due to the 'returns lag effect'. From returns so far for April, we see an 84.0% likelihood of the 111 service being recommended, a current difference of 3.5% compared to the updated 87.5% reported for March.

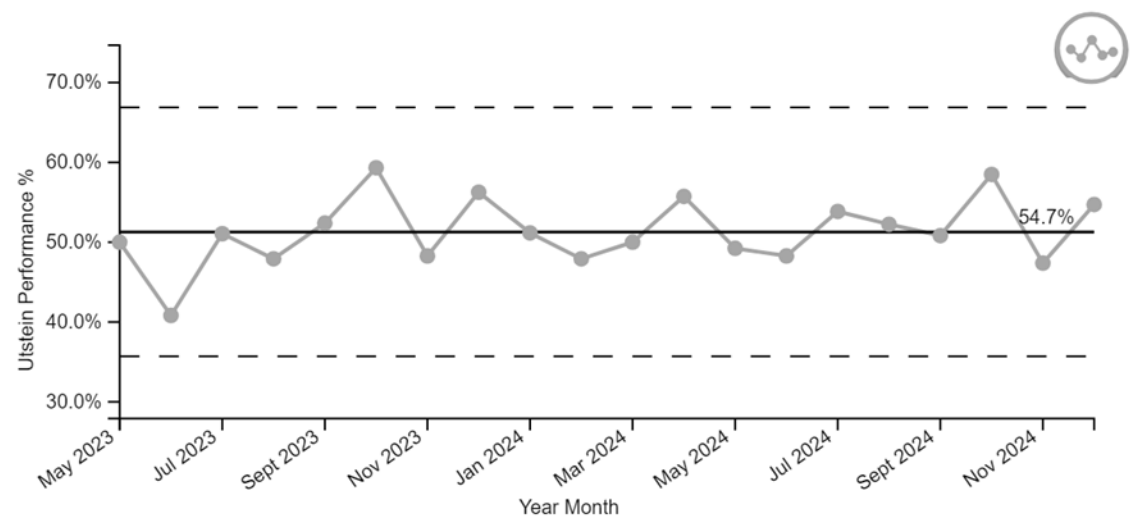
**Actions:** To increase return response rates, particularly in 111, we are piloting sending broadcast invites for our digital localised NWS NHS 111 PE surveys between 1800 - 2000, outside the normal send window of 0900 – 1800, Mon - Fri. Random selection, which will be doubled just for this pilot period, will be taken from users of the service within the last 24 - 48 Hrs. The success response rates will be monitored.

# E2 Ambulance Clinical Quality Indicators (ACQI)

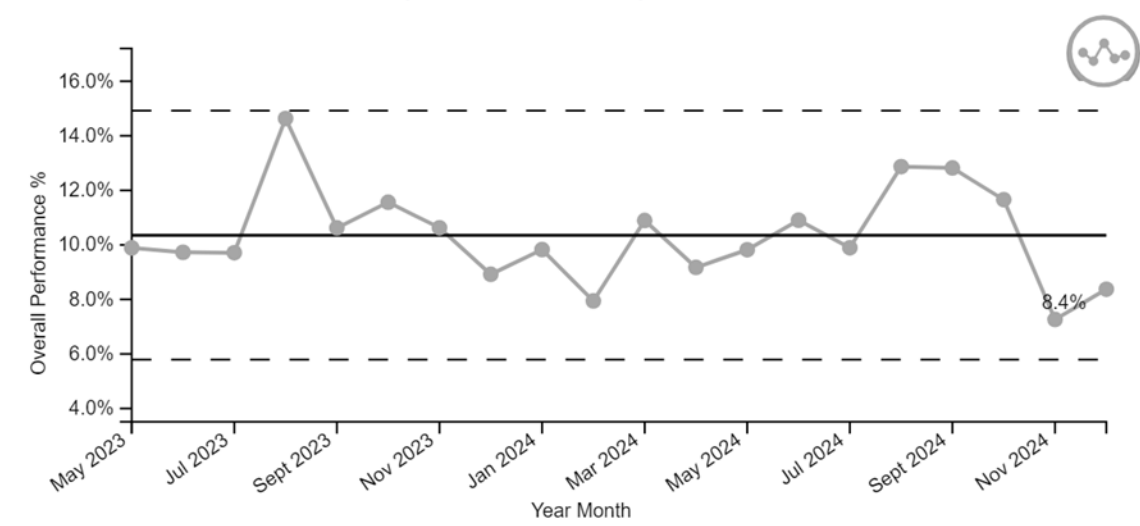
ROSC - Overall Performance



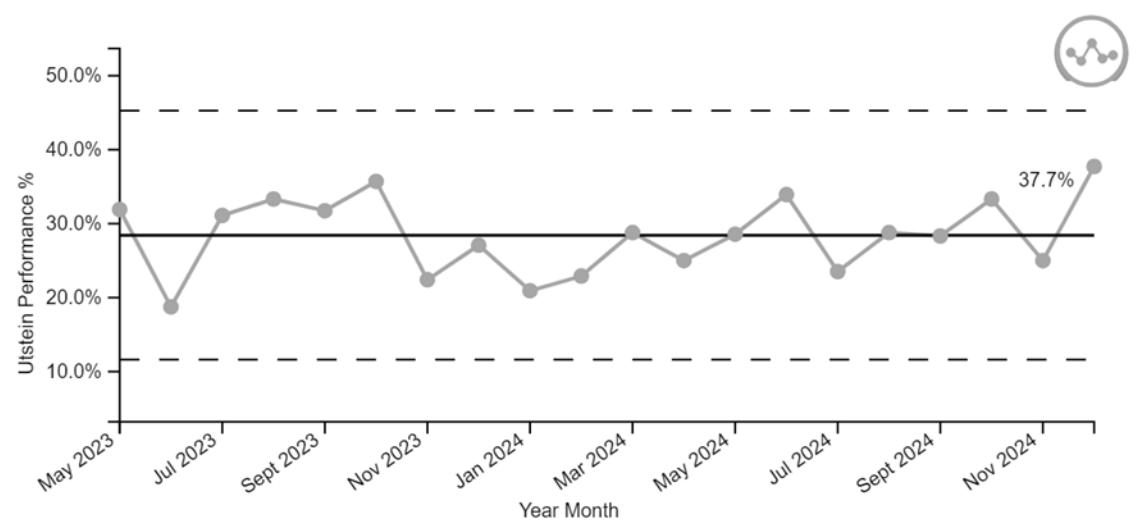
ROSC - Utstein Performance



Survival at 30 Days Post Discharge - Overall Performance

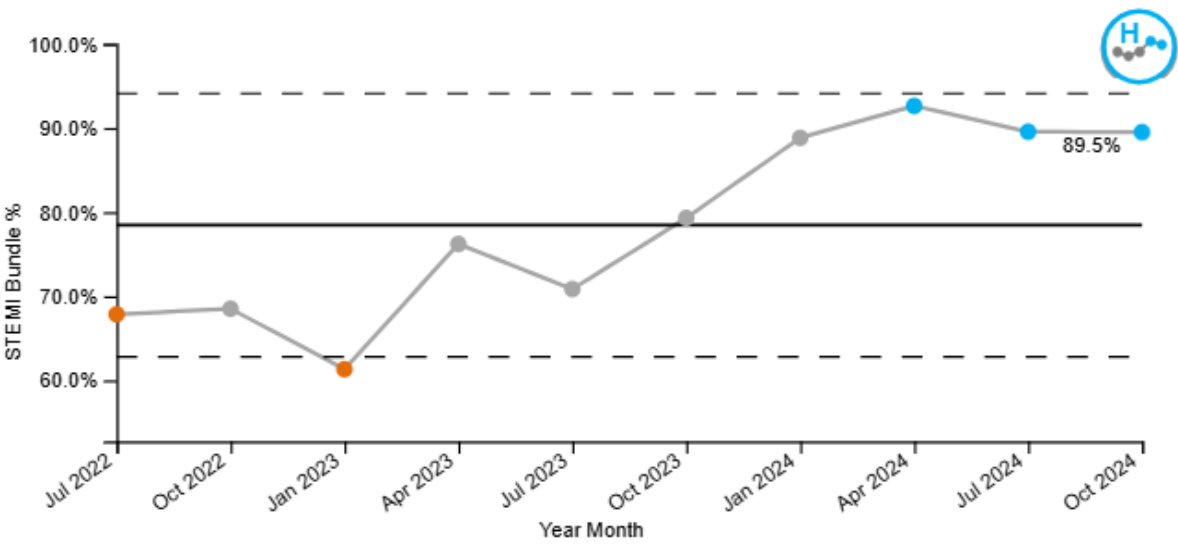


Survival at 30 Days Post Discharge - Utstein Performance



# E2 Ambulance Clinical Quality Indicators (ACQI)

## STEMI Care Bundle



Falls Care Bundle	
June 24	17.7%
September 24	20.3%
December 24	54.3%
YTD (to December)	30.8%

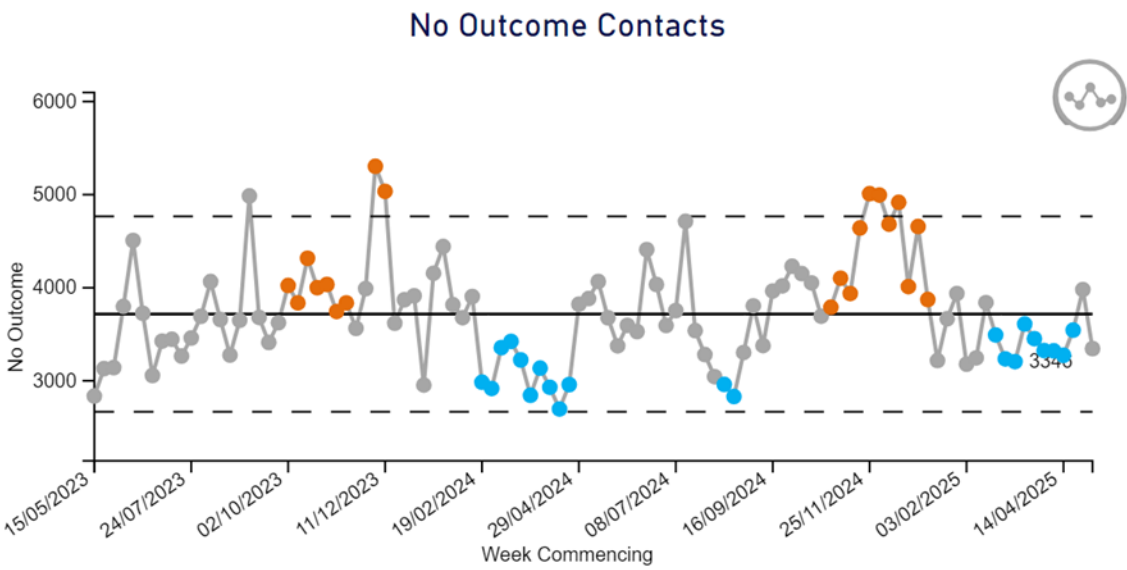
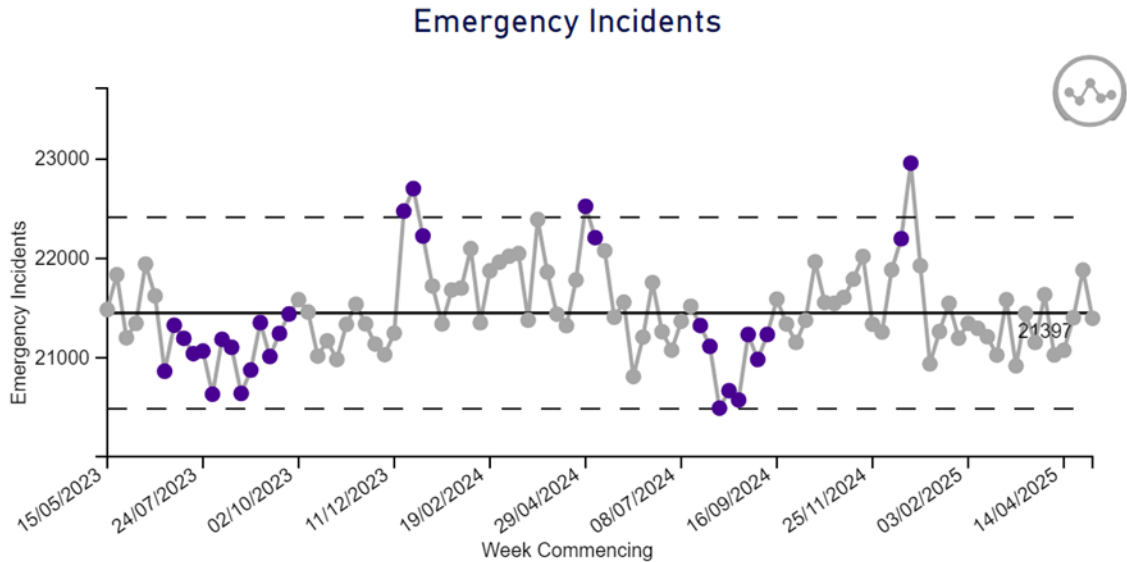
\* Falls will be presented in an SPC when there are sufficient data points

**Summary:** The Trust is currently performing above national average for all ACQI metrics. Falls care bundle performance has improved from 20.3% in September to 54.3% in December following the introduction of a Falls tile within the electronic patient record (EPR) system.

- Return of Spontaneous Circulation (ROSC) overall performance - last reported in December 24 (28.2%), **above** the national average of 25.4%.
- ROSC Utstein performance - last reported in December 24 (54.7%), **above** the national average of 51.7%.
- Survival at 30 days after discharge overall performance - last reported in December 24 (8.4%), **above** the national average of 7.4%.
- Survival at 30 days after discharge Utstein performance - last reported in December 24 (37.7%), **above** the national average of 27.8%.
- STEMI bundle - last reported in October 24 (89.5%), **above** the national average of 78.3%.
- Falls bundle – last reported in December 24 (54.3%), **above** the national average of 47.1%.

**Actions:** Continued monitoring of metrics and EPR system development to drive improvement.

# E3 Activity & Outcomes



## Emergency Incidents



### Emergency Incidents by Operational Sector

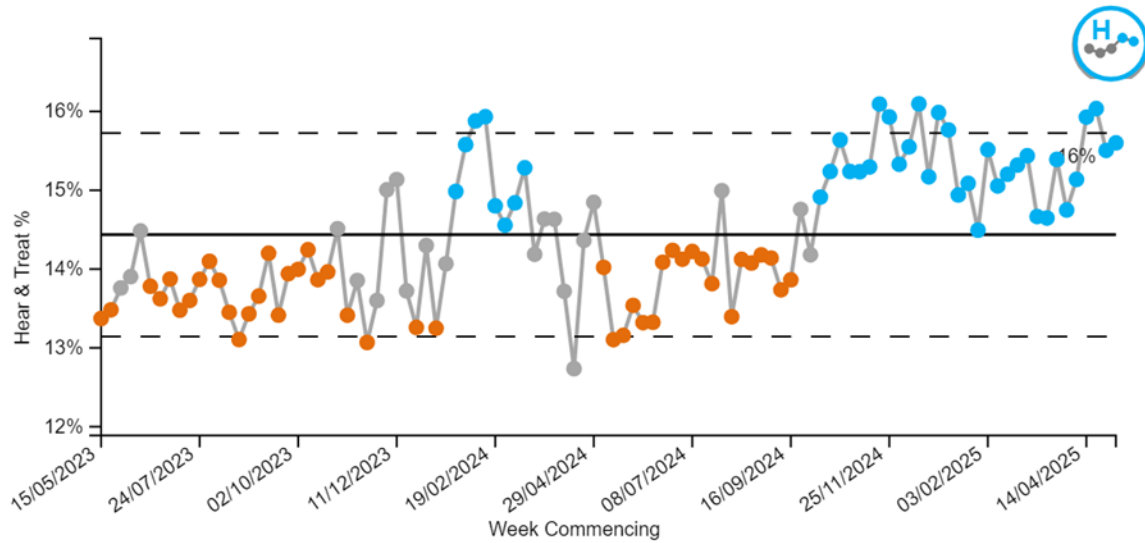
G South	9,603
M North	9,472
G Central	9,321
G West	8,753
G East	8,223
M East	7,491
CL East Lancashire	6,704
M West	6,375
CL South Lancashire	6,014
M South	5,367
CL Fylde	5,182
CL North Cumbria	4,671
CL Morecambe Bay	4,161

### Emergency Incidents by ICB

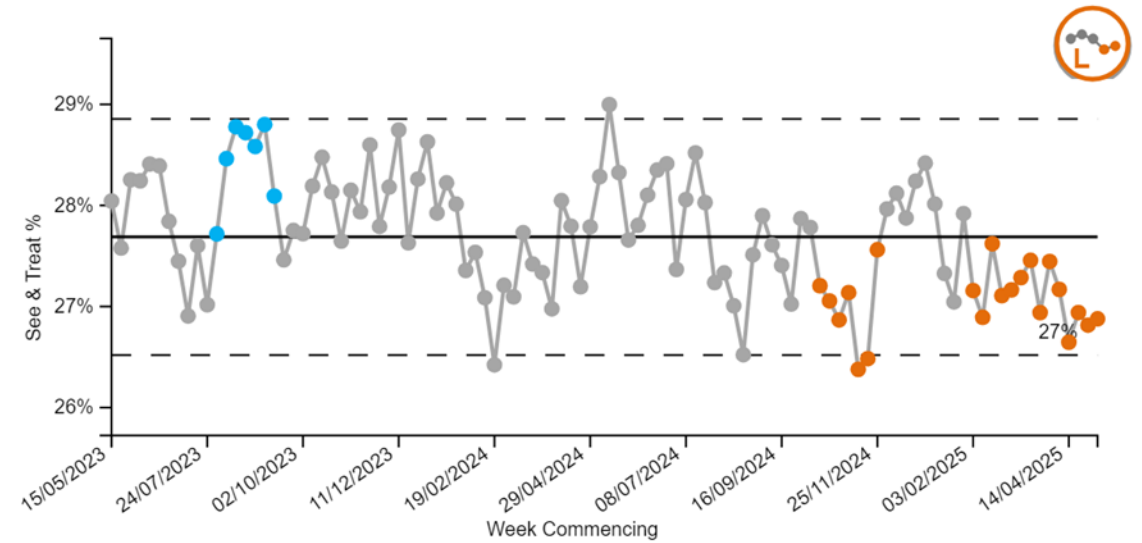
Greater Manchest...	35,563
Cheshire & Merse...	28,718
Lancashire & Sou...	22,060
North East & Nor...	4,672

Calendar Year	Month	Calls	% Change from previous year	Incidents	% Change from previous year
2022	Apr	131,620	17.81 %	89,260	-8.88 %
2023	Apr	105,351	-19.96 %	90,075	0.91 %
2024	Apr	113,882	8.10 %	92,727	2.94 %
2025	Apr	113,134	-0.66 %	91,565	-1.25 %

Hear & Treat (AQI)



See & Treat (AQI)



Months Hear & Treat by Sector

CL South Lancashire	17.9%
G Central	17.6%
CL Fylde	16.6%
G East	15.7%
G West	15.4%
G South	15.1%
M East	15.1%
M South	14.9%
CL East Lancashire	14.6%
M North	14.5%
M West	14.5%
CL North Cumbria	14.3%
CL Morecambe Bay	13.0%

Months Hear & Treat by ICB

Greater Man...	16.0%
Lancashire ...	15.7%
Cheshire & ...	14.7%
North East ...	14.3%

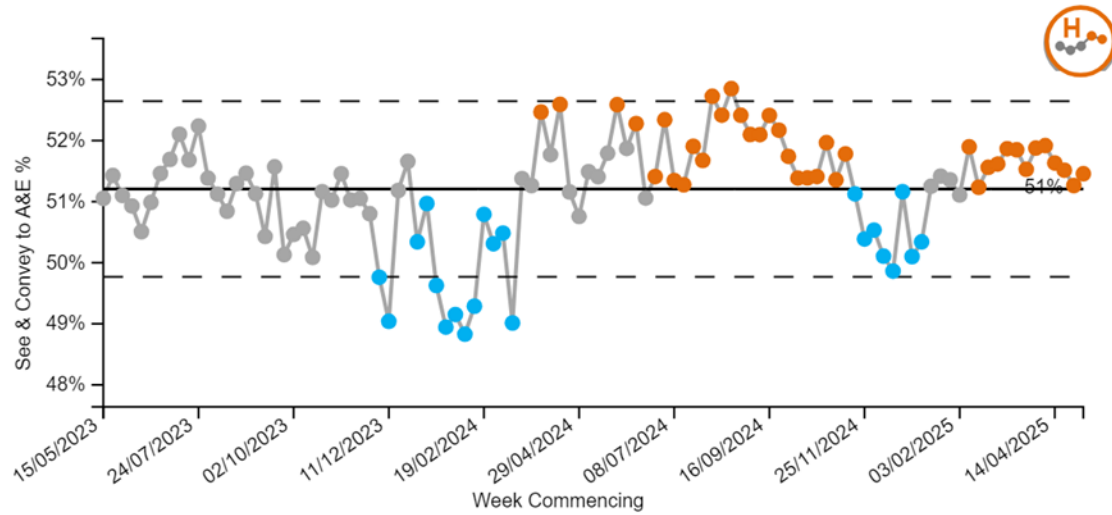
Months See & Treat by Sector

CL Morecambe Bay	31.3%
M South	30.3%
CL North Cumbria	29.2%
CL Fylde	28.8%
CL East Lancashire	28.6%
G West	27.7%
M West	27.4%
G South	26.6%
G East	26.6%
CL South Lancashire	26.6%
G Central	26.0%
M North	24.5%
M East	23.7%

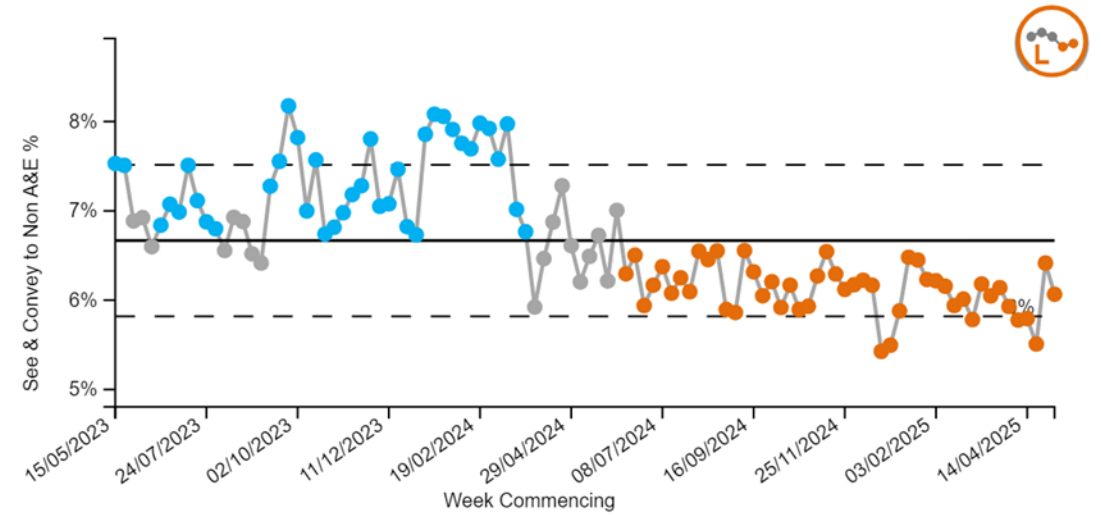
Months See & Treat by ICB

North East ...	29.2%
Lancashire ...	28.6%
Greater Man...	26.7%
Cheshire & ...	26.0%

See & Convey to A&E (AQI)



See & Convey to Non A&E (AQI)



Months See & Convey (AE) by Sector

CL East Lancash...	47.1%
CL Fylde	47.8%
M South	49.0%
CL North Cumb...	49.1%
CL Morecambe ...	49.7%
CL South Lanca...	50.6%
G Central	51.4%
M West	52.0%
G East	52.1%
G West	52.7%
G South	54.2%
M East	54.5%
M North	54.9%

Months See & Convey (AE) by ICB

Lancashire ...	48.7%
North East ...	49.1%
Greater Ma...	52.6%
Cheshire & ...	53.0%

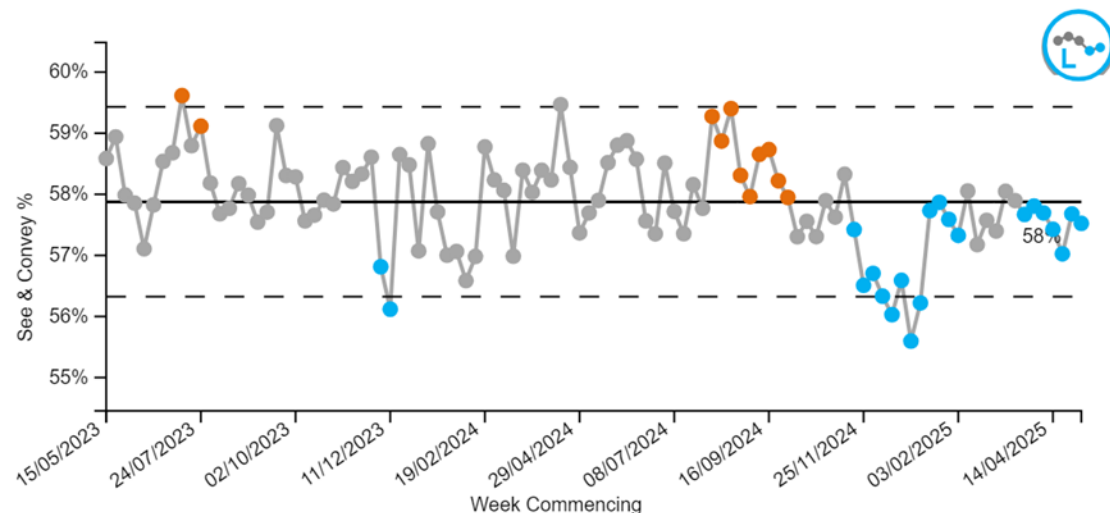
Months See & Convey (Non AE) by Sector

CL East Lancashire	9.7%
CL North Cumbria	7.4%
M East	6.8%
CL Fylde	6.7%
M West	6.1%
M North	6.1%
CL Morecambe Bay	6.1%
M South	5.7%
G East	5.7%
G Central	5.0%
CL South Lancashire	4.9%
G West	4.2%
G South	4.1%

Months See & Convey (Non AE) by ICB

North East & ...	7.4%
Lancashire & ...	7.0%
Cheshire & M...	6.2%
Greater Manc...	4.7%

## See & Convey (AQI)



### Months See & Convey by Sector

CL Fylde	54.6%
M South	54.7%
CL South Lancashire	55.6%
CL Morecambe Bay	55.8%
G Central	56.4%
CL North Cumbria	56.5%
CL East Lancashire	56.8%
G West	56.9%
G East	57.7%
M West	58.1%
G South	58.3%
M North	61.0%
M East	61.3%

### Months See & Convey by ICB

Lancashire & ...	55.7%
North East & ...	56.5%
Greater Manc...	57.3%
Cheshire & M...	59.2%

## Activity & Outcomes

**Summary:** Of the n=116,312 emergency calls received by the trust, 80.9% (n=94,140) became incidents. In comparison to the previous year, there are -5.2% less calls, and incidents decreased by 3.1%, indicating improved relative performance (a bigger decrease in calls vs incidents).

The H&T rate for was 15.6%, whilst the S&T rate was 27.0%, equating to a total non-conveyance rate of 42.6%. Nationally, the trust position is ranking 5th for H&T, 8th for S&T and 4th for S&C.

**Action:** 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

O1 Call Pick up

O3 ARP Response Times

O3 ARP Provider Comparison

O3 A&E Turnaround

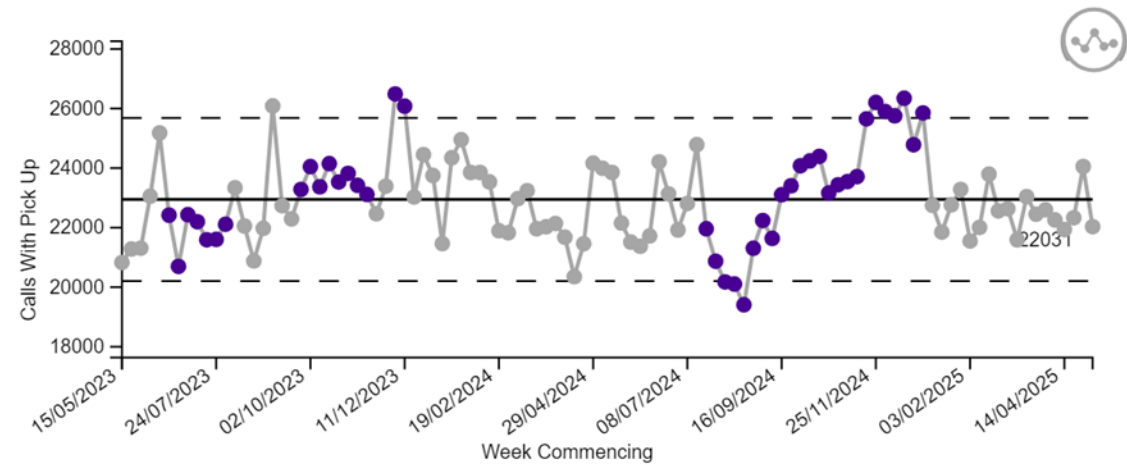
O3 A&E Turnaround ICB

O4 111 Activity & Performance

O5 PTS Activity

# O1 Call Pick Up

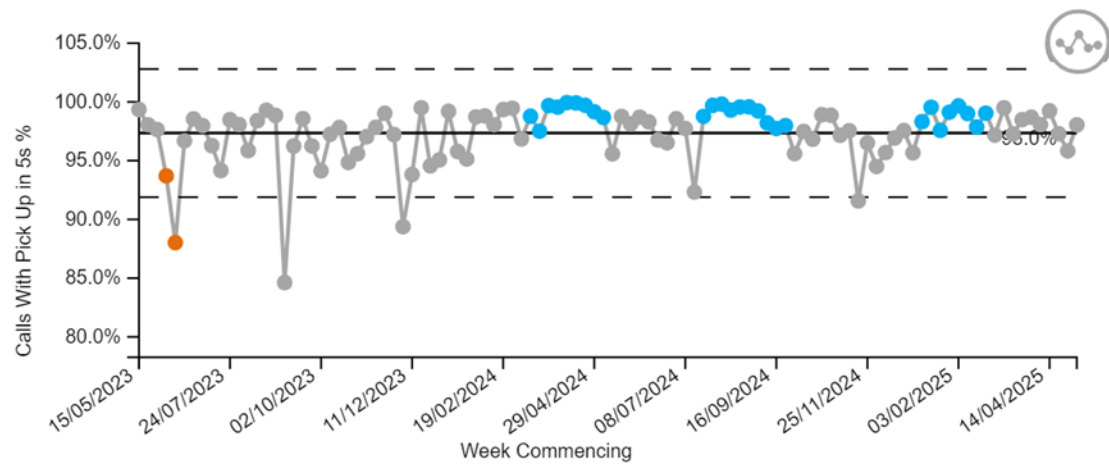
Calls With Pick up



## Call Pick Up Mean

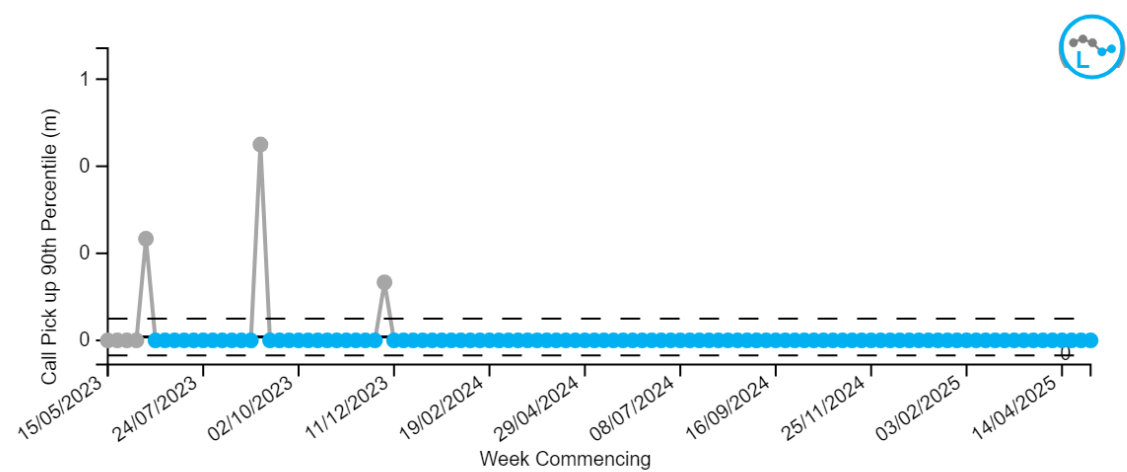
Month	1
YTD	1
Ranking	Joint 1st

Calls With Pick Up in 5 Seconds %



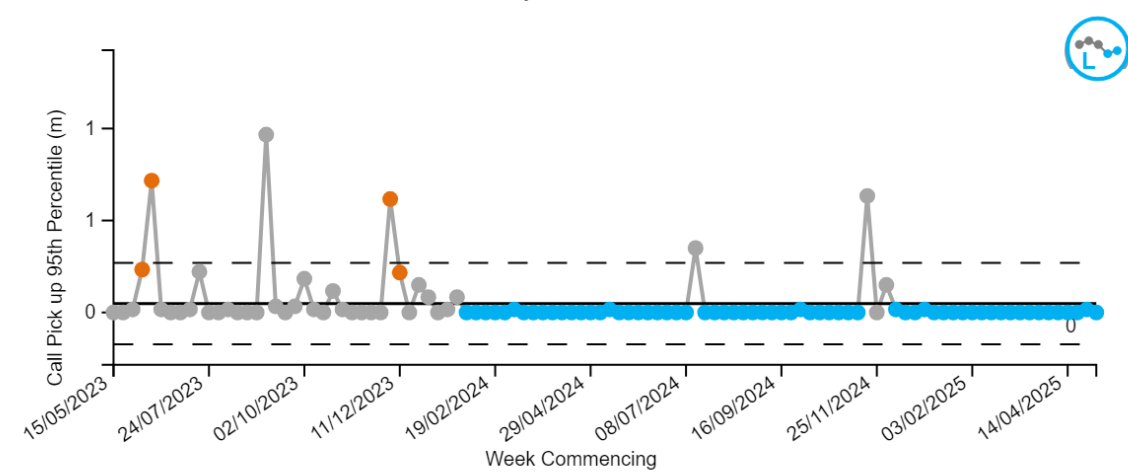
# O1 Call Pick Up

Call Pick up 90th Percentile



Call Pick Up 90 <sup>th</sup>	
Month	0
YTD	0
Ranking	Joint 1st

Call Pick up 95th Percentile

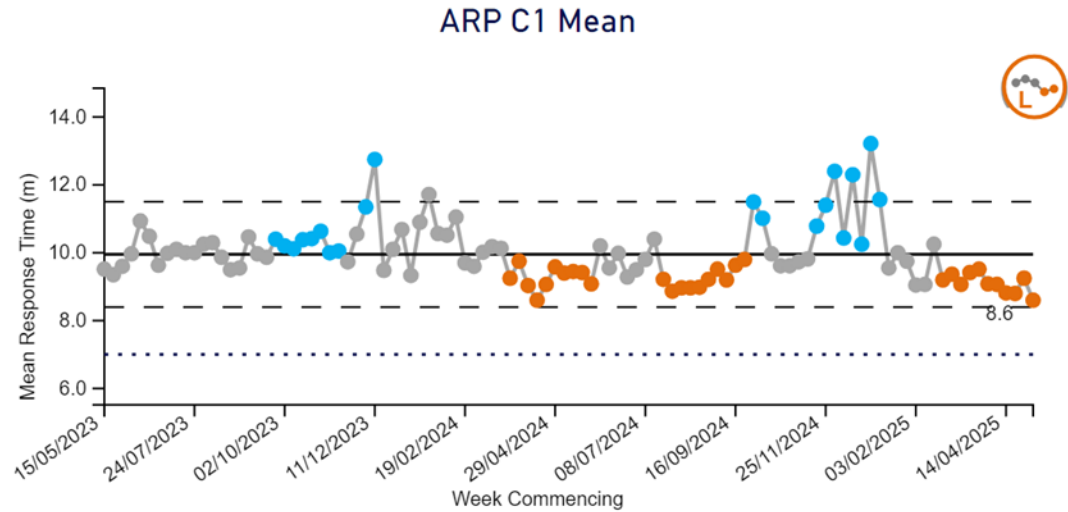


Call Pick Up 95 <sup>th</sup>	
Month	0
YTD	0
Ranking	Joint 1st

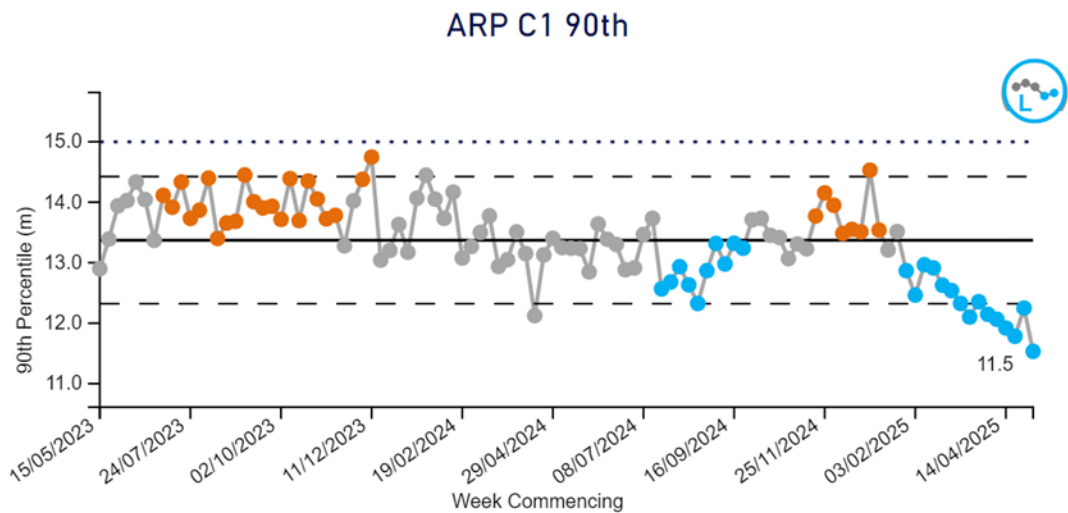
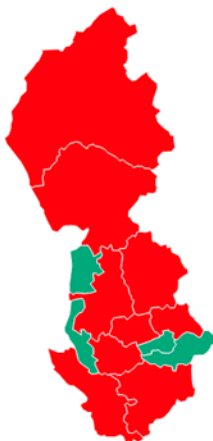
**Summary:** The Trust continues to perform well for Call Pick Up (CPU) with 90<sup>th</sup> and 95<sup>th</sup> percentiles at zero seconds and a mean of 1 second.

**Actions:** Nil required

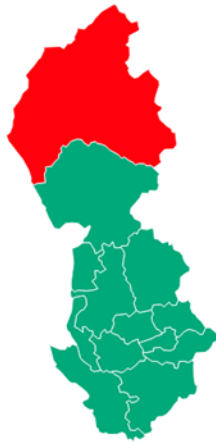
# O3 ARP Response Times



C1 Mean (Red  
=>7min)



C1 90th (Red  
=>15min)



C1 Mean by Sector	
CL North Cumbria	00:08:11
M South	00:08:11
M West	00:07:50
CL Morecambe Bay	00:07:44
CL South Lancashire	00:07:25
M East	00:07:19
CL East Lancashire	00:07:12
G West	00:07:10
G East	00:07:09
G South	00:06:34
G Central	00:06:33
CL Fylde	00:06:26
M North	00:06:25

C1 Mean by ICB	
North East & North...	00:08:11
Cheshire & Mersey...	00:07:14
Lancashire & Sout...	00:07:10
Greater Manchester	00:06:49

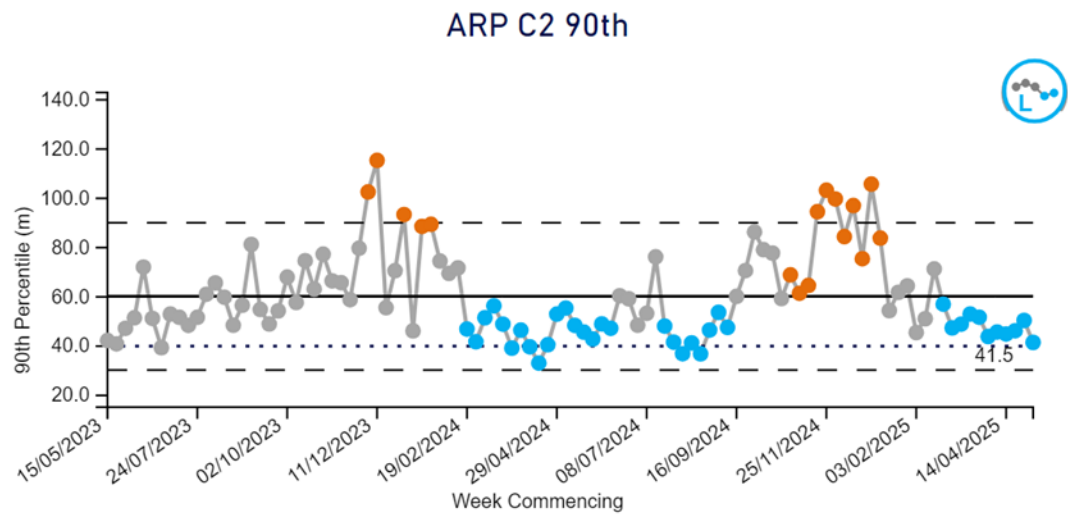
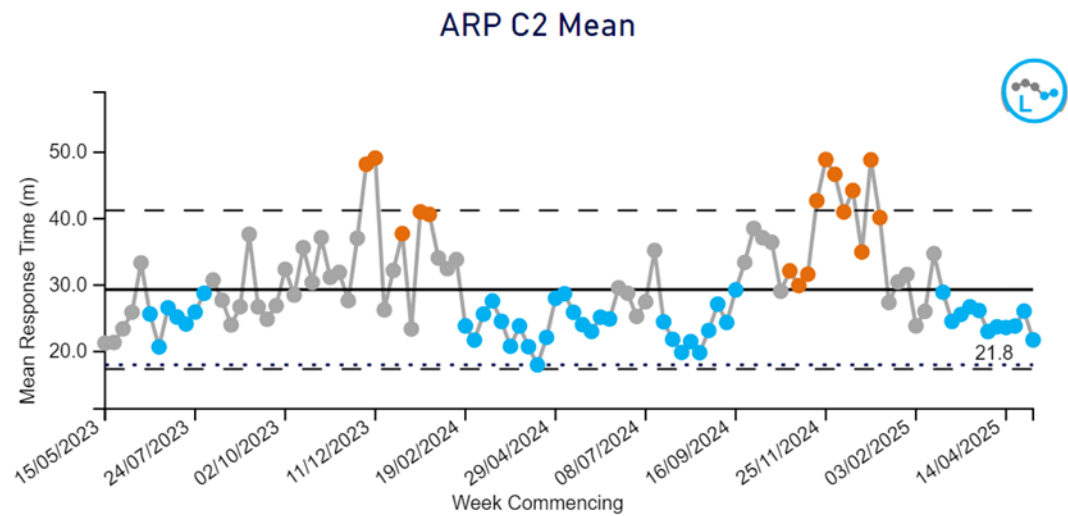
C1 Mean	
Target	7:00
Month	7:06
YTD	7:06
Ranking	3rd

C1 90th by Sector	
CL North Cumbria	00:15:08
M South	00:14:16
CL Morecambe Bay	00:14:09
M West	00:13:22
CL South Lancashire	00:13:08
CL East Lancashire	00:12:21
M East	00:12:13
G East	00:11:39
CL Fylde	00:11:34
G West	00:11:27
G Central	00:11:03
M North	00:10:47
G South	00:10:28

C1 90th by ICB	
North East & N...	00:15:08
Lancashire & So...	00:12:27
Cheshire & Mer...	00:12:24
Greater Manche...	00:11:03

C1 90th	
Target	15:00
Month	12:01
YTD	13:01
Ranking	3rd

# O3 ARP Response Times



C2 Mean (Red => 18min)



## C2 Mean by Sector

M South	00:29:14
M West	00:28:34
M East	00:27:41
M North	00:27:39
CL Fylde	00:26:02
CL Morecambe Bay	00:24:19
G West	00:24:13
CL South Lancashire	00:24:02
G East	00:22:01
CL North Cumbria	00:21:54
G South	00:19:25
CL East Lancashire	00:19:13
G Central	00:19:12

## C2 Mean by ICB

Cheshire & Mersey...	00:28:08
Lancashire & Sout...	00:23:06
North East & Nort...	00:21:53
Greater Manchester	00:21:06

C2 Mean	
Target(ARP)	18:00
Target(UEC)	29:00
Month	23:52
YTD	23:52
Ranking	4th

C2 90th (Red => 40min)



## C2 90th by Sector

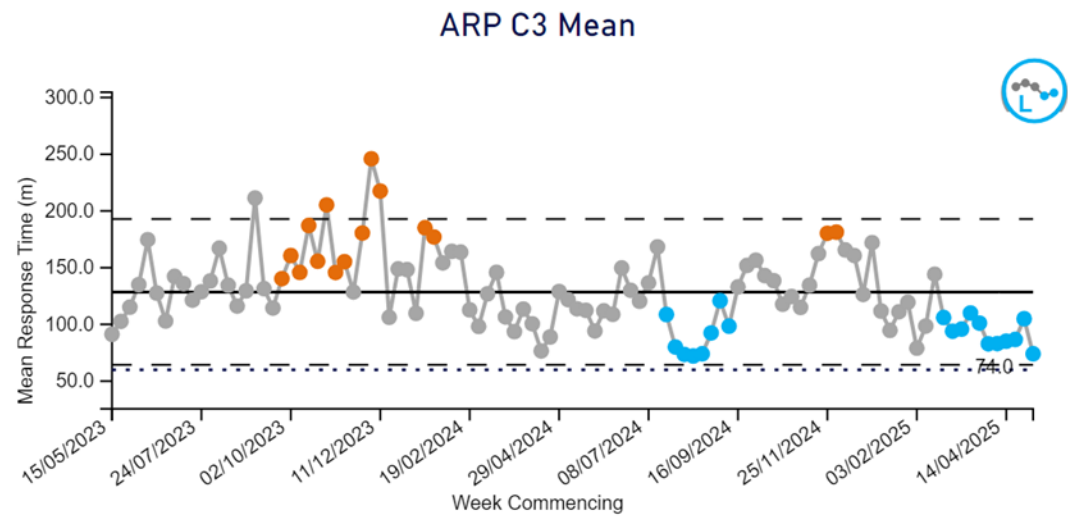
M West	00:58:25
M South	00:57:40
M North	00:54:57
CL Fylde	00:54:45
M East	00:51:48
CL Morecambe Bay	00:48:07
G West	00:45:26
CL South Lancashire	00:43:33
CL North Cumbria	00:42:57
G East	00:41:01
G South	00:36:45
G Central	00:35:36
CL East Lancashire	00:35:32

## C2 90th by ICB

Cheshire & Mersey...	00:55:00
Lancashire & Sout...	00:43:57
North East & Nort...	00:42:57
Greater Manchester	00:39:41

C2 90th	
Target	40:00
Month	00:45:52
YTD	00:45:52
Ranking	4th

# O3 ARP Response Times



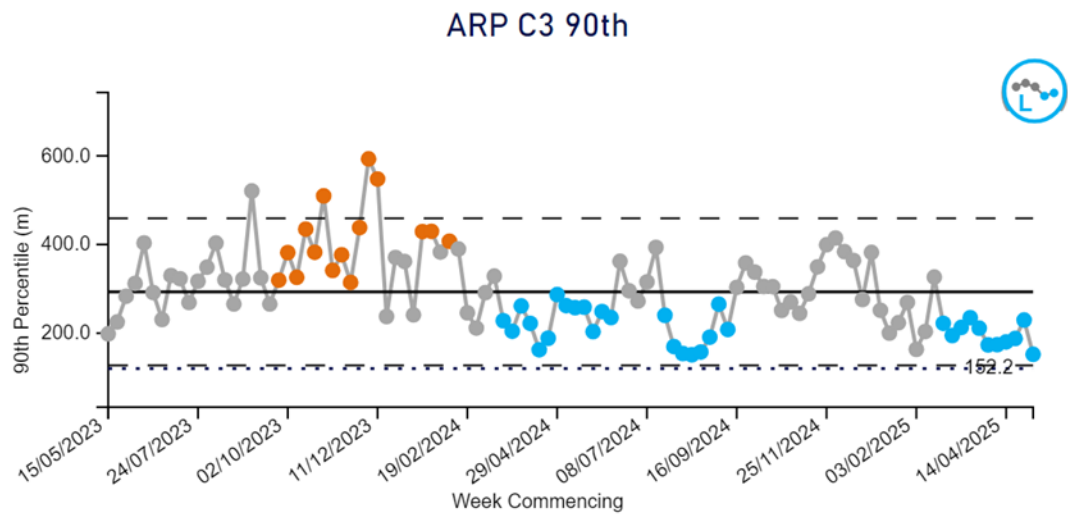
C3 Mean (Red => 60min)



C3 Mean by Sector	
M North	01:41:50
M East	01:40:56
M South	01:35:18
G West	01:34:06
CL Fylde	01:31:33
M West	01:30:29
G East	01:26:48
G Central	01:24:11
CL South Lancashire	01:20:33
G South	01:16:23
CL Morecambe Bay	01:13:22
CL East Lancashire	01:06:26
CL North Cumbria	01:03:59

C3 Mean by ICB	
Cheshire & Mersey...	01:37:31
Greater Manchester	01:25:16
Lancashire & Sout...	01:17:07
North East & Nort...	01:03:59

C3 Mean	
Target	1:00:00
Month	1:26:21
YTD	1:25:21
Ranking	5th



C3 90th (Red => 2h)



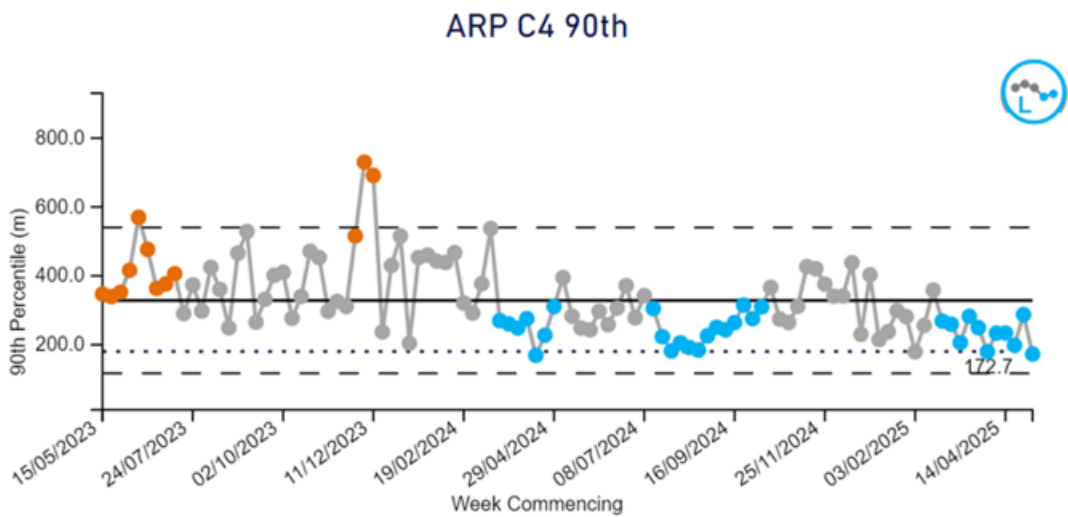
C3 90th by Sector	
M East	03:41:49
M South	03:35:44
M North	03:35:21
CL Fylde	03:27:00
G West	03:10:10
M West	03:07:02
G East	02:57:53
CL South Lancashire	02:56:18
G Central	02:52:14
CL Morecambe Bay	02:38:11
G South	02:36:52
CL East Lancashire	02:17:36
CL North Cumbria	02:09:58

C3 90th by ICB	
Cheshire & Mersey...	03:31:40
Greater Manchester	02:53:28
Lancashire & Sout...	02:48:55
North East & Nort...	02:09:58

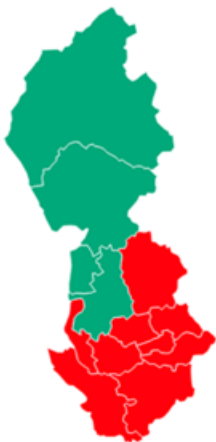
C3 90th	
Target	2:00:00
Month	3:02:48
YTD	4:02:48
Ranking	5th

O3 ARP Response Times

# O3 ARP Response Times



C4 90th (Red => 3h)



C4 90th by Sector	
M South	05:23:19
M North	04:13:58
G West	04:10:40
G Central	04:00:09
M West	03:44:56
G East	03:40:56
CL East Lancashire	03:35:35
G South	03:26:51
M East	03:19:32
CL South Lancashire	02:58:06
CL Morecambe Bay	02:57:30
CL Fylde	02:56:50
CL North Cumbria	02:22:47

C4 90th by ICB	
Cheshire & Mersey...	04:00:24
Greater Manchester	03:53:10
Lancashire & Sout...	02:57:54
North East & Nort...	02:22:28

C4 90th	
Target	3:00:00
Month	3:42:00
YTD	3:42:00
Ranking	5th

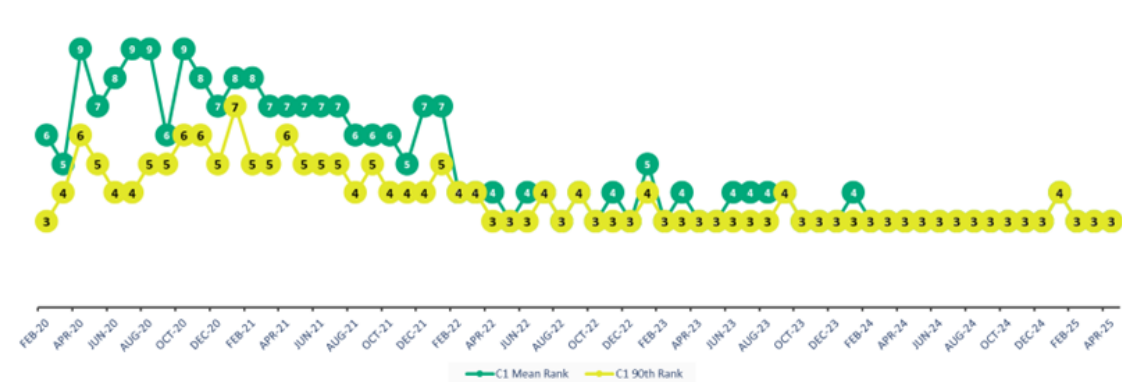
**Summary:** C1 90th is the only ARP standard that was achieved, however C1 mean (07m:06s) was the best monthly performance since the start of the Covid-19 Pandemic.

Most ARP metrics are in a sustained period of improvement, with improvements in Cheshire and Merseyside ICB and Trust wide handover performance causal factors.

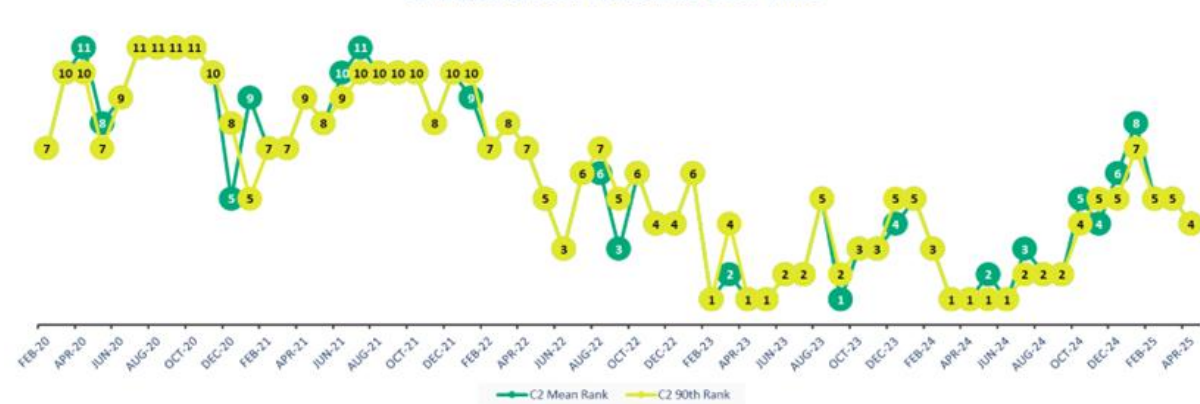
**Action:** Ongoing reviews of the response model are supporting further improvements. This includes a review of inter-facility transfers (IFT) and healthcare professional (HCP) incidents, in which the trust is a national outlier, as well as a refreshed pre-alert process.

# O3 ARP Provider Comparison

C1 Mean & 90th Percentile Over Time



C2 Mean & 90th Percentile Over Time



C1 Mean by Trust

North East	00:06:19
London	00:06:42
North West	00:07:06
Yorkshire	00:07:31
West Midlands	00:07:49
South East Coast	00:07:56
South Central	00:08:00
Isle Of Wight	00:08:10
East Midlands	00:08:33
East Of England	00:08:36
South Western	00:08:58

C1 90th by Trust

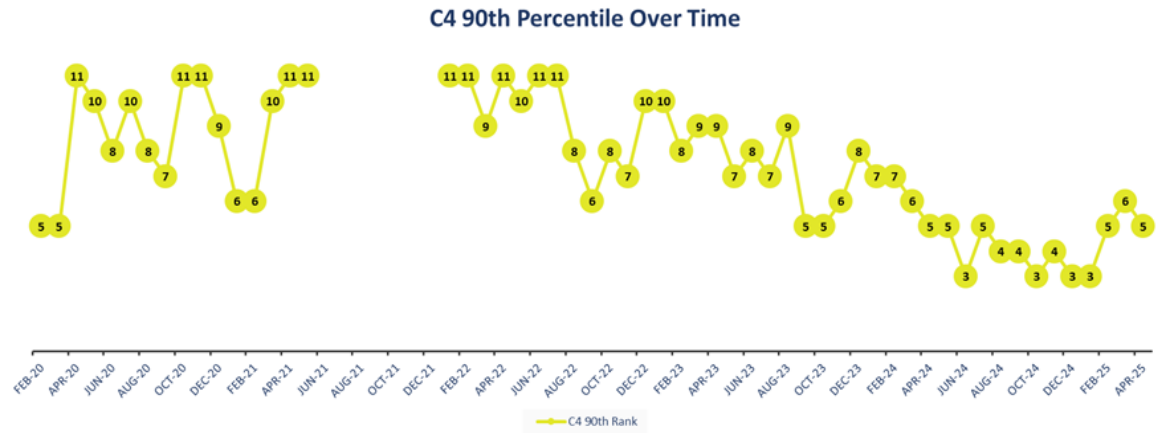
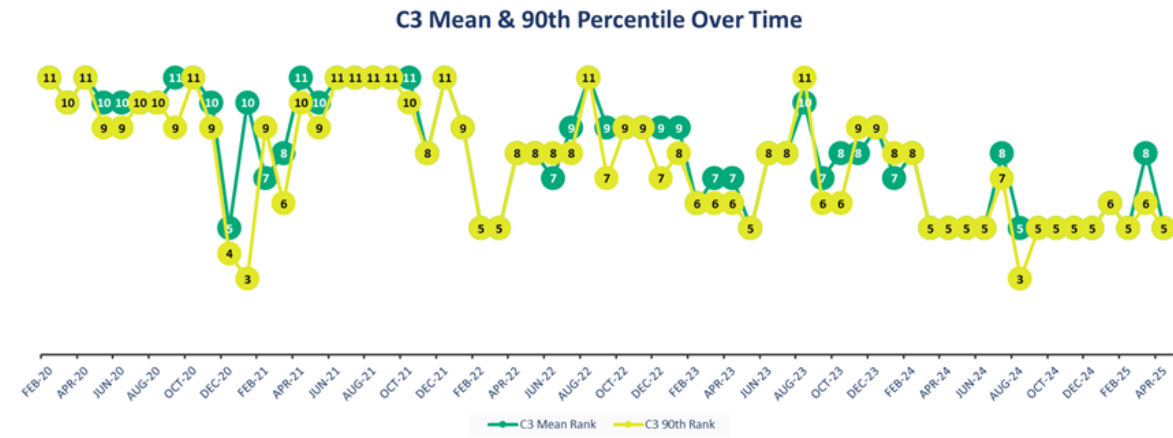
North East	00:10:56
London	00:11:32
North West	00:12:01
Yorkshire	00:13:08
Isle Of Wight	00:13:29
West Midlands	00:13:46
South East Coast	00:14:38
South Central	00:14:43
East Midlands	00:14:46
East Of England	00:16:23
South Western	00:16:48

C2 Mean by Trust

North East	00:20:22
West Midlands	00:21:39
South Central	00:22:44
North West	00:23:52
Isle Of Wight	00:24:16
South East Coast	00:25:02
Yorkshire	00:25:04
London	00:27:48
East Midlands	00:31:30
East Of England	00:36:18
South Western	00:36:39

C2 90th by Trust

North East	00:41:26
South Central	00:44:04
West Midlands	00:44:04
North West	00:45:51
South East Coast	00:50:31
Isle Of Wight	00:50:48
Yorkshire	00:53:30
London	00:58:09
East Midlands	01:02:44
South Western	01:15:24
East Of England	01:17:32



#### C3 Mean by Trust

Isle Of Wight	00:54:52
North East	00:55:03
London	01:05:05
Yorkshire	01:10:16
North West	01:25:55
West Midlands	01:30:51
South East Coast	01:35:34
South Central	01:44:09
East Midlands	01:48:43
South Western	01:59:40
East Of England	02:02:38

#### C3 90th by Trust

Isle Of Wight	02:06:14
North East	02:08:16
London	02:24:49
Yorkshire	02:46:13
North West	03:02:05
South East Coast	03:27:28
South Central	03:33:05
West Midlands	03:37:49
East Midlands	04:11:01
South Western	04:44:54
East Of England	04:49:23

#### C4 90th by Trust

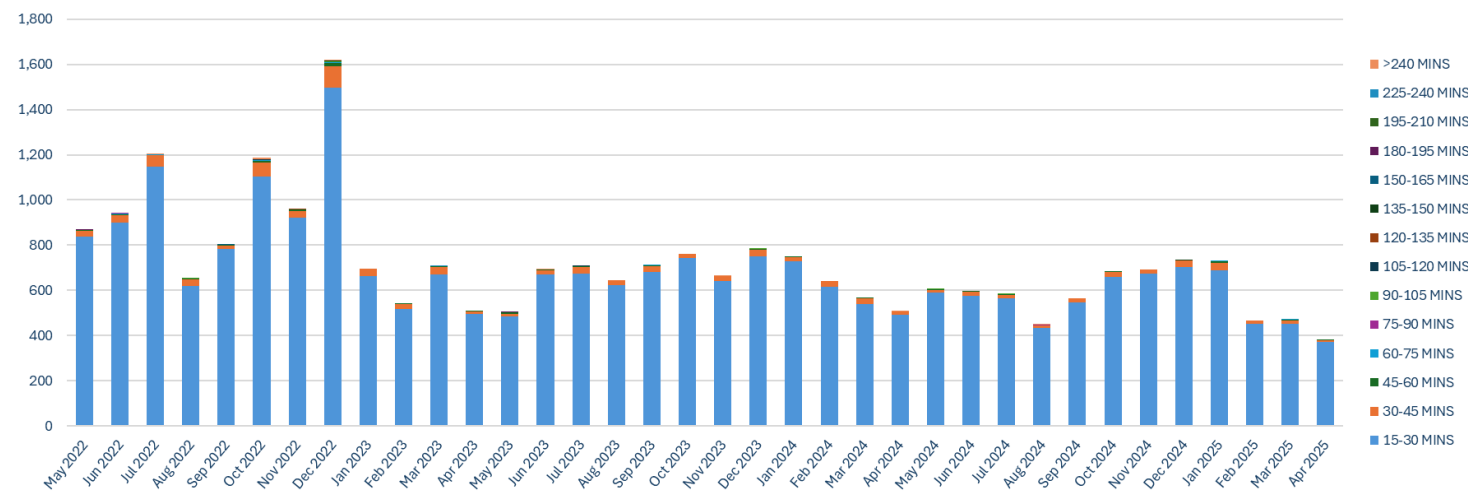
North East	02:55:35
Yorkshire	03:16:24
South East Coast	03:27:10
Isle Of Wight	03:29:33
North West	03:38:14
London	03:47:04
East Midlands	04:50:42
South Central	04:54:36
West Midlands	04:54:40
South Western	07:15:24
East Of England	07:59:58

**Summary:** The Trust remained third in the national rankings for C1 performance.

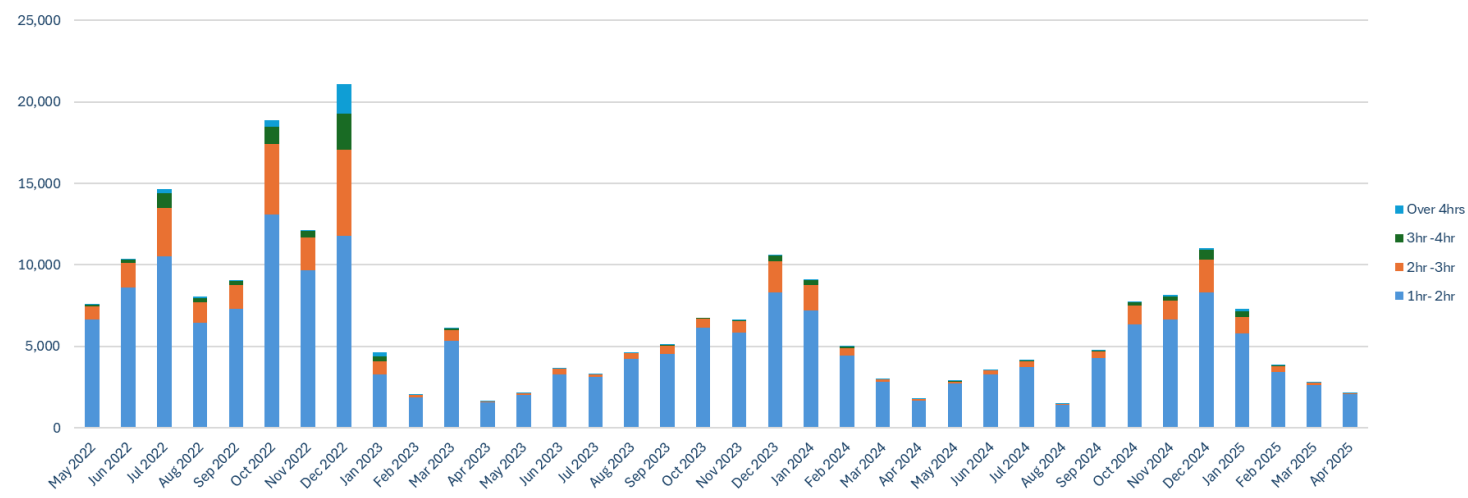
For C2 performance, the Trust moved from 5th to 4th, for C3 performance from 8th to 5th and for C4 from 6th to 5th.

# O3 Long Waits

C1 F2F Incidents with response time > 15 Mins



C2 F2F Incidents with response time > 60 Mins



Year Month	Total No. of C1 long waits
May 2024	604
Jun 2024	595
Jul 2024	582
Aug 2024	450
Sep 2024	566
Oct 2024	682
Nov 2024	692
Dec 2024	735
Jan 2025	729
Feb 2025	465
Mar 2025	471
Apr 2025	380

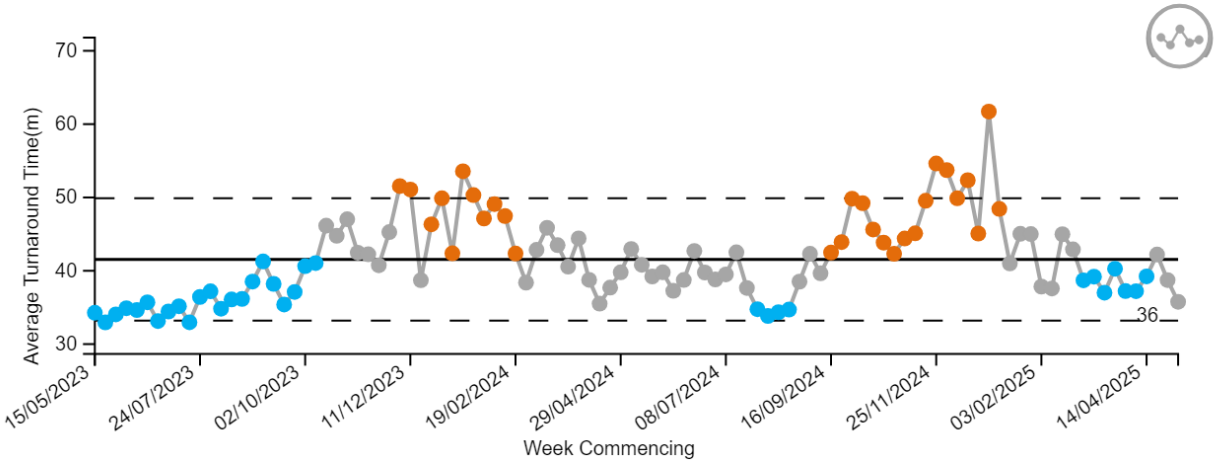
Year Month	Total No. of C2 long waits
May 2024	2,860
Jun 2024	3,526
Jul 2024	4,121
Aug 2024	1,473
Sep 2024	4,740
Oct 2024	7,748
Nov 2024	8,162
Dec 2024	11,019
Jan 2025	7,327
Feb 2025	3,843
Mar 2025	2,783
Apr 2025	2,132

**Summary:** Long waits were consistent with the pattern observed in the last two years. C1 long waits decreased compared to March 25 and both data points are historically low. C2 long waits decreased 23% from March 25.

**Action:** Continued monitoring by the Service Delivery Operational Performance Group.

# O3 A&E Turnaround

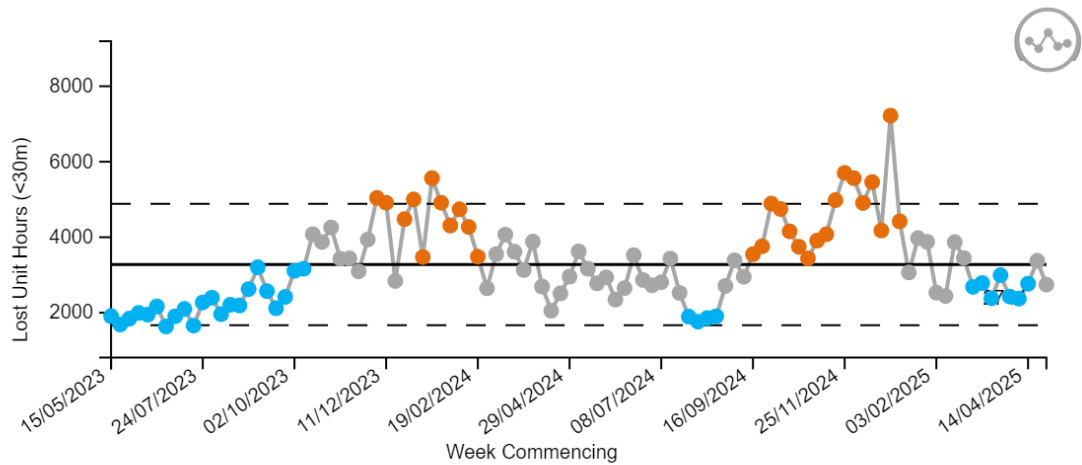
Average Turnaround Time



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)
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	47,566	00:42:12	00:33:22	00:09:04
Oct 2024	49,175	00:46:46	00:38:06	00:08:56
Nov 2024	47,828	00:47:10	00:38:36	00:08:55
Dec 2024	49,454	00:51:07	00:42:22	00:08:59
Jan 2025	48,251	00:47:49	00:39:23	00:08:39
Feb 2025	44,053	00:41:08	00:32:24	00:08:51
Mar 2025	48,911	00:38:33	00:29:56	00:08:52
Apr 2025	47,340	00:39:14	00:30:35	00:08:56

# O3 A&E Turnaround

Lost Unit Hours (Turnaround <30m)



Month	No. of patients waiting outside A&E for handover
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
Mar-25	1385
Apr-25	1638

**Summary:** Turnaround (39m:14s) is stable, however continues to exceed the 30-minute standard.

Regional variation persists; during April turnaround in Cheshire and Mersey ICB (46m:47s) took 11 minutes longer on average than the rest of the trust (35m:29s).

**Action:** NHSE are leading (with ICB support) a new rapid release system in 25/26 wherein crews will be required to initiate a rapid handover of any patient waiting over 45 minutes outside ED.

Area Directors are supporting NHSE and the ICBs with coordination in their areas and sectors are engaged with local acute trusts.

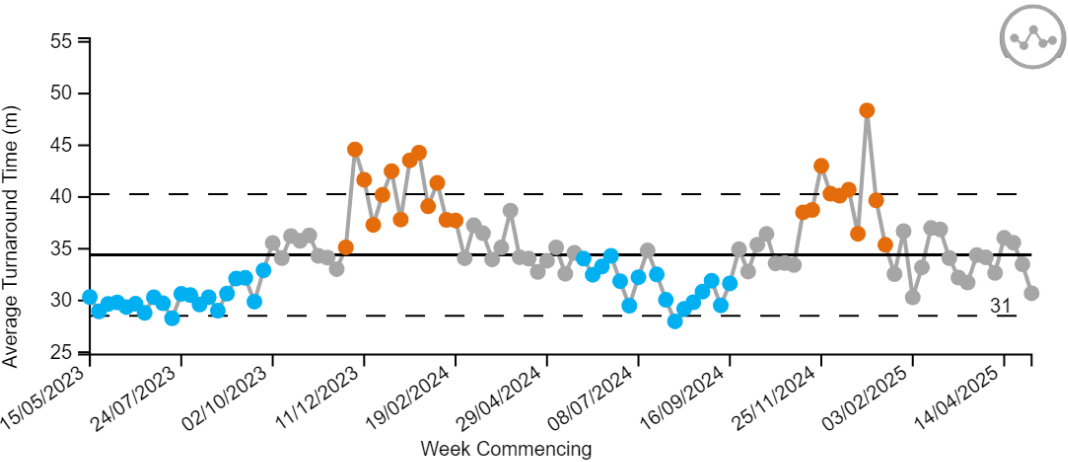
For context, the trust encounter approximately 210 handovers over 45 minutes each day (2025 to date).

## Top 5 Trusts with most lost unit hours

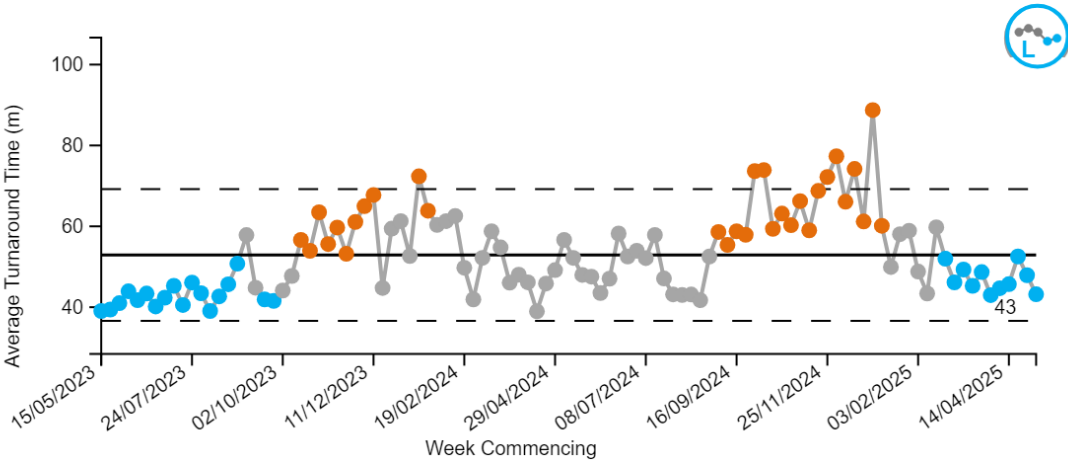
Destination Short Name	Operational Area Name	Hospital Attendances to AE	Lost Time Turnaround >30m (h)	Mean at Hospital to Clear Time(hh:mm:ss)	Mean at Hospital to Handover Time(hh:mm:ss)	Mean Handover to Clear Time(hh:mm:ss)
Aintree University	Cheshire & Merseyside	2,194	1523.14	01:05:06	00:53:04	00:12:43
Whiston	Cheshire & Merseyside	2,245	1177.42	00:56:52	00:45:38	00:11:32
Blackpool Victoria	Cumbria & Lancashire	2,471	1022.23	00:48:07	00:39:35	00:09:13
Royal Oldham	Greater Manchester	1,919	909.54	00:52:39	00:45:06	00:08:34
Royal Albert Edward Infirmary	Greater Manchester	1,783	876.95	00:54:43	00:47:28	00:07:35

# O3 A&E Turnaround by ICB

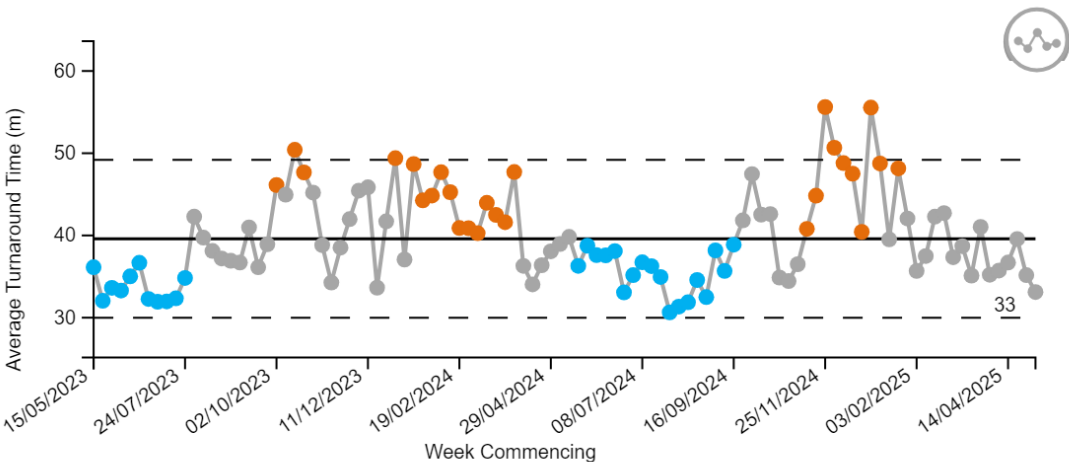
Average Turnaround Time - Greater Manchester ICB



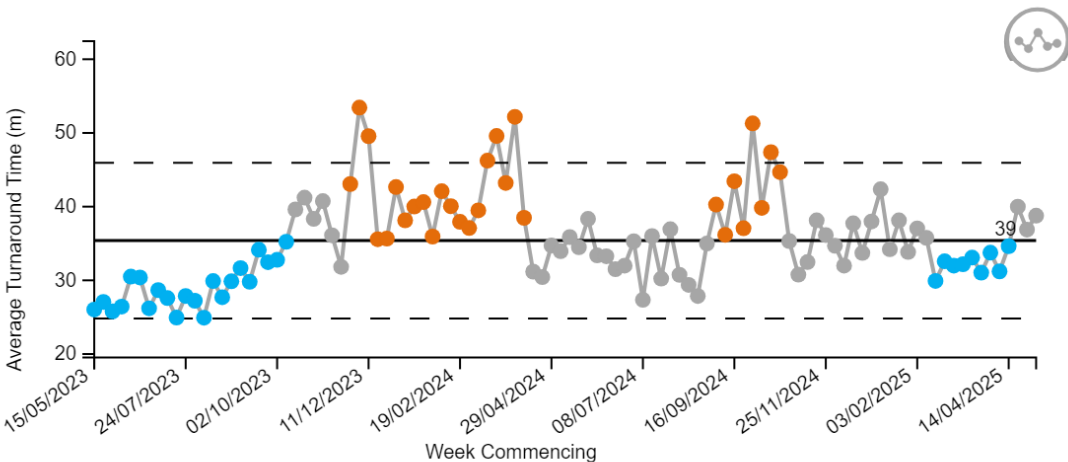
Average Turnaround Time - Cheshire & Mersey ICB



Average Turnaround Time - Lancashire & South Cumbria ICB

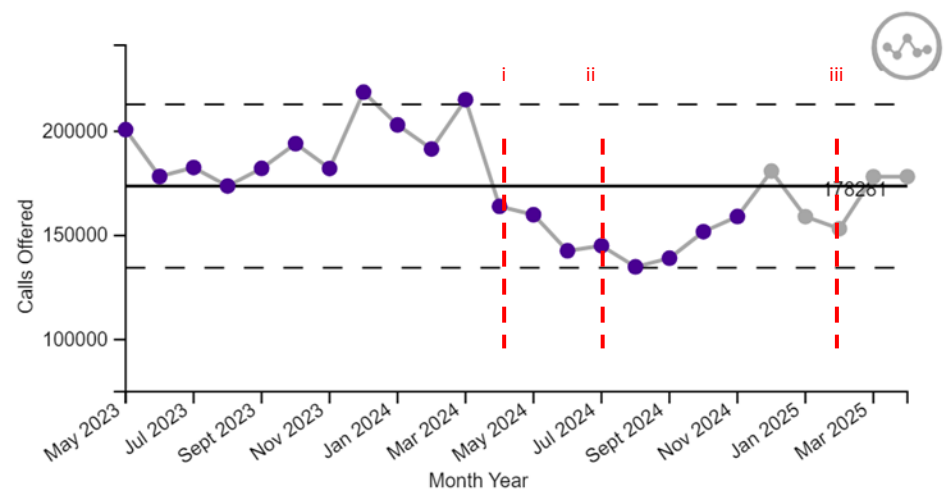


Average Turnaround Time - North East & North Cumbria ICB

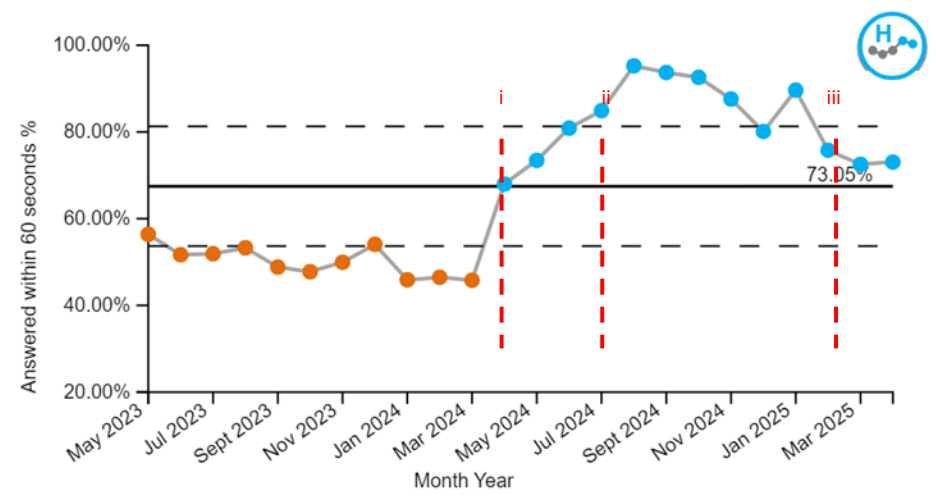


# 04 111 Activity & Performance

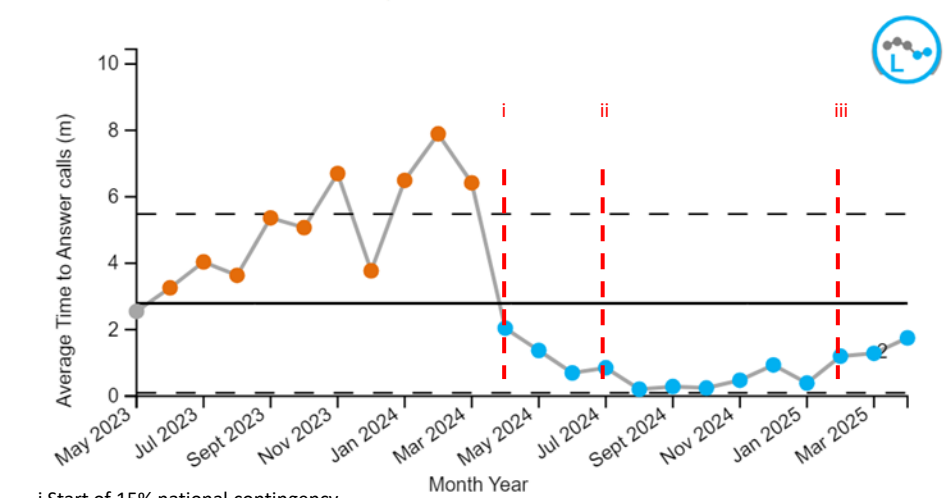
111 Calls Offered



Calls Answered within 60 seconds %



111 Average Call to Answer Time



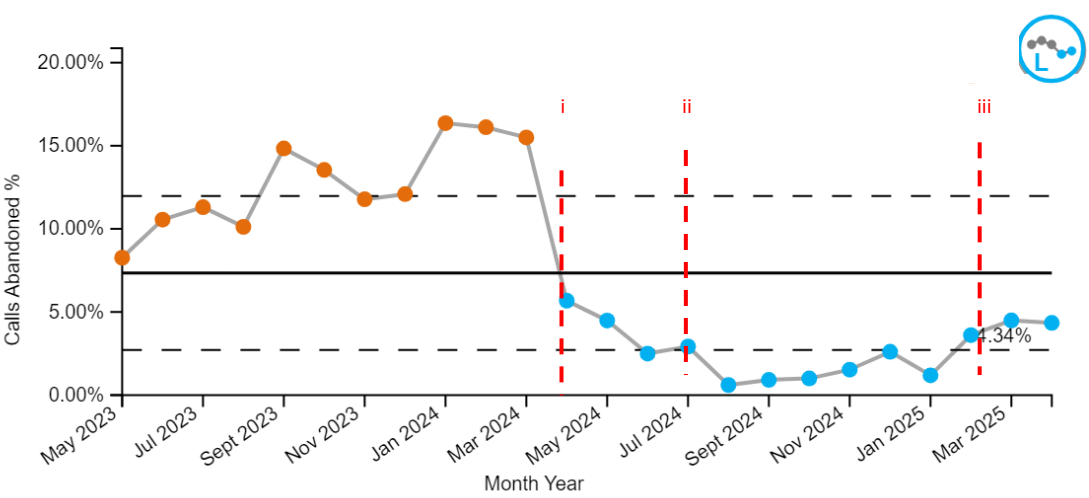
- i Start of 15% national contingency
- ii Reduction to 10% National contingency
- iii Removal of contingency

Calls Offered	
Month	178,281
YTD	178,281

Average Call to Answer time (seconds)	
Target	<20
Month	105
YTD	105
National	45
Ranking	25

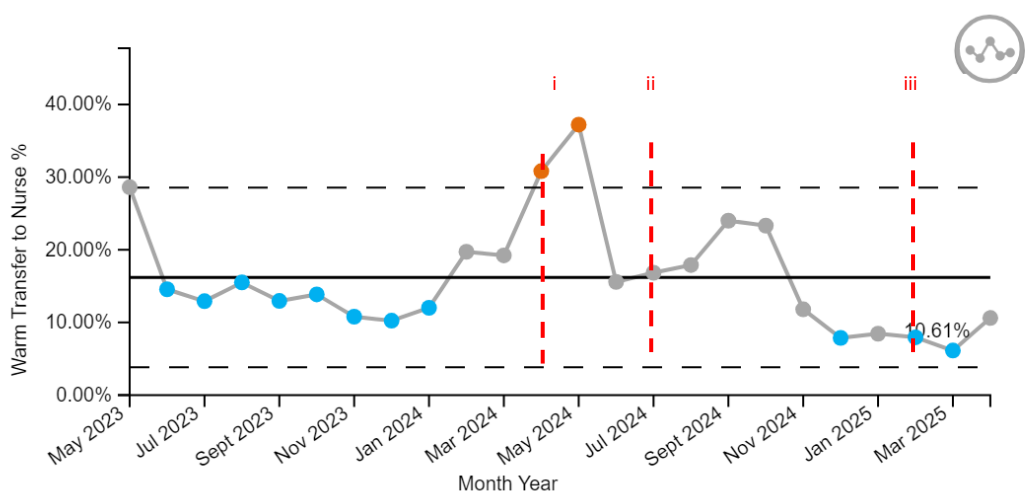
Calls Answered within 60 Seconds %	
Target	95%
Month	73.05%
YTD	73.05%
National	85.7%
Ranking	28

111 Calls Abandoned %



Calls Abandoned %	
Target	<5%
Month	4.34%
YTD	4.34%
National	2.5%
Ranking	25

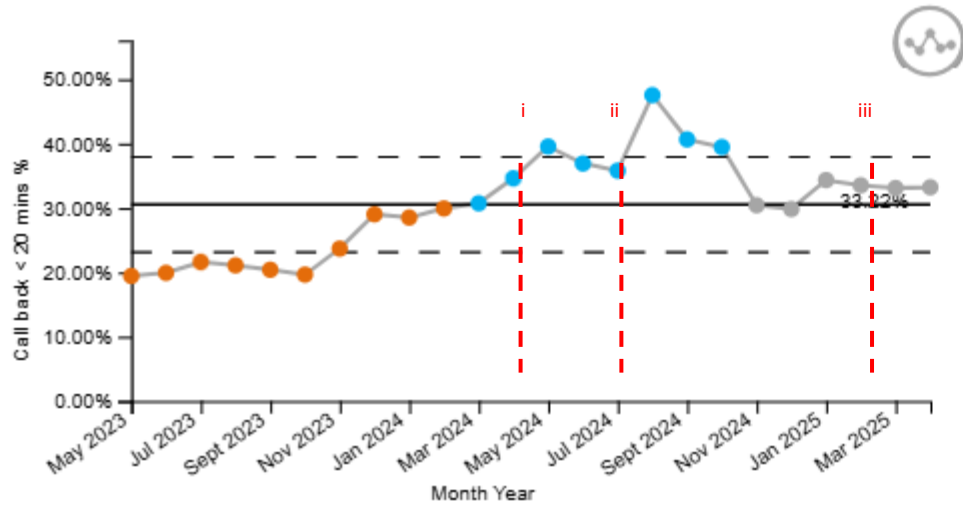
Warm Transfer to Nurse When Required %



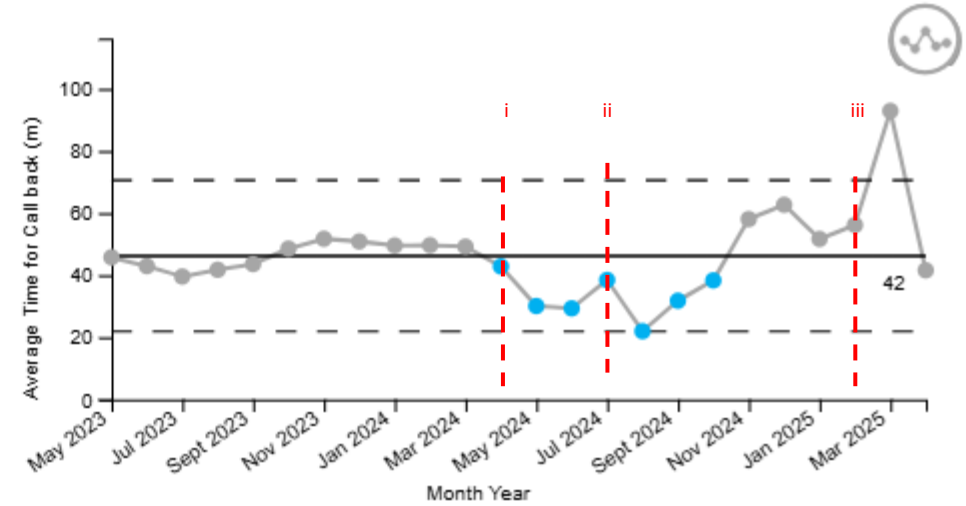
Warm Transfer %	
Target	75%
Month	10.61%
YTD	10.61%

i Start of 15% national contingency  
ii Reduction to 10% National contingency  
iii Removal of contingency

### 111 Call back <20 Minutes %



### 111 Average Time for Call Back



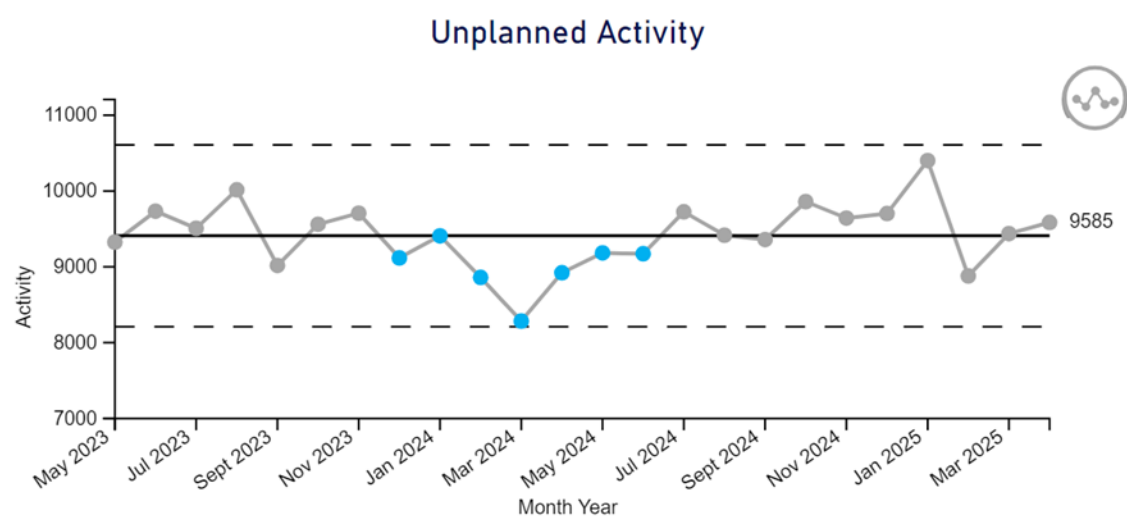
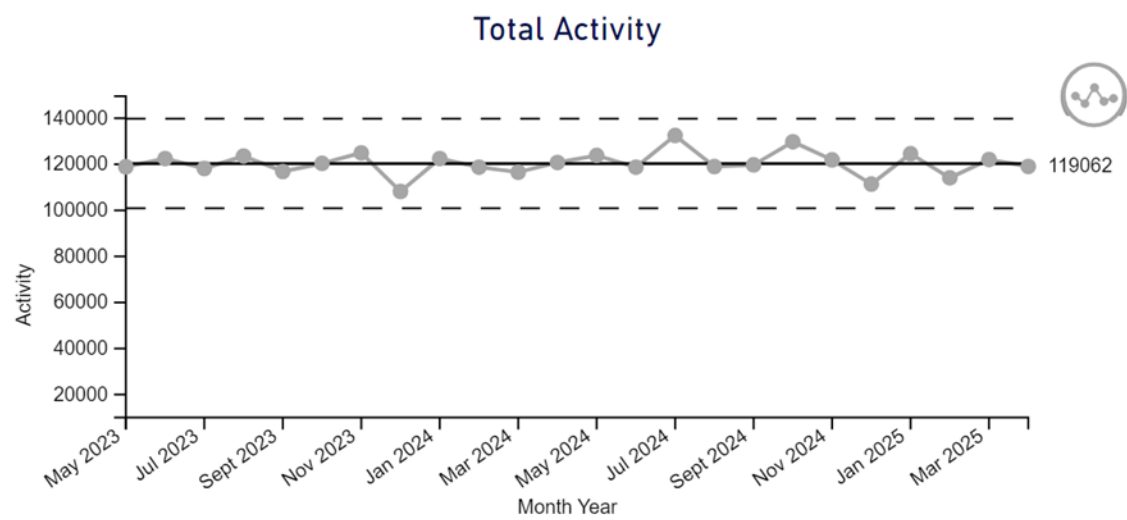
Calls Back <20 Mins	
Target	90%
Month	30.22%
YTD	30.22%

**Summary:** Third party support (referred to as national contingency) ceased on 14 February 2025. Early indications show that calls levels are stable (within control limits), and call pick up performance is also stable, albeit below the national standard.

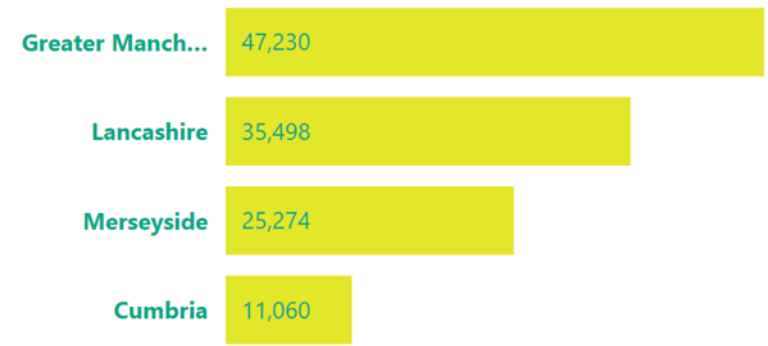
**Actions:** Continued monitoring post contingency changes.

i Start of 15% national contingency  
 ii Reduction to 10% National contingency  
 iii Removal of contingency

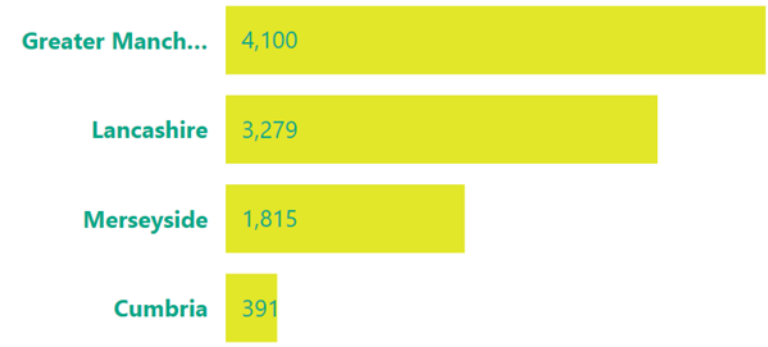
# 05 PTS Activity



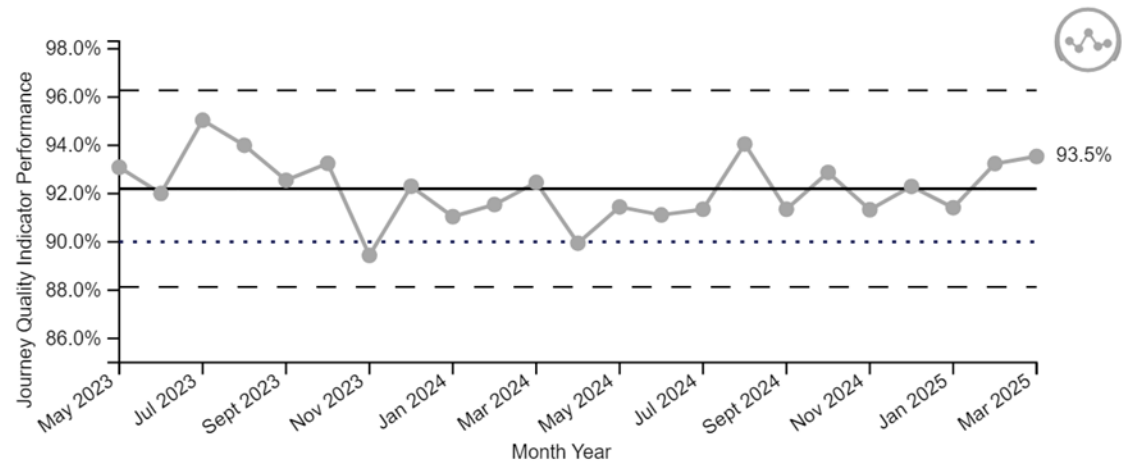
## Total Activity by Contract



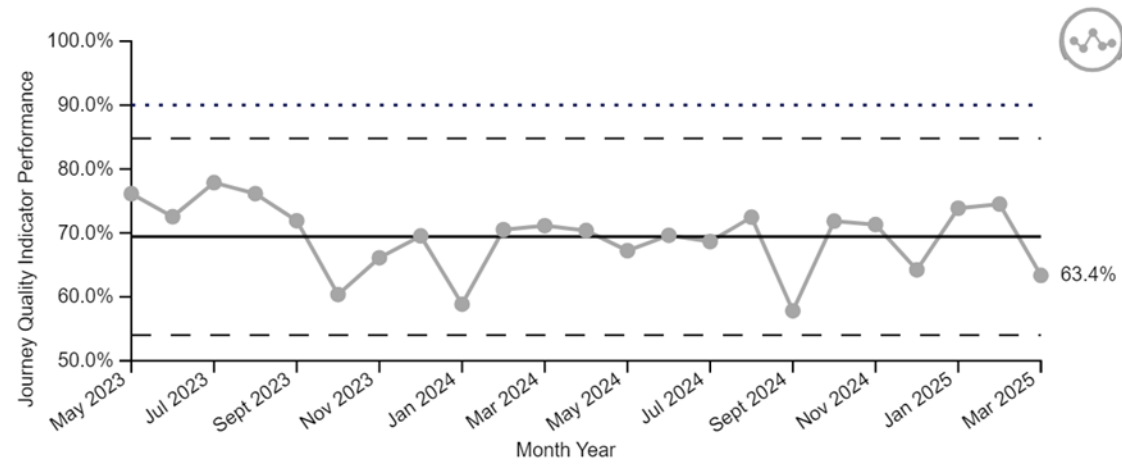
## Unplanned Activity by Contract



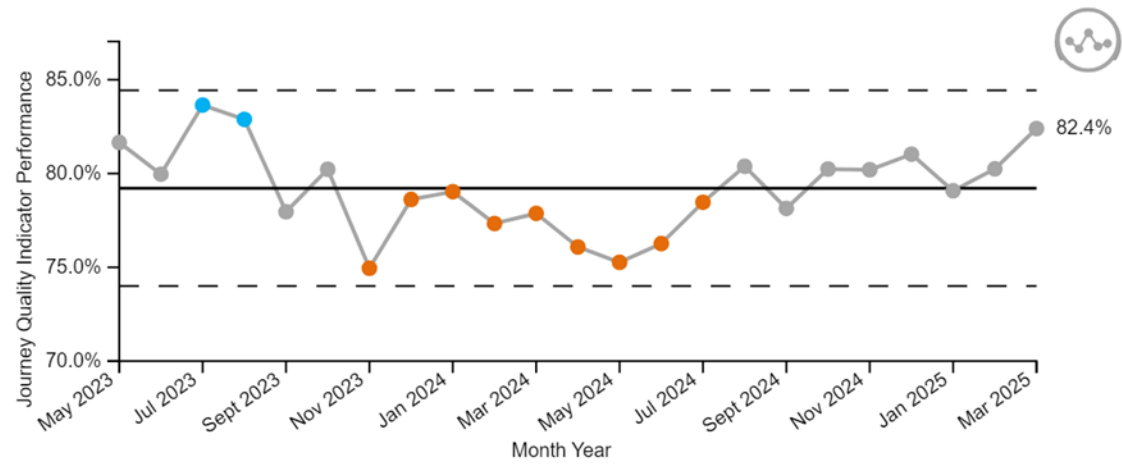
Collection after treatment (EPS) within 90 min



Collection after treatment (Unplanned) within 90 min



Collection after treatment (Planned) within 90 min



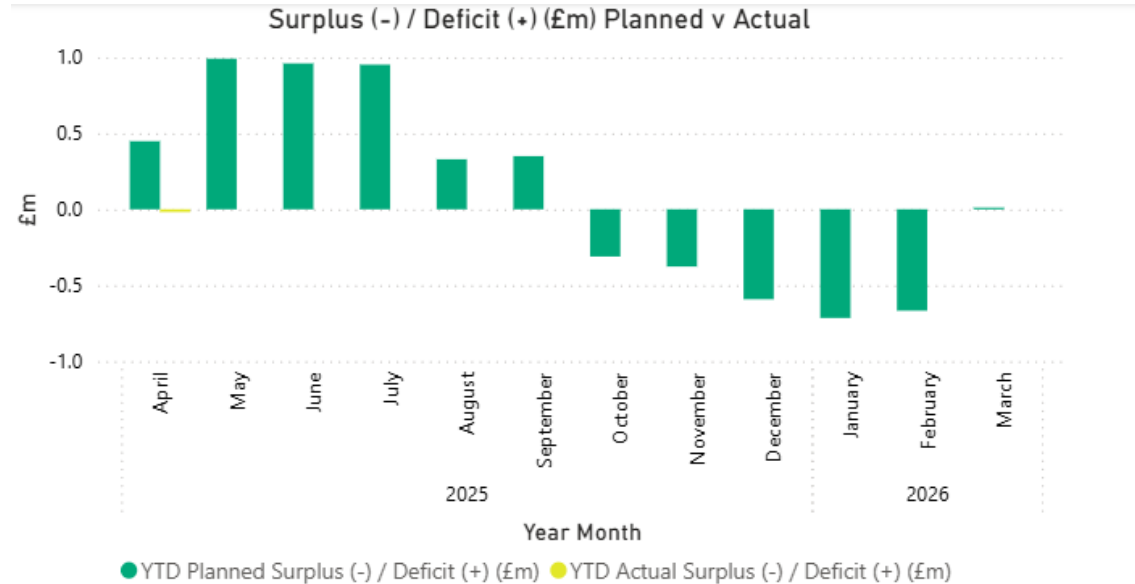
**Summary:** PTS activity metrics are stable. Planned and unplanned activity is currently below the 90% contract standard.

**Actions:** Operational and workforce improvement plans are in place.

# Finance

F1 Financial Score

# F1 Financial Score



## Summary:

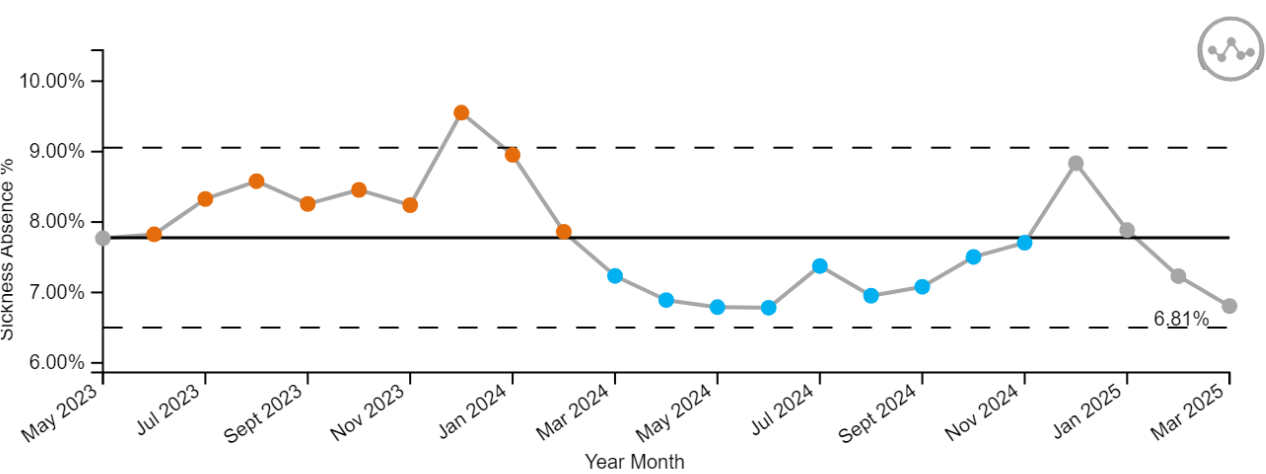
- The financial position to 30 April 2025 (Month 01) is a surplus of £0.018m, against a planned deficit of £0.448m. The variance is due in part to pay costs and non-pay inflation below the level planned.
- The agency target for 2025/26 is to reduce agency spending by 30% based on the 2024/25 projected spend (as at month 08). This equates to a monthly agency ceiling cost of £0.034m for NWAS, and month 01 costs were within this at just £0.003m.

# Organisational Health

- OH1 Staff Sickness
- OH2 Staff Turnover
- OH4 Temporary Staffing
- OH5 Vacancy Gap
- OH6 Appraisals
- OH7 Mandatory Training
- OH8 Case Management

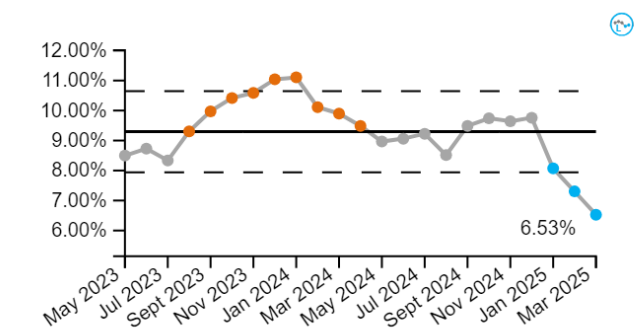
# OH1 Staff Sickness

NWAS Sickness Absence

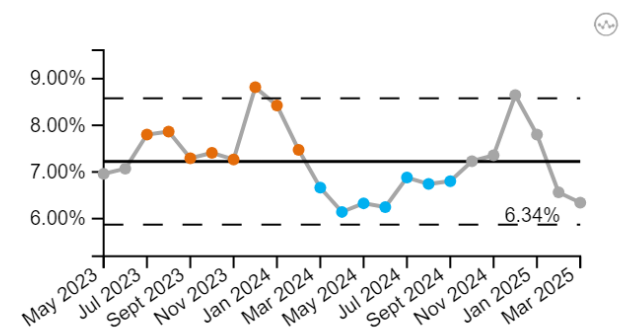


Month	NWAS	Amb. National Average
May 2024	6.79%	6.20%
Jun 2024	6.78%	6.30%
Jul 2024	7.38%	6.80%
Aug 2024	6.95%	6.40%
Sep 2024	7.08%	6.50%
Oct 2024	7.50%	6.80%
Nov 2024	7.71%	7.20%
Dec 2024	8.83%	8.30%
Jan 2025	7.88%	7.70%
Feb 2025	7.23%	6.90%
Mar 2025	6.81%	

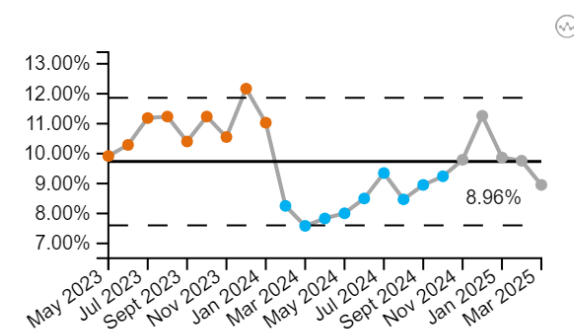
PTS Sickness Absence



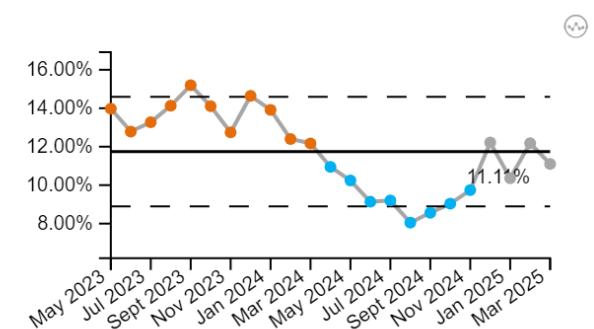
PES Sickness Absence



EOC Sickness Absence



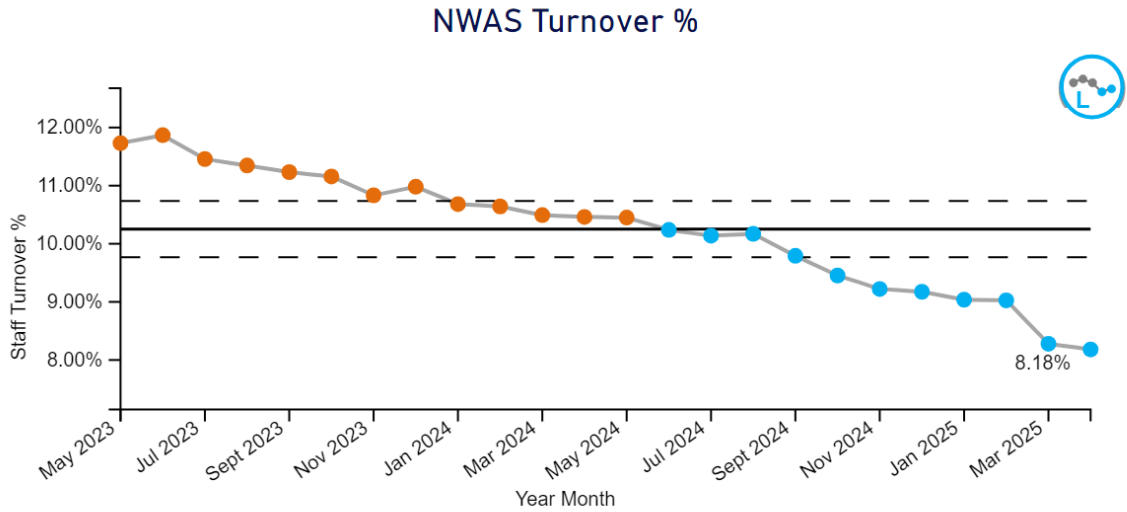
111 Sickness Absence



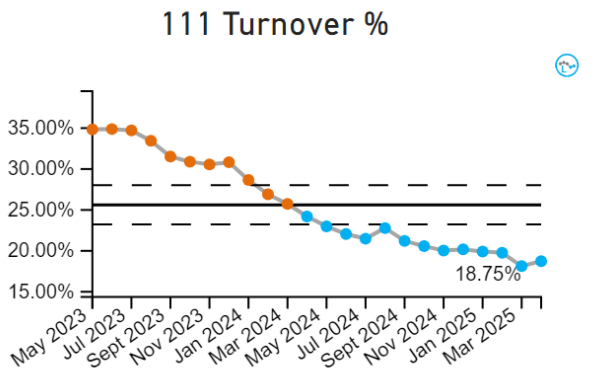
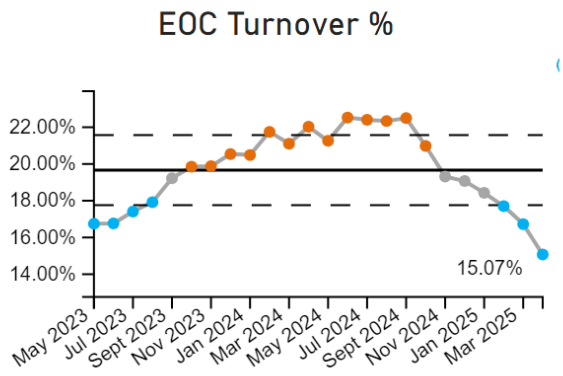
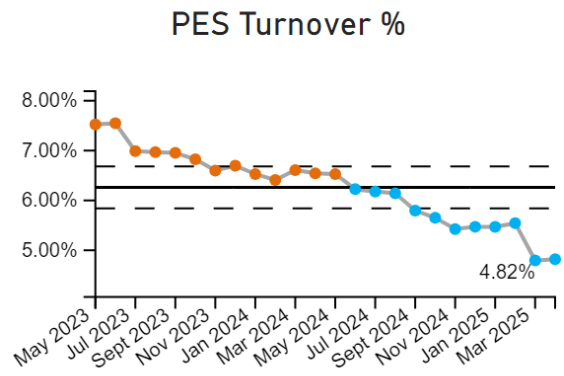
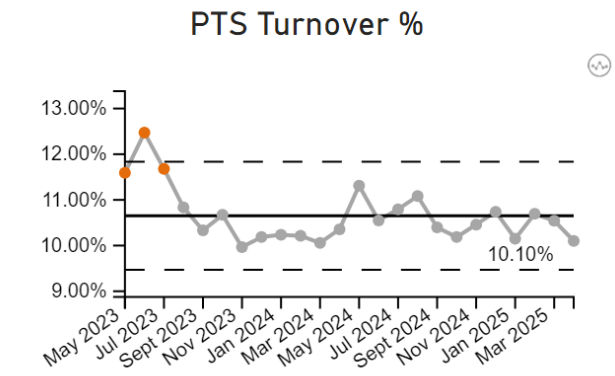
**Summary:** The trust absence rate at 6.81% is reducing in line with normal seasonal variation and the overall position is closer to the sector average than we have been in previous years. PTS rates are displaying special cause (two points below lower control limit), improving to 6.53%. Overall 24/25 showed cumulative improvement of 0.95% against previous year.

**Action:** The Attendance Improvement Team (AIT) continues to support management of attendance. Improvement target set in operating plan at 0.65% for 25/26.

# OH2 Staff Turnover



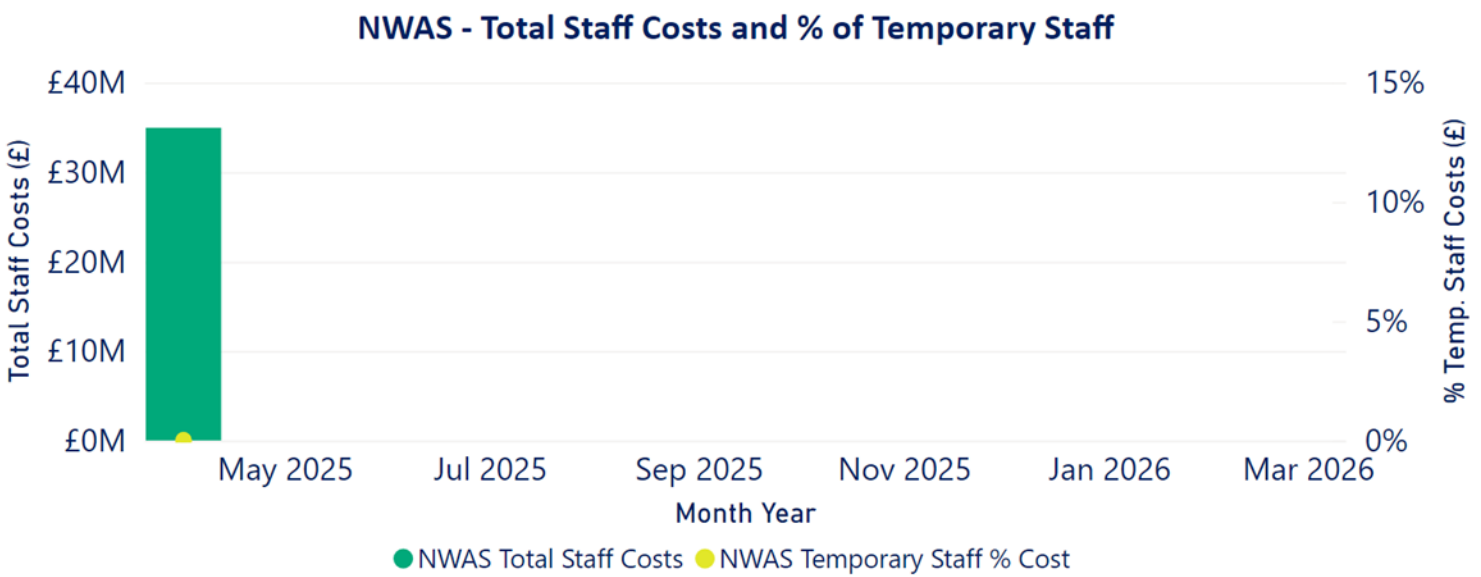
Month	NWAS	Amb. National Average
May 2024	10.45%	9.40%
Jun 2024	10.24%	9.24%
Jul 2024	10.14%	9.13%
Aug 2024	10.17%	9.13%
Sep 2024	9.79%	8.92%
Oct 2024	9.45%	9.03%
Nov 2024	9.22%	9.03%
Dec 2024	9.17%	8.84%
Jan 2025	9.04%	9.05%
Feb 2025	9.03%	
Mar 2025	8.28%	
Apr 2025	8.18%	



**Summary:** Turnover for April 2025 was 8.18%, the lowest rate in 3 years displaying special cause. Most service lines (except PTS) are displaying special cause and below last year’s rates.

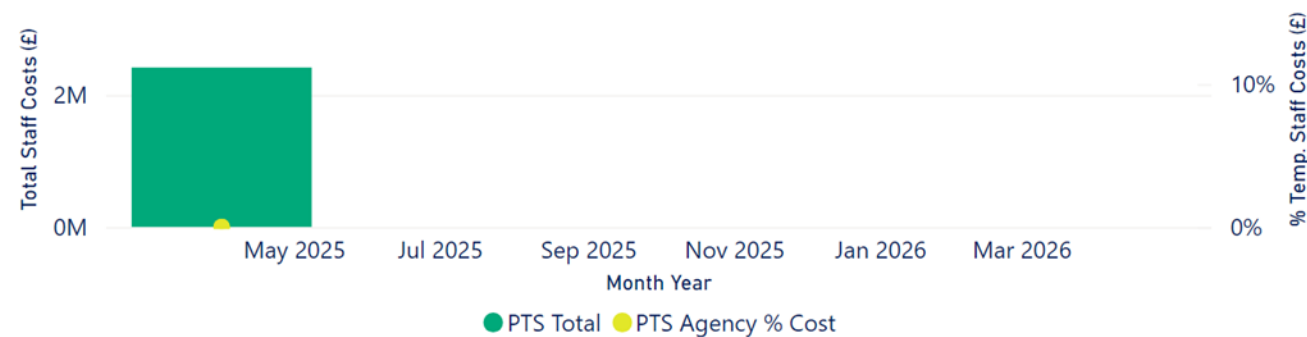
**Action:** PTS improvement plans for 25/26 include a range of PTS culture and retention measures. Work continues in ICC to embed learning from 111 across ICCs. This has already shown improvement in turnover rates since September 2024.

# OH4 Temporary Staffing



Month	NWAS	Amb. National Average
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%	8.84%
Jan 2025	9.04%	9.05%
Feb 2025	9.03%	
Mar 2025	8.28%	
Apr 2025	8.18%	

PTS - Total Staff Costs and % of Temporary Staff



PES - Total Staff Costs and % of Temporary Staff



111 - Total Staff Costs and % of Temporary Staff

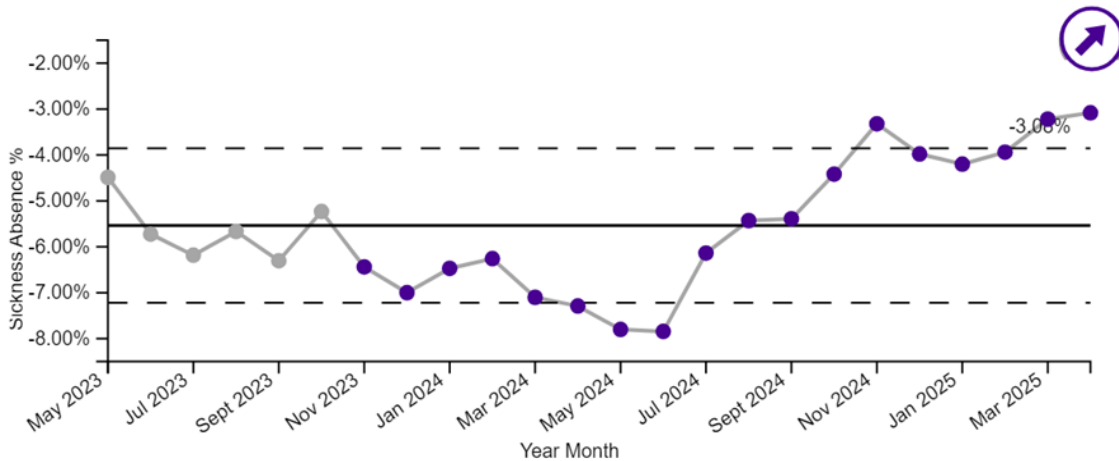


**Summary:** The position for temporary staffing shows agency usage at a similar rate to previous months. Given the low level of agency use, temporary staffing costs equated to 0% of the overall pay cost in month.

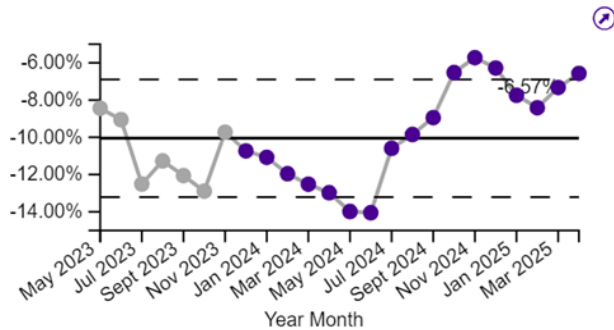
**Action:** No specific actions. Continued focus on controls and maintaining/improving vacancies gaps.

# OH5 Vacancy Gap

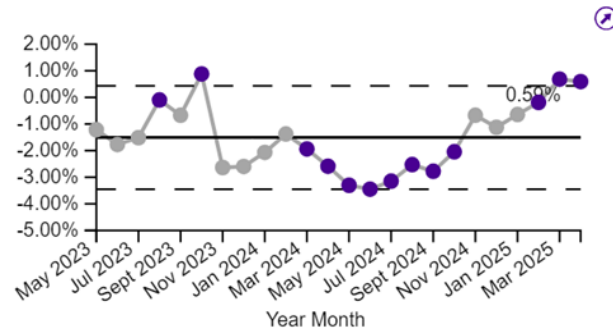
NWAS Vacancy Gap %



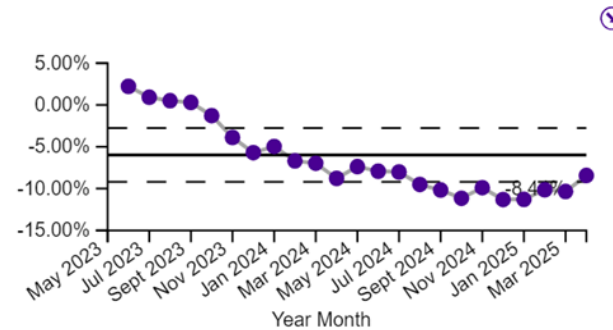
PTS Vacancy Gap %



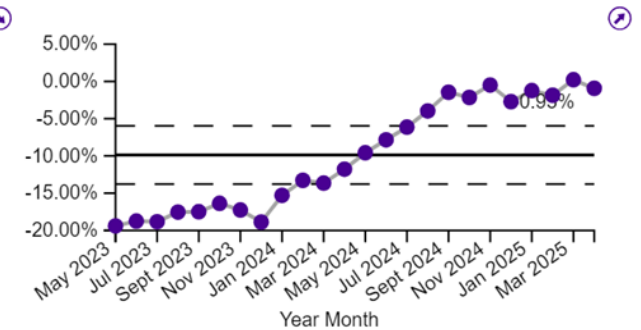
PES Vacancy Gap %



EOC Vacancy Gap %



111 Vacancy Gap %

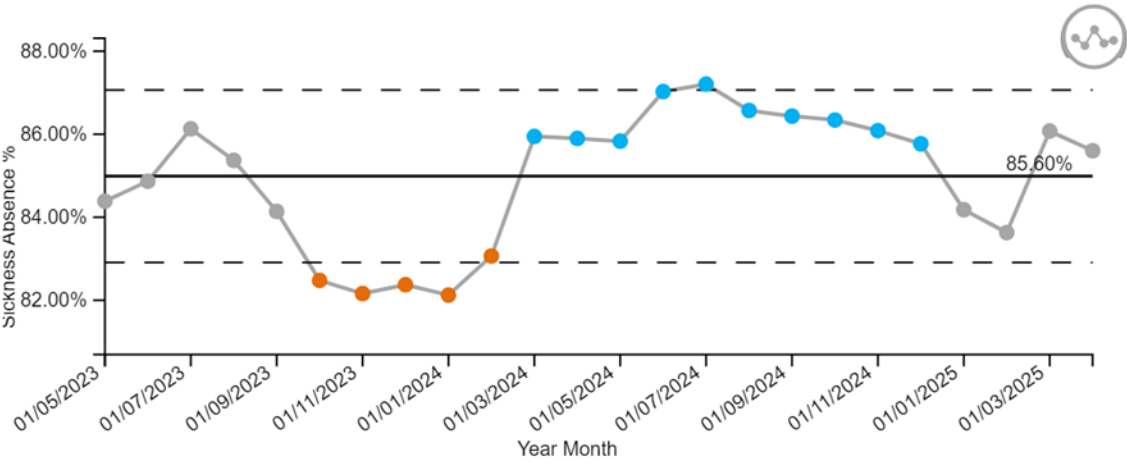


**Summary:** Overall the vacancy gap position across service lines remains strong. EOC vacancy is the widest service line gap at -8.4% but establishments not yet adjusted for pathways business case adjustments. Deployed gap closer to 4%. PTS gap improved but remains higher than average at -6.57%. Both vacancy positions carry risks given UEC investment which is likely to increase internal progression to PES. PES shows a slight over-establishment of 0.59% but UEC growth funding not yet shown in PES establishments.

**Action:** Recruitment plans are in place to deliver UEC growth and improvements in other areas. Mitigations for internal progression in place and triangulated monthly oversight of plans between service lines, HR and Finance.

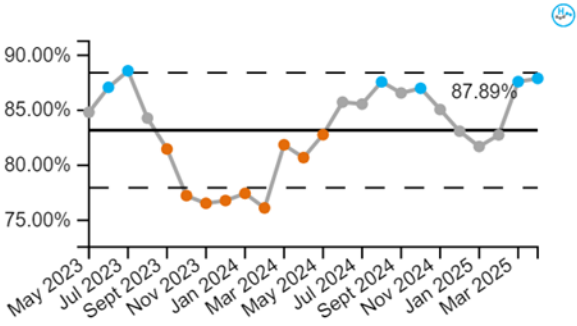
# OH6 Appraisals

NWAS Appraisals Completed %

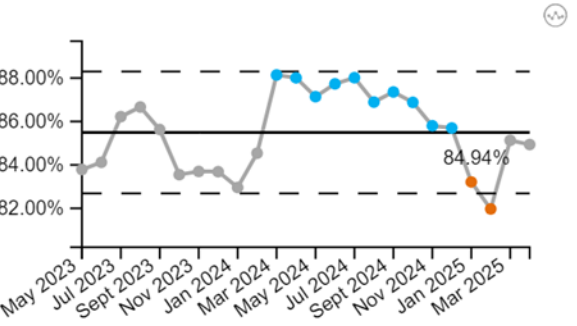


Month	NWAS Total % Complete Appraisals
May 2024	85.83%
Jun 2024	87.03%
Jul 2024	87.21%
Aug 2024	86.57%
Sep 2024	86.44%
Oct 2024	86.34%
Nov 2024	86.09%
Dec 2024	85.77%
Jan 2025	84.18%
Feb 2025	83.63%
Mar 2025	86.08%
Apr 2025	85.60%

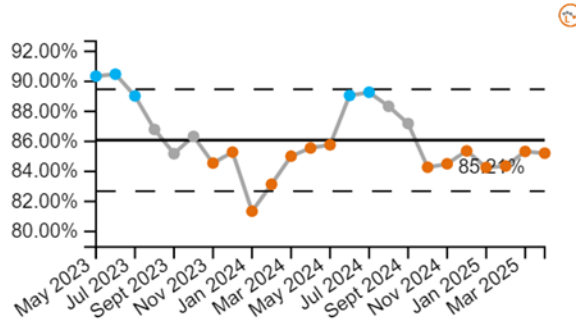
PTS Appraisals Completed %



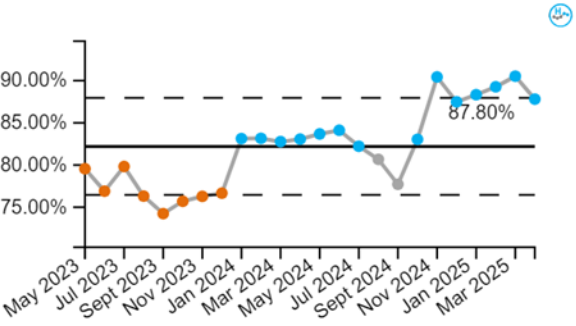
PES Appraisals Completed %



EOC Appraisals Completed %



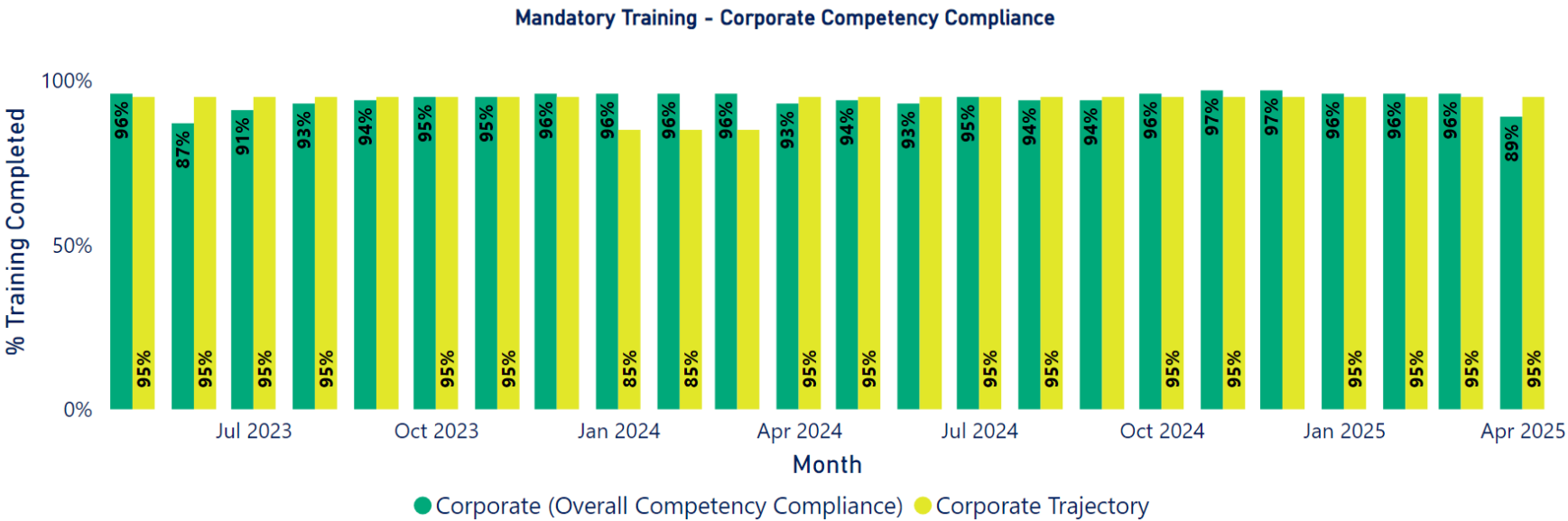
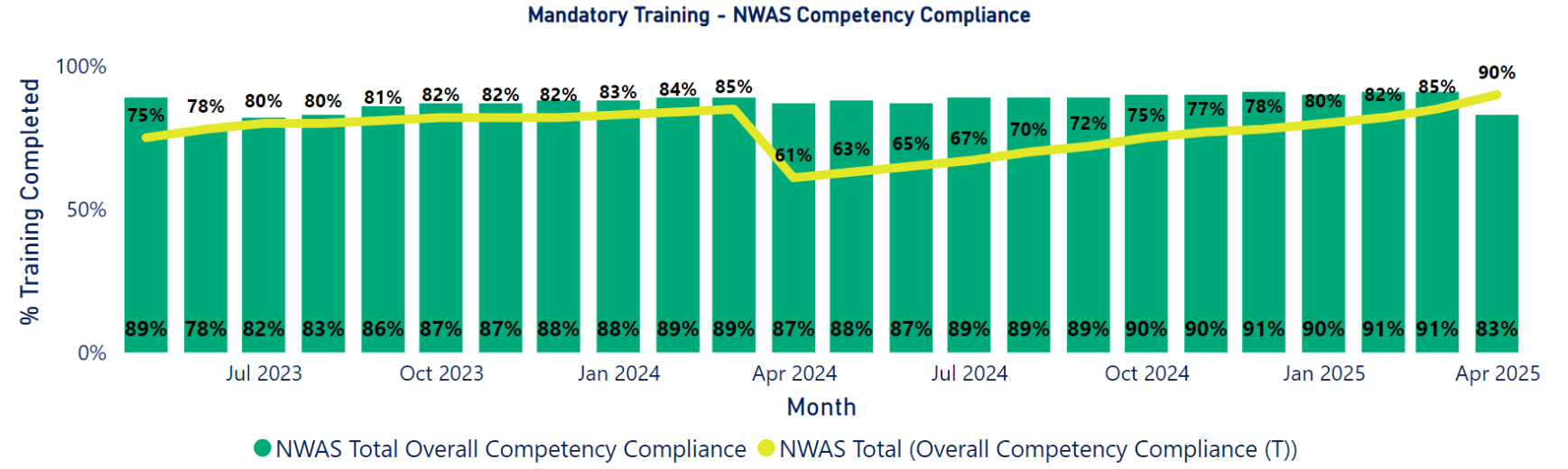
111 Appraisals Completed %



**Summary:** Current compliance at or just above 85% target, showing recovery from February position.

**Action:** Continued focus on compliance and online platform for recording appraisals now being rolled out across the Trust. Additional support put in for new leaders following leadership review.

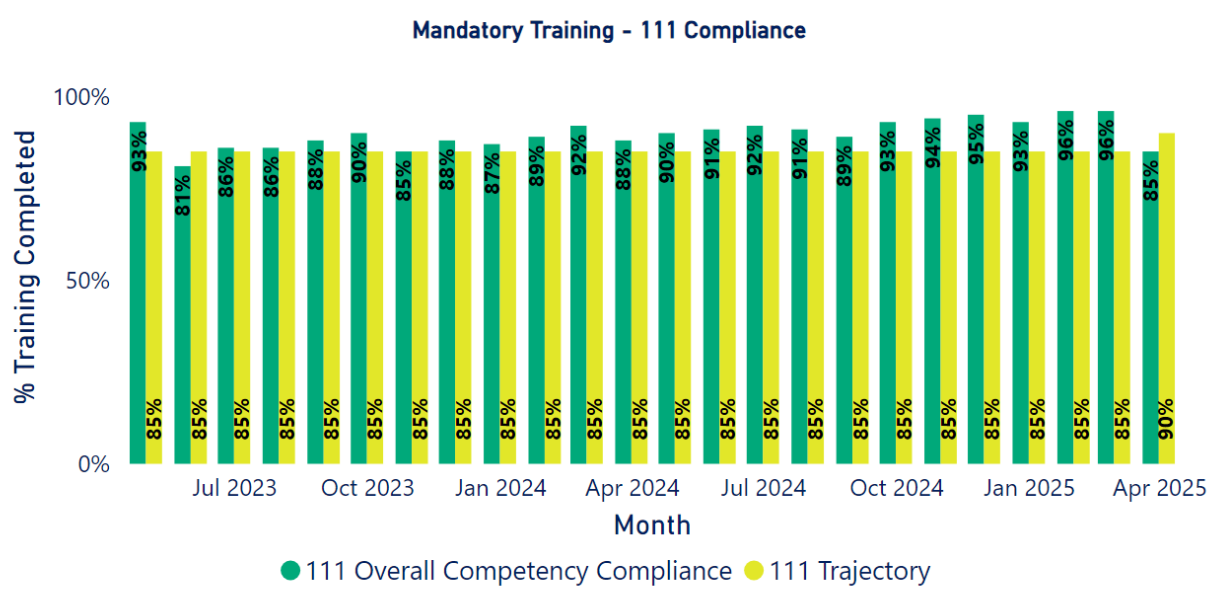
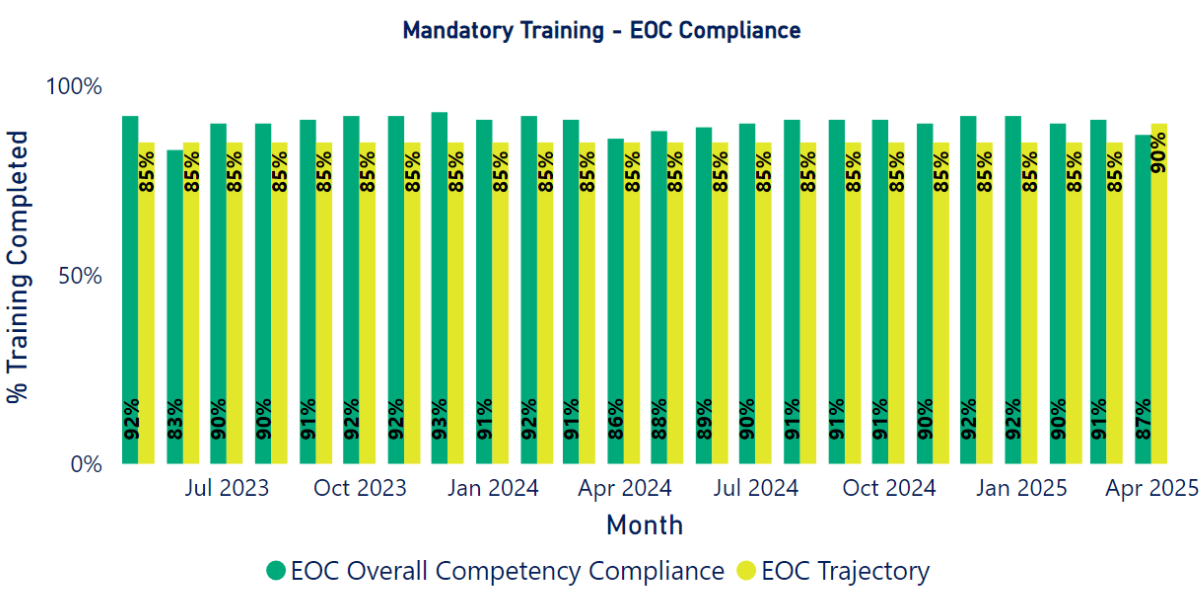
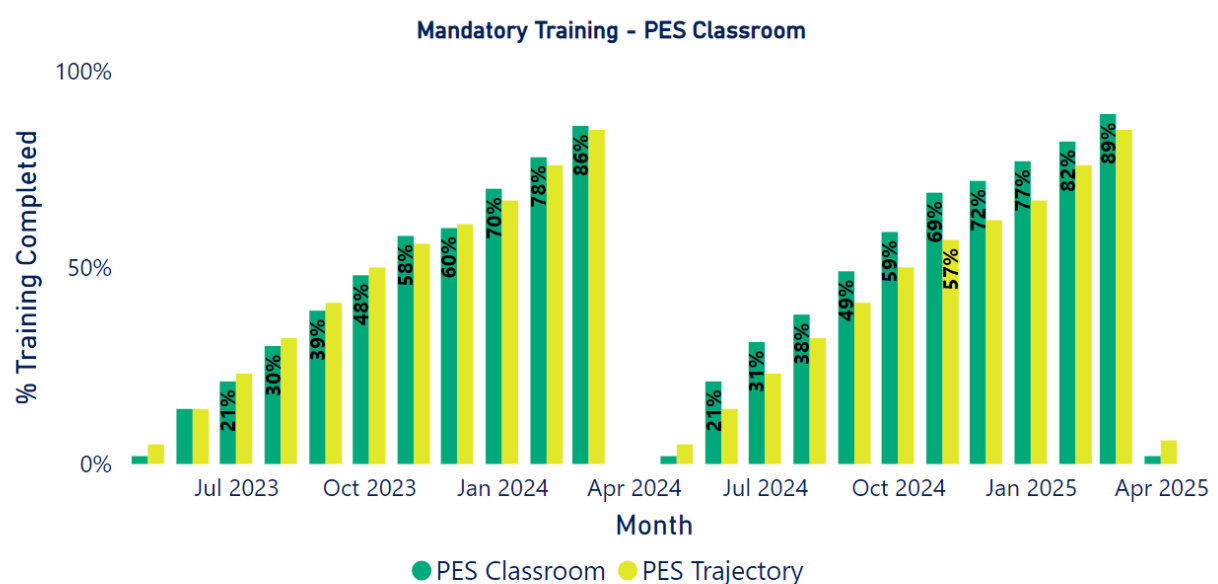
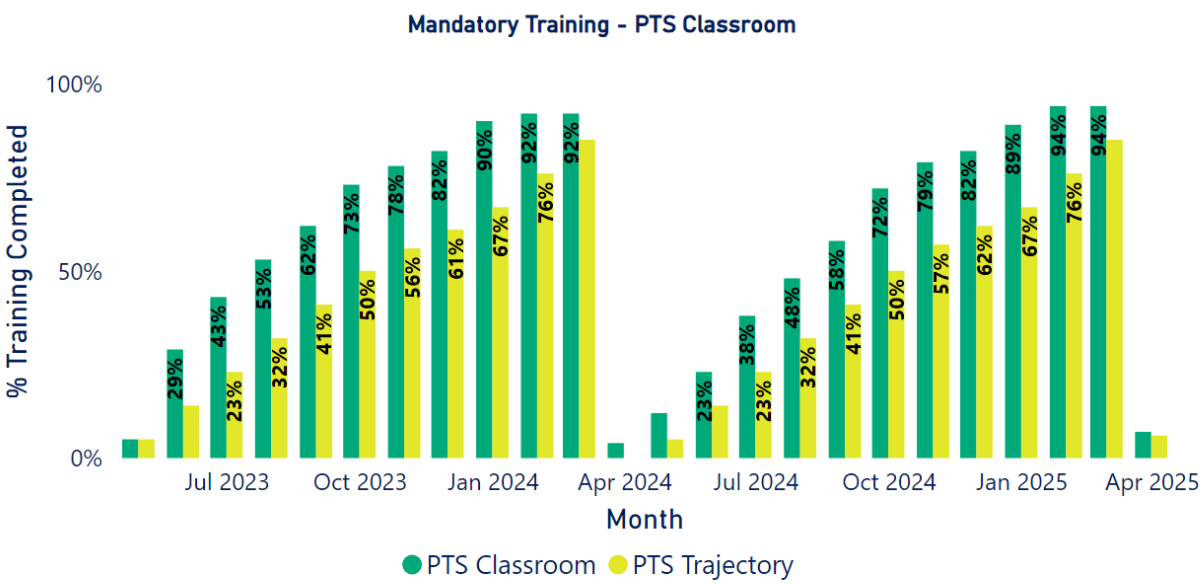
# OH7 Mandatory Training



**Summary:** Overall compliance is below revised target of 90% at 83%. All service lines have seen a dip in compliance as a result of the release of an additional 5 online modules added to the 25/26 mandatory training programme. The PES position is compounded by slow uptake of classroom training in April. PTS classroom attendance is ahead of trajectory.

**Action:** Service lines focus on profiling of classroom training to recover position and completions of new mandated modules. Expected that the position will recover over coming months.

# OH7 Mandatory Training



# OH8 Case Management

## Board Reportable Events relating to Employee Relations May 2025

Data correct to 6th May 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	82.00	2.0	240.00	6.0	13.17
CAM PES	32.00	2.4	86.00	6.5	12.02
CAL PES	21.00	1.7	81.00	6.4	11.52
GM PES	29.00	2.0	66.00	4.7	15.44
Operations ~ EOC	17.00	1.5	67.00	6.0	10.86
Operations ~ 111	16.00	2.3	91.00	13.3	6.43
Operations ~ PTS	21.00	2.5	87.00	10.2	9.89
Operations ~ Resilience	2.00	1.6	4.00	3.2	6.04
Corporate	12.00	2.1	23.00	4.1	10.33
Other	0.00		0.00		
NWAS Summary	150.00	2.0	512.00	6.9	10.93

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

Case Type Summary			
Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months
Dignity at Work	17	61	12.20
Disciplinary	74	158	19.75
Fast Track	1	44	11.2
Fact Finding	35	180	4.91
Grievance	24	113	7.51
Case Summary	150	512	10.93

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	12	4	1	0
Disciplinary	23	24	26	1
Fact Finding	32	1	2	0
Grievance	20	2	2	0
Case Total	87	31	31	1

Top 5 Reasons for opening Disciplinary cases in the past 12 months	
Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	43
Lateness	14
Failure to follow reasonable management instructions/procedures	14
Sexual misconduct	11
Incapacity through alcohol/substance misuse	7
NWAS Summary	89

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

Case Dismissals in April 2025		
Service Line	Case Type	Case Sub Type
PES GMA	ABS LTS	Capability
Clinical Hub	ABS LTS	Capability
Workforce and OD	Disciplinary	Fraud

New Litigation cases in April 2025				
Service Line	Case Type	Case Sub Type	Information Category	Received Date
PES GMA	Litigation	ACAS conciliation	N/A	01/04/2025
PES CAM	Litigation	ACAS conciliation	N/A	24/04/2025
Suspended		Alternate Duties		
		15		10

**Summary:** Current levels of suspensions (15) 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. Three staff dismissed during April: two capability (health) and one conduct. Overall time to close improved slightly to just under 11 weeks.

**Action:** Continued focus on maintaining timeliness of casework. Investment in additional resource focused on quality improvement across the process for 25/26. Continued focus on sexual safety which it should be noted may mean continuing high caseload across the year.



## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	Learning from deaths summary report and dashboard Q3 2024/25
PRESENTED BY	Dr C Grant, Executive Medical Director
PURPOSE	Decision

LINK TO STRATEGY	Choose an item.											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input type="checkbox"/>	SR03	<input type="checkbox"/>	SR04	<input type="checkbox"/>	SR05	<input type="checkbox"/>		
	SR06	<input type="checkbox"/>	SR07	<input type="checkbox"/>	SR08	<input type="checkbox"/>	SR09	<input type="checkbox"/>	SR10	<input type="checkbox"/>	SR11	<input type="checkbox"/>

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

ACTION REQUIRED	<p>The Trust Board is recommended to:</p> <ul style="list-style-type: none"> <li>Support the quarterly dashboard (appendix A) 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.</li> <li>Acknowledge the impact of the SJR process in identifying opportunities for improving care.</li> </ul> <p>Support the dissemination process as described in Section 4</p>
EXECUTIVE SUMMARY	<p>The trust is required to publish on its public accounts a quarterly and then an annual summary of learning.</p> <p>The Q3 dashboard (appendix A) describes the opportunities to learn from deaths. The main concerns raised internally and externally identified in DatixCloudIQ (DCIQ), were attributed to problems in ICC and PES, specifically around delayed emergency response, and care and treatment. Of the concerns closed, there were four incidents where causal factors were identified by the investigator.</p> <p>The peer review process now encompasses ICCs and as a result the trust is now compliant with the national framework. The key areas for improvement reflect similar themes from the previous quarter. This includes ensuring a correct patient disposition, including more detail in a patient assessment, and ensuring calls are triaged correctly using Pathways. The quality of patient records has improved this quarter,</p>

PREVIOUSLY CONSIDERED BY	<p>with only 8% receiving a poor or very poor rating, compared to 29% in the previous quarter. This figure shows a marked improvement from what we have seen through the rest of the year.</p> <p>There were seven patient records that received a good rating for quality, which is a significant increase from one in the previous quarter.</p> <p>The panel continues to welcome observers to help raise awareness of the project and embed learning from the peer reviews.</p> <p>The Learning from Deaths programme has faced some challenges over this quarter which have affected the number of cases reviewed, and therefore reduced the number reported on in this paper. The introduction of PSIRF to the trust along with changes made to the way incidents are raised in DCIQ has potentially resulted in fewer DCIQ concerns falling under the Learning from Deaths framework. We are in regular contact with the DCIQ team to try to investigate and minimise any issues that may be present in this data.</p> <p>There have also been challenges seen with the availability of panel members due to the SDMR re-structure process. Now that the PES element of this process is complete, we are hopeful that availability of clinical colleagues will improve. The panel members from ICC teams have been and continue to be affected by the ICC element of the re-structure process, and this has resulted in fewer cases being able to be presented at the panels. We are working closely with ICC leadership teams to try to ensure minimal interruption of this process.</p>	
	Quality and Performance Committee	
	Clinical and Quality Group	
	Date	Monday, 28 April 2025 Tuesday, 04 March 2025
	Outcome	Accepted Accepted

## 1. PURPOSE

- 1.1 The purpose of this report is to meet the requirements of the 'National guidance for ambulance trusts on Learning from Deaths: A framework for NHS ambulance trusts in England on identifying, reporting, reviewing and learning from deaths in care' as referenced in the trust Learning from Deaths policy.

Appendix A is a summary dashboard of the Q3 2024/25 Learning from Deaths review, and it is proposed this document is published on the trust's public accounts by 02 June 2025 in accordance with the national framework and trust policy. The Q3 dashboard includes output from moderation panels held following the structured judgement reviews (SJRs) for Q3. Learning from the panels is discussed later in this paper.

## 2. BACKGROUND

- 2.1 Learning from deaths is an integral part of informing and developing the safest possible systems for the delivery of care to our patients. NWS must identify suboptimal care and support the identification of areas for improvement. The methodology is available on request from the clinical audit team at [Learning.FromDeaths@nwas.nhs.uk](mailto:Learning.FromDeaths@nwas.nhs.uk).

## 3. LEARNING FROM DEATHS COHORT SUMMARY

- 3.1 The number of patients whose deaths were identified as in scope for review was 98 (65 concerns raised in Datix and 33 sampled for SJR).

### 3.2 Deaths raised in DCIQ Discussion

The data regarding DCIQ concerns was last accessed on 02/01/2025. Please note that due to the complexity, the granular updates for the previous quarters will be received within other patient safety reports and the thematic analysis will be captured within the annual learning from deaths report.

The breakdown of concerns raised:

- 42 internal concerns were raised through the Incidents module (Events).
- 20 external concerns were raised through the Patient Experience module (Feedback).
- Three (3) concerns raised both internally and externally

#### 3.2.1 Internal Concerns

Of the 42 internal concerns, 20 were reviewed and closed. There were three cases in which the investigation concluded the trust had contributed in some way to that patient death.

#### 3.2.2 External Concerns

Of the 20 external concerns that have been reported, 12 are still in the early stages of review and so it is unknown at the time of writing if the care given was in line with best practice. Eight (8) concerns have been closed with no causal factors identified.

### 3.2.3 Concerns raised internally and externally

Of the three (3) concerns raised internally and externally, two are closed. One investigation concluded that the trust had contributed towards the death.

### 3.2.4 Outcomes from concerns raised

The outcomes and actions from outstanding concerns will be reported by the patient safety team once the investigations are complete. The themes identified from the closed concerns can be found in section 3.3.2 below.

## 3.3 SJR Stage 1 Outcomes

26 patient deaths were presented by reviewers and following the moderation panels the outcomes of the reviews were determined as described in the dashboard (appendix A). There were seven (7) cases not presented at panel in this quarter, six (6) of which were due to excess sample size in December, and one was due to the clinical lead being unable to attend the panel.

21 patients received appropriate care or above. The mid-range statement of 'adequate' practice is defined as the expected practices and procedures in compliance with guidance. Any practice identified as beyond expected practice is defined as 'good.' Any practice identified as not reaching expected practice is defined as 'poor.'

### 3.3.1 SJR Stage 2 Outcomes

Five cases were identified as needing second stage review following Stage 1. The second stage review concluded that two deaths were not avoidable, and two cases were uncertain whether poor practice had led to harm. One case was concluded that poor practice led to harm. The care experienced by these patients in terms of call handling/categorisation/resource allocation, patient assessment and management plan were below expected levels.

The Learning from Deaths team have recently implemented a new process within the stage 2 reviews. It has been agreed with the PSIRF team that any cases in which harm may have been caused by the trust, the case will be referred to them for a review within the PSIRF priorities. This process was implemented in early February 2025, and so the outcome of this will not be evident within Q3 due to reporting timescales. This process will be explored further during Q4 to ensure we are sufficiently reviewing these cases.

### 3.3.2 SJR & Concerns Learning Themes

Detailed learning themes for concerns and SJRs can be found in the dashboard (appendix A) and the Infographic (appendix B). A summary of the themes which identified areas for improvement includes:

ICC:

- Possible missed opportunity to upgrade
- Calls not triaged correctly using pathways
- Incorrect coding of call

PES:

- Limited information regarding clinical assessment/examination
- Failure to recognise potential seriousness and complexity of condition
- Correct pathway not followed
- Potential missed opportunity to start resus
- Equipment failures reported
- Quality of EPR

Trust:

- Delays in allocation on category 2 and category 3 calls which exceeded expected dispatch times. It has been noted that this is due to demand exceeded supply, and hospital handover delays have also contributed.

In this quarter there were also some areas of good practice identified within the SJR review process. These include:

PES:

- Extensive patient assessment
- Excellent recognition of a patient dying
- Involvement of patient and family in holistic conversations and decisions made in the best interest of the patient

Clinical HUB:

- Extensive patient assessment
- Good understanding of patient condition to ensure they patient is managed safely and quickly

### 3.3.3 General Areas for Improvement

Additional learning themes were also identified within the reviews that received an 'Adequate' rating. Whilst these were not necessarily 'Poor' or 'Good' themes, they were recurrently seen in reviews throughout Q3 and demonstrate where additional learning can be found, as well as highlighting more good practice. These include:

Areas for improvement:

- 12 lead ECG not completed when appropriate
- Frailty and pain scores not recorded within observations
- Crews using 'Unwell Adult' MTS card when more appropriate cards available
- Detailed worsening advice not documented

Good practice:

- Additional management of patient's family following patient passing away
- Good detail regarding risks associated with patient refusing ED admission
- Effective use of Non-Clinical Advice Hunt (NCAH) by EMA for escalation of a complex call
- Clear history of events leading up to the incident

## 4. OUTCOME OF LEARNING THEMES

A commitment to disseminating and promoting good practice has been made by the clinical leadership team through the regional and local area learning forums (ALFs) and individual frontline staff. The Q3 Learning from Deaths infographic (Appendix B) will be shared with the clinical leadership team.

The opportunities for improvement identified as general themes from the Datix review and more specifically from the SJR review will be taken to ALFs.

We continue to welcome observers to our panels from all departments of the trust. A recently published 'Learning Loop' regarding Learning from Deaths was featured in the NWS weekly bulletin. Following this we had a significant uplift in requests to attend and observe a panel, and feedback from observers has been incredibly positive.

Observers have noted that the SJR reviewers showed knowledge and professionalism whilst trying to recognise good practice and provide constructive criticism. They also noted the importance of writing a clear and detailed EPR and stated that they would take that into their own practice going forward.

## **5. RISK CONSIDERATION**

There are no legal implications associated with content of this report and the data gathered to produce the dashboard has been managed in accordance with the Data Protection Act 2018.

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

No equality or sustainability implications have been raised as a concern from this report.

## **7. ACTION REQUIRED**

The Trust Board is recommended to:

- Support the quarterly dashboard (appendix A) 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.
- Acknowledge the impact of the SJR process in identifying opportunities for improving care.
- Support the dissemination process as described in section 4

## NWAS Learning from Deaths Dashboard Q3 24/25

Overall Dashboard Description: This is a systematic dashboard that is a combination of those outlined in the guidance as 'must review' and those in the specified sample. These are described in more detail in the data splits below.

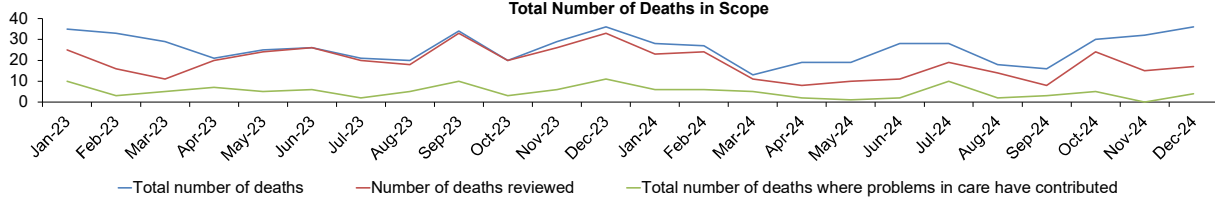


Figure 1

## Concerns Raised in DCIQ

### Internal Concerns

#### Internal Concerns

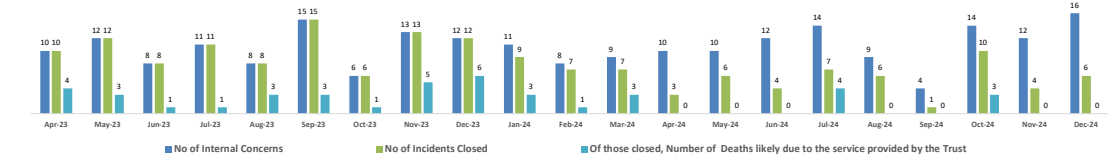


Figure 2

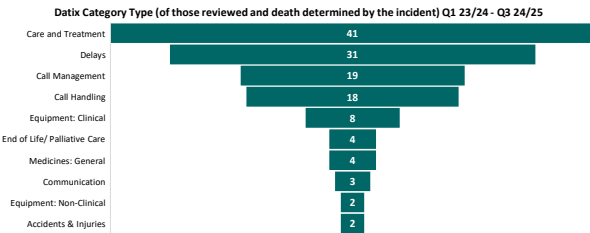


Figure 3

## Trends Identified from Internal Concerns raised in DCIQ

### PES:

#### Care & Treatment

- Potential missed opportunity to start BLS/ALS in line with guidance

#### Equipment

- Defib (Schiller & Lifepak) not recognising shockable rhythm
- Defib frozen/required resetting before applying to patient
- Malfunctioning suction unit (x1)
- Paediatric BVM missing from kit (x1)

#### Medicines

- SP on scene unable to administer post-ROSC adrenaline (x1)
- Incorrect dosage of post-ROSC

### ICC:

#### Call Handling

- Call coded incorrectly (x3)

#### Dispatch

- Information regarding possible cardiac arrest not passed to crew by ICC colleague (x1)
- RRV stood down from Cat1 despite pt having STEMI and subsequently arresting (x1)

### Trust:

#### Delays

- Cat2 calls - 30min-1hr delay (x8)
- Cat2 calls - 1hr-4hr delay (x5)
- Cat 3 calls - 1h30-16hr delay (x4)

Table 1

## External Concerns

### External Concerns

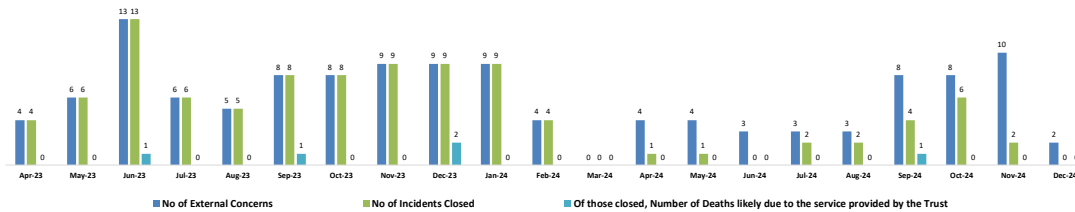


Figure 4

## Learning themes: PES

### Problem with treatment & management plan:

- Failure to recognise potential seriousness and complexity of condition

### Problem with patient disposition:

- Correct pathway not followed (x2)

Table 2

## Learning themes: ICC/CHUB

### Key learning from ICC

### Problem with communication:

- Incorrect coding of call (x2)

### Key learning from CHUB

### Problem with patient disposition:

- Inappropriate disposition due to failure to recognise potential seriousness and complexity of condition (x1)

Table 3

## Other Learning Opportunities

### Trust themes in Q2

- Delays in allocation due to demand outstripping available resources - contributed to by hospital handover delays (x4)

Table 4

## Internal and External Concerns

### Concerns raised both internally & externally

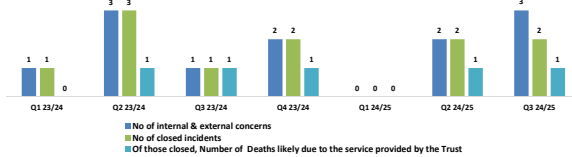


Figure 5

## Learning themes: PES/ICC/Trust

### Problem related to communication:

- Crew did not act appropriately

### Problem with treatment and management plan:

- Failure to recognise potential seriousness and complexity of condition

Table 5

## NWAS Learning from Deaths Dashboard Q3 24/25

### Structured Judgement Review (SJR) Sample

Reporting Year	Incidents used for the sample criteria	Number of Deaths Reviewed	Total number of deaths where care is deemed to be less than adequate
23/24	Q1	18	16
	Q2	19	15
	Q3	27	26
	Q4	24	21
24/25	Q1	23	14
	Q2	19	18
	Q3	33	26
	Total	111	92

Table 6

**SJR Scoring Key:**  
**Adequate:** Care that is appropriate and meets expected standards;  
**Poor/Very Poor:** Care that is lacking and/or does not meet expected standards;  
**Good/Very Good:** Care that shows practice above and/or beyond expected standards

### SJR Stage 1 Overall Care Assessment for Year

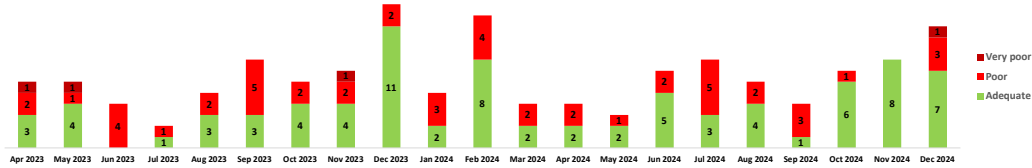


Figure 6

Initial Contact	SJR Element	1 or 2 - Poor or Very Poor	3 - Adequate (Appropriate)	4 or 5 - Good or Very Good
Right Time	Call Handling/Resource Allocation	3	23	0
Right Care	Patient Assessment Rating	1	24	1
	Management Plan/Procedure Rating	0	24	2
Right Place	Patient Disposition Rating	1	24	1

Table 7

Recontact	SJR Element	1 or 2 - Poor or Very Poor	3 - Adequate (Appropriate)	4 or 5 - Good or Very Good
Right Time	Call Handling/Resource Allocation	0	17	0
Right Care	Patient Assessment Rating	0	15	2
	Management Plan/Procedure Rating	0	15	2
Right Place	Patient Disposition Rating	1	15	1

Table 8

### SJR Learning Themes

#### Evidence of Poor/Very Poor Practice

Findings identified from 'Poor' ratings	
<b>Problem with patient assessment:</b> <ul style="list-style-type: none"> <li>Breathing assessment lacks detail</li> <li>Limited information regarding clinical assessment/examination/diagnosis</li> </ul>	<b>Problem with call taking/response allocation:</b> <b>Call not triaged correctly (x3)</b> <ul style="list-style-type: none"> <li>Caller unable to move phone to patient, EMA should have asked for a mobile to be next to patient or used remote observer pathway</li> <li>Possible missed opportunity to upgrade call - line went silent with 1st party caller</li> <li>Senior escalation via Non-Clinical Advice Hunt (NCAH) not sought by EMA for a complex call</li> </ul>
<b>Problem with patient disposition:</b> <ul style="list-style-type: none"> <li>No referral to AVS/GP when appropriate to do so</li> <li>Diagnosis of Death not completed when patient passed away at scene</li> </ul>	
<b>Problem of any other type:</b> <ul style="list-style-type: none"> <li>Poor quality of EPR (x2)</li> </ul>	

Table 9

#### Evidence of Poor/Very Poor Practice

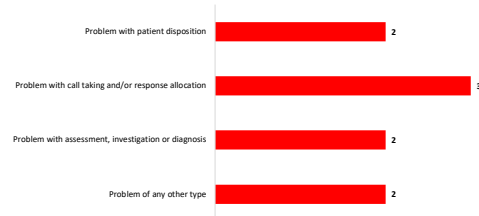


Figure 7

#### Evidence of Good/Very Good Practice



Figure 8

### Findings identified from 'Good' ratings

**Additional assessments, investigations & diagnosis:**  
 -Extensive patient assessment (x2)  
 -Excellent recognition of a patient dying (x2)

**Additional treatment & management plan:**  
 -Crew made quick contact with GP for possible EOLC to make pt comfortable  
 -Involvement of those important to patient, with holistic conversations noted

**Patient Disposition Management:**  
 -Recognition of EOL and empowerment of clinicians to not resuscitate patients who are critically unwell with no EOLC plans in place

**Any other category:**  
 -Good quality of EPR (x7)

**CHUB Assessment & Treatment plan:**  
 -Extensive patient assessment & Good understanding of patient condition to ensure the patient is

Table 10

## NWAS Learning from Deaths Dashboard Q3 24/25

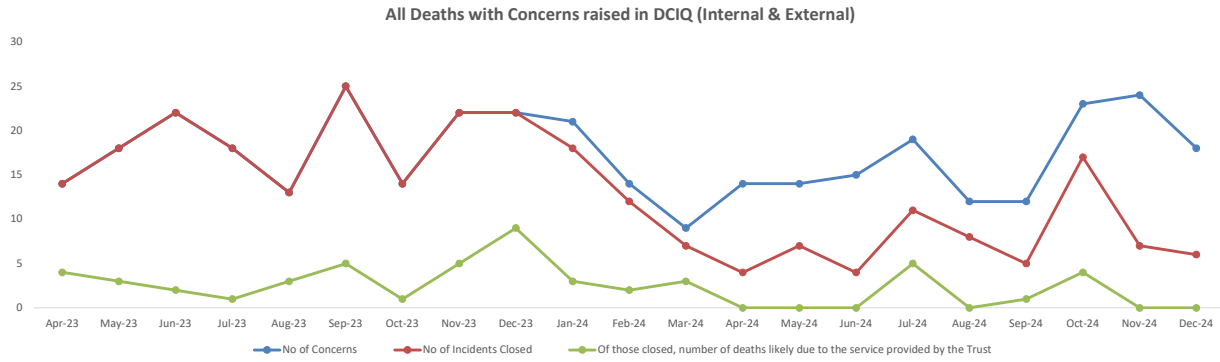


Figure 9

### SJR Ratings - Cheshire & Merseyside

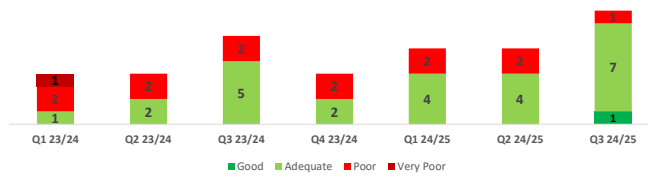


Figure 10

### SJR Ratings - Cumbria & Lancashire

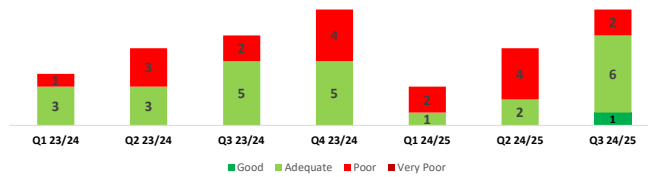


Figure 11

### SJR Ratings - Greater Manchester

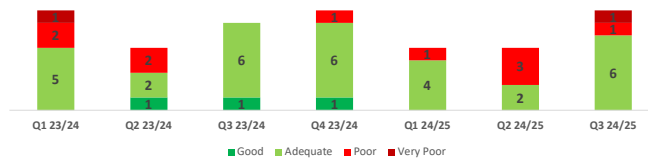


Figure 12

SJR Deaths by Deprivation Index		Quarter						
		Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25	Q3 24/25
IMD Decile 1= most deprived 10= least deprived	1	4	7	6	2	8	1	6
	2	1	0	4	1	1	2	6
	3	3	1	3	3	0	5	2
	4	1	2	1	3	0	1	3
	5	0	2	0	3	0	0	1
	6	1	0	1	1	1	2	1
	7	3	0	3	3	3	3	2
	8	2	0	1	0	0	1	3
	9	1	2	1	0	0	2	1
	10	0	1	1	1	1	0	1

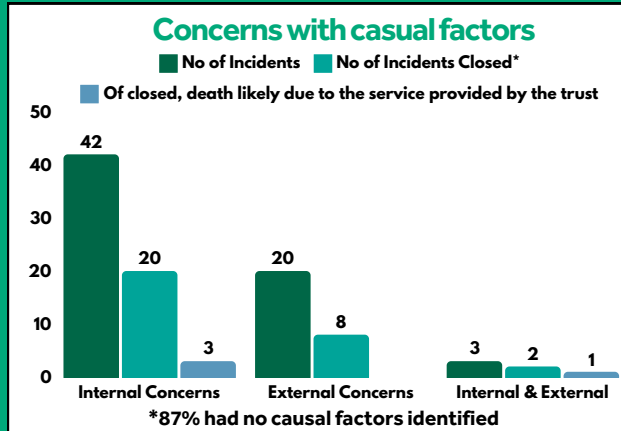
Key:

Most occurring  
Second most occurring

Table 11



### DEATHS WITH CONCERNS RAISED IN DATIX



#### Top categories from closed internal incidents



#### Learning from Paramedic Emergency Service (PES)

##### Problem with treatment & management plan:

- Failure to recognise potential seriousness and complexity of condition

##### Problem with Patient Disposition:

- Correct pathway not followed

##### Problem with communication

- Crew did not act appropriately



#### Key learning from ICC



Incorrect coding of call (x2)

#### Key learning from CHUB



##### Problem with patient disposition:

Inappropriate disposition due to failure to recognise potential seriousness and complexity of condition (x1)



#### Trust themes in Q3

- Delays in allocation due to demand outstripping resources - contributed to by hospital handover delays (x4)

#### New themes in Q3

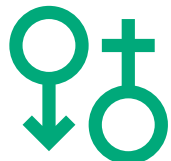
- More Category 2 and Category 3 delays seen in Q3
- More defibrillator malfunctions noted in Q3 (both Schiller & Lifepak)



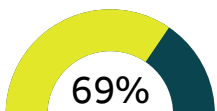
### Structured Judgement Reviews (SJRs)

#### Patient Demographics

42% Female



58% Male

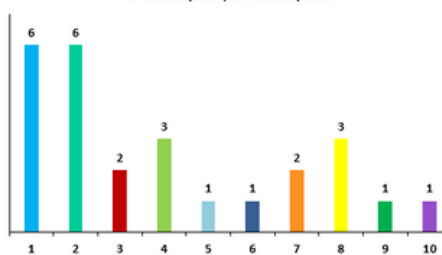


85% of the sample were over 65 years old

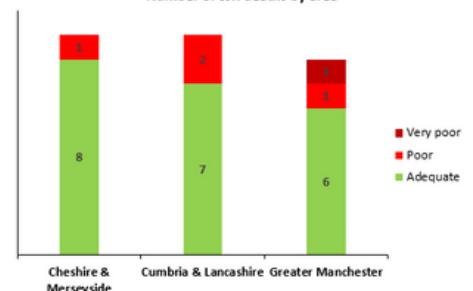
More than 2/3 of patients ethnicity recorded as White (British)

#### Incident Demographics

Number of SJR deaths by deprivation index  
1 - most deprived, 10 - least deprived



Number of SJR deaths by area




# Structured Judgement Reviews (SJRs)

## Deaths in Scope

Re-contact within 24hrs

 **24**

Category 3/4 Deaths

 **4**

Category 1/2 Delays

 **5**

## Deaths Reviewed

Total sample

**N = 33**

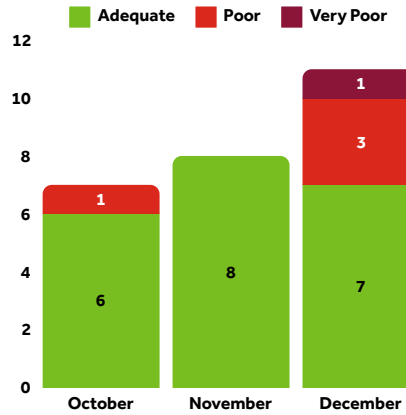
Excluded from review

Not moderated = 1  
Sample excess = 6

Included for review

**n = 26\*\***

## SJR Stage 1 Care Assessment



\*\*80.8% had no causal factors identified

## Stage 2 = 5 incidents

No causal factors identified

 **2**

Uncertain poor practice led to harm

 **2**

Poor practice led to harm

 **1**

## SJR - Themes



Problem with call taking/response allocation



Problem with patient assessment



Problem with patient disposition



Problem of any other category (Quality of EPR)



## Stage 2 - PES Findings

**Problem with patient assessment:**

- Limited information regarding clinical assessment, examination and diagnosis
- Breathing assessment lacks detail

**Problem with patient disposition:**

- No referral to AVS/GP when appropriate to do so
- Diagnosis of Death not completed when patient passed away at scene

**Problem of any other category:**

- Poor quality of EPR (x2)

## Stage 2 - ICC Findings

**Problem with call taking/response allocation (x3):**

- Caller unable to move phone to patient - EMA should have asked for a mobile to be next to patient or used remote observer pathway
- Possible missed opportunity to upgrade call - line went silent with 1st party caller
- Senior escalation from Non-Clinical Advice Hunt (NCAH) not sought for a complex call

## SJR GENERAL LEARNING THEMES

### Areas for Improvement



- 12 lead ECG not completed when appropriate
- Frailty and pain scores not recorded within observations
- Crews using 'Unwell Adult' MTS card when more appropriate cards available
- Detailed worsening advice not documented
- GP not notified when patient passes away at scene

### Good Practice



- Additional management of patients family following patient passing away
- Good detail regarding risks associated with patient refusing ED admission
- Good use of Non-Clinical Advice Hunt (NCAH) by EMA for escalation of a complex call
- Clear history of events leading up to the incident

## SJR ACTIONS

- EMA call audit requested
- Duty of Candour (DoC) to be considered for both ICC and PES
- Positive feedback to be given to crew



## SJR IMPROVEMENTS

- To continue to highlight and improve the Quality of EPR/clinical documentation
- To continue to circulate learning points from Learning from Deaths to all staff networks and learning forums
- To continue to perform thematic analysis of the LfD dataset
- To continue to work with the PSIRF team to triangulate learning themes and identify areas for improvement



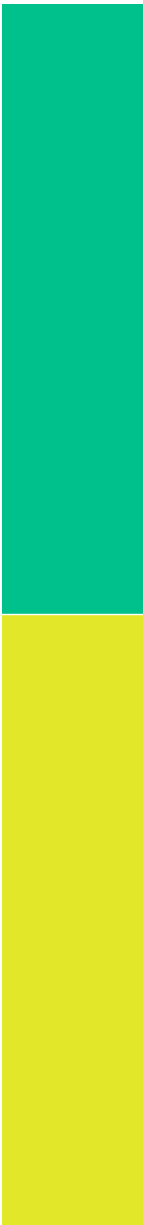
## REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 May 2025
SUBJECT	Complaints Annual Report 2024-25
PRESENTED BY	Angela Wetton, Director of Corporate Affairs
PURPOSE	Assurance

LINK TO STRATEGY	Quality Strategy											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input type="checkbox"/>	SR03	<input type="checkbox"/>	SR04	<input type="checkbox"/>	SR05	<input type="checkbox"/>		
	SR06	<input type="checkbox"/>	SR07	<input type="checkbox"/>	SR08	<input type="checkbox"/>	SR09	<input type="checkbox"/>	SR10	<input type="checkbox"/>	SR11	<input type="checkbox"/>

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li>Note the assurances provided that Trust's handling of complaints is compliant with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; the PHSO model complaint handling procedure and the expectations of the NHS Complaint Standards.</li> </ul>										
EXECUTIVE SUMMARY	<p>2024-25 headlines:</p> <ul style="list-style-type: none"> <li>2,277 Complaints received</li> <li>2,026 (89%) complaints managed as low level</li> <li>86% all complaints responded to within agreed Trust timeframes</li> <li>Top 3 themes: <ul style="list-style-type: none"> <li>Care and treatment</li> <li>Delays</li> <li>Call handling</li> </ul> </li> </ul> <p>2,242 complaints closed: 28% upheld, 31% partly upheld, 41% not upheld.</p>										
PREVIOUSLY CONSIDERED BY	Trust Management Committee										
	Date	Wednesday, 21 May 2025									
	Outcome	Approved									



## 1. PURPOSE

The purpose of this annual report is to provide assurance to Board that: -

- There are robust systems in place to ensure that the Trust is compliant with the requirements of NHS complaint regulations.
- The Trust is compliant with the Parliamentary & Health Service Ombudsman guidance on complaint handling.
- The Trust identifies learning from complaints.

This report covers the period 1 April 2022 to 31 March 2025.

## 2. BACKGROUND

The Trust has a statutory obligation to investigate and respond to complaints raised with the organisation in relation to the care which it provides (The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Health and Social Care Act (2014)). The Trust works together with other organisations to ensure that the response to complaints or concerns cover all areas of the complaint in one response and where possible is communicated in an effective manner for the patient and/or their family/representatives.

## 3. ANNUAL REVIEW

A detailed review of the activity for the period 1 April 2024 to 31 March 2025 is attached as appendix 1.

## 4. RISK CONSIDERATION

The Trust must comply with the NHS Complaint Regulations and the PHSO Complaint Handling Procedure. The Duty of Candour Regulations within the Health and Social Care Act 2008 must also be met.

In any event of scrutiny (public inquiry, inquest, regulatory investigation, or claim), investigation reports and incident reviews form part of the Trust's evidential disclosure.

Learning from complaints forms part of the Trust's duty to ensure that it improves services, fulfils the provisions of the Health and Social Care Act 2012, Health and Safety legislation and requirements /duties under information governance.

The Trust has a low-risk appetite to accept risks that could materially provide a negative impact on quality, including non-compliance with regulatory and legislative requirements.

## 5. EQUALITY/ SUSTAINABILITY IMPACTS

EDI information from complaints is reported to the Trust's Diversity and Inclusion Group. During 2024/25 modifications and improvements have been made to the DCIQ module in order to facilitate a deeper understanding of the accessibility and equality of our service including the complaints function. The PALS & Resolution has worked alongside the Public Health Team and the Patient Inclusion Manager (Communications Team and Patient Engagement) to better identify, understand and address barriers to access our Complaint's service.

Further work is planned in 2025/26 in collaboration with colleagues in Public Health and the Patient Inclusion team address barriers to accessing the complaint's service and better understand health inequalities identified through complaints.

## 6. ACTION REQUIRED

The Board is asked to:

- Note the contents of the report attached at appendix 1
- Note the improved and sustained position in terms of complaint handling and closure within locally agreed timeframes.



# Appendix 1:

## 2024/25

# Complaints Annual Report

## **1. INTRODUCTION**

The North West Ambulance Service (NWAS) is committed to providing high standards of care which is centred on its patients and service users. As part of this NWAS welcomes all insights, including complaints, which provide a valuable opportunity to review and reflect on practices, implement change and improve deliver of care.

Complaints that are raised by service users are handled in accordance with the requirements of the Local Authority Social Services and National Health Service Complaint Regulations 2009, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2009 and 2014 Regulations) and the Parliamentary Health Service Ombudsman NHS Complaint Standards.

## **2. MANAGEMENT OF COMPLAINTS**

### **2.1 PALS & Resolution Team: Summary of 2024/25 activity**

Complaints are managed by the Patient Advice and Liaison Service (PALS) and Resolution team, who ensure open and honest investigations which are aligned with relevant legislation and the Model Complaint Handling Procedure as outlined by the Parliamentary and Health Service Ombudsman (PHSO). Our goal is to achieve satisfactory resolution for complainants, while maintaining compliance with best practices.

We understand that raising a complaint with a large organisation like NWAS can feel overwhelming and is sometime perceived as a negative experience. However, the PALS & Resolution team is committed to ensuring that this is not the case and ensure that individuals who raise concerns feel heard and that their complaint is addressed effectively without the need for a complaint to be reopened.

During 2024/25, there has been a specific focus on evolving and improving our written complaint responses, making sure that letters and communications are patient centred, demonstrating empathy and compassion at all times. To that end, the PALS & Resolution team have completed all of the Parliamentary Health Service Ombudsman (PHSO) training modules and received training from the Plain English Campaign.

In addition, to improve satisfaction with complaint responses and reduce the number of occasions where patients and their families raise additional queries after receiving the response letter, we have introduced an offer of a resolution meeting once the investigation has been concluded and before the complaint response is finalised. Where these meetings have taken place, they have been well received; we have been able to explain our findings to patients and their families and answer any additional questions they may have.

The PALS & Resolution team continue to address complaints with fairness and transparency with the end goal being to improve patients experience and drive service improvement.

The NWAS Board of Directors receive information about complaints through several structured reporting groups and committees. This framework enables NWAS to ensure that patient feedback is not only acknowledged but also used constructively to highlight the patient journey

and identify recurring themes or trends in complaints. These insights are addressed with appropriate actions, providing assurance that improvements are made where needed.

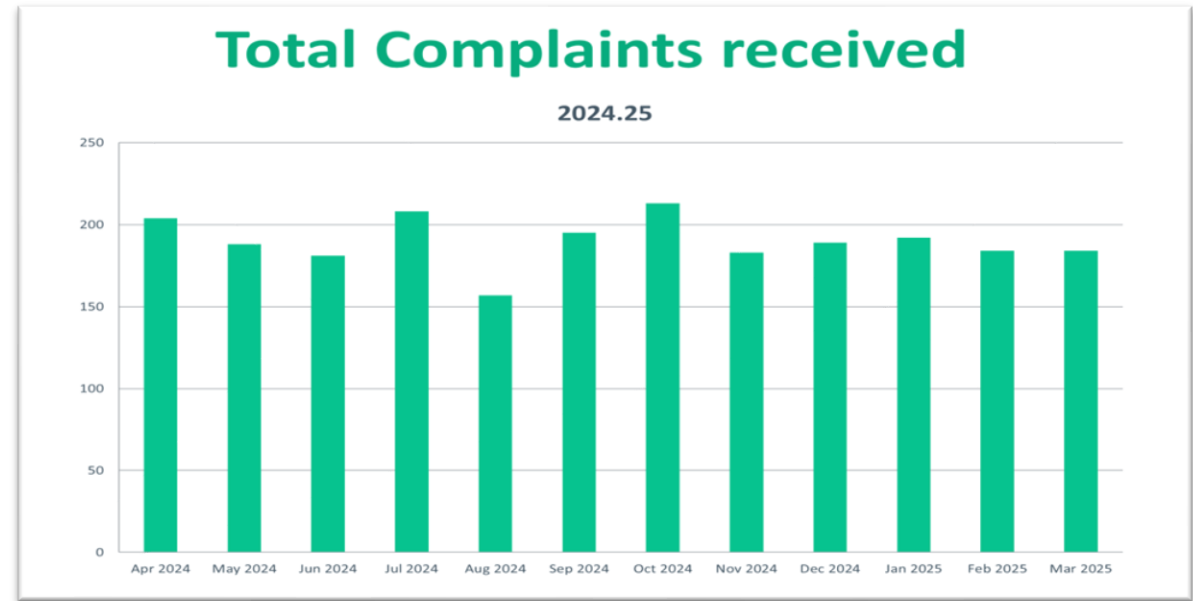
The PALS & Resolution team has stabilised its resilience and performance through 2024/25. The team has worked on aligning processes with legislation and PHSO guidance and achieved substantial assurance following an internal audit.

Improvements to the DCIQ module have been required during the course of 2024/25 to allow a more granular analysis of complaint categories and learning outcomes which better support the identification of complaint themes and learning.

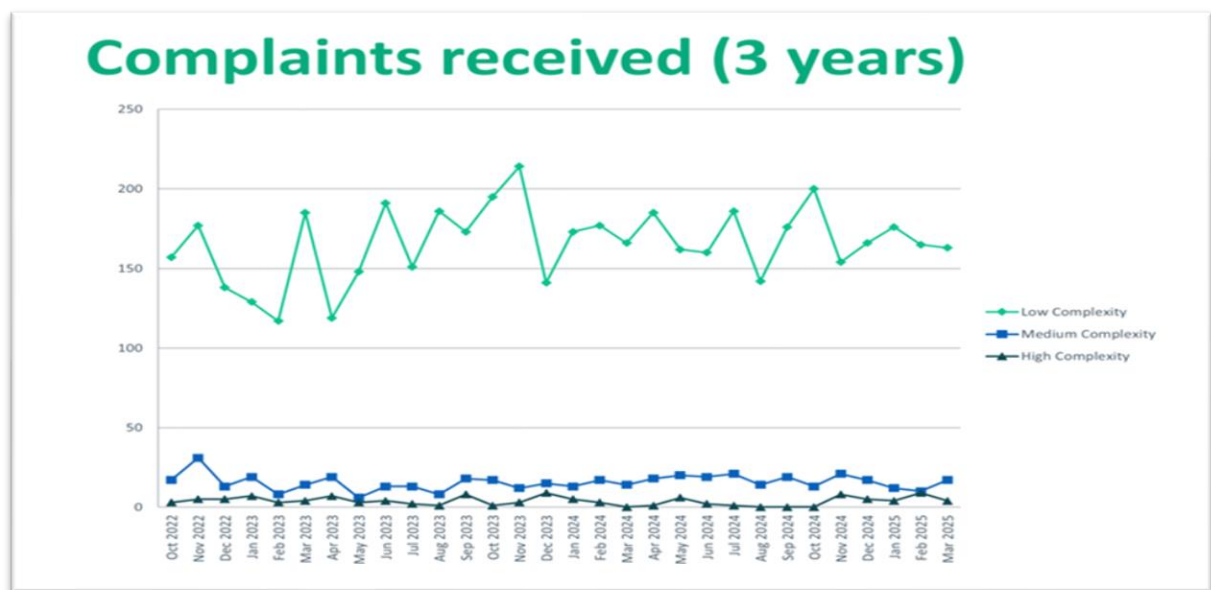
**2.2 COMPLAINT ACTIVITY**

During 2024/25, NWS received 2,277 complaints, a 1.2% increase on the 2,250 complaints received during 2023/24.

2,026 (89%) of the complaints received were recorded as ‘low complexity’ complaints and managed by the PALS team who provided appropriate and empathetic apologies within an everyday conversation, as guided by the PHSO’s standards.



*Figure 1: Total complaints received in 2024/25, by month. Figure 6: 2024.25 delay complaints by complexity. 2023.24 data provided for comparison*



**Figure 2: All complaints received since October 2022 when DCIQ module introduced**

Some complaints encompass multiple issues but across the range of low, medium and high complexity levels of complaints, the key themes identified were in relation to:

- Care and treatment
- Delays
- Call handling

### Care and Treatment

The table below shows the number of complaints about care and treatment managed at each level of complexity.

Year	High Complexity	Medium Complexity	Low Complexity	Total
2024.25	20	113	781	914
2023.24	29	97	804	930

**Figure 3: Care and treatment complaints for years 2024.25 and 2023.24 by way of comparative data.**

A full breakdown of the sub-categories, shows the specific genre of treatment complaints, raised with NNAS.

Sub-type of complaint	Number of complaints
Professional Standards (conduct)	619
Disposition	165
General	79
Clinical Treatment	42
Equality	6
Assessment	3

*Figure 4: 2024.25 care and treatment complaints by sub type*

Service Line	Number of complaints
Patient Transport Service	268
Greater Manchester, Paramedic Emergency Service (PES)	199
Cheshire and Merseyside (PES)	181
Cumbria and Lancashire (PES)	164
NHS 111	113
Emergency Operations Centre	48

*Figure 5: 2024.25 care and treatment complaints by service line*

NB: The complaints regarding care and treatment by service line and area differs from the total number of complaints as a singular complaint often involves multiple service lines and issues.

## 2.2 Delays

A total of 734 complaints were raised with us about a delay in service. The table below outlines the complexity level assigned to each complaint.

Year	High Complexity	Medium Complexity	Low Complexity	Total
2024.25	9	33	692	734
2023.24	19	52	753	824

*Figure 6: 2024.25 delay complaints by complexity. 2023.24 data provided for comparison*

NWAS Service Line	Number of complaints
Paramedic Emergency Service (PES)	585

Patient Transport Service (PTS)	149
---------------------------------	-----

*Figure 7: 2024.25 delay complaints by service line*

## 2.3 Call Handling

A total of 364 complaints were raised about an aspect of the call handling part of a patient's journey with NWAS.

Year	High Complexity	Medium Complexity	Low Complexity	Total
2024.25	7	33	324	364
2023.24	6	18	356	380

*Figure 8: 2024.25 call handling complaints by complexity. 2023.24 data provided for comparison*

NWAS Service Line	Number of complaints
NHS 111	166
Paramedic Emergency Service (PES)	155
Patient Transport Service (PTS)	43

*Figure 8: 2024.25 call handling complaints by complexity. 2023.24 data provided for comparison*

## 3. COMPLAINT RESPONSIVENESS AND OUTCOMES

### 3.1 Closure Rates

Under the 2009 Regulations, complaints must be concluded within six months of being raised with NWAS. Additionally, NWAS works to locally agreed time limits whereby low complexity complaints are responded to within 20 working days, medium complexity complaints within 40 working days and high complexity complaints within 60 working days.

Sometimes it is not possible to conclude a complaint within the locally agreed timeframes for example, operational pressures result in service lines being unable to conclude investigations on time and/or complaints involve other hospital trusts. Procedures are in place to monitor the progress of investigations and to minimise overdue complaints so far as possible.

A total of 2,242 complaints were closed in 2024/2025 with 85% being closed within locally agreed timeframes an increase on the 81% achieved during 2023.24.

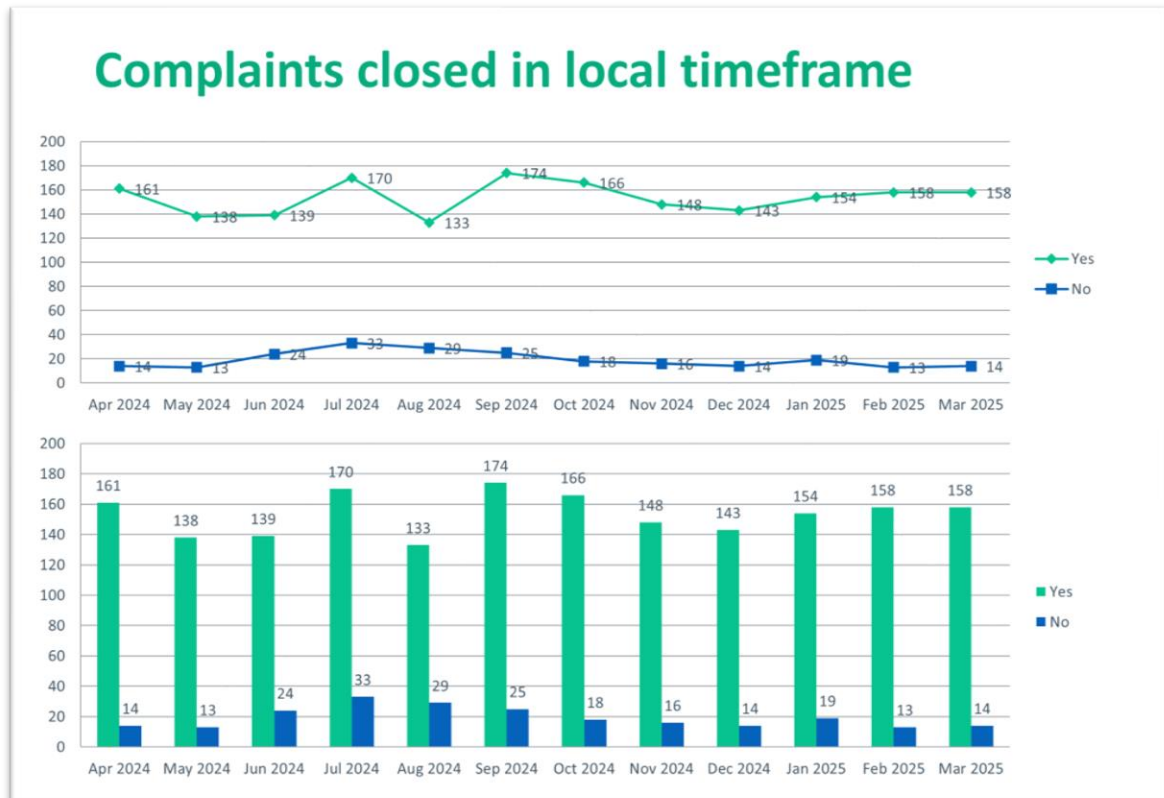


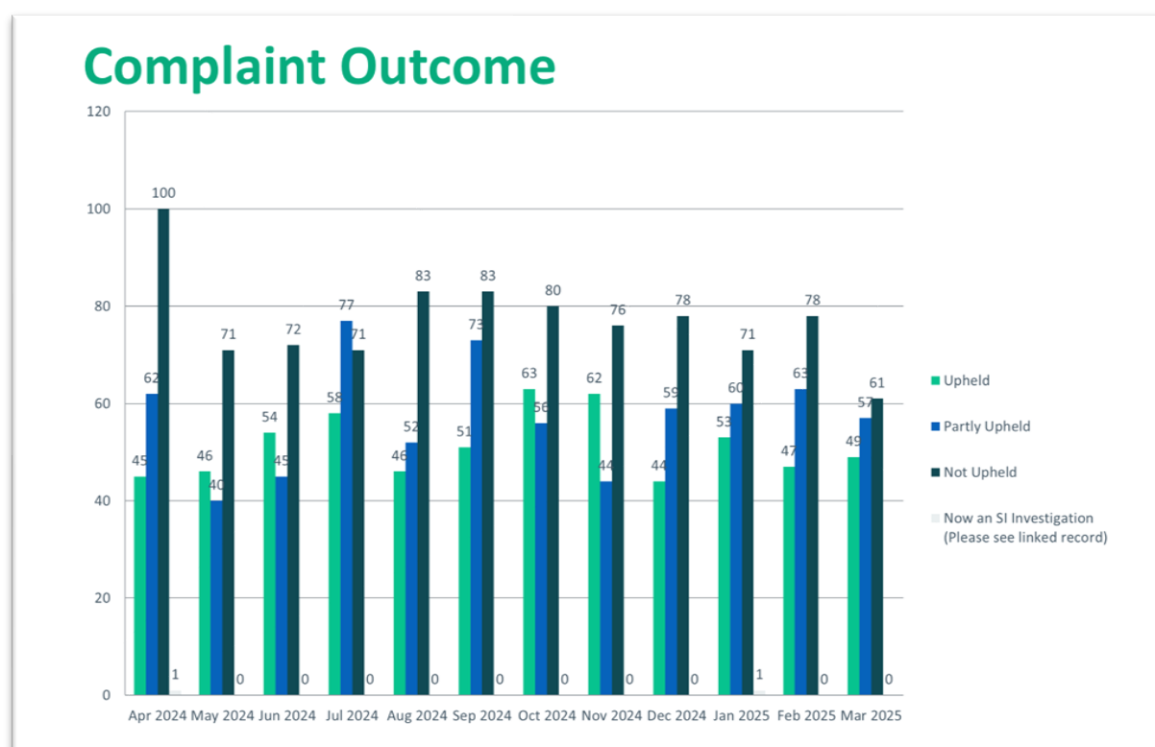
Figure 9: 2024.25 complaints closed in locally agreed timeframe

### 3.2 Complaint Outcomes

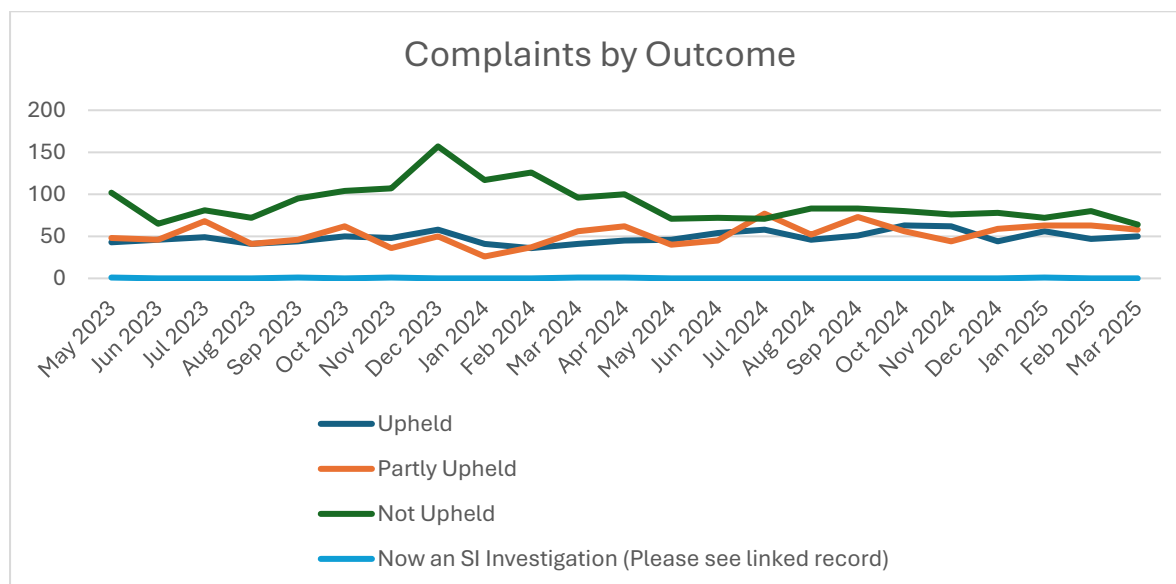
Complaints often relate to more than one issue. Complaints are closed with an outcome of “upheld/partly upheld/not upheld” having worked collaboratively and in partnership with service lines to guide and assist with decisions on complaint outcomes and appropriate actions/learning.

Complaint Outcome	Complaint Level			Total	% of total number of complaints
Upheld	High	15		622	28%
	Medium	53			
	Low	554			
Not Upheld	High	11		928	41%
	Medium	88			
	Low	829			
Partly Upheld	High	5		692	31%
	Medium	57			
	Low	630			

Figure 10: 2024.25 complaint outcome by complaint level



**Figure 11: 2024.25 complaint outcome by month**



**Figure 12: Complaints by outcome May 23 to March 25**

## 4. EQUALITY DIVERSITY AND INCLUSION

During 2024/25 additional work has been carried out to the DCIQ module to facilitate the capture the protected characteristics of patients who raise complaints, allowing for more meaningful analysis to support wider outreach initiatives. This has involved close collaboration with the Patient Engagement team in their ongoing efforts to connect with all communities served by NWS. The PALS & Resolution team is committed to accessibility for all, making use of services like 'Language Line' when needed and adapting forms and correspondence into 'easy-read' formats. Discussing and addressing communication needs is now a routine part of the complaint process, ensuring that an individual's requirements are understood and met from the outset.

Since Q3, it has been possible for EDI information to be extracted from DCIQ, analysed and reported on to both the Trust Quality and Performance Committee and the Trust's Diversity and Inclusion Group. The data provided below pertains to patients affected recorded in complaints raised between 1st November 2024 and 30th April 2025.

### Disability

\*Please note that the total number of reported disabilities exceeds the total number of complaints received, as some patients have declared multiple disabilities.

Disability	Total (6 months)
Yes	771
No	189
Not Disclosed	322
<b>Total</b>	<b>1282</b>

Figure 13: Disability disclosure

Disability Type	Total
Not Known	322
Other Disability	267
Mobility Impairment	232
No Disability	189
Mental Health Condition	88
Cognitive Disability / Dementia	59
Visual Impairment	48
Learning Disability Condition	47
Hearing Impairment	30
<b>Total</b>	<b>1282</b>

Figure 14: Disability by type

## **Ethnicity**

<b>Ethnicity</b>	<b>Total</b>
White	647
Unspecified /Not stated	375
Asian	45
Black	9
Mixed	8
Other Specified	6
Chinese	2
<b>Total</b>	<b>1092</b>

*Figure 15: Ethnicity disclosure*

## **Gender**

<b>Gender</b>	<b>Total</b>
Female	567
Male	503
Unknown	20
Non-Binary	2
<b>Total</b>	<b>1092</b>

*Figure 16: Gender disclosure*

Work with colleagues in Public Health and Patient Inclusion Teams is planned for 2025/26 to better identify, understand and address barriers to access our Complaints' service with the aim of facilitating a deeper understanding of the accessibility and equality of our service.

## **5. PARLIMENTARY HEALTH SERVICE OMBUDSMAN**

In 2024/25, NWAS received 10 notifications from the PHSO regarding complaints submitted for independent review.

- 3 cases were closed following an initial assessment, with no failings found on the part of NWAS.
- 2 cases were resolved through mediation or further local review and subsequently closed.
- 1 case was not upheld, with the PHSO identifying no failings by NWAS.
- 1 case was partly upheld, resulting in a recommendation for further apologies to be offered to the complainant.

3 cases remain open as we move into 2025/26 and are currently under detailed investigation by the PHSO.



## ESCALATION AND ASSURANCE REPORT

### Report from the Quality & Performance Committee

<b>Date of meeting</b>	Monday, 28 April 2025		
<b>Members present</b>	<ul style="list-style-type: none"> <li>• Prof A Esmail (Chair), Non-Executive Director</li> <li>• Dr David Hanley, Non-Executive Director</li> <li>• Dr A Chambers, Non-Executive Director</li> <li>• Ms A Wetton, Director of Corporate Affairs</li> <li>• Dr C Grant, Medical Director</li> <li>• Mrs E Strachan-Hall, Director of Quality and Improvement</li> <li>• Mr D Ainsworth, Director of Operations</li> </ul>	<b>Quorate</b>	Yes

### Key escalation and discussion points from the meeting

#### ALERT:

- None

#### ADVISE:

- The Q&P Dashboard highlighted:
  - C2 mean Urgent & Emergency Care (UEC) recovery target of 30 minutes was met for FY24/25
  - Improved position in terms of handover time
  - 111 call volume and performance metrics were stable
  - PTS activity metrics were stable
  - Decrease in Spontaneous Circulation (ROSC) survival
- The Committee noted and discussed the outcome of the Committee self-assessment and the areas for improvement identified and recommended the Terms of Reference included to the Board of Directors for approval.
- The Committee reviewed the Learning from Deaths Report Q3 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 proposed Q4 position of the Board Assurance Framework and the Opening Position for 2025/26.
- The Committee received the Research and Development Annual Report 2024/25 for assurance and discussed the strategic approach to the future planned research.

## ASSURE:

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

- Clinical Audit Progress Report Q3
- UKHSA - Ambulance Worker TB

## RISKS

Risks discussed:

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

New risks identified:

- None identified.



## REPORT TO THE BOARD OF DIRECTORS

<b>DATE</b>	Wednesday, 28 May 2025
<b>SUBJECT</b>	Trust Strategy 2024-25 year-end report
<b>PRESENTED BY</b>	Alison Ormerod - Interim Deputy Director of Strategy, Partnerships and Transformation
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	Trust Strategy											
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	SR01	<input checked="" type="checkbox"/>	SR02	<input checked="" type="checkbox"/>	SR03	<input checked="" type="checkbox"/>	SR04	<input checked="" type="checkbox"/>	SR05	<input checked="" type="checkbox"/>		
	SR06	<input checked="" type="checkbox"/>	SR07	<input checked="" type="checkbox"/>	SR08	<input checked="" type="checkbox"/>	SR09	<input checked="" type="checkbox"/>	SR10	<input checked="" type="checkbox"/>	SR11	<input checked="" type="checkbox"/>

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

<b>ACTION REQUIRED</b>	<p>Trust Board of Directors are asked to:</p> <ul style="list-style-type: none"> <li>Review and discuss the progress against Our Strategy 2022-2025, and</li> <li>Provide feedback on the content and presentation of the paper which may inform the development of strategy assurance updates in the future.</li> </ul>
<b>EXECUTIVE SUMMARY</b>	Our Strategy 2022-2025 was approved by trust Board of Directors in 2022 and was initially set to run for period 2022-2025. It has now been extended to March 2026. This paper

demonstrates our progress to date against the delivery of Our Strategy 2022-2025.

Over the past three years, we have made significant progress towards our three strategic aims: providing high-quality, inclusive care, being a brilliant place to work, and working together to shape a better future. This report has been developed using annual plan assurance reports and data from the March 2025 Integrated Performance Report and the 2024 NHS Staff Survey. It also includes information taken from the draft Equality, Diversity & Inclusion Annual Report 2024-25

### 1. Provide High-Quality, Inclusive Care

- **Safety First:** Implemented the Patient Safety Incident Response Framework (PSIRF) and conducted safety culture surveys. In February 2025 we have seen a 26% reduction in incidents which have resulted in harm compared to the average for the previous 12 months.
- **Highly Effective Care:** Migrated to the Ambulance Data Set, improving resource allocation and clinical decisions. We have developed strategic plans for mental health, learning disabilities, autism, and dementia, which will help to improve our service in these areas, and we have delivered above-average performance in Ambulance Clinical Quality Indicators (ACQIs).
- **Patient-Centred Care:** Enhanced patient engagement and safety through new roles and governance structures. Maintained consistent patient experience scores despite increased demand.

### 2. Be a Brilliant Place to Work

- **Looking After Our People:** Introduced wellbeing and attendance improvement teams and launched campaigns to improve staff safety. There are notable improvements in staff sickness rates and increased reporting of sexual safety issues. We have demonstrated continued progress in inclusive recruitment and progression.

	<ul style="list-style-type: none"> <li>• <b>Investing in Our People:</b> Implemented programs to develop staff skills and career opportunities, resulting in higher satisfaction in the NHS Staff Survey.</li> <li>• <b>Leading Compassionately:</b> Mandated leadership training modules, leading to improved leadership skills and reduced staff turnover. We have also delivered EDI-focused training programmes which equip our leaders with a strong foundation in inclusion.</li> </ul>							
	<b>3. Work Together to Shape a Better Future</b>							
	<ul style="list-style-type: none"> <li>• <b>One NWAS:</b> Integrated contact centre workforce and improved operational performance, significantly reducing call pickup times and response times for emergency services. Improvements in our Patient Transport Service (PTS) performance has not yet been delivered but will be addressed through the PTS improvement plan which commenced in 24/25.</li> <li>• <b>One North West:</b> Collaborated with partners to shift patient care from A&amp;E to alternative pathways, showing significant impacts in pilot programs.</li> <li>• <b>One Future:</b> Advanced environmental sustainability by expanding zero-emission vehicles, improving energy efficiency, and achieving high recycling rates. Developed a population health dashboard to enhance our understanding of access and outcomes disparities among patient groups and identify demand from vulnerable populations.</li> </ul> <p>This report underscores our commitment to continuous improvement and our strategic goals, ensuring we deliver high-quality care, support our workforce, and contribute to a sustainable future.</p>							
	<table> <tr> <td rowspan="3">PREVIOUSLY CONSIDERED BY</td><td colspan="2">N/A</td></tr> <tr> <td>Date</td><td></td></tr> <tr> <td>Outcome</td><td></td></tr> </table>		PREVIOUSLY CONSIDERED BY	N/A		Date		Outcome
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	Outcome							

## 2. Background

- 2.1. Our Strategy 2022-2025 was approved by trust Board of Directors in 2022 and sets out three strategic aims:
  - Provide high-quality, inclusive care.
  - Be a brilliant place to work for all.
  - Work together to shape a better future.
- 2.2. Our supporting strategies are aligned with these three aims, and each includes a set of priorities which will inform the delivery of our strategy.
- 2.3. Our Strategy 2022-2025 has been extended by a further year to run until March 2026. Our annual plans for the past three years have aimed to deliver against our three strategic aims.
- 2.4. This report highlights the high-level cumulative progress made towards delivering our three strategic aims and is intended to complement the more detailed delivery assurance reported via committees throughout the year.
- 2.5. At the Board development session in February 2025, the challenges around strategy measurement were discussed. It was noted that Our Strategy 2022-2025 doesn't outline specific improvement metrics or trajectories. Therefore, we must triangulate a range of information sources and proxy measures to assess whether we are making progress towards delivering our strategic aims.
- 2.6. In 2024-25, a strategy dashboard was developed and tested to present a suite of metrics under each strategic aim, however following feedback from Planning Group, TMC and Resources Committee it was agreed that this duplicated the information already contained within the Integrated Performance Report.
- 2.7. The information used to inform this report has been gathered through a review of previous annual plan assurance reports alongside a snapshot of measures from the March 2025 Integrated Performance Report (IPR) and the results of the 2024 NHS Staff Survey. We have also cross-referenced the narrative with the draft Quality Account 2025 to ensure that we have captured the progress we've made in improving the quality of our services and the draft Equality, Diversity & Inclusion Annual Report 2024-25 to capture progress against our commitment to equality, diversity and inclusion.
- 2.8. Throughout 2025-26 we will be redeveloping our trust strategy and supporting strategies and have established a measurement working group as part of the project governance structure. This group will lead a review of our existing strategy measurement approach which will inform improvements to our future assurance process.

### 3. Provide high-quality, inclusive care

- 3.1. **Safety first** – in 2023/24 we completed safety culture surveys, rolled out a patient safety training curriculum and implemented the Patient Safety Incident Response Framework (PSIRF). Work in this area has continued throughout 2024/25 with a focus on local quality improvement plans and the first cohorts to go through our NWS Improvement Academy.
- 3.2. Our work towards providing safe care has helped us to improve the number of incidents which have resulted in harm reported in PSIRF by 26% compared to the average for the previous 12 months (Feb 2025 – 121, Average for February, April, August and October 2024 – 163.5). We have increased the number of staff trained in quality improvement methodology and will continue to build on assuring our local quality improvement plans.
- 3.3. **Highly effective care** – We migrated to the Ambulance Data Set in 2023/24. This enables us to use our data more effectively to inform resource allocation, operational efficiency and to inform our clinical decisions. In 2024/25 we developed mental health, learning disability & autism and dementia strategic plans. These will support our services to improve clinical practice and reduce differences in outcomes for patients with these conditions.
- 3.4. The Ambulance Clinical Quality Indicators (ACQIs) are a set of metrics used to measure the performance and quality of care provided by ambulance services. The most recent data from October 2024 demonstrates the quality of our services as our performance in each ACQI measure was above the national average for the ambulance sector.
- 3.5. **Patient-centred care** – Providing patient-centred care means listening to our patients and respecting their different needs, building effective relationships with our communities and reducing inequalities. In 2023/24 we introduced engagement leads to improve engagement with patients and families following serious incidents. We have also introduced patient safety partners into our governance meetings in 2024/25 who support us to enhance patient safety.
- 3.6. Our patient experience measures in the Friends and Family Test for each service have remained consistent throughout the past year against a backdrop of increased demand and system pressures (figure 2).

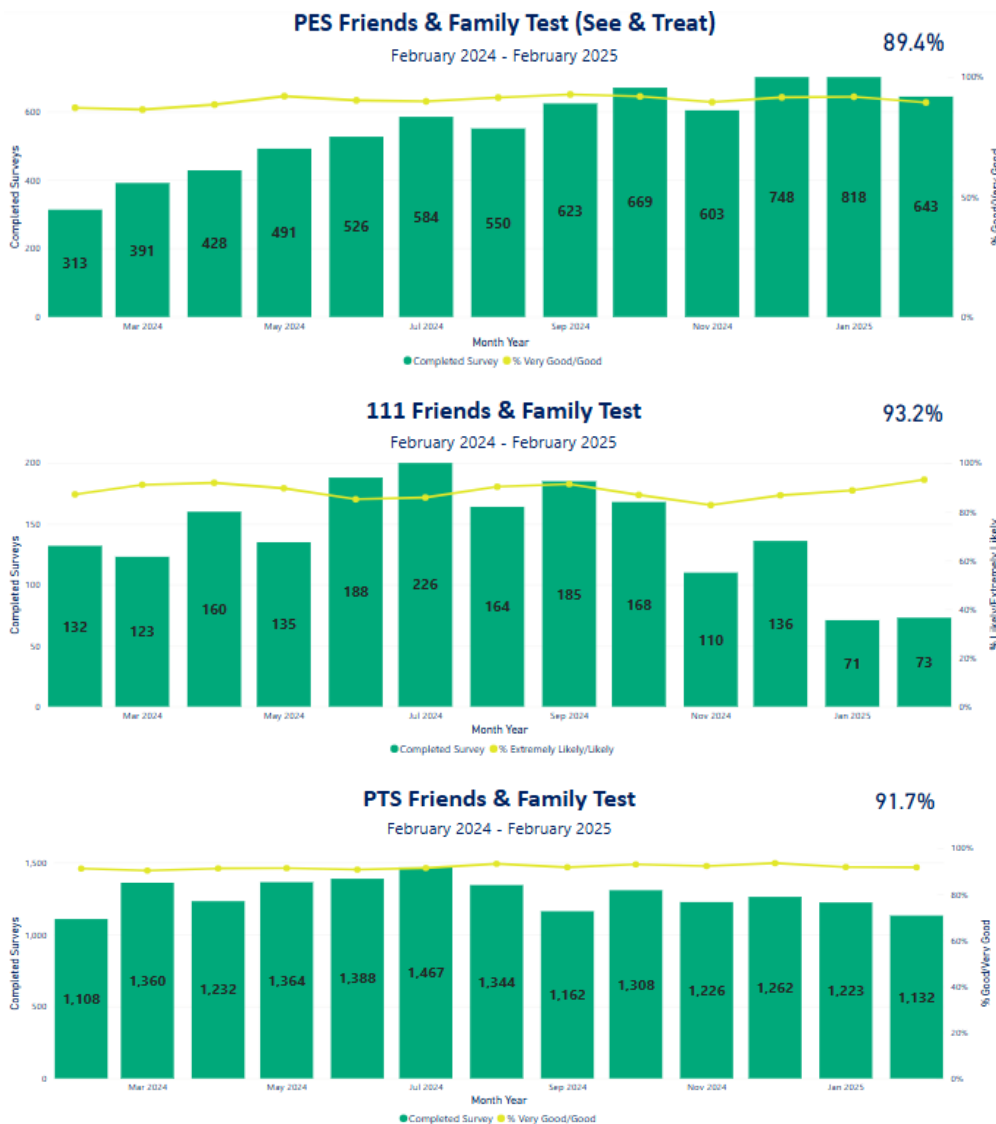


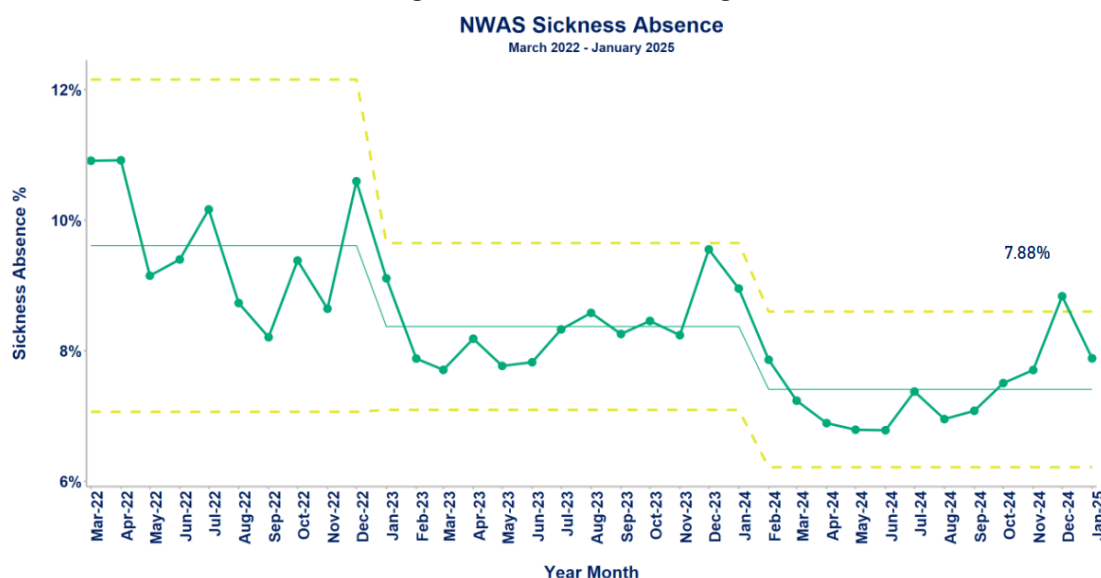
Figure 2 – Friends & Family Test across PES, 111 and PTS 2024-25 taken from March IPR.

#### 4. Be a brilliant place to work

4.1. **Looking after our people** – We have supported our people by introducing the wellbeing team and the attendance improvement team to help them to remain healthy and supported in work. Campaigns around sexual safety and dignity at work have also contributed to improving staff physical and psychological safety. In 24/25 we have continued to improve access to health and wellbeing support through the Wellbeing Hub and self-service access to support through our occupational health provider. Our first sexual safety policy is due to be released in Q1 2025 and we have established learner safety groups.

4.2. Sexual safety case numbers have seen an increase in last 12 months, this was anticipated upon release of the sexual safety campaign and is an indication that the campaign is working to encourage staff to speak up and enable us to manage any problematic behaviours. Our rates of sickness

absence over the course of our strategy have improved consistently. We are now close to the sector average for staff sickness (figure 3).



*Figure 3 – NWAS sickness absence levels 2022-25 taken from March IPR.*

- 4.3. In 2024/25 our recruitment and selection process appointed just over 620 candidates. Of these approximately 60% were women, 10% identified as Black and Minority Ethnic (BME) and 11% declared a disability. This demonstrates the continued progress in inclusive recruitment and progression.
- 4.4. **Investing in our people** – Investing in our people means that we will develop potential and encourage talent in our workforce. We have implemented a reverse mentoring programme, a pre-apprenticeship route for PTS staff, and support for maths and English skills. We have also recruited Paramedic Learning Facilitators to improve the learning experience for our people and increased the feedback sought from learners to identify further improvements to the learning experience.
- 4.5. In the 2024 NHS Staff Survey, more of our staff reported that there are opportunities to develop their career and that they can access learning and development opportunities compared to previous years and compared to the sector average (see figures 4 and 5).

Q24b There are opportunities for me to develop my career in this organisation.

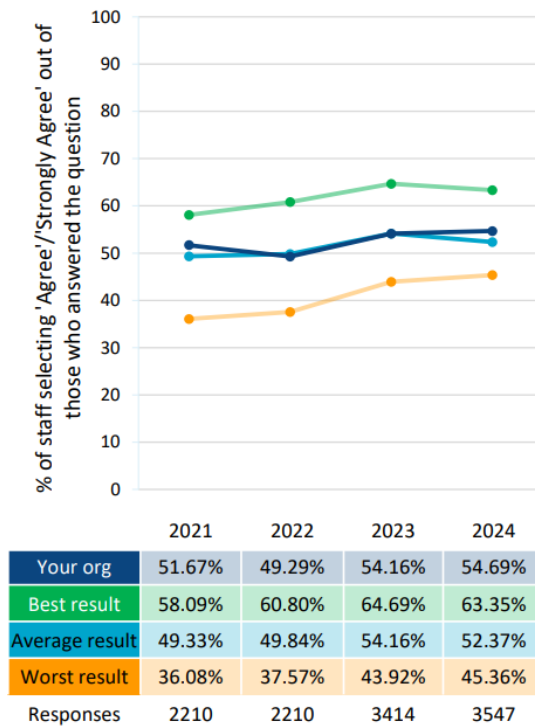


Figure 4 – Comparison of staff survey results for Q24b from 2021-2024.

Q24e I am able to access the right learning and development opportunities when I need to.

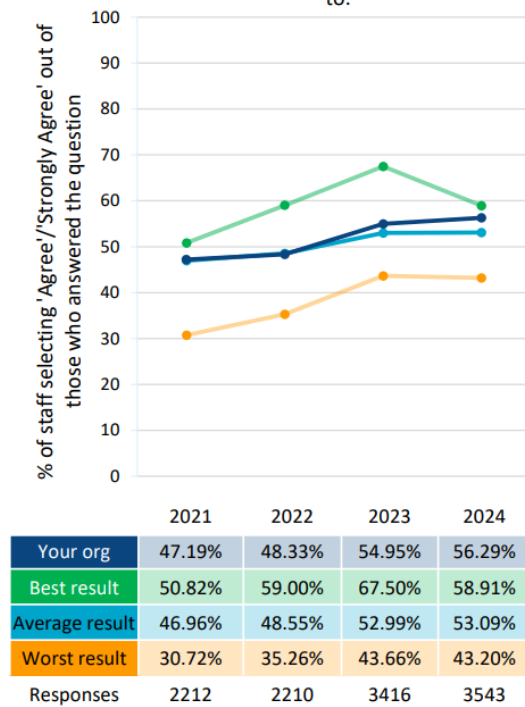
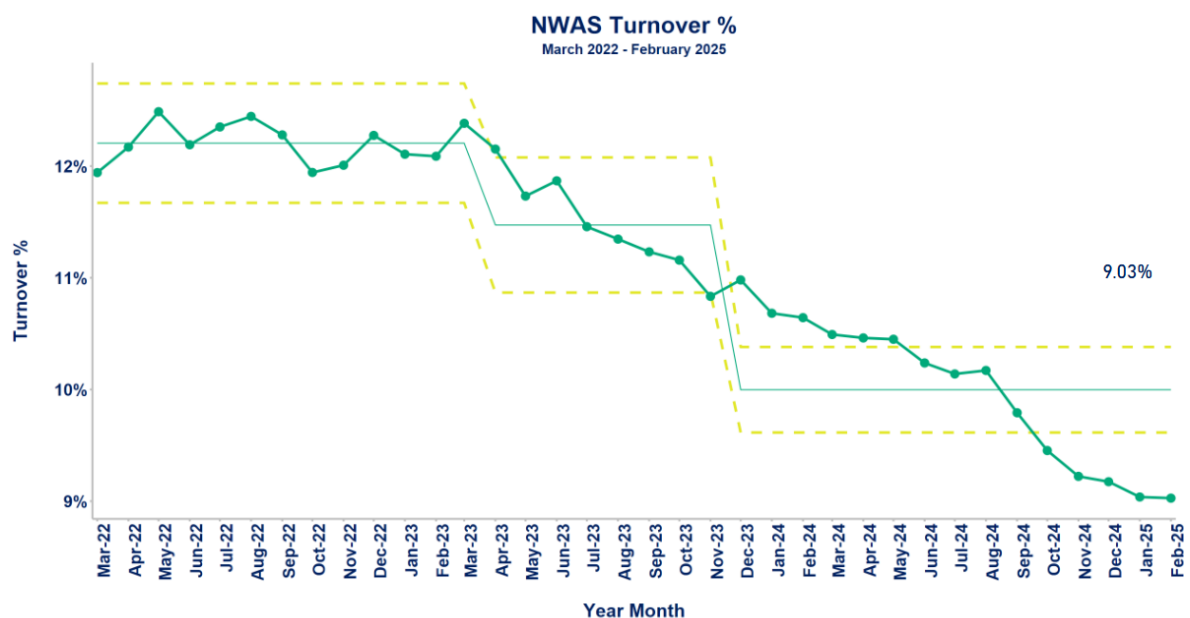


Figure 5 – Comparison of staff survey results for Q24e from 2021-2024.

4.6. **Leading our people compassionately** – In 2023/24 we implemented the Making a Difference leadership modules which give leaders the foundations in leadership which supports them to make a positive difference to our teams, services and patients. These modules are now mandated for all leaders and, along with a new leadership induction process, ensure that our leaders have the skills needed to lead their teams compassionately. We have also delivered EDI-focused training programmes which equip our leaders with a strong foundation in inclusion.

4.7. In the 2024 staff survey, we saw a reduction in our score relating to being compassionate and inclusive from 6.92 in 2023 to 6.88 in 2024, although this is still higher than our score in 2022 of 6.71.

4.8. We have also seen an improvement in our staff turnover from around 12% in 2022 to around 9% in March 2025 (figure 6).



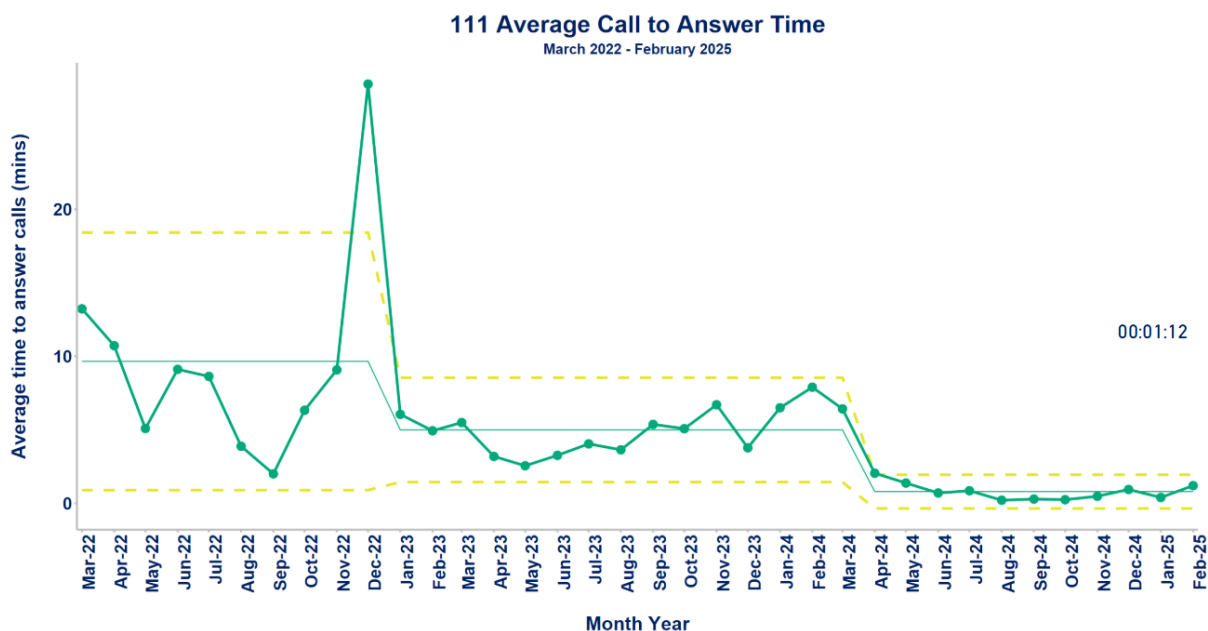
*Figure 6 – NWAS staff turnover as a percentage from 2022-2025.*

## 5. Work together to shape a better future

5.1. **One NWAS** – Our strategy aims for us to become more integrated, working together across our services. We have made significant progress in integrating our contact centre workforce, allowing our call handlers to work flexibly between our PES and 111 services. We have also reviewed our PES workforce model and begun embedding the new clinical support and leadership structures. Our PTS improvement plan has commenced in 2024/25 and will continue throughout 25/26 and include a focus on culture, workforce, operational delivery, digital transformation and leadership.

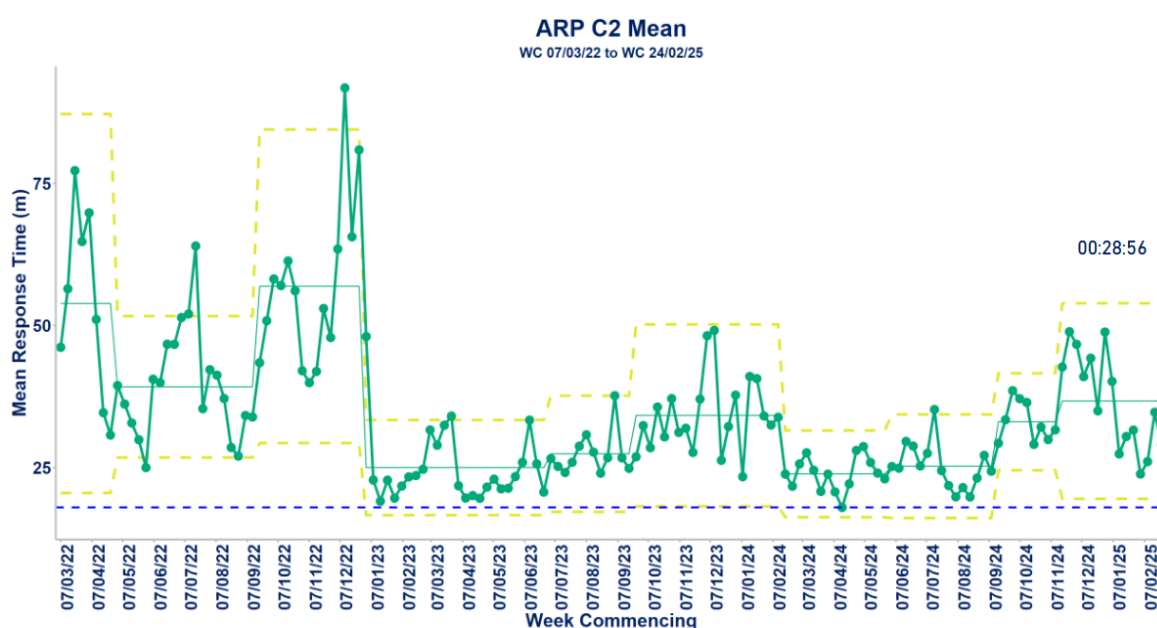
5.2. As well as working to integrate our services, there has been significant work throughout the lifetime of the strategy to improve our operational

performance. Our call pickup times for 111 have consistently improved, although there is still some work to do to meet our key performance indicators. In February 2025 the average time to answer calls was 72 seconds, whereas in 2022 the average times were often 5-10 minutes (figure 7).



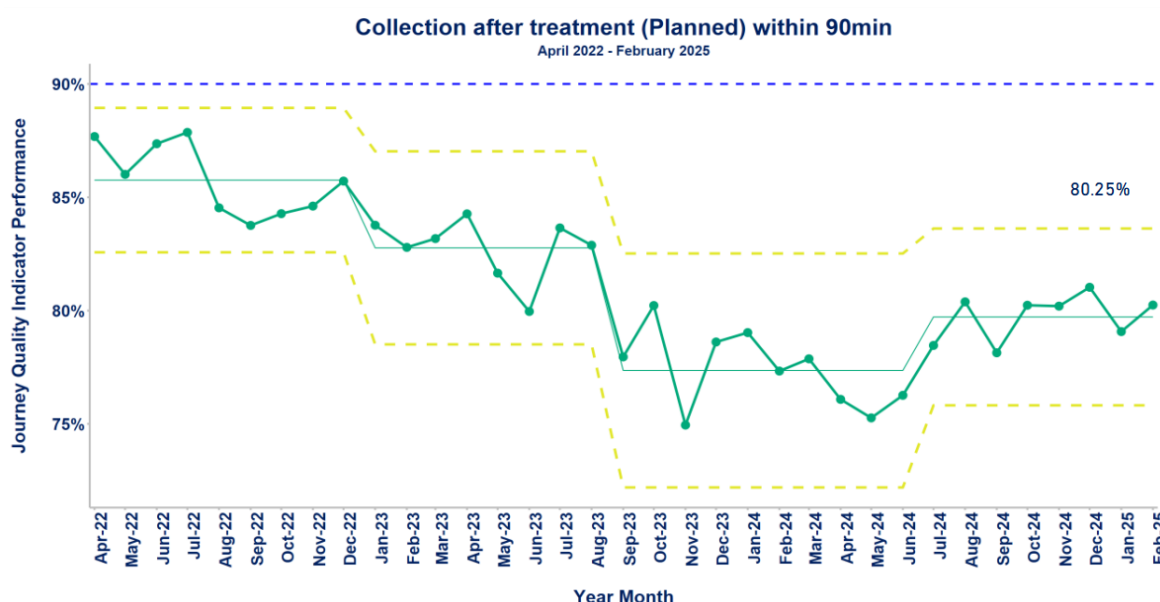
*Figure 7 – NWS 111 average call to answer time 2022-2025.*

5.3. Our Category 2 response times for PES in February 2025 were 28 minutes and 56 seconds. This is a significant improvement on performance in 2022 which was frequently over an hour (figure 8). This reflects a trust-level position and doesn't reflect the significant variation across our footprint. Further work will be undertaken in 25/26 to address the variation and further improve our performance.



*Figure 8 – NWS category 2 response times 2022-2025.*

- 5.4. We have not made progress yet in improving against our PTS performance measures. Activity in PTS has increased whilst unplanned activity has remained stable. The proportion of patients collected within 90 minutes of their treatment has declined from around 85% in 2022 to below 80% in 24/25 (figure 9).



*Figure 9 – PTS patient collection after treatment (planned) within 90 minutes 2022-2025.*

- 5.5. **One North West** – Our Right Care programme works with partners across the North West to improve access and outcomes for our patients. The initiatives in the programme are designed to shift activity away from conveying patients to A&E and towards alternative places of care, see & treat and hear & treat. We have successfully embedded alternative pathways and improved hear & treat within the cohorts we have been working with. The tests of change conducted within the programme have shown significant impacts of these alternative pathways however the application to only limited cohorts of patients mean that we have not yet had the impact on our overall performance measures. In 25/26 the programme will continue to scale up alternative pathways and improve our proportion of PES cases which are closed without conveying patients to A&E.
- 5.6. **One future** – We aim to be a sustainable organisation which has a positive effect on our communities. This includes improving our environmental sustainability through reducing our carbon emissions and minimising our waste production. We've expanded the use of zero emission vehicles in our fleet, improved energy efficiency in our estates through upgrading boilers and lighting, and reduced the waste going to landfill by introducing better waste segregation.

We have made good progress in sustainable waste disposal; no waste has been sent to landfill since 2015 and 35% of waste is currently recycled (figure 10).

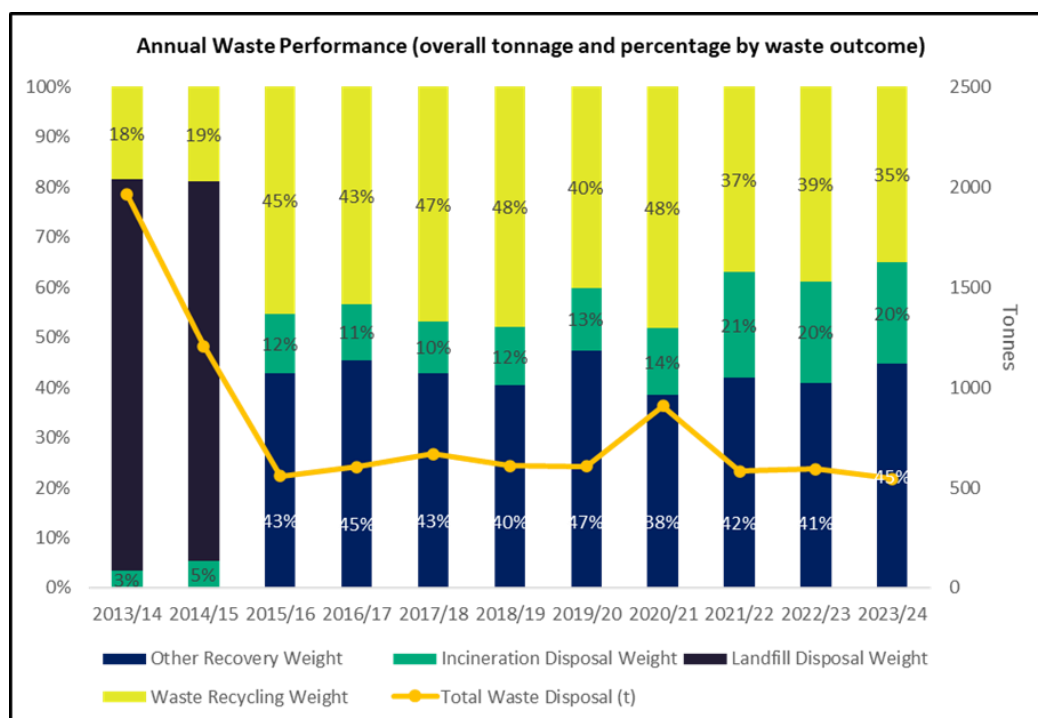


Figure 10 – NWAS annual waste performance (overall tonnage and percentage by waste outcome) 2013-2024.

5.7. We have developed our first population health dashboard in 2024/25. This enhanced data collection and analysis using reports on 999 calls and incidents to provide breakdowns of patient characteristics such as age, sex and ethnicity as well as population health data. This information helps us to understand access and outcome disparities among patient groups and identify demand from vulnerable populations. We have also piloted a scheme to work with GP practices to use our data to identify undiagnosed hypertension. This work to tackle health inequalities has been further supported by the development and rollout of training in health inequalities and in Making Every Contact Count which will enhance the skills of our workforce in prevention and early intervention.

## 6. Conclusion

6.1. This report demonstrates the role our strategy has played in driving meaningful progress across the organisation. It is clear from the impact of the changes that have been delivered in the past few years that we remain aligned with the strategic direction set out in Our Strategy 2022-2025 and have been able to make tangible improvements to the services we provide to our patients and to the wellbeing of our people. We will continue to deliver progress against our strategic aims in the final year of this strategy through the Annual Plan 2025/26.

## **7. Equality/sustainability impact**

- 7.1. Our Strategy 2022-2025 has been designed to positively impact equality and sustainability in line with our strategic ambitions. Equality Impact Assessments are completed in relation to individual workstreams which deliver the supporting strategies. We have made progress in delivering against our strategic aims relating to equality, diversity and inclusion in 24/25.
- 7.2. Our Equality, Diversity and Inclusion Annual Report 2024-25 demonstrates our compliance with the Public Sector Equality Duty, which is part of the Equality Act 2010.

## **8. Action required**

8.1. Trust Board of Directors are asked to:

- Review and discuss the progress against Our Strategy 2022-2025, and
- Provide feedback on the content and presentation of the paper which may inform the development of strategy assurance updates in the future.

# Communications and Engagement Dashboard

Q4 2024/25 (January, February and March)

All communications and engagement activity is planned and undertaken to support the aims of the trust strategy and the accompanying strategic objectives. Our dashboard details examples of how we've achieved this in Q4 2024/25, before summarising other highlights from our activity.



The 'making a difference' value icon is used to highlight how our activity has a positive impact on staff, patients or partner organisations.



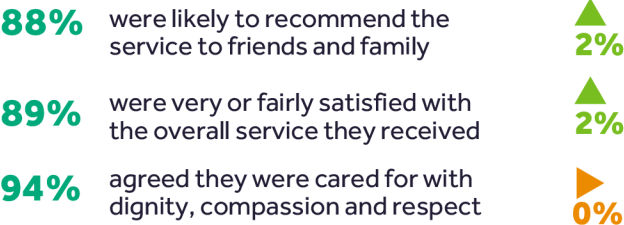
North West  
Ambulance Service  
NHS Trust



## Provide high quality, inclusive care

**Objective:** Identify opportunities to improve clinical practice and patient experience

### Patient experience surveys



## 8 community engagement opportunities

with groups including the Bolton Fibrosis Support Group, the Chinese Wellbeing Group in Liverpool, the Wirral Multi Cultural Organisation and the Chinese Health Information Centre (CHIC) in Manchester.

### Learning from community engagement

- Members of the community groups we met, including newly migrated people from Arab, African, and South Asian communities, are generally unaware of ambulance services beyond blue lights.
- These communities expressed concerns around language barriers and said this discouraged them from calling 999.
- Following CPR sessions, we learnt that there is a reluctance to perform CPR on members of the opposite sex in people from certain cultures.

## Patient and Public Panel (PPP)



We are not actively recruiting to the panel, meaning the membership number remained steady throughout Q3.

Representation from diverse communities is at 25% and it is our aim to maintain or exceed this figure.

We are not actively recruiting panel members, but continue to engage with ethnic groups to ensure opportunities to join the panel are promoted.

Our top three ethnic groups currently are:

- 1) White
- 2) Asian / Asian British
- 3) Black African / Caribbean

We also have members from the Chinese, Indian, Polish and Jewish communities.

### Royal Garden Party

Panel member Dan Stears was successfully nominated in February to attend the Royal Garden Party on 7 May in recognition of his involvement with NWS over the past seven years.



## Making a difference



During our engagement with community groups, we received feedback that people were unaware of basic life-saving skills. As a follow-up, we arranged CPR awareness sessions and shared this as an example of 'you said, we did' in our weekly information burst sent via email to our community contacts.



Engagement with the Chinese community found that language barriers are a concern for this population. We listened to concerns, and had our core ambulance service information leaflets translated into traditional Chinese and Mandarin. Members from the community shared their feedback on how they now feel more confident knowing when and how to contact the ambulance service in an emergency, booking planned care with our Patient Transport Services and for NHS 111 health advice.



An internal patient inclusion task and finish group has been established to bring together teams who engage with patients or who receive feedback from them. The main aim of this group is to further understand the views of under-represented groups within the trust, through collaboration. Additional aims are to identify any barriers to the use of our services, engage with us, complete patient surveys and share demographic data in order to improve patient services.



Whilst patient satisfaction levels remain stable or have increased the survey return rate is low and has dropped during this quarter. Different approaches are being piloted in Q1 of 2/26 to improve this position.

## Be a brilliant place to work for all

**Objective:** Improve the health, wellbeing and safety of our people

### Internal (staff) communication

Emails for all staff, such as The Bulletin and CEO message, are sent through a system (e-shot) which provides analytics.

#### Important definitions:

- **Displays** - the number of times an email has been displayed. This is only counted when an email is opened and the images are downloaded - something which staff have to click to allow. Therefore this is the minimum number of times an email has been displayed - it's fair to assume that more staff read the emails than the 'display' figures suggest. Our platform provider e-shot advises that an average display rate across its public sector clients is 44%.
- **Clicks** - the number of times a user has clicked to access more information such as a link to the Green Room or to open an attached bulletin.

### Engaged staff

When a user has opened an email, viewed online or clicked a link in the past 30 days, they are an 'engaged contact'. The percentage of engaged staff is as follows:

- Corporate and support - **90%** ▲
- Emergency - **92%** ▲
- EOC and Clinical Hub - **75%** ▲
- NHS 111 - **72%** ►
- PTS - **67%** ▲

### The Bulletin

In Q4, the weekly bulletin had **1,255 link clicks** on average, per edition.

The display rates for The Bulletin were:

**Highest: 57% Average: 54% Lowest: 50%**

meaning that, on average, over half of all staff opened the bulletin email. The lowest open rate is up 10% on the previous time period!

Bulletins with a higher-than-average display rate covered topics including:

- January pay day
- National living wage increase
- Pre-hospital alert changes
- Wristwatch alternative preferences

### CEO Message

In Q4, the display rates for the CEO message were:

**Highest: 49% Average: 48% Lowest: 46%**

Based on display rates, the most popular topics were:

- Changes to Board of Directors
- NHS staff survey results
- Welcome to the new interim Director of Quality
- Violence against staff
- Director of ICC appointment

### Better Health Better You

Subjects covered in the quarter:

- Financial wellbeing
- Mitochondria disease
- Sleep

The display rates for Better Health Better You were:

**Highest: 55% Average: 51% Lowest: 47%**  
Average was 7% highest than quarter Q3 (43%)

### Staff recognition cards

Colleagues can send a card to any of their peers using our 'send a thank you' scheme on the Green Room.

The scheme has expanded to include 'thinking of you,' 'congratulations,' 'work anniversary' and 'happy birthday' cards.

The most popular card was 'just to say a big thank you' (138 cards sent)

Cards sent: **431**

### Campaigns and project support

#### Internal comms audit

Our most in-depth review of internal communications activity took place, including a staff survey, focus groups with stakeholders for feedback, and a review of channels. We are now working to analyse all the data, and produce recommendations for the next steps.

#### NHS Staff Survey:

The staff survey results were published, and a CEO message with the findings and next steps was shared.

#### Integrated Contact Centres - phase 3 restructure:

Activity included updated FAQs on the Green Room.

#### Staff network support:

Content was shared on LGBT History Month, International Women's Day and Race Equality Week.

### Spotlight: Star Awards

Our annual staff celebration - the Star Awards - took place in March at Ribby Hall Village in Lancashire. Over 270 colleagues attended. The team secured sponsorship which covered the entire costs of the event.

Chairman, Peter White, presented a special commendation in recognition of those who responded to the tragic Southport incident in July 2024.

Here's a rundown of all our winners:

- **Patient's Choice** – Emma Cowell, Paramedic, and Paul Blott, EMT, who helped deliver a baby that mum wasn't expecting.
- **Super Star** – John Howard, Dispatcher, who is popular with Parkway colleagues for making brews and toast!
- **Volunteer** – Michael Pain, Enhanced Community First Responder, who is always happy to help his community.
- **Apprentice** – Mark Smyth, Paramedic, who successfully registered as a Paramedic at 63, demonstrating that it's never too late to follow your dreams!
- **Inspirational Role Model** – Liam Halliwell, Advanced Practitioner, who inspires not only his team, but other colleagues in ICCs, with his wealth of experience, hard work and positivity.
- **Leader** – Jan Barnes-Orme, Head of Statutory and Occupational Learning, who goes above and beyond to help her team members reach their full potential.
- **Community Contribution** – Jonny Speirs, Emergency Medical Technician, who inspires young adults to join the ambulance service with his community engagement efforts.
- **Our Values** – Caroline Hargreaves, Senior Paramedic Team Leader, who worked with care homes in East Lancashire to prevent falls.
- **Teamwork** – Command and Resilience Education Team, who have made a real difference to commander education in such a short space of time.

### Making a difference



We have continued to test alternative subject lines in emails. One of two variations is shared with a small sample of staff and the most popular version then sent to the rest of the workforce. Our average open rate has gone from 40% to 50% showing the success of this method.



Additional cards were added to our 'thank you' scheme, which is being used more than ever. Paper copies of cards are available at contact centre sites for colleagues who have little opportunity to go online. Since the range of cards has expanded beyond 'thank yous', the plan is to rebrand and relaunch the scheme in Q1.

## Work together to shape a better future

**Objectives:** Improve sustainability, productivity and efficiency; design a sustainable operational model and implement in line with the UEC recovery priorities.

### Press and public relations

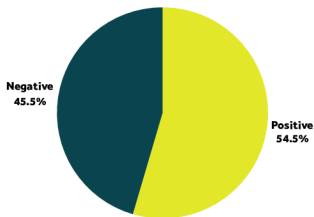
#### Press office activity / output

107	incident checks handled	▼ 44%
26	statements prepared in response to media enquiries	▲ 86%
2	positive broadcast media opportunities secured	▼ 88%
33	proactive stories issued, against our target of 16	

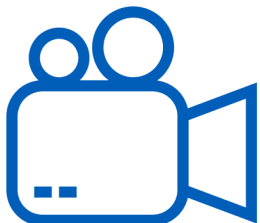
At the beginning of the year much of the coverage was about winter pressures and the demand facing the NHS. We were able to point to some of the positive work the trust was doing to mitigate that. We also supported coverage on our anti-violence and aggression campaign with broadcast interviews on local radio and BBC Breakfast, with call handler James Shelley describing his experience of homophobic abuse from a caller. We were also required to respond to separate reports about misconduct issues involving staff.

#### Resulting media coverage

To give us a picture of NWS in the media, we log news coverage available online. This will not include every mention in local press or broadcast media, but allows us to see the overall sentiment of reporting.



### Film & photography



**36** completed Vs 17 in the previous time period  
**3** in progress

It was a full team effort with all hands on deck to create finalist films for the Star Awards.

### External highlights

Our winter 24/25 campaign continued into this quarter, with January focusing on mental health awareness and February on our volunteers and the important work they do.

#### January - the focus of our activity was mental health

Mental health conditions were among the top 10 reasons for 999 calls over the past three winters. The majority of these calls were from people in the 18-30 age bracket across the North West. Based on these statistics and the audience profile of our \*social media followers, we took a digital approach to sharing our messages. \*(49.2% of our 21.3k followers on our Instagram page were in the 18-24 and 25-34 age brackets).

- We featured 4 profiles of staff members who had unique hobbies, and they shared tips on how their hobbies helped support mental well-being. Collectively, they had 11,269 engagements and 788,044 impressions.
- To strengthen our messaging, we also shared posts that directed people to available crisis lines and NHS 111 option 2. One of these posts achieved 3,507 unprompted engagements alone.
- We shared a reel featuring an inspiring story of how an EMT turned the devastating childhood experience of losing her mum into a positive one by becoming a paramedic. The reel has had 552k unprompted views on Facebook alone.



#### Making a difference

In January 2025, our 999 service had 8% fewer 999 calls for mental health compared to January 2024. This would equate to a saving of 91K for a hear and treat response.

#### February - The focus of our activity was volunteers

- We created a suite of 'Did you know?' social media posts that provided the answers to frequently asked questions about what volunteering entails. Collectively, they had 14,475 engagements and 240,846 impressions.
- We created an educational reel showing guardians of defibrillators how to care for them and ensure they are rescue-ready, which had 26.6k unprompted views.
- We issued a round-up news piece highlighting our volunteer stories to over 800 of our community contacts, our Patient and Public Panel, community first responders, and volunteer car drivers.
- We published an interactive poll on social media with 83% of those who saw the poll saying they found our volunteer content informative.



#### Making a difference

Concern about the upkeep of defibrillators was a topic raised with the Patient Engagement Team at one of their events last year, and so the Reel described above helped to reassure people of these concerns.

**Publications** - Your Call magazine was released on 19 February. It has been read 3,401 times with readers spending an average of two minutes and thirty-five seconds browsing the edition.

**Elm Point** - This quarter, we started planning the launch events for Liverpool's new HART base, which will include three events for different audiences that will take place in July and September. We launched an art competition with the two local schools we are working with on the project, and a winning design from each school will be displayed in the corridors of the new build.

### Stakeholder communications

- 5** letters to MPs on topics including ICC pay dispute x2, frequent callers, call delay and staff terminations
- 4** stakeholder briefings including a general quarterly brief, ICC dispute brief, and Winter Watch
- 2** Parliamentary Questions – Tim Farron MP on Pride decals on ambulances and Sarah Hall MP re staff transfers.
- 2** MP visits facilitated – Michael Wheeler MP did an observation shift from Salford and Phil Brickell MP visited LBH and Middlebrook.

### Freedom of Information (FOI)

**145** received ▲ **44%**  
**130** completed  
**99%** compliance year-to-date against a 20 day target. This is particularly noteworthy given the huge increase in FOI requests.

Topics included:





- Private ambulance use
- Staffing
- Contracts and policies

#### NOTES

We have a statutory duty to reply to FOIs within 20 working days. The national target is 90% for this and we set an internal stretch target of 95%.

## Social media - Facebook, X (Twitter) and Instagram

### Audience

	<b>93,762</b>	Facebook followers
	<b>68,578</b>	X (Twitter) followers
	<b>21,645</b>	Instagram followers
	<b>11,236</b>	LinkedIn followers

**Audience growth**  
▲ **3.5%**

### Engagement

**466** posts published on all channels ▼ **36%**

**5,557,789** impressions ▲ **2%**

**360,779** engagements (comments, likes, retweets, shares etc) ▲ **2%**

**6.5%** engagement rate ▲ **35%**

'Impressions' are the number of times our content may have been seen by a member of the public

'Engagements' are when someone engages with our content eg clicks a link, reacts to it by clicking 'like', or shares or retweets it

The 'Engagement rate' shows us the number of interactions our content receives per follower

'Reels' are short, entertaining videos with audio tracks

### TOP POSTS



North West Ambulance Service NHS Tr...  
Sun 1/12/2025 7:05 am GMT

Huge congratulations to our latest cohort of apprentice emergency medical technicians who have finished the clinical training. 🎉 They have four...



**32,560 engagements**



North West Ambulance ...  
Fri 3/7/2025 10:33 am GMT

"Our baby was born weighing less than a bag of sugar." Newly Qualified Paramed Kriss Spencer's little boy Noah was born



**29,444 engagements**

### TOP REELS



**A paramedic describing her career influences - 551,660 views**



**You don't skip the A&E queue arriving by ambulance - 216,526 views**

## Making a difference



Whilst we saw a significant drop in posting activity compared to Q3, we consider this a positive approach as our engagement figures show a slight increase of **1.6%**. This means our audience is engaging more with fewer posts; therefore, our content is strong, and we still favour quality over quantity. To further support this, even though we posted less, our content was still seen over **5.5 million** times, which shows we maintained our strong social media presence and reputation. People are still finding and seeing our posts.



Our engagement rate increase is particularly noteworthy. A higher engagement rate means that, on average, each post resonated more with our audience.



Facebook continues to be king in terms of how engaged people are on one of our platforms, with a **4.6%** rise in engagements compared to Q3 and a **19.5%** increase in engagement rate compared to Q3. LinkedIn seems to be a powerhouse in terms of audience growth, with an **8.2%** increase to **11,236** compared to Q3, as we continue to invest more time on the platform and test and trial approaches to content.

## Green Room

**20,865** users ▲ **0%** **680,175** page views

### Most viewed

Managers on duty – 116,357  
Bulletins – 19,562  
HR Portal – 18,162



### NOTES

A 'user' is a person who has an engaged session. An 'engaged session' is when a user is engaged for longer than 10 seconds, performs an action, or views at least 2 pages. This discounts visits where users immediately move onto another site.

## Website

**299,744** users ▲ **7%** **438,811** page views ▲ **11%**

### Most viewed

Vacancies – 120,616  
Apprenticeships – 26,598  
Locations – 24,752



### Devices used to visit our site

Mobile  
**174,041** (58%)  
Desktop  
**118,942** (39%)  
Tablet  
**8,511** (3%)

## Making a difference



Our website has been visited more this quarter. A 20% increase in visits to our vacancies page and 10% increase to our apprenticeships page are most likely as a result of multiple news stories about EMT and call handler roles which have been shared on our social media accounts.

## Communications and engagement plans for Q1

- Continuing our patient inclusion work to understand barriers to receiving feedback from typically disengaged communities.
- Stock photography refresh.
- Green Room improvements, including a filter by service line for news stories.
- Star Awards - review of categories and venue search (2026).
- Continue to develop relationships with hard-to-reach community groups.
- Findings report for our internal communications audit with plans to implement improvements.
- Further testing of e-shot emails to improve engagement.
- The submission of an options paper for the future of the Green Room (intranet), which was carried over from Q4.
- Plans for 2025/26 community events.



## REPORT TO THE BOARD OF DIRECTORS

<b>DATE</b>	Wednesday, 28 May 2025
<b>SUBJECT</b>	Communications and Engagement Dashboard
<b>PRESENTED BY</b>	Alison Ormerod, Interim Deputy Director of Strategy, Partnerships and Transformation
<b>PURPOSE</b>	Assurance

<b>LINK TO STRATEGY</b>	All Strategies											
<b>BOARD ASSURANCE FRAMEWORK (BAF)</b>	<b>SR01</b>	<input checked="" type="checkbox"/>	<b>SR02</b>	<input type="checkbox"/>	<b>SR03</b>	<input type="checkbox"/>	<b>SR04</b>	<input type="checkbox"/>	<b>SR05</b>	<input type="checkbox"/>		
	<b>SR06</b>	<input type="checkbox"/>	<b>SR07</b>	<input type="checkbox"/>	<b>SR08</b>	<input type="checkbox"/>	<b>SR09</b>	<input type="checkbox"/>	<b>SR10</b>	<input type="checkbox"/>	<b>SR11</b>	<input type="checkbox"/>

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

<b>ACTION REQUIRED</b>	The Board of Directors is asked to note the contents of this report and discuss the impact of its content.	
<b>EXECUTIVE SUMMARY</b>	<p>The Communications and Engagement Team provides a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights.</p> <p>The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy, and the positive impact it has on staff, patients, and partners.</p>	
<b>PREVIOUSLY CONSIDERED BY</b>	Not Applicable	
	Date	Click or tap to enter a date.
	Outcome	

## 1. BACKGROUND

This report provides the Board of Directors with a summary of key outputs, impact and associated highlights on the work of the combined Communications and Engagement Team for quarter four of the financial year 2023/24 (January-March 2024).

It demonstrates how the activity of the team contributes to the strategic aims and objectives of the trust strategy.

## 2. REPORT

The dashboard demonstrates how activity aligns with the aims and objectives of the trust strategy, and the positive impact it has on staff, patients, and partners.

Key points to note are:

### **Aim 1 – Provide high quality, inclusive care**

#### **Objective – Identify opportunities to improve clinical practice and patient experience.**

Statistical content and narrative is provided to outline patient engagement activity that meet this aim and objective.

For Q4, this includes:

- Three community listening events delivered, with more than 100 attendees giving feedback on our services.
- 1,200 patient feedback surveys returned.
- Growing the Patient and Public Panel to 329 members, who contributed to 20 separate involvement opportunities.

Examples of the impact of this work are included in the report:

- Following feedback from the Deaf community about accessing 111, a visit to the Deaf Village community group was arranged with a representative from 111 to demonstrate the British Sign Language app.
- Members of the PPP contributed to the development of a pictorial eBook, designed to support staff when communicating with patients with a disability.

### **Aim 2 – Be a brilliant place to work for all**

#### **Objective – Improve the health, wellbeing and safety of our people**

Statistical content and narrative is provided to outline communications activity that meet this aim and objective.

For Q4, this includes:

- Network support – extensive comms activity in support of various network events including LGBT+ History month, International Women's Day and more.
- Staff survey – after helping to achieve the highest ever staff survey return rate, comms activity has focused on promoting the results and encouraging responses to the smaller quarterly pulse survey.
- Body worn video cameras – thanks to comms activity, usage of BWVC continues to increase. There has also been an increase in staff coming forward to share their stories, demonstrating the effectiveness of comms messages so far.

- Better Health Better You newsletter – readership continues to steadily increase, reaching more than 3000 staff each month. In Q4, 560 people clicked on the links to access further support or information – this was particularly high for January’s edition about financial support.
- Sexual safety campaign – this was launched in Q4 and planning is underway for a Q1 2024/25 roadshow to take the conversation to staff at NWS and hospital sites.

### **Aim 3 – Work together to shape a better future**

**Objectives – Improve sustainability, productivity and efficiency; Design a sustainable operational model and implement in line with the UEC recovery priorities.**

Statistical content and narrative is provided to outline communications activity that meet this aim and objective.

For Q4, this includes:

- Winter demand campaign evaluation – highlights from our campaign evaluation include –
  - Social media content seen over 1.5m times
  - 25 pieces of positive media coverage, including a live interview with BBC Breakfast
  - 30k health information leaflets distributed, and translated into six languages
  - 6m pairs of ears hearing the radio adverts
  - A 25% reduction in NHS 111 calls for repeat prescriptions in December 2023 compared with December 2022, despite an overall increase of 2% in calls to 111
  - 17% decrease in 999 calls for falls from Nov 23-Feb 24
  - 10% decrease in 999 calls overall during October 2023, compared to October 2024
- Careers with Heart – launch of a new trust-wide recruitment campaign which led to a 104% increase in visits to the careers page on the NWS website during its first month
- Press office – a busy quarter for the press office with an increase in positive proactive stories issued and interviews arranged, and reactive statements prepared.
- Social media activity – we continue to grow our online audience at a steady rate. This quarter saw our most successful ‘reel’ (Instagram video post) yet, with a teaser about BBC Ambulance reached 70,000 views.

**The report also captures other areas of communications and engagement activity which cut across the three aims:**

- Website and Green Room – we have seen an increase in visits to both the website and Green Room. On the website, the vacancies page was popular, which is a result of the Careers with Heart campaign launch. The Green Room has seen an increase in visitors with key areas, such as the managers on duty page, HR Portal and bulletins, being the most popular pages, suggesting it continues to be a useful resource for staff.
- Accessibility – work continues on improving accessibility of NWS information. 220 publications were audited on the website with many being converted to the more accessible HTML format. Training has also been delivered to several trust departments to help make documents more accessible and this will continue in 2024/25.
- FOI figures – Q4 was busy with FOIs, with 62% more responded to than in Q3. We end the year achieving the 20-working day response target 98% of the time. FOI training is being delivered to trust departments to help with awareness and compliance, and the FOI policy was updated ready for 2024/25.
- Stakeholder communications – Q4 saw an increase in correspondence with MPs and key stakeholders. This is likely due to increased political activity with local and forthcoming general elections.

- Publications –Your Call magazine was released in January and has been read more than 4,000 times. This edition included an 'A-Z of PTS', following feedback gathered from the public at the recent community listening events which suggested there needed to be more awareness of the PTS service.

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

All of the trust's communications and engagement activities seek to promote equality and diversity and ensure information is accessible to all.

An accessibility work plan is being actioned within the team currently, which aims to improve accessibility for all – this includes improvements to the website and Green Room, changes to the way all trust information (including policies and procedures) is presented, how events are organised and delivered, and more.

### **4. RISK CONSIDERATION**

The team's patient engagement work explained in the first section of our report is helping to mitigate the following identified corporate risk: There is a risk the trust cannot confidently assess the experiences of patients from diverse backgrounds due to a lack of demographic data available from patient surveys.

### **5. ACTION REQUIRED**

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.