

AGENDA



Board of Directors
Wednesday, 18th June 2025
10:45 – 11:30
Microsoft Teams

Item No	Agenda Item	Time	Purpose	Lead
INTRODUCTION				
BOD/2526/42	Apologies for Absence	10:45	Information	Chair
BOD/2526/43	Declarations of Interest	10:45	Decision	Chair
RESOURCES				
BOD/2526/44	Audit Completion Report	10:45	Assurance	Director of Finance
BOD/2526/45	Audited Annual Accounts 2024/25	10:55	Decision	Director of Finance
BOD/2526/46	Management Letter of Representation	11:05	Decision	Director of Finance
BOD/2526/47	Annual Report 2024/25	11:15	Decision	Deputy Director of Corporate Affairs
QUALITY				
BOD/2526/48	Quality Account 2024/25	11:20	Decision	Director of Quality and Improvement
CLOSING				
BOD/2526/49	Any Other Business Notified Prior to the Meeting	11:30	Decision	Chair
DATE AND TIME OF NEXT MEETING				
30th July 2025 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton				



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 18 June 2025
SUBJECT	Audit Completion Report – 2024/25
PRESENTED BY	Executive Director of Finance
PURPOSE	Assurance

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

Risk Appetite Statement <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" 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"> Note the content of the audit completion report; and Note the assurance provided. 	
EXECUTIVE SUMMARY	<p>The report summarises the findings of the external audit of the Trust's financial statements, for the financial year ending 31 March 2025. The audit is substantially complete and it is anticipated that the external auditors will issue an unqualified audit report following receipt of the Board approved accounts and annual report.</p>	
PREVIOUSLY CONSIDERED BY	Audit Committee	
	Date	Wednesday, 18 June 2025
	Outcome	Noted



Audit completion report

North West Ambulance Service NHS Trust – year ended 31 March 2025

June 2025

Strictly private and confidential

Private and confidential



Audit Committee
North West Ambulance Service NHS Trust
Ladybridge Hall
Chorley new road
Bolton
BL1 5DD
18th June 2025

Forvis Mazars
One St Peter's Square
Manchester
M2 3DE

Dear Committee Members,

Audit Completion Report – Year ended 31 March 2025

We are pleased to present our Audit Completion Report for the North West Ambulance Service NHS Trust (the Trust) for the year ended 31 March 2025. The purpose of this report is to summarise our audit findings and conclusions.

This report is intended solely for the Audit Committee for the purpose of communicating certain matters that, in our professional judgement, are relevant to your oversight of the financial reporting process. Subject to our prior written agreement or as required by any applicable law or regulation, this report is considered confidential and is intended solely for Audit Committee and should not be disclosed to any other party, used or quoted for any other purpose.

We appreciate the courtesy and co-operation extended to us by the North West Ambulance Service NHS Trust throughout our audit. We would be happy to discuss the contents of this report, or any other matters regarding our audit, with you in more detail.

Yours faithfully

A handwritten signature in blue ink, appearing to read "Daniel Watson".

Daniel Watson

Forvis Mazars LLP

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Appendix F: Current year updates, forthcoming accounting & other issues

This document is to be regarded as confidential to North West Ambulance Service NHS Trust. It has been prepared for the sole use of the Audit Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

01

Executive Summary

Executive summary

Scope

We have been engaged to audit the financial statements of North West Ambulance Service NHS Trust for the year ended 31 March 2025 which are prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024-25.

We have conducted our audit in accordance with International Standards on Auditing (UK) ('ISAs'), relevant ethical and professional standards, and the terms of our engagement communicated in our engagement letter.

Audit status

Our audit procedures are now substantially complete for the year ended 31 March 2025.

At the time of preparing this report, there are no significant matters outstanding.

Areas of focus and audit approach, and significant findings

We have not made any changes to our initial risk assessment and planned audit approach that was communicated to the Audit Committee in our Audit Strategy Memorandum.

Significant control deficiencies

We did not identify any significant deficiencies in internal control. We have identified one other control recommendation.

Audit misstatements

A summary of the adjusted and unadjusted misstatements above our reporting threshold we have identified to date is set out in the '*Summary of misstatements*' section.

Audit opinion

At the time of issuing this report and subject to the satisfactory conclusion of our remaining audit work, we anticipate issuing an unqualified opinion, without modification, as set out in Appendix C.

Value for Money

We anticipate having no significant weaknesses in arrangements to report in relation to the arrangements the Trust has in place to secure economy, efficiency and effectiveness in its use of resources. Further details have been provided in the '*Value for Money*' section of this report.

Reporting to the group auditor

We anticipate reporting to the National Audit Office (NAO) that the Trust's consolidation data is consistent with the financial statements.

Qualitative aspects of Trust's accounting practices

We have reviewed Trust's accounting policies and disclosures and conclude that they comply with the DHSC Group Accounting Manual 2024-25, appropriately tailored to the Trust's circumstances.

Draft accounts were received from the Trust on the 25th April 2025 in accordance with the statutory deadline. The supporting working papers were of good quality and were enhanced by support provided by management.

Significant difficulties during the audit






We have not encountered any significant difficulties, and we have had the full co-operation of management.

We would like to take this opportunity to thank the Trust's finance team for their support throughout the audit process.





Status of our audit

Status of our audit

Our audit work is substantially complete and there are currently no matters of which we are aware that would require modification of our audit opinion, subject to the satisfactory resolution of the outstanding matters set out below.

Annual Report and AGS We are reviewing the draft version of the Annual Report and Annual Governance Statement.	
Final accounts and Letter of Representation We will complete our final review of the financial statements upon receipt of the signed version of the accounts and letter of representation.	
Whole of Government Accounts (WGA) On receipt of the final version of the Trust's accounts and TAC forms, we will conclude our work on the WGA and consistency check.	
Final Key Audit Partner Review We need to complete our final key audit partner review of the file following completion of the items disclosed in the summary	
Audit Certificate Due to changes in audit requirements for group audits, we are unable to issue our certificate until the NAO certify the Department of Health and Social Care audit as complete. At this point we will issue our audit certificate.	

Status

	Likely to result in a material adjustment or a significant change to disclosures in the financial statements.
	Potential to result in a material adjustment or a significant change to disclosures in the financial statements.
	Not considered likely to result in a material adjustment or a change to disclosures in the financial statements.
	Work on value for money arrangements

Audit approach and risk summary

Audit approach and risk summary

Changes to our audit approach

There have been no changes to the audit approach we communicated in our Audit Strategy Memorandum, issued in April 2025.

Materiality

Our provisional materiality at the planning stage of our audit was set at £10.36m using a benchmark of 2% of gross operating expenditure as per the Audit Strategy Memorandum.

Based on the final financial statement figures, the final overall materiality we applied was £11.05m (final performance materiality: £8.84m; final clearly trivial threshold: £300k).

Use of experts

As reported to you in our Audit Strategy Memorandum, we considered the work of experts in relation to specific entries within the financial statements.

We identified the Trust relies on the work of external experts Deloitte to provide valuations of the Trust property portfolio; and that elements of the Remuneration Report are reliant on the work of the NHS Pensions Agency.

We have also identified the Trust relies on the external expert Nifes for the measurement of asset areas. We have not previously reported this in our Audit Strategy Memorandum. We have considered the work of these experts in line with our planned approach.

Service organisations

International Auditing Standards (UK) (ISAs) define service organisations as third-party organisations providing services to the trust that are part of its information systems relevant to financial reporting. We are required to obtain an understanding of the services provided by service organisations as well as evaluating the design and implementation of controls over those services. The table below summarises the service organisations used by the Trust and our planned audit approach.

Items of Account	Service organisation	Work Performed
Payroll	IBM Electronic Staff Records (ESR)	<p>We have obtained the appropriate ISAE3402 controls report and assessed the boundary points of the Trust's interaction with the service organisation.</p> <p>We also reviewed and tested data held by the Trust.</p>
Payroll	East Lancashire Financial Services (ELFS) Shared Services	<p>We performed a walkthrough to gain an understanding of the controls in place and confirmed their operation throughout the financial year.</p> <p>We also reviewed and tested data held by the Trust.</p>
General Ledger	North East Patches (NEP)	<p>We have obtained the appropriate ISAE3402 controls report and assessed the boundary points of the Trust's interaction with the service organisation.</p> <p>We also reviewed and tested data held by the Trust.</p>

Audit approach and risk summary

	Audit risk/ key area of judgement	Fraud risk	Judgement	Error	Substantive audit procedures	Tests of controls	Misstatement identified	Control recommendations	Conclusion	Page ref to finding
Significant risks	Expenditure recognition	●	●	○	●	○	○	○	Risk is satisfactorily addressed.	13
	Management override of controls	●	○	○	●	○	○	○	Risk is satisfactorily addressed.	12
Other key areas of judgement, and enhanced risks	Valuation of property, plant & equipment	○	●	●	●	○	○	○	Risk is satisfactorily addressed.	14

Significant findings

Significant findings

The significant findings from our audit include our conclusions regarding the significant risks we identified and other key areas of judgement, which are set out in this section.

Significant risks

Management override of controls

Description of the risk

In all entities, management at various levels within an organisation are in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Due to the unpredictable way in which such override could occur, we consider there to be a risk of material misstatement due to fraud and thus a significant risk on all audits.

How we addressed this risk

We addressed this risk through performing audit work over:

- Accounting estimates impacting amounts included in the financial statements;
- Consideration of identified significant transactions outside the normal course of business; and
- Journal entries recorded in the general ledger and other adjustments made in preparation of the financial statements.

Audit conclusion

We have completed all planned work and procedures in relation to the risk and have no issues to report or bring to your attention.

Significant findings

Significant risks (continued)

**Risk of fraud in
expenditure recognition**

Description of the risk

In the public sector, auditors also consider the risk that material misstatements due to fraudulent financial reporting may arise from the manipulation of expenditure recognition, which may materialise due to the audited body manipulating expenditure to meet externally set targets.
We consider there to be a risk that management could record expenditure and / or liabilities within the accounts that do not properly meet the relevant expenditure recognition criteria for the year to which they are charged.
We consider the risk of overstatement to be in relation to the accounting treatment of non-pay expenditure around the year end and the accuracy, completeness and existence of accruals, provisions, deferred income and the existence and accuracy of capital expenditure in quarter 4 of 2024/25

How we addressed this risk

We addressed this risk through performing audit work over:

- Testing payments in the pre and post year end period
- Testing a sample of individual accruals to supporting documentation to confirm the method of calculation and to confirm inclusion in the correct period
- Testing capital additions of PPE and/or intangibles focusing on quarter 4.
- Consideration of completeness of deferred income
- Consideration of completeness of provisions

Audit conclusion

We have completed all planned work and procedures in relation to the risk and have no issues to report or bring to your attention.

Having considered the risk factors set out in ISA240 and evaluated the nature of the revenue streams at the Trust we have determined that the presumed risk of fraud arising from revenue recognition can be rebutted because over 95% of the income is in form of block contract from ICB and the remaining 5% largely relates to income from NHS Education & Training. The risk of manipulation is limited.

Significant findings

Other key areas of management judgement/ enhanced risks

Valuation of property, plant & equipment

Description of the risk

Land and Buildings are some of the Trust's highest value assets accounting for £43.1m of the Trust's £140m Property, Plant and Equipment balance as at 31 March 2025. The level of estimation uncertainty arising from the extensive use of judgement in the valuation process, along with the size of the asset base means that we consider valuation of land and buildings to be a significant risk.

Management engages Deloitte LLP as an expert to assist in determining the current value of land and building to be included in the financial statements. Changes in the value of land and buildings, as well as additional capital works being completed in the year, may impact on the Statement of Comprehensive Income depending on circumstances and the specific accounting requirements of the Group Accounting Manual.

How we addressed this risk

We addressed this risk through performing audit work including:

- Liaise with management on the understanding on the approach taken by the Trust in its valuation of land and building, including documenting our review and challenge of the methodology that the Trust has used
- Reviewing the underlying data, and sample testing to gain assurance of its accuracy
- Reviewing the scope and terms of the engagement with Deloitte
- Reviewing how management use the Deloitte report to value land and building in the financial statements
- Obtain an understanding of the skills, experience and qualification of the valuer, and considering the appropriateness of the instructions to the valuer from the Trust
- Reviewing the valuation approach and assessment in respect of capital additions within the year to ensure we understand how valuations have been updated and amended as the asset have been bought into use
- Testing a sample of valuation movements to gain assurance that the accounting treatment is appropriate, and we will also consider evidence of regional valuation trends

Audit conclusion

We have completed all planned work and procedures in relation to the risk and have no issues to report or bring to your attention.

Summary of misstatements

Summary of misstatements

Unadjusted misstatements

Our overall materiality, performance materiality, and clearly trivial (reporting) threshold were reported in our Audit Summary Memorandum, issued in April 2025. Any subsequent changes to those figures are set out in the 'Executive summary' section of this report.

We identified no misstatements above our reporting threshold, or that we deem to be material by nature, as at the date of this report which were not adjusted.

Adjusted misstatements

The misstatements in the table below have been adjusted by management. We report all individual misstatements above our reporting threshold that we identify during our audit and which management had adjusted and any other misstatements we believe the Audit Committee should be made aware of.

We identified no misstatements above our reporting threshold, or that we deem to be material by nature, as at the date of this report which were adjusted.

Summary of misstatements

Disclosure misstatements

We identified the following disclosure misstatements during our audit that have been corrected by management:

- Other disclosures (staff report) the average number of employees figures were updated in the annual report from 7,079 WTE to 7,089 WTE.
- Fair pay disclosure (staff report) the pay multiple disclosure has been updated, for the highest paid director from actual salary to the mid-point of the salary band.

A small number of presentational issues have been identified during our audit of the financial statements, and these have all been amended by the Trust

Fraud considerations

Fraud considerations

We have a responsibility to plan and perform our audit to obtain reasonable assurance that the financial statements are free from material misstatement, whether due to fraud or error.

Your responsibilities

Management has primary responsibility for the prevention and detection of fraud. It is important that management, with Audit Committee oversight, place a strong emphasis on fraud prevention, which may reduce opportunities for fraud to take place, and fraud deterrence, which could persuade individuals not to commit fraud because of the likelihood of detection and punishment. This involves a commitment to creating a culture of honesty and ethical behaviour which is reinforced by the Audit Committee's active oversight.

Our responsibilities

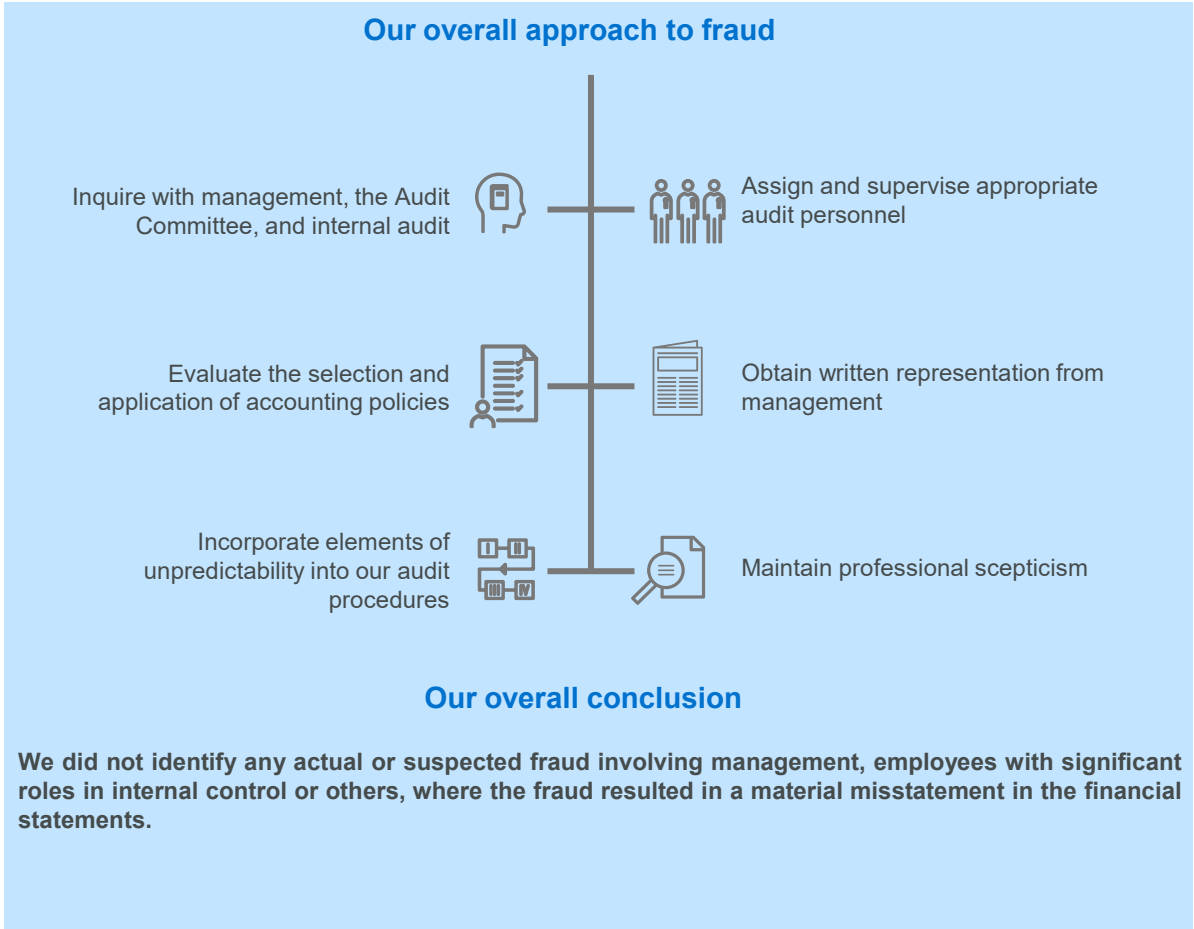
We have a responsibility for obtaining reasonable assurance that the financial statements taken as a whole are free from material misstatement, whether due to fraud or error. The distinguishing factor between fraud and error is whether the underlying action that results in a misstatement is intentional or unintentional. Two types of intentional misstatements are relevant to us – misstatements resulting from fraudulent financial reporting, and misstatements resulting from the misappropriation of assets.

ISA presumed fraud risks

As set out in the 'Audit approach and risk summary' section, the risks of fraud in expenditure recognition and management override of controls were identified as significant risks.

Other fraud risks

As set out in the 'Audit approach and risk summary' section, the other risks of fraud that we identified, namely valuation of property, plant & equipment were identified as significant risks.



07

Value for Money

Value for Money

Approach to Value for Money

We are required to form a view as to whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out in order to form our view and sets out the overall criterion and sub-criteria that we are required to consider.

This is the first audit year where we have undertaken our value for money (VFM) work under the 2024 Code of Audit Practice (the Code). Our responsibility remains to be satisfied that the Trust has proper arrangements in place, and to report in the auditor's report where we are not satisfied that arrangements are in place. Where we have issued a recommendation in relation to a significant weaknesses this indicates we are not satisfied that arrangements are in place. Separately we provide a commentary on the Trust's arrangements in the Auditor's Annual Report.

The Code requires us to structure our commentary to report under three specified criteria:

1. **Financial sustainability** – how the Trust plans and manages its resources to ensure it can continue to deliver its services;
2. **Governance** – how the Trust ensures that it makes informed decisions and properly manages its risks; and
3. **Improving economy, efficiency and effectiveness** – how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

At the planning stage of the audit, we undertook work to understand the arrangements that the Trust had in place under each of the reporting criteria and we identified risks of significant weaknesses in those arrangements. Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest significant weaknesses in arrangements exist.

The table overleaf outlines the risks of significant weaknesses in arrangements that we have identified, the risk-based procedures we have undertaken, and the results of our work.

Where our risk-based procedures identify actual significant weaknesses in arrangements we are required to report these and make recommendations for improvement. Where such significant weaknesses are identified, we report these in the audit report by exception. We will also highlight emerging issues or other matters that do not represent significant weaknesses but still require attention from the Trust.

The primary output of our work on the Trust's arrangements is the commentary on those arrangements that forms part of the Auditor's Annual Report. This commentary will provide a summary of the work we have undertaken and our judgements against each of the specified reporting criteria. We intend to issue the Auditor's Annual Report alongside our audit opinion.

Status of our work

We have completed our work in respect of the Trust's arrangements for the year ended 31 March 2025 and we have not identified any significant weaknesses in arrangements that have required us to make a recommendation. Our draft audit report at Appendix C confirms that we have no matters to report in respect of significant weaknesses. As noted above, our commentary on the Trust's arrangements will be provided in the Auditor's Annual Report.

Our draft audit report at Appendix C confirms that we have matters to report in respect of significant weaknesses. As noted above, our commentary on the Trust's arrangements will be provided in the Auditor's Annual Report.



Appendices

A: Internal control conclusions

B: Draft management representation letter

C: Draft audit report

D: Confirmation of our independence

E: Other communications

F: Current year updates, forthcoming accounting & other issues

Appendix A: Internal control conclusions

Other deficiencies in internal control

A deficiency in internal control exists if:

- A control is designed, implemented, or operated in such a way that it is unable to prevent, detect, and/ or correct potential misstatements in the financial statements; or
- A control that is necessary to prevent, detect, and/ or correct misstatements in the financial statements on a timely basis is missing.

The purpose of our audit was to express an opinion on the financial statements. As part of our audit, we have considered the Trust’s internal controls relevant to the preparation of the financial statements to design audit procedures to allow us to express an opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Trust’s internal controls or to identify any significant deficiencies in their design or operation.

The matters reported in Appendix A are limited to those deficiencies and other control recommendations that we have identified during our normal audit procedures and which we consider to be of sufficient importance to merit being reported. If we had performed more extensive procedures on internal control, we might have identified more deficiencies to report or concluded that some of the reported deficiencies need not in fact have been reported. Our comments in Appendix A should not be regarded as a comprehensive record of all deficiencies that may exist or improvements that could be made.

This Appendix sets out the internal control observations that we have identified as at the date of this report. These control observations are not, in our view, significant control deficiencies but have been reported to management directly and are included in this report for your information. In our view, there is a need to address the deficiencies in internal control set out in this section to strengthen internal control or enhance business efficiency. Our recommendations should be actioned by management in the near future.

Appendix A: Internal control conclusions

Other deficiencies in internal control

This Appendix sets out the internal control observations that we have identified as at the date of this report. These control observations are not, in our view, significant control deficiencies but have been] reported to management directly and are included in this report for your information. In our view, there is a need to address the deficiencies in internal control set out in this section to strengthen internal control or enhance business efficiency. Our recommendations should be actioned by management in the near future.

Approval of Purchase Order – Operating Effectiveness

Description of deficiency

Our testing identified that purchase orders relating to utilities (gas, electricity, water) were incorrectly processed as goods at the requisition stage, on approval they generated inaccurate values. We have confirmed that the net impact was nil

Potential effects

Incorrectly processing purchase orders could lead to errors within the Trust’s financial ledger. Left undetected this could lead to errors in the Trust’s financial statements.

Recommendation

Conduct regular training sessions for all procurement staff to reinforce the correct process of raising service expenditure under service lines, rather than goods lines, within Oracle.

Management response

This issue was selected at the improvement processes project and a guidance was written to clarify how to raise requisitions correctly, where utilities and other services are mentioned specifically to ensure correct treatment. Will monitor the performance and provide guidance and training to minimise errors.

Appendix A: Internal control conclusions

Internal control points

We set out below an update on internal control points raised in prior periods.

Confirmation of Ownership– Operating Effectiveness

Description of deficiency

We have noted from our testing of asset ownership that for one site with shared ownership, the title deed does not show North West Ambulance Service NHS Trust as the owner.

Current year update: The Trust has restarted the discussion with the co-locator (NHS Blood and Transplant) and the process is ongoing, in addition there is a significant backlog in the work of land registry with the delays of at least 18 months. NWAS will continue discussions with the co-locator (NHS Blood and Transplant) to request a split of the title for the station.

Potential effects

There are potential issues when the Trust wants to make any significant changes to the asset, or dispose of the asset, where ownership can't be confirmed via the land registry

Recommendation

The Trust should ensure that the title is split appropriately between both entities.

Management response

The Trust will continue discussions with the co-locator (NHS Blood and Transplant) to request a split of the title for the station.

Appendix B: Draft management representation letter

Forvis Mazars
One St Peter's square
Manchester
M2 3DE

June 2025

Dear Daniel,

North West Ambulance Service NHS Trust - Audit for Year Ended 31 March 2025

This representation letter is provided in connection with your audit of the financial statements of North West Ambulance Service NHS Trust the Trust for the year ended 31 March 2025 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the DHSC Group Accounting Manual 2024/25 (the GAM).

I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that I can properly make each of the following representations to you.

My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the GAM, and relevant legislation and International Financial Reporting Standards (IFRS) as adapted and adopted by HM Treasury.

Appendix B: Draft management representation letter

My responsibility to provide and disclose relevant information

I have provided you with:

- access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the Trust you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Accountable Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information.

As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

I confirm that there is no information provided to you as part of the audit that we consider legally privileged.

Accounting records

I confirm that all transactions that have a material effect on the financial statements have been recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all Board and relevant committee meetings, have been made available to you.

Accounting policies

- I confirm that I have reviewed the accounting policies applied during the year in accordance with the GAM and International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the Trust's financial position, financial performance and cash flows.

Appendix B: Draft management representation letter

Accounting estimates, including those measured at fair value

I confirm that the methods, significant assumptions and the data used by the Trust in making the accounting estimates, including those measured at fair value, are appropriate to achieve recognition, measurement or disclosure that is in accordance with the applicable financial reporting framework.

Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired, or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the Trust have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the GAM and relevant legislation and IFRSs as adapted and adopted by HM Treasury.

Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

The Trust has complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error

I acknowledge my responsibility as Accountable Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error and I believe I have appropriately fulfilled those responsibilities.

Appendix B: Draft management representation letter

I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the Trust involving:
 - management and those charged with governance;
 - employees who have significant roles in internal control; and
 - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the GAM and relevant legislation and IFRSs.

I have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which I am aware.

Impairment review

To the best of my knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the property, plant and equipment and intangible assets below their carrying value at the balance sheet date. An impairment review is therefore not considered necessary.

Charges on assets

All the Trust's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

Appendix B: Draft management representation letter

Future commitments

The Trust has no plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the GAM, relevant legislation and IFRSs, require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

Impacts of Russian Forces entering Ukraine

I confirm that I have carried out an assessment of the potential impact of Russian Forces entering Ukraine on the Trust including the impact of mitigation measures and uncertainties.

Tariffs

I confirm that I have carried out an assessment of the potential impact of changes in US trade policy in respect of tariffs, including the impact of reciprocal tariffs by other countries, including the impact of mitigation measures and uncertainties.

Going concern

To the best of my knowledge there is nothing to indicate that the Trust will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

Annual Governance Statement

I am satisfied that the Annual Governance Statement (AGS) fairly reflects the Trust's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the AGS.

Appendix B: Draft management representation letter

Annual Report

The disclosures within the Annual Report and Remuneration and Staff Report fairly reflect my understanding of the Trust’s financial and operating performance over the period covered by the financial statements.

Unadjusted misstatements

We confirm that the there are no uncorrected misstatements to report.

Arrangements to achieve economy, effectiveness and efficiency in Use of Resources (Value for Money arrangements)

I confirm that I have disclosed to you all findings and correspondence from regulators for previous and ongoing inspections of which I am aware. In addition, I have disclosed to you any other information that would be considered relevant to your work on value for money arrangements.

Yours faithfully,

Accountable Officer on behalf of the Directors:

Date:

Appendix C: Draft audit report

Independent auditor’s report to the Directors of North West Ambulance Service NHS Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of North West Ambulance Service NHS Trust (‘the Trust’) for the year ended 31 March 2025, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers’ Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury’s Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, and the Accounts Direction issued by the Secretary of State with the approval of HM Treasury as relevant to NHS Trusts in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the “Auditor’s responsibilities for the audit of the financial statements” section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Appendix C: Draft audit report

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of the Directors and the Accountable Officer for the financial statements

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. The Directors are required to comply with the Department of Health and Social Care Group Accounting Manual 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Directors are responsible for assessing each year whether or not it is appropriate for the Trust to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

- As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Accountable Officer is responsible for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is responsible for ensuring that the financial statements are prepared in a format directed by the Secretary of State.

Appendix C: Draft audit report

Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: employment regulation, health and safety regulation, anti-money laundering regulation, data protection, environmental protection, corruption and anti-bribery.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)

In addition, we evaluated management’s incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to: posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off unusual transactions.

Appendix C: Draft audit report

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management, Head of Internal Audit and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Appendix C: Draft audit report

Auditor’s responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21 of the Local Audit and Accountability Act 2014 (as amended) to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act; or

Appendix C: Draft audit report

- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the Trust under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Board of Directors of North West Ambulance Service NHS Trust, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Directors of the Trust those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Directors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.

Daniel Watson, Key Audit Partner

For and on behalf of Forvis Mazars LLP (Local Auditor)

One St Peter’s Square

Manchester

M2 3DE





XX June 2025

Appendix D: Confirmation of our independence



We communicate any matters which we believe may have a bearing on the independence or the objectivity of Forvis Mazars LLP and the audit team. As part of our ongoing risk assessment, we monitor our relationships with you to identify any new actual or perceived threats to our independence within the regulatory or professional requirements governing us as your auditors.

We confirm that no new threats to independence have been identified since issuing our Audit Strategy Memorandum and therefore we remain independent.


Appendix E: Other communications

Other communication		Response
	Compliance with Laws and Regulations	<p>We have not identified any significant matters involving actual or suspected non-compliance with laws and regulations.</p> <p>We will obtain written representations from management that all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements have been disclosed.</p>
	External confirmations	<p>We did not experience any issues with respect to obtaining external confirmations.</p>
	Related parties	<p>We did not identify any significant matters relating to the audit of related parties.</p> <p>We will obtain written representations from management confirming that:</p> <ol style="list-style-type: none"> they have disclosed to us the identity of related parties and all the related party relationships and transactions of which they are aware; and they have appropriately accounted for and disclosed such relationships and transactions in accordance with the requirements of the applicable financial reporting framework.
	Going Concern	<p>We have not identified any evidence to cause us to disagree with Director of Finance that North West Ambulance Service NHS Trust will be a going concern, and therefore we have not identified any evidence to cause us to consider that the use of the going concern assumption in preparation of the financial statements is not appropriate.</p> <p>We will obtain written representations from management, confirming that all relevant information covering a period of at least 12 months from the date of approval of the financial statements has been taken into account in assessing the appropriateness of the going concern basis of preparation of the financial statements.</p>

Appendix E: Other communications

Other communication		Response
	Subsequent events	<p>We are required to obtain evidence about whether events occurring between the date of the financial statements and the date of the auditor’s report that require adjustment of, or disclosure in, the financial statements are appropriately reflected in those financial statements in accordance with the applicable financial reporting framework.</p> <p>We will obtain written representations from management that all events occurring subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment or disclosure have been adjusted or disclosed.</p>
	Matters related to fraud	<p>Our audit was designed to obtain reasonable assurance whether the financial statements as a whole are free from material misstatement due to fraud. Please refer to the section titled ‘Fraud considerations’ for our fraud considerations and conclusion.</p> <p>We will obtain written representations from management and, where appropriate, the Audit Committee confirming that</p> <ol style="list-style-type: none"> they acknowledge their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud; they have disclosed to the auditor the results of management’s assessment of the risk that the financial statements may be materially misstated as a result of fraud; they have disclosed to the auditor their knowledge of fraud or suspected fraud affecting the entity involving: <ol style="list-style-type: none"> management; employees who have significant roles in internal control; or others where the fraud could have a material effect on the financial statements; and they have disclosed to the auditor their knowledge of any allegations of fraud, or suspected fraud, affecting the entity’s financial statements communicated by employees, former employees, analysts, regulators or others.

Appendix E: Other communications

Other communication		Response
	System of Quality Management	<p>To address the requirements of ISQM (UK) 1, our firm’s System of Quality Management team completes, as part of an ongoing and iterative process, a number of key steps to assess and conclude on our firm’s System of Quality Management, including:</p> <ul style="list-style-type: none"> • Ensuring there is an appropriate assignment of responsibilities under ISQM (UK) 1 and across Leadership • Establishing and reviewing quality objectives each year, ensuring ISQM (UK) 1 objectives align with our firm's strategies and priorities • Identifying, reviewing, and updating quality risks each quarter, taking into consideration a number of input sources (such as FRC / ICAEW review findings, internal monitoring findings, findings from our firm’s root cause analysis and remediation functions, etc.) • Identifying, designing, and implementing responses as part of the process to strengthen our firm's internal control environment and overall quality • Evaluating responses and remediating control gaps or deficiencies <p>We perform an evaluation of our system of quality management on an annual basis. Our latest evaluation was performed as of 31 August 2024. Details of that assessment and our conclusion are set out in our 2023/2024 Transparency Report, which is available on our website here.</p>

Appendix F: Current year updates, forthcoming accounting & other issues

Current and forthcoming accounting issues

New standards and amendments

Effective for accounting periods beginning on or after 1 January 2023

IFRS 17 *Insurance Contracts* (issued May 2017) and Amendments to IFRS 17 *Insurance Contracts* (Issued June 2020)

- IFRS 17 *Insurance Contracts* (IFRS 17) is a new standard that will replace IFRS 4 *Insurance Contracts* (IFRS 4). The standard sets out the principles for the recognition, measurement, presentation and disclosure about insurance contracts issued, and reinsurance contracts held, by entities. The amendments, issued subsequently in June 2020, do not change the fundamental principles of IFRS 17 and are aimed at helping companies implement the standard and make it easier for them to explain their financial performance. The EU has endorsed the adoption of IFRS 17, although with some changes to the version issued by the IASB. In May 2022, the UK Endorsement Board (UKEB) adopted the standard and the associated amendments.

Amendments to IFRS 17 *Insurance Contracts*: Initial Application of IFRS 17 and IFRS 9 (Issued December 2021)

- The amendments address potential mismatches between the measurement of financial assets and insurance liabilities in the comparative period because of different transitional requirements in IFRS 9 *Financial Instruments* (IFRS 9) and IFRS 17. The amendments introduce a classification overlay under which a financial asset is permitted to be presented in the comparative period as if the classification and measurement requirements of IFRS 9 had been applied to that financial asset in the comparative period. The classification overlay can be applied on an instrument-by-instrument basis. The amendments have been UK-adopted and endorsed by the EU.

Amendments to IAS 1 *Presentation of Financial Statements* and IFRS Practice Statement 2 *Making Materiality Judgements: Disclosure of Accounting Policies* (Issued February 2021)

- The amendments set out notable new requirements for accounting policy disclosures that change the requirements for entities to disclose material accounting policy information, rather than significant accounting policies, and not to disclose immaterial accounting policy information, explaining that accounting policy information taken in isolation is unlikely to be material, but it is when the information is considered together with other information in the financial statements that may make it material. Earlier application is permitted. The amendments have been UK-adopted and endorsed by the EU.

Amendments to IAS 8 *Accounting Policies, Changes in Accounting Estimates and Errors: Definition of Accounting Estimates* (Issued February 2021)

- The amendment introduces a new definition for accounting estimates and clarifies how entities should distinguish changes in accounting policies from changes in accounting estimates. The distinction is important because changes in accounting estimates are applied prospectively only to future transactions and other future events, but changes in accounting policies are generally applied retrospectively to past transactions and other past events. Earlier application is permitted. The amendments have been UK-adopted and endorsed by the EU.

IFRS 18 *Presentation and Disclosure in Financial Statements* (Issued April 2024)

- IFRS 18 *Presentation and Disclosure in Financial Statements* (IFRS 18) is a new standard that replaces IAS 1 *Presentation of Financial Statements*. The new standard aims to increase the comparability, transparency and usefulness of information about companies' financial performance. It introduces three key new requirements focusing on the presentation of information in the statement of profit or loss and enhancing certain guidance on disclosures within the financial statements.

Appendix B: Current year updates, forthcoming accounting & other issues

International Standard on Auditing (UK) 600 Revised - Special considerations - Audits of group financial statements (Including the work of component auditors)

ISA (UK) 600 deals with the special considerations that apply to audits of group financial statements, including those circumstances when component auditors are involved. The auditing standard has been revised. The revised standard is effective for audits of group financial statements for periods beginning on or after 15 December 2023. The revisions made to ISA (UK) 600 impact how we perform audits of group financial statements, and how we communicate our audit strategy and audit findings arising from audits of group financial statements, going forward. This page sets out the key changes made to ISA (UK) 600 and how Forvis Mazars will apply the requirements of the revised standard in practice.

Key changes

The previous ISA (UK) 600 included prescriptive requirements in respect of the audit procedures required over ‘significant components’ of a group, i.e., a ‘full scope’ audit of a significant component’s financial information relevant to the group financial statements was required. Forvis Mazars defined a ‘significant component’ as one that contributed to the group financial statements more than 15% of the materiality benchmark selected to determine group materiality, e.g., if we had determined materiality using a profit before tax benchmark, any component that contributed more than 15% of the group’s reported profit before tax would be classified as a significant component and a ‘full scope’ audit would be performed over that component’s financial information.

ISA (UK) 600 Revised eliminates the ‘significant component’ concept, opting instead for consideration of risks of material misstatement at the assertion level of the group financial statements that are associated with components. This results in a group audit that is better focused on the risks of material misstatement of the group financial statements and affords greater flexibility in how we classify components and how we may design the nature and extent of audit procedures to be performed over a component’s financial information, i.e., we can determine the nature and extent of the audit procedures to be performed over a component’s financial information based on the specific risks relevant to the group financial statements.

ISA (UK) 600 also, however, removed the option to limit the procedures performed over a ‘non-significant’ component’s financial information to desktop analytical procedures. We are now required to perform substantive audit procedures (or a combination of substantive audit procedures and tests of controls) over the group financial statements, including the financial information relating to components in the group, until the residual, untested balances, classes of transaction and disclosures in the group financial statements are below our group materiality. This is to ensure that aggregation risk (the probability that the aggregate of uncorrected and undetected misstatements exceeds materiality for the financial statements as a whole) is addressed appropriately.

In combination, these changes may result in a change to the nature and extent of the audit procedures we perform over the financial information of components on a group audit compared to previous years and may result in components that were not previously in scope of our group audit being brought into scope going forward to ensure that we address aggregation risk appropriately.

To ensure consistency of approach, Forvis Mazars will apply the definitions set out below when performing audits of group financial statements going forward:

Key component	Material component	Non-material component
Any component: i. Which is greater or equal to 15% of the benchmark chosen for calculating group materiality (key by size); or ii. Where the specific nature or circumstance of its financial information make it likely to include significant risks of misstatement of the group financial statements (key by risk).	Any component, other than a key component, that contributes to one or more group financial statement areas an amount that is above group financial statement materiality.	A component, that is not a key component or a material component, that is scoped into a group audit to reduce the risk of material misstatement of the group financial statements to an acceptably low level (based on size or risk) in situations when, after assessing which components are key components and material components, the aggregate amount of a financial statement area related to un-scoped components is still above group financial statement materiality.

Appendix B: Current year updates, forthcoming accounting & other issues

International Standard on Auditing (UK) 600 Revised - Special considerations - Audits of group financial statements (including the work of component auditors)

Key changes (continued)

Definition of ‘component’ - The definition of ‘component’ has been revised to “an entity, business unit, function or business activity, or some combination thereof, determined by the group auditor for the purposes of planning and performing audit procedures in a group audit”.

This provides clarity on how components may be identified in a group audit and may result in a change to how we identify components on a group audit compared to previous years. For example, we may group separate legal entities (e.g., subsidiaries) in a group based on common characteristics (such as common management, common information systems, and common geographical locations) and treat those components as a single component, when appropriate to do so.

Common controls - The definition of ‘group-wide’ controls has been removed and we are instead required to consider ‘common controls’, being controls that operate in a common manner for multiple entities or business units.

This may assist us in grouping separate legal entities, business units, functions, or business activities in a group into a single component for the purposes of a group audit; or it may result in us grouping specific account balances or classes of transaction recorded by individual legal entities, business units, functions, or business activities into a single population for the purposes of our audit procedures.

For audits where we are adopting a controls-based audit strategy, this may result in efficiencies, as we can rely on a single control for the purposes of the audits of more than one component where that control is common to those components.

Definition of ‘engagement team’ - The definition of ‘engagement team’ has been revised to include component auditors. While this change may seem inconsequential, it forms part of the overall changes intended by ISA (UK) 600 Revised to enhance two-way communication between the group auditor and component auditors during a group audit. This will result in enhanced direction and supervision of component auditors by the group auditor during a group audit.

Calculation of component materiality - The requirement to set overall materiality for a component has been removed. We are now only required to determine component performance materiality.

Other changes - ISA (UK) 600 Revised includes new and revised requirements and application material that better aligns the standard with recently revised standards such as ISQM (UK) 1, ISA (UK) 220, and ISA (UK) 315. The new and revised requirements also strengthen our responsibilities related to professional scepticism, planning and performing a group audit, two-way communications between the group auditor and component auditors, and audit documentation. These changes are to encourage proactive management of quality at the group engagement level and the component level; reinforce the need for robust communication and interactions during a group audit; and foster an appropriately independent and challenging sceptical mindset.

Scope of audit work to be performed over a component’s financial information - Forvis Mazars will, going forward, determine the scope of work to be performed over a component’s financial information on a group audit using the definitions set out below:

Full scope	Specific scope	Group Engagement Team Instructed Procedures
Designing and performing audit procedures on the entire financial information of a component.	Designing and performing audit procedures on one or more specified account balances, classes of transaction, and/ or disclosures of a component.	Performing specified audit procedures, as designed and instructed by the group engagement team.

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REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 18 June 2025
SUBJECT	Audited Annual Accounts 2024/25
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 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 <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" 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	The Board of Directors is asked to review and adopt the audited annual accounts for 2024/25.	
EXECUTIVE SUMMARY	<p>The accounts have been produced in line with the Department of Health and Social Care (DHSC) group accounting manual for 2024/25 and were submitted in line with the prescribed deadline.</p> <p>The main point for noting is that the Trust has met all of its statutory duties, namely:</p> <ol style="list-style-type: none"> 1. The adjusted financial position is a surplus of £6,288k; 2. The Trust spent in line with its capital resource limit (CRL). <p>Both the audited and draft accounts have been presented to the Audit Committee and been recommended for adoption.</p>	
PREVIOUSLY CONSIDERED BY	Audit Committee	
	Date	Wednesday, 18 June 2025
	Outcome	Recommended for adoption and approval

1. BACKGROUND

The annual accounts for 2024/25 have been produced in accordance with the Department of Health and Social Care (DHSC) group accounting manual (GAM) for 2024/25, and the accounting policies reviewed by the Audit Committee on the 18 June 2025.

This report presents the audited 2024/25 accounts as at 31 March 2025 to the Board of Directors, for approval and adoption.

2. KEY DATES

The final annual accounts deadlines for 2024/25 are noted below for the Board of Directors information, with all past deadlines being met by the Trust:

- Draft unaudited annual accounts were submitted to NHS England (NHSE) and our external auditors, Forvis Mazars, on the 25 April 2025;
- The Trust's external auditors, Forvis Mazars, commenced the statutory audit on the 1 May 2025;
- The draft unaudited annual accounts presented to the Audit Committee on the 23 May 2025;
- The audited annual accounts presented to the Audit Committee on the 18 June 2025;
- 2024/25 audited annual accounts to be signed off by the Board of Directors on the 18 June 2025; and
- Submission of signed annual accounts to NHSE/I by noon on Monday 30 June 2025.

3. FINANCIAL POSITION

The Trust has met its key financial duties as follows:

- ***To break even***
The Trust has a reported in year surplus of £6,288k; the statutory duty to break even is based on the cumulative position and the Trust has maintained a cumulative surplus. Details of the Trust's historic breakeven performance are shown in note 36 (page 31) of the annual accounts.
- ***Not to exceed the Capital Resource Limit (CRL)***
The Trust spent in line with its CRL of £29,850k (incl. IFRS16) as shown in note 34 (page 30) of the accounts.

4. OTHER PERFORMANCE INDICATOR

Better Payments Practice Code (Note 33, page 30)

There was good performance against the Better Payments Practice Code. The Trust paid 97.0% by value and 95.6% by number of its non-NHS invoices and 99.4% by value and 98.00% by number of its NHS invoices within 30 days, all against a target of 95%.

5. PRIMARY FINANCIAL STATEMENTS

5.1 STATEMENTS OF COMPREHENSIVE INCOME (SOCI) (page 2)

This details the Trust's income and expenditure for the year, in summary form, along with any other recognised gains.

Throughout 2024/25 the main source of income for the Trust continues to be via contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level and we continue to operate under a block contract arrangement which covers PES, 111, and PTS services.

The Trust is reporting a surplus of £6,288k in 2024/25 compared to a surplus of £5,847k in 2023/24.

5.1.1 Operating Income from Patient Care Activities (Note 3.1 and 3.2, page 15)

2024/25	2023/24	Increase
£000	£000	£000
540,410	498,362	42,048

Operating income from patient care activities is the block and system income received from the ICBs.

The increase in income relates mainly to funding relating to pay award, inflation and UEC recovery.

5.1.2 Other Operating Income (Note 4, page 15)

2024/25	2023/24	Increase
£000	£000	£000
14,345	13,634	711

There are no significant movements between the two years to highlight.

5.1.3 Operating Expenses (Note 6.1, page 16)

2024/25	2023/24	Increase
£000	£000	£000
552,987	513,266	39,721

The operating expenses are analysed in note 6.1 of the accounts and include all costs associated with the operation of the Trust such as staff costs, supplies, and services from other NHS bodies. When comparing the 2024/25 costs with those reported in 2023/24, the following key movements can be noted:

Type of Expenditure	2024/25	2023/24	Increase/(Decrease)
	£000	£000	£000
Staff costs	404,693	352,732	51,961
Premises	22,229	22,897	(668)
Transport (including patient travel)	56,906	59,192	(2,286)
Supplies, services and drugs	12,383	11,950	433
Impairments	854	3,664	(2,810)
Education and training	10,929	9,839	1,090
Changes in provisions discount rate	57	(388)	445
Depreciation and amortisation	22,314	21,710	604
Other	22,622	21,243	1,379
Total	552,987	502,839	50,148

- The biggest increase related to staff costs which is due to pay awards and an increase in staff numbers linked to the UEC recovery funding.
- The decrease in impairments is due a decrease in assets valuation and is technical with the detail previously presented to the committee.
- Reduction in transport is due to results of a targeted efficiencies in usage of patient transport and in the use of third party providers.

5.1.4 Finance Income (Note 10, page 18) is the interest earned on the Trust's bank account which totalled £4,405k (2023/24, £4,297k) due to an increase in interest rates and contributed greatly to NWAS achieving the surplus of £6,288k.

5.1.5 Finance Expenditure (Note 11, page 18) represents interest and other charges involved in the borrowing of money or asset financing.

5.2 STATEMENT OF FINANCIAL POSITION (page 3)

The Statement of Financial Position lists the Trust's assets and liabilities and the Taxpayers' Equity at the end of the financial year.

The following are summarised in the Statement of Financial Position:

- Non-current assets: assets which the Trust expects to hold for more than one year, including Right of Use Assets (ROU) that represent the lessees right to use an asset over the course of a lease;
- Current assets: assets which the Trust expects to use within the coming year in carrying out its operations;
- Current liabilities: financial obligations which the Trusts expects to settle within the coming financial year;
- Borrowings: financial commitment relating to leases of ROU assets.
- Non-current liabilities: financial obligations which the Trust does not expects to settle in the short term; and
- Taxpayer's equity: public funds invested in the Trust.
- The Trust's total assets less its total liabilities must equal the taxpayer's equity.

5.2.1 Non-current Assets (notes 13 to 18 and 20, pages 19-23) include property, plant and equipment, intangible assets and trade and other receivables.

- **Property, Plant and Equipment (PPE)** – the increase in 2024/25 reflects work completed within the capital programme (£29,850), less the in-year depreciation charge and impairment of land and buildings. An analysis is given in note 14 (page 21) of the accounts. It should be noted the assets under construction relate to vehicles and buildings that are in construction and not yet operational.
- **Intangible Assets** – all the Trust's intangible assets are software licenses. A full analysis of the movement is shown in note 13 (page 19) of the accounts.
- **Right of Use Assets (note 15, pages 22-23)** – relate to leases of various properties and vehicles.
- **Receivables** – the long-term debtors relates to the recovery of income in relation to Road Traffic Accidents (RTA) that is administered by the DHSC Central Recovery Unit, note 18 (page 24) of the accounts.

5.2.2 Current Assets (Notes 17 to 23, pages 24-25)

Current assets include Receivables, Inventories and Cash and Cash Equivalents. Total current assets as at 31 March 2025 were £67,546k.

	2024/25	2023/24	Increase /(Decrease)
	£000	£000	£000
Inventories	742	884	(142)
Receivables	6,531	6,141	390
Non-current assets for sale and assets in disposal groups	1,161	1,126	35
Cash and cash equivalents	59,112	61,030	(1,918)
Total	67,546	69,181	(1,635)

The overall decrease is primarily due to a decrease in cash in the bank of £1,918k and an increase in receivables (debtors) by £390k.

5.2.3 Current and Non-Current Liabilities (Notes 23 to 27, pages 24-27) include, trade and other payables, borrowings and provisions.

- **Trade and Other Payables** – a breakdown, shown in note 23 (page 25) of the accounts, highlights that the decrease of £5,193k in 2024/25 when compared with 2023/24 mainly relates to a decrease in accruals and in capital payables.
- **Borrowings** – this includes leases relating to the ROU assets (note 25, page 26).
- **Provisions** – provisions are made for any payments the Trust expects to make as a result of an event which happened during the financial year but about which there is some uncertainty. The amount shown within current liabilities reflects the payments the Trust expects to make within 2025/26. The amount has increased by £2,722k. A full analysis of provisions made and the expected timing of associated cash flows can be found in note 26 (page 27) of the accounts.

5.3 STATEMENT OF CHANGES IN EQUITY (page 4)

Taxpayers' Equity is the amount of public funds invested in the Trust and for North West Ambulance Service NHS Trust it comprises:

- Public Dividend Capital Reserve
- Income and Expenditure Reserve
- Revaluation Reserve

The Statement of Changes in Equity shows the movement from the previous year.

- **Public Dividend Capital** – this is the taxpayers' equity stake in the Trust, which has increased this year by £216k following the successful bid for the mental health vehicles in capital programme.
- **Income and Expenditure** – this shows the aggregated surplus or deficit made by the Trust in previous years. The in-year movement of £4,766k equates to the reported in year deficit of 5,221k (before taking out technical items such as impairments).
- **Revaluation Reserve** – this shows any movements in the valuation of the Trust's property, plant and equipment assets.

5.4 STATEMENT OF CASH FLOWS (page 5)

The Statement of Cash Flows summarises the Trust's cash flow during the financial year. It differs from the Statement of Comprehensive Income in that it focuses on the cash implications of the Trust's operations and decisions.

An adjustment is made for any non-cash transactions, for example, depreciation and impairment which is charged to the Statement of Comprehensive Income as an expense but for which there is no corresponding cash transaction.

4. RISK CONSIDERATION

There are no risks associated with this report.

5. EQUALITY/ SUSTAINABILITY IMPACTS

There are no equality or sustainability impacts associated with this report.

6. ACTION REQUIRED

The Board of Directors is asked to approve and adopt the audited annual accounts for 2024/25.

North West Ambulance Service NHS Trust

Annual accounts for the year ended 31 March 2025

Statement of Comprehensive Income

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	540,410	498,362
Other operating income	4	14,345	13,634
Operating expenses	6	(552,987)	(513,266)
Operating surplus/(deficit) from continuing operations		1,768	(1,270)
Finance income	10	4,405	4,297
Finance expenses	11	(620)	(440)
PDC dividends payable		(664)	(498)
Net finance costs		3,121	3,359
Other gains / (losses)	12	332	(291)
Surplus / (deficit) for the year		5,221	1,798
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	429	458
Revaluations	14	1,389	1,541
Total comprehensive income / (expense) for the period		7,039	3,797

Statement of Financial Position

		31 March 2025 £000	31 March 2024 £000
	Note		
Non-current assets			
Intangible assets	13	998	1,450
Property, plant and equipment	14	116,334	109,536
Right of use assets	15	23,242	21,123
Receivables	18	1,055	1,025
Total non-current assets		141,629	133,134
Current assets			
Inventories	17	742	884
Receivables	18	6,531	6,141
Non-current assets for sale and assets in disposal groups	21	1,161	1,126
Cash and cash equivalents	22	59,112	61,030
Total current assets		67,546	69,181
Current liabilities			
Trade and other payables	23	(45,897)	(51,090)
Borrowings	25.1	(4,515)	(3,319)
Provisions	26	(11,181)	(8,459)
Other liabilities	24	(2,222)	(2,844)
Total current liabilities		(63,815)	(65,712)
Total assets less current liabilities		145,360	136,603
Non-current liabilities			
Borrowings	25.1	(17,326)	(15,896)
Provisions	26	(13,858)	(13,786)
Total non-current liabilities		(31,184)	(29,682)
Total assets employed		114,176	106,921
Financed by			
Public dividend capital		112,307	112,091
Revaluation reserve		6,635	5,572
Income and expenditure reserve		(4,766)	(10,742)
Total taxpayers' equity		114,176	106,921

The notes on pages 6 to 31 form part of these accounts.

Name	Salman Desai
Position	Chief Executive
Date	18-Jun-25

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	112,091	5,572	(10,742)	106,921
Surplus/(deficit) for the year	-	-	5,221	5,221
Other transfers between reserves	-	(667)	667	-
Impairments	-	429	-	429
Revaluations	-	1,389	-	1,389
Transfer to retained earnings on disposal of assets	-	(88)	88	-
Public dividend capital received	216	-	-	216
Taxpayers' and others' equity at 31 March 2025	112,307	6,635	(4,766)	114,176

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	111,571	4,210	(13,177)	102,604
Surplus/(deficit) for the year	-	-	1,798	1,798
Other transfers between reserves	-	(637)	637	-
Impairments	-	458	-	458
Revaluations	-	1,541	-	1,541
Public dividend capital received	520	-	-	520
Taxpayers' and others' equity at 31 March 2024	112,091	5,572	(10,742)	106,921

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health, as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

		2024/25	2023/24
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		1,768	(1,270)
Non-cash income and expense:			
Depreciation and amortisation	13, 14, 15	22,314	21,710
Net impairments	7	854	3,664
(Increase) / decrease in receivables and other assets		(598)	13,797
(Increase) / decrease in inventories		142	212
Increase / (decrease) in payables and other liabilities		(4,844)	(16,601)
Increase / (decrease) in provisions		2,459	(95)
Net cash flows from / (used in) operating activities		22,095	21,417
Cash flows from investing activities			
Interest received		4,405	4,297
Purchase of intangible assets		-	(1,384)
Purchase of PPE and investment property	1	(25,248)	(23,168)
Sales of PPE and investment property		1,054	35
Initial direct costs or up front payments in respect of new right of use		(605)	(636)
Net cash flows from / (used in) investing activities		(20,394)	(20,856)
Cash flows from financing activities			
Public dividend capital received		216	520
Capital element of lease rental payments		(3,064)	(3,181)
Interest paid on lease liability repayments		(285)	(191)
PDC dividend (paid) / refunded		(486)	(434)
Net cash flows from / (used in) financing activities		(3,619)	(3,286)
Increase / (decrease) in cash and cash equivalents		(1,918)	(2,725)
Cash and cash equivalents at 1 April - brought forward		61,030	63,755
Cash and cash equivalents at 31 March	22.1	59,112	61,030

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners, and we continue to operate under a block contract arrangement which covers PES, 111, and PTS services.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Note 1.6 Property, plant and equipment Continued

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they represent a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.6 Property, plant and equipment - Continued

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	3	69
Plant & machinery	5	25
Transport equipment	5	14
Information technology	3	15
Furniture & fittings	2	20

Note 1.7 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.8 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Note 1.8 Financial assets and financial liabilities - Continued

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through profit and loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost,

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.9 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

Note 1.9 Leases - Continued

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.10 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 27 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.11 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 28 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 28, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.12 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

Note 1.12 Public dividend capital - Continued

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre-audit” version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.13 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.14 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

Note 1.15 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

IFRS 14 Regulatory Deferral Accounts: Not yet United Kingdom-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Future change to the Group Accounting Manual (GAM)

Changes to non-investment asset valuation – Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed. PPE and right of use assets currently subject to revaluation have a total book value of £44m as at 31 March 2025.

IFRS 19 Subsidiaries without Public Accountability

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Note 1.16 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Lease Accounting under IFRS16

Management has determined that assets are valued on a cost basis because leases either contain frequent regular rent reviews or linked to RPI and rent represents current market conditions.

Note 1.17 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Revaluation of Property, Plant and Equipment

Non-current Property, Plant and Equipment asset valuation relating to land and buildings are based on the Deloitte's valuation - see note 14. The uncertainty over future changes to estimations of the carrying amount of land and buildings is mitigated by the annual independent valuation of these assets. The estimation methods used by the independent valuer draw upon, but are not limited to, relevant or comparable transactions in the market place and industry recognised building construction indices. A simple sensitivity analysis indicates that a 10% movement in these estimations would increase or decrease the valuation of assets by £4m. A 10% change would result in an increase or decrease in PDC dividend payable of £70k.

Note 2 Operating Segments

The Trust has judged that it only operates as one business segment, that of healthcare.

98% (£544m) of the Trust's income in 2024/25 (2023/24 £503m, 98%) is received from NHS organisations such as Commissioners for NHS patient care services.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)

	2024/25	2023/24
	£000	£000
A & E income	414,365	389,444
Patient transport services income	54,546	51,931
Other income**	46,794	41,776
Additional pension contribution central funding*	24,705	15,211
Total income from activities	540,410	498,362

*Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions 23.7% in 2024/25 (2023/24: 20.6%) and related NHS England funding 9.4% in 2024/25 (2023/24: 6.3%) have been recognised in these accounts.

**The largest element of the Other income relates to provision of 111 service and totals £35m

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
	£000	£000
Income from patient care activities received from:		
NHS England	24,719	15,288
Integrated care boards	514,330	481,734
Department of Health and Social Care	-	90
Other NHS providers	154	188
Local authorities	73	9
Injury cost recovery scheme	730	642
Non NHS: other	404	411
Total income from activities	540,410	498,362

Of which:

Related to continuing operations	540,410	498,362
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Note 4 Other operating income

	2024/25			2023/24		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Education and training	5,883	-	5,883	6,449	-	6,449
Non-patient care services to other bodies	3,415	-	3,415	1,967	-	1,967
Charitable and other contributions to expenditure	-	2,529	2,529	-	2,171	2,171
Other income	2,518	-	2,518	3,047	-	3,047
Total other operating income	11,816	2,529	14,345	11,463	2,171	13,634

Of which:

Related to continuing operations		14,345				13,634
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Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	2,843	2,873

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:

within one year

Total revenue allocated to remaining performance obligations

31 March 2025	31 March 2024
£000	£000
2,222	2,843
2,222	2,843

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure.

Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6.1 Operating expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from non-NHS and non-DHSC bodies	4,310	3,599
Staff and executive directors costs	404,693	363,159
Remuneration of non-executive directors	134	145
Supplies and services - clinical (excluding drugs costs)	6,874	6,673
Supplies and services - general	3,755	3,305
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,754	1,972
Consultancy costs	146	-
Establishment	11,234	12,822
Premises	22,229	22,897
Transport (including patient travel)	56,906	59,192
Depreciation on property, plant and equipment	21,863	20,975
Amortisation on intangible assets	451	735
Net impairments	854	3,664
Movement in credit loss allowance: contract receivables / contract assets	1,336	53
Change in provisions discount rate(s)	57	(388)
Audit Services - statutory audit	120	93
Internal audit costs	107	99
Clinical negligence	4,193	3,493
Legal fees	281	618
Insurance	-	4
Education and training	10,929	9,839
Expenditure on short term leases	43	186
Hospitality	21	13
Losses, ex gratia & special payments	697	(16)
Other	0	134
Total	552,987	513,266
Of which:		
Related to continuing operations	552,987	513,266

* Statutory Audit fees include 20% of non-recoverable VAT. Net audit fees are £100k (23/24 £78k).

Note 6.2 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2024/25 or 2023/24.

Note 7 Impairment of assets

	2024/25	2023/24
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	-	901
Changes in market price	854	2,763
Total net impairments charged to operating surplus / deficit	854	3,664
Impairments charged to the revaluation reserve	(429)	(458)
Total net impairments	425	3,206

In order to establish the correct estates value the Trust had its assets revalued as at 31 March 2025. Land and buildings were revalued at £43,032k which was £1,186k higher than the carrying value on the Statement of Financial Position (SOPF). This created an increase in revaluation reserve of £1,800k and a charge to operating expenses of £614k.

During 2024/25 2 properties were made available for sale. They are 2 stations included as per note 21. Prior to becoming Held for Sale a valuation review was carried and they were revalued to their market value which resulted in an increase in their value. This resulted in £83k reversal in impairments.

A number of vehicles were impaired due to changes in their Market Value, the total value of these impairments was £323k.

Note 8 Employee benefits

	2024/25	2023/24
	Total	Total
	£000	£000
Salaries and wages	314,146	284,140
Social security costs	32,118	30,930
Apprenticeship levy	1,551	1,492
Employer's contributions to NHS pensions	62,585	50,077
Temporary staff (including agency)	392	1,723
Total Gross staff costs	410,792	368,362

Note 8.1 Retirements due to ill-health

During 2024/25 there were 7 early retirements from the trust agreed on the grounds of ill-health (17 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £763k (£1,145k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

The expected contributions to the pension scheme for 25/26 estimated to be £33.6m.

Note 10 Finance income

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	4,405	4,297

Note 11 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	285	192
Unwinding of discount on provisions	335	248
Total finance costs	620	440

Note 12 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	556	32
Losses on disposal of assets	(224)	(163)
Total gains / (losses) on disposal of assets	332	(131)
Fair value gains / (losses) on investment properties	-	(160)
Total other gains / (losses)	332	(291)

Note 13.1 Intangible assets - 2024/25

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	6,929	6,929
Disposals / derecognition	(4,129)	(4,129)
Valuation / gross cost at 31 March 2025	2,800	2,800
Amortisation at 1 April 2024 - brought forward	5,479	5,479
Provided during the year	452	452
Disposals / derecognition	(4,129)	(4,129)
Amortisation at 31 March 2025	1,802	1,802
Net book value at 31 March 2025	998	998
Net book value at 1 April 2024	1,450	1,450

Note 13.2 Intangible assets - 2023/24

	Software licences	Total
	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	6,962	6,962
Additions	(33)	(33)
Valuation / gross cost at 31 March 2024	6,929	6,929
Amortisation at 1 April 2023 - as previously stated	4,744	4,744
Provided during the year	735	735
Amortisation at 31 March 2024	5,479	5,479
Net book value at 31 March 2024	1,450	1,450
Net book value at 1 April 2023	2,218	2,218

Note 14.1 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	13,800	27,595	15,260	21,750	70,947	30,602	5,228	185,182
Additions	-	3,649	19,759	273	64	187	345	24,277
Impairments	(10)	(208)	-	-	-	-	-	(218)
Reversals of impairments	-	647	-	-	-	-	-	647
Revaluations	19	(1,745)	28	-	-	-	-	(1,698)
Reclassifications	-	-	(12,549)	2,415	9,884	250	-	-
Transfers to / from assets held for sale	(245)	(95)	-	-	(6,078)	-	-	(6,418)
Disposals / derecognition*	-	-	-	(1,160)	(359)	(8,933)	(18)	(10,470)
Valuation/gross cost at 31 March 2025	13,564	29,843	22,498	23,278	74,458	22,106	5,555	191,302
Accumulated depreciation at 1 April 2024 - brought forward	-	256	-	12,524	39,567	19,972	3,327	75,646
Provided during the year	-	2,615	-	1,817	8,838	3,988	485	17,743
Impairments	-	2,625	-	-	323	-	-	2,948
Reversals of impairments	-	(1,992)	-	-	-	-	-	(1,992)
Revaluations	-	(3,106)	-	-	-	-	-	(3,106)
Transfers to / from assets held for sale	-	(23)	-	-	(6,078)	-	-	(6,101)
Disposals / derecognition	-	-	-	(1,081)	(222)	(8,852)	(15)	(10,170)
Accumulated depreciation at 31 March 2025	-	375	-	13,260	42,428	15,108	3,797	74,968
Net book value at 31 March 2025	13,564	29,468	22,498	10,018	32,030	6,998	1,758	116,334
Net book value at 1 April 2024	13,800	27,339	15,260	9,226	31,380	10,630	1,901	109,536

Note 14.2 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	13,413	28,469	8,681	19,717	67,110	32,305	5,107	174,802
Additions	-	3,509	18,748	587	859	1,577	195	25,475
Impairments	(95)	(490)	-	-	-	-	-	(585)
Reversals of impairments	392	651	-	-	-	-	-	1,043
Revaluations	350	(3,703)	(120)	-	-	-	-	(3,473)
Reclassifications	-	-	(12,049)	2,737	9,312	-	-	-
Transfers to / from assets held for sale	(260)	(841)	-	-	(6,235)	-	-	(7,336)
Disposals / derecognition	-	-	-	(1,291)	(99)	(3,280)	(74)	(4,744)
Valuation/gross cost at 31 March 2024	13,800	27,595	15,260	21,750	70,947	30,602	5,228	185,182
Accumulated depreciation at 1 April 2023 - as previously stated	-	50	-	12,148	37,497	17,758	2,970	70,423
Transfers by absorption	-	-	-	-	-	-	-	-
Provided during the year	-	2,619	-	1,667	8,210	4,599	425	17,520
Impairments	-	4,137	324	-	187	895	6	5,549
Reversals of impairments	(312)	(1,573)	-	-	-	-	-	(1,885)
Revaluations	246	(4,936)	(324)	-	-	-	-	(5,014)
Reclassifications	-	-	-	-	-	-	-	-
Transfers to / from assets held for sale	66	(41)	-	-	(6,235)	-	-	(6,210)
Disposals / derecognition	-	-	-	(1,291)	(92)	(3,280)	(74)	(4,737)
Accumulated depreciation at 31 March 2024	-	256	-	12,524	39,567	19,972	3,327	75,646
Net book value at 31 March 2024	13,800	27,339	15,260	9,226	31,380	10,630	1,901	109,536
Net book value at 1 April 2023	13,413	28,419	8,681	7,569	29,613	14,547	2,137	104,379

* During current financial year an assets verification exercise was undertaken and some IT assets were identified as not in use, this was reflected in the accounts showing as a disposal/derecognition with net value of £164k.

Note 14.3 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	13,564	29,468	22,498	9,608	32,030	6,998	1,758	115,924
Owned - donated/granted	-	-	-	410	-	-	-	410
Total net book value at 31 March 2025	13,564	29,468	22,498	10,018	32,030	6,998	1,758	116,334

Note 14.4 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	13,800	27,339	15,260	8,698	31,380	10,630	1,901	109,008
Owned - donated/granted	-	-	-	528	-	-	-	528
Total net book value at 31 March 2024	13,800	27,339	15,260	9,226	31,380	10,630	1,901	109,536

Note 14.4 Revaluations of property, plant and equipment

Under current rules all NHS bodies must have completed a full property revaluation every 5 years by 31 March, and that the most recent full valuation must be, for specialised property, on a MEA basis.

This year the Trust's land and building assets had a full valuation as at the 31 March 2025, using an independent external valuer Deloitte LLP. The revaluation exercise was undertaken by the valuers who have visited each of Trust's properties in order to establish the fair value of the Trust's estates as at the 31 March 2025. The full revaluation means that all sites were visited by valuer during the revaluation exercise. The basis of valuation for all assets under IFRS is Fair Value. Assets that are classified as (Property, Plant and Equipment) PPE and have been valued to Fair Value assuming a continuation of their existing use. This is synonymous with Existing Use Value in the Red Book. The valuation is fully compliant with the requirements of the RICS Valuation Standards - Global Standard 2022 including UK national supplement ("The Red Book"). The signatory to the valuation is Philip Parnel MRICS Partner at Deloitte LLP.

All properties categorised as PPE have been split into land and buildings, and a remaining economic life provided. The componentisation elements of each building have been

- Structure;
- Windows and Doors;
- External Works;
- Roof; and
- Services, fixtures and fittings.

Where provided, the valuers have relied on the site areas from North West Ambulance Service NHS Trust (NWAS).

The properties were inspected internally and where access was not possible, properties were inspected externally.

The estimated useful lives of the Trust's property, plant and equipment are as follows:

	Min Life (Years)	Max Life (Years)
Buildings	3	69
Plant & Machinery	5	25
Transport Equipment	5	14
Information Technology	3	15
Furniture and Fittings	2	20

Note 15.1 Right of use assets - 2024/25

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	19,818	7,939	27,757	3,549
Additions	1,010	2,257	3,267	725
Remeasurements of the lease liability	1,766	2,063	3,829	505
Disposals / derecognition	(1,484)	(252)	(1,736)	(778)
Valuation/gross cost at 31 March 2025	21,110	12,007	33,117	4,001
Accumulated depreciation at 1 April 2024 - brought forward	3,384	3,250	6,634	751
Provided during the year	1,972	2,148	4,120	603
Disposals / derecognition	(667)	(212)	(879)	(415)
Accumulated depreciation at 31 March 2025	4,689	5,186	9,875	939
Net book value at 31 March 2025	16,421	6,821	23,242	3,062
Net book value at 1 April 2024	16,434	4,689	21,123	2,798
Net book value of right of use assets leased from other NHS providers				465
Net book value of right of use assets leased from other DHSC group bodies				2,597

Note 15.2 Right of use assets - 2023/24

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	19,737	5,189	24,926	3,363
Additions	227	2,750	2,977	105
Remeasurements of the lease liability	593	-	593	255
Disposals / derecognition	(739)	-	(739)	(174)
Valuation/gross cost at 31 March 2024	19,818	7,939	27,757	3,549
Accumulated depreciation at 1 April 2023 - brought forward	1,697	1,536	3,233	373
Provided during the year	1,741	1,714	3,455	389
Disposals / derecognition	(54)	-	(54)	(11)
Accumulated depreciation at 31 March 2024	3,384	3,250	6,634	751
Net book value at 31 March 2024	16,434	4,689	21,123	2,798
Net book value at 1 April 2023	18,040	3,653	21,693	2,990
Net book value of right of use assets leased from other NHS providers				526
Net book value of right of use assets leased from other DHSC group bodies				2,272

Note 15.3 Revaluations of right of use assets

Right of Use (ROU) assets are held at the cost model as it is an appropriate proxy to the current value, we made an assesment that on asset by asset basis that the rent represents the market conditions.

Note 15.4 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 25.1.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	19,215	19,987
Lease additions	2,662	2,341
Lease liability remeasurements	3,829	593
Interest charge arising in year	285	192
Early terminations	(801)	(526)
Lease payments (cash outflows)	(3,349)	(3,372)
Carrying value at 31 March	21,841	19,215

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

Note 15.5 Maturity analysis of future lease payments

	Of which leased from DHSC group bodies:		Of which leased from DHSC group bodies:	
	Total	31 March	Total	31 March
	2025	2025	2024	2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	4,861	861	3,512	394
- later than one year and not later than five years;	7,849	894	5,976	713
- later than five years.	10,904	1,742	11,300	1,807
Total gross future lease payments	23,614	3,497	20,787	2,913
Finance charges allocated to future periods	(1,773)	(241)	(1,572)	(233)
Net lease liabilities at 31 March 2025	21,841	3,256	19,215	2,680
Of which:				
Leased from other NHS providers		493		530
Leased from other DHSC group bodies		2,763		2,151

Note 16.1 Investment Property

	2024/25	2023/24
	£000	£000
Carrying value at 1 April - brought forward	-	160
Movement in fair value	-	(160)
Carrying value at 31 March	-	-

Note 16.2 Investment property income and expenses

	2024/25	2023/24
	£000	£000
Direct operating expense arising from investment property which generated rental income in the period	(9)	(15)
Total investment property expenses	(9)	(15)
Investment property income	67	87

Note 17 Inventories

	31 March 2025	31 March 2024
	£000	£000
Drugs	29	102
Consumables	405	425
Energy	308	357
Total inventories	742	884

Inventories recognised in expenses for the year were £884k (2023/24: £1,133k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £78k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

Note 18 Receivables

	31 March 2025	31 March 2024
	£000	£000
Current		
Contract receivables	3,338	2,529
Allowance for impaired contract receivables / assets	(2,140)	(804)
Prepayments (non-PFI)	3,890	2,561
PDC dividend receivable	169	347
VAT receivable	918	1,196
Other receivables	356	312
Total current receivables	6,531	6,141
Non-current		
Contract receivables	1,055	1,025
Total non-current receivables	1,055	1,025
Of which receivable from NHS and DHSC group bodies:		
Current	339	1,060

Note 19 Allowances for credit losses

	2024/25	2023/24
	receivables	receivables
	£000	£000
Allowances as at 1 April - brought forward	804	765
New allowances arising*	2,155	818
Reversals of allowances	(819)	(765)
Utilisation of allowances (write offs)	-	(14)
Allowances as at 31 Mar 2025	2,140	804

*During the financial year, the Trust have identified a large unsecure debtor that contains significant risk as such a specific provision for the expected credit losses has been made.

Note 20 Exposure to credit risk

As the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk.

Note 21 Non-current assets held for sale and assets in disposal groups

	2024/25	2023/24
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	1,126	0
Assets classified as available for sale in the year	400	1,126
Assets sold in year	(365)	-
NBV of non-current assets for sale and assets in disposal groups at 31 March	1,161	1,126

There are 4 stations that are classed as an asset held for sale. The stations in this category are Thornton, Ramsbottom, Wesham and Fleetwood. Three stations being disposed of are part of the Blackpool Hub project. They are all empty and being actively marketed. Lytham was sold during the financial year.

Note 22 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2024/25	2023/24
	£000	£000
At 1 April	61,030	63,755
Net change in year	(1,918)	(2,725)
At 31 March	59,112	61,030
Broken down into:		
Cash at commercial banks and in hand	2	2
Cash with the Government Banking Service	59,110	61,028
Total cash and cash equivalents as in SoFP	59,112	61,030
Total cash and cash equivalents as in SoCF	59,112	61,030

Note 23 Trade and other payables

	31 March 2025	31 March 2024
	£000	£000
Current		
Trade payables	620	675
Capital payables	6,846	7,817
Accruals	38,105	40,546
Social security costs	14	18
VAT payables	-	1,726
Other taxes payable	151	142
Pension contributions payable	9	11
Other payables	152	155
Total current trade and other payables	45,897	51,090
Of which payables to NHS and DHSC group bodies:		
Current	890	383

Note 24 Other liabilities

	31 March 2025	31 March 2024
	£000	£000
Current		
Deferred income: contract liabilities	2,222	2,844
Total other current liabilities	2,222	2,844

Note 25.1 Borrowings

	31 March 2025	31 March 2024
	£000	£000
Current		
Lease liabilities	4,515	3,319
Total current borrowings	4,515	3,319
Non-current		
Lease liabilities	17,326	15,896
Total non-current borrowings	17,326	15,896

Note 25.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	Total
	£000	£000
Carrying value at 1 April 2024	19,215	19,215
Cash movements:		-
Financing cash flows - payments and receipts of principal	(3,064)	(3,064)
Financing cash flows - payments of interest	(285)	(285)
Non-cash movements:		-
Additions	2,662	2,662
Lease liability remeasurements	3,829	3,829
Application of effective interest rate	285	285
Early terminations	(801)	(801)
Carrying value at 31 March 2025	21,841	21,841
	Lease Liabilities	Total
	£000	£000
Carrying value at 1 April 2023	19,987	19,987
Cash movements:		
Financing cash flows - payments and receipts of principal	(3,181)	(3,181)
Financing cash flows - payments of interest	(191)	(191)
Non-cash movements:		
Additions	2,341	2,341
Lease liability remeasurements	593	593
Application of effective interest rate	192	192
Early terminations	(526)	(526)
Carrying value at 31 March 2024	19,215	19,215

Note 26 Provisions for liabilities and charges analysis

	Pensions: injury benefits	Legal claims	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2024	13,662	1,218	2,439	202	4,724	22,245
Change in the discount rate	56	1	-	-	-	57
Arising during the year	451	1,006	6,281	-	989	8,727
Utilised during the year	(812)	(256)	(203)	-	(300)	(1,571)
Reversed unused	(512)	(194)	(2,127)	-	(1,921)	(4,754)
Unwinding of discount	315	20	-	-	-	335
At 31 March 2025	13,160	1,795	6,390	202	3,492	25,039
Expected timing of cash flows:						
- not later than one year;	957	140	6,390	202	3,492	11,181
- later than one year and not later than five years;	4,431	671	-	-	-	5,102
- later than five years.	7,772	984	-	-	-	8,756
Total	13,160	1,795	6,390	202	3,492	25,039

The provision relating to pensions injury benefits consists of £13,160k (2023/24 £13,662k) relating to claims for Personal Injury Benefits recharged by the NHS Pensions Agency. The amounts detailed are amounts that are paid annually to the individuals. The amounts are calculated by the pensions agency following assessment of the individuals claims. The provision includes a prudent assessment of known claims that may result in future liability.

Within legal claims £1,512k (2023/24 £924k) represents an amount payable quarterly to an individual. The remaining £283k (2023/24 £295k) relates to Employers Liability Claims recharged monthly by NHS Resolution as and when cases are successful for which the Trust pays up to the first £10k.

Equal Pay (Agenda for Change) provision relates to expected back-pay liability for Agenda for Change £6,390k (2023/24 £2,439k), which is based upon expected assimilation using national profiles for staff and the associated payscales published within the Agenda for Change Terms and Conditions. Once these staff have assimilated to Agenda for Change contracts the Trust is obliged to pay outstanding arrears (based on national profiles) and have been included within provisions. All outstanding cases are proceeding using the agreed Agenda for Change procedures.

Note 27 Clinical negligence liabilities

At 31 March 2025, £26,338k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of North West Ambulance Service NHS Trust (31 March 2024: £30,467k).

Note 28 Contingent assets and liabilities

	31 March 2025	31 March 2024
Value of contingent liabilities	£000	£000
NHS Resolution legal claims	111	156
Gross value of contingent liabilities	111	156

Note 29 Contractual capital commitments

	31 March 2025	31 March 2024
	£000	£000
Property, plant and equipment*	11,087	14,193
Total	11,087	14,193

* The largest element of capital commitment relates to vehicles conversions and totals £7.6m

Note 30 Financial instruments

Note 30.1 Financial risk management

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Note 30.1 Financial risk management Continued

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust can borrow from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS England. Interest rates are confirmed by the Department of Health and Social Care (the lender) at the point borrowing is undertaken.

Credit risk

The majority of the Trust's revenue comes from contracts with other public sector bodies therefore the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contracts with ICBs, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from available cash funds. The Trust is not, therefore, exposed to significant liquidity risks.

Note 30.2 Carrying values of financial assets as at 31 March 2025

The Trust's operating costs are incurred under contracts with ICBs, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from available cash funds. The Trust is not, therefore, exposed to significant liquidity risks.

	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	2,609	2,609
Cash and cash equivalents	59,112	59,112
Total at 31 March 2025	61,721	61,721

	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	3,062	3,062
Cash and cash equivalents	61,030	61,030
Total at 31 March 2024	64,092	64,092

Note 30.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025

	Held at amortised cost £000	Total book value £000
Obligations under leases	21,841	21,841
Trade and other payables excluding non financial liabilities	43,798	43,798
Total at 31 March 2025	65,639	65,639

Carrying values of financial liabilities as at 31 March 2024

	Held at amortised cost £000	Total book value £000
Obligations under leases	19,215	19,215
Trade and other payables excluding non financial liabilities	47,178	47,178
Total at 31 March 2024	66,393	66,393

The carrying value is a reasonable approximation of fair value.

Note 30.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025	31 March 2024
	£000	£000
In one year or less	48,659	50,687
In more than one year but not more than five years	7,849	5,976
In more than five years	10,904	11,300
Total	67,412	67,963

Note 31 Losses and special payments

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	54	31	24	14
Stores losses and damage to property	307	126	191	61
Total losses	361	157	215	75
Special payments				
Compensation under court order or legally binding arbitration award	21	112	20	111
Ex-gratia payments	-	-	12	6
Total special payments	21	112	32	117
Total losses and special payments	382	269	247	192
Compensation payments received				

Note 32 Related parties

During the year none of the Department of Health and Social Care Ministers, Trust Board of Directors or members of the key management staff, or parties related to any of them, has undertaken any material transactions with North West Ambulance Service NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year 2024/25 the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. For example :

	Expenditure with Related Party	Income from Related Party	Amounts owed to Related	Amounts due from Related Party
ICBs	28	514,394	-	-
NHS Foundation Trusts	1,692	946	86	148
NHS Resolution	4,194			
NHS England	16	3,130	-	19

Note 32 Related parties - Continued

Related Party balances in 2023/24	Expenditure with Related Party	Income from Related Party	Amounts owed to Related Party	Amounts due from Related Party
ICBs	58	482,085	-	267
NHS Foundation Trusts	2,981	1,015	157	379
NHS Resolution	3,493		5	
NHS England	28	4,531		45

Note 33 Better Payment Practice code

	2024/25 Number	2024/25 £000	2023/24 Number	2023/24 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	45,798	246,582	47,136	243,282
target	43,798	239,098	45,040	236,562
paid within target	95.6%	97.0%	95.6%	97.2%

NHS Payables

Total NHS trade invoices paid in the year	545	2,033	555	3,675
Total NHS trade invoices paid within target	534	2,021	538	3,616
Percentage of NHS trade invoices paid within target	98.0%	99.4%	96.9%	98.4%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 34 Capital Resource Limit

	2024/25 £000	2023/24 £000
Gross capital expenditure	31,373	29,012
Less: Disposals	(1,523)	(692)
Plus: Loss on disposal from capital grants in kind and peppercorn lease disposals	-	163
Charge against Capital Resource Limit	29,850	28,483
Capital Resource Limit	29,850	28,483
Under / (over) spend against CRL	(0)	-

Note 35 Breakeven duty financial performance

	2024/25 £000	2023/24 £000
Surplus / (deficit) for the period	5,221	1,798
Remove net impairments not scoring to the Departmental expenditure limit	854	3,664
Remove I&E impact of capital grants and donations	172	174
Remove net impact of inventories received from DHSC group bodies for COVID response	41	48
Remove loss recognised on peppercorn lease disposals		163
Adjusted financial performance surplus / (deficit)	6,288	5,847

Note 36 Breakeven duty rolling assessment

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000	2015/16 £000	2016/17 £000
Breakeven duty in-year financial performance		1,041	2,065	1,558	2,707	2,786	513	135	6,965
Breakeven duty cumulative position	3,678	4,719	6,784	8,342	11,049	13,835	14,348	14,483	21,448
Operating income		242,220	252,840	259,176	261,312	261,944	266,952	282,429	316,422
Cumulative breakeven position as a percentage of operating income		1.9%	2.7%	3.2%	4.2%	5.3%	5.4%	5.1%	6.8%
		2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
Breakeven duty in-year financial performance		6,031	5,319	2,982	41	82	4,866	5,847	6,288
Breakeven duty cumulative position		27,479	32,798	35,780	35,821	35,903	40,769	46,616	52,904
Operating income		327,731	341,787	370,582	440,004	469,609	492,694	511,996	554,755
Cumulative breakeven position as a percentage of operating income		8.4%	9.6%	9.7%	8.1%	7.6%	8.3%	9.1%	9.5%



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 18 June 2025
SUBJECT	Management Letter of Representation
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 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 <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" 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	The Board of Directors is asked to note the content of the letter and confirm agreement for the letter to be signed on behalf of the Board of Directors.	
EXECUTIVE SUMMARY	<p>The management letter of representation is a form letter drafted by the external auditors and signed by the Chief Executive or the Director of Finance on behalf of the Board of Directors.</p> <p>The contents of the letter attests to the accuracy of the financial statements and is largely driven by matters that the external auditors wish for us to confirm to support our compliance with accounting and auditing standards.</p> <p>The content of the letter has been reviewed by the Director of Finance and the Audit Committee, with changes from 2023/24 included in section 1.4, and is recommended to the Board of Directors for signing.</p>	
PREVIOUSLY CONSIDERED BY	Audit Committee	
	Date	Wednesday, 18 June 2025
	Outcome	Reviewed and recommended to Board of Directors for signing

1. BACKGROUND

- 1.1 The report presents to the Board of Directors the management representation letter in connection with the audit of the Trust financial statements for the year ended 31 March 2025.
- 1.2 The management representation letter is a form letter drafted by the external auditors and signed by the Chief Executive or Director of Finance on behalf of the Board of Directors.
- 1.3 The content of the letter attests to the accuracy of the financial statements and is largely driven by matters that the external auditors wish for us to confirm to support our compliance with accounting and auditing standards.
- 1.4 The contents of the letter have been reviewed by the Director of Finance, with the following amendments noted from the previous letter of representation signed (2023/24 annual accounts):
 - Amended worded in relation to accounting estimates, including those measure at fair value;
 - Inclusion of a statement in relation to impairment review;
 - Inclusion of a statement in relation to charges on assets;
 - Removal of a statement in relation to service concession arrangements;
 - Removal of a statement in relation to the impacts of RAAC;
 - Inclusion of a statement in relation to tariffs;
 - Inclusion of a statement in relation to the annual governance statement;
 - Inclusion of a statement in relation to the annual report; and
 - Inclusion of a statement in relation to arrangements to achieve economy, effectiveness and efficiency in use of resources (value for money arrangements).

2. RISK CONSIDERATION

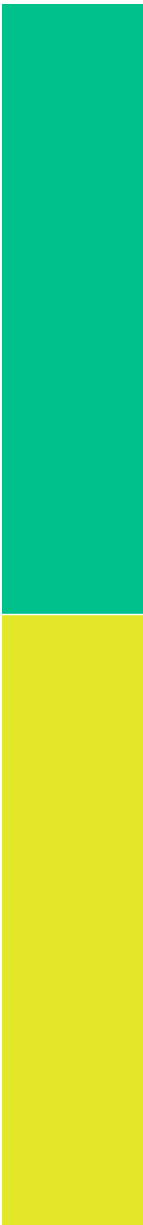
- 2.1 There are no additional risk implications associated with this report.

3. EQUALITY/ SUSTAINABILITY IMPACTS

- 3.1 There are no equality or sustainability implications associated with this report.

4. ACTION REQUIRED

- 4.1 The Board of Directors is asked to note the content of the letter of representation and to confirm agreement for the letter to be signed on behalf of the Board of Directors.





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18 June 2025

Dear Daniel

NORTH WEST AMBULANCE SERVICE NHS TRUST – AUDIT FOR THE YEAR ENDED 31 MARCH 2025

This representation letter is provided in connection with your audit of the financial statements of North West Ambulance Service NHS Trust for the year ended 31 March 2025 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the DHSC Group Accounting Manual 2024/25 (the GAM).

I confirm that the following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience (and, where appropriate, inspection of supporting documentation) sufficient to satisfy ourselves that I can properly make each of the following representations to you.

My responsibility for the financial statements and accounting information

I believe that I have fulfilled my responsibilities for the true and fair presentation and preparation of the financial statements in accordance with the GAM, and relevant legislation and International Financial Reporting Standards (IFRS) as adapted and adopted by HM Treasury.

My responsibility to provide and disclose relevant information

I have provided you with:

- access to all information of which I am aware that is relevant to the preparation of the financial statements such as records, documentation and other material;
- additional information that you have requested from us for the purpose of the audit; and
- unrestricted access to individuals within the Trust you determined it was necessary to contact in order to obtain audit evidence.

I confirm as Accountable Officer that I have taken all the necessary steps to make me aware of any relevant audit information and to establish that you, as auditors, are aware of this information.

As far as I am aware there is no relevant audit information of which you, as auditors, are unaware.

We confirm that there is no information provided to you as part of the audit that we consider legally privileged.

Accounting records

I confirm that all transactions that have a material effect on the financial statements have been recorded in the accounting records and are reflected in the financial statements. All other records and related information, including minutes of all Board and relevant committee meetings, have been made available to you.

Accounting policies

I confirm that I have reviewed the accounting policies applied during the year in accordance with the GAM and International Accounting Standard 8 and consider these policies to faithfully represent the effects of transactions, other events or conditions on the Trust's financial position, financial performance and cash flows.

Accounting estimates, including those measured at fair value

I confirm that the methods, significant assumptions and the data used by the Trust in making the accounting estimates, including those measured at fair value, are appropriate to achieve recognition, measurement or disclosure that is in accordance with the applicable financial reporting framework.

Contingencies

There are no material contingent losses including pending or potential litigation that should be accrued where:

- information presently available indicates that it is probable that an asset has been impaired or a liability had been incurred at the balance sheet date; and
- the amount of the loss can be reasonably estimated.

There are no material contingent losses that should be disclosed where, although either or both the conditions specified above are not met, there is a reasonable possibility that a loss, or a loss greater than that accrued, may have been incurred at the balance sheet date.

There are no contingent gains which should be disclosed.

All material matters, including unasserted claims, that may result in litigation against the Trust have been brought to your attention. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the GAM and relevant legislation and IFRSs as adapted and adopted by HM Treasury.

Laws and regulations

I confirm that I have disclosed to you all those events of which I am aware which involve known or suspected non-compliance with laws and regulations, together with the actual or contingent consequences which may arise therefrom.

The Trust has complied with all aspects of contractual agreements that would have a material effect on the accounts in the event of non-compliance.

Fraud and error

I acknowledge my responsibility as Accountable Officer for the design, implementation and maintenance of internal control to prevent and detect fraud and error and I believe I have appropriately fulfilled those responsibilities.

I have disclosed to you:

- all the results of my assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- all knowledge of fraud or suspected fraud affecting the Trust involving:
 - management and those charged with governance;
 - employees who have significant roles in internal control; and
 - others where fraud could have a material effect on the financial statements.

I have disclosed to you all information in relation to any allegations of fraud, or suspected fraud, affecting the Trust's financial statements communicated by employees, former employees, analysts, regulators or others.

Related party transactions

I confirm that all related party relationships, transactions and balances, have been appropriately accounted for and disclosed in accordance with the requirements of the GAM and relevant legislation and IFRSs.

I have disclosed to you the identity of the Trust's related parties and all related party relationships and transactions of which I am aware.

Impairment review

To the best of my knowledge, there is nothing to indicate that there is a permanent reduction in the recoverable amount of the property, plant and equipment and intangible assets below their carrying value at the balance sheet date. An impairment review is therefore not considered necessary.

Charges on assets

All the Trust's assets are free from any charges exercisable by third parties except as disclosed within the financial statements.

Future commitments

The Trust has no plans, intentions or commitments that may materially affect the carrying value or classification of assets and liabilities or give rise to additional liabilities.

Subsequent events

I confirm all events subsequent to the date of the financial statements and for which the GAM, relevant legislation and IFRSs, require adjustment or disclosure have been adjusted or disclosed.

Should further material events occur after the date of this letter which may necessitate revision of the figures included in the financial statements or inclusion of a note thereto, I will advise you accordingly.

Impacts of Russian Forces entering Ukraine

I confirm that I have carried out an assessment of the potential impact of Russian Forces entering Ukraine on the Trust including the impact of mitigation measures and uncertainties.

Tariffs

I confirm that I have carried out an assessment of the potential impact of changes in US trade policy in respect of tariffs, including the impact of reciprocal tariffs by other countries, including the impact of mitigation measures and uncertainties.

Going concern

To the best of my knowledge there is nothing to indicate that the Trust will not continue as a going concern in the foreseeable future. The period to which I have paid particular attention in assessing the appropriateness of the going concern basis is not less than twelve months from the date of approval of the accounts.

Annual Governance Statement

I am satisfied that the Annual Governance Statement (AGS) fairly reflects the Trust's risk assurance and governance framework and I confirm that I am not aware of any significant risks that are not disclosed within the AGS.

Annual Report

The disclosures within the Annual Report and Remuneration and Staff Report fairly reflect my understanding of the Trust's financial and operating performance over the period covered by the financial statements.

Unadjusted misstatements

We confirm that there are no uncorrected misstatements to report.

Arrangements to achieve economy, effectiveness and efficiency in Use of Resources (Value for Money arrangements)

I confirm that I have disclosed to you all findings and correspondence from regulators for previous and ongoing inspections of which I am aware. In addition, I have disclosed to you any other information that would be considered relevant to your work on value for money arrangements.

Yours sincerely,

SALMAN DESAI QAM

Chief Executive and Accountable Officer



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 18 June 2025
SUBJECT	Annual Report 2024/25 including Annual Governance Statement
PRESENTED BY	Emma Shiner, Deputy Director of Corporate Affairs
PURPOSE	Decision

LINK TO STRATEGY	All Strategies											
BOARD ASSURANCE FRAMEWORK (BAF)	SR01	<input checked="" type="checkbox"/>	SR02	<input checked="" type="checkbox"/>	SR03	<input checked="" type="checkbox"/>	SR04	<input 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 <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" type="checkbox"/>	Quality Outcomes	<input checked="" type="checkbox"/>	Cyber Security	<input checked="" type="checkbox"/>	People	<input checked="" type="checkbox"/>
	Financial/ Value for Money	<input checked="" type="checkbox"/>	Reputation	<input checked="" type="checkbox"/>	Innovation			<input checked="" type="checkbox"/>

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the contents and compliance against the mandatory requirements set out in the DHSC Group Accounting Manual 2024/25; and Ask the Chair of Audit Committee to formally recommend or not recommend the Annual Report for 2024-25 to the Board of Directors for approval and signing. Formally approve the Annual Report for 2024/25 and ask the Chief Executive to sign off on behalf of the NWS Board of Directors.
EXECUTIVE SUMMARY	<p>The Annual Report has been prepared in accordance with the DHSC Group Accounting Manual 2024/25 and was submitted to the External Auditor for review in draft form on 9th May 2025 and 16th May 2025, prior to first draft presentation to Audit Committee on 23 May 2025.</p> <p>External auditors received the Chief Executive's Annual Governance Statement (AGS) for review on 9th May 2025 with feedback received on 16th May 2025 and it was confirmed that the draft AGS had been prepared in line with the requirements set out by NHS England and some minor amendments were addressed prior to the Chief Executive presenting his Statement to the Audit Committee on 23 May 2025.</p> <p>Feedback on the Annual Report was received from External Auditors on 4th June, amendments were made, and the updated document</p>

	<p>was re-submitted to the External Auditors on 9th June 2025 with confirmation received on 12th June 2025 that no further amendments were required.</p> <p>The final version of the Annual Report for the reporting period 1 April 2024 – 31 March 2025, incorporating the Chief Executive’s Annual Governance Statement for the same period, has been presented to the Trust’s Audit Committee just prior to this meeting of the Board of Directors and whilst at the time of drafting this paper, the formal outcome of the Audit Committee meeting is unknown, it is the role of the Chair of Audit Committee to either recommend/not recommend this Annual Report for 2024/25 to the Board of Directors on 18th June 2025 for approval and signing.</p>	
PREVIOUSLY CONSIDERED BY	Audit Committee	
	Date	Wednesday, 18 June 2025
	Outcome	To be confirmed

NWAS Annual Report & Accounts 2024/25

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Annual Report 24/25

Chair & CEO Foreword

We are very pleased to welcome you to our Annual Report 24/25 in which, as well as presenting our performance against our statutory obligations, we are delighted to showcase the many remarkable achievements of our staff and the organisation as a whole.

As an NHS trust which has a unique insight into people's lives, we are acutely aware of the responsibility we have. People rarely contact us because something positive is happening - the babies we help welcome into the world maybe the only exception! Our callers are usually upset, in pain, scared and even angry. It is our job to not only use our clinical skills for their medical need but also to bring comfort, compassion, empathy and support. This is an honoured position and one that we are very proud of.

We have a workforce that shows unfailing commitment to the people we serve. From the corporate staff who keep the wheels turning in the background, to the welcoming, comforting voice on the phone and the welcome presence in someone's home or at the scene of an accident. We are there.

Our patients frequently contact us to tell us their stories and to express their thanks and relief when we have turned up for them. It is a privilege to read these and pass them onto those on the frontline. We would like to take this opportunity to also pass on our thanks to our staff and volunteers. We never doubt your compassion and dedication to our patients and we are exceptionally proud of all of you.

This year has had its own challenges but we believe we were in a strong position to meet those, to learn from them and to make every effort to alleviate them where we can. No matter how well an organisation performs, there is always something new to learn, everything is open to change and improvement, and we are especially proud that NWAS is a trust that continuously strives to do this.

Despite a difficult winter, we ended the year with a 999-call pick-up mean time of just one second, consistently ranking us among the top two ambulance trusts in England. For our most serious, category one calls, this response is crucial when every second counts. We answered 97.8% of 999 calls within five seconds, maintaining one of the best performance records nationally. A remarkable achievement by all in our contact centres!

Our response to Category 1 calls – the most urgent – has improved and continues to show sustained progress. Encouragingly, response times for lower acuity Category 3 and 4 calls have also improved for the second year in a row, now reaching levels not seen since before the pandemic. While prioritising the most urgent calls is essential, we remain focused on improving the experience of all patients.

We know that not all of our patients need to go to hospital and that needlessly doing so, can cause unnecessary stress and further exacerbate their condition. We've strengthened partnerships with health and care providers to reduce hospital attendance and support care closer to home. While this ensures a better experience and outcome for the patient, it also helps us reach other patients in the community with more ambulances available to respond to them. By addressing more cases via telephone, emergency ambulances are prioritised for patients in more urgent need.

It has been the case now that for some time, hospital handovers remain a key challenge, affecting ambulance availability and this continues to be one of our priorities into the next year. While some areas of the ICBs have seen improvement, others continue to face delays. We're actively working with system partners to reduce these pressures and improve patient flow, ensuring that our crews can be available to respond more quickly and safely.

In 24/25, we have invested in integrating our 999, NHS 111, and patient transport services (PTS) into a single, more efficient contact centre. Phases 1 and 2 were completed during the year, and Phase 3 was approved in January 2025. We're now mobilising the final stage to embed the integrated contact centre model in 25/26.

This work has also had a positive impact on our 111 service, with a 33 per cent improvement in calls answered within 60 seconds compared to the previous year. Faster response times are key for caller satisfaction and also help to improve the call abandonment rate which has reduced by 10 per cent.

On average, NWAS answers just under 4,000 emergency 999 calls each day and while some of those are duplicate calls for the same incident or call backs, this is a significant number of people who are relying on us to come to their aid. These calls have resulted in 1.1m face to face attendances in the year, a reduction of only 0.3 per cent compared to 23/24.

In order to streamline our service delivery directorate, improve clinical supervision and structure with a robust management line, we undertook a leadership review. We appreciate that this was a challenging time for some but an improvement in our category one and two, the most seriously ill patients, bears witness to the success of this. This clear, management structure enables local teams to form meaningful relationships with system partners and offer senior clinical advice, and also provides further opportunity for clinical staff to develop and grow, which in turn, means a better service for our patients.

It was disappointing that the long waited announcement of the patient transport service tender process was not concluded in 24/25 as expected, and we recognise that this has left our PTS colleagues unclear about the future of our contacts in Merseyside, Cumbria, Lancashire and Greater Manchester. Our contract has now been extended to 31 March 2026 and we hope that there will be a positive outcome after this.

This year, we commissioned a PTS improvement programme of work, which was initiated in November 2025 and builds on the work delivered in the PTS financial improvement plan (2023- 2025).

The improvement programme is designed to deliver better outcomes and experience for patients and staff, alongside our contractual obligations and financial efficiencies. The work streams will deliver a modern-day logistics operation, set against the backdrop of a combination of increasing activity, increasing places of care and more stringent performance standards.

More than 1.4m patient journeys were undertaken by the service in 24/25, which is a decrease of 8 per cent compared to the previous year and it was great to see that more than 90 per cent of PTS patients reported that they had been treated with dignity, compassion and respect.

In 23/24, the report on the emergency service response to the Manchester Arena incident was published and key actions were required to comply with recommendations. Many of these were anticipated and work had already begun and this continued in 24/25.

There has been significant focus by the resilience team on the education and training of staff and in particular, those with commander responsibilities and the next year will see the launch and embedding of our new Incident Response Plan.

Since its launch in 2022, we have worked in line with our Trust Strategy, the main aims of this was to provide high quality inclusive care, be a brilliant place to work and to work together to shape a better future. We think we have made great progress and as this report was published, we are working to shape a new strategy which we hope to launch in 2026.

This would be timely as in the same year, we will celebrate 20 years since the merger of the previous North West ambulance services. We have come a very long way since then. We are more than an emergency responder and now have an active role in population health and addressing health inequalities, cementing our place as a proactive and patient focused NHS provider.

We are very proud of all we have achieved in 24/25, we hope that you are proud of us too. As always, we are keen to hear from you and to listen to your experiences. Listening is how we learn, and learning is how we improve.

Peter White
Chair

Salman Desai KAM
Chief Executive

Performance Report

The trust's Performance Report has been prepared under direction issued by the Department of Health and Social Care Group Accounting Manual 2024/25 in accordance with Chapter 4A of Part 15 of the Companies Act 2006, as amended by SI 2013 No 1970. *The Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013*.

The Accountable Officer is responsible for preparing the Annual Report and Accounts and considers taken as a whole they are fair, balanced and understandable.

Salman Desai KAM
Chief Executive

Date: 18 June 2025

Performance Overview

The purpose of the overview section is to provide:

- A statement from the chief executive officer providing an overview of the performance of the trust during 24/25.
- A statement of the purpose and activities of the trust, including a brief description of the business model and environment, organisational structure, objectives and strategies.
- A synopsis of the performance analysis and assessment of the trust's progress towards delivering its objectives
- Details of the key issues and risks that could affect the trust in delivering its objectives and affect the trust in delivering its objectives.
- An explanation of the adoption of the going concern basis where this might be called into doubt.

Chief Executive Statement

I have been a proud member of North West Ambulance Service for many years, prior to that, I began my ambulance career as a paramedic in Greater Manchester. I now introduce the NWAS Annual Report for the first time as Chief Executive, a role I was honoured to take on in January of this year.

This report is a culmination of 12 months of challenges, achievements, successes and lessons learnt - far too many for me to mention here, so instead, I am going to focus on those who make our organisation what it is – our people.

Behind all of the projects, activity and highlights that you will read about in this document, are more than 7,000 dedicated, skilled and committed individuals. They work as a team, they work to ensure this trust is the best it can be and every day, I am immensely humbled by the compassion and dedication they show to our patients.

In addition to our staff, we also have the invaluable support of more than 1,200 volunteers. As community first responders, volunteer car drivers and members of our public patient panel, these individuals give up their free time to support our emergency and patient transport services and shape the decisions we make. We are exceptionally grateful for their time and commitment to the trust and our patients and cannot thank them enough for all that they do.

In addition, I would also like to express my thanks to the trade union representatives we work with. While on occasion, we may have differing views, we ultimately all have the same objectives which is to provide a quality service to our patients, and to ensure our colleagues work in an environment where they can develop, are treated fairly and their wellbeing is a priority.

Our staff are our most valuable asset and to retain skilled and experienced people, it is important that we invest in their development. For the third consecutive year, we have achieved the Gold Standard in the Employers Network for Equality & Inclusion's (ENEI) Talent Inclusion and Diversity Evaluation (TIDE) accreditation. We are one of only 25 Gold Standard winners out of 185 global entries, from across 26 different sectors. With an overall score of 94%, we are the third highest ranked organisation out of all entries this year.

We are trained to deal with complex incidents but behind the clinical skills are human beings with thoughts and emotions. We recognise that some incidents can have a profound effect on our colleagues and so we have developed a portal to support them. This has significantly improved the way in which managers are informed when it has been identified that one of their staff may need support.

This, and other means of support were utilised following the tragic incident in Southport on 29 July when three little girls were fatally stabbed at a holiday club. I have spoken to many of the staff who responded to the incident and it is clear that these kinds of events stay with them for a long time.

Staff from Southport and others were recognised at our annual Star Awards in March, a sponsorship funded event which celebrates the great and the good in our organisation. Listening to the stories of the award recipients is extremely heartening – from a senior paramedic who established a care home education initiative to help prevent falls, to an emergency medical technician (EMT) who wanted to inspire young people in Blackpool to start a career in the service.

Our Mental Health team and colleagues in our call centres won a Mental Health Safety Improvement Award at the HSJ Patient Safety Awards. Their newly developed advanced questionnaire module allows for a timely upgrade and response to patients who have overdosed on high-risk drugs, and there is no doubt that the initiative will save lives. A great demonstration of how working together can make a difference. This year, we also saw an EMT win a Pride of Cumbria award for her work in enhancing community resuscitation in the county. This resulted in the installation of 49 new accessible defibrillators in the county in areas identified as high risk.

An advanced paramedic secured the Exceptional Specialist Paramedic award at the Ambulance Leadership Forum Conference in 2024, for his role in developing a simulation newborn and maternity training initiative alongside colleagues at Liverpool Women's Hospital – improving the clinical skills for ambulance crews who attend births.

All of these successes were achieved in addition to their day to day roles which is why I know that working for the ambulance service is not just a job to our people. It is a devotion to the care and health of our communities, and this is why I am proud to hold the position I do.

This report contains many stories such as these, and I do hope you find it interesting and inspiring. If you are interested in joining our NWAS family, as an employee or volunteer, take a look at our website.

Finally, in June 2025, we will bid a fond farewell to our Chair, Peter White. Peter was Vice Chairman and Non-Executive Director of NWAS for four years before being appointed as Chair. As a Non-Executive Director he held specific responsibility for performance and quality as well as leading on behalf of the board on EPRR (Emergency Preparedness, Resilience and Response).

Peter has been with us since 2014 and has been a supportive, committed and dedicated member of the Board during that time, seeing us through the pandemic, various and many improvements, chief executive and board appointments and many other memorable moments.

I have thoroughly enjoyed working with him and on behalf of all the executive team, wish him well in his new endeavours.

Salman Desai KAM
Chief Executive Officer

History of the Trust

North West Ambulance Service NHS Trust (NWAS) was established on 1 July 2006 and is one of the largest ambulance trusts in England. NWAS provides services to a population of over seven and a half million people across approximately 5,400 square miles in the communities of Cumbria, Lancashire, Greater Manchester, Merseyside, Cheshire, and Glossop in Derbyshire.

The trust employs 7,775 staff who operate from over 100 sites across the region and provide services for patients in rural and urban communities, coastal resorts, affluent areas and in some of the most deprived areas in the country. We also provide services to a significant transient population of tourists, students, and commuters.

The North West region is one of the most culturally diverse areas in England, with over 50 different languages spoken by members of the community. Consequently, we place considerable emphasis on equality and diversity and public engagement activities to ensure that our services are accessible to all members of the community.

A strategic focus is to collaborate with our integrated care systems (ICS) and integrated care boards (ICB) to support the delivery of public and population health agendas and urgent and emergency care services. We are the only regional NHS organisation in the North West that operates across five ICSs:

- Lancashire & South Cumbria Health & Care Partnership
- Cheshire & Merseyside Health & Care Partnership
- Greater Manchester Health & Social Care Partnership
- North East & North Cumbria ICS
- Joined Up Care Derbyshire (which includes Glossop)

Our shared purpose, vision and values

At NWAS, we are connected by a shared purpose; *to help people when they need us most*. We aim to achieve the best possible physical and mental health outcomes for each person who needs us. We will provide high-quality emergency care to save lives and make a difference to people with life-threatening illnesses or injuries. For those with less serious conditions, we will tailor our response to each person's needs. This may include urgent clinical assessment, advice over the phone, referring them elsewhere or alternative transport for scheduled appointments.

Our shared purpose is to help people when they need us most. Based on this purpose, our strategy sets out our vision to deliver:

- **Right care** means that we will provide outstanding care that is safe, effective, and focused on the needs of the patient;
- **Right time** means that we will achieve all operational performance standards for our paramedic emergency service, NHS 111, and patient transport service;
- **Right place** means that we will provide care in the most appropriate setting for each patient's needs, taking fewer people to emergency departments by providing safe care closer to home or referring people to other health and care pathways;
- **Every time** means that we will provide services which are consistent, reliable, and sustainable.

To deliver our vision, our values of 'working together,' 'being at our best' and 'making a difference'" guide the behaviours that underpin all that we do. These values describe the 'how' and set the expectations for staff to provide compassionate care and improve outcomes and experiences for our people, patients, and communities.

Our 2022-2025 Trust Strategy

Our Strategy 2022-2025, was developed following extensive engagement with staff, volunteers, patients and service users to understand the areas of focus, together with extensive analysis of performance data from each of our service lines which informed the strategic aims and objectives.

To enable the trust to deliver on its strategic aims and objectives we have implemented supporting strategies in the areas of Quality, People, Service Development, Sustainability, Estates and Fleet and Digital. All strategies specify our three-year measures of success.

At the end of 2024, we agreed to extend the current Trust Strategy by one year and work would be undertaken to develop a new trust strategy and supporting strategies during 25/26 for approval and launch in March 2026. The rationale for extending the timeline for production is to better align the strategic planning process and ensure a robust plan is in place that ensures both internal and external factors are considered, including changes in trust leadership structures and outcomes from the NHS ten-year plan.

Aims

Our three organisational aims provide a framework of what we will focus on between 2022-2025, to achieve our vision:

Aim 1: Provide high quality, inclusive care

We recognise there are health differences between groups in the communities we serve. We will listen to understand and make sure our services are accessible to everyone. We will work to prevent harm while using learning and research to continuously improve patient care and experience. To achieve this aim, we must create the conditions to provide care which is:

- Safe
- Effective
- Person-centred

Aim 2: Be a brilliant place to work

We will create an environment where our people feel happy and safe, have access to equal opportunities and are supported to be at their best. We will be a brilliant place to work by:

- Looking after our people
- Investing in our people
- Leading our people compassionately

Aim 3: Work together to shape a better future

We will work together to improve the services we provide. We will work with our partners and the public to find solutions which improve access, outcomes, and experience for everyone. We will work together to become more sustainable and have a positive effect on our communities and environment. To deliver this aim, we will work together, internally, with partners across the North West, and with communities to work towards:

- One NWAS
- One North West
- One future

Our commitment to equality, diversity and inclusion extends beyond the lifespan of the Trust Strategy. The board of directors refreshed its commitment to EDI in 2024 committing to delivery of the following priorities over the following three years:

- We will embed fair and inclusive recruitment and progression processes to improve the diversity of the workforce at all levels.
- 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.
- We will reduce health inequalities for our patients.

Annual Planning

During 24/25 we introduced our 'planning framework' which outlined our approach to annual planning. The planning framework sets out an integrated and collaborative approach to planning. The framework describes our way of planning, that aims to support the trust to improve the quality of services and outcomes for patients and deliver key objectives included in the Trust Strategy. The framework includes a high-level timeline for developing the annual plan and regular engagement and collaboration with key stakeholders. Stakeholder workshops were scheduled at key decision points to ensure the annual plan for 25/26 is stretching but also feasible based on current resource and capacity.

Our Services:

Integrated Contact Centres (ICC).

Following internal reconfiguration of services, the ICC includes 999, NHS 111 and Patient Transport Service (PTS) Contact Centre.

999 emergency operations centres.

Emergency operation centres (EOC) receive and triage 999 calls from members of the public as well as other emergency services. EOC staff provide advice and dispatch an ambulance service to the scene as appropriate. The clinical hub (CHUB) is based within the EOC, assesses patients via telephone and provides the most appropriate care based on that assessment. This may be an ambulance (either emergency or urgent care), GP referral, referral to other services or self-care.

NHS111.

NHS 111 deliver services for the North West region and are major contributors to the delivery of integrated urgent care. We signpost patients to the most appropriate care highlighted to them following triage and informed by the Directory of Services.

Patient Transport Services.

Patient transport services (PTS) provide essential transport to non-emergency patients in Cumbria, Lancashire, Merseyside, and Greater Manchester, who are unable to make their own way to or from hospitals, outpatient clinics or other treatment centres.

Paramedic emergency services.

Paramedic emergency service (PES) services are delivered by solo responders, double crewed ambulances and approved private providers who together deliver 999 emergency care for the population of the North West.

Resilience.

Our hazardous area response team (HART) and resilience teams are specially trained and equipped paramedics who provide a response to high-risk and complex emergency situations, including major incidents. They respond to major incidents to deliver our statutory responsibilities as a Category 1 responder under the Civil Contingencies Act 2004.

Volunteering.

We have one of the largest and longest-established community first responder (CFR) schemes in England, with CFRs operating across all areas of the North West, providing an effective, complementary service in their local communities.

We also offer several other volunteering roles, including Patient and Public Panel (PPP), Voluntary Car Drivers (VCD), Voluntary Car Service (VCS), Welfare Support Volunteers and Vehicle Movement Volunteers.

Corporate services.

As well as providing clinical services to patients, we provide a wide array of specialist, non-clinical corporate services. These wider teams offer a unique variety of services, for example, estates and facilities, communications, risk management, digital, vehicle maintenance, finance, and human resources.

Operational Performance during 24/25

During 24/25, 999 call demand fell by 0.7% compared with 23/24, with a total of 1,436,333 calls received with periods of variation due to external factors such as winter pressures. Patients were appropriately signposted by call handlers to alternative pathways rather than waiting for an ambulance response. A total of 1,118,433 emergency incidents were responded to during 24/25, a reduction of 0.3% overall compared to 23/24 due to multiple calls being received for the same incident, estimated time of arrival enquiries and telephone triage and signposting to more appropriate services.

Ambulance Response Programme

The Ambulance Response Programme (ARP) is a framework for ambulance trusts to deliver its service meeting the needs of its patients. The fundamental underpinning principle of ARP is to use the right resource at the right time, in the right place, all in line with our strategic aim. The delivery of ARP standards throughout 24/25 has been varied, with sustained improvements for high acuity category one calls, the most serious and life-threatening calls. Performance against category three and four also improved for the second year in a row, meaning that the response to those lower acuity calls is being provided quicker than any time since before the pandemic.

Response to category two calls increased, despite increases in deployed ambulance resources due to the increase in hospital handover times impacting on the availability of ambulance resources to respond to patients who need a face-to-face response.

A snapshot of our ARP performance during 24/25 is shown below:

Ambulance response times	
C1 Mean (7 minutes)	00:07:44
C1 90 th (15 minutes)	00:13:11
C2 Mean (18 minutes)	00:29:49
C2 90 th (40 minutes)	01:00:33
C3 90 th (120 minutes)	04:19:49
C4 90 th (180 minutes)	04:32:33

Table: ARP Performance 24/25

CQC Rating

We welcomed the CQC whilst they carried out a focussed inspection of Lancashire and South Cumbria Integrated Care System (ICS) and Cheshire and Merseyside ICS in 2022. The service lines included: emergency and urgent care, emergency operations centre and NHS 111. Whilst this was not a well led inspection, we have maintained our 'Good' rating.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Provider Wide	Good	Good	Good	Good	Good	Good
Emergency and Urgent Care	Good June 2020	Good June 2020	Good June 2020	Outstanding June 2020	Good June 2020	Good June 2020
Emergency Operations Centre	Good June 2020	Good June 2020	Good June 2020	Good June 2020	Good June 2020	Good June 2020
Patient Transport Service	Good Jan 2017	Good Jan 2017	N/A	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Resilience	Good Nov 2018	Good Nov 2018	Good	Good Nov 2018	Good Nov 2018	Good Nov 2018
111	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017

Table: CQC ratings.

In 2023, the Care Quality Commission (CQC) redesigned their assessment process and introduced a new system called the Single Assessment Framework (SAF). The CQC began to implement the SAF in the third quarter of 2023, however, full deployment was delayed following feedback and restructuring within the CQC.

During 24/25, North West Ambulance Service (NWAS) has continued regular, routine engagement meetings and enquiries with the CQC.

NWAS has actively worked on adapting and developing our own internal assurance processes in response to the CQC's changes, ensuring evidence categories are measured, as set out by the CQC Quality Statements. NWAS will adapt as required, to ensure that as the CQC's approach evolves, our own assurance processes evolve in parallel.

Statutory & Regulatory Financial Duties

We are required to achieve a number of statutory and regulatory financial duties. These are:

- Statutory duty to break even year on year and a regulatory duty to break even each and every year.
- Regulatory duty not to exceed the External Financing Limit set by the Department of Health and Social Care.
- Regulatory duty to contain capital expenditure, on an accruals basis, within approved Capital Resource Limits.
- Regulatory requirement to achieve the Capital Cost Absorption Duty.
- Regulatory duty to apply the Better Payment Practice Code.

In summary, for the 24/25 financial year, we achieved all of the statutory and regulatory financial duties.

In 24/25, our total income was £554.753m where income from patient care activities was £540.410m, the breakdown across these activities can be found within the Financial Review 24/25 on page 44.

Key Risks to Delivering Objectives

24/25 Strategic Risks

The key strategic risks during 24/25 were focussed on quality and patient safety, financial sustainability, operational performance, workforce, regulatory compliance, engagement with system partners, cyber security, reputation and achievement of strategic priorities and objectives.

The following list denotes the key strategic risks during 24/25:

1. There is a risk that the trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction
2. There is a risk that the trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services
3. There is a risk that the trust does not deliver improved national and local operational performance standards resulting in delayed care and/or harm
4. There is a risk that the trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes
5. There is a risk that the trust does not improve its culture and staff engagement and this impacts adversely on retention and staff experience.
6. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action
7. There is a risk that the trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment
8. There is a risk the trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm
9. There is a risk that the trust attracts negative media attention arising from long delays and harm leading to significant loss of public confidence
10. There is a risk that the that level of uncertainty and unpredictability both nationally and regionally impacts on, or results in, delayed achievement of our strategic priorities and objectives

Future 25/26 Strategic Risks

The key strategic risks during 25/26 will focus on quality and patient safety, financial sustainability, operational performance, workforce, regulatory compliance, engagement with system partners, cyber security, reputation and achievement of strategic priorities and objectives.

The following list denotes the key strategic risks identified for 25/26:

1. There is a risk that if the trust does not provide the right care, at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for patients
2. There is a risk that if the trust does not achieve financial sustainability, its ability to deliver high quality (safe and effective) services will be affected
3. There is a risk that if the trust does not deliver against NHS net zero targets, it will impact on the trust's ability to contribute towards environmental improvements and delivery of its Green Plan
4. There is a risk that if the trust does not deliver improved sustained national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm
5. There is a risk that if the trust does not create an inclusive environment and look after its people's wellbeing, safety and development, then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.
6. There is a risk that a breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action
7. There is a risk that due to the geographical size of the trust it will be unable to effectively engage with its numerous system partners which may impact on its ability to achieve the medium-long-term plan
8. There is a risk that if the trust suffers a cyber incident, it could result in an inability to deliver a service and associated harm.
9. There is a risk that the recent planned changes around the board over the next 12 months could destabilise the organisation and impact delivery of strategic plans.
10. There is a risk that due to the timing of contracting decisions for NWAS commissioned services (PTS and 111), this will impact the development of our strategic priorities and objectives
11. There is a risk that the current financial landscape of the NHS may impact achievement of the trust's strategic priorities and performance by reducing the availability of resources both financial and physical.

The Annual Governance Statement provides further information relating to how the NWAS Board of Directors maintain strategic leadership and oversight of risk management arrangements.

System Oversight Framework

NHS England's System Oversight Framework provides the framework for overseeing systems and providers and identifies potential support needs. The framework is built around five national themes that reflect the ambitions of the NHS Long Term Plan, NHS People Plan and the shared local ambitions and priorities of individual ICSs:

- Quality of care, access, and outcomes
- Preventing ill health and reducing inequalities
- Finance and use of resources
- People
- Leadership and capability

As part of the NHS England's oversight, performance is monitored across each of these themes whereby providers are allocated to one of four segments that identify the nature of support needs. Segment one reflects no specific needs and segment four reflects providers that require mandated intensive support.

NHSE has assessed the trust as being in segment two, which by default, all ICSs and trusts are allocated unless the criteria for moving into another segment are met.

Further information in relation to the System Oversight Framework can be found here: <https://www.england.nhs.uk/nhs-oversight-framework/>

Going Concern

After making enquiries, the NWAS Board of Directors has a reasonable expectation that the services provided by North West Ambulance Service NHS Trust will continue to be provided by the public sector for the foreseeable future and can realise its assets and discharge its liabilities in the normal course of business. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual. Detailed guidance in respect of going concern is set out in International Accounting Standard (IAS1) and the interpretation for the public sector context is set out in the Financial Reporting Manual (FREM) and the Department of Health and Social Care Group Accounting Manual (GAM) 2024/25. The trust's Letter of Representation for 24/25 to Forvis Mazars LLP as external auditors refers to NWAS preparing its accounts on a going concern basis.

Working with ICSs and Partners

NWAS continues to work closely with ICB urgent and emergency care (UEC) teams, places, and providers across the North West to drive forward the UEC recovery plan.

In 24/25, a key strategic focus is our ongoing partnership with integrated care systems (ICSs) and integrated care boards (ICBs) to enhance the delivery of urgent and emergency care pathways and improve public and population health agendas. ICSs have successfully integrated NHS commissioners, health and care providers, and other partners to deliver patient-centred services tailored to the needs of specific populations.

While challenges remain in working across multiple ICS areas, NWAS has strengthened its position as a key partner in the urgent and emergency care (UEC) system. We continue to deliver UEC services on a large scale, providing valuable data and insights that help identify opportunities for improvement, promote shared learning, and drive best practice. Integrated care relies on collaboration between health and care providers to design services around patient needs, with a strong focus on preventing serious health issues and addressing inequalities. Our close working relationships within ICSs provide an opportunity to develop innovative solutions that ensure people receive the support they need when they need it most.

To maximise engagement and collaboration with stakeholders, we have made significant progress in enhancing NWAS' role as a proactive, trusted partner. Through strengthened partnerships, we have embedded a culture of working together in a collaborative and forward-thinking way. Our evolving partner arrangements will further support system-wide integration, enabling us to work effectively and efficiently with stakeholders to achieve a unified approach.

The capital resource of the trust is managed as part of the overall capital envelope of the Lancashire and South Cumbria ICB. We have managed agreed capital resource of £29.851m with spend for the year in line with the resource.

The trust's capital resources continue to be managed as part of the overall financial framework of the Lancashire and South Cumbria ICB. In 24/25, we have maintained a structured approach to capital investment, ensuring financial sustainability while prioritising key service improvements.

Our Partnerships and Integration team has continued to play a critical and pivotal role in strengthening relationships across ICSs with system partners. The team has built highly effective stakeholder relationships, embedding a culture of collaboration and shared goals. Working across traditional and new partnerships, they ensure a strong emphasis on integrated care that aligns with local places, populations, and systems. Each ICS area benefits from a dedicated Partnerships and Integration manager, working alongside NWAS' directorate leadership teams and executive leads, to drive a collaborative and proactive way of working. This will continue going forward.

The Trust Strategy continues to set out our vision and priorities, ensuring alignment with system-wide goals. The annual planning process has been refined to facilitate delivery of our strategic objectives, underpinned by key priorities for 24/25.

As part of our commitment to continuous improvement, we will undertake regular reviews of the Trust Strategy to ensure it remains relevant and responsive to evolving internal and external factors. These reviews will help us identify emerging areas of focus and adapt our approach to meet the needs of the population we serve.

The Board Assurance Framework (BAF) provides an effective metric for oversight of the organisation's strategic risks ie those which could prevent the trust from achieving its corporate objectives and links with the trust's strategic aims, objectives, and vision. Further information regarding the effectiveness of the BAF can be found within the Annual Governance Statement.

Performance Analysis

Integrated Contact Centre (ICC)

Significant progress was made during 24/25 to integrate the patient transport services, 999, and 111 contact centre services into a fully integrated contact centre (ICC) is an ambitious and crucial initiative, for improving operational efficiency and patient care.

The proposals for the final structure of the integrated contact centre were approved in January 2025, and the project is in mobilisation stage. This final phase will be critical to completing the structural changes and embedding the integrated teams in 25/26.

Embedding the senior leadership team into the new structure is a key priority for ensuring that the integration is managed effectively. The continuation of embedding joint governance procedures is crucial to maintain consistency across all three services and ensure that integration happens in a structured, compliant, and efficient manner.

Across all areas, reductions in sickness and turnover indicate that the integration is having a positive impact on workforce stability. Increased positive feedback from staff surveys further reinforces the success of the integration progress so far. This is a key sign that the changes are not only benefiting the service at an operational level but also improving the workplace environment and culture.

111 calls answered

During 24/25 NHS 111 calls answered by NWAS for the North West fell by 19.6% when compared to the previous year. A significant factor in this was due to external support. This support allowed us to improve its workforce metrics such as reducing sickness and turnover rates, which directly contributed to better call handling and overall performance.

During 24/25, 83% of calls were answered within 60 seconds. This represents a 33% point improvement compared to the previous year. Faster response times are crucial for patient satisfaction and ensuring that urgent cases receive immediate attention.

With support, call abandonment rate reduced by 10%, a reduction to 2.7% in abandoned calls is a great achievement, showing that we are better equipped to handle the volume of calls, and fewer patients are left waiting or choosing to disconnect. Overall performance improvement for call pickup and workforce efficiency improved, which is in light of the recognition that the funded capacity in the north west is not sufficient to meet the demand of the service.

Support ceased in February 2025, whilst this has represented an increase in volume for the service, we have managed to maintain strong performance, especially for call abandonment (still within the target of under 5%).

999 call demand

In 24/25, 999 call demand has fallen by 0.7% overall compared with 23/24. However, there have been periods of variation based on external factors, for example winter pressures and a low call pick up mean (one second for the fiscal year). This means our patients are being more appropriately signposted by call handlers to alternative pathways, which in turn, reduces the number of subsequent calls received for the same patient who may have been waiting for an ambulance response.

Fiscal year	999 Call Demand	% difference to previous year
21/22	1,632,595	↑ 26.7%
22/23	1,531,958	↓ 6.2%
23/24	1,446,700	↓ 5.6%
24/25	1,436,333	↓ 0.7%

Table: Total number of 999 calls (24/25) with percentage change from the baseline.

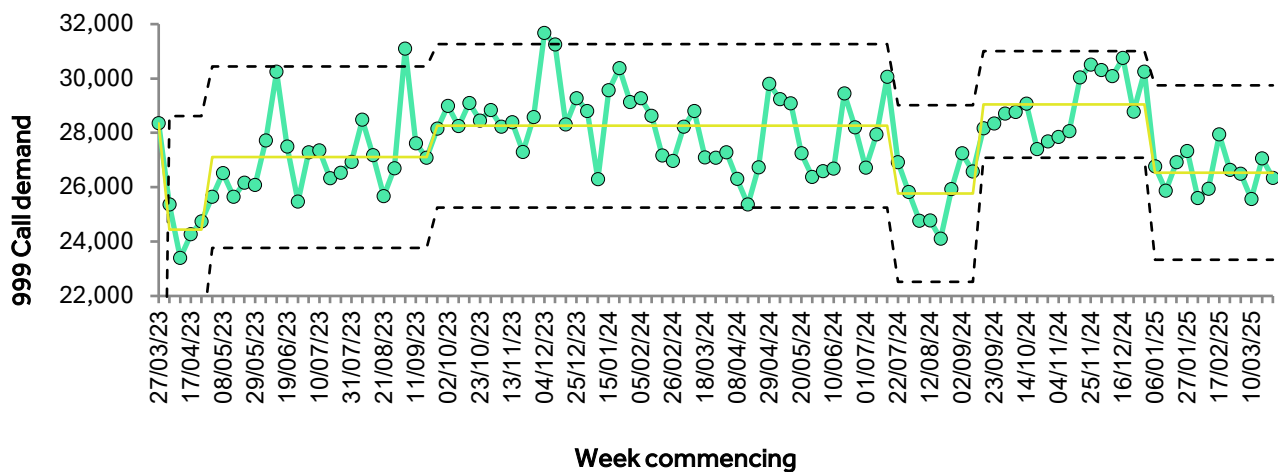


Figure: Average number of calls is 27,621 per week, or 3,935 per day (24/25) with the reporting year highlighted in green.

The statistical process control chart shows a sharp rise in demand in the baseline year (August 2024) throughout the winter, where excess demand from seasonal flu, for example, increased demand across the whole NHS. The demand reduced in January 2025 and has been more stable in the first quarter of 2025, like the previous year.

Incidents requiring a response.

In 24/25, 999 emergency incidents requiring a response has decreased by 0.3% overall compared to 23/24. The number of incidents responded to is less than the number of 999 calls received for several reasons. These include multiple telephone calls being received for the same incident, estimated time of arrival enquiries and solving the patients' needs through telephone triage and signposting to more appropriate services.

Fiscal year	Emergency Incidents	% difference to previous year
21/22	1,129,193	↓ 1.1%
22/23	1,074,933	↓ 4.8%
23/24	1,121,403	↑ 4.3%
24/25	1,118,433	↓ 0.3%

Table: Total number of 999 calls requiring a response (24/25) with a percentage change from the baseline.

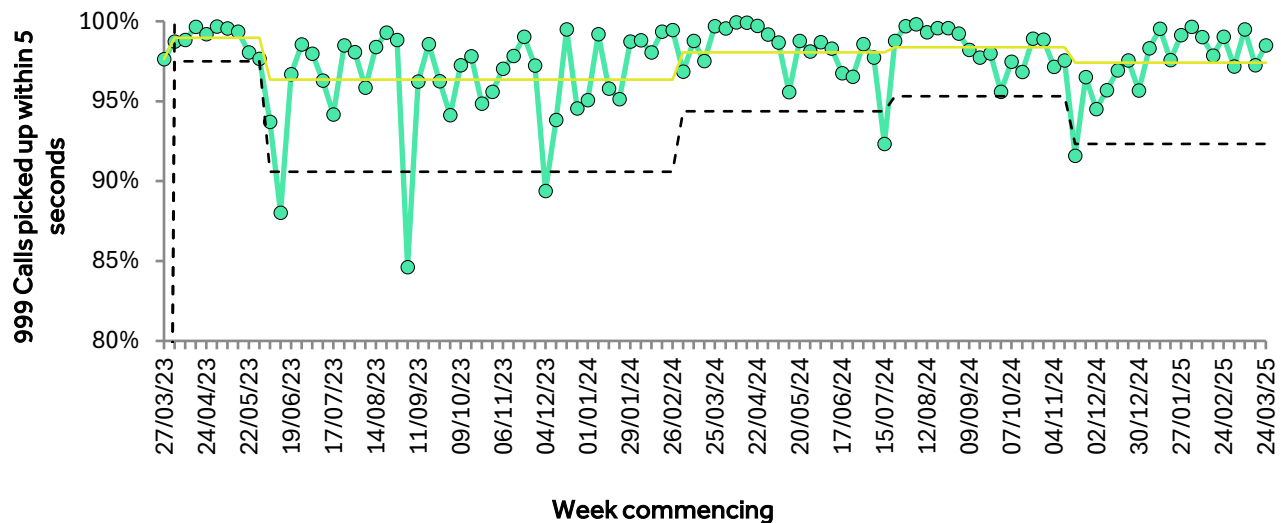


Figure: The percentage of 999 calls answered shown weekly demonstrates increased consistency at or above 95% in 24/25.

Within the data, there are periods within the year where call pick up has dropped below the control limit on specific dates, for example July 2024 and November 2024, cause of which have been periods of high demand or business continuity events eg. unplanned loss of category three command and control system, meaning call handlers reverted to taking 999 calls on paper, which in turn increases call length, impacting performance. It is of note that we have finished the fiscal year 24/25 with a one second 999 call pick up average (mean) with NWAS continually being ranked in the top two NHS ambulance trusts nationally for call pick up.

In 24/25, 999 call pick up remained one of the best in the country with 97.8% of 999 calls answered within five seconds. Call pick up is a vital safety metric for patients with the most life-threatening conditions (category one) as cardiopulmonary resuscitation advice over the telephone is a critical success factor in survival.

Fiscal year	% of calls answered in five seconds	% point difference to previous year
21/22	75.9%	↓ 19.1%
22/23	72.8%	↓ 3.1%
23/24	96.8%	↑ 24.0%
24/25	97.8%	↑ 1.0%

Table: 999 Call pick up

Ambulance Response Programme

Ambulance service emergency performance is measured through the Ambulance Response Programme (ARP), which aims to make sure patients are reached as quickly as possible depending on their need. Under ARP there are four categories, with category one being the most serious, life-threatening incidents. All categories have a performance standard based on the time it takes to respond to the incident.

These performance standards can be seen below:

- Category one is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of seven minutes and at least nine out of ten times within 15 minutes.
- Category two is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least nine out of ten times within 40 minutes.
- Category three is for urgent calls. In some instances, you may be treated by ambulance staff in your own home. We aim to respond to these within 120 minutes at least nine out of ten times.
- Category four is for less urgent calls. In some instances, you may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least nine out of ten times within 180 minutes.
- Category five – Signposting advice only, no response time apply.

Response to high acuity category one calls has improved in 24/25 and shows a sustained improvement over time. As these are the most serious and life-threatening of calls received, ambulance services prioritise their response to these patients to save lives.

There has also been improvement in the response to category three and four patients for the second year in a row in 24/25, meaning that the response to those lower acuity calls is being provided quicker than any time since before the pandemic.

Response to category two calls has increased in 24/25, despite increases in deployed ambulance resources. This increase has been driven by an increase in hospital handover times impacting on the availability of ambulance resources to respond to patients who need a face –to face response. Whilst the mean category two for 24/25 was just over one minute longer than 23/24, at 29 minutes and 49 seconds, it was still below the revised recovery target set by NHS England of 30 minutes. Work is underway to reduce the category two response time in 25/26 with additional investment expected from NHS England to allow the increase in frontline resources, further support to reduce handover times, and extra clinicians in the integrated contact centre to support the triage of calls.

During 24/25, we responded to slightly fewer incidents than the previous year. More incidents than ever before were managed without the need to transport a patient to hospital, with patients being provided care over the telephone, referred to another service (such as community pharmacy, community response, or their own GP), or managed at home with a face –to face response from an ambulance service clinician.

Hospital Handover

Arrival at hospital to handover of patient continues to be a challenge across our geographical footprint. The average amount of time it has taken for an ambulance crew to hand over the care of a patient to the emergency department staff after the arrival at the hospital has increased from 23/24.

We have seen a reduction in handover to clear times from those seen in 23/24 and have been consistently below 10 minutes each month on average for the whole year. This is the time taken after the patient is handed over to complete any paperwork and prepare the ambulance for the next emergency call.

Arrival to handover, and handover to clear, when taken together give us our overall turnaround time. The increase in the average arrival to handover time, with the small decrease in handover to clear time, means overall turnaround time has increased in the North West in the last 12 months. Some improvement has been seen in quarter four of 24/25 with significant focus on turnaround times by our integrated care board and NHS England partners.

Work continues closely with integrated care board partners, and with individual acute hospital trusts to improve handover. Over the last 12 months, we have deployed ambulance liaison officers to our busiest hospitals to help coordinate the release of ambulances, used cohorting (a process where one ambulance crew looks after a number of patients to free up other crews) to allow us make crews available for further calls, and teams have taken part in collaborative work with partners to review handover processes. This has delivered some success in the later months of the financial year – and it is expected that this work will continue into 25/26, to deliver handover times closer to the target of 15 minutes, and with a nationally mandated maximum time of 45 minutes.

Arrival to handover times are higher in Cheshire and Mersey than they are in the other integrated care board areas. There has been extensive engagement across the Cheshire and Mersey ICB area throughout the year to address this, including the development of several schemes to further reduce emergency

department attendance and avoid long waits, and this is now starting to show some sustained improvement.

Releasing ambulances promptly on arrival at hospital increases the availability of ambulances and improves our capacity to respond to emergencies. This is why there has been significant focus from the leadership teams across NWAS, and from our integrated care board and acute hospital trust partners in reducing handover times.

All three areas of NWAS have been working with their respective ICBs around handover improvement. The three main North West ICBs all have a handover improvement working group, bringing together the acute hospitals, wider system partners, and senior leaders from NWAS to collaborate on handover improvement. These groups have been focused on improving flow through emergency departments to allow improvement in flow from waiting NWAS crews. Although the approaches have been different in the three areas, handover improvements have been delivered at some of the most challenged hospital sites in quarter four of 24/25.

Work has also been ongoing with the ICB in North Cumbria as part of some joint work between ourselves and North East Ambulance Service. This has focused on improving escalation when delays are experienced at acute hospital sites. Plans are in place to continue this work with all the ICBs into 25/26, supported by the NHS England regional team, with a focus on improving average handover times and decreasing long waits. Improvement trajectories have been set for all the main acute hospital sites and the local NWAS team will work with their hospital partners towards achieving these.

Urgent and Emergency Care Growth

Additional non-recurrent funding was received in 24/25 to support the improvement of our response to category two patients. This allowed the deployment of additional ambulance hours across the North West. It has allowed us to add an additional 31 frontline staff (paramedics and emergency medical technicians) and deploy 400 extra hours of ambulance time per week. The majority of this additional resource was placed in Cheshire and Mersey to support demand there, but there was also extra ambulance hours added in Cumbria and Lancashire, and Greater Manchester.

The additional hours were provided to support the achievement of the interim recovery response requirement for 24/25 of a mean response time of 30 minutes to category two calls (in place of the national 18-minute mean standard), which we achieved. The funding also allowed us to provide some additional supervisory support to our frontline staff. This will help us provide clinical supervision and make sure our paramedics and emergency medical technicians are supported to provide the best care possible.

Patients we help on the telephone (hear and treat)

The ICC clinical delivery team has been working hard to improve the process of treating patients over the phone, helping reduce unnecessary ambulance dispatches. During 24/25, 15% of emergency incidents, who were initially identified as needing an ambulance, were successfully managed through triage and treated over the phone.

Positive impacts of hear and treat include:

- **Reducing ambulance demand:** By addressing more cases via phone, fewer ambulances are required, which can help prioritise emergency resources for patients in more urgent need.
- **Improving efficiency:** Streamlining the triage process helps make better use of time and resources, improving the overall efficiency of the healthcare system.
- **Cost savings:** Treating patients over the phone reduce operational costs associated with ambulance dispatch and A&E visits.
- **Patient satisfaction:** For some patients, being treated at home through phone triage can be more convenient and less disruptive, enhancing overall satisfaction with the service.

Patients not conveyed to hospital (see and treat)

As there is improvement in hear and treat rates, ambulances are only sent to the patients that cannot be helped on the phone, and these are often more complex or unwell. Some of the patients attended with a face-to face response may still be assessed by a clinician and be identified as being suitable for management by a primary care service or urgent care service, rather than needing transportation to an emergency department. This is referred to as 'see and treat.'

Working closely with partners in health, social care, and the third sector, pathways have been developed that provide the care required without the need for the patient to be taken to hospital. This includes access to virtual wards, response within two hours by urgent care clinicians based in the community, or specialist community pathways for frail patients, or those with specific conditions such as respiratory illness. These are just some examples of pathways that our clinicians can access to support managing patients in places other than at hospital.

In 24/25, there was a small reduction in see and treat rates, which is likely to be due to more patients being managed through assessment over the telephone and not needing a face –to face response. In 25/26, there is planning for further work with system partners to find additional appropriate ways of managing patients in the community who do not need transporting to an emergency department. This will include coordination of the care offered at place level by system partners, making it easier for an NWAS clinician to access the right solution for a patient. This will help to lessen demand on busy emergency departments and support, providing the appropriate care for patients closer to home (or in the patient's home).

Leadership Review

Over the last 12 months a new frontline operational and clinical leadership structure has been implemented across the service delivery directorate. As well as delivering a focus on team management, supervision, and support for frontline staff, it has enhanced our response to patients. There are now a minimum of six advanced paramedic practitioners, with skills in managing critically unwell and complex patients, on duty across the region 24/7. They respond to patients that need that additional advanced skillset, such as complex maternity, acutely unwell paediatric patients, serious trauma, and cardiac arrests. There are also six duty officers, our first line operational leadership response to incidents, available across the region 24/7. They provide support at multi-patient incidents, provide our operational commander response to significant and major incidents, and welfare and wellbeing support to crews who attend difficult incidents. The changes have also seen the introduction of sector clinical leads, who work closely with the wider local management teams to improve and sustain the quality of care delivered by frontline clinicians.

The review has also increased our ability to respond to the most critically unwell patients in a timely manner, and this has already led to a small improvement in mean category one response times, with more work being undertaken to further improve these in 25/26.

Patient Transport Service

The patient transport service (PTS) contracts for Merseyside, Greater Manchester, Lancashire, and Cumbria were due to expire in 2024, however were initially extended to 31 March 2025. During 24/25, we resubmitted bids for the new contracts for the period 2025 – 2030 across three lots; Cheshire and Merseyside, Greater Manchester, and Cumbria and Lancashire and the contract was subsequently extended until 31 March 2026.

In September 2023, the PTS senior leadership team agreed a financial improvement plan to be delivered by 31 March 2025. The overarching objective was to optimise patient journeys whilst delivering financial efficiencies. Key deliverables of the plan included:

- **Reducing the use of private ambulances across the service:**
Through quarters one to three, the use of private ambulances reduced by over 50% per day. The result of this was a greater proportion of contracted activity delivered through NWAS resources throughout 24/25, improving the effective use of our resources.
- **Recruitment of an additional 130 volunteer car drivers**
Whilst the ambitious target was not achieved positively, an additional 60 volunteers were recruited with 70 more in the recruitment pipeline. Positively, the total number of volunteer car drivers increased from 128 in 23/24 to 162 in 24/25. We are extremely grateful for the invaluable service these community volunteers provide and their commitment to their communities.

Performance Activity

Contract	24/25 Baseline	24/25 Activity	Activity variance	Activity variance %
Cumbria	168,290	135,886	-32,404	-19%
Greater Manchester	526,588	568,461	41,873	8%
Lancashire	589,181	439,661	-149,520	-25%
Merseyside	300,123	314,438	14,315	5%
NWAS	1,584,182	1,458,446	-125,736	-8%

Table: PTS Activity

PTS activity in 24/25 has continued to grow and is now sitting around 8% below the baseline compared to 10% below the baseline in 23/24. Although Merseyside and Greater Manchester saw an increase in activity of 5% and 8% respectively above expected levels, Lancashire experienced a reduction of 25% and Cumbria a reduction of 19% against expected activity levels. The increase in activity in Merseyside and Greater Manchester has been delivered in the context of diverse and evolving healthcare systems, with reconfiguration of hospital services, an increasing number of locations over geographically spread greater distances, with increasingly complex patients, and reducing dependence on third party providers.

It is essential to maintain an efficient and effective balance that ensures PTS meets the needs of patients, the local hospital trusts and integrated care systems, whilst delivering a high quality, responsive and financially viable service.

Utilisation

As planned in the previous year, the focus for PTS in 23/24 was to return to pre-covid utilisation of 1.8 patients transported per hour in an average eight hour shift. During the pandemic, this utilisation dropped to 1.2 due to single occupancy of our vehicles, although Covid positive patients could travel together resulting in utilisation occasionally being above 1.0.

Although the objective was to return to pre-Covid utilisation rates of 1.8, analysis has shown that since 18/19 the healthcare system has changed in relation to outpatient services. Patients are now travelling to more locations further afield, meaning that the dynamic use of resource can be challenging. Throughout 24/25, utilisation has improved and there has been an upward trend for all counties with Merseyside showing the greatest improvement at 1.51 at the end of March 2025.

PTS Improvement Programme

The Trust Management Committee commissioned a PTS improvement programme of work, which was initiated in November 2024. The improvement programme builds on the work delivered in the PTS financial improvement plan (2023- 2025)

The improvement programme is designed to improve outcomes and experience for patients and staff, whilst ensuring delivery of the contractual obligations and financial efficiencies. The work streams will deliver a modern-day logistics operation, set against the backdrop of a combination of increasing activity, increasing places of care and more stringent performance standards.

The improvement programme is an 18 month programme of work that facilitates a collaborative approach from across NWAS, with all subject matter experts to resolve some of the challenges faced by PTS, focusing on:

- Digital solutions and innovations
- Workforce and leadership development
- Improving operational productivity and efficiency
- Improving culture
- Financial efficiency as a by product of the above

Patient Safety

Maintaining the safety of our vulnerable patients remained a priority throughout 24/25. PTS continues to trial the Furno Power Trax, tracked chair which, if successful, will enable safer movement of patients up and downstairs, whilst maintaining the safety of our staff in terms of manual handling.

We also trialled an electric vehicle, with positive feedback from patients who reported it was a much smoother and more comfortable ride. We also introduced new standard operating procedures to respond to safety legislation in the transporting of patients in wheelchairs, and played a significant part in the NWAS Flu Campaign with 97% of staff acknowledgement of the flu jab.

Digital developments

In 24/25, the text 'NO' to cancel service was introduced. This service made use of the three automated text messages sent to patients.

- Booking confirmation
- Three days notice
- Vehicle on route.

Patients are able to reply to the text message with a simple 'NO'. This will result in the patients' booking being cancelled or an abort if the vehicle had committed to collect the patient. The net result of this would be a improved patient experience through reduction in calls to cancel transport, and improvement in productivity due to a reduction in aborted journeys. Analysis of the impact of this new service is ongoing.

Development across all three service lines, PES,111 and PTS saw the introduction of a notification to the PTS service if the patient, identified by NHS Number, had made a call to 999 or 111 within the previous 24 hours. The purpose is to allow PTS dispatch to enquire if the planned PTS transport was still required. This

is a new innovation and the impact is yet to be assessed but is expected to show a reduction in cancelled and aborted journeys if patients have been admitted to hospital.

Recruitment to senior management positions in the PTS leadership team will conclude, as will recruitment to PTS Team Leader roles, which will fully establish frontline supervision and provide much needed support to our staff both operationally and in terms of visibility and engagement.

Quality Standards

There are four areas of quality performance indicators within the patient transport service known as quality standards:

- Call answering
- Travel time on a vehicle
- On time arrival
- Collection after treatment

These performance indicators are based on whether the journey was planned or unplanned, or if the journey was for someone receiving enhanced priority service (EPS) including renal dialysis, or cancer treatment.

The PTS service line continues to make progress in terms of its priorities and maintaining a high quality of service to our patients and the improvement programme is designed to continue improvements against these.

PTS Contractual Quality Indicators 24/25	24/25 performance
75 % of calls answered within 20 seconds	27.80%
Average length of time taken to answer inbound calls (Average is 60 seconds)	04:57
Planned care: 85% passenger time on vehicles is less than 60 minutes	86.3%
Planned care: 90% of patients arriving within 60 minutes of scheduled appointment time	76.7%
Planned care: 80% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	58.3%
Planned care: 90% of patients collected within 90 minutes of scheduled collection time or patient readiness notification	79.0%
Unplanned care: 80% passenger time on vehicles is less than 60 minutes	88.6%
Unplanned care: 80% of journeys where the patient is picked up no later than 60 minutes after booked collection time	55.4%
Unplanned care: 90% of journeys where the patient is picked up no later than 90 minutes after booked collection time	68.9%
Enhanced priority service: 85% passenger time on vehicles is less than 60 minutes	91%
Enhanced priority service: 90% of patients arriving 45 minutes prior to scheduled appointment time	76.0%
Enhanced priority service: 85% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	78.7%
Enhanced priority service: 90% of patients collected within 90 minutes of scheduled collection time or patient readiness notification	92.0%

Table: PTS Contractual Quality Indicators 24/25

Commitment to recruit a PTS clinical quality lead was made in 24/25 with a focus on clinical, quality, and governance initiatives within the service, shaping and enhancing patient transport delivery, ensuring compliance with regulatory standards and driving continuous improvement across clinical operations.

Volunteers

We are immensely grateful for the support of our many volunteers who give up their free time to support us and the communities they live in. They are a vital asset to the trust, whether providing life-saving assistance in an emergency, or driving patients to out-patient appointments. We also have a significant pool of volunteers who help shape our organisation via the Patient Public Panel (PPP). These members work with us on major projects and initiatives to give a patients' perspective and view on the decisions we make and their input is invaluable and confirms our commitment to putting the patient at the heart of all that we do.

Community Resuscitation and Engagement Teams

The Community Resuscitation and Engagement team provide leadership and training to the Community First Responders (CFRs) who support the trust. They are also responsible for working with key stakeholders and partners in the community to identify areas which require support with installation of defibrillators and/or basic life support training and education.

Community First Responders

CFRs are volunteers who are trained and activated to attend certain emergency calls where time can make the difference between life and death, such as a cardiac arrest, and breathing difficulties. They provide basic care until the ambulance arrives and can also support ambulance crews once they are on scene. Throughout 24/25 CFRs were activated to 16,295 calls.

There are two different types of CFRs volunteering in communities:

- Community First Responders (CFR) are equipped with an AED, oxygen, handheld suction, tympanic/infrared thermometer, mechanical blood pressure and wound dressings
- Enhanced Community First Responders (ECFR) have additional equipment and are trained and assessed by NWAS clinical staff to check blood glucose levels and, if required, administer dextrose gel. They are also equipped with cervical collars and CAT tourniquets. For cardiac related chest pain, they can administer 300mg aspirin. They can also administer Entonox if needed to control pain levels. Enhanced CFRs can be dispatched to a wider range of calls than the CFRs.

We have a total of 692 active CFRs split across the regional footprint as follows:

- 91 Greater Manchester
- 88 Cheshire and Merseyside
- 513 Cumbria and Lancashire

As CFR schemes are vital to support the more remote communities, there are significantly more responders in towns and villages across Cumbria.

Although work was undertaken during 24/25 to remove CFRs that were no longer active and regularly responding for the trust, the team also recruited and trained 110 new CFRs across the North West, meaning we now have more active CFRs than we had in 24/25.

In quarter four of 24/25, a new CFR training course was implemented and, moving forward all new CFRs will receive an 'FAQ Level 3 Award for First Responders on the Scene' qualification. It has been specifically designed for people who intend to volunteer as community first responders and the development of it was supported by the national network of ambulance service community first responder managers. The course covers the principles of ambulance service first responder care, providing knowledge and skills relating to scene safety, patient assessment, management of life-threatening emergencies, assessment and management of illnesses, medical conditions and injuries.

Heading into 25/26, the team are focussed on further increasing the number of CFRs in areas where there is a demand to supplement the core ambulance response.

Defibrillators

NWAS currently support both unlocked and locked cabinets however, in accordance with guidance issued by AACE, Resuscitation Council UK and the British Heart Foundation, the trust will be promoting unlocked cabinets moving forward. By using unlocked cabinets, this will improve accessibility to defibrillators and reduce delay in getting early defibrillation to the cardiac arrest patient. We currently have 10,000 defibrillators registered in the North West on the British Heart Foundation supported national defibrillator network known as "the Circuit". Planning is underway for 25/26 to sustain this number of available defibrillators, and support work to increase the deployment of them to cardiac arrests.

NHS Charities Together (NHSCT)

Working closely with the NWAS Charity, our Community Resuscitation and Engagement team has accessed further funding through NHS Charities Together, the purpose of which is to aid the improvement of health inequalities and out of hospital cardiac arrest mortality rates.

The funding from NHSCT has allowed the community-based teams of engagement officers to continue to work within their local communities with stakeholders and partners to increase basic life support training, provide more life-saving defibrillator equipment, and support bringing existing community defibrillators back online.

Over the last 12 months, the team have been involved in the placement of 140 new public access defibrillators across the NWAS footprint. 25/26 will see a more targeted approach to placements of new defibrillators, focusing on areas of need, alongside reactivating defibrillators in communities that have been unavailable for some time.

As part of our winter plan, and with funding from NHSCT, the Community Resuscitation and Engagement team were able to activate volunteers to provide welfare support outside hospitals, supplying teas, coffees, soft drinks and snacks to crews who were delayed waiting to handover their patients. Volunteers

attended 19 hospital sites and covered 512 hours of welfare support provision to frontline crews and were a welcome sight for our staff.

Patient Transport Service (PTS) Volunteer Car Service (VCS)

In support of PTS, a team of valuable volunteer car drivers continue to operate, making over 1.4 million patient transport journeys across the North West every year. During 24/25, there was a campaign to increase the number of volunteer car drivers to support people in the communities who need the service the most. There are currently 162 VCS drivers and in the last 12 months an additional 60 volunteer car drivers have been recruited to join the team, with a further 70 currently in the recruitment pipeline.

Resilience/EPRR

Resilience

Our Resilience team comprises of three departments, Contingency Planning, Command and Resilience Education and Special Operations, each with its own senior management lead.

Contingency Planning

Our contingency planning arrangements and capabilities assist in providing evidence of compliance with our duties under the Civil Contingencies Act (CCA), 2004, the Health and Social Care Act 2008, Regulations 2010 and the NHS England Emergency Preparedness, Resilience and Response (EPRR) Framework, together with other legislation such as the Corporate Manslaughter and Corporate Homicide Act 2007 and the Human Rights Act 1998.

The NHS needs to plan and respond to a wide range of incidents and emergencies that could affect patient care or public health. The National Risk Register (January 2025) is used to inform planning to enable us to respond to a range of emergencies while maintaining a positive response to the community as required by the Civil Contingencies Act (2004). Under the EPRR arrangements, all NHS trusts which are also designated Category 1 responders under the Civil Contingencies Act, such as ours, are required to undertake an annual self-assessment process to determine the level of compliance of resilience arrangements measured against the NHS England core standards.

Following a review of the EPRR self-assessment process in 2023, we were able to build our compliance throughout 24/25 and embed our readiness and preparedness as a Category 1 responder.

Core Standards: Out of the 58 that apply across the trust (covering PES, 111, PTS and Resilience), we have worked through the check and challenge with NHS England and submitted 52 fully compliant and six partially compliant. This translates to 90% substantially compliance. Throughout the year we continue to appraise ICB and Local Health Partnership (LHRPs) and monitor compliance through internal governance structures. This year's compliance demonstrates the significant work carried out by the trust since 2023, improving its readiness and preparedness as a Category 1 responder.

Interoperability Standards: Out of 135 applicable standards, we have self-assessed 127 as fully compliant and eight partially compliant. This represents a compliance figure of 94% and a rating of 'substantially compliant'. The interoperability standards are specific to ambulance trusts. Although not part of the assurance process, the ICBs and LHRPs are updated, and compliance is monitored through internal governance structures.

As part of the EPRR self-assessment all NHS trusts were required to carry out a 'deep dive' on a specific area to gain valuable insight. This year's deep dive aligned to cyber security. The outcome of the deep dive is used to identify areas of good practice and further development. The Contingency Planning team lead on many exercises during the year, and one area covered an internal exercise on cyber security involving all departments across the trust.



Command and Resilience Education and Training team

In the team's first year it has made significant progress in enhancing professional standards, training and education across command preparedness. The team has focussed on delivering training to all those involved in preparedness and response for incidents, including the executive team, all levels of command, national interagency liaison officers (NILOs), Medical Emergency Response Incident team (MERIT doctors) and commanders across the integrated care centre (ICC).

The key areas of the annual commander training covered:

- ParaFolio – National Occupational Standards (NOS)
- Communication Skills
- JDM (Joint Decision Model)
- JESIP (Joint Emergency Services Interoperability Principles)

- Interoperability – Special Operations
- Exercise scenario – strategic, tactical and operational.
- Death in service
- Flooding table top exercise and business continuity
- Debriefing and logging

The team continue to work with the People directorate to develop a training package for major incidents within mandatory training programmes for all frontline staff. The training package for all frontline staff included:

- Incident Response Plan (first on scene / windscreen report)
- METHANE sit-reps
- Ten second triage (TST) and Major Incident Triage Tool (MITT)
- JESIP (Joint Emergency Services Interoperability Principles)

The team continue to develop working in partnership with key stakeholders internally but also across the sector, specifically with other ambulance trusts in the north, and nationally with the sector lead for command and control guidance, the NHSE Emergency Capabilities Unit (ECU). Following a tendering process, the London Ambulance Service, on behalf of NHSE, lead on ECU (previously known as NARU).

One area of development relates to a digital solution for all commanders to collate evidence against their contractual national occupational standards. An app, ParaFolio, has been developed to ensure assurance is readily available for the board to ensure we are meeting our compliance standards as defined within the EPRR core standards. The app has been well received by all, and interest is growing across the UK ambulance sector.

The Command and Resilience Education and Training team are a vital resource to ensure we continue to train, educate, exercise, asses, develop all commanders and command support advisors, along with ensuring they are appraised on the latest national policies and procedures, and build their confidence and abilities when responding to any type of large-scale incident.

Special Operations

Special Operations is spread across three main disciplines. The first of which is our Hazardous Area Response Teams (HART), a 24/7 response to patients in hazardous environments such as chemical, biological, radiological, nuclear (CBRN), or hazardous material incidents (HazMat). Other responsibilities include urban search and rescue (USaR) such as collapsed structures, working at height or within confined spaces, Marauding terrorist attacks (MTA) including firearms, bladed weapons, or vehicles as a weapon; inland water incidents including swift water rescue and flooding and high consequence infectious diseases.

Our second discipline is Special Operations Response teams (SORT), paramedics and EMTs who are primarily deployed on ambulances and rapid response vehicles but who can be called upon to support our HART teams at major or complex incidents including CBRN and MTA.

The third discipline is our Medical Emergency Response Incident teams (MERIT), who are specially trained senior doctors providing advice and support at major and complex incidents.

Hazardous Area Response Teams (HART)

Following additional investment to increase the resilience and enhance the response of the HART team across the North West, recruitment was undertaken through late 2024 and early 2025 for an additional 20 paramedics to progress throughout 2025 as qualified HART members.

For the second year, we ran HART taster sessions for staff to provide an insight into what HART is and this proved to be extremely positive in terms of equality, diversity and inclusion. These taster days broke down myths and barriers for minority groups to express an interest in joining HART. The gender mix of HART staff continues to improve with a 20% increase in females joining HART. Minority ethnic groups also continue to increase as part of the Special Operations workforce.

This increase in HART establishment demonstrates our commitment to maintaining the highest standards when providing safe systems of work for staff working in hazardous environments.

Additional recruitment throughout the last year has included posts for a head of special operations, HART training manager, a group manager and administration officer.



To ensure the safety of staff when on live deployments, training is a mainstay of the HART programme. Over and above the seven weekly continuity training rota, the team has formally recertified in breathing apparatus, confined space rescue and swift water rescue, as part of the bi-annual recertification cycle. The HART team continues to grow in specific subject matter areas, increasing its instructor cadre to support internal and national training across the sector.

As reported in last year's annual report, the trust continues to demonstrate its commitment to HART in the development of a brand new state of the art facility in the Liverpool area. The project is due to be completed in June 2025. The site will provide improved staff facilities including a gym, specialised training and education facilities, and will house the Merseyside major incident fleet.

Special Operations Response Teams (SORT)

The trust has over 250 SORT staff across the regional footprint providing an enhanced response to major and/or critical incidents, but also those that involve chemical, biological radioactive or nuclear materials and in the event of a marauding terrorist attack (MTS). SORT staff receive initial training and then refresher training throughout the year to maintain their skills. The SORT leadership team ensure the trust has approximately 34 SORT operatives on duty at any one time to enable an appropriate response to CBRN, MTA, or other similar incidents.



Additional to the training, SORT have supported several multi-agency high profile MTA, CBRN, and multi-agency exercises across the regional footprint.

The SORT team has three managers, who deliver training internal across CBRN and MTA, along with supporting command training. They also support the delivery of training and education of staff in decontamination in the acute hospital environments complying with the NHSE (NHS England) core standards requirements, improving staff safety and the quality of service to our patients.

Medical Emergency Response Incident Team (MERIT)

The Medical Emergency Response Incident team (MERIT) is intricately woven into the Quality Strategy framework, particularly emphasising safety first, highly effective care, and person-centred partnerships.

As a cornerstone of their approach, MERIT prioritises a safety-first culture by providing expert medico-legal advice to ambulance service health command structures during major, mass casualty and complex incidents. This ensures swift and accurate decision-making to protect both patients and responders. Through their meticulous training and recruitment efforts, MERIT has successfully recruited and trained four additional team members, while preparing a further five more for interviews, reinforcing their commitment to maintaining a highly skilled team capable of delivering support to the on-call ambulance service health command structure.

Led by the MERIT manager, several CPD and training sessions are held across the year covering a broad range of skill sets, and primarily relating to MERIT command roles, and the clinical casualty management. MERIT's operational activities underscore their dedication to highly effective care, not just responding to large scale incidents but also to complex incidents supporting frontline staff with the clinical management of patients to enhance the care they require on the frontline.

This highlights MERIT's proactive approach to continuous improvement and skill enhancement, ensuring that responders are equipped to deliver the highest standard of care in any scenario. Moreover, MERIT's collaborative efforts extend beyond the immediate response realm, fostering person-centred partnerships through their participation in major live exercises and no-notice communication exercises. This facilitates seamless coordination and integration with other emergency response agencies for the benefit of the community they serve. MERIT is an integral part of the patient centred approach the trust takes in its role across emergency and urgent care.

Ambulance Quality Indicators (AQIs)

A key measure of the effectiveness of our services is the monthly National AQI submission to NHS England, produced by the Clinical Audit team. This is then utilised by clinical leadership teams to work with system partners to learn and share outcomes, ultimately informing local improvement workstreams.

We provide quarterly AQI reports to the Clinical and Quality Group and Quality and Performance committee. We provide further localised reporting for STEMI (ST segment elevation myocardial infarction) and the new older adult falls to our clinical leads, to contribute to learning and improvement.

Following a successful pilot during 23/24 the older adult falls AQI has been introduced to the national AQIs. Whilst NWAS sits below the national average for this AQI, there has been a significant amount of work that has gone into increasing compliance such as face to face training through the trust's mandatory training cycle, the introduction of a falls tile within the EPR to provide structure and prompts for clinicians, whilst this has not been reflected in the performance data published to date, we know that it is positively impacting the performance and we should continue to see improvements across quarter four data and into 25/26.

Additionally, both STEMI and post ROSC care bundles have increased from last year's data and both sit above national average. This is as a result of both changes to the trust's EPR system for STEMI care and focused stretch targets for post ROSC care that took place towards the end of 23/24, with that data showing sustained improvements through 24/25.

The trust's Quality Account 24/25 provides further information in relation to Ambulance Quality Indicators, together with a summary of the local clinical audits undertaken during 24/25.

Financial Review 24/25

This section outlines the financial performance of the trust for the financial year ended 31 March 2025 and the results outlined in this section relate to the full 12 months period of 1 April 2024 to 31 March 2025.

A copy of the full statutory audited accounts is included in this report, together with a glossary of terms to assist the reader in interpreting the accounts.

Financial Duties Review

NHS trusts have several financial duties.

Break Even – taking one financial year with another

NHS trusts have a statutory duty to break even taking one financial year with another and we have continued to meet this duty in 24/25. NHS trusts that merge part way through a financial year, are not measured against year-on-year break even duty, as the performance summary relates to the financial performance of predecessor bodies. For North West Ambulance Service NHS Trust, measurement against the break-even duty commenced from 1 April 2007. The cumulative performance against this target for 24/25 is a surplus of £52.904m.

It should be noted that included within operating expenses in 24/25 and 23/24 are fixed asset impairments of £0.854m and £3.664m respectively. These impairments have mainly arisen because of a downturn in land and building asset values and have been confirmed by an independent valuation. The Department of Health and Social Care considers financial performance against the break-even duty to be assessed net of impairments.

Break Even – each and every year

NHS trusts have a regulatory duty to break even in each financial year. In 24/25 we returned a surplus of £6.288m and therefore achieved this regulatory duty.

External Financing Limit

NHS trusts used to have a regulatory duty not to exceed the External Financing Limit (EFL) set by the Department of Health and Social Care. From 24/25, the requirement to disclose the performance against this measure has been removed, based on this no longer being actively used in oversight by DHSC and NHS England.

Capital Resourcing Limit

NHS trusts have a regulatory duty to contain capital expenditure on an accruals basis, within an approved Capital Resource Limit (CRL). The CRL is part of the resource accounting and budgeting arrangements in the NHS and its purpose is to ensure that the resources allocated by the government for capital spending are used for capital rather than to support revenue budgets. The CRL is accruals based in contrast to the EFL which is cash based. The CRL controls the amount of capital expenditure that an NHS body may incur in the financial year.

We had a CRL of £29.851m for 24/25 and had a charge against the CRL of £29.850m - spend was in line with the resource and therefore achievement of the duty. Trusts are allowed to underspend against CRL but not overspend.

Capital Cost Absorption (CCA) Duty

NHS trusts have a duty to absorb the cost of capital at a rate of 3.5%. The financial regime of NHS trusts recognises that there is a cost associated with the maintenance of the capital value of the organisation. The trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. This was achieved for 24/25 and is the dividend paid on public dividend capital.

Apply the Better Payment Practice Code

This regulatory duty requires NHS trusts to pay all supplier invoices within 30 days. We achieved this duty in all categories in 24/25 and performance is summarised below:

1 April 2024 – 31 March 2025	Performance
Non-NHS Creditors % paid within target – Numbers	95.6%
Non-NHS Creditors % paid within target – Value	97.0%
NHS Creditors % paid within target- Numbers	98.0%
NHS Creditors % paid within target – Value	99.4%

Overall performance by the trust against the Better Payment Practice Code has been consistently met since we were established.

In summary, for the 24/25 financial year, we achieved all of the statutory and regulatory financial duties. In 24/25, our total income was £554.753m where income from patient care activities was £540.410m and was generated from the following activities:

Income from patient care activities	2024/25 £000
PES Income	414,366
PTS Income	54,546
111 Income	35,358
Other Income	36,140
Total income from patient care activities	540,410

Late Payment of Commercial Debts (Interest) Act 1998

Under this legislation, we can claim interest on the late payment of debts by contracting partners and are required to disclose amounts of interest and compensation paid during the year. During the year, we did not receive any such payments.

Financial Environment - ICS

The breakeven financial plan for NWAS in 24/25 was agreed as part of the wider Lancashire and South Cumbria ICB system deficit plan.

All parties in the system agreed a range of measures aligned to the system plan. To build a financially sustainable system for the future, with a renewed focus on cost improvement and service transformation during 24/25.

NWAS has achieved its financial duties in 24/25, although this has been challenging, particularly in the context of the current financial environment and operational pressure, whilst maintaining service quality. Our financial focus continues to be about resilience and sustainability, under ICB block contract arrangements.

Our cash balance remains strong and was £59.112m as of 31 March 2025. The trust holds its cash within the Government Banking Service (GBS).

The 24/25 capital programme for NWAS continued to invest significant capital resources to procure ambulance vehicles and equipment; enhance our digital infrastructure; investment in digital developments and to maintain and improve the quality of our estate.

Anti-Corruption and Anti-Bribery Matters

One of the basic principles of public sector organisations is the proper use of public funds. Most people who work in and use the NHS, conduct themselves in an honest and professional manner and they believe that fraud, bribery, and corruption, committed by a minority, is unacceptable as it ultimately leads to a reduction in the resources available for patient care.

We are committed to reducing the level of fraud, bribery, and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. We do not tolerate fraud, bribery or corruption and aim to eliminate all such activity as far as possible.

At our most senior level we encourage anyone having a reasonable suspicion of fraud, bribery, or corruption to report them and no employee will suffer in any way because of reporting these suspicions. We will take all necessary steps to counter fraud, bribery and corruption in accordance with the NHS Counter Fraud standards and relevant UK legislation.

We have our own dedicated anti-fraud specialist (AFS), who is accredited by the NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud, bribery, and corruption work, as well as for undertaking any necessary investigations. Locally, the AFS is accountable on a day –to day basis to the trust’s director of finance and reports periodically to our Audit Committee

Our People

24/25 represented the second year of the trust's People Strategy. The strategy was refreshed to take account of the recommendations of the national Ambulance Culture report which was published in February 2024. Delivery of the strategy is supported by annual plans with oversight through the trust's governance structure. The key areas of focus of the strategy are ensuring staff are safe, happy and healthy; that our workforce is diverse, valued and respected; our leadership is compassionate and that our people reach their potential.

Progress in ensuring our staff are safe, happy and healthy has been delivered through a number of key initiatives in 24/5. The trust was proud to have been selected to be part of the second national cohort of the People Promise Exemplar Programme. The programme funded a 12 month people promise manager who undertook focused engagement on key areas of lower performance in the staff survey, primarily engagement, recognition and flexible working, through a mix of a trust wide survey, listening sessions and attendance at management meetings. The work has now progressed to delivery programmes with area directors acting as SROs for both the flexible working and the reward and recognition workstreams.

To improve access to health and wellbeing support, the trust launched the Wellbeing Hub in March 2024 with the aim of becoming a 'one-stop-shop' for wellbeing related information, advice and guidance. Since its launch, the Hub has dealt with around 700 enquiries on a range of issues, providing advice, signposting or escalating where appropriate. Workforce wellbeing officers also delivered three wellbeing festivals – providing staff members with access to a range of wellbeing services, experiential activities (massages, health checks etc) and enabling them to learn more about the trust's wellbeing offer.

Chaplain for Staff Wellbeing, Reverend Karen Jobson had a busy year with over 3,700 staff contacts. Her approach has involved offering confidential support to all NWAS staff regardless of faith and/or belief, and she has conducted over 150 one-to-one sessions assisting with bereavement, family, mental health, work stress, and other concerns including support requested at major incidents. She has also provided support to teams following the bereavement of colleagues and led her first service funeral in February 2025.

The trust has also facilitated a number of additional wellbeing initiatives, including piloting a sleep fatigue recovery project. This uses smart technology to measure and improve sleep. The immensely successful and popular Beat the Burnout programme was recommissioned from Manchester Stress Institute, to provide managers in operational service lines the skills and knowledge to manage stress, sleep and healthy nutrition during the busy winter pressures. Around 85 managers took part in the four week coaching programme between Nov 2024 – March 2025, with many participants feeding back that the programme has helped revolutionise their approach to sleep and nutrition.

The major incident in Southport during the summer posed unique challenges for NWAS staff. Through the new occupational health provider, who had taken over service delivery in April 2024, the trust was able to provide a comprehensive response to support those impacted by the event. This included group decompression sessions as well as individualised support. This was supplemented through the chaplain

for wellbeing who provided pastoral support during debriefs and meetings, conducted observation shifts with staff at Southport station, and offered informal support.

We managed our annual flu vaccination programme for 24/25 with a similar model as previous years. A number of clinics were set up across the region to encourage all staff to have the vaccine. In addition, flu vaccinators were deployed to offer vaccines via a roving model. We officially concluded our campaign at the end of March 2025 and the final uptake of the flu vaccine was 42.41% of staff. This position compares well with other regional providers but reflects a national trend of a low uptake of the vaccination offer.

The 2024 NHS Staff Survey found that just over half of all respondents felt the organisation takes positive action on wellbeing (improvement compared to 2023), and nearly two-thirds said their manager takes an interest in their wellbeing.

We have invested in violence prevention and reduction to help address the challenges faced by our frontline staff in delivering services. Although the team only joined the trust part way through the year, they have already started to have an impact. Their focus to date has primarily been on improving awareness and understanding of the use of body worn cameras; building relationships with police colleagues to support successful prosecutions; focusing on the experience of hate crime and verbal abuse in our contact centres, including addressing frequent abusive callers and through an improvement project helping to reduce incidents of physical harm to staff.

Equality, Diversity and Inclusion

Ensuring our staff are diverse, valued and respected has continued to be at forefront of the trust's approach – both, in terms of workforce and service delivery. In 24/25, we refreshed our EDI Priorities which were agreed by the board in July, and are now in place until 2027:

- **Priority one:** We will embed fair and inclusive recruitment and progression processes to improve the diversity of the workforce at all levels.
- **Priority two:** 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 three:** We will reduce health inequalities for our patients.

Progress against each of the EDI priorities continues to be monitored through a formal group led by the deputy chief executive, with oversight through both Trust Management Committee and board.

Key initiatives to promote inclusion and help meet our public sector equality duty have included the introduction of a new Equality, Diversity and Inclusion Statement and an Anti-racism Statement. The EDI Statement has been developed to replace the EDI Policy, as the latter reached its term limit in summer 2024. The Anti-racism Statement was developed to set out in clear terms the trust's commitment to becoming an 'anti-racist organisation'.

We have continued our positive action work to focus on improving representation of currently underrepresented groups within the workforce. In the last year, we participated in over 30 careers events across the North West and delivered 15 bespoke careers sessions – aimed at engagement with black and minority ethnic (BME) communities. Over 40 applicants received personalised one-to one application/interview mentoring support, and around 50% of these were successful in securing a role in the trust. Overall, we have improved our representation of BME staff by 0.7%, exceeding its target.

A significant campaign during 24/25 was undertaken, to improve sexual safety of staff and learners. The campaign launched with a clear statement setting out our expectations and this was supported by a range of additional guidance and a focus on improving reporting. We hosted roadshows to discuss the campaign with staff and a range of interventions to support managers to address issues in the workplace, including five culture events. A Civility Saves Lives session was introduced for all new staff joining the trust and as part of management inductions, setting out our expectations of behaviour in the workplace, including sexual safety. Bespoke work has also been done alongside our higher education partners to support learners to raise concerns. The NHS Staff Survey indicates a 5% increase in reporting of bullying and harassment as a result of the campaign.

At NWAS, we see diversity as a strength, and we celebrate difference. For this reason, we proudly continue to facilitate five staff networks – each empowered with their own budget and supported by an executive sponsor. The Armed Forces, Disability, LGBT+, Race Equality and Women's Networks are part of the fabric

of our trust, and each plays a vital role in helping create an environment where staff can feel comfortable in bringing their whole selves to work, to deliver inclusive and patient-centred care.

Examples of the work undertaken by our networks include a celebration event for Armed Forces week in June 2024, involving a British Army medical regiment led by a serving NWAS paramedic who is also a sergeant major. The regiment showcased their medical equipment, shared insights into the challenges of being a combat medical technician and talked to NWAS colleagues about career opportunities as an Army reservist.

The Disability Network collaborated with the Communications team to film various colleagues highlighting the significance of reasonable adjustments. This initiative was unveiled at the Network's third anniversary celebration event, themed 'Disability Livelihood and Employment' which included a 'reasonable adjustments station', where network members showcased specialised equipment used in their roles.

During LGBT+ History Month in February 2025, the LGBT+ Network members shared testimonials about inspiring figures in LGBT+ healthcare, like 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.

The Race Equality Network has continued to engage in supporting improvements to our recruitment practices. Members have learned from conferences like the Asian Professionals National Alliance and shared best practices and insights on international recruitment and onboarding for better retention rates. The network also supported the ParaMedic residential programme (delivered as a partnership between NWAS and College of Paramedics) at Edgehill University in August 2024. Members shared their career experiences with a group of young people from ethnic minority backgrounds who were interested in healthcare careers.

The Women's Network has continued to grow considerably in membership and scope over the last year, with nearly 250 members 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 trust has met all its statutory and regulatory reporting requirements in relation to Equality, Diversity and Inclusion, publishing its Workforce Race Equality Standard, Workforce Disability Standard, Gender Pay Gap and Equality Delivery System data. All saw improvements in a number of areas.

We were also pleased to be re-accredited as a Disability Confident Leader (Level 3) by the Department for Work and Pensions for another three years, demonstrating our commitment to an inclusive work environment for disabled colleagues.

For the third consecutive year, we have achieved the Gold Standard in the Employers' Network for Equality & Inclusion's (enei) Talent Inclusion and Diversity Evaluation (TiDE) accreditation. We were one of only 25

Gold Standard winners out of 185 global entries, from across 26 different sectors. With an overall score of 94%, we were the third highest ranked organisation out of all entries this year.

In February 2025, we were also re-awarded Veteran Aware status following the one-year review. We were recognised as being exemplars of the best care for, and support to, the armed forces community; and in demonstrating our commitment to the Armed Forces Covenant.

Workforce Development

In order to ensure our leadership is compassionate, NWAS' foundation leadership programme Making a Difference has been refreshed. The programme includes modules on Leadership of Self, Leadership of Others, Leading Change and new Leading for Diversity and Inclusion and Civility Saves Lives modules. A Leading People through Systems module is in development. Leadership of Others has been delivered to 386 leaders, Leadership of Self to 357, Leading Through Change to 180 and our new Leadership for Diversity Inclusion module has been delivered to 55 leaders.

We continue to offer Chartered Management Institute (CMI) courses and refreshed the offer to include:

- Level 3 Award in Principles of Management & Leadership with 13 staff completing this year.
- Level 5 Certificate in Management & Leadership. 15 learners have commenced this course this year.
- The new Level 5 Certificate in Professional Coaching Practice. 6 learners have commenced this course this year.

A new leadership induction was delivered to over 400 leaders in the PES service line, following the implementation of the refreshed leadership roles. The Civility Saves Lives module was delivered within this.

Large scale leadership recruitment exercises took place aligned to the revised PES leadership roles. Due to scale, there was an opportunity to deliver this on a regional level and the new appointments saw an increase in female leaders in the PES service line. The refreshed process now includes appropriate assessment of commander competencies required as part of the new leadership roles.

A talent management programme to support aspirant leaders has been developed and approved, which will support up to 50 aspiring leaders across all NWAS functions.

Over 400 trust leaders have attended a one day culture event which included support sessions focussing on sexual safety and impact on NWAS staff, allyship and generational differences.

We continue to offer a reverse mentoring programme which provides senior leaders with the opportunity to be mentored by a member of staff with very different lived experiences. The first programme concluded with a celebration event in April 2024 and the second programme launched in September 2024 with 17 reverse mentoring pairs. Practical examples of the benefits of the programme have already been shared where changes have been made based on the learning from the programme.

We also aim to ensure that our people reach their potential and, in order to achieve this, we have continued to focus on a range of supportive measures during 24/25.

We have revised and refreshed the approach to induction and onboarding, developing NWAS, team and local induction approaches. Since October 2024, senior leaders have delivered an NWAS Welcome presentation– reaching over 700 new starters.

More than 40 different workshops and learning opportunities are offered to leaders and staff, supporting personal, team and organisational development, underpinned by strategic objectives. This year 3,394 members of staff have accessed learning and development workshops. We have introduced application, interview and assessment centre workshops this year with 364 people accessing these to prepare for career moves across the organisation.

We have delivered 11 workshops to support our neurodiverse staff, with 351 attendees. An additional 96 have completed the online learning module. We have referred two staff for our neurodiversity screenings, and eight staff for neurodiversity workplace needs assessments.

We internally produce technology-enabled learning (TEL) to support staff in their development. In total, 197 hours of video have been watched by staff. The team produced digital materials for culture and leadership events, saving an estimated 18,225 pieces of paper that would have been printed.

The CPD and Learning Hub provides staff with easier access to CPD opportunities. In 24/25, the online hub had 77,798 visits from 31,829 user sessions. There are 302 active pages of resources and information, with 331 events displayed for the next 12 months. Rapid Recap resources have received 11,209 page visits, and maternity resources have received 2,818 visits.

We support access to higher education study for clinical staff as part of the continuing professional development (CPD) offer with 675 modules supported. Working with a local university provider we have developed skills based CPD sessions delivered across the NWAS footprint, with 192 attendances.

The trust also supports the continued professional development of staff across a spectrum of disciplines, responsive to learning needs identified through the appraisal process and personal development plans. 144 external courses were supported including 39 at level five and above were supported ranging from attendance at single day workshops to supporting Masters degrees.

The EMT1 bridging programme supports staff to gain the Level 4 Diploma Associate Ambulance Practitioner qualification, which supports long-standing EMTs to develop and access the paramedic apprenticeship. 426 EMT1s have now achieved the qualification with an additional 16 currently on the programme.

We have maintained an Aspirant Apprentice EMT Programme, recognising and supporting internal talent. We currently have 56 people that are being supported through the process. Since the start of this programme in 2021, we have supported 116 members of staff to successfully transition into EMT roles and 11 into Urgent Care Services roles.

We offer open access to maths and English qualifications to all our staff, with 120 registrations on programmes.

The trust continues to deliver and grow apprenticeships across the workforce and through 24/25, we saw 327 employees registered on apprenticeships in various roles and 195 completions .

Against the Department for Education apprenticeship monitoring for public sector organisations, our position for 24/25 is set out below:

Percentage of apprenticeship starts (both new hires and existing employees who started an apprenticeship) as a proportion of employment starts between 1 April 2024 to 31 March 2025	32.9%
Percentage of total headcount that were apprentices on 31 March 2025	9.6%
Percentage of apprenticeship starts (both new hires and existing employees who started an apprenticeship) between 1 April 2024 to 31 March 2025 as a proportion of total headcount on last day of previous period	4.4%

Apprenticeships underpin our approach to workforce growth and development with:

- New emergency medical technicians (EMT) undertaking a Level 4 apprenticeship
- Up to 120 EMTs able to commence on a paramedic apprenticeship, whilst remaining in employment
- Advanced clinicians supported through higher level apprenticeship study the L7 Advanced Clinical Practitioner Apprenticeship
- A wide range of corporate and support functions using apprenticeships to support existing and new staff, in areas such as finance, fleet, communications, public health,

In 2024, NWAS ranked 21 in the Department for Education's Top 100 Apprentice Employers. We were also awarded Apprentice Employer of the year in the Lancashire and South Cumbria ICB apprenticeship awards.

All staff new to patient contact roles (including those through internal promotions) will complete an induction programme delivering the required knowledge, skills and behaviours required for the roles.

- 203 emergency medical technicians (EMT) - Level 4 Associate Ambulance Practice apprenticeship which NWAS delivers as an employer provider.
- 347 call handlers, across a range of levels
- 213 newly qualified paramedics
- 13 urgent care assistants
- 123 patient transport care assistants

As a trust, we also undertake a range of activities supporting our learners and future workforce. We hosted 246 direct entry students on a full day's induction across the three areas of the trust to prepare the students for their practice placement time, ensure their safety and for them to have the best learning experience over their three or four years with NWAS. A number of topics were covered which focused on wider trust priorities, for example: sexual safety, Freedom to Speak up and professional standards. The induction days proved to be an invaluable foundation for students embarking on their new challenging yet rewarding career. Both colleagues and students gave positive feedback, commenting on the opportunities to interact with each other in an informative and relaxed atmosphere.

The Widening Access team has supported over 125 internal and external staff career progression with next steps information advice and guidance, application support, interview technique and confidence boosting. We have run online support sessions on a variety of NWAS roles reaching over 700 candidates. Five pre-employment programmes have also been delivered supporting 23 people into employment and our cadet programme has been successfully delivered to 46 aspirant healthcare students. To further our reach to the future workforce, we have piloted the use of live chat. This enables access to careers information advice and guidance for colleges and schools and the offer of support will be extended to 65 colleges and sixth forms across the region in 2025.

NWAS co-delivered a three day 'ParaMEDic experience summer school with the College of Paramedics, Edge Hill University and St John Ambulance for young people aged 16 to 26 from ethnic minority groups. 42 young people from ethnic groups (recruited from St John Ambulance cadet schemes) attended the programme from 13 - 15 August 2024. They spent time in university and NWAS and were introduced to clinical skills, call taking and the HART team. The final day provided additional support around ambulance careers.

We exceeded our target for completions of appraisals. For NWAS as a whole, by the end of March 2025, the trust position was 86.08% of our people with an up –to date appraisal with their manager against a target of 85%. We also launched an online version of the appraisal, providing more flexibility for completion.

Statutory and mandatory training delivery is a mix of face to face and e-learning for our paramedic emergency services (PES) and PTS staff, with other staff groups using e-learning . The overall 24/25 year end position is 91.17% compliance against a target of 85% and with all operational service lines exceeding the 85% target.

The core of the annual delivery is the NHS Core Skills Training Framework (CSTF) which sets out the approach to statutory and mandatory topics for NHS trusts in England. CSTF subjects are delivered across a mix of face –to face classroom days and e-learning modules, depending upon the staff group. In addition to the CSTF requirements, we prioritised the following additional subjects in the 24/25 statutory and mandatory programmes. These were determined through collaboration across multi-disciplinary subject matter experts and were informed by incident and risk:

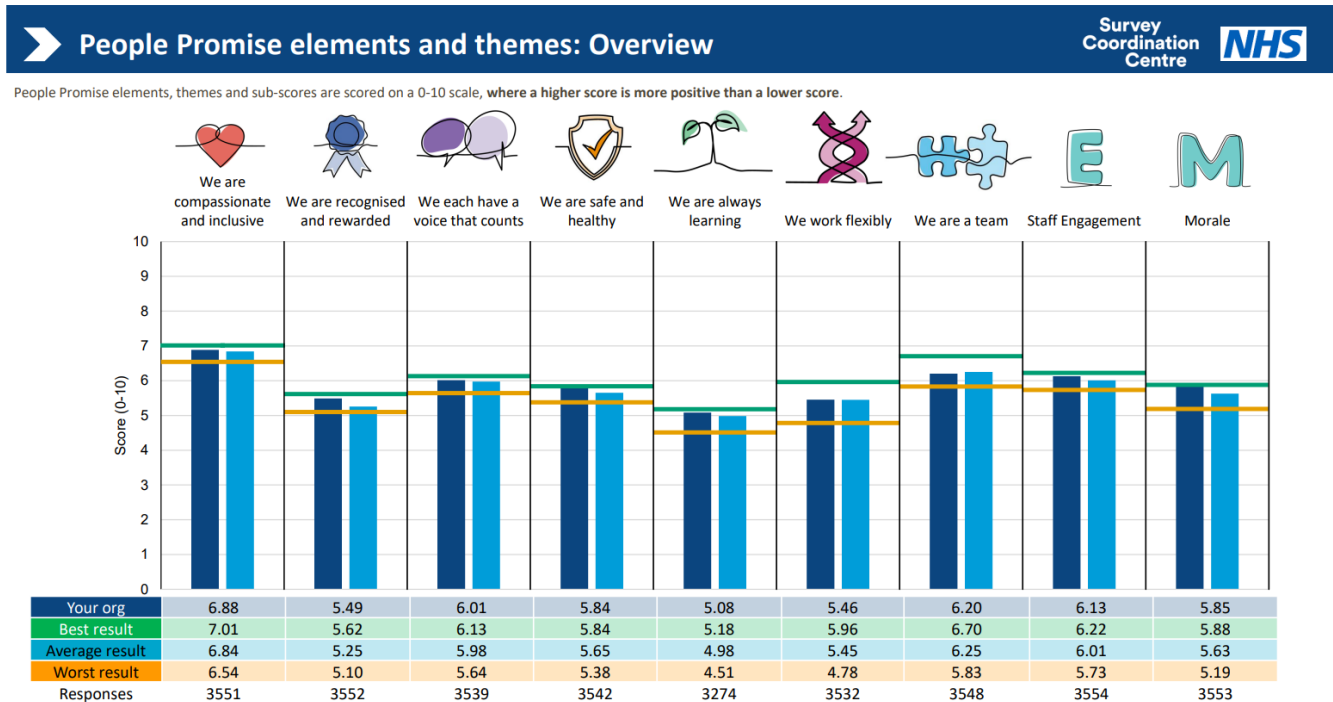
- National level two patient safety syllabus e-learning mandated for all patient contact staff. The level one module was mandated for all non-clinical staff.
- Zero suicide alliance module
- Ambulance specific dementia tier 1 e-learning module (all staff)
- Ambulance vehicle fires e-learning module (all staff)
- Falls assessment (PES)
- Pocket mask (PTS)
- Maternity and newborn care (PES)
- ACS – STEMI (PES)
- An annual medicines management update was delivered to all relevant clinical staff in line with updates to patient group directive (PES).

NHS England is leading work to optimise, rationalise and redesign statutory and mandatory training to improve staff experience, deliver better outcomes and reduce the time burden. The NHSE StatMand programme sets out key deliverables for each NHS trust and NWAS has met all milestones set for delivery in 24/25.

In addition to the regular review of a range of workforce indicators, we use the annual NHS Staff Survey as a key indicator of progress in delivering improvements in staff experience.

In 2024, over 3,550 NWAS staff participated in this, which equated to a 48% response rate. This was the highest ever number of responses we have received. The median response rate in the ambulance sector was 49% this year.

The NHS Staff Survey continues to be aligned to the NHS People Promise, and our 2024 results show stabilisation of the People Promise scores, and improvements for some of the themes.



Improvements in the 'We work Flexibly' and 'Morale' themes were identified as significant. We have the best result in the ambulance sector for 'We are Safe and Healthy'.

Other notable improvements in responses include:

- In 2024, 46% of respondents said there were '*enough staff at organisation to do my job properly*', which is a substantial increase compared to 2023, and significantly better than ambulance sector average (35%).
- For the first time, more than 40% of respondents said they were satisfied with flexible working opportunities.
- Around half of the organisation continues to have confidence that the '*organisation acts fairly in respect of career progression*'. A 5.5% increase in positive responses can be seen from BME staff (Workforce Race Equality Standard metric) in 2024 from 2023.
- 71% of respondents who identified as disabled/having a long-term condition indicated reasonable adjustments had been made for them, and this is an improvement on 65% in 2023.

Detailed results have been shared with the board as well as directorates and teams across the organisation and are being used to inform and influence positive change to improve staff experiences.

Communications and Engagement

The Communications and Engagement team is the voice of the organisation, working alongside operational and corporate colleagues to support staff and managers, as well as providing information, news and advice to the public and our stakeholders.

The team, which is divided into two sub teams – Communications and Patient Engagement, consists of professionals with a wide range of skills including media handling, internal communications, stakeholder and patient engagement, social media, campaign planning and filming. The team also supports our very successful Patient Public Panel scheme and engagement with various patient groups within the communities we serve.

We launched our new Communications and Engagement Strategic Plan for 2024-2027 this year and this is supported by an action plan which sets out the objectives of the team on a 12 monthly basis. The plan adapts to influences from outside of the trust, supports our Trust Strategy and is created using contributions from the wider team.

The team places patients at the heart of the organisation and supports the delivery of care for our communities through the timely and accurate flow of information to the region's diverse communities, as well as engaging with stakeholders, partner organisation and our own colleagues.

Communications

The Communications team are specialised professionals with vast experience of hosting creative, award winning PR campaigns, crisis communications, social media management, major incident handling, press relations, web management, events and staff, stakeholder and political engagement.

Their knowledge and experience enables them to be able to respond quickly in the event of urgent media enquiries or issuing information to staff and managing our response in the event of high profile incidents.

Southport 29 July 2024

Incidents which receive national and international attention are thankfully uncommon but when they do the Communications team have to think quickly and ensure information released to the public is accurate and prompt. This is supported by a well-rehearsed Communications Incident Protocol which is regularly reviewed based on the lessons learnt from each significant incident.

For events such as the tragic, fatal stabbing of three little girls in Southport in July, the media spotlight is unwavering and it is important that we work closely with our blue light colleagues and other NHS trusts to ensure consistent messaging.

Supporting the trust and our staff and engaging with the community does not end once an incident of this scale is over. In the subsequent weeks, we were extremely honoured to support the visit of His Majesty

King Charles III to Southport Fire and Ambulance Station. The King met a number of staff who had been involved on the day from both the frontline and behind the scenes.

Later in the year, the Communications team facilitated a meeting of staff with the Prince and Princess of Wales. In January 2025, the government announced a public inquiry into the events of that day and we will be fully co-operating with this when the time comes.

Our thoughts are with the victims and the families.

Have we got news for you?

As one of the largest and busiest ambulance trusts in the country, the activities of our organisation is of significant interest, both nationally and locally.

In 24/25, we handled more than 600 media enquiries and issued 69 reactive statements and 96 proactive press releases. In addition, we were able to secure 31 television and radio opportunities both nationally and within the North West.

We also worked with the media on a number of planned articles and features, most notably, our work with the BBC regarding violence and aggression against our staff. As part of our winter plan, this subject is an emotive one and, as we see figures rise during the pre Christmas 'party' season, we identified case studies which featured in a number of regional and national TV news programmes. The BBC joined us on a night shift in Blackpool and in our call centre in Greater Manchester to talk directly to staff about their experiences. We worked with the trust's new head of violence prevention, reduction and security, to drive home the message that we will always push for prosecution if our staff are physically or verbally assaulted and this work will continue into 25/26.

We love to tell great stories about our staff and our patients and none reflect the amazing work our frontline colleagues do more than a patient reunion. We get many requests for patients to meet with the staff who saved their lives and some of these make their way into the news generating great responses from the public.

In November, we told the story of Valerie West from Whitehaven who suffered a cardiac arrest while out walking in the town and in September, we reunited Chris Jamieson from Blackpool who had a heart attack on the promenade. The media also featured the delightful meeting of baby Maeve with the call handler who talked mum through the birth over the telephone when Maeve decided to make a surprise appearance early.

Quite rightly, on behalf of their audiences, the media also hold us to account and we know there are times when we have to answer to their questions when we haven't done so well.

We pride ourselves on answering those questions factually and with empathy, ensuring the public have the whole story and a clear understanding of our position and challenges. We do not shy away from difficult questions, we answer with honesty, clarity and openness and work with senior managers to provide the information that the public are entitled to.

The world of social media

Like it or loathe it, social media is here to stay and plays a crucial role in how we engage with our communities.

Its use is invaluable in being able to quickly publish important warning and informing information in the event of a major incident, to act as a news source for journalists and of course, for us to showcase the great work our staff do.

The trust has an official presence on Facebook, X (formerly known as Twitter), Instagram, You Tube and Linked In.

The team plans engaging posts with clear messaging about our service, the current pressures and demands, supporting our campaigns, recruitment, public health information and engaging stories about our people and the work they do.

Facebook is our most popular social media site with 93,951 followers, X comes a close second with 68,580.

Overall this year we have published more than 2,000 posts across our social media channels, which also includes Instagram, LinkedIn and Threads which have garnered over 1.3 million engagements.

The team carefully monitors activity and engagement on the sites, continually learning about what type of posts have a greater reach and impact, which, in an ever changing social media world, can be a challenge.

We strive to use striking visuals, including films made by team members as these do seem to hugely improve our reach. The shocking video which featured a real life recording of a 999 caller abusing our staff hit 276k views and was picked up and featured in the media as part of our winter campaign. Likewise, a fun video in which two crew mates gave Halloween safety advice had 298K views.

Posts are planned to coincide with known periods of high operational demand to support our frontline teams, and to give out urgent warnings of issues such as severe weather and demands on service.

Inside Knowledge

The team also runs a closed Facebook group to engage with staff and currently has 2.8k members. The group enables two-way engagement as staff can respond and comment on posts and any enquiries are forwarded to the relevant department for an informed response. Posts are published by the Communications team but staff can also post queries, their own photos and news, and reach out to each other for events, collaboration etc.

The group has been a great asset since its conception during the global pandemic and helps to reach our staff on a platform they choose to use personally. With a predominately mobile workforce, we are constantly reviewing new ways to reach and engage with colleagues.

Towards the end of 24/25, we launched a trust wide audit of the internal communications provision within the trust. This is ongoing at the time of publication and the findings will be used to identify where improvements are required and to gain a better understanding of how staff want to receive information from us. The audit is being conducted via an online survey, as well as face to face discussions with teams.

The team communicates with staff using a number of methods, with email being the most widely used and accessed. Most email bulletins are issued via 'E-shot' which enables reporting of who opens the communications and when. This helps us identify what information staff are particularly interested in and any pockets of disengaged colleagues.

As the workforce is predominantly operational, we issue subject specific stand alone bulletins on clinical and operational subjects to ensure frontline staff are up to date with issues relevant to them. Bulletins have also been issued on subjects such as filming of staff by patients, cyber security, pay uplifts, pensions and project updates.

To support the trust's wellbeing offer, we issue the monthly 'Better Health, Better You' newsletter which contains health and wellbeing information and personal stories that staff are willing to share with colleagues, such as caring for someone with dementia, cancer survival and parenting neurodivergent children.

Each week, the team publishes a message from the chief executive and a news bulletin with stories linking back to the trust's intranet site, aptly named the 'Green Room'. As part of the ongoing internal communications audit, all of these methods will be examined and reviewed in the coming year.

Our staff are amazing and they do amazing things! We are firm believers in recognition and the team supports 'shout outs' to colleagues via the staff Facebook group and supports the annual Long Service awards which take place in each area for staff serving 20 years or more. We also run a virtual peer to peer card scheme where colleagues can send praise, express thanks, say happy birthday or let someone know they are 'thinking of you'. In the past year, over 1,300 colleagues have received a card through the scheme.

The highlight of the year, is the annual Star Awards, a glittering evening fully funded by sponsorship and the North West Ambulance Charity, which recognises staff nominated by their peers in a range of categories.

This years' event took place on 28 March at Ribby Hall Village in Preston and was hosted by comedian Phil Walker.

The Star Awards is a fantastic opportunity for us to celebrate achievements, whether that is for going the extra mile, supporting our communities, achieving something outstanding or being simply seen as a brilliant role model. More than 270 nominations were received in categories such as Apprentice of the Year, Inspirational Role Model and Community Contribution and a great night was had by all.

Project Support

Communications is an integral part of any project within the organisation and a great deal of work goes on to support a variety of initiatives. The team actively encourages anyone undertaking a project to consider the stakeholder impact and involvement, and the expertise of our team is well placed to act as advisors and undertake these actions.

Whether the audience is external or internal, we identify the objectives and timescales and then produce a clear communications plan which then forms part of the project's overall strategy.

A project we support each year is the NHS National Staff Survey which is one of the largest workforce surveys in the world and is carried out to improve staff experiences across the NHS. Over the years, take up amongst staff has been low but using incentives and a more innovative and creative approach, such as targeted management messaging, and promoting the role of the people promise manager, we were pleased to see our largest return yet in 24/25.

Promoting a healthy, safe working environment has also been a priority this year and the team supported the sexual safety project with a roadshow and articles to encourage staff to either report incidents or share experiences. This work linked directly into a campaign undertaken by the Association of Ambulance Chief Executive's (AACE) and the NHS national survey.

The team also played a pivotal role in the operational leadership review with regular bulletins, films, dedicated intranet pages, updates on the new staff structure and supporting recruitment sessions.

Other internal projects which the team supported include the flu vaccination campaign, the creation and promotion of 'five minute' briefings to cover multiple topics ahead of any CQC visit, the sexual safety roadshow, and the right care steering group and its work on call before convey initiatives.

Our team are also part of major estates project teams, the most significant currently being that of the new HART base in Liverpool – a £14.5m investment on the site of the trust's former Cheshire and Merseyside Area Office.

To create a community element to the project, we partnered with two local schools and facilitated site visits, the burying of time capsules and educational sessions which will culminate in the unveiling of children's artwork in the building when it opens in the summer of 2025.

The year has seen considerable support to the trust's Resilience team in terms of training for commanders and senior operational leads on the importance of communicating to staff and the public in the event of a major incident. This work continues into 2025 with a focus on crisis media training.

A review of our Communications Incident Protocol was undertaken in line with the requirements set out by NHS England and a log established to ensure all Communications colleagues with press on call duties attend major incident exercises on at least one occasion per year.

Campaigns

The team's most significant public campaign is the annual winter plan which is designed to help our operational colleagues during their busiest time of the year. It's objective is to reduce the number of unnecessary or low acuity call numbers, manage the expectations of the public and provide health advice for minor ailments.

The actions are designed to support in the region wide objective of alleviating pressure on the wider healthcare system and we work closely with the Integrated Care Boards (ICBs), NHS England and acute trusts to align our campaigns to achieve this.

Each year, specific topics are selected based on activity for the previous winter – this year we focused on repeat prescriptions, one of the highest reasons for calling the 111 service, self-help and falls prevention, with falls being one of the most common reasons for calling 999.

Using social media, films, press releases, focus groups and visits to communities, we co-ordinated a four month long campaign tackling these subjects and as this report was being published, the results are being evaluated in preparation for next year.

Freedom of Information

The trust's compliance with the Freedom of Information (FOI) Act 2000 falls under the Communication and Patient Engagement team's remit, and this year, we received more requests than we ever have before.

In order to educate those we need to provide us with the data being asked for, the trust's FOI officer undertook a training programme to highlight our legal obligation to comply with the FOI Act. This was delivered to more than 16 teams throughout NWAS and will be refreshed and continue next year.

To support the delivery of our FOI obligations, the team updated its FOI and Environmental Regulations policy in 24/25 and this is now available on our intranet site.

We are pleased to report that we ended the year with a 99 per cent compliance rate against an internal target of 95 per cent and the Information Commissioner's Office (ICO) legal target of 90 per cent. This is despite seeing a 14 per cent increase in requests with 500 received this year.

Subjects vary but there are common themes such as activity, performance, violence against staff, vehicle numbers and drug policies, with many requests coming from the media and public figures.

Of all these requests, only one has been referred to the ICO in response to an exemption being applied. As yet, the outcome of this is unknown.

This year, we were also subject to a 'spot check' audit by the ICO who asked for data relating to our FOIs, overdue requests and extensions, the application of exemptions, internal reviews and compliance for quarter three (Oct-Dec 2024). No further feedback was received following our compliance with this request.

Stakeholders

Covering the whole of the North West of England, the trust has a considerable number of stakeholders who have a vested interest in the activities of the trust.

The Communications team has a role in engaging with these and ensuring they have up to date information on the subjects they are interested in.

All MP general correspondence is co-ordinated by the team and in 24/25, 13 response letters were issued on topics such as how we triage callers, medical flags on addresses and access to locations. In addition, we facilitate visits by MPs and council members to our sites. This year, we welcomed Health Minister, Wes Streeting MP to meet those involved in the Southport incident and Chris Webb MP who met staff at Blackpool station.

In addition, the Communications team co-ordinated attendance at seven council overview and scrutiny committees, supporting local managers with presentations and reports.

Regular updates are issued via a quarterly Stakeholder Briefing with ad hoc editions being sent should there be significant news, such as the announcement this year of our new chief executive.

On occasion, the trust is asked to provide a response to the Department of Health in preparation for a submitted question to be asked in the Houses of Parliament. This year, we received two such requests on the subjects of employees changing their station base and ambulances displaying Pride colours.

Web/Green Room

Between April 24 and March 25, we have had 1,196,948 engaged sessions on our website, an increase of 29.6% - this is a particularly large increase compared to other years. While there were significant spikes in page views when certain job vacancies were announced (particularly call handler roles), this increase is largely down to the 'Southport major incident' news page we created and directed people to on Monday 29 July.

As with previous years, the most visited pages throughout the year are vacancies, apprenticeships, PTS section and our locations. Work has continued in maintaining an accessible site that meets WCAG 2.2 standards.

In Q4, a review of Ambulance Academy – the area of the site dedicated to children and young people – began in order to establish where improvements could be made to the users’ journey and where content could be developed to ensure user experience and satisfaction. This new work will be ready to go live in quarter one of 25/26 with the aim of increasing engaged sessions even further.

The Green Room is the trust’s intranet site which is available to all staff via laptops, mobile phones, and iPads. It contains a wealth of information including news, policies, guides, learning and various reporting forms.

In 24/25, we have had 1,321,620 page views on the Green Room – not including home page visits which is the default landing page on desktops. During this period, there have been more than 223,000 library files opened or downloaded, including policies, procedures and bulletins, which suggests that it continues to be a useful way for staff to find information.

As with previous years, the most visited pages include the managers on duty area, the HR portal, bulletins, and the library section. Feedback on user experience continues to be sought, including in the recent internal communications audit, in order to help shape the future of the Green Room and how we develop it to be the key source of information for all staff.

Filming

We are very lucky to have a skilled videographer within the team who works to provide the entertaining and informative videos seen on our social media sites, training videos and internal engagement films to staff.

As the demand for this service has increased, the whole Communications and Patient Engagement team enjoyed a two day training session on film making and editing, which has expanded our ability to use film rather than the written word for a substantial proportion of our communications. This is particularly useful for both our internal and external social media sites and makes for more engaging and personal engagement between senior managers and staff.

Films made this year include those to support trust projects such as sexual safety, the leadership review, hospital handovers and patient safety learning. In addition, our videographer presents a staff or patient story in each board meeting via a short film with a focus on learning and improving.

Next Year

While much of the team's work is reactive, there is much planning done at the start of each year to set communication and engagement objectives.

As mentioned earlier, we will be looking at the results of our internal communications audit and identifying how we can improve this from both an effectiveness and capability perspective. As part of this, we will embed new methods of listening to ensure staff voice and feedback is at the heart of communications.

We will relaunch the colleague card scheme to recognise its expansion of different card types. We will also be reviewing our intranet site the Green Room as with new software and technology now available to us, we know that this can be improved to make it more user friendly.

To further embed accessible and inclusive communications across the trust, we will refresh our brand, ensuring the contrast in our colour palette is of the required standard, and continue to make accessibility everyone's business, through promotion of the standards required to be fully inclusive and by creating an online accessibility training module for colleagues.

We intend to review our media handling protocol and continue to conduct regular reviews of our Communications Incident Protocol taking into account learning from incidents.

Patient engagement and experience

Each year the trust's Patient Engagement team deliver an extensive patient engagement programme in line with our Patient Public and Community Engagement Implementation Plan. The plan sets out the ways we propose to engage with and obtain feedback from our patients across all service areas, including our paramedic emergency service (PES), patient transport service (PTS), the NHS 111 service and our urgent care desk. The plan also supports the trust Quality Strategy aims of 'person-centred partnerships' with our patients, public and communities.

A minimum 1% of PTS and PES see and treat patients are offered the opportunity to provide Friends and Family Test (FFT) feedback monthly via SMS text channel, and each week a random 300 NHS 111 patients receive the nationally mandated NHS 111 patient experience postal survey. We now offer predominantly digital opportunities to provide feedback using SMS text invites to deliver digital links to our online surveys. We also continue to review our Quick Response (QR) code feedback posters and returnable postcards on both 999 and PTS ambulances for patients to be able to provide real time feedback.

We have used a combination of virtual and face –to face engagement methods to engage with specialist community patient groups depending on their preference. We have been able to listen to the issues and experiences of our patients from mixed diverse and ethnic communities at our five Ambulance Awareness events, university freshers' fayres and other large footfall events across our footprint.

Patient experience surveys and the Friends and Family Test 2024-2025

We provide tailored surveys across our 999, Urgent Care, PTS and NHS 111 services, inviting patients and carers to share their experiences. These are reviewed annually by service teams and our Patient Public Panel (PPP) to ensure they remain relevant.

The FFT asks whether patients would recommend our services and allows them to explain their views, offering valuable insights that are vital in transforming our services and improving patient experience.

In 24/25, we received over 25,588 responses, with a return rate of 7.54% - a 1.33% decrease from the previous year. The NHS 111 postal survey saw the highest return rate at 10.29%, reflecting strong ongoing engagement across feedback channels.

Patient Engagement Survey - Survey Channels (April 2024 - March 2025)		Completed Returns	% of Total
Patient Transport Service Patient Experience Survey	Via SMS delivery - On-line completion	1,392	5.44%
Patient Transport Service FFT	SMS Text completion	13,545	52.93%
Patient Transport Service FFT	Post cards	541	2.11%
Paramedic Emergency Service Patient Experience Survey	Via SMS delivery - On-line completion	912	3.56%
Paramedic Emergency Service FFT (See and Treat).	SMS Text completion	6,589	25.75%
Paramedic Emergency Service FFT (See and Treat).	Post cards	47	0.18%
Paramedic Emergency Service FFT (Comment Card) (Conveyed patients).	Post cards	287	1.12%
Urgent Care Service Patient Experience Survey.	Via SMS delivery - On-line completion	482	1.88%
National NHS 111 Service Patient Experience Survey	Postal	1,553	6.07%
Localised NWAS NHS 111 Service \Patient Experience Survey	Via SMS delivery - On-line completion	240	0.94%
	Total	25,588	

Table: 24/25 Patient survey channel (data as of 18 March 2025)

Feedback received during 24/25 shows high regard for ambulance services and particularly the care and treatment provided by staff. A high 93.4 % of PTS and 90.6% of PES patients respectively stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'.

Patient Engagement Surveys SMS Text Delivery/Postal/On-line					
Cared for appropriately with dignity, compassion and respect (Strongly Agree/Agree)					
	Q1	Q2	Q3	Q4	YTD
PTS	90.50%	94.20%	95.40%	94.70%	93.40%
PES	92.60%	89.70%	89.60%	90.30%	90.60%
UCS	92.60%	91.60%	95.20%	94.80%	94.00%
111	94.50%	97.10%	92.50%	95.70%	94.10%

Table: Percentage of respondents who strongly agree/agree they were cared for appropriately with dignity, compassion and respect.

Patient Engagement Surveys SMS Text Delivery/Postal/On-line					
Overall Satisfaction Received (Very Satisfied/Fairly Satisfied - Yes)					
	Q1	Q2	Q3	Q4	YTD
PTS	n/a	n/a	n/a	n/a	n/a
PES	n/a	n/a	n/a	n/a	n/a
UCS	n/a	n/a	n/a	n/a	n/a
111	87.40%	87.00%	85.10%	89.90%	86.90%

Table: Percentage of respondents who were very satisfied/satisfied overall with their care

Patient Engagement Surveys SMS Text Delivery/Postal/On-line					
Overall Experience of Service / Recommend Ambulance Service to Friends and Family (Very Good/Good - Extremely likely/Likely)					
	Q1	Q2	Q3	Q4	YTD
PTS	89.10%	91.00%	92.10%	91.50%	90.70%
PES	91.30%	90.10%	88.20%	91.10%	90.20%
UCS	84.30%	74.80%	81.40%	81.80%	82.20%
111	89.70%	90.00%	88.00%	89.20%	89.10%

Table: Percentage of respondents who would recommend the ambulance service to family and friends

It should be noted the fields above showing 'not applicable' indicate that the question was not included in that survey.

Examples of additional narrative in feedback include:

"Excellent, amazing service. Extremely professional. My son is autistic, and the two paramedics went the extra mile to make sure reasonable adjustments were made to aid his recovery, kind understanding and valued my input so to get full picture of events and past history. Couldn't have asked for more in an already stretched area of the NHS. Excellent." (PES).

"Excellent staff very caring and kind. Just what you need after outpatients' treatment. I truly appreciate this vital service. Thank you all. PS. Also the lady on the phone taking the booking was kind and caring and made it so easy for me. That too was greatly appreciated." (PTS)

"Both paramedics were empathetic, conscientious, thorough and my partners symptoms were taken seriously in spite of them being less serious than he initially thought. We did not wait an excessive amount of time. Overall, a very reassuring/supportive experience. Credit to both paramedics and the practitioner who took the 111 calls." (PES).

90.2% of PES patients, 86.9% of NHS 111 patients and 90.7% of PTS patients also found their overall experience of the respective services either good or very good.

"My Mum travels to and from dialysis by ambulance three times a week. She is 86 and quite frail and can get a bit confused. All of the ambulance crews have taken the time to get to know her well and they are all so kind, caring and professional in their dealings with her. They have a chat and a joke with her and she loves them all." (PTS)

"Amazing service from NWAS. Ellie and the team were super with my Mum who had fallen and were really kind and compassionate. They were very thorough and quickly examined my Mum, giving excellent treatment and a real human touch. They were calm, quick acting and efficient. Really went the extra mile. Thank you all so much again, really grateful for your amazing service at a very stressful time. It is really appreciated." (PES)

"111 knew my husband needed help. They took control of his problem. They got an ambulance to take my husband to the urgent care centre, he was treated straight away, on monitors, admitted to hospital. I can't thank 111 enough, as I was panicking. They knew the situation and responded. Ambulance service, 111, all amazing. If it wasn't for 111, my husband would not be alive today. They took complete control and responded by saving my husband's life. We are eternally grateful." (NHS 111)

Friends and Family Test (FFT)

PTS and PES 'see and treat' patients receive the opportunity to provide FFT feedback monthly through an SMS message. Monthly FFT data is shared via IPR at Board, Quality and Performance Committee and nationally with NHS England. A thematic analysis of the FFT qualitative feedback continues to show a high regard for the professionalism, care and compassion shown by our staff. Areas of learning include delays, waiting times, and where there could be expectations for some of our more vulnerable PTS patients when using third party or bariatric services and wheelchair support.

The table below provides a breakdown of the FFT feedback data and channels used to gather patient experience. As can be seen, a high number of patients provide qualifying narrative to support their response.

2024 - 2025 Summary of FFT Responses and Channels	
FFT responses received in 2024 - 2025	22,394
Increase compared to 2023 - 2024	26.14%
Additional comments entered on FFT responses	17,982
SMS text survey responses	89.14%
Postal postcard surveys	2.85%
On-line responses	8.01%

Table: Breakdown of FFT responses and channels

Demographic analysis of patient survey and SMS FFT respondents

The table below shows the percentage breakdown of survey respondents by demographics for our PTS, PES, urgent care service and NHS 111 surveys, and where we received FFT feedback via SMS on our PES and PTS service lines. Some key headlines show:

- 95.3% of PTS respondents are over 45 years of age.
- 58.9% of NHS 111 respondents are female.
- 82.8% of PTS respondents declared a disability.
- An average of 6.22% of all respondents were from ethnic minority communities.
- On average, 1.73% of all respondents preferred not to declare their ethnicity.

A continued focus for 25/26 will be to increase the amount of feedback we receive from mixed ethnic communities and to improve the capturing and reporting of demographic information and protected characteristics.

		Patient Transport Service (PTS)	Paramedic Emergency service (PES)	Urgent Care Service (UCS)	Localised 111	National 111	PTS Friends & Family Test (FFT)	PES Friends & Family Test (FFT)
Mode of correspondence		(URL)	(URL)	(URL)	(URL)	(Postal)	(SMS Text)	(SMS Text)
Patient Age	Under 16 yrs	0.6%	6.8%	5.2%	18.2%	3.7%	0.9%	1.2%
	Over 16+ yrs	99.4%	93.2%	94.8%	81.9%	93.8%	99.1%	96.4%
	Over 25+ yrs	99.1%	90.7%	90.0%	76.0%	91.2%	98.5%	93.6%
	Over 35+ yrs	98.5%	86.2%	83.8%	63.0%	85.3%	97.4%	89.0%
	Over 45+ yrs	95.3%	79.7%	76.3%	51.0%	76.8%	94.4%	78.8%
	Over 55+ yrs	86.6%	69.5%	66.1%	34.8%	69.1%	86.5%	65.1%
	Over 65+ yrs	65.6%	53.2%	50.1%	16.2%	55.2%	67.7%	42.6%
	Over 75+ yrs	36.3%	32.8%	32.2%	5.1%	32.6%	41.3%	21.9%
	Over 85+ yrs	8.5%	9.2%	10.8%	0.8%	No data	12.2%	6.7%
Patient Gender	Female	53.2%	53.1%	58.9%	57.7%	60.3%	55.0%	60.3%
	Male	46.6%	46.4%	40.7%	41.9%	37.5%	45.0%	36.7%
	Prefer not to say	0.2%	0.6%	0.4%	0.4%	2.2%	0.0%	3.0%
Patient Impairment	Limiting illness	n/a	n/a	n/a	n/a	47.6%	n/a	n/a
	None	17.2%	41.2%	46.3%	68.2%	47.0%	6.3%	37.9%
	More than one	n/a	n/a	n/a	n/a	n/a	26.9%	18.2%
	Mobility	68.3%	37.2%	31.3%	15.5%	n/a	52.3%	20.4%
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	Hearing	14.9%	14.9%	13.6%	4.6%	n/a	0.8%	2.1%
	Visual	8.9%	5.9%	4.5%	0.4%	n/a	3.2%	0.7%
	Mental Health	10.7%	15.2%	17.2%	10.5%	n/a	2.0%	7.7%
	Dementia	n/a	n/a	n/a	0.0%	n/a	0.8%	2.7%
	Learning	1.7%	3.0%	4.7%	3.8%	n/a	0.8%	1.3%
	Don't know	n/a	n/a	n/a	n/a	2.0%	0.8%	1.3%
	Prefer not to say	n/a	n/a	n/a	n/a	n/a	6.9%	9.2%
Patient Ethnicity	(Black & Minority Ethnic Communities)	3.9%	5.0%	7.3%	8.3%	6.1%	5.4%	7.6%
	Prefer not to say	1.7%	1.2%	0.8%	0.8%	0.0%	2.7%	3.2%

Table: Percentage data breakdown of 24/25 respondents by demographics

Reporting

Friends and Family Test patient feedback is reported monthly to the board through the Integrated Performance Report and quarterly via the Communications and Engagement team dashboard. Key engagement themes and initiatives are also shared with the Quality and Performance Committee, while Equality Diversity and Inclusion (EDI) updates go to the EDI Sub Committee.

In 24/25, we continued quarterly service improvement dashboards and began developing a new, combined patient feedback dashboard—an important initiative that will continue into 25/26.

Feedback themes.

Feedback over the year has consistently demonstrated a generally high regard for the ambulance service and in particular, the high percentage of patients feeling they were treated with dignity, compassion and respect (92.8% of survey respondents).

Some of the themes and feedback highlighted during the year have included:

- Awareness of the NHS 111, online services for those from ethnic minority groups
- Awareness of the availability of interpretation and translations services for deaf, black and ethnic minority communities (BAME).
- An understanding of what information may be requested when 999 is called for patients whose first language is not English.
- Profiling job roles, routes to employment and volunteering within the ambulance service at our community events.
- Increased understanding of how to improve services for patients with a learning disability or autism, including the opportunity to learn basic British Sign Language (BSL).

- Staff awareness of cultural and religious differences when entering homes and the ability to provide dignity in death.

Patient and Public Panel - Giving our patients 'an increased voice'

Our volunteer Patient and Public Panel (PPP), established in 2019, is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations. It provides meaningful opportunities for members to influence decisions and identify improvements in our urgent and emergency care, patient transport, NHS 111 and back-office services, in a way that suits their lifestyle and the time and commitment they are able to give. Panel members bring expert lived experience and knowledge of our services, and offer valuable insights into numerous projects, initiatives, policies, systems and campaigns.

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

- 'Consult' is virtual, making the most of digital channels to interact with members
- 'Co-produce' panel members work together on short-term projects
- 'Influence' members take an ongoing, active role in high-level meetings.

A breakdown of PPP member's involvement by level can be found below.

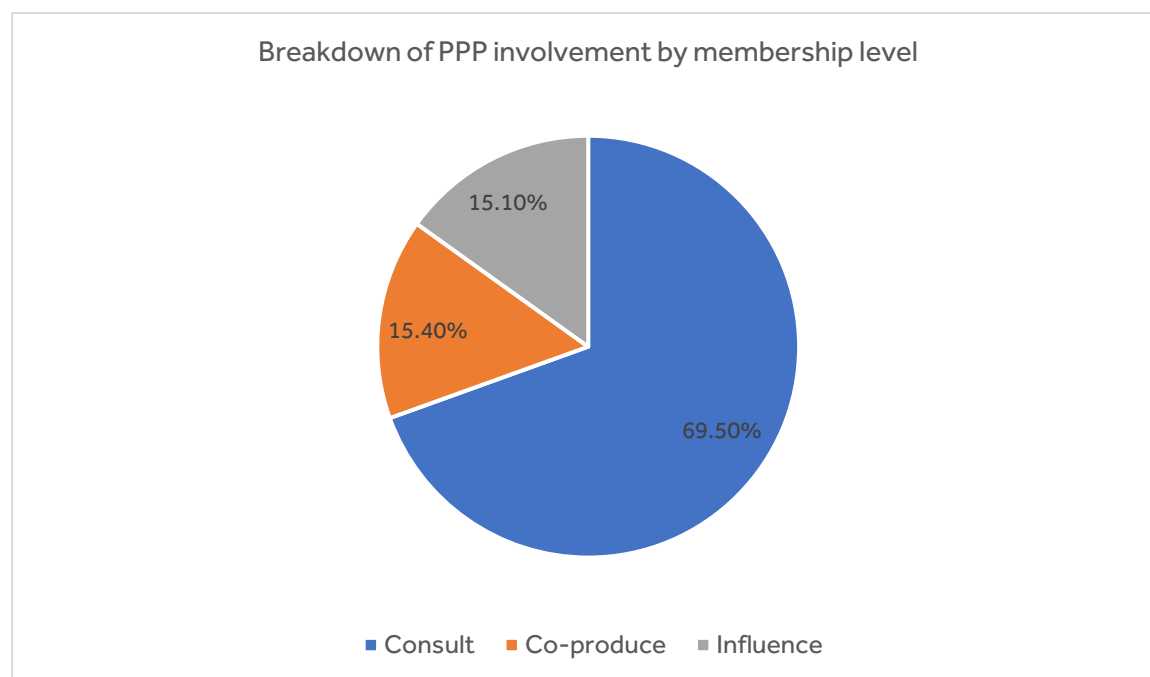


Figure: Breakdown of PPP involvement by membership level

As our PPP has continued to grow over the last 12 months, we have actively engaged with our members via both face –to face and virtual platforms with the intention of ensuring our members feel supported in

the role. Our 344 PPP members are fully inducted into the organisation, with many already involved in work with the trust.

The table below shows the distribution of PPP members across the localities.

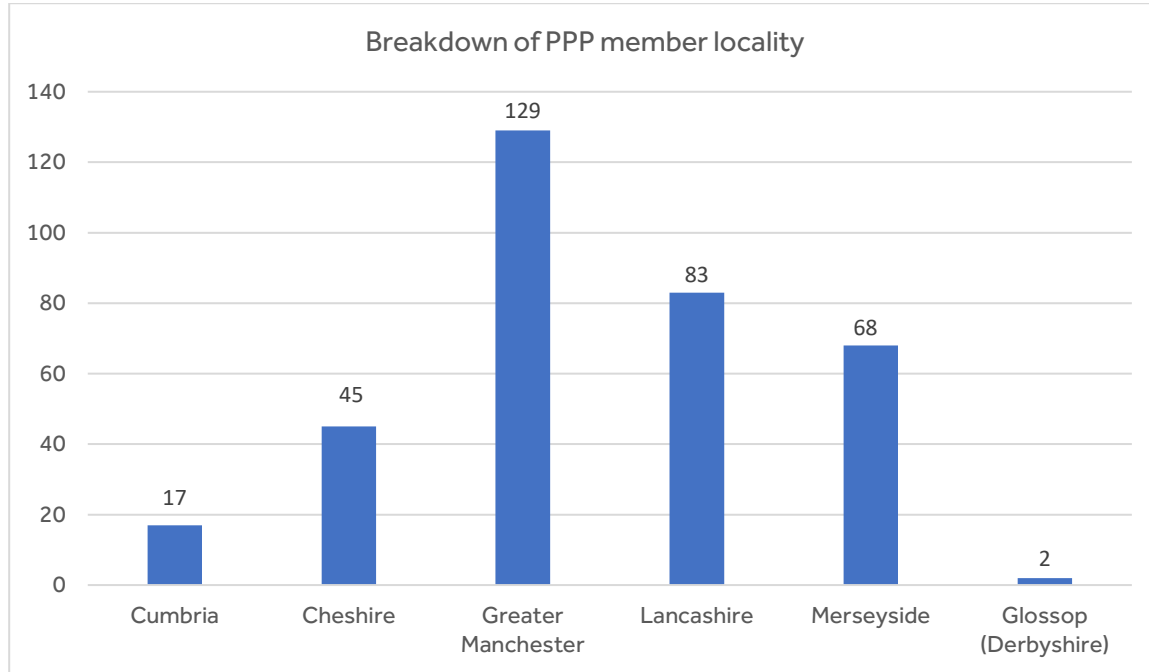


Figure: Breakdown of member locality

During 24/25 we increased the diversity of the panel's membership, rising from 24% to 26% for cultural representation, 32% for youth representation and 25% for representation of patients with disabilities. The panel's feedback and lived experience are invaluable to the trust to better understand our patients' experience, produce stories, analysis and themed findings which in turn inform service development.

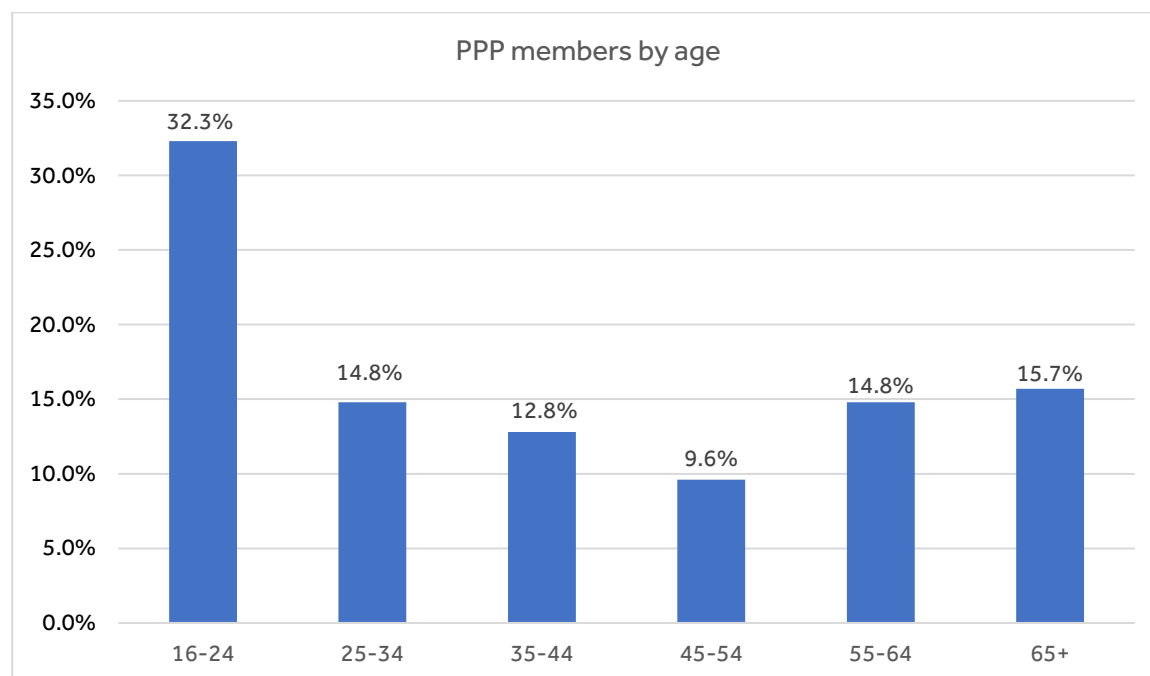


Figure: Age PPP members

In 24/25, PPP members have been invited to join a variety of forums with 23 requests for panel involvement from staff across the trust, as well as external partners such as Lancashire and South Cumbria Integrated Care Board. Areas the PPP have been involved in include regular attendance at high-level meetings such as area learning forums, attendance at trust board and Learning from Deaths. In addition, our PPP have played a significant role in forming strategy, developing resources and supporting projects, including the removal of existing medical markers, Quality Improvement Academy, Trust Strategy review and linguistics during 999 calls.

Panel members receive regular information via a weekly roundup newsletter, with 51 editions shared during 24/25. Some of the featured articles included Black History Month, World Menopause Day, PPP session looking at 999 calls and linguistics, and an invite to attend a Cardiac Prevention Awareness Event organised by the Jewish Community Foundation. There are also opportunities for members to engage with each other on a dedicated PPP members' area of the trust's website.

During 25/26, PPP members will be invited and recognised for their contribution in a dedicated event for all our trust volunteers due to be held in October/November 2025.

A summary infographic containing our achievements across 24/25 will be produced and shared with PPP members.

Patient, Public and Community Engagement

Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method we use to gain qualitative feedback is by engagement with community and patient groups within our region. Our focus has been to reaffirm the basics of what we offer across each of our three main service lines and to explore any misconceptions and/or barriers to access. We have also used these valuable face-to-face opportunities to educate our communities about self-care, winter health messaging and offer service based activities to elicit their understanding and experience of care.

During 24/25 we attended nine virtual engagement events, and 22 face-to-face engagement sessions which were attended by the trust as principal speakers, advisors or facilitators. These events included the Kashmir Youth Project, Wirral Multicultural Organisation, Greater Manchester Faith forum, Wai Yin society and the Chinese Wellbeing group in Liverpool.

Further support is provided to our patient groups upon request, for example supporting cardiopulmonary resuscitation (CPR) training. Examples of the groups we have supported include the Liverpool Chinese Students and Scholars Association (LCSSA) and the Chinese Wellbeing group in Liverpool. This work will continue with the British Islamic Medical Association (BIMA) and the Lancashire Council of Mosques during 25/26.

In addition to this we have also been able to support 29 high attendance events in 24/25. Examples include PRIDE, university freshers events, Greater Manchester Ethnic Communities Network Event, a cardiac prevention Event within the Jewish community and the Liverpool Chinese Students and Scholars Association (LCSSA) Spring Festival Gala. Our engagement with the Jewish and Chinese community has considerably increased this year due to our continued focus and support.

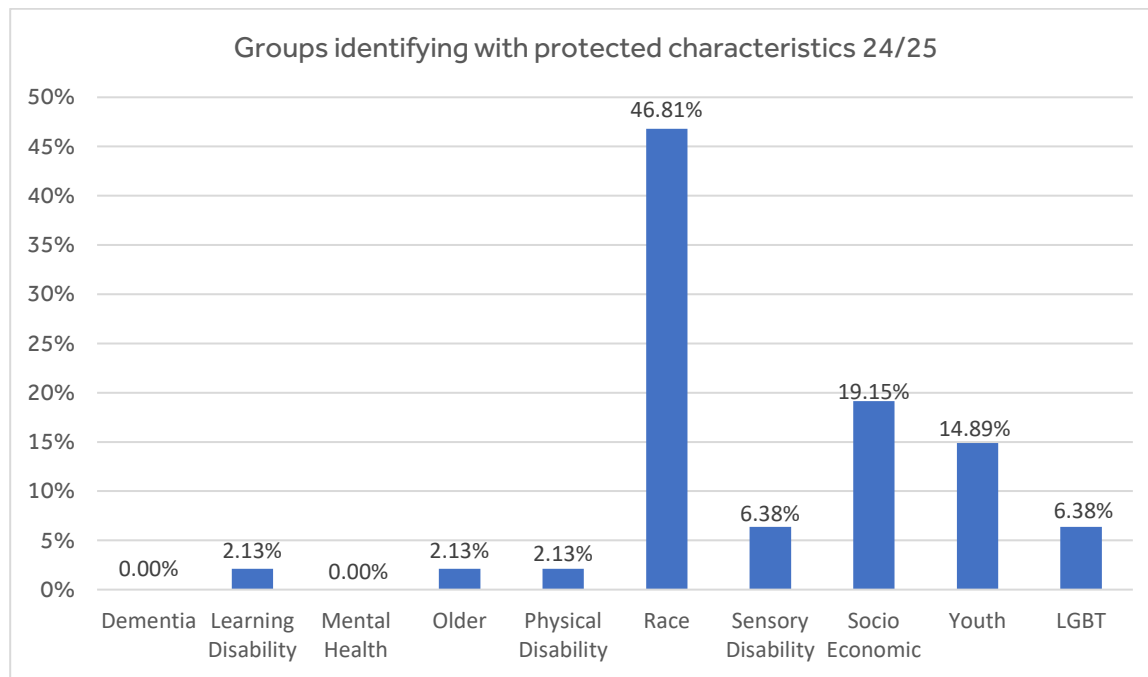
Targeted work with young people, including overseas students, provides an opportunity to offer information about accessing NHS services. In addition, it has provided individuals with an opportunity to explore volunteering and career opportunities within the ambulance service or the wider NHS.

We will continue our face-to-face attendance during 25/26 at health melas, PRIDE etc and are looking to expand our attendance and engagement with a range of under-represented black and minority ethnic communities.

Protected characteristics

The Equality Act 2010 identifies nine protected characteristics cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. During 24/25, we have engaged with people who have identified as having a protected characteristic. The graph below shows the number of people we have engaged with who identify as having a protected characteristic.

Protected characteristics of patient groups engaged during 24/25



Figures: Groups protected characteristics 24/25

Quality Improvement initiatives with underrepresented groups.

Our Patient Inclusion team has established a task and finish group to ensure under-represented voices are included in decision-making.

As part of this work, we've begun engaging with Chinese and Jewish communities in the North West through focus groups. These sessions aim to understand their experiences, expectations, and any barriers to accessing our services. Feedback will help identify gaps in representation and drive meaningful improvements.

Ambulance Awareness Day events

Over the past year, we successfully delivered five county based face –to face community awareness events. Our Greater Manchester event, held alongside the trust's Annual General Meeting, featured information stands from NHS 111, PES, PTS, and corporate staff, as well as CPR training sessions. It attracted 203 attendees—66% from ethnic minority backgrounds, 15% from the Chinese community, and 40% aged 16–24.

In Cumbria, Lancashire, Cheshire, and Merseyside, Ambulance Awareness Days used interactive tabletop exercises and themed speakers to raise awareness, gather feedback, and discuss PES, PTS, and NHS 111 services. These activities helped identify what's working well and where improvements are needed. Based on feedback, we developed a snapshot of service improvements and an accessible summary document, shared with attendees in August 2024 and published on our website. Some activities also supported winter

demand planning—for example, NHS 111 tables addressed common concerns like repeat prescriptions during public holidays, supported by useful giveaways and leaflets.

We select event venues in areas frequently used by local communities, often where health outcomes are poorer. This has helped us reach groups that are typically harder to engage. Attendee demographics are shown below. Feedback summaries and planned improvements are shared with attendees and community groups, and this approach will continue into 25/26 as we review future event locations.

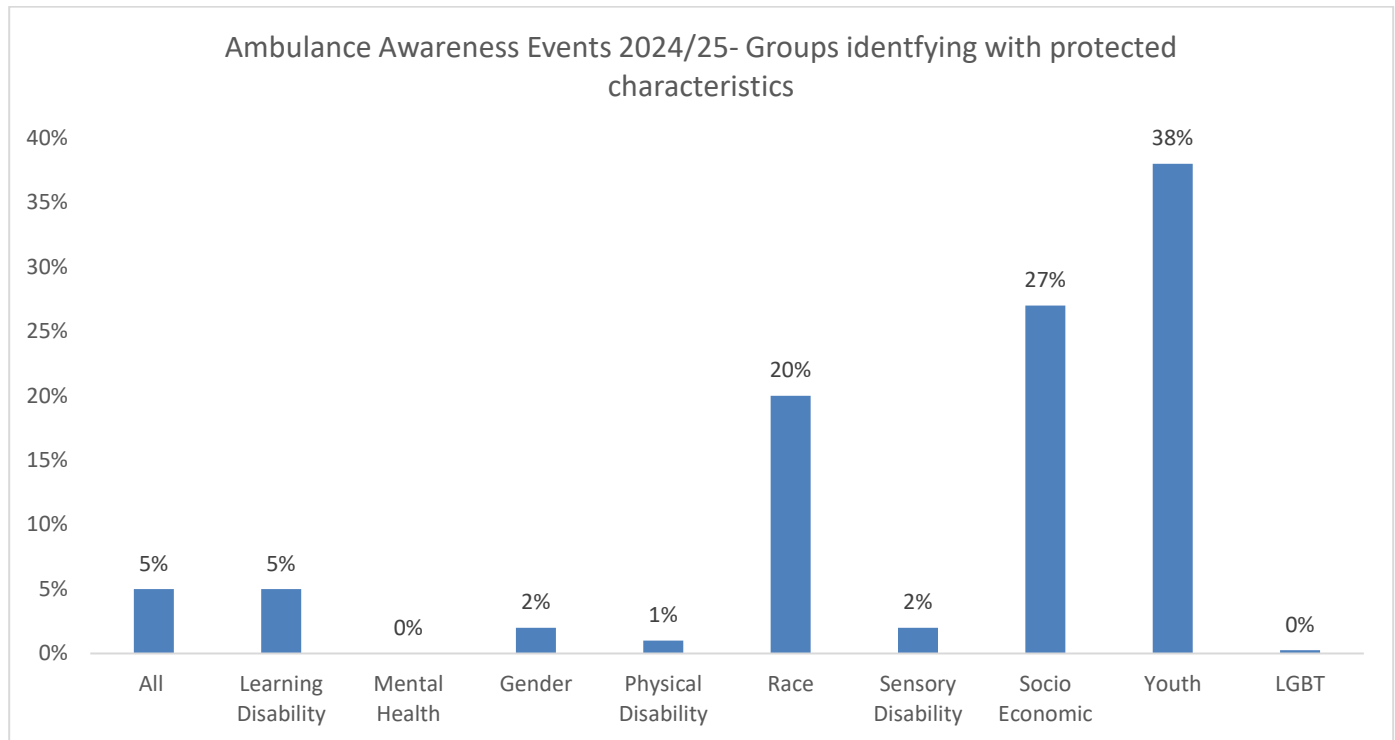


Figure 1: Groups identifying with protected characteristics attending the ambulance awareness day events.

Examples of feedback themes received from events include:

- *Staff very friendly, enjoyed the CPR training, and HART stand*
- *Very good event, very satisfied with the stalls and activities on offer*
- *Good development for any PPP member, great opportunity for the community, excellent practical exercises*
- *NWAS dyslexia support for existing staff and recruitment.*
- *Good information on how to deal with mental health calls.*
- *Helpful information on how to support patients whose first language is not English, including basic British Sign Language (BSL) training available to operational staff.*
- *Information on how to find a patient from a mobile number calling 999.*

Filmed patient and staff stories

Filmed patient and staff stories remain a powerful tool to highlight real experiences and share learning. These are presented bi-monthly to the NWAS Board of Directors and Quality and Performance Committee, including staff training, and featured in education and awareness campaigns. In 24/25, patient stories covered topics such as STEMI (Segment Elevation Myocardial Infarction) response times, heart condition pain awareness and winter pressures. Staff stories during the year include the 'HALO Project' (redefining the ambulance liaison officer role); the Care Home Engagement Project and Aspirer welfare initiative.

Patients' experience recommendations and improvements

Feedback themes gathered from all the approaches the trust uses to listen to, engage and seek patient experiences are used to inform recommendations for improvements. The team produces learning dashboards for PTS service improvement ambassadors to share feedback and learning, and ensure support for the co-design of service improvements within the trust. This approach will be enhanced with learning dashboard availability on PES and NHS 111 services during 25/26.

Some of our recommendations and improvements include:

- Feedback shared by the Chinese community highlighted the lack of awareness with the services we provide and fear of not being able to communicate in their spoken language. We have translated our 999 and PTS leaflets into Cantonese and Mandarin and are producing a film to demonstrate how we can communicate with patients in their spoken language – this will inform a patient story to be shared within the trust.
- Feedback shared by Lancashire School of Mosques highlighted the importance of ambulance staff wearing shoe coverings when entering a Muslim patient's home. We produced a written piece for our staff weekly bulletin and included this information on our staff intranet page which all of our staff have access to. This 'you said we did' was further communicated with Lancashire School of Mosques and our monthly newsletter.
- Feedback was also shared at one of our community events in relation to staff considerations when entering homes. Further to this, during the year, we launched our NWAS Religion, Belief and Culture Card. Key areas covered in the card are: some of the most likely first languages that are used by patients from different religious beliefs residing in the North West to improve staff communication, cultural norms with physical contact and customs with dying and death informing our approach to end-of-life care.
- When engaging with patient community groups on NWAS services, feedback has shown an increase in requests for CPR training and a need for further understanding and awareness raising on DNACPR (do not attempt CPR resuscitation). We will ensure these CPR requests are actioned appropriately and build capacity to increase understanding of DNACPR information into our community engagement plans.
- Our Ambulance Awareness Day events format changed during 24/25 based on feedback from our attendees. A knife incident related scenario and mental health related talks are now included in the

event programme. We will continue to regularly share information on mental health support available in each county area via our community info burst newsletters.

- Initial approaches were made to the trust's research and development and the widening access team to support with 3D virtual reality ambulance viewing headsets for use at our ambulance awareness day events. These proved to be very popular mainly with young people that attended the events. We will continue to work together with the widening access team to ensure these are available for future events.
- A discussion was held with PPP members as to what they think should be included in the trust Mental Health and Dementia Strategic Plan for 2024-2027. The trust Mental Health leads team will be producing a separate plan for dementia and will be coming back to the PPP to help produce this plan along with other plans in the future.
- PPP members reviewed our pictorial e-book to help ensure each question and procedure within the book is clearly explained to support neurodiverse and learning disability patients. Feedback shared from PPP members resulted in some of the terminology changing to make it easier to read and additional questions included to help neurodiverse and learning disability patients when being treated.
- Our PPP charter has been reviewed and now includes key information for our PPP members when attending trust meetings and what they can expect from us to keep them informed and supported fully as members. The reviewed PPP charter will be launched and sent to the membership early 25/26 through the PPP newsletter.
- Our PPP forum is not frequently accessed by PPP members. We will consult PPP members on how the forum can be better utilised including any changes to the layout to make it more accessible and easier to use.
- Further to a variety of requests from ICB commissioners for PPP support with some of their projects and initiatives, further development training will be sourced for PPP members to enable them to confidently get involved with high level projects and meetings.
- A summary infographic containing our achievements across 24/25 will be produced and shared with PPP members.
- Patient Engagement colleagues to undertake facilitator training to support with leading on conversations and group discussions at external events.
- We will promote our attendance at community engagement events using scheduled social media channels to highlight where patients and groups can meet us.
- Targeted attendance with schools and colleges has ensured all our Ambulance Awareness Day events are well attended by a young generation considering pursuing a career in the ambulance service. We will continue to build on this with profiling job roles, routes to employment and volunteering within the ambulance service at our community events during 25/26.
- Our PTS Level 2 learning dashboard data enables the sharing of patient feedback, promoting best practice and boosting staff morale. During 25/26, we will ensure that PTS managers highlight this data on all NWAS stations that have visual display screens.
- Increased survey feedback from underrepresented groups will ensure the development of demographic feedback into our digital platforms – this will be supported by additional outreach to increase survey feedback from black, Asian, and minority ethnic (BAME) communities.

- Feedback from our deaf communities continues to share concerns and barriers to accessing our services. As a result, we will produce an 'Insight App' film for operational staff awareness with using language and BSL interpreters at patient side. We will also feature the Blue Light Academy basic sign language training as part of this work.
- To support frontline staff awareness with the various accessibility tools available, we shared a staff bulletin signposting this information on our trust intranet the 'Green Room'. We will continue to review and update this information annually.
- Easy read formats of our service information are provided to Ambulance Awareness Day event attendees with learning difficulties. Further work will include an easy read production of the event evaluation form. Alternative format is ensured in our regular communications with our communities in all publications including monthly info-bursts and PPP weekly round ups.
- A health literacy improvement project will also see the creation of new, accessible information for patient transport service users.
- A regular programme of filmed staff and patient stories is produced and shared with the board and used for learning within the trust.

Management of Complaints 24/25

Complaints are managed by the Patient Advice and Liaison Service (PALS) and Resolution team, who ensure open and honest investigations 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.

NWAS remains steadfast in its commitment to delivering a high-quality and patient-centred complaint experience. We recognise the importance of concerns, complaints and feedback as essential tools for continuous improvement. Insights from patients, their families, and service users allows us to assess our practices, identify areas for enhancement, and implement necessary changes at both individual and system wide levels.

The PALS and Resolution team ensures that individuals who raise concerns feel heard and that their complaints are addressed effectively. 24/25 saw specific focus on evolving our responses to complaints, making sure that letters and communications are patient centred, and always demonstrate empathy and compassion. The PALS and Resolution team continue to address complaints with fairness and transparency, with the end goal being to improve a patient's experience and drive service improvement.

Governance and Reporting

The board of directors receive information on complaints through a structured reporting framework:

- **Bi-monthly reporting:** Complaints data and insights are included in the integrated performance report presented to the board.
- **Quarterly Assurance Reports:** The Quality and Performance Committee review these reports to ensure accountability and oversight in line with complaint standards and legislation, volume of complaints received, team performance and tracking any themes of learning.
- **Reportable Events Paper:** Complaints raised to the Parliamentary Health Service Ombudsman are reported in this paper and include information about decision rationale, outcome and actions recommended by the independent reviews.
- **Clinical Quality Group:** This group is chaired by the Medical directorate and clinical complaints are reported to provide assurance relating to the safety and quality of all clinical activities within the trust across all services lines.
- **Area Learning Forums:** These forums discuss actions resulting from complaints and oversee implementation through structured action plans.

Through these assurance groups and committees, we 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.

Complaint Figures

2,277 complaints were raised with NWAS last year and 89% of these were recorded as 'low complexity' complaints, managed by the Patient Advice and Liaison (PALS) team. The PALS team guide appropriate and empathetic apologies within an everyday conversation, as guided by the PHSO's standards.

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

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

Care and treatment

The table below shows the number of complaints about care and treatment managed at each level of complexity.

High complexity	Medium complexity	Low complexity	Total
20	113	781	914

Table: Number of complaints about care and treatment complexity levels.

A full breakdown of the sub-categories shows the specific category of treatment complaints, raised with NWAS.

Sub-type of complaint	Number of complaints
Professional standards (conduct)	619
Disposition	165
General	79
Clinical treatment	42
Equality	6
Assessment	3

Table: Category of complaints.

The complaints regarding care and treatment by service line and area, may vary from the total number provided above, as a singular complaint, may involve multiple service lines.

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

Table: Care and treatment complaints by service line.

Delays

734 complaints were raised with us about a delay in service. Below, outlines the complexity level assigned to each complaint.

High complexity	Medium complexity	Low complexity	Total
9	33	692	734

NWAS service line	Number of complaints
Paramedic emergency service (PES)	585
Patient transport service (PTS)	149

Table: Complexity level by service line – delays.

Call Handling

364 complaints were raised about an aspect of the call handling part of a patient's journey with NWAS.

High complexity	Medium complexity	Low complexity	Total
7	33	324	364

NWAS service line	Number of complaints
NHS 111	166
Paramedic emergency service (PES)	155
Patient transport service (PTS)	43

Table: Complexity level by service line – call handling.

Complaint Outcomes

2,242 complaints were closed in 24/25 with 86% of all complaints closed within local Service Line Agreement, an improvement on the 81% closure within local Service Line Agreement achieved in 23/24.

Complaint outcome	Complaint level		Total
Upheld	High	15	622
	Medium	53	
	Low	554	
Not upheld	High	11	928
	Medium	88	
	Low	829	
Partly upheld	High	5	692
	Medium	57	
	Low	630	

Table: Complaint outcomes 24/25

Parliamentary and Health Service Ombudsman

In 24/25, NWAS received 10 notifications from the Parliamentary and Health Service Ombudsman (PHSO) regarding complaints submitted for independent review.

- Three cases were closed following an initial assessment, with no failings found on the part of NWAS.
- Two cases were resolved through mediation or further local review and subsequently closed.
- One case was not upheld, with the PHSO identifying no failings by NWAS.
- One case was partly upheld, resulting in a recommendation for further apologies to be offered to the complainant.

Three cases remain open as we move into 25/26 and are currently under detailed investigation by the PHSO.

Freedom to Speak Up

We are committed to an open and honest culture, maintaining high standards of patient care, continuously striving to act honestly and with integrity in our approach to management systems, processes, responsibility as an employer, protecting the people who work within the organisation and communities that it serves from harm.

Freedom to Speak Up Activity 24/25

In addition to speaking up through leadership teams and normal workforce processes, we have established well embedded additional speaking up processes to create a culture of safety. We continue to foster a workplace where our people feel safe to speak up and raise concerns. This in turn allows us to provide highly effective care where we learn when things might not go well. Our team of Freedom to Speak Up (FTSU) guardians have this year seen a reduction of 21.4% in the number of concerns raised (121 from 154 in 23/24).

Ambulance services, in line with other blue light services, have come under increased scrutiny from the national media along with NHS England. The Thirlwall Inquiry prompted a comprehensive review of all NHS speaking up arrangements.

This year has seen 121 concerns raised with the FTSU guardians, categorised into themes according to the National Guardian's Office (NGO) returns.

Themes	Percentage	Number
Inappropriate attitude and behaviours	61.2%	74
Patient safety	15.7%	19
Bullying and harassment	13.2%	16
Worker safety	6.6%	8
Fraud	0.8%	1
Detriment	2.5%	3

Table: FTSU themes 24/25

The proportion of patient safety concerns has decreased. We have focused on the many ways in which staff can raise any concerns from informal/formal discussions with local managers and leaders through to formal paths such as Grievance/Dignity at Work process and safety concerns raised through our Incident reporting system.

Through a formal leadership development program, leaders are equipped to make themselves 'open' to discussion and actively listen to staff concerns. This enables leaders to negotiate positive outcomes that meet the staff needs and addresses their concerns whilst also considering impacts on all staff, patients and the organisation.

We have instigated several new processes to ensure we deal with concerns in a consistent way, ensuring an impartial view which supports both staff and managers to resolve concerns using learning. This reflects in the feedback we have received from staff and managers who have been involved with FTSU guardians.

Our Quality Account 24/25 provides further detail in relation to Freedom to Speak Up.

Exercise of functions in relation to health inequalities

Background

NHS England's statement on information on health inequalities (duty under section 13SA of the National Health Service Act 2006) was published on the 27 November 2023, describing the powers available to relevant ICBs, NHS trusts and NHS foundation trusts to collect, analyse and publish information in relation to health inequalities, and NHS England (NHSE) views about how those powers should be exercised in connection with such information.

The duty to report information on health inequalities will encourage better quality data, completeness and increased transparency. The expectation from NHSE on how the statement will help address health inequalities is that by having good quality, robust data, this will enable NHS organisations:

- To understand more about the populations they serve
- To enable identification of groups that are at risk of poor access to healthcare, poor experiences of healthcare services, or outcomes from it
- Deliver targeted action to reduce healthcare inequalities.

As per the statement, NWAS is required to review the extent to which the trust has exercised its functions consistently to the statement, and to include a report as part of our Annual Reports 23/24 and 24/25, aligned to the trust's annual reporting guidance. The statement requires relevant organisations to:

1. Publish a list of pre-defined indicators disaggregated by age, sex, deprivation and ethnicity, aligned to the five priority areas for addressing healthcare inequalities set out in the 23/24 priorities and operational planning guidance and the Core20PLUS5 approach for adults and children and young people.
2. Report other information on health inequalities relevant to local populations or priorities as they consider appropriate and at their discretion.

In relation to point one and as reported in last year's Annual Report, NWAS does not collect nor report on any of these indicators as these relate to acute trusts and GP data. For completeness and illustration, the list of indicators in Appendix 1 of NHSE statement can be found here: <https://www.england.nhs.uk/wp-content/uploads/2023/11/PR2128-i-nhs-englands-statement-on-information-on-health-inequalities.pdf>

The main content in this section provides information on data activities carried across the trust in relation to point two, including collection, reporting, publication or sharing, and analysis to derive insights to help deliver targeted action.

Data collection

NWAS continues to engage with partners and to assess internally how to improve collection of patient demographic characteristics, focusing initially on those requested as per the statement's first publication: age, sex, deprivation and ethnicity. Current NHS Spine interoperability allows transfer of age and sex patient's data, but not ethnicity, which is a challenge across NHS organisations. NWAS staff took part in the 'Improving Ethnicity Recording Workshop' organised by NHSE North West region and the Association of Directors of Public Health London on 16 January 2025. This workshop resulted in the creation of the NHS Futures 'Improving Ethnicity Recording Collaboration workspace' to connect, collaborate and contribute to the co-creation of dynamic approaches to impact recording of ethnicity and share examples of successful approaches. Similarly, NWAS supports AACE's ongoing conversations with NHS England to enable sharing of centrally recorded patient ethnicity data with ambulance services for both, direct care and secondary use purposes.

Following internal analysis by the Public Health team, the ethnicity data across service lines at NWAS is as follows:

- Analysis of 980,084 incidents attended by 999 PES between April 2023 and March 2024 showed 61.6% of records have an ethnicity category other than null or unknown, of these, 58.6% have white ethnicity.
- Preliminary analysis of 1,255,861 PTS April 2022 – March 2023, showed 5% of patient transport service journeys have an ethnicity category in records.
- Based on 1,942,281 calls from 111 between March 2024 and March 2025, 94% of 111 calls collected ethnicity data.

The high completion percentage of ethnicity data in 111 calls is due to well-embedded training processes, which is enabled by the nature of the service. For 999 data, the Digital Innovation and Integration team has explored retrospective completion of ethnicity data linking 111 patient data to 999, but this approach has been paused on anticipation of the national solution pursued by AACE. For PTS, given the ongoing tendering process and other improvement work already taking place, there are no immediate plans to initiate a project to improve ethnicity collection, but this will be revisited in the new year.

Collection of patient characteristics in feedback received by patients and members of the public continues to be an area of priority for the Patient Engagement team. This year, DCIQ and complaints reports started mandating collection of patient characteristics data. Additionally, the Clinical Audit team is commissioning of a new Clinical Audit Tool, with requirements including facilities to capture and report on patient demographic data.

Separately, in relation to data collected on incidents where violence took place, the Violence Prevention Reduction and Security team have improved collection of aggravating factors, enabling staff to capture subjective data on whether ethnicity, age, gender, gender preference, mental health conditions or other factors such as intoxication or medical condition, played a role in violence incidents. Violence towards staff during the conduct of their duties is an issue of high importance for ambulance services as evidenced by

the 2024 NHS Staff Survey results, which indicates that amongst health care workers, the percentage of ambulance staff who report experiencing one or more incidents of physical violence from patients, relatives or members of the public is more than double the national average for all healthcare workers, 30.6% in comparison to 14.4%, respectively.

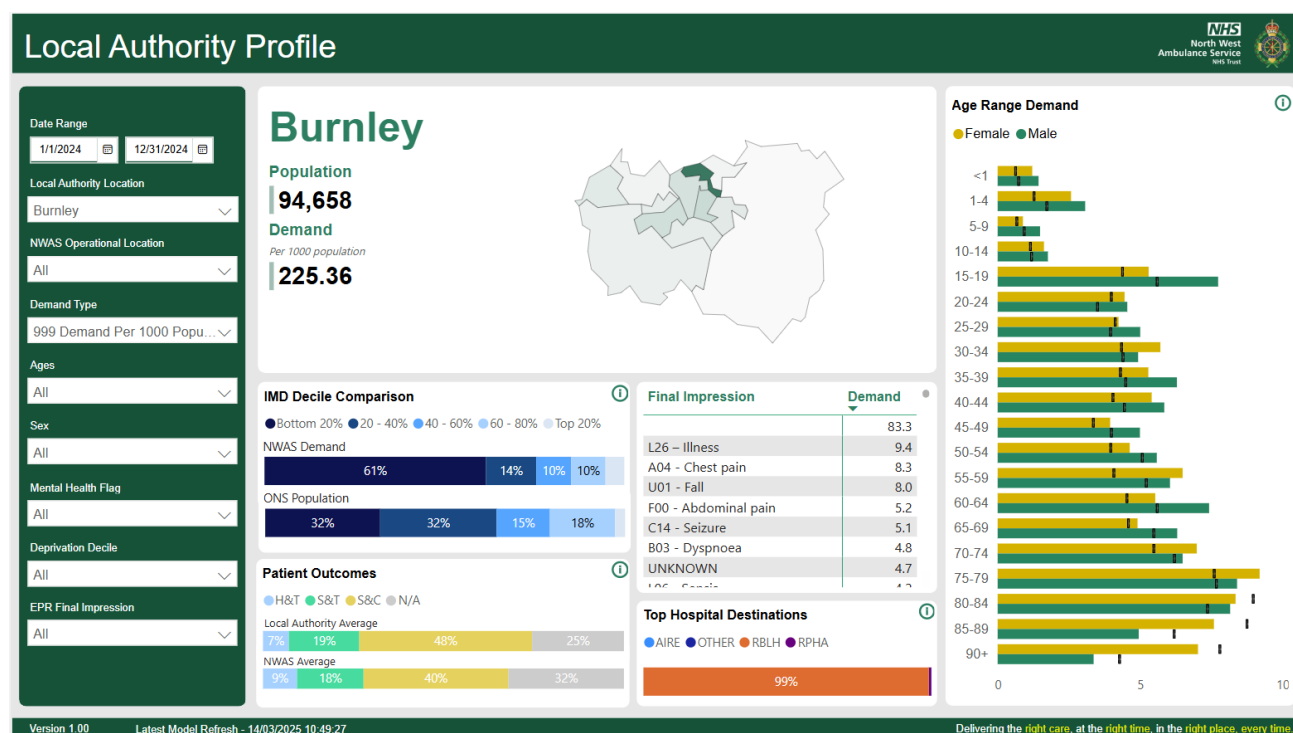
The last of the four data characteristics requested in the statement is deprivation. Before this year, index of multiple deprivation was captured on an ad-hoc basis for some reports. This year the Business Intelligence team implemented a technical solution to link population level data to the postcode of recorded incidents, enabling population of the index of multiple deprivation (IMD), decile or quintile for each record. This linkage has started for 999 service line records, but it is envisaged that this will be rolled out to other service lines in future.

Data reporting

This year, as per the Sustainability Strategy's population health objective to improve the input, analysis and utilisation of data to provide intelligence on population health and health inequalities, and driven by the requirements from NHS England statement on health inequalities, the Public Health team developed a specification for a set of dashboards to provide a demographic breakdown of our service lines data by patient characteristics and population health characteristics. This initial specification comprised the following priorities:

1. To identify the drivers of NWAS activity in the population based on 999, 111 and patient transport services.
2. To identify the drivers of demand for the "CORE20" group across our services and across our region.
3. To identify the priority groups within the North West population (this refers to the 'plus' groups as per the CORE20PLUS5 framework; which includes ethnic minority communities; people with a learning disability and autistic people; people with multiple long-term health conditions; or other groups experiencing social exclusion, known as inclusion health groups).
4. To develop indicators to measure the NHSE health inequalities indicators as appropriate for ambulance services.

NWAS made a substantive commitment to allocate Business Intelligence resources to development of phase one of this work. This phase aimed to address specification priorities one and two for 999 service data. As a result, the Public Health team and the Business Intelligence team delivered NWAS' first Power BI population health dashboard to report on 999 calls and face –to face incidents records. An example of a view from the dashboard is shown below:



Screen shot of the Power BI dashboard showing NWAS statistics relating to Burnley

Our Annual Plan for 2025-26, includes a deliverable to work on phase two. Alongside development of phase two, we will work towards developing our understanding of the insights provided by the initial dashboard, using these insights to identify opportunities for actionable projects to support the reduction of health inequalities, working in collaboration with system partners. Importantly, the work completed to develop the dashboard will enable new analyses of 999, 111 or patient transport services data to identify differences across protected characteristic groups of areas of deprivation. Together, this work will help us identify if inequalities exist, report findings to the Board and partners, and enable conversations to tackle these differences in care.

In relation to internal reports, the board continues to receive Learning from Deaths reports which include demographic breakdown of incidents by age, sex, ethnicity and deprivation. This year, the Complaints team embedded monitoring of patient characteristics into reports to learn from complaints and patient safety incidents, so protected characteristics are now captured within complaint logs (DCIQ) and the Complaints team is able to extract for reporting purposes.

Data publication or data sharing

Externally, we continue publication of Learning from Deaths quarterly reports, as well as the annual Patient Engagement Report, both reports include age, gender, and ethnicity. The Learning from Deaths report includes deprivation information, whereas the Patient Engagement Report includes information on patient disabilities. NWAS has sharing agreements to transfer activity and patient data with our local, regional and national system partners, including, for instance, data on violent incidents with the Trauma and Injury Intelligence Group (TIIG) to help inform prevention efforts. The Information Analytics team has

a process in place to share data with external parties to request NWAS data, this could be for public or private purposes, and subject to data protection requirements. For public purposes, specifically in relation to help inform prevention programmes. This year the team served requests in relation to public health priorities, including data on intoxication through vaping, suicide attempt incidents, and falls.

Nationally, NHSE developed the national Ambulance Data Set (ADS) to increase understanding of why people use ambulance services and how ambulance services deliver urgent and emergency care. The dataset will provide consistent level of detail about how ambulance services nationally respond to and treat 999 calls. This data set will enable linkage with the Emergency Care Data Set (ECDS) providing a more complete picture of how and why people access urgent and emergency care, as well as of patient outcomes, safety and experience, and includes data of patient characteristics. NWAS is submitting data from our calls (CAD) and our face –to face incidents responses (EPR) as per national requirements.

On a project basis, as described in more detail in the Public Health team section in the report, NWAS is working with system partners to develop their understanding of how NWAS can support integration at a local and regional level, for instance, through integration with local authorities commissioned drug cessation and support services to support patients with non-fatal drug overdoses, and through integration with primary care partners to leverage routinely collected ambulance data to support secondary prevention of long-term conditions.

Data analysis and use of insights to deliver targeted action

Following the recent completion of phase one of the population health dashboard, a brief overview of the initial insights derived from this work are provided. As part of the work to develop the specifications for the population health dashboard, the Public Health team conducted a preliminary analysis of 999 EPR records, face –to face incidents attended in the period April 2023 – March 2024. This analysis, together with initial insights from the dashboard provide the top reasons for NWAS calls and ambulance attendances at a region level, which are chest pain, dyspnoea, abdominal pain and seizure. To note that there is a small difference between falls and chest pain rates. When analysing demand from incident locations in the quintile of highest deprivation, the top reasons for calls are the same but chest pain comes top with a considerable difference between this and the next reason, falls. Of interest, the sixth top reason for calls and incidents attended for the quintile of lowest deprivation, is ‘false alarm’; whereas in the general population it is ‘injury of head’.

The population health dashboard provides breakdown at local authority (LA) level and down to Medium Super Output Area (MSOA) level. This functionality will help provide insights as to the characteristics of the local population and their reasons for calling 999. These local insights will support localised decision making as well as identification of localised support needed. In the example provided in the Power BI example in this section, the age, sex and deprivation profile of the calls received within Burnley is compared to regional averages or to population figures as follows, in Burnley:

- The top reason for calls is illness and not falls or chest pain as across the region

- The number of calls from males, 15-19 years old, is considerably higher than the regional average (as denoted by the black marker along the respective age and sex bar)
- Deprivation index data indicates that 61% of the calls in Burnley come from locations in areas in the bottom 20% of deprivation, in contrast with an overall 32% of the population living in these areas.

In other areas of the trust, other actionable insights are being derived. For instance, Violence Prevention and Reduction reports have helped mapping trends to identify and implement interventions that aim to prevent offenders from re offending, and to provide support to the members of staff involved in such incidents. Interventions include reducing under-reporting of incidents, working alongside mental health, safeguarding teams and other partner agencies to assist in judicial outcomes, and/or trauma informed support to reduce re-offending. Finally, in relation to NWAS contribution to the evidence base on ambulance services working to support the reduction of health inequalities, NWAS staff collaborated in the publication of their work in academic journals, including an analysis to ascertain the prevalence and demographics of individuals who have died by suicide, and a retrospective analysis of care homes' ambulance call-outs for seizures in North West England. <https://pubmed.ncbi.nlm.nih.gov/32851820/>

Public Health

Aligned to the trust vision 'to provide the right care, at the right time, at the right place, every time', the Public Health team continues working towards our aim to 'work together to shape a better future', working with patients, communities and partners to improve access, outcomes and experience for everyone, and helping to ensure patients get appropriate preventive care, not just an ambulance response, at times of need.

The population health and social value objectives in the Sustainability Strategy 2023-2026 outline how we will work together to improving health now, and for future generations by tackling health inequalities and focus upon prevention, by supporting improvement of the wider determinants of health in our communities. The deterioration of the health of our population, especially in the most disadvantaged groups, was highlighted in the Lord Darzi 2024 review. This places an emphasis on all health and social care providers to urgently focus on prevention, to reduce the current unprecedented levels of demand; we are committed to playing our part in addressing this through the engagement and delivery of our public health initiatives.

This year we have focused upon developing four key enabling foundations to support the trust in becoming an effective system partner to improve health and wellbeing, and to reduce health inequalities in our communities. Our public health workstreams are aligned to our objectives in the Sustainability Strategy and informed by policy and guidelines for NHS organisations. In relation to health inequalities included in the NHS' Long Term Workforce Plan, is to 'reform' the NHS workforce and the NHS England statement on information on health inequalities, and the new government priority for the NHS, is to shift treatment to prevention. Utilising the output from our completion of the AACE Reducing Health Inequalities maturity matrix tool, the Public Health team has focused upon developing four enabling areas:

1. Building public health capacity and capability
2. Data, insight, evidence, and evaluation
3. Strategic leadership and accountability
4. System partnerships

Evidencing our commitment to this work, this year's annual plan and Priority 3 of the EDI Plan included deliverables to improve our ability to reduce health inequalities for our population including our patients, members of the public and our staff.

Building Public Health Capacity and Capability

Baselining our current organisational position, regarding our public health capacity and capability, will provide us with a foundation to develop informed plans. Aligned to the Sustainability Strategy Deliverable PH06, we are conducting an analysis from a trust-wide Population Health Staff Survey to inform and develop future training plans. The survey generated 393 responses, received from across NWAS, including clinical and non-clinical staff as well as volunteers. The analysis and evaluation of the results, as

well as informing the development of internal training plans, has the potential to inform the national position regarding public health capacity and capability in the ambulance sector.

Developing organisational and individual understanding of the opportunities each of us have to make a positive impact on health inequalities and how to act on them, is a key objective aligned to the NHS' Long Term Workforce Plan, with the intention to ensure our workforce has the right skills and knowledge to shift care towards prevention and early intervention. The Public Health team, in collaboration with the Strategy and Learning and Organisational Development teams, has produced two introductory modules to increase awareness and understanding of health inequalities and to 'make every contact count'. These modules will form part of the mandatory training cycle in 25/26. This work was supported by a small grant from NHS England North West's Workforce Training and Education department and aligned to the Sustainability Strategy deliverable PH01.

We have reviewed and scoped opportunities to expand the public health specialist capacity within the organisation (Sustainability Strategy objective PH05). Through our engagement with the North West Public Health Workforce Matters Regional Forum, we were able to identify Level 6 Public Health Practitioner (PHP) Integrated Degree apprenticeship opportunities, and funding available to support employers with salary backfill, in addition to support from the apprenticeship levy. Via a structured application process, colleagues from both our paramedic emergency service (PES) and our patient transport service (PTS) are undertaking the programme, affording them the opportunity to both develop themselves professionally as well as developing public health knowledge and skills to apply in their own roles, contributing to improving population health.

Data: Insight, Evidence and Evaluation

Understanding where we see variation in access, experience, and outcomes for different population groups across NWAS services is a fundamental requirement, in order for us to target and deliver interventions to improve population health (Sustainability Strategy PH04). Working in collaboration with the Business Intelligence team, work was undertaken to develop a population health dashboard to provide demographic profile and relative demand of the population we serve to provide insights on health inequalities. This consists of a series of reports on 999 calls and incidents attended, broken down by patient characteristics (age, sex, and ethnicity), and by population health data (location and deprivation index). This information will be visible to all the trust and will help develop our understanding of differences in access and outcomes by patient groups. This will also help us identify the demand from our most vulnerable groups. This work aligns with the requirements from NHS England statement on information on health inequalities.

In addition, work was conducted by public health registrars on placement within the trust to undertake a preliminary analysis of PTS journeys between April 2022 - May 2023. They looked at characteristics of service users, as well as the demand by geographical areas. The analysis at LSOA level confirmed previous understanding of demand being driven by areas with higher proportion of population over 65 years, but some areas showed discrepancies with usage assumptions. The next steps are to validate the findings

analysis and integrate them into a dashboard for PTS data which will then be incorporated into the public health dashboard.

We have also had conversations with research partners at the University of Liverpool to engage with their Masters of Public Health (MPH) and Masters in Data Science (MSc) programmes. This will look at collaborative opportunities to further analyse and evaluate our data surrounding public and population health. This work will continue and aligns to Sustainability Strategy Objective PH03 in developing relationships with research partners, to build the evidence base on the value of ambulance trust data and initiatives in prevention and tackling health inequalities.

Strategic Leadership and Accountability

The development of our public health workplan was undertaken following engagement with senior leaders, groups and committees, including the Public Health Oversight Group. It was based upon outputs of this consultation builds on our progress achieved in the previous three years, and outlines our intentions to ensure NWAS becomes an effective partner to improve health and wellbeing and to reduce health inequalities in our communities. Central to this are three core concepts:

1. Developing solid foundations in organisational understanding of public health to enable the successful embedding of public health approaches across our working practices.
2. Developing everyone's understanding of the opportunities each of us have to make a positive impact on health inequalities and how to act on them.
3. Developing our shared agreement of the top priority areas for prevention where we can make the most impact to population health across the North West.

We are confident that the public health workplan will directly inform and become part of the Strategy Development Programme to ensure a focus upon public health and health inequalities in all priorities across the trust, linking its objectives with our EDI objectives. within the strategy.

System Partnerships

We recognise our integral role in the wider health system and are striving to establish, develop and mature partnerships, particularly with ICS partners, to make best use of NWAS data and intelligence to inform system wide prevention initiatives (aligned to Sustainability Strategy PH03).

- **Blood pressure data sharing. Leveraging ambulance data to improve hypertension management and prevent cardiovascular disease.**

In England, hypertension is the number one risk factor for cardiovascular disease (CVD), mortality and morbidity. Poor CVD health can cause heart attacks, strokes, and other complications, with people living in the most deprived areas being more likely to suffer a stroke. Although estimates suggest that over one in three adults have hypertension, strikingly, over four in 10 adults with hypertension do not know they have this condition. Being aware of having hypertension is key to start lifestyle changes or treatment to keep this under control.

We continue to work with our GP partners to develop evidence to support a new data sharing pathway to share our data with them to help identify patients with undiagnosed or unmanaged hypertension. This year we completed a new pilot with a group of six GPs in Cheshire and Merseyside. This work is helping us demonstrate the potential for ambulance services to contribute meaningfully to preventative care, also helping to foster collaboration between NWAS, GPs, and other healthcare partners.

- **Workplace health checks**

In 2023, in collaboration with Liverpool Heart and Chest Hospital, the Public Health team and the Health and Wellbeing Team provided 45 cardiovascular disease health checks to staff as part of the Health and Wellbeing Festival in Liverpool. This year, thanks to engagement with partners across our Region, NWAS teams identified new opportunities to offer our staff health checks at the workplace, providing a total of 43 health checks at our base in Greater Manchester. This work is part of a national initiative from NHS England to support prevention of hypertension, heart disease, kidney disease, diabetes, and other diseases to our workforce. In addition, this year the Health and Wellbeing team worked with Liverpool Liver Unit to offer staff the opportunity to have a liver scan, with 40 scans provided.

- **Sickle Cell Awareness Campaign**

The Public Health team, working with the Race Equality Network, developed awareness materials to increase awareness within our population and workforce. This included information on the identification and prevalence of sickle cell, crisis and clinical management, health inequalities for sickle cell together with lived experiences

- **Non-Fatal Drug Overdoses April 2025**

The Public Health team has provided support and consultation to the trust's overdose pathway practitioner to progress and define a referral pathway for our clinicians. An analysis of service provision identified no gaps in local authorities with service providers involved in the pathway. The pathway will be piloted over the coming year with a phased and gradually rolled out planned across the region.

Research and Development

We are extremely proud of the research work undertaken by the trust. Within NWAS, we have a wealth of experience and staff with first class clinical skills, who can influence change and educate others within the ambulance sector and the wider health system.

We develop, host, and deliver research that has a focus on pre-hospital urgent and emergency healthcare, injuries, and other clinical specialities. We also explore non-clinical research opportunities involving the organisation and our workforce. From clinical trials, looking at drug administration routes in patients with out –of hospital cardiac arrest, to research studies exploring staff views on clinical decision making when attending older adults who have fallen - NWAS actively contributes to the improvement of the care and experience of patients nationally, as well as within our own region.

The Research and Development (R&D) team strengthened partnerships with the National Institute for Health and Care Research (NIHR), health and care providers, higher education institutions and other external stakeholders to cultivate research collaborations. We continued to secure income from the NIHR to support the growth of our research infrastructure

We continue to increase the number of opportunities for patients, staff and the public to take part in the NIHR Research Delivery Network (RDN) Portfolio research studies across our organisation. During 24/25, 1,067 participants took part in high quality, national research, the highest ever participant recruitment to NIHR RDN Portfolio studies in our history. This was an increase of 53% over the last five years since 20/21.

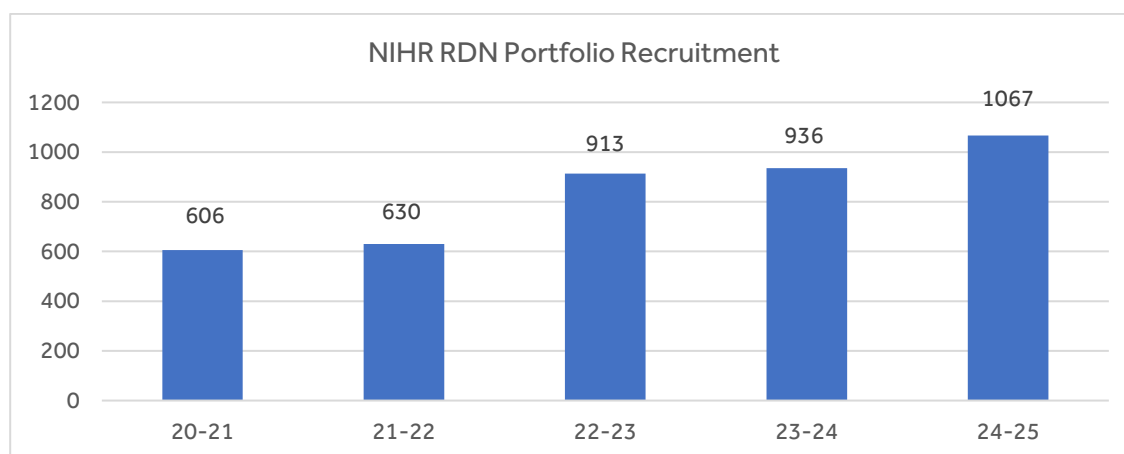


Figure: NIHR RDN Portfolio Recruitment

Research activity continues to grow across the organisation. We act flexibly and strategically to maintain research capacity and capability, ensuring that we continue to strengthen the culture of evidence-based practice and can continue to deliver safe, effective, and patient-centred care.

Task Force on Climate Related Financial Disclosures (TCFD)

The DHSC Group Accounting Manual (GAM) has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025-26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The phased approach incorporates the disclosure requirements of the governance, risk management and metrics and targets pillars for 2024-25. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and in other external publications.

Governance Pillar

The Sustainability Strategy 2023-2026 is one of four key underpinning strategies to achieve our vision and aims. Our Green Plan was developed in January 2022 and outlined how we plan to work towards Delivering a Net Zero NHS. A new three-year Green Plan is currently being developed in line with NHS England requirements, which will include mapped actions across all core themes specified within the Sustainability Report.

The Green Plan is overseen by the quarterly Sustainability Group and is chaired by the director of finance, who is the Board level sustainability lead and provides assurance that the trust:

1. Complies with relevant legislation and guidance trust wide.
2. Protects human health and the environment in relation to safe/proper environmental management.
3. Takes an integrated approach to deliver services that efficiently use resources, finance, and infrastructure.
4. Works to minimise the impact on the environment and embed sustainability into services, in line with the trust vision.
5. Maximise the ability to improve health and wellbeing through the services provided.
6. Enhances and develops relationships with staff, patients and wider stakeholders and embeds a sustainable culture across the organisation.

Assurance from the Sustainability Group is provided to the Trust Management Committee via an Escalation and Assurance report using the 3A format (Alert, Advise, Assure, including the key risks discussed/identified during the meeting).

The board of directors maintain oversight of climate related issues and the Green Plan through a bi-annual sustainability report presented to the Resources Committee and in turn, the chair of the Resources Committee submits written assurance of progress to the board of directors.

Risk Management Pillar

Emissions reduction and climate adaptation are mutually reinforcing essential aims to minimise the adverse effects on population health and health services. As an ambulance service, our resolve to adaptation is ever more essential, given the vulnerability of the population we serve. Despite rapid decarbonisation, global temperatures will continue to rise, and without adaptation, health impacts from heat, cold and flooding will worsen due to climate and sociodemographic changes.

The process for identifying, assessing and managing climate risk involves reviewing climate data, assessing local vulnerabilities, empowering the workforce, and allocating resources to reduce climate-related risks to health, healthcare infrastructure, and supply chains. Tackling this requires close collaboration across sectors – including industry, local authorities, the wider NHS, social care, and the communities we trust serve.

Our risk management process is live and dynamic, undertaken through regular risk assessments and evaluation processes. The Datix Cloud IQ (DCIQ) Enterprise Risk Management (ERM) system is used by the trust to record, manage and monitor risks throughout the organisation. The Annual Governance Statement provides details in relation to our risk management control framework and how risk is managed within our directorates of the Trust. As part of their remit, the Sustainability Group identify, assess and management climate related risks and review risks at each meeting.

Frameworks to support resilience in the health sector have been developed, and the plan for 25/26 is to build on this. We already make use of early warning systems as they play a crucial role in preparing us for the impacts of extreme weather, by providing timely alerts that allow for preventive measures. This also allows health impacts related to extreme weather events, monitoring health outcomes like syndromic trends during heatwaves, cold spells, or floods to be monitored.

Plan for Next Year

- Use clearer signposting of existing data and user-friendly training to help public health, contingency planning and sustainability teams make evidence-based decisions (to cross-reference rather than duplicate).
- Address aspects of climate change through new reports and guidance (such as the fourth Health and climate adaptation report)
- Prepare a specific climate risk register, considering climate-related risks to the whole trust and our operations.

Metrics and Target Pillar

Within NWAS, there is an emphasis on considering climate risks when making infrastructure decisions and designing new facilities, including enhancements like improved green spaces, drainage systems and passive cooling solutions. Climate change risk assessments identify the likelihood of current and future climate hazards and their potential impacts. This information helps improve understanding of required adaptation, and resilience-building measures as well as tracking impacts over time.

For 25/26 the Trust will start using the NHS England Climate Change Risk Assessment Tool (CCRA) to assess climate risks and provide a framework for adaptation that delivers consistent outputs for end-users to improve the adaptive capacity of our sites. This widely adopted tool provides a crucial step in building improved resilience to climate change and was developed through stakeholder engagement which enables the tool to be aligned with NHS needs and reflects current scientific knowledge for each climate hazard and impact.

The tool looks at organisational assets, such as buildings to assess the potential climate hazard against 6 categories (heatwaves, drought, cold weather, downpours and flooding, severe weather events and coastal flooding and erosion). Based on inputs, the tool will produce a current and future residual risk score (representing the remaining risk to our assets following the implementation of planned adaptations). The tool is to be used prior to recording a potential climate change risk on the Datix Cloud IQ (DCIQ) Enterprise Risk Management (ERM) system, as both qualitative and quantitative aspects of climate related issues are considered to determine which assets should be included in the sustainability reporting and disclosures 2025-26 onwards (based on their relevance and significance).

Annual Sustainability Report

Introduction

Following the 'Delivering a Net Zero NHS' report, all NHS trusts were asked to produce a strategy in the form of a Green Plan by January 2022, to outline how they plan to work towards Net Zero. Our latest Green Plan will be published by July 2025 and now includes mapped actions across all core themes, such as; workforce and system leadership, sustainable models of care, digital transformation, travel and transport, estates and facilities, medicines, supply chain and procurement, food and nutrition, and adaptation. The new Green Plan will cover a period of three years, 2025-2028.

24/25 has seen continued momentum for delivery of our net zero ambitions across NWAS, despite the ongoing pressures an ambulance trust faces. The Green Plan provides us with a framework to deliver sustainable emergency care and has complemented some of the innovations seen this year. Continued roll-out of initiatives such as electric vehicle charging infrastructure for rapid response vehicles and electrifying the estate for major capital projects, illustrates seized opportunities to scale-up decarbonisation initiatives, as well as build on those completed since a pause during the pandemic.

The following sections outline the progress we have already made in improving our carbon footprint and reducing the environmental impact of our services. It provides an overview of the NHS' modelling and analytics, underpinning the carbon footprint, progress to net zero and the interventions made to achieve that ambition.

Energy and Water

Gas and electricity supplies have stabilised over the last 12 months as on a national level supply has diversified; more renewable energy capacity has been installed, and gas storage is now at an improved level. However, gas unit prices are still high since a 50% wholesale price increase in 2022. Gas costs increased by 11.5%, taking spending from £434,922 in 23/24 to £488,340 for 24/25, although conversely, electricity fell by 12.7%, taking spending from £1,872,518 last year to £1,648,518 for 24/25. This can be attributed to reduced tariff costs and continued roll-out of energy efficiency schemes.

Water costs have increased 13.1% due to supply point charge increases, taking spending from £315,938 in 23/24 to £360,364 this year.

Aim

Reduce carbon emissions from energy use, in line with data informed budgets to be on track for net zero by 2040:

- Use less energy
- Replace fossil fuels with low and zero carbon energy sources
- Investigate options to offset, or inset our residual carbon emissions
- Minimise water use in our buildings and eliminate wasted water
- Increase water efficiency

Performance

- Carbon emissions from building energy use increased marginally by 195 tonnes in 24/25, but is 4,929 tCO₂e below the baseline year of 2013
- This 99.2% decrease is due to a reduction of fossil fuels, both directly (scope 1) and indirectly (scope 2 – decarbonisation of the grid)
- Overall gas use for space heating increased slightly due to colder snaps during winter and the last oil-fired boiler in the Trust was decommissioned and replaced with an air source heat pump
- Overall electricity demand has decreased by 9.9%, due to staff homeworking and the continued roll-out of energy efficiency schemes, such as LED lighting across the estate
- However, demand for electricity is likely to increase at most of our sites in the coming years, mostly attributable to further use of heat pump technology to degasify the estate

Utility	Carbon emissions (tonnes)	Consumption (kWh)	Gross Cost (£)
Gas	1,406	7,594,212	488,340
Electricity	1,096	4,614,888	1,648,518
Total	2,502	12,209,100	2,136,858

Table: Utility usage and costs 24/25

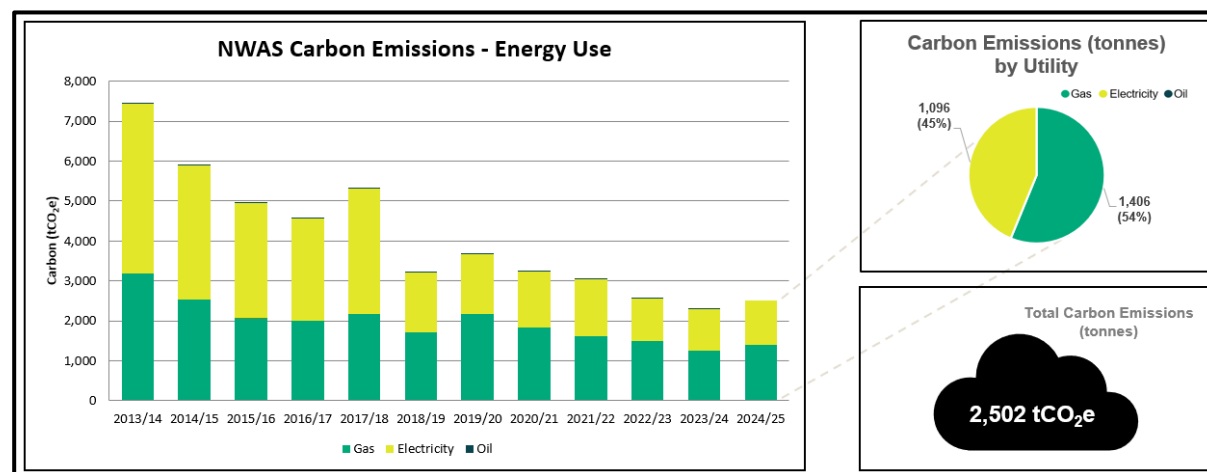


Figure: Carbon Emissions – Energy Use

The trust continues to move in the right direction in line with the annual reduction pathway towards net zero by 2040.

Utility	Consumption (m ³)	Gross Cost (£)
Water	35,791	360,634

Table: Annual reduction pathway towards net zero

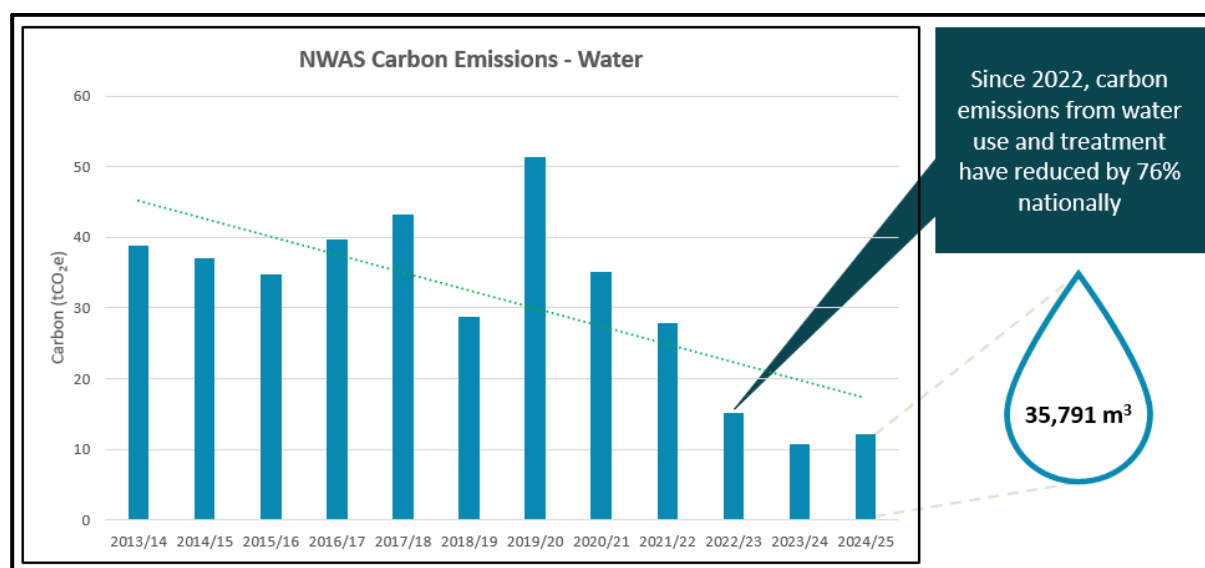


Figure: NWAS Carbon Emissions - Water

- Carbon emissions from water use and treatment have increased by 8.6% in 24/25 compared to the previous year. This is due to a small increase in consumption, but the trend is still heading in the right direction thanks to revised carbon conversion factors (published nationally) and applied to actual consumption data for our sites.
- Although mains water consumption can vary year –on year, the general direction is making progress to net zero. In 2013, the trust consumed 42,677m³ of water, whereas for 24/25 total consumption was 35,791m³.

We are going into 25/26 more informed than ever before, following several completed feasibility studies and on-going works. These include:

- Deep dive energy surveying by the sustainability team at eight of our sites, identifying projects which could bring about carbon savings of over 400 tonnes per annum.
- Feasibility studies around fuel cell CHP, heat batteries and VRV/VRF systems and their wider use.
- Building fabric assessments using our in-house developed heat loss calculator.
- New electricity connection upgrades for seven of our sites to enable electrification of the buildings (and vehicles), with a further three in planning and rest of our sites at feasibility stage.
- Finalising works to enable Glossop and Winsford ambulance stations to become the official first net-zero ambulance stations within NWAS.

Work with other blue light services, city and regional partners has increased, particularly around progressing a feasibility study for a heat network at co-located sites in Greater Manchester, (this work also extends to EV charging mentioned in later sections). This has culminated in a more strategic estates decarbonisation group, which will play a key role in steering the transformational change required to deliver these ambitious carbon reduction objectives.

Given the energy market, we are in a reasonable position with prices protected for the forthcoming financial year to remain on a 100% zero carbon energy tariff. This was only achieved through a combination of reducing payment terms, further digitising billing, and eliminating unnecessary standing charges.

Plans for Next Year

- Prioritise decarbonisation projects based on the learning from the feasibility studies outlined above
- Agree an LED rollout programme which builds on existing works to achieve 95% or more coverage by end of 2026
- Improve energy optimisation through Building Management System (BMS) projects and management practices
- Deliver projects for solar and battery storage for 11 sites using funds secured from the Department of Energy Security and Net Zero and NHS England.
- Continue to develop and feed-in decarbonisation investment opportunities for the estates capital programme
- Further infrastructure and decarbonisation feasibility studies including connection upgrades, solar PV feasibility assessments and alternative heat technologies
- Investigate the potential for innovative zero carbon procurement options such as power purchase agreements (PPAs)
- Continue to explore options for modular buildings to assist in the estate reaching net zero.
- Improve engagement on decarbonising the estate both within the Estates directorate and trust wide

Despite the demands from our buildings and estate, the plan for the forthcoming year is to drive energy reductions and use resources as efficiently as possible.

Waste

Aim

- Generate less waste; reuse and recycle more, and ensure unavoidable waste is disposed of in the most sustainable way
- Reduce the amount of waste we create by working and purchasing in more resource efficient ways
- Increase the number of items we reuse with a focus on reducing single use plastics.
- Repair or reuse more items that can be repaired or reused
- Increase the amount of waste that we reuse or recycle to 50% of consignment waste by volume, which NWAS were on the way to achieving pre-pandemic.
- Maintain zero waste to landfill

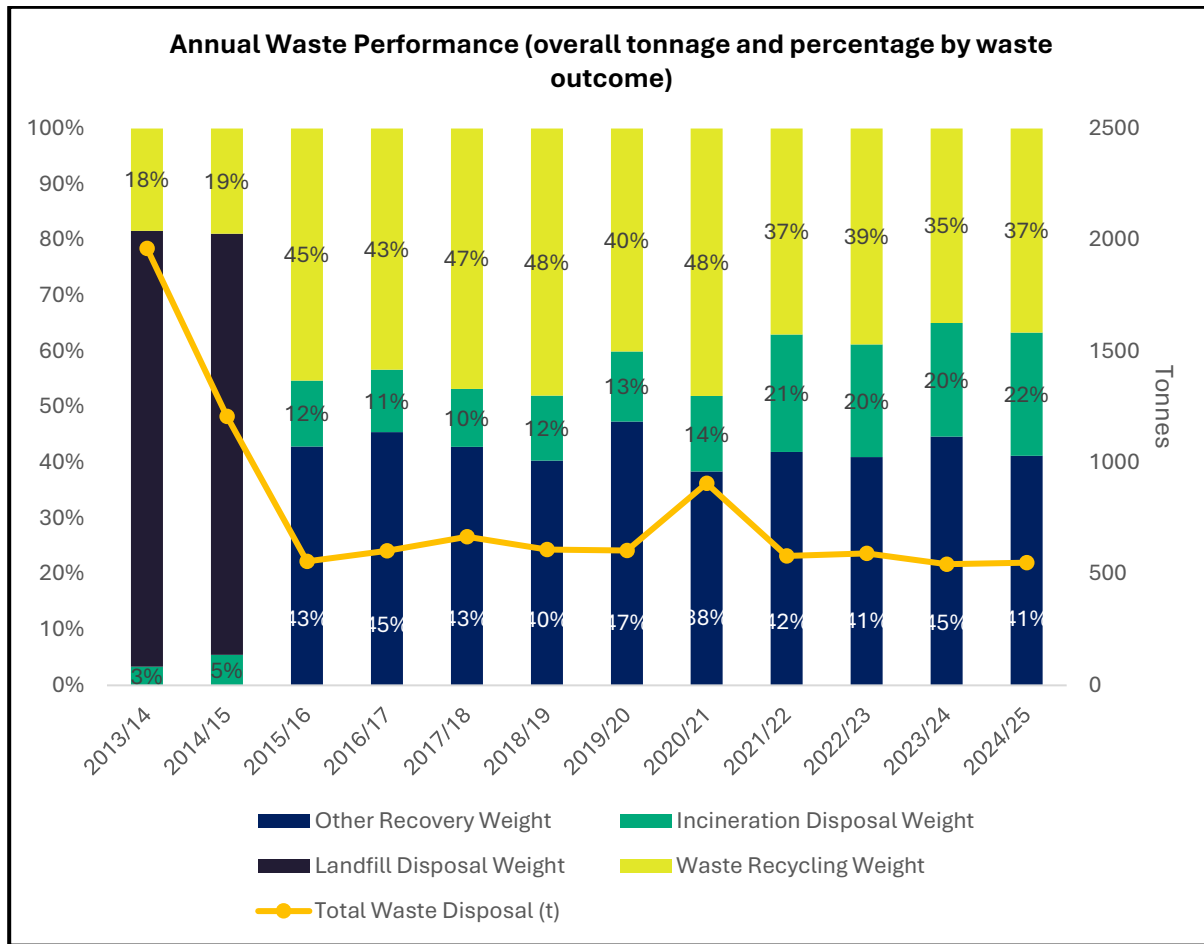


Figure: Annual Waste Performance (overall tonnage and percentage by waste outcome)

Performance

Clinical Waste:

As we continue to respond to the pandemic, clinical waste volumes increased in line with the demands involved with higher patient activity. Since then, we have actively been winding-back additional collections and reclassifying clinical wastes to reduce tonnages to pre-covid levels. Further work is planned for 25/26, which will see large portions of waste destined for high temperature incineration, disposed of through alternative treatment and offensive waste streams, meaning the carbon footprint (and associated costs) will be reduced as we strive towards NHS England's 20:20:60 split for clinical waste target. NHS England encourages a split of 60% offensive waste, 20% waste sent for high temperature incineration (HTI), and 20% of waste sent for alternative treatment (AT). If successful, this would reduce our high temperature incinerated waste to <10% of current tonnage. We are also part of a working group exploring options to dispose of clinical waste at hospital sites as part of a pilot with NHS England. This would represent a huge efficiency saving to ambulance trusts and go way beyond the 20:20:60 target.

General and Workshop Waste:

General waste volumes have remained consistent for the last few years (except for 20/21) and as a result there have been no significant changes in waste composition or total waste volumes. We continue to ensure that all recyclable material, such as paper, cardboard, plastics, metals and glass are segregated at the point of generation, and that all provisions are in place for hazardous wastes such as used engine oils, other engine fluids and batteries for safe disposal.

Plans for the Next Year

- Examine the disposal routes for all materials across the trust and look to move waste up the waste hierarchy
- Work with colleagues in Procurement and the NHS Supply Chain for a deeper investigation into data related to key product categories of single use plastic – aimed at reducing consumption
- Collaborating with ICBs to look at waste management and proposals for a regional approach to reuse and recycling
- Staff training and understanding will be improved by embedding the healthcare waste management guide into local inductions, and developing additional waste training (such as toolbox talks, IPC linked ESR training and guidance documents)
- To develop a metric for measuring and reporting of reuse

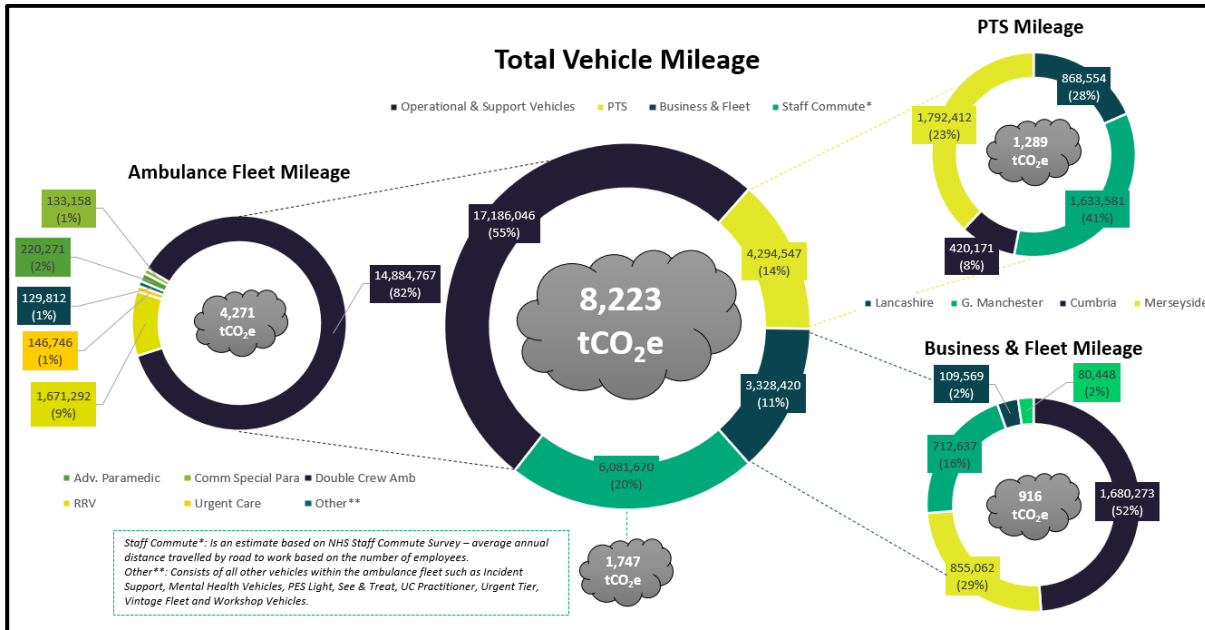
Fleet, Travel and Logistics

The trust produces significant carbon emissions from fleet, staff travel, and the logistics associated with our activities and service provision. To deliver high quality care, we make use of a large and varied fleet of vehicles, and the analysis accounts for all vehicles used for NHS duties that are directly owned and leased by the trust with emissions totalling approximately 8,223 tCO₂e for 24/25.

We aim to ensure all vehicles purchased or leased are low and ultra-low emission (ULEV), in line with existing NHS operating planning and contracting guidance, and that they meet the NHS Long Term Plan commitment for 90% of the NHS fleet to use low, ultra-low and zero emission vehicles by 2028. Ambulances pose a specific challenge and require targeted interventions, but for the rest of the fleet, we continue to explore options for a complete transition to zero emission vehicles by 2032.

Aim

- To embed active, clean and low carbon travel to improve air quality and reduce carbon emissions from journeys
- Reduce air pollution and carbon emissions from our owned and commissioned transport operations
- Use our influence to help fast-track the decarbonisation of transport in our supply chain
- Increase the proportion of people commuting to our sites using active and sustainable travel methods



Performance

- This year we have seen a 3.3% increase in vehicle miles, and subsequent increase in emissions of 115 tonnes stemming from increased mileage from PES vehicles
- Despite the increase in vehicle miles, there has been a 13.1% reduction in emissions compared to the baseline year of 2013. A significant proportion of this decrease is linked to a reduction in business travel since the pandemic, efficiency improvements in diesel vehicles and the aforementioned roll out of electric service vehicles
- There has also been a significant increase in the number of staff using electric vehicles and hybrids due to emission limitations imposed for business fleet vehicles
- There has been active links with transport authorities to enable more incentivised travel for staff in more urbanised areas. This also links to the planned review of all trust sites to ensure they are accessible by public transport and that active travel facilities are provided on all trust sites, such as secure cycle parking, showers and lockers
- Our Car Lease Policy has also undergone review to promote the use of low carbon and zero emission vehicles to essential users within the trust

Carbon Footprint

The information provided in the previous versions of this annual report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information estimates the impact of our supply chain from our spend.

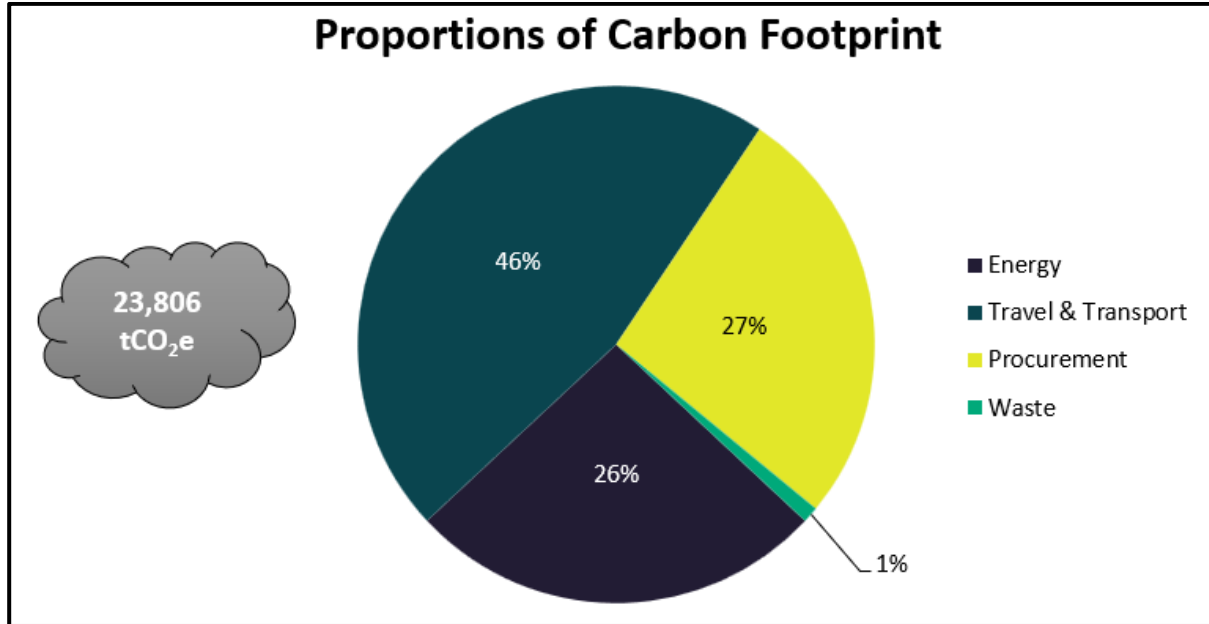


Figure: Proportions of Carbon Footprint

Resulting in an estimated total carbon footprint of 23,806 tonnes of carbon dioxide equivalent emissions (tCO₂e).

The Accountability Report

Our Accountability Report has been prepared to meet key accountability requirements to parliament and is based on matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2013 No 1981, The Large and Medium-sized Companies and Groups (Accounts and Reports) (Amendment) Regulations 2013.

Salman Desai KAM
Chief Executive

Date: 18 June 2025

Corporate Governance Report

Directors' Report

Board Membership

In accordance with the Membership and Procedure Regulations 1990 (as amended) Trust's Standing Orders, the NWAS Board of Directors comprised of a non-executive chair, five non-executive directors, seven executive directors; five voting and two non-voting. The board of directors is a unitary board and has a wide range of skills and experience. Non-executives have wide-ranging expertise and experience including backgrounds in finance, internal audit, primary care, education, health and social care and HR.

Non-executive Directors

Peter White, Chair

Peter joined the trust as a non-executive director in 2014 and acted as vice chair, with specific responsibility for performance and quality, as well as leading on behalf of the board on EPRR (Emergency Preparedness, Resilience and Response). Peter also served as a non-executive director in a national housing association and chaired their neighbourhood services committee. He is also deputy chair of a community interest company who deliver adult social care in Oldham. Peter has used his experience to support the organisation in developing its governance and performance management processes. Prior to these roles, Peter enjoyed a varied career, policing all areas of Lancashire from 1983 until his retirement in 2013.

Peter has been a public servant for over 40 years and has a strong service ethos, whether as a senior police officer or a non-executive director he is motivated by supporting organisations to provide the best possible services to the public.

Catherine Butterworth, Non-Executive Director

Cathy was appointed non-executive director on 1 April 2022 and is the trust's Wellbeing Guardian. She also holds a non-executive director position for three health and social care companies in Oldham and is currently operating as interim chair of MioCare Board. Cathy has held numerous HR roles for both Greater Manchester Police and the British Transport Police, and was assistant director of people for Oldham Council from 2012-2018. A HR consultant for various NHS organisations, Cathy has delivered workforce strategy and planning aspects of HR and has contributed to transformational change across organisations and their partners, including the integration of health and social care at regional and borough levels.

Alison Chambers, Non-Executive Director

Alison was appointed non-executive director on 1 August 2019 and is the senior independent director and vice chair. She also holds the position of non-executive director and senior independent director at Pennine Care NHS Foundation Trust. Alison is also a trustee with Pendle Education Trust, with lead responsibilities for special education needs. She has a significant and successful track record of strategic partnership development, large scale organisational change management, strategy development, implementation, and delivery. Alison qualified as a chartered physiotherapist in 1985 and worked in clinical practice for 10 years before moving into higher education. Her academic roles include pro vice chancellor at Manchester Metropolitan University and Professor of Healthcare Education.

Aneez Esmail, Non-Executive Director

Aneez joined the trust on 1 April 2021 as non-executive director and is currently chair of the Quality and Performance Committee. Esmail is Emeritus Professor of General Practice at the University of Manchester. He has experience as a researcher, teacher, and clinician. His research interests are focused on patient safety, burnout in healthcare professionals, inequalities in health, the organisation and delivery of health services and public health. He has published over 100 academic papers in these areas. He worked as the medical advisor to the appeal court judge who chaired the Shipman Inquiry between 2001-2005, and played a key role in developing the recommendations that resulted in significant changes on the reform of the General Medical Council, death certification and investigation, controlled drugs regulation and the regulation and revalidation of doctors.

He was commended by the Health Service Journal, as one of the top 100 clinical leaders in the NHS in 2014 and received the Lifetime Award for Achievement in General Practice in 2017 from the publishers of Pulse Magazine. He also received a Medal of Honour from the University of Manchester in 2023 for his contributions to public health, his challenges to racism in the medical profession and his significant contributions to the senior leadership of the university.

David Hanley, Non-Executive Director

David was appointed non-executive director on 28 May 2019 and is chair of the Resources Committee. He has worked at a senior level in health and social care for 30 years. During this time, he oversaw significant service development and change, as well as managing large staff groups, annual budgets in excess of £50 million, and challenging service environments. Leading on partnership working, particularly with health services. David studied for a PhD in his spare time and left his management role to pursue an academic career, firstly at Bolton University, and then at UCLan, however retired from the University in 2023.

David Whatley, Non-Executive Director

David joined as associate non-executive director (audit chair designate) on 1 April 2023 and was appointed non-executive director and audit chair on 25 March 2024. His accountancy career began as an auditor at Pendle Borough Council and he has held senior roles in GIAA, including group chief internal auditor for a range of departments and head of internal audit for several arms length bodies. GIAA was set up as an executive agency of HM Treasury in 2015 to improve the quality of internal audit provided to central government, delivering internal audit services to a number of departments and associated bodies.

David is a member of the Chartered Institute of Public Finance and Accountancy and achieved the Diploma Management Studies and is accredited as a local counter fraud specialist (LCFS). Previous roles have included being head of audit at the Health and Safety Executive (HSE) and a director at RSM Bentley Jennison.

Executive Directors

Daren Mochrie, Chief Executive QAM (left 30 November 2024)

Daren joined NWAS as Chief Executive in April 2019 and is also chair of the Association of Ambulance Chief Executives; a membership body for all UK ambulance services and Crown Overseas Territories. He has over 35 years' experience in the NHS, with 32 years in the ambulance sector and is a registered paramedic. Daren holds a Master's degree in Business Administration from Napier University, a Diploma in Immediate Medical Care from the Royal College of Surgeons, and an Honorary Doctorate in Health Care.

Daren has been an inspection chair and specialist advisor with the Care Quality Commission, and trustee of an air ambulance charity. He has also worked in a number of UK ambulance services at executive director/ CEO level. He has led transformational change in several ambulance services and improved their CQC ratings and continues to champion nationally the voice of the ambulance sector. Daren was Chair of AACE from August 2020 until August 2024 and during this time, led the sector through the COVID- 19 pandemic, the most challenging winter in the NHS in 2022 and industrial action. In 2013, he was awarded the Queens Ambulance Medal for distinguished service.

Salman Desai, Chief Executive KAM (from 1 January 2025)

Acting Chief Executive (July 2024 to 30 December 2024)

Deputy Chief Executive/Director of Strategy, Partnerships and Integration (to 30 June 2024)

Salman was appointed chief executive on 1 January 2025 following a period as the trust's acting chief executive. Salman has over 25 years of service in the NHS, initially training as a paramedic, a registration he still holds today, before moving into other roles. He has worked across various sectors covering the ambulance service, acute sector, and wider public sector where his work focused on preventing death from drug use among marginalised communities in Greater Manchester. More recently, he has been the chief operating officer and leading on strategic planning, transformation of trust resilience following the pandemic and developing a partnership and integration function that will help with influencing and working more effectively across the multiple systems and places we serve. He joined the board of directors in 2015 as associate director of strategy and planning.

Dan Ainsworth, Executive Director of Operations (from 1 July 2024)

Dan is Director of Operations at North West Ambulance Service. He has 16 years of NHS service with the past 11 being with NWAS. He has an educational background in law and holds a Law Degree (LLB) from the University of Sheffield. He has worked within a number of roles within the NHS and NWAS. Prior to joining the NHS, he worked with the pharmaceutical and publishing sectors. He initially commenced his NHS career as a health advisor for NHS Direct. He worked at all management levels within the NHS 111 service, then moved into the role of strategic head of EOCs for NWAS. More recently, Dan held the post of

integrated contact centre director. He has significant experience working at the national level, representing the ambulance sector, chairing the National Heads of EOC Group for three years and this year has been nominated as deputy chair of the National Director of Operations Group. He has represented the sector in a range of national service change and transformation programmes. Dan's focus is delivering high quality performance and patient care, empowering and developing leaders and enhancing the culture within the ambulance service.

Dr Chris Grant, Executive Medical Director

Chris is the Executive Medical Director at North West Ambulance Service NHS Trust. He has board responsibility for all the clinical elements of NWAS services and provides professional leadership for the healthcare professionals in the service. He acts as the Caldicott guardian, controlled drugs accountable officer, research and development lead, public health and health inequalities lead and is also responsible for the air ambulance. He completed his undergraduate training at Kings College London, before continuing his post graduate training in hospitals across the North West and subsequently in both Australian and the United States.

Dr Elaine Strachan-Hall, Interim Executive Director of Quality (commenced 17 March 2025)

Elaine is an experienced clinical leader with over 45 years of healthcare experience, 20 years of which have been at board or director level, invariably holding the governance and quality portfolio in addition to professional leadership. Since COVID, Elaine has worked in a consultancy capacity assisting NHS trusts with large scale improvement programmes and individual 'test of change' projects. As a registered nurse who has recently completed her doctorate in nursing, she has a special interest in digital innovation and strategic nursing leadership. Elaine has stepped in to support NWAS in the role of interim executive director of quality, with responsibility for patient safety, innovation, and improvement.

Maxine Power, Executive Director of Quality, Innovation, and Improvement (left 31 March 2025)

Maxine is an NHS executive and improvement leader with over 30 years' experience leading improvement. Initially trained as a clinician, Maxine has had an eclectic career working across clinical practice and academia in a variety of settings. Maxine has over 20 peer reviewed publications in improvement focussing on large scale change, measurement, evaluation, and patient safety. Maxine is the Executive Director of Quality, Innovation, and Improvement at the North West Ambulance service, with responsibility for patient safety, innovation, improvement, and digital systems. Her work involves leadership across four integrated care boards in the North West and she presents nationally and internationally on systems leadership for quality, safety, improvement and digital.

Lisa Ward KAM, Executive Director of People

Lisa has held the role of Director of People since July 2018, initially in an interim position until taking up the role permanently in 2020. Prior to this Lisa had extensive experience in senior human resources leadership roles in NWAS and its predecessor organisation Greater Manchester Ambulance Service. Prior to joining the ambulance service, Lisa spent 10 years in human resources management roles in the Midlands and North West working for the rail industry, having joined as a graduate management trainee following graduation with a degree in history from the University of East Anglia.

Lisa is a Chartered Member of the Chartered Institute of Personnel and Development (CIPD) and has undertaken a range of continuing professional development, including management, coaching and psychometric testing qualifications during her career.

Lisa was recognised in the 2024 King's New Year Honours and awarded the prestigious King's Ambulance Medal.

Angela Wetton, Executive Director of Corporate Affairs

Angela joined the trust as Director of Corporate Affairs, a non-voting board role, in September 2016. She has over 15 years board and sub-board level experience in corporate affairs, governance, and risk across public and private sectors. She graduated from the Nye Bevan Leading Healthcare Programme in April 2016 with an Executive Leadership in Healthcare award and prior to NWAS, had worked at Warrington and Halton Hospitals NHS FT, Calderstones Partnership FT, Lancashire Care FT, and Wirral University Teaching Hospitals FT.

Carolyn Wood, Executive Director of Finance

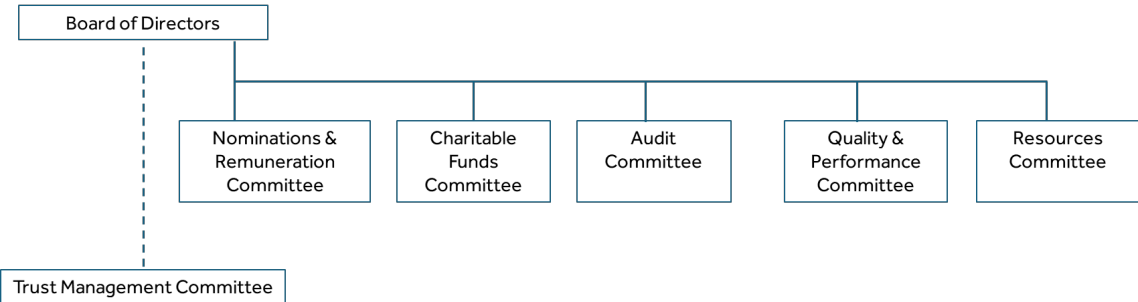
Carolyn is a Chartered Public Finance accountant and joined the trust as the executive director of finance in April 2019, having previously held the post of director of finance at Oldham Care Organisation, part of the Northern Care Alliance. She brings with her nearly 30 years of experience in NHS finance, having worked for a range of NHS organisations across the North West including Salford Royal, Royal Bolton Hospital, Cumbria PCT, North West Strategic Health Authority, NHS England (Lancashire), and Wrightington, Wigan and Leigh NHS Foundation Trust.

Attendance of Board of Directors Meetings and Committees during 24/25:

Board Member	Term of Appointment	Board of Directors	Audit Committee	Nominations & Remuneration Committee	Charitable Funds Committee	Quality & Performance Committee	Resources Committee
		Attendance (actual/max)					
		Non-Executive Directors					
Peter White (Chair)	1/2/19 – 1/2/23 1/2/23 – 31/1/25 1/2/25 – 31/7/25	8/8		7/7			
David Hanley	28/5/19 – 27/5/21 28/5/21 – 27/5/23 28/5/23 – 27/5/25	7/8		5/7	2/4	5/6	5/5
Alison Chambers	1/8/19 – 31/7/21 1/8/21 – 31/7/23 1/8/23 – 1/8/25	7/8	5/6	5/7		5/6	
Aneez Esmail	1/4/2021 – 31/3/23 1/4/23 – 31/3/26	6/8	5/6	5/7		6/6	
Catherine Butterworth	1/4/22 – 31/3/24 1/4/24 – 31/3/26	7/8	6/6	4/7	4/4		4/5
David Whatley	24/3/24 – 24/3/26	8/8	6/6	7/7	4/4		5/5
		Executive Directors					
Daren Mochrie	Left 30/11/24	4/6					
Chris Grant		6/8				5/6	
Salman Desai		8/8			3/3	2/2	3/3
Dan Ainsworth	Commenced 1/7/24	4/5			2/3	4/4	4/4
Angela Wetton		6/8			3/4	6/6	
Maxine Power	Left 31/3/25	8/8				5/6	
Lisa Ward		8/8			2/4		4/5
Carolyn Wood		8/8			4/4		5/5
Elaine Strachan-Hall	Commenced 17/3/25	1/1					

Committees

A number of assurance committees reported to the board of directors during 1 April 2024 and 31 March 2025, these committees were as follows:



Following a review of the governance structure during Q4 of 23/24, a new governance framework was established from 1 April 2024. The Annual Governance Statement (AGS) describes the aims of the review.

Each committee has formal terms of reference which are approved by the board of directors and sets out the powers and functions of the committees. These terms of reference are subject to annual review by the relevant committee with outcomes subsequently reported to the board of directors for approval. This annual review process incorporates a review of committee effectiveness against five themes and identifies areas of development to further strengthen their remit. The five themes committees are assessed against are:

- Committee focus
- Committee engagement
- Teamworking
- Effectiveness
- Leadership

Following the annual review, the committee chairs for the Quality and Performance Committee and Resources Committee submit an annual report to the board of directors providing information on how the committee met its key functions during the year and key areas of focus for the following year. The terms of reference for all committees are reviewed on an annual basis and approved by the board.

Audit Committee

The terms of reference for the Audit Committee are based on the model terms of reference incorporated in the HFMA Audit Committee Handbook.

During Q1 24/25, the committee carried out a review of its effectiveness against the two checklists provided within the HFMA Audit Committee handbook to 1) testing the committee processes and 2) to test its effectiveness against a number of themes; focus, team working, effectiveness, engagement and leadership. Whilst the outcome was positive, there were a small number of areas that required review with executive leads in relation to checklist two and was addressed through an action plan developed by the chair of the committee and presented to the committee on 18 October 2024. Members of the Audit Committee held private meetings with internal and external auditors during the year.

Members of the Audit Committee during 24/25 were David Whatley (Chair), Alison Chambers, Aneez Esmail, and Catherine Butterworth. The chair of the committee has the relevant financial experience. The chair of the Audit Committee, David Whatley presented the Annual Report of the Audit Committee to the NWAS Board of Directors on 30 April 2025 which provided a summary of the activities undertaken by the committee and how the terms of reference and key priorities were met during 24/25. The Audit Committee terms of reference for 25/26 were updated in accordance with the HFMA Audit Committee Handbook and approved by the board on 30 April 2025.

In April 2025, the Audit Committee received an update relating to the trust's compliance against the NHS Provider Code of Governance during 24/25. The NHS Code is based on the UK Code of Governance to reflect latest and best practice application of good corporate governance and provides a tried and tested framework for the leadership and direction of board led organisations in the UK. A summary of the trust's corporate governance arrangements against the NHS Code was provided to the committee for assurance and the trust was able to declare compliance with all relevant provisions.

The Audit Committee is charged with oversight of the trust's compliance with the NHS Provider Licence. The committee received the annual declaration of compliance with the conditions of our NHS Provider Licence during 24/25 at its meeting in April 2025.

A key aspect of the Audit Committee is to consider significant issues in relation to financial statements. As part of the preparation for the audit of financial statements, Forvis Mazars undertook a risk assessment and identified the significant risks as management override of controls, risk of fraud in expenditure recognition - all of which are required under the auditing standards. In addition, significant risks related to valuation of property, plant and equipment were considered, the Audit Committee did not raise any specific issues in relation to these areas.

External Auditors

Following recommendation from the Audit Panel, the Board of Directors approved the contract award from 1 April 2024 for a period of two years with the option to extend for two further 12 month periods to Forvis Mazars LLP.

The audit fee for the 24/25 financial statements is £100,000. Forvis Mazars LLP have not provided the trust with any non-audit services during the reporting period.

The outcome of a formal assessment into the effectiveness of external audit was received by the Audit Committee in January 2023 and indicated a high level of satisfaction in the work undertaken by the external auditors. Formal assessments have been scheduled to be undertaken every three years.

During 24/25, the Financial Reporting Council (FRC) carried out an Audit Quality Review Inspection on the external auditors work on the Trust's 23/24 financial statements and value for money arrangements. FRC found no significant improvements were required.

Internal Audit

Internal audit and anti-fraud services are provided by Mersey Internal Audit Agency (MIAA).

Independence of Directors

All directors have a responsibility to declare relevant interests as defined within the Board Standing Orders and Standards of Business Conduct. The trust maintains a Register of Interest for the NWAS Board of Directors and is subject to bi-monthly review by the board. Where details of company directorships have been declared and where those companies are likely to do business or are seeking to do business with the NHS, board members declare their interest and withdraw from any decision making process. During 24/25, there were no identified breaches in respect of any declarations made by the board of directors.

All non-executive directors are considered to be independent and provide independent scrutiny and challenge to the board.

The board of directors register of interest is available to view [here](#).

Statement of Disclosure to Auditors and Directors' Responsibilities

It is the responsibility of directors to prepare the annual report and accounts. They consider the annual report and accounts, taken as a whole, is fair, balanced, and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.

As far as the executive directors are aware, there is no information relevant to the auditors for the purposes of their audit report. The executive directors have taken all of the steps they

ought to have taken to ensure they are aware of any relevant audit information and to establish that the auditors are aware of that information.

Fit and Proper Persons Requirements: Directors and Non-executive Directors

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 set out in the Fit and Proper Persons Test framework.

The trust has fully implemented the requirements of the Fit and Proper Persons test framework, including social media checks, DBS checks, annual attestation, inclusion of board level competences in appraisal, appropriate pre-employment checks and board references. In line with the requirements of the framework, the chair signed the completion of a Fit and Proper Person assessment for all individual board members to the relevant NHSE regional director. This included confirmation of a satisfactory appraisal from the preceding 12 months for all board members.

In May 2024, the board of directors received the chair's annual declaration confirming that all existing executive and non-executive directors met the requirements of Fit and Proper Persons Test which was informed by the application of the board approved procedure on fit and proper persons requirements.

An 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 independent internal audit of fit and proper persons procedures and records was undertaken in June 2024. This provided high assurance and included no recommendations

Well-Led

Following a procurement exercise, Deloitte LLP carried out an externally facilitated developmental review of leadership and governance in 19/20. Whilst there were no areas of major concern, 19 recommendations were provided to further enhance governance and leadership arrangements within the trust. An update was provided to the board of directors in December 2020, with full completion of actions in 22/23. Deloitte LLP had no connection with the trust nor any individual directors.

During Q4 24/25, a procurement exercise commenced to carry out an externally facilitated review of governance and leadership to commence Q1 25/26.

Information Governance

Information Governance work programme throughout 24/25 has been reported to the Information and Cyber Group, (ICG), chaired by the senior information risk officer (SIRO). The ICG reports to the trust management committee through an assurance report. ICG effectiveness is monitored via the annual governance process.

The work programme aligns to the assertions set out in the Data Security and Protection Clinical Toolkit (DSPT). A focus on the work programme in year has been the management of information assets, including developing the information asset register, identifying and training information asset owners (IAOs) and information asset administrators (IAAs), cyber security, and data quality.

We have a well-established team with the trusts Data Protection Officer (DPO) provided by a third party, and the trust cyber security lead well integrated with the team.

Key areas of delivery and assurance are outlined as follows:

- **Board Assurance:** The Board Assurance Framework (BAF) included a strategic risk pertaining to cyber security, which provided the opportunity for escalation of risk and assurances to the board of directors on a quarterly basis.
- **Policies and Procedures:** There is a continuous review of policies managed and overseen by the ICG, with this year seeing a refresh to the Clinical Information Records Policy and CCTV Policy and the introduction of the Clinical Imagery Policy.
- **Data Security Protection Toolkit (DSPT) 2024:** The submission of the DSPT for 23/24 was on 27 June 2024. The trust submitted a score of 111 of 113 mandatory evidence. Two assertions were not met for which an improvement plan was submitted for these assertions. This gave the status of the final submission 'standards not met'. The improvement plan was reviewed by NHS England and the status was changed to 'approaching standards'. Mersey Internal Audit Agency gave the trust substantial assurance.
- **DSPT 2025:** The DSPT was updated to reflect health care amended cyber assurance framework (CAF), it is still to be known as the DSPT. The updated DSPT provides a systematic and comprehensive approach to assessing the extent to which cyber and information governance risks to essential functions are being managed. The final submission deadline is 30 June 2025, the trust submitted an interim position on 31 December 2024. The interim submission showed of the 47 outcomes, 14 did not meet the required standard. An improvement plan is in place to close the gap but it is expected that not all standards will be met in 24/25.

- **Data Breaches:** During 24/25 financial year, 157 breaches relating to information governance were reported. Each information breach is risk scored against the trust's risk matrix and investigated thoroughly. Level 4-5 breaches (most serious) are reviewed by the Information Governance team to determine whether they meet the criteria for referral to the Information Commissioners Office. Five incidents were reported, after meeting the criteria for notification to the ICO, with no action taken against the trust on two of the breaches and we are awaiting the outcome for the other three breaches. Learning from information incidents and breaches is discussed at Information Governance team level and escalated to the Information and Cyber Group. Action plans are developed for management of local issues and sharing of learning.
- **DPO Complaints:** The data protection officer (DPO) received a total of eight complaints (due to staff absence and the required deadline such figures do not include Q4). All complaints have been escalated, reviewed and closed.
- **Data Protection Impact Assessments (DPIAs):** Strong processes are in place to enable delivery of Data Protection Impact Assessments (DPIAs). Five full DPIAs have been completed for new and existing assets.
 - Trust ID
 - Induction and onboarding automation
 - TP health
 - Troponin Project
 - DCIQ Phase 2
 - Aspirer
- **Data Sharing Agreements (DSAs):** 11 information sharing agreements have been completed:
 - Medical Examiners System Access Agreement
 - Lancashire Resilience Forum Preparing for Emergencies update
 - NWAS/Wirral University Health Trust (WUTH) review patients conveyed to WUTH who are discharged without treatment
 - Tameside Adults Safeguarding Partnership Board and Tameside Safeguarding Children Partnership between Partner Agencies → Tameside Safeguarding Children Partnership, NHS Greater Manchester and Greater Manchester Police
 - MFT NHS FT Troponin project
 - Stockport NHS FT Serum Troponin project
 - Haydock and Newton PCN hypertension management
 - NWAS/Office for Health Improvement and Disparities – opiate o/d data sharing
 - Tameside and Glossop Integrated Care NHS FT – cardiac care improvement

- North West Air Ambulance re PaNDA (Paediatric and Neonatal Database of Airway Management)
- North West main review of HEMS Base
- **Subject Access Requests (SARs):** Our Individual Rights team has received subject access requests (SARs), access to health requests, and numerous redirections of requests across the trust. A total of 3,147 requests (including SARs, access to health requests, and redirections) came into the trust between April 2024 and March 2025
- **SIRO Key Performance Indicators:** All key performance indicators (KPI) for freedom of information requests, subject access requests, data protection requests and externally reportable data breaches (within 72-hour timeframe) were met.

KPI	Target	Q1	Q2	Q3	Q4	Overall
Freedom of information requests (FOI)	To respond to 90% of requests within 20 working days.	99.16%	100%	100%	100%	99.79%
Subject access requests (SARs)	To respond to 85% of requests without undue delay and at the latest, within one month.	99.59%	100%	99.62%	99.60%	99.67%
Data protection Requests	To respond to 85% of requests within 40 working days	100%	100%	100%	100%	100%
Data breaches	To report any externally reportable data breaches within the 72-hour timescale.	100% (0)	100% (1)	100% (1)	100% (3)	100% (5)

Modern Slavery Act 2015

In order to support Integrated Care Boards and providers, NHS England (NHSE) has drafted a Modern Slavery Statement as a 'group statement' for NHS organisations to refer to, to reduce administrative burden, prevent duplication and increase consistency with organisations strongly encouraged to defer to this 'group statement'. The statement covers the actions taken by NHSE to support the wider NHS to address the risk of modern slavery in the health service and point to actions best delivered nationally and locally.

The statement can be found by following the link below:

<https://www.england.nhs.uk/safeguarding/slavery-human-trafficking-statement/#:~:text=NHS%20England%20fully%20supports%20the,mitigating%20it%20and%20supporting%20victims.>

External Compliance

The trust's functions are organised to ensure effective compliance with the external requirements placed upon it by bodies such as the Department of Health and Social Care, the Care Quality Commission, NHS England, and NHS Resolution. The trust aims to comply with, and meet, all statutory, legislative, and regulatory requirements placed upon it as an employer, an ambulance service, and an NHS trust. These include:

- National targets for ambulance response times
- Statutory and regulatory financial duties
- Care Quality Commission registration requirements
- NHS Model Employer standards
- Civil Contingencies Act 2004
- NHS Constitution

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The chief executive of NHS England has designated that the chief executive should be the accountable officer of the trust. The relevant responsibilities of accountable officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the trust
- The expenditure and income of the trust has been applied to the purposes intended by parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place
- Annual statutory accounts are prepared in a format directed by the secretary of state to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Salman Desai KAM
Chief Executive Officer

Date: 18 June 2025

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The secretary of state, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the secretary of state with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the secretary of state. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced, and understandable and provides the information necessary for patients, regulators, and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the North West Ambulance Service NHS Trust Board

Date... 18 June 2025..... Chief Executive:

Date:... 18 June 2025..... Director of Finance:

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of North West Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in North West Ambulance Service NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

Leadership

The Board of Directors has overall responsibility for providing strategic leadership of risk management throughout the organisation, which includes maintaining oversight of strategic risks to achieving the trust's objectives via the Board Assurance Framework (BAF) and leading by example in creating a culture of risk awareness. The Director of Corporate Affairs is accountable to the Board of Directors and the Chief Executive for North West Ambulance Service NHS Trust's governance and risk management. The Director of Corporate Affairs, with support from the Head of Integrated Governance, Risk and Assurance, provides clear focus for the management of organisational risks and for coordinating and integrating all of the trust's risk management arrangements.

The Board of Directors is presented with a quarterly risk management assurance report, containing the BAF and the Corporate Risk Register (CRR), both of which are subject to scrutiny at the Trust Management Committee (TMC) meetings.

Executive Directors of the trust are responsible for the consistent application of the Risk Management Policy within their areas of accountability, which includes maintaining an

awareness of the overall level of risk within the organisation, the management of specific risks that have been identified and promoting a risk aware culture within their Directorates. Senior Management Teams scrutinise Directorate, Departmental/Team risk registers at their meetings.

Managers within the trust are responsible for making active use of risk registers to support safe management of their service, management of specific risks that have been identified, promoting a risk aware culture, and ensuring that risk assessments are carried out within their service.

Risk Management Training

Risk management training is incorporated into the trust's induction programme and annual mandatory training programme.

Each year Board Development sessions on risk management, risk appetite, and the development of the BAF are held with the Board of Directors and these focused sessions provide the Board of Directors with an additional opportunity to discuss and debate the strategic risks and Risk Appetite Statement (RAS) and to understand and define the risk tolerance levels for the organisation, prior to formal approval.

The risk and control framework

Risk Management Policy

The Risk Management Policy was reviewed during 2023/24 and defines the approach taken by North West Ambulance Service NHS Trust in applying risk management awareness to its decision-making processes at all levels. The main objective of this policy is to establish the foundations for a culture of effective risk management throughout the organisation by setting out clear definitions, responsibilities, and processes to enable the principles and practices of risk management to be applied consistently throughout the organisation.

The trust risk scoring matrix has been refreshed to ensure standardisation of risk assessments across the trust. All risks are recorded and managed via the trust-wide risk management system.

Risk management is everybody's responsibility, and the principles of effective risk management should form an integral component of decision-making at all levels.

Where a risk is identified but cannot be managed without some significant change to the way the organisation operates, it is escalated through the relevant line management structure. The policy also requires risk mitigating action plans to be determined and implemented for those risks that are inadequately controlled.

Board Assurance Framework (BAF)

The BAF is an effective method for the oversight of the organisation's strategic risks i.e., those which could prevent the trust from achieving its corporate objectives, and links with the trust's strategic aims, objectives, and vision. It provides structures for evidence to support the Annual Governance Statement (AGS) and as a result, streamlines reporting to the Board of Directors. The BAF has continued to mature into a comprehensive system and is embedded within the organisation's Integrated Governance Structure.

The BAF includes the following key elements:

- Strategic risks of the trust, aligned to the Executive Director Lead and mapped to a Board Assurance Committee for monitoring;
- A description of the strategic risk, including opening, quarterly, in-year and aspirational target scores;
- Projected forecast for the upcoming quarter, including supporting rationale;
- The corporate risks which link to the strategic risk, including risk scoring;
- Risk appetite category and risk tolerance score;
- Key controls in place to mitigate the risks;
- Assurance regarding the effectiveness of the key controls;
- Any gaps in controls and assurances;
- Action plans to address gaps in controls and assurances.

The BAF is approved by the Board of Directors at the commencement of the financial year and is managed through delegation to its Board Assurance Committees. The Trust Management Committee (TMC) continues to promote effective risk management and leadership whilst overseeing and monitoring the management of the BAF.

The Board of Directors reviews the BAF on a quarterly basis and approves the quarterly position. The final version of the 2024/25 Board Assurance Framework was approved at the end of April 2025, by the Board of Directors.

Risk Management

All departments within Directorates maintain a live, dynamic, and well populated risk register via the Trust system. Risk is a key agenda item on all meeting agendas across the trust. The trust supports its people throughout the organisation to manage risk at the most appropriate level, ensuring there is a clear process for risk escalation. Risks are escalated via Departmental and Directorate risk registers to the Corporate Risk Register in accordance with the Risk Management Policy.

All business cases must include a full risk assessment and Equality Impact Assessment (EIA) prior to formal approval. All efficiency schemes have processes in place to identify and mitigate risks to quality and safety.

Risk Appetite

As part of the cyclical Board Development Programme, the Board of Directors received a focused session pertaining to risk appetite. Collectively, the Board of Directors has assessed its risk appetite, and this is reviewed and approved annually. It is also considered when making decisions.

Risk Management Internal Audit

During 2024/25, our internal auditors conducted an audit to provide assurance that core risk management controls have been adequately designed. The audit opinion was concluded as 'high assurance', meaning there is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.

Key findings included:

- There was a robust level of control within the risk management system;
- Areas of good practice included the Risk Management Policy being ratified by the Audit Committee, with risk escalation and de-escalation processes in place across the trust;
- Roles and responsibilities of all staff including the Chief Executive, Director of Corporate Affairs, executives and senior management teams are clearly defined;
- Roles and responsibilities of the trust's governance structure including the Board of Directors and Audit Committee are clearly defined;
- Risk management training requirements are clearly defined, with monitoring of compliance undertaken by the risk management team;
- Clear processes are in place for the identification, assessment and scoring of risks;
- Audit Committee is assigned oversight of risk management processes, in line with the HFMA defined best practice;
- Assurance routes were clearly defined and the trust receives comprehensive risk management reports detailing material risks, control measures, and ongoing actions.

Quality Governance

Quality governance is overseen via the trust's Quality and Performance Committee which monitors the delivery of the Trust's Quality Strategy and compliance with the Care Quality Commission (CQC) regulatory requirements under the Health and Social Care Act (2008, 2015) and the Health and Care Act 2022.

The work of the Quality and Performance Committee is supported by the Trust Management Committee (TMC). The Trust Management Committee (TMC) is supported by the Clinical and Quality Group, Health, Safety, Security, & Fire Group, Emergency Preparedness Resilience & Response (EPRR) Group, and the Diversity and Inclusion Group.

In line with the Patient Safety Incident Response Framework (PSIRF) the trust has a Complex Case Review Group (CCRG) and Patient Safety Event Cases (PSEC) meeting. The purpose of these arrangements is set out in the Patient Safety Incident Response Policy and Plan which describes how weekly decision-making governance meetings operate with delegated powers, to review patient safety events from escalation within service lines and make decisions on the appropriate level of response. The Patient Safety Event Cases (PSEC) meeting has delegated responsibility for the consideration of events for Patient Safety Incident Investigation (PSII) or a patient safety learning response for oversight of outcomes. The Quality and Performance Committee maintains oversight of these processes, to provide assurance to the Board of Directors that we are meeting national response standards.

The Quality and Performance Committee receives assurance from an Integrated Performance Report (IPR) which provides oversight against the relevant sections of the NHSE Oversight Framework (2021) including quality indicators, patient experience, patient outcomes, performance, and effectiveness. It also reports on the actions required by national patient safety alerts, progress and accountability.

The Quality and Performance Committee workplan is set to ensure the Committee receives assurances that the trust is safe, effective, caring and responsive to people's needs and well led. The Committee request and receive additional assurances throughout the annual cycle via a series of deep dives which are focused on areas where the Board of Directors requires additional information or assurances.

Clinical Risk Management

Clinical risk is monitored via the trust's Clinical and Quality Governance Group and Quality and Performance Committee.

Whilst clinical risk management is everyone's responsibility, it is managed on a day-to-day basis by operational and clinical staff and is collaboratively monitored by the Corporate Affairs Directorate, Quality Directorate and the Medical Directorate. Clinical risk is reported through the integrated governance, risk and compliance system, Datix Cloud IQ (DCIQ), which allows themes and trends to be identified to inform wider organisational learning.

All clinical practices are carried out using the best available clinical evidence base; this includes advice that is given to patients via telephone as well as advice and clinical interventions performed when our clinicians are in face-to-face situations. In the former, the evidence base is largely taken from the papers published in the UK. For the latter, the evidence base is the Joint Royal Colleges Ambulance Liaison Committee's (JRCALC) latest clinical guidelines.

The Audit Committee reviews the establishment and maintenance of an effective system of governance, risk management and internal control, across the entire organisation's activities. This includes activities that are both clinical and non-clinical.

Corporate Governance

There are clear Terms of Reference (ToR) for each Board Assurance Committee and executive-led groups.

There were three Board Assurance Committees, chaired by a Non-Executive Director (NED) that oversaw risk management, both clinical and non-clinical and these were:

- Audit Committee, which sought assurance over the risk management processes and control in place rather than the content and management of individual risks themselves.
- Quality and Performance Committee.
- Resources Committee.

The trust completed a full review of the governance structure during Q4 of 2023-24 and the new governance framework which was established from 1st April 2024 has the following aims:

- Streamline processes, and clarifies governance member roles
- Simplify, clear governance structure with improved executive assurance
- Improve decision-making agility
- Reduce the number of Committees
- Improve accountability
- Reduce the administrative burden.

Each year, the trust undertakes effectiveness reviews of all Board Assurance Committees and Groups. During 2024/25, an interim effectiveness review of the newly established executive led groups was completed and the findings and recommendations were reported to the Trust Management Committee (TMC). Progress against any improvement recommendations have been reviewed during the full year effectiveness review meetings.

Full year effectiveness review meetings are an annual assessment of the trust's governance meetings. A self-assessment was made available to all governance members and based on five key themes:

- Focus
- Engagement
- Team working
- Meeting Effectiveness
- Leadership.

Outcomes of the annual effectiveness reviews have been presented to the governance meetings, along with draft work plans, revised Terms of Reference for discussions and recommendation for approval.

Board Assurance Committees have continued to undertake frequent 'deep dives' into key areas of risk during the year. This has been driven by the gaps in assurances highlighted on the Board Assurance Framework (BAF), in a continued drive for strengthening of assurance.

2024/25 Strategic Risks

The key risks for the trust as it moved into 2024/25 focused on patient safety, financial sustainability and value for money, operational performance and workforce recruitment, retention, and culture, regulatory compliance, engagement with system partners and cyber security.

The following list identifies the strategic risks for 2024/25:

1. There is a risk that the trust does not provide high quality, inclusive care leading to avoidable harm, poorer patient outcomes and reduction in patient satisfaction.
2. There is a risk that the trust cannot achieve financial sustainability impacting on its ability to deliver high quality (safe and effective) services.
3. There is a risk that the trust does not deliver improved national and local operational performance standards resulting in delayed care and/or harm.
4. There is a risk that the trust will be unable to maintain safe staffing levels through effective attraction, retention and attendance of sufficient suitably qualified staff impacting adversely on delivery of performance standards and patient outcomes.
5. There is a risk that the trust does not improve its culture and staff engagement, and this impacts adversely on retention and staff experience.
6. There is a risk that non-compliance with legislative and regulatory standards could result in harm and/or regulatory enforcement action.
7. There is a risk that the trust does not work together with our partners in the health and social care system to shape a better future leading to poor effects on our communities and the environment.
8. There is a risk the trust suffers a major cyber incident due to persistent attempts and/or human error resulting in a partial or total loss of service and associated patient harm.
9. There is a risk that the trust attracts negative media attention arising from long delays and harm leading to significant loss of public confidence.

10. There is a risk that the that level of uncertainty and unpredictability both nationally and regionally impacts on, or results in, delayed achievement of our strategic priorities and objectives.

Future 2025/26 Strategic Risks

The key risks for the trust as it moves into the new financial year remain focused around quality and patient safety, financial sustainability, operational performance, workforce recruitment, retention and culture, and cyber security.

The following list denotes the key strategic risks identified for 2025/26:

1. There is a risk that if the Trust does not provide the right care, at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for patients
2. There is a risk that if the Trust does not achieve financial sustainability, its ability to deliver high quality (safe and effective) services will be affected
3. There is a risk that if the Trust does not deliver against NHS net zero targets, it will impact on the Trust's ability to contribute towards environmental improvements and delivery of its Green Plan
4. There is a risk that if the Trust does not deliver improved sustained national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm
5. There is a risk that if the Trust does not create an inclusive environment and look after its people's wellbeing, safety and development, then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.
6. There is a risk that a breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action
7. There is a risk that due to the geographical size of the Trust it will be unable to effectively engage with its numerous system partners which may impact on its ability to achieve the medium-long-term plan
8. There is a risk that if the Trust suffers a cyber incident, it could result in an inability to deliver a service and associated harm.
9. There is a risk that the recent planned changes around the Board over the next 12 months could destabilise the organisation and impact delivery of strategic plans.
10. There is a risk that due to the timing of contracting decisions for NWAS commissioned services (PTS and 111), this will impact the development of our strategic priorities and objectives.

11. There is a risk that the current financial landscape of the NHS may impact the achievement of the trust's strategic priorities and performance by reducing the availability of resources both financial and physical.

The Governance Framework

The trust has reviewed its corporate governance arrangements against the NHS Code, a declaration of compliance against all relevant (non-FT) provisions during 2024/25 was reported to Audit Committee and the Board of Directors during April 2025. The trust has declared compliance with all relevant clauses in the Provider Licence.

The Board of Directors recognises its accountabilities and provides strategic leadership with a framework of prudent and effective controls which enables risks to be assessed and managed throughout the organisation.

The Board of Directors sets the strategic direction for the organisation and ensures that resources are in place to meet its objectives. It receives reports at each meeting held in public on the principal strategic risks through a combination of risk management assurance reports, and/or an Escalation and Assurance Reports from the Board Assurance Committees.

The Board of Directors currently meets at least six times per annum and during the reporting period consisted of:

- The Chair plus 5 other Non-Executive Directors, including a Senior Independent Director (SID)
- The Chief Executive Officer and 4 other voting Executive Directors
- 3 non-voting Executive Directors.

During 2024/25, there were changes to the composition of the Board of Directors:

- A new Director of Operations was appointed and commenced in role on 01 July 2024.
- The Chief Executive Officer left the trust on 30 November 2024, and the Deputy Chief Executive/ Director of Strategy, Partnerships, and Transformation was appointed as Acting Chief Executive Officer to provide interim cover until a substantive Chief Executive Officer was appointed. The Acting Chief Executive Officer was successfully appointed as the Chief Executive Officer and commenced in post on 01 January 2025.
- The Director of Quality, Innovation and Improvement left the trust on 31 March 2025. An interim Director of Quality was appointed in March 2025 to provide interim cover until a substantive Director of Quality is appointed.
- Following the announcement of the Chief Executive's resignation, the Chair's final term of office (originally due to end 31/1/25) was extended with the approval of NHS

England and the support Lancashire and South Cumbria Integrated Care Board (ICB), until 31 July 2025.

The Board of Directors has three key roles:

- Formulating strategy for the organisation.
- Ensuring accountability by; holding the organisation to account for the delivery of the strategy; by being accountable for ensuring the organisation operated effectively and with openness, transparency and candour and by seeking assurances that systems of control are robust and reliable.
- Shaping a healthy culture for the Board of Directors and the organisation.

Quality is a central element of all Board of Directors meetings. The Integrated Performance Report (IPR), which continues to be developed and enhanced, is aligned with the System Oversight Framework (SOF) with focus on key quality indicators.

A patient or a staff story opens each meeting of the Board, to ensure that the focus on quality of patient care and the safety and wellbeing of our people remains at the core of all Board of Directors' activity and decision-making.

At each Board of Directors meeting, the Board reviews reportable events which includes Patient Safety Incident Investigations (PSIIs), serious case reviews, reportable events to the Health and Safety Executive (HSE), claims, and coroner's inquests. The Clinical and Quality Group, Health, Safety, Security & Fire Group, and the Quality and Performance Committee review these matters in greater detail along with complaints and concerns, and learning for clinical and non-clinical incidents is disseminated via the trust's local Learning Forums, held within geographical areas and for clinical and patient safety learning and improvement at the Regional Clinical and Improvement Group.

During the year, there has not been any nationally defined 'Never Events' as a result of the care and services provided by the trust.

The Trust Management Committee (TMC) meets monthly and is accountable for oversight of the operational management of the trust. The Trust Management Committee (TMC) provides the Board of Directors with assurance concerning all aspects of delivering the trust's operations and strategic direction and associated operational plans. The remit also extends to management of organisational risk and governance; investment and disinvestment; performance delivery; horizon scanning; strategy and policy development, interpretation and implementation, and stakeholder and partner engagement.

Arrangements are in place through the Board of Directors and Board Assurance Committees meetings throughout 2024/25 are detailed on page 116 of the Annual Report.

There is a statutory requirement for all NHS trusts to hold a Provider Licence issued by NHS England. Whilst there is no obligation for NHS provider trusts to produce a formal document detailing compliance with the Licence, there is an expectation for regulators, that should they seek assurance, the trust will be able to declare compliance and evidence the basis on which that declaration is made. The trust self-certified as being compliant with the conditions of the Provider Licence for 2024/25 and reported this through Audit Committee mid 2024/25. Full year compliance for 2024/25 will be reported through Audit Committee at the start of 2025/26.

During Q1 2025/26, the trust will be commissioning an externally facilitated Well-Led review.

Workforce

The trust has an approved 3-year People Strategy with a supporting implementation plan reinforced by a set of clear measures. The Strategy was refreshed in 2024 in order to take account of the changing national context of the Ambulance Culture review. The NWAS People strategy looks forward over a three-year period, with a supporting set of annual objectives focussed on improvements and developments. Progress against implementation of the strategy is monitored on behalf of the Board of Directors through the Resources Committee and the associated workforce governance structures, with key projects also overseen by the Corporate Programme Board (CPB).

The trust's approach to workforce planning and development takes account of the NHS England priorities and operational planning guidance, issued each year, to take account of national developments, such as the NHS Long Term Workforce Plan. The Trust's workforce planning process seeks to ensure appropriate and robust governance and monitoring at the strategic, tactical and operational levels. These plans are reviewed regularly with assurance on the progress of plans provided to the Board of Directors, Resources Committee and the Trust Management Committee (TMC).

At a strategic level, the operating plan for the year takes account of the projected turnover, required recruitment, along with any growth and planned transformational changes. Forecasts are made to consider the potential usage of Bank and Agency staffing. Sickness absence is also considered to take account of trends and strategic targets to reduce sickness absence. Plans are signed off at a Board level and submitted regionally ahead of a national review.

At a tactical level, agreed plans are actively monitored with service lines and Finance on a monthly basis to identify and address any developing trends. The planning process is dynamic which allows the opportunity to discuss emerging issues that may impact on the plans and allow flexibility to accommodate changes. The People Directorate work closely with the Director of Finance to ensure that both the workforce and finance plans triangulate on a monthly basis.

The trust produces workforce information in the form of workforce dashboards and workforce plans for the frontline workforce within Paramedic Emergency Service (PES), Patient Transport Service (PTS) as well as Integrated Contact Centres (ICC). The Board of Directors and Senior Management Teams receive monthly reports on workforce data through the Integrated Performance Report (IPR) and supporting workforce dashboards, which demonstrates the position against planned establishment.

Operationally, the People Directorate work closely with service lines with regular meetings to discuss the current workforce position against the planned position in accordance with the operating plan. Discussions include the emerging recruitment requirements and the position of fill rates for planned courses. Managers work within the context of the financial boundaries and governance processes, especially regarding the appropriate use of agency within the delegated ceiling and agency framework. The People and Finance teams work closely to ensure clear triangulation between the workforce and financial position.

The anticipated turnover rate is mapped throughout these plans to allow a forward view over the next twelve months allowing service lines to visualise the anticipated workforce position. For Paramedic staffing, these detailed annual plans sit within the context of a five-year plan focused on ensuring appropriate Paramedic supply which is reviewed through regular engagement with NHS England and Higher Education Institute (HEI) partners.

Throughout 2024/25, assurance has been provided against the workforce and recruitment plans to the People and Culture Group and onward assurance is provided to the Trust Management Committee (TMC). Ad hoc reports have also been provided on specific risks associated with the workforce plan to Board Assurance Committees and safe staffing has been separately identified as a BAF risk in 2024/25.

To ensure the trust is able to deliver its efficiency programme, a Vacancy Control Panel (VCP) meets on a weekly basis to assess recruitment requests to ensure that this is considered against local efficiency plans and waste reduction targets. Requests are scrutinised and considered prior to recruitment commencing. It should be noted that recruitment to frontline posts is considered and agreed as part of the Operating Plan submission.

The trust utilises the Model Ambulance dashboard and Corporate Benchmarking metrics to gain an overview of clinical and non-clinical workforce composition including staff numbers, pay costs, skill mix ratios and productivity in terms of clinical outputs. This in turn supports the Trust to identify potential opportunities to improve efficiencies and productivity.

The trust has successfully continued to reduce agency usage through improved workforce planning with a focus on prioritising alternative options above using agency staff. A small amount of agency is factored into our operating plan to support ad hoc clinical vacancies within the Integrated Contact Centres (ICC's).

The trust's paramedic workforce supply continues to be strengthened through longer term strategic plans to develop and support internal development routes to paramedic through degree apprenticeships, to increase external supply, to develop partnerships and to actively recruit.

The trust is fully compliant with the registration requirements of the Care Quality Commission.

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The trust secures the economic, efficient, and effective use of resources through a variety of methods, including:

- A well-established policy framework including Standing Orders, Standing Financial Instructions and Scheme of Delegation.
- An organisational structure which ensures accountability and challenge through the Integrated Governance Structure.
- Effective Corporate Directorates responsible for revenue and capital planning and the control and management of resources.

- A clear planning process, aligned with our Integrated Care System, resulting in the approval of an annual financial plan by the Board of Directors.
- Budgets delegated across the trust, with budget holders receiving detailed monthly financial reports.
- Senior Management Teams and Budget holders continue to play an active part in ongoing review of financial performance and delivery of efficiency programmes.
- Detailed financial reporting to the Trust Management Committee (TMC) and the Resources Committee including income and expenditure; statement of financial position; progress on the achievement of efficiency and productivity programmes; capital expenditure programmes; and key financial risks.
- The Trust Management Committee (TMC) takes a lead in financial planning, delivery and taking actions for recovery to bring variances back to plan when required.
- The Trust Management Committee (TMC) throughout the year regularly reviews performance against clinical, performance, workforce, and financial indicators.
- The Trust continues to invest time and resources to improving systems and controls to deliver a more embedded range of monitoring and control processes.
- The Vacancy Control Panel (VCP), ensures there is an established vacancy prior to recruitment alongside the review of financial performance for that service line, including achievement of efficiency targets, before approval to recruit.

The in-year use of resources is closely monitored by the Board of Directors and the following Board Assurance Committees:

- Audit Committee
- Resources Committee
- Quality and Performance Committee.

The Audit Committee scrutinises and challenges the effectiveness of the trust's financial and governance arrangements to manage finance and secure value for money (VFM). The trust employs several approaches to ensure the best value for money in delivering its services. Benchmarking is used to provide assurance and to inform and guide service redesign. This leads to improvements in the quality of services and patient experience as well as financial performance.

The governance arrangements are supported and strengthened by an effective internal audit plan. The external auditors provide a key independent source of information for the Audit Committee membership, and the public, in determining and reporting on the financial statements and value for money arrangements across the trust. Through this process, the trust has gained independent and objective assurance to the Audit Committee and the Board of Directors that the trust's risk management, governance and internal control processes are operating effectively.

The trust has a dedicated, qualified Anti-Fraud Specialist (AFS) supported as required by other AFS. Any concerns can be directed to the team and, any information is treated in the strictest confidence.

External Auditors, Internal Auditors, and Anti-Fraud report to each meeting of the Audit Committee and meet the membership of the Audit Committee without any management present.

Information governance

The trust uses the Datix Cloud IQ (DCIQ) system to capture data breaches via the incidents module. During 2024/25 financial year (April 2024 to March 2025), 157 data breaches were reported. Each information breach is risk scored against the trust risk matrix and investigated. The main category of reported data breaches was 'data confidentiality'. Five incidents were deemed a high risk to the rights and freedoms of individuals and were reported externally via the Data Security Protection Toolkit (DSPT) to the Information Commissioners office (ICO).

- One breach involved unlawful disclosure of a member of staff's personal details, including home address, resulting in threats to the data subject. The ICO issued advice, and no further action was requested.
- One breach related flu vaccination status of circa 200 staff being shared inappropriately internally. This also resulted in advice from the ICO, and no further action was requested.
- The following three breaches are pending an outcome from the ICO:
 - Concern raised due to internal sharing of confidential information.
 - Inappropriate disclosure of address details as part of a disciplinary procedure.
 - Internal trust system pre-dating the General Data Protection Regulations (GDPR), therefore no Data Protection Impact Assessment (DPIA) was mandated at the time, allowing external sharing of staff data.

Learning from information incidents and breaches are discussed at the Information and Cyber Governance Group and action plans developed accordingly for management of local issues and sharing learning.

Data quality and governance

The Data Quality Team has worked against a programme of data quality audits throughout 2024/25 to support key priorities of the trust. This has included auditing incident reporting, within the DCIQ system. This is currently supporting an ongoing project looking at the accuracy and reporting of unavailability time recorded for ambulance crews. Monitoring the reporting of our trust Electronic Patient Record (EPR) has been enhanced to include public health related fields to identify when they may not have been accurately recorded. The Data Quality Team have produced reporting and developed ways of working with our operational teams to investigate and rectify erroneous time stamps relating to negative time travel and

high times, both of which have assisted in the mandatory submissions of the Ambulance Data Set and patient level costings respectively.

The prioritisation of the Data Quality programme of work will continue to follow and complement ongoing reporting priorities within the Data Insights and Intelligence roadmap. This will allow for monitoring reports to organically grow for Information Asset Owners (IAO) and Information Asset Administrators (IAA) to undertake their responsibility to proactively view and improve processes to ensure the quality of data being produced within their systems.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee, quality and performance committee, the resources committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is informed in several ways:

- The Audit Committee's Annual Report for 2024/25.
- The Head of Internal Audit provides me with an independent opinion of the overall arrangements for gaining assurance through the Board Assurance Framework (BAF), and the controls reviewed as part of the internal audit work.
- Executive Directors and senior managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.
- The Board Assurance Framework (BAF) itself provides me with evidence of the effectiveness of controls that manage the key risks to the organisation achieving its strategic aims and objectives have been reviewed.
- The overall rating of 'Good' and 'Outstanding' for the trust's urgent and emergency care responsiveness domain, by the Care Quality Commission (CQC) during their last inspection of the trust.

My review is also informed by:

- The NHS Data Security and Protection Toolkit.
- Assessment against the NHS Counter Fraud Authority Standards for Providers.
- Peer reviews within the ambulance service sector.
- Internal audit reports.
- Clinical audit findings.
- External audit findings.
- External consultancy reports on key aspects of the trust's governance.

The Board of Directors seeks assurance that risk management systems and processes are identifying and managing risks to the organisation appropriately through the following:

- At least annually, a review of the effectiveness of the trust's system of internal control.
- The Board of Directors ensures that the review covers all material controls, including financial, clinical, operational, and compliance controls, and risk management systems.
- A review of the Risk Management Policy.
- A quarterly presentation of the Board Assurance Framework (BAF) at Board of Director meetings.
- Monthly integrated performance reporting at Board of Directors meetings, outlining achievements against key performance, safety and quality, and finance indicators.
- Assurance reports at each meeting, providing information on progress against compliance with national standards.
- Assurance from internal and external audit reports that the trust's risk management systems are being implemented.

The follow-up of internal audit recommendations is regularly monitored at the Trust Management Committee (TMC), Internal Audit, and Audit Committee. The trust has a comprehensive risk-based internal audit plan in place and this programme was delivered during 2024/25. The outcome of the 2024/25 internal audit programme, reported via the Head of Internal Audit Opinion, which overall gave the trust 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.

During the year, the following audit assurance outcomes were reported:

- 3 audits were assessed as High Assurance
- 8 audits were assessed as Substantial Assurance
- 2 audits were assessed as Moderate Assurance
- 0 audits were assessed as Limited Assurance
- 0 audits were assessed as No Assurance.

The trust's internal auditors have also supported the organisation in strengthening arrangements in respect of risk management and internal control. The 2024/25 Internal Audit Programme, audit work has provided assurance across the trust's critical business systems, namely, financial systems, information and technology, performance, quality and safety, workforce, governance and risk, and legality. Recommendations made have resulted in actions taken to further strengthen systems and controls in year.

The trust's internal auditors, as required by NHS England to assess and provide assurance based upon the validity of the trust's intended Data Security Protection Toolkit (DSPT) submission. The self-assessment against the toolkit deviated only minimally from the Independent Assessment, and as such, gave the trust Substantial Assurance. Across the National Data Guardian Standards, assurance ratings are based on a mean risk rating score at the National Data Guardian (NDG) standard level. As a result of this, this gave the overall assurance level across the 10 National Data Guardian Standards as Substantial Assurance.

During 2024/25, the trust's Clinical Audit department participated as a provider of information to the national clinical audits, and these are as follows:

- National Ambulance Clinical Quality Indicators, a national audit of the care of the patient who were assessed by ambulance clinicians are:
 - Suffering a pre-hospital cardiac arrest;
 - Suffering a pre-hospital heart attack;
 - Suffering from falls in older adults;
 - Recontacts within 24 hours.

Conclusion

Following my review and taking into account the contents of this report and the evidence-based assurance seen at the Board Assurance Committees, I can confirm that no significant internal control issues have been identified.

Signed:

Salman Desai
Chief Executive

Date: 18 June 2025

Remuneration Report

Nominations and Remuneration Committee

The board of directors has established a Nominations and Remuneration Committee that advises them with regard to the appropriate remuneration and terms of service of the chief executive and other executive directors including:

- At least annually review the structure, size and composition (including the skills, knowledge and experience) of the board of directors
- Identify and appoint candidates to fill the position of chief executive and any director vacancies in conjunction with NHSE
- With regard to the chief executive, directors; trust secretary and other very senior managers; in conjunction with NHSE where required and ensuring that officers are fairly rewarded for their individual contribution to the trust – having proper regard to the trust’s circumstances and performance and to the provisions of any national arrangements for such staff
- Arrangements for termination of employment and other contractual terms.

The members of the committee are the chair and non-executive directors. The chief executive, other directors and any other officers in attendance are not present for discussions about their own remuneration and terms of service.

Policy on Remuneration

The determination of salaries for senior managers for 24/25 onwards is informed by national guidelines regarding very senior managers’ (VSM) pay which cover the chief executive, executive director, and the majority of director posts and where appropriate are approved by NHS England.

Contracts of Employment

The Executive Leadership team are employed on full time contracts which meet the current requirements of the national guidance. The period of notice required for these posts is six months. Termination payments are governed by guidelines set by HM Treasury that allow for compensation to be paid in relation to the notice period given, together with any statutory redundancy settlement, if applicable. Any exceptions to this require the prior approval of NHS England and the Treasury. No such termination payments have been made in 24/25.

Performance Related Pay

The broad arrangements for annual salary uplifts and the performance bonus scheme are specified in The Pay Framework for very senior managers in strategic and special health authorities, primary care trusts, and ambulance trusts (June 2013) and in the subsequent

guidance on pay for very senior managers in NHS trusts and foundation trusts (February 2017).

For 24/25 VSM the annual pay uplift was recommended under the remit of the Senior Salaries Review Body (SSRB). The government agreed to accept the recommendation of the SSRB:

- The application of the 5% VSM pay award recommended by the Senior Salaries Review Body and NHS England, to all directors employed on VSM contracts at 1 April 2024.

No provisions were made within the pay award for the application of bonuses. The Nominations and Remuneration Committee agreed with the recommendations and details of senior managers' remuneration and pensions are shown in the following tables.

Salaries and Allowances 24/25 (subject to audit)

Table 1: Single Total Figure Table

Name	Title	FROM 1ST APRIL 2024 TO 31ST MARCH 2025						FROM 1ST APRIL 2023 TO 31ST MARCH 2024					
		Salary	Expense	Performance	Long term	All pension-	TOTAL	Salary	Expense	Performance	Long term	All pension-	TOTAL
		(bands of £5,000)	(taxable) to nearest £100	bonuses (bands of £5,000)	pay and bonuses (bands of £5,000)	related benefits (bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(taxable) to nearest £100	bonuses (bands of £5,000)	pay and bonuses (bands of £5,000)	related benefits (bands of £2,500)	(bands of £5,000)
		£000	£	£000	£000	£000	£000	£	£	£000	£000	£000	£000
Peter White	Chair	50 - 55	0				50 - 55	50 - 55	0				50 - 55
Executive Directors													
Daren Mochrie	Chief Executive (left 30 November 2024)	155 - 160	200			0	155 - 160	200 - 205	200			0	200 - 205
Maxine Power	Director of Quality, Improvement and Innovation	130 - 135	0			37.5 - 40	170 - 175	125 - 130	8,500			0	130 - 135
Angela Wetton	Director of Corporate Affairs	115 - 120	2,200			37.5 - 40	155 - 160	110 - 115	2,200			25 - 27.5	140 - 145
Salman Desai	Deputy Chief Executive/Director Strategy and Planning Chief Operating Officer. Chief Executive from 1 January 2025	165 - 170	11,900			217.5 - 220	395 - 400	135 - 140	11,900			27.5 - 30	175 - 180
Lisa Ward	Director of People	120 - 125	100			17.5 - 20	140 - 145	115 - 120	2,000			0	120 - 125
Chris Grant	Medical Director	150 - 155	7,600			0	160 - 165	145 - 150	7,200			0	150 - 155
Carolyn Wood	Director of Finance	140 - 145	0			0	140 - 145	130 - 135	2,600			0	135 - 140
Daniel Ainsworth	Director of Operations (from 1st July 2024)	120 - 125	0			27.5 - 30	150 - 155						
Non-Executive Directors													
Dr David Hanley	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				10 - 15
Catherine Butterworth	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				10 - 15
David Rawsthorn	Non-Executive Director	0 - 5	0				0 - 5	15 - 20	0				15 - 20
Prof Alison Chambers	Non-Executive Director	15 - 20	0				15 - 20	15 - 20	0				15 - 20
Prof Aneez Esmail	Non-Executive Director	10 - 15	0				10 - 15	10 - 15	0				10 - 15
David Whitley	Non-Executive Director	15 - 20	0				15 - 20	10 - 15	£0.00				10 - 15

Table 2: Pension Benefits (subject to audit)

Name	Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2025	Lump sum at pension age related to accrued pension at 31 March 2025	Cash Equivalent Transfer Value at 1 April 2025	Real Increase/ (Decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employers Contribution to Stakeholder Pension
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)				
		£,000	£,000	£,000	£,000	£,000	£,000	£,000	£,000
Daren Mochrie	Chief Executive (left 30 November 2024)	0	0	10 - 15	0 - 5	210	-2,065	2,114	22
Maxine Power	Director of Quality, Improvement and Innovation	2.5 - 5	0	45 - 50	110 - 115	1,112	25	1,003	19
Angela Wetton	Director of Corporate Affairs	2.5 - 5	0 - 2.5	5 - 10	0 - 5	104	27	58	17
Salman Desai	Deputy Chief Executive/Director Strategy and Planning Chief Operating Officer. Chief Executive from 1 January 2025	10 - 12.5	20 - 22.5	60 - 65	155 - 160	1,336	200	1,045	24
Lisa Ward	Director of People	0 - 2.5	0	40 - 45	100 - 105	945	22	851	18
Chris Grant	Medical Director	0	85 - 87.5	60 - 65	160 - 165	1,384	186	1,105	22
Carolyn Wood	Finance Director	0	0	45 - 50	130 - 135	1,101	-91	1,101	20
Daniel Ainsworth	Director of Operations (from 1st July 2024)	2.5 - 5	0 - 2.5	20 - 25	0 - 5	262	22	211	18

Note: CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025. Where calculations have resulted in negative impact the amount is shown as zero (in line with guidance).

Notes to accompany remuneration tables:

Auditable Content

Salaries and Allowances 24/25

Pension benefits

Staff numbers and costs

Exit packages

Pay multiples

Pay Multiples (subject to audit)

Entities are required to disclose pay ratio information and detail concerning percentage change in remuneration concerning the highest paid director. The banded remuneration of the highest paid director in North West Ambulance Service NHS Trust in the financial year 2024/25 was £170,000-175,000k (2023/24, £200,000-205,000k).

The range of staff remuneration during 24/25 was £20,000 - £25,000 to £170,000 - £175,000 (2023/24 £20,000 - £25,000 to £200,000- £205,000). The table below shows percentage changes in remuneration within 2024/25:

Average	Staff Costs Average	Highest Paid Director
2024-25	41,771	172,500
2023-24	42,134	202,500
	-0.9%	-14.8%

It must be noted that the chief executive who is the highest paid directors left NWAS in November 2024.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the 25th percentile, median and 75th percentile of remuneration in organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

	25 th Percentile Pay Ratio	Median Pay Ratio	75 th Percentile Pay Ratio
2024-25	5.6:1	4.6:1	3.3:1
2023-24	6.7:1	5.3:1	3.8:1

In 2023/24 employees were paid a bonus that was agreed in 2022/23 and in addition a pay award of 5% was paid as well. This leads to slight change in ratios in the table above.

Table below shows the difference between salary and full remuneration and the relation to the highest paid director.

2024/25	25 th Percentile	Median	75 th Percentile
Staff component of pay (£)	30,509	37,338	52,573
Total pay and benefits excluding pension benefits (£)	30,597	37,407	52,655
Pay and benefits excluding pension: pay ratio for highest paid director	5.6:1	4.6:1	3.3:1

Cash Equivalent Transfer Values – A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme

or arrangement) and uses common market valuation factors for the start and end of the period.

Compensation for Early Retirement or Loss of Office

There were no such payments made during 24/25.

Payments to Past Directors

There were no such payments made during 24/25.

Staff Report

Executive Directors

During the year, the trust had eight director positions for which VSM salaries are payable.

In addition, the trust appointed to four further VSM positions as part of the senior operational restructure. These posts operate at a sub-board level.

For further details please see the Remuneration Report table.

Non-Executive Directors

During the year, the trust had the following non-executive directors in place:

- Five non-executive directors on non-executive pay bands
- Chair of the trust board on chair pay band

Whilst non-executive directors and the trust board chair are senior managers of the organisation, they are not trust staff and their terms and conditions are determined by NHSE.

The chair's terms of office were due to end on 31 January 2025 however, following approval by NHS England, were extended to 30 July 2025 to provide stability to the board during a period of change within the executive team. To support this further, the terms of office for a non-executive director were also extended to 30 November 2025 by NHS England.

For further details please see the Remuneration Report table.

Senior Manager by Band

The trust's definition of a senior manager is the chief executive and director posts. For a breakdown of salary bands, please refer to the Salaries and Allowances detailed within the Remuneration Report.

Staff Numbers and costs (subject to audit)

The breakdown of staff at 31 March 2025 is as follows:

Average number of employees (WTE basis)

	Permanent Number	Other Number	2024/25 Total Number	2023/24 Total Number
Medical and dental	2	-	2	4
Ambulance staff	6,187	-	6,187	5,978
Administration and estates	676	3	679	666
Healthcare assistants and other support staff	97	-	97	120
Nursing, midwifery and health visiting staff	123	5	128	120
Nursing, midwifery and health visiting learners	-	-	-	-
Scientific, therapeutic and technical staff	5	-	5	2
Healthcare science staff	-	-	-	-
Social care staff	-	-	-	-
Other	-	-	-	-
Total average numbers	7,090	8	7,098	6,890

Table: Staff numbers and costs

Staff Composition and Staff Policies

NWAS continues aiming towards having a workforce which is representative of the communities we serve across the North West and being an employer of choice for all.

As required in the NHS contract, we continued to meet all our statutory and regulatory reporting requirements in relation to EDI - including submitting our its Workforce Disability Standard, Workforce Race Equality Standard, Gender Pay Gap and Equality Delivery System data.

Note: the headlines relating to the WDES, WRES and Gender Pay Gap below 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 (EDS)

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. The full evidence pack used for the assessment can be seen on the NWAS website.

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 that disabled staff were over one –and –a half times more likely to enter the

capability process compared to non-disabled staff. Numbers of staff affected were however, 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 one in three 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.

The detailed WDES report was published on the trust website and can be accessed for more details.

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 Indicators 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 relating to the 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 23/24, 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%. Work is continuing to improve this position.

The detailed WRES report was published on the trust website and can be accessed for more details.

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%. 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 there remains a considerable difference in the experiences of BME, disabled and female staff in the organisation.

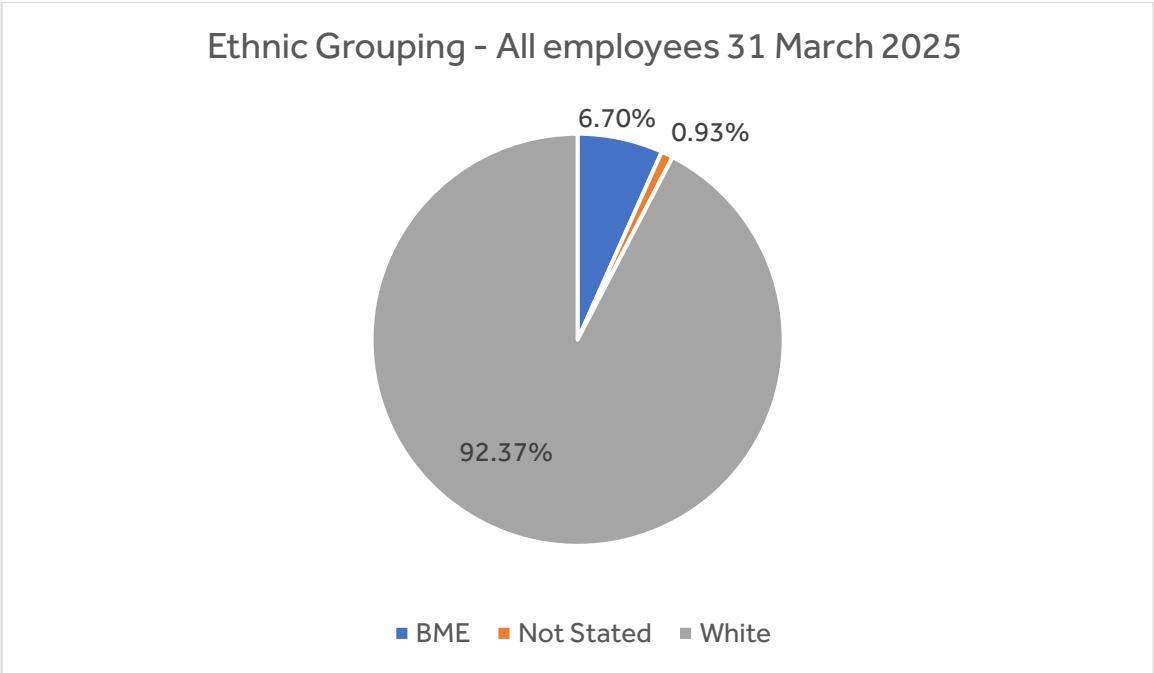


Figure: Ethic Grouping – All employees at 31 March 2025

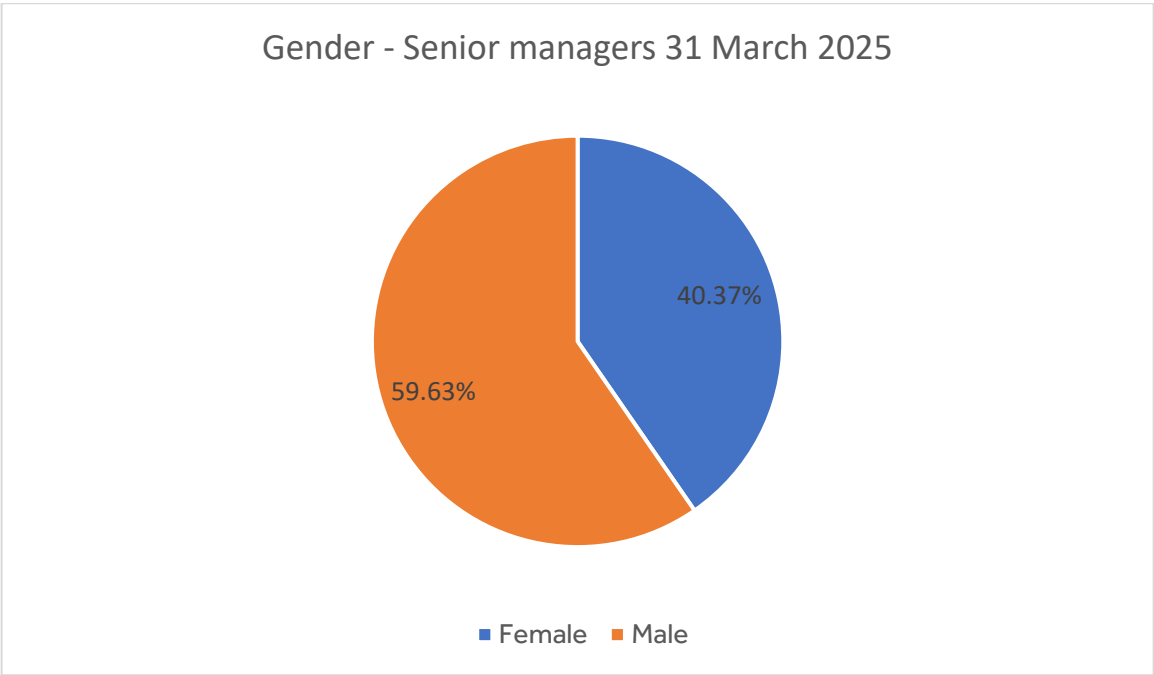


Figure: Gender – Senior managers at 31 March 2025

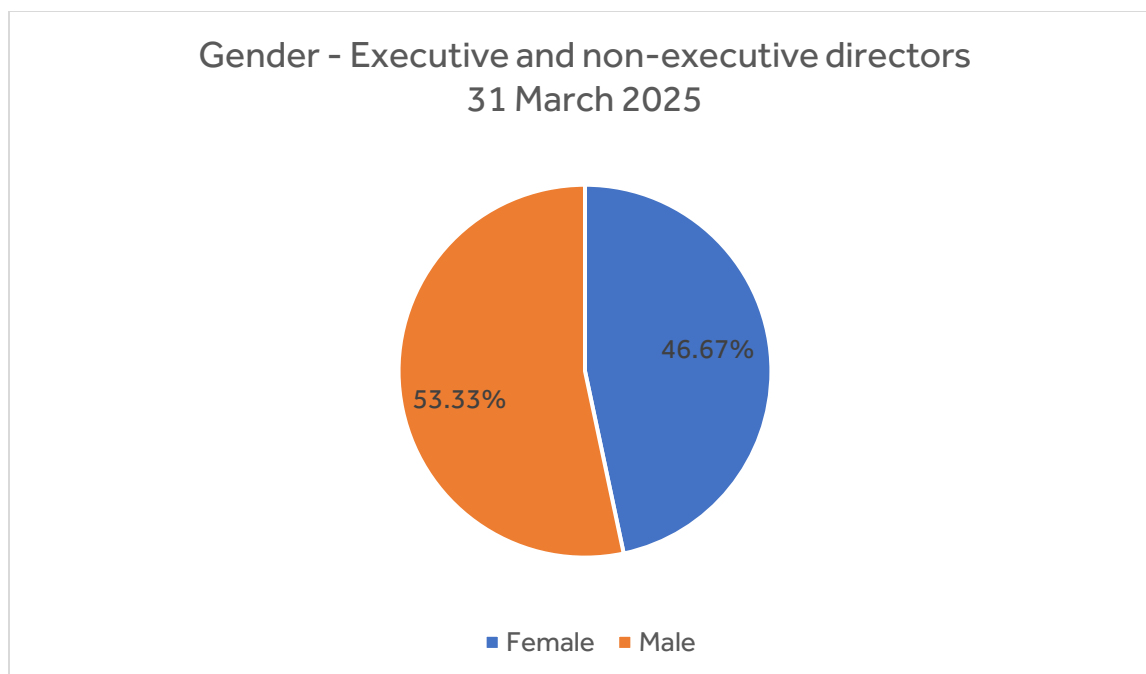


Figure: Gender – Executive and non-executive directors 31 March 2025

Sickness Absence Data

Total days lost in 24/25 due to sickness is 108,772.

Staff Turnover Percentage

The turnover percentage for permanent and fixed term employees up to 31 March 2025 was 8.28%.

Trade Union Facility Time

The trade union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The regulations require public sector employers to publish information on how much time is spent by their union officials on paid 'trade union facility time' and is detailed for 24/25 in the tables below:

Number of employees who were relevant union officials during the relevant period	103
Full time equivalent employee number	95.93

Percentage of time spent on facility time	
Percentage of time	No. of employees
0%	16
1-50%	76
51%-99%	1
100%	10

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period/total paid facility time hours x 100) was 0.0%.

Percentage of pay bill spent on facility time	
First Column	Figures
Provide the total cost of facility time	£597,871
Provide the total pay bill	£386,087,000
Provide the % of the total pay bill spent on facility time, calculated as: (total costs of facility time/total pay bill x 100)	0.2%

Table: Trade union facility time 24/25

Expenditure on Consultancy

Expenditure on consultancy totalled £146k during 24/25.

Ill Health Retirements

During 24/25 there were seven ill health retirements.

Off-Payroll Engagements

There are no off-payroll engagements to disclose during 24/25.

Exit Packages (Subject to Audit)

There were no exit packages during 24/25.

Independent Auditor’s Report to the Board of Directors of North West
Ambulance Service NHS Trust

Annual Accounts 24/25

Appendix – Glossary of Terms

(This glossary does not form a part of the statutory accounts)

Statement of Comprehensive Income

- **Income and Expenditure**
Often called a Profit and Loss account or an Income and Expenditure account. Public sector accounts tend to use the term Income and Expenditure to indicate that they are non-profit making organisations.
- **Income from activities**
Income from patient care activities of the trust, usually from Clinical Commissioning Groups as the principle commissioner of services.
- **Other operating income**
Income from non-patient care services such as commercial training, research funding etc.
- **Operating surplus**
The surplus generated by the normal operations of the trust before taking into account interest, depreciation, and amortisation
- **Depreciation**
When a fixed asset is purchased, the cost of that asset needs to be charged to the income and expenditure account over the life of the asset to recognise the contribution of that asset to the work of the trust in each year of ownership. On purchase of a fixed asset, the expected life is assessed, and the cost is spread over that life. The value of the asset therefore diminishes, or depreciates, over time.
- **Amortisation**
Where depreciation applies to tangible fixed assets, amortisation is the same process for non-tangible fixed assets, such as loans to the trust.
- **Profit / (loss) on disposal of fixed assets**
The difference between the value of an asset in the balance sheet and the actual sale price of the item. This could be equipment or buildings.
- **Public Dividend Capital (PDC)**
PDC originated in NHS trusts as the difference between the valuation of its assets and liabilities on establishment as an NHS trust. This originating debt is deemed an asset of the secretary of state and equates to taxpayers' equity in the organisation.

The trust has to make a return on this capital equivalent to 3.5% per annum, and this amount has to be paid over to the Treasury. The original debt can increase over time due to the allocation of additional capital funds and is repayable over time.

Statement of financial position

- **Fixed Asset / Non-Current Assets**

An asset that has a life that extends beyond the current financial year and that will generate economic benefits in future accounting periods – as opposed to current assets, which are realisable immediately or in the next accounting period. Fixed assets are typically equipment or buildings.

- **Current Assets**

These are assets that are held on the balance sheet of the organisation that have an immediate cash value. These include stocks, that could be sold and realise cash quickly, debtors that can be collected quickly to realise cash or cash held in a bank account.

- **Stock / Inventories**

Material held as stock which could be sold to realise cash quickly. Can either be valued at **cost** where stock is valued in the books at the purchase price or, **net realisable value** where stock is valued in the books at a value that it could reasonably be expected to fetch if it was sold on the open market today.

- **Debtors / Receivables**

Money owed to the trust for services provided.

- **Creditors / Payables**

Money owed by the trust for goods and services received.

- **Total Taxpayers' Equity**

See Public Dividend Capital

Notes to the accounts

- **Historical Cost Convention**
The value of an asset carried in the balance sheet is the amount paid for it on the purchase date.
- **Accruals Convention**
The accounts are prepared taking account of all income received and receivable, and all expenditure paid and payable for the goods and services delivered and received in the period and are not based on cash receipts and payments in the period.
- **Off Balance Sheet**
Refers to fixed assets that are in use by the trust, but which are not technically 'owned' by the organisation, and therefore do not appear in the balance sheet. An example of this would be operating leases, where equipment, such as vehicles, is leased by the organisation but never comes into our ownership.
- **Liquid Resources**
Resources that can be released quickly to enable the organisation to settle debts. Typically, cash in hand or in the bank in short term accounts.
- **Prepayment**
Where the trust has paid in advance for goods or services – for example, quarterly payment in advance for telephone rentals.
- **Deferred Income**
Income received in the financial year but deferred to a subsequent accounting period because the relevant services will be provided in that future accounting period.
- **Reserves**
Funds set aside in recognition of a future event, project, or change, where the need has been recognised but the event has not happened.

TERMINOLOGY

- **Going Concern Basis**

The accounts are prepared on the basis that the trust will still be in existence in the next financial year, and that it will therefore be in a position to recover any debtors due to it, and that it will be around to cover its long term liabilities. If it is likely that an organisation will not be in existence beyond this set of accounts, then long term liabilities would become immediately due, and the position of long term debtors would be called into question, resulting in the need to recognise that in the results presented in this set of accounts.

- **Capital Expenditure**

The amount expended by the trust that enhances the value of fixed assets whose useful life extends beyond the current accounting period.

- **Revenue Expenditure**

Expenditure on the day to day operations of the trust, pay and rations as opposed to capital expenditure.

- **Consumables**

Non pay expenditure on items that have a life of less than one year and are therefore not fixed assets. The term relates to everything from drugs, uniform, stationery through to pieces of disposable equipment.

- **Integrated Care Systems (ICS)**

ICSs have brought together commissioners of NHS services with health and care providers and other partners who work together to deliver services which meet the needs of specific populations. From 1 July 2022, Integrated Care Boards (ICB) became statutory bodies under the Health and Care Act 2022. ICBs have taken on the commissioning functions of CCGs as well as some of NHS England's commissioning functions.

- **Liability**

A situation where an organisation has an obligation to pay for something that has already occurred, and around which there is certainty, but is not yet physically paid for.

- **Provisions**

An allowance in the accounts for a known item, but where the value or timing of the event giving rise to it is uncertain. An example may be where a pay award from 1 January in a given year has not yet been agreed, and the settlement date is uncertain.

The organisation would typically provide an estimate for inclusion in the accounts to ensure that the relevant charge to Income and Expenditure is made in the correct year.

- **Contingent Liability**

A situation where a financial obligation to pay for something that has already happened may arise, but where there is uncertainty or where the final value is difficult to quantify due to dependencies on other things. For example, an outstanding legal claim against the organisation, where if the verdict goes against the organisation, there will be an obligation to pay for an unquantifiable amount. Amounts carried in the accounts under this heading will inevitably be estimates based on the best information available at the time.

- **Value Added Tax (VAT)**

May be in the form of **output tax** – VAT charged on sales, or **input tax** – VAT paid on purchases. In the NHS, normal NHS healthcare activity does not attract VAT.

- **Post Balance Sheet Event**

Something that is recognised after the accounts have been finalised, but before publication, which impacts on the results as they are presented, and has a significant impact on how the results should be interpreted.

- **Risk Pooling Scheme**

This is essentially the NHS insurance scheme, where we pay an annual premium to cover any insurance claims that may arise during the year. The scheme covers all the usual insurance risks around buildings, equipment, fire etc, as well as clinical negligence issues.

- **NHS Resolution**

NHS Resolution (NHSR) is the body responsible for handling negligence claims against NHS organisations. NHSR also advises NHS organisations on risk management.

- **Losses and Special Payments**

Any payments made in respect of bad debts, stock write offs, insurance excesses or compensation payments that are not considered a part of the normal business of the trust.

Things to consider when reading a set of accounts

- **True and Fair View**

A set of annual accounts is a snapshot at a point in time of how the business is performing. Is it profitable? Is it viable? Is it fit for purpose? It is not and probably never will be 100% accurate. What is important is that the accounts present a fair reflection of performance and viability, and that the items presented in there have been treated according valid and accepted accounting principles and can be explained and justified in that context.

- **No Surprises**

The annual accounts should only ever confirm what the board have been expecting in light of the monitoring reports that have been presented by the director of finance during the year and should bear a close resemblance to figures reported at month 12. If there are significant differences between what the board was expecting, or from the month 12 report, then the director of finance should include explanations for this in a commentary that accompanies the accounts, and the auditors should be asked to comment on any items of significance.

- **Previous Year**

It can be useful to compare this year's figures with those of the previous year. Again, the board should already be aware of any significant movements, and the reasons for them, so any changes should be expected. If there are any changes that have not been explained, then these should be queried, and satisfactory explanations obtained to approval.

- **Fixed Assets / Non-Current Assets**

The board should be assured that the changes in the fixed asset figures from one year to another reflect the decisions made by the board on capital investment and disposals during the year. If a revaluation has taken place during the year, this should be explained in the notes, and the board should ensure that they are fully aware of the impact that this has had on both the Income and Expenditure account and balance sheet.

- **Current Assets**

Again, differences between years should be looked at. Particular things to look for include:

- **Stock** – large swings in stock levels year on year can indicate that stock management is inefficient. As a general rule, the trust should look to carry out as little stock as possible commensurate with ensuring that the right supplies are available at the right time. A very large reduction in stocks in any given year,

combined with a reduction in cash balances, may be an indication that the trust is experiencing cash flow problems.

- **Debtors** – high levels of debtors may be a result of inefficient debt collection in the trust, and this may be impacting on the cash flow performance.
- **Cash at bank and in hand** – this is an indication of the liquidity of the trust. We should make sure that we have sufficient readily accessible cash available to meet our immediate needs. Significant swings from year to year may indicate that cash management is not as efficient as it should be.

Further Information

Contact the director of corporate affairs at the address, e-mail, or telephone number below for information about the board of directors or if you would like:

- To view the register of board of directors' interests
- To contact the chair or any member of the board of directors
- Information about board of directors meetings which are open to the public. Details of meetings are also available on the trust's website.

To contact the chief executive's office for more information or if you have any comments

Write to: **Director of Corporate Affairs**
 North West Ambulance Service NHS Trust
 Ambulance Headquarters
 Ladybridge Hall
 Chorley New Road
 Bolton
 BL1 5DD

Telephone: **01204 498400**

E-mail: angela.wetton@nwas.nhs.uk

Website: www.nwas.nhs.uk



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 11 June 2025
SUBJECT	Quality Account 24/25
PRESENTED BY	Elaine Strachan-Hall Interim Executive Director of Quality, Innovation and Improvement
PURPOSE	Decision

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 <i>(Decision Papers Only)</i>	Compliance/Regulatory	<input checked="" 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 are asked to:</p> <ul style="list-style-type: none"> • Approve the Quality Account 2023/24 for publication on 30 June 2025.
EXECUTIVE SUMMARY	<p>The Department of Health & Social Care (DHSC) requires the trust to submit their Quality Account to the Secretary of State by 30 June 2025. This is a requirement set out in the Health Act 2009 with amendments detailed in the Health & Social Care Act 2012.</p> <p>The timeline for the production and submission for the Quality Account 24/25 is as follows:</p>

	Date	Action	Stakeholder
	19/02/2025	TMC reviews the draft 2025/26 priority improvement areas and Quality Account 2024/25 development timetable	TMC
	04/03/2025	Circulate a request to the information leads to provide narrative for their respective sections	Compliance Unit
	04/04/2025	Data released by Informatics and shared with Area Directors	Informatics/ Compliance Team
	11/04/2025	Deadline for narrative to be returned	Information Leads
	14/04/2025	Quality Account initial draft	Compliance Unit
	25/04/2025	Draft Quality Account sent via email to TMC and Q&P Committee members for review and feedback	TMC/ QPC
	25/04/2025	Draft Quality Account sent to Comms for proof reading and branding	Comms
	25/04/2025	Quality Account sent via e-Shot to external provider organisations: - Council - Healthwatch - Overview and Scrutiny Committee (OSC) - Patient Public Panel	Wider Public Sector

		(PPP) for comments - Neighbouring ambulance service (NEAS/Wales/WMAS /YMAS)	
	05/05/2025	L&SC ICB Lead Commissioner to consider Quality Account for approval	Commissioner
	16/05/2025	Final draft Quality Account shared via email with Quality and Performance Committee for approval	QPC
	21/05/2025	Final draft Quality Account presented at Trust Management Committee for approval	TMC
	11/06/2025	Quality Account presented to extraordinary Board of Directors meeting for approval	Board
	June 2025	Quality Account circulated to lead commissioner prior to publication	Commissioner
	30/06/2025	Quality Account 2024/25 published	Compliance Unit

PREVIOUSLY CONSIDERED BY		
	Date	Thursday, 24 April 2025
	Outcome	No amendments required



Quality Account 24/25



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Chief executive statement

Although I have been with NWS for many years, this is the first Quality Account I present to you as Chief Executive and I am delighted to be able to introduce a publication which contains the many positives achieved during the last year.

The purpose of this report is to outline the progress we've made in improving the quality of care we provide for the North West region and sets out our priorities for 25/26.

At North West Ambulance Service NHS Trust (NWS), patient care underpins everything we do. In most cases, people call us when they are at their most vulnerable - this is something we are acutely aware of, and it is a privilege to be there for them when they need us most. We remain committed to delivering safe, high-quality, responsive care for all.

The past year has brought continued challenges across the NHS, including changing demand across the four Integrated Care Boards (ICBs) we serve and ongoing hospital handover delays. Despite this, we've made strong progress particularly in our emergency call handling and response performance.

In 24/25, NWS ended the year with a 999-call pick-up mean time of just one second, consistently ranking us among the top two ambulance trusts in England. Rapid call answering is a critical patient safety measure, especially for life-threatening Category 1 calls where early cardiopulmonary resuscitation advice can be lifesaving. We answered 97.8% of 999 calls within five seconds, maintaining one of the best performance records nationally.

Our response to Category 1 calls, the most urgent, has improved and continues to show sustained progress. Encouragingly, response times for lower acuity Category 3 and 4 calls have also improved for the second year in a row, now reaching levels not seen since before the pandemic. While prioritising the most urgent calls is essential, we remain focused on improving the experience of all patients.

We've strengthened partnerships with health and care providers to reduce hospital attendance and support care closer to home. This helps ensure ambulances are available more quickly for other patients. By addressing more cases via telephone, emergency ambulances are prioritised for patients in more urgent need.

Hospital handovers remain a key challenge, affecting ambulance availability. While some areas of the ICBs have seen improvement, others continue to face delays. We're actively working with system partners to reduce these pressures and improve patient flow, ensuring that our crews can be available to respond more quickly and safely.

In 24/25, 85% of calls to 111, were answered within 60 seconds, this represents a 33% improvement from the previous year and the call abandonment rate reduced to 2.7%, a 10% drop. We also made significant strides in integrating our 999, NHS 111, and patient transport services (PTS) into a single, more efficient contact centre. Phases 1 and 2 were completed

during the year, and Phase 3 was approved in January 2025. We're now mobilising the final stage to embed the integrated contact centre model in 25/26.

Cultural transformation continues to be a strategic focus. In 24/25, we launched the North West Improvement Academy to build improvement capability from board to frontline. The first cohort completed nine months of training supported by internal and external experts. This forms part of broader efforts in organisational culture, workforce, and wellbeing, as detailed in our Annual Report and supporting documents.

None of our progress would be possible without the dedication of our people. I am constantly inspired by the commitment, compassion, and resilience of our staff and volunteers. Their contribution to the health and wellbeing of the North West cannot be overstated and I am extremely proud of the care they provide from both a clinical and emotional perspective. A kind word, reassuring advice and empathy can go a long way in easing an individual's distress when they are scared, worried or unwell.

This Quality Account reflects the improvement, innovation, and care delivered every day at NWAS. Whether you're considering joining our team, collaborating with us, partnering with us, or simply learning more about what we do, I hope this report gives you a clear sense of our direction and purpose. We are more than blue lights, we are a vital part of the region's urgent and emergency care system, striving every day to make the North West proud.

Salman Desai KAM
Chief Executive

Statement of directors' responsibilities in respect of the quality account

Under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011, the directors must prepare quality accounts for each financial year. The Department of Health has issued guidance on the form and content of annual quality accounts (which incorporate the above legal requirements). In preparing the Quality Account, directors must take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of our performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

This year in brief 24/25

Our services		Successes and achievements
999 calls we answered	1,436,333	<ul style="list-style-type: none">Appointment of a new Chief Executive OfficerEast Lancashire care home engagement project, reducing conveyance from care homes to hospitalSmart programme boosted by funding from NHS EnglandFurther development of the electronic patient record (EPR)Awarded the Outstanding Service award for a joint training collaborative with midwives at Liverpool Women's NHS Foundation TrustImplementation of the NHS 111 'Option 2' for patients who present with a mental health crisisRolled out Project 365 to support efficient ways of working and enable effective record managementSeven cohorts attended the Improvement Academy working on real time improvement projectsPatient Transport Service (PTS) have trialled an electric vehicle, receiving positive patient feedbackSixty volunteers recruited with plans to recruit seventy morePhase one and two of service delivery model review completedExtensive patient engagement programme, utilising virtual, face-to-face and digital methods of engagement
NHS 111 calls we answered	1,870,669	
Patient transport service journeys	1,458,446	
Emergency incidents requiring a response	1,118,433	
Hear and Treat	15%	
See and Treat	28%	
Ambulance response times		
Category 1 response time mean	00:07:44	
Category 1 response time 90 th percentile	00:13:11	
Category 2 response time mean	00:29:49	
Category 2 response time 90 th percentile	01:00:33	
Category 3 response time mean	01:57:46	
Category 3 response time 90 th percentile	04:19:49	
Category 4 response 90 th percentile	04:32:33	
Patient Experience		
The number of complaints we received	2,277	
The number of compliments we received	1,150	
The number of Friends and Family Test we received	22,394	
Dignity, compassion and respectful care	92.8%	
Clinical effectiveness		
Cardiac arrest survival at 30 days (Apr - Nov 24/25)	10.8%	
Stoke care bundles delivered	90.7%	
Patients achieved a return of spontaneous circulation (ROSC)	32.7%	
Patient safety events		
The number of patient safety events	8,479	
Patient safety events resulting in no physical harm	6,835	
Patient safety events resulting in moderate physical harm	186	
Patient safety events resulting in fatal physical harm	93	

Table 1: Highlighting 24/25 in-brief including examples of successes and achievements

About us

North West Ambulance Service (NWAS) is one of the largest ambulance trusts in England. We provide services to over seven million people across a geographical area of approximately 5,400 square miles. We employ 7,757 staff from over 100 sites and provide services to patients in rural and urban communities, coastal resorts, affluent areas and in some of the most deprived areas in the country. We also provide services to a significant transient population of tourists, students and commuters.

The North West region is one of England's most culturally diverse areas, with over 50 languages spoken by community members. Consequently, we place considerable emphasis on equality and diversity and public engagement activities to ensure that our services are accessible to all members of the community. There are more people living with long-term health conditions and, as people get older, we can expect there will be more people in our communities living with illnesses. We know from our data that the overall health of our region's population has an impact on demand for our services.

A strategic focus is to collaborate with our integrated care systems (ICS) and integrated care boards (ICB) to support the delivery of public and population health agendas and urgent and emergency care services. We are the only regional NHS organisation in the North West that operates across five ICSs:

- Lancashire & South Cumbria Health & Care Partnership
- Cheshire & Merseyside Health & Care Partnership
- Greater Manchester Health & Social Care Partnership
- North East & North Cumbria ICS
- Joined Up Care Derbyshire (which includes Glossop)

Our shared purpose, vision and values

At NWAS our vision is 'to deliver the right care, at the right time, in the right place; every time.'

Our shared purpose is to help people when they need us most. Based on this purpose, our strategy sets out our vision to deliver:

- **Right care** means that we will provide outstanding care that is safe, effective and focused on the needs of the patient.
- **Right time** means that we will achieve all operational performance standards for our paramedic emergency service, NHS 111 and patient transport service.
- **Right place** means that we will provide care in the most appropriate setting for each patient's needs, taking fewer people to emergency departments by providing safe care closer to home, or referring people to other health and care pathways.
- **Every time** means that we will provide services which are consistent, reliable and sustainable.

To deliver our vision, our values of 'working together'; 'being at our best' and 'making a difference' underpin all that we do. These values describe the 'how' and set the expectations for

staff to provide compassionate care and improve outcomes and experience for our people, patients, and communities.

We provide high-quality emergency care to save lives and make a difference to people with life threatening illnesses or injuries. For those with less serious conditions, we will tailor our response to each person's needs. This may include urgent clinical assessment, advice over the phone, referring them elsewhere or alternative transport for scheduled appointments.

Our strategy

We have three strategic ambitions:

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

At the end of 2024, we agreed to extend the current Trust strategy by one year whilst work was undertaken to develop the new trust strategy and supporting strategies during 25/26. This will enable us to ensure both internal and external factors are considered, including changes in Trust leadership structures and outcomes from the NHS ten-year plan. We aim to launch the new suite of strategies in March 2026.

Our services

Integrated Contact Centres (ICC).

Following internal reconfiguration of services, the ICC includes 999, NHS 111 and patient transport service (PTS) contact centre.

999.

Emergency operation centres (EOC) receive and triage 999 calls from members of the public as well as other emergency services. EOC staff provide advice and dispatch an ambulance service to the scene as appropriate. The clinical hub (CHUB) is based within the EOC, assesses patients via telephone and provides the most appropriate care based on that assessment. This may be an ambulance (either emergency or urgent care), GP referral, referral to other services or self-care.

NHS 111.

NHS 111 deliver services for the North West region and are major contributors to the delivery of integrated urgent care. We signpost patients to the most appropriate care highlighted to them following triage and informed by the Directory of Services.

Patient Transport Service.

Patient Transport Services (PTS) provide essential transport to non-emergency patients in Cumbria, Lancashire, Merseyside, and Greater Manchester, who are unable to make their own way to or from hospitals, outpatient clinics or other treatment centres.

Paramedic emergency services.

Paramedic emergency service (PES) services are delivered by solo responders, double crewed ambulances and approved private providers who together deliver 999 emergency care for the population of the North West.

Resilience.

Our hazardous area response team (HART) and resilience teams are specially trained and equipped paramedics who provide a response to high-risk and complex emergency situations, including major incidents. They respond to major incidents to deliver our statutory responsibilities as a Category 1 responder under the Civil Contingencies Act 2004.

Volunteering.

We have one of the largest and longest-established community first responder (CFR) schemes in England, with CFRs operating across all areas of the North West, providing an effective, complementary service in their local communities.

We also offer several other volunteering roles, including Patient and Public Panel (PPP), Voluntary Car Drivers (VCD), Voluntary Car Service (VCS), Welfare Support Volunteers and Vehicle Movement Volunteers.

Corporate services.

As well as providing clinical services to patients, we provide a wide array of specialist, non-clinical corporate services. These wider teams offer a unique variety of services, for example, estates and facilities, communications, risk management, digital, vehicle maintenance, finance, and human resources.

Our Quality Strategy (22/26)

Our Quality Strategy (22/26) is one of four key supporting strategies that define our priorities over the coming years, enabling us to achieve our goals and realise our vision.

As the ambulance service for the North West, we are privileged to support people during some of the most critical moments in their lives. We save lives, prevent harm, and provide services designed to deliver outstanding outcomes. Every day, our teams go above and beyond to meet these expectations. We are incredibly proud of our staff, volunteers, leadership teams, and partners who all contribute to the care we provide.

Our Quality Strategy to 2026, continues to support the significant changes we have experienced and continue to navigate across our senior executive team, including the appointment of a new Chief Executive. We will continue to embed strong leadership, support continuity, and ensure that our quality ambitions are fully realised and aligned with the evolving direction of the organisation.

In shaping this strategy, we consulted with over 200 colleagues across the trust including leaders, frontline teams, and a diverse range of stakeholders and networks. This strategy is not just a statement of intent, it is a living, evolving document that reflects the voices of both those who use our services and those who deliver them.

We've taken substantial steps to understand how patients experience our care. We've listened to staff who raise concerns about patient safety, analysed incident reports, participated in staff forums, and carried out clinical audits, all of which have given us deep insights into the safety, reliability, and sustainability of our services.

Continuous learning remains central to our approach. We are committed to improving safety, effectiveness, and the overall patient experience. Our Quality Strategy is closely aligned with the overarching Trust Strategy and interwoven with our broader set of supporting strategies and plans.

We will continue to nurture a positive safety culture, strengthen our partnerships with patients and families, and embed the Patient Safety Incident Response Framework (PSIRF). Our learning, both from successes and challenges will inform strategic priorities, guide organisational focus, and be supported by our improvement, project, and transformation teams.

The strategy is grounded in current policy and evidence from improvement and implementation science, reinforcing our goal to become better every day. It brings together expertise from across the organisation to deliver shared quality goals through collaborative action, measurable outcomes, and strong governance.

This strategy represents our ongoing commitment to challenge ourselves, to learn, and to improve continuously. The opportunity for partnership working has never been greater, particularly with the establishment of primary care networks, provider collaboratives, and integrated care boards. We are committed to working more closely than ever with primary care, community, mental health, and urgent and emergency care providers to build truly integrated care.

We are proud to serve the people of the North West and our Quality Strategy reflects our unwavering dedication to improving care and delivering the highest standards for our patients and communities.

Our aims and achievements in 24/25

In last year's quality account, we laid out our aims for 24/25. The paragraphs below outline our progress against these over the last year with the bold text outlining our specific commitments.

Safer care

To be able to deliver safe care we need to protect our patients and our staff from avoidable harm. This requires understanding the complexities of the systems we work in, to be able to critically examine contributing factors of why errors occur so that we can reduce future risks. This can't be done in isolation and requires developing a culture of safety first with our people, our partners and our patients.

Complete our safety culture surveys and have action plans for the improvement.

In 23/24 we completed safety culture surveys across the trust, rolled out a patient safety training curriculum and implemented the Patient Safety Incident Response Framework (PSIRF). Work in this area has continued throughout 24/25 with a focus on launching our NWAS Improvement Academy to build improvement capability.

Review our learning forums to include integrated patient safety learning (incidents, complaints, claims), learning from deaths, freedom to speak up and have themed improvement action plans based on local learning.

Area Learning Forums have been reviewed to include integrated patient safety learning and the development of improvement plans. There is good evidence that these forums are starting to use local data to change practice. The Regional Clinical Learning and Improvement Group (RCLIG) which brings together staff from each area recently refreshed its terms of reference to ensure that triangulated learning is being presented and feeding up to and from the area learning forums.

Include the patient safety incident response framework (PSIRF) priorities in action plans and find the improvements that can be made locally.

24/25 has been the first year using the Patient Safety Incident Framework. This has required a change in the way we approach learning to ask why events took place in the manner they did, requiring an appreciative enquiry approach to identifying and solving problems. Improvement plans linked to PSIRF priorities are being developed, for example changes to call handling, mental health and medicines management. Further work to embed this approach to patient safety will continue in 25/26.

Involve nominated leads in the regional clinical learning improvement group (RCLIG).

The introduction of the Regional Clinical Learning Improvement Group has provided a space to be able to critically discuss and identify areas for improvement, with work streams forming from those discussions. Clinical Leads from each sector now attend and the group provides additional support and advice for improvement ideas. One success has been the communication and sharing of good practice through the 'Learning Loop' publications which has seen staff interest grow with a further wish to be involved in learning using this approach.

Ensure safeguarding needs are addressed within training needs analysis and explore digitalising our safeguarding process.

During 24/25, our Safeguarding team has worked with the Learning and Development team to align all new roles with the appropriate level of safeguarding training and trust-wide training compliance has been maintained throughout the year.

We make safeguarding referrals to 27 local authorities within the geographical footprint. Referrals are made electronically via our support centre in Carlisle to the appropriate local authority with 39,561 safeguarding and early referrals made in 24/25. The journey to digitalise the safeguarding process has commenced with early scoping of the process completed. Further work is still needed to move this initiative forward to enhance an already robust system.

Highly effective care

Highly effective care means supporting people to achieve good outcomes so they can maintain or achieve the best quality of life. To ensure this happens, care must be based on the best available evidence with staff who feel confident in their knowledge and skills to be able to deliver that care.

Develop a plan and evaluate the national AACE Clinical Supervision Framework.

Following a period of multiprofessional consultation, development of the Clinical Supervision policy has been finished and is now ready for implementation, embedding and evaluation in 25/26.

Complete a review of clinical triage tools, including the implementation of Category 2 segmentation.

We have implemented the national category 2 segmentation principles outlined by NHS England through amendments to its clinical flow and concerted recruitment into the Advanced Practitioner in Urgent and Emergency Care cohort. This has resulted in the management of over 500 category 2 incidents weekly without the need for an ambulance attendance. Furthermore, we have adopted a flexible approach to the management of category 2 validation, enabling us to prioritise category 2 incident management in proportion to the risk within the NWAS system.

Improve see and treat (S&T) rates through local improvement plans, agreed trajectories, data review and the adoption of improvement methodologies.

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 emergency departments 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 application has been to a limited cohort of patients. Further evaluation of the impact on clinical outcomes and overall performance measures is now needed.

Finalise the mental health strategic plan, learning disability and autism annual objectives and dementia plan.

In 24/25 we developed mental health, learning disability and autism and dementia strategic plans. These will support our services to improve clinical practice and reduce differences in outcomes for patients with these conditions.

Deliver the pre-hospital PROMPT training to senior clinicians for safer maternity and neonatal care provision for the perinatal population of the North West.

Pre-hospital practical multi-professional training (PROMPT) is a multi-professional obstetric emergencies training programme that focusses on the out of hospital environment in providing maternity and newborn care. During 24/25 we have been working through the options available to meet the training needs of our frontline staff to be able to manage safely and effectively obstetric and neonatal emergencies. An options appraisal document is now complete and ready for review.

Patient centred care

Patient centred care means listening to and understanding what matters most to patients. To achieve this, we need to become partners in care where patients feel informed, listened to, respected and involved in the decision making around their care.

Establish a patient safety partner policy and integrate our patient safety partners into our organisation through safety governance and improvement.

We value the contribution of Patient Safety Partners (PSPs) who are lay people who partner with us to improve safety and have a unique range of experiences to share. NWS has recruited three PSPs to date from within the Patient and Public Panel and orientated them to the role through training (both mandatory and specialist training), monthly welfare meetings and scheduled individual meetings. The PSPs continue to develop the role through attendance at safety governance meetings including Learning from Deaths, Patient Safety Event Cases (PSEC) and Regional Clinical Learning and Improvement Group (RCLIG). They continue to support us with safety improvements, such as those made to duty of candour. It is envisaged

this role will expand further with support from leaders in the organisation. We also hope to expand the number of PSPs we have in the trust during 25/26 with a focus on those who may find it difficult to access our services.

Evaluate the benefits of the electronic patient record (EPR), access to GP records and connection of information including the barriers to uptake.

Whilst a great deal of progress has been made against this priority, there have been some unavoidable delays due to the technical readiness of the pan regional information sharing mechanism (PRISM). Work already done has identified the clinical information that does and does not provide benefit to our clinical hub to make the right decision. This will support us in understanding where we focus on external data integration in future.

Scale up direct electronic referrals into primary care from a patient's home.

Work with the integrated care boards has progressed steadily during 24/25 with the aim of increasing the number of direct referrals into primary care from patient's home. Whilst this is not yet fully adopted, work is continuing into 25/26.

Quality standards and compliance

Maintaining quality standards and compliance means having the right systems and processes in place within the organisation to ensure a consistent approach to quality and quality improvement whilst adhering to external regulations responsible for monitoring quality standards within the service protecting our people, partners and patients.

We will ensure we maintain a 'Good' CQC rating and conduct a developmental 'well-led' review and action plan to get to CQC 'Outstanding' within three years.

There is good evidence through board assurance that we are maintaining standards that contribute a 'Good' CQC rating. Plans to complete a well-led review with an accompanying action plan to achieve 'Outstanding' within three years, have been delayed but are now in progress with a well-led review planned for Quarter one and two in 2025.

We will ensure we can deliver safe systems of work for staff in line with the health and safety executive standards, focusing on reducing violence and aggression towards staff and avoidable musculoskeletal injuries.

There has been a sustained improvements in compliance with reportable events being reported to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) regulations in accordance with timeframes set out in law. There has been continued innovative improvements with the DCIQ (incident reporting) system to support with timely reporting to the HSE. We have also improved our mandatory training which is designed through current data collection of incidents to make it bespoke to the incidents staff are facing.

Continuous improvement

Quality in healthcare is not static. Ensuring the care we provide remains safe, effective and person centred amidst change requires our people to have the skills, knowledge, resources and support to be able to adapt and continuously improve the care we provide.

We will use the NHS IMPACT baseline self-assessment to work on building capability and capacity for improvement and creating the conditions for continuous improvement from the board to the frontline.

The NHS IMPACT framework was introduced by NHS England to build organisational continuous improvement. Improvement teams have been working with teams to map progress against the NHS IMPACT (Improving Patient Care Together) baseline self-assessment during 24/25. Whilst more individuals have been introduced to improvement science, to increase improvement capability at scale will require a three to five year programme. Plans on working to achieve this goal are in development.

All teams and departments will produce a local quality improvement plan focused on safety, effectiveness, patient centeredness and patient experience improvement.

Whilst there is good evidence of improvement plans being developed and 24/25 has seen significant improvement work across NWAS at a trust-wide level, the links between local quality data and local improvements needs maturing as we move into 25/26.

We will launch our improvement academy, aligned to strategic priorities for the ten teams who will complete their training in February 2025.

The NWAS Improvement Academy was launched in September 2024 with the first cohort comprising of six NWAS teams and two Blackpool hospital teams. A celebration event showcasing the projects supported by the Academy took place in April 2025. Feedback has been overwhelmingly positive with participants reporting that their knowledge of quality improvement methodology has demonstrably increased which is reflected in direct improvements made because of participants projects. Funding for a further cohort in 25/26 has been agreed.

We will roll out digital innovations via the smart stations scale up, to improve the efficiency and effectiveness of operational delivery.

This has provided learnings which need to be implemented with the future process around moving innovations into projects and how innovations start and align to the trust strategy.

We will undertake a full review of integrated performance reporting (IPR) to ensure we optimise access and insight for assurance, operational management and improvement.

The discussions on the purpose of the IPR and how it supports us to mature the organisation has been important for setting the direction for the Data Insights and Intelligence team. This has

led to the development of an objective to provide support to decision makers on how to utilise data to make informed decisions.

Equality, diversity, and inclusion

To be able to create an atmosphere where all individuals feel safe, included, respected and able to flourish, it is essential to interconnect the concepts of equality, diversity and inclusion. Equality is about ensuring people are treated the same regardless of their background or characteristics. Diversity is about valuing the differences between individuals and inclusion is about creating an environment where everyone feels respected and able to contribute.

Focus on improving learning from complaints and patient safety incident response framework (PSIRF) for patients from protected groups.

The Resolution team can now analyse the equality diversity and inclusion information captured through the complaint process. Themes are reported to Quality and Performance Committee and at the Diversity and Inclusion Group.

Ensure all information asset owners prioritise the inclusion of protected characteristics in their system configuration, and work with the digital team to prioritise the review of data by characteristic/ deprivation.

Work has progressed in earnest to ensure the inclusion of protected characteristics are included in all system configurations. Work has been undertaken to connect data together to ensure meaningful reporting is available.

Increase research funding to support undertaking research on reducing health inequalities.

A record level of research delivery was achieved within NWAS in 24/25 with the trust achieving its highest level of recruitment to the NIHR (National Institute of Health Research) Portfolio. This recruitment was not specifically targeted at research around health inequalities, rather delivered across a broad range of emergency and urgent care themes, however health inequalities will continue to be a focus of work across the organisation.

Our operational performance

Integrated Contact Centre (ICC)

The ongoing integration of the patient transport services (PTS), 999, and 111 contact centre services into a fully integrated contact centre (ICC) is an ambitious and crucial initiative for improving operational efficiency and patient care. The progress made in 24/25 is significant, particularly with the completion of phases one and two and the preparation for phase three of the service delivery model review.

The proposals for the phase three final structure of the integrated contact centre were approved in January 2025, and the project is now in the mobilisation stage. This final phase will be critical to completing the structural changes and embedding the integrated teams in 25/26.

Embedding the senior leadership team into the new structure is a key priority for ensuring that the integration is managed effectively. Continuing to embed joint governance procedures is crucial to maintain consistency across all three services and to ensure that integration happens in a structured, compliant, and efficient manner.

Across all areas, reductions in sickness and turnover indicate that the integration is having a positive impact on workforce stability. Increased positive feedback from staff surveys further reinforces the success of the integration progress so far. This is a key sign that the changes are not only benefiting the service at an operational level but also improving the workplace environment and culture.

Activity and demand: NHS 111

111 calls.

During 24/25, NHS 111 calls answered by NWS for the North West fell by 19.6% when compared to the previous year. A significant factor in this was due to external support given to the Trust. The support given, allowed the service to improve its workforce metrics such as reducing sickness and turnover rates, which directly contributed to better call handling and overall performance.

During 24/25, 83% of calls were answered within 60 Seconds. This represents a 33% point improvement compared to the previous year. Faster response times are crucial for patient satisfaction and ensuring that urgent cases receive immediate attention.

With support, call abandonment rate reduced by 10%, a reduction to 2.7% in abandoned calls is a great achievement, showing that the service is better equipped to handle the volume of calls, and fewer patients are left waiting or choosing to disconnect. Overall performance improvement for call pickup and workforce efficiency improved, which is crucial in the ongoing discussions regarding funding and appropriate contracts with commissioners.

Support ceased in February 2025, whilst this has represented an increase in volume for the service, we have managed to maintain strong performance, especially for call abandonment (still well within the target of under 5%).

Activity and demand: paramedic emergency service (PES)

999 call demand.

In 24/25, 999 call demand has fallen by 0.7% overall compared with 23/24. However, there have been periods of variation based on external factors, for example winter pressures. Some patients have been more appropriately signposted by call handlers to alternative pathways. This in turn, reduces the number of subsequent calls received for the same patient who previously would have waited for an ambulance response.

Fiscal year	999 Call Demand	% difference to previous year
21/22	1,632,595	↑ 26.7%
22/23	1,531,958	↓ 6.2%
23/24	1,446,700	↓ 5.6%
24/25	1,436,333	↓ 0.7%

Table 2: Total number of 999 calls (24/25) with percentage change from the baseline.

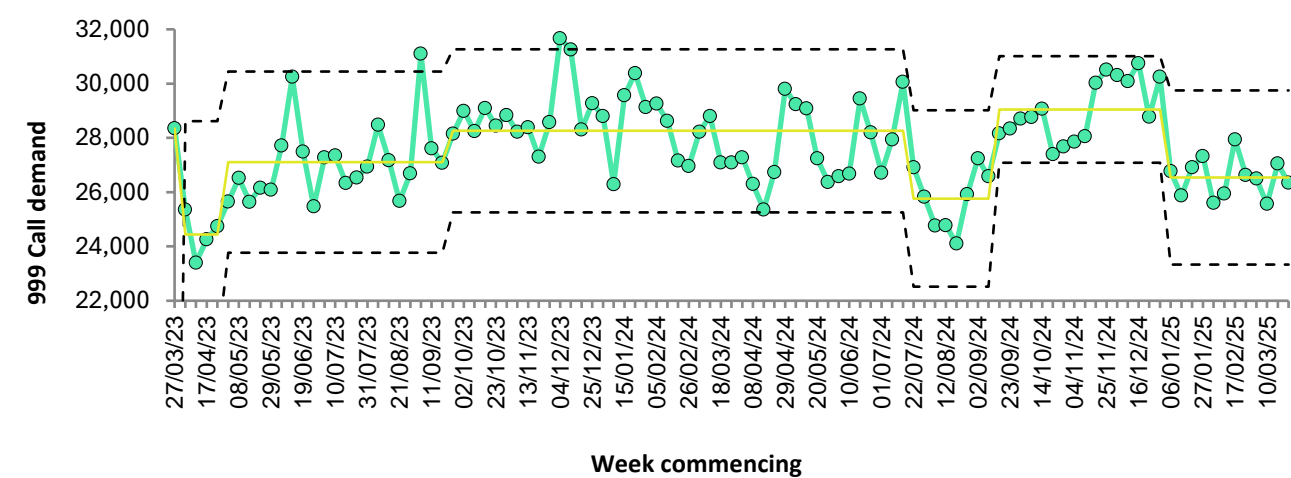


Figure 1: Average number of calls is 27,621 per week, or 3,935 per day (24/25).

The statistical process control chart in figure 1 shows a sharp rise in demand in the baseline year (August 2024) throughout the winter where excess demand from seasonal flu for example increased demand across the whole NHS. The demand reduced in January 2025 and has been more stable in the first quarter of 2025, like the previous year.

Incidents requiring a response.

In 24/25, 999 emergency incidents requiring a response has decreased by 0.3% overall compared to 23/24. The number of incidents responded to is less than the number of 999 calls received for several reasons. These reasons include multiple telephone calls being received for the same incident, estimated time of arrival enquiries and solving the patient's needs through telephone triage and signposting to more appropriate services.

Fiscal year	Emergency Incidents	% difference to previous year
21/22	1,129,193	↓ 1.1%
22/23	1,074,933	↓ 4.8%
23/24	1,121,403	↑ 4.3%
24/25	1,118,433	↓ 0.3%

Table 3 Total number of 999 calls requiring a response (24/25) with a percentage change from the baseline.

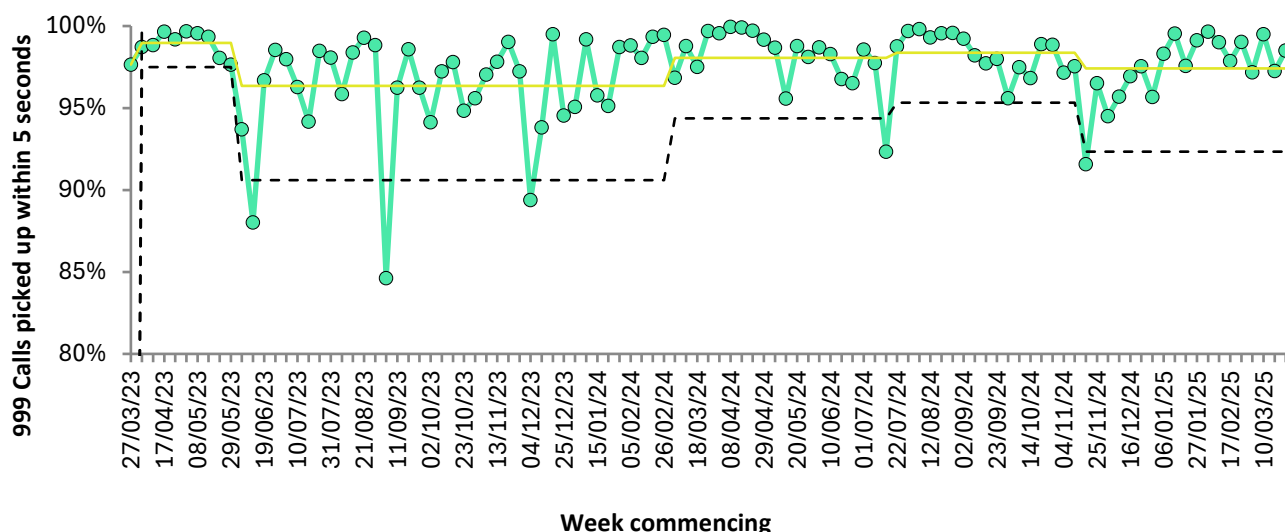


Figure 2: The percentage of 999 calls answered shown weekly demonstrates increased consistency at or above 95% in 24/25.

Within the data, there are periods within the year where call pick up has dropped below the control limit on specific dates on example July 2024 and November 2024, cause of which have been periods of high demand or a business continuity event e.g. unplanned loss of Category 3 Command and Control system meaning call handlers reverted to taking 999 calls on a paper which in turn increases call length, impacting performance. It is of note that NWS has finished the fiscal year 24/25 with a one second 999 call pick up average (mean) with NWS continually being ranked in the top two ambulance trusts nationally for call pick up.

Call pick up, is a vital safety metric for patients with the most life-threatening conditions (category 1) as cardiopulmonary resuscitation advice over the telephone is a critical success factor in survival. In 24/25, 999 call pick up within five seconds improved further from previous years.

Fiscal year	% of calls answered in five seconds	% point difference to previous year
21/22	75.9%	↓ 19.1%
22/23	72.8%	↓ 3.1%
23/24	96.8%	↑ 24.0%
24/25	97.8%	↑ 1.0%

Table 4: 999 Call pick up within five seconds

Ambulance response programme

Ambulance service emergency performance is measured through the Ambulance Response Programme (ARP), which aims to make sure patients are reached as quickly as possible depending on their need. Under ARP there are four categories, with category 1 being the most serious, life-threatening incidents. All categories have a performance standard based on the time it takes to respond to the incident. These performance standards can be seen below:

- Category 1 is for calls about people with life-threatening injuries and illnesses. We aim to respond to these in an average time of seven minutes and at least nine out of ten times within 15 minutes.
- Category 2 is for emergency calls. We aim to respond to these in an average time of 18 minutes and at least nine out of ten times within 40 minutes.
- Category 3 is for urgent calls. In some instances, patients may be treated by ambulance staff in their own home. We aim to respond to these within 120 minutes at least nine out of ten times.
- Category 4 is for less urgent calls. In some instances, patients may be given advice over the telephone or referred to another service such as a GP or pharmacist. We aim to respond to these at least nine out of ten times within 180 minutes.
- Category 5 – Signposting advice only, no response time applies.

Response to high acuity category 1 calls has improved in 24/25 and shows a sustained improvement over time. As these are the most serious and life-threatening of calls received, ambulance services prioritise their response to these patients to save lives.

There has also been improvement in the response to category 3 and 4 patients for the second year in a row in 24/25, meaning that the response to those lower acuity calls is being provided quicker than any time since before the pandemic.

Response times to category 2 calls has increased in 24/25, despite increases in deployed ambulance resources. This increase has been driven by an increase in hospital handover

times, impacting on the availability of ambulance resources to respond to patients who need a face-to-face response. Whilst the mean category 2 for 24/25 was just over one minute longer than 23/24, at 29 minutes and 49 seconds, it was within the revised recovery target set by NHS England of 30 minutes. Work is underway to reduce the category 2 response time in 25/26 with additional investment from NHS England to increase frontline resources, further support to reduce handover times, and extra clinicians in the integrated contact centre to support the triage of calls.

Whilst during 24/25 NWAS responded to slightly fewer incidents than the previous year, more incidents than ever before were managed without the need to transport a patient to hospital. Patients were provided care over the telephone, referred to another service (such as community pharmacy, community response, or their own GP), or managed at home with a face-to-face response from an ambulance service clinician.

Hospital handover.

Extended time from 'arrival to handover' continues to be a challenge across the NWAS footprint. The average amount of time it has taken for an ambulance crew to hand over the care of a patient to the emergency department staff after the arrival at the hospital has increased from 23/24.

However, we have reduced the time taken after the patient is handed over to complete any paperwork and prepare the ambulance for the next emergency call. This 'handover to clear' time has been consistently below 10 minutes each month on average for the whole year.

'Arrival to handover', and 'handover to clear', when taken together give us our overall turnaround time. The increase in the average arrival to hand over time, with the small decrease in handover to clear time, means overall turnaround time has increased in the North West in the last 12 months. Some improvement has been seen in quarter four of 24/25 with significant focus on turnaround times by our integrated care board (ICB) and NHS England partners.

Work continues closely with integrated care board partners, and with individual acute hospital trusts to improve handover. Over the last 12 months NWAS has deployed ambulance liaison officers to our busiest hospitals to help coordinate the release of ambulances, has used cohorting (a process where one ambulance crew looks after a few patients to free up other crews) to allow us make crews available for further calls, and teams have taken part in collaborative work with partners to review handover processes. This has delivered some success in the later months of the financial year, and it is expected that this work will continue into 25/26 to deliver handover times closer to the target of 15 minutes, and with a nationally mandated maximum time of 45 minutes.

Arrival to handover times is higher in Cheshire and Mersey than they are in the other integrated care board areas. There has been extensive engagement across the Cheshire and Mersey ICB area throughout the year to address this, including the development of several schemes to further reduce emergency department (ED) attendance and avoid long waits, and this is now starting to show some sustained improvement.

Releasing ambulances promptly on arrival at hospital increases the availability of ambulances and improves the trusts capacity to respond to emergencies. This is why there has been significant focus from the leadership teams across NWAS, and from our ICB and acute hospital trust partners in reducing handover times.

Outcomes

All three areas of NWAS have been working with their respective ICBs around handover improvement. The three main North West ICBs all have a handover improvement working group, bringing together the acute hospitals, wider system partners, and senior leaders from NWAS to collaborate on handover improvement. These groups have been focused on improving flow through emergency departments (ED) to allow improvement in flow into the departments from waiting NWAS crews. Although the approaches have been different in the three areas, handover improvements have been delivered at some of the most challenged hospital sites in quarter four of 24/25.

Work has also been ongoing with the ICB in North Cumbria as part of some joint work between the North West and North East ambulance services. This has focused on improving escalation when delays are experienced at acute hospital sites. Plans are in place to continue this work with all the ICBs into 25/26, supported by the NHS England regional team, with a focus on improving average handover times and decreasing long waits. Improvement trajectories have been set for all the main acute hospital sites, and the local NWAS team will work with their hospital partners towards achieving these.

Urgent and emergency care growth.

Additional non-recurrent funding was received in 24/25 to support the improvement of our response to category two patients. This allowed the deployment of additional ambulance hours across the footprint of the North West region. We added an additional 31 frontline staff (paramedics and emergency medical technicians) deploying 400 extra hours of ambulance time per week. Most of this additional resource was placed in Cheshire and Mersey to support demand there, but there was also extra ambulance hours added in Cumbria and Lancashire, and Greater Manchester.

The additional hours were provided to support the achievement of the interim recovery response requirement for 24/25 of a mean response time of 30 minutes to category two calls (in place of the national 18-minute mean standard), which we achieved. The funding also allowed us to provide additional supervisory support to our frontline staff. This helped us provide clinical supervision and make sure our paramedics and emergency medical technicians were supported to provide the best care possible.

Patients we help on the telephone (hear and treat).

The Integrated Contact Centre (ICC) clinical delivery team has been working hard to improve the process of treating patients over the phone, helping reduce unnecessary ambulance dispatches. During 24/25, 15% of emergency incidents were managed through triage and treated over the telephone.

Positive impacts of 'hear and treat' include:

- Reducing ambulance demand. By addressing more cases via telephone, fewer ambulances are required which can help prioritise emergency resources for patients in more urgent need.
- Improving efficiency. Streamlining the triage process helps make better use of time and resources, improving the overall efficiency of the healthcare system.
- Cost savings. Treating patients over the telephone reduces operational costs associated with ambulance dispatch and emergency department visits.
- Patient satisfaction: For some patients, being treated at home through telephone triage can be more convenient and less disruptive, enhancing overall satisfaction with the service.

Patients not conveyed to hospital (see and treat).

As there is improvement in 'hear and treat' rates, ambulances are only sent to the patients that cannot be helped on the telephone, and these are often more complex or unwell patients.

Some of the patients attended with a face-to-face response may still be assessed by a clinician and be identified as being suitable for management by a primary care service or urgent care service rather than needing transportation to an emergency department. This is referred to as 'see and treat.'

Working closely with partners in health, social care, and the third (voluntary and not-for-profit) sector, pathways have been developed that provide the care required without the need for the patient to be taken to hospital. This includes access to virtual wards, response within two hours by urgent care clinicians based in the community, or specialist community pathways for frail patients, or those with specific conditions such as respiratory illness. These are just some examples of pathways that NWS clinicians can access to support managing patients in places other than at hospital.

In 24/25 there was a small reduction in 'see and treat' rates, which is likely to be due to more patients being managed through assessment over the telephone and not needing a face-to-face response. In 25/26 there is planning for further work with system partners to find additional appropriate ways of managing patients in the community who do not need transporting to an emergency department. This will include coordination of the care offered at place level by system partners, making it easier for an NWS clinician to access the right solution for a patient. This will help to lessen demand on busy emergency departments and support providing the appropriate care for patients closer to home, or in the patient's home.

Leadership review.

Over the last 12 months a new frontline operational and clinical leadership structure has been implemented across the service delivery directorate. As well as delivering a focus on team management, supervision, and support for frontline staff, it has enhanced our response to patients. There are now a minimum of six advanced paramedic practitioners with skills in managing critically unwell and complex patients on duty across the region 24 hours a day. They respond to patients that need additional advanced skills and knowledge such as complex maternity, acutely unwell paediatric patients, serious trauma, and cardiac arrests. There are also six duty officers, our first line operational leadership response to incidents, available across the region 24 hours a day. They provide support at multi-patient incidents, our operational commander response to significant and major incidents, and welfare and wellbeing support to crews who attend difficult incidents. The changes have also seen the introduction of sector clinical leads who work closely with the wider local management teams to improve and sustain the quality of care delivered by frontline clinicians.

The review has also increased our ability to respond to the most critically unwell patients in a timely manner, and this has already led to a small improvement in mean category one response times, with more work being undertaken to further improve these in 25/26.

Activity and demand: Patient transport service (PTS)

The patient transport service (PTS) contracts for Merseyside, Greater Manchester, Lancashire, and Cumbria were due to expire in 2024. These were initially extended to 31 March 2025. During 24/25 NWAS re-submitted bids for the new contracts for the period 25/30 across three lots; Cheshire and Merseyside, Greater Manchester, and Cumbria and Lancashire and the contract was subsequently extended until 31 March 2026.

The outcome of this second procurement exercise was expected on 31st January 2025. Notification was received that commissioners had decided not to award a contract, and the current contract was to continue until 31 March 2026. NWAS is awaiting further information regarding the next steps for the procurement and contracting arrangements for 26/27.

In September 2023, the PTS senior leadership team agreed a financial improvement plan to be delivered by 31st March 2025. The overarching objective was to optimise patient journeys whilst delivering financial efficiencies. Key deliverables of the plan included:

- **Reducing the use of private ambulances across the service.**

Through quarters one to three, the use of private ambulances reduced by over 50% per day. This resulted in a greater proportion of contracted activity delivered through NWAS resources throughout 24/25, also improving effective use of resources.

- **Recruitment of an additional 130 volunteer car drivers.**

Whilst the ambitious target was not achieved, an additional 60 volunteers were recruited with 70 more in the recruitment process. Positively, the total number of volunteer car drivers increased from 128 in 23/24 to 162 in 24/25. The contributions of these volunteers is invaluable and we are extremely grateful for the support they give to us and their communities.

PTS performance activity

Contract	24/25 Baseline	24/25 Activity	Activity Variance	Activity Variance %
Cumbria	168,290	135,886	-32,404	-19%
Greater Manchester	526,588	568,461	41,873	8%
Lancashire	589,181	439,661	-149,520	-25%
Merseyside	300,123	314,438	14,315	5%
NWAS	1,584,182	1,458,446	-125,736	-8%

Table 5: PTS performance activity 24/25.

PTS activity in 24/25 has continued to grow and is now sitting around 8% below the baseline compared to 10% below the baseline in 23/24. Although Merseyside and Greater Manchester saw an increase in activity of 5% and 8% respectively above expected levels, Lancashire experienced a reduction of 25% and Cumbria a reduction of 19% against expected activity levels. The increase in activity has been delivered in the context of diverse and evolving healthcare systems, with reconfiguration of hospital services, an increasing number of locations over geographically spread greater distances, with increasingly complex patients, and reducing dependence on third-party providers.

It is essential to maintain an efficient and effective balance that ensures PTS meets the needs of patients, the local hospital trusts and integrated care systems whilst delivering a high quality, responsive and financially viable service.

Utilisation.

As planned in the previous year the focus for PTS in 23/24 was to return to pre-covid utilisation of 1.8 patients transported per hour in an average eight-hour shift. During Covid, this utilisation dropped to 1.2 due to single occupancy of our vehicles although Covid positive patients could travel together resulting in utilisation occasionally being above 1.0.

Although the objective was to return to pre-covid utilisation rates of 1.8, analysis has shown that since 18/19 the healthcare system has changed in relation to outpatient services. Patients are now travelling to more locations further afield, meaning that the dynamic use of resource can be

challenging. Throughout 24/25 utilisation has improved and there has been an upward trend for all counties with Merseyside showing the greatest improvement at 1.51 at the end of March 2025.

PTS improvement programme.

The PTS service line continues to make progress in terms of its priorities and maintaining a high quality of service to our patients. However, to make sustainable improvements against these priorities a refreshed PTS improvement programme of work was commissioned by the Trust Management Committee. This improvement programme, initiated in November 2024, builds on the work delivered in the PTS financial improvement plan (23/25).

The improvement programme is designed to improve outcomes and experience for patients and staff whilst ensuring delivery of the contractual obligations and financial efficiencies. The work streams will deliver a modern-day logistics operation, set against the backdrop of a combination of increasing activity, increasing places of care and more stringent performance standards.

The improvement programme is an 18-month programme of work that facilitates a collaborative approach from across NWS with all subject matter experts, to resolve some of the challenges faced by PTS, focusing on:

- Digital solutions and innovations
- Workforce and leadership development
- Improving operational productivity and efficiency
- Improving culture
- Financial efficiency as a bi-product of the above.

Patient safety.

Maintaining the safety of our vulnerable patients remained a priority throughout 24/25. PTS continues to trial the Furno Power Trax, tracked chair which, if successful, will enable safer movement of patients up and down stairs whilst maintaining the safety of our staff in terms of manual handling. New standard operating procedures were also introduced to respond to safety legislation in the transporting of patients in wheelchairs.

PTS also trialled an electric vehicle and the feedback from patients was very positive. They said that it was a much smoother and more comfortable ride. This is a positive trial for future development of the PTS fleet.

In 24/25 we committed to recruit a PTS clinical quality lead and the new post holder will start shortly. The role will focus on clinical, quality, and governance initiatives within the service, shaping and enhancing patient transport delivery, ensuring compliance with regulatory standards and driving continuous improvement across clinical operations.

Digital developments.

In 24/25 the 'text NO to cancel' service was introduced. This service made use of the 3 automated text messages sent to patients:

- Booking confirmation,
- Three days' notice
- Vehicle on route.

Patients can reply to the text message with a simple 'NO'. This will result in the patient's booking being cancelled or aborted if the vehicle had committed to collect them. This should result in an improved patient experience through reduction in calls to cancel transport and productivity improvements due to a reduction in aborted journeys. Analysis of the impact of this new service is ongoing.

Development across all three service lines, PES, 111 and PTS saw the introduction of a notification to the PTS service if the patient, identified by NHS Number, had made a call to 999 or 111 within the previous 24hrs. The purpose is to allow PTS dispatch to enquire if the planned PTS transport was still required. This is a new innovation and the impact of it is yet to be assessed but is expected to show a reduction in the number of cancelled and aborted journeys if patients have been admitted to hospital.

Recruitment to senior management positions in the PTS leadership team will conclude shortly as will recruitment to PTS team leader roles. These will fully establish frontline supervision and provide much needed support to our staff both operationally and in terms of visibility and engagement.

Performance and quality standards: Patient transport services (PTS)

There are four areas of quality performance indicators within the patient transport service known as quality standards

- Call answering
- Travel time on a vehicle
- On time arrival
- Collection after treatment

These performance indicators are measured based on whether the journey was planned or unplanned, or if the journey was for someone receiving enhanced priority service (EPS) including renal dialysis, or cancer treatment).

PTS Contractual Quality Indicators 24/25	24/25 performance
75% of calls answered within 20 seconds	27.8%
Average length of time taken to answer inbound calls (Average is 60 seconds)	04:57 (seconds)
Planned Care: 85% passenger time on vehicles is less than 60 minutes	86.3%
Planned Care: 90% of patients arriving within 60 minutes of scheduled appointment time	76.7%
Planned Care: 80% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	58.3%
Planned Care: 90% of patients collected within 90 minutes of scheduled collection time or patient readiness notification	79.0%
Unplanned Care: 80% passenger time on vehicles is less than 60 minutes	88.6%
Unplanned Care: 80% of journeys where the patient is picked up no later than 60 minutes after booked collection time	55.4%
Unplanned Care: 90% of journeys where the patient is picked up no later than 90 minutes after booked collection time	68.9%
Enhanced Priority Service: 85% passenger time on vehicles is less than 60 minutes	91%
Enhanced Priority Service: 90% of patients arriving 45 minutes prior to scheduled appointment time	76.0%
Enhanced Priority Service: 85% of patients collected within 60 minutes of scheduled collection time or patient readiness notification	78.7%
Enhanced Priority Service: 90% of patients collected within 90 minutes of scheduled collection time or patient readiness notification	92.0%

Table 6: PTS contractual quality indicators 24/25.

Our quality assurance

Ambulance quality indicators (AQIs)

A key measure of the effectiveness of our services is the monthly National AQI submission to NHS England, produced by the Clinical Audit team. This is then utilised by clinical leadership teams to work with system partners to learn and share outcomes and ultimately informing local improvement workstreams.

We provide quarterly AQI reports to the Clinical and Quality Group and Quality and Performance committee. We provide further localised reporting for STEMI (ST segment elevation myocardial infarction, a heart attack confirmed from the heart trace) and reporting of older adult falls, to our clinical leads, to contribute to learning and improvement.

National Ambulance Quality Indicators	April-November performance 23/24	April-November performance 24/25	April-November national average 24/25
Cardiac arrest (all-ROSC at hospital)	32.7% (829/2,532)	29.7% (771/2,597)	27.9% (5,830/20,913)
Cardiac arrest (Utstein-ROSC at hospital)	50.6% (221/437)	51.9% (246/474)	51.0% (1,639/3,212)
Post ROSC care bundle	74.8% (294/393)	87.8% (310/353)	83.7% (2,366/2,827)
Cardiac arrest (all-survival to 30 days)	10.8% (270/2,497)	10.5% (270/2,577)	10.2% (2,112/20,730)
Cardiac arrest (Utstein-survival to 30 days)	28.9% (1233/425)	28.3% (131/463)	30.3% (955/3,149)
STEMI care bundle	75.1% (446/594)	90.7% (568/626)	78.2% (4,047/5,174)
STEMI PPCI patients (call to angiography)	02:28:00 (627)	02:35:00 (1,082)	02:30:00 (8,658)
Confirmed stroke patients (call to door)	01:23:00 (4,598)	01:19:00 (3,532) *	01:33:00 (26,686) *
Older adult falls care bundle	N/A	19% (114/300)	43.8% (2671/6097)

Table 7: AQI submissions Apr-Nov 2024 (NHS England, 2025).

NB. ROSC means Return of Spontaneous Circulation and PPCI refers to an urgent hospital procedure to reduce heart damage.

*Stroke (SSNAP) data currently only available nationally up to September 2024 due to implementation of new webtool

Data collection for these indicators occurs three months in arrears. Following a successful pilot during 23/24, the older adult falls AQI has been introduced to the national AQIs. Whilst NWAS sits below the national average for this AQI, there has been a significant amount of work that has gone into increasing compliance such as, face-to-face training through the trust's mandatory training cycle and the introduction of a falls tile within the Electronic Patient Record (EPR) which provides structure and prompts for clinicians. Whilst this isn't yet reflected in the performance data that has been published to date, we know that it is positively impacting performance, and we should continue to see improvements across quarter four data and into 25/26.

Additionally, both ST segment myocardial infarction (STEMI) and post return of spontaneous respiration (ROSC) care bundles have increased from last year's data and are above national average. This is because of changes to the trusts EPR system for STEMI care and focused stretch targets for post ROSC care that took place towards the end of 23/24 with that data showing sustain improvements through 24/25.

We have submitted 100% eligible cases for the national AQIs and to eligible national clinical audit projects including the myocardial (heart) ischaemia national audit project (MINAP) during April-November 2024. In relation to the sentinel stroke national audit project (SSNAP); which is another national clinical audit project, a newly implemented webtool in September 2024 has prevented ambulance trusts from submitting cases since then. This is something that is being worked on to resolve, however, prior to September 2024, 100% of eligible cases were submitted.

Learning from deaths

Our approach to learning from deaths goes far beyond a process of simply counting, classifying and reporting deaths. This process aids in protecting future patients from avoidable harm, reduce unwarranted variation and provide truly patient-centred care. This involves a structured methodology to review each case, encompassing senior clinician review, peer to peer moderation and thematic analysis of any lessons learnt. This allows the identification of both areas of improvement and areas of excellent practice which is shared across the trust through established learning forums and internal communication routes. This is further supported by our patient partners, ensuring that our patient voice is involved and heard during this delicate and often difficult process.

In the past year we have once again met all reporting requirements. We produce quarterly learning from deaths reports, reviewed by Clinical and Quality Group, Quality and Performance committee and Board."

The table below details the number of deaths reviewed and the number of deaths where problems in care have contributed.

Fiscal quarter	Total number of deaths in scope	Total number of deaths reviewed	% of deaths reviewed	Total number of deaths where problems in care have contributed
Q1	66	29	43.9%	5
Q2	62	41	66.1%	15
Q3	98	56	57.1%	9
Q4	Not available at the time of publication			
Year-to-date	226	126	55.8%	29

Table 8: The number of deaths and the number of deaths where problems in care contributed.

The key areas of good practice continue to be:

- Recognition of patients at the end of life and working with patients, families and multi-disciplinary teams to ensure that there are appropriate advanced care plans in place to ensure high quality care to patients.
- Making patient centred decisions around patients remaining at home with appropriate safety netting and advice regarding what to do if condition worsens.
- Within contact centres our call handling teams can seek advice when concerned around patients they're assessing or when dealing with complex calls.

Areas of learning and improvement:

- Poor Electronic Patient Record (EPR) quality has been a consistent theme which has meant that it is challenging to know what assessments and advice were given and whether they were appropriate.
- Lack of structured clinical assessment models.
- Detail within mental capacity assessments.
- Probing within ICC call handling.

Themes and trends that are identified through the structured judgement reviews (SJR) are fed into area learning forums and additionally this year they are all feeding into the Integrated Contact Centre (ICC), Incident Learning and Improvement Forum as well as the Regional Clinical Learning and Improvement Group (RCLIG).

For some of the themes mentioned above, work is already underway to address these issues, such as probing workshops within the ICCs, or mental capacity forming part of the upcoming Patient Safety Incident Response Framework (PSIRF) priorities. Where there is no work currently underway, workstreams are forming through RCLIG to drive improvements for example, reviews of EPR quality in a wider context outside of learning from deaths to explore this further and consider what improvements can be made.

The completion of the service model delivery review (SMDR) has also seen some changes to the membership of the structured judgement review (SJR) moderation panels. The SJR panel is comprised of a group of our sector clinical leads, with support from our Clinical Audit team and patient partners, chaired by a consultant paramedic. It is an open meeting, meaning that any member of clinical staff can attend and participate in the moderation, and this allows for both patient and frontline staff opinions and views to be heard and considered when making decisions on patient outcomes.

We have been working with the sector clinical leads to provide them with an introduction to this process to enable them to continue to support the work of learning from deaths. We have also been working with the ICC teams to ensure that the call handling support that has been provided to this work continues, following the completion of their organisational changes which are ongoing.

Prevention of future deaths

A regulation 28 report is a report issued by a Coroner if they identify concerns that, if addressed could prevent future deaths. We aim to receive a very low number of Regulation 28 Prevention of Future Death reports as we proactively and continuously seek opportunities for improvement.

Upon receipt of a Regulation 28 Prevention of Future Death report, we endeavour to ensure that all learning actions which may arise from a coroner's investigation are identified promptly and proactively completed in a timely manner. During 24/25, we received two Regulation 28 Prevention of Future Death reports. The report and our responses are published on the chief coroner's website. In summary:

- 10 April 2024: Issued by Manchester North assistant coroner in relation to a patient who had taken an overdose, and who subsequently could not be contacted by a clinician for a further clinical assessment by telephone. The coroner was concerned that there was no escalation process for unanswered calls especially when the patient could be unconscious/deceased.
- 2 October 2024: Issued by Manchester South assistant coroner issued in relation to a lack of probing by the mental health practitioner during a telephone triage in the days prior to the patient's death, which resulted in a missed opportunity for a face-to-face assessment.

We have responded to the Regulation 28 Prevention of Future Death reports. Our responses are published on the Courts and Tribunals Judiciary website.

Compliments

We strive to provide high standards of care for our patients and service users. Compliments are a source of pride that are very important to our people. Compliments provide us with an opportunity to feedback to colleagues in recognition they deserve for truly making a difference to patients' lives. A total of 1,150 compliments were received during 24/25. Some compliments received are attributed to multiple service lines, hence the variation in numbers.

Service Line	Cheshire and Merseyside	Cumbria and Lancashire	Greater Manchester	Total
Paramedic emergency service (PES)	492	300	330	1122
NHS 111	30	30	33	93
Emergency operations centres (EOC)	17	6	13	36
Patient transport service (PTS) Operations	5	2	18	25
Community first responders	0	7	0	7
North West Air Ambulance	0	0	2	2
Service delivery	1	0	0	1
Corporate function	0	1	0	1
NWAS	1	0	0	1

Table 9: Compliments by location, area and service.

Themes	Cheshire and Merseyside	Cumbria and Lancashire	Greater Manchester	Total
Clinical treatment – face-to-face	480	286	213	979
PES response	1	20	112	133
Attitude and behaviour	1	0	77	78
Clinical treatment – virtual	9	2	18	29
PTS journeys	3	2	18	23
Communication – virtual	7	5	8	20
Communication – face-to-face	13	1	3	17
Dispatch	2	0	1	3
Care and treatment	0	0	2	2
Competence	0	0	2	2
Other	0	0	2	2
Call handling and planning	0	0	1	1
Total	516	316	457	1289

Table 10: Compliments by subject and location.

Patient engagement and experience

Each year the trust's Patient Engagement team deliver an extensive patient engagement programme in line with our Patient Public and Community Engagement Implementation Plan. The plan sets out the ways we propose to engage with and obtain feedback from our patients across all service areas, including our paramedic emergency service (PES), patient transport service (PTS), the NHS 111 service and our urgent care desk. The plan also supports the trust Quality Strategy aims of 'person-centred partnerships' with our patients, public and communities.

A minimum 1% of PTS, PES See and Treat patients, are offered the opportunity to provide Friends and Family Test (FFT) feedback monthly via short message service (SMS) text channel, and each week 300 NHS 111 patients receive the nationally mandated NHS 111 patient experience postal survey. We now offer predominantly digital opportunities to provide feedback using SMS text invites to deliver digital links to our online surveys. We also continue to review our quick response (QR) code feedback posters and returnable postcards on both 999 and PTS ambulances for patients to be able to provide real time feedback.

We have used a combination of virtual and face-to-face engagement methods to engage with specialist community patient groups depending on their preference. We have been able to listen to the issues and experiences of our patients from mixed diverse and ethnic communities at our five Ambulance Awareness events, university Freshers' Fayres and other large football events across our footprint.

Patient, experience survey and the Friends and Family Test 24/25.

We provide tailored surveys across our 999, urgent care, PTS, and NHS 111 services, inviting patients and carers to share their experiences. These are reviewed annually by service teams and our Patient and Public Panel (PPP) to ensure they remain relevant.

The FFT asks whether patients would recommend our services and allows them to explain their views, offering valuable insights that guide service improvements.

In 24/25, we received over 25,588 responses, with a return rate of 7.54% - a 1.33% decrease from the previous year. The NHS 111 postal survey saw the highest return rate at 10.29%, reflecting strong ongoing engagement across feedback channels.

Patient Engagement Survey - Survey Channels (24/25)		Completed Returns	% of Total
Patient Transport Service Patient Experience Survey	Via SMS delivery - on-line completion	1,392	5.44%
Patient Transport Service FFT	SMS text completion	13,545	52.93%
Patient Transport Service FFT	Post cards	541	2.11%
Paramedic Emergency Service Patient Experience Survey	Via SMS delivery - on-line completion	912	3.56%
Paramedic Emergency Service FFT (See and Treat).	SMS text completion	6,589	25.75%

Paramedic Emergency Service FFT (See and Treat).	Post cards	47	0.18%
Paramedic Emergency Service FFT (Comment Card) (Conveyed patients).	Post cards	287	1.12%
Urgent Care Service Patient Experience Survey.	Via SMS delivery - on-line completion	482	1.88%
National NHS 111 Service Patient Experience Survey	Postal	1,553	6.07%
Localised NWS NHS 111 Service \Patient Experience Survey	Via SMS delivery - on-line completion	240	0.94%
	Total	25,588	

Table 11: 24/25 Patient survey channel table (All data as of 18 March 2025).

Feedback received during 24/25 shows high regard for ambulance services and particularly the care and treatment provided by staff. A high 93.4% of PTS and 90.6% of PES patients respectively stating that they were 'cared for appropriately with dignity, respect, kindness and compassion'.

NB Fields showing 'not applicable' indicate that the question was not included in that survey.

Patient Engagement Surveys SMS Text Delivery/Postal/On-line					
Cared for appropriately with dignity, compassion and respect (Strongly Agree/Agree)					
	Q1	Q2	Q3	Q4	YTD
PTS	90.50%	94.20%	95.40%	94.70%	93.40%
PES	92.60%	89.70%	89.60%	90.30%	90.60%
UCS	92.60%	91.60%	95.20%	94.80%	94.00%
111	94.50%	97.10%	92.50%	95.70%	94.10%

Table 12: The percentage of respondents who strongly agree/agree they were cared for appropriately with dignity, compassion and respect.

Patient Engagement Surveys SMS Text Delivery/Postal/On-line					
Overall satisfaction Received (Very Satisfied/Fairly Satisfied - Yes)					
	Q1	Q2	Q3	Q4	YTD
PTS	n/a	n/a	n/a	n/a	n/a
PES	n/a	n/a	n/a	n/a	n/a
UCS	n/a	n/a	n/a	n/a	n/a
111	87.40%	87.00%	85.10%	89.90%	86.90%

Table 13: The percentage of respondents who were very satisfied/satisfied overall with their care.

Patient Engagement Surveys SMS Text Delivery/Postal/On-line					
Overall Experience of Service / Recommend Ambulance Service to Friends and Family (Very Good/Good - Extremely likely/Likely)					
	Q1	Q2	Q3	Q4	YTD
PTS	89.10%	91.00%	92.10%	91.50%	90.70%
PES	91.30%	90.10%	88.20%	91.10%	90.20%
UCS	84.30%	74.80%	81.40%	81.80%	82.20%
111	89.70%	90.00%	88.00%	89.20%	89.10%

Table 14: The percentage of respondents who would recommend the ambulance service to family and friends.

Examples of additional narrative in feedback include:

“Excellent, amazing service. Extremely professional. My son is autistic, and the two paramedics went the extra mile to make sure reasonable adjustments were made to aid his recovery, kind understanding and valued my input so to get full picture of events and history. Couldn't have asked for more in an already stretched area of the NHS. Excellent.” (PES).

“Excellent staff very caring and kind. Just what you need after outpatients' treatment. I truly appreciate this vital service. Thank you all. Ps. (sic) Also the lady on the phone taking the booking was kind and caring and made it so easy for me. That too was greatly appreciated.” (PTS)

“Both paramedics were empathetic, conscientious, thorough and my partners symptoms were taken seriously in spite of them being less serious than he initially thought. We did not wait an excessive amount of time. Overall, a very reassuring/supportive experience. Credit to both paramedics and the practitioner who took the 111 calls.” (PES).

90.2% of PES patients, 86.9% of NHS 111 patients and 90.7% of PTS patients also found their overall experience of the respective services either good or very good.

“My Mum travels to and from dialysis by ambulance 3 times a week. She is 86 and quite frail and can get a bit confused. All of the ambulance crew have taken the time to get to know her well and they are all so kind, caring and professional in their dealings with her. They have a chat and a joke with her, and she loves them all.” (PTS)

“Amazing service from NWAS. Ellie and the team were super with my Mum who had fallen and were really kind and compassionate. They were very thorough and quickly examined my Mum, giving excellent treatment and a real human touch. They were calm, quick acting and efficient. Really went the extra mile. Thank you all so much again, really grateful for your amazing service at a very stressful time. It is really appreciated.” (PES)

“111 knew my husband needed help. They took control of his problem. They got an ambulance to take my husband to Urgent Care Centre, he was treated straight away, on

monitors, admitted to hospital. I can't thank 111 enough, as I was panicking. They knew the situation and responded. Ambulance service, 111, all amazing. If it wasn't for 111, my husband would not be alive today. They took complete control and responded by saving my husband's life. We are eternally grateful.” (NHS 111)

Friends and Family Test (FFT).

PTS and PES ‘see and treat’ patients, receive the opportunity to provide FFT feedback monthly through a SMS message. Monthly FFT data is shared via the Integrated Performance Report (IPR) at Board, Quality Committee and nationally with NHS England. A thematic analysis of the FFT qualitative feedback continues to show a high regard for the professionalism, care and compassion shown by our staff. Areas of learning include delays, waiting times, and where there could be expectations for some of our more vulnerable PTS patients when using third party or bariatric services and wheelchair support.

The table below provides a breakdown of the FFT feedback data and channels used to gather patient experience. As can be seen, a high number of patients provide qualifying narrative to support their response.

24/25 Summary of FFT Responses and Channels	
FFT Responses received in 24/25	22,394
Increase compared to 23/24	26.14%
Additional comments entered on FFT responses	17,982
SMS text survey responses	89.14%
Postal postcard surveys	2.85%
On-line responses	8.01%

Table 15: Summary of FFT response data and channels for 24/25.

Demographic analysis of patient, experience surveys and SMS text FFT.

The table below shows the percentage breakdown of survey respondents by demographics for our PTS, PES, urgent care service (UCS) and NHS 111 surveys, and where we received FFT feedback via SMS on our PES and PTS service lines. Some key headlines include:

- 95.3% of PTS respondents are over 45 years of age.
- 58.9% of NHS 111 respondents are female.
- 82.8% of PTS respondents declared a disability.
- An average of 6.22% of all respondents were from ethnic minority communities.
- On average, 1.73% of all respondents preferred not to declare their ethnicity.

A continued focus for 25/26 will be to increase the amount of feedback we receive from mixed ethnic communities and to improve the capturing and reporting of demographic information and protected characteristics.

		PTS	PES	UCS	Local 111	National 111	PTS FFT	PES FFT
Mode of correspondence		(URL)	(URL)	(URL)	(URL)	(Postal)	(SMS Text)	(SMS Text)
Patient Age	Under 16 yrs	0.6%	6.8%	5.2%	18.2%	3.7%	0.9%	1.2%
	Over 16+ yrs	99.4%	93.2%	94.8%	81.9%	93.8%	99.1%	96.4%
	Over 25+ yrs	99.1%	90.7%	90.0%	76.0%	91.2%	98.5%	93.6%
	Over 35+ yrs	98.5%	86.2%	83.8%	63.0%	85.3%	97.4%	89.0%
	Over 45+ yrs	95.3%	79.7%	76.3%	51.0%	76.8%	94.4%	78.8%
	Over 55+ yrs	86.6%	69.5%	66.1%	34.8%	69.1%	86.5%	65.1%
	Over 65+ yrs	65.6%	53.2%	50.1%	16.2%	55.2%	67.7%	42.6%
	Over 75+ yrs	36.3%	32.8%	32.2%	5.1%	32.6%	41.3%	21.9%
	Over 85+ yrs	8.5%	9.2%	10.8%	0.8%	No data	12.2%	6.7%
Patient Gender	Female	53.2%	53.1%	58.9%	57.7%	60.3%	55.0%	60.3%
	Male	46.6%	46.4%	40.7%	41.9%	37.5%	45.0%	36.7%
	Prefer not to say	0.2%	0.6%	0.4%	0.4%	2.2%	0.0%	3.0%
Patient Impairment	Limiting illness	n/a	n/a	n/a	n/a	47.6%	n/a	n/a
	None	17.2%	41.2%	46.3%	68.2%	47.0%	6.3%	37.9%
	More than one	n/a	n/a	n/a	n/a	n/a	26.9%	18.2%
	Mobility	68.3%	37.2%	31.3%	15.5%	n/a	52.3%	20.4%
	Hearing	14.9%	14.9%	13.6%	4.6%	n/a	0.8%	2.1%
	Visual	8.9%	5.9%	4.5%	0.4%	n/a	3.2%	0.7%
	Mental Health	10.7%	15.2%	17.2%	10.5%	n/a	2.0%	7.7%
	Dementia	n/a	n/a	n/a	0.0%	n/a	0.8%	2.7%
	Learning	1.7%	3.0%	4.7%	3.8%	n/a	0.8%	1.3%
	Don't know	n/a	n/a	n/a	n/a	2.0%	0.8%	1.3%
	Prefer not to say	n/a	n/a	n/a	n/a	n/a	6.9%	9.2%
Patient Ethnicity	(Black & Minority Ethnic Communities)	3.9%	5.0%	7.3%	8.3%	6.1%	5.4%	7.6%
	Prefer not to say	1.7%	1.2%	0.8%	0.8%	0.0%	2.7%	3.2%

Table 16: Percentage data breakdown of 24/25 respondents by demographics; patient transport service (PTS), paramedic emergency service (PES), urgent care service (UCS), friends and family test (FFT), PES friends and family test (FFT).

Reporting.

Friends and Family Test patient feedback is reported monthly to the Board through the Integrated Performance Report and quarterly via the Communications and Engagement dashboard. Key engagement themes and initiatives are also shared with the Quality and Performance Committee, while Equality Diversity and Inclusion (EDI) updates go to the EDI Sub Committee.

In 24/25, we continued quarterly service improvement dashboards and began developing a new, combined patient feedback dashboard—an important initiative that will continue into 25/26.

Feedback themes.

Feedback over the year has consistently demonstrated a generally high regard for the ambulance service and in particular the high percentage of patients feeling they were treated with dignity, compassion and respect (92.8% of survey respondents).

Some of the themes and feedback highlighted during the year have included:

- Awareness of the NHS 111, online services for those from ethnic minority groups
- Awareness of the availability of interpretation and translations services for Deaf, black and ethnic minority communities (BAME).
- An understanding of what information may be requested when 999 is called for patients whose first language is not English.
- Profiling job roles, routes to employment and volunteering within the ambulance service at our community events.
- Increased understanding of how to improve with patients with a learning disability or autism, including the opportunity to learn basic British Sign Language (BSL).
- Staff awareness of cultural and religious differences when entering homes and the ability to provide dignity in death.

Patient and public panel - giving our patients 'an increased voice'.

Our volunteer Patient and Public Panel (PPP), established in 2019, is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations. The PPP offers meaningful opportunities for members to influence decisions and identify areas for improvements in our urgent and emergency care, patient transport, NHS 111 and back-office services in a way that suits their lifestyle and the time and commitment they can give. Panel members bring expert lived experience and knowledge of our services and offer valuable insights into numerous projects, initiatives, policies, systems and campaigns.

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

- 'Consult' is virtual, making the most of digital channels to interact with members
- 'Co-produce' panel members work together on short-term projects

- 'Influence' members take an ongoing, active role in high-level meetings

A breakdown of PPP members' involvement by level can be found in the figure below.

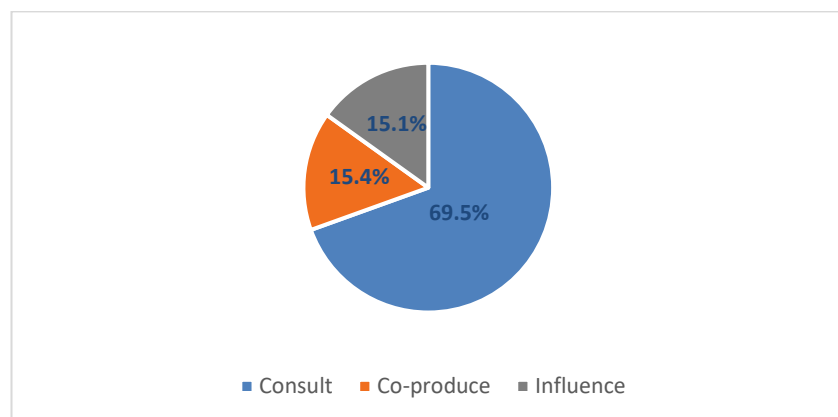


Figure 3: Breakdown of PPP involvement by membership level.

As our PPP has continued to grow over the last 12 months, we have actively engaged with our members via both face-to-face and virtual platforms with the intention of ensuring our members feel supported in the role. Our 344 PPP members are fully inducted into the organisation, with many already involved in work with the trust.

The table below shows the distribution of PPP members across the localities.

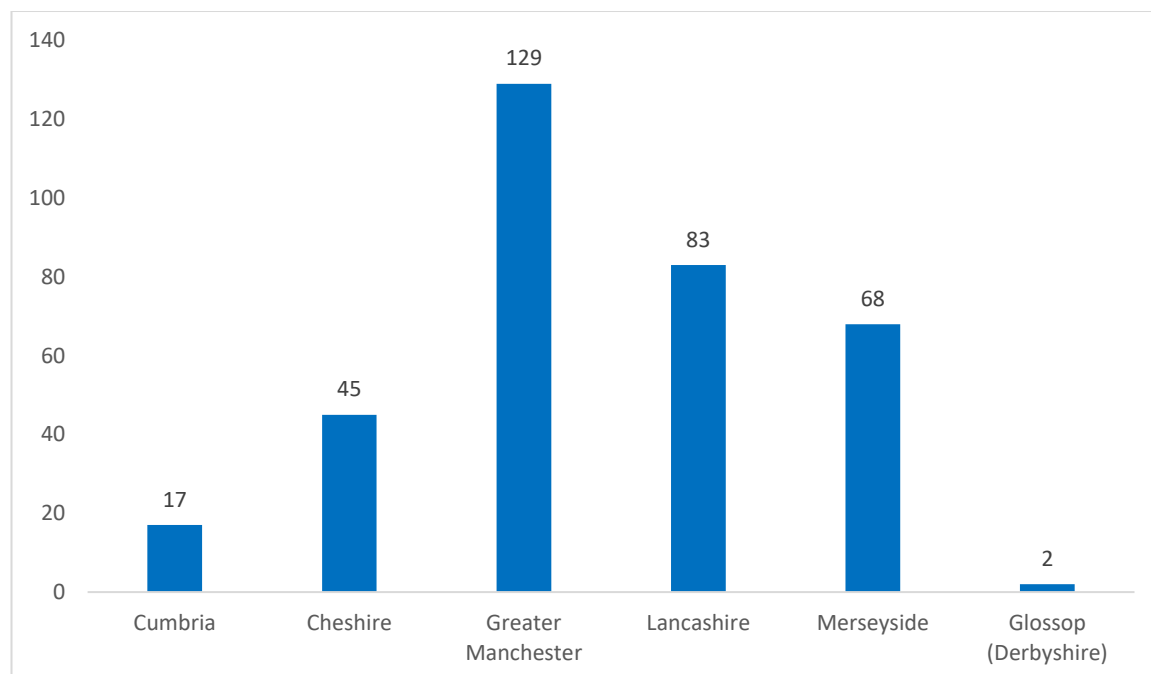


Figure 4: Breakdown of PPP member locality.

During 24/25 we increased the diversity of the panel's membership, rising from 24% to 26% for cultural representation, 32% for youth representation and 25% for representation of patients with disabilities. The panel's feedback and lived experience are invaluable to the trust to better

understand our patients' experience, produce stories, analysis and themed findings which in turn inform service development.

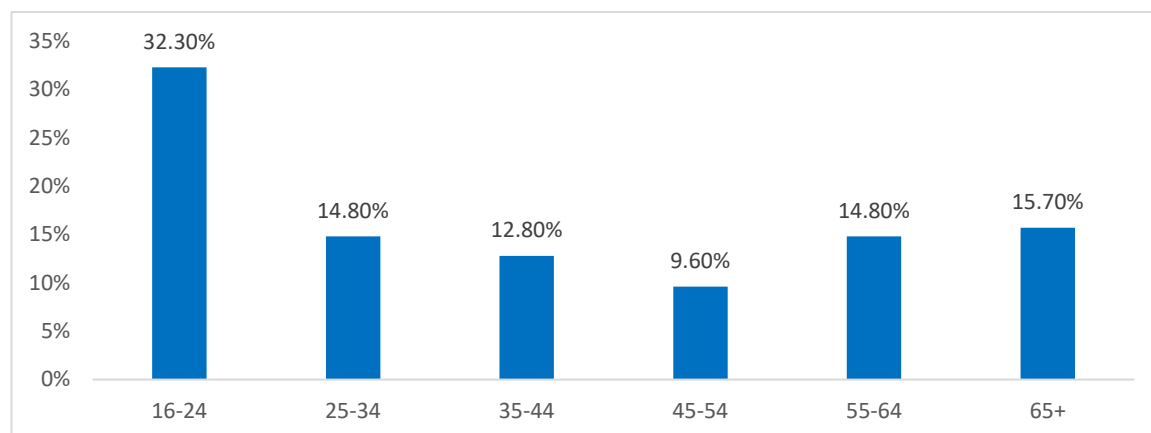


Figure 5: PPP members by age.

In 24/25, PPP members have been invited to join a variety of forums with 23 requests for panel involvement from staff across the trust as well as external partners such as Lancashire and South Cumbria Integrated Care Board. Areas the PPP have been involved in include regular attendance at high-level meetings such as area learning forums, attendance at trust board and learning from deaths meetings/discussions. In addition, our PPP have played a significant role in forming strategy, developing resources and supporting projects for example:

- A discussion was held with PPP members as to what they think should be included in the trust Mental Health and Dementia Strategic Plan for 24/27. The trust Mental Health leads team will be producing a separate plan for dementia and will be coming back to the PPP to help produce this plan along with others in the future.
- PPP members reviewed our pictorial e-book to help ensure each question and procedure within the book is clearly explained to support neurodiverse and learning disability patients. Feedback shared from PPP members resulted in some of the terminology changing to make it easier read and additional questions included to help neurodiverse and learning disability patients when being treated.

Panel members receive regular information via a weekly roundup newsletter, with 51 editions shared during 24/25. Some of the featured articles included Black History Month, World Menopause Day, PPP session looking at 999 calls and linguistics, and an invite to attend a Cardiac Prevention Awareness Event organised by the Jewish Community Foundation. There are also opportunities for members to engage with each other on a dedicated PPP members area of the trust's website. There is more work in progress to further support the role of the PPP including.

- Our PPP charter has been reviewed and now includes key information for our PPP members when attending trust meetings and what they can expect from us to keep them

informed and supported fully as members. The reviewed PPP charter will be launched and sent to the membership early 25/26 through the PPP newsletter.

- Our PPP forum is not frequently accessed by PPP members. We will consult PPP members on how the forum can be better utilised including any changes to the layout of the forum to make it more accessible and easier to use.
- Further to a variety of requests from integrated care board (ICB) commissioners for PPP support with some of their projects and initiatives, further development training will be sourced for PPP members to enable them to confidently get involved with high level projects and meetings.

A trust celebration event is being planned for the Autumn of 2025 where PPP members will be invited and recognised for their contribution.

Patient, public and community engagement.

Whilst patient surveys provide us with a real insight into the care and treatment that patients have received, another method used to gain qualitative feedback is by engagement with community and patient groups within our region. Our focus has been to reaffirm the basics of what we offer across each of our three main service lines and to explore any misconceptions and/or barriers to access. We have also used these valuable face-to-face opportunities to offer our communities information about self-care, winter health messaging and offer service-based activities to elicit their understanding and experience of care.

During 24/25 we attended nine virtual engagement events, and 22 face-to-face engagement sessions which were attended by the trust as principal speakers, advisors or facilitators. These events included the Kashmir Youth Project, Wirral Multicultural Organisation, Greater Manchester Faith forum, Wai Yin society and the Chinese Wellbeing group in Liverpool.

Further support is provided to our patient groups upon request, for example supporting cardiopulmonary resuscitation (CPR) training. Examples of the groups we have supported include the Liverpool Chinese Students and Scholars Association (LCSSA) and the Chinese Wellbeing group in Liverpool. This work will continue with the British Islamic Medical Association (BIMA) and the Lancashire Council of Mosques during 25/26.

In addition to this we have also been able to support 29 high attendance events in 24/25. Examples include PRIDE, university freshers events, Greater Manchester Ethnic Communities Network Event, a Cardiac Prevention Event within the Jewish community and the Liverpool Chinese Students and Scholars Association (LCSSA) Spring Festival Gala. Our engagement with the Jewish and Chinese community has considerably increased this year due to our continued focus and support.

Targeted work with young people, including overseas students, provides an opportunity to offer information about accessing NHS services. In addition, it has provided individuals with an opportunity to explore volunteering and career opportunities within the ambulance service or the wider NHS.

Protected characteristics.

The Equality Act 2010 identifies nine protected characteristics cited as: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity. During 24/25 we have engaged with people who have identified as having a protected characteristic.

The graph below shows the number of people we have engaged with who identify as having a protected characteristic.

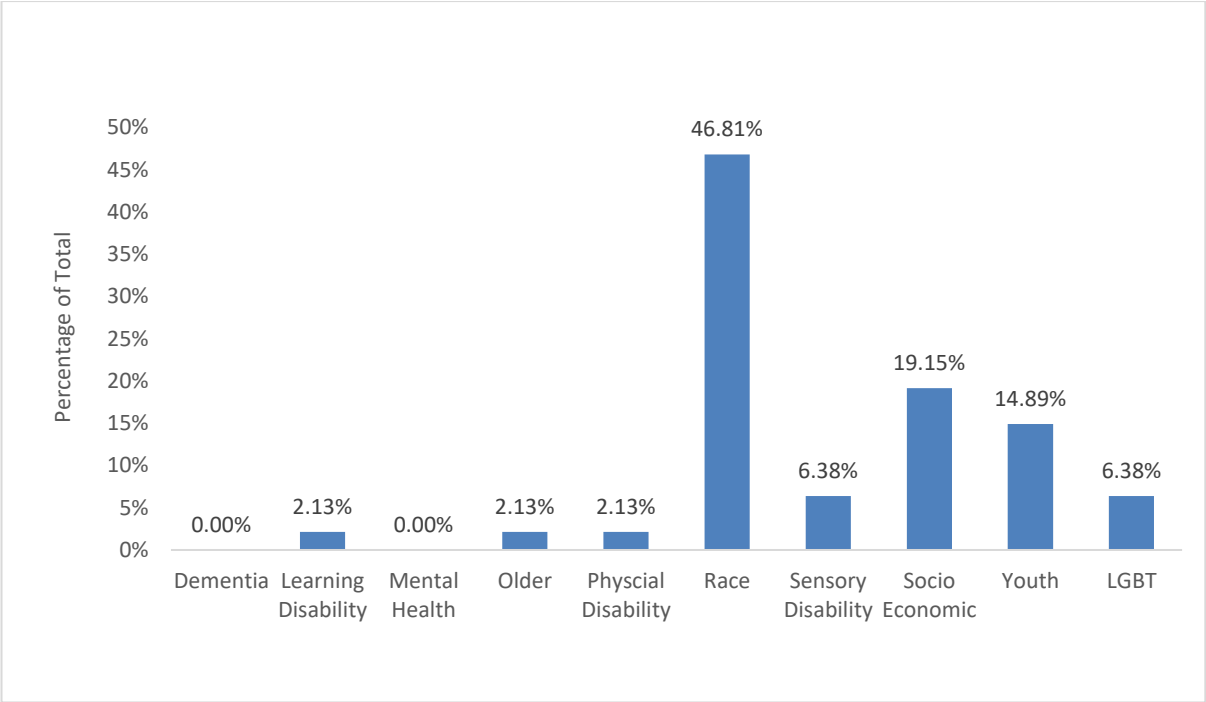


Figure 6: Shows the groups who identified with one or more of the nine protected characteristics.

Quality improvement initiatives with underrepresented groups.

Our Patient Inclusion team has established a task and finish group to ensure under-represented voices are included in decision-making.

As part of this work, we’ve begun engaging with Chinese and Jewish communities in the North West through focus groups. These sessions aim to understand their experiences, expectations, and any barriers to accessing our services. Feedback will help identify gaps in representation and drive meaningful improvements.

Ambulance awareness day events.

Over the past year, we successfully delivered five county-based face-to-face community awareness events. Our Greater Manchester event, held alongside the trust’s annual general meeting, featured information stands from NHS 111, PES, PTS, and corporate staff, as well as CPR training sessions. It attracted 203 attendees - 66% from ethnic minority backgrounds, 15% from the Chinese community, and 40% aged 16 - 24.

In Cumbria, Lancashire, Cheshire, and Merseyside, Ambulance Awareness days used interactive tabletop exercises and themed speakers to raise awareness, gather feedback, and discuss PES, PTS, and NHS 111 services. These activities helped identify what’s working well and where improvements are needed. Based on feedback, we developed a snapshot of service improvements and an accessible summary document, shared with attendees in August 2024 and published on our websites. Some activities also supported Winter demand planning - for example, NHS 111 tables addressed common concerns like repeat prescriptions during public holidays, supported by useful giveaways and leaflets.

We select event venues in areas frequently used by local communities, often where health outcomes are poorer. This has helped us reach groups that are typically harder to engage. Attendee demographics are shown in figure 7. Feedback summaries and planned improvements are shared with attendees and community groups, and this approach will continue into 25/26 as we review future event locations.

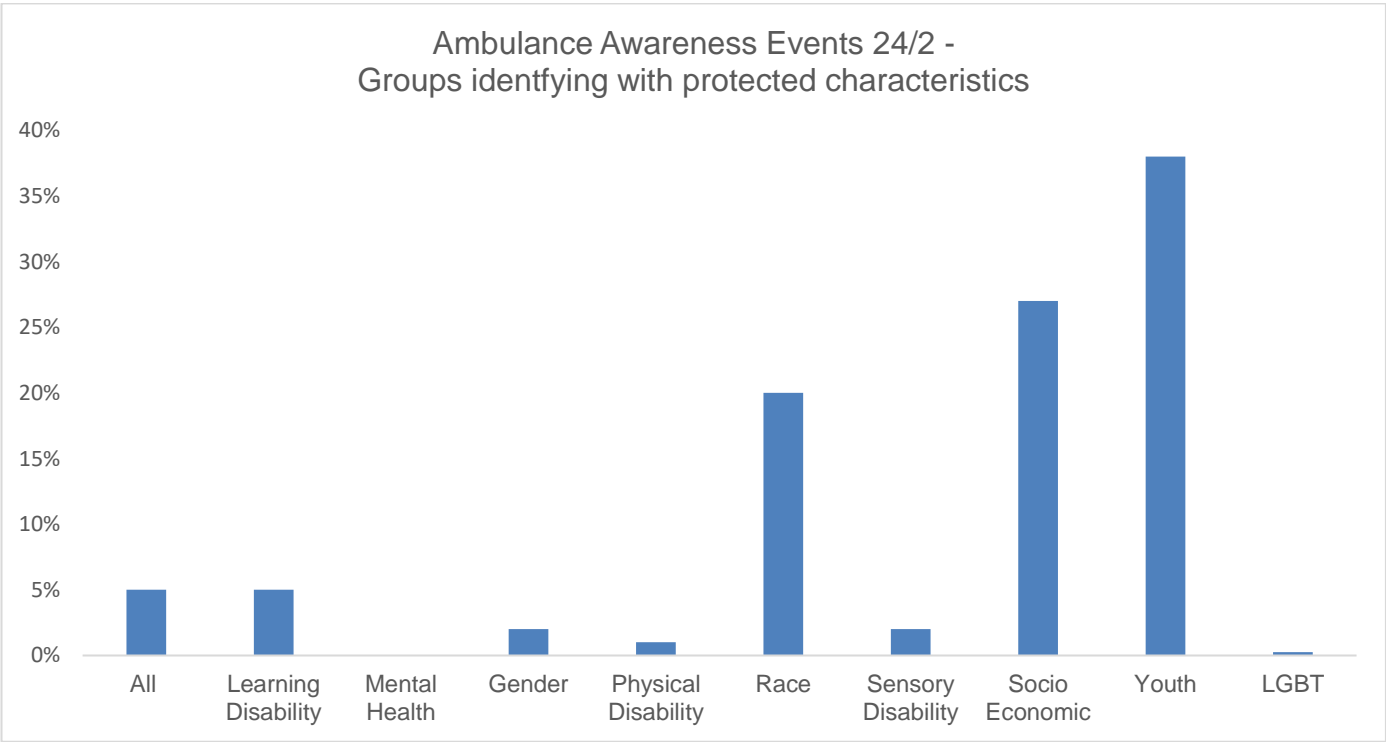


Figure 7: Groups identifying with protected characteristics attending the ambulance awareness day events.

Examples of feedback themes received from events include:

- *Staff very friendly, enjoyed the CPR training, and HART stand*
- *Very good event, very satisfied with the stalls and activities on offer*
Good development for any PPP member, great opportunity for the community, excellent practical exercises
- *NWAS dyslexia support for existing staff and recruitment.*
- *Good information on how to deal with mental health calls.*
- *Helpful information on how to support patients whose first language is not English, including basic British Sign Language (BSL) training available to operational staff.*
- *Information on how to find a patient from a mobile number calling 999.*

Filmed patient and staff stories.

Filmed patient and staff stories remain a powerful way to highlight real experiences and share learning. These are shared bi-monthly with the NWAS Board of Directors and Quality and Performance Committee, included in staff training, and featured in education and awareness campaigns.

In 24/25, patient stories covered topics such as STEMI response times, heart condition pain awareness, and winter pressures. Staff stories included the HALO Project (redefining the ambulance liaison officer role), the Care Home Engagement Project, and the Aspirer welfare initiative.

Patients' experience recommendations and improvements.

Feedback gathered through patient engagement is used to shape improvement recommendations. Learning dashboards are produced for PTS improvement ambassadors to share insights and support co-designed service changes. In 25/26, this approach will expand to include PES and NHS 111 services.

Some of our recommendations and improvements include:

- Feedback from the Chinese community highlighted concerns around service awareness and language barriers. In response, we translated 999 and PTS leaflets into Cantonese and Mandarin and are producing a film showing how we support communication in patients' spoken languages. This will form part of a shared patient story within the trust.
- Feedback from the Lancashire School of Mosques emphasized the importance of ambulance staff wearing shoe covers in Muslim homes. In response, we shared guidance in our staff bulletin, intranet 'You Said, We Did' section, monthly newsletter, and directly with the School of Mosques.
- At a community event, feedback highlighted the need for greater staff awareness when entering homes. In response, we launched the NWAS Religion, Belief and Culture Card,

offering guidance on common first languages, cultural norms around physical contact, and end-of-life customs to support more respectful and informed care.

- Feedback from community engagement highlighted growing interest in CPR training and the need for better understanding of DNACPR (do not attempt Cardio-Pulmonary Resuscitation). We will respond to CPR training requests and incorporate DNACPR awareness into future community engagement plans.
- In 24/25, our Ambulance Awareness day events were updated based on attendee feedback to include a knife incident scenario and mental health talks. We'll continue sharing county-specific mental health support information through our community info burst newsletters.
- We collaborated with the Research and Development and Widening Access teams to introduce 3D virtual reality ambulance headsets at our Ambulance Awareness day events. These were especially popular with young attendees. We plan to continue this partnership to offer the headsets at future events.
- Patient Engagement colleagues to undertake facilitator training to support with leading on conversations and group discussions at external events.
- Promoting our attendance at community engagement events using scheduled social media channels to highlight where patients and groups can meet us.
- Targeted attendance with schools and colleges ensured all our Ambulance Awareness day events were well attended by a young generation pursuing a career in the ambulance service. We will continue to build on this with profiling job roles, routes to employment and volunteering within the ambulance service at our community events during 25/26.
- Our PTS Level 2 learning dashboard enables the sharing of patient feedback, promoting best practice and boosting staff morale. During 25/26, we will ensure that PTS managers highlight this data on all NWS stations that have visual display screens.
- Increased survey feedback from underrepresented groups to ensure the development of demographic feedback into our digital platforms – this will be supported by additional outreach to increase survey feedback from Black, Asian, and Minority Ethnic (BAME) communities.
- Feedback from our deaf communities who continue to share concerns and barriers to accessing our services. As a result, we will produce an 'Insight App' film for operational staff awareness with using language and BSL interpreters at patient side. We will also feature the Blue Light Academy basic sign language training as part of this work.

- Supporting frontline staff awareness with the various accessibility tools available, we shared a staff bulletin signposting this information on our trust intranet Green Room. We will continue to review and update this information annually.
- Easy read formats of our service information provided to Ambulance Awareness day attendees with learning difficulties. Further work will include an easy-read production of the event evaluation form. Alternative format is ensured in our regular communications with our communities in all publications including monthly info-bursts and PPP Weekly Round ups.
- A health literacy improvement project to create new, accessible information for patient transport service users.

Complaints

Complaint management.

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.

NWAS remains steadfast in its commitment to delivering a high-quality and patient-centred complaint experience. We recognise the importance of all concerns, complaints and feedback as essential tools for continuous improvement. Insights from patients, their families, and service users allows us to assess our practices, identify areas for enhancement, and implement necessary changes at both individual and system-wide levels.

The PALS and Resolution team ensure that individuals who raise concerns feel heard and that their complaints are addressed effectively. In 24/25 we saw specific focus on evolving our responses to complaints, making sure that letters and communications are patient centred, and always demonstrate empathy and compassion. The PALS and Resolution team continue to address complaints with fairness and transparency with the end goal being to improve a 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.

We understand that raising a complaint with a large organisation like NWAS can feel overwhelming and is often perceived as a negative experience. However, the PALS and

Resolution team is committed to ensuring that this isn't the case. Recently, a patient shared feedback, with a manager, expressing how supported and reassured she felt by the team when raising her complaint.

"Thank you for your support and understanding of my issue. I would like to thank you both for your kindness and understanding in previous communications! It gives me faith that we are listened to when things go wrong! Thank you so much again"

Achievements during 24/25.

The PALS and Resolution team has stabilised both their resilience and their performance over the past year. The team has worked hard on securing processes in line with legislation and PHSO (Parliamentary Health Service Ombudsman) guidance and training opportunities have informed continued professional development. This has benefited the quality of complaint handling.

To build on this, system improvements were also identified and modifications required to the Datix Cloud IQ (DCIQ) complaint module. This has now been completed, and the start of 2025 introduces new complaint categories and learning outcomes to help identify themes of complaints and learning. This is beneficial for users of the system, the analysis of data reported into the system and of course, our patients and the service improvements we can recommend as a result.

Additional work has been carried out to 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 and 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 individual's requirements are understood and met from the outset.

Complaint figures.

Last year 2,277 complaints were raised with us and 89% of these were recorded as 'low complexity' complaints, which were managed by the Patient Advice and Liaison (PALS) team. The PALS team guide appropriate and empathetic apologies within an everyday conversation, as guided by the PHSO's standards.

The three most common themes of complaints received related 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.

High	Medium	Low	Total
20	113	781	914

Table 17: Shows the number of complaints about care and treatment and the level of complexity.

A full breakdown of the sub-categories shows the specific genre of treatment complaints, raised with NWAS.

Sub-type of complaint	Number of complaints
Professional standards (conduct)	619
Disposition	165
General	79
Clinical treatment	42
Equality	6
Assessment	3
Total	914

Table 18: Shows the subcategories of complaints about treatment.

The complaints regarding care and treatment by service line and area, may vary from total number provided above, as a singular complaint, may involve multiple service lines.

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

Table 19: Shows the number of complaints by service line.

Delays.

In the last year, 734 of the complaints included concerns about a delay in service. Below, outlines the complexity level assigned to each complaint.

High complexity	Medium complexity	Low complexity	Total
9	33	692	734

Table 20: Shows the number of complaints according to their complexity.

NWAS service line	Number of complaints
Paramedic Emergency Service (PES)	585
Patient Transport Service (PTS)	149

Table 21: Shows the number of complaints according to service line.

Call Handling.

Concerns about an aspect of the call handling part of a patient's journey featured in 364 of the complaints.

High	Medium	Low	Total
7	33	324	364

Table 22: Shows the number of call handling complaints.

NWAS service line	Number of complaints
NHS 111	166
Paramedic Emergency Service (PES)	155
Patient Transport Service (PTS)	43

Table 23: Shows the number of call handling complaints according to service line.

Complaint outcomes.

We closed 2,242 complaints in 24/25 with 86% of all complaints closed within local Service Line Agreement. This is an improvement on the 85% closure within local service line agreement achieved in 23/24.

We closed 2,242 complaints in 24/25 with an improved performance in closure rate with 86% of all complaints closed within local service line agreement timescales.

Complaint Outcome	Complaint Level	Total
Upheld	High	15
	Medium	53
	Low	554
Not Upheld	High	11
	Medium	88
	Low	829
Partly Upheld	High	5
	Medium	57
	Low	630

Table 24: Shows the complaint outcome.

Parliamentary and Health Service Ombudsman (PHSO).

In 24/25, NWAS received 10 notifications from the Parliamentary and Health Service Ombudsman (PHSO) regarding complaints submitted for independent review.

- Three cases were closed following an initial assessment, with no failings found on the part of NWAS.
- Two cases were resolved through mediation or further local review and subsequently closed.
- One case was not upheld, with the PHSO identifying no failings by NWAS.
- One case was partly upheld, resulting in a recommendation for further apologies to be offered to the complainant.

Three cases remain open as we move into 25/26 and are currently under detailed investigation by the PHSO.

Patient Safety Incident Response Framework (PSIRF)

PSIRF promotes a proportionate approach to responding to patient safety incidents by ensuring resources allocated to learning are balanced with those needed to deliver improvements. The principles of PSIRF are to:

- Advocate a co-ordinated and data-driven approach to patient safety incident responses, that prioritises compassionate engagement with those affected by patient safety incidents.
- Embed the patient safety incident response within a wider system of improvement and prompt significant cultural shifts towards systematic patient safety management.

NWAS Executive Leadership Committee, Quality and Performance Committee, and the Board of Directors identified local priority areas which commenced from October 2023. These remained in place during 24/25 and are:

- Prevention of deterioration to critically unwell patients with contributing harm.
- Errors in 999 and 111 call handling which led to a delay with contributing harm.
- Face-to-face or telephone assessment which is managed down an incorrect pathway contributing to harm.

This year has seen the first full 12 months of the PSIRF, during which we have identified and commissioned 18 level 1 learning responses otherwise known as Patient Safety Incident Investigations (PSIIs). In these we seek to use a systems engineering based approach to consider the opportunities where improvements can be made to help our people to do the right thing, every time. This is a change to root cause analysis used in the serious incident framework and asks the patient safety event Investigators to consider the complexity of the work and its interactions, assumptions and 'work as done' rather than 'work as imagined or prescribed'. This approach encourages open discussion as to why events took place in the manner they did and relies on an appreciative inquiry approach to problem identification and solving. We have found this innovative approach to working with our people and teams encourages an openness and has helped us to learn how we can best support our people who work in this demanding environment.

The first 12 months of PSIRF has allowed us to undertake some improvements to the internal governance processes supporting the framework.

- We have worked closely with patients and families to improve the language used in the PSII reports to remove acronyms and include accessible language explanations for complex clinical interventions.
- With the families and patients' agreement we include photographs and biographies of the patient involved in the patient safety event, to keep the patient at the very heart of the review. In addition, we have developed patient stories in conjunction with patients and families which are presented both internally and externally to support improvement

- Our engagement leads act as advocates for the patient and their families throughout the process. The leads bring forward any queries patients and families may have, support the interpretation and sharing of draft reports and are the main point of contact for progress updates. The engagement leads are available to support the families with translation services and all manner of things pertinent to the PSII including sign posting to well-being agencies and helplines.
- We have improved our internal processes of PSII management to include a multi-disciplinary team case conference within seven days of PSII commission, and a further case conference at day 30 to ensure all elements are on track.
- An external independent audit of PSIRF, its implementation and current governance processes was conducted. The review concluded in March 2025 and NWAS was assessed as providing substantial assurance. Furthermore, the auditors summarised 'there is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently' which is testament to the team and stakeholders who are responsible for delivering PSIRF on behalf of the organisation.
- There have also been ongoing improvement programmes linked to PSIRF and the findings from patient safety incident Investigations including improvements to call handling and dispatch, mental health and medicines management.
- We have also embedded a regional clinical learning and improvement group, where learning from the Patient Safety Incident Response Framework is shared, and safety improvement actions overseen.

Patient safety events.

During the last financial year 8,479 patient safety events were reported into our incident management system. Patient safety events are assessed in terms of the actual impact of the incident on the patient. The table below described the levels of harm confirmed for 8,085 patient safety events. The level of harm for 394 patients remains unconfirmed at the time of writing.

Confirmed level of harm 24/25	Q1	Q2	Q3	Q4	Total
No physical harm	1563	1664	2225	1383	6835
No psychological harm	58	61	51	38	208
Low physical harm	199	172	165	83	619
Low psychological harm	24	27	24	11	86
Moderate physical harm	41	59	49	37	186
Moderate psychological harm	4	5	2	1	12
Severe physical harm	9	19	7	11	46
Fatal	17	24	28	24	93
Total	1915	2031	2551	1588	8085

Table 25: Shows the level of harm 24/25.

Patient safety event categories.

Four patient safety event categories account for 68% of all patient safety events reported during 24/25. These are:

- Care and treatment: 2,244 (26.5% of the total number of patient safety events in year)
- Call handling: 1,408 (16.6% of the total number of patient safety events in year)
- External organisation enquiry: 1,153 (13.6% of the total number of patient safety events in year)
- Delays: 969 (11.4% of the total number of patient safety events in year).

During 24/25, we received 1,247 external incidents from other NHS providers. We also raised a further 963 patient safety events to other organisations requesting a response to patient safety incidents.

Organisation involvement	Q1	Q2	Q3	Q4	Total
External In – incident received from another organisation	10	149	802	286	1247
External out- NWS raising an incident with another organisation	5	95	410	453	963
Total	15	244	1212	739	2210

Table 26: Shows the number of external out/in patient safety events received 24/25.

A collaborative review of the patient safety incidents, complaints, concerns and issues has taken place during the latter part of 24/25 and new local PSIRF priorities have been identified and are due to be approved for the year ahead. This information will be disseminated with internal and external stakeholders, with safety improvement plans developed linked to our strategic aims.

Incidents (staff and trust)

During the last financial year, 8,465 staff and trust incidents were reported. Our incidents are risk scored using the trust's risk matrix to assess the consequence.

Risk Score	Value
1	2,583
2	4,569
3	1,258
4	53
5	2
Total	8,465

Table 27: Shows incidents reported and by risk score during 24/25.

The most common incident categories were violence and aggression (1,952), medicines: controlled drugs (658), road traffic incident with vehicle (629), road traffic incident with object (521) and accident and injuries (443).

During 24/25, we received 208 external incidents from other NHS providers.

Year	Q1	Q2	Q3	Q4	Total
24/25	67	49	59	33	208

Table 28: Shows external incidents received per quarter 24/25.

In addition to the external incidents coming into the trust, we raise incidents to external agencies and health and social care organisations. During 24/25, we sent 143 external incidents to other organisations requesting a response to staff and trust incidents.

Year	Q1	Q2	Q3	Q4	Total
24/25	35	16	50	42	143

Table 29: External incidents sent out to other organisations per quarter 24/25.

Clinical Safety Plan (CSP)

Timely action and resource management are crucial to prevent patient care compromise during high demand periods and the NWS Clinical Safety Plan (CSP) details how safe service delivery is managed amidst varying demand levels. It focuses on proactive measures to manage clinical risks and maintain public confidence. The CSP maintains consistent and safe service delivery, particularly during demand surges and response deterioration, and addresses high-risk situations.

The CSP dynamically responds to service pressures while ensuring safe and clinically appropriate care, aligning with NHS England standards. A clear delegation scheme coordinates responses to challenges, with specific roles for the Regional Operations coordination Centre Tactical Commander and others. Detailed communication protocols ensure transparency during high demand.

The CSP includes a risk assessment framework monitoring demand, resource availability, and incident cycle times to proactively manage risks. Documentation of decisions supports accountability and future reference. Specific actions, triggers for escalation, and a risk assessment log support implementation.

Building on previous years' experiences, CSP actions have been automated and delegated to ROCC tactical commanders, enabling rapid adaptation and management of clinical risk. Further measures have been introduced that allow NWS to appropriately validate higher priority outcomes proportionately if response times deteriorate.

Winter safety review

Each year, we undertake a review of safety over the winter to identify themes and trends and opportunities for improvement. We have undertaken a review in December 2024 and January 2025 analysing patient events resulting in harm. This has identified the following themes:

- Category two calls continue to make up the highest percentage of severe or fatal harm patient events
- The predominant theme in severe or fatal harm patient events continue to relate to delays
- The age range most affected in the patient safety events reviewed is 65-84
- Like previous years, patients who are receiving palliative or end of life care, and patients with frailty or other long-term conditions are predominantly affected in the harm related patient safety events reviewed.

Freedom to speak up

In addition to speaking up through leadership teams and normal workforce processes, we have established well embedded additional speaking up processes to create a culture of safety. We continue to foster a culture where our people feel safe to speak up and raise concerns. This in turn allows us to provide highly effective care where we learn when things might not go well. Our team of Freedom to Speak Up (FTSU) guardians have this year seen a reduction of 21.4% in the number of concerns raised (121 from 154 in 23/24).

Ambulance services, in line with other blue light services, have come under increased scrutiny from the national media along with NHS England. The Thirlwall Inquiry prompted a comprehensive review of all NHS speaking up arrangements.

We provide a number of ways to encourage speaking up processes, such as the Datix cloud IQ (DCIQ) platform (our incident reporting process), staff forums, Freedom to Speak Up guardians, staff Facebook pages and appraisals, along with directly with leadership teams. These channels enable our staff to voice concerns about their wellbeing, the care they provide or cultural issues.

This year has seen 121 concerns raised with the FTSU guardians, categorised into themes according to the National Guardian’s Office (NGO) returns.

Themes	Percentage	Number
Inappropriate attitude and behaviours	61.2%	74
Patient safety	15.7%	19
Bullying and harassment	13.2%	16
Worker safety	6.6%	8
Fraud	0.8%	1
Detriment	2.5%	3

Table 30: Shows concerns by NGO themes.

The proportion of patient safety concerns has decreased. We have focused on the many ways in which staff can raise any concerns from informal/formal discussions with local managers and leaders through to formal paths such as Grievance/Dignity at Work process and safety concerns raised through our Incident reporting system.

Through a formal leadership development program, leaders are equipped to make themselves 'open' to discussion and actively listen to staff concerns. This enables leaders to negotiate positive outcomes that meet the staff needs and addresses their concerns whilst also considering impacts on all staff, patients and the organisation.

We have instigated several new processes to ensure we deal with concerns in a consistent way, ensuring an impartial view which supports both staff and managers to resolve concerns using learning. This reflects in the feedback we have received from staff and managers who have been involved with FTSU guardians.

What our staff tell us.

Staff member.

"I have placed a 'no' under the problem being resolved as it hasn't yet, however fully recognize that the processes in place will eventually address the matter. My experience is that FTSU appears to be effective and is a valuable tool to the organisation."

Staff member.

"No concerns for areas to improve on. The issue I raised was escalated quickly to the ICC senior leadership team with a resolution reached in under a month."

Staff member.

"In my case, the process worked very well. The communication maintained with all parties (including the FTSU team within themselves) was a huge strong point."

New freedom to speak up guardian.

"As a new FTSU Guardian with NNAS, and one of three, we continue to embed the two recommendations the National Guardian's Office report 'Listening to Workers' made to ambulance trusts. Our policy continues to reflect the NHS policy on 'speaking up' and is compliant with current requirements. We have seen a decrease in the number of concerns. As a staff member who has held numerous posts within NNAS including senior management my passion has always been about nurturing a supportive, safe culture. This is gaining strong traction in many areas of NNAS. This fosters confidence and trust that allows staff to raise concerns locally, be heard, and concerns address at source, which is the best outcome for all. In this year's NHS staff survey 61% felt safe in to speak up about anything that concerns them in the organisation. This is 6% above the NHS average and equal top performing in the ambulance sector."

Support and guidance from the non-executive lead for FTSU has again this year been invaluable to ensure we address any concerns raised by external providers.

Staff safety (violence prevention, reduction, and security)

Violence and aggression against ambulance workers has been on the increase both locally and nationally year on year. In 23/24 there was the highest recorded number of incidents reported. A Violence Prevention and Reduction team was recruited in 2024, to primarily focus on staff safety, staff support and a public health approach in collaboration with partner agencies to prevent and reduce violence and aggression. Specific pieces of work have been initiated this year which look at reducing staff being assaulted and preventing repeat offending of abuse to our integrated contact centre staff.

All staff now have a Violence Prevention Reduction Specialist Practitioner assigned to them when they make a report of violence and aggression. This is to ensure that all staff get the right level of support post incident, that all incidents are addressed and that perpetrators are effectively managed and dealt with through partnership working and information sharing.

The Violence Prevention and Reduction team map trends and patterns of behaviour through data collection to identify and implement interventions that both aim to prevent the offender from reoffending and support the staff members involved. This ensures that all individuals involved are given appropriate support and are made aware of the outcome after an incident has occurred. Through accurate data mapping, intervention, partner agency working, training and education for our staff, and public engagement the Violence Prevention Reduction ` is seeing positive outcomes in both prevention and reduction.

Other specific initiatives this year includes:

- BBC media campaign on the increase in violence and aggression against ambulance workers.
- Partner initiatives with police/councils/education/violence reduction unit and other health care providers.
- Improved mandatory training that is designed through current data collection of incidents to make it bespoke to the incidents staff are facing.
- Education and awareness events for staff.
- Collaborative working with staff networks and trade unions.
- New working groups set up and established to focus on tackling violence and aggression
- Increase in the use of body worn video cameras by staff.
- Trauma informed/public health interventions - understanding the cause of the violent behaviour and addressing the causes through partnership working and education.

Health, safety and security and fire

We are committed to providing a safe environment for our people and others who are involved, or affected by the activities of the trust, so far as is reasonably practicable, in accordance with the Health and Safety at Work Act 1974 and associated legislation. Every employee has a personal responsibility for health and safety, including following policies and procedure to keep themselves, their colleagues and patients safe throughout the course of their duties. Our partnership with health and safety trade union colleagues remains strong and they are full members of our Health, Safety, Security and Fire group and work with service lines on local health, safety, security and fire management.

Reporting of Injuries, diseases and dangerous occurrences regulations (RIDDOR) 2013.

During the last financial year 126 incidents were reported to the Health and Safety Executive (HSE) under the RIDDOR regulations.

Year	Q1	Q2	Q3	Q4	Total
24/25	29	33	35	37	134

Table 31: Shows incidents reported to the Health and Safety Executive (HSE) per quarter 24/25.

Safeguarding vulnerable children and adults

The Safeguarding team has a statutory function within North West Ambulance Service and liaises with both internal and external multi-agency partners in respect of statutory safeguarding reviews (domestic abuse related death reviews, safeguarding adult reviews and child safeguarding practice reviews) and local authority designated officer (LADO) referrals in cases where a staff member may be considered a risk to children. It is also the responsibility of the head of safeguarding to report 'Prevent counter terrorism data' to NHS England.

The Safeguarding team works across the trust and with partner agencies, including commissioners, social care, police and health partners, to review and improve the quality of the safeguarding service provided by NWAS staff, ensuring that our employees and volunteers have the appropriate knowledge and skills to discharge their safeguarding function. NWAS, via the head of safeguarding, provides assurance to the Lancashire and South Cumbria ICB via the designated professionals for safeguarding, that the service is well led and managed and discharges its statutory responsibility in line with legal obligations.

Safeguarding processes are continually reviewed, and the Safeguarding team liaises both locally and nationally, using statutory reviews, audit, legislative updates and general information sharing to highlight updates, hot topics and emerging issues. These inform training and service development within the organisation. The Safeguarding team at NWAS regularly shares key information with staff, both internally and across social media platforms.

Safeguarding referrals.

NWAS makes safeguarding referrals to 27 local authorities within the geographical footprint. Referrals are made electronically via our support centre in Carlisle to the appropriate local authority. During 24/25, NWAS made 39,561 safeguarding and early help referrals, as shown in the figure below. NWAS early help referrals are predominantly for adults who may benefit from an assessment of needs. The number of referrals rejected by local authorities is less than 2%, indicating that the safeguarding information we share is of a high quality.

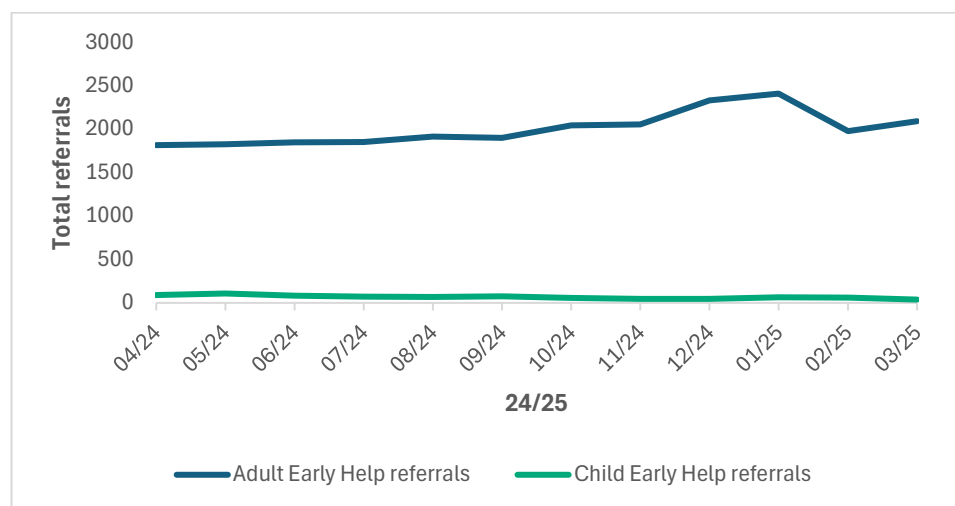


Figure 8: Shows the number of monthly Early Help referrals 24/25.

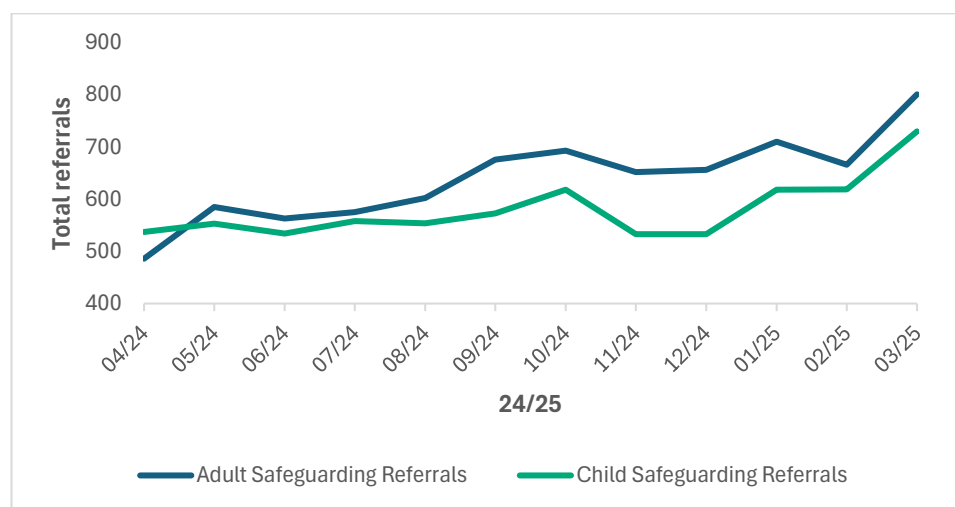


Figure 9: Shows the number of monthly adult and child safeguarding referrals 24/25.

Safeguarding training.

The Intercollegiate Documents for Adults (August 2018) and Children (January 2019), published by the Royal College of Nursing, set out minimum safeguarding training requirements for health staff. NWAS is committed to ensuring that high quality safeguarding practices exists across all business areas of the organisation, with training essential to achieve this. During 24/25, the Safeguarding team has worked with the Learning and Development team to align all new roles

with the appropriate level of safeguarding training and trust-wide training compliance has been maintained throughout the year.

Key safeguarding achievements during 24/25.

- An outcome of 'Substantial Assurance' was achieved following a safeguarding audit by Mersey Internal Audit Agency (MIAA) in December 2024.
- Restructure within the Safeguarding team has enhanced cross working and sharing of expertise between safeguarding and mental health staff.
- Development and implementation of a safeguarding dashboard.
- Continued engagement with integrated care boards to streamline assurance requirements and to provide a conduit to safeguarding boards/partnership boards.
- Continued development of easily accessible safeguarding resources for our workforce.

Improving services for people with a learning disability

Following our trust's successful NHS England bid in 2022 to develop a new Learning Disability and Autism (LD&A) plan, and to add a dedicated specialist role to lead on the work, quality improvement projects have continued to be progressed.

The NHS Long Term Plan listed learning disability as one of its healthcare improvement priorities, recommending a system-wide collaborative approach. Our plan reflects compliance with this, as well the national Learning Disability Improvement Standards, National Mortality review learning, NICE guidelines and current Care Quality Commission (CQC) regulation of mandatory training and awareness to all healthcare sectors. This work also supports the Association of Ambulance Chief Executive's (AACE) current agenda to reduce health inequalities following a national consensus with major healthcare organisations.

In 24/25 we have:

- Continued to cultivate valuable feedback from our patients and our specialist partners to gain recommendations and to inform good practice.
- Interrogated appropriate cases of complaint, serious incident reporting and mortality reviews to inform thematic analysis and further learning. This supports patient safety projects on the back of Patient Safety Incident Response Framework (PSIRF) investigations.
- Sustained collection of direct feedback from our neurodiverse staff to gauge their opinions on our practice, providing rich insight.
- Sustained near 90% compliance with the first element of the respective mandatory training across service lines, meeting the regulatory requirement from the Care Quality Commission.
- Updated an internal enhanced sector specific e-learning module on the LD&A subject matter based on the learning from the co-produced strategic plan which is available to all staff.

- Continued the membership of the Sunflower Scheme and included hidden disability awareness subject in staff inductions.
- Continued enhanced sensory provision as standard in new ambulance vehicles in the fleet. This supports the quality of assessment for patients with sensory needs. Further collaboration between the mental health and digital innovation teams will support the SMART vehicle project.
- Started the development of a 'Care Interaction Tool' digital application for staff iPads that aims to enhance neurodivergent patient experience, aid our assessment and decision making for patients.
- Introduced an official cross service line 'Neurodiversity Champion' network who can provide peer support through lived experience to colleagues who may be facing challenges with neurodivergent conditions.
- Sustained representation at LD&A community and partner engagement events in collaboration with the Widening Access team. There is ongoing engagement with our Patient Public Panel, regional LD Partnership Boards, the North West Learning Disability (LD) Operational Delivery Network and our Disability Network; this ensures we continue to hear the voice of our patients and partners.
- Continued to engage with hospital and community learning and development teams, supporting pro-active organisation of enhanced pathways/flags and personalised care for complexed patients. Complex patient markers and hospital passports can also be made available on the internal Cleric platform allowing access by our senior clinicians.
- Continued closer feedback relationships with ICB learning from life and death reviews (LeDeR) has improved consistency and accuracy of reporting. There is ongoing closer engagement with ICBs to share learning and identify patient safety themes.

Mental health services

Our Mental Health team work at strategic level with system partners to deliver on the aspirations of the NHS Long term Plan (2019) and to improve the safety, effectiveness, experience, and outcomes for patients contacting us with a mental health need. An overview of the progress and achievements during 24/25 is summarised below.

Mental health practitioners in our integrated contact centres.

The model varies across our footprint:

In Greater Manchester, mental health practitioners employed by the mental health trust have been providing support for 12 hours per day, seven days per week. Confirmation of funding has now been secured and the NWS Mental Health team is working with Greater Manchester Integrated Care Board and trust partners to develop the longer-term 24/7 model which will be implemented by October 2025.

In Lancashire and South Cumbria, mental health practitioners continue to triage mental health calls 24/7 via our integrated contact centre in Preston. On-going engagement continues with the integrated care board to secure commitment for the continuation of this model.

We are also working with Cheshire and Mersey Integrated Care Board and with mental health partners to agree a model for the management of Category 3-5 mental health calls, with the aim of ensuring that patients in mental health crisis are supported by the most appropriate service to meet their needs.

Implementation of the NHS 111 'Option 2' in April 2024, provides a single point of access for patients who present with a mental health crisis. Evaluation work will continue with system partners, NHS England and Integrated Care Boards throughout 25/26 to ensure the service remains timely and patient focused.

Mental health response vehicles.

Throughout 24/25, the NWS Mental Health team have continued to work collaboratively with integrated care boards, NHS England and partner trusts to implement the Mental Health Response Vehicle Model. There are now six vehicles in operation: four in Cheshire and Merseyside (Warrington, Bebington, Northwich and Toxteth) and two in Greater Manchester (Salford and Oldham). In collaboration with partners across the region, NWS has undertaken an evaluation of the model to identify outcomes and learning which will inform longer-term planning.

Mental health training and education.

The introduction of a mental health development Practitioner role has enabled additional resilience within the team to support with the development of a suite of training in relation to undertaking a mental state examination and application of the Mental Capacity Act (2005) to practice.

Patient safety.

Collaborative working with the NWS Patient Safety Incident Response Framework (PSIRF) team has seen oversight by the NWS Mental Health team increasingly embedded within patient safety processes. The team has access to all mental health-related patient safety events and are involved in each aspect of the process from initial event reporting, through to attendance at the Complex Case Review Group (CCRG) and Patient Safety Event Committee (PSEC). Monthly meetings with our legal team also continue to highlight new or emerging risks that require an appropriate learning response.

Right care, right person (RCRP).

This approach was designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training and experience to best meet their needs. RCRP has now been introduced by police forces within the NWS geographical footprint. The Mental Health team, in collaboration with our integrated contact centres, have developed numerous partnership agreements, memorandums of understanding and procedures to mitigate any potential adverse impacts of this approach.

Mental capacity

NWAS adheres to the mandatory legal framework of the Mental Capacity Act (MCA) 2005 as outlined in our trust policy.

During 24/25, staff undertook:

- Mental Capacity Act learning resources on the NWAS Continued Professional Development and Learning Hub.
- Ambulance Mental Health Induction module available on the electronic staff record training library.
- Mental capacity induction training for emergency medical technicians working on mental health response vehicles.
- Mental capacity refresher training as part of NWAS face-to-face mandatory training.

In terms of monitoring the use and consideration of the MCA our electronic patient record (EPR) platform incorporates mandatory fields that our clinical staff will complete when finalising a report and considerations of care surrounding capacity are pertinent. EPR data is available to NWAS audit teams.

Infection prevention and control

Infection, prevention, and control (IPC) measures are vital in protecting the health, safety, and welfare of patients and staff. The IPC Board Assurance Framework (BAF) is a framework that sets out the ten criteria from the Health and Social Care Act (2008). The IPC BAF provides assurance that policies, procedures, systems, processes, and training are in place to minimise the risk of transmission infection to service users, patients, and staff. It also identifies gaps in assurance, IPC risks and mitigations. The subheadings below, as outlined in the BAF provide information on our progress.

Systems to manage and monitor infection and risks of infection.

- Assurance report from IPC Working Groups presented to the Clinical and Quality Group.
- IPC BAF and IPC Annual Report presented to board and Quality and Performance committee.
- IPC policies and procedures updated to reflect national guidance.
- All training packages are in line with the national IPC manual and updated once national guidance is revised.
- IPC public-facing webpage has been developed where information can be accessed about the IPC service.

Provide and maintain a clean environment in managed premises that facilitates the prevention and control of infections.

- Cleanliness is monitored by audits conducted by Facilities and IPC team.
- All vehicles have a six-weekly deep clean. A 'make-ready' service is available in some areas. This is a system where ambulances are prepared by a dedicated team of staff who clean, restock and check the equipment on ambulances before the beginning and at the end of every shift.

- Policies and procedures in place to inform staff of responsibilities in relation to cleaning and decontamination.
- Station and vehicle audit results presented in an assurance report to the director of infection prevention and control at the IPC Working Group.
- A Water Safety Group meets every six months.
- Ventilation testing is carried out in line with national guidance.
- The IPC team is involved in the planning of new builds and the refurbishment of existing premises to ensure that they meet IPC requirements.
- Antibiotics are not routinely prescribed within the trust however, two antibiotics can be given in an emergency use as a one-off dose. These two antibiotics are administered under Patient Group Directions (PGD) and in line with the Joint Royal Colleges Ambulance Liaison Committee guidance (JRCALC), Joint Royal Colleges Ambulance Liaison Committee.
- Provision of on-demand information on infections for staff and patients.
- Resources available for staff disseminated regularly to staff via bulletins, social media, internal intranet, infographic posters and the IPC Working Group.
- A-Z Communicable Diseases guidance has been updated and provides links to cleaning advice.
- Individual risk assessments are carried out over the phone when booking patients onto the patient transport service. Patients are asked if they have any symptoms of infection or if they are immunocompromised to ensure that they are not placed at risk when being transported.

People at risk of developing an infection and onward transmission.

- Safety stations are in place at the entrance to all trust sites with access to alcohol gel, cleaning wipes and face masks.
- Some desks within each call centre have protective screens in place for vulnerable staff/ staff who wish to use these.
- Staff have access to personal protective equipment (PPE) and correct usage is taught on IPC teaching sessions.
- Regular bulletins and guidance have been published on the intranet, including updated guidance on mpox, measles and other infections.
- Face fit testing is a legal requirement for anyone who wears tight fitting respiratory protective equipment (RPE) such as a FFP3 mask as a control measure.
- Fit testers recruited in each ICB area to improve compliance with fit testing. All staff who meet the criteria are fit tested against four FFP3 masks. This is recorded on the electronic staff record (ESR). Compliance has improved significantly.
- All staff are issued with a Sundstrom hood (respiratory powered piece of equipment) on starting within the organisation for use if they fail their face fit test.

Provide or secure adequate isolation facilities.

- We do not have any isolation facilities; however, staff understand precautions to take and understand the importance of informing the receiving unit to secure suitable facilities to minimise the risk of onward transmission of infection.

- Whilst we do not have direct access to a laboratory, specimens can be obtained from staff via occupational health if needed. Contact tracing has taken place for staff who have been in contact with Invasive Group A streptococcus, whooping cough, and measles. This is completed jointly by the IPC team/operations managers and staff are referred on to occupational health for further advice as necessary.
- The national IPC manual has been implemented with links to local policies and procedures. Other key policies have been reviewed and updated in line with national guidance.

Have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

- Staff are referred to occupational health and risk assessed by their line manager.
- Risk assessments are in place for staff who are pregnant/susceptible to infection and IPC are often consulted to contribute to these.
- Our occupational health provider has access to staff vaccination records and can provide specialist advice if a member of staff has been in contact with a patient with a communicable disease.

Maternity

During 24/25 maternity services have worked with internal and external maternity stakeholders to ensure care delivered to women using NWS services is safe, effective, and women centred. The need to ensure that staff have the skills, confidence and resources to care for women and neonates safely, has seen the development and introduction of several interventions throughout 24/25 including:

Practical obstetric multi- professional training course (PROMPT).

Pre-hospital practical multi-professional training (PROMPT) is a multi-professional obstetric emergencies training programme that focusses on the out of hospital environment in providing maternity and newborn care.

The use of PROMPT as an effective training tool in the management of obstetric and neonatal emergencies aligns with numerous external safety reports, recommendations and, guidelines including the Ockendon report, Maternity and Newborn Safety Investigations (MNSI) and the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines.

An options consideration appraisal will look at the introduction and roll out of PROMPT training across the trust has been developed during 24/25 and is currently awaiting review regarding next steps.

Pre-hospital maternity decision tool.

NWS has worked collaboratively with specialist ambulance leads from across the country to develop the pre-hospital maternity decision tool which aligns to the recommended risk tools

used in maternity services. This pre-hospital maternity decision tool supports ambulance clinicians in assessing levels of need amongst pregnant/ suspected pregnant /recently pregnant women in identifying those who require a time critical assessment in an obstetric unit due to abnormal observations or red flags.

The tool was released in JRCALC in October 2025 with NWAS being the first trust to embed the tool within the electronic patient record. Next steps will be to work alongside the audit team to gather intelligent data on the impact of its introduction.

Newborn thermoregulation.

After birth it is important to keep babies warm and exothermic mattresses to support thermoregulation of the newborn in the prehospital environment were introduced in 2024. A focused audit supported NWAS in identifying use cases across the organisation, with a view for a focused quality improvement project to ensure all babies born within the service receive a standardised bundle of thermoregulation care.

Maternity training collaboration.

A joint training collaborative named 'Maternity Emergencies in the Community, MEC' saw more than 150 NWAS staff trained to deliver emergency maternity and newborn care across Cheshire and Merseyside.

This initiative provided an opportunity for NWAS clinicians to engage in learning alongside midwives at Liverpool Women's NHS Foundation Trust, using state-of-the-art equipment to improve their clinical skills. In addition, five NWAS clinicians became trained instructors who are now able to cascade this type of training across the organisation. The success of the training was also recognised at the National Ambulance Leadership Forum with the team leads being awarded the Outstanding Service award.

Maternity and newborn safety investigations (MNSI).

NWAS has been collaborating as part of a working group undertaking a secondary analysis of maternal MNSI death investigations that included the ambulance service. The report is now finalised with key recommendations to enhance safe working practices identified and is due to be published in June 2025.

Research in maternity care.

During 24/25 we have worked collaboratively on a submission to the National Institute for Health Research (NIHR) Maternity Health Inequalities Challenge, which is focused on a bespoke programme of work over the next five years to reduce inequalities in care for mothers and babies. Our consultant midwife was selected as the emerging research leader for the NIHR

consortium thus strengthening NWAS' position as a leader in the field of prehospital maternity care research.

Medicines management

Optimising medicines use and management across the service is a high priority with a Medicines team focused on this aim alongside our clinical colleagues and external partners. The vision is for the right medicines available, having the right governance to support medicines use, ensuring medicines are available for use, ensuring medicines are of a suitable quality and supporting medicines to be used safely and sustainably. This supports the Quality Strategy, and the following areas provide the workplan undertaken by the Medicines Team during 24/25:

Clinical effectiveness of medicines:

- Five new e-learning modules went live in July 2024 and a further two in February 2025 to provide training, education and assessment on medicines. Completion rates of the modules are very high.
- A new injectable medicine for seizures has been introduced for doctors working in the hospital emergency medical service (HEMS) to use.

Robust governance for medicines uses:

- A review of data has provided assurance that our ambulances are deployed with the correct medicines required.
- A review of the external ambulance service providers commissioned by NWAS for the paramedic emergency service has been undertaken to provide assurance on their medicines management.

Digital innovation and integration:

- A huge project has been completed which involved upgrading secure safes on every ambulance in NWAS. The new safes have digital locking technology that supports better governance and gives more reliable access for paramedics when some medicines are needed for patient care. Every paramedic in NWAS was issued with their own personal key to access the safes, which were configured to their own access level profile. These enhancements in security and access to medicines were implemented as part of the response to the recommendations from the Manchester Arena Inquiry.

Safe and secure handling of medicines:

- Medicines guidelines are available for clinicians to use via a nationally provided app on their electronic devices. NWAS has supported the set up and development of a new governance group to oversee the standard of these guidelines.
- An external audit of the management of controlled drugs has been undertaken and reported substantial assurance.

Medicines safety and sustainability:

- Actions have been taken to support safe administration of medicines during the intense event of a cardiac arrest and further work is underway.

Medicines safety week focused on medicines administration with videos on how to administer medicines and a 'top tips' poster forming part of educational tools.

Our Digital Work Programme

Our digital work programme for 24/25 is pivotal to driving our quality strategy forward and has made significant strides in advancing our Digital Strategy as part of the wider Quality Strategy plans.

To support a safety-first culture, we have:

- Enhanced our digital structure and embedded new governance arrangements. This has included investment in a robust digital framework and governance processes to ensure that solutions and systems align with the needs of the entire organisation. A trust-wide digital portfolio, supported by governance meetings, has also been developed to provide a comprehensive oversight of all digital initiatives.
- Established the Data Insights steering group with senior representatives from each directorate overseeing and prioritising reporting outputs across the trust. This has resulted in the delivery of several reporting priorities, including new dashboards for Clinical Hub, category one and two call handling, patient transport service (PTS) and public health
- Completed the SMART Programme. This year marks the conclusion of the SMART Programme, which was designed to evaluate and drive improvements in our operations. Specifically the installation of key cabinets, station and vehicle controlled drug safes and digital wallboards for paramedic emergency service (PES), ambulance stations located within the Cumbria and Lancashire Area east sector, Morecambe Bay sector, Greater Manchester Area east sector and digital wallboards for PES ambulance stations in the Cheshire and Merseyside west sector and key cabinets for Hazardous Area Response Team (HART) sites in Manchester and Liverpool.

To support highly effective care, we have:

- Introduced a proof-of-concept point-of-care testing project. This project has been live for one year and now has funding secured for a second year of roll out and evaluation. The aim to ensure that patients receive timely and right care in the event of a suspected cardiac event not evident on an electrocardiogram (ECG).
- Continued to develop our electronic patient record (EPR). These enhancements include new tools for mental health and maternity documentation, a new falls assessment, and the development of new Ambulance Clinical Quality Indicator (ACQI) Stroke and Post-Return of Spontaneous Respiration (ROSC) care bundles. To support safe and effective patient care we have also, provided access to out-of-region EPRs for our paramedics and introduced messaging functionality for seamless communication between internal and external care teams.
- Continued to advance the PRISM Initiative. The Pan Regional Information Sharing Mechanism (PRISM) proof of concept has been evaluated and is now ready for broader piloting. This functionality integrates the North West Shared Care Records into One

Response, giving frontline staff direct access to vital patient information to support safe and effective care.

- Ambulance Data Set (ADS) programme phase two completion and integrated performance reporting. Our integrated performance report has also been developed this year, with the report now shared monthly to support decision making and discussion at trust management committee meetings. The team has undertaken a significant amount of work this year on developing and flowing the ADS, a mandatory submission to NHS England to support greater understanding of ambulance activity across the sector.

To support person centred partnerships, we have:

- Focused on supporting shared decision making and releasing capacity for the analyst team. This will enable support for new areas of works, including reconciling legacy Structured Query Language (SQL) Server Reporting Services (SSRS) reports, automating regular routine reports and enhancing the triage process for ad hoc reporting requests.
- Reconciled the Power BI self-serve portal. This has streamlined existing reports to make it easier for end users to navigate, while also developing a 'core metrics' area, co-designed with operational colleagues. Since this development, the average number of dashboard views per week has increased from circa. 1,500 per week up to 2,500 per week. The average number of unique users has also increased from around 120 per week up to just under 200 per week.
- Progressed our Project 365 programme of work. Now in its second year, Project 365 is revolutionising our storage by migrating from on-premises servers to Microsoft 365. This supports efficient ways of working and enables effective record management for the organisation. Key milestones include:
 - Migration of 30% of organisational files to SharePoint.
 - Transition of all personal accounts to OneDrive.
 - Removal of over a million redundant, duplicate, and obsolete records.
 - Training of over 250 staff in using OneDrive, SharePoint, and Teams.
 - Establishment of a Super User Network for advanced SharePoint support.

Mandatory training

Statutory and mandatory training delivery is a mix of face-to-face and eLearning for our paramedic emergency services and patient transport service staff, with other staff groups using eLearning only. The overall 24/25 year-end position is 91.17% compliance against a target of 85% and with all operational service lines exceeding the 85% target.

The core of the annual delivery is the NHS Core Skills Training Framework (CSTF) which sets out the approach to statutory and mandatory topics for NHS trusts in England. CSTF subjects are delivered across a mix of face-to-face classroom days and eLearning modules depending upon the staff group.

In addition to the CSTF requirements, we prioritised the following additional subjects in the 24/25 statutory and mandatory programmes. These were determined through collaboration across multi-disciplinary Subject Matters Experts and were informed by incident and risk:

- National level two patient safety syllabus eLearning mandated for all patient contact staff. The level one module was mandated for all non-clinical staff.
- Zero suicide alliance module.
- Ambulance specific dementia tier 1 eLearning module (all staff).
- Ambulance vehicle fires eLearning module (all staff).
- Falls assessment (PES).
- Pocket Mask (PTS).
- Maternity and Newborn Care (PES).
- Acute Coronary Syndrome with ST segment Myocardial Infarction (STEMI) (PES).
- An annual medicines management update was delivered to all relevant clinical staff in line with updates to patient group directive (PES).

NHS England statutory and mandatory training project.

NHS England is leading work to optimise, rationalise and redesign statutory and mandatory training to improve staff experience, deliver better outcomes and reduce the time burden. The NHSE StatMand programme sets out key deliverables for each NHS trust.

NWAS has met all milestones set for delivery in 24/25 including:

- Alignment to latest version of Core Skills Training Framework (CSTF)
- Adopted NHS England TEL eLearning for healthcare packages.
- Signed up to an interim staff movement memorandum of understanding
- Established a Mandatory Learning Oversight Group (MLOG) to oversee the outcomes for all nationally mandated training
- Produced an annual plan of mandatory learning topics
- Reviewed frequency alignment to the CSTF

Public Health

North West Ambulance Service has a focus on public health and strives for a proactive approach to improving population health within the region, going beyond reactive emergency care and ensuring our work addresses the prevention of disease and illness, contributes to health prevention and focuses upon addressing health inequalities. The executive medical director is the executive lead for public health. Under the strategic oversight of our public health lead, consultant paramedic (Medical directorate), our public health manager coordinates and oversees delivers of our public health workplan.

Our public health workplan aligns with the Quality Strategy's objectives to develop effective collaborations with our system partners (GPs, voluntary sectors, prevention groups, etc.) and to reduce variation in patient outcomes and experience. Our focus is on identifying opportunities for our staff and volunteers to improve health and wellbeing in the population, by preventing illness and its reoccurrence and in doing so, supporting the longer-term sustainability of the NHS. Through developing and improving our data analysis we are striving for greater insight into health inequalities in the region which will enable and allow us to tailor and target our work for maximum impact.

Throughout 24/25 we have focused upon the development of our new public health workplan, driven by:

The sustainability strategy 23/26.

This strategy articulated our population health commitments to improve health outcomes across our population, and our commitment to deliver positive value for the communities we serve, over and above delivery of our services.

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The Association of Ambulance Chief Executives reducing health inequalities maturity matrix.

- As part of the Association of Ambulance Chief Executives national consensus statement on the role of the ambulance sector in reducing health inequalities (published in July 2023), AACE provided an assessment tool in the form of a maturity matrix, which in alignment with national policy drivers, aimed to help ambulance trusts identifying gaps in each of four key enabling themes needed to make a difference to people who experience health inequalities. Our baseline assessment, completed in March 2024, enabled us to both benchmark ourselves at a national level and to identify gaps in our plans.

Health inequalities policy and guidance.

- In recent years, the national government, NHS and supporting organisations have published policy and guidance documents for Trusts to act on the reduction of health inequalities, some of these documents provide statutory actions while others are recommendations of good practice. To define the public health workplan, we considered the latest guidance, including NHS Providers' Reducing health inequalities guide for NHS trust board members, the Long-Term Workforce Plan, and the NHS England's statement on information on health inequalities.

The development of our public health workplan was undertaken following engagement with senior leaders, groups and committees, including the Public Health Oversight Group, and based upon outputs of this consultation our public health workplan builds on our progress achieved in the previous three years, and outlines our intentions to ensure NWAS becomes an effective

system partner to improve health and wellbeing and to reduce health inequalities in our communities. Central to this are three core concepts:

- Developing solid foundations in organisational understanding of public health to enable the successful embedding of public health approaches across our working practices.
- Developing everyone's understanding of the opportunities each of us have to make a positive impact on health inequalities and how to act on them.
- Developing our shared agreement of the top priority areas for prevention where we can make the most impact to population health across the North West.

It is envisaged that the public health workplan will directly inform and become part of the Strategy Development Programme to ensure a focus upon public health and health inequalities in all priorities across the trust, linking its objectives with the equality diversity and inclusion (EDI) objectives within the strategy as applicable. Owing to the support and collaboration with colleagues and teams from across the trust, in 24/25, we achieved our public health deliverable objectives in the annual plan.

Public Health Dashboard.

In 24/25 we developed the trust's first ever public health dashboard enabling the identification of opportunities for our staff and volunteers to improve health and wellbeing in the population. Consultation work with the Northern Ambulance Alliance network, AACE Implementation Group, and particularly Yorkshire Ambulance Service, Business Intelligence (BI) and Public Health teams helped inform our development of the population health dashboard specifications. Collaboration with the BI team enabled the design and building of our public health dashboard consisting of a series of reports on 999 calls and incidents attended, broken down by patient characteristics (age, sex, and ethnicity), and by population health data (location and deprivation index). This information will be visible to all the trust and will help develop our understanding of differences in access and outcomes by patient groups. This will also help us identify the demand from our most vulnerable groups and to proactively target interventions and developments towards reducing health inequalities.

Importantly, the data architecture developed for the public health dashboard, will enable the integration of similar population health data and reporting across other operational dashboards, helping to develop further our trust's collective awareness of performance versus equity, which will enable conversations internally and externally about interventions to reduce variation.

Public health capacity and capability.

Building capacity and capability both within the public health team but also across the wider trust is a key enabler from which to develop our public health offer and deliver against our workplan. During 24/25, we secured a series of funding awards to support capacity and capability development:

- Through our participation in the North West Public Health Workforce Matters Regional Forum we identified and successfully gained a grant enabling the development of two

learning modules; Introduction to Health Inequalities, and Introduction to Make Every Contact Count, tailored to the context of the ambulance service. Produced in collaboration between the Public Health team, the Strategy team, and Learning and Organisational Development team, these modules form the initial part of our plans to develop a trust-wide public health training aligned to the Sustainability Strategy, and the NHS' Long Term Workforce Plan, in aiming to equip our people with the right skills and knowledge to shift care towards prevention and early intervention.

- Via the Workforce, Training and Education directorate of NHS England in the North West, we secured funding to directly support the growth of our public health workforce. This funding includes contributions towards salary costs and the apprenticeship levy and has enabled two trust colleagues to enrol on a Level 6 Public Health Practitioner Integrated Degree. Via a structured application process, colleagues from both our paramedic emergency service (PES) and our patient transport service (PTS) are undertaking the programme affording them the opportunity to both develop themselves professionally as well as developing public health knowledge and skills to apply in their own roles, contributing to improving population health.

External Collaboration.

Throughout 24/25 the public health team has continued to collaborate with external system partners to actively participate in improving population health in the region.

Collaboration with the Cheshire and Merseyside Cardiovascular Disease (CVD) Prevention Board and CORE20PLUS Ambassadors scheme has supported evidence development and dissemination of the effectiveness, feasibility and acceptability of a data sharing pathway to leverage the use of ambulance data to support Primary Care partners with their secondary care prevention aims. This has the potential to improve patients' health and wellbeing and to reduce cardiovascular acute events such as heart attacks and strokes, which have a higher occurrence in areas of higher deprivation.

This year the Public Health team completed a new pilot with a group of six GPs in Cheshire and Merseyside. This work is helping to demonstrate the potential for ambulance services to contribute meaningfully to preventative care, as well as providing evidence of effectiveness in the collaboration between the Trust, GPs, and other healthcare partners.

In 2023, in collaboration with Liverpool Heart and Chest hospital, the Public Health and the Health and Wellbeing team provided 45 cardiovascular disease health checks to staff as part of the Health and Wellbeing Festival in Liverpool. This year, through engagement with partners across the region, NWS identified new opportunities to offer health checks at the workplace, successfully providing a total of 43 health checks in Greater Manchester. This initiative is part of a national effort from NHS England aimed at preventing hypertension, heart disease, kidney disease, diabetes, and other health issues among the workforce. Furthermore, the Health and

Wellbeing team coordinated with Liverpool Liver Unit to offer staff the opportunity to receive liver scans, resulting in 40 scans being provided.

We will continue to explore and develop new partnerships and collaborations, including a focus upon academic partners to enable further evaluate and provide insight into our data surrounding health inequalities throughout 25/26. System level recognition of our work in the field of public health and the role of the ambulance service in reducing health inequalities culminated in 24/25 with our public health manager being invited onto the panel at the NHS Providers Governance Conference 2025 to discuss 'Achieving integration at neighbourhood and place level to deliver the 10-year health plan'. Through this participation, the trust was able to articulate how the ambulance sector can play a vital role in supporting integration at a local level, including through leveraging ambulance data around specific conditions such as hypertension management and cardiovascular disease. This recognition demonstrates that the trust can play a key regional and national role in steering and shaping the ambulance sector's contributions towards public health, something which we will build upon in 25/26.

Our improvements

Improvement in the ambulance service is about systematically refining processes, increasing safety and improving patient outcomes to ensure that services continually adapt to meet the needs of the community and deliver the best possible urgent and emergency care.

At North West Ambulance Service the Institute for Health Care's (IHI) Model for Improvement is the core improvement approach. This is further enhanced by using theories around the psychology of change, systems thinking, measurement for improvement to understand variation and testing changes through Plan, Do, Study, Act cycles.

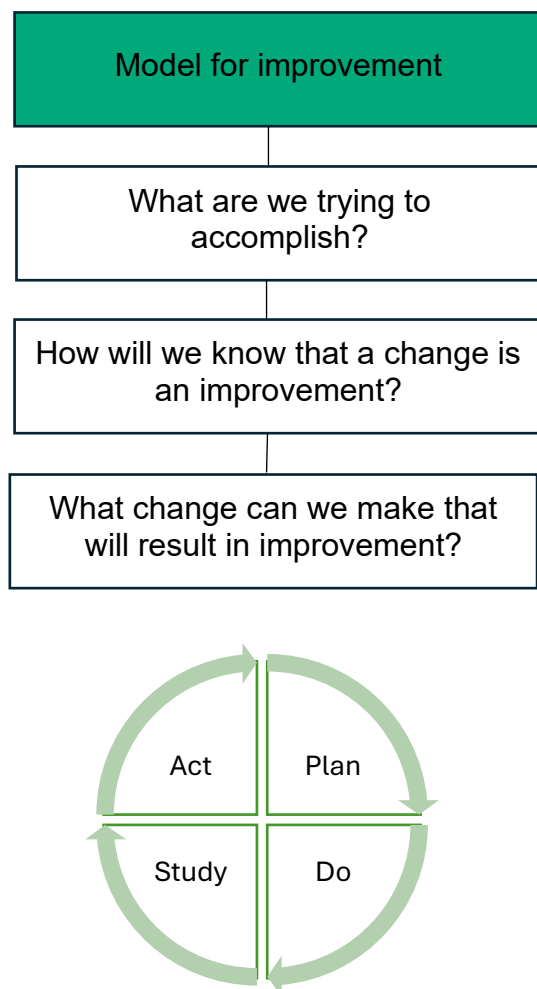


Figure 10: The model for improvement.

The strategic priority for the trust this year has been to undertake work on organisational culture to create a learning organisation and build improvement capability from board to frontline. Numerous research papers have highlighted that organisational commitment to developing improvement science at scale leads to better patient outcomes, increased staff engagement, and more efficient use of resources. Additionally, CQC and NHS England via NHS IMPACT highlight the importance of embedding a systematic approach to improvement. Therefore,

prioritising improvement capability aligns with national strategies and regulatory expectations, making it pivotal for delivering high-quality care across NWAS.

Building improvement capacity and capability.

During 24/25 work has begun to develop the organisational improvement dosing strategy and building capability offers. In short, this strategy identifies how we will build the improvement capability in our staff and how we will apply improvement to our projects and activities. The monthly Quality Improvement Network has continued invite individuals and teams to showcase improvement projects they have led or been involved with. The network is supplemented with improvement theory and introduces members to new improvement tools. The Improvement team has designed and delivered new face-to-face training offers and worked collaboratively with other teams to deliver training.

Throughout 24/25, the organisation has continued its commitment to teaching, coaching and training quality improvement skills, to ensure teams and individuals have the skills and knowledge to make measurable changes and improvements within their areas.

In 24/25 the Improvement Academy was established. Participants from the first cohort graduate in April 2025. The Improvement Academy provides substantial development in improvement science, whilst teams work on an improvement initiative that align with the NWAS trust strategy or one of the four supporting strategies. This approach supports the NHS IMPACT expectation that improvement efforts are cohesive and are focused on shared goals. With further benefit for colleagues in that it ensures that improvement is integrated into existing workstreams, rather than creating additional 'work'.

The Improvement team building capability offers for 25/26 are being developed which will include the following:

- **E-Learning:** A 30-minute ESR module on basic Quality Improvement (QI) training to be completed by staff based on the Model for Improvement.
- **Kickstart coaching:** Structured improvement coaching for teams to work through an improvement project.
- **Leading Improvement:** A half day course providing focussed improvement training to teams, providing more detailed teaching on the Model for Improvement and Deming's System of Profound Knowledge.
- **Improvement Academy:** An annual offer for eight teams attending nine days of classroom teaching across a nine month period, delivered through a blend of face-to-face and virtual teaching, delivered by the QI team with the inclusion of external expert speakers.

Governance of Improvement.

In the past year NWAS has been further developing improvement and learning forums. The organisation has continued with the development of the Improvement Group to discuss and oversee change programmes of work and share synergies between work programmes.

The North West Improvement Academy

What is the improvement academy?

The aim of the North West Improvement Academy is to bring together expertise to support our colleagues with improvement work. We are committed to developing leaders who continuously strive for improvement in the services they provide. The Improvement Academy provides the training and tools to enable staff to deliver improvement projects that will make a genuine, sustainable difference.

We launched the first cohort of the North West Improvement Academy in September 2024. Teams attended nine days of classroom teaching across a nine month period, delivered by the NWAS improvement team along with additional input from external experts. The Academy was attended by NWAS and Blackpool Victoria Hospital teams.

The cohort learnt through workshops, learning sessions, tutorials, 1:1 coaching and project-based experience and had access to high quality resources. This programme has been built on the principles of 'all teach all learn', each team learns through testing their ideas and sharing these back with the whole group.

Penny Wise.

Project aim: Increase the number of invoices paid, following receipt of purchase orders to 90% by September 2025 (and increase application of correct coding to 95% by the same date).

This project is important, as it will improve the productivity of the finance and procurement departments by reducing avoidable corrections and invoice processing times.

The project's greatest achievement was to reduce the 4,387 annual transactions NWAS makes to supply drinking water machines to its sites down to 41. That's a 99% reduction from one piece of effective streamlining!

"I've enjoyed working with colleagues from other teams. And seeing each of the team develop new skills and share strengths to support one another. If you want to give yourself a fresh or renewed perspective to make an improvement the improvement academy is highly recommended."

– Andy Moody, Data Quality & Innovation Manager.

Germinator exterminators.

Project aim: To ensure that 100% of NWAS staff sanitise their hands on entry to the ambulance majors entrance at Blackpool Victoria by September 2025.

Evidence shows that the single most important aspect of preventing healthcare acquired infections is effective hand hygiene. It has been proven that by simply improving staff behaviours on this topic, patient care improves, and the lives of vulnerable patients could be saved.

Our key learning from the Improvement Academy was that qualitative analysis was important to help the team identify the barriers to implementing the change to hand hygiene practices.

“Fantastic opportunity to access experts in the field to guide you through an improvement project. Great to network and access other specialists who we would not normally be able to liaise with.”

– Julie Dziobon, IPC Clinical Specialist.

Salary saviours.

Project aim: Reduce count of monthly late payments and overpayments to NWAS PES and ICC staff pay by 50% by March 2025.

The emotional impact and distress to the staff who experience issues with their pay shouldn't be underestimated. Added to this are the additional cost to the service in overpayments and late payments.

We have achieved a significant improvement in payroll errors for 111 thanks to the standardisation of their processes and education the team provided to team managers.

“I would recommend the Improvement Academy, as it opens your eyes to looking at situations in different ways and provides motivation to want to make change.”

– Kate Taylor, ESR System Team Leader.

Just 2 more.

Project aim: Achieve a 20% reduction in patient conveyance to emergency department by March 2025.

All patients should receive the right care, in the right place, at the right time. We want to eliminate unnecessary hospital handover delays when a patient is suitable for a non-hospital care pathway as an outcome for their treatment.

The team have seen a reduction in see and convey to both emergency department and urgent care services.

“I really feel motivated and enabled to bring positive changes to my area. I love how topics are steered back to our project so we can get improvement knowledge while integrating what we learn.”

– Dan Fry, Senior Paramedic.

Drifters.

Project aim: Reduce total time of parent-baby separation due to respiratory distress in full term infants by 50% by April 2025.

Reducing admission rates, length of stay and length of separation between mother and child increases patient welfare and decreases cost pressures.

One notable success story from the project was that the teams' work enabled a mother and baby to have time together before the child was taken into care. This wouldn't have been possible before.

"Thank you for providing us with such a wonderful learning and improvement opportunity. This will stay with me to always look for what was once thought to be unachievable - to be able to achieve anything. Thank you for being so supportive. I feel like everyone could benefit from attending the improvement academy. It is an extremely well-led course that I am so thankful to have been a part of."

– Danielle Boyd Holt, Neonatal Sister.

Smile...you're on camera.

Project aim: To reduce reported physical assaults against NWS staff by 50% by September 2025.

Ensuring staff safety will reduce the number of staff off sick due to physical assault, which will increase the number of responding clinicians available to attend to patients.

One key benefit of the project related to incident reporting. We identified a big problem with misreporting in the data. We have made big strides in improving how assaults are recorded to be able to see the real story the data is telling.

"The academy has given me the knowledge and skill to make sustainable and significant change. How to utilise and map data, how to present and how to understand when it's working, when it isn't and to not be in fear of failure, but to use this as learning to push us forward."

– Natalie Samuels, Violence Prevention and Reduction Senior Manager.

Final stop specialists

Project aim: By September 2025, 100% of patients on Ward 11 at Blackpool Victoria will have a documented advanced care plan discussion.

This project is important as advanced care planning allows less aggressive medical care and an improved quality of life for our patients who are near to death.

One key piece of learning for our team was relating to the psychology of change and how best to bring staff and patients along with us in our improvements. We are keen to embed the concept of celebrating success, so that staff feel valued for having appropriate advance care plan discussions.

"I think it's a really well-structured course. Fab guest speakers – really experienced, inspiring and knowledgeable. I don't think it can be improved – I've really enjoyed it, learnt loads, plenty to take away with me to use in the future and to keep improving services for our patients."

– Kirsty Jones, Clinical Nurse Specialist – Trinity.

Macclesfield HALO project

The project was set up to attempt to reduce hospital turnaround times and improve hospital arrival screens (HAS) compliance at Macclesfield emergency department. It was led by local senior paramedic team leaders. The challenge faced by NWAS and hospital staff was surrounding the handover of ambulance patients to hospital care. It was felt that by applying improvement science, processes could be made quicker and more efficient.

For the 12 months prior to the start of the project, the average arrival to handover time at Macclesfield emergency department was 36:04 minutes. This was six minutes over the average for the North West region of 30:15 minutes and over 22 minutes longer than the “best in class” which was 14:36.

In addition to this, the baseline percentage of HAS compliance for the calendar year prior to starting the project was 17.4%. This made Macclesfield hospital an outlier for this metric, as the best performing hospital had a compliance of 89.8%, and the second worst performing hospital had a compliance of 44.2%.

The tests of change carried out included:

- Engagement with all levels of hospital management from first line emergency department managers up to the board.
- Developing a dialog, collaboration and teamwork to enable us all to work together to find solutions to hospital delays.
- Becoming an advocate for ambulance issues with the hospital, and hospital issues with the ambulance service so that each better understood the other's difficulties.
- Enabling cohorting, to better release ambulance crews.
- Encouraging the use of the HAS by hospital and NWAS staff.
- Working with ambulance crews to support their decision making, so that more patients were appropriately referred to alternatives to emergency department such as same day emergency care and urgent care services.

The compliance with the ‘handover complete’ process on the HAS screen improved from 17.4% to 87.1 % by 31/05/24. This is an improvement of 69.7%. There was an improvement in the average ambulance arrival to ambulance clear time. This went from an average of 53.4 minutes per patient in 2023, to an average of 46.5 minutes per patient between 01/01/24 and 31/05/24. While this is still 16 minutes over the national standard, it shows an average reduction in time spent by each double crewed ambulance of 6.9 minutes per patient.

Over time, this saving becomes substantial.

- There was also a reduction in the number of patients held in the back of the ambulance waiting to come into the department.

- An increase in the number of patients appropriately referred to non-emergency department alternatives. This reduced the number of patients taken to the emergency department, which helped with patient flow through the department.

East Lancashire care home engagement project

This work is a multi-agency collaborative project which started in October 2023 with care homes across East Lancashire. The aim of the project was to reduce calls to NWS from care homes and reduce conveyance to the Royal Blackburn hospital by training care home staff to access the appropriate services for residents in their community. This work has included:

- Patient and staff experience and using data to understand where to focus the project.
- Engagement with key stakeholders e.g. care homes, community services, integrated care boards (ICB) etc.
- Education sessions for ten care homes per quarter across Blackburn with Darwen and East Lancashire.

This work has been led by a senior paramedic team leader who has been working with internal and external stakeholders. The project has included training for care homes on the following:

- Introduction to the NWS call system including, the Ambulance Response Program (ARP) and call categories, service pressures, triage and how can we mitigate harm and keep our patients safe.
- Introduction of clinical frailty score to resident profiles.
- I Stumble App to aid assessment of injured or unwell residents.
- Introduction to wound care, dressings and how to manage onward referral.
- Referral process for the Integrated care Allocation Team and the 2 Hour Urgent Care Response Service.
- Demonstration of the razor chair and how to access the service.
- Introduction to the referral pathway to the Specialist Medicines Optimisation in Care Homes (SMOCH) Team to discuss how certain medication can contribute to an increased risk of falling, medicines that may be linked with this increased risk and how to refer to the team for review.
- 'Call before you convey' and 'Never say No' campaign: Familiarisation of the new available pathways and what to expect for care home staff.
- Essential medication and documentation to send with residents to hospital in green bags.
- Champions and Induction packs; how we keep all our staff safe and competent.

In the East Lancashire sector, work has also been undertaken on the 'Never say No' campaign to promote referrals into community care and the 'Call Before you Convey' project. The patient data for the East Lancashire Sector shows care home attends at Royal Blackburn hospital has significantly reduced and referrals to community services has increased. The ethos of this work is the right care, at the right time, every time.

To summarise, this is the outcome of the projects so far.

- Training delivered to 64 out of 164 care homes.

- Future training is planned to deliver ten care home training sessions per annual quarter across East Lancashire including Blackburn with Darwen.
- A two-hour learning session has been delivered by representatives from each organisation. A learning and information pack has been developed to support care home staff.
- Gold standard induction pack with plans to develop a gold standard care home induction pack.

Closing the loop

As a trust, the North West Ambulance Service (NWAS) is continuously learning and has a wealth of knowledge from investigations and coroners courts, yet there is no reliable assurance that this learning reaches operational staff, and that they embed this learning into their practice. To address this, NWAS has developed a new process to identify and regularly distribute significant patient safety learning to frontline staff, thus closing the loop on learning. Sharing this learning will empower clinicians with critical insights from patient safety incidents, allow for better patient outcomes, build a more knowledgeable workforce and foster a true learning culture.

In October 2023, NWAS implemented the Patient Safety Incident Response Framework (PSIRF), which uses system-based learning in response to patient safety incidents to make improvements and reduce patient harm. A review of current organisational learning showed a reliance on traditional approaches to spreading information, such as bulletins and newsletters. The mobile nature and geographical spread of NWAS's workforce also means that the methods employed in hospitals to ensure all staff are kept up to date with the latest patient safety information and thinking are not suitable.

The project team needed to establish a bespoke ambulance service model for ensuring that all frontline staff were informed of patient safety learning and alerts. They also needed to create a method of assurance that this learning was becoming embedded in practice. Using Patterson *et al.*'s (2007) six sources of influence for lasting behavioural change, the project team recognised that the traditional model only uses one form of influence (bulletins and newsletters) to inform staff and ensure changes in their working practice. The new method would combine at least four sources of influence to engage staff. This led to a collaboration between operational, quality improvement and patient safety teams to create the Learning Loop. The team produced regular learning topics, sharing them through various methods, including posters, huddles and social media, utilising as many forms of influence as possible, to effectively engage staff.

The project trial started in January 2024, using improvement methodologies such as the Model for Improvement and Plan, Do, Study, Act cycles. The project aimed to ensure all staff in the trial area received the selected patient safety messages. The project success was measured using dip sample questionnaires. The project also evaluated the effectiveness of the different sources

of influence tested. The reported patient safety incidents and level of patient harm were also monitored. In addition, staff were asked for their feedback on the Learning Loop and how it influenced their practice.

Extensive testing and feedback have highlighted how successful the project has been in spreading essential patient safety learning to frontline staff. To evaluate the project's effectiveness and reach, staff were asked whether they could recall the current Learning Loop topic. Staff awareness of the Learning Loop topic rose from 4% in February 2024 to 50% by November 2024, demonstrating its growing impact in reaching and engaging staff. Qualitative feedback further affirmed the value of the Learning Loop as a 'conversation starter' on local and trust wide issues. Staff feedback has also shaped development of the Learning Loop process and informed mechanisms of influence to use in staff engagement.

The right care programme

Background.

In May 2024, the trust board approved the refresh of the 22/25 strategy, identifying that in the annual plan there would be an emphasis on urgent and emergency care recovery with 'Ambulance services are at the heart of the urgency emergency care system'. 'Right Care' is central to system-wide approach to transformation arising from national drivers and local UEC recovery initiatives.

The Right Care Programme (formally Reducing Avoidable Conveyance Programme) was established with several priority workstreams to seek to address this. There are nine dedicated workstreams that allow the trust to respond to the need to reduce pressure on emergency departments, support our staff both clinically and psychologically, optimise the way in which we respond to management of healthcare professional activity, and enhance our digital capability as we interact with other providers.

Challenges and benefits.

The overall aim of the programme is to provide the 'right care' to our patients. Whilst there will always be a need to convey our most unwell patients to hospital, our focus must continue to ensure we are able to manage our patients using alternative pathways of care, and in the community whenever possible.

This programme seeks to aide our clinicians in making clinically appropriate assessments and providing routes into the most appropriate alternative pathways of care. There are numerous benefits to both the patient, NWAS, our partners and the wider health care system in achieving this aim. Not least the patient receiving the care commensurate to their need, moreover multiple benefits to the wider health care system including a reduction in handover delays at emergency departments and less on scene time for crews resulting in a positive impact on our ability to meet response times for time critical patients. The programme also aims to reduce

variation across the trust footprint where appropriate considering the differing needs of patient population across the regions we serve. These in themselves have a degree of variation due to demographics, deprivation and geographical challenges. As such, a one size fits all approach is not suitable.

Results.

The Right Care team has graduated from the trust's inaugural Quality Improvement Academy, working with the West Cheshire sector to manage elderly patients in their homes whenever possible. Close collaborative working with the emergency care improvement team and local urgent care response teams has allowed the trust to manage over 75% of patients without attending an emergency department. We are now working to upscale these initiatives, taking valuable learning into our partnerships across the North West.

Quality aims 25/26

The priority areas for improvement during 25/26 aligned with the Quality Strategy include:

Safety first.

- Focus on delivering national and local priorities in line with the Patient Safety Incident Response Framework (PSIRF)

What success looks like:

Teams will be clear on how the PSIRF framework will support learning and improvement from patient safety events nationally whilst focusing on the local priorities of:

- Managing a cardiac arrest
- Clinical assessment and treatment of women during maternity care that is managed outside of JRCALC guideline of trust policy
- Harm resulting from a patient refusal where there is an absence of documented informed consent/refusal/mental capacity assessment

Highly effective care.

- Continue to strengthen our delivery against the Care Quality Commission (CQC) assessment framework for safety, effectiveness, patient centeredness, responsiveness and well-led in readiness for future inspection
- Improve the processes associated with medicines management including controlled drugs

What success looks like:

- Our leaders will be prepared with an understanding of the Single Assessment Framework (the new framework for assessment for all healthcare organisations). This process will provide a focus to empower staff to build on their successes and identify areas for improvement to ensure the quality of care we deliver is safe, effective, patient centred and responsive. We will also build our evidence of compliance against each of the new 'we' statements.
- The risks associated with medicines management and controlled drugs will be mitigated with the procurement of a digital stock management system and the submission of a business case to procure an electronic controlled drugs register.

Improving safety culture for staff and patients.

- Continue building capacity and application of improvement methodology from board to frontline to strengthen delivery of strategic objectives

What success looks like:

- We will build on the success of the improvement academy by training more teams on the science of improvement methodology using real time improvement projects to embed theory into practice.
- We will deliver improvement training to the wider workforce and ensure this is recorded in the Electronic Staff Record (ESR), to include the number of staff trained in improvement science. This will ensure all staff have the knowledge and skills to be able to identify area

for improvement and implement change through a proven model of improvement methodology.

Formal statements on quality

Review of services

During 24/25 we have provided and/or sub-contracted NHS urgent and emergency care services across the North West. The income generated by the NHS services reviewed represents 100% of the total income generated from the provision of relevant health services by our trust for this period. We have reviewed all the data available on the quality of care in the NHS services provided.

Participation in clinical audits

This year has seen the Clinical Audit team moved to the Medical directorate. This enables a reshaping of the team with the introduction of a senior clinical audit manager, which is intended to link to clinical leaders across the organisation to better integrate performance and results in clinical outcomes to local leadership teams. As such we hope to see greater collaborative working in the future to further enhance clinical outcome data and performance. Furthermore, a project has been initiated to replace the current clinical audit tool, and we are scoping any improvements or efficiencies that this may bring in the future.

The clinical leadership and specialist clinical teams work alongside the clinical audit team to produce a yearly local clinical audit workplan. There has been participation from teams such as public health, maternity, digital, patient safety and critical care to enable a wide variety of local audits to be completed and subsequently driving improvements in clinical care.

Following a local audit completed around management of asthma in 23/24 education was provided to operational staff to improve compliance. The reaudit completed this year showed improvement across all metrics measured from 19.1% receiving excellent care in 23/24 to 52.6% receiving excellent care in 24/25. Furthermore, audits relating to thermoregulation of newborns has help contribute towards measuring the impact of this year's mandatory training cycle and support a case for change around the equipment available to frontline clinicians. The continued monitoring of that audit will allow for the impact of the change to be measured effectively.

Additionally, 24/25 saw the working relationship between the Clinical Audit team and North West Air Ambulance (NWAA) increased through attendance at the NWAA Research and Audit group, supporting NWAA to explore the registration of additional audits on top of their ongoing audit portfolio.

Participation in clinical research

North West Ambulance Service develops, hosts, and delivers research that has a focus on pre-hospital urgent and emergency healthcare, injuries, and other clinical specialities. We also explore non-clinical research opportunities involving the organisation and our workforce. From clinical trials looking at drug administration routes in patients with out-of-hospital cardiac arrest, to research studies exploring staff views on clinical decision-making when attending older adults who have fallen, NWAS actively contributes to the development of the evidence-base that helps improve the care and experience of all our patients.

The executive medical director is the executive lead for research. Under the leadership of the research lead, consultant paramedic (Medical directorate), the Research and Development (R&D) team ensures that research and service evaluation projects are developed, set-up and conducted in line with national NHS research regulation/standards, and local policy/procedures. This is achieved with the expert input and support of colleagues from directorates and departments across the organisation.

The R&D team has continued to make strides in embedding research across the organisation. Income was secured from the National Institute for Health and Care Research (NIHR) for the new substantive position of senior research fellow and two research paramedics who promote and deliver studies across the organisation, ensuring that patients, staff, and the public can take part in research. For the fifth consecutive year, the trust successfully triggered NIHR Research Capability Funding (RCF) by successfully recruiting participants to NIHR Research Delivery Network (RDN) Portfolio research studies beyond the expected threshold. The purpose of NIHR RCF is to help research-active NHS organisations to act flexibly and strategically to maintain research capacity and capability.

We strengthened our partnership with NIHR RDN North West, the new entity formed from the merger of former NIHR Clinical Research Networks Greater Manchester and North West Coast. We continued to work with our local NIHR Applied Research Collaborations, health and care providers, higher education institutions and other external stakeholders to cultivate research collaborations. We remained an active member of the Association of Ambulance Chief Executives (AACE), National Ambulance Research Steering Group (NARSG), a collaboration between all UK ambulance services that provides a forum to foster research partnerships. As a result of stakeholder engagement, NWAS colleagues were listed as co- applicants for successful NIHR bids, and new bids in development, creating a pipeline for future research opportunities for our organisation.

The R&D team continuously seek opportunities to engage with patients, staff, the public, and research communities both locally and nationally to ensure that NWAS is visible as a research active organisation. The R&D team represented NWAS at internal and external events to raise awareness of research taking place across the trust. We publicised research opportunities, successes, and achievements both internally and externally through various communications channels including trust news bulletins, websites, social media and the NWAS staff app.

Performance in clinical research.

In 24/25, we opened 11 new research studies that were approved by the NHS Health Research Authority (HRA). Two of the newly approved research studies were NIHR RDN Portfolio studies.

NWAS had a total of five NIHR RDN Portfolio studies open to recruitment in the financial year 24/25 to which we successfully recruited 1,067 research participants including staff, patients and the public.

In 24/25 we achieved our highest ever participant recruitment to NIHR RDN Portfolio studies in the trust's history. This was a result of the R&D team building capacity in its infrastructure, creating dedicated roles that enable the trust to engage with potential new research partners and identify opportunities for research collaboration, but also research paramedic resource that allows for research to be championed and promoted across the organisation.

National Institute for Health Research Research Delivery Network Portfolio Performance 23/24				
Financial Year	21/22	22/23	23/24	24/25
Number of Studies Open to Recruitment	9	10	9	5
Number of Participants	630	923	936	1067

Table 32: Shows NIHR RDN Portfolio Performance at North West Ambulance Service NHS Trust(data cut 24 April 2025).

The two new NIHR RDN Portfolio research studies we confirmed our capacity and capability to deliver in the 24/25 included:

- AMBOFALL: Ambulance response to older adults who have fallen – a mixed-methods study.
- Jay's study: Developing tailored implementation of a personalised safety planning toolkit for adults experiencing self-harm and suicidality.

In 24/25, confirmation of capacity and capability was issued for nine non-portfolio studies:

- HOTZONE: Improving patient outcome in the 'hot zone' during a major incident - a mixed methods medical research approach.
- The Bump Study: Children's traumatic brain injury management and triage in the prehospital setting – a qualitative study.
- Complex PTSD and Psychotic-Like Experiences in UK Paramedics.
- Moral Injury Pilot Survey: Understanding the causes, processes, and consequences in the UK ambulance service.
- A mixed methods exploration of prehospital research culture and capacity building in UK NHS ambulance services.
- Frontline ambulance service staff cultural competence.
- Enhancing prehospital recognition of intracerebral haemorrhage and stroke mimics.

- Use and opinions' concerning medicines related errors, monitoring and audit tools used to assess medicines optimisation within care homes in England.
- The mental health and wellbeing of NHS call-handlers and dispatchers (CHDs) working in the emergency (999) and urgent (111) helplines in England.

CQC rating

We welcomed the CQC whilst they carried out a focussed inspection of Lancashire and South Cumbria Integrated Care System (ICS) and Cheshire and Merseyside ICS in 2022. The service lines included: emergency and urgent care, emergency operations centre and NHS 111. Whilst this was not a well led inspection, we have maintained our 'Good' rating.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Provider Wide	Good	Good	Good	Good	Good	Good
Emergency and Urgent Care	Good June 2020	Good June 2020	Good June 2020	Outstanding June 2020	Good June 2020	Good June 2020
Emergency Operations Centre	Good June 2020	Good June 2020	Good June 2020	Good June 2020	Good June 2020	Good June 2020
Patient Transport Service	Good Jan 2017	Good Jan 2017	N/A	Good Jan 2017	Requires improvement Jan 2017	Good Jan 2017
Resilience	Good Nov 2018	Good Nov 2018	Good	Good Nov 2018	Good Nov 2018	Good Nov 2018
111	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017

Table 33: CQC ratings.

In 2023, the Care Quality Commission (CQC) redesigned their assessment process and introduced a new system called the Single Assessment Framework (SAF). The CQC began to implement the SAF in the third quarter of 2023, however, full deployment was delayed following feedback and restructuring within the CQC.

During 24/25, North West Ambulance Service has continued regular, routine engagement meetings and enquiries with the CQC.

NWAS has actively worked on adapting and developing our own internal assurance processes in response to the CQC's changes, ensuring evidence categories are measured, as set out by the CQC Quality Statements. NWAS will adapt as required, to ensure that as the CQC's approach evolves, our own assurance processes evolve in parallel.

System Oversight Framework (SOF)

NHS England's System Oversight Framework provides the framework for overseeing systems and providers and identifies potential support needs. The framework is built around five national themes that reflect the ambitions of the NHS Long Term Plan, NHS People Plan and the shared local ambitions and priorities of individual ICSs:

- Quality of care, access and outcomes.
- Preventing ill health and reducing inequalities.
- Finance and use of resources.
- People.
- Leadership and capability.

As part of NHS England's oversight, performance is monitored across each of these themes whereby providers are allocated to one of four segments that identify the nature of support needs. Segment one reflects no specific needs and segment four reflects providers that require mandated intensive support.

NHS England has assessed that we are segment two, which by default, all ICSs and trusts are allocated unless the criteria for moving into another segment are met.

Further information in relation to the Oversight Framework is on the NHS [website](#).

Stakeholder feedback

We work in collaboration with all partners and the Quality Account has been shared with our external provider organisations including commissioners, councils, Patient and Public Panel members, Overview and Scrutiny Committee, Healthwatch and neighbouring ambulance services.

Statement from the Lancashire and South Cumbria Integrated Care Board

Introduction.

“Lancashire and South Cumbria Integrated Care Board (ICB) hosts the Ambulance and NHS 111 Commissioning Team (ACT) who work on behalf of the ICBs that make up the North West (NW) region. In doing this it ensures that robust commissioning, quality, contract and performance management is in place to enable and support North West Ambulance Service (NWAS) to provide effective services to the residents of the North West.

These services comprise:

- Paramedic Emergency Service (PES): the 999 ambulance service
- NHS 111 services
- Patient Transport Services (PTS): enabling eligible patients to access outpatient, discharge and other hospital appointments for Greater Manchester, Merseyside, Lancashire and Cumbria. Services for Cheshire are not provided by NWAS.

The ACT welcomes the opportunity to review and support the 2024/25 NWAS Quality Account.

Ambulance and NHS 111 Services Governance.

NWAS provides services across five “county” areas; Cumbria, Lancashire, Cheshire, Merseyside and Greater Manchester. This is a complex geography which contains 3 full ICB footprints (Lancashire and South Cumbria, Greater Manchester, Cheshire and Merseyside), and 2 partial footprints (North Cumbria, which forms part of North East and North Cumbria ICB, and Glossop which forms part of Derby and Derbyshire ICB). NWAS supports a diverse NW population of circa 7.5 million with many rural and isolated areas with lower population levels and inner city areas like Manchester and Liverpool which have densely populated areas. With over 50 languages spoken in the region and such a diverse population the ICB acknowledges NWAS’ commitment and emphasis on supporting equality and diversity for its population.

The Strategic Partnership Transformation Board (SPTB) operates on behalf of the 5 ICBs and is attended by a designated ICB lead at executive level. The primary function of SPTB is to assure commissioners that NWAS are meeting all required national targets and KPIs and delivering safe and effective services. The Regional Ambulance and 111 Quality Group (RAQG) and Finance, Performance and Contracting Group, which are sub-committees of SPTB and report to it, gain this assurance from NWAS and ensure the ICBs remain sighted on the quality of care and performance levels NWAS have provided.

2024/25 Quality Account Overview.

Commissioners wish to acknowledge that the NWAS 2024/25 Quality Account is a comprehensive, well-presented and easy to read account.

It has been another challenging year, not only for NWAS but for the whole of the NHS, especially Urgent and Emergency Care (UEC), with winter pressures again causing challenges to deliver timely care to patients. Despite this NWAS has been one of the few English ambulance services that has achieved the UEC Recovery Plan ([B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf](#)) target of 30 minutes for emergency (999) Category 2 response times. This has taken a lot of hard work, not only from NWAS and all of their staff and volunteers, but also through collaborative work undertaken with ICBs, acute trusts, and other external stakeholders. Work to reduce hospital handover times where possible and safely find the most appropriate care for their patients calling 999 or 111 aligns to NWAS' vision of '*Right Care, Right Time in the Right Place.*'

The ICB acknowledges the hard work undertaken by NWAS to maintain its Care Quality Commission (CQC) rating of 'Good' and its commitment to strive to achieve 'Outstanding' within 3 years. NWAS' core values of 'working together', 'being our best' and 'making a difference' alongside their improvement work and digital innovation, will aid the achievement of this goal.

Quality Strategy.

The ICB welcomes NWAS' commitment, as part of their Quality Strategy, to embed strong leadership and ensure that their quality ambitions are fully realised, including the appointment of a new Chief Executive with many years' personal experience of NWAS. The Quality Account lays out NWAS' aims for 2024/25, which were:

- Safer Care
- Highly Effective Care
- Patient Centred Care
- Quality Standards and Compliance
- Continuous Improvement
- Equality, Diversity and Inclusion

It was pleasing to read how NWAS have achieved these within the Quality Account, including their extensive engagement with staff and stakeholders, as well as the steps taken to understand patients' experiences. This is reflected in the high number of Friends and Family Test responses received with really positive results across all service lines, and the introduction of Patient Safety Partners. The introduction of Safety Culture surveys to drive improvement, the development of a new Clinical Supervision Framework to support staff to deliver highly effective care, and the launching of the Improvement Academy are just a small sample of this work and are well received by commissioners.

Operational Performance.

Commissioners acknowledge the ongoing work by NWS to integrate their contact centres across all service lines, to ensure equity to patients, no matter how they access NWS' services. This integration not only better supports patients' needs but at this time of NHS reconfiguration, service reviews and financial challenges, integration should ensure improvement in productivity and operational efficiency.

Continuing on the theme of integration of service lines, Commissioners welcome the introduction of digital improvements that flag to the Patient Transport Service if a patient booked for transport has contacted other NWS service lines via 999 or 111 and therefore may not now require transport, for example if they have been admitted to hospital. Another example of increasing operational efficiency and freeing up availability of vehicles for other patients or reducing waiting times for existing ones.

NHS 111.

The Quality Account outlines the improved position of NHS 111 call handling, with 83% of calls in 2024/25 answered within 60 seconds, a 33% improvement on the previous year. There has also been a 10% reduction in the call abandonment rate (when a caller disconnects before the call is answered) to an all-time low of 2.7%. These are real indicators that calls are being answered in a timely manner and can only deliver better patient experience. Commissioners acknowledge the work undertaken within 111 to significantly improve sickness and staff attrition levels, and to support their staff to help achieve these strong performance levels. Although not included in the Quality Account this work has been acknowledged nationally with NWS presenting on their work to the Ambulance Culture Review Board.

Paramedic Emergency Service (PES 999).

999 call demand continues to fall in 2024/25, although there is seasonal variation. Commissioners also acknowledge that where more timely ambulance responses occur that there are fewer repeat calls. Call pick up times in 999 calls are strong, with NWS achieving 97.8% of 999 calls answered in under 5 seconds, ensuring those calling for the most life threatening situations, such as cardiac arrest, can be given lifesaving advice sooner and receive a more timely allocation of emergency responders, as well as delivering good patient experience. Commissioners appreciate the work this has taken to achieve and has resulted in NWS continually being ranked one of the best performing ambulance services in England for this measure.

There has only been slight variation in the number of 999 incidents over the past few years with a small drop of 0.3% on the previous year, meaning NWS dealt with 1,118,433 emergency incidents in 2024/25, making it one of the busiest emergency ambulance services in England.

The Quality Account outlines how NWS supported 15% of 999 incidents over the telephone, either by giving advice or signposting patients to appropriate local services. This in turn reduces the number of ambulances that need to be dispatched meaning that emergency ambulances

are more readily available for those with life threatening presentations who need time critical interventions. It also assists in achieving the national Ambulance Response Programme (ARP) standards. NWAS have seen an improvement in response times on last year for Category 1, 3 and 4 calls. Although there has been an increase in response times for Category 2 calls (which includes potential strokes and heart attacks) as outlined earlier NWAS have achieved the UEC Recovery Plan goal of a 30 minute mean Category 2 response time for 2024/25.

The UEC Recovery Plan also acknowledges the impact of delayed hospital handover of ambulance patients impacts negatively on ambulance availability and in turn the ability for ambulance services to respond to waiting emergencies in the community. Commissioners acknowledge the collaborative work undertaken in the past 12 months with NWAS, ICBs and hospital providers to improve these times, however there is wide variation in the improvement seen, impacting on NWAS. Commissioners will support further improvements in 2025/26 with the continuation of the ICB-lead Ambulance Improvement Groups.

Although performance has improved, and NWAS should be congratulated on their continued drive for improvement, it is noted that there is still a way to go to achieve the response standards envisaged in ARP. Commissioners, via SPTB, will continue to support NWAS to achieve this via delivery of their main priorities to increase the number of patients supported safely and appropriately closer to home rather than being transported to hospital, developing a single point of access to identify the most appropriate service to support patient needs, and reducing the variation in hospital handover times through achieving the national hospital handover standard and eliminating patients waiting in ambulances to access A&E.

Patient Transport Services (PTS).

NWAS holds the PTS contract for Greater Manchester, Merseyside, Lancashire and Cumbria. Due to ongoing re-procurement across the region these have been extended until 31st March 2026.

In last year's ICB statement we highlighted NWAS' reliance on private ambulance providers following some of the impacts COVID still had on PTS, and the NWAS commitment to reduce this. It is pleasing to see in this year's Quality Account that the use of private providers has fallen by 50%. It was also encouraging to see the introduction of digital improvements with the utilisation of automated SMS text messaging to remind patients of their booked PTS journey and confirm if it still needed, so reducing the number of journeys where ambulances are dispatched unnecessarily.

Last year's Quality Account outlined the aim for PTS to return to pre-COVID levels, and there has been improvement in activity levels. However, Commissioners acknowledge that some of this activity has changed with some longer journey times for patients needing to travel further for their appointments.

Patient Experience.

It was really encouraging to see that NWAS received 1289 compliments from patients in 2024/25, with 979 involving clinical treatment. As outlined earlier it is also good to see such a high number of Friends and Family test returns for all service lines, with a total of 22,394 received, of which over 90% felt they were treated with dignity, respect and compassion.

Commissioners note the Patient and Public Panel (PPP) inclusion and its high level of members across the NW alongside NWAS' acknowledgement that this feedback and lived experience is invaluable to them. NWAS have plans to further development this in 2024/25 and widen the membership diversity.

Commissioners also welcome NWAS' patient and public engagement, gaining qualitative feedback that is used to drive further improvement as well as educating local communities with cardio-pulmonary resuscitation (CPR) training, winter health messaging and self-care advice.

Summary.

It has been another challenging 12 months for the NHS as a system, the North West, and for NWAS. However, there are continuing signs of improvements for NWAS with improved achievement of national standards.

The next 12 months will continue to see changes within the NHS with Working Together in 2025/26 to lay Foundations for Reform, changes and re-structuring NHS England, the ICBs, and with providers and the publication of the 10 year Health Plan. However, as can be seen from their Quality Account, NWAS are in a strong position to deliver the requirements for national standards and support the population of the North West, whilst delivering excellent quality of care when their help is needed.

Commissioners would like to thank NWAS and all their staff for the hard work undertaken during 2024/25 and the support they have given to the population of the North West, outlined well in this Quality Account."

Statement from Lancashire County Council Democratic Services

"Many thanks for early sight of the NWAS quality account report. As you will be aware, the county council is currently coming towards the end of the election process, with the outcome due on Friday.

As a result, the Health and Adult Services Scrutiny Committee would be unable to comment on this years Quality Account. However, the committee will remain engaged and keen to maintain ongoing dialogue throughout 2025/26."

Statement from North West Ambulance Service Patient, Public Panel members

“What a comprehensive account, I am blown away. I thought everything was explanatory and whilst I know that this is not the final draft, whoever carried it out has done an amazing job collating the information together and then actually bringing it all together.”

“I find the report clear, concise & easy to navigate. The information is presented in a logical sequence. I was surprised to see however that 999 calls are seeing a decrease year on year, but this could be due to the increasing efficiencies of the 111 service! Good to see also that the calls are picked up within one second, very impressive.”

Statement from three local Healthwatch Westmorland and Furness, Cumberland, and Lancashire

“I was pleased to read about the work done by the Patient Engagement Team, particularly that there is a commitment to using face-to-face methods to compliment digital. I hope that, despite low completion rates for physical postcards, that these will continue to be provided for those who are ‘digitally excluded’, and that new, accessible sites for placement, support for completion, and collection will be considered.

It's heartening that patient satisfaction with treatment (dignity, compassion and respect), as well as overall satisfaction and experience are so high, and have either stayed the same or risen since quarter one. From the personal stories shared it is also clear that reasonable adjustments are made by paramedics and other staff, these efforts are appreciated, and that there is a high regard for the ambulance service generally.

Healthwatch Westmorland and Furness supported NWS with a patient experience survey on Alston Moor from May 2023 to April 2024 about the pilot response model there, and these findings are in line with those.

I noted the comment on the need to get more feedback from different demographics, including young people and those with learning disabilities. It's good to read about the innovative ways of gathering patient stories, such as video.

Regarding PALS, I hope that the response to complaints will continue to evolve, including making reasonable adjustments for communication to meet the Accessible Information Standard, and that the availability of Language Line, BSL and Easy Read materials are promoted on-site and through different media.

Generally, it is also good to read that challenges facing Trust teams, such as those around call response times are being met, and that a handover improvement scheme is in place to address this patient safety issue.”

Appendices

Glossary of terms

AACE. The Association of Ambulance Chief Executives provides ambulance services with a central organisation that supports, coordinates and implements nationally agreed policy.

Advanced Paramedics (APs). Advanced paramedics offer a high level of clinical skills and leadership. They co-ordinate and provide clinical advice for some of the more complex incidents we attend, whilst also being responsible for a team of senior paramedics.

ARP. Ambulance Response Programme: In 2017, following the largest clinical ambulance trials in the world, NHS England implemented new ambulance standards across the country. This was to ensure the sickest patients get the fastest response and that all patients get the right response first time.

ALO. Ambulance liaison officer acts as a bridge between the ambulance service and ambulance teams.

AQI. Ambulance Quality Indicators are quality measures used to assess the quality of ambulance services focusing on the speed of response and quality of care provided.

BAME. Black, asian and minority ethnic is a term used in the UK to describe non white ethnic groups

BAF. Board assurance framework is used to record and report an organisational key strategic objectives, risks, controls and assurances to the board.

C1. Category one: An immediate response to a life-threatening condition, such as cardiac or respiratory arrest. Response time to 90% of all incidents is 15 minutes.

C2. Category two: A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport. Response time to 90% of all incidents is 40 minutes.

C3. Category three: An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting. Response time to 90% of all incidents is two hours.

C4. Category four: A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic. Response time to 90% of all incidents is three hours.

Cardiac arrest. A medical condition wherein the heart stops beating effectively, requiring CPR and sometimes requiring defibrillation.

CCA. Civil Contingencies Act, 2004 requires NHS organisations and providers of NHS-funded care, to show that they can deal with a wide range of incidents and emergencies that could affect health or patient care while maintaining services.

CEO. Chief executive officer.

Cleric. Ambulance software solution.

CFR. Community first responder. A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance.

CHUB. The clinical hub is a department within our emergency operations centres that is a multidisciplinary team including clinicians, dispatchers, navigators and managers.

CIH. Complex incident hub.

Cohorting. A process where one ambulance crew looks after a few patients to free up other crews

Community first responder (CFR). A member of the public who volunteers to provide an immediate response and first aid to patients requesting ambulance assistance.

CPR. Cardiopulmonary resuscitation is a lifesaving technique used when someone's breathing or heart has stopped.

CQC. Care Quality Commission is the independent regulator of all health and social care services in England.

CSTF. NHS core skills training framework which sets out NHS England training approach to statutory and mandatory educational topics.

DCIQ. Datix Cloud IQ is a profound shift in focus for a healthcare risk management application, moving beyond the simple capture and review of data on adverse outcomes towards a managed process of exposing and resolving the issues that lead to those outcomes.

Directory of Services (DoS). A central directory that is integrated with NHS Pathways and is automatically accessed if the patient does not require an ambulance or by any attending clinician in the urgent and emergency care services.

DSPT. The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security, and that personal information is handled correctly.

Duty of candour. Every health and care professional must be open and honest with patients and people in their care when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

ECG. Electrocardiogram (ECG) is a simple test used to check a heart's rhythm and electrical activity.

ED. The emergency department is for serious injuries and life-threatening emergencies.

EMT. The purpose of the emergency medical technician role is to assist in the delivery of high-quality and effective pre-hospital clinical care, responding to 999 emergencies, inter-hospital transfers and urgent hospital admissions.

EOC. Emergency operational control receives and responds to 999 calls and other calls for ambulance service assistance.

EPR. Electronic patient record is a periodic health care record of a single individual, provided mainly by one healthcare organisation.

EPS. Enhanced priority service is a service for PTS patients receiving renal dialysis or cancer treatment.

ESR. Electronic staff record is a payroll database system commissioned by the Department of Health and Social Care that NHS organisations are entitled to use.

FAST. A simple test for the presence of a stroke – face, arms, speech, time.

FFT. The NHS Friends and Family Test is to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving NHS care or treatment.

Fit testing. Face fit testing is required for employees wearing tight-fitting respirators to ensure individual fit and good seal between face and respirator.

FTSU. Freedom to Speak Up (FTSU) is about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon. Speaking up is about anything that gets in the way of providing good care.

HALO module. Hospital arrival screens (HAS) are used to show what time an ambulance arrives at hospital; what time a patient handover occurs and what time a vehicle is cleared to attend another job. Since October 2022, hospital arrival screens have a new capability to capture when patient delays occur via the HALO module.

Hear and treat. An incident when a person does not require an ambulance, but a clinician is able to provide treatment and advice over the phone.

HSE. Health and Safety Executive is a regulatory body to ensure safe working practices are adhered to.

HSJ. Health Service Journal is a news service that covers policy and management in the NHS.

ICB. Each Integrated care system (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.

ICC. Integrated contact centres. Our 111, 999, patient transport service (PTS) and clinical hub call-handling services have been brought together as one integrated contact centre.

ICS. Integrated care systems are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

IPC. Infection prevention and control.

JRCALC. Joint Royal Colleges Ambulance Liaison Committees' role is to provide robust clinical speciality advice to ambulance services within the UK and it publishes regularly updated clinical guidelines.

LADO. A local authority designated official who is responsible for overseeing the management of allegations and concerns about professional or volunteers who work with children

LD&A. Learning Disability & Autism.

LeDeR. Learning from Life and Death Reviews. This is a national service improvement program in England that's reviews the deaths of people with learning disabilities and autism people so that services can be improved.

LfD. Learning from deaths process sets out the practices used within our service to review and learn from the deaths of patients who had been under our care. The Clinical Audit team and senior clinicians lead the process. This learning ensures we can protect future patients from avoidable harm, reduce unwarranted variation and provide truly patient-centred care.

MBRRACE-UK. Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries collaboration. MBRRACE-UK is the collaboration appointed by the Healthcare Quality Improvement Partnership (HQIP) to run the national Maternal, Newborn and Infant clinical Outcome Review Programme (MNI-CORP) which continues the national programme of work conducting surveillance and investigating the causes of maternal deaths, stillbirths and infant deaths.

MHRV. Mental health response vehicles are a new, first-line response service to attend patients presenting via 999 or 111 using a new national specification of mental health vehicle, to patients who are requiring an ambulance response, where the primary complaint is a mental health concern.

NACQI/ACQI/AQI. National Ambulance Clinical Quality Indicator.

NARSG. National Ambulance Research Steering Group. A collaboration between all UK ambulance services that provides a forum to foster research partnerships

NEWS. National Early Warning Score is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

MEWS. Modified Early Warning Score is a tool which improves the detection and response to clinical deterioration in pregnant or newly delivered women

NHS England. NHS England leads the National Health Service (NHS) in England.

NHS Pathways. NHS Pathways is a clinical tool used for assessing, triaging and directing the public to urgent and emergency care services.

NIHR Applied Research Collaborations. The National Institute for Health Research (NIHR) is the nation's largest funder of health and care research and provides the people, facilities and technology that enables research to thrive. NIHR Applied Research Collaborations (ARCs) support applied health and care research that responds to and meets, the needs of local populations and local health and care systems.

NIHR CRN. National Institute for Health Research Clinical Research Network (CRN) supports patients, the public and health and care organisations across England to participate in high-quality research, thereby advancing knowledge and improving care. The CRN is comprised of 15 local clinical research networks and 30 specialties who coordinate and support the delivery of high-quality research both by geography and therapy area. National leadership and coordination are provided through the CRN Coordinating Centre.

NWAS. North West Ambulance Service NHS Trust.

PSIRF. The Patient Safety Incident Response Framework outlines how providers should respond to patient safety incidents and how and when a patient safety investigation should be conducted.

PSII. Patient Safety Investigation is a structured process used in healthcare to examine a specific patient incident.

Paramedic. A state registered ambulance healthcare professional.

PDSA cycles. The Plan-Do-Study-Act cycle is shorthand for testing a change i.e., by planning it, trying it, observing the results and acting on what is learned. This is the scientific method, used for action-oriented learning.

PGD. Patient Group Directions provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber.

PES. Paramedic emergency service responds to 999 emergency ambulance calls.

PHSO. Parliamentary Service Ombudsman independently investigate complaints about UK government departments, other public organisations and the NHS in England.

Power BI. Power BI is a collection of software services, apps and connectors that work together to turn your unrelated sources of data into coherent, visually immersive and interactive insights.

PPP. Our Patient and Public Panel consists of volunteers who live in the North West of England and are involved in public and patient engagement activities e.g. responding to surveys, giving feedback on publications, focus groups activities, attending committees or formal meetings.

PRISM. Pan Regional Information Sharing Mechanism.

PTS. Patient transport service is a non-emergency transport service that provides for hospital transfers, discharges and outpatients appointments for those patients unable to make their own travel arrangements.

QI. The term 'quality improvement' refers to the systematic use of methods and tools to try to continuously improve quality of care and outcomes for patients. There are a range of different methods and tools, such as Lean, Six Sigma and the Institute for Healthcare Improvement's Model for Improvement.

RCF. Research capability funding.

RIDDOR. Reporting of injuries, diseases and dangerous occurrences regulations

ROSC. Return of spontaneous circulation.

RPE. Respiratory protective equipment

SafeCheck. Is an electronic database which was originally designed to replace paper process checks e.g. vehicle, equipment and medicine check book. SafeCheck is now used to capture routine audit work e.g., infection prevention and control.

See and convey ED. Any patient conveyed to a consultant-led emergency department (or if department is not specified) including stroke/PPCI units.

See and convey non-ED. Any incident with any patient conveyed to any facility other than an emergency department, including urgent treatment centres, minor injuries units, walk in centres, emergency, medical, or surgical assessment units, same day emergency care, hospital to hospice.

See and treat. An incident with face-to-face response, but no patient conveyed including patient refusal, deceased, or not found, ambulance staff arranged an alternative appointment or follow up visit, or ambulance staff attended and gave clinical advice.

SMDR. Service model delivery review

Single Assessment Framework. The Care Quality Commission (CQC) has introduced a new way of assessing health and social care services in England, known as the Single Assessment Framework (SAF).

SJR. Structured judgement reviews are a methodology used for investigations.

SMART programme. Our internal digital and quality improvement programme.

SPTLs. Senior paramedic team leader working as part of a crew or as a solo responder to attend urgent and critical emergency situations in a variety of environments. They use advanced clinical skills and manage a clinical team.

Statistical process control. An analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

STEMI. ST segment elevation myocardial infarction is a life-threatening heart attack.

Stroke. Blockage or bleeding of the blood vessels in the brain that can lead to death or disability.

UEC. Urgent and emergency care (UEC) services perform a critical role in keeping the population healthy.

Urgent care service. Part of the paramedic emergency service which provides responses to lower acuity calls.

Utstein. Cardiac arrest and CPR outcome reporting process.

Research publications 24/25

The following research publications were either authored or co-authored by staff at North West Ambulance Service NHS Trust in the financial year 24/25:

Alqurashi, N., Bell, S., Alzahrani, A., Lecky, F., Wibberley, C., & Body, R. (2025). Current challenges and future opportunities in on-scene prehospital triage of traumatic brain injury patients: A qualitative study in the UK. *Injury* [online], 112203. Available at: <https://doi.org/10.1016/j.injury.2025.112203>

Alqurashi, N., Bell, S., Carley, S. D., Lecky, F., & Body, R. (2024). Head Injury Evaluation and Ambulance Diagnosis (HOME) Study protocol: a feasibility study assessing the implementation of the Canadian CT Head Rule in the prehospital setting. *BMJ open* [online], 14(6), e077191. Available at: <https://doi.org/10.1136/bmjopen-2023-077191>

Barrett, J. W., Eastley, K. B., Herbland, A., Owen, P., Naeem, S., Mortimer, C., King, J., Foster, T., Rees, N., Rosser, A., Black, S., Bell, F., Fothergill, R., Mellett-Smith, A., Jackson, M., McClelland, G., Gowens, P., Spaight, R., Igbodo, S., Brown, M., & Williams, J. (2024). The COVID-19 ambulance response assessment (CARA) study: a national survey of ambulance service healthcare professionals' preparedness and response to the COVID-19 pandemic. *British Paramedic Journal* [online], 8(4), pp.10-20. Available at: <https://doi.org/10.29045/14784726.2024.3.8.4.10>

Belk, S., Armstrong, J., Ilczak, T., Webster, C. A., & Sumera, K. (2024). Student paramedic exposure to workplace violence: a scoping review. *Critical Care Innovations* [online]. Available at: <https://doi.org/10.32114/CCI.2024.7.1.34.48>

Bell, S. (2025). Simulation-based assessment in the context of paramedic education: A scoping review. *The Clinical Teacher* [online], 22(1), e13834. Available at: <https://doi.org/10.1111/tct.13834>

Bretherton, C. P., Hirst, R., Gacaferi, H., Gower, J., Exell, L., Johnston, S., Martin, S., Leech, C., Hilton, C., Battle, C., Axelrod, D., Vallier, H., Van Embden, D., Stockton, D. J., Cole, E., Williams, J., Johnson, L., Laubscher, M., Webb, Braude, P., Norris, S., Bell, S., Maqungo, S., & Griffin, X. L. (2024). Research priorities for the management of major trauma: an international priority setting partnership with the James Lind Alliance. *BMJ open* [online], 14(5), e083450. Available at <https://doi.org/10.1136/bmjopen-2023-083450>

Couper, K., Ji, C., Deakin, C. D., Fothergill, R. T., Nolan, J. P., Long, J. B., Mason, J. M., Michelet, F., Norman, C., Nwankwo, H., Quinn, T., Slowther, A.-M., Smyth, M. A., Starr, K. R., Walker, A., Wood, S., Bell, S., Bradley, G., Brown, M., Brown, S., Burrow, E., Charlton, K., Claxton, A., Dra'gon, V., Evans, V., Falloon, J., Foster, T., Kearney, J., Lang, N., Limmer, M., Mellett-Smith, A., Miller, J., Mills, C., Osborne, R., Rees, N., Spaight, R.E.S., Squires, G.L., Tibbetts, B., Waddington, M., Whitley, G.A., V. Wiles, J., Williams, J., Wiltshire, S., Wright, A., Lall, R., & Perkins, G.D. (2025). A Randomized Trial of Drug Route in Out-of-Hospital Cardiac Arrest. *The New England journal of medicine* [online], 392(4), pp336-348. Available at: <https://doi.org/10.1056/NEJMoa2407780>

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