

AGENDA



Board of Directors
Wednesday, 28th January 2026
09:45 – 12:15
Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Item No	Agenda Item	Time	Purpose	Lead
STAFF STORY				
BOD/2526/122	Patient Story	09:45	Information	Chief Executive
INTRODUCTION				
BOD/2526/123	Apologies for Absence	10:00	Information	Chair
BOD/2526/124	Declarations of Interest	10:00	Decision	Chair
BOD/2526/125	Minutes of the previous meeting held on 26 th November 2025	10:05	Decision	Chair
BOD/2526/126	Board Action Log	10:10	Assurance	Chair
BOD/2526/127	Committee Attendance	10:15	Information	Chair
BOD/2526/128	Register of Interest	10:15	Assurance	Chair
STRATEGY				
BOD/2526/129	Chair & Non-Executive Directors' Update	10:20	Information	Chair
BOD/2526/130	Chief Executive's Report	10:25	Assurance	Chief Executive
GOVERNANCE AND RISK MANAGEMENT				
BOD/2526/131	Proposed Q3 Position of the Board Assurance Framework 2025/26	10:40	Decision	Director of Corporate Affairs
BOD/2526/132	Freedom to Speak Up Bi-Annual Report	10:50	Assurance	Medical Director
BOD/2526/133	Trust Management Committee 3A report from the meetings held on 17 th December 2025 and 21 st January 2026	11:00	Assurance	Chief Executive
RESOURCES				
BOD /2526/134	Resources Committee 3A report from the meeting held on 22 nd January 2026	11:15	Assurance	Mr G Chapman, Non-Executive Director

BREAK 11:20– 11:30				
BOD /2526/135	Future Workforce Solution – Invitation to be an Early Adopter	11:30	Decision	Director of People
QUALITY AND PERFORMANCE				
BOD/2526/136	Integrated Performance Report	11:40	Assurance	Director of Quality & Improvement
BOD/2526/137	Quality and Performance Committee 3A report from the meeting held on 15 th December 2025	12:00	Assurance	Prof A Esmail, Non-Executive Director
STRATEGY, PARTNERSHIPS AND TRANSFORMATION				
BOD/2526/138	Communications and Engagement Q3 2025/26 Report	12:05	Assurance	Director of Strategy & Partnerships
CLOSING				
BOD/2526/139	Any other business notified prior to the meeting	12:15	Decision	Chair
BOD/2526/140	Risks Identified	12:15	Decision	Chair
DATE AND TIME OF NEXT MEETING				
25 th March 2026 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton				
Exclusion of Press and Public: In accordance with Public Bodies (Admission to Meetings) Act 1960 representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.				



Minutes Board of Directors

Details: 9.45 am Wednesday, 26th November 2025
Oak Room, Ladybridge Hall, Trust Headquarters

Ms J Mulligan	Chair
Mr S Desai	Chief Executive
Mr D Ainsworth	Director of Operations
Mr C Butterworth	Non-Executive Director
Dr A Chambers	Non-Executive Director
Prof A Esmail	Non-Executive Director
Dr C Grant	Medical Director
Mr M Gibbs	Director of Strategy and Partnerships
Dr D Hanley	Non-Executive Director
Dr E Strachan-Hall	Director of Quality and Improvement (Interim)
Mrs A Wetton	Director of Corporate Affairs
Mrs C Wood	Director of Finance

In attendance:

Mr A Makda	NeXT Programme Director
Mrs A Cunliffe	Corporate Governance Manager (Minutes)

Observers:

Mrs E Shiner	Deputy Director of Corporate Affairs
Mr M Calderbank	Head of Special Operations

Minute Ref:

BOD/2526/097 Staff Story

The Chief Executive introduced a film, which referred to the improvement approach utilised in the Trust.

The Board noted the Quality Improvement Team launched the first Improvement Academy cohort in 2024 to tackle major organisational challenges within NWAS and partner NHS organisations. Six project groups were formed, focusing on issues such as reducing staff violence, preventing payment errors, improving procurement systems, enhancing end-of-life care, and reducing emergency department conveyance. The Academy aligned with the Trust's strategic priorities and taught improvement methodologies to drive change. The first cohort completed training in April 2025, and the second cohort began in June

2025, scheduled to finish by April 2026. Patient and Public Panel members contributed to projects relevant to their expertise.

The Head of Improvement explains in the video that setting up the Improvement Academy was complex due to logistical challenges such as participant sign-up, event management, training, and balancing operational pressures. The academy equipped participants with tools to identify root causes, think differently, and develop innovative solutions. One example involved reducing assaults on NWAS staff: data initially suggested incidents were concentrated at certain stations, but analysis revealed that rural crews faced violence in urban areas and reported it differently than urban crews, who were desensitized. This insight led the team to reframe how they interpreted data to address the issue effectively.

It was noted that whilst Cohort 1 projects have not fully resolved their challenges, teams continue to apply improvement methodologies, with ongoing support and evaluation from the Improvement Team. These issues are complex and will take time to show significant impact. Collaboration with external NHS staff brought diverse perspectives, strengthened relationships, and improved understanding across hospital and ambulance settings. Feedback from participants has been overwhelmingly positive. Adjustments have been made to address time commitment concerns, and experiences will continue to be evaluated for future cohorts in 2026 and beyond. Participants will also have opportunities to progress further through fellowships, becoming improvement leaders to enhance personal development and the Trust's future capability.

Following the presentation, the Director of Quality and Improvement updated the Board on improvement approaches in the Trust, noting that the Academy was not the only mechanism for improvement.

Dr D Hanley observed that for improvement to have an impact it needs to be an ongoing process. The Trust invested significantly in the Academy, and it would be expected that staff who gained the skills would continue to use them post training.

The Director of Quality and Improvement agreed and advised that for staff who gain these skills, improvement becomes business as usual.

The Director of Operations referred to financial challenges in the wider system and stated that an improvement approach was fundamental to effectiveness and productivity. He provided an example of meeting with improvement champions, who were clear improvement needs to be scaled up and enhanced over the next years.

Ms C Butterworth was pleased to hear about progress towards embedding improvement in the Trust culture. She wondered how improvement was prioritised.

The Trust Chair was also interested in how the systemic embedding of change is linked to strategic priorities, as well as evaluation of impact of improvement methodology.

The Director of Quality and Improvement advised improvement was linked to the Trust's objectives, as well as projects identified within in the organisation.

Improvement was evaluated, and is flexible and responsive to operating pressures, as proven by recent adaptations of the Academy. She advised of ongoing work in this area and the development of a three-year plan for improvement, to help enable the Trust Strategy.

The Trust Chair thanked the Director of Quality and Improvement for the presentation and updates. She considered improvement to be a cultural tool to assist with delivery of the Trust Strategy and suggested that future presentations include information on how improvement deliberately links with the refreshed Trust Strategy.

The Board:

- Noted the content of the story.

BOD/2526/098 Apologies for Absence

The Chair welcomed the attendees to the meeting.

Apologies were received from Mrs L Ward, Director of People.

BOD/2526/099 Declarations of Interest

There were no declarations of interest to note.

BOD/2526/100 Minutes of the Previous Meeting

The minutes of the previous meeting, held on 24th September 2025 were agreed as a true and accurate record of the meeting.

The Board:

- Approved the minutes of the meeting held on 24th September 2025.

BOD/2526/101 Board Action Log

There was one item on the Board Action Log.

The Director of Quality and Improvement provided an update on the action referring to the language theme identified from patient safety events wider category Care & Treatment. She confirmed that an examination of a number of cases (24) revealed that each was related to understanding the language and not to incivility.

The item was agreed as complete and closed.

BOD/2526/102 Committee Attendance

The Board noted the Committee attendance.

BOD/2526/103 Register of Interest

The Board noted the Register of Interests presented for information.

The Chair informed the Board of her updated interests – she would stand down as Chair of Trustees for IDAS as of 4th December but would remain a Trustee for two more years. She also advised she had been appointed to the Home Secretary's Police Leadership Commission hosted by the College of Policing, which was a non-paid, voluntary and time limited role, which may also bring learning relevant to NWAS.

BOD/2526/104 Chair & Non-Executives' Update

The Chair reported on several internal and external engagements within the reporting period.

The Board noted the Non-Executive Directors recruitment was underway, with one appointment awaiting final sign off from NHSE and interviews to another post scheduled in early December. The Chair thanked Dr A Chambers for agreeing to remain in Non-Executive Director post until the end of March, to contribute to the continuity and stability in this period.

The Chair highlighted that during the reporting period the external introductions continued with a series of meetings. She also attended Volunteers Awards Evening which was a hugely successful event.

In terms of internal engagements, the Chair highlighted meetings with the Area Directors, which she found helpful in terms understanding the local challenges and variations in strategic partnerships in Trust areas. She suggested inviting the Area Directors to one of the future Board Development Sessions to share their experiences.

Ms C Butterworth supported the suggestion and wondered about the plans for evaluation of the relatively new Area Director role.

The Chief Executive advised that a process is in place for evaluating any new roles in the Trust. If needed, after the first 12 months, roles can be recalibrated, which is applicable to the role of Area Director. Early indications suggested the Area Directors had made a positive impact.

The Board:

- Noted the Chair's update.

BOD/2526/105 Chief Executive's Report

The Chief Executive presented a comprehensive report, which covered activity undertaken for the period 1st October to 21st November 2025 including detailed information on several areas, such as performance, internal matters, regional issues, national issues and other general information. The Executive Summary of the report headlined highlights relating to finance, people and culture, operations, medical and quality and organisational updates.

The Chief Executive took the Board through the main points relating to internal updates.

The Board noted the ICC support to Yorkshire had concluded. The Chief Executive said a national definition for Hear and Treat had been agreed, with an anticipated change to Ambulance Quality Indicators reporting from April 2026. Additionally, the Trust engaged with the NHS England Urgent and Emergency Care National Team to explore participation in the phase 2 pilot for Category 2 segmentation.

The Chief Executive advised the National Neighbourhood Health Implementation Programme was progressing in the Greater Manchester Area with wave one running until March 2026. The Trust was engaged in the programme with our Partnerships and Integrations Manager for the area. Early discussions highlighted potential challenges around the capacity to support the 250 Neighbourhoods and demonstrated variation in approaches and structures.

Referring to handover times, the Chief Executive advised of H45 pressure due to rising rates. The Trust was working closely with providers, ICS, and NHSE North West to ensure compliance with the national mandate.

The Board noted the Trust was to upgrade and enhance its chemical, biological, radiological and nuclear (CBRN) ambulance decontamination capability having received £2.038m capital investment, fully funded by NHS England.

Moving on to People updates, the Chief Executive highlighted the Board anti-racism statement was launched at the end of Black History Month and will be followed by a range of communications and training resources to support understanding of anti-racism in the organisation and its intrinsic links to health inequalities and the quality of patient care, as well as staff experience. November also saw the launch of the new Sexual Safety Policy, which brings together the national policy framework with the good practice already developed in the Trust into a single document.

The Board was advised of a consultation on changes to the wellbeing offer in the Trust. An update was provided on the ongoing dispute with a small cohort of Trust ICC educators who provide training to new call handlers and dispatchers, as detailed in the report.

In terms of partnership working with Trade Union colleagues, the Board noted that the work with ACAS started last year has resulted in a clear set of partnership and behaviour principles informing how we will work together. The Recognition Agreement and the working arrangements have been refreshed for consultation and approved through the Joint Partnership Council and the Trust Management Committee.

The Chief Executive advised of the recent CQC engagement meeting hosted by Middlebrook ICC. In addition to the NWAS update, which covered all domains, the inspectors were able to visit contact centre staff and listen to some incoming calls.

In terms of regional updates, the Board noted a visit from NHS England on the 20th October. The executive team discussed operational performance, urgent and emergency care, and opportunities for innovation and improvement across the Trust, while also highlighting the growing operational and financial pressures across the system. The Chief Executive advised that he and the Chair also met with Samson James, NHSE Regional Chief Operating Officer, to review the Trust's mid-year performance, focusing on operational performance, operational delivery, and financial position.

The Board noted organisational updates, which included reference to the major incident outside the Heaton Park Synagogue on the 2nd October. The Chief Executive spoke with colleagues involved in the response and offered his praise and support on behalf of the Board. He also attended the vigil, alongside emergency service partners, where flowers were laid at the scene. Messages of gratitude to the staff were also received from the Prime Minister Kier Steimer and from Sir Jim Mackey, Chief Executive of NHS England.

The Chief Executive concluded the presentation with staff announcements, as recorded in the report.

A discussion took place regarding the National Neighbourhood Health Implementation Programme (NNHIP), with concern raised by Ms C Butterworth around the capacity of NWAS teams to engage with all Neighbourhoods as well as observation from Dr A Chambers recognising opportunities the programme presents for the Trust to shape the role of ambulance service in preventative work.

The Director of Strategy and Partnerships confirmed there were six pilot sites in the North-West and the Partnerships and Integration Manager for the area were involved in engagement and shaping of this programme.

The Director of Operations added the Trust would be able to provide intelligence to the Neighbourhoods from 111 and 999 service on where the unmet demands are. He cautioned about the potential of six different offers, which would be very complex to navigate.

The Chief Executive advised those concerns and discussions had been held with NHSE to ensure there is consistency of approaches in Neighbourhoods. He advised the Neighbourhoods do not only focus on health, but also prevention, early intervention, tackling health inequalities and empowering people to improve their health and wellbeing. The Chief Executive explained if those work optimally, the ambulance service should see reduced demand. There will be a national review to scope the impact.

The Chair observed that once the results from the pilot sites are understood, it would be helpful for the Board to receive the learning as well as to consider links to the Trust Strategy response to 10 Year Plan.

The Board:

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

The Director of Corporate Affairs presented the proposed 2025/26 Q2 Position of the BAF risks with associated Corporate Risk Register risks scored ≥ 15 , which could be viewed in Appendix 1 and the BAF Heat Maps for 2025/26 year- to-date in Appendix 2.

The Board noted there were no proposed changes to the risk scores, the updated narrative was highlighted in purple in Appendix 1 and there were a number of actions due for completion at the end of March 2026.

The Director of Corporate Affairs drew attention to the updated rationale for BAF risk SR09 to reflect the changes to the Board membership. The Chair clarified there had been no slippage in the NED recruitment dates and the process was being managed appropriately.

Dr D Hanley referred to SR01 and SR04 noting the projected forecasts for Q3 differed as the first was deteriorating and the latter was stable and suggested a further cross reference between those two risks.

The Medical Director acknowledged the point and would triangulate this with the Director of Operations for the next reiteration of the BAF.

The Board:

- Approved the Q2 position of the Board Assurance Framework 2025/26.

BOD/2526/107 Bi-Annual Common Seal Report

The Director of Corporate Affairs presented the regular report on the use of the Common Seal as determined by Section 8 of the Trust's Standing Orders.

The Board noted the Trust's Common Seal was applied on eleven occasions during the period from 1st April 2025 to 30th September 2025, all related to estates, as detailed in s2 of the report.

The Board:

- Noted the occasions of use of the Common Seal as detailed in s2 of the report.
- Took assurance that the action was taken in accordance with Section 8 of the Standing Orders

BOD/2526/108 Corporate Calendar 2026/27

The Director of Corporate Affairs presented the proposed meeting dates for the Board of Directors and its Committees for 2026/27 as detailed in s2 of the report. She advised the calendar followed on from the reporting pattern this year, and the dates had been discussed with Chairs and Lead Execs. It was noted that the Director of Strategy and Partnerships is included in the membership of the Resources Committee.

The Board:

- Approved the Corporate Calendar 26/27.

BOD/2526/109 Fit and Proper Person Procedure

The Director of Corporate Affairs presented the proposed changes to the Procedure on Fit and Proper Persons Requirements following the introduction of the new corporate offence of failure to prevent fraud that came into force on 1st September 2025.

The Board noted the suggested addition to the procedure that has been proposed by MIAA to reflect the new corporate offence, which was marked by tracked changes in the enclosed policy in section 3.7.

The Board:

- Approved the changes to the Procedure on Fit and Proper Persons Requirements.

BOD/2526/110 Freedom to Speak Up Policy

The Medical Director presented the proposed changes to the Freedom to Speak Up Policy following a scheduled review by the Freedom To Speak Up Guardians.

The Board noted The FTSU policy was also reviewed as part of a recent Well-led review, undertaken by the Good Governance Institute. The recommendations form part of this update, with the review noting “the Trust’s FTSU policy document is well-written and accessible”.

The Medical Director advised that the policy changes largely reflected the new corporate offence of failure to prevent fraud that came into force on 1st September 2025, the updated job titles/roles, changes to governance and assurance nomenclature and references recent NHS guidance. Both the “track changes” version and the “clean” version of the policy were attached. The Board noted the next review of the policy would be in November 2028.

Discussion took place regarding point 6.4 of the policy, regarding anonymous complaints, with a concern raised by the Director of Quality and Improvement around wording potentially suggesting those cannot be investigated. The Medical Director clarified the wording to state that when concerns are raised anonymously, it makes it more challenging to resolve the issue and provide feedback. The Board agreed the wording would be slightly amended by addition of the phrase ‘from yourself’ in the sentence: ‘We are unable to gather further information *from yourself* about the matter when concerns are raised anonymously’.

Ms C Butterworth observed that the option of anonymous complaints, although not preferable, should remain available for all complaints, and not limited to patient safety concerns.

The Chief Executive confirmed that all anonymous complaints are investigated, as far as possible and advised of a monthly FTSU Executive Assurance meeting which reviews all complaints raised.

Prof A Esmail observed the regular senior review was a very positive and significant step in the process. The Medical Director confirmed the process was described in s10.3 of the policy.

Dr A Chambers advised the F2SU policy should be written in a way to be clear and easily understood for all staff in the organisation and felt that Listening Up & Following Up should be articulated strongly in the policy as well. She also suggested an addition of a diagram which sits F2SU among all other ways of raising concerns in the Trust.

The Medical Director welcomed the advice and stated the policy template was prescribed by the National Guardian's Office. However, the suggested additional information could be located with the policy as an additional resource for staff.

The Board discussed the communications required to increase staff confidence and awareness and noted the policy should be promoted through the line management structure as well as general communications.

The Medical Director confirmed the work plan behind the policy, including communications, was in place and would be launched in the new year.

The Board:

- Reviewed and approved the Freedom to Speak Up Policy with a minor wording amendment as discussed.

BOD/2526/111 Ratification of NHSE Board Capability Self-Assessment Statement

The Director of Strategy & Partnerships presented the Provider Capability Self-Assessment, which had been completed by NWAS and submitted to the NHS England North-West System Coordination Team on the 22 October 2025. He confirmed all Board members reviewed and agreed the submission in advance of the deadline through established governance routes.

The Board:

- Received and ratified the Provider Capability Self-Assessment submitted to NHS England on 22 October 2025.
- Confirmed that the submission reflected the Board's collective view of organisational capability.
- Noted that the assessment document is included at Appendix 1 for assurance and audit purposes.

BOD/2526/112 Well-led Developmental Review Action Plan

The Director of Quality and Improvement presented the final Well-led report from the Good Governance Institute in Appendix A and the associated action plan, which had been developed to address agreed recommendations in Appendix B. She advised the report, and the plan, had been discussed at the Board Development Session in October.

The Board noted the intention to report progress through the Quality and Performance Committee and then via 3A report to the Board.

The Board:

- Accepted the final report.
- Noted the recommendations.
- Agreed the action plan and noted intention to report progress through Quality and Performance Committee.

BOD/2526/113 Audit Committee 3A Report from the meeting held on 24th October 2025

Prof A Esmail, Non-Executive Director presented the report advising there were no alerts from the meeting.

The Board:

- Noted the contents of the reports and the assurance provided.

BOD/2526/114 Trust Management Committee 3A Report from the meetings held on 22nd October 2025 and 19th November 2025

The Chief Executive presented the Trust Management Committee (TMC) 3A report from the meeting held on 22nd October 2025 and advised there were four alerts and several advisements and assurance reports, as listed within the report. The alerts related to: Policy Management Framework Update, the AI Policy, handover times and Learning Disability & Autism (LD&A) mandatory training. The risks were discussed but no new risks were identified.

With regards to the LD&A mandatory training, the Chief Executive advised of significant training and financial pressures envisaged in relation to the statutory national requirement to roll out tier 2 training to frontline staff.

In terms of the AI Policy, the Board noted it had been discussed at TMC but not approved. It was agreed that clear guidance and strategic direction would be beneficial to support safe and ethical implementation.

Referring to the meeting held on 19th November 2025, the Chief Executive reported two alerts and a number of advisements and assurance reports, as listed within the report. The alerts were related to the Learning Disability & Autism mandatory training again and the Mandatory Training in general, in reference to limited capacity in the 26/27 for additional training topics. Current risks were discussed, and no new risks were identified.

Dr D Hanley noted the North-West Air Ambulance Bi- Annual Assurance Report was received at the TMC and wondered whether this report should also be received at the Quality & Performance Committee.

The Medical Director committed to discuss this with the Chair of the Quality and Performance Committee.

The Chair enquired whether the AI Policy covered the ethical aspects of the use of AI.

The Chief Executive advised the policy provided a framework for the use and safety, however the TMC discussed the ethical aspects and agreed the policy would have to be further revised to be approved.

Ms C Butterworth advised the Resources Committee also discussed the use of AI and it **was** suggested that a dedicated session would be offered to the Non-Executive Directors to scope the uses and potential risks and mitigations of AI.

Prof A Esmail reported the Audit Committee received and discussed the latest MIAA checklist in relation to AI Governance, for assurance, which covered the ethical aspects as well.

The Board:

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

BOD/2526/115 Resources Committee 3A Report from the meeting held on 20th November 2025

Dr D Hanley presented the Resources Committee 3A Report from the meeting held on 20th November. The Committee received a number of reports for assurance, as listed in the 3A report, and no alerts or risks were raised on this occasion.

Dr D Hanley highlighted the National Assessment of Job Evaluation and practices, which could cause pressures for the Trust when rolled out and advised this would be monitored via the Resources Committee on a bi-annual basis.

The Board:

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

BOD/2526/116 Integrated Performance Report

The Director of Quality and Improvement presented the Integrated Performance Report (IPR) with an overview of integrated performance to the month of October 2025. She drew out the main points in terms of quality, effectiveness, operational performance, finance and organisational health, as described in the executive summary.

In terms of complaints, the Board noted an update from the Director of Corporate Affairs who advised the usual seasonal spike had not presented yet, as it is linked with performance, which was in a strong position. She also highlighted the monthly variations in data for non-clinical incidents, advising of an increase in Violence and Aggression (V&A) reported incidents from Sept-Oct, primarily linked to periods of elevated demand or tensions in community. The V&A team are working closely with the staff, specifically looking at repeat offenders and locations and working with partner agencies to reduce repeat offending

Referring to patient safety incidents, the Director of Quality and Improvement reported a broadly stable position with Care and Treatment being the most common theme and the highest overall reported incident.

With regards to Patient Experience data, the Director of Strategy and Partnership advised of a generally static position, with similar numbers to the same point last year.

The Medical Director reported the Trust was performing above the sector average for all Ambulance Clinical Quality Indicators (ACQI). He highlighted the increased numbers for Hear and Treat and observed this metric would be recalibrated following the change in definition. This will have implications for NWAS figures, but will achieve consistency of measurement across the sector.

The Director of Operations reported on the operational performance data in relation to Paramedic Emergency Services (PES) Activity, PES Call Pick Up and 999 Ambulance Response Performance.

In terms of PES (999) the Board noted call pick up was stable despite increased demand in the latter weeks of October. There was increase in response as anticipated for this time of year due to increases in incident volume and handover times. It was noted there was a decrease in See and Treat, likely linked to the increase in H&T as both outcomes originate from a similar patient cohort. The Trust was heading into winter pressures, however the Director of Operations offered reassurance that the Trust was in a strong position being either on, or above, all required metrics linked to UEC funding.

The Board received an update on 111 performance and noted increased demand and deterioration against metrics. Contributing factors included increased demand, higher than usual staff sickness in late October and cross-skill training activity linked to ICC. However, the Director of Operations reported the Trust answered more calls than ever and the key metric being monitored was Calls Abandoned.

In reference to Patient Transport Services (PTS), the Board noted increased activity and stable metrics.

Prof A Esmail referred to the increased Hear and Treat rate and queried what would be the upper limit of good practice.

The Director of Operations responded that over the next years the Trust might be challenged to achieve 25% stretch target, however this will be dependent on the availability of alternative pathways. H&T rates might change when the new definition is applied to this metric.

Dr D Hanley enquired the surge of demand and activity which seemed higher than anticipated for this time of year and wondered about the correlation with Primary Care services.

The Chief Executive observed the seasonal wave of Covid and Flu materialised earlier this year and advised the number of calls taken by Primary Care has significantly improved.

Prof A Esmail added that Primary Care were now mandated to be open until 6.30 and offer an online service as well, which had a significant impact on extending their provision.

The Director of Operations observed there was an improvement in the Trust service provision as 'no outcome' calls were lower; however, they also now count as incidents, which adds to demand rate.

The Director of Finance presented the key headlines from the Finance section of the report. The Board noted the financial position to 31 October 2025 was a surplus of £2.232m, against a planned surplus of £0.311m and at M07 the achievement of breakeven plan was projected. This was due to vacancies in various Directorates, non-recurrent credits received and the delivery of productivity and efficiency savings above plan.

The Board noted the main headlines from the Workforce section, including stable sickness absence, improving turnover rates and overall compliance with the Mandatory Training at 90% and overall appraisal was above the target at 97.18%. The Chief Executive highlighted the NWAS sickness absence was under national average rates.

The Chair referred to the Non-Patient Safety Incidents, specifically the information regarding an increase in physical assaults towards staff and enquired whether a particular cohort was targeted.

The Director of Corporate Affairs advised those related to various aggravating factors including gender, age, race. The categorisation also included areas with certain hotspots such Blackpool. The data was new and will be tracked going forward to identify any themes.

Ms C Butterworth confirmed the Resources Committee received a detailed report on Staff Incidents Resulting in Harm, where the increase in V&A incidents was noted and trend analysis as well as benchmarking requested.

The Board:

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

BOD/2526/117 Learning from Deaths (LfD) Q1 2025/26

The Board received the report, with appendices, from the Medical Director for Q1 2025/26.

The Board noted the Q1 dashboard (Appendix A) described the opportunities to learn from deaths. The main concerns raised internally and externally identified in DatixCloudIQ (DCIQ), were attributed to problems in Integrated Contact Centre (ICC) and Paramedic Emergency Service (PES). This was specifically call handling and dispatch errors, equipment malfunction, care, and treatment.

In terms of SJR Stage 1 Outcomes, the Medical Director reported 18 patient deaths were presented by reviewers and following the moderation panels the outcomes of the reviews were determined as described in the dashboard (Appendix A).

Significant lessons were learnt in terms of record keeping. The Medical Director highlighted the clinicians were now much more aware of the significance of detailed records, especially when a patient is not conveyed to ED, which presents a higher risk situation, as there is a public perception that ambulance service should convey a person to the hospital.

The Medical Director informed of a national team reviewing sector wide approach to LfDs, which would also coincide with and inform the planned internal review process concerning adherence to the national framework.

The Board:

- Supported the quarterly dashboard (Appendix A) as the report to be published on the Trust public account as evidence of the Trust's full engagement with learning from deaths.
- Acknowledged the impact of the Structured Judgement Review (SJR) process in identifying opportunities for improving care.
- Supported the dissemination process as described in Section 4.

BOD/2526/118 Quality and Performance Committee 3A Report from the meeting held on 27th October 2025.

Prof A Esmail introduced the report, which contained no alerts and several advisements and assurances. He noted that the key issues discussed at the Q&P Committee had been also included and discussed on today's Board agenda.

- The Board noted the contents of the report, the assurance provided and actions identified.

BOD/2526/119 Communications and Engagement Q2 2025/26 Report

The Director of Strategy and Partnerships took the Board through the key headlines from the report, which were included in the Q2 Dashboard enclosed at Appendix 1.

The Board noted an update on Patient Engagement, which included sessions held with Chinese, Jewish, Eastern European and asylum/refugee communities in Manchester and Liverpool, following which actions were taken to respond to the needs of the communities. Multiple other engagements, communications activities and campaigns were also detailed in the report with impact of those articulated as well.

In terms of Patient and Public Panel overview, the Director of Strategy and Partnerships advised of the latest membership numbers, highlighting the Youth representation exceeded the target of 30% and the ethnic diversity representation was at 34% and work was ongoing to raise this membership. The Director of Strategy and Partnerships also highlighted that for the first time a PPP member was given the opportunity to get involved in the assessment centre for the Head of Operations recruitment.

The Board further noted analytics and updates regarding internal staff communication, with a highlight on staff recognition e-cards, which were well received and utilised by staff.

Reporting on Freedom of Information (FOI), the Director of Strategy and Partnerships advised 140 applications were received in the reporting period, which was an increase of 23%. The Trust achieved 97% year-to-date compliance against statutory duty target of 90% to reply to FOIs within 20 working days.

The Chair referred to the Stakeholder Engagement section of the report and advised she had a number of MP visits recently. The Director of Strategy and Partnerships advised those would be captured in the next quarter report.

The Chair thanked the Director of Strategy and Partnerships for the comprehensive report and the wider team for ongoing efforts recognising the significant workload.

The Board:

- Noted the content of the report and assurance provided.

BOD/2526/120 Any Other Business Notified Prior to the meeting

The Chair noted it was the last Board meeting with attendance from Dr David Hanley, whose tenure comes to an end in November, and offered her heartfelt gratitude for his support and commitment to the Trust over the years.

Dr D Hanley thanked the Chair and the Board and expressed that he thoroughly enjoyed his time at NWAS.

BOD/2526/121 Risks identified

The Chair confirmed there was no additional risks identified for BAF.

Date and time of the next meeting –

28th January 2026 at 09:45 am in the Oak Room, Ladybridge Hall, Trust Headquarters, Bolton

Signed _____

Date _____

BOARD OF DIRECTORS MEETING - ACTION TRACKING LOG

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

Action Number	Meeting Date	Minute No	Minute Item	Agreed Action	Responsible	Original Deadline	Forecast Completion	Status/Outcome	Status
7 - 25/26	26.11.2025	2526/110	Freedom to Speak Up Policy	<p>The refreshed Freedom to Speak Up Policy was discussed and approved.</p> <p>The Board requested minor wording addition to paragraph 6.4 regarding anonymous complaints, and recommended addition of a diagram which sits F2SU among all other ways of raising concerns in the Trust within the online space where the Policy is held.</p>	Medical Director	28-Jan-26	28-Jan-26	<p>The FTSU policy was updated with the wording as requested in section 6.4 and a review date November 2028.</p> <p>In relation to the additional information on ways to speak up, a subsection on Ways to Speak Up is included within the Freedom to Speak Up location of the Green Room, listing various ways staff can speak up including a face to face, virtual setting or written format.</p>	
8 - 25/26	26.11.2025	2526/114	Trust Management Committeee 3A report 22 October 2025	<p>Dr D Hanley noted the North-West Air Ambulance Bi-Annual Assurance Report was received at the TMC and wondered whether this report should also be received at the Quality & Performance Committee.</p> <p>The Medical Director committed to discuss this with the Chair of the Quality and Performance Committee.</p>	Medical Director	28-Jan-26	28-Jan-26	<p>Update from the Medical Director - 4th December 2025:</p> <p>Item was consulted with the Chair of Quality and Performance Committee and concluded the current oversight mechanism through the Clinical & Quality Group and the Trust Management Committee was appropriate.</p> <p>However, should there be any major problems related to patient safety or quality which require a Trust investigation then it might be appropriate that Q&P Committee are copied into any actions/investigations.</p> <p>The action was complete and closed.</p>	
9 - 25/26	26.11.2025	2526/114	Trust Management Committee 3A Report 19th November 2025	<p>It was reported the TMC received and reviewed the AI Policy. TMC discussed the ethical aspects and agreed the policy would have to be further revised to be approved.</p> <p>The Board noted the Resources Committee also discussed the use of AI and it was suggested that a dedicated session would be offered to the Non-Executive Directors to scope the uses and potential risks and mitigations of AI .</p>	Director of Finance	TBC	TBC		

NWAS Board and Committee Attendance 2025/26

Board of Directors								
	30th April	28th May	18th June	30th July	24th September	26th November	28th January	25th March
Daniel Ainsworth	✓	✓	✓	✓	x	x		
Catherine Butterworth	✓	x	✓	x	x	x		
Dr Alison Chambers	✓	✓	✓	✓	x	x		
Graeme Chapman								
Anne Cooper								
Salman Desai	✓	✓	✓	✓	✓	✓		
Prof Aneez Esmail	✓	✓	✓	✓	✓	✓		
Michael Gibbs				✓	✓	✓		
Nic Gower								
Dr Chris Grant	✓	✓	✓	✓	✓	✓		
Dr David Hanley	✓	✓	x	✓	✓	✓		
Julia Mulligan (Chair)				✓	✓	✓		
Dr Elaine Strachan-Hall	✓	✓	✓	✓	✓	✓		
Clare Todd								
Lisa Ward	✓	✓	✓	✓	✓	✓		
Angela Wetton	✓	✓		✓	✓	✓		
David Whatley	✓	✓	✓	✓	✓			
Peter White (Chair)	✓	✓	✓					
Carolyn Wood	✓	✓	✓	✓	✓	✓		

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

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

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

Charitable Funds Committee				
	14th May	23rd July	22nd October	18th February
Daniel Ainsworth	x	x	Meeting Cancelled	
Catherine Butterworth	✓	✓		
Nic Gower (Chair)				
Dr David Hanley	x	x		
Lisa Ward	✓	✓		
Clare Todd				
Angela Wetton	✓	✓		
David Whatley (Chair)	✓	✓		
Carolyn Wood	✓	x		

Nomination & Remuneration Committee								
	30th April	28th May	30th July	24th September	6th October	26th November	28th January	25th March
Catherine Butterworth	✓	x	x	x	x	✓		
Dr Alison Chambers	✓	✓	✓	x	✓	✓		
Graeme Chapman								
Anne Cooper								
Prof Aneez Esmail	✓	✓	✓	✓	✓	✓		
Nic Gower								
Dr David Hanley	✓	✓	✓	✓	x	✓		
Clare Todd								
David Whatley	✓	✓	✓	✓	✓			
Peter White (Chair)	✓	✓						
Julia Mulligan (Chair)			✓	✓	✓	✓		

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

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Daniel	Ainsworth	Director of Operations	Partner is a Team Manager at NWAS in 111 service	N/A	N/A	√	N/A	Personal interest	Jul-24	Present	N/A
Catherine	Butterworth	Non-Executive Director	HR Consultant (no live commissions) for NLaG Acture Trust and Beacon GP Care Group				√	Position of Authority	Apr-22	Closed	Agreed with Chairman not to accept or start any NHS HR contracts without his prior approval and support.
			Non Executive Director - 3 x Adult Health and Social Care Companies owned by Oldham Council				√	Position of Authority	Apr-22	Closed	Withdraw from decision making process if the organisations listed within the declaration were involved.
			Director / Shareholder for 4 Seasons Garden Companies: 4 Seasons Garden Maintenance Ltd 4 Seasons Gardens (Norden) Ltd 4 Seasons Design and Build Ltd 4 Seasons lawn treatments Ltd CFR HR Ltd (not currently operating) - removed 25th May 2022				√	Position of Authority	Apr-22	Present	4 Seasons garden maintenance Ltd has secured and operates NHS Contracts for grounds maintenance and improvement works at other NW NHS Acute Trusts but these pre date and are disassociated with my NED appointment at NWAS. To withdraw from the meeting and any decision making process if the organisations listed within the declaration were involved.
			Interim Board Chair of MioCare which comprises a group of not for profit health and social care companies which are owned by Oldham Metropolitan Borough Council. I have held this position since mid 2024.		√			Position of Authority	Mid-2024	Present	
Alison	Chambers	Non-Executive Director	Self Employed, A&A Chambers Consulting Ltd	√				Self employment	Jan-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Trustee at Pendle Education Trust		√			Position of Authority	Jan-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
			Non Executive Director Pennine Care Foundation Trust				√	Position of Authority	Jul-23	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Graeme	Chapman	Non-Executive Director	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		.
Anne	Cooper	Non-Executive Director	Shareholding in Ethical Healthcare Ltd	√					Aug-21	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Salman	Desai	Chief Executive	Board member for the Association of Ambulance Chief Executives		√			Position of Authority	Jul-25	Present	Discussion with Chair should any conflicts arise.
			Represent the ambulance sector on the NHS Impact Improvement Board		√			Non Financial Professional Interest.	Jul-25	Present	N/A
Aneez	Esmail	Non-Executive Director	Board member of Charity Dignity in Dying			√		Board member	May-22	Present	
Michael	Gibbs	Director of Strategy & Partnerships	Ex-wife employee within NWAS 999 service		√			Non-Financial Professional Interest	Jul-25	Present	Declare an interest and withdraw from discussions as and when required.
Nicholas	Gower	Non-Executive Director	Non-Executive Director of Manchester University NHS Foundation Trust				√		Oct-17	Present	Chair and appointment committee aware. No conflict. Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
Chris	Grant	Medical Director	NHS Consultant in Critical Care Medicine - Liverpool University Hospitals NHS Foundation Trust	√				Connection with organisation contracting for NHS Services	Apr-19	Present	Withdrawal from the decision making process if the organisation(s) listed within the declarations were involved
			A member of Festival Medical Services, a 'not for profit' registered charity staffed by volunteers, delivering professional medical services at events throughout the country. NWAS does not sub-contract events nor does FMS operate any significant activity in the North West.		√			Non Financial Professional Interest.	Jul-22	Present	If FMS run events in the North West, these would be undertaken via usual NWAS command functions and EPRR planning and I would remove myself from any interactions and engage with the NWAS Deputy Director should involvement be required from the Medical Directorate.
Julia	Mulligan	Chair	Chair, Gangmasters and Labour Abuse Authority (GLAA)				√	Position of authority	Nov-21	Present	N/A
			Senior Independent Director, Independent Office for Police Conduct				√	Position of authority	May-21	Present	N/A
			Independent Panel Chair, Parole Board of England and Wales				√	Position of authority	Sep-20	Present	N/A
			Chair of Trustees, Independent Domestic Abuse Service				√	Position of authority	Jan-20	04-Dec-25	N/A
			Trustee, Independent Domestic Abuse Service (for a period of 2 years)				√	Position of authority	Dec-25		N/A
			Member of Fawcett Society				√		2020	Present	N/A
			Appointed to the Home Secretary's Police Leadership Commission hosted by the College of Policing			√			13-Nov-25	30-Apr-26	There are no risks to be mitigated as time commitment reduced from one role, and then taking on a time-limited, voluntary position that will have learning relevant to NWAS.
Elaine	Strachan-Hall	Director of Quality and Improvement	Director of Strachan Hall Associates Ltd	√				Directorships, including non-executive directorships held in private companies or plc (with the exception of dormant companies);	Sep-13	Present	No business to be transacted through consultancy with NWAS whilst employed by NWAS
			Member of the Independent Reconfiguration Panel for the NHS 2003		√			Any other relevant secondary employment	Jul-22	Present	No involvement with any IRP decision making that might impact NWAS whilst employed by NWAS
			Clinical associate with KPMG	√				Any other relevant secondary employment	2013	Present	Notification of any work with KPMG to NWAS during NWAS contract. Withdrawal fro any NWAS contract processes in relation to KPMG. Withdrawal of any KPMG processes in rlatin to NWAS.
Clare	Todd	Associate Non-Executive Director	Non-Executive Director at Pennine Care NHS Foundation Trust				√	Position of Authority	Apr-22	Present	Withdrawal from the decision making process if the organisation(s) listed within the declaration were involved.
Lisa	Ward	Director of People	Member of the Labour Party			√		Other Interest	Apr-20	Present	Will not use position in any political way and will avoid any political activity in relation to the NHS.
			Member of Chartered Institute of Personnel and Development		√			Non financial professional interest	Jun-23	Present	Declare an interest and withdraw from discussions as and when required.
Angela	Wetton	Director of Corporate Affairs	Nil Declaration	N/A	N/A	N/A	N/A	N/A	N/A		N/A
Carolyn	Wood	Director of Finance	Board Member - Association of Ambulance Chief Executives		√			Position of Authority	Nov-21	Present	No Conflict.

Name	Surname	Current position (s) held- i.e. Governing Body, Member practice, Employee or other	Declared Interest- (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
				Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect Interests		From	To	
David	Whatley	Non Executive Director (Left the Trust 22 October 2025)	Independent Chair of Audit Committee at Lancashire Combined Authority		√			Non financial professional interest	Jul-25	Present	Withdrawal from the decision making process if the organisations listed within the declarations were involved.
			Trustee Pendle Education Trust		√				Mar-23	Present	
			Governor, East Lancashire Learning Group (formerly known as Nelson and Colne College Group)		√				Mar-23	Present	
			Independent Member of Audit Committee, Pendle Borough Council		√				Mar-23	Jul-25	
			Wife is employed at Manchester Teaching Hospitals NHS FT as a Biochemist				√		Mar-23	Present	
Maneer	Afsar	NeXt Programme Director (Left the Trust 13 November 2025)	Public Appointee Independent Member - Parole Board	√				Public Appointee	Sep-19	Present	
			Board of Trustees Nacro Charity		√			Voluntary	Nov-23	Present	
David	Hanley	Non-Executive Director (Left the Trust 30 November 2025)	Associate Consultant for the Royal College of Nursing	√				Trainer (part time)	Jan-22	7th July 2025	No conflict.
			Trustee, Christadelphian Nursing Homes			√		Other Interest	Jul-19	Present	N/A
			Chair, Gloucester Safeguarding Adults Board	√					Jun-25		
Ahmed	Makda	NeXT Programme Director (programme finished December 2025)	Non-Executive Director - Lumen Housing	N/A	N/A	√	N/A	Directorship	Dec-23	Present	



REPORT TO THE BOARD OF DIRECTORS

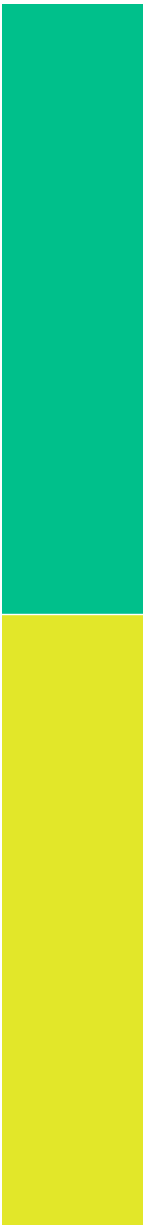
DATE	Wednesday, 28 January 2026
SUBJECT	Chief Executive's Report
PRESENTED BY	Salman Desai
PURPOSE	Assurance

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

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Receive and note the contents of this report
EXECUTIVE SUMMARY	<p>The purpose of this report is to provide members with the headline information on several areas for the period 22 November 2025 – 21 January 2026.</p> <p>Highlights</p> <p>Corporate Affairs</p> <ul style="list-style-type: none"> Welcome to Graeme Chapman, Anne Cooper, Nic Gower and Clare Todd as new Non-Executive Directors, bringing valuable experience and perspective to the Board. <p>Finance</p> <ul style="list-style-type: none"> To date the Trust remains within the threshold for all four IAG process de-escalation metrics. The financial position to 31 December 2025 is a surplus of £3.562m against a planned surplus of £0.592m. The month 09 forecast is projecting a surplus of £5.157m. Age profile of the PTS fleet continues to be of concern, premium short term lease costs for three GM sites were being chased for alongside any capital impact of IFRS16 with renewing those leases.

	People & Culture	
	<ul style="list-style-type: none"> The current dispute with a small cohort of our ICC educator workforce who provide training to new call handlers and dispatchers is continuing. The impact on training capacity has been limited, and further talks have taken place with Unison and members of the team to explore potential resolution. 	
	Operations	
	<ul style="list-style-type: none"> Handover: Q4 handover performance has dipped but remains better than last year, with several key sites experiencing significant delays. Category 2: C2 mean performance remains challenged for the period but continues to show year-on-year improvement. 	
	Medical & Quality	
	<ul style="list-style-type: none"> Michelle McLeavy joined the directorate on 12 January 2026 as Interim Deputy Director of Patient Safety and Regulatory Compliance. 	
	Strategy	
	<ul style="list-style-type: none"> Delivery of the 25/26 annual plan is progressing well. Planning Group continue to provide quarterly assurance to TMC and the Resources Committee on delivery progress. Preparatory work for the development of the 26/27 annual plan is underway. 	
	System	
	<ul style="list-style-type: none"> The NEPTS ITT procurement tender process commenced on 9 January 2026. The Trust has until 27 February to submit its bid with the successful provider due to be announced on 8 May 2026. The Trust has been identified as a potential early adopter for the Future NHS Workforce Solution – one of around 40 organisations selected across England and Wales. 	
	Organisational	
	<ul style="list-style-type: none"> Congratulations to Michelle Brooks who was named as Deputy Director of Finance of the Year at the National Healthcare Finance Awards. Three colleagues from Sandbach were injured while responding to an incident on 28 November 2025. The staff, their families and colleagues are being supported through the local management team. 	
PREVIOUSLY CONSIDERED BY	Not applicable	
	Date	Click or tap to enter a date.
	Outcome	



1. BACKGROUND

This report provides a summary of the key activities undertaken and the internal, national, regional and system items to note since the last report to the Board of Directors on 26 November 2025.

2. INTERNAL UPDATES

Corporate Governance

Welcome to New Non-Executive Directors

I am pleased to welcome four new Non-Executive Directors to the Board: Graeme Chapman, Anne Cooper, Nic Gower and Clare Todd. Each brings a wealth of experience, insight. I look forward to working closely with them as they take up their roles and contribute to the next phase of the organisation's development.

Finance

Digital Team – Organisational Change Process

The Trust has begun the organisational change process within the Digital team, aligning roles and job descriptions with the Government Framework and national standards. While some short-term impact on delivery is possible as staff adjust, this will be monitored closely to minimise disruption.

Productivity and Efficiency

The 2025/26 target is to deliver £14.878m of recurrent savings. £11.249m of savings have been achieved to month 09, which is £0.161m above the month 09 target of £11.088m. There is an improvement in the recurrent delivery, and the projected shortfall against target has reduced to £0.516m. Weekly returns to the ICB and PwC continue to monitor the progress of savings plans and delivery.

Capital

The capital programme for 2025/26 has increased by £3.251m to £42.481m due to additional resources of £0.688m from national allocations; £2.388m relating to system UEC performance in 2024/25; and £0.195m for cybersecurity. The Trust has also been informed of additional funding for CBRN equipment refresh programme at £2.038m which will increase the total resource to £44.520m. £6.288m is agreed to be carried forward into 2026/27 making the current programme £38.232m.

People & Culture

Sexual Safety Policy

December saw the launch of the Trust's new Sexual Safety Policy. This builds on the extensive work already undertaken in our Stop Speak Support campaign to raise awareness of acceptable behaviour in the workplace and to provide a range of resources to support managers and staff to speak up and manage incidents. The Policy has been developed in partnership and was launched by the CEO and Director of People alongside trade union colleagues.

The importance of taking action to prevent sexual misconduct in the NHS has been highlighted again in a letter received in December from the national Medical Directors and the Director of Nursing. NWAS is working through some of the additional recommendations for areas of further work but is able to provide comprehensive assurance against the national Sexual Safety Charter self-assurance checklist, given the work already progressed to date.

ICC Trainer dispute

The current dispute with a small cohort of our ICC educator workforce who provide training to new call handlers and dispatchers is continuing, although the impact on training capacity has been

limited. The dispute relates to the decision not to apply a recruitment and retention premia to new positions following a restructure. The Trust has received notification of the outcome of a further ballot for discontinuous industrial action. Further talks have taken place with Unison and members of the team to explore potential resolution.

Training vehicles

The driver training team has started to take delivery of new training vehicles to support the quality of learning and training provision within the Trust. The new vehicles will not only enable a much more productive learning environment but also enables us to meet the requirements of anticipated regulatory changes. This is an important investment in the quality of learning environments to support effective roll out and deployment of new staff who are safe and confident to deliver high quality care.

Operations

Improvements in handover seen in Q2 and early Q3 have not been sustained into Q4, although performance remains proportionately better than the same period last year. Aintree, Whiston and Warrington have all experienced significant delays, with Royal Liverpool, Southport and Chester also facing pressures since early December.

The Cheshire and Mersey Clinical Assessment Service continues to provide strong Hear & Treat support, increasing delivery from around 15% to 20%, with occasional peaks of 24%. Further improvement remains possible and is being explored with the ICB and place-based partners.

Category 2 mean performance remains challenged but continues to show year-on-year improvement, both for the YTD average and when comparing January 2024 to January 2025.

A lot of work goes into preparing for the festive period alongside the planning for the Resident Doctors' industrial action, and while this never fully mitigates the impact, the planning and additional resources put in place did help provide vital support when it was most needed, and I am grateful to everyone for their efforts.

Medical

Numerous Acute Trust partners escalated into a prolonged period of OPEL 4, with Critical Incident and Business Continuity incidents also declared. NWAS command and leadership teams supported both system and local response plans, but significant hospital handover delays have caused multiple long waits in the community.

Quality and Improvement

Improvement Academy

In late November, days 4 and 5 of the Improvement Academy were held and cohort 2 heard from Mohammed Mohammed on reducing variation through systems thinking.

Progress continues with patient safety events management and work on the redesign of the processes has begun.

Interim Deputy Director of Patient Safety and Regulatory Compliance Appointment

Michelle McLeavy joined the directorate on 12 January 2026 as Interim Deputy Director of Patient Safety and Regulatory Compliance. Her focus will initially be on patient safety event management and will add managerial capacity and directorate oversight whilst the Director of Quality and Improvement is away on extended leave during February 2026.

Strategy and Partnerships

Annual Planning

Delivery of the 25/26 annual plan is progressing well. Planning Group continue to provide quarterly assurance to TMC and the Resources Committee on delivery progress. During the Q3 assurance a confidence assessment using a structured process with agreed definitions for all deliverables was carried out. There is one 'must do' deliverable that has low confidence for delivery and work will now be undertaken in Q4 to establish milestones and provide assurance against delivery.

Preparatory work for the development of the 26/27 annual plan is underway. This is part of the Strategic Plan development work where the year one deliverables will be extracted and prioritised during Q4.

The Trust is clear on the requirements for the NHSE five-year integrated planning and continues to work on the submission during Q4 to meet NHSE planning timelines for the 5-year plan submission.

Strategy Development

Development of the new five-year Trust Strategy is progressing having engaged staff, patients and senior leaders to identify key themes. The programme of work is in the development phase, with strategic aims developed and associated Strategic Plans working towards final versions. Engagement continues with a senior leaders' strategic planning and prioritisation event in early Q4.

A stakeholder analysis has also been undertaken to inform engagement with our external partners throughout Q4 – the aim is to assess whether our strategic direction of travel aligns with our partners and help us to define what it means to be a trusted partner.

3. UPDATES

3.1 National Update

Winter Viruses

NHS England has confirmed that the number of people in hospital with flu had reached a record high in the lead up to the festive period, more than 50% higher than the same period last year. England's Chief Medical Officer, Professor Sir Chris Whitty, did urge the NHS to take flu and pneumonia in older people much more seriously, given the risks and impact on hospital admissions. There was a resurgence in winter viruses following Christmas and New Year gatherings. Data in early January suggested a 9% increase in patients admitted with flu, alongside a rise in average daily hospitalisations for norovirus and COVID-19. Director Of Quality and Improvement joined the weekly national IPC calls and followed up on any key ask and messages.

Impact Statement on the 10YHP

The Department of Health and Social Care (DHSC) has issued a candid assessment of the government's 10-Year Health Plan. The impact statement sets out how the 10 Year Health Plan aims to improve population health and NHS sustainability through three major shifts: moving care from hospitals into communities, from analogue to digital services, and from treating illness to preventing it. It anticipates better patient access, improved outcomes, and long-term productivity gains, while acknowledging significant delivery risks, workforce pressures, digital dependency, and uncertainty around costs and timing. Overall, it positions the plan as a long-term, system-wide transformation rather than a programme with fully defined or immediately measurable benefits.

Actions to Prevent Sexual Misconduct in the NHS

NHS England has issued updated guidance following recent media reports of historic sexual assault allegations, with the aim of strengthening safety for staff and patients across all NHS settings. A national audit shows that all trusts and ICBs now have sexual misconduct policies in place or in development, and 76% have implemented anonymous reporting systems, although further consistency and focus are required across the system. In response, trusts are required to take immediate action by nominating two HR professionals for national investigation training starting in March 2026. These actions are intended to strengthen investigative capability and reinforce organisational accountability for safeguarding and professional standards.

NHS Impact: National Improvement Board

I attended the National Improvement Board meeting, which was significantly shortened due to the industrial action by Resident Doctors, limiting the agenda to the Programme Director's Report and the update on the National Model for Improvement. The Director's Report highlighted continued momentum in NHS IMPACT, with 1,593 staff trained since July and more than 6,500 learner registration. The update on the Model for Improvement set out the emerging approach NHSE is developing to drive improvement while clarifying roles between national, regional, and provider-level teams as part of the wider transformation programme.

The Mental Health Act 2025

The Mental Health Act 2025, which received Royal Assent on 18 December 2025, updates the 1983 Act to strengthen patients' rights, reduce inappropriate detention, and modernise safeguards. Most substantive changes come into force on 18 February 2026, with some administrative provisions already active.

AACE/Emergency Capabilities Unit Event

On 12 January, I attended a learning event hosted by AACE and the Emergency Capabilities Unit, together with the Director of Operations and other NWS colleagues, to reflect on and learn from recent national events. During the session, Dan presented the lessons and learning arising from the major incidents which NWS has responded over the past 18 months. It was a very useful and constructive session, offering valuable insights to inform our ongoing preparedness and organisational resilience.

Early Adopter of the Future NHS Workforce Solution

The Trust has been identified as a potential early adopter for the Future NHS Workforce Solution – one of around 40 organisations selected across England and Wales. This is an opportunity to lead a once in a generation transformation of workforce management within the NHS and if successful will help to shape the delivery of the new modern, intuitive platform that will succeed the Electronic Staff Record (ESR) and set a new standard for supporting NHS organisations and their employees. The Trust, led by the Director of People is in early discussions with the NHSBSA.

3.2 Regional Update

Advanced Foundation Trusts

The first wave of Advanced Foundation Trusts being authorised is now underway, testing increased autonomy alongside clear accountability. The initial focus is on financial sustainability, service improvement and leadership, with early learning being shared to inform wider national rollout.

Medium-Term Plans

The Medium-Term Plan sets out the organisation's strategic, financial, workforce, and operational intentions over the next 3–5 years, aligning clinical priorities with available resources and

system-wide requirements. It provides a framework for decision-making, investment, and transformation, ensuring sustainability while delivering safe, high-quality care.

We have received initial feedback from NHSE on the draft Medium-Term Plan submitted in December, which is being reviewed and will be reflected in the next iteration ahead of final submission.

3.3 System Update

Non-Emergency Patient Transport Service (NEPTS) Update

On 9 January 2026, NHS Lancashire and South Cumbria Integrated Care Board launched a procurement process for the provision of Non-Emergency Patient Transport Services (NEPTS) across Lancashire, Greater Manchester, Cheshire, Merseyside, Cumbria and part of Derbyshire. The procurement covers the full range of planned and unplanned patient transport requirements within these areas.

The scope of services includes routine planned transport for outpatient appointments, unplanned transport for patient discharges and short-notice bookings, and an enhanced priority service for time-critical journeys, particularly for patients attending haemodialysis or oncology treatments.

The contract opportunity is divided into three lots, each aligned to specific geographical areas. Lot 1 covers Cheshire and Merseyside; Lot 2 covers Greater Manchester alongside Derby and Derbyshire (Glossop Place); and Lot 3 covers Lancashire & South Cumbria together with North East and North Cumbria (North Cumbria Place).

Contracts awarded under each lot will run for an initial term of five years from the expected service commencement date of 1 April 2027, with an option to extend for a further three years, taking the potential end date to 31 March 2035.

3.4 Organisational

Injured colleagues - Sandbach

Three colleagues from Sandbach were injured while responding to an incident on 28 November 2025. Along with Val Davies, Sector Manager, I visited them and their families. One colleague has now returned to work, the other two are recovering at home. All three, along with their families and wider colleagues, continue to be supported by the local management team.

HFMA Deputy Director of Finance of the Year

Congratulations to Michelle Brooks, who has been awarded *Deputy Director of Finance of the Year* at the National Healthcare Finance Awards. Michelle's composed leadership, professional manner, and extensive expertise within the ambulance sector have had a significant and positive impact at NWAS. It is excellent to see her outstanding contribution recognised at a national level.

Senior Manager Briefing

On 14 January 2026, the final briefing of the financial year was held, bringing together more than 90 senior leaders from across the organisation. These sessions provide an important forum for sharing updates on key national, regional, system, and organisational developments. The briefing covered a wide range of topics, including the national context and "state of the nation" overview, an update on the organisational strategy, medium-term plans and CIP, the Southport Public Inquiry, the latest position on CQC, and ongoing work relating to health inequalities. Collectively,

these briefings continue to play a vital role in supporting leadership alignment and strengthening organisational awareness across NWAS.

Visits

I have continued to get out and about visiting staff across the Trust.

- Knutsford Ambulance Station – 4 December
- Northwich Ambulance Station – 4 December
- Salkeld Hall / Carlisle Support Centre – 16 December
- Broughton, Estuary Point, Parkway and Sefton House contact centres – 25 December
- Blackburn Station – 30 December – operational shift on an ambulance
- Bolton Station – 31 December – operational shift with a Duty Officer
- HART, Elm Point – 20 January

In our thoughts

It is with great sadness that we learned of the unexpected death of our former colleague – Emma Mayfield on 9 December. Emma was an EMT2 with us from 2003 until her retirement. I have written to her husband, also retired former Operations manager for Lancaster, on behalf of the trust to offer our condolences and support.

3.5 Stakeholder engagement

Engagement with key stakeholders continues and I held meetings with:

- Owen Williams, Northern Care Alliance
- Lady Redmond, Her Majesty's Lord-Lieutenant of Cheshire
- Darren Martland, Chief Constable - Cumbria Constabulary
- Paul Hancock, Chief Fire Officer – Cumbria Fire Service
- Sacha Hatchett, Chief Constable – Lancashire Constabulary
- Heather Arrowsmith, Chief Executive – North West Air Ambulance Service
- C&M ICB CEO, CFO and Director of Performance and Planning

4. RISK CONSIDERATION

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

5. EQUALITY/ SUSTAINABILITY IMPACTS

5.1 There are no equality or sustainability implications associated with the contents of this report.

6. ACTION REQUIRED

6.1 The Board of Directors is asked to:

- Receive and note the contents of this report.



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 January 2026
SUBJECT	Proposed Q3 Position of the Board Assurance Framework 2025/26
PRESENTED BY	Angela Wetton, 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 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"> • Approve the re-iteration of SR09. • Approve the Q3 position of the Board Assurance Framework 2025/26. 	
EXECUTIVE SUMMARY	<p>The proposed 2025/26 Q3 Position of the BAF risks with associated CRR risks scored ≥ 15 can be viewed in Appendix 1. The BAF Heat Maps for 2025/26 year- to- date can be viewed in Appendix 2.</p> <p>As part of the Q3 review, the proposed changes to note are:</p> <ul style="list-style-type: none"> • SR01 has increased in risk score from 10 to 15. • SR04 has increased in risk score from 10 to 15. <p>S3 of the report proposes a rearticulation of SR09 due to the volume of planned and unplanned changes to the NED cohort during Q3 and Q4.</p>	
PREVIOUSLY CONSIDERED BY	Trust Management Committee	
	Date	21 st January 2026
	Outcome	TMC recommended to Board for approval

1. BACKGROUND

This report provides the Board of Directors with an overview of the Q3 position of the Board Assurance Framework (BAF) for 2025/26 which can be seen in full in appendix 1.

It highlights any proposed changes to risk score based on the assurances received by the Board Committees during the reporting period, or any remaining gaps in assurance or control. Any mitigating actions carried over from 2024/25 can be seen in italics.

The framework also links the strategic risk to the corresponding strategic aim and risk appetite category along with any risks currently appearing on the Corporate Risk Register (those scored ≥ 15).

Changes since the last report seen at Board in November are highlighted in purple for ease.

2. REVIEW OF THE BAF 2025/26 Q3 POSITION

Following a full review of the strategic risks on the BAF with the executive leads, there following changes in score are proposed:

SR01: There is a risk that if the Trust does not provide the right care, at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for patients

- Change in risk score for Q3 from 10 to 15

Opening Score 01.04.2025	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Exec Director Lead
15 5x3 CxL	10 5x2 CxL	10 5x2 CxL	15 5x3 CxL	Dr C Grant Medical Director

The risk has been scored at a 15 with the following rationale applied by the Executive Lead:

- Deterioration of operational performance and hospital handover across many partner emergency departments across the region.
- Seasonal medical conditions, adverse weather and delays to timeliness of care brought significant pressure on care delivery.

SR04: There is a risk that if the Trust does not deliver improved sustained national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm

- Change in risk score for Q3 from 10 to 15

Opening Score 01.04.2025	Q1 Risk Score	Q2 Risk Score	Q3 Risk Score	Exec Director Lead
15 5x3 CxL	10 5x2 CxL	10 5x2 CxL	15 5x3 CxL	Daniel Ainsworth Director of Operations

The risk has been scored at a 15 with the following rationale applied by the Executive Lead:

- Increased ARP standards and hospital handovers occurring after 45 minutes.
- 7% increase in call volume within 999 and 111 compared to 24/25, with increased operational resources, reduction in conveyance to emergency departments and increase in hear and treat as a result.

3. PROPOSED RE-ITERATION OF SR09

Following unplanned Non-Executive resignations alongside a number of planned changes during Q3, SR09 has been reviewed and rearticulated to reflect the potential impact of the significant change to the NED members of the Board as follows:

There is a risk that the volume of planned and unplanned changes within the Non-Executive Director Board membership during Q3 and Q4 could destabilise or divert the Board's focus, potentially impacting the Trust's strong performance, national standing, and delivery of strategic objectives.

The Trust Management Committee recommend the Board approve the re-iteration of this BAF risk.

4. RISK CONSIDERATION

The BAF and the CRR forms part of the Trust's risk management arrangements and supports the Board in meeting its statutory duties.

5. ACTION REQUIRED

The Board of Directors is asked to:

- Approve the re-iteration of SR09.
- Approve the Q3 Position of the BAF 2025/26.



BOARD ASSURANCE FRAMEWORK 2025/26

Proposed Q3 Position 25/26

Board of Directors – Part 1

28 January 2026

nwas.nhs.uk

Q3 Position Reporting Timescales:

Trust Management Cttee:	21 January 2026
Resources Cttee:	22 January 2026
Board of Directors:	28 January 2026
Audit Cttee:	TBC
Quality & Performance Cttee:	23 February 2026



BOARD ASSURANCE FRAMEWORK KEY

Risk Rating Matrix (Likelihood x Consequence)

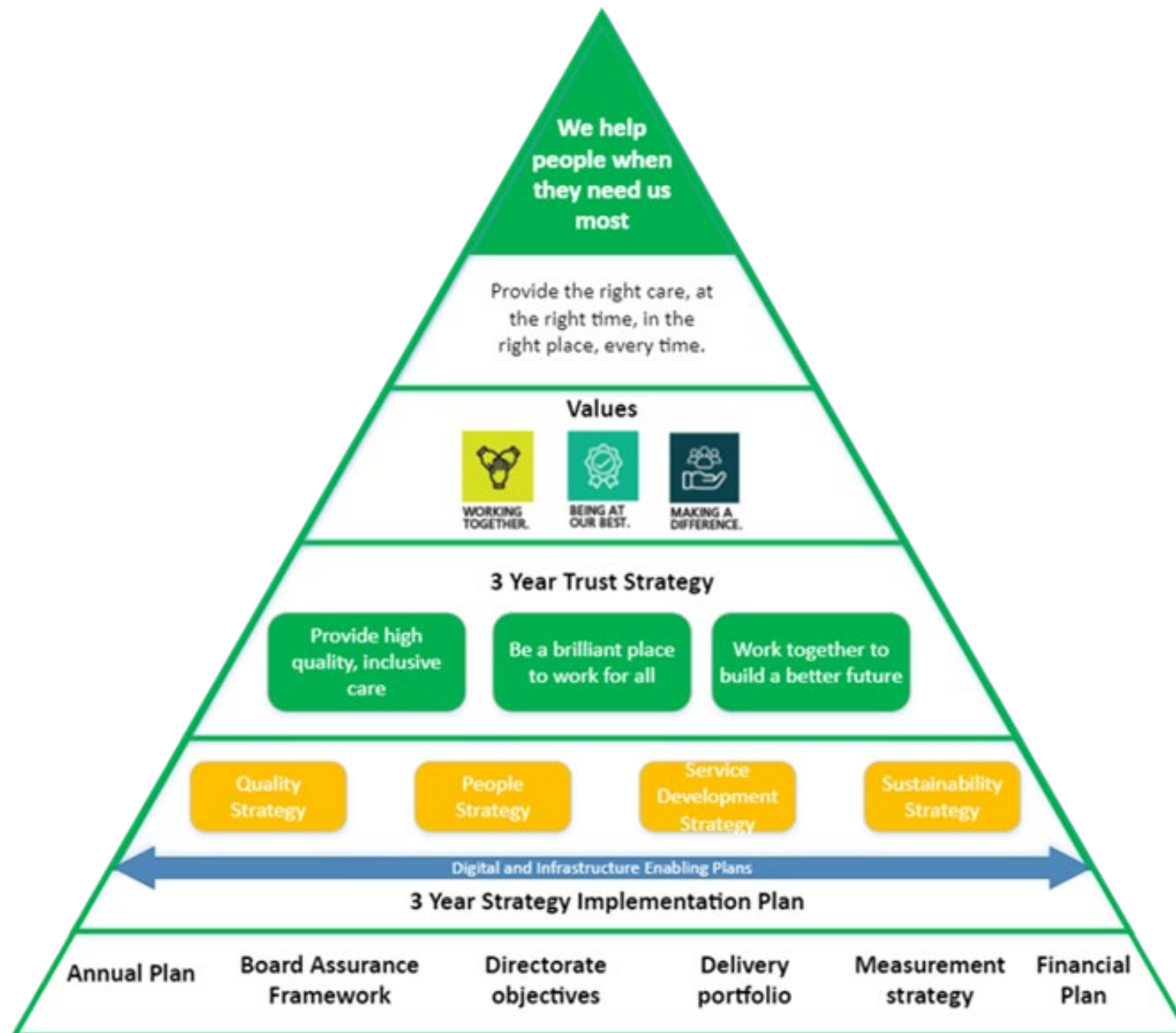
Consequence ↓	Likelihood →				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Catastrophic 5	5 Low	10 Moderate	15 High	20 High	25 High
Major 4	4 Low	8 Moderate	12 Moderate	16 High	20 High
Moderate 3	3 Low	6 Moderate	9 Moderate	12 Moderate	15 High
Minor 2	2 Low	4 Low	6 Moderate	8 Moderate	10 Moderate
Negligible 1	1 Low	2 Low	3 Low	4 Low	5 Low

Director Lead:

CEO	Chief Executive
DoQI	Director of Quality and Improvement
MD	Medical Director
DoF	Director of Finance
DoO	Director of Operations
DoP	Director of People
DoCA	Director of Corporate Affairs
DoSP	Director of Strategy & Partnerships

Board Assurance Framework Legend

BAF Risk	The title of the strategic risk that threatens the achievement of the aligned strategic priority			
Rationale for Current Risk Score	This narrative is updated on a quarterly basis and provides a summary of the information that has supported the assessment of the BAF risk			
Risk Appetite	The total amount of risk an organisation is prepared to accept in pursuit of its strategic objectives			
Controls	The measures in place to reduce the risk likelihood or risk consequence and assist secure delivery of the strategic priority			
Assurances	The measures in place to provide confirmation that the controls are working effectively in supporting the mitigation of the risk			
Evidence	This is the platform that reports the assurance			
Gaps in Controls	Areas that require attention to ensure that systems and processes are in place to mitigate the BAF risk			
Gaps in Assurance	Areas where there is limited or no assurance that processes and procedures are in place to support the mitigation of the BAF risk			
Required Action	Actions required to close the gap in control(s)/ assurance(s)			
Action Lead	The person responsible for completing the required action			
Target Completion	Deadline for completing the required action			
Monitoring	The forum that will monitor completion of the required action			
Progress	A RAG rated assessment of how much progress has been made on the completion of the required action	Incomplete/ Overdue	In Progress	Completed Not Commenced



BOARD ASSURANCE FRAMEWORK DASHBOARD 2025/26

BAF Risk	Committee	Exec Lead	01.04.25	Q1	Q2	Q3	Q4	2025/26 Target	Risk Appetite Tolerance
SR01: There is a risk that if the Trust does not provide the right care, at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for patients	Quality & Performance	MD	15 5x3 CxL	10 5x2 CxL	10 5x2 CxL	15 5x3 CxL		10 5x2 CxL	1-5
SR02: There is a risk that if the Trust does not achieve financial sustainability, its ability to deliver high quality (safe and effective) services will be affected	Resources	DoF	16 4x4 CxL	16 4x4 CxL	16 4x4 CxL	16 4x4 CxL		12 4x3 CxL	6-12
SR03: There is a risk that if the Trust does not deliver against NHS net zero targets, it will impact on the Trust's ability to contribute towards environmental improvements and delivery of its Green Plan	Resources	DoF	12 3x4 CxL	12 3x4 CxL	12 3x4 CxL	12 3x4 CxL		9 3x3 CxL	6-12
SR04: There is a risk that if the Trust does not deliver improved sustained national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm	Quality & Performance	DoO	15 5x3 CxL	10 5x2 CxL	10 5x2 CxL	15 5x3 CxL		15 5x3 CxL	1-5
SR05: There is a risk that if the Trust does not create an inclusive environment and look after its people's wellbeing, safety and development, then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.	Resources	DoP	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL		12 4x3 CxL	6-12
SR06: There is a risk that a breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action	Quality & Performance	DoQ/ DoCA	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL		10 5x2 CxL	1-5
SR07: There is a risk that due to the geographical size of the Trust it will be unable to effectively engage with its numerous system partners which may impact on its ability to achieve the medium-long-term plan	Resources	DoSP	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL	12 4x3 CxL		12 4x3 CxL	6-12
SR08: There is a risk that if the Trust suffers a cyber incident, it could result in an inability to deliver a service and associated harm.	Resources	DoF	20 5x4 CxL	20 5x4 CxL	20 5x4 CxL	20 5x4 CxL		15 5x3 CxL	1-5
RISK CLOSED SR09: There is a risk that the recent planned changes around the Board over the next 12 months could destabilise the organisation and impact delivery of strategic plans.	Board	CE/ DoCA	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL	15 5x3 CxL		5 5x1 CxL	1-5
NEW RISK SR09: <i>There is a risk that the volume of planned and unplanned changes within the Non-Executive Director Board membership during Q3 and Q4 could destabilise or divert the Board's focus, potentially impacting the Trust's strong performance, national standing, and delivery of strategic objectives.</i>	Board	CE/ DoCA				15 5x3 CxL		5 5x1 CxL	1-5
SR10: Sensitive Risk:	Resources	DoSP	12 4x3 CxL	16 4x4 CxL	16 4x4 CxL	16 4x4 CxL		12 4x3 CxL	6-12

BOARD ASSURANCE FRAMEWORK 2025/26

BAF RISK SR01:

There is a risk that if the Trust does not provide the right care, at the right time, in the right place, this may lead to avoidable harm and/or poorer outcomes and experience for patients

Executive Director Lead:

MD

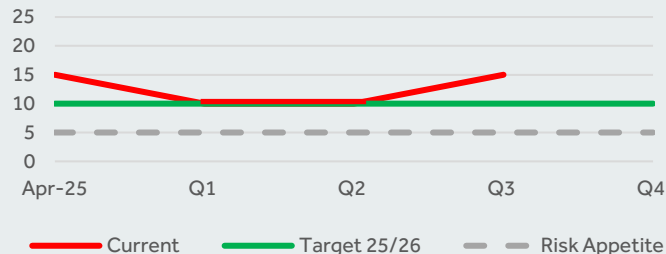
Strategic Aim:

Provide high quality inclusive care

Risk Appetite Category:

Quality Outcomes – Low

BAF Risk Journey 2025/26



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
	15	10	10	15		10	1-5
	5x3	5x2	5x2	5x3		5x2	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Exceeded	Within	Within	Exceeded		Exceeded	

RATIONALE FOR RISK SCORE: The risk score at Q3 has increased to a risk score of 15. Whilst national clinical quality indicators and call pick up remained strong, operational performance deteriorated. Regional variation in hospital handover performance persisted, significant deterioration occurred across a large number of partner emergency departments. In addition, seasonal medical conditions, adverse weather and delays in timeliness of care have seen significant pressures on care delivery. The delays in progressing patient safety event management have largely addressed and fatal, serious or moderate harm events are addressed in a timely manner. Work has been ongoing in relation to previously reported challenges in the management of LFPSE and patient event management with close executive oversight. The 'LFPSE not accepted' backlog has largely been eliminated. The number of duty of candour delays has significantly reduced and the new DoC Policy should drive earlier enactment of notifiable incidents. With the support of ICC, the number of external-ins waiting to be processed has reduced significantly however there are significant numbers of new external-ins.

Projected Forecast Q4: **Deteriorating**
Stable
Improving

Rationale: **Stable**

The end of Q4 should see stabilisation of winter pressures and consequently better care delivery across all service lines.

CONTROLS

ASSURANCES

EVIDENCE

QUALITY

Focus on delivering national and local priorities in line with PSIRF	Level 2: Patient Safety Events Management Level 2: Reportable Events Report Level 2: Annual Plan Assurance Q1 Level 2: Patient Safety Assurance Report Q1-Q2 25/26	Reported to Trust Management Cttee TMC/2526/105 Reported to Board of Directors PBM/2526/41 Reported to Resources Cttee RC/2526/044 Reported to Quality & Performance Cttee QPC/2526/091
Local Quality Improvement Plans	Level 2: Annual Plan Assurance Q2 Level 2: Improvement Quarterly Update	Reported to Resources Cttee RC/2526/088 Reported to Quality & Performance Cttee QPC/2526/071
Patient Safety Events Management	Level 2: Patient Safety Events Management Level 2: Clinical and Quality Group 3A Report	Reported to Trust Management Cttee TMC/2526/105 Reported to Trust Management Cttee TMC/2526/223
Deliver Right Care Programme	Level 2: Improvement Quarterly Update	Reported to Quality & Performance Cttee QPC/2526/071
Delays in responding to patients in mental health crisis	Level 2: Mental Health TNA Level 2: Recommendation for the future of Mental Health Response Vehicles	Reported to Quality & Performance Cttee QPC/2526/096 Reported to Trust Management Cttee TMC/2526/220

CLINICAL

Improve the input, analysis and utilisation of data which provides intelligence on population health and health inequalities	Level 2: Annual Plan Assurance Q2	Reported to Resources Cttee RC/2526/088
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Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
CLINICAL					
Improve the input, analysis and utilisation of data which provides intelligence on population health and health inequalities	Develop Phase 2 of population health dashboard.	Dr C Grant / J Wharton	March/April 2026	TM Cttee	<i>In Progress</i>
	Use current data to identify improvement initiatives to improve equity of access, experience and outcomes for patients.	Dr C Grant	March 2026	TM Cttee	In Progress
QUALITY					
Focus on delivering national and local priorities in line with PSIRF	Establish improvement plans associated with local and national priorities	Dr E Strachan-Hall	March 2025	Q&P Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR01

ERM ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
412	Operational/ Emergency Preparedness	There is a risk that, due to a lack of EPRR national occupational standards, training, exercising, and subsequent competency assurance, the EOC/ICC leadership team are not adequately prepared to manage large scale, significant or major incidents, which may result in serious avoidable patient harm or death and cause significant reputational damage to the Trust.	15 High	15 High	↔	5 Low
440	Operational/ Operational Performance	There is a risk that due to NWS clinicians receiving limited training in managing obstetric emergencies, there is a gap in knowledge and skills for clinicians to manage maternity and newborn care, potentially resulting in patient harm and non-compliance with MNSI safety recommendations.	20 High	15 High	↓	5 Low
Sensitive Risk – FOI Act Section 43 – Commercial Interests						
507	Operational/ Emergency Preparedness	Sensitive Risk	20 High	15 High	↓	5 Low
508	Operational/ Emergency Preparedness	Sensitive Risk	20 High	15 High	↓	5 Low

BOARD ASSURANCE FRAMEWORK 2025/26

BAF RISK SR02:

There is a risk that if the Trust does not achieve financial sustainability, its ability to deliver high quality (safe and effective) services will be affected

Executive Director Lead:

DoF

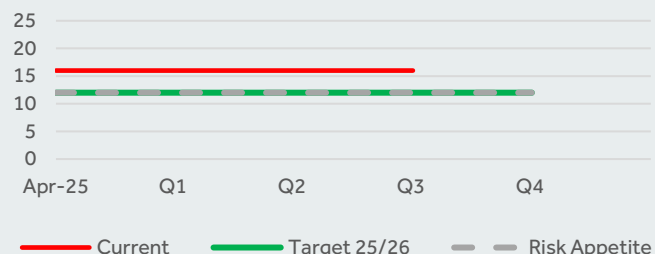
Strategic Aim:

Work together to shape a better future

Risk Appetite Category:

Finance/ VfM – Moderate

BAF Risk Journey 2025/26



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
	16	16	16	16		12	6-12
	4x4	4x4	4x4	4x4		4x3	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Exceeded	Exceeded	Exceeded	Exceeded		Within	

RATIONALE FOR CURRENT RISK SCORE: The risk score at Q3 remains at 16. Whilst the risk adjusted efficiency target for 2025/26 exceeds the target value in year, there remains a recurrent shortfall against the efficiency target of £0.7m (as at month 8) which will need to be carried forward into the new financial year and has been factored into the draft medium-term financial plan. Weekly efficiency reporting to NHSE NW for 2026/27 scheme development has also commenced.

Projected Forecast Q4: Deteriorating
Stable
Improving

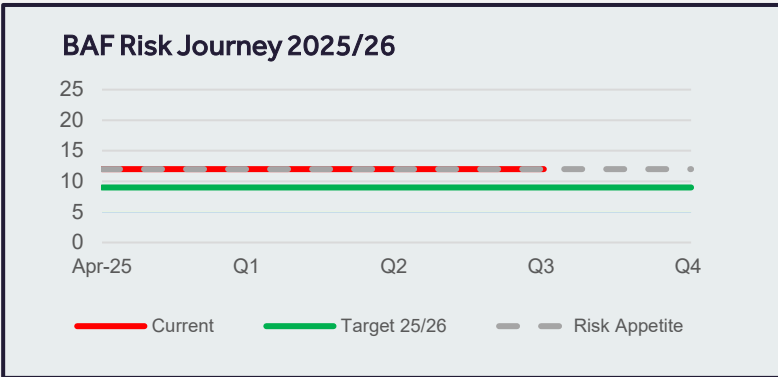
Rationale: Stable

Improvement in the development and delivery of recurrent efficiency plans will support a reduction in the risk score.

CONTROLS		ASSURANCES		EVIDENCE			
Financial Performance		Level 2: Efficiency and Productivity Update Level 2: Finance Report M06 Level 2: Finance Report M07 Level 2: Finance Report M08		Reported to Resources Cttee RC/2526/083 Reported to Trust Management Cttee TMC/2526/180 Reported to Resources Cttee RC/2526/082 Reported to Trust Management Cttee TMC/2526/207			
2026/27 Financial Planning		Level 2: Draft Financial Plan 2026/27		Reported to Resources Cttee RC/2526/085 & Board of Directors PBM/2526/50			
Gaps in Controls/ Assurances		Required Action		Action Lead	Target Completion	Monitoring	Progress
FINANCE							
2026/27 Financial Planning		Draft 2026/27 Financial Plan (Revenue & Capital)		Ms C Wood	March 2026	Resources Cttee / BoD	In Progress
		Approval of 2026/27 Financial Plans by Resources Cttee & BoD		Ms C Wood	March 2026	Resources Cttee / BoD	Not Commenced
PMO support for delivery of efficiency plans – SR02		Change focus of PMO to delivery of efficiency targets		Mr M Gibbs	TBC	TM Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR02

ERM ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
Sensitive Risk – FOI Act Section 43 – Commercial Interests						
317	Operational / People	Sensitive Risk	20 High	15 High	↓	10 Moderate

BOARD ASSURANCE FRAMEWORK 2025/26																																													
BAF RISK SR03: There is a risk that if the Trust does not deliver against NHS net zero targets, it will impact on the Trust’s ability to contribute towards environmental improvements and delivery of its Green Plan				Executive Director Lead:		DoF																																							
				Strategic Aims:		Work together to shape a better future																																							
				Risk Appetite Category:		Finance/ VfM – Moderate																																							
<div><h3>BAF Risk Journey 2025/26</h3><p>Legend: Current (red dashed line), Target 25/26 (green solid line), Risk Appetite (grey dashed line)</p></div>				BAF RISK SCORE JOURNEY: <table><tr><th></th><th>01.04.25</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th><th>25/26 Target</th><th>Risk Appetite</th></tr><tr><td></td><td>12</td><td>12</td><td>12</td><td>12</td><td></td><td>9</td><td rowspan="3">6-12</td></tr><tr><td></td><td>3x4</td><td>3x4</td><td>3x4</td><td>3x4</td><td></td><td>3x3</td></tr><tr><td></td><td>CxL</td><td>CxL</td><td>CxL</td><td>CxL</td><td>CxL</td><td>CxL</td></tr><tr><td>Risk Appetite</td><td>Within</td><td>Within</td><td>Within</td><td>Within</td><td></td><td>Within</td><td>Within</td></tr></table>					01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite		12	12	12	12		9	6-12		3x4	3x4	3x4	3x4		3x3		CxL	CxL	CxL	CxL	CxL	CxL	Risk Appetite	Within	Within	Within	Within		Within	Within
	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite																																						
	12	12	12	12		9	6-12																																						
	3x4	3x4	3x4	3x4		3x3																																							
	CxL	CxL	CxL	CxL	CxL	CxL																																							
Risk Appetite	Within	Within	Within	Within		Within	Within																																						
Projected Forecast Q4: Deteriorating Stable Improving				Rationale: Stable No significant changes are expected over the course of the third quarter.																																									
				RATIONALE FOR CURRENT RISK SCORE: The risk score at Q3 remains at 12. Good progress continues in reducing the emissions associated with the estate, with additional national funding secured for solar PV at 11 sites, EV charging at 10 sites and additional eDCAs.																																									

CONTROLS	ASSURANCES	EVIDENCE			
Progress against the Green Plan	Level 2: Sustainability Group 3A Report Level 2: Sustainability Update	Reported to Trust Management Cttee TMC/2526/250 Reported to Resources Cttee RC/2526/063			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR03

ERM ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
There are no operational risks scored 15+ aligned to this BAF risk.						

BOARD ASSURANCE FRAMEWORK 2025/26

BAF RISK SR04:

There is a risk that if the Trust does not deliver improved sustained national and local operational performance standards across all services, patients may experience delayed care and/or suffer harm

Executive Director Lead:

DoO

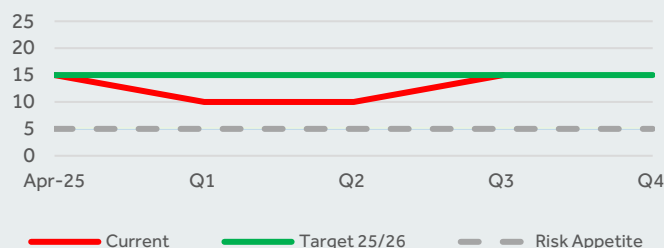
Strategic Aim:

Provide high quality inclusive care

Risk Appetite Category:

Quality Outcomes – Low

BAF Risk Journey 2025/26



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
	15	10	10	15		15	1-5
	5x3	5x2	5x2	5x3		5x3	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Exceeded	Exceeded	Exceeded	Exceeded		Exceeded	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score at Q3 has increased to 15. This is due to an increase in ARP standards, an increase in hospital handover times and handovers occurring after 45 minutes. We have also observed an increase in call volumes both within 999 and 111. There has been a 7% increase in both 999 calls and incidents compared to the same period last year, with increased operational resources, reduction in conveyance to emergency departments and increase in hear and treat as a result. Despite the increased risk score in Q3 the Trust is still on trajectory to achieve all UEC targets.

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Stable

We anticipate continuing winter pressures into Q4 impacting on demand and hospital handovers.

CONTROLS	ASSURANCES	EVIDENCE			
Recruitment Plan Clinical Hub and Operational Staff	Level 2: People and Culture Group 3A Group Level 2: Workforce Indicators Assurance Report Level 2: Integrated Performance Report	Reported to Trust Management Cttee TMC/2526/225 Reported to Resources Cttee RC/2526/090 Reported to Board of Directors BOD/2526/116			
ICC Integration Restructure	Level 2: People and Culture Group 3A Report Level 2: Workforce Indicators Assurance Report Level 2: Integrated Performance Report	Reported to Trust Management Cttee TMC/2526/225 Reported to Resources Cttee RC/2526/090 Reported to Board of Directors BOD/2526/116			
Review current care delivery model	Level 2: Annual Plan Assurance Q2	Reported to Resources Cttee RC/2526/088			
Right Care Programme of Work	Level 1: Annual Plan Assurance Q2	Reported to Resources Cttee RC/2526/088			
Deliver PTS Improvement Programme	Level 2: Annual Plan Assurance Q2	Reported to Resources Cttee RC/2526/088			
Delivery of UEC Plan 25-26	Level 2: UEC Growth Funding Update	Reported to Trust Management Cttee/2526/190			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recruitment Plan Clinical Hub and Operational Staff	Robust recruitment plan to be delivered to maximise resources to the most efficient level	Mr D Ainsworth / Mrs L Ward	March 2026	Q&P Cttee	In Progress

Improve patient outcomes	Generate ideas for change utilising best practice and national learning/priorities	Mr D Ainsworth	March 2025	TM Cttee	<i>In Progress</i>
Develop long term roadmap to deliver initiatives	Highlight short-term initiatives and create a plan	Mr D Ainsworth	March 2026	TM Cttee	<i>In Progress</i>
Right Care Programme of Work	Implement and embed workstreams within the Right Care Programme	Mr D Ainsworth	March 2026	Q&P Cttee / Resources Cttee	<i>In Progress</i>
Deliver PTS Improvement Programme	Deliver workforce and operational delivery workstreams	Mr D Ainsworth	March 2026	Q&P Cttee / Resources Cttee	<i>In Progress</i>
Delivery of UEC Plan 25-26	Delivery of full year UEC Targets	Mr D Ainsworth	March 2026	TM Cttee	<i>In Progress</i>

Operational Risks Scored 15+ Aligned to BAF Risk: SR04

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
412	Operational/ Emergency Preparedness	There is a risk that, due to a lack of EPRR national occupational standards, training, exercising, and subsequent competency assurance, the EOC/ICC leadership team are not adequately prepared to manage large scale, significant or major incidents, which may result in serious avoidable patient harm or death and cause significant reputational damage to the Trust.	15 High	15 High	↔	5 Low
440	Operational/ Operational Performance	There is a risk that due to NWAS clinicians receiving limited training in managing obstetric emergencies, there is a gap in knowledge and skills for clinicians to manage maternity and newborn care, potentially resulting in patient harm and non-compliance with MNSI safety recommendations.	20 High	15 High	↓	5 Low
680	Operational/Quality	There is a risk that due to complexities of practical application in the ambulance sector and some delays in patient event management (external ins) there is a risk of consequent delays in enacting statutory duty of candour, leading to loss of public confidence, potential enforcement and financial penalties.	8 Moderate	16 High	↑	4 Low
Sensitive Risk – FOI Act Section 43 – Commercial Interests						
507	Operational/ Emergency Preparedness	Sensitive Risk	20 High	15 High	↓	5 Low
508	Operational/ Emergency Preparedness	Sensitive Risk	20 High	15 High	↓	5 Low
Sensitive Risk – FOI Act Section 22 Intended for Future Publication, Section 31 Compliance with Law and Regulations, Section 36 Public Affairs						
717	Reputational/ Emergency Preparedness	Sensitive Risk	15 High	15 High	↔	5 Low

BOARD ASSURANCE FRAMEWORK 2025/26

BAF RISK SR05:

There is a risk that if the Trust does not create an inclusive environment and look after its people's wellbeing, safety and development, then it will be unable to attract, retain and maximise the potential of its workforce for the benefit of patients.

Executive Director Lead:

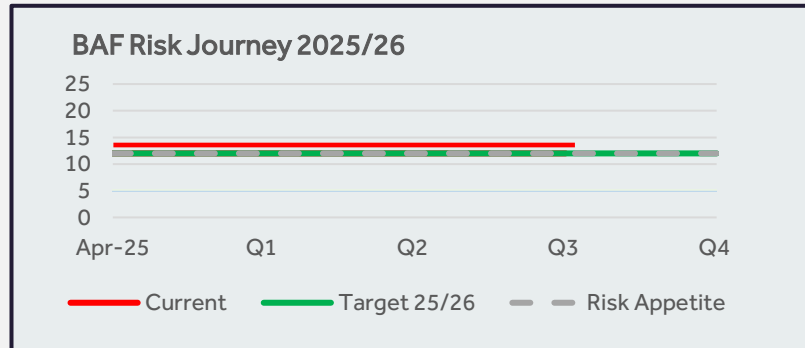
DoP

Strategic Aim:

Be a brilliant place to work for all

Risk Appetite Category:

People - Moderate



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
	12	12	12	12		12	6-12
	4x3	4x3	4x3	4x3		4x3	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Within	Within	Within	Within		Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score at Q3 remains at 12. Recruitment and training plans are on track to deliver growth. Retention improvements continue to be positive. There has been good progress against annual plans for cultural and equality and diversity improvement, but such plans will take some time to deliver a step change. Work includes continued progress in leadership development, including developing leaders programme launch, policies in relation to Sexual Safety and professional boundaries approved. **Anti-racism statement launched. Increased engagement through staff survey.**

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Stable

Expected to remain stable with continuing incremental improvements.

CONTROLS	ASSURANCES	EVIDENCE
EDI Priorities	Level 2: Diversity and Inclusion 3A Report Level 2: EDI Follow Up Report	Reported to Trust Management Cttee TMC/2526/196 & 249 Reported to Resources Cttee RC/2526/091
People Promise Exemplar Programme	Level 2: People and Culture 3A Report	Reported to Trust Management Cttee TMC/2526/225
Vacancy Position	Level 2: People and Culture Group 3A Report Level 2: Workforce Indicators Assurance Report Level 2: Integrated Performance Report	Reported to Trust Management Cttee TMC/2526/225 Reported to Resources Cttee RC/2526/090 Reported to Board of Directors BOD/2526/116
Leadership	Level 2: Diversity and Inclusion 3A Report	Reported to Trust Management Cttee TMC/2526/196 & 249
Attendance	Level 2: People and Culture Group 3A Report Level 2: Workforce Indicators Assurance Report Level 2: Integrated Performance Report	Reported to Trust Management Cttee TMC/2526/225 Reported to Resources Cttee RC/2526/090 Reported to Board of Directors BOD/2526/116
Retention Plans	Level 2: Workforce Indicators Assurance Report	Reported to Resources Cttee RC/2526/090
Sexual Safety	Level 2: Diversity and Inclusion 3A Report Level 2: Annual Plan Assurance Q2	Reported to Trust Management Cttee TMC/2526/196 & 249 Reported to Resources Cttee RC/2526/088
Wellbeing	Level 2: Workforce Indicators Assurance Report Level 2: Integrated Performance Report	Reported to Resources Cttee RC/2526/090 Reported to Board of Directors BOD/2526/116
Learner safety	Level 2: Annual Plan Assurance Q2	Reported to Resources Cttee RC/2526/088
Partnership Agreement	Level 2: Recognition Agreement	Reported to Trust Management Cttee TMC/2526/193

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
EDI Priorities	Delivery of agreed 25/26 workforce related actions	Ms L Ward	March 2026	Resources Committee	In Progress
Sexual Safety	Delivery of planned work programme	Ms L Ward	March 2026	Resources Committee	In Progress
<i>Wellbeing</i>	<i>Implementation of mental health improvement plans</i>	<i>Ms L Ward</i>	<i>March 2026</i>	<i>Resources Cttee</i>	<i>In Progress</i>
Learner safety	Progress implementation of Safe Learning Environment Charter	Ms L Ward	March 2026	Resources Committee	In Progress
<i>People Promise Exemplar Programme</i>	<i>Deliver improvements in identified priority areas: flexible working; staff engagement</i>	<i>Ms L Ward</i>	<i>2025/26</i>	<i>Resources Cttee</i>	<i>In Progress</i>
Vacancy position	Delivery 2025/26 recruitment and training plan	Ms L Ward	March 2026	Resources Committee	In Progress
Leadership	Continue to enhance compassionate leadership in support of culture change	Ms L Ward	March 2026	Resources Committee	In Progress
Attendance	Deliver continued improvement in attendance	Ms L Ward	March 2026	Resources Committee	In Progress
<i>Retention Plans</i>	<i>Delivery of EOC Retention Plans</i>	<i>Ms L Ward</i>	<i>March 2026</i>	<i>Resources Cttee</i>	<i>In Progress</i>

Operational Risks Scored 15+ Aligned to BAF Risk: SR05

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk
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BOARD ASSURANCE FRAMEWORK 2025/26

BAF RISK SR06:

There is a risk that a breach of legislative or regulatory standards could result in avoidable harm and/or regulatory action

Executive Director Lead:

DoQ/DoCA

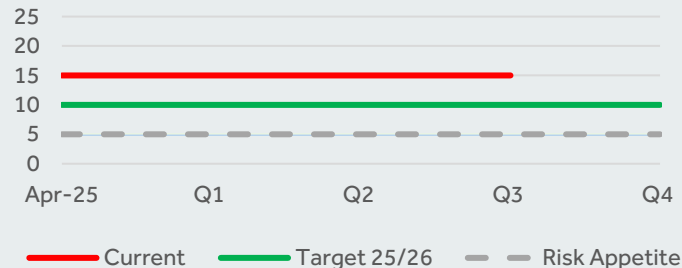
Strategic Aims:

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

Risk Appetite Category:

Compliance & Regulatory – Low

BAF Risk Journey 2025/26



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
	15	15	15	15		10	1-5
	5x3	5x3	5x3	5x3		5x2	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Exceeded	Exceeded	Exceeded	Exceeded			Low

RATIONALE FOR CURRENT RISK SCORE: The risk score at Q3 remains at a score of 15. The regulatory risk in relation to LFPSE and DoC (cross ref SR01) has reduced. In terms of organisational preparedness for CQC inspection, a number of workshops have taken place and quarterly engagement meetings have been established between the Trust and the new CQC relationship manager. Compliance with health and safety legislation is improving but it is recognised there is still work that needs to be completed. Mandatory training and appraisal compliance on track.

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Improving

There is continued work to reduce the external-in backlog to a weekly figure.

CONTROLS	ASSURANCES	EVIDENCE
QUALITY IMPROVEMENTS		
Continue to strengthen our delivery against the CQC assessment framework and well-led in readiness for future inspection	Level 2: Well-Led Development Review Action Plan Level 2: Annual Plan – CQC Inspection Preparedness Update	Reported to Board of Directors BoD/2526/112 Reported to Quality & Performance Cttee QPC/2526/075
Essential Checks	Level 2: IPC Oversight Group 3A Report	Reported to Clinical and Quality Group CQG/2526/070
Clinical Audit	Level 2: Clinical Audit Tool Full Business Case	Reported to Corporate Programme Board CPB/2526/127
PEOPLE		
Mandatory Training Compliance 25/26	Level 2: Integrated Performance Report Level 2: Workforce Indicators Assurance Report Level 2: People and Culture Group 3A Report	Reported to Board of Directors BoD/2526/116 Reported to Resources Cttee RC/2526/090 Reported to Trust Management Cttee TMC/2526/224
Appraisal Compliance 25/26	Level 2: Integrated Performance Report Level 2: Workforce Indicators Assurance Report	Reported to Board of Directors BoD/2526/116 Reported to Resources Cttee RC/2526/090
Mandatory Training 26/27	Level 2: 2026/27 Mandatory Training Programme Overview	Reported to Trust Management Cttee TMC/2526/247
DIGITAL		
Digital Clinical Strategy	Level 2: Digital Plan Update	Reported to Resources Cttee RC/2526/089

Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
QUALITY IMPROVEMENTS					
Continue to strengthen our delivery against the CQC assessment framework and well-led in readiness for future inspection	Development programme for new board and senior leaders to familiarise with CQC assessment framework	Dr E Strachan-Hall	January 2026	TM Cttee	In Progress
	Desktop exercises for mock CQC inspection for senior leaders & leadership teams	Dr E Strachan-Hall	March 2026	TM Cttee	In Progress
	Review and amend quality assurance visits aligned with new Chief Executive Officer (CEO) accountability reviews	Dr E Strachan-Hall	March 2026	TM Cttee	In Progress
<i>Essential Checks</i>	<i>Review process and assurance of vehicle and equipment checks and components of actions submitted to CQC</i>	<i>Dr E Strachan-Hall</i>	<i>March 2026</i>	<i>TM Cttee</i>	<i>In Progress</i>
Improve the processes associated with medicines management including controlled drugs	Implement medicines management system	Dr C Grant	March 2026	TM Cttee	In Progress
Clinical Audit	Implement clinical audit tool	Dr C Grant	March 2026	TM Cttee	Not Commenced
PEOPLE					
Appraisal Compliance 2025/26	Achieve 85% compliance	Ms L Ward	March 2026	Resources Cttee	In Progress
Mandatory Training Compliance 2025/26	Achieve 90% compliance	Ms L Ward	March 2026	Resources Cttee	In Progress
HEALTH AND SAFETY					
Health and Safety Toolkit	To update and publish a revised health and safety toolkit that meets H&S legislation/HSE Codes of Practice	Mrs A Wetton	March 2026	TMC Cttee	In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR06

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
318	Operational/ Patient Safety	There is a risk that due to the variation in security provisions at ambulance bases where controlled drugs (CDs) are stored, the Trust will breach Home Office licence security requirements resulting in subsequent enforcement action and/or removal of the licence leading to a significant adverse impact in the Trust's ability to provide emergency care.	15 High	15 High	↔	5 Low
755	Operational/ Health, Safety, Security and Fire	There is a risk that due to the lack of 'suitable and sufficient' fire risk assessments, the Trust is not compliant with fire safety risk management, resulting in a risk to staff, premises and enforcement action from the respective fire authorities	20 High	16 High	↓	4 Low
Sensitive Risk – FOI Act Section 22 Intended for Future Publication, Section 31 Compliance with Law and Regulations, Section 36 Public Affairs						
717	Reputational/ Emergency Preparedness	Sensitive Risk	15 High	15 High	↔	5 Low

BOARD ASSURANCE FRAMEWORK 2025/26

BAF RISK SR07:

There is a risk that due to the geographical size of the Trust it will be unable to effectively engage with its numerous system partners which may impact on its ability to achieve the medium-long-term plan.

Executive Director Lead:

DoSP

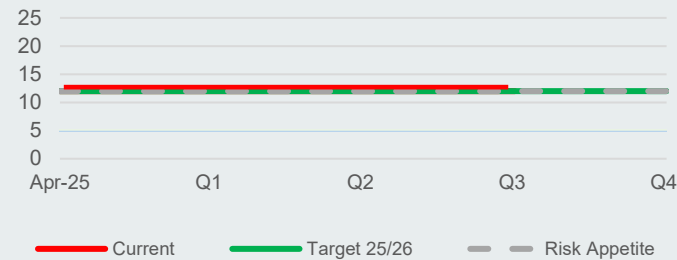
Strategic Aims:

Work together to shape a better future

Risk Appetite Category:

Reputation – Moderate

BAF Risk Journey 2025/26



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
	12	12	12	12		12	6-12
	4x3	4x3	4x3	4x3		4x3	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Within	Within	Within	Within	Within	Within	Within

RATIONALE FOR CURRENT RISK SCORE: The risk score at Q3 remains at 12. System partner turbulence persists, particularly within NHSE and ICBs, though there is now greater clarity following publication of the 10 Year Plan. Sector-wide engagement through AACE has continued, alongside a refreshed internal gap analysis against the Trust's strategic aims, objectives and future direction. This reconfirmed strong alignment, with no material divergence identified. Ongoing system engagement and horizon scanning continue to identify emerging policy, commissioning and delivery developments, with potential risks and opportunities routinely shared with internal stakeholders to inform strategic response and assurance.

Projected Forecast Q4: Deteriorating
Stable
Improving

Rationale: Stable

Expected to remain stable; due to the geographical size of the trust, it is challenging to effectively engage with external partners remains.

CONTROLS	ASSURANCES	EVIDENCE			
Development of Trust Strategy	Level 2: Planning Group 3A Report	Reported to Trust Management Cttee TMC/2526/244			
Response to emergent priorities	Level 2: Planning Group 3A Report	Reported to Trust Management Cttee TMC/2526/244			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Development of Trust Strategy	Communication and engagement work stream established as part of strategy development work programme which will include external stakeholders. Comms plan in development.	Mr M Gibbs	2025/26	TM Cttee	In Progress
Response to emergent priorities	Planning Group continue to manage risk (Datix ID 729) regarding impact of emergent work arising from external turbulence. The risk is within control. Horizon scanning process in place to communicate with system partners and assess impact to existing plans. Regular item on Planning Group agenda item to discuss specific emergent issues.	Mr M Gibbs	2025/26	TM Cttee	In Progress

Mid year confidence assessment completed to deliver the annual plan is based on current plans	Revisit assessment to identify where there are any pressure relating to financial and other resources.	Mr M Gibbs	Q3	TM Cttee	In Progress
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Operational Risks Scored 15+ Aligned to BAF Risk: SR07

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
There are no operational risks scored 15+ aligned to this BAF risk						

BOARD ASSURANCE FRAMEWORK 2025/26

RISK CLOSED

BAF RISK SR09:

There is a risk that the recent planned changes around the Board over the next 12 months could destabilise the organisation and impact delivery of strategic plans.

Executive Director Lead:

CE / DoCA

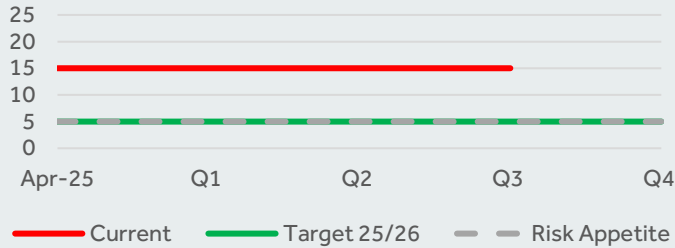
Strategic Aims:

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

Risk Appetite Category:

Regulatory - Low

BAF Risk Journey 2025/26



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
	15	15	15	15		5	1-5
	5x3	5x3	5x3	5x3		5x1	
	CxL	CxL	CxL	CxL	CxL	CxL	
Risk Appetite	Exceeded	Exceeded	Exceeded	Exceeded		Within	

RATIONALE FOR CURRENT RISK SCORE: The risk score at Q3 remains at 15. NHSE appointed non-executive directors in December 2025, who will commence in January 2026. The Chief Executive, Director of People and Chair have agreed the specification to be used to identify providers via procurement to facilitate the Board Chemistry programme

Projected Forecast Q4: **Deteriorating**
Stable
Improving

Rationale: Stable
Due to the conclusion of the recruitment process to appoint Non-Executive Directors.

CONTROLS	ASSURANCES	EVIDENCE			
Recruitment to vacant Director posts completed	Level 2: Appointment to Director of Quality	Reported to Nominations and Remuneration Cttee: NARC/2526/22			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Recruitment to two non-executive director posts	NHS England to appoint two NEDs	NHSE	December 2025		Complete
Development of Board Chemistry sessions	Procurement of a provider and programme of sessions	Mrs L Ward	April 2026		Not Commenced

Operational Risks Scored 15+ Aligned to BAF Risk: SR09

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk
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BOARD ASSURANCE FRAMEWORK 2025/26

NEW

BAF RISK SR09: There is a risk that the volume of planned and unplanned changes within the Non-Executive Director Board membership during Q3 and Q4 could destabilise or divert the Board's focus, potentially impacting the Trust's strong performance, national standing, and delivery of strategic objectives.

Executive Director Lead:

CE / DoCA

Strategic Aims:

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

Risk Appetite Category:

Regulatory - Low

BAF Risk Journey 2025/26



BAF RISK SCORE JOURNEY:

	01.04.25	Q1	Q2	Q3	Q4	25/26 Target	Risk Appetite
				15		5	1-5
				5x3		5x1	
				CxL	CxL	CxL	
Risk Appetite				Exceeded		Within	

RATIONALE FOR CURRENT RISK SCORE: The risk score for Q3 is 15. NHSE appointed non-executive directors in December 2025, who will commence in January 2026. The Chief Executive, Director of People and Chair have agreed the specification to be used to identify providers via procurement processs to facilitate the Board Chemistry programme

Projected Forecast Q4: **Deteriorating**
Stable
Improving

Rationale: Stable
Due to the conclusion of the recruitment process to appoint Non-Executive Directors.

CONTROLS	ASSURANCES	EVIDENCE			
Gaps in Controls/ Assurances	Required Action	Action Lead	Target Completion	Monitoring	Progress
Corporate memory / knowledge from NED perspective	Plan for handover / mentoring	Chair / NEDs	March 2026		Not Commenced
Development of Board Chemistry sessions	Procurement of a provider and programme of sessions	Mrs L Ward	April 2026		Not Commenced
NED Induction Programme	Onboarding of new non-executive directors	Mrs A Wetton	March 2026		In Progress

Operational Risks Scored 15+ Aligned to BAF Risk: SR09

Datix ID	Directorate	Risk Description	Initial Score	Current Score	Trend Analysis	Target Score
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There are no operational risks scored 15+ aligned to this BAF risk
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Appendix 2:
2025/26 Board Assurance Framework (BAF) Heat Maps
Q3 Position



2025/26 Opening BAF Risk Scores									
Consequence	5 Catastrophic	5	10	SR01 SR04 SR06 SR09	15	SR08	20	25	
	4 Major	4	8	SR05 SR07 SR10	12	SR02 SR11	16	20	
	3 Moderate	3	6		9	SR03	12	15	
	2 Minor	2	4		6		8	10	
	1 Insignificant	1	2		3		4	5	
Populated: 15 April 2025		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood		

Q1 BAF Risk Scores									
Consequence	5 Catastrophic	5	10	SR01 SR04	15	SR08	20	25	
	4 Major	4	8	SR05 SR07 SR11	12	SR02 SR10	16	20	
	3 Moderate	3	6		9	SR03	12	15	
	2 Minor	2	4		6		8	10	
	1 Insignificant	1	2		3		4	5	
Populated: 9 July 2025		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood		

Q2 BAF Risk Scores									
Consequence	5 Catastrophic	5	10	SR01 SR04	15	SR08	20	25	
	4 Major	4	8	SR05 SR07	12	SR02 SR10	16	20	
	3 Moderate	3	6		9	SR03	12	15	
	2 Minor	2	4		6		8	10	
	1 Insignificant	1	2		3	SR11	4	5	
Populated: 13 October 2025		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood		

Q3 BAF Risk Scores									
Consequence	5 Catastrophic	5	10	SR01 SR04 SR06 SR09	15	SR08	20	25	
	4 Major	4	8	SR05 SR07	12	SR02 SR10	16	20	
	3 Moderate	3	6		9	SR03	12	15	
	2 Minor	2	4		6		8	10	
	1 Insignificant	1	2		3		4	5	
Populated: 14 January 2026		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood		

Q4 BAF Risk Scores									
Consequence	5 Catastrophic	5	10		15		20	25	
	4 Major	4	8		12		16	20	
	3 Moderate	3	6		9		12	15	
	2 Minor	2	4		6		8	10	
	1 Insignificant	1	2		3		4	5	
Populated:		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood		

2024/25 Target BAF Risk Scores									
Consequence	5 Catastrophic	5	10	SR06 SR08 SR09	15	SR01 SR03	20	25	
	4 Major	SR07	4	8	SR10 SR04 SR05 SR02	12	16	20	
	3 Moderate	3	6		9		12	15	
	2 Minor	2	4		6		8	10	
	1 Insignificant	1	2		3		4	5	
Populated: 14 April 2024		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood		

Risk Appetite Tolerance									
Consequence	5 Catastrophic	SR01 SR03 SR06 SR08	5	10		15	20	25	
	4 Major		4	8	SR07 SR04 SR05 SR07 SR01	12	16	20	
	3 Moderate		3	6		9	12	15	
	2 Minor		2	4		6	8	10	
	1 Insignificant		1	2		3	4	5	
Populated: 11 April 2024		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain	Likelihood		



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 January 2026
SUBJECT	Freedom To Speak Up Bi-Annual Assurance Report
PRESENTED BY	Dr Chris Grant – Executive Medical Director
PURPOSE	Assurance

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

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note the assurance received relating to the ongoing efficacy of speaking up arrangements within the Trust. Continue its ongoing commitment to Freedom to Speak Up across the Trust to meet its strategic aims of high quality and inclusive care, together with being a great place to work. 	
EXECUTIVE SUMMARY	<p>This report provides assurance to the Board of Directors regarding the current Freedom to Speak Up (FTSU) arrangements within the trust. It demonstrates the efficacy and shows that the systems and processes surrounding speaking up arrangements remain viable and functional. It also provides assurance against the work undertaken to ensure staff are aware and have confidence in the routes available for speaking up safely that are inclusive and create a psychologically safe working environment.</p>	
PREVIOUSLY CONSIDERED BY	Quality & Performance Committee	
	Date	Monday, 15 December 2025
	Outcome	Supported

1. BACKGROUND

Ensuring a culture where staff feel able to speak up safely via different routes and receive appropriate outcomes is embedded in day-to-day trust business has been a key aim of the Trust, building on the work from previous years. We continue to focus on our people, feeling their voice counts, and being confident that it will be heard.

Speaking up, inclusive practices and psychological safety for our people remain key themes in our programme of work. The Freedom to Speak Up (FTSU) team is central to these processes and workstreams, and the fundamental role of FTSU in creating psychological safety and transparency was reinforced by the Dash Review on patient safety, published earlier this year. Recommendations for strengthening staff voice functions through better integration into systems and leadership structures in the review, we recognise, are crucial for fostering transparency, accountability, and psychological safety across the trust.

Using staff survey results, data on internal concerns raised annually, and strong assurance on the current arrangements and processes from external audits and reviews, we have developed a baseline that indicates our Freedom To Speak Up function is in a strong position. Results from staff survey questions directly related to FTSU present a static position for the Trust, mirrored nationally across the ambulance sector. Confidence that the organisation would address their concern remained static for the trust and remains lower than confidence in speaking up, which can serve as an opportunity for the trust to continue working with teams to ensure concerns are followed up and lessons learnt to make cultural and clinical improvements. Work by the FTSU team on this includes regular attendance and reporting at Area Level Service Delivery Assurance Meetings, Area Learning Forums, and the Regional Clinical Learning Improvement Group.

2. SPEAKING UP

In 2024/25, we received 120 concerns. We have received 67 concerns for the current financial year, which is approximately a 15% reduction from the number of concerns raised at the same point in time (Apr to Nov = 79) for 2024/25. It should be noted that this drop in the number of concerns raised is not related to a change in staff confidence levels to speak up, as continuity in staff survey results and other baseline components provides us with assurance against this. We can attribute the reduction in part to the FTSU team's increased effort to proactively signpost people towards more appropriate routes for speaking up. This ensures people who speak up receive appropriate outcomes promptly and establishes clear expectations for resolution from the beginning through formal processes and procedures. It also helps to reinforce and raise awareness of the scope and purpose of the FTSU team to staff. When signposting to other routes, we often make contact with colleagues in HR, Patient Safety, Health & Safety or local operational management teams to facilitate these next steps, maintain integrity in the FTSU process and staff confidence that they have been heard, and the organisation will address their concerns.

We continue to report on the classification of concerns, categorised into 'open,' 'confidential,' and 'anonymous. A mechanism has been introduced on the online form and app to inform individuals of what each category means in relation to how their concerns will be handled in response to learning identified from our reporting processes. It involves notifying people at the beginning of the form that raising a concern anonymously, whereby they do not divulge their identity to anyone, can make it more complicated to resolve the issue and may result in them not being able to access extra support they need or receive any feedback on the outcome.

Despite the mechanism in place for the online form of what each category means when handling concerns, we have received a few cases in which individuals have selected 'anonymous' but

then continued to provide their contact details. Under the current guidance, the FTSU team contacted individuals involved, explaining that their concern would be categorised as 'confidential', and requested confirmation on how they wanted to proceed with handling their concern. Alternatively, individuals were given the option of erasing their contact details from our records under GDPR Regulations, with their concerns being handled anonymously going forward. In the majority of cases, once the process was explained, people opted for their concerns to be handled confidentially. Whilst this only amounts to a small number of instances, the FTSU team continue to manage through effective communication with people raising concerns, and monitoring. However, it should be noted that the FTSU team are exploring different ways to improve wider understanding and distinction between the categories, 'anonymous' and confidential', for handling a concern, across the organisation. To provide clarity, the ways people have opted for their concerns to be handled can be seen in Fig. 1 below.

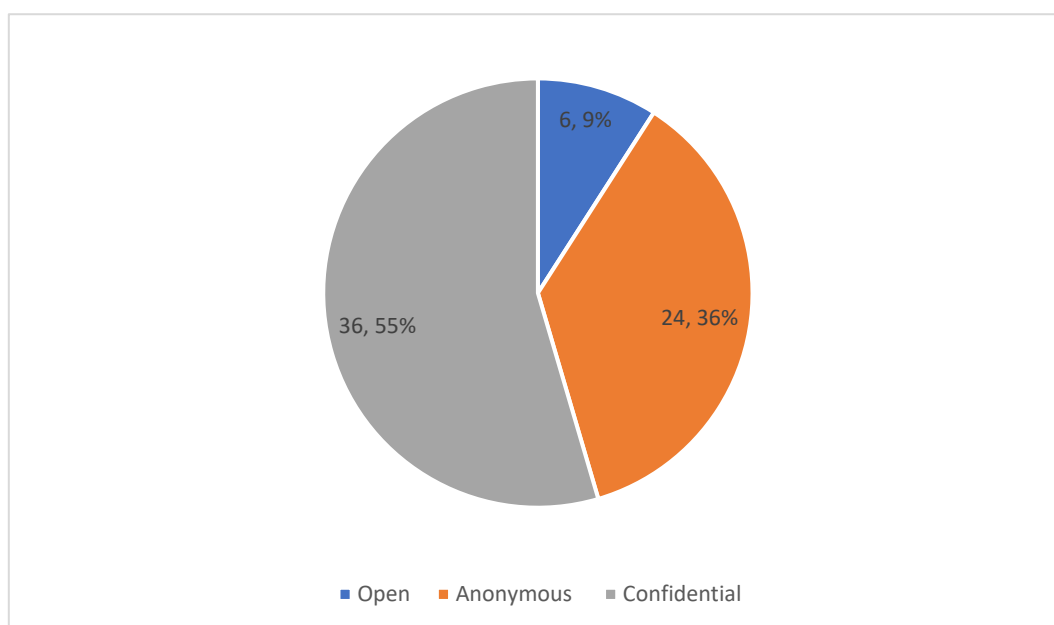


Fig. 1 Classification of Speaking Up Concerns 2025/26

We can identify that the primary method used to speak up via the FTSU function is electronically via the online form/app (77.6%) and email (22.4%). This year so far, all concerns have been received and initially dealt with electronically, then followed up with an email, phone call, or meeting. Having more convenient and accessible ways for our people to speak up and contact the FTSU team that are used consistently is a positive indication of confidence in using this route to speak up and raise their concerns.

We continue to see most concerns raised in the PES service line, which accounts for over half of our overall workforce (53.2%) as of October 2025. Operations EOC (Integrated Contact Centres) is the next area with the highest number of concerns raised. It also accounts for the second-largest cohort of our workforce. Overall, the number of concerns per service line for the staff numbers appears proportional. Figure 2 below shows the number of concerns by service line and compares it with the numbers from the previous year.

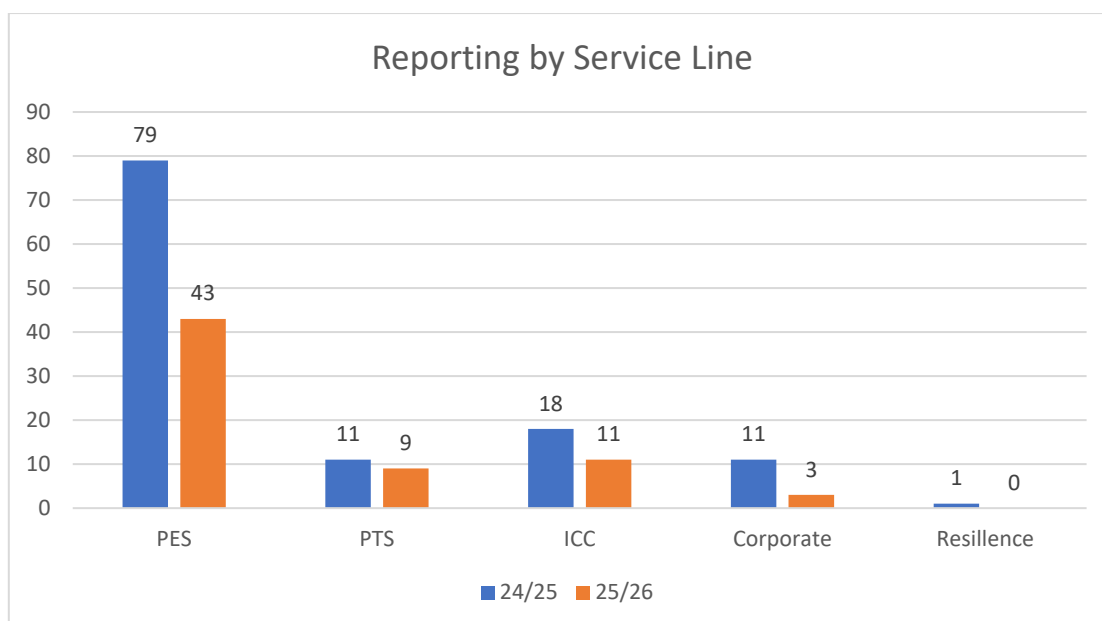


Fig. 2 Reporting by Service Line

We continue to see that concerns related to inappropriate attitudes and behaviours are significantly higher than the other types, which we use to categorise concerns in line with NGO guidance. The FTSU team also record the subset type of concerns to identify themes that can be shared with service line management for learning in clinical and cultural practices. Key subsets identified from all concerns raised were working practices, incivility or favouritism, bullying and professional standards. Working practices, as the most common subset, encompassed the allocation of resources, staff attending jobs beyond their scope of practice and the use of strategic meal breaks. Several concerns were raised about strategic meal breaks or 'misuse of the Meal Break Policy' by crews. Whilst each concern followed the established handling process, with appropriate review, action and resolution by area management, wider learning was identified. Whilst work is ongoing by the Service Delivery Team to address the long-standing trend and behaviours to improve the trust's position, there was a lack of general communication about this with staff, including those who had raised concerns.

Concerns related to patient safety decreased; however, in the context of a reduction in the overall total number of concerns, overall, the number of patient safety concerns remains stable, as the second-highest type of concern raised across the organisation. This, along with numbers for other types, can be seen below in Fig. 3.

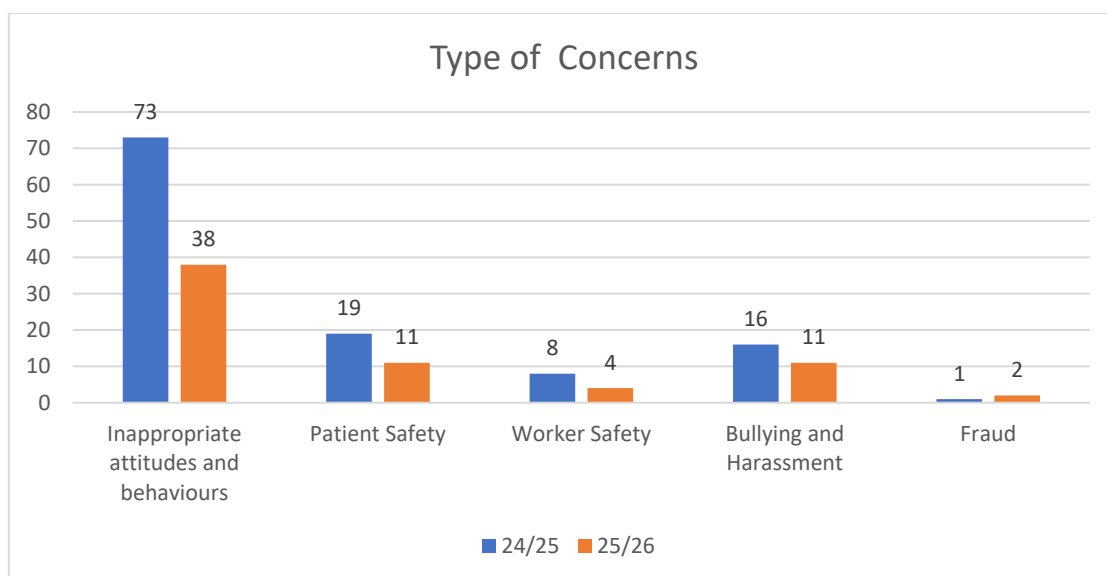


Fig. 3 Type of Concerns being raised

It is important to note in the review of speaking up data that FTSU is not the only route that our people use to speak to us as an organisation. Staff have various routes open to them to raise concerns, as outlined in the recently reviewed and renamed 'Speaking Up' policy. Formal HR routes and DCIQ are also used to report positive and negative experiences of incidents and raise any concerns. The FTSU team continue to work proactively, supporting people who initially contact us and signposting them to more appropriate routes for speaking up about issues. Several people have been signposted to the Dignity at Work process; in one case, an individual was unaware that the Dignity at Work Policy covered activities outside of work. This individual wished for a colleague to understand the impact of their actions taken outside the workplace on them at work and be dealt with formally by local management, so that others do not experience this behaviour. Other routes the FTSU team signposted people to include the Reasonable Adjustment Policy and Procedure, alongside working together with HR colleagues to facilitate people speaking up about sexual safety concerns, and ensure appropriate and timely action is taken. Facilitating individuals with whom we have built trust to raise concerns openly with local management for resolution has led to positive improvements. We have worked with ICC colleagues to support people speaking up, coming forward, meeting with the management team and sharing their concerns, which was a positive experience where they now feel confident in raising concerns locally, safely and that it will remain confidential.

We have started recording incidents where we signpost and facilitate people speaking up via other routes to help us identify learning from cross-functional working to improve our processes. Monitoring the number of instances where we signpost or refer people to speak up through an alternative route helps us in the process of benchmarking the total concerns raised, staff confidence levels and context of the overall speaking-up culture of the trust.

As mentioned in previous reports, there is currently no process to triangulate concerns across the organisation by service line or geography, so caution is advised when reviewing the FTSU data in isolation. However, the FTSU Team are committed to working with colleagues on a developing workstream to triangulate data and identify themes, trends, and incidents of concern.

3. LISTENING UP

When our people speak up, we thank them and promise to listen, support them through the process and, where possible, provide feedback on the appropriate response/outcome promptly. Overall, we have seen an improvement in the timely handling and resolution of concerns. Since implementing the new handling of concerns process, we have only had to escalate a handful of concerns to the appropriate Executive Director. In these cases, this is due to either the complex nature of concerns or individuals being on leave.

We have seen an improvement in timely resolution across all service lines. The longest time for resolution is 78 days, with an overall mean to closure of 17 days, compared to last year, where the longest resolution was 152 days, with an overall mean time to closure of 28 days. We will continue to monitor the impact of this and engage appropriately with senior leaders and Execs. The mean time to closure by service line is summarised in Fig. 4 below. It is also important to advise caution when reviewing this information in isolation, as no triangulation on other formal processes is available for comparison.

All concerns are reviewed monthly at our executive assurance meeting with the Chief Executive, Medical Director, Director of People, and Director of Operations to discuss key themes or issues which are then shared with the wider Executive Leadership Committee (ELC) and relevant Board members to consider any risks, further actions and learning for the Trust.

Increased engagement with Area Service Delivery Teams across GM, C&L and PTS has been welcomed by the FTSU team, and we will continue to participate in area assurance meetings as part of our proactive work to identify themes, issues, and share learning. We are clear on what the FTSU team do and what falls outside of our scope. This includes, but is not limited to, conducting investigations, handling concerns raised by patients and attending formal meetings to support individuals by request.

Service Line	Average days to resolution 2024/25	Average days to resolution 2025/26
Integrated Contact Centre	37	25
Patient Transport	34	25
Corporate	34	4
Paramedic Emergency Service	28	14
Resilience	4	0
Trust	30	17

Fig. 4 – Mean time to closure by Service Line

4. FOLLOWING UP

Over the last year, the trust has built upon the positive work on FTSU with a steady reduction in concerns, stable staff survey results of confidence levels in speaking up, proactive signposting to other speaking up routes and well-led review by GGI. The review noted that the FTSU function has undergone notable improvements with investment in time, resources, and leadership support, which demonstrates a strong commitment by the trust to enable staff to raise concerns safely and effectively, knowing that they will be heard.

Action has already been taken to address a matter raised by GGI, where the most recent FTSU annual report was presented directly to the board without prior presentation at the Quality and Performance Committee (Q&P) or Trust Management Committee (TMC), which was deemed sub-optimal practice. All future reports will go to Q&P for review before presentation to the board. The recent scheduled review of the Freedom To Speak Up Policy (henceforth known as the Speaking Up Policy) was presented to TMC for review before the board for approval, which will be implemented for all future scheduled reviews.

In 2024/25, compliance with FTSU training for all staff stood at 90%, reflecting the trust's emphasis on the importance of speaking up.

Next Steps

Over the next year, the FTSU team will continue to enable and support staff who speak up, building on the strong awareness and confidence through trust-wide roadshows, engagement events and staff forums. The Guardians will continue to be visible and approachable, contributing to a culture of openness, transparency and staff feeling psychologically safe.

We will continue to review our processes and make changes, when necessary, to provide clarity on how concerns will be handled. The trust will learn from other trusts through regional and national networks to increase accountability and ensure we can empower managers to listen and build psychological safety in their teams. We will also learn from concerns to improve staff confidence that they will be heard and taken seriously.

In anticipation of the National Guardian Office closing in June 2026, we will monitor progress on arrangements for the future of national freedom to speak up functions with changes to meet the Dash review recommendations, NHS 10-Year Health Plan commitments and potential impact on the trust.

Recommendations provided by GGI have been acknowledged by the FTSU Team and Executive Lead/Medical Director, with work underway to fulfil them in a way that will complement and improve existing processes and arrangements. This includes using existing links with trade unions to support triangulation, shared learning, and a more cohesive approach to staff voice and organisational improvement. Continue to work proactively to promote a culture where staff feel confident raising concerns locally through line managers and other channels. Integration of DCIQ into FTSU processes will form part of the 2026/27 work plan and support the review of staff culture, by triangulating data with staff survey results to identify barriers to speaking up, aligning measures with how other teams record incidents to improve consistency in measures and working with staff to benchmark speaking up culture and psychological safety.

5. RISK CONSIDERATION

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

6. EQUALITY/ SUSTAINABILITY IMPACTS

There are no sustainability impacts related to the content of this report. The FTSU annual report highlights data showing lower reporting rates based on disability and female staff. A summary of the proportion of concerns raised by staff with protected characteristics is provided in the table below. Reporting on protected characteristics is done through self-identification by individuals who speak up, not assigned by the FTSU team. The majority of individuals who spoke up selected 'None' (88%) as their answer when asked if they have any of the following protected characteristics as defined within the Equality Act 2010.

Characteristic	NWAS (31/10/2025)	FTSU
Disability	10.10%	1.5%
Ethnicity	7.12%	3%
Gender (Female)	56.58%	3%
Sexual Orientation	9.17%	4.5%

7. ACTIONS

The Board of Directors is asked to:

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



ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 17 December 2025		
Members present	<p>Mr S Desai, Chief Executive (Chair)</p> <p>Mrs L Ward, Director of People</p> <p>Mrs C Wood, Director of Finance</p> <p>Mrs A Wetton, Director of Corporate Affairs</p> <p>Dr C Grant, Medical Director</p> <p>Mr D Ainsworth, Director of Operations</p> <p>Mr M Gibbs, Director of Strategy & Partnerships</p> <p>Dr E Strachan-Hall, Director of Quality & Improvement</p> <p>Mr M Cooper, Area Director – Cumbria and Lancashire</p> <p>Mr I Moses, Area Director – Cheshire and Merseyside</p> <p>Ms S Wimbury, Area Director – Greater Manchester</p> <p>Ms S Rose, Director of Integrated Contact Centres</p> <p>Mrs J Wharton, Chief Information Officer</p> <p>Mr M Jackson, Chief Consultant Paramedic</p> <p>In attendance</p> <p>Mrs J Turk, Executive Business Support Manager</p>	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- The final submission deadline for the medium-term financial plan position is 12 February 2026. This will include, unless the guidance is updated:
 - 2-year financial revenue plan (2026/27 and 2027/28)
 - 2-year efficiency plan (2026/27 and 2027/28)
 - 4-year capital plan (2026/27 to 2029/30)
 - 2-year workforce plan (2026/27 and 2027/28)
 - 2-year ambulance operational plan (2026/27 and 2027/28)
 - Integrated MTP template giving commentary or areas of non-compliance and board assurance statements.

ADVISE:

The TMC:

- Approved the first submission of the medium-term plan.
- Approved the decommissioning of pagers across the Trust.
- Approved the purchase of PTS devices for vehicles and Team Leaders.
- Approved the telephony system upgrade.
- Approved the corporate risk register.
- Approved the Acceptable Use of Microsoft 365 Standard
- Approved the Combined Equality & Quality Impact Assessment Policy

ASSURE:

- The TMC received and discussed the following reports for assurance:
 - Finance Report M08
 - Policy Management Framework
 - Crumpsall Synagogue Attack – Operation Hutton Debrief
 - 2026/27 Mandatory Training Programme Overview
- Received the following Escalation & Assurance reports:
 - HSSF Group – 11 November
 - D&I Group – 14 November
 - Sustainability Group – 1 December
 - Information & Cyber Group – 9 December

RISKS

Risks discussed:

- The 11 corporate risks on the corporate risk register (CRR) were reviewed.
- Approved the escalation of risk ID766 to the CRR.
- Approved the closure of risks ID330 and 331 from the CRR.
- Approved risks ID 766 and 767 correctly tagged as sensitive.
- The 8 commercially sensitive risks were reviewed and agreed.

New risks identified:

- None.



ESCALATION AND ASSURANCE REPORT

Report from the Trust Management Committee

Date of meeting	Wednesday, 21 January 2026		
Members present	<p>Mr S Desai, Chief Executive (part – via ms teams)</p> <p>Mrs L Ward, Director of People (Chair)</p> <p>Mrs C Wood, Director of Finance</p> <p>Mrs A Wetton, Director of Corporate Affairs</p> <p>Dr C Grant, Medical Director (via ms teams)</p> <p>Mr D Ainsworth, Director of Operations (part)</p> <p>Dr E Strachan-Hall, Director of Quality & Improvement</p> <p>Mr M Cooper, Area Director – Cumbria and Lancashire</p> <p>Mr I Moses, Area Director – Cheshire and Merseyside</p> <p>Ms S Wimbury, Area Director – Greater Manchester</p> <p>Ms S Rose, Director of Integrated Contact Centres</p> <p>Mrs J Wharton, Chief Information Officer</p> <p>Mr M Jackson, Chief Consultant Paramedic</p> <p>In attendance</p> <p>Mrs J Turk, Executive Business Support Manager</p> <p>Mr I Stringer, Assistant Director of Compliance (part)</p> <p>Mr M Dunn, Consultant Paramedic (part)</p>	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- **MARS Scheme** - The TMC accepted to take forward the MARS scheme, subject to NHSE approval. The Trust would be required to enact the process to closure before 31 March 2026 even if staff leave after the date. A detailed paper was to be presented to NARC on 28 January 2026.
- **Early Adopter Programme – Future workforce Solution** - The TMC agreed to recommend approval of the recommendation to commit to participating in the Foundation Readiness Phase of the early adopter programme for the Future Workforce Solution to Board.
- **2025 NHS Staff Survey** - The Trust has received the initial high-level results from the 2025 NHS Staff Survey but these are subject to embargo in respect of wider publication until March. Data will be used for internal planning until the embargo is lifted.

ADVISE:

The TMC:

- **Face Fit Testing** - With the caveat around reviewing the issue of Sunstream hoods, approved the recommended option 3 for the additional funding required to cover expected costs of fit testing alongside additional funding to purchase 5-year warranty packages for the 14 porta count machines.
- **Restorative Supervision** – proposal considered, further scoping work required
- **Contracts** – considered a number of contract awards and supported for onward recommendation to the Board of Directors

ASSURE:

- The TMC received and discussed the following reports for assurance:
 - Finance report month 09
 - Update on the 2025/26 and Medium-Term Planning (MTP) productivity and efficiency
 - Integrated Performance Report
 - Policy Management Framework update
 - PTS tender update
 - Quality Assurance Visit (QAV) redesign progress update
 - Improvement Report – update on progress of Improvement Academy
 - HR case management
 - NHS Staff Survey 2025
 - Q3 Annual Plan Assurance
- Received the following Escalation & Assurance reports:
 - People and Culture Group – 14 January 2026
 - Planning Group – 14 January 2026
- Received the updates on 3 out of date policies, noting the extension of review date for the Waste Management Policy to April 2026.

RISKS

Risks discussed:

- Approved the increase in risk scores for BAF - SR01 and SR04.
- Approved the reiteration of BAF - SR09.
- Reviewed the 10 corporate risks on the corporate risk register (CRR).
- The 6 longstanding risks were reviewed as still being relevant.
- The 8 commercially sensitive risks were reviewed and agreed.

New risks identified:

- None.



ESCALATION AND ASSURANCE REPORT

Report from the Resources Committee

Date of meeting	Thursday, 22 January 2026		
Members present	Mr G Chapman, Non-Executive Director, Chair Ms C Butterworth, Non-Executive Director Mr N Gower, Non-Executive Director Ms L Ward, Director of People Ms C Wood, Director of Finance Mr D Ainsworth, Director of Operations (from 09:06 am)	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- None raised

ADVISE:

Finance Report Month 09 2025/26

- The Committee received assurance in relation to the financial performance indicators.

Efficiency and Productivity Update

- The Committee received assurance on strong financial position, noting residual small recurrent element of 2025/26 CIP and need for further progress to develop 2026/27 CIP plans in Q4.

Workforce Indicators Report

- The Committee received assurance on strong and stable workforce indicators, noted however that the sickness absence target is not likely to be achieved by the end of Q4.

Board Assurance Framework

- The Committee reviewed the risks aligned to its remit and noted that further discussion regarding risk appetite for 2026/27 will be undertaken at the upcoming Board Development Session.

The Committee discussed the following items and recommended them to the Board of Directors for approval:

- Contract Award for Paramedic Apprenticeship Tender
- One Response EPR Renewal
- Future Workforce Solution – Invitation to be an Early Adopter

ASSURE:

Received the following reports for assurance:

- Medium-Term Financial Plan (MTP) Update
- Procurement Report



- Annual Plan Q3
- Digital Plan Update

RISKS

Risks discussed:

- None identified.

New risks identified:

- None identified.



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 January 2026
SUBJECT	Future Workforce Solution – Invitation to be an Early Adopter
PRESENTED BY	Lisa Ward KAM – Director of People / Deputy Chief Executive
PURPOSE	Decision

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

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

ACTION REQUIRED	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Approve the recommendation to commit to participate in the Foundation Readiness phase of the early adopter programme for the Future Workforce Solution
EXECUTIVE SUMMARY	<p>The Electronic Staff Record (ESR) has been in use across the NHS since 2008. Following a procurement exercise by NHSBSA, Infosys have now been awarded the contract to deliver a new enhanced workforce management solution. Infosys will take over the existing ESR contract from September 2026, maintaining the existing system whilst also developing and supporting implementation of its replacement.</p> <p>The new system will continue to be centrally funded. It will be cloud based and predicated on high levels of self service and interoperability with other systems, embedding AI technology including digital assistants. Appendix A includes an overview of intended functionality.</p> <p>In December 2025 NWAS was approached to be an early adopter of the new system. Early adopters will cover around 10% of the NHS workforce across all sectors and geographies. The process of identification has taken into account the readiness assessment completed last year and ongoing self-assessment against agreed standards of attainment.</p>

The commitment expected of early adopters is in two phases:

- January 2026 – commitment to undertake foundation readiness assessment.
- June 2026 – reconfirm agreement to enter early adopter implementation wave. This means that Board will have the option to decide not to proceed at this point.

Testing and implementation would then take place between June 2026 and July 2027.

Early adopters will be provided with a range of additional technical support, subject matter expertise and project support which will not be available to later adopters of the system. This would be an organisation wide project requiring input from across service lines, digital and finance to help shape a system which is fit for purpose. The exact level of commitment will be established in more detail through the foundation readiness stage.

This is intended to be an organisation wide transformation and not just an upgrade to ESR, enabling review of systems and processes alongside the digital development.

Potential benefits include:

- Dedicated implementation support
- Ability to shape the system to ensure it meets our needs.
- Opportunity for transformation of services
- Improved data access
- Early release of benefits (full roll out will not complete until 2030) including potential for cash releasing benefits through exit of existing contracts.
- Improve user experience.

Risks include:

- It is a significant change programme affecting pay
- Require us to remain committed to current payroll provider
- Impact on other intended development such as ESR/GRS interface
- Level of resource commitment not fully clear at this stage

As a result, we will need to consider our change capacity, alignment with strategic direction and resourcing considerations but these are best judged in detail at the end of the foundation readiness stage.

**PREVIOUSLY
CONSIDERED BY**

TMC

Date

Wednesday, 21 January 2026

Outcome

Recommended commitment to Foundation Readiness Phase

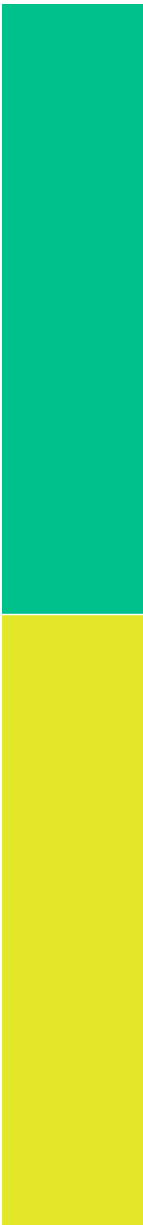
**PREVIOUSLY
CONSIDERED BY**

Resources Committee

Date

Thursday, 22 January 2026

	Outcome	Recommended commitment to Foundation Readiness Phase
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1. BACKGROUND

- 1.1 The Electronic Staff Record (ESR) has been in use across the NHS since 2008. Digital technology and the needs and expectations of the NHS have now advanced significantly meaning that ESR is no longer fit for purpose.
- 1.2 The Department for Health and Social Care (DHSC) has commissioned The NHS Business Services Authority (NHSBSA) to identify and deliver the Future NHS Workforce Solution. The NHSBSA had led a procurement exercise to identify the supplier for the future solution and Infosys have been awarded the contract to deliver a new enhanced workforce management solution.
- 1.3 It is intended that Infosys will support the running of the current ESR service with effect from September 2026, whilst also developing, implementing and running the future solution until ESR can be decommissioned.
- 1.4 The intention is that the new system will continue to be centrally funded. It will be a modern cloud-based platform. It has been scoped to improve interoperability with other systems and is predicated on increased levels of self service by both staff and managers. It is intended to embed the latest AI technology, including digital assistants.
- 1.5 Appendix A includes an overview of the functionality included in the new system. As now this encompasses pay, HR processes and will interact with Finance systems. The offer includes some new functionality such as talent management and recruitment, and also existing functionality which we do not currently use in ESR because it is not fit for purpose e.g. HR case management.
- 1.6 As a current user of ESR NWAS will have to transition to the new system at some point during the planned implementation roll out between 2027 and 2030.
- 1.7 All Trusts have been required to undertake self-assessment against a range of standards of attainment to test functional use of the current system. This has been with the aim of preparing for roll out through the improvement of data quality and increasing functional and self-service use of the current system in readiness for roll out. It is in this context that we have been planning to roll out Manager Self Service across the Trust.
- 1.8 In 2025 we also had to complete a more detailed readiness assessment across HR and digital. This analysis was submitted and it is these documents combined with the standards of attainment which have been used to select early adopters of the new workforce solution.

2. EARLY ADOPTER PROCESS

- 2.1 A range of early adopters are being identified to cover around 10% of the total NHS workforce. It is intended that those identified will cover different sectors, workforce and geographies as well as reflecting a range of current functional use in ESR. Early adopters have been identified using a structured process supported by NHS England, NHS Wales and the programme's CEO and Advisory Boards with the aim of having a balanced diverse and learning focussed group. Selection has considered clusters of organisations with shared geographic footprints to progress together, leverage shared governance and maximise cross system change.

- 2.2 NWAS was approached in December 2025 to become an early adopter. To our knowledge there is only one other ambulance trust included in the early adopter cohort which is SWAST.
- 2.3 The commitment expected of an early adopter is in two stages. Firstly, we are currently being asked to commit in principle to being an early adopter. This will commit us to complete a range of foundation readiness activities between February and June 2026. This process in itself will enable us to understand much better the scope of the work and the associated risks and benefits of early roll out. In June 2026 we would then be asked to reconfirm our agreement to enter the early implementation wave and at this stage we would finalise implementation milestones, resourcing and support plan. Implementation would then take place between June 2026 and July 2027.
- 2.4 The support provided by the national programme will include the following:
- Readiness and implementation support including access to Subject Matter experts.
 - Clear national governance and decision-making pathways
 - Change, communications and training toolkits to support local delivery
 - Data migration and technical support throughout implementation
 - Peer learning opportunities with other early adopters
 - Escalation routes and risk management
 - Benefits tracking
- 2.5 At this stage the requirements of the implementation period are not clearly understood and it is difficult to fully articulate the organisational commitment across teams which will be required. It will require project involvement, primarily from the people and finance teams but supported by Digital. There will also need to be involvement from users in the form of service lines to ensure that the manager and user end of the project is fit for purpose. The people team has already invested in a small amount of dedicated resource to take forward the maximisation of ESR which would be transitioned towards this project. However, this has to be seen as an organisation-wide transformation and not just an upgrade from ESR.
- 2.6 Guidance to date suggests that local transformation teams will need as a minimum to incorporate the following expertise:
- Leadership
 - Business and functional expertise to inform local deployment, testing and benefit realisation
 - Project and change management support to enable day to day activities in the programme and local transformation activities
 - Communications
 - Training activities
 - Technology and data enablement to support configuration, testing and integration activities
- 2.7 There are some significant potential benefits from being involved as an early implementer:
- Early adopters will receive dedicated support throughout implementation; this will be in the form of both capacity and functional expertise.

- It would enable us to be involved in the development and testing stage to ensure that what is being developed is workable for an ambulance service. It is critical that there is some ambulance representation during this phase.
- There is potential through early adoption for us to be able to transfer activities currently undertaken on commercial software onto the new system with cash-releasing benefits e.g. TRAC, HR case management.
- The new system provides an opportunity for transformation of services and processes. It is heavily self-service focused with improved metrics, which should enable reduced administration and manual processes, reduce duplication and requirements for data manipulation.
- It should also support improved management decision making through the provision of much better and more accessible data at a team level.
- Becoming an early adopter will enable us to access the enhanced functionality up to 3 years earlier, allowing us to release benefits earlier.
- It will undoubtedly improve user experience and accessibility of the system by staff and managers. This in itself should reduce queries and help improve data quality.

2.8 There are some risks as well:

- This is a major change programme potentially impacting on the pay of staff, the accuracy of financial data and has significant data security risks if mishandled. However, the national programme will be aware of these issues and we would have to ensure that there were no risks to accuracy of pay before go live.
- We have an external payroll provider who are fully on-board. However, this programme would be likely to tie us to this provider for the period of implementation and beyond until there was sufficient competition in the market of providers experienced in the new system. From a value perspective this is not of significant concern as the provider has just reduced their costs but we would potentially have chosen to test the market over the next two years and may need to extend the contract beyond its original maximum term.
- It is likely that the programme would put on hold other developments which were currently in plans including Manager Self Service, GRS/ESR interface and digital chat bots. However, there are benefits in not having to manage transition to Manager self-service on ESR and the opportunity to use the implementation support to explore the GRS integration opportunities with the new system.
- The level of resource commitment is unclear and may create cost pressures. However, these cost pressures will come at some stage over the next four years to support implementation and we may be able to consider this as an invest to save programme.

2.9 In reaching a final decision on early adoption we will need to consider:

- Change capacity and our ability to balance implementation with current pressures
- Data quality and migration readiness, with the potential for work needed to improve completeness, accuracy, standardisation and structure
- Alignment with other digital programmes
- Financial and resourcing considerations
- Lessons from previous implementations

2.10 In principle the opportunities offered as an early adopter are significant and outweigh the risks. On balance it is felt to be appropriate to commit in principle to undertake the foundation readiness stage which will enable us to get a much better understanding of

the scope of the work, the organisational commitment and the level of support likely to be accessible through the next phase of implementation. This will enable a much more informed decision considering the issues set out in 2.9 above in June when final commitment is required.

3. RISK CONSIDERATION

3.1 Key risks foreseen at this stage are set out in 2.8. The assessment against our risk appetite is below.

People	We have a moderate risk appetite in relation to our people. Here is no doubt there are some risks in relation to implementation which could affect our people, especially in relation to pay, there are also some significant benefits to having a modern accessible and trusted system.
Innovation	We have a high-risk appetite for innovation and this provides us with the opportunity to be at the forefront of a major NHS technological innovation with opportunities to improve staff experience and deliver greater value for money.
Financial/Value for Money	We have a moderate risk appetite in relation to finance and value for money. This may release direct cash releasing savings from existing contracts but also offers the opportunity to drive improved productivity and efficiency.
Reputation	We have a moderate risk appetite in relation to risk to our reputation. This will provide the opportunity to enhance our reputation by being at the forefront of a significant change providing the opportunity to share best practice and experience positively across NHS partners.

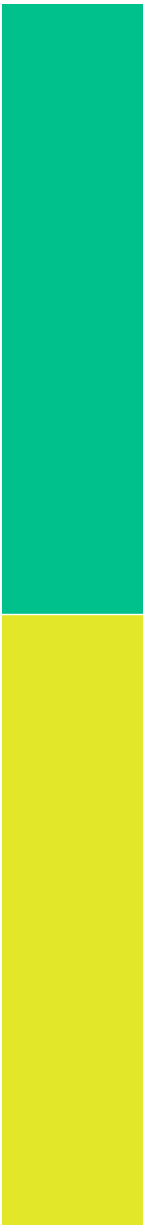
4. EQUALITY / SUSTAINABILITY IMPACTS

4.1 EDI considerations will be embedded in the implementation process and we have the opportunity to positively support this being assessed and considered as part of roll out.

5. ACTION REQUIRED

5.1 The Board of Directors is asked to:








- Approve the recommendation to commit to participate in the Foundation Readiness phase of the early adopter programme for the Future Workforce Solution



Appendix A – proposed functionality



The new solution will deliver expanded capability across seven areas of functionality referred to as domains*

 Talent acquisition	 Career development	 Learning	 Performance management	 Compensation and benefits	 Payroll	 Core HR
Vacancy management	Career pathing	Learning admin	Goal management	Compensation and benefits management	Payroll administration	Organisation management
Vacancy posting	Succession planning	Learning management	Performance management	Pension interface	New business capabilities	Employee lifecycle
Applicant management	Coaching	Knowledge management	Competency assessment	Annual benefits statement & total reward statement (TRS)	Metric & analysis	Self-service
Onboarding	Metric & analysis	Metric & analysis	Metric & analysis			Case management
Metric & analysis	Leadership					Absence management
						Leavers
						Metrics
New	New		New			

10

*List is not exhaustive



REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 January 2026
SUBJECT	Integrated Performance Report
PRESENTED BY	Elaine Strachan-Hall, Director of Quality
PURPOSE	Assurance

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

ACTION REQUIRED	<p>The Board of Directors are requested to note:</p> <ul style="list-style-type: none"> The contents of the report and assurance against the core Single Oversight Framework metrics. Identify risks for further exploration or inquiry by assurance committees of the board.
EXECUTIVE SUMMARY	<p>This report provides a summary of integrated performance on an agreed set of metrics required by the Single Oversight Framework up to the month of December 2025. Further narrative is embedded within the accompanying data pack. Data is presented over time using statistical process control charts (SPCs), aligned to NHS England's Making Data Count, which aims to support informed decision making by identifying genuine trends, variations and patterns in the data.</p> <p>The report shows historical and current performance on Quality, Effectiveness, Operational performance, Finance, and Organisational Health to address three important assurance questions:</p> <ol style="list-style-type: none"> How are we performing over time as a continuously improving trust? How are we performing with respect to strategic goals? How are we performing compared to our peers and the national comparators? <p>Quality</p> <p>Complaints: Metrics are stable.</p> <p>Incidents: Closure within SLA for Incidents with Risk Score 4-5 decreased, attributable to senior manager's unavailability during winter pressures.</p> <p>Safety Alerts: Nil new affecting alerts</p>

Effectiveness

- The Trust is performing above the sector average for most Ambulance Care Quality Indicators (ACQI's), however survival at 30 days post discharge (Utstein) decreased to below to sector average at 18.6%. Analysis by clinical audit indicates no singular cause for this but a deterioration in ROSC performance in C&L.
- The H&T rate is 20.0% and has displayed special cause throughout the month, caused by an increase in telephone triage.
- The decrease in S&T, also displaying special cause at 26.3%, is likely linked to the increase in H&T as both outcomes originate from a similar patient cohort.
- Nationally, the trust ranked 4th for H&T, 9th for S&T and 8th for S&C.

Operational Performance

PES (999)

Nationally the trust maintains a strong position for ARP.

Measure	ARP Standard (hh:mm:ss)	December 25 (hh:mm:ss)	National ranking
C1 mean	00:07:00	00:07:09	3 rd
C1 90 th	00:15:00	00:12:08	3 rd
C2 mean*	00:18:00	00:33:27	9 th
C2 90 th	00:40:00	01:08:18	8 th
C3 mean	01:00:00	01:52:46	6 th
C3 90 th	02:00:00	04:06:24	6 th
C4 90 th	03:00:00	04:37:58	3 rd

*UEC C2 Standard = 28mins (achieved)

- Call pick up was stable despite increased demand in the early weeks of December.
- Hospital turnaround continues to exceed the 30-minute standard at 39m:28s. Cheshire and Merseyside ICB had 4 of the top 5 hospitals for Lost Unit Hours for delayed handovers in December.

111

- Increased demand, higher than usual staff sickness and cross-skill ICC training activity has led to calls answered within 60 seconds (%) sustaining below average performance during winter (December = 53.42%).

111 Measure	Standard	Dec 25	National Ranking
Answered within 60s	95.0%	53.4%	28 th /28

Average time to answer	<20s	2m58s	28 th /28
Abandoned calls	<5%	8.9%	26 th /28

Patient Transport Services (PTS)

- PTS activity and performance metrics are stable. Operational and workforce improvement plans are in place.

Finance

- The year-to-date financial position to 31 December 2025 (Month 09 2025/26) is a surplus of £3.562m, compared to a planned surplus of £0.592m. This is due to vacancies in various Directorates and the delivery of productivity and efficiency savings above plan.

Organisational Health

- Overall sickness absence is at 8.49%, consistent with the same period last year.
- Turnover continues to improve across all service lines.
- The overall vacancy gap has reduced to -3.30% in Dec 25. This is due to a combination of an overall reduction in establishment WTE in line with the ICC new structure and additional new starter WTE.
- Overall appraisal compliance is 87.47%, above the target of 85%.
- The overall mandatory training compliance is at 92%.
- Five staff were dismissed during December: two sickness, two conduct and one performance management.

Risk Consideration

Failure to ensure on-going compliance with national targets and registration standards could render the trust open to the loss of its registration, prosecution, and other penalties.

Equality/Sustainability Impacts

The Diversity and Inclusion sub-committee are reviewing the trust's protected characteristics data to understand and improve patient experience. Updates are reported into the Diversity and Inclusion sub-committee.

PREVIOUSLY CONSIDERED BY

Trust Management Committee

Date

Wednesday, 19 November 2025

Outcome

Noted



North West
Ambulance Service
NHS Trust



Integrated Performance Report









Board of Directors – January 2026

SPC format: Making Data Count

NHSE Making Data Count is an NHS England initiative aimed at improving data literacy across healthcare organisations. It focuses on enabling NHS staff to make better-informed decisions by understanding and using data effectively. The key aspects of this initiative include:

- **Encouraging Data-Driven Decision-Making:** Helping NHS teams move away from reactive decision-making based on single data points or short-term trends.
- **Statistical Process Control (SPC):** Teaching NHS staff how to use SPC charts to identify genuine trends, variations, and patterns in data.
- **Avoiding Misinterpretation:** Emphasising the importance of avoiding common pitfalls, such as reacting to random fluctuations rather than meaningful trends.
- **Training and Resources:** Providing tools, workshops, and e-learning resources to improve data literacy at all levels of the NHS.
- **Supporting Continuous Improvement:** Enabling NHS teams to use data to drive service improvements and enhance patient outcomes.

Interpreting the variation.

Variation			Assurance		
	 	 			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Variation icons: **orange** indicates concerning **special cause variation** requiring action; **blue** indicates where improvement appears to lie, and **grey** indicates no significant change (**common cause variation**).

Assurance icons: **Blue** indicates that you would consistently expect to achieve a target. **Orange** indicates that you would consistently expect to miss the target. A **grey** icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

N.B. purple indicates non performance related indicator with arrow indicating direction of travel 

Quality & Effectiveness

Q1 Complaints

Q2 Incidents

Q3 Safety Alerts

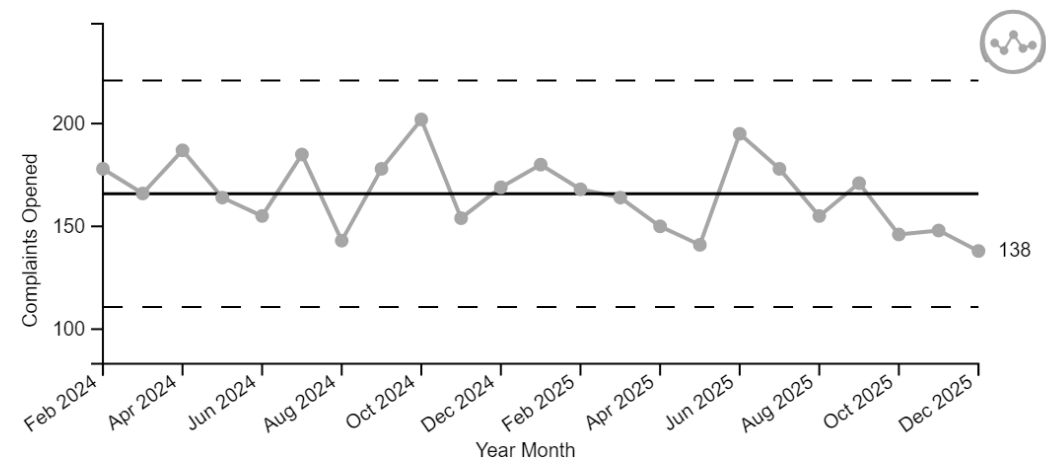
E1 Patient Experience

E2 Ambulance Clinical Quality Indicators (ACQI)

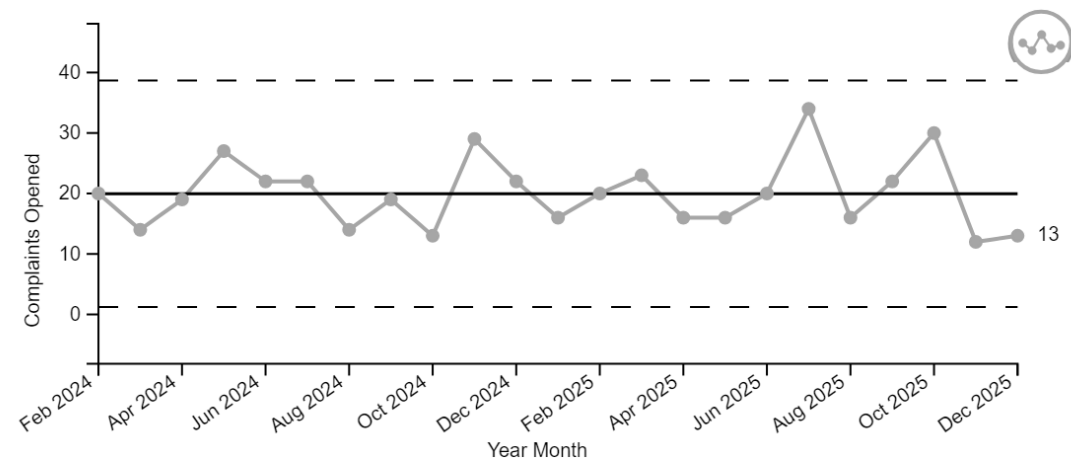
E3 Activities and Outcomes

Q1 Complaints

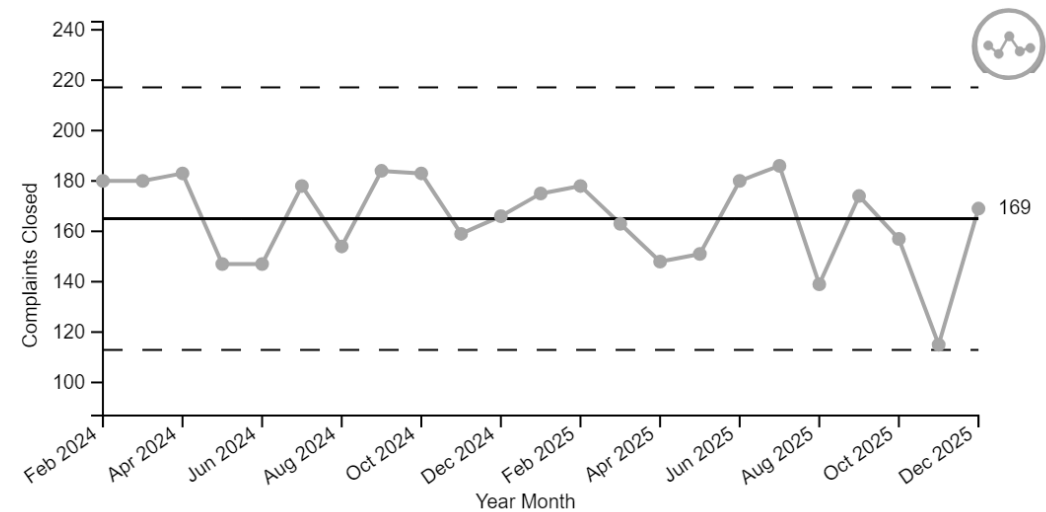
Complaints Opened with Risk Score 1-2



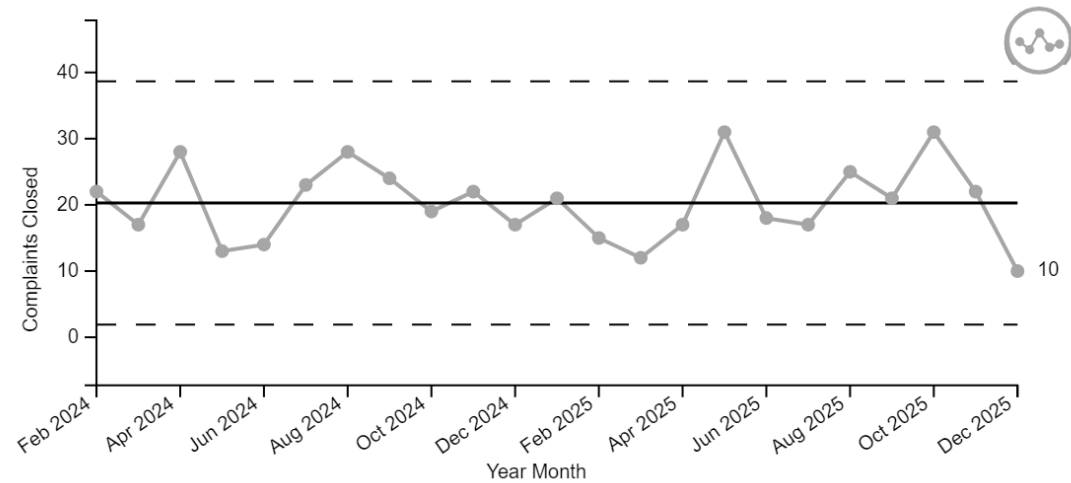
Complaints Opened with Risk Score 3-5



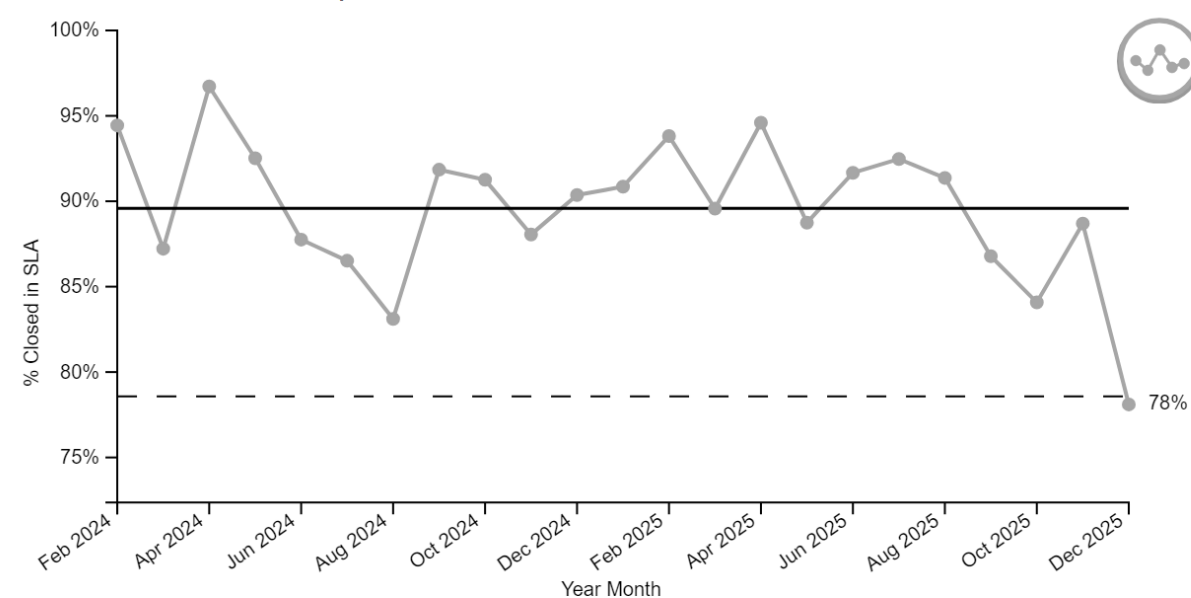
Complaints Closed with Risk Score 1-2



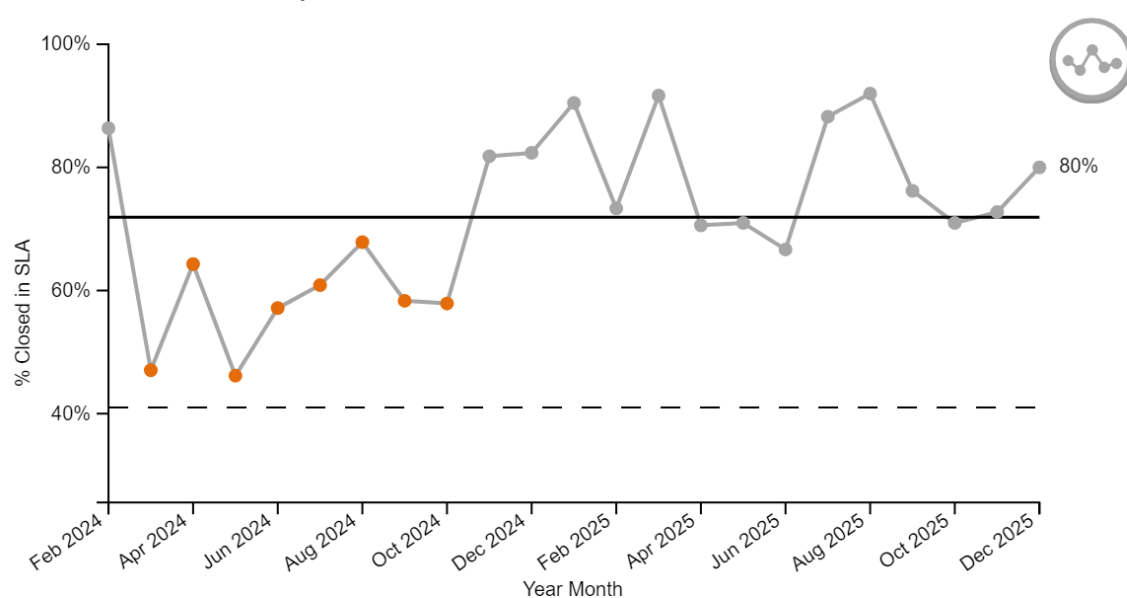
Complaints Closed with Risk Score 3-5



Complaints Closed in SLA with Risk Score 1-2



Complaints Closed in SLA with Risk Score 3-5

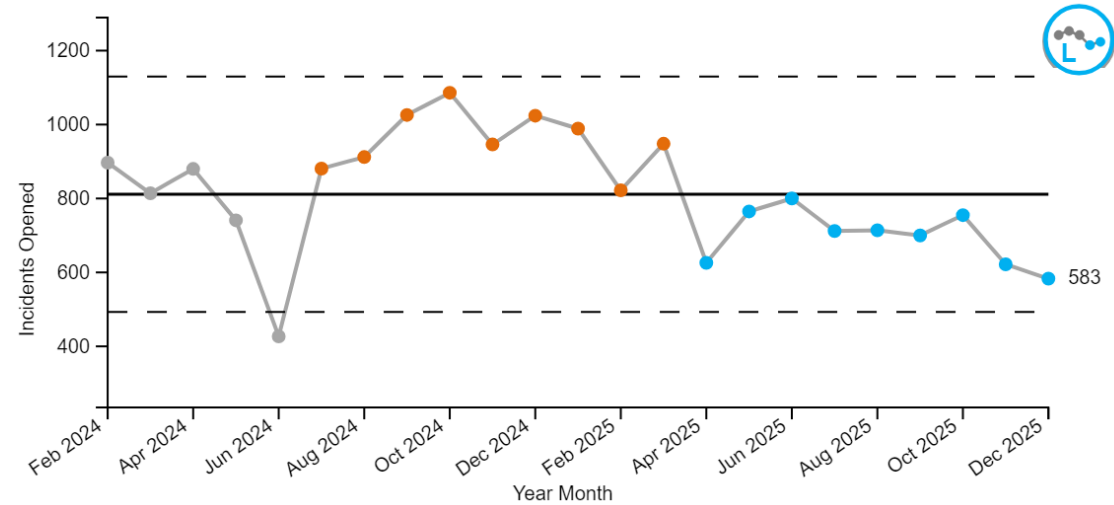


Summary: Patient Advice and Liaison Service (PALS) complaints (risk score 1&2), remain stable. Cases closed in SLA remains stable. Complaints closed 1-2, dropped in Nov due to staff absences within the team, which further impacted on closure within SLA. This can already be seen to rise again in December and team resilience is being managed

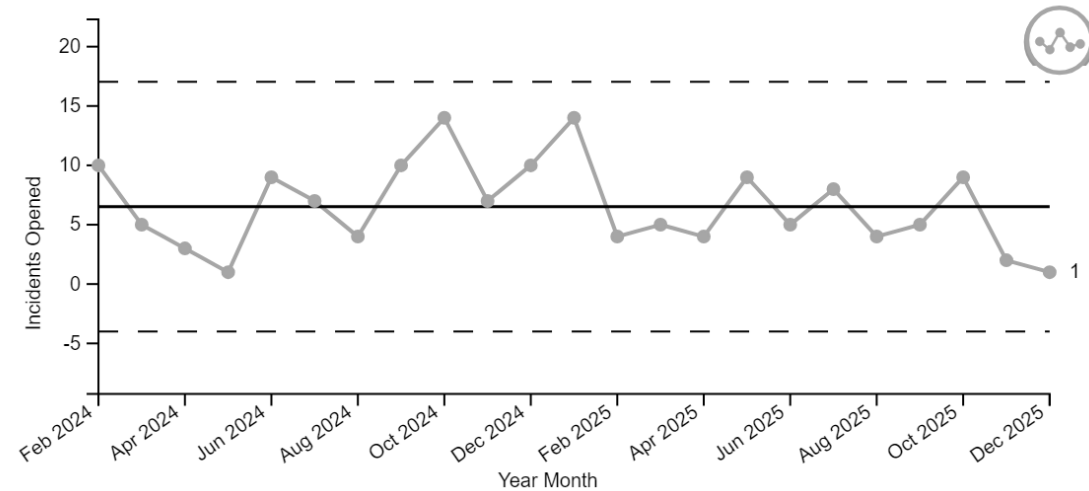
Actions: Nil required

Q2 Incidents

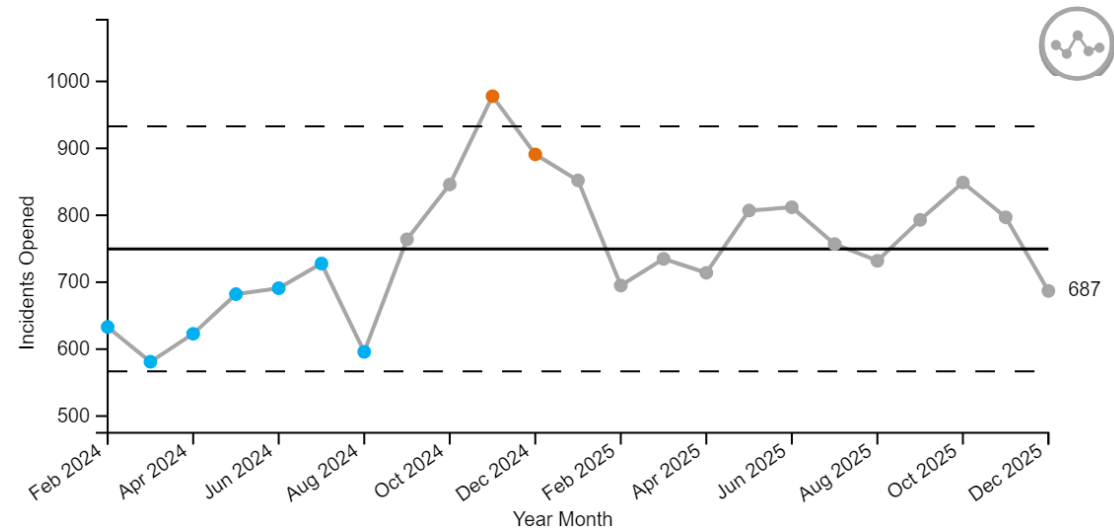
Incidents Opened with Risk Score 1-3



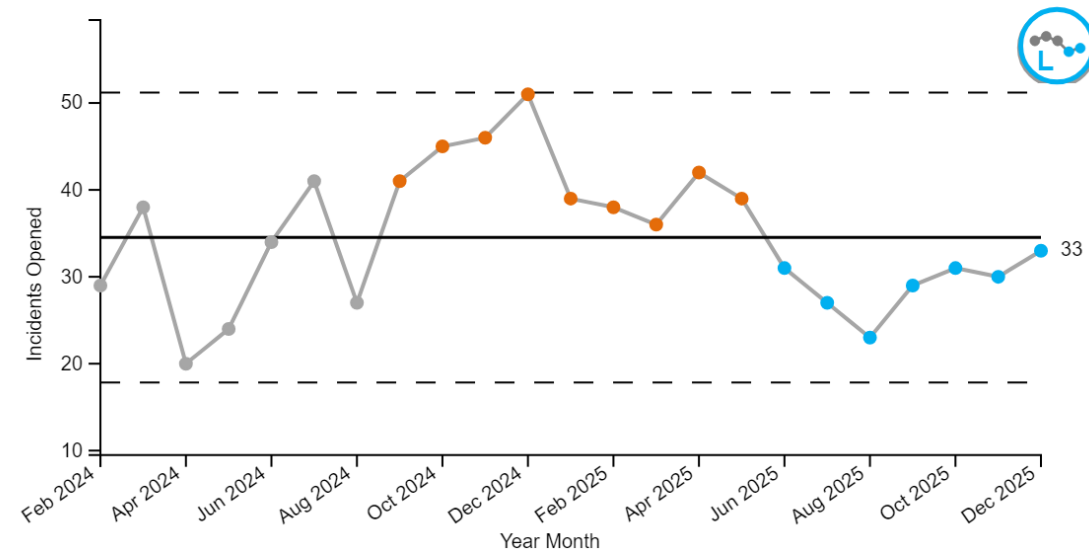
Incidents Opened with Risk Score 4-5



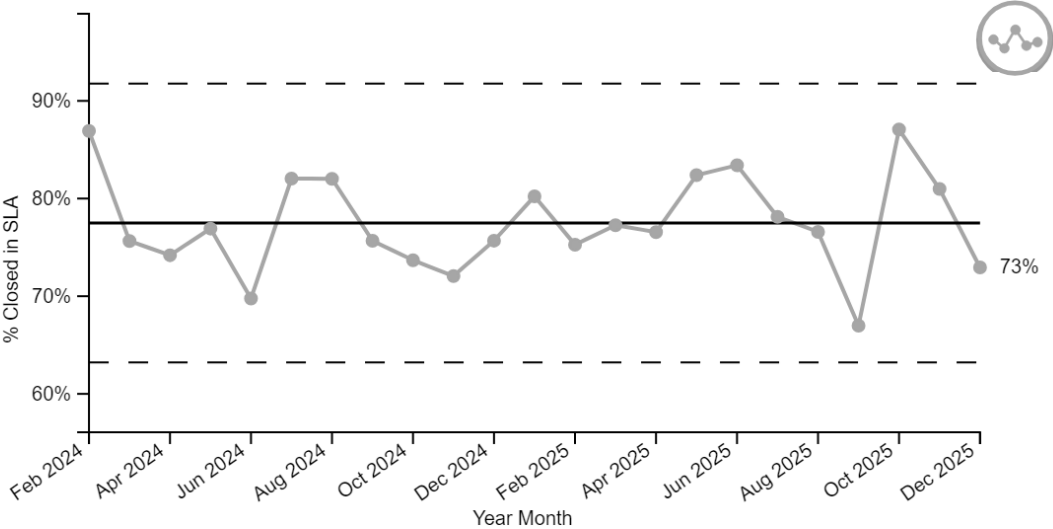
Incidents Opened - Patient



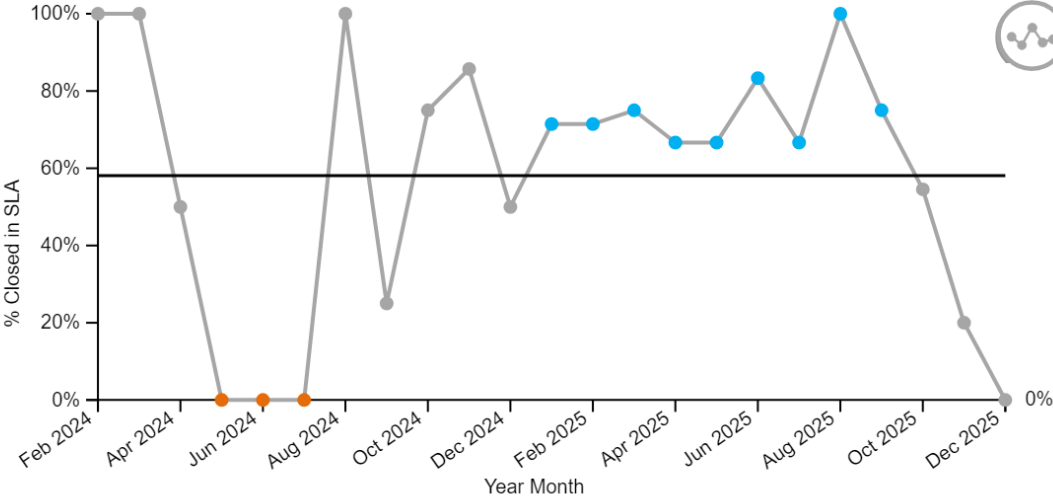
PSIRF Reported Level of Harm (Severe & Fatal)



Incidents with Risk Score 1-3 % Complete within SLA



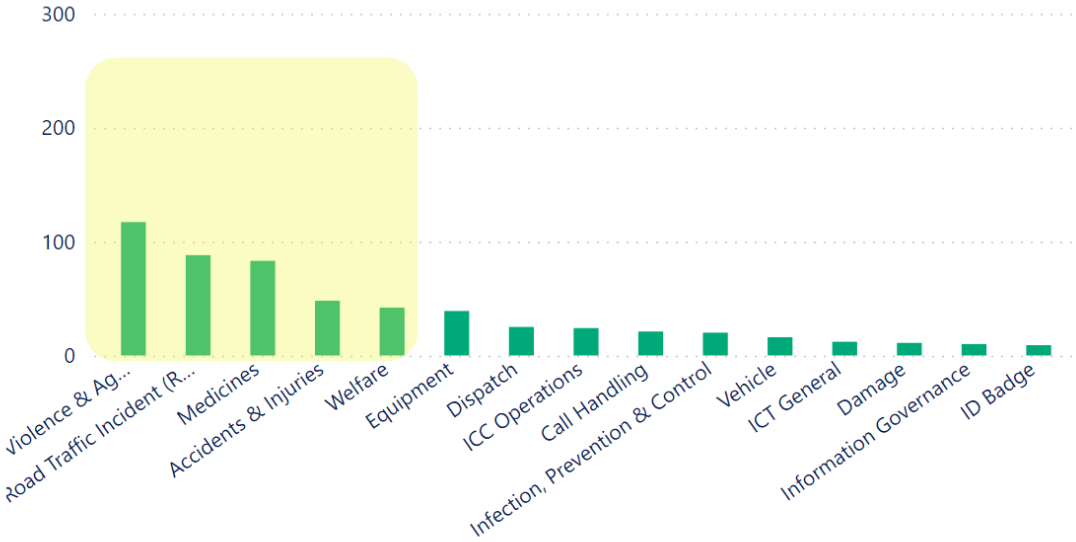
Incidents with Risk Score 4-5 % Complete within SLA



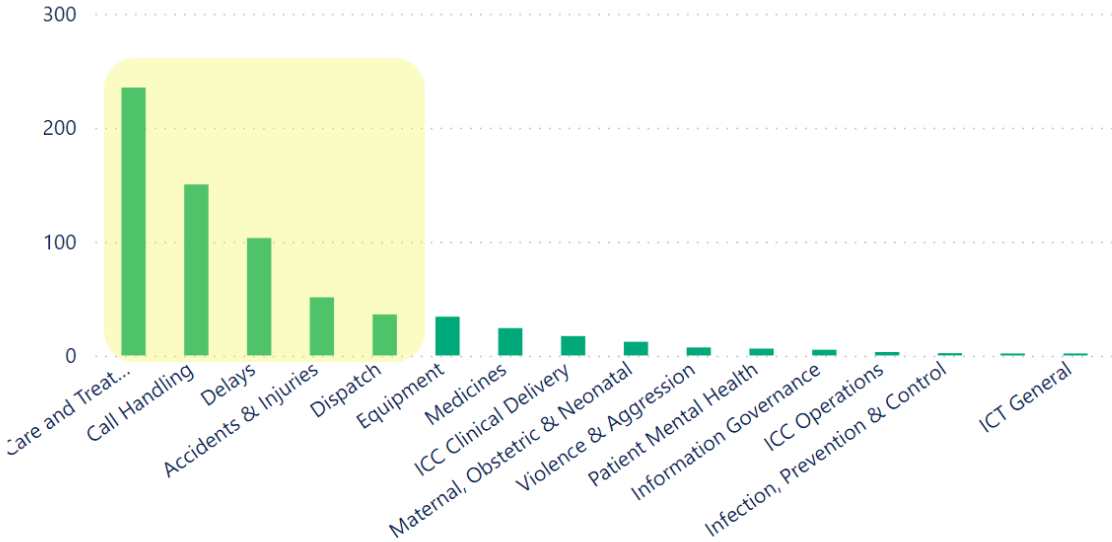
Summary: Incidents opened with a risk score of 1-3 remain below the mean for the 9th consecutive month. PSIRF reported harm is also below the mean for the 7th consecutive month. Incidents with a risk score of 4-5 within SLA are low and can be attributed to the fact that senior managers have less availability through the period of winter pressure.

Actions: Nil required

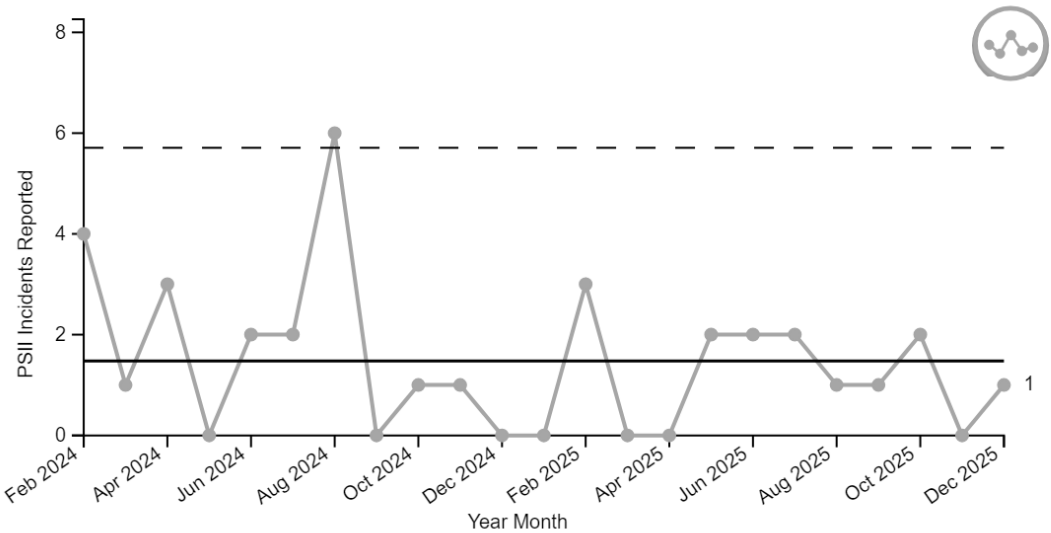
Number of Non Patient Safety Incidents
(15 most common reasons)



Number of Patient Safety Incidents
(15 most common reasons)



PSII Reported by month



Summary:

Care and treatment remains the most common theme for patient incidents and the highest overall reported incident. Additionally, Violence and aggression(V&A) also remains the most common theme for non-patient incidents.

Overall, in 2025 we had a 14% reduction in V&A incidents in comparison to 2024. A 12% reduction in physical assaults, 34% reduction in verbal abuse and a 12% reduction in anti-social behaviour. There was a 5% increase in sexual abuse and an 8% increase in threatening behaviour.

Actions:

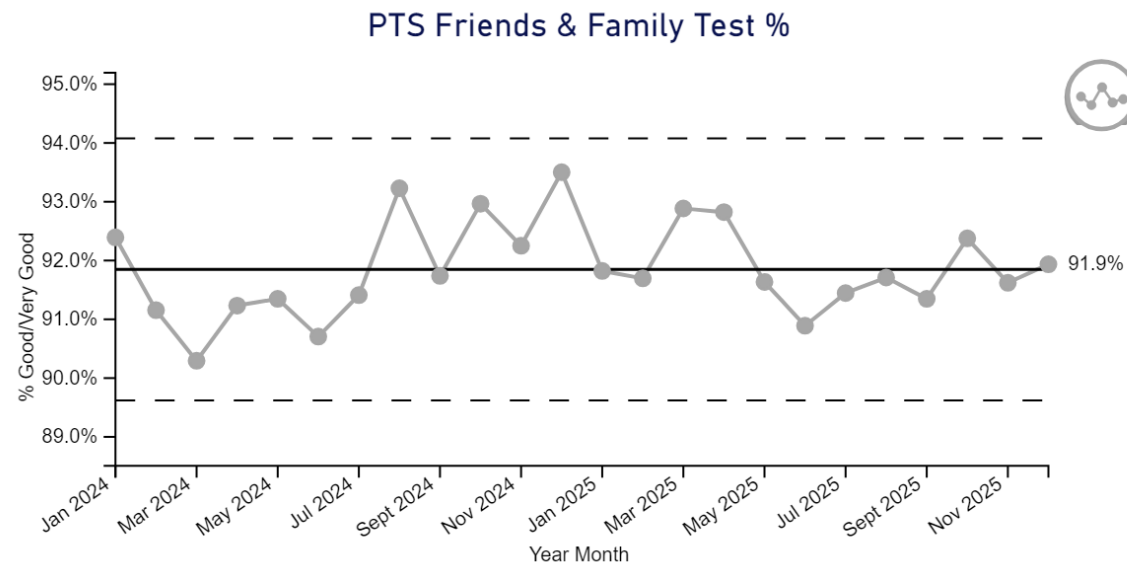
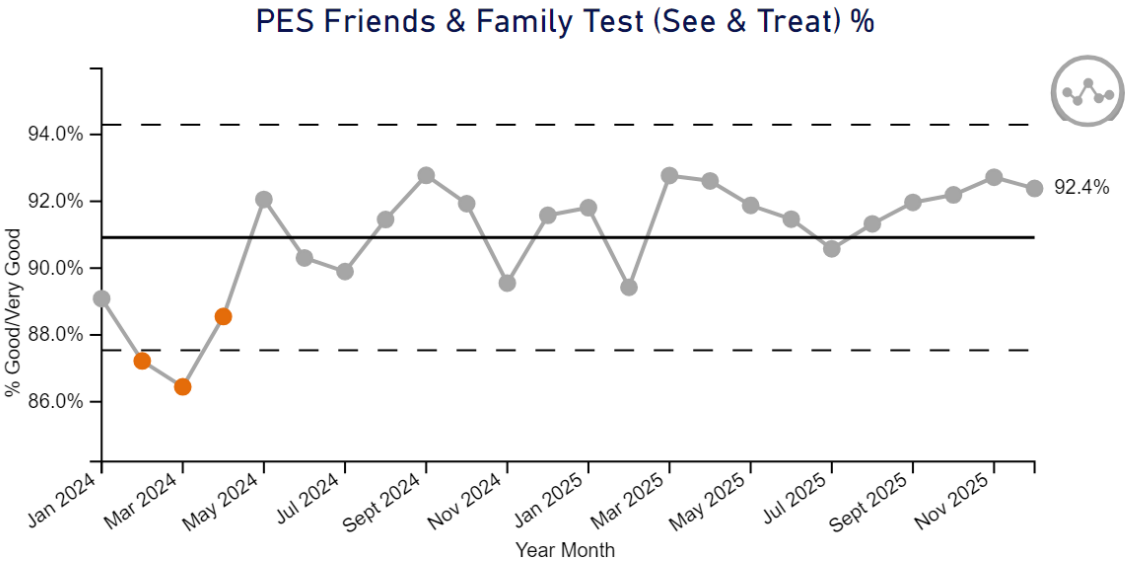
The V&A team will be focussing on sexual assaults in Q4 and have awareness and education days planned in.

Q3 Safety Alerts

Safety Alerts	Alerts Received (Jan 2025 - Dec 2025)	Alerts Applicable (Jan 2025 - Dec 2025)	Alerts Open	Notes
CAS Helpdesk Team	1	0	0	Description: National Supply Disruption Response (NSDR) now accredited to issue National Patient Safety Alerts. Issue Date: 07 July 2025. Deadline: Not Applicable. Actions: No Response Required.
Patient Safety Alert: UKHSA	1	0	0	Potential contamination of non-sterile alcohol-free skin cleansing wipes with Burkholderia spp: measures to reduce patient risk. Issue Date: 26 June 2025. Deadline: 29 August 2025. Actions: IPC team. Bulletin prepared to be signed off by EO and cascaded to clinical staff. Action Closed
National Patient Safety Alert: NHS England	3	1	0	Description: Harm from incorrect recording of a penicillin allergy as a penicillamine allergy. Issue Date: 20 November 2025. Deadline: 20 November 2026. Actions: Highlighted this to chief pharmacist and clinical informatics leads for wider discussion on required actions and to determine how allergies are currently recorded in the EPR system - these discussions will shape future actions, if any are needed. Paper taken to MOG meeting , Dec 3rd 2025. MOG agreed no further action needed in response to this alert for NWA. Risk assessed to be low for NWA as per content in paper. Alert (attached doc) will be shared with EPR development group for information on allergy recording . Action Completed
National Patient Safety Alert: DHSC	4	0	0	
National Patient Safety Alert: OHID	0	0	0	

Safety Alerts	Alerts Received (Jan 2025 - Dec 2025)	Alerts Applicable (Jan 2025 - Dec 2025)	Alerts Open	Notes
CMO Messaging	2	2	0	Description: Influenza season 2025/26: early season activity and implications for clinical practice. Issue Date: 5 Nov 2025. Deadline: Not Applicable. Actions: No Response Required. Description: Influenza season 2024/25: ending the prescribing and supply of antiviral medicines in primary care. Issue Date: 15 May 2025. Deadline: Not Applicable. Actions: No Response required
National Patient Safety Alert: MHRA	0	0	0	
Medicine Alerts: MHRA	54	1	0	
IPC	0	0	0	
National Patient Safety Alert: NHS England Patient Safety	0	0	0	

E1 Patient Experience



PES comments

Positive:

- “Yes, I called 999 for an elderly person whose oxygen levels were very low due to influenza and who was struggling to breathe. The call handler was extremely helpful understanding and showed care and empathy whilst giving excellent advice and making sure I understood what was being advised. I was advised an ambulance would be here within an hour and their timing was exactly that. On arrival the paramedics made themselves known they assessed the lady gave reassurance and treated at the scene in return this avoided a hospital admission and the lady's GP was contacted to provide follow up advice. The paramedics were absolutely amazing showing care compassion understanding whilst offering some valuable advice. Myself and the patient were extremely grateful given the extreme pressures the NHS is facing this winter.”

Negative:

- “He was misdiagnosed by a doctor and 2 paramedics with a UTI but was having a stroke. It nearly cost him his life!”
- “My mother was put back into bed and left with a broken hip.”
- “Because the ambulance turned up and my son was very sick but didn't take us to A&E, I made my own way there to find out my son was severely dehydrated and very poorly.”

PTS comments

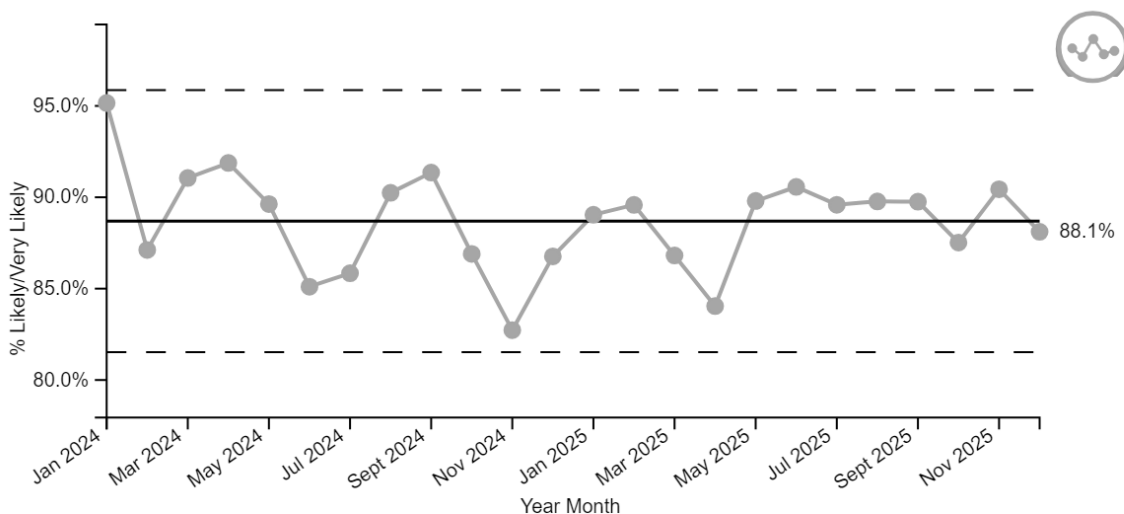
Positive:

- “All very polite, helpful and kind from the people that answer the phones to the drivers.”
- “The ambulance is always on time. All the crew are wonderful. They treat me with great care and respect. I would be lost without them.”
- “Because of the professional, friendly, efficient, polite service provided by all involved by the telephone call and ambulance crew.”
- “Got in touch to let me know they were on their way, vehicle was clean and tidy, driver was polite... and they got me home/to my destination as required. Could not fault the service.”

Negative:

- “Long wait on phone to book transport. Long wait waiting for return transport.”
- “Didn't turn up at all even though received text for confirmation.”
- “The crew refused to take my mum on 3 separate occasions and only did so on the 4th occasion when a social worker intervened. This has delayed my mum's cancer treatment check-ups as she needed to have this first appointment to have a gallbladder drain removed before attending her other appointments.”
- “My appointment was at 9.30am and I was collected after the appointment at 15.30.”

111 Friends & Family Test %



NHS 111 comments

Positive:

- “Call was answered quickly. Initial call handler was helpful and clinician was great.”
- “Very reassuring and advice given by call handler who also sent text messages. The call handler booked the call back from my GP. I was advised by doctors’ receptionist to ring back at 8 am or contact 111. Also advised to ring back if get worse.”
- “Your service was excellent. I understood everything. I am disabled. I live downstairs and my wife lives upstairs. They needed to speak to her personally, to ask questions about her health. I had to get upstairs on my bum. Other than that, excellent.”

Negative:

- “After six hours, had to call 999 to get treatment which took from 11am to 6pm by this time. I was ill. They said a max of three hours.”
- “I was told I would get a call back within the hour given my son was 4 years old. 5 hours later and practically the middle of the night got a call and missed it. Not great for a child!”
- “The call handler just presumed that my problem was with my mental health as I suffer from anxiety/depression and the anniversary of a family members death. This was not the issue I rang about. So I was left dissatisfied with the outcome I also felt patronised by a member of the mental health team.”

PES

The 696 responses for December are **3.4%** higher when compared to November's of 673, (up by 23) in November. Comments are also higher at **10.1%** (558 for December compared to 507 reported in November). The overall experience score for Dec 25 of 92.4% is **0.3%** lower than the 92.7% reported in November. Returns for December 24 were about 50 responses higher, but satisfaction levels remain similar (91.6% positive in Dec 24, 92.4% in Dec 25).

PTS

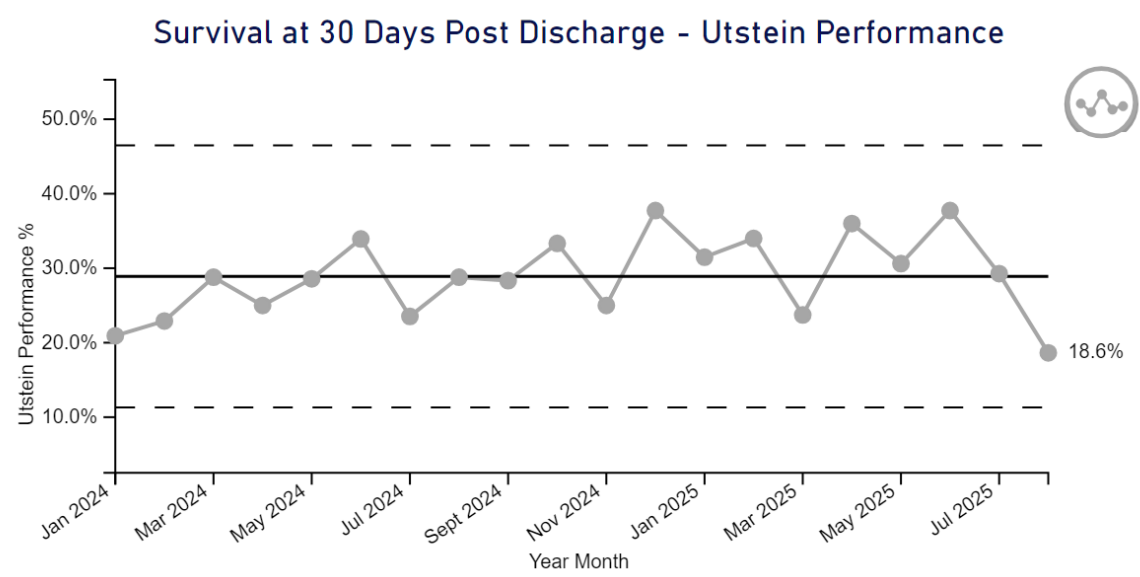
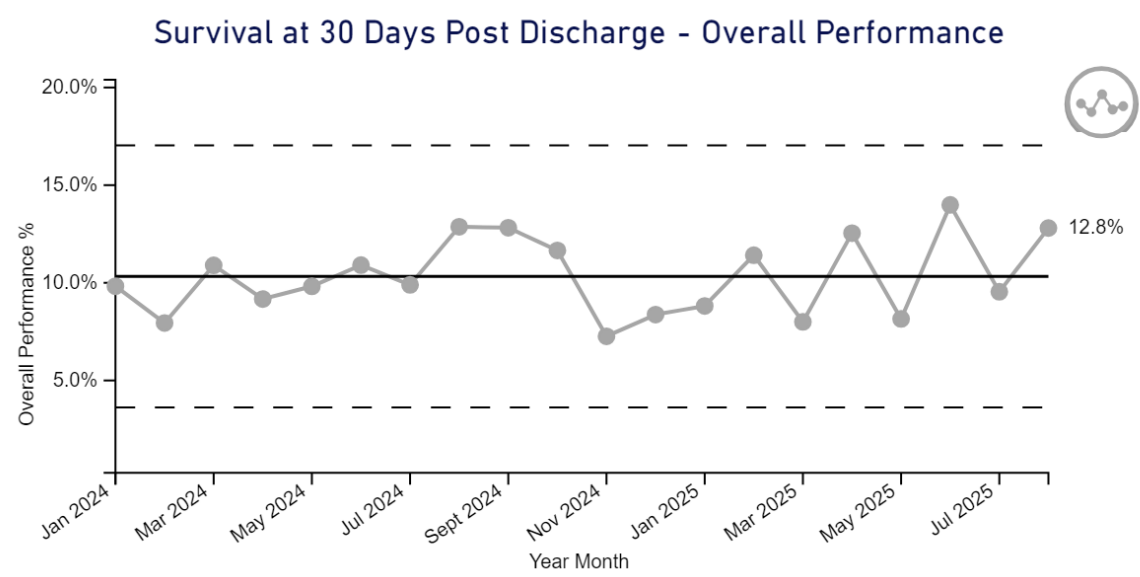
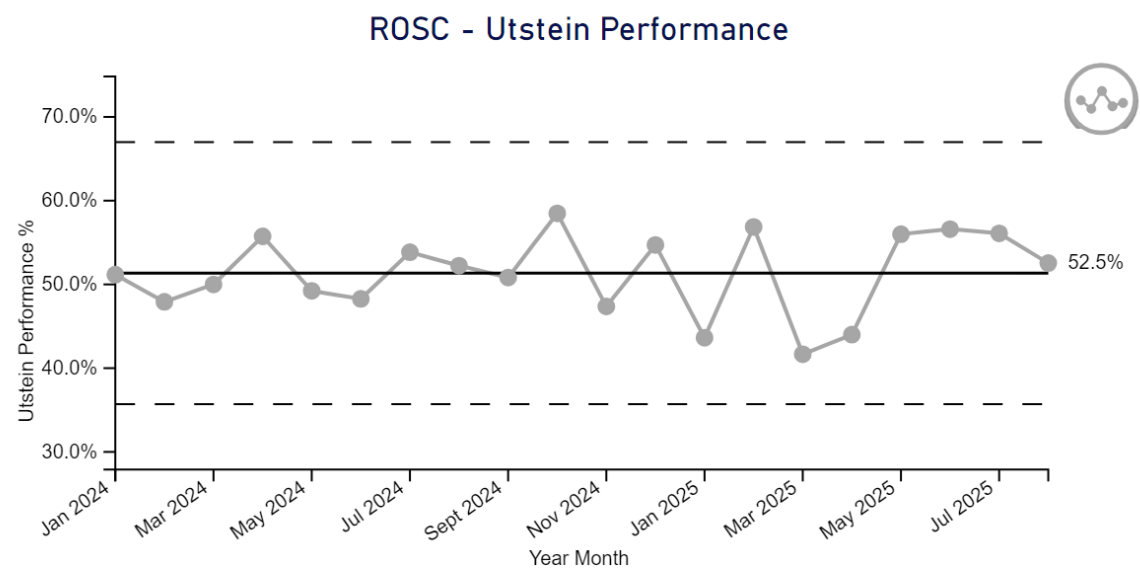
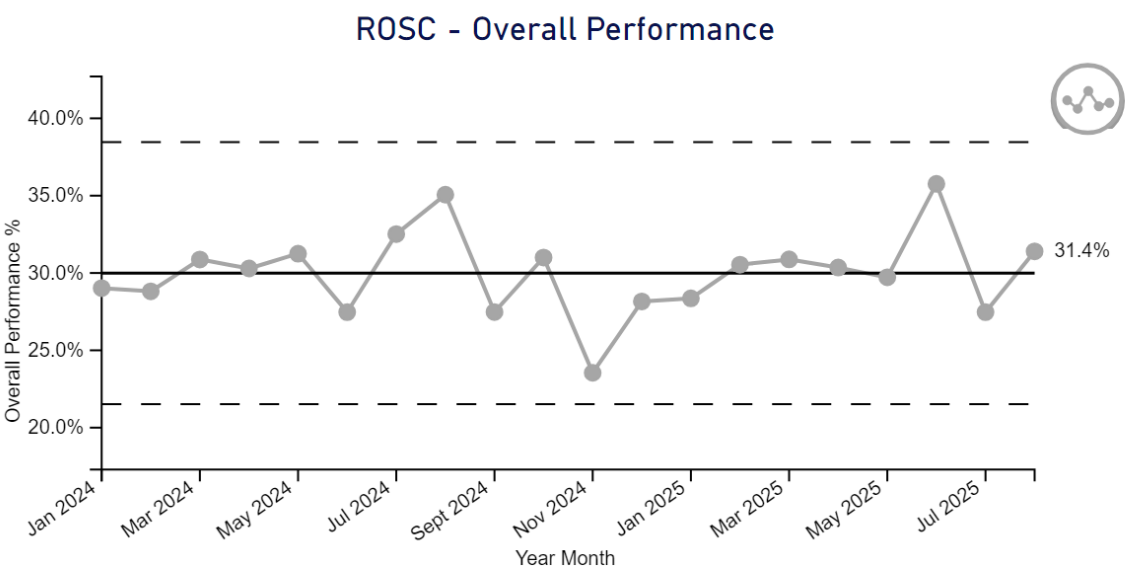
The 1,079 responses from December are **1.8%** higher than November at 1,098, with supporting comments lower by 1.4% (1,006 for December compared to 992 for November). The overall experience score for December of 91.9% is **0.3%** higher than the 91.6% reported for November. Both returns and satisfaction levels are slightly lower when compared to December 2024.

NHS 111

For December we have 597 returns, compared to the 617 returns reported for November. From the December returns, we see an 88.1% likelihood of the 111 service being recommended, a difference of 2.3 % compared to the 90.4% reported for November. Return levels have remained significantly improved over the last 8 months due to the use of additional opportunities to ask the FFT question (via the NHS 111 service care text).

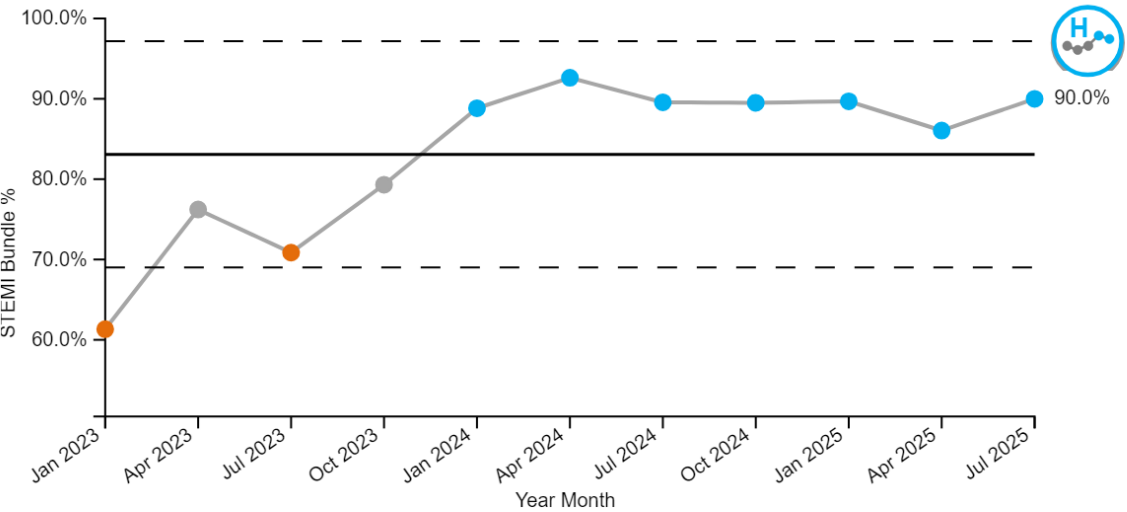
It should be noted for all 3 service lines the FFT question is not the only form of patient survey or engagement opportunity used to assess and better understand patient experience.

E2 Ambulance Clinical Quality Indicators (ACQI)

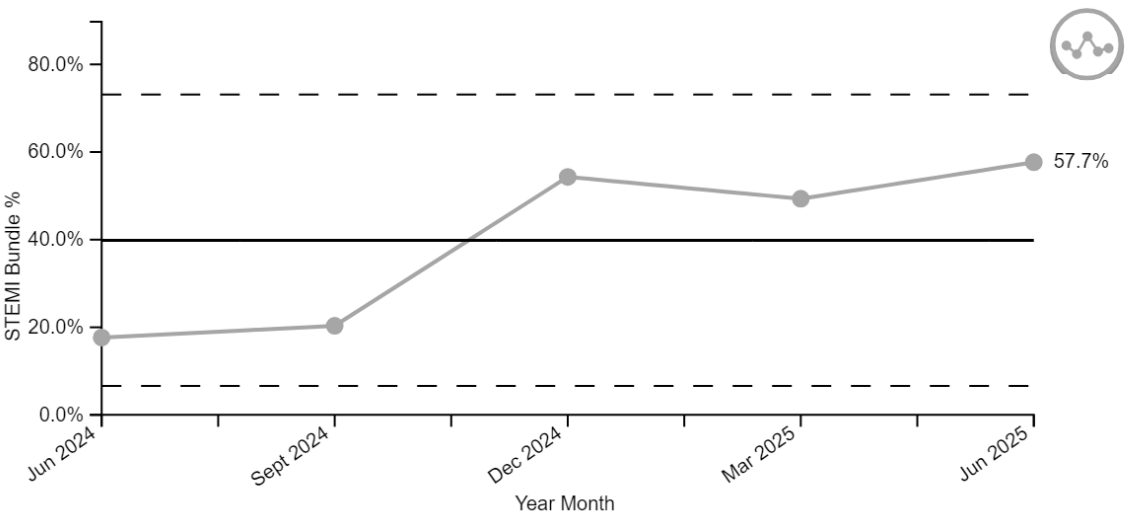


E2 Ambulance Clinical Quality Indicators (ACQI)

STEMI Care Bundle



Falls Care Bundle

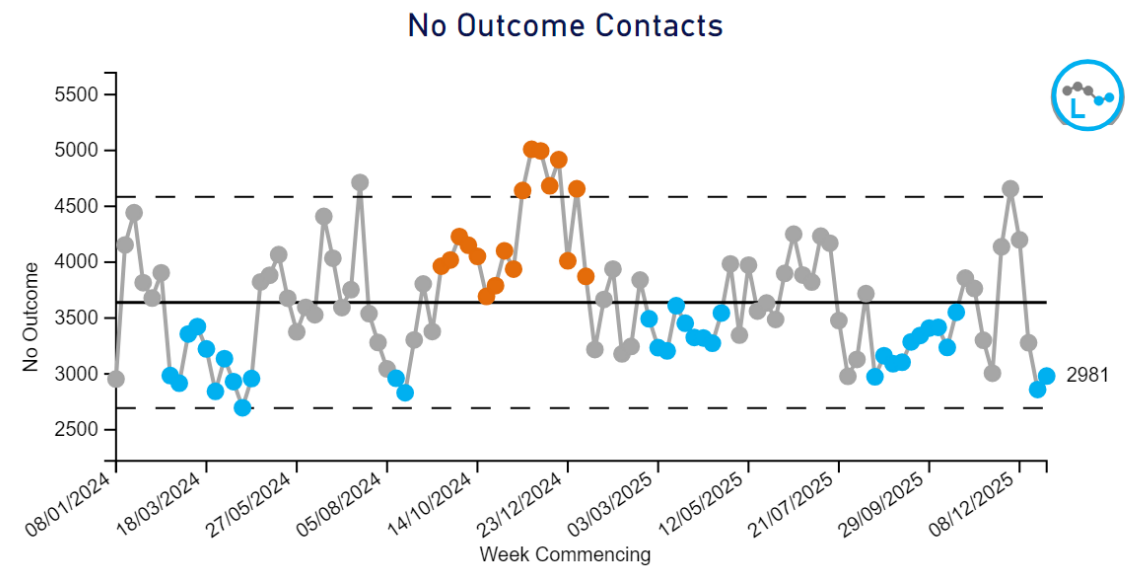
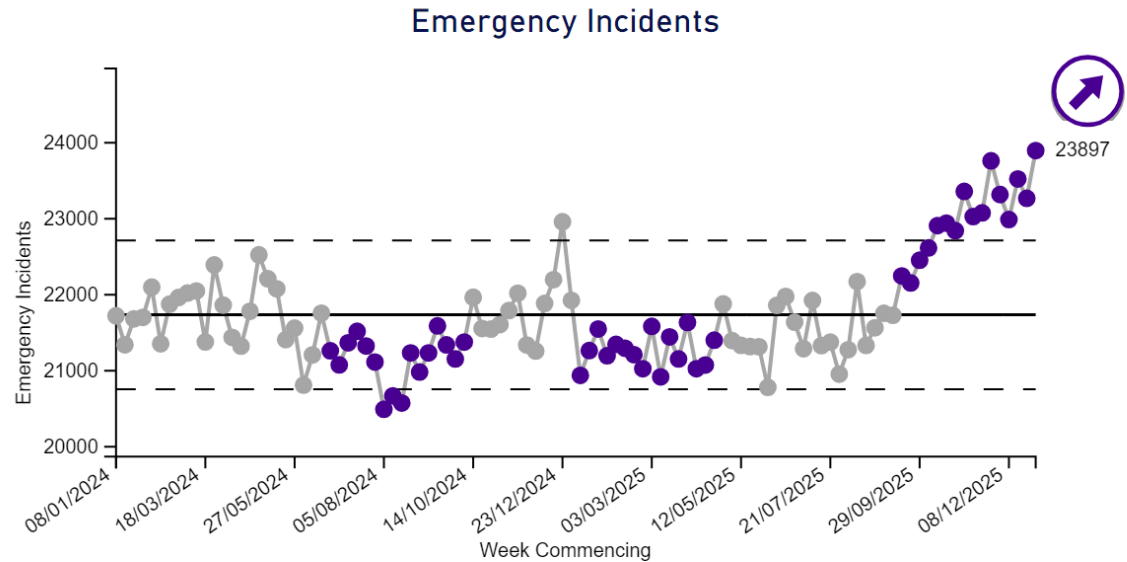


Summary:

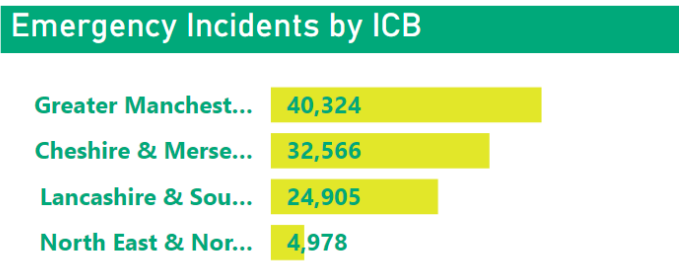
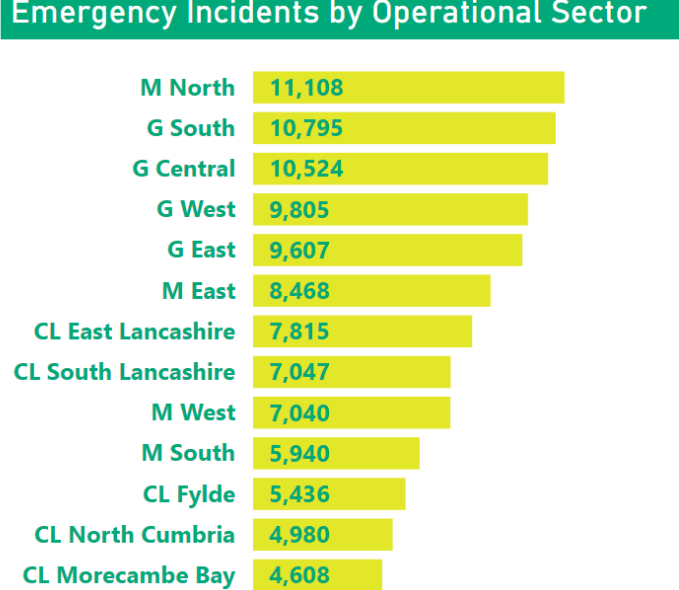
- ROSC overall performance - last reported in Aug 25 (31.4%), **above** the national average of 28.2%.
- ROSC Utstein performance - last reported in Aug 25 (52.5%), **equal to** the national average of 52.5%.
- Survival at 30 days after discharge overall performance – last reported in Aug 25 (12.8%), **above** the national average of 10.4%.
- Survival at 30 days after discharge Utstein performance – last reported in Aug 25 (18.6%), **below** the national average of 28.9%. This was impacted by deterioration of ROSC performance in C&L.
- STEMI bundle - last reported in July 25 (90.0%), **above** the national average of 84.5%.
- Falls bundle – last reported in Jun 25 (57.7%), **above** the national average of 51.7%.

Actions: Full analysis was carried out in the decrease in Survival at 30 days by clinical leads and is assessed to be a transient issue with no single cause.

E3 Activity & Outcomes

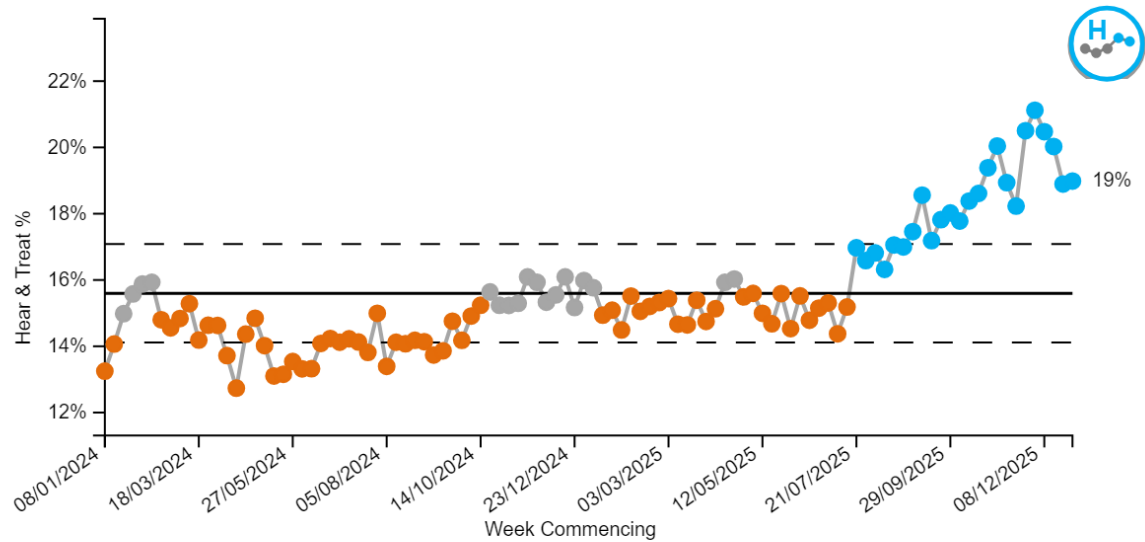


Emergency Incidents

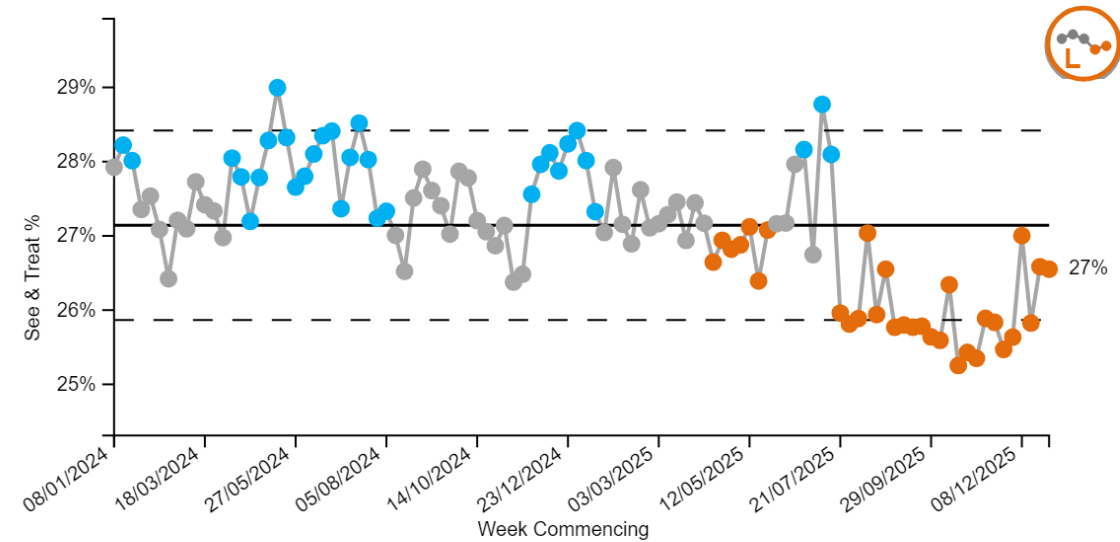


Calendar Year	Month	Calls	% Change from previous year	Incidents	% Change from previous year
2022	Dec	156,347		92,997	
2023	Dec	133,105	-14.87 %	96,581	3.85 %
2024	Dec	133,150	0.03 %	97,647	1.10 %
2025	Dec	130,255	-2.17 %	103,275	5.76 %

Hear & Treat (AQI)



See & Treat (AQI)



Months Hear & Treat by Sector

G Central	24.1%
M North	22.1%
CL South Lancashire	22.1%
M West	20.3%
M South	19.8%
G West	19.7%
CL Fylde	19.6%
G East	19.6%
CL East Lancashire	18.8%
M East	18.8%
G South	18.4%
CL Morecambe Bay	16.4%
CL North Cumbria	15.6%

Months Hear & Treat by ICB

Greater Man...	20.5%
Cheshire & ...	20.4%
Lancashire ...	19.5%
North East ...	15.6%

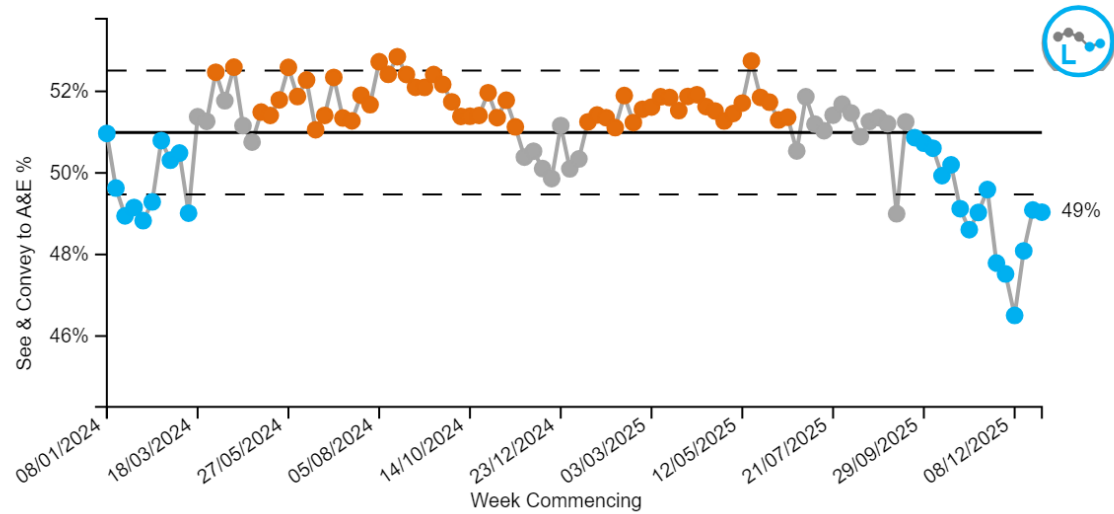
Months See & Treat by Sector

CL Morecambe Bay	29.9%
CL North Cumbria	28.9%
CL Fylde	28.8%
M South	28.2%
CL East Lancashire	27.3%
G South	26.0%
G East	26.0%
CL South Lancashire	25.8%
M West	25.8%
G West	25.5%
G Central	25.2%
M North	24.8%
M East	24.4%

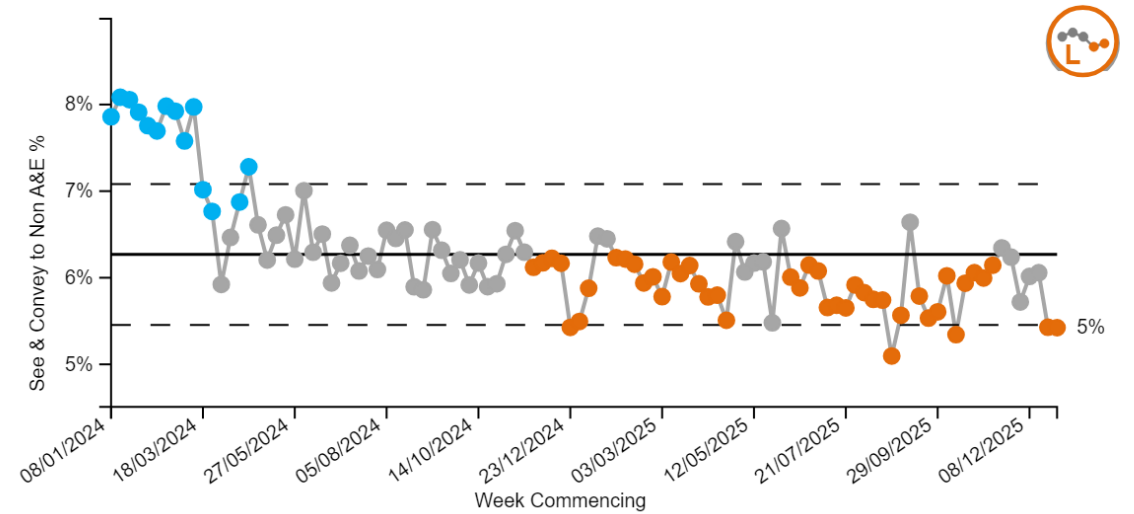
Months See & Treat by ICB

North East ...	28.8%
Lancashire ...	27.7%
Greater Man...	25.6%
Cheshire & ...	25.6%

See & Convey to A&E (AQI)



See & Convey to Non A&E (AQI)



Months See & Convey (AE) by Sector

CL East Lancash...	45.0%
G Central	45.6%
CL Fylde	46.1%
CL South Lanca...	46.4%
M South	46.6%
M North	47.5%
CL North Cumb...	48.1%
G East	48.1%
CL Morecambe ...	48.7%
M West	49.2%
M East	49.9%
G West	50.3%
G South	50.5%

Months See & Convey (AE) by ICB

Lancashire ...	46.3%
North East ...	48.1%
Cheshire & ...	48.3%
Greater Ma...	48.6%

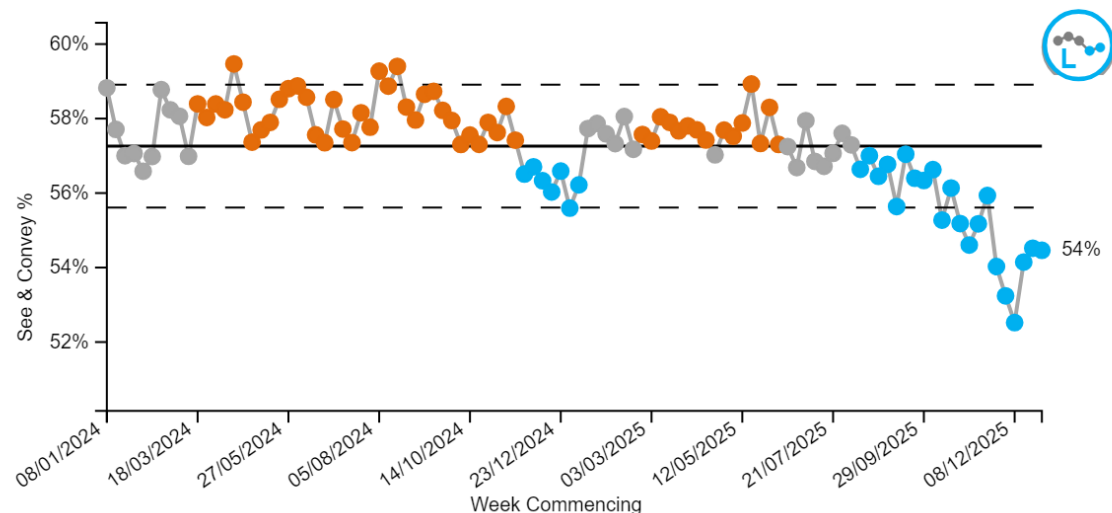
Months See & Convey (Non AE) by Sector

CL East Lancashire	8.8%
CL North Cumbria	7.5%
M East	6.8%
G East	6.4%
CL South Lancashire	5.7%
CL Fylde	5.6%
M North	5.5%
M South	5.4%
G Central	5.2%
G South	5.1%
CL Morecambe Bay	4.9%
M West	4.7%
G West	4.5%

Months See & Convey (Non AE) by ICB

North East & ...	7.5%
Lancashire & ...	6.5%
Cheshire & M...	5.7%
Greater Manc...	5.3%

See & Convey (AQI)



Months See & Convey by Sector

G Central	50.8%
CL Fylde	51.7%
M South	52.0%
CL South Lancashire	52.1%
M North	53.0%
CL Morecambe Bay	53.7%
CL East Lancashire	53.8%
M West	53.9%
G East	54.4%
G West	54.8%
CL North Cumbria	55.5%
G South	55.6%
M East	56.7%

Months See & Convey by ICB

Lancashire & ...	52.9%
Greater Manc...	53.9%
Cheshire & M...	54.0%
North East & ...	55.5%

Activity & Outcomes

Summary: Of the n=130,255 emergency calls received by the trust, 79.3% (n=103,275) became incidents. Emergency Incidents have continued to rise since Sep 25.

The overall improvements in Hear & Treat are due to a number of factors, including better management of frequent callers, improved navigation processes, better use of external CAS providers and improved oversight and changes to reporting.

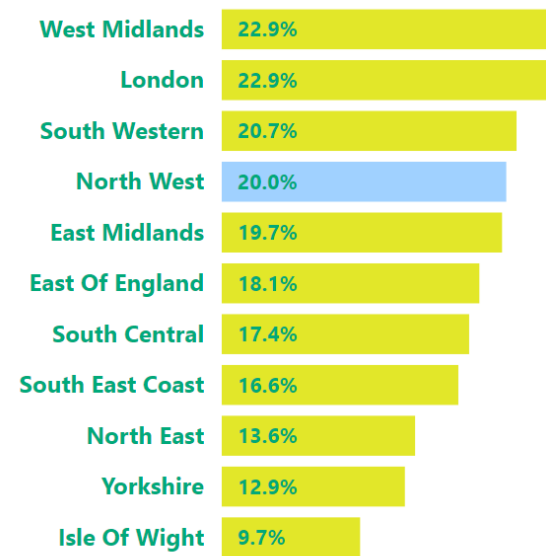
Increases in H&T are occurring in each Operational Areas but particularly so in Greater Manchester. When broken down further by Sector Area for H&T it is apparent that Greater Manchester G Central has a large spike since about August. Theres also a steady increase in H&T number in Cheshire & Merseyside M North.

The H&T rate for December was 20.0% and S&T was 26.3%, equating to a non-conveyance rate of 46%.

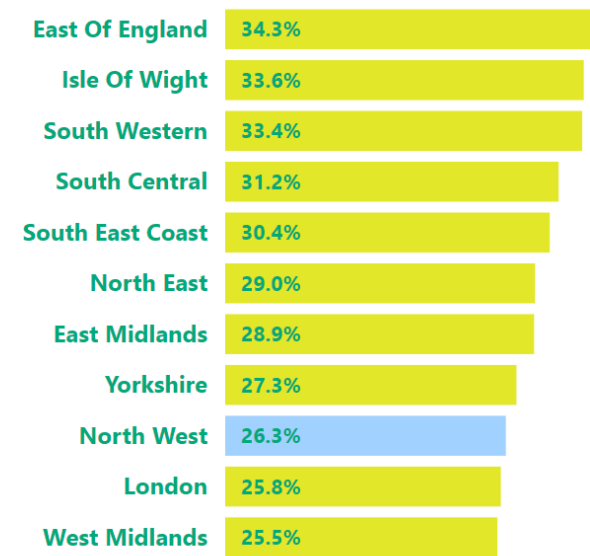
Action:

The impact of the implementation of CAS providers in the Cheshire and Merseyside areas is being monitored.

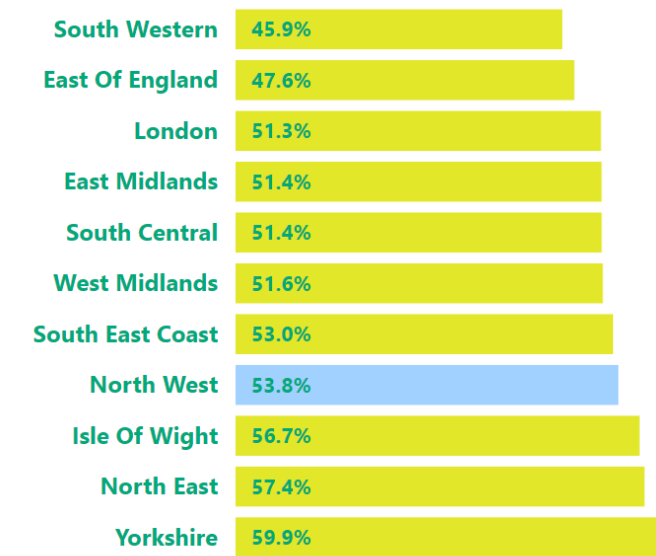
Hear & Treat % by Trust



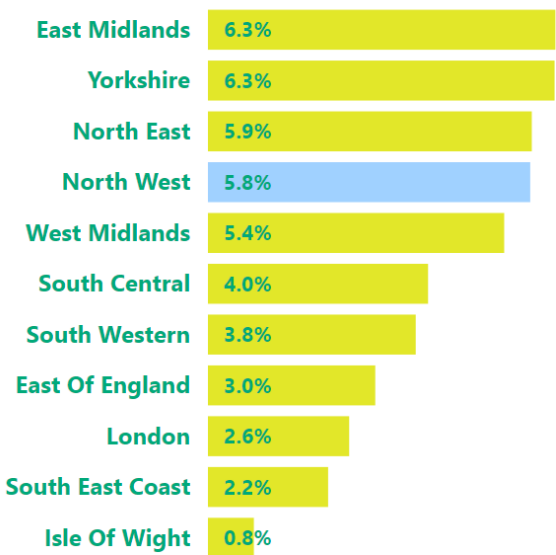
See & Treat % by Trust



See & Convey % by Trust



See & Convey non A&E % by Trust



Operational

O1 Call Pick up

O3 ARP Response Times

O3 ARP Provider Comparison

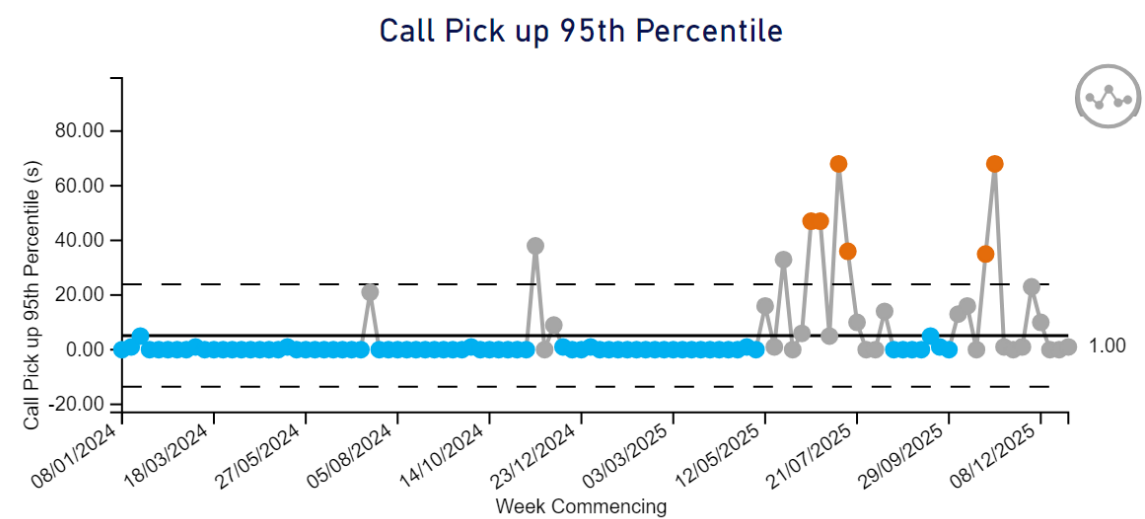
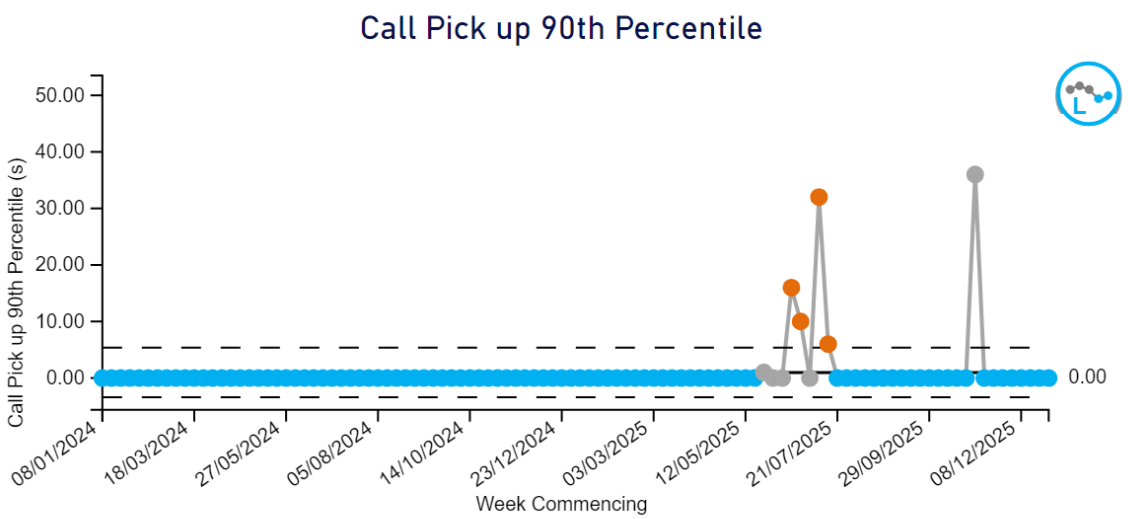
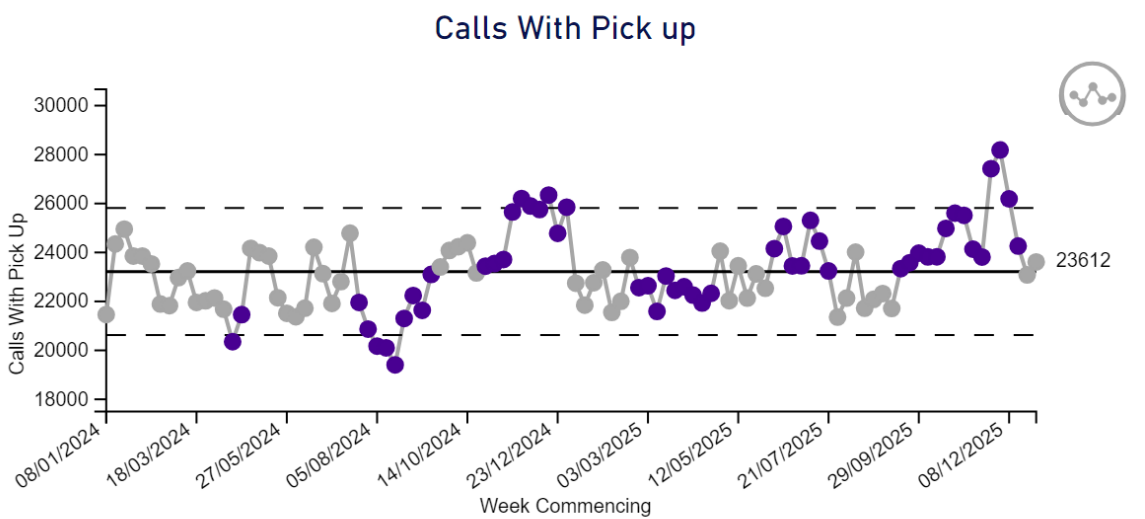
O3 A&E Turnaround

O3 A&E Turnaround ICB

O4 111 Activity & Performance

O5 PTS Activity

O1 Call Pick Up

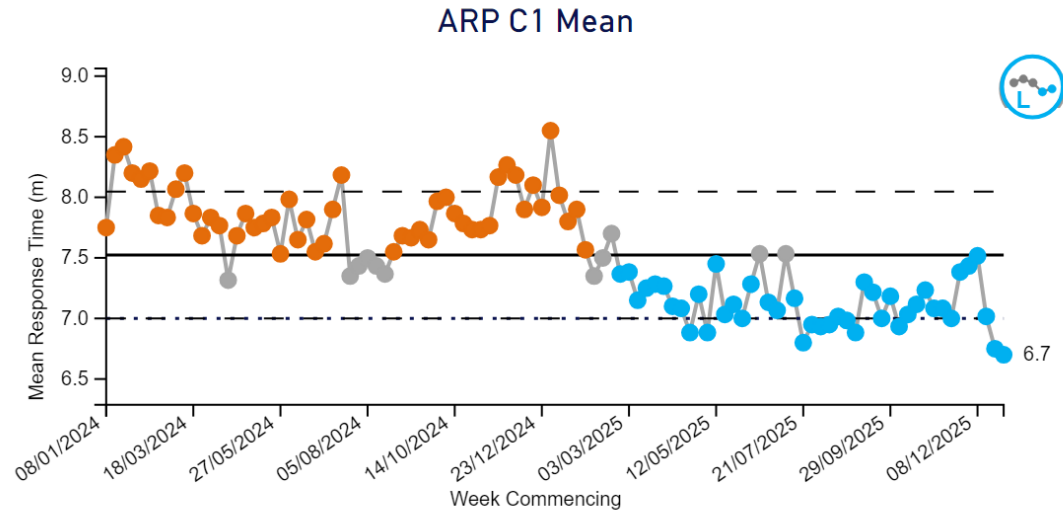


Call Pick Up Mean		Call Pick up 90th Percentile		Call Pick up 95th Percentile	
Month	2	Month	0	Month	1
YTD	2	YTD	0	YTD	6
Ranking	5	Ranking	2	Ranking	2

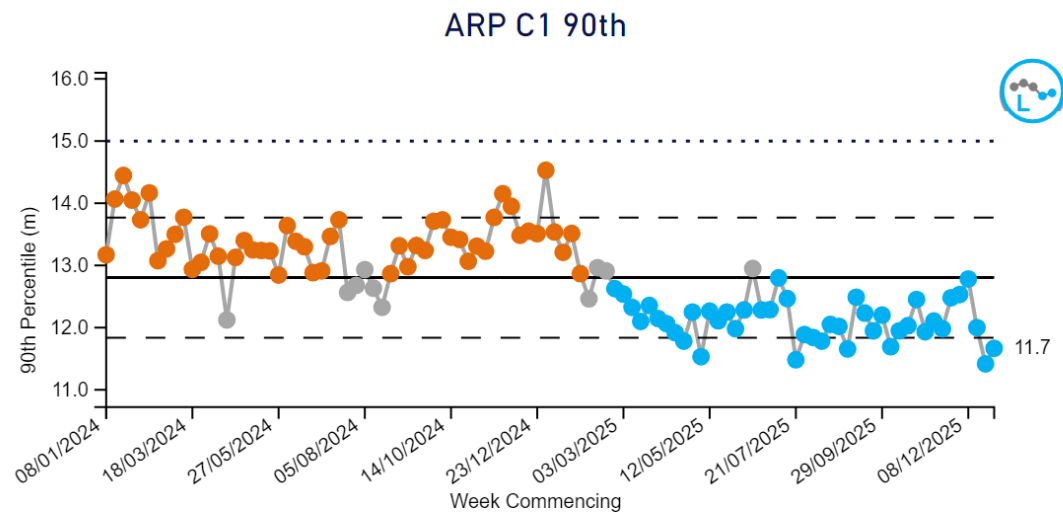
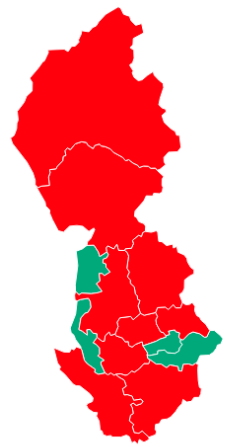
Call pick-up volume stabilised in the last week of December to 23,612, however overall pick up was 114,076 in December compared to 105,455 in November. Call handling performance has improved: the average pick-up time decreased from 3 seconds to 2 seconds, and the 95th percentile improved from 8 seconds to 6 seconds.

The trust ranked fifth for mean, and second for 90th and 95th percentile.

O3 ARP Response Times



C1 Mean (Red
=>7min)



C1 90th (Red
=>15min)



C1 Mean by Sector

CL North Cumbria	00:08:45
M South	00:08:26
CL Morecambe Bay	00:08:09
CL East Lancashire	00:07:37
CL South Lancashire	00:07:36
M West	00:07:20
G East	00:07:12
M East	00:07:11
G West	00:07:00
CL Fylde	00:06:46
G Central	00:06:32
M North	00:06:31
G South	00:06:22

C1 Mean by ICB

North East & North...	00:08:45
Lancashire & Sout...	00:07:32
Cheshire & Mersey...	00:07:09
Greater Manchester	00:06:45

C1 Mean	
Target	00:07:00
Month	00:07:09
YTD	00:07:07
Ranking	3

C1 90th by Sector

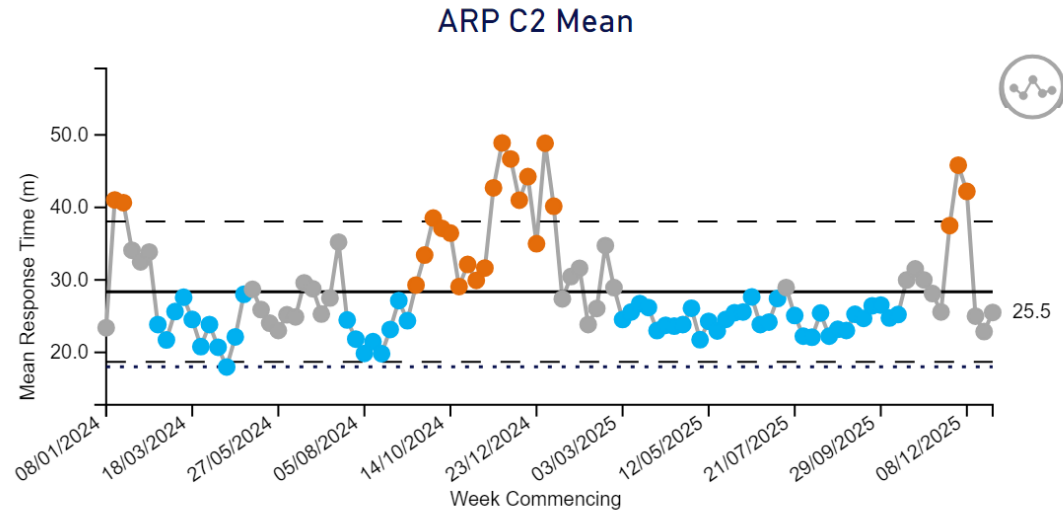
CL Morecambe Bay	00:17:06
CL North Cumbria	00:16:01
M South	00:15:18
CL South Lancashire	00:13:11
M West	00:13:08
CL East Lancashire	00:13:03
CL Fylde	00:12:27
M East	00:12:04
G East	00:11:26
G West	00:11:19
M North	00:10:50
G Central	00:10:38
G South	00:10:16

C1 90th by ICB

North East & N...	00:16:01
Lancashire & So...	00:13:15
Cheshire & Mer...	00:12:22
Greater Manche...	00:10:53

C1 90th	
Target	00:15:00
Month	00:12:08
YTD	00:12:07
Ranking	3

O3 ARP Response Times



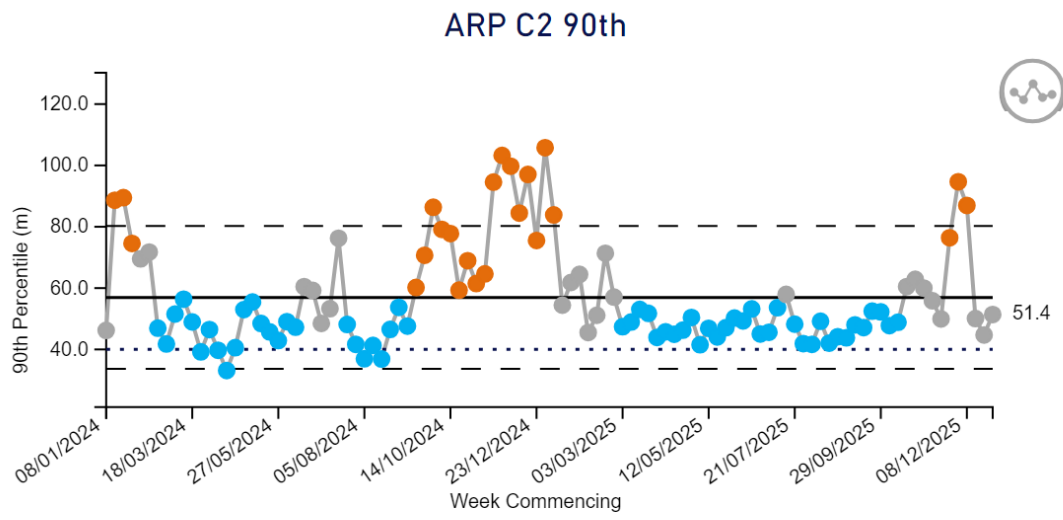
C2 Mean (Red => 18min)



C2 Mean by Sector	
M East	00:46:42
M North	00:45:40
M West	00:45:27
M South	00:35:18
CL Morecambe Bay	00:33:04
CL South Lancashire	00:32:05
G West	00:32:02
CL Fylde	00:29:24
G East	00:29:14
CL North Cumbria	00:29:08
G Central	00:26:10
CL East Lancashire	00:25:49
G South	00:25:15

C2 Mean by ICB	
Cheshire & Mersey...	00:44:01
Lancashire & Sout...	00:29:42
North East & Nort...	00:29:08
Greater Manchester	00:28:02

C2 Mean	
Target (ARP)	00:18:00
Target (UEC)	00:28:00
Month	00:33:27
YTD	00:26:33
Ranking	9



C2 90th (Red => 40min)

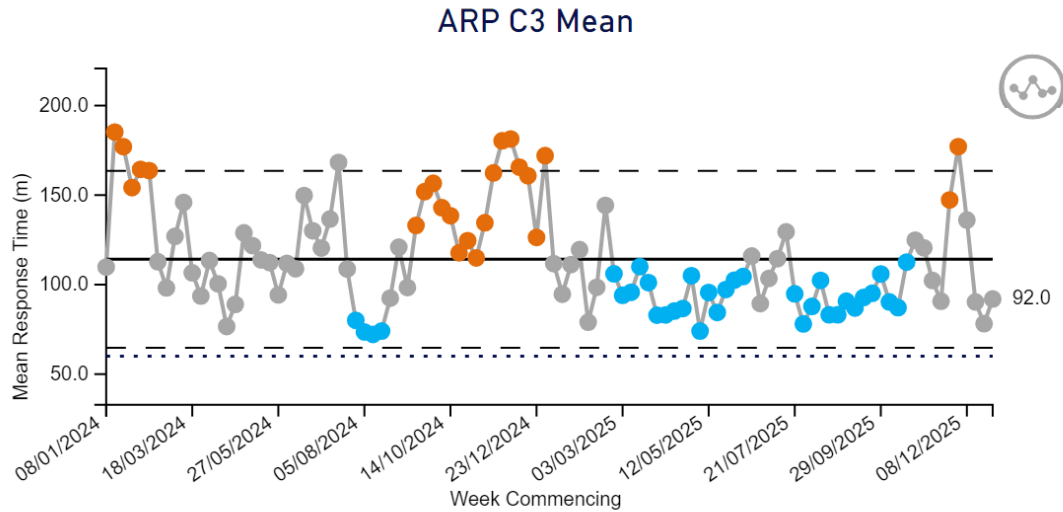


C2 90th by Sector	
M North	01:47:55
M East	01:45:48
M West	01:42:53
M South	01:09:16
CL Morecambe Bay	01:08:13
CL South Lancashire	01:07:32
G West	01:05:44
CL Fylde	01:01:50
G East	00:59:50
CL North Cumbria	00:59:43
G Central	00:55:27
G South	00:53:37
CL East Lancashire	00:53:32

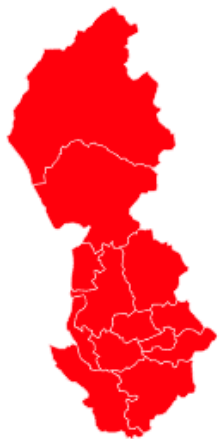
C2 90th by ICB	
Cheshire & Mersey...	01:36:19
Lancashire & Sout...	01:01:45
North East & Nort...	00:59:43
Greater Manchester	00:58:47

C2 90th	
Target	00:40:00
Month	01:08:18
YTD	00:52:21
Ranking	8

O3 ARP Response Times



C3 Mean (Red => 60min)



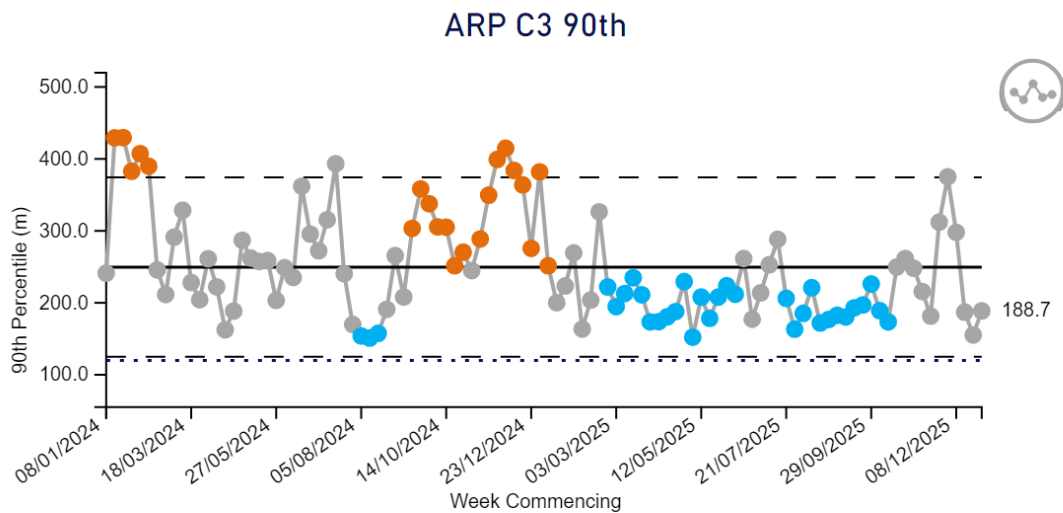
C3 Mean by Sector

M East	02:12:06
M North	02:11:39
G West	02:08:53
M West	02:01:55
G East	02:00:09
CL South Lancashire	01:54:44
G Central	01:51:42
G South	01:46:11
CL Morecambe Bay	01:36:55
CL East Lancashire	01:34:10
CL North Cumbria	01:32:13
CL Fylde	01:30:14
M South	01:30:09

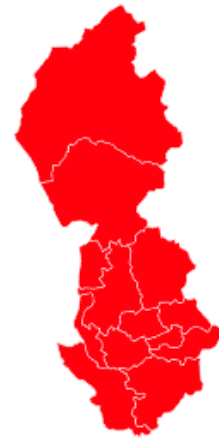
C3 Mean by ICB

Cheshire & Mersey...	02:01:00
Greater Manchester	01:56:44
Lancashire & Sout...	01:39:33
North East & Nort...	01:32:18

C3 Mean	
Target	00:60:00
Month	01:52:46
YTD	01:39:11
Ranking	6



C3 90th (Red => 2h)



C3 90th by Sector

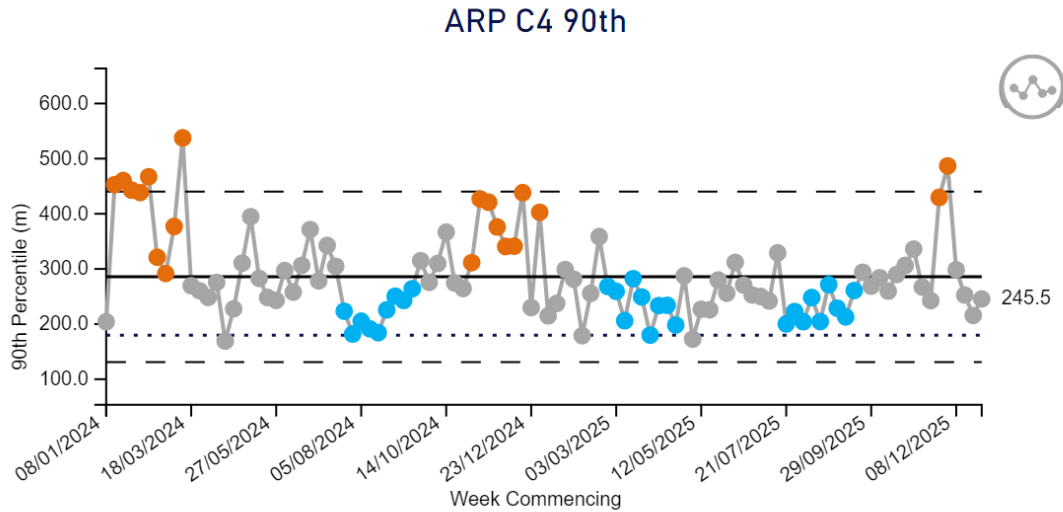
M North	05:07:16
M East	04:49:16
G West	04:44:51
M West	04:32:00
G East	04:19:25
CL South Lancashire	04:16:50
G Central	04:08:28
G South	03:55:05
CL Morecambe Bay	03:28:28
CL East Lancashire	03:22:59
CL North Cumbria	03:14:28
CL Fylde	03:13:50
M South	03:04:55

C3 90th by ICB

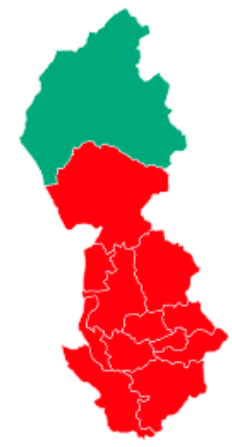
Cheshire & Mersey...	04:28:57
Greater Manchester	04:17:22
Lancashire & Sout...	03:34:49
North East & Nort...	03:14:59

C3 90th	
Target	01:30:00
Month	04:06:24
YTD	03:31:11
Ranking	6

O3 ARP Response Times



C4 90th (Red => 3h)



C4 90th by Sector	
G East	06:27:07
M North	06:10:36
G West	05:49:42
CL South Lancashire	05:37:26
G South	05:03:47
CL Morecambe Bay	04:59:41
M East	04:55:11
CL East Lancashire	04:45:30
G Central	04:42:33
M South	04:07:40
M West	03:44:29
CL Fylde	03:29:06
CL North Cumbria	02:47:24

C4 90th by ICB	
Greater Manchester	05:22:50
Lancashire & Sout...	04:31:49
Cheshire & Mersey...	04:04:24
North East & Nort...	02:47:24

C4 90th	
Target	03:00:00
Month	04:37:58
YTD	04:14:15
Ranking	3

C1 mean response times remained stable at 07m:09s, unchanged, from November. During December, response times were stable for the first two weeks before improving consistently over the remainder of the month over the remainder of the month. The final two weeks recorded significant improvement, with mean response falling below the lower control limit. C1 90th percentile improved slightly to 12m:08s from 12m:09s, with all ICBs except Cheshire & Merseyside showing improvement.

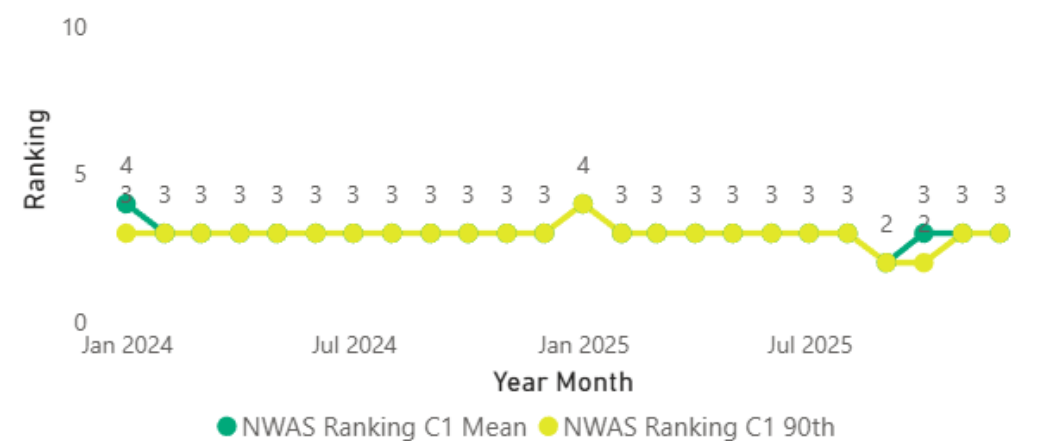
C2 mean response times deteriorated further in December, increasing from 30m:17s to 33m:27s. Mean response times were notably high during the first two weeks before improving. All sectors recorded higher mean response times except M. South, with substantial increases in M. North (+09m:01s), M. East (+08m:38s), and M. West (+08m:01s). All ICBs remain outside the UEC target. C2 90th percentile increased from 01h:01m:18s in November to 01h:08m:18s; no ICB or sector achieved the 40-minute target. Cheshire and Merseyside ICB reported the highest mean response times.

C3 mean response times improved slightly from 01h:53m:11s to 01h:52m:46s but remain above the national target. The C3 90th percentile worsened, rising from 03:56:03 to 04:06:24.

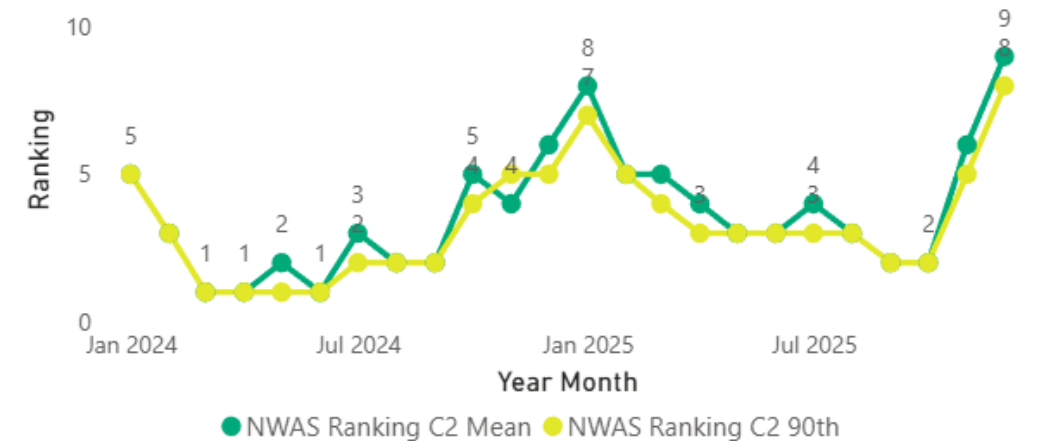
The C4 90th percentile performance has improved, decreasing from last month's 05h:03m:13s to 04h:37m:58s. North East & North Cumbria now meets the national target unlike last month when all ICBs had longer response times.

O3 ARP Provider Comparison

C1 Mean & 90th Percentile ranking over time



C2 Mean & 90th Percentile ranking over time



C1 Mean by Trust

North East	00:06:20
London	00:07:05
North West	00:07:09
Isle Of Wight	00:07:39
Yorkshire	00:07:55
West Midlands	00:08:08
South Central	00:08:26
South East Coast	00:08:27
East Of England	00:08:39
South Western	00:08:54
East Midlands	00:09:12

C1 90th by Trust

North East	00:10:49
London	00:12:01
North West	00:12:08
Yorkshire	00:13:42
Isle Of Wight	00:14:00
West Midlands	00:14:31
South Central	00:15:24
South East Coast	00:15:38
East Midlands	00:16:17
East Of England	00:16:19
South Western	00:16:49

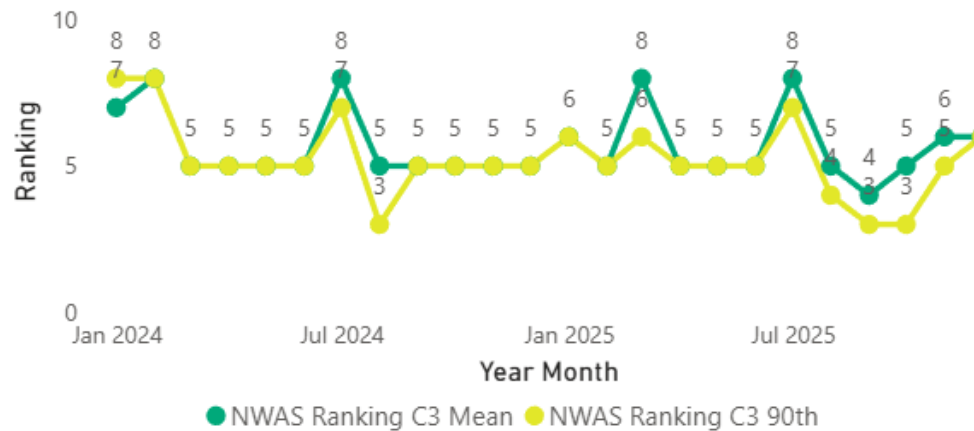
C2 Mean by Trust

North East	00:25:03
Yorkshire	00:26:54
South East Coast	00:28:23
Isle Of Wight	00:30:21
West Midlands	00:30:46
South Central	00:31:54
London	00:32:18
South Western	00:32:57
North West	00:33:28
East Of England	00:36:43
East Midlands	00:44:19

C2 90th by Trust

North East	00:50:51
Yorkshire	00:56:50
South East Coast	00:57:24
South Central	01:03:27
West Midlands	01:05:18
Isle Of Wight	01:06:48
South Western	01:07:52
North West	01:08:18
London	01:09:07
East Of England	01:18:14
East Midlands	01:38:48

C3 Mean & 90th Percentile ranking over time



C4 90th Percentile ranking over time



C3 Mean by Trust

North East	01:13:12
Yorkshire	01:21:40
London	01:34:36
Isle Of Wight	01:35:21
South Western	01:41:27
North West	01:52:41
East Of England	02:02:03
South East Coast	02:16:52
West Midlands	02:23:05
South Central	03:07:32
East Midlands	03:23:49

C3 90th by Trust

North East	02:56:54
Yorkshire	03:13:56
Isle Of Wight	03:41:26
London	03:47:24
South Western	03:57:52
North West	04:06:20
East Of England	04:46:21
South East Coast	05:07:02
West Midlands	06:25:53
South Central	07:15:34
East Midlands	08:22:25

C4 90th by Trust

North East	03:37:46
Yorkshire	04:18:58
North West	04:34:44
Isle Of Wight	05:30:04
London	05:44:10
East Of England	05:48:17
South East Coast	05:49:57
South Western	05:54:21
West Midlands	06:17:55
South Central	06:31:40
East Midlands	10:48:41

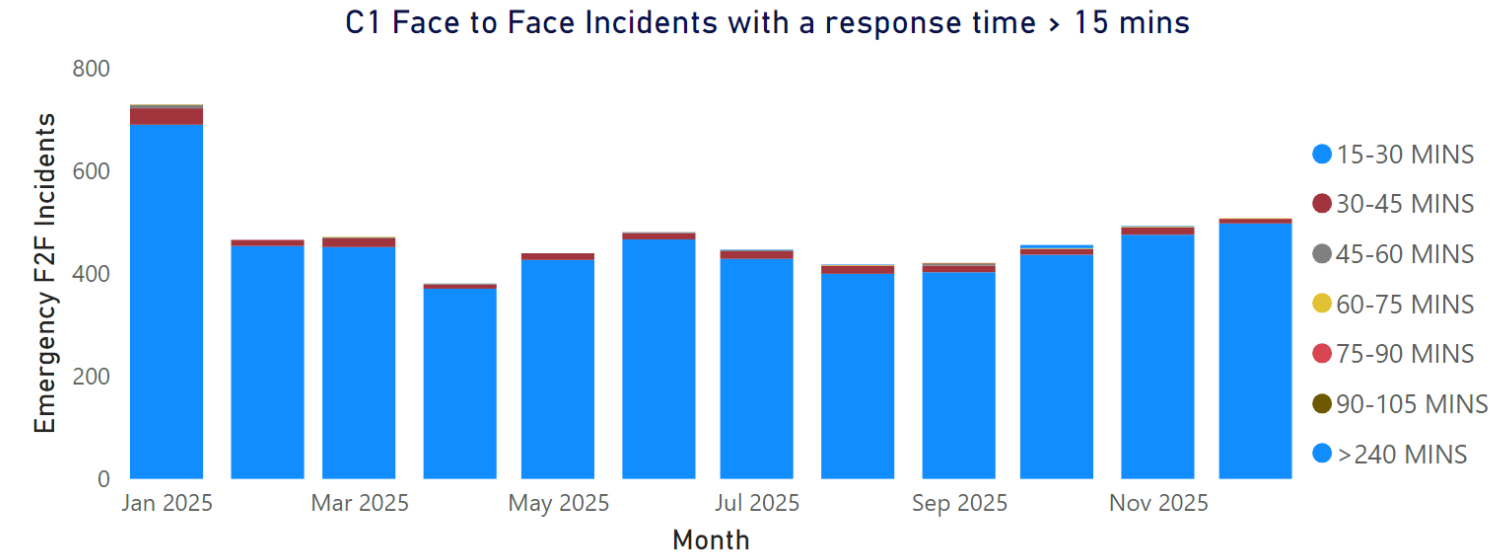
Summary:

The Trust has maintained strong national performance for C1 mean and C1 90th percentile holding its position at third nationally.

C2 performance nationally has decrease over the last two months. The Trust is now ranked 9th for C2 Mand and 8th for C2 90th.

For lower acuity categories, C3 mean remaining 6th nationally while the 90th percentile position has fallen to 6th. C4 90th percentile performance is now ranked 3rd nationally.

O3 Long Waits C1



Month Year	Total No. of C1 Long Waits
Jan 2025	729
Feb 2025	465
Mar 2025	471
Apr 2025	380
May 2025	439
Jun 2025	480
Jul 2025	446
Aug 2025	417
Sep 2025	420
Oct 2025	455
Nov 2025	492
Dec 2025	507

Summary:

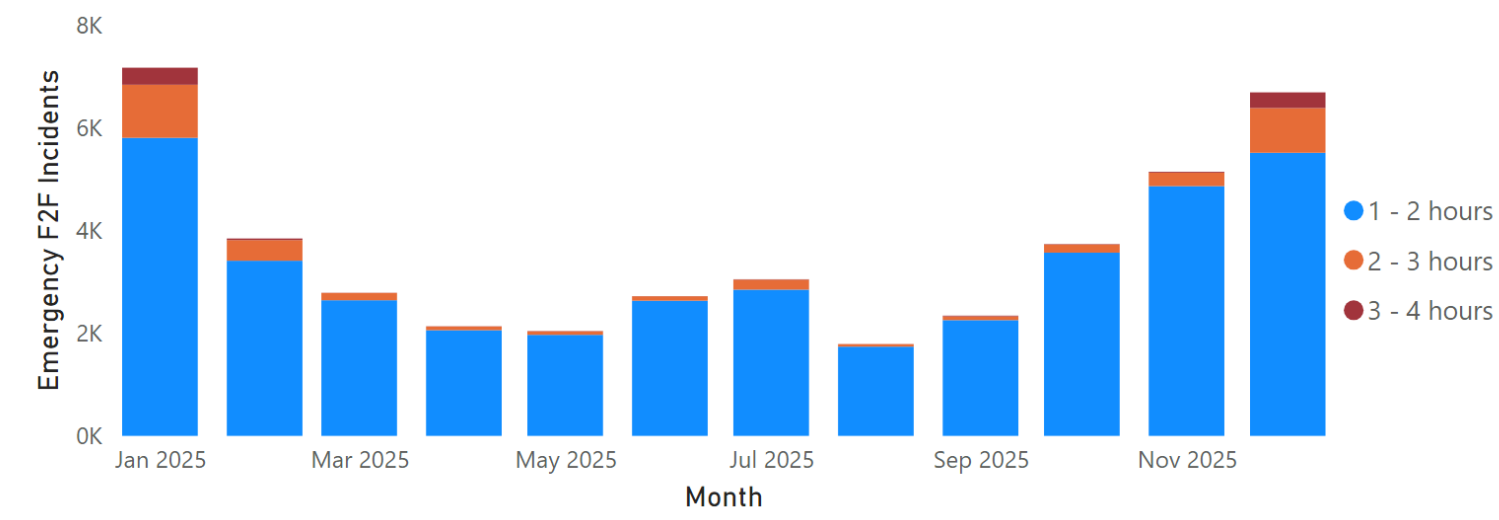
In December 2025, the number of C1 long-wait incidents increased to 507. C1 long waits remains significantly lower than December 2024 which reported 735 representing a 45% decrease for the same period last year.

Action:

Opportunities for improvement continue to be explored via the C1 improvement workstream which reports into the Service Delivery Operational Performance Group.

O3 Long Waits C2

C2 Face to Face Incidents with a response time > 60 mins



Month Year	Total No. of C2 Long Waits
Jan 2025	7,163
Feb 2025	3,840
Mar 2025	2,784
Apr 2025	2,132
May 2025	2,040
Jun 2025	2,719
Jul 2025	3,047
Aug 2025	1,787
Sep 2025	2,339
Oct 2025	3,732
Nov 2025	5,138
Dec 2025	6,683

Summary:

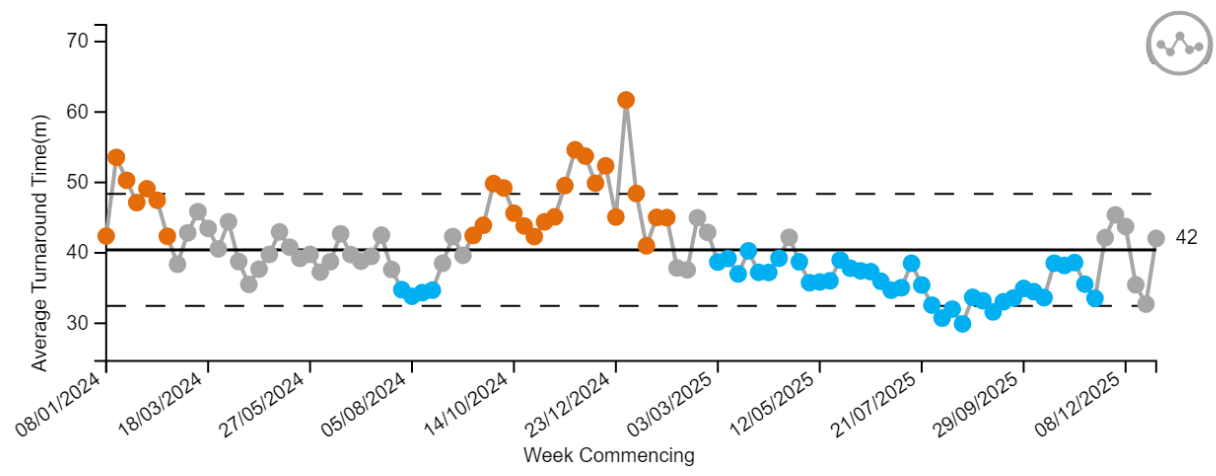
In December 2025, the total number of C2 long-wait incidents was 6,683, representing an increase compared to the previous month (1,545). This was the second-highest number of C2 long waits over the reporting period, with January 2025 being the highest. However, despite this increase, the December 2025 figure remained substantially lower than December 2024, which recorded 10,920 C2 long-wait incidents.

Action:

Continued monitoring by the Service Delivery Operational Performance Group.

O3 A&E Turnaround

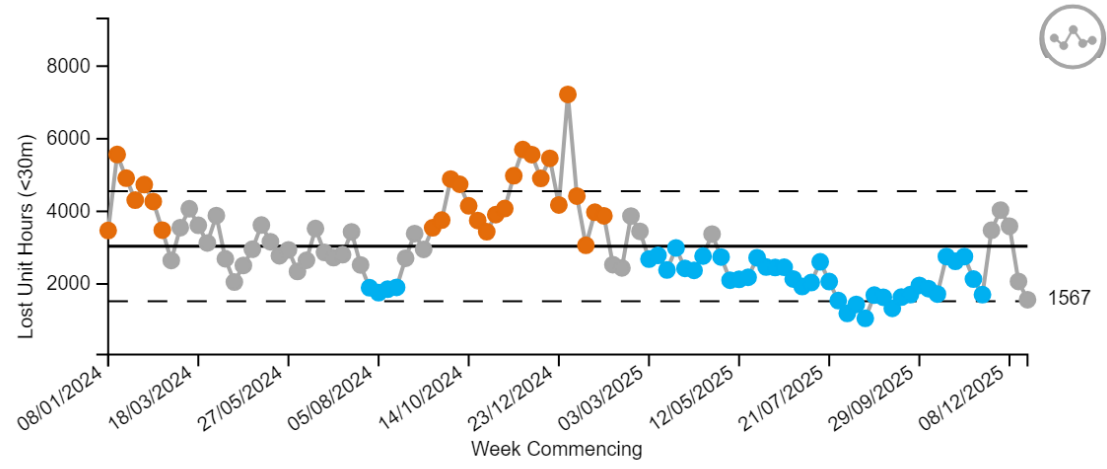
Average Turnaround Time



Month	Hospital Attendances	Average Turnaround Time(hh:mm:ss)	Average Arrival to Handover Time (hh:mm:ss)	Average Handover to Clear Time(hh:mm:ss)
Dec 2024	49,454	00:51:07	00:42:22	00:08:59
Jan 2025	48,251	00:47:49	00:39:23	00:08:39
Feb 2025	44,053	00:41:08	00:32:24	00:08:51
Mar 2025	48,911	00:38:33	00:29:56	00:08:52
Apr 2025	47,340	00:39:14	00:30:35	00:08:56
May 2025	49,476	00:36:35	00:27:45	00:09:01
Jun 2025	47,627	00:37:14	00:28:18	00:09:10
Jul 2025	48,826	00:35:38	00:26:42	00:09:07
Aug 2025	49,030	00:31:26	00:22:34	00:08:59
Sep 2025	47,965	00:33:16	00:24:23	00:08:58
Oct 2025	50,740	00:35:49	00:26:54	00:09:03
Nov 2025	48,975	00:37:22	00:28:24	00:09:10
Dec 2025	49,755	00:39:28	00:30:39	00:08:58

O3 A&E Turnaround

Lost Unit Hours (Turnaround <30m)



Top 5 Trusts with most lost unit hours

Destination Short Name	Hospital Attendanc es to AE	Lost Time Turnaround >30m (h)	Mean at Hospital to Clear Time(hh:m m:ss)	Mean at Hospital to Handover Time(hh: mm:ss)	Mean Handover to Clear Time(hh:m m:ss)
Whiston	2,318	1979.45	01:14:34	01:04:06	00:10:36
Aintree University	2,242	1428.19	01:00:57	00:49:23	00:11:57
Blackpool Victoria	2,496	955.78	00:46:49	00:37:52	00:09:13
Arrowe Park	2,100	727.43	00:46:30	00:37:07	00:09:03
Royal Liverpool University	2,379	751.12	00:45:41	00:35:27	00:10:43

Month	No of patients wating outside ED for handover
Dec 2024	2510
Jan 2025	1605
Feb 2025	1199
Mar 2025	1417
Apr 2025	1686
May 2025	1042
Jun 2025	1054
Jul 2025	1150
Aug 2025	687
Sep 2025	992
Oct 2025	1442
Nov 2025	1691
Dec 2025	2221

Summary:

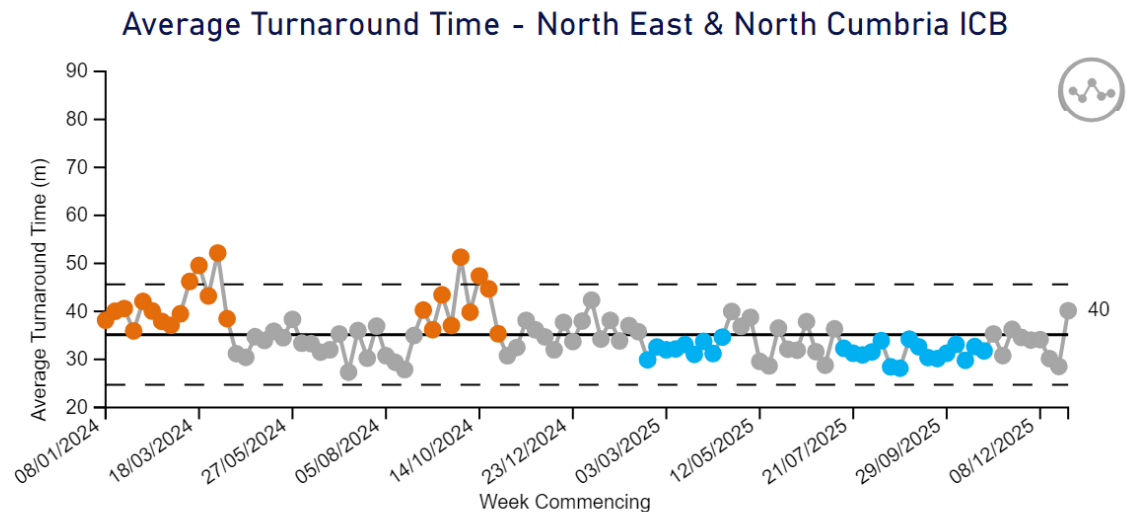
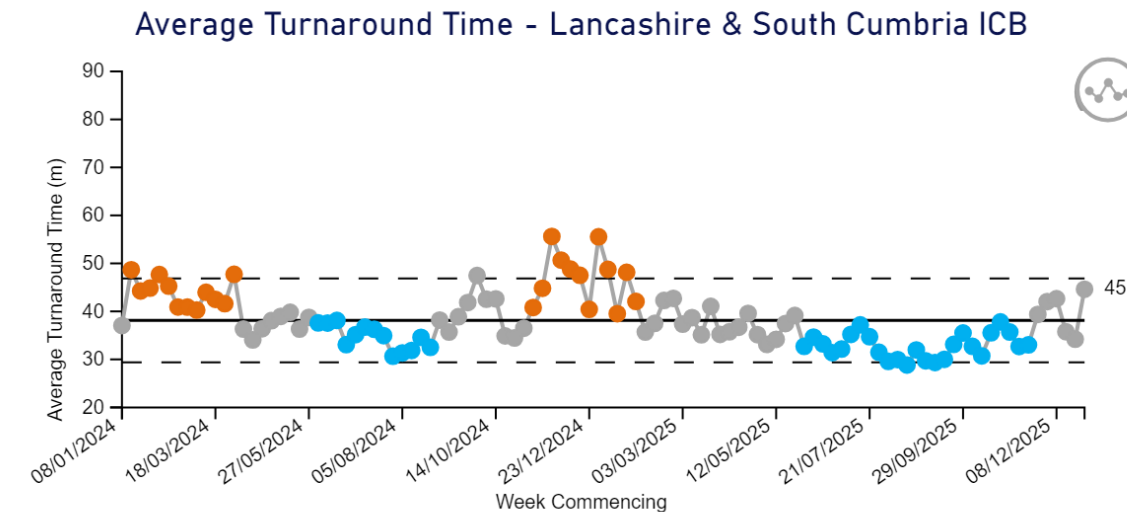
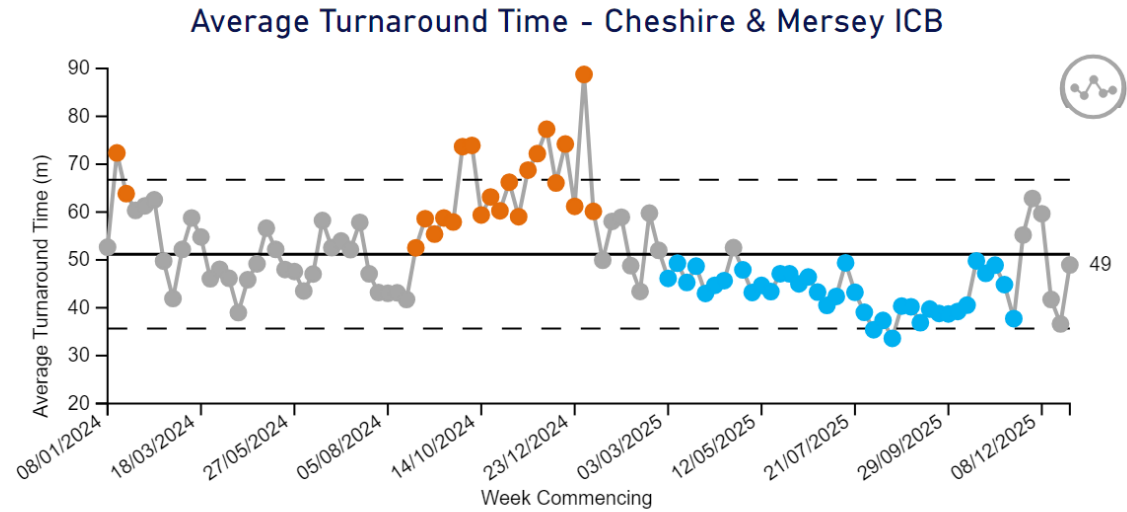
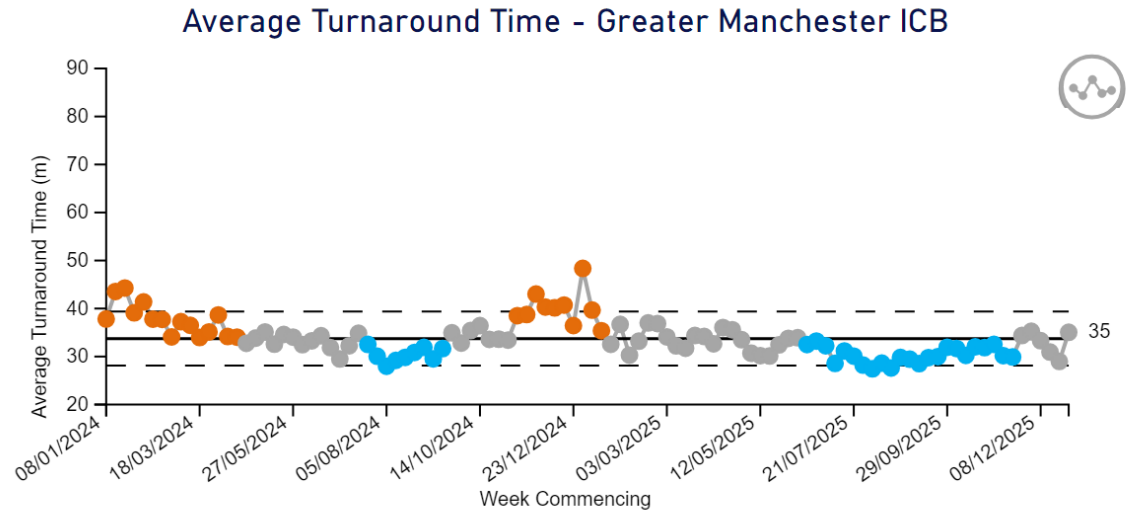
Hospital attendances are stable showing no significant increase in December 2025.

Turnaround times increased again in December; however, performance remains significantly better than December 2024 (39m:28s vs 51m:7s).

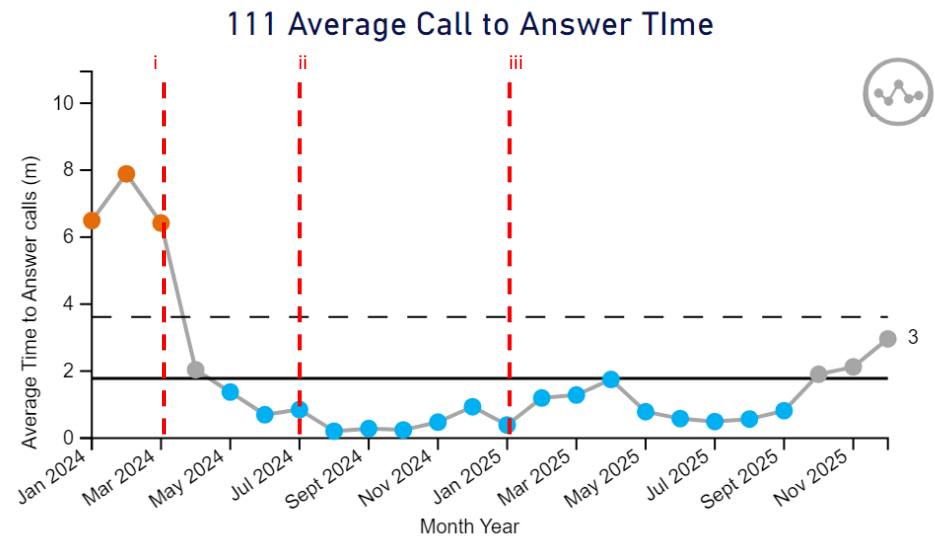
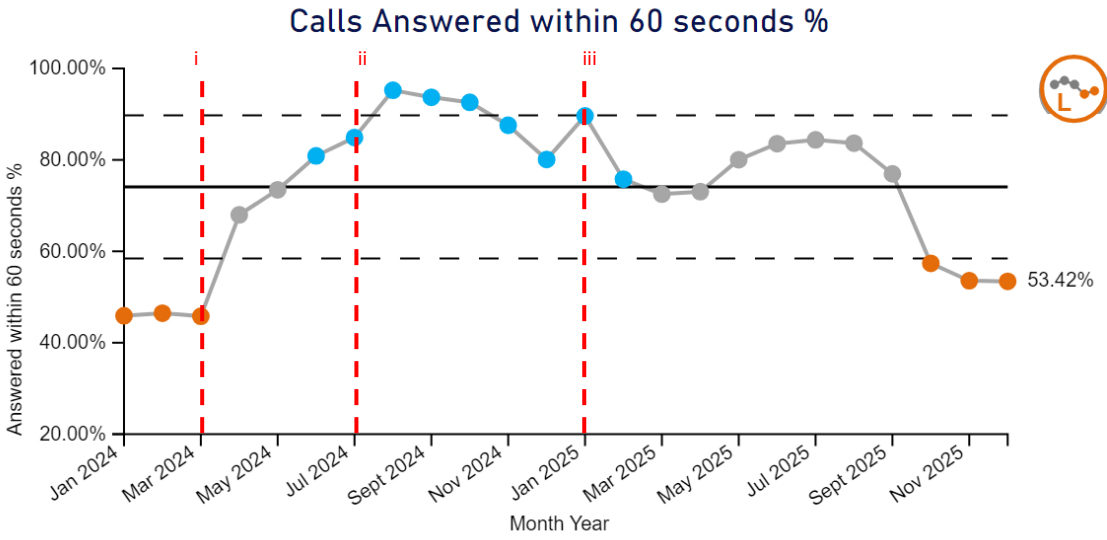
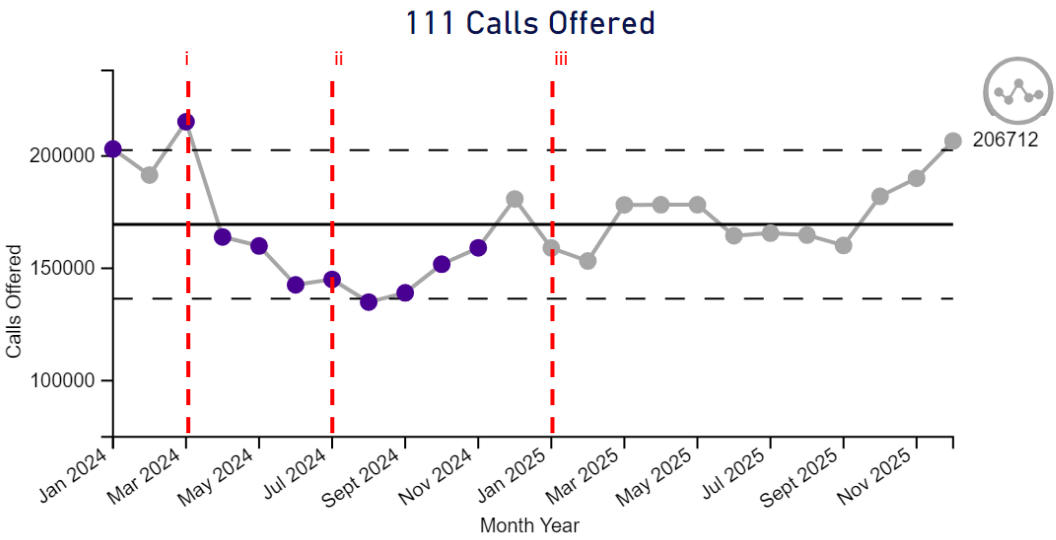
Action:

The Handover in 45 minutes (HO45) rapid release system, which enables crews to initiate a rapid handover for patients waiting over 45 minutes outside the Emergency Department (ED), was implemented on 1 August. Improvements in handover performance have been observed during the winter period compared to winter 2024; however, continued monitoring is required to confirm the extent to which these improvements can be attributed directly to HO45, given seasonal variation and historical winter trends.

O3 A&E Turnaround by ICB



04 111 Activity & Performance

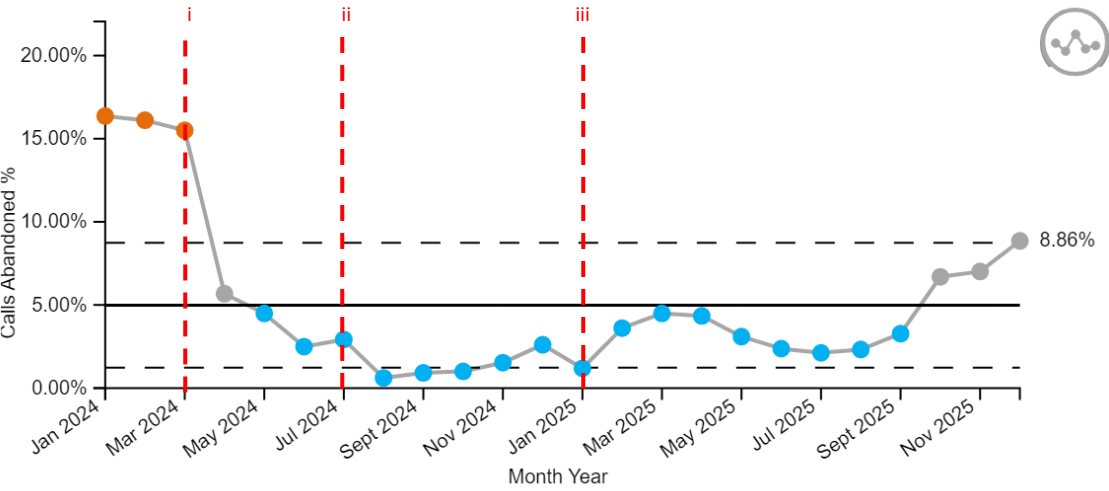


Calls Offered	
Month	206.71K
YTD	1,590,604

Calls Answered within 60 Seconds %	
Target	95%
Month	53.42%
YTD	71.2%
National	76%
Ranking	28th

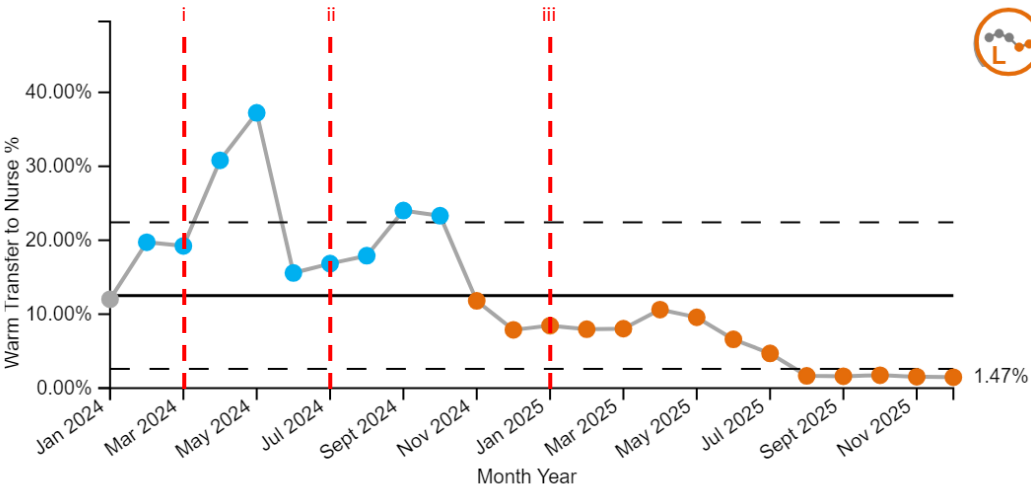
Average Call to Answer Time (s)	
Target	<20
Month	178
YTD	82
National	84
Ranking	28th

111 Calls Abandoned %



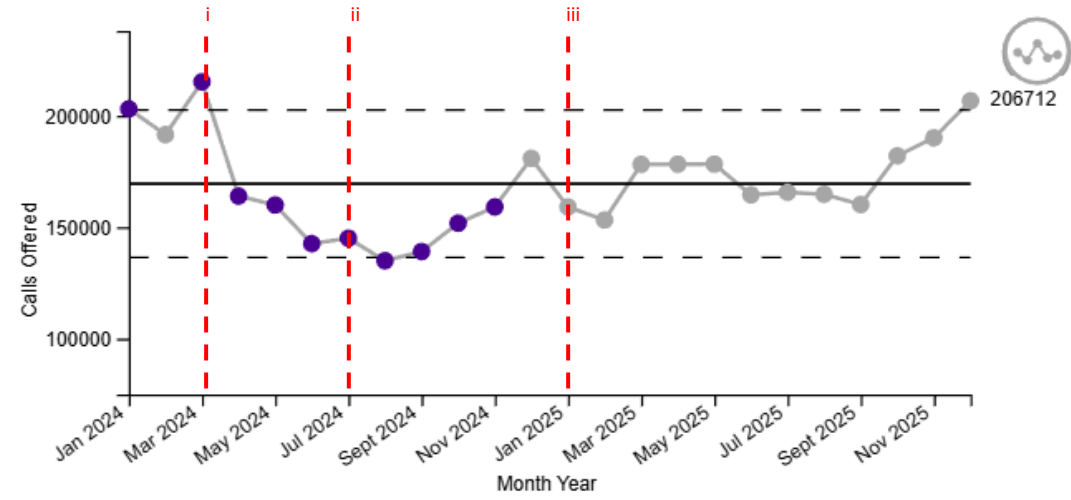
Calls Abandoned %	
Target	< 5%
Month	8.86%
YTD	4.62%
National	4.8%
Ranking	26th

Warm Transfer to Nurse When Required %

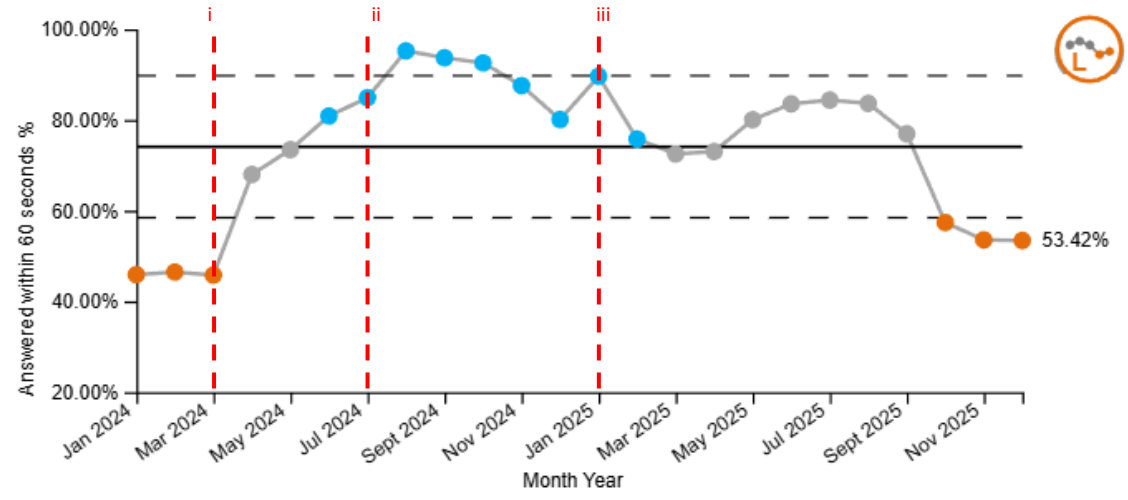


Warm Transfer %	
Target	75%
Month	1.47%
YTD	4.51%

111 Calls Offered



Calls Answered within 60 seconds %



Call Back <20 (m)

Target	90%
Month	19.25%
YTD	28.84%

Demand for in 111 has continued to rise month on month since September, with calls offered rising to 206,712 in December, above the upper control limit.

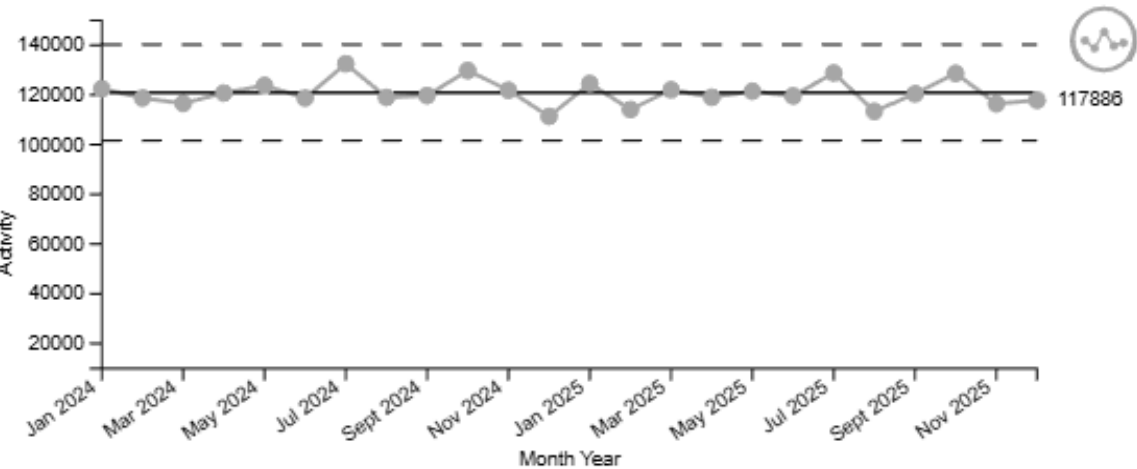
Call answering performance within 60 seconds fell to 53.42%, with a corresponding abandonment rate of 8.86%.

Call back in 20 has increased to 19.25% and average call back remained stable 87 seconds.

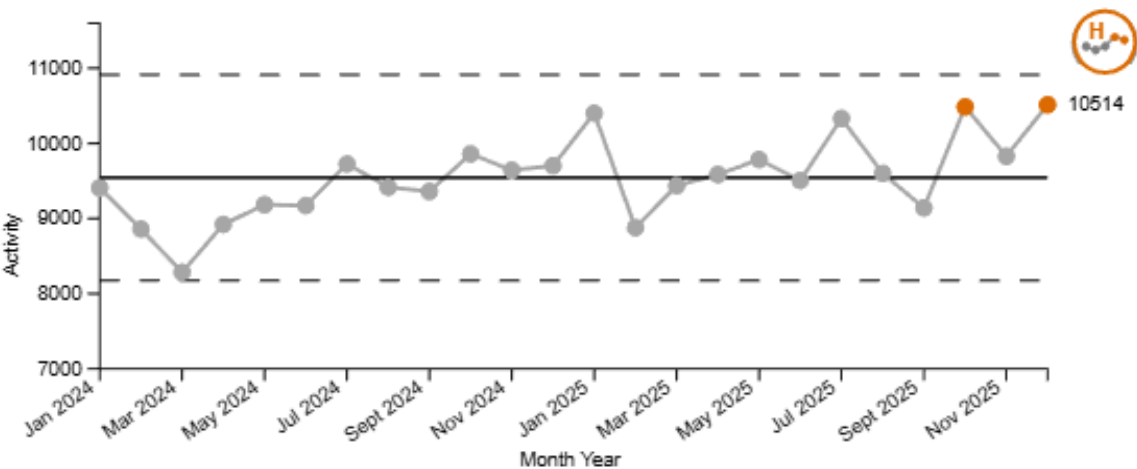
i Start of 15% national contingency
ii Reduction to 10% National contingency
iii Removal of contingency
iv 14th July Clinicians stopped taking front end calls

05 PTS Activity

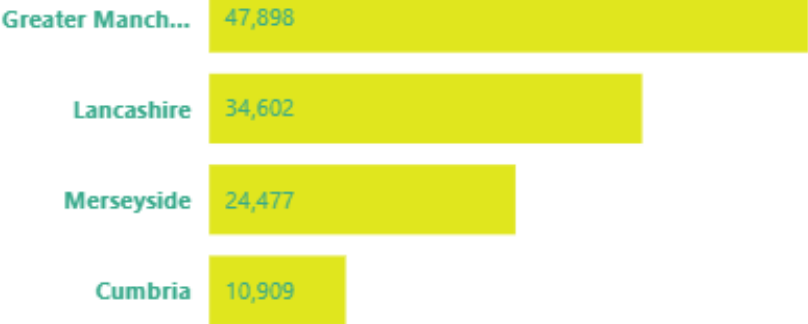
Total Activity



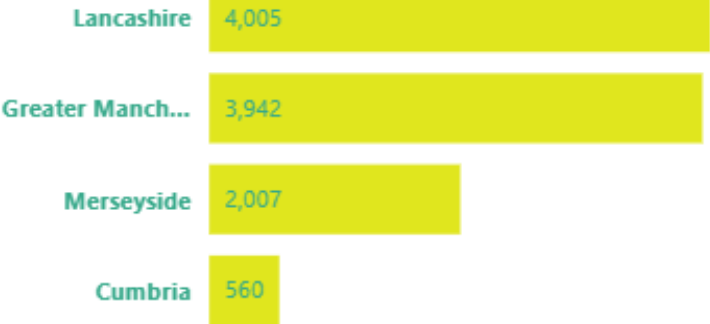
Unplanned Activity

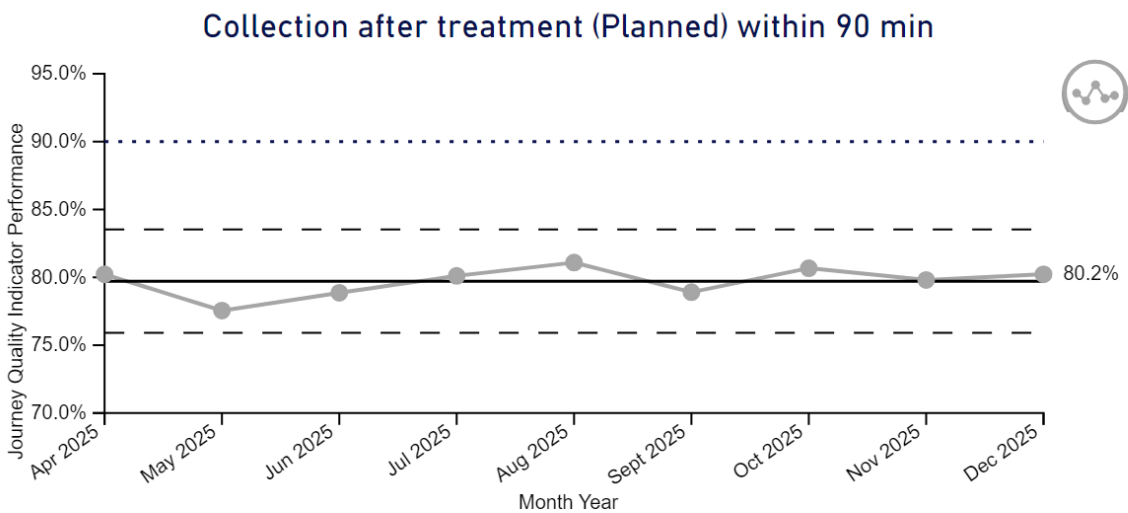
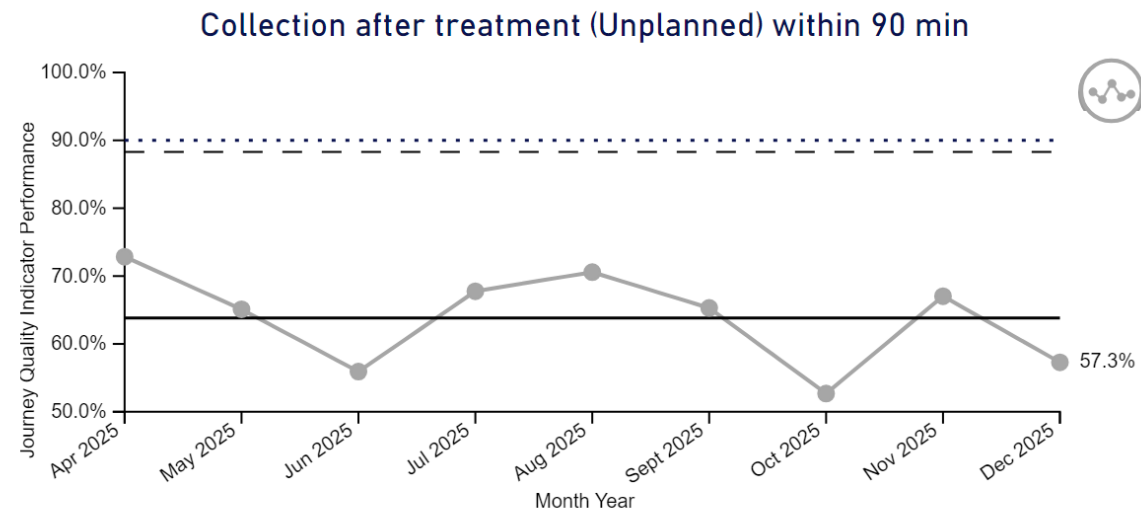
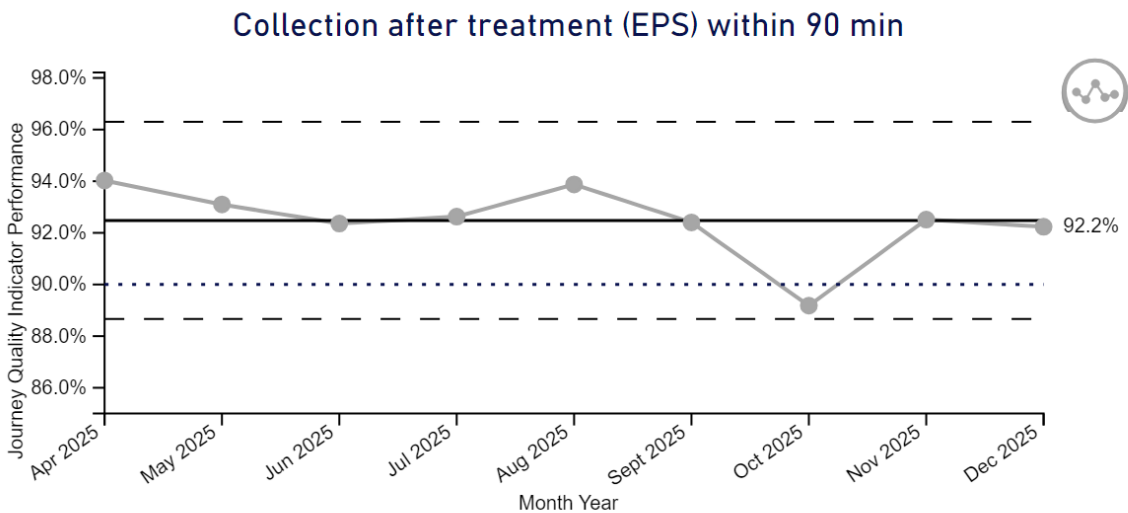


Total Activity by Contract



Unplanned Activity by Contract





Summary:

PTS activity metrics are stable. Planned and unplanned activity is currently below the 90% contract standard.

Only EPS achieved the collection after treatment target of 90%

Actions:

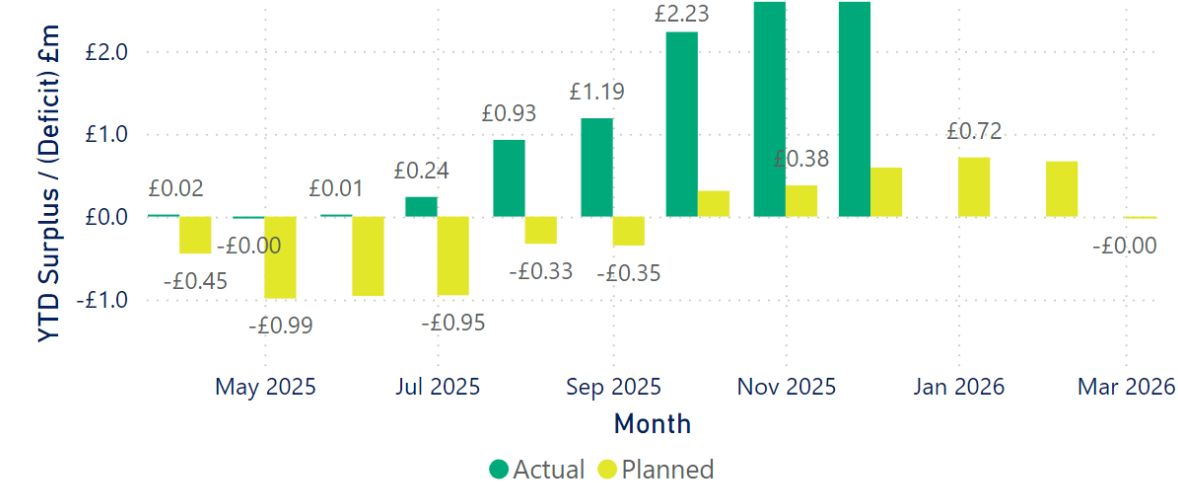
Operational and workforce improvement plans are in place

Finance

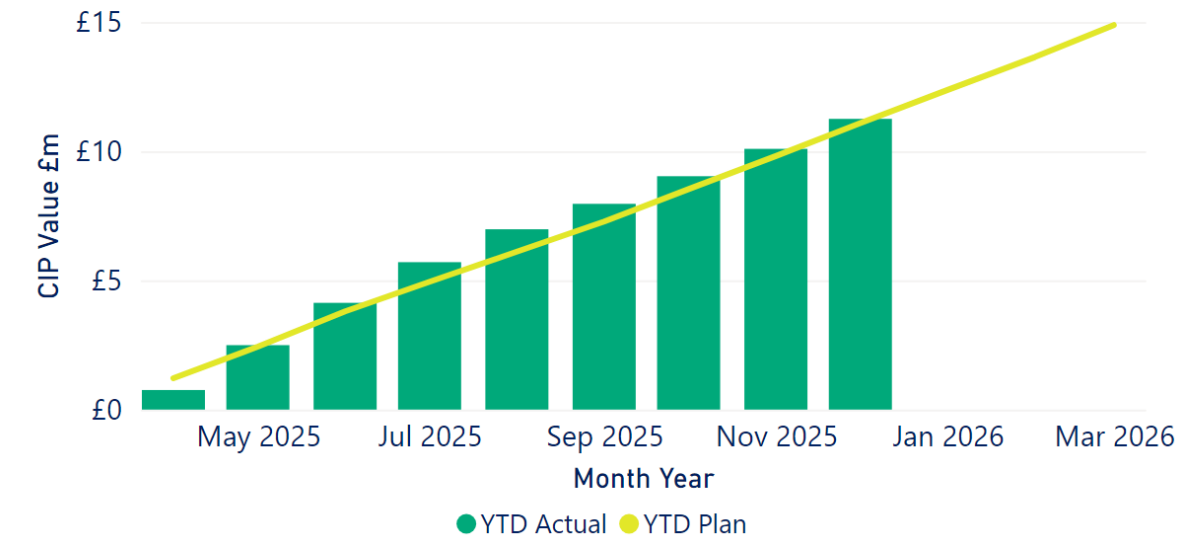
F1 Financial Score

F1 Financial Score

YTD Surplus (+) / Deficit (-) by Month



CIP Plan V YTD Actual (£m)



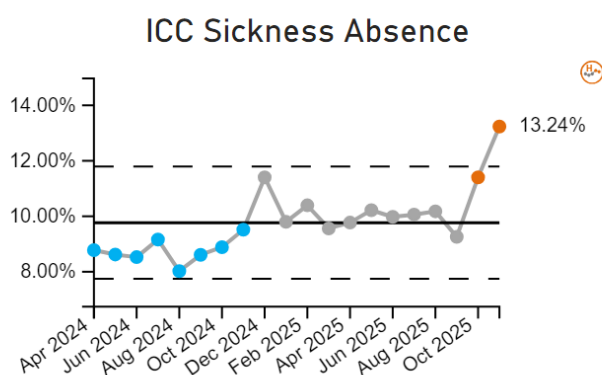
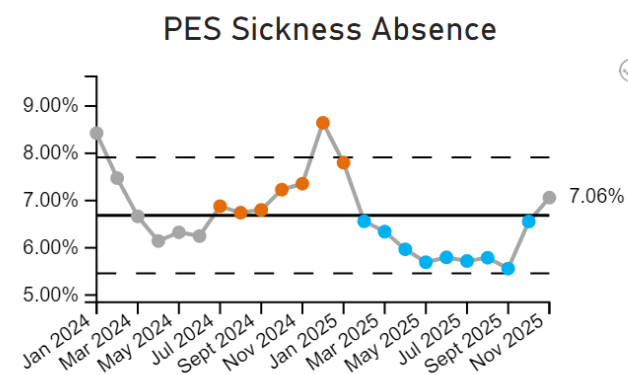
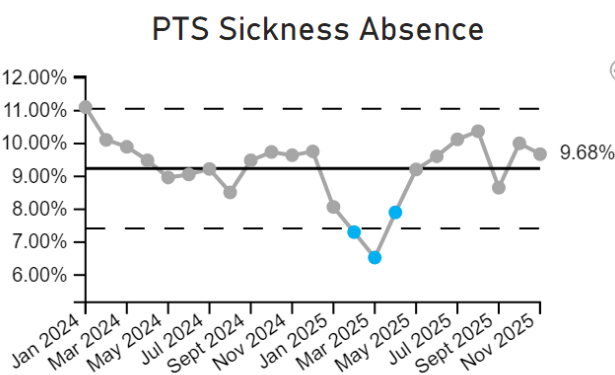
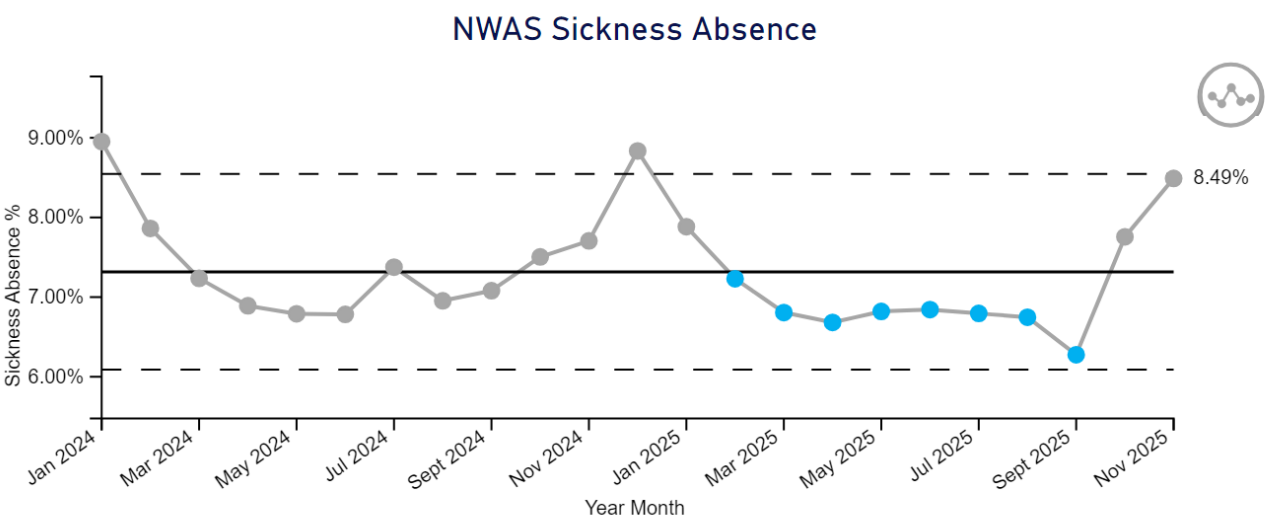
Summary:

The year-to-date financial position to 31 December 2025 (Month 09 2025/26) is a surplus of £3.562m, compared to a planned surplus of £0.592m. This is due to vacancies in various Directorates and the delivery of productivity and efficiency savings above plan.

Organisational Health

- OH1 Staff Sickness
- OH2 Staff Turnover
- OH5 Vacancy Gap
- OH6 Appraisals
- OH7 Mandatory Training
- OH8 Case Management

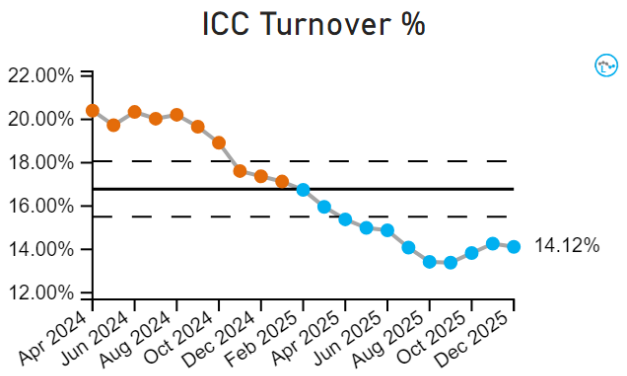
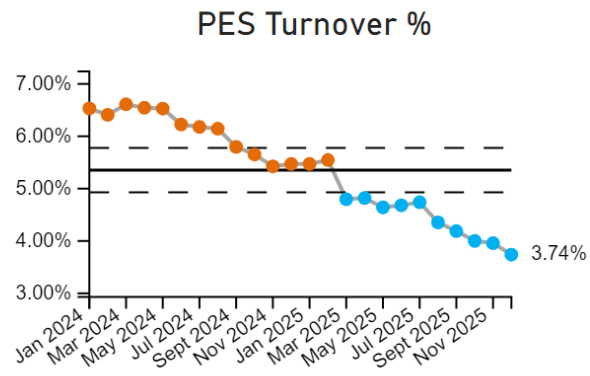
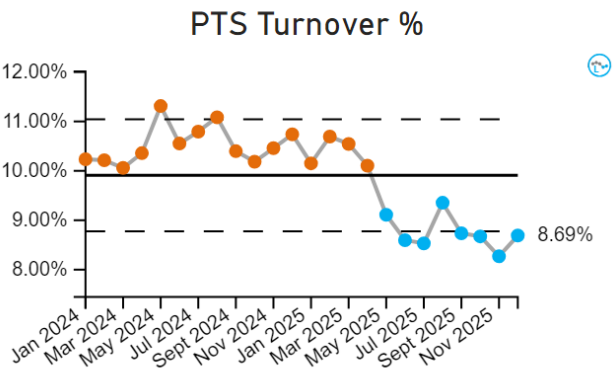
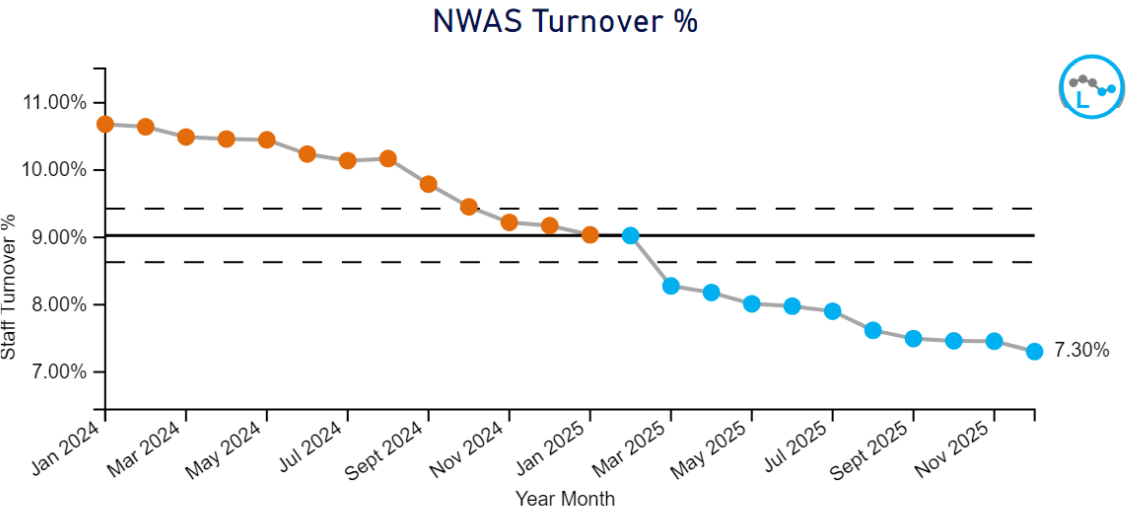
OH1 Staff Sickness



Month	NWAS	Amb. National Average
Jan 2025	7.88%	7.70%
Feb 2025	7.23%	6.90%
Mar 2025	6.81%	6.50%
Apr 2025	6.68%	6.26%
May 2025	6.82%	6.23%
Jun 2025	6.84%	6.38%
Jul 2025	6.79%	6.68%
Aug 2025	6.75%	6.75%
Sep 2025	6.28%	6.74%
Oct 2025	7.76%	7.17%
Nov 2025	8.49%	

Normal seasonal trends result in increases in sickness absence during the winter months but this year both October and November have showed a more significant upturn than anticipated with November reporting at 8.49%. The increase in month has mainly been driven by PES, although this remains slightly below the same period last year. There has also been a significant increase in ICC post integration. This has been driven by short term absence and is set in the context of high levels of flu/COVID in society. The 25/26 improvement target set in the operating plan is to deliver a reduction of cumulative absence of 0.65%, bringing us closer to pre-pandemic levels. We will have to see significant reductions in Jan – March to achieve this.

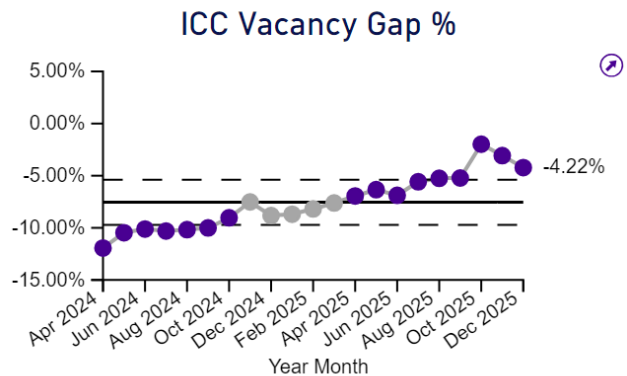
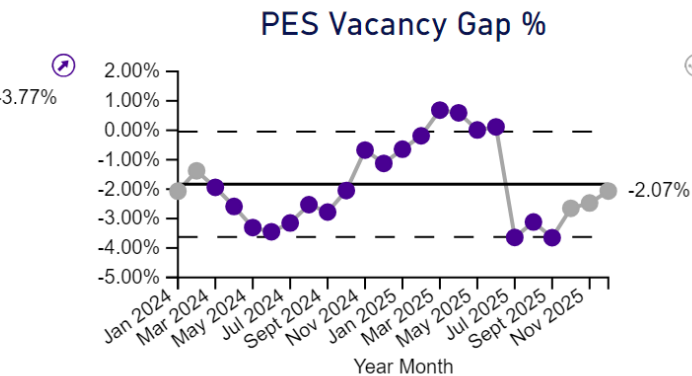
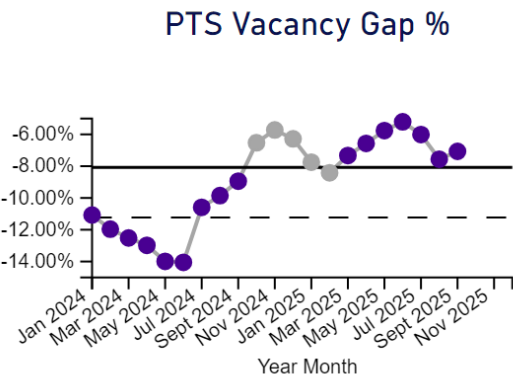
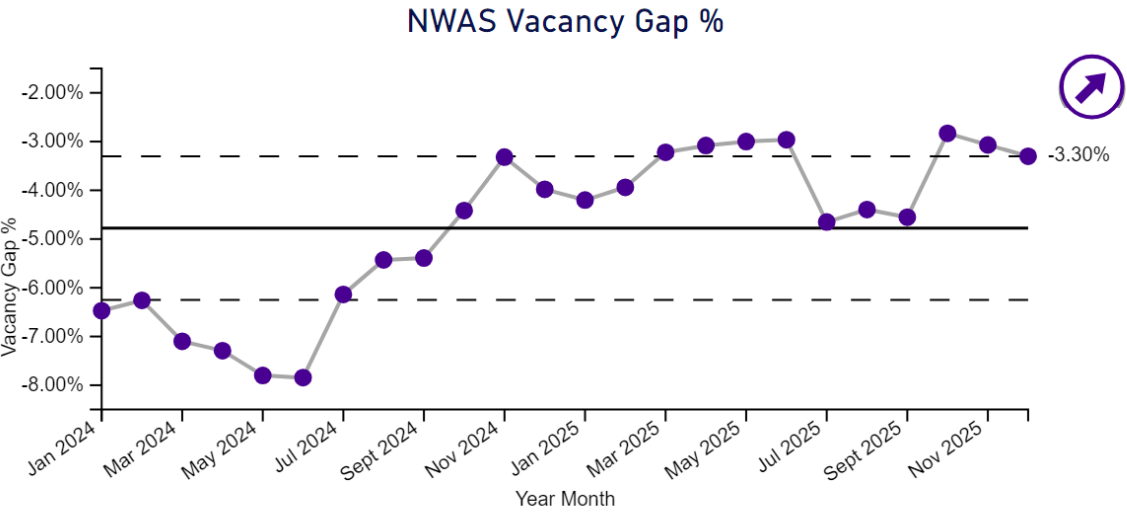
OH2 Staff Turnover



Month	NWAS	Amb. National Average
Jan 2025	9.04%	9.05%
Feb 2025	9.03%	9.15%
Mar 2025	8.28%	9.08%
Apr 2025	8.18%	9.76%
May 2025	8.01%	9.64%
Jun 2025	7.98%	9.09%
Jul 2025	7.90%	9.40%
Aug 2025	7.62%	
Sep 2025	7.50%	
Oct 2025	7.46%	
Nov 2025	7.46%	
Dec 2025	7.30%	

Overall turnover is stable and has reduced from 7.46% in November 2025 to 7.3% in December 2025. With the exception of corporate teams, all service lines are below last year turnover levels. PES continues to be under 4%.

OH5 Vacancy Gap

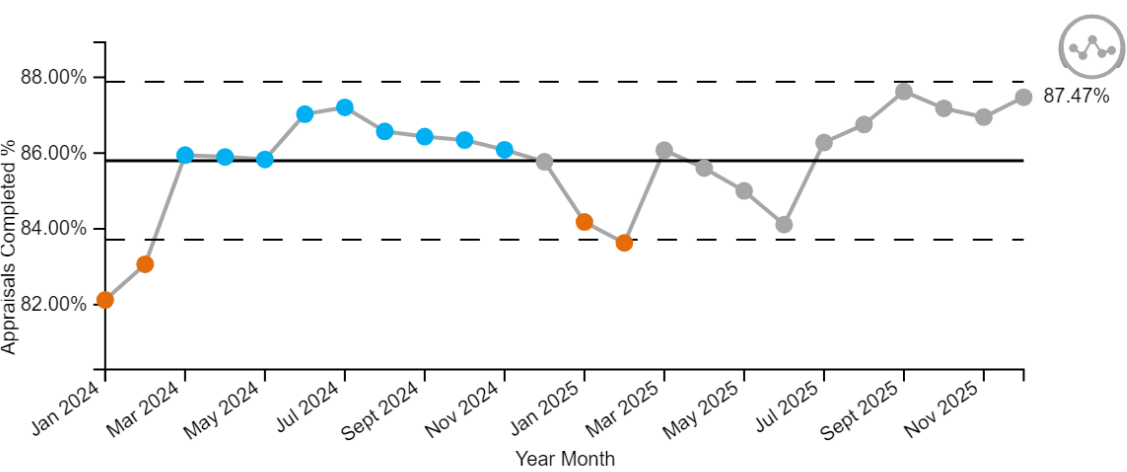


Month	NWAS Total % Vacancy Gap
Jan 2025	-4.20%
Feb 2025	-3.94%
Mar 2025	-3.22%
Apr 2025	-3.08%
May 2025	-3.00%
Jun 2025	-2.96%
Jul 2025	-4.65%
Aug 2025	-4.39%
Sep 2025	-4.55%
Oct 2025	-2.83%
Nov 2025	-3.07%
Dec 2025	-3.30%

The overall vacancy gap has increased slightly to -3.30% in Dec 25 from -3.07% in Nov 25, in the main due to an increase in the ICC gap to 4.22%. It should be noted that recruitment and training activity tends to reduce over the Christmas period. Plans are in place to ensure vacancy gaps are maintained or improved.

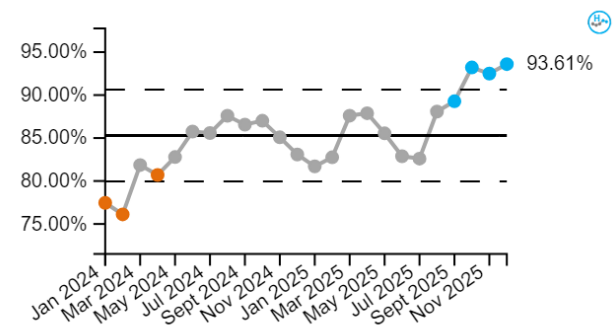
OH6 Appraisals

NWAS Appraisals Completed %

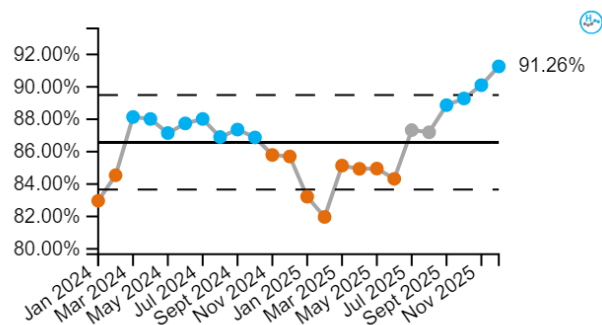


Month	NWAS Total % Complete Appraisals
Jan 2025	84.18%
Feb 2025	83.63%
Mar 2025	86.08%
Apr 2025	85.60%
May 2025	85.00%
Jun 2025	84.11%
Jul 2025	86.28%
Aug 2025	86.75%
Sep 2025	87.63%
Oct 2025	87.18%
Nov 2025	86.95%
Dec 2025	87.47%

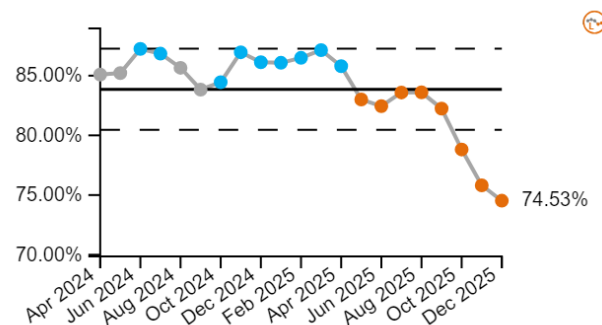
PTS Appraisals Completed %



PES Appraisals Completed %

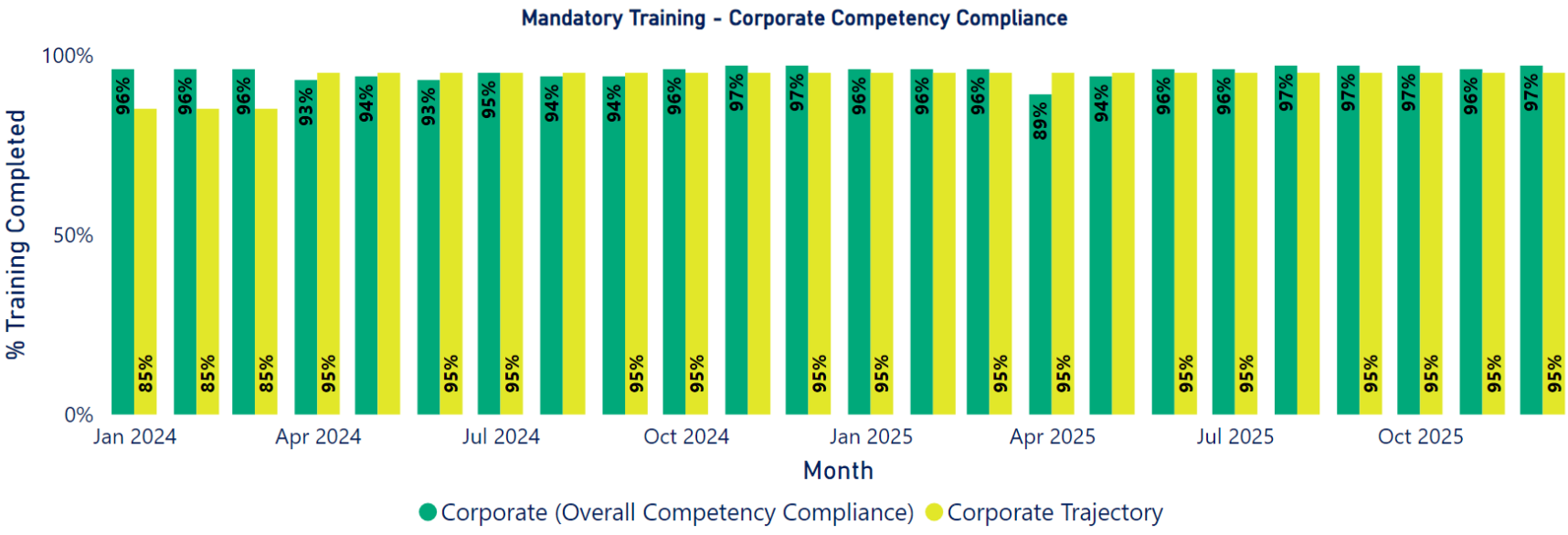
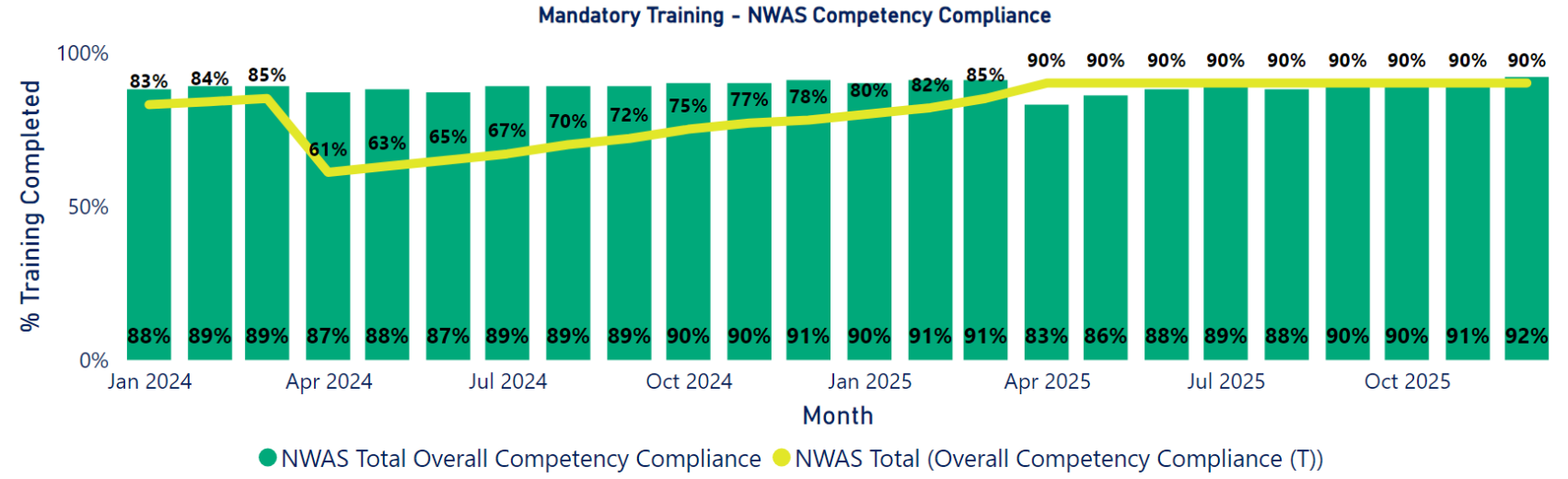


ICC Appraisals Completed %



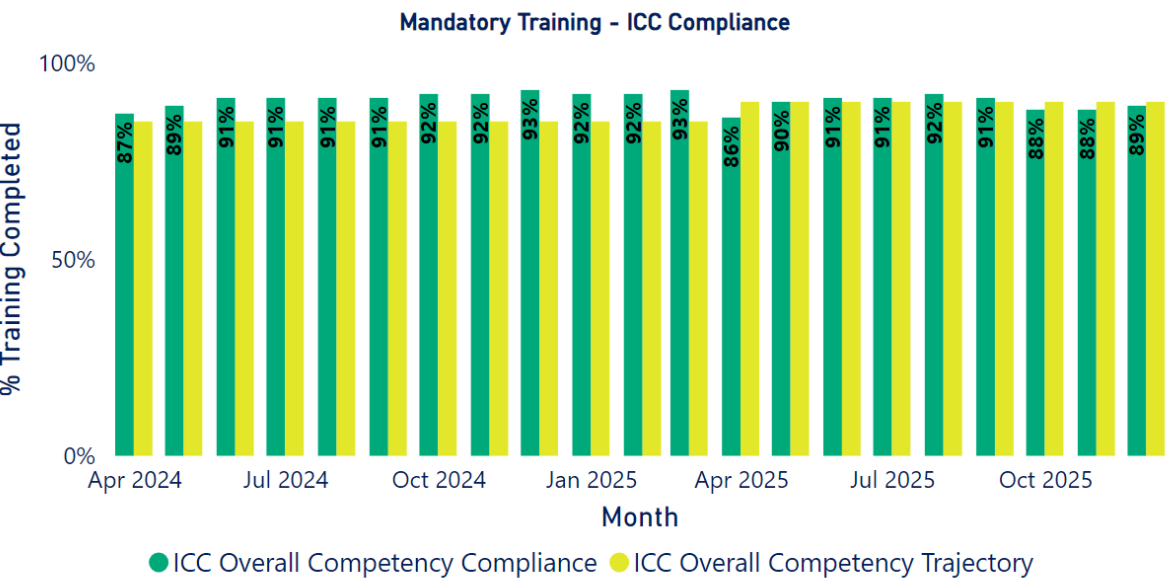
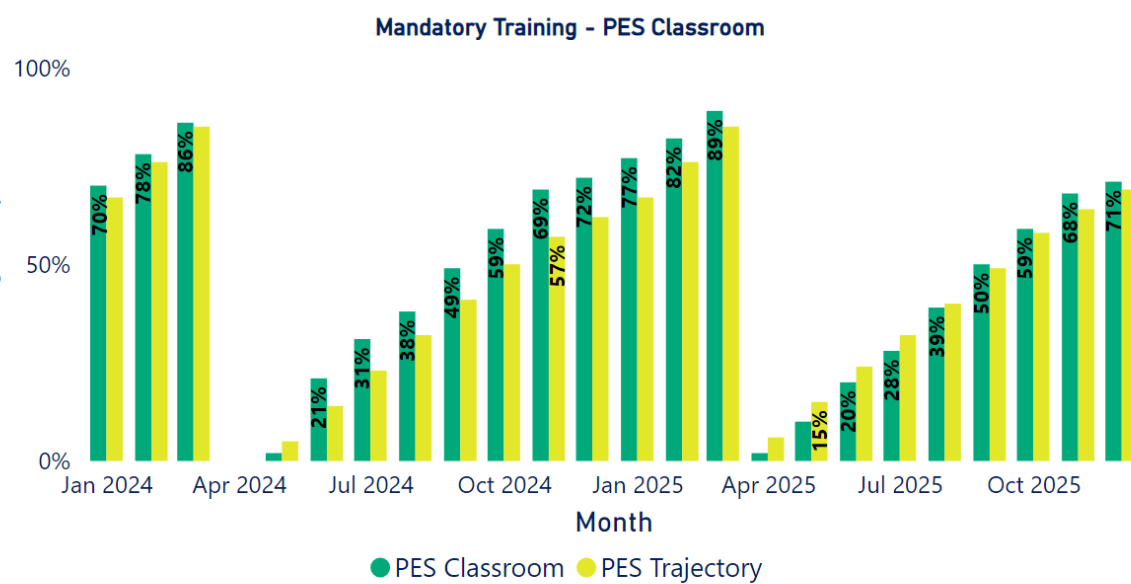
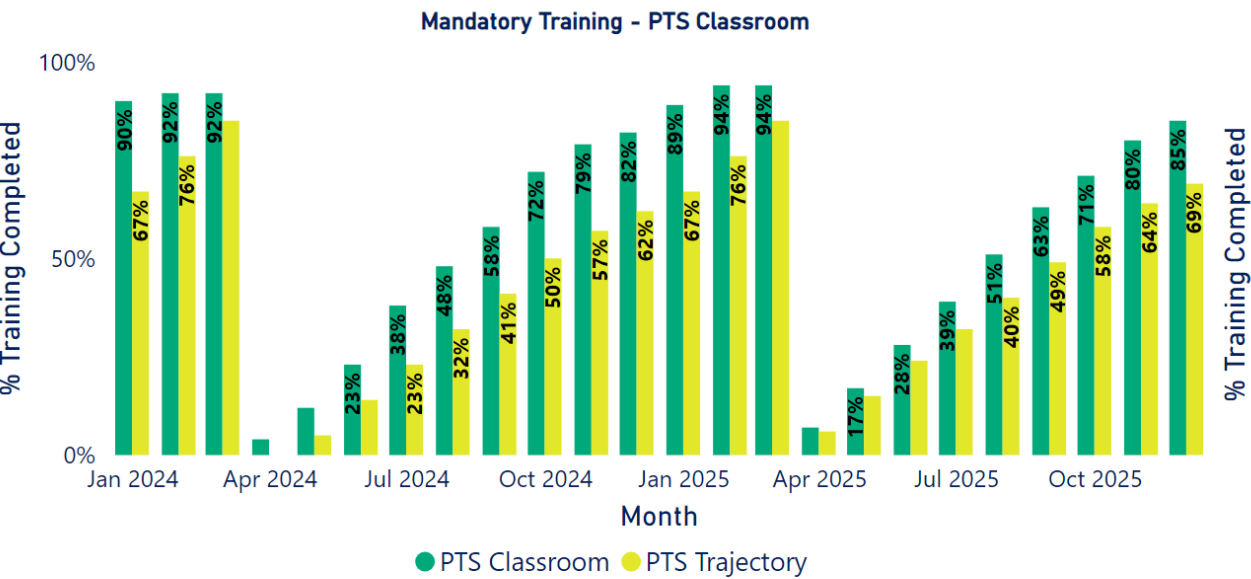
Appraisal overall compliance has stayed steady at just over the 85% target (87.5%). Most service lines are over 90% compliant but ICC has shown another drop in compliance this month to 74.52%. This is the fourth consecutive month where we have seen a reduction in ICC Appraisal compliance. This has been impacted by the transition to the new management structure over the last three months and recovery plans are in place.

OH7 Mandatory Training



Overall compliance for Mandatory Training is above the NWAS 90% target at 91.52%.

Corporate areas are above their 95% target (97.06% compliance).



25/26 cycle classroom mandatory training attendance is above the 69% Dec 25 trajectory target for both PES and PTS (70.54% and 84.82% respectively).

ICC is still below the 90% target at 88.89% but has seen gradual improvement in the last three months.

Board Reportable Events relating to Employee Relations January 2026

NWS Summary split by service line and sector					
Service Line	Number of Live cases	Prevalence Live cases (numbers per hundred staff)	Number of cases closed in last 12 months	Prevalence closed cases in last 12 months (numbers per hundred staff)	Average length of time (weeks) taken to close ER cases in last 12 months
Operations ~ PES	88.00	2.1	289.00	6.9	13.60
CAM PES	38.00	2.7	98.00	6.9	14.13
CAL PES	31.00	2.4	105.00	8.1	11.29
GM PES	19.00	1.3	83.00	5.8	15.99
Operations ~ ICC	27.00	1.32	190.00	7.27	9.51
Operations ~ PTS	10.00	1.3	80.00	10.2	11.10
Operations ~ Resilience	0.00	0.0	5.00	3.5	11.07
Corporate	8.00	1.0	52.00	6.4	14.73
Other	6.00		7.00		
NWS Summary	139.00	10.0	623.00	7.9	12.03
Number of cases applies to 7 case types: Dignity at Work, Disciplinary, Fact Finding, Grievance, Organisational Change, Performance and Litigation. Average time to close applies to Dignity at Work, Disciplinary, Fact Finding, Grievance case types.					
Other * - This included a number of incidents with several staff members involved, making it impossible to attribute them to a certain sector.					

Case Type Summary				Case Dismissals in Dec 2025			
Case Type	Number of Live cases	Number of cases closed in last 12 months	Average length of time (weeks) taken to close ER cases in last 12 months	Service Line	Case Type	Case Sub Type	Case Closed Date
Dignity at Work	12	61	12.18	PES CAM	ABS LTS	Work related	18/12/25
Disciplinary	55	166	22.81	PES CAL	ABS STS	Stage 4	12/12/25
Fast Track	2	52	10.8	PES CAM	Disciplinary	Gross misconduct	11/12/25
Fact Finding	14	192	5.57	PES CAL	Disciplinary	Gross misconduct	04/12/25
Grievance	29	130	7.75	ICC	Performance	Stage 3 truncated	01/12/25
Litigation	9	26					
Organisational Change	4	5					
Performance	16	43					
Case Summary	139.00	623.00	12.03				

Length of current live cases by case type				
Case Type	less than 3 months	more than 3 months	more than 6 months	more than 12 months
Dignity at Work	3	3	5	1
Disciplinary	25	19	10	1
Fact Finding	11	3	0	0
Grievance	23	2	4	0
Litigation	2	1	4	2
Organisational Change	2	1	0	1
Performance	4	7	4	1
Case Total	70	36	27	6

Top 5 Reasons for opening Disciplinary cases in the past 12 months	
Opening reason	Number of cases in 12 months
Inappropriate / Unprofessional Behaviour	36
Lateness	11
Failure to follow reasonable management instructions/procedures	11
Sexual misconduct	10
Incapacity through alcohol/substance misuse	10
NWS Summary	78

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

New Litigation cases in Dec 2025				
Service Line	Case Type	Case Sub Type	Information Category	Received Date

No new Litigation cases

Suspended	Alternate Duties
9	2

Live case numbers had seen a steady drop in recent months, however, this month’s report does show an increase in numbers to 139 live cases.

This now includes litigation, performance and organisational change case figures too.

There were 5 dismissals in December 25

- 2 sickness capability
- 2 conduct
- 1 performance management.

There are currently 11 individuals suspended or on alternative duties – a reduction since the last report.



ESCALATION AND ASSURANCE REPORT

Report from the Quality & Performance Committee

Date of meeting	Monday, 15 December 2025			
Members present	<ul style="list-style-type: none"> Prof A Esmail (Chair) Dr A Chambers Ms A Wetton Dr E Strachan-Hall Mr D Ainsworth Dr C Grant 	<ul style="list-style-type: none"> Non-Executive Director Non-Executive Director Director of Corporate Affairs Director of Quality Director of Operations Medical Director 	Quorate	Yes

Key escalation and discussion points from the meeting

ALERT:

- None

ADVISE:

- The Q&P Dashboard highlighted:
 - Complaint numbers were broadly stable but the number of complex patient safety incidents has fallen this month.
 - Patient experience remained broadly stable in PES with a marginal decline in the FFT over the previous month for 111 and a marginal improvement for PTS.
 - An increase in both call volume and PES activity in November and a corresponding decline in call pick up times, although an increase in Hear and Treat.
 - C1 mean response time remained strong, although has increased in November to 07m:09s, taking the Trust over the target of 7 minutes.
 - However, C2 mean response times have lengthened and C3 and C4 mean response times have also increased.
- The Committee received the first bi-annual Freedom to Speak Up Report, with assurance against the process and management of FTSU concerns. The report would be received by the Board as well.
- The Committee received the Mental Health report updating the Committee on the three year mental health plan and an ongoing Training Needs Analysis. The Committee noted the cost implications and delivery options of the additional training need to be further understood.
- The Committee received Medicines Management Q2 report with assurances and confirmation the Home Office licence had been secured a re-application had already begun.

ASSURE:

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

- Board Assurance Framework Q2
- Third Party Provider Assurance
- Patient Safety Activity Bi-Annual Report
- Complaints Assurance Report Q2 2025/26
- Medicines Management Q2 2025/26
- Clinical Audit Plan Q2 2025/26
- QIA Process Assurance Report

RISKS

Risks discussed:

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

New risks identified:

- None identified.



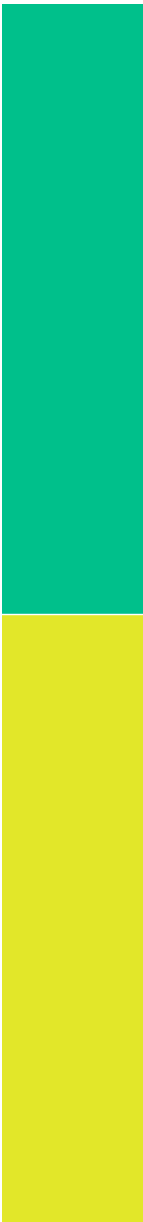
REPORT TO THE BOARD OF DIRECTORS

DATE	Wednesday, 28 January 2026
SUBJECT	Dashboard report: Communications, Engagement and Charity Teams
PRESENTED BY	Mike Gibb, Director of Strategy and Partnerships
PURPOSE	Assurance

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

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

ACTION REQUIRED	The Board of Directors is asked to note the contents of this report and discuss the impact of activities undertaken by the communications, patient engagement and charity teams.											
EXECUTIVE SUMMARY	<p>The communications, patient engagement and charity teams provide a dashboard report for the Board of Directors with a quarterly summary of key outputs and associated highlights.</p> <p>The dashboard demonstrates how activity aligns with the aims of the trust strategy, and the positive impact it has on staff, patients, and partners.</p> <p>Comprehensive activity reports are provided to the Diversity and Inclusion Subgroup in relation to patient engagement work and the charity team provides regular updates to the Charitable Funds Committee, so this dashboard report gives just a visual snapshot of some key activities and the impact they have.</p>											
PREVIOUSLY CONSIDERED BY	Not applicable											
	Date				Click or tap to enter a date.							
	Outcome											



1. BACKGROUND

This report provides the Board of Directors with a summary of key outputs, impact and associated highlights on the work of the combined Communications, Engagement and Charity Teams for quarter three of the financial year 2025/26 (October to December 2025).

It demonstrates how the activity of the team contributes to the strategic aims of the trust strategy.

2. DASHBOARD REPORT

2.1 PATIENT ENGAGEMENT

Aim – Provide high quality, inclusive care

The dashboard includes statistical content and narrative to outline engagement activity, including:

9 engagement opportunities with organisations eg Chinese Health Information Centre (CHIC), Sahara in Preston, Manchester Migrant Support group, University of Burnley (Jobs Fair) and Patoss Dyslexia charity.

In December, we hosted our second Ambulance Awareness Day event of 2025/26 where we welcomed young people from across Cheshire to learn lifesaving skills and explore career opportunities in the ambulance service.

Patient inclusion

As Part of the trust's task and finish group to further meet the needs of underrepresented groups a CPR Card with a QR code that takes you to a video has been designed, transcribed, and sent to Language Line to be translated to traditional Mandarin. Most recently we have met with the Chinese community in Manchester to explain more about the PTS service and particularly the eligibility criteria.

PTS Health Literacy Project

An accessibility survey developed in conjunction with PPP members is live with invitations sent to 135 service users. We have had 40 responses to date 29.6% and will be analysing feedback. PTS website feedback has now been analysed, and a PPP coproduction session will review this to inform further improvements.

Patient surveys

Surveys are sent to 1% of patients each month and different approaches are used to encourage returns to identify service improvements. Friends and family (FFT) return levels are published by NHSE for English ambulance services. Whilst our cumulative return rate is currently approximately 7.6% the latest national data (October 25) shows others also have challenges.

Cumulatively in Q3, 93.73% of service users, across PE surveys, responded that they 'strongly agreed/agreed' that they were cared for appropriately with dignity, compassion and respect.

2.2 COMMUNICATIONS

Aim – Be a brilliant place to work for all

The report includes statistical content and narrative to outline communications activity, including:

- **Peer recognition cards** (express mail): an additional 300 cards were sent during this period, a total of 858. We added more designs to the library (eg Winter Hero, Merry Christmas) and the ability to send to more than one person, so our reported figure now represents the number of cards sent rather than the number of cards received.
- **Open rates** for key publications our new quarterly managers' email briefing, 'Connected' which shows 70% of the 1000 managers on the mailing list opened the email. 14% of those who opened the email also clicked on a link and the most opened link was the CQC toolkit and five-minute briefings. Connected was introduced to keep middle managers in the know and to help them brief their teams on the must-know issues following feedback from our internal communications audit.
- **The Bulletin** open rates are included. The top editions covered topics such as PTS tender updates and pay dates – reinforcing yet again that staff are interested in the news that relates to them or their roles.
- **Best Value Group** - The 'If it was up to me' campaign led to over 100 practical, staff-generated ideas on maintaining patient-centred services in a tight budget environment, providing the leadership team with actionable insights.
- **2026 Star Awards** – The nominations campaign generated an astonishing 400+ submissions across 9 award categories, highlighting exceptional staff contributions and driving a culture of recognition within the service.
- **Reward Partners** - The team has secured an impressive £48,750 in sponsorship from suppliers and businesses as sponsors of our reward programme which will fund the Star Awards amongst many initiatives.

Aim – Work together to shape a better future

- MP letters = 8 on PTS for dentist visits, suicide prevention training, payments for union reps, plans for Preston station, resources in Tameside.
- Statements and briefings in response to media enquiries = 16
- Broadcast interviews = 18
- Proactive stories, against our internal target of 16 = 22

We've seen a significant increase in media coverage in support of our winter comms plan. This included providing access to BBC local news access to join an ambulance crew on shift an interview our Director of Operations.

Staff feedback highlighted a need to help the public better understand what to expect from the ambulance service, including when it is appropriate to call 999 and when other services, such as NHS 111 online, may be more suitable, particularly during the winter period.

This insight has shaped our winter plan, which focuses on supporting frontline services by clearly explaining how and when to access care. Messages have been shared through a mix of press, social media, digital radio, and engagement with community groups to reach people in different ways.

A key piece of content is a short video (Reel) that takes the viewer through the journey of a 999 call, featuring staff from across the service, including a call handler, dispatcher, advanced practitioner, and ambulance crew. In the video, they explain their roles and reinforce guidance on when to call 999 and when to use NHS 111 online. This has been supported by additional short videos highlighting 'Our People', such as mechanics and patient transport staff. Since it launched in December, five winter Reels have been shared, receiving over 290,000 views on Facebook.

In November, we teamed up with local BBC radio stations to promote free training sessions for the public to learn CPR in connection for Restart a Heart Day, across the North West, TV and radio interviews helped attract more than 400 people to training.

2.3 CHARITY

The charity team provide comprehensive reports to the Charitable Funds Committee. Our dashboard report gives a highlight of key activities, fundraising and the benefits to NWAS staff and local communities.

The report details fundraising and income activity alongside:

- A new Charity Champion volunteering role has been launched to support local fundraising and engagement.
- A charity digital communications officer commenced in the role in October, strengthening digital presence and supporter engagement.
- The 2025 Charity Impact Report was produced, showcasing achievements and successes from the year, available in both print and digital formats.
- A regular monthly charity newsletter was established in Q3, achieving an average open rate of 50.3%, indicating strong supporter engagement.
- £142,000 to support the Community Resuscitation Team awarded by NHS Charities Together - the project will commence in Feb 2026.

4. EQUALITY/ SUSTAINABILITY IMPACTS

All the trust's communications, engagement and charitable activities seek to promote equality and diversity and ensure information is accessible to all.

5. ACTION REQUIRED

The Board of Directors is asked to note the attached dashboard and provide any comments on its content or what they may wish to see on future dashboards.

Dashboard: Communications, Engagement and Charity Teams

Q3 2025/26 (October, November and December)



This report summarises the work of the Communications, Patient Engagement, and Charity teams, all of which play a vital enabling role across the organisation by working in partnership with services and departments to support the achievement of our shared strategic goals and objectives. Through clear and consistent communication, meaningful engagement with patients and the public, and the development of charitable initiatives that enhance care and experience in our communities, our work helps to amplify, inform, and connect the efforts of colleagues in the various directorates across the organisation - contributing to better outcomes and experiences for our staff, volunteers, patients, and communities.



Where there is an explicit link to delivery of the must-do objectives in the Annual Plan 2025-26, the target icon is used to highlight this.

Aim: Provide high quality, inclusive care

Patient and Public Engagement



Listening to our communities

Groups engaged with: Healthwatch Wirral BRIDGE Forum, Chinese Health Information Centre (CHIC), Sahara (Preston), Manchester Migrant Support Group, Healthwatch Stockport and Patoss Dyslexia Charity.

In response to their feedback we have:

- provided CPR sessions
- explained how PTS works and who is eligible
- translated service information into Mandarin
- created a CPR guidance card with a QR code that opens up a video



Ambulance Awareness Day Programme

In December, we hosted an Ambulance Awareness Day (2025/26), welcoming young people from across Cheshire to learn lifesaving skills and explore careers in the service.

We received positive feedback on the interactive market style approach adopted so will be continuing this.

PTS health literacy improvement project

Accessibility survey developed in conjunction with PPP members is now live, with invitations sent to 135 service users. We have had 40 responses to date (29.6%) and will be analysing feedback. PTS website feedback has now been analysed and a PPP coproduction session will review this to inform further improvements.

Patient feedback surveys

Surveys are sent to 1% of patients each month, and different approaches are used to encourage returns to identify service improvements. NHSE publishes the Friends and Family Test (FFT) return levels for English ambulance services. While our cumulative return rate is currently 7.6%, the latest national data (October 25) shows that others also have challenges.

NWAS – NEAS – EMAS – SCAS – WMAS – EEAS – YAS
1,128 – 163 – 8 – 7 – 2 – 312 – 47

93.73% of service users responded that they 'strongly agreed/agreed' that they were cared for appropriately with dignity, compassion and respect.

Breakdown by service

PTS - 92.59% - "I felt safe and my disability was respected. Both drivers were professional and virtuous. 10/10."



PES - 94.89% - "Call handler was excellent, carefully attentive clear in what they said."

111 - 91.13% - "I felt listened to and felt that my voice was heard. Thank you."

Patient and staff stories



Shared at the Board of Directors meeting:

The staff story shared with the Board highlighted the Quality Improvement Programme that has coached staff to bring about improvements to an identified project.

The film examined how the projects have progressed since completing the academy in April 2025, the challenges they faced, and the invaluable lessons learned to inform future QI projects. The January story focused on the challenges posed when patients' medications are not brought to the hospital during admission, leading to delays and disruptions to ongoing care.

Patient and Public Panel

Membership overview



242	Total members (a further reduction due to membership cleanse)
17	New members joined
29	New expressions of interest
34%	Youth representation (target 30%)
37%	Ethnic diversity representation (target 40%)
5	New requests for involvement
17	Structured/task-based sessions delivered

A recent PPP development session and recognition event that followed for all trust volunteers was well received, with the external diversity and inclusion coach noting the positive contributions and excellent representation of the membership. PPP development will continue to be a focus in 26/27. The PPP regularly contributes to the work of the wider trust. One recent example being its involvement in the development of our equality, diversity and inclusion statement.

Aim: Be a brilliant place to work for all

Internal (staff) communication

Emails for all staff, such as The Bulletin and CEO message, are sent through a system (e-shot) which provides analytics.

NOTE

Displays are only counted when an email is opened and images are downloaded, which requires staff to click to allow. It's fair to assume that more staff read the emails than the 'display' figures suggest. Our platform provider e-shot advises that an average display rate across its public sector clients is 44%.

Engaged staff

When a user has opened an email, viewed online or clicked a link in the past 30 days, they are an 'engaged contact'. The percentage of engaged staff is as follows:

- Corporate and support – 93% (+3)
- Emergency – 96% (+2%)
- EOC and Clinical Hub – 87% (+5%)
- NHS 111 – 86% (+6%)
- PTS – 85% (+10%)

The Bulletin

Display rates for The Bulletin:

Highest: 62% **Average: 50%** **Lowest: 42%**

CEO Message

Display rates for the CEO message:

Highest: 63% **Average: 51%** **Lowest: 45%**

Connected

Display rates for our brand new managers' briefing, created as a result of findings from our internal comms audit:

Displayed: 70% opened the email

Clicked: 14% of people who opened the email interacted

Most clicked: CQC toolkit and 5-minute briefings

Better Health Better You

Display rates for our wellbeing publication:

Highest: 47% **Average: 46%** **Lowest: 45%**



Viewing figures from the Green Room:

The Handover – patient safety feature

December – 182 views

November – 183 view

October – 408 views

Express Mail - staff recognition cards



Colleagues can send an e-card to any of their peers via the Green Room. Physical cards are also available in our contact centres but numbers issued are not tracked.

858

people sent cards

We added 6 new cards and the ability to send to many recipients, so the figure above now reflects the number of people who sent a card rather than the number received. Our seasonal 'Merry Christmas' cards were the most popular, with 183 sent.

Campaigns and project support

NHS Staff Survey – The final response rate for the staff survey reached 53.2% (4,120 responses), an increase from 2024's 48%, enhancing staff engagement and providing valuable insights for decision-making.

Flu campaign – The flu campaign achieved a 42.8% vaccination rate among staff. Continued outreach will maintain this effort through March, contributing to overall staff health and wellbeing.

Sexual Safety – The launch of the policy, including a CEO message and a video featuring key leaders, demonstrated our commitment to a safer workplace.

Staff benefits – Information on benefits and perks has been revised and expanded on both the Green Room and external website, including a new brochure for use at internal/external events.

Schiller defibrillator replacement – Completion of the rollout across Greater Manchester ensured staff awareness of new equipment and training. The upcoming video for Cheshire and Merseyside will support successful training and adoption.

Internal Winter Plan – We informed staff of our public campaign and generated mutual appreciation through human interest stories internally. The 'winter hero' card initiative encouraged staff recognition, strengthening team spirit across departments.

Best Value Group – The 'If it was up to me' campaign led to over 100 practical, staff-generated ideas on maintaining patient-centred services in a tight budget, providing the leadership team with quality, actionable insights to drive the group's priorities.

Anti-Racism Statement – Our promotion of the anti-racism statement, integration into recruitment materials, and visible staff engagement on the matter is helping to foster a culture of inclusivity.

2026 Star Awards – The nominations campaign generated an astonishing 400+ submissions across 9 award categories, highlighting exceptional staff contributions and driving a culture of recognition within the service.

Reward Partners – The team has secured an impressive £48,750 in sponsorship from suppliers and businesses as sponsors of our reward programme, which will fund the Star Awards amongst many initiatives.

Film & photography



14

completed Vs 8 in the previous time period

2

in progress

Film topics:

- The Schiller Touch 7
- Staff survey promotion films (x5)
- Best Value Group
- "Time is Brain" – recognising strokes
- Improvement Academy – staff story
- Flu
- Sexual Safety Policy
- Improved patient outcomes
- What happens when you call 999?
- Happy New Year from our Chair

Films supported our winter planning – taking it back to basics – what happens when a 999 call is made, different members of staff that may help and how ambulances are prioritised for the most urgent incidents first. Additionally, an important film was produced to make staff aware of the trust's new Sexual Safety policy, featuring our Chief Executive, Director of People and trade union representatives.

Aim: Work together to shape a better future

Stakeholder engagement

8 MP letters (-61%)



Topics: PTS for dentist visits, suicide prevention training, payments for union reps, plans for Preston station, resources in Tameside.

General letters = 11 letters to Cheshire Fire, Police & HEMs regarding Middlewich ambulance RTC, condolence letters for Bolton Mountain Rescue and the ICC dispute.

Parliamentary Question: Mark Hendrick MP asked a question in Parliament regarding access to the service for people with hearing difficulties/deafness

Arranged a ride out from Penrith for Department of Health consultant, Matt Hood

Via telephone, liaised with Tim Farron MP's office regarding the transfer of a member of his staff from Cumberland Hospital to Blackpool for surgery. MP unhappy with how long it was taking for the ambulance to arrive.

Arranged and attended a meeting with Andrew Snowden MP at Blackpool station with senior representatives.

Freedom of Information (FOI)

133 received (-5%)

94% compliance year-to-date against 20 day target

Topics included:

- Waiting times
- Staff absence
- Attacks on staff and patients

NOTE

We have a statutory duty to reply to 90% of FOIs within 20 working days and an internal stretch target of 95%.

Social media - Facebook, X, Instagram and LinkedIn

NOTE

'Impressions' is the number of times our content may have been seen by a member of the public

'Reach' is the number of unique users who were shown the post.

'Engagement rate' shows us the number of interactions our content receives per follower

f 101,390 Facebook followers
X 68,558 X (Twitter) followers
@ 22,595 Instagram followers
in 13,167 LinkedIn followers

Engagement

346 posts published on all channels (+12%)
11,420,624 impressions (+84%)
481,874 engagements (comments, likes, retweets, shares etc) (+83%)
4% engagement rate (-0.5%)
598,911 reel/video views (+88%)

Our social media channels continued to grow and remain core channels for sharing important messages with the public, particularly on demand and what the public can expect from us during winter. Post visibility rose sharply with an impressive 11.4 million impressions – a major incident at the start of the quarter contributed to this as the public sought updates from the service as a trusted source of information. Engagement is equally impressive, and video content remained a key driver of this.

Press and public relations

114 incident checks handled **-5%**
16 statements prepared in response to media enquiries **-**
18 positive broadcast media opportunities secured **+260%**
22 proactive stories issued, against our target of 16 **+420%**



Much of our proactive media work supported our winter comms plan. This included providing access to BBC local news, joining an ambulance crew on shift, and interviewing our Director of Operations, Dan Ainsworth. We also gave live interviews on breakfast TV to highlight the violence and aggression staff face.



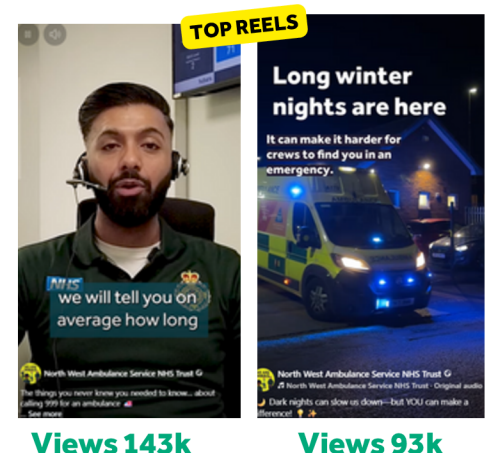
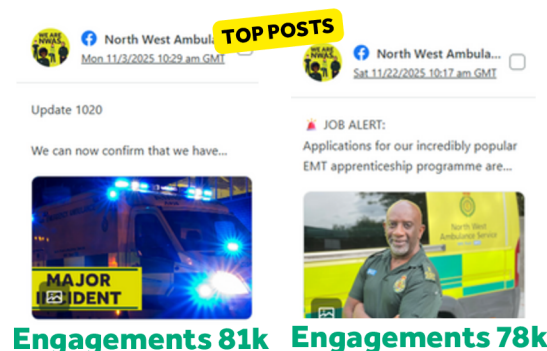
In November, we teamed up with local BBC radio stations to promote free training sessions for the public to learn CPR in connection for Restart a Heart Day, across the North West. TV and radio interviews helped attract more than 400 people to training.

Also in December, we offered colleagues involved in the Liverpool FC Parade incident in May the opportunity to speak to the media about their stories, including one member of staff who was struck by the car and then continued to help patients. This received national media coverage ahead of the sentencing of the man responsible.

To prepare strategic commanders for their role in critical/major incidents that attract media attention, and for their warning and informing responsibilities, we have hosted several internal media training sessions.

In addition, the team had the opportunity to attend an awareness session with Chris Webb, former Head of News and Deputy Director of Media and Communication at the Metropolitan Police Service.

Audience growth
+2%



Digital communications

Website

295,757 users **492,890** page views

Most viewed Careers – 202,285
PTS – 55,712
Locations – 21,627



Devices used to visit our site

Mobile **59%**
Desktop **38%**
Tablet **3%**

Previously, we have seen an increase in news page visits following major incidents, but social media algorithms now limit post views when links are shared within them. For the synagogue attack and train derailment, full statements were posted directly on social media, which meant no increase in website views.

NOTE A 'user' is a person who has an engaged session. An 'engaged session' is when a user is engaged for longer than 10 seconds, performs an action, or views at least 2 pages. This discounts visits where users immediately move onto another site.

Green Room

20,488 users **640,170** page views

Most viewed Managers on duty – 131,954
HR Portal – 30,023
Bulletins – 24,125



Devices used to visit the Green Room

Desktop **74%**
Mobile **15%**
Tablet **12%**

We introduced the ability to send Express Mail to multiple recipients, along with six new designs. Any non-critical developments have now stopped on the Green Room due to the development of the new intranet. The first development sprint on the new site began.

North West Ambulance Charity

Fundraising

Active fundraising platforms

- JustGiving: 2 active fundraising pages
- MuchLoved: 3 pages established
- GoFundMe: 1 page launched to support defibrillator funding
- GiveWheel: 1 active in-memory fundraising page



Events and campaigns

- Winter Robin Appeal: 65 dedications, £515 raised
- Wear It Festive: £772 raised to date
- Lifesaver Match Day Raffle: £120 raised

Legacies

- £167,000 received during the reporting period

Total income

- £326,000 (restricted and unrestricted) compared to £124,000 in the same period last year, representing a significant year-on-year increase.

Engagement and events

The charity was represented at a range of community, volunteer and fundraising events, including:

- Blackpool Rainbow Alliance launch event
- Volunteer Celebration Event
- Yvette Browne Charity Ball
- Ambulance Awareness Day
- NWS Choir performances and fundraising activity
- Trafford Centre Christmas gift-wrapping
- Garstang Rotary events

Notable developments

- A new Charity Champion volunteering role has been launched to support local fundraising and engagement.
- A charity digital communications officer commenced in the role in October, strengthening digital presence and supporter engagement.
- The 2025 Charity Impact Report was produced, showcasing achievements and successes from the year, available in both print and digital formats.
- A regular monthly charity newsletter was established in Q3, achieving an average open rate of 50.3%, indicating strong supporter engagement.
- £142,000 to support the Community Resuscitation Team awarded by NHS Charities Together - the project will commence in Feb 2026.

Social media

Facebook

- No. of new followers: 78 (up by 9.9%)
- Views: 1 million (up by 1500%)
- Interactions: 4963 (up by 432.5%)
- Best post: 5,367 views, 30 interactions, 7 link clicks, and 3 new followers

Instagram

- No. of new followers: 70 (up by 22.8%)
- Reach: 2155 (up by 2.3%)
- Views: 24,560 (up by 38.4%)
- Best post: 700 views, 292 reach, 16 interactions and 1 new follower

Combined team priorities for Q4

- We are continuing public messaging and media engagement as part of our winter comms plan to manage demand.
- Testing out the use of WhatsApp as an internal comms channel in a pilot for clinical leaders.
- Development of the new SharePoint intranet to replace our current site.
- Select finalists for internal Star Awards and continue to secure sponsorship.
- Mapping out priority groups for community engagement in the next year.
- Ambulance Awareness Days for the year ahead.
- Reporting on and sharing patient feedback from staff compliments.
- Support the PTS tender process.
- Charity – increase social media presence, embed regular charity communications to supporters, rebrand and refresh strapline and the charity's offer.
- Evaluate end of year impact and begin to plan for 2026/27.